

Module Presentation

How to best use the Modules

To make the best use of this training we encourage you to complete each Module in order following the format below:

1. Read *Module Presentation*. Added explanations can be found in the **HELPER** Guidelines and in the extra information section if there is one.
2. Complete the *Extraction/Scenario* training exercises.
The extraction exercises use de-identified and altered patient medical records.
Enter the requested information into the provided section from the Birth Certificate Workbook.
The Scenarios are situations you may encounter as you collect information from your patients' medical records.
3. Check your responses using the answer sheets immediately following the segment completed
4. Complete the Module specific *Evaluation*, as before the answers are immediately following the *Evaluation*
5. If not already done, read extra training materials, if available.

If you have questions about how to answer any of the requests for information in the NYS Certification of Live Birth Training Modules, please contact Rosemary Varga (585-275-8737).

*"Coding" is a convenient although slightly misleading term for entering the needed information in the Statewide Perinatal Data system. True "coding" is the entry of predetermined numbers into a system that can then rate the material. We do not use numbers rather we enter the requested information.



Module Three

Labor & Delivery Part I



Labor & Delivery Fields

Labor & Delivery		
Labor & Delivery	Mother Transferred in Antepartum: <input type="checkbox"/> Yes <input type="checkbox"/> No	NYS Facility Mother Transferred From: _____
	Mother's Weight at Delivery: _____ lbs.	State/Terr./Province: _____
Method of Delivery	Fetal Presentation: (select one) <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other	
	Route & Method: (select one) <input type="checkbox"/> Spontaneous <input type="checkbox"/> Forceps – Mid <input type="checkbox"/> Forceps – Low / Outlet <input type="checkbox"/> Vacuum <input type="checkbox"/> Cesarean <input type="checkbox"/> Unknown	
	Cesarean Section History: <input type="checkbox"/> Previous C-Section Number <input type="text"/>	
	Attempted Procedures: Was delivery with forceps attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No Was delivery with vacuum extraction attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Delivery	Trial Labor: If Cesarean section, was trial labor attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Indications for C-Section: QI <input type="checkbox"/> Unknown Select all that apply <input type="checkbox"/> Failure to progress <input type="checkbox"/> Malpresentation <input type="checkbox"/> Previous C-Section <input type="checkbox"/> Fetus at Risk / NFS <input type="checkbox"/> Maternal Condition – Not Pregnancy Related <input type="checkbox"/> Maternal Condition – Pregnancy Related <input type="checkbox"/> Refused VBAC <input type="checkbox"/> Elective <input type="checkbox"/> Other	
	Indications for Vacuum: QI <input type="checkbox"/> Unknown Select all that apply <input type="checkbox"/> Failure to progress <input type="checkbox"/> Fetus at Risk <input type="checkbox"/> Other	Indications for Forceps: QI <input type="checkbox"/> Unknown Select all that apply <input type="checkbox"/> Failure to progress <input type="checkbox"/> Fetus at Risk <input type="checkbox"/> Other
	Onset of Labor <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time Select all that apply <input type="checkbox"/> Prolonged Rupture of Membranes -- (12 or more hours) <input type="checkbox"/> Premature Rupture of Membranes -- (prior to labor) <input type="checkbox"/> Precipitous Labor -- (less than 3 hours) <input type="checkbox"/> Prolonged Labor (20 or more hours)	
Labor		

- Labor & Delivery information is found in the mother's chart with much of the information on the L & D flowsheet/summary. A copy of this information may also be found in the infant's chart.

Mother Transferred in Antepartum

Mother Transferred in Antepartum:

Yes No

NYS Facility Mother Transferred From:

State/Terr./Province:

- Only complete these fields if the mother was transferred for medical reasons

NYS GUIDELINES

MOTHER TRANSFERRED FROM ANOTHER FACILITY IN ANTEPARTUM?

Indicate Yes or No. Indicate 'yes' only if the mother was transferred from another hospital prior to delivery because the delivery was believed to be high risk.

NYS FACILITY MOTHER WAS TRANSFERRED FROM

If the mother was transferred from a hospital within New York State, choose from the list in the SPDS. If the mother was transferred from a hospital that is not in New York State, enter the US state/territory or Canadian province of the transferring hospital.

Mother's Weight at Delivery

Mother's Weight at Delivery:

lbs.

- Mother's weight at delivery will often be found on the L&D flowsheet

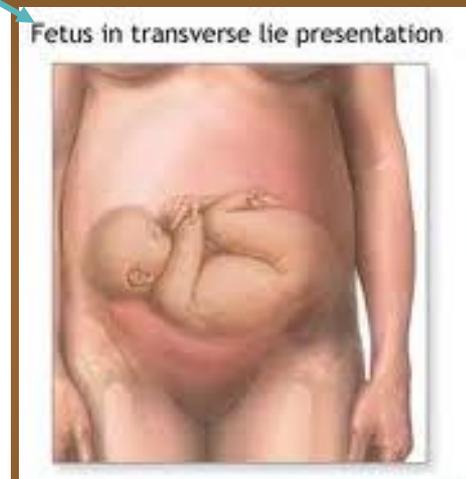
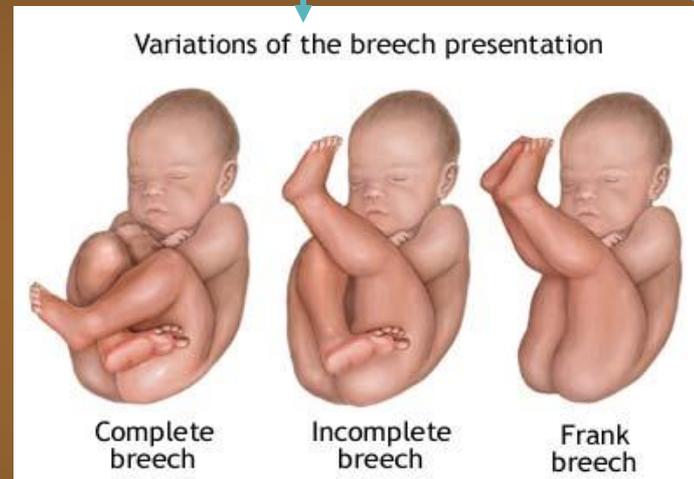
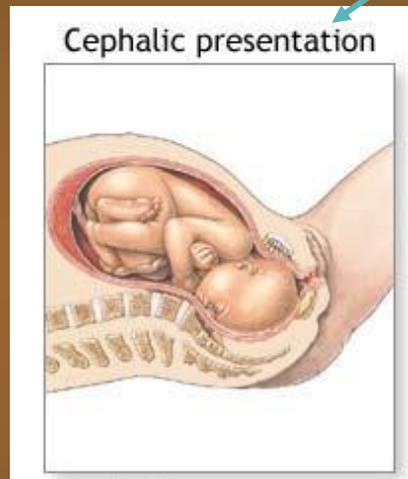


If you can't find mother's weight at delivery in the L&D information you can use the mother's weight at her last prenatal visit if the visit was within 2 weeks of delivery.

Fetal Presentation

Fetal Presentation: (select one)

Cephalic Breech Other



- You will find Fetal Presentation in the “delivery” section of the L&D summary
- Presentation refers to the part of the infant’s body which is lying over the pelvic inlet. In other words it’s what is presenting at or through the cervix.

Fetal Presentation (continued)

Fetal Presentation: (select one)		
<input type="checkbox"/> Cephalic	<input type="checkbox"/> Breech	<input type="checkbox"/> Other

Fetal Presentation

- Cephalic - any part of the fetal head is presenting (the Vertex [VTX], Face, or Brow, Occiput Anterior [OA], Occiput Posterior [OP], Occiput Transverse [OT])
- Breech – presentation of the fetal buttocks or feet; the feet may be alongside the buttocks (complete breech); the legs may be extended against the trunk and the feet lying against the face (frank breech); or one or both feet or knees may be prolapsed into the maternal vagina (footling or incomplete breech)
- Other – ‘Other’ presentation includes compound and transverse presentations. These are rare. Transverse lie is different from Occiput Transverse

When the fetus is unexpectedly found in the breech position during a C-section, code presentation as ‘breech’ but do not code ‘Malpresentation’ as an indication for the C-section (since breech presentation was not identified until after uterus was opened).

See added page under ‘Extra Information’

• **GUIDELINES**

• **FETAL PRESENTATION**

- **Cephalic** – Synonyms include vertex. Presenting part of the fetus listed as occiput anterior (OA), occiput posterior (OP).
- **Breech** – Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech.
- **Other** -- Any other presentation or presenting part not listed above.
- **Unknown**

Route & Method

Route & Method: <i>(select one)</i>					
<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Forceps – Mid	<input type="checkbox"/> Forceps – Low / Outlet	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Cesarean	<input type="checkbox"/> Unknown

Route & Method of delivery can be found in the “delivery” section of the L&D summary. Only indicate how the delivery was *finally* accomplished.

