

# Guide to Completing The Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (2003 revision)

## How To Use This Guide

This guide was developed to assist in completing the facility worksheets for the revised Certificate of Live Birth and Report of Fetal Death. (Facility worksheet (FWS), Birth Certificate (BC), Facility worksheet for the Report of Fetal Death (FDFWS), Report of Fetal Death (FDR))

Definitions	Instructions	Sources	Keywords/Abbreviations
Defines the items in the order they appear on the facility worksheet	Provides specific instructions for completing each item	<p>Identifies the sources in the medical records where information for each item can be found. The specific records available will differ somewhat from facility to facility. <b>The source listed first (1<sup>st</sup>) is considered the best or preferred source.</b> Please use this source whenever possible. All subsequent sources are listed in order of preference. The precise location within the records where an item can be found is further identified by “<i>under</i>” and “<i>or.</i>”</p> <p><b>Example:</b> To determine whether gestational diabetes is recorded as a “Risk factor in this Pregnancy” (item 14) in the records: The 1<sup>st</sup> or best source is: The prenatal care record Within the prenatal care record, information on diabetes may be found <i>under</i>—</p> <ul style="list-style-type: none"> <li>● Medical history</li> <li>● Previous obstetric (OB) history</li> <li>● Problem list, or initial risk assessment</li> <li>● Historical risk summary</li> <li>● Complications of previous pregnancies</li> <li>● Factors this pregnancy</li> </ul>	<p>■ Identifies alternative, usually synonymous terms, common abbreviations, and acronyms for items. The keywords and abbreviations given in this guide are not intended as inclusive. Facilities and practitioners will likely add others to the lists.</p> <p><b>Example:</b> For <b>prepregnancy</b> diabetes are: DM - Diabetes mellitus Type 1 diabetes IDDM - Insulin dependent diabetes mellitus Type 2 diabetes Noninsulin dependent diabetes mellitus Class B DM Class C DM Class D DM Class F DM Class R DM Class H DM</p>

**How To Use This Guide—Con.**

Definitions	Instructions	Sources	Keywords/Abbreviations
			<ul style="list-style-type: none"> <li>■ Medications commonly used for items  <b>Example:</b>                      “Clomid” for “Assisted reproduction treatment”</li> <li>■ “<i>Look for</i>” is used to indicate terms that may be associated with, but are not synonymous with, an item. Terms listed under “<i>look for</i>” may indicate that an item should be reported for the pregnancy, but additional information will be needed before it can be determined whether the item should be reported.  <b>Example:</b>                      “Trial of labor” for “cesarean delivery”</li> </ul>
<p><b>MISSING INFORMATION</b></p>	<p>Where information for an item cannot be located, please write “unknown” on the paper copy of the worksheet.</p>		

## Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>1. Facility name (BC #5, FDFWS #1, FDR #8)</b>			
<p>The name of the facility where the delivery took place</p>	<p>Enter the name of the facility where the birth occurred.</p> <p>If this birth did not occur in a hospital or freestanding birthing center, enter the street and number of the place where the birth occurred.</p> <p>If this birth occurred en route, that is, in a moving conveyance, enter the city, town, village, or location where the child was first removed from the conveyance.</p> <p>If the birth occurred in international airspace or waters, enter “plane” or “boat.”</p>		
<b>2. Facility I.D. (BC #17, FDFWS #2, FDR #9)</b>			
<p>National Provider Identifier</p>	<p>Enter the facility’s National Provider Identification Number (NPI).</p> <p>If no NPI, enter the State hospital code.</p>		<p>NPI</p>
<b>3. City, town, or location of birth (BC #6, FDFWS #3, FDR #5)</b>			
<p>The name of the city, town, township, village, or other location where the birth occurred</p>	<p>Enter the name of the city, town, township, village, or other location where the birth occurred.</p> <p>If the birth occurred in international waters or airspace, enter the location where the infant was first removed from the boat or plane.</p>		

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>4. County of birth (BC #7, FDFWS #4, FDR #6)</b>			
The name of the county where the birth occurred	Enter the name of the county where the birth occurred.  If the birth occurred in international waters or airspace, enter the name of the county where the infant was removed from the boat or plane.		
<b>5. Place where birth/delivery occurred/Birthplace (BC #26, FDFWS #5, FDR #7)</b>			
The type of place where the birth occurred	Check the box that best describes the type of place where the birth occurred.	1 <sup>st</sup> Admission History and Physical (H&P) <i>under</i> — General Admission <i>under</i> —	
<b>Hospital</b>		<ul style="list-style-type: none"> <li>Admitted from home, doctor's office, other <i>or</i>—</li> <li>Problem list/findings</li> </ul>	FBC - Freestanding birthing center
<b>Freestanding birthing center</b> No direct physical connection with an operative delivery center		2 <sup>nd</sup> Delivery Record <i>under</i> —	
<b>Home birth</b> The birth occurred at a private residence	If home birth is checked, check whether the home birth was planned. If unknown whether a planned home birth write "unknown."	<ul style="list-style-type: none"> <li>Delivery information</li> <li>Labor and delivery summary</li> <li>Maternal obstetric (OB)/labor summary <i>under</i>—delivery</li> <li>Summary of labor and delivery (L&amp;D)</li> </ul>	
<b>Clinic/Doctor's office</b>		3 <sup>rd</sup> Basic Admission Data	
<b>Other</b>	Specify taxi, cab, train, plane, etc.	4 <sup>th</sup> Progress Notes or Note	

**The prenatal care record is the preferred source for items 6 through 16.  
If the prenatal care record is not in the mother’s file, please contact the prenatal care provider and obtain a copy of the record.**

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>6(a). Date of first prenatal care visit (BC #29a, FDFWS #6a, FDR #23a)</b>			
<p>The date a physician or other health care professional first examined and/or counseled the pregnant woman for the pregnancy</p>	<p>Enter the month, day, and year of the first prenatal care visit. Complete all parts of the date that are available. Leave the rest blank.</p> <p>If “no prenatal care,” check the box and skip to 6(c).</p>	<p>1<sup>st</sup> Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Intake information</li> <li>• Initial physical exam</li> <li>• Prenatal Visits Flow Sheet</li> <li>• Current pregnancy</li> </ul> <p>2<sup>nd</sup> Initial Physical Examination</p>	<p>PNC - Prenatal care</p>
<b>6(b). Date of last prenatal care visit (BC #29b, FDFWS #6b, FDR #23b)</b>			
<p>The month, day, and year of the last prenatal care visit recorded in the records</p>	<p>Enter the month, day, and year of the last prenatal care visit recorded in the records.</p> <p><b>NOTE:</b> Enter the date of the last visit given in the most current record available. <u>Do not estimate the date of the last visit.</u></p> <p>Complete all parts of the date that are available. Leave the rest blank.</p>	<p>1<sup>st</sup> Prenatal Care Record <i>under</i>— Current Pregnancy</p> <p>2<sup>nd</sup> Prenatal Visits Flow Sheet (last date shown)</p>	<p>PNC - Prenatal care</p>

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>7. Total number of prenatal care visits for this pregnancy (BC #30, FDFWS #7, FDR #24)</b>			
The total number of visits recorded in the record	<p>Count only those visits recorded in the record.</p> <p><b>NOTE:</b> Enter the total number of visits listed in the most current record available. Do not estimate additional visits when the prenatal record is not current.</p> <p>If none, enter “0.” The “no prenatal care” box should also be checked in item 6(a).</p>	<p>1<sup>st</sup> Prenatal Care Record <i>under</i>— Prenatal Visits Flow Sheet (count visits)</p>	PNC - Prenatal care
<b>8. Date last normal menses began (BC #30, FDFWS #8, FDR #24)</b>			
<p>The date the mother’s last normal menstrual period began</p> <p>This item is used to compute the gestational age of the infant.</p>	<p>Enter all known parts of the date the mother’s last normal menstrual period began. If no parts of the date are known, write “unknown.”</p>	<p>1<sup>st</sup> Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Menstrual history</li> <li>• Nursing admission triage form</li> </ul> <p>2<sup>nd</sup> Admission H&amp;P <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Medical History</li> </ul>	LMP - Last menstrual period

