

# **Collecting Birth Certificate Data 2016**

**It's all in the details  
and  
YOU are the detective**

*RPPC is administered by the California Department of Public Health,  
Maternal Child and Adolescent Health Division and funded through  
the Maternal and Child Health Bureau Title V Block Grant.*



# Why does it matter so much?

- Identify trends, areas of need
- Allocation of funding for programs
- Delivery of care/Health Monitoring
- Rates of diseases in perinatal population
- Linking Birth and Infant Death Data

<http://www.cdc.gov/nchs/births.htm>



# You are important

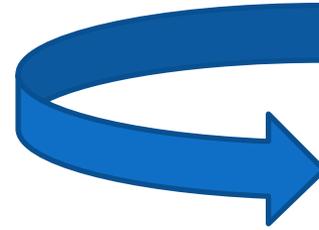
- If you don't work on important problems, it's not likely that you'll do important work - **Richard Hamming.**
- Remember that you are needed. There is at least one important work to be done that will not be done unless you do it - **Charles L. Allen.**
- You should not feel as though your are in this alone, birth data quality is a team effort.

# It takes a team

- Birth clerk
- Patients
- Nurses
- Providers
  - Obstetrician or other MD, Certified Nurse Midwife (CNM), Licensed Midwife (LM), Neonatologist
- Medical Records
- County Birth Recorders
- California Vital Records

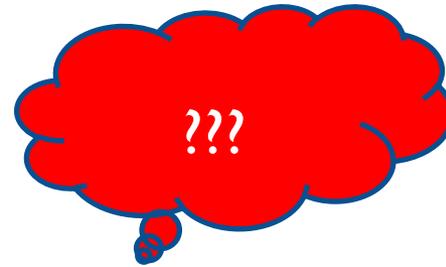


# Follow the clues!



- Where to look? Paper? EMR?
- The Patient
- Admission Record
- Delivery Record or Summary
- Prenatal Record
- Discharge Summary
- Other ???

**Clues**



- There are many places to find the information you need:
  - Patient's Chart
  - Prenatal Records
  - Patient



# **CERTIFICATES OF LIVE BIRTH AND FETAL DEATH MEDICAL DATA SUPPLEMENTAL WORKSHEET VS 10A (Rev. 1/2016)**

**Use the codes on this Worksheet to report  
the appropriate entry in :**

- Items numbered 25D and 28A through 31 on the “Certificate of Live Birth”
- Items 29D and 32B through 35 on the “Certificate of Fetal Death”

# “Certificate of Live Birth” and “Certificate of Fetal Death”

## 25D and 28A through 31 from Certificate of Live Birth

MEDICAL AND HEALTH DATA BIRTH MOTHER AND NEWBORN	25A. DATE LAST NORMAL MENSES BEGAN	25AA. DATE FIRST PRENATAL CARE VISIT	25B. MONTH PRENATAL CARE BEGAN	25BA. DATE LAST PRENATAL CARE VISIT	25C. NUMBER OF PRENATAL CARE VISITS	25D. PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE	
	26. BIRTHWEIGHT - GRAMS			27. PREGNANCY HISTORY - COMPLETE EACH SECTION			
				PREVIOUS LIVE BIRTHS - DO NOT INCLUDE THIS CHILD			
	26A. OBSTETRIC ESTIMATION OF GESTATION AT DELIVERY - COMPLETED WEEKS			A. NUMBER NOW LIVING	B. NUMBER NOW DEAD	D. NUMBER BEFORE 20 WEEKS	E. NUMBER AFTER 20 WEEKS
	26B. HEARING SCREENING			C. DATE OF LAST LIVE BIRTH - MM/DD/CCYY		F. DATE OF LAST OTHER TERMINATION - MM/CCYY	
	28A. METHOD OF DELIVERY		28B. EXPECTED SOURCE OF PAYMENT FOR DELIVERY		29. COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES		
30. COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY				31. ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATED TO THE NEWBORN			

