

New York State Guidelines

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.

CHARACTERISTICS OF LABOR AND DELIVERY

- **Induction of Labor – AROM** Initiation of uterine contractions by surgical means for the purpose of promoting delivery before spontaneous onset of labor. Synonyms include: artificial rupture of membranes, amniotomy. If AROM was done to augment labor that should be reported under Augmentation of Labor.
- **Induction of Labor – Medical** Initiation of uterine contractions by administration of medications (e.g. pitocin, prostaglandin) for the purpose of promoting delivery before spontaneous onset of labor.
- **Augmentation of Labor** – Simulation of uterine contractions by drug or manipulative technique with the intent to reduce the time to delivery.
- **Steroids** – (glucosteroids) Steroids given any time prior to delivery 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.
- **Antibiotics** - This includes antibiotics given to the mother during labor. It includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery (Ampicillin, Penicillin, Clindamycin, Erythromycin, Gentamicin, Cefataxime, Ceftriaxone, etc.).
- **Chorioamnionitis** A clinical diagnosis of chorioamnionitis during labor made by the delivery attendant. Usually includes more than one of the following: fever (> 100.4 F or 38 C), uterine tenderness and/or irritability, leukocytosis, and fetal tachycardia. Any recorded maternal temperature at or above the febrile threshold as stated should be reported. However, do not include a single temperature elevation with a good alternative explanation.
- **Meconium staining** Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or delivery which is more than enough to cause greenish color change of an otherwise thin fluid, regardless of the characteristics of the meconium.
- **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 to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery. 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.

- **External Electronic Fetal Monitoring** Use of a non-invasive fetal monitoring device to track fetal heart rate during labor and/or delivery.

Dr C Glantz noted: Although it is not indicated anywhere, she probably had external monitoring during the Cytotec (if nothing else, to differentiate uterine irritability from regular contractions).

If a woman starts with EFM and then has internal monitors placed, does one code both?

Because only internal monitoring is documented, I am only checking the one.

- **Internal Electronic Fetal Monitoring** Use of an internal fetal monitoring device (synonym: scalp electrode) to track fetal heart rate during labor and/or delivery.
- **None** Select this item if none of the items listed are selected, even if other characteristics of pregnancy exist.
- **Unknown at this time**

MATERNAL MORBIDITY

Admission to ICU Any admission, planned or unplanned, of the mother to a facility/unit designated as providing intensive care.

- **Maternal transfusions** Includes infusion of whole blood or packed red blood cells during labor and delivery
- **Perineal laceration (3rd or 4th degree)** 3rd degree laceration extends completely through the perineal skin, vaginal mucosa, perineal body and anal sphincter. 4th degree laceration is all of the above with extension through the rectal mucosa.
- **Ruptured uterus** Tearing of the uterine wall.
- **Unplanned Hysterectomy** Surgical removal of the uterus that was not planned prior to the admission for delivery. Includes and anticipated or possible but not definitively planned procedure.
- **Admit to ICU**
- **Unplanned operating room procedure following delivery** Any transfer of the mother back to a surgical area for an operative procedure that was not planned prior to the admission for delivery. Excludes postpartum tubal ligations.
- **Postpartum transfer to a higher level of care**
 - For maternity hospital deliveries: select this item if the mother was transferred to another hospital following delivery in order to provide her with more specialized or intensive care than available on the maternity service where she delivered.
 - For planned out-of-hospital deliveries (e.g. birthing center, planned at home birth): select this item if mother required admission to a hospital following delivery.
 - For unplanned out-of-hospital or non-maternity hospital deliveries: Do not select this item if the mother was admitted to a maternity hospital after giving birth precipitously at home, en route to the hospital, or at a non-maternity hospital.
- **None** Select this item if none of the items listed are selected, even if other maternal morbidity conditions exist.
- **Unknown at this time**

ANALGESIA Select “yes” for analgesia if during labor and/or delivery the mother received an analgesic medication, that is, one that decreases the sensation of pain (relief of pain). It may include any narcotic or non-narcotic painkiller. A sedative, that is, a substance that calms activity or excitement, does not qualify as analgesia when administered alone. Intrathecal (spinal) analgesia (narcotic +/- a small amount of local anesthetic), also called “intrathecal Duramorph,” should be reported here AND as “Anesthesia, Spinal,” since it carries risks and side effects of both. Exclude analgesics administered during other procedures performed after delivery such as episiotomy or laceration repair.

ANESTHESIA USED FOR DELIVERY Indicate all types of anesthesia used during this labor and/or delivery. Anesthesia is a medication or other agent used to cause a loss of feeling (loss of sensation of pain). Report only the type of anesthesia used during labor and delivery, not the anesthetic agent.

- **Epidural:** Select this item if the denervation of the vaginal region and lower abdomen was obtained by the introduction of an anesthetic agent into the epidural or peridural space.

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- **Local:** Select this item if the denervation of the vaginal area was obtained by the introduction of an anesthetic agent into the perineum for the provision of an episiotomy or repair of a laceration or episiotomy wound.
- **Spinal:** Select this item if the denervation of the vaginal region was obtained by the introduction of an anesthetic agent into the subarachnoid space. Synonyms include saddle block. Intrathecal (spinal) analgesia (narcotic +/- a small amount of local anesthetic), also called “intrathecal Duramorph,” should be reported here AND as “Analgesia,” since it carries risks and side effects of both.
- **General Inhalation:** Select this item if there was the reduction of pain over the entire body induced by respiration of a gaseous anesthetic agent.
- **Paracervical:** Select this item if the denervation of the vaginal region was obtained by the introduction of an anesthetic agent to the tissues surrounding the cervix of the uterus.
- **General Intravenous:** Select this item if there was the reduction of pain over the entire body induced by the introduction of an anesthetic agent into a vein.
- **Pudendal:** Select this item if the denervation of the pudendal nerve was obtained by an injection of an anesthetic agent.
- **None** Select this item if none of the items listed are selected.
- **Unknown at this time**

ADMISSION AND DISCHARGE INFORMATION

- **Mother** Enter the date the mother was admitted and discharged for this delivery.
- **Infant** Enter the discharge date for the Infant.
 - o **Discharged Home**
 - o **Infant Died at Birth Hospital**
 - o **Infant Still in Hospital** Select only if the infant is still in your facility. Do not enter a discharge date if the infant is still in-house.
 - o **Infant Discharged to Foster Care/Adoption**
 - o **Infant Transferred Out** Select if infant was transferred out to a NICU or Special Care Nursery, including those within your own facility, or to another facility. Enter the date the infant was transferred out.
 - o **Unknown** Select only if the disposition of the infant is not documented in the infant or woman’s medical records.