Medical Data Supplemental Worksheet (VS 10A)

California Department of Public Health Vital Records Registration Branch Birth Data Quality Workshop

(VS 10A)

CERTIFICATES OF LIVE BIRTH AND FETAL DEATH MEDICAL DATA SUPPLEMENTAL WORKSHEET

VS 10A (Rev. 1/2006)

Use the codes on this Worksheet to report the appropriate entry in items numbered 25D and 28A through 31 on the "Certificate of Live Birth" and for items 29D and 32B through 35 on the "Certificate of Fetal Death."

Item 25D. (Birth) PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE

Item 29D. (Fetal Death) (Enter only 1 code)

02 Medi-Cal, without CPSP Support Services

13 Medi-Cal, with CPSP Support Services 05 Other Government Programs (Federal, State, Local)

METHOD OF DELIVERY

90 Unknown

50 Yes

07 Private Insurance Company

(Enter 0 - 9, or U if Unknown)

20 Cephalic fetal presentation at delivery

30 Breech fetal presentation at delivery

40 Other fetal presentation at delivery

58 No.

68 No

C. Fetal presentation at birth

A. Final delivery route

Item 32A (Fetal Death) (Enter only 1 code/number under each section, separated by commas: A,B,C,D,E,F) B. If mother had a previous Cesarean—How many?

01 Cesarean-primary

11 Cesarean-primary, with trial of labor attempted

21 Cesarean—primary, with vacuum 31 Cesarean-primary, with vacuum & trial of labor attempted

02 Cesarean—reneat

Cesarean-repeat, with trial of labor attempted Cesarean-repeat, with vacuum

Cesarean-repeat, with vacuum & trial of labor attempted Vaginal—spontaneous

Vaginal-spontaneous, after previous Cesarean

05 Vaginal—forceps 15 Vaginal-forceps, after previous Cesarean

06 Vaginal—vacuum

Vaginal-vacuum, after previous Cesarean 88 Not Delivered (Fetal Death Only)

70 Yes Item 28B. (Birth) EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY

Item 32B (Fetal Death) (Enter only 1 code) 02 Medi-Cal

05 Other Government Programs (Federal, State, Local) 15 Indian Health Service 16 CHAMPUS/TRICARE

COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES

DIABETES

Item 29. (Birth) Item 33. (Fetal Death) (Enter up to 16 codes, separated by commas, for the most important complications/procedures.)

09 Prepregnancy (Diagnosis prior to this pregnancy)

31 Gestational (Diagnosis in this pregnancy)

HYPERTENSION

03 Prepregnancy (Chronic)

01 Gestational (PIH, Preeclampsia)

OTHER COMPLICATIONS/PREGNANCIES

32 Large fibroids

33 Asthma

34 Multiple pregnancy (more than 1 fetus this pregnancy)

35 Intrauterine growth restricted birth this pregnancy

23 Previous preterm birth (<37 weeks gestation)

36 Other previous poor pregnancy outcomes (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth, large for gestational age, etc.)

OBSTETRIC PROCEDURES

24 Cervical cerclage

28 Tocolysis

37 External cephalic version—Successful

38 External cephalic version-Failed

39 Consultation with specialist for high risk obstetric services

PREGNANCY RESULTED FROM INFERTILITY TREATMENT

40 Fertility-enhancing drugs, artificial insemination or

intrauterine insemination

41 Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT)

INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY 42 Chlamydia

D. Was vaginal delivery with forceps attempted, but unsuccessful?

E. Was vaginal delivery with vacuum attempted, but unsuccessful?

14 Other

99 Unknown

00 Medically Unattended Birth

59 Unknown

69 Unknown

F. Hysterotomy/Hysterectomy (Fetal Death Only)

99 Unknown

00 No Prenatal Care

43 Gonorrhea

Group B streptococcus

Hepatitis B (acute infection or carrier)

45 Hepatitis C

16 Hernes simpley virus (HSV)

46 Syphilis

Cytomegalovirus (Fetal Death Only)

47

48 Listeria (Fetal Death Only)

49 Parvovirus (Fetal Death Only)

Toxoplasmosis (Fetal Death Only)

PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES

51 Chlamydia

52 Gonorrhea

Group B streptococcal infection

Henatitis B

Human immunodeficiency virus (offered)

NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED

00 None

30 Other Pregnancy Complications/Procedures not Listed

See reverse side for codes to Birth Items 30 and 31 and Fetal Death Items 34 and 35.

