**Integrating the Healthcare Enterprise**

# IHE Quality, Research and Public Health Technical Framework Supplement

# Birth and Fetal Death Reporting (BFDR)

# Trial Implementation

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## Foreword

This is a supplement to the IHE Quality, Research and Public Health Technical Framework V0.1. Each supplement undergoes a process of public comment and trial implementation before being incorporated into the volumes of the Technical Frameworks.

This supplement is published for Trial Implementation on September 13, 2013 and may be available for testing at subsequent IHE Connectathons. The supplement may be amended based on the results of testing. Following successful testing it will be incorporated into the Quality, Research and Public Health (QRPH) Technical Framework. Comments are invited and may be submitted at http://www.ihe.net/QRPH_Public_Comments/.

This supplement describes changes to the existing technical framework documents and where indicated amends text by addition (**bold underline**) or removal (~~**bold strikethrough**~~), as well as addition of large new sections introduced by editor's instructions to "add new text" or similar, which for readability are not bolded or underlined.

"Boxed" instructions like the sample below indicate to the Volume Editor how to integrate the relevant section(s) into the relevant Technical Framework volume:

| *Replace Section X.X by the following:* |
|---|

General information about IHE can be found at: www.ihe.net.

Information about the IHE Quality, Research and Public Health domain can be found at: http://www.ihe.net/IHE_Domains.

Information about the organization of IHE Technical Frameworks and Supplements and the process used to create them can be found at: http://www.ihe.net/IHE_Process and http://www.ihe.net/Profiles.

The current version of the IHE Quality, Research and Public Health Technical Framework can be found at: http://www.ihe.net/Technical_Frameworks.

**CONTENTS**



 

 

## Introduction

This supplement is written for Trial Implementation. It is written as an addition to the Trial Implementation version of the Quality, Research and Public Health Technical Framework.

This supplement also references the following documents[1]. The reader should review these documents as needed:

1. PCC Technical Framework, Volume 1
2. PCC Technical Framework, Volume 2
3. PCC Technical Framework Supplement: CDA Content Modules
4. IT Infrastructure Technical Framework Volume 1
5. IT Infrastructure Technical Framework Volume 2
6. IT Infrastructure Technical Framework Volume 3
7. HL7 and other standards documents referenced in Volume 1 and Volume 2
8. Birth Edit Specifications for the 2003 Revision of the U.S. Standard Certificate of Live Birth
9. Fetal Death Edit Specifications for the 2003 Revision of the U.S. Standard Report of Fetal Death

Vital Records birth certificates and fetal death reports include important demographic, medical and key information about the antepartum period, the labor and delivery process and the newborn/fetal death[2]. Much of the medical and health information collected for the birth certificate and fetal death report can be pre-populated with information already available in the Electronic Health Record (EHR). A responsible Health Care Provider (HCP) or designated representative must review and complete the information to ensure data quality for vital registration purposes. These data may then be used by public health agencies to track maternal and infant health to target interventions for at risk populations.

## Profile Abstract

Specific vital statistics data as well as additional medical data are collected by social services and public health organizations within the early years of the child's life in order to administer preventative/prophylactic measures, and perform epidemiological studies. The general physician, pediatrician, obstetrician, labor and delivery nurse and other hospital staff provide information

[1] The first six documents can be located on the IHE Website at http://www.ihe.net/Technical_Frameworks/. The remaining documents can be obtained from their respective publishers.

[2] In some countries the birth certificate contains just the patient demographics and the medical information is recorded in separate early childhood health certificates produced at different times.

for the certificates.[3] Completion of the form(s) is required by law in some countries because they are used as key-indicators of the child's health.

The Birth and Fetal Death Reporting (BFDR) Profile describes the content and format to be used within the pre-population data part of the Retrieve Form Request transaction from the RFD Integration Profile. It is expected that the Form Filler and Form Manager will implement the RFD transaction as specified in the RFD, and this profile does not include any additional constraints or extensions on the RFD transactions.

This profile describes the content to be used in automating the data captured for vital records purposes such as for the 2003 Revisions of the U.S. Standard Certificate of Live Birth and the U.S. Standard Report of Fetal Death[4].

## Open Issues and Questions

1. A common, standardized vocabulary and datasets is needed so that the data aggregation can be achieved.
2. When forms are partially filled, the data source actor should have the possibility to store this form and complete it later.
3. Not all the information might be present, depending on the existence of an antepartum summary (APS) and a labor and delivery summary (LDS). Informative appendix with preliminary recommendations for LDS content requirements included, but not fully specified as Volume 3 content
4. For VR option, may need to add a Folder with LDS, LDHP, and possibly APS with content constraints. Pending Further PCC discussion. Pending ITI recommendations for RFD. This would also impact mapping rules.
5. VR option – does this need to be broken out as a content profile?
6. Should unknown flags be computed by logic or require data entry?
7. PCC CP to LDS - Coded Vital Signs section needs to be pulled out to a separate section for Mother and Newborn
8. Birthplace value sets pending SME review.
9. Should we look in both LDHP and LDS for some values (e.g., infections) to maximize opportunity to collect data?
10. Should Obstetric Estimate of Gestation be reflected in the mother's pregnancy history or in the newborn's coded results? The description indicates that it should NOT be taken from the newborn assessment, but from ultrasound.
11. LDS specification needs to be updated to allow for Intake and Output to represent coded observations
12. Review representation of RFD pre-pop options with 2 CDA pre-pop documents (LDS and LDHP) and content constrained by this profile

[3] The birth certificate and the health certificates contain the same type of information. The difference is due to national extensions practices.

[4] These can also be early childhood health certificates in other countries such as France.

 

13. Need to review and add a derivation rule once codes have added.
    PAY Principal source of payment for:
    1) Medicaid delivery
    2) Private Insurance
    3) Self-pay
    4) Indian Health Service
    5) CHAMPUS/TRICARE
    6) Other government (federal, state, local)
    7) Other

14. LOINC Codes are pending for the following
    1) Fetal Weight at delivery

15. SNOMED Codes are pending for the following:
    1) Assisted Ventilation for 6 or More Hours Value Set
    2) Assisted Ventilation Immediately Following Delivery Value Set
    3) Histological Placental Examination
    4) Transferred for Maternal Medical or Fetal Indications for Delivery
    5) Intolerance of labor
    6) Hysterectomy
    7) Unplanned operating room procedure following delivery
    8) Free-standing birthing center Birth
    9) Clinic/Doctor Office Birth

## Closed Issues

None

# Volume 1 – Profiles

## 1.7 History of Annual Changes

*Add the following bullet to the end of the bullet list in section 1.7*

- Added the BFDR Profile which specifies pre-population of birth and fetal death registration forms from the PCC Labor and Delivery Summary document.

## 1.n Copyright Permission

*Add the following to sections 1.n:*

## 2.1 Dependencies among Profiles

*Add the following to Table 2-1*

| | | | |
|---|---|---|---|
| BFDR | Labor and Delivery Summary (LDS) | Content profile | This profile provides some of the content needed to pre-populate the forms needed in BFDR content profile. |

*Add the following section to section 2.2.X*

### 2.2.X Birth and Fetal Death Reporting (BFDR) Profile

*Add Section X*

# X Birth and Fetal Death Reporting (BFDR) Profile

The BFDR Profile is based on the ITI RFD profile. The reader is referred to ITI TF 1:X for a description of the ITI RFD profile. This BFDR Profile defines the content that is used to pre-populate the form retrieved from the Form Manager, and the specification of the pre-population rules to be executed by the Form Manager. This profile does not further constrain the Form Receiver or Form Archiver Actors. The pre-pop data is defined by the IHE PCC LDS Profile. See QRPH 3: 6.3.1.A of this document for the specification of the desired pre-pop data constraints to PCC LDS that optimize the Birth and Fetal Death Report data pre-population.

## X.1 BFDR Actors/Transactions

The BFDR for Public Health Profile defines no new actors or transactions. It uses actors and transactions from the ITI RFD Profile (IHE ITI Technical Framework Supplement: Retrieve Form For Data Capture).

Figure X.1-1 shows the actors directly involved in the Birth and Fetal Death Forms For Public Health Integration Profile and the relevant transactions between them. Actors that may be indirectly involved due to their participation in other profiles are not shown.

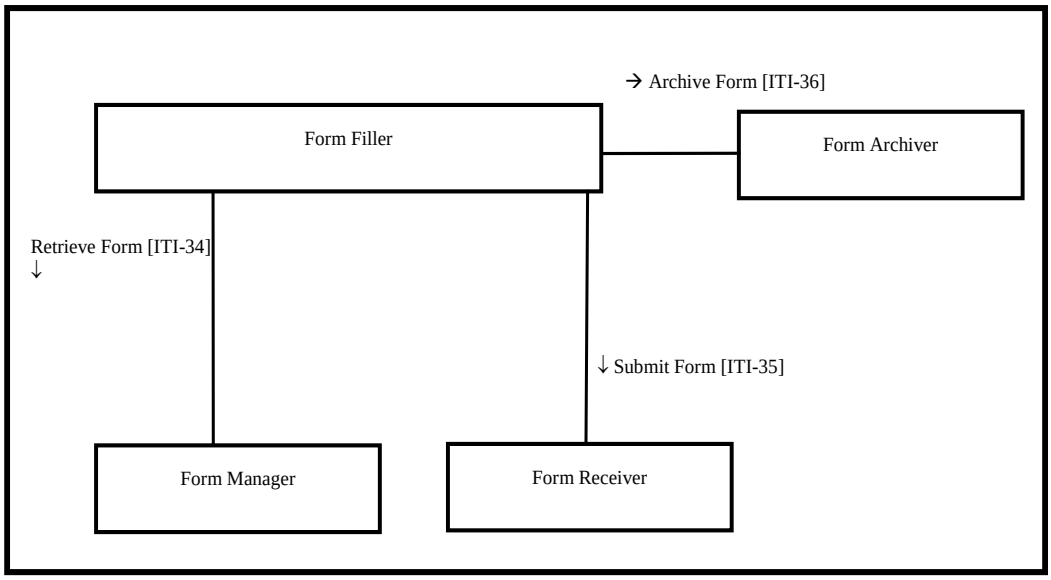


**Figure X.1-1: Retrieve Form for Data Capture Actor Diagram**

Table X.1-1 lists the transactions for each actor directly involved in the BFDR Profile. In order to claim support of this Profile, an implementation must perform the required transactions (labeled "R"). Transactions labeled "O" are optional. A complete list of options defined by this Profile and that implementations may choose to support is listed in Volume 1, Section X.2.

**Table X.1-1: BFDR Profile - Actors and Transactions**

| Actors | Transactions | Optionality | Section in Vol. 2 |
|---|---|---|---|
| Form Filler | Retrieve Form [ITI-34] | R | ITI TF-2b: 3.34 |
| | Submit Form [ITI-35] | R | ITI TF-2b: 3.35 |
| | Archive Form [ITI-36] | O | ITI TF-2b: 3.36 |
| Form Manager | Retrieve Form [ITI-34] | R | ITI TF-2b: 3.34 |
| Form Receiver | Submit Form [ITI-35] | R | ITI TF-2b: 3.35 |
| Form Archiver | Archive Form [ITI-36] | R | ITI TF-2b: 3.36 |

## X.1.1 Actor Descriptions and Requirements

### X.1.1.1 Form Filler

The Form Filler is defined in the ITI RFD Profile. In the BFDR Profile, the Form Filler supports the XHTML format of the Retrieve Form transaction (RFD Profile, ITI TF 2b: 3.34.4.2.3.2).

The Form Filler supports two content pre-pop options that describe content requirements for optimizing pre-population capabilities, and an Archive Form Option. The Form Filler's support for the Pre-Pop option and the VR Pre-Pop option determines how pre-population data is handled when the Form Filler retrieves the form using ITI-34.

### X.1.1.2 Form Manager

The Form Manager is defined in the ITI RFD Profile. In the BFDR Profile, the Form Manger supports the XHTML format of the Retrieve Form transaction (RFD Profile, ITI TF 2b: 3.34.4.2.3.2).

Within the US, the system fulfilling this roll in the BFDR Profile SHALL accept pre-pop data in the form of content defined by the IHE PCC LDS Profile and return a form that has been appropriately pre-populated based on the US National Extension (QRPH 4: 5.x Pre-Population Specification for 2003 Revisions of the US Standards Certificate of Live Birth and US Standard Report of Fetal Death) for guidance with respect to the IHE LDS pre-pop data.

### X.1.1.3 Form Receiver

The Form Receiver is defined in the ITI RFD Profile. In the BFDR Profile, the Form Receiver SHALL receive the populated form from the Form Filler when the form is submitted. No further requirements are placed on the Form Receiver within the scope of this profile. It is however envisioned that in the future the Form Receiver would create a CDA document from the form data and transmit that document to a jurisdiction and other designated public health authorities. These future possibilities are out of scope for the current BFDR profile.

#### X.1.1.4 Form Archiver

The actions of the Form Archiver are defined in the ITI RFD Profile. In the BFDR Profile, the Form Archiver MAY be leveraged to support traceability of the submitted documents that will be a source to the legal record of birth. No further refinements of that document are stated by this profile.

## X.2 BFDR Options

Options that may be selected for this Profile are listed in the table X.2-1 along with the actors to which they apply. Dependencies between options when applicable are specified in notes.

**Table X.2-1: BFDR - Actors and Options**

| Actor | Options | Volume & Section |
|---|---|---|
| Form Filler | *Pre-Pop* | QRPH TF-1: X.2.1.1 |
| | *VR Pre-Pop* | QRPH TF-1: X.2.1.2 |
| | *Archive Form* | QRPH TF-1: X.2.1.3 |
| Form Manager | *US BFDR Form Option* | QRPH TF-1: X.2.2.1 |
| Form Receiver | *No options defined* | - - |
| Form Archiver | *No options defined* | - - |

Conformance: The BFDR Form Filler SHOULD do VR Pre-Pop, and MAY do Pre-Pop.

### X.2.1 Form Filler Options

#### X.2.1.1 Pre-Pop Option

This option defines the document submission requirements placed on form fillers for providing pre-pop data to the form Manager. The Form Filler's support for the Pre-Pop option determines how pre-population data is handled when the Form Filler retrieves the form using ITI-34:

- If the Form Filler supports the Pre-Pop option, the value of the pre-popData parameter in the Retrieve Form Request (see RFD Profile, ITI TF 2b:3.34.4.1.2) shall be a well-formed xml document as defined in the PCC Labor and Delivery Summary (LDS) Content Profile (see Labor and Delivery Profiles Trial Implementation Supplement, section Y.7). See QRPH 1: Appendix X for the specification of the desired pre-pop data.

#### X.2.1.2 VR Pre-Pop Option

This option defines the document submission requirements placed on form fillers for providing pre-pop data to the form Manager, describing specific content and vocabulary constraints to the PCC LDS that will optimize the ability to process the clinical content to fill in the BFDR Form. The Form Filler's support for the VR Pre-Pop option determines how pre-population data is handled when the Form Filler retrieves the form using ITI-34:

- If the Form Filler supports the VR Pre-Pop option, the value of the pre-popData parameter in the Retrieve Form Request (see RFD Profile, ITI TF 2b:3.34.4.1.2) shall be a well-formed xml document as defined in the PCC Labor and Delivery Summary (LDS) Content Profile (see Labor and Delivery Profiles Trial Implementation Supplement, section Y.7) as constrained by QRPH 3: 6.3.1.A for the specification of the LDS content required.

#### X.2.1.3 Archive Form Option

If the Form Filler supports the Archive Form option, it shall support the Archive Form transaction ITI-36.

### X.2.2 Form Manager Options

#### X.2.2.1 US BFDR Form Option

This option defines the pre-population rules and requirements placed on form managers for parsing and assigning pre-pop data attributes for the pre-populated form returned to the form filler in the ITI-34. Detailed rules for the US BFDR attributes are fully defined in QRPH 4:5.X.2.

## X.3 BFDR Actor Groupings and Profile Interactions

Each actor in the BFDR Profile directly implements ITI transactions used by the RFD profile. There are no groupings with actors.

## X.4 BFDR Process Flow

### X.4.1 Use Cases

Sets of detailed specifications have been developed for collecting and reporting the items on the U.S. Standard Certificate of Live Birth and the U.S. Standard Report of Fetal Death. It is critical that all U.S. vital registration areas follow these standards to promote uniformity in data collection across registration areas. The best sources for specific data items are identified in the Birth and Fetal Death Edit Specifications for the 2003 Revisions of the U.S. Standard Certificate of Live Birth and the U.S. Standard Report of Fetal Death.

Additionally, standard worksheets are used to enhance the collection of quality, reliable data. A common, standard form, entitled “Mother’s Worksheet for Child’s Birth Certificate”, has been established to identify information to be collected directly from the mother. The “Facility Worksheet for the Live Birth Certificate” was developed to identify information for which the best sources are the mother’s and infant’s medical records. The use of separate worksheets promotes a standardized collection across states. The "Patient's Worksheet for the Report of Fetal Death" and the "Facility Worksheet for the Report of Fetal Death" have also been established for the purpose of reporting fetal death information.

 

The hospital is responsible for completing the Record of Live Birth in the jurisdiction's Electronic Birth Registration System (EBRS). Information collected from the mother on the Mother's Worksheet must be data entered into the EBRS. Facility Worksheet data transmitted electronically into the EBRS from the EHR must be reviewed for completeness and accuracy. The birth records specialist plays an essential role in gathering the information and ensuring that all information is complete before transmission to the vital registration system at the states/jurisdictional vital record offices. Select birth data may be transmitted later to public health authorities as allowed by individual state statute and other vital records stakeholders.

Example Forms:

- Facility Worksheet (http://www.cdc.gov/nchs/data/dvs/facwksBF04.pdf)
- U.S. Standard Certificate of Live Birth (http://www.cdc.gov/nchs/data/dvs/birth11-03final-ACC.pdf)

NOTE: The Mother's Worksheet includes legal and other attributes that are required to be obtained through direct data entry and are not specified by this profile

### X.4.2 Process Flow

The process flow of this profile is defined by the ITI RFD profile. Please refer to ITI TF 1:X for a description of the process flow for RFD. The Form Filler may be implemented by the birthing facility or by the child's clinician in instances of home birth etc. The process flow for the BFDR is described below.

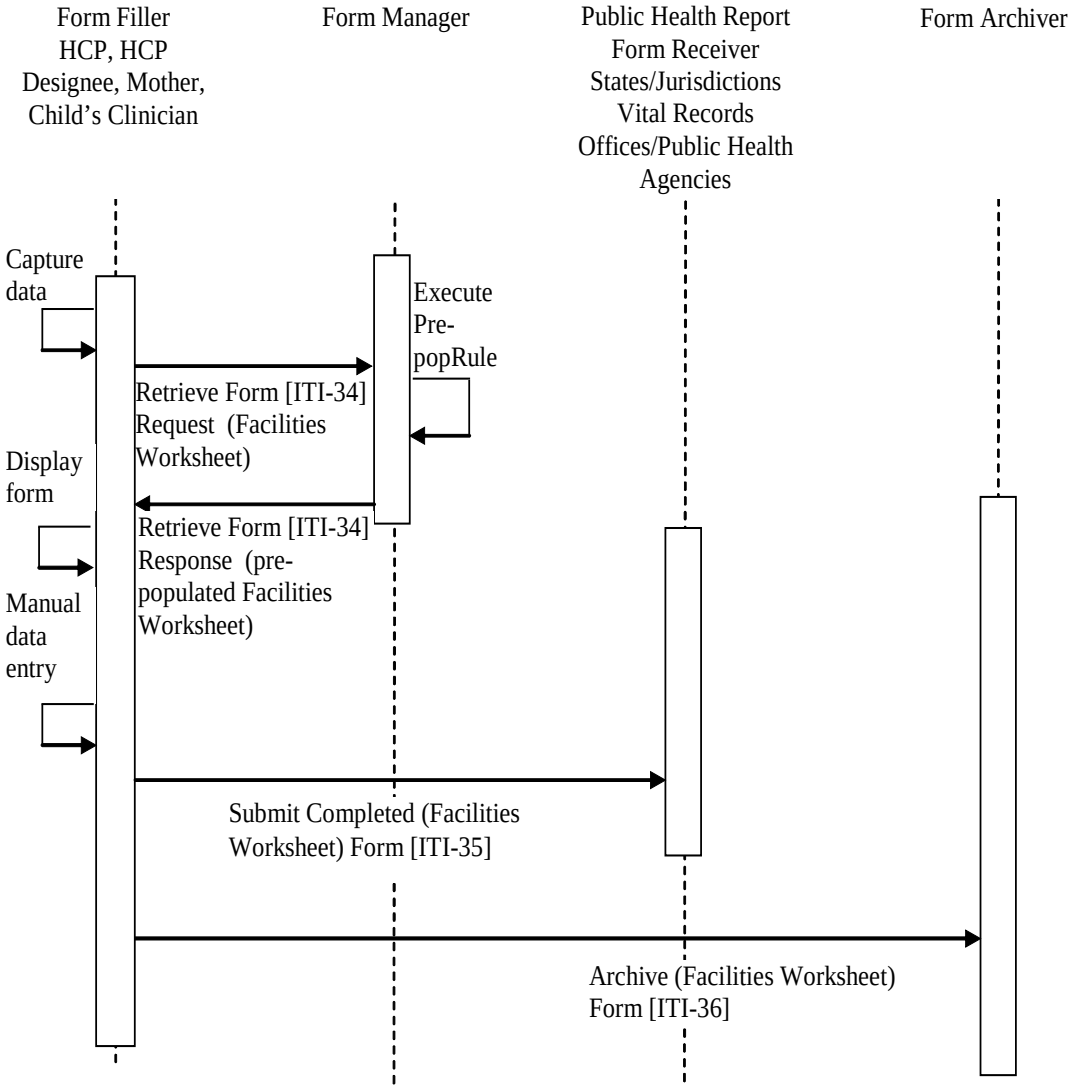


**Figure X.4.2-1: Process Flows**

## X.5 BFDR Security Considerations

BFDR includes clinical content related to the child and the child's mother.

As such, it is anticipated that the transfers of Personal Health Information (PHI) will be protected. The IHE ITI ATNA Integration Profile SHOULD be implemented by all of the actors involved in the IHE transactions specified in this profile to protect node-to-node communication and to produce an audit trail of the PHI related actions when they exchange messages, though

other private security mechanisms MAY be used to secure content within enterprise managed systems. Details regarding ATNA logging will be further described in Volume 2.

The content of the form also results in a legal document, and the Form Manager MAY include a digital signature to assure that the form content submitted cannot be changed.

In addition to the usual considerations when sharing PHI, the BFDR profile introduces a unique situation since the record is about two patients – the mother and the newborn child. This introduces a risk for data integrity of the mother's and child's record. The mitigation for this risk is achieved through unambiguous documentation of data for the mother and child in sections as defined by IHE PCC LDS and by mapping of data as described by this profile.

For security purposes, when sending information specifically to vital records Electronic Birth Registration Systems (EBRS), systems will also need to know the identity of the user and the location to identify the data source. In this case, XUA MAY be utilized to support this implementation.

## Glossary

*Add the following terms to the Glossary:*

**Apgar score**

Apgar score is a systematic measure for evaluating the physical condition of the infant at specific intervals following birth. It is a score that assesses the general physical condition of a newborn or infant by assigning a value of 0, 1, or 2 to each of five criteria: heart rate, respiratory effort, muscle tone, skin color, and response to stimuli. The five scores are added together, with a perfect score being 10. Apgar scores are usually evaluated at one minute and five minutes after birth. If the 5 minute Apgar score is < 6 then additional Apgar scores at 10 minutes are required.

**Antibiotic**

Antibiotic is a chemotherapeutic agent that inhibits or abolishes the growth of micro-organisms, such as bacteria, fungi, or protozoans.

**Anorexia**

Anorexia nervosa is a psychiatric illness that describes an eating disorder characterized by extremely low body weight and body image distortion with an obsessive fear of gaining weight.

