Finger Lakes Region

**Regional Perinatal Center Dept. Of Health Sciences**

U of R Medical Center **Data Coordinator**

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Perinatal Program

**May 9th, 2018 Registrar Meeting Minutes**

*Before I start the minutes I want to say how excited I am to be working with such an amazing group of women. Your job is a tough one and yet each of you has found a way to make it your own and learned how to get information from charts and people that at times is extremely difficult. Thank you!*

1. **Attendance:** N.Egan,SMH, M. Herbstsommer,HH, E. Rife,HH, M. Tuohey,Unity, C. VanDerMeid,Noyes, D. Waters, SMH
2. **Gathering Exercise –** Module 5 Evaluation. Found at the end of the Agenda if you weren’t at the meeting. Please, take a few minutes to complete the Evaluation. As always continuing education and review of previously learn material enhances our production. Let me know if you have any concerns with the information shared.
3. **Nitrous Oxide –** Kim Kelstone, a Certified Nurse Midwife who can’t practice until she completes her doctorate this month!! shared some info on Nitrous Oxide use during labor. I wish I had taped this part :{. She talked about the ease of use (the patient self-administers), the degree of pain relief (It doesn’t take the pain away completely), and the effect on the baby (minimal to none). She noted that the US in general is behind other developed nations in use of this form of analgesia. Also, noted, was that the strength is significantly less than that use for dental procedures.

As Highland had embraced this process, I’m sure we’ll find that our other Regional Hospitals will follow.

1. **On a separate note –** Kim talked about use of the Interview questions as a part of her final dissertation. She asked for and accepted the limitation you all have experienced as you encourage your women to complete this portion of their workbook. She expressed gratitude for the effort placed. Kudos to you all!
2. **Outreach Meetings –** 4 Outreach visits down, 4 to go, all in June. SMH annual review TBD. Again, I’m doing it a bit differently. There will be no formal chart review. There will be a general review of the workbook which has a tendency to prompt discussion on some of the more contentious fields. While it is more difficult to produce a “results of the meeting” document, it feels much more productive!
3. **Meeting Frequency –** This is the 1st meeting on our new rotation. Evaluation will follow.
4. **Data Entry Quality reviews:**

**Data distribution –** Joe Duckett, data analyst, has retired as of Dec. 3st 2017, He was working TAR to help transition his systems. He, in February, had an MVA which meant his active working days are over. He will be fine eventually. Kelly Thevenet-Morrison, the PHS lead programmer analyst, is assuming Joe’s work. As with anyone who has held a position for a long time unravelling their system is time consuming. So, the release of data requested from SPDS is a bit slower than it used to be. Once Joe’s filing system is completely unraveled turnaround time will return to its former quick normal.

* **General Anesthesia with vaginal deliveries and Genetic testing –** These two fields continue to occasionally pose challenges. Remember that the state is only interested in anesthesia administered before the baby is born. If anesthesia is used for placenta removal it is not entered.

And re: Screening vs testing. – There continue to be ONLY to ways to do Genetic *Testing*. Chorionic Villus Sampling (CVS). This is a sample of blood taken from the baby’s umbilical cord AND Amniocentesis. Everything else is screening in spite of what it is called. If there is a prenatal *Screening* done it is entered under “MSAFP/Triple Screen no matter what it is called or in which trimester it is done.

1. **Registrar questions answered:**

**C-sect -** Due to a traumatic primip delivery the patient was offered a C-sect for her 2nd delivery. Entered as “Other”. This will help a researcher that further investigation of the chart would be required to determine why the C-sect was done.

**Nuchal Translucency** – This is determined via ultrasound in the late 2nd or early third trimester and IS a genetic screen.

**Social Security Card** – If a family calls to report that they haven’t received the baby’s Social Security Card, 1st review the workbook info to be sure it was entered correctly. If all was correct, the parents will need to re-apply through their Social Security Office. The Highland Registrars said that attaching a note that this would be a repeat request as they completed the required paper work at the time of completion of the Certificate of Live Birth.

**Virgin Islands –** Enter this as Country – USA and State – Virgin Islands

**“Baby Girl” –** The baby is being surrendered for adoption. The mother wanted her to be called “baby Girl” This is a hard stop in information entry. She would need to through the Court System to apply for a name change.

