

Answer Sheet



**CODERFax**

**Twin A**

**Prenatal History**

**Pregnancy History (Twin A)**

Previous Live Births:		Previous Spontaneous Terminations:		Previous Induced Terminations:	Total Prior Pregnancies:
<b>Now Living</b> None or Number	<b>Now Dead</b> None or Number	<b>Less than 20 weeks</b> None or Number	<b>20 weeks or more</b> None or Number	None or Number	None or Number
		<b>1</b>			<b>1</b>
First Live Birth: (MM/YYYY) /	Last Live Birth: (MM/YYYY) /	Last Other Pregnancy Outcome: (MM/YYYY) <b>01 / 08</b>	Prepregnancy Weight: <b>125</b> lbs.	Height: ft. <b>5</b> in. <b>4</b>	

**Infant**

**Apgar Scores**

1 minute: **8**      5 minutes: **9**      10 minutes:

**Abnormal Conditions of the Newborn:**

None     Unknown at this time

**Select all that apply**

- |  |  |
|--|--|
| <input type="checkbox"/> Assisted ventilation required immediately following delivery  | <input type="checkbox"/> Assisted ventilation required for more than six hours |
| <input checked="" type="checkbox"/> NICU Admission   | <input type="checkbox"/> Newborn given surfactant replacement therapy          |
| <input type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis   | <input type="checkbox"/> Seizures or serious neurologic dysfunction            |
| <input type="checkbox"/> Significant birth injury (skeletal fx, peripheral nerve injury, soft tissue/solid organ hemorrhage which requires intervention) |  |

**Labor & Delivery**

**Fetal Presentation:** (select one)

Cephalic     Breech     Other

**Route & Method:** (select one)

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

**Indications for C-Section:**

Unknown

**Select all that apply**

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

**April 09**

Answer Sheet

**CODERFax**

**Twin B**



**Prenatal History**

**Pregnancy History (Twin B)**

Previous Live Births:		Previous Spontaneous Terminations:		Previous Induced Terminations:	Total Prior Pregnancies:
<b>Now Living</b> None or Number	<b>Now Dead</b> None or Number	<b>Less than 20 weeks</b> None or Number	<b>20 weeks or more</b> None or Number	None or Number	None or Number
<b>1</b>		<b>1</b>			<b>1</b>
First Live Birth: (MM/YYYY) <b>3 / 09</b>	Last Live Birth: (MM/YYYY) <b>3 / 09</b>	Last Other Pregnancy Outcome: (MM/YYYY) <b>1 / 08</b>	Prepregnancy Weight: <b>125</b> lbs.	Height: ft. <b>5</b> in. <b>4</b>	

**Infant**

**Apgar Scores**

1 minute: **8**      5 minutes: **8**      10 minutes:

**Abnormal Conditions of the Newborn:**

None     Unknown at this time

**Select all that apply**

- Assisted ventilation required immediately following delivery
- NICU Admission
- Antibiotics received by the newborn for suspected neonatal sepsis
- Significant birth injury (skeletal fx, peripheral nerve injury, soft tissue/solid organ hemorrhage which requires intervention)
- Assisted ventilation required for more than six hours
- Newborn given surfactant replacement therapy
- Seizures or serious neurologic dysfunction

**Labor & Delivery**

**Fetal Presentation:** (select one)

Cephalic     Breech     Other

**Route & Method:** (select one)

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

**Indications for C-Section:**

Unknown

**Select all that apply**

- Failure to progress
- Fetus at Risk/ NFS
- Refused VBAC
- Malpresentation
- Maternal Condition-Not Pregnancy Related
- Elective
- Previous C-Section
- Maternal Condition-Pregnancy Related
- Other