## 29D and 32B through 35 from Certificate of Fetal Death

MEDICAL AND HEALTH DATA BIRTH MOTHER AND FETUS	29A. DATE LAST NORMAL MENSES BEGAN mm/dd/ccyy		29B. DATE OF FIRST PRENATAL CARE VISIT mm/dd/ccyy		29C. NUMBER OF PRENATAL CARE VISITS		29D. PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE CODE:		29E. DATE OF LAST PRENATAL CARE VISIT mm/dd/ccyy			
	29F. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY?		29G. MOTHER'S HEIGHT (Feet and inches)		29H. MOTHER'S WEIGHT PREPREGNANCY (lbs)		29I. MOTHER'S WEIGHT AT DELIVERY (lbs)		31. PREGNANCY HISTORY (COMPLETE EACH SECTION)			
									PREVIOUS LIVE BIRTHS			
									OTHER TERMINATIONS (EXCLUDE INDUCED ABORTIONS)			
	30. FETAL WEIGHT (Grams)		30A. OBSTETRIC EST. OF GESTATION AT DELIVERY (Completed Weeks)		30B. ESTIMATED TIME OF FETAL DEATH				A. NUMBER NOW LIVING		B. NUMBER NOW DEAD	
					<input type="checkbox"/> DEAD AT TIME OF FIRST ASSESSMENT, NO LABOR ONGOING							
					<input type="checkbox"/> DEAD AT TIME OF FIRST ASSESSMENT, LABOR ONGOING							
					<input type="checkbox"/> DIED DURING LABOR, AFTER FIRST ASSESSMENT							
					<input type="checkbox"/> UNKNOWN TIME OF FETAL DEATH							
	36. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY For each time period, enter either the average number of cigarettes or packs of cigarettes smoked per day. IF NONE, ENTER "0" for each time period.		# of Cigarettes		# of Packs		32A. METHOD OF DELIVERY		C. DATE OF LAST LIVE BIRTH mm/dd/ccyy		F. DATE OF LAST OTHER TERMINATION mm/ccyy	
A. THREE MONTHS BEFORE PREGNANCY						CODE:				32B. EXPECTED SOURCE OF PAYMENT FOR DELIVERY CODE:		
B. FIRST THREE MONTHS OF PREGNANCY						33. COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES						
C. SECOND THREE MONTHS OF PREGNANCY						CODE(S):						
D. THIRD TRIMESTER OF PREGNANCY						34. COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY						
						CODE(S):						
						35. ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATED TO THE FETUS						
						CODE(S):						
MOTHER'S ONLY	37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be <input type="checkbox"/> Determined				38. INJURY DATE mm/dd/ccyy		39. HOUR		40. PLACE OF INJURY (Home, road, etc.)			

# Method of Delivery

## Item 28A (Birth), Item 32A (Fetal Death)

### **HOSPITAL USE ONLY**

CERTIFICATES OF LIVE BIRTH AND FETAL DEATH  
 MEDICAL DATA SUPPLEMENTAL WORKSHEET  
 VS 10A (Rev. 1/2006)

Use the codes on this Worksheet to report the appropriate entry in items numbered 25D and 28A through 31 on the "Certificate of Live Birth" and for items 29D and 32B through 35 on the "Certificate of Fetal Death."

<b>Item 25D. (Birth)</b>		<b>PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE</b>	
<b>Item 29D. (Fetal Death)</b>		<i>(Enter only 1 code)</i>	
02 Medi-Cal, without CPSP Support Services	07 Private Insurance Company	99 Unknown	
13 Medi-Cal, with CPSP Support Services	09 Self Pay	00 No Prenatal Care	
05 Other Government Programs (Federal, State, Local)	14 Other		
<b>Item 28A. (Birth)</b>		<b>METHOD OF DELIVERY</b>	
<b>Item 32A (Fetal Death)</b>		<i>(Enter only 1 code/number under each section, separated by commas: A,B,C,D,E,F)</i>	
<b>A. Final delivery route</b>		<b>B. If mother had a previous Cesarean—How many? _____</b> <i>(Enter 0 – 9, or U if Unknown)</i>	
01 Cesarean—primary		<b>C. Fetal presentation at birth</b>	
11 Cesarean—primary, with trial of labor attempted		20 Cephalic fetal presentation at delivery	
21 Cesarean—primary, with vacuum		30 Breech fetal presentation at delivery	
31 Cesarean—primary, with vacuum & trial of labor attempted		40 Other fetal presentation at delivery	
02 Cesarean—repeat		90 Unknown	
12 Cesarean—repeat, with trial of labor attempted		<b>D. Was vaginal delivery with forceps attempted, but unsuccessful?</b>	
22 Cesarean—repeat, with vacuum		50 Yes      58 No      59 Unknown	
32 Cesarean—repeat, with vacuum & trial of labor attempted		<b>E. Was vaginal delivery with vacuum attempted, but unsuccessful?</b>	
03 Vaginal—spontaneous		60 Yes      68 No      69 Unknown	
04 Vaginal—spontaneous, after previous Cesarean		<b>F. Hysterotomy/Hysterectomy (Fetal Death Only)</b>	
05 Vaginal—forceps		70 Yes      78 No	
15 Vaginal—forceps, after previous Cesarean			
06 Vaginal—vacuum			
16 Vaginal—vacuum, after previous Cesarean			
88 Not Delivered (Fetal Death Only)			



