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Yellow Highlights indicate updated text.

Guide to Completing The Facility Worksheets for the Certificate of Live Birth

and

Report of Fetal Death

(2003 revision)



How To Use This Guide

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

NOTE: All information on the mother should be for the woman who gave birth to, or delivered the infant.

Definitions	Instructions	Sources	Key Words/Abbreviations
Defines the items in the order they appear on the facility worksheet	Provides specific instructions for completing each item	Identifies the sources in the medical records where information for each item can be found. The specific records available will differ somewhat from facility to facility. The source listed first (1st) is considered the best or preferred source. Please use this source whenever possible. All subsequent sources are listed in order of preference. The precise location within the records where an item can be found is further identified by "under" and "or." Example— To determine whether gestational diabetes is recorded as a "Risk factor in this Pregnancy" (item 14) in the records: The 1 st or best source is: The prenatal care record. Within the prenatal care record, information on diabetes may be found under: • Medical history • Previous obstetric (OB) history • Problem list, or initial risk assessment	 ▶ Identifies alternative, usually synonymous terms and common abbreviations and acronyms for items. The keywords and abbreviations given in this guide are not intended as inclusive. Facilities and practitioners will likely add to the lists. Example— Keywords/Abbreviations for prepregnancy diabetes are: DM - diabetes mellitus Type 1 diabetes IDDM - Insulin dependent diabetes mellitus Type 2 diabetes Non-insulin dependent diabetes mellitus Class B DM Class C DM Class F DM Class F DM Class R DM Class H DM Medications commonly used for items. Example: "Clomid" for "Assisted reproduction treatment."

How To Use This Guide – Con.

Definitions	Instructions	Sources	Key Words/Abbreviations
		 Historical risk summary, Complications of previous pregnancies Factors this pregnancy. 	► "Look for" is used to indicate terms that may be associated with, but are not synonymous with an item. Terms listed under "look for" may indicate that an item should be reported for the pregnancy, but additional information will be needed before it can be determined whether the item should be reported.
			Example: "Trial of labor" for "cesarean delivery")
Missing Information	Where information for an item cannot be located please write "unknown" on the paper copy of the worksheet.		

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

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

Definitions	Instructions	Sources	Keywords/Abbreviations
4. County of birth (BC #7, I	FDFWS #4, FDR #6)		
The name of the county where the birth occurred.	Enter the name of the county where the birth occurred.		
	If the birth occurred in international waters or air space, enter the name of the county where the infant was removed from the boat or plane.		
5. Place where birth/deliver	y occurred/Birthplace (BC #2	6, FDFWS #5, FDR #7)	
The type of place where the birth occurred.	Check the box that best describes the type of place where the birth occurred.	1 st Admission History and Physical (H&P) <i>under</i> — General Admission <i>under</i> —	
Hospital Freestanding birthing center		 Admitted from home, doctor's office, other <i>or</i>— Problem list/findings 	FBC – Freestanding birthing center
No direct physical connection with an operative delivery center.		2 nd Delivery Record <i>under</i> — • Delivery information	The - Treestanding birthing center
Home birth The birth occurred at a private residence.	If home birth is checked, check whether the home birth was planned. If unknown whether a planned home birth write "unknown."	 Labor and delivery summary Maternal obstetric (OB)/labor summary <i>under</i>—delivery Summary of labor and delivery (L & D) 	
Clinic/Doctor's office	umanown.	3 rd Basic Admission Data	
Other	Specify taxi, cab, train, plane etc.	4 th Progress Notes or Note	

The prenatal care record is the preferred source for items 6 through 16.

If the prenatal care record is not in the mother's file, please contact the prenatal care provider and obtain a copy of the record.

