

New York State Guidelines

PRENATAL HISTORY SCREEN

PREVIOUS LIVE BIRTHS, NOW LIVING

- Enter the number of previous children born alive to this mother who are still alive at the time of this birth
- Do not include the child for whom this certificate is being completed.
- If this is a multiple delivery, include any of the set previously born alive and are still living when the child named on this certificate was delivered.
- Indicate "None" if this is the first live birth to this mother or if all previous children are dead.

PREVIOUS LIVE BIRTHS, NOW DEAD

- Enter the number of previous children born alive to this mother who are now dead.
- If this is a multiple delivery, include in your count any of the set previously born alive who died before the delivery of the child named on this certificate.
- If none, indicate None.

PREVIOUS SPONTANEOUS TERMINATIONS – GESTATIONS OF 20 WEEKS OR MORE AND PREVIOUS SPONTANEOUS TERMINATIONS – LESS THAN 20 WEEKS GESTATION

- Enter only previous spontaneous fetal deaths.
- Enter the number of spontaneous fetal deaths in the space that corresponds to the gestation of the fetus at death. For example, fetal deaths of less than 20 weeks gestation (under 5 months) should be entered in the space labeled Less than 20 Weeks.
- If this is the mother's first pregnancy or if all previous pregnancies resulted only in live born infants or induced terminations, indicate None.
- If this is a multiple delivery, include in your count all fetuses in the set which were born dead prior to the infant that is named on this certificate.

PREVIOUS INDUCED TERMINATIONS OF PREGNANCY

- Enter the total number of fetal deaths resulting from an induced termination of pregnancy prior to the birth of the infant named on this certificate.
- If this is the mother's first pregnancy or if all previous pregnancies resulted in live born infants or spontaneous fetal deaths, indicate none.

TOTAL PRIOR PREGNANCIES

- Enter the total number of times that the mother was pregnant prior to this pregnancy.
- Count every previous pregnancy regardless of whether it resulted in live birth or fetal death.
- A previous pregnancy that resulted in a multiple delivery counts only as one pregnancy. If this is the mother's first pregnancy, enter "00".

DATE OF FIRST LIVE BIRTH

- Enter the month and year of the first live birth born to this mother.
- Do not enter the date of this live birth if it is a single birth.
- If this is the first pregnancy for this woman AND it is her second, third, etc. member of a set, enter the date of birth of the first live born child.

DATE OF LAST LIVE BIRTH

- Enter the month and year of the last live birth born to this mother.
- Do not enter the date of this live birth if it is a single birth.
- If this is the mother's first live birth, leave this item blank.
- If this is her second live birth, repeat the date entered in first live birth.
- For a multiple delivery, if this certificate is for the second, third, etc. member of the set, then the required date is the month and year of the last set member born alive prior to the child named on this certificate. Usually this date will be the same as for the child named on this certificate. If all previous set members were born dead or if this certificate is for the first set member, enter the month and year of the last delivery involving a live birth.

DATE OF LAST OTHER PREGNANCY OUTCOME

- Enter the month and year of the mother's last spontaneous or induced termination.
- If this is the mother's first delivery or if all previous deliveries resulted in only live born infants, leave this item blank.
- For a multiple delivery, if this certificate is for the second, third, etc. member of the set and previously delivered set members were born dead, enter the month and year of the last set member born dead. Usually this will be the same date as the birth date of the child named on this certificate.
- If all previously delivered set members were born alive, or if this certificate is for the first set member, enter the month and year of the last delivery involving a fetal death.

PREPREGNANCY WEIGHT Enter the mother's weight prior to this pregnancy.

MATERNAL HEIGHT Enter the mother's height in feet and inches.

INFANT SCREEN

APGAR SCORE AT 1, 5, AND 10 MINUTES

Enter 1-minute and 5-minute scores for all newborns. Enter a 10-minute score if the 5-minute score is less than 6.

ABNORMAL CONDITIONS OF THE NEWBORN

- **Assisted ventilation required immediately after delivery:** Infant given manual breaths with bag and mask or bag and endotracheal tube within the first several minutes from birth for any duration. Excludes oxygen only and laryngoscopy for aspiration of meconium.
- **Assisted ventilation required for more than 6 hours:** Infant given mechanical ventilation (breathing assistance) by any method for more than 6 hours. Includes conventional, high frequency and/or continuous positive airway pressure (CPAP).
- **Neonatal Intensive Care Unit (NICU):** Admission into a unit staffed and equipped to provide continuous mechanical ventilatory support for the newborn. This includes special nurseries and newborns transferred to a hospital with NICU for the purpose of providing that infant with intensive care (e.g. surgery or ventilatory support).
- **Newborn given surfactant replacement therapy:** Endotracheal instillation of a surface-active suspension for the treatment of surfactant deficiency due to either preterm birth or pulmonary injury resulting in decreased lung compliance (respiratory distress). Includes both artificial and extracted natural surfactant.
- **Antibiotics received by the newborn for suspected neonatal sepsis:** Any antibacterial drug given systemically (intravenous or intramuscular.) (e.g. penicillin, ampicillin, gentamicin, cefotaxime, etc.) to treat neonatal sepsis, a blood-borne bacterial infection of the newborn.

