



FACILITY WORKSHEET GUIDE

Guide for Completing The Facility Worksheets for the Louisiana Certificate of Live Birth 2010 *



* Rev 01/01/2010

How To Use This Guide

This guide was developed to assist in completing the facility worksheets for the revised Certificate of Live Birth (Facility worksheet (FWS), Birth Certificate (BC))

Definitions	Instructions	Sources	Keywords/Abbreviations
Defines the items in the order they appear on the facility worksheet	Provides specific instructions for completing each item	<p>Identifies the sources in the medical records where information for each item can be found. The specific records available will differ somewhat facility to facility. The source listed first (1st) is considered the best or preferred source. Please use this source whenever possible. All subsequent sources are listed in order of preference. The precise location within the records where an item can be found is further identified by <i>"under"</i> and <i>"or."</i></p> <p>Example: To determine whether gestational diabetes is recorded as a "Risk factor in this Pregnancy" (item 14) in the records: The 1st or best source is: prenatal care record Within the prenatal care record, information on diabetes may be found <i>under</i>— + Medical history + Previous obstetric (OB) history + Problem list, or initial risk assessment + Historical risk summary + Complications of previous pregnancies + Factors this pregnancy</p>	<p>Identifies alternative, usually synonymous terms, common abbreviations, and acronyms for items. The keywords and abbreviations given from in this guide are not intended as inclusive. Facilities and practitioners will likely add others to the lists.</p> <p>Example: For prepregnancy diabetes are: DM - Diabetes mellitus Type 1 diabetes IDDM - Insulin dependent diabetes mellitus Type 2 diabetes Noninsulin dependent diabetes mellitus Class B DM Class C DM Class D DM The Class F DM Class R DM Class H DM</p>

How To Use This Guide—Con.

Definitions	Instructions	Sources	Keywords/Abbreviations
			<ul style="list-style-type: none">Medications commonly used for items Example: “Clomid” for “Assisted reproduction treatment”“<i>Look for</i>” is used to indicate terms that may be associated with, but are not synonymous with, an item. Terms listed under “<i>look for</i>” may indicate that an item should be reported for the pregnancy, but additional information will be needed before it can be determined whether the item should be reported. Example: “Trial of labor” for “cesarean delivery”

MISSING INFORMATION

Where information for an item cannot be located, please write “unknown” on the paper copy of the worksheet.

Guide to Completing the Facility Worksheets for the Certificate of Live Birth

Definitions	Instructions	Sources	Keywords/Abbreviations
1. Facility name (BC #9)			
The name of the facility where the delivery took place	<p>Enter the name of the facility where the birth occurred.</p> <p>If this birth did not occur in a hospital or freestanding birthing center, enter the street and number of the place where the birth occurred.</p> <p>If this birth occurred en route, that is, in a moving conveyance, enter the city, town, village, or location where the child was first removed from the conveyance.</p> <p>If the birth occurred in international airspace or waters, enter "plane" or "boat."</p>		
2. Facility I.D. (BC #7)			
National Provider Identifier	<p>Enter the facility's National Provider Identification Number (NPI).</p> <p>If no NPI, enter the State hospital code.</p>		NPI
3. City, town, or location of birth (BC #11)			
The name of the city, town, township, village, or other location where the occurred	<p>Enter the name of the city, town, township, village, or other location birth where the birth occurred.</p> <p>If the birth occurred in international waters or airspace, enter the location where the infant was first removed from the boat or plane.</p>		

Definitions	Instructions	Sources	Keywords/Abbreviations
4. Parish of birth (BC #12)			
The name of the parish (county) where occurred	Enter the zip code where the birth occurred.		
5. Zip code of birth (BC #13)			
The name of the parish (county) where birth occurred	Enter the name of the parish where the (county) the birth occurred. If the birth occurred in international waters or airspace, enter the name of the county where the infant was removed from the boat or plane.		
6. Place where birth/delivery occurred/Birthplace (BC #8)			
The type of place where the birth occurred	Check the box that best describes the type of place where the birth occurred.	1 st Admission History and Physical (H&P) <i>under</i> — General Admission <i>under</i> — <input type="checkbox"/> Admitted from home, doctor's office, other <i>or</i> — <input type="checkbox"/> Problem list/findings	FBC - Freestanding birthing center No
Hospital			
Freestanding birthing center direct physical connection with an operative delivery center			
Home birth The birth occurred at a private residence	If home birth is checked, check whether the home birth was planned. If unknown whether a planned home birth write "unknown."	2 nd Delivery Record <i>under</i> — <input type="checkbox"/> Delivery information <input type="checkbox"/> Labor and delivery summary <input type="checkbox"/> Maternal obstetric (OB)/labor summary <i>under</i> —delivery <input type="checkbox"/> Summary of labor and delivery (L&D)	
Clinic/Doctor's office			
Other	Specify taxi, cab, train, plane, etc.	3 rd Basic Admission Data 4 th Progress Notes or Note	

Definitions	Instructions	Sources	Keywords/Abbreviations
7. Sex of child (BC #2) The sex of the infant	Enter whether the infant is male, female, or unknown.	1 st Delivery Record <i>under</i> —Infant Data	M - Male F - Female U - Unknown
8. Time of birth (BC #3) The infant's time of birth	Enter the time the infant was born based on a 24-hour clock (military	1 st Labor and Delivery <i>under</i> —Delivery Record	
9. Date of birth (BC #4) The infant's date of birth	Enter the month, day, and four-digit year of birth. If the date of birth of the infant is not known because the infant is a foundling, enter the date the infant was found.	1 st Labor and Delivery <i>under</i> —Delivery Record 2 nd Newborn Admission H&P	DOB - Date of birth
10. Infant's medical record number (BC #5) The medical record number assigned to the newborn	Enter the medical record number.	1 st Infant's Medical Record Addressograph Plate 2 nd Admitting Office Face Sheet <i>under</i> —History Number	
11. Mother's medical record number (BC #6) The medical record number assigned to the mother	Enter the medical record number.	1 st Mother's Medical Record Addressograph Plate 2 nd Admitting Office Face Sheet	

