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Guide to Completing

The Facility Worksheets for the

Certificate of Live Birth

Ohio Department of Health

Office of Vital Statistics

**Revision Date**

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**Table of Contents**

**How To Use This Guide**3

**Guide to Completing the Facility Worksheet for the Certificate of Live Birth**5

1. Place where birth/delivery occurred/Birthplace – (BC #26)5
2. City, town, or location of birth (BC #6)6

County of birth - (BC #7)6

1. Principal source of payment7
2. Date of first prenatal care visit 8
3. Date of last prenatal care visit9
4. Total number of prenatal care visits for this pregnancy 10
5. Date last normal menses began10
6. Pregnancy/Ultrasound dating 11
7. Number of previous live births now living 12
8. Number of previous live births now dead 13
9. Date of last live birth14
10. Total number of other pregnancy outcomes 14
11. Date of last other pregnancy outcome 15
12. Risk factors in this pregnancy15
13. Infections present and/or treated during this pregnancy 30
14. Obstetric procedures 39
15. Progesterone42
16. Was the mother transferred to this facility for maternal medical or fetal indications for delivery?43
17. Onset of labor 44
18. Date of birth - (BC #4)45
19. Time of birth - (BC #2)45
20. Attendant’s name, title, and I.D. - (BC #27)46

**Date certified - (BC #12)**47

1. Mother’s weight at delivery47
2. Characteristics of labor and delivery47
3. Method of delivery 56
4. Maternal morbidity 60
5. Infant’s medical record number 62
6. Birthweight or Weight of Fetus 62
7. Obstetric estimate of gestation at delivery 63
8. Sex of child 64
9. Apgar score - (BC #51)64
10. Plurality64
11. If not a single birth, order born in the delivery65
12. If not a single birth, number of infants in the delivery born alive of fetal deaths 65
13. Metabolic Kit Number65
14. Name of Prophylactic used in eyes of child 66
15. Abnormal conditions of the newborn 66
16. Congenital anomalies of the newborn 71
17. Was the infant transferred within 24 hours of delivery?81
18. Is the infant living at the time of the report?82
19. Is the infant being breast-fed? - (BC #58) 82
20. Exclusive breast feeding during entire stay?83

**How To Use This Guide**

This guide was developed to assist in completing the Facility Worksheets for the revised Live Birth Certificate.

Abbreviations:

Mother’s Worksheet - MWS Facility Worksheet – FWS Birth Certificate - BC

| **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. | * 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 “under” and “or.” | * Identifies 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. |
|  |  |  | * Medications commonly used for items. * Example - “Clomid” for “Assisted reproduction treatment.” * “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.   Example - “Trial of labor” for “cesarean delivery” |

**Missing information: Where information for an item cannot be located in any prenatal or labor and delivery or post-partum or neonatal record, please write “unknown” on the paper copy of the worksheet. In order to mark “unknown” the information must be unavailable from any known source.**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Place where birth/delivery occurred/Birthplace :** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| The type of place where the birth  Occurred:   * Hospital * Freestanding birthing center- No direct physical connection with an operative delivery center * En-Route * Home birth- the birth occurred at a private residence * Other | Check the box that best describes  the type of place where the birth occurred.  If the birth occurred in a vehicle while en-route to the hospital and the vehicle did not stop to complete the deliver, mark ‘En- Route’.  If home birth is checked, check whether the home birth was planned. If unknown whether a planned home birth write “unknown.”  For other, specify taxi, cab, train, plane etc. | 1st Admission History and  Physical (H&P) under— General  Admission under:   * Admitted from home, doctor’s office, other * Problem list/findings   2nd Delivery Record under:   * Delivery information * Labor and delivery summary * Maternal obstetric * (OB)/labor summary under—delivery * Summary of labor and delivery (L & D)   3rd Basic Admission Data  4th Progress Notes or Note | FBC – Freestanding birthing  Center |

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| **2. City, town, or location of birth** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| 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. |  |  |

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| **2. County of birth** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| 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. |  |  |

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| **3. Principal source of payment** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| The principal source of payment at the time of delivery:   * Private insurance (Blue Cross/Blue Shield, Aetna, etc.) * Medicare * Medicaid (or a comparable State program) * Purchase directly or self-pay (no third party identified) * Other - (Indian Health Service, CHAMPUS/ TRICARE, other government [federal, state, local]) * Uninsured | Check the box that best describes the principal source of payment  for this delivery.  If “other” is checked, specify the payer.  If the principal source of payment is not known, mark “unknown”.  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.  This item should reflect knowledge of the most up to date managed care product names in this hospital’s service area. | 1st Hospital Face Sheet  2nd Admitting Office Face Sheet  3rd Admitting Office Managed Care reference |  |

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| **4. Date of first prenatal care visit** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| 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.  Unknown portions of the date should be entered as “99”.  If the entire date is unknown mark the Unknown box.  If “no prenatal care,” check the box and skip to 6. | 1st Prenatal Care Record under:   * Intake information * Initial physical exam * Prenatal visits flow sheet * Current pregnancy   2nd Initial Physical Examination | PNC - Prenatal care |

| **5. Date of last prenatal care visit** | | | |
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| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| 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.  NOTE: Please enter the date of the last visit **given in the most current record available. Do not estimate the date of the last visit.**  Complete all parts of the date that are available.  Unknown portions of the date should be entered as “99”.  If the entire date is unknown mark the Unknown box. | 1st Prenatal Care Record  under— Current Pregnancy  2nd Prenatal Visits Flow Sheets  (last date shown) | PNC - Prenatal care |

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| **6. Total number of prenatal care visits for this pregnancy** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| The total number of visits  recorded in the record. | **Count only those visits recorded in the prenatal record.**  NOTE: Please 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.**  If none, enter “0.” The “no prenatal care” box should also be checked in item 4.  If prenatal record is not available mark ‘Unknown’. | 1st Prenatal Care Record under -  Prenatal Visit Flow Sheet  (count visits) | PNC - Prenatal care |

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| **7. Date last normal menses began** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| The date the mother’s last normal  menstrual period began.  This item is used to compute the gestational age of the infant. | Enter all parts of the date of the  mother’s last normal menstrual period began that are known.  Unknown portions of the date should be entered as “99”.  If the entire date is unknown mark the Unknown box. | 1st Prenatal Care Record under:   * Menstrual history * Nursing admission triage form   2nd Admission H&P under:   * Medical History | * LMP – last menstrual period * Also may be entered as “LNMP” = Last NORMAL Menstrual Period. |

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| **8. Pregnancy/Ultrasound Dating - Gestational Age of First Ultrasound** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| The gestational age at which the first ultrasound for the current pregnancy was obtained. | Select one from dropdown   * Ultrasound BEFORE or = to 20 weeks gestation * Ultrasound AFTER 20 weeks gestation * Unknown OR no ultrasound performed   For dropdown use gestational age determined by ultrasound, not gestational age determined by LMP if they are different. | 1st Prenatal Care Record under   * EDD confirmation * EDD Update * Pregnancy dating * Ultrasound report   2rd Admission H&P under   * Current pregnancy history   Note: Gestational age at which ultrasound performed may not be given but if date of ultrasound and EDD established by the ultrasound is given then gestational age of ultrasound can be calculated using gestational age wheel (electronic preferred) | * EDD * EDC * Ultrasound * Dating |

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| **9. Number of previous live births now living** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| The total number of previous live  born infants now living | Do not include this infant. Include  all previous live born infants who are still living.  For multiple deliveries:   * Include all live born infants before this infant in the pregnancy. * Do not include abortions, (spontaneous/ miscarriages or therapeutic or elective abortions), fetal deaths/stillbirths * For multiple deliveries include all live born infants before this infant who are now living. If the first born, do not include this infant. * If the second born, include the first born, etc. * If no previous live born infants, enter 0. * If no information about previous births is available enter ‘Unknown’. * See “Facility Worksheet Attachment for * Multiple Births.” | 1st Prenatal Care Record under:   * 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   2nd Labor and Delivery Nursing Admission Triage Form under—Patient Data  3rd Admission H&P | * L – now living   Look for:   * G -- Gravida - Total number of pregnancies * P – Para – Previous live births as well as fetal deaths >20 weeks of gestation * T – Term – delivered at 37 to 40 weeks gestation   **Note:** fetal deaths >28 weeks of gestation: this is clinically incorrect; it is different from #13h (other poor pregnancy outcome) which is correct; NCHS is also incorrect in this section as well. |

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| **10. Number of previous live births now dead** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| The total number of previous live  born infants now dead | Do not include this infant. Include  all previous live born infants who are no longer living.  For multiple deliveries:  Include all live born infants before 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, enter 0 * If no information about * previous births is available enter ‘Unknown’   See “Facility Worksheet Attachment for Multiple Births.” | 1st Prenatal Care Record under   * Pregnancy history information - comments, complications * Previous OB history -comments, complications * Past pregnancy history -comments, complications   2nd Admission H&P | (See #8 above)  Expired |