**Asthma**

Asthma is a chronic (long-lasting) inflammatory disease of the airways. In those susceptible to asthma, this inflammation causes the airways to narrow periodically; this, in turn, produces wheezing and breathlessness, sometimes to the point where the patient gasps for air.

**Breech presentation**

Breech presentation is a presentation of the fetal buttocks or feet in labor; the feet may be alongside the buttocks (complete breech presentation); the legs may be extended against the trunk and the feet lying against the face (frank breech presentation); or one or both feet or knees may be prolapsed into the maternal vagina (incomplete breech presentation).

**Cesarean section**

Cesarean section, or C-section, is an extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls.

**Cephalic presentation**

Cephalic presentation is the presentation of part of the fetus, listed as vertex, occiput anterior (OA), occiput posterior (OP).

**Cerebral palsy**

Cerebral palsy describes a group of permanent disorders of the development of movement and posture, causing activity limitation, that are attributed to nonprogressive disturbances that occurred in the developing fetal or infant brain. The motor disorders of cerebral palsy are often accompanied by disturbances of sensation, perception, cognition, communication, and behavior, by epilepsy, and by secondary musculoskeletal problems.

**Chromosome abnormalities**

Chromosome abnormalities consist of any change occurring in the structure or number of any of the chromosomes of a given species. In humans, a number of physical disabilities and disorders are directly associated with aberrations of both the autosomes and the sex chromosomes, including Down, Turner's, and Kleinfelter's syndromes.

**Cleft lip**

Cleft lip with or without cleft palate is the incomplete closure of the lip. It may be unilateral, bilateral, or median.

**Cleft palate**

Cleft palate is an incomplete fusion of the palatal shelves. It may be limited to the soft palate, or may extend into the hard palate.

**Congenital heart defect**

Congenital heart defect (CHD) is a defect in the structure of the heart and great vessels of a newborn. Obstruction defects. CHD can be classified as:

- Obstruction defects occur when heart valves, arteries, or veins are abnormally narrow or blocked.
- Septal defects, for defects concerning the separation between left heart and right heart
- Cyanotic defects, including persistent truncus arteriosus, total anomalous pulmonary venous connection, tetralogy of Fallot, transposition of the great vessels, and tricuspid atresia.

 

**Congenital hip dysplasia**

Congenital hip dysplasia is a hip joint malformation present at birth, thought to have a genetic component Clinical Hip dislocation, asymmetry of legs and fat folds; congenital hip dislocation may be asymptomatic and must be diagnosed by physical examination.

**Cystic fibrosis**

Cystic fibrosis (CF) is an inherited disease that affects the lungs, digestive system, sweat glands, and male fertility. Its name derives from the fibrous scar tissue that develops in the pancreas, one of the principal organs affected by the disease.

**Down syndrome**

Down syndrome or trisomy 21 is a genetic disorder caused by the presence of all or part of an extra 21st chromosome.

**Eczema**

Eczema is an acute or chronic noncontagious inflammation of the skin, characterized chiefly by redness, itching, and the outbreak of lesions that may discharge serous matter and become encrusted and scaly.

**Endocrine disorder**

Endocrine system is an integrated system of small organs which involve the release of extracellular signaling molecules known as hormones. Hypofunction of endocrine glands can occur as result of loss of reserve, hyposecretion, agenesis, atrophy or active destruction. Hyperfunction can occur as result of hypersecretion, loss of suppression, hyperplastic or neoplastic change, or hyperstimulation.

**Epidural anesthesia**

Epidural anesthesia is a regional anesthetic that is administered to the mother to control the pain of labor. It includes delivery of the agent into a limited space with the distribution of the analgesic effect limited to the lower body.

**Esophageal atresia**

Congenital esophageal atresia (EA) represents a failure of the esophagus to develop as a continuous passage. Instead, it ends as a blind pouch.

**Food allergies**

Food allergies are the body's abnormal responses to harmless foods; the reactions are caused by the immune system's reaction to some food proteins.

**Gastroesophageal reflux**

Gastroesophageal reflux is the reflux of the stomach and duodenal contents into the esophagus.

**Gastroschisis**

Gastroschisis is an abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. It is differentiated from omphalocele by the location of the defect and the absence of a protective membrane.

**General anesthesia**

General anesthesia is the induction of a state of unconsciousness with the absence of pain sensation over the entire body, through the administration of anesthetic drugs. It is used during certain medical and surgical procedures.

**Genitourinary tract**

Genitourinary tract is the organ system of all the reproductive organs and the urinary system. These are often considered together due to their common embryological origin.

**Gestational age (weeks of amenorrhea)**

One measure of gestational age is the number of completed weeks elapsed between the first day of the last normal menstrual period and the date of delivery. Gestational age can also be measured based on ultrasound early in pregnancy.

**Gestational diabetes**

Gestational diabetes – glucose intolerance requiring treatment - is a condition that occurs during pregnancy. Like other forms of diabetes, gestational diabetes involves a defect in the way the body processes and uses sugars (glucose) in the diet.

**Heart malformation**

Heart malformation or congenital heart defect (CHD) is a defect in the structure of the heart and great vessels of a newborn. Most heart defects either obstruct blood flow in the heart or vessels near it or cause blood to flow through the heart in an abnormal pattern, although other defects affecting heart rhythm can also occur.

**Hemoglobin disease**

Hemoglobin is produced by genes that control the expression of the hemoglobin protein. Defects in these genes can produce abnormal hemoglobins and anemia, which are conditions termed "hemoglobinopathies". Abnormal hemoglobins appear in one of three basic circumstances:

Structural defects in the hemoglobin molecule.

Diminished production of one of the two subunits of the hemoglobin molecule.

Abnormal associations of otherwise normal subunits.

**Hydrocephalus**

Hydrocephalus is the abnormal accumulation of cerebrospinal fluid (CSF) in the ventricles, or cavities, of the brain. This may cause increased intracranial pressure inside the skull and progressive enlargement of the head, convulsion, and mental disability.

**Immunoglobulin**

Immunoglobulin is a concentrated preparation of gamma globulins, predominantly IgG, from a large pool of human donors; used for passive immunization against measles, hepatitis A, and varicella and for replacement therapy in patients with immunoglobulin deficiencies.

**Induction of labor**

Induction of labor is the initiation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor (i.e., before labor has begun).

**In-utero transfer**

An in-utero transfer consists in transferring, while the fetus is still in-utero, of the high-risks pregnant mother to another specialized birthing facility. Conversely, post-natal transfers are transfers that occur after the delivery.

**Intra-uterine growth retardation (IUGR)**

Intrauterine growth retardation (IUGR) occurs when the unborn baby is at or below the 10th weight percentile for his or her age (in weeks).

**Intubation**

Tracheal intubation is the placement of a flexible plastic tube into the trachea to protect the patient's airway and provide a means of mechanical ventilation.

**Meningomyelocele**

Meningomyelocele is a herniation of the meninges and spinal cord tissue.

**Neural tube defects**

Neural tube defect will occur in human embryos if there is an interference with the closure of the neural tube.

**Nonvertex Presentation**

Nonvertex presentation is the presentation of other than the upper and back part of the infant’s head.

**Nuchal translucency scan**

Nuchal translucency scan is an ultrasonographic prenatal screening scan to help identify higher risks of Down syndrome in a fetus. The scan is carried out at 11-13 weeks pregnancy and assesses the amount of fluid behind the neck of the fetus. Fetuses at risk of Down tend to have a higher amount of fluid around the neck.

**Omphalocele**

Omphalocele is a defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk.

**Pre-eclampsia**

Pre-eclampsia is a disorder occurring during late pregnancy or immediately following parturition, characterized by hypertension, edema, and proteinuria. Also called toxemia of pregnancy.

**Preterm birth**

Preterm birth is a live birth of less than 37 completed weeks of gestation.

**Premature labor**

Premature labor describes the contractions of the uterus less than 37 weeks in a pregnancy.

**Presentation**

Presentation is the part of the fetus lying over the pelvic inlet; the presenting body part of the fetus.

**Polymalformative syndrome**

Polymalformative syndrome is set of non-random birth defects deriving from the same cause. It involves multiple systems of the organism (eyes, ears, central nervous system, heart, musculoskeletal...). Its screening, mostly by clinical examination means, is systematically made at birth.

**Spina bifida**

Spina bifida is a herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure.

**Spinal anesthesia**

Spinal anesthesia or sub-arachnoidal block is a form of regional anesthesia involving the injection of local anesthetic into the cerebrospinal fluid.

**Fetal death**

Fetal death is a death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy and which is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of the voluntary muscles. Heartbeats are to be distinguished from fleeting respiratory efforts or gasps.

**Metabolism disorder**

Metabolism disorders are disorders that affect chemical processes that take place in living organisms, resulting in growth, generation of energy, elimination of wastes, and other body functions as they relate to the distribution of nutrients in the blood after digestion.

**Ultrasound**

Ultrasound study is a radiologic study using sound waves used in the assessment of gestational age, size, growth, anatomy, and blood flow of a fetus or in the assessment of maternal anatomy and blood flow.

**Vaginal birth/spontaneous**

Vaginal birth/spontaneous birth is the delivery of the entire fetus through the vagina by the natural force of labor with or without manual assistance from the delivery attendant.

**Vaginal birth with forceps**

Vaginal birth with forceps is the delivery of the fetal head through the vagina by the application of obstetrical forceps to the fetal head.

**Vaginal birth with vacuum**

Vaginal birth with vacuum is the delivery of the fetal head through the vagina by the application of a vacuum cup or ventouse to the fetal head.

**Vertex Presentation**

Vertex presentation is the presentation of the upper or back part of the infant's head.

# Appendix A Actor Summary Definitions

This supplement does not define any new actors.

# Appendix B Transaction Summary Definitions

This supplement does not define any new transactions.

# Volume 2 – Transactions and Content Modules

*This supplement does not define any new transactions.*

### 3.XX.5 Security Considerations

### 3.XX.5.1 Security Audit Considerations

#### 3.XX.5.1.1 Submit Form [ITI-34] Security Audit Considerations

The Submit Form (ITI-34) transaction is to be audited a "PHI Export" event, as defined in ITI TF-2a: Table 3.20.6-1. The actors involved in the transaction shall create audit data in conformance with DICOM (Supp 95) "Export". The following tables show items that are required to be part of the audit record for these specific Submit Form transactions.

#### 3.XX.5.1.1.1 BFDR Form Filler Actor audit message:

| | Field Name | Opt | Value Constraints |
|---|---|---|---|
| **Event** **AuditMessage / EventIdentification** | EventID | M | EV(110106, DCM, "Export") |
| | EventActionCode | M | "C" (create) |
| | *EventDateTime* | *M* | *not specialized* |
| | *EventOutcomeIndicator* | *M* | *not specialized* |
| | EventTypeCode | M | EV("ITI-34", "IHE Transactions", "BFDR Submit Form") |
| Source (BFDR Form Filler Actor) (1) | | | |
| Human Requestor (0..n) | | | |
| Destination (BFDR Form Receiver Actor) (1) | | | |
| Audit Source (BFDR Form Filler Actor) (1) | | | |
| Patient (1) | | | |

Where:

| | | | |
|---|---|---|---|
| **Source** **AuditMessage/ ActiveParticipant** | UserID | M | The identity of the BFDR Form Filler Actor facility and sending application Submit Form Transaction; concatenated together, separated by the \| character. |
| | AlternativeUserID | M | The process ID as used within the local operating system in the local system logs. |
| | *UserName* | *U* | *not specialized* |
| | *UserIsRequestor* | M | *not specialized* |
| | RoleIDCode | M | EV(110153, DCM, "Source") |
| | NetworkAccessPointTypeCode | M | "1" for machine (DNS) name, "2" for IP address |
| | NetworkAccessPointID | M | The machine name or IP address, as specified in RFC 3881. |

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|---|---|---|---|
| **Human Requestor (if known)** **AuditMessage/ ActiveParticipant** | UserID | M | Identity of the human that initiated the transaction. |
| | *AlternativeUserID* | *U* | *not specialized* |
| | *UserName* | *U* | *not specialized* |
| | *UserIsRequestor* | *M* | *not specialized* |
| | RoleIDCode | U | Access Control role(s) the user holds that allows this transaction. |
| | *NetworkAccessPointTypeCode* | *NA* | |
| | *NetworkAccessPointID* | *NA* | |

| | | | |
|---|---|---|---|
| **Destination** **AuditMessage/ ActiveParticipant** | UserID | M | The identity of the BFDR Form Receiver Public Health Organization or Infrastructure Service and receiving application from the BFDR Submit Form Transaction; concatenated together, separated by the \| character. |
| | *AlternativeUserID* | *M* | *not specialized* |
| | *UserName* | *U* | *not specialized* |
| | *UserIsRequestor* | *M* | *not specialized* |
| | RoleIDCode | M | EV(110152, DCM, "Destination") |
| | NetworkAccessPointTypeCode | M | "1" for machine (DNS) name, "2" for IP address |
| | NetworkAccessPointID | M | The machine name or IP address, as specified in RFC 3881. |

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|---|---|---|---|
| **Audit Source** **AuditMessage/ AuditSourceIdentification** | *AuditSourceID* | *U* | *Not specialized.* |
| | *AuditEnterpriseSiteID* | *U* | *not specialized* |
| | *AuditSourceTypeCode* | *U* | *not specialized* |

| | | | |
|---|---|---|---|
| **Patient** | ParticipantObjectTypeCode | M | "1" (person) |

| | | | |
|---|---|---|---|
| | ParticipantObjectTypeCodeRole | M | "1" (patient) |
| | ParticipantObjectDataLifeCycle | *U* | *not specialized* |
| | ParticipantObjectIDTypeCode | M | EV(2, RFC-3881, "Patient Number") |
| | *ParticipantObjectSensitivity* | *U* | *not specialized* |
| | ParticipantObjectID | M | The patient ID in HL7 CX format. |
| | *ParticipantObjectName* | *U* | *not specialized* |
| | *ParticipantObjectQuery* | *U* | *not specialized* |
| | ParticipantObjectDetail | M | Type=MSH-10 (the literal string), Value=the value of MSH-10 (from the message content, base64 encoded) |

### 3.XX.5.1.1.2 BFDR Form Receiver Actor audit message:

| | Field Name | Opt | Value Constraints |
|---|---|---|---|
| **Event**<br>**AuditMessage / EventIdentification** | EventID | M | EV(110107, DCM, "Import") |
| | EventActionCode | M | "C" (create) |
| | *EventDateTime* | *M* | *not specialized* |
| | *EventOutcomeIndicator* | *M* | *not specialized* |
| | EventTypeCode | M | EV("ITI-34", "IHE Transactions", "BFDR Submit Form") |
| Source (BFDR Form Filler Actor) (1) | | | |
| Destination (BFDR Form Receiver Actor) (1) | | | |
| Audit Source (BFDR Form Receiver Actor) (1) | | | |
| Patient(1) | | | |

Where:

| | | | |
|---|---|---|---|
| **Source**<br>**AuditMessage/ ActiveParticipant** | UserID | M | The identity of the BFDR Form Filler Actor facility and sending application from the Submit Form Transaction; concatenated together, separated by the \| character. |
| | *AlternativeUserID* | *U* | *not specialized* |
| | *UserName* | *U* | *not specialized* |
| | *UserIsRequestor* | M | *not specialized* |
| | RoleIDCode | M | EV(110153, DCM, "Source") |
| | NetworkAccessPointTypeCode | M | "1" for machine (DNS) name, "2" for IP address |
| | NetworkAccessPointID | M | The machine name or IP address, as specified in RFC 3881. |

| | | | |
|---|---|---|---|
| **Destination**<br>**AuditMessage/ ActiveParticipant** | UserID | M | The identity of the Form Receiver Public Health Organization or Infrastructure Service and receiving application from the Submit Form Transaction; concatenated together, separated by the \| character. |

| | | | |
|---|---|---|---|
| | AlternativeUserID | M | The process ID as used within the local operating system in the local system logs. |
| | *UserName* | *U* | *not specialized* |
| | UserIsRequestor | M | *not specialized* |
| | RoleIDCode | M | EV(110152, DCM, "Destination") |
| | NetworkAccessPointTypeCode | M | "1" for machine (DNS) name, "2" for IP address |
| | NetworkAccessPointID | M | The machine name or IP address, as specified in RFC 3881. |

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| | | | |
|---|---|---|---|
| **Audit Source**<br>**AuditMessage/ AuditSourceIdentification** | *AuditSourceID* | *U* | *not specialized.* |
| | *AuditEnterpriseSiteID* | *U* | *not specialized* |
| | *AuditSourceTypeCode* | *U* | *not specialized* |

| | | | |
|---|---|---|---|
| **Patient**<br>**(AuditMessage / ParticipantObjectIdentification)** | ParticipantObjectTypeCode | M | "1" (person) |
| | ParticipantObjectTypeCodeRole | M | "1" (patient) |
| | ParticipantObjectDataLifeCycle | U | not specialized |
| | ParticipantObjectIDTypeCode | M | EV(2, RFC-3881, "Patient Number") |
| | *ParticipantObjectSensitivity* | *U* | *not specialized* |
| | ParticipantObjectID | M | The patient ID in HL7 CX format. |
| | *ParticipantObjectName* | *U* | *not specialized* |
| | *ParticipantObjectQuery* | *U* | *not specialized* |
| | ParticipantObjectDetail | M | Type=MSH-10 (the literal string), Value=the value of MSH-10 (from the message content, base64 encoded) |

## 5.0 Namespaces and Vocabularies

*Add the following rows the QRPH TF-2:5.0 Namespaces and Vocabularies*

| codeSystem | codeSystemName | Description |
|---|---|---|
| 1.3.6.1.4.1.19376.1.5.3.1 | IHE PCC Template Identifiers | This is the root OID for all IHE PCC Templates. A list of PCC templates can be found below in CDA Release 2.0 Content Modules. |
| 1.3.6.1.4.1.19376.1.7.3.1.1 | IHE BFDR Template Identifiers | This is the root OID for all the IHE BFDR Templates. |
| 1.3.6.1.4.1.19376.1.5.3.2 | IHEActCode | See IHEActCode Vocabulary below |
| 1.3.6.1.4.1.19376.1.5.3.3 | IHE PCC RoleCode | See IHERoleCode Vocabulary below |
| 1.3.6.1.4.1.19376.1.5.3.4 | | Namespace OID used for IHE Extensions to CDA Release 2.0 |
| 2.16.840.1.113883.10.20.1 | CCD Root OID | Root OID used for by ASTM/HL7 Continuity of Care Document |
| 2.16.840.1.113883.5.112 | RouteOfAdministration | See the HL7 RouteOfAdministration Vocabulary |
| 2.16.840.1.113883.5.1063 | SeverityObservation | See the HL7 SeverityObservation Vocabulary |
| 2.16.840.1.113883.1.11.12212 | MaritalStatus | See the HL7 MaritalStatus Vocabulary |
| 2.16.840.1.113883 | ServiceDeliveryLocation | See the HL7 ServiceDeliveryLocation Vocabulary |
| 2.16.840.1.113883.12.1 | AdministrativeGender | See the HL7 AdministrativeGender Vocabulary |
| 2.16.840.1.113883.5.111 | Role | See the HL7 Role Vocabulary |
| 2.16.840.1.113883.5.1077 | EducationLevel | See the HL7 EducationLevel Vocabulary |
| 2.16.840.1.113883.6.1 | LOINC | Logical Observation Identifier Names and Codes |
| 2.16.840.1.113883.6.96 | SNOMED-CT | SNOMED Clinical Terms |
| 2.16.840.1.113883.6.103 | ICD-9CM (diagnosis codes) | International Classification of Diseases, Clinical Modifiers, Version 9 |
| 2.16.840.1.113883.6.104 | ICD-9CM (procedure codes) | International Classification of Diseases, Clinical Modifiers, Version 9 |
| 2.16.840.1.113883.6.3 | ICD10 | International Classification of Diseases Revision 10 (ICD 10) Note this does NOT have the CM changes, and is specifically for international use. |
| 2.16.840.1.113883.6.4 | ICD-10-PCS | International Classification of Diseases, 10th Revision, Procedure Coding System |
| 2.16.840.1.113883.6.90 | ICD-10-CM | International Classification of Diseases, 10th Revision, Clinical Modification |
| 2.16.840.1.113883.6.26 | MEDCIN | A classification system from MEDICOMP Systems. |
| 2.16.840.1.113883.6.88 | RxNorm | RxNorm |
| 2.16.840.1.113883.6.63 | FDDC | First DataBank Drug Codes |
| 2.16.840.1.113883.6.12 | C4 | Current Procedure Terminology 4 (CPT-4) codes. |

| codeSystem | codeSystemName | Description |
|---|---|---|
| 2.16.840.1.113883.6.257 | Minimum Data Set for Long Term Care | The root OID for Minimum Data Set Answer Lists |
| 2.16.840.1.113883.2.8.1.1 | CCAM | Classification Commune des Actes Medicaux |
| 2.16.840.1.113883.6.21 | NUBC | National Uniform Billing Codes (US) |

## 5.1.1 IHE Format Codes

*Add the following rows the QRPH TF-2:5.1.1 IHE Format Codes*

| Profile | Format Code | Media Type | Template ID |
|---|---|---|---|
| **2011 Profiles** | | | |
| Labor and Delivery Summary for Vital Records (VR) for Birth and Fetal Death Reporting (BFDR) | urn:ihe:qrph:BFDR:2011 | Text/XML | 1.3.6.1.4.1.19376.1.7.3.1.1.19.1.1 |

# 6 QRPH Content Modules

## 6.2 Folder Content Modules

*Add section Z.2.Y*

## 6.3 Content Modules

### 6.3.1 CDA Document Content Modules

*Add section 6.3.1.A*

#### 6.3.1.A Labor and Delivery Summary for Vital Records (VR) Specification 1.3.6.1.4.1.19376.1.7.3.1.1.19.1.1

The Labor and Delivery Summary for Vital Records (VR) constrains the PCC Labor and Delivery Summary (LDS) to maximize the pre-population ability for Birth and Fetal Death Reporting feeds to the Vital Records System using this profile.

##### 6.3.1.A.1 LOINC Code

The LOINC code for this document is **57057-2** Labor and delivery summary

##### 6.3.1.A.2 Parent Template

This document is an instance of the Labor and Delivery Summary template (1.3.6.1.4.1.19376.1.5.3.1.1.21.1.2).

##### 6.3.1.A.3 Standards

| | |
|---|---|
| **CCD** | ASTM/HL7 Continuity of Care Document |
| **CDAR2** | HL7 CDA Release 2.0 |
| **ACOG AR** | American College of Obstetricians and Gynecologists (ACOG), Antepartum Record |
| **LOINC** | Logical Observation Identifiers, Names and Codes |
| **SNOMED** | Systemized Nomenclature for Medicine |
| **CDTHP** | CDA for Common Document Types History and Physical Notes (DSTU) |

##### 6.3.1.A.4 Specification

This section references content modules using Template ID as the key identifier. Definitions of the modules are found in either:

- IHE Patient Care Coordination Volume 2: Final Text
- IHE PCC Content Modules supplement

 

The Record Target[0] of this CDA document shall reference the mother. All sections listed in Table 6.3.1.A.4-1 shall refer to the mother. All sections listed in Table 6.3.1.A.4-2 shall refer to the newborn and shall include the subject at the section level. Multiple newborns shall be represented with each newborn having his/her own section. The IHE PCC LDS is further constrained as described below.

The following table describes content within the LDS that will result in a more fully pre-populated form for the form filler. The way that this differs from the current LDS is:

The following optional sections of LDS are defined as Required, or Required if known here:

- Payers are optional in LDS per inheritance from Medical Summary. This is R2 in this specification.
- Pregnancy History is optional in LDS. This is section is required if known (R2) in the LDS-VR document.
- Coded History of Infection is optional in LDS. This is section is required if known (R2) in the LDS-VR document.

