



GUIDE TO COMPLETING THE CERTIFICATE OF LIVE BIRTH

Maryland Department of Health and Mental Hygiene
Vital Statistics Administration

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Maryland Certificate Of Live Birth

How to Use This Guide

The Guide to Completing the Certificate of Live Birth was prepared by the Vital Statistics Administration of the Maryland Department of Health and Mental Hygiene (DHMH) to assist hospital and birthing center staff in completing and filing the Certificate of Live Birth. The Guide contains information on requirements for completing and filing certificates, as well as detailed information on how each item of the certificate should be completed. Information is provided on the source(s) of information for each item. Key words and abbreviations are listed to assist data providers in locating the information needed to complete the certificate.

Definitions	Instructions	Sources	Key Words/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. The source listed first (1st) is considered the best or preferred source. Use this source whenever possible. All subsequent sources are listed in order of preference. The precise location within the records where an item can be found is further identified by “<i>under</i>” and “<i>or.</i>”</p> <p>Example— To determine if gestational diabetes is a “Risk factor in this Pregnancy” (item 14), see if it is recorded in the records:</p> <p>The 1st or best source is :</p> <ol style="list-style-type: none"> 1. The prenatal care record 2. Within the prenatal care record, information on diabetes may be found <i>under:</i> Medical history, Previous obstetric (OB) history, Problem list, or 	<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 lists.</p> <p>Example— Key words/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>

		initial risk assessment, Historical risk summary, Complications of previous pregnancies, and Factors this pregnancy.	<p>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>Example-- “Trial of labor” for “cesarean delivery”)</p>
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Missing information

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

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

1. Facility name (BC #5)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
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)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
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)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
The name of the city, town, township, village, or other location where the birth occurred.	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.		

4. County of birth (BC #7)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
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)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>The type of place where the birth occurred.</p> <p>Hospital</p> <p>Freestanding birthing center-No direct physical connection with an operative delivery center.</p> <p>Home birth- the birth occurred at a private residence.</p> <p>Clinic/Doctor’s office</p> <p>Other</p>	<p>Check the box that best describes the type of place where the birth occurred.</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>Specify taxi, cab, train, plane etc.</p>	<p>1st Admission History and Physical (H&P) <i>under</i>— General Admission <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Admitted from home, doctor’s office, other <i>or</i>— ▪ Problem list/findings <p>2nd Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Delivery information ▪ Labor and delivery summary ▪ Maternal obstetric (OB)/labor summary <i>under</i>—delivery ▪ Summary of labor and delivery (L & D) <p>3rd Basic Admission Data</p> <p>4th Progress Notes or Note</p>	<p>FBC – Freestanding birthing center</p>

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, contact the prenatal care provider and obtain a copy of the record.

6(a). Date of first prenatal care visit (BC #29a)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
The date a physician or other health care professional first examined and/or counseled the pregnant woman for the pregnancy.	Enter the month, day, and year of the first prenatal care visit. Complete all parts of the date that are available. Leave the rest blank. If “no prenatal care,” check the box and skip to 6(c).	1 st Prenatal Care Record <i>under—</i> <ul style="list-style-type: none"> ▪ Intake information ▪ Initial physical exam ▪ Prenatal visits flow sheet ▪ Current pregnancy 2 nd Initial Physical Examination	PNC - Prenatal care

6(b). Date of last prenatal care visit (BC #29b)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
The month, day, and year of the last prenatal care visit recorded in the records.	Enter the month, day, and year of the last prenatal care visit recorded in the records. <i>NOTE: Enter the date of the last visit given in the most current record available. Do not estimate the date of the last visit.</i> Complete all parts of the date that are available. Leave the rest blank.	1 st Prenatal Care Record <i>under—</i> Current Pregnancy 2 nd Prenatal Visits Flow Sheets (last date shown)	PNC - Prenatal care

7. Total number of prenatal care visits for this pregnancy (BC #30)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
The total number of visits recorded in the record.	Count only those visits recorded in the record. NOTE: <i>Enter the total number of visits listed in the most current record available. Do not estimate additional visits when the prenatal record is not current.</i> 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)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
The date the mother's last normal menstrual period began. This item is used to compute the gestational age of the infant.	Enter all known parts of the date that 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> — <ul style="list-style-type: none"> ▪ Menstrual history ▪ Nursing admission triage form 2 nd Admission H&P <i>under</i> — Medical History	LMP – last menstrual period

9. Number of previous live births now living (BC #35a)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>The total number of previous live born infants now living.</p>	<p><u>Do not include this infant.</u> Include all previous live born <u>infants who are still living.</u> <i>For multiple deliveries—</i> - 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. - If no previous live born infants, check “none.” -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)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>The total number of previous live born infants now dead.</p>	<p><u>Do not include this infant.</u> Include all previous live born infants who are no longer living. <i>For multiple deliveries—</i> - 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. - If no previous live born infants now dead, check “none.” - 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>(See above) Expired</p>

11. Date of last live birth (BC #35c)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>The date of birth of the last live born infant.</p>	<p>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></p>	<p>1st Prenatal Care Record <i>under—</i></p> <ul style="list-style-type: none"> ▪ Pregnancy history information - date ▪ Previous OB history - date ▪ Past pregnancy history - date <p>2nd Admission H&P</p>	<p>DOB – Date of birth</p>