Definitions	Instructions	Sources	Keywords/Abbreviations
6(a). Date of first prenatal c	are visit (BC #29a, FDFWS #	6a, FDR #23a)	
The date a physician or other health care professional first examined and/or counseled the pregnant woman for the pregnancy.	Enter the month, day, and year of the first prenatal care visit. Complete all parts of the date that are available. Leave the rest blank. If "no prenatal care," check the box	 1st Prenatal Care Record under— Intake information Initial physical exam Prenatal visits flow sheet Current pregnancy 	PNC - Prenatal care
	and skip to 6(c).	2 nd Initial Physical Examination	
6(b). Date of last prenatal ca	are visit (BC #29b, FDFWS #6	6b, FDR #23b)	
The month, day, and year of the last prenatal care visit recorded in the records.	Enter the month, day, and year of the last prenatal care visit recorded in the records. NOTE: Enter the date of the last visit given in the most current record available. Do not estimate the date of the last visit. Complete all parts of the date that are available. Leave the rest blank.	 1st Prenatal Care Record <i>under</i>— Current Pregnancy 2nd Prenatal Visits Flow Sheets (last date shown) 	PNC - Prenatal care

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

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

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

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

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

Definitions	Instructions	Sources	Keywords/Abbreviations
14. Risk factors in this	pregnancy – Con.		
Previous preterm births History of pregnancy(ies) terminating in a <u>live birth</u> of le than 37 completed weeks of gestation.	SS	 1st Prenatal Care Record under— Medical history Previous OB history under— summary of previous pregnancies Problem list or—initial risk assessment Historical risk summary Complications of previous pregnancies 2nd Labor and Delivery Nursing Admission Triage Form under— Medical complications Comments 	PTL – preterm labor P – premature
		 3rd Admission H&P <i>under</i>— Medical history Previous OB history <i>under</i>— pregnancy related Problem list/findings 	

Definitions	Instructions	Sources	Keywords/Abbreviations
14. Risk factors in this pro	egnancy – Con.		
Other previous poor pregnancy outcome History of pregnancies continuing into the 20 th week of gestation and resulting in any of the listed outcomes: - Perinatal death (including fetal and neonatal deaths) - Small for gestational age - Intrauterine-growth-restricted birth		 1st Prenatal Care Record under— Medical history Previous OB history under— summary of previous pregnancies Problem list or—initial risk assessment Historical risk summary Complications of previous pregnancies 2nd Labor and Delivery Nursing Admission Triage Form under— Comments 3rd Admission H&P under—	IUGR – intrauterine growth retardation FDIU – fetal death in-utero SGA – small for gestational age SFD – small for dates Stillborn Look for: PROM – premature rupture of membranes PPROM – preterm premature rupture of membranes

Definitions	Instructions	Sources	Keywords/Abbreviations
14. Risk factors in this preg	nancy – Con.		
Pregnancy resulted from infertility treatment. Any assisted reproductive treatment used to initiate the pregnancy. Includes: - Drugs (such as Clomid, Pergonal) - Artificial insemination - Technical procedures (such as in-vitro fertilization)	Check if <u>any</u> fertility therapy was used.	 Prenatal Care Record under— Medical history Current pregnancy history Problem list or—initial risk assessment Medications this pregnancy 2nd Labor and Delivery Nursing Admission Triage Form under— Comments Medications 	See lists below
		3 rd Admission H&P <i>under</i> — • Current pregnancy history • Problem list/findings	
Fertility-enhancing drugs, artificial insemination or intrauterine insemination Any fertility enhancing drugs (e.g., Clomid, Pergonal), artificial insemination or intrauterine insemination used to initiate the pregnancy.	Check if <u>specific</u> therapy (drugs or insemination) was used.		Fertility-enhancing drugs, artificial or intrauterine insemination: Medications Clomid, Serophene Pergonal Metrodin Profasi Progesterol Crinone (progesterone gel) Follistim FSH (follicule stimulating hormone) Gonadotropins, HcG (human chorionic gonadotropin) Pergonal

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

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

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

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

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

Definitions	Instructions	Sources	Keywords/Abbreviations
16. Obstetric procedures (E	3C #43)		
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.	See below	See below
	If the mother has none of the procedures, check "none of the above."		
Cervical cerclage Circumferential banding or suture of the cervix to prevent or treat passive dilation. Includes: MacDonald's suture, Shirodkar procedure, abdominal cerclage via laparotomy		1st Prenatal Record under— Medical history Problem list or—initial risk assessment Historical risk summary Complications this pregnancy Factors this pregnancy Factors this pregnancy Labor and Delivery Nursing Admission Triage Form under— Complications Comments 3rd Admission H&P under— Current pregnancy history Medical history Problem list/findings 4th Delivery Record under— Maternal OB Labor and delivery admission history	MacDonald's suture Shirodkar procedure Abdominal cerclage via laparotomy Look for: Incompetent cervix Incompetent os