Do not enter any identification by patient name or number on this worksheet. Discard after use. Do not retain the worksheet in the medical records or submit with the "Certificates of Live Birth or Fetal Death."

CERTIFICATES OF LIVE BIRTH AND FETAL DEATH—MEDICAL DATA SUPPLEMENTAL WORKSHEET (Continued)

COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY

(Enter up to 9 codes, separated by commas, for the most important complications/procedures.)

ONSET OF LABOR

10 Premature rupture of membranes (≥ 12 hours)

07 Precipitous labor (< 3 hours)

08 Prolonged labor (≥ 20 hours)

CHARACTERISTICS OF LABOR AND DELIVERY

11 Induction of labor

12 Augmentation of labor

32 Non-vertex presentation

33 Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery

34 Antibiotics received by the mother during labor

35 Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥ 38 °C (100.4°F)

19 Moderate/heavy meconium staining of the amniotic fluid

36 Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery

37 Epidural or spinal anesthesia during labor

25 Mother transferred for delivery from another facility for maternal medical or fetal indications

COMPLICATIONS OF PLACENTA, CORD, AND MEMBRANES

38 Rupture of membranes prior to onset of labor

13 Abruptio placenta

39 Placental insufficiency

20 Prolapsed cord 17 Chorioamnionitis

MATERNAL MORBIDITY

24 Maternal blood transfusion

40 Third or fourth degree perineal laceration

41 Ruptured uterus

42 Unplanned hysterectomy

43 Admission to ICU

44 Unplanned operating room procedure following delivery

NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED

31 Other Labor/Delivery Complications/Procedures not Listed

Item 31 (Birth) Item 35 (Fetal Death)

ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE FETUS

(Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)

CONGENITAL ANOMALIES (NEWBORN OR FETUS)

01 Anencephaly

02 Meningomyelocele/Spina bifida

76 Cyanotic congenital heart disease

Congenital diaphragmatic hernia

78 Omphalocele

Gastroschisis

Limb reduction defect (excluding congenital amputation and dwarfing syndromes)

Cleft palate alone

Cleft lip alone

Cleft palate with cleft lip

Down's Syndrome—Karyotype confirmed

Down's Syndrome—Karyotype pending

Suspected chromosomal disorder—Karyotype confirmed Suspected chromosomal disorder—Karyotype pending

35 Hypospadias

Aortic stenosis

Pulmonary stenosis

62 Additional and unspecified congenital anomalies not listed

ABNORMAL CONDITIONS (NEWBORN OR FETUS)

66 Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires

ADDITIONAL ABNORMAL CONDITIONS/PROCEDURES (NEWBORN ONLY)

Assisted ventilation required immediately following delivery

Assisted ventilation required for more than 6 hours NICU admission

Newborn given surfactant replacement therapy Antibiotics received by the newborn for suspected neonatal

Seizure or serious neurological dysfunction

Newborn transferred to another facility within 24 hours of

NONE OR OTHER ABNORMAL CONDITIONS/PROCEDURES NOT

00 None (Newborn or Fetus)

Other Conditions/Procedures not Listed (Newborn Only)

Other Conditions/Procedures not Listed (Fetal Death Only)