All of the IHE PCC LDS constraints apply. The QRPH VR further constrains the IHE PCC LDS as follows:

**Table 6.3.1.A.4-1: VR Document Section Specification**

| Template Name | Opt | Section Template Id | Value Set Template Id |
|---|---|---|---|
| Mother's Encompassing Encounter | R2 | 2.16.840.1.113883.10.20.1.21 | Admission Source<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=2.16.840.1.113883.10.20.1.21]]/participant[@typeCode='ORG']/code<br><br>Transfer In (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.177 |
| Hospital Admission Diagnosis | R | 1.3.6.1.4.1.19376.1.5.3.1.3.3 | N/A |
| Admission Medication History | R2 | 1.3.6.1.4.1.19376.1.5.3.1.3.20 | Medication Coded Product,<br><br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.20]]/**entry**/substanceAdministration/code<br><br>SHALL include the following substance administration history if known and associated administration dates/times:<br>Fertility Enhancing Drugs Medications (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.144 |
| Chief Complaint | R | 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1 | N/A |
| Transport Mode | R | 1.3.6.1.4.1.19376.1.5.3.1.1.10.3.2 | N/A |
| Assessment and Plan | R2 | 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.5 | N/A |
| Pain Assessment Panel | R | 1.3.6.1.4.1.19376.1.5.3.1.1.20.2.4 | N/A |
| Coded Results | R | 1.3.6.1.4.1.19376.1.5.3.1.3.28 | N/A |

| | | | |
|---|---|---|---|
| Coded Antenatal Testing and Surveillance | R2 | 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.5.1 | N/A |
| History of Present Illness | R | 1.3.6.1.4.1.19376.1.5.3.1.3.4 | N/A |
| History of Past Illness | R | 1.3.6.1.4.1.19376.1.5.3.1.3.8 | N/A |
| Active Problems | R | 1.3.6.1.4.1.19376.1.5.3.1.3.6 | Problem code, ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code<br><br>SHALL include the following problems if known:<br>Transferred for Maternal Medical or Fetal Indications for Delivery (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.176<br>Chlamydia (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.93<br>Gonorrhea (NCHS) 2.16.840.1.114222.4.11.6071<br>Hepatitis B (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.96<br>Hepatitis C (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.97<br>Syphilis (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.98<br>Listeria (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.147<br>Group B Streptococcus (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.166<br>Cytomegalovirus (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.167<br>Parvovirus (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.168<br>Toxoplasmosis (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.169<br>Chorioamnionitis During Labor (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.24<br>Fever Greater Than 100.4 (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.25 |
| Coded Advance Directives | R2 | 1.3.6.1.4.1.19376.1.5.3.1.3.35 | N/A |
| Birth Plan | R2 | 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.1 | N/A |

| | | | |
|---|---|---|---|
| Allergies and Other Adverse Reactions | R | 1.3.6.1.4.1.19376.1.5.3.1.3.13 | N/A |
| Coded Detailed Physical Examination | R | 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1 | Coded Vital Signs 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2<br>Result type code,<br><br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/code<br><br>SHALL include the following observations, associated values, and units if known<br><br>Height (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.190<br><br>3141-9 Body Weight with methodCode detailing:<br>Mothers Delivery Weight (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.120<br>Pre-Pregnancy Weight (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.118 |
| Estimated Delivery Date | R | 1.3.6.1.4.1.19376.1.5.3.1.1.11.2.2.1 | N/A |

| | | | |
|---|---|---|---|
| Medications Administered | R | 1.3.6.1.4.1.19376.1.5.3.1.3.21 | Medication Coded Product,<br><br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/code<br><br>SHALL include the following substance administrations if known and associated route and administration dates/times:<br>Antibiotics (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.3<br>Augmentation of Labor - Medication (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.23<br>Epidural Anesthesia - Medication (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.26<br>Spinal Anesthesia – Medication (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.28<br>Glucocortico Steroids (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.38<br><br>Route SHALL be coded using HL7 Route of Administration (2.16.840.1.113883.12.162), specifically indicating the route where IV or IM administration route is used:<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/routeCode<br><br>IV Medication Administration Route (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.4<br>IM Medication Administration Route (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.5 |
| Intravenous Fluids Administered | R2 | 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.6 | N/A |
| Intake and Output | R2 | 1.3.6.1.4.1.19376.1.5.3.1.1.20.2.3 | N/A |
| EBS Estimated Blood Loss | R2 | 1.3.6.1.4.1.19376.1.5.3.1.1.9.2 | N/A |
| History of Blood Transfusion Section | R | 1.3.6.1.4.1.19376.1.5.3.1.1.9.12 | N/A |

| | | | |
|---|---|---|---|
| History of Surgical Procedures | R2 | 1.3.6.1.4.1.19376.1.5.3.1.1.16.2.2 | N/A |
| Coded History of Infection Section | R2 | 1.3.6.1.4.1.19376.1.5.3.1.1.16.2.1.1.1. | The concept domain bound to the ProblemObservation/value/@code where the status is active within the Problem Concern Entry required by this section, SHALL be bound to the value set defined to combine the following value sets.<br><br>Chlamydia (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.93<br>Gonorrhea (NCHS) 2.16.840.1.114222.4.11.6071<br>Hepatitis B (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.96<br>Hepatitis C (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.97<br>Syphilis (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.98<br>Listeria (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.147<br>Group B Streptococcus (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.166<br>Cytomegalovirus (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.167<br>Parvovirus (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.168<br>Toxoplasmosis (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.169 |

| | | | |
|---|---|---|---|
| Pregnancy History Section | R2 | 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 | The concept domain bound to the PregnancyObservation/code/@code SHALL be bound to the value set defined to combine the following value sets.<br><br>SHALL include the following observations if known:<br><br>Date of Last Live Birth (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.67<br>Date of Last Menses (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.69<br>Date of Last Other Pregnancy Outcome (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.70 (e.g., spontaneous or induced losses or ectopic pregnancy)<br>Number of Previous Live Births Now Dead (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.122<br>Number of Previous Live Births Now Living (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.123<br>Number of Preterm Births (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.187<br>Obstetric Estimate of Gestation (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.124<br>Number of Previous Cesareans (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.148<br>Last Prenatal Care Visit (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.134<br>Number Prenatal Care Visits (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.135<br>Previous Cesarean (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.147<br>Prepregnancy Diabetes (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.136<br>Gestational Diabetes (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.137<br>Prepregnancy Hypertension (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.138<br>Gestational Hypertension (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.139<br>Eclampsia (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.140<br>Preterm Birth (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.141<br>Poor Pregnancy Outcome History (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.142<br>Infertility Treatment (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.143<br>Artificial or Intrauterine Insemination (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.145<br>Assistive Reproductive Technology (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.146<br>First Prenatal Care Visit (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.133 |
| Labor and Delivery Events | R | 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 | See Labor and Delivery Events Constraint Table (Table 6.3.1.AB.4-3 Labor and Delivery Events Section Constraint Table) below |

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| Payers | R2 | 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.7 | Payer (NOTE: payers is inherited from Medical Summary as an Optional Section)<br>SHOULD include payer information using:<br><br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.7]]/code |
| Newborn Delivery Information<br>(Information Related to the Newborn(s)) | R | 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 | See Newborn Delivery Information Constraint Table (Table 6.3.1.A.4-4 Newborn Delivery Information Section Constraint Table) below |

**Table 6.3.1.A.4-2: Labor and Delivery Events Section Constraint Table**

| Labor and Delivery Events Subsections (1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3) | Constraint |
|---|---|
| Procedures and Interventions (1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11) | Procedure, Procedure Date and Time<br><br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/effectiveTime<br><br>SHALL include for the following procedure codes and associated date/timestamps if known:<br><br>Augmentation of Labor - Procedure (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.22<br>Epidural Anesthesia - Procedure (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.27<br>Spinal Anesthesia - Procedure (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.29<br>In-utero Resuscitation (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.31<br>Operative Delivery (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.33<br>Further Fetal Assessment (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.32<br>Induction of Labor (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.34<br>Delivery (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.14<br>Unplanned Operation (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.105<br>Cervical Cerclage (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.125<br>External Cephalic Version (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.127<br>Tocolysis (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.128<br>Hysterotomy Hysterectomy (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.150<br>Transfusion Whole Blood or Packed Red Bld (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.99<br>Unplanned Hysterectomy (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.103<br>Histological Placental Examination (NCHS) 2.16.840.1.114222.4.11.7138 |
| | For the delivery event identified by the following procedure value set,:<br><br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code |

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| | Delivery (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.14<br><br>the Procedures an Interventions SHALL also indicate the NPI, Provider Type, and the Provider Name:<br><br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/performer/assignedEntity/id<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/performer/assignedEntity/code<br><br>Physician (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.15<br>Doctor of Osteopathic Medicine (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.16<br>Certified Midwife (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.17<br>Midwife (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.18<br><br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/performer/assignedEntity/assignedPerson/name<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/act/entryRelationship/observation/methodCode<br><br>Route and Method of Delivery - Spontaneous (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.111<br>Route and Method of Delivery - Forceps (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.112<br>Route and Method of Delivery - Vacuum (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.113<br>Route Method of Delivery - Trial of Labor (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.115<br>Route and Method of Delivery - Scheduled C (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.116<br>Route and Method of Delivery - Cesarean (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.114 |
| Coded Event Outcomes with template ID 1.3.6.1.4.1.19376.1.7.3.1.1.13.7 | Coded Event Outcome,<br><br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code<br><br>Birth Plurality of Delivery (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.132<br>Number of Live Births (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.68<br>Number of Fetal Deaths This Delivery (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.164 |

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| | ICU Care (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.188<br>Fetal Intolerance of Labor (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.30<br>Meconium Staining (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.36<br>Third Degree Perineal Laceration (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.100<br>Fourth Degree Perineal Laceration (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.101<br>Ruptured Uterus (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.102<br>Fetal Presentation at Birth- Breech (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.108<br>Fetal Presentation at Birth- Cephalic (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.109<br>Fetal Presentation at Birth- Other (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.110<br>Precipitous Labor (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.130<br>Prolonged Labor (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.131<br>Premature Rupture (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.129 |
| | Patient Transfer Entry<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/component/section[templateId[@root=TBDpatentTransferOID]]/entry/act/entryRelationship/observation/code<br><br>Transfer In (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.177<br><br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/component/section[templateId[@root=TBDpatentTransferOID]]/entry/act/entryRelationship/observation/name<br><br>Institution Referred from (NCHS)1.3.6.1.4.1.19376.1.7.3.1.1.13.8.199 |

**Table 6.3.1.A.4-3: Newborn Delivery Information Section Constraint Table**

| Newborn Delivery Information Subsection | Constraint |
|---|---|
| Coded Detailed Physical Examination Section (1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1) | Coded Vital Signs 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2<br>Result type code,<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/code<br><br>SHALL include the following observations, associated values, and units if known<br><br>3141-9 Body Weight<br><br>with methodCode detailing:<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/methodCode<br><br>Birth Weight (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.20 |
| | Neurologic Systems: 1.3.6.1.4.1.19376.1.5.3.1.1.9.35<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.35]]/entry/act/entryRelationship/observation/code<br><br>SHALL include the following observations, associated values, and units if known<br><br>Meningomyelocele/Spina Bifida - Newborn (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.65<br>Anencephaly of the Newborn (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.53<br>Cleft Lip with or without Cleft Palate (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.58<br>Cleft Palate Alone (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.189 |

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| | Heart 1.3.6.1.4.1.19376.1.5.3.1.1.9.29<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.29]]/entry/act/entryRelationship/observation/code<br><br>SHALL include the following observations, associated values, and units if known<br><br>Cyanotic Congenital Heart Disease (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.54 |
| | General Appearance 1.3.6.1.4.1.19376.1.5.3.1.1.9.16<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.16]]/entry/act/entryRelationship/observation/code<br><br>SHALL include the following observations, associated values, and units if known<br><br>Suspected Chromosomal Disorder (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.57<br>Downs Syndrome (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.61<br>Congenital Diaphragmatic Hernia (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.55<br>Karyotype Confirmed (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.56<br>5 Min Apgar Score (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.12<br>10 Min Apgar Score (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.13 |
| | Digestive System 1.3.6.1.4.1.19376.1.5.3.1.1.9.31<br><br>SHALL include the following observations, associated values, and units if known<br><br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.31]]/entry/act/entryRelationship/observation/code<br><br>Gastroschisis of the Newborn (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.62 |

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| | Musculoskeletal System 1.3.6.1.4.1.19376.1.5.3.1.1.9.34<br><br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3. 1.1.9.34]]/entry/act/entryRelationship/observation/code<br><br>SHALL include the following observations, associated values, and units if known<br>Limb Reduction Defect (NCHS) 6.1.4.1.19376.1.7.3.1.1.13.8.64 |
| | Abdomen 1.3.6.1.4.1.19376.1.5.3.1.1.9.31<br><br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3. 1.1.9.31]]/entry/act/entryRelationship/observation/code<br><br>SHALL include the following observations, associated values, and units if known<br>Omphalocele of the Newborn (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.66 |
| | Genitalia 1.3.6.1.4.1.19376.1.5.3.1.1.9.36<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3. 1.1.9.36]]/entry/act/entryRelationship/observation/code<br><br>SHALL include the following observations, associated values, and units if known<br><br>Hypospadias (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.63 |

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|---|---|
| Active Problems<br>(1.3.6.1.4.1.19376.1.5.3.1.3.6) | Problem Code<br><br>ClinicalDocument/component/structuredBody/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code<br><br>SHALL be included for the following problem codes and associated date/timestamps if known:<br><br>Seizure or Serious Neurologic Dysfunction (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.10<br>Breastfed Infant (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.41 |
| Procedures and Interventions<br>(1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11) | Procedure, Procedure Date and Time<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/effectiveTime<br><br>SHALL be included for the following procedure codes and associated date/timestamps if known:<br><br>Antibiotic Administration Procedure (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.178<br>Assisted Ventilation (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.7<br>Further Fetal Assessment (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.32<br>Karyotype Determination (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.154<br>Fetal Autopsy (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.153<br>Histological Placental Examination (NCHS) 2.16.840.1.114222.4.11.7138 |

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|---|---|
| Medications Administered (1.3.6.1.4.1.19376.1.5.3.1.3.21) | Medication Coded Product,<br><br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/code<br><br>SHALL include the following observations, associated values, and units if known<br><br>Newborn Receiving Surfactant Replacement Therapy (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.11<br>Antibiotics (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.3<br><br>Route SHALL be coded using HL7 Route of Administration (2.16.840.1.113883.12.162), specifically indicating the route where IV or IM administration route is used where Antibiotics are administered for Neonatal Sepsis:<br><br>ClinicalDocument/component/structuredBody/component/section[[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/routeCode<br><br>IM Medication Administration Route (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.5<br>IV Medication Administration Route (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.4<br><br>Medication indication SHALL be coded using SNOMED-CT where Antibiotics are administered for Neonatal Sepsis<br>ClinicalDocument/component/structuredBody/component/section[[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/entryRelationship[@typeCode='RSON']/ observation[cda:templateId/@root='2.16.840.1.113883.10.20.1.28']<br><br>Neonatal Sepsis (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.6 |

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|---|---|
| Coded Event Outcomes (1.3.6.1.4.1.19376.1.7.3.1.1.13.7) | ClinicalDocument/component/structuredBody/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code<br><br>SHALL include the following observations, associated values, and units if known<br><br>NICU Care (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.198<br>Time of Death (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.185<br>Significant Birth Injury (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.9<br>Neonatal Death (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.149<br><br>To represent the setting where the child was born, SHALL include<br><br>With observation value indicating the setting location:<br>Birthplace Setting (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.184<br><br>ClinicalDocument/component/structuredBody/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/value<br><br>Birthplace Hospital (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.192<br>Birth Place Home Intended (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.193<br>Birth Place Home Unintended (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.194<br>Birth Place Home Unknown Intention (NCHS)1.3.6.1.4.1.19376.1.7.3.1.1.13.8.195<br>Birthplace Clinic Office (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.197<br>Birth Place Freestanding Birthing Center (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.196 |

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|---|---|
| | Patient Transfer Entry<br><br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/component/section[templateId[@root=TBDpatentTransferOID]]/entry/act/entryRelationship/observation/code<br><br>Transfer to (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.190<br><br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/component/section[templateId[@root=TBDpatentTransferOID]]/entry/act/entryRelationship/observation/name<br><br>Institution Referred to (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.191 |
| Coded Results<br>(1.3.6.1.4.1.19376.1.5.3.1.3.28) | Coded results code,<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root='1.3.6.1.4.1.19376.1.5.3.1.3.28']]<br>subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ /entry/act/entryRelationship/observation/code<br><br>SHALL include the following observations, associated values and units if known:<br><br>Karyotype Result (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.59 |
| Intake and Output<br>(1.3.6.1.4.1.19376.1.5.3.1.1.20.2.3) | NA |

A sample Labor and Delivery Summary Document supporting optimal pre-population for BFDR is provide at ftp://iheyr2:interop@ftp.ihe.net/TF_Implementation_Material/QRPH/MCH-BFDrpt/LDS%20Sample%20for%20MCH-BFDR.cda.xml

### 6.3.2 CDA Header Content Modules

No new header content modules

### 6.3.3 CDA Section Content Modules

No new section content modules

### 6.3.4 CDA Entry Content Modules

No new entry content modules

# Appendix A BFDR Filter Value Sets

This appendix contains value sets to be used as filters against coded information described in content profiles. Each section corresponds to a particular content profile in the technical framework. These value sets may be used by the form manager to determine the values of the pre-populated form based on specific rules. These value sets are also used by the form filler to generate the LDS-VR. The BFDR value sets are available from the Centers for Disease Control and Prevention/National Center for Health Statistics Public Health Information Network Vocabulary Access and Distribution System (PHIN VADS) at:

https://phinvads.cdc.gov/vads/.

## A.1 BFDR Coding Systems

### A.1.1 SNOMED-CT Metadata

SNOMED-CT Value Sets Metadata Shall contain the following content:

| Metadata Element | Definition | Description |
|---|---|---|
| Source Coding System | This is the source of the value set, identifying the originator or publisher of the information | SNOMED-CT |
| Source Coding System OID | Specific OID that represents the coding system | *2.16.840.1.113883.12.162* |
| Source URI | Most sources also have a URL or document URI that provides further details regarding the value set. | http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html |

### A.1.2 RxNORM

RxNorm Value Sets Metadata Shall contain the following content:

| Metadata Element | Definition | Description |
|---|---|---|
| Source Coding System | This is the source of the value set, identifying the originator or publisher of the information | RxNorm |
| Source Coding System OID | Specific OID that represents the coding system | *2.16.840.1.113883.6.88* |
| Source URI | Most sources also have a URL or document URI that provides further details regarding the value set. | http://www.nlm.nih.gov/research/umls/rxnorm/ |

### A.1.3 HL7

HL7 Value Sets Metadata Shall contain the following content:

| Metadata Element | Definition | Description |
|---|---|---|
| Source Coding System | This is the source of the value set, identifying the originator or publisher of the information | HL7 |

| Metadata Element | Definition | Description |
|---|---|---|
| Source Coding System OID | Specific OID that represents the coding system | *2.16.840.1.113883* |
| Source URI | Most sources also have a URL or document URI that provides further details regarding the value set. | http://www.hl7.org |

### A.1.4 LOINC

LOINC Value Sets Metadata Shall contain the following content:

| Metadata Element | Definition | Description |
|---|---|---|
| Source Coding System | This is the source of the value set, identifying the originator or publisher of the information | LOINC |
| Source Coding System OID | Specific OID that represents the coding system | 2.16.840.1.113883.6.1 |
| Source URI | Most sources also have a URL or document URI that provides further details regarding the value set. | http://loinc.org |

### A.1.5 FIPS 5-2

FIPS 5-2 Value Sets Metadata Shall contain the following content:

| Metadata Element | Definition | Description |
|---|---|---|
| Source Coding System | This is the source of the value set, identifying the originator or publisher of the information | FIPS 5-2 |
| Source Coding System OID | Specific OID that represents the coding system | *2.16.840.1.101.3.4.2.1* |
| Source URI | Most sources also have a URL or document URI that provides further details regarding the value set. | http://www.itl.nist.gov/fipspubs/fip5-2.htm |

### A.1.6 NUBC

NUBC Value Sets Metadata Shall contain the following content:

| Metadata Element | Definition | Description |
|---|---|---|
| Source Coding System | This is the source of the value set, identifying the originator or publisher of the information | FIPS 5-2 |
| Source Coding System OID | Specific OID that represents the coding system | 2.16.840.1.113883.6.21 |

## A.2 Specification of Value Sets used in the BFDR Profile

The following table describes each of the value sets used to support the BFDR Profile. These are all published by and available from the PHIN Vocabulary Access and Distribution System (PHIN VADS). Each of the value sets below are established as extensional with the discrete values available at the PHIN-VADS URL provided. Version status may change from time-to-time as these value sets are maintained by NCHS, so version number should not be referenced when using these value sets in support of the BFDR profile. Similarly, associated date related metadata attributes will changed as a result of value set maintenance activities, and can be obtained at the PHIN-VADS URL provided.

