
"NUCHAL CORD AND PERINATAL OUTCOME"

By

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of the requirements for the degree of

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OBSTETRICS AND GYNAECOLOGY

Under the Guidance of
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LIST OF ABBREVIATIONS USED

NICU - Neonatal intensive care unit

ABSTRACT

Background and objectives

It is often assumed that nuchal cord causes cord compression and thus low birth weight as well as intrapartum complications. The exact perinatal effect of presence of nuchal cord in a newborn is still under debate, The present study was taken up to establish the incidence of nuchal cord at delivery in the existing setup, intrapartum complications and the perinatal outcome that occurs in babies born with nuchal cord.

Methodology

This was a cross sectional study conducted at KLES Dr.Prabhakar Kore Hospital and Medical Research Centre, Belgaum, India, from January 2011 to March 2011. A sample size of 429 was calculated. Informed consent was obtained and eligible women were enrolled .The babies born with a cord around the neck were compared to those without. The particulars noted were age, BMI, parity, loops of cord around the neck (single or multiple), type of loop, mode of delivery, weight of the baby and Apgar score at birth and 5 minutes. The parameters were then compared and statistically analyzed using chi square test.

Results

Incidence of nuchal cord at the time of delivery was 13.75% , of which single nuchal cord was highest (76.66%). The study revealed that age, BMI (in kg/m^2), parity, gestational age and birth weight were not statistically significant to the presence of nuchal cord. Though instrumental deliveries were more in babies with nuchal cord it was not statistically significant ($p= 0.932$).Meconium

staining of liquor and fetal heart rate irregularities were significant findings in babies with nuchal cord($p<0.05$). Apgar score < 7 at 1 minute was significantly low in nuchal cord group and Apgar score at 5 minutes and admission to neonatal unit was equivalent to those babies born without nuchal cord ($p=0.947$).

Conclusion and interpretation

Intrapartum events such as meconium staining of liquor and fetal heart rate irregularities were commonly associated with nuchal cord but this did not affect the mode of delivery and perinatal outcome.

Keywords

Cord around neck; Fetal distress; Meconium staining liquor; Nuchal cord;

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Introduction



Objectives



Review of Literature



Methodology



Results



Discussion



Conclusion



Summary



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INTRODUCTION

Entanglement of the umbilical cord around the fetal neck (nuchal cord) is a common finding at delivery, but its clinical relevance is not entirely clear. Several studies have analyzed deliveries with nuchal cords with differing results.¹⁻⁵

Midwives have been taught, for over 200 years, that when the head is born in a vertex presentation, they should feel for the cord around the neck, and, if found, loop it over the head, slip it over the shoulder or sever the cord.⁶ These instructions were enforced as several doctors have observed that a tight cord will cause asphyxia to the baby or that it may cause delay in delivery, abruption or even rupture.⁵ Foetal asphyxia, deflexion attitudes and malpresentations are the sequel of this complication as seen quoted in literature. Multiple nuchal cords have also been associated with a greater risk of meconium being passed during labour and abnormal fetal heart rate patterns there by increasing the need for operative deliveries.⁶

Nuchal cords have generally been considered to be rather benign.^{3,5} Nevertheless, in light of non-reassuring fetal heart rate patterns during labor and increased umbilical artery acidemia in nuchal cords together with decreased birth weight,^{6,7} the question needs to be raised of whether detecting of nuchal cord at admission for delivery has to be followed expectantly or whether active planning of delivery strategies in term pregnancies with nuchal cords is reasonable.

It is often assumed that nuchal cord causes cord compression and thus low birth weight as well as intrapartum complications. Ultrasound detected nuchal cords have misguided several obstetricians and this has indirectly increased the rate of patients being operated for elective caesarean sections.⁸

Although the nuchal cord is often blamed for most of the problems encountered during delivery, the actual significance that a nuchal cord has on intrapartum events and perinatal outcome remains controversial. Without prenatal assessment, it would be difficult to identify at delivery if a nuchal cord was tight before the onset of labour.⁹

Considering the above facts the present study was taken up to establish the incidence of nuchal cord at delivery in the existing setup, intrapartum complications and the perinatal outcome that occurs in babies born with nuchal cord.

OBJECTIVES

Primary

To determine the incidence of nuchal cord

Secondary

To assess the the intrapartum complications and perinatal outcome that occur in babies born with nuchal cord.

REVIEW OF LITERATURE

Historical aspects

In 1962, J. Selwyn Crawford MD from the British Research Council defined nuchal cord as 360 degrees around the fetal neck. Dr Crawford commented "It is all the more remarkable, therefore, that little work has been done to analyze its effects during labor and delivery".¹

Overview

Umbilical cord abnormalities are numerous, ranging from false knots to vasa previa, the former which has no clinical significance and the latter which often leads to fetal death. Cord accidents compromise 5-18% of all fatal fetal asphyxia cases and 10% of stillbirths, of which nuchal cord is the one of the most common finding.^{2,9}

Nuchal cord

As previously mentioned a nuchal cord is when the umbilical cord gets wrapped around the neck of an infant. This may affect the infant's status during labor, at birth and after birth.¹

Observational studies vary in opinion as to the degree of poor perinatal outcomes. Also not included in these studies is which umbilical cord form (of the eight different possible structures) was in a nuchal cord form. These oversights invalidate any study to date and therefore the impact of nuchal cord on the fetus is unknown.¹⁰

Incidence

Nuchal cords occur in 13% to 30% of births.¹⁻⁷ Recent prenatal ultrasonographic evaluation reveals nuchal cords are dynamic in nature, forming and resolving over the course of pregnancy.¹¹ Even at 10 to 14 weeks' gestation, 8% of fetuses may have nuchal cords. Studies reveal that, at 42 weeks of gestation, 29% of births have nuchal cord, inferring that the occurrence of nuchal cord increases with the gestational age.^{11,12}

Nuchal cord is caused by movement of the fetus through a loop of cord. One loop around the neck occurs in approximately 20% of cases,¹⁰ and multiple loops occur in up to 5% of pregnancies.¹³

Nuchal cords occur in about 25% of cases and ordinarily do no harm, but occasionally they may be so tight that constriction of the umbilical vessels and consequent hypoxia result.¹⁴

Clapp² and Larson¹² found that nuchal cords detected during the antenatal period persisted till delivery. The study conducted by Larson involved 13,895 singleton deliveries and he determined that the presence of a nuchal cord linearly increased every week of gestation. He concluded nuchal cord appeared in 6% at 20 weeks to 29.0% at 42 weeks' gestation.¹²

Nuchal cord and intrapartum events

Nuchal cord has been associated with labor induction and augmentation, prolonged second stage of labor, and fetal heart rate abnormalities. One report has

described a decrease in umbilical cord pH at delivery with nuchal cord, but the difference found (7.32 vs 7.30) does not appear to be clinically significant.⁹

Retrospective data of over 182,000 births, with the statistical power to determine even mild associations, suggested that a single or multiple nuchal cord at the time of delivery is not associated with adverse perinatal outcomes, is associated with normal birth weights and fewer caesarean sections.^{14,15,16}

Although some studies have found that a tight nuchal cord is associated with short term morbidity, it is unclear whether such outcomes are actually a result of the presence of the nuchal cord itself, or as a result of clamping and cutting the cord¹⁷.

Factors, such as amniotic fluid volume, the number of encirclements, presence of knots, and tightness of the cord may influence the impact of nuchal cords on fetuses and newborns. Strong et al.¹⁸ found that oligohydramnios worsened the effect of nuchal cords on fetal status during labor. The same appears to be true of multiple nuchal cord encirclements.¹⁹

The fetal heart rate variable decelerations which are commonly attributed to cord compression can occur as a result of umbilical vessel occlusion. According to Weiss et al,²⁰ Doppler studies have demonstrated that, for many variable decelerations, a sharp decrease in umbilical vessel perfusion precedes the drop in the fetal heart rate by a few seconds.²¹

Detection

The ultrasound diagnosis of a cord around the neck was first described in 1982.²² With the help of color doppler ultrasound, nuchal cord can be detected with a sensitivity of over 90%.²³

A study published in 2004 was done to establish how sensitive ultrasound is in diagnosing a nuchal cord. 289 women were enrolled in the study and after having undergone a trans abdominal ultrasound and doppler imaging they were induced the same day. A nuchal cord was diagnosed if the cord was visualized lying around at least 3 of the 4 sides of the neck. A nuchal cord was actually present at delivery in 52 of the 289 women. Only 35% of the nuchal cords were detected on ultrasound done immediately before delivery, and 65% of nuchal cords were not detected. Of the 237 cases where there was no cord at delivery, ultrasound had false positive results, i.e. diagnosed a cord in 44 of the 237 cases (19%) in which there was no cord present at all. In this study, ultrasound was only 35% accurate at finding a single loop, and only 60% accurate at detecting a nuchal cord wrapped multiple times around the neck.²⁴

There is no study which shows that it is possible by ultrasound to distinguish between a loose or a tight cord, although at least 3 researchers attempted to do so. Peregrine²⁴ concluded that ultrasound diagnosis of nuchal cords will only be useful if it can be predicted which of those fetuses are likely to have a problem during the course of labour.

A recent review by Wilson of the American Academy of Ultrasonography Technicians recommends the documentation of umbilical cord issues.²⁵

Standard medical management recommends one attempt to slip the cord over the infant's head just before delivery of the body or, should the cord be too tight, to clamp and cut prior to delivery of the shoulders.²⁶

Although most infants appear to tolerate this process with minimal distress, there is evidence that cutting the cord before delivery of the shoulders can result in neonatal morbidity and even mortality.²¹ A review of the literature on nuchal cord reveals that it is associated with increased risk for hypovolemia,²⁷ anemia,²⁸ and cerebral palsy,^{29,30} and even death.²⁷

Maintaining the integrity of the nuchal cord as may decrease neonatal risks of hypovolemia,²⁷ anemia,²⁸ and hypoxic-ischemic encephalopathy, especially if birth is delayed by even a mild shoulder dystocia.²⁸

Effects of Nuchal Cord

Nuchal cords rarely cause fetal demise and are not intrinsic reasons for intervention. Given the minor decrease in pH, fetal monitoring in labor would appear to be prudent, but no data are available to address this issue.^{13,14,15}

It also necessitates an abrupt, rather than gradual, adaptation to extrauterine breathing.^{21,32} An infant who presents with a nuchal cord may already be compromised because of compression of the umbilical cord during contractions, which prevents normal blood flow and correction of acid-base imbalance. If the cord is not cut before or immediately after birth, the infant may be able to equalize these imbalances after birth when the nuchal cord is reduced.³³

In 1973, a study conducted at Rhode Island reported that tight nuchal cords at birth resulted in neonatal hypovolemia in a case series of 11 infants. Infants requiring cord ligation prior to delivery of the shoulders had a 20% reduction of red blood cell volume after birth. The diminished blood flow to the fetus accounted for a decrease in body iron content, resulting in anemic, pale, and hypotensive infants after birth.²⁷

In a case report, Vanhaesebrouck described two term infants who suffered from acute hypovolemic shock resulting from a tight nuchal cord, despite unremarkable pregnancies and labors.³⁴ Early clamping and cutting of the cords was deemed necessary for delivery because the nuchal cords were too tight to slip over the infants' heads. These infants exhibited pallor, irregular respirations, low Apgar scores, gasping, tachycardia, weak peripheral pulses, hypotension, and acidemia. Resuscitation efforts included intubation and ventilation as well as blood transfusions to restore blood volume. The authors suggested "fetoplacental hemorrhage" due to tight nuchal cord was the cause of the infants' condition.³⁴

An observational study by Shepherd examined tight or loose nuchal cord as a potential cause of neonatal anemia in 437 newborns consecutively admitted to the nursery.²⁸ Anemia was defined as any venous hemoglobin level less than 13.2 g/dL or hematocrit of less than 39.2%. She found that 16% of 57 neonates with a nuchal cord were anemic within the first 24 hours after birth. Three infants in the nuchal cord group developed hypotension requiring blood transfusions, but no anemia was found in the group without a nuchal cord.²⁸

Shoulder dystocia occurs in 1.7% of births and is most often an unanticipated event. A few case reports suggest that clamping and cutting the nuchal cord before delivery of the infant's shoulders can influence outcomes after shoulder dystocia. Iffy described several cases of cerebral palsy after nuchal cords were cut, and subsequent shoulder dystocia delayed birth by as little as 3 minutes.²⁹ All of the fetuses were considered healthy prior to the onset of labor. The infants were all born with low Apgar scores and developed signs of hypoxic-ischemic encephalopathy thus inferring that nuchal cord can cause a severe infant morbidity.³⁰

Three studies document reduction in weight of 60 to 80 g in infants after immediate or pre-birth cord clamping, due to either a nuchal cord or immediate clamping during active management of third stage. Records of 10,509 Canadian births were examined and revealed that 25% (2699) of infants born with a nuchal cord had mean weights about 60 g less than infants without nuchal cords (n = 8710 or 74.3%).³⁵ This reduction in birth weight is similar to that found in the Hinchingsbrooke and Bristol Active Management of Third Stage Trials.^{36,37} Though the studies were conducted to analyse the active management of the third stage of labor versus expectant or physiologic management, they also made a note of the presence of nuchal cord and its impact on the birth weight.³⁶

The Bristol trial evaluated 1695 women, with 849 randomly assigned to the active management group and 846 in the physiologic management group. The mean birth weight of the babies in the physiologic management group was 85 g higher than that of babies in the active group.³⁶ The Hinchingsbrooke trial involved 748 women in the active management of third stage group and 764

women in the physiologic management group. The infants in the physiologic management group had birth weights that averaged 67 g more than the infants in the active management of the third stage group. The authors attributed the difference to the additional blood that infants receive prior to cord clamping.³⁷

Infant Outcomes

There are no studies comparing long-term outcomes of differences in cord clamping times. Suggested long-term impact on infants from premature ligation of the umbilical cord at birth or before birth includes anemia and neurodevelopmental delays.^{38,39}

Clapp³⁹ was the only one to conduct a prospective study that followed infants who experienced a nuchal cord at birth until 1 year of age. He enrolled a group of 190 women who had normal pregnancies, attended the births, and completed developmental testing at 1 year of age in all of the infants. Sixty-six (35%) of the women had infants with nuchal cords at birth. Twenty-one (11%) had a nuchal cord at birth as an incidental finding with no signs during labor. However, 24% were symptomatic for nuchal cord during labor, as evidenced by abnormal fetal heart rate patterns during labor or the finding of meconium-stained amniotic fluid at birth. At 1 year, scores on the Bayley Scales of Infant Development were significantly, albeit slightly, lower (116 versus 120 mental, and 101 versus 107 on psychomotor testing; $P = .01$) in the infants who had experienced nuchal cords. This difference was more pronounced among the infants who had extreme tightness or multiple loops. No information on the management at birth was offered.³⁹

A prospective, cross-sectional, comparative study done at Kathmandu Medical College Teaching Hospital between March 2006 to September 2006 to find out the incidence of nuchal cord at delivery, intrapartum complication and perinatal outcomes in the cases with nuchal cord on 512 deliveries reported that, incidence of nuchal cord at the time of delivery was 22.85%. Incidence of single nuchal cord was highest (18.95%). Intrapartum complications like FHR irregularities and meconium staining of liquor were increased in nuchal cord group but statistically not significant. Instrumental delivery rate was high in nuchal cord group but not significant statistically (0.108). However, caesarean section rate was high in the group without nuchal cord ($p=0.029$). Apgar score <7 at 1 minute was significantly low in nuchal cord group ($p=0.010$) but apgar score at 5 minutes and admission to neonatal unit was not more common. The study concluded that, nuchal cord is not associated with adverse perinatal outcome.⁴⁰

Another review conducted between 1990 and 1994 from perinatal database of University of Oklahoma Health Sciences Center, Oklahoma USA to evaluate the outcomes of pregnancies complicated by a multiple (double, triple, or quadruple) nuchal cord entanglement reported that, of the 8565 deliveries, the frequency of two or more cord entanglements at delivery was 3.8%. Compared with a single or no cord entanglement, pregnancies with a multiple entanglement were more likely to exhibit an abnormal fetal heart rate pattern during advanced labor ($p<0.001$) and to require low or midforceps application ($p<0.001$). The study infants were also more likely to have meconium ($p=0.013$), a low 1-minute Apgar score ($p < 0.001$), and an umbilical artery $\text{pH} \leq 7.10$ (odds ratio 2.2, $p=0.013$) than the controls. Rates of abruptio placentae, cesarean delivery, and 5-

minute Apgar scores < 7 were no more common in the multiple entanglement than the control groups. The study concluded that, a multiple nuchal cord entanglement was associated with a greater risk of meconium, an abnormal fetal heart rate pattern during advanced labor, the need for operative vaginal delivery, and mild umbilical artery acidosis at birth; however, there was no added risk of an adverse neonatal outcome.¹⁹

The review of literature gives controversial conclusions about the effects of nuchal cord on the mother and fetus and therefore to verify these findings in the present setup up this study was undertaken.

METHODOLOGY

The present study was conducted in the Department of Obstetrics and Gynaecology, KLES Dr. Prabhakar Kore Hospital and Medical Research Centre, Belgaum during the period of January 2011 to March 2011.

Study design

This was a cross-sectional comparative study.

Study period

This study was conducted during the period January 2011 to March 2011.

Source of data

All women delivering in the labour room of KLES Dr. Prabhakar Kore Hospital and Medical Research Centre, Belgaum during this period.

Sample size

A total of 429 pregnant women delivering at labour room, KLES Dr. Prabhakar Kore Hospital and Medical Research Centre, Belgaum were studied.