Confidential Portion of the Certificate of Live Birth

CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY

GENETIC	19. FATHER HISPANIC, LATINO, OR SPANISH? 18. RACE					UP TO THREE RACES/ETHNICTIES MAY BE LISTED. SEE WORKSHEET ON BACK.							20C. EDUCATION	N-HIGHEST LEVEL OR DEGREE		
A FE	20. DATE	LAST WORKED -	MM/CCYY 20	DA USUAL OCCU	JPATION		20B. KIND OF BUSINESS OR INDUS				BUSINESS OR INDUSTF	RY				
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GENETIC	23. DATE	LAST WORKED-	MM/CCYY 23	BA USUAL OCCL	JPATION		23B. KIND OF BUSINESS OR INDUSTRY									
BIRTH MOTHER ADDRESS	24A. M	OTHER'S RESID	ENCE STREE	ET AND NUMBER	R, OR LOCATON	- DO NOT I	USE P.O. BOX NUMBER	es C			24B. COUNTY/PROMN	ICE				
BIRTHI	24C. CITY 24D. STATE/FOREIGN COUNTRY 24E. ZIP CODE															
		TE LAST NORMAL I		N 25AA DATE F	IRST PRENATAL C	ARE VISIT	258. MONTH PRENATAL (CARE BEGAN 2	25BA. DATE LAST PRE	NATAL CARE VISIT	25C. NUMBER OF PREN	ATAL CARE VISIT	TS 25D. PF	RINCIPAL SOURCE OF PAYMENT		
	26. BIR	THWEIGHT - GF	AMS				27. PREGNANCY HISTORY - COMPLETE EACH SECTION									
ATA											ERMINATIONS - EXCLUDE INDUCED ABORTIONS					
MEDICAL AND HEALTH DATA BIRTH MOTHER AND NEWBORN		SSTETRIC ESTIF VPLETED WEEP		ESTATION AT D	ELIVERY-		A NUMBER NOW LIVING B. NUMBER NOW DI			D. NUMBER BEFORE 20 WEEKS		20 WEEKS	S E. NUMBER AFTER 20 WEEKS		_	Worksheet Side
	26B. HE	ARING SCREET	NING				C. DATE OF LAST LIVE BIRTH - MWDD/CCYY				F. DATE OF LAST OTHER TERMINATION - MWICCYY			YY		Α
E A	28A METHOD OF DELIVERY 28B. EXPECTED SOURCE OF PAYMENT FOR DELIVERY 29. COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES															
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BIRTHIN	30. CON	VPLICATIONS A	ND PROCED	URES OF LABOR	R AND DELIVER	Y			31. ABNORM	IAL CONDITION	IS AND CLINICAL PRO	OCEDURES RE	LATED TO T	HE NEWBORN	W	orksheet
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VS 10D (REV. 1/07

California Health and Safety Code 102425. Certificate of Live Birth; Required Information

Side A

CERTIFICATES OF LIVE BIRTH AND FETAL DEATH MEDICAL DATA SUPPLEMENTAL WORKSHEET

VS 10A (Rev. 1/2006) Use the codes on this Worksheet to report the appropriate entry in items numbered 25D and 28A through 31 on the "Certificate of Live Birth" and for items 29D and 32B through 35 on the "Certificate of Fetal Death." Item 25D. (Rirth) PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE Item 29D. (Fetal Death) (Enter only 1 code) 02 Medi-Cal, without CPSP Support Services 07 Private Insurance Company 99 Unknown 13 Medi-Cal, with CPSP Support Services 05 Other Government Programs (Federal, State, Local) 00 No Prenatal Care 14 Other Item 28A. (Birth) METHOD OF DELIVERY Item 32A (Fetal Death) (Enter only 1 code/number under each section, separated by commas: A,B,C,D,E,F) A. Final delivery route B. If mother had a previous Cesarean—How many? 01 Cesarean—primary (Enter 0 - 9, or U if Unknown) Cesarean—primary, with trial of labor attempted C. Fetal presentation at birth 21 Cesarean-primary, with vacuum 20 Cephalic fetal presentation at delivery 31 Cesarean—primary, with vacuum & trial of labor attempted Cesarean—repeat 30 Breech fetal presentation at delivery 12 Cesarean—repeat, with trial of labor attempted 40 Other fetal presentation at delivery 22 Cesarean—repeat, with vacuum 90 Unknown 22 Cesarean—repeat, with vacuum & trial of labor attempted

