

Module Presentation

How to best use the Modules

To make the best use of this training we encourage you to complete each Module in order following the format below:

1. Read *Module Presentation*. Added explanations can be found in the **HELPER** Guidelines and in the extra information section if there is one.
2. Complete the *Extraction/Scenario* training exercises
The extraction exercises use de-identified and altered patient medical records. The information is then entered into the provided section from the Birth Certificate Workbook.
The Scenarios are situations you may encounter as you collect information from your patients' medical records.
3. Check your responses using the answer sheets in the "Answers" section.
4. Complete the Module specific *Evaluation*, faxing or emailing the completed evaluation to: rosemary_varga@urmc.rochester.edu. We will use these evaluations to identify areas where the training can be improved.
5. If not already done, read extra training materials, if available.

If you have questions about how to answer any of the requests for information in the NYS Certificate of Live Birth Training Modules,

Please, contact Rosemary Varga (585-275-8737).

*"Coding" is a convenient although slightly misleading term for entering the needed information in the Statewide Perinatal Data system. True "coding" is the entry of predetermined numbers into a system that can then rate the material. We do not use numbers rather we enter the requested information.



Module Six

Prenatal Care



Prenatal Care Fields

Prenatal Care																																											
Risk Factors	Risk Factors in this Pregnancy <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time Select all that apply <input type="checkbox"/> Prepregnancy Diabetes <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Prepregnancy Hypertension <input type="checkbox"/> Gestational hypertension <input type="checkbox"/> Other Serious Chronic Illnesses <input type="checkbox"/> Previous Preterm Births <input type="checkbox"/> Abruptio Placenta <input type="checkbox"/> Eclampsia <input type="checkbox"/> Other Poor Pregnancy Outcomes <input type="checkbox"/> Prelabor Referred for High Risk Care <input type="checkbox"/> Other Vaginal Bleeding <input type="checkbox"/> Previous Low Birthweight Infant QI <input type="checkbox"/> Pregnancy resulted from infertility treatment (if yes, check all that apply) <input type="checkbox"/> Fertility-enhancing drugs, artificial or intrauterine insemination <input type="checkbox"/> Assisted reproductive technology (e.g. IVF, GIFT) Number of Embryos Implanted: (if applicable) <input type="text"/> QI																																										
	Infections Present and/or Treated During Pregnancy <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time Select all that apply <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> Herpes Simplex Virus (HSV) <input type="checkbox"/> Chlamydia <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Rubella <input type="checkbox"/> Bacterial Vaginosis																																										
Other Risk Factors	Other Risk Factors Smoking Before or During Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No List Number of Packs OR Cigarettes Smoked Per DAY <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">3 Months Prior to Pregnancy</th> <th colspan="3">First Three Months of Pregnancy</th> <th colspan="3">Second Three Months of Pregnancy</th> <th colspan="3">Third Trimester of Pregnancy</th> </tr> <tr> <th>Packs</th> <th>OR</th> <th>Cigarettes</th> <th>Packs</th> <th>OR</th> <th>Cigarettes</th> <th>Packs</th> <th>OR</th> <th>Cigarettes</th> <th>Packs</th> <th>OR</th> <th>Cigarettes</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> </tbody> </table>						3 Months Prior to Pregnancy			First Three Months of Pregnancy			Second Three Months of Pregnancy			Third Trimester of Pregnancy			Packs	OR	Cigarettes	Packs	OR	Cigarettes	Packs	OR	Cigarettes	Packs	OR	Cigarettes		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
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Other Risk Alcohol Consumed During This Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Drinks per Week: <input type="text"/> Illegal Drugs Used During This Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No																																											
Obstetric Procedures	Obstetric Procedures <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time Select all that apply <input type="checkbox"/> Cervical Cerclage <input type="checkbox"/> Tocolysis <input type="checkbox"/> External Cephalic Version — <input type="checkbox"/> Successful <input type="checkbox"/> Failed <input type="checkbox"/> Fetal Genetic Testing QI																																										
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When possible, code prenatal care fields using information from the prenatal record.

Risk Factors in this Pregnancy

Risk Factors in this Pregnancy


None Unknown at this time

Select all that apply

<input type="checkbox"/> Prepregnancy Diabetes	<input type="checkbox"/> Gestational Diabetes	<input type="checkbox"/> Prepregnancy Hypertension	<input type="checkbox"/> Gestational hypertension
<input type="checkbox"/> Other Serious Chronic Illnesses	<input type="checkbox"/> Previous Preterm Births	<input type="checkbox"/> Abruptio Placenta	<input type="checkbox"/> Eclampsia
<input type="checkbox"/> Other Poor Pregnancy Outcomes	<input type="checkbox"/> Prelabor Referred for High Risk Care	<input type="checkbox"/> Other Vaginal Bleeding	<input type="checkbox"/> Previous Low Birthweight Infant 

Pregnancy resulted from infertility treatment (if yes, check all that apply)

Fertility-enhancing drugs, artificial or intrauterine insemination

Assisted reproductive technology (e.g. IVF, GIFT) Number of Embryos Implanted: (if applicable) 

NYS GUIDELINES

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
- **None** of the above. Select this item if none of the items above are selected, even if other medical/obstetric risk factors exist.
 - **Unknown**



Risk Factors in this Pregnancy

Risk Factors in this Pregnancy

None Unknown at this time

Select all that apply

<input type="checkbox"/> Prepregnancy Diabetes	<input type="checkbox"/> Gestational Diabetes	<input type="checkbox"/> Prepregnancy Hypertension	<input type="checkbox"/> Gestational hypertension
<input checked="" type="checkbox"/> Other Serious Chronic Illnesses	<input checked="" type="checkbox"/> Previous Preterm Births	<input checked="" type="checkbox"/> Abruptio Placenta	<input checked="" type="checkbox"/> Eclampsia
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Pregnancy resulted from infertility treatment (if yes, check all that apply)

Fertility-enhancing drugs, artificial or intrauterine insemination

Assisted reproductive technology (e.g. IVF, GIFT) Number of Embryos Implanted: (if applicable)

NYS GUIDELINES

- **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.

Code only chronic conditions that were active and required treatment during pregnancy. For example, code asthma only if episodes occurred and required hospitalization or other non-routine treatment during the current pregnancy.

"Previous preterm births" refers to a preterm birth from a prior pregnancy. For example, in the cases of twins do not code "Previous preterm birth" for Twin B (even if Twin A was born preterm).

Risk Factors in this Pregnancy

Risk Factors in this Pregnancy

None Unknown at this time

Select all that apply

<input type="checkbox"/> Prepregnancy Diabetes	<input type="checkbox"/> Gestational Diabetes	<input type="checkbox"/> Prepregnancy Hypertension	<input type="checkbox"/> Gestational hypertension
<input type="checkbox"/> Other Serious Chronic Illnesses	<input type="checkbox"/> Previous Preterm Births	<input type="checkbox"/> Abruptio Placenta	<input type="checkbox"/> Eclampsia
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Pregnancy resulted from infertility treatment (if yes, check all that apply)

Fertility-enhancing drugs, artificial or intrauterine insemination

Assisted reproductive technology (e.g. IVF, GIFT) Number of Embryos Implanted: (if applicable)

- **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.

If a patient is referred for a diagnostic ultrasound (U/S) following an abnormal U/S or abnormal lab value or particular diagnosis, that would be considered a high-risk referral. Most patients sent for an U/S would not be coded as having a high-risk referral; coding of High Risk referral would depend on the reason for the referral and to whom the referral was made.

"Previous low birth weight infant" refers to a low birth weight infant from a prior pregnancy. For example, in the case of twins do not code "Previous low birth weight infant" for Twin B even if Twin A is born weighing less than 2500 gms.).

Risk Factors in this Pregnancy

Risk Factors in this Pregnancy

None Unknown at this time

Select all that apply

<input type="checkbox"/> Prepregnancy Diabetes	<input type="checkbox"/> Gestational Diabetes	<input type="checkbox"/> Prepregnancy Hypertension	<input type="checkbox"/> Gestational hypertension
<input type="checkbox"/> Other Serious Chronic Illnesses	<input type="checkbox"/> Previous Preterm Births	<input type="checkbox"/> Abruptio Placenta	<input type="checkbox"/> Eclampsia
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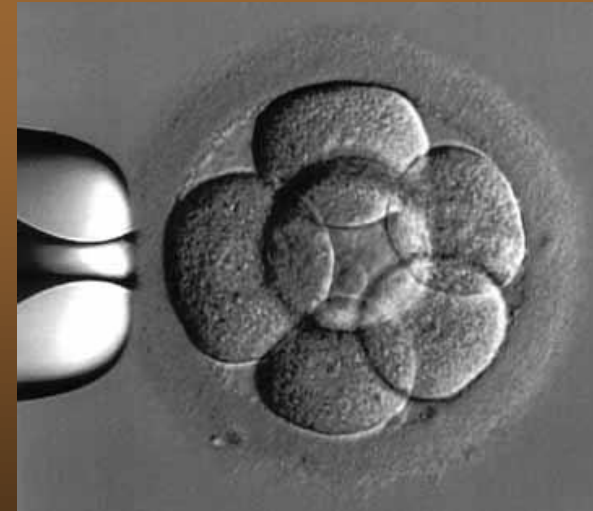
Pregnancy resulted from infertility treatment (if yes, check all that apply)

Fertility-enhancing drugs, artificial or intrauterine insemination

Assisted reproductive technology (e.g. IVF, GIFT) Number of Embryos Implanted: (if applicable) **QI**

NYS GUIDELINES

- 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.



Infections Present and/or Treated During Pregnancy

Infections Present and/or Treated During Pregnancy

None Unknown at this time

Select all that apply

<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Syphilis	<input type="checkbox"/> Herpes Simplex Virus (HSV)	<input type="checkbox"/> Chlamydia
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Rubella
<input type="checkbox"/> Bacterial Vaginosis			

NYS GUIDELINES

INFECTIONS

- **Gonorrhea** Select this item if the mother had a diagnosis of or received treatment for gonorrhea during this pregnancy. Synonyms include *Neisseria gonorrhoeae*.
- **Syphilis** Select this item if the mother had a diagnosis of or received treatment for syphilis during this pregnancy. Synonyms include *Treponema palidum*
- **Herpes simplex virus (HSV)** Select this item if the mother had a diagnosis of or received treatment for herpes simplex virus during this pregnancy. Synonyms include HSV.
- **Chlamydia** Select this item if the mother had a diagnosis of or received treatment for a positive test for *Chlamydia trachomatis*
- **Hepatitis B (HBV, serum hepatitis)** Select this item if the mother had a positive test for the hepatitis B virus. Exclude administration of Hepatitis B vaccine.
- **Hepatitis C (non-A non-B hepatitis, HCV)** Select this item if the mother had a positive test for hepatitis C virus.

Do not code Herpes Simplex unless a woman has an acute episode during pregnancy and requires treatment. Do not code solely based on the fact that a woman is being preventively treated with Valtrex or another drug used to prevent a flare up.

Hep B & C can be chronic infections and do not have to have first occurred during pregnancy. Code any positive Hep B or C test as "Infection present or treated during pregnancy."

Infections Present and/or Treated During Pregnancy

Infections Present and/or Treated During Pregnancy

None Unknown at this time

Select all that apply

<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Syphilis	<input type="checkbox"/> Herpes Simplex Virus (HSV)	<input type="checkbox"/> Chlamydia
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Rubella
<input type="checkbox"/> Bacterial Vaginosis			

NYS GUIDELINES

- **Tuberculosis** Select this item if the mother had a diagnosis of or received treatment for active tuberculosis during this pregnancy. Exclude positive skin test for tuberculosis without mention of treatment and/or diagnosis of active tuberculosis. Synonyms include TB
- **Rubella** Select this item if the mother had a diagnosis of infection with rubella or “German measles” during this pregnancy. Exclude positive rubella antibody test without mention of active infection.
- **Bacterial vaginosis** Select this item if the mother had a diagnosis of or received treatment for bacterial vaginosis during this pregnancy. Synonyms include BV.
- **None** Select this item if none of the items above are selected, even if other infections exist.
- **Unknown**



Trichomonas infection is not "Bacterial vaginosis" and should not be coded as such.
Trichomonas is not coded on the birth certificate.

Other Risk Factors: Smoking

Other Risk Factors														
Other Risk Factors	List Number of Packs OR Cigarettes Smoked Per DAY													
	Smoking Before or During Pregnancy?		3 Months Prior to Pregnancy			First Three Months of Pregnancy			Second Three Months of Pregnancy			Third Trimester of Pregnancy		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Packs	OR	Cigarettes	Packs	OR	Cigarettes	Packs	OR	Cigarettes	Packs	OR	Cigarettes

Smoking information is best obtained directly from your interview with the mother if it is not in the prenatal. Hookahs, e-cigs and vapes for nicotine consumption are not coded.



- **Daily tobacco use** Select yes if the mother smoked cigarettes during each trimester of this pregnancy or during the three months prior to conception. Indicate the average number of cigarettes or packs of cigarettes she smoked per day in each of the time periods indicated. It is recommended that this information come from the mother and NOT from the medical records.

Other Risk Factors Alcohol Consumed/ Drug Use

Other Risk Factors	
Alcohol Consumed During This Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Drinks per Week:

NYS GUIDELINES

- **Alcohol use** Select yes if the mother used alcohol during this pregnancy. Indicate the average number of drinks per week that the mother consumed. Any mention of alcohol use should be considered a positive response (yes). If the mother has indicated that she may have had a few drinks from the time of conception to a positive pregnancy test consider that a positive response (yes). Fetal alcohol syndrome studies will not be done based on this question. A 'yes' response will show that the woman did not receive adequate pre-conception care.

Illegal Drugs Used During This Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No

NYS GUIDELINES

- **Used illegal drugs** Select yes if the mother used any illegal or recreational drugs during pregnancy, for example cocaine/crack, heroin, marijuana, amphetamines, ecstasy. Any mention of illegal drug use should be considered a positive (yes) response. A 'yes' response will show that the woman did not receive adequate pre-conception care.

Obstetric Procedures

Obstetric Procedures

None Unknown at this time

Select all that apply

Cervical Cerclage

Tocolysis

External Cephalic Version — Successful Failed

Fetal Genetic Testing

NYS GUIDELINES

OBSTETRIC PROCEDURES

- **Cervical cerclage** Circumferential banding or suture of the cervix to prevent or treat passive dilation. Includes MacDonald's suture, Shirodkar procedure, abdominal cerclage via laparotomy.
- **Tocolysis** Administration of any agent with the intent to inhibit pre-term uterine contractions to extend the length of the pregnancy.
- **External cephalic version** Select this item if an attempt was made to convert the infant's position from a breech presentation to a vertex position by external manipulation. Indicate whether the attempt was successful or failed.
- **Fetal genetic testing** Fetal genetic testing includes genetic amniocentesis and CVS (chorionic villus sampling).
- **None**
- **Unknown at this time**

Terbutaline is often used as a tocolytic (to stop preterm labor) and should be coded. However **do not** code tocolysis when terbutaline is only used to inhibit contractions prior to a C-section scheduled for that day.

