INSTRUCTIONS FOR THE AUTOMATED CLASSIFICATION OF THE INITIATING AND MULTIPLE CAUSES OF FETAL DEATHS, 2016

SECTION I: General Concepts For Coding Fetal Deaths

A. INTRODUCTION

This manual provides instructions to NCHS mortality medical coders and nosologists for coding multiple causes of fetal death reported on the 2003 Revision of the Fetal Death Reports filed in the states. These mortality coding instructions are used by the National Center for Health Statistics (NCHS), which is the Federal agency responsible for the compilation of U.S. statistics on causes of fetal death. NCHS is part of the Centers of Disease Control and Prevention.

In coding causes of fetal death, NCHS refers to the World Health Organization’s most recent revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) for processing the data for fetal mortality tabulation.

Beginning with fetal deaths occurring in 1999, ICD-10 has been used for coding and classifying causes of fetal death. This revision of the Classification is published by the World Health Organization (WHO) and consists of three volumes. Volume 1 contains a list of three-character categories, the tabular list of inclusions, and the four-character sub-categories. The supplementary Z code Classification appears in Volume 1 but is not used for classifying mortality cause of death data, including fetal deaths. Optional fifth characters are provided for certain categories and an optional independent four-character coding system is provided to classify histological varieties of neoplasm, prefixed by the letter M (for morphology) and followed by a fifth character indicating behavior. These optional codes are not used at NCHS. Volume 2 includes the international rules and notes used in classifying and tabulating cause of death data including fetal death data. Volume 3 is an alphabetical index containing a comprehensive list of terms and codes for use in coding. Copies of these volumes may be purchased. See ordering information at http://www.who.int/classifications/icd/en/.

NCHS prepares updated versions of Volume 1 and Volume 3 annually http://www.cdc.gov/nchs/nvss/instruction_manuals.htm The major purpose of these updated versions is to provide and maintain a single published source of new and/or corrected code assignments including terms not indexed in Volume 3 and/or not classified in Volume 1 of ICD-10.

Each year, all the major revisions from previous manuals will be documented in the Introduction of this manual under the heading "Major Revisions from Previous Manuals".

This manual documents concepts and instructions for coding multiple causes of fetal death consistent with the provisions of ICD-10. This manual should be used in conjunction with the latest updated versions of ICD-10, Volumes 1 and 3 and the Perinatal Subset of medical terms. The Perinatal Subset is a list of terms classified to Chapter XVI, Certain conditions originating in the perinatal period (P00-P96). It is updated annually.

ICD-10 provides for the classification of certain medical conditions according to two different axes – the etiology or initiating disease process, referred to as the “dagger” code, and the manifestation or complication code, referred to as the “asterisk” code. NCHS uses and publishes only the dagger codes. This dual system was introduced in the Ninth Revision of the ICD and remained an integral part of the ICD-10.

For example, Coxsackie myocarditis has a code (B33.2†) marked with a “dagger” in Chapter 1, Certain infectious and parasitic diseases and a different code (I41.1*) marked with an “asterisk” in Chapter 9, Diseases of the circulatory system. NCHS only codes the B33.2. Similarly, diabetic nephropathy has a dagger code (E14.2†) in Chapter IV, Endocrine, nutritional and metabolic diseases and an asterisk code (N08.3*) in Chapter XIV, Diseases of the
The fetal death multiple cause codes are used as inputs to the ACME System (Automated Classification of Medical Entities) which was developed by NCHS to automatically select the underlying cause of death and the TRANSAX System (Translation of Axes) used to produce multiple cause of death statistics, beginning with deaths occurring in 1968. ACME will be used as the automated system for selecting the initiating cause of fetal deaths. The ACME System requires codes be assigned for each condition reported on the Fetal Death Report, usually in the order the information is recorded on the report. The output data of the system are the initiating causes of fetal deaths assigned by applying the underlying cause Selection Rule 3 and Modification Rules A-E of the Classification. These rules are documented in the ICD-10, Volume 2. The same cause is selected as if one applied the manual cause of fetal death coding instructions specified in Instruction Manual 2J, Instructions for the Manual Classification of the Initiating Cause of Fetal Deaths, 2012.

http://www.cdc.gov/nchs/nvss/instruction_manuals.htm

**Major revisions from previous manuals**

No updates - this manual is unchanged from the 2014 version

Other manuals relating to coding causes of death are:

- Part 2a, NCHS Instructions for Classifying the Underlying Cause of Death, 2016
- Part 2b, Instructions for Classifying Multiple Causes of Death, 2016
- Part 2c, ICD-10 ACME Decision Tables for Classifying the Underlying Causes of Death, 2016
- Part 2s, SuperMICAR Data Entry Instruction, 2011

**B. DEFINITIONS**

**Fetal Death** is defined as “death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy and which is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.”

**Induced Termination of Pregnancy (Abortion)** is defined as “purposeful interruption of an intrauterine pregnancy with the intention other than to produce a liveborn infant and which does not result in a live birth.” This definition excludes management of prolonged retention of products of conception following fetal death.

**Ectopic pregnancy reported with an intentional intervention** An ectopic pregnancy reported with an intentional intervention, such as “removal of embryo”, is not included in the fetal death file. Records with this type of event reported will be identified by the coder and proper steps taken for removal.

**Live Birth** is defined as “the expulsion or extraction from its mother of a product of human conception, irrespective of the duration of the pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.”

This manual only includes instructions on coding causes of fetal deaths which includes “spontaneous abortions”. Terms interpreted as spontaneous abortions are included in Appendix G.

Induced abortions and live births are not included in the fetal death file. Terms interpreted as induced abortions are
C. Item 18. CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH

The U.S. Standard Report of Fetal Death provides spaces for a certifier to record pertinent information concerning the diseases, morbid conditions, and injuries which either resulted in or contributed to a fetal death. The CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH portion of the Fetal Death Report includes items 18a and 18b. It is designed to obtain the opinion of the certifier as to the initiating cause and prompts the certifier to report specific conditions.

A cause of fetal death is the morbid condition or disease process, abnormality, injury, or poisoning leading directly to fetal death. The initiating cause of fetal death is the disease or injury, which initiated the chain of morbid events leading directly to death or the circumstances of the accident or violence, which produced fatal injury. A fetal death often results from the combined effect of two or more conditions. These conditions may be completely unrelated, arising independently of each other or they may be causally related to each other; that is, one cause may lead to another which in turn, leads to a third cause, etc.

The format in the 2003 Revision of the Fetal Death Report which the certifier is requested to record the causes of fetal death facilitates the selection of the initiating cause when two or more causes are reported. He or she is requested to report an initiating condition in Item 18a and all remaining causes in Item 18b.

D. INCLUSIONS IN THE FILE

In some circumstances, the conditions reported in 18. Cause/Conditions Contributing to Fetal Death may indicate that this is not a fetal death. If the event does not meet the definition of a fetal death, the records will be removed automatically.

Induced terminations of pregnancy should be included in the fetal death file only when the fetus was known dead before the procedure and when the induction was performed for the sole purpose of removing an already-dead fetus. The term “induced termination of pregnancy” implies an induced termination of the pregnancy in progress, not one in which the fetal death has already occurred. Appendix G contains a list of terms not considered as induced abortions and that are coded as fetal deaths.
## US Standard Report of Fetal Death

### Mother Information

- **Local File No.**
- **US Standard Report of Fetal Death**
- **State File Number:**

#### Name of Fetus

- **City, Town, or Location of Delivery:**
- **Place Where Delivery Occurred:**
- **Facility Name:**
- **Facility ID:**
- **Date of Delivery:**

#### Mother's Current Legal Name

- **First**, **Middle**, **Last, Suffix:**
- **Date of Birth:**

#### Mother's Name Prior to First Marriage

- **First**, **Middle**, **Last, Suffix:**
- **Birthplace:**

#### Residence of Mother-State

- **City, Town, or Location:**
- **County:**
- **Street and Number:**

#### Father Information

- **Local File No.**
- **US Standard Report of Fetal Death**
- **State File Number:**

#### Father's Current Legal Name

- **First**, **Middle**, **Last, Suffix:**
- **Date of Birth:**

#### Father's Birthplace

- **State, Territory, or Foreign Country:**
- **Yes** or **No**

### Attendant and Registration Information

- **Attendant's Name, Title, and NPI:**
- **Name:**
- **NPI:**
- **Title:**
- **Other:**

#### Name and Title of Person Completing Report

- **Name:**
- **Title:**

#### Date Report Completed

- **MM/ DD/ YYYY:**

#### Date Received by Registrar

- **MM/ DD/ YYYY:**

### Cause of Fetal Death

#### Maternal Conditions/Diseases

- Specify:

#### Complications of Placenta, Cord, or Membranes

- Rupture of membranes:
- Abnormal placenta:
- Placental insufficiency:
- Prolapsed cord:
- Chorioamnionitis:
- Other:

#### Other Obstetrical or Pregnancy Complications

- Specify:

#### Fetal Anomaly

- Specify:

#### Fetal Injury

- Specify:

#### Fetal Infection

- Specify:

### Other Fetal Conditions/Disorders

- Specify:

### Weight of Fetus

- **G** (grams) or **lb/oz**:

### Obstetric Estimate of Gestation at Delivery

- **Completed weeks**:

### Estimated Time of Fetal Death

- **Dead at time of first assessment:**
- **Dead at time of first assessment, labor ongoing:**
- **Dead during labor, after first assessment:**

### Was an Autopsy Performed?

- **Yes** or **No**

### Was a Histological Placental Examination Performed?

- **Yes** or **No**

### Various other fields and sections are filled as per the report.
### SECTION II: General Instructions

**A. INTRODUCTION**

**EXCERPT FROM U.S. STANDARD REPORT OF FETAL DEATH (Rev. 11/2003)**

**18. CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH**

<table>
<thead>
<tr>
<th>18a. INITIATING CAUSE/CONDITION</th>
<th>18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)</td>
<td>(SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18b)</td>
</tr>
<tr>
<td>Maternal Conditions/Diseases (Specify)_____________________________</td>
<td>Maternal Conditions/Diseases Specify)_____________________________</td>
</tr>
<tr>
<td>Complications of Placenta, Cord, or Membranes</td>
<td>Complications of Placenta, Cord, or Membranes</td>
</tr>
<tr>
<td>☐ Rupture of membranes prior to onset of labor</td>
<td>☐ Rupture of membranes prior to onset of labor</td>
</tr>
<tr>
<td>☐ Abruptio placenta</td>
<td>☐ Abruptio placenta</td>
</tr>
<tr>
<td>☐ Placental insufficiency</td>
<td>☐ Placental insufficiency</td>
</tr>
<tr>
<td>☐ Prolapsed cord</td>
<td>☐ Prolapsed cord</td>
</tr>
<tr>
<td>☐ Chorioamnionitis</td>
<td>☐ Chorioamnionitis</td>
</tr>
<tr>
<td>☐ Other (Specify)_____________________________</td>
<td>☐ Other (Specify)_____________________________</td>
</tr>
<tr>
<td>Other Obstetrical or Pregnancy Complications (Specify)_____________________________</td>
<td>Other Obstetrical or Pregnancy Complications (Specify)_____________________________</td>
</tr>
<tr>
<td>Fetal Anomaly (Specify)_____________________________</td>
<td>Fetal Anomaly (Specify)_____________________________</td>
</tr>
<tr>
<td>Fetal Injury (Specify)_____________________________</td>
<td>Fetal Injury (Specify)_____________________________</td>
</tr>
<tr>
<td>Fetal Infection (Specify)_____________________________</td>
<td>Fetal Infection (Specify)_____________________________</td>
</tr>
<tr>
<td>Other Fetal Conditions/Disorders (Specify)_____________________________</td>
<td>Other Fetal Conditions/Disorders (Specify)_____________________________</td>
</tr>
<tr>
<td>Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

**Code** all information reported in Item 18 of the Fetal Death Report, "CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH”

Refer to the sex of the fetus to assign the most appropriate cause of fetal death code.

In Volumes 1 and 3 of ICD-10 and the Perinatal Subset, the fourth-character subcategories of three-character categories
are preceded by a decimal point. For coding purposes, omit the decimal point.

