


State of Illinois  
Revised May 2015



# Completing The Facility Worksheet For the Certificate of Live Birth

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	<b>NOTE:</b> The birth certificate must be filed by the local registrar within <b><u>7 days from the date of birth</u></b> . If the record is not filed, it will not be included on your monthly hospital statistics report.	
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# How to Use This Guide

This guide was developed to assist in completing the facility worksheet for the revised Certificate of Live Birth.

**Note: All information on the mother should be based on the woman who gave birth to or delivered the infant.**

Definitions	Instructions	Sources	Key word/Abbreviations
<p>Define the items in the order they appear on the facility worksheet.</p>	<p>Provide specific instructions for completing each item.</p>	<p>Identify the sources in the medical records where information for each item can be found. The specific records available will differ somewhat from facility to facility.</p> <p><b>The source listed first (1<sup>st</sup>) is considered the best or preferred source.</b></p> <p>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 “under” and “or”.</p>	<p>Identify alternative, usually synonymous terms and common abbreviations and acronyms for items. The key words and abbreviations given in this guide are not intended as inclusive. Facilities and practitioners will likely have others to add to the list.</p> <p>Medications commonly used for items.</p> <p>For example: “Clomid” for “assisted reproduction treatment”</p> <p>“Look for” is used to indicate terms that may be associated with, but are not synonymous with an item. Terms listed under “look for” 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.</p> <p>“Trial of labor” for “cesarean delivery”</p>

**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 Worksheet for the Certificate of Live Birth

<b>1. Child's name</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<p><u>The name given to the child</u></p>	<p>Enter the first name, middle name, last name, and any suffix (Jr, II, III, etc.)</p> <p>If a child has no first or middle name do not put Baby Girl or Baby Boy. Leave these fields blank. Enter only a last name in this case; last name cannot be blank.</p> <p>When child has two last names or middle names, put just one space between names.</p> <p>The electronic request, via IVRS, for a Social Security Number will not be processed by the Social Security Administration in cases where certain special characters in the child's name were entered. The parents will need to request the issuance of the child's Social Security number directly from the Social Security Administration office in the area where they live.</p>	<p>1<sup>st</sup> Parents/co-parent's report</p>	<p>Apostrophes will work unless they either follow or are preceded by a space or another character. Below are some examples of what will work and what won't. The key is that any combination (back to back) of a space, hyphen, or apostrophe will cause a reject.</p>

<b>2. Time of birth</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>The infant's time of birth</u>	<p>Enter the time the infant was born based on a 24-hour clock (military time). If time of birth is unknown (foundlings) enter "unknown".</p> <p>Enter a birth that occurs at exactly noon as 12:00 NOON. One minute after noon should be recorded as 12:01 pm.</p> <p>Enter a birth that occurs at exactly midnight as 12:00 MIDNIGHT. One minute after midnight should be recorded as 12:01 am.</p> <p>Do not record AM or PM for births occurring at exactly midnight or noon.</p>	<p>1<sup>st</sup> Labor &amp; Delivery under: Delivery record</p> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p>	

<b>3. Sex</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>The sex of the infant</u>	Enter whether the infant is male, female, or unknown	1 <sup>st</sup> Delivery Record under: Infant data	<p>M ~ Male</p> <p>F ~ Female</p> <p>A ~ Ambiguous (same as unknown)</p> <p>U ~ Unknown</p>

<b>4. Date of birth</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>The infant's date of birth</u>	<p>Enter the month, day, and four-digit year of birth.</p> <p>If the date of birth of the infant is not known, because the infant is a foundling, enter the date the infant was found.</p>	<p>1<sup>st</sup> Labor &amp; Delivery under: Delivery record</p> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p>	

<b>5. Facility name</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>The name of the facility where the birth occurred.</u>	Enter the name of the hospital/institution. If not a hospital/institution, enter complete street and number.		

<b>6a. City or town</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>The name of the city, town, township, village, or other location where the birth occurred.</u>	Enter the name of the city, town, township, village, or other location where the birth occurred. If the birth occurred in international waters or air space, enter the location where the infant was first removed from the boat or plane.		



## 6b. Zip code

Definitions	Instructions	Sources	Key word/Abbreviations
<u>The zip code of the hospital or other location where the birth occurred.</u>	Enter the zip code of the hospital or other location where the birth occurred.		

## 7. County of birth

Definitions	Instructions	Sources	Key word/Abbreviations
<u>The name of the county where the birth occurred.</u>	Enter the name of the county where the birth occurred. If the birth occurred in international waters or air space, enter the name of the county where the infant was removed from the boat or plane.		

## 8a. Mother/co-parent's current legal name

Definitions	Instructions	Sources	Key word/Abbreviations
<u>The mother's legal name at the time the birth occurred.</u>	<p>Enter the first name, middle name &amp; last name.</p> <p>Do NOT use periods after initials.</p> <p>For someone with more than one first, middle, or last name only put one space between names.</p> <p>If they have more than one last name, they can put a hyphen between the names. Make sure you don't put a space between the hyphen and name.</p>	Hospital Face/admission Sheet. Verbal confirmation with Mother.	<p>If the mother/co-parent is married or in a civil union, and they took their spouse's or partner's name, this is where their "new" name will be entered.</p> <p>If they did not take their spouse's or partner's name, the name entered should be consistent with what is on their birth record.</p>

<b>8b. Date of birth</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<b><u>The birth mother's date of birth.</u></b>	Enter the month, day, and four-digit year of birth.	Hospital Face/Admission Sheet. Verbal confirmation with Mother.	

<b>8c. Mother/co-parent's name prior to first marriage/civil union</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<b><u>The mother's legal name prior to her first marriage/civil union.</u></b> Example: maiden name.	Enter the first name, middle name & last name If the name is the same as what was entered above, put a Y in this box and the information entered above will auto-populate to these fields. If it is not the same, put an N and the fields will open for you to enter the correct name.	Mother's report	

## 8d. Birthplace

Definitions	Instructions	Sources	Key word/Abbreviations
<p><u>State where mother was born.</u></p>	<p>Enter the state of birth, territory or Foreign Country where the mother was born.</p> <p>This field defaults to the United States. If the mother/co-parent was born in another country, click the drop down and choose the correct country of birth.</p> <p><b>State of Birth:</b> If the mother/co-parent was born in the United States, pick the correct state or territory from the State of Birth drop down. Please remember that American Samoa, District of Columbia, Guam, Northern Marianas, Puerto Rico and the Virgin Islands are in the State drop down field as they are all territories of the United States.</p>	<p>Mother's report</p>	<p>If the mother was born in Canada, we will need the province.</p>

## 9a. Residence of Mother/co-parent – state

Definitions	Instructions	Sources	Key word/Abbreviations
<p><u>The mother's state where she currently resides/lives.</u></p>	<p>Enter the state where the mother currently resides/lives. An address is required. If in a shelter, use the shelter address.</p>	<p>Hospital Face/admission Sheet. Verbal confirmation with Mother.</p>	

<b>9b. County</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>The mother's county where she currently resides/lives.</u>	Enter the county where the mother currently resides/lives.	Hospital Face/admission Sheet. Verbal confirmation with Mother.	

<b>9c. City or town</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>The mother's city or town where she currently resides/lives.</u>	Enter the city or town where the mother currently resides/lives.	Hospital Face/admission Sheet. Verbal confirmation with Mother.	

<b>9d. Street and number</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>The mother's street and number (address) where she currently resides/lives.</u>	Enter the street and number where the mother currently resides/lives.  Don't enter extra spaces, P.O. Boxes or special characters (ex #, &, *) in this field.	Hospital Face/admission Sheet. Verbal confirmation with Mother.	

<b>9e. Apt. no.</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>The mother's apartment number where she currently resides/lives.</u>	Enter the apartment number where the mother currently resides/lives.	Hospital Face/admission Sheet. Verbal confirmation with Mother.	

<b>9f. Zip code</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>The mother's Zip code of where she currently resides/lives.</u>	Enter the Zip code where the mother currently resides/lives.	Hospital Face/admission Sheet. Verbal confirmation with Mother.	

<b>9g. Inside city limits?</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>Is the mother's residence inside the city limits?</u>	Check the yes/no box.  This field is based on the mother's response.	Hospital Face/Admission Sheet. Verbal confirmation with Mother.	

<b>10a. Father/co-parent's current legal name</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>The father's legal name at the time the birth occurred.</u>	Enter the first name, middle name, last name & suffix.  If father has multiple last names, don't put any extra spaces or punctuation.  When entering father's suffix, you can only put one suffix (ex Jr, III).	Father's report	

<b>10b. Date of birth</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>The father's date of birth.</u>	Enter the month, day, and four-digit year of birth.	Father's report	

10c. Father/co-parent's name prior to first marriage/civil union			
Definitions	Instructions	Sources	Key word/Abbreviations
<u>The father's legal name prior to his first marriage/civil union.</u>	<p>Enter the first name, middle name &amp; last name</p> <p>If father has multiple last names, don't put any extra spaces or punctuation.</p>	Father's report	

10d. Birthplace			
Definitions	Instructions	Sources	Key word/Abbreviations
<u>State where father was born.</u>	<p>Enter the state, territory or Foreign Country of the father. This field defaults to the United States. If the father/co-parent was born in another country, click the drop down and choose the correct country of birth.</p> <p><b>State of Birth:</b> If the father/co-parent was born in the United States, pick the correct state or territory from the State of Birth drop down. Please remember that American Samoa, District of Columbia, Guam, Northern Marianas, Puerto Rico and the Virgin Islands are in the State drop down field as they are all territories of the United States.</p>	Father's report	If father was born in Canada, we will need the province he was born.

<b>11. Certifier's name</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>The name of the certifier of the birth certificate</u>	Enter by typing or printing the certifier's name. Check the box for the appropriate title or complete the other box and specify.		

<b>12. Date certified</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>The date the birth was certified.</u>	Enter the date the birth was certified. This date cannot precede the date of birth.		

<b>13. Local registrar</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>The signature of the local registrar.</u>	Sign this box where indicated by the arrow.		

<b>14. Date filed by registrar</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>The date the birth certificate is filed by the registrar.</u>	Enter the month, day, and four-digit year of birth.		