Definitions	Instructions	Sources	Keywords/Abbreviations
12. Birthweight or weight of fetus (BC #28)			
<p>The weight of the infant at birth</p>	<p>Enter the weight (in grams) of the infant at birth.</p> <p>Do not convert pounds and ounces (lbs. and oz.) to grams.</p> <p>If the weight in grams is not available, enter the birth weight in lbs. and oz.</p>	<p>1st Delivery Record <i>under</i>—Infant Data</p> <p>2nd Admission Assessment <i>under</i>—Weight</p>	<p>BW - Birthweight Gms - Grams Lbs - Pounds oz - Ounces</p>
13. Obstetric estimate of gestation at delivery (BC #29)			
<p>The obstetric estimate of the infant's gestation in completed weeks based on the birth attendant's final estimate of gestation</p> <p>This estimate of gestation should be determined by all perinatal factors and assessments such as ultrasound, but <u>not</u> the neonatal exam.</p>	<p>Enter the obstetric estimate of the infant's gestation in completed weeks.</p> <p>If the obstetric estimate of gestation is not known, enter "unknown" in the space.</p> <p><u>Do not</u> complete this item based on the infant's date of birth and the mother's date of last menstrual period.</p>	<p>1st OB Admission H&P <i>under</i>—</p> <ul style="list-style-type: none"> <input type="checkbox"/> Weeks <input type="checkbox"/> Gestational age 	<p>Gestation _____ weeks (wks) _____weeks gestational age</p> <p>GA - Gestational age EGA - Estimated gestational age</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<p>14. Apgar score (BC #30)</p> <p>A systematic measure for evaluating the physical condition of the infant at specific intervals following birth</p>	<p>Enter the infant's Apgar score at 5 minutes.</p> <p>If the score at 5 minutes is less than 6, enter the infant's Apgar score at 10 minutes.</p>	<p>Same as Sex of child above</p>	
<p>15. Plurality (BC #31)</p> <p>The number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age, or if the fetuses were delivered at different dates in the pregnancy</p> <p>"Reabsorbed" fetuses (those that are not delivered: expelled or extracted from the mother) should not be counted.</p>	<p>Enter the number of fetuses delivered in this pregnancy.</p> <p>If two or more live births in this delivery, see "Facility Worksheet Attachment for Multiple Births."</p>	<p>1st Delivery Record</p> <p>2nd H&P</p>	<p>Single</p> <p>Twin, triplet, quadruplet, etc. Admission</p> <p>Multiple (a, b, c . . .) or (1, 2, 3 . . .)</p>
<p>16. If not a single birth, order born in the delivery (BC #32)</p> <p>The order born in the delivery, live-born or fetal death (1st, 2nd, 3rd etc) 4th, 5th, 6th, 7th, etc.)</p>	<p>If this is a single birth, leave this item blank.</p> <p>Include all live births and fetal deaths from this pregnancy.</p>	<p>1st Delivery Record <i>under</i>—Birth Order</p> <p>2nd Infant Data</p>	<p>Baby 1, 2, etc.</p> <p>Twin 1, 2 etc.</p> <p>Triplet 1, 2, 3, etc. from this</p> <p><i>Look for:</i> Birth order/Set order</p>
<p>17. If not a single birth, number of infants in this delivery born alive</p> <p>The number of infants in this delivery <u>born alive</u></p>	<p>If this is a single birth, leave this item blank.</p> <p>If this is not a single birth, specify the number of infants in this delivery born alive. Include this birth.</p>	<p>1st Delivery Record</p> <p>2nd Admission H&P</p>	<p><i>Look for:</i> Condition</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
18. Was the infant transferred within 24 hours of delivery? (BC #35)			
Transfer status of the infant within 24 hours after delivery	<p>Check "yes" if the infant was transferred from this facility to another within 24 hours of delivery.</p> <p>Enter the name of the facility to which the infant was transferred.</p> <p>If the name of the facility is not known, enter "unknown."</p> <p>If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.</p>	<p>1st Infant Progress Notes</p> <p>2nd Transfer Form</p>	<p><i>Look for:</i> Disposition</p>
19. Is the infant living at the time of the report? (BC #36)			
Information on the infant's survival	<p>Check "yes" if the infant is living.</p> <p>Check "yes" if the infant has already been discharged to home care.</p> <p>Check "no" if it is known that the infant has died.</p> <p>If the infant was transferred and the status is known, indicate the known status.</p>	<p>1st Infant Progress Notes</p>	
20. Was infant being breast-fed during the period between birth and discharge from the hospital? (BC #37)			
<p>Information on whether the infant is breast-fed before discharge from the hospital</p> <p>Refers to the <u>action</u> of breast-feeding or pumping (expressing) milk, <u>not</u> the <u>intent</u> to breast-feed</p>	<p>Check "yes" if the infant is being being breast-fed.</p> <p>Check "no" if the infant is not being breast-fed.</p> <p>Check "unknown" if this information is not known</p>	<p>1st Labor and Delivery Summary Record <i>under</i>—Infant Data</p> <p>2nd Maternal Progress Note</p> <p>3rd Newborn Flow Record <i>under</i>—Feeding</p> <p>4th Lactation Consult</p>	<p>Pumping</p> <p>Lactation consultation</p> <p>LATCH score (Latch on, Audible swallow, Type of nipple, Comfort and Help - used to measure position and attachment of the baby on the breast)</p> <p>Breast pump</p> <p>Breast pump protocol</p> <p>Breast milk</p> <p>MM - Mother's milk</p> <p>FBM - Fresh breast milk</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
21. Abnormal conditions of the newborn (BC #33)			
Disorders or significant morbidity experienced by the newborn	Check all boxes that apply. If none of the conditions apply, check "none of the above."	<i>See below</i>	<i>See below</i>
<p>Assisted ventilation required immediately following delivery Infant given manual breaths for any duration with bag and mask or bag and endotracheal tube within the first several minutes from birth</p> <p>Excludes oxygen only and laryngoscopy for aspiration of meconium</p>		1 st Labor and Delivery Summary <i>under</i> —Infant Data/Breathing	Bag and mask ventilation Intubation Intubation and PPV - Positive pressure ventilation PPV bag/mask or ET - Positive pressure ventilation via bag, mask or endotracheal intubation IPPV Bag - Intermittent positive pressure ventilation via bag IPPV ET - Intermittent positive pressure ventilation via endotracheal intubation O ₂ via ET - Oxygen via endotracheal intubation Oxygen

Definitions	Instructions	Sources	Keywords/Abbreviations
21. Abnormal conditions of the newborn—Con.			
<p>Assisted ventilation required for more than 6 hours</p> <p>Infant given mechanical ventilation (breathing assistance) by any method for more than 6 hours</p> <p>Includes conventional, high frequency and/or continuous positive pressure (CPAP)</p>	<p>Count the number of hours of mechanical ventilation given.</p>	<p>1st Newborn Respiratory Care Flow Sheet</p>	<p>If in use for more than 6 hours:</p> <p>CPAP - Continuous positive airway pressure IPPV - Intermittent positive pressure ventilation HFV - High frequency ventilation IMV - Intermittent mandatory volume ventilation HFOV - High frequency oscillatory ventilation IPPV - Intermittent positive pressure ventilation PIP - Peak inspiratory pressure PEEP - Positive end expiratory pressure CMV - Continuous mandatory ventilation HFPPV - High frequency positive pressure ventilation HFFI - High frequency flow interruption ventilation HFJV - High frequency jet ventilation Inhaled Nitric Oxide</p>
<p>NICU Admission</p> <p>Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for a newborn</p>		<p>1st Labor and Delivery Summary Record <i>under—Disposition under—</i></p> <ul style="list-style-type: none"> ▣ Intensive Care Nursery (ICN) ▣ Special Care Nursery (SCN) 	<p>ICN - Intensive Care Nursery SCN - Special Care Nursery NICU - Neonatal Intensive Care Unit PICU - Pediatric Intensive Care Unit</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
21. Abnormal conditions of the newborn—Con.			
<p>Newborn given surfactant replacement therapy Endotracheal instillation of a surface-active suspension for treating surfactant deficiency due to preterm birth or pulmonary injury resulting in respiratory distress</p> <p>Includes both artificial and extracted natural surfactant</p>	<p>Check both primary (1st) and secondary (2nd) sources before completion.</p>	<p>1st Labor and Delivery Summary <i>under</i>—Neonatal Medication</p> <p>2nd Newborn Medication Administration Record</p>	<p>If given to newborn after birth: Medications (given to newborn): Surfactant Survanta Exosurf Curosurf Infasurf</p>
<p>Antibiotics received by the newborn for suspected neonatal sepsis Any antibacterial drug (penicillin, ampicillin, gentamicin, cefotaxime, etc.) given systemically (intravenous or intramuscular)</p>		<p>1st Newborn Medication Administration Record</p>	<p>Medications (given to newborn for sepsis): Nafcillin, Chloramphenicol, Penicillin, Penicillin G, Ampicillin, Gentamicin, Kanamycin, Cefotaxime, Cefoxitin, Vancomycin, Acyclovir, Amikacin, Ceftazidime, Ceftriaxone, Cefazolin</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
21. Abnormal conditions of the newborn—Con.			
<p>Seizure or serious neurologic dysfunction Seizure—Any involuntary repetitive, convulsive movement or behavior</p> <p>Serious neurologic dysfunction— Severe alteration of alertness</p> <p>Excludes:</p> <ul style="list-style-type: none"> – Lethargy or hypotonia in the absence of other neurologic findings – Symptoms associated with CNS congenital anomalies 		<p>1st Newborn H&P</p> <p>2nd Physician Progress Notes <i>under</i>—Neuro Exam</p>	<p>Seizures Tonic/Clonic/Clonus Twitching Eye rolling Rhythmic jerking Hypotonia Obtundation Stupor Coma (HIE) - Hypoxic-ischemic encephalopathy</p>
<p>Significant birth injury Skeletal fracture(s), peripheral nerve injury, and/or soft tissue or solid organ hemorrhage that requires intervention</p> <p>Present immediately following or soon after delivery.</p> <p>Includes any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy.</p> <p>Soft tissue hemorrhage requiring evaluation and/or treatment includes subgaleal, (progressive extravasation within the scalp) hemorrhage, giant cephalohematoma, extensive truncal, facial, and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and/or hypotension.</p> <p>Solid organ hemorrhage includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma.</p>		<p>1st Labor and Delivery Summary Record <i>under</i>—Newborn Delivery Information</p> <p>2nd Newborn Admission H&P</p> <p>3rd Physician Progress Notes</p>	<p><i>Look for (as applies to infant):</i></p> <p>Trauma Facial asymmetry Subgaleal (progressive extravasation within the scalp) Hemorrhage Giant cephalohematoma Extensive truncal, facial, and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and/or hypotension Subcapsular hematoma of the liver Fractures of the spleen Adrenal hematoma</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
22. Congenital anomalies of the newborn (BC #34)			
Malformations of the newborn diagnosed prenatally or after delivery		Check all boxes that apply.	
<p>Anencephaly Partial or complete absence of the brain and skull Also called anencephalus, acrania, or absent brain Also includes infants with craniorachischisis (anencephaly with a contiguous spine defect)</p>		1 st Labor and Delivery Summary Record <i>under</i> —Infant Data 2 nd Newborn Admission H&P	Anencephalus Acrania Absent brain Craniorachischisis
<p>Meningomyelocele/Spina bifida Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningomyelocele is herniation of meninges and spinal cord tissue. Meningocele (herniation of meninges without spinal cord tissue) should also be included in this category. Both open and closed (covered with skin) lesions should be included. Do not include Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges).</p>		Same as Anencephaly	Meningocele