The data will be entered in the same format for coding and entering multiple causes of fetal deaths as used for coding multiple causes of death for regular mortality data and will be processed through Underlying cause selection Rule 3 and the Modification Tables of the ACME System Decision Tables. A screen will be generated in the same format used for entering regular mortality multiple cause data. The State File Number will also be generated.

Enter codes in 18a as if reported on the uppermost line of Part I of the regular death certificate in the same order as the entries they represent, proceeding from the entry reported uppermost, downward and from the left to right. Terms requiring special formatting may affect the placement of codes. If the lower line is an obvious continuation of a line above, enter the codes accordingly. When an identical code applies to more than one condition reported, enter the code for the first-mentioned of these conditions only. If the entries are numbered, code in numeric order.

Enter codes in 18b as if reported in Part II of the regular death certificate in the same order as the entries they represent, proceeding from the entry reported uppermost, downward and from the left to right. If the lower line is an obvious continuation of a line above, enter the codes accordingly. When an identical code applies to more than one condition reported, enter the code for the first-mentioned of these conditions only.

**NOTE:** Repetitive (identical) codes are acceptable, if reported once in 18a (Part 1) and once in 18b (Part II). They are not acceptable if reported together in 18a (Part 1) or together in 18b (Part II).

**EXAMPLE:**

<table>
<thead>
<tr>
<th>18a. INITIATING CAUSE/CONDITION</th>
<th>18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Conditions/Diseases</td>
<td>Maternal Conditions/Diseases</td>
</tr>
<tr>
<td>(Specify)</td>
<td>(Specify)</td>
</tr>
<tr>
<td>□ Complications of Placenta, Cord, or Membranes</td>
<td>□ Complications of Placenta, Cord, or Membranes</td>
</tr>
<tr>
<td>□ Rupture of membranes prior to onset of labor</td>
<td>□ Rupture of membranes prior to onset of labor</td>
</tr>
<tr>
<td>□ Abruptio placenta</td>
<td>□ Abruptio placenta</td>
</tr>
<tr>
<td>□ Placental insufficiency</td>
<td>□ Placental insufficiency</td>
</tr>
<tr>
<td>□ Prolapsed cord</td>
<td>□ Prolapsed cord</td>
</tr>
<tr>
<td>□ Chorioamnionitis</td>
<td>□ Chorioamnionitis</td>
</tr>
<tr>
<td>□ Other</td>
<td>□ Other</td>
</tr>
<tr>
<td>(Specify)</td>
<td>(Specify)</td>
</tr>
<tr>
<td>Other Obstetrical or Pregnancy Complications</td>
<td>Other Obstetrical or Pregnancy Complications</td>
</tr>
<tr>
<td>(Specify)</td>
<td>(Specify)</td>
</tr>
<tr>
<td>Fetal Anomaly</td>
<td>Breech delivery</td>
</tr>
<tr>
<td>(Specify)</td>
<td>(Specify)</td>
</tr>
<tr>
<td>Fetal Injury</td>
<td>Fetal Anomaly (Specify)</td>
</tr>
<tr>
<td>(Specify)</td>
<td></td>
</tr>
<tr>
<td>Fetal Infection</td>
<td></td>
</tr>
<tr>
<td>(Specify)</td>
<td></td>
</tr>
<tr>
<td>Other Fetal Conditions/Disorders</td>
<td>Other Fetal Conditions/Disorders</td>
</tr>
<tr>
<td>(Specify) fetal distress</td>
<td>(Specify)</td>
</tr>
<tr>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**B. EXCESSIVE CODES**

When 18a (Part I) or 18b (Part II) requires more than eight codes, delete the excessive codes (any over eight) for the line using the following criteria in the order listed:

**NOTE:** During the deletion process, when the numbers of existing codes become eight, discontinue the deletion process. The ACME System can tolerate a record with eight codes per line.

1. Delete ill-defined conditions, P042, P070, P071, P072, P073, P201, P209, P219, P95, and R000-R99 (except when one of these codes is the first code on the line), proceeding right to left.

2. Delete any nature of injury codes classified to S000-T983 (except when one of these codes is the first code on the line), proceeding right to left.

3. Delete any repetitive codes (except the first one on a line) proceeding right to left.

4. If, after applying the preceding criteria, 18a or 18b still has more than eight codes, delete beginning with the last code on the line until only eight remain.

When a single record requires more than fourteen codes, delete the excessive codes using the following criteria in the order listed:

**NOTE:** During the deletion process, when the number of existing codes become fourteen, discontinue the deletion process. The ACME System can tolerate a record with fourteen codes.

Begin deleting in 18b (Part II).

1. Delete all ill-defined conditions classified to P042, P070, P071, P072, P073, P201, P209, P219, P95 and R000-R99 in 18b (Part II). Do not delete an ill-defined condition when it is the first code in 18b (Part II). Proceed deleting right to left in 18b (Part II). If there are more than fourteen codes remaining after deleting the ill-defined codes in 18b (Part II), delete any of the above ill-defined codes in 18a (Part I) applying the same criteria and order of deletion.

2. Delete any nature of injury codes classified to S000-T983. Do not delete a nature of injury code when it is the first code in 18b (Part II). Proceed deleting right to left in 18b (Part II). If there are more than fourteen codes remaining after deleting the nature of injury codes in 18b (Part II), delete any of the above nature of injury codes in 18a (Part I) applying the same criteria and order of deletion.

3. Delete any repetitive codes. Do not delete a repetitive code when it is the first code in 18b (Part II). If there are more than fourteen codes remaining after deleting the repetitive codes in 18b (Part II), delete repetitive codes in 18a (Part I), applying the same criteria and order of deletion. Proceed right to left until there are only fourteen codes remaining on the record.

**C. GENERAL CODING CONCEPT**

The coding of cause of fetal death information consists of the assignment of the most appropriate ICD-10 code(s) for each diagnostic entity reported on the Fetal Death Report. In order to arrive at the appropriate code for a diagnostic entity, code each entity separately. Do not apply provisions in ICD-10 for linking two or more diagnostic terms to form a composite diagnosis classifiable to a single ICD-10 code.
**Plural form of disease**

Do not use the plural form of a disease or the plural form of a site to indicate “multiple”.

**EXAMPLE**: Congenital defects Q899

**Code** Q899, Defect, congenital. Do not code Q897, multiple congenital defects.

**Implied “disease”**

When an adjective or noun form of a site is entered as a separate diagnosis, i.e., it is not part of the entry immediately preceding or following it, assume the word “disease” after the site and code accordingly.

**Drug dependent, drug dependency**

When drug dependent or drug dependency modifies a condition, consider as a non-codable modifier unless indexed.

**Conditions qualified by “rule out,” “ruled out,” “r/o”**

When a condition is qualified by “rule out,” “ruled out,” or “r/o,” etc., do not enter a code for the condition.

**Non-indexed and illegible entries**

**Terms not indexed**

When a term is reported that is not in the index, enter “R97” on the record where a code for the non-indexed term would go. All “R97” codes will be reviewed on a regular basis to determine if they should indeed be added to Volume 3. After documenting the non-indexed term in the index, the R97 codes will be manually replaced in the data file with the code assigned in the index.

**Illegible entries**

When an illegible entry is the only entry on the report, code P95. When an illegible entry is reported with other classifiable entries, disregard the illegible entry and code the remaining entries as indexed.

**Qualifying Conditions as Acute or Chronic**

**Acute and chronic**

Sometimes the terms acute and chronic are reported preceding two or more conditions. In these cases, use the term (“acute” or “chronic”) with the condition it immediately precedes.

**Punctuation Marks**

1. Disregard punctuation marks such as a period, comma, semicolon, colon, dash, slash, question mark or exclamation mark when placed at the end of a line in 18a. Do not apply this instruction to a hyphen (⁻) which indicates a word is incomplete.
2. When conditions are separated by a slash (/), code each condition as indexed.

3. When a dash (-) or slash (/) is used to separate sites reported with one condition and the combination of the sites is indexed to a single ICD-10 code, disregard the punctuation and code as indexed. This does not apply to commas.

4. When conditions are indexed together, yet separated by a comma, code the conditions separately. If the term following the comma is an adjective, refer to instructions on coding adjectival modifiers.

D. Definitions and Types of Diagnostic Entities

A diagnostic entity is a single term or a composite term, comprised of one word or of two or more adjoining words, that is used to describe a disease, nature of injury, or other morbid condition. In this manual, diagnostic entity and diagnostic term are used interchangeably. A diagnostic entity may indicate the existence of a condition classifiable to a single ICD-10 category or it may contain elements of information that are classifiable to different ICD-10 categories. For coding purposes, it is necessary to distinguish between two different kinds of diagnostic entities – a “one-term entity,” and a “multiple one-term entity.”

One-term entity

1. A one-term entity is a diagnostic entity classifiable to a single ICD-10 code.

2. A diagnostic term that contains one of the following adjectival modifiers indicates the condition modified has undergone certain changes and is considered to be a one-term entity:

   - adenomatous
   - hypoxemic
   - anoxic
   - hypoxic
   - congestive
   - inflammatory
   - cystic
   - ischemic
   - embolic
   - necrotic
   - erosive
   - obstructed, obstructive
   - gangrenous
   - ruptured
   - hemorrhagic

(These instructions apply to the above adjectival modifiers only.)

For code assignment, apply the following criteria in the order stated:

   a. If the modifier and lead term are indexed together, code as indexed.
   b. If the modifier is not indexed under the lead term, but “specified” is, use the code for specified (usually .8).
   c. If neither the modifier nor “specified” is indexed under the lead term, refer to Volume 1 under the NOS code for the lead term and look for an applicable specified 4th character subcategory.
   d. If neither a, b, or c apply, code the lead term without the modifier.

Multiple one-term entity

A multiple one-term entity is a diagnostic entity consisting of two or more contiguous words on a line for which the Classification does not provide a single code for the entire entity but does provide a single code for each of the components of the diagnostic entity. Consider as a multiple one-term entity if each of the components can be considered as separate one-term entities, i.e., they can stand alone as separate diagnosis. Code each component of the multiple one-term entity as indexed and on the same line where reported.

Adjectival modifiers
**NOTE:** Code an adjective reported at the end of a diagnostic entity as if it preceded the entity. If indexed to a single code, use that code. If not indexed together, follow the instructions for coding multiple one-term entities.

1. If an adjectival modifier is reported with more than one condition, modify only the first condition.
2. If an adjectival modifier is reported with one condition and more than one site is reported, modify all sites.
3. If an adjectival modifier precedes two different diseases that are reported with a connecting term, modify only the first disease.
4. If the adjectival form of a word(s) or a qualifier(s) is reported in parenthesis, use the adjective to modify the term preceding it.

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**18a. INITIATING CAUSE/CONDITION**

*(Among the choices below, please select the one which most likely began the sequence of events resulting in the death of the fetus)*

Maternal Conditions/Diseases
(Specify) Diabetic nephrosis and vascular disease

---

**Code 18a (Part 1) to P701 P003.**

Code 18a (Part 1) P701, Maternal condition, affecting fetus or newborn, diabetes mellitus (conditions in E10-E14) and P003, Maternal condition, affecting fetus or newborn, circulatory disease, (conditions in 100-199, Q20-Q28). Do not modify the vascular disease as diabetic since there are two separate diseases reported with a connecting term.

**Parenthetical Entries**

When one medical entity is reported, followed by another complete medical entity enclosed in parenthesis, disregard the parenthesis and code as separate terms.

a) When the adjective form of words or qualifiers are reported in parenthesis, use the adjectives to modify the entity preceding it.

b) If the term in parenthesis is not a complete term and is not a modifier, consider as part of the preceding term.

**EXAMPLES:**

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18a. INITIATING CAUSE/CONDITION

*(Among the choices below, please select the one which most likely began the sequence of events resulting in the death of the fetus)*

Maternal Conditions/Diseases
(Specify) Diabetic renal disease (Nephrosis)

---

**Code 18a (Part 1) P701 P001.**

Code 18a (Part 1) P701, Maternal condition, affecting fetus or newborn, diabetes mellitus (conditions in E10-E14) and P001, Maternal condition, affecting fetus or newborn, nephritis, nephrotic syndrome and nephrosis (conditions in N00-N08). Nephrosis enclosed in parenthesis is a complete medical entity that can stand alone; therefore, code as a separate entity.

