



Obstetric Data Definitions Issues and Rationale for Change LABOR

Below are the refined definitions, identified issues, and rationale for the language presented in the refined definitions in the Labor category. This document is intended to provide an overview and opportunity to review the proposed changes prior to submitting comments in the Public Comment period. Once you are ready to comment, [click here](#) for the Public Comment form for Labor. All comments must be submitted in the Public Comment form.

#2 Labor

Uterine contractions resulting in concomitant cervical change (dilation and/or effacement).

Phases:

- 1) Latent phase –from the onset of labor to the onset of the active phase**
- 2) Active phase – accelerated cervical dilation generally beginning at 5 cm for multiparous and at 6 cm for nulliparous**

Notes:

- 1) Avoid term 'prodromal labor'**
- 2) Is either spontaneous or induced**

ISSUES

- Are more women in active labor at 6cm? Should 5cm be used as the cut off?
- True Labor vs. False Labor; Latent Phase vs. Active Phase

RATIONALE

- Need definition in order to define other data elements
- There is no true threshold because it is different for every woman
- Used 'generally' in order to maintain flexibility realizing it is not the same for every woman
- It can apply at any gestational age (including 18 weeks)
- Labor is a process
- Within spontaneous can have augmentation; thus reason for not including in note 2



Obstetric Data Definitions Issues and Rationale for Change LABOR

#3 Labor After Cesarean (LAC)

Labor in a woman who has had a previous cesarean delivery.

Planned LAC occurs in a woman intending to achieve a vaginal delivery.

Unplanned LAC occurs in a woman intending an elective repeat cesarean delivery.

ISSUES

- Vital statistics and fetal deaths
- How to categorize the woman who comes into the hospital already in labor, wanting a cesarean, but has a vaginal delivery
- Prior to a repeat CS, does this mean a few contractions, "true labor", active phase labor, until a labor arrest disorder has been diagnosed?

RATIONALE

- Replaces 'Trial of Labor After Cesarean (TOLAC)'
- Removed use of attempt; no time period set for attempt
- Wanted to address intention; if woman presents in in labor, with intent being repeat cesarean, this is an unplanned LAC

#4 Onset of Labor

The time when uterine contractions began that resulted in labor with or without the use of pharmacological and/or mechanical interventions to initiate labor.

ISSUES

- A woman presenting with sporadic contractions and some cervical change – is this situation active labor and therefore onset of labor?
- The onset of labor is a retrospective estimate
- Latent phase of labor can be included

RATIONALE

- Documentation of cervical change versus number and timing of contractions
- Latent phase of labor can be included



Obstetric Data Definitions Issues and Rationale for Change LABOR

#5 Augmentation of Labor

The stimulation of uterine contractions to increase their frequency and/or strength following the onset of spontaneous labor.

Does not apply if the following is performed:

Induction of Labor

Still applies even if any the following is performed:

Stimulation of existing uterine contractions following spontaneous ruptured membranes

ISSUES

- Generally implies after labor has started--then what about prodromal labor or rupture of membranes (ROM) with a few contractions?

RATIONALE

- Maintains that the onset of labor was spontaneous
- Does not apply to induction, that is you cannot have induction and augmentation

#6 Induction of Labor

The use of pharmacological and/or mechanical methods to initiate labor. Examples of methods include but not limited to: artificial rupture of membranes, balloons, oxytocin, prostglandin, laminaria, or other cervical ripening agents.

Still applies even if any of the following are performed:

- 1) Attempts at initiating labor even if unsuccessful**
- 2) Initiation of labor following spontaneous ruptured membranes without contractions**

ISSUES

- Intention to induce; checking the cervix which ends up initiating labor – how is this coded?
- Spontaneous rupture on membranes without labor – augmentation or induction



Obstetric Data Definitions Issues and Rationale for Change LABOR

- Medically indicated induction versus elective induction needed to be addressed

RATIONALE

- Once an induction, always an induction, even when augmentation is needed

#7 Pharmacologic Induction of Labor

Includes cervical ripening agents.

ISSUES

- To include cervical ripening agents and labor induction agents? Medications and balloons? Vaginal and oral agents?

RATIONALE

- Intention is to include cervical ripening agents as a pharmacologic induction

#8 Non-Medically Indicated Induction of Labor or Cesarean Delivery

An induction performed in the absence of medical (maternal and/or fetal) indication(s).