Definitions	Instructions	Sources	Keywords/Abbreviations
16. Obstetric procedures –	Con.		
Tocolysis 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)	Check all boxes that apply. The mother may have more than one procedure. If the mother has none of the procedures, check "none of the above."	 1st Prenatal Care Record under— Medical history Problem list or— initial risk assessment Historical risk summary Complications of previous pregnancies Factors this pregnancy 2nd Labor and Delivery Nursing Admission Triage Form under— Complications this pregnancy Medications Comments 3rd Admission H&P under— Current pregnancy history Medication Medication Medical history Problem list/findings 4th Delivery Record under— Maternal OB/labor summary Labor and delivery admission history Labor summary record 	Medications Magnesium sulfate - Mag SO ₄ Terbutaline - Terb Indocin Look for: Preterm labor (this pregnancy)

Definitions	Instructions	Sources	Keywords/Abbreviations
Definitions 16. Obstetric procedures – External cephalic version Attempted conversion of a fetus from a nonvertex to a vertex presentation by external manipulation. Successful		 1st Prenatal Care Record under— Problem list Historical risk summary Complications this pregnancy Factors this pregnancy 2nd Labor and Delivery Nursing 	Keywords/Abbreviations Successful version:
Fetus was converted to a vertex presentation. Failed Fetus was not converted to a vertex presentation.		Admission Triage Form under— Complications Comments 3rd Admission H&P under— Current pregnancy history Medical history Problem list/findings 4th Delivery Record under— Maternal OB/labor summary Labor and delivery admission history Labor summary record	Breech version External version Failed version: Unsuccessful external version Attempted version Failed version Look for: malpresentation

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

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

Definitions	Instructions	Sources	Keywords/Abbreviations		
23. Was the mother transferred to this facility for maternal medical or fetal indications for delivery? (BC #28, FDFWS #20, FDR #35)					
Transfers include hospital to hospital, birth facility to hospital, etc. Does not include home to hospital.	If the mother was transferred from another <u>facility</u> check "yes."	1st Labor & Delivery Nursing Admission Triage Form			
	If "yes," enter the name of the facility the mother transferred from. If the name of the facility is not	under—Reason for admissionComments			
	known, enter "unknown."	2 nd Admission H&P			
	Check "no" if the mother was transferred from home.	 3rd Labor & Delivery – Delivery Record Maternal OB/labor summary Labor and delivery admission history Labor summary record 			

Definitions	Instructions	Sources	Keywords/Abbreviations
24. Attendant's name, title,	, and I.D. (BC #27, FDFWS #2 ⁻	1, FDR #14)	
The name, title, and National Provider Identification Number (NPI) of the person responsible for delivering the child.	Enter the name, title, and NPI number of the person responsible for delivering the child.	1 st Delivery Record <i>under</i> — Signature of Delivery Attendant (Medical)	
M.D. (doctor of medicine)	Check one box to specify the attendant's title. If "other" is		
D.O. (doctor of osteopathy)	checked, enter the specific title of		
CNM/CM (certified nurse midwife/certified midwife)	the attendant. Examples include nurse, father, police officer, and		
Other midwife (midwife other	EMS technician.		
than a CNM/CM) Other (specify)	This item should be completed by the facility. If the birth did not		
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	occur in a facility, the attendant or certifier should complete it.		
infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician			
should be reported as the attendant. If the obstetrician is <u>not</u> physically			
present, the intern or nurse midwife must be reported as the attendant.			

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

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

Definitions	Instructions	Sources	Keywords/Abbreviations
27. Characteristics of labor	and delivery – Con.		
Nonvertex presentation Includes any nonvertex fetal presentation. For example: - Breech - Shoulder - Brow - Face presentations - Transverse lie in the active phase of labor and delivery other than vertex - Compound		 1st Delivery Record <i>under</i>— Presentation 2nd Physician Progress Note 3rd Newborn Admission H&P 	Breech (buttocks) (sacrum): Frank breech LSA - left sacrum anterior LST - left sacrum transverse RSP - right sacrum posterior RST - right sacrum transverse Complete breech Single footling breech Double footling breech Shoulder presentation Transverse lie
NOTES: Nonvertex is presentation of other than the upper and back part of the infant's head. Vertex is presentation of the upper or back part of the infant's head.	NOTE: Item dropped	from national dataset.	Face presentation (mentum) LMA - left mentum anterior LMT - left mentum transverse LMP - left mentum posterior
Steroids (glucocorticoids) for fetal lung maturation received by the mother before delivery. Includes: betamethasone, dexamethasone, or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery. Does not include steroid medication given to the mother as an anti-inflammatory treatment before or after delivery.	Medications given <u>before</u> the delivery.	 1st Delivery Record under— Maternal OB/labor summary - comments Labor summary record - comments 2nd Maternal Medication Record 3rd Newborn Admission H&P 4th Maternal Physician Order Sheet 	Medications – (before delivery) - Betamethasone - Dexamethasone - Hydrocortisone

