***Scenario answers***

***March 2017***

***The woman, aged 32 yr.,  had a total thyroidectomy in 2010 and is prescribed synthroid.  During her pregnancy, her levels were inconsistent and her synthroid prescription was adjusted twice in an effort to keep her levels safe and her activity normal.***

**Prenatal Care**

**Risk Factors in this Pregnancy**

\_\_\_None               \_\_\_Unknown at this time

**Select all that apply:**

\_\_\_Prepregnancy Diabetes                               \_\_\_Gestational Diabetes                   \_\_\_Prepregnancy Hypertension

\_X\_Other Serious Chronic Illness                      \_\_\_Abruptio Placenta                        \_\_\_Gestational Hypertension

\_\_\_Other Poor Pregnancy Outcome                \_\_\_Other Vaginal Bleeding               \_\_\_Eclampsia

\_\_\_Prelabor Referred for High Risk Care       \_\_\_Previous Low Birth Weight Infant

\_\_\_Previous Preterm Births

***April 2017***

The woman is currently pregnant. She is a G8 P1. She has a history of 5 SABs.  First pregnancy was twins.  At about "7 months" (per pt.) the woman was assaulted the causing her to deliver at home, one stillborn and one live infant who died at 5 months.  She also has one other full term living child.

Determine how the woman’s G’s and P’s, (gravity = total number of pregnancies and her Parity = number of living children) were calculated.

Please complete the following:

**Pregnancy History**

Previous Live Births Previous Spontaneous Previous Induced Total Prior Terminations Terminations Pregnancies

Now Living Now Dead Less than 20 weeks 20 weeks or more

None or Number None or Number None or Number None or Number None or Number None or Number

 \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

So going back to the form

She is currently pregnant = G 8

1 living

1 twin dead

5 SAB’s (<20 wk)

1 twin stillborn (>20 wk) = 7 previous pregnancies = G8P1

***May 2017***

**A 36 yr old mother accepts NIPT (Non-Invasive Prenatal Testing); when the test results came back her provider recommended CVS (Chorionic Villus Sampling)**

Was the MSAFP / triple screen offered?

 \_**X**\_ Yes \_\_ No

 \_\_ No, too late

Was the MSAFP / triple screen done?

 \_**X**\_yes \_\_No

If the woman was over 35 yr was the fetal genetic testing offered?

 \_**X**\_yes \_\_no. too late \_\_No, other reason

**A 20 year old mother accepts the recommendation to have MSAFP/ triple screen and NIPT (Non-Invasive Prenatal testing). The results are in her prenatal record.**

Was the MSAFP / triple screen offered?

 \_**X\_** Yes \_\_ No

 \_\_\_ No, too late

Was the MSAFP / triple screen done?

 \_**X\_** Yes \_\_No

If the woman was over 35 yr was the fetal genetic testing offered?

 \_\_yes \_\_no. too late \_\_No, other reason

**Which of the following are Fetal Genetic testing?**

\_\_\_ NIPT

\_**X**\_ CVS sampling

\_\_\_ Harmony Test

\_**X**\_ Amniocentesis

\_\_\_ Quad Screen

***June2017***

The woman is a G2P0. Her first pregnancy ended at 24wks with an intrauterine fetal death (IUFD). The fetus weighed 780 gm.

**Pregnancy History**

Previous Live Births Previous Spontaneous Previous Induced Total Prior Terminations Terminations Pregnancies

Now Living Now Dead Less than 20 weeks 20 weeks or more

None or Number None or Number None or Number None or Number None or Number None or Number

 \_**X**\_ \_**X**\_ \_**X**\_ \_\_\_ **1** \_**X**\_ \_\_\_ **1**

**Prenatal Care**

**Risk Factors in this Pregnancy**

\_\_\_None \_\_\_Unknown at this time

**Select all that apply:**

\_\_\_Prepregnancy Diabetes \_\_\_Gestational Diabetes \_\_\_Prepregnancy Hypertension

\_\_\_Other Serious Chronic Illness \_\_\_Abruptio Placenta \_\_\_Gestational Hypertension

\_**X**\_Other Poor Pregnancy Outcome \_\_\_Other Vaginal Bleeding \_\_\_Eclampsia

\_\_\_Prelabor Referred for High Risk Care \_ \_Previous Low Birth Weight Infant

\_ \_Previous Preterm Births

Responses have been coming back without marking “previous preterm births” and “previous low birth weight”. So, I went back to Dr. Glantz and reviewed this again. He said “(I) would stand with your and my initial coding.  It was a spontaneous termination of a low birthweight, preterm fetus.  The fact that it was born dead does not change that.” It had originally been answered as “Previous Low Birth Weight “ and “Previous Preterm Births”

This was an actual situation in one of our other hospitals.

This was a tough one. We went to the state and are following the Guidelines even though in practice a birth after 20 weeks is as Dr. G. stated.

