

## Guide to Completing the Items on the Texas Certificate of Birth, revised 1/2005

Definitions	Instructions	Sources	Keywords/Abbreviations
<p>Defines the items in the order they appear on the birth certificate. The number of each item corresponds to its number on the Texas Certificate of Birth.</p>	<p>Provides specific instructions for completing each item.</p>	<p>Identifies the sources in the medical records where information for each item can be found. The specific records available will differ somewhat from facility to facility. The source listed first (1<sup>st</sup>) is considered the best or preferred source. Please use this source whenever possible. All subsequent sources are listed in order of preference. The precise location within the records where an item can be found is further identified by “<i>under</i>” or “<i>or.</i>”</p> <p>Example: To determine whether gestational diabetes is recorded as a “Risk factor in this Pregnancy” (item 49) in the records: The 1<sup>st</sup> or best source is the prenatal care record within the prenatal care record, Information on diabetes may be found <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Previous obstetric (OB) history</li> <li>• Problem list, or initial risk assessment</li> <li>• Historical risk summary</li> <li>• Complications of previous pregnancies</li> <li>• Factors this pregnancy</li> </ul>	<p>■ Identifies alternative, usually synonymous terms, common abbreviations, and acronyms for items. The keywords and abbreviations given in this guide are not intended as inclusive. Facilities and practitioners will likely add others to the lists.</p> <p><b>Example:</b> For pre-pregnancy diabetes are: DM – Diabetes mellitus Type 1 diabetes IDDM – Insulin dependent diabetes mellitus Type 2 diabetes Noninsulin dependent diabetes mellitus Class B DM Class C DM Class D DM Class F DM Class R DM Class H DM</p> <p>■ Medications commonly used for items</p> <p><b>Example:</b> “Clomid” for “Assisted reproduction treatment</p> <p>■ “<i>Look for</i>” is used to indicate terms that may be associated with, but are not synonymous with, an item. Terms listed under “<i>look for</i>” may indicate that an item should be</p>

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			reported for the pregnancy, but additional information will be needed before it can be determined whether the item should be reported. <b>Example:</b> “Trial of labor” for cesarean delivery
<b>MISSING INFORMATION</b>		<b>Where information for an item cannot be located, please write “unknown” on the paper copy of the worksheet.</b>	
Definitions	Instructions	Sources	Keywords/Abbreviations
<b>1. Child’s Name</b> The full name of the child		Mother’s Worksheet	
<b>First Name</b>	Enter the infant’s first name. If the parents have not selected a given name for the infant, enter “Infant.” Do not enter the last name of the mother as the child’s first name. Do not leave this item blank.		
<b>Middle Name</b>	Enter the infant’s middle name, and any names other than First and Last. If there is no middle name, leave this item blank. Do not enter NMI, NMN, etc.		
<b>Last Name</b>	Enter the infant’s last name. The child’s last name does not have to be the same as either parent.		
<b>Suffix</b>	Enter any suffixes.  No numerical names, obscenities, or non-alphabetic characters are permitted other than embedded apostrophe’s or hyphens. Parents may name the infant any name they wish as long as it will fit in the space provided on the certificate.		
<b>2. Date of Birth</b> The infant’s date of birth	Enter the month, day, and four-digit year of birth.  If the date of birth of the infant is not known because the infant is a foundling, enter the date the infant was found.	1 <sup>st</sup> Labor and Delivery <i>under</i> – Delivery Record  2 <sup>nd</sup> Newborn Admission H&P	DOB = Date of birth

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<p><b>3. Sex</b> The sex of the infant</p>	<p>Enter whether the infant is male, female, or unknown (could not be determined).</p>	<p>1<sup>st</sup> Delivery Record <i>under</i> – Infant Data</p>	<p>M – Male F – Female A – Ambiguous (same as unknown) U – Unknown</p>
<p><b>4a. Place of Birth - County</b> The name of the county where the birth occurred</p>	<p>Enter the name of the county where the birth occurred.</p> <p>If the birth occurred in international waters or airspace, enter the name of the county where the infant was removed from the boat or plane.</p>		
<p><b>4b. City or Town (If outside city limits, give precinct no.)</b> The name of the city, town or other location where the birth occurred</p>	<p>Enter the name of the city or town where the birth occurred. If the birth occurred outside the city limits, enter the <u>justice of the peace</u> precinct number.</p> <p>If the birth occurred in international waters or airspace, enter the location where the infant was first removed from the boat or plane.</p> <p>If a baby is found in this state and the place of birth is unknown, a Texas birth certificate should be completed. The place where the baby was found should be considered the place of birth.</p>		
<p><b>5. Time of Birth</b> The infant's time of birth.</p>	<p>Enter the time the infant was born. Be sure to indicate whether the time of birth is A.M. or P.M. Military time is also acceptable.</p> <p>One minute after 12 noon is entered as "12:01 P.M." One minute after midnight is entered as "12:01 A.M."</p>	<p>1<sup>st</sup> Labor and Delivery <i>under</i> – Delivery Record</p> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p>	
<p><b>6a. Plurality – Single, Twin, Triplet, etc</b> The number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age, or if the fetuses were delivered at different dates in the pregnancy</p> <p>"Reabsorbed fetuses (those that are not delivered, expelled or extracted from the mother) <u>should not</u> be counted.</p>	<p>Enter the number of fetuses delivered in this pregnancy.</p>	<p>1<sup>st</sup> Delivery Record</p> <p>2<sup>nd</sup> Admission H&amp;P</p>	<p>Single Twin, triplet, quadruplet, etc. Multiple (a, b, c...) or (1, 2, 3...)</p>

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<p><b>6b. If Plural Birth, Born 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.</b> The order born in the delivery, live-born or fetal death (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, etc.)</p>	<p>If this is a single birth, leave this item blank.</p> <p>Include all live births and fetal deaths from this pregnancy.</p>	<p>1<sup>st</sup> Delivery Record <i>under</i> – Birth Order</p> <p>2<sup>nd</sup> Infant Data</p>	<p>Baby A, B, or Baby 1, 2, etc. Twin A, B, or Twin 1, 2 Triplet A, B, C, or Triplet 1, 2, 3, etc.</p> <p><i>Look for:</i> Birth order/set order</p>
<p><b>If not a single birth, number of infants in the delivery born alive.</b></p> <p>The number of infants in this delivery <u>born alive</u></p>	<p><b>Completed for TER-registered births <u>only</u>.</b></p> <p>If this is a single birth, leave this item blank.</p> <p>If this is not a single birth, specify the number of infants in this delivery born alive. Include this birth.</p>	<p>1<sup>st</sup> Delivery Record</p> <p>2<sup>nd</sup> Admission H&amp;P</p>	<p><i>Look for:</i> Condition</p>
<p><b>7a. Place of Birth</b> The type of place where the birth occurred</p> <p><b>Clinic / Doctor's Office</b></p> <p><b>Licensed Birthing Center</b> No direct physical connection with an operative delivery center</p> <p><b>Hospital</b></p> <p><b>Home Birth</b> The birth occurred at a private residence</p> <p><b>Other</b></p>	<p>Check the box that best describes the type of place where the birth occurred.</p> <p>If the mother is en route to the hospital when the child is born, "En route" should be shown in item 7b followed by the name of the facility of destination. Item 4b on the birth record should be completed to show the name of the city or town in which the facility of destination is located. If using TER, select record type "En Route."</p> <p>If home birth is checked, check whether the home birth was planned. If unknown whether a planned home birth, write "unknown."</p> <p>Specify taxi, cab, train, plane, etc.</p>	<p>1<sup>st</sup> Admission History and Physical (H&amp;P) <i>under</i> – General Admission <i>under</i> –</p> <ul style="list-style-type: none"> <li>Admitted from home, doctor's office, other <i>or</i> –</li> <li>Problem list/findings</li> </ul> <p>2<sup>nd</sup> Delivery Record <i>under</i> –</p> <ul style="list-style-type: none"> <li>Delivery information</li> <li>Labor and delivery summary</li> <li>Maternal obstetric (OB)/labor summary <i>under</i> – delivery</li> <li>Summary of labor and delivery (L&amp;D)</li> </ul> <p>3<sup>rd</sup> Basic Admission Data</p> <p>4<sup>th</sup> Progress Notes or Note</p>	<p>FBC – Freestanding birthing center</p>
<p><b>7b. Name of Hospital or Birthing Center (If Not Institution, Give Street Address)</b> The name of the facility where the delivery took place</p>	<p>Enter the name of the facility where the birth occurred.</p> <p>If this birth did not occur in a hospital or birthing center, enter the street and number of the place where the birth occurred.</p> <p>If this birth occurred en route, that is, in a moving conveyance, enter the city, or location</p>		