# What's the difference between 01, 11, 21, 31? What do you choose?

- **A. Final delivery route**
  - 01 Cesarean—primary
  - 11 Cesarean—primary, with trial of labor attempted
  - 21 Cesarean—primary, with vacuum
  - 31 Cesarean—primary, with vacuum & trial of labor attempted



# Method of Delivery (cont'd)

## Item 28A (Birth), Item 32A (Fetal Death)

- 01 Cesarean—primary
  - No labor attempt. Surgery scheduled for presentation (e.g. breech), multiples, fetal issues, maternal request. For emergent problems



# Method of Delivery (cont'd)

## Item 28A (Birth), Item 32A (Fetal Death)

- 11 Cesarean—primary, with trial of labor attempted
  - A vaginal delivery was planned
  - Labor attempted-natural, induced or augmented
  - Emergent for maternal or fetal problems
  - Failure to progress or fetal intolerance



# Method of Delivery (cont'd)

## Item 28A (Birth), Item 32A (Fetal Death)

- 21 Cesarean—primary, with vacuum
  - Vacuum used at cesarean delivery



# Method of Delivery

## Item 28A (Birth), Item 32A (Fetal Death)

- 31 Cesarean—primary, with vacuum & trial of labor attempted
  - Labor attempted-natural, induced or augmented
  - Emergent for maternal or fetal problems, failure to progress or fetal intolerance
  - Vacuum used at attempt at vaginal delivery or at Cesarean

# Where do you go to determine the right choice? Method of Delivery Item 28A (Birth), Item 32A (Fetal Death)

- Primary cesarean—Any



## Clues in:

Admission Record, Labor flow sheet  
Medication Administration Record (MAR)  
Delivery Record, Operative Notes  
Newborn Record  
Provider (MD, CNM, LM) Notes, RN notes  
Provider Discharge Summary

# Fetal presentation at birth

## Item 28A (Birth), Item 32A (Fetal Death)

### **HOSPITAL USE ONLY**

**CERTIFICATES OF LIVE BIRTH AND FETAL DEATH  
MEDICAL DATA SUPPLEMENTAL WORKSHEET  
VS 10A (Rev. 1/2006)**

<p><b>Use the codes on this Worksheet to report the appropriate entry in items numbered 25D and 28A through 31 on the "Certificate of Live Birth" and for items 29D and 32B through 35 on the "Certificate of Fetal Death."</b></p>		
<p><b>Item 25D. (Birth)</b> <b>Item 29D. (Fetal Death)</b></p>	<p><b>PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE</b> (Enter only 1 code)</p>	
<p>02 Medi-Cal, without CPSP Support Services 13 Medi-Cal, with CPSP Support Services 05 Other Government Programs (Federal, State, Local)</p>	<p>07 Private Insurance Company 09 Self Pay 14 Other</p>	<p>99 Unknown 00 No Prenatal Care</p>
<p><b>Item 28A. (Birth)</b> <b>Item 32A (Fetal Death)</b></p>	<p><b>METHOD OF DELIVERY</b> (Enter only 1 code/number under each section, separated by commas: A,B,C,D,E,F)</p>	
<p><b>A. Final delivery route</b></p> <p>01 Cesarean—primary 11 Cesarean—primary, with trial of labor attempted 21 Cesarean—primary, with vacuum 31 Cesarean—primary, with vacuum &amp; trial of labor attempted 02 Cesarean—repeat 12 Cesarean—repeat, with trial of labor attempted 22 Cesarean—repeat, with vacuum 32 Cesarean—repeat, with vacuum &amp; trial of labor attempted 03 Vaginal—spontaneous 04 Vaginal—spontaneous, after previous Cesarean 05 Vaginal—forceps 15 Vaginal—forceps, after previous Cesarean 06 Vaginal—vacuum 16 Vaginal—vacuum, after previous Cesarean 88 Not Delivered (Fetal Death Only)</p>	<p><b>B. If mother had a previous Cesarean—How many? _____</b> (Enter 0 – 9, or U if Unknown)</p> <p><b>C. Fetal presentation at birth</b></p> <p>20 Cephalic fetal presentation at delivery 30 Breech fetal presentation at delivery 40 Other fetal presentation at delivery 90 Unknown</p> <p><b>D. Was vaginal delivery with forceps attempted, but unsuccessful?</b> 50 Yes      58 No      59 Unknown</p> <p><b>E. Was vaginal delivery with vacuum attempted, but unsuccessful?</b> 60 Yes      68 No      69 Unknown</p> <p><b>F. Hysterotomy/Hysterectomy (Fetal Death Only)</b> 70 Yes      78 No</p>	



