

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		
<p>Use the codes on this Worksheet to report the appropriate entry in Items numbered 250 and 28A through 31 on the "Certificate of Live Birth" and for Items 280 and 28B through 35 on the "Certificate of Fetal Death."</p> <p>Item 250 (Birth) PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE Item 280 (Fetal Death) (Enter only 2 codes)</p> <p>01 Medicaid, without Other Support Services 07 Private Insurance Company 09 Uninsured 13 Medi-Cal with Other Support Services 08 Self Pay 00 No Prenatal Care 02 Other Government Program (Federal, State, Local) 14 Other</p> <p>Item 28A (Birth) METHOD OF DELIVERY (Enter only 1 code/number/under each section, separated by commas: 4, 8, C, D, E, F)</p> <p>A. Final delivery route 11 Cesarean—primary 12 Cesarean—primary, with trial of labor attempted 13 Cesarean—primary, with vacuum 14 Cesarean—primary, with vacuum & trial of labor attempted 15 Cesarean—repeat, with trial of labor attempted 16 Cesarean—repeat, with vacuum 17 Cesarean—repeat, with vacuum & trial of labor attempted 18 Vaginal—spontaneous, after previous Cesarean 19 Vaginal—forced 20 Vaginal—forceps, after previous Cesarean 21 Vaginal—vacuum, after previous Cesarean 22 Not Indicated (Fetal Death Only)</p> <p>B. If mother had a previous Cesarean—How many? 00 None 01 Unknown</p> <p>C. Fetal presentation at birth 23 Cephalic—head presentation at delivery 24 Breech—head presentation at delivery 25 Other fetal presentation at delivery</p> <p>D. Was vaginal delivery with forceps attempted, but unsuccessful? 00 Yes 01 No</p> <p>E. Was vaginal delivery with vacuum attempted, but unsuccessful? 00 Yes 01 No</p> <p>F. Hysterotomy/Hysterectomy (Fetal Death Only) 70 Yes 71 No</p>		
<p>Item 28B (Birth) EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY (Enter only 1 code)</p> <p>10 Medicaid 03 Other Government Program (Federal, State, Local) 14 Other 13 Other Health Services 02 Private Insurance 09 Uninsured 15 CHAMPVA/TRICARE 04 Self Pay 00 Medically Unattended Birth</p>		
<p>Item 29 (Birth) COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES (Enter up to 20 codes, separated by commas, for the most important complications/procedures.)</p> <p>DIABETES 40 Pregnancy (Diagnosed prior to this pregnancy) 41 Gestational (Diagnosed in this pregnancy)</p> <p>HYPERTENSION 42 Hypertension (Chronic) 43 Gestational (Pre-eclampsia) 44 Eclampsia</p> <p>OTHER COMPLICATIONS/PREGNANCIES 45 Labor Inertia 46 Multiple pregnancy (more than 1 fetus in pregnancy) 47 Intrauterine growth restricted birth this pregnancy 48 Preterm delivery (less than 37 weeks gestation) 49 Other previous poor pregnancy outcomes (includes preterm death, small for gestational age/fetal demise, growth restricted birth, large for gestational age, etc.)</p> <p>OBSTETRIC PROCEDURES 51 Cervical cerclage 52 Tocolytic 53 External cephalic version—Successful 54 External cephalic version—Failed 55 Consultation with specialist for high-risk obstetric services</p> <p>FERTILITY RESULTS FROM INFERTILITY TREATMENT 40 Fertility enhancing drug, artificial insemination or in-vitro fertilization 41 Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))</p> <p><i>See reverse side for codes for Birth Items 26 and 31 and Fetal Death Items 34 and 35.</i> Do not enter any identification by patient name or number on this worksheet. Discard after use. Do not retain this worksheet in the medical records or attach with the "Certificate of Live Birth or Fetal Death."</p>		

