

# Medical Data Supplemental Worksheet (VS 10A)

California Department of Public Health  
Vital Records Registration Branch  
Birth Data Quality Workshop

# Medical Data Supplemental Worksheet

## (VS 10A)

### 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."

| Item 25D. (Birth) PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE |                              |                     |
|---|------------------------------|---------------------|
| Item 29D. (Fetal Death) (Enter only 1 code)                     |                              |                     |
| 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                     |                     |

| Item 28A. (Birth) METHOD OF DELIVERY  |   |
|---|---|
| Item 32A. (Fetal Death) (Enter only 1 code/number under each section, separated by commas: A,B,C,D,E,F) |   |
| <b>A. Final delivery route</b>  |   |
| 01 Cesarean—primary   | <b>B. If mother had a previous Cesarean—How many?</b> _____<br>(Enter 0 – 9, or U if Unknown) |
| 11 Cesarean—primary, with trial of labor attempted  | <b>C. Fetal presentation at birth</b>   |
| 21 Cesarean—primary, with vacuum  | 20 Cephalic fetal presentation at delivery  |
| 31 Cesarean—primary, with vacuum & trial of labor attempted   | 30 Breech fetal presentation at delivery  |
| 02 Cesarean—repeat  | 40 Other fetal presentation at delivery   |
| 12 Cesarean—repeat, with trial of labor attempted   | 90 Unknown  |
| 22 Cesarean—repeat, with vacuum   | <b>D. Was vaginal delivery with forceps attempted, but unsuccessful?</b>                      |
| 32 Cesarean—repeat, with vacuum & trial of labor attempted  | 50 Yes 58 No 59 Unknown   |
| 03 Vaginal—spontaneous  | <b>E. Was vaginal delivery with vacuum attempted, but unsuccessful?</b>                       |
| 04 Vaginal—spontaneous, after previous Cesarean   | 60 Yes 68 No 69 Unknown   |
| 05 Vaginal—forceps  | <b>F. Hysterotomy/Hysterectomy (Fetal Death Only)</b>   |
| 15 Vaginal—forceps, after previous Cesarean   | 70 Yes 78 No  |
| 06 Vaginal—vacuum   |   |
| 16 Vaginal—vacuum, after previous Cesarean  |   |
| 88 Not Delivered (Fetal Death Only)   |   |

| Item 28B. (Birth) EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY |  |                               |
|---|--|-------------------------------|
| Item 32B. (Fetal Death) (Enter only 1 code)                         |  |                               |
| 02 Medi-Cal   | 05 Other Government Programs (Federal, State, Local) | 14 Other                      |
| 15 Indian Health Service  | 07 Private Insurance                                 | 99 Unknown                    |
| 16 CHAMPUS/TRICARE  | 09 Self Pay  | 00 Medically Unattended Birth |

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

See reverse side for codes to Birth Items 30 and 31 and Fetal Death Items 34 and 35.

Do not enter any identification by patient name or number on this worksheet. Discard after use.  
Do not retain the worksheet in the medical records or submit with the "Certificates of Live Birth or Fetal Death."