Definitions	Instructions	Sources	Keywords/Abbreviations
22. Congenital anomalies of the newborn—Con.			
<p>Cyanotic congenital heart disease Congenital heart defects that cause cyanosis</p>		<p>1st Physician Progress Notes <i>under—</i> <ul style="list-style-type: none"> ▫ Circulation ▫ Cardiovascular </p>	<p>TGA - Transposition of the great arteries TOF - Tetralogy of Fallot Pulmonary or pulmonic valvular atresia Tricuspid atresia Truncus arteriosus TAPVR - Total/partial anomalous pulmonary venous return with or without obstruction COA - Coarctation of the aorta HLHS - Hyposplastic left heart syndrome</p>
<p>Congenital diaphragmatic hernia Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity</p>		<p>1st Infant H&P 2nd Labor and Delivery Summary Record <i>under—</i>Infant Data</p>	
<p>Omphalocele A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk The defect is covered by a membrane (different from gastroschisis [<i>See below</i>]), although this sac may rupture Also called exomphalos Do not include umbilical hernia (completely covered by skin) in this category</p>		<p>1st Labor and Delivery Summary Record <i>under—</i>Infant Data 2nd Admission H&P <i>under—</i>G.I.</p>	<p>Exomphalos</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
22. Congenital anomalies of the newborn—Con.			
<p>Gastroschisis An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity Differentiated from omphalocele by the location of the defect and the absence of a protective membrane</p>		Same as Omphalocele	
<p>Limb reduction defect Excluding congenital amputation and dwarfing syndromes Complete or partial absence of a portion of an extremity, secondary to failure to develop</p>		1 st Labor and Delivery Summary Record <i>under</i> —Infant Data 2 nd Newborn H&P	Look for: Amniotic bands ABS - Amniotic band syndrome
<p>Cleft lip with or without cleft palate Incomplete closure of the lip May be unilateral, bilateral, or median</p>		Same as Limb reduction defect	Cleft lip (unilateral, bilateral, or median)
<p>Cleft palate alone Incomplete fusion of the palatal shelves May be limited to the soft palate, or may extend into the hard palate Cleft palate in the presence of cleft lip should be included in the category above.</p>		Same as Limb reduction defect	
<p>Down syndrome Trisomy 21 Karyotype confirmed Karyotype pending</p>	Check if a diagnosis of Down syndrome, Trisomy 21, is confirmed or pending.	1 st Infant Progress Notes 2 nd Genetic Consult	Trisomy 21 Positive (confirmed) Possible Down (pending) Rule out (R/O) Down (pending)

Definitions	Instructions	Sources	Keywords/Abbreviations
22. Congenital anomalies of the newborn—Con.			
<p>Suspected chromosomal disorder Includes any constellation of congenital malformations resulting compatible with known syndromes caused by detectable defects in chromosome structure <i>Karyotype confirmed</i> <i>Karyotype pending</i></p>	<p>Check if a diagnosis of a suspected chromosomal disorder is confirmed or pending (may include Trisomy 21). from or</p>	<p>Same as Down syndrome</p>	<p>Trisomy and then a number such as: 13 - Patau's syndrome 17 or 18 - Edward syndrome Positive (confirmed) Possible Trisomy _____(pending) Rule out (R/O) (pending)</p>
<p>Hypospadias Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis Includes: – First degree (on the glans ventral to the tip) – Second degree (in the coronal sulcus) – Third degree (on the penile shaft)</p>		<p>1st Labor and Delivery Summary <i>under</i>—Infant Data 2nd Newborn H&P <i>under</i>—Genitourinary (GU)</p>	

Definitions	Instructions	Sources	Keywords/Abbreviations
23. Risk factors in this pregnancy (BC #38)			
Risk factors of the mother during this pregnancy	<p>Check all boxes that apply. The mother may have more than one risk factor.</p> <p>If the mother has none of the risk factors, check "none of the above."</p>	See below	See below
<p>Diabetes</p> <p>Glucose intolerance requiring treatment.</p> <p>Prepregnancy Diagnosis before this pregnancy</p>	<p>If diabetes is present, check either prepregnancy or gestation diabetes. <u>Do not check both.</u></p>	<p>1st Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical history <input type="checkbox"/> Previous OB history <i>under</i>— summary of previous pregnancies <input type="checkbox"/> Problem list <i>or</i>— initial risk assessment <input type="checkbox"/> Historical risk summary <input type="checkbox"/> Complications of previous pregnancies <input type="checkbox"/> Factors this pregnancy <p>2nd Labor and Delivery Nursing Admission Triage Form <i>under</i>—</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical complications <input type="checkbox"/> Comments <p>3rd Admission H&P <i>under</i>—</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current pregnancy history <input type="checkbox"/> Medical history <input type="checkbox"/> Previous OB history <i>under</i>— pregnancy related <input type="checkbox"/> Problem list/findings 	<p>Prepregnancy DM - Diabetes mellitus Type 1 diabetes IDDM - Insulin-dependent diabetes mellitus Type 2 diabetes Noninsulin-dependent diabetes mellitus Class B DM Class C DM Class D DM Class F DM Class R DM Class H DM</p> <p>Gestational GDM - Gestational diabetes mellitus IDGDM - Insulin-dependent gestational diabetes mellitus Class A1 or A2 diabetes mellitus</p>
<p>Gestational Diagnosis during this pregnancy</p>			