---

18a. INITIATING CAUSE/CONDITION
(AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

Maternal Conditions/Diseases
( Specify) Renal disease (Diabetic)

**Code 18a (Part 1) P701.**


**E. CODING FETAL CONDITIONS**

Conditions of the fetus can be coded to almost any category in the list of valid codes (Appendix D) other than P000-P049 but will most often be coded to categories P050-P95, Perinatal conditions and Q000-Q999, Congenital anomalies.

In assigning codes for conditions of the fetus, code as indexed in this priority order:

- fetus
- fetal
- affecting fetus or newborn
- fetus or newborn
- congenital

However, pay special attention to the availability of a relevant code in the Perinatal Subset. There is a subset of Volume 3, the alphabetical index, dedicated to perinatal conditions and referred to as the Perinatal Subset. NCHS provides this as a separate document to assist coders in identifying conditions indexed as “fetus and newborn” or classified to Chapter XVI. It is updated annually.

**EXAMPLES:**

<table>
<thead>
<tr>
<th>18a. INITIATING CAUSE/CONDITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetal anomaly</td>
</tr>
<tr>
<td>(Specify) Congenital diaphragmatic hernia</td>
</tr>
</tbody>
</table>

**Code 18a (Part 1) Q790.**

Code 18a (Part I) Q790, Hernia, diaphragm, diaphragmatic, congenital since not indexed as fetus, fetal, affecting fetus or newborn, fetus or newborn or newborn. or less than 28 days.

<table>
<thead>
<tr>
<th>18a. INITIATING CAUSE/CONDITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Fetal Conditions/Disorders</td>
</tr>
<tr>
<td>(Specify) Central respiratory failure</td>
</tr>
</tbody>
</table>
**Code 18a (Part 1) G938**

Code 18a (Part 1) G938, Failure, respiratory, central since central respiratory failure is not indexed as fetus, fetal, fetus or newborn or congenital. G938 is a valid fetal death code. Refer to Appendix D for a list of Valid Fetal Death Codes.

**F. CODING MATERNAL CONDITIONS**

Maternal conditions affecting the fetus should be coded to categories P000-P049. When conditions of the mother directly impact the fetus and are reported on the Fetal Death Report and the condition is not indexed, refer to Volume I, Chapter XVI to categories P000-P049, Fetus and newborn affected by maternal factors and by complications of pregnancy, labor and delivery. Also, refer to the Index under:

- Maternal condition, affecting fetus or newborn
- Pregnancy, complicated by
- Delivery, complicated by
- Labor

The complication itself, such as Placenta, abnormality, affecting fetus or newborn.

**EXAMPLES:**

18a. INITIATING CAUSE/CONDITION


Maternal Conditions/Diseases
(Specify) Maternal malnutrition

**Code 18a (Part 1) P004**

Code 18a (Part I) P004, Maternal malnutrition affecting fetus or newborn as indexed.

Assign category P008 to maternal conditions not indexed or classifiable to any other specified category. A list of all conditions not indexed and assigned code P008 will be maintained and will be added to the annual update of Volume 3 and also included in the Perinatal Subset. Please refer all conditions assigned to code P008 to Supervisor and/or a designated contact to ensure they will be incorporated into the next annual edition of Volume 3 and the Perinatal Subset.

18a. INITIATING CAUSE/CONDITION


Maternal Conditions/Diseases
(Specify) Crohn’s disease

**Code 18a (Part 1) P008**

Code 18a (Part 1) P008, Maternal condition, affecting fetus or newborn, specified condition NEC.

**Complications of Placenta, Cord, or Membranes**

When the checkbox items in 18a and 18b are marked, each should be assigned codes as follows:

- Rupture of membranes prior to onset of labor
Abruptio placenta
Placental insufficiency
Prolapsed cord
Chorioamnionitis
Other (specify)

If the checkbox for rupture of membranes prior to onset of labor is marked, assign code P011.

If the checkbox for abruptio placenta is marked, assign code P021.

If the checkbox for placental insufficiency is marked, assign code P022.

If the checkbox for prolapsed cord is marked, assign code P024.

If the checkbox for chorioamnionitis is marked, assign code P027.

If the checkbox for Other is marked ‘Y’ and no codeable condition or a condition classified to P95 is reported in the ‘Other (specify)’, assign codes P022, P026, and P029; regardless of whether any of the previous boxes have been checked.

If specified conditions are written in the 'Other (specify)', code the condition to the mother unless obviously of the fetus. (example, anencephaly – the absence of a large part of the brain and the skull; this is clearly a condition of the fetus.)

Fetal injury If reported as a result of an external cause, refer to your immediate supervisor for a code assignment
Unknown code P95 (only if no other information is on record)

EXAMPLES:

18a. INITIATING CAUSE/CONDITION
Complications of Placenta, Cord, or Membranes
Other : Y  Other: Y
Other (specify) : Unknown    OR    Other (specify): NONE

Code 18a (Part I) P022 P026 P029

Code 18a (Part I) P022 P026 P029, complication of placenta, cord, or membranes. It seems that the certifier is saying yes, there is a complication of the placenta, cord, or membranes: they’re just not sure what the specific complication is.

18a. INITIATING CAUSE/CONDITION
Complications of Placenta, Cord, or Membranes
Rupture of membranes: Y
Other: Y
Other (specify): Previous Birth

Code 18a (Part I) P011 P022 P026 P029

Code 18a (Part I) P011, Rupture of membranes and P022, P026, P029 complication of placenta, cord, or membranes since the checkbox is marked ‘Y’ and previous birth is not a codeable condition.

18a. INITIATING CAUSE/CONDITION
Complications of Placenta, Cord, or Membranes
Other: Y
Other (specify): Twin-Twin Transfusion Syndrome
**Code 18a (Part I) P023**

Code 18a (Part I) P023, Twin-Twin Transfusion Syndrome. Since a codeable condition is reported in the 'Other (specify)', do not assign the 3 codes for complication of placenta, cord, or membranes.

<table>
<thead>
<tr>
<th>18a. INITIATING CAUSE/CONDITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complications of Placenta, Cord, or Membranes</td>
</tr>
<tr>
<td>Other: Y</td>
</tr>
<tr>
<td>Other (specify):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Fetal Conditions/Disorders: Fetal Demise</td>
</tr>
</tbody>
</table>

**Code 18a (Part I) P022 P026 P029**

Code 18a (Part I) P022 P026 P029, complication of placenta, cord, or membranes and leave 18b (Part II) blank since P95 is not assigned when other information is on the record.

<table>
<thead>
<tr>
<th>18a. INITIATING CAUSE/CONDITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complications of Placenta, Cord, or Membranes</td>
</tr>
<tr>
<td>Other: Y</td>
</tr>
<tr>
<td>Other (specify):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complications of Placenta, Cord, or Membranes</td>
</tr>
<tr>
<td>Other: Y</td>
</tr>
<tr>
<td>Other (specify):</td>
</tr>
</tbody>
</table>

**Code 18a (Part I) P022 P026 P029/Code 18b (Part II) P022 P026 P029**

Code 18a (Part I) P022 P026 P029, complication of placenta, cord, or membranes and code 18b (Part II) P022 P026 P029, complication of placenta, cord, or membranes since the checkbox is marked ‘Y’ in both places.

**G. Format**

**Conditions reported in 18a**

Enter the codes for entries in 18a in the order the entries are reported, proceeding from the entry reported uppermost in 18a from left to right, if there is more than one entry on the same line. If the entries are numbered, code in numeric order.

**Connecting Terms**

**“Due to” written in or implied in Items 18a and 18b**

When the certifier has stated that one condition was due to another or has used another connecting term that implies a due to relationship between conditions in items 18 and 18b, take into consideration the position of the term in 18a/18b and code the entry following the "written-in due to" directly preceding the term.

1. The following connecting terms must be “written in” and are interpreted as meaning “due to” when the entity immediately preceding and following these terms is a disease condition, nature of injury or an external cause:

   - after
   - incident to
   - received in
   - arising in or during
   - incurred after
   - resulting from
   - as (a) complication of
   - incurred during
   - resulting when
as a result of incurred in secondary to (2°)
because of incurred when subsequent to
caused by induced by sustained as
complication(s) of occurred after sustained by
during occurred during sustained by
etiology occurred in sustained during
following occurred when sustained when
for occurred while sustained while
from origin received from
in received from

EXAMPLES:

18a. INITIATING CAUSE/CONDITION

(AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

Other Fetal Conditions/Disorders

(Specify) Anoxia and hemorrhage caused by hemolytic disease of fetus

Code 18a (Part 1) to P209 P559 P509

Code 18a (Part 1) P209, Anoxia, fetal, fetus, P559, Disease, hemolytic (fetus) (newborn) and P509, Hemorrhage, fetal, fetus. Code the Hemolytic disease of fetus immediately preceding the hemorrhage.

18a. INITIATING CAUSE/CONDITION

Maternal Conditions/Diseases

(Specify) Fetal cardiac failure due to maternal polyhydramnios

Code 18a (Part 1) P013 P298

Code 18a (Part 1) P013, Polyhydramnios, affecting fetus or newborn and P298, Failure, cardiac, fetal. Code maternal polyhydramnios as the first entry in 18a (Part I), directly preceding the fetal cardiac failure.

When one of the above terms is the first entry in 18b, indicating the entry following the term on the above list is a continuation of 18a, code in 18a. Take into consideration the position of the term in 18a and code the entry following the “written-in due to” in 18b directly preceding the term in 18a.

EXAMPLES:

18a. INITIATING CAUSE/CONDITION

(AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS

(SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18b)

Maternal Conditions/Diseases
Fetal Injury (Specify)  Fetal anoxia  (Specify) resulting from maternal hypertension

**Code 18a (Part 1) P000 P209**

Code 18a (Part 1) P000, Maternal condition, affecting fetus or newborn, hypertension (conditions in 010-011, 013-016) and P209, Anoxia, fetal, fetus. Code maternal hypertension in 18b directly preceding fetal anoxia in 18a.

<table>
<thead>
<tr>
<th>18a. INITIATING CAUSE/CONDITION</th>
<th>18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)</em></td>
<td><em>(SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18b)</em></td>
</tr>
<tr>
<td>Maternal Conditions/Diseases (Specify) Fetopelvic disproportion</td>
<td>Other Fetal Conditions/Disorders (Specify) Anoxia due to 18b</td>
</tr>
<tr>
<td>Other Fetal Conditions/Disorders (Specify) Anoxia due to 18b</td>
<td>Other Fetal Conditions/Disorders (Specify) Breech delivery</td>
</tr>
</tbody>
</table>

**Code 18a (Part 1) P031 P030 P209**

Code 18a (Part 1) P031, Disproportion (fetopelvic), affecting fetus or newborn, P030, Delivery, breech, affecting fetus or newborn, and P209, Anoxia, fetal, fetus. Code Breech delivery, affecting fetus or newborn in 18b, directly preceding the anoxia in 18a.

b) **Not indicating a “due to” relationship**

When conditions are separated by “and” or by another connecting term that does not imply a “due to” relationship, enter the codes for these conditions on the same line in the order the conditions are reported.

The following terms imply that conditions are meant to remain on the same line. They are separated by “and” or by another connecting term that does not imply a “due to” relationship:

- and
- accompanied by
- also
- associated with
- complicated by
- complicating
- consistent with
- with (c)
- precipitated by
- predisposing (to)
- superimposed on

**EXAMPLE:**

<table>
<thead>
<tr>
<th>18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18b)</em></td>
</tr>
<tr>
<td>Fetal Anomaly</td>
</tr>
</tbody>
</table>
(Specify) Cleft palate with cleft lip

**Code 18b (Part II) Q359 Q369**

Code 18b (Part II) Q359, Cleft, palate and Q369, Cleft lip. Code each entity separately even though ICD-10 provides a combination code for cleft palate and cleft lip.

c) **Conditions reported in 18b**

   **NOTE:** Enter the codes for entries in 18b in the order the entries are reported, proceeding from the entry reported uppermost in 18b from left to right, if there is more than one entry on the same line. If entries are numbered, code in numeric order.

d) **Deletion of “18b” on Fetal Death Report**

   When the certifier has marked through the printed 18b, disregard the marking and code the entities as reported in 18b (Part II).

e) **Doubtful Diagnosis**

1. Doubtful qualifying expression: When expressions such as “apparently,” “presumably,” “?,” “perhaps,” and “possibly,” qualify any condition, disregard these expressions and code the condition as indexed.

   a) **Interpretation of “either...or...”**

      Consider the following as a statement of “either or:”

      · Two conditions reported on one line and both conditions qualified by expressions such as “apparently,” “presumably,” “?,” “perhaps,” and “possibly”.