| Name | Identifier | Purpose | Source | PHIN VADS URL | Groups |
|---|---|---|---|---|---|
| 10 Min Apgar Score (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.13 | To reflect the 10 Min Apgar Score | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.13 | IHE BFDR |
| 5 Min Apgar Score (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.12 | To reflect the 5 Min Apgar Score | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.12 | IHE BFDR |
| Anencephaly of the Newborn (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.53 | To reflect Anencephaly of the Newborn as an anomaly of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.53 | IHE BFDR |
| Antibiotic Administration Procedure (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.178 | To reflect Antibiotic Administration Procedure during labor and delivery | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.178 | IHE BFDR |
| Antibiotics (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.3 | To reflect that antibiotics were received by the mother during delivery and by the newborn for suspected neonatal sepsis | RxNorm | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.3 | IHE BFDR |
| Artificial or Intrauterine Insemination (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.145 | To reflect the Artificial or Intrauterine Insemination as a Risk Factor in Pregnancy | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.145 | IHE BFDR |
| Assisted Ventilation (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.7 | To reflect that the newborn was provided assisted ventilation reflecting an abnormal condition of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.7 | IHE BFDR |

| Name | Identifier | Purpose | Source | PHIN VADS URL | Groups |
|---|---|---|---|---|---|
| Assistive Reproductive Technology (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.146 | To reflect the Assistive Reproductive Technology as a Risk Factor in Pregnancy | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.146 | IHE BFDR |
| Augmentation of Labor - Medication (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.23 | To reflect a medication used for the of Augmentation of Labor | RxNorm | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.23 | IHE BFDR |
| Augmentation of Labor - Procedure (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.22 | To reflect a procedure of Augmentation of Labor | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.22 | IHE BFDR |
| Birth Plurality of Delivery (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.132 | To reflect the Plurality, which is the number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age or if the fetuses were delivered at different dates in the pregnancy. ("Reabsorbed" fetuses, those which are not "delivered" (expulsed or extracted from the mother) should not be counted.) | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.132 | IHE BFDR |
| Birth Weight (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.20 | To reflect the Birth Weight | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.20 | IHE BFDR |
| Birthplace Clinic Office (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.197 | To reflect the birth occurred in the at clinic or office | SNOMED-CT | | IHE BFDR |
| Birth Place Freestanding Birthing Center (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.196 | To reflect the birth occurred at a freestanding birthing enter | SNOMED-CT | | IHE BFDR |
| Birth Place Home Intended (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.193 | To reflect the birth occurred in the at home as intended | SNOMED-CT | | IHE BFDR |

| Name | Identifier | Purpose | Source | PHIN VADS URL | Groups |
|---|---|---|---|---|---|
| Birth Place Home Unintended (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.194 | To reflect the birth occurred in the at home as unintended | SNOMED-CT | | IHE BFDR |
| Birth Place Home Unknown Intention (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.195 | To reflect the birth occurred in the at home with intention unknown | SNOMED-CT | | IHE BFDR |
| Birthplace Hospital (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.192 | To reflect the birth occurred in the hospital | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.192 | IHE BFDR |
| Birthplace Setting (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.184 | To reflect the birthplace of the newborn (setting) | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.184 | IHE BFDR |
| Breastfed Infant (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.41 | To reflect Breastfed Infant at discharge | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.41 | IHE BFDR |
| Certified Midwife (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.17 | To reflect the Title of the Attendant responsible for the delivery Procedure as a Certified Midwife | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.17 | IHE BFDR |
| Cervical Cerclage (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.125 | To reflect Obstetric Procedures as Cervical Cerclage | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.125 | IHE BFDR |
| Chlamydia (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.93 | To reflect Chlamydia as Infections present and treated during this pregnancy | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.93 | IHE BFDR |
| Chorioamnionitis During Labor (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.24 | To reflect a Chorioamnionitis During Labor | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.24 | IHE BFDR |
| Cleft Lip with or without Cleft Palate (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.58 | To reflect Cleft Lip with/without Cleft Palate as an anomaly of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.58 | IHE BFDR |
| Cleft Lip without Cleft Palate (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.60 | To reflect Cleft Lip without Cleft Palate as an anomaly of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.60 | IHE BFDR |
| Cleft Palate Alone (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.189 | To reflect Cleft Palate alone as an anomaly of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.189 | IHE BFDR |

| Name | Identifier | Purpose | Source | PHIN VADS URL | Groups |
|---|---|---|---|---|---|
| Conception Date (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.180 | To reflect Conception Date | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.180 | IHE BFDR |
| Congenital Diaphragmatic Hernia (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.55 | To reflect Congenital Diaphragmatic Hernia as an anomaly of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.55 | IHE BFDR |
| Cyanotic Congenital Heart Disease (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.54 | To reflect Cyanotic Congenital Heart Disease as an anomaly of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.54 | IHE BFDR |
| Cytomegalovirus (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.167 | To reflect infection with Cytomegalovirus | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.167 | IHE BFDR |
| Date of Last Live Birth (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.67 | To reflect the Date of Last Live Birth | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.67 | IHE BFDR |
| Date of Last Menses (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.69 | To reflect the Date of Last Menses | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.69 | IHE BFDR |
| Date of Last Other Pregnancy Outcome (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.70 | To reflect the Date of Last Other Pregnancy Outcome such as spontaneous or induced losses or ectopic pregnancy | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.70 | IHE BFDR |
| Delivery (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.14 | To reflect the Delivery Procedure | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.14 | IHE BFDR |
| Discharge Transfer Codes (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.44 | To reflect Discharge of the newborn as Transfer | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.44 | IHE BFDR |
| Doctor of Osteopathic Medicine (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.16 | To reflect the Title of the Attendant responsible for the delivery Procedure as a Doctor of Osteopathic Medicine | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.16 | IHE BFDR |
| Downs Syndrome (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.61 | To reflect Downs Syndrome as an anomaly of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.61 | IHE BFDR |
| Eclampsia (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.140 | To reflect Risk Factors of Eclampsia | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.140 | IHE BFDR |

| Name | Identifier | Purpose | Source | PHIN VADS URL | Groups |
|---|---|---|---|---|---|
| Epidural Anesthesia - Medication (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.26 | To reflect an Epidural Anesthesia | RxNorm | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.26 | IHE BFDR |
| Epidural Anesthesia - Procedure (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.27 | To reflect an Epidural Anesthesia Procedure | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.27 | IHE BFDR |
| External Cephalic Version (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.127 | To reflect Obstetric Procedures as External Cephalic Version | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.127 | IHE BFDR |
| Facility Location ICU (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.2 | To reflect that the patient (mother) was treated in the ICU for complications associated with labor and delivery reflecting a maternal morbidity. | HL7 Service Delivery Location | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.2 | IHE BFDR |
| Facility Location NICU (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.1 | To reflect that the newborn was admitted to the NICU reflecting an abnormal condition of the newborn | HL7 Service Delivery Location | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.1 | IHE BFDR |
| Facility Location OR (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.104 | To reflect that the patient (mother) was treated in the OR for an unplanned operation for complications associated with labor and delivery reflecting unplanned operation | HL7 Service Delivery Location | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.104 | IHE BFDR |
| Female Gender (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.43 | To reflect the Female Gender | HL7 Administrative Gender | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.43 | IHE BFDR |
| Fertility Enhancing Drugs Medications (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.144 | To reflect that Fertility Enhancing Drugs were administered as a risk factor for pregnancy | RxNorm | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.145 | IHE BFDR |
| Fetal Autopsy (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.153 | To reflect Fetal Autopsy was performed | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.153 | IHE BFDR |

| Name | Identifier | Purpose | Source | PHIN VADS URL | Groups |
|---|---|---|---|---|---|
| Fetal Intolerance of Labor (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.30 | To reflect that there was a Fetal Intolerance of Labor requiring In-utero Resuscitation measures including maternal position change, oxygen administration to the mother, intravenous fluid administered to the mother, amnioinfusion, support of maternal blood pressure, and administration of uterine relaxing agents | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.30 | IHE BFDR |
| Fetal Presentation at Birth-Breech (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.108 | To reflect the Fetal Presentation at Birth-Breech method of delivery | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.108 | IHE BFDR |
| Fetal Presentation at Birth-Cephalic (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.109 | To reflect the Fetal Presentation at Birth-Cephalic method of delivery | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.109 | IHE BFDR |
| tal Presentation at Birth-Other (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.110 | To reflect the Fetal Presentation at Birth-Other | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.110 | IHE BFDR |
| Fever Greater Than 100.4 (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.25 | To reflect a Fever Greater Than 100.4 During Labor | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.25 | IHE BFDR |
| First Prenatal Care Visit (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.133 | To reflect the Date of the First Prenatal Care Visit | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.133 | IHE BFDR |
| Fourth Degree Perineal Laceration (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.101 | To reflect Fourth Degree Perineal Laceration as a maternal morbidity | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.101 | IHE BFDR |

| Name | Identifier | Purpose | Source | PHIN VADS URL | Groups |
|---|---|---|---|---|---|
| Further Fetal Assessment (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.32 | To reflect that there was a Fetal Intolerance of Labor Further Fetal Assessment including scalp pH, scalp stimulation, acoustic stimulation | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.32 | IHE BFDR |
| Gastroschisis of the Newborn (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.62 | To reflect Gastroschisis of the Newborn as an anomaly of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.62 | IHE BFDR |
| Gestational Diabetes (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.137 | To reflect Risk Factors of Gestational Diabetes | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.137 | IHE BFDR |
| Gestational Hypertension (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.139 | To reflect Risk Factors of Gestational Hypertension | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.139 | IHE BFDR |
| Glucocortico Steroids (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.38 | To reflect administration of Glucocortico Steroids | RxNorm | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.38 | IHE BFDR |
| Gonorrhea (NCHS) | 2.16.840.1.114222.4.11.6071 | To reflect Gonorrhea as Infections present and treated during this pregnancy | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.6071 | IHE BFDR |
| Group B Streptococcus (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.166 | To reflect Infection with Group B Streptococcus | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.166 | IHE BFDR |
| Height (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.190 | To reflect the mother's height | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.190 | IHE BFDR |
| Hepatitis B (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.96 | To reflect Hepatitis B as Infections present and treated during this pregnancy | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.96 | IHE BFDR |
| Hepatitis C (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.97 | To reflect Hepatitis C as Infections present and treated during this pregnancy | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.97 | IHE BFDR |
| Histological Placental Examination (NCHS) | 2.16.840.1.114222.4.11.7138 | To reflect the Histological Placental Examination for fetal death | | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.7138 | IHE BFDR |
| Hypospadias (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.63 | To reflect Hypospadias as an anomaly of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.63 | IHE BFDR |

| Name | Identifier | Purpose | Source | PHIN VADS URL | Groups |
|---|---|---|---|---|---|
| Hysterotomy Hysterectomy (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.150 | To reflect hysterotomy/hysterectomy as the method of delivery in fetal death | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.150 | IHE BFDR |
| ICU Care (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.188 | To reflect that the mother was transferred to ICU following the birth | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.188 | IHE BFDR |
| IM Medication Administration Route (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.5 | To reflect that Intramuscular Medication Administration Route was used to administer a medication | HL7 Route of Administration | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.5 | IHE BFDR |
| Induction of Labor (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.34 | To reflect that there was an Induction of Labor | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.34 | IHE BFDR |
| Infertility Treatment (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.143 | To reflect Risk Factors of Pregnancy Infertility Treatment | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.143 | IHE BFDR |
| Institution Referred to (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.191 | To reflect the institution to which the patient was referred | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.191 | IHE BFDR |
| Institution Referred from (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.199 | To reflect the institution from which the patient was referred | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.199 | IHE BFDR |
| In-utero Resuscitation (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.31 | To reflect that there was a Fetal Intolerance of Labor requiring In-utero Resuscitation measures including maternal position change, oxygen administration to the mother, intravenous fluid administered to the mother, amnioinfusion, support of maternal blood pressure, and administration of uterine relaxing agents | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.31 | IHE BFDR |

| Name | Identifier | Purpose | Source | PHIN VADS URL | Groups |
|---|---|---|---|---|---|
| IV Medication Administration Route (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.4 | To reflect that IV Medication Administration Route was used to administer a medication | HL7 Route of Administration | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.4 | IHE BFDR |
| Karyotype Confirmed (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.56 | To reflect Karyotype Confirmed as an anomaly of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.56 | IHE BFDR |
| Karyotype Determination (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.154 | To reflect Karyotype determination as an anomaly of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.154 | IHE BFDR |
| Karyotype Result (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.59 | To reflect Karyotyping to determine that the result is pending | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.59 | IHE BFDR |
| Last Prenatal Care Visit (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.134 | To reflect the Date of the Last Prenatal Care Visit | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.134 | IHE BFDR |
| Limb Reduction Defect (NCHS) | 6.1.4.1.19376.1.7.3.1.1.13.8.64 | To reflect Limb Reduction Defect as an anomaly of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=6.1.4.1.19376.1.7.3.1.1.13.8.64 | IHE BFDR |
| Listeria (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.147 | To reflect Listeria as Infections present and treated during this pregnancy | | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.147 | IHE BFDR |
| Male Gender (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.42 | To reflect the Male Gender | HL7 AdministrativeGender | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.42 | IHE BFDR |
| Meconium Staining (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.36 | To reflect that there was moderate or heavy Meconium staining | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.36 | IHE BFDR |
| Meningomyelocele/Spina Bifida - Newborn (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.65 | To reflect Meningomyelocele/Spina Bifida of the Newborn as an anomaly of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.65 | IHE BFDR |

| Name | Identifier | Purpose | Source | PHIN VADS URL | Groups |
|---|---|---|---|---|---|
| Midwife (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.18 | To reflect the Title of the Attendant responsible for the delivery Procedure as a Midwife excluding registered midwife which is reflected in the 'certified midwife' value set | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.18 | IHE BFDR |
| Mothers Delivery Weight (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.120 | To reflect the Mother's Delivery Weight | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.120 | IHE BFDR |
| Neonatal Death (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.149 | To reflect that the newborn died | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.149 | IHE BFDR |
| Neonatal Sepsis (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.6 | To reflect that the newborn had suspected neonatal sepsis reflecting an abnormal condition of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.6 | IHE BFDR |
| Newborn Receiving Surfactant Replacement Therapy (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.11 | To reflect that the Newborn received Surfactant Replacement Therapy reflecting an abnormal condition of the newborn | RxNorm | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.11 | IHE BFDR |
| NICU Care (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.198 | To reflect the that the baby was transferred to NICU following the birth | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.198 | IHE BFDR |
| Number of Fetal Deaths This Delivery (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.164 | To reflect the Number of Fetal Deaths This Delivery | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.164 | IHE BFDR |
| Number of Live Births (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.68 | To reflect the Number of Live Births for the current pregnancy | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.68 | IHE BFDR |
| Number of Preterm Births (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.187 | To reflect the number of preterm births in prior pregnancies | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.187 | IHE BFDR |
| Number of Previous Cesareans (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.148 | To reflect the Number of Previous Cesareans as a Risk Factor in Pregnancy | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.48 | IHE BFDR |

| Name | Identifier | Purpose | Source | PHIN VADS URL | Groups |
|---|---|---|---|---|---|
| Number of Previous Live Births Now Dead (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.122 | To reflect the Previous Other Pregnancy Outcomes | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.122 | IHE BFDR |
| Number of Previous Live Births Now Living (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.123 | To reflect the Previous Other Pregnancy Outcomes | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.123 | IHE BFDR |
| Number of Prior Pregnancies (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.71 | To reflect the Number of Prior Pregnancies | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.71 | IHE BFDR |
| Number Prenatal Care Visits (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.135 | To reflect the Number Prenatal Care Visits | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.135 | IHE BFDR |
| Obstetric Estimate of Gestation (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.124 | To reflect the Obstetric Estimate of Gestation of the newborn | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.124 | IHE BFDR |
| Omphalocele of the Newborn (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.66 | To reflect Omphalocele of the Newborn as an anomaly of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.66 | IHE BFDR |
| Operative Delivery (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.33 | To reflect that there was an Operative Delivery including operative intervention to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.33 | IHE BFDR |
| Parvovirus (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.168 | To reflect infection with Parvovirus | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.168 | IHE BFDR |
| Physician (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.15 | To reflect the Title of the Attendant responsible for the delivery Procedure as a Physician | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.15 | IHE BFDR |
| Poor Pregnancy Outcome History (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.142 | To reflect the Previous Other Pregnancy Outcomes | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.142 | IHE BFDR |

| Name | Identifier | Purpose | Source | PHIN VADS URL | Groups |
|---|---|---|---|---|---|
| Precipitous Labor (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.130 | To reflect Onset of labor with Precipitous Labor | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.130 | IHE BFDR |
| Premature Rupture (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.129 | To reflect Onset of labor with Premature Rupture | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.129 | IHE BFDR |
| Prepregnancy Diabetes (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.136 | To reflect Risk Factors of Prepregnancy Diabetes | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.136 | IHE BFDR |
| Prepregnancy Hypertension (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.138 | To reflect Risk Factors of Prepregnancy Hypertension | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.138 | IHE BFDR |
| Pre-Pregnancy Weight (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.118 | To reflect the mother's Pre-Pregnancy Weight | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.118 | IHE BFDR |
| Preterm Birth (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.141 | To reflect Risk Factors of Preterm Birth (history) | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.141 | IHE BFDR |
| Previous Cesarean (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.147 | To reflect Risk Factors of Pregnancy Previous Cesarean | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.147 | IHE BFDR |
| Previous Other Pregnancy Outcomes (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.121 | To reflect the Previous Other Pregnancy Outcomes | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.121 | IHE BFDR |
| Problem Status Active (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.119 | To reflect the Problem Status Active | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.119 | IHE BFDR |
| Prolonged Labor (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.131 | To reflect Onset of labor with Prolonged Labor | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.131 | IHE BFDR |
| Route and Method of Delivery - Cesarean (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.114 | To reflect the Route and Method of Delivery as Cesarean Delivery | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.114 | IHE BFDR |
| Route and Method of Delivery - Forceps (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.112 | To reflect the Route and Method of Delivery as Forceps Delivery | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.112 | IHE BFDR |

| Name | Identifier | Purpose | Source | PHIN VADS URL | Groups |
|---|---|---|---|---|---|
| Route and Method of Delivery - Scheduled C (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.116 | To reflect the Route and Method of Delivery as Scheduled Cesarean | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.116 | IHE BFDR |
| Route and Method of Delivery - Spontaneous (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.111 | To reflect the Route and Method of Delivery as Spontaneous Delivery | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.111 | IHE BFDR |
| Route Method of Delivery - Trial of Labor (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.115 | To reflect the Route and Method of Delivery if Cesarean was as Trial of Labor Attempted | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.115 | IHE BFDR |
| Route and Method of Delivery - Vacuum (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.113 | To reflect the Route and Method of Delivery as Vacuum Delivery | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.113 | IHE BFDR |
| Ruptured Uterus (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.102 | To reflect Ruptured Uterus as a maternal morbidity | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.102 | IHE BFDR |
| Seizure or Serious Neurologic Dysfunction (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.10 | To reflect that the newborn suffered a Seizure or Serious Neurologic Dysfunction reflecting an abnormal condition of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.10 | IHE BFDR |
| Significant Birth Injury (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.9 | To reflect that the newborn suffered a Significant Birth Injury (skeletal fracture(s), peripheral nerve injury, and/ or soft tissue/solid organ hemorrhage which requires intervention) reflecting an abnormal condition of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.9 | IHE BFDR |
| Spinal Anesthesia – Medication (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.28 | To reflect a Spinal Anesthesia | RxNorm | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.28 | IHE BFDR |

| Name | Identifier | Purpose | Source | PHIN VADS URL | Groups |
|---|---|---|---|---|---|
| Spinal Anesthesia - Procedure (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.29 | To reflect an Spinal Anesthesia Procedure | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.29 | IHE BFDR |
| Spontaneous Onset of Labor (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.35 | To reflect that there was a Spontaneous Onset of Labor | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.35 | IHE BFDR |
| Suspected Chromosomal Disorder (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.57 | To reflect Suspected Chromosomal Disorder as an anomaly of the newborn | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.57 | IHE BFDR |
| Syphilis (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.98 | To reflect Syphilis as Infections present and treated during this pregnancy | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.98 | IHE BFDR |
| Third Degree Perineal Laceration (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.100 | To reflect Third Degree Perineal Laceration as a maternal morbidity | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.100 | IHE BFDR |
| Time of Death (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.185 | To reflect the Time of the Fetal Death | LOINC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.185 | IHE BFDR |
| Tocolysis (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.128 | To reflect Obstetric Procedures as Tocolysis | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.128 | IHE BFDR |
| Toxoplasmosis (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.169 | To reflect infection with Toxoplasmosis | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.169 | IHE BFDR |
| Transfer In (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.177 | To reflect if the mother was transferred to this facility for maternal medical or fetal indications for delivery | NUBC | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.177 | IHE BFDR |
| Transfer to (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.190 | To reflect if the infant was transferred within 24 hours of delivery to another facility | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.190 | IHE BFDR |

| Name | Identifier | Purpose | Source | PHIN VADS URL | Groups |
|---|---|---|---|---|---|
| Transferred for Maternal Medical or Fetal Indications for Delivery (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.176 | To reflect Transferred for Maternal Medical or Fetal Indications for Delivery | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.176 | IHE BFDR |
| Transfusion Whole Blood or Packed Red Bld (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.99 | To reflect Transfusion Whole Blood or Packed Red Blood as a maternal morbidity | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.99 | IHE BFDR |
| Unplanned Hysterectomy (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.103 | To reflect Ruptured Uterus as a maternal morbidity | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.103 | IHE BFDR |
| Unplanned Operation (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.105 | To reflect Ruptured Uterus as a maternal morbidity | SNOMED-CT | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.105 | IHE BFDR |
| U.S. Territories (NCHS) | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.19 | To reflect the U.S. Territories | FIPS 5-2 | https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=1.3.6.1.4.1.19376.1.7.3.1.1.13.8.19 | IHE BFDR |

# Volume 4 – National Extensions

## 5 National Extensions for IHE United States

### 5.x Pre-Population Specification for US Standards Certificate of Live Birth and US Standard Report of Fetal Death

The U.S. Standard Certificate of Live Birth and the U.S. Standard Report of Fetal Death SHALL use derived elements to populate the processing variables as indicated in Table 5.X.2-1 and as specified in the Birth Edit Specifications and the Fetal Death Edit Specifications for the 2003 Revisions of the U.S. Standard Certificate of Live Birth and the U.S. Standard Report of Fetal Death.

Standard worksheets are used in the U.S. to enhance the collection of quality, reliable data for birth and fetal death events. A common, standard form, entitled “Mother’s Worksheet for Child’s

Birth Certificate", has been established to identify information to be collected directly from the mother. The "Facility Worksheet for the Live Birth Certificate" was developed to identify information for which the best sources are the mother's and infant's medical records.

The U.S. currently limits the data that may be pre-populated from an EHR for birth and fetal death events to a subset of vital records' medical/health data requirements, that is, primarily those items included in the U.S. Standard Facility Worksheet for the Live Birth Certificate and the U.S. Standard Facility Worksheet for the Report of Fetal Death. The initial goal will be to monitor and assess the quality of the data that will be exchanged between electronic health record and vital records systems and the quality of the process of information exchange. This profile will not describe the data items on the U.S. Standard Mothers Worksheet for the Child's Birth Certificate (excepting the two items "Mother's prepregnancy weight" and "Mother's height") or the Patient's Worksheet for the Report of Fetal Death. Additionally, these items will not be included for pre-population since these data elements are not collected from an EHR for vital records.

### 5.x.1 Data Element Index

A relevant mapping for BFDR content reporting include those elements identified within the US efforts under the CDC/National Center for Health Statistics (NCHS) that can be computed from data elements in the Labor and Delivery Summary (LDS) of the electronic health record. The LDS mapping rules described below overlays these data elements typically presented to the birth registrar in a form. This Derived Data Element Index is an attempt to describe which sections are intended to cover which domains, the value sets to be used to interpret the LDS content, and rules for examining LDS content to determine whether or not the data element is satisfied. These rules may specify examination of one or more LDS locations to make a determination of the data element result. The list includes derived data elements that compose knowledge concepts not currently represented in standards, most of which are optional. While any LDS document may be used to populate the form, the IHE PCC Labor and Delivery Summary Document as constrained by the LDS-VR will result in the maximum number of pre-populated data elements.

 

### 5.x.2 Form Manager Pre-population Data Element Mapping Specification

Table 5.X.2-1 describes the pre-population rules to derive the data elements to populate the following forms for U.S. vital registration: Facility Worksheet for the Live Birth Certificate and the Facility Worksheet for the Report of Fetal Death. This profile will not specify the data collected from the Mother's Worksheet. Additionally, these items will not be included for pre-population.

The Derivation Rule references the value sets and BFDR Code locations described indicated in this table. The value sets reference the Value Subsets provided in the document appendix which may be made available through a Value Set Repository as described by the IHE ITI ESVS profile. Further edit specifications are in the Birth Edit Specifications and the Fetal Death Edit Specifications for the 2003 Revision of the U.S. Standard Certificate of Birth and Report of Fetal Death (http://www.cdc.gov/nchs/vital_certs_rev.htm) which shall be required in addition to the mapping below.