Sampling technique

The sample size was calculated based on the following formula.

$$n = \frac{4pq}{d^2}$$

Where p (prevalence) = 22%

q (100- prevalence) = 78%

d (source of error) = 4%

Therefore, n = 429

The prevalence was calculated by taking an average of the lowest (13%) and highest (31%) incidence of nuchal cord in accordance with the review of literature.¹⁻⁵

Selection criteria

Inclusion criteria

- Singleton pregnancy (Gestational age equal to or more than 28 weeks).
- Umbilical cord forming a loop, around the neck of the baby.

Exclusion criteria

- Multiple gestations.

Procedure

Ethical clearance was obtained from Institutional Ethics Committee of Jawaharlal Nehru Medical College, Belgaum. Based on the selection criteria women delivering at KLES Dr. Prabhakar Kore Hospital and Medical Research Centre, Belgaum, during the study period were screened for eligibility. A total of 441 women were selected for the study, of which 12 women did not meet the selection criteria and were therefore excluded. These women were briefed about the nature of the study and a written informed consent was obtained (Annexure I). The demographic data and obstetrical history were documented on predesigned proforma (Annexure II).

These women were allowed to follow the course of labour and either delivered vaginally or by caesarean section (wherever indicated). At the time of birth, cord around the neck was noted. In babies with nuchal cord the type of loop that is tight or loose was noted. Nuchal cord was considered to be loose when it could be easily released before delivery of the fetal trunk and tight when it needed to be clamped and cut before delivery of the trunk. Number of loops were also documented.

The cases with nuchal cord at the time of delivery were taken as study group and the cases which did not have nuchal cord served as the comparative group.

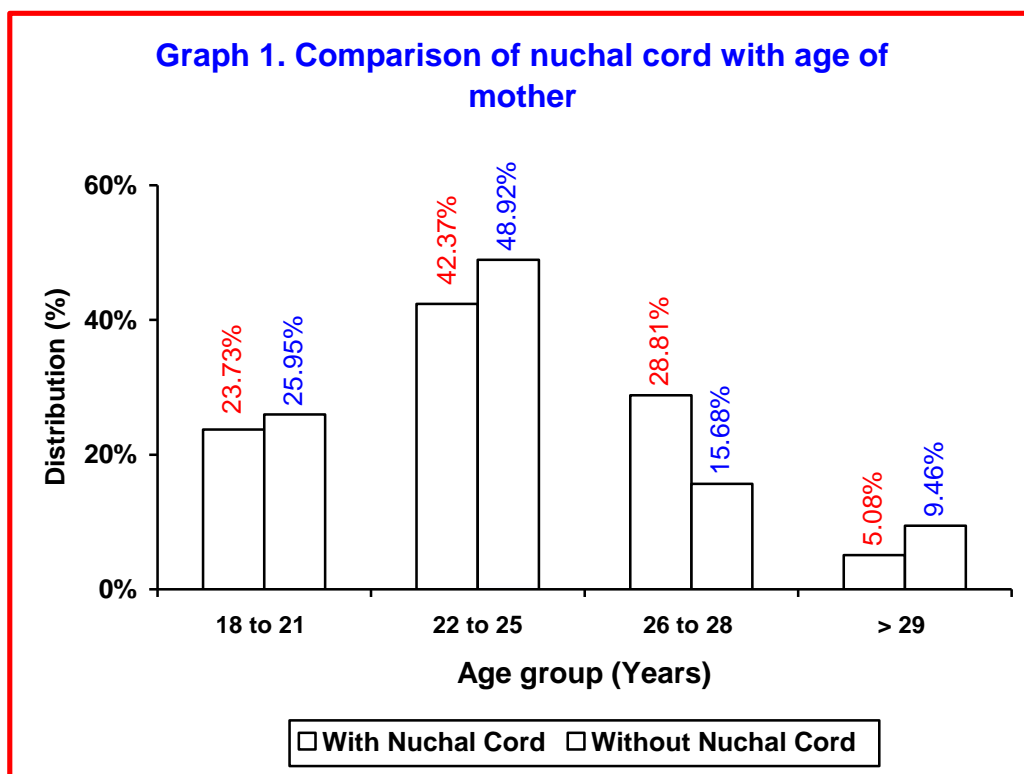
The variables such as instrumental and caesarean section rate, meconium staining of liquor, apgar score at one minute and five minutes and admission to neonatal intensive care unit (NICU) were taken as the outcome variables.

The data obtained was tabulated and analyzed using percentages for the incidence of nuchal cord, type of nuchal cord and the number of loops. The comparison of the demographic data, mode of delivery, birth status, apgar score and neonatal intensive care unit admission was done using chi-square test.

RESULTS

The present study was conducted at KLES Dr. Prabhakar Kore Hospital and Medical Research Centre, Belgaum during the period of January 2011 to March 2011. Based on the selection criteria women delivering at KLES Dr. Prabhakar Kore Hospital and Medical Research Centre, Belgaum during the study period were screened for eligibility. A total of 441 women were selected for the study of which, 12 women were excluded as they did not meet the selection criteria.

The data obtained was tabulated and coded which was expressed in terms of mean and standard deviation. The analysis was done using percentages and comparison was done using chi-square test for discrete variables.

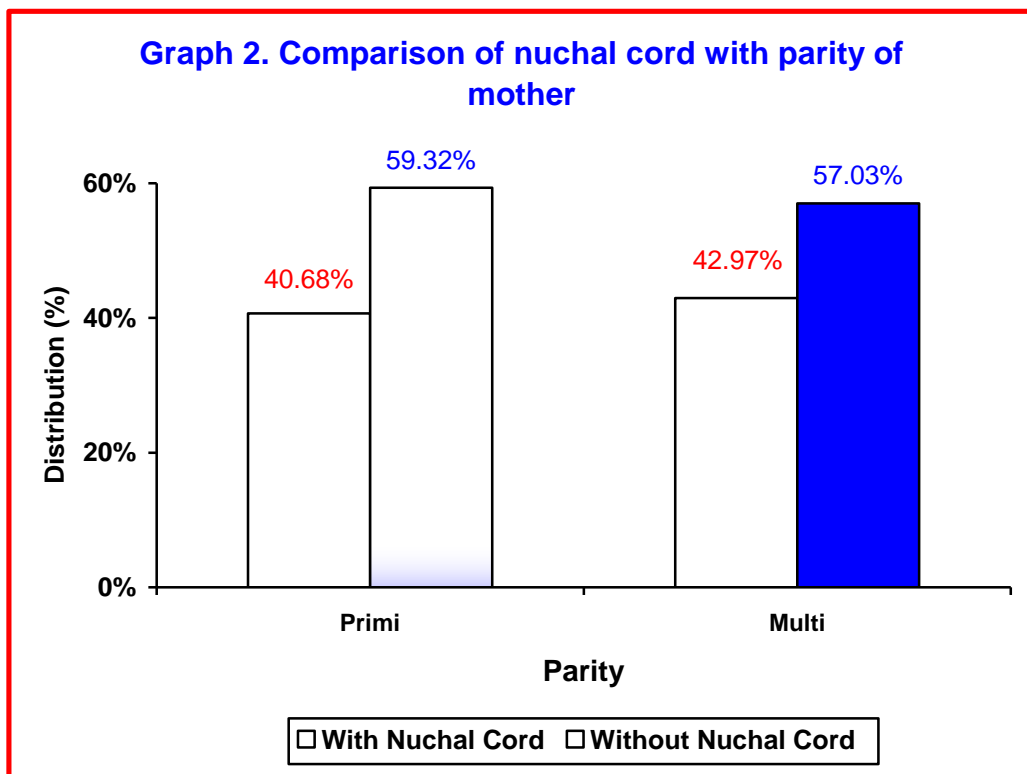


$$\chi^2 = 6.68$$

$$DF = 3$$

$$p = 0.083$$

In this study most (48.02%) of the women had age between 22 to 25 years followed by 18 to 21 years (25.64%), 26 to 28 years (17.48%) and more than or equal to 29 years (8.86%). The mean age of the study population was 23.88 ± 3.38 years with range being 18 to 26 years. However, study revealed that the age of the mother had no significance with the presence of nuchal cords ($p > 0.05$).



$$\chi^2 = 0.110$$

$$DF = 1$$

$$p = 0.741$$

In this study 57.34% women were multi parous and 42.66% were primis. The study determined that nuchal cord was independent of the parity of the mother ($p > 0.05$).

Table 1. Comparison of nuchal cord with body mass index

BMI (kg/m ²)	Newborns with nuchal cord (n=59)		Newborns without nuchal cord (n=370)	
	Number	Percentage	Number	Percentage
< 19	0	0.00	2	0.54
19 to 27	48	81.36	300	81.08
> 27	11	18.64	68	18.38
Total	59	100.00	370	100.00

$$\chi^2 = 0.321$$

$$DF=2$$

$$p= 0.852$$

The mean height of the study population was 153.16 ± 4.14 cms with range being 132 to 163 cms. Overall mean weight was 58.11 ± 7.01 kgs with range being 40 to 89 kgs. The body mass index ranged between 18.26 to 36.11 Kg/m² but, overall mean body mass index was noted as 24.74 ± 2.57 Kg/m². With a p value of 0.852 it can be deciphered that the BMI is a variable that is independent of the presence of nuchal cord.

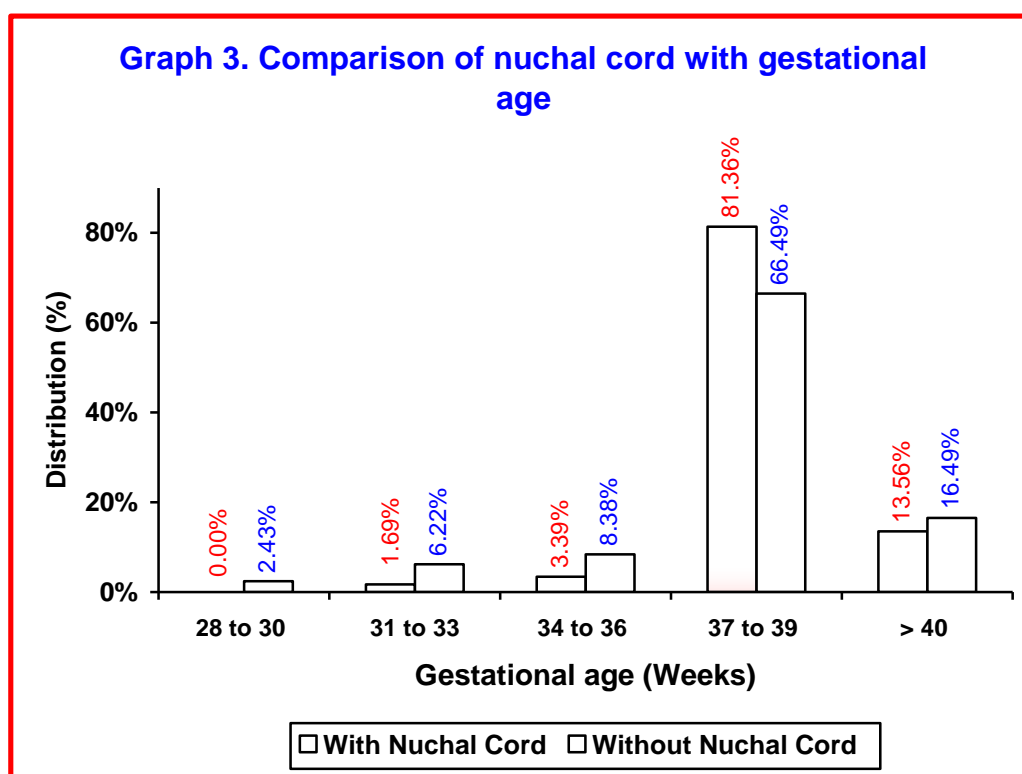
Table 2. Comparison of nuchal cord and gestational age

Gestational age (Weeks)	Newborns with nuchal cord (n=59)		Newborns without nuchal cord (n=370)	
	Number	Percentage	Number	Percentage
28 to 30	0	0.00	9	2.43
31 to 33	1	1.69	23	6.22
34 to 36	2	3.39	31	8.38
37 to 39	48	81.36	246	66.49
> 40	8	13.56	61	16.49
Total	59	100.00	370	100.00

$$\chi^2 = 6.85$$

DF=4

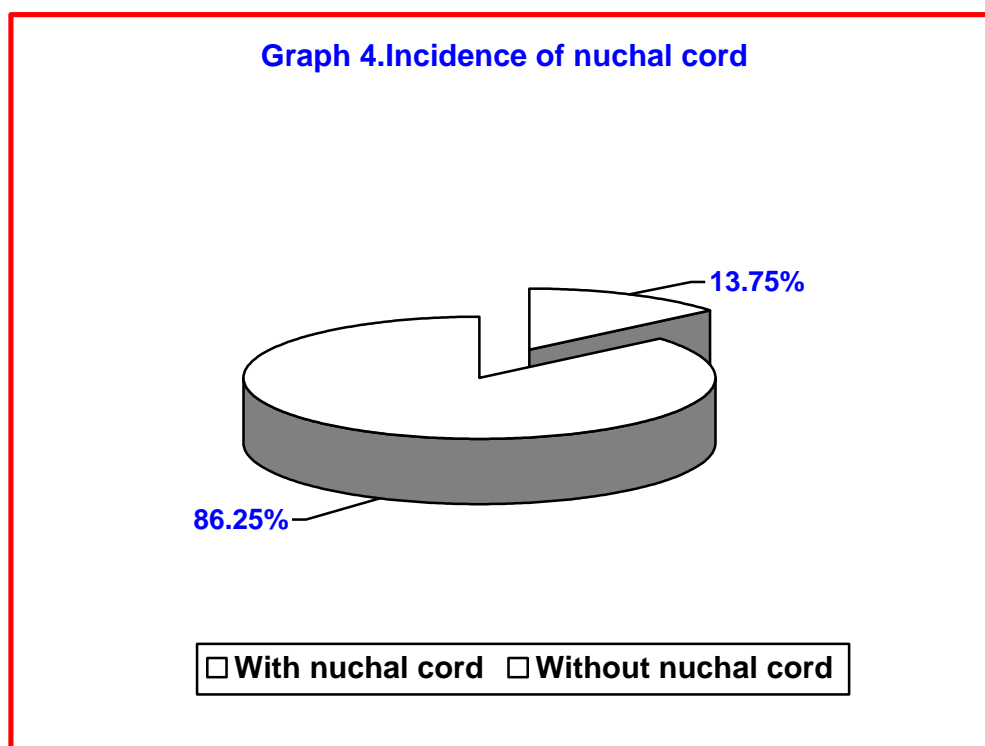
p= 0.144



In this study most of the women (68.53%) women had term pregnancy whereas 7.69% had preterm and 16.08% women delivered post term babies. Most of the babies born with nuchal cord were of the gestational age of 37-39 weeks, but this is not statistically significant ($p=0.144$). Therefore the gestational age had no effect on the presence of nuchal cords

Table 3. Incidence of nuchal cord

Nuchal cord	Distribution (n=429)	
	Number	Percentage
Present	59	13.75
Absent	370	86.25
Total	429	100.00



Of the 429 deliveries 59 (13.75%) had nuchal cord.

Table 4. Number of loops

Number of loops	Distribution (n=59)	
	Number	Percentage
One	47	76.66
Two	9	15.25
Three	3	5.08
Total	59	100.00

Among them 47 (79.66%) had one loop, nine (15.25%) had two loops and three (5.08%) had three loops. Most of them (52.54%) had tight nuchal cord and in 47.46% it was loose. Single nuchal cords were more common (76.66%) than multiple loops.

Table 5. Type of Nuchal Cord

Type	Distribution (n=429)	
	Number	Percentage
Loose	28	47.46
Tight	31	52.54
Total	59	100.00

Of the type of loops observed, tight loops were slightly more prevalent (52.54%) than loose loops (47.54%).

Table 6. Comparison of nuchal cord with meconium staining of liquor

Meconium staining of liquor	With Nuchal cord (n=59)		Without Nuchal cord (n=370)	
	Number	Percentage	Number	Percentage
Present	3	5.08	86	23.2
Absent	56	94.92	284	76.8
Total	59	100.00	370	100.00

$$x^2 = 10.2$$

$$DF=1$$

$$p = 0.001$$

The study noted that meconium staining of liquor was present in 5.08% of cases with nuchal cord and in 23.2% in the comparative group. The chi square analysis suggests that the presence of nuchal cord is highly associated with meconium stained liquor ($p < 0.05$).

Table 7. Comparison of nuchal cord with Fetal heart irregularities

Fetal heart irregularities	With Nuchal cord (n=59)		Without Nuchal cord (n=370)	
	Number	Percentage	Number	Percentage
Present	5	8.47	92	24.86
Absent	52	91.53	278	75.14
Total	59	100.00	370	100.00

$$x^2 = 7.29$$

$$DF = 1$$

$$p = 0.007$$

In the present study fetal heart irregularities were seen in 8.47% of babies born with nuchal cord though only 3 of them had proven fetal distress. Similarly 24.86% of babies born without nuchal cord had fetal heart rate irregularities of which 15 had fetal distress. Chi square analysis showed that nuchal cord is responsible for fetal heart rate abnormalities ($p < 0.05$) though this did not change the decision on the mode of delivery unless there was fetal distress.

Table 8. Comparison of single and multiple nuchal cord with Fetal heart irregularities and meconium staining of liquor

	Single nuchal cord (n=47)		Multiple nuchal cord (n=12)	
	Number	Percentage	Number	Percentage
Fetal heart rate				
irregularities	4	8.51	1	8.30
Meconium				
stained liquor	4	8.51	1	8.30

$$x^2 = 0.00$$

$$DF=1$$

$$p= 1.000$$

In the present study fetal heart irregularities and meconium staining of liquor were independent of the presence of single or multiple nuchal cords.

