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Yellow Highlights indicate updated text.

Guide to Completing The Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (2003 revision)

How To Use This Guide

This guide was developed to assist in completing the facility worksheets for the revised Certificate of Live Birth and Report of Fetal Death. (Facility worksheet (FWS), Birth Certificate (BC), Facility worksheet for the Report of Fetal Death (FDFWS), Report of Fetal Death (FDR))

NOTE: All information on the mother should be for the woman who gave birth to, or delivered the infant.

Definitions	Instructions	Sources	Key Words/Abbreviations
Defines the items in the order they appear on the facility worksheet	Provides specific instructions for completing each item	<p>Identifies the sources in the medical records where information for each item can be found. The specific records available will differ somewhat from facility to facility. The source listed first (1st) is considered the best or preferred source. Please use this source whenever possible. All subsequent sources are listed in order of preference. The precise location within the records where an item can be found is further identified by “<i>under</i>” and “<i>or.</i>”</p> <p>Example—</p> <p>To determine whether gestational diabetes is recorded as a “Risk factor in this Pregnancy” (item 14) in the records:</p> <p>The 1st or best source is :</p> <p>The prenatal care record.</p> <p>Within the prenatal care record, information on diabetes may be found <i>under</i>:</p> <ul style="list-style-type: none"> • Medical history • Previous obstetric (OB) history • Problem list, or initial risk assessment 	<p>► Identifies alternative, usually synonymous terms and common abbreviations and acronyms for items. The keywords and abbreviations given in this guide are not intended as inclusive. Facilities and practitioners will likely add to the lists.</p> <p>Example—</p> <p>Keywords/Abbreviations for prepregnancy diabetes are:</p> <p>DM - diabetes mellitus Type 1 diabetes IDDM - Insulin dependent diabetes mellitus Type 2 diabetes Non-insulin dependent diabetes mellitus Class B DM Class C DM Class D DM Class F DM Class R DM Class H DM</p> <p>► Medications commonly used for items.</p> <p>Example: “Clomid” for “Assisted reproduction treatment.”</p>

How To Use This Guide – Con.

Definitions	Instructions	Sources	Key Words/Abbreviations
		<ul style="list-style-type: none"> • Historical risk summary, Complications of previous pregnancies • Factors this pregnancy. 	<p>► “<i>Look for</i>” is used to indicate terms that may be associated with, but are not synonymous with an item. Terms listed under “<i>look for</i>” may indicate that an item should be reported for the pregnancy, but additional information will be needed before it can be determined whether the item should be reported.</p> <p>Example: “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 and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
1. Facility name (BC #5, FDFWS #1, FDR #8)			
The name of the facility where the delivery took place.	<p>Enter the name of the facility where the birth occurred.</p> <p>If this birth did not occur in a hospital or freestanding birthing center, enter the street and number of the place where the birth occurred.</p> <p>If this birth occurred en route, that is, in a moving conveyance, enter the city, town, village, or location where the child was first removed from the conveyance.</p> <p>If the birth occurred in international air space or waters, enter “plane” or “boat.”</p>		
2. Facility I.D. (BC #17, FDFWS #2, FDR #9)			
National Provider Identifier.	<p>Enter the facility’s National Provider Identification Number (NPI).</p> <p>If no NPI, enter the state hospital code.</p>		NPI
3. City, town, or location of birth (BC #6, FDFWS #3, FDR #5)			
The name of the city, town, township, village, or other location where the birth occurred.	<p>Enter the name of the city, town, township, village, or other location where the birth occurred.</p> <p>If the birth occurred in international waters or air space, enter the location where the infant was first removed from the boat or plane.</p>		

Definitions	Instructions	Sources	Keywords/Abbreviations
4. County of birth (BC #7, FDFWS #4, FDR #6)			
The name of the county where the birth occurred.	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.		
5. Place where birth/delivery occurred/Birthplace (BC #26, FDFWS #5, FDR #7)			
The type of place where the birth occurred.	Check the box that best describes the type of place where the birth occurred.	1 st Admission History and Physical (H&P) <i>under</i> — General Admission <i>under</i> — ▪ Admitted from home, doctor's office, other <i>or</i> — ▪ Problem list/findings	FBC – Freestanding birthing center
Hospital		2 nd Delivery Record <i>under</i> — ▪ Delivery information ▪ Labor and delivery summary ▪ Maternal obstetric (OB)/labor summary <i>under</i> —delivery ▪ Summary of labor and delivery (L & D)	
Freestanding birthing center No direct physical connection with an operative delivery center.		3 rd Basic Admission Data	
Home birth The birth occurred at a private residence.	If home birth is checked, check whether the home birth was planned. If unknown whether a planned home birth write “unknown.”	4 th Progress Notes or Note	
Clinic/Doctor's office			
Other	Specify taxi, cab, train, plane etc.		

The prenatal care record is the preferred source for items 6 through 16.

If the prenatal care record is not in the mother's file, please contact the prenatal care provider and obtain a copy of the record.

Definitions	Instructions	Sources	Keywords/Abbreviations
6(a). Date of first prenatal care visit (BC #29a, FDFWS #6a, FDR #23a)			
The date a physician or other health care professional first examined and/or counseled the pregnant woman for the pregnancy.	<p>Enter the month, day, and year of the first prenatal care visit.</p> <p>Complete all parts of the date that are available. Leave the rest blank.</p> <p>If "no prenatal care," check the box and skip to 6(c).</p>	<p>1st Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Intake information ▪ Initial physical exam ▪ Prenatal visits flow sheet ▪ Current pregnancy <p>2nd Initial Physical Examination</p>	PNC - Prenatal care
6(b). Date of last prenatal care visit (BC #29b, FDFWS #6b, FDR #23b)			
The month, day, and year of the last prenatal care visit recorded in the records.	<p>Enter the month, day, and year of the last prenatal care visit recorded in the records.</p> <p>NOTE: Enter the date of the last visit given in the most current record available. <u>Do not estimate the date of the last visit.</u></p> <p>Complete all parts of the date that are available. Leave the rest blank.</p>	<p>1st Prenatal Care Record <i>under</i>—</p> <p>Current Pregnancy</p> <p>2nd Prenatal Visits Flow Sheets (last date shown)</p>	PNC - Prenatal care

Definitions	Instructions	Sources	Keywords/Abbreviations
7. Total number of prenatal care visits for this pregnancy (BC #30, FDFWS #7, FDR #24)			
The total number of visits recorded in the record.	Count only those visits recorded in the record. NOTE: Enter the total number of visits listed in the most current record available. <u>Do not estimate additional visits when the prenatal record is not current.</u> If none, enter "0." The "no prenatal care" box should also be checked in item 6(a).	1 st Prenatal Care Record <i>under</i> — Prenatal Visit Flow Sheet (count visits)	PNC - Prenatal care
8. Date last normal menses began (BC #30, FDFWS #8, FDR #24)			
The date the mother's last normal menstrual period began. This item is used to compute the gestational age of the infant.	Enter <u>all</u> known parts of the date of the mother's last normal menstrual period began. If no parts of the date are known, write in "unknown."	1 st Prenatal Care Record <i>under</i> — ▪ Menstrual history ▪ Nursing admission triage form 2 nd Admission H&P <i>under</i> — Medical History	LMP – last menstrual period