12. Number of other pregnancy outcomes (BC #36a)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>Total number of other pregnancy outcomes that <u>did not result in a live birth</u>.</p> <p>Includes pregnancy losses of any gestation age.</p> <p>Examples: spontaneous or induced losses or ectopic pregnancy.</p>	<p>Include all <u>previous</u> pregnancy losses <u>that did not result in a live birth</u>.</p> <p>- If no previous pregnancy losses, check “none.”</p> <p><i>For multiple deliveries—</i></p> <p>- Include all previous pregnancy losses <u>before</u> this infant in this pregnancy and in previous pregnancies.</p>	<p>1st Prenatal Care Record <i>under—</i></p> <ul style="list-style-type: none"> ▪ Gravida section – “A” (abortion/miscarriage) ▪ PARA section - “A” ▪ Pregnancy history information - comments, complications ▪ Previous OB history - comments, complications ▪ Past pregnancy history - comments, complications <p>2nd Labor and Delivery Nursing Admission Triage Form</p> <p>3rd Admission H&P</p>	<p>Miscarriages</p> <p>Fetal demise</p> <p>AB - Abortion induced</p> <p>SAB - spontaneous abortion</p> <p>TAB - therapeutic abortion</p> <p>Abortion spontaneous</p> <p>Septic abortion</p> <p>Ectopic pregnancy</p> <p>Tubal pregnancy</p> <p>FDIU – fetal death in-utero</p> <p>IUFD – intrauterine fetal death</p>

13. Date of last other pregnancy outcome (BC #36b)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>The date that the last pregnancy that <u>did not result in a live birth</u> ended.</p> <p>Includes pregnancy losses at any gestational age.</p> <p>Examples: spontaneous or induced losses or ectopic pregnancy.</p>	<p>If applicable, enter the month and year.</p>	<p>1st Prenatal Care Record <i>under—</i></p> <ul style="list-style-type: none"> ▪ Pregnancy history information ▪ Previous OB history ▪ Past pregnancy history <p>2nd Admission H&P</p>	

14. Risk factors in this pregnancy (BC #41)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>Risk factors of the mother during this pregnancy.</p>	<p>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.”</p>	<p>See below</p>	<p><i>See below</i></p>
<p>Diabetes Glucose intolerance requiring treatment.</p> <p><i>Prepregnancy</i> - (diagnosis before this pregnancy)-</p> <p><i>Gestational</i> - (diagnosis during this pregnancy)</p>	<p>If diabetes is present, check either prepregnancy or gestation diabetes. <u>Do not check both.</u></p>	<p>1st Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Medical history ▪ Previous OB history <p><i>under</i>—summary of previous pregnancies</p> <ul style="list-style-type: none"> ▪ Problem list <i>or</i>— initial risk assessment ▪ Historical risk summary ▪ Complications of previous pregnancies ▪ Factors this pregnancy <p>2nd Labor and Delivery Nursing Admission Triage Form</p> <p><i>under</i>—</p> <p>Medical complications Comments</p>	<p><i>Prepregnancy:</i> 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><i>Gestational:</i> GDM -- gestational diabetes mellitus IDGDM -- insulin dependent gestational diabetes mellitus Class A1 or A2 diabetes mellitus</p>

14. Risk factors in this pregnancy

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>Diabetes – cont'd</p>		<p>3rd Admission H&P <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Current pregnancy history ▪ Medical history ▪ Previous OB history <i>under</i>—pregnancy related ▪ Problem list/findings <p>4th Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Maternal OB/labor summary ▪ Labor and delivery admission history ▪ Labor summary record 	
<p><u>Definitions</u></p> <p>Hypertension Elevation of blood pressure above normal for age, gender, and physiological condition.</p> <p><i>Prepregnancy (chronic)</i> -- (diagnosis prior to the onset of this pregnancy-does not include gestational (pregnancy induced hypertension (PIH))</p> <p><i>Gestational</i> -- diagnosis in this pregnancy (Pregnancy induced hypertension, preeclampsia)</p>	<p><u>Instructions</u></p> <p>If hypertension is present, check either prepregnancy (chronic) or gestational hypertension. <u>Do not check both.</u></p>	<p><u>Sources</u></p> <p>See above</p>	<p><u>Key words/Abbreviations</u></p> <p><i>Prepregnancy:</i> CHT – chronic hypertension</p> <p><i>Gestational:</i> PIH – pregnancy-induced hypertension Preeclampsia Eclampsia Transient hypertension HELLP Syndrome</p>

14. Risk factors in this pregnancy

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p><i>Eclampsia</i></p> <p>Hypertension with proteinuria WITH generalized seizures or coma. May include pathologic edema.</p> <p>Previous preterm births</p> <p>History of pregnancy (ies) terminating in a <u>live birth</u> of less than 37 completed weeks of gestation.</p>	<p>If eclampsia is present, one type of hypertension (either gestational or chronic) may be checked.</p>	<p>See above</p> <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>—</p> <ul style="list-style-type: none"> ▪ Medical complications ▪ Comments <p>3rd Admission H&P <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Medical history ▪ Previous OB history <i>under</i>—pregnancy related ▪ Problem list/findings 	<p>See above</p> <p>PTL – preterm labor P – premature</p>

14. Risk factors in this pregnancy

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<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><u>Sources</u></p> <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><u>Key words/Abbreviations</u></p> <p>IUGR – intrauterine growth retardation FDIU – fetal death in-utero SGA – small for gestational age SFD – small for dates Stillborn</p> <p><i>Look for:</i> PROM – premature rupture of membranes PPROM – preterm premature rupture of membranes</p>

14. Risk factors in this pregnancy

(See Mother's Worksheet #15, 16)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>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)</p> <p>Fertility-enhancing drugs, artificial insemination or intrauterine insemination</p> <p><u>Definition</u></p> <p>Any fertility enhancing drugs, e.g., Clomid, Pergonal, artificial insemination or intrauterine insemination used to initiate the pregnancy.</p>	<p>Check all that apply.</p>	<p>1st Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Medical history ▪ Current pregnancy history ▪ Problem list <i>or</i>—initial risk assessment <p>Medications this pregnancy</p> <p>2nd Labor and Delivery Nursing Admission Triage Form <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Comments ▪ Medications <p>3rd Admission H&P <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Current pregnancy history ▪ Problem list/findings 	<p>Fertility-enhancing drugs, artificial or intrauterine insemination: Medications</p> <ul style="list-style-type: none"> - Clomid, Serophene - Pergonal - Metrodin - Profasi - Progesterol - Crinone (progesterone gel) - Follistim - FSH (follicle stimulating hormone) - Gonadotropins, - HcG (human chorionic gonadotropin) - Pergonal