- Spontaneous - birth of an infant without the use of forceps, vacuum, or Cesarean section.
- Forceps - extraction of the child from the birth canal by application of a metal tong-like instrument (forceps) to the fetal head.
 - Designated **low/outlet** or **mid** based on where the fetal head is located when forceps are applied. (see illustration on next slide).
- Vacuum —a plastic cup attaches to the baby's head and suction is used to guide the baby out of the birth canal.
- Cesarean – surgical procedure in which one or more incisions are made to the mother's abdomen and uterus to deliver the baby.
- Unknown- use when method of delivery is not known (this would be very rare).

NYS GUIDELINES

ROUTE & METHOD

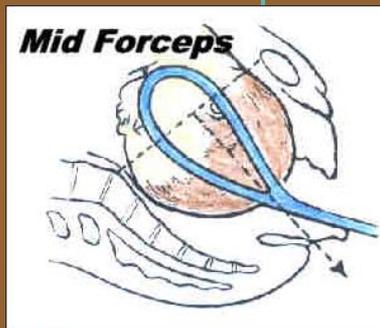
Indicate how delivery was finally accomplished, regardless of whether other procedures were attempted prior to successful delivery.

Route & Method

(continued)

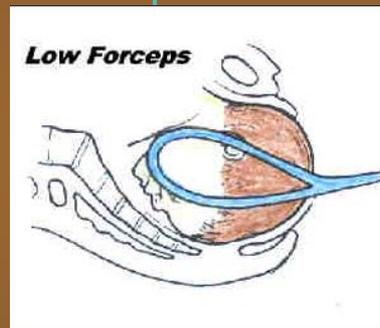
Route & Method: *(select one)*

Spontaneous Forceps – Mid Forceps – Low / Outlet Vacuum Cesarean Unknown



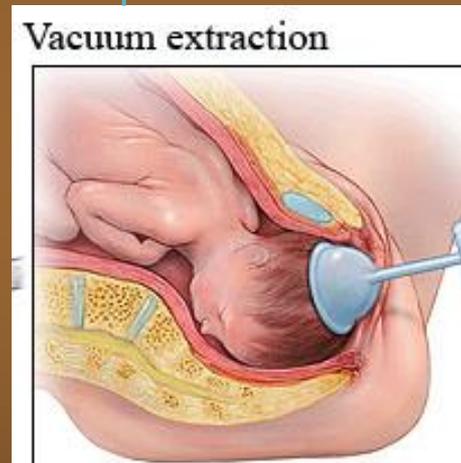
Mid Forceps

Engagement has taken place and the leading part of the head is below the level of the ischial spines.



Low Forceps

The fetal head has reached the perineal floor and is visible at the vulva.



Route & Method of delivery can be found in the “delivery” section of the labor summary. Only indicate how the delivery was *finally* accomplished.

Cesarean Section History

Cesarean Section History:	
<input type="checkbox"/> Previous C-Section	Number <input type="text"/>

- Indicate the number of previous C-sections mother has had.
- This information may be found in the notes in the mother's chart or in the prenatal record.

NYS GUIDELINES

▪ CESAREAN SECTION HISTORY

- **Previous C-section** Select 'Yes' if mom has had a previous operative delivery in which the fetus was extracted through an incision in the maternal abdominal and uterine walls.
- **Number** Indicate the number of previous c-section deliveries.

Attempted Procedures

Attempted Procedures:

Was delivery with forceps attempted but unsuccessful? Yes No

Was delivery with vacuum extraction attempted but unsuccessful? Yes No

The use of forceps or vacuum to extract the baby from the uterus during a C-section is NOT coded.

- Enter YES - If delivery with forceps/vacuum was attempted but was unsuccessful (leading to another method for the final delivery)
- Enter NO - If delivery with forceps/vacuum was not attempted or was attempted and was successful. A successful attempt would include use that brought the baby to a better position for the mother to complete the delivery vaginally.

NYS GUIDELINES

▪ ATTEMPTED PROCEDURES

- **Forceps** Select 'yes' if forceps delivery was attempted unsuccessfully.
- **Vacuum** Select 'yes' if vacuum delivery was attempted unsuccessfully.

Trial Labor

Trial Labor:

If Cesarean section, was trial labor attempted?

Yes No

- If the baby was born by C-section check the medical record prior to the birth to see if the mother was allowed to labor and attempt a vaginal birth. If yes, then code *Trial of Labor (TOL)* as 'Yes'.

If a woman is admitted in labor and a C-section delivery was planned prior to the onset of labor and the baby is delivered by C-section then *Trial of Labor* should be coded as 'No'.

NYS GUIDELINES

▪ **TRIAL OF LABOR**

If infant was delivered by cesarean, indicate whether mother had a trial of labor before the cesarean.

Indications for C-section

Indications for C-Section: **QI**

Unknown

Select all that apply

<input type="checkbox"/> Failure to progress	<input type="checkbox"/> Malpresentation	<input type="checkbox"/> Previous C-Section
<input type="checkbox"/> Fetus at Risk / NFS	<input type="checkbox"/> Maternal Condition – Not Pregnancy Related	<input type="checkbox"/> Maternal Condition – Pregnancy Related
<input type="checkbox"/> Refused VBAC	<input type="checkbox"/> Elective	<input type="checkbox"/> Other

It is very important that the reason(s) for the C-section be accurately reported.

NYS GUIDELINES

INDICATIONS FOR C-SECTION

- **Failure to progress** Select this item if a cesarean was performed because labor progressed more slowly than normal or because labor stopped before full dilation of the cervix; synonym: dystocia and arrest of descent
- **Refused VBAC** Select this item if the mother was eligible for a trial of labor, but refused, opting for repeat cesarean delivery instead. Synonym: refused voluntary trial of labor.

Term:
Sometimes noted as **FTP=**
(Failure to progress)

Term:
VBAC=
Vaginal
Birth
After C-
section

- If mother is eligible for a vaginal delivery after a previous C-section but refuses, select "Refused TOLAC" (Formerly called VBAC).
- If mother is eligible for a vaginal delivery after a C-section but hospital does not perform VBACs then select "Elective" and "Other". (see slide 17)

Indications for C-section

(continued)

Indications for C-Section:				
<input type="checkbox"/> Unknown				
Select all that apply				
<input type="checkbox"/> Failure to progress			<input type="checkbox"/> Malpresentation	<input type="checkbox"/> Previous C-Section
<input checked="" type="checkbox"/> Fetus at Risk / NFS			<input type="checkbox"/> Maternal Condition – Not Pregnancy Related	<input type="checkbox"/> Maternal Condition – Pregnancy Related
<input type="checkbox"/> Refused VBAC	<input type="checkbox"/> Elective	<input type="checkbox"/> Other		

NYS GUIDELINES

- **Fetus at Risk/NFS** Select this item if a cesarean was performed because of concerns about the fetus's wellbeing and ability to tolerate labor.
 - Evidence from a biophysical profile of a disturbance in utero
 - Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half or more of the contractions
 - Breech or a malpresentation such as transverse lie, shoulder presentation
 - Frank prolapse of the cord
 - Fetal structural anomaly, such as fetal hydrocephalus
 - Persistent late decelerations during most contractions
 - Persistent variable decelerations during most contractions, often 60 to 80 bpm
 - Prolonged bradycardia below 120 to 100 bpm 10 minutes or longer
 - Prolonged tachycardia above 160 to 180 bpm persisting longer than 10 minutes
 - Fetal scalp pH of less than 7.2. Include acidosis.

See
guidelines
for concern
here

•Caution: If breech or malpresentation is noted but there are no signs that the fetus was at risk then *do not* code "Fetus at Risk/NFS" as an indicator for the C-section

•When "Fetal Intolerance" is coded [under "Characteristics of Labor and Delivery" (see next learning module)] and the delivery is hastened due to the infant's status then "Fetus at risk/NFS" should be considered as an indicator for the C-section.

Indications for C-section

(continued)

Indications for C-Section: **QI**

Unknown

Select all that apply

<input type="checkbox"/> Failure to progress	<input type="checkbox"/> Malpresentation	<input type="checkbox"/> Previous C-Section
<input type="checkbox"/> Fetus at Risk / NFS	<input type="checkbox"/> Maternal Condition – Not Pregnancy Related	<input type="checkbox"/> Maternal Condition – Pregnancy Related
<input type="checkbox"/> Refused VBAC	<input type="checkbox"/> Elective	<input type="checkbox"/> Other

NYS GUIDELINES

- **Malpresentation** Select this item if the presenting part of the fetal body within the birth canal, or nearest to it was NOT the vertex or the occipital fontanel. Synonyms include face presentation, brow presentation, frank breech, complete breech, footling breech, transverse lie, shoulder presentation and oblique lie.
- **Maternal Condition – Pregnancy Related** Select this item if the mother had an obstetric condition that led to cesarean delivery. e.g. abruptio placenta, placenta previa.