NIPT (Non-Invasive Prenatal Testing) is **NOT** "Fetal Genetic Testing". "Fetal Genetic Testing" **IS** invasive.

Fetal Genetic Testing

Fetal genetic testing includes amniocentesis and chorionic villus sampling.

If woman was 35 or over, was fetal genetic testing offered?

Yes No, Too Late No, Other Reason



NYS GUIDELINES

IF WOMAN WAS 35 OR OLDER, WAS FETAL GENETIC TESTING OFFERED?

Fetal genetic testing includes genetic amniocentesis and CVS (chorionic villus sampling).

Testing for Syphilis

May also be referred to as "STS" (Serologic Test for Syphilis), "VDRL" (Venereal Disease Research Lab) & "RPR" (Rapid Plasma Reagin)

	Serological Test for Syphilis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Test: (MM/DD/YYYY) / /	Reason, if No Test: <input type="checkbox"/> Mother refused <input type="checkbox"/> Religious reasons <input type="checkbox"/> No prenatal care <input type="checkbox"/> Other <input type="checkbox"/> No time before delivery

If more than one test has been done, record the earlier date.

Provide reason if test was not done

NYS GUIDELINES

- **Serological test for Syphilis** Select 'yes' if the mother was tested for syphilis during this pregnancy. Synonyms include *Treponema palidum*
- **Date of Test** If the exact date of the test is not known estimate the date.

The
End

Extraction Exercises

Module 6 – Prenatal Care

Extraction Exercise #1

Below are abridged chart notes and an abridged example of a patient summary created for Birth Certificate Registrars.
Fill in the appropriate answers on the Birth Certificate Work Book excerpts (last page).

Abridged Prenatal Chart note #1 –Clinic – Nurse Practitioner

Date of Service: 6/30/2014 10:00 AM

HPI:

Patient is a 40 yo year old G9P6 female at 8w1d gestation by 1st trimester USN (dates adjusted from LMP) with a single intra uterine pregnancy. Today she is doing well. She has noted some vaginal odor without discharge, itching, or irritation and wonders if she has BV. Denies any complaints of vaginal bleeding or pelvic pain. She has had mild headaches with pregnancy, yesterday this was bad enough that she took Tylenol and this resolved. She has had some mild nausea without emesis. She is completing a partial day mental health program today and then has an intake for ongoing therapy through the mental health clinic on 7/7/2014. She feels her mood is stable. She denies any problems with previous pregnancies.

OB/GYN History

- Typical menses: regular every 28-30 days, bleeding flow is moderate, lasting 5-6 days with cramps that are Mild.
- History of abnormal pap smear: Yes- remotely.
- Last pap smear: Date: 10/12/2010. Results: no abnormalities/negative HPV.
- The patient is sexually active. She has sex with males and is not in a mutually monogamous relationship.
- STD History: HSV2 on serology only, no prior hx of genital outbreaks.

PAST MEDICAL HISTORY:

Diagnosis	Date
• Abnormal Pap smear	
• Anxiety	
• Closed dislocation of patella, left, subsequent encounter	2/11/2015
• Depression	
• Dizziness of unknown cause	2/10/2015
<i>Feb 2015: ENT evaluation reviewed: No significant findings; Likely myofascial ;</i>	
• Herpes simplex without mention of complication	
• Hypertension	11/06/2013
<i>never treated with meds</i>	
• Pain in joint, lower leg	1/21/2015
<i>Feb 2015: Ortho eval reviewed; continue brace and PT: Fu 3-4 weeks; No work until that time;</i>	
• Polycythemia	11/9/2013

PAST SURGICAL HISTORY:

Procedure	Laterality	Date
• Tonsillectomy		
• Cholecystectomy		

PROBLEM LIST:

Patient Active Problem List

Diagnosis	Code
• Obesity	E66.9
• Anxiety state	F41.1
• Nausea without vomiting	R11.0
• Depression	F32.9
• Polycythemia	D75.1
• Laryngopharyngeal reflux (LPR)	J38.7
• Elevated LFTs	R79.89
• Insomnia	G47.00
• HSV-2 seropositive	R89.4

MEDICATIONS:

Current Outpatient Prescriptions

Medication

- Prenatal Vit-Fe Fumarate-FA (SE-NATAL 19) 29-1 MG CHEW
- zolpidem (AMBIEN) 10 MG tablet
- docusate sodium (COLACE) 100 MG capsule

ALLERGIES:

Allergen

Reactions

- | | |
|--|----------------|
| • Adhesive Tape
<i>Leaves discoloration on skin</i> | Itching |
| • Codeine | |
| • Penicillin | |
| • Shellfish Allergy | Hives and Rash |

SOCIAL HISTORY:

Lives with her mother, grandfather and 4 children. Currently on leave from work as mental health therapy aide at RPC. She is estranged from husband. FOB is involved and supportive. She denies feeling verbally or physically threatened at home and work.

Personal Hx/Prenatal Risks:

- AMA.
- Obesity.
- Depression and anxiety.
- HSV2 positive serology.

Social History

Substance Use Topics

- | | |
|----------------------|--------------|
| • Smoking status: | Never Smoker |
| • Smokeless tobacco: | Never Used |
| • Alcohol use | No |
- Comment: none with pregnancy*
- Drugs: Denies

Assessment & Plan:

40 y.o. G9P6 female at 8w1d gestation

1. Pap smear and tests for GC, Chlamydia, Trich collected. Consent obtained for HIV, Utox, and CF. All applicable prenatal labs were ordered, but not yet obtained. Will follow up with patient for any abnormal results. Pregnancy warning symptoms were reviewed. Handouts given.
2. Infant feeding plan: Patient was counseled regarding feeding choices, including benefits of breastfeeding, and consequences of formula feeding. Patient is planning to breast feed. WIC breastfeeding form was completed and faxed. Patient education material was provided to the patient.
3. AMA. Patient desires referral to genetics for counseling on testing options. First trimester screen was not ordered today pending this visit. Referral initiated and patient is aware she will be contacted.
4. Obesity. Reviewed recommended goal for weight gain this pregnancy. TSH, Hgb A1C, early 1 hour GTT, CMP, and baseline preeclampsia labs ordered. 24 hour urine supplies and teaching per nursing staff today. .
5. History of HTN on medical record but has never been treated. Normotensive readings at recent visits. Baseline preeclampsia labs ordered as above.
6. Vaginal odor with discharge noted on exam. Vaginitis screen obtained and patient will be contacted with abnormal results.
7. Constipation. Rx for Colace e-scribed today.
8. History of polycythemia on medical record. Patient states this is resolved. Will await prenatal test results and review history with MD if necessary.
9. Follow up. She was advised to RTC in 4 weeks or on a PRN basis. I have asked her to be seen by an MD at next visit to review her history and confirm this plan of care.

_____, RN 6/30/2014 9:44 AM Signed MRN: _____

Patient is a 40 y.o. G9P6. She is now 8w1d weeks, and requesting prenatal care. Estimated Date of Delivery: 2/8/15
Pt states this is an unplanned but accepting of pregnancy.
FOB is a friend and will be supportive, but they are not in a relationship.
PCP started pt. on Disability from her job on 05/15/2014.
Pt has been attending a Day Program through SMH for anger management issues. Today is the last day.
Pt has future apt. without-pt BH.
Pt states she also suffers from anxiety and depression.
Her 15 y/o daughter last school year was "raped" by a teacher. Daughter attempted suicide sometime after this.
Her daughter was living with her Father at the time. Since has moved back with her Mom.
Court date is pending for September.
Discussed Genetic Counseling with pt. due to AMA, She will further discuss this at today's NOB.
Pt consented for CF, states her Sister has CF. Form given to pt. Copy for scanning.

Dating established by: (U/s or LMP) U/S

Patient reports nausea.

(Please note ethnicity AA)

OB/GYN History: The patient has an STD history of HSV and her HIV status is unknown.

Barriers to education/learning assessment

Person assessed: patient

Factors that affect learning:

Physical: wears glasses for night driving

Emotional: Anxiety and Depression. Anger issues that were work related

Misc: None

Patient has support system for learning: yes

family member, name: sister: Kimberly

Ability/readiness to learn (ability to grasp concepts, respond to questions, follow directions)

Comprehension: Good

Motivation: Ask questions

Preferred learning method: Visualization and Doing

Educational background

Highest level of education completed: Obesity (>30 BMI) Body mass index is 43.42 kg/(m²).

Patient requests nutritional consultation: Yes

Some College

Baby Basics Book given and used to aid in teaching. used as a review

Nutritional Risk Assessment

Obesity (>30 BMI) Body mass index is 43.42 kg/(m²).

Patient requests nutritional consultation: Yes

Infection History:

- History of Chicken pox: Yes

- Has patient been vaccinated: N/A

- Does the patient own a cat? No

- if yes, was the patient educated? N/A

- History of TB or positive PPD? No

- History of STD's: Yes

Social History:

Patient is on disability since 05/15/2013 from Rochester Psych - from PCP..

Patient has a stable home environment. Lives with her Mother and four of her children. Father of the baby is involved with the pregnancy.

- Do you have any history of domestic violence in the past year? No
- Do you feel unsafe with your partner? No
- Do you have any issues with transportation, food, housing, financial assistance, childcare, clothing, baby supplies? No
- Do you feel you need to see social work? No
- Do you have any history with post-partum depression? No

Prior CPS involvement with patient or FOBs other children? Yes, now closed

If yes, referral to SW indicated.
Social work referral was not made.

Transportation:

How will you get to your appointments? Pt will drive
Educated on Medicaid bus pass? N/A
Provided phone number for Medicaid bus pass request? N/A

Abridged Prenatal Chart note #3 Clinic – Attending

_____, MD 8/1/2014 10:43 PM Attested, Last edited by: _____, MD (8/2/2014 9:40 AM)

GA 12w5d

41 y.o. yo G15P6026 @ 12w5d wks ega with a pregnancy complicated by AMA, obesity depression, anxiety, h/o hypertension, polycythemia, elevated LFTs, ASUCS pap in pregnancy, and HSV2, presents today for a routine OBC. Patient was notified today that her cell free DNA was normal. Patient is excited to learn that the baby is a girl. She complains of vaginal discharge and itching and states that she thinks that she has a yeast infection.

Laboratory Results:

GENETICS

CFTR Allele 1 Negative
CFTR Allele 2 Negative
Interp.CF32M No Mutation

Abridged Chart note #4 – Attending

11/11/2014 11:03 AM GA 27w2d

OB Check

- Fetal unilateral renal pyelectasis 11/11/2014
-Negative NIPT previously
<> Recheck sono @ 32wks - ordered 11/11

Abridged Prenatal Chart note #5 – Attending

1/19/2015 5:47 PM GA 37w1d

Patient is a 41 y.o. female being seen today for her obstetrical visit. She is at 37w1d gestation. Patient reports + FM. occasional contractions. No SRM. She has noticed more vaginal irritation since visit last week and denies discharge. HSV: no concerns. Taking Valtrex daily for suppression.
CHTN: denies headaches, vision changes or epigastric discomforts. Completing weekly NST's. Aware of plan for 39 week induction or prn based on any changes in status

Abridged Prenatal Chart note #6 – Registered Nurse Ultrasound

1/30/2015 8:38am

Fetal non-stress test for singleton pregnancy

Pre Procedure Diagnosis: Chronic hypertension during pregnancy, antepartum

Post Procedure Diagnosis: NST (non-stress test) reactive
Chronic Hypertension affecting pregnancy
38 weeks gestation of pregnancy

NST Start Time: 1/30/2015 8:34 AM

Uterine Irritability: No

Contractions:

End Time: 1/30/2015 9:04 AM **Duration of test (min):** 31

Location of NST Fetal Heart Tracing: Archived electronically in CPN

Interpreting Provider Recommendations: Suggest repeat NST in 5-7 days (weekly) or as indicated by clinical condition.

Comments: Induction planned for 39 weeks on Feb 1.

Next Test Date: 2/1/2015

Test performed By: RN 1/30/2015 8:38 AM

Abridged Admitting Chart note #6 - Attending

OBSTETRICS ADMISSION HISTORY & PHYSICAL

Reason for Admission (Chief Complaint): IOL for CHTN

HPI

41 yo G9P6026 at 39w2d admitted for IOL for CHTN. Patient has not been on meds this pregnancy and had normal HELLP labs with the exception of elevated AST. Other risks include Obesity, HSV2 seropositive only, GBS positive, Hx depression and anxiety (would like to start meds after delivery sees counselor), GBS pos. with PCN allergy/hives, AMA. Cervix 3/20/-2. Will plan to start Pitocin and AROM ASAP. Pt desires PP BTL. Has had prior cholecystectomy. Reviewed with patient that she is not ideal candidate given obesity and prior umbilical incision. We will re-assess fundus after delivery. Pt aware that interval tubal may be more appropriate. Neg SSE. EFW 3400 by ultrasound, 3500gms to my exam. Anticipate NSVD. Will have PPH kit in room as patient is grand multip.

Assessment & Plan

Patient is a 41 y.o. G9P6026 at 39w0d with pregnancy complicated by risks outlined previously admitted for IOL for CHTN.

Admit to LDRP

- Insert IV
- CBC, T&S, and Syphilis screen sent on admission.
- Cervix: *3/20/-3 / Membranes: Intact
- Presentation: vertex by US / EFW: 3403 grams by US 1/13
- Category fetal heart tracing. Intermittent EFM.

