

# MEDICAL WORKSHEET

## Instructions for completing the medical portions for the Official Worksheet to Establish the Legal Certificate of Live Birth:

Hospital Medical Worksheet

Birth Other Than at a Delivery Hospital – Medical & Delivery Information

### Sections:

- I .....Place of Birth Information
- II .....Prenatal Statistics
- III.....Labor & Delivery Statistics
- IV.....Newborn Statistics
- V .....Vital Records Fee Payment Status
- VI.....Paternity Affidavit Status
- VII ....Registration Status
- VIII...Staff Completing this Worksheet

## PLACE OF BIRTH INFORMATION

— I —

Description .....Identifies the type of place where the birth occurred.

**NOTE:** If the birth occurred in a moving conveyance, the place of birth information must reflect the physical location where the infant was first removed from that conveyance.

Purpose .....The name of the hospital (*or the street address if not a hospital birth*), the city of birth, and the county of birth will appear on the legal portion of the Certificate of Live Birth. Also used for confidential statistical data to analyze the number and characteristics of births by type of facility to help determine the level of utilization and characteristics of births occurring at different types of places. Helps ensure integrity of the evidence for the event and helps prove the event occurred in the State of Iowa, as required by law.

Sources .....For hospital births:

1<sup>st</sup> ..... Admission History and Physical (H&P) *under—*  
General Admission *under—*

- Admitted from home, doctor's office, other *or—*
- Problem list/findings

2<sup>nd</sup> ..... Deliver Record *under—*

- Delivery information
- Labor and delivery summary
- Maternal obstetric (OB)/labor summary *under—*delivery
- Summary of labor and delivery (L&D)

3<sup>rd</sup> ..... Admission H&P

4<sup>th</sup> ..... Progress Notes or Note

Items ..... Type of Place Where Birth Occurred

Location of Birth (*for births other than at a delivering hospital*)

### Special

Instructions ..... ***If the birth occurred somewhere other than at a delivering hospital and the baby was transferred to this hospital immediately or within 24 hours:***

- ▶ *Contact the Birth Registration program at the state vital records office for direction. The hospital may be asked to assist by having the birth mother complete the 'Birth Mother's Worksheet' and by completing the 'Medical Worksheet' with information from the transferring hospital's emergency department and/or the birth mother's prenatal care provider. The hospital will be instructed to mail the completed original worksheet, a cover letter signed by the certifier, and the supporting documentation to the state office for entry.*

## Medical 1-1

### PLACE OF BIRTH INFORMATION

#### For Births Occurring at a Delivering Hospital:

##### Item .....1. Type of place where birth occurred

Instructions .....For hospitals authorized to register births electronically through the Iowa Vital Events System (IVES), select either 'This hospital' or 'En route to this hospital' as best describes the type of place where this birth occurred. Delivering hospitals may only file births that occurred at their hospital or en route to their hospital.

- ▶ *It is not necessary to write the name and address of the hospital on the worksheet since that information is already in the electronic birth registration system when authorized hospital staff log in to the web-based application.*

##### Options

**This hospital** (Only for hospitals authorized to register births electronically through the Iowa Vital Events System)

- ▶ Select if the infant was born alive at this hospital.
- ▶ Includes any live birth occurring anywhere on the property of the hospital, even if the birth mother did not make it inside the facility.
- *Demographic information about this hospital defaults into the appropriate fields on the birth record in the electronic registration application.*

**En route to this hospital** (Only for hospitals authorized to register births electronically through the Iowa Vital Events System)

- ▶ Select if the infant was born alive while in any type of moving conveyance meant to transport the birth mother to the hospital and transport of the mother and baby continued on to this hospital.
- If the birth occurred in an airplane or boat, including in international airspace or waters, the location of the birth would instead be at whatever location the infant was first removed. Call the birth registration program at the state vital records office for direction.
- *According to Iowa law, the place of birth for the purposes of registration is legally this hospital. Demographic information about this hospital defaults into the appropriate fields in the electronic registration system.*

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**PLACE OF BIRTH INFORMATION**

**For Births OTHER THAN at a Delivering Hospital:**

Item ..... **1. Type of place where birth occurred—Location of birth**

Instructions ..... Select the option that best describes the type of place where this birth occurred. Also provide information about the location of the birth.

Options

**En route or at a “Non-Delivering” hospital in Iowa**

- ▶ Select if the infant was born alive en route to or at this hospital and this hospital does not normally deliver babies or is not authorized to register births electronically in the Iowa Vital Events System (IVES).
  - Includes any live birth that occurred anywhere on the property of the hospital, even if the birth mother did not make it inside the facility.

**Residence**

- ▶ Select if the infant was born alive at a private residence or at a residential setting.
- ▶ Also select ‘*Yes,*’ ‘*No,*’ or ‘*Unknown*’ if this was a planned home delivery.

**Freestanding birthing center**

- ▶ Select if the infant was born alive at a facility that has no direct physical connection with a hospital and has obtained a Certificate of Need to operate as a freestanding birthing center.

**Clinic/Doctor’s office**

- ▶ Select if the infant was born alive at a medical clinic or physician’s office.

**Other**

- ▶ Select if the infant was born alive at a type of place not listed above.
- ▶ Also specify the type of place.

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**PLACE OF BIRTH INFORMATION**

**For Births Other Than at a Delivering Hospital:**

Item ..... **Type of place where birth occurred—Location of birth** (*Continued*)

Instructions ..... Also provide information about the location of the birth.

**Facility Name**

- ▶ Specify the name of the hospital or freestanding birthing center, if applicable.

**Street Address**

- ▶ Specify the physical street address where the birth occurred.

**Zip Code**

- ▶ Specify the postal zip code of the place of birth. While the zip code is associated with the mailing address, the birth registration system uses it to help verify the city, county, and state.

**City, Town, or Location**

- ▶ Specify the name of the city or town in Iowa where the place of birth is physically located. If the location is outside any city limits and not physically associated with any city or town in Iowa, enter “Rural (*name of county*) County”.

**County**

- ▶ Specify the name of the County in Iowa where the place of birth is physically located.

For all of the items above:

- ▶ If the birth occurred “*en route*” (that is, ‘*on the way*’), enter the information appropriate for where the infant was first removed from the moving conveyance.

## MOTHER'S PRENATAL STATISTICS

— II —

Purpose ..... De-identified and used exclusively for confidential health research.

Sources ..... Prenatal care records or other initial physical exam, admission history & physical, birth mother's medical record, labor & delivery record, labor & delivery nursing admission triage form.

### Items

- 2. Prenatal Care Visits**
- 3. Date Last Normal Menses Began**
- 4. Previous Live Births**
- 5. Other Pregnancy Outcomes Not Resulting in a Live Birth**
- 6. Risk Factors in this Pregnancy**
- 7. Infections Present and/or Treated during this Pregnancy**
- 8. Obstetric Procedures**

## Medical 2-1

### 2. PRENATAL CARE VISITS

Description .....Identifies the birth mother's participation in prenatal care and when in the pregnancy it was initiated and sustained.

Purpose .....De-identified and used exclusively for confidential health research. Provides a means to monitor and correlate when women initiate prenatal care and appropriate utilization of services. Also helps determine the relationship of prenatal care to the health of the child at birth. Information on when pregnancy prenatal care began and the number of prenatal visits is used with length of gestation to compute the Kessner Index and the Kotelchuck Index, both of which are quantitative measures of the adequacy of prenatal care.

The actual dates of the first prenatal visit provides for more accurate data to identify when during the pregnancy the birth mother entered prenatal care. The number of visits helps determine her participation in prenatal care services.

Sources .....1<sup>st</sup> .....Antepartum or Prenatal Record *under*—Prenatal Visits  
2<sup>nd</sup> .....Prenatal Flow Record *under*—Visit Dates

Keywords/

Abbreviations ...Prenatal Care (PNC)

Instructions .....Respond to items 2a. through 2c.

Items

**No Prenatal Care**

- ▶ Select if the birth mother did not receive any prenatal care at any time during the pregnancy.
- ▶ Do not answer items 2a. through 2c if the birth mother did not have any prenatal care for this pregnancy. Go to item #3 '*Date last normal menses began*'.

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## Medical 2-2

### 2. PRENATAL CARE VISITS

Items (Continued)

#### 2a. Date of first visit

- ▶ Provide the month, day, and year a physician or other health care professional first examined and/or counseled the pregnant woman as part of an ongoing program of care for the pregnancy.

Sources ..... 1<sup>st</sup> ..... Prenatal Care Record *under*—

- Intake information
- Initial physical exam
- Prenatal Visits Flow Sheet
- Current Pregnancy

2<sup>nd</sup> ..... Initial Physical Examination

Edit Verifications

- The date of the first visit must be earlier than the date of delivery, but by no more than 10 months.

#### 2b. Total number of prenatal visits

- ▶ Provide the total number of prenatal care visits recorded in the most current record available that were made for medical supervision of the pregnancy by a physician or other health care provider during the pregnancy.
  - Do not estimate additional visits when the prenatal record is not current.
  - Excludes health care visits for other reasons.

Source ..... 1<sup>st</sup> ..... Prenatal Care Record *under*—Prenatal Visits Flow Sheet (*count visits*)

Edit Verifications

- If the total number of prenatal care visits equals more than 20, re-confirm the information with the birth mother's prenatal care and medical records.



## Medical 3-1

### 3. DATE LAST NORMAL MENSES BEGAN

Description .....The date the birth mother’s last normal menstrual period began.

Purpose .....De-identified and used exclusively for confidential health research. Provides a means to estimate the date of conception and length of gestation, which can be associated with birth weight to determine the maturity of the child at birth. Also associated with infant morbidity and mortality and is important in medical research. Also used to calculate which trimester prenatal care was initiated.

Sources .....1<sup>st</sup> .....Prenatal Care Record *under*—

- Menstrual History
- Nursing admission triage form

2<sup>nd</sup> .....Admission H & P *under*—Medical History

Typical form headings & titles: Antepartum Record: Menstruation; Obstetric Admitting Record: LMP; OB Nursing History: Gravida/LMP; Prenatal Flow Record: LMP; Health History Summary: Menstrual History/LMP; Obstetric Record: Present Pregnancy/LMP; Nursing Assessment/OB Admission: LMP.

Keywords/

Abbreviations ...Last menstrual period (LMP)

Instructions .....Provide all known parts of the month, day and year that the birth mother’s last normal menstrual period began.

- ▶ Enter the “15<sup>th</sup>” for the day if the medical charts indicate a month and year but not an exact day of the month.
- ▶ Do not enter the same date as the first prenatal visit.
- ▶ Enter “9’s” for the unknown parts of the date, with the exception if only the ‘day’ of the month is unknown as noted above.

Edit Verifications

- If the LMP month and day is February 29, the year must be a leap year.
- The LMP date must be earlier than the child’s date of birth.
- If the LMP date falls within four (4) months before the child’s date of birth, verify the information with the birth mother’s prenatal care and medical records.

## Medical 4-1

### 4. PREVIOUS LIVE BIRTHS

Description ..... Total number of infants previously delivered by the birthing mother that were born alive, and the date of the most recent live birth.

Purpose ..... De-identified and used solely for confidential health research. Provides a means to determine live-birth order and total-birth order – important research data used to study trends in childbearing and child spacing; health problems associated with birth order; the relationship of birth order to infant and perinatal mortality; and the relationship of various maternal characteristics and pregnancy outcomes with birth and pregnancy intervals. Also provides a means to measure known risk factors associated with the birth mother's previous pregnancies (e.g., prior fetal loss, short inter-pregnancy interval, high parity).

Sources ..... Antepartum Record: Previous Pregnancies; Prenatal Flow Record: Gravida; OB Nursing History: Gravida; Obstetric Admitting Record: Gravida/Para; Labor & Delivery Record: Demographics/ Gravida/Para; Obstetric Record: Previous Pregnancies; Nursing Assessment/OB Admission: Gravida.

Instructions ..... Respond to items 4a. through 4c unless no previous live births.

#### Items

#### **No Previous Live Births**

- ▶ Select if the birth mother has not been pregnant before or has not had a previous pregnancy outcome resulting in a live birth.
  - Excludes this child.
- ▶ **For multiple deliveries:**
  - If this is the primary (first live-born) infant, excludes this child.
  - If this is the second live-born, etc., includes all live-born infants delivered before this infant in the pregnancy.
- ▶ Excludes children not delivered by this birth mother (*i.e., adoption, foster, surrogate*).
- ▶ Do not respond to items 4a. through 4c if the birth mother had no previous live births. Go to item #5 'Other pregnancy outcomes not resulting in a live birth'.

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## Medical 4-2

### 4. PREVIOUS LIVE BIRTHS

Items (Continued)

#### 4a. Now living

- ▶ Provide an amount for the number of previous infants that this birth mother delivered who were born alive and are still living at the time of this birth.
  - Excludes this child.
- ▶ **For multiple deliveries:**
  - If this is the primary (first live-born) infant, excludes this child.
  - If this is the second live-born, etc., includes all live-born infants delivered before this infant in the pregnancy.
- ▶ Excludes children not delivered by this birth mother (*i.e., adoption, foster, surrogate*).