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| **11. Date of last live birth** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| 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. Include live born infants now living and now dead.  Unknown portions of the date should be entered as “99”. If the entire date is unknown mark the Unknown box. | 1st Prenatal Care Record under:   * Pregnancy history information – date * Previous OB history – date * Past pregnancy history – date   2nd Admission H&P | DOB – Date of birth |

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| **12. Number of other pregnancy outcomes** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| Total number of other pregnancy  outcomes that did not result in a live birth.  Includes pregnancy losses of any gestation age.  Examples: spontaneous or induced losses or ectopic pregnancy. | Include all previous pregnancy  losses that did not result in a live birth.  If no previous pregnancy losses mark ‘0’.  For multiple deliveries:   * Include all previous pregnancy losses before this infant in this pregnancy and in previous pregnancies. | 1st Prenatal Care Record under   * Gravida section – “A” (abortion/miscarriage) * Para section - “A” * Pregnancy history information - comments, complications * Previous OB history -comments, complications * Past pregnancy history -comments, complications   2nd Labor and Delivery Nursing  Admission Triage Form  3rd Admission H&P | Miscarriages  Fetal demise  AB - Abortion induced   * EAB-Elective abortion * SAB - spontaneous abortion * TAB - therapeutic abortion * Septic abortion * Ectopic pregnancy * Tubal pregnancy * FDIU – fetal death in-utero * IUFD – intrauterine fetal death/demise |

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| **13. Date of last other pregnancy outcome** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| The date that the last pregnancy  that did not result in a live birth ended.  Includes pregnancy losses at any gestational age. | If applicable, enter the month and  year.  Unknown portions of the date should be entered as “99”.  If the entire date is unknown mark the Unknown box | 1st Prenatal Care Record under   * Pregnancy history information * Previous OB history * Past pregnancy history   2nd Admission H&P | Examples:   * Stillbirth * Spontaneous or induced abortions or losses * Ectopic pregnancy * Miscarriages |

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| **14. Risk factors in this pregnancy** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| 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”. | See below | See below |

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| **14. Risk factors in this pregnancy** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| 1. **None**   **b-c Diabetes** - Glucose  intolerance requiring treatment.  Pre-pregnancy - (diagnosis before this pregnancy).  Gestational - (diagnosis during this pregnancy). | If diabetes is present, check either  pre-pregnancy or gestation diabetes. **Do not check both**. | 1st Prenatal Care Record under  Medical history   * Previous OB history under—summary of previous pregnancies * Problem list or— initial risk assessment * Historical risk summary * Complications of previous pregnancies * Factors this pregnancy   2nd Labor and Delivery Nursing Admission Triage Form under - Medical complications   * Comments   3rd Admission H&P under—   * Current pregnancy history * Medical history * Previous OB history * under—pregnancy related * Problem list/findings   4th Delivery Record under—   * 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   **Gestational:**   * GDM -- gestational diabetes mellitus, either diet controlled or medication controlled. * IDGDM -- insulin dependent gestational diabetes mellitus. |

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| **14. Risk factors in this pregnancy** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **d – f Hypertension**  Elevation of blood pressure above normal for age, gender, and physiological condition; high blood pressure  Pre-pregnancy (chronic)  Diagnosis prior to the onset of this pregnancy.  Gestational  Diagnosis in this pregnancy and includes:   * Pregnancy induced hypertension PIH. * Pre-eclampsia: hypertension and [protein in the urine](http://www.ncbi.nlm.nih.gov/pubmedhealth/n/pmh_adam/A003580/) after the 20th week of pregnancy.   Eclampsia  Eclampsia is “Hypertension with proteinuria with generalized seizures or coma. May include pathologic edema”.  Instructions: If eclampsia is present, one type of hypertension (either Gestational or Pre-pregnancy should be checked). | If hypertension is present, check  either prepregnancy or gestational hypertension w/o eclampsia or eclampsia. Only check one. | See above | **Prepregnancy:**   * CHT – chronic hypertension * Essential hypertension   **Gestational:**   * PIH – pregnancy-induced hypertension * Preeclampsia * Eclampsia |

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| **14. Risk factors in this pregnancy** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **g - Previous preterm births**  History of pregnancy (ies) terminating in a live infant birth of less than 37 completed weeks of gestation. | **Include**:  Any Prior Birth of a living infant between 16 and 36 weeks (< 37 weeks) gestation. | 1st Prenatal Care Record under:   * Medical history * Previous OB history under—summary of previous pregnancies. * Problem list or—initial risk assessment. * Historical risk summary * Complications of previous pregnancies.   2nd Labor and Delivery Nursing Admission Triage Form under:   * Medical complications * Comments   3rd Admission H&P under:   * Medical history * Previous OB history under—pregnancy related. * Problem list/findings. | Look for:   * Preterm labor * Preterm PROM * Advanced cervical dilation / effacement   PTL – preterm labor  P – premature |

| **14. Risk factors in this pregnancy** | | | |
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| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **h - Other previous poor pregnancy outcome**  **or risk factors**   * History of pregnancies continuing into the 20th week of gestation and resulting in any of the listed outcomes:   + Perinatal death (including fetal, stillbirth and neonatal deaths   + Small for gestational age   + Intrauterine-growth-restricted birth   Additional risk factors   * Cervical procedures (cervical cone biopsy or conization) * LEEP (loop electrical excision procedure) * D&C – dilation and curettage * Bleeding after 14 weeks * Uterine anomalies |  | 1st Prenatal Care Record under   * Medical history * Previous OB history under—summary of previous pregnancies * Problem list or—initial risk assessment * Historical risk summary * Complications of previous pregnancies   2nd Labor and Delivery Nursing   * Admission Triage Form under – Comments.   3rd Admission H&P under   * Previous OB history under—pregnancy related * Complications Previous * Pregnancies * Problem list/findings | * IUGR – intrauterine growth restriction (retardation) * FDIU – fetal death in-utero * IUFD-Intrauterine fetal death * SGA – small for gestational age * SFD – small for dates * Stillborn- infant/fetus born of *any gestational age* without signs of life   Look for:   * PROM – premature rupture of membranes * PPROM – preterm premature rupture of membranes |
| **i – Pregnancy resulted from any fertility enhancing drugs, artificial insemination or intrauterine insemination** |  | 1st Prenatal Care Record under:   * Medical history * Current pregnancy history * Problem list or—initial risk assessment   Medications this pregnancy  2nd Labor and Delivery Nursing Admission Triage Form under:   * Comments * Medications   3rd Admission H&P under:   * Current pregnancy history   Problem list/findings | * Artificial insemination * Intrauterine insemination medications including but not limited to:   + Clomid   + Clomiphene   + Serophene   + Pergonal\   + Metrodin   + Profasi   + Progesterol (**not** progesterone)   + Crinone (progesterone gel)   + Follistim   + FSH (follicle stimulating hormone)   + Gonadotopins   + HcG (human chorionic gonadotropin   + Pergonal |

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| **14. Risk factors in this pregnancy** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **i – Pregnancy resulted from any assisted reproductive technology** |  | See above | * ART: Assisted reproductive technology * Artificial insemination * AIH: artificial insemination by husband * In-vitro fertilization embryo transfer * GIFT: gamete intrafallopian transfer * ZIFT: zygote intrafallopian transfer * Ovum donation, * Sperm donation * Donor embryo * Embryo adoption |
| **j - Mother had a previous cesarean delivery (CS)**  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 yes, please select the number of each type of cesarean section performed | If the mother has had a previous  Cesarean delivery, indicate the number of previous cesarean deliveries she has had.  **Do not count current pregnancy delivery**  After entering the number of previous CS select the number of different types of CS from following list (total should add up total number of prior CS deliveries):   * Prior classical (Vertical Uterine Incision) cesarean section * Prior low transverse cesarean section (LTCS) * Prior uterine rupture or window discovered during previous CS | 1st Prenatal Care Record under   * Past pregnancy history * Past OB history * Problem list or—initial risk assessment   2nd Labor and Delivery Nursing  Admission Triage Form under - Comments  3rd Admission H&P under   * Past OB history * Past pregnancy history under—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 cesarean section * Low transverse cesarean section   Look for:   * TOL – trial of labor |
| **k – Anemia**  Hematocrit < 30 or Hemoglobin <  10 |  | See above. | Hct – hematocrit  Hgb – Hemoglobin |