**Table 5.X.2-1: Form Element Mapping Specification**

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| ANTI | Y | N | Abnormal conditions of the newborn: Antibiotics [received by the newborn for suspected neonatal sepsis] | Any antibacterial drug given systemically (intravenous or intramuscular.) For example, penicillin, ampicillin, gentamicin, cefotoxine, etc.) | IF (Indication CONTAINS ValueSet (Neonatal Sepsis (NCHS)) AND (Coded Product Name CONTAINS ValueSet (Antibiotics (NCHS))) AND (Route CONTAINS ValueSet (IM Medication Administration Route (NCHS)) OR ValueSet (IV Medication Administration Route (NCHS))), OR IF Procedure ID CONTAINS ValueSet (Antibiotic Administration Procedure (NCHS) ) THEN ANTI SHALL = “Y” ELSE “N” | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Medications Administered Coded Product Name 1.3.6.1.4.1.19376.1.5.3.1.3.21 ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/code | Antibiotics (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.3 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | Labor and Delivery Summary Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Medications Administered<br>Route<br>1.3.6.1.4.1.19376.1.5.3.1.3.21<br>ClinicalDocument/component/structuredBody/component/section[[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/component/section<br>templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/routeCode | IM Medication Administration Route (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.5 |
| | | | | | | | IV Medication Administration Route (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.4 |
| | | | | | | Labor and Delivery Summary Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Medications Administered<br>Indication<br>1.3.6.1.4.1.19376.1.5.3.1.3.21<br>ClinicalDocument/component/structuredBody/component/section[[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/entryR | Neonatal Sepsis (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.6 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | elationship[@typeCode='RSON']/ observation[cda:templateId/@root='2.16.840.1.113883.10.20.1.28']/code | |
| | | | | | | Labor and Delivery Summary<br>Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Procedure Entry<br>Procedure ID<br>1.3.6.1.4.1.19376.1.5.3.1.4.19<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | Antibiotic Administration Procedure (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.178 |
| AVEN1 | Y | N | Abnormal conditions of the newborn: Assisted ventilation<br>[required immediately following delivery] | Infant given manual breaths with bag and mask or bag and endotracheal tube within the first several minutes from birth for any duration. Excludes oxygen only and laryngoscopy for aspiration of meconium. | IF (Procedure ID CONTAINS ValueSet (Assisted Ventilation (NCHS)) AND (Procedure Start Time -Birth Time< 5 minutes) THEN AVEN1 SHALL = "Y" ELSE "N" | Labor and Delivery Summary<br>Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Procedure Entry<br>Procedure ID<br>1.3.6.1.4.1.19376.1.5.3.1.4.19<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ | Assisted Ventilation (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.7 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | |
| | | | | | | Labor and Delivery Summary<br>Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Procedure Entry<br>Procedure Start Time<br><br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/effectiveTime (LOW) | |
| | | | | | | Birth Time<br>/ClinicalDocument/component/structuredBody/component/section/templateId[@root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4']/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/birthTime | |
| AVEN6 | Y | N | Abnormal conditions of the newborn: Assisted ventilation for 6 or more hours | Infant given mechanical ventilation (breathing assistance) by any method for more than 6 hours. Includes | IF (Procedure ID CONTAINS ValueSet (Assisted Ventilation (NCHS) ) AND (Procedure End Time –Procedure Start time >=6 hours) THEN AVEN6 SHALL | Labor and Delivery Summary<br>Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Procedure Entry | Assisted Ventilation (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.7 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | conventional, high frequency and/or continuous positive pressure (CPAP). | = "Y" ELSE "N" | Procedure ID 1.3.6.1.4.1.19376.1.5.3.1.4.19 ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | |
| | | | | | | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Procedure Entry Procedure Start Time ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/effectiveTime (LOW) | |
| | | | | | | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | Procedure Entry<br>Procedure End Time<br><br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/effectiveTime (HIGH) | |
| BINJ | Y | N | Abnormal conditions of the newborn: Significant birth injury<br>[ (skeletal fracture(s), peripheral nerve injury,<br>and/or soft tissue/solid organ hemorrhage which requires intervention)] | Significant birth injury: (skeletal fracture(s), peripheral nerve injury and/or soft tissue/solid organ hemorrhage which requires intervention). Defined as present immediately following delivery or manifesting following delivery. Includes any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy. Soft tissue hemorrhage requiring evaluation and/or treatment includes sub-galeal | IF Labor and Delivery Summary Newborn Delivery Information Coded Event Outcomes Observation Code<br>CONTAINS ValueSet (Significant Birth Injury (NCHS) ), THEN BINJ **SHALL** = "Y" ELSE "N" | Labor and Delivery Summary Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Event Outcomes<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.7<br>Observation Code<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/ | Significant Birth Injury (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.9 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | (progressive extravasation within the scalp) hemorrhage, giant cephalohematoma, extensive truncal, facial and /or extremity ecchymossi accompanied by evidence of anemia and/or hypovolemia and or hypotension. Solid organ hemorrhage includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma. All require confirmation by diagnostic imaging or exploratory laparotomy. | | | |
| NICU | Y | N | Abnormal conditions of the newborn: Admission to NICU | Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for the newborn. | IF (Labor and Delivery Summary Newborn Delivery Information Coded Event Outcome Observation Code CONTAINS (NICU Care (NCHS))), THEN "NICU" SHALL = "Y" ELSE "N" | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Event Outcome 1.3.6.1.4.1.19376.1.7.3.1.1.13.7 Observation Code ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@r | NICU Care (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.198 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | oot=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code | |
| SEIZ | Y | N | Abnormal conditions of the newborn: Seizure or serious neurologic dysfunction | Seizure defined as any involuntary repetitive, convulsive movement or behavior. Serious neurologic dysfunction defined as severe alteration of alertness such as obtundation, stupor, or coma, i.e., hypoxicischemic encephalopathy. Excludes lethargy or hypotonia in the absence of other neurologic findings. Exclude symptoms associated with CNS congenital anomalies. | If (Labor and Delivery Summary Newborn Delivery Information Active Problems Problem Code CONTAINS ValueSet (Seizure or Serious Neurologic Dysfunction (NCHS))) THEN "SEIZ" SHALL = "Y" ELSE "N" | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Active Problems Problem Code 1.3.6.1.4.1.19376.1.5.3.1.3.6 ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | Seizure or Serious Neurologic Dysfunction (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.10 |
| SURF | Y | N | Abnormal conditions of the newborn:[Newborn given] Surfactant replacement therapy | Newborn given surfactant replacement therapy: Endotracheal instillation of a surface active suspension for the treatment of surfactant deficiency either due to preterm birth or pulmonary injury resulting in decreased lung compliance (respiratory distress). | IF (Labor and Delivery Summary Newborn Delivery Information Medications Administered Coded Product Name Coded Product Name CONTAINS ValueSet (Newborn Receiving Surfactant Replacement Therapy (NCHS))), THEN "SURF" SHALL = "Y" ELSE "N" | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Medications Administered Coded Product Name 1.3.6.1.4.1.19376.1.5.3.1.3.21 ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND | Newborn Receiving Surfactant Replacement Therapy (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.11 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | Includes both artificial and extracted natural surfactant. | | id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/code | |
| NOA54 | Y | N | Abnormal conditions of the newborn: None of the above | None of the listed abnormal conditions of the newborn. | This SHALL require data entry and SHALL NOT be a result of a default from the other attributes in the list | Data Entry Required | |
| DNA54 | Y | N | Abnormal conditions of the newborn: Unknown | If the data are not available when the abnormal conditions of the newborn are provided, the pending flag is set. The item will appear on the final review screen for entry before information is sent to vital records. | IF ((AVEN1 = "U") OR (AVEN6 = "U") OR (NICU = "U") OR (SURF = "U") OR (ANTI = "U") OR (SEIZ = "U") OR (BINJ = "U")), THEN "DNA54" SHALL = "1" ELSE "DNA54" SHALL = "0" | See: AVEN1, AVEN6, NICU, SURF, ANTI, SEIZ, BINJ | |
| APGAR5 | Y | N | Apgar Score: 5 Minute | A systematic measure for evaluating the physical condition of the infant at specific intervals following birth. Enter the infant's Apgar score at 5 minutes. | If (Labor and Delivery Summary Newborn Delivery Information Coded Detailed Physical Examination General Appearance Result Type CONTAINS ValueSet (5 Min Apgar Score (NCHS))), THEN "APGAR5" = (Result Value) | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Detailed Physical Examination 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1 General Appearance 1.3.6.1.4.1.19376.1.5.3.1.1.9.16 Result Type ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ | 5 Min Apgar Score (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.12 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.16]]/entry/act/entryRelationship/observation/code | |
| | | | | | | Labor and Delivery Summary Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>General Appearance<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.16<br>Result ValueClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.16]]/entry/act/entryRelationship/observation/value | |
| APGAR10 | Y | N | Apgar Score: 10 Minute | A systematic measure for evaluating the | If (“APGAR5” <6), AND (Labor and Delivery Summary | Labor and Delivery Summary Newborn Delivery Information | 10 Min Apgar Score (NCHS) |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | physical condition of the infant at specific intervals following birth. If the score at 5 minutes is less than 6, enter the infant's Apgar score at 10 minutes. | Newborn Delivery Information Coded Detailed Physical Examination General Appearance Result Type CONTAINS ValueSet (10 Min Apgar Score (NCHS)), THEN "APGAR10" = (Result Value) | 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>General Appearance<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.16<br>Result Type<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.16]]/entry/act/entryRelationship/observation/code | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.13 |
| | | | | | | Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>General Appearance<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.16<br>Result Value<br>ClinicalDocument/component/stru | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | cturedBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.16]]/entry/act/entryRelationship/observation/value | |
| ATTENDN | Y | Y | Attendant's name | The name of the attendant (the person responsible for delivering the child), their title, and their National Provider Identification (NPI) Number. | "ATTENDN" **SHALL** be populated using Procedures and Interventions using Provider Name WHERE Labor and Delivery Summary Labor and Delivery Procedures and Interventions Procedure ID contains ValueSet (Delivery (NCHS)) where the provider is the person responsible for delivering the child | Labor and Delivery Summary Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions<br>Provider Name<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/performer/assignedEntity/assignedPerson/name | |
| | | | | | | Labor and Delivery Summary Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions<br>Procedure ID<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 | Delivery (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.14 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | |
| ATTEND | Y | Y | Attendant's title: | The title of the person (attendant) responsible for delivering the child. The attendant at birth is defined as the individual physically present at the delivery who is responsible for the delivery. Titles include: M.D. (doctor of medicine);<br>D.O. (doctor of osteopathy); CNM/CM (certified nurse midwife/certified midwife); Other midwife (midwife other than<br>a CNM/CM); and Other (specify) | IF Labor and Delivery Summary Labor and Delivery Procedures and Interventions<br>Procedure ID CONTAINS ValueSet (Delivery (NCHS)), THEN IF Provider Type CONTAINS ValueSet (Physician (NCHS)), THEN "ATTEND" **SHALL** = "1", ELSE IF Provider Type CONTAINS ValueSet (Doctor of Osteopathic Medicine (NCHS)), THEN "ATTEND" **SHALL** = "2", ELSE IF 4.04 Provider Type CONTAINS ValueSet (Certified Midwife (NCHS)), THEN "ATTEND" **SHALL** = "3", ELSE IF Provider Type CONTAINS ValueSet (Midwife (NCHS)), THEN "ATTEND" **SHALL** = "4", ELSE IF Provider Type NOT NULL THEN "ATTEND" **SHALL** = "5", ELSE "ATTEND" **SHALL** = "9" | Labor and Delivery Summary Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions Provider Type<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/performer/assignedEntity/code | Physician (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.15<br>Doctor of Osteopathic Medicine (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.16<br>Certified Midwife (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.17<br>Midwife (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.18 |
| | | | | | | Labor and Delivery Summary Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions Procedure ID<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/co | Delivery (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.14 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | mponent/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | |
| ATTENDS | Y | Y | Attendant: Other specified | The specific title of the person (attendant) responsible for delivering the child if not included in the list of provided titles. Examples include nurse, father, police officer, and EMS technician. The attendant at birth is defined as the individual physically present at the delivery who is responsible for the delivery. | IF Labor and Delivery Summary Labor and Delivery Procedures and Interventions Procedure ID CONTAINS ValueSet (Delivery (NCHS)) AND "ATTEND" = "5", THEN ATTENDS SHALL = Provider Type | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Procedures and Interventions Provider Type 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/performer/assignedEntity/code | |
| | | | | | | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Procedures and Interventions Procedure ID 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | Delivery (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.14 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| NPI | Y | Y | Attendant's NPI | The National Provider Identification Number (NPI) of the person (attendant) responsible for delivering the child. | "NPI" **SHALL** be populated using the Provider ID of the Labor and Delivery Summary Labor and Delivery Procedures and Interventions Procedure ID contains ValueSet (Delivery (NCHS)) where the Procedure ID is expressed as the National Provider Identifier (NPI) | Labor and Delivery Summary<br>Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions<br>Provider ID (NPI)<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/performer/assignedEntity/id | |
| | | | | | | Labor and Delivery Summary<br>Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions<br>Procedure ID<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | Delivery (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.14 |
| BWG | Y | N | Birth weight (Infant's) | Infant's birthweight in grams. | IF Newborn Delivery Information Coded Detailed Physical Examination<br>Coded Vital Signs Result | Labor and Delivery Summary<br>Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Detailed Physical Examination | Birth Weight (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.20 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | Type = 3141-9 where Result methodCode CONTAINS ValueSet (Birth Weight (NCHS)), THEN "BWG" **SHALL** = Result Value WHERE Result Value Units are expressed in grams | 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1 Coded Vital Signs<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2Result type, Result methodCode<br><br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/code | |
| | | | | | | Method Code<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/methodCode | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | Labor and Delivery Summary Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Detailed Physical Examination<br>Result Value<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/value | |
| BWO | Y | N | Birth weight (Infant's) | Infant's birthweight in ounces. | The preferred measure is in grams rather than ounces. Refer to BWG | Labor and Delivery Summary Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>Coded Vital Signs<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2Result Type, Result methodCodeClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ | Birth Weight (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.20 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/code<br><br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/methodCode | |
| | | | | | | Labor and Delivery Summary Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Detailed Physical Examination<br>Result Value<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>ClinicalDocument/component/structuredBody/component/section[te | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | mplateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/value | |
| BWP | Y | N | Birth weight (Infant's) | Infant's birthweight in pounds. | The preferred measure is in grams rather than pounds. Refer to BWG | Labor and Delivery Summary Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>Coded Vital Signs<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2Result type, methodCode<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelations | Birth Weight (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.20 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | hip/observation/code<br><br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/methodCode | |
| | | | | | | Labor and Delivery Summary Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Detailed Physical Examination<br>Result Value<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3. | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | 1.1.5.3.2]]/entry/act/entryRelationship/observation/value | |
| ANTB | Y | N | Characteristics of labor and delivery: Antibiotics[received by the mother during labor] | Antibiotics received by the mother during labor. Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery. Includes: Ampicillin, Penicillin, Clindamycin, Erythromycin, Gentamicin, Cefataxine, and Ceftriaxone. Information about the course of labor and delivery. | IF (Labor and Delivery Summary Medications Administered Coded Product Name CONTAINS ValueSet Antibiotics (NCHS))) AND (Route CONTAINS ValueSet IM Medication Administration Route (NCHS)) OR ValueSet (IV Medication Administration Route (NCHS))) AND (Administration Time >=procedure effectiveTime(low AND Administration Time <= procedure effectiveTime (high)) WHERE Labor and Delivery Summary Labor and Delivery Procedures and Interventions Procedure ID CONTAINS ValueSet (Delivery (NCHS) THEN “ANTI” SHALL = “Y” ELSE “N” | Labor and Delivery Summary Medications Administered Coded Product Name 1.3.6.1.4.1.19376.1.5.3.1.3.21 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/code | Antibiotics (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.3 |
| | | | | | | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Medications Administered Route 1.3.6.1.4.1.19376.1.5.3.1.3.21 ClinicalDocument/component/structuredBody/component/section[[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/routeCode | IV Medication Administration Route (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.4 |
| | | | | | | | IM Medication Administration Route (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.5 |
| | | | | | | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | Medications Administered<br>Administration Time<br>1.3.6.1.4.1.19376.1.5.3.1.3.21<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/effectiveTme(low) | |
| | | | | | | Labor and Delivery Summary Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions<br>Procedure Effective Time<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/effectiveTime(low) | Delivery (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.14 |
| AUGL | Y | N | Characteristics of labor and delivery: Augmentation of labor | Augmentation of labor: Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time of delivery (i.e., after labor has begun). Information about the course of labor and delivery. | IF (Labor and Delivery Summary Labor and Delivery<br>Procedures and Interventions<br>Procedure Code CONTAINS ValueSet (Augmentation of Labor - Procedure (NCHS)) OR (Coded Product Name CONTAINS (Augmentation of Labor - Medication (NCHS))), THEN “AUGL” SHALL =“Y” | Labor and Delivery Summary Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions<br>Procedure Code<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/co | Augmentation of Labor - Procedure (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.22 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | ELSE "N" | mponent/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | |
| | | | | | | Labor and Delivery Summary<br>Medications Administered<br>Coded Product Name<br>1.3.6.1.4.1.19376.1.5.3.1.3.21<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/code | Augmentation of Labor - Medication (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.23 |
| CHOR | Y | N | Characteristics of labor and delivery: [Clinical] Chorioamnionitis [diagnosed during labor or maternal temperature >=38 degrees (100.4F)] | Any recorded maternal temperature at or above 38oC (100.4oF) or clinical diagnosis of chorioamnionitis during labor made by the delivery attendant (usually includes more than one of the following: fever, uterine tenderness and/or irritability, leukocytosis, or fetal tachycardia). Information about the course of labor and delivery. | IF (Labor and Delivery Summary Labor and Delivery<br>Active Problems<br>Problem Code CONTAINS ValueSet ((Chorioamnionitis During Labor (NCHS)) OR (Fever Greater Than 100.4 (NCHS)) THEN "CHOR" SHALL = "Y" ELSE "N" | Labor and Delivery Summary Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Active Problems<br>Problem Code<br>1.3.6.1.4.1.19376.1.5.3.1.3.6<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | Chorioamnionitis During Labor (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.24 |
| | | | | | | | Fever Greater Than 100.4 (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.25 |
| ESAN | Y | N | Characteristics of labor and delivery: [Epidural or spinal]Anesthesia[during labor] | Administration to the mother of a regional anesthetic to control the pain of labor. Delivery | IF (Labor and Delivery Summary<br>Medications Administered | Labor and Delivery Summary Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 | Epidural Anesthesia - Procedure (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.27 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | of the agent into a limited space with the distribution of the analgesic effect limited to the lower body. Information about the course of labor and delivery. | Coded Product Name CONTAINS ValueSet (Epidural Anesthesia - Medication (NCHS)) OR ValueSet (Spinal Anesthesia – Medication (NCHS)) OR(Labor and Delivery Summary Labor and Delivery Procedures and Interventions Procedure Code Procedure ID CONTAINS (Epidural Anesthesia - Procedure (NCHS)) OR (Spinal Anesthesia - Procedure (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.29)) THEN "ESAN" SHALL be "Y" ELSE "N" | Procedures and Interventions Procedure Code 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | Spinal Anesthesia - Procedure (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.29 |
| | | | | | | Labor and Delivery Summary Medications Administered Coded Product Name 1.3.6.1.4.1.19376.1.5.3.1.3.21 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/code | Epidural Anesthesia - Medication (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.26 |
| | | | | | | | Spinal Anesthesia – Medication (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.28 |
| FINT | Y | N | Characteristics of labor and delivery: Fetal intolerance [of labor such that one or more of the following actions was taken: in-utero resuscitation measures, further fetal assessment, or operative delivery] | Fetal intolerance of labor was such that one or more of the following actions was taken: In utero resuscitative measures, further fetal assessment, or operative delivery. Includes any of the following: Maternal position change; Oxygen Administration to the mother; Intravenous fluids administered to | IF (Labor and Delivery Summary Labor and Delivery Coded Event Outcomes Observation Code CONTAINS ValueSet (Fetal Intolerance of Labor (NCHS)) AND (Labor and Delivery Summary Labor and Delivery Procedures and Interventions Procedure Code CONTAINS ValueSet (In-utero Resuscitation (NCHS)) OR ValueSet (Further Fetal Assessment (NCHS)) OR | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Coded Event Outcomes 1.3.6.1.4.1.19376.1.7.3.1.1.13.7 Observation Code ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/obser | Fetal Intolerance of Labor (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.30 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | the mother; Amnioinfusion; Support of maternal blood pressure; Administration of uterine relaxing agents. Further fetal assessment including any of the following: scalp pH, scalp stimulation, acoustic stimulation. Operative delivery to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery. | ValueSet (Operative Delivery (NCHS))), THEN "FINT" **SHALL** = "Y" ELSE "N" | vation/code | |
| | | | | | | Labor and Delivery Summary Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions<br>Procedure Code<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | In-utero Resuscitation (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.31 |
| | | | | | | | Operative Delivery (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.33 |
| | | | | | | | Further Fetal Assessment (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.32 |
| INDL | Y | N | Characteristics of labor and delivery: Induction of labor | Induction of labor: Initiation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor (i.e., before labor has begun). Information about the course of labor and delivery. | IF (Labor and Delivery Summary Labor and Delivery<br>Procedures and Interventions<br>Procedure Code CONTAINS ValueSet (Induction of Labor (NCHS)) THEN "INDL"<br>**SHALL** = "Y" ELSE "N" | Labor and Delivery Summary Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions<br>Procedure Code<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2. | Induction of Labor (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.34 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | 11]]/entry/procedure/code | |
| MECS | Y | N | Characteristics of labor and delivery: Meconium staining | Moderate or heavy meconium staining of the amniotic fluid Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or at delivery that is more than enough to cause a greenish color change of an otherwise clear fluid. Information about the course of labor and delivery. | IF (Labor and Delivery Summary Labor and Delivery Codedications administered ed Event Outcomes Observation Code CONTAINS ValueSet (Meconium Staining (NCHS)) THEN "MECS" **SHALL** = "Y" ELSE "N" | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Coded Event Outcomes 1.3.6.1.4.1.19376.1.7.3.1.1.13.7 Observation Code ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code | Meconium Staining (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.36 |
| STER | Y | N | Characteristics of labor and delivery: Steroids [(glucocorticoids) for fetal lung maturation received by the mother prior to delivery] | Steroids (glucocorticoids): For fetal lung maturation received by the mother before delivery. Includes: Betamethasone dexamethasone, or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm | IF (Labor and Delivery Summary Labor and Delivery Medications Administered Coded Product Name CONTAINS ValueSet (Glucocortico Steroids (NCHS))) AND (Administration Time < Procedure Time(low)) WHERE Labor and Delivery Summary Labor and Delivery Procedures and Interventions Procedure ID | Labor and Delivery Summary Medications Administered Coded Product Name 1.3.6.1.4.1.19376.1.5.3.1.3.21 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/code | Glucocortico Steroids (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.38 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | delivery. Does not include: Steroid medication given to the mother as an anti-inflammatory treatment before or after delivery. Information about the course of labor and delivery. | CONTAINS ValueSet (Delivery (NCHS) THEN "STER" **SHALL** ="Y"ELSE "N" | Labor and Delivery Summary<br>Medications Administered<br>Administration Time<br>1.3.6.1.4.1.19376.1.5.3.1.3.21<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/effectiveTime(low) | |
| | | | | | | Labor and Delivery Summary<br>Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions<br>Procedure Time<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | Delivery (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.14 |