14. Risk factors in this pregnancy

	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>Assisted reproductive technology, e.g. in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT).</p> <p><u>Definition</u></p> <p>Any assisted reproductive technology (ART/technical procedures, e.g., IVF, GIFT, ZIFT) used to initiate the pregnancy.</p>	See above.	See above.	<p>Assisted reproductive technology:</p> <ul style="list-style-type: none"> - 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 - ART
<p>Mother had a previous cesarean delivery</p> <p><u>Definitions</u></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 <u>previous</u> cesarean delivery, indicate the number of previous cesarean deliveries she has had.</p>	<p>1st Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Past pregnancy history ▪ Past OB history ▪ Problem list <i>or</i>—initial risk assessment <p>2nd Labor and Delivery Nursing Admission Triage Form <i>under</i>—Comments</p> <p>3rd Admission H&P <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Past OB history ▪ Past pregnancy history <i>under</i>—problem list/findings 	<p>C/S -- cesarean section</p> <p>Repeat C/S</p> <p>VBAC – vaginal delivery after cesarean</p> <p>LSTCS (or LTCS) low segment transverse cesarean section</p> <p>Classical cesarean section</p> <p>Low vertical C/S</p> <p>Low transverse C/S</p> <p><i>Look for:</i></p> <p>TOL – trial of labor</p>

15. Infections present and/or treated during this pregnancy (BC #42)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>Infections present at the time of the pregnancy diagnosis or a confirmed diagnosis during the pregnancy with or without documentation of treatment.</p> <p>Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record.</p>	<p>Check all boxes that apply. The mother may have more than one infection.</p> <p>If the mother has none of the risk factors, check “none of the above.”</p>	<p>See below.</p>	<p>A “+” indicates that the test for the infection was positive and the woman has the infection.</p> <p>A “--“ indicates that the test was negative, and the woman does not have the infection.</p> <p>Look for treatment or Rx for specific infection.</p>

15. Infections present and/or treated during this pregnancy

<p>Gonorrhea a positive test/culture for <i>Neisseria gonorrhoeae</i></p>		<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 Gonorrheal Gonococcal</p> <p>Treatment or Rx for Gonocchea NAAT – Nucleic amplification tests</p>
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<p>Syphilis (also called lues) a positive test for <i>Treponema pallidum</i></p>		See gonorrhoea.	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.
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<p>15. Infections</p>			
<p>Chlamydia -- a positive test for Chlamydia trachomatis.</p>		See gonorrhoea.	Treatment or Rx for chlamydia.
<p>Hepatitis B (HBV, serum hepatitis) – a positive test for the hepatitis B virus. Hepatitis C (non A, non B hepatitis (HCV)) -- a positive test for the hepatitis C virus.</p>		See gonorrhoea. See gonorrhoea.	Hep B HBV Hep C HCV Treatment or Rx for any of the above.

16. Obstetric procedures (BC #43)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>Medical treatment or invasive/manipulative procedure performed during this pregnancy to treat the pregnancy or to manage labor and/or delivery.</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 of the above.”</p>	<p>See below.</p>	<p>See below.</p>
<p>Cervical cerclage Circumferential banding or suture of the cervix to prevent or treat passive dilation. Includes: MacDonal’s suture, Shirodkar procedure, abdominal cerclage via laparotomy.</p>		<p>1st Prenatal Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ 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>MacDonal’s suture Shirodkar procedure Abdominal cerclage via laparotomy</p> <p><i>Look for:</i> Incompetent cervix Incompetent os</p>

16. Obstetric procedures

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>Tocolysis Administration of any agent with the intent to inhibit preterm uterine contractions to extend the length of the pregnancy.</p> <p>Medications—</p> <ul style="list-style-type: none"> - Magnesium sulfate (for preterm labor) - Terbutaline - Indocin (for preterm labor) 		<p>1st Prenatal Care 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 of previous pregnancies ▪ Factors this pregnancy <p>2nd Labor and Delivery Nursing Admission Triage Form <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Complications this pregnancy ▪ Medications ▪ Comments <p>3rd Admission H&P <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Current pregnancy history ▪ Medication ▪ Medical history ▪ Problem list/findings <p>4th Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Maternal OB/labor summary ▪ Labor and delivery admission history ▪ Labor summary record 	<p>Medications</p> <p>Magnesium sulfate - Mag SO₄</p> <p>Terbutaline - Terb</p> <p>Indocin</p> <p><i>Look for:</i></p> <p>Preterm labor (this pregnancy)</p>

16. Obstetric procedures

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

17. Date of birth

(BC #4)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>The infant's date of birth.</p>	<p>Enter the month, day, and four-digit year of birth. If the date of birth of the infant is not known because the infant is a foundling, enter the date the infant was found.</p>	<p>1st Labor and Delivery <i>under</i>— Delivery Record</p> <p>2nd Newborn Admission H&P</p>	<p>DOB - date of birth</p>

18. Time of birth (BC #2)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
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)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
The individual who certified to the fact that the birth occurred— - M.D. (doctor of medicine) - D.O. (doctor of osteopathy) - Hospital administrator or designee - CNM/CM (certified nurse midwife/certified midwife) - Other midwife (midwife other than a CNM/CM) - Other (specify)	Enter the name and title of the individual who certified to the fact that the birth occurred. The individual may be, <u>but need not be</u> , the same as the attendant at birth.		

20. Date certified (BC #12)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
The date that the birth was certified.	Enter the date that the birth was certified.		