CERTIFICATES OF LIVE BIRTH AND FETAL DEATH—MEDICAL DATA SUPPLEMENTAL WORKSHEET (Continued)	
<p>Item 30 (Birth) COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY (Enter up to 8 codes, separated by commas, for the most important complications/procedures.)</p> <p>ONSET OF LABOR 10 Premature rupture of membranes (> 12 hours) 07 Prolonged labor (< 3 hours) 08 Prolonged labor (≥ 20 hours)</p> <p>CHARACTERISTICS OF LABOR AND DELIVERY 11 Initiation of labor 12 Augmentation of labor 13 Non-vertex presentation 14 Shoulder (acromion) to the fetal lung maturation reached by the mother prior to delivery 15 Antibiotics received by the mother during labor 16 Clinical chorioamnionitis diagnosed during labor or maternal temperature $\geq 38^{\circ}\text{C}$ (100.4°F) 19 Moderate/severe meconium staining of the amniotic fluid 20 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 21 Epidural or spinal anesthesia during labor 22 Mother transferred to delivery from another facility for obstetrical medical or fetal indications.</p> <p>COMPLICATIONS OF PLACENTA, CORD, AND MEMBRANES 23 Rupture of membranes prior to onset of labor 21 Abnormal placenta 28 Placental insufficiency 29 Protracted cord 37 Chorioamnionitis</p> <p>MATERNAL MOBILITY 24 Maternal blood transfusion 40 Third or fourth degree perineal laceration by the mother prior to delivery 41 Ruptured uterus 42 Uterine hysterectomy 43 Admission to ICU 44 Unplanned operating room procedure following delivery</p> <p>NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED 60 None 31 Other Conditions/Procedures not Listed</p>	
<p>Item 31 (Birth) ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN (Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)</p> <p>CONGENITAL ANOMALIES (NEWBORN OR FETUS) 61 Anencephaly 62 Neuroglycocalyx/Spina Bifida 76 Congenital congenital heart disease 77 Congenital diaphragmatic hernia 78 Omphalocele 79 Gastrocnemius 80 Limb reduction defect (excluding congenital amputation and missing syndactyly) 29 Club foot alone 81 Club palate with cleft lip 17 Down's Syndrome—karyotype confirmed 81 Down's Syndrome—karyotype pending 82 Suspected chromosomal disorder—karyotype confirmed 83 Suspected chromosomal disorder—karyotype pending 84 Phenylketonuria 88 Aortic stenosis 89 Pulmonary stenosis 90 Atrial 62 Additional and unspecified congenital anomalies not listed above</p> <p>ABNORMAL CONDITIONS (NEWBORN OR FETUS) 66 Significant birth injury (skull fracture(s), peripheral nerve injury, and/or soft tissue/skin lacerations which requires intervention) 71 Assisted ventilation required immediately following delivery 82 Assisted ventilation required for more than 4 hours 73 NICU admission 86 Newborn glass surfactant replacement therapy 87 Antibiotics required by the newborn for suspected neonatal infection 74 Newborn transferred to another facility within 24 hours of delivery</p> <p>NONE OR OTHER ABNORMAL CONDITIONS/PROCEDURES NOT LISTED 60 None (Newborn or Fetal) 75 Other Conditions/Procedures not Listed (Newborn Only) 67 Other Conditions/Procedures not Listed (Fetal Death Only)</p>	

Items 25D, 28A & 28B

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

Item 25D. (Birth)		PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE	
Item 29D. (Fetal Death) (Enter only 1 code)			
02 Medi-Cal, without CSP Support Services	07 Private Insurance Company	99 Unknown	
15 Medi-Cal, with CSP 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		B. If mother had a previous Cesarean—How many? _____ (Enter 0–9, or U if Unknown)	
01 Cesarean—primary	11 Cesarean—primary, with trial of labor attempted	C. Fetal presentation at birth	
21 Cesarean—primary, with vacuum	31 Cesarean—primary, with vacuum & trial of labor attempted	20 Cephalic fetal presentation at delivery	
02 Cesarean—repeat	12 Cesarean—repeat, with trial of labor attempted	30 Breech fetal presentation at delivery	
22 Cesarean—repeat, with vacuum	32 Cesarean—repeat, with vacuum & trial of labor attempted	40 Other fetal presentation at delivery	
03 Vaginal—spontaneous	04 Vaginal—spontaneous, after previous Cesarean	90 Unknown	
05 Vaginal—forceps	15 Vaginal—forceps, after previous Cesarean	D. Was vaginal delivery with forceps attempted, but unsuccessful?	
06 Vaginal—vacuum	16 Vaginal—vacuum, after previous Cesarean	50 Yes	58 No
88 Not Delivered (Fetal Death Only)	88 Not Delivered (Fetal Death Only)	60 Yes	68 No
		69 Unknown	
		E. Was vaginal delivery with vacuum attempted, but unsuccessful?	
		70 Yes	78 No
		F. Hysterotomy/Hysterectomy (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