Labor Plan

- Vanc for GBS+ status, penicillin allergy with hives and resistance on sensitivities.
- Consider AROM when appropriate

Postpartum planning

- Rh positive / HIV negative / GBS positive
- Infant: female.
- Feeding: Breast and bottle
- PPBC: BTL

Abridged Registrar's Birth Certificate Summary

Patient				06/30/2014 (06/30/14 to present)			
Birth Date:	07/01/75	Age (as of 02/01/15):	41	Race/Ethnicity:	Not Hispanic or Latino		
History:	G9P6026	Estimated Date of Delivery:	02/08/15	Gestational Age:	39w0d	Blood Type:	A RH POS

Prenatal Vitals

Enc. Date	GA	Pulse	BP	Weight	Height	Pain Assessment	Alb/Glu	Fundal Height (cm)	Fetal Heart Rate	Fetal Movement	Presentation	Dil/Eff/S
6/30/14	8w1d	80	110/80	122 kg (269 lb)	1.67 m (5' 5.98")	Two / / * / / Other (comment)* Intermittent	Negative / Negative					

*Pain Loc: left side area

*Pain Descriptors: cramping

6/30/14	8w1d	80	110/80	122 kg (269 lb)	1.676 m (5'6")	Zero				
8/1/14	12w5d	85	129/70	121.6 kg (268 lb)	1.676 m (5'6")	Zero				
8/30/14	16w6d	86	135/74	119.9 kg (264 lb 4.8 oz)	1.676 m (5'5.98")	Zero		152	Present	
9/28/14	21w0d	93	135/75	118.4 kg (261 lb 1 lb)	1.676 m (5'5.98")	Zero / /		150	Present	
11/11/14	27w2d	10	132/75	120.4 kg (265 lb 8 oz)		Zero		141	Present	Vertex
12/1/14	30w1d	96	134/71	122.2 kg (269 lb 8 oz)	1.676 m (5'5.98")	Zero	33 cm	144	Present	Vertex
12/9/14	31w2d	84	110/74	122.5 kg (270 lb)	1.676 m (5'5.98")	Zero				
12/15/14	32w1d	88	122/76			SIX / / BACK / / Aching / Continuous				
*Pain Loc: pain at night only										
12/23/14	33w2d	91	141/73	122.5 kg (270 lb)	1.676 m (5'5.98")	SIX / / ABDOMEN / / Aching / Continuous	37 cm	145	Present	
1/6/15	35w2d	94	140/78	122.5 kg (270 lb)	1.676 m (5'5.98")	Zero	38 cm	146	Present	
*Pain Score: WHP provider aware										
1/13/15	36w2d	91	139/78	122 kg (269 lb)	1.676 m (5'5.98")	Two / Intermittent / ABDOMEN / / Sharp	38 cm	158	Present	
1/19/15	37w1d	91	126/71	120.8 kg (266 lb 4.8 oz)	1.676 m (5'5.98")	SEVEN / / / / Pressure / Continuous	38 cm	140	Present	Vertex Closed / 50/ Ballotable
1/26/15	38w1d	90	128/72	119.9 kg (264 lb 4.8 oz)	1.676 m (5'5.98")	Zero	42 cm	134	Present	Vertex Closed / 50/ Ballotable

1/30/15 38w5d 95 130/76 Zero

2/1/15 39w0d Admission Dx: Pregnancy Dept: OB

TWG: 0.454 kg (1 lb) Pregravid weight: 119.7 kg (264 lb) Number of fetuses: 1 Height: 1.651 m (5' 5") BMI: 43.9

Progress Notes (Episode)

LDRP

Dating Summary

Working EDD: 02/08/15 based on Ultrasound on 06/24/14

Table with columns: Based On, EDD, GA Dif, GA, User, Date. Rows include Last Menstrual Period on 04/21/14 and Ultrasound on 06/24/14.

OB History

Summary table with columns: Gravida, Para, Term, Preterm, AB, TAB, SAB, Ectopic, Multiple, Living. Values: 9, 6, 6, 2, 2, 6.

Main OB History table with columns: #, Outcome, Date, GA, Labor/2nd Weight, Sex, Delivery, Anes, PTL, Living, Name, Location, Delivering Clinician. Lists 9 pregnancies.

Social History

Social History table with columns: Category, History. Includes Smoking Tobacco Use (Never Smoker), Smokeless Tobacco Use (Never Used), Alcohol Use (No), Drug Use (No), Sexual Activity (Yes), ADL (Not Asked).

Concurrent Nursing Documentation Maternal Information

ABO RH BLOOD TYPE

Date	Value	Ref Range	Status
02/01/2015	A RH POS		Final

HBV S AG

Date	Value	Ref Range	Status
07/13/2014	NEG		Final

Comment:
Test Method: CMIA

RUBELLA IGG AB

Date	Value	Ref Range	Status
07/13/2014	POSITIVE		Final

Comment:
TEST METHOD: Multiplex flow immunoassay

HIV 1&2 ANTIGEN/ANTIBODY

Date	Value	Ref Range	Status
07/13/2014	Nonreactive		Final

Comment:
Test Method: CMIA

RAPID HIV 1&2

Date	Value	Ref Range	Status
09/29/2011	NEG		Final

Comment:
TEST METHOD:Lateral Flow Immunoassay

SYPHILIS SCREEN

Date	Value	Ref Range	Status
07/13/2014	Neg		Final

Comment:
TEST METHOD: BioPLEX(Multiplex Flow Immunoassay)

GROUP B STREP CULTURE

Date	Value	Ref Range	Status
01/13/2015	Streptococcus agalactiae (Group B) detected		Final

Comment:
Organism identified from broth culture by amplification.

Facility-Administered Medications as of 2/1/2015

Medication	Dose	Frequency	Last Dose
• Vancomycin (VANCOCIN) IV 1,000 mg	1,000 mg	Q12H	1,000 mg at 02/01/15 0850

Weights (since admission)

Date/Time	Height	Weight	PrePregnancy Weight	Pregnancy weight change (kg)	BMI (Calculated)	BSA (Calculated - sq m)	Who
02/01/15 0857	1.651 m (5' 5")	120.2 kg (265 lb)	--	--	44.2	2.35 sq meters	JB

Module 6 – Prenatal Care

Extraction Exercise #1 Work Book excerpts

Prenatal Care																																															
Risk Factors	Risk Factors in this Pregnancy <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time Select all that apply <input type="checkbox"/> Prepregnancy Diabetes <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Prepregnancy Hypertension <input type="checkbox"/> Gestational hypertension <input type="checkbox"/> Other Serious Chronic Illnesses <input type="checkbox"/> Previous Preterm Births <input type="checkbox"/> Abruptio Placenta <input type="checkbox"/> Eclampsia <input type="checkbox"/> Other Poor Pregnancy Outcomes <input type="checkbox"/> Prelabor Referred for High Risk Care <input type="checkbox"/> Other Vaginal Bleeding <input type="checkbox"/> Previous Low Birthweight Infant QI <input type="checkbox"/> Pregnancy resulted from infertility treatment (if yes, check all that apply) <input type="checkbox"/> Fertility-enhancing drugs, artificial or intrauterine insemination <input type="checkbox"/> Assisted reproductive technology (e.g. IVF, GIFT) Number of Embryos Implanted: (if applicable) <input type="text"/> QI																																														
	Infections	Infections Present and/or Treated During Pregnancy <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time Select all that apply <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> Herpes Simplex Virus (HSV) <input type="checkbox"/> Chlamydia <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Rubella <input type="checkbox"/> Bacterial Vaginosis																																													
Other Risk Factors		Other Risk Factors Smoking Before or During Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No List Number of Packs OR Cigarettes Smoked Per DAY <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">3 Months Prior to Pregnancy</th> <th colspan="3">First Three Months of Pregnancy</th> <th colspan="3">Second Three Months of Pregnancy</th> <th colspan="3">Third Trimester of Pregnancy</th> </tr> <tr> <th>Packs</th> <th>OR</th> <th>Cigarettes</th> <th>Packs</th> <th>OR</th> <th>Cigarettes</th> <th>Packs</th> <th>OR</th> <th>Cigarettes</th> <th>Packs</th> <th>OR</th> <th>Cigarettes</th> </tr> </thead> <tbody> <tr> <td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> </tbody> </table>										3 Months Prior to Pregnancy			First Three Months of Pregnancy			Second Three Months of Pregnancy			Third Trimester of Pregnancy			Packs	OR	Cigarettes	Packs	OR	Cigarettes	Packs	OR	Cigarettes	Packs	OR	Cigarettes												
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Packs		OR	Cigarettes	Packs	OR	Cigarettes	Packs	OR	Cigarettes	Packs	OR	Cigarettes																																			
Prenatal Care																																															
Other Risk	Other Risk Factors Alcohol Consumed During This Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Drinks per Week: _____ Illegal Drugs Used During This Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No																																														
	Obstetric Procedures	Obstetric Procedures <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time Select all that apply <input type="checkbox"/> Cervical Cerclage <input type="checkbox"/> Tocolysis <input type="checkbox"/> External Cephalic Version — <input type="checkbox"/> Successful <input type="checkbox"/> Failed <input type="checkbox"/> Fetal Genetic Testing QI If woman was 35 or over, was fetal genetic testing offered? QI <input type="checkbox"/> Yes <input type="checkbox"/> No, Too Late <input type="checkbox"/> No, Other Reason																																													
Serological Test for Syphilis? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Test: (MM/DD/YYYY) / /			Reason, if No Test: <input type="checkbox"/> Mother refused <input type="checkbox"/> Religious reasons <input type="checkbox"/> No prenatal care <input type="checkbox"/> Other <input type="checkbox"/> No time before delivery																																									

See next page for answers

Module 6 – Prenatal Care

Extraction Exercise #2

Below are abridged chart notes and an abridged example of a patient summary created for Birth Certificate Registrars. **Fill in the appropriate answers on the Birth Certificate Work Book excerpts (last page).**

FROM PRENATAL RECORD

Birth Date:	11/21/XX	Age (as of 02/14/XX):	29	Race/Ethnicity:	Not Hispanic or Latino		
History:	G1P0	Estimated Date of Delivery:	03/28/XX	Gestational Age:	34w0d	Blood Type:	O RH POS

Prenatal Vitals

Enc. Date	GA	Pulse	BP	Weight	Height	Pain Assessment	Alb/Glu	Fundal Height (cm)	Fetal Heart Rate	Fetal Movement	Presentation
8/15/XX	7w6d		109/53	61.2 kg (135 lb)	1.676 m (5' 6")	Zero					
9/12/XX	11w6d		100/64	61.7 kg (136 lb)	1.676 m (5' 5.98")	Zero				US	
10/19/XX	XXw1d		120/70	60.3 kg (133 lb)	1.676 m (5' 5.98")	Zero				US	
11/2/XX	19w1d		130/70	58.3 kg (128 lb 9.6 oz)	1.676 m (5' 5.98")	Zero					
11/16/XX	21w1d		100/54	59.4 kg (131 lb)	1.676 m (5' 5.98")	Zero* *Stomach hurts					
11/30/XX	23w1d		90/60	59.4 kg (131 lb)	1.676 m (5' 5.98")	Five / / BACK / / Aching / Continuous				US	
1/4/XX	28w1d	87	104/51	60.8 kg (134 lb)	1.676 m (5' 5.98")	Four / /Pelvic / /Aching / Continuous				US	Present
1/9/XX	28w6d	106	111/55	61.7 kg (136 lb)	1.651 m (5' 5")	Zero		26 cm	144		Present
1/18/XX	30w1d		110/64	59.7 kg (131 lb 9.6 oz)	1.651 m (5' 5")	Zero		29 cm	158		
2/1/XX	32w1d	80	100/68			Three / /					
2/1/XX	32w1d	85	123/57	59.9 kg (132 lb)	1.651 m (5' 5")	Zero					
2/7/XX	33w0d	Admission Dx: Current maternal condition affecting pregnancy Dept: OB									

TWG: -1.325 kg (-2 lb 14.7 oz) Pregravid weight: 61.2 kg (134 lb 14.7 oz) Number of fetuses: 1 Height: 1.651 m (5' 5") BMI: 22.5

Abridged Prenatal Chart note 1: Seen by NP in High Risk Office 8/15/XXXX

High Risk Pregnancy Office

New OB Visit

HISTORY OF PRESENT ILLNESS

Patient is a 28 y.o. G1P0 at 7w6d who presents today for her new OB visit. This is an unplanned and desired pregnancy. Pt has a history significant for Cystic Fibrosis which was diagnosed at age 18 months. Pt is on permanent disability. FOB has not been tested for CF, plans to have lab work today after meeting with genetics counselor. Pt uses oxygen when at home. Pt states that she does not have portable oxygen but feels that it would be beneficial. Pt reports that she spends much of her day in bed or resting.

Most recent hospitalization in June XXXX for 'tune up'. Medications were adjusted when pt had positive pregnancy test (see list below) Pt had a grand mal seizure about 6 years ago and was started on Lamictal.

History of migraine headaches that were significantly improved when on gabapentin and Lamictal. Both medications were stopped by previous care provider when patient became pregnant. Pt is now having migraine headaches again which last for several hours a few times a week.

Pt with history of depression. Never had suicide attempt but in remote past had suicidal thoughts. Feels that since pregnancy, depression is resurfacing. Had an appointment in SBH on 8/4.

Has started using her cough assist device more consistently. Pt coughs frequently. Has some nausea but feels that vomiting is more related to cough than pregnancy. PFTs were done on 7/27/XX FEV1 47% of expected volume

Uses saline nasal wash daily.

Pt has a mediport in place near right clavicle. Had flush done on 8/2/XX.

Of note, FOB has a large red birth mark on left arm. Uncertain if he has any underlying vascular disorder fibrosis

PAST SURGICAL HISTORY

Procedure	Laterality	Date
<ul style="list-style-type: none"> Appendectomy <i>Appendectomy Conversion Data</i> Sinus surgery 		

ALLERGIES

Allergen	Reactions
<ul style="list-style-type: none"> Cefepime Zosyn [Piperacillin Sod-Tazobactam So] <i>Jittery</i> 	<ul style="list-style-type: none"> Rash Anxiety

OBSTETRIC HISTORY

Gravida	Para	Term	Preterm	AB	SAB	TAB	Ectopic	Multiple	Living
1									

#	Outcome	Date	GA	Lbr Len/2nd	Weight	Sex	Delivery	Anes	PTL	Lv
1	Current									

GYNECOLOGIC HISTORY

LMP: 05/24/XXXX Abnormal paps: denies
STIs: denies Last pap: 6 years ago. Done today with HPV testing
FOB with HPV Completed HPV vaccine

FAMILY HISTORY

Problem	Relation	Age of Onset
<ul style="list-style-type: none"> Migraines Diabetes Tics/Tourettes 	<ul style="list-style-type: none"> Mother Father Sister 	

- Seizures
- Diabetes
- Heart disease
- Asthma

Brother
 Maternal Grandmother
 Paternal Grandmother
 Neg Hx

SOCIAL HISTORY

Patient reports that she has never smoked. She has never used smokeless tobacco. She reports that she drank alcohol socially prior to pregnancy, none currently. She reports that she currently engages in sexual activity. She reports using the following method of birth control/protection: Condom. She reports that she does not use illicit drugs. Pt is on disability.

REVIEW OF SYSTEMS

See HPI. General, HEENT, Respiratory, Cardiovascular, Gastrointestinal, Genito-urinary, Musculoskeletal, Dermatological and Psychological systems otherwise negative.

PHYSICAL EXAM

Blood pressure 109/53, height 1.676 m (5' 6"), weight 61.2 kg (135 lb), last menstrual period 05/24/XXXX.
 O2 sat 86% with ambulation today in office

General: NAD, well-appearing

HEENT: Normocephalic, atraumatic. No cervical lymphadenopathy, neck supple with no masses/tenderness.

Breasts: No abnormalities on inspection, no nipple discharge or bleeding, no palpable masses or nodularity

Lungs: Clear to auscultation bilaterally

Heart: regular rate and rhythm

Abdomen: +BS, soft, non-tender, no masses or organomegaly.

