

Guide to Completing the Perinatal Record Perinatal Worksheet

Ohio Department of Health

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Introduction

The purpose of the following guide is to assist the clinician/data entry operator in the process of filling out the perinatal worksheet. The definitions of each field for the perinatal worksheet (#1-21) are provided. Further, the instructions for how to enter that data into the worksheet and the sources where these fields can be found are also provided. The last column includes any keywords or abbreviations associated with those definitions.

Perinatal Worksheet

Date of Encounter			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Two digits for month, two digits for day, and four digits for year (e.g. 01/01/2004) for the client's encounter date.	Record the Demographic Initial Encounter date (mm/dd/yyyy) for "first encounter".	Perinatal Care Record 1 st perinatal section (field 7) 2 nd demographic section (date completed)	

Site Letter			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
The site letter assigned by the Ohio Department of Health, identifying the location of the clinic and service provided.	Enter the site letter.	Perinatal Care Record 1 st perinatal section (field 8)	

Home Visit			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Whether the services were provided in a client's home. Services provided include those to identify critical health education needs; monitor progress in reduction of risk behaviors; reinforce health education provided in clinics, WIC, etc.; or care coordination.	Indicate whether the services were provided in a client's home.	Perinatal Care Record 1 st perinatal section (field 11)	WIC-Special Supplemental Nutrition Program for Women, Infants, and Children.

WIC Participant			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Whether <i>the client</i> is a current participant of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) at this encounter and if not, whether she has been referred to the program.	Select one of the following choices: Yes; No, Referred; No, Not Referred. Do not answer this item for other members of the family (e.g., client's child).	Perinatal Care Record 1 st perinatal section (field 9)	WIC-Special Supplemental Nutrition Program for Women, Infants, and Children.

Help Me Grow Participant			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
(Formerly Early Start/Early Intervention/Welcome Home) (HMG/ES/EI) Participant- Indicate whether <i>the client</i> is a participant of either the Help Me Grow program <i>at this encounter</i> and, if not, whether she has been referred to these programs.	Select one of the following choices: Yes; No, Referred; No, Not Referred. Do not answer this item for other members of the family (e.g., client's child).	Perinatal Care Record 1 st perinatal section (field 10)	HMG/ES/EI-Help Me Grow (formerly Early Start/Early Intervention/ Welcome Home).

Principal source of payment for this encounter			
Definitions	Instructions	Sources	Key words/Abbreviations
A. <u>Private Insurance</u> – Health insurance through Private insurance current or former employer or union (Blue Cross/Blue Shield, Aetna, etc.).	Check the box that best describes the principal source of payment for this delivery. <u>If “other” is checked, specify the payer.</u> If the principal source of payment is not known, mark “unknown”. This item should be completed by the facility. If the birth did not occur in a facility, it should be completed by the attendant or certifier.	Perinatal Care Record 1 st perinatal section (field 12)	
B. Other Government (Specify, e.g., Indian Health Service, Other Government (federal, state, local)			
C. <u>Medicaid</u> – Health insurance through Medicaid (e.g. Healthy Start [HS], Medicaid waiver programs, disability assistance, Healthy Families [HF] or a comparable State Program)			[HS/HF] -Healthy Start/Healthy Families
D. <u>Purchased directly or self-pay:</u> (no third party identified).	Client has ability to pay using Sliding fee scale.		
E. Other: (specify e.g. Indian Health Service)	Specify type of insurance (e.g. Indian Health Service)		
F. Uninsured-clients with no health insurance.	Client has no ability to pay.		
H. CHAMPUS/ TRICARE	Client has ability to pay using CHAMPUS/TRICARE		CHAMPUS/TRICARE – Military health care.

Uninsured/underinsured status			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
A. <u>CPA Completed</u> – Combined Programs Application (CPA) has been completed and will be submitted to the County Department of Job and Family Services (DJFS) for Medicaid enrollment. Refer to the CPA Policy in the CFHS Program Standards Administration Manual.	If Uninsured, indicate status.	Perinatal Care Record 1 st perinatal section (field 13)	CPA -Combined Programs Application ODJFS- Ohio Department of Job and Family Health Services HS/HF-Healthy Start/Healthy Families
B. <u>Medicaid Eligibility Pending</u> – CPA was previously submitted to (ODJFS). Notice of Medicaid enrollment has not been received.			
C. <u>Medicaid Ineligible</u> – Client previously applied for Medicaid (HS/HF) but was found to be ineligible by (ODJFS) for the program.			HS/HF-Healthy Start/Healthy Families ODJFS- Ohio Department of Job and Family Health Services
D. <u>Client Refused Medicaid</u> - Client may be eligible but refuses Medicaid (HS/HF) services at this time or does not follow through on the submission of required documents.			HS/HF-Healthy Start/Healthy Families

1. Type of Encounter			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
A. <u>Direct Care</u> – Service delivered one-on-one in an office or clinic site between a client and health professionals. Health professional may include registered nurse; LPN;	Complete Sections 1-7 at each encounter. Select type of encounter (direct, enabling, direct and enabling) from drop down list.	Perinatal Care Record 1 st perinatal section (#1)	LPN-Licensed Practical Nurse MATCH – Maternal and Child Health Data.

1. Type of Encounter			
Definitions	Instructions	Sources	Key words/Abbreviations
nurse practitioner; certified nurse midwife; nurse/medical assistant; physician; licensed social worker/counselor; licensed/registered dietitian; health educator; and outreach worker. Basic services include office visits; (minor acute and preventive); allied health services; laboratory testing; and pharmaceutical products and services.	Enabling services provided over the phone are only to be entered on a MATCH form if the provider documents the service in detail in the client's chart. Complete Section 8 also.		
B. <u>Enabling</u> – Enabling services allow, or provide for access to and benefit from an array of basic health care services. Enabling services include, but are not limited to, in-depth assessment or counseling; education; care coordination; transportation assistance; CPA assistance; language translation; and community-based outreach. Enabling services are supportive services provided to a client with more complex needs and exceed the routine screening, anticipatory guidance, patient instruction, and patient assistance that occur in a typical medical service visit. Enabling services supplement direct health care and can be provided in conjunction with the direct health care visit, or during a separate encounter with the client.			CPA-Combined Programs Application