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>7b. Name of Hospital or Birthing Center (If Not Institution, Give Street Address) - Continued</b>			
<p>The name of the facility where the delivery took place - Continued</p>	<p>where the child was first removed from the conveyance.</p> <p>If the birth occurred in international airspace or waters, enter "plane" or "boat."</p>		
<p><b>Facility NPI</b> National Provider Identifier</p>	<p>Enter the facility's National Provider Identification Number (NPI).</p> <p>If no NPI, leave the item blank.</p>		<p>NPI</p>
<b>8a. Attendant's Name, NPI, and Mailing Address</b>			
<p>The name, National Provider Identification Number (NPI), and mailing address of the person responsible for delivery the child</p>	<p>Enter the name, NPI number and mailing address of the person responsible for delivering the child.</p>	<p>1<sup>st</sup> Delivery Record <i>under</i> – Signature of Delivery Attendant (Medical)</p>	
<p>National Provider Identification Number (NPI) of the person responsible for delivering the child</p>	<p>If no NPI, leave the information blank.</p>		
<p>The attendant at birth is defined as the individual physically present at the delivery who is responsible for the delivery. For example, if an intern or nurse midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician should be reported as the attendant. If the obstetrician is not physically present, the intern or nurse midwife should be reported as the attendant.</p>	<p>This item should be completed by the facility. If the birth did not occur in a facility, the attendant or certifier should complete it.</p>		
<b>8b. Attendant's Title</b>			
<p>The title of the person responsible for delivery the child:</p>	<p>Check one box to specify the attendant's title. If "other" is checked, enter the specific title of the attendant. Examples include nurse, father, police officer, EMS technician.</p>		
<p><b>M.D.</b> (doctor of medicine)</p>			
<p><b>D.O.</b> (doctor of osteopathy)</p>			
<p><b>CNM</b> (certified nurse midwife)</p>			
<p><b>Midwife</b> (documented midwife other than certified nurse midwife)</p>			
<p><b>Other</b> (Specify)</p>			

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<p><b>9a. Certifier</b> The individual who certified to the fact that the birth occurred</p>	<p>Enter the signature and title of the certifier and the date signed. Rubber stamps or other facsimile signatures are not permitted. Signatures must be in durable blue or black ink.</p> <p>Facilities using TER – select the certifier from your pull-down list.</p> <p>The individual may be, but <u>need not be</u>, the same as the attendant at birth.</p>		
<p><b>9b. Type of Certifier</b> The type of the individual who certified to the fact that the birth occurred:</p> <p><b>Attendant</b></p> <p><b>Facility Administrator/Designee</b></p> <p><b>Other (Specify)</b></p>	<p>Check one box to specify the type of the certifier.</p> <p>The facility administrator is permitted by statute to certify births occurring in his/her facility. The facility administrator may also designate additional individuals within the hospital to certify births occurring in the facility.</p> <p>If other is checked, specify the type of the “other.” Examples include social worker in the case of a foundling.</p>		
<p><b>10. Mother’s Name Prior to First Marriage</b> Mother’s name prior to her first marriage. This is also referred to as the mother’s maiden name.</p>	<p>Enter the mother’s first, middle, and last name.</p> <p>Enter the mother’s last name as given at birth or adoption, not a name acquired by marriage.</p> <p>Also include any suffix indicated for the mother’s name.</p> <p>If the mother has never been married, this may be the same as the name that appears in item 19.</p>	<p>Mother’s Worksheet</p>	
<p><b>11. Mother’s Date of Birth</b> Mother’s date of birth</p>	<p>Enter the month, day and four-digit year that the mother was born.</p> <p>If the date of birth is not known, enter “unknown.”</p>	<p>Mother’s Worksheet</p>	

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<p><b>12. Mother's Birthplace</b>  Mother's place of birth</p>	<p>Enter the name of the state, territory, or foreign country where the mother was born.</p> <p>If no information is available, enter "unknown."</p>	<p>Mother's Worksheet</p>	
<p><b>13. Mother's Residence</b>  The mother's residence is the place where her household is located</p> <p><b>a. State</b></p> <p><b>b. County</b></p> <p><b>c. City, Town or Location</b></p> <p><b>d. Street Address or Rural Location</b></p> <p><b>e. Zip Code</b></p>	<p>Enter the information related to the mother's residence. This is not necessarily the same as her home state, voting residence, mailing address, or legal residence. The state, county, city and street address should be for the place where the mother actually lives.</p> <p>Never enter a temporary residence, such as one used during a visit, business trip, or vacation.</p> <p>Residence for a short time at the home of a relative, friend, or home for unwed mothers for the purpose of awaiting the birth of the child is considered temporary and should not be entered here.</p> <p>Place of residence during a tour of military duty or during attendance at college is not considered temporary and should be entered on the certificate as the mother's place of residence.</p> <p>Enter the state in which the mother lives. This may differ from her mailing address. If the mother is not a U.S. resident, enter the name of the country.</p> <p>Enter the name of the county in which the mother lives.</p> <p>Enter the city, town or location in which the mother resides. Do not enter the word "rural" if outside city limits.</p> <p>Enter the number and street name of the mother's residence, rural route number, or description that will aid in identifying the location.</p> <p>Enter the zip code that corresponds to the mother's residence address.</p>	<p>Mother's Worksheet</p>	

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<b>13. Mother's Residence – Continued</b>			
<b>f. Inside City Limits</b>	Mark "Yes" if the city in item 13c is incorporated and the mother's residence is inside its boundaries. Otherwise, mark "No."		
<b>14. Mother's Mailing Address</b>			
Mother's mailing address, if different than her residence address	Enter the mother's complete mailing address if different from her street address. Be sure to include the entire address, city, state, and zip code.  If the mailing address is the same as the residence address, check the box that states "Same as Residence."	Mother's Worksheet	
<b>15. Father's Name</b>			
Father's current legal name	Enter the father's current legal first, middle, and last name. Also include any suffix indicated for the father's name.  If the mother was married either at the time of conception or at the time of birth, the husband of the mother is presumed to be the father of the child unless otherwise determined by a court of competent jurisdiction.  If the mother was not married to the father at the time of birth, the father can only appear on the birth certificate if both parents have signed an Acknowledgment of Paternity administered by a person certified by the Office of the Attorney General to do such. <u>If the mother was married to someone other than the biological father</u> , her husband must sign the Denial section of the Acknowledgment of Paternity.  The biological father may also appear on the birth certificate in compliance with a court order naming him as the legal father of the child.		
<b>16. Father's Date of Birth</b>			
Father's date of birth	Enter the month, day and four-digit year that the father was born.  If the date of birth is not known, enter "unknown."	Mother's Worksheet	

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<p><b>17. Father's Birthplace</b> Father's place of birth</p>	<p>Enter the name of the state, territory, or foreign country where the father was born.</p> <p>If no information is available, enter "unknown."</p>	<p>Mother's Worksheet</p>	
<p><b>19. Mother's Current Legal Name</b> Mother's current legal name</p>	<p>Enter the mother's current legal first, middle, and last name. Also include any suffix indicated for the mother's name. If the mother has never been married, this may be the same as the name that appears in item 10.</p>	<p>Mother's Worksheet</p>	
<p><b>20. Social Security Number of Mother</b> Social security number of the mother</p>	<p>Enter the mother's social security number.</p> <p>If the number is unknown, leave this item blank. Do not enter 999-99-9999 or 000-00-0000.</p>	<p>Mother's Worksheet</p>	
<p><b>21. Social Security Number of Father</b> Social security number of the father</p>	<p>Enter the father's social security number.</p> <p>If the number is unknown, leave this item blank. Do not enter 999-99-9999 or 000-00-0000.</p>	<p>Mother's Worksheet</p>	
<p><b>22. Mother Married?</b> Indicates whether the mother was married at the time of the child's birth</p>	<p>If the mother is married at the time of this birth, whether to the child's father or not, check "Yes"; check "No" if the mother is not married.</p> <p>Common law marriage is legally recognized in Texas. If the parents state that they are married by virtue of common law, as long as they are not married to anyone else, and are both at least 18 years of age, then check "Yes."</p> <p>A woman is legally married even if she and her husband are separated. Respond "Yes" to this question unless a judge has granted a divorce.</p>	<p>Mother's Worksheet</p>	
<p><b>23. Immunization Registry</b> Answering this question on the birth certificate will not be sufficient to include the infant in the Texas Immunization Registry</p>	<p>The parent(s) must complete the Immunization Registry Consent form, indicating whether the infant can or cannot be included in the registry.</p>		

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<p><b>24. Social Security Number for your new baby?</b> Indicates whether the parent wants the child's information to be submitted electronically to the Social Security Administration to request a social security number for a newborn</p>	<p>Check "Yes" if the parent wants a social security number issued for the child; check "No" if the parent does not.</p> <p>If the child has not been given a first and last name, no social security number can be issued.</p>	<p>Mother's Worksheet</p>	
<p><b>25. Signature of Parent</b> Indicates that the parent signing the certificate has reviewed the information and agrees that it is correct</p>	<p>Obtain the signature of the mother or father to verify that the information on the certificate has been entered correctly.</p> <p>The parent signature is not required.</p>		
<p><b>26. Father's Mailing Address</b> Father's mailing address, if different than the mother's</p>	<p>Enter the father's complete mailing address if different from the mother's mailing address. Be sure to include the entire address, city, state, and zip code.</p> <p>If the mailing address is the same as the mother's, check the box that states "Same as Mother."</p>	<p>Mother's Worksheet</p>	
<p><b>27. Mother's Education</b> The highest degree or level of school completed by the mother</p>	<p>Check the box that best describes the highest degree or level of school completed at the time of delivery.</p> <p>If the mother is currently enrolled, check the box that indicates the previous grade or highest degree received.</p>	<p>Mother's Worksheet</p>	
<p><b>28. Mother of Hispanic Origin?</b> The mother's Hispanic origin</p>	<p>Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina. If the mother's Hispanic designation is not listed, check the "Yes, other" box and enter the mother's Hispanic origin on the (Specify) line.</p>	<p>Mother's Worksheet</p>	
<p><b>29. Mother's Race</b> The race or races designated by the mother</p>	<p>Check one or more races to indicate what the mother considers herself to be. If a race indicated by the mother is not included in the checklist, check the "Other (Specify)" box and enter the race indicated.</p>	<p>Mother's Worksheet</p>	