Definitions	Instructions	Sources	Keywords/Abbreviations
27. Characteristics of labor	and delivery - Con.		
Antibiotics received by the mother during delivery Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery. Includes: Ampicillin	Medications received <u>during</u> delivery. Same as steroids above	Same as steroids (glucocorticoids) above	Medications (during delivery): Ampicillin Penicillin Clindamycin Erythromycin Gentamicin Cefataxine Ceftriaxone Vancomycin
Penicillin Clindamycin Erythromycin Gentamicin Cefataxine Ceftriaxone			Look for: SBE (sub-acute bacterial endocarditis) prophylaxis GBS positive or GBS + (Group B Streptococcus) Maternal fever Mother febrile
Clinical chorioamnionitis diagnosed during labor or maternal temperature greater than or equal to 38°C (100.4°F) Clinical diagnosis of chorioamnionitis during labor made	Check that recorded maternal temperature is at or above 38°C (100.4°F).	1 st Delivery Record <i>under</i> — • Maternal OB/labor summary – comments/complications • Labor summary record – comments/complications 2 nd Newborn Admission H&P	Chorioamnionitis Chorio Temp ≥ 38 or 100.4 Look for: Maternal fever
by the delivery attendant.		2 nd Newborn Admission H&P 3 rd Physician Progress Note	Mother febrile
Usually includes more than one of the following: fever, uterine tenderness and/or irritability, leukocytosis, or fetal tachycardia.		4 th Maternal Vital Signs Record under—Temperature Recordings	
Any recorded maternal temperature at or above 38°C (100.4°F).			

Definitions	Instructions	Sources	Keywords/Abbreviations
27. Characteristics	of labor and delivery - Con.		
Moderate or heavy mecostaining of the amniotic for Staining of the amniotic flucaused by passage of fetal contents during labor and/ordelivery that is more than equivalent to the cause a greenish color characteristic clear fluid.	luid uid bowel or at enough to	 Delivery Record under— Maternal OB/labor summary comments/complications Labor summary record – comments/complications Amniotic fluid summary section – comments, color Time membranes ruptured section 	Mec – Meconium
		2 nd Newborn Admission H&P	
		3 rd Physician Progress Note	

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

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Definitions	Instructions	Sources	Keywords/Abbreviations
28. Method of delivery (BC	#46, FDFWS #23, FDR #38)		
The physical process by which the complete delivery of the fetus was affected.	Complete <u>every</u> section: A, B, C, and D.	See below	See below
A. Was delivery with forceps attempted but unsuccessful? Obstetric forceps were applied to the fetal head in an unsuccessful attempt at vaginal delivery.	Check "yes" or "no."	1 st Delivery Record <i>under</i> — LFDLow forcep deli Delivery Summary (attempted) 2 nd Physician Delivery Summary LFD (attempted) or—Progress Note	The state of the s
	NOTE: Item dropped from national dataset.	3 rd Recovery Room Record <i>under</i> —Maternal Data — Complications	
B. Was delivery with vacuum extraction attempted but unsuccessful?	Check "yes" or "no."	Same as above	Vac ext Vacuum extraction (attempted) Vac ext (attempted)
Ventouse or vacuum cup was applied to the fetal head in an unsuccessful attempt at vaginal delivery.	NOTE: Item dropped from national dataset.		VADVacuum assisted delivery

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

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

Definitions	Instructions	Sources	Keywords/Abbreviations
28. Method of delive	ry – Con.		
*Hysterotomy/Hysterectom Hysterotomy The incision into the uterus extending into the uterine of May be performed vaginally transabdominally.	avity.		Colpohysterotomy Uterotomy Porro's Operation
Hysterectomy The surgical removal of the May be performed abdomin vaginally.			
* Applicable to fetal death	s only.		