Definitions	Instructions	Sources	Keywords/Abbreviations
9. Number of previous live births now living (BC #35a, FDFWS #9, FDR #29a)			
The total number of previous live born infants now living.	<p><u>Do not include this infant.</u></p> <p>Include all previous live born <u>infants who are still living.</u></p> <p>For multiple deliveries: Include all live born infants <u>before</u> 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>If no previous live born infants, check “none.”</p> <p>See “Attachment for Multiple Births.”</p>	<p>1st Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Intake information ▪ Gravida section – L (living) – last number in series ▪ Para section – L – last number in series ▪ Pregnancy history information ▪ Previous OB history ▪ Past pregnancy history <p>2nd Labor and Delivery Nursing Admission Triage Form <i>under</i>—Patient Data</p> <p>3rd Admission H&P</p>	<p>L – now living</p> <p>Look for: G -- Gravida - Total number of pregnancies P – Para – Previous live births and fetal deaths >28 weeks of gestation T – Term – delivered at 37 to 40 weeks gestation</p>
10. Number of previous live births now dead (BC #35b, FDFWS #10, FDR #29b)			
The total number of previous live born infants now dead.	<p><u>Do not include this infant.</u></p> <p>Include all previous live born infants who are no longer living.</p> <p>For multiple deliveries: Include all live born infants <u>before</u> this infant in the pregnancy who are now dead. If the 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, check “none.”</p> <p>See “Attachment for Multiple Births.”</p>	<p>1st Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Pregnancy history information - comments, complications ▪ Previous OB history - comments, complications ▪ Past pregnancy history - comments, complications <p>2nd Admission H&P</p>	<p><i>See above</i> Expired</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
11. Date of last live birth (BC #35c, FDFWS #11, FDR #29c)			
The date of birth of the last live-born infant.	If applicable, enter the month and year of birth of the last live-born infant. <u>Include live-born infants now living and now dead.</u>	1 st Prenatal Care Record <i>under</i> — <ul style="list-style-type: none"> ▪ Pregnancy history information - date ▪ Previous OB history - date ▪ Past pregnancy history - date 2 nd Admission H&P	DOB – Date of birth
12. Number of other pregnancy outcomes (BC #36a, FDFWS #12, FDR #30a)			
Total number of other pregnancy outcomes that <u>did not result in a live birth.</u>	Include all <u>previous</u> pregnancy losses <u>that did not result in a live birth.</u>	1 st Prenatal Care Record <i>under</i> — <ul style="list-style-type: none"> ▪ Gravida section – “A” (abortion/miscarriage) ▪ PARA section - “A” ▪ Pregnancy history information - comments, complications ▪ Previous OB history - comments, complications ▪ Past pregnancy history - comments, complications 2 nd Labor and Delivery Nursing Admission Triage Form 3 rd Admission H&P	Miscarriages Fetal demise AB - Abortion induced SAB - Spontaneous abortion TAB - Therapeutic abortion Abortion spontaneous Septic abortion Ectopic pregnancy Tubal pregnancy FDIU – fetal death in-utero IUFD – intrauterine fetal death
Includes pregnancy losses of any gestation age.	If no previous pregnancy losses, check “none.”		
Examples: spontaneous or induced losses or ectopic pregnancy.	For multiple deliveries: Include all previous pregnancy losses <u>before</u> this infant in this pregnancy and in previous pregnancies.		
13. Date of last other pregnancy outcome (BC #36b, FDFWS #13, FDR #30b)			
The date that the last pregnancy that <u>did not result in a live birth</u> ended.	If applicable, enter the month and year.	1 st Prenatal Care Record <i>under</i> — <ul style="list-style-type: none"> ▪ Pregnancy history information ▪ Previous OB history ▪ Past pregnancy history 2 nd Admission H&P	
Includes pregnancy losses at any gestational age.			
Examples: spontaneous or induced losses or ectopic pregnancy.			

Definitions	Instructions	Sources	Keywords/Abbreviations
14. Risk factors in this pregnancy (BC #41, FDFWS #14, FDR #36)			
Risk factors of the mother during this pregnancy.	Check all boxes that apply. The mother may have more than one risk factor. If the mother has none of the risk factors, check “none of the above.”	<i>See below</i>	<i>See below</i>
Diabetes Glucose intolerance requiring treatment. Prepregnancy Diagnosis before this pregnancy. Gestational Diagnosis during this pregnancy.	If diabetes is present, check either prepregnancy or gestation diabetes. <u>Do not check both.</u>	1 st Prenatal Care Record <i>under</i> — <ul style="list-style-type: none"> Medical history Previous OB history <i>under</i>— summary of previous pregnancies Problem list <i>or</i>— initial risk assessment Historical risk summary Complications of previous pregnancies Factors this pregnancy 2 nd Labor and Delivery Nursing Admission Triage Form <i>under</i> — <ul style="list-style-type: none"> Medical complications Comments 3 rd Admission H&P <i>under</i> — <ul style="list-style-type: none"> Current pregnancy history Medical history Previous OB history <i>under</i>— pregnancy related Problem list/findings 4 th Delivery Record <i>under</i> — <ul style="list-style-type: none"> Maternal OB/labor summary Labor and delivery admission history Labor summary record 	Prepregnancy: DM - diabetes mellitus Type 1 diabetes IDDM - Insulin dependent diabetes mellitus Type 2 diabetes Non-insulin dependent diabetes mellitus Class B DM Class C DM Class D DM Class F DM Class R DM Class H DM Gestational: GDM -- gestational diabetes mellitus IDGDM -- insulin dependent gestational diabetes mellitus Class A1 or A2 diabetes mellitus

Definitions	Instructions	Sources	Keywords/Abbreviations
14. Risk factors in this pregnancy – Con.			
Hypertension Elevation of blood pressure above normal for age, gender, and physiological condition.	If hypertension is present, check either prepregnancy or gestational hypertension. <u>Do not check both.</u>	<i>See above</i>	
Prepregnancy (chronic) Diagnosis prior to the onset of this pregnancy-does not include gestational (pregnancy induced hypertension (PIH)).			Prepregnancy: CHT – chronic hypertension
Gestational Diagnosis in this pregnancy (Pregnancy induced hypertension, preeclampsia).			Gestational: PIH – pregnancy-induced hypertension Preeclampsia Eclampsia Transient hypertension HELLP Syndrome
Eclampsia Hypertension with proteinuria <u>with</u> generalized seizures or coma. May include pathologic edema.	If eclampsia is present, one type of hypertension (either gestational or chronic) may be checked).	<i>See above</i>	<i>See above</i>