Definitions	Instructions	Sources	Keywords/Abbreviations
23. Risk factors in this pregnancy—Con.			
Diabetes—Con.		4 th Delivery Record <i>under</i> — <ul style="list-style-type: none"> ▫ Maternal OB/labor summary ▫ Labor and delivery admission history ▫ Labor summary record 	
<p>Hypertension Elevation of blood pressure above normal for age, gender, and physiological condition</p> <p>Prepregnancy (chronic) Diagnosis prior to the onset of this pregnancy</p> <p>Gestational Diagnosis in this pregnancy (Pregnancy-induced hypertension, preeclampsia, or eclampsia)</p>	If hypertension is present, check either prepregnancy or gestational hypertension. <u>Do not check both.</u>	See above	<p>Prepregnancy CHT - Chronic hypertension</p> <p>Gestational PIH - Pregnancy-induced hypertension Preeclampsia Eclampsia Transient hypertension HELLP Syndrome</p>
<p>Previous preterm births History of pregnancy(ies) terminating a live birth of less than 37 completed weeks of gestation</p>		1 st Prenatal Care Record <i>under</i> — <ul style="list-style-type: none"> ▫ Medical history ▫ Previous OB history <i>under</i>—summary of previous pregnancies ▫ Problem list <i>or</i>—initial risk assessment ▫ Historical risk summary ▫ Complications of previous pregnancies 	<p>PTL - Preterm labor P - Premature in</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
23. Risk factors in this pregnancy—Con.			
Previous preterm births—Con.			
<p>2nd Labor and Delivery Nursing Admission Triage Form <i>under—</i></p> <ul style="list-style-type: none"> ▫ Medical complications ▫ Comments <p>3rd Admission H&P <i>under—</i></p> <ul style="list-style-type: none"> ▫ Medical history ▫ Previous OB history <i>under—</i> pregnancy related ▫ Problem list/findings 			
Other previous poor pregnancy outcome	<p>History of pregnancies continuing into the 20th week of gestation and resulting in any of the listed outcomes:</p> <ul style="list-style-type: none"> – Perinatal death (including fetal and neonatal deaths) – Small for gestational age – Intrauterine-growth-restricted birth 	<p>1st Prenatal Care Record <i>under—</i></p> <ul style="list-style-type: none"> ▫ Medical history ▫ Previous OB history <i>under—</i> summary of previous pregnancies ▫ Problem list <i>or—</i>initial risk assessment ▫ Historical risk summary ▫ Complications of previous pregnancies <p>2nd Labor and Delivery Nursing Admission Triage Form <i>under—</i> Comments</p> <p>3rd Admission H&P <i>under—</i></p> <ul style="list-style-type: none"> ▫ Previous OB history <i>under—</i> pregnancy related ▫ Complications Previous Pregnancies ▫ Problem list/findings 	<p>IUGR - Intrauterine growth retardation FDIU - Fetal death in utero SGA - Small for gestational age SFD - Small for dates Stillborn</p> <p><i>Look for:</i> PROM - Premature rupture of membranes PPROM - Preterm premature rupture of membranes</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<p>23. Risk factors in this pregnancy—Con.</p> <p>Vaginal bleeding during this pregnancy before the onset of labor</p> <p>Any vaginal bleeding occurring any time in the pregnancy before the <u>onset of labor</u></p>		<p>1st Prenatal Care Record <i>under—</i></p> <ul style="list-style-type: none"> ▢ Problem list <i>or—</i>initial risk assessment ▢ Complications <p>2nd Labor and Delivery Nursing Admission Triage Form <i>under—</i></p> <ul style="list-style-type: none"> ▢ Admission chief complaint ▢ Comments <p>3rd Admission H&P <i>under—</i></p> <ul style="list-style-type: none"> ▢ Admission chief complaint ▢ Current pregnancy history ▢ Problem list/findings <p>4th Delivery Record <i>under—</i></p> <ul style="list-style-type: none"> ▢ Maternal OB/labor summary ▢ Labor and delivery admission history ▢ Labor summary record 	<p><i>Look for:</i></p> <p>Placenta abruptio</p> <p>Placenta previa</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
23. Risk factors in this pregnancy—Con.			
<p>Pregnancy as a result of infertility treatment</p> <p>Any assisted reproduction treatment used to initiate the pregnancy</p> <p>Includes:</p> <ul style="list-style-type: none"> - Artificial insemination - Drugs (such as Clomid, Pergonal) - Technical procedures (such as in vitro fertilization) 		<p>1st Prenatal Care Record <i>under—</i></p> <ul style="list-style-type: none"> ▢ Medical history ▢ Current pregnancy history ▢ Problem list <i>or—</i>initial risk assessment ▢ Medications this pregnancy <p>2nd Labor and Delivery Nursing Admission Triage Form <i>under—</i></p> <ul style="list-style-type: none"> ▢ Comments ▢ Medications <p>3rd Admission H&P <i>under—</i></p> <ul style="list-style-type: none"> ▢ Current pregnancy history ▢ Problem list/findings 	<p>In vitro fertilization</p> <p>IVF-ET - In vitro fertilization embryo transfer</p> <p>GIFT - Gamete intrafallopian transfer ZIFT - Zygote intrafallopian transfer Ovum donation</p> <p>Donor embryo Embryo adoption Artificial insemination</p> <p>AIH - Artificial insemination by husband</p> <p>AID/DI - Artificial insemination by donor</p> <p>Medications:</p> <p>Clomid</p> <p>Serophene</p> <p>Pergonal</p> <p>Metrodin</p> <p>Profasi</p> <p>Progesterol</p> <p>Crinone (progesterone gel)</p> <p>Follistim</p> <p>FSH (follicule stimulating hormone)</p> <p>Gonadotropins</p> <p>HcG (human chorionic gonadotropin)</p> <p>Pergonal</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<p>23. Risk factors in this pregnancy—Con.</p> <p>Mother had a previous cesarean delivery</p> <p>Previous delivery by extracting the fetus, placenta, and membranes through an incision in the mother's abdominal and uterine walls</p> <p>If yes, how many? _____</p>	<p>If the mother has had a previous cesarean delivery, indicate the number of previous cesarean deliveries she has had.</p>	<p>1st Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> ▫ Past pregnancy history ▫ Past OB history ▫ Problem list <i>or</i>—initial risk assessment <p>2nd Labor and Delivery Nursing Admission Triage Form <i>under</i>—Comments</p> <p>3rd Admission H&P <i>under</i>—</p> <ul style="list-style-type: none"> ▫ Past OB history ▫ Past pregnancy history <p><i>under</i>—problem list/findings</p>	<p>C/S - Cesarean section Repeat C/S VBAC - Vaginal delivery after cesarean LSTCS (or LTCS) - Low segment transverse cesarean section Classical cesarean section Low vertical C/S Low transverse C/S</p> <p><i>Look for:</i> TOL - Trial of labor</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
24. Infections present and/or treated during this pregnancy (BC #39)			
<p>Infections present at the time of the pregnancy diagnosis or a confirmed diagnosis during the pregnancy with or without documentation of treatment</p> <p>Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record</p>	<p>Check all boxes that apply. The mother may have more than one infection.</p> <p>If the mother has none of the infections, check "none of the above."</p>	<p>See below</p>	<p>"+" indicates that the test for the infection was positive and the woman has the infection.</p> <p>"-" indicates that the test was negative, and the woman does not have the infection.</p> <p>Look for treatment or Rx for specific infection.</p>
<p>Gonorrhea</p> <p>A positive test/culture for <i>Neisseria gonorrhoeae</i></p>		<p>1st Prenatal Record <i>under</i>—</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infection history <input type="checkbox"/> Sexually transmitted diseases <input type="checkbox"/> Problem list <input type="checkbox"/> Complications this pregnancy <input type="checkbox"/> Factors this pregnancy <input type="checkbox"/> Medical history <p>2nd Labor and Delivery Nursing Admission Triage Form <i>under</i>— Comments</p> <p>3rd Admission H&P <i>under</i>—</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current pregnancy history <input type="checkbox"/> Medical history <input type="checkbox"/> Problem list/findings <p>4th Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maternal OB/labor summary <input type="checkbox"/> Labor and delivery admission history 	<p>GC</p> <p>Gonorrheal</p> <p>Gonococcal</p> <p>Treatment or Rx for Gonorrhea</p> <p>NAAT - Nucleic amplification tests</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
24. Infections present and/or treated during this pregnancy—Con.			
Syphilis (Also called lues) A positive test for <i>Treponema pallidum</i>		See gonorrhea	TP-PA - T. pallidum particle agglutination STS - Serologic test for syphilis RPR - Rapid plasma regain VDRL - Venereal disease research laboratories FTA-AS - Fluorescent antibody test Lues Treatment or Rx for syphilis or lues
Herpes simplex virus (HSV) positive test for the herpes simplex virus		See gonorrhea	HSV A HSV1 HSV2 Treatment or Rx for any of the above
Chlamydia A positive test for Chlamydia trachomatis		See gonorrhea	Treatment or Rx for chlamydia
Hepatitis B (HBV, serum hepatitis) positive test for the hepatitis B virus		See gonorrhea	Hep B A HBV
Hepatitis C (non-A, non-B hepatitis (HCV)) A positive test for the hepatitis C virus		See gonorrhea	Hep C HCV Treatment or Rx for any of the above

