

New York State Guidelines

INFANT SCREEN

NUMBER OF LIVE BIRTHS (If Multiple Births)

This is used to check the values entered in plurality and birth order fields.

NUMBER OF FETAL DEATHS (If Multiple Births)

This is used to check the values entered in plurality and birth order fields.

BIRTHWEIGHT

Enter the birthweight of the infant as it is recorded on the hospital record. Enter the birthweight in either grams **OR** pounds and ounces, depending on the scales used. Do not convert from one measure to the other. The SPDS will display the weight in both grams and pounds and ounces.

IF BIRTHWEIGHT < 1250 GRAMS (or 2 lbs 12 oz.), REASON FOR DELIVERY AT A LESS THAN LEVEL III HOSPITAL

Please indicate reasons for delivery at birth hospital if it is not a Level III or IV facility and the infant's birthweight is less than 1250 grams, or 2lbs. 12oz.

- Rapid/advanced labor 4 or more centimeters dilated
- Bleeding more than 100 ml/hr
- Fetus at risk/NFS
 - o Evidence from a biophysical profile of a disturbance in utero
 - o Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half ore 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.
- Severe preeclampsia/eclampsia Select this if one or more of the following criteria is present:
 - o Blood pressure of 160 mm Hg systolic or higher or 110 mm Hg diastolic or higher on two occasions at least 6 hours apart while the patient is on bed rest.
 - o Proteinuria of 5 g or higher in a 24-hour urine specimen or 3+ or greater on two random urine samples collected at least 4 hours apart.
 - o Oliguria of less than 500 mL in 24 hours
 - o Cerebral or visual disturbances
 - o Pulmonary edema or cyanosis
 - o Epigastric or right upper-quadrant pain
 - o Impaired liver function
 - o Thrombocytopenia
 - o Fetal growth restriction
 - o seizures/convulsions
- Woman refused transfer
- Other (specify)
- None
- Unknown at this time

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INFANT TRANSFERRED

Indicate whether the infant was transferred to another facility within 24 hours or after 24 hours.

HOSPITAL INFANT TRANSFERRED TO

If the infant was transferred to another facility within NYS choose from the list in the SPDS. If the infant was transferred to a hospital that is not in New York State choose the state the infant was transferred to from the list in the SPDS.

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.

IS THE INFANT ALIVE?

Indicate the infant's vital status, alive or dead, at the time the birth certificate was filed by selecting Yes, No, or Transferred/Status Unknown. Remember the birth certificate is intended to report the facts of birth and the 72 hours immediately following the birth.

CLINICAL ESTIMATE OF GESTATION

The obstetric estimate of the infant's gestation in completed weeks based on the birth attendant's final estimate of gestation which should be determined by all perinatal factors and assessments such as ultrasound, but not the neonatal exam.

NEWBORN TREATMENT GIVEN?

Indicate if vitamin K was given. Also, indicate if there was preventative treatment for conjunctivitis administered.

INFANT FEEDING

Indicate whether infant is receiving breast milk, infant formula, both, or other, regardless of route of feeding at discharge. For example, select "Breast milk" if the infant is receiving pumped breast milk through a nasogastric tube. Situations in which "Other" is the appropriate response will be rare; they include early neonatal death and infants in the intensive care unit who require intravenous feeding.

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, Ducjenne-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.