Sources ..... 1<sup>st</sup> ..... Prenatal Care Record *under*—

- Intake information
- Gravida section – L (living) – last number in series
- Para section – L – last number in series
- Pregnancy history information
- Previous OB history
- Past pregnancy history

2<sup>nd</sup> ..... Labor and Delivery Nursing Admission Triage Form *under*—Patient Data

3<sup>rd</sup> ..... Admission H&P

Keywords/

Abbreviations..... L – Now Living

G – Gravida – Total number of pregnancies

P – Para – Previous live births and fetal deaths >28 weeks of gestation

T – Term – Delivered at 37 to 40 weeks gestation

Edit Verifications

- If the number of previous live births now living equals 8 or more, verify the information with the birth mother's prenatal care and medical records.

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## Medical 4-3

### 4. PREVIOUS LIVE BIRTHS

Items (Continued)

#### 4b. Now dead

- ▶ Provide an amount for the number of previous infants that this birth mother delivered who were born alive, but are deceased at the time of this birth.
  - Excludes this child.
- ▶ **For multiple deliveries:**
  - If this is the primary (first live-born) infant, excludes this child.
  - If this is the second live-born, etc., includes all live-born infants delivered before this infant in the pregnancy.
- ▶ Excludes children not delivered by this birth mother (*i.e., adoption, foster, surrogate*).

Sources ..... 1<sup>st</sup> ..... Prenatal Care Record *under*—

- Pregnancy history information—comments, complications
- Previous OB history—comments, complications
- Past pregnancy history—comments, complications

2<sup>nd</sup> ..... Admission H&P

Keywords/

Abbreviations ..... Expired

G – Gravida – Total number of pregnancies

P – Para – Previous live births and fetal deaths >28 weeks of gestation

T – Term – Delivered at 37 to 40 weeks gestation

Edit

Verifications

- If the number of previous live births now dead equals 8 or more, re-confirm the information with the birth mother's prenatal care and medical records.

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## Medical 4-4

### 4. PREVIOUS LIVE BIRTHS

Items (Continued)

#### 4c. Date of last live birth

- ▶ Provide the month and year the most recent previous live birth was delivered to this birth mother.
  - Include all previous live-born infants now living and now dead.
- ▶ **For multiple deliveries:**
  - If this is the primary (first live-born) infant, excludes this child.
  - If this is the second live-born, etc., includes all live-born infants delivered before this infant in the pregnancy.
- ▶ Excludes children not delivered by this birth mother (*i.e., adoption, foster, surrogate*).
- ▶ Enter “9’s” for unknown parts of a date. Exception: if only the day of the month is unknown, enter “15” for the day of the month.

Sources ..... 1<sup>st</sup> ..... Prenatal Care Record *under*—

- Pregnancy history information – date
- Previous OB history – date
- Past pregnancy history – date

2<sup>nd</sup> ..... Admission H&P

Keywords/

Abbreviations..... DOB – Date of Birth

#### Edit Verifications

- The date must be earlier than the date of birth for this delivery, except of multiple-gestation births (see above).
- If this is the primary infant and the month and year are less than four (4) months within the date of delivery, verify the information with the birth mother’s prenatal care and medical records.
- Verify with the birth mother’s prenatal and/or hospital medical records **IF**:
  - The total number of previous live births equals 8 or more; or
  - The age of the birth mother minus the total number of previous live births equals eight (8) or less.

**Medical 5-1**

**5. OTHER PREGNANCY OUTCOMES NOT RESULTING IN A LIVE BIRTH**

Description .....Fetal losses of any gestational age that did not result in a live birth, including spontaneous losses, induced losses, and ectopic pregnancies.

Purpose .....De-identified and used exclusively for confidential health research. Provides a means to determine live-birth order and total-birth order – important research data used to monitor and evaluate trends in childbearing and child spacing; health problems associated with birth order; the relationship of birth order to infant and perinatal mortality; and the relationship of various maternal characteristics and pregnancy outcomes with birth and pregnancy intervals. Helps measure known risk factors associated with the birth mother’s previous pregnancies, such as prior fetal loss, short intervals between pregnancies, and high parity.

Sources .....Antepartum Record: Previous Pregnancies; Prenatal Flow Record: Gravida; OB Nursing History: Gravida; Obstetric Admitting Record: Gravida; Delivery Record: Demographics/Gravida; Obstetrical Record: Previous Pregnancies; Nursing Assessment/OB Admission: Gravida.

Instructions .....Select ‘*No Other Pregnancy Outcomes*,’ if appropriate, OR respond to items 5a. and 5b.

Items

**No Other Pregnancy Outcomes**

- ▶ Select if the birth mother has not been pregnant before or has not had a pregnancy outcome that did not result in a live birth.
- ▶ Excludes this child.
- ▶ If this is a multiple delivery, consider other fetal losses, miscarriages, or stillborns delivered in this birth event.
- ▶ Skip items 5a. and 5b if there were no other pregnancy outcomes in this birth mother’s history that not result in a live birth. Go to item #6 ‘*Risk factors in this pregnancy*’.

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## Medical 5-2

### 5. OTHER PREGNANCY OUTCOMES NOT RESULTING IN A LIVE BIRTH

Items (Continued)

**5a. Number of other outcomes.** Provide the total number of previous pregnancy outcomes that did not result in a live birth.

- ▶ Includes any fetus delivered dead regardless of the length of gestation.
- ▶ Includes each recognized loss of a product of conception that was completely expelled or extracted from the birth mother, such as ectopic pregnancy, miscarriage, stillbirth, and spontaneous or induced termination.
- ▶ Excludes any fetus that was “re-absorbed” (i.e., not completely expelled or extracted from the birth mother).
- ▶ **For multiple deliveries:** Includes all previous pregnancy losses before this infant in this pregnancy and in previous pregnancies.

Sources ..... 1<sup>st</sup> ..... Prenatal Care Record *under*—

- Gravida section – “A” (abortion/miscarriage)
- PARA section – “A”
- Pregnancy history information—comments, complications
- Previous OB history—comments, complications
- Past pregnancy history—comments, complications

2<sup>nd</sup> ..... Labor and Delivery Nursing Admission Triage Form

3<sup>rd</sup> ..... Admission H&P

Keywords/

Abbreviations.....Miscarriages

Fetal demise

AB – Abortion induced

SAB – Spontaneous abortion

TAB – Therapeutic abortion

Abortion spontaneous

IUFD – Intrauterine fetal death

FDIU – Fetal death in utero

Tubal pregnancy

Ectopic pregnancy

Septic abortion

Edit

Verifications .....If the number of previous other pregnancy outcomes equals 8 or more, confirm the accuracy of the information with the birth mother’s prenatal care and medical records.

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## Medical 5-3

### 5. OTHER PREGNANCY OUTCOMES NOT RESULTING IN A LIVE BIRTH

#### Items (Continued)

**5b. Date of last other outcome.** Provide the ending month, day and year of the last pregnancy that did not result in a live birth

- ▶ Excludes the approximate date that a fetus may have been “re-absorbed” (i.e., not completely expelled or extracted from the birth mother).
- ▶ **For multiple deliveries:** Includes all previous pregnancy losses before this infant in this pregnancy and in previous pregnancies.
- ▶ The date is the date the fetus was completely expelled or extracted, not any approximate date of intrauterine death.
- ▶ Enter “9’s” for any part of the date that is unknown. Exception: if the month and the year are known, but not the exact day, enter the “15<sup>th</sup>” for the day.

Sources ..... 1<sup>st</sup> ..... Prenatal Care Record *under*—

- Pregnancy history information
- Previous OB history
- Past pregnancy history

2<sup>nd</sup> ..... Admission H&P

#### Edit Verifications

- ▶ The date must be earlier than the date of this delivery except for multiple deliveries (see above).
- ▶ If the date is less than four (4) months earlier than the date of this delivery, confirm the accuracy of the information with the birth mother’s prenatal care and medical records.
- ▶ Verify with the birth mother’s prenatal and/or hospital medical records **IF**:
  - The total number of previous other pregnancy outcomes plus the total number of previous live births equals 8 or more; or
  - The age of the birth mother minus the total number of previous other pregnancy outcomes, plus the total number of previous live births, equals eight (8) or less.



## Medical 6-1

### 6. RISK FACTORS IN THIS PREGNANCY

Description ..... Selected medical risk factors of the birthing mother during this pregnancy.

Purpose ..... De-identified and used exclusively for confidential health research. Provides a means to monitor and evaluate specific maternal conditions associated with adverse pregnancy outcomes in order to develop intervention and prevention strategies.

Sources ..... *1<sup>st</sup>* ..... Prenatal Care Record *under*—

- Medical history
- Previous OB history *under*—summary of previous pregnancies
- Past pregnancy or OB history
- Problem list *or*—initial risk assessment
- Historical risk summary
- Complications of previous pregnancies
- Factors in this pregnancy

*2<sup>nd</sup>* ..... Labor and Delivery Nursing Admission Triage Form *under*—

- Medical complications
- Comments

*3<sup>rd</sup>* ..... Admission H&P *under*—

- Current pregnancy history
- Medical history
- Previous OB history *under*—pregnancy related
- Complications Previous Pregnancies
- Problem list/findings

*4<sup>th</sup>* ..... Delivery Record *under*—

- Maternal OB/labor summary
- Labor and delivery admission history
- Labor summary record

Typical form headings & titles: Antepartum Record; Prenatal Flow Record; OB Nursing History; Obstetric Admitting Record; Initial Pregnancy Profile: History since LMP; Health History Summary; Obstetric Record; Nursing Assessment/OB Admission.

Instructions ..... Select each of the medical risk factors in the list that the birth mother experienced during this pregnancy. If the birth mother had more than one risk factor, select all that apply. If none of the risk factors are documented in her records, select '*None of the above*' located at the end of the list.

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## 6. RISK FACTORS IN THIS PREGNANCY

### Options

- Diabetes.** Select either *'Pre-pregnancy'* or *'Gestational'* if the birth mother experienced a glucose intolerance requiring treatment during this pregnancy. Do not check both.
- Pre-pregnancy.** Select if the diagnosis was made prior to this pregnancy.

Keywords/

Abbreviations ..... 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

- Gestational.** Select if the diagnosis was made until during this pregnancy.

Keywords/

Abbreviations ..... GDM – Gestational diabetes mellitus

IDGDM – Insulin-dependent gestational diabetes mellitus

Class A1 or A2 diabetes mellitus

- Hypertension.** Select either *'Pre-pregnancy'* or *'Gestational'* if the birth mother's blood pressure was elevated above normal for her age, sex, and physiological condition. These options do not include *Eclampsia*.

- Pre-pregnancy (Chronic).** Select if the diagnosis was made prior to the onset of this pregnancy.

- Includes chronic hypertension.
- Excludes gestational (pregnancy induced) hypertension (PIH).

Keywords/

Abbreviations ..... CHT – Chronic hypertension

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**Medical 6-3**

**6. RISK FACTORS IN THIS PREGNANCY**

Options – Hypertension (Continued)

- Gestational (PIH, pre-eclampsia).** Select if the diagnosis was not made until during this pregnancy.
  - Includes pregnancy-induced hypertension or pre-eclampsia.
  - Includes proteinuria (protein in the urine) without seizures or coma and pathologic edema (generalized swelling of the hands, legs, and face).

Keywords/

Abbreviations ..... PIH – Pregnancy-induced hypertension  
Pre-eclampsia  
Eclampsia  
Transient hypertension  
HELLP Syndrome

- Eclampsia.** Select if the birth mother had hypertension with proteinuria with generalized seizures or coma.
  - ▶ Includes pathologic edema.
  - ▶ If present, either ‘Pre-pregnancy’ (chronic) or ‘Gestational’ hypertension may also be selected.

Keywords/

Abbreviations ..... CHT – Chronic hypertension  
PIH – Pregnancy-induced hypertension  
Pre-eclampsia  
Eclampsia  
Transient hypertension  
HELLP Syndrome

- Previous preterm live-born infant.** Select if the birth mother has a history of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation.

Keywords/

Abbreviations ..... PTL – Preterm Labor  
P – Premature

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## 6. RISK FACTORS IN THIS PREGNANCY

Options (Continued)

**Pregnancy resulted from infertility treatment.** Select one or both of the therapy and/or treatments as applicable if any assisted reproduction treatment or fertility therapy was used to initiate this pregnancy.

**Fertility enhancing drugs, artificial insemination, or intrauterine insemination.** Select if specific therapy (drugs or insemination) was used.

▶ Includes any fertility enhancing drugs (e.g., Clomid, Pergonal), artificial insemination, or intrauterine insemination.

Keywords/

Abbreviations ..... Fertility-enhancing drugs, artificial or intrauterine insemination, medications:

Clomid	Serophene
Pergonal	Metrodin
Profasi	Pregesterol
Follistim	Gonadotropins
Crinone (progesterone gel)	
FSH (follicle stimulating hormone)	
HcG (human chorionic gonadotropin)	

**Assisted reproductive technology.** Select if an ART/technical procedure was used.

▶ Includes any ART/technical procedure, such as In vitro fertilization (IVF), Gamete intrafallopian transfer (GIFT), or Zygote intrafallopian transfer (ZIFT)

Keywords/

Abbreviations ..... ART – Assisted reproductive technology  
IVF-ET – In vitro fertilization embryo transfer  
GIFT – Gamete intrafallopian transfer  
ZIFT – Zygote intrafallopian transfer  
AIH – Artificial insemination by husband  
AID/DI – Artificial insemination by donor  
Donor ovum or embryo  
Embryo adoption  
In vitro fertilization

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**Medical 6-5**

**6. RISK FACTORS IN THIS PREGNANCY**

Options (Continued)

**Mother had a previous cesarean delivery.** Select if the birth mother has had a previous operative delivery by extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls.