Pelvic: Normal external genitalia, vagina normal with no lesions or discharge, cervix with no lesions or discharge, uterus non-tender with regular contour, normal adnexa

Extremities: no edema, peripheral pulses intact

Ultrasound today: viable IUP

ASSESSMENT/PLAN

28 y.o. G1P0 at 7w6d, with pregnancy complicated by :

Patient Active Problem List

Diagnosis	Date Noted
• Cystic fibrosis <i>Priority: High</i>	03/23/XXXX
• Pancreatic insufficiency due to cystic fibrosis <i>Priority: High</i>	10/17/2013
• Cystic Fibrosis With Pulmonary Manifestation <i>Priority: High</i>	10/26/2005
• Chronic respiratory failure with hypoxia <i>Priority: Medium</i>	12/21/2013
• Asthma <i>Priority: Medium</i>	12/21/2013
• Partial DIOS secondary to ileal mural thickening <i>Priority: Medium</i>	06/14/2012
• Major depression, recurrent, chronic <i>Priority: Medium</i>	03/14/2011
• Migraine with aura <i>Priority: Medium</i>	05/15/2007
• Generalized anxiety disorder <i>Priority: Low</i>	03/XX/2013
• Insomnia <i>Priority: Low</i>	11/10/2014
• Back pain <i>Priority: Low</i>	07/01/2014
• Musculoskeletal chest pain	11/11/2013

- *Priority: Low*
Facial Tic disorder 11/15/2012
- *Priority: Low*
Chronic Pansinusitis 09/30/2011
- *Priority: Low*
Seizure disorder 03/21/2011
- *Priority: Low*
Mediport in place 07/15/2010
- *Priority: Low*
Acne 11/02/2009
- *Priority: Low*
Esophageal reflux 10/26/2005

Plan: Prenatal labs, HIV, PAP, GC, Chlamydia, urine culture sent today
 Discussed cystic fibrosis in pregnancy. Reviewed importance of adherence to recommendations for daily pulmonary management at home (nasal wash, cough assist)
 Reviewed medication with pt. Suggest restarting gabapentin and lamictal in 2nd trimester.

Genetics counselor to meet with pt. and FOB today.

Discussed 1st trimester screen, pt. declines screening.

Return to clinic in 4 weeks

Discussed with High Risk MD, in to see patient 8/16/XXXX 5:37 PM Signed
 I saw and evaluated the patient. I agree with the Nurse Practitioner's findings and plan of care as documented above.
 Patient with CF and poor exercise tolerance, desaturations when walking.
 Reviewed that she should work with primary MD to discuss home daytime O2. She is currently using night O2.
 Encouraged to use percussion vest, continue inhaled Tacro, and avoid sick contacts.
 Reviewed the high risk nature of her pregnancy and the strong possibility of early delivery and worsen pulmonary status, including hospitalization as the pregnancy progressed.
 The FOB has not been tested for CF carrier state- and this was ordered. They both reiterated that this testing will not change their decision making about the pregnancy. She is aware the infant is an obligate carrier.
 They do not want to do Down screening, but are aware the 2nd trimester ultrasound is a screening testing. Should this suggest an increased risk we will revisit their screening options.
 The patient denied questions at this time.
 RTC 4 weeks.

Abridged Prenatal Chart Note 2: 10/18/XXXX XXw1d

Nurse Practitioner saw this patient with _____, MS4.
 Patient had recent hospitalization at home hospital from 9/23/XX to 10/10/XX for CF exacerbation. She received IV tobramycin and vancomycin during her admission. Today, the patient denies concerns with her respiratory status. She is using supplemental oxygen overnight. Her medication list is below. Patient requested an early 1 hr. gtt at her last visit. She now prefers not to do this. On 9/24/XX, her A1C level was 5.7 and her BG's were normal during her admission

- Respiratory status stable at this point. Patient would like to be admitted to High Risk Unit if she has further CF exacerbations this pregnancy
- High Risk MD's impression from US today: No gross anatomic defects were detected on today's scan, although portions of the anatomy, as listed above, were poorly seen. Bilateral choroid plexus cysts were noted. While this has no structural significance, its presence has been associated with chromosomal abnormalities, particularly trisomy 18. As an isolated finding, however, the increase in risk is negligible over the patient's age or maternal serum screen risk. Not all malformations of the above mentioned organ systems can be detected by ultrasound examination.
 The findings and limitations of the ultrasound were discussed with the patient and her husband. She has not previously had aneuploidy screening. We discussed the option of cfDNA which she would like to pursue. Genetic counseling was scheduled following her SPA visit today.
 Placenta is low lying, possibly due to a lower uterine segment contraction.
 The cervix appears closed and measures 2.8cm in length. Cervical lengths less than 2.5 cm in asymptomatic patients have been associated with preterm delivery. The benefits of bedrest have not been formally studied. This is the first pregnancy for

patient. As such, vaginal progesterone, 90 mg daily, may be beneficial if the cervical length shortens to less than 2 cm. A follow up scan to assess cervical length is recommended in 2-3 weeks.

- Meeting with Genetics after this visit. Patient would like CFDNA testing
- Patient anxious about US results. Briefly discussed AFP. Will readdress at next visit
- s/p flu shot on 9/16/XX

Abridged Prenatal Chart Note 3: seen by _____, MD 11/2/XXXX 19w1d

HPI:

Patient is a 28 y.o. G1P0 at 19w1d who presents today for routine OB check. She was just discharged from the hospital and has been on 2L NC since her admission. She checks her O2 Saturations and reports that they have been 94-95%, with occasionally lower levels with activity. If this happens she increases her oxygen requirements to compensate for this. She is currently taking Dilaudid 2 mg TID PRN pain which she was discharged from the hospital with but only has 15 pills in total. She and her partner have questions concerning withdrawal and use. She is also on prednisone and has questions about this

PLAN:

1. Patient with follow up with her CF doctor scheduled for next week
2. Patient has lost 7 lbs. this pregnancy so far. She admits that she has not been eating enough and therefore we talked about eating her nutritional supplements and smaller calorie dense meals. We discussed that the recommended weight gain in pregnancy is 25-35 lbs. total. We offered nutrition consult which she declines. She will try to eat more calorie dense foods and follow up at next visit to see if her eating habits have improved outside of the hospital.
3. Continue O2 supplementation as per pulmonary
4. Discussed potential for NAS with chronic continue narcotic use, but that in the short term narcotics for pain control were appropriate.
5. Offered MSAFP testing which the patient declines
6. Discussed that prednisone is ok to take in pregnancy, should she be on higher doses close to pregnancy she may require stress dose steroids
7. Her and her partner had numerous questions concerning timing of delivery, we discussed that viability is considered 23-24 weeks, but that delivery is always planned balancing maternal and fetal risks and therefore would have to be readdressed as the pregnancy progresses.

Abridged Hospital Admission Note:

Attestation signed by High Risk MD at 2/8/XXXX 5:04 PM

Late entry for patient examination and interview at XX40 on 2/7. I saw and evaluated the patient. I agree with the resident's findings and plan of care as documented above.

33 weeks with CF, increasing cough and oxygen requirement plus new hemoptysis today, as well as malnutrition due to pancreatic insufficiency. Admit for CF tune-up with multiple antibiotic coverage for pulmonary MRSA/pseudomonas colonization, and TPN via Mediport. Will need second line, which causes her extreme anxiety. Will discuss with CCC team in am. Start antibiotics tonight, as well as other orders as described by detailed CCC plan note; TPN tomorrow after discussion and access. Daily NST.

_____ MD

OBSTETRICS ADMISSION HISTORY & PHYSICAL

Reason for Admission (Chief Complaint): CF exacerbation

HPI

Patient is a 29 y.o. G1P0 at 33w0d by LMP c/w 7w ultrasound with pregnancy complicated by risks outlined below who presents for inpatient management of CF exacerbation. Was seen by complex care center yesterday and detailed recommendations were given. CCC will continue to follow inpatient, appreciate assistance.

She states that she feels "lousy". She has been worsening dyspnea, productive cough of yellow sputum, and chest pain and

increasing oxygen requirement at home. This morning she started having some hemoptysis, which has improved slightly over the course of the day. A month or so ago, she was on 2L with 97% oxygen saturations, she has recently been 95% on 4L at home.

Prenatal Labs

Lab results:	12/XX/XX 1522	12/06/XX 0233	08/XX/XX 1151	08/15/XX 1202
ABO RH Blood Type	O RH POS	<-- >--	O RH POS	-- --
Rubella IgG AB	--	--	POSITIVE	-- --
Syphilis Screen	--	Neg	Neg	< >--
HIV 1&2 ANTIGEN/ANTIBODY	--	--	Nonreactive	-- --
HBV S Ag	--	--	NEG	-- --
N. gonorrhoeae DNA Amplification	--	--	--	-- -
Chlamydia Plasmid DNA Amplification	--	--	--	-- -

< > = values in this interval not displayed.

Physical Exam

Vitals:

	02/07/XX 1700
BP:	105/53
BP Location:	Left arm
Pulse:	92
Resp:	22
Temp:	36.4 °C (97.5 °F)
TempSrc:	Temporal
SpO2:	94%

Mental Status: Alert and oriented x 3
 Cardiovascular: Regular rate
 Respiratory: No increased work of breathing
 Abdomen: Soft, gravid, non-tender
 Neurological: Normal, average response (2+)
 Extremities/Skin: No edema noted

Estimated Fetal Weight: XX30 grams by 2/1 US

Placental location: anterior

Fetal Monitoring:

Baseline: 130 bpm
 Variability: Moderate (6-25 BPM)
 Accelerations: Yes 15X15
 Decelerations: None
 Category: 1

Toco: silent

Assessment & Plan

Patient is a 29 y.o. G1P0 at 33w0d with pregnancy complicated by risks outlined above admitted for inpatient management of CF exacerbation.

Admit to OB, High Risk MD to follow

- Insert IV
- CBC, T&S, and Syphilis screen sent on admission.
- EFW: XX30g by 2/1 US
- Category 1 fetal heart tracing.

Cystic Fibrosis

- Cultured with pseudomonas and MRSA
- O2 @ 4L, titrate to O2 saturation > 95%
- IV Tobramycin 10mg/kg IV q24hrs, Cefepime 2g q8hrs for 14days, and Vancomycin 1000mg q8hrs (2/7 --)
- Pharmacy consulted on optimal Vancomycin dosing, will order per recommendations
- Red man syndrome: pretreat with 50mg IV Benadryl, slower infusion
- Airway clearance
- NS nebs prior to vest treatment 4xdaily. Increase to 3% saline if tolerating (holding for hemoptysis per CCC recs)
- Pulmozyme twice daily with vest treatments
- Chest PT/vested cupping q4hrs while awake (holding for hemoptysis per CCC recs)
- Modified contact precautions

Prenatal care

- Refused GTT, will follow BGs
- Daily NSTs
- BMZ 1/6-1/7, will give rescue course now
- Plan for IOL at 36 weeks, sooner PRN
- Flu, Tdap this pregnancy
- Boy ("Blake"), desires circumcision, plans to breastfeed. Partner vasectomy for PPBC

Asthma/Allergies: Zyrtec, albuterol QID

Malnutrition

- Continue Prenatal and aquADEK
- PO Vit D3
- Nutrition consult ordered
- TPN recommended to meet 1/2 of daily needs (per CCC recs)
- First TPN over 18-20hrs, consider over 24hrs if second line obtained
- Holding TPN today, patient undecided as to whether she will accept
- See CCC note from 2/6/XX for specific TPN recs if patient agrees

Pancreatic insufficiency

- Creon 24000u with meals and snacks

Anxiety/depression

- Buspar 7.5mg daily, Cymbalta 30mg daily

Seizure disorder

- last seizure 2010, no meds currently

Migraines with Aura: Phenergan PRN

F: PO

N: Regular diet plus supplementation per nutrition recs (+/- TPN, see above)

PPx: Heparin TID
Pain: Tylenol, Dilaudid 2 mg q3h PRN
Nausea: Zofran, Phenergan

Dispo: pending clinical course

Abridged Registrar’s Birth Certificate Summary:



Dating Summary

Working EDD: 03/28/XX set by _____ NP on 08/15/XX based on Ultrasound on 08/15/XX

Based On	EDD	GA Dif	GA	User	Date
Last Menstrual Period on 05/24/XX	02/28/XX	+4w0d		NP	08/15/XX
Ultrasound on 08/15/XX	03/28/XX	Working	7w6d	NP	08/15/XX

OB Episode Encounters

Encounters related to Labor and Delivery Encounter on 2/7/XXXX with High Risk MD

Date	Encounter Type	Provider	Department	Reason
2/13/XXXX	Telephone	MD	Pulmonary	OTHER - PATIENT CALL
2/13/XXXX	Anesthesia Event	MD	OB	Not found
2/13/XXXX	Anesthesia	MD	OB	Not found
2/8/XXXX	Appointment	High Risk Office	OB U/S	NON STRESS TEST
2/7/XXXX	Labor and Delivery Encounter	MD	OB	Current maternal condition affecting pregnancy, Cystic fibrosis with pulmonary manifestations, Pancreatic insufficiency due to cystic fibrosis, Moderate malnutrition,

Hospital Problems

	Priority	Class	Noted - Resolved
Active Problems			
Cystic Fibrosis With Pulmonary Manifestation (Chronic)	High		Unknown - Present
Pancreatic insufficiency due to cystic fibrosis (Chronic)	High		10/XX/2015 - Present
Moderate malnutrition	Low		12/7/XXXX – Present
Pregnancy - EDD 4/1/XX	High		9/12/XXXX - Present
Migraine with aura (Chronic)	Medium		5/15/2007 - Present

Depression / Generalized Anxiety (Chronic)	Medium	3/14/2011 - Present
Seizure disorder (Chronic)	Medium	3/21/2011 - Present
Mediport in place (Chronic)	Low	7/15/2010 - Present
Partial DIOS secondary to ileal mural thickening (Chronic)	Low	6/14/2012 - Present

Social History	
Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Never Used
Tobacco Comment	
Alcohol Use	Yes; 0.0 oz alcohol/wk; 1-2 Glasses of wine per week; (occasionally)
Drug Use	No
Sexual Activity	Yes; Birth Ctrl/Protection: Condom; (Just broke up with boyfriend, living in friend's basement now)
ADL	Not Asked

Concurrent Nursing Documentation Maternal Information

ABO RH Blood Type			
Date	Value	Ref Range	Status
02/12/XXXX	O RH POS		Final
HBV S Ag			
Date	Value	Ref Range	Status
08/16/XXXX	NEG		Final
Comment: Test Method: CMIA			
Rubella IgG AB			
Date	Value	Ref Range	Status
08/16/XXXX	POSITIVE		Final
Comment: TEST METHOD: Multiplex flow immunoassay			
HIV 1&2 ANTIGEN/ANTIBODY			
Date	Value	Ref Range	Status
08/16/XXXX	Nonreactive		Final
Comment: Test Method: CMIA			
Syphilis Screen			
Date	Value	Ref Range	Status
02/08/XXXX	Neg		Final
Comment: TEST METHOD: BioPLEX(Multiplex Flow Immunoassay)			
Group B Strep Culture			
Date	Value	Ref Range	Status
02/13/XXXX	.		Preliminary


Weights (since admission)

Date/Time	Height	Weight	PrePregnancy Weight	Pregnancy weight change (kg)	BMI (Calculated)	BSA (Calculated - sq m)	Who
02/12/XX 1334	--	59.9 kg (132 lb)	--	--	22	--	NK
02/10/XX 0642	--	60.3 kg (133 lb)	--	--	22.2	--	DF
02/08/XX 1808	--	60.1 kg (132 lb 8 oz)	--	--	22.1	--	AL
02/08/XX 1200	1.651 m (5' 5")	60.3 kg (133 lb)	--	--	22.2	1.66 sq meters	AL