<b>15. Mother/co-parent's mailing address</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u>Mother/co-parent's mailing address</u>	Add mother's/co-parent's mailing address if different from her residence	Mother's report	

## 16. Mother/co-parent married or in a civil union?

Definitions	Instructions	Sources	Key word/Abbreviations
<u>Is mother married or not?</u>	Enter "Yes" for married or in a civil union and "No" if she is not married or in a civil union.		

## 17. Social Security number requested

Definitions	Instructions	Sources	Key word/Abbreviations
<u>Apply for a Social Security number for your child.</u>	Mark "Yes" if you want to apply for a social security card through the electronic birth system or answer "No" and you will get the social security card on your own. If the mother's residence is a foreign country, if the infant passed away after birth or if the child's first and middle name is left blank, you will have to mark "No" for social security card.		

## 18. Facility ID (NPI)

Definitions	Instructions	Sources	Key word/Abbreviations
<u>Enter your facility's ID (NPI)</u>	Enter the facility's identification number		

## 19. Mother/co-parent Social Security number

Definitions	Instructions	Sources	Key word/Abbreviations
<u>Enter Mother's Social Security number.</u>	Enter the mother's complete 9 digit social security number. Do <b>not</b> enter only the last 4 digits of the complete number. If mom does not have a social security number, enter 999-999-9999		



## 20. Father/co-parent Social Security number

Definitions	Instructions	Sources	Key word/Abbreviations
<u>Enter Father's Social Security number.</u>	Enter the father's complete 9 digit social security number. Do <b>not</b> enter only the last 4 digits of the complete number. If father does not have a social security number, enter 999-999-9999		

## 21. Mother/co-parent's education

Definitions	Instructions	Sources	Key word/Abbreviations
<u>The mother/co-parent's education.</u>	Check the box that best describes the highest degree or level of education completed at the time of delivery.	Mother's report	

## 22. Mother/co-parent of Hispanic origin?

Definitions	Instructions	Sources	Key word/Abbreviations
<u>Is the mother/co-parent of Hispanic origin?</u>	Check the box best describing whether the mother/co-parent is Spanish/Hispanic/Latino. Check the "No" box if mother/co-parent is not Spanish/Hispanic/Latino	Mother's report	

## 23. Mother/co-parent's race

Definitions	Instructions	Sources	Key word/Abbreviations
<u>The mother/co-parent's race.</u>	Check one or more races as identified by the mother/co-parent.	Mother's report	

## 24. Father/co-parent's education

Definitions	Instructions	Sources	Key word/Abbreviations
<u>The father/co-parent's education.</u>	Check the box that best describes the highest degree or level of education completed at the time of delivery.	Father's report	

## 25. Father/co-parent of Hispanic origin?

Definitions	Instructions	Sources	Key word/Abbreviations
<u>Is the father/co-parent of Hispanic origin?</u>	Check the box best describing whether the father/co-parent is Spanish/Hispanic/Latino. Check the "No" box if father/co-parent is not Spanish/Hispanic/Latino.	Father's report	

## 26. Father/co-parent's race

Definitions	Instructions	Sources	Key word/Abbreviations
<u>The father/co-parent's race.</u>	Check one or more races as identified by the father/co-parent.	Father's report	

## 27. Place where birth occurred

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>The place where the birth occurred:</u></b></p> <p><b>Hospital</b></p> <p><b>Freestanding birthing center</b> ~ No direct physical connection with an operative delivery center</p> <p><b>En-Route</b></p> <p><b>Home birth</b> – the birth occurred at a private residence</p> <p><b>Clinic/Doctor's office</b></p> <p><b>Other</b></p>	<p>Check the box that best describes the type of place where the birth occurred.</p> <p>If the birth occurred in a vehicle while en-route to the hospital <b>AND</b> the vehicle did not stop <b>AND</b> the baby was not transferred to another vehicle, complete the delivery record by marking "En-Route".</p> <p>If home birth is checked, check whether the home birth was planned. If unknown whether a planned home birth write "unknown".</p> <p>OTHER -- "en route"</p>	<p>1<sup>st</sup> Admission History and Physical (H&amp;P) under general Admission under Admitted from home, doctor's office, other Problem list/findings</p> <p>2<sup>nd</sup> Delivery Record Under:</p> <ul style="list-style-type: none"> <li>• Delivery information</li> <li>• Labor and Delivery Summary</li> <li>• Maternal obstetric (OB)/labor summary under delivery</li> <li>• Summary of labor and delivery (L&amp;D)</li> </ul> <p>3<sup>rd</sup> Basic Admission Data</p> <p>4<sup>th</sup> Progress Notes or Note</p>	<p><b>What if the vehicle stopped on the side of the road?</b></p> <p>If the birth occurred in a moving conveyance (car, ambulance, etc.), whether or not en route to a hospital, enter the place where the baby is first removed from the conveyance. The geographic location information of where the baby is removed from the conveyance must be entered into the place of birth fields. For example, child was born in the parent's car while driving to the hospital. An ambulance meets the parents at the intersection of Route 4 and Plummer Road in the city of Chatham. The child and mother are removed from the parent's car and put in the ambulance at Route 4 and Plummer Road. The mother and child are transported to a Springfield hospital. The place of birth entered on the birth record will be Sangamon County, Chatham, Corner of Route 4 and Plummer Road.</p>

## 28. Attendant's name, title, and NPI

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>The name, title, and National Provider Identification Number (NPI) of the person responsible for delivering the child.</u></b></p> <p><b>M.D.</b> (doctor of medicine)  <b>D.O.</b> (doctor of osteopathy)  <b>CNM/CM</b> (certified nurse midwife/certified midwife)  <b>Other midwife</b> (midwife other than a CNM/CM)  <b>Other</b> (specify)</p> <p>The attendant at birth is defined as:  <b>The individual physically present at the delivery who is responsible for the delivery.</b></p> <p>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.</p> <p>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 or the attendant.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Nurse</li> <li>• Father</li> <li>• Police Officer</li> <li>• EMS Technician.</li> </ul> <p>This item should be completed by the facility. If the birth did not occur in a facility, it should be completed by the attendant or certifier.</p>	<p>1<sup>st</sup> Delivery Record under:            Signature of Delivery Attendant (Medical)</p>	

<b>29. Mother transferred for maternal medical or fetal indications for delivery?</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<p><b>Transfers include:</b></p> <ul style="list-style-type: none"> <li>• Hospital to hospital</li> <li>• Birth facility to hospital</li> </ul> <p><b>Does not include</b> home to hospital.</p>	<p>If the mother was transferred from another facility check “yes”.</p> <p>If “yes,” enter the name of the facility the mother transferred from. If the name of the facility is not known, enter “unknown”.</p> <p>Check “no” if the mother was transferred from home.</p>	<p>1<sup>st</sup> Labor &amp; Delivery Nursing Admission Triage Form under:</p> <ul style="list-style-type: none"> <li>• Reason for admission</li> <li>• Comments</li> </ul> <p>2<sup>nd</sup> Admission H&amp;P</p> <p>3<sup>rd</sup> Labor &amp; Delivery ~ Delivery record</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul>	

<b>30a. Date of first prenatal care visit</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<p><b><u>The date the pregnant woman was first examined and/or counseled by a provider or healthcare professional for the current pregnancy.</u></b></p>	<p>Enter the month, day, and year of the first prenatal care visit recorded in the records.</p> <p>Enter the date listed in the most current record available. Do not estimate the date of the first visit.</p> <p>Complete all parts of the date, using 99 for unknown. For example, if the exact day is unknown, enter the known month and year but enter “99” for the day.</p> <p>If “no prenatal care” check the box and skip to 32.</p>	<p>1<sup>st</sup> Prenatal Care Record under:</p> <ul style="list-style-type: none"> <li>• Intake information</li> <li>• Initial physical exam</li> <li>• Prenatal visits flow sheet</li> <li>• Current pregnancy</li> </ul> <p>2<sup>nd</sup> Initial Physical Examination</p> <p>3<sup>rd</sup> Mother’s report</p>	<p>PNC ~ Prenatal care</p>

### 30b. Date of last prenatal care visit

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>The month, day, and year of the last prenatal care visit recorded in the records.</u></b></p>	<p>Enter the month, day, and year of the last prenatal care visit recorded in the records.</p> <p>NOTE: Please enter the date of the last visit <b><u>given in the most current record available. Do not estimate the date of the last visit.</u></b></p> <p>Complete all parts of the date that are available.</p> <p>Unknown portions of the date should be entered as "99".</p>	<p>1<sup>st</sup> Prenatal Care Record under Current Pregnancy</p> <p>2<sup>nd</sup> Prenatal Visits Flow Sheets (last date shown)</p>	<p>PNC ~ Prenatal Care</p>

### 31. Total number of prenatal care visits for this pregnancy

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>The total number of visits recorded in the record.</u></b></p>	<p>Count only those visits recorded in the prenatal record.</p> <p>If none, enter "0". The "no prenatal care" box should also be checked in item 30a.</p> <p>If prenatal record is not available mark "Unknown".</p>		<p>NOTE: Please enter the total number of visits <b><u>listed in the most current record available. Do not estimate additional visits when the prenatal record is not current.</u></b></p>

<b>32. Mother's height</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u><b>Mother's height</b></u>	Enter the mother's height in feet and inches (ex: 5' 6")	1 <sup>st</sup> Labor & Delivery Nursing Admission Triage Form under: <ul style="list-style-type: none"> <li>• Physical Assessment ~ height</li> </ul> 2 <sup>nd</sup> Admission H&P under: <ul style="list-style-type: none"> <li>• Physical Exam ~ height</li> </ul>	

<b>33. Mother's pre-pregnancy weight</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u><b>Mother's weight prior to pregnancy</b></u>	Enter mother's weight before pregnancy diagnosed. (Ex: 142½ as 142).  If the mother's pre-pregnant weight is unknown, enter "unknown".	Prenatal record. Weight by provider on prenatal record.	Wt. ~ weight Wgt ~ weight

<b>34. Mother's weight at delivery</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<u><b>The mother's weight at the time of delivery.</b></u>	Enter the mother's weight at the time of delivery. Use pounds only. (ex: 180½ as 180). If the mother's delivery weight is unknown, enter "unknown".	1 <sup>st</sup> Labor & Delivery Nursing Triage Form under: <ul style="list-style-type: none"> <li>• Physical Assessment ~ weight.</li> </ul> 2 <sup>nd</sup> Admission H&P under: <ul style="list-style-type: none"> <li>• Physical Exam ~ weight</li> </ul>	Wt. ~ weight Wgt ~ weight