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

| Item 30. (Birth) COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY  |  |
|--|--|
| Item 34. (Fetal Death) (Enter up to 9 codes, separated by commas, for the most important complications/procedures.)  |  |
| <b>ONSET OF LABOR</b>  | <b>COMPLICATIONS OF PLACENTA, CORD, AND MEMBRANES</b>  |
| 10 Premature rupture of membranes (≥ 12 hours)   | 38 Rupture of membranes prior to onset of labor  |
| 07 Precipitous labor (< 3 hours)   | 13 Abruptio placenta   |
| 08 Prolonged labor (≥ 20 hours)  | 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>  |
| 33 Non-vertex presentation   | 24 Maternal blood transfusion  |
| 32 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 ≥ 38°C (100.4°F)   | 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  |
| <b>Item 31. (Birth) ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN</b>  | <b>Item 35. (Fetal Death) ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE FETUS</b>  |
|  | (Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)   |
| <b>CONGENITAL ANOMALIES (NEWBORN OR FETUS)</b>   | <b>ABNORMAL CONDITIONS (NEWBORN OR FETUS)</b>  |
| 01 Anencephaly   | 66 Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention) |
| 02 Meningocele/Spina bifida  | <b>ADDITIONAL ABNORMAL CONDITIONS/PROCEDURES (NEWBORN ONLY)</b>  |
| 76 Cyanotic congenital heart disease   | 71 Assisted ventilation required immediately following delivery  |
| 77 Congenital diaphragmatic hernia   | 85 Assisted ventilation required for more than 6 hours   |
| 78 Omphalocele   | 73 NICU admission  |
| 79 Gastrochisis  | 86 Newborn given surfactant replacement therapy  |
| 80 Limb reduction defect (excluding congenital amputation and dwarfing syndromes)  | 87 Antibiotics received by the newborn for suspected neonatal sepsis   |
| 28 Cleft palate alone  | 70 Seizure or serious neurological dysfunction   |
| 29 Cleft lip alone   | 74 Newborn transferred to another facility within 24 hours of delivery   |
| 30 Cleft palate with cleft lip   | <b>NONE OR OTHER ABNORMAL CONDITIONS/PROCEDURES NOT LISTED</b>   |
| 57 Down's Syndrome—Karyotype confirmed   | 00 None (Newborn or Fetus)   |
| 58 Down's Syndrome—Karyotype pending   | 75 Other Conditions/Procedures not Listed (Newborn Only)   |
| 82 Suspected chromosomal disorder—Karyotype confirmed  | 67 Other Conditions/Procedures not Listed (Fetal Death Only)   |
| 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  |  |

# Confidential Portion of the Certificate of Live Birth

## CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY

|  |   |                       |  |  |                                     |  |                                  |
|--|---|-----------------------|--|--|-------------------------------------|--|----------------------------------|
| GENETIC FATHER   | 19. FATHER HISPANIC, LATINO, OR SPANISH?  |                       | 18. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK. |  |                                     | 20C. EDUCATION - HIGHEST LEVEL OR DEGREE       |                                  |
|  | 20. DATE LAST WORKED - MM/CCYY  | 20A. USUAL OCCUPATION |  |  | 20B. KIND OF BUSINESS OR INDUSTRY   |  |                                  |
| GENETIC MOTHER   | 22. MOTHER HISPANIC, LATINA, OR SPANISH?  |                       | 21. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK. |  |                                     | 23C. EDUCATION - HIGHEST LEVEL OR DEGREE       |                                  |
|  | 23. DATE LAST WORKED - MM/CCYY  | 23A. USUAL OCCUPATION |  |  | 23B. KIND OF BUSINESS OR INDUSTRY   |  |                                  |
| BIRTH/MOTHER ADDRESS                                   | 24A. MOTHER'S RESIDENCE STREET AND NUMBER, OR LOCATON - DO NOT USE P.O. BOX NUMBERS |                       |  |  | 24B. COUNTY/PROVINCE                |  |                                  |
|  | 24C. CITY   |                       |  | 24D. STATE/FOREIGN COUNTRY   |                                     | 24E. ZIP CODE                                  |                                  |
|  | 25A. DATE LAST NORMAL MENSES BEGAN  |                       |  |  |                                     |  |                                  |
| 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 |
|  | 26. BIRTHWEIGHT - GRAMS   |                       |  | 27. PREGNANCY HISTORY - COMPLETE EACH SECTION                          |                                     |  |                                  |
|  | 26A. OBSTETRIC ESTIMATION OF GESTATION AT DELIVERY - COMPLETED WEEKS                |                       |  | PREVIOUS LIVE BIRTHS - DO NOT INCLUDE THIS CHILD                       |                                     | OTHER TERMINATIONS - EXCLUDE INDUCED ABORTIONS |                                  |
|  |   |                       |  | 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 |                                     |  |                                  |
| A  | 1/07  | B                     | C  | D  | E                                   | F  | G                                |
|  | 32. FATHER/PARENT SOCIAL SECURITY NUMBER  |                       |  | 33. MOTHER/PARENT SOCIAL SECURITY NUMBER                               |                                     |  |                                  |