▶ Also specify the number of previous cesarean deliveries she has had.

Keywords/

Abbreviations ..... 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

TOL – Trial of labor

Edit Verifications

- If the number of previous cesarean deliveries equals nine (9) or more, verify the information with the birth mother’s prenatal care and medical records.

For Multiple birth – if the second born was in the same delivery do not count it, if different delivery then count it.

**None of the above are noted in the medical charts.** Select if none of the risk factors listed above apply to this pregnancy as documented in the birth mother’s prenatal medical records.

**Medical 7-1**

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

Description ..... Selected infections the birth mother had or was treated for during the course of this pregnancy known to potentially cause concomitant fetal and/or subsequent neonatal infection.

Purpose ..... De-identified and used exclusively for confidential health research. Provides a means to monitor the prevalence of prenatal transmission and evaluate public health implications in order to develop intervention and education strategies. Some of these infections are key contributors to infant morbidity and mortality. The data is used to conduct surveillance of the prevalence and to help develop early treatment and prevention interventions for infant exposure, including treatment of the mother prior to birth to mitigate infant exposure.

Sources ..... 1<sup>st</sup> ..... Prenatal Record *under*—

- Infection history
- Sexually transmitted diseases
- Problem list
- Complications this pregnancy
- Factors this pregnancy
- Medical history

2<sup>nd</sup> ..... Labor and Delivery Nursing Admission Triage Form *under*—Comments

3<sup>rd</sup> ..... Admission H&P *under*—

- Current pregnancy history
- Medical history
- Problem list/findings

4<sup>th</sup> ..... Delivery Record *under*—

- Maternal OB/Labor summary
- Labor and delivery admission history

Keywords/

Abbreviations ..... “+” indicates that the test for the infection was positive and the birth mother has the infection.

“-“ indicates that the test was negative and the birth mother does not have the infection.

*Look for* treatment or Rx for a specific infection.

(Continued on next page)

## Medical 7-2

### 7. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY

Instructions ..... Select all applicable maternal infections that were present at the time of the pregnancy diagnosis or were a confirmed diagnosis during this pregnancy, with or without documentation of treatment. Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record.

#### Options

- Gonorrhea.** Select if the birth mother had a positive test or culture for *Neisseria gonorrhoeae*.

Keywords/Abbreviations ..... GC

Gonorrheal

Gonococcal

Treatment or Rx for Gonorrhea

NAAT – Nucleic acid amplification tests

- Syphilis.** Select if the birth mother had a positive test for *Treponema pallidum*.

Keywords/Abbreviations ..... 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

- Chlamydia.** Select if the birth mother had a positive test for *Chlamydia trachomatis*.

Keywords/Abbreviations ..... Treatment or Rx for Chlamydia

- Hepatitis B.** Select if the birth mother had a positive test for the *hepatitis B virus*.

Keywords/Abbreviations ..... Hep B

HBV

Serum hepatitis

Treatment or Rx for any of the above

(Continued on next page)

**Medical 7-3**

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

Options (Continued)

- Hepatitis C.** Select if the birth mother had a positive test for *hepatitis C* (HCV), non-A, or non-B virus.

Keywords/

Abbreviations ..... Hep C

HCV

Non-A hepatitis

Non-B hepatitis

Treatment or Rx for any of the above

- Rubella.** Select if the birth mother had a positive test for the *Rubella virus*.

Keywords/

Abbreviations ..... Rubella

TORCH testing

Congenital Rubella Syndrome

Treatment or Rx for any of the above

- Group B Strep.** Select if the birth mother had a positive test for *Group B Strep* prevalence.

Keywords/

Abbreviations ..... GBS

GBBS

Strep

Group B streptococcus

Treatment or Rx for any of the above

- Toxoplasmosis.** Select if the birth mother had a positive test for the *Toxoplasmosis virus*.

Keywords/

Abbreviations ..... Toxoplasmosis

TORCH testing

Treatment or Rx for any of the above

(Continued on next page)



**Medical 7-4**

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

Options (Continued)

- Cytomegalovirus.** Select if the birth mother had a positive test for the *Cytomegalovirus* infection.

Keywords/

Abbreviations .....CMV

TORCH testing

Treatment or Rx for CMV

- Herpes.** Select if the birth mother had a positive test for the *Herpes virus*.

Keywords/

Abbreviations .....Herpes

TORCH testing

Treatment or Rx for any of the above

- None of the above are noted in the medical charts.** Select if none of the infections listed apply to this pregnancy as documented in the birth mother's prenatal medical records.

## Medical 8-1

### 8. OBSTETRIC PROCEDURES

Description ..... Selected medical treatments or invasive/manipulative procedures performed during this pregnancy to treat the pregnancy or to manage labor and/or delivery.

Purpose ..... De-identified and used exclusively for confidential health research. Provides a means to monitor, evaluate, and correlate the effectiveness of procedures in relation to pre-term delivery, frequency of use, pregnancy outcome, cesarean delivery because of fetal malpresentation, and associated risks for both the birth mother and the fetus. Also helps to determine if these manipulative procedures could potentially carry risk to the fetus or affect the live-born child (e.g., procedures performed before 20 weeks gestation have been found to be less strongly associated with the pregnancy outcome). Also used to measure the use of advanced medical technology during pregnancy and labor and to investigate the relationship of these procedures to the type of delivery and pregnancy outcome.

Sources ..... *1<sup>st</sup>* ..... Prenatal Record *under*—

- Medical history
- Problem list *or*—initial risk assessment
- Historical risk summary
- Complications this pregnancy
- Factors this pregnancy
- Complications of previous pregnancies

*2<sup>nd</sup>* ..... Labor and Delivery Nursing Admission Triage Form *under*—

- Complications this pregnancy
- Medications
- Comments

*3<sup>rd</sup>* ..... Admission H&P *under*—

- Current pregnancy history
- Medications
- Medical history
- Problem list/findings

*4<sup>th</sup>* ..... Delivery Record *under*—

- Maternal OB/Labor summary record
- Labor and delivery admission history

Instructions ..... Select all the procedures on the list that apply to this birth mother as documented in her medical charts.

(Continued on next page)

## Medical 8-2

### 8. OBSTETRIC PROCEDURES

#### Options

- Cervical cerclage.** Select if the birth mother had circumferential banding or suture of the cervix to prevent or treat passive dilatation.

- Includes MacDonald's suture, Shirodkar procedure, and abdominal cerclage via laparotomy.

#### Keywords/

Abbreviations .....MacDonald's suture

Shirodkar procedure

Abdominal cerclage via laparotomy

Incompetent cervix

Incompetent os

- Tocolysis.** Select if any agent was administered to the birth mother with the intent to inhibit pre-term uterine contractions to extend the length of the pregnancy.

#### Keywords/

Abbreviations .....Preterm labor (*this pregnancy*)

Medications:

- Magnesium sulfate – Mag SO<sub>4</sub> (*for preterm labor*)
- Terbutaline – Terb
- Indocin (*for preterm labor*)

- External cephalic version.** Select if there was an attempt to convert the fetus from a non-vertex to a vertex presentation by external manipulation.

- ▶ Also indicate if the procedure was '*Successful*' or '*Failed*'. Do not check both.

#### Keywords/

Abbreviations .....Malpresentation

Breech version

External version

Attempted version

Failed version

Unsuccessful external version

- None of the above are noted in the medical charts.** Select if none of the obstetric procedures listed apply to this pregnancy as documented in the birth mother's prenatal medical records.

Purpose ..... De-identified and used exclusively for confidential health research, with the exception of the infant's date and time of birth (which is listed on any certified copy of the child's birth certificate).

Sources ..... Labor & delivery records, labor & delivery nursing admission triage form, admission history & physical, birth mother's medical record, newborn admission history & physical, labor & delivery summary, physician's progress notes, hospital face sheet, admitting office face sheet, recovery room record, operative notes, transfer notes, intake & output form.

Items

- 9. Onset of Labor**
- 10. Infant's Date of Birth and Time of Birth**
- 11. Attendant Information**
- 12. Certifier Information**
- 13. Principal Source of Payment for this Delivery**
- 14. Mother Transferred from another Hospital [for Delivery]**
- 15. Mother's Weight at Delivery**
- 16. Characteristics of Labor and Delivery**
- 17. Method of Delivery**
- 18. Maternal Morbidity**

## Medical 9-1

### 9. ONSET OF LABOR

Description ..... Selected complications associated with labor and delivery experienced by the birth mother.

Purpose ..... De-identified and used exclusively for confidential health research. Provides a means to help identify pregnancy complications experienced during labor and delivery and their relationship to the method of delivery and birth outcome.

Sources ..... Obstetric Admitting Record: Reasons for Admission/Patient Triage Data; Delivery Record: Labor Summary; Nursing Assessment/OB Assessment.

Instructions ..... Select applicable onsets of labor. Exception: prolonged labor and precipitous labor may not both be checked.

#### Options

- Premature rupture of the membranes (ROM).** Select if there was a prolonged, spontaneous tearing of the amniotic sac or natural breaking of the bag of waters 12 hours or more before labor began.

Sources ..... Labor and Delivery Record *under*—

- Maternal OB/Labor summary
- Labor and delivery admission history
- Labor summary record – time ROM (rupture of membranes)
- Delivery record – ROM

#### Keywords/

Abbreviations ..... PROM – Premature rupture of membranes  
PPROM – Preterm premature rupture of membranes  
ROM – Rupture of membranes

- Precipitous labor.** Select if the birth mother's labor lasted less than three (3) hours.

Sources ..... *1<sup>st</sup>* ..... Labor and Delivery Record *under*—

- Labor summary—total length of labor
- Labor chronology—total length of labor

*2<sup>nd</sup>* ..... Delivery comments

(Continued on next page)

## Medical 9-2

### 9. ONSET OF LABOR

#### Options (Continued)

- Prolonged labor.** Select if the birth mother's labor lasted twenty (20) or more hours.

Sources.....*1<sup>st</sup>*.....Labor and Delivery Record *under*—

- Labor summary—total length of labor
- Labor chronology—total length of labor

*2<sup>nd</sup>*.....Delivery comments

- None of the above are noted in the medical charts.** Select if the conditions listed above do not apply to this labor and delivery or cannot be documented for this labor and delivery.

## Medical 10-1

### 10. DATE AND TIME OF BIRTH

Description ..... Legal and statistical date and time of day that a live-born infant was delivered. Documents the exact time of birth for legal purposes and establishes the order of birth in the case of plural deliveries. Appears on the legal Certificate of Live Birth.

Purpose ..... Used legally on the Certificate of Live Birth to establish the age of the individual named on the birth certificate for such purposes as school entrances; obtaining a Social Security card, driver's license or passport; participating in organized sports; employment; travel; insurance, Medicaid or Title XIX coverage and benefit; qualifying for Social Security benefits; etc.

De-identified for use in health research in conjunction with the date of the last normal menses to calculate the length of gestation, to study survivorship of low birth weight and pre-term babies, and in conjunction with dates of last live birth and other pregnancy outcomes (i.e., terminations) to compute intervals between births and pregnancies. In addition, the exact time of birth is documented for various legal uses, including the order of birth in plural deliveries and establishing dependency for income tax purposes.

Sources ..... *1<sup>st</sup>* ..... Labor and Delivery *under*—Delivery Record  
*2<sup>nd</sup>* ..... Newborn Admission H&P

Instructions ..... The exact month, day, year, and time of day that the child was born alive. If these items are not known because the infant is a “foundling,” contact the state vital records office. Facilities should not attempt to register a birth record for a foundling – the state office will, instead, register the birth directly based on information obtained from the facility if it has been determined that the infant does not already have a birth record registered.

#### Items

**10a. Infant's date of birth.** Enter the exact month, day, and 4-digit year of the delivery resulting in a live birth.

#### Keywords/

Abbreviations.....DOB – Date of birth

#### Edit Verifications

- If the month and day is reported as February 29, the year must be a leap year.
- The date of birth must be earlier than or the same as the current registration date; however, it may not be more than one (1) year prior.
- The date may not be in the future

(Continued on next page)

## Medical 10-2

### 10. DATE AND TIME OF BIRTH

#### Items (Continued)

**10b. Time of birth.** Enter the exact time of delivery resulting in a live birth according to local time currently in use.

- ▶ Time is based on a “24-hour clock” (i.e., “military” time) and in four (4) digits.
- ▶ A new day begins at 0000 (midnight) and ends at 2359 (11:59 p.m.).
- ▶ Enter 1200 if the birth occurred exactly at Noon.
- ▶ Enter 0000 if the birth occurred exactly at Midnight.
- ▶ Provide the time of birth as it is for daylight savings time if daylight savings time is the official prevailing time in use when the birth occurred.
- ▶ Provide the hour and minute of birth for each individual child in a multiple-birth event.



## Medical 11-1

### 11. ATTENDANT INFORMATION

**Description** .....Information about the individual who was physically present at the delivery and was responsible for the delivery. According to national standards, for example, when 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 must be reported as the attendant.

**Purpose** .....Ensures integrity of the record; helps fulfill the facility's legal obligations per the Iowa code, section 144.13.*Ib*; and is used for follow-up, if necessary. The title provides information on the type of attendant, which is used to assess the service rendered. Provides a means to identify deliveries attended by certified nurse midwives, lay midwives, and other persons. De-identified for public health research.