Table 9. Comparison of nuchal cord with type of delivery

Type of delivery	With Nuchal cord (n=59)		Without Nuchal cord (n=370)	
	Number	Percentage	Number	Percentage
Normal delivery	38	64.41	239	64.59
LSCS	18	30.51	116	31.35
Instrumental	3	5.08	15	4.05
Total	59	100.00	370	100.00

$$\chi^2 = 0.141$$

$$DF=2$$

$$p= 0.932$$

In the present study the presence of nuchal cord did not determine the mode of delivery, as $p > 0.05$, which is not statistically significant.

Table 10. Comparison of nuchal cord with indications for LSCS

Indications	LSCS Newborns with nuchal cord (n=18)		LSCS Newborns without nuchal cord (n=116)	
	Number	Percent	Number	Percent
Breech	1	5.56	5	4.31
CPD	0	0.00	11	9.48
Fetal distress	3	16.67	13	11.21
Meconium stained liquor	0	0.00	3	2.59
Non progress of labour	0	0.00	7	6.03
Not willing for VBAC	3	16.67	25	21.55
Previous 2 LSCS	3	16.67	14	12.07
Hypertensive disorders	1	5.56	10	8.62
Others	7	38.89	28	24.14
$\chi^2= 5.62$		DF=8	p= 0.690	

LSCS was performed only when indicated. The most common indications for LSCS were breech presentation, cephalo pelvic disproportion, meconium stained liquor in early labour, non progress of labour, patients not willing for vaginal birth after cesarean, previous two LSCS and hypertensive disorders including severe pre eclampsia, imminent eclampsia, eclampsia and HELLP syndrome. The other indications for LSCS include abruption placenta, placenta previa, macrosomia, transverse lie, short stature, deep transverse arrest,

obstructed labour, HIV in pregnancy, bad obstetric history, IUGR and direct occipito posterior position. Though LSCS was done for fetal distress only 3 babies had nuchal cord, which is not statistically significant ($p < 0.05$). of these three babies one baby had 2 tight loops of cord around the neck and the other two had 1 loose loop.

Therefore though LSCS was performed for a valid indication, the presence of a nuchal cord did not influence the decision for the mode of delivery.

Table 11. Comparison of nuchal cord with indications for instrumental delivery

Indications	LSCS Newborns with nuchal cord (n=3)		LSCS Newborns without nuchal cord (n=15)	
	Number	Percentage	Number	Percentage
Fetal distress	0	0.00	2	13.33
Meconium stained liquor	2	66.67	1	6.67
Others	0	0.00	1	6.67
Prophylactic ventouse	0	0.00	2	13.33
Poor maternal efforts	1	33.33	9	60.00
$\chi^2 = 6.72$		DF=4	p= 0.151	

Ventouse was applied for fetal distress, meconium stained liquor, poor maternal bearing efforts and prophylactically such as in patients with cardiac disease and anemia. Though ventouse was applied more for babies being born with meconium stained liquor (of term gestation), this was not statistically significant enough to conclude that babies with nuchal cord required instrumental delivery

Table 12. Comparison of nuchal cord with birth status

Birth status	With Nuchal cord (n=59)		Without Nuchal cord (n=370)	
	Number	Percentage	Number	Percentage
Alive	58	98.31	350	94.59
FSB	1	1.69	17	4.59
MSB	0	0.00	3	0.81
Total	59	100.00	370	100.00

$$\chi^2 = 1.57$$

$$DF = 2$$

$$p = 0.456$$

In this study 95.10% were live births whereas, 4.20% were fresh stillbirths and 0.7% were macerated stillbirths. In the present study it was detected that the percentage of babies born alive with nuchal cord was comparable to those without nuchal cord. As p value was <0.05, the birth status of babies born with nuchal cord is not statistically significant.

Table 13. Comparison of nuchal cord with birth weight

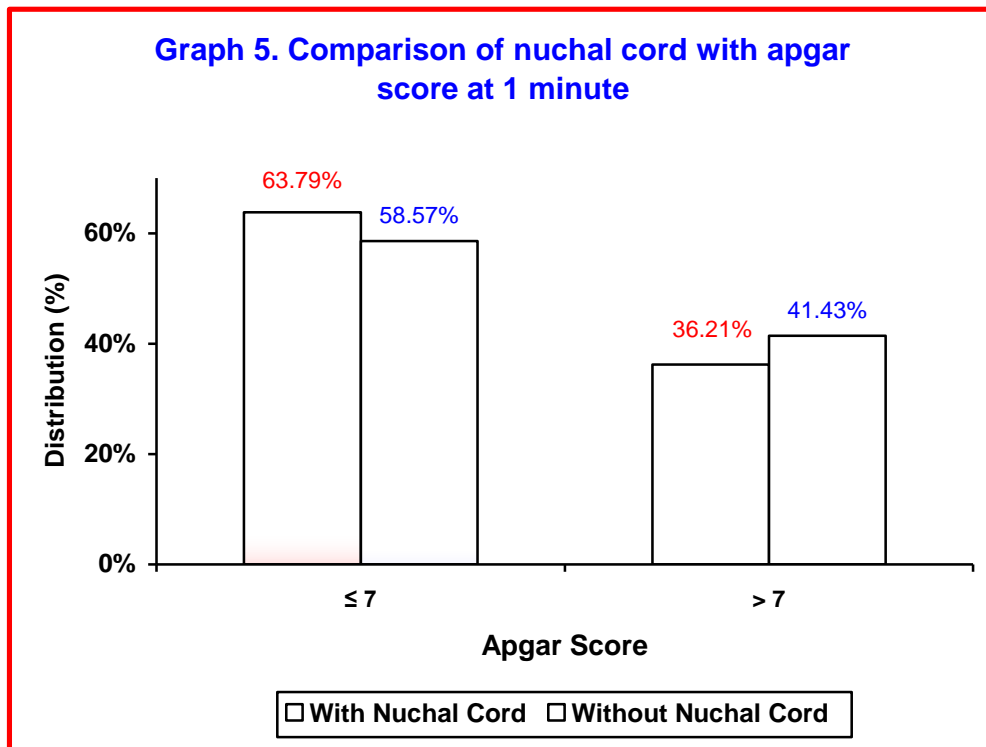
Birth weight (Kgs)	With Nuchal cord (n=59)		Without Nuchal cord (n=370)	
	Number	Percentage	Number	Percentage
500 to 999	0	0.00	3	0.81
1000 to 1499	1	1.69	21	5.68
1500 to 1999	3	5.08	21	5.68
2000 to 2499	10	16.95	50	13.51
2500 to 2999	26	44.07	150	40.54
3000 to 3499	17	28.81	102	27.57
3500 to 3999	1	1.69	19	5.14
≥ 4000	1	1.69	4	1.08
Total	59	100.00	370	100.00

$$\chi^2 = 4.15$$

$$DF = 7$$

$$p = 0.762$$

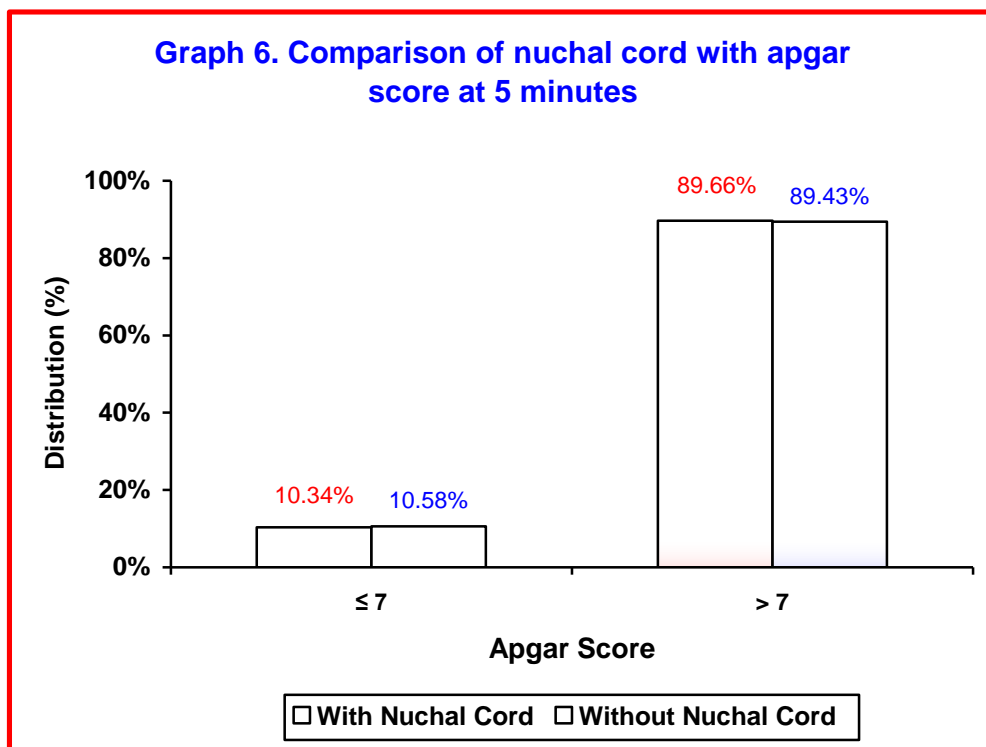
In this study, most (40.54%) of the neonates had birth weight between 2500 to 2999 gms. Overall mean birth weight was recorded as 2674 ± 601.82 gms with range being 800 to 4500 gms. The present study revealed that babies with nuchal cord, at term, had similar birth weights when compared to those without nuchal cord ($p > 0.05$). Thus inferring that the birth weight of babies is not dependent on nuchal cords.



$\chi^2 = 0.562$

DF=1

p= 0.453



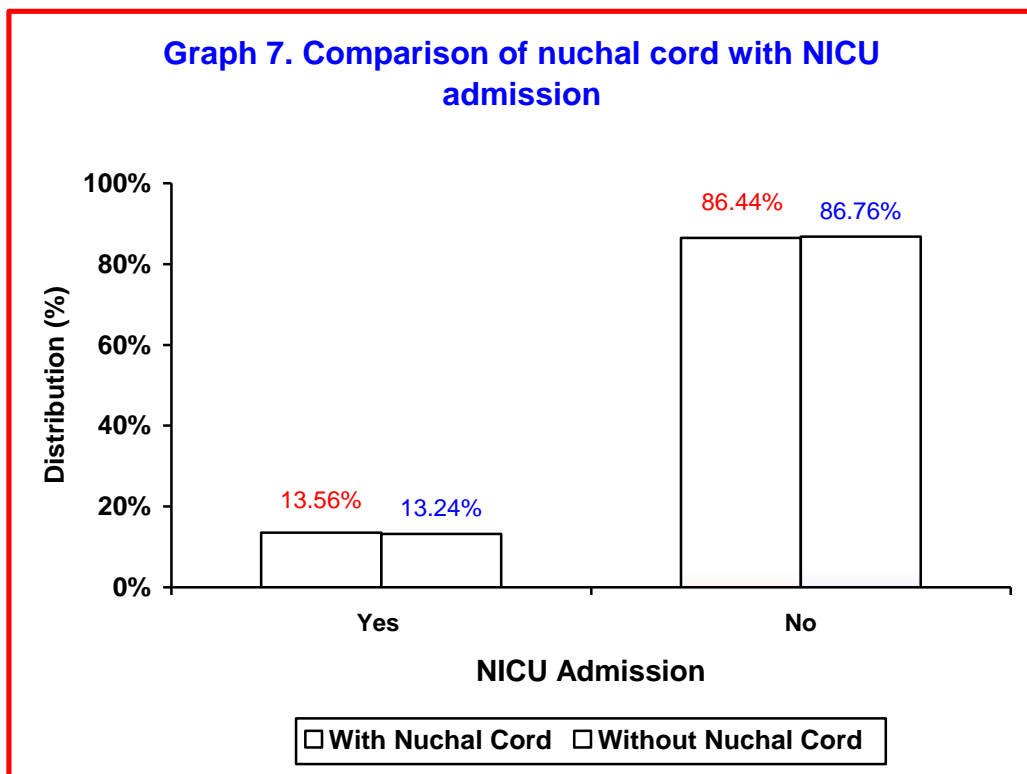
$\chi^2 = 0.271$

DF=1

p= 0.958

In this study 57.11% had apgar score between five to seven at one minute whereas in 89.46% neonates the score was more than or equal to eight at five minutes.

In the present study the apgar scores were observed at the end of one minute and 5 minutes. Apgar score less than 7 at one minute was present in 63.79% (n=37) of newborns in study group and 58.57% (n= 205) of newborns in the comparative group. Which was statistically not significant (p=0.45). Five minute apgar score less than seven in study group was 10.34% (n=6) and 10.58% (n=37) in comparative group (p=0.958)



$$\chi^2 = 0.441$$

$$DF = 1$$

$$p = 0.947$$

In this study 13.29% neonates were admitted to NICU. Neonatal intensive care unit admission was needed by 13.56% of newborns in study group and 13.24% in the comparative group, not reaching statistical significance ($p=0.947$).

Table 14. Comparison of nuchal cord and NICU admission

Reason	Newborns with nuchal cord (n=8)		Newborns without nuchal cord (n=49)	
	Number	Percentage	Number	Percentage
Low birth weight	4	50.00	34	69.39
LBW with duodenal atresia	0	0.00	1	2.04
Low birth weight with IUGR	0	0.00	2	4.08
Low birth weight with preterm	0	0.00	2	4.08
LBW with respiratory distress	1	12.50	6	12.24
Respiratory distress	3	37.50	4	8.16
Total	8	100.00	49	100.00

$$\chi^2 = 6.02$$

$$DF = 5$$

$$p = 0.304$$

In this study out of 57 babies 66.67% were admitted in NICU due to LBW and 12.28% each due to LBW with respiratory distress and only respiratory distress. Among the other reasons for NICU admission were LBW with IUGR (3.51%), preterm (3.51%) and one baby had a duodenal atresia (1.75%). Therefore it can be inferred that nuchal cord is not responsible for the hypoxia to the baby causing respiratory distress and there by poor perinatal outcomes.

DISCUSSION

The present study was conducted at, KLES Dr.PrabhakarKore Hospital and Medical Research Centre, Belgaum during the period of January 2011 to March 2011. Based on the selection criteria women delivering at KLES Dr.PrabhakarKore Hospital and Medical Research Centre, Belgaum during the study period were screened for eligibility. A total of 441 women were selected for the study of which, 12 women were excluded as 8 had multiple gestations and the other 4 women had gestational age less than 28 weeks.

In the present study the mean maternal age and parity in both the group were comparable. Mean maternal age of both the groups was 23.88 years. Primigravida accounted for 40.68 % in study group and 57.03 % in comparative group.

The incidence of nuchal cord in this study was 13.75 % of all the deliveries after 28 weeks of gestation. Incidence of multiple nuchal cords (two or more entanglement) was 20.08% in the present study which is significantly more when compared to previous studies.

The study noted that meconium staining of liquor was present in 5.08% of cases with nuchal cord and in 23.2% in the comparative group, and statistical analysis suggested that the presence of nuchal cord is highly associated with meconium stained liquor and fetal heart rate abnormalities ($p < 0.05$).

In the present study fetal heart irregularities were seen in 8.47% of babies born with nuchal cord though only 3 of them had proven fetal distress. Chi square

analysis showed that nuchal cord is responsible for fetal heart rate abnormalities ($p < 0.05$), though this didn't alter the decision regarding the mode of delivery unless there was fetal distress.

Instrumental delivery rate was statistically not significant ($p = 0.729$). Caesarean section rate was also lower in study group but not statistically significant ($p = 0.937$).

Apgar score < 7 at 1 minute was not significantly more in study group ($p = 0.453$). This signifies that there is no birth asphyxia as a result of cord compression during labour. The apgar score < 7 at 5 minute and admission to neonatal unit was not significantly more which means primary neonatal adaptation is not impaired by nuchal cord compression.

In the present study the maternal age in both groups were comparable. The mean maternal age of the two groups was 23.88 ± 3.38 years. This was slightly less when compared to a western study where the mean age was 29.1 ± 5.5 years, which can probably be attributed to late marriages and delayed conception in developed countries.¹⁴

Primis accounted for 40.68 % in study group and 57.03 % in comparative group, whereas 59.32 % in study group and 57.03% in control group were multigravida. In a retrospective study conducted at Turkey, it was noted that nuchal cord was seen more frequently in multiparous women when compared to nulliparous women (34.9% vs. 65.1%, $p = 0.01$), this was not statistically significant as in accordance with other studies and also the present study.^{9,14} The

authors have also mentioned that they could not ascertain the relationship between parity and the presence of nuchal cords.⁹

A cross sectional study conducted during 1995, depicted that the incidence of nuchal cord increases from 5.8% at 20 weeks of gestation to 29% at 42 weeks.¹⁹ The incidence of nuchal cord in this study was 13.75 % of all the deliveries after 28 weeks of gestation. Incidences are comparable in similar studies conducted where the incidence ranges between 14-18%.⁶⁻⁸ The incidence is less in comparison to 23.7 % as quoted by William F. Miser in his cross sectional study, where 765 deliveries were observed, which could attribute to the higher incidence.⁴ Similarly another study claims of nuchal cord incidence of 33% as 11, 748 deliveries were observed over a period of ten years.⁹

The presence of multiple nuchal cords (2 or more loops) is estimated to affect between 2.5% to 8.3% of all deliveries.¹⁹ In this study the incidence of single and multiple nuchal cords (two or more entanglements) was 76.66% and 20.08%, respectively. This was significantly more when compared to other similar studies, where the incidence has been quoted to be 18 - 29 % for single loops and 3- 5% for multiple loops.^{14,40} The increased incidence can be attributed to the lesser number of nuchal cords detected in the present study.