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>9. Number of previous live births now living (BC #35a, FDFWS #9, FDR #29a)</b>			
The total number of previous live-born infants now living	<p>Do not include this infant.</p> <p>Include all previous live-born <u>infants</u> who are still living.</p> <p><b>For multiple deliveries:</b> Include all live-born infants <u>before</u> this infant in the pregnancy.</p> <p>If the first born, do not include this <u>infant</u>.</p> <p>If the second born, include the first born, etc.</p> <p><b>If no previous live-born infants, check “none.”</b></p> <p><b>See “Facility Worksheet Attachment for Multiple Births.”</b></p>	<p>1<sup>st</sup> Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Intake information</li> <li>• Gravida section - L (living) - last number in series</li> <li>• Para section - L - last number in series</li> <li>• Pregnancy history information</li> <li>• Previous OB history</li> <li>• Past pregnancy history</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i>—Patient Data</p> <p>3<sup>rd</sup> Admission H&amp;P</p>	<p>L - Now living</p> <p><i>Look for:</i></p> <p>G - Gravida – Total number of pregnancies</p> <p>P - Para - Previous live births and fetal deaths &gt;28 weeks of gestation</p> <p>T - Term - Delivered at 37 to 40 weeks gestation</p>
<b>10. Number of previous live births now dead (BC #35b, FDFWS #10, FDR #29b)</b>			
The total number of previous live-born infants now dead	<p>Do not include <u>this infant</u>.</p> <p>Include all previous live-born infants who are no longer living.</p> <p><b>For multiple deliveries:</b> Include all live-born infants before this infant in the pregnancy who are now dead.</p> <p>If the first born, do not include this infant.</p> <p>If the second born, include the first born, etc.</p> <p><b>If no previous live-born infants now dead, check “none.”</b></p> <p><b>See “Facility Worksheet Attachment for Multiple Births.”</b></p>	<p>1<sup>st</sup> Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Pregnancy history information - comments, complications</li> <li>• Previous OB history - comments, complications</li> <li>• Past pregnancy history - comments, complications</li> </ul> <p>2<sup>nd</sup> Admission H&amp;P</p>	<p><i>See above</i></p> <p>Expired</p>



Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>11. Date of last live birth (BC #35c, FDFWS #11, FDR #29c)</b>			
The date of birth of the last live-born infant	If applicable, enter the month and year of birth of the last live-born infant. <u>Include live-born infants now living and now dead.</u>	1 <sup>st</sup> Prenatal Care Record <i>under</i> — <ul style="list-style-type: none"> <li>• Pregnancy history information - date</li> <li>• Previous OB history - date</li> <li>• Past pregnancy history - date</li> </ul> 2 <sup>nd</sup> Admission H&P	DOB - Date of birth
<b>12. Number of other pregnancy outcomes (BC #36a, FDFWS #12, FDR #30a)</b>			
Total number of other pregnancy outcomes that <u>did not result in a live birth</u> Includes pregnancy losses of any gestation age Examples: spontaneous or induced losses or ectopic pregnancy	Include all <u>previous pregnancy losses that did not result in a live birth.</u> <b>If no previous pregnancy losses, check “none.”</b> <b>For multiple deliveries:</b> Include all previous pregnancy losses <u>before this infant in this pregnancy and in previous pregnancies.</u>	1 <sup>st</sup> Prenatal Care Record <i>under</i> — <ul style="list-style-type: none"> <li>• Gravida section - “A” (abortion/miscarriage)</li> <li>• PARA section - “A”</li> <li>• Pregnancy history information - comments, complications</li> <li>• Previous OB history - comments, complications</li> <li>• Past pregnancy history— comments, complications</li> </ul> 2 <sup>nd</sup> Labor and Delivery Nursing Admission Triage Form 3 <sup>rd</sup> Admission H&P	Miscarriages Fetal demise AB - Abortion induced SAB - Spontaneous abortion TAB - Therapeutic abortion Abortion spontaneous Septic abortion Ectopic pregnancy Tubal pregnancy FDIU - Fetal death in utero IUFD - Intrauterine fetal death
<b>13. Date of last other pregnancy outcome (BC #36b, FDFWS #13, FDR #30b)</b>			
The date that the last pregnancy that <u>did not result in a live birth ended</u> Includes pregnancy losses at any gestational age Examples: spontaneous or induced losses or ectopic pregnancy	If applicable, enter the month and year.	1 <sup>st</sup> Prenatal Care Record <i>under</i> — <ul style="list-style-type: none"> <li>• Pregnancy history information</li> <li>• Previous OB history</li> <li>• Past pregnancy history</li> </ul> 2 <sup>nd</sup> Admission H&P	

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>14. Risk factors in this pregnancy (BC #41, FDFWS #14, FDR #36)</b>			
Risk factors of the mother during this pregnancy	<p>Check all boxes that apply. The mother may have more than one risk factor.</p> <p>If the mother has none of the risk factors, check “none of the above.”</p>	<i>See below</i>	<i>See below</i>
<p><b>Diabetes</b></p> <p>Glucose intolerance requiring treatment.</p> <p><b>Prepregnancy</b> Diagnosis before this pregnancy</p>	<p>If diabetes is present, check either prepregnancy or gestation diabetes. <u>Do not check both.</u></p>	<p>1<sup>st</sup> Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Previous OB history <i>under</i>— summary of previous pregnancies</li> <li>• Problem list <i>or</i>— initial risk assessment</li> <li>• Historical risk summary</li> <li>• Complications of previous pregnancies</li> <li>• Factors this pregnancy</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Medical complications</li> <li>• Comments</li> </ul>	<p><b>Prepregnancy</b> DM - Diabetes mellitus Type 1 diabetes IDDM - Insulin-dependent diabetes mellitus Type 2 diabetes Noninsulin-dependent diabetes mellitus Class B DM Class C DM Class D DM Class F DM Class R DM Class H DM</p>
<p><b>Gestational</b> Diagnosis during this pregnancy</p>		<p>3<sup>rd</sup> Admission H&amp;P <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Medical history</li> <li>• Previous OB history <i>under</i>— pregnancy related</li> <li>• Problem list/findings</li> </ul>	<p><b>Gestational</b> GDM - Gestational diabetes mellitus IDGDM - Insulin-dependent gestational diabetes mellitus Class A1 or A2 diabetes mellitus</p>

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>14. Risk factors in this pregnancy—Con.</b>			
<b>Diabetes—Con.</b>		4 <sup>th</sup> Delivery Record <i>under</i> — <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul>	
<b>Hypertension</b> Elevation of blood pressure above normal for age, gender, and physiological condition	If hypertension is present, check either prepregnancy or gestational hypertension. <u>Do not check both.</u>	<i>See above</i>	
<b>Prepregnancy (chronic)</b> Diagnosis prior to the onset of this pregnancy			<b>Prepregnancy</b> CHT - Chronic hypertension
<b>Gestational</b> Diagnosis in this pregnancy (Pregnancy-induced hypertension, preeclampsia, or eclampsia)			<b>Gestational</b> PIH - Pregnancy-induced hypertension Preeclampsia Eclampsia Transient hypertension HELLP Syndrome
<b>Previous preterm births</b> History of pregnancy(ies) terminating in a <u>live birth</u> of less than 37 completed weeks of gestation		1 <sup>st</sup> Prenatal Care Record <i>under</i> — <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Previous OB history <i>under</i>—summary of previous pregnancies</li> <li>• Problem list <i>or</i>—initial risk assessment</li> <li>• Historical risk summary</li> <li>• Complications of previous pregnancies</li> </ul>	PTL - Preterm labor P - Premature

