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

## How To Use This Guide

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

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

		<ul style="list-style-type: none"> <li>• Historical risk summary, Complications of previous pregnancies</li> <li>• Factors this pregnancy.</li> </ul>	<p>▶ “<i>Look for</i>” is used to indicate terms that may be associated with, but are not synonymous with an item. Terms listed under “<i>look for</i>” may indicate that an item should be reported for the pregnancy, but additional information will be needed before it can be determined whether the item should be reported.</p> <p><b>Example:</b> “Trial of labor” for “cesarean delivery”)</p>
<b>Missing Information</b>	Where information for an item cannot be located please write “unknown” on the paper copy of the worksheet.		

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

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

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>4. County of birth (BC #7, FDFWS #4, FDR #6)</b>			
The name of the county where the birth occurred.	<p>Enter the name of the county where the birth occurred.</p> <p>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.</p>		
<b>5. Place where birth/delivery occurred/Birthplace (BC #26, FDFWS #5, FDR #7)</b>			
The type of place where the birth occurred.	Check the box that best describes the type of place where the birth occurred.	<p>1<sup>st</sup> Admission History and Physical (H&amp;P) <i>under</i>— General Admission <i>under</i>—</p> <ul style="list-style-type: none"> <li>▪ Admitted from home, doctor’s office, other <i>or</i>—</li> <li>▪ Problem list/findings</li> </ul> <p>2<sup>nd</sup> Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>▪ Delivery information</li> <li>▪ Labor and delivery summary</li> <li>▪ Maternal obstetric (OB)/labor summary <i>under</i>—delivery</li> <li>▪ Summary of labor and delivery (L &amp; D)</li> </ul> <p>3<sup>rd</sup> Basic Admission Data</p> <p>4<sup>th</sup> Progress Notes or Note</p>	FBC – Freestanding birthing center
<b>Hospital</b>			
<b>Freestanding birthing center</b> No direct physical connection with an operative delivery center.			
<b>Home birth</b> The birth occurred at a private residence.	If home birth is checked, check whether the home birth was planned. If unknown whether a planned home birth write “unknown.”		
<b>Clinic/Doctor’s office</b>			
<b>Other</b>	Specify taxi, cab, train, plane etc.		

The prenatal care record is the preferred source for items 6 through 16.  
 If the prenatal care record is not in the mother’s file, please contact the prenatal care provider and obtain a copy of the record.

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

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

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

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

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

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

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

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

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>14. Risk factors in this pregnancy – Con.</b></p> <p><b>Pregnancy resulted from infertility treatment.</b> Any assisted reproductive treatment used to initiate the pregnancy.</p> <p>Includes: - Drugs (such as Clomid, Pergonal) - Artificial insemination - Technical procedures (such as in-vitro fertilization)</p>	<p><i>Check if <u>any</u> fertility therapy was used.</i></p>	<p>1<sup>st</sup> Prenatal Care Record <i>under—</i></p> <ul style="list-style-type: none"> <li>▪ Medical history</li> <li>▪ Current pregnancy history</li> <li>▪ Problem list <i>or—</i>initial risk assessment</li> <li>▪ Medications this pregnancy</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under—</i></p> <ul style="list-style-type: none"> <li>▪ Comments</li> <li>▪ Medications</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P <i>under—</i></p> <ul style="list-style-type: none"> <li>▪ Current pregnancy history</li> <li>▪ Problem list/findings</li> </ul>	<p><i>See lists below</i></p>
<p><b>Fertility-enhancing drugs, artificial insemination or intrauterine insemination</b> Any fertility enhancing drugs (e.g., Clomid, Pergonal), artificial insemination or intrauterine insemination used to initiate the pregnancy.</p>	<p><i>Check if <u>specific</u> therapy (drugs or insemination) was used.</i></p>		<p>Fertility-enhancing drugs, artificial or intrauterine insemination: Medications Clomid, Serophene Pergonal Metrodin Profasi Progesterol Crinone (progesterone gel) Follistim FSH (follicule stimulating hormone) Gonadotropins, HcG (human chorionic gonadotropin) Pergonal</p>

