

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 Seven

Interview/Records Information



Interview/Survey Fields

Mother's Name:		Mother's Med. Rec. Number:		
Interview/Records				
Survey of Mother (in hospital)				
Did you receive prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No (If 'Yes' please answer question 1. Otherwise skip to question 2.)				
Survey of Mother (in hospital)	1. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?			
		Yes	No	
	a. How smoking during pregnancy could affect your baby?	<input type="checkbox"/>	<input type="checkbox"/>	
	b. How drinking alcohol during your pregnancy could affect your baby?	<input type="checkbox"/>	<input type="checkbox"/>	
	c. How using illegal drugs could affect your baby?	<input type="checkbox"/>	<input type="checkbox"/>	
	d. How long to wait before having another baby?	<input type="checkbox"/>	<input type="checkbox"/>	
	e. Birth control methods to use after your pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	
	f. What to do if your labor starts early?	<input type="checkbox"/>	<input type="checkbox"/>	
	g. How to keep from getting HIV (the virus that causes AIDS)?	<input type="checkbox"/>	<input type="checkbox"/>	
	h. Physical abuse to women by their husbands or partners?	<input type="checkbox"/>	<input type="checkbox"/>	
2. How many times per week during your current pregnancy did you exercise for 30 minutes or more, above your usual activities?			Times per week:	
3. Did you have any problems with your gums at any time during pregnancy, for example, swollen or bleeding gums?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. During your pregnancy, would you say that you were: (select one)				
<input type="checkbox"/> Not depressed at all		<input type="checkbox"/> A little depressed		
<input type="checkbox"/> Moderately depressed		<input type="checkbox"/> Very depressed		
<input type="checkbox"/> Very depressed and had to get help				
5. Thinking back to just before you were pregnant, how did you feel about becoming pregnant?				
<input type="checkbox"/> You wanted to be pregnant sooner		<input type="checkbox"/> You wanted to be pregnant later		
<input type="checkbox"/> You wanted to be pregnant then		<input type="checkbox"/> You didn't want to be pregnant then or at any time in the future		

All postpartum moms are expected to complete the interview/survey. You can either provide mothers with the survey to self administer, you can interview them, or a combination of the two.

Interview/Survey Fields

- If a mother is hesitant to provide the information please remind her that all answers are confidential and will NEVER be linked to her name or to her baby.
- Her answers will help care givers know what information they may be missing in caring for pregnant women and their babies.
- It's important to try to get a mother to answer all questions.
- Never assume you know how a mother would answer any of the questions intended to be answered by her.
- Missing information makes the remaining data less useful.