In this study it was observed that of the type of loops observed, tight loops were slightly more prevalent (52.54%) than loose loops (47.54%). This is in contrast to a similar cross sectional study where loose loops were more prevalent than tight loops, but a cause for this was not established.⁴⁰

Several studies have been conducted and have analyzed the effect of nuchal cord on intrapartum events and neonatal outcome with controversial results.^{12,14,19}

In this study fetal heart irregularities were seen in 8.47% (n=5) of babies born with nuchal cord though only 3 of them had proven fetal distress and Chi square analysis showed that nuchal cord is responsible for fetal heart rate abnormalities ($p < 0.05$) though this did not alter the mode of delivery. It was also noted that meconium stained liquor was present in 5.08% of cases with nuchal cord and in 23.2% in the comparative group which suggested that the presence of nuchal cord is highly associated with meconium stained liquor ($p < 0.05$). Some authors have reported an increased prevalence of intrapartum fetal heart rate abnormalities, meconium staining and low Apgar scores in fetuses born with nuchal cord.^{12,16,19,40} However, when we compared neonates complicated with nuchal cord with the comparative group, it was seen that those babies born with nuchal cords had significantly higher rates of intrapartum abnormalities ($p < 0.05$), as suggested by the authors mentioned earlier.^{12,16,19,40}

In the present study instrumental delivery rate was statistically not significant ($p = 0.729$) and these findings are in conflict with other similar studies.^{2-5,7} The Caesarean section rate however was lower in study group but not statistically significant ($p = 0.937$). In studies conducted by Sheiner et al and Mastrobattista et al a significantly lower cesarean section rate was seen, in women with nuchal cord.^{15,16}

Apgar score < 7 at 1 minute was not significantly more in study group ($p = 0.453$). This signifies that there is no birth asphyxia as a result of cord compression during labour. The apgar score <7 at 5 minute and admission to neonatal unit was not significantly more which means primary neonatal adaptation is not impaired by nuchal cord compression. The findings are similar in the other similar studies conducted.^{12,19} However in the study by Peregrine et al²⁴ presence of nuchal cord did not significantly increase the risk of apgar score <7 at 1 minute. In contrast to this, another study conducted, found that 5 minute apgar score was < 7 in significantly more fetus without nuchal cord ($p = 0.004$).⁴⁰

Strengths of the study

This was a cross sectional study conducted at a tertiary care centre. The demographic variables of the study group and comparative group were well matched.

As antenatal ultrasound was not performed immediately prior to delivery, the treating obstetricians were not biased on the decision about the mode of delivery.

Limitations of the study

In this study the newborns were observed only at the time of delivery and the NICU admission was noted. However, the long term effects of nuchal cord on babies needs to be evaluated as literature has quoted the possibility of cerebral palsy, fetal anemia and hypotension. This can be further researched on as the information available is limited.

CONCLUSION

Entanglement of the umbilical cord around the fetal neck (nuchal cord) is a common finding at delivery, but its clinical relevance is not entirely clear and several studies have analyzed deliveries with nuchal cords with differing results.¹⁻⁵

In the present study the incidence of nuchal cord was 13.75%. When compared to other studies the incidence is slightly less.

Intrapartum events such as meconium staining of liquor and fetal heart rate irregularities were more commonly associated with nuchal cord but it did not affect the perinatal outcome. However the presence of nuchal cord had no statistical significance on the mode of delivery, thereby reducing the morbidity to the mother.

Perinatal outcome of the babies as seen by the apgar score and rate of NICU admission was also not statistically significant.

Hence nuchal cord is not associated with adverse perinatal outcome.

Recommendations:

As nuchal cord is not associated with adverse perinatal outcome, if encountered during an ultrasound examination, the obstetrician should not be biased regarding the mode of delivery. This will eliminate un-necessary cesarean deliveries thereby reducing maternal morbidity and prolonged hospital stay.

Further studies and analysis should be done of the babies born with nuchal cord to determine if there are long term complications of nuchal cord on newborns.

Similarly a comparative study can be conducted on the modes of delivery while encountering a nuchal cord with the help of moves such as the somersault maneuver as mentioned in review of literature.

SUMMARY

The present study was conducted at, KLES Dr. Prabhakar Kore Hospital and Medical Research Centre, Belgaum during the period of January 2011 to March 2011. Based on the selection criteria women delivering at KLES Dr. Prabhakar Kore Hospital and Medical Research Centre, Belgaum during the study period were screened for eligibility. A total of 441 women were selected for the study of which, 12 women did not meet the selection criteria and were therefore excluded

The exact perinatal effect of presence of nuchal cord in a newborn is still under debate, and therefore this study was undertaken to determine the incidence of nuchal cord and to assess the intrapartum complications and perinatal outcome.

In the present study the mean maternal age and parity in both groups were comparable. Mean maternal age of both the groups was 23.88 years. Primigravida accounted for 40.68 % in study group and 57.03 % in comparative group. 59.32 % in study group and 57.03% in control group were multigravida.

The incidence of nuchal cord in this study was 13.75 % of all the deliveries after 28 weeks of gestation. Incidence of single nuchal cord was 79.66% and multiple nuchal cords (two or more entanglement) was 20.08% which is significantly more when compared to previous studies.

In this study fetal heart irregularities were seen in 8.47% of babies born with nuchal cord though only 3 of them had proven fetal distress and Chi square

analysis showed that nuchal cord is responsible for fetal heart rate abnormalities ($p < 0.05$). The present study also noted that meconium staining of liquor was present in 5.08% of cases with nuchal cord and in 23.2% in the comparative group which suggests that the presence of nuchal cord is highly associated with meconium stained liquor ($p < 0.05$).

Instrumental delivery and caesarean section rate was statistically not significant in this study ($p = 0.729$).

Apgar score < 7 at 1 minute was not significantly more in study group ($p = 0.453$). This signifies that there is no birth asphyxia as a result of cord compression during labour. The apgar score < 7 at 5 minute and admission to neonatal unit was not significantly more which means primary neonatal adaptation is not impaired by nuchal cord compression.

Therefore though nuchal cord ,is associated with meconium staining of liquor and fetal heart rate abnormalities, the mere presence of the cord doesn't change the mode of delivery and hence has no adverse perinatal outcome.

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ANNEXURE I

STUDY: NUCHAL CORD AND PERINATAL OUTCOME.

Principal Investigator: Dr. Shereen Pradeep Kumar; Postgraduate Student

Guide : Dr. Kamal P. Patil, Professor

We request you to be a participant in above said research to be conducted at KLE'S Hospital from January 2011 to March 2011 conducted by Dr Shereen Pradeep Kumar, Postgraduate student in the Department of Obstetrics and Gynecology at Jawaharlal Nehru Medical College, Belgaum. Ph No 99809 59679.

Your participation in this study is your voluntary decision whether or not to participate will not affect your current or future relationship with the KLE'S Dr. Prabhakar Kore Hospital and Medical Research Centre.

Procedure Involved

If you agree in this research we will observe the presence of nuchal cord at the time of delivery.

Risk and benefits

There are no additional risks involved in this procedure.

Privacy and Confidentiality

The only people who will know that you are a research participant are members of the research team. No information about you or provided by you, during the research will be disclosed to others without your written consent. When the results of the research are published or discussed the conferences, no information will be disclosed that would reveal your identity. Any information obtained in connections with this study and that can be identified with you remain confidential and will be disclosed only with your permission.

Voluntary participation

Your participation in this study will help us identify whether the presence of nuchal cord should alter the mode of delivery to for better maternal and fetal outcome. You are free to discontinue the participation in the study at any time for any reasons and you will not be paid any reimbursement for participation in the research. If you have any questions about your rights or research as a research participant you may contact Dr. V.D. Patil, Principal JNMC, Belgaum. Phone No 08312473777. You will be given a copy of this form for your information and to keep for your records.

Statement of Consent

To voluntarily agree to take part in this study I must sign on the line below: If you chose to take part in this study I may withdraw at any time I am not giving up any of my legal rights, by signing this form. My signature below indicates that I have read or have read to me this entire consent form including

the risks and benefits and had all questions answered, I will be given a copy of this consent form.

Signature of the Subject:

Name:

Date:

Signature of the authorized representative:

Name:

Date:

Relation to the Subject:

Signature of the witness:

Name:

Date:

Signature of the investigator:

Name:

Date:

e) How many loops of cord were present around the neck :

f) Type Tight

Loose

9) Meconium staining of liquor

Present

Absent

10) Fetal heart rate irregularities

Present

Absent

11) Baby Details :

a) Sex : Male

Female

b) Birth weight (in grams) :

c) Baby status at birth :

Alive

Fresh still birth

Macerated still birth

d) Apgar score at 1 minute :

5. minutes:

i) NICU admission : Yes

ANNEXURE IV - KEY TO MASTER CHART

A	-	Abruption
A	-	Alive
Ab Pl	-	Abruption placenta
AB	-	Absent
Assy	-	Assymmetrical
BR	-	Breech
Cms	-	Centimeters
DR	-	Direct
DST	-	Diastolic
DTA	-	Deep transverse arrest
DUD AT	-	Duodenal atresia
Ecl	-	Eclampsia
ER	-	Early
f	-	Female
F	-	Forceps
FL	-	Failed
FSB	-	Fresh macerated stillbirth
FT DST	-	Fetal distress
GA	-	Gestational age
gms	-	Grams
HELLP	-	Hemolysis elevated liver enzyme low platelets
HIV	-	Human immunodeficiency virus

HYD	-	Hydrocephalus
IMM	-	Imminent
Ind	-	Induction
IUGR	-	Intra uterine growth retardation
Kg	-	Kilogram
L	-	Loose
LBW	-	Low birth weight
LSCS	-	Lower segment caesarean section
M	-	Male
m	-	Meter
M	-	Multi
MACRS	-	Macrosomia
MEC STN LIQ-		Meconium stained liquor
MSB	-	Macerated stillbirth
N	-	No
NICU	-	Neonatal intensive care unit
NO LG ISS	-	No living issue
NW	-	Not willing
OBSTR LAB	-	Obstructed labour
OCC	-	Occiputo
OLIG	-	Oligoamnios
P	-	Primi
PL PRV	-	Placenta previa
PME	-	Poor maternal efforts

POST	-	Posterior
PR PREG	-	Previous pregnancy
PRE	-	Previous
PRO SEC STG-		Prolonged second stage
PROM	-	Premature rupture of membranes
PROP	-	Prophylactic
PT	-	Preterm
RD	-	Respiratory distress
SCR TEND	-	Scar tenderness
SEV	-	Severe
SH ST	-	Short stature
T	-	Term
t	-	Tight
TH	-	Thick
TRS LIE	-	Transverse lie
V	-	Vacuum assisted
VBAC	-	Vaginal birth after caesarean
VD	-	Vaginal delivery
Y	-	Yes

ANNEXURE III - MASTER CHART

Serial Number	In patient Number	Age (Years)	Para	Body Mass Index			GA		Delivery Details							Baby Details									
				Height (Cms)	Weight (Kg)	BMI (Kg/m ²)	Term	GA (Weeks)	Date	Time	Mode		Fetal heart rate	Mec Stn Liq	Nuchal cord			Sex	Birth weight (gms)	Status	Apgar Score		Gestational Age	NICU Admission	
											Type	Indication			Nuchal cord	No. of loops	Type				I Minutes	5 Minutes		Admission	Reason
1	403016	23	P	158	69	27.64	T	38	02.02.11	16.25	LSCS	NPOL	-	+	N	-	-	f	2700	A	8	8	T	N	-
2	403333	22	P	157	62	25.15	T	37	03.02.11	1.29	VD	-	-	-	Y	1	L	f	1750	A	6	9	IUGR	Y	LBW
3	403364	25	P	146	56	26.27	T	39	03.02.11	3.43	LSCS	ECL	+	+	N	-	-	M	2500	A	7	9	T	N	-
4	403544	22	P	158	57	22.83	T	38	03.02.11	10.53	VD	-	-	-	N	-	-	f	2750	A	8	8	T	N	-
5	403383	23	P	154	60	25.30	PT	35	03.02.11	12.55	LSCS	AB PL	+	-	N	-	-	M	2200	A	7	8	PT	Y	LBW, PT
6	403227	26	M	156	62	25.48	T	40	03.02.11	16.57	LSCS	NW VBAC	-	+	N	-	-	M	2600	A	7	8	T	N	-
7	403487	28	M	157	55	22.31	T	37	04.02.11	0.17	VD	-	+	-	N	-	-	M	3800	A	8	9	T	N	-
8	403455	29	P	153	58	24.78	T	37	04.02.11	8.12	VD	-	-	-	N	-	-	f	4000	A	7	7	T	N	-
9	403331	19	P	152	50	21.64	T	37	04.02.11	12.46	VD	-	-	-	N	-	-	M	3150	A	8	9	T	N	-
10	403554	21	P	156	66	27.12	PT	36	04.02.11	14.19	VD	-	+	-	N	-	-	M	2050	A	7	8	PT	Y	LBW
11	403542	24	M	155	70	29.14	T	40	04.02.11	17.35	VD	-	-	+	N	-	-	M	3000	A	8	8	T	N	-
12	403468	28	M	153	59	25.20	T	38	04.02.11	18.08	LSCS	NPOL	-	-	N	-	-	M	3000	A	8	8	T	N	-
13	403591	32	M	152	48	20.78	T	39	04.02.11	23.28	LSCS	OLIG	+	-	N	-	-	M	2600	A	8	9	T	N	-
14	403618	21	M	148	52	23.74	T	41	05.02.11	5.40	VD	-	-	+	N	-	-	M	3250	A	7	9	T	N	-
15	403481	27	P	154	62	26.14	T	37	05.02.11	7.46	VD	-	-	-	Y	1	L	M	2800	A	7	9	T	N	-
16	403627	20	P	155	67	27.89	T	38	05.02.11	9.35	VD	-	-	-	Y	1	L	M	2500	A	7	8	T	N	-
17	403523	23	M	156	63	25.89	T	40	05.02.11	10.35	VD	-	-	+	N	-	-	M	2850	A	8	8	T	N	-
18	403518	26	P	157	65	26.37	T	37	05.02.11	11.38	V	PME	+	-	N	-	-	f	2250	A	7	8	T	N	-
19	403691	18	P	156	54	22.19	T	37	05.02.11	23.39	VD	-	-	-	N	-	-	f	2200	FSB	-	-	T	N	-
20	403718	20	P	159	65	25.71	T	41	06.02.11	1.20	LSCS	TRS LIE	-	+	N	-	-	f	2500	A	7	7	T	N	-
21	401851	23	M	150	56	24.89	T	37	23.01.11	0.10	LSCS	FT DIST	+	-	N	-	-	M	2400	A	7	9	T	N	-
22	401411	24	P	152	47	20.34	T	37	23.01.11	12.05	LSCS	SEV PIH	-	-	Y	1	L	f	3000	A	8	8	T	N	-
23	401900	20	M	157	54	21.91	T	39	23.01.11	12.10	VD	-	+	-	N	-	-	M	3150	A	8	8	T	N	-
24	401872	20	P	160	57	22.27	PT	35	23.01.11	13.52	VD	-	-	-	N	-	-	M	2000	A	7	9	PT	Y	LBW, DUD AT
25	398531	22	M	153	66	28.19	PT	36	23.01.11	14.00	LSCS	PRE 2 LSCS	-	-	Y	1	L	f	2100	A	6	6	PT	Y	LBW, RD
26	401898	24	M	156	58	23.83	T	39	23.01.11	14.40	VD	-	-	-	Y	2	t	f	2850	A	8	8	T	N	-
27	401931	21	M	147	50	23.14	T	41	23.01.11	19.53	VD	-	-	-	Y	1	t	f	3050	A	8	9	T	N	-
28	401943	24	M	153	60	25.63	T	38	23.01.11	22.55	LSCS	NW VBAC	-	-	N	-	-	f	3200	A	7	9	T	N	-
29	401297	25	M	142	42	20.25	T	37	24.01.11	9.52	LSCS	SH ST	+	-	N	-	-	f	2700	A	7	8	T	Y	RD
30	401957	22	P	156	50	20.55	PT	31	24.01.11	13.25	VD	-	-	-	N	-	-	f	1050	A	4	6	PT	Y	LBW
31	400760	28	M	151	54	23.68	T	38	13.01.11	10.50	VD	-	+	-	N	-	-	f	2700	A	6	7	T	N	-
32	400735	25	P	153	55	23.50	T	37	14.01.11	11.15	VD	-	-	-	Y	1	L	f	2300	A	7	9	T	N	-