| **14. Risk factors in this pregnancy** | | | | | | | |
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| **Definitions** | | **Instructions** | | **Sources** | | **Key words/Abbreviations** | |
| **l. Cardiac disease (added to Ohio BC)**  Does not include hypertension alone.  Include any heart disease present before pregnancy or identified during pregnancy, including: congenital heart defects, coronary heart disease, congestive heart failure | |  | | 1st Prenatal Care Record under   * Problem list or—initial risk assessment * Complications   2nd Labor and Delivery Nursing  Admission Triage Form under   * Admission chief complaint * Comments * Medications   3rd Admission H&P under   * Admission chief * complaint * Current pregnancy history * Problem list/findings   4th Delivery Record under   * Maternal OB/labor summary * Labor and delivery admission history * Labor summary record | | Look for :  Maternal history of:   * CHF (Congestive Heart Failure) * Cardiomyopathy * Repaired Tetrology of Fallot (TOF) * ASD (Atrial Septal Defect) * VSD (Ventricular Septal Defect) * Previous MI (Myocardial Infarction) * Heart attack * Cardiac ischemia * Angina * Congenital heart disease | |
| **m. Acute or Chronic Lung**  **Disease (added to Ohio BC)**  Includes asthma, obstructive disease, and infectious diseases such as Pneumonia.  It does not include acute upper respiratory disease, such as the common cold, sinus infection or seasonal allergies. | |  | | **See above** | | **Look for:**   * COPD (Chronic Obstructive Pulmonary Disease) * COLD (Chronic Obstructive Lung Disease) * Asthma * RAD (Reactive Airway Disease) * Bronchitis * Pneumonia | |
| **n. Hydramnios : This may include either**  **Polyhydramnios** -- A condition in which there is an excess amount of amniotic fluid in the sac surrounding the fetus.  **Or**  **Oligohydramnios** -- Lack or deficiency of amniotic fluid. | | **Hydramnios is MAY REFER TO**  Polyhydramnios = abnormal excess of amniotic fluid.  or  Oligohydramnios = abnormal reduced or absent amniotic fluid. | | **See above** | | * Potter syndrome or * Renal Agenesis * Oligohydramnios Sequence * Streeter Anomaly: Amniotic band syndrome * Oligohydramnios * Polyhydramnios * Hydramnios | |
| **o. Hemoglobinopathy**  (added to Ohio BC)  Hemoglobinapthy is a term used  to describe disorders caused by the presence of abnormal hemoglobin production in the blood | |  | | **See above** | | * Hemoglobin S disease * Sickle Cell Anemia/ SCA * Alpha thallessemia * Beta thalassemia | |
| **p. Intrauterine Growth Restriction (IUGR)**  **Or Fetal Growth restriction**  **Fetus with an estimated fetal weight less than the 10th percentile for gestational age as determined by prenatal ultrasound.** | | Check box yes or no  IUGR is **diagnosed before delivery**  The term size less than dates may be used to describe the uterine size but is not enough to define fetal growth restriction.  If the term small for gestational age (SGA) is used in maternal record and describes the fetus before birth then can be used to designate IUGR  **Not determined after birth when the baby’s weight is less than the 10th percentile – this is small for gestational age (SGA)** | | 1st Prenatal Care Record under   * Problem list or—initial risk assessment * Complications   2nd Labor and Delivery Nursing  Admission Triage Form under   * Admission chief complaint * Comments * Medications   3rd Admission H&P under   * Admission chief   complaint   * Current pregnancy history * Problem list/findings   4th Delivery Record under   * Maternal OB/labor summary * Labor and delivery admission history * Labor summary record   \*Not found in newborn record | | Look for designation in maternal record of:   * Poor fetal growth * Fetal growth restriction * IUGR * Estimated fetal weight < 10th percentile * Fetal abdominal circumference < 10th percentile * Abnormal fetal Doppler studies | |

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| **14. Risk factors in this pregnancy** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **q. Renal (Kidney) Disease**  **Maternal medical condition that involves her kidneys** | Click yes or no  If the record indicated that the patient has renal disease and high blood pressure the proper designation is listed under hypertension  Fetal congenital kidney abnormalities should not be listed here | 1st Prenatal Care Record under   * Problem list or—initial risk assessment * Complications   2nd Labor and Delivery Nursing  Admission Triage Form under   * Admission chief complaint * Comments * Medications   3rd Admission H&P under   * Admission chief   complaint   * Current pregnancy history * Problem list/findings * Past medical history   4th Delivery Record under   * Maternal OB/labor summary * Labor and delivery admission history * Labor summary record | Look for designation in maternal record of:   * Renal disease * Kidney disease * Acute renal failure or insufficiency * Chronic renal failure of insufficiency * Proteinuria without hypertension * Nephritic syndrome * Renal transplant * Maternal congenital kidney abnormalities affecting pregnancy |

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| **14. Risk factors in this pregnancy** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **r. Cholestasis**  **Reversible maternal liver condition of late pregnancy associated with increased bile in the blood stream and intense itching of skin**  **Associated with increased risk of stillbirth**  **Baby often delivered in the late preterm period** | Check Box yes or no | 1st Prenatal Care Record under   * Problem list or—initial risk assessment * Complications   2nd Labor and Delivery Nursing  Admission Triage Form under   * Admission chief complaint * Comments * Medications   3rd Admission H&P under   * Admission chief   complaint   * Current pregnancy history * Problem list/findings * Past medical history   4th Delivery Record under   * Maternal OB/labor summary * Labor and delivery admission history * Labor summary record | Look for designation in maternal record of:   * Cholestasis of pregnancy * Intrahepatic cholestasis * Obstetric cholestasis |

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| **Risk factors in this pregnancy** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **s. Blood Group Allo-immunization**  **Maternal antibody formation that may lead to fetal red blood cell destruction and fetal anemia** | Check box yes or no  Mark only if a mother has a positive antibody screen **not due to** Rh immunoglobulin (Rhogam or Rhophylac). Do not mark as positive in a mother recently given Rh immunoglobulin . | 1st Prenatal Care Record under   * Problem list or—initial risk assessment * Complications   2nd Labor and Delivery Nursing  Admission Triage Form under   * Admission chief complaint * Comments * Medications   3rd Admission H&P under   * Admission chief   complaint   * Current pregnancy history * Problem list/findings * Past medical history   4th Delivery Record under   * Maternal OB/labor summary * Labor and delivery admission history * Labor summary record | Look for designation in maternal record of:   * Isoimmunization * Allo-immunization * Rh isoimmunization * Anti-D alloimmunization * Atypical antibody ammoimmunization * Anti-Kell antibodies * Anti-Duffy antibodies * Anti-Kidd antibodies * Anti-E antibodies * Anti-C antibodies * Hemolytic disease of fetus caused by maternal antibodies * Fetal anemia caused by maternal antibodies * MOC Doppler Ultrasound * immune hydrops |

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| **14. Risk factors in this pregnancy** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **t. Prior Nonpregnant Uterine Surgery**  **A previous surgery performed outside pregnancy that increases the risk of uterine rupture in current pregnancy** | Check box yes or no  Does not include uncomplicated  D & C or surgical abortion, hysteroscopy or laparoscopy  Only includes this listed under keywords  Prior Cesarean section listed in section termed mother had a previous cesarean delivery | 1st Prenatal Care Record under   * Problem list or—initial risk assessment * Complications   2nd Labor and Delivery Nursing  Admission Triage Form under   * Admission chief complaint * Comments * Medications   3rd Admission H&P under   * Admission chief   complaint   * Current pregnancy history * Problem list/findings * Past medical history   4th Delivery Record under   * Maternal OB/labor summary * Labor and delivery admission history * Labor summary record * Delivery Operative note | Look for designation in maternal record of:     * Prior Myomectomy * Prior perforation of uterus during surgery * Prior uterine reconstruction * Uterine window noted during prior uterine surgery * Prior surgical repair of uterine rupture outside of pregnancy |