# Which end came out first?

## Method of Delivery

### Item 28A (Birth), Item 32A (Fetal Death)

- **C. Fetal Presentation at Birth**
  - 20—Cephalic fetal presentation at delivery
    - Head first: vertex, military, brow, face
  - 30—Breech fetal presentation at delivery
    - Buttocks first: complete, frank or footling (single or double)
  - 40—Other fetal presentation at delivery
    - Transverse, shoulder, arm
  - 90—Unknown

# Fetal Presentation



**Cephalic-Head down**



**Breech-Head up: frank or footling**



**Other: Head neither up nor down**

# Complications and Procedures of Pregnancy and Concurrent Illnesses

## Item 29(Birth), Item 33(Fetal Death)

Item 29. (Birth) Item 33. (Fetal Death)	COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES (Enter up to 16 codes, separated by commas, for the most important complications/procedures.)
<b>DIABETES</b> 09 Prepregnancy (Diagnosis prior to this pregnancy) 31 Gestational (Diagnosis in this pregnancy)	<b>INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY</b> 42 Chlamydia 43 Gonorrhea 44 Group B streptococcus 18 Hepatitis B (acute infection or carrier) 45 Hepatitis C 16 Herpes simplex virus (HSV) 46 Syphilis 47 Cytomegalovirus (Fetal Death Only) 48 Listeria (Fetal Death Only) 49 Parvovirus (Fetal Death Only) 50 Toxoplasmosis (Fetal Death Only)
<b>HYPERTENSION</b> 03 Prepregnancy (Chronic) 01 Gestational (PIH, Preeclampsia) 02 Eclampsia	
<b>OTHER COMPLICATIONS/PREGNANCIES</b> 32 Large fibroids 33 Asthma 34 Multiple pregnancy (more than 1 fetus this pregnancy) 35 Intrauterine growth restricted birth this pregnancy 23 Previous preterm birth (<37 weeks gestation) 36 Other previous poor pregnancy outcomes (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth, large for gestational age, etc.)	<b>PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES</b> 51 Chlamydia 52 Gonorrhea 53 Group B streptococcal infection 54 Hepatitis B 55 Human immunodeficiency virus (offered) 56 Syphilis
<b>OBSTETRIC PROCEDURES</b> 24 Cervical cerclage 28 Tocolysis 37 External cephalic version—Successful 38 External cephalic version—Failed 39 Consultation with specialist for high risk obstetric services	<b>NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED</b> 00 None 30 Other Pregnancy Complications/Procedures not Listed
<b>PREGNANCY RESULTED FROM INFERTILITY TREATMENT</b> 40 Fertility-enhancing drugs, artificial insemination or intrauterine insemination 41 Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))	



# **Complications and Procedures of Pregnancy and Concurrent Illnesses**

## **Item 29 (Birth), Item 33 (Fetal Death)**

- **Diabetes**
- **Hypertension**
- **Obstetric Procedures**
- **Infections Present and/or Treated During This Pregnancy**
- **Prenatal Screening Done for Infectious Diseases**



# Complications and Procedures of Pregnancy and Concurrent Illnesses (cont'd) Item 29 (Birth), Item 33 (Fetal Death)

- Diabetes
  - 09—Pre-pregnancy (Diagnosis prior to this pregnancy)
    - Type I or Type II
    - Not pregnancy related
  - 31--Gestational (Diagnosis in this pregnancy)
    - Other pregnancies don't apply here

# Where might you find the answer? Item 29 (Birth), Item 33 (Fetal Death)

- Diabetes



## Clues in:

Prenatal Record, Clinic notes,  
Diabetic Record  
Medication Administration Record,  
Provider Note, Nursing Flow sheet  
Delivery Record or Summary

# Complications and Procedures of Pregnancy and Concurrent Illnesses (cont'd)

## Item 29 (Birth), Item 33 (Fetal Death)

- Hypertension
  - 03—Prepregnancy (Chronic)
    - Had hypertension before pregnancy
  - 01—Gestational (Pregnancy Induced Hypertension (PIH), Preeclampsia)
    - Occurring during this pregnancy
  - 02—Eclampsia
    - Seizures related to hypertension in pregnancy, not a previous seizure disorder or non-pregnancy related diagnosis

# Complications and Procedures of Pregnancy and Concurrent Illnesses (cont'd)

## Item 29 (Birth), Item 33 (Fetal Death)

Where do you find the type of hypertension?



