Coders' meeting minutes: May 11, 2005

In attendance: Nicholas Noyes, St James Mercy, Geneva General, Highland

Discussed definitions as stated below with discussion led by neonatologist Dr Tim Stevens. Comments from discussion are italicized.

• **Abruptio Placenta** Synonyms include placental abruption, premature detachment of the placenta

Other Vaginal Bleeding during this pregnancy prior to onset of labor: Any reported or observed bleeding per vaginum at any time in the pregnancy presenting prior to the onset of labor. Include placenta previa here. *May have abruption w/o vaginal bleeding and, of course, can have vaginal bleeding from sources other than an abruption.*

• **Tocolysis** Administration of any agent with the intent to inhibit pre-term uterine contractions to extend the length of the pregnancy.
Can be any agent (even IV fluids) used to stop contractions. Medications used include: nifedipine, terbutaline, magnesium, indocin, and ibuprofen.

• **Steroids** – (glucosteroids) Steroids given for fetal lung maturation received by the mother prior to delivery. Includes betamethasone, dexamethasone or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery. Excludes steroid medication given to mother as an anti-inflammatory treatment. *Look for use of decadron, dexamethasone, or betamethasone.*

• **External Electronic Fetal Monitoring** Use of a non-invasive fetal monitoring device to track fetal heart rate during labor and/or delivery. --*includes 'Toco'*
• **Internal Electronic Fetal Monitoring** Use of an internal fetal monitoring device (synonym: scalp electrode) to track fetal heart rate during labor and/or delivery.
Monitoring comments from Chris Glantz
My impression is that many (if not most) hospitals do an initial 20 minute on laboring patients even if they plan on auscultation as the primary means of monitoring. If the 20 minute strip looks okay, they may go to intermittent auscultation and no longer use the electronic monitor. Going by the actual wording of the guidelines, however, this would mean that nearly all women should be coded as having had external heart rate monitoring during labor, even if only for a few minutes. While technically true, I want to believe that the utility of this field is to differentiate those who had intermittent auscultation as the primary *form of monitoring from those who were continuously monitored over prolonged portions of their labors. For this reason, I would not code a twenty minute strip as continuous electronic monitoring during labor. If the woman is continuously monitored after this 20 minute period or because of questionable auscultation, I would code her as having external fetal heart rate monitoring.*

If the strip was before a planned/scheduled cesarean section, then the patient presumably is not in labor and the issue may not be relevant. I'm making an assumption that the

guidelines' use of the wording "labor and/or delivery" really means "labor and/or delivery-following-labor." Technically, we don't do monitoring during the moment of delivery. I do not know whether this assumption actually is true. My opinion would be not to count such pre-cesarean monitoring as external electronic fetal monitoring, but more to consider it as the 20 minute strip above, or as the one coder interpreted it, as anesthesia monitoring.

• **Fetal intolerance** of labor such that one or more of the following actions was taken : in-utero resuscitation measures, further fetal assessment or operative delivery; *In utero resuscitative measure-s* such as any of the following: maternal position change, oxygen administration to the mother, intravenous fluid administered to the mother, amnioinfusion, support of maternal blood pressure, and administration of uterine relaxing agents. *Further fetal assessment* includes any of the following: scalp pH, scalp stimulation, acoustic stimulation. *Operative delivery*-operative intervention. The symptoms described and the measures used to treat them may be seen with administration of regional analgesia. However, if any of the measures listed in the Guide are documented in the chart, the response should be 'YES'. An isolated episode with a good alternative explanation that resolves readily should not be reported.

- **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.
  - Evidence from a biophysical profile of disturbance in utero
  - Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half ore more of the contractions
  - Breech or a malpresentation such as transverse lie, shoulder presentation
  - Frank prolapse of the cord
  - Fetal structural anomaly, such as fetal hydrocephalus
  - Persistent late decelerations during most contractions
  - Persistent variable decelerations during most contractions, often 60 to 80 bpm
  - Prolonged bradycardia below 120 to 100 bpm 10 minutes or longer
  - Prolonged tachycardia above 160 to 180 bpm persisting longer than 10 minutes
  - Fetal scalp pH of less than 7.2. Include acidosis.

Everyone at the meeting found the discussion to be extremely helpful and asked that the speaker return to discuss more data collection fields.
Dr. Stevens has agreed to another group of data collection fields at our next Coders' meeting.