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>30. Father's Education</b> The highest degree or level of school completed by the father</p>	<p>Check the box that best describes the highest degree or level of school completed at the time of delivery. If the father is currently enrolled, check the box that indicates the previous grade or highest degree received.</p>	<p>Mother's Worksheet</p>	
<p><b>31. Father of Hispanic Origin?</b> The father's Hispanic origin</p>	<p>Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino. If the father's Hispanic designation is not listed, check the "Yes, other" box and enter the father's Hispanic origin on the (Specify) line.</p>	<p>Mother's Worksheet</p>	
<p><b>32. Father's Race</b> The race or races designated by the father</p>	<p>Check one or more races to indicate what the father considers himself to be. If a race indicated by the father is not included in the checklist, check the "Other (Specify)" box and enter the race indicated.</p>	<p>Mother's Worksheet</p>	
<p><b>33. Usual Occupation of the Mother</b> The mother's occupation during most of her working life</p>	<p>Enter the mother's occupation during most of her working life (e.g. homemaker, student, teacher, clerk, programmer, attorney, realtor, artist, nurse, etc.).</p> <p>If occupation is unknown, enter "Unknown."</p> <p>If the mother never worked, enter "None."</p> <p>Many women specify "housewife" because they stopped working outside the home after pregnancy began or shortly before birth. Ask if the mother worked any time in the last two years. Do not use "self-employed."</p>	<p>Mother's Worksheet</p>	
<p><b>34. Usual Occupation of the Father</b> The father's occupation during most of his working life</p>	<p>Enter the father's occupation during most of his working life (e.g. homemaker, student, teacher, clerk, programmer, attorney, realtor, artist, nurse, etc).</p> <p>If occupation is unknown, enter "Unknown."</p> <p>If the father never worked, enter "None."</p> <p>Do not use "self-employed."</p>	<p>Mother's Worksheet</p>	

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<b>35. Type of Business/Industry of Mother</b> The type of business or industry related to the occupation in item 33	Enter the mother's type of business or industry related to the occupation listed in item 33 (e.g. retail, consulting, education, farming, government, manufacturing, etc).  If the type of business is unknown, enter "Unknown."  For no business or industry, enter "None."	Mother's Worksheet	
<b>36. Type of Business/Industry of Father</b> The type of business or industry related to the occupation in item 34	Enter the father's type of business or industry related to the occupation listed in item 34 (e.g. retail, consulting, education, farming, government, manufacturing, etc).  If the type of business is unknown, enter "Unknown."  For no business or industry, enter "None."	Mother's Worksheet	
<b>37a. Number of Previous Live Births Now Living</b> The total number of previous live-born infants now living	<p><u>Do not include this infant.</u></p> <p>Include all previous live-born <u>infants who are still living.</u></p> <p><b>For multiple deliveries:</b>            Include all live-born infants <u>before</u> this infant in the pregnancy.</p> <p><u>If the first born, do not include this infant.</u></p> <p>If the second born, include the first born, etc.</p> <p><b>If no previous live-born infants, check "None."</b></p>	<p>1<sup>st</sup> Prenatal Care Record <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Intake information</li> <li>• Gravida section – L (living) – last number in series</li> <li>• Para section – L – last number in series</li> <li>• Pregnancy history information</li> <li>• Previous OB history</li> <li>• Past pregnancy history</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i> – Patient Data</p> <p>3<sup>rd</sup> Admission H&amp;P</p>	<p>L – Now living</p> <p><i>Look for:</i>            G – Gravia – Total number of pregnancies            P – Para – Previous live births and fetal deaths &gt;28 weeks of gestation            T – Term – Delivered at 37 to 40 weeks gestation</p>
<b>37b. Number of Previous Live Births Now Dead</b> The total number of previous live-born infants now dead	<p><u>Do not include this infant.</u></p> <p>Include all previous live-born infants who are no longer living.</p> <p><b>For multiple deliveries:</b>            Include all live-born infants <u>before</u> this infant in the pregnancy who are now dead.</p> <p>If the first born, do not include this infant.</p>	<p>1<sup>st</sup> Prenatal Care Record <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Pregnancy history information – comments, complications</li> <li>• Previous OB history – comments, complications</li> <li>• Past pregnancy history – comments, complications</li> </ul> <p>2<sup>nd</sup> Admission H&amp;P</p>	<p>See above            Expired</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>37b. Number of Previous Live Births Now Dead - Continued</b></p>	<p>If the second born, include the first born, etc.</p> <p><b>If no previous live-born infants now dead, check "None."</b></p>		
<p><b>37c. Date of Last Live Birth</b></p> <p>The date of birth of the last live-born infant</p>	<p>If applicable, enter the month, day and year of birth of the last live-born infant.</p> <p><u>Include live-born infants now living and now dead.</u></p>	<p>1<sup>st</sup> Prenatal Care Record under –</p> <ul style="list-style-type: none"> <li>• Pregnancy history information – date</li> <li>• Previous OB history – date</li> <li>• Past pregnancy history – date</li> </ul> <p>2<sup>nd</sup> Admission H&amp;P</p>	<p>DOB – Date of Birth</p>
<p><b>37d. Number of Other Pregnancy Outcomes</b></p> <p>Total number of other pregnancy outcomes that <u>did not result in a live birth</u></p> <p>Includes pregnancy losses of any gestational age</p> <p>Examples: spontaneous or induced losses or ectopic pregnancy</p>	<p>Include all <u>previous</u> pregnancy losses that <u>did not result in a live birth</u>.</p> <p><b>If no previous pregnancy losses, check "None."</b></p>	<p>1<sup>st</sup> Prenatal Care Record <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Gravida section – "A" (abortion/mixcarriage)</li> <li>• PARA section – "A"</li> <li>• Pregnancy history information – comments, complications</li> <li>• Previous OB history – comments, complications</li> <li>• Past pregnancy history – comments, complications</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i> – Patient Data</p> <p>3<sup>rd</sup> Admission H&amp;P</p>	<p>Miscarriages Fetal demise AB – Abortion induced SAB – Spontaneous abortion TAB – Therapeutic abortion Abortion spontaneous Septic abortion Ectopic pregnancy Tubal pregnancy FDIU – Fetal death in utero IUFD – Intrauterine fetal death</p>
<p><b>37e. Date Last Other Pregnancy Ended</b></p> <p>The date that the last pregnancy that did not result in a live birth ended</p> <p>Includes pregnancy losses at any gestational age</p> <p>Examples: spontaneous or induced losses or ectopic pregnancy</p>	<p>If applicable, enter the month, day and year.</p>	<p>1<sup>st</sup> Prenatal Care Record <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Pregnancy history information</li> <li>• Previous OB history</li> <li>• Past pregnancy history</li> </ul> <p>2<sup>nd</sup> Admission H&amp;P</p>	
<p><b>38. Source of Prenatal Care</b></p> <p>All source where the mother received prenatal care during this pregnancy</p>	<p>Check all appropriate boxes to indicate all sources of prenatal care that the mother received during this pregnancy.</p> <p>If the "Other" box is checked, specify the other source of prenatal care.</p>	<p>1<sup>st</sup> Prenatal Care Record <i>under</i> – Pregnancy history information</p>	

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>39. Mother's Medicaid Number</b> The mother's Medicaid number	Enter the mother's Medicaid number, if applicable. The number must contain nine digits.  If the mother does not have a Medicaid number, leave this item blank.  If a Medicaid number is being requested for the child and the mother does not currently have a Medicaid number, enter "99999999."	Mother's Worksheet	
<b>40. Mother's Prepregnancy Weight</b> The mother's weight prior to pregnancy	Enter the mother's weight immediately before she became pregnant. Use pounds only. For example, enter 120-1/2 pounds as 120 pounds.  If the mother's prepregnancy weight is unknown, enter "unknown."	Mother's Worksheet	
<b>41. Mother's Weight at Delivery</b> The mother's weight at the time of delivery	Enter the mother's weight at the time of delivery. Use pounds only. For example, enter 140-1/2 pounds as 140 pounds.  If the mother's delivery weight is unknown, enter "unknown."	1 <sup>st</sup> Labor and Delivery Nursing Admission Triage form <i>under</i> – Physical Assessment – Weight  2 <sup>nd</sup> Admission H&P <i>under</i> – Physical Exam - Weight	Wgt = Weight
<b>42. Mother's Height</b> The mother's height	Enter the mother's height in feet and inches. If the mother's height is unknown, enter "unknown."	Mother's Worksheet	
<b>43. Date Last Normal Menses Began</b> The date the mother's last normal menstrual period began  This item is used to compute the gestational age of the infant	Enter all known parts of the date the mother's last normal menstrual period began. If no parts of the date are known, enter "Unknown."	1 <sup>st</sup> Prenatal Care Record <i>under</i> – <ul style="list-style-type: none"> <li>• Menstrual history</li> <li>• Nursing Admission Triage Form</li> </ul> 2 <sup>nd</sup> Admission H&P <i>under</i> – <ul style="list-style-type: none"> <li>• Medical History</li> </ul>	LMP – Last menstrual period
<b>44a. Date of First Prenatal Care Visit</b> The date a physician or other health care professional first examined and/or counseled the pregnant woman for the pregnancy	Enter the month, day, and year of the first prenatal care visit. Complete all parts of the date that are available.  If "no prenatal care," check the box and skip to 45.	1 <sup>st</sup> Prenatal Care Record <i>under</i> – <ul style="list-style-type: none"> <li>• Intake information</li> <li>• Initial physical exam</li> <li>• Prenatal Visits Flow Sheet</li> <li>• Current pregnancy</li> </ul> 2 <sup>nd</sup> Initial physical Examination	PNC – Prenatal care

