Finger Lakes Region

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

U of R Medical Center **Data Coordinator**

601 Elmwood Ave. Box 668 65 Crittenden Blvd. Box CU420644 Rochester, NY 14642 Rochester, NY 14642-0644

Phone: 585-275-4930 Phone: 585-276-8737

 Fax: 585-461-4532

Perinatal Program

**February 13th, 2019, Registrar Meeting Minutes**

1. **Attendance**: (In person) Darlene Waters, Renee Yerger, Chris Saur, (by phone) Carol Brown, Amy Burchell, Liz Rife, Stacey Peers, Maria Santos, Jeanne Brightly, Melissa Skarbek, Catherine VanDerMeid

6 of our nine hospitals were represented! Awesome investment of your valuable time! You were wonderful despite my continued technical difficulties. Thank you.

1. **Outreach 2019 –** Some dates have been set. Please, mark your calendars if one of them is yours!
 Unity - March 6th Meeting date change from the Nov. minutes

Highland – April 4th, 7:30

Noyes- April 16th, 9:00 am

Newark-Wayne – May 28th – 7:30am

Arnot and Corning May 30th – Time TBD

RGH - June 13th

FFThompson???

1. **Gathering Exercise –** Module 1 New Birth Registration – When reviewing the answers and the ensuing expansion of the answers, mistakes were discovered.

**#1.** If the parents do not have a Social Security number, all “0’s” are entered. If the parents have a Social Security number but do not know it all “9’s” are entered

**#3** If after theCertificate of Live Birth has been submitted the parents want to change the *first and/or middle* name, they can go to the Office of Vital Records in their County and fill out a request form. If the parents are requesting a *surname* change they need to apply to Family Court in their County.

**#5** A mother can have Private Insurance AND Medicaid. The Private Insurance is always Primary. The Medicaid is then listed as a secondary and the CIN# is entered. If the mother has a Medicaid Option managed care, Medicaid is listed as Primary and the box in the HMO space is marked “yes”.

If you can’t locate the Medicaid number in the mother’s chart you can go to ePACE. *(See attached info)*

#3 led to a lively discussion. First on naming. A Certificate of Live Birth *CAN* be submitted without a first and middle name. If this happens there are a few consequences. There cannot be a request for a Social Security number submitted and the parents will need to go to their County Vital Records Office within one year and complete a request form when a decision has been reached.

Remember that the parents can name the baby anything they choose. If, in a closed adoption, the biologic mother does not want to be able to be identified she can name the baby anything. The adoptive parents will change the name as they go through the adoption process

An Acknowledgement of Paternity (AOP) *CANNOT* be submitted without a full name.

This led to a discussion regarding an Order of Filiation. This is a Court approved validation that the biologic father is to be name as the “Father or Second Parent” When we are filing an AOP we are saving the Court precious procedure time. As we are not lawyers or judges we are only witnessing that the people standing in front of us have signed the form. We are witnessing that the parents have agreed that the father listed on the AOP is indeed the baby’s father and will be totally responsible for this child. To the best of our knowledge we must ascertain that the mother is not married to someone else.

In general Orders of Filiation (OoF) are not completed until after the baby is born and there is DNA testing done BUT there can be extenuating circumstances. We had two examples presented:

1. The couple went to Family Court with enough proof that she had not been with the man from whom she was separated for a long enough period of time that the judge agreed that her partner was the biologic father.

2. The mother was a surrogate. The Obstetrician went with the family and validated that artificial insemination had produced the pregnancy. The judge signed the OoF and the biologic father’s name was listed on the Certificate of Live Birth. In this case the mother was married and so was the biologic father. The wife of the biologic father would need to adopt the baby.

An Order of Filiation supersedes an AOP. The family has done due diligence and a copy of their paper work should be kept with the chart.

As always, remember that the burden of proof is with the parents not the hospital or the Birth Registrars.

If you mark that an AOP is not required when you have an OoF, you will be able to enter the Biologic father’s info. Different last names are not an issue.

1. **Interactive discussion** The following topics were discussed:

**If a woman arrives at the hospital in labor and then after a period of laboring decides that she does not want to labor. At that point she requests and is granted a C-section.**

The “Indication…” is “Other”. The Guidelines are specific that “Elective” is marked for *scheduled* C-sections. Additionally, Trial of Labor is not marked as there was no previous C-section and if the woman had not requested a C-section she may well have had a vaginal birth.

**Should “Fetus at Risk” be entered if the mother has an unscheduled C-section? Should “Fetus at Risk” be entered with “Malpresentation”?**

The answer is the same for both “No”. There can be maternal reasons for an un-scheduled C-section and malpresentating babies do not generally show signs of distress. The ONLY time “Fetus at Risk” is entered is if there is documentation that the fetal heart rate was non-reassuring.

**What would be entered when the biophysical profile (BPP) during ultra sound at 32 weeks in a woman with a previously scheduled C-section was non-reassuring?**

In this situation the fetus was at risk, so both “Fetus at Risk” and “Malpresentation” would be marked.

**What is Cervidil?**

Cervidil inserted vaginally is a ripening agent used as a first step in induction. It is never used as augmentation. If documented as augmentation it would be misusing the medication for an unapproved indication.

1. **Registrar questions answered:**

.

The mom had pre-op blood work several days before a scheduled C-section for twins. Hct and Hgb were very low, so, mom was admitted the night before her C-section and transfused with 2 units of blood. Do we capture this in “Maternal Morbidity” – Yes.

It was mentioned that if blood is given to the baby in utero it is not considered a maternal transfusion. It was then pointed out that this would be only a Strong hospital concern!

1. **Scenarios**

 **October**

*A review of the smoking section*

14 0f 28 Registrars responded

 **November 2018**

*A woman at 40 wks. 3da. presented in the evening with contractions without cervical change from an appointment earlier in the day. She was and is fingertip dilated. The decision was made to insert a foley bulb and if labor didn’t begin to add Pitocin the following morning. EFM was applied*.

15 0f 28 Registrars responded

**December 2018**

*The woman, G1P0, dilated to 10 cm. with a vertex presentation. She pushed for 2 hours. Due to lack of fetal descent and maternal fatigue a vacuum delivery was offered. The woman refused an instrument attempt. She was then consented for C-sect.*

15 0f 28 Registrars responded

**January 2019**

*A term, G2P2 woman presented to Labor and Delivery in active labor. When reviewing her medication history it was noted that she had Subutex prescribed to combat the withdrawal symptoms caused by opioid addition which started after breaking her leg five years prior to becoming pregnant.*

12 0f 28 Registrars responded

***Even if you see the answers before you take the time to respond, please, let me know that you have read the Scenario. Always keep in mind that these are learn/ learn exercises. . I keep track of who responds. It becomes part of the Quarterly Report that Dr. Glantz sends to the Department of Health.***

1. **Open Discussion**
2. **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, *May 15th, 2019*, in the Saunders Bldg. Room 3.432 (In the 3rd floor lobby)

##### A ZOOM Conference Line will be available. BUT, PLEASE, REMEMBER THAT A PHONE CONFERENCE IS NOT AS PERSONAL 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