Definitions	Instructions	Sources	Keywords/Abbreviations
14. Risk factors in this pregnancy – Con.			
Previous preterm births History of pregnancy(ies) terminating in a <u>live birth</u> of less than 37 completed weeks of gestation.		1 st Prenatal Care Record <i>under</i> — <ul style="list-style-type: none"> ▪ Medical history ▪ Previous OB history <i>under</i>—summary of previous pregnancies ▪ Problem list <i>or</i>—initial risk assessment ▪ Historical risk summary ▪ Complications of previous pregnancies 2 nd Labor and Delivery Nursing Admission Triage Form <i>under</i> — <ul style="list-style-type: none"> ▪ Medical complications ▪ Comments 3 rd Admission H&P <i>under</i> — <ul style="list-style-type: none"> ▪ Medical history ▪ Previous OB history <i>under</i>—pregnancy related ▪ Problem list/findings 	PTL – preterm labor P – premature

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

Definitions	Instructions	Sources	Keywords/Abbreviations
14. Risk factors in this pregnancy – Con.			
Pregnancy resulted from infertility treatment. Any assisted reproductive treatment used to initiate the pregnancy. Includes: - Drugs (such as Clomid, Pergonal) - Artificial insemination - Technical procedures (such as in-vitro fertilization)	<i>Check if <u>any</u> fertility therapy was used.</i>	1 st Prenatal Care Record <i>under—</i> ▪ Medical history ▪ Current pregnancy history ▪ Problem list <i>or—</i> initial risk assessment ▪ Medications this pregnancy 2 nd Labor and Delivery Nursing Admission Triage Form <i>under—</i> ▪ Comments ▪ Medications 3 rd Admission H&P <i>under—</i> ▪ Current pregnancy history ▪ Problem list/findings	<i>See lists below</i>
Fertility-enhancing drugs, artificial insemination or intrauterine insemination Any fertility enhancing drugs (e.g., Clomid, Pergonal), artificial insemination or intrauterine insemination used to initiate the pregnancy.	<i>Check if <u>specific</u> therapy (drugs or insemination) was used.</i>		Fertility-enhancing drugs, artificial or intrauterine insemination: Medications Clomid, Serophene Pergonal Metrodin Profasi Progesterol Crinone (progesterone gel) Follistim FSH (follicle stimulating hormone) Gonadotropins, HcG (human chorionic gonadotropin) Pergonal

Definitions	Instructions	Sources	Keywords/Abbreviations
14. Risk factors in this pregnancy – Con.			
Assisted reproductive technology (e.g. in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT)) Any assisted reproductive technology (ART/technical procedures (e.g., IVF, GIFT, ZIFT)) used to initiate the pregnancy.	Check if <u>assisted reproductive therapy</u> was used.	See above	Assisted reproductive technology: ART Artificial insemination AIH – artificial insemination by husband AID/DI – artificial insemination by donor In-vitro fertilization IVF-ET – in-vitro fertilization embryo transfer GIFT – gamete intrafallopian transfer ZIFT – zygote intrafallopian transfer Ovum donation Donor embryo Embryo adoption
Mother had a previous cesarean delivery Previous delivery by extracting the fetus, placenta, and membranes through an incision in the mother's abdominal and uterine walls. If yes, how many? _____	If the mother has had a <u>previous</u> cesarean delivery, indicate the number of previous cesarean deliveries she has had.	1 st Prenatal Care Record <i>under</i> — ▪ Past pregnancy history ▪ Past OB history ▪ Problem list <i>or</i> —initial risk assessment 2 nd Labor and Delivery Nursing Admission Triage Form <i>under</i> —Comments 3 rd Admission H&P <i>under</i> — ▪ Past OB history ▪ Past pregnancy history <i>under</i> —problem list/findings	C/S -- cesarean section Repeat C/S VBAC – vaginal delivery after cesarean LSTCS (or LTCS) low segment transverse cesarean section Classical cesarean section Low vertical C/S Low transverse C/S <i>Look for:</i> TOL – trial of labor

Definitions	Instructions	Sources	Keywords/Abbreviations
15. Infections present and/or treated during this pregnancy (BC #42, FDFWS #15, FDR #37)			
Infections present at the time of the pregnancy diagnosis or a confirmed diagnosis during the pregnancy with or without documentation of treatment.	Check all boxes that apply. The mother may have more than one infection.	<i>See below</i>	“+” indicates that the test for the infection was positive and the women has the infection.
Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record.	If the mother has none of the risk factors, check “none of the above.”		“--” indicates that the test was negative, and the women does not have the infection. Look for treatment or Rx for specific infection.
Gonorrhea A positive test/culture for <i>Neisseria gonorrhoeae</i> .		<p>1st Prenatal Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Infection history ▪ Sexually transmitted diseases ▪ Problem list ▪ Complications this pregnancy ▪ Factors this pregnancy ▪ Medical history <p>2nd Labor and Delivery Nursing Admission Triage Form <i>under</i>—Comments</p> <p>3rd Admission H&P <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Current pregnancy history ▪ Medical history ▪ Problem list/findings <p>4th Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Maternal OB/labor summary ▪ Labor and delivery admission history 	<p>GC</p> <p>Gonorrheal</p> <p>Gonococcal</p> <p>Treatment or Rx for Gonochea</p> <p>NAAT – Nucleic amplification tests</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
15. Infections present and/or treated during this pregnancy – Con.			
Syphilis (also called lues) A positive test for <i>Treponema pallidum</i> .		See gonorrhea	TP-PA – T. pallidum particle agglutination STS - serologic test for syphilis RPR - rapid plasma regain VDRL - venereal disease research laboratories FTA-AS - fluorescent antibody test Lues Treatment or Rx for syphilis or lues
Chlamydia A positive test for Chlamydia trachomatis.		See gonorrhea	Treatment or Rx for chlamydia
Hepatitis B (HBV, serum hepatitis) A positive test for the hepatitis B virus.		See gonorrhea	Hep B HBV
Hepatitis C (non A, non B hepatitis (HCV)) A positive test for the hepatitis C virus.		See gonorrhea	Hep C HCV Treatment or Rx for any of the above
*Listeria (LM) A diagnosis of or positive test for Listeria monocytogenes.		See gonorrhea	LM Treatment or Rx for LM
* Applicable to fetal deaths only.			

Definitions	Instructions	Sources	Keywords/Abbreviations
15. Infections present and/or treated during this pregnancy – Con.			
*Group B Streptococcus (GBS) A diagnosis of or positive test for Streptococcus agalactiae or group B streptococcus.		See gonorrhea	GBS Treatment or Rx for GBS
*Cytomegalovirus (CMV) A diagnosis of or positive test for Cytomegalovirus.		See gonorrhea	CMV Treatment or Rx for CMV
*Parvovirus (B19) A diagnosis of or positive test for Parvovirus B19.		See gonorrhea	B19 Treatment or Rx for B19
*Toxoplasmosis (Toxo) A diagnosis of or positive test for Toxoplasma gondii.		See gonorrhea	Toxo Treatment or Rx for Toxo
* Applicable to fetal deaths only.			