Steroidal Medications (Filter: ERX GENERAL PQRI GLUCOCORTICOID MEDICATIONS MEASURE 180 Medications Shown)

As of 02/14/XX 1320

betamethasone acetate & sodium phosphate (CELESTONE) injection 12 mg (mg)

Total dose: **24 mg** 

Dose	Action	Route	Admin Date/Time	Admin User
12 mg	Given	Intramuscular	02/07/XX 2040	RN
12 mg	Given	Intramuscular	02/08/XX 2226	RN

Events

Date/Time	Event	Pt Class	Unit	Room/Bed	Service
02/07/XX 1510	Admission	Inpatient	OB	Inpatient	
02/07/XX 1513	Patient Update	Inpatient	OB	Inpatient	

Module 6 – Prenatal Care

Extraction Exercise #2 Work Book excerpts

Please, enter the correct information

Prenatal Care																																															
Risk Factors	Risk Factors in this Pregnancy <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time Select all that apply <input type="checkbox"/> Prepregnancy Diabetes <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Prepregnancy Hypertension <input type="checkbox"/> Gestational hypertension <input type="checkbox"/> Other Serious Chronic Illnesses <input type="checkbox"/> Previous Preterm Births <input type="checkbox"/> Abruptio Placenta <input type="checkbox"/> Eclampsia <input type="checkbox"/> Other Poor Pregnancy Outcomes <input type="checkbox"/> Prelabor Referred for High Risk Care <input type="checkbox"/> Other Vaginal Bleeding <input type="checkbox"/> Previous Low Birthweight Infant QI																																														
	<input type="checkbox"/> Pregnancy resulted from infertility treatment (if yes, check all that apply) <input type="checkbox"/> Fertility-enhancing drugs, artificial or intrauterine insemination <input type="checkbox"/> Assisted reproductive technology (e.g. IVF, GIFT) Number of Embryos Implanted: (if applicable) <input type="text"/> QI																																														
Infections	Infections Present and/or Treated During Pregnancy <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time Select all that apply <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> Herpes Simplex Virus (HSV) <input type="checkbox"/> Chlamydia <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Rubella <input type="checkbox"/> Bacterial Vaginosis																																														
	Other Risk Factors Smoking Before or During Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No List Number of Packs OR Cigarettes Smoked Per DAY <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">3 Months Prior to Pregnancy</th> <th colspan="3">First Three Months of Pregnancy</th> <th colspan="3">Second Three Months of Pregnancy</th> <th colspan="3">Third Trimester of Pregnancy</th> </tr> <tr> <th>Packs</th> <th>OR</th> <th>Cigarettes</th> <th>Packs</th> <th>OR</th> <th>Cigarettes</th> <th>Packs</th> <th>OR</th> <th>Cigarettes</th> <th>Packs</th> <th>OR</th> <th>Cigarettes</th> </tr> </thead> <tbody> <tr> <td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> </tbody> </table>											3 Months Prior to Pregnancy			First Three Months of Pregnancy			Second Three Months of Pregnancy			Third Trimester of Pregnancy			Packs	OR	Cigarettes	Packs	OR	Cigarettes	Packs	OR	Cigarettes	Packs	OR	Cigarettes												
	3 Months Prior to Pregnancy			First Three Months of Pregnancy			Second Three Months of Pregnancy			Third Trimester of Pregnancy																																					
	Packs	OR	Cigarettes	Packs	OR	Cigarettes	Packs	OR	Cigarettes	Packs	OR	Cigarettes																																			
Prenatal Care																																															
Other Risk	Other Risk Factors Alcohol Consumed During This Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Drinks per Week: _____ Illegal Drugs Used During This Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No																																														
	Obstetric Procedures <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time Select all that apply <input type="checkbox"/> Cervical Cerclage <input type="checkbox"/> Tocolysis <input type="checkbox"/> External Cephalic Version — <input type="checkbox"/> Successful <input type="checkbox"/> Failed <input type="checkbox"/> Fetal Genetic Testing QI																																														
Obstetric Procedures	If woman was 35 or over, was fetal genetic testing offered? QI <input type="checkbox"/> Yes <input type="checkbox"/> No, Too Late <input type="checkbox"/> No, Other Reason																																														
	Serological Test for Syphilis? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Test: (MM/DD/YYYY) / /				Reason, if No Test: <input type="checkbox"/> Mother refused <input type="checkbox"/> Religious reasons <input type="checkbox"/> No prenatal care <input type="checkbox"/> Other <input type="checkbox"/> No time before delivery																																							

See next page for answers

Module 6 – Prenatal Care

Extraction Exercise #2 Answers

Prenatal Care

Risk Factors in this Pregnancy

None Unknown at this time

Select all that apply:

- Prepregnancy Diabetes Gestational Diabetes Prepregnancy Hypertension
 Other Serious Chronic Illness Abruptio Placenta Gestational Hypertension
 Other Poor Pregnancy Outcome Other Vaginal Bleeding Eclampsia
 Prelabor Referred for High Risk Care Previous Low Birth Weight Infant
 Previous Preterm Births

Pregnancy resulted from infertility treatment (if yes, check all that apply)

Fertility-enhancing drugs, artificial or intrauterine insemination

Assisted reproductive technology (e.g. IVF, GIFT) **Number of eggs implanted:** (if applicable)

Infections Present and / or Treated During Pregnancy

None Unknown at this time

Select all that apply

- Gonorrhea Syphilis Herpes Simplex Virus (HSV) Chlamydia
 Hepatitis B Hepatitis C Tuberculous Rubella
 Bacterial Vaginosis

Other Risk Factors

Smoking before or During Pregnancy?	List Number of Packs OR Cigarettes Smoked per DAY			
	3Months Prior to Pregnancy Packs OR Cigarettes	First 3 months of Pregnancy Packs OR Cigarettes	Second Three Months of Pregnancy Packs OR Cigarettes	Third Trimester of Pregnancy Packs OR Cigarettes
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Alcohol Consumed During This Pregnancy?

Yes No

Number of Drinks per Week:

(number)

Illegal Drugs Used

During This Pregnancy?

Yes No

Obstetrical Procedures

None Unknown at this time

Select all that apply

- Tocolysis External Cephalic version - Successful Failed Cervical Cerclage
 Fetal Genetic Testing

If woman was over 35, was fetal genetic testing offered? Yes No, too late No, other reason

Serological Test for Syphilis?

Yes No

Date of Test?

02/08/XXXX

Reason, if No Test:

- Mother refused
 Religious reasons
 No Prenatal Care
 Other
 No time before delivery

Module Evaluation

Registrar Name: _____ Hospital: _____ Date: _____ (MM/DD/YY)

MODULE SIX EVALUATION

(Please mark the appropriate response)

- 1. If a mother's pre-pregnancy weight is recorded in the prenatal record as 126 lbs and on the Labor & Delivery admission summary as 130 lbs. Which weight would be the correct weight to enter as the pre-pregnancy weight when entering birth certificate information?**
 - Prepregnancy weight found in the prenatal record
 - Prepregnancy weight found on the Labor & Delivery summary

- 2. There is a difference in the timing of the onset of diabetes between gestational diabetes and pre-pregnancy diabetes.**
 - True
 - False

- 3. "Other Serious Chronic Illness" should be entered for a mother who takes a thyroid pill every day.**
 - True
 - False

- 4. Twins are born at 36 week gestation. "Prior preterm birth" (referring to Twin A's birth) would be entered in the birth certificate information for Twin B.**
 - True
 - False

- 5. A "Prelabor Referral for High Risk Care" would be entered if the mother was sent for:**
 - Ultrasound to determine expected date of delivery
 - Consultation to Maternal Fetal Medicine specialist
 - Both

- 6. If a mother is tested for rubella antibodies during pregnancy you would enter "Rubella" in the "Infections Present or Treated during Pregnancy" field?**
 - True
 - False

- 7. Mother is diagnosed with Trichomonas during her pregnancy. Trichomonas would be entered as:**
 - Bacterial Vaginosis
 - Trichomonas infection would not be entered

- 8. If a mother arrives in labor for a scheduled C-section and terbutaline is given to decrease contraction in anticipation of the C-section, tocolysis would be entered.**
 - True
 - False

Registrar Name: _____ Hospital: _____ Date: _____ (MM/DD/YY)

9. MSAFP screening would be entered as “Fetal Genetic Testing.”

- True
- False

10. Mother is tested for syphilis (RPR) early in pregnancy and her infant is tested at the time of delivery. Which date is used when entering birth certificate information?

- Mother’s date from early pregnancy
- Infant’s date at time of birth

See answers next page

MODULE SIX EVALUATION ANSWERS

1. **If a mother's pre-pregnancy weight is recorded in the prenatal record as 126 lbs and on the Labor & Delivery admission summary as 130 lbs. Which weight would be the correct weight to enter as the pre-pregnancy weight when entering birth certificate information?**

- Prepregnancy weight found in the prenatal record
- Prepregnancy weight found on the Labor & Delivery summary

Answer: When possible, enter data in the prenatal care fields (e.g. pre-pregnancy weight) using information from the prenatal record. (Slide 2)

2. **There is a difference in the timing of the onset of diabetes between gestational diabetes and pre-pregnancy diabetes.**

- True
- False

Answer: Prepregnancy diabetes is diagnosed prior to the pregnancy while gestational diabetes develops during the pregnancy. (Slide 3)

3. **“Other Serious Chronic Illness” should be coded for a mother who takes a thyroid pill every day.**

- True
- False

Answer: Unless there is non-routine or emergency treatment of the thyroid disease would not be entered in this field for thyroid disease. (Slide 4)

4. **Twins are born at 36 weeks gestation. “Prior preterm birth” (referring to Twin A's birth) would be entered in the birth certificate information for Twin B.**

- True
- False

Answer: “Previous preterm births” refers to a birth from a prior pregnancy. These twins are born as a result of the same pregnancy. (Slide 4)

5. **A “Prelabor Referral for High Risk Care” would be entered if the mother was sent for:**

- Ultrasound to determine expected date of delivery
- Consultation to Maternal Fetal Medicine specialist
- Both

Answer: Ultrasound done for the purpose of dating the pregnancy is considered routine and would not be entered as a “Prelabor Referral for High Risk Care.” A woman who was referred for consultation with a Maternal Fetal Medicine specialist would have data entered as having a “Prelabor Referral for High Risk Care.” (Slide 5)

6. **If a mother is tested for rubella antibodies during pregnancy you would enter “Rubella” in the “Infections Present or Treated during Pregnancy” field?**

- True
- False

Answer: Only enter “Rubella” if mother is sick with rubella (German measles) during current pregnancy. Testing for rubella antibodies does NOT get entered. (Slide 6)

7. **Mother is diagnoses with trichomonas during her pregnancy. Trichomonas would be entered as:**

- Bacterial Vaginosis

- Trichomonas infection would not be coded

Answer: Trichomonas is NOT an infection for which data is requested as part of the birth certificate. (Slide 8)

8. If a mother arrives in labor for a scheduled C-section and terbutaline is given to decrease contraction in anticipation of the C-section, tocolysis would be entered.

- True
- False

Answer: Terbutaline would be entered when used to extend the length of the pregnancy but not when used to decrease contractions prior to a C-section. (Slide 11)

9. MSAFP screening would be entered as “Fetal Genetic Testing.”

- True
- False

Answer: First trimester/nuchal translucency screening, MSAFP/quad screening, and cell-free DNA (also known as non-invasive prenatal testing, or “NIPT”) are not considered diagnostic genetic tests. Fetal genetic testing would be entered only when an amniocentesis or chorionic villus sampling is done. (Slide 12) See, also, “Extra Information”

10. Mother is tested for syphilis (RPR) early in pregnancy and her infant is tested at the time of delivery. Which date is used when entering birth certificate information?

- Mother’s date from early pregnancy
- Infant’s date at time of birth

Answer: This field relates to testing of the mother. If more than one maternal test has been done, record the earlier date. (Slide 13)

Extra Information



Infections in Pregnancy

SPDS Unit

Chris Glantz, MD, MPH



SPDS Coding of Infections: General Principles

- Not all infections have SPDS fields
 - HIV, CMV, toxo, HPV
- Acute versus chronic infections
- Diagnosis/documentation of infection
 - Clinical vs laboratory diagnosis
 - Treatment



2011 Finger Lakes SPDS Tabulations

DISEASE	SPDS	USA	DISEASE	SPDS	USA
GC	0.4%	0.5%	Hepatitis B	0.1%	0.1-2.0%
Chlamydia	2.4%*	0.4%	Hepatitis C	0.2%	<1.5%
Syphilis	0%	<0.1%	TB	0%	<0.3%
Herpes	2.0%	1% primary	Rubella	0%	0%
Bacterial Vaginosis	6.7%				

*We're Number One!



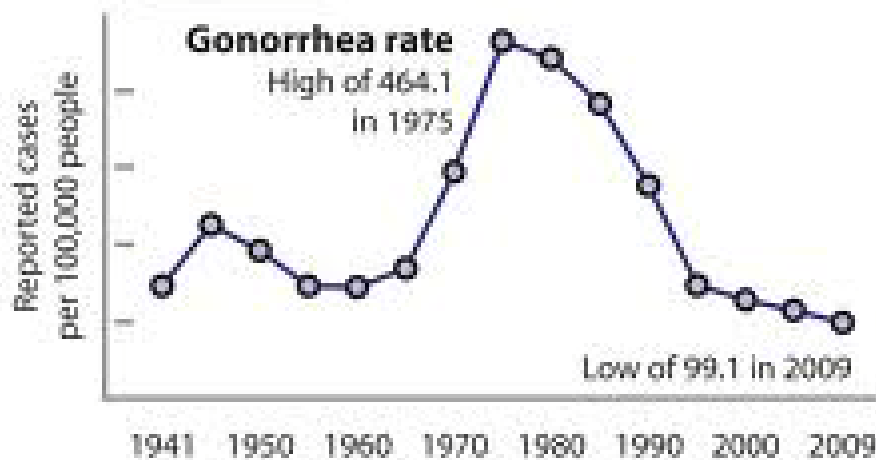
Gonorrhea

gonorrhea

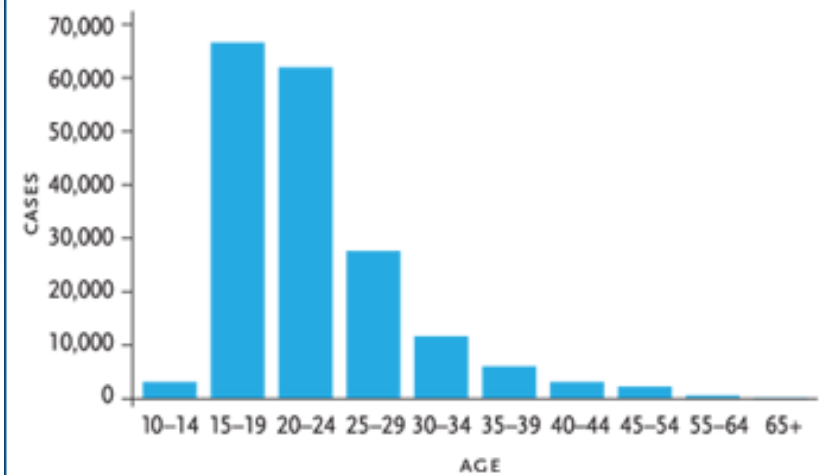
a sexually transmitted infection (STI) caused by the bacterium *Neisseria gonorrhoeae*.