### 35. Did Mother get WIC food for herself during this pregnancy?

Definitions	Instructions	Sources	Key word/Abbreviations
<u>Is mother receiving WIC?</u>	Enter "Yes" if the mother is receiving WIC and "No" if she is not. If mom doesn't know, enter "unknown".	Hospital worksheet	

### 36a. Number of previous live births now living

Definitions	Instructions	Sources	Key word/Abbreviations
<u>The total number of previous live born infants now living.</u>	<p><u>Do not include this infant.</u> Include all <b>previous</b> live born infants who are still living.</p> <p><u>Do not include abortions (spontaneous miscarriages or therapeutic or elective abortions), fetal deaths/stillbirths.</u></p> <p><b>For multiple deliveries:</b> Include all live born infants before this infant in the pregnancy. <u>If the first born, do not include this infant.</u> If the second born, include the first born, etc.</p> <p><b>If no previous live born infants, check "none".</b></p> <p><b>See "Attachment for Multiple Births"</b></p>	<p>1<sup>st</sup> Prenatal Care Record <i>under:</i></p> <ul style="list-style-type: none"> <li>• Intake information</li> <li>• Gravida section ~ L (living) last number in series.</li> <li>• Para section ~ L last number in series</li> <li>• Pregnancy history information</li> <li>• Previous OB history</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage form <i>under</i> Patient Data</p> <p>3<sup>rd</sup> Admission H&amp;P</p>	<p>L ~ now living</p> <p>Look for: G ~ Gravida ~ total number of pregnancies P ~ Para ~ Previous live births as well as fetal deaths &gt; 20 weeks of gestation T ~ Term ~ delivered at 37 to 40 weeks gestation</p> <p>Note: NCHS reference to fetal death &gt; 28 weeks is clinically incorrect. It is correct in other poor pregnancy outcomes.</p>



### 36b. Number of previous live births now dead

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>The total number of previous live born infants now dead.</u></b></p>	<p>Do not include this infant.            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 that is now dead.                If this is a first born, do not include this infant.                If the second born, include the first born, etc.</p> <p>If no previous live born infants now dead, enter 0.</p> <p>If no information about previous births is available enter "unknown".</p> <p>See "Attachment for Multiple Births".</p>	<p>1<sup>st</sup> Prenatal Care Record under:</p> <ul style="list-style-type: none"> <li>• Pregnancy history information ~ comments, complications</li> <li>• Previous OB history ~ comments, complications</li> <li>• Past pregnancy history ~ comments, complications</li> </ul> <p>2<sup>nd</sup> Admission H&amp;P</p>	<p>Expired</p>

<b>36c. Date of last live birth</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<p><b><u>The birth date of the last live born infant.</u></b></p>	<p>If applicable, enter the month and year of the last live born infant.</p> <p>Include live born infants now living and now dead.</p> <p>Unknown portions of the date should be entered as "99". If the entire date is unknown mark the Unknown box.</p>	<p>1<sup>st</sup> Prenatal Care Record under:</p> <ul style="list-style-type: none"> <li>• Pregnancy history information ~ date</li> <li>• Previous OB history ~ date</li> <li>• Past pregnancy history ~ date</li> </ul> <p>2<sup>nd</sup> Admission H&amp;P</p>	<p>DOB ~ Date of Birth</p>

<b>37a. Number of other pregnancy outcomes</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<p><b><u>Total number of other pregnancy outcomes that did not result in a live birth.</u></b></p> <p>Includes pregnancy losses of any gestational 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 mark "0".</p> <p>For Multiple deliveries: Include all previous pregnancy losses <u>before</u> this infant in this pregnancy and in previous pregnancies.</p>	<p>1<sup>st</sup> Prenatal care record under:</p> <ul style="list-style-type: none"> <li>• Gravida section ~ "A" (abortion/miscarriage)</li> <li>• PARA section ~ "A"</li> <li>• Pregnancy history information, comments, complications</li> <li>• Past pregnancy history ~ comments, complications</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form</p> <p>3<sup>rd</sup> Admission H&amp;P</p>	<p>Miscarriages</p> <p>Fetal demise</p> <p>AB ~ Abortion induced</p> <p>EAB ~ Elective abortion</p> <p>SAB ~ spontaneous abortion</p> <p>TAB ~ Therapeutic abortion</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/demise</p>

<b>37b. Date of last other pregnancy outcome</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<p><b><u>The date the last pregnancy that did not result in a live birth ended.</u></b></p> <p>Includes pregnancy losses at any gestational age.</p>	<p>If applicable, enter the month and year.</p> <p>Unknown portions of the date should be entered as "99".</p> <p>If the entire date is unknown mark the Unknown box.</p>	<p>1<sup>st</sup> Prenatal Care Record under:</p> <ul style="list-style-type: none"> <li>• Pregnancy history information</li> <li>• Previous OB history</li> <li>• Past pregnancy history</li> </ul> <p>2<sup>nd</sup> Admission H&amp;P</p>	<p>Examples:</p> <p>Stillbirths</p> <p>Spontaneous or induced abortions or losses</p> <p>Ectopic pregnancy miscarriages</p>

<b>38. Cigarette smoking before and during pregnancy</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<p><b><u>Did the mother smoke cigarettes before and during pregnancy.</u></b></p>	<p>For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked per day. If none enter "0".</p> <p>Three months before pregnancy</p> <p>First three months of pregnancy</p> <p>Second three months of pregnancy</p> <p>Third Trimester of pregnancy</p>	<p>1<sup>st</sup> Prenatal record</p> <p>2<sup>nd</sup> Mother's report</p>	

### 39. Principal source of payment

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>The principal source of payment at the time of delivery:</u></b></p> <ul style="list-style-type: none"> <li>• Private Insurance</li> <li>• Medicaid</li> <li>• Self-Pay</li> <li>• Other (specify: _____ )</li> </ul>	<p>Check the box that best describes the principal source of payment for this delivery.</p> <p>If “other” is checked, enter the payer as listed.</p> <p>Patients with insurance through the <b><u>Affordable Care Act (ACA)</u></b> are to be entered as <b><u>private insurance</u></b> (it does not matter which insurance carrier is listed or if the patient receives a government subsidy).</p>	<p>1<sup>st</sup> Hospital Face Sheet</p> <p>2<sup>nd</sup> Admitting Office Face Sheet</p> <p>3<sup>rd</sup> Admitting Office Managed Care reference</p> <p>If the principal source of payment is not known, choose “unknown” from the drop down list.</p>	

### 40. Date last normal menses began

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>The date the mother’s last normal menstrual period began.</u></b></p>	<p>Enter the date that the mother’s last normal menstrual period began.</p> <p>Unknown portions of the date should be entered as “99”.</p>	<p>1<sup>st</sup> Prenatal Care Record under:</p> <ul style="list-style-type: none"> <li>• Menstrual history</li> <li>• Nursing admission triage form</li> </ul> <p>2<sup>nd</sup> Admission H&amp;P under:</p> <ul style="list-style-type: none"> <li>• Medical History</li> </ul>	<p>LMP ~ last menstrual period</p> <p>Also may be entered as “LNMP” = Last NORMAL Menstrual Period.</p>

## 41. Mother's medical record number

Definitions	Instructions	Sources	Key word/Abbreviations
<u>The hospital medical record number of the mother.</u>	Write the medical record number for the delivery admission of the mother.	Hospital Face sheet	

## 42. Risk factors in this pregnancy

Definitions	Instructions	Sources	Key word/Abbreviations
<u>Risk factors of the mother during this pregnancy.</u>	<p><b>Check all boxes that apply.</b></p> <p>The mother may have more than one risk factor.</p> <p>If the mother has none of the risk factors, check "None".</p> <p>If you don't have information regarding the mother's history mark "Unknown".</p>		

## 42. Risk factors in this pregnancy (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b>Diabetes:</b> Glucose intolerance requiring treatment.</p> <p><b>Pre-pregnancy:</b> Glucose intolerance <b>diagnosed BEFORE this pregnancy.</b></p> <p><b>Gestational Diabetes:</b> Glucose intolerance that was <b>diagnosed DURING this pregnancy.</b></p>	<p>If diabetes is present, check either pre-pregnancy or gestational diabetes. <b><u>Do not check both.</u></b></p>	<p>1<sup>st</sup> Prenatal Care Record under:</p> <ul style="list-style-type: none"> <li>• Previous OB history under: summary of previous pregnancies</li> <li>• Problem list or initial risk assessment</li> <li>• Historical risk summary</li> <li>• Complications of previous pregnancies</li> <li>• Factors in this pregnancy</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage form under Medical complications Comment</p> <p>3<sup>rd</sup> Admission H&amp;P under:</p> <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Medical history</li> <li>• Previous OB history under ~ pregnancy related</li> <li>• Problem list/findings</li> </ul> <p>4<sup>th</sup> Delivery Record under:</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul>	<p><b>Pre-pregnancy:</b></p> <ul style="list-style-type: none"> <li>• DM ~ Diabetes mellitus</li> <li>• Type 1 Diabetes</li> <li>• IDDM ~ Insulin dependent diabetes mellitus</li> <li>• Type 2 diabetes</li> <li>• Non-insulin dependent diabetes mellitus</li> </ul> <p><b>Gestational:</b></p> <ul style="list-style-type: none"> <li>• GDM ~ gestational diabetes mellitus, either diet controlled or medication controlled.</li> <li>• IDGDM ~ Insulin dependent gestational diabetes mellitus.</li> </ul>