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

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Definitions	Instructions	Sources	Keywords/Abbreviations
29. Maternal morbidity – (Con.		
Unplanned hysterectomy Surgical removal of the uterus that was not planned before the admission.		Same as ruptured uterus above	Hysterectomy Look for: laparotomy
Includes an anticipated, but not definitively planned, hysterectomy.			
Admission to an intensive care unit Any admission, planned or unplanned, of the mother to a facility or unit designated as providing intensive care.		1st Physician Progress Note2nd Transfer Note	ICU (intensive care unit) MICU (medical intensive care unit) SICU (surgical intensive care unit) L&D ECU – Labor and Delivery Emergency Care Unit
Unplanned operating room procedure following delivery Any transfer of the mother back a surgical area for an operative procedure that was not planned before the admission for delivery		 1st Physician Operative Note 2nd Physician Progress Note 3rd Physician Order 	Repair of laceration Repair of laparotomy Drainage of prurulent/septic material Exploratory laparotomy
Excludes postpartum tubal ligations.			

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

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

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

Definitions	Instructions	Sources	Keywords/Abbreviations
37. Abnormal conditions of	the newborn – Con.		
Assisted ventilation required for more than six hours. Infant given mechanical ventilation (breathing assistance) by any method for more than six hours.	Count the number of hours of mechanical ventilation given.	1 st Newborn Respiratory Care Flow Sheet	If in use for more than 6 hours: CPAP -Continuous positive airway pressure IPPV - Intermittent positive pressure ventilation
Includes conventional, high frequency and/or continuous positive pressure (CPAP).			HFV - High frequency ventilation IMV - intermittent mandatory volume ventilation
Excludes free flow oxygen only, laryngoscopy for aspiration of meconium and nasal cannula.			HFOV - High frequency oscillatory ventilation IPPV - Intermittent positive pressure ventilation PIP - Peak inspiratory pressure PEEP - Positive end expiratory pressure CMV- Continuous mandatory ventilation HFPPV - High frequency positive pressure ventilation HFFI - High frequency flow interruption ventilation HFJV - High frequency jet ventilation Inhaled Nitric Oxide
NICU Admission Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for a newborn.	NICU admission at any time during the infant's hospital stay following delivery.	 1st Labor and Delivery Summary Record <i>under</i>—Disposition <i>under</i>— Intensive Care Nursery (ICN) Special Care Nursery (SCN) 	ICN - Intensive Care Nursery SCN - Special Care Nursery NICU - Neonatal intensive care unit PICU - Pediatric intensive care unit

Definitions	Instructions	Sources	Keywords/Abbreviations
37. Abnormal conditions of	the newborn – Con.		
Newborn given surfactant replacement therapy Endotracheal instillation of a surface-active suspension for treating surfactant deficiency due to preterm birth or pulmonary injury resulting in respiratory distress. Includes both artificial and	Check both primary (1 st) and secondary (2 nd) sources before completion.	 1st Labor and Delivery Summary under—Neonatal Medication 2nd Newborn Medication Administration Record 	If given to newborn after birth: Medications (given to newborn): Surfactant Survanta Exosurf Curosurf Infasurf
Antibiotics received by the newborn for suspected neonatal sepsis. Any antibacterial drug (penicillin, ampicillin, gentamicin, cefotoxine, etc.) given systemically (intravenous or intramuscular). Does not include antibiotics given to infants who are NOT suspected of having neonatal sepsis.		1 st Newborn Medication Administration Record	Medications (given to newborn for sepsis): Nafcillin, Chloramphenicol Penicillin, Penicillin G Ampicillin, Gentamicin, Kanamycin, Cefotaxime, Cefoxitin, Vancomycin, Acyclovir, Amikacin, Ceftazidime, Ceftriaxone, Cefazolin
Seizure or serious neurologic dysfunction Seizure – any involuntary repetitive, convulsive movement or behavior. Serious neurologic dysfunction – severe alteration of alertness. Excludes: - Lethargy or hypotonia in the absence of other neurologic findings - Symptoms associated with CNS congenital anomalies		 1st Newborn H&P 2nd Physician Progress Notes under—Neuro Exam 	Seizures Tonic/Clonic/Clonus Twitching Eye rolling Rhythmic jerking Hypotonia Obtundation Stupor Coma (HIE) - Hypoxic-ischemic encephalopathy