| **15. Infections present and/or treated during this pregnancy** | | | | |
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| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** | |
| Infections present at the time of the pregnancy diagnosis or a confirmed diagnosis during the pregnancy with or without documentation of treatment.  Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record.   1. None | Check all boxes that apply. The mother may have more than one infection. | See below | An “+” indicates that the test for the infection was positive and the  woman has the infection.  An “--“ indicates that the test was negative, and the woman does not have the infection.  Look for treatment or Rx for  specific infection. | |
| **b. Bacterial Vaginosis (added to Ohio BC)**  Vaginal Inflammation **caused by**  Gardnerella vaginalis infection.  Diagnosis **excludes** other etiologic agents such as gonorrhea (GC), chlamydia (CT), Candida, Trichomonas. | Check box is medical records  indicate the definition is met. | 1st Prenatal Record under   * Infection history * Sexually transmitted diseases * Problem list * Complications this pregnancy * Factors this pregnancy * Medical history   2nd Labor and Delivery Nursing  Admission Triage Form under - Comments  3rd Admission H&P under   * Current pregnancy history * Medical history * Problem list/findings   4th Delivery Record under   * Maternal OB/labor summary * Labor and delivery admission history | * Positive “wet mount” test * Clue cells * Fishy odor |  |
| **c. Chlamydia**  A positive laboratory test for  Chlamydia trachomatis | Check box if lab results indicate a  positive test for Chlamydia trachomatis | See bacterial vaginosis | Treatment or diagnosis for  chlamydia | |
| **d. CMV**  A positive test for  Cytomegalovirus | Check box if lab results indicate a  positive test for Cytomegalovirus (CMV) or medical records document diagnosis or treatment of CMV | 1st Prenatal Record under   * Infection history * Problem list * Complications this pregnancy * Factors this pregnancy * Medical history   2nd Labor and Delivery Nursing  Admission Triage Form under - Comments  3rd Admission H&P under   * Current pregnancy history * Medical history * Problem list/findings   Labor and delivery admission history | CMV (Cytomegalovirus) Treatment or diagnosis for CMV | |
| **e. Gonorrhea**  A positive test/culture for  Neisseria gonorrhoeae | Check box if lab results indicate a  positive test for Neisseria gonorrhea | See bacterial vaginosis | * GC * Gonorrheal * Gonoccocal * Treatment or Diagnosis for Gonorrhea * NAAT – Nucleic acid amplification tests | |
| **f. Hepatitis B** (HBV, serum hepatitis)  A positive test for the hepatitis B  virus | Also, please enter the HBsAg test date and result on the  Immunization screen.  If there is no result available an HBsAg test should be performed and the infant should receive Hep B vaccine within 12 hours of birth. | See Chlamydia | * Hepatitis B * Hep B * HBV * Treatment or Rx for any of the above * HBsAg | |
| **g. Hepatitis C** (non A, non B  hepatitis, HCV)  A positive test for the hepatitis C  virus   * HCV RNA * RIBA * Anti-HCV * Signal to cutoff ratio | Check box if lab results indicate the presence (past or present) of  the Hepatitis C virus or if the medicate records documents diagnosis or treatment of acute or chronic Hepatitis C | See Hepatitis B | * Hep C * HCV * Treatment or diagnosis for any of the above | |
| **h. Herpes Simplex Virus**  A positive laboratory test for  Herpes Simplex Virus (HSV). | Check box if current infection or past history of infection | See bacterial vaginosis | * HSV * Treatment, diagnosis for HSV | |
| 1. **In Utero Infection (TORCHS)** | Please note that TORCH is a term  used for the infection of the fetus and not the mother, and is already addressed in other options. This item will be removed in a future version of the worksheet. **Please do not select this option.** |  |  | |
| **j. Maternal Group B Streptococcus (GBS)**  A diagnosis of or positive test for Streptococcus agalactiae or group B streptococcus | Check box if lab results indicate a  positive test for:   * Streptococcus agalactiae * Group B streptococcus * Medical records document diagnosis or treatment of Maternal group B Streptococcus | 1st Prenatal Record under   * Infection history * Problem list * Complications this pregnancy * Factors this pregnancy * Medical history   2nd Labor and Delivery Nursing Admission Triage Form under - Comments  3rd Admission H&P under   * Current pregnancy history * Medical history * Problem list/findings   4th Delivery Record under   * Maternal OB/labor summary * Labor and delivery admission history | * GBS – Diagnosis or treatment * GBBS * Group B beta strep | |
| **k. Measles (added to Ohio BC)**  Positive IgM for Measles | Check box if lab results indicate a positive test for Measles or medical records document  diagnosis or treatment of Measles | 1st Prenatal Record under   * Infection history * Problem list * Complications this pregnancy * Factors this pregnancy * Medical history   2nd Labor and Delivery Nursing  Admission Triage Form under - Comments  3rd Admission H&P under   * Current pregnancy history * Medical history * Problem list/findings   4th Delivery Record under   * Maternal OB/labor summary * Labor and delivery admission history | * Measles * Diagnosis or treatment of measles | |
| **l. Mumps**  Positive IgM for Mumps | Check box if lab results indicate a positive test for Mumps or  medical records document diagnosis or treatment of Mumps | See Measles | * Mumps * Diagnosis or treatment of mumps | |
| **m. PID (Pelvic Inflammatory Disease)**  Ascending genital tract bacterial infection – a complication of undiagnosed/untreated sexually transmitted diseases | Check box if clinical diagnosis  indicates “PID” or salpingitis | See bacterial vaginosis | * Lower abdominal pain * Abnormal menstrual Hx * Fever * History of past PID diagnosis * GC (Gonorrhea) * CT (Chlamydia)   **Strep B**   * Streptococcus Group B | |
| **n. Rubella**  Positive IgM for Rubella | Check box if lab results indicate a positive test for Rubella or  medical records document diagnosis or treatment of Rubella | See Measles | * Rubella * Diagnosis or treatment for rubella | |
| **o. Syphilis**   * Also called lues | Check box if lab results indicate:   * A positive dark field test for treponema pallidum * Medical records document diagnosis * Treatment of Syphilis | See bacterial vaginosis | * 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 diagnosis for syphilis or lues | |
| **p. Trichinosis**  **(**also called trichinellosis or trichiniasis)  A diagnoses or positive test includes:   * IgG ELISA * Western Blot * Eosinophilia and elevated Creatinine * Larvae in muscle biopsy | Check box if lab results indicate:   * Positive test for Trichinoses * Medical records document diagnosis or treatment of Trichinosis | 1st Prenatal Record under   * Infection history * Problem list * Complications this pregnancy * Factors this pregnancy * Medical history   2nd Labor and Delivery Nursing Admission Triage Form under - Comments  3rd Admission H&P under   * Current pregnancy history * Medical history * Problem list/findings | Treatment or diagnosis for  Trichinosis | |
| **q. Toxoplasmosis (Toxo)**  A diagnosis of or positive test for  Toxoplasma gondii  A diagnosis or positive test includes:  • IgM & IgG capture EIA   * IFA in tissue * Observation parasites in tissue * PCR | * Check box if laboratory evidence indicates that infection occurred during pregnancy * Do not check box if laboratory findings indicate a past exposure (IgG only). | See Trichinosis | Toxo   * Diagnosis, treatment for Toxo | |
| **r. Varicella**  Positive IgM for Varicella | Check box if lab results indicate a  positive test for Varicella or medical records document diagnosis or treatment of Varicella. | See Measles | * Varicella * Chickenpox * Diagnosis or treatment of varicella or chickenpox | |

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| **15. Infections present and/or treated during this pregnancy** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **s. HIV (Human Immunodeficiency Virus)**  **Maternal infection with HIV virus that causes Acquired Immunodeficiency Syndrome (AIDS)** | Check box yes or no | 1st Prenatal Care Record under   * Problem list or—initial risk assessment * Complications   2nd Labor and Delivery Nursing  Admission Triage Form under   * Admission chief complaint * Comments * Medications   3rd Admission H&P under   * Admission chief * complaint * Current pregnancy history * Problem list/findings * Past medical history   4th Delivery Record under   * Maternal OB/labor summary * Labor and delivery admission history * Labor summary record   5th Newborn Record   * Maternal risk factors | Look for designation in maternal record of:   * HIV * AIDS * Human Immunodeficiency Virus |

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| **16. Obstetric procedures** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| Medical treatment or  invasive/manipulative procedure performed during this pregnancy to treat the pregnancy or to manage labor and/or delivery | Check all boxes that apply. The  mother may have more than one procedure.  If the mother has none of the risk factors, check “None”. | See below | See below |
| **b-c - External cephalic version**  Attempted conversion of a fetus from a nonvertex to a vertex presentation by external manipulation   * Successful (Fetus was converted to a vertex presentation) * Failure (Fetus was not converted to a vertex presentation) | If checked, also indicate whether  the procedure was a success or a failure. | 1st Prenatal Care Record under   * Problem list * Historical risk summary * Complications this pregnancy * Factors this pregnancy   2nd Labor and Delivery Nursing Admission Triage Form under   * Complications * Comments   3rd Admission H&P under   * Current pregnancy history * Medical history * Problem list/findings   4th Delivery Record under   * Maternal OB/labor summary * Labor and delivery * admission history * Labor summary record | Successful version:   * Breech version * External version   Failed version:   * Unsuccessful external version * Attempted version * Failed version   Look for:   * Malpresentation * Breech |

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| **16. Obstetric procedures** | | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** | |
| **d - Cervical cerclage**  Circumferential banding or suture of the cervix to prevent or treat passive dilation caused by cervical insufficiency or weakness  Includes:   * McDonald’s suture * Shirodkar procedure * abdominal cerclage via laparotomy   Note:   * May also see “ACD / ACE” which is Advanced Cervical Dilation or Advanced Cervical Effacement and is NOT the same as cervical insufficiency * (ACD/ ACE is the beginning of preterm labor, days or weeks before the contractions start) |  | 1st Prenatal Record under   * Medical history * Problem list or— initial risk assessment * Historical risk summary * Complications this pregnancy * Factors this pregnancy   2nd Labor and Delivery Nursing Admission Triage Form under   * Complications * Comments   3rd Admission H&P under   * Current pregnancy history * Medical history * Problem list/findings   4th Delivery Record under   * Maternal OB * Labor and delivery admission history | McDonald’s suture   * Shirodkar procedure * Abdominal cerclage via laparotomy   Look for:   * Incompetent cervix * Incompetent os * Cervical insufficiency * Weakness of the cervix |