ANNEXURE III - MASTER CHART

Serial Number	In patient Number	Age (Years)	Para	Body Mass Index			GA		Delivery Details							Baby Details										
				Height (Cms)	Weight (Kg)	BMI (Kg/m ²)	Term	GA (Weeks)	Date	Time	Mode		Fetal heart rate	Mec Stn Liq	Nuchal cord			Sex	Birth weight (gms)	Status	Apgar Score		Gestational Age	NICU Admission		
											Type	Indication			Nuchal cord	No. of loops	Type				1 Minutes	5 Minutes		Admission	Reason	
33	400254	22	M	155	60	24.97	T	38	14.01.11	3.53	VD	-	-	+	N	-	-	M	2700	A	5	6	T	N	-	
34	400778	25	M	154	62	26.14	T	37	14.01.11	10.39	VD	-	-	-	N	-	-	f	2900	A	8	9	T	N	-	
35	400656	30	M	150	64	28.44	T	38	14.01.11	11.04	LSCS	PRE 2 LSCS, PIH	-	-	N	-	-	M	2800	A	8	9	T	N	-	
36	400634	22	P	153	55	23.50	T	39	14.01.11	20.31	VD	-	-	-	Y	1	t	f	3200	A	5	6	T	N	-	
37	399719	27	M	156	66	27.12	T	39	14.01.11	22.16	VD	-	-	-	Y	1	t	f	2900	A	4	5	T	Y	RD	
38	400736	20	P	154	58	24.46	PT	31	15.01.11	0.06	VD	-	-	+	N	-	-	M	1000	FSB	-	-	PT	N	-	
39	400844	20	P	150	65	28.89	T	38	15.01.11	3.21	VD	-	-	+	N	-	-	f	3000	A	5	6	T	N	-	
40	400869	20	M	148	58	26.48	T	40	15.01.11	5.30	VD	-	-	-	N	-	-	f	2500	A	7	9	T	N	-	
41	400876	23	P	153	56	23.92	T	41	15.01.11	15.44	VD	-	-	+	N	-	-	M	2900	A	7	9	T	N	-	
42	400921	24	M	152	56	24.24	T	39	15.01.11	8.52	LSCS	BR	-	-	-	N	-	-	M	2500	A	8	8	T	N	-
43	400930	25	M	150	48	21.33	PT	32	15.01.11	10.30	VD	-	-	+	N	-	-	f	1250	MSB	-	-	PT	N	-	
44	400908	25	M	151	53	23.24	T	39	16.01.11	0.47	VD	-	-	-	N	-	-	f	2500	A	7	9	T	N	-	
45	400873	20	P	152	58	25.10	PT	31	16.01.11	10.37	VD	-	-	-	N	-	-	M	1200	A	7	8	PT	Y	LBW	
46	400938	22	M	155	61	25.39	PT	33	16.01.11	18.28	LSCS	FT DIST	-	+	+	N	-	-	f	1800	A	6	7	PT	Y	LBW
47	400984	25	M	159	57	22.55	T	38	17.01.11	6.56	VD	-	-	-	N	-	-	f	3750	A	8	9	T	N	-	
48	401008	20	P	150	53	23.56	T	39	17.01.11	18.34	VD	-	-	-	Y	1	L	f	2900	A	7	8	T	N	-	
49	401007	24	M	152	58	25.10	PT	36	17.01.11	20.53	VD	-	-	-	N	-	-	f	2300	A	7	8	PT	N	-	
50	401091	20	P	150	56	24.89	T	38	18.01.11	3.07	VD	-	-	+	N	-	-	M	2750	A	8	9	T	N	-	
51	401062	29	M	146	52	24.39	T	37	18.01.11	7.00	VD	-	-	-	N	-	-	f	2750	A	7	9	T	N	-	
52	401056	24	P	154	59	24.88	T	38	18.01.11	10.57	VD	-	-	-	N	-	-	f	2750	A	6	7	T	N	-	
53	399316	23	P	154	52	21.93	T	39	18.01.11	12.11	LSCS	FT DIST	-	+	+	N	-	-	f	2700	A	7	8	T	N	-
54	401259	22	M	156	61	25.07	T	38	18.01.11	16.47	VD	-	-	-	N	-	-	M	2300	A	7	9	T	N	-	
55	401125	22	P	154	62	26.14	T	37	18.01.11	17.41	VD	-	-	-	N	-	-	M	3000	A	8	8	T	N	-	
56	401234	35	M	156	62	25.48	T	40	18.01.11	18.11	LSCS	DTA	-	+	N	-	-	f	3050	A	8	8	T	N	-	
57	379845	21	P	157	66	26.78	T	37	19.01.11	3.59	VD	-	-	+	N	-	-	f	2000	A	8	9	IUGR	Y	LBW	
58	401354	28	M	158	60	24.03	PT	30	18.01.11	10.08	VD	-	-	-	N	-	-	f	1300	FSB	-	-	PT	N	-	
59	400195	30	M	158	57	22.83	T	39	19.01.11	11.47	LSCS	NW VBAC	-	-	N	-	-	f	3300	A	8	9	T	N	-	
60	401454	21	P	156	60	24.65	T	37	20.01.11	0.16	LSCS	TH MEC STN LIQ, ERL LAB	-	+	+	N	-	-	M	2450	A	7	8	T	N	-
61	401483	19	P	153	55	23.50	T	39	20.01.11	1.31	VD	-	-	-	N	-	-	f	2500	A	7	9	T	N	-	
62	401478	24	M	153	56	23.92	T	38	20.01.11	5.47	VD	-	-	-	N	-	-	M	3100	A	7	9	T	N	-	
63	401504	27	M	152	60	25.97	T	40	20.01.11	11.46	V	TH MEC STN LIQ	-	+	+	Y	1	t	M	2850	A	8	8	T	N	-
64	401502	23	M	147	48	22.21	T	39	20.01.11	15.15	VD	-	-	-	N	-	-	M	3400	A	8	8	T	N	-	

ANNEXURE III - MASTER CHART

Serial Number	In patient Number	Age (Years)	Para	Body Mass Index			GA		Delivery Details										Baby Details							
				Height (Cms)	Weight (Kg)	BMI (Kg/m ²)	Term	GA (Weeks)	Date	Time	Mode		Fetal heart rate	Mec Stn Liq	Nuchal cord			Sex	Birth weight (gms)	Status	Apgar Score		Gestational Age	NICU Admission		
											Type	Indication			Nuchal cord	No. of loops	Type				1 Minutes	5 Minutes		Admission	Reason	
65	401552	24	M	157	50	20.28	T	38	20.01.11	15.56	VD	-	+	+	N	-	-	f	3150	A	5	8	T	Y	RD	
66	401488	26	M	152	58	25.10	T	38	20.01.11	23.48	LSCS	NPOL	-	+	N	-	-	M	3000	A	9	9	T	N	-	
67	401644	21	M	148	53	24.20	T	37	21.01.11	8.18	VD	-	-	-	Y	1	t	M	3250	A	7	8	T	N	-	
68	401630	26	M	158	60	24.03	T	37	21.01.11	10.18	VD	-	-	-	N	-	-	M	2600	FSB	-	-	T	N	-	
69	401655	21	M	154	58	24.46	T	38	21.01.11	11.22	LSCS	PRE 2 LSCS	-	-	-	Y	1	L	f	2900	A	7	9	T	N	-
70	401647	21	M	157	56	22.72	T	38	21.01.11	13.04	VD	-	-	-	N	-	-	f	2750	A	8	9	T	N	-	
71	401252	22	P	153	58	24.78	T	39	21.01.11	16.46	VD	-	-	-	N	-	-	f	3250	A	8	8	T	N	-	
72	401768	20	M	157	58	23.53	T	37	21.01.11	22.28	VD	-	-	-	N	-	-	M	2800	A	8	9	T	N	-	
73	401565	21	P	155	62	25.81	T	38	21.01.11	23.08	LSCS	DTA	+	-	N	-	-	M	2900	A	9	9	T	N	-	
74	399908	25	M	153	56	23.92	T	40	21.01.11	11.53	VD	-	-	-	Y	1	L	M	2700	A	7	8	T	N	-	
75	401774	32	M	154	62	26.14	T	39	22.01.11	14.34	VD	-	-	-	N	-	-	M	2950	A	9	9	T	N	-	
76	401788	25	M	152	57	24.67	T	38	22.01.11	15.35	VD	-	-	-	N	-	-	M	2500	A	7	8	T	N	-	
77	401763	27	M	155	60	24.97	T	38	22.01.11	16.31	LSCS	MACRS	-	-	N	-	-	M	4150	A	7	8	T	N	-	
78	401822	24	M	152	73	31.60	T	37	22.01.11	20.07	VD	-	+	-	N	-	-	M	2750	A	9	9	T	N	-	
79	401727	24	M	157	61	24.75	T	38	22.01.11	21.17	LSCS	NW VBAC	-	-	N	-	-	f	2650	A	9	9	T	N	-	
80	401292	21	M	149	55	24.77	T	40	22.01.11	23.20	VD	-	-	+	N	-	-	M	3250	A	9	9	T	N	-	
81	398139	28	M	152	60	25.97	T	40	12.01.11	1.40	LSCS	PRE 2 LSCS	+	-	N	-	-	M	3500	A	7	8	T	N	-	
82	400482	25	M	152	48	20.78	T	39	12.01.11	11.20	LSCS	NW VBAC	+	-	N	-	-	f	3200	A	8	9	T	N	-	
83	400471	22	M	140	46	23.47	T	37	12.01.11	15.13	VD	-	-	-	N	-	-	M	3500	A	7	9	T	N	-	
84	400393	20	P	153	64	27.34	T	37	12.01.11	18.33	VD	-	-	-	N	-	-	M	3000	A	7	8	T	N	-	
85	400380	29	P	154	50	21.08	T	37	12.01.11	21.00	LSCS	FT DIST, MEC STN LIQ	+	+	N	-	-	M	4100	A	8	9	T	N	-	
86	400636	28	M	144	40	19.29	T	39	13.01.11	7.12	VD	-	-	-	Y	1	t	f	3100	A	7	8	T	N	-	
87	400326	23	P	148	51	23.28	T	39	13.01.11	10.24	VD	-	-	-	Y	1	L	M	2500	A	8	9	T	N	-	
88	400616	26	M	147	53	24.53	T	40	13.01.11	11.15	LSCS	MACRS	-	-	-	Y	1	t	f	4500	A	8	9	T	N	-
89	400386	26	P	154	48	20.24	T	38	13.01.11	12.30	VD	-	+	-	N	-	-	f	3050	A	8	9	T	N	-	
90	400728	23	M	155	60	24.97	PT	36	13.01.11	17.20	VD	-	-	-	N	-	-	FSB	2200	FSB	-	-	PT	N	-	
91	400403	19	P	148	53	24.20	PT	32	13.01.11	18.23	VD	-	+	-	N	-	-	M	1600	FSB	-	-	PT	N	-	
92	400762	26	M	148	60	27.39	T	37	13.01.11	18.44	VD	-	+	-	N	-	-	f	2300	A	8	9	T	N	-	
93	402059	25	P	155	52	21.64	T	39	24.01.11	17.16	LSCS	PL PRV	+	-	N	-	-	M	2850	A	8	8	T	N	-	
94	401992	22	P	142	45	22.32	PT	33	24.01.11	20.56	VD	-	-	+	N	-	-	M	1750	A	8	9	PT	Y	LBW	
95	401543	22	M	148	40	18.26	T	37	24.01.11	23.37	LSCS	NW VBAC	-	-	N	-	-	M	2450	A	7	8	T	N	-	
96	401996	26	P	152	49	21.21	T	39	25.01.11	6.03	V	PME	+	-	N	-	-	f	2600	A	6	8	T	N	-	

ANNEXURE III - MASTER CHART

Serial Number	In patient Number	Age (Years)	Para	Body Mass Index			GA		Delivery Details										Baby Details								
				Height (Cms)	Weight (Kg)	BMI (Kg/m ²)	Term	GA (Weeks)	Date	Time	Mode		Fetal heart rate	Mec Stn Liq	Nuchal cord			Sex	Birth weight (gms)	Status	Apgar Score		Gestational Age	NICU Admission			
											Type	Indication			Nuchal cord	No. of loops	Type				1 Minutes	5 Minutes		Admission	Reason		
97	402150	20	P	156	54	22.19	T	37	25.01.11	3.06	VD	-	-	N	-	-	f	2750	A	9	9	T	N	-			
98	402150	30	M	152	49	21.21	T	41	25.01.11	7.09	VD	-	-	N	-	-	f	3000	A	8	9	T	N	-			
99	402118	20	P	153	52	22.21	T	37	25.01.11	13.15	LSCS	FT DIST	+	+	Y	1	t	M	3000	A	8	9	T	N	-		
100	402169	25	P	153	56	23.92	T	39	25.01.11	16.28	VD	-	-	N	-	-	f	2800	A	7	9	T	N	-			
101	402254	20	P	158	72	28.84	T	38	25.01.11	18.56	VD	-	-	N	-	-	M	2250	A	6	6	IUGR	Y	LBW, IUGR			
102	402070	22	P	154	66	27.83	T	38	25.01.11	21.24	VD	-	-	N	-	-	f	2750	A	7	9	T	N	-			
103	401478	23	M	152	52	22.51	T	40	25.01.11	20.10	VD	-	-	N	-	-	M	2650	A	7	8	T	N	-			
104	402018	22	M	150	47	20.89	T	40	26.01.11	10.25	LSCS	NW VBAC	-	-	Y	1	L	M	2600	A	8	9	T	N	-		
105	402034	30	M	153	54	23.07	PT	36	26.01.11	11.45	LSCS	BR	-	-	N	-	-	M	2250	A	7	8	PT	N	-		
106	402283	21	P	155	60	24.97	T	38	26.01.11	15.09	VD	-	-	N	-	-	Y	1	L	M	2000	A	7	9	IUGR	N	-
107	402310	24	M	156	52	21.37	T	39	26.01.11	15.14	VD	-	-	N	-	-	f	3000	A	7	9	T	N	-			
108	402309	26	P	153	47	20.08	PT	35	26.01.11	16.04	LSCS	ECL	+	-	N	-	-	M	2000	A	7	7	PT	Y	LBW		
109	402329	25	M	154	56	23.61	T	37	26.01.11	20.50	LSCS	FT DIST, MEC STN LIQ	+	+	N	-	-	M	2200	A	7	9	IUGR	Y	LBW, IUGR		
110	402345	21	M	156	60	24.65	T	38	27.01.11	5.23	VD	-	-	N	-	-	M	2900	A	8	9	T	N	-			
111	402317	23	P	152	53	22.94	T	39	27.01.11	15.45	VD	-	-	Y	1	t	M	2900	A	5	9	T	N	-			
112	402361	27	P	147	50	23.14	T	37	27.01.11	18.24	LSCS	NPOL	-	-	N	-	-	M	2900	A	7	8	T	N	-		
113	402454	23	P	152	55	23.81	PT	35	28.01.11	1.24	VD	-	-	N	-	-	f	2200	A	7	9	PT	N	-			
114	402538	23	P	154	50	21.08	T	38	28.01.11	11.13	VD	-	-	N	-	-	M	2700	A	7	8	T	N	-			
115	402620	20	P	157	59	23.94	T	38	29.01.11	9.35	VD	-	-	N	-	-	f	2700	A	7	8	T	N	-			
116	402247	28	M	154	56	23.61	T	37	29.01.11	10.14	LSCS	NW VBAC	+	-	N	-	-	f	2900	A	7	8	T	N	-		
117	402532	23	M	148	52	23.74	PT	35	29.01.11	11.11	LSCS	PL PRV	-	-	N	-	-	f	2050	A	7	9	PT	Y	LBW		
118	402751	20	P	149	51	22.97	T	40	29.01.11	15.21	VD	-	-	+	N	-	-	f	3200	A	7	9	T	N	-		
119	402765	25	P	153	59	25.20	T	37	29.01.11	15.30	LSCS	HIV	+	-	N	-	-	f	2250	A	8	8	IUGR	N	-		
120	402807	27	P	146	50	23.46	PT	34	29.01.11	11.48	VD	-	-	N	-	-	M	1800	A	6	6	PT	Y	LBW			
121	402637	27	P	149	53	23.87	T	40	30.01.11	19.56	V	PME	-	-	Y	1	t	f	3100	A	7	8	T	N	-		
122	402872	21	P	153	56	23.92	T	39	31.01.11	6.17	LSCS	NW VBAC	-	-	N	-	-	f	2500	A	7	9	T	N	-		
123	402601	24	M	146	53	24.86	T	37	31.01.11	10.00	LSCS	NW VBAC	+	-	N	-	-	M	3100	A	7	9	T	N	-		
124	402863	25	P	157	63	25.56	T	38	31.01.11	19.36	LSCS	OBSTR LAB	-	-	N	-	-	f	3000	A	6	7	T	N	-		
125	402986	20	M	156	53	21.78	T	39	31.01.11	20.53	LSCS	PRE 2 LSCS	-	-	N	-	-	f	2500	FSB	-	-	T	N	-		
126	403035	22	P	154	56	23.61	T	40	31.01.11	21.56	VD	-	-	N	-	-	M	2750	A	7	9	T	N	-			
127	403160	24	M	155	60	24.97	PT	33	01.02.11	16.40	VD	-	-	N	-	-	M	1750	A	6	7	PT	Y	LBW			
128	401480	18	P	150	57	25.33	T	38	01.02.11	18.00	VD	-	-	N	-	-	f	3050	A	7	8	T	N	-			

