

New York State Guidelines

LABOR & DELIVERY SCREEN

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.
- **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**

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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.
- **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**

INFANT SCREEN

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.

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.