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>14. Risk factors in this pregnancy—Con.</b>			
Previous preterm births—Con.		<p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under—</i></p> <ul style="list-style-type: none"> <li>• Medical complications</li> <li>• Comments</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P <i>under—</i></p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Previous OB history <i>under—</i> pregnancy related</li> <li>• Problem list/findings</li> </ul>	
<p><b>Other previous poor pregnancy outcome</b></p> <p>History of pregnancies continuing into the 20<sup>th</sup> week of gestation and resulting in any of the listed outcomes:</p> <ul style="list-style-type: none"> <li>– Perinatal death (including fetal and neonatal deaths)</li> <li>– Small for gestational age</li> <li>– Intrauterine-growth-restricted birth</li> </ul>		<p>1<sup>st</sup> Prenatal Care Record <i>under—</i></p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Previous OB history <i>under—</i> summary of previous pregnancies</li> <li>• Problem list <i>or—</i>initial risk assessment</li> <li>• Historical risk summary</li> <li>• Complications of previous pregnancies</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under—</i>Comments</p> <p>3<sup>rd</sup> Admission H&amp;P <i>under—</i></p> <ul style="list-style-type: none"> <li>• Previous OB history <i>under—</i> pregnancy related</li> <li>• Complications Previous Pregnancies</li> <li>• Problem list/findings</li> </ul>	<p>IUGR - Intrauterine growth retardation            FDIU - Fetal death in utero            SGA - Small for gestational age            SFD - Small for dates            Stillborn</p> <p><i>Look for:</i>            PROM - Premature rupture of membranes            PPROM - Preterm premature rupture of membranes</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>14. Risk factors in this pregnancy—Con.</b></p> <p><b>Vaginal bleeding during this pregnancy before the onset of labor</b></p> <p>Any vaginal bleeding occurring any time in the pregnancy <u>before the onset of labor</u></p>		<p>1<sup>st</sup> Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Problem list <i>or</i>—initial risk assessment</li> <li>• Complications</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Admission chief complaint</li> <li>• Comments</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Admission chief complaint</li> <li>• Current pregnancy history</li> <li>• Problem list/findings</li> </ul> <p>4<sup>th</sup> Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul>	<p><i>Look for:</i></p> <p>Placenta abruptio</p> <p>Placenta previa</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>14. Risk factors in this pregnancy—Con.</b></p> <p><b>Pregnancy as a result of infertility treatment</b></p> <p>Any assisted reproduction treatment used to initiate the pregnancy</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>– Artificial insemination</li> <li>– Drugs (such as Clomid, Pergonal)</li> <li>– Technical procedures (such as in vitro fertilization)</li> </ul>		<p>1<sup>st</sup> Prenatal Care Record <i>under—</i></p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Current pregnancy history</li> <li>• Problem list <i>or—</i>initial risk assessment</li> <li>• Medications this pregnancy</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under—</i></p> <ul style="list-style-type: none"> <li>• Comments</li> <li>• Medications</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P <i>under—</i></p> <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Problem list/findings</li> </ul>	<p>In vitro fertilization</p> <p>IVF-ET - In vitro fertilization embryo transfer</p> <p>GIFT - Gamete intrafallopian transfer</p> <p>ZIFT - Zygote intrafallopian transfer</p> <p>Ovum donation</p> <p>Donor embryo</p> <p>Embryo adoption</p> <p>Artificial insemination</p> <p>AIH - Artificial insemination by husband</p> <p>AID/DI - Artificial insemination by donor</p> <p>Medications:</p> <p>Clomid</p> <p>Serophene</p> <p>Pergonal</p> <p>Metrodin</p> <p>Profasi</p> <p>Progesterol</p> <p>Crinone (progesterone gel)</p> <p>Follistim</p> <p>FSH (follicule stimulating hormone)</p> <p>Gonadotropins</p> <p>HcG (human chorionic gonadotropin)</p> <p>Pergonal</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>14. Risk factors in this pregnancy—Con.</b></p> <p><b>Mother had a previous cesarean delivery</b></p> <p>Previous delivery by extracting the fetus, placenta, and membranes through an incision in the mother's abdominal and uterine walls</p> <p><b>If yes, how many?</b> _____</p>	<p>If the mother has had a <u>previous</u> cesarean delivery, indicate the number of previous cesarean deliveries she has had.</p>	<p>1<sup>st</sup> Prenatal Care Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Past pregnancy history</li> <li>• Past OB history</li> <li>• Problem list <i>or</i>—initial risk assessment</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i>—Comments</p> <p>3<sup>rd</sup> Admission H&amp;P <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Past OB history</li> <li>• Past pregnancy history <i>under</i>—problem list/findings</li> </ul>	<p>C/S - Cesarean section Repeat C/S VBAC - Vaginal delivery after cesarean LSTCS (or LTCS) - Low segment transverse cesarean section Classical cesarean section Low vertical C/S Low transverse C/S</p> <p><i>Look for:</i> TOL - Trial of labor</p>

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>15. Infections present and/or treated during this pregnancy (BC #42, FDFWS #15, FDR #37)</b>			
<p>Infections present at the time of the pregnancy diagnosis or a confirmed diagnosis during the pregnancy with or without documentation of treatment</p> <p>Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record</p>	<p>Check all boxes that apply. The mother may have more than one infection.</p> <p>If the mother has none of the infections, check “none of the above.”</p>	<p><i>See below</i></p>	<p>“+” indicates that the test for the infection was positive and the woman has the infection.</p> <p>“-” indicates that the test was negative, and the woman does not have the infection.</p> <p>Look for treatment or Rx for specific infection.</p>
<p><b>Gonorrhea</b></p> <p>A positive test/culture for <i>Neisseria gonorrhoeae</i></p>		<p>1<sup>st</sup> Prenatal Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Infection history</li> <li>• Sexually transmitted diseases</li> <li>• Problem list</li> <li>• Complications this pregnancy</li> <li>• Factors this pregnancy</li> <li>• Medical history</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i>—Comments</p> <p>3<sup>rd</sup> Admission H&amp;P <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Medical history</li> <li>• Problem list/findings</li> </ul> <p>4<sup>th</sup> Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> </ul>	<p>GC</p> <p>Gonorrheal</p> <p>Gonococcal</p> <p>Treatment or Rx for Gonorrhea</p> <p>NAAT - Nucleic amplification tests</p>



Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>15. Infections present and/or treated during this pregnancy—Con.</b>			
<b>Syphilis</b> (Also called lues) A positive test for <i>Treponema pallidum</i>		See gonorrhea	TP-PA - T. pallidum particle agglutination STS - Serologic test for syphilis RPR - Rapid plasma regain VDRL - Venereal disease research laboratories FTA-AS - Fluorescent antibody test Lues Treatment or Rx for syphilis or lues
<b>Herpes simplex virus (HSV)</b> A positive test for the herpes simplex virus		See gonorrhea	HSV HSV1 HSV2 Treatment or Rx for any of the above
<b>Chlamydia</b> A positive test for Chlamydia trachomatis		See gonorrhea	Treatment or Rx for chlamydia
<b>Hepatitis B (HBV, serum hepatitis)</b> A positive test for the hepatitis B virus		See gonorrhea	Hep B HBV
<b>Hepatitis C (non-A, non-B hepatitis (HCV))</b> A positive test for the hepatitis C virus		See gonorrhea	Hep C HCV Treatment or Rx for any of the above
<b>**Listeria (LM)</b> A diagnosis of or positive test for Listeria monocytogenes		See gonorrhea	LM Treatment or Rx for LM
** Applicable to fetal deaths only.			

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

---

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>15. Infections present and/or treated during this pregnancy—Con.</b>			
<p><b>**Group B Streptococcus (GBS)</b>                      A diagnosis of or positive test for Streptococcus agalactiae or group B streptococcus</p>		See gonorrhea	GBS Treatment or Rx for GBS
<p><b>**Cytomegalovirus (CMV)</b>                      A diagnosis of or positive test for Cytomegalovirus</p>		See gonorrhea	CMV Treatment or Rx for CMV
<p><b>**Parvovirus (B19)</b>                      A diagnosis of or positive test for Parvovirus B19</p>		See gonorrhea	B19 Treatment or Rx for B19
<p><b>**Toxoplasmosis (Toxo)</b>                      A diagnosis of or positive test for Toxoplasma gondii</p>		See gonorrhea	Toxo Treatment or Rx for Toxo
** Applicable to fetal deaths only.			