D. Was vaginal delivery with forceps attempted, but unsuccessful? 50 Yes 58 No. 59 Unknown 04 Vaginal—spontaneous, after previous Cesarean 05 Vaginal—forceps 15 Vaginal—forceps, after previous Cesarean E. Was vaginal delivery with vacuum attempted, but unsuccessful? 60 Yes 68 No 69 Unknown 06 Vaginal—vacuum F. Hysterotomy/Hysterectomy (Fetal Death Only) 16 Vaginal—vacuum, after previous Cesarean 70 Yes 78 No. 88 Not Delivered (Fetal Death Only) EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY Item 28B. (Birth) Item 32B (Fetal Death) (Enter only 1 code) 02 Medi-Cal 05 Other Government Programs (Federal, State, Local) 14 Other 15 Indian Health Service 07 Private Insurance 16 CHAMPUS/TRICARE 00 Medically Unattended Birth

09 Self Pay

Item 29. (Rirth)

COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES

Item 33. (Fetal Death) (Enter up to 16 codes, separated by commas, for the most important complications/procedures.)

DIABETES

- 09 Prepregnancy (Diagnosis prior to this pregnancy)
- 31 Gestational (Diagnosis in this pregnancy)

- HYPERTENSION 03 Prepregnancy (Chronic)
- 01 Gestational (PIH, Preeclampsia)
- 02 Eclampsia

OTHER COMPLICATIONS/PREGNANCIES

- 32 Large fibroids 33 Asthma
- 34 Multiple pregnancy (more than 1 fetus this pregnancy)
- 35 Intrauterine growth restricted birth this pregnancy
- 23 Previous preterm birth (<37 weeks gestation)
- 36 Other previous poor pregnancy outcomes (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth, large for gestational age, etc.)

OBSTETRIC PROCEDURES

- 24 Cervical cerclage 28 Tocolysis
- 37 External cephalic version—Successful
- 38 External cephalic version—Failed
- 39 Consultation with specialist for high risk obstetric services

PREGNANCY RESULTED FROM INFERTILITY TREATMENT

- 40 Fertility-enhancing drugs, artificial insemination or
- intrauterine insemination
- 41 Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT)

INFECTIONS PRESENT AND/OR TREATED DURING THIS

PREGNANCY

- Chlamydia Gonorrhea
- Group B streptococcus
- Hepatitis B (acute infection or carrier)
- 45 Hepatitis C
- 16 Herpes simplex virus (HSV)
- Syphilis
- Cytomegalovirus (Fetal Death Only)
- Listeria (Fetal Death Only) Parvovirus (Fetal Death Only)
- Toxoplasmosis (Fetal Death Only)

PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES

51 Chlamydia Gonorrhea

- 53
- Group B streptococcal infection
- Hepatitis B
- Human immunodeficiency virus (offered) 56 Syphilis

NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED 00 None

30 Other Pregnancy Complications/Procedures not Listed

See reverse side for codes to Birth Items 30 and 31 and Fetal Death Items 34 and 35.

Do not enter any identification by natient name or number on this worksheet. Discard after use Do not retain the worksheet in the medical records or submit with the "Certificates of Live Birth or Fetal Death."