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| **16. Obstetric procedures** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **e – Tocolysis**  Administration of **any** agent with the intent to inhibit preterm uterine contractions to extend the length of the pregnancy by stopping preterm labor  Medications may include, but are not limited to:   * Magnesium sulfate * Terbutaline –subcutaneous only * Indocin® / (indomethacin) Nifedipine * Sulindac |  | 1st Prenatal Care Record under:   * Medical history * Problem list or— initial risk assessment * Historical risk summary * Complications of previous pregnancies * Factors this pregnancy   2nd Labor and Delivery Nursing Admission Triage Form under:   * Complications this pregnancy * Medications * Comments   3rd Admission H&P under:   * Current pregnancy history * Medication * Medical history * Problem list/findings   4th Delivery Record under:   * Maternal OB/labor summary * Labor and delivery admission history * Labor summary record | Medications   * Magnesium sulfate * Terbutaline –subcutaneous only * Indocin® / (indomethacin) * Nifedipine   Sulindac  Look for:   * Preterm labor **during this pregnancy** |

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| **17. Progesterone** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **Was PROGESTERONE (any formulation) given to prevent preterm birth** | Was progesterone or “progestin” treatment received after the 1st trimester? | |  | | --- | | 1st Prenatal Record under—   Medical history   Problem list or— initial risk  assessment   Historical risk summary   Complications this pregnancy   Factors this pregnancy  2nd Labor and Delivery Nursing  Admission Triage Form under—   Complications   Comments  3rd Admission H&P under—   Current pregnancy history   Medical history   Problem list/findings  4th Delivery Record under—   Maternal OB   Labor and delivery admission  history | | * See drug names. Look for :   17-OHPC, 17-P, 17alpha-hydroxy-progesterone caproate, Makena®, vaginal progesterone suppositories or gel or capsules, Prometrium®, Prochieve®, Crinone®   * Cervical ultrasound * Cervical length * Was cervical ultrasound done? |

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| **18. Was the mother transferred to this facility for maternal medical or fetal indications for delivery?** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| Transfers include:   * hospital to hospital * birth facility to hospital   **Does not include** home to hospital. | * If the mother was transferred from another facility check “yes.” * If “yes,” enter the name of the facility the mother transferred from. * If the name of the facility is not known, enter “unknown.” * Check “no” if the mother was transferred from home. | 1st Labor & Delivery Nursing  Admission Triage Form under:   * Reason for admission * Comments   2nd Admission H&P    3rd Labor & Delivery – Delivery  Record:   * Maternal OB/labor summary * Labor and delivery admission history * Labor summary record |  |

| **19. Onset of labor** | | | |
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| **Key words/Abbreviations** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **Premature rupture of the membranes**  This variable may be marked if any of the 3 conditions below are documented:   * Premature ROM (PROM) refers to rupture of the fetal membranes prior to the onset of labor at any gestational age. * Premature Prolonged Rupture of Membranes refers to PROM occurring 12 hours or more before the onset of labor. * Preterm PROM (PPROM) is PROM occurring prior to 37 weeks of gestation .   This does not refer to Spontaneous Rupture of Membranes (SROM) which is a normal finding at the start of or during labor | Check all that apply (prolonged  labor and precipitous labor should not both be checked). If none apply, check “None.” | 1st Labor & Delivery Record under:   * 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  Look for:  ROM – rupture of membranes |
| **c. Precipitous labor**  Less than 3 hours | If precipitous labor is indicated  check that labor lasted less than 3 hours. | 1st Labor & Delivery Record under:   * Labor summary – total length of labor * Labor chronology – total length of labor   2nd Delivery Comments |  |
| **d. 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 |  |

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| **20. Date of birth** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| The infant’s date of birth | Enter the month, day, and four-  digit year of birth.  If the date of birth of the infant is not known, because the infant is a foundling, enter the date the infant was found. | 1st Labor and Delivery under -  Delivery Record  2nd Newborn Admission H&P | DOB - date of birth |

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| **21. Time of birth** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| 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. | 1st Labor and Delivery under -  Delivery Record  2nd Newborn Admission H&P |  |

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| **22. Attendant’s name, title, and I.D.** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| The name, title, and National  Provider Identification Number (NPI) of the person responsible for delivering the child:   * 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)   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. | * 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. | 1st Delivery Record under:   * Signature of Delivery Attendant (Medical) |  |

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| **Date certified** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| The date that the birth was  Certified. | Enter the date that the birth was  certified. This date cannot precede the date of birth. |  |  |

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| **23. Mother’s weight at delivery** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| 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. **Do not** round up | 1st Labor and Delivery Nursing  Admission Triage Form under:   * Physical Assessment-Weight   2nd Admission H&P under:   * Physical Exam – Weight | Wgt - Weight |

| **24. Characteristics of labor and delivery** | | | |
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| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| Information about the course of  labor and delivery. | Check all characteristics that  apply. | See below | See below |
| **b - Induction of labor**  Initiation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor | For this item, medications are given before labor begins | 1st Delivery Record under   * Maternal OB/labor summary * Labor and delivery admission history * Labor summary record   2nd Physician Progress Note  3rd Labor and Delivery Nursing  Admission Triage Form | * IOL - induction of labor * Pit Ind - Pitocin induction * Misoprostol * Miso * Cervidil * Foley Pit * prostaglandin |
| **c- Augmentation of labor**  Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the **duration of labor** | For this item, labor should have  begun before medications were given. | Same as 1st and 2nd sources for  induction of labor above. | * Pit stim - pitocin stimulation * Pit aug - pit augmentation * Oxytocin * AROM – Artificial rupture of membranes |
| **d - Nonvertex presentation** (\*\*Note: this section has been dropped from NCHS; it is also captured under #23c “fetal presentation at birth”)  Includes any nonvertex fetal presentation.  For example:  • Breech  • Shoulder  • Brow  • Face presentations  • Transverse lie in the active phase of labor and delivery other than vertex  • Compound  Note: Nonvertex is presentation of other than the upper and back part of the infant’s head.  Vertex is presentation of the upper or back part of the infant’s head. |  | 1st Delivery Record under - Presentation  2nd Physician Progress Note  3rd Newborn Admission H&P | Breech (buttocks) (sacrum)  • Frank breech  • LSA - left sacrum anterior  • LST - left sacrum transverse  • RSP - right sacrum posterior  • RST - right sacrum transverse  • Complete breech  • Single footling breech  • Double footling breech Shoulder presentation Transverse lie  Face presentation (mentum) |

| **24. Characteristics of labor and delivery** | | | |
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| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **e- Steroids (glucocorticoids) or Antenatal corticosteroids (ANCS) for fetal lung maturation received by the mother before delivery**  Includes:   * Betamethasone * Dexamethasone * Hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery.   Does not include:   * Steroid medication given to the mother as an anti-inflammatory treatment before or after delivery. Not Prednisone. | Medications given before the  delivery. | 1st Delivery Record under:   * Maternal OB/labor summary - comments * Labor summary record -comments   2nd Maternal Medication Record  3rd Newborn Admission H&P  4th Maternal Physician Order  Sheet:   * OB Prenatal records * OB Physician or Nurse hospital admission note * Transfer note from referring hospital | Medications – (before delivery):   * Betamethasone (BMZ) * Betameth * Dexamethasone (dex) * Hydrocortisone –rarely used * “Steroids” * ANCS (antenatal corticosteroids) * ACS, Steroids * Roids * Preterm labor * 24 to 33 weeks gestation |
| **f - Antibiotics received by the mother during delivery**  Includes **any** antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery.  May include, but is not limited to:   * Ampicillin * Penicillin * Clindamycin * Erythromycin * Gentamicin * Cefotaxime * Ceftriaxone * Cefazolin * Amoxicillin * Vancomycin | Medications received during  delivery. | Same as steroids | Medications: may include, but is not limited to: –  • Ampicillin  • Penicillin  • Clindamycin  • Erythromycin  • Gentamicin  • Cefataxine  • Ceftriaxone  • Vancomycin   * Cefazolin   Look for:   * SBE (sub-acute bacterial endocarditis) prophylaxis * GBS positive or GBS + (Group B Streptococcus) * Maternal fever * Mother febrile |

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| **24. Characteristics of labor and delivery** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **g - 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). | 1st Delivery Record under:   * Maternal OB/labor summary – comments/complications * Labor summary record –comments/complications   2nd Newborn Admission H&P  3rd Physician Progress Note  4th Maternal Vital Signs Record under:   * Temperature Recordings | * Chorioamnionitis * Chorio * Amnionitis * IUI (intrauterine infection) * Temp > 38 or 100.4   Look for:   * Maternal fever * Mother febrile |
| **h - 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. |  | 1st Delivery Record under   * Maternal OB/labor summary –comments/complications * Labor summary record –comments/complications * Amniotic fluid summary section – comments, color * Time membranes ruptured section   2nd Newborn Admission H&P  3rd Physician Progress Note | Mec – Meconium |