***July2017***

Baby New was delivered by emergency C-sect under general anesthesia She weighed 4075 gm. A routine blood sugar test revealed severe hypoglycemia. The baby was given 5cc of formula in the OR. Mom was awake enough for the next feeding and the baby was put to breast. Breast feeding went well and the mom plans to continue exclusive breast feeding.

Complete the following excerpt from the workbook:

How is the infant being fed at discharge? (Select one)

\_\_\_Breast Milk \_\_\_Formula only \_**X**\_Both Breast Milk and Formula

\_\_\_Other \_\_\_Do Not Know

This is the reason we keep doing these scenarios. The requested info changed on this back in 2011. Check the HELPE Guidelines, p. 16. If the baby gets anything by mouth (except for meds) it is “both breast and bottle”

***August 2017***

Mary Smith arrived at the hospital with her pregnant wife, Jane Lynda Green. A healthy baby was born. Complete the following:

| Father or Second Parent |
| --- |
|  | Will the mother and father be executing an Acknowledgement of Paternity? ⬜ Yes **X** No ⬜ Not required | What type of certificate is required? ⬜ Mother / Father **X** Mother / Mother |
| **Parents** | **Father‘s or Second Parent’s Demographics** | Parent’s First Name:**Mary** | Parent’s Middle Name: |
| Parent’s Current Last Name: | Last Name on Parent’s Birth Certificate: |

Susan Jones, a single, pregnant lady, arrived at the hospital with Jim Samson Jacobs and his husband Bob Long. A healthy baby is born. Susan states that Jim is the father of her baby. Complete the following:

| Father or Second Parent |
| --- |
|  | Will the mother and father be executing an Acknowledgement of Paternity? **X** Yes ⬜ No ⬜ Not required | What type of certificate is required?  **X** Mother / Father ⬜ Mother / Mother |
| **Parents** | **Father‘s or Second Parent’s Demographics** | Parent’s First Name:**Jim** | Parent’s Middle Name: |
| Parent’s Current Last Name: | Last Name on Parent’s Birth Certificate: |

Pregnant Becky and her husband, Leo Burns, arrive at the hospital with Jeff Long and his husband, Gene Dilbert Jones. A healthy baby is born. Becky says that Gene is the father of her baby. Complete the following.

| Father or Second Parent |
| --- |
|  | Will the mother and father be executing an Acknowledgement of Paternity? ⬜ Yes  **X** No ⬜ Not required | What type of certificate is required?  **X** Mother / Father ⬜ Mother / Mother |
| **Parents** | **Father‘s or Second Parent’s Demographics** | Parent’s First Name:**NONE** | Parent’s Middle Name: |
| Parent’s Current Last Name: | Last Name on Parent’s Birth Certificate: |

***September 2017***

While the mother is still a patient and after the baby is born the family asks if they can take the Acknowledgement of Paternity to the jail where the father of the baby is incarcerated and ask the guards to witness his signature. The mother completes the infant portion. Family, then, will bring the form back to the delivering hospital and the OB staff or Birth Registrars will witness the mother’s signature and completed form will be sent to the County Registrar. Before it is sent to the County Registrar the Hospital Birth Registrar will ensure that nothing has been changed / altered on the infant portion and if a correction has been made on the father’s portion it is with a single line through and then initialed.

This is an acceptable procedure? \_**X**\_ True \_\_\_ False

If the mother has been discharged before the father’s signature can be witnessed, the mother will need to fill in the infant section before the father signs it and then take the form to the County Registrar and have her signature witnessed there.

This is an acceptable procedure? \_**X**\_ True \_\_\_ False

***October 2017***

The baby has been delivered. Child Protective Services (CPS) is involved. It has been determined that the baby is to go immediately into foster care. The foster parents and the CPS representative are at the hospital with the correct paper work to have the baby released to them. They are asking that the Birth Certificate and Social Security Card for the baby be sent to the foster parents.

What is your response?

\_\_\_ Absolutely, please, give me the name and address to which these documents will be sent.

\_\_\_ As the mother has not relinquished parental rights, the Birth Certificate and Social Security card will be sent to her. If the foster parents require a copy, their case worker at Social Services will need to make application through their County Vital Statistics Office.

***November 2017***

The birth occurred at home. It was unattended. The mother delivered her own child. She is the “Attendant”. At the hospital, the placenta was delivered by the Midwife who was on duty as provider.

How is the “Certifier” portion completed?

Choose all correct answers; (HELPER Guidelines may be of help here)

\_\_\_ Enter the mother as “certifier” and mark “Other” in the title section. This can work if “9999999” is entered in the license space

\_\_\_ The Midwife signs as “Certifier”

\_**X**\_The covering Physician Provider signs as certifying that the birth actually took place.

\_**X**\_The “certifier” is left blank. The mother signs the Certificate of Live Birth after it is printed.

***No 2017 December Scenario***