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		INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY	
09 Prepregnancy (Diagnosis prior to this pregnancy)	31 Gestational (Diagnosis in this pregnancy)	42 Chlamydia	
HYPERTENSION		43 Gonorrhea	
03 Prepregnancy (Chronic)	01 Gestational (PIH, Preeclampsia)	44 Group B streptococcus	
02 Eclampsia		18 Hepatitis B (acute infection or carrier)	
OTHER COMPLICATIONS/PREGNANCIES		45 Hepatitis C	
32 Large fibroids	33 Asthma	16 Herpes simplex virus (HSV)	
34 Multiple pregnancy (more than 1 fetus this pregnancy)	35 Intrauterine growth restricted birth this pregnancy	46 Syphilis	
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.)	47 Cytomegalovirus (Fetal Death Only)	
OBSTETRIC PROCEDURES		48 Listeria (Fetal Death Only)	
24 Cervical cerclage	28 Tocolysis	49 Parvovirus (Fetal Death Only)	
37 External cephalic version—Successful	38 External cephalic version—Failed	50 Toxoplasmosis (Fetal Death Only)	
39 Consultation with specialist for high risk obstetric services		PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES	
PREGNANCY RESULTED FROM INFERTILITY TREATMENT		51 Chlamydia	
40 Fertility-enhancing drugs, artificial insemination or intrauterine insemination	41 Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))	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	

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 <i>(Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)</i>
CONGENITAL ANOMALIES (NEWBORN OR FETUS)	
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	ADDITIONAL ABNORMAL CONDITIONS/PROCEDURES (NEWBORN ONLY)
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 Gastroschisis	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	NONE OR OTHER ABNORMAL CONDITIONS/PROCEDURES NOT LISTED
57 Down's Syndrome—Karyotype confirmed	00 None (Newborn or Fetus)
81 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	

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

**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)

- | | |
|--|---|
| <p>A. Final delivery route</p> <ul style="list-style-type: none"> 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) | <p>B. If mother had a previous Cesarean—How many? _____
(Enter 0 – 9, or U if Unknown)</p> <p>C. Fetal presentation at birth</p> <ul style="list-style-type: none"> 20 Cephalic fetal presentation at delivery 30 Breech fetal presentation at delivery 40 Other fetal presentation at delivery 90 Unknown <p>D. Was vaginal delivery with forceps attempted, but unsuccessful?</p> <p>50 Yes 58 No 59 Unknown</p> <p>E. Was vaginal delivery with vacuum attempted, but unsuccessful?</p> <p>60 Yes 68 No 69 Unknown</p> <p>F. Hysterotomy/Hysterectomy (Fetal Death Only)</p> <p>70 Yes 78 No</p> |
|--|---|

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.)

- | | |
|---|--|
| <p>DIABETES</p> <ul style="list-style-type: none"> 09 Prepregnancy (Diagnosis prior to this pregnancy) 31 Gestational (Diagnosis in this pregnancy) <p>HYPERTENSION</p> <ul style="list-style-type: none"> 03 Prepregnancy (Chronic) 01 Gestational (PIH, Preeclampsia) 02 Eclampsia <p>OTHER COMPLICATIONS/PREGNANCIES</p> <ul style="list-style-type: none"> 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.) <p>OBSTETRIC PROCEDURES</p> <ul style="list-style-type: none"> 24 Cervical cerclage 28 Tocolysis 37 External cephalic version—Successful 38 External cephalic version—Failed 39 Consultation with specialist for high risk obstetric services <p>PREGNANCY RESULTED FROM INFERTILITY TREATMENT</p> <ul style="list-style-type: none"> 40 Fertility-enhancing drugs, artificial insemination or intrauterine insemination 41 Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT)) | <p>INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY</p> <ul style="list-style-type: none"> 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) <p>PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES</p> <ul style="list-style-type: none"> 51 Chlamydia 52 Gonorrhea 53 Group B streptococcal infection 54 Hepatitis B 55 Human immunodeficiency virus (offered) 56 Syphilis <p>NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED</p> <ul style="list-style-type: none"> 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."**

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 $\geq 38^{\circ}\text{C}$ (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 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)