**Sources** .....Delivery Record *under*—Signature of Delivery Attendant (Medical)

**Instructions** .....Provide the information regarding the person responsible for delivering the infant.

#### Items

- M.D. – D.O. – CNM/ARNP.** Select the appropriate title and enter the attendant's Iowa license number and full name if the attendant is an M.D., D.O., or CNM/ARNP.
  - M.D.** Select if the attendant holds a doctor of medicine professional degree.
  - D.O.** Select if the attendant holds a doctor of osteopathy professional degree.
  - CNM / ARNP.** Select if the attendant holds a certified nurse midwife or advanced registered nurse practitioner professional degree.
  
- Other midwife.** Select if the individual who delivered the infant was a non-professional midwife (i.e., “lay” midwife) or a midwife other than a CNM/ARNP as licensed in the State of Iowa.
  - ▶ Also provide the individual's full name.
  
- Other.** Select if the individual who delivered the infant was a non-categorized individual such as a nurse, police officer, legal husband, EMS technician, or rescue worker.
  - ▶ Also provide the individual's title or relationship to the child and full name.

## 12. CERTIFIER INFORMATION

Description ..... Information about the individual who is certifying to the facts of the live birth event – that the child was born alive and that the birth occurred on this date, and at this time and place. May be, but need not be, the same as the attendant at birth. This individual is referred to as the “certifier”.

Purpose ..... Provides integrity of the birth record and validates the accuracy of the date, time, and place of birth of the live-born child named on the certificate. Fulfills requirements of the Code of Iowa, section 144.13.b, which states “The physician in attendance or the person in charge of the institution or the person’s designee shall certify to the facts of birth either by signature or as otherwise authorized by rule and provide the medical information required by the certificate within seven days after the birth”. De-identified for public health research.

Sources ..... Infant’s medical charts; Delivery Record: Delivery Data/Physician Signature.

Instructions ..... Provide the information regarding the person who is certifying to the facts of the birth event and the date certified.

### Items

- M.D. – D.O. – CNM/ARNP.** Select the appropriate title and enter the attendant’s Iowa license number and full name if the attendant is an M.D., D.O., or CNM/ARNP.
  - M.D.** Select if the attendant holds a doctor of medicine professional degree.
  - D.O.** Select if the attendant holds a doctor of osteopathy professional degree.
  - CNM / ARNP.** Select if the attendant holds a certified nurse midwife or advanced registered nurse practitioner professional degree.
  
- Other midwife. (*This option is highly discouraged for hospital births.*)** Select if the individual who delivered the infant was a non-professional midwife (i.e., “lay” midwife) or a midwife other than a CNM/ARNP as licensed in the State of Iowa.
  - ▶ Also provide the individual’s full name.
  
  - ▶ **NOTE:** This option is in the electronic system for consistency with the attendant’s information, but is highly discouraged due to lack of integrity for a hospital birth. If the infant was delivered en route, use the hospital M.D., D.O., or CNM/ARNP who first saw the birth mother and baby, or the birth mother’s health care provider, as the certifier.

(Continued on next page)

## 12. CERTIFIER INFORMATION

Items (Continued)

- Other.** (*This option is highly discouraged for hospital births.*) Select if the individual who delivered the infant was a non-categorized individual such as a nurse, police officer, legal husband, EMS technician, or rescue worker.
- ▶ **NOTE:** This option is in the electronic system for consistency with the attendant's information, but is highly discouraged due to lack of integrity for a hospital birth. If the infant was delivered en route, use the hospital M.D., D.O., or CNM/ARNP who first saw the birth mother and baby, or the birth mother's health care provider, as the certifier.
  - ▶ Also provide the individual's title or relationship to the child and full name.

**12b. Date certified.** Enter the month, day and year that the certifier signed the worksheet, or the date the person acting as the certifier, signed documentation in the infant's medical charts.

Edit Verification

- ▶ . The date must be the same as or after the infant's date of birth.

## Medical 13-1

### 13. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY

Description .....The birth mother's primary source of payment at the time of delivery for this birth.

Purpose .....De-identified and used exclusively for confidential health research. Provides a means to measure socioeconomic status and evaluate participation in prenatal and health services.

Sources .....*1<sup>st</sup>* .....Hospital Face Sheet  
*2<sup>nd</sup>* .....Admitting Office Face Sheet

Instructions .....Select the one option that best describes the principal source of payment (i.e., first payer) for this delivery. For instance, if there is a split, such as the first entry 60% insurance 40% self-pay, then this would be "private insurance" because that is the principal source of payment. If two sources are listed, the principal source is most likely the first one listed. Confirm with the billing office when the funding source for payment is unclear.

#### Options

- Private insurance.** Select if the birth mother's principal source of payment is a private insurance carrier or plan (e.g., Blue Cross/Blue Shield, Wellmark, Principal, Aetna, etc.).

Sources .....Admissions or antepartum records – *Look for* – Insurance Carrier or Insurance Plan and indication of a policy number.

- Medicaid (Title XIX [19]).** Select if the birth mother qualifies for medical assistance under Iowa Code section 249A.

► Includes: payment of all or part of the costs of any or all of the care and services authorized by Title XIX of the federal Social Security Act; discretionary medical assistance provided to individuals whose income and resources are in excess of eligibility limitations but are insufficient to meet all of the costs of necessary medical care and services; payment under a family investment program per chapter 239B; payment under the medical assistance program of a premium, a coinsurance amount, a deductible amount, or any other cost sharing obligation for a group health plan as required by Title XIX of the federal Social Security Act.

Sources .....Admissions or antepartum records – *Look for* – same area as Insurance Carrier/Plan, except will ask for Medicaid number.

- OB indigent program.** Select if the birth mother qualifies for obstetrical and newborn indigent patient care under section 255A of the Iowa code.

Sources .....Admissions or antepartum records – *Look for* – same area as Insurance Carrier/Plan.

(Continued on next page)

## Medical 13-2

### 13. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY

#### Options (Continued)

- Self-pay.** Select if the parents are uninsured and there is no other 3<sup>rd</sup>-party payer identified.  
Sources.....Admissions or antepartum records – *Look for* – same area as Insurance Carrier/Plan.
- Indian Health Service.** Select if the birth mother’s principal source of payment is through an Indian Health Service program.  
Sources.....Admissions or antepartum records – *Look for* – same area as Insurance Carrier/Plan.
- CHAMPUS / TRICARE.** Select if the birth mother’s principal source of payment is through a CHAMPUS/TRICARE program.  
Sources.....Admissions or antepartum records – *Look for* – same area as Insurance Carrier/Plan.
- Other government.** Select if the birth mother’s principal source of payment is through some other federal, state, or local government-sponsored program not listed above.
- ▶ Do not also select the following ‘*Other*’ option.  
Sources.....Admissions or antepartum records – *Look for* – same area as Insurance Carrier/Plan.
- Other.** Select if the birth mother’s principal source of payment is other than what is listed above.
- ▶ Specify the payer if this option is selected.  
Sources.....Admissions or antepartum records – *Look for* – same area as Insurance Carrier/Plan.

## Medical 14-1

### 14. MOTHER TRANSFERRED FROM ANOTHER HOSPITAL FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY

**Description** .....A maternal transfer from another hospital to this hospital for the purpose of delivery. Excludes from home, doctor's office, freestanding birthing center, or other location to this hospital.

**Purpose** .....De-identified and used exclusively for confidential health research. Provides a means to study transfer patterns and determine whether timely identification and movement of high-risk patients is occurring.

**Sources** .....*1<sup>st</sup>* ..... Labor and Delivery Nursing Admission Triage Form *under*—

- Reason for admission
- Comments

*2<sup>nd</sup>* .....Admission H&P

*3<sup>rd</sup>* .....Labor and Delivery – Delivery Record

- Maternal OB/Labor summary
- Labor and delivery admission history

**Instructions** .....Select 'Yes' or 'No' and provide the additional information as required for 'Yes'.

#### Options

**No.** Select if the birth mother was not transferred from another hospital for delivery.

- Includes if this is the only hospital that the birth mother was admitted to for the delivery of this infant.
- Includes if the birth occurred while in a moving conveyance "en route" to this hospital.

**Yes.** Select if the birth mother was transferred from another hospital before delivery.

- Excludes if the delivery occurred while in a moving conveyance "en route" to this hospital.
- ▶ Also select 'Iowa' or 'Out-of-state' for the location of the transferring hospital and provide the additional information as required.
  - Provide the name of the hospital, the city and the county if the hospital is in Iowa.
  - Provide the name of the hospital, the city and the state if the hospital is out-of-state.
- ▶ Provide only the information about the last hospital from which the birth mother was transferred if she was transferred more than once.

## Medical 15-1

# 15. MOTHER'S WEIGHT AT DELIVERY

Description ..... Birth mother's weight at the time of delivery.

Purpose ..... De-identified and used exclusively for confidential health research. Combined with the birth mother's height and pre-pregnancy weight, used to calculate body mass index (BMI), which gives more value to the birth mother's weight gain information. Maternal BMI alone and in combination with maternal weight gain during pregnancy is associated with pregnancy outcome and maternal morbidity and mortality.

Sources ..... *1<sup>st</sup>* ..... Labor and Delivery Nursing Admission Triage Form *under*—

Physical Assessment—Weight

*2<sup>nd</sup>* ..... Admission H&P *under*—

Physical Exam—Weight

### Alternative Sources

- If the weight before delivery is not recorded in OB admissions, provide the weight as stated by the patient if the patient's information is deemed reliable by hospital staff.
- Do not take the weight from the prenatal care record unless the last recorded weight was taken the same day as the delivery.

### Keywords/

Abbreviations ... Wgt. – Weight

Instructions ..... Provide the weight of the birth mother at the time of delivery in whole pounds only.

- ▶ Provide the weight in whole pounds only.
- ▶ Truncate – do not include fractions (e.g., 140½ pounds should be entered as 140 pounds).
- ▶ Enter the highest value given if the medical charts give a range.

### Edit

Verifications ..... Verify the information with hospital records if the weight is not between 75 and 350 pounds.

## 16. CHARACTERISTICS OF LABOR AND DELIVERY

Description .....Information about the course of this labor and delivery. Provides specific types of data related to labor and delivery, some of which fills the gap in current data collection in the national data system that monitors the health outcome of pregnancies. Some characteristics are increasing in usage.

Purpose .....De-identified and used exclusively for confidential health research. Provides a means to monitor and correlate effects on: risk indicators for cesarean delivery and cesarean delivery rates; perinatal and maternal outcomes; risks and reduction of risks for multiple adverse neonatal outcomes; antibiotic use and preterm delivery; causation of cerebral palsy; implementation of NICHD recommendations when preterm delivery is threatened or anticipated; intrapartum management on neonatal outcomes; adverse outcomes of preterm delivery in general; neonatal morbidity and other illnesses such as respiratory illness ranging from mild to life threatening; labor management, duration, operative delivery, and neonatal adverse outcomes; prevalence of fetal intolerance of labor with other obstetric and medical risk factors; and frequency of neonatal transfer and/or NICU admission.

Sources .....Delivery Record: Labor/Delivery Summary and Delivery Data, Physician progress notes; Newborn admission history and physical; Labor Flow Sheet

Instructions .....Select all the characteristics that apply to this labor and delivery as documented in the medical charts.

### Options

**Induction of labor.** Select if uterine contractions were initiated by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor (i.e., before labor has begun).

Sources.....*1<sup>st</sup>*.....Delivery Record *under*—

- Maternal OB/Labor summary
- Labor and delivery admission history
- Labor summary record

*2<sup>nd</sup>*.....Physician Progress Note

*3<sup>rd</sup>*.....Labor and Delivery Nursing Admission Triage Form

### Keywords/

Abbreviations.....IOL – Induction of labor

Pit Ind – Pitocin induction

ROM/NIL – Amniotomy induction or induction for rupture of membranes, not in labor

(Continued on next page)



## 16. CHARACTERISTICS OF LABOR AND DELIVERY

Options (Continued)

- Augmentation of labor.** Select if uterine contractions were stimulated by drug or manipulative technique with the intent to reduce the time to delivery. Select only if medication was given or procedures to augment labor were performed after labor began.

Sources..... 1<sup>st</sup>..... Delivery Record *under*—

- Maternal OB/Labor summary
- Labor and delivery admission history
- Labor summary record

2<sup>nd</sup>..... Physician Progress Note

Keywords/

Abbreviations..... Pit stim – Pitocin stimulation

Pit aug – Pitocin augmentation

AROM – artificial rupture of membranes done during labor

- Steroids (glucocorticoids) for fetal lung maturation received by mother prior to delivery.** Select if medications were specifically given to the birth mother for fetal lung maturation before the delivery in anticipation of a preterm delivery.

- Includes Betamethasone, dexamethasone, or hydrocortisone.
- Excludes if a steroid medication was given to the birth mother as an anti-inflammatory treatment before or after delivery.

Sources..... 1<sup>st</sup>..... Delivery Record *under*—

- Maternal OB/Labor summary—comments
- Labor summary record--comments

2<sup>nd</sup>..... Maternal Medication Record

3<sup>rd</sup>..... Newborn Admission H&P

4<sup>th</sup>..... Maternal Physician Order Sheet

Keywords/

Abbreviations..... Medications (*before delivery*):

- Betamethasone
- Dexamethasone
- Hydrocortisone

(Continued on next page)

## 16. CHARACTERISTICS OF LABOR AND DELIVERY

Options (Continued)

**Antibiotics received by the mother during labor.** Select if any antibacterial medications were given systemically (intravenous or intramuscular) to the birth mother in the interval between the onset of labor and the actual delivery.