21. Principal source of payment (BC #38)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>The principal source of payment at the time of delivery —</p> <ul style="list-style-type: none"> - Private insurance (Blue Cross/Blue Shield, Aetna, etc.) - Medicaid (or a comparable State program) - Self-pay (no third party identified) - Other (Indian Health Service, CHAMPUS/TRICARE, other government [federal, state, local]) 	<p>Check the box that best describes the principal source of payment for this delivery.</p> <p><u>If “other” is checked, specify the payer.</u></p> <p>If the principal source of payment is not known, enter “unknown” in the space.</p> <p>This item should be completed by the facility. If the birth did not occur in a facility, it should be completed by the attendant or certifier.</p>	<p>1st Hospital Face Sheet 2nd Admitting Office Face Sheet</p>	

22. Infant’s medical record number (BC #48)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>The medical record number assigned to the newborn.</p>	<p>Enter the medical record number.</p>	<p>1st Infant’s Medical Record Addressograph Plate 2nd Admitting Office Face Sheet <i>under</i>—History Number</p>	

23. Was the mother transferred to this facility for maternal medical or fetal indications for delivery?

(BC #28)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>Transfers include hospital to hospital, birth facility to hospital, etc.. Does not include home to hospital.</p>	<p>If the mother was transferred from another <u>facility</u>, check “yes.” If “yes,” enter the name of the facility the mother transferred from. If the name of the facility is not known, enter “unknown.”</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 	

24. Attendant's name, title, and I.D. (BC #27)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>The name, title, and National Provider Identification Number (NPI) of the person responsible for delivering the child—</p> <ul style="list-style-type: none"> - M.D. (doctor of medicine) - D.O. (doctor of osteopathy) - CNM/CM (certified nurse midwife/certified midwife) - Other midwife (midwife other than a CNM/CM) - Other (specify) <p>The attendant at birth is defined as the individual physically present at the delivery who is responsible for the delivery. For example— If an intern or nurse midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician should be reported as the attendant. If the obstetrician is not physically present, the intern or nurse midwife should be reported as the attendant.</p>	<p>Enter the name, title, and NPI number of the person responsible for delivering the child. 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. 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>1st Delivery Record <i>under</i>— Signature of Delivery Attendant (Medical)</p>	

25. Mother's weight at delivery (BC #33)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
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)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
Premature rupture of the membranes Prolonged, greater than or equal to 12 hours.	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	

27. Characteristics of labor and delivery (BC #45)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
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.”	See below.	See below
<p>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></p>	Check this item if medication was given or procedures to induce labor were performed BEFORE labor began.	<p>1st Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Maternal OB/labor summary ▪ Labor and delivery admission history ▪ Labor summary record <p>2nd Physician Progress Note 3rd Labor and Delivery Nursing Admission Triage Form</p>	IOL - induction of labor Pit Ind - Pitocin induction ROM/NIL - Amniotomy induction or induction for rupture of membranes, not in labor
<p>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></p>	Check this item if medication was given or procedures to augment labor were performed AFTER labor began.	Same as 1 st and 2 nd sources for induction of labor above.	Pit stim - pitocin stimulation Pit aug - pit augmentation AROM – artificial rupture of membranes done during labor

27. Characteristics of labor and delivery

<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. <u>Does not include</u> steroid medication given to the mother as an anti-inflammatory treatment before or after delivery.</p>	<p>Medications given <u>before</u> the delivery.</p>	<p>1st Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Maternal OB/labor summary - comments ▪ Labor summary record - comments <p>2nd Maternal Medication Record 3rd Newborn Admission H&P 4th Maternal Physician Order Sheet</p>	<p>Medications – (before delivery)</p> <ul style="list-style-type: none"> - Betamethasone - Dexamethasone - Hydrocortisone
<p>Antibiotics received by the mother during delivery.</p> <p>Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery.</p> <p>Includes— Ampicillin Penicillin Clindamycin Erythromycin Gentamicin Cefataxine Ceftriaxone</p>	<p>Medications received <u>during</u> delivery.</p>	<p>Same as steroids for fetal lung maturation.</p>	<p>Medications – (during delivery)</p> <ul style="list-style-type: none"> - Ampicillin - Penicillin - Clindamycin - Erythromycin - Gentamicin - Cefataxine - Ceftriaxone - Vancomycin <p><i>Look for:</i> SBE (sub-acute bacterial endocarditis) prophylaxis GBS positive or GBS + (Group B Streptococcus) Maternal fever Mother febrile</p>

27. Characteristics of labor and delivery

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>Clinical chorioamnionitis diagnosed during labor or maternal temperature greater than or equal to 38°C (100.4°F).</p> <p>Clinical diagnosis of chorioamnionitis during labor made by the delivery attendant. 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).</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 – comments/complications ▪ Labor summary record – comments/complications <p>2nd Newborn Admission H&P 3rd Physician Progress Note 4th Maternal Vital Signs Record <i>under</i>—Temperature Recordings</p>	<p>Chorioamnionitis Chorio Temp ≥ 38 or 100.4</p> <p><i>Look for:</i> Maternal fever Mother febrile</p>
<p>Moderate or heavy meconium staining of the amniotic fluid</p> <p>Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or at delivery that is more than enough to cause a greenish color change of an otherwise clear fluid.</p>		<p>1st Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Maternal OB/labor summary – comments/complications ▪ Labor summary record – comments/complications ▪ Amniotic fluid summary section – comments, color ▪ Time membranes ruptured section <p>2nd Newborn Admission H&P 3rd Physician Progress Note</p>	<p>Mec – Meconium</p>

27. Characteristics of labor and delivery –

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>Fetal intolerance of labor was such that one or more of the following actions was taken: In-utero resuscitative measures such that one of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery— Includes any of the following: - 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> <p>Further fetal assessment including any of the following: scalp pH, scalp stimulation, acoustic stimulation.</p> <p>Operative delivery to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery.</p>		<p>1st Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Maternal OB/labor summary ▪ Labor summary record <p>2nd Newborn Admission H&P</p> <p>3rd Physician Progress Note</p> <p>4th Physician Order Sheet <i>or</i>— Nursing Notes</p>	<p>LLP – left lateral position O₂ – oxygen IV fluids Amnioinfusion Nitroglycerine Acoustic stimulation Vibroacoustic stimulation Scalp pH sampling Fetal oxygen saturation monitoring Terbutaline Low forcep delivery Vacuum extraction C/S --Cesarean delivery</p>