Definitions	Instructions	Sources	Keywords/Abbreviations
16. Obstetric procedures (BC #43)			
Medical treatment or invasive/manipulative procedure performed during this pregnancy to treat the pregnancy or to manage labor and/or delivery.	<p>Check all boxes that apply. The mother may have more than one procedure.</p> <p>If the mother has none of the procedures, check “none of the above.”</p>	<i>See below</i>	<i>See below</i>
<p>Cervical cerclage Circumferential banding or suture of the cervix to prevent or treat passive dilation.</p> <p>Includes: MacDonald’s suture, Shirodkar procedure, abdominal cerclage via laparotomy</p>		<p>1st Prenatal Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Medical history ▪ Problem list <i>or</i>— initial risk assessment ▪ Historical risk summary ▪ Complications this pregnancy ▪ Factors this pregnancy <p>2nd Labor and Delivery Nursing Admission Triage Form <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Complications ▪ Comments <p>3rd Admission H&P <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Current pregnancy history ▪ Medical history ▪ Problem list/findings <p>4th Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Maternal OB ▪ Labor and delivery admission history 	<p>MacDonald’s suture Shirodkar procedure Abdominal cerclage via laparotomy</p> <p><i>Look for:</i> Incompetent cervix Incompetent os</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
16. Obstetric procedures – Con.			
Tocolysis Administration of any agent with the intent to inhibit preterm uterine contractions to extend the length of the pregnancy. Medications: - Magnesium sulfate (for preterm labor) - Terbutaline - Indocin (for preterm labor)	Check all boxes that apply. The mother may have more than one procedure. If the mother has none of the procedures, check “none of the above.”	1 st Prenatal Care Record <i>under</i> — ▪ Medical history ▪ Problem list <i>or</i> — initial risk assessment ▪ Historical risk summary ▪ Complications of previous pregnancies ▪ Factors this pregnancy 2 nd Labor and Delivery Nursing Admission Triage Form <i>under</i> — ▪ Complications this pregnancy ▪ Medications ▪ Comments 3 rd Admission H&P <i>under</i> — ▪ Current pregnancy history ▪ Medication ▪ Medical history ▪ Problem list/findings 4 th Delivery Record <i>under</i> — ▪ Maternal OB/labor summary ▪ Labor and delivery admission history ▪ Labor summary record	Medications Magnesium sulfate - Mag SO ₄ Terbutaline - Terb Indocin <i>Look for:</i> Preterm labor (this pregnancy)

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

Definitions	Instructions	Sources	Keywords/Abbreviations
17. Date of birth (BC #4, FDFWS #16, FDR #4)			
The infant's date of birth.	Enter the month, day, and four-digit year of birth.	1 st Labor and Delivery <i>under</i> — Delivery Record	DOB – Date of birth
	If the date of birth of the infant is not known, because the infant is a foundling, enter the date the infant was found.	2 nd Newborn Admission H&P	
18. Time of birth (BC #2, FDFWS #17, FDR #2)			
The infant's time of birth.	Enter the time the infant was born based on a 24-hour clock (military time). If time of birth is unknown (foundlings) enter unknown.	1 st Labor and Delivery <i>under</i> — Delivery Record	
		2 nd Newborn Admission H&P	
19. Certifier's name and title (BC #11)			
The individual who certified to the fact that the birth occurred:	Enter the name and title of the individual who certified to the fact that the birth occurred.		
M.D. (doctor of medicine)			
D.O. (doctor of osteopathy)	The individual may be, <u>but need not be</u> , the same as the attendant at birth.		
Hospital administrator or designee			
CNM/CM (certified nurse midwife/certified midwife)			
Other midwife (midwife other than a CNM/CM)			
Other (specify)			
20. Date certified (BC #12)			
The date that the birth was certified.	Enter the date that the birth was certified.		

Definitions	Instructions	Sources	Keywords/Abbreviations
21. Principal source of payment (BC #38)			
The principal source of payment at the time of delivery:	Check the box that best describes the principal source of payment for this delivery.	1 st Hospital Face Sheet	
Private insurance (Blue Cross/Blue Shield, Aetna, etc.)	<u>If “other” is checked, specify the payer.</u>	2 nd Admitting Office Face Sheet	
Medicaid (or a comparable State program)	If the principal source of payment is not known, enter “unknown” in the space.		
Self-pay (no third party identified)	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.		
Other (Indian Health Service, CHAMPUS/TRICARE, other government [Federal, State, local])			
22. Infant’s medical record number (BC #48)			
The medical record number assigned to the newborn.	Enter the medical record number.	1 st Infant’s Medical Record Addressograph Plate	
		2 nd Admitting Office Face Sheet <i>under</i> —History Number	

Definitions	Instructions	Sources	Keywords/Abbreviations
23. Was the mother transferred to this facility for maternal medical or fetal indications for delivery? (BC #28, FDFWS #20, FDR #35)			
Transfers include hospital to hospital, birth facility to hospital, etc. Does not include home to hospital.	<p>If the mother was transferred from another <u>facility</u> 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>1st Labor & Delivery Nursing Admission Triage Form <i>under—</i></p> <ul style="list-style-type: none"> ▪ Reason for admission ▪ Comments <p>2nd Admission H&P</p> <p>3rd Labor & Delivery – Delivery Record</p> <ul style="list-style-type: none"> ▪ Maternal OB/labor summary ▪ Labor and delivery admission history ▪ Labor summary record 	

Definitions	Instructions	Sources	Keywords/Abbreviations
24. Attendant's name, title, and I.D. (BC #27, FDFWS #21, FDR #14)			
The name, title, and National Provider Identification Number (NPI) of the person responsible for delivering the child.	Enter the name, title, and NPI number of the person responsible for delivering the child.	1 st Delivery Record <i>under</i> — Signature of Delivery Attendant (Medical)	
M.D. (doctor of medicine)	Check one box to specify the attendant's title. If "other" is checked, enter the specific title of the attendant. Examples include nurse, father, police officer, and EMS technician.		
D.O. (doctor of osteopathy)			
CNM/CM (certified nurse midwife/certified midwife)	This item should be completed by the facility. If the birth did not occur in a facility, the attendant or certifier should complete it.		
Other midwife (midwife other than a CNM/CM)			
Other (specify)			
The attendant at birth is defined as the individual physically present at the delivery who is responsible for the delivery. For example, if an intern or nurse midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician should be reported as the attendant. If the obstetrician is <u>not</u> physically present, the intern or nurse midwife <u>must</u> be reported as the attendant.			