- Includes:.....Ampicillin           Gentamicin  
                  Penicillin            Cefetaxime  
                  Clindamycin        Ceftriaxone  
                  Erythromycin

▶ Do not select this option if the birth mother did not experience labor due to a scheduled C-section.

Sources..... 1<sup>st</sup> ..... Delivery Record *under*—

- Maternal OB/Labor summary—comments
- Labor summary record—comments

2<sup>nd</sup> ..... Maternal Medication Record

3<sup>rd</sup> ..... Newborn Admission H&P

4<sup>th</sup> ..... Maternal Physician Order Sheet

Keywords/

Abbreviations ..... Medications (*during delivery*):

- |              |             |
|--------------|-------------|
| Ampicillin   | Gentamicin  |
| Penicillin   | Cefetaxime  |
| Clindamycin  | Ceftriaxone |
| Erythromycin | Vancomycin  |

*Look for:*

- SBE (sub-acute bacterial endocarditis) prophylaxis
- GBS positive or GBS + (Group B Streptococcus)
- Maternal fever
- Mother febrile

(Continued on next page)

## 16. CHARACTERISTICS OF LABOR AND DELIVERY

Options (Continued)

- Clinical chorioamnionitis diagnosed during labor or maternal temperature  $\geq 38^{\circ}\text{C}$  (100.4°F).** Select if a clinical diagnosis of chorioamnionitis was made during labor by the delivery attendant.

- Usually includes more than one of either: fever, uterine tenderness and/or irritability, Leukocytosis, or fetal tachycardia.

- ▶ Select if there is any recorded maternal temperature at or above  $38^{\circ}\text{C}$  (100.4°F).

Sources..... *1<sup>st</sup>*..... Delivery Record *under*—

- Maternal OB/Labor summary—comments/complications
- Labor summary record—comments/complications

*2<sup>nd</sup>* ..... Newborn Admission H&P

*3<sup>rd</sup>* ..... Physician Progress Note

*4<sup>th</sup>* ..... Maternal Vital Signs Record *under*—Temperature Recordings

Keywords/Abbreviations ..... Chorioamnionitis

Chorio

Temp  $\geq 38^{\circ}\text{C}$  or 100.4°F

Maternal fever

Mother febrile

- Epidural or spinal anesthesia during labor.** Select if a regional anesthetic was administered to the birth mother to control the pain of labor.

- ▶ Includes if the delivery of the agent was into a limited space with the distribution of the analgesic effect limited to the lower body.

- ▶ Do not select this option if the birth mother did not experience labor due to a C-section.

Sources..... Delivery Record *under*—

- Maternal OB/Labor summary *under*—analgesia/anesthesia
- Labor summary record *under*—analgesia/anesthesia

Keywords/Abbreviations ..... Epidural analgesia

Epid. given

Spinal given

- None of the above are noted in the medical charts.** Select if the characteristics listed above do not apply to this labor and delivery or cannot be documented for this labor and delivery.

## Medical 17-1

### 17. METHOD OF DELIVERY

Description ..... The physical process by which the complete delivery of the infant was effected. These data elements represent common current practices and generally can be readily analyzed with birth outcomes.

Purpose ..... De-identified and used exclusively for confidential health research. Provides a means to monitor and correlate indications for cesarean delivery with reported adverse neonatal outcomes, obstetric interventions used to affect delivery, and impact of the current emphasis on vaginal delivery in pregnancies subsequent to a cesarean delivery. The method of delivery is relevant to the health of mothers, especially if it is by cesarean section. Also used to help monitor delivery trends across the United States.

Sources ..... Delivery Record; Physician's Delivery Summary; Newborn Admission History and Physical.

Instructions ..... Respond to items *17a.* and *17b.*

#### Items

**17a. Fetal presentation at birth.** Select the one that best describes the presentation of the fetus at birth – either Cephalic, Breech, or Other.

Sources ..... 1<sup>st</sup> ..... Delivery Record *under*—Fetal Birth Presentation

- Cephalic.** Select if the presenting part of the infant is listed as vertex, occiput anterior (OA), or occiput posterior (OP).

Keywords/

Abbreviations ..... Vertex – OA, OP, LOA, ROA, LOP, ROP, LOT, ROT

Face – LMA, LMT, LMP, RMA, RMP, RMT

Brow

Sinciput

Mentum – chin

- Breech.** Select if the presenting part of the infant is listed as breech, complete breech, frank breech, or footling breech.

Keywords/Abbreviations ..... Breech – buttocks, sacrum

Frank breech – LSA, LST, LSP, RSP, RST

Single footling breech

Double footling breech

Complete breech

(Continued on next page)

## Medical 17-2

### 17. METHOD OF DELIVERY

#### Items (Continued)

- Other.** Select if there was any presentation other than those listed above, without specifying.

Keywords/Abbreviations ..... Shoulder

Transverse lie

Funis

Compound

- 17b. Final route and method of delivery.** Select the final route and method for vaginal or cesarean delivery, but do not select both. Provide the additional information in each sub-section.

Sources ..... 1<sup>st</sup> ..... Delivery record *under*—Method of Delivery

2<sup>nd</sup> ..... Newborn Admission H&P

3<sup>rd</sup> ..... Recovery Room Record *under*—Maternal Data – Delivered

- Vaginal.** Select if the final route of delivery was vaginal.

- ▶ Also select if the delivery was spontaneous and if forceps and/or vacuum were used. Indicate any or all as applicable.

- Spontaneous.** Select if delivery of the entire fetus was through the vagina by the natural force of labor with or without manual assistance from the delivery attendant.

Keywords/Abbreviations ..... VAG Del – Vaginal delivery

SVD – Spontaneous vaginal delivery

- Forceps.** Select if delivery of the fetal head was through the vagina by the application of obstetrical forceps to the fetal head.

Keywords/Abbreviations ..... LFD – Low forceps delivery

- Vacuum.** Select if delivery of the fetal head was through the vagina by the application of a vacuum cup or ventouse to the fetal head.

Keywords/Abbreviations ..... Vac Ext vacuum

- Cesarean.** Select if extraction of the fetus, placenta, and membranes was through an incision in the maternal abdominal and uterine walls.

- ▶ Also select 'Yes' or 'No' if labor was allowed, augmented, or induced (i.e., attempted).

Keywords/Abbreviations ..... C/S – Cesarean section

LSTCS – Low segment transverse

TOL – Trial of labor

## Medical 18-1

# 18. MATERNAL MORBIDITY

Description ..... Serious complications that the birthing mother may have experienced in association with labor and delivery, the collection of which allows a mechanism for correlating pregnancy factors on a national basis. Some of the data elements are used as clinical quality indicators in various accreditation systems.

Purpose ..... De-identified and used exclusively for confidential health research. Provides a means to expand the information for assessing perinatal health care delivery systems and to monitor and evaluate: (1) implications for future problems with incontinence (especially for older birth mothers); (2) indicators where there are increases in incidences related to vaginal birth after C-section; (3) pregnancy complications during labor and delivery in relation to method of delivery and birth outcome; and (4) quality assurance practices.

Sources ..... Delivery Record; Recovery Room Record; Operative Notes; Physician Progress Notes; Transfer Notes; Intake and Output Forms; Post Partum Flow Sheet.

Instructions ..... Select all options that apply to this labor and/or delivery.

### Options

- Maternal transfusion.** Select if the birth mother received an infusion of whole blood or packed red blood cells in association with labor and/or delivery.

Sources ..... *1<sup>st</sup>* ..... Delivery Record *under—*

- Labor summary
- Delivery summary

*2<sup>nd</sup>* ..... Physician Delivery Notes/Operative Notes

*3<sup>rd</sup>* ..... Intake & Output Form

### Keywords/

Abbreviations ..... Transfused

Blood transfusion

*Look for:*

- PRBC – Packed red blood cells
- Whole blood

(Continued on next page)

Medical 18-2

**18. MATERNAL MORBIDITY**

Options (Continued)

**Third or fourth degree perineal laceration.** Select if the birth mother had a 3° laceration that extended completely through the perineal skin, vaginal mucosa, perineal body, and anal sphincter.

- Includes if the birth mother had a 4° laceration that extended completely through the perineal skin, vaginal mucosa, perineal body, and anal sphincter, plus extended through the rectal mucosa.

Sources..... 1<sup>st</sup> ..... Delivery Record *under*—

- Episiotomy section
- Lacerations section

2<sup>nd</sup> ..... Recovery Room Record *under*—Maternal Data—Delivered

Keywords/Abbreviations ..... 4<sup>th</sup> degree lac.

4° LAC

3<sup>rd</sup> degree lac.

3° LAC

**Ruptured uterus.** Select if the birth mother had a tearing of the uterine wall.

Sources..... 1<sup>st</sup> ..... Delivery Record *under*—

- Delivery Summary Note
- Comments/Complications

2<sup>nd</sup> ..... Operative Note

3<sup>rd</sup> ..... Physician Progress Note

**Unplanned hysterectomy.** Select if there was a surgical removal of the uterus that was not planned before admission for this delivery.

- Includes if there was an anticipated, but not definitely planned, hysterectomy.

Sources..... 1<sup>st</sup> ..... Delivery Record *under*—

- Delivery Summary Note
- Comments/Complications

2<sup>nd</sup> ..... Operative Note

3<sup>rd</sup> ..... Physician Progress Note

Keywords/Abbreviations ..... Hysterectomy – *Look for* – Laparotomy

(Continued on next page)

**Medical 18-3**

**18. MATERNAL MORBIDITY**

Options (Continued)

- Admission to intensive care unit.** Select if the birth mother was admitted, planned or unplanned, to a facility or unit designated as providing intensive care.

Sources..... 1<sup>st</sup> ..... Physician Progress Note

2<sup>nd</sup> ..... Transfer Note

Keywords/Abbreviations ..... ICU – Intensive Care Unit

MICU – Medical Intensive Care Unit

SICU – Surgical Intensive Care Unit

L&D EDU – Labor and Delivery

Emergency Care Unit

- Unplanned operating room procedure following delivery.** Select if the birth mother was transferred to a surgical area for an operative procedure that was not planned before the admission for delivery. Excludes postpartum tubal ligations.

Sources..... 1<sup>st</sup> ..... Physician Operative Note

2<sup>nd</sup> ..... Physician Progress Note

3<sup>rd</sup> ..... Physician Order

Keywords/Abbreviations ..... Repair of laceration

Repair of laparotomy

Drainage of purulent/septic material

Exploratory laparotomy

- None of the above are noted in the medical charts.** Select if the complications listed above do not apply to this labor and delivery or cannot be documented for this labor and delivery.



Purpose .....De-identified and used exclusively for confidential health research.

Sources .....Labor & delivery records, newborn's medical records, birth mother's medical records, admission assessment, admission history & physical, newborn history & physical, newborn medical admission record, physician's progress notes, transfer form, newborn's progress notes, maternal progress notes, newborn flow record, lactation consult records, Prenatal Care Study form completed by the birth mother, Iowa Neonatal Metabolic Screening Program collection form.

Items

- 19. Birth Weight**
- 20. Obstetric Estimate of Gestation**
- 21. Sex**
- 22. Apgar Score**
- 23. Plurality and Birth Order**
- 24. Abnormal Conditions of the Newborn**
- 25. Congenital Anomalies of the Newborn**
- 26. Infant Transferred to another Hospital after Delivery**
- 27. Infant Alive at the Time of this Report**
- 28. Mother Breastfeeding or Pumping at Time of this Report**
- 29. Prenatal Care Study—Barrier's Code**
- 30. Infant Received Dried Bloodspot Screening**
- 31. Infant Received Newborn Hearing Screening**
- 32. Infant Removed from Birth Mother's Custody**

## Medical 19-1

# 19. BIRTH WEIGHT

Description .....The weight of the infant at birth. The birth weight should be available except for the rare instances when the infant is transferred immediately after delivery and this hospital's staff does not have the opportunity to weigh the child.

Purpose.....De-identified and used exclusively for confidential health research. One of the most important characteristics associated with infant mortality. Birth weight is used to determine low birth weight factors and to evaluate the effectiveness of health care in relation to prenatal care, maternal age, socioeconomic status, and other factors associated with the birth.

Sources .....*1<sup>st</sup>* .....Delivery Record *under*—Infant Data  
*2<sup>nd</sup>* .....Admission Assessment *under*—Weight

### Keywords/

Abbreviations ..... BW – Birth weight  
Gms – Grams  
Kg – Kilograms  
lbs – Pounds  
oz – Ounces

Instructions .....Provide the infant's weight in grams.

- ▶ Do not convert pounds and ounces (lbs. and oz.) to grams.
- ▶ Provide the weight in pounds and ounces only if the weight was not taken in grams.
- ▶ Use whole numbers only. If the weight includes a fraction of .5 or greater, round to the next higher whole gram or ounce. If the fraction is less than .5, round to the lower whole gram or ounce.

### Edit

Verifications.....Confirm the accuracy of the information with the medical records if the birth weight is:

- Less than or equal to 227 grams,
- More than or equal to 8165 grams, or
- Unknown.

## 20. OBSTETRIC ESTIMATE OF GESTATION

Description ..... The best obstetric estimate of the infant's birth gestation in completed weeks based on the birth attendant's final estimate of gestation. The estimate is determined by all perinatal factors and assessments (such as ultrasound), but not the neonatal exam.