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>44b. Date of Last Prenatal Care Visit</b> The month, day, and year of the last prenatal care visit recorded in the records</p>	<p>Enter the month, day, and year of the last prenatal care visit recorded in the records.</p> <p><b>NOTE:</b> Enter the date of the last visit given in the most current record available. <u>Do not estimate the date of the last visit.</u></p> <p>Complete all parts of the date that are available.</p>	<p>1<sup>st</sup> Prenatal Care Record under – Current Pregnancy</p> <p>2<sup>nd</sup> Prenatal Visits Flow sheet (last date shown)</p>	<p>PNC – Prenatal care</p>
<p><b>44c. Number of Prenatal Visits</b> The total number of visits recorded in the record</p>	<p>Count only those visits recorded in the record.</p> <p><b>NOTE:</b> Enter the total number of visits listed in the most recent record available. <u>Do not estimate additional visits when the prenatal record is not current.</u></p> <p>If none, enter “0.” The “no prenatal care” box should also be checked above.</p>	<p>1<sup>st</sup> Prenatal Care Record <i>under</i> – Prenatal Visits Flow Sheet (count visits)</p>	<p>PNC – Prenatal care</p>
<p><b>45. Cigarette Smoking Before and During Pregnancy</b> The number of cigarettes or packs of cigarettes smoked by the mother</p>	<p>Enter the number of cigarettes OR packs of cigarettes smoked by the mother on an average day during each of the designated time periods.</p> <p>If the mother NEVER smoked, enter zero for each time period.</p>	<p>Mother’s Worksheet</p>	
<p><b>46. Principal source of payment for this delivery</b> The principal source of payment at the time of delivery:</p> <p><b>Private insurance</b> (Blue Cross/Blue Shield, Aetna, etc)</p> <p><b>Medicaid (or a comparable State program)</b></p> <p><b>Self-pay</b> (no third party identified)</p> <p><b>Other</b> (Indian Health Service, CHAMPUS/TRICARE, other government [Federal, State, local])</p>	<p>Check the box that best describes the principal source of payment for this delivery.</p> <p><u>If “other” is checked, specify the payer.</u></p> <p>If the principal source of payment is not known, enter “unknown” in the space.</p> <p>This item should be completed by the facility. If the birth did not occur in a facility, the attendant or certifier should complete it.</p>	<p>1<sup>st</sup> Hospital Face Sheet</p> <p>2<sup>nd</sup> Admitting Office Face Sheet</p>	

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>47. Did mother get WIC food for herself during this pregnancy?</b> Did the mother receive WIC (Women, Infants &amp; Children) food for herself</p>	<p>Check the box that indicates whether the mother received WIC food for herself because she was pregnant with this child.</p> <p>If unknown, enter "unknown."</p>	<p>Mother's Worksheet</p>	
<p><b>48. Was the mother transferred for maternal medical or fetal indications for this delivery?</b> Transfers include hospital to hospital, birth facility to hospital, etc. Does not include home to hospital</p>	<p>If the mother was transferred from another facility, check "yes." If "yes," enter the name of the facility the mother transferred from. If the name of facility is not known, enter "unknown." Check "no" if the mother was transferred from home.</p>	<p>1<sup>st</sup> Labor and Delivery Nursing Admission Triage Form under –</p> <ul style="list-style-type: none"> <li>• Reason for admission</li> <li>• Comments</li> </ul> <p>2<sup>nd</sup> Admission H&amp;P</p> <p>3<sup>rd</sup> Labor and Delivery – Delivery Record</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul>	
<p><b>49. Risk Factors in This Pregnancy</b> Risk factors of the mother during this pregnancy</p>	<p>Check all boxes that apply. The mother may have more than one risk factor.</p> <p>If the mother has none of the risk factors, check "none of the above."</p>	<p><i>See below</i></p>	<p><i>See below</i></p>
<p><b>Diabetes</b> Glucose intolerance requiring treatment</p> <p><b>Prepregnancy</b> Diagnosis before this pregnancy</p>	<p>If diabetes is present, check either prepregnancy or gestational diabetes. <u>Do not check both.</u></p>	<p>1<sup>st</sup> Prenatal Care Record <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Previous OB history <i>under</i> – summary of previous pregnancies</li> <li>• Problem list <i>or</i> – initial risk assessment</li> <li>• Historical risk summary</li> <li>• Complications of previous pregnancies</li> <li>• Factors this pregnancy</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Medical complications</li> <li>• Comments</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Medical history</li> <li>• Previous OB history <i>under</i> – pregnancy related</li> <li>• Problem list/findings</li> </ul>	<p><b>Prepregnancy</b> DM – Diabetes mellitus Type 1 diabetes IDDM – Insulin dependent diabetes mellitus Type 2 diabetes Noninsulin dependent diabetes mellitus Class B DM Class C DM Class D DM Class F DM Class R DM Class H DM</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>49. Risk Factors in This Pregnancy – Continued</b>			
<p><b>Diabetes</b> - Continued</p> <p><b>Gestational</b> Diagnosis during this pregnancy</p>		<p>4<sup>th</sup> Delivery Record under –</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul>	<p><b>Gestational</b> GDM – Gestational diabetes mellitus IDGDM – Insulin-dependent gestational diabetes mellitus Class A1 or A2 diabetes mellitus</p>
<p><b>Hypertension</b></p> <p>Elevation of blood pressure above normal for age, gender, and physiological condition</p> <p><b>Prepregnancy (chronic)</b> Diagnosis prior to the onset of this pregnancy</p> <p><b>Gestational</b> Diagnosis in this pregnancy (Pregnancy-induced hypertension or preeclampsia)</p> <p><b>Eclampsia</b></p>	<p>If hypertension is present, check either prepregnancy, gestational, or eclampsia hypertension. <u>Do not check more than one.</u></p>	<p>See above</p>	<p><b>Prepregnancy</b> CHT – Chronic hypertension</p> <p><b>Gestational</b> PIH – Pregnancy-induced hypertension Preeclampsia Transient hypertension HELLP Syndrome</p>
<p><b>Previous preterm birth</b></p> <p>History of pregnancy(ies) terminating in a <u>live birth</u> of less than 37 completed weeks of gestation</p>		<p>1<sup>st</sup> Prenatal Care Record <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Previous OB history <i>under</i> – summary of previous pregnancies</li> <li>• Problem list <i>or</i> – initial risk assessment</li> <li>• Historical risk summary</li> <li>• Complications of previous pregnancies</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Medical complications</li> <li>• Comments</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Previous OB history <i>under</i> – pregnancy related</li> <li>• Problem list/findings</li> </ul>	<p>PTL – Preterm labor P – premature</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>49. Risk Factors in This Pregnancy – Continued</b>			
<p><b>Other previous poor pregnancy outcome</b></p> <p>History of pregnancies continuing into the 20<sup>th</sup> week of gestation and resulting in any of the listed outcomes:</p> <ul style="list-style-type: none"> <li>- Perinatal death (including fetal and neonatal deaths)</li> <li>- Small for gestational age</li> <li>- Intrauterine-growth-restricted birth</li> </ul>		<p>1<sup>st</sup> Prenatal Care Record <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Previous OB history <i>under</i> – summary of previous pregnancies</li> <li>• Problem list <i>or</i> – initial risk assessment</li> <li>• Historical risk summary</li> <li>• Complications of previous pregnancies</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i> – Comments</p> <p>3<sup>rd</sup> Admission H&amp;P <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Previous OB history <i>under</i> – pregnancy related</li> <li>• Complications Previous Pregnancies</li> <li>• Problem list/findings</li> </ul>	<p>IUGR – Intrauterine growth retardation  FDIU – Fetal death in utero  SGA – Small for gestational age  SFD – Small for dates  Stillborn</p> <p><i>Look for:</i>  PROM – Premature rupture of membranes  PPROM – Preterm premature rupture of membranes</p>
<p><b>Pregnancy resulted from infertility treatment</b></p> <p>Any assisted reproduction treatment used to initiate the pregnancy</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>- Artificial insemination</li> <li>- Drugs (such as Clomid, Pergonal)</li> <li>- Technical procedures (such as in vitro fertilization)</li> </ul>	<p>If pregnancy resulted from infertility treatment, check all boxes that apply.</p>	<p>1<sup>st</sup> Prenatal Care Record <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Current pregnancy history</li> <li>• Problem list <i>or</i> – initial risk assessment</li> <li>• Medications this pregnancy</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Comments</li> <li>• Medications</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Problem list/findings</li> </ul>	<p>In vitro fertilization  IVF-ET – In vitro fertilization embryo transfer  GIFT – Gamete intrafallopian transfer  ZIFT – Zygote intrafallopian transfer  Ovum donation  Donor embryo  Embryo adoption  Artificial insemination  AIH – Artificial insemination by husband  AID/DI – Artificial insemination by donor</p> <p>Medications:  Clomid  Serophene  Pergonal  Metrodin  Profasi  Progesterol  Crinone (progesterone gel)</p>
<p><b>Mother had previous cesarean delivery</b></p> <p>Previous delivery by extracting the fetus, placenta, and membranes through an incision in the mother's abdominal and uterine walls</p>		<p>1<sup>st</sup> Prenatal Care Record <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Past pregnancy history</li> <li>• Past OB history</li> <li>• Problem list <i>or</i> – initial risk Assessment</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i> – Comments</p> <p>3<sup>rd</sup> Admission H&amp;P <i>under</i> –  Past OB history</p>	<p>C/S – Cesarean section  Repeat C/S  VBAC – Vaginal delivery after cesarean  LSTCS (or LTCS) – Low segment transverse cesarean section  Classical cesarean section  Low vertical C/S  Low transverse C/S</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>49. Risk Factors in This Pregnancy – Continued</b>			
<b>Mother had previous cesarean delivery – Continued</b>  If yes, how many? _____	If the mother has had a <u>previous</u> cesarean delivery, indicate the number of previous cesarean deliveries she has had.	Past pregnancy history <i>under</i> – problem list/findings	<i>Look for:</i> TOL – Trial of labor
<b>Antiretrovirals administered during pregnancy or at delivery</b>	If mother has been prescribed <u>any</u> of the list of antiretroviral drugs, check this item yes.	1 <sup>st</sup> Prenatal Care Record <i>under</i> – <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Problem list <i>or</i> – initial risk assessment</li> <li>• Factors this pregnancy</li> </ul> 2 <sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i> – <ul style="list-style-type: none"> <li>• Medical complications</li> <li>• Comments</li> </ul> 3 <sup>rd</sup> Admission H&P <i>under</i> – <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Medical history</li> <li>• Problem list/findings</li> </ul> 4 <sup>th</sup> Delivery Record <i>under</i> – <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul>	Agenerase Amprenavir Combivir Combivir (AZT/3TC) Crixivan Indinavir Emtriva Emtricitabine Eпивir Lamivudine (3TC) Epzicom Epzicom (3TC/abacavir) Fortovase Saquinavir Fuzeon Enfuvirtide Hivid Zalcitabine (ddc) Invirase Saquinavir Mesylate Kaletra Lopinavir/Ritonavir Lexiva Fosamprenavir Norvir Ritonavir Rescriptor Delavirdine Retrovir Zidovudine (AZT) Reyataz Atazanavir Sustiva Efavirenz Trizivir Trizivir (AZT/3TC/abacavir) Truvada Truvada (tenofovir/emtricitabine) Videx EC Didanosine (DDI) Viracept