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

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

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

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

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

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

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

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

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

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

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>23. Was the mother transferred to this facility for maternal medical or fetal indications for delivery? (BC #28, FDFWS #20, FDR #35)</b></p> <p>Transfers include hospital to hospital, birth facility to hospital, etc. Does not include home to hospital.</p>	<p>If the mother was transferred from another <u>facility</u> check “yes.”</p> <p>If “yes,” enter the name of the facility the mother transferred from. If the name of the facility is not known, enter “unknown.”</p> <p>Check “no” if the mother was transferred from home.</p>	<p>1<sup>st</sup> Labor &amp; Delivery Nursing Admission Triage Form <i>under—</i></p> <ul style="list-style-type: none"> <li>▪ Reason for admission</li> <li>▪ Comments</li> </ul> <p>2<sup>nd</sup> Admission H&amp;P</p> <p>3<sup>rd</sup> Labor &amp; Delivery – Delivery Record</p> <ul style="list-style-type: none"> <li>▪ Maternal OB/labor summary</li> <li>▪ Labor and delivery admission history</li> <li>▪ Labor summary record</li> </ul>	

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

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

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

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

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

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>27. Characteristics of labor and delivery – Con.</b></p> <p><b>Moderate or heavy meconium staining of the amniotic fluid</b>                      Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or at delivery that is more than enough to cause a greenish color change of an otherwise clear fluid.</p>		<p>1<sup>st</sup> Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>▪ Maternal OB/labor summary – comments/complications</li> <li>▪ Labor summary record – comments/complications</li> <li>▪ Amniotic fluid summary section – comments, color</li> <li>▪ Time membranes ruptured section</li> </ul> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p> <p>3<sup>rd</sup> Physician Progress Note</p>	<p>Mec – Meconium</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>27. Characteristics of labor and delivery – Con.</b>			
<p><b>Fetal intolerance of labor was such that one or more of the following actions was taken:</b>                      In-utero resuscitative measures, further fetal assessment, or operative delivery.</p> <p>Includes any of the following:                      - Maternal position change                      - Oxygen administration to the mother                      - Intravenous fluids administered to the mother                      - Amnioinfusion                      - Support of maternal blood pressure                      - Administration of uterine relaxing agents</p> <p>Further fetal assessment including any of the following: scalp pH, scalp stimulation, acoustic stimulation.</p> <p>Operative delivery to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery.</p>	<p>Check that recorded maternal temperature is at or above 38°C (100.4°F).</p>	<p>1<sup>st</sup> Delivery Record <i>under</i>—                      ▪ Maternal OB/labor summary                      ▪ Labor summary record</p> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p> <p>3<sup>rd</sup> Physician Progress Note</p> <p>4<sup>th</sup> Physician Order Sheet <i>or</i>—                      Nursing Notes</p>	<p>LLP – left lateral position                      O<sub>2</sub> – oxygen                      IV fluids                      Amnioinfusion                      Nitroglycerine                      Acoustic stimulation                      Vibroacoustic stimulation                      Scalp pH sampling                      Fetal oxygen saturation monitoring                      Terbutaline                      Low forcep delivery                      Vacuum extraction                      C/S --Cesarean delivery</p>
<p><b>Epidural or spinal anesthesia during labor</b>                      Administration to the mother of a regional anesthetic to control the pain of labor.</p> <p>Delivery of the agent into a limited space with the distribution of the analgesic effect limited to the lower body.</p>		<p>1<sup>st</sup> Delivery Record <i>under</i>—                      ▪ Maternal OB labor summary <i>under</i>— analgesia/anesthesia                      ▪ Labor summary record <i>under</i>—analgesia/anesthesia</p>	<p>Epidural analgesia                      Epid. given                      Spinal given</p>