Purpose ..... De-identified and used exclusively for confidential health research. Provides an alternate estimate of gestational length when the date of last menstrual period is missing or apparently incompatible with the infant's birth weight.

Sources ..... Ultrasound taken early in the pregnancy

OB Admission H&P *under*—

- Weeks
- Gestational age

Keywords/

Abbreviations ... Gestation \_\_\_\_\_ weeks (wks)

\_\_\_\_\_ weeks gestational age

GA – Gestational age

EGA – Estimated gestational age

Instructions ..... Provide the best obstetric estimate of the infant's gestation in completed weeks.

- ▶ If a partial week is documented, truncate and provide only the completed weeks.
- ▶ Includes calculations based on ultrasound taken early in the pregnancy, if possible.
- ▶ Excludes calculations based solely on the infant's date of birth and the birth mother's date of last menstrual period.
- ▶ Excludes calculations using the Newborn Nursery Admission Form: Neonatal Measurements/Gestational age by exam or by Newborn Maturity Rating & Classification Form.

Edit

Verifications ..... Confirm the accuracy of the information with the medical records if the gestational age is estimated at:

- Less than 17,
- More than 47, or
- Unknown.

## Medical 21-1

### 21. SEX

Description .....The sex of the live-born infant as determined by medical exam.

Purpose .....Appears on the legal portion of the Certificate of Live Birth to help provide identification of the child, which may be needed legally in some instances. In addition, the statistical data is de-identified and used for confidential health research to measure sex differentials in health-related characteristics and to make population estimates and projections.

Sources .....Delivery Record *under*—Infant Data

Keywords/

Abbreviations ...M – Male

F – Female

A – Ambiguous (same as unknown)

U – Unknown

Instructions .....Select the appropriate sex of the infant based on hospital records.

Options

- Female.** Select if the infant's sex is female.
- Male.** Select if the infant's sex is male.
- Not yet determined.** Select if the infant's sex cannot yet be determined at the time of this report.
  - Submit documentation for a correction to the state vital records office as soon as the sex is determined.
  - The parent(s) may give the baby any first and middle name – or no first and middle name – for the initial registration of the birth record. If needed, they may then request to add the first and middle names within the first year of birth. Refer the parents to the state vital records office's birth registration program for the required affidavit form. The cost is \$20.

Edit

Verifications .....If the sex and name of the infant are obviously inconsistent, confirm both before proceeding.

**Medical 22-1**

**22. APGAR SCORE**

Description .....As a standard of practice for health care, a systematic measure for evaluating the physical condition of the infant at specific intervals following birth.

Purpose .....De-identified and used exclusively for confidential health research. Used to evaluate risk factors and adverse neonatal outcomes.

Sources .....Delivery Record *under*—Infant Data

Instructions .....Enter the Apgar score taken at 5 minutes after the birth.

- ▶ If the 5-minute score is less than six (6), also provide the score taken at 10 minutes.

\_\_\_\_\_ **5-minute score**

- ▶ Provide the Apgar score as assigned by the delivery room personnel five minutes after the birth.

**5-minute score not taken.** Select only if not taken.

\_\_\_\_\_ **If the 5-minute score is less than 6, score at 10 minutes.**

- ▶ Also provide the Apgar score as assigned by the delivery room personnel 10 minutes after the birth **IF** the 5-minute score was less than six (6).

**10-minute score not taken.** Select only if a score was not taken even though the 5-minute score was less than six (6).

Edit

Verifications .....Enter only valid Apgar scores that range from zero (0) through ten (10).

## 23. PLURALITY AND BIRTH ORDER

Description .....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, as well as the order born in the delivery, live-born or fetal death (i.e., stillborn).

Purpose .....De-identified and used exclusively for confidential health research. Helps ensure accurate file processing for multiple gestation births and used to study plural deliveries and patterns of risk status of these infants. Also useful for studies of birth outcome and the relationship to birth weight. Helps identify infants with future medical needs.

Sources .....Admission history and physical; Delivery Record.

Instructions .....Complete the items for 'Plurality,' 'Birth Order if not a single birth,' and 'Number of infants born alive in this birth event'.

### Items

**Plurality.** Enter the appropriate total number of fetuses in this pregnancy – 01 = single; 02 = twin; 03 = triplet; 04 = quadruplet, and so forth.

- ▶ Includes all live births, miscarriages, and fetal deaths (stillborn) delivered at any point in this pregnancy, regardless of gestational age.
- ▶ Excludes “re-absorbed” fetuses that were not delivered (expulsed or extracted from the birth mother).

Source ..... 1<sup>st</sup> ..... Delivery Record  
2<sup>nd</sup> ..... Admission H&P

### Keywords/

Abbreviations ... Single/singleton  
Twin, triplet, quadruplet, etc.  
Multiple (a, b, c . . . ) or (1, 2, 3 . . . )

### Edit

Verifications ..... Confirm the accuracy of the information in the medical records if the number of fetuses in this delivery equals nine (9) or more.

(Continued on next page)

## 23. PLURALITY AND BIRTH ORDER

Items (Continued)

— **If not single birth – Birth Order.** If this is a multiple birth, enter the appropriate order this live-born infant was delivered in the pregnancy or set – 1<sup>st</sup> = 01, 2<sup>nd</sup> = 02, 3<sup>rd</sup> = 03, 4<sup>th</sup> = 04, and so forth.

- ▶ When calculating the birth order, include all previous live births, miscarriages, and fetal deaths (stillborn) delivered (i.e., expelled or extracted) at any point in this pregnancy, regardless of gestational age.
- ▶ It is not necessary to answer this item if this is a single birth.

Sources ..... 1<sup>st</sup> ..... Delivery Record *under*—Birth Order  
2<sup>nd</sup> ..... Infant Data

Keywords/

Abbreviations ... Baby A, B, or Baby 1, 2, etc.  
Twin A, B, or Twin 1, 2, etc.  
Triplet A, B, C, or Triplet 1, 2, 3, etc.

Edit

Verifications ..... Confirm the accuracy of the information in the medical records if the birth order amount is more than the plurality entry.

— **Number of Infants Born Alive in this Birth Event.** If this is a multiple birth, enter the number of ‘live-born’ infants delivered this birth event. Example: 01, 02, 03, etc.

- ▶ Stillborn babies and miscarriages are not considered ‘live-born’.
- ▶ It is not necessary to answer this item if this is a single birth.

Sources ..... 1<sup>st</sup> ..... Delivery Record *under*—Birth Order  
2<sup>nd</sup> ..... Infant Data

Keywords/

Abbreviations ... Baby A, B, or Baby 1, 2, etc.  
Twin A, B, or Twin 1, 2, etc.  
Triplet A, B, C, or Triplet 1, 2, 3, etc.

Edit

Verifications ..... Confirm the accuracy of the information in the medical records.

## Medical 24-1

### 24. ABNORMAL CONDITIONS OF THE NEWBORN

Description ..... Disorders or significant morbidity experienced by the infant that can generally be diagnosed within the first 24 hours following delivery.

Purpose ..... De-identified and used exclusively for confidential health research. Provides a means to monitor and evaluate the severity and persistency of neonatal adverse outcomes, appropriate utilization of resources, implementation of CDC/AAP guidelines, and the potential for adverse short- and long-term outcomes. In addition, provides reliable correlation with maternal obstetric and medical risk factors, complications, and management of labor and delivery. Helps measure the extent that infants experience medical problems and can be used to plan for their health care needs. Also permits researchers to estimate the number of high-risk infants who may benefit from special medical services.

Sources ..... Labor and Delivery Record; Newborn History, Physical and Discharge Summary; Newborn Admission Record; Newborn Flow Sheet; Physician's Notes.

Instructions ..... Select all conditions that occurred within 24 hours of delivery as documented in the medical charts.

#### Options

**Assisted ventilation required immediately following delivery.** Select if the infant was given manual breaths for any duration with bag and mask or bag and endotracheal tube within the first several minutes from birth.

- Excludes free flow oxygen only and laryngoscopy for aspiration of meconium.

Source ..... Labor and Delivery Summary *under*—Infant Data/Breathing

#### Keywords/

Abbreviations ..... 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

(Continued on next page)



**24. ABNORMAL CONDITIONS OF THE NEWBORN**

Options (Continued)

- Assisted ventilation required for more than 6 hours.** Select if the infant was given mechanical ventilation (breathing assistance) by any method for more than six (6) hours.
  - Includes conventional, high frequency and/or continuous positive pressure (CPAP).
  - ▶ Select this option only if the number of hours of mechanical ventilation was more than six hours.

Source .....Newborn Respiratory Care Flow Sheet

Keywords/

Abbreviations .....**If in use for more than 6 hours:**

- CPAP – Continuous positive airway pressure
- IPPV – Intermittent positive pressure ventilation
- HFV – High frequency ventilation
- IMV – Intermittent mandatory volume ventilation
- HFOV – High frequency oscillatory ventilation
- PIP – Peak inspiratory pressure
- PEEP – Positive and expiratory pressure
- CMV – Continuous mandatory ventilation
- PFPV – High frequency positive pressure ventilation
- HFFIV – High frequency flow interruption ventilation
- HFJV – High frequency jet ventilation
- Inhaled Nitric Oxide

- NICU admission.** Select if the infant was admitted into a hospital or unit staffed and equipped to provide continuous mechanical ventilator support for a newborn.

Sources.....Labor and Delivery Summary Record *under*—Disposition *under*—

- Intensive Care Nursery (ICN)
- Special Care Nursery (SCN)

Keywords/

Abbreviations .....ICN – Intensive Care Nursery

- SCN – Special Care Nursery
- NICU – Neonatal Intensive Care Unit
- PICU – Pediatric Intensive Care Unit

(Continued on next page)

24. ABNORMAL CONDITIONS OF THE NEWBORN

Options (Continued)

☐ Newborn given surfactant replacement therapy. Select if the infant was given endotracheal instillation of a surface-active suspension for treating surfactant deficiency due to preterm birth or pulmonary injury resulting in respiratory distress.

- Includes both artificial and extracted natural surfactant.
• Complete this item only after reviewing both primary (1st) and secondary (2nd) sources.

Sources..... 1st..... Labor and Delivery Summary Record under—Neonatal Medication
2nd..... Newborn Medication Administration Record

Keywords/

Abbreviations..... Medications given to newborn after birth:

- Surfactant
• Survanta
• Exosurf
• Curosurf
• Infasurf

☐ Seizure or serious neurologic dysfunction. Select if the infant had a seizure or has a serious neurologic dysfunction.

- 'Seizure' is any involuntary repetitive, convulsive movement or behavior.
• 'Serious neurologic dysfunction' is severe alteration of alertness such as obtundation (i.e., obtusion), stupor, or coma (i.e., hypoxic-ischemic encephalopathy).
• Excludes:
• Lethargy or hypotonia in the absence of other neurologic findings; or
• Symptoms associated with CNS congenital anomalies.

Sources..... 1st..... Newborn H&P
2nd..... Physician Progress Notes under—Neuro Exam

Keywords/

Abbreviations..... Seizures Tonic/Clonic/Clonus
Twitching Eye rolling
Hypotonia Rhythmic jerking
Obtundation Stupor
Coma (HIE) – Hypoxic-ischemic encephalopathy

(Continued on next page)

## 24. ABNORMAL CONDITIONS OF THE NEWBORN

Options (Continued)

**Significant birth injury requiring intervention.** Select if the injury is present immediately following delivery or manifests soon after delivery.

- Includes any bony or skeletal fracture, bony weakness, peripheral nerve injury, soft tissue/solid organ hemorrhage, or loss of sensation other than a fractured clavicle and transient facial nerve palsy.
- Excludes fractured clavicle or transient facial nerve palsy.
- ‘*Soft tissue hemorrhage*’ requires evaluation and/or treatment, including sub-galeal (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.
- ‘*Solid organ hemorrhage*’ is a subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma.

▶ Select this condition only if confirmed by diagnostic imaging or exploratory laparotomy.

▶      **Also specify the injury in the line space provided.**

Sources..... *1<sup>st</sup>* ..... Labor and Delivery Summary Record *under*—Newborn Delivery Information  
*2<sup>nd</sup>* ..... Newborn Admission H&P  
*3<sup>rd</sup>* ..... Physician Progress Notes

Keywords/Abbreviations

**Look for:** (as applies to infant)

- |  |                                   |
|--|-----------------------------------|
| 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  | Subcapsular hematoma of the liver |
| Fractures of the spleen  | Adrenal hematoma                  |
| Fractured humerus – skull (also reported by skull bone, i.e., parietal, frontal, occipital), femur, and peripheral nerve       |                                   |
| Brachial plexus injury (also reported as Erb’s Palsy or Klumpke’s Palsy)   |                                   |
| Phrenic  | Adrenal hemorrhage/hematoma       |
| Recurrent Laryngeal – soft tissue or solid organ hemorrhage  |                                   |
| Cranial (excluding cephalohematomas, hemorrhagic caput succedaneum):   |                                   |
| • Subgaleal  |                                   |
| • Cortical   |                                   |
| • Intraventricular   |                                   |

(Continued on next page)

**24. ABNORMAL CONDITIONS OF THE NEWBORN**

Options (Continued)

**Antibiotics for suspected neonatal sepsis.** Select if one of the listed antibacterial drugs was given systemically (intravenous or intramuscular) to the infant.