1. **Scenarios – *I asked how long it takes to complete a Scenario. The general answer was “a few minutes”. If you look at the numbers below you can see that only about half of you send in a response. The topics chosen are those presented as questions or incidents that have occurred in our Regions hospitals. They are an easy way to keep up your knowledge base on topics that don’t come up very often. If you haven’t been completing the Scenarios, please, make an attempt to start now!***

 **January**

An 18 y.o. woman presented to the provider’s office which was attached to a level 1 hospital, with the complaint of vaginal discharge. This was her 1st prenatal visit. She was G1P0 noted to be appox. 26 weeks pregnant by LMP. On speculum exam membranes were seen in the vagina. As there were no contractions a diagnosis of incompetent cervix was made. On digital cervical exam the membranes were found to be fully bulging into the vagina and the fetal feet were also palpated in the vagina beyond the cervical os with the cervix being 8 cm dilated.

She was transferred to the L&D Operating room where after consent was obtained she had a C-sect under general anesthesia with delivery of a viable female weighing 1067 gm. The baby was stabilized and transferred to a level 4 NICU. The baby received Conjunctivitis Rx and Vit K while awaiting the transport team.

No Naternal Transfer, C-sect, Breech, Malpresentation, Maternal Condition-Preg. related, Rapid Advanced Labor, Infant Transferred-Yes, Level 4 hosp, Alive-yes, gest wks-26, NB RxGiven-Both

14 of 33 Registrars and Abstractors responded

 **February**

The woman received a labor epidural. The site was first numbed using a local anesthetic.

Anesthesia / Analgesia

\_**X**\_ Epidural \_\_\_Local \_\_\_Spinal

All do receive Lidocaine for needle insertion site but it is not enough to have any effect on the infant. Therefore do not enter it. (Glantz, 2017)

16 of 33 Registrars and Abstractors responded

**March**

The woman was admitted to Labor & Delivery at 1700 hr. in active labor with cervical change since her appointment with the Midwife at 1500 hr. She immediately requested epidural pain relief. After a discussion with her midwife, she accepted Nitrous Oxide via face mask and needed nothing further for pain relief. The baby was delivered at 2100 hr

Anesthesia/Analgesia – she received Analgesia only.

16 of 33 Registrars and Abstractors responded

**April**

The woman as a part of exploring the health of her baby in utero had an ultra sound for nuchal translucency and blood drawn, which includes cell-free DNA, to determine her genetic anomaly risk.

MSAFP/ Triple Screen marked bot “Yes” as both tests are a form of Genetic Screening

15 of 33 Registrars and Abstractors responded

1. **Web Page:** [**https://www.urmc.rochester.edu/finger-lakes-regional-perinatal-program.aspx**](https://www.urmc.rochester.edu/finger-lakes-regional-perinatal-program.aspx)This address will stay on the Minutes as a reminder that it is there. I will note in the minutes when items change.

##### Our next meeting will be Wednesday, August 8th, 2018 in the Saunders Bldg. Room 3.223 (across from my desk) A ZOOM Conference Line will be available. BUT, PLEASE, REMEMBER THAT A PHONE CONFERENCE IS NOT AS PERSONNAL AS FACE-TO-FACE, SO, TRY TO ARRANGE YOUR SCHEDULES TO ALLOW ATTENCE IN PERSON! Parking will be available in the Lot attached to the Saunders Bldg. and parking passes will be available at the meeting

**MODULE FIVE EVALUATION**

 (Please mark the appropriate response)