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

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>28. Method of delivery (BC #46, FDFWS #23, FDR #38)</b>			
The physical process by which the complete delivery of the fetus was affected.	Complete <u>every</u> section: A, B, C, and D.	<i>See below</i>	<i>See below</i>
<p><b>A. Was delivery with forceps attempted but unsuccessful?</b> Obstetric forceps were applied to the fetal head in an unsuccessful attempt at vaginal delivery.</p>	<p>Check “yes” or “no.”</p> <div data-bbox="604 574 1010 667" style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>NOTE: Item dropped from national dataset.</b></p> </div>	<p>1<sup>st</sup> Delivery Record <i>under</i>— Delivery Summary 2<sup>nd</sup> Physician Delivery Summary <i>or</i>—Progress Note 3<sup>rd</sup> Recovery Room Record <i>under</i>—Maternal Data — Complications</p>	<p>LFD --Low forcep delivery (attempted) LFD (attempted)</p>
<p><b>B. Was delivery with vacuum extraction attempted but unsuccessful?</b> Ventouse or vacuum cup was applied to the fetal head in an unsuccessful attempt at vaginal delivery.</p>	<p>Check “yes” or “no.”</p> <div data-bbox="604 829 1010 922" style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>NOTE: Item dropped from national dataset.</b></p> </div>	<i>Same as above</i>	<p>Vac ext -- Vacuum extraction (attempted) Vac ext (attempted) VAD --Vacuum assisted delivery</p>

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

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

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

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

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

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

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>33. Apgar score (BC #51)</b></p> <p>A systematic measure for evaluating the physical condition of the infant at specific intervals following birth.</p>	<p>Enter the infant’s Apgar score at 5 minutes.</p> <p>If the score at 5 minutes is less than 6, enter the infant’s Apgar score at 10 minutes.</p>		<p><i>Same as sex of infant above</i></p>
<p><b>34. Plurality (BC #52, FDFWS #28, FDR #33)</b></p> <p>The number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age, or if the fetuses were delivered at different dates in the pregnancy.</p> <p>“Reabsorbed” fetuses (those that are not delivered: expelled or extracted from the mother) <u>should not</u> be counted.</p>	<p>Enter the number of fetuses delivered in this pregnancy.</p> <p><b>If two or more live births in this delivery, see “Facility Worksheet attachment for multiple births.”</b></p>	<p>1<sup>st</sup> Delivery record</p> <p>2<sup>nd</sup> Admission H&amp;P</p>	<p>Single</p> <p>Twin, triplet, quadruplet, etc...</p> <p>Multiple (a,b,c...) <i>or</i> (1,2,3...)</p>
<p><b>35. If not a single birth, order born in the delivery (BC #53, FDFWS #29, FDR #34)</b></p> <p>The order born in the delivery, live born or fetal death (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, etc.).</p>	<p>If this is a single birth, leave this item blank.</p> <p>Include all live births and fetal deaths from this pregnancy.</p>	<p>1<sup>st</sup> Delivery Record <i>under—</i> Birth Order</p> <p>2<sup>nd</sup> Infant data</p>	<p>Baby A, B, or Baby 1, 2 etc.</p> <p>Twin A, B, or Twin 1, 2</p> <p>Triplet A, B, C, or Triplet 1, 2, 3 etc.</p> <p><i>Look for:</i> Birth order/Set order</p>
<p><b>36. If not a single birth, number of infants in the delivery born alive (FDFWS #30)</b></p> <p>The number of infants in this delivery <u>born alive</u> at any point in the pregnancy.</p>	<p>If this is a single birth, leave this item blank.</p> <p>If this is not a single birth, specify the number of infants in this delivery born alive at any point in the pregnancy. Include this birth.</p>	<p>1<sup>st</sup> Delivery record</p> <p>2<sup>nd</sup> Admission H&amp;P</p>	<p><i>Look for:</i> Condition</p>