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| **24. Characteristics of labor and delivery** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **i - 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  • Amnioinfusion  • Support of maternal blood pressure including medications and I.V. fluids  • Administration of uterine relaxing agents  Further fetal assessment including any of the following: scalp pH, scalp stimulation, acoustic stimulation.  Operative delivery to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery. |  | 1st Delivery Record under   * Maternal OB/labor summary * Labor summary record   2nd Newborn Admission H&P  3rd Physician Progress Note  4th Physician Order Sheet or - Nursing Notes | * LLP – left lateral position * O2 – oxygen IV fluids * Amnioinfusion Nitroglycerin * Acoustic stimulation * Vibroacoustic stimulation * Scalp pH sampling * Fetal oxygen saturation monitoring * Terbutaline * Low forcep delivery * Vacuum extraction * C/S --Cesarean delivery |

| **24. Characteristics of labor and delivery** | | | |
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| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **j - Epidural or spinal anesthesia during labor**  Administration to the mother of a regional anesthetic to control the pain of labor.  Delivery of the agent into a limited space with the distribution of the analgesic effect limited to the lower body. |  | 1st Delivery Record under  Maternal OB labor summary under - analgesia/anesthesia  Labor summary record under -analgesia/anesthesia | * Epidural analgesia * Epidural given * Spinal given |
| **k – Abruption placenta**  **(added to Ohio BC)**  Premature separation of a normally implanted placenta from the uterus. |  | 1st Delivery Record under:   * Maternal OB/labor summary * Labor summary record   2nd Newborn Admission H&P  3rd Physician Progress Note  4th Physician Order Sheet or - Nursing Notes | * Abruption placenta * Abruptio placenta * Placenta abruptio * Chronic abruption |
| **l – Placenta previa**  **(added to Ohio BC)**  Low attachment of the placenta, covering or very close to the cervix. |  | See above  Operative report | * Placenta previa * Marginal previa * Low lying placenta * Partial previa |
| **m – Cephalopelvic disproportion**  **(added to Ohio BC)**  A condition in which the baby is too large to pass safely through the mother's pelvis during delivery. |  | See above | * CPD (Cephalopelvic disproportion) |
| **n – Other excessive bleeding**  **(added to Ohio BC)**  Blood loss greater than 1000 ml or blood loss requiring a blood transfusion.  Definition does **not** include bleeding resulting from abruptio placenta or placenta previa. |  |  | * Obstetric hemorrhage * Excessive uterine bleeding * Postpartum hemorrhage * Placenta accreta * Increta * Percreta |
| **o – Cord prolapsed**  **(added to Ohio BC)**  Umbilical cord that becomes trapped in the vagina before the fetus is delivered. |  | See above | * Prolapsed cord |
| **p – Anesthetic complications (added to Ohio BC)**  Any complication during labor and/or delivery brought on by an anesthetic agent or agents. |  | 1st Delivery Record under  Maternal OB labor summary under - analgesia/anesthesia  Labor summary record under - analgesia/anesthesia | * Pulmonary, cardiac or nervous system complications during labor and/or following delivery |

| **25. Method of delivery** | | | |
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| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| The physical process by which the  complete delivery of the fetus was affected. | Complete every section:  A, B, C, and D. If foundling, mark  “Unknown to all items” | See below | See below |
| 1. **Was delivery with forceps attempted but unsuccessful?**   Obstetric forceps were applied to  the fetal head in an unsuccessful attempt at vaginal delivery.  (This section has been dropped by NCHS) | Check “yes” or “no.” | 1st Delivery Record under - Delivery Summary  2nd Physician Delivery Summary or—Progress Note  3rd Recovery Room Record under—Maternal Data ―  Complications | * LFD - Low forceps delivery * LFD (attempted) |
| **B. Was delivery with vacuum extraction attempted but unsuccessful?**    (This section was dropped by NCHS)  Ventouse or vacuum cup was applied to the fetal head in an unsuccessful attempt at vaginal delivery. | Check “yes” or “no.” | Same as above | * Vac ext -- Vacuum extraction   (attempted)  VAD --Vacuum assisted delivery unsuccessful |
| **C. Fetal presentation at birth**   * Cephalic – presenting part of the fetus listed as vertex, occiput anterior (OA),occiput posterior (OP). * Breech – presenting part of the fetus listed as breech, complete breech, frank breech, footling breech. * Other – any other presentation not listed above | Check one of the three boxes | * Delivery Record under – Fetal Birth Presentation | * Cephalic * Vertex – OA, OP, LOA, ROA, LOP, ROP, LOT, ROT * Face – LMA, LMT, LMP , RMA, RMP, RMT * Brow sinciput Mentum – chin * Breech * (Buttocks, sacrum) * Frank breech – LSA, LST, LSP, RSP, RST * Single footling breech * Double footling breech * Complete breech * Shoulder Transverse lie * Funis * Compound |
| **D. Final route and method of delivery** | Check one of the boxes. | 1st Delivery Record under -  Method of Delivery  2nd Newborn Admission H&P  3rd Recovery Room Record under - Maternal Data -  Delivered |  |
| a - Vaginal/spontaneous –  delivery of the entire fetus through the vagina by the natural force of labor with or without manual assistance from the delivery attendant. |  |  | * Vaginal/spontaneous * VAG Del (vaginal delivery) * SVD ( spontaneous vaginal delivery) |
| b - Vaginal/forceps – delivery of  the fetal head through the vagina by the application of obstetrical forceps to the fetal head. |  |  | * Vaginal/forceps * LFD – (low forceps delivery) |
| c- Vaginal/vacuum – delivery of  the fetal head through the vagina by the application of a vacuum cup or ventouse to the fetal  head. |  |  | * Vac Ext (Vaginal/vacuum) * Vacuum extraction: |
| d - Cesarean –   * No labor attempted * Extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls without active labor. |  |  | Cesarean:   * C/S – (cesarean section) * LTCS – (low transverse cesarean section) * Low Transverse C/S – * Colpohysterotomy * Uterotomy * Porro’s Operation * “Classical C-section” or Classical incision or Vertical C-section all refer to a **vertical** incision into the uterus rather than the more common low transverse C/S; complications are more likely   Look for:   * TOL – (trial of labor) |
| e - Cesarean   * Labor attempted * Extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls * Labor was allowed, augmented, or induced with plans for a vaginal delivery. | Check “yes” or “no.” |  | * C/S – (cesarean section) * LTCS – (low transverse cesarean section) * Low Transverse C/S – * TOL - trial of labor * Colpohysterotomy * Uterotomy * Porro’s Operation * “Classical C-section” or Classical incision or Vertical C-section all refer to a **vertical** incision into the uterus rather than the more common low transverse C/S; complications are more likely |

| **26. Maternal morbidity** | | | |
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| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| 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”. | See below | See below |
| **b - Maternal transfusion**  Includes infusion of whole blood or packed red blood cells associated with labor and delivery. |  | 1st Delivery Record under   * Labor summary * Delivery summary   2nd Physician Delivery  Notes/Operative Notes  3rd Intake & Output Form | * Transfused * Blood transfusion   Look for:   * PRBC – packed red blood cells * Whole blood |
| **c - 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. |  | 1st Delivery Record under   * Episiotomy section * Lacerations section   2nd Recovery Room Record under - Maternal Data – Delivered | * 3rd degree lac. * 3° LAC degree * 4th degree lac. * 4° LAC degree |
| **d- Ruptured uterus**  Tearing of the uterine wall. |  | 1st Delivery Record under —  Delivery Summary Note – Comments/Complications  2nd Operative Note  3rd Physician Progress Note | * Broad ligament hematoma   Look for:   * Dehiscence of uterine scar * Window oma |
| **e - Unplanned hysterectomy**  Surgical removal of the uterus that was not planned before the  admission.  Includes an anticipated, but not definitively planned, hysterectomy. |  | Same as ruptured uterus above | * Hysterectomy * C-Hyst (Cesarean+Hysterectomy) * Laparotomy |
| **f - Admission to an intensive care unit**  Any admission, planned or  unplanned, of the mother to a facility or unit designated as providing intensive care. |  | 1st Physician Progress Note  2nd Transfer Note | * ICU (intensive care unit) * MICU (medical intensive care unit) * SICU (surgical intensive care unit) |
| **g - 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.  Excludes postpartum tubal ligations. |  | 1st Physician Operative Note  2nd Physician Progress Note  3rd Physician Order | * Repair of laceration * Repair of laparotomy * Drainage of purulent/septic material * Exploratory laparotomy |

**27. Infant’s Medical Record Number: Insert infant’s identifying medical chart number**

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| **28. Birthweight or Weight of Fetus** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| 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. | 1st Delivery Record under -  Infant Data  2nd Admission Assessment under  - Weight | * BW – Birthweight * Gms – grams * kg - kilograms * lbs - pounds oz – ounces |