Definitions	Instructions	Sources	Keywords/Abbreviations
24. Infections present and/or treated during this pregnancy—Con.			
**Cytomegalovirus (CMV) A diagnosis of or positive test for Cytomegalovirus		See gonorrhea	CMV Treatment or Rx for CMV
**Toxoplasmosis (Toxo) A diagnosis of or positive test for Toxoplasma gondii		See gonorrhea	Toxo Treatment or Rx for Toxo
** Applicable to fetal deaths only.			

Definitions	Instructions	Sources	Keywords/Abbreviations
25. Obstetric procedures (BC #40)			
Medical treatment or invasive/manipulative procedure performed during this pregnancy to treat the pregnancy or to manage labor and/or delivery	<p>Check all boxes that apply. The mother may have more than one procedure.</p> <p>If the mother has had none of the procedures, check "none of the above."</p>	See below	See below
<p>Cervical cerclage Circumferential banding or suture of the cervix to prevent or treat passive dilation.</p> <p>Includes: MacDonal's suture, Shirodkar procedure, abdominal cerclage via laparotomy</p>		<p>1st Prenatal Record <i>under</i>—</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical history <input type="checkbox"/> Problem list <i>or</i>—initial risk assessment <input type="checkbox"/> Historical risk summary <input type="checkbox"/> Complications this pregnancy <input type="checkbox"/> Factors this pregnancy <p>2nd Labor and Delivery Nursing Admission Triage Form <i>under</i>—</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complications <input type="checkbox"/> Comments <p>3rd Admission H&P <i>under</i>—</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current pregnancy history <input type="checkbox"/> Medical history <input type="checkbox"/> Problem list/findings <p>4th Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maternal OB <input type="checkbox"/> Labor and delivery admission history 	<p>MacDonal's suture Shirodkar procedure Abdominal cerclage via laparotomy</p> <p><i>Look for:</i> Incompetent cervix Incompetent os</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
25. Obstetric procedures—Con.			
Tocolysis	Administration of any agent with the intent to inhibit preterm uterine contractions to extend the length of the pregnancy	1 st Prenatal Care Record <i>under—</i> <ul style="list-style-type: none"> ▫ Medical history ▫ Problem list <i>or—</i>initial risk assessment ▫ Historical risk summary ▫ Complications of previous pregnancies ▫ Factors this pregnancy 	Medications: Magnesium sulfate - Mag SO ₄ Terbutaline - Terb Indocin
Medications:	<ul style="list-style-type: none"> - Magnesium sulfate (for preterm labor) - Terbutaline - Indocin (for preterm labor) 	2 nd Labor and Delivery Nursing Admission Triage Form <i>under—</i> <ul style="list-style-type: none"> ▫ Complications this pregnancy ▫ Medications ▫ Comments 	<i>Look for:</i> Preterm labor (this pregnancy)
		3 rd Admission H&P <i>under—</i> <ul style="list-style-type: none"> ▫ Current pregnancy history ▫ Medication ▫ Medical history ▫ Problem list/findings 	
		4 th Delivery Record <i>under—</i> <ul style="list-style-type: none"> ▫ Maternal OB/labor summary ▫ Labor and delivery admission history ▫ Labor summary record 	

Definitions	Instructions	Sources	Keywords/Abbreviations
<p>25. Obstetric procedures—Con.</p> <p>External cephalic version Attempted conversion of a fetus from a nonvertex to a vertex presentation by external manipulation</p> <p>Successful Fetus was converted to a vertex presentation</p> <p>Failed Fetus was not converted to a vertex presentation</p>	<p>If checked, also indicate whether the procedure was a success or a failure.</p>	<p>1st Prenatal Care Record <i>under—</i></p> <ul style="list-style-type: none"> ▢ Problem list ▢ Historical risk summary ▢ Complications this pregnancy ▢ Factors this pregnancy <p>2nd Labor and Delivery Nursing Admission Triage Form <i>under—</i></p> <ul style="list-style-type: none"> ▢ Complications ▢ Comments <p>3rd Admission H&P <i>under—</i></p> <ul style="list-style-type: none"> ▢ Current pregnancy history ▢ Medical history ▢ Problem list/findings <p>4th Delivery Record <i>under—</i></p> <ul style="list-style-type: none"> ▢ Maternal OB/labor summary ▢ Labor and delivery admission history ▢ Labor summary record 	<p>Successful version: Breech version External version</p> <p>Failed version: Unsuccessful external version Attempted version Failed version</p> <p><i>Look for:</i> Malpresentation</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
26. Onset of labor (BC #41)			
<p>Premature rupture of the membranes Prolonged, greater than or equal to 12 hours</p>	<p>Check all that apply (prolonged labor and precipitous labor should not both be checked). If none apply, check "none of the above."</p>	<p>1st Labor and Delivery Record <i>under—</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Maternal OB/labor summary <input type="checkbox"/> Labor and delivery admission history <input type="checkbox"/> Labor summary record - time ROM (rupture of membranes) <input type="checkbox"/> Delivery record - ROM 	<p>PROM - Premature rupture of membranes PPROM - Preterm premature rupture of membranes</p> <p><i>Look for:</i> ROM - Rupture of membranes</p>
<p>Precipitous labor Less than 3 hours</p>	<p>If precipitous labor is indicated, check that labor lasted less than 3 hours.</p>	<p>1st Labor and Delivery Record <i>under—</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Labor summary - total length of labor <input type="checkbox"/> Labor chronology - total length of labor <p>2nd Delivery Comments</p>	
<p>Prolonged labor Greater than or equal to 20 hours</p>	<p>If prolonged labor is indicated, check that labor lasted 20 or more hours.</p>	<p><i>Same as Precipitous labor above</i></p>	

Definitions	Instructions	Sources	Keywords/Abbreviations
27. Characteristics of labor and delivery (BC #42)			
Information about the course of labor and delivery	Check all characteristics that apply. If none of the characteristics of labor and delivery apply, check "none of the above."	<i>See below</i>	<i>See below</i>
Induction of labor Initiation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor		1 st Delivery Record <i>under</i> — <ul style="list-style-type: none"> ▫ Maternal OB/labor summary ▫ Labor and delivery admission history ▫ Labor summary record 2 nd Physician Progress Note 3 rd Labor and Delivery Nursing Admission Triage Form	IOL - Induction of labor Pit Ind - Pitocin induction
Augmentation of labor Stimulation of uterine contractions by or manipulative technique with the intent to reduce the time of delivery	For this item, labor should have begun <u>before</u> medications were given.	<i>Same as 1st and 2nd sources for Induction of labor above.</i>	Pit stim - Pitocin stimulation Pit aug - Pit augmentation drug