---

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>16. Obstetric procedures (BC #43)</b>			
Medical treatment or invasive/manipulative procedure performed during this pregnancy to treat the pregnancy or to manage labor and/or delivery	<p>Check all boxes that apply. The mother may have more than one procedure.</p> <p>If the mother has had none of the procedures, check “none of the above.”</p>	<i>See below</i>	<i>See below</i>
<p><b>Cervical cerclage</b> Circumferential banding or suture of the cervix to prevent or treat passive dilation.</p> <p>Includes: MacDonal’s suture, Shirodkar procedure, abdominal cerclage via laparotomy</p>		<p>1<sup>st</sup> Prenatal Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Problem list <i>or</i>—initial risk assessment</li> <li>• Historical risk summary</li> <li>• Complications this pregnancy</li> <li>• Factors this pregnancy</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Complications</li> <li>• Comments</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Medical history</li> <li>• Problem list/findings</li> </ul> <p>4<sup>th</sup> Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Maternal OB</li> <li>• Labor and delivery admission history</li> </ul>	<p>MacDonal’s suture Shirodkar procedure Abdominal cerclage via laparotomy</p> <p><i>Look for:</i> Incompetent cervix Incompetent os</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>16. Obstetric procedures—Con.</b>			
<p><b>Tocolysis</b> Administration of any agent with the intent to inhibit preterm uterine contractions to extend the length of the pregnancy</p> <p>Medications:</p> <ul style="list-style-type: none"> <li>– Magnesium sulfate (for preterm labor)</li> <li>– Terbutaline</li> <li>– Indocin (for preterm labor)</li> </ul>		<p>1<sup>st</sup> Prenatal Care Record <i>under—</i></p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Problem list <i>or—</i>initial risk assessment</li> <li>• Historical risk summary</li> <li>• Complications of previous pregnancies</li> <li>• Factors this pregnancy</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under—</i></p> <ul style="list-style-type: none"> <li>• Complications this pregnancy</li> <li>• Medications</li> <li>• Comments</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P <i>under—</i></p> <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Medication</li> <li>• Medical history</li> <li>• Problem list/findings</li> </ul> <p>4<sup>th</sup> Delivery Record <i>under—</i></p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul>	<p>Medications: Magnesium sulfate - Mag SO<sub>4</sub> Terbutaline - Terb Indocin</p> <p><i>Look for:</i> Preterm labor (this pregnancy)</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>16. Obstetric procedures—Con.</b></p> <p><b>External cephalic version</b> Attempted conversion of a fetus from a nonvertex to a vertex presentation by external manipulation</p> <p><b>Successful</b> Fetus was converted to a vertex presentation</p> <p><b>Failed</b> Fetus was not converted to a vertex presentation</p>	<p>If checked, also indicate whether the procedure was a success or a failure.</p>	<p>1<sup>st</sup> Prenatal Care Record <i>under—</i></p> <ul style="list-style-type: none"> <li>• Problem list</li> <li>• Historical risk summary</li> <li>• Complications this pregnancy</li> <li>• Factors this pregnancy</li> </ul> <p>2<sup>nd</sup> Labor and Delivery Nursing Admission Triage Form <i>under—</i></p> <ul style="list-style-type: none"> <li>• Complications</li> <li>• Comments</li> </ul> <p>3<sup>rd</sup> Admission H&amp;P <i>under—</i></p> <ul style="list-style-type: none"> <li>• Current pregnancy history</li> <li>• Medical history</li> <li>• Problem list/findings</li> </ul> <p>4<sup>th</sup> Delivery Record <i>under—</i></p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul>	<p><b>Successful version:</b> Breech version External version</p> <p><b>Failed version:</b> Unsuccessful external version Attempted version Failed version</p> <p><i>Look for:</i> Malpresentation</p>

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>17. Date of birth (BC #4, FDFWS #16, FDR #4)</b>			
The infant's date of birth	Enter the month, day, and four-digit year of birth.  If the date of birth of the infant is not known because the infant is a foundling, enter the date the infant was found.	1 <sup>st</sup> Labor and Delivery <i>under</i> — Delivery Record  2 <sup>nd</sup> Newborn Admission H&P	DOB - Date of birth
<b>18. Time of birth (BC #2, FDFWS #17, FDR #2)</b>			
The infant's time of birth	Enter the time the infant was born based on a 24-hour clock (military time). If time of birth is unknown (foundlings), enter unknown.	1 <sup>st</sup> Labor and Delivery <i>under</i> — Delivery Record  2 <sup>nd</sup> Newborn Admission H&P	
<b>19. Certifier's name and title (BC #11)</b>			
The individual who certified to the fact that the birth occurred:	Enter the name and title of the individual who certified to the fact that the birth occurred.		
<b>M.D.</b> (doctor of medicine)			
<b>D.O.</b> (doctor of osteopathy)	The individual may be, <u>but need not be</u> , the same as the attendant at birth.		
<b>Hospital administrator or designee</b>			
<b>CNM/CM</b> (certified nurse midwife/certified midwife)			
<b>Other midwife</b> (midwife other than a CNM/CM)			
<b>Other</b> (specify)			

**Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death**

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>20. Date certified (BC #12)</b>			
The date that the birth was certified	Enter the date that the birth was certified.		
<b>21. Principal source of payment (BC #38)</b>			
<p>The principal source of payment at the time of delivery:</p> <p><b>Private insurance</b> (Blue Cross/Blue Shield, Aetna, etc.)</p> <p><b>Medicaid</b> (or a comparable State program)</p> <p><b>Self-pay</b> (no third party identified)</p> <p><b>Other</b> (Indian Health Service, CHAMPUS/TRICARE, other government [Federal, State, local])</p>	<p>Check the box that best describes the principal source of payment for this delivery.</p> <p><u>If “other” is checked, specify the payer.</u></p> <p>If the principal source of payment is not known, enter “unknown” in the space.</p> <p>This item should be completed by the facility. If the birth did not occur in a facility, the attendant or certifier should complete it.</p>	<p>1<sup>st</sup> Hospital Face Sheet</p> <p>2<sup>nd</sup> Admitting Office Face Sheet</p>	
<b>22. Infant’s medical record number (BC #48)</b>			
The medical record number assigned to the newborn	Enter the medical record number.	<p>1<sup>st</sup> Infant’s Medical Record Addressograph Plate</p> <p>2<sup>nd</sup> Admitting Office Face Sheet <i>under</i>—History Number</p>	

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>23. Was the mother transferred to this facility for maternal medical or fetal indications for delivery? (BC #28, FDFWS #20, FDR #35)</b></p> <p>Transfers include hospital to hospital, birth facility to hospital, etc. Does not include home to hospital</p>	<p>If the mother was transferred from another <u>facility</u>, check “yes.”</p> <p>If “yes,” enter the name of the facility the mother transferred from. If the name of the facility is not known, enter “unknown.”</p> <p>Check “no” if the mother was transferred from home.</p>	<p>1<sup>st</sup> Labor and Delivery Nursing Admission Triage Form <i>under—</i></p> <ul style="list-style-type: none"> <li>• Reason for admission</li> <li>• Comments</li> </ul> <p>2<sup>nd</sup> Admission H&amp;P</p> <p>3<sup>rd</sup> Labor and Delivery - Delivery Record</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul>	

---



Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>24. Attendant’s name, title, and I.D. (BC #27, FDFWS #21, FDR #14)</b></p> <p>The name, title, and National Provider Identification Number (NPI) of the person responsible for delivering the child:</p> <p><b>M.D.</b> (doctor of medicine)  <b>D.O.</b> (doctor of osteopathy)  <b>CNM/CM</b> (certified nurse midwife/certified midwife)  <b>Other midwife</b> (midwife other than a CNM/CM)  <b>Other</b> (specify)</p> <p>The attendant at birth is defined as the individual physically present at the delivery who is responsible for the delivery. For example, if an intern or nurse midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician should be reported as the attendant. If the obstetrician is not physically present, the intern or nurse midwife should be reported as the attendant.</p>	<p>Enter the name, title, and NPI number of the person responsible for delivering the child.</p> <p>Check one box to specify the attendant’s title. If “other” is checked, enter the specific title of the attendant. Examples include nurse, father, police officer, and EMS technician.</p> <p>This item should be completed by the facility. If the birth did not occur in a facility, the attendant or certifier should complete it.</p>	<p>1<sup>st</sup> Delivery Record <i>under</i>—  Signature of Delivery Attendant (Medical)</p>	