27. Characteristics of labor and delivery

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<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>— Maternal OB labor summary <i>under</i>— analgesia/anesthesia Labor summary record <i>under</i>—analgesia/anesthesia</p>	<p>Epidural analgesia Epid. given Spinal given</p>

28. Method of delivery (BC #46)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>The physical process by which the complete delivery of the fetus was effected.</p>	<p>Complete sections A and B.</p>	<p>See below.</p>	<p>See below.</p>

28. Method of delivery (BC #46)

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

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>B. Final route and method of delivery.</p> <p><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.</p> <p><i>Vaginal/forceps</i> – delivery of the fetal head through the vagina by the application of obstetrical forceps to the fetal head.</p> <p><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.</p> <p><i>Cesarean</i> – extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls.</p>	<p>Check one of the boxes.</p>	<p>1st Delivery Record <i>under</i>— Method of Delivery</p> <p>2nd Newborn Admission H&P</p> <p>3rd Recovery Room Record <i>under</i>—Maternal Data – Delivered</p>	<p><i>Vaginal/spontaneous:</i> VAG Del - vaginal delivery SVD - spontaneous vaginal delivery</p> <p><i>Vaginal/forceps:</i> LFD - low forceps delivery</p> <p><i>Vaginal/vacuum:</i> Vac Ext vacuum</p> <p><i>Cesarean:</i> C/S - cesarean section LSTCS - low segment transverse <i>Look for:</i> TOL - trial of labor</p>
<p>If cesarean, was a trial of labor attempted?</p> <p>Labor was allowed, augmented, or induced with plans for a vaginal delivery.</p>	<p>Check “yes” or “no.”</p>		<p>TOL - trial of labor</p>

29. Maternal morbidity (BC #47)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>Serious complications experienced by the mother associated with labor and delivery.</p>	<p>Check all boxes that apply. If the mother has none of the complications, check “none of the above.”</p>	<p>See below.</p>	<p>See below.</p>
<p>Maternal transfusion Includes infusion of whole blood or packed red blood cells associated with labor and delivery.</p>		<p>1st Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Labor summary ▪ Delivery summary <p>2nd Physician Delivery Notes/Operative Notes</p> <p>3rd Intake & Output Form</p>	<p>Transfused Blood transfusion</p> <p><i>Look for:</i> PRBC – packed red blood cells Whole blood</p>
<p>Third or fourth degree perineal laceration 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.</p>	<p><u>I</u></p>	<p>1st Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Episiotomy section ▪ Lacerations section <p>2nd Recovery Room Record <i>under</i>—Maternal Data – Delivered</p>	<p>4th degree lac. 4° LAC degree 3rd degree lac. 3° LAC degree</p>
<p>Ruptured uterus Tearing of the uterine wall.</p>		<p>1st Delivery Record <i>under</i>— Delivery Summary Note – Comments/Complications</p> <p>2nd Operative Note</p> <p>3rd Physician Progress Note</p>	
<p>Unplanned hysterectomy Surgical removal of the uterus that was not planned before the admission. Includes an anticipated, but not definitively planned, hysterectomy.</p>		<p>Same as ruptured uterus above.</p>	<p>Hysterectomy</p> <p>Look for: laparotomy</p>
<p>Admission to an intensive care unit Any admission, planned or unplanned, of the mother to a facility or unit designated as providing intensive care.</p>		<p>1st Physician Progress Note</p> <p>2nd Transfer Note</p>	<p>ICU (intensive care unit) MICU (medical intensive care unit) SICU (surgical intensive care unit) L&D ECU – Labor and Delivery Emergency Care Unit</p>

29. Maternal morbidity

<p>Unplanned operating room procedure following delivery Any transfer of the mother back to a surgical area for an operative procedure that was not planned before the admission for delivery. <u>Excludes</u> postpartum tubal ligations.</p>		<p>1st Physician Operative Note 2nd Physician Progress Note 3rd Physician Order</p>	<p>Repair of laceration Repair of laparotomy Drainage of purulent/septic material Exploratory laparotomy</p>
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30. Birthweight or Weight of Fetus

(BC #49)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>The weight of the infant at birth.</p>	<p>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.</p>	<p>1st Delivery Record <i>under</i>—Infant Data 2nd Admission Assessment <i>under</i>—Weight</p>	<p><i>BW</i> - Birthweight Gms - grams kg - kilograms Lbs - pounds oz - ounces</p>

31. Obstetric estimate of gestation at delivery (BC #50)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>The <u>best</u> obstetric estimate of the infant's gestation in completed weeks based on the birth attendant's final estimate of gestation.</p> <p>This estimate of gestation should be determined by all perinatal factors and assessments such as ultrasound, but <u>not</u> the neonatal exam.</p> <p>Ultrasound taken early in pregnancy is preferred.</p>	<p>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 up to the next whole week, e.g., 33 weeks.</p> <p>If the obstetric estimate of gestation is not known, enter "unknown" in the space.</p> <p><u>Do not</u> complete this item based <u>solely</u> on the infant's date of birth and the mother's date of last menstrual period.</p>	<p>1st OB Admission H&P <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Weeks ▪ Gestational age 	<p>Gestation _____ weeks (wks)</p> <p>_____ weeks gestational age (GA) – gestational age</p> <p>(EGA) – estimated gestational age</p>

32. Sex of child (BC #3)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>The sex of the infant.</p>	<p>Enter whether the infant is male, female, or unknown.</p>	<p>1st Delivery Record <i>under</i>—Infant Data</p>	<p>M – male</p> <p>F – female</p> <p>A – ambiguous (same as unknown)</p> <p>U - unknown</p>