Definitions	Instructions	Sources	Keywords/Abbreviations
25. Mother's weight at delivery (BC #33, FDFWS #22, FDR #27)			
The mother's weight at the time of delivery.	Enter the mother's weight at the time of delivery. Use pounds only. For example, enter 140½ pounds as 140 pounds. If the mother's delivery weight is unknown, enter "unknown."	1 st Labor and Delivery Nursing Admission Triage Form <i>under</i> —Physical Assessment - Weight 2 nd Admission H&P <i>under</i> —Physical Exam – Weight	Wgt - Weight
26. Onset of labor (BC #44)			
Premature rupture of the membranes Prolonged, greater than or equal to 12 hours before the onset of labor.	Check all that apply (prolonged labor and precipitous labor should not both be checked). If none apply, check "none of the above."	1 st Labor & Delivery Record <i>under</i> — <ul style="list-style-type: none"> Maternal OB/labor summary Labor and delivery admission history Labor summary record – time ROM (rupture of membranes) Delivery record - ROM 	PROM – premature rupture of membranes PPROM – preterm premature rupture of membranes <i>Look for:</i> ROM – rupture of membranes
Precipitous labor Less than 3 hours.	If precipitous labor is indicated check that labor lasted less than 3 hours.	1 st Labor & Delivery Record <i>under</i> — <ul style="list-style-type: none"> Labor summary – total length of labor Labor chronology – total length of labor 2 nd Delivery Comments	
Prolonged labor Greater than or equal to 20 hours.	If prolonged labor is indicated check that labor lasted 20 or more hours.	Same as precipitous labor above	

Definitions	Instructions	Sources	Keywords/Abbreviations
27. Characteristics of labor and delivery (BC #45)			
Information about the course of labor and delivery.	Check all characteristics that apply. If none of the characteristics of labor and delivery apply, check “none of the above.	<i>See below</i>	<i>See below</i>
Induction of labor Initiation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor (<u>i.e., before labor has begun</u>).	Check this item if medication was given or procedures to induce labor were performed BEFORE labor began.	1 st Delivery Record <i>under</i> — <ul style="list-style-type: none"> ▪ Maternal OB/labor summary ▪ Labor and delivery admission history ▪ Labor summary record 2 nd Physician Progress Note 3 rd Labor and Delivery Nursing Admission Triage Form	IOL - induction of labor Pit Ind - Pitocin induction ROM/NIL - Amniotomy induction or induction for rupture of membranes, not in labor
Augmentation of labor Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time of delivery (<u>i.e., after labor has begun</u>).	Check this item if medication was given or procedures to augment labor were performed AFTER labor began.	<i>Same</i> as 1 st and 2 nd sources for induction of labor <i>above</i> .	Pit stim - pitocin stimulation Pit aug - pit augmentation AROM – artificial rupture of membranes done during labor

Definitions	Instructions	Sources	Keywords/Abbreviations
27. Characteristics of labor and delivery – Con.			
<p>Nonvertex presentation Includes any nonvertex fetal presentation.</p> <p>For example:</p> <ul style="list-style-type: none"> - Breech - Shoulder - Brow - Face presentations - Transverse lie in the active phase of labor and delivery other than vertex - Compound <p>NOTES: <i>Nonvertex</i> is presentation of <i>other than</i> the upper and back part of the infant's head. <i>Vertex</i> is presentation of the upper or back part of the infant's head.</p>		<p>1st Delivery Record <i>under</i>— Presentation</p> <p>2nd Physician Progress Note</p> <p>3rd Newborn Admission H&P</p>	<p>Breech (buttocks) (sacrum):</p> <p>Frank breech</p> <p>LSA - left sacrum anterior</p> <p>LST - left sacrum transverse</p> <p>RSP - right sacrum posterior</p> <p>RST - right sacrum transverse</p> <p>Complete breech</p> <p>Single footling breech</p> <p>Double footling breech</p> <p>Shoulder presentation</p> <p>Transverse lie</p> <p>Face presentation (mentum)</p> <p>LMA - left mentum anterior</p> <p>LMT - left mentum transverse</p> <p>LMP - left mentum posterior</p>
<div style="border: 1px solid black; padding: 5px; text-align: center; color: red; font-weight: bold;">NOTE: Item dropped from national dataset.</div>			
<p>Steroids (glucocorticoids) for fetal lung maturation received by the mother before delivery.</p> <p>Includes: betamethasone, dexamethasone, or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery.</p> <p>Does not include steroid medication given to the mother as an anti-inflammatory treatment before or after delivery.</p>	Medications given <u>before</u> the delivery.	<p>1st Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Maternal OB/labor summary - comments ▪ Labor summary record - comments <p>2nd Maternal Medication Record</p> <p>3rd Newborn Admission H&P</p> <p>4th Maternal Physician Order Sheet</p>	<p>Medications – (before delivery)</p> <ul style="list-style-type: none"> - Betamethasone - Dexamethasone - Hydrocortisone

Definitions	Instructions	Sources	Keywords/Abbreviations
27. Characteristics of labor and delivery – Con.			
Antibiotics received by the mother during delivery Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery. Includes: Ampicillin Penicillin Clindamycin Erythromycin Gentamicin Cefataxine Ceftriaxone	Medications received <u>during</u> delivery.	<i>Same as</i> steroids (glucocorticoids) <i>above</i>	Medications (during delivery): Ampicillin Penicillin Clindamycin Erythromycin Gentamicin Cefataxine Ceftriaxone Vancomycin <i>Look for:</i> SBE (sub-acute bacterial endocarditis) prophylaxis GBS positive or GBS + (Group B Streptococcus) Maternal fever Mother febrile
Clinical chorioamnionitis diagnosed during labor or maternal temperature greater than or equal to 38°C (100.4°F) Clinical diagnosis of chorioamnionitis during labor made by the delivery attendant. Usually includes more than one of the following: fever, uterine tenderness and/or irritability, leukocytosis, or fetal tachycardia. Any recorded maternal temperature at or above 38°C (100.4°F).	Check that recorded maternal temperature is at or above 38°C (100.4°F).	1 st Delivery Record <i>under</i> — ▪ Maternal OB/labor summary – comments/complications ▪ Labor summary record – comments/complications 2 nd Newborn Admission H&P 3 rd Physician Progress Note 4 th Maternal Vital Signs Record <i>under</i> —Temperature Recordings	Chorioamnionitis Chorio Temp ≥ 38 or 100.4 <i>Look for:</i> Maternal fever Mother febrile

Definitions	Instructions	Sources	Keywords/Abbreviations
27. Characteristics of labor and delivery – Con.			
Moderate or heavy meconium staining of the amniotic fluid 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.		1 st Delivery Record <i>under</i> — <ul style="list-style-type: none"> ▪ Maternal OB/labor summary – comments/complications ▪ Labor summary record – comments/complications ▪ Amniotic fluid summary section – comments, color ▪ Time membranes ruptured section 2 nd Newborn Admission H&P 3 rd Physician Progress Note	Mec – Meconium