• **Seizure or serious neurologic dysfunction:** Seizure defined as any involuntary repetitive, convulsive movement or behavior. Serious neurologic dysfunction defined as severe alteration of alertness such as obtundation, stupor, or coma, i.e. hypoxicischemic encephalopathy. Excludes lethargy or hypotonia in the absence of other neurologic findings. Excludes symptoms associated with Central Nervous System (CNS) congenital anomalies.

• **Significant birth injury:** (e.g., skeletal fracture(s), peripheral nerve injury and/or soft tissue/solid organ hemorrhage that requires intervention) Defined as present immediately following delivery or manifesting following delivery. Includes any bony fracture or weakness, but excludes fractured clavicles and transient facial nerve palsy. Soft tissue hemorrhage requiring evaluation and/or treatment includes 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 includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma. All require confirmation by diagnostic imaging or exploratory laparotomy. Note: DO NOT include Intraventricular hemorrhage (IVH) in this item. See below for listing of significant birth injuries:

- o Adrenal hemorrhage/hematoma
- o Brachial plexus injury (Also reported as Erb's Palsy, Dujenne-Erb Paralysis, Klumpke's Palsy, Klumpke-Déjérine Syndrome)
- o Cranial fracture (exclude cephalohematoma, hemorrhagic caput succedaneum)
- o Facial palsy – non transient
- o Femur fracture
- o Humerus fracture
- o Intracranial hemorrhage, including subdural or subarachnoid hemorrhage, but excluding intraventricular hemorrhage (IVH)
- o Peripheral nerve injury
- o Phrenic nerve injury
- o Recurrent laryngeal nerve injury
- o Ruptured liver and/or spleen
- o Skeletal fractures – Exclude clavicle fractures
- o Skull/cranial fracture also reported by skull bone: parietal, frontal or occipital fracture
- o Soft tissue or solid organ hemorrhage
- o Subgaleal hemorrhage
- o Subcapsular hemorrhage of liver
- o None: Select this item if none of the items listed are selected, even if other abnormal conditions of the newborn exist.
- o Unknown: Select this item if it is not currently known if any of the listed conditions of the newborn exist.

LABOR AND DELIVERY SCREEN

METHOD OF DELIVERY

• FETAL PRESENTATION

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

• ROUTE & METHOD

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

INDICATIONS FOR C-SECTION

- **Failure to progress** Select this item if a cesarean was performed because the labor progressed more slowly than normal or because labor stopped before full dilation of the cervix; synonym: dystocia and arrest of descent.
- **Fetus at Risk/ NFS** Select this item if a cesarean was performed because of concerns about the fetus's wellbeing and ability to tolerate labor.
 - o Evidence from a biophysical profile of disturbance in utero
 - o Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half or more of the contractions
 - o Breech or a malpresentation such as transverse lie, shoulder presentation
 - o Frank prolapse of the cord
 - o Fetal structural anomaly, such as fetal hydrocephalus
 - o Persistent late decelerations during most contractions
 - o Persistent variable decelerations during most contractions, often 60 to 80 bpm
 - o Prolonged bradycardia below 120 to 100 bpm 10 minutes or longer
 - o Prolonged tachycardia above 160 to 180 bpm persisting longer than 10 minutes
 - o Fetal scalp pH of less than 7.2. Include acidosis.
- **Malpresentation** Select this item if the presenting part of the fetal body within the birth canal, or nearest to it was NOT the vertex or the occipital fontanel. Synonyms include face presentation, brow presentation, frank breech, complete breech, footling breech, transverse lie, shoulder presentation and oblique lie.
- **Maternal Condition - Pregnancy Related** Select this item if the mother had an obstetric condition that led to cesarean delivery, e.g. abruptio placenta, placenta previa.
- **Maternal Condition – Not Pregnancy Related** Select this item if the mother had a non-obstetric medical condition that led to cesarean delivery, e.g. active genital herpes, HIV infection.
- **Elective** Select this item if the cesarean delivery was planned and scheduled prior to the onset of labor. In addition to selecting "Elective", you must also select a specific indication for the cesarean, unless it was done for a non-medical indication.
- **Other** Select this item if the indication for cesarean does not fall into any of the other categories.
- **Refused VBAC** Select this item if the mother was eligible for a trial of labor, but refused, opting for repeat cesarean delivery instead. Synonym: refused voluntary trial of labor.
- **Previous C-Section** Select this item if the mother had a previous cesarean delivery and was not eligible for trial of labor, e.g. due to classical uterine scar.
- **Unknown**