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>49. Risk Factors in This Pregnancy – Continued</b>			
<b>Antiretrovirals administered during pregnancy or at delivery - Continued</b>			Nelfinavir Viramune Nevirapine Viread Tenofovir Viread Zerit Stavudine (D4T) Ziagen Abacavir
<b>50. Infections Present and/or Treated During This Pregnancy</b>			
Infections present at the time of the pregnancy diagnosis or a confirmed diagnosis during the pregnancy with or without documentation of treatment.  Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record	Check all boxes that apply. The mother may have more than one infection.  If the mother has none of the infections, check "None of the above."	<i>See below</i>	"+" indicates that the test for the infection was positive and the woman has the infection.  "- " indicates that the test was negative, and that the woman does not have the infection.  Look for treatment or Rx for specific infection.
<b>Gonorrhea</b> A positive test/culture for <i>Neisseria gonorrhoeae</i>		1 <sup>st</sup> Prenatal Record <i>under</i> – <ul style="list-style-type: none"> <li>• Infection history</li> <li>• Sexually transmitted diseases</li> <li>• Problem list</li> <li>• Complications this pregnancy</li> <li>• Medical history</li> </ul> 2 <sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i> – Comments  3 <sup>rd</sup> Admission H&P <i>under</i> – <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Medical history</li> <li>• Problem list/findings</li> </ul> 4 <sup>th</sup> Delivery Record <i>under</i> – <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> </ul>	GC Gonorrheal Gonococcal  Treatment or Rx for Gonorrhea NAAT – Nucleic amplification tests
<b>Syphilis</b> (Also called lues) A positive test for <i>Treponema pallidum</i>		<i>See gonorrhea</i>	TP-PA – T. pallidum particle Agglutination STS – Serologic test for syphilis RPR – Rapid plasma regain VDRL – Venereal disease research Laboratories FTA-AS – Florescent antibody test Lues Treatment or Rx for syphilis or lues

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>50. Infections Present and/or Treated During This Pregnancy - Continued</b>			
<b>Chlamydia</b> A positive test for <i>Chlamydia trachomatis</i>		See gonorrhea	Treatment or Rx for chlamydia
<b>Hepatitis B (HBV, serum hepatitis)</b> A positive test for the hepatitis B virus		See gonorrhea	Hep B HBV
<b>Hepatitis C (non-A, non-B hepatitis (HCV))</b> A positive test for the hepatitis C virus		See gonorrhea	Hep C HCV Treatment or Rx for any of the above
<b>51a. HIV Test Done Prenatally</b> HIV testing provided to the mother during her pregnancy	If the mother was tested for HIV during this pregnancy, check "Yes." If she was not, check "No."	1 <sup>st</sup> Prenatal Care Record <i>under</i> – • Medical history  2 <sup>nd</sup> Labor and Delivery Nursing Admission Triage Form  3 <sup>rd</sup> Admission H&P <i>under</i> – • Current pregnancy history • Medical history	
<b>51b. HIV Test Done at Delivery</b> HIV testing provided to the mother at delivery	If the mother was tested for HIV at this delivery, check "Yes." If she was not, check "No."	1 <sup>st</sup> Delivery Record	
<b>52. Obstetric Procedures</b> Medical treatment or invasive/manipulative procedure performed during this pregnancy to treat the pregnancy or to manage labor and/or delivery	Check all boxes that apply. The mother may have more than one procedure.  If the mother has had none of the procedures, check "None of the above."	See below	See below
<b>Cervical cerclage</b> Circumferential banding or suture of the cervix to prevent or treat passive dilation  Includes: MacDonald's suture, Shirodkar procedure, abdominal cerclage via laparotomy		1 <sup>st</sup> Prenatal Record <i>under</i> – • Medical history • Problem list <i>or</i> – initial risk assessment • Historical risk summary • Complications this pregnancy • Factors this pregnancy  2 <sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i> – • Complications • Comments	MacDonald's suture Shirodkar procedure Abdominal cerclage via laparotomy  <i>Look for:</i> Incompetent cervix Incompetent os

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>52. Obstetric Procedures – Continued</b>			
<b>Cervical cerclage</b> - Continued		3 <sup>rd</sup> Admission H&P <i>under</i> – <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Medical history</li> <li>• Problem list/findings</li> </ul> 4 <sup>th</sup> Delivery Record <i>under</i> – <ul style="list-style-type: none"> <li>• Maternal OB</li> <li>• Labor and delivery admission history</li> </ul>	
<b>Tocolysis</b> Administration of any agent with the intent to inhibit preterm uterine contractions to extend the length of the pregnancy  Medications: - Magnesium sulfate (for preterm labor) - Terbutaline - Indocin (for preterm labor)		1 <sup>st</sup> Prenatal Record <i>under</i> – <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Problem list <i>or</i> – initial risk assessment</li> <li>• Historical risk summary</li> <li>• Complications of previous pregnancies</li> <li>• Factors this pregnancy</li> </ul> 2 <sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i> – <ul style="list-style-type: none"> <li>• Complications this pregnancy</li> <li>• Comments</li> </ul> 3 <sup>rd</sup> Admission H&P <i>under</i> – <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Medication</li> <li>• Medical history</li> <li>• Problem list/findings</li> </ul> 4 <sup>th</sup> Delivery Record <i>under</i> – <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul>	Medications: Magnesium sulfate – Mag SO <sub>4</sub> Terbutaline – Terb Indocin  <i>Look for:</i> Preterm labor (this pregnancy)
<b>External cephalic version</b> Attempted conversion of a fetus from a nonvertex to a vertex presentation by external manipulation  <b>Successful</b> Fetus was converted to a vertex presentation  <b>Failed</b> Fetus was not converted to a vertex presentation	If applicable, indicate whether the procedure was a success or a failure.	1 <sup>st</sup> Prenatal Record <i>under</i> – <ul style="list-style-type: none"> <li>• Problem list</li> <li>• Historical risk summary</li> <li>• Complications this pregnancy</li> <li>• Factors this pregnancy</li> </ul> 2 <sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i> – <ul style="list-style-type: none"> <li>• Complications</li> <li>• Comments</li> </ul> 3 <sup>rd</sup> Admission H&P <i>under</i> – <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Medical history</li> <li>• Problem list/findings</li> </ul>	<b>Successful version:</b> Breech version External version  <b>Failed version:</b> Unsuccessful external version Attempted version Failed version

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>52. Obstetric Procedures – Continued</b>			
<b>External cephalic version - Continued</b>		4 <sup>th</sup> Delivery Record <i>under</i> – <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul>	<i>Look for:</i> Malpresentation
<b>53. Onset of Labor</b>			
<b>Premature rupture of the membranes</b> Prolonged, greater than or equal to 12 hours	Check all that apply (prolonged labor and precipitous labor should not both be checked).  If none apply, check “None of the above.”	1 <sup>st</sup> Labor and Delivery Record <i>under</i> – <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record – time ROM (rupture of membranes)</li> <li>• Delivery record – ROM</li> </ul>	PROM – Premature rupture of membranes PPRM – Preterm premature rupture of Membranes  <i>Look for:</i> ROM – Rupture of membranes
<b>Precipitous labor</b> Less than 3 hours	If precipitous labor is indicated, check that labor lasted less than 3 hours.	1 <sup>st</sup> Labor and Delivery Record <i>under</i> – <ul style="list-style-type: none"> <li>• Labor summary – total length of labor</li> <li>• Labor chronology – total length of labor</li> </ul> 2 <sup>nd</sup> Delivery Comments	
<b>Prolonged labor</b> Greater than or equal to 20 hours	If prolonged labor is indicated, check that labor lasted 20 hours or more.	<i>Same as Precipitous labor above</i>	
<b>54. Characteristics of Labor and Delivery</b>			
Information about the course of labor and delivery	Check all characteristics that apply. If none of the characteristics of labor and delivery apply, check “None of the above.”	<i>See below</i>	<i>See below</i>
<b>Induction of labor</b> Initiation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor		1 <sup>st</sup> Delivery Record <i>under</i> – <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul> 2 <sup>nd</sup> Physician Progress Note  3 <sup>rd</sup> Labor and Delivery Nursing Admission Triage Form	IOL – Induction of labor Pit Ind – Pitocin induction
<b>Augmentation of Labor</b> Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time of delivery	For this item, labor should have begun <u>before</u> medications were given.	<i>Same as 1<sup>st</sup> and 2<sup>nd</sup> sources for Induction of labor above.</i>	Pit stim – Pitocin stimulation Pit aug – Pitocin augmentation