| NOA04 | Y | N | Characteristics of labor and delivery: None of the above | None of the listed characteristics of labor and delivery that provide information about the course of labor and delivery. | This SHALL require data entry and SHALL NOT be a result of a default from the other attributes in the list | Data Entry Required | |
| DNA04 | Y | N | Characteristics of labor and | If the data are not | IF ((INDL = "U") OR (AUGL = | See INDL, AUGL, NVPR, STER, | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | delivery: Unknown | available when the characteristics of labor and delivery are provided, the pending flag is set. The item will appear on the final review screen for entry before information is sent to vital records. | "U") OR (NVPR = "U") OR (STER = "U") OR (ANTB = "U") OR (CHOR = "U") OR (MECS = "U") OR (FINT = "U") OR (ESAN = "U")), THEN "DNA04" **SHALL** = "1" ELSE "DNA04" **SHALL** = "0" | ANTB, CHOR, MECS, FINT, ESAN | |
| IDOB_YR | Y | N | Child: Date of Birth: Year | The infant's date (year) of birth. | "IDOB_YR" SHALL be populated using Child's Metadata Entry: Date of Birth using the Year part of Date of Birth WHERE the Year is represented using 4-digits | /ClinicalDocument/component/structuredBody/component/section/templateId[@root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4']/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ birthTime | |
| IDOB_MO | Y | N | Child: Date of Birth: Month | The infant's date (month) of birth. | "IDOB_MO" SHALL be populated using Child's Metadata Entry: Date of Birth using the Month part of Date of Birth WHERE the Month is represented using 2-digits | /ClinicalDocument/component/structuredBody/component/section/templateId[@root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4']/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ birthTime | |
| IDOB_DY | Y | N | Child: Date of Birth: Day | The infant's date (day) of birth. | "IDOB_DY" SHALL be populated using Child's Metadata Entry: Date of Birth using the Day part of Date of Birth WHERE the Day is represented using 2-digits | /ClinicalDocument/component/structuredBody/component/section/templateId[@root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4']/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ birthTime | |
| KIDFNAME | Y | Y | Child's First Name/ Name of Fetus(optional at the discretion of the parents) | The legal name (first) of the child as provided by the parents. | "KIDFNAME" SHALL be populated using Child's Metadata Entry: Person Name, | /ClinicalDocument/component/structuredBody/component/section/templateId[@root='1.3.6.1.4.1.1937 | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | using the First Name part of Person Name | 6.1.5.3.1.1.21.2.4']/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ subject/name | |
| KIDMNAME | Y | Y | Child's Middle Name / Name of Fetus(optional at the discretion of the parents) | The legal name (middle) of the child as provided by the parents. | "KIDMNAME" SHALL be populated using Child's Metadata Entry: Person Name, using the Middle Name part of Person Name | /ClinicalDocument/component/structuredBody/component/section/templateId[@root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4']/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ subject/name | |
| KIDLNAME | Y | Y | Child's Last Name / Name of Fetus(optional at the discretion of the parents) | The legal name (last) of the child as provided by the parents. | "KIDLNAME" SHALL be populated using Child's Metadata Entry: Person Name, using the Last Name part of Person Name | /ClinicalDocument/component/structuredBody/component/section/templateId[@root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4']/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ subject/name | |
| KIDSUFFX | Y | Y | Child's Last Name Suffix: | The legal name (suffix) of the child as provided by the parents. | "KIDSUFFX" SHALL be populated using HITSP/C83 Section 2.2.2.1 Personal Information, Data Element 1.05 Person Name | /ClinicalDocument/component/structuredBody/component/section/templateId[@root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4']/following-sibling::subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/following-sibling::subject/name | |
| BFED | Y | N | Child: Infant being breastfed? | Information on whether the infant was being breast-fed during the period between birth and discharge from the hospital. | If Labor and Delivery Summary<br>Newborn Delivery Information<br>Active Problems Observation Code<br>CONTAINS ValueSet | Labor and Delivery Summary<br>Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Active Problems<br>1.3.6.1.4.1.19376.1.5.3.1.3.6 | Breastfed Infant (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.41 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | (Breastfed Infant (NCHS)) THEN BFED SHALL be "Y". | Observation Code ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | |
| ILIV | Y | N | Child: Infant living at time of report? | Information on the infant's survival. Check "Yes" if the infant is living.<br>Check "Yes" if the infant has already been discharged to home care.<br>Check "No" if it is known that the infant has died.<br>If the infant was transferred but the status is known, indicate the known status. | IF NOT Labor and Delivery Summary Newborn Delivery Information Code Coded Event Outcomes Observation Code CONTAINS ValueSet(Neonatal Death (NCHS)) THEN "ILIV" SHALL = 'Y' ELSE 'N' | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Event Outcomes 1.3.6.1.4.1.19376.1.7.3.1.1.13.7 Observation Code ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code | Neonatal Death (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.149 |
| IRECNUM | Y | N | Child: Newborn Medical Record Number | The medical record number assigned to the | "IRECNUM" **SHALL** = Child's newborn medical record | Labor and Delivery Summary ClinicalDocument/component/stru | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | newborn. | number | cturedBody/component/section[templateId[@root=2.16.840.1.113883.10.20.1.21]]/]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/ClinicalDocument/componentOf/id | |
| ISEX | Y | N | Child: (infant) Sex - | The sex of the infant. | IF Labor and Delivery recordTarget/patientRole/patient/administrativeGenderCode CONTAINS ValueSet(Male Gender (NCHS)) THEN "ISEX" SHALL ='M' ELSE IF Labor and Delivery recordTarget/patientRole/patient/administrativeGenderCode CONTAINS ValueSet(Female Gender (NCHS)) THEN "ISEX" SHALL ='F' ELSE THEN "ISEX" SHALL ='N' | Labor and Delivery Summary ClinicalDocument/component/structuredBody/component/section[templateId[@root=2.16.840.1.113883.10.20.1.21]]/]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/ClinicalDocument/componentOf/administrativeGenderCode | Male Gender (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.42<br>Female Gender (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.43 |
| ITRAN | Y | N | Child: Infant transferred within 24 hours of delivery/name the facility FTRAN | Transfer status of the infant within 24 hours after delivery. | Labor and Delivery Summary Newborn Delivery Information Coded Event Outcomes Patient Transfer Observation Code CONTAINS ValueSet (Transfer to (NCHS) ) and (Coded Event Outcomes Patient Transfer effectiveTime (High) – Child date of birth) <= 24 hours THEN ITRAN **SHALL** = "Y" ELSE ITRAN **SHALL** = "N" | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Event Outcomes 1.3.6.1.4.1.19376.1.7.3.1.1.13.7 Patient Transfer Entry TBD Observation Code ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/co | Transfer to (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.190 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | mponent/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/component/section[templateId[@root=TBDpatentTransferOID]]/entry/act/entryRelationship/observation/code | |
| | | | | | | Labor and Delivery Summary<br>Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Event Outcomes<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.7<br>Patient Transfer Entry<br>TBD<br>Observation Code<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/component/section[templateId[@root=TBDpatentTransferOID]]/entry/act/entryRelationship/observation/effectiveTime[high] | |
| | | | | | | Labor and Delivery Summary<br>Child Date Of Birth<br>/ClinicalDocument/component/structuredBody/component/section/templateId[@root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4']/ | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/birthTime | |
| FTRAN | Y | N | Child: Infant transferred within 24 hours of delivery/name the facility | | If Labor and Delivery Summary Newborn Delivery Information Coded Event Outcomes Patient Transfer Entry Observation Code CONTAINS ValueSet (Institution Referred to (NCHS)) and (Observation effectiveTime (High) – Child Date of Birth) <= 24 hours THEN FTRAN **SHALL** = Observation Value | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Event Outcomes 1.3.6.1.4.1.19376.1.7.3.1.1.13.7 Patient Transfer Entry Observation Code ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/component/section[templateId[@root=TBDpatentTransferOID]]/entry/act/entryRelationship/observation/code | Institution Referred to (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.191 |
| | | | | | | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Event Outcomes 1.3.6.1.4.1.19376.1.7.3.1.1.13.7 Patient Transfer Entry Observation Value ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6 | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | .1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/component/section[templateId[@root=TBDpatentTransferOID]]/entry/act/entryRelationship/observation/value | |
| | | | | | | Labor and Delivery Summary<br>Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Event Outcomes<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.7<br>Patient Transfer Entry<br>Observation effectiveTime<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/component/section[templateId[@root=TBDpatentTransferOID]]/entry/act/entryRelationship/observation/effectiveTime | |
| | | | | | | Labor and Delivery Summary<br>Child Date Of Birth<br>/ClinicalDocument/component/structuredBody/component/section/templateId[@root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4']/subject/*relatedSubject*/code[@code='NCHILD' AND | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | id=idOfTheChild]/birthTime | |
| TB | Y | N | Child: Time of Birth | The infant's time of birth. | "TB" **SHALL** = Time part of Child's date of birth | /ClinicalDocument/component/structuredBody/component/section/templateId[@root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4']/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChildbirthTime | |
| ANEN | Y | Y | Congenital anomalies of the Newborn: Anencephaly | Partial or complete absence of the brain and skull. Also called anencephalus, acrania, or absent brain .Also includes infants with craniorachischisis (anencephaly with a contiguous spine defect). | IF (Labor and Delivery Summary Newborn Delivery Information Coded Detailed Physical Examination Nervous System Observation Code CONTAINS ValueSet (Anencephaly of the Newborn (NCHS)) THEN "ANEN" **SHALL** = "Y" ELSE "N". | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Detailed Physical Examination 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1 Nervous System1.3.6.1.4.1.19376.1.5.3.1.1.9.35 ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.35]]/entry/act/entryRelationship/observation/code | Anencephaly of the Newborn (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.53 |
| CCHD | Y | Y | Congenital anomalies of the Newborn: Cyanotic | Congenital heart defects that cause cyanosis. | IF (Labor and Delivery Summary Newborn Delivery | Labor and Delivery Summary Newborn Delivery Information | Cyanotic Congenital Heart Disease (NCHS) |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | congenital heart disease | | Information Coded Detailed Physical Examination Heart Observation Code CONTAINS ValueSet (Cyanotic Congenital Heart Disease (NCHS)) THEN "CCHD" **SHALL** = "Y" ELSE "N". | 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Detailed Physical Examination 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1Heart 1.3.6.1.4.1.19376.1.5.3.1.1.9.29 ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.29]]/entry/act/entryRelationship/observation/code | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.54 |
| CDH | Y | Y | Congenital anomalies of the Newborn:- Congenital diaphragmatic hernia | Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity. | If (Labor and Delivery Summary Newborn Delivery Information Coded Detailed Physical Examination General Appearance Observation Code CONTAINS ValueSet (Congenital Diaphragmatic Hernia (NCHS))THEN "CDH" **SHALL** = "Y" ELSE "N". | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Detailed Physical Examination 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1 General Appearance 1.3.6.1.4.1.19376.1.5.3.1.1.9.16 ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@cod | Congenital Diaphragmatic Hernia (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.55 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | e='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.16]]/entry/act/entryRelationship/observation/code | |
| CDIC | Y | Y | Congenital anomalies of the Newborn: Suspected chromosomal disorder karyotype confirmed | Suspected chromosomal disorder karyotype confirmed | If ((Labor and Delivery Summary Newborn Delivery Information Coded Detailed Physical Examination General Appearance Observation Code CONTAINS ValueSet (Karyotype Confirmed (NCHS)) AND ((Labor and Delivery Summary Newborn Delivery Information Coded Detailed Physical Examination General Appearance Observation Code CONTAINS ValueSet(Suspected Chromosomal Disorder (NCHS)) ) THEN “CDIC” **SHALL** = “Y” ELSE “N”. | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Detailed Physical Examination 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1 General Appearance 1.3.6.1.4.1.19376.1.5.3.1.1.9.16 ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.16]]/entry/act/entryRelationship/observation/code | Karyotype Confirmed (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.56<br>Suspected Chromosomal Disorder (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.57 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| CDIS | Y | Y | Congenital anomalies of the Newborn: Suspected chromosomal Disorder | Suspected chromosomal disorder: Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure. | IF (NOT(Labor and Delivery Summary Newborn Delivery Information Coded Detailed Physical Examination General Appearance Observation Code CONTAINS ValueSet (Karyotype Confirmed (NCHS)) AND (Labor and Delivery Summary Newborn Delivery Information Coded Detailed Physical Examination General Appearance Observation Code CONTAINS ValueSet (Suspected Chromosomal Disorder (NCHS))) THEN "CDIS" **SHALL** = "Y" ELSE "N" | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Detailed Physical Examination 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1 General Appearance 1.3.6.1.4.1.19376.1.5.3.1.1.9.16 ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.16]]/entry/act/entryRelationship/observation/code | Karyotype Confirmed (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.56<br>Suspected Chromosomal Disorder (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.57 |
| 'CDIP | Y | Y | Congenital anomalies of the Newborn: Suspected chromosomal disorder karyotype pending | Suspected chromosomal disorder karyotype pending. | If (Labor and Delivery Summary Newborn Delivery Information Coded Detailed Physical Examination General Appearance Observation Code CONTAINS ValueSet (Suspected Chromosomal Disorder (NCHS)) AND Procedure Contains (Karyotype Determination (NCHS)) AND act classCode='ACT' moodCode='INT' AND NOT | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Detailed Physical Examination 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1 General Appearance 1.3.6.1.4.1.19376.1.5.3.1.1.9.16 ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376 | Suspected Chromosomal Disorder (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.57 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | Result Type (Karyotype Result (NCHS)) THEN "CDIP" **SHALL** = "Y" ELSE "N". | .1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.16]]/entry/act/entryRelationship/observation/code | |
| | | | | | | Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Procedures and Interventions Procedure ID 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | Karyotype Determination (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.154 |
| | | | | | | Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Results Result Type 1.3.6.1.4.1.19376.1.5.3.1.3.28 ClinicalDocument/component/structuredBody/component/section[templateId[@root='1.3.6.1.4.1.1937 | Karyotype Result (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.59 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | 6.1.5.3.1.3.28']] subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ /entry/act/entryRelationship/observation/code | |
| CL | Y | Y | Congenital anomalies of the Newborn: Cleft Lip with or without Cleft Palate | Cleft lip with or without cleft palate refers to incomplete closure of the lip. Cleft lip may be unilateral, bilateral or median; all should be included in this category. | IF (Labor and Delivery Summary Newborn Delivery Information Coded Detailed Physical Examination General Appearance Observation Coded Detailed Physical Examination Nervous System Observation Code CONTAINS ValueSet (Cleft Lip with or without Cleft Palate (NCHS))) "CL" **SHALL** = "Y" ELSE "N". | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Detailed Physical Examination 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1 Nervous System 1.3.6.1.4.1.19376.1.5.3.1.1.9.35 Observation Code ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.35]]/entry/act/entryRelationship/observation/code | Cleft Lip with or without Cleft Palate (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.58 |
| CP | Y | Y | Congenital anomalies of the Newborn: Cleft Palate alone | Cleft palate refers to incomplete fusion of the palatal shelves. This may be limited to the soft palate or may also | IF (Labor and Delivery Summary Newborn Delivery Information Coded Detailed Physical Examination General Appearance Observation Coded | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Detailed Physical | Cleft Palate Alone (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.189 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | extend into the hard palate. Cleft palate in the presence of cleft lip should be included in the "Cleft Lip with or without cleft Palate" category, rather than here. | Detailed Physical Examination Nervous System Observation Code CONTAINS ValueSet (Cleft Palate Alone (NCHS))) THEN "~~CL~~CP" **SHALL** = "Y" ELSE "N". | Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>Nervous System<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.35<br>Observation Code<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.35]]/entry/act/entryRelationship/observation/code | |
| DOWC | Y | Y | Congenital anomalies of the Newborn: Down Karyotype confirmed | Down Karyotype confirmed | IF ((Labor and Delivery Summary Newborn Delivery Information Coded Detailed Physical Examination General Appearance Observation Coded Detailed Physical Examination General Appearance Observation Code CONTAINS ValueSet (Karyotype Confirmed (NCHS)) AND (Observation Code CONTAINS ValueSet (Downs Syndrome (NCHS))) THEN "DOWC" **SHALL** = "Y" ELSE "N" | Labor and Delivery Summary Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>General Appearance<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.16<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ | Karyotype Confirmed (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.56<br>Downs Syndrome (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.61 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.16]]/entry/act/entryRelationship/observation/code | |
| DOWN | Y | Y | Congenital anomalies of the Newborn: Down Syndrome | Down Syndrome: Trisomy 21 | IF (Labor and Delivery Summary Newborn Delivery Information Coded Detailed Physical Examination General Appearance Observation Problem Code CONTAINS ValueSet (Downs Syndrome (NCHS))) THEN "DOWN" SHALL = "Y" ELSE "N" | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Detailed Physical Examination 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.General Appearance 1.3.6.1.4.1.19376.1.5.3.1.1.9.16 ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.16]]/entry/act/entryRelationship/observation/code | Downs Syndrome (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.61 |
| DOWP | Y | Y | Congenital anomalies of the Newborn: Down Karyotype pending | Down Karyotype pending | IF (Labor and Delivery Summary Newborn Delivery Information Coded Detailed Physical Examination General Appearance Observation Code | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Detailed Physical Examination | Downs Syndrome (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.61 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | CONTAINS ValueSet (Downs Syndrome (NCHS)) AND Procedure Contains (Karyotype Determination (NCHS)) AND act classCode='ACT' moodCode='INT' AND NOT Result Type (Karyotype Result (NCHS)) THEN "~~DOWC~~DOWP" **SHALL** = "Y" ELSE "N" | 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.General Appearance<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.16<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.16]]/entry/act/entryRelationship/observation/code | |
| | | | | | | Labor and Delivery Summary<br>Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Procedures and Interventions<br>Procedure Code1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | Karyotype Determination (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.154 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Results<br>Result Type<br>1.3.6.1.4.1.19376.1.5.3.1.3.28<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root='1.3.6.1.4.1.19376.1.5.3.1.3.28']]<br>subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/<br>/entry/act/entryRelationship/observation/code | Karyotype Result (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.59 |
| GAST | Y | Y | Congenital anomalies of the Newborn: Gastroschisis | An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and absence of a protective membrane. | IF (Labor and Delivery Summary Coded Detailed Physical Examination Digestive System Observation Code CONTAINS ValueSet (Gastroschisis of the Newborn (NCHS))) THEN "GAST" **SHALL** = "Y" ELSE "N". | Labor and Delivery Summary<br>Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.Abdomen<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.31<br>Observation Code<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/<br>subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/<br>component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9. | Gastroschisis of the Newborn (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.62 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | 15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.31]]/entry/act/entryRelationship/observation/code | |
| HYPO | Y | Y | Congenital anomalies of the Newborn: Hypospadias | Hypospadias: Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis. Includes first degree – on the glans ventral to the tip, second degree – in the coronal sulcus, and third degree – on the penile shaft. | If (Labor and Delivery Summary Newborn Delivery Information Coded Detailed Physical Examination Reno-urogenital System Observation Code CONTAINS ValueSet (Hypospadias (NCHS))) THEN "HYPO" **SHALL** = "Y" ELSE "N". | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Detailed Physical Examination 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.Genitalia 1.3.6.1.4.1.19376.1.5.3.1.1.9.36 Observation Code ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.36]]/entry/act/entryRelationship/observation/code | Hypospadias (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.63 |
| LIMB | Y | Y | Congenital anomalies of the Newborn: Limb reduction defect | Limb reduction defect: (excluding congenital amputation and dwarfing syndromes) Complete or partial absence of a portion of an extremity secondary to failure to | IF (Coded Detailed Physical Examination Musculoskeletal System Observation Code CONTAINS ValueSet (Limb Reduction Defect (NCHS)) THEN "LIMB" **SHALL** = "Y" ELSE "N". | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Detailed Physical Examination 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.M | Limb Reduction Defect (NCHS) 6.1.4.1.19376.1.7.3.1.1.13.8.64 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | develop. | | usculoskeletal System<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.34<br>Observation Code<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.34]]/entry/act/entryRelationship/observation/code | |
| MNSB | Y | Y | Congenital anomalies of the Newborn: Meningomyelocele/ Spina Bifida | Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure.<br>Meningomyelocele is herniation of meninges and spinal cord tissue. Meningocele (herniation of meninges without spinal cord tissue) should also be included in this category.<br>Both open and closed (covered with skin) lesions should be included. Do not include Spina bifida occulta (a | IF (Labor and Delivery Summary Newborn Delivery Information Coded Detailed Physical Examination Nervous System Observation Code CONTAINS ValueSet (Meningomyelocele/Spina Bifida - Newborn (NCHS)) THEN "~~ANEN~~MNSB" **SHALL** = "Y" ELSE "N". | Labor and Delivery Summary Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.Neurologic System<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.35<br>Observation Code<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@r | Meningomyelocele/Spina Bifida - Newborn (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.65 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | midline bony spinal defect without protrusion of the spinal cord or meninges). | | oot=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.35]]/entry/act/entryRelationship/observation/code | |
| OMPH | Y | Y | Congenital anomalies of the Newborn: Omphalocele | A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. The defect is covered by a membrane, (different from gastroschisis, see below), although this sac may rupture. Also called exomphalos. Umbilical hernia (completely covered by skin) should not be included in this category. | IF (Labor and Delivery Summary Newborn Delivery Information<br>Coded Detailed Physical Examination Digestive System Observation Code CONTAINS ValueSet (Omphalocele of the Newborn (NCHS)) THEN "OMPH" **SHALL** = "Y" ELSE "N". | Labor and Delivery Summary<br>Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.Abdomen<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.31<br>Observation Code<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.31]]/entry/act/entryRelationship/observation/code | Omphalocele of the Newborn (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.66 |
| NOA55 | Y | Y | Congenital anomalies of the Newborn: None of the anomalies listed above | None of the listed congenital anomalies of the newborn or fetus. | This SHALL require data entry and SHALL NOT be a result of a default from the other attributes in the list | Data Entry Required | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| DNA55 | Y | Y | Congenital anomalies of the Newborn: Unknown | If the data are not available when the abnormal conditions of the newborn are provided, the pending flag is set. The item will appear on the final review screen for entry before information is sent to vital records. | IF ((ANEN = "N") OR (MNSB = "N") OR (CCHD = "N") OR (CDH = "N") OR (OMPF = "N") OR (GAST = "N") OR (LIMB = "N") OR (CL = "N") OR (CP = "N") OR (DOWN = "N") OR (DOWC = "N") OR (DOWP = "N") OR (CDIS = "N") OR (CDIC = "N") OR (CDIP = "N") OR (HYPO = "N")), THEN "DNA55" **SHALL** = "1", ELSE "DNA55" **SHALL** = "0". | See ANEN, MNSB, CCHD, CDH, OMPF, GAST, LIMB, CL, CP, DOWN, DOWC, DOWP, CDIS, CDIC, CDIP, HYPO | |
| YLLB | Y | Y | Date of last live birth: | The year of birth of the last live-born infant. | Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Date of Last Live Birth (NCHS)), THEN (IF Observation Value NOT NULL THEN "YLLB" SHALL = the Year part of Result Value WHERE Observation Value is expressed as Date AND WHERE the Year is represented using 4-digits ELSE "YLLB" SHALL = '8888') ELSE "YLLB" SHALL = '9999' | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Code<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Date of Last Live Birth (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.67 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Value (Timestamp)<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| MLLB | Y | Y | Date of last live birth: | The month of birth of the last live-born infant. | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Date of Last Live Birth (NCHS)), THEN (IF Result Value NOT NULL THEN "MLLB" SHALL = the Month part of Observation Value WHERE Observation Value is expressed as Date AND WHERE the Month is represented using 2-digits ELSE "MLLB" SHALL = '88') ELSE "YLLB" SHALL = '99' . | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Code<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Date of Last Live Birth (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.67 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Value (Timestamp)<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| DLMP_DY | Y | Y | Date last Normal Menses began: | The date the mother's last normal menstrual period began. | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Date of Last Menses (NCHS)), THEN "~~CM_DLNM~~ DLMP_DY" SHALL = Day part of Observation Value WHERE Observation Value is expressed as Date | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Code<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Date of Last Menses (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.69 |
| | | | | | | Labor and Delivery Summary | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Value (Timestamp)<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| DLMP_MO | Y | Y | Date last Normal Menses began: | The date the mother's last normal menstrual period began. | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Date of Last Menses (NCHS)), THEN "~~CM_DLNM~~ DLMP_MO" SHALL = Month part of Observation Value WHERE ResObservationult Value is expressed as Date | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Code<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Date of Last Menses (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.69 |
| | | | | | | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Value (Timestamp)<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| DLMP_YR | Y | Y | Date last Normal Menses began: | The date the mother's last normal menstrual period began. | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Date of Last Menses (NCHS)), THEN "~~CM_DLNM~~DLMP_YR" SHALL = Year part of Observation Value WHERE Observation Value is expressed as Date | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Code<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Date of Last Menses (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.69 |
| | | | | | | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5 | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | Observation Value (Timestamp)<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| YOPO | Y | Y | Date of Last Other Pregnancy Outcome: Year | The date (year) that the last pregnancy that did not result in a live birth ended. Includes pregnancy losses at any gestation age.<br>Examples: spontaneous or induced losses or ectopic pregnancy. | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Date of Last Other Pregnancy Outcome (NCHS) ), THEN (IF Observation Value NOT NULL THEN "YOPO" SHALL = the Year part of Observation Value WHERE Observation Value is expressed as Date AND WHERE the Year is represented using 4-digits ELSE YOPO" SHALL = '8888') ELSE "YOPO" SHALL = '9999' | Labor and Delivery Summary Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Code<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Date of Last Other Pregnancy Outcome (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.70 |
| | | | | | | Labor and Delivery Summary Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Value (Timestamp)<br>ClinicalDocument/recordTarget[0] | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | /component/structuredBody/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]] /component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| MOPO | Y | Y | Date of Last Other Pregnancy Outcome: Month | The date (month) that the last pregnancy that did not result in a live birth ended. Includes pregnancy losses at any gestation age.<br>Examples: spontaneous or induced losses or ectopic pregnancy. | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Date of Last Other Pregnancy Outcome (NCHS)), THEN (IF Observation Value NOT NULL THEN "MOPO" SHALL = the Month part of Observation Value WHERE Observation Value is expressed as Date AND WHERE the Month is represented using 2-digits ELSE MOPO" SHALL = '88') ELSE "MOPO" SHALL = '99' | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Pregnancy Observation 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 Observation Code ClinicalDocument/recordTarget[0] /component/structuredBody/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]] /component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Date of Last Other Pregnancy Outcome (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.70 |
| | | | | | | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Pregnancy Observation 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 Observation Value (Timestamp) ClinicalDocument/recordTarget[0] /component/structuredBody/ component/section[templateId[@r | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | oot=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]] /component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| ADDRESS_D | Y | Y | Facility Address | | "Facility Address" SHALL be populated using the Child's facility address | Metadata Entry: Child's facility address<br><br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=2.16.840.1.113883.10.20.1.21]]/]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/ClinicalDocument/componentOf/ encompassingEncounter/ location/healthCareFacility/**location**/addr | |
| FNAME | Y | Y | Facility Name (if Not institution, give street and number) | The name of the facility where the delivery took place. | "FNAME" SHALL be populated using the Child's Facility Name | ClinicalDocument/component/structuredBody/component/section[templateId[@root=2.16.840.1.113883.10.20.1.21]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]ClinicalDocument/componentOf/ encompassingEncounter/ location/healthCareFacility/**location**/name | |
| FNPI | Y | Y | Facility National Provider Identifier | National Provider Identifier. | "FNPI" SHALL be populated using the Child Facility's NPI Id | ClinicalDocument/recordTarget[N]/component/structuredBody/component/section[templateId[@root=2.16.840.1.113883. | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | 10.20.1.21]]/<br>]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/ClinicalDocument/componentOf/<br>encompassingEncounter/<br>location/healthCareFacility/**location**/id | |
| CHAM | Y | Y | Infections present and treated during this pregnancy: Chlamydia | Chlamydia: A positive test for Chlamydia trachomatis. Infections present at the time of the pregnancy diagnosis or a confirmed diagnosis during the pregnancy with or without documentation of treatment.<br>Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record. | IF (Labor and Delivery Summary<br>Active Problems Problem Code CONTAINS ValueSet (Chlamydia (NCHS))) OR (Labor and Delivery Summary Coded History of Infection Problem Concern Observation CONTAINS ValueSet (Chlamydia (NCHS)))<br>THEN "CHAM" **SHALL** = "Y" ELSE "N". | Labor and Delivery Summary<br>Active Problems<br>Problem Code<br>1.3.6.1.4.1.19376.1.5.3.1.3.6<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | Chlamydia (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.93 |
| | | | | | | Labor and Delivery Summary<br>Coded History of Infection Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.16.2.1.1.1<br>Problem Concern<br>1.3.6.1.4.1.19376.1.5.3.1.4.5.2<br>Observation<br>ClinicalDocument/<br>recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.16.2.1.1.1]]<br>/entry/act/entryRelationship/obser | Chlamydia (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.93 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | vation/code | |
| GON | Y | Y | Infections present and treated during this pregnancy: Gonorrhea | Gonorrhea: A positive test/culture for Neisseria gonorrhea. 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. | IF (Labor and Delivery Summary Active Problems Problem Code CONTAINS ValueSet (Gonorrhea (NCHS)) OR (Labor and Delivery Summary Coded History of Infection Problem Concern Observation CONTAINS ValueSet (Gonorrhea (NCHS))) THEN "GON" **SHALL** = "Y" ELSE "N". | Labor and Delivery Summary Active Problems Problem Code 1.3.6.1.4.1.19376.1.5.3.1.3.6 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | Gonorrhea (NCHS) 2.16.840.1.114222.4.11.6071 |
| | | | | | | Labor and Delivery Summary Coded History of Infection Section 1.3.6.1.4.1.19376.1.5.3.1.1.16.2.1.1.1 Problem Concern 1.3.6.1.4.1.19376.1.5.3.1.4.5.2 Observation ClinicalDocument/ recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.16.2.1.1.1]] /entry/act/entryRelationship/observation/code | Gonorrhea (NCHS) 2.16.840.1.114222.4.11.6071 |
| HEPB | Y | ~~Y~~N | Infections present and treated during this pregnancy: Hepatitis B | Hepatitis B (HBV, serum hepatitis): A positive test for the hepatitis B virus. | IF (Labor and Delivery Summary Active Problems Problem Code CONTAINS ValueSet | Labor and Delivery Summary Active Problems Problem Code 1.3.6.1.4.1.19376.1.5.3.1.3.6 | Hepatitis B (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.96 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | 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. | (Hepatitis B (NCHS)) OR (Labor and Delivery Summary Coded History of Infection Problem Concern Observation CONTAINS ValueSet (Hepatitis B (NCHS))) THEN "HEPB" **SHALL** = "Y" ELSE "N". | ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | |
| | | | | | | Labor and Delivery Summary<br>Coded History of Infection Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.16.2.1.1.1<br>Problem Concern<br>1.3.6.1.4.1.19376.1.5.3.1.4.5.2<br>Observation<br>ClinicalDocument/ recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.16.2.1.1.1]] /entry/act/entryRelationship/observation/code | Hepatitis B (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.96 |
| HEPC | Y | ~~Y~~N | Infections present and treated during this pregnancy: Hepatitis C | Hepatitis C (non-A, non-B hepatitis (HCV)): A positive test for the hepatitis C virus. Infections present at the time of the pregnancy diagnosis or a confirmed diagnosis during the pregnancy with or without documentation | IF (Labor and Delivery Summary Active Problems Problem Code CONTAINS ValueSet (Hepatitis C (NCHS))) OR (Labor and Delivery Summary Coded History of Infection Problem Concern Observation CONTAINS ValueSet (Hepatitis C (NCHS))) THEN "HEPC" **SHALL** = "Y" | Labor and Delivery Summary<br>Active Problems<br>Problem Code<br>1.3.6.1.4.1.19376.1.5.3.1.3.6<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | Hepatitis C (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.97 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | of treatment. Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record. | ELSE "N". | Labor and Delivery Summary<br>Coded History of Infection Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.16.2.1.1.1<br>Problem Concern<br>1.3.6.1.4.1.19376.1.5.3.1.4.5.2<br>Observation<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.16.2.1.1.1]]/entry/act/entryRelationship/observation/code | Hepatitis C (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.97 |
| SYPH | Y | Y | Infections present and treated during this pregnancy: Syphilis | Syphilis (also called lues) A positive test for Treponema pallidum. 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. | IF (Labor and Delivery Summary Active Problems Problem Code CONTAINS ValueSet (Syphilis (NCHS))) OR (Labor and Delivery Summary Coded History of Infection Problem Concern Observation CONTAINS ValueSet (Syphilis (NCHS))) THEN "SYPH" **SHALL** ="Y" ELSE "N". | Labor and Delivery Summary<br>Active Problems<br>Problem Code<br>1.3.6.1.4.1.19376.1.5.3.1.3.6<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | Syphilis (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.98 |
| | | | | | | Labor and Delivery Summary<br>Coded History of Infection Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.16.2.1.1.1<br>Problem Concern<br>1.3.6.1.4.1.19376.1.5.3.1.4.5.2<br>Observation | Syphilis (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.98 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | ClinicalDocument/ recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.16.2.1.1.1]] /entry/act/entryRelationship/observation/code | |
| NOA02 | Y | Y | Infections present and treated during this pregnancy: None of the above | None of the listed infections were present and treated during this pregnancy. | This SHALL require data entry and SHALL NOT be a result of a default from the other attributes in the list | Data Entry Required | |
| AINT | Y | Y | Maternal Morbidity: - Admission to Intensive care [unit] | Admission to intensive care unit: Any admission, planned or unplanned, of the mother to a facility/unit designated as providing intensive care. Serious complications experienced by the mother associated with labor and delivery. | IF (Labor and Delivery Summary Labor and Delivery Coded Event Outcomes Observation CONTAINS ValueSet (ICU Care (NCHS)) THEN "AINT" SHALL be "Y" ELSE "N". | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Coded Event Outcomes1.3.6.1.4.1.19376.1.7.3.1.1.13.7 Observation ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code | ICU Care (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.188 |
| MTR | Y | Y | Maternal Morbidity: Maternal Transfusion | Maternal transfusion: Includes infusion of whole blood or packed red blood cells within the period specified. Serious complications | IF (Labor and Delivery Summary Labor and Delivery Procedures and Interventions Procedure Code CONTAINS ValueSet | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Procedures and Interventions Procedure Code | Transfusion Whole Blood or Packed Red Bld (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.99 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | experienced by the mother associated with labor and delivery. | (Transfusion Whole Blood or Packed Red Bld (NCHS)) THEN "MTR" **SHALL** be "Y" ELSE "N" | 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | |
| PLAC | Y | Y | Maternal Morbidity: [Third or fourth degree] perineal laceration | Third or fourth degree perineal laceration: 3rd degree laceration extends completely through the perineal skin, vaginal mucosa, perineal body and anal sphincter. 4th degree laceration is all of the above with extension through the rectal mucosa. Serious complications experienced by the mother associated with labor and delivery. | IF (Labor and Delivery Summary Labor and Delivery Coded Event Outcomes Observation Code CONTAINS ValueSet (Third Degree Perineal Laceration (NCHS)) OR (Fourth Degree Perineal Laceration (NCHS)) THEN "PLAC" **SHALL** be "Y" ELSE "N" | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Coded Event Outcomes 1.3.6.1.4.1.19376.1.7.3.1.1.13.7 Observation CodeClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code | Third Degree Perineal Laceration (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.100<br>Fourth Degree Perineal Laceration (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.101 |
| RUT | Y | Y | Maternal Morbidity: Ruptured Uterus | Ruptured Uterus: Tearing of the uterine wall. Serious complications experienced by the mother associated with labor and delivery. | IF (Labor and Delivery Summary Labor and Delivery Active Coded Event Outcomes Observation Code CONTAINS ValueSet (Ruptured Uterus (NCHS)) THEN "RUT" **SHALL** be "Y" ELSE "N" | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Coded Event Outcomes 1.3.6.1.4.1.19376.1.7.3.1.1.13.7 Observation Code ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6 | Ruptured Uterus (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.102 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | .1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code | |
| UHYS | Y | Y | Maternal Morbidity: Unplanned hysterectomy | Unplanned hysterectomy: Surgical removal of the uterus that was not planned prior to admission for delivery. Includes an anticipated or possible but not definitively planned procedure. Serious complications experienced by the mother associated with labor and delivery. | IF (Labor and Delivery Summary Labor and Delivery Procedures and Interventions Procedure Code CONTAINS ValueSet(Unplanned Hysterectomy (NCHS))) THEN "UHYS" **SHALL** be "Y" ELSE "N" | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Procedures and Interventions Procedure Code 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | Unplanned Hysterectomy (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.103 |
| UOPR | Y | Y | Maternal Morbidity: Unplanned operat[ing]ion [room procedure following delivery] | Unplanned operating room procedure following delivery: Any transfer of the mother back to a surgical area for an operative procedure that was not planned prior to the admission for delivery. Excludes postpartum tubal ligations. Serious complications experienced by the mother associated with | IF (Labor and Delivery Summary Labor and Delivery Procedure Code CONTAINS ValueSet (Unplanned Operation (NCHS)) AND (Mother's facility location CONTAINS ValueSet (Facility Location OR (NCHS)) AND (Mother's facility location effectiveTime (low) > Procedure Date/Time (high) WHERE Procedure ID CONTAINS (Delivery (NCHS)) ) "UOPR" **SHALL** be "Y" | Labor and Delivery Summary Mother's Metadata Entry: Mother's facility location `recordTarget/patientRole/providerOrganization/addr` | Facility Location OR (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.104 |
| | | | | | | Labor and Delivery Summary Mother's Metadata Entry: Mother's facility location `recordTarget/patientRole/providerOrganization/`effectiveTime | |
| | | | | | | Labor and Delivery Summary | Delivery (NCHS) 1.3.6.1.4.1.193 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | labor and delivery. | ELSE "N" | Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions<br>Procedure Code<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | 76.1.7.3.1.1.13.8.14<br>Unplanned Operation (NCHS)<br>1.3.6.1.4.1.193<br>76.1.7.3.1.1.13.8.105 |
| | | | | | | Labor and Delivery Summary<br>Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions<br>Procedure Date/Time<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/effectiveTime | |
| NOA05 | Y | Y | Maternal Morbidity:None of the above<br><br>NOTE: NOA05 is also used for onset of labor | None of the listed serious complications experienced by the mother associated with labor and delivery. | This SHALL require data entry and SHALL NOT be a result of a default from the other attributes in the list | Data Entry Required | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| PRES | Y | Y | Method of Delivery: Fetal presentation [at birth]: Cephalic | The physical process by which the complete delivery of the fetus was affected. Fetal presentation at birth - Cephalic: Presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP); Breech: Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech; Other: Any other presentation not listed above. | IF (Labor and Delivery Summary<br>Labor and Delivery Coded Event Outcomes Observation Code<br>CONTAINS ValueSet (Fetal Presentation at Birth- Cephalic (NCHS)) THEN "PRES" **SHALL** = "1" ELSE IF (Observation Code CONTAINS ValueSet (Fetal Presentation at Birth- Breech (NCHS)) THEN "PRES" **SHALL** = "2" ELSE IF (Observation Code CONTAINS ValueSet (Fetal Presentation at Birth- Other (NCHS)) THEN "PRES" **SHALL** = "3" ELSE "PRES" **SHALL** = "9" | Labor and Delivery Summary<br>Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Coded Event Outcomes Observation Code<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.7<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code | Fetal Presentation at Birth- Breech (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.108<br>Fetal Presentation at Birth- Cephalic (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.109<br>Fetal Presentation at Birth- Other (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.110 |
| ROUT | Y | Y | Method of Delivery: [Final]Route and method of delivery | The physical process by which the complete delivery of the fetus was affected. Includes: Vaginal/spontaneous: delivery of the entire fetus through the vagina by the nature force of labor with or without manual assistance from the delivery attendant;<br>Vaginal/forceps | IF (Labor and Delivery Summary<br>Labor and Delivery Procedures and Interventions Procedure Code CONTAINS ValueSet (Route and Method of Delivery - Spontaneous (NCHS)) THEN "ROUT" SHALL = "1" ELSE IF Procedure Code CONTAINS ValueSet (Route and Method of Delivery - Forceps (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.112) THEN "ROUT" | Labor and Delivery Summary<br>Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions Procedure Code<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2. | Route and Method of Delivery - Spontaneous (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.111<br>Route and Method of Delivery - Forceps (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.112<br>Route and Method of Delivery - Vacuum |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | Delivery of the fetal head through the vagina by the application of obstetrical forceps to the fetal head; Vaginal/vacuum Delivery of the fetal head through the vagina by the application of a vacuum cup or ventouse to the fetal head; or Cesarean: Extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls. | SHALL = "2" ELSE IF Procedure Code CONTAINS ValueSet (Route and Method of Delivery - Vacuum (NCHS)) THEN "ROUT" SHALL = "3" ELSE IF Procedure Code CONTAINS ValueSet (Route and Method of Delivery - Cesarean (NCHS)) THEN "ROUT" SHALL = "4" ELSE "ROUT" **SHALL** = "9". | 11]]/entry/procedure/code | (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.113<br>Route and Method of Delivery - Cesarean (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.114 |
| TLAB | Y | Y | Method of Delivery: Trial of labor attempted | If cesarean, indicate if a trial of labor was attempted (labor was allowed, augmented, or induced with plans for a vaginal delivery). | IF (Labor and Delivery Summary Labor and Delivery Procedures and Interventions Procedure Code CONTAINS Procedure Code CONTAINS CONTAINS ValueSet (Route and Method of Delivery - Cesarean (NCHS)) THEN (IF (Procedure Code CONTAINS ValueSet (Route Method of Delivery - Trial of Labor (NCHS)) THEN "TLAB" SHALL be "Y".IF NOT Procedure Code CONTAINS ValueSet (Route and Method of | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Procedures and Interventions Procedure ID 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | Route Method of Delivery - Trial of Labor (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.115<br>Route and Method of Delivery - Scheduled C (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.116<br>Route and Method of Delivery - Cesarean (NCHS) 1.3.6.1.4.1.193 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | Delivery - Scheduled C (NCHS)) THEN "TLAB" SHALL NOT be available for data entry. SHALL = "X" ELSE IF =NULL THEN "U") ELSE "N". | | 76.1.7.3.1.1.13.8.114 |
| MFNAME | Y | Y | Mother's Current Legal Name: First Name | The current legal first name of the mother. | "MFNAME" **SHALL** be populated using Mother's Metadata Entry: Mother's Name using the First Name part of Mother's Name | Mother's Metadata Entry: Mother's Name /ClinicalDocument/recordTarget[0]/patientRole/patient/name | |
| MMNAME | Y | Y | Mother's Current Legal Name: Middle Name | The current legal middle name of the mother. | "MMNAME" **SHALL** be populated using Mother's Metadata Entry: Mother's Name using the Middle Name part of part of Mother's Name | Labor and Delivery Summary Mother's Metadata Entry: Mother's Name /ClinicalDocument/recordTarge[0]t/patientRole/patient/name | |
| MLNAME | Y | Y | Mother's Current Legal Name: Last Name | The current legal last name of the mother. | "MLNAME" **SHALL** be populated using Mother's Metadata Entry: Mother's Name using the Last Name part of part of Mother's Name | Labor and Delivery Summary Mother's Metadata Entry: Mother's Name /ClinicalDocument/recordTarget[0]/patientRole/patient/name | |
| MSUFF | Y | Y | Mother's Current Legal Name: suffix | The current legal name suffix of the mother. | "MSUFF" **SHALL** be populated using Mother's Metadata Entry: Mother's Name the Last Name Suffix part of part of Mother's Name | Labor and Delivery Summary Mother's Metadata Entry: Mother's Name /ClinicalDocument/recordTarget[0]/patientRole/patient/name | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| HFT | Y | Y | Mother's Height: Feet | Mother's height feet | IF (Mother's)<br>Labor and Delivery Summary<br>Coded Detailed Physical Examination Coded Vital Signs Section Result Type CONTAINS ValueSet (Height (NCHS)), THEN "HFT"<br>**SHALL** = feet part of Result Value WHERE Result Value Units are expressed in Feet and Inches | (Mother's)<br>Labor and Delivery Summary<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>Coded Vital Signs Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2Result Type<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/code | Height (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.190 |
| | | | | | | (Mother's)<br>Labor and Delivery Summary<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>Coded Vital Signs Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2<br>Result Value<br>ClinicalDocument/recordTarget/component/structuredBody/compone | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | nt/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/value | |
| | | | | | | (Mother's)<br>Labor and Delivery Summary Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>Coded Vital Signs Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.11.2.2.2<br>Result Value Units<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/units | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| HIN | Y | Y | Mother's Height: Inches | Mother's height inches | IF Mother's Labor and Delivery Summary Coded Detailed Physical Examination Coded Vital Signs Section Result Type CONTAINS ValueSet (Height (NCHS)), THEN "HIN" **SHALL** = Inches part of Result Value WHERE Result Value Units are expressed in Feet and Inches | (Mother's)<br>Labor and Delivery Summary<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>Coded Vital Signs Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2Result Type<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/code | Height (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.190 |
| | | | | | | (Mother's)<br>Labor and Delivery Summary<br>Coded Vital Signs Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2<br>Result Value<br>1.3.6.1.4.1.19376.1.5.3.1.3.28<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/value | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | (Mother's)<br>Labor and Delivery Summary<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br><br>Coded Vital Signs Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2<br>Result Value Units<br><br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/units | |
| MRECNUM | Y | Y | Mother's medical record number | The mother's medical record number for this facility admission | "MRECNUM" **SHALL** be populated using Mother's Metadata Entry: Mother's Person ID using Mother's Person ID Where Person ID represents the Mother's Medical Record Number | (Mother's)<br>Labor and Delivery Summary<br>/ClinicalDocument/recordTarget[0]/patientRole/patient/id | |
| PWGT | Y | Y | Mother's pre-pregnancy weight | The mother's prepregnancy weight | IF Mother's Labor and Delivery Summary Coded Detailed Physical Examination Coded Vital Signs Section : Result Type = 3141-9 where | (Mother's)<br>Labor and Delivery Summary<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1 | Pre-Pregnancy Weight (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.118 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | methodCode CONTAINS ValueSet (Pre-Pregnancy Weight (NCHS)), THEN "PWGT" **SHALL** = Result Value | Coded Vital Signs Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2Result Type methodCode<br>1.3.6.1.4.1.19376.1.5.3.1.3.28<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/methodCode | |
| | | | | | | (Mother's)<br>Labor and Delivery Summary<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>Coded Vital Signs Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2Result Value<br>1.3.6.1.4.1.19376.1.5.3.1.3.28<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/value | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| NFACL | Y | Y | Mother: If Mother transferred for maternal medical or fetal indications for delivery, enter name of facility mother transferred from. | Indicates the name of the facility the mother was transferred from if the mother was transferred from another facility. Transfers include hospital to hospital, birth facility to hospital, etc. Does not include home to hospital. | IF Labor and Delivery Summary<br>Mother's Encounter Admission Source is value set (Transfer In (NCHS)) and Labor and Delivery Summary Labor and Delivery Active Problems Problem Code is value set (Transferred for Maternal Medical or Fetal Indications for Delivery (NCHS)), THEN **NFACL SHALL** = Referring Facility Name ELSE **NFACL SHALL** = NULL' | (Mother's)<br>Labor and Delivery Summary<br>Mother's Encounter<br>2.16.840.1.113883.10.20.1.21<br><br>Referring Facility Name<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=2.16.840.1.113883.10.20.1.21]]/participant[@typeCode='ORG']/name | |
| | | | | | | (Mother's)<br>Labor and Delivery Summary<br>Mother's Encounter<br>2.16.840.1.113883.10.20.1.21<br>Admission Source<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=2.16.840.1.113883.10.20.1.21]]/participant[@typeCode='ORG']/code | Transfer In (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.177 |
| | | | | | | (Mother's)<br>Labor and Delivery Summary<br>Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br><br>Active Problems<br>Problem Code<br>1.3.6.1.4.1.19376.1.5.3.1.3.6<br>ClinicalDocument/recordTarget/component/structuredBody/compone | Transferred for Maternal Medical or Fetal Indications for Delivery (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.176 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | nt/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | |
| TRAN | Y | Y | Mother transferred for maternal medical or fetal indications for delivery? | Indicates if the mother was transferred from another facility. Transfers include hospital to hospital, birth facility to hospital, etc. Does not include home to hospital. | If Labor and Delivery Summary Mother's Encounter Admission Source is value set (Transfer In (NCHS)) and Labor and Delivery Summary Labor and Delivery Coded Event Outcomes Observation Code is value set (Transferred for Maternal Medical or Fetal Indications for Delivery (NCHS)), THEN "**TRAN" SHALL** = "Y" ELSE IF 16.06 NOT NULL, THEN TRAN **SHALL** = "N" ELSE TRAN **SHALL** = "U". | (Mother's)<br>Labor and Delivery Summary<br>Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br><br>Coded Event Outcomes<br>Observation Code<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.7<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code | Transferred for Maternal Medical or Fetal Indications for Delivery (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.176 |
| | | | | | | Mother's Encounter<br>2.16.840.1.113883.10.20.1.21<br>Admission Source<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=2.16.840.1.113883.10.20.1.21]]/participant[@typeCode='ORG']/code | Transfer In (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.177 |
| DWGT | Y | Y | Mother's weight at delivery | The mother's weight at | (Mother's) | (Mother's) | Mothers Delivery Weight (NCHS) |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | the time of delivery. | Coded Labor and Delivery Summary Coded Detailed Physical Examination<br>Coded Vital Signs Section Result Type=3141-9 where Result methodCode CONTAINS ValueSet (Mothers Delivery Weight (NCHS)), THEN "DWGT" SHALL = Result Value | Labor and Delivery Summary<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br><br>Coded Vital Signs Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2Result Type methodCode<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/methodCode | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.120 |