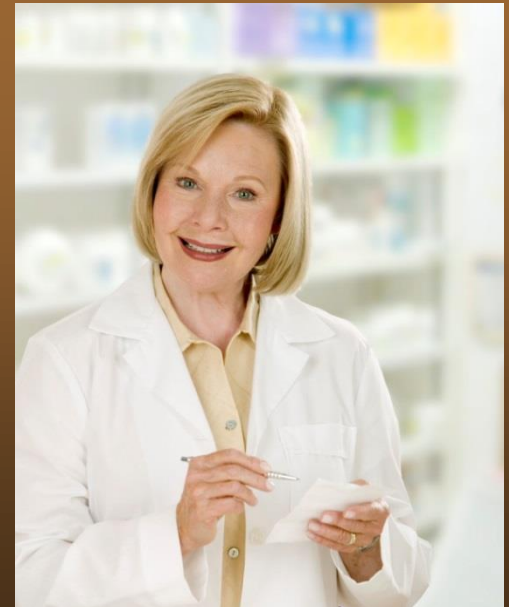


Chart Review Fields

Interview/Records	
Chart Review (Prenatal and Medical)	
1a. Copy of prenatal record in chart? <input type="checkbox"/> Yes, Full Record <input type="checkbox"/> No <input type="checkbox"/> Yes, Prenatal Summary Only	
1b. Was formal risk assessment in prenatal chart? <input type="checkbox"/> Yes, with Social Assessment <input type="checkbox"/> No <input type="checkbox"/> Yes, without Social Assessment	
1c. Was MSAFP / triple screen test offered? <input type="checkbox"/> Yes <input type="checkbox"/> No, Too Late <input type="checkbox"/> No	
1d. Was MSAFP / triple screen test done? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. How many times was the mother hospitalized during this pregnancy, not including hospitalization for delivery?	
Admission and Discharge Information	
Mother	
Admission Date for Delivery (MM/DD/YYYY) / /	Discharge Date (MM/DD/YYYY) / /
Infant	
Discharge Date (MM/DD/YYYY) / /	<input type="checkbox"/> Discharged Home <input type="checkbox"/> Infant Still in Hospital <input type="checkbox"/> Infant Transferred Out <input type="checkbox"/> Infant Died at Birth Hospital <input type="checkbox"/> Infant Discharged to Foster Care/Adoption <input type="checkbox"/> Unknown



Copy of Prenatal Record/Risk Assessment

1a. Copy of prenatal record in chart?

Yes, Full Record

No

Yes, Prenatal Summary Only

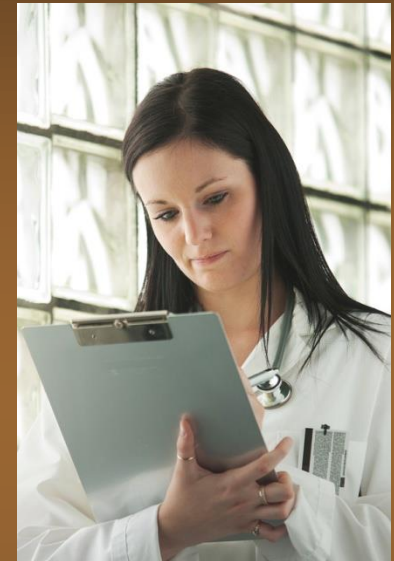
Do you have the full prenatal record to review including medical history, obstetrical history, and visit information?

1b. Was formal risk assessment in prenatal chart?

Yes, with Social Assessment

No

Yes, without Social Assessment



- **Was formal risk assessment in prenatal chart?** Social Assessment refers to psychosocial, socioeconomic and other social issues that may affect a pregnancy. Examples include: on or need Medicaid and/or public assistance; unwed or baby's father is not actively involved; under emotional or physical stress; recently felt depressed or hopeless; mother and /or her children in foster care, past or pregnant; thinking about adoption; want to see a social worker or public health nurse; housing, legal, transportation, safety or child care problems.

MSAFP

1c. Was MSAFP / triple screen test offered?

Yes

No

No, Too Late

- **Was MSAFP / triple screen test offered?** If the mother was offered a triple screen / MSAFP test, please select 'Yes'. If the test was not offered, please select 'No'. If it was too late in the pregnancy for the test to be offered/done, please select "No, Too Late".

1d. Was MSAFP / triple screen test done?

Yes

No

- **Was MSAFP / triple screen test done?** If triple screen / MSAFP test was done, please select 'Yes'. If the test was not done, please select 'No'.

MSAFP//triple genetic marker screening is done between 15 & 22 wks. gestation (Second trimester). The "triple", "quad", and "NIPT" are all entered under the "MSAFP/triple" field. They are all screenings, non-invasive searching for abnormal genetic markers.

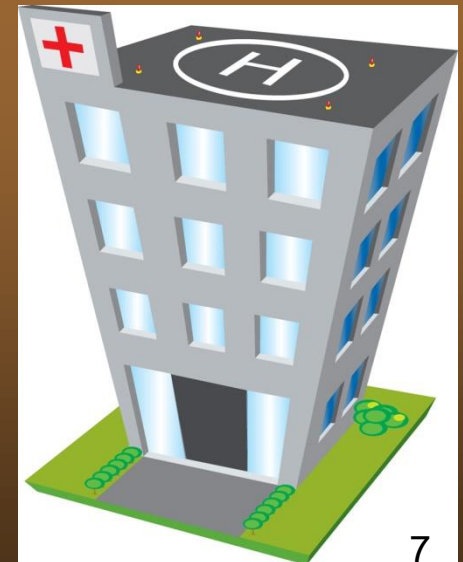
When coding MSAFP look for: MSAFP, triple screen, quad screen, NIPT, first or second trimester screen. See extra info page.