ISSUES

RATIONALE

- There is not a medical reason for this to occur by provider recommendation
- Medical indications have been listed
- Covers both Elective Cesarean and Elective Induction
- Includes both primary and repeat cesarean sections



Obstetric Data Definitions Issues and Rationale for Change LABOR

#9 Number of Centimeters Dilated on Admission

The last documented cervical dilation, in centimeters, when the provider orders initiation of extended ante-partum or intra-partum care.

Notes:

1) Cervical dilation may be unknown with:

- a. Preterm labor (Transvaginal cervical length or results of fetal fibronectin may be sufficient for admission)**
- b. Rupture of membranes**
- c. Vaginal bleeding**

2) Cervical assessment may be done by nurse or provider

ISSUES

- When woman presents for evaluation or at the time the decision was made to admit? It is hard to define and collect later.
- When is this first recorded; triage, seen by doctor, other? First cervical exam or when decision to admit?

RATIONALE

- Should be determined the decision to admit is made

#10 Spontaneous Onset of Labor

Labor without the use of pharmacological and/or mechanical interventions to initiate labor.

Does not apply if the following is performed:

Artificial rupture of membranes

Notes:

May occur at any gestational age



Obstetric Data Definitions Issues and Rationale for Change LABOR

ISSUES

- Is it spontaneous or physiological?
- Progression of Labor; is it labeled by how it starts or how it is maintained
- Centimeters dilated and documented change

RATIONALE

- Can be spontaneous labor that then has to be augmented

#11 Spontaneous Labor and Birth

Initiation of labor without the use of pharmacological and/or mechanical interventions resulting in a non-operative vaginal birth.

Does not apply if any of the following are used or performed:

- 1) Cervical Ripening Agents, Mechanical Dilators, and Induction of Labor**
- 2) Episiotomy**
- 3) Forceps or Vacuum assistance**
- 4) Cesarean Section**

Notes:

Augmentation of labor and regional anesthesia are not exclusions

ISSUES

- At onset vs. throughout labor (i.e. without augmentation); what about cervical ripening that then goes into labor without oxytocin

RATIONALE



Obstetric Data Definitions Issues and Rationale for Change LABOR

#12 Physiologic Childbirth

Spontaneous labor and birth at term without the use of pharmacologic and/or mechanical interventions throughout labor and birth.

Does not apply if any of the following are used or performed:

- 1) Opiates**
- 2) Augmentation of Labor**
- 3) Regional anesthesia except for the purpose of spontaneous laceration repair**

ISSUES

RATIONALE

- Track no intervention births

#13 Duration of Ruptured Membranes

Duration from rupture of membranes to delivery (in hours).

ISSUES

- Very important for pediatricians but can be difficult to report

RATIONALE



Obstetric Data Definitions Issues and Rationale for Change LABOR

#14 Artificial Rupture of Membranes

An intervention that perforates the amniotic sac.

Still applies even if the following are performed:

Interventions that occur transvaginally

Does not apply if any of the following are used or performed:

Invasive procedures such as amniocentesis, laser therapy

Notes:

May first occur at cesarean delivery

ISSUES

RATIONALE

- Excludes invasive procedures such as amniocentesis, laser therapy
- May first occur at cesarean delivery

#15 Pre-Labor Rupture of Membranes

Spontaneous rupture of membranes that occurs before the onset of labor.

Notes:

Modified by gestational age categories (i.e. preterm, early term)

ISSUES

- PROM (before labor onset) vs. ROM in early labor vs. PPRM

RATIONALE

- Renamed from Premature Rupture of Membranes



Obstetric Data Definitions Issues and Rationale for Change LABOR

#16 Spontaneous Rupture of Membranes

A naturally occurring rupture of the amniotic sac.

Does not apply if the following is performed:

Artificial rupture of membranes

Notes:

May occur at any gestational age

ISSUES

- PROM (before labor onset) vs. ROM in early labor vs. PPRM

RATIONALE

- May occur at any gestational age
- Can occur before intra-partum event
- Not a clinical intent. If during a provider exam if membranes and ruptured it is in turn not spontaneous

Click [here](#) for the Public Comment form for LABOR