HARD TO SPELL

EASY TO CATCH

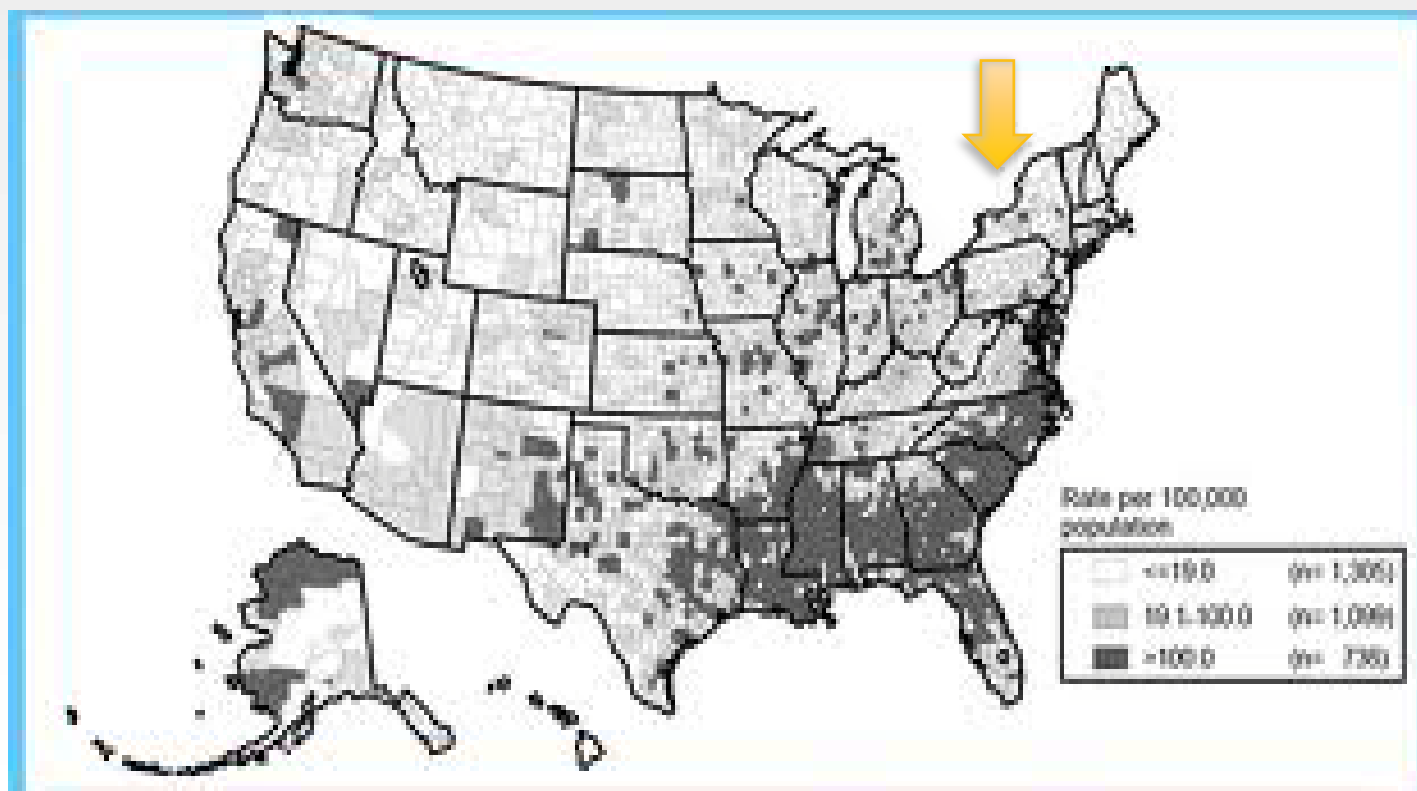


Gonorrhea—Reported Cases in Females, 2008, by Age



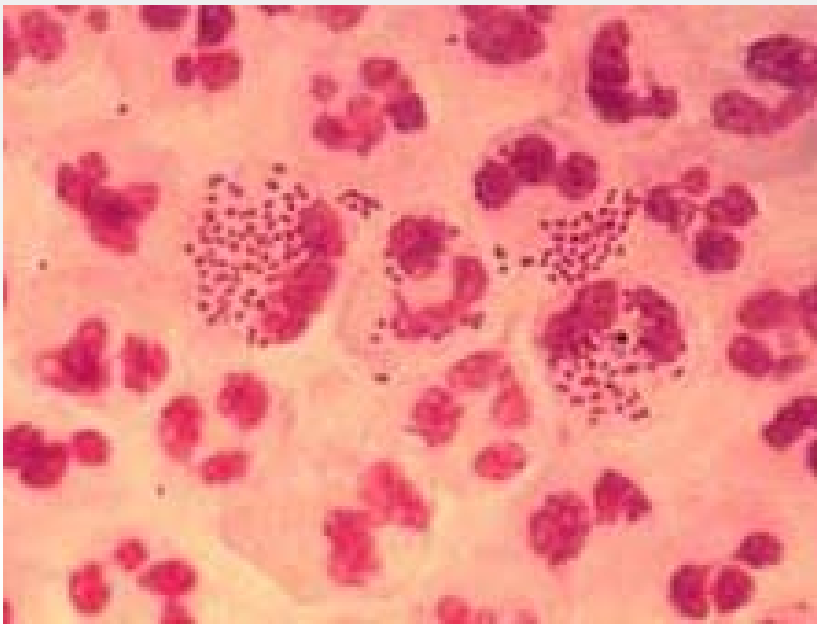


Gonorrhea





Gonorrhoea

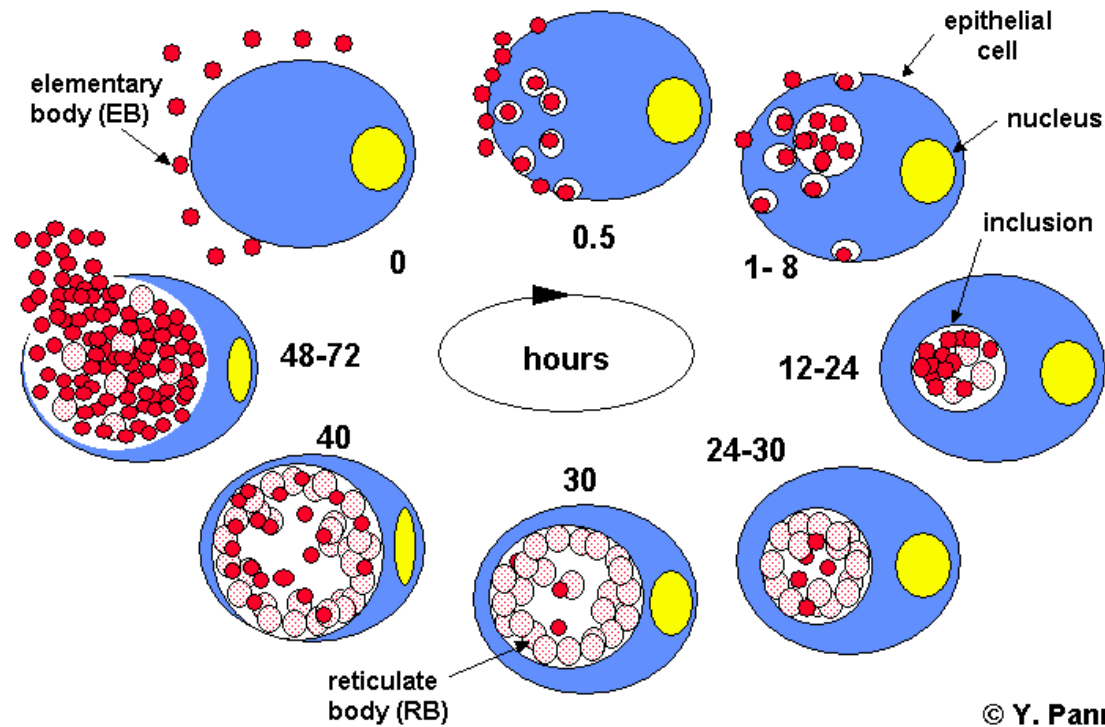


Penicillin → cefalosporins



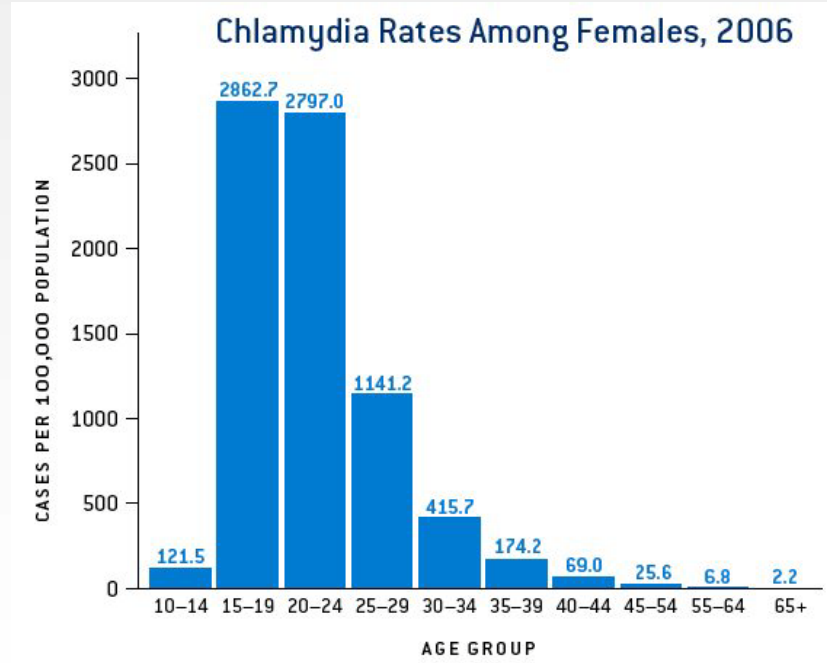
Chlamydia

Developmental cycle of *C. trachomatis*





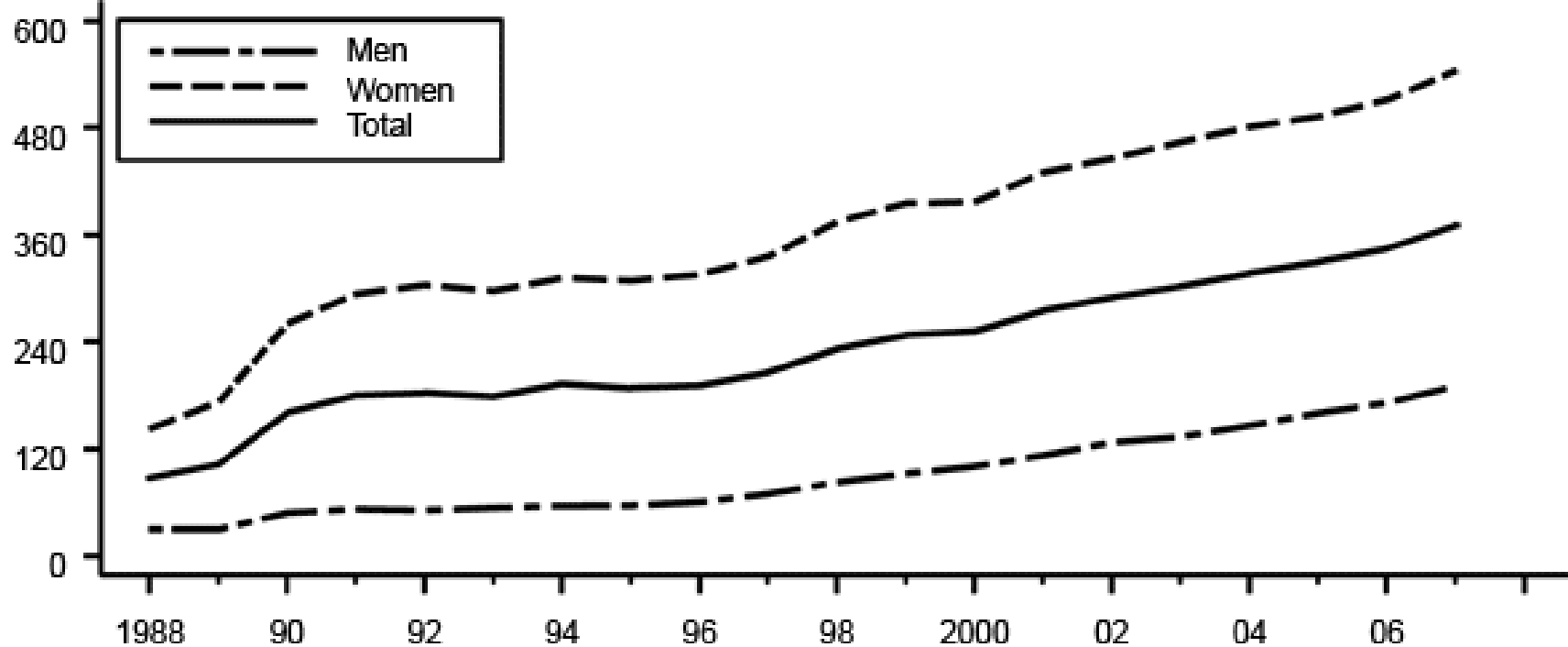
Chlamydia





Chlamydia

Rate (per 100,000 population)





Chlamydia

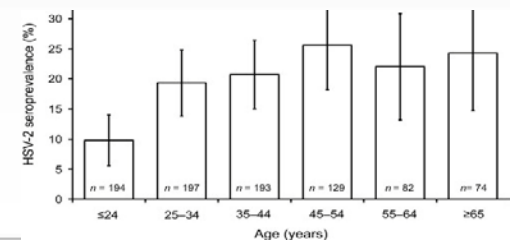




Herpes Simplex



- Types 1 (lips) & 2 (genital)
 - Both can infect either site and cause neonatal disease
- Primary vs Recurrent
 - Most HSV-2 is asymptomatic
 - <2% primary during pregnancy
 - <0.5% of all pregnant women shed HSV at birth
- Culture vs serology
 - 20-60% prevalence if using serology