ANNEXURE III - MASTER CHART

Serial Number	In patient Number	Age (Years)	Para	Body Mass Index			GA		Delivery Details							Baby Details									
				Height (Cms)	Weight (Kg)	BMI (Kg/m ²)	Term	GA (Weeks)	Date	Time	Mode		Fetal heart rate	Mec Stn Liq	Nuchal cord			Sex	Birth weight (gms)	Status	Apgar Score		Gestational Age	NICU Admission	
											Type	Indication			Nuchal cord	No. of loops	Type				1 Minutes	5 Minutes		Admission	Reason
129	403104	22	P	158	62	24.84	T	37	01.02.11	23.09	VD	-	+	-	N	-	-	f	3000	A	7	8	T	N	-
130	402630	21	P	157	63	25.56	PT	30	02.02.11	7.04	VD	-	+	-	N	-	-	f	1000	A	5	7	PT	Y	LBW
131	399352	24	M	150	56	24.89	T	40	04.01.11	14.21	LSCS	PRE 2 LSCS	-	+	N	-	-	f	3000	A	7	8	T	N	-
132	39935	22	P	153	54	23.07	T	40	04.01.11	1.31	VD	-	-	-	Y	2	L	f	2700	A	8	9	T	N	-
133	399396	28	M	156	60	24.65	T	37	04.01.11	17.54	LSCS	PRE LSCS, SCR TEND	-	-	Y	1	L	f	3000	A	7	9	T	N	-
134	399445	22	P	154	53	22.35	T	39	05.01.11	2.10	VD	-	-	-	N	-	-	M	2900	A	6	9	T	N	-
135	399358	23	M	160	70	27.34	T	37	05.01.11	2.34	VD	-	-	-	Y	3	t	f	3500	A	7	8	T	N	-
136	399258	24	P	158	60	24.03	T	37	05.01.11	6.38	VD	-	-	-	N	-	-	f	2700	A	8	9	T	N	-
137	399359	20	M	156	56	23.01	T	38	05.01.11	11.15	LSCS	PREV LSCS, NO LG ISS	+	-	N	-	-	M	2700	A	8	9	T	N	-
138	396255	24	M	152	48	20.78	T	37	05.01.11	13.10	VD	-	-	-	N	-	-	M	2900	A	8	9	T	N	-
139	399607	27	M	158	60	24.03	T	39	05.01.11	23.12	VD	-	-	-	Y	1	L	M	3100	A	8	9	T	N	-
140	399609	21	M	158	52	20.83	T	38	05.01.11	23.41	VD	-	-	-	N	-	-	M	3250	A	7	9	T	N	-
141	399520	22	M	157	54	21.91	T	41	06.01.11	10.19	LSCS	NW VBAC	-	+	N	-	-	M	3500	A	7	8	T	N	-
142	399530	24	M	159	56	22.15	T	40	06.01.11	10.00	LSCS	FL IND	-	+	N	-	-	f	3000	A	8	8	T	N	-
143	399650	26	M	157	60	24.34	T	39	06.01.11	11.58	LSCS	OLIG	-	-	N	-	-	M	3650	A	8	9	T	N	-
144	399739	25	M	148	46	21.00	T	38	06.01.11	17.46	LSCS	MEC STN LIQ	+	+	N	-	-	M	2500	A	8	9	T	N	-
145	399543	24	M	158	56	22.43	T	41	06.01.11	1.59	VD	-	-	+	N	-	-	f	3200	A	7	8	T	N	-
146	399797	23	M	157	62	25.15	T	37	07.01.11	4.31	VD	-	+	-	N	-	-	f	2750	FSB	-	-	T	N	-
147	399610	22	P	153	48	20.50	PT	31	07.01.11	6.18	VD	-	-	-	N	-	-	f	900	FSB	-	-	PT	N	-
148	399249	19	P	150	46	20.44	T	39	07.01.11	8.59	VD	-	-	-	N	-	-	M	3500	A	8	9	T	N	-
149	394328	24	M	150	66	29.33	T	37	07.01.11	9.56	LSCS	BR	-	-	N	-	-	f	3250	A	8	9	T	N	-
150	399314	23	M	154	64	26.99	T	38	07.01.11	10.55	LSCS	CPD	-	+	N	-	-	M	3000	A	7	8	T	N	-
151	399734	21	M	149	53	23.87	T	38	07.01.11	10.21	LSCS	NW VBAC	+	-	N	-	-	M	2800	A	7	8	T	N	-
152	399811	22	P	157	64	25.96	T	39	07.01.11	11.43	VD	-	-	-	N	-	-	f	2700	A	8	9	T	N	-
153	399721	26	P	156	66	27.12	T	40	07.01.11	12.14	LSCS	CPD	-	-	N	-	-	M	3250	A	8	8	T	N	-
154	399817	21	P	155	64	26.64	T	39	07.01.11	12.48	VD	-	-	-	N	-	-	M	3200	A	8	9	T	N	-
155	398845	22	P	159	65	25.71	T	40	08.01.11	4.18	LSCS	FT DIST, MEC STN LIQ	+	+	N	-	-	f	2700	A	7	8	T	N	-
156	399966	20	P	157	55	22.31	T	41	08.01.11	5.55	VD	-	+	+	N	-	-	M	2500	A	7	8	T	N	-
157	400021	18	P	157	66	26.78	T	42	08.01.11	15.35	LSCS	FT DIST, MEC STN LIQ	+	+	N	-	-	f	2600	A	6	8	T	N	-
158	400044	20	M	151	48	21.05	T	38	08.01.11	16.42	VD	-	-	-	N	-	-	f	3200	A	8	9	T	N	-
159	398008	24	M	150	51	22.67	T	42	08.01.11	22.54	VD	-	-	+	N	-	-	f	2500	A	8	9	T	N	-
160	400019	27	P	148	50	22.83	T	41	09.01.11	0.43	V	MEC STN LIQ	+	+	N	-	-	f	2500	A	6	8	T	N	-

ANNEXURE III - MASTER CHART

Serial Number	In patient Number	Age (Years)	Para	Body Mass Index			GA		Delivery Details										Baby Details						
				Height (Cms)	Weight (Kg)	BMI (Kg/m ²)	Term	GA (Weeks)	Date	Time	Mode		Fetal heart rate	Mec Stn Liq	Nuchal cord			Sex	Birth weight (gms)	Status	Apgar Score		Gestational Age	NICU Admission	
											Type	Indication			Nuchal cord	No. of loops	Type				1 Minutes	5 Minutes		Admission	Reason
161	400072	22	P	157	64	25.96	T	39	09.01.11	0.26	VD	-	-	N	-	-	f	2800	A	8	9	T	N	-	
162	398127	25	M	151	55	24.12	T	38	06.01.11	23.00	V	PROP V	-	-	N	-	M	3500	A	7	9	T	N	-	
163	400109	20	P	156	63	25.89	T	38	10.01.11	1.38	VD	-	+	-	N	-	f	2500	A	7	9	T	N	-	
164	400128	19	P	162	70	26.67	T	38	10.01.11	2.10	VD	-	-	-	N	-	M	3400	A	8	9	T	N	-	
165	400080	22	M	159	50	19.78	T	38	10.01.11	2.52	VD	-	-	-	N	-	M	2500	A	8	9	T	N	-	
166	398754	28	M	154	50	21.08	T	40	10.01.11	2.55	LSCS	NW VBAC	+	+	N	-	f	3200	A	8	9	T	N	-	
167	400205	26	M	159	61	24.13	T	41	10.01.11	21.41	VD	-	-	+	N	-	M	3100	A	7	9	T	N	-	
168	400205	27	M	147	56	25.92	T	39	10.01.11	21.41	VD	-	-	-	Y	1	t	M	2900	A	7	9	T	N	-
169	400231	27	M	156	58	23.83	T	39	11.01.11	2.31	VD	-	-	-	N	-	M	2750	A	8	9	T	N	-	
170	400334	25	M	157	58	23.53	T	37	11.01.11	8.33	VD	-	+	-	N	-	f	2500	A	8	9	T	N	-	
171	399690	31	M	157	70	28.40	T	38	04.01.11	9.48	LSCS	NW VBAC	-	-	N	-	f	2500	A	8	9	T	N	-	
172	400240	25	M	161	58	22.38	T	39	04.01.11	9.56	LSCS	ASSY IUGR	-	-	N	-	f	2550	A	8	9	IUGR	N	-	
173	398971	22	M	159	60	23.73	T	39	11.01.11	11.20	LSCS	NW VBAC	+	-	N	-	f	3100	A	7	8	T	N	-	
174	400390	22	P	163	60	22.58	PT	36	04.01.11	13.30	VD	-	-	-	N	-	f	2250	A	8	9	PT	N	-	
175	400454	31	M	157	56	22.72	PT	33	11.01.11	17.27	LSCS	PRE 2 LSCS, TRS LIE	-	-	N	-	f	1750	A	6	6	PT	Y	LBW	
176	400207	22	P	158	61	24.44	T	37	11.01.11	21.39	VD	-	+	-	Y	1	t	M	3300	A	7	9	T	N	-
177	400446	35	M	154	60	25.30	T	40	11.01.11	23.23	V	PME	+	+	N	-	f	2800	A	4	8	T	N	-	
178	400466	25	P	149	53	23.87	PT	35	12.01.11	5.50	VD	-	+	-	N	-	M	2000	A	4	5	PT	Y	LBW	
179	398950	20	P	156	50	20.55	T	38	12.01.11	6.50	VD	-	-	-	N	-	M	2300	A	7	9	T	N	-	
180	4000108	30	M	160	74	28.91	T	37	10.01.11	11.38	LSCS	NW VBAC	-	-	N	-	f	3650	A	7	8	T	N	-	
181	400735	25	P	148	50	22.83	T	37	14.01.11	0.15	VD	-	-	-	Y	1	L	f	2300	A	7	9	IUGR	N	-
182	400254	22	M	154	56	23.61	T	39	14.01.11	3.53	VD	-	-	+	N	-	M	2700	A	5	6	T	N	-	
183	400778	25	M	157	56	22.72	T	37	14.01.11	10.39	VD	-	+	-	N	-	f	2900	A	8	9	T	N	-	
184	400656	30	M	153	54	23.07	T	39	14.01.11	11.04	LSCS	PRE 2 LSCS	-	-	N	-	M	2800	A	8	9	T	N	-	
185	400634	22	M	154	60	25.30	T	38	14.01.11	20.31	VD	-	-	-	Y	1	t	f	3200	A	5	6	T	N	-
186	399719	27	M	155	56	23.31	T	38	14.01.11	22.16	VD	-	-	-	Y	1	t	f	2900	A	4	5	T	Y	RD
187	400736	20	P	148	53	24.20	PT	30	15.01.11	0.06	VD	-	-	-	N	-	M	1000	FSB	-	-	PT	N	-	
188	400844	20	P	156	50	20.55	T	39	15.01.11	3.21	VD	-	-	+	N	-	f	3000	A	5	6	T	N	-	
189	400869	20	M	156	70	28.76	T	37	15.01.11	5.30	VD	-	+	-	N	-	M	2500	A	7	9	T	N	-	
190	400876	23	P	156	56	23.01	T	39	15.01.11	15.44	VD	-	-	-	N	-	M	2900	A	8	9	T	N	-	
191	400921	24	M	148	52	23.74	T	40	15.01.11	20.52	LSCS	BR	-	+	N	-	M	2500	A	8	8	T	N	-	
192	400930	25	M	152	48	20.78	PT	31	15.01.11	22.30	VD	-	+	-	N	-	f	1250	MSB	-	-	IUGR	N	-	

ANNEXURE III - MASTER CHART

Serial Number	In patient Number	Age (Years)	Para	Body Mass Index			GA		Delivery Details										Baby Details						
				Height (Cms)	Weight (Kg)	BMI (Kg/m ²)	Term	GA (Weeks)	Date	Time	Mode		Fetal heart rate	Mec Stn Liq	Nuchal cord			Sex	Birth weight (gms)	Status	Apgar Score		Gestational Age	NICU Admission	
											Type	Indication			Nuchal cord	No. of loops	Type				1 Minutes	5 Minutes		Admission	Reason
193	400908	25	M	157	60	24.34	T	41	16.01.11	0.47	VD	-	-	N	-	-	f	2600	A	7	9	T	N	-	
194	400873	20	P	148	50	22.83	PT	30	16.01.11	10.31	VD	-	-	N	-	-	M	1200	A	7	8	PT	Y	LBW	
195	400938	22	M	160	64	25.00	PT	34	16.01.11	18.28	LSCS	+	+	N	-	-	f	1800	A	6	7	PT	Y	LBW	
196	400984	25	M	156	60	24.65	T	39	17.01.11	6.56	VD	-	-	N	-	-	f	3750	A	8	9	T	N	-	
197	401008	20	P	152	48	20.78	T	39	17.01.11	7.00	LSCS	-	-	Y	1	L	M	2900	A	7	8	T	N	-	
198	401007	24	M	156	54	22.19	PT	36	17.01.11	20.43	VD	-	-	N	-	-	f	2300	A	7	8	PT	N	-	
199	401091	20	P	156	52	21.37	T	38	18.01.11	3.07	VD	-	-	N	-	-	M	2750	A	8	9	T	N	-	
200	401062	29	M	156	63	25.89	T	37	18.01.11	7.01	VD	-	-	N	-	-	f	2750	A	7	9	T	N	-	
201	401056	24	P	156	57	23.42	T	38	18.01.11	10.57	VD	-	-	N	-	-	f	2750	A	6	7	T	N	-	
202	399316	23	P	160	74	28.91	T	39	18.01.11	12.11	VD	-	-	N	-	-	f	2700	A	7	8	T	N	-	
203	401259	22	M	155	68	28.30	T	37	18.01.11	16.47	VD	-	-	N	-	-	M	3200	A	7	9	T	N	-	
204	401125	22	P	153	55	23.50	T	38	18.01.11	17.41	VD	-	-	N	-	-	M	3000	A	8	8	T	N	-	
205	401234	35	M	158	74	29.64	T	39	18.01.11	18.11	LSCS	-	-	N	-	-	f	3050	A	8	8	T	N	-	
206	379845	21	P	154	56	23.61	T	37	19.01.11	3.59	VD	-	-	N	-	-	f	2000	A	8	9	IUGR	Y	LBW	
207	401354	28	M	157	58	23.53	PT	31	18.01.11	10.08	VD	-	-	N	-	-	f	1300	FSB	-	-	PT	N	-	
208	400195	30	M	156	60	24.65	T	37	19.01.11	4.47	LSCS	-	-	N	-	-	f	3300	A	8	9	T	N	-	
209	401454	21	P	158	68	27.24	T	37	20.01.11	0.16	LSCS	+	+	N	-	-	M	2400	A	7	8	T	N	-	
210	401483	19	P	153	61	26.06	PT	34	20.01.11	1.31	VD	-	-	N	-	-	f	2000	A	7	9	PT	N	-	
211	401478	24	M	154	56	23.61	T	38	20.01.11	5.47	VD	-	-	N	-	-	M	3100	A	7	9	T	N	-	
212	401504	27	M	154	57	24.03	T	39	20.01.11	11.46	V	-	+	Y	1	t	M	2850	A	8	8	T	N	-	
213	401502	23	M	158	60	24.03	T	40	20.01.11	15.15	VD	-	-	N	-	-	M	3400	A	8	8	T	N	-	
214	401552	24	M	156	64	26.30	T	37	20.01.11	15.56	VD	-	+	N	-	-	M	3150	A	5	8	T	N	-	
215	401488	26	M	158	64	25.64	T	41	20.01.11	23.48	LSCS	-	+	N	-	-	M	3250	A	7	8	T	N	-	
216	401644	21	M	154	56	23.61	T	39	20.01.11	8.18	VD	-	-	Y	1	t	M	3250	A	7	8	T	N	-	
217	401630	26	M	156	57	23.42	T	39	20.01.11	10.18	VD	-	-	N	-	-	M	2600	FSB	-	-	T	N	-	
218	401655	21	M	156	50	20.55	T	39	21.01.11	11.22	LSCS	-	-	Y	1	L	f	2900	A	7	9	T	N	-	
219	398881	22	P	142	60	29.76	T	37	01.01.11	13.35	VD	-	-	N	-	-	f	2100	A	8	8	IUGR	N	-	
220	399001	21	P	152	48	20.78	PT	33	01.01.11	23.45	LSCS	-	-	N	-	-	M	2000	A	7	8	PT	Y	LBW	
221	399038	22	M	154	62	26.14	T	40	02.01.11	9.51	VD	-	-	N	-	-	M	2800	A	8	9	T	N	-	
222	399058	20	P	149	56	25.22	PT	35	02.01.11	16.02	VD	-	-	N	-	-	f	2200	A	8	9	PT	N	-	
223	399046	20	P	153	55	23.50	T	41	02.01.11	19.56	VD	-	+	N	-	-	M	2950	A	8	9	T	Y	RD	
224	399068	22	M	154	61	25.72	T	40	03.01.11	0.41	VD	-	-	N	-	-	M	2500	A	7	9	T	N	-	