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| **29. Obstetric estimate of gestation at delivery** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| This estimate of gestations whould be in completed weeks and days only and determined by all perinatal factors and assessments such as ultrasound (not the neonatal exam). | Enter the obstetric estimate of the  infant’s gestation in completed weeks in the weeks box and additional completed days in the days box (0-6).  If only completed weeks are known or if gestational age is given in weeks and a “+” then leave days box blank.  If the days box is left blank, record only the number of fully completed weeks. Do not round up or down  Do not complete this item based on the infant’s date of birth and  the mother’s date of last menstrual period. | 1st OB Admission H&P under:   * Weeks * Gestational age | * Gestation\_\_\_\_\_\_weeks (wks.) and \_\_\_days\_\_\_\_\_\_\_weeks/days gestational age * (GA) – gestational age * (EGA) – estimated gestational age |

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| **30 . Sex of child** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| The sex of the infant | Enter whether the infant is male,  female, or undetermined. | 1st Delivery Record under -  Infant Data | * M – male * F – female * A – ambiguous (same as undetermined) * U - undetermined |

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| **31. Apgar score - (BC #51)** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| A systematic measure for  evaluating the physical condition of the infant at specific intervals following birth. | Enter the infant’s Apgar score at 5  Minutes.  If the score at 5 minutes is less than 6, enter the infant’s Apgar score at 10 minutes. | Same as sex of infant above |  |

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| **32. Plurality** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| 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: expulsed or extracted from the mother) should  not be counted. | Enter the number of fetuses  delivered in this pregnancy.  If at least two live births in this pregnancy, see the “Facility Worksheet Attachment for Multiple Births”. | 1st Delivery record  2nd Admission H&P | * Single * Twin, triplet, quadruplet, etc… * Multiple (a,b,c…) or (1,2,3…) |

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| **33. If not a single birth, order born in the delivery** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| The order born in the delivery, live born or fetal death (1st, 2nd,  3rd, 4th, 5th, 6th, 7th, etc.). | If this is a single birth, leave this  item blank.  Include all live births and fetal deaths from this pregnancy. | 1st Delivery Record under—  Birth Order  2nd Infant data | * Baby A, B, C, D, etc * Baby 1, 2 , 3, 4 etc. * Twin A, B * Twin 1, 2 * Triplet A, B, C * Triplet 1, 2, 3   Look for:   * Birth order/Set order |

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| **34. If not a single birth, number of infants in the delivery born alive (or fetal deaths)** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| The number of infants in this  delivery born alive or fetal deaths 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 or a fetal death at any point in the pregnancy.  Include this birth. | 1st Delivery record  2nd Admission H&P | Look for:   * Condition |

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| **35. Metabolic Kit Number** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| The number in the card used to take blood sample from the child to submit for metabolic screening | Enter the number as listed in the  card. | 1st Delivery record  2nd Admission H&P |  |

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| **36. Name of Prophylactic used in eyes of child** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| Medication or other substance  used as prophylactic in the eyes of the newborn. | Check one of the medications listed | 1st Delivery record  2nd Admission H&P |  |

| **37. Abnormal conditions of the newborn** | | | |
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| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| Disorders or significant morbidity  experienced by the newborn | Check all boxes that apply.  If none of the conditions apply, check “None” | See below | See below |
| **b. 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:**   * Oxygen only such as blow by or free flow oxygen * Laryngoscopy for aspiration of meconium. |  | 1st Labor Delivery Summary   * under— 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 * O2 via ET - oxygen via endotracheal intubation Oxygen |
| **c - Assisted ventilation required for more than six hours**  Infant given mechanical  ventilation (breathing assistance) by any method for more than six hours. | Count the number of hours of  mechanical ventilation given. | 1st Newborn Respiratory Care  Flow Sheet | If in use for more than 6 hours:   * 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 |
| **d- NICU Admission**  Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory  support for a newborn, such as a Special Care Nursery (SCN) or Neonatal Intensive Care Unit (NICU) in the hospital where the newborn was delivered only | Includes NICU/SCN admission at any time during the infant’s hospital stay following delivery. | 1st Labor and Delivery Summary  Record under - Disposition under:   * Neonatal Intensive Care Unit (NICU) * Intensive Care Nursery (ICN) * Special Care Nursery (SCN) * Intensive Care Nursery (ICN) * Pediatric ICU (PICU) | * ICN - Intensive Care Nursery * SCN - Special Care Nursery * NICU - neonatal intensive care unit * PICU - pediatric intensive care unit |
| **e - 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 (1st) and  secondary (2nd) sources before completion. | 1st Labor and Delivery Summary  under—Neonatal Medication  2nd Newborn Medication  Administration Record | If given to newborn after birth:  Medications (given to newborn) may include but are not limited to:   * Surfactant * Survanta * Exosurf * Curosurf * Infasurf |
| **f - Antibiotics received by the newborn for suspected neonatal**  **sepsis**  Any antibacterial drug that is given intravenous /IV or intramuscular/IM but not orally. |  | 1st Newborn Medication  Administration Record | Medications given to newborn for sepsis including but not limited to:   * Nafcillin, * Chloramphenicol Penicillin * Penicillin G * Ampicillin * Gentamicin, Kanamycin * Cefotaxime * Cefoxitin * Vancomycin * Acyclovir * Amikacin, * Ceftazidime * Ceftriaxone * Cefazolin |
| **g - 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 |  | 1st Newborn H&P  2nd Physician Progress Notes under - Neuro Exam | * Seizures * Tonic/Clonic * Clonus * Twitching * Eye rolling * Rhythmic jerking * Hypotonia * Obtundation * Stupor * Coma * (HIE) - Hypoxic-ischemic encephalopathy |
| **h - Significant birth injury - skeletal fracture(s), peripheral nerve injury, and/or soft tissue or solid organ hemorrhage that**  **requires intervention.** Present  immediately following or within 24 hours 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. |  | 1st Labor and Delivery Summary  Record under—Newborn  Delivery Information  2nd Newborn Admission H&P  3rd Physician Progress Notes | Look for: (as applies to infant)   * Trauma * Facial asymmetry * Subgaleal (progressive extravasation within the scalp) Hemorrhage * Giant cephalohematoma * Extensive truncal, facial and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and/or hypotension * Subcapsular hematoma of the liver * Fractures of the spleen * Adrenal hematoma   Solid organ hemorrhage includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma. |

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| **38. Congenital anomalies of the newborn** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| Malformations of the newborn  diagnosed before or after delivery. | Check all boxes that apply. If no  malformation identified mark  “None: |  |  |
| **b- 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). |  | 1st Labor and Delivery Summary  Record under - Infant Data  2nd Newborn Admission H&P | * Anencephalus * Acrania * Absent brain Craniorachis hisis |
| **c – Craniofacial Anomalies**  **(added to Ohio BC)**  Craniofacial anomalies (CFA) are a group of deformities involving the growth of the head and facial bones.  Anomalies pertaining to the skull  and face. |  | 1st Labor and Delivery Summary  Record under - Infant Data  2nd Newborn Admission H&P | * Craniosynotosis * Hemifacial microsomia * Hemifacial Goldenhar syndrome * Brachial arch syndrome * FAV (facio-auriculo-vertebral syndrome) * OAV (oculo-auriculo-vertebral spectrum) * Lateral facial dysplasia. |

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| **38. Congenital anomalies of the newborn** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **d - Meningomyelocele/Spina bifida**  Spina bifida is herniation of the  meninges and/or spinal cord tissue through a bony defect of spine closure.  Meningomyelocele is herniation of meninges and spinal cord tissue.  Meningocele (herniation of meninges without spinal cord tissue) should also be included in this category.  Both open and closed (covered with skin) lesions should be included.  Do not include Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges). |  | Same as anencephaly | * Meningocele * Myelomeningocele * Spina bifida * Meningomyelocele * MMC * NTD * Neural tube defect |

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| **38. Congenital anomalies of the newborn** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **e – Hydrocephalus w/o spina bifida (added to Ohio BC)**  Hydrocephalus is fluid  accumulation within the skull; in subarachnoid (external) or ventricular (internal) brain spaces.  Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure.  **Excludes**—hydrocephalus: acquired, due to congenital toxoplasmosis, or with any condition classifiable to 741.9 which is myelomeningocele |  | 1st Labor and Delivery Summary  Record under - Infant Data  2nd Newborn Admission H&P | * Congenital hydrocephalus * Aqueduct of Sylvius: anomaly, obstruction, congenital, and stenosis * Atresia of foramina of Magendie and Luschka * Hydrocephalus in newborn |
| **f – Encephalocele**  **(added to Ohio BC)**  Encephalocele is brain tissue protrudes through skull defect. |  | 1st Labor and Delivery Summary  Record under - Infant Data  2nd Newborn Admission H&P | * Encephalocystocele * Encephalomyelocele * Hydroencephalocele * Hydromeningocele * Craneal Meningocele * Cerebral Meningoencephalocele |
| **g – Microcephalus**  **(added to Ohio BC)**  Microcephalus is extremely small head or brain. |  | 1st Labor and Delivery Summary  Record under - Infant Data  2nd Newborn Admission H&P | * Hydromicrocephaly * Microencephaly |