33. Apgar score (BC #51)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>A systematic measure for evaluating the physical condition of the infant at specific intervals following birth.</p>	<p>Enter the infant's Apgar score at 5 minutes.</p> <p>If the score at 5 minutes is less than 6, enter the infant's Apgar score at 10 minutes.</p>	<p>Same as sex of infant above.</p>	

34. Plurality (BC #52)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<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. “Reabsorbed” fetuses (those that are not delivered, i.e., 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><i>If at least two live births in this pregnancy, see the facility worksheet attachment for multiple births.</i></p>	<p>1st Delivery record 2nd Admission H&P</p>	<p>Single Twin, triplet, quadruplet, etc... Multiple (a,b,c...) <i>or</i> (1,2,3...)</p>

35. If not a single birth, order born in the delivery (BC #53)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>The order born in the delivery, live born or fetal death (1st, 2nd, 3rd, 4th, 5th, 6th, 7th, etc.).</p>	<p>If this is a single birth, leave this item blank. Include all live births and fetal deaths from this pregnancy.</p>	<p>1st Delivery Record <i>under</i>—Birth Order 2nd Infant data</p>	<p>Baby A, B, or Baby 1, 2 etc. Twin A, B, or Twin 1, 2 Triplet A, B, C, or Triplet 1, 2, 3 etc.</p> <p><i>Look for:</i> Birth order/Set order</p>

**36. If not a single birth,
number of infants in
the delivery born
alive**

(Facility Worksheet #36)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
The number of infants in this delivery <u>born alive</u> at any point in the pregnancy.	If this is a single birth, leave this item blank. 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.	1 st Delivery record 2 nd Admission H&P	<i>Look for:</i> Condition

**37. Abnormal conditions
of the newborn**

(BC #54)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
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
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 and laryngoscopy for aspiration of meconium.		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

**37. Abnormal conditions
of the newborn —
cont'd**

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>Assisted ventilation required for more than six hours. Infant given mechanical ventilation (breathing assistance) by any method for more than six hours. Includes conventional, high frequency, and/or continuous positive pressure (CPAP).</p>	<p>Count the number of hours of mechanical ventilation given.</p>	<p>1st Newborn Respiratory Care Flow Sheet</p>	<p><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>

37. Abnormal conditions of the newborn

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>NICU Admissions Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for a newborn.</p>	<p>NICU admission at any time during the infant's hospital stay following delivery.</p>	<p>1st Labor and Delivery Summary Record <i>under</i>—Disposition <i>under</i>—</p> <ul style="list-style-type: none"> ▪ Intensive Care Nursery (ICN) ▪ Special Care Nursery (SCN) 	<p>ICN - Intensive Care Nursery SCN - Special Care Nursery NICU - neonatal intensive care unit PICU - pediatric intensive care unit</p>
<p>Newborn given surfactant replacement therapy. Endotracheal instillation of a surface-active suspension for treating surfactant deficiency due to preterm birth or pulmonary injury resulting in respiratory distress. Includes both artificial and extracted natural surfactant.</p>	<p>Check both primary (1st) and secondary (2nd) sources before completion.</p>	<p>1st Labor and Delivery Summary <i>under</i>—Neonatal Medication 2nd Newborn Medication Administration Record</p>	<p><i>If given to newborn after birth:</i> Medications (given to newborn):</p> <p>Surfactant Survanta Exosurf Curosurf Infasurf</p>

37. Abnormal conditions of the newborn

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>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 <u>NOT</u> suspected of having neonatal sepsis</p>		<p>1st Newborn Medication Administration Record</p>	<p>Medications (given to newborn for sepsis): Nafcillin, Chloramphenicol Penicillin, Penicillin G Ampicillin, Gentamicin, Kanamycin, Cefotaxime, Cefoxitin, Vancomycin, Acyclovir, Amikacin, Ceftazidime, Ceftriaxone, Cefazolin</p>
<p>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.</p>		<p>1st Newborn H&P 2nd Physician Progress Notes <i>under</i>—Neuro Exam</p>	<p>Seizures Tonic/Clonic/Clonus Twitching Eye rolling Rhythmic jerking Hypotonia Obtundation Stupor Coma (HIE) - Hypoxic-ischemic encephalopathy</p>

37. Abnormal conditions of the newborn

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<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. Includes any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy. Soft tissue hemorrhage requiring evaluation and/or treatment. Includes sub-galeal , (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. 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 2nd Newborn Admission H&P 3rd Physician Progress Notes</p>	<p><i>Look for: (as applies to infant)</i> Trauma Facial asymmetry Subgaleal (progressive extravasation within the scalp) Hemorrhage</p> <p>Giant cephalohematoma 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 Fractures of the spleen Adrenal hematoma</p>

38. Congenital anomalies of the newborn

(BC #55)

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

38. Congenital anomalies of the newborn

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>Cyanotic congenital heart disease Congenital heart defects that cause cyanosis.</p>		<p>1st Physician Progress Notes <i>under—</i></p> <ul style="list-style-type: none"> ▪ Circulation ▪ Cardiovascular 	<p>TGA - Transposition of the great arteries TOF - Tetralogy of Fallot Pulmonary or pulmonic valvular atresia Tricuspid atresia Truncus arteriosus TAPVR - total/partial anomalous pulmonary venous return with or without obstruction COA - coarctation of the aorta HLHS - hyposplastic left heart syndrome</p>
<p>Congenital diaphragmatic hernia Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.</p>		<p>1st Infant H&P 2nd Labor and Delivery Summary Record <i>under—</i>Infant Data</p>	