SAMPLE

Worksheet Side A

Worksheet Side B

# Medical Data Supplemental Worksheet

Side A

**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."

**Item 25D. (Birth) PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE**  
**Item 29D. (Fetal Death) (Enter only 1 code)**

|  |                              |                     |
|--|------------------------------|---------------------|
| 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                     |                     |

**Item 28A. (Birth) METHOD OF DELIVERY**

**Item 32A (Fetal Death) (Enter only 1 code/number under each section, separated by commas: A,B,C,D,E,F)**

**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  
02 Cesarean—repeat  
12 Cesarean—repeat, with trial of labor attempted  
22 Cesarean—repeat, with vacuum  
32 Cesarean—repeat, with vacuum & 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)

**B. If mother had a previous Cesarean—How many? \_\_\_\_\_**  
(Enter 0 – 9, or U if Unknown)

**C. Fetal presentation at birth**

20 Cephalic fetal presentation at delivery  
30 Breech fetal presentation at delivery  
40 Other fetal presentation at delivery  
90 Unknown

**D. Was vaginal delivery with forceps attempted, but unsuccessful?**  
50 Yes 58 No 59 Unknown

**E. Was vaginal delivery with vacuum attempted, but unsuccessful?**  
60 Yes 68 No 69 Unknown

**F. Hysterotomy/Hysterectomy (Fetal Death Only)**  
70 Yes 78 No

**Item 28B. (Birth) EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY**  
**Item 32B (Fetal Death) (Enter only 1 code)**

|                          |  |                               |
|--------------------------|--|-------------------------------|
| 02 Medi-Cal              | 05 Other Government Programs (Federal, State, Local) | 14 Other                      |
| 15 Indian Health Service | 07 Private Insurance                                 | 99 Unknown                    |
| 16 CHAMPUS/TRICARE       | 09 Self Pay  | 00 Medically Unattended Birth |

**Item 29. (Birth) COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES**  
**Item 33. (Fetal Death) (Enter up to 16 codes, separated by commas, for the most important complications/procedures.)**

**DIABETES**

09 Prepregnancy (Diagnosis prior to this pregnancy)  
31 Gestational (Diagnosis in this pregnancy)

**HYPERTENSION**

03 Prepregnancy (Chronic)  
01 Gestational (PIH, Preeclampsia)  
02 Eclampsia

**OTHER COMPLICATIONS/PREGNANCIES**

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.)

**OBSTETRIC PROCEDURES**

24 Cervical cerclage  
28 Tocolysis  
37 External cephalic version—Successful  
38 External cephalic version—Failed  
39 Consultation with specialist for high risk obstetric services

**PREGNANCY RESULTED FROM INFERTILITY TREATMENT**

40 Fertility-enhancing drugs, artificial insemination or intrauterine insemination  
41 Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))

**INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY**

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)

**PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES**

51 Chlamydia  
52 Gonorrhea  
53 Group B streptococcal infection  
54 Hepatitis B  
55 Human immunodeficiency virus (offered)  
56 Syphilis

**NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED**

00 None  
30 Other Pregnancy Complications/Procedures not Listed

See reverse side for codes to Birth Items 30 and 31 and Fetal Death Items 34 and 35.

Do not enter any identification by patient name or number on this worksheet. Discard after use.  
Do not retain the worksheet in the medical records or submit with the "Certificates of Live Birth or Fetal Death."