If a C-section was planned for a later date but the mother came to the hospital in labor prior to 39 weeks gestation, code "Maternal Condition Pregnancy Related" in addition to "Elective" (planned) and other relevant indicators for the C-section.

If the fetus was unexpectedly found to be breech when the uterus was opened, do not code "malpresentation" as an indication for C-section (since the C-section was not done for the malpresentation).

Indications for C-section

(continued)

Indications for C-Section: QI		
<input type="checkbox"/> Unknown		
Select all that apply		
<input type="checkbox"/> Failure to progress	<input type="checkbox"/> Malpresentation	<input type="checkbox"/> Previous C-Section
<input type="checkbox"/> Fetus at Risk / NFS	<input type="checkbox"/> Maternal Condition – Not Pregnancy Related	<input type="checkbox"/> Maternal Condition – Pregnancy Related
<input type="checkbox"/> Refused VBAC	<input type="checkbox"/> Elective	<input type="checkbox"/> Other

NYS GUIDELINES

- **Maternal Condition – Not Pregnancy Related** Select this item if the mother had a non-obstetric medical condition that led to cesarean delivery, e.g. active genital herpes, HIV infection.
- **Elective** Select this item if the cesarean delivery was planned and scheduled prior to the onset of labor. In addition to selecting "Elective", you must also select a specific indication for the cesarean, unless it was done for a non-medical indication.

“Elective” means that the C-section was **planned prior to the onset of labor**. Because there should be a clinical reason for a C-section it generally will not stand alone as an indicator, another indicator should also be selected (unless C-section was done just because mother requested it before labor started).

Indications for C-section (Continued)

Indications for C-Section: **QI**

Unknown

Select all that apply

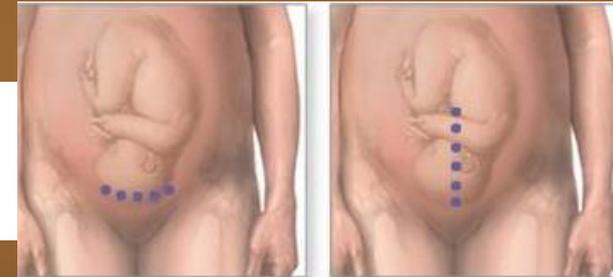
<input type="checkbox"/> Failure to progress	<input type="checkbox"/> Malpresentation	<input type="checkbox"/> Previous C-Section
<input type="checkbox"/> Fetus at Risk / NFS	<input type="checkbox"/> Maternal Condition – Not Pregnancy Related	<input type="checkbox"/> Maternal Condition – Pregnancy Related
<input type="checkbox"/> Refused VBAC	<input type="checkbox"/> Elective	<input type="checkbox"/> Other

NYS GUIDELINES

Previous C-Section Select this item if the mother had a previous cesarean delivery and was not eligible for trial of labor, e.g. due to classical uterine scar.

Do not code “Previous C-section” as an indication for “C-section” solely on the basis that the mother had one prior C-section as a trial of labor is an option.

Select “Previous C-section” if mother has had 2 or more consecutive transverse cut C-sections or just one prior C-section where a classical (longitudinal) incision was used.



Transverse incision

Classical Incision-
very rarely done

Indications for C-section

(Continued)

Indications for C-Section: **QI**

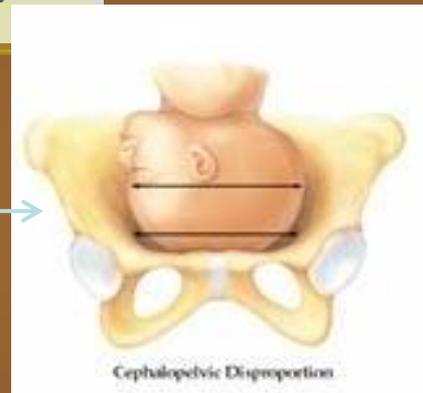
Unknown

Select all that apply

<input type="checkbox"/> Failure to progress	<input type="checkbox"/> Malpresentation	<input type="checkbox"/> Previous C-Section
<input type="checkbox"/> Fetus at Risk / NFS	<input type="checkbox"/> Maternal Condition – Not Pregnancy Related	<input type="checkbox"/> Maternal Condition – Pregnancy Related
<input type="checkbox"/> Refused VBAC	<input type="checkbox"/> Elective	<input type="checkbox"/> Other

Some examples where “Other” might be used as a reason for the C-section:

- If C-section is done for “cephalopelvic disproportion” (CPD) means that the baby’s head or body was too large to fit through the mother’s pelvis).
- If mother is eligible for a vaginal birth after one previous C-section (VBAC) but the hospital does not perform VBAC’s then code indication as “Elective” and “Other”. (Select “Refused VBAC” if mother refuses vaginal birth after C-section (see slide 12))



Don't code Chorioamnionitis as 'Other' Indication for C-section unless the MD so stated, rather code it as a Characteristic of L&D (next module)

NYS GUIDELINES

- **Other** Select this item if the indication for cesarean does not fall into any of the other categories.

Indications for Vacuum

Indications for Vacuum:

Unknown

Select all that apply

Failure to progress Fetus at Risk

Other

Code reasons a vacuum was used or attempted

NYS GUIDELINES

INDICATIONS FOR VACUUM

- **Failure to progress** Select this item if a vacuum extractor was used because delivery (second stage of labor) was progressing more slowly than normal; other related terms: dystocia, maternal exhaustion.
- **Fetus at Risk / NFS** Select this item if a vacuum extractor was used because of concerns about the fetus's wellbeing.
 - Evidence from a biophysical profile of a disturbance in utero
 - Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half or more of the contractions
 - Breech or a malpresentation such as transverse lie, shoulder presentation
 - Frank prolapse of the cord
 - Fetal structural anomaly, such as fetal hydrocephalus
 - Persistent late decelerations during most contractions
 - Persistent variable decelerations during most contractions, often 60 to 80 bpm
 - Prolonged bradycardia below 120 to 100 bpm 10 minutes or longer
 - Prolonged tachycardia above 160 to 180 bpm persisting longer than 10 minutes
 - Fetal scalp pH of less than 7.2. Include acidosis.
- **Other** Select this item if an indication other than those listed above was given for the use of vacuum extraction.
- **Unknown**

When "Fetal Intolerance" is coded under "Characteristics of Labor and Delivery" (see next learning module) and vacuum is used to hasten delivery due to the infant's status then "Fetus at Risk/ NFS" should be considered as an indicator for the vacuum extraction.

Vacuum is only used during cephalic deliveries and is never supposed to be applied to malpresenting fetuses (i.e., breech, face, transverse, etc.).

Indications for Forceps

Indications for Forceps:

Unknown

Select all that apply

Failure to progress Fetus at Risk

Other



Code reason(s) forceps were used or attempted

NYS GUIDELINES

INDICATIONS FOR FORCEPS

- **Failure to progress** Select this item if forceps were used because delivery (second stage of labor) was progressing more slowly than normal; other related terms: dystocia, maternal exhaustion.
- **Fetus at Risk / NFS** Select this item if forceps were used because of concerns about the fetus's wellbeing.
 - Evidence from a biophysical profile of a disturbance in utero
 - Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half or more of the contractions
 - Breech or a malpresentation such as transverse lie, shoulder presentation
 - Frank prolapse of the cord
 - Fetal structural anomaly, such as fetal hydrocephalus
 - Persistent late decelerations during most contractions
 - Persistent variable decelerations during most contractions, often 60 to 80 bpm
 - Prolonged bradycardia below 120 to 100 bpm 10 minutes or longer
 - Prolonged tachycardia above 160 to 180 bpm persisting longer than 10 minutes
 - Fetal scalp pH of less than 7.2. Include acidosis.
- **Other** Select this item if an indication other than those listed above was given for the use of forceps.
- **Unknown**

When "Fetal Intolerance" is coded under "Characteristics of Labor and Delivery" (see next learning module) and forceps is used to hasten delivery due to the infant's status then "Fetus at Risk/NFS" should be considered as an indicator for forceps use.

If breech or malpresentation is noted but there are no other signs of the fetus being at risk then do not code "Fetus at Risk/NFS" as an indication for forceps use.

*Forceps can be applied to breech or face presentations, but not to any other malpresentations.