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| **38. Congenital anomalies of the newborn** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **h - Cyanotic congenital heart disease**  Congenital heart defects that cause  cyanosis. | If infant’s cyanotic heart disease is Tetrology of Fallot , then 36i must also be marked “yes”. | 1st Physician Progress Notes  Under:   * Circulation * Cardiovascular | * TGA – (Transposition of the Great Arteries) * TGV (Transposition of the Great Vessels) * Pulmonary atresia * Pulmonic valvular atresia * TOF (Tetrology of Fallot) * 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 |
| **i – Tetralogy of Fallot (added to Ohio BC)**  Tetralogy of Fallot is obstructed cardiac outflow causes pulmonary stenosis, interventricular septal  defect and right ventricular  hypertrophy.  **Excludes** Fallot’s triad. |  | 1st Physician Progress Notes  under   * Circulation * Cardiovascular | * Fallot’s pentalogy * Ventricular septal defect with pulmonary stenosis or atresia, dextraposition of aorta, and hypertrophy of right ventricle |
| **j - Congenital diaphragmatic hernia (added to Ohio BC)**  Defect in the formation of the  diaphragm allowing herniation of abdominal organs into the thoracic cavity. |  | 1st Infant H&P  2nd Labor and Delivery Summary  Record under—Infant Data | CDH |

| **38. Congenital anomalies of the newborn** | | | |
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| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| **k - 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.  **Do not include** umbilical hernia (completely covered by skin) in this category. |  | 1st Labor and Delivery Summary  Record under—Infant Data  2nd Admission H&P under—G.I. | Exomphelos |
| **l - 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.  **Do not include** umbilical hernia (completely covered by skin) in this category. |  | Same as omphalocele |  |
| **m – Bladder exstrophy**  **(added to Ohio BC)**  Bladder exstrophy is absence of lower abdominal and anterior bladder walls with posterior bladder wall protruding. |  | 1st Labor and Delivery Summary  Record under—Infant Data  2nd Admission H&P under—G.I. | * Ectopia vesicae * Extroversion of bladder |
| **n – Rectal/large intestinal atresia/stenosis**  **(added to Ohio BC)**  Anorectal atresia/stenosis is a  malformation characterized by absence of continuity of the anorectal canal or of communication between rectum and anus, or narrowing of anal canal, with or without fistula to neighboring organs.  Intestinal atresia is a complete blockage or obstruction anywhere in the intestine. Stenosis is a partial obstruction that results in a narrowing of the opening (lumen) of the intestine. |  | 1st Labor and Delivery Summary  Record under—Newborn  Delivery Information  2nd Newborn Admission H&P  3rd Physician Progress Notes | * Congenital absence of anus, * appendix, large intestine or rectum * Atresia of anus, colon or rectum * Congenital or infantile obstruction of large intestine, occlusion of anus, or stricture of anus * Imperforate anus or rectum * Stricture of rectum, congenital |
| **o – Hirshspring’s disease**  **(added to Ohio BC)**  Hirshspring’s disease is enlarged  or dilated colon (megacolon), with absence of ganglion cells in the narrowed wall distally; causes inability to defecate (have bowel movements). |  | 1st Labor and Delivery Summary  Record under—Newborn  Delivery Information  2nd Newborn Admission H&P  3rd Physician Progress Notes | * Aganglionosis * Congenital dilation of colon * Congenital megacolon * Macrocolon |
| **p – Congenital hip dislocation**  **(added to Ohio BC)**  Congenital hip dislocation is a congenital defect of the hip joint.  Includes unilateral or bilateral  congenital hip dislocation.  Includes unilateral (one sided) or bilateral (both hips) congenital subluxation of hip.  Includes congenital dislocation of one hip with subluxation of other hip. |  |  | * Congenital dislocation of hip, NOS * Congenital flexion deformity, hip or thigh * Predislocation status of hip at birth * Preluxation of hip, congenital |
| **q – Amniotic bands**  **(added to Ohio BC)**  Amniotic bands are a collection of fetal malformations associated with multiple fibrous strands of amnion that appear to develop or  entangle fetal parts in utero.  Amniotic Band Syndrome is a group of congenital abnormalities caused by bands of amnion (inner lining of the "bag of waters") that attach to the fetus. |  | 1st Labor and Delivery Summary  Record under—Newborn  Delivery Information  2nd Newborn Admission H&P  3rd Physician Progress Notes | * Amniotic Bands Syndrome (ABS) * Abnormal amnion NEC affecting the newborn * Amnion nodosum and amniotic cysts |
| **r - Limb reduction defect—**  **excluding congenital amputation and dwarfing syndromes**  Complete or partial absence of a  portion of an extremity secondary to failure to develop. |  | 1st Labor and Delivery Summary  Record under—Infant Data  2nd Newborn H&P | * Look for: Amniotic bands * ABS – amniotic band syndrome |
| **s – Congenital cataract**  **(added to Ohio BC)**  Congenital cataract is opaque eye lens.  Excludes infantile cataract, congenital aphakia, anomalies of lens shape, congenital ectopic lens. |  | 1st Labor and Delivery Summary  Record under—Newborn  Delivery Information  2nd Newborn Admission H&P  3rd Physician Progress Notes | * Congenital cataract, unspecified * Capsular and subcapsular cataract * Cortical and zonular cataract * Nuclear cataract * Total and subtotal cataract, congenital |
| **t - 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) |
| **u - 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 |  |
| **v - Down syndrome- Karyotype pending**  Trisomy 21 | Check if a diagnosis of Down  syndrome, Trisomy 21 is pending | 1st Infant Progress Notes  2nd Genetic Consult. | * Trisomy 21 * Possible Down syndrome (pending) * Rule out (R/O) Down syndrome (pending) |
| **w - Down syndrome** **Karyotype confirmed**  Trisomy 21  - | Check if a diagnosis of Down  syndrome, Trisomy 21 is confirmed | See above | * Trisomy 21 * Positive (confirmed) |
| **x - Suspected chromosomal disorder Karyotype confirmed**  Includes any constellation of  congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure. | Check if a diagnosis of a  suspected chromosomal disorder is confirmed (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) |
| **y - Suspected chromosomal disorder- Karyotype pending**  Includes any constellation of  congenital malformations resulting from or compatible with known syndromes caused by  detectable defects in chromosome  structure. | Check if a diagnosis of a suspected chromosomal disorder  is 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 * Possible Trisomy (pending) * Rule out (R/O) (pending) |
| **z - 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) |  | 1st Labor & Delivery Summary  under - Infant Data  2nd Newborn H&P under - Genitourinary (GU) |  |

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| **39. Was the infant transferred within 24 hours of delivery?** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| Transfer status of the infant within  24 hours after delivery from the birth facility to another facility | 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. | 1st Infant Progress Notes  2nd Transfer Form | Look for:   * Disposition |

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| **40. Is the infant living at the time of the report?** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| 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 otherwise mark  ‘Unknown’.  If the infant’s status is unknown mark “unknown.” | 1st Infant Progress Notes |  |

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| **41. Is the infant being breast fed at discharge?** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| Information on whether the infant  is being breast-fed at the time of discharge from the hospital.  Breast-fed is the action of breast- feeding or pumping (expressing) milk.  It is **not** **the intent to breast- feed** or bottle-feed. | Check “yes” if the infant is being  breast-fed at discharge\*\*  Check “no” if the infant is not being breast-fed at discharge.  \*\*Exclusive breast feeding is not required to check “yes” for this question. Infant may be intermittently fed both breast milk and formula at discharge. | 1st Labor and Delivery Summary  Record under - Infant Data  2nd Maternal Progress Note  3rd Newborn Flow Record under  - Feeding  4th Lactation Consult | * 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 * HM- Human milk * FBM - fresh breast milk |

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| **42. Did the infant have Exclusive breast feeding through entire stay?** | | | |
| **Definitions** | **Instructions** | **Sources** | **Key words/Abbreviations** |
| Information on whether the infant  is exclusively being breast-fed before discharge from the hospital with no infant formula supplementation  Breast-fed is the action of breast- feeding or pumping (expressing) milk.  It is **not** **the intent to breast- feed** or bottle-feed. | Check “yes” only if the infant is being exclusively  breast-fed at discharge\*\*  Check “no” if the infant is not being breast-fed at discharge  Check “no” if the infant is intermittently fed both breast milk and formula at discharge. | 1st Labor and Delivery Summary  Record under - Infant Data  2nd Maternal Progress Note  3rd Newborn Flow Record under  - Feeding  4th Lactation Consult | * 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 * HM- Human milk * FBM - fresh breast milk |

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 or the Ohio Department of Health