      · Two or more conditions connected by “or” or “versus”.

2. Code as follows:

   When more than one condition of the placenta classifiable to P020, P021, P022 is qualified by one of the expressions interpreted as “either/or,” code P022, “Unspecified morphological and functional abnormalities of the placenta”.

   **EXAMPLE:**

   Placenta previa versus abruption placenta

   **Code** P022, Placenta, abnormal, affecting fetus or newborn.

3. When more than one condition of the umbilical cord classifiable to P024, P025, P026 is qualified by one of the expressions interpreted as “either/or,” code P026, “Unspecified condition of the umbilical cord.”

   **EXAMPLE:**

   Knot in umbilical cord or short cord

   **Code** P026, Abnormal, abnormality, umbilical cord, affecting fetus or newborn.

4. When more than one condition of the maternal membranes (P027, P028) is qualified by one of the expressions interpreted as “either/or,” code P029, “Unspecified abnormality of membranes”.

5. When more than one fetal anomaly is reported and qualified by one of the terms interpreted as “either/or,” code
as follows:

a) If an anomaly is reported of different parts of the same site, code Anomaly of the specified site only.

   **EXAMPLE:**

   Congenital anomaly of the tricuspid or aortic valve
   
   Code Q248, Anomaly of heart valve NEC.

b) When conditions are qualified by a statement of "either or" and only one site/system is involved, code to the residual category for the site/system.

   **EXAMPLES:**

   Encephalocele or hypoplasia of brain
   
   Code Q049, Anomaly, of brain.

   Anomaly of the bladder or kidney
   
   Code Q649, Anomaly, unspecified of the urinary system.

c) If different specified anomalies of the same system, code anomaly of the specified system only.

   **EXAMPLE:**

   Congenital stenosis of pylorus or atresia of duodenum.
   
   Code Q459, Anomaly, gastrointestinal tract NEC.

**NOTE:** IF MORE THAN ONE CONDITION OF THE FETUS (INCLUDING MATERNAL CONDITIONS) IS REPORTED WITH A TERM INTERPRETED AS "EITHER/OR," AND THE ABOVE INSTRUCTIONS DO NOT APPLY, REFER TO IMMEDIATE SUPERVISOR FOR A CODE ASSIGNMENT.

H. **Screening/Tests Results**

When a statement is reported on the Fetal Death Report indicating a screening or diagnostic test was performed and the results of the test are not reported, do not enter a code for the screening/test. Tests are used for diagnostic purposes and not considered a diagnosis unless the results are reported. If results are reported, code as indexed.

**EXAMPLES**

Diagnostic imaging of the kidney performed
Liver function studies
Screened for tuberculosis

Do not enter a code for a condition when the results are reported as "negative".

**EXAMPLES:**

Negative for tuberculosis
Tested negative for HIV
Tested positive for tuberculosis P370. Indexed under Tuberculosis, congenital

I. **Inclusion of additional information (AI) to Fetal Death Reports**

Code supplemental information when it modifies or supplements data on the original Fetal Death Report as follows:
1. When additional information (AI) states the initiating cause of a specified disease or condition in 18a (Part I), code the additional information (AI) preceding the specified disease.

2. When additional information (AI) modifies a specified disease or condition, use the AI and code the specified disease where reported.

3. When there is a stated or implied complication of surgery and the additional information indicates the condition for which the surgery was performed, code this condition as follows:
   a) If the surgical procedure was performed on the mother, code the condition for which the surgical procedure was performed following the P006 (the code used for the fetus and newborn affected by a surgical procedure on the mother).
   b) If the surgical procedure was performed on the fetus, refer to your immediate supervisor for a code assignment.

4. When the additional information (AI) states a certain condition is the initiating cause of death, code this as the first condition in 18a (Part I).

5. When any morphological type of neoplasm is reported in 18a (Part I) with no mention of the “site” and additional information specifies a site, code the specified site only on the line where the morphological type is reported.

6. When additional information states the primary site of a malignant neoplasm of the fetus, enter the code preceding where information concerning the neoplasm is reported.

7. When the additional information does not modify a condition on the report, or does not state that this condition is the initiating cause, code the AI as the last condition(s) in 18b (Part II).

J. Amended Reports

When an “Amended Fetal Death Report” is submitted, code the conditions reported on the amended report only.

K. Sex Limitations

Certain categories in ICD-10 are limited to one sex:

<table>
<thead>
<tr>
<th>For Males Only</th>
<th>For Females Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>B260</td>
<td>C51-C579</td>
</tr>
<tr>
<td>C60-C63</td>
<td>D06</td>
</tr>
<tr>
<td>D074-D076</td>
<td>D070-D073</td>
</tr>
<tr>
<td>D176</td>
<td>D25-D28</td>
</tr>
<tr>
<td>D29</td>
<td>D390-D391</td>
</tr>
<tr>
<td>D40</td>
<td>D397-D399</td>
</tr>
<tr>
<td>Q53-Q55</td>
<td>P546</td>
</tr>
<tr>
<td>Q98</td>
<td>Q500-Q529</td>
</tr>
<tr>
<td></td>
<td>Q960-Q962</td>
</tr>
<tr>
<td></td>
<td>Q964-Q979</td>
</tr>
</tbody>
</table>

L. Plurality Limitations
Certain categories in ICD-10 are limited to one plurality. If the number in the Plurality box on the Fetal Death Record is greater than "1", code P015 as the last entry in 18b (Part II).

For Multiples Only

P01.5

Q89.4

**NOTE:** Do not add/code P01.5 for "twin to twin transfusion". Code to P02.3 as indexed.

**M.** Relating and modifying conditions

**1.** Implied site of disease

Certain conditions are classified in the ICD-10 according to the site affected, e.g.:

- atrophy
- enlargement
- obstruction
- calcification
- failure
- perforation
- calculus
- fibrosis
- rupture
- congestion
- gangrene
- stenosis
- degeneration
- hypertrophy
- stones
- dilatation
- insufficiency
- stricture
- embolism
- necrosis

(This list is not all inclusive)

Occasionally, these conditions are reported without specification of site. Relate conditions such as these for which the Classification does not provide a NOS code. Also, relate conditions which are usually reported of a site. Generally, it may be assumed that such a condition was of the same site as another condition if the Classification provides for coding the condition of unspecified site to the site of the other condition. These coding principles apply whether or not there are other conditions reported. Apply the following instructions when relating a condition of unspecified site to the site of the specified condition:

a. **General instructions for implied site of a disease**

   When applying the instructions for Implied site of a Disease and Relating and Modifying, consider all specified conditions for the following choices to be on the same line and apply applicable instructions for relating and modifying:

   **1. Maternal Conditions/Diseases**

      (Specify)______________________________

   **2. Complications of Placenta, Cord, or Membranes**

      Rupture of membranes prior to onset of labor
      Abruptio placenta
      Placental insufficiency
      Prolapsed cord
      Chorioamnionitis
Other (Specify) ______________________________________

3. Other Obstetrical or Pregnancy Complications
   (Specify) ______________________________________

4. Fetal Anomaly (Specify) _____________________________

5. Fetal Injury (Specify) ______________________________

6. Fetal Infection (Specify) ___________________________

7. Other Fetal Conditions/Disorders
   (Specify) _______________________________________

8. Unknown
   (1) When conditions are reported on the same line, assume the condition of unspecified site was of the same site as the condition of specified site.
   (2) When conditions of different sites are reported on the same line, assume the condition of unspecified site was of the same site as the condition immediately preceding it.

b. Relating specific categories
   (1) When embolism, infarction, occlusion, thrombosis NOS is reported:
       · from a specified site, code the condition of the site reported.
       · of a site, from a specified site, code the condition to both sites reported.
   (2) Relate a condition of unspecified site to the complete term of a multiple site entity. If it is not indexed together, relate the condition to the site of the complete indexed term.

Non-traumatic conditions
Consider conditions that are usually but not always traumatic in origin to be qualified as non-traumatic when reported with a “written in” due to or on the same line with a disease.

SECTION III: INTENT OF CERTIFIER

A. INTRODUCTION
In order to assign the most appropriate code for a given diagnostic entity, it may be necessary to take other recorded information into account. It is important to interpret this information properly so the meaning intended by the certifier is correctly conveyed. The objective is to code each diagnostic entity in accordance with the intent of the certifier without combining separate codable entities. The following instructions help to determine the intent of the certifier. Apply Intent of Certifier instructions to “See also” terms in the Index as well. These instructions are assumed to be for the fetus unless stated as a maternal condition or reported on the Maternal Condition line.
B. Coding conditions classified to injuries as disease conditions

a. Some conditions (such as injury, hematoma or laceration) of a specified organ are indexed directly to a traumatic category but may not always be traumatic in origin. Consider these types of conditions to be qualified as non-traumatic when reported:

- with a written in due to, or on the same line with a disease or reported due to drug poisoning or drug therapy.
- When there is provision in the Classification for coding the condition considered to be qualified as non-traumatic as "non-traumatic," code accordingly. Otherwise, code to the category that has been provided for "Other" diseases of the organ (usually .8).

b. Some conditions are indexed directly to a traumatic category, but the Classification also provides a non-traumatic code. When these conditions are reported of the fetus and due to or with a disease and an external cause is also reported on the record, refer to your immediate supervisor for a code assignment.

c. Some conditions are indexed directly to a traumatic category, but the Classification also provides a non-traumatic code. When these conditions are reported, code the condition as non-traumatic unless the condition is reported due to or on the same line with an injury or external cause. This instruction applies only to conditions with the term "non-traumatic" in the Index.

C. Organisms and Infections

Organisms

<table>
<thead>
<tr>
<th>Organism</th>
<th>Organism</th>
<th>Organism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escherichia coli</td>
<td>Cytomegalovirus</td>
<td>Candida</td>
</tr>
<tr>
<td>Staphylococcal</td>
<td>Streptococcal</td>
<td>Fungus</td>
</tr>
</tbody>
</table>

Infectious conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abscess</td>
<td>Infection</td>
<td>Sepsis, Septicemia</td>
</tr>
<tr>
<td>Bacteremia</td>
<td>Pneumonia</td>
<td>Septic Shock</td>
</tr>
<tr>
<td>Empyema</td>
<td>Pyemia</td>
<td>Words ending in &quot;itis&quot;</td>
</tr>
</tbody>
</table>

These lists are NOT all inclusive. Use them as a guide.

Infections and organisms are yet another situation in which care needs to be taken to determine if it is directly affecting the fetus or the fetus is merely impacted by a maternal condition before assigning a code. If the infection or organism is reported in the specified line for maternal conditions or if reported elsewhere but qualified as maternal, then code to a maternal code (e.g., P002 or P008). Otherwise, assume the fetus has the infection or organism and assign a fetal code. (e.g., P35-P39), if indexed.

Take into consideration that some infections and organisms of the fetus are classified to Chapter 1.

1. Do not use HIV or AIDS to modify an infectious or inflammatory condition. Code as two separate conditions.
2. When an infectious or inflammatory condition and a specified organism or specified non-systemic infection is
reported, code the infectious or inflammatory condition and the organism or infection separately.

3. When any condition and infection NOS is reported, code both conditions where entered on the report.

4. When a non-infectious or non-inflammatory condition and infection NOS is reported as the initiating cause, code the non-infectious or non-inflammatory condition as indexed and code infection NOS where entered on the report.

5. When an organism is reported preceding two or more infectious conditions reported consecutively on the same line, code each of the infectious conditions modified by the organism.

6. When one infectious condition is modified by more than one organism, modify the condition by all organisms.

7. When any condition is reported and a generalized infection such as bacteremia, fungemia, sepsis, septicemia, systemic infection, or viremia is reported, code both the condition and the generalized infection where entered on the report. Do not modify the condition by the infection.

D. Drug Use NOS and Noxious Substances

The code assignment depends upon whether the fetus is directly impacted or affected by maternal behavior or exposure. For instance, code maternal drug use P044, when reported in 18a or 18b. Refer to the indexing of maternal conditions in the Perinatal Subset and Volume 1, Category P04 to assign the appropriate code for a fetus affected by maternal behavior or exposure.