Onset of Labor

Onset of Labor

None Unknown at this time

Select all that apply

Prolonged Rupture of Membranes -- (12 or more hours) Premature Rupture of Membranes -- (prior to labor) Precipitous Labor -- (less than 3 hours)

Prolonged Labor (20 or more hours)

NYS GUIDELINES

ONSET OF LABOR

- **Precipitous Labor** Select this if the total time between onset of labor and delivery was fewer than 3 hours. Precipitous labor and prolonged labor are mutually exclusive and therefore both may not be chosen for the same delivery.
- **Premature Rupture of Membranes** Select this item if there was spontaneous tearing of the amniotic sac (natural breaking of the ‘bag of waters’) before labor begins.
- **Prolonged Labor** Select this item if the total time between onset of labor and delivery was 20 hours or longer, regardless of mother’s parity. Precipitous labor and prolonged labor are mutually exclusive and therefore both may not be chosen for the same delivery.
- **Prolonged Rupture of Membranes** Select this item if the mother's membranes ruptured 12 hours or more before delivery, regardless of whether the mother was in labor or not.

Use the delivery room record to determine date and time of birth. Compare this information with time labor started (onset) and time membranes ruptured to assist you as you code these fields.

The
End

Extraction Exercises

Module 3 – L&D I

Extraction Exercise #1

Below are abridged chart notes and an abridged example of a patient summary created for Birth Certificate Registrars. You will only be entering data for the first half of the L&D portion of the work book.

Fill in the appropriate answers on the Birth Certificate Work Book excerpts (last page).

Chart Note: Attending **DELIVERY NOTE:**

Patient is a 30 y.o., now G2P2202, female with a pregnancy complicated by infertility conceived with ART resulting in a triplet pregnancy subsequently reduced to singleton. She underwent an uncomplicated primary C-section delivery for breech presentation and tubal ligation for desired permanent contraception, delivering a viable male infant weighed 3033 grams with APGARs of 8 & 9. Intact placenta with 3-vessel cord delivered manually. No complications encountered. EBL 700cc. Uterus firm at the umbilicus -2. Mother and baby transferred to the PACU doing well. Please see operative note for further details.

Dating Summary													
Working EDD: 12/21/xx set by RN on 10/07/XX based on Last Menstrual Period on 03/16/XX													
Based On	EDD	GA Dif	GA	User	Date								
Last Menstrual Period on 03/16/XX	12/21/XX	Working		RN	10/07/XX								
OB History													
Gravida	Para	Term	Preterm	AB	TAB	SAB	Ectopic	Multiple	Living				
2	2	2						0	2				
#	Outcome	Date	GA	Labor/2nd	Weight	Sex	Delivery	Anes	PTL	Living	Name	Location	Delivering Clinician
1	Term	07/XXXX	40w2d	8h 29m / 0h 21m	3274 g (7 F lb. 3.5	Vag- Spont	EPI	N	Y		,GIRL	Other	MD

oz.)

2	Term	12/XXXX 39w5d	3033 g (6 F lb 11 oz)	CSLT	SPINAL- N	Y	,BOY	Other	MD
---	------	---------------	-----------------------	------	-----------	---	------	-------	----

OB Episode Encounters

Encounters related to Labor and Delivery Encounter on 12/19/XX with MD

Date	Encounter Type	Provider	Department	Reason
12/19/XX	Labor and Delivery Encounter	, MD	OB	Pregnancy-Breech presentation, no version [O32.1XX0],Pregnancy
12/19/XX	Anesthesia Event	, MD	OB	Not found
12/19/XX	Surgery	, MD	OB	C-SECTION BREECH
12/19/XX	Procedure Pass	Not found	OB	Not found
12/19/XX	Anesthesia	, MD	OB	Not found
12/19/XX	History	, MD	OB	Not found
12/19/XX	Orders Only	Provider Unknown	OB	Not found
10/7/XX	Routine Prenatal Clinical Support	, RN	OB	NON STRESS TEST; NON-STRESS TEST

Hospital Problems

	Priority	Class	Noted - Resolved
Active Problems			
Breech presentation			12/18/XX - Present
Pregnancy			12/19/XX - Present
Status post primary low transverse cesarean section			12/19/XX -

	Present
Status post tubal ligation	12/19/XX - Present

Non-Hospital Problems

	Priority	Class	Noted - Resolved
--	----------	-------	------------------

Active Problems

Hyperlipidemia			12/15/XX - Present
Hypothyroidism			10/29/XX - Present
Nipple discharge in female			7/24/XX - Present

Resolved Problems

RESOLVED: Female infertility of unspecified origin			8/2/XX - 7/17/XX
RESOLVED: Pregnancy with history of infertility			11/27/XX - 7/17/XX
RESOLVED: Active labor			7/17/XX - 7/17/XX

Medical History

Past Medical History	Date	Comments
Ovarian cyst [N83.209]		Conversion Data - ^Resolved
Hypothyroidism [E03.9]		
Endometriosis [N80.9]		
Infertility associated with anovulation [N97.0]		

Surgical History

Past Surgical History	Laterality	Last Occurrence	Comments
HX OVARIAN CYSTECTOMY [SHX326]			Ovarian Cystectomy Conversion Data
Fimbriectomy, right [Other]			
PR FULL ROUT OBSTE CARE,CESAREAN DELIV [59510]	N/A	12/19/XX	Procedure: C-SECTION BRECH and BTL; Surgeon: _____; Location: L&D; Service: OBGYN
Pertinent Negatives		Last Occurrence	Comments
CONVERTED PROCEDURE [SHX9999]		12/19/XX	Salpingectomy Conversion Data

Social History	
Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Unknown
Tobacco Comment	
Alcohol Use	No
Drug Use	No
Sexual Activity	Yes; Male partners; Birth Ctrl/Protection: None, Condom
ADL	Not Asked

Concurrent Nursing Documentation Maternal Information

ABO RH BLOOD TYPE

Date	Value	Ref Range	Status
12/15/XX	A RH POS		Final

HBV S AG

Date	Value	Ref Range	Status
------	-------	-----------	--------

07/28/XX	NEG		Final
----------	-----	--	-------

Comment:

Test Method: CMIA

RUBELLA IGG AB

Date	Value	Ref Range	Status
------	-------	-----------	--------

07/28/XX	POSITIVE		Final
----------	----------	--	-------

Comment:

TEST METHOD: Multiplex flow immunoassay

HIV 1&2 AB SCREEN

Date	Value	Ref Range	Status
------	-------	-----------	--------

12/03/XX	NEG		Final
----------	-----	--	-------

Comment:

TEST METHOD: EIA

HIV 1&2 ANTIGEN/ANTIBODY

Date	Value	Ref Range	Status
------	-------	-----------	--------

05/31/XX	Nonreactive		Final
----------	-------------	--	-------

Comment:

Test Method: CMIA

SYPHILIS SCREEN

Date	Value	Ref Range	Status
------	-------	-----------	--------

12/19/XX	Neg		Final
----------	-----	--	-------

Comment:

TEST METHOD: BioPLEX(Multiplex Flow Immunoassay)

GROUP B STREP CULTURE

Date	Value	Ref Range	Status
------	-------	-----------	--------

11/28/XX	.		Final
----------	---	--	-------

Facility-Administered Medications as of 12/22/XX

Medication	Dose	Frequency	Last Dose
------------	------	-----------	-----------

--

Chromosome Analysis

Component	Value	Units
Chromosome analysis [183195423]		Collected: 06/06XX 1102
Updated: 06/15XX 0941		
Lab Status: Edited Result - FINAL		
Specimen Type	Chorionic villi	
Path Case #	BBB	
Indication	See text	
	multifetal reduction	
Band Level	350-450	
Cells Analyzed	20	
Cells Counted	20	
Karyo Made	2	
Karyo Diag	46,XY	
Interp,CHROM	see text	
<p>Chromosome G-banding analysis revealed that the fetus of this patient has a normal male chromosome complement, i.e., 46XY. However, it is important to note that this analysis does not rule out fetal abnormalities of non-chromosomal etiology, nor those requiring unusual technical modification for their identification.</p>		
Reviewed By	tech	

Weights (last 4 days) before discharge

Date/Time	Height	Weight	PrePregnancy Weight	Pregnancy weight change (kg)	BMI (Calculated)	BSA (Calculated - sq m)	Who
12/19/XX 0728	1.626 m (5' 4")	69.9 kg (154 lb)	--	--	26.5	1.78 sq meters	

Nursing Epidural Events

None

Anesthesia Record

[Anesthesia Record](#)

Steroidal Medications (Filter: ERX GENERAL PQRI GLUCOCORTICOID MEDICATIONS MEASURE 180 Medications Shown)