ITEMS ON THE WORKSHEET

- **25D** PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE
- **28A** METHOD OF DELIVERY
- **28B** EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY
- COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRANT **ILLNESSES**

Items 25D, 28A & 28B

Source of Payment for Prenatal Care, Method of Delivery, and Expected Source of Payment for Delivery

Item 25D. (Birth)PRINCIPAL SOURCE OF PARTICIPAL	YMENT FOR PRENATAL CARE
13 Medi-Cal, with CPSP Support Services	07 Private Insurance Company 09 Self Pay 10 Other 99 Unknown 00 No Prenatal Care
Item 28A. (Birth) METHOD OF DELIVERY Item 32A (Fetal Death) (Enter only 1 code/number und	er each section, separated by commas: A,B,C,D,E,F)
A. Final delivery route 01 Cesarean—primary 11 Cesarean—primary, with trial of labor attempted 21 Cesarean—primary, with vacuum 31 Cesarean—primary, with vacuum & trial of labor attempted 02 Cesarean—repeat 12 Cesarean—repeat, with trial of labor attempted 22 Cesarean—repeat, with vacuum 32 Cesarean—repeat, with vacuum & trial of labor attempted 03 Vaginal—spontaneous 04 Vaginal—spontaneous, after previous Cesarean 05 Vaginal—forceps 15 Vaginal—forceps, after previous Cesarean 06 Vaginal—vacuum 16 Vaginal—vacuum, after previous Cesarean 88 Not Delivered (Fetal Death Only)	B. If mother had a previous Cesarean—How many? (Enter 0 – 9, or U if Unknown) C. Fetal presentation at birth 20 Cephalic fetal presentation at delivery 30 Breech fetal presentation at delivery 40 Other fetal presentation at delivery 90 Unknown D. Was vaginal delivery with forceps attempted, but unsuccessful? 50 Yes 58 No 59 Unknown E. Was vaginal delivery with vacuum attempted, but unsuccessful? 60 Yes 68 No 69 Unknown F. Hysterotomy/Hysterectomy (Fetal Death Only) 70 Yes 78 No
Item 28B. (Birth)EXPECTED PRINCIPAL SOURItem 32B (Fetal Death)(Enter only 1 code)	RCE OF PAYMENT FOR DELIVERY
02Medi-Cal05Other Governme15Indian Health Service07Private Insurance16CHAMPUS/TRICARE09Self Pay	nt Programs (Federal, State, Local) 14 Other e 99 Unknown 00 Medically Unattended Birth

Item 29

Complications and Procedures of Pregnancy and Concurrent Illnesses

Item 29. (Birth) COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES
Item 33. (Fetal Death) (Enter up to 16 codes, separated by commas, for the most important complications/procedures.)

DIABETES

- 09 Prepregnancy (Diagnosis prior to this pregnancy)
- 31 Gestational (Diagnosis in this pregnancy)

HYPERTENSION

- 03 Prepregnancy (Chronic)
- 01 Gestational (PIH, Preeclampsia)
- 02 Eclampsia

OTHER COMPLICATIONS/PREGNANCIES

- 32 Large fibroids
- 33 Asthma
- 34 Multiple pregnancy (more than 1 fetus this pregnancy)
- 35 Intrauterine growth restricted birth this pregnancy
- 23 Previous preterm birth (<37 weeks gestation)
- 36 Other previous poor pregnancy outcomes (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth, large for gestational age, etc.)

OBSTETRIC PROCEDURES

- 24 Cervical cerclage
- 28 Tocolysis
- 37 External cephalic version—Successful
- 38 External cephalic version—Failed
- 39 Consultation with specialist for high risk obstetric services

PREGNANCY RESULTED FROM INFERTILITY TREATMENT

- 40 Fertility-enhancing drugs, artificial insemination or intrauterine insemination
- 41 Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT)

INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY

- 42 Chlamvdia
- 43 Gonorrhea
- 44 Group B streptococcus
- 18 Hepatitis B (acute infection or carrier)
- 45 Hepatitis C
- 16 Herpes simplex virus (HSV)
- 46 Syphilis
- 47 Cytomegalovirus (Fetal Death Only)
- 48 Listeria (Fetal Death Only)
- 49 Parvovirus (Fetal Death Only)
- 50 Toxoplasmosis (Fetal Death Only)

PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES

- 51 Chlamydia
- 52 Gonorrhea
- 53 Group B streptococcal infection
- 54 Hepatitis B
- 55 Human immunodeficiency virus (offered)
- 56 Syphilis

NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED

- 00 None
- 30 Other Pregnancy Complications/Procedures not Listed

Side B

CERTIFICATES OF LIVE BIRTH AND FETAL DEATH—MEDICAL DATA SUPPLEMENTAL WORKSHEET (Continued)

Item 34 (Fetal Death)

COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY

(Enter up to 9 codes, separated by commas, for the most important complications/procedures,)

ONSET OF LABOR

- 10 Premature rupture of membranes (≥ 12 hours)
- 07 Precipitous labor (< 3 hours)
- 08 Prolonged labor (≥ 20 hours)

CHARACTERISTICS OF LABOR AND DELIVERY

- 11 Induction of labor
- 12 Augmentation of labor
- 32 Non-vertex presentation
- 33 Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- 34 Antibiotics received by the mother during labor
- 35 Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥ 38°C (100.4°F)
- 19 Moderate/heavy meconium staining of the amniotic fluid
- 36 Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery
- 37 Epidural or spinal anesthesia during labor
- 25 Mother transferred for delivery from another facility for maternal medical or fetal indications

COMPLICATIONS OF PLACENTA, CORD, AND MEMBRANES

- 38 Rupture of membranes prior to onset of labor
- 13 Abruptio placenta
- 39 Placental insufficiency
- 20 Prolapsed cord
- 17 Chorioamnionitis

MATERNAL MORBIDITY

- 24 Maternal blood transfusion
- 40 Third or fourth degree perineal laceration
- 41 Ruptured uterus
- 42 Unplanned hysterectomy
- 43 Admission to ICII
- 44 Unplanned operating room procedure following delivery NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED

31 Other Labor/Delivery Complications/Procedures not Listed

ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN Item 35 (Fetal Death) ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE FETUS

(Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)

CONGENITAL ANOMALIES (NEWBORN OR FETUS)

- 01 Anencephaly
- 02 Meningomyelocele/Spina bifida
- 76 Cyanotic congenital heart disease
- 77 Congenital diaphragmatic hemia
- 78 Omphalocele
- 80 Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- 28 Cleft palate alone
- 29 Cleft lin alone
- 30 Cleft palate with cleft lip
- 57 Down's Syndrome—Karyotype confirmed
- 81 Down's Syndrome—Karyotype pending
- 82 Suspected chromosomal disorder-Karyotype confirmed
- 83 Suspected chromosomal disorder-Karyotype pending
- 35 Hypospadias
- 88 Aortic stenosis
- 89 Pulmonary stenosis
- 62 Additional and unspecified congenital anomalies not listed

ABNORMAL CONDITIONS (NEWBORN OR FETUS)

66 Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires

ADDITIONAL ABNORMAL CONDITIONS/PROCEDURES

- 71 Assisted ventilation required immediately following delivery
- 85 Assisted ventilation required for more than 6 hours
- 86 Newborn given surfactant replacement therapy
- 87 Antibiotics received by the newborn for suspected neonatal
- 70 Seizure or serious neurological dysfunction
- Newborn transferred to another facility within 24 hours of

NONE OR OTHER ABNORMAL CONDITIONS/PROCEDURES NOT LISTED

- 75 Other Conditions/Procedures not Listed (Newborn Only)
- 67 Other Conditions/Procedures not Listed (Fetal Death Only)

ITEMS ON THE WORKSHEET

- COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY
- 31 ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE **NEWBORN**

Item 30

Complications and Procedures of Labor and Delivery

Item 30 (Birth) COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY

Item 34 (Fetal Death) (Enter up to 9 codes, separated by commas, for the most important complications/procedures.)