1. Type of Encounter			
Definitions	Instructions	Sources	Key words/Abbreviations
<p>Such supportive services that are conducted during a typical direct health care encounter are not considered separate “Enabling Services” but rather part of a comprehensive direct health care visit.</p> <p>Separate enabling services can be provided in the health care setting, on a home visit, or under certain circumstances, over the phone by one or more health care providers and or project staff/contractors.</p>			
<p>C. <u>Direct Care and Enabling</u> - Services provided include a direct care visit (comprehensive health visit, follow up or acute care) and at least one enabling service.</p> <p>Enabling service(s) are supportive services provided to a client with more complex needs that exceed the routine screening, anticipatory guidance, patient instruction, and patient assistance that occur in a typical medical service visit.</p> <p>If a clinic has a “split comprehensive visit” (when a client receives comprehensive health visits during two separate visits), the visit when the physical exam is performed is coded as <i>direct care</i> and the other visit when appropriate tests, screens and health education/counseling are</p>			

1. Type of Encounter			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>done is coded as <i>direct care/enabling</i>.</p> <p>Enabling services supplement the direct health care and are provided in conjunction with the direct health care visit. Such supportive services conducted during a typical direct health care encounter are not considered separate “Enabling Services” but rather part of a comprehensive direct health care visit.</p>			

2. Purpose of Encounter			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>A. <u>Antepartum</u> – All Obstetrical care provided from the confirmation of the pregnancy and ending at the onset of established labor, induction, or cesarean section.</p>	<p>Select only one answer to describe purpose of encounter. Complete Section 9 also only if postpartum visit.</p>	<p>Perinatal Care Record 1st perinatal section (#2)</p>	
<p>B. <u>Postpartum</u> – All obstetrical care provided after delivery through eight weeks.</p>	<p>Purpose can only be postpartum if visit date is after birth of child.</p>		

3. Risk factors in this pregnancy

Definitions	Instructions	Sources	Key words/Abbreviations
Risk factors of the mother during this pregnancy	Check all boxes that apply. The mother may have more than one risk factor. If the mother has none of the risk factors, check “None”. If you don’t have information regarding the mother’s history mark ‘Unknown’.	See below	See below

3. Risk factors in this pregnancy

Definitions	Instructions	Sources	Key words/Abbreviations
<p>A. <u>None</u></p> <p>B – C. <u>Diabetes</u> - Glucose intolerance requiring treatment.</p> <p>Pre-pregnancy - (diagnosis before this pregnancy)</p> <p>Gestational - (diagnosis during this pregnancy)</p>	<p>If diabetes is present, check either pre-pregnancy or gestation diabetes. <u>Do not check both.</u></p>	<p>1st Prenatal Care Record under</p> <ul style="list-style-type: none"> ▪ Medical history ▪ Previous OB history under—summary of previous pregnancies ▪ Problem list or— initial risk assessment ▪ Historical risk summary ▪ Complications of previous pregnancies ▪ Factors this pregnancy <p>2nd Labor and Delivery Nursing Admission Triage Form under - Medical complications</p> <p>Comments</p> <p>3rd Admission H&P under—</p> <ul style="list-style-type: none"> ▪ Current pregnancy history ▪ Medical history ▪ Previous OB history under—pregnancy related ▪ Problem list/findings <p>4th Delivery Record under—</p> <ul style="list-style-type: none"> ▪ Maternal OB/labor summary ▪ Labor and delivery admission history <p>Labor summary record</p>	<p>Prepregnancy:</p> <p>DM - diabetes mellitus</p> <p>Type 1 diabetes</p> <p>IDDM - Insulin dependent diabetes mellitus</p> <p>Type 2 diabetes</p> <p>Non-insulin dependent diabetes mellitus</p> <p>Class B DM</p> <p>Class C DM</p> <p>Class D DM</p> <p>Class F DM</p> <p>Class R DM</p> <p>Class H DM</p> <p>Gestational:</p> <p>GDM -- gestational diabetes mellitus</p> <p>IDGDM -- insulin dependent gestational diabetes mellitus</p> <p>Class A1 or A2 diabetes mellitus</p>

3. Risk factors in this pregnancy			
Definitions	Instructions	Sources	Key words/Abbreviations
<p>D – E. <u>Hypertension</u> Elevation of blood pressure above normal for age, gender, and physiological condition</p> <p>Prepregnancy (chronic) -- (diagnosis prior to the onset of this pregnancy)</p> <p>Gestational -- diagnosis in this pregnancy (Pregnancy induced hypertension without eclampsia or pre-eclampsia,)</p> <p>F. <u>Eclampsia</u></p>	<p>If hypertension is present, check either prepregnancy or gestational hypertension w/o eclampsia or eclampsia. <u>Only check one.</u></p>	<p>See above</p>	<p>Prepregnancy: CHT – chronic hypertension</p> <p>Gestational: PIH – pregnancy-induced hypertension Preeclampsia Eclampsia Transient hypertension HELLP Syndrome</p>

3. Risk factors in this pregnancy			
Definitions	Instructions	Sources	Key words/Abbreviations
<p><u>G. Other previous poor pregnancy outcome</u></p> <p>History of pregnancies continuing into the 20th week of gestation and resulting in any of the listed outcomes:</p> <ul style="list-style-type: none"> • Perinatal death (including fetal and neonatal deaths) • Small for gestational age • Intrauterine-growth-restricted birth 		<p>1st Prenatal Care Record under</p> <ul style="list-style-type: none"> ▪ Medical history ▪ Previous OB history under—summary of previous pregnancies ▪ Problem list or—initial risk assessment ▪ Historical risk summary ▪ Complications of previous pregnancies <p>2nd Labor and Delivery Nursing Admission Triage Form under - Comments</p> <p>3rd Admission H&P under</p> <ul style="list-style-type: none"> ▪ Previous OB history under—pregnancy related ▪ Complications Previous Pregnancies ▪ Problem list/findings 	<p>IUGR – intrauterine growth retardation</p> <p>FDIU – fetal death in-utero</p> <p>SGA – small for gestational age</p> <p>SFD – small for dates</p> <p>Stillborn</p> <p>Look for:</p> <p>PROM – premature rupture of membranes</p> <p>PPROM – preterm premature rupture of membranes</p>
<p><u>H. Pregnancy resulted from fertility enhancing drugs, artificial insemination or intrauterine insemination</u></p> <p>Includes—</p> <ul style="list-style-type: none"> • Artificial insemination • Intrauterine insemination • Drugs (such as Clomid, Pergonal) 		<p>1st Prenatal Care Record under</p> <ul style="list-style-type: none"> ▪ Medical history ▪ Current pregnancy history ▪ Problem list or—initial risk assessment <p>Medications this pregnancy</p> <p>2nd Labor and Delivery Nursing Admission Triage Form under</p> <ul style="list-style-type: none"> ▪ Comments ▪ Medications <p>3rd Admission H&P under</p> <ul style="list-style-type: none"> ▪ Current pregnancy history <p>Problem list/findings</p>	