None

Events

Date/Time	Event	Pt Class	Unit	Room/Bed	Service
12/19/XX 0606	Admission	Inpatient	OB	OB	Surgery
12/19/XX 0607	Patient Update	Inpatient	OB	OB	Surgery
12/19/XX 0748	Surgery	Surgery Admit	L&D	S_OR_	OBGYN
12/19/XX 0819	Patient Update	Inpatient	OB	OB	Surgery

Girl, Med Rec# _____ 

Delivery Information

Boy Sex: male Gestational Age: 39w5d MRN: _____ PCP: _____ MD

Delivery Date/Time: 12/19/XX

Time of Head Delivery: 12/19/XX 8:19 AM

Delivery Type: C-Sec, Low Transverse Meconium at time of delivery: none

Delivery Location: OR

Labor Onset Date/Time: Dilation Complete Date/Time:

Preterm labor: No **Antenatal steroids:** None **Antibiotics received during labor:** No

First Cervical ripening date/time: / Cervical ripening Type:

Rupture Date: 12/19/XX **Rupture Time:** 8:18 AM **Details:** **Rupture Type:** Spontaneous **Color:** Clear **Amount:** Moderate

Induction:

Indications: Augmentation: .None

Labor complications: None

@OBDELIVERYPROVIDERS@**Anesthesia Method:** Spinal- **Analgesics:**

Presentation: Footling Breech **Position:**

Prophylactic Maneuver: No

Shoulder Dystocia: No

Resuscitation: Dry; Tactile Stimulation; Bulb Suctioning

Living Status: Yes

APGARs	Total	Color	Reflex irritability	Breath	Heart Rate	Muscle Tone	Assigned By (greater than 7 no need for next measurement)
1 min	8	1	2	1	2	2	RN
5 min	9	1	2	2	2	2	RN
10 min							
15 min							
20 min							
25 min							

30 min							
--------	--	--	--	--	--	--	--

Birth Weight: Height: Head Circumference: Observed Anomalies:

Cord: 3 Vessels Complications: NONE Clamping Delayed: 0 Clamped Date/Time:12/19 8:19 AM Cord blood disposition: Lab Gases sent: No Stem cell collection -by MD-: No

Maternal Info:

Placenta Delivery Date/Time: 12/19 8:20 AM Removal: C-Section Removal Appearance: Abnormal Disposition: pathology

Bonding:

Stages of Labor: Stage One: h m Stage Two: 0h 0m Stage Three: 0h 1m

Episiotomy: None

Perineal lacerations:

Delivery est. blood loss (mL):

Procedures:

***Labor Events**

Preterm labor?: No

Rupture date: 12/19/XX

Rupture type: Spontaneous

Rupture Time: 8:18 AM

Induction: .None

Augmentation: .None

Hospital Problems

	Priority	Class	Noted - Resolved

Active Problems

Term newborn delivered by C-section, current hospitalization

12/19/XX -

Present

Breech presentation

12/19/XX - Present

Neonatal hypothermia

12/19/XX - Present

Non-Hospital Problems

Priority

Class

Noted - Resolved

Active Problems

Worried well

Low

1/2/XX - Present

Concurrent Nursing Documentation Newborns

Concurrent Nursing Documentation

NYS Shaken Baby Syndrome Signature Complete:: 12/21/XX

Newborn Safe to Sleep Complete:: 12/21/XX

DOHM Finalized (Mom and Baby): Yes

NYS NB Screen Number:: 999 999 999

Newborn Hearing Rt Ear Results: Pass

Newborn Hearing Lt Ear Results: Pass

Hepatitis B Vaccine:: Given

Cord Clamp Removed:: Yes

CCHD Results: Passed-Negative Screen

Immunization History

Administered

Date(s) Administered

- Hepatitis B Ped/Adol(ENGERIX-B/RECOMBIVAX HB) 12/19/XX

Pertussis educational material presented to patients family concerning Pertussis vaccination availability. (Year-Round)

Pertussis Edu Material Presented : Yes

Influenza educational material presented to patients family concerning Influenza vaccination availability.(FLU season only)

Influenza Edu Material Presented : Yes

Antibiotics (Filter: RX BROAD SPECTRUM ABX Medications Shown)

None

Events

Date/Time	Event	Pt Class	Unit	Room/Bed	Service
12/19/XX 0819	Admission	Inpatient	OBN	OB	

Module 3 - L&D I

Extraction Exercise #1 Work Book excerpts

Enter the correct information

Labor & Delivery		
Labor & Delivery	Mother Transferred in Antepartum: <input type="checkbox"/> Yes <input type="checkbox"/> No	NYS Facility Mother Transferred From:
	Mother's Weight at Delivery: <i>lbs.</i>	State/Terr./Province:
Method of Delivery	Fetal Presentation: <i>(select one)</i> <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other	
	Route & Method: <i>(select one)</i> <input type="checkbox"/> Spontaneous <input type="checkbox"/> Forceps – Mid <input type="checkbox"/> Forceps – Low / Outlet <input type="checkbox"/> Vacuum <input type="checkbox"/> Cesarean <input type="checkbox"/> Unknown	
	Cesarean Section History: <input type="checkbox"/> Previous C-Section Number <input type="text"/>	
	Attempted Procedures: Was delivery with forceps attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No Was delivery with vacuum extraction attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Labor & Delivery		
Method of Delivery	Trial Labor: If Cesarean section, was trial labor attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Indications for C-Section: <input type="checkbox"/> Unknown Select all that apply <input type="checkbox"/> Failure to progress <input type="checkbox"/> Malpresentation <input type="checkbox"/> Previous C-Section <input type="checkbox"/> Fetus at Risk / NFS <input type="checkbox"/> Maternal Condition – Not Pregnancy Related <input type="checkbox"/> Maternal Condition – Pregnancy Related <input type="checkbox"/> Refused VBAC <input type="checkbox"/> Elective <input type="checkbox"/> Other	
	Indications for Vacuum: <input type="checkbox"/> Unknown Select all that apply <input type="checkbox"/> Failure to progress <input type="checkbox"/> Fetus at Risk <input type="checkbox"/> Other	Indications for Forceps: <input type="checkbox"/> Unknown Select all that apply <input type="checkbox"/> Failure to progress <input type="checkbox"/> Fetus at Risk <input type="checkbox"/> Other
Labor	Onset of Labor <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time Select all that apply <input type="checkbox"/> Prolonged Rupture of Membranes -- (12 or more hours) <input type="checkbox"/> Premature Rupture of Membranes -- (prior to labor) <input type="checkbox"/> Precipitous Labor -- (less than 3 hours) <input type="checkbox"/> Prolonged Labor (20 or more hours)	

See next page for answers

Module 3 - L&D I

Extraction Exercise #1 Answers

Mother transferred in Antepartum: Yes No | NYS Facility Mother Transferred From: | State/Terr./Province

Mother's Weight at Delivery:

154 lbs.

Fetal Presentation: (select one)

Cephalic Breech Other

Route & Method: (select one)

Spontaneous Forceps-Mid Forceps-Low/Outlet Vacuum Cesarean Unknown

Cesarean Section History:

Previous C-section Number

Attempted Procedures:

Was delivery with forceps attempted but unsuccessful? Yes No

Was delivery with vacuum extraction attempted but unsuccessful? Yes No

Trial of Labor

If Cesarean section, was trial labor attempted? Yes No

Indications for C-section

Unknown

Select all that apply

Failure to Progress Malpresentation Previous C-sect
 Fetus at Risk (NRFHT) Maternal Condition-Preg. Related Maternal Condition-Not Preg. Related
 Refused VBAC Elective Other

Indications for Vacuum:

Unknown

Select all that apply

Failure to progress Fetus at Risk
 Other

Indications for Forceps:

Unknown

Select all that apply

Failure to progress Fetus at Risk
 Other

Onset of Labor

None Unknown at this time

Select all that apply

Prolonged ROM (12 or more hrs.) Premature ROM (before onset of labor)
 Precipitous labor (less than 3 hrs.) Prolonged labor (20 or more hrs.)

A thing to remember – 'Previous C-sect' under 'Indications for C-Section' is only coded if there are two or more consecutive C-sections or one classical incision C-section.

Module 3 – L&D I

Extraction Exercise #2

Below are abridged chart notes and an abridged example of a patient summary created for Birth Certificate Registrars. You will only be entering data for the first half of the L&D portion of the work book.

Fill in the appropriate answers on the Birth Certificate Work Book excerpts (last page).