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>54. Characteristics of Labor and Delivery - Continued</b>			
<p><b>Non-vertex presentation</b></p> <p>Includes any nonvertex fetal presentation</p> <p>For example:</p> <ul style="list-style-type: none"> <li>- Breech</li> <li>- Shoulder</li> <li>- Brow</li> <li>- Face presentations</li> <li>- Transverse lie in the active phase of labor and delivery other than vertex</li> <li>- Compound</li> </ul> <p><b>NOTES:</b> <u>Non-vertex</u> is presentation other than the upper and back part of the infant's head. <u>Vertex</u> is presentation of the upper or back part of the infant's head.</p>		<p>1<sup>st</sup> Delivery Record <i>under</i> – Presentation</p> <p>2<sup>nd</sup> Physician Progress Note</p> <p>3<sup>rd</sup> Newborn Admission H&amp;P</p>	<p>Breech (buttocks) (sacrum):</p> <p>Frank breech</p> <p>LSA – Left sacrum anterior</p> <p>LST – Left sacrum transverse</p> <p>RSP – Right sacrum posterior</p> <p>RST – Right sacrum transverse</p> <p>Complete breech</p> <p>Single footling breech</p> <p>Double footling breech</p> <p>Shoulder presentation</p> <p>Transverse lie</p> <p>Face presentation (mentum):</p> <p>LMA – Left mentum anterior</p> <p>LMT – Left mentum transverse</p> <p>LMP – Left mentum posterior</p>
<p><b>Steroids (glucocorticoids)</b></p> <p>For fetal lung maturation received by the mother before delivery</p> <p>Includes: betamethasone, dexamethasone, or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery</p> <p>Does not include: steroid medication given to the mother as an anti-inflammatory treatment before or after delivery</p>	<p>Medications given <u>before</u> the delivery</p>	<p>1<sup>st</sup> Delivery Record <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary – comments</li> <li>• Labor summary record – comments</li> </ul> <p>2<sup>nd</sup> Maternal Medication Record</p> <p>3<sup>rd</sup> Newborn Admission H&amp;P</p> <p>4<sup>th</sup> Maternal Physician Order Sheet</p>	<p>Medications (before delivery):</p> <p>Betamethasone</p> <p>Dexamethasone</p> <p>Hydrocortisone</p>
<p><b>Antibiotics received by the mother during labor</b></p> <p>Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery</p> <p>Includes:</p> <p>Ampicillan</p> <p>Penicillin</p> <p>Clindamycin</p> <p>Erythromycin</p> <p>Gentamicin</p> <p>Cefataxine</p>	<p>Medications received <u>during</u> labor</p>	<p><i>Same as Steroids (glucocorticoids) above</i></p>	<p>Medications (during labor):</p> <p>Ampicillan</p> <p>Penicillin</p> <p>Clindamycin</p> <p>Erythromycin</p> <p>Gentamicin</p> <p>Cefataxine</p> <p>Ceftriaxone</p> <p>Vancomycin</p> <p>Look for:</p> <p>SBE (sub-acute bacterial endocarditis) prophylaxis</p> <p>GBS positive or GBS + (Group B Streptococcus)</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>54. Characteristics of Labor and Delivery – Continued</b>			
<b>Antibiotics received by the mother during labor - Continued</b>  Ceftriaxone			Maternal fever Mother febrile
<b>Chorioamnionitis or maternal temperature <math>\geq</math> 38°C (100.4°F)</b>  Clinical diagnosis of chorioamnionitis during labor made by the delivery attendant  Usually includes more than one of the following: fever, uterine tenderness and/or irritability, leukocytosis, or fetal tachycardia  Any recorded maternal temperature at or above 38°C (100.4°F)	Check that the recorded maternal temperature is at or above 38°C (100.4°F).	1 <sup>st</sup> Delivery Record <i>under</i> – <ul style="list-style-type: none"> <li>• Maternal OB/labor summary – comments/complications</li> <li>• Labor summary record – comments/complications</li> </ul> 2 <sup>nd</sup> Newborn Admission H&P 3 <sup>rd</sup> Physician Progress Note 4 <sup>th</sup> Maternal Vital Signs Record <i>under</i> – Temperature Recordings	Chorioamnionitis Chorio Temp $\geq$ 38 or 100.4  <i>Look for:</i> Maternal fever Mother febrile
<b>Moderate/heavy meconium staining of the amniotic fluid</b> Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or at delivery that is more than enough to cause a greenish color change of an otherwise clear fluid		1 <sup>st</sup> Delivery Record <i>under</i> – <ul style="list-style-type: none"> <li>• Maternal OB/labor summary – comments/complications</li> <li>• Labor summary record – comments/complications</li> <li>• Amniotic fluid summary section – comments, color</li> <li>• Time membranes ruptured section</li> </ul> 2 <sup>nd</sup> Newborn Admission H&P 3 <sup>rd</sup> Physician Progress Note	Mec – Meconium
<b>Fetal intolerance of labor was such that one or more of the following actions was taken:</b>  In utero resuscitative measures, further fetal assessment, or operative delivery		1 <sup>st</sup> Delivery Record <i>under</i> – <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor summary record</li> </ul> 2 <sup>nd</sup> Newborn Admission H&P 3 <sup>rd</sup> Physician Progress Note	LLP – left lateral position O <sub>2</sub> – Oxygen IV fluids Amnioinfusion Nitroglycerine Acoustic stimulation Vibroacoustic stimulation

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>54. Characteristics of Labor and Delivery – Continued</b>			
<p><b>Fetal intolerance of labor was such that one or more of the following actions was taken:</b> Continued</p> <p>Includes any of the following:</p> <ul style="list-style-type: none"> <li>- Maternal position change</li> <li>- Oxygen administration to the mother</li> <li>- Intravenous fluids administered to the mother</li> <li>- Amnioinfusion</li> <li>- Support of maternal blood pressure</li> <li>- Administration of uterine relaxing agents</li> </ul> <p>Further fetal assessment including any of the following: scalp pH, scalp stimulation, acoustic stimulation</p> <p>Operative delivery to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery</p>		<p>4<sup>th</sup> Physician Order Sheet <i>or</i> – Nursing Notes</p>	<p>Scalp pH sampling Fetal oxygen saturation monitoring Terbutaline Low forceps delivery Vacuum extraction C/S – Cesarean delivery</p>
<p><b>Epidural or spinal anesthesia during labor</b> Administration to the mother of a regional anesthetic to control the pain of labor</p> <p>Delivery of the agent into a limited space with the distribution of the analgesic effect limited to the lower body</p>		<p>1<sup>st</sup> Delivery Record <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary <i>under</i> – analgesia/anesthesia</li> <li>• Labor summary record <i>under</i> – analgesia/anesthesia</li> </ul>	<p>Epidural analgesia Epid. given Spinal given</p>
<b>55. Method of Delivery</b>			
<p>The physical process by which the complete delivery of the fetus was effected</p>	<p>Complete <u>every</u> section: A, B, C, and D</p>	<p><i>See below</i></p>	<p><i>See below</i></p>
<p><b>A. Was delivery with forceps attempted but unsuccessful?</b></p> <p>Obstetric forceps were applied to the fetal head in an unsuccessful attempt at vaginal delivery</p>	<p>Check “Yes” or “No.”</p>	<p>1<sup>st</sup> Delivery Record <i>under</i> – Delivery Summary</p> <p>2<sup>nd</sup> Physician Delivery Summary <i>or</i> – Progress Note</p> <p>3<sup>rd</sup> Recovery Room Record <i>under</i> – Maternal Data – Complications</p>	<p>LFD – Low forceps delivery (attempted) LFD (attempted)</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>55. Method of Delivery – Continued</b>			
<p><b>B. Was delivery with vacuum extraction attempted but unsuccessful?</b></p> <p>Ventouse or vacuum cup was applied to the fetal head in an unsuccessful attempt at vaginal delivery</p>	<p>Check “Yes” or “No.”</p>	<p><i>Same as above</i></p>	<p>Vac ext – Vacuum extraction (attempted)  Vac ext (attempted)  VAD – Vacuum assisted delivery</p>
<p><b>C. Fetal presentation at birth</b></p> <p><b>Cephalic</b>  Presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP)</p> <p><b>Breech</b>  Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech</p> <p><b>Other</b>  Any other presentation not listed above</p>	<p>Check <u>one</u> of the three boxes.</p>	<p>1<sup>st</sup> Delivery Record <i>under</i> – Fetal Birth Presentation</p>	<p><b>Cephalic</b>  Vertex – OA, OP, LOA, ROA, LOP, ROP, LOT, ROT  Face – LMA, LMT, LMP, RMA, RMP, RMT  Brow  Sinciput  Mentum – chin</p> <p><b>Breech</b>  (Buttocks, sternum)  Frank breech – LSA, LST, LSP, RSP, RST</p> <p>Single footling breech  Double footling breech  Complete breech</p> <p><b>Other</b>  Shoulder  Transverse lie  Funis  Compound</p>
<p><b>D. Final route and method of delivery</b></p> <p><b>Vaginal/spontaneous</b>  Delivery of the entire fetus through the vagina by the natural force of labor with or without manual assistance from the delivery attendant</p> <p><b>Vaginal/forceps</b>  Delivery of the fetal head through the vagina by the application of obstetrical forceps to the fetal head</p>	<p>Check one of the boxes.</p>	<p>1<sup>st</sup> Delivery Record <i>under</i> – Method of Delivery</p> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p> <p>3<sup>rd</sup> Recovery Room Record <i>under</i> – Maternal Data - Delivered</p>	<p><b>Vaginal/spontaneous</b>  VAG Del – Vaginal delivery  SVD – Spontaneous vaginal delivery</p> <p><b>Vaginal/forceps</b>  LFD – Low forceps delivery</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>55. Method of Delivery – Continued</b>			
<b>D. Final route and method of Delivery - Continued</b>			
<p><b>Vaginal/vacuum</b> Delivery of the fetal head through the vagina by the application of a vacuum cup or ventouse to the fetal head</p>			<p><b>Vaginal/vacuum</b> Vac Ext vacuum</p>
<p><b>Cesarean</b> Extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls</p>			<p><b>Cesarean</b> C/S – Cesarean section LSTCS – Low segment transverse</p>
<p><b>If cesarean, was a trial of labor attempted?</b>  Labor was allowed, augmented, or induced with plans for a vaginal delivery.</p>	<p>Check “Yes” or “No.”</p>		<p><i>Look for:</i> TOL – Trial of labor  TOL – Trial of labor</p>
<b>56. Maternal Morbidity</b>			
<p>Serious complications experienced by the mother associated with labor and delivery</p>	<p>Check all boxes that apply. If the mother has none of the complications, check “None of the above.”</p>	<p><i>See below</i></p>	<p><i>See below</i></p>
<p><b>Maternal transfusion</b> Includes infusion of whole blood or packed red blood cells associated with labor and delivery</p>		<p>1<sup>st</sup> Delivery Record <i>under</i> –  <ul style="list-style-type: none"> <li>• Labor summary</li> <li>• Delivery summary</li> </ul> <p>2<sup>nd</sup> Physician Delivery Notes/Operative Notes</p> <p>3<sup>rd</sup> Intake &amp; Output Form</p> </p>	<p>Transfused Blood transfusion</p> <p><i>Look for:</i> PRBC – Packed red blood cells Whole blood</p>
<p><b>Third or fourth degree perineal laceration</b> 3° laceration extends completely through the perineal skin, vaginal mucosa, perineal body, and anal sphincter</p> <p>4° laceration is all of the above with extension through the rectal mucosa</p>		<p>1<sup>st</sup> Delivery Record <i>under</i> –  <ul style="list-style-type: none"> <li>• Episiotomy section</li> <li>• Lacerations section</li> </ul> <p>2<sup>nd</sup> Recovery Room Record under – Maternal Data - Delivered</p> </p>	<p>4<sup>th</sup> degree lac. 4° LAC 3<sup>rd</sup> degree lac. 3° LAC</p>
<p><b>Ruptured uterus</b> Tearing of the uterine wall</p>		<p>1<sup>st</sup> Delivery Record under – Delivery Summary Note – Comments/Complications</p> <p>2<sup>nd</sup> Operative Note</p> <p>3<sup>rd</sup> Physician Progress Note</p>	