3. Risk factors in this pregnancy			
Definitions	Instructions	Sources	Key words/Abbreviations
<p>I. <u>Pregnancy resulted from assisted reproductive technology</u></p> <p>Technical procedures (such as in-vitro fertilization)</p>		See above	
<p>J. <u>Mother had a previous cesarean delivery</u></p> <p>Previous delivery by extracting the fetus, placenta, and membranes through an incision in the mother's abdominal and uterine walls</p> <p>If yes, how many? _____</p>	<p>If the mother has had a <u>previous cesarean delivery</u>, indicate the number of previous cesarean deliveries she has had.</p>	<p>1st Prenatal Care Record under</p> <ul style="list-style-type: none"> ▪ Past pregnancy history ▪ Past OB history ▪ Problem list or—initial risk assessment <p>2nd Labor and Delivery Nursing Admission Triage Form under - Comments</p> <p>3rd Admission H&P under</p> <ul style="list-style-type: none"> ▪ Past OB history ▪ Past pregnancy history under—problem list/findings 	<p>C/S -- cesarean section</p> <p>Repeat C/S</p> <p>VBAC – vaginal delivery after cesarean LSTCS (or LTCS) low segment transverse cesarean section</p> <p>Classical cesarean section</p> <p>Low vertical C/S</p> <p>Low transverse C/S</p> <p>Look for:</p> <p>TOL – trial of labor</p>
<p>K. <u>Anemia</u></p> <p>Hematocrit < 30 or Hemoglobin < 10</p>		See above.	<p>Hct – hematocrit</p> <p>Hgb – Hemoglobin</p>

3. Risk factors in this pregnancy			
Definitions	Instructions	Sources	Key words/Abbreviations
<p>L. <u>Cardiac disease</u></p> <p>Does not include hypertension. Include any heart disease present before pregnancy or identified during pregnancy, including: congenital heart defects, coronary heart disease, congestive heart failure</p>		<p>1st Prenatal Care Record under</p> <ul style="list-style-type: none"> ▪ Problem list or—initial risk assessment ▪ Complications <p>2nd Labor and Delivery Nursing Admission Triage Form under</p> <ul style="list-style-type: none"> ▪ Admission chief complaint ▪ Comments ▪ Medications <p>3rd Admission H&P under</p> <ul style="list-style-type: none"> ▪ Admission chief complaint ▪ Current pregnancy history ▪ Problem list/findings <p>4th Delivery Record under</p> <ul style="list-style-type: none"> ▪ Maternal OB/labor summary ▪ Labor and delivery admission history ▪ Labor summary record 	<p>Look for :</p> <p>CHF</p>
<p>M. <u>Acute or Chronic Lung Disease</u></p> <p>Includes asthma, obstructive disease, and infectious diseases such as Pneumonia. It does not include acute upper respiratory disease.</p>		<p>See above</p>	<p>Look for:</p> <p>COPD</p>

3. Risk factors in this pregnancy			
Definitions	Instructions	Sources	Key words/Abbreviations
<p>N. <u>Hydroamnios/Oligohydramnios</u></p> <p>Hydramnios -- A condition in which there is an excess amount of amniotic fluid in the sac surrounding the fetus.</p> <p>Oligohydramnios -- Lack or deficiency of amniotic fluid.</p>		See above	Kidney Agenesis Renal Agenesis Oligohydramnios Sequence Streeter Anomaly ABS Amniotic Band Syndrome Amniotic Band Disruption Complex Amniotic Rupture Sequence BPP - biophysical profile
<p>O. <u>Hemoglobinopathy</u></p> <p>Hemoglobinopathy is a term used to describe disorders caused by the presence of abnormal hemoglobin production in the blood Includes: Hemoglobin SC disease Sickle/beta-thalassemia Hemoglobin E/beta-thalassemia Alpha thalassemia/Hemoglobin Constant Spring</p>		See above	Hgb – Hemoglobin Hemoglobin S Hemoglobin C Hemoglobin E Hemoglobin H Hemoglobin Barts

3. Risk factors in this pregnancy			
Definitions	Instructions	Sources	Key words/Abbreviations
<p>P. <u>Nutrition/Weight-related problems</u> Nutrition or weight-related problems identified during this pregnancy. Examples include gestational diabetes, metabolic disorders, poor weight gain, and obesity.</p> <p>Q. <u>Current pregnancy-related complications</u> Complications identified during this pregnancy, such as pre-term labor and uterine bleeding.</p> <p>R. <u>Other</u> (specify-optional) Other risk conditions identified during this pregnancy that are not listed above.</p> <p>S. <u>Unknown</u>: unidentified risk factor in this Pregnancy.</p>		<p>Perinatal Care Record 1st perinatal section (#3)</p>	

4. Infections present and/or treated during this pregnancy			
Definitions	Instructions	Sources	Key words/Abbreviations
<p>Infections present at the time of the pregnancy diagnosis or a confirmed diagnosis during the pregnancy with or without documentation of treatment. Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record.</p>	<p>Check all boxes that apply. The mother may have more than one infection.</p>	<p>See below</p>	<p>An “+” indicates that the test for the infection was positive and the women has the infection. An “-“ indicates that the test was negative, and the women does not have the infection. Look for treatment or Rx for specific infection.</p>

4. Infections present and/or treated during this pregnancy			
Definitions	Instructions	Sources	Key words/Abbreviations
A. <u>None</u>	If the mother has none of the risk factors, check "None".		
B. <u>Bacterial Vaginosis</u> Vaginal Inflammation caused by <u>Gardnerella vaginalis</u> infection. Diagnosis excludes other etiologic agents (e.g. GC, CT, Candida, Trichomonas, etc.)	Check box if medical records indicate the definition is met.	1 st Prenatal Record under <ul style="list-style-type: none"> ▪ Infection history ▪ Sexually transmitted diseases ▪ Problem list ▪ Complications this pregnancy ▪ Factors this pregnancy ▪ Medical history 2 nd Labor and Delivery Nursing Admission Triage Form under - Comments 3 rd Admission H&P under <ul style="list-style-type: none"> ▪ Current pregnancy history ▪ Medical history ▪ Problem list/findings 4 th Delivery Record under <ul style="list-style-type: none"> ▪ Maternal OB/labor summary Labor and delivery admission history	Positive "wet mount" test Clue cells Fishy odor
C. <u>Chlamydia</u> -- a positive laboratory test for Chlamydia trachomatis	Check box if lab results indicate a positive test for Chlamydia trachomatis	See bacterial vaginosis	Treatment or diagnosis for chlamydia