SECTION IV: CLASSIFICATION OF CERTAIN ICD-10 CATEGORIES

A. CONGENITAL CONDITIONS

The Classification does not provide congenital and acquired codes for all conditions. When no provision is made for a distinction, disregard the statement of congenital or acquired and code the NOS code.

B. CERTAIN FETAL CONDITIONS (P000-P969)

When reported in 18a or 18b, code the following entries as indicated:

<table>
<thead>
<tr>
<th>Birth weight of</th>
<th>P070</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 pounds (999 gms) or under</td>
<td></td>
</tr>
<tr>
<td>Over 2 pounds (1000 gms) but not more than</td>
<td></td>
</tr>
<tr>
<td>5 ½ pounds (2499 gms)</td>
<td>P071</td>
</tr>
<tr>
<td>10 pounds (4500 gms) or more</td>
<td>P080</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gestation of</th>
<th>P072</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 28 weeks</td>
<td></td>
</tr>
<tr>
<td>28 weeks but less than 37 weeks</td>
<td>P073</td>
</tr>
<tr>
<td>42 or more completed weeks</td>
<td>P082</td>
</tr>
</tbody>
</table>

| NOTE: 37-41 weeks, no code. This is a normal gestation period. |

Premature labor or delivery NOS P073

When a condition classifiable to P703-P720, P722-P749 is the only cause(s) reported in 18a or 18b, code P95. If reported with other perinatal conditions, code as indexed.
C. ILL-DEFINED AND UNKNOWN CAUSES

When any of the following terms is the only entry (or entries) on the fetal death report, code P95 everywhere terms are reported in 18a or 18b:

- Cause not found
- Cause unknown
- Cause undetermined
- Could not be determined
- Deadborn fetus NOS
- Etiology never determined
- Etiology not defined
- Etiology uncertain
- Etiology unexplained
- Etiology unknown
- Etiology undetermined
- Etiology unspecified
- Fetal Death
- Fetal Demise
- Final event undetermined
- Immediate cause not determined
- Immediate cause unknown
- Intrauterine death
- No specific etiology
- Identified
- No specific known causes
- Non-specific causes
- Not known
- Obscure etiology
- Stillborn
- Undetermined
- Uncertain
- Unclear
- Unexplained cause
- Unknown
- ? Cause
- ? Etiology

“Unknown” reported in the checkbox, code P95, if no other information is on the record. If the checkbox for Unknown is marked in one section (either 18a or 18b) and there is also a term assigned to P95 reported in the other section, code P95 in both sections.

18a. INITIATING CAUSE/CONDITION

Unknown: Y

18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS

Maternal Conditions/Diseases: Undetermined

**Code 18a (Part I)P95/Code 18b (Part II) P95**

Code 18a (Part I) P95, Ill-defined and Unknown Causes and code 18b (Part II) P95, Ill-defined and Unknown Causes for both reportings.

18a. INITIATING CAUSE/CONDITION

Complications of Placenta, Cord, or Membranes
Other: Y
Other (specify):

18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS

Unknown: No specific known causes

**Code 18a (Part I) P022 P026 P029**
D. GENERAL CONCEPT REGARDING EXTERNAL CAUSES REPORTED ON FETAL DEATH REPORTS

If an external event is reported and it is the mother who received the injuries, code the appropriate P000-P049.

If an external event is reported and it is the fetus who received the injury, refer to your immediate supervisor for a code assignment. The instructions for coding external causes on regular mortality data will apply and will be assigned by the supervisor.

Refer to the following instructions on coding external causes on Fetal Death Reports.

E. Maternal External Causes

When a complication of any type of medical care is reported, including drug therapy, surgery, or a specified type of therapy including obstetrical procedures, code the appropriate P000-P049.

Do not enter the nature of injury code, external cause code or place code. Take into consideration if the condition for which the medical care was administered is reported. If questionable, refer to Supervisor.

If any type of external event (poisonings, accident, suicide, homicide or undetermined) is reported of the mother, code to the appropriate P000-P049. Do not enter a nature of injury code, external cause code or place code.

Take into consideration where the certifier has recorded the external event and code the P000-P049 in that same position. If questionable, refer to your immediate Supervisor.

F. Fetal Injury

When any type of medical care including drug therapy, surgery, or any other specified type of medical care is reported of the fetus refer to your immediate supervisor for a code assignment.

If any type of external event or injury is reported of the fetus, refer to your immediate supervisor for a code assignment.