Definitions	Instructions	Sources	Keywords/Abbreviations
27. Characteristics of labor and delivery—Con.			
<p>Nonvertex presentation Includes any nonvertex fetal presentation For example:</p> <ul style="list-style-type: none"> – Breech – Shoulder – Brow – Face presentations – Transverse lie in the active phase of labor and delivery other than vertex – Compound <p>NOTES: <u>Nonvertex</u> is presentation of <i>other than</i> the upper and back part of the infant's head. <u>Vertex</u> is presentation of the upper or back part of the infant's head.</p>		<p>1st Delivery Record <i>under—</i> Presentation</p> <p>2nd Physician Progress Note</p> <p>3rd Newborn Admission H&P</p>	<p>Breech (buttocks) (sacrum): Frank breech LSA - Left sacrum anterior LST - Left sacrum transverse RSP - Right sacrum posterior RST - Right sacrum transverse Complete breech Single footling breech Double footling breech</p> <p>Shoulder presentation</p> <p>Transverse lie</p> <p>Face presentation (mentum): LMA - Left mentum anterior LMT - Left mentum transverse LMP - Left mentum posterior</p>
<p>Steroids (glucocorticoids) for fetal lung maturation received by the mother before delivery</p> <p>Includes: betamethasone, dexamethasone, or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery</p> <p>Does not include: steroid medication given to the mother as an anti-inflammatory treatment before or after delivery</p>	<p>Medications given <u>before the</u> delivery</p>	<p>1st Delivery Record <i>under—</i></p> <ul style="list-style-type: none"> □ Maternal OB/labor summary - comments □ Labor summary record - comments <p>2nd Maternal Medication Record</p> <p>3rd Newborn Admission H&P</p> <p>4th Maternal Physician Order Sheet</p>	<p>Medications (before delivery): Betamethasone Dexamethasone Hydrocortisone</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
27. Characteristics of labor and delivery—Con.			
<p>Antibiotics received by the mother during delivery</p> <p>Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery</p> <p>Includes: Ampicillin Penicillin Clindamycin Erythromycin Gentamicin Cefataxine Ceftriaxone</p>	<p>Medications received <u>during delivery</u></p>	<p><i>Same as Steroids (glucocorticoids) above</i></p>	<p>Medications (during delivery): Ampicillin Penicillin Clindamycin Erythromycin Gentamicin Cefataxine Ceftriaxone Vancomycin</p> <p><i>Look for:</i> SBE (sub-acute bacterial endocarditis) prophylaxis GBS positive or GBS + (Group B Streptococcus) Maternal fever Mother febrile</p>
<p>Clinical chorioamnionitis diagnosed during labor or maternal temperature greater than or equal to 38°C (100.4°F)</p> <p>Clinical diagnosis of chorioamnionitis during labor made by the delivery attendant</p> <p>Usually includes more than one of the following: fever, uterine tenderness and/or irritability, leukocytosis, or fetal tachycardia</p> <p>Any recorded maternal temperature at or above 38°C (100.4°F)</p>	<p>Check that recorded maternal is at or above 38°C (100.4°F).</p>	<p>1st Delivery Record <i>under—</i> temperature <ul style="list-style-type: none"> ▢ Maternal OB/labor summary - comments/complications ▢ Labor summary record - comments/complications <p>2nd Newborn Admission H&P</p> <p>3rd Physician Progress Note</p> <p>4th Maternal Vital Signs Record <i>under—</i>Temperature Recordings</p> </p>	<p>Chorioamnionitis Chorio Temp ≥38 or 100.4</p> <p><i>Look for:</i> Maternal fever Mother febrile</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
27. Characteristics of labor and delivery—Con.			
<p>Moderate or heavy meconium staining of the amniotic fluid</p>	<p>Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or at delivery that is more than enough to cause a greenish color change of an otherwise clear fluid</p>	<p>1st Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▢ Maternal OB/labor summary - comments/complications ▢ Labor summary record - comments/complications ▢ Amniotic fluid summary section - comments, color ▢ Time membranes ruptured section <p>2nd Newborn Admission H&P</p>	<p>Mec - Meconium</p>
<hr/>			
<p>Fetal intolerance of labor was such that one or more of the following actions was taken:</p>	<p>In utero resuscitative measures, further fetal assessment, or operative delivery. Includes any of the following:</p> <ul style="list-style-type: none"> – Maternal position change – Oxygen administration to the mother – Intravenous fluids administered to the mother – Amnioinfusion – Support of maternal blood pressure – Administration of uterine relaxing agents <p>Further fetal assessment including any of the following: scalp pH, scalp stimulation, acoustic stimulation</p> <p>Operative delivery to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery</p>	<p>1st Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▢ Maternal OB/labor summary ▢ Labor summary record <p>2nd Newborn Admission H&P</p> <p>3rd Physician Progress Note</p> <p>4th Physician Order Sheet <i>or</i>— Nursing Notes</p>	<p>LLP - left lateral position O₂ - Oxygen IV fluids Amnioinfusion Nitroglycerine Acoustic stimulation Vibroacoustic stimulation Scalp pH sampling Fetal oxygen saturation monitoring Terbutaline Low forceps delivery Vacuum extraction C/S - Cesarean delivery</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
27. Characteristics of labor and delivery—Con.			
<p>Epidural or spinal anesthesia during labor</p>	<p>Administration to the mother of a regional anesthetic to control the pain of labor</p>	<p>1st Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▫ Maternal OB labor summary <i>under</i>—analgesia/anesthesia ▫ Labor summary record <i>under</i>—analgesia/anesthesia 	<p>Epidural analgesia Epid. given Spinal given</p>
<p>Delivery of the agent into a limited space with the distribution of the analgesic effect limited to the lower body</p>			

Definitions	Instructions	Sources	Keywords/Abbreviations
<p>28. Method of delivery (BC #43)</p> <p>The physical process by which the complete delivery of the fetus was effected</p>	<p>Complete every section: A, B, C, and D.</p>	<p><i>See below</i></p>	<p><i>See below</i></p>
<p>A. Was delivery with forceps attempted but unsuccessful?</p> <p>Obstetric forceps were applied to the fetal head in an unsuccessful attempt at vaginal delivery</p>	<p>Check “yes” or “no.”</p>	<p>1st Delivery Record <i>under</i>— Delivery Summary</p> <p>2nd Physician Delivery Summary <i>or</i>—Progress Note</p> <p>3rd Recovery Room Record <i>under</i>—Maternal Data— Complications</p>	<p>LFD - Low forceps delivery (attempted) LFD (attempted)</p>
<p>B. Was delivery with vacuum extraction attempted but unsuccessful?</p> <p>Ventouse or vacuum cup was applied to the fetal head in an unsuccessful attempt at vaginal delivery</p>	<p>Check “yes” or “no.”</p>	<p><i>Same as above</i></p>	<p>Vac ext - Vacuum extraction (attempted) Vac ext (attempted) VAD - Vacuum assisted delivery</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<p>28. Method of delivery—Con.</p>			
<p>C. Fetal presentation at birth</p> <p>Cephalic Presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP)</p> <p>Breech Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech</p> <p>Other Any other presentation not listed above</p>	<p>Check <u>one</u> of the three boxes.</p>	<p>1st Delivery Record <i>under</i>— Fetal Birth Presentation</p>	<p>Cephalic Vertex - OA, OP, LOA, ROA, LOP, ROP, LOT, ROT Face - LMA, LMT, LMP, RMA, RMP, RMT Brow Sinciput Mentum - chin</p> <p>Breech (Buttocks, sacrum) Frank breech - LSA, LST, LSP, RSP, RST</p> <p>Single footling breech Double footling breech Complete breech</p> <p>Other Shoulder Transverse lie Funis Compound</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
28. Method of delivery—Con.			
D. Final route and method of delivery	Check one of the boxes.	1 st Delivery Record <i>under</i> — Method of Delivery	
<i>Vaginal/spontaneous</i> Delivery of the entire fetus through the vagina by the natural force of labor with or without manual assistance from the delivery attendant		2 nd Newborn Admission H&P	<i>Vaginal/spontaneous</i> VAG Del - Vaginal delivery SVD - Spontaneous vaginal delivery
<i>Vaginal/forceps</i> Delivery of the fetal head through the vagina by the application of obstetrical forceps to the fetal head		3 rd Recovery Room Record <i>under</i> —Maternal Data - Delivered	<i>Vaginal/forceps</i> LFD - Low forceps delivery
<i>Vaginal/vacuum</i> Delivery of the fetal head through the vagina by the application of a vacuum cup or ventouse to the fetal head			<i>Vaginal/vacuum</i> Vac Ext vacuum
<i>Cesarean</i> Extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls			<i>Cesarean</i> C/S - Cesarean section LSTCS - Low segment transverse <i>Look for:</i> TOL - Trial of labor