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>25. Mother's weight at delivery (BC #33, FDFWS #22, FDR #27)</b>			
The mother's weight at the time of delivery	Enter the mother's weight at the time of delivery. Use pounds only. For example, enter 140½ pounds as 140 pounds.  If the mother's delivery weight is unknown, enter "unknown."	1 <sup>st</sup> Labor and Delivery Nursing Admission Triage Form <i>under</i> —Physical Assessment - Weight  2 <sup>nd</sup> Admission H&P <i>under</i> —Physical Exam - Weight	Wgt - Weight
<b>26. Onset of labor (BC #44)</b>			
<b>Premature rupture of the membranes</b> Prolonged, greater than or equal to 12 hours	Check all that apply (prolonged labor and precipitous labor should not both be checked).  If none apply, check "none of the above."	1 <sup>st</sup> Labor and Delivery Record <i>under</i> — <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record - time ROM (rupture of membranes)</li> <li>• Delivery record - ROM</li> </ul>	PROM - Premature rupture of membranes PPROM - Preterm premature rupture of membranes  <i>Look for:</i> ROM - Rupture of membranes
<b>Precipitous labor</b> Less than 3 hours	If precipitous labor is indicated, check that labor lasted less than 3 hours.	1 <sup>st</sup> Labor and Delivery Record <i>under</i> — <ul style="list-style-type: none"> <li>• Labor summary - total length of labor</li> <li>• Labor chronology - total length of labor</li> </ul> 2 <sup>nd</sup> Delivery Comments	
<b>Prolonged labor</b> Greater than or equal to 20 hours	If prolonged labor is indicated, check that labor lasted 20 or more hours.	<i>Same as Precipitous labor above</i>	

**Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death**

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>27. Characteristics of labor and delivery (BC #45)</b>			
Information about the course of labor and delivery	Check all characteristics that apply. If none of the characteristics of labor and delivery apply, check “none of the above.”	<i>See below</i>	<i>See below</i>
<b>Induction of labor</b> Initiation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor		1 <sup>st</sup> Delivery Record <i>under</i> — <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor and delivery admission history</li> <li>• Labor summary record</li> </ul> 2 <sup>nd</sup> Physician Progress Note 3 <sup>rd</sup> Labor and Delivery Nursing Admission Triage Form	IOL - Induction of labor Pit Ind - Pitocin induction
<b>Augmentation of labor</b> Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time of delivery	For this item, labor should have begun <u>before</u> medications were given.	<i>Same as 1<sup>st</sup> and 2<sup>nd</sup> sources for Induction of labor above.</i>	Pit stim - Pitocin stimulation Pit aug - Pit augmentation

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>27. Characteristics of labor and delivery—Con.</b>			
<p><b>Nonvertex presentation</b> Includes any nonvertex fetal presentation For example:</p> <ul style="list-style-type: none"> <li>– Breech</li> <li>– Shoulder</li> <li>– Brow</li> <li>– Face presentations</li> <li>– Transverse lie in the active phase of labor and delivery other than vertex</li> <li>– Compound</li> </ul> <p><b>NOTES:</b> <u>Nonvertex</u> is presentation of <i>other than</i> the upper and back part of the infant’s head. <u>Vertex</u> is presentation of the upper or back part of the infant’s head.</p>		<p>1<sup>st</sup> Delivery Record <i>under</i>— Presentation</p> <p>2<sup>nd</sup> Physician Progress Note</p> <p>3<sup>rd</sup> Newborn Admission H&amp;P</p>	<p>Breech (buttocks) (sacrum): Frank breech LSA - Left sacrum anterior LST - Left sacrum transverse RSP - Right sacrum posterior RST - Right sacrum transverse Complete breech Single footling breech Double footling breech</p> <p>Shoulder presentation</p> <p>Transverse lie</p> <p>Face presentation (mentum): LMA - Left mentum anterior LMT - Left mentum transverse LMP - Left mentum posterior</p>
<p><b>Steroids (glucocorticoids)</b> for fetal lung maturation received by the mother before delivery</p> <p>Includes: betamethasone, dexamethasone, or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery</p> <p>Does not include: steroid medication given to the mother as an anti-inflammatory treatment before or after delivery</p>	<p>Medications given <u>before</u> the delivery</p>	<p>1<sup>st</sup> Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary - comments</li> <li>• Labor summary record - comments</li> </ul> <p>2<sup>nd</sup> Maternal Medication Record</p> <p>3<sup>rd</sup> Newborn Admission H&amp;P</p> <p>4<sup>th</sup> Maternal Physician Order Sheet</p>	<p>Medications (before delivery): Betamethasone Dexamethasone Hydrocortisone</p>

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>27. Characteristics of labor and delivery—Con.</b>			
<p><b>Antibiotics received by the mother during delivery</b></p> <p>Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery</p> <p>Includes: Ampicillin Penicillin Clindamycin Erythromycin Gentamicin Cefataxine Ceftriaxone</p>	<p>Medications received <u>during</u> delivery</p>	<p><i>Same as</i> Steroids (glucocorticoids) <i>above</i></p>	<p>Medications (during delivery): Ampicillin Penicillin Clindamycin Erythromycin Gentamicin Cefataxine Ceftriaxone Vancomycin</p> <p><i>Look for:</i> SBE (sub-acute bacterial endocarditis) prophylaxis GBS positive or GBS + (Group B Streptococcus) Maternal fever Mother febrile</p>
<p><b>Clinical chorioamnionitis diagnosed during labor or maternal temperature greater than or equal to 38°C (100.4°F)</b></p> <p>Clinical diagnosis of chorioamnionitis during labor made by the delivery attendant</p> <p>Usually includes more than one of the following: fever, uterine tenderness and/or irritability, leukocytosis, or fetal tachycardia</p> <p>Any recorded maternal temperature at or above 38°C (100.4°F)</p>	<p>Check that recorded maternal temperature is at or above 38°C (100.4°F).</p>	<p>1<sup>st</sup> Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary - comments/complications</li> <li>• Labor summary record - comments/complications</li> </ul> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p> <p>3<sup>rd</sup> Physician Progress Note</p> <p>4<sup>th</sup> Maternal Vital Signs Record <i>under</i>—Temperature Recordings</p>	<p>Chorioamnionitis Chorio Temp ≥38 or 100.4</p> <p><i>Look for:</i> Maternal fever Mother febrile</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>27. Characteristics of labor and delivery—Con.</b>			
<p><b>Moderate or heavy meconium staining of the amniotic fluid</b></p> <p>Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or at delivery that is more than enough to cause a greenish color change of an otherwise clear fluid</p>		<p>1<sup>st</sup> Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary - comments/complications</li> <li>• Labor summary record - comments/complications</li> <li>• Amniotic fluid summary section - comments, color</li> <li>• Time membranes ruptured section</li> </ul> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p> <p>3<sup>rd</sup> Physician Progress Note</p>	<p>Mec - Meconium</p>
<p><b>Fetal intolerance of labor was such that one or more of the following actions was taken:</b></p> <p>In utero resuscitative measures, further fetal assessment, or operative delivery.</p> <p>Includes any of the following:</p> <ul style="list-style-type: none"> <li>– Maternal position change</li> <li>– Oxygen administration to the mother</li> <li>– Intravenous fluids administered to the mother</li> <li>– Amnioinfusion</li> <li>– Support of maternal blood pressure</li> <li>– Administration of uterine relaxing agents</li> </ul> <p>Further fetal assessment including any of the following: scalp pH, scalp stimulation, acoustic stimulation</p> <p>Operative delivery to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery</p>		<p>1<sup>st</sup> Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Maternal OB/labor summary</li> <li>• Labor summary record</li> </ul> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p> <p>3<sup>rd</sup> Physician Progress Note</p> <p>4<sup>th</sup> Physician Order Sheet <i>or</i>— Nursing Notes</p>	<p>LLP - left lateral position  O<sub>2</sub> - Oxygen  IV fluids  Amnioinfusion  Nitroglycerine  Acoustic stimulation  Vibroacoustic stimulation  Scalp pH sampling  Fetal oxygen saturation monitoring  Terbutaline  Low forceps delivery  Vacuum extraction  C/S - Cesarean delivery</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>27. Characteristics of labor and delivery—Con.</b>			
<p><b>Epidural or spinal anesthesia during labor</b>                      Administration to the mother of a regional anesthetic to control the pain of labor</p> <p>Delivery of the agent into a limited space with the distribution of the analgesic effect limited to the lower body</p>		<p>1<sup>st</sup> Delivery Record <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Maternal OB labor summary <i>under</i>—analgesia/anesthesia</li> <li>• Labor summary record <i>under</i>—analgesia/anesthesia</li> </ul>	<p>Epidural analgesia                      Epid. given                      Spinal given</p>