4. Infections present and/or treated during this pregnancy			
Definitions	Instructions	Sources	Key words/Abbreviations
<p>D. <u>CMV</u></p> <p>A positive test for Cytomegalovirus</p>	<p>Check box if lab results indicate a positive test for Cytomegalovirus (CMV) or medical records document diagnosis or treatment of CMV</p>	<p>1st Prenatal Record under</p> <ul style="list-style-type: none"> ▪ Infection history ▪ Problem list ▪ Complications this pregnancy ▪ Factors this pregnancy ▪ Medical history <p>2nd Labor and Delivery Nursing Admission Triage Form under - Comments</p> <p>3rd Admission H&P under</p> <ul style="list-style-type: none"> ▪ Current pregnancy history ▪ Medical history ▪ Problem list/findings <p>Labor and delivery admission history</p>	<p>CMV - Treatment or diagnosis for CMV</p>
<p>E. <u>Gonorrhea</u></p> <p>A positive test/culture for Neisseria gonorrhoeae</p>	<p>Check box if lab results indicate a positive test for Neisseria gonorrhoeae</p>	<p>See bacterial vaginosis</p>	<p>GC Gonorrheal Gonococcal</p> <p>Treatment or Diagnosis for Gonorrhea NAAT – Nucleic acid amplification tests</p>
<p>F. <u>Hepatitis B</u> (HBV, serum hepatitis)</p> <p>A positive test for the hepatitis B virus</p>	<p>Also, please enter the HBsAg test date and result on the Immunization screen. If there is no result available an HBsAg test should be performed and the infant should receive Hep B vaccine within 12 hours of birth.</p>	<p>See chlamydia</p>	<p>Hepatitis B Hep B HBV Treatment or Rx for any of the above HBsAg</p>

4. Infections present and/or treated during this pregnancy			
Definitions	Instructions	Sources	Key words/Abbreviations
<p>G. <u>Hepatitis C</u> (non A, non B hepatitis, HCV)</p> <p>A positive test for the hepatitis C virus</p> <ul style="list-style-type: none"> • HCV RNA • RIBA • Anti-HCV • Signal to cutoff ratio 	<p>Check box if lab results indicate the presence (past or present) of the Hepatitis C virus or if the medicare records documents diagnosis or treatment of acute or chronic Hepatitis C</p>	<p>See Hepatitis B</p>	<p>Hep C HCV Treatment or diagnosis for any of the above</p>
<p>H. <u>Herpes Simplex Virus</u></p> <p>A positive laboratory test for Herpes Simplex Virus (HSV)</p>	<p>Check box if current infection or past history of infection</p>	<p>See bacterial vaginosis</p>	<p>HSV Treatment, diagnosis, or Rx for HSV</p>
<p>I. <u>HIV-mother received antiretroviral therapy</u></p>	<p>Check box if mother received antiretroviral therapy</p>		<p>HIV Treatment for HIV</p>
<p>J. <u>HIV- mother did not receive antiretroviral therapy</u></p>	<p>Check box if mother did not receive antiretroviral therapy</p>		
<p>K. <u>In Utero Infection (TORCHS)</u></p>	<p>Check box if mother had in utero infection.</p>		<p>TORCHS- <i>In utero</i> infection</p>

4. Infections present and/or treated during this pregnancy			
Definitions	Instructions	Sources	Key words/Abbreviations
<p>L. <u>Maternal Group B Streptococcus (GBS)</u></p> <p>A diagnosis of or positive test for Streptococcus agalactiae or group B streptococcus</p>	<p>Check box if lab results indicate a positive test for Streptococcus agalactiae or group B streptococcus or medical records document diagnosis or treatment of Maternal group B Streptococcus</p>	<p>1st Prenatal Record under</p> <ul style="list-style-type: none"> ▪ Infection history ▪ Problem list ▪ Complications this pregnancy ▪ Factors this pregnancy ▪ Medical history <p>2nd Labor and Delivery Nursing Admission Triage Form under - Comments</p> <p>3rd Admission H&P under</p> <ul style="list-style-type: none"> ▪ Current pregnancy history ▪ Medical history ▪ Problem list/findings <p>4th Delivery Record under</p> <ul style="list-style-type: none"> ▪ Maternal OB/labor summary <p>Labor and delivery admission history</p>	<p>GBS – Diagnosis, treatment or Rx for GBS</p>

4. Infections present and/or treated during this pregnancy			
Definitions	Instructions	Sources	Key words/Abbreviations
M. <u>Measles</u> Positive IgM for Measles	Check box if lab results indicate a positive test for Measles or medical records document diagnosis or treatment of Measles	1 st Prenatal Record under <ul style="list-style-type: none"> ▪ Infection history ▪ Problem list ▪ Complications this pregnancy ▪ Factors this pregnancy ▪ Medical history 2 nd Labor and Delivery Nursing Admission Triage Form under - Comments 3 rd Admission H&P under <ul style="list-style-type: none"> ▪ Current pregnancy history ▪ Medical history ▪ Problem list/findings 4 th Delivery Record under <ul style="list-style-type: none"> ▪ Maternal OB/labor summary Labor and delivery admission history	Measles Diagnosis or treatment of measles
N. <u>Mumps</u> Positive IgM for Mumps	Check box if lab results indicate a positive test for Mumps or medical records document diagnosis or treatment of Mumps	See Measles	Mumps Diagnosis or treatment of mumps
O. <u>PID</u> Ascending genital tract bacterial infection – a complication of undiagnosed/untreated GC, CT, Strep, etc.	Check box if clinical diagnosis indicates “PID” or salpingitis	See bacterial vaginosis	Lower abdominal pain Abnormal menstrual Hx Fever History of past PID Dx
P. <u>Rubella</u> Positive IgM for Rubella	Check box if lab results indicate a positive test for Rubella or medical records document diagnosis or treatment of Rubella	See Measles	Rubella Diagnosis or treatment for rubella