## 42. Risk factors in this pregnancy (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Hypertension:</u></b> Elevation of blood pressure above normal for age, gender, and physiological condition; high blood pressure.</p> <p><b><u>Pre-pregnancy or chronic hypertension:</u></b> Elevation of blood pressure above normal for age of mother and physiological condition <b>diagnosed PRIOR to the onset of this pregnancy or before 20 weeks gestation.</b></p> <p><b><u>Gestational hypertension:</u></b> Elevation of blood pressure above 140 systolic or 90 diastolic <b>diagnosed AFTER 20 weeks gestation during this pregnancy.</b></p> <p><b><u>Eclampsia:</u></b> Eclampsia is hypertension and generalized <b><u>seizure</u></b> or coma</p>	<p>Check “pre-pregnancy or chronic hypertension” only if the mom had hypertension before the pregnancy or between 0-20 weeks gestation.</p> <p>Do not check both types of hypertension—you must select one or the other.</p> <p>Check “gestational hypertension” if hypertension was present only after 20 weeks gestation.</p> <p>Do not check both types of hypertension—you must select one or the other.</p> <p>May also be called pre-eclampsia and/or pregnancy-induced hypertension (PIH).</p> <p>If eclampsia is present, one type of hypertension (either gestational or chronic) may be checked.</p>	<p>See above</p>	<p><b><u>Pre-pregnancy:</u></b></p> <ul style="list-style-type: none"> <li>• CHT ~ Chronic Hypertension</li> <li>• Essential hypertension</li> </ul> <p><b><u>Gestational:</u></b></p> <ul style="list-style-type: none"> <li>• PIH ~ Pregnancy Induced</li> <li>• Hypertension</li> <li>• Preeclampsia</li> <li>• Eclampsia</li> <li>• Eclamptic Seizure</li> </ul>

## 42. Risk factors in this pregnancy (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Previous preterm births:</u></b>            A history of a previous pregnancy resulting in a live born infant prior to 37 completed weeks (include live births born up to and including 36 weeks 6 days).</p>	<p>If the mom has older children, were any of them born early? Include only <b>LIVE BIRTHS</b> that happened prior to 37 completed weeks.</p> <p>Do not include miscarriages, stillbirths, or fetal deaths. This is a different variable.</p>	<p>1<sup>st</sup> Prenatal care record under:</p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Previous OB history under ~ summary of previous pregnancies.</li> <li>• Problem list or ~ initial risk assessment</li> <li>• Historical risk summary</li> <li>• Complications of previous pregnancies</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form under:</p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Previous OB history under pregnancy related</li> <li>• Problem list/findings</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P under:</p> <ul style="list-style-type: none"> <li>• Medical History</li> <li>• Previous OB history under pregnancy related</li> <li>• Problem list/findings</li> </ul>	<p>Look for:</p> <ul style="list-style-type: none"> <li>• Preterm Labor</li> <li>• Preterm PROM</li> <li>• Advanced cervical dilation/effacement</li> </ul> <p>PTL ~ preterm labor            P ~ Premature</p>



## 42. Risk factors in this pregnancy (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Other previous poor pregnancy outcome or risk factor</u></b></p> <p>History of pregnancies continuing into the 20<sup>th</sup> week of gestation and resulting in any of the following outcomes:</p> <ul style="list-style-type: none"> <li>• Perinatal Death: including fetal and neonatal deaths</li> <li>• Small for gestational age</li> <li>• Intrauterine growth restricted birth</li> </ul>		<p>1<sup>st</sup> Prenatal care record under:</p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Previous OB history under summary of previous pregnancies.</li> <li>• Problem list or initial risk assessment</li> <li>• Historical risk summary</li> <li>• Complications of previous pregnancies</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form under:</p> <ul style="list-style-type: none"> <li>• Comments</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P under:</p> <ul style="list-style-type: none"> <li>• Medical History</li> <li>• Previous OB history under pregnancy related</li> <li>• Problem list/findings</li> </ul>	<p>IUGR ~ intrauterine growth restriction (retardation)            FDIU ~ fetal death in-utero            IUFD ~ intrauterine fetal death            SGA ~ small for gestational age            SFD ~ small for dates            Stillborn ~ infant/fetus born of any gestational age without signs of life</p> <p>PROM ~ premature rupture of membranes            PPROM ~ preterm premature rupture of membranes</p>

42. Risk factors in this pregnancy (continued)			
Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Pregnancy resulted from any infertility enhancing drugs, artificial insemination or intrauterine insemination.</u></b></p> <p>Any assisted reproductive treatment used to initiate the pregnancy.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• Drugs (such as Clomid, Pergonal)</li> <li>• Artificial insemination</li> <li>• Technical procedures (such as in-vitro fertilization)</li> </ul>	<p>Check if <b>any</b> fertility therapy was used.</p>	<p>1<sup>st</sup> Prenatal care record under:</p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Current pregnancy history</li> <li>• Problem list or initial risk assessment</li> <li>• Medications this pregnancy</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form under:</p> <ul style="list-style-type: none"> <li>• Comments</li> <li>• Medications</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P under:</p> <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Problem list/findings</li> </ul>	<p>See lists below</p>

42. Risk factors in this pregnancy (continued)			
Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Fertility – enhancing drugs, artificial insemination or intrauterine insemination</u></b></p> <p>Any fertility enhancing drugs (e.g. Clomid, Pergonal), artificial insemination or intrauterine insemination used to initiate the pregnancy</p>	<p>Check if <i>specific therapy (drugs or insemination)</i> was used.</p>		<p>Fertility-enhancing drugs, artificial or intrauterine insemination:</p> <p><b><u>Medications</u></b></p> <p>Clomid  Serophene  Pergonal Metrodin  Profasi  Progesterol (<b>NOT</b> progesterone)  Crinone (progesterone gel)  Follistim  FSH (follicle stimulating hormone)  Gonadotropins  HCG (human chorionic gonadotropin)</p>

## 42. Risk factors in this pregnancy (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Pregnancy resulted from any assisted reproductive technology.</u></b></p> <p>Any assisted reproductive technology (ART/technical procedures [e.g. IVF, GIFT, ZIFT]) used to initiate the pregnancy</p>	<p>Check if assisted reproductive therapy was used.</p>	<p>See above</p>	<p>ART: assisted reproductive technology                      Artificial insemination                      AIH: artificial insemination by husband                      In-vitro fertilization embryo transfer                      GIFT: gamete intrafallopian transfer                      ZIFT: zygote intrafallopian transfer                      Ovum donation                      Sperm donation                      Donor embryo                      Embryo adoption</p>

## 42. Risk factors in this pregnancy (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Mother had previous cesarean delivery</u></b></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 <b><u>previous</u></b> cesarean delivery, indicate the number of previous cesarean deliveries she has had.</p> <p><b><u>Do not count this delivery.</u></b></p>	<p>1<sup>st</sup> Prenatal care record under:</p> <ul style="list-style-type: none"> <li>• Past pregnancy history</li> <li>• Past OB history</li> <li>• Problem list or initial risk assessment</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing</p> <ul style="list-style-type: none"> <li>• Admission Triage Form under comments</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P under:</p> <ul style="list-style-type: none"> <li>• Past OB history</li> <li>• Past pregnancy history under problem list/findings</li> </ul>	<p>C/S ~ cesarean section                      Repeat C/S                      VBAC ~ vaginal delivery after a cesarean                      LSTCS (or LTCS) ~ low segment transverse cesarean section                      Classical cesarean section                      Low vertical C/S                      Low transverse C/S</p> <p>Look for:                      TOL ~ trial of labor                      TOLAC~ Trial of labor after cesarean</p>

### 43. Infections present and/or treated during this pregnancy

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Infections present at the time of the pregnancy diagnosis or a confirmed diagnosis during the pregnancy with or without documentation of treatment.</u></b></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 risk factors check “none of the infections listed 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 prescription (Rx) for specific infection.</p>

### 43. Infections present and/or treated during this pregnancy (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Gonorrhea</u></b>                      A positive test/culture for <i>Neisseria gonorrhoea</i>.</p>	<p>See above</p>	<p>1<sup>st</sup> Prenatal care record under:</p> <ul style="list-style-type: none"> <li>• Infection history</li> <li>• Sexually transmitted diseases</li> <li>• Problem list</li> <li>• Complications this pregnancy</li> <li>• Factor this pregnancy</li> <li>• Medical history</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form under comments</p> <p>3<sup>rd</sup> Admission H&amp;P under:</p> <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Medical history</li> <li>• Problem list/findings</li> </ul> <p>4<sup>th</sup> Delivery Record under:</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> </ul>	<p>GC                      Gonorrheal                      Gonococcal</p> <p>Treatment or Rx for Gonorrhea</p> <p>NAAT ~ Nucleic amplification tests</p>

### 43. Infections present and/or treated during this pregnancy

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Syphilis (also called lues)</u></b></p> <p>A positive test for <i>Treponema pallidum</i></p>	See above	See Gonorrhea	TP-TA ~ T. pallidum particle agglutination STS ~ Serologic test for syphilis RPR ~ rapid plasma reagent VDRL ~ venereal disease research laboratories FTA-AS ~ Fluorescent antibody test Lues - Treatment or Rx for syphilis or lues
<p><b><u>Chlamydia</u></b></p> <p>A positive test for Chlamydia trachomatis.</p>		See Gonorrhea	Treatment or Rx for chlamydia
<p><b><u>Hepatitis B (HBV, serum hepatitis)</u></b></p> <p>A positive test for the hepatitis B virus</p>		See Gonorrhea	Hep B HBV
<p><b><u>Hepatitis C (non A non B hepatitis HCV)</u></b></p> <p>A positive test for the hepatitis C virus</p>		See Gonorrhea	Hep C HCV Treatment or Rx for any of the above

## 44. Obstetric procedures

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Medical treatment or invasive/manipulative procedure performed during this pregnancy to treat the pregnancy or to manage labor and/or delivery.</u></b></p>	<p>Check all boxes that apply. The mother may have more than one procedure.</p> <p>If the mother has none of the risk factors, check “none”.</p> <p>If you don’t have the information regarding the mother’s history mark “Unknown”.</p>	<p>See below</p>	<p>See below</p>
<p><b><u>Cervical Cerclage:</u></b> Circumferential banding or suture of the cervix to prevent or treat passive dilation.</p>		<p>1<sup>st</sup> Prenatal record under:</p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Problem list or initial risk assessment</li> <li>• Historical risk summary</li> <li>• Complications this pregnancy</li> <li>• Factors this pregnancy</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form under:</p> <ul style="list-style-type: none"> <li>• Complications</li> <li>• Comments</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P under:</p> <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Medical history</li> <li>• Problem list/findings</li> </ul> <p>4<sup>th</sup> Delivery record under:</p> <ul style="list-style-type: none"> <li>• Maternal OB</li> <li>• Labor and delivery admission history</li> </ul>	<ul style="list-style-type: none"> <li>• MacDonald’s suture</li> <li>• Shirodkar procedure</li> <li>• Abdominal cerclage via laparotomy</li> </ul> <p><b>Look for:</b></p> <ul style="list-style-type: none"> <li>• Incompetent cervix</li> <li>• Incompetent os</li> </ul>