APPENDIX A - Standard Abbreviations and Symbols

When an abbreviation is reported on the certificate, refer to this list to determine what the abbreviation represents. If an abbreviation represents more than one term, determine the correct abbreviation by using other information on the certificate. If no determination can be made, use abbreviation for first term listed.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A2GDM</td>
<td>class A2 gestational diabetes mellitus</td>
</tr>
<tr>
<td>AAA</td>
<td>abdominal aortic aneurysm</td>
</tr>
<tr>
<td>AAS</td>
<td>aortic arch syndrome</td>
</tr>
<tr>
<td>AAT</td>
<td>alpha-antitrypsin</td>
</tr>
<tr>
<td>AAV</td>
<td>AIDS-associated virus</td>
</tr>
<tr>
<td>AB</td>
<td>abdomen; abortion; asthmatic bronchitis</td>
</tr>
<tr>
<td>ABD</td>
<td>abdomen</td>
</tr>
<tr>
<td>ABE</td>
<td>acute bacterial endocarditis</td>
</tr>
<tr>
<td>ABS</td>
<td>acute brain syndrome</td>
</tr>
<tr>
<td>ACA</td>
<td>adenocarcinoma</td>
</tr>
<tr>
<td>ACD</td>
<td>arteriosclerotic coronary disease</td>
</tr>
<tr>
<td>ACH</td>
<td>adrenal cortical hormone</td>
</tr>
<tr>
<td>ACT</td>
<td>acute coronary thrombosis</td>
</tr>
<tr>
<td>ACTH</td>
<td>adrenocorticotropic hormone</td>
</tr>
<tr>
<td>ACVD</td>
<td>arteriosclerotic cardiovascular disease</td>
</tr>
<tr>
<td>ADEM</td>
<td>acute disseminated encephalomyelitis</td>
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<tr>
<td>ADH</td>
<td>antidiuretic hormone</td>
</tr>
<tr>
<td>ADS</td>
<td>antibody deficiency syndrome</td>
</tr>
<tr>
<td>AEG</td>
<td>air encephalogram</td>
</tr>
<tr>
<td>AF</td>
<td>auricular or atrial fibrillation; acid fast</td>
</tr>
<tr>
<td>AFB</td>
<td>acid-fast bacillus</td>
</tr>
<tr>
<td>AGG</td>
<td>agammaglobulinemia</td>
</tr>
<tr>
<td>AGL</td>
<td>acute granulocytic leukemia</td>
</tr>
<tr>
<td>AGN</td>
<td>acute glomerulonephritis</td>
</tr>
<tr>
<td>AGS</td>
<td>adrenogenital syndrome</td>
</tr>
<tr>
<td>AHA</td>
<td>acquired hemolytic anemia; autoimmune hemolytic anemia</td>
</tr>
<tr>
<td>AHD</td>
<td>arteriosclerotic heart disease</td>
</tr>
<tr>
<td>AHHD</td>
<td>arteriosclerotic hypertensive heart disease</td>
</tr>
<tr>
<td>AHG</td>
<td>anti-hemophilic globulin deficiency</td>
</tr>
<tr>
<td>AHLE</td>
<td>acute hemorrhagic leukoencephalitis</td>
</tr>
<tr>
<td>AI</td>
<td>aortic insufficiency; additional information</td>
</tr>
<tr>
<td>AIDS</td>
<td>acquired immunodeficiency syndrome</td>
</tr>
<tr>
<td>AKA</td>
<td>above knee amputation</td>
</tr>
<tr>
<td>ALC</td>
<td>alcoholism</td>
</tr>
<tr>
<td>ALL</td>
<td>acute lymphocytic leukemia</td>
</tr>
<tr>
<td>ALS</td>
<td>amyotrophic lateral sclerosis</td>
</tr>
<tr>
<td>AMI</td>
<td>acute myocardial infarction</td>
</tr>
<tr>
<td>AML</td>
<td>acute myelocytic leukemia</td>
</tr>
<tr>
<td>ANS</td>
<td>arteriolonephrosclerosis</td>
</tr>
<tr>
<td>AOD</td>
<td>arterial occlusive disease</td>
</tr>
<tr>
<td>AODM</td>
<td>adult onset diabetes mellitus</td>
</tr>
<tr>
<td>AOM</td>
<td>acute otitis media</td>
</tr>
<tr>
<td>AP</td>
<td>angina pectoris; anterior and posterior repair; artificial pneumothorax; anterior pituitary</td>
</tr>
</tbody>
</table>
AVP  aortic valve prosthesis
AVR  aortic valve replacement
AVRT atrioventricular nodal re-entrant tachycardia
AWMI anterior wall myocardial infarction
AZT azidothymidine
BA basilar artery; basilar arteriogram; bronchial asthma
B&B bronchoscopic and biopsy
BBB bundle branch block
B&C biopsy and cauterization
BCE basal cell epithelioma
BE barium enema
BEH benign essential hypertension
BGL Bartholin's gland
BKA below knee amputation
BL bladder; bucolingual; blood loss; Burkitt's lymphoma
BM R basal metabolism rate
BNA bladder neck adhesions
BNO bladder neck obstruction
BOMSA bilateral otitis media serous acute
BOMSC bilateral otitis media serous chronic
BOW 'bag of water' (membrane)
B/P, BP blood pressure
BPH benign prostate hypertrophy
BSA body surface area
BSO bilateral salpingo-oophorectomy
BSP Bromosulfaphthalein (test)
BTL bilateral tubal ligation
BUN blood, urea, and nitrogen test
BVL bilateral vas ligation
B&W Baldy-Webster suspension (uterine)
BX biopsy
BX CX biopsy cervix
Ca cancer
CA cancer; cardiac arrest; carotid arteriogram
CABG coronary artery bypass graft
CABS coronary artery bypass surgery
CAD coronary artery disease
CAG chronic atrophic gastritis
CAO coronary artery occlusion; chronic airway obstruction
CAS cerebral arteriosclerosis
CASCVD chronic arteriosclerotic cardiovascular disease
CASHD chronic arteriosclerotic heart disease
CAT computerized axial tomography
CB chronic bronchitis
CBC complete blood count
CBD common bile duct; chronic brain disease
CBS chronic brain syndrome
CCF chronic congestive failure
CCI chronic cardiac or coronary insufficiency
CF congestive failure; cystic fibrosis; Christmas factor (PTC)
CFT chronic follicular tonsillitis
CGL chronic granulocytic leukemia
CGN chronic glomerulonephritis
CHA congenital hypoplastic anemia
CHB complete heart block
CHD congestive heart disease; coronary heart disease; congenital heart disease; Chediak-Higashi Disease
CHF congestive heart failure
C2H5OH ethyl alcohol
CI cardiac insufficiency; cerebral infarction
CID cytomegalic inclusion disease
CIS carcinoma in situ
CJD Creutzfeldt-Jakob Disease
CLD chronic lung disease; chronic liver disease
CLL chronic lymphatic leukemia; chronic lymphocytic leukemia
CMID cytomegalic inclusion disease
CML chronic myelocytic leukemia
CMM cutaneous malignant melanoma
CMV cytomegalic virus
CNHD congenital nonspherocytic hemolytic disease
CNS central nervous system
CO carbon monoxide
COAD chronic obstructive airway disease
CO2 carbon dioxide
COBE chronic obstructive bullous emphysema
COBS chronic organic brain syndrome
COFS cerebro-oculo-facio-skeletal
COOMBS test for Rh sensitivity
COLD chronic obstructive lung disease
COPD chronic obstructive pulmonary disease
COPE chronic obstructive pulmonary emphysema
CP cerebral palsy; cor pulmonale
C&P cystoscopy and pyelography
CPB cardiopulmonary bypass
CPC chronic passive congestion
CPD cephalopelvic disproportion; contagious pustular dermatitis
CPE chronic pulmonary emphysema
CRD chronic renal disease
CREST calcinosis cutis, Raynaud's phenomenon, sclerodactyly, and telangiectasis
CRF cardiorespiratory failure; chronic renal failure
CRST calcinosis cutis, Raynaud's phenomenon, sclerodactyly, and telangiectasis
CS coronary sclerosis; cesarean section; cerebro-spinal
CSF cerebral spinal fluid
CSH chronic subdural hematoma
CSM cerebrospinal meningitis
CT computer tomography; cerebral thrombosis; coronary thrombosis
CTD congenital thymic dysplasia
CU cause unknown
CUC chronic ulcerative colitis
CUP cystoscopy, urogram, pyelogram (retro)
CUR cystocele, urethrocele, rectocele
CV cardiovascular; cerebrovascular
CVA cerebrovascular accident
CVI cardiovascular insufficiency; cerebrovascular insufficiency
CVD cardiovascular disease
CVHD cardiovascular heart disease
CVRD cardiovascular renal disease
CWP coal worker's pneumoconiosis
CX cervix
DA degenerative arthritis
DBI phenformin hydrochloride
D&C dilation and curettage
DCR dacrocystorhinostomy
D&D drilling and drainage; debridement and dressing
D&E dilation and evacuation
DFU dead fetus in utero
DIC disseminated intravascular coagulation
DILD diffuse infiltrative lung disease
DIP distal interphalangeal joint; desquamative interstitial pneumonia
DJD degenerative joint disease
DM diabetes mellitus
DMT dimethyltriptamine
DOA dead on arrival
DOPS diffuse obstructive pulmonary syndrome
DPT diphtheria, pertussis, tetanus vaccine
DR diabetic retinopathy
DS Down's syndrome
DT due to; delirium tremens
D/T due to; delirium tremens
DU diagnosis unknown; duodenal ulcer
DUB dysfunctional uterine bleeding
DUI driving under influence
DVT deep vein thrombosis
DWI driving while intoxicated
DX dislocation; diagnosis; disease
EBV Epstein-Barr virus
ECCE extracapsular cataract extraction
ECG electrocardiogram
E coli Escherichia coli
ECT electric convulsive therapy
EDC expected date of confinement
EEE Eastern equine encephalitis
EEG electroencephalogram
EFE endocardial fibroelastosis
EGL eosinophilic granuloma of lung
EH enlarged heart; essential hypertension
EIOA excessive intake of alcohol
EKC epidemic keratoconjunctivitis
EKG electrocardiogram
EKP epikeratoprosthesis
ELF elective low forceps
EMC encephalomyocarditis
EMD electromechanical dissociation
EMF endomyocardial fibrosis
EMG electromyogram
EN erythema nodosum
ENT ear, nose, and throat
EP ectopic pregnancy
ER emergency room
ERS evacuation of retained secundines
ESRD end-stage renal disease
EST electric shock therapy
ETOH ethyl alcohol
EUA exam under anesthesia
EWB estrogen withdrawal bleeding
FB foreign body
FBS fasting blood sugar
Fe symbol for iron
FGD fatal granulomatous disease
FHS fetal heart sounds
FHT fetal heart tone
FLSA follicular lymphosarcoma
FME full-mouth extraction
FS frozen section; fracture site
FT full term
FTA fluorescent treponemal antibody test
FTD fronto-temporal dementia
5FU fluorouracil
FUB functional uterine bleeding
FULG fulguration
FUO fever unknown origin
FX fracture
FYI for your information
GAS generalized arteriosclerosis
GB gallbladder; Guillain-Barre (syndrome)
GC gonococcus; gonorrhea; general circulation (systemic)
GE gastroesophageal
GEN generalized
GERD gastroesophageal reflux disease
GI gastrointestinal
GIB gastrointestinal bleeding
GIST gastrointestinal stromal tumor
GIT gastrointestinal tract
GMSD grand mal seizure disorder
GOK God only knows
GSW gunshot wound
GTT glucose tolerance test
Gtt drop
GU genitourinary; gastric ulcer
GVHR graft-versus-host reaction
GYN gynecology
HA headache
HAA hepatitis-associated antigen
HASCVD hypertensive arteriosclerotic cardiovascular disease
HASCVR hypertensive arteriosclerotic cardiovascular renal disease
HASHD hypertensive arteriosclerotic heart disease
HBP high blood pressure
HC Huntington's chorea
HCAP health care associated pneumonia
HCPS Hantivirus (cardio) pulmonary syndrome, Hantavirus cardiopulmonary syndrome
HCT hematocrit
HCVD hypertensive cardiovascular disease
HCVRD hypertensive cardiovascular renal disease
HD Hodgkin's disease; heart disease
HDN hemolytic disease of newborn
HDS herniated disc syndrome
HEM hemorrhage
HF heart failure; hay fever
HGB; Hgb hemoglobin
HHD hypertensive heart disease
HIV human immunodeficiency virus
HMD hyaline membrane disease
HN2 nitrogen mustard
HNP herniated nucleus pulposus
H/O history of
HPN hypertension
HPS Hantavirus pulmonary syndrome
HPVD hypertensive pulmonary vascular disease
HRE high-resolution electrocardiology
HS herpes simplex; Hurler’s syndrome
HSV herpes simplex virus
HTLV human T-cell lymphotropic virus
HTLV human T-cell lymphotropic virus
III/LAV virus-III/lymphadenopathy-associated virus
HTLV-3 human T-cell lymphotropic virus-III
HTLV-III human T-cell lymphotropic virus-III
HTN hypertension
HVD hypertensive vascular disease
Hx history of
IADH inappropriate antidiuretic hormone
IASD interatrial septal defect
ICCE intracapsular cataract extraction
ICD intrauterine contraceptive device
I&D incision and drainage
ID incision and drainage
IDA iron deficiency anemia
IDD insulin-dependent diabetes
IDDI insulin-dependent diabetes
IDDM insulin-dependent diabetes mellitus
IGA immunoglobulin A
IHD ischemic heart disease
IHSS idiopathic hypertrophic subaortic stenosis
IIAC idiopathic infantile arterial calcification
ILD ischemic leg disease
IM intramuscular; intramedullary; infectious mononucleosis
IMPP intermittent positive pressure
INAD infantile neuroaxonal dystrophy
INC incomplete
INE infantile necrotizing encephalomyelopathy
INF infection; infected; infantile; infarction
INH | isoniazid; inhalation
INS | idiopathic nephrotic syndrome
IRDM | insulin resistant diabetes mellitus
IRHD | inactive rheumatic heart disease
IRIS | immune reconstitution inflammatory syndrome
ISD | interatrial septal defect
ITP | idiopathic thrombocytopenic purpura
IU | intrauterine
IUCD | intrauterine contraceptive device
IUD | intrauterine device (contraceptive); intrauterine death
IUP | intrauterine pregnancy
IV | intervenous; intravenous
IVC | intravenous cholangiography; inferior vena cava
IVCC | intravascular consumption coagulopathy
IVD | intervertebral disc
IVH | intraventricular hemorrhage
IVP | intravenous pyelogram
IVSD | intraventricular septal defect
IVU | intravenous urethrogramy
IWMI | inferior wall myocardial infarction
JAA | juxtaposition of atrial appendage
JBE | Japanese B encephalitis
KFS | Klippel-Feil syndrome
KS | Klinefelter's syndrome
KUB | kidney, ureter, bladder
K-W | Kimmelstiel-Wilson disease or syndrome
LAP | laparotomy
LAV | lymphadenopathy-associated virus
LAV/HTLV-III | lymphadenopathy-associated virus/human T-cell lymphotrophic virus-III
LBBB | left bundle branch block
LBNA | lysis bladder neck adhesions
LBW | low birth weight
LBWI | low birth weight infant
LCA | left coronary artery
LDH | lactic dehydrogenase
LE | lupus erythematosus; lower extremity; left eye
LKS | liver, kidney, spleen
LL | lower lobe
LLL | left lower lobe
LLQ | lower left quadrant
LMA | left mentoanterior (position of fetus)
LML | left middle lobe; left mesiolateral
LMCAT | left middle cerebral artery thrombosis
LML | left mesiolateral; left mediolateral (episiotomy)
LMP  last menstrual period; left mento-posterior (position of fetus)
LN  lupus nephritis
LOA  left occipitoanterior
LOMCS  left otitis media chronic serous
LP  lumbar puncture
LRI  lower respiratory infection
LS  lumbosacral; lymphosarcoma
LSD  lysergic acid diethylamide
LSK  liver, spleen, kidney
LUL  left upper lobe
LUQ  left upper quadrant
LV  left ventricle
LVF  left ventricular failure
LVH  left ventricular hypertrophy
MAC  mycobacterium avium complex
MAI  mycobacterium avium intracellulare
MAL  malignant
MBAI  mycobacterium avium intracellulare
MBD  minimal brain damage
MD  muscular dystrophy; manic depressive; myocardial damage
MDA  methylene dioxyamphetamine
MEA  multiple endocrine adenomatosis
MF  myocardial failure; myocardial fibrosis; mycosis fungoides
MGN  membranous glomerulonephritis
MHN  massive hepatic necrosis
MI  myocardial infarction; mitral insufficiency
MPC  meperidine, promethazine, chlorpromazine
MRS  methicillin resistant staphylococcal
MRSA  methicillin resistant staphylococcal aureus
MRSAU  methicillin resistant staphylococcal aureus
MS  multiple sclerosis; mitral stenosis
MSOF  multi-system organ failure
MT  malignant teratoma
MUA  myelogram
MVP  mitral valve prolapse
MVR  mitral valve regurgitation; mitral valve replacement
NACD  no anatomical cause of death
NAFLD  nonalcoholic fatty liver disease
NCA  neurocirculatory asthenia
NDI  nephrogenic diabetes insipidus
NEG  negative
NFI  no further information
NFTD  normal full-term delivery
NG nasogastric
NH3 symbol for ammonia
NIDD non-insulin-dependent diabetes
NIDDD non-insulin-dependent diabetes
NIDDM non-insulin-dependent diabetes mellitus
NSTE MI non-ST-elevation myocardial infarction
N&V nausea and vomiting
NVD nausea, vomiting, diarrhea
OA osteoarthritis
OAD obstructive airway disease
OB obstetrical
OBS organic brain syndrome
OBST obstructive; obstetrical
OD overdose; oculus dexter (right eye); occupational disease
OHD organic heart disease
OLT orthotopic liver transplant
OM otitis media
OMI old myocardial infarction
OMS organic mental syndrome
ORIF open reduction, internal fixation
OS oculus sinister (left eye); occipitosacral (fetal position)
OT occupational therapy; old TB
OU oculus uterque (each eye); both eyes
PA pernicious anemia; paralysis agitans; pulmonary artery; peripheral arteriosclerosis
PAC premature auricular contraction; phenacetin, aspirin, caffeine
PAF paroxysmal auricular fibrillation
PAOD peripheral arterial occlusive disease; peripheral arteriosclerosis occlusive disease
PAP primary atypical pneumonia
PAS pulmonary artery stenosis
PAT pregnancy at term; paroxysmal auricular tachycardia
Pb chemical symbol for lead
PCD polycystic disease
PCF passive congestive failure
PCP pentachlorophenol; pneumocystis carinii pneumonia
PCT porphyria cutanea tarda
PCV polycythemia vera
PDA patent ductus arteriosus
PE pulmonary embolism; pleural effusion; pulmonary edema
PEG percutaneous endoscopic gastrostomy; pneumoencephalography
PEGT percutaneous endoscopic gastrostomy tube
PET pre-eclamptic toxemia
PG pregnant; prostaglandin
PGH pituitary growth hormone
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>PH</td>
<td>past history; prostatic hypertrophy; pulmonary hypertension</td>
</tr>
<tr>
<td>PI</td>
<td>pulmonary infarction</td>
</tr>
<tr>
<td>PID</td>
<td>pelvic inflammatory disease; prolapsed intervertebral disc</td>
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<tr>
<td>PIE</td>
<td>pulmonary interstitial emphysema</td>
</tr>
<tr>
<td>PIP</td>
<td>proximal interphalangeal joint</td>
</tr>
<tr>
<td>PKU</td>
<td>phenylketonuria</td>
</tr>
<tr>
<td>PMD</td>
<td>progressive muscular dystrophy</td>
</tr>
<tr>
<td>PMI</td>
<td>posterior myocardial infarction; point of maximum impulse</td>
</tr>
<tr>
<td>PML</td>
<td>progressive multifocal leukoencephalopathy</td>
</tr>
<tr>
<td>PN</td>
<td>pneumonia; periarteritis nodosa; pyelonephritis</td>
</tr>
<tr>
<td>PO</td>
<td>postoperative; by mouth</td>
</tr>
<tr>
<td>POC</td>
<td>product of conception</td>
</tr>
<tr>
<td>POE</td>
<td>point (or portal) of entry</td>
</tr>
<tr>
<td>PP</td>
<td>postpartum</td>
</tr>
<tr>
<td>POSS</td>
<td>possible; possibly</td>
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<tr>
<td>PPD</td>
<td>purified protein derivative test for tuberculosis</td>
</tr>
<tr>
<td>PPH</td>
<td>postpartum hemorrhage</td>
</tr>
<tr>
<td>PPLO</td>
<td>pleuropneumonia-like organism</td>
</tr>
<tr>
<td>PPROM</td>
<td>preterm premature rupture of membranes</td>
</tr>
<tr>
<td>PPS</td>
<td>postpump syndrome</td>
</tr>
<tr>
<td>PPT</td>
<td>precipitated; prolonged prothrombin time</td>
</tr>
<tr>
<td>PREM</td>
<td>prematurity</td>
</tr>
<tr>
<td>PROB</td>
<td>probably</td>
</tr>
<tr>
<td>PROM</td>
<td>premature rupture of membranes</td>
</tr>
<tr>
<td>PSVT</td>
<td>paroxysmal supraventricular tachycardia</td>
</tr>
<tr>
<td>PT</td>
<td>paroxysmal tachycardia; pneumothorax; prothrombin time</td>
</tr>
<tr>
<td>PTA</td>
<td>persistent truncus arteriosus</td>
</tr>
<tr>
<td>PTC</td>
<td>plasma thromboplastin component</td>
</tr>
<tr>
<td>PTCA</td>
<td>percutaneous transluminal coronary angioplasty</td>
</tr>
<tr>
<td>PTLA</td>
<td>percutaneous transluminal laser angioplasty</td>
</tr>
<tr>
<td>PU</td>
<td>peptic ulcer</td>
</tr>
<tr>
<td>PUD</td>
<td>peptic ulcer disease; pulmonary disease</td>
</tr>
<tr>
<td>PUO</td>
<td>pyrexia of unknown origin</td>
</tr>
<tr>
<td>P&amp;V</td>
<td>pyloroplasty and vagotomy</td>
</tr>
<tr>
<td>PVC</td>
<td>premature ventricular contraction</td>
</tr>
<tr>
<td>PVD</td>
<td>peripheral vascular disease; pulmonary vascular disease</td>
</tr>
<tr>
<td>PVI</td>
<td>peripheral vascular insufficiency</td>
</tr>
<tr>
<td>PVL</td>
<td>periventricular leukomalacia</td>
</tr>
<tr>
<td>PVT</td>
<td>paroxysmal ventricular tachycardia</td>
</tr>
<tr>
<td>PVS</td>
<td>premature ventricular systole (contraction)</td>
</tr>
<tr>
<td>PWI</td>
<td>posterior wall infarction</td>
</tr>
<tr>
<td>PWMI</td>
<td>posterior wall myocardial infarction</td>
</tr>
<tr>
<td>PX</td>
<td>pneumothorax</td>
</tr>
<tr>
<td>R</td>
<td>right</td>
</tr>
</tbody>
</table>
RA rheumatoid arthritis; right atrium; right auricle
RAAA ruptured abdominal aortic aneurysm
RAD rheumatoid arthritis disease; radiation absorbed dose
RAI radioactive iodine
RBBB right bundle branch block
RBC red blood cells
RCA right coronary artery
RCS reticulum cell sarcoma
RD Raynaud's disease; respiratory disease
RDS respiratory distress syndrome
RE regional enteritis
REG radioencephalogram
RESP respiratory
RHD rheumatic heart disease
RLF retrolental fibroplasia
RLL right lower lobe
RLQ right lower quadrant
RMCA right middle cerebral artery
RMCAT right middle cerebral artery thrombosis
RML right middle lobe
RMLE right mediolateral episiotomy
RNA ribonucleic acid
RND radical neck dissection
R/O rule out
RSA reticulum cell sarcoma
RSR regular sinus rhythm
Rt right
RT recreational therapy; right
RTA renal tubular acidosis
RUL right upper lobe
RUQ right upper quadrant
RV right ventricle
RVH right ventricular hypertrophy
RVT renal vein thrombosis
RX drugs or other therapy or treatment
SA sarcoma; secondary anemia
SACD subacute combined degeneration
SARS severe acute respiratory syndrome
SBE subacute bacterial endocarditis
SBO small bowel obstruction
SBP spontaneous bacterial peritonitis
SC sickle cell
SCC squamous cell carcinoma
SCI  subcoma insulin; spinal cord injury
SD  spontaneous delivery; septal defect; sudden death
SDAT  senile dementia Alzheimer's type
SDII  sudden death in infancy
SDS  sudden death syndrome
SEPT  septicemia
SF  scarlet fever
SGA  small for gestational age
SH  serum hepatitis
SI  saline injection
SIADH  syndrome of inappropriate antidiuretic hormone
SICD  sudden infant crib death
SID  sudden infant death
SIDS  sudden infant death syndrome
SIRS  systemic inflammatory response syndrome
SLC  short leg cast
SLE  systemic lupus erythematosus; Saint Louis encephalitis
SMR  submucous resection
SNB  scalene node biopsy
SO or S&O  salpingo-oophorectomy
SOB  shortness of breath
SOM  secretory otitis media
SOR  suppurative otitis, recurrent
S/P  status post
SPD  sociopathic personality disturbance
SPP  suprapubic prostatectomy
SQ  subcutaneous
S/R  schizophrenic reaction; sinus rhythm
S/p P/T  schizophrenic reaction, paranoid type
SSE  soapsuds enema
SSKI  saturated solution potassium iodide
SSPE  subacute sclerosing panencephalitis
STAPH  staphylococcal; staphylococcus
STB  stillborn
STREP  streptococcal; streptococcus
STS  serological test for syphilis
STSG  split thickness skin graft
SUBQ  subcutaneous
SUD  sudden unexpected death
SUDI  sudden unexplained death of an infant
SUID  sudden unexpected infant death
SVC  superior vena cava
SVD  spontaneous vaginal delivery
SVT  supraventricular tachycardia
Sx symptoms
SY syndrome
T&A tonsillectomy and adenoidectomy
TAH total abdominal hysterectomy
TAL tendon achilles lengthening
TAO triacetyloleandomycin (antibiotic); thromboangiitis obliterans
TAPVR total anomalous pulmonary venous return
TAR thrombocytopenia absent radius (syndrome)
TAT tetanus anti-toxin
TB tuberculosis; tracheobronchitis
TBC, Tbc tuberculosis
TCI transient cerebral ischemia
TEF tracheoesophageal fistula
TF tetralogy of Fallot
TGV transposition great vessels
THA total hip arthroplasty
TI tricuspid insufficiency
TIA transient ischemic attack
TIE transient ischemic episode
TL tubal ligation
TM tympanic membrane
TOA tubo-ovarian abscess
TP thrombocytopenic purpura
TR tricuspid regurgitation, transfusion reaction
TSD Tay-Sachs disease
TTP thrombotic thrombocytopenic purpura
TUI transurethral incision
TUR transurethral resection (NOS) (prostate)
TURP transurethral resection of prostate
TVP total anomalous venous return
UC ulcerative colitis
UGI upper gastrointestinal
UL upper lobe
UNK unknown
UP ureteropelvic
UPJ ureteropelvic junction
URI upper respiratory infection
UTI urinary tract infection
VAMP vincristine, amethopterine, 6-mercaptopurine, and prednisone
VB vinblastine
VC vincristine
VD venereal disease
VDRL venereal disease research lab
APPENDIX B
Synonymous Sites/Terms