ANNEXURE III - MASTER CHART

Serial Number	In patient Number	Age (Years)	Para	Body Mass Index			GA		Delivery Details								Baby Details								
				Height (Cms)	Weight (Kg)	BMI (Kg/m ²)	Term	GA (Weeks)	Date	Time	Mode		Fetal heart rate	Mec Stn Liq	Nuchal cord			Sex	Birth weight (gms)	Status	Apgar Score		Gestational Age	NICU Admission	
											Type	Indication			Nuchal cord	No. of loops	Type				1 Minutes	5 Minutes		Admission	Reason
225	399033	27	M	148	46	21.00	T	38	03.01.11	0.36	VD	-	-	Y	3	t	M	2800	A	7	9	T	N	-	
226	399091	22	P	154	60	25.30	T	39	03.01.11	10.59	VD	-	-	N	-	-	M	2750	A	7	8	T	N	-	
227	399092	25	M	152	50	21.64	T	39	03.01.11	12.20	VD	-	-	N	-	-	f	2800	A	8	9	T	N	-	
228	399442	30	M	154	56	23.61	T	38	03.01.11	22.45	LSCS	FT DIST, MEC STN LIQ	+	+	Y	2	t	M	2250	A	7	9	IUGR	N	-
229	399108	20	P	155	56	23.31	T	38	04.01.11	0.36	VD	-	-	Y	2	L	M	3200	A	7	9	T	N	-	
230	398047	25	P	150	54	24.00	PT	31	04.01.11	9.38	LSCS	SEV PIH	-	+	N	-	-	f	1350	A	7	7	PT	Y	LBW
231	403479	28	M	150	47	20.89	PT	28	06.02.11	5.58	VD	-	+	N	-	-	f	800	A	4	8	IUGR	Y	LBW	
232	403732	21	M	153	52	22.21	PT	36	06.02.11	6.06	VD	-	-	N	-	-	f	2400	A	7	9	PT	N	-	
233	403734	22	M	159	64	25.32	T	38	06.02.11	9.37	VD	-	-	N	-	-	M	3200	A	6	8	T	N	-	
234	402580	21	M	156	74	30.41	T	38	06.02.11	0.15	VD	-	-	N	-	-	f	2500	A	7	8	T	N	-	
235	403310	28	M	144	56	27.01	PT	31	06.02.11	16.13	LSCS	SEV PIH	-	-	N	-	-	M	1350	A	6	6	PT	Y	LBW, RD
236	403766	31	M	153	65	27.77	T	38	06.02.11	17.10	VD	-	-	Y	1	t	M	3400	A	5	8	T	N	-	
237	403258	20	M	143	47	22.98	T	38	06.02.11	18.47	LSCS	SH ST	-	-	Y	1	L	M	2800	A	8	9	T	N	-
238	403761	23	M	147	58	26.84	T	37	06.02.11	19.59	VD	-	-	N	-	-	M	3000	A	7	8	T	N	-	
239	403745	25	M	157	64	25.96	T	39	07.02.11	0.05	LSCS	NW VBAC	+	-	N	-	-	M	2500	A	7	9	T	N	-
240	403797	21	P	151	63	27.63	T	37	07.02.11	6.16	VD	-	-	Y	1	t	M	2400	A	7	9	T	N	-	
241	402642	19	M	154	60	25.30	PT	32	07.02.11	8.15	VD	-	-	N	-	-	f	1200	A	7	7	PT	Y	LBW	
242	403906	29	M	148	56	25.57	T	41	07.02.11	16.24	VD	-	+	N	-	-	f	3000	A	8	8	T	N	-	
243	403820	19	P	149	74	33.33	PT	39	07.02.11	17.09	VD	-	-	N	-	-	M	3100	A	8	9	T	N	-	
244	403803	25	M	132	48	27.55	PT	30	07.02.11	17.40	VD	-	+	N	-	-	f	1100	A	5	6	PT	Y	LBW, RD	
245	403933	23	M	144	56	27.01	T	38	07.02.11	18.45	LSCS	NW VBAC	-	-	N	-	-	f	3400	A	7	8	T	N	-
246	403940	19	P	151	62	27.19	T	40	07.02.11	22.57	VD	-	+	N	-	-	M	2500	A	6	9	T	Y	RD	
247	403952	26	M	153	69	29.48	T	37	08.02.11	3.30	VD	-	-	N	-	-	f	1500	A	7	9	IUGR	Y	LBW	
248	403971	23	P	150	56	24.89	PT	32	08.02.11	4.30	VD	-	+	N	-	-	f	1000	A	4	5	IUGR	Y	LBW, RD	
249	403975	21	P	148	51	23.28	T	39	08.02.11	4.49	VD	-	-	N	-	-	M	2800	A	7	8	T	N	-	
250	403977	22	M	151	58	25.44	T	37	08.02.11	12.43	VD	-	-	N	-	-	f	2400	A	7	8	T	N	-	
251	403963	19	P	134	53	29.52	T	37	08.02.11	14.35	VD	-	-	N	-	-	M	2300	A	7	8	T	N	-	
252	404097	20	P	140	50	25.51	T	40	08.02.11	18.54	LSCS	CPD	+	+	N	-	-	M	2700	A	7	8	T	N	-
253	403843	20	P	151	60	26.31	T	38	08.02.11	21.18	VD	-	-	N	-	-	f	3100	A	7	9	T	N	-	
254	404098	28	M	143	50	24.45	T	37	08.02.11	22.07	VD	-	-	N	-	-	f	2300	A	7	9	T	N	-	
255	404003	25	M	150	64	28.44	T	40	09.02.11	0.14	VD	-	+	N	-	-	M	2750	A	8	9	T	N	-	
256	404153	26	P	149	55	24.77	T	41	09.02.11	10.59	VD	-	+	N	-	-	f	2600	A	7	9	T	N	-	

ANNEXURE III - MASTER CHART

Serial Number	In patient Number	Age (Years)	Para	Body Mass Index			GA		Delivery Details								Baby Details								
				Height (Cms)	Weight (Kg)	BMI (Kg/m ²)	Term	GA (Weeks)	Date	Time	Mode		Fetal heart rate	Mec Stn Liq	Nuchal cord			Sex	Birth weight (gms)	Status	Apgar Score		Gestational Age	NICU Admission	
											Type	Indication			Nuchal cord	No. of loops	Type				1 Minutes	5 Minutes		Admission	Reason
257	404056	25	M	153	45	19.22	T	37	09.02.11	11.13	LSCS	CPD	-	-	N	-	-	f	3400	A	8	8	T	N	-
258	404154	23	M	155	62	25.81	T	39	09.02.11	13.28	VD	-	-	-	-	-	M	3000	A	7	8	T	N	-	
259	404193	28	M	150	55	24.44	T	37	09.02.11	17.37	LSCS	IUGR, AB DST FLOW	-	-	Y	1	L	M	1500	A	8	8	IUGR	Y	LBW
260	404268	23	M	150	57	25.33	T	40	09.02.11	22.06	LSCS	NW VBAC	-	-	Y	2	L	M	2750	A	8	9	T	N	-
261	404284	23	M	152	48	20.78	T	39	10.02.11	2.50	LSCS	DTA	-	-	N	-	-	f	2900	A	7	8	T	N	-
262	404301	24	M	151	56	24.56	T	38	10.02.11	9.12	VD	-	-	Y	1	t	M	2700	A	7	8	T	N	-	
263	404305	24	M	152	53	22.94	T	37	10.02.11	11.25	LSCS	NW VBAC	+	-	N	-	-	M	2850	A	8	9	T	N	-
264	404286	24	M	150	47	20.89	T	40	10.02.11	13.19	VD	-	-	+	N	-	-	M	2950	A	5	8	T	N	-
265	404207	24	P	153	60	25.63	T	39	11.02.11	1.06	VD	-	-	Y	1	L	M	2600	A	9	9	T	N	-	
266	404288	21	P	150	74	32.89	PT	36	11.02.11	7.10	VD	-	-	-	N	-	-	M	1900	FSB	-	-	PT	N	-
267	404054	23	M	156	70	28.76	T	37	11.02.11	14.05	VD	-	-	N	-	-	M	1900	A	7	8	IUGR	Y	LBW	
268	404468	30	M	150	64	28.44	T	38	11.02.11	19.29	VD	-	-	Y	2	t	M	2700	A	7	8	T	N	-	
269	404524	28	M	145	56	26.63	T	39	11.02.11	19.40	V	PME	-	-	N	-	-	M	3200	A	8	8	T	N	-
270	404459	27	M	148	55	25.11	T	40	11.02.11	7.53	V	PME	+	+	N	-	-	M	3400	A	8	8	T	N	-
271	403974	26	M	151	64	28.07	T	40	12.02.11	2.40	VD	-	-	+	N	-	-	M	3400	A	9	9	T	N	-
272	404563	30	M	154	60	25.30	T	38	12.02.11	6.47	VD	-	-	+	N	-	-	M	2800	A	8	9	T	N	-
273	404573	22	M	150	60	26.67	T	37	12.02.11	10.21	LSCS	BR	-	-	Y	3	t	M	1450	A	4	7	IUGR	Y	LBW
274	404138	20	P	152	58	25.10	PT	32	12.02.11	10.36	VD	-	-	-	N	-	-	f	1250	A	7	8	PT	Y	LBW
275	404580	27	M	146	54	25.33	T	37	12.02.11	12.41	VD	-	-	N	-	-	M	3000	A	8	8	T	N	-	
276	404960	24	M	150	66	29.33	T	37	12.02.11	23.05	LSCS	PRE 2 LSCS, TRS LIE	-	-	N	-	-	M	2850	A	8	8	T	N	-
277	404571	28	M	150	60	26.67	T	39	12.02.11	14.19	VD	-	-	+	N	-	-	f	3700	A	7	8	T	N	-
278	404665	24	P	152	64	27.70	T	37	12.02.11	19.18	VD	-	-	-	N	-	-	M	2500	A	8	9	T	N	-
279	404686	22	M	155	60	24.97	T	38	13.02.11	2.40	VD	-	-	-	N	-	-	M	2500	A	8	9	T	N	-
280	404627	20	M	155	62	25.81	T	39	13.02.11	2.53	VD	-	-	-	N	-	-	f	3200	A	7	9	T	N	-
281	405462	24	P	157	70	28.40	T	38	18.02.11	10.52	V	FT DIST, MEC STN LIQ	+	+	N	-	-	f	2500	A	8	9	T	N	-
282	405520	24	M	156	65	26.71	T	37	18.02.11	11.48	VD	-	-	+	N	-	-	M	2250	A	8	9	T	N	-
283	404861	24	M	157	65	26.37	PT	36	19.02.11	0.20	VD	-	-	-	N	-	-	M	2250	A	7	9	PT	N	-
284	405518	25	P	149	56	25.22	T	38	19.02.11	3.28	VD	-	-	-	N	-	-	M	3100	A	9	9	T	N	-
285	404885	24	P	158	68	27.24	T	39	19.02.11	0.20	VD	-	-	+	N	-	-	f	2900	A	8	9	T	N	-
286	405518	25	P	156	74	30.41	T	38	19.02.11	10.15	LSCS	IMM ECL	-	-	N	-	-	M	3000	A	8	9	T	N	-
287	403869	19	P	157	59	23.94	T	38	19.02.11	17.38	VD	-	-	-	N	-	-	f	3200	A	8	9	T	N	-
288	405597	23	P	160	65	25.39	T	39	19.02.11	21.36	LSCS	ECL	+	+	N	-	-	M	3400	A	7	9	T	N	-

ANNEXURE III - MASTER CHART

Serial Number	In patient Number	Age (Years)	Para	Body Mass Index			GA		Delivery Details							Baby Details									
				Height (Cms)	Weight (Kg)	BMI (Kg/m ²)	Term	GA (Weeks)	Date	Time	Mode		Fetal heart rate	Mec Stn Liq	Nuchal cord			Sex	Birth weight (gms)	Status	Apgar Score		Gestational Age	NICU Admission	
											Type	Indication			Nuchal cord	No. of loops	Type				1 Minutes	5 Minutes		Admission	Reason
289	404781	20	P	153	69	29.48	T	39	19.02.11	22.29	VD	-	-	N	-	-	M	2500	A	9	9	T	N	-	
290	405639	25	M	157	72	29.21	T	37	20.02.11	11.30	LSCS	NW VBAC	-	-	N	-	-	M	3200	A	8	9	T	N	-
291	405622	19	P	155	64	26.64	T	40	20.02.11	11.33	VD	-	-	N	-	-	M	2600	A	7	8	T	N	-	
292	405304	22	M	158	64	25.64	T	39	20.06.11	13.23	VD	-	-	N	-	-	M	2800	A	8	9	T	N	-	
293	405638	23	M	157	89	36.11	T	40	21.02.11	0.42	V	PME	+	+	N	-	-	f	3000	A	7	9	T	N	-
294	405618	33	M	160	66	25.78	T	38	21.02.11	12.22	LSCS	NW VBAC	-	-	N	-	-	f	2900	A	7	8	T	N	-
295	400760	28	M	156	56	23.01	T	38	13.01.11	10.50	VD	-	-	N	-	-	f	2700	A	6	7	T	N	-	
296	404667	24	P	150	62	27.56	T	39	13.02.11	3.30	VD	-	-	N	-	-	f	3300	A	7	9	T	N	-	
297	404692	30	M	150	55	24.44	T	37	13.02.11	22.04	LSCS	FT DIST	+	-	N	-	-	f	2500	A	7	9	T	N	-
298	404496	23	M	148	52	23.74	T	38	14.02.11	1.03	VD	-	+	-	N	-	-	f	3000	A	8	9	T	N	-
299	404527	21	M	151	56	24.56	PT	30	14.02.11	6.48	LSCS	PL PRV	-	-	N	-	-	M	1100	A	6	6	T	Y	LBW, RD
300	404807	20	P	147	50	23.14	PT	33	14.02.11	22.44	VD	-	-	N	-	-	M	1600	FSB	-	-	PT	N	-	
301	404025	20	M	152	64	27.70	T	37	14.02.11	12.31	VD	-	+	-	N	-	-	M	3700	A	7	9	T	N	-
302	404792	20	P	147	55	25.45	T	41	14.02.11	15.29	VD	-	-	-	N	-	-	M	3350	A	9	9	T	N	-
303	404963	23	M	147	55	25.45	T	39	14.02.11	19.18	VD	-	-	-	N	-	-	M	3100	A	8	9	T	N	-
304	400569	23	M	147	56	25.92	T	40	15.02.11	8.29	VD	-	+	-	N	-	-	M	2600	A	8	9	T	N	-
305	404948	24	M	152	55	23.81	T	38	15.02.11	10.18	LSCS	PRE LSCS, NO LG ISS	-	-	N	-	-	M	2500	A	9	9	T	N	-
306	404983	24	P	152	55	23.81	T	39	15.02.11	11.34	VD	-	-	-	N	-	-	f	2550	A	7	8	T	N	-
307	405052	25	M	149	57	25.67	T	40	15.02.11	20.01	VD	-	-	+	N	-	-	M	2800	A	8	9	T	N	-
308	405007	22	P	150	55	24.44	T	37	15.02.11	21.45	VD	-	-	-	N	-	-	M	2300	A	9	9	T	N	-
309	405664	19	M	147	55	25.45	T	41	15.02.11	22.19	VD	-	-	+	N	-	-	M	2700	A	7	8	T	N	-
310	405132	22	P	157	55	22.31	T	38	18.02.11	0.59	VD	-	-	-	N	-	-	M	3100	A	8	9	T	N	-
311	405137	23	M	154	56	23.61	T	37	16.02.11	2.31	VD	-	-	-	N	-	-	M	3080	A	8	9	T	N	-
312	405148	24	P	155	66	27.47	T	39	16.02.11	5.30	VD	-	-	-	Y	1	t	M	3000	A	6	9	T	N	-
313	405148	25	P	154	65	27.41	T	39	16.02.11	6.15	VD	-	-	-	N	-	-	M	2900	A	9	9	T	N	-
314	405148	25	P	154	62	26.14	T	38	16.02.11	6.15	VD	-	-	-	Y	1	t	M	2900	A	9	9	T	N	-
315	405081	23	M	156	74	30.41	T	38	16.02.11	7.20	LSCS	NPOL	-	+	N	-	-	f	3250	A	7	8	T	N	-
316	405147	26	M	158	64	25.64	T	38	16.02.11	9.00	VD	-	-	-	N	-	-	M	3150	A	8	9	T	N	-
317	405106	20	M	150	54	24.00	T	37	16.02.11	10.01	LSCS	CPD	-	+	N	-	-	f	2700	A	8	9	T	N	-
318	409369	24	M	148	52	23.74	T	38	16.02.11	11.07	LSCS	FL IND	-	-	Y	1	L	f	2700	A	7	8	T	N	-
319	405084	25	M	153	56	23.92	T	37	16.07.11	18.16	VD	-	+	-	N	-	-	M	2750	A	8	9	T	N	-
320	420672	24	P	155	64	26.64	T	37	16.02.11	10.09	VD	-	-	-	N	-	-	M	1900	A	7	8	IUGR	Y	LBW