38. Congenital anomalies of the newborn

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

38. Congenital anomalies of the newborn

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>Limb reduction defect—excluding congenital amputation and dwarfing syndromes. Complete or partial absence of a portion of an extremity secondary to failure to develop.</p>		<p>1st Labor and Delivery Summary Record <i>under</i>—Infant Data 2nd Newborn H&P</p>	<p><i>Look for:</i> Amniotic bands ABS – amniotic band syndrome</p>
<p>Cleft lip with or without cleft palate Incomplete closure of the lip. May be unilateral, bilateral, or median.</p>		<p>Same as limb reduction defect.</p>	<p>Cleft lip (unilateral, bilateral, or median)</p>
<p>Cleft palate alone Incomplete fusion of the palatal shelves. May be limited to the soft palate or may extend into the hard palate. Cleft palate in the presence of cleft lip should be included in the category above.</p>		<p>Same as limb reduction defect.</p>	

38. Congenital anomalies of the newborn

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
<p>Down syndrome Trisomy 21 - <i>Karyotype confirmed</i> - <i>Karyotype pending</i></p>	<p>Check if a diagnosis of Down syndrome, Trisomy 21 is confirmed or pending.</p>	<p>1st Infant Progress Notes 2nd Genetic Consult.</p>	<p>Trisomy 21 Positive (confirmed) Possible Down (pending) Rule out (R/O) Down (pending)</p>
<p>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></p>	<p>Check if a diagnosis of a suspected chromosomal disorder is confirmed or pending. (May include Trisomy 21.)</p>	<p>Same as Down syndrome.</p>	<p>Trisomy and then a number such as: 13 - Patau's syndrome 17 or 18 - Edward syndrome Positive (confirmed) Possible Trisomy __ (pending) Rule out (R/O) (pending)</p>
<p>Hypospadias Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis. Includes— - First degree (on the glans ventral to the tip) - Second degree (in the coronal sulcus) - Third degree (on the penile shaft)</p>		<p>1st Labor & Delivery Summary <i>under</i>—Infant Data 2nd Newborn H&P <i>under</i>—Genitourinary (GU)</p>	

39. Was the infant transferred within 24 hours of delivery?
(BC #56)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
Transfer status of the infant within 24 hours after delivery.	Check “yes” if the infant was transferred from this facility to another within 24 hours of delivery. Enter the name of the facility to which the infant was transferred. If the name of the facility is not known, enter “unknown.” If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.	1 st Infant Progress Notes 2 nd Transfer Form	Look for: Disposition

40. Is the infant living at the time of the report?
(BC #57)

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/abbreviations</u>
Information on the infant’s survival.	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 st Infant Progress Notes	

41. Is the infant being breast-fed at discharge?

(BC #58)

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

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 Service

MARYLAND CERTIFICATE OF LIVE BIRTH

LOCAL FILE NO.

BIRTH NUMBER:

C H I L D	1. CHILD'S NAME (First, Middle, Last, Suffix)		2. TIME OF BIRTH (24 hr)	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)	
	5. FACILITY NAME (If not institution, give street and number)		6. CITY, TOWN, OR LOCATION OF BIRTH		7. COUNTY OF BIRTH	
M O T H E R	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)			8b. DATE OF BIRTH (Mo/Day/Yr)		
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)			8d. BIRTHPLACE (State, Territory, or Foreign Country)		
	9a. RESIDENCE OF MOTHER-STATE		9b. COUNTY		9c. CITY, TOWN, OR LOCATION	
	9d. STREET AND NUMBER		9e. APT. NO.	9f. ZIP CODE		9g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
F A T H E R	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		10b. DATE OF BIRTH (Mo/Day/Yr)		10c. BIRTHPLACE (State, Territory, or Foreign Country)	
	11. CERTIFIER'S NAME: _____ TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____		12. DATE CERTIFIED ____/____/____ MM DD YYYY		13. DATE FILED BY REGISTRAR ____/____/____ MM DD YYYY	

INFORMATION FOR ADMINISTRATIVE USE

M O T H E R	14. MOTHER'S MAILING ADDRESS: <input type="checkbox"/> Same as residence, or: State: _____ City, Town, or Location: _____ Street & Number: _____ Apartment No.: _____ Zip Code: _____				
	15. MOTHER MARRIED? (At birth, conception, or any time between) <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, HAS PATERNITY ACKNOWLEDGEMENT BEEN SIGNED IN THE HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. FACILITY ID. (NPI)
	18. MOTHER'S SOCIAL SECURITY NUMBER: _____		19. FATHER'S SOCIAL SECURITY NUMBER: _____		

INFORMATION FOR MEDICAL AND HEALTH PURPOSES ONLY

M O T H E R	20. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		21. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina) <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) _____ 21a. NUMBER OF YEARS LIVING IN US _____		22. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____	
	F A T H E R	23. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		24. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ 24a. NUMBER OF YEARS LIVING IN US _____		25. FATHER'S RACE (Check one or more races to indicate what the father considers himself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____
26. PLACE WHERE BIRTH OCCURRED (Check one) <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding birthing center <input type="checkbox"/> Home Birth: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Clinic/Doctor's office <input type="checkbox"/> Other (Specify) _____		27. ATTENDANT'S NAME, TITLE, AND NPI NAME: _____ NPI: _____ TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____		28. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM: _____		

Mother's Name

Mother's Medical Rec No.