**Clues in:**

Prenatal record

Medication Administration Record

Admission Record, Labor or Inpatient Flow sheet

Transfer to ICU, Delivery Record

Provider Discharge Summary



# Complications and Procedures of Pregnancy and Concurrent Illnesses (cont'd)

## Item 29 (Birth), Item 33 (Fetal Death)

- Obstetric Procedures:
  - 28—Tocolysis
    - Stopping or slowing uterine contractions to delay preterm delivery prolonging the pregnancy
  - 39--Consultation with specialist for high risk obstetric services
    - Perinatologist
    - Maternal Fetal Medicine Specialist

# Complications and Procedures of Pregnancy and Concurrent Illnesses (cont'd)

## Item 29 (Birth), Item 33 (Fetal Death)

- 28—Tocolysis
- 39--Consultation with specialist for high risk obstetric services



### **Clues in:**

Prenatal record, Admission Record  
Labor and/or Inpatient Flow Sheet  
Medication Administration Record  
Newborn Admission Record, Delivery Record  
Physician (specialist) Name and Consultation Note



# Complications and Procedures of Pregnancy and Concurrent Illnesses

## Item 29 (Birth), Item 33 (Fetal Death)

- Infections present and/or treated during this pregnancy
  - 42—Chlamydia
  - 43—Gonorrhea
  - 44—Group B Streptococcus (GBS)
  - 45—Hepatitis C (HCV)
  - 16—Herpes simplex virus (HSV)
  - 46—Syphilis



# **Complications and Procedures of Pregnancy and Concurrent Illnesses (cont'd) Item 29 (Birth), Item 33 (Fetal Death)**

- Prenatal Screening done for infectious diseases
  - 51-Chlamydia
  - 52-Gonorrhea
  - 53-Group B Streptococcal infection
  - 54-Hepatitis B
  - 55-Human Immunodeficiency Virus (opt out)
  - 56-Syphilis

# Complications and Procedures of Pregnancy and Concurrent Illnesses (cont'd)

## Item 29 (Birth), Item 33 (Fetal Death)

- Prenatal screening done for infectious diseases
  - Screening is not a diagnosis, it is performed:
    - During prenatal care
    - When admitted to hospital yet no prenatal care
    - When there was prenatal care, but records are not available



### Clues in:

- Prenatal Record, Admission Record
- Labor and/or Inpatient Flow Sheet, Lab Report
- Newborn Admission Record, Delivery Record
- Provider or RN note and/or orders

# Item 30 (Birth) COMPLICATIONS AND PROCEDURES Item 34 (Fetal Death) OF LABOR AND DELIVERY

CERTIFICATES OF LIVE BIRTH AND FETAL DEATH—MEDICAL DATA SUPPLEMENTAL WORKSHEET (Continued)

<i>Item 30 (Birth) Item 34 (Fetal Death)</i>	<b>COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY</b> <i>(Enter up to 9 codes, separated by commas, for the most important complications/procedures.)</i>
<b>ONSET OF LABOR</b>	<b>COMPLICATIONS OF PLACENTA, CORD, AND MEMBRANES</b>
10 Premature rupture of membranes ( <input type="checkbox"/> 12 hours)	38 Rupture of membranes prior to onset of labor
07 Precipitous labor (< 3 hours)	13 Abruptio placenta
08 Prolonged labor ( <input type="checkbox"/> <input type="checkbox"/> 20 hours <input type="checkbox"/>	39 Placental insufficiency
<b>CHARACTERISTICS OF LABOR AND DELIVERY</b>	20 Prolapsed cord
11 Induction of labor	17 Chorioamnionitis
12 Augmentation of labor	<b>MATERNAL MORBIDITY</b>
32 Non-vertex presentation	24 Maternal blood transfusion
33 Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery	40 Third or fourth degree perineal laceration
34 Antibiotics received by the mother during labor	41 Ruptured uterus
35 Clinical chorioamnionitis diagnosed during labor or maternal temperature <input type="checkbox"/> <input type="checkbox"/> 38°C <input type="checkbox"/> <input type="checkbox"/> 100.4°F <input type="checkbox"/>	42 Unplanned hysterectomy
19 Moderate/heavy meconium staining of the amniotic fluid	43 Admission to ICU
36 Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery	44 Unplanned operating room procedure following delivery
37 Epidural or spinal anesthesia during labor	<b>NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED</b>
25 Mother transferred for delivery from another facility for maternal medical or fetal indications	00 None
	31 Other Labor/Delivery Complications/Procedures not Listed