Definitions	Instructions	Sources	Keywords/Abbreviations
27. Characteristics of labor and delivery – Con.			
<p>Fetal intolerance of labor was such that one or more of the following actions was taken: In-utero resuscitative measures, further fetal assessment, or operative delivery.</p> <p>Includes any of the following:</p> <ul style="list-style-type: none"> - Maternal position change - Oxygen administration to the mother - Intravenous fluids administered to the mother - Amnioinfusion - Support of maternal blood pressure - Administration of uterine relaxing agents <p>Further fetal assessment including any of the following: scalp pH, scalp stimulation, acoustic stimulation.</p> <p>Operative delivery to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery.</p>	<p>Check that recorded maternal temperature is at or above 38°C (100.4°F).</p>	<p>1st Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Maternal OB/labor summary ▪ Labor summary record <p>2nd Newborn Admission H&P</p> <p>3rd Physician Progress Note</p> <p>4th Physician Order Sheet <i>or</i>— Nursing Notes</p>	<p>LLP – left lateral position</p> <p>O₂ – oxygen</p> <p>IV fluids</p> <p>Amnioinfusion</p> <p>Nitroglycerine</p> <p>Acoustic stimulation</p> <p>Vibroacoustic stimulation</p> <p>Scalp pH sampling</p> <p>Fetal oxygen saturation monitoring</p> <p>Terbutaline</p> <p>Low forcep delivery</p> <p>Vacuum extraction</p> <p>C/S --Cesarean delivery</p>
<p>Epidural or spinal anesthesia during labor 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>1st Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Maternal OB labor summary <i>under</i>— analgesia/anesthesia ▪ Labor summary record <i>under</i>—analgesia/anesthesia 	<p>Epidural analgesia</p> <p>Epid. given</p> <p>Spinal given</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
28. Method of delivery (BC #46, FDFWS #23, FDR #38)			
The physical process by which the complete delivery of the fetus was affected.	Complete <u>every</u> section: A, B, C, and D.	<i>See below</i>	<i>See below</i>
A. Was delivery with forceps attempted but unsuccessful? Obstetric forceps were applied to the fetal head in an unsuccessful attempt at vaginal delivery.	Check “yes” or “no.” <div style="border: 1px solid black; padding: 5px; text-align: center;"> NOTE: Item dropped from national dataset. </div>	1 st Delivery Record <i>under—</i> Delivery Summary 2 nd Physician Delivery Summary <i>or—</i> Progress Note 3 rd Recovery Room Record <i>under—</i> Maternal Data — Complications	LFD --Low forcep delivery (attempted) LFD (attempted)
B. Was delivery with vacuum extraction attempted but unsuccessful? Ventouse or vacuum cup was applied to the fetal head in an unsuccessful attempt at vaginal delivery.	Check “yes” or “no.” <div style="border: 1px solid black; padding: 5px; text-align: center;"> NOTE: Item dropped from national dataset. </div>	<i>Same as above</i>	Vac ext -- Vacuum extraction (attempted) Vac ext (attempted) VAD --Vacuum assisted delivery

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

Definitions	Instructions	Sources	Keywords/Abbreviations
28. Method of delivery – Con.			
D. Final route and method of delivery	Check <u>one</u> of the boxes.	1 st Delivery Record <i>under</i> — Method of Delivery	
<i>Vaginal/spontaneous</i> Delivery of the entire fetus through the vagina by the natural force of labor with or without manual assistance from the delivery attendant.		2 nd Newborn Admission H&P	<i>Vaginal/spontaneous:</i> VAG Del - vaginal delivery SVD - spontaneous vaginal delivery
<i>Vaginal/forceps</i> Delivery of the fetal head through the vagina by the application of obstetrical forceps to the fetal head.		3 rd Recovery Room Record <i>under</i> —Maternal Data – Delivered	<i>Vaginal/forceps:</i> LFD - low forceps delivery
<i>Vaginal/vacuum</i> Delivery of the fetal head through the vagina by the application of a vacuum cup or ventouse to the fetal head.			<i>Vaginal/vacuum:</i> Vac Ext vacuum
<i>Cesarean</i> Extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls.			<i>Cesarean:</i> C/S - cesarean section LSTCS - low segment transverse <i>Look for:</i> TOL - trial of labor
If cesarean, was a trial of labor attempted? Labor was allowed, augmented, or induced with plans for a vaginal delivery.	Check “yes” or “no.”		TOL - trial of labor

Definitions	Instructions	Sources	Keywords/Abbreviations
<p>28. Method of delivery – Con.</p> <p><i>*Hysterotomy/Hysterectomy</i></p> <p><i>Hysterotomy</i> The incision into the uterus extending into the uterine cavity. May be performed vaginally or transabdominally.</p> <p><i>Hysterectomy</i> The surgical removal of the uterus. May be performed abdominally or vaginally.</p> <p>* Applicable to fetal deaths only.</p>			<p>Colpohysterotomy Uterotomy Porro's Operation</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
29. Maternal morbidity (BC #47, FDFWS #24, FDR #39)			
Serious complications experienced by the mother associated with labor and delivery.	Check all boxes that apply. If the mother has none of the complications, check “none of the above.”	<i>See below</i>	<i>See below</i>
Maternal transfusion Includes infusion of whole blood or packed red blood cells associated with labor and delivery.		1 st Delivery Record <i>under</i> — ▪ Labor summary ▪ Delivery summary 2 nd Physician Delivery Notes/Operative Notes 3 rd Intake & Output Form	Transfused Blood transfusion <i>Look for:</i> <i>PRBC</i> – packed red blood cells Whole blood
Third or fourth degree perineal laceration 3° laceration extends completely through the perineal skin, vaginal mucosa, perineal body, and anal sphincter. 4° laceration is all of the above with extension through the rectal mucosa.		1 st Delivery Record <i>under</i> — ▪ Episiotomy section ▪ Lacerations section 2 nd Recovery Room Record <i>under</i> —Maternal Data – Delivered	4th degree lac. 4° LAC degree 3rd degree lac. 3° LAC degree
Ruptured uterus Tearing of the uterine wall.		1 st Delivery Record <i>under</i> — Delivery Summary Note – Comments/Complications 2 nd Operative Note 3 rd Physician Progress Note	

Definitions	Instructions	Sources	Keywords/Abbreviations
29. Maternal morbidity – Con.			
Unplanned hysterectomy Surgical removal of the uterus that was not planned before the admission. Includes an anticipated, but not definitively planned, hysterectomy.		<i>Same as ruptured uterus above</i>	Hysterectomy <i>Look for:</i> laparotomy
Admission to an intensive care unit Any admission, planned or unplanned, of the mother to a facility or unit designated as providing intensive care.		1 st Physician Progress Note 2 nd Transfer Note	ICU (intensive care unit) MICU (medical intensive care unit) SICU (surgical intensive care unit) L&D ECU – Labor and Delivery Emergency Care Unit
Unplanned operating room procedure following delivery Any transfer of the mother back to a surgical area for an operative procedure that was not planned before the admission for delivery. <u>Excludes</u> postpartum tubal ligations.		1 st Physician Operative Note 2 nd Physician Progress Note 3 rd Physician Order	Repair of laceration Repair of laparotomy Drainage of purulent/septic material Exploratory laparotomy