ANNEXURE III - MASTER CHART

Serial Number	In patient Number	Age (Years)	Para	Body Mass Index			GA		Delivery Details										Baby Details						
				Height (Cms)	Weight (Kg)	BMI (Kg/m ²)	Term	GA (Weeks)	Date	Time	Mode		Fetal heart rate	Mec Stn Liq	Nuchal cord			Sex	Birth weight (gms)	Status	Apgar Score		Gestational Age	NICU Admission	
											Type	Indication			Nuchal cord	No. of loops	Type				1 Minutes	5 Minutes		Admission	Reason
321	405265	22	P	157	64	25.96	T	38	17.02.11	0.10	VD	-	-	N	-	-	M	3500	A	7	8	T	N	-	
322	405273	24	M	156	63	25.89	T	38	17.02.11	12.17	VD	-	-	N	-	-	M	3000	A	9	9	T	N	-	
323	405290	24	M	153	60	25.63	T	37	17.02.11	4.42	VD	-	-	N	-	-	f	3000	A	8	9	T	N	-	
324	404706	26	M	157	66	26.78	T	37	17.02.11	12.07	LSCS	FL IND	-	-	N	-	-	f	3150	A	8	9	T	N	-
325	405310	28	M	156	69	28.35	T	38	17.02.11	19.44	VD	-	-	N	-	-	M	2500	A	6	7	T	N	-	
326	405401	22	M	151	54	23.68	T	39	18.02.11	0.70	VD	-	-	N	-	-	M	2600	A	9	9	T	N	-	
327	404683	20	P	157	64	25.96	T	37	18.02.11	1.32	LSCS	NPOL	-	-	N	-	-	M	3000	A	9	9	T	N	-
328	405339	20	P	156	59	24.24	T	42	18.02.11	4.48	VD	-	+	N	-	-	M	2900	A	6	9	T	N	-	
329	405353	22	M	157	64	25.96	T	37	18.02.11	9.55	LSCS	NW VBAC	-	-	N	-	-	M	2900	A	7	9	T	N	-
330	405237	20	P	154	67	28.25	T	39	18.02.11	14.56	V	PME	-	-	N	-	-	M	3100	A	8	9	T	N	-
331	405145	24	P	154	59	24.88	T	38	18.02.11	16.07	LSCS	FT DIST	+	+	N	-	-	M	3100	A	7	9	T	N	-
332	405326	27	P	160	78	30.47	T	39	18.02.11	21.00	VD	-	-	N	-	-	f	2700	A	8	9	T	N	-	
333	406980	24	P	156	52	21.37	T	38	02.03.11	7.21	VD	-	-	N	-	-	M	3300	A	8	7	T	N	-	
334	406993	24	M	140	48	24.49	T	38	02.03.11	7.35	LSCS	PRE LSCS, SH ST	-	-	N	-	-	M	2800	A	8	8	T	N	-
335	407060	36	M	150	68	30.22	PT	33	02.03.11	10.50	VD	-	-	N	-	-	f	1500	A	5	5	PT	Y	LBW	
336	407044	24	P	150	47	20.89	PT	30	02.03.11	17.57	VD	-	-	N	-	-	M	1000	MSB	-	-	PT	N	-	
337	403073	25	M	156	50	20.55	T	38	02.03.11	18.75	VD	-	-	N	-	-	f	2700	A	8	9	T	N	-	
338	407140	25	P	155	50	20.81	T	40	02.03.11	19.46	LSCS	FT DIST	+	+	N	-	-	f	2700	A	7	9	T	N	-
339	404747	32	P	148	50	22.83	PT	36	03.03.11	0.27	LSCS	PR PREG	-	-	N	-	-	M	2200	A	5	8	PT	Y	LBW
340	407154	27	M	150	53	23.56	T	39	03.03.11	5.56	VD	-	-	N	-	-	M	2650	A	8	9	T	N	-	
341	407150	21	P	156	60	24.65	T	37	03.03.11	6.22	VD	-	-	N	-	-	M	2700	A	7	9	T	N	-	
342	407059	21	P	157	56	22.72	T	38	03.03.11	6.36	VD	-	-	N	-	-	M	2600	A	7	9	T	N	-	
343	405470	28	M	156	50	20.55	T	39	03.03.11	9.29	LSCS	PRE 2 LSCS	-	-	N	-	-	M	3000	A	7	9	T	N	-
344	406446	26	M	148	50	22.83	T	37	03.03.11	9.43	LSCS	CPD	-	-	N	-	-	M	2800	A	7	8	T	N	-
345	406814	22	M	148	50	22.83	T	39	03.03.11	10.54	LSCS	NW VBAC	-	-	N	-	-	M	2800	A	8	9	T	N	-
346	407263	22	M	156	54	22.19	T	40	03.03.11	7.26	VD	-	-	N	-	-	M	3700	A	7	9	T	N	-	
347	407308	24	M	150	46	20.44	PT	33	03.03.11	22.10	VD	-	-	N	-	-	M	1800	A	7	9	IUGR	Y	LBW	
348	405030	31	M	161	64	24.69	PT	36	03.03.11	13.26	LSCS	PR PREG	-	-	N	-	-	f	2450	A	7	9	PT	N	-
349	407323	22	P	151	54	23.68	T	37	04.03.11	7.21	VD	-	-	N	-	-	M	2700	A	8	9	T	N	-	
350	407332	20	P	152	50	21.64	T	37	04.03.11	8.45	VD	-	-	N	-	-	f	2350	A	7	9	T	N	-	
351	407011	22	M	147	50	23.14	T	37	04.03.11	10.07	LSCS	CPD	-	+	N	-	-	f	2200	A	7	9	T	N	-
352	407329	28	M	150	42	18.67	T	38	04.03.11	14.44	VD	-	-	N	-	-	M	2700	A	8	9	T	N	-	

ANNEXURE III - MASTER CHART

Serial Number	In patient Number	Age (Years)	Para	Body Mass Index			GA		Delivery Details								Baby Details									
				Height (Cms)	Weight (Kg)	BMI (Kg/m ²)	Term	GA (Weeks)	Date	Time	Mode		Fetal heart rate	Mec Stn Liq	Nuchal cord		Sex	Birth weight (gms)		Status	Apgar Score		Gestational Age	NICU Admission		
											Type	Indication			Nuchal cord	No. of loops		Type	1 Minutes		5 Minutes	Admission		Reason		
353	407347	20	P	150	48	21.33	T	39	04.03.11	20.50	VD	-	-	N	-	-	f	2800	A	8	9	T	N	-	-	
354	407183	20	M	148	48	21.91	T	40	05.03.11	11.10	LSCS	CPD	-	+	N	-	-	f	3200	A	8	9	T	N	-	-
355	407552	28	M	150	48	21.33	T	38	06.03.11	3.24	LSCS	SEV PIH, HELLP	-	-	N	-	-	M	2350	A	7	8	IUGR	N	-	-
356	407546	20	P	152	54	23.37	T	40	06.03.11	5.40	V	PME	+	+	N	-	-	M	3400	A	8	9	T	N	-	-
357	407518	20	P	154	55	23.19	PT	35	06.03.11	6.46	LSCS	SEV PIH	-	+	N	-	-	M	1900	A	6	8	IUGR	Y	LBW	-
358	407486	22	P	150	56	24.89	T	38	06.03.11	14.40	LSCS	FT DIST	+	+	N	-	-	M	2250	A	7	9	IUGR	N	-	-
359	407626	22	P	154	62	26.14	T	38	06.03.11	22.12	VD	-	-	N	-	-	M	2850	A	8	9	T	N	-	-	
360	407450	22	P	152	52	22.51	T	38	06.03.11	14.42	VD	-	-	Y	1	L	f	3000	A	8	9	T	N	-	-	
361	407761	26	M	150	50	22.22	T	37	07.03.11	17.01	LSCS	PRE LSCS, IUGR	-	-	Y	1	L	f	2250	A	8	9	IUGR	N	-	-
362	407587	19	M	154	52	21.93	T	38	07.03.11	6.00	VD	-	-	N	-	-	f	3000	A	6	7	T	N	-	-	
363	407375	23	M	154	52	21.93	T	37	08.03.11	1.02	VD	-	-	N	-	-	M	2700	A	8	9	T	N	-	-	
364	407680	22	M	152	50	21.64	T	39	08.03.11	2.10	VD	-	-	N	-	-	f	2850	A	8	9	T	N	-	-	
365	407755	21	P	154	52	21.93	T	40	08.03.11	4.46	VD	-	-	N	-	-	M	2700	FSB	-	-	T	N	-	-	
366	407723	27	P	154	56	23.61	T	39	08.03.11	5.06	VD	-	-	N	-	-	f	2850	A	7	9	T	N	-	-	
367	407846	23	M	152	53	22.94	T	39	08.03.11	7.25	LSCS	PRE 2 LSCS	-	-	N	-	-	f	3000	A	7	8	T	N	-	-
368	407809	20	P	152	60	25.97	T	38	08.03.11	16.54	VD	-	-	N	-	-	f	2500	A	7	9	T	N	-	-	
369	405744	22	M	157	66	26.78	T	37	21.02.11	15.07	LSCS	PRE 2 LSCS, PROM	-	-	N	-	-	M	3450	A	8	9	T	N	-	-
370	405783	22	M	153	64	27.34	T	39	21.02.11	21.07	LSCS	PRE 2 LSCS	-	-	N	-	-	f	3500	A	7	9	T	N	-	-
371	405796	24	P	157	67	27.18	PT	36	21.02.11	23.20	VD	-	-	N	-	-	M	2200	A	7	9	PT	N	-	-	
372	405583	28	M	154	66	27.83	T	37	22.02.11	10.15	LSCS	NW VBAC	-	-	N	-	-	M	2750	A	7	8	T	N	-	-
373	405864	24	P	157	70	28.40	T	38	22.02.11	13.07	VD	-	-	N	-	-	M	2750	A	7	9	T	N	-	-	
374	405854	21	P	159	66	26.11	T	37	22.02.11	13.21	VD	-	-	N	-	-	M	3100	A	7	9	T	N	-	-	
375	405967	24	M	154	69	29.09	T	39	22.02.11	19.25	LSCS	PRE 2 LSCS	-	-	N	-	-	M	2700	A	8	9	T	N	-	-
376	405797	22	P	151	66	28.95	T	40	22.02.11	20.23	VD	-	-	N	-	-	f	2800	A	7	8	T	N	-	-	
377	405801	26	M	155	62	25.81	T	40	23.02.11	2.51	VD	-	-	N	-	-	f	2800	A	8	9	T	N	-	-	
378	406032	22	P	156	69	28.35	T	41	23.02.11	5.25	VD	-	-	N	-	-	M	3800	A	7	8	T	N	-	-	
379	406028	26	M	157	72	29.21	T	38	23.02.11	6.50	VD	-	-	N	-	-	f	3500	A	7	8	T	N	-	-	
380	406019	24	M	159	68	26.90	PT	33	23.02.11	10.09	VD	-	-	N	-	-	M	1750	A	7	9	IUGR	Y	LBW	-	
381	405895	24	P	152	67	29.00	T	37	23.02.11	15.09	LSCS	FT DIST	+	+	Y	1	1	M	2400	A	7	7	T	Y	RD	-
382	406224	21	P	157	59	23.94	T	37	23.02.11	23.11	V	FT DIST	+	+	N	-	-	f	2500	A	6	7	T	N	-	-
383	406224	25	M	154	60	25.30	T	33	24.02.11	12.06	LSCS	Ab Pl	-	-	N	-	-	f	1900	A	7	8	PT	Y	LBW	-
384	405472	22	M	154	62	26.14	T	39	24.02.11	12.35	VD	-	-	N	-	-	M	3100	A	7	8	T	N	-	-	

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Serial Number	In patient Number	Age (Years)	Para	Body Mass Index			GA		Delivery Details							Baby Details										
				Height (Cms)	Weight (Kg)	BMI (Kg/m ²)	Term	GA (Weeks)	Date	Time	Mode		Fetal heart rate	Mec Stn Liq	Nuchal cord			Sex	Birth weight (gms)	Status	Apgar Score		Gestational Age	NICU Admission		
											Type	Indication			Nuchal cord	No. of loops	Type				1 Minutes	5 Minutes		Admission	Reason	
385	406183	26	M	154	67	28.25	T	41	24.02.11	12.54	VD	-	-	+	N	-	-	f	3100	A	7	9	T	N	-	
386	406020	21	P	152	62	26.84	T	39	24.02.11	17.20	VD	-	-	-	N	-	-	M	3000	A	8	9	T	N	-	
387	406266	20	P	154	69	29.09	PT	35	25.02.11	0.36	VD	-	-	-	N	-	-	M	1800	A	5	6	PT	Y	LBW	
388	406337	22	P	156	67	27.53	T	38	25.02.11	5.58	VD	-	-	+	N	-	-	M	2900	A	2	2	T	N	-	
389	406311	28	M	158	64	25.64	T	37	25.02.11	7.25	VD	-	-	-	N	-	-	M	3300	A	7	8	T	N	-	
390	466417	21	P	148	60	27.39	T	38	25.02.11	11.23	LSCS	CPD	-	-	-	N	-	-	M	2600	A	7	9	T	N	-
391	405308	30	M	155	64	26.64	T	37	25.02.11	18.49	VD	-	-	-	N	-	-	M	2500	A	8	9	T	N	-	
392	405548	27	M	156	66	27.12	T	37	25.02.11	20.05	VD	-	-	-	Y	2	t	f	2050	A	8	9	T	Y	LBW	
393	403162	24	M	152	60	25.97	T	38	25.02.11	21.29	VD	-	-	-	N	-	-	f	3050	A	8	9	T	N	-	
394	406321	26	P	157	62	25.15	PT	35	25.02.11	0.13	VD	-	-	-	N	-	-	f	1900	A	7	8	PT	Y	LBW	
395	406178	30	P	147	54	24.99	T	37	26.02.11	1.13	LSCS	FL IND	-	-	-	N	-	-	f	2500	A	7	8	T	N	-
396	406558	31	M	157	66	26.78	T	37	26.02.11	3.12	LSCS	PRE 2 LSCS	-	-	-	N	-	-	M	2300	A	7	8	T	N	-
397	406496	32	M	157	63	25.56	T	38	26.02.11	3.31	VD	-	-	-	N	-	-	M	3650	A	7	8	T	N	-	
398	406493	21	P	156	67	27.53	T	39	26.02.11	4.10	VD	-	-	-	N	-	-	M	4000	A	7	9	T	N	-	
399	406560	26	M	154	66	27.83	T	39	26.02.11	4.53	LSCS	NW VBAC	-	-	Y	1	L	M	3100	A	7	9	T	N	-	
400	406577	22	M	150	53	23.56	T	39	26.02.11	7.06	VD	-	-	-	N	-	-	f	3200	A	7	8	T	N	-	
401	406581	26	P	153	63	26.91	T	37	26.02.11	9.22	LSCS	BR	-	-	-	N	-	-	M	2250	A	8	9	T	N	-
402	406369	20	P	151	60	26.31	T	39	26.02.11	10.37	LSCS	PR PREG	-	-	-	N	-	-	f	3000	A	8	9	T	N	-
403	406507	23	P	156	63	25.89	T	39	26.02.11	12.50	VD	-	-	-	N	-	-	f	2600	A	6	7	T	N	-	
404	406584	24	P	154	64	26.99	T	37	26.02.11	13.59	VD	-	-	-	N	-	-	f	1300	A	7	8	IUGR	Y	LBW	
405	406576	20	P	155	64	26.64	T	38	26.02.11	18.20	V	PME	+	-	-	N	-	-	M	2700	A	7	9	T	N	-
406	406640	23	M	157	69	27.99	T	37	26.02.11	18.25	VD	-	-	-	N	-	-	f	3100	A	7	9	T	N	-	
407	406696	32	M	156	66	27.12	T	38	27.02.11	1.31	LSCS	CPD	-	+	-	N	-	-	M	3200	A	7	8	T	N	-
408	406706	27	P	156	66	27.12	T	40	27.02.11	14.45	VD	-	-	+	N	-	-	f	2850	A	7	9	T	N	-	
409	406717	24	M	158	67	26.84	T	39	27.02.11	20.00	VD	-	-	-	N	-	-	f	3000	A	7	9	T	N	-	
410	406724	27	M	153	65	27.77	T	37	27.02.11	8.27	V	DR OCC POST	-	-	-	N	-	-	M	3750	A	7	8	T	N	-
411	403726	21	P	158	67	26.84	PT	36	28.02.11	0.04	VD	-	-	+	N	-	-	M	1400	A	5	5	IUGR	Y	LBW, RD	
412	406730	27	P	146	49	22.99	PT	33	28.02.11	2.42	VD	-	-	-	Y	1	t	M	1600	FSB	-	-	PT	N	-	
413	406302	29	P	152	56	24.24	PT	35	24.02.11	21.50	LSCS	ECL	+	-	-	N	-	-	f	2000	A	7	8	PT	Y	LBW
414	406853	26	M	150	64	28.44	T	37	28.02.11	17.04	LSCS	NW VBAC	-	-	-	N	-	-	M	2040	A	8	9	T	N	-
415	406887	20	P	153	67	28.62	PT	30	28.02.11	19.55	VD	-	-	-	N	-	-	M	800	FSB	-	-	PT	N	-	
416	406907	25	M	156	48	19.72	T	39	01.03.11	11.08	V	PROP V	-	-	-	N	-	-	f	2800	A	7	9	T	N	-

ANNEXURE III - MASTER CHART

Serial Number	In patient Number	Age (Years)	Para	Body Mass Index			GA		Delivery Details								Baby Details									
				Height (Cms)	Weight (Kg)	BMI (Kg/m ²)	Term	GA (Weeks)	Date	Time	Mode		Fetal heart rate	Mec Stn Liq	Nuchal cord			Sex	Birth weight (gms)		Status	Apgar Score		Gestational Age	NICU Admission	
											Type	Indication			Nuchal cord	No. of loops	Type		1 Minutes	5 Minutes		Admission	Reason			
417	406913	22	M	148	56	25.57	T	38	01.03.11	2.01	LSCS	CPD	-	+	N	-	-	M	3200	A	8	9	T	N	-	
418	406854	26	M	157	66	26.78	PT	35	01.03.11	3.10	VD	-	-	N	-	-	f	1700	A	7	8	IUGR	N	-		
419	406924	23	P	154	64	26.99	T	37	01.03.11	9.14	VD	-	-	N	-	-	M	3000	A	7	9	T	N	-		
420	406788	30	M	153	64	27.34	T	37	01.03.11	11.50	LSCS	PRE 2 LSCS	-	-	N	-	-	f	2300	A	8	9	T	N	-	
421	406947	18	M	155	49	20.40	PT	36	02.03.11	1.23	VD	-	-	Y	2	t	M	2250	A	8	9	IUGR	N	-		
422	407014	24	M	154	50	21.08	T	38	02.03.11	2.50	VD	-	-	Y	2	t	f	2800	A	8	9	T	N	-		
423	406980	24	M	156	54	22.19	T	40	02.03.11	7.12	VD	-	+	N	-	-	M	3300	A	8	9	T	N	-		
424	406993	24	M	142	44	21.82	T	37	02.03.11	7.35	LSCS	SH ST	-	-	N	-	-	M	2800	A	8	8	T	N	-	
425	407060	36	M	154	57	24.03	PT	34	02.03.11	10.50	VD	-	-	N	-	-	f	1500	A	5	5	PT	Y	LBW, RD		
426	407044	24	P	153	50	21.36	PT	36	02.03.11	17.57	VD	-	-	N	-	-	M	1000	FSB	-	-	PT	N	-		
427	403073	25	M	156	52	21.37	T	37	02.03.11	18.15	VD	-	-	N	-	-	f	2700	A	8	9	T	N	-		
428	407140	36	P	156	55	22.60	T	40	02.03.11	19.46	LSCS	FT DIST	+	+	N	-	-	f	2700	A	7	9	T	N	-	
429	404747	32	P	153	60	25.63	PT	36	03.03.11	0.22	LSCS	PR PREG	-	-	N	-	-	M	2200	A	5	8	PT	Y	LBW, PT	