The patient pushed for 2 hours and brought the vertex to +2 station but without further descent.  A cesarean section performed, but the head was deeply wedged in the pelvis and the surgeon’s hand could not get around it.  The surgeon tried using a forceps blade as a head elevator, without success.  Ultimately the uterine incision was extended vertically and, in concert with a nurse’s hand in the vagina elevating the infant’s head from below, the breech was pulled upwards through the superior portion of the fundal incision, successfully delivering the infant.

* **Fetal Presentation:**

\_\_\_Cephalic \_\_\_Breech \_\_\_Other

* **Trial of Labor:**

 If Cesarean Section was trial labor attempted? \_\_\_ Yes \_\_\_ No

* **Indications for C-section:**

 \_\_\_\_ Unknown

 **Select all that apply:**

 \_\_\_Failure to progress \_\_\_Malpresentation \_\_\_Previous C-Section

 \_\_\_Fetus at Risk \_\_\_Maternal Condition - non-preg. related \_\_\_Maternal Cond. – Preg. related

 \_\_\_Refused vacuum \_\_\_Elective \_\_\_Other

* **Indication for Forceps:**

 \_\_\_Unknown

**Select all that apply:**

 \_\_\_Failure to progress \_\_\_Fetus at Risk \_\_\_Other

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

 Found in the Coder Modules Section # L&D I p.10

Fetal Presentation- C-section

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

* For most cesarean deliveries, use the presentation that preceded any manipulation. Otherwise, it would sound as though an indication for delivery was malpresentation, even though the fetus may have been vertex just moments before.
* Plus, if one makes a high uterine incision for whatever reason (adhesions, accreta, etc.), the only way to safely pull a vertex fetus out is by grasping the hips and pulling upwards, delivering the pelvis (breech) first out the top of the uterus. That fetal presentation still would be considered to be vertex. (found in the Coder Manual, Section 3 L&D I, Extra Info)

Record the presentation as it was at delivery, if it was different at delivery than was noted prior to delivery; it does not make sense to code a wrong pre-delivery diagnosis. (Found in the Helper Guidelines)