Definitions	Instructions	Sources	Keywords/Abbreviations
30. Birthweight or Weight of Fetus (BC #49, FDFWS #25, FDR #18c)			
The weight of the infant at birth.	Enter the weight (in grams) of the infant at birth. Do not convert pounds and ounces (lbs. and oz.) to grams. If the weight in grams is not available, enter the birth weight in lbs. and oz.	1 st Delivery Record <i>under—</i> Infant Data 2 nd Admission Assessment <i>under—</i> Weight	BW - Birthweight Gms - grams kg - kilograms Lbs - pounds oz - ounces
31. Obstetric estimate of gestation at delivery (BC #50, FDFWS #26, FDR #18d)			
The <u>best</u> obstetric estimate of the infant's gestation in completed weeks based on the birth attendant's final estimate of gestation. This estimate of gestation should be determined by all perinatal factors and assessments such as ultrasound, but <u>not</u> the neonatal exam. Ultrasound taken early in pregnancy is preferred.	Enter the <u>best</u> obstetric estimate of the infant's gestation in completed weeks. If a fraction of a week is given (e.g., 32.2 weeks) round down to the next whole week (.e.g., 32 weeks). If the obstetric estimate of gestation is not known, enter "unknown" in the space. <u>Do not</u> complete this item based <u>solely</u> on the infant's date of birth and the mother's date of last menstrual period.	1 st OB Admission H&P <i>under—</i> ▪ Weeks ▪ Gestational age	Gestation _____ weeks (wks) _____ weeks gestational age GA – gestational age EGA – estimated gestational age
32. Sex of child (BC #3, FDFWS #27, FDR #3)			
The sex of the infant.	Enter whether the infant is male, female, or unknown.	1 st Delivery Record <i>under—</i> Infant Data	M – male F – female A – ambiguous (same as unknown) U - unknown

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
33. Apgar score (BC #51)			
A systematic measure for evaluating the physical condition of the infant at specific intervals following birth.	<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>		<i>Same as sex of infant above</i>
34. Plurality (BC #52, FDFWS #28, FDR #33)			
<p>The number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age, or if the fetuses were delivered at different dates in the pregnancy.</p> <p>"Reabsorbed" fetuses (those that are not delivered: expelled or extracted from the mother) <u>should not</u> be counted.</p>	<p>Enter the number of fetuses delivered in this pregnancy.</p> <p>If two or more live births in this delivery, see "Facility Worksheet attachment for multiple births."</p>	<p>1st Delivery record</p> <p>2nd Admission H&P</p>	<p>Single</p> <p>Twin, triplet, quadruplet, etc...</p> <p>Multiple (a,b,c...) <i>or</i> (1,2,3...)</p>
35. If not a single birth, order born in the delivery (BC #53, FDFWS #29, FDR #34)			
The order born in the delivery, live born or fetal death (1 st , 2 nd , 3 rd , 4 th , 5 th , 6 th , 7 th , etc.).	<p>If this is a single birth, leave this item blank.</p> <p>Include all live births and fetal deaths from this pregnancy.</p>	<p>1st Delivery Record <i>under—</i> Birth Order</p> <p>2nd Infant data</p>	<p>Baby 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 etc.</p> <p><i>Look for:</i></p> <p>Birth order/Set order</p>
36. If not a single birth, number of infants in the delivery born alive (FDFWS #30)			
The number of infants in this delivery <u>born alive</u> at any point in the pregnancy.	<p>If this is a single birth, leave this item blank.</p> <p>If this is not a single birth, specify the number of infants in this delivery born alive at any point in the pregnancy. Include this birth.</p>	<p>1st Delivery record</p> <p>2nd Admission H&P</p>	<p><i>Look for:</i></p> <p>Condition</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
37. Abnormal conditions of the newborn (BC #54)			
Disorders or significant morbidity experienced by the newborn.	Check all boxes that apply. If none of the conditions apply, check “none of the above.”	<i>See below</i>	<i>See below</i>
Assisted ventilation required immediately following delivery Infant given manual breaths for any duration with bag and mask or bag and endotracheal tube within the first several minutes from birth. Excludes free flow oxygen only, laryngoscopy for aspiration of meconium and nasal cannula.		1 st Labor Delivery Summary <i>under—</i> Infant Data/Breathing	Bag and mask ventilation Intubation Intubation and PPV - positive pressure ventilation PPV bag/mask or ET - positive pressure ventilation via bag, mask or endotracheal intubation IPPV Bag - intermittent positive pressure ventilation via bag IPPV ET - intermittent positive pressure ventilation via endotracheal intubation O ₂ via ET - oxygen via endotracheal intubation Oxygen

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

Definitions	Instructions	Sources	Keywords/Abbreviations
37. Abnormal conditions of the newborn – Con.			
Newborn given surfactant replacement therapy Endotracheal instillation of a surface-active suspension for treating surfactant deficiency due to preterm birth or pulmonary injury resulting in respiratory distress. Includes both artificial and extracted natural surfactant.	Check both primary (1 st) and secondary (2 nd) sources before completion.	1 st Labor and Delivery Summary <i>under</i> —Neonatal Medication 2 nd Newborn Medication Administration Record	If given to newborn after birth: Medications (given to newborn): Surfactant Survanta Exosurf Curosurf Infasurf
Antibiotics received by the newborn for suspected neonatal sepsis. 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.		1 st Newborn Medication Administration Record	Medications (given to newborn for sepsis): Nafcillin, Chloramphenicol Penicillin, Penicillin G Ampicillin, Gentamicin, Kanamycin, Cefotaxime, Cefoxitin, Vancomycin, Acyclovir, Amikacin, Ceftazidime, Ceftriaxone, Cefazolin
Seizure or serious neurologic dysfunction Seizure – any involuntary repetitive, convulsive movement or behavior. Serious neurologic dysfunction – severe alteration of alertness. Excludes: - Lethargy or hypotonia in the absence of other neurologic findings - Symptoms associated with CNS congenital anomalies		1 st Newborn H&P 2 nd Physician Progress Notes <i>under</i> —Neuro Exam	Seizures Tonic/Clonic/Clonus Twitching Eye rolling Rhythmic jerking Hypotonia Obtundation Stupor Coma (HIE) - Hypoxic-ischemic encephalopathy