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>56. Maternal Morbidity – Continued</b>			
<p><b>Unplanned hysterectomy</b> Surgical removal of the uterus that was not planned before the admission</p> <p>Includes an anticipated, but not definitively planned, hysterectomy</p>		Same as Ruptured uterus above	Hysterectomy  Look for: Laparotomy
<p><b>Admission to an intensive care unit</b> Any admission, planned or unplanned, of the mother to a facility or unit designated as providing intensive care</p>		1 <sup>st</sup> Physician Progress Note 2 <sup>nd</sup> Transfer Note	ICU – Intensive Care Unit MICU – Medical Intensive Care Unit SICU – Surgical Intensive Care Unit
<p><b>Unplanned operating room procedure following delivery</b> Any transfer of the mother back to a surgical area for an operative procedure that was not planned before the admission for delivery</p> <p>Excludes postpartum tubal ligations</p>		1 <sup>st</sup> Physician Operative Note 2 <sup>nd</sup> Physician Progress Note 3 <sup>rd</sup> Physician Order	Repair of laceration Repair of laparotomy Drainage of purulent/septic material Exploratory laparotomy
<b>57. Hepatitis B Immunization Given?</b>			
Hepatitis B immunization given to the newborn while at the facility	Check "Yes" if the Hepatitis B vaccine was given to the infant. Mark "No" if it was not.	1 <sup>st</sup> Infant Progress Notes	
<b>58. Birthweight</b>			
The weight of the infant at birth	<p>Enter the weight (in grams) of the infant at birth.</p> <p>Do not convert pounds and ounces (lbs. and oz.) to grams.</p> <p>If the weight in grams is not available, enter the birth weight in lbs and oz.</p> <p>Round fractions of ounces. Less than 5 ounces should be rounded to the next lowest ounce. 5 ounces or more should be rounded up to the next highest ounces.</p>	1 <sup>st</sup> Delivery Record <i>under</i> – Infant Data 2 <sup>nd</sup> Admission Assessment <i>under</i> - Weight	BW – Birthweight Gms – Grams kg – Kilograms Lbs – Pounds oz - ounces
<b>59. Obstetric Estimate of Gestation</b>			
<p>The obstetric estimate of the infant's gestation in completed weeks based on the birth attendant's final estimate of gestation</p> <p>This estimate of gestation should be determined by all perinatal factors and assessments such as ultrasound, but <u>not</u> the neonatal exam.</p>	<p>Enter the obstetric estimate of the infant's gestation in completed weeks.</p> <p>If the obstetric estimate of gestation is not known, enter "unknown" in the space.</p> <p><u>Do not</u> complete this item based on the infant's date of birth and the mother's date of last menstrual period.</p>	1 <sup>st</sup> OB Admission H&P <i>under</i> – <ul style="list-style-type: none"> <li>• Weeks</li> <li>• Gestational age</li> </ul>	<p>Gestation _____ weeks (wks)</p> <p>_____ weeks gestational age</p> <p>GA – Gestational age</p> <p>EGA – Estimated gestational age</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>60. Apgar score</b> A systematic measure for evaluating the physical condition of the infant at specific intervals following birth</p>	<p>Enter the infant's Apgar score at 5 minutes.</p> <p>If the score at 5 minutes is less than 6, enter the infant's Apgar score at 10 minutes</p>	<p>1<sup>st</sup> Delivery Record <i>under</i> – Infant Data</p>	
<p><b>61. Is the infant living at the time of report?</b> Information on the infant's survival</p>	<p>Check "Yes" if the infant is living.</p> <p>Check "Yes" if the infant has already been discharged to home care.</p> <p>Check "No" if it is known that the infant has died.</p> <p>If the infant was transferred and the status is known, indicate the known status.</p>	<p>1<sup>st</sup> Infant Progress Notes</p>	
<p><b>62. Is the infant being breastfed at discharge?</b> Information on whether the infant is being breastfed at the time of discharge from the hospital</p> <p>Refers to the <u>action</u> of breastfeeding or pumping (expressing) milk, <u>not</u> the <u>intent</u> to breastfeed</p>	<p>Check "Yes" if the infant is being breastfed. Check "No" if the infant is not being breastfed.</p>	<p>1<sup>st</sup> Labor and Delivery Summary Record <i>under</i> – Infant Data</p> <p>2<sup>nd</sup> Maternal Progress Note</p> <p>3<sup>rd</sup> Newborn Flow Record <i>under</i> – feeding</p> <p>4<sup>th</sup> Lactation Consult</p>	<p>Pumping Lactation consultation LATCH score (Latch on, Audible Swallow, Type of nipple, Comfort and Help – used to measure position and attachment of the baby on the breast) Breast pump Breast pump protocol Breast milk MM – Mother's milk FBM – Fresh breast milk</p>
<p><b>63. Abnormal Conditions of the Newborn</b> Disorders or significant morbidity experienced by the newborn</p>	<p>Check all boxes that apply. If none of the conditions apply, check "None of the above."</p>	<p><i>See below</i></p>	<p><i>See below</i></p>
<p><b>Assisted ventilation required immediately following delivery</b></p> <p>Infant given manual breaths for any duration with bag and mask or bag and endotracheal tube within the first several minutes from birth</p> <p>Excludes oxygen only and laryngoscopy for aspiration of meconium</p>		<p>1<sup>st</sup> Labor and Delivery Summary <i>under</i> – Infant Data/Breathing</p>	<p>Bag and mask ventilation Intubation Intubation and PPV – Positive pressure ventilation PPV bag/mask or ET – Positive pressure ventilation via bag, mask or endotracheal intubation IPPV Bag – Intermittent positive pressure ventilation via bag IPPV ET – Intermittent positive pressure ventilation via endotracheal intubation O<sub>2</sub> via ET – Oxygen via endotracheal intubation Oxygen</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>63. Abnormal Conditions of the Newborn – Continued</b>			
<p><b>Assisted ventilation required for more than 6 hours</b></p> <p>Infant given mechanical ventilation (breathing assistance) by any method for more than 6 hours</p> <p>Includes conventional, high frequency and/or continuous positive pressure (CPAP)</p>	<p>Count the number of hours of mechanical ventilation given.</p>	<p>1<sup>st</sup> Newborn Respiratory Care Flow Sheet</p>	<p><b>If in use for more than 6 hours:</b>  CPAP – Continuous positive airway pressure  IPPV – Intermittent positive pressure ventilation  HFV – High frequency ventilation  IMV – Intermittent mandatory volume ventilation  HFOV – High frequency oscillatory ventilation  PIP – Peak inspiratory pressure  PEEP – Positive end expiratory pressure  CMV – Continuous mandatory ventilation  HFPPV – High frequency positive pressure ventilation  HFFI – High frequency flow interruption ventilation  HFJV – High frequency jet ventilation  Inhaled Nitric Oxide</p>
<p><b>NICU admission</b></p> <p>Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for a newborn</p>		<p>1<sup>st</sup> Labor and Delivery Summary Record under – Disposition under –</p> <ul style="list-style-type: none"> <li>• Intensive Care Nursery (ICN)</li> <li>• Special Care Nursery (SCN)</li> </ul>	<p>ICN - Intensive Care Nursery  SCN – Special Care Nursery  NICU – Neonatal Intensive Care Unit  PICU – Pediatric Intensive Care Unit</p>
<p><b>Newborn given surfactant replacement therapy</b></p> <p>Endotracheal instillation of a surface-active suspension for treating surfactant deficiency due to preterm birth or pulmonary injury resulting in respiratory distress</p> <p>Includes both artificial and extracted natural surfactant</p>	<p>Check both primary (1<sup>st</sup>) and secondary (2<sup>nd</sup>) sources before completion.</p>	<p>1<sup>st</sup> Labor and Delivery Summary <i>under</i> – Neonatal Medication</p> <p>2<sup>nd</sup> Newborn Medication Administration Record</p>	<p><b>If given to newborn after birth:</b>  Medications (given to newborn):  Surfactant  Survanta  Exosurf  Curosurf  Infasurf</p>
<p><b>Antibiotics received by the newborn for suspected neonatal sepsis</b></p> <p>Any antibacterial drug (penicillin, ampicillin, gentamicin, cefotaxime, etc.) given systemically (intravenous or intramuscular)</p>		<p>1<sup>st</sup> Newborn Medication Administration Record</p>	<p>Medications (given to newborn for sepsis):  Nafcillin  Chloramphenicol  Penicillin  Penicillin G  Ampicillin  Gentamicin  Kanamycin  Cefotaxime,  Cefoxitin</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>63. Abnormal Conditions of the Newborn – Continued</b>			
<b>Antibiotics received by the newborn for suspected neonatal sepsis - Continued</b>			Vancomycin, Acyclovir Amikacin, Ceftazidime Ceftriaxone Cefazolin
<b>Seizure or serious neurologic dysfunction</b>  Seizure – Any involuntary repetitive, convulsive movement or behavior  Serious neurologic dysfunction – Severe alteration of alertness  Excludes:  - Lethargy or hypotonia in the absence of other neurologic findings - Symptoms associated with CNS congenital anomalies		1 <sup>st</sup> Newborn H&P  2 <sup>nd</sup> Physician Progress Notes <i>under</i> – Neuro Exam	Seizures Tonic/Clonic/Clonus Twitching Eye rolling Rhythmic jerking Hypotonia Obtundation Stupor Coma (HIE) – Hypoxic-ischemic encephalopathy
<b>Significant birth injury</b>  Skeletal fracture(s), peripheral nerve injury, and/or soft tissue or solid organ hemorrhage that requires intervention  Present immediately following or soon after delivery  Includes any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy  Soft tissue hemorrhage requiring evaluation and/or treatment includes subgaleal, (progressive extravasation within the scalp) hemorrhage, giant cephalohematoma, extensive truncal, facial, and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and/or hypotension  Solid organ hemorrhage includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma		1 <sup>st</sup> Labor and Delivery Summary Record <i>under</i> – Newborn Delivery Information  2 <sup>nd</sup> Newborn Admission H&P  3 <sup>rd</sup> Physician Progress Notes	<i>Look for (as applies to infant):</i> Trauma Facial asymmetry Subgaleal (progressive extravasation within the scalp) Hemorrhage Giant cephalohematoma Extensive truncal, facial, and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and/or hypotension Subcapsular hematoma of the liver Fractures of the spleen Adrenal hematoma