## 44. Obstetric procedures (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Tocolysis</u></b></p> <p>Administration of <b>any</b> agent with the intent to <u>inhibit</u> preterm uterine contractions to extend the length of the pregnancy.</p>		<p>1<sup>st</sup> Prenatal Care Record under:</p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Problem list or initial risk assessment</li> <li>• Historical risk summary</li> <li>• Complications of previous pregnancies</li> <li>• Factors this pregnancy</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage form under:</p> <ul style="list-style-type: none"> <li>• Complication this pregnancy</li> <li>• Medications</li> <li>• Comments</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P under:</p> <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Medication</li> <li>• Medical history</li> <li>• Problem list/findings</li> </ul> <p>4<sup>th</sup> Delivery record under:</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul>	<p>Medications:</p> <ul style="list-style-type: none"> <li>• Magnesium sulfate</li> <li>• Terbutaline (subcutaneous only)</li> <li>• Indocin (indomethacin)</li> <li>• Nifedipine</li> <li>• Sulindac</li> </ul> <p>Look for: Preterm labor <b>during this pregnancy</b></p>



## 44. Obstetric procedures (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>External cephalic version:</u></b></p> <p>Attempted conversion of a fetus from a non-vertex to a vertex presentation by external manipulation.</p> <p><b><u>Successful</u></b> (fetus was converted to a vertex presentation)</p> <p><b><u>Failed</u></b> (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>1<sup>st</sup> Prenatal Care Record under:</p> <ul style="list-style-type: none"> <li>• Problem list</li> <li>• Historical risk summary</li> <li>• Complications of this pregnancy</li> <li>• Factors this pregnancy</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage form under:</p> <ul style="list-style-type: none"> <li>• Complication this pregnancy</li> <li>• Comments</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P under:</p> <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Medical history</li> <li>• Problem list/findings</li> </ul> <p>4<sup>th</sup> Delivery record under:</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul>	<p><b><u>Successful version:</u></b></p> <p>Breech version External version</p> <p><b><u>Failed Version:</u></b></p> <p>Unsuccessful external version Attempted version Failed version</p> <p><b>Look for:</b></p> <p>Malpresentation</p>

## 45. Onset of labor

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Premature rupture of the membranes:</u></b></p> <p>This variable may be marked if any of the 3 conditions below are documented:</p> <ul style="list-style-type: none"> <li>• Premature ROM (PROM) refers to rupture of the fetal membranes prior to the onset of labor at any gestational age.</li> <li>• Premature Prolonged Rupture of Membranes refers to PROM occurring 12 hours or more before the onset of labor.</li> <li>• Preterm PROM (PPROM) is the PROM occurring prior to 37 weeks of gestation.</li> </ul> <p>This does not refer to Spontaneous Rupture of Membranes (SRM) which is a normal finding at the start of or during labor.</p>	<p>Check all that apply (prolonged labor and precipitous labor should not both be checked). If none apply, check "none".</p>	<p>1<sup>st</sup> Labor &amp; Delivery Record under:</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record ~ time ROM (rupture of membranes)</li> <li>• Delivery record ~ ROM</li> </ul>	<p>PROM ~ premature rupture of membranes</p> <p>PPROM ~ preterm premature rupture of membranes</p> <p><b><u>Look for:</u></b> ROM ~ rupture of membranes.</p>

<b>45. Onset of labor (continued)</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<p><b><u>Precipitous Labor:</u></b></p> <p>Less than 3 hours</p>	<p>If precipitous labor is indicated, check that labor lasted less than 3 hours</p>	<p>1<sup>st</sup> Labor &amp; Delivery record under:</p> <ul style="list-style-type: none"> <li>• Labor summary ~ total length of labor</li> <li>• Labor chronology ~ total length of labor</li> </ul> <p>2<sup>nd</sup> Delivery comments</p>	
<p><b><u>Prolonged Labor:</u></b></p> <p>Greater than or equal to 20 hours</p>	<p>If prolonged labor is indicated check that labor lasted 20 or more hours</p>	<p>See above</p>	

<b>46. Characteristics of labor and delivery</b>			
<b>Definitions</b>	<b>Instructions</b>	<b>Sources</b>	<b>Key word/Abbreviations</b>
<p><b><u>Information about the course of labor and delivery.</u></b></p> <p><b><i>Definition of labor</i></b></p> <p><i>Presence of regular uterine contractions resulting in cervical change</i></p>	<p>Check all characteristics that apply.</p> <p>If none of the characteristics of labor and delivery apply, check "none of the above".</p>	<p>See below</p>	<p>See below</p>

## 46. Characteristics of labor and delivery

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Induction of labor:</u></b></p> <p>Initiation of uterine contractions by medical and/or surgical means. These medications and/or interventions are given <b><u>BEFORE labor begins.</u></b></p>	<p>Some of the methods and medicines used to start, or induce, labor are the same as those used to advance, or augment, labor. Some examples include:</p> <ul style="list-style-type: none"> <li>• artificial rupture of membranes (AROM)</li> <li>• balloons</li> <li>• Oxytocin (Pitocin)</li> <li>• prostaglandin</li> <li>• laminaria</li> <li>• other cervical ripening agents</li> </ul> <p>Also include patients with spontaneous rupture of membranes (SROM) without contractions because they do not meet the definition of labor.</p> <p><b>Check to see if labor had begun before deciding which IVRS category is correct.</b></p> <p>See definition of labor above.</p>	<p>1<sup>st</sup> Delivery Record under:</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul> <p>2<sup>nd</sup> Physician Progress note</p> <p>3<sup>rd</sup> Labor and Delivery Nursing Admission Triage Form</p>	<p>IOL ~ induction of labor Pit Ind ~ Pitocin induction Misoprostol Miso Cervidil Foley Pit Prostaglandin</p>
<p><b><u>Augmentation of labor:</u></b></p> <p>Augmentation of labor occurs <b><u>AFTER labor has started.</u></b> Stimulation of uterine contractions to increase their frequency and/or strength following the onset of labor. Please see definition of labor above.</p>	<p>Some of the methods and medicines used to induce labor are the same as those used to advance, or augment labor. Some examples are:</p> <ul style="list-style-type: none"> <li>• Oxytocin (Pitocin)</li> <li>• artificial rupture of membranes (AROM)</li> </ul>	<p>Same as 1<sup>st</sup> and 2<sup>nd</sup> sources from induction of labor above.</p>	<p>Pit stim ~ Pitocin stimulation Pit aug ~ Pitocin augmentation AROM ~ artificial rupture of membranes done during labor</p> <p><b>Check to see if labor had begun before deciding which IVRS category is correct.</b></p> <p><b>This one does not apply if there was an induction.</b></p>

## 46. Characteristics of labor and delivery (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Nonvertex presentation</u></b> Includes any Non-vertex fetal presentation Examples:</p> <ul style="list-style-type: none"> <li>• Breech</li> <li>• Shoulder</li> <li>• Brow</li> <li>• Face</li> <li>• Transverse lie</li> <li>• Compound</li> </ul> <p><b><u>Nonvertex</u></b> is fetal presentation other than the upper and back of the infant's fetal head.</p> <p><b><u>Vertex</u></b> is fetal presentation of the upper or back part of the infant's head.</p>	<p><b><u>This item has been dropped from the national dataset.</u></b></p>	<p>1<sup>st</sup> Delivery Record under Presentation</p> <p>2<sup>nd</sup> Physician Progress Note</p> <p>3<sup>rd</sup> Newborn Admission H&amp;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 Transverse lie Face presentation (mentum) LMA ~ left mentum anterior LMT ~ left mentum transverse LMP ~ left mentum posterior</p>

## 46. Characteristics of labor and delivery (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery</u></b></p> <p>Steroids or glucocorticoids given to accelerate fetal lung maturity in anticipation of a preterm delivery. These medications are given <b>BEFORE delivery.</b></p>	<p>Medications given <b>before</b> the delivery.</p> <p>Thoroughly check the patient's chart for use of this medication, which also could have been given at a doctor's office or another hospital before arrival at your facility.</p> <p>Check box if any antenatal steroids were received before or at any time during labor and delivery.</p>	<p>1<sup>st</sup> Delivery Record under:</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary/comments</li> <li>• Labor summary record comments</li> </ul> <p>2<sup>nd</sup> Maternal Medication Record</p> <p>3<sup>rd</sup> Newborn Admission H&amp;P</p> <p>4<sup>th</sup> Maternal Physician Order Sheet</p>	<p><b><u>Medications: (Before delivery)</u></b></p> <ul style="list-style-type: none"> <li>• Betamethasone</li> <li>• Dexamethasone</li> <li>• Hydrocortisone</li> </ul> <p><b><i>Antenatal corticosteroids (ANCS) or (ACT)</i></b></p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• Betamethasone</li> <li>• Dexamethasone</li> <li>• Hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery.</li> </ul> <p>Does not include steroid medication given to the mother as an anti-inflammatory treatment before or after delivery, not prednisone.</p>

## 46. Characteristics of labor and delivery (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Antibiotics received by the mother during labor</u></b></p> <p>Antibacterial medications received by the mother during labor</p>	<p>Check the box only if the mother received any antibiotic medicines after labor began but before delivery. Do not check box if mother did not labor, such as during a scheduled cesarean section.</p> <p>Antibiotics usually are given to women in labor for these and other medical conditions (which should appear in the patient chart)</p>	<p>Same as steroids</p>	<p>Medications: may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Ampicillin</li> <li>• Penicillin</li> <li>• Clindamycin</li> <li>• Erythromycin</li> <li>• Gentamicin</li> <li>• Cefotaxime</li> <li>• Ceftriaxone</li> <li>• Cefazolin</li> <li>• Amoxicillin</li> <li>• Vancomycin</li> </ul> <p>Key words to look for:</p> <ul style="list-style-type: none"> <li>• chorioamnionitis</li> <li>• positive group B strep (GBS+)</li> <li>• SBE (sub-acute bacterial endocarditis) prophylaxis</li> <li>• maternal fever</li> <li>• mother febrile</li> </ul>