1. **The medical record indicates that the infant was signed up for WIC after birth. Mom had not received WIC services prenatally. What would you enter in the field “Did mother participate in WIC?”**
	1. Yes
	2. No
2. **If day *Last Normal Menses* began is not known, it’s OK to enter just the month and year.**
	1. True
	2. False
3. **When counting *Total Number of Prenatal Care Visits* a mother has had, you would count as the 1st visit a visit made solely to determine the fact that she is pregnant.**
	1. True
	2. False
4. **If a mother comes to the ER for a sprained ankle when she is 8 months pregnant this visit should be counted as a prenatal visit.**
	1. True
	2. False
5. **When a D&C is done to remove a molar pregnancy, the pregnancy would be noted in which field?**
* Spontaneous termination
* Induced termination
1. **When a mother, with no previous live births, gives birth to live twins, the *Number of Previous Live Births* for Twin A would be coded as “0” and for Twin B would be coded as:**
* “0”
* “1”
* Neither of the above
1. **When a mother, with no previous live births, gives birth to live twins, the *Total Number of Prior Pregnancies* for Twin A would be coded as “0”. What would the Total Number of Prior Pregnancies be coded as for Twin B?**
* “0”
* “1”
* Neither of the above
1. **When a mother, with no previous live births, gives birth to live twins, the date of first and last live birth for Twin A would be blank. What would the *Date of First Live Birth* and *Date of Last Live Birth* be coded as for Twin B?**
	1. Both date fields would be left blank
	2. Date of First Live Birth would be left blank; Date of Last Live birth would be date of Twin A’s birth.
	3. Date of First Live Birth and Date of last Live birth would be date of Twin

 A’s birth.

1. **When the *Pre-pregnancy Weight* in the prenatal care record is recorded as a range 135-140 lbs. you would enter the pre-pregnancy weight as:**
* 135
* 137
* 140
1. **You would record *Last Other Pregnancy Outcome* (date) only for Live Births.**
	1. True
	2. False

**MODULE FIVE EVALUATION *ANSWERS***

1. **The medical record indicates that the infant was signed up for WIC after birth. Mom had not received WIC services prenatally. What would you enter in the field “Did mother participate in WIC?”**
* Yes

● No

Answer: This question relates to services mother received while pregnant. Since she did not receive WIC prenatally the answer to this question is “No.” (Slide 4)

**2. If day Last Normal Menses began is not known, it’s OK to enter just the month and year.**

● True

* False

Answer: The Date of Last Mensesshould be based on the Prenatal Care Record or Medical History. It is OK to provide just month and year if that is all that is known. (Slide 5)

**3. When counting Total Number of Prenatal Care Visits a mother has had, you *would* count as the 1st visit a visit made solely to determine the fact that she is pregnant.**

* True

● False

Answer: A prenatal visit solely for the purpose of determining that the woman is pregnant is not counted as a prenatal care visit. (Slide 6)

**4. If a mother comes to the ER for a sprained ankle when she is 8 months pregnant, this visit should be counted as a prenatal visit**.

* True

● False

Answer: Prenatal care visits should be those in clinics or doctor’s offices for routine prenatal care. A labor check or ER visit should not be counted as a prenatal visit. (Slide 7)

**5. When a D&C is done to remove a molar pregnancy, the pregnancy would be noted in which field?**

● Spontaneous termination

* Induced termination

Answer: Molar pregnancies or blighted ova should always be coded as spontaneous terminations regardless of final mode of pregnancy completion. (Slide 9)

**6. When a mother, with no previous live births, gives birth to live twins, the Number of Previous Live Births for Twin A would be coded as “0” and for Twin B would be coded as:**

* “0”

● “1’

* Neither of the above

Answer: There would be a change in the number of previous live births for Twin B, increasing it by ‘1’ (to reflect the birth of Twin A). (Slide 8)

**7. When a mother, with no previous live births, gives birth to live twins, the Total Number of Prior Pregnancies for Twin A would be coded as “0”. What would the Total Number of Prior Pregnancies be coded as for Twin B?**

● “0”

* “1”
* Neither of the above

Answer: The Total Number of Prior Pregnancies remains unchanged from Twin A to Twin B. (Slide 10)

**8. When a mother, with no previous live births, gives birth to live twins, the date of first and last live birth for Twin A would be blank. What would the Date of First Live Birth and Date of Last Live Birth be coded as for Twin B?**

* Both date fields would be left blank
* Date of First Live Birth would be left blank; Date of Last Live birth would be date of Twin A’s birth.
* Date of First Live Birth and Date of last Live birth would be date of Twin A’s birth.

Answer: The date of the first and last live birth for Twin B becomes Twin A’s birth date. (Slide 11)