Definitions	Instructions	Sources	Keywords/Abbreviations
<p>28. Method of delivery—Con. If cesarean, was a trial of labor attempted? Labor was allowed, augmented, or induced with plans for a vaginal delivery.</p>	<p>Check “yes” or “no.”</p>		<p>TOL - Trial of labor</p>

Guide to Completing the Facility Worksheets for the Certificate of Live Birth

Definitions	Instructions	Sources	Keywords/Abbreviations
<p>29. Maternal morbidity (BC #44)</p> <p>Serious complications experienced by the mother associated with labor and</p>	<p>Check all boxes that apply. If the mother has none of the delivery complications, check "none of the above."</p>	<p>See below</p>	<p>See below</p>
<p>Maternal transfusion</p> <p>Includes infusion of whole blood or packed red blood cells associated with labor and delivery</p>		<p>1st Delivery Record <i>under</i>— <input type="checkbox"/> Labor summary <input type="checkbox"/> Delivery summary</p> <p>2nd Physician Delivery Notes/Operative Notes</p> <p>3rd Intake & Output Form</p>	<p>Transfused Blood transfusion</p> <p><i>Look for:</i> PRBC - Packed red blood cells Whole blood</p>
<p>Third or fourth degree perineal laceration</p> <p>3^o laceration extends completely through the perineal skin, vaginal mucosa, perineal body, and anal sphincter</p> <p>4^o laceration is all of the above with extension through the rectal mucosa</p>		<p>1st Delivery Record <i>under</i>— <input type="checkbox"/> Episiotomy section <input type="checkbox"/> Lacerations section</p> <p>2nd Recovery Room Record <i>under</i>—Maternal Data - Delivered</p>	<p>4th degree lac. 4^o LAC 3rd degree lac. 3^o LAC</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
29. Maternal morbidity—Con.			
<p>Ruptured uterus Tearing of the uterine wall</p>		<p>1st Delivery Record <i>under—</i> Delivery Summary Note - Comments/Complications</p> <p>2nd Operative Note</p> <p>3rd Physician Progress Note</p>	
<p>Unplanned hysterectomy Surgical removal of the uterus that was not planned before the admission Includes an anticipated, but not definitively planned, hysterectomy</p>		<p><i>Same as Ruptured uterus above</i></p>	<p>Hysterectomy</p> <p><i>Look for:</i> Laparotomy</p>
<p>Admission to an intensive care unit Any admission, planned or unplanned, of the mother to a facility or unit designated as providing intensive care</p>		<p>1st Physician Progress Note</p> <p>2nd Transfer Note</p>	<p>ICU - Intensive Care Unit MICU - Medical Intensive Care Unit SICU - Surgical Intensive Care Unit</p>
<p>Unplanned operating room procedure following delivery Any transfer of the mother back to a surgical area for an operative procedure that was not planned before the admission for delivery <u>Excludes</u> postpartum tubal ligations</p>		<p>1st Physician Operative Note</p> <p>2nd Physician Progress Note</p> <p>3rd Physician Order</p>	<p>Repair of laceration Repair of laparotomy Drainage of purulent/septic material Exploratory laparotomy</p>

The prenatal care record is the preferred source for items 30 through 38.
 If the prenatal care record is not in the mother's file, please contact the prenatal care provider and obtain a copy of the record.

Definitions	Instructions	Sources	Keywords/Abbreviations	
30. Did mother receive prenatal care? (BC 45)	<p>Check "Yes" if the mother received prenatal care. Go to 31</p> <p>If "no prenatal care, check "No" and skip to 32)</p> <p>If not known check "Unknown"</p>	See below	See below	
31(a). Date of first prenatal care visit (BC #46a)	<p>The date a physician or other health care professional first examined and/or counseled the pregnant woman for the pregnancy</p>	<p>Enter the month, day, and year of the first prenatal care visit. Complete all parts of the date that are available. Leave the rest blank.</p>	<p>1st Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> <input type="checkbox"/> Intake information <input type="checkbox"/> Initial physical exam <input type="checkbox"/> Prenatal Visits Flow Sheet <input type="checkbox"/> Current pregnancy <p>2nd Initial Physical Examination</p>	PNC - Prenatal care
31(b). Date of last prenatal care visit (BC #46b)	<p>The month, day, and year of the last prenatal care visit recorded in the records</p>	<p>Enter the month, day, and year of the last prenatal care visit recorded in the records.</p> <p>NOTE: Enter the date of the last visit given in the most current record available. Do not estimate the date of the last visit.</p> <p>Complete all parts of the date that are available. Leave the rest blank.</p>	<p>1st Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> Current Pregnancy <p>2nd Prenatal Visits Flow Sheet (last date shown)</p>	PNC - Prenatal care