Maternal Hospitalization

How many times was the mother hospitalized during this pregnancy, not including hospitalization for delivery?

- **How many times was the mother hospitalized during this pregnancy, NOT including hospitalization for this delivery?** Enter the number of times the mother was hospitalized during this pregnancy for at least 24 hours or more, excluding the hospitalization for this delivery. _____

Be sure each hospital admission you record (count) is at least **24 hours** long.



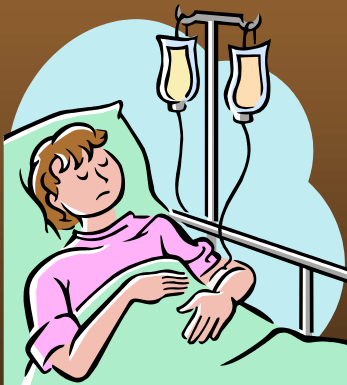
Admission/Discharge

Mother
Admission Date for Delivery (MM/DD/YYYY)
/ /

Discharge Date (MM/DD/YYYY)
/ /

- **Mother** Enter the date the mother was admitted and discharged for this delivery.

If a mother was transferred to another unit in the hospital, use the date of discharge from the hospital (rather than the date she left the maternity unit) as her discharge date.



Infant Discharge Date



Infant	<input type="checkbox"/> Discharged Home	<input type="checkbox"/> Infant Died at Birth Hospital
Discharge Date (MM/DD/YYYY)	<input type="checkbox"/> Infant Still in Hospital	<input type="checkbox"/> Infant Discharged to Foster Care/Adoption
/ /	<input type="checkbox"/> Infant Transferred Out	<input type="checkbox"/> Unknown

- **Infant** Enter the discharge date for the Infant.
 - **Discharged Home**
 - **Infant Died at Birth Hospital**
 - **Infant Still in Hospital** Select only if the infant is still in your facility. Do not enter a discharge date if the infant is still in-house.
 - **Infant Discharged to Foster Care/Adoption**
 - **Infant Transferred Out** Select if infant was transferred out to a NICU or Special Care Nursery, including those within your own facility, or to another facility. Enter the date the infant was transferred out.
 - **Unknown** Select only if the disposition of the infant is not documented in the infant or woman's medical records.

Hospital Levels in the Finger Lakes Region (FLR)

- Strong Memorial Hospital (Level 4)
 - Arnot Ogden Hospital (Level 3)
 - Rochester General Hospital (Level 2)
 - All remaining FLR hospitals are Level 1
- Level I = normal newborn nursery

For babies transferred to a NICU or SCN within your own facility continue to collect as much information as possible for the 72 hour period. Feeding information should be based on the 1st 5 days of the infant's life.

Level I hospitals do not have units classified as "SCN" under state regulations. Therefore do not code "\infant transferred out" if the infant is moved to a SCN within a Level I hospital.

The
End

Extraction Exercises

Module 7 – Interview / Records

Extraction Exercise #1

Notes taken from the complete prenatal record which was in the chart.

06/27/11 Attending Prenatal Assessment

34 y.o. G3P1011 at 12w3d by early US, with pregnancy complicated by abnormal 1st trimester screen, viral illness in 1st trimester, and anxiety

PLAN

Pap, GC/chlamydia screening done today

NIPT pending

Early anatomic at 16 weeks

Counseled and consented for AFP

Pt agrees to call if increasing anxiety or if feels need for medication and/or BH referral.

Return to clinic in 4 weeks.

07/26/11 Attending Prenatal Assessment

34 y.o. G3P1011 at 16w4d by early US, with pregnancy complicated by abnormal 1st trimester screen, viral illness in 1st trimester, and anxiety. Here today for a genetic amniocentesis.

PLAN

Amnio results pending

Pt agrees to call if increasing anxiety or if feels need for medication and/or BH referral.

Return to clinic in 4 weeks.