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

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

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>37. Abnormal conditions of the newborn – Con.</b>			
<p><b>Newborn given surfactant replacement therapy</b> Endotracheal instillation of a surface-active suspension for treating surfactant deficiency due to preterm birth or pulmonary injury resulting in respiratory distress.</p> <p>Includes both artificial and extracted natural surfactant.</p>	<p>Check both primary (1<sup>st</sup>) and secondary (2<sup>nd</sup>) sources before completion.</p>	<p>1<sup>st</sup> Labor and Delivery Summary <i>under</i>—Neonatal Medication</p> <p>2<sup>nd</sup> Newborn Medication Administration Record</p>	<p><b>If given to newborn after birth:</b> Medications (given to newborn): Surfactant Survanta Exosurf Curosurf Infasurf</p>
<p><b>Antibiotics received by the newborn for suspected neonatal sepsis.</b> Any antibacterial drug (penicillin, ampicillin, gentamicin, cefotaxime, etc.) given systemically (intravenous or intramuscular). Does not include antibiotics given to infants who are NOT suspected of having neonatal sepsis.</p>		<p>1<sup>st</sup> Newborn Medication Administration Record</p>	<p>Medications (given to newborn for sepsis): Nafcillin, Chloramphenicol Penicillin, Penicillin G Ampicillin, Gentamicin, Kanamycin, Cefotaxime, Cefoxitin, Vancomycin, Acyclovir, Amikacin, Ceftazidime, Ceftriaxone, Cefazolin</p>
<p><b>Seizure or serious neurologic dysfunction</b> Seizure – any involuntary repetitive, convulsive movement or behavior.</p> <p>Serious neurologic dysfunction – severe alteration of alertness.</p> <p>Excludes:</p> <ul style="list-style-type: none"> <li>- Lethargy or hypotonia in the absence of other neurologic findings</li> <li>- Symptoms associated with CNS congenital anomalies</li> </ul>		<p>1<sup>st</sup> Newborn H&amp;P</p> <p>2<sup>nd</sup> Physician Progress Notes <i>under</i>—Neuro Exam</p>	<p>Seizures Tonic/Clonic/Clonus Twitching Eye rolling Rhythmic jerking Hypotonia Obtundation Stupor Coma (HIE) - Hypoxic-ischemic encephalopathy</p>

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

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

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>38. Congenital anomalies of the newborn – Con.</b></p> <p><b>Cyanotic congenital heart disease</b>                      Congenital heart defects that cause cyanosis.</p>		<p>1<sup>st</sup> Physician Progress Notes  <i>under—</i></p> <ul style="list-style-type: none"> <li>▪ Circulation</li> <li>▪ Cardiovascular</li> </ul>	<p>TGA - Transposition of the great arteries                      TOF - Tetralogy of Fallot                      Pulmonary or pulmonic valvular atresia                      Tricuspid atresia                      Truncus arteriosus                      TAPVR - total/partial anomalous pulmonary venous return with or without obstruction                      COA - coarctation of the aorta                      HLHS - hyposplastic left heart syndrome</p>
<p><b>Congenital diaphragmatic hernia</b>                      Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.</p>		<p>1<sup>st</sup> Infant H&amp;P                      2<sup>nd</sup> Labor and Delivery Summary Record <i>under—</i>Infant Data</p>	

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>38. Congenital anomalies of the newborn – Con.</b></p>			
<p><b>Omphalocele</b></p> <p>A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk.</p> <p>The defect is covered by a membrane (different from gastroschisis [see below]), although this sac may rupture. Also called exomphalos.</p> <p><u>Do not include</u> umbilical hernia (completely covered by skin) in this category.</p> <p><u>Do not include</u> Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges).</p>		<p>1<sup>st</sup> Labor and Delivery Summary Record <i>under</i>—Infant Data</p> <p>2<sup>nd</sup> Admission H&amp;P <i>under</i>—G.I.</p>	<p>Exomphelos</p>
<hr/>			
<p><b>Gastroschisis</b></p> <p>An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and the absence of a protective membrane.</p>		<p><i>Same as Omphalocele</i></p>	

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

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>38. Congenital anomalies of the newborn – Con.</b></p> <p><b>Hypospadias</b> Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis.</p> <p>Includes:</p> <ul style="list-style-type: none"><li>- First degree (on the glans ventral to the tip)</li><li>- Second degree (in the coronal sulcus)</li><li>- Third degree (on the penile shaft)</li></ul>		<p>1<sup>st</sup> Labor &amp; Delivery Summary <i>under</i>—Infant Data</p> <p>2<sup>nd</sup> Newborn H&amp;P <i>under</i>—Genitourinary (GU)</p>	

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

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

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

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

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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.