## 46. Characteristics of labor and delivery (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Clinical chorioamnionitis diagnosed during labor or maternal temperature greater than or equal to 38°C (100.4°F).</u></b></p> <p>Clinical diagnosis of chorioamnionitis during labor made by the delivery attendant.</p> <p>Usually includes more than one of the following:</p> <ul style="list-style-type: none"> <li>• fever</li> <li>• uterine tenderness and/or irritability</li> <li>• leukocytosis</li> <li>• fetal tachycardia</li> </ul> <p>Any recorded maternal temperature at or above 38°C (100.4°F).</p>	<p>Check that recorded maternal temperature is at or above 38°C (100.4°F).</p>	<p>1<sup>st</sup> Delivery Record under:</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary ~ comments/ complications</li> <li>• Labor summary record ~ comments/ complications</li> </ul> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p> <p>3<sup>rd</sup> Physician Progress Note</p> <p>4<sup>th</sup> Maternal Vital Signs record under: Temperature Recordings</p>	<p>Chorioamnionitis Chorio Temp ≥ 38 or 100.4</p> <p><b><u>Look for:</u></b></p> <ul style="list-style-type: none"> <li>• Maternal fever</li> <li>• Mother febrile</li> </ul>

## 46. Characteristics of labor and delivery (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b>Moderate or heavy meconium staining of the amniotic fluid.</b></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>1<sup>st</sup> Delivery Record under:</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary comments/ complications</li> <li>• Labor summary record ~ comments/ complications</li> <li>• Amniotic fluid summary section ~ comments, color</li> <li>• Time membranes ruptured section</li> </ul> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p> <p>3<sup>rd</sup> Physician Progress Note</p>	<p>Mec ~ Meconium</p>



## 46. Characteristics of labor and delivery (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Fetal intolerance of labor:</u></b> Refers to an abnormal or concerning fetal heart rate tracing during labor that does not respond to procedures to improve the fetal heart rate tracing and therefore requires an operative vaginal delivery (forceps or vacuum assisted vaginal delivery) or cesarean delivery in order to shorten time to delivery.</p> <p>Procedures includes any of the following:</p> <ul style="list-style-type: none"> <li>• maternal position change</li> <li>• Oxygen administration to the mother</li> <li>• amnioinfusion</li> <li>• support of maternal blood pressure including medications and I.V. fluids</li> <li>• administration of uterine relaxing agents</li> </ul> <p>Further fetal assessment including any of the following:</p> <ul style="list-style-type: none"> <li>• scalp pH</li> <li>• scalp stimulation</li> <li>• acoustic stimulation</li> </ul>	<p>If there was fetal intolerance of labor, it will have been recorded in the delivery note and may be called:</p> <ul style="list-style-type: none"> <li>• non-reassuring fetal heart rate tracing</li> <li>• non-reassuring fetal status</li> <li>• fetal intolerance of labor</li> <li>• prolonged Category 2</li> <li>• Category 3 fetal heart rate tracing</li> <li>• persistent decelerations</li> <li>• fetal bradycardia</li> <li>• fetal distress other terms describing an abnormal fetal heart rate tracing requiring delivery using forceps, vacuum, or emergency cesarean section.</li> </ul>	<p>1<sup>st</sup> Delivery Record under:</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor summary record</li> </ul> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p> <p>3<sup>rd</sup> Physician Progress Note</p> <p>4<sup>th</sup> Physician Order Sheet or Nursing notes</p>	<p>Prolonged Category II Category III tracing Non-reassuring fetal heart rate Lateral position O2 ~ Oxygen IV Fluid Bolus Amnioinfusion Nitroglycerine Terbutaline Low forceps delivery Vacuum extraction C/S ~ Cesarean delivery</p>

## 46. Characteristics of labor and delivery (cont.)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Epidural or spinal anesthesia during labor</u></b></p> <p>Administration to the mother of a regional anesthetic to control the pain of labor.</p> <p>Delivery of the agent into a limited space with the distribution of the analgesic effect limited to the lower body.</p>		<p>1<sup>st</sup> Delivery Record under:</p> <ul style="list-style-type: none"> <li>• Maternal OB labor summary ~ analgesia/ anesthesia</li> <li>• Labor summary record under analgesia/ anesthesia</li> </ul>	<p>Epidural analgesia Epidural given Spinal given LEA</p>

## 47a. Method of delivery

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Was delivery with forceps attempted but unsuccessful?</u></b></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>1<sup>st</sup> Delivery Record under: Delivery summary</p> <p>2<sup>nd</sup> Physician Delivery Summary or Progress note</p> <p>3<sup>rd</sup> Recovery Room Record under</p> <ul style="list-style-type: none"> <li>• Maternal Data</li> <li>• Complications</li> </ul>	<p>LFD ~ Low forceps delivery LFD ~ (attempted)</p>

47b. Method of delivery			
Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Was delivery with vacuum extraction attempted but unsuccessful?</u></b></p> <p>Ventouse or vacuum cup was applied to the fetal head in an unsuccessful attempt to vaginal delivery.</p>	Check "yes" or "no"	Same as above	<p>Vac ext ~ vacuum extraction (attempted)</p> <p>VAD ~ vacuum assisted delivery unsuccessful</p>

47c. Method of Delivery (continued)			
Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Fetal presentation at birth</u></b></p> <p><b><i>Cephalic</i></b> ~ presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP).</p> <p><b><i>Breech</i></b> ~ presenting part of the fetus listed as:</p> <ul style="list-style-type: none"> <li>• breech</li> <li>• complete breech</li> <li>• frank breech</li> <li>• footling breech.</li> </ul> <p><b><i>Other</i></b> ~ any other presentation not listed above.</p>	Check <u>one</u> of the three boxes.	1 <sup>st</sup> Delivery Record under: Fetal Birth Presentation	<p><b><i>Cephalic</i></b>  Vertex ~ OA, OP, LOA, ROA, ROP, LOT, ROT  Face  Brow  Sinciput  Mentum ~ chin</p> <p><b><i>Breech</i></b>  (Buttocks, sacrum)  Frank breech  Single footling breech  Double footling breech  Complete breech</p> <p><b><i>Other</i></b>  Shoulder  Transverse lie  Funis  Compound</p>

## 47d. Method of delivery (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Final route and method of delivery</u></b></p> <p><b><i>Vaginal/Spontaneous</i></b> Delivery of the entire fetus through the vagina by the natural force of labor with or without manual assistance from the delivery attendant.</p> <p><b><i>Vaginal/Forceps</i></b> Delivery of the fetal head through the vagina by the application of obstetrical forceps to the fetal head.</p> <p><b><i>Vaginal/vacuum</i></b> Delivery of the fetal head through the vagina by the application of a vacuum cup or ventouse to the fetal head.</p> <p><b><i>Cesarean</i></b> Extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls.</p>	<p>Check <b>one</b> of the boxes.</p>	<p>1<sup>st</sup> Delivery Record under Method of Delivery</p> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p> <p>3<sup>rd</sup> Recovery Room Record under Maternal Data Delivered</p>	<p><b><i>Vaginal/spontaneous:</i></b></p> <ul style="list-style-type: none"> <li>• VAG DEL ~ vaginal delivery</li> <li>• SVD ~ spontaneous vaginal delivery</li> </ul> <p><b><i>Vaginal/forceps:</i></b></p> <ul style="list-style-type: none"> <li>• LFD ~ low forceps delivery</li> </ul> <p><b><i>Vaginal/vacuum:</i></b></p> <ul style="list-style-type: none"> <li>• Vac Ext</li> <li>• Vacuum</li> </ul> <p><b><i>Cesarean:</i></b></p> <ul style="list-style-type: none"> <li>• C/S ~ cesarean section</li> <li>• LSTCS ~ low segment transverse</li> </ul> <p><b><i>Look for:</i></b></p> <ul style="list-style-type: none"> <li>• TOL: Trial of labor</li> </ul>

### 47d. Method of delivery (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>If cesarean, was trial of labor attempted?</u></b>                      Labor was allowed, augmented, or induced with plans for a vaginal delivery.</p>	<p>Check “yes” or “no”</p>		<p>TOL ~ Trial of labor                      TOLAC ~ Trial of labor after cesarean</p>

### 48. Maternal morbidity

Definitions	Instructions	Sources	Key word/Abbreviations
<p>Serious complications experienced by the mother associated with labor and delivery.</p> <p><b><u>Maternal transfusion</u></b>                      Includes any type of blood products given to the mother</p>	<p>Check all boxes that apply. If the mother has none of the complications, check “none of the above”.</p> <p>To find out if a blood transfusion was given, look for the following words in the patient’s record:</p> <ul style="list-style-type: none"> <li>• transfused</li> <li>• blood transfusion</li> <li>• packed red blood cells (PRBC)</li> <li>• whole blood</li> <li>• red cells</li> <li>• white cells</li> <li>• platelets</li> <li>• clotting factors (FFP, Cryo)</li> </ul>	<p>See below</p> <p>1<sup>st</sup> Delivery Record under:</p> <ul style="list-style-type: none"> <li>• Labor Summary</li> <li>• Delivery Summary</li> </ul> <p>2<sup>nd</sup> Physician Delivery Notes/operative notes</p> <p>3<sup>rd</sup> Intake &amp; Output Form</p>	<p>See below</p> <p>Transfused                      Blood transfusion</p> <p>Look for:</p> <ul style="list-style-type: none"> <li>• PRBC ~ packed red blood cells</li> <li>• Whole blood</li> </ul>