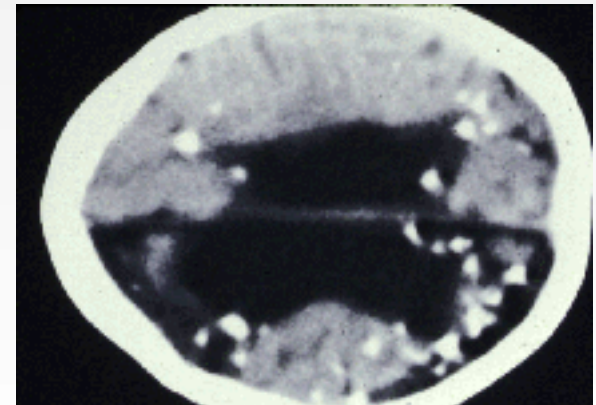


Herpes Simplex





Herpes Simplex





Herpes Simplex



- Primary HSV during labor
 - 40% perinatal transmission
 - Disseminated neonatal disease, high morbidity/mortality
 - No protective maternal antibodies
 - Delivery by cesarean
- Secondary HSV during labor
 - 4% perinatal transmission
 - Milder neonatal disease



Syphilis



- Primary
 - Chancre, 4 wk
- Secondary
 - Rash, 1-6 mo
- Latent
- Tertiary
 - Cardiovascular and CNS



ADAM



Syphilis



- Screening: RPR, VDRL, STS
 - Can have false-positives; levels decline after treatment
 - Confirm positives with FTA or MHA
 - Remain positive for life
- Congenital infection rare if mother is properly treated, but very likely if untreated
 - Stillbirth, growth restriction, hydrops

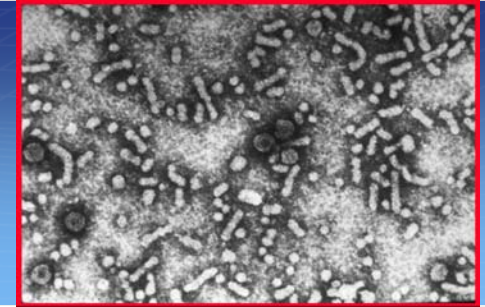


Syphilis

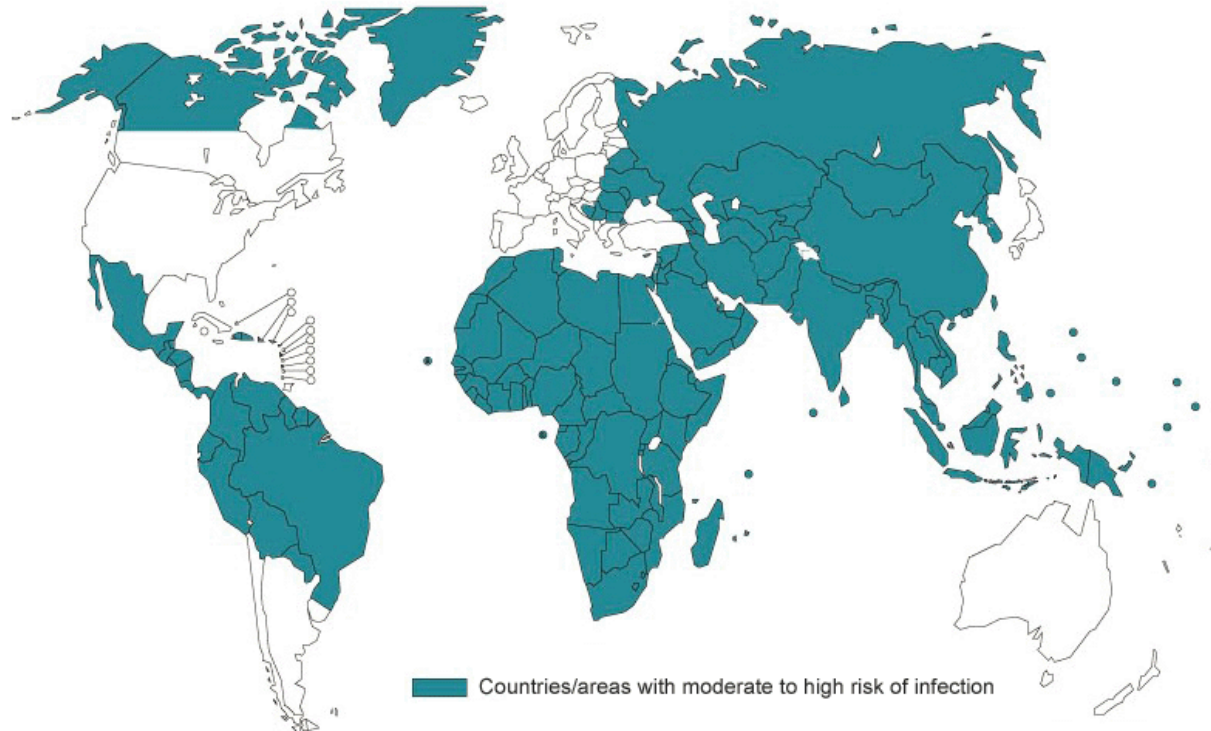




Hepatitis B Virus

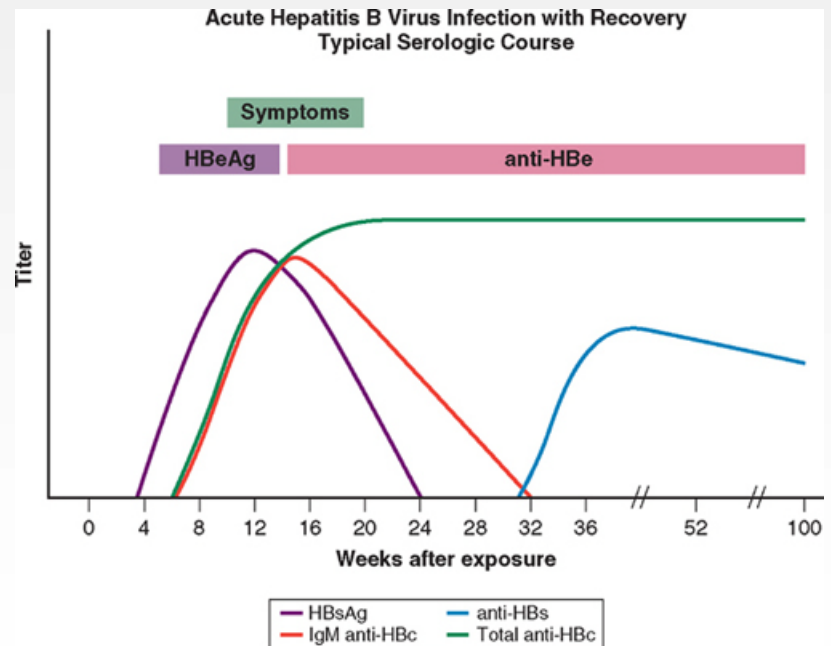
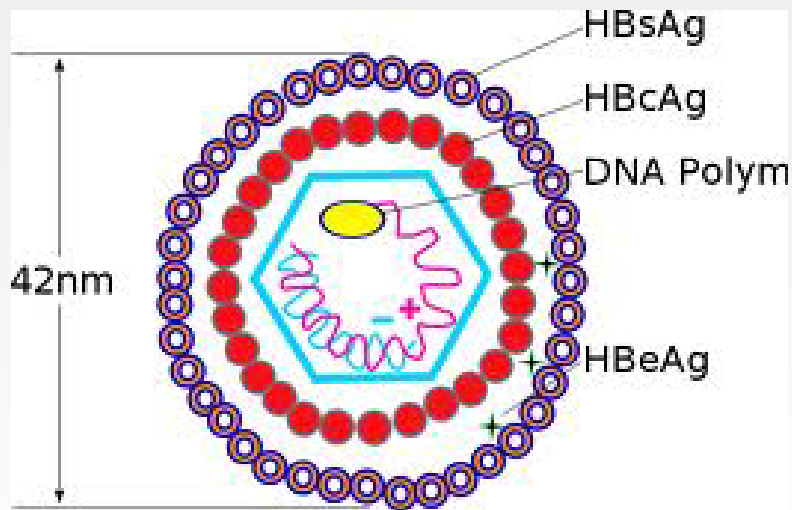
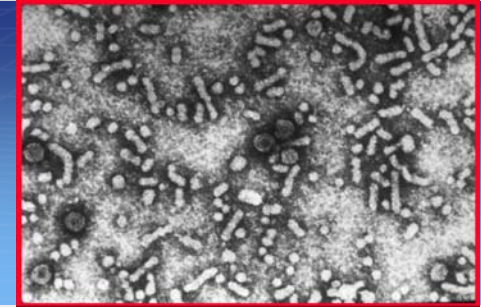


Hepatitis B, 2007



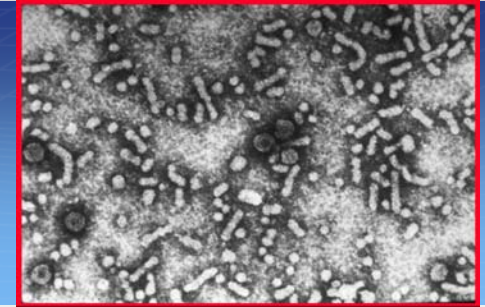


Hepatitis B Virus





Hepatitis B Virus

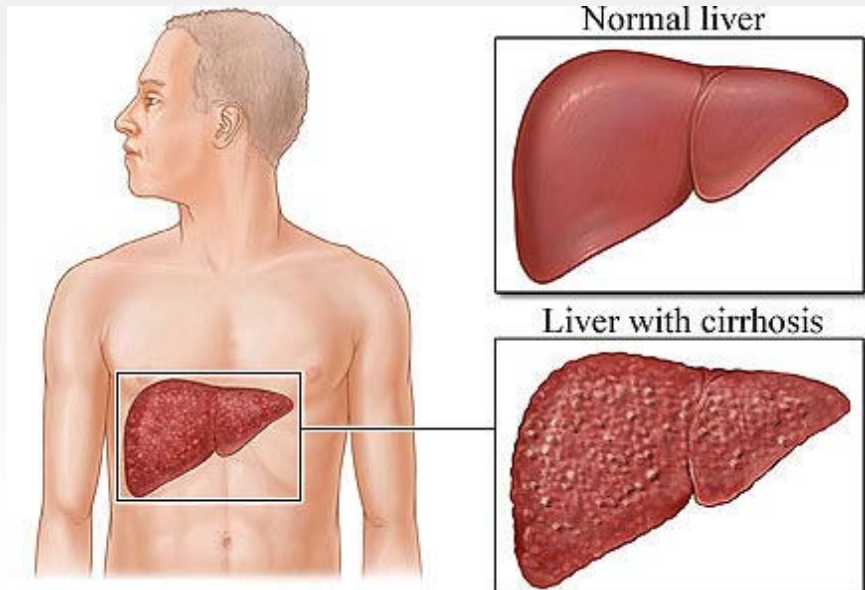
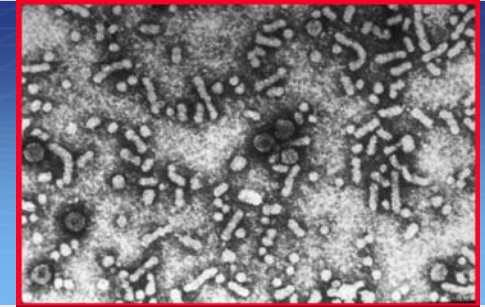


- Acute hepatitis
 - Highly infectious
 - Most cases resolve
- Chronic hepatitis
 - Carrier
 - Chronic active
 - Both still infectious



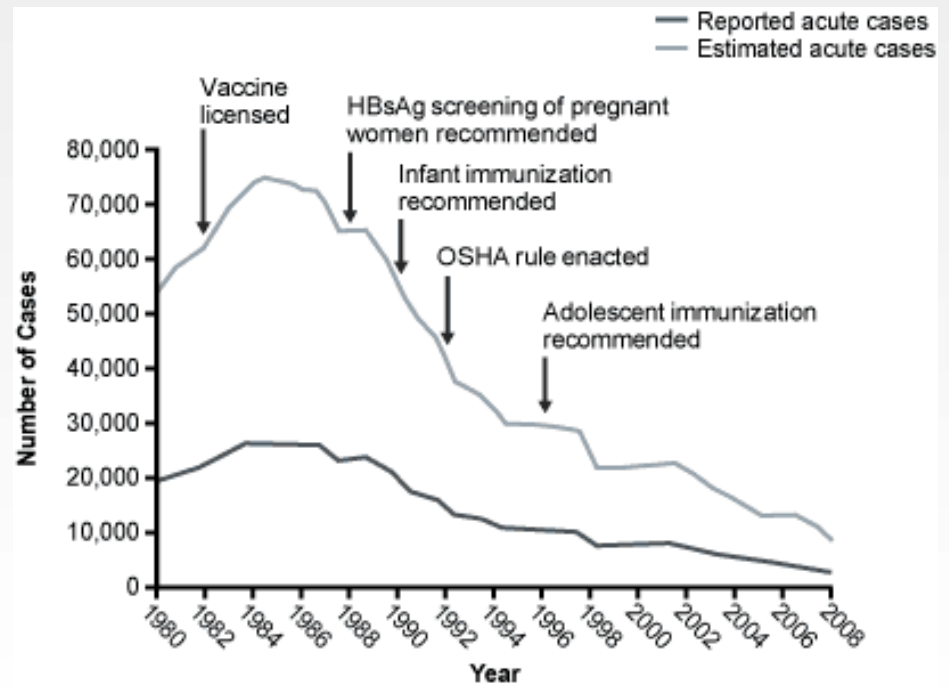
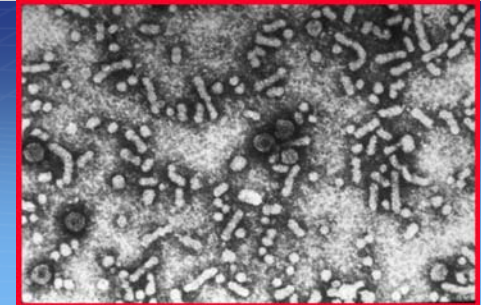