# Complications of Labor and Delivery

## Item 30 (Birth), Item 34 (Fetal Death)

- Characteristics of Labor and Delivery
  - 11—Induction of labor
  - 12—Augmentation of labor
  - 32—Non-vertex Presentation
  - 33—Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
  - 24—Maternal blood transfusion



# Complications and Procedures of Labor and Delivery (cont'd)

## Item 30 (Birth), Item 34 (Fetal Death)

- Characteristics of Labor and Delivery
  - 11—Induction of labor
    - Used to get labor started
    - Not in labor
    - May use cervical ripening prior to starting induction
  - 12—Augmentation of labor
    - Help existing labor move along
    - Already in labor, but not progressing
    - May rupture membranes

# (30) Complications and Procedures of Labor and Delivery (cont'd)

Induction of labor =

Let's get this party started!!

Augmentation of labor =

Let's liven this party up!!



## **(30) Complications and Procedures of Labor and Delivery (cont'd)**

- 32—Non-vertex Presentation: was not cephalic (head down) at delivery



# Complications and Procedures of Labor and Delivery (cont'd)

## Item 30 (Birth), Item 34 (Fetal Death)

- 33—Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
  - Given between 23 0/7 and 33 6/7 weeks of gestation

Where might you find the clue?  
**Complications and Procedures of Labor and  
Delivery (cont'd)**

**Item 30 (Birth), Item 34 (Fetal Death)**



**Clues in:**

Admission Record, MAR

Labor and/or Inpatient Flow Sheet Newborn  
Admission Record

Delivery Record, Provider or RN note

Provider Discharge Summary

Provider orders

# Complications and Procedures of Labor and Delivery (cont'd)

## Item 30 (Birth), Item 34 (Fetal Death)

- Maternal Morbidity
  - 24 - Maternal blood transfusion

Did the mother receive any of the following?

- Packed cells
- Platelets
- Fresh Frozen Plasma
- Cryoprecipitates



### Clues in:

MAR, IV Flow Sheet, Labor and/or Inpatient Flow Sheet Provider Notes, Blood Bank tags

# Abnormal Conditions and Clinical Procedures Relating to the Newborn or Fetus

## Item 31 (Birth), Item 35 (Death)

<i>Item 31 (Birth)</i> <i>Item 35 (Fetal Death)</i>	<b>ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN</b> <b>ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE FETUS</b> <i>(Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)</i>	
<b>CONGENITAL ANOMALIES (NEWBORN OR FETUS)</b>		
01	Anencephaly	→
02	Meningocele/Spina bifida	
76	Cyanotic congenital heart disease	
77	Congenital diaphragmatic hernia	
78	Omphalocele	
79	Gastroschisis	
80	Limb reduction defect (excluding congenital amputation and dwarfing syndromes)	
→	28	Cleft palate alone
→	29	Cleft lip alone
→	30	Cleft palate with cleft lip
	57	Down's Syndrome—Karyotype confirmed
	81	Down's Syndrome—Karyotype pending
	82	Suspected chromosomal disorder—Karyotype confirmed
	83	Suspected chromosomal disorder—Karyotype pending
	35	Hypospadias
	88	Aortic stenosis
	89	Pulmonary stenosis
	90	Atresia
	62	Additional and unspecified congenital anomalies not listed above
<b>ABNORMAL CONDITIONS (NEWBORN OR FETUS)</b>		
	66	Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
<b>ADDITIONAL ABNORMAL CONDITIONS/PROCEDURES (NEWBORN ONLY)</b>		
	71	Assisted ventilation required immediately following delivery
	85	Assisted ventilation required for more than 6 hours
	73	NICU admission
	86	Newborn given surfactant replacement therapy
	87	Antibiotics received by the newborn for suspected neonatal sepsis
	70	Seizure or serious neurological dysfunction
	74	Newborn transferred to another facility within 24 hours of delivery
<b>NONE OR OTHER ABNORMAL CONDITIONS/PROCEDURES NOT LISTED</b>		
	00	None (Newborn or Fetus)
	75	Other Conditions/Procedures not Listed (Newborn Only)
	67	Other Conditions/Procedures not Listed (Fetal Death Only)