- Excludes antibiotics given to infants who are not suspected of having neonatal sepsis.

▶ Also select one of the following specific antibiotics:

**Ototoxic medications**

**Gentamycin**

**Vacomycin**

**Konamycin**

**Streptomycin**

**Tobramycin**

Source .....Newborn Medication Administration Record

Keywords/

Abbreviations .....Medications: (*given to newborn for sepsis*)

**None of the above are noted in the medical charts.** Select if the conditions listed above do not apply to this newborn or cannot be documented for this labor and delivery.

## 25. CONGENITAL ANOMALIES OF THE NEWBORN

Description .....Malformations of the newborn diagnosed during prenatal care or within the first 24 hours following birth using conventional diagnostic techniques.

Purpose .....De-identified and used exclusively for confidential health research. Provides a means to monitor and evaluate the potential for teratogen exposure, the correlation of anomaly occurrences in live births and prenatal diagnosis or management, the correlation of postnatal outcomes, access to tertiary or quaternary care resources, and the need for specific public health initiatives. Also may be used in surveillance of birth defects by the Iowa birth defects registry. Helps identify health problems that require medical care and to monitor the incidence of those conditions. In addition, used to study unusual clusters of selected anomalies, track trends among different segments of the population, and correlate the prevalence of anomalies to other characteristics of the birth mother, infant, and the environment.

Sources .....Delivery Record; Newborn Admissions Record; Newborn Flow Sheet; Newborn History, Physical and Discharge Summary; Physician's Notes.

Instructions .....Select all the conditions that apply as observed within 24 hours of delivery.

### Options

**Anencephaly.** Select if there is partial or complete absence of the brain and skull.

- Also known as anencephalus, acrania, or absent brain.
- Includes infants with craniorachischisis (anencephaly with a contiguous spine defect).

Sources.....*1<sup>st</sup>*.....Labor and Delivery Summary Record *under*—Infant Data  
*2<sup>nd</sup>*.....Newborn Admission H&P

### Keywords/

Abbreviations .....Anencephalus

Acrania

Absent brain

Craniorachischisis

(Continued on next page)

## 25. CONGENITAL ANOMALIES OF THE NEWBORN

Options (Continued)

**Meningomyelocele / Spina bifida.** Select if the infant has Meningomyelocele or Spina bifida.

- ▶ *'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.
  - Includes Meningocele (herniation of meninges without spinal cord tissue).
  - Includes both open and closed (covered with skin) lesions.
- ▶ Excludes spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges).

Sources..... *1<sup>st</sup>* ..... Labor and Delivery Summary Record *under*—Infant Data  
*2<sup>nd</sup>* ..... Newborn Admission H&P

Keywords/Abbreviations ..... Meningocele

**Cyanotic congenital heart disease.** Select if the infant has a congenital heart defect that causes cyanosis.

- Includes, but is not limited to: transposition of the great arteries (vessels), tetralogy of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, total/partial anomalous pulmonary venous return with or without obstruction, coarctation of the aorta, and hyposplastic left heart syndrome.

Sources..... Physician Progress Notes *under*—

- Circulation
- Cardiovascular

Keywords/

Abbreviations ..... 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

(Continued on next page)

## 25. CONGENITAL ANOMALIES OF THE NEWBORN

Options (Continued)

- Congenital diaphragmatic hernia.** Select if the infant has a defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.

Sources..... 1<sup>st</sup> ..... Infant H&P  
2<sup>nd</sup> ..... Labor and Delivery Summary Record *under*—Infant Data

- Omphalocele.** Select if the infant has 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, see below*), although this sac may rupture.
- Also known as exomphalos.
- Excludes umbilical hernia (completely covered by skin).

Sources ..... 1<sup>st</sup> ..... Labor and Delivery Summary Record *under*—Infant Data  
2<sup>nd</sup> ..... Newborn Admission H&P *under*—G.I.

Keywords/

Abbreviations ..... Exomphalos  
Omphalocele  
Anterior abdominal wall defect with herniation

- Gastroschisis.** Select if the infant has 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 absence of a protective membrane.

Sources ..... 1<sup>st</sup> ..... Labor and Delivery Summary Record *under*—Infant Data  
2<sup>nd</sup> ..... Newborn Admission H&P *under*—G.I.

Keywords/

Abbreviations ..... Gastroschisis  
Anterior abdominal wall abnormality with herniation

(Continued on next page)

## 25. CONGENITAL ANOMALIES OF THE NEWBORN

Options (Continued)

- Limb reduction defect.** Select if the infant has a complete or partial absence of a portion of an extremity associated with failure to develop.

- Excludes congenital amputation or dwarfing syndromes.

Sources.....*1<sup>st</sup>*.....Labor and Delivery Summary Record *under*—Infant Data  
*2<sup>nd</sup>*.....Newborn Admission H&P

Keywords/

Abbreviations.....Amniotic bands

ABS – Amniotic band syndrome

- Cleft lip with or without cleft palate.** Select if the infant has an incomplete closure of the lip.

- Includes unilateral, bilateral, or median.
- Includes cleft palate in the presence of cleft lip.

Sources.....*1<sup>st</sup>*.....Labor and Delivery Summary Record *under*—Infant Data  
*2<sup>nd</sup>*.....Newborn Admission H&P

Keywords/

Abbreviations.....Cleft lip (unilateral, bilateral, or median)

- Cleft palate alone.** Select if the infant has an incomplete fusion of the palatal shelves.

- May be limited to the soft palate, or may extend into the hard palate.
- Excludes cleft palate in the presence of cleft lip – include in category above.

Sources.....*1<sup>st</sup>*.....Labor and Delivery Summary Record *under*—Infant Data  
*2<sup>nd</sup>*.....Newborn Admission H&P

Keywords/

Abbreviations.....Cleft palate

(Continued on next page)



## 25. CONGENITAL ANOMALIES OF THE NEWBORN

Options (Continued)

**Down Syndrome.** Select if a diagnosis of Down Syndrome (Trisomy 21) is confirmed or pending.

▶ Also specify the known status of the Karyotype.

**Karyotype confirmed**

- Select if the Karyotype has been confirmed at the time of data collection.

**Karyotype pending**

- Select if the Karyotype is pending at the time of data collection.

Sources..... 1<sup>st</sup>..Infant Progress Notes  
2<sup>nd</sup> .Genetic Consult

Keywords/Abbreviations ..... Trisomy 21  
Positive (confirmed)  
Possible Down (pending)  
Rule out (R/O) Down (pending)

**Suspected chromosomal disorder**

▶ Select if a diagnosis of a suspected chromosomal disorder is confirmed or pending (may include Trisomy 21).

- Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.

▶ Also specify the known status of the Karyotype.

**Karyotype confirmed**

- Select if the Karyotype has been confirmed at the time of data collection.

**Karyotype pending**

- Select if the Karyotype is pending at the time of data collection.

Sources..... 1<sup>st</sup>..Infant Progress Notes  
2<sup>nd</sup> .Genetic Consult

Keywords/Abbreviations ..... 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)

(Continued on next page)

## 25. CONGENITAL ANOMALIES OF THE NEWBORN

Options (Continued)

### **Hypospadias**

- ▶ Select if there was 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.

Sources.....*1<sup>st</sup>*..... Labor and Delivery Summary *under*—Infant Data  
*2<sup>nd</sup>*.... Newborn H&P *under*—Genitourinary (GU)

### **None of the above are noted in the medical charts**

- ▶ Select '*None of the above . . .*' if none of the anomalies listed above apply to this infant.

## Medical 26-1

# 26. INFANT TRANSFERRED TO ANOTHER HOSPITAL WITHIN 24 HOURS OF DELIVERY

Description ..... Transfer status of the infant within 24 hours after delivery.

Purpose ..... De-identified and used exclusively for confidential health research. Provides a means to monitor and evaluate risk status and appropriateness of care for those infants transferred within 24 hours of delivery. Also used to help examine transfer patterns and perinatal outcomes by type of hospital or level of care. May also be used for follow-up in determining the survival status of an infant transferred to another hospital.

Sources ..... *1<sup>st</sup>* ..... Infant Progress Notes  
*2<sup>nd</sup>* ..... Transfer Form

Keywords/  
Abbreviations ..... Disposition/Discharge  
Transfer

Instructions ..... Select 'No' or 'Yes' and provide the additional information as required for 'Yes'.

### Options

#### **No**

- ▶ Select if the infant was not transferred from this hospital to another hospital within 24 hours after delivery.

#### **Yes**

- ▶ Select if the infant was transferred from this hospital to another hospital within 24 hours after the delivery.
- ▶ Also select 'Iowa' or 'Out-of-state' for the location of the transferring hospital and provide the additional information as required.
  - Provide the name of the hospital, the city and the county if the hospital is in Iowa.
  - Provide the name of the hospital, the city and the state if the hospital is out-of-state.
- ▶ Provide only the information about the first hospital to which the infant was transferred if it is known that the infant was transferred more than once.

## Medical 27-1

### 27. INFANT ALIVE AT THE TIME OF THIS REPORT

Description .....The survival status of the infant.

Purpose .....Used exclusively for confidential health research. Provides a means to link birth and death certificates at the state vital records office and used for infant death reviews and mortality studies. Also flags programs such as immunization, metabolic screening, and hearing screening to avoid attempts for follow-up for their public health initiatives.

Source .....Infant Progress Notes

Keywords/

Abbreviations ...Disposition/Discharge

Instructions .....Select 'Yes,' 'No' or 'Infant transferred, status unknown' to indicate the status at the time of this report. If the infant was transferred and the status is known, indicate the known status.

#### Options

**Yes**

- ▶ Select if the infant is living at the time of data collection.
- ▶ Select if the infant was discharged alive to home care.
- ▶ Select if the infant was transferred to another hospital but is known to still be alive.

**No**

- ▶ Select if it is known that the infant has died.
  - Per Iowa code, section 144.27, the funeral director or the person who first takes custody of the body for burial must also file a Certificate of Death.
- ▶ Select if the infant was transferred to another hospital but is known to have died.

**Infant transferred, status unknown**

- ▶ Select if the infant was transferred to another hospital and the survival status is unknown at the time of this report.
  - Exception: If the infant was transferred and the status is known, indicate the known status.

**Medical 28-1**

**28. MOTHER BREASTFEEDING OR PUMPING  
AT TIME OF THIS REPORT**

Description .....Breastfeeding status of the infant at the time the birth worksheet is being completed and before discharge from the hospital. (*For births occurring outside the hospital setting, consider “at discharge” to be two to three days after birth.*)

Purpose .....De-identified and used exclusively for confidential health research. Provides a means to determine the percentage of infants who are being breastfed before discharge. Provides statistical data to state and local breastfeeding programs to help track breastfeeding levels, determine the need for services, and better target funding.

Sources .....*1<sup>st</sup>* .... Labor and Delivery Summary Record *under*—Infant Data  
*2<sup>nd</sup>* .... Maternal Progress Notes  
*3<sup>rd</sup>* .... Newborn Flow Record *under*—Feeding  
*4<sup>th</sup>* .... Lactation Consult

Keywords/Abbreviations:.....LATCH score (Latch on, Audible swallow, Type of nipple, Comfort and Help – used to measure position and attachment of the baby)

Pumping	Lactation consultation
Breast pump	Breast pump record
Breast milk	MM – Mother’s milk
FBM – Fresh breast milk	

Instructions.....Select ‘Yes’ or ‘No’ if the birth mother is actively breastfeeding or pumping (expressing) milk. Excludes ‘intending’ to breastfeed.

Options

**Yes**

- ▶ Select if the infant was being breastfed or the mother is pumping at the time of discharge or data collection, whichever came first.

**No**

- ▶ Select if the mother is not actively breastfeeding or pumping at the time of discharge or data collection, whichever came first.

**Unknown at this time**

- ▶ Select only if it is unknown if the infant was or was not being breastfed at discharge. Before selecting this option, research medical charts thoroughly as this should be documented in discharge records for hospital births.

## Medical 29-1

### 29. PRENATAL CARE STUDY – BARRIER’S CODE

Description .....Non-identifying information gathered and studied “only for the purpose of advancing medical research and medical education in the interest of reducing infant morbidity and mortality”.

Purpose .....De-identified and used exclusively for confidential health research. Only non-identifying fields gathered for medical and health research are forwarded to the Iowa Prenatal Care Survey as authorized by Iowa code section 135.40-42 to study infant morbidity and mortality in Iowa by collecting information about pregnancy outcomes of Iowa newborns. New mothers may voluntarily participate in a survey provided to them while at the hospital. Each survey form is assigned a ‘Barrier’s Code,’ which is then connected to the birth record. After a birth record has been registered, the prenatal care study program receives the data that has been gathered for health research. If the birth mother also completed a survey, her responses are matched with the medical data for that record. This compilation offers the means to make a correlation between the birth mother’s prenatal care, care received at the hospital, and the pregnancy outcome. The study is not interested in, nor receives, personal identifiers.

Source .....Iowa Prenatal Care Survey form

Keywords/

Abbreviations ...Barrier’s Code

Instructions .....Enter the pre-printed Barrier’s Code number from the survey given to the birth mother.