When a condition of a stated anatomical site is indexed in Volume 3, code condition of stated site as indexed. If stated site is not indexed, code condition of synonymous site.

<table>
<thead>
<tr>
<th>Site</th>
<th>Antonym</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alimentary canal</td>
<td>Gastrointestinal tract</td>
</tr>
<tr>
<td>Body</td>
<td>Torso, trunk</td>
</tr>
<tr>
<td>Brain</td>
<td>Anterior fossa, basal ganglion, central nervous system, cerebral, cerebrum, frontal, occipital, parietal, pons, posterior fossa, prefrontal, temporal, III and IV ventricle</td>
</tr>
<tr>
<td>Note: Do not use brain when ICD provides for CNS under</td>
<td></td>
</tr>
<tr>
<td>Anatomy</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Cardiac</td>
<td>Heart</td>
</tr>
<tr>
<td>Chest</td>
<td>Thorax</td>
</tr>
<tr>
<td>Geriatric</td>
<td>Senile</td>
</tr>
<tr>
<td>Greater sac Peritoneum</td>
<td></td>
</tr>
<tr>
<td>Hepatic</td>
<td>Liver</td>
</tr>
<tr>
<td>Hepatocellular</td>
<td>Liver</td>
</tr>
<tr>
<td>Intestine Bowel, colon</td>
<td></td>
</tr>
<tr>
<td>Kidney</td>
<td>Renal</td>
</tr>
<tr>
<td>Larynx Epiglottis, glottis, subglottis, supraglottis, vocal cords</td>
<td></td>
</tr>
<tr>
<td>Lesser sac Peritoneum</td>
<td></td>
</tr>
<tr>
<td>Nasopharynx, pharynx</td>
<td>Throat</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>Lung</td>
</tr>
<tr>
<td>Right\left hemispheric</td>
<td>Code brain</td>
</tr>
<tr>
<td>Hemispheric NOS</td>
<td>Do not assume brain</td>
</tr>
<tr>
<td>Right\left ventricle</td>
<td>Heart</td>
</tr>
<tr>
<td>Third\fourth ventricle</td>
<td>Brain</td>
</tr>
<tr>
<td>LLL, LUL, RLL, RML, RUL</td>
<td>Lobes of the lungs when reported with lobectomy, pneumonia, etc</td>
</tr>
</tbody>
</table>

**APPENDIX C**

**Code for Place of Occurrence of Fetal Death Injuries and External Causes**

0. **Home**

   **Excludes:** Abandoned or derelict house (8)
   Home under construction, but not yet occupied (6)
   Institutional place of residence (1)
   Office in home (5)

   About home
   Apartment
   Bed and breakfast
   Boarding house
   Cabin (any type)
   Caravan (trailer) park - residential
   Condominium
   Farm house
Dwelling
Hogan
Home premises
Home sidewalk
Home swimming pool
House (residential) (trailer)
Noninstitutional place of residence
Penthouse
Private driveway to home
Private garage
Private garden to home
Private walk to home
Private wall to home
Residence
Rooming house
Storage building at apartment
Swimming pool in private home, private garden, apartment or residence
Townhome
Trailer camp or court
Yard (any part) (area) (front) (residential)
Yard to home

1. Residential institution
Almshouse
Army camp
Assisted Living
Board and care facility
Children’s home
Convalescent home
Correctional center
Detox center
Dormitory
Fraternity house
Geriatric center
Halfway house
Home for the sick
Hospice
Institution (any type)
Jail
Mental Hospital
Military (camp) (reservation)
Nurse’s home
Nursing home
Old people’s home
Orphanage
Penitentiary
Pensioner’s home
Pensioner’s home
Prison
Prison camp
Reform school
Retirement home
Sorority house
State hospital

2. **School, other institution and public administrative area**

   **Excludes:** Building under construction (6)
   Residential institution (1)
   Sports and athletic areas (3)

   Armory                   Police station or cell
   Assembly hall             Post office
   Campus                   Private club
   Child center              Public building
   Church                   Public hall
   Cinema                   Salvation army
   Clubhouse                 School (grounds) (yard)
   College                  School (private) (public) (state)
   Country club (grounds)    Theatre
Court house
Dance hall
Day nursery (day care)
Drive in theater
Fire house
Gallery
Health club
Health resort
Health spa
Hospital (parking lot)
Institute of higher learning
Kindergarten
Library
Mission
Movie house
Museum
Music hall
Night club
Opera house
Playground, school
Police precinct

