

New York State Guidelines

PRENATAL HISTORY SREEN

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.

PRENATAL CARE SCREEN

RISK FACTORS IN THIS PREGNANCY Select the items below if diagnosed by a physician.

- **Prepregnancy Diabetes** Glucose intolerance requiring treatment diagnosed prior to this pregnancy.
- **Gestational Diabetes** Glucose intolerance requiring treatment, diagnosed during to this pregnancy.
- **Prepregnancy Hypertension (Chronic)** Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed prior to the onset of this pregnancy.
- **Gestational Hypertension (PIH, Preeclampsia)** Elevation of blood pressure above normal for age, gender, and physiological condition, diagnosed during this pregnancy
- **Other Serious Chronic Illnesses** Select this item if the mother has a chronic illness that requires ongoing medical care and carries a significant risk of premature death or disability (e.g. ulcerative colitis, multiple sclerosis; NOT eczema, allergic rhinitis).
- **Previous Preterm Births** History of pregnancy (ies) terminating in a live birth of less than 37 completed weeks of gestation.
- **Abruptio Placenta** Synonyms include placental abruption, premature detachment of the placenta.
- **Eclampsia** is diagnosed when convulsions, not caused by any coincidental neurological disease such as Epilepsy, develop in a woman who also has clinical criteria for preeclampsia.
- **Other Poor Pregnancy Outcomes** (Includes perinatal death, small for gestational age/intrauterine growth restricted birth.) History of pregnancies continuing into the 20th week of gestation (post menstrual age) and resulting in any of the listed outcomes. Perinatal death includes fetal and neonatal deaths.
- **Prelabor Referral For High Risk** Select this item if the patient was identified as needing a higher level of care for maternal medical or fetal was then referred from the lower level of care to a higher level. This includes being referred for testing/consultation, or for transfer of care to a high risk provider. It's not so much a measure of the patient's risk status per se, as a measure of the responsiveness of the system to changes in status.
- **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.
- **Previous Low Birthweight Infant** A Previous live birth where the infant's birthweight was less than 2,500 grams.

- **Pregnancy Resulted from Infertility Treatment** Any assisted reproduction technique used to initiate the pregnancy. Infertility Treatment is any assisted reproduction technique used to initiate the pregnancy. Check this item if any of the following apply:
 - Fertility –enhancing drugs, artificial insemination or intrauterine insemination. Ovulation induction/stimulation (Clomid, Pergonal) should be included here.
 - Assisted reproductive technology e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT) intracytoplasmic sperm injection, zona drilling ISCI, SUZI and ZIFT should be included here.
 - Enter the number of embryos implanted, if applicable. The number of embryos implanted is a QI item.
- **None** of the above. Select this item if none of the items above are selected, even if other medical/obstetric risk factors exist.
- **Unknown**

CONGENITAL ANOMALIES SCREEN

CONGENITAL ANOMALIES OF THE CHILD

Indicate any of the specific conditions listed below. Information about other congenital anomalies is no longer being collected on the birth certificate. All congenital anomalies, both those listed below and any other significant anomaly, must be reported to the New York State Congenital Malformations Registry. Call (518) 402-7990 for further information about reporting.

- **ANENCEPHALY** Select this item if diagnosed by a physician. Synonyms include absent brain, acrania, anencephalic, anencephalus, amyelencephalus, craniorachischisis, hemianencephaly, or hemicephalo.
- **MENINGOMYELOCELE / SPINA BIFIDA** Select this item if diagnosed by a physician. Synonyms include meningocele, myelocele, myelomeningocele, myelocystocele, syringomyelocele, hydromeningocele, rachischisis. Do NOT include spina bifida occulta detected on radiographs.
- **CYANOTIC CONGENITAL HEART DISEASE** Select this item if any of the following conditions has been diagnosed by a physician: transposition of the great arteries (vessels), tetralogy of Fallot, pulmonary or pulmonary valvular atresia, tricuspid atresia, truncus arteriosus, total or partial anomalous pulmonary venous return with or without obstruction.
- **CONGENITAL DIAPHRAGMATIC HERNIA** Select this item if diagnosed by a physician.
- **OMPHALOCELE** Select this item if diagnosed by a physician. Synonyms include exomphalos. Do NOT include umbilical hernia (completely covered by skin) in this category.
- **NONE** Select this item if the infant had none of the anomalies listed, even if he/she had other congenital anomalies. All significant congenital anomalies must be reported to the New York State Congenital Malformations Registry.
- **UNKNOWN AT THIS TIME**