4. Infections present and/or treated during this pregnancy			
Definitions	Instructions	Sources	Key words/Abbreviations
<p>Q. <u>Syphilis</u> (also called lues) a positive dark field test finding and/or clinical diagnosis based on numerous factors</p>	<p>Check box if lab results indicate a positive dark field test for treponema pallidum or medical records document diagnosis or treatment of Syphilis</p>	<p>See bacterial vaginosis</p>	<p>TP-PA – T. pallidum particle agglutination STS - serologic test for syphilis RPR - rapid plasma regain VDRL - venereal disease research laboratories FTA-AS - fluorescent antibody test Lues Treatment or diagnosis for syphilis or lues</p>
<p>R. <u>Trichomoniasis</u> (also called trichomonas)</p> <p>A diagnoses or positive test includes:</p> <ul style="list-style-type: none"> • Wet prep 	<p>Check box if lab results indicate a parasitic infection occurring in the female vagina or urethra.</p>	<p>1st Prenatal Record under</p> <ul style="list-style-type: none"> ▪ Infection history ▪ Problem list ▪ Complications this pregnancy ▪ Factors this pregnancy ▪ Medical history <p>2nd Labor and Delivery Nursing Admission Triage Form under - Comments</p> <p>3rd Admission H&P under</p> <ul style="list-style-type: none"> ▪ Current pregnancy history ▪ Medical history ▪ Problem list/findings 	<p>Treatment or diagnosis for Trichomoniasis</p>

4. Infections present and/or treated during this pregnancy			
Definitions	Instructions	Sources	Key words/Abbreviations
<p>S. <u>Toxoplasmosis (Toxo)</u></p> <p>A diagnosis of or positive test for Toxoplasma gondii</p> <p>A diagnosis or positive test includes:</p> <ul style="list-style-type: none"> • IgM & IgG capture EIA • IFA in tissue • Observation parasites in tissue • PCR 	<p>Check box if laboratory evidence indicates that infection occurred during pregnancy</p> <p>Do not check box if laboratory findings indicate a past exposure (IgG only).</p>	See Trichinosis	Toxo – Diagnosis, treatment or Rx for Toxo
<p>T. <u>Varicella</u></p> <p>Positive IgM for Varicella</p>	Check box if lab results indicate a positive test for Varicella or medical records document diagnosis or treatment of Rubella	See Measles	Varicella Chickenpox Diagnosis or treatment of varicella or chickenpox
U. <u>Other</u>	Specify optional		
V. <u>Unknown</u>	If you don't have information regarding the mother's history mark 'Unknown'.		

5. Social/Behavioral Risk Factors			
Definitions	Instructions	Sources	Key words/Abbreviations
Social/behavioral risk factors identified at the time of the pregnancy.	Check all social/behavioral risk factors identified at any/all encounter(s) that apply.		
A. <u>None at this Encounter</u>	If "None" checked, no other option may be checked.	Perinatal care record 1 st perinatal section (#5)	
B. <u>Alcohol Use</u> — A current compulsion to drink, an inability to limit drinking, the experience of	For alcohol use, enter the number of drinks on a typical day.		

5. Social/Behavioral Risk Factors			
Definitions	Instructions	Sources	Key words/Abbreviations
<p>withdrawal, or increased tolerance to alcohol in any amount during pregnancy. Experienced by the client.</p> <p>How many alcoholic beverages do you consume on a typical day?</p>			
<p>C. <u>Domestic Violence</u>—A situation where the client is a victim of physical or psychological abuse or fears harm by another person with whom she has or has had a domestic relationship. This may include physical force used to injure, damage, or destroy; extreme roughness; unjust or callous use of force or power, as in violating another’s rights, sensibilities and the harm done by this. It may include domestic violence not directed at the client and/or emotional mistreatment in the client’s home. This includes sexual acts that are harmful to a person, including unwanted sex acts such as touching without permission, obscene phone calls and forced intercourse (rape).</p>			
<p>D. <u>Drug Use</u>—Actively using, or dependency on any type of illicit drug, or abuse of prescription or over-the-counter medications. Experienced by the client.</p>			
<p>E. <u>Inadequate Social/Economic</u></p>			

5. Social/Behavioral Risk Factors			
Definitions	Instructions	Sources	Key words/Abbreviations
<p>Support— Situation in the inter-relations between the client and her environment that could have a negative impact on the pregnancy or its outcome, including homelessness, parental neglect or abandonment, inadequate familial support system, and inadequate financial support.</p>			
<p>F. Mental Retardation/Mental Illness— Range of conditions, behaviors or thought processes determined by a health professional as clearly abnormal, subnormal, deviant, dysfunctional, inadequate or atypical. Experienced by the client.</p>			
<p>G. Second-Hand Smoke – Any exposure to smoking by others in the client’s home or work environment.</p>			
<p>H. Smoking – Any current smoking activity by the client such as number of cigarettes OR packs of cigarettes smoked on a typical day.</p>	<p>For Smoking, indicate number of cigarettes per day and number of packs per day.</p>		
<p>I. Other - Any social/behavioral risk condition not listed above (e.g., other tobacco use, previous children’s protective services involvement) experienced by the client or within the client’s home environment.</p>	<p>For Other, specify the other social/behavioral risk factors. Entering specific information about the “Other” social/behavioral risk condition is optional.</p>		

6. Professionals providing services at this encounter

Definitions	Instructions	Sources	Key words/Abbreviations
<p>Indicate <u>all</u> service providers with whom the client met during the encounter. An “encounter” is defined as a face-to-face contact between the client and a service provider who exercises independent judgment in the care and provision of health services to that individual client. For a health service to be defined as an encounter, the provision of the service also must be recorded in the client’s chart.</p> <p>In order to exercise “independent judgment,” a service provider must be acting independently and not assisting another provider. For example, a service provider who assists a physician during a physical exam by recording a history, taking vital signs, performing laboratory tests or issuing prescription supplies does not exercise independent judgment unless the service provider also makes some assessment of the client’s health status while performing these tasks and provides other related services such as education or counseling.</p>	<p>Check <u>all</u> service providers with whom the client met during the encounter.</p> <p>At least one provider must be checked.</p>	<p>Perinatal care record 1st perinatal section (#5).</p>	