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>64. Congenital Anomalies of the Newborn</b> Malformations of the newborn diagnosed prenatally or after delivery			
Check all boxes that apply. If none of the conditions apply, check "None of the anomalies listed above."			
<p><b>Anencephaly</b></p> <p>Partial or complete absence of the brain and skull</p> <p>Also called anencephalus, acrania, or absent brain</p> <p>Also includes infants with craniorachischisis (anencephaly with a contiguous spine defect)</p>		<p>1<sup>st</sup> Labor and Delivery Summary Record <i>under</i> – Infant Data</p> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p>	<p>Anencephalus</p> <p>Acrania</p> <p>Absent brain</p> <p>Craniorachischisis</p>
<p><b>Meningomyelocele/Spina bifida</b></p> <p>Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure</p> <p>Meningomyelocele is herniation of meninges and spinal cord tissue</p> <p>Meningocele (herniation of meninges without spinal cord tissue) should also be included in this category</p> <p>Both open and closed (covered with skin) lesions should be included</p> <p><u>Do not include</u> Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges)</p>		<p><i>Same as Anencephaly</i></p>	<p>Meningocele</p>
<p><b>Cyanotic congenital heart disease</b></p> <p>Congenital heart defects that cause cyanosis</p>		<p>1<sup>st</sup> Physician Progress Notes <i>under</i> –</p> <ul style="list-style-type: none"> <li>• Circulation</li> <li>• Cardiovascular</li> </ul>	<p>TGA – Transposition of the great arteries</p> <p>TOF – Tetralogy of Fallot</p> <p>Pulmonary or pulmonic valvular atresia</p> <p>Tricuspid atresia</p> <p>Truncus arteriosus</p> <p>TAPVR – Total/partial anomalous pulmonary venous return with or without obstruction</p> <p>COA – Coarctation of the aorta</p> <p>HLHS – Hypoplastic Left Heart Syndrome</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>64. Congenital Anomalies of the Newborn – Continued</b>			
<p><b>Congenital diaphragmatic hernia</b></p> <p>Defect in the formulation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity</p>		<p>1<sup>st</sup> Infant H&amp;P</p> <p>2<sup>nd</sup> Labor and Delivery Summary Record <i>under</i> – Infant Data</p>	
<p><b>Omphalocele</b></p> <p>A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk</p> <p>The defect is covered by a membrane (different from gastroschisis [<i>See below</i>]), although this sac may rupture</p> <p>Also called exomphalos</p> <p><u>Do not include</u> umbilical hernia (completely covered by skin) in this category</p>		<p>1<sup>st</sup> Labor and Delivery Summary Record <i>under</i> – Infant Data</p> <p>2<sup>nd</sup> Admission H&amp;P <i>under</i> – G.I.</p>	Exomphalos
<p><b>Gastroschisis</b></p> <p>An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity</p> <p>Differentiated from omphalocele by the location of the defect and the absence of a protective membrane</p>		Same as Omphalocele	
<p><b>Limb reduction defect (excluding congenital amputation and dwarfing syndromes)</b></p> <p>Complete or partial absence of a portion of an extremity, secondary to failure to develop</p>		<p>1<sup>st</sup> Labor and Delivery Summary Record <i>under</i> – Infant Data</p> <p>2<sup>nd</sup> Newborn H&amp;P</p>	<p>Look for: Amniotic bands ABS – Amniotic band syndrome</p>
<p><b>Cleft lip with or without cleft palate</b></p> <p>Incomplete closure of the lip</p> <p>May be unilateral, bilateral, or median</p>		Same as Limb reduction defect	Cleft lip (unilateral, bilateral, or median)

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>64. Congenital Anomalies of the Newborn – Continued</b>			
<b>Cleft palate alone</b>  Incomplete fusion of the palatal shelves  May be limited to the soft palate, or may extend into the hard palate  Cleft palate in the presence of cleft lip should be included in the category above.		<i>Same as</i> Limb reduction defect	
<b>Down syndrome</b>  Trisomy 21 <b><i>Karyotype confirmed</i></b> <b><i>Karyotype pending</i></b>	Check if a diagnosis of Down syndrome, Trisomy 21, is confirmed or pending.	1 <sup>st</sup> Infant Progress Notes  2 <sup>nd</sup> Genetic Consult	Trisomy 21 Positive (confirmed) Possible Down (pending) Rule out (R/O) Down (pending)
<b>Suspected chromosomal disorder</b>  Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure <b><i>Karyotype confirmed</i></b> <b><i>Karyotype pending</i></b>	Check if a diagnosis of a suspected chromosomal disorder is confirmed or pending (may include Trisomy 21).	<i>Same as</i> Down syndrome	Trisomy and then a number such as: 13 – Patau’s syndrome 17 or 18 – Edward syndrome Positive (confirmed) Possible Trisomy ____ (pending) Rule out (R/O) (pending)
<b>Hypospadias</b>  Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis  Includes: - First degree (on the glans ventral to the tip) - Second degree (in the coronal sulcus) - Third degree (on the penile shaft)		1 <sup>st</sup> Labor and Delivery Summary Record under – Infant Data  2 <sup>nd</sup> Newborn H&P <i>under</i> – Genitourinary (GU)	
<b>65. Was the infant transferred within 24 hours of delivery?</b>			
Transfer status of the infant within 24 hours after delivery	Check “Yes” if the infant was transferred from this facility to another within 24 hours of delivery.  Enter the name of the facility to which the infant was transferred.	1 <sup>st</sup> Infant Progress Notes  2 <sup>nd</sup> Transfer Form	<i>Look for:</i> Disposition

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>65. Was the infant transferred within 24 hours of delivery? - Continued</b>			
Transfer status of the infant within 24 hours after delivery – Continued	<p>If the name of the facility is not known, enter "unknown."</p> <p>If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.</p>		