MOTHER	29a. DATE OF FIRST PRENATAL CARE VISIT ____/____/____ <input type="checkbox"/> No Prenatal Care MM DD YYYY	29b. DATE OF LAST PRENATAL CARE VISIT ____/____/____ MM DD YYYY	30. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY _____ (If none, enter "0".)
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31. MOTHER'S HEIGHT _____ (feet/inches)	32. MOTHER'S PREPREGNANCY WEIGHT _____ (pounds)	33. MOTHER'S WEIGHT AT DELIVERY _____ (pounds)	34. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY? <input type="checkbox"/> Yes <input type="checkbox"/> No
35. NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child)	36. NUMBER OF OTHER PREGNANCY OUTCOMES (spontaneous or induced losses or ectopic pregnancies)	37. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. IF NONE, ENTER "0". Average number of cigarettes or packs of cigarettes smoked per day: # of cigarettes # of packs Three Months Before Pregnancy _____ OR _____ First Three Months of Pregnancy _____ OR _____ Second Three Months of Pregnancy _____ OR _____ Third Trimester of Pregnancy _____ OR _____	38. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Self-pay <input type="checkbox"/> Other (Specify) _____
35a. Now Living Number _____ <input type="checkbox"/> None	35b. Now Dead Number _____ <input type="checkbox"/> None	36a. Other Outcomes Number _____ <input type="checkbox"/> None	
35c. DATE OF LAST LIVE BIRTH ____/____/____ MM YYYY	36b. DATE OF LAST OTHER PREGNANCY OUTCOME ____/____/____ MM YYYY	39. DATE LAST NORMAL MENSES BEGAN ____/____/____ MM DD YYYY	40. MOTHER'S MEDICAL RECORD NUMBER

MEDICAL AND HEALTH INFORMATION

41. RISK FACTORS IN THIS PREGNANCY (Check all that apply) Diabetes <input type="checkbox"/> Prepregnancy (Diagnosis prior to this pregnancy) <input type="checkbox"/> Gestational (Diagnosis in this pregnancy) Hypertension <input type="checkbox"/> Prepregnancy (Chronic) <input type="checkbox"/> Gestational (PIH, preeclampsia) <input type="checkbox"/> Eclampsia <input type="checkbox"/> Previous preterm birth <input type="checkbox"/> Other previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth) <input type="checkbox"/> Pregnancy resulted from infertility treatment-If yes, check all that apply: <input type="checkbox"/> Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination <input type="checkbox"/> Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT)) <input type="checkbox"/> Mother had a previous cesarean delivery If yes, how many _____ <input type="checkbox"/> None of the above	43. OBSTETRIC PROCEDURES (Check all that apply) <input type="checkbox"/> Cervical cerclage <input type="checkbox"/> Tocolysis External cephalic version: <input type="checkbox"/> Successful <input type="checkbox"/> Failed <input type="checkbox"/> None of the above	46. METHOD OF DELIVERY A. Fetal presentation at birth <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other B. Final route and method of delivery (Check one) <input type="checkbox"/> Vaginal/Spontaneous <input type="checkbox"/> Vaginal/Forceps <input type="checkbox"/> Vaginal/Vacuum <input type="checkbox"/> Cesarean If cesarean, was a trial of labor attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No
42. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply) <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> Chlamydia <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> None of the above	44. ONSET OF LABOR (Check all that apply) <input type="checkbox"/> Premature Rupture of the Membranes (prolonged ≥12 hrs.) <input type="checkbox"/> Precipitous Labor (<3 hrs.) <input type="checkbox"/> Prolonged Labor (≥ 20 hrs.) <input type="checkbox"/> None of the above	47. MATERNAL MORBIDITY (Check all that apply) (Complications associated with labor and delivery) <input type="checkbox"/> Maternal transfusion <input type="checkbox"/> Third or fourth degree perineal laceration <input type="checkbox"/> Ruptured uterus <input type="checkbox"/> Unplanned hysterectomy <input type="checkbox"/> Admission to intensive care unit <input type="checkbox"/> Unplanned operating room procedure following delivery <input type="checkbox"/> None of the above
	45. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply) <input type="checkbox"/> Induction of labor <input type="checkbox"/> Augmentation of labor <input type="checkbox"/> Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery <input type="checkbox"/> Antibiotics received by the mother during labor <input type="checkbox"/> Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥38°C (100.4°F) <input type="checkbox"/> Moderate/heavy meconium staining of the amniotic fluid <input type="checkbox"/> Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery <input type="checkbox"/> Epidural or spinal anesthesia during labor <input type="checkbox"/> None of the above	

NEWBORN INFORMATION

NEWBORN

48. NEWBORN MEDICAL RECORD NUMBER	54. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply) <input type="checkbox"/> Assisted ventilation required immediately following delivery <input type="checkbox"/> Assisted ventilation required for more than six hours <input type="checkbox"/> NICU admission <input type="checkbox"/> Newborn given surfactant replacement therapy <input type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis <input type="checkbox"/> Seizure or serious neurologic dysfunction <input type="checkbox"/> Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention) <input type="checkbox"/> None of the above	55. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply) <input type="checkbox"/> Anencephaly <input type="checkbox"/> Meningocele/Spina bifida <input type="checkbox"/> Cyanotic congenital heart disease <input type="checkbox"/> Congenital diaphragmatic hernia <input type="checkbox"/> Omphalocele <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Limb reduction defect (excluding congenital amputation and dwarfing syndromes) <input type="checkbox"/> Cleft Lip with or without Cleft Palate <input type="checkbox"/> Cleft Palate alone <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <input type="checkbox"/> Suspected chromosomal disorder <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <input type="checkbox"/> Hypospadias <input type="checkbox"/> None of the anomalies listed above
49. BIRTHWEIGHT (grams preferred, specify unit) _____ <input type="checkbox"/> grams <input type="checkbox"/> lb/oz		
50. OBSTETRIC ESTIMATE OF GESTATION: _____ (completed weeks)		
51. APGAR SCORE: Score at 5 minutes: _____ If 5 minute score is less than 6, Score at 10 minutes: _____		
52. PLURALITY - Single, Twin, Triplet, etc. (Specify) _____		
53. IF NOT SINGLE BIRTH - Born First, Second, Third, etc. (Specify) _____		
56. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF FACILITY INFANT TRANSFERRED TO: _____	57. IS INFANT LIVING AT TIME OF REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Infant transferred, status unknown	58. IS THE INFANT BEING BREASTFED AT DISCHARGE? <input type="checkbox"/> Yes <input type="checkbox"/> No

Mother's Name _____
Mother's Medical Record No. _____