6. Professionals providing services at this encounter			
Definitions	Instructions	Sources	Key words/Abbreviations
A. <u>Registered Nurse (RN)</u> – An individual who holds a current, valid license issued by the State of Ohio that authorizes the practice of nursing as a registered nurse.			RN- Registered Nurse
B. <u>Licensed Practical Nurse (LPN)</u> – An individual who holds a current, valid license issued by the State of Ohio that authorizes the practice of nursing as a licensed practical nurse.			LPN-Licensed Practical Nurse
C. <u>Nurse Practitioner</u> – A registered nurse who holds a valid license issued by the State of Ohio that authorizes the practice of certified nurse practitioner or advanced practice nurses accordance to ORC 4623.43.			ORC-Ohio Revised Code
D. <u>Certified Nurse-Midwife</u> – A registered nurse who holds a valid certificate of authority in the State of Ohio that authorizes the practice of certified nurse-midwives in accordance to ORC 4723.43			ORC-Ohio Revised Code
E. <u>Nursing/Medical Assistant</u> – A nursing or medical assistant registered or certified in the state of Ohio, including Certified Nursing Assistant, Certified Nurses Aide, State-Tested Nursing Assistant, Certified Medical Assistant or Registered Medical Assistant.			

6. Professionals providing services at this encounter			
Definitions	Instructions	Sources	Key words/Abbreviations
F. <u>Physician (M.D. or D.O.)</u> – A person who holds a valid license to practice either medicine and surgery or osteopathic medicine and surgery in the State of Ohio.			M.D - Doctor of Medicine. D.O. - Doctor of Osteopathy
G. <u>Licensed Social Worker/Counselor</u> – Person certified by the Counselor and Social Worker Board of Ohio to practice in Ohio. They may be Independent Social Workers, Social Workers, Professional Counselors or Professional Clinical Counselors.			
H. <u>Licensed/Registered Dietitian</u> – An individual licensed to practice dietetics or nutrition in the State of Ohio.			
I. <u>Health Educator</u> – An individual with appropriate education, training and other qualifications to provide health education services. This individual may be a Certified Health Education Specialist (CHES).			CHES –Certified Health Education Specialist.

6. Professionals providing services at this encounter			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
J. <u>Outreach Worker</u> – An Outreach Worker is a trained advocate from the community who empowers individuals to access community resources through education, outreach, home visits and referrals. Can include indigenous workers, nurses and social workers that provide services outside of the clinic setting.			
K. <u>Other</u> – Any health professional providing services at this encounter who is not listed above.	Entering specific information about the “Other” provider is optional.		

7. Referral services made for client			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Referrals made for the client outside the CFHS project (Sending or directing client for treatment, aid, or information. It must be recorded in the client’s chart.)	Check all that apply.	Perinatal care record. 1 st perinatal section (#7)	CFHS – Child and Family Health Services
<u>None at this Encounter</u> – No referrals were made at this encounter.	If “None” is checked, no other referral may be checked.		
A. <u>Oral Health</u> – Dental and/or other Oral health services.			

7. Referral services made for client			
Definitions	Instructions	Sources	Key words/Abbreviations
B. <u>Diagnostic</u> – Services and/or routine testing beyond the scope of this project (e.g., Non-Stress test, Sonography, Glucose Tolerance Test).			
C. <u>Drug/Alcohol Abuse</u> – Evaluation and/or treatment services outside the project related to the client’s use/abuse of drugs and/or alcohol.			
D. <u>Family Planning</u> – Services to plan, space or prevent another pregnancy.			
E. <u>High Risk Perinatal</u> – Perinatal direct health care services beyond the scope of this project.			
F. <u>Hospital</u> – Medical services beyond the scope of this perinatal project, (e.g., emergency services, labor and delivery). This does not include referrals to a hospital for diagnostic services such as ultrasound, laboratory testing, etc., which should be documented under “Diagnostic Service.”			

7. Referral services made for client			
Definitions	Instructions	Sources	Key words/Abbreviations
G. <u>Nutrition</u> – Nutrition services for a specific problem or concern outside the scope of this project including, but not limited to, therapeutic dietary counseling and counseling for patients with anemia, diabetes, inappropriate weight gain, pica, hypertension or edema.	Do not include referrals to a dietitian on staff with the project.		
H. <u>Counseling</u> – Counseling services outside the project regarding the client’s environment, life stage and change events, family lifestyle, socio-economic status, interaction patterns and attitudes, mental health, substance abuse, etc.	Do not include referrals to a social worker/counselor on staff with the project.		
I. <u>Social Service</u> – Assistance outside the project regarding tangible resources (e.g., housing, baby items, Food Stamps).			
J. <u>Other</u> – Any referral made at this encounter that is not listed above.	Specify Other. Entering specific information about the “Other” referral is indicated.		

8. Type of Enabling Service

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>A.-D. <u>Assessment/Counseling</u> (To make a professional, official evaluation of the client) – A full assessment may be indicated by a “failed” screening or more involved client needs.</p>	<p>Section 8 must be completed if the response to Section 1 (Type of encounter) is “Enabling.” Enter number of minutes spent on each activity (0 minutes to 540 minutes). More than one service may be provided during a visit. Complete Sections 8-9 when applicable.</p> <p>Indicate whether this is a “medical risk,” “social/behavioral” or “nutritional” assessment, or specify some “Other” type of counseling or assessment. If “Other” it is mandatory to specify the type of assessment/counseling.</p>	<p>Within Perinatal Care Record 1st perinatal section (#8)</p>	
<p>E. <u>Education</u> – Health education for individuals or groups.</p>		<p>Within Perinatal Care Record 1st perinatal section (#8)</p>	

8. Type of Enabling Service

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>F. <u>Care Coordination</u> – Care coordination promotes the effective and efficient organization and utilization of resources to assure access to necessary health and social services. Care coordination may include, but is not limited to: a social/psychosocial assessment identifying factors which may affect the patient’s ability to follow prescribed care and necessary social services; development of a written individual care plan; assistance to the patient in the scheduling and coordination of services identified in the care plan; necessary referrals for non-medical services such as transportation, food, clothing, shelter, etc.; and making telephone contact or providing a written reminder to the patient of all appointments.</p>	<p>Document Care Coordination activity in client’s chart. Section 8 must be completed if the response to Section 1 (Type of Encounter) is “Enabling.” Enter number of minutes spent on each activity (0 minutes to 540 minutes).</p>		

8. Type of Enabling Service			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
G. <u>CPA Assistance</u> – Assisting a client in completing the Combined Programs Application (CPA) used to apply for Medicaid (HS/HF), WIC and BCMH benefits and as a referral to CFHS services. This activity is considered an enabling service if the contact with the client lasts longer than 15 minutes.			CPA-Combined Programs Applications. HS/HF-Healthy Start/Healthy Families WIC- Special Supplemental Nutrition Program for Women, Infants, and Children. BCMh-Bureau of Children with Medical Handicaps. CFHS-Child and Family Health Services.
H. <u>Transportation Assistance</u> – Arranging transportation for CFHS clients to services within a comprehensive health care system			CFHS-Child and Family Health Services.
I. <u>Translation Services</u> – Providing simultaneous language translation through a foreign language or American Sign Language interpreter, or TDD phone service.			TDD-Telecommunications Device for the Deaf
J. <u>Smoking Treatment Program</u> – Implementation of a formal smoking cessation program, either with individual clients or in a group setting.			
K. <u>Other</u> – Any enabling service provided that is not identified above. The type of service provided must be specified.			