Please, mark the correct answers

Interview / Records

Chart Review (Prenatal and Medical)

1a. Copy of prenatal record in chart? Yes, full record Yes, Partial Summary only No

1b. Was formal risk assessment in prenatal chart? Yes, with Social assessment Yes, without Social assessment
 No

1c. Was MSAFP / triple screen test offered? Yes No No, too late

1d. Was MSAFP / triple screen done? Yes No

See next page for answers

Module 7 – Interview / Records

Extraction Exercise #1 Answers

Interview / Records

Chart Review (Prenatal and Medical)

1a. Copy of prenatal record in chart? _X_ Yes, full record _ Yes, Partial Summary only _ No

1b. Was formal risk assessment in prenatal chart? _ Yes, with Social assessment _X_ Yes, without Social assessment
_ No

1c. Was MSAFP / triple screen test offered? _X_ Yes _ No _ No, too late

1d. Was MSAFP / triple screen done? _X_ Yes _ No

Module 7 – Interview / Records

Extraction Exercise #2

_____, MD Resident Obstetrics H&P
 Date of Service: 2/7/2013 2:38 PM Note Created: 2/7/2013 2:38 PM

Attestation signed by _____, MD at 2/7/2013 5:14 PM
 I saw and evaluated the patient. I agree with the resident's/fellow's findings and plan of care as documented above. Patient is admitted for IOL in setting of DM2, NRFHT, abnormal Quad, and IUGR 11%, AC < 3%. She has a favorable cervix and will start IOL with Pitocin.
 _____, MD

_____, LMSW Social Worker Signed Social Work Progress Notes
 Date of Service: 2/9/2013 10:32 AM Note Created: 2/9/2013 10:32 AM

Social Work Note: D/C Planning
 Asked by M.D. to assist patient with transportation to Clinic immediately post-discharge for Nexplanon placement. Spoke with patient who is agreeable to this plan. SW has arranged for the cab company to pick up pt. from at the hospital at 12:45 today and bring her to Clinic. Patient will be able to contact the cab company when she is finished with her procedure and the cab will transport her and her baby home. Clinic Charge RN aware patient will be coming and has booked apt. with NP for Nexplanon placement.
 Plan: Clinic Charge RN updated on plan.
 _____, LMSW

Interview / Records

Admission and Discharge Information

Mother		
Admission date for delivery (MM/DD/YYYY)	Discharge Date (MM/DD/YYYY)	
__/__/----	__/__/----	
Infant		
Discharge Date (MM/DD/YYYY)	<input type="checkbox"/> Discharged home	<input type="checkbox"/> Infant Died at Birth Hospital
	<input type="checkbox"/> Infant Still in Hospital	<input type="checkbox"/> Infant Discharged to Foster
Care/Adoption	<input type="checkbox"/> Infant Transferred Out	<input type="checkbox"/> Unknown

See next page for answers

Module 7 – Interview / Records

Extraction Exercise #2 Answers

Interview / Records

Admission and Discharge Information

Mother	
Admission date for delivery (MM/DD/YYYY)	Discharge Date (MM/DD/YYYY)
2 / 7 / 2013	2 / 9 / 2013

Infant			
Discharge Date (MM/DD/YYYY)	<input checked="" type="checkbox"/> Discharged home	<input type="checkbox"/> Infant Died at Birth Hospital	
02/09/2013	<input type="checkbox"/> Infant Still in Hospital	<input type="checkbox"/> Infant Discharged to Foster Care/Adoption	
	<input type="checkbox"/> Infant Transferred Out	<input type="checkbox"/> Unknown	

Scenario Exercise(s)

Module 7 – Interview Questions

Scenario Exercises

Exercise #1

A 38 year old mother received early and adequate prenatal care. As part of this care she had early chorionic villus sampling after declining a quad screen and later had several ultrasounds. Please code the fields below.

- a. Was fetal genetic testing offered? Yes No
- b. Was MSAFP / triple screen test done? Yes No

Exercise #2

A 21 year old woman who began care in her 3rd month of pregnancy had a quad screen done which was recommended by her physician. Please code the fields below.

- a. Was fetal genetic testing offered? Yes No
- b. Was MSAFP / triple screen test done? Yes No

Exercise #3

The woman delivered a baby girl at 32 weeks gestation, vaginally at a level 1 hospital due to advanced dilation on 11/30/2009. The baby was transferred to a Level 3 nursery shortly after birth. The mother was discharged 3 days post-partum. The baby remained in the NICU.