Chart Note 1: Attending Delivery note:

Patient is a 27 y.o. G2P0010, now G2P1011, who was admitted on 1/1/XX 3:52 am at 39w5d for labor. She received Pitocin for augmentation and an epidural for pain management. At 08:58, membranes were artificially ruptured for meconium. During the intrapartum period, she was diagnosed with chorioamnionitis and pre-eclampsia without severe features. She received antibiotics in labor. At 18:01, she spontaneously delivered a viable male infant in the LOA position. The head was delivered with maternal expulsive effort only, followed immediately by the shoulders with no additional maneuvers needed. There was no nuchal cord. The infant weighed 3235g with APGARs of 8 and 8. The cord was clamped and cut, and the infant was passed to awaiting personnel active and crying. On inspection of the vulva and perineum, a 2nd degree perineal laceration was repaired in two layers with 3-0 Vicryl. Mother and infant tolerated the delivery well. EBL 300 cc.

Chart Note 2: Attending Post-partum note:

Patient is a 27 y.o. G2P0010, now G2P1011, who was admitted on 1/1/XX for labor. Her pregnancy was complicated by an elevated 1 hr GTT with a normal 3 hr GTT. During her labor, she received an epidural for pain management. On 1/1/XX, she delivered a viable male infant via spontaneous vaginal delivery. Her delivery was complicated by chorioamnionitis as well as pre-eclampsia without severe features. She and her baby boy tolerated the delivery well. Her postpartum course was uncomplicated and she was discharged home in good condition after meeting all postpartum milestones.

Dating Summary

Working EDD: 01/03/XX set by MD on 10/21/XX based on Ultrasound on 05/09/XX						
Based On	EDD	GA Dif	GA	User	Date	
Last Menstrual Period on 03/23/XX	12/28/XX	+6d		MD	10/21/XX	
Ultrasound on 05/09/XX	01/03/XX	Working	5w6d	MD	10/21/XX	

OB History

Gravida	Para	Term	Preterm	AB	TAB	SAB	Ectopic	Multiple	Living
2	1	1		1		1		0	1

# Outcome	Date	GA	Labor/2nd	Weight	Sex	Delivery	Anes	PTL	Living	Name	Location	Delivering Clinician
1 Spontaneous Abortion												
2 Term	01/XXXX	39w5d	16h 43m / 2h 18m	3235 g M (7 lb. 2.1 oz.)	M	Vag-Spont	EPIDURAL-	N	Y	,BOY	Other	MD

Complications: Chorioamnionitis

OB Episode Encounters

Encounters related to Labor and Delivery Encounter on 1/1/XX with MD

Date	Encounter Type	Provider	Department	Reason
1/1/XX	Labor and Delivery Encounter	MD	OB	Pregnancy with one fetus
1/1/XX	Anesthesia Event	MD	OB	Not found
1/1/XX	Anesthesia	MD	OB	Not found

1/1/XX	History	MD	OB	Not found
12/31/XX	Labor and Delivery Encounter	MD	OB	Not found
12/31/XX	Labor and Delivery Encounter	MD	OB	Not found
10/21/XX	Labor and Delivery Encounter	MD	OB	Not found

Hospital Problems

	Priority	Class	Noted - Resolved
Active Problems			
SVD (spontaneous vaginal delivery)			1/1/XX - Present
Resolved Problems			
RESOLVED: Pregnancy with one fetus			1/1/XX - 1/1/XX

Non-Hospital Problems

	Priority	Class	Noted - Resolved
Active Problems			
39 weeks gestation of pregnancy			12/31/XX - Present
Resolved Problems			
RESOLVED: Yeast infection			10/21/XX - 1/3/XX

Medical History

None

Surgical History

Past Surgical History	Laterality	Last Occurrence	Comments
tonsillectomy [Other]			

Social History

Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Unknown
Tobacco Comment	
Alcohol Use	No
Drug Use	No
Sexual Activity	Yes; Male partners
ADL	Not Asked

Concurrent Nursing Documentation Maternal Information

ABO RH BLOOD TYPE

Date	Value	Ref Range	Status
01/01/XX	O RH NEG		Final

HBV S AG

Date	Value	Ref Range	Status
05/25/XX	NEG		Final

Comment:

Test Method: CMIA

RUBELLA IGG AB

Date	Value	Ref Range	Status
05/25/XX	POSITIVE		Final

Comment:

TEST METHOD: Multiplex flow immunoassay

HIV 1&2 ANTIGEN/ANTIBODY

Date	Value	Ref Range	Status
05/25/XX	Nonreactive		Final

Comment:

Test Method: CMIA

SYPHILIS SCREEN

Date	Value	Ref Range	Status
01/01/XX	Neg		Final

Comment:

TEST METHOD: BioPLEX(Multiplex Flow Immunoassay)

GROUP B STREP CULTURE

Date	Value	Ref Range	Status
12/08/XX	.		Final

Facility-Administered Medications as of 1/3/XX

Medication	Dose	Frequency	Last Dose
• [COMPLETED] gentamicin (GARAMYCIN) 40 MG/ML 422 mg in sodium chloride 0.9 % 110 mL IVPB	5 mg/kg	Once	422 mg at 01/01/XX 1541
• [COMPLETED] ampicillin (OMNIPEN) injection 2 gram ADS Med			2 g at 01/01/XX 1511
• [DISCONTINUED] ampicillin (OMNIPEN) 2,000 mg in sodium chloride 0.9 % mini-bag	2,000 mg	4 times per day	
• [DISCONTINUED] ampicillin (OMNIPEN) 2,000 mg in sodium chloride 0.9 % mini-bag	2,000 mg	4 times per day	2,000 mg at 01/01/XX 1511

Chromosome Analysis**** No results found for the last 7440 hours. ******Weights (last 3 days) before discharge**

Date/Time	Height	Weight	PrePregnancy Weight	Pregnancy weight change (kg)	BMI (Calculated)	BSA (Calculated - sq m)	Who
01/01/XX 0404	1.499 m (4' 11")	84.4 kg (186 lb)	--	--	37.6	1.87 sq meters	AL

Shown)

nalbuphine (NUBAIN) injection 15 mg (mg)

Total dose: **15 mg** ⌵

Dose	Action	Route	Admin Date/Time	Admin User
15 mg	Given	Intravenous Medication (See eMAR)	01/01/XX 1153	RN

nalbuphine (NUBAIN) 10 MG/ML injection (mg)

Total dose: **15 mg** ⌵

Dose	Action	Route	Admin Date/Time	Admin User
15 mg	Given	Intravenous Medication (See eMAR)	01/01/XX 1153	RN

Nursing Epidural Events

None

Anesthesia Record

[Anesthesia Record](#)

Steroidal Medications (Filter: ERX GENERAL PQRI GLUCOCORTICOID MEDICATIONS MEASURE 180 Medications Shown)

None

Events

Date/Time	Event	Pt Class	Unit	Room/Bed	Service
01/01/XX 0352	Admission	Observation	OB	OB	
01/01/XX 1806	Patient Update	Inpatient	OB	OB	

Garnier, Vincent Charles [3224549] ⌵

Delivery Information

Boy Sex: male Gestational Age: 39w5d MRN: _____ PCP: MD

Delivery Date/Time: 1/1/XX

Time of Head Delivery: 1/1/XX 6:01 PM

Delivery Type: Vaginal, Spontaneous Delivery Meconium at time of delivery: mod/heavy

Delivery Location: LDRP

Labor Onset Date/Time: 12/31/XX 11:00 PM **Dilation Complete Date/Time:** 1/1/XX 3:43 PM

Preterm labor: No **Antenatal steroids:** None **Antibiotics received during labor:**

First Cervical ripening date/time: / **Cervical ripening Type:**

Rupture Date: 1/1/XX **Rupture Time:** 8:58 AM **Details:** Rupture Type: Artificial **Color:** Non Particulate Meconium **Amount:** Moderate

Induction:

Indications: Augmentation: Oxytocin

Labor complications: Chorioamnionitis

@OBDELIVERYPROVIDERS@ **Anesthesia Method:** Epidural- **Analgesics:**

Presentation: Vertex **Position:** Left Occiput Anterior

Prophylactic Maneuver: No

Shoulder Dystocia: No

Resuscitation: Dry; Tactile Stimulation; Bulb Suctioning; Tracheal Suctioning

Living Status: Yes

APGARs	Total	Color	Reflex irritability	Breath	Heart Rate	Muscle Tone	Assigned By (greater than 7 no need for next measurement)
1 min	8	1	2	1	2	2	NICU
5 min	8	1	2	1	2	2	NICU
10 min							
15 min							
20 min							
25 min							
30 min							

Birth Weight: Height: Head Circumference: Observed Anomalies:

Cord: 3 Vessels Complications: NONE Clamping Delayed: 0 Clamped Date/Time: Cord blood disposition: Lab Gases sent: Yes Stem cell collection -by MD-: No

Maternal Info:

Placenta Delivery Date/Time: 1/1 6:10 PM Removal: Spontaneous Appearance: Intact Disposition: pathology