Definitions	Instructions	Sources	Keywords/Abbreviations
<p>31c. Total number of prenatal care visits for this pregnancy (BC #46c)</p> <p>The total number of visits recorded in the record</p>	<p>Count only those visits recorded in the record.</p> <p>NOTE: Enter the total number of visits listed in the most current record available. Do not estimate additional visits when the prenatal record is not current.</p> <p>If none, enter "0." The "no prenatal care" box should also be checked in item 6(a).</p>	<p>1st Prenatal Care Record <i>under</i>— Prenatal Visits Flow Sheet (count visits)</p>	<p>PNC - Prenatal care</p>
<p>32. Mother's weight at delivery (BC #49)</p> <p>The mother's weight at the time of delivery</p>	<p>Enter the mother's weight at the time of delivery. Use pounds only. For example, enter 140½ pounds as 140 pounds.</p> <p>If the mother's delivery weight is unknown, enter "999"</p>	<p>1st Labor and Delivery Nursing Admission Triage Form <i>under</i>—Physical Assessment - Weight</p> <p>2nd Admission H&P <i>under</i>—Physical Exam - Weight</p>	<p>Wgt - Weight</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
33. Number of previous live births now living (BC #51a)			
The total number of previous live-born infants now living	<p>Do not include this infant.</p> <p>Include all previous live-born <u>infants who are still living.</u></p> <p>For multiple deliveries: Include all live-born infants <u>before</u> infant in the pregnancy.</p> <p><u>If the first born, do not include this infant.</u></p> <p>If the second born, include the first etc.</p> <p>no previous live-born infants, check “none.”</p> <p>See “Facility Worksheet Attachment for Multiple Births.”</p>	<p>1st Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> ☐ Intake information ☐ Gravida section - L (living) - last number in series ☐ Para section - L - last number in this series ☐ Pregnancy history information ☐ Previous OB history ☐ Past pregnancy history born, <p>2nd Labor and Delivery Nursing If Admission Triage Form check <i>under</i>—Patient Data</p> <p>3rd Admission H&P</p>	<p>L - Now living</p> <p><i>Look for:</i> G - Gravida – Total number of pregnancies P - Para - Previous live births and fetal deaths >28 weeks of gestation T - Term - Delivered at 37 to 40 weeks gestation</p>
34. Number of previous live births now dead (BC #51b)			
The total number of previous live-born infants now dead	<p>Do not include this infant.</p> <p>Include all previous live-born infants who are no longer living.</p> <p>For multiple deliveries: Include all live-born infants before this infant in the pregnancy who are now dead.</p> <p>If the first born, do not include this infant.</p> <p>If the second born, include the first born, etc.</p> <p>If no previous live-born infants now dead, check “none.”</p> <p>See “Facility Worksheet Attachment for Multiple Births.”</p>	<p>1st Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> ☐ Pregnancy history information - comments, complications ☐ Previous OB history - comments, complications ☐ Past pregnancy history - comments, complications <p>2nd Admission H&P</p>	<p><i>See above</i> Expired</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
35. Date of last live birth (BC #51c)			
<p>The date of birth of the last live-born infant</p> <p>Includes pregnancy losses of any gestation age</p> <p>Examples: spontaneous or induced losses or ectopic pregnancy</p>	<p>If applicable, enter the month and year of birth of the last live-born infant.</p> <p><u>Include live-born infants now living and now dead.</u></p>	<p>1st Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> ▢ Pregnancy history information - date ▢ Previous OB history - date ▢ Past pregnancy history - date <p>2nd Admission H&P</p>	<p>DOB - Date of birth</p>
36. Number of other pregnancy outcomes (BC #52a)			
<p>Total number of other pregnancy outcomes that <u>did not result in a live</u></p> <p>Includes pregnancy losses of any gestation age</p> <p>Examples: spontaneous or induced losses or ectopic pregnancy</p>	<p>Include all <u>previous pregnancy losses that did not result in a live birth.</u></p> <p>If no previous pregnancy losses, check “none.”</p> <p>For multiple deliveries:</p> <p>Include all previous pregnancy losses <u>before</u> this infant in this pregnancy and in previous pregnancies.</p>	<p>1st Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> ▢ Gravida section - “A” <u>birth</u> (abortion/miscarriage) ▢ PARA section - “A” ▢ Pregnancy history information - comments, complications <ul style="list-style-type: none"> ▢ Previous OB history - comments, complications ▢ Past pregnancy history— comments, complications <p>2nd Labor and Delivery Nursing Admission Triage Form</p> <p>3rd Admission H&P</p>	<p>Miscarriages</p> <p>Fetal demise</p> <p>AB - Abortion induced</p> <p>SAB - Spontaneous abortion</p> <p>TAB - Therapeutic abortion</p> <p>Abortion spontaneous</p> <p>Septic abortion</p> <p>Ectopic pregnancy</p> <p>Tubal pregnancy</p> <p>FDIU - Fetal death in utero</p> <p>IUFD - Intrauterine fetal death</p>
37. Date of last other pregnancy outcome (BC #52b)			
<p>The date that the last pregnancy that <u>did not result in a live birth</u> ended</p> <p>Includes pregnancy losses at any gestational age</p> <p>Examples: spontaneous or induced losses or ectopic pregnancy</p>	<p>If applicable, enter the month and year.</p>	<p>1st Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> ▢ Pregnancy history information ▢ Previous OB history ▢ Past pregnancy history <p>2nd Admission H&P</p>	

Definitions	Instructions	Sources	Keywords/Abbreviations
<p>38. Date last normal menses began (BC #56)</p> <p>The date the mother's last normal menstrual period began</p> <p>This item is used to compute the gestational age of the infant.</p>	<p>Enter all known parts of the date the mother's last normal menstrual period began.</p>	<p>1st Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> ▫ Menstrual history ▫ Nursing admission triage form <p>2nd Admission H&P <i>under</i>—</p> <ul style="list-style-type: none"> ▫ Medical History 	<p>LMP - Last menstrual period</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
39. Was the mother transferred to this facility for maternal medical or fetal indications for delivery? (BC #57)			
Transfers include hospital to hospital, birth facility to hospital, etc. Does not include home to hospital	<p>If the mother was transferred from another facility, check "yes." If "yes," enter the name of the facility the mother transferred from. If the name of the facility is not known, enter "unknown." Check "no" if the mother was transferred from home.</p>	<p>1st Labor and Delivery Nursing Admission Triage Form <i>under—</i> <input type="checkbox"/> Reason for admission <input type="checkbox"/> Comments</p> <p>2nd Admission H&P</p> <p>3rd Labor and Delivery - Delivery Record <input type="checkbox"/> Maternal OB/labor summary <input type="checkbox"/> Labor and delivery admission history <input type="checkbox"/> Labor summary record</p>	

40. Principal source of payment (BC #54)

<p>The principal source of payment at the time of delivery:</p> <p>Private insurance (Blue Cross/Blue Shield, Aetna, etc.)</p> <p>Medicaid (or a comparable State program)</p> <p>Self-pay (no third party identified)</p> <p>Other (Indian Health Service, CHAMPUS/TRICARE, other government [Federal, State, local])</p>	<p>Check the box that best describes the principal source of payment for this delivery. If "other" is checked, specify the <u>payer</u>.</p> <p>If the principal source of payment is not known, enter "unknown" in the space.</p> <p>This item should be completed by the facility. If the birth did not occur in a facility, the attendant or certifier should complete it.</p>	<p>1st Hospital Face Sheet 2nd Admitting Office Face Sheet</p>	
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Definitions	Instructions	Sources	Keywords/Abbreviations
<p>41. Attendant’s name, title, and I.D. (BC #58)</p> <p>The name, title, and National Provider Identification Number (NPI) of the person responsible for delivering the child:</p> <p>M.D. (doctor of medicine) D.O. (doctor of osteopathy) CNM/CM (certified nurse midwife/certified midwife)</p> <p>Other midwife (midwife other than a CNM/CM)</p> <p>Other (specify)</p> <p>The attendant at birth is defined as the individual physically present at the delivery who is responsible for the delivery. For example, if an intern or nurse midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician should be reported as the attendant. If the obstetrician is not physically present, the intern or nurse midwife should be reported as the attendant.</p>	<p>Enter the name, title, and NPI number of the person responsible for delivering the child.</p> <p>Check one box to specify the attendant’s title. If “other” is checked, enter the specific title of the attendant. Examples include nurse, father, police officer, and EMS technician.</p> <p>This item should be completed by the facility. If the birth did not occur in a facility, the attendant or certifier should complete it.</p>	<p>1st Delivery Record <i>under</i>— Signature of Delivery Attendant (Medical)</p>	

42. Is Certifier same as Attendant?

(BC #59)

The individual may be, but need not be, the same as the attendant at birth

Definitions	Instructions	Sources	Keywords/Abbreviations
<p>43. Certifier's name and title (BC #60)</p> <p>The individual who certified to the fact that the birth occurred:</p> <p>M.D. (doctor of medicine)</p> <p>D.O. (doctor of osteopathy)</p> <p>Hospital administrator or designee</p> <p>CNM/CM (certified nurse midwife/certified midwife)</p> <p>Other midwife (midwife other than a CNM/CM)</p> <p>Other (specify)</p>	<p>Enter the name and title of the individual who certified to the fact that the birth occurred</p> <p>The individual may be, but need not <u>be</u>, the same as the attendant at birth</p>		

44. Date certified (BC #61)

The date that the birth was certified

Enter the date that the birth was certified.