3. **Sports and athletics area**

**Excludes:** Swimming pool or tennis court in private home or garden (0)

- Baseball field
- Basketball court
- Cricket ground
- Dude ranch
- Fives court
- Football field
- Golf course
- Gymnasium
- Hockey field
- Ice palace
- Racecourse
- Riding school
- Rifle range - NOS
- Skating rink
- Sports ground
Sports palace
Squash court
Stadium
Swimming pool (private) (public)
Tennis court

4. **Street and highway**
Alley
Border crossing
Bridge NOS
Freeway
Interstate
Motorway
Named street/highway/interstate
Pavement
Road (public)
Roadside
Sidewalk NOS
   Walkway

5. **Trade and service area**
   **Excludes:** Garage in private home (0)
Airport
Animal hospital
Bank
Bar
Body shop
Cafe
Car dealership
Casino
Electric company
Filling station
Funeral home
Garage - place of work
Garage away from highway except home
Garage building (for car storage)
Garage NOS
Gas station
Hotel (pool)
Laundry Mat
Loading platform - store
Mall
Market (grocery or other commodity)
Motel
Office (building) (in home)
Parking garage
Radio/television broadcasting station
Restaurant
Salvage lot, named
Service station
Shop, commercial
Shopping center (shopping mall)
Spa
Station (bus) (railway)
Store
Subway (stairs)
Tourist court
Tourist home
Warehouse

6. **Industrial and construction areas**
Building under construction
Coal pit
Coal yard
Construction (area, job or site)
Dairy processing plant
Dockyard
Dry dock
Electric tower
Factory (building) (premises)
Foundry
Gas works
Grain elevator
Gravel pit
Highway under construction
Industrial yard
Loading platform - factory
Logging operation area
Lumber yard
Mill pond
Oil field
Oil rig and other offshore installations
Oil well
Plant, industrial
Power-station (coal) (nuclear) (oil)
Produce building
Railroad track or trestle
Railway yard
Sand pit
Sawmill
Sewage disposal plant
Shipyards
Shop
Substation (power)
Subway track
Tannery
Tunnel under construction
Water filtration plant
Wharf
Workshop

7. **Farm**

*Excludes:* Farm house and home premises of farm (0)

Barn NOS
Barnyard
Corncrib
Cornfield
Dairy (farm) NOS
Farm buildings
Farm pond or creek
Farmland under cultivation
Field, numbered or specialized
Gravel pit on farm
Orange grove
Orchard
Pasture
Ranch NOS
Range NOS
Silo
State Farm

8. **Other specified places**

Abandoned gravel pit
Abandoned public building or home

Military training ground
Mountain
Air force firing range
Balcony
Bar pit or ditch
Beach NOS (named) (private)
Beach resort
Boy’s camp
Building NOS
Bus stop
Camp
Camping grounds
Campsite
Canal
Caravan site NOS
Cemetery
City dump
Community jacuzzi
Creek (bank) (embankment)
Damsite
Derelict house
Desert
Ditch
Dock NOS
Driveway
Excavation site
Fairgrounds
Field NOS
Forest
Fort
Hallway
Harbor
Hill
Holiday camp
Irrigation canal or ditch
Junkyard
Kitchen
Lake NOS
Lake resort
Manhole
Marsh

Mountain resort
Named city
Named lake
Named room
Named town
Nursery NOS
Open field
Park (amusement) (any) (public)
Parking lot
Parking place
Pier
Pipeline (oil)
Place of business NOS
Playground NOS
Pond or pool (natural)
Porch
Power line pole
Prairie
Private property
Public place NOS
Public property
Railway line
Reservoir (water)
Resort NOS
River
Room (any)
Sea
Seashore NOS
Seashore resort
Sewer
Specified address
Stream
Swamp
Trail (bike)
Vacation resort
Woods
Zoo

9. Unspecified place

Bathtub
Bed
Camper (trailer)
Commode
Country
Downstairs
Fireplace
Hot tub
Jobsite
Near any place
On job
Outdoors NOS
Parked car
Rural
Sofa
Table
Tree
Vehicle (any)

APPENDIX D
ICD-10 Codes Valid for Causes of Fetal Death

A000
A001
A009
A010
A011
A012
A013
A014
A020
A021
A022
A028
A029
A030
A031
A032
A033
A038
A039
A040
APPENDIX E
Invalid and Substitute Fetal Death Codes

The following categories are invalid for NCHS fetal cause of death coding. Substitute code(s) for fetal cause of death coding appears to the right.
Use the substitute codes when conditions classifiable to the following codes are reported.

<table>
<thead>
<tr>
<th>Invalid Codes</th>
<th>Substitute Codes Fetal Death</th>
<th>Substitute Codes Maternal Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>A150-A153</td>
<td>P370</td>
<td>P002</td>
</tr>
<tr>
<td>A154</td>
<td>P370</td>
<td>P002</td>
</tr>
<tr>
<td>A155</td>
<td>P370</td>
<td>P002</td>
</tr>
<tr>
<td>A156</td>
<td>P370</td>
<td>P002</td>
</tr>
<tr>
<td>A157</td>
<td>P370</td>
<td>P002</td>
</tr>
<tr>
<td>A158</td>
<td>P370</td>
<td>P002</td>
</tr>
<tr>
<td>A159</td>
<td>P370</td>
<td>P002</td>
</tr>
<tr>
<td>B95-B97</td>
<td>Code the disease(s) classified to other chapters modified by the organism. Do not enter a code for the organism.</td>
<td></td>
</tr>
<tr>
<td>F70.-</td>
<td>P95</td>
<td>P008</td>
</tr>
<tr>
<td>F71.-</td>
<td>P95</td>
<td>P008</td>
</tr>
<tr>
<td>F72.-</td>
<td>P95</td>
<td>P008</td>
</tr>
<tr>
<td>F73.-</td>
<td>P95</td>
<td>P008</td>
</tr>
<tr>
<td>F78.-</td>
<td>P95</td>
<td>P008</td>
</tr>
<tr>
<td>F79.-</td>
<td>P95</td>
<td>P008</td>
</tr>
<tr>
<td>I151-I158</td>
<td>R95</td>
<td>R99</td>
</tr>
<tr>
<td>I23.-</td>
<td>I21 or I22</td>
<td>P003</td>
</tr>
<tr>
<td>I240</td>
<td>I21 or I22</td>
<td>P003</td>
</tr>
<tr>
<td>I65-I66</td>
<td>I63</td>
<td>P003</td>
</tr>
<tr>
<td>R69</td>
<td>R95</td>
<td>R99</td>
</tr>
<tr>
<td>T000, T001, T006</td>
<td>Superficial injuries of specified sites</td>
<td>P005</td>
</tr>
<tr>
<td>T010, T011, T016, T018</td>
<td>Open wound of specified sites</td>
<td>P005</td>
</tr>
<tr>
<td>T020, T026, T027</td>
<td>Fractures of specified sites</td>
<td>P005</td>
</tr>
<tr>
<td>T030, T034</td>
<td>Dislocations, sprains, and strains of specified sites</td>
<td>P005</td>
</tr>
<tr>
<td>T040, T044, T047</td>
<td>Crushing injuries of specified sites</td>
<td>P005</td>
</tr>
<tr>
<td>T051, T054, T056</td>
<td>Traumatic amputations of specified site</td>
<td>P005</td>
</tr>
<tr>
<td>T060, T061, T068</td>
<td>Injuries of specified sites</td>
<td>P005</td>
</tr>
<tr>
<td>T29.-</td>
<td>Burns of specified sites</td>
<td>P005</td>
</tr>
</tbody>
</table>

**APPENDIX F**

**Conditions Considered Ill-defined for Fetal Deaths**
**APPENDIX G**

**Spontaneous Abortions**

*Abortion terms interpreted as "spontaneous" and coded as fetal deaths*

<table>
<thead>
<tr>
<th>Term</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental abortion</td>
<td>P018</td>
</tr>
<tr>
<td>Complete abortion</td>
<td>P018</td>
</tr>
<tr>
<td>Early pregnancy failure</td>
<td>P018</td>
</tr>
<tr>
<td>Habitual abortion</td>
<td>P018</td>
</tr>
<tr>
<td>Idiopathic abortion</td>
<td>P018</td>
</tr>
<tr>
<td>Incomplete abortion</td>
<td>P018</td>
</tr>
<tr>
<td>Inevitable abortion</td>
<td>P018</td>
</tr>
<tr>
<td>Infected abortion *</td>
<td>P018</td>
</tr>
<tr>
<td>Miscarriage</td>
<td>P018</td>
</tr>
<tr>
<td>Missed abortion</td>
<td>P018</td>
</tr>
<tr>
<td>Natural abortion</td>
<td>P018</td>
</tr>
<tr>
<td>Recurrent abortion</td>
<td>P018</td>
</tr>
<tr>
<td>Retained abortion</td>
<td>P018</td>
</tr>
<tr>
<td>Septic abortion *</td>
<td>P018</td>
</tr>
<tr>
<td>Spontaneous abortion</td>
<td>P018</td>
</tr>
<tr>
<td>Tubal abortion</td>
<td>P014</td>
</tr>
<tr>
<td>Unavoidable abortion</td>
<td>P018</td>
</tr>
<tr>
<td>Unintended abortion</td>
<td>P018</td>
</tr>
</tbody>
</table>

*With no statement that a D and C was performed.*
APPENDIX H
Terms Interpreted as “Induced abortions” and Not Coded as Fetal Death

1. Abortifacient Use
2. Consensual abortion
3. Convenience
4. Demand abortion
5. Dilation and curettage (D & C)
6. Dilation and curettage for termination of pregnancy psychiatric indications (D & C for T. O. P.)
7. Dilation and evacuation (D & E)
8. Dilatation and suction curettage (D & SC)
9. Early uterine evacuation
10. Elective abortion (E. A.)
11. Elective termination
12. Endometrial aspiration
13. Extra-amniotic injection
14. Fetacidal Injection
15. Hypersalinezation
16. Hysterotomy
17. Hysterectomy for termination of pregnancy (hysterectomy)
18. Iatrogenic interruptions of pregnancy (iatrogenic)
19. Inconvenience
20. Indicated abortion social economic reason
21. Induced abortion
22. Induced by instrumentation prior to admission
23. Induced preg. termination
24. Induced termination of pregnancy (ITOP)
25. Infective abortion*
26. Intentional termination of pregnancy
27. Interrupted first trimester
28. Interrupted pregnancy
29. Intra-amniotic injection
30. Intra-amniotic instillation
31. Intra-uterine prostaglandin instillation
32. Intra-uterine saline instillation
33. KCL injection
34. Laminaria
35. Legal abortion
36. Legally induced abortion
37. Maternal ingestion of abortifacient agent (cytotec) (misoprostol)
38. Medically induced abortion
39. Medically indicated termination of pregnancy
40. Medical interruption of pregnancy
41. Medical termination of pregnancy
42. Menstrual aspiration
43. Menstrual extraction
44. Menstrual induction
45. Menstrual regulation
46. Oxytocin induction
47. Pitocin induction
48. Prophylactic abortion
49. Potassium Chloride
50. Prostaglandin injection
51. Prostaglandin amniocentesis
52. Requested abortion
53. Saline induction (saline) (salting out procedure) (salinezation)
54. Saline amniocentesis
55. Saline amnio-infusion
56. Saline amniotic fluid exchange
57. Self-Induced Abortion
58. Septic abortion *
59. Septic criminal abortion
60. Sharp curettage
61. Sodium chloride injection
62. Sociologic termination
63. Suction abortion
64. Suction curettage (S. & C.)
65. Suction D & C
66. Sulting out procedure
67. Surgical abortion (S. A.)
68. Surgical curettage
69. Surgical excision of pregnancy
70. Surgical interruption of pregnancy
71. Termination
72. Termination in utero
73. Termination of fetal life
74. Termination of pregnancy
75. Therapeutic abortion (T. A., ther ab, Tab)
76. Therapeutic interruption (T. I.)
77. Undesired pregnancy
78. Vacuum aspiration
79. Vacuum extraction
80. Vacuum induction
81. Vaginal suppository prostaglandin
82. Voluntary abortion (V. A. or V. I. A.)
83. Voluntary interruption of pregnancy
84. Voluntary termination pregnancy (VTP)

* Must have a statement that a D and C was performed. If no statement that a D and C was performed, consider as a spontaneous abortion/fetal death.