## 48. Maternal morbidity (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Third or fourth degree perineal laceration</u></b></p> <p>3<sup>0</sup> laceration extends completely through the perineal skin, vaginal mucosa, perineal body, and anal sphincter.</p> <p>4<sup>0</sup> laceration is all of the above with extension through the rectal mucosa.</p> <p><b><u>Ruptured uterus</u></b> Tearing of the uterine wall.</p>		<p>1<sup>st</sup> Delivery Record under:</p> <ul style="list-style-type: none"> <li>• Episiotomy section</li> <li>• Lacerations section</li> </ul> <p>2<sup>nd</sup> Recover Room Record under:</p> <ul style="list-style-type: none"> <li>• Maternal Data</li> <li>• Delivered</li> </ul> <p>1<sup>st</sup> Delivery Record under:</p> <ul style="list-style-type: none"> <li>• Delivery summary note comments /complications</li> </ul> <p>2<sup>nd</sup> Operative Note</p> <p>3<sup>rd</sup> Physician Progress Note</p>	<p>4<sup>th</sup> decree lac. 4<sup>0</sup> LAC degree 3<sup>rd</sup> degree lac 3<sup>0</sup> LAC degree</p>

## 48. Maternal morbidity (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Unplanned hysterectomy</u></b> Surgical removal of the uterus that was not planned before the admission.</p> <p>Includes anticipated, but not definitively planned hysterectomy.</p> <p><b><u>Admission to an intensive care unit.</u></b> Any admission, planned or unplanned, of the mother to a facility or unit designated as providing intensive care.</p> <p><b><u>Unplanned operating room procedure following delivery.</u></b> Any transfer of the mother back to a surgical area for an operative procedure that was not planned before the admission for the delivery.</p> <p><b>None of the above</b></p> <p><u>Excludes:</u> postpartum tubal ligations.</p>		<p>Same as ruptured uterus above.</p> <p>1<sup>st</sup> Physician Progress Note</p> <p>2<sup>nd</sup> Transfer Note</p> <p>1<sup>st</sup> Physician Operative Note</p> <p>2<sup>nd</sup> Physician Progress Note</p> <p>3<sup>rd</sup> Physician Order</p>	<p>Hysterectomy</p> <p>Look for: Laparotomy</p> <p>ICU - Intensive Care Unit MICU- Medical Intensive care unit SICU - surgical intensive care unit L&amp;D ECU- Labor and Delivery Emergency Care Unit</p> <p>Repair of laceration Repair of laparotomy Drainage of purulent/septic material Exploratory laparotomy</p>

## 49. Newborn medical record number

Definitions	Instructions	Sources	Key word/Abbreviations
<u>The hospital medical record number of the baby.</u>	Write the medical record number for the delivery admission of the baby.	Newborn chart. Hospital Face sheet	

## 50. Birth weight of newborn

Definitions	Instructions	Sources	Key word/Abbreviations
<u>The weight of the infant at birth</u>	<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>1<sup>st</sup> Delivery Record under Infant Data</p> <p>2<sup>nd</sup> Admission Assessment under weight</p>	<p>BW ~ birth weight</p> <p>Gms ~ grams</p> <p>Kg ~ kilograms</p> <p>Lbs.~ pounds</p> <p>oz ~ ounces</p>



## 51. Obstetric estimate of gestation

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>The best estimate of the infant's gestation</u></b> in completed weeks based on the prenatal care provider's estimate of gestation. This estimate of gestation should be determined by all perinatal factors and assessments but <b>NOT</b> the neonatal exam.</p> <p>Ultrasound completed in 1st trimester is preferred. Infant's gestation in completed weeks based on the prenatal care provider's estimate of gestation. This estimate of gestation should be determined by all perinatal factors and assessments but <b>NOT</b> the neonatal exam.</p>	<p>When entering this number, NEVER round up or down. Enter number of weeks and days.</p> <p>If the number of days is known, enter the correct number between 0-6. If unknown, enter "99."</p> <p>(Entering "99" in weeks will auto populate the days field)</p>	<p>1<sup>st</sup> OB Admission H&amp;P under:</p> <ul style="list-style-type: none"> <li>• Weeks</li> <li>• Gestational age</li> </ul>	<p>Gestation ____ weeks (wks)            ____ weeks gestational age            GA ~ gestational age            EGA ~ estimated gestational age</p>

## 52. APGAR score

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>A systemic measure for evaluating the physical conditions of the infant at specific intervals following birth.</u></b></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>		

## 53. Plurality

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>The number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age</u></b>, 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><b>If two or more live births in this delivery, see “Facility Worksheet attachment for multiple births”</b></p>	<p>1<sup>st</sup> Delivery record</p> <p>2<sup>nd</sup> Admission H&amp;P</p>	<p>Single</p> <p>Twin, triplet, quadruplet, etc.</p> <p>Multiple (a, b, c...) or (1, 2, 3...)</p>

## 54. If not a single birth

Definitions	Instructions	Sources	Key word/Abbreviations
<p>The order born in the delivery, live born or fetal death (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 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>1<sup>st</sup> Delivery Record under Birth order</p> <p>2<sup>nd</sup> Infant data</p>	<p>Baby A, B, or Baby 1, 2, etc.</p> <p>Twin A, B, or Twin 1, 2</p> <p>Triplet A,B,C, or Triplet 1,2,3</p> <p><i>Look for:</i> Birth order/Set order</p>

## 55. Abnormal conditions of the newborn

Definitions	Instructions	Sources	Key word/Abbreviations
Disorders or significant morbidity experienced by the newborn.	Check all boxes that apply.  If none of the conditions apply, check "none of the above".	See below	See below
<p><b><u>Assisted ventilation required immediately AFTER delivery:</u></b></p> <p>Infant is given manual breaths for any duration with bag and mask, bag and endotracheal tube, or with T-piece resuscitator device using a mask or endotracheal tube.</p> <p>Assisted ventilation may also be accomplished using the T-piece resuscitator device with a mask to deliver CPAP <b>within the first several minutes from birth.</b></p>	<p>Check the infant's medical record to see if the baby needed help breathing within the first few minutes after delivery.</p> <p>Help with breathing <b><u>DOES NOT</u></b> include blow by or free flow oxygen or laryngoscopy for aspiration of meconium.</p> <p>This <b><u>DOES NOT</u></b> include nasal cannula.</p>	1 <sup>st</sup> Labor Delivery Summary under Infant data/breathing	<p>Bag and mask ventilation</p> <p>Intubation</p> <p>Intubation and PPV (<i>positive pressure ventilation</i>)</p> <p>PPV bag/mask or ET (<i>positive pressure ventilation via bag, mask, or endotracheal intubation</i>)</p> <p>IPPV Bag (<i>intermittent positive pressure ventilation via bag</i>)</p> <p>IPPV ET (<i>intermittent positive pressure ventilation via endotracheal intubation</i>)</p> <p>Neopuff</p> <p>O<sub>2</sub> via ET (<i>oxygen via endotracheal intubation</i>)</p> <p>Oxygen</p>

## 55. Abnormal conditions of the newborn (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Assisted ventilation required for more than six hours.</u></b>                      Infant given mechanical ventilation (breathing assistance) <u>by any method</u> for more than six 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>1<sup>st</sup> Newborn Respiratory Care flow sheet.</p>	<p>If in use for more than six hours:                      CPAP (<i>continuous positive airway pressure</i>)                      IPPV (<i>Intermittent positive pressure ventilation</i>)                      HFV (<i>high frequency ventilation</i>)                      IMV (<i>intermittent mandatory volume ventilation</i>)                      HFOV (<i>high frequency oscillatory ventilation</i>)                      PIP (<i>peak inspiratory pressure</i>)                      PEEP (<i>positive end expiratory pressure</i>)                      CMV (<i>continuous mandatory ventilation</i>)                      HFPPV (<i>high frequency positive pressure ventilation</i>)                      HFFI (<i>high frequency flow interruption ventilation</i>)                      HVJV (<i>High frequency jet ventilation</i>)                      Inhaled Nitric Oxide (INO)</p>

## 55. Abnormal conditions of the newborn (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>NICU admission:</u></b></p> <p>Admission to a facility or unit with staffing and equipment to provide continuous mechanical ventilator support for a newborn.</p>	<p><b><u>DO NOT</u></b> chose NICU admission if the infant was transferred to another hospital. This is a different variable. Do choose NICU admission, if the infant was admitted to the:</p> <ul style="list-style-type: none"> <li>• NICU</li> <li>• Special Care Nursery</li> <li>• Intensive Care Nursery</li> <li>• Pediatric Intensive Care</li> </ul> <p>This can occur at ANY time during the infant's stay <b>at your hospital only.</b></p> <p><b>Level II+ or III hospital should be the only facilities with a "yes" answer in this box.</b></p>	<p>1<sup>st</sup> Labor and Delivery Summary Record</p> <ul style="list-style-type: none"> <li>• Disposition</li> <li>• Intensive Care Nursery</li> <li>• Special Care Nursery</li> </ul>	<p>ICN (<i>Intensive Care Nursery</i>)                      SCN (<i>Special Care Nursery</i>)                      NICU (<i>Neonatal Intensive Care Nursery</i>)                      PICU (<i>Pediatric Intensive Care Unit</i>)</p>

## 55. Abnormal conditions of the newborn (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Newborn given surfactant replacement therapy</u></b></p> <p>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 (1<sup>st</sup>) and secondary (2<sup>nd</sup>) sources before completion.</p>	<p>1<sup>st</sup> Labor and Delivery Summary</p> <ul style="list-style-type: none"> <li>• Neonatal Medication</li> </ul> <p>2<sup>nd</sup> Newborn Medication Administration Record</p>	<p><b>If given to newborn after birth:</b></p> <ul style="list-style-type: none"> <li>• Surfactant</li> <li>• Survanta</li> <li>• Exosurf</li> <li>• Curosurf</li> <li>• Infasurf</li> </ul>

## 55. Abnormal conditions of the newborn (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Antibiotics received by the newborn for suspected neonatal sepsis.</u></b></p> <p>Any antibacterial drug (penicillin, ampicillin, gentamicin, Cefotaxime, etc.) given systemically (intravenous or intramuscular). Does not include antibiotics given to infants who are NOT suspected of having neonatal sepsis.</p>		<p>1<sup>st</sup> Newborn Medication Administration Record</p>	<p>Medications (given to newborn for sepsis)</p> <ul style="list-style-type: none"> <li>• Acyclovir</li> <li>• Amikacin</li> <li>• Ampicillin</li> <li>• Cefazolin</li> <li>• Cefotaxime</li> <li>• Cefoxitin,</li> <li>• Ceftazidime</li> <li>• Ceftriaxone</li> <li>• Chloramphenicol</li> <li>• Gentamicin</li> <li>• Kanamycin</li> <li>• Nafcillin</li> <li>• Penicillin</li> <li>• Penicillin G</li> <li>• Vancomycin</li> </ul>