Interview / Records

Infant

Discharge Date (MM/DD/YYYY)

Discharged home

Infant Died at Birth Hospital

Infant Still in Hospital

Infant Discharged to Foster

Care/Adoption

Infant Transferred Out

Unknown

See next page for answers

Module 7 – Interview Questions

Scenario Exercises Answers

Exercise #1

- a. Was fetal genetic testing offered? Yes No
b. Was MSAFP / triple screen test done? Yes No

Exercise #2

- a. Was fetal genetic testing offered? Yes No
b. Was MSAFP / triple screen test done? Yes No

** When coding MSAFP look for: MSAFP, triple screen, quad screen, NIPT, or second semester screen. MSAFP/quad/triple marker screening is done between 15 & 22 wks gestation. (Slide 6). Fetal genetic testing includes amniocentesis and chorionic villus sampling. (See Module 6 slides for fetal genetic testing information.)

Exercise #3

Interview / Records

Infant

Discharge Date (MM/DD/YYYY)

11/30/2009

- Discharged home
 Infant Still in Hospital
 Infant Transferred Out
 Unknown

- Infant Died at Birth Hospital
 Infant Discharged to Foster Care/Adoption

** For babies transferred to a NICU or SCN within your own facility continue to collect as much information as possible for the 72 hour period. Feeding information should be based on the first 5 days of the infant's life.

Level I hospitals do not have units classified as 'SCN' under state regulations. Therefore do not code "Infant transferred out" if the infant is moved to a SCN within a Level I hospital (Slide 9)

Module Evaluation

MODULE SEVEN EVALUATION

(Please mark the appropriate response)

- 1. A mother may complete the interview/survey portion of the birth certificate without assistance from anyone.**
 - True
 - False

- 2. If mother fails to answer a question and you think you know how she would have answered the question, it's OK for you to complete the information she missed.**
 - True
 - False

- 3. Missing information makes data less useful.**
 - True
 - False

- 4. A full copy of the prenatal information packet will contain the following information about the mother:**
 - Obstetrical history
 - Medical history
 - Prenatal visit information
 - All of the above

- 5. The obstetrician recommended that a pregnant woman in her 4th month of pregnancy have a quad screen or NIPT. The *MSAFP/Triple screen test offered* field would be entered as:**
 - Yes
 - No
 - No, Too late

- 6. A mother was hospitalized during her pregnancy. Which hospitalizations below would be included the field *How many times was mother hospitalized during pregnancy?***
 - Mother had appendicitis and was in the hospital for 36 hours.
 - Mother had bronchitis and was in the observation unit of the hospital for 20 hours.
 - Mother's membranes ruptured and she remained in the hospital for 2 days before she delivered.

- 7. If a mother is transferred to the intensive care unit, what date is recorded as her date of discharge?**
 - Date of transfer off the OB unit to ICU
 - Date of final discharge from the hospital

- 8. An infant, born to a mother who delivered at a Level 1 hospital became jaundiced and was transferred to the special care nursery (SCN) at the birth hospital so he could be put under bili lights. Discharge status, *Infant transferred out*, would be entered to reflect this transfer.**
- True
 - False
- 9. How long during the infant's initial hospitalization should infant information be collected?**
- 1st 72 hours
 - 1st 72 hours except for infant feeding information which should be collected for the 1st 5 days.

See next page for answers

MODULE SEVEN EVALUATION ANSWERS

1. **A mother may complete the interview/survey portion of the birth certificate without assistance from anyone.**

- True
- False

Answer: Interview/survey may be completed either independently by mother or may be completed by individual who interviews mother. (Slide 2)

1. **If mother fails to answer a question and you think you know how she would have answered the question, it's OK for you to complete the information she missed.**

- True
- False

Answer: Never complete information that a mother is supposed to answer. (Slide 3)

3. **Missing information makes data less useful.**

- True
- False

Answer: Missing information makes the remaining data less useful. The data that are missing might be different in some way from the data that have been collected. (Slide 3)

4. **A full copy of the prenatal information packet will contain the following information about the mother:**

- Obstetrical history
- Medical history
- Prenatal visit information
- All of the above