## ITEMS ON THE WORKSHEET

**25D** PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE

**28A** METHOD OF DELIVERY

**28B** EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY

**29** COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES

# Items 25D, 28A & 28B

## Source of Payment for Prenatal Care, Method of Delivery, and Expected Source of Payment for Delivery

|   |  |  |       |
|---|--|--|-------|
| <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><br><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 |
| 32 Cesarean—repeat, with vacuum & trial of labor attempted  |  | 59 Unknown   |       |
| 03 Vaginal—spontaneous                                      |  | <b>E. Was vaginal delivery with vacuum attempted, but unsuccessful?</b>                              |       |
| 04 Vaginal—spontaneous, after previous Cesarean             |  | 60 Yes   | 68 No |
| 05 Vaginal—forceps  |  | 69 Unknown   |       |
| 15 Vaginal—forceps, after previous Cesarean                 |  | <b>F. Hysterotomy/Hysterectomy (Fetal Death Only)</b>  |       |
| 06 Vaginal—vacuum   |  | 70 Yes   | 78 No |
| 16 Vaginal—vacuum, after previous Cesarean                  |  |  |       |
| 88 Not Delivered (Fetal Death Only)                         |  |  |       |
| <b>Item 28B. (Birth)</b>                                    |  | <b>EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY</b>   |       |
| <b>Item 32B (Fetal Death)</b>                               |  | <i>(Enter only 1 code)</i>   |       |
| 02 Medi-Cal   | 05 Other Government Programs (Federal, State, Local) | 14 Other   |       |
| 15 Indian Health Service                                    | 07 Private Insurance                                 | 99 Unknown   |       |
| 16 CHAMPUS/TRICARE  | 09 Self Pay  | 00 Medically Unattended Birth  |       |

# Item 29

## Complications and Procedures of Pregnancy and Concurrent Illnesses

**Item 29. (Birth)**      **COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES**  
**Item 33. (Fetal Death)**      *(Enter up to 16 codes, separated by commas, for the most important complications/procedures.)*

### **DIABETES**

- 09 Prepregnancy (Diagnosis prior to this pregnancy)
- 31 Gestational (Diagnosis in this pregnancy)

### **HYPERTENSION**

- 03 Prepregnancy (Chronic)
- 01 Gestational (PIH, Preeclampsia)
- 02 Eclampsia

### **OTHER COMPLICATIONS/PREGNANCIES**

- 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.)

### **OBSTETRIC PROCEDURES**

- 24 Cervical cerclage
- 28 Tocolysis
- 37 External cephalic version—Successful
- 38 External cephalic version—Failed
- 39 Consultation with specialist for high risk obstetric services

### **PREGNANCY RESULTED FROM INFERTILITY TREATMENT**

- 40 Fertility-enhancing drugs, artificial insemination or intrauterine insemination
- 41 Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))

### **INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY**

- 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)

### **PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES**

- 51 Chlamydia
- 52 Gonorrhea
- 53 Group B streptococcal infection
- 54 Hepatitis B
- 55 Human immunodeficiency virus (offered)
- 56 Syphilis

### **NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED**

- 00 None
- 30 Other Pregnancy Complications/Procedures not Listed

# Medical Data Supplemental Worksheet

## Side B

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

**Item 30 (Birth)**      **COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY**  
**Item 34 (Fetal Death)**      *(Enter up to 9 codes, separated by commas, for the most important complications/procedures.)*

#### ONSET OF LABOR

- 10 Premature rupture of membranes (≥ 12 hours)
- 07 Precipitous labor (< 3 hours)
- 08 Prolonged labor (≥ 20 hours)

#### 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
- 34 Antibiotics received by the mother during labor
- 35 Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥ 38°C (100.4°F)
- 19 Moderate/heavy meconium staining of the amniotic fluid
- 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
- 37 Epidural or spinal anesthesia during labor
- 25 Mother transferred for delivery from another facility for maternal medical or fetal indications

#### COMPLICATIONS OF PLACENTA, CORD, AND MEMBRANES

- 38 Rupture of membranes prior to onset of labor
- 13 Abruptio placenta
- 39 Placental insufficiency
- 20 Prolapsed cord
- 17 Chorioamnionitis

#### MATERNAL MORBIDITY

- 24 Maternal blood transfusion
- 40 Third or fourth degree perineal laceration
- 41 Ruptured uterus
- 42 Unplanned hysterectomy
- 43 Admission to ICU
- 44 Unplanned operating room procedure following delivery

#### NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED

- 00 None
- 31 Other Labor/Delivery Complications/Procedures not Listed

**Item 31 (Birth)**      **ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN**  
**Item 35 (Fetal Death)**      **ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE FETUS**  
*(Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)*

#### CONGENITAL ANOMALIES (NEWBORN OR FETUS)

- 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

#### ABNORMAL CONDITIONS (NEWBORN OR FETUS)

- 66 Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)

#### ADDITIONAL ABNORMAL CONDITIONS/PROCEDURES (NEWBORN ONLY)

- 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

#### NONE OR OTHER ABNORMAL CONDITIONS/PROCEDURES NOT LISTED

- 00 None (Newborn or Fetus)
- 75 Other Conditions/Procedures not Listed (Newborn Only)
- 67 Other Conditions/Procedures not Listed (Fetal Death Only)

## ITEMS ON THE WORKSHEET

**30**      **COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY**

**31**      **ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN**

# Item 30

## Complications and Procedures of Labor and Delivery

**Item 30 (Birth)**

**Item 34 (Fetal Death)**

**COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY**

*(Enter up to 9 codes, separated by commas, for the most important complications/procedures.)*

**ONSET OF LABOR**

- 10 Premature rupture of membranes ( $\geq 12$  hours)
- 07 Precipitous labor ( $< 3$  hours)
- 08 Prolonged labor ( $\geq 20$  hours)

**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
- 34 Antibiotics received by the mother during labor
- 35 Clinical chorioamnionitis diagnosed during labor or maternal temperature  $\geq 38^{\circ}\text{C}$  ( $100.4^{\circ}\text{F}$ )
- 19 Moderate/heavy meconium staining of the amniotic fluid
- 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
- 37 Epidural or spinal anesthesia during labor
- 25 Mother transferred for delivery from another facility for maternal medical or fetal indications

**COMPLICATIONS OF PLACENTA, CORD, AND MEMBRANES**

- 38 Rupture of membranes prior to onset of labor
- 13 Abruptio placenta
- 39 Placental insufficiency
- 20 Prolapsed cord
- 17 Chorioamnionitis

**MATERNAL MORBIDITY**

- 24 Maternal blood transfusion
- 40 Third or fourth degree perineal laceration
- 41 Ruptured uterus
- 42 Unplanned hysterectomy
- 43 Admission to ICU
- 44 Unplanned operating room procedure following delivery

**NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED**

- 00 None
- 31 Other Labor/Delivery Complications/Procedures not Listed

# Item 31

## Abnormal Conditions and Clinical Procedures Relating to the Newborn

**Item 31 (Birth)**      **ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN**  
**Item 35 (Fetal Death)**      **ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE FETUS**  
*(Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)*

### CONGENITAL ANOMALIES (NEWBORN OR FETUS)

- 01 Anencephaly
- 02 Meningomyelocele/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

### ABNORMAL CONDITIONS (NEWBORN OR FETUS)

- 66 Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)

### ADDITIONAL ABNORMAL CONDITIONS/PROCEDURES (NEWBORN ONLY)

- 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

### NONE OR OTHER ABNORMAL CONDITIONS/PROCEDURES NOT LISTED

- 00 None (Newborn or Fetus)
- 75 Other Conditions/Procedures not Listed (Newborn Only)
- 67 Other Conditions/Procedures not Listed (Fetal Death Only)

# Medical Data Supplemental Worksheet

## State Law: Health and Safety Code 102425

- The VS-10A supplemental form shall be used as a worksheet only and shall not in any manner be linked with the identity of the child or the mother, nor submitted with the certificate to the State Registrar.
- Medical data is CONFIDENTIAL.
- Only the information and codes on the worksheet shall be transcribed and they need to be consistent (like the prenatal screening example).
- No questions relating to drug or alcohol abuse may be asked.

# Medical Data Supplemental Worksheet

## Any Questions?



Birth and Marriage Registration  
Section (916) 445-8494

AVSS Help Desk  
(916) 552-8222