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

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

Definitions	Instructions	Sources	Keywords/Abbreviations
38. Congenital anomalie	es of the newborn - Con.		
Cyanotic congenital heart dise Congenital heart defects that car cyanosis.		1 st Physician Progress Notes <i>under</i> — ■ Circulation ■ Cardiovascular	TGA - Transposition of the great arteries TOF - Tetratology of Fallot Pulmonary or pulmonic valvular atresia Tricuspid atresia Truncus arteriosus TAPVR - total/partial anomalous pulmonary venous return with or without obstruction COA - coarctation of the aorta HLHS - hyposplastic left heart syndrome
Congenital diaphragmatic her Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thorac cavity.	of	 1st Infant H&P 2nd Labor and Delivery Summary Record <i>under</i>—Infant Data 	

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

Definitions	Instructions	Sources	Keywords/Abbreviations
38. Congenital anomalies of Limb reduction defect—excluding congenital amputation and dwarfing syndromes Complete or partial absence of a portion of an extremity, secondary to failure to develop.	f the newborn – Con.	 1st Labor and Delivery Summary Record <i>under</i>—Infant Data 2nd Newborn H&P 	Look for: Amniotic bands ABS – amniotic band syndrome
Cleft lip with or without cleft palate Incomplete closure of the lip. May be unilateral, bilateral, or median.		Same as limb reduction defect	Cleft lip (unilateral, bilateral, or median)
Cleft palate alone Incomplete fusion of the palatal shelves. May be limited to the soft palate or may extend into the hard palate.		Same as limb reduction defect	
Cleft palate in the presence of cleft lip should be included in the category above.			
Down syndrome Trisomy 21 Karyotype confirmed Karyotype pending	Check if a diagnosis of Down syndrome, Trisomy 21 is confirmed or pending	1st Infant Progress Notes2nd Genetic Consult.	Trisomy 21 Positive (confirmed) Possible Down (pending) Rule out (R/O) Down (pending)
Suspected chromosomal disorder Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.	Check if a diagnosis of a suspected chromosomal disorder is confirmed or pending. (May include Trisomy 21.)	Same as Down syndrome	Trisomy and then a number such as: 13 - Patau's syndrom 17 or 18 - Edward syndrome Positive (confirmed) Possible Trisomy(pending) Rule out (R/O) (pending)
Karyotype confirmed Karyotype pending			

Definitions	Instructions	Sources	Keywords/Abbreviations
38. Congenital anomalies	of the newborn – Con.		
Hypospadias Incomplete closure of the male		1 st Labor & Delivery Summary under—Infant Data	
urethra resulting in the urethral meatus opening on the ventral surface of the penis.		2 nd Newborn H&P <i>under</i> —Genitourinary (GU)	
Includes:			
 First degree (on the glans ventral to the tip) Second degree (in the coronal sulcus) Third degree (on the penile shaft) 			

Definitions	Instructions	Sources	Keywords/Abbreviations
39. Was the infant transferr	ed within 24 hours of deliver	y? (BC #56)	
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.	1st Infant Progress Notes2nd Transfer Form	Look for: Disposition
	Enter the name of the facility to which the infant was transferred.		
	If the name of the facility is not known, enter "unknown."		
	If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.		
40. Is the infant living at tim	ne of the report? (BC #57)		
Information on the infant's survival.	Check "yes" if the infant is living.	1 st Infant Progress Notes	
	Check "yes" if the infant has already been discharged to home care.		
	Check "no" if it is known that the infant has died.		
	If the infant was transferred and the status is known, indicate the known status.		

41. Is the infant being breast-fed at discharge? (BC #58) Information on whether the infant was being breast-fed during the breast-fed. Check "yes" if the infant is being breast-fed during the breast-fed. 1st Labor and Delivery Summary Record under—Infant Data Lactation consultation.	Abbreviations
from the hospital. Check no if the infant is not being breast-fed. Swallow, Type of and Help – used to and Help – used to and Help – used to a swallow.	ultation (Latch on, Audible e of nipple, Comforted to measure attachment of the ball otocol

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

The use of trade names is for identification only and does not imply endorsement by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.