Bonding:

Stages of Labor: Stage One: 16h 43m Stage Two: 2h 18m Stage Three: 0h 9m

Episiotomy: None

Perineal lacerations: Repaired

Delivery est. blood loss (mL): 300.00

Needle Count: Correct

Sponge Count: Correct

Procedures: None

***Labor Event Times**

Labor Onset Date:	12/31/XX	Labor Onset Time:	11:00 PM EST
Dilation Complete Date:	1/1/XX	Dilation Complete Time:	3:43 PM

***Labor Events**

Preterm laborXX: No
 Rupture date: 1/1/XX Rupture type: Artificial
 Rupture Time: 8:58 AM
 Induction: AROM Augmentation: Oxytocin

Hospital Problems

	Priority	Class	Noted - Resolved
--	----------	-------	------------------

Active Problems

Term newborn delivered vaginally, current hospitalization	1/2/XX - Present
Newborn suspected to be affected by chorioamnionitis	1/2/XX - Present

Non-Hospital Problems

None

Concurrent Nursing Documentation Newborns

Concurrent Nursing Documentation
 NYS Shaken Baby Syndrome Signature Complete:: 01/03/XX
 Newborn Safe to Sleep Complete:: 01/03/XX
 DOHM Finalized (Mom and Baby): Yes
 NYS NB Screen Number:: _____
 Newborn Hearing Rt Ear Results: Pass
 Newborn Hearing Lt Ear Results: Pass

Hepatitis B Vaccine:: Given
Cord Clamp Removed:: Yes
CCHD Results: Passed-Negative Screen

NEWBORN ABO RH

Date	Value	Ref Range	Status
01/01/XX	O RH POS		Final

Immunization History

Administered	Date(s) Administered
• Hepatitis B Ped/Adol(ENGERIX-B/RECOMBIVAX HB)	01/01/XX

Pertussis educational material presented to patients family concerning Pertussis vaccination availability. (Year-Round)

Pertussis Edu Material Presented : Yes

Influenza educational material presented to patients family concerning Influenza vaccination availability.(FLU season only)

Influenza Edu Material Presented : Yes

Antibiotics (Filter: URMIC RX BROAD SPECTRUM ABX Medications Shown)

None

Events

Date/Time	Event	Pt Class	Unit	Room/Bed	Service
01/01/XX 1801	Admission	Inpatient	OBN	NBN	
01/01/XX 1806	Patient Update	Inpatient	OBN	NBN	

Module 3 - L&D I

Extraction Exercise #2 Work Book Excerpts

Enter the correct information

Labor & Delivery		
Labor & Delivery	Mother Transferred in Antepartum: <input type="checkbox"/> Yes <input type="checkbox"/> No	NYS Facility Mother Transferred From: _____
	Mother's Weight at Delivery: _____ lbs.	State/Terr./Province: _____
Method of Delivery	Fetal Presentation: (select one) <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other	
	Route & Method: (select one) <input type="checkbox"/> Spontaneous <input type="checkbox"/> Forceps – Mid <input type="checkbox"/> Forceps – Low / Outlet <input type="checkbox"/> Vacuum <input type="checkbox"/> Cesarean <input type="checkbox"/> Unknown	
	Cesarean Section History: <input type="checkbox"/> Previous C-Section Number <input type="text"/>	
	Attempted Procedures: Was delivery with forceps attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No Was delivery with vacuum extraction attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Labor & Delivery		
Method of Delivery	Trial Labor: If Cesarean section, was trial labor attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Indications for C-Section: <input type="checkbox"/> Unknown Select all that apply <input type="checkbox"/> Failure to progress <input type="checkbox"/> Fetus at Risk / NFS <input type="checkbox"/> Refused VBAC	<div style="font-size: 2em; font-weight: bold; text-align: center;">Q1</div> <input type="checkbox"/> Malpresentation <input type="checkbox"/> Maternal Condition – Not Pregnancy Related <input type="checkbox"/> Elective <input type="checkbox"/> Previous C-Section <input type="checkbox"/> Maternal Condition – Pregnancy Related <input type="checkbox"/> Other
	Indications for Vacuum: <input type="checkbox"/> Unknown Select all that apply <input type="checkbox"/> Failure to progress <input type="checkbox"/> Other	<div style="font-size: 2em; font-weight: bold; text-align: center;">Q1</div> <input type="checkbox"/> Fetus at Risk
Labor	Indications for Forceps: <input type="checkbox"/> Unknown Select all that apply <input type="checkbox"/> Failure to progress <input type="checkbox"/> Other	<div style="font-size: 2em; font-weight: bold; text-align: center;">Q1</div> <input type="checkbox"/> Fetus at Risk
	Onset of Labor <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time Select all that apply <input type="checkbox"/> Prolonged Rupture of Membranes -- (12 or more hours) <input type="checkbox"/> Prolonged Labor (20 or more hours) <input type="checkbox"/> Premature Rupture of Membranes -- (prior to labor) <input type="checkbox"/> Precipitous Labor -- (less than 3 hours)	

See next page for answers

Module 3 L&D 1

Extraction Exercise-2 Answers

Mother transferred in Antepartum: NYS Facility Mother Transferred From: State/Terr./Province
 Yes No

Mother's Weight at Delivery:

186 lbs.

Fetal Presentation: (select one)

Cephalic Breech Other

Route & Method: (select one)

Spontaneous Forceps-Mid Forceps-Low/Outlet Vacuum Cesarean Unknown

Cesarean Section History:

Previous C-section Number

Attempted Procedures:

Was delivery with forceps attempted but unsuccessful? Yes No

Was delivery with vacuum extraction attempted but unsuccessful? Yes No

Trial of Labor

If Cesarean section, was trial labor attempted? Yes No

Indications for C-section

Unknown

Select all that apply

Failure to Progress Malpresentation Previous C-sect
 Fetus at Risk (NRFHT) Maternal Condition-Preg. Related Maternal Condition-Not Preg. Related
 Refused VBAC Elective Other

Indications for Vacuum:

Unknown

Select all that apply

Failure to progress Fetus at Risk
 Other

Indications for Forceps:

Unknown

Select all that apply

Failure to progress Fetus at Risk
 Other

Onset of Labor

None Unknown at this time

Select all that apply

Prolonged ROM (12 or more hrs.) Premature ROM (before onset of labor)
 Precipitous labor (less than 3 hrs.) Prolonged labor (20 or more hrs.)

Scenario Exercise(s)

Module 3 – L&D I

Scenario Exercises

Enter the correct information

Exercise #1

A woman who has been scheduled for a repeat C-section goes into labor. She has one prior C-section. On arrival to the hospital she declines a VBAC. She has no other indication for the C-section.

Please code the following:

Trial of Labor If Cesarean section, was trial labor attempted? ___ Yes ___ No

Indications for C-section

___ Failure to Progress ___ Malpresentation ___ Previous C-sect
___ Fetus at Risk (NRFHT) ___ Maternal Condition-Preg. Related ___ Maternal Condition-Not Preg. Related
___ Refused VBAC ___ Elective ___ Other

Exercise #2

The laboring woman was fully dilated and has been pushing for 2½ hours bringing the baby to only station +2. A vacuum was placed. The extraction was unsuccessful. The woman was taken to the OR for a C-section delivery

Route & Method: *(select one)*

___ Spontaneous ___ Forceps-Mid ___ Forceps-Low/Outlet ___ Vacuum ___ Cesarean ___ Unknown

Attempted Procedures:

Was delivery with forceps attempted but unsuccessful? ___ Yes ___ No

Was delivery with vacuum extraction attempted but unsuccessful? ___ Yes ___ No

Indications for C-section

___ Failure to Progress ___ Malpresentation ___ Previous C-sect
___ Fetus at Risk (NRFHT) ___ Maternal Condition-Preg. Related ___ Maternal Condition-Not Preg. Related
___ Refused VBAC ___ Elective ___ Other

Indications for Vacuum: ___ Failure to progress ___ Fetus at Risk ___ Other

Exercise #3

A C-section was done following 1 prior C-section. The hospital where the woman delivered was at a non-VBAC hospital. The woman had been diagnosed as having a placenta previa covering the os 1 week prior to delivery at which time the C-section was planned.