# Abnormal Conditions and Clinical Procedures Relating to the Newborn or Fetus Item 31 (Birth), Item 35 (Fetal)

- Congenital Anomalies
  - 28—Cleft palate alone
  - 29—Cleft lip alone
  - 30—Cleft palate with cleft lip
- Abnormal conditions
  - 66—Significant birth injury



# Abnormal Conditions and Clinical Procedures Relating to the Newborn or Fetus Item 31 (Birth), Item 35 (Fetal)

- Congenital Anomalies
  - 28—Cleft palate alone
    - An opening in the palate to the nose
  - 29—Cleft lip alone
    - Opening in upper lip
  - 30—Cleft palate with cleft lip
    - Both



# Abnormal Conditions and Clinical Procedures Relating to the Newborn or Fetus Item 31 (Birth), Item 35 (Fetal)

- Abnormal Conditions
  - 66—Significant birth injury
    - (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
- Examples:
  - Clavicle or humerus fracture
  - Brachial plexus injury
  - Bleeding under scalp or in brain



# Abnormal Conditions and Clinical Procedures Relating to the Newborn or Fetus Item 31 (Birth), Item 35 (Fetal)

- 66—Significant birth injury (cont'd)
  - Be very sure that the birth certificate matches the provider's documented diagnosis.
  - Double check with RN or Supervisor before using code.

# Abnormal Conditions and Clinical Procedures Relating to the Newborn or Fetus Item 31 (Birth), Item 35 (Fetal)

- Congenital Anomalies
  - 28—Cleft palate alone
  - 29—Cleft lip alone
  - 30—Cleft palate with cleft lip
- Abnormal conditions
  - 66—Significant birth injury

## Clues in:



Admission Record, Labor and/or Inpatient Flow sheet, OB Provider Notes, Newborn Admission Record, Delivery Record, Provider Notes (NICU) Nursery or NICU Flow Sheet  
Provider Discharge Summary

# Why does it matter so much?

Birth data is an important data source for data collection, allocating resources, and developing educational materials.

- California Maternal Quality Care Collaborative (CMQCC) toolkits:
  - Promote Vaginal Birth/Reduce Cesarean Delivery
  - Hemorrhage
  - Preeclampsia

<http://www.cmqcc.org>
- MOD ACT program
  - March of Dimes Antenatal Corticosteroid Treatment

<http://www.marchofdimes.org/california/>

# Why does it matter so much?

- County Health Status Profiles

<http://www.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2015.pdf>

## BIRTHS TO ADOLESCENT MOTHERS, 15 TO 19 YEARS OLD 2011-2013

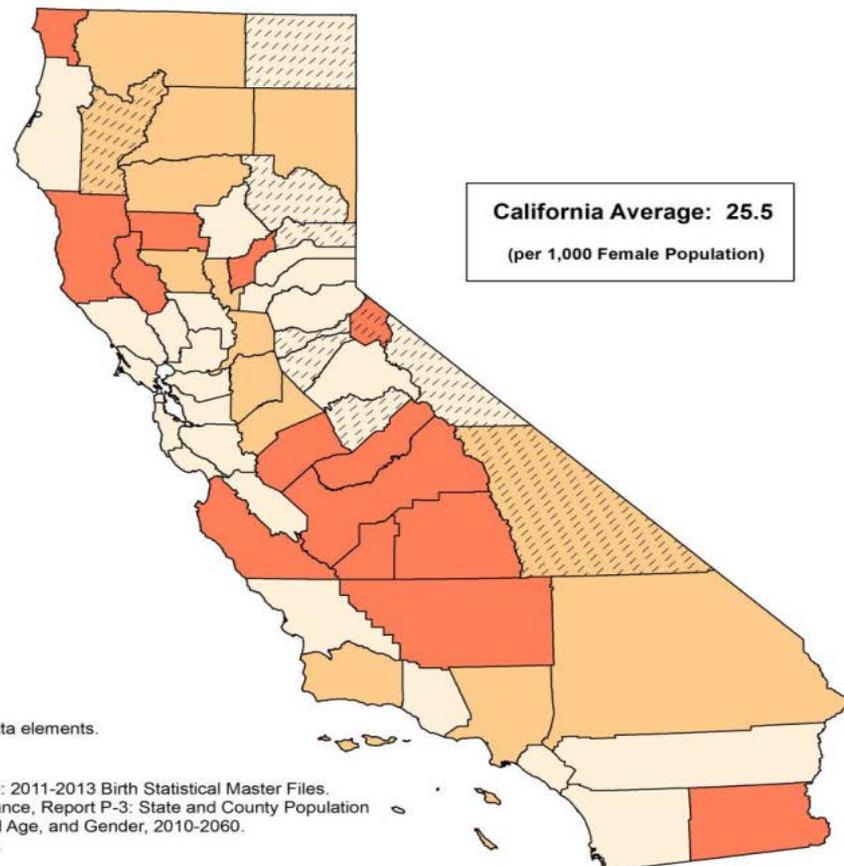
### Age-Specific Birth Rate per 1,000 Female Population by County of Residence