- ▶ Before distributing the Iowa Prenatal Care Survey form to the new mother, transpose the Barrier’s Code to the birth worksheet. Staff may want to jot the number on the front of the infant’s corresponding facility worksheet, and then transpose it later on the appropriate page.
  - The Barrier’s Code is a numeric boldface number printed in the lower left corner of both the front and back pages of the survey booklet.
  - Enter the Barrier’s Code number from the survey form provided the birth mother even if she fails to turn in her part of the survey and the survey form is not re-cycled to another birth mother. The study will still be able to glean pregnancy outcome information from the medical data of the birth record.
  - For multiple births, the birth mother will only be completing one Prenatal Care Survey; therefore, the same Barrier’s Code number will be collected for each of the infant’s medical statistics.

## Medical 30-1

### 30. INFANT RECEIVED DRIED BLOODSPOT SCREENING

Description ..... Status of the collection of the dried bloodspot screening (aka newborn metabolic screening; aka heelstick blood specimen).

Purpose ..... Used exclusively for confidential health research and health department administrative use. Provides a means for timely follow-up and possible intervention by the Iowa Neonatal Metabolic Screening Program and the Iowa Department of Public Health of all newborns not screened due to transfer or missed.

Sources ..... Iowa Neonatal Metabolic Screening Program (INSP) bloodspot collection form; Hospital Laboratory or Medical Records; Newborn Admission Form; Newborn History, Physical and Discharge Summary: Neonatal Profile.

Instructions ..... Select 'Yes' or 'No' and provide the required secondary responses.

#### Options

##### **Yes**

- ▶ Select if the infant received the Dried Bloodspot Screening.
- ▶ Also enter the code number from the screening data collection form in the space provided.

##### **No**

- ▶ Select if the infant did not receive Dried Bloodspot Screening.
- ▶ Also select the one reason that best describes why the infant did not receive metabolic screening.

##### **Infant transferred**

- ▶ Select if the infant was transferred to another hospital before the screening could be done.

##### **Parent refused**

- ▶ Select if the birth mother chose not have the screening done.

##### **Infant deceased**

- ▶ Select if the infant died before the screening could be done.

##### **Missed**

- ▶ Select if the infant was discharged from the hospital before the screening could be done.
- ▶ Select if the infant was missed for any other reason than listed above.

## Medical 31-1

### 31. INFANT RECEIVED NEWBORN HEARING SCREENING

Description .....Status of hearing screening tests for the newborn.

Purpose .....Used exclusively for confidential health research and health department administrative use. Provides a means for timely follow-up and possible intervention by the Iowa Newborn Hearing Screening Program and the Iowa Department of Public Health of all newborns not receiving hearing screening. Hearing screening is important because much of a child's ability to communicate relies on hearing. Research shows it is important to identify and treat a hearing loss by the time a baby is six months old to help ensure that the child's language ability at the age of three will be nearly the same as that of a child with normal hearing.

Sources .....Newborn Records; Screening Log; Audiology Department Notes; Portable Equipment Printout; Newborn History, Physical & Discharge Summary.

Instructions .....Select 'Yes' or 'No' and provide the required secondary responses.

#### Options

**Yes**

- ▶ Select if the infant received Newborn Hearing Screening.

**No**

- ▶ Select if the infant did not receive Newborn Hearing Screening.
- ▶ Also select the one reason that best describes why the infant did not receive hearing screening.

**Infant transferred**

- ▶ Select if the infant was transferred to another hospital before hearing screening could be done.

**Parent refused**

- ▶ Select if the birth mother chose not have hearing screening done.

**Infant deceased**

- ▶ Select if the infant died before hearing screening could be done.

**Missed or machine broke**

- ▶ Select if the infant was discharged from the hospital before hearing screening could be done.
- ▶ Select if the infant was missed for any other reason than listed above, including if the machine was broke at the time.



## Medical 32-1

### 32. INFANT REMOVED FROM BIRTH MOTHER'S CUSTODY

Description ..... Status on whether or not the infant is being adopted out or released from the birth mother's custody, including but not limited to (1) forcibly by the Department of Human Services or law enforcement, (2) to temporary or long-term foster care, (3) voluntarily to family or court-appointed guardians, (3) or surrogate/gestational carrier birth.

Purpose ..... Confidential for state Bureau of Vital Records administrative use only. Provides a means to determine entitlement of the birth mother to the automatic newborn birth certificate and Social Security card enumeration through birth registration. To obtain those documents, custodians of the infant must follow other application processes rather than through the birth registration.

Sources ..... OB Nursing History: Prenatal Care/Adoption Requested; Newborn Records; Maternal Records; Hospital Records.

Instructions ..... Select 'No' or 'Yes'.

#### Options

##### **No**

- ▶ Select if this question is not applicable to this birth mother because the baby is being discharged home in her direct care.

##### **Yes**

- ▶ Select if the birth mother has signed or intends to sign papers to begin adoption proceedings.
- ▶ Select if this is a surrogate birth or host/gestational carrier birth and the birth mother (i.e., the woman who delivered the infant) is turning custody over to a biological parent.
- ▶ Select if the infant is being removed from the birth mother's custody, either temporarily or permanently, by the Department of Human Services or law enforcement.
- ▶ Select if the infant is being removed from the birth mother's custody and placed into foster care or in the care of anyone other than her legal spouse, either temporarily or long-term.
- ▶ Select if the birth mother will be or has been discharged from the hospital without custody of the infant for any reason.
- ▶ If selected, be sure to verify with medical records and/or the infant's discharge papers.

## VITAL RECORDS FEE PAYMENT STATUS

— V —

Description .....Payment status of the combined birth registration fee and the newborn certified copy fee.

Purpose .....Confidential for state Bureau of Vital Records administrative use only. Section 144.13A of the Code of Iowa mandates that fees be collected to register a child's birth and to receive a certified copy of the birth certificate; and for that fee to be collected and remitted by the birthing hospital to the state Vital Records office. Fee status reports are subject to auditing by the Bureau of Vital Records and the State Auditor's office.

Sources .....Hospital Records; Parent.

Instructions .....Complete the fee payment status for the registration and certified copy fees.

- Iowa code requires that the facility make a good faith effort to collect the fees from the parents.
- The hospital may not, by Iowa law, collect an additional administration fee.
- Registration and copy fees are established by code of law and administrative rule. Due to the potential for changes in these fee structures, fee amounts are detailed in a handout separate from the worksheet and this manual.
- The combined total is collected and submitted to the state vital records office even though the fees are for separate functions.

### **Registration fee**

- Effective July 1, 1985, Iowa law requires that new parents pay a fee to register their newborn's birth record with the state Bureau of Vital Records. The cost of the birth registration fee has since increased several times.
- Birth registration fees support:
  - Primary and secondary child abuse prevention programs.
  - The birth defects institute central registry established pursuant to section 136A.6 of the Iowa code.
- Section 144.13A gives hospitals the authority to waive the birth registration fee if the parent meets certain economic conditions; however, the reason why the fee was waived must be noted.
- The birth record will be registered per standard procedures regardless of the registration fee status.

### **Newborn Certified Birth Certificate Fee**

- Effective July 1, 1993, Iowa law requires that entitled birth mothers be issued a certified Certificate of Live Birth of their newborn's birth record – known as the “newborn certified copy”.

*(Continued on next page)*

### 33. VITAL RECORDS FEE PAYMENT STATUS

Instructions.....Select the appropriate fee payment status for the birth registration and certified copy fee. If '*Waived*', also indicate the reason why.

Options

**Paid**

- ▶ Select if the parent provided a check or money order made payable to the Iowa Department of Public Health.
- ▶ Select if the parent provided cash or a check or money order payable to the hospital. Per the State Auditor's office, the hospital must write a hospital warrant payable to the Iowa Department of Public Health in place of the cash or payment made out to the hospital.
- ▶ Select if the hospital is billing the parent as part of their hospital bill and writing a hospital warrant made payable to Iowa Department of Public Health.
- ▶ If fees are paid, issue the parent a receipt for payment.

**Not Paid**

- ▶ Select if the parent failed to provide payment even though they are not on any public medical assistance and are financially able.
  - Failure to pay required fees is considered a misdemeanor under section 144.53 of the Iowa code.
  - The birth record will be registered regardless of payment status.

**Waived**

- ▶ Select if the hospital waived the fee payment because the delivery of the baby was paid through such public assistance programs as Medicaid/Title XIX.
  - Payment method for the delivery of birth, or ability to pay, will be indicated on admissions or antepartum records in the same area as Insurance Carrier/Plan.
  - If selected, the hospital may not apply the fee payment charges to the patient's hospital bill.
- ▶ Select if the birth mother will not be discharged with custody of the baby, including but not limited to adoption pending, removed from custody, foster care, care to another person other than the birth mother or her legal spouse, and surrogate/gestational carrier.

(Continued on next page)

## Medical 33-2

### 33. VITAL RECORDS FEE PAYMENT STATUS

#### 33a. Registration fee (*Continued*) – **Waived**

- ▶ If '*Waived*' is selected, also indicate the appropriate justification for waiving the fee.
- Medical Assistance Program**
  - ▶ Select if the parent qualifies for medical assistance from Medicaid/Title XIX for the delivery of this baby.
- Indigent Patient Care**
  - ▶ Select if the parent qualifies for obstetrical and newborn indigent patient care under section 255A of the Iowa code.
- Indigent Parent**
  - ▶ Check if the parent has satisfactorily proven to hospital staff that they are indigent and unable to pay expenses associated with the birth, and that they have no other means of payment available. Waiving fees using this option is at the discretion and best judgment of hospital staff under the good faith clause of the Iowa code and administrative rules.
- Birth mother does not have custody**
  - ▶ Select if '*Yes*' has been checked for question #32 Removed from Custody (Medical Worksheet) or #26 Adoption Pending (Birth Mother's Worksheet).
  - ▶ Do NOT accept any fee payment from any family member, adoption agency, attorney, or other entity/individual.
  - ▶ Do NOT make any changes on the '*Birth Mother's Worksheet*,' and do not list the birth mother's mailing address as that of a government office, attorney's office, adoption agency, grandparent, or anyone other than the woman who physically gave birth.
  - ▶ Do NOT apply for the newborn's social security card through the birth registration process.
  - The birth record will be registered per standard procedures.

(Continued on next page)

## 33. VITAL RECORDS FEE PAYMENT STATUS

### If Paid, Method of Payment

Instructions.....Select the payment method and specify the warrant number if known at the time the worksheet is being completed.

- Parent paid with check or money order to IDPH**
- Parent paid with cash – Hospital check**
- Parent billed by hospital – Hospital check**
  - ▶ Specify the warrant (check or money order) number on the line provided and the total amount of the warrant.
  - ▶ Specify the warrant number on the Summary of Fee Report printout before submitting to the state vital records office if the hospital is writing the warrant and the number is unknown at the time the birth worksheet is being completed.

**34. PATERNITY AFFIDAVIT STATUS**

Description .....The completion and notarization status of a Voluntary Paternity Affidavit prior to the birth mother’s discharge from the hospital, and the filing status by the hospital.

Purpose .....Confidential solely for administrative use by the hospital and the state Bureau of Vital Records. Helps provide quality assurance and facilitates follow-up queries.

Sources .....Hospital records; Voluntary Paternity Affidavit.

Instructions .....Answer only if the birth mother was not married to the biological father and they are able to fully comply with the terms of the Voluntary Paternity Affidavit.

Options

**Yes**

- ▶ Select if both parents satisfactorily completed and notarized the Voluntary Paternity Affidavit prior to the birth mother’s discharge and the hospital forwarding the Affidavit to the state vital records office.

**No**

- ▶ Select if the parents did not satisfactorily complete and notarize the Voluntary Paternity Affidavit prior to the birth mother’s discharge; therefore, the hospital is not responsible for sending it to the state vital records office.

**REGISTRATION STATUS**

Description .....The completion of certain statuses that require state notification.

Purpose .....Helps provide quality assurance and facilitates follow-up queries.

Sources .....Hospital records and discharge papers.

Instructions .....Select the option only if it applies to this birth record.

Options

**Adoption Pending**

▶ Select if item #26 Adoption Pending on the *'Birth Mother's Worksheet'* was answered *'Yes'*.

**Birth Mother does not have Custody**

▶ Select if item #32 Infant Removed from Birth Mother's Custody on the *'Medical Worksheet'* was answered *'Yes'*.

**Surrogate/Gestational Carrier Birth**

▶ Select if the birth mother carried and delivered an infant for a biological parent. The intended parents and the birth mother normally go through attorneys and have a pre-birth gestational court order. Adoption Pending and/or Removed from Custody should also have been selected on the worksheets.

**Birth Mother Invoked Safe Haven**

▶ Select if the birth mother indicated her desire to give up the baby under Safe Haven. Adoption Pending and Removed from Custody should also have been selected on the worksheets.

## STAFF COMPLETING THIS WORKSHEET

— VIII —

Description .....Hospital staff person responsible for completing the worksheet and the date the worksheet is finished and ready for data entry. For the *'Birth Mother's Worksheet,'* staff person who verifies that the person who provided the information signed as the informant.

*For births other than at a delivering hospital,* the person that completed the medical portion of the worksheet, their relationship to the birth mother, and the date.

Purpose .....Administrative use only by the hospital and the state Bureau of Vital Records. Helps provide quality assurance and facilitates follow-up queries.

Sources .....For the *'Medical Worksheet,'* staff person who primarily completed the worksheet. For the *'Birth Mother's worksheet,'* staff person collecting the worksheet from the birth mother prior to her discharge from the hospital.

Instructions .....Sign legibly, indicate the hospital department responsible for completing the *'Medical Worksheet,'* and provide the date signed and completed.