9. Postpartum Issues			
Definitions	Instructions	Sources	Key words/Abbreviations
<p>A. Anemia – Record “Yes” if the client reports that she has been told by a health professional that she is anemic or if she has been tested and meets the following anemia guidelines: Age 19 or older <12.0 Hb <35.7 Hct Age 16-18 <12.0 Hb <35.9 Hct Age 12-15 <11.8 Hb <35.7 Hct Record “No” if the client reports that she has not been told by a health professional that she is anemic or is she has been tested and results are within normal range. Record “Unknown” if client does not know or if test results are unknown.</p>	<p>Record “Yes”, “No”, or “Unknown”. These fields are only available for a postpartum visit. Visit date must be after child’s birth date recorded in outcome record. Section 9 must be completed if the response to Section 2 (Purpose of Encounter) is “Postpartum”.</p>	<p>Within Perinatal Care Record 1st perinatal section (#9)</p>	<p>Hb-Hemoglobin Hct-Hematocrit</p>
<p>B. Postpartum Depression – Record “Yes” if the client reports that she has been told by a health professional that she has postpartum depression. The depression is associated with lack of interest in the infant, suicidal or homicidal thoughts, hallucinations, or psychotic behavior. Record “No” if the client reports that she has not been told by a health professional that she has postpartum depression. Record “Unknown” if it is not known whether or not the client has postpartum depression.</p>			

9. Postpartum Issues			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
C. <u>Birth Control Method Chosen</u> – Record “Yes” if the client reports that she has chosen a birth control method. Record “No” if the client reports she has not chosen a birth control method. Record “Unknown” if it is not known whether or not the client has chosen a birth control method.			
D. <u>Currently Breastfeeding</u> – Record “Yes” if the client reports that she is breastfeeding any amount. Record “No” if the client reports that she is not breastfeeding. Record “Unknown” if it is not known whether or not the client is breastfeeding.			

Local use only			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Twenty-five (25) spaces are provided for entering/accessing data that does not appear on this form but that is important to the local project.	Enter agency information (up to 25 spaces provided).	Within Perinatal Care Record 1 st perinatal section (after #9)	

First Encounter

Date of First Encounter			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>The date a physician or other health professional first examined and/or counseled the pregnant woman for the pregnancy. Two digits for month, two digits for day, and four digits for year (e.g. 01/01/2004) for the client's first encounter date.</p>	<p>Enter the month, day, and year of the first prenatal care visit. Complete all parts of the date that are available. Unknown portions of the date should be entered as "99". Record the Demographic Initial Encounter date (mm/dd/yyyy) for "first encounter".</p>	<p>1st Prenatal Care Record under (field 7)—</p> <ul style="list-style-type: none"> • Intake information • Initial physical exam • Prenatal visits flow sheet • Current pregnancy <p>2nd demographic section (date completed)</p>	<p>PNC – Prenatal care.</p>

10. Intendedness			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>Reported statement specific to the pregnancy decision. Client reports "wanted to be pregnant sooner, later, then or not at any time."</p>	<p>Complete questions 10-17 at the FIRST ENCOUNTER of each pregnancy only. If there is a second pregnancy within a 12-month period it is especially important to ensure that the information accurately reflects the client's current pregnancy.</p>	<p>Within Perinatal Care Record 1st perinatal section (#10)</p>	

11. Number of previous pregnancies

<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>Number should include all pregnancies even if not resulting in live birth.</p> <p><u>Date of last live birth/other pregnancy outcome</u> – Provide month and year of the client’s last pregnancy outcome whether or not the pregnancy resulted in a live birth.</p>	<p>Complete questions 10-17 at the FIRST ENCOUNTER of each pregnancy only. If there is a second pregnancy within a 12-month period it is especially important to ensure that the information accurately reflects the client’s current pregnancy. Enter number of previous pregnancies or date of last live birth/other pregnancy outcome (dd/mm/yyyy).</p> <p>NOTE: Both parts of Item #11 are needed to ensure that data entered pertain to the client’s current pregnancy. This is to avert confusion if a client has a second pregnancy within a 12-month period, receiving care for both at the CFHS clinic. Both are key links for reporting purposes. Date must be prior to visit date.</p>	<p>Within Perinatal Care Record 1st perinatal section (#11)</p>	<p>CFHS-Child and Family Health Services.</p>

12. Weeks gestation at time of admission to clinic			
Definitions	Instructions	Sources	Key words/Abbreviations
The client's weeks' gestation for this pregnancy when perinatal care began at this CFHS clinic.	Enter. Complete questions 10-17 at the FIRST ENCOUNTER of each pregnancy only. If there is a second pregnancy within a 12-month period it is especially important to ensure that the information accurately reflects the client's current pregnancy.	Within Perinatal Care Record 1 st perinatal section (#12).	CFHS- Child and Family Health Services

13. If Perinatal care began prior to this encounter, record weeks gestation when care began			
Definitions	Instructions	Sources	Key words/Abbreviations
The client's weeks' gestation for this pregnancy when perinatal care began at another facility.	Complete questions 10-17 at the FIRST ENCOUNTER of each pregnancy only. If there is a second pregnancy within a 12-month period it is especially important to ensure that the information accurately reflects the client's current pregnancy. Do not use the pregnancy test date, but the date the client began care at another facility. Enter number of weeks. Leave blank if Perinatal care began at admission to this clinic.	Within Perinatal Care Record 1 st perinatal section (#13)	

14. Expected Date of Confinement			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Expected pregnancy due date.	Complete questions 10-17 at the FIRST ENCOUNTER of each pregnancy only. If there is a second pregnancy within a 12-month period it is especially important to ensure that the information accurately reflects the client's current pregnancy. Record expected pregnancy due date (dd/mm/yyyy). Mark unknown otherwise. Calculated based on weeks' gestation.	Within Perinatal Care Record 1 st perinatal section (#14)	

15. Risk Status			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Not currently being used. This question will be disabled within the MATCH-IPHS application.			