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>28. Method of delivery (BC #46, FDFWS #23, FDR #38)</b>			
The physical process by which the complete delivery of the fetus was effected	Complete <u>every</u> section: A, B, C, and D.	<i>See below</i>	<i>See below</i>
<p><b>A. Was delivery with forceps attempted but unsuccessful?</b></p> <p>Obstetric forceps were applied to the fetal head in an unsuccessful attempt at vaginal delivery</p>	Check “yes” or “no.”	<p>1<sup>st</sup> Delivery Record <i>under</i>— Delivery Summary</p> <p>2<sup>nd</sup> Physician Delivery Summary <i>or</i>—Progress Note</p> <p>3<sup>rd</sup> Recovery Room Record <i>under</i>—Maternal Data— Complications</p>	<p>LFD - Low forceps delivery (attempted)</p> <p>LFD (attempted)</p>
<p><b>B. Was delivery with vacuum extraction attempted but unsuccessful?</b></p> <p>Ventouse or vacuum cup was applied to the fetal head in an unsuccessful attempt at vaginal delivery</p>	Check “yes” or “no.”	<i>Same as above</i>	<p>Vac ext - Vacuum extraction (attempted)</p> <p>Vac ext (attempted)</p> <p>VAD - Vacuum assisted delivery</p>



Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>28. Method of delivery—Con.</b>			
<b>C. Fetal presentation at birth</b>			
<p><b>Cephalic</b> Presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP)</p>	Check <u>one</u> of the three boxes.	1 <sup>st</sup> Delivery Record <i>under</i> — Fetal Birth Presentation	<p><b>Cephalic</b> <b>Vertex</b> - OA, OP, LOA, ROA, LOP, ROP, LOT, ROT Face - LMA, LMT, LMP, RMA, RMP, RMT Brow Sinciput Mentum - chin</p>
<p><b>Breech</b> Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech</p>			<p><b>Breech</b> (Buttocks, sacrum) Frank breech - LSA, LST, LSP, RSP, RST  Single footling breech Double footling breech Complete breech</p>
<p><b>Other</b> Any other presentation not listed above</p>			<p><b>Other</b> Shoulder Transverse lie Funis Compound</p>

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>28. Method of delivery—Con.</b>			
<b>D. Final route and method of delivery</b>	Check one of the boxes.	1 <sup>st</sup> Delivery Record <i>under—</i> Method of Delivery	
<i>Vaginal/spontaneous</i> Delivery of the entire fetus through the vagina by the natural force of labor with or without manual assistance from the delivery attendant		2 <sup>nd</sup> Newborn Admission H&P 3 <sup>rd</sup> Recovery Room Record <i>under—</i> Maternal Data - Delivered	<i>Vaginal/spontaneous</i> VAG Del - Vaginal delivery SVD - Spontaneous vaginal delivery
<i>Vaginal/forceps</i> Delivery of the fetal head through the vagina by the application of obstetrical forceps to the fetal head			<i>Vaginal/forceps</i> LFD - Low forceps delivery
<i>Vaginal/vacuum</i> Delivery of the fetal head through the vagina by the application of a vacuum cup or ventouse to the fetal head			<i>Vaginal/vacuum</i> Vac Ext vacuum
<i>Cesarean</i> Extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls			<i>Cesarean</i> C/S - Cesarean section LSTCS - Low segment transverse  <i>Look for:</i> TOL - Trial of labor

Definitions	Instructions	Sources	Keywords/Abbreviations
<p><b>28. Method of delivery—Con.</b></p> <p><b>If cesarean, was a trial of labor attempted?</b></p> <p>Labor was allowed, augmented, or induced with plans for a vaginal delivery.</p> <p><b>**Hysterotomy/Hysterectomy</b>                      Hysterotomy—The incision into the uterus extending into the uterine cavity. May be performed vaginally or transabdominally.</p> <p>Hysterectomy—The surgical removal of the uterus. May be performed abdominally or vaginally.</p> <p>** Applicable to fetal deaths only.</p>	<p>Check “yes” or “no.”</p>		<p>TOL - Trial of labor</p> <p>Colpohysterotomy                      Uterotomy                      Porro’s Operation</p>

---

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>29. Maternal morbidity (BC #47, FDFWS #24, FDR #39)</b>			
Serious complications experienced by the mother associated with labor and delivery	Check all boxes that apply. If the mother has none of the complications, check “none of the above.”	<i>See below</i>	<i>See below</i>
<b>Maternal transfusion</b> Includes infusion of whole blood or packed red blood cells associated with labor and delivery		1 <sup>st</sup> Delivery Record <i>under</i> — <ul style="list-style-type: none"> <li>• Labor summary</li> <li>• Delivery summary</li> </ul> 2 <sup>nd</sup> Physician Delivery Notes/Operative Notes 3 <sup>rd</sup> Intake & Output Form	Transfused Blood transfusion  <i>Look for:</i> PRBC - Packed red blood cells Whole blood
<b>Third or fourth degree perineal laceration</b> 3 <sup>o</sup> laceration extends completely through the perineal skin, vaginal mucosa, perineal body, and anal sphincter 4 <sup>o</sup> laceration is all of the above with extension through the rectal mucosa		1 <sup>st</sup> Delivery Record <i>under</i> — <ul style="list-style-type: none"> <li>• Episiotomy section</li> <li>• Lacerations section</li> </ul> 2 <sup>nd</sup> Recovery Room Record <i>under</i> —Maternal Data - Delivered	4 <sup>th</sup> degree lac. 4 <sup>o</sup> LAC 3rd degree lac. 3 <sup>o</sup> LAC

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>29. Maternal morbidity—Con.</b>			
<b>Ruptured uterus</b> Tearing of the uterine wall		1 <sup>st</sup> Delivery Record <i>under—</i> Delivery Summary Note - Comments/Complications  2 <sup>nd</sup> Operative Note  3 <sup>rd</sup> Physician Progress Note	
<b>Unplanned hysterectomy</b> Surgical removal of the uterus that was not planned before the admission  Includes an anticipated, but not definitively planned, hysterectomy		<i>Same as</i> Ruptured uterus <i>above</i>	Hysterectomy  <i>Look for:</i> Laparotomy
<b>Admission to an intensive care unit</b> Any admission, planned or unplanned, of the mother to a facility or unit designated as providing intensive care		1 <sup>st</sup> Physician Progress Note  2 <sup>nd</sup> Transfer Note	ICU - Intensive Care Unit MICU - Medical Intensive Care Unit SICU - Surgical Intensive Care Unit
<b>Unplanned operating room procedure following delivery</b> Any transfer of the mother back to a surgical area for an operative procedure that was not planned before the admission for delivery  <u>Excludes</u> postpartum tubal ligations		1 <sup>st</sup> Physician Operative Note  2 <sup>nd</sup> Physician Progress Note  3 <sup>rd</sup> Physician Order	Repair of laceration Repair of laparotomy Drainage of purulent/septic material Exploratory laparotomy

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>30. Birthweight or weight of fetus (BC #49, FDFWS #25, FDR #18c)</b>			
The weight of the infant at birth	<p>Enter the weight (in grams) of the infant at birth.</p> <p>Do not convert pounds and ounces (lbs. and oz.) to grams.</p> <p>If the weight in grams is not available, enter the birth weight in lbs. and oz.</p>	<p>1<sup>st</sup> Delivery Record <i>under</i>—Infant Data</p> <p>2<sup>nd</sup> Admission Assessment <i>under</i>—Weight</p>	<p>BW - Birthweight Gms - Grams kg - Kilograms Lbs - Pounds oz - Ounces</p>
<b>31. Obstetric estimate of gestation at delivery (BC #50, FDFWS #26, FDR #18d)</b>			
<p>The obstetric estimate of the infant's gestation in completed weeks based on the birth attendant's final estimate of gestation</p> <p>This estimate of gestation should be determined by all perinatal factors and assessments such as ultrasound, but <u>not</u> the neonatal exam.</p>	<p>Enter the obstetric estimate of the infant's gestation in completed weeks.</p> <p>If the obstetric estimate of gestation is not known, enter "unknown" in the space.</p> <p>Do not complete this item based on the infant's date of birth and the mother's date of last menstrual period.</p>	<p>1<sup>st</sup> OB Admission H&amp;P <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Weeks</li> <li>• Gestational age</li> </ul>	<p>Gestation _____ weeks (wks) _____ weeks gestational age GA - Gestational age EGA - Estimated gestational age</p>
<b>32. Sex of child (BC #3, FDFWS #27, FDR #3)</b>			
The sex of the infant	Enter whether the infant is male, female, or unknown.	1 <sup>st</sup> Delivery Record <i>under</i> —Infant Data	<p>M - Male F - Female A - Ambiguous (same as unknown) U - Unknown</p>
<b>33. Apgar score (BC #51)</b>			
A systematic measure for evaluating the physical condition of the infant at specific intervals following birth	<p>Enter the infant's Apgar score at 5 minutes.</p> <p>If the score at 5 minutes is less than 6, enter the infant's Apgar score at 10 minutes.</p>	<i>Same as Sex of child above</i>	