Indications for C-section

___ Failure to Progress ___ Malpresentation ___ Previous C-sect
___ Fetus at Risk (NRFHT) ___ Maternal Condition-Preg. Related ___ Maternal Condition-Not Preg. Related
___ Refused VBAC ___ Elective ___ Other

See next page for answers

Module 3 – L&D I

Scenario Exercises Answers

Exercise #1

Trial of Labor If Cesarean section, was trial labor attempted? Yes No

Indications for C-section

Failure to Progress Malpresentation Previous C-sect
 Fetus at Risk (NRFHT) Maternal Condition-Preg. Related Maternal Condition-Not Preg. Related
 Refused VBAC Elective Other

If a woman is admitted in labor and a C-section delivery was planned prior to the onset of labor and the baby is delivered by C-section the “Trial of Labor” should be coded as ‘No’. (Slide 11)

If the woman is eligible for a vaginal delivery after a previous C-section but refuses, select ‘Refused VBAC’. (Slide 12)
“Elective” means that the C-section was planned prior to the onset of labor (Slide 15)

Exercise #2

Route & Method: *(select one)*

Spontaneous Forceps-Mid Forceps-Low/Outlet Vacuum Cesarean Unknown

Attempted Procedures:

Was delivery with vacuum extraction attempted but unsuccessful? Yes No

Indications for C-section

Failure to Progress Malpresentation Previous C-sect
 Fetus at Risk (NRFHT) Maternal Condition-Preg. Related Maternal Condition-Not Preg. Related
 Refused VBAC Elective Other

Indications for Vacuum: Failure to progress Fetus at Risk Other

“Route and Method” is the final method of delivery minus attempts (Slide 7)

As she had pushed for 2 ½ hours without progress you would code “Failure to Progress” (Slide 12)

Exercise #3

Indications for C-section

Failure to Progress Malpresentation Previous C-sect
 Fetus at Risk (NRFHT) Maternal Condition-Preg. Related Maternal Condition-Not Preg. Related
 Refused VBAC Elective Other

“Elective” means that the C-section was planned prior to the onset of labor (Slide 15)

Placenta Previa is a pregnancy related condition which prohibits the woman from delivering vaginally.

Module Evaluation

MODULE THREE EVALUATION

(Please check the appropriate response)

1. **If a mother requests transfer to another hospital for personal reasons is *Mother Transferred in the Antepartum* checked “Yes”?**
 - No
 - Yes

2. **If mother is not weighed on admission to L&D which of the following is correct when entering *Mother’s Weight at Delivery*?**
 - Use weight from last prenatal visit
 - Leave field blank as there is no actual L&D weight
 - Use prenatal visit weight only if within 2 weeks of delivery

3. **Is the use of forceps to extract the infant from the uterus during a C-section entered in the *Attempted Procedures* field?**
 - No
 - Yes

4. ***Trial labor* is coded if a mother with a C-section planned prior to the onset of labor is experiencing labor on admission to L&D.**
 - True
 - False

5. **“Elective” when selected as an indication for C-section means that the C-section was planned (prior to the onset of labor).**
 - True
 - False

6. **If the mother is eligible for a VBAC (had one prior C-section) but the hospital does not perform VBACs which of the *Indications for C-section* below should be entered?**
 - Refused VBAC
 - Elective/Other
 - Neither of the above

7. **If an infant is noted to have “persistent decels” necessitating an immediate C-section, which of the *Indications for C-section* below should be entered?**
 - Failure to Progress
 - Maternal Condition- pregnancy related
 - Fetus at Risk / NFS

8. **When a mother who had one previous C-section delivers again by C-section, ‘Previous C-section’ is always entered as an *Indication for the C-section*.**
 - True
 - False

9. **If a C-section is performed for the condition “cephalopelvic disproportion” (CPD) diagnosed prior to the onset of labor which of the following *Indications for C-section* would likely be entered?**
 - Failure to Progress

- Elective
- Maternal Condition Pregnancy Related
- Other

10. If the amniotic sac (membranes) ruptured after the onset of labor and more than 12 hours prior to delivery which of the following would you select:

- Prolonged rupture of Membranes
- Premature Rupture of Membranes
- Prolonged Labor

See next page for answers

MODULE THREE EVALUATION ANSWERS

1. **If a mother requests transfer to another hospital for personal reasons is *Mother Transferred in the Antepartum* checked “Yes”?**

- No
- o Yes

Answer: “Yes” *only* entered when maternal transfer is for medical reasons. (Slide 3)

2. **If mother is not weighed on admission to L&D which of the following is correct when entering *Mother’s Weight at Delivery*?**

- o Use weight from last prenatal visit
- o Leave field blank as there is no actual L&D weight
- Use prenatal visit weight only if within 2 weeks of delivery

Answer: Prenatal weight within 2 weeks of delivery can be used for L&D weight. (Slide 4)

3. **Is the use of forceps to extract the infant from the uterus during a C-section entered in the *Attempted Procedures* field?**

- No
- o Yes

Answer: The use of forceps / vacuum to extract the infant from the uterus during a C-section is *NOT* entered. (Slide 10)

4. ***Trial of labor* is coded if a mother with a C-section planned prior to the onset of labor is experiencing labor on admission to L&D.**

- o True
- False

Answer: If a woman is admitted in labor and the C-section was planned prior to the onset of labor and the baby is delivered by C-section, Trial of Labor should be entered as ‘No’. (Slide 11)

5. **“Elective” when selected as an indication for C-section means that the C-section was planned (prior to the onset of labor).**

- True
- o False

Answer: The term “elective” means that the C-section was planned prior to the onset of labor (Slide 15)

6. **If the mother is eligible for a VBAC (had one prior C-section) but the hospital does not perform VBACs which of the *Indications for C-section* below should be entered?**

- o Refused VBAC
- Elective/Other
- o Neither of the above

Answer: Enter ‘Elective’ as the C-sect was planned before admission and ‘Other’ as indication that the hospital does not do VBAC’s and other. (Slide 12)

7. **If an infant is noted to have “persistent decels” necessitating an immediate C-section, which of the *Indications for C-section* below should be entered?**

- o Failure to Progress
- o Maternal Condition- pregnancy related
- Fetus at Risk / NFS

Answer: Indicators for Fetus at Risk include “Persistent late decelerations during most contractions” (Slide 13)

8. When a mother who had one previous C-section delivers again by C-section, 'Previous C-section' is always entered as an *Indication for the C-section*.

- True
- False

Answer: Select "Previous C-section" if a mother has had 2 or more consecutive transverse cut C-sections or just one prior classical C-section. If you do not know what type of incision was used for the previous C-section assume it was a transverse incision. (Classical incisions are very rare) (Slide 16)

9. If a C-section is performed for the condition "cephalopelvic disproportion" (CPD) diagnosed prior to the onset of labor which of the following *Indications for C-section* would likely be entered?

- Failure to Progress
- Elective
- Maternal Condition Pregnancy Related
- Other

Answer: "Elective" (C-section planned prior to the onset of labor) and "Other" would be entered for CPD. (Slide 17)

10. If the amniotic sac (membranes) ruptured after the onset of labor and more than 12 hours prior to delivery which of the following would you select:

- Prolonged rupture of Membranes
- Premature Rupture of Membranes
- Prolonged Labor

Answer: "Prolonged rupture of membranes" is selected when membranes have been ruptured for 12 hours or more prior to delivery. "Premature rupture of membranes" is selected only when membranes rupture prior to the onset of labor which is not true in the example above. "Prolonged labor" is concerned with the length of labor (20 hours or more) and has nothing to do with the rupture of membranes. (Slide 20)

Extra Information

Module 3

Coding Fetal Presentation- It's what is presenting at or through the cervix.

(according to Dr C Glantz)

Fetal Presentation- C-section

It can be confusing during a cesarean (especially with multiple gestations), because presentation can change.

- For most cesarean deliveries, use the presentation that preceded any manipulation. Otherwise, it would sound as though an indication for delivery was malpresentation, even though the fetus may have been vertex just moments before.
- Plus, if one makes a high uterine incision for whatever reason (adhesions, accreta, etc.), the only way to safely pull a vertex fetus out is by grasping the hips and pulling upwards, delivering the pelvis (breech) first out the top of the uterus. That fetal presentation still would be considered to be vertex.

Fetal Presentation - Vaginal

- Vaginal delivery of twins - Twin B's presentation can change after delivery of Twin A. Vertex before Twin A delivered and different after Twin A delivers (e.g., breech). In those cases, I would use the presentation at delivery (in this example, breech, the final presentation).
- Another rare situation would be a vertex presentation in which the OB does an internal podalic version (converts a vtx to a breech) in the delivery room, say for a cord prolapse, and delivers the fetus as a breech.
- The take-home message here would be that, unlike cesarean, for vaginal delivery I would use the presentation at delivery, even if preceded by maneuvers.

Twins: When coding malpresentation as an indication for C-section (what the SPDS will & will not allow):

- Twin A is malpresenting—code as malpresentation
- Twin B is automatically coded as malpresentation but you can recode removing 'malpresentation' as an indication for twin B

- If you code Twin B as malpresentation, Twin A is automatically coded as malpresentation and this code can't be changed.