Answer: To be considered complete, prenatal information should include mother's OB and medical history and prenatal visit information. (Slide 5)

5. **The obstetrician recommended that a pregnant woman in her 4th month of pregnancy have a quad screen or NIPT. The *MSAFP/Triple screen test offered* field would be entered as:**

- Yes
- No
- No, Too late

Answer: Quad screen testing and NIPT (offered/done) can be entered in the MSAFP fields. (Slide 6)

6. **A mother was hospitalized during her pregnancy. Which hospitalizations below would be included the field *How many times was mother hospitalized during pregnancy?***

- Mother had appendicitis and was in the hospital for 36 hours.
- Mother had bronchitis and was in the observation unit of the hospital for 20 hours.
- Mother's membranes ruptured and she remained in the hospital for 2 days before she delivered.

Answer: Only hospitalizations of 24 hours or more, and do not result in delivery of the infant, are counted in this field. (Slide 7)

7. If a mother is transferred to the intensive care unit, what date is recorded as her date of discharge?

- Date of transfer off the OB unit to ICU
- Date of final discharge from the hospital

Answer: If a mother is transferred to the ICU from OB following delivery, record the date she is discharged from the hospital as her date of discharge. (Slide 8)

8. An infant, born to a mother who delivered at a Level 1 hospital became jaundiced and was transferred to the special care nursery (SCN) at the birth hospital so he could be put under bili lights. Discharge status, *Infant transferred out*, would be coded to reflect this transfer.

- True
- False

Answer: Transfer to SCN is only coded if transfer is to a Level 2 or 3 hospital's SCN/NICU. In our region the only Level 2-3 hospitals are RGH, SMH and Arnot Ogden. (Slide 9)

9. How long during the infant's initial hospitalization should infant information be collected?

- 1st 72 hours
- 1st 72 hours except for infant feeding information which should be collected for the 1st 5 days.

Answer: All newborn information needs to be collected for the first 72 hours of the infant's life. Information about infant feedings (intake) needs to be reviewed for 5 days or until infant is discharged (whichever comes first). (Slide 9)

Extra Information

Module 7

When are genetic tests performed during pregnancy?

First-trimester screening, as its name implies, is done in the first trimester, usually at 12-13 weeks. It includes an ultrasound for nuchal translucency, and a blood test for hCG and “PAPP-A.”

Maternal serum alpha-fetoprotein (MSAFP) and multiple marker (triple/quad) screening are done in the second trimester, between 15 and 22 weeks.

Cell-free DNA (“NIPT”), also a screening test, can be performed any time after about 9 weeks.

All pregnant women should be offered one of these screening tests, but many choose not to have any done.

Chorionic Villus Sampling (CVS) is a more invasive but more accurate test and can be done at between 10 and 13 weeks gestational age.

Genetic Amniocentesis, the most accurate but also an invasive test, usually is done between 15 and 20 weeks of pregnancy, but can be done later if the need arises. Not all amniocenteses are for genetics, though. Some done later in pregnancy may be to search for evidence of infection or to gauge whether the fetal lungs are mature.

What does the MSAFP test look for?

- Alpha-fetoprotein (AFP) is found in fetal serum, amniotic fluid, and maternal blood. This protein is produced early in gestation by the fetal yolk sac and then later in the liver and gastrointestinal tract. The function of AFP is unknown. We do know that this protein’s level increases and decreases during certain weeks of pregnancy, which is why accurate pregnancy dating is crucial for interpretation.
- The AFP test measures high and low levels of alpha-fetoprotein. The results are combined with the mother’s age and ethnicity to assess probabilities of potential genetic disorders.
- High levels of AFP may be seen when there is an “open” defect in the fetus, such as a neural tube defect (e.g., spina bifida or anencephaly), defects of the esophagus, failure of the fetal abdomen to close. However, abnormalities in AFP levels also can be due to inaccurate dating, twins, fetal demise, placental abnormalities, or (most commonly) “unknown.”
- Low levels of AFP and abnormal levels of hCG, estriol, and inhobin are associated with increased risk of Trisomy 21 (Down syndrome), Trisomy 18 (Edwards Syndrome) and a few other types of chromosome abnormality.