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>34. Plurality (BC #52, FDFWS #28, FDR #33)</b>			
<p>The number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age, or if the fetuses were delivered at different dates in the pregnancy</p> <p>“Reabsorbed” fetuses (those that are not delivered: expelled or extracted from the mother) <u>should not</u> be counted.</p>	<p>Enter the number of fetuses delivered in this pregnancy.</p> <p><b>If two or more live births in this delivery, see “Facility Worksheet Attachment for Multiple Births.”</b></p>	<p>1<sup>st</sup> Delivery Record</p> <p>2<sup>nd</sup> Admission H&amp;P</p>	<p>Single</p> <p>Twin, triplet, quadruplet, etc.</p> <p>Multiple (a, b, c . . .) <i>or</i> (1, 2, 3 . . .)</p>
<b>35. If not a single birth, order born in the delivery (BC #53, FDFWS #29, FDR #34)</b>			
<p>The order born in the delivery, live-born or fetal death (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, etc.)</p>	<p>If this is a single birth, leave this item blank.</p> <p>Include all live births and fetal deaths from this pregnancy.</p>	<p>1<sup>st</sup> Delivery Record <i>under</i>—Birth Order</p> <p>2<sup>nd</sup> Infant Data</p>	<p>Baby A, B, or Baby 1, 2, etc.</p> <p>Twin A, B, or Twin 1, 2</p> <p>Triplet A, B, C, or Triplet 1, 2, 3, etc.</p> <p><i>Look for:</i> Birth order/Set order</p>
<b>36. If not a single birth, number of infants in the delivery born alive (FDFWS #30)</b>			
<p>The number of infants in this delivery <u>born alive</u></p>	<p>If this is a single birth, leave this item blank.</p> <p>If this is <u>not</u> a single birth, specify the number of <u>infants</u> in this delivery born alive. Include this birth.</p>	<p>1<sup>st</sup> Delivery Record</p> <p>2<sup>nd</sup> Admission H&amp;P</p>	<p><i>Look for:</i> Condition</p>

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>37. Abnormal conditions of the newborn (BC #54)</b>			
Disorders or significant morbidity experienced by the newborn	Check all boxes that apply. If none of the conditions apply, check “none of the above.”	<i>See below</i>	<i>See below</i>
<p><b>Assisted ventilation required immediately following delivery</b>                      Infant given manual breaths for any duration with bag and mask or bag and endotracheal tube within the first several minutes from birth                      Excludes oxygen only and laryngoscopy for aspiration of meconium</p>		1 <sup>st</sup> Labor and Delivery Summary <i>under</i> —Infant Data/Breathing	Bag and mask ventilation Intubation Intubation and PPV - Positive pressure ventilation PPV bag/mask or ET - Positive pressure ventilation via bag, mask or endotracheal intubation IPPV Bag - Intermittent positive pressure ventilation via bag IPPV ET - Intermittent positive pressure ventilation via endotracheal intubation O <sub>2</sub> via ET - Oxygen via endotracheal intubation Oxygen



Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>37. Abnormal conditions of the newborn—Con.</b>			
<p><b>Assisted ventilation required for more than 6 hours</b></p> <p>Infant given mechanical ventilation (breathing assistance) by any method for more than 6 hours</p> <p>Includes conventional, high frequency and/or continuous positive pressure (CPAP)</p>	<p>Count the number of hours of mechanical ventilation given.</p>	<p>1<sup>st</sup> Newborn Respiratory Care Flow Sheet</p>	<p><b>If in use for more than 6 hours:</b></p> <p>CPAP - Continuous positive airway pressure</p> <p>IPPV - Intermittent positive pressure ventilation</p> <p>HFV - High frequency ventilation</p> <p>IMV - Intermittent mandatory volume ventilation</p> <p>HFOV - High frequency oscillatory ventilation</p> <p>IPPV - Intermittent positive pressure ventilation</p> <p>PIP - Peak inspiratory pressure</p> <p>PEEP - Positive end expiratory pressure</p> <p>CMV - Continuous mandatory ventilation</p> <p>HFPPV - High frequency positive pressure ventilation</p> <p>HFFI - High frequency flow interruption ventilation</p> <p>HFJV - High frequency jet ventilation</p> <p>Inhaled Nitric Oxide</p>
<p><b>NICU Admission</b></p> <p>Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for a newborn</p>		<p>1<sup>st</sup> Labor and Delivery Summary Record <i>under</i>—Disposition <i>under</i>—</p> <ul style="list-style-type: none"> <li>• Intensive Care Nursery (ICN)</li> <li>• Special Care Nursery (SCN)</li> </ul>	<p>ICN - Intensive Care Nursery</p> <p>SCN - Special Care Nursery</p> <p>NICU - Neonatal Intensive Care Unit</p> <p>PICU - Pediatric Intensive Care Unit</p>

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>37. Abnormal conditions of the newborn—Con.</b>			
<p><b>Newborn given surfactant replacement therapy</b> Endotracheal instillation of a surface-active suspension for treating surfactant deficiency due to preterm birth or pulmonary injury resulting in respiratory distress</p> <p>Includes both artificial and extracted natural surfactant</p>	<p>Check both primary (1<sup>st</sup>) and secondary (2<sup>nd</sup>) sources before completion.</p>	<p>1<sup>st</sup> Labor and Delivery Summary <i>under</i>—Neonatal Medication</p> <p>2<sup>nd</sup> Newborn Medication Administration Record</p>	<p><b>If given to newborn after birth:</b> Medications (given to newborn): Surfactant Survanta Exosurf Curosurf Infasurf</p>
<p><b>Antibiotics received by the newborn for suspected neonatal sepsis</b> Any antibacterial drug (penicillin, ampicillin, gentamicin, cefotaxime, etc.) given systemically (intravenous or intramuscular)</p>		<p>1<sup>st</sup> Newborn Medication Administration Record</p>	<p>Medications (given to newborn for sepsis): Nafcillin, Chloramphenicol, Penicillin, Penicillin G, Ampicillin, Gentamicin, Kanamycin, Cefotaxime, Cefoxitin, Vancomycin, Acyclovir, Amikacin, Ceftazidime, Ceftriaxone, Cefazolin</p>

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>37. Abnormal conditions of the newborn—Con.</b>			
<p><b>Seizure or serious neurologic dysfunction</b>                      Seizure—Any involuntary repetitive, convulsive movement or behavior</p> <p>Serious neurologic dysfunction—                      Severe alteration of alertness</p> <p>Excludes:</p> <ul style="list-style-type: none"> <li>– Lethargy or hypotonia in the absence of other neurologic findings</li> <li>– Symptoms associated with CNS congenital anomalies</li> </ul>		<p>1<sup>st</sup> Newborn H&amp;P</p> <p>2<sup>nd</sup> Physician Progress Notes <i>under</i>—Neuro Exam</p>	<p>Seizures                      Tonic/Clonic/Clonus                      Twitching                      Eye rolling                      Rhythmic jerking                      Hypotonia                      Obtundation                      Stupor                      Coma                      (HIE) - Hypoxic-ischemic encephalopathy</p>
<p><b>Significant birth injury</b>                      Skeletal fracture(s), peripheral nerve injury, and/or soft tissue or solid organ hemorrhage that requires intervention</p> <p>Present immediately following or soon after delivery.</p> <p>Includes any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy.</p> <p>Soft tissue hemorrhage requiring evaluation and/or treatment includes subgaleal, (progressive extravasation within the scalp) hemorrhage, giant cephalohematoma, extensive truncal, facial, and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and/or hypotension.</p> <p>Solid organ hemorrhage includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma.</p>		<p>1<sup>st</sup> Labor and Delivery Summary Record <i>under</i>—Newborn Delivery Information</p> <p>2<sup>nd</sup> Newborn Admission H&amp;P</p> <p>3<sup>rd</sup> Physician Progress Notes</p>	<p><i>Look for (as applies to infant):</i>                      Trauma                      Facial asymmetry                      Subgaleal (progressive extravasation within the scalp)                      Hemorrhage                      Giant cephalohematoma                      Extensive truncal, facial, and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and/or hypotension                      Subcapsular hematoma of the liver                      Fractures of the spleen                      Adrenal hematoma</p>

**Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death**

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>38. Congenital anomalies of the newborn (BC #55, FDFWS #31, FDR #40)</b>			
Malformations of the newborn diagnosed prenatally or after delivery	Check all boxes that apply.		
<p><b>Anencephaly</b>            Partial or complete absence of the brain and skull            Also called anencephalus, acrania, or absent brain            Also includes infants with craniorachischisis (anencephaly with a contiguous spine defect)</p>		<p>1<sup>st</sup> Labor and Delivery Summary Record <i>under</i>—Infant Data            2<sup>nd</sup> Newborn Admission H&amp;P</p>	<p>Anencephalus            Acrania            Absent brain            Craniorachischisis</p>
<p><b>Meningomyelocele/Spina bifida</b>            Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure.            Meningomyelocele is herniation of meninges and spinal cord tissue.            Meningocele (herniation of meninges without spinal cord tissue) should also be included in this category.            Both open and closed (covered with skin) lesions should be included.            Do not include Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges).</p>		Same as Anencephaly	Meningocele

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>38. Congenital anomalies of the newborn—Con.</b>			
<p><b>Cyanotic congenital heart disease</b>            Congenital heart defects that cause cyanosis</p>		<p>1<sup>st</sup> Physician Progress Notes  <i>under—</i></p> <ul style="list-style-type: none"> <li>• Circulation</li> <li>• Cardiovascular</li> </ul>	<p>TGA - Transposition of the great arteries            TOF - Tetralogy of Fallot            Pulmonary or pulmonic valvular atresia            Tricuspid atresia            Truncus arteriosus            TAPVR - Total/partial anomalous pulmonary venous return with or without obstruction            COA - Coarctation of the aorta            HLHS - Hyposplastic left heart syndrome</p>
<p><b>Congenital diaphragmatic hernia</b>            Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity</p>		<p>1<sup>st</sup> Infant H&amp;P            2<sup>nd</sup> Labor and Delivery Summary Record <i>under—</i>Infant Data</p>	
<p><b>Omphalocele</b>            A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk            The defect is covered by a membrane (different from gastroschisis [<i>See below</i>]), although this sac may rupture            Also called exomphalos            Do not include umbilical hernia (completely covered by skin) in this category</p>		<p>1<sup>st</sup> Labor and Delivery Summary Record <i>under—</i>Infant Data            2<sup>nd</sup> Admission H&amp;P <i>under—</i>G.I.</p>	<p>Exomphalos</p>

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>38. Congenital anomalies of the newborn—Con.</b>			
<p><b>Gastroschisis</b> An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity Differentiated from omphalocele by the location of the defect and the absence of a protective membrane</p>		Same as Omphalocele	
<p><b>Limb reduction defect</b> Excluding congenital amputation and dwarfing syndromes Complete or partial absence of a portion of an extremity, secondary to failure to develop</p>		1 <sup>st</sup> Labor and Delivery Summary Record <i>under</i> —Infant Data 2 <sup>nd</sup> Newborn H&P	Look for: Amniotic bands ABS - Amniotic band syndrome
<p><b>Cleft lip with or without cleft palate</b> Incomplete closure of the lip May be unilateral, bilateral, or median</p>		Same as Limb reduction defect	Cleft lip (unilateral, bilateral, or median)
<p><b>Cleft palate alone</b> Incomplete fusion of the palatal shelves May be limited to the soft palate, or may extend into the hard palate Cleft palate in the presence of cleft lip should be included in the category above.</p>		Same as Limb reduction defect	
<p><b>Down syndrome</b> Trisomy 21 <i>Karyotype confirmed</i> <i>Karyotype pending</i></p>	Check if a diagnosis of Down syndrome, Trisomy 21, is confirmed or pending.	1 <sup>st</sup> Infant Progress Notes 2 <sup>nd</sup> Genetic Consult	Trisomy 21 Positive (confirmed) Possible Down (pending) Rule out (R/O) Down (pending)

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>38. Congenital anomalies of the newborn—Con.</b>			
<p><b>Suspected chromosomal disorder</b> Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure <i>Karyotype confirmed</i> <i>Karyotype pending</i></p>	<p>Check if a diagnosis of a suspected chromosomal disorder is confirmed or pending (may include Trisomy 21).</p>	<p>Same as Down syndrome</p>	<p>Trisomy and then a number such as: 13 - Patau's syndrome 17 or 18 - Edward syndrome Positive (confirmed) Possible Trisomy ____ (pending) Rule out (R/O) (pending)</p>
<p><b>Hypospadias</b> Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis Includes: – First degree (on the glans ventral to the tip) – Second degree (in the coronal sulcus) – Third degree (on the penile shaft)</p>		<p>1<sup>st</sup> Labor and Delivery Summary <i>under</i>—Infant Data 2<sup>nd</sup> Newborn H&amp;P <i>under</i>—Genitourinary (GU)</p>	

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>39. Was the infant transferred within 24 hours of delivery? (BC #56)</b>			
Transfer status of the infant within 24 hours after delivery	<p>Check “yes” if the infant was transferred from this facility to another within 24 hours of delivery.</p> <p>Enter the name of the facility to which the infant was transferred.</p> <p>If the name of the facility is not known, enter “unknown.”</p> <p>If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.</p>	<p>1<sup>st</sup> Infant Progress Notes</p> <p>2<sup>nd</sup> Transfer Form</p>	<p><i>Look for:</i> Disposition</p>
<b>40. Is the infant living at the time of the report? (BC #57)</b>			
Information on the infant’s survival	<p>Check “yes” if the infant is living.</p> <p>Check “yes” if the infant has already been discharged to home care.</p> <p>Check “no” if it is known that the infant has died.</p> <p>If the infant was transferred and the status is known, indicate the known status.</p>	<p>1<sup>st</sup> Infant Progress Notes</p>	
<b>41. Is the infant being breast-fed? (BC #58)</b>			
<p>Information on whether the infant is being breast-fed before discharge from the hospital</p> <p>Refers to the <u>action</u> of breast-feeding or pumping (expressing) milk, <u>not</u> the <u>intent</u> to breast-feed</p>	<p>Check “yes” if the infant is being breast-fed.</p> <p>Check “no” if the infant is not being breast-fed.</p>	<p>1<sup>st</sup> Labor and Delivery Summary Record <i>under</i>—Infant Data</p> <p>2<sup>nd</sup> Maternal Progress Note</p> <p>3<sup>rd</sup> Newborn Flow Record <i>under</i>—Feeding</p> <p>4<sup>th</sup> Lactation Consult</p>	<p>Pumping</p> <p>Lactation consultation</p> <p>LATCH score (Latch on, Audible swallow, Type of nipple, Comfort and Help - used to measure position and attachment of the baby on the breast)</p> <p>Breast pump</p> <p>Breast pump protocol</p> <p>Breast milk</p> <p>MM - Mother’s milk</p> <p>FBM - Fresh breast milk</p>



Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords/Abbreviations
<b>13. **Method of Disposition (FDFWS #32, FDR #13)</b>			
Burial	Check only one method.	1 <sup>st</sup> Labor and Delivery Summary	
Cremation		Record <i>under</i> —Infant Data	
Hospital Disposition			
Donation		2 <sup>nd</sup> Nursing note	
Removal from State		3 <sup>rd</sup> Attending death note	
Other (specify)		4 <sup>th</sup> Social work note	
** Applicable to fetal deaths only.			

**The use of trade names is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.**



41. Is the infant being breast-fed? (BC #58)

13. \*\*Method of Disposition (FDFWS #32, FDR #13)