- Less than or equal to 25.5
- Within 25.6 to 34.1
- Greater than 34.1
- Unreliable\*

\* Rates and percentages are deemed unreliable based on fewer than 20 data elements.

#### Data Sources:

California Department of Public Health: 2011-2013 Birth Statistical Master Files.  
State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060.  
Sacramento, California, January 2013.



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## PRENATAL CARE BEGUN DURING THE FIRST TRIMESTER OF PREGNANCY 2011-2013

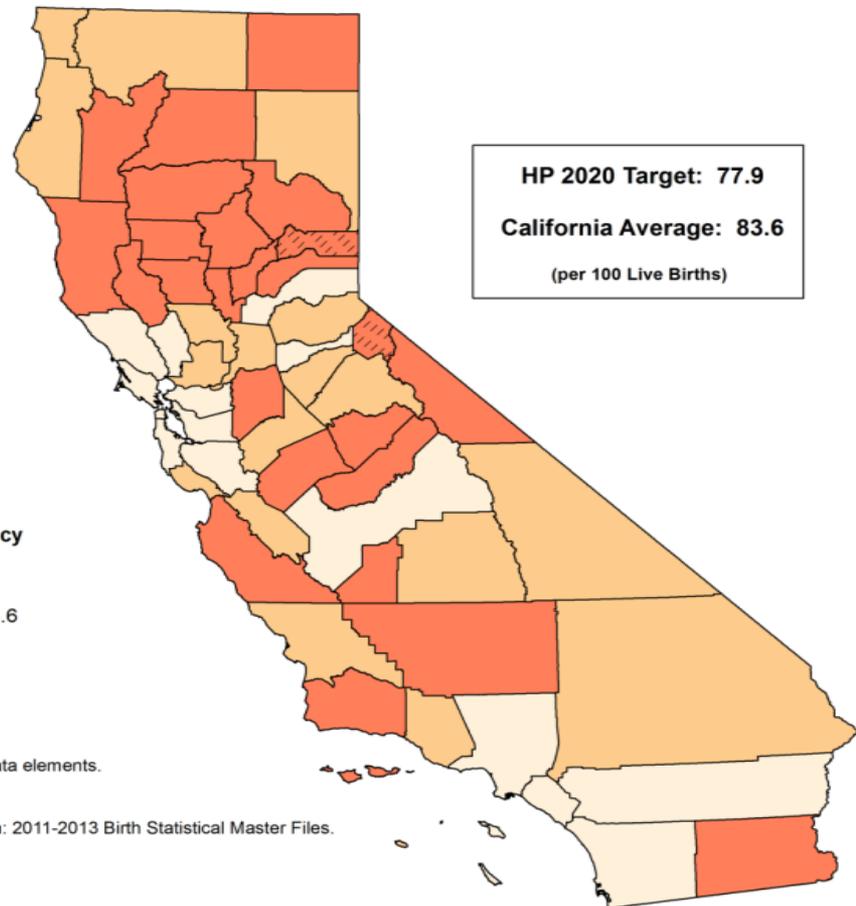
### Prenatal Care Begun During The First Trimester of Pregnancy per 100 Live Births by County of Residence

- Greater than or equal to 83.6
- Within 77.9 to 83.5
- Less than 77.9
- Unreliable\*

\* Rates and percentages are deemed unreliable based on fewer than 20 data elements.

#### Data Source:

California Department of Public Health: 2011-2013 Birth Statistical Master Files.





# Why does it matter so much?

- “Good beginnings make a positive difference in the world, so it is worth our while to provide the best possible care for mothers and babies throughout this extraordinarily influential part of life.”
- “The way a culture treats women in birth is a good indicator of how well women and their contributions to society are valued and honored.”

**- Ina Mae Gaskin**

**You solved it!**



**Clue:**

The birth certificates you submitted were accurate

The birth certificates you processed were timely

**Thank you for your hard work**

**You are appreciated**