ONSET OF LABOR

- 10 Premature rupture of membranes (≥ 12 hours)
- 07 Precipitous labor (< 3 hours)
- 08 Prolonged labor (≥ 20 hours)

CHARACTERISTICS OF LABOR AND DELIVERY

- 11 Induction of labor
- 12 Augmentation of labor
- 32 Non-vertex presentation
- 33 Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- 34 Antibiotics received by the mother during labor
- 35 Clinical chorioamnionitis diagnosed during labor or maternal temperature \geq 38 $^{\circ}$ C (100.4 $^{\circ}$ F)
- 19 Moderate/heavy meconium staining of the amniotic fluid
- 36 Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery
- 37 Epidural or spinal anesthesia during labor
- 25 Mother transferred for delivery from another facility for maternal medical or fetal indications

COMPLICATIONS OF PLACENTA, CORD, AND MEMBRANES

- 38 Rupture of membranes prior to onset of labor
- 13 Abruptio placenta
- 39 Placental insufficiency
- 20 Prolapsed cord
- 17 Chorioamnionitis

MATERNAL MORBIDITY

- 24 Maternal blood transfusion
- 40 Third or fourth degree perineal laceration
- 41 Ruptured uterus
- 42 Unplanned hysterectomy
- 43 Admission to ICU
- 14 Unplanned operating room procedure following delivery

NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED

- 00 None
- 31 Other Labor/Delivery Complications/Procedures not Listed

Item 31

Abnormal Conditions and Clinical Procedures Relating to the Newborn

Item 31 (Birth)
Item 35 (Fetal Death)

ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE FETUS

(Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)

CONGENITAL ANOMALIES (NEWBORN OR FETUS)

- 01 Anencephaly
- 02 Meningomyelocele/Spina bifida
- 76 Cyanotic congenital heart disease
- 77 Congenital diaphragmatic hernia
- 78 Omphalocele
- 79 Gastroschisis
- 80 Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- 28 Cleft palate alone
- 29 Cleft lip alone
- 30 Cleft palate with cleft lip
- 57 Down's Syndrome—Karyotype confirmed
- 81 Down's Syndrome—Karyotype pending
- 82 Suspected chromosomal disorder—Karyotype confirmed
- 83 Suspected chromosomal disorder—Karyotype pending
- 35 Hypospadias
- 88 Aortic stenosis
- 89 Pulmonary stenosis
- 90 Atresia
- 62 Additional and unspecified congenital anomalies not listed above

ABNORMAL CONDITIONS (NEWBORN OR FETUS)

66 Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)

ADDITIONAL ABNORMAL CONDITIONS/PROCEDURES (NEWBORN ONLY)

- 71 Assisted ventilation required immediately following delivery
- 85 Assisted ventilation required for more than 6 hours
- 73 NICU admission
- 86 Newborn given surfactant replacement therapy
- 87 Antibiotics received by the newborn for suspected neonatal sepsis
- 70 Seizure or serious neurological dysfunction
- 74 Newborn transferred to another facility within 24 hours of delivery

NONE OR OTHER ABNORMAL CONDITIONS/PROCEDURES NOT LISTED

- 00 None (Newborn or Fetus)
- 75 Other Conditions/Procedures not Listed (Newborn Only)
- 67 Other Conditions/Procedures not Listed (Fetal Death Only)

State Law: Health and Safety Code 102425

- The VS-10A supplemental form shall be used as a worksheet only and shall not in any manner be linked with the identity of the child or the mother, nor submitted with the certificate to the State Registrar.
- Medical data is CONFIDENTIAL.
- Only the information and codes on the worksheet shall be transcribed and they need to be consistent (like the prenatal screening example).
- No questions relating to drug or alcohol abuse may be asked.

Any Questions?



Birth and Marriage Registration Section (916) 445-8494 AVSS Help Desk (916) 552-8222