Hepatitis B Virus





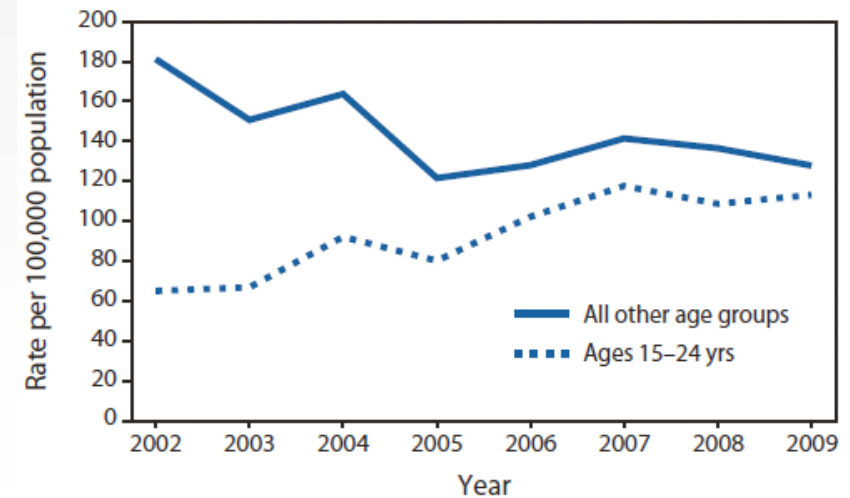
Hepatitis B Virus





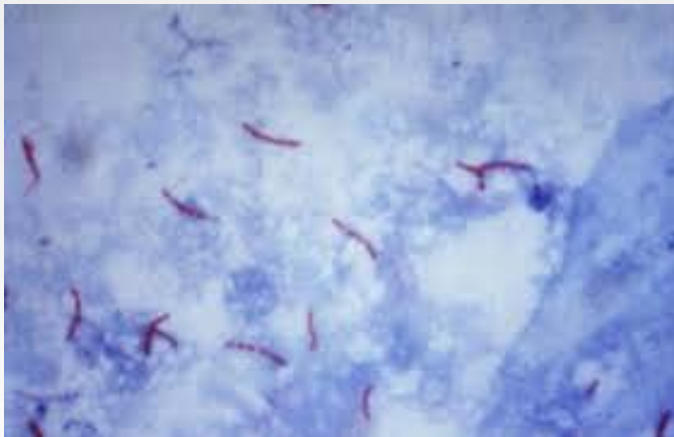
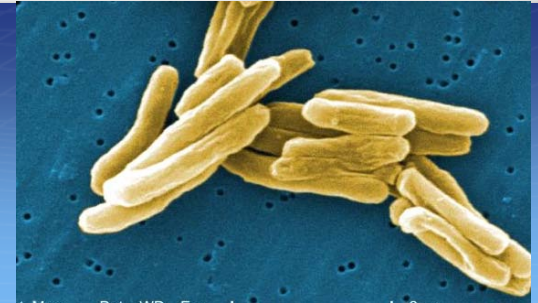
Hepatitis C Virus

- Transmission mode similar to hepatitis B
 - Blood, sex, needles
- No vaccine or “HCIG”
- Perinatal transmission low
 - About 5%

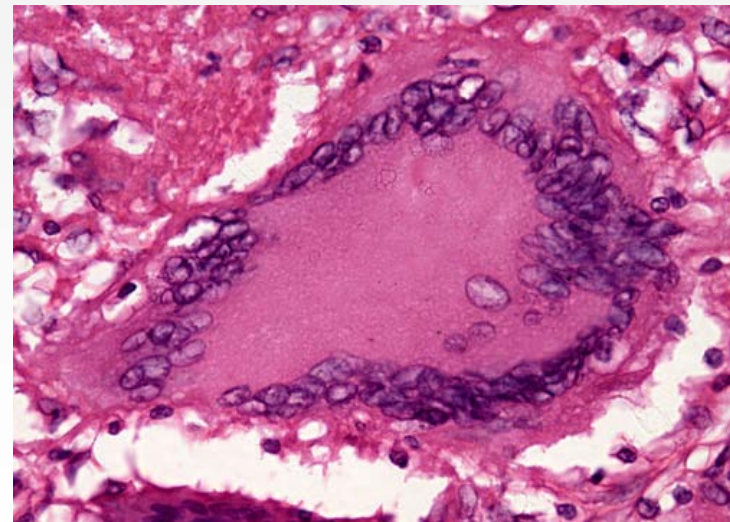




Tuberculosis (TB)

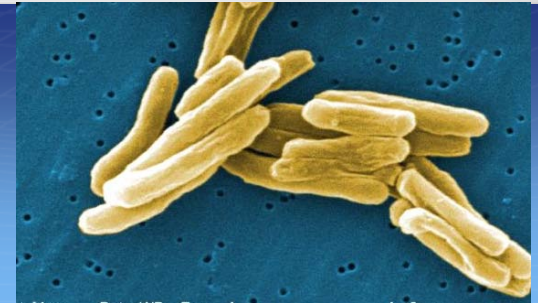


Mycobacterium tuberculosis

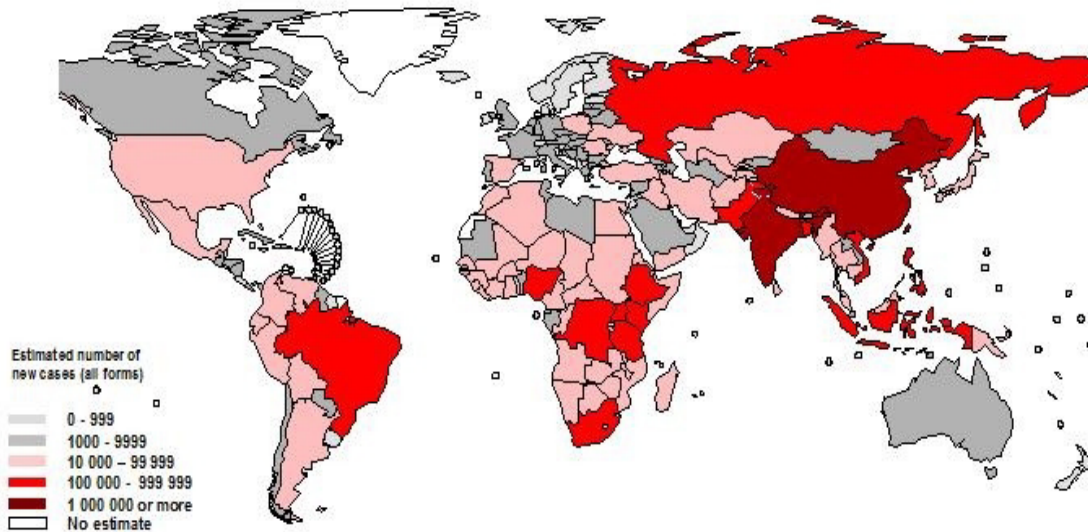




Tuberculosis (TB)



Estimated number of new TB cases, 2004

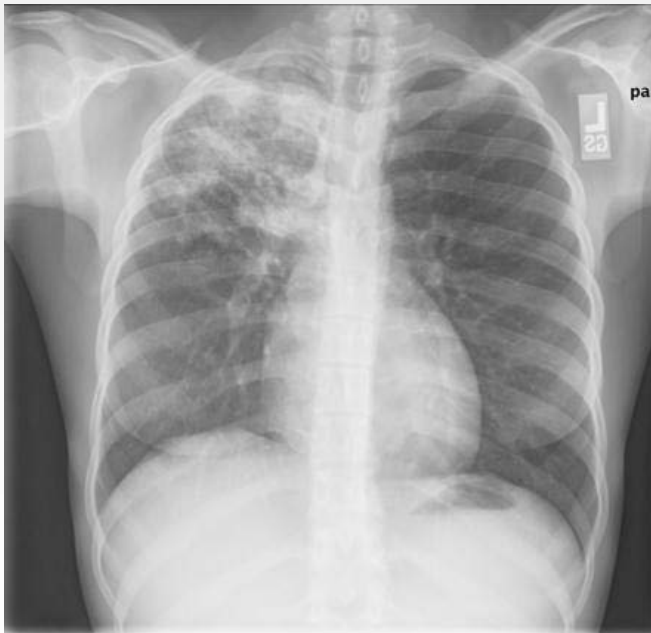


Reported TB Cases, United States, 1993 and 2011



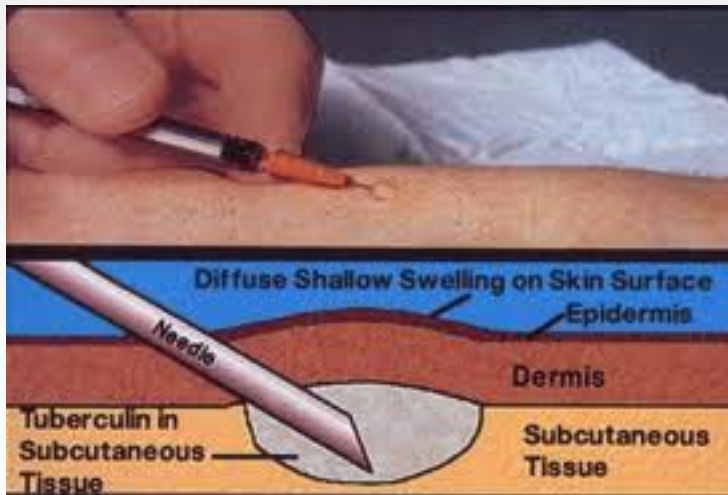


Tuberculosis (TB)



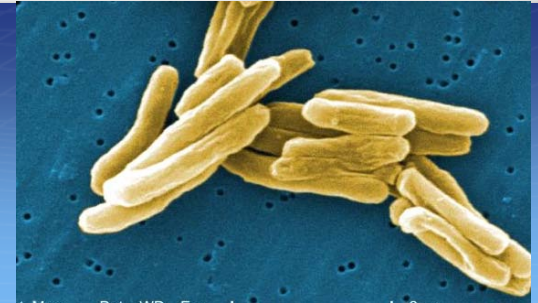


Tuberculosis (TB)





Tuberculosis (TB)



Recent vs past infection

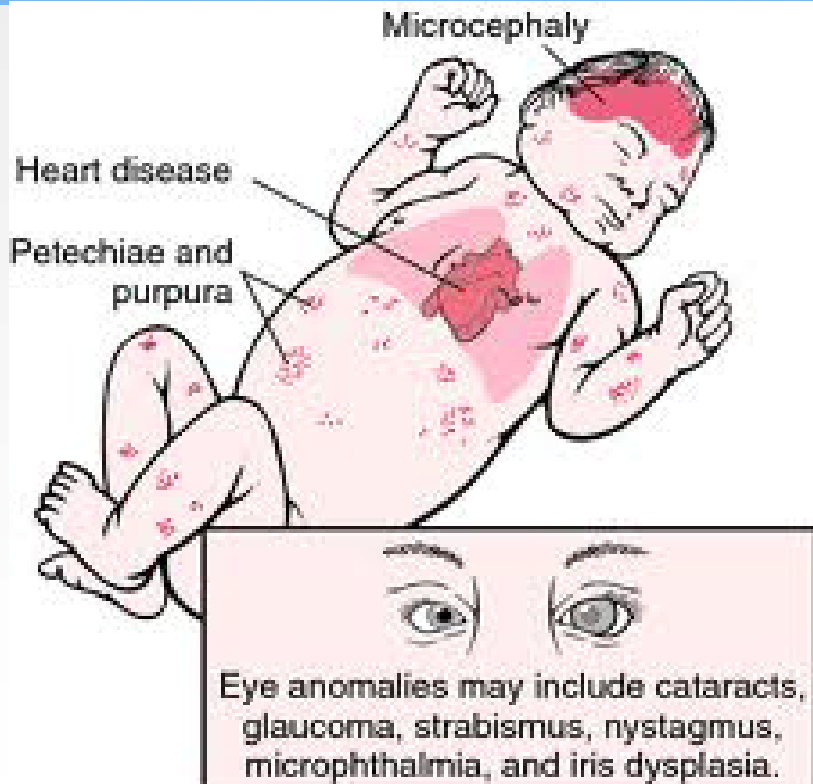
Active vs inactive disease

Prophylactic vs multidrug treatment

Perinatal transmission is rare



Rubella (German Measles)



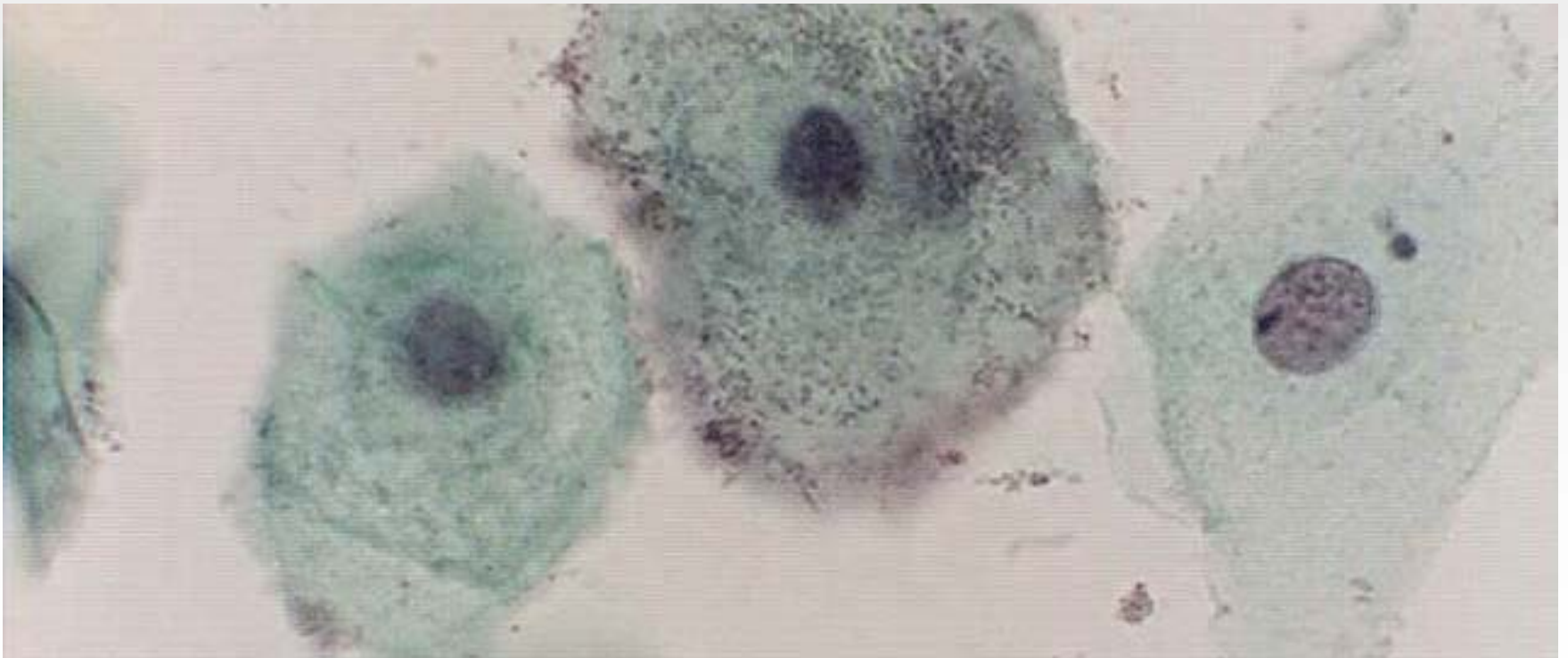


Rubella (German Measles)

- Congenital rubella is extremely rare in USA
- Rubella vaccine: live attenuated virus
 - Don't give during pregnancy, but highly unlikely to cause problems if given by mistake.



Bacterial Vaginosis (BV)





Bacterial Vaginosis (BV)





Bacterial Vaginosis (BV)





Summary

- Code if newly diagnosed and/or treated:
 - GC
 - Chlamydia
 - Herpes
 - Syphilis
 - TB
 - BV
 - Rubella
- Code if test positive
 - Hepatitis B
 - HBsAg, HBeAg
 - Hepatitis C
 - Any test



Questions?

The Pox



The Clap



Chlamydia



HPV



Herpes