Definitions	Instructions	Sources	Keywords/Abbreviations
37. Abnormal conditions of the newborn – Con.			
<p>Significant birth injury 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 any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy.</p> <p>Soft tissue hemorrhage requiring evaluation and/or treatment, includes subgaleal (progressive extravasation within the scalp) hemorrhage, giant cephalohematoma, extensive truncal, facial and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and/or hypotension.</p> <p>Solid organ hemorrhage includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma.</p>		<p>1st Labor and Delivery Summary Record <i>under</i>—Newborn Delivery Information</p> <p>2nd Newborn Admission H&P</p> <p>3rd Physician Progress Notes</p>	<p><i>Look for: (as applies to infant)</i></p> <p>Trauma</p> <p>Facial asymmetry</p> <p>Subgaleal (progressive extravasation within the scalp)</p> <p>Hemorrhage</p> <p>Giant cephalohematoma</p> <p>Extensive truncal, facial and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and/or hypotension</p> <p>Subcapsular hematoma of the liver</p> <p>Fractures of the spleen</p> <p>Adrenal hematoma</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
38. Congenital anomalies of the newborn (BC #55, FDFWS #31, FDR #40)			
Malformations of the newborn diagnosed prenatally or after delivery.	Check all boxes that apply.		
Anencephaly Partial or complete absence of the brain and skull. Also called anencephalus, acrania, or absent brain. Also includes infants with craniorachischisis (anencephaly with a contiguous spine defect).		1 st Labor and Delivery Summary Record <i>under</i> —Infant Data 2 nd Newborn Admission H&P	Anencephalus Acrania Absent brain Craniorachischisis
Meningomyelocele/Spina bifida Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningomyelocele is herniation of meninges and spinal cord tissue. Meningocele (herniation of meninges without spinal cord tissue) should also be included in this category. Both open and closed (covered with skin) lesions should be included. <u>Do not include</u> Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges).		Same as anencephaly	Meningocele

Definitions	Instructions	Sources	Keywords/Abbreviations
38. Congenital anomalies of the newborn – Con.			
Cyanotic congenital heart disease Congenital heart defects that cause cyanosis.		1 st Physician Progress Notes <i>under—</i> <ul style="list-style-type: none"> ▪ Circulation ▪ Cardiovascular 	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
Congenital diaphragmatic hernia Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.		1 st Infant H&P 2 nd Labor and Delivery Summary Record <i>under—</i> Infant Data	

Definitions	Instructions	Sources	Keywords/Abbreviations
38. Congenital anomalies of the newborn – Con.			
Omphalocele <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. Also called exomphalos.</p> <p><u>Do not include</u> umbilical hernia (completely covered by skin) in this category.</p> <p><u>Do not include</u> Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges).</p>		<p>1st Labor and Delivery Summary Record <i>under</i>—Infant Data</p> <p>2nd Admission H&P <i>under</i>—G.I.</p>	Exomphelos
Gastroschisis <p>An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and the absence of a protective membrane.</p>		Same as Omphalocele	

Definitions	Instructions	Sources	Keywords/Abbreviations
38. Congenital anomalies of the newborn – Con.			
Limb reduction defect —excluding congenital amputation and dwarfing syndromes Complete or partial absence of a portion of an extremity, secondary to failure to develop.		1 st Labor and Delivery Summary Record <i>under</i> —Infant Data 2 nd Newborn H&P	<i>Look for:</i> Amniotic bands ABS – amniotic band syndrome
Cleft lip with or without cleft palate Incomplete closure of the lip. May be unilateral, bilateral, or median.		Same as limb reduction defect	Cleft lip (unilateral, bilateral, or median)
Cleft palate alone Incomplete fusion of the palatal shelves. May be limited to the soft palate or may extend into the hard palate. Cleft palate in the presence of cleft lip should be included in the category above.		Same as limb reduction defect	
Down syndrome Trisomy 21 <i>Karyotype confirmed</i> <i>Karyotype pending</i>	Check if a diagnosis of Down syndrome, Trisomy 21 is confirmed or pending	1 st Infant Progress Notes 2 nd Genetic Consult.	Trisomy 21 Positive (confirmed) Possible Down (pending) Rule out (R/O) Down (pending)
Suspected chromosomal disorder Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure. <i>Karyotype confirmed</i> <i>Karyotype pending</i>	Check if a diagnosis of a suspected chromosomal disorder is confirmed or pending. (May include Trisomy 21.)	Same as Down syndrome	Trisomy and then a number such as: 13 - Patau's syndrome 17 or 18 - Edward syndrome Positive (confirmed) Possible Trisomy __ (pending) Rule out (R/O) (pending)

Definitions	Instructions	Sources	Keywords/Abbreviations
38. Congenital anomalies of the newborn – Con.			
Hypospadias			
Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis.		1 st Labor & Delivery Summary <i>under</i> —Infant Data	
		2 nd Newborn H&P <i>under</i> —Genitourinary (GU)	
Includes:			
- First degree (on the glans ventral to the tip)			
- Second degree (in the coronal sulcus)			
- Third degree (on the penile shaft)			

Definitions	Instructions	Sources	Keywords/Abbreviations
39. Was the infant transferred within 24 hours of delivery? (BC #56)			
Transfer status of the infant within 24 hours after delivery.	<p>Check “yes” if the infant was transferred from this facility to another within 24 hours of delivery.</p> <p>Enter the name of the facility to which the infant was transferred.</p> <p>If the name of the facility is not known, enter “unknown.”</p> <p>If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.</p>	<p>1st Infant Progress Notes</p> <p>2nd Transfer Form</p>	Look for: Disposition
40. Is the infant living at time of the report? (BC #57)			
Information on the infant’s survival.	<p>Check “yes” if the infant is living.</p> <p>Check “yes” if the infant has already been discharged to home care.</p> <p>Check “no” if it is known that the infant has died.</p> <p>If the infant was transferred and the status is known, indicate the known status.</p>	<p>1st Infant Progress Notes</p>	

Definitions	Instructions	Sources	Keywords/Abbreviations
41. Is the infant being breast-fed at discharge? (BC #58)			
Information on whether the infant was being breast-fed during the period between birth and discharge from the hospital.	Check “yes” if the infant is being breast-fed.	1 st Labor and Delivery Summary Record <i>under</i> —Infant Data	Pumping Lactation consultation
	Check “no” if the infant is not being breast-fed.	2 nd Maternal Progress Note	LATCH score (Latch on, Audible swallow, Type of nipple, Comfort and Help – used to measure position and attachment of the baby on the breast)
Refers to the action of breast-feeding or pumping (expressing) milk. It is <u>not</u> the intent to breast-feed or bottle-feed.		3 rd Newborn Flow Record <i>under</i> —Feeding	Breast pump Breast pump protocol Breast milk MM - Mother’s milk FBM - fresh breast milk
		4 th Lactation Consult	

Definitions	Instructions	Sources	Keywords/Abbreviations
Method of Disposition* (FDFWS #32, FDR #13)			
Burial	Check only one method.	1 st Labor and Delivery Summary Record <i>under</i> —Infant Data	
Cremation			
Hospital Disposition		2 nd Nursing note	
Donation		3 rd Attending death note	
Removal from State		4 th Social work note	
Other (specify)			
* Applicable to fetal deaths only.			

The use of trade names is for identification only and does not imply endorsement by the Centers for Disease Control and Prevention,
U.S. Department of Health and Human Services.