16. Does client have any pre-existing chronic conditions?			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
Client has a previous diagnosis that has become a persistent health condition, which may affect the client's pregnancy.	Mark yes or no (yes=check box). Complete questions 10-17 at the FIRST ENCOUNTER of each pregnancy only. If there is a second pregnancy within a 12-month period it is especially important to ensure that the information accurately reflects the client's current pregnancy.	Within Perinatal Care Record 1 st perinatal section (#16)	

17. Weight-Related Risk Conditions			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
A. <u>No Risk</u> – Client's pre-pregnancy weight is 90-119% of standard weight for height.	Complete questions 10-17 at the FIRST ENCOUNTER of each pregnancy only. If there is a second pregnancy within a 12-month period it is especially important to ensure that the information accurately reflects the client's current pregnancy.	Within Perinatal Care Record 1 st perinatal section (#17).	
B. <u>Underweight</u> – Client weighs less than 90% of standard weight for height.			
C. <u>Overweight</u> – Client weighs 120-134% of standard weight for height.			
D. <u>Obese</u> – Client weighs 135% or more of standard weight for height.			

End of Care

18. How many cigarettes OR packs of cigarettes did you smoke on a typical day during each of the following time periods?			
Definitions	Instructions	Sources	Key words/Abbreviations
<p>How many cigarettes OR packs of cigarettes did you smoke on a typical day during each of the following time periods? If you NEVER smoked, enter zero (0) for each time period.</p> <p>Smoking - If the client smoked at all during pregnancy and number of cigarettes and number of packs per trimester (three months before pregnancy, first three months of pregnancy, second three months of pregnancy, and third trimester of pregnancy).</p>	<p>Complete sections 18-21 at the END OF PERINATAL CARE (also to be filled out if pregnancy termination occurs or out of state Perinatal care is sought). If the client smoked at all during pregnancy, indicate number of cigarettes or number of packs per trimester (three months before pregnancy, first three months of pregnancy, second three months of pregnancy, and third trimester of pregnancy). Outcome information.</p>	<p>Within Perinatal Care Record 1st perinatal section (#18)</p>	

19. Pregnancy Outcome Information			
Definitions	Instructions	Sources	Key words/Abbreviations
Indicate the outcome of the pregnancy.	Complete section 20 also. This section also may be amended if this status changes. "Unknown" also automatically will be marked for all questions under Section 20 (Birth Information). Check one option. If ABCD then complete section 20.	Within Perinatal Care Record 1 st perinatal section (#19)	
A. <u>Delivered</u> - Infant was delivered live birth by vaginal or caesarian section. 1. Live Birth--Birth of a live infant. 2. Neonatal Death - Death of the infant from birth to 28 days of age. 3. Post-neonatal Death - Death of the infant from 29 days to 1 year of age. 4. Unknown - The outcome of the pregnancy is unknown.	If delivered, check one of the following.		
B. <u>Elective Abortion</u> - The purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live born infant.			
C. <u>Spontaneous Abortion</u> - The termination of a pregnancy occurring naturally prior to 20 weeks gestation.			
D. <u>Fetal Death</u> - Death of the fetus at gestation of 20 weeks or more.			

19. Pregnancy Outcome Information			
Definitions	Instructions	Sources	Key words/Abbreviations
E. <u>Lost to Follow Up</u> - Termination of a client's record for this pregnancy due to a break in communication between the client and clinic staff; outcome of the pregnancy is unknown.			

20. Birth Information			
Definitions	Instructions	Sources	Key words/Abbreviations
<u>Delivery Type</u> – vaginal, cesarean or unknown	Indicate whether the delivery type was Vaginal, cesarean, or unknown.	Within Perinatal Care Record 1 st perinatal section (#20)	
<u>Special Care</u> – Whether or not the infant had any neonatal complications requiring special nursery care.	Indicate special care (yes, no, or unknown).		
<u>Multiple Birth</u> – Whether this was a multiple birth.	Indicate if multiple births is yes , no, or unknown.		
<u>Plurality</u> (Specify 1 (single), 2 (twin), 3 (triplet), 4 (quadruplet), 5 (quintuplet), 6 (sextuplet), 7 (septuplet), etc.)	Specify 1-7 for plurality and include all live births and fetal losses resulting from this pregnancy. Unknown is not accepted for plurality.		
<u>Date of Birth</u> – Enter the date of the infant's birth using six digits (mm/dd/yy). This date must be after the client's initial antepartum encounter date.	Enter the date of the infant's birth using six digits (mm/dd/yy). This date must be after the client's initial antepartum encounter date. Mark "Unknown" if the information is unavailable.		

20. Birth Information			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p><u>Obstetric estimate of gestation at delivery (completed weeks):</u> The weeks' gestation automatically is entered after the birth date entry, calculated from the perinatal history file.</p>	<p>This calculated date may be revised by entering the number (45 weeks maximum). If weeks gestation is 42-45 weeks, a message will appear asking for verification. Enter "Y" if the number is correct or "N" to re-enter. Estimate of gestation would be unknown only if no first encounter record. Enter weeks.</p>	<p>Within Perinatal Care Record 1st perinatal section (#20)</p>	
<p><u>Birth Weight</u> – The infant's weight at birth in grams, indicating the chosen value.</p>	<p>Enter the infant's weight at birth in either grams or pounds and ounces, indicating the chosen value. .</p>		
<p><u>Facility I.D. (National Provider Identifier)</u></p>	<p>Enter the facility's National Provider Identification Number (NPI).</p>		<p>NPI-National Provider Identifier</p>

21. Baby's Legal Name			
<u>Definitions</u>	<u>Instructions</u>	<u>Sources</u>	<u>Key words/Abbreviations</u>
<p>The legal last name, first name and middle initial of the baby as entered in the MATCH demographic file.</p>	<p>Enter the legal last name, first name and middle initial of the baby. Leave the middle initial field blank if no legal middle name exists.</p>	<p>Within Perinatal Care Record 1st perinatal section (#21).</p>	<p>MATCH-Maternal and Child Health Data</p>