## 55. Abnormal conditions of the newborn (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Seizure or serious neurologic dysfunction</u></b></p> <p>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"> <li>• Lethargy or hypotonia in the absence of other neurologic findings</li> <li>• Symptoms associated with CNS congenital anomalies</li> </ul>		<p>1<sup>st</sup> Newborn H&amp;P</p> <p>2<sup>nd</sup> Physician Progress Notes under Neuro Exam</p>	<p>Coma</p> <p>Eye rolling</p> <p>HIE (hypoxic-ischemic encephalopathy)</p> <p>Hypotonia</p> <p>Obtundation</p> <p>Rhythmic jerking</p> <p>Seizures</p> <p>Stupor</p> <p>Tonic/clonic/clonus</p> <p>Twitching</p>

## 55. Abnormal conditions of the newborn (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Significant birth injury</u></b></p> <p>Skeletal fracture(s), peripheral nerve injury, and/or soft tissue or solid organ hemorrhage that requires intervention. Present immediately following or soon after delivery.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>Any bony fracture or weakness or loss of sensation, but <u>excludes</u> fractured clavicles and transient facial nerve palsy.</li> <li>Soft tissue hemorrhage requiring evaluation and/or treatment, including, 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.</li> <li>Solid organ hemorrhage <u>includes</u> subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma.</li> </ul>		<p>1<sup>st</sup> Labor and Delivery Summary Record under Newborn Delivery Information</p> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p> <p>3<sup>rd</sup> Physician progress notes</p>	<p><i>Looking for: (as applies to infant)</i></p> <ul style="list-style-type: none"> <li>Trauma</li> <li>Facial asymmetry</li> <li>Subgaleal (<i>progressive extravasation within the scalp</i>)</li> <li>Hemorrhage</li> <li>Giant cephalohematoma</li> <li>Extensive truncal, facial and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and/or hypotension.</li> <li>Subcapsular hematoma of the liver <ul style="list-style-type: none"> <li>Fractures of the spleen</li> <li>Adrenal hematoma</li> </ul> </li> </ul>

## 56. Congenital anomalies of the newborn

Definitions	Instructions	Sources	Key word/Abbreviations
Malformations of the newborn diagnosed prenatally or after delivery	<u>Check all boxes that apply.</u> If no malformation identified mark "none".		
<p><b><u>Anencephaly</u></b></p> <p>Partial or complete absence of the brain and skull.</p>		<p>1<sup>st</sup> labor and delivery summary record under infant data</p> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p>	<p>Anencephalus</p> <p>Acrania</p> <p>Absent brain</p> <p>Craniorachischisis</p>
<p><b><u>Meningomyelocele/Spina bifida</u></b></p> <p>Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure.</p> <p>Meningomyelocele is herniation of meninges and spinal cord tissue.</p> <p>Meningocele (herniation of meninges without spinal cord tissue) should also be included in this category.</p> <p>Both open and closed (covered with skin) lesions should be included.</p> <p>Do not include Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord meninges)</p>		Same as anencephaly	Meningocele



## 56. Congenital anomalies of the newborn (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Cyanotic congenital heart disease</u></b></p> <p>Congenital heart defects that cause cyanosis</p>		<p>1<sup>st</sup> Physician Progress Notes under:</p> <ul style="list-style-type: none"> <li>• Circulation</li> <li>• Cardiovascular</li> </ul>	<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 ~ hypoplastic left heart syndrome</p>
<p><b><u>Congenital diaphragmatic hernia</u></b></p> <p>Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity</p>		<p>1<sup>st</sup> Infant H&amp;P            2<sup>nd</sup> Labor and Delivery Summary Record <i>under</i> Infant Data</p>	

## 56. Congenital anomalies of the newborn (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Omphalocele</u></b></p> <p>A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk.</p> <p>The defect is covered by a membrane (different from gastroschisis [see below]), although this sac may rupture.</p> <p>.</p> <p><b><u>Do not include</u></b> umbilical hernia (completely covered by skin) in this category.</p>		<p>1<sup>st</sup> Labor and Delivery Summary Record under Infant Data</p> <p>2<sup>nd</sup> Admission H&amp;P under GI</p>	<p>Exomphelos</p>
<p><b><u>Gastroschisis</u></b></p> <p>An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity.</p> <p>Differentiated from omphalocele by the location of the defect and the absence of a protective membrane.</p> <p><b><u>Do not include</u></b> umbilical hernia (completely covered by skin) in this category</p>		<p>Same as Omphalocele</p>	

## 56. Congenital anomalies of the newborn (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Limb reduction defect ~ excluding congenital amputation and dwarfing syndromes.</u></b></p> <p>Complete or partial absence of a portion of an extremity, secondary to failure to develop.</p>		<p>1<sup>st</sup> Labor and Delivery Summary Record under Infant Data</p> <p>2<sup>nd</sup> Newborn H&amp;P</p>	<p>Look for:</p> <ul style="list-style-type: none"> <li>• Amniotic bands</li> <li>• ABS ~ amniotic band syndrome</li> </ul>
<p><b><u>Cleft lip with or without cleft palate</u></b></p> <p>Incomplete closure of the lip. May be unilateral, bilateral, or median.</p>		Same as limb reduction defect	Cleft lip (unilateral, bilateral, or median)
<p><b><u>Cleft palate alone</u></b></p> <p>Incomplete fusion of the palatal shelves. May be limited to the soft palate or may extend into the hard palate.</p> <p>Cleft palate in the presence of cleft lip should be included in the category above.</p>		Same as limb reduction defect	
<p><b><u>Down syndrome ~ Karyotype pending</u></b></p> <p>Trisomy 21</p>	Check if a diagnosis of Down syndrome, Trisomy 21 is confirmed or pending.	<p>1<sup>st</sup> Infant progress notes</p> <p>2<sup>nd</sup> Genetic Consult</p>	<p>Trisomy 21</p> <p>Positive (confirmed)</p> <p>Possible Down (pending)</p> <p>Rule out (R/O) Down (pending)</p>
<p><b><u>Down syndrome ~ Karyotype confirmed</u></b></p> <p>Trisomy 21</p>	Check if a diagnosis of Down syndrome, Trisomy 21 is confirmed.	Same as Down syndrome	<p>Trisomy 21</p> <p>Positive (confirmed)</p>

## 56. Congenital anomalies of the newborn (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Suspected chromosomal disorder ~ Karyotype pending</u></b></p> <p>Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.</p>	<p>Check if a diagnosis of a suspected chromosomal disorder is pending (may include Trisomy 21)</p>	<p>Same as Down syndrome</p>	<p>Trisomy and then a number such as:</p> <ul style="list-style-type: none"> <li>• 13 ~ Patau's syndrome</li> <li>• 17 or 18 ~ Edward syndrome</li> <li>• Possible Trisomy (pending)</li> <li>• Rule out (R/O) (pending)</li> </ul>
<p><b><u>Suspected chromosomal disorder ~ karyotype confirmed</u></b></p> <p>Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.</p>	<p>Check if a diagnosis of a suspected chromosomal disorder is confirmed (may include Trisomy 21)</p>	<p>Same as Down syndrome</p>	<p>Trisomy and then a number such as:</p> <ul style="list-style-type: none"> <li>• 13 ~ Patau's syndrome</li> <li>• 17 or 18 ~ Edward syndrome</li> <li>• Positive (confirmed)</li> </ul>
<p><b><u>Hypospadias</u></b></p> <p>Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li><u>First degree</u> (on the glans ventral to the tip)</li> <li><u>Second degree</u> (in the coronal sulcus)</li> <li><u>Third degree</u> (on the penile shaft)</li> </ul>		<p>1<sup>st</sup> Labor and Delivery Summary under Infant Data</p> <p>2<sup>nd</sup> Newborn H&amp;P under Genitourinary (GU)</p>	

## 57. Was the infant transferred within 24 hours of delivery?

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>Transfer status of the infant within 24 hours after delivery</u></b></p> <p>From the birth facility to another facility</p>	<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. 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>1<sup>st</sup> Infant progress note</p> <p>2<sup>nd</sup> Transfer form</p>	<p>Disposition</p>

## 58. How is infant being fed?

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>How is the infant being fed?</u></b></p> <ul style="list-style-type: none"> <li>Breast milk only</li> <li>Formula only</li> <li>Both breast milk and formula</li> <li>Neither breast milk or formula</li> <li>Unknown</li> </ul> <p>Information on whether the infant is being given human milk at <b>ANY</b> time prior to completion of the birth certificate. Breast-fed is the action of breastfeeding or pumping (expressing) milk.</p>	<ul style="list-style-type: none"> <li>This field notes the feeding method at the time the record is created.</li> <li>If the method changes after submission of the birth certificate but before discharge, this information does not change.</li> <li>If a baby has only received breast milk from delivery until the birth certificate record is created (including babies fed at the breast and babies given breast milk in a bottle) then answer: Breast milk only.</li> <li>Do not answer the question based on the mother's intent to breast-feed or bottle-feed.</li> <li>The answer to this question auto-populates the next field. "Is the Infant Being Breastfed at ANY time between Birth and Discharge?"</li> </ul> <p>Is the Infant Being Breastfed at ANY time between Birth and Discharge?</p> <p><input type="checkbox"/></p> <p>The information entered in this field would be the human milk feeding status at the time the record is created. If it changes prior to discharge, this information does not change.</p>	<p>1<sup>st</sup> Labor and Delivery summary record under Infant data</p> <p>2<sup>nd</sup> Maternal Progress Notes</p> <p>3<sup>rd</sup> Newborn Flow Record under Feeding</p> <p>4<sup>th</sup> 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>HM ~ Human milk</p> <p>FBM ~ Frozen breast milk</p> <p>DM ~ Donor Milk</p>

## 59. Is the infant living at the time of the report?

Definitions	Instructions	Sources	Key word/Abbreviations
<u>Information on the infant's survival.</u>	Check "yes" if the infant is living.  Check "yes" if the infant has already been discharged to home care.  Check "no" if it is known that the infant has died.  If the infant was transferred and the status is known, indicate the known status.	1 <sup>st</sup> Infant progress notes	