| | | | | | | (Mother's)<br>Labor and Delivery Summary<br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>Coded Vital Signs Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2Result Value<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/value | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| POPO | Y | Y | Number of other pregnancy outcomes | Total number of other pregnancy outcomes that did not result in a live birth. Includes pregnancy losses of any gestation age.<br>Examples: spontaneous or induced losses or ectopic pregnancy. | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Previous Other Pregnancy Outcomes (NCHS)), THEN "~~POBO~~POPO" **SHALL** = Observation Value | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Code<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Previous Other Pregnancy Outcomes (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.121 |
| | | | | | | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Value<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| PLBD | Y | Y | Number of previous live births now dead (do not | The total number of previous live-born | IF Labor and Delivery Summary Pregnancy History | Labor and Delivery Summary | Number of Previous Live Births Now Dead |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | include this child) | infants now dead. | Observation Code CONTAINS ValueSet (Number of Previous Live Births Now Dead (NCHS)), THEN "PLBD" **SHALL** = Observation Value | Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Code<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.122 |
| | | | | | | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Value<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| PLBL | Y | Y | Number of previous live births now living (do not include this child) | The total number of previous live-born infants now living. | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 | Number of Previous Live Births Now Living (NCHS) |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | ValueSet (Number of Previous Live Births Now Living (NCHS)), THEN "PLBL" **SHALL** = Observation Value | Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Code<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.123 |
| | | | | | | Labor and Delivery Summary Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Value<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| OWGEST | Y | Y | Obstetric Estimate of Gestation | The best obstetric estimate of the infant's gestation in completed weeks based on the birth attendant's final estimate | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Obstetric Estimate of Gestation (NCHS)), THEN | Labor and Delivery Summary Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5 | Obstetric Estimate of Gestation (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.124 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | of g**estation** This estimate of gestation should be determined by all perinatal factors and assessments such as ultrasound, but not the neonatal exam. Ultrasound taken early in pregnancy is preferred. | "OWGEST" **SHALL** = Observation Value | Observation Code<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | |
| | | | | | | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Value<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| CERV | Y | N | Obstetric procedures: Cervical cerclage | Cervical cerclage: Circumferential banding or suture of the cervix to prevent or treat dilation.<br>Includes: MacDonald's suture; Shirodkar procedure; and Abdominal cerclage via | IF Labor and Delivery Summary Labor and Delivery Procedures and Interventions Section Procedure Code CONTAINS ValueSet (Cervical Cerclage (NCHS)), THEN "CERV" **SHALL** = 'Y' ELSE IF Procedure Code = | Labor and Delivery Summary<br>Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions<br>Procedure Code<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/co | Cervical Cerclage (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.125 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | laparotomy. Obstetric procedures: Medical treatment or invasive/manipulative procedure performed during this pregnancy to treat the pregnancy or to manage labor and/or delivery. | NULL THEN 'U' ELSE 'N' | mponent/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | |
| ECVF | Y | N | Obstetric procedures: Failed External cephalic Version | Failed External cephalic version: Failed attempt to convert a fetus from a nonvertex to a vertex presentation by external manipulation. Obstetric procedures: Medical treatment or invasive/manipulative procedure performed during this pregnancy to treat the pregnancy or to manage labor and/or delivery. | IF Labor and Delivery Summary Labor and Delivery Procedures and Interventions Section Procedure ID CONTAINS ValueSet (External Cephalic Version (NCHS)) as Intent and Negation=TRUE, THEN "ECVF" **SHALL** = 'Y' ELSE IF Procedure Code = NULL THEN 'U' ELSE 'N' | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Procedures and Interventions Procedure ID 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | External Cephalic Version (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.127 |
| ECVS | Y | N | Obstetric procedures: Successful External cephalic version | Successful External cephalic version: Successful conversion of a fetus from a nonvertex to a vertex presentation by external manipulation. Obstetric procedures: Medical treatment or invasive/manipulative | IF Labor and Delivery Summary Labor and Delivery Procedures and Interventions Section Procedure Code CONTAINS ValueSet (External Cephalic Version (NCHS)), AND **NOT (Intent and Negation)=TRUE**, THEN "ECVS" **SHALL** = 'Y' ELSE IF Procedure Code = NULL | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Procedures and Interventions Procedure Code 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6 | External Cephalic Version (NCHS) |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | procedure performed during this pregnancy to treat the pregnancy or to manage labor and/or delivery. | THEN 'U' ELSE 'N' | .1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | |
| TOC | Y | N | Obstetric procedures: Tocolysis | Tocolysis: Administration of any agent with the intent to inhibit preterm uterine contractions to extend the length of the pregnancy.<br>Medications: Magnesium sulfate (for preterm labor);<br>Terbutaline; Indocin (for preterm labor).<br>Obstetric procedures: Medical treatment or invasive/manipulative procedure performed during this pregnancy to treat the pregnancy or to manage labor and/or delivery. | IF Labor and Delivery Summary Labor and Delivery Procedures and Interventions Section Procedure Code CONTAINS ValueSet Tocolysis (NCHS)), THEN "TOC" **SHALL** = 'Y' ELSE IF Procedure Code = NULL THEN 'U' ELSE 'N' | Labor and Delivery Summary Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions Procedure Code<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | Tocolysis (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.128 |
| NOA03 | Y | N | Obstetric procedures: None of the above | None of the listed obstetric procedures were performed for medical treatment or invasive/manipulative procedures during this pregnancy to treat the pregnancy or to manage labor and/or delivery. | This SHALL require data entry and SHALL NOT be a result of a default from the other attributes in the list | Data Entry Required | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| PROM | Y | N | Onset of labor: Premature Rupture | Premature Rupture of the Membranes (prolonged≥12 hours): Spontaneous tearing of the amniotic sac, (natural breaking of the "bag of waters"), 12 hours or more before labor begins. Serious complications experienced by the mother associated with labor and delivery. | IF Labor and Delivery Summary Labor and Delivery Coded Event Outcomes Observation Code CONTAINS ValueSet (Premature Rupture (NCHS)), THEN "PROM" **SHALL** = 'Y' ELSE IF Problem Code = 'NULL' THEN "PROM" SHALL = 'U" ELSE "PROM" SHALL = 'N' | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Coded Event Outcomes 1.3.6.1.4.1.19376.1.7.3.1.1.13.7 Observation Code ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code | Premature Rupture (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.129 |
| PRIC | Y | N | Onset of labor: Precipitous Labor | Precipitous labor (<3hours): Labor that progresses rapidly and lasts for less than 3 hours. Serious complications experienced by the mother associated with labor and delivery. | IF Labor and Delivery Summary Labor and Delivery Coded Event Outcomes Observation Code CONTAINS ValueSet (Precipitous Labor (NCHS)), THEN "PRIC" **SHALL** = 'Y' ELSE IF Problem Code = 'NULL' THEN "PRIC" SHALL = 'U" ELSE "PRIC" SHALL = 'N' | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Coded Event Outcomes 1.3.6.1.4.1.19376.1.7.3.1.1.13.7 Observation Code ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code | Precipitous Labor (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.130 |
| PROL | Y | N | Onset of labor: Prolonged Labor | Prolonged labor (≥ 20 hours): Labor that progresses slowly and lasts for 20 hours or | IF Labor and Delivery Summary Labor and Delivery Coded Event Outcomes Observation Code CONTAINS | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Coded Event Outcomes | Prolonged Labor (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.131 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | more. Serious complications experienced by the mother associated with labor and delivery. | ValueSet (Prolonged Labor (NCHS)), THEN "PROL" **SHALL** = 'Y' ELSE IF Problem Code = 'NULL' THEN "PROL" SHALL = 'U" ELSE "PROL" SHALL = 'N' | 1.3.6.1.4.1.19376.1.7.3.1.1.13.7 Observation Code ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code | |
| NOA05 | Y | N | Onset of labor: None of the above NOTE: NOA05 is also used for Maternal Morbidity | None of the listed serious complications experienced by the mother associated with labor and delivery. | This SHALL require data entry and SHALL NOT be a result of a default from the other attributes in the list | Data Entry Required | |
| SFN | Y | Y | Place where birth occurred: State Facility Number | | "SFN" SHALL be populated using the Child's Facility State Identifier f | ClinicalDocument/recordTarget[N]/component/structuredBody/component/section[templateId[@root=2.16.840.1.113883.10.20.1.21]]/]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/ClinicalDocument/componentOf/ encompassingEncounter/ location/healthCareFacility/location/id | |
| FLOC | Y | Y | Place where birth occurred: Facility City/Town | | "FLOC" SHALL = City/Town part of Metadata Entry: Birth Place taken from the newborn's record | /ClinicalDocument/component/structuredBody/component/section/templateId[@root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4'] /relatedSubject/code[@code='NCHI | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | LD' AND id=idOfTheChild]/ addr/county | |
| CNAME | Y | Y | Place where birth occurred: County Name | | "CNAME" SHALL = County name part of Metadata Entry: Birth Place taken from the newborn's record | /ClinicalDocument/component/structuredBody/component/section/templateId[@root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4'] / subject/relatedSubject/code[@code='NCHILD AND id=idOfTheChild']/addr/county | |
| CNTYO | Y | Y | Place where birth occurred: County Code | | "CNTYO" SHALL = County Code part of Metadata Entry: Birth Place taken from the newborn's record | ClinicalDocument/component/structuredBody/component/section/templateId[@root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4'] / subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/ addr/county | |
| BPLACE | Y | N | Place where birth occurred: Birth Place | | IF Labor and Delivery Summary Newborn Delivery Information Coded Event Outcomes Observation Code CONTAINS ValueSet (Birthplace Setting (NCHS)) THEN IF Observation Value CONTAINS ValueSet (Birthplace Hospital (NCHS)) THEN BPLACE SHALL = '1' ELSE IF Observation Value CONTAINS ValueSet (Birth Place Freestanding Birthing Center (NCHS)) THEN BPLACE SHALL = '2' ELSE | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Event Outcomes 1.3.6.1.4.1.19376.1.7.3.1.1.13.7 Observation Code ClinicalDocument/component/structuredBody/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/ subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/ | Birthplace Setting (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.184 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | IF Observation Value CONTAINS ValueSet (Birth Place Home Intended (NCHS)) THEN BPLACE SHALL = '3' ELSE IF Observation Value CONTAINS ValueSet (Birth Place Home Unintended (NCHS)) THEN BPLACE SHALL = '4' ELSE IF Observation Value CONTAINS ValueSet (Birth Place Home Unknown Intention (NCHS)) THEN BPLACE SHALL = '5' ELSE IF Observation Value CONTAINS ValueSet (Birthplace Clinic Office (NCHS)) THEN BPLACE SHALL = '6' ELSE BPLACE SHALL = '7' | component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code | |
| | | | | | | Labor and Delivery Summary Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Event Outcomes<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.7<br>Observation Value<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/value | Birthplace Hospital (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.192<br>Birth Place Home Intended (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.193<br>Birth Place Home Unintended (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.194<br>Birth Place Home Unknown Intention (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.195<br>Birthplace Clinic Office (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.197<br>Birth Place Freestanding Birthing Center (NCHS) |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | | 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.196 |
| PLUR | Y | Y | Plurality | The number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age or if the fetuses were delivered at different dates in the pregnancy. ("Reabsorbed" fetuses, those which are not "delivered" (expulsed or extracted from the mother) should not be counted.) | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Birth Plurality of Delivery (NCHS)), THEN "PLUR" SHALL = Observation Value | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Pregnancy Observation 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 Observation Code ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Birth Plurality of Delivery (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.132 |
| | | | | | | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Pregnancy Observation 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 Observation Value ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@r | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | oot=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]] /component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| DOFP_MO | Y | Y | Prenatal care visits: Date of first prenatal care visit: Month | The month a physician or other health care professional first examined and/or counseled the pregnant woman for the pregnancy. | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (First Prenatal Care Visit (NCHS)) THEN (IF Observation Value NOT NULL THEN "~~DOLP~~DOFP_MO" SHALL = the Month part of Observation Value WHERE the Month is represented using 2-digits ELSE ~~DOLP~~DOFP_MO" SHALL = '88') ELSE "~~DOLP~~DOFP_MO" SHALL = '99' | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Pregnancy Observation 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 Observation Code ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | First Prenatal Care Visit (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.133 |
| | | | | | | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Pregnancy Observation 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 Observation Value (Timestamp) ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]] | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | /component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| DOFP_DY | Y | Y | Date of first prenatal care visit: Day | The day a physician or other health care professional first examined and/or counseled the pregnant woman for the pregnancy. | IF Labor and Delivery Summary Pregnancy History Observation CONTAINS ValueSet (First Prenatal Care Visit (NCHS))<br>THEN (IF Observation Value NOT NULL THEN "DOFP_DY" SHALL CONTAINS the Day part of Observation Value WHERE the Day is represented using 2-digits ELSE DOFP_DY" SHALL = '88') ELSE "DOFP_DY" SHALL = '99' | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Code<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | First Prenatal Care Visit (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.133 |
| | | | | | | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Value (Timestamp)<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13 | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | .5]]/entry/act/entryRelationship/observation/value | |
| DOFP_YR | Y | Y | Date of first prenatal care visit: Year | The year a physician or other health care professional first examined and/or counseled the pregnant woman for the pregnancy. | IF Labor and Delivery Summary Pregnancy History Observation CONTAINS ValueSet (First Prenatal Care Visit (NCHS)<br>), THEN (IF Observation Value NOT NULL THEN "DOFP_YR" SHALL = the Year part of Observation Value WHERE the Year is represented using 4-digits ELSE DOFP_YR" SHALL = '8888') ELSE "DOFP_YR" SHALL = '9999' | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Code<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | First Prenatal Care Visit (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.133 |
| | | | | | | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Value (Timestamp)<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| DOLP_MO | Y | Y | Prenatal care visits: Date of last prenatal care visit: Month | The month of the last prenatal care visit recorded in the records. | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Last Prenatal Care Visit (NCHS)), THEN (IF Result Value NOT NULL THEN "DOLP_MO" SHALL = the Month part of Observation Value WHERE Result Value is expressed as Date AND WHERE the Month is represented using 2-digits for the MAX Observation Value ELSE DOLP_MO" SHALL = '88') ELSE "DOLP_MO" SHALL = '99' | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Code<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Last Prenatal Care Visit (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.134 |
| | | | | | | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Value (Timestamp)<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| DOLP_DY | Y | Y | Prenatal care visits: Date of | The day of the last | IF Labor and Delivery | Labor and Delivery Summary | Last Prenatal Care Visit |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | last prenatal care visit: Day | prenatal care visit recorded in the records. | Summary Pregnancy History Observation Code CONTAINS ValueSet (Last Prenatal Care Visit (NCHS)), THEN (IF Result Value NOT NULL THEN "DOLP_DY" SHALL = the Day part of Observation Value WHERE Result Value is expressed as Date AND WHERE the Day is represented using 2-digits for the MAX Observation Value ELSE DOLP_DY" SHALL = '88') ELSE "DOLP_DY" SHALL = '99'<br>. | Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Code<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.134 |
| | | | | | | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Value (Timestamp)<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| DOLP_YR | Y | Y | Prenatal care visits: Date of | The year of the last | IF Labor and Delivery | Labor and Delivery Summary | Last Prenatal Care Visit |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | last prenatal care visit: Year | prenatal care visit recorded in the records. | Summary Pregnancy History Observation Code CONTAINS ValueSet (Last Prenatal Care Visit (NCHS)), THEN (IF Result Value NOT NULL THEN "DOLP_DY" SHALL = the Year part of Observation Value WHERE Result Value is expressed as Date AND WHERE the Year is represented using 4-digits for the MAX Observation Value ELSE DOLP_YR" SHALL = '8888') ELSE "DOLP_YR" SHALL = '9999'<br>. | Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Code<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.134 |
| | | | | | | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Value (Timestamp)<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| NPREV | Y | Y | Prenatal care visits: Total number of prenatal visits for this pregnancy | The total number of visits recorded in the record. | IF Labor and Delivery Summary Pregnancy History Observation Code | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 | Number Prenatal Care Visits (NCHS) 1.3.6.1.4.1.193 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | CONTAINS ValueSet (Number Prenatal Care Visits (NCHS)), THEN "NPREV" **SHALL** = Observation Value | Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Code<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | 76.1.7.3.1.1.13.8.135 |
| | | | | | | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Value<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| PAY | Y | N | Principal source of payment for this delivery | The principal source of payment at the time of delivery:<br>Includes:<br>Private insurance (Blue Cross/Blue Shield, | NOTE: The US-Specific codes associated with this value set are not yet mapped to the form data from HITSP selected ANSI X12 | Payers<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.7<br>Coverage Entry<br>1.3.6.1.4.1.19376.1.5.3.1.4.17 | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | Aetna, etc.);<br>Medicaid (or a comparable State program);<br>Self-pay (no third party identified);<br>Other (Indian Health Service, CHAMPUS/ TRICARE, other government [Federal, State, local]);<br>Unknown | Values. Until such time as these codes are mapped, this attribute will require implementation-specific mapping. | | |
| PDIAB | Y | Y | Risk factors in this pregnancy: Prepregnancy Diabetes | Prepregnancy Diabetes (diagnosis of glucose intolerance requiring treatment before this pregnancy). | IF History of Past Illness Problem Code CONTAINS ValueSet (Prepregnancy Diabetes (NCHS)), THEN "PDIAB" **SHALL** = 'Y' ELSE IF Problem Code = 'NULL' THEN "PDIAB" SHALL = 'U" ELSE "PDIAB" SHALL = 'N' | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Pregnancy Observation 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 Observation Code ClinicalDocument/recordTarget[0] /component/structuredBody/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]] /component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Prepregnancy Diabetes (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.136 |
| GDIAB | Y | Y | Risk factors in this pregnancy: Gestational Diabetes | Gestational Diabetes (diagnosis of glucose intolerance requiring treatment during this pregnancy). | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Gestational Diabetes (NCHS)), THEN "GDIAB" **SHALL** = 'Y' ELSE IF | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Pregnancy Observation 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 | Gestational Diabetes (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.137 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | Problem Code = 'NULL' THEN "GDIAB" SHALL = 'U" ELSE "GDIAB" SHALL = 'N' | Observation Code ClinicalDocument/recordTarget[0] /component/structuredBody/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]] /component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | |
| PHYPE | Y | Y | Risk factors in this pregnancy: Prepregnancy Hypertension | Prepregnancy (Chronic) Hypertension (Elevation of blood pressure above normal for age, gender, and.physiological condition with diagnosis prior to the onset of this pregnancy. Does not include gestational (pregnancy induced) hypertension (PIH).) | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Prepregnancy Hypertension (NCHS)) AND NOT Problem Code CONTAINS (Gestational Hypertension (NCHS)) THEN "PHYPE" SHALL = 'Y' ELSE IF Problem Code = 'NULL' THEN "PHYPE" SHALL = 'U" ELSE "PHYPE" SHALL = 'N' | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Pregnancy Observation 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 Observation Code ClinicalDocument/recordTarget[0] /component/structuredBody/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]] /component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Prepregnancy Hypertension (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.138<br>Gestational Hypertension (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.139 |
| GHYPE | Y | Y | Risk factors in this pregnancy: Gestational Hypertension | Gestational Hypertension (Elevation of blood pressure above normal for age, gender, and.physiological condition with diagnosis | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Gestational Hypertension (NCHS))AND NOT Problem Code CONTAINS | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Pregnancy Observation 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 | Gestational Hypertension (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.139 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | in this pregnancy (pregnancy-induced hypertension or preeclampsia). | (Prepregnancy Hypertension (NCHS) ) THEN "GHYPE" SHALL = 'Y' ELSE IF Problem Code = 'NULL' THEN "GHYPE" SHALL = "U" ELSE "GHYPE" SHALL = 'N' | Observation Code ClinicalDocument/recordTarget[0] /component/structuredBody/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]] /component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Prepregnancy Hypertension (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.138 |
| EHYPE | Y | Y | Risk factors in this pregnancy: Eclampsia | Eclampsia Hypertension (Elevation of blood pressure above normal for age, gender, and physiological condition with proteinuria with generalized seizures or coma. May include pathologic edema. | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Eclampsia (NCHS)), THEN "EHYPE" SHALL = 'Y' ELSE IF Problem Code = 'NULL' THEN "EHYPE" SHALL = "U" ELSE "EHYPE" SHALL = 'N' | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Pregnancy Observation 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 Observation Code ClinicalDocument/recordTarget[0] /component/structuredBody/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]] /component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Eclampsia (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.140 |
| PPB | Y | Y | Risk factors in this pregnancy: Previous preterm births | History of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation. | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet( Preterm Birth (NCHS)) OR (Labor and Delivery Summary Pregnancy History Observation | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Pregnancy Observation 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 Observation Code ClinicalDocument/recordTarget[0] | Preterm Birth (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.141<br>Number of Preterm Births (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.187 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | Code CONTAINS ValueSet (Number of Preterm Births (NCHS)) AND Pregnancy History Observation Value >0) THEN "PPB" **SHALL** = 'Y' ELSE IF Problem Code = 'NULL' THEN "PPB" SHALL = 'U" ELSE "PPB" SHALL = 'N' | /component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | |
| | | | | | | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Pregnancy Observation 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 Observation Value ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| PPO | Y | Y | Risk factors in this pregnancy: Poor pregnancy outcomes | History of pregnancies continuing into the 20th week of gestation and resulting in any of the listed outcomes: Perinatal death (including fetal and | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Poor Pregnancy Outcome History (NCHS))THEN "PPO" **SHALL** = 'Y' ELSE IF 7.04 Problem | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Pregnancy Observation 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 Observation Code | Poor Pregnancy Outcome History (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.142 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | neonatal deaths); Small for gestational age; Intrauterine-growth-restricted birth. | Code = 'NULL' THEN "PPO" SHALL = 'U" ELSE "PPO" SHALL = 'N' | ClinicalDocument/recordTarget[0] /component/structuredBody/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]] /component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | |
| INFT | Y | Y | Risk factors in this pregnancy:<br>Infertility treatment | Any assisted reproductive treatment used to initiate the pregnancy. Includes:<br>Drugs (such as Clomid, Pergonal);<br>Artificial insemination; Technical procedures (such as in-vitro fertilization). | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Infertility Treatment (NCHS))THEN "INFT" **SHALL** = 'Y' ELSE IF Procedure Code = 'NULL' THEN "INFT" SHALL = 'U" ELSE "INFT" SHALL = 'N' | Labor and Delivery Summary<br>Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Pregnancy Observation<br>1.3.6.1.4.1.19376.1.5.3.1.4.13.5<br>Observation Code<br>ClinicalDocument/recordTarget[0] /component/structuredBody/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]] /component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Infertility Treatment (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.143 |
| INFT_DRG | Y | Y | Risk factors in this pregnancy: Infertility: Fertility Enhancing Drugs, AI | Fertility-enhancing drugs, artificial insemination or intrauterine insemination Any fertility enhancing drugs (e.g., Clomid, Pergonal), artificial insemination or | IF Labor and Delivery Summary Admission Medication History Medications AdministeredSection Coded Product Name CONTAINS ValueSet (Fertility Enhancing Drugs Medications (NCHS))THEN "INFT_DRG" | Labor and Delivery Summary<br>Admission Medication History<br>1.3.6.1.4.1.19376.1.5.3.1.3.20<br>Medications Administered<br>Coded Product Name<br>1.3.6.1.4.1.19376.1.5.3.1.3.21<br>ClinicalDocument/recordTarget/component/structuredBody/compone | Fertility Enhancing Drugs Medications (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.144 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | intrauterine insemination used to initiate the pregnancy. | **SHALL** = 'Y' ELSE IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS (Artificial or Intrauterine Insemination (NCHS)) THEN "INFT_DRG" SHALL = 'Y' ELSE (IF (Coded Product Name = 'NULL') AND (Procedure Code = 'NULL') THEN "INFT_DRG" SHALL = 'U") ELSE "INFT_DRG" SHALL = 'N' | nt/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.21]]/substanceAdministration/code | |
| | | | | | | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Pregnancy Observation 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 Observation Code ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Artificial or Intrauterine Insemination (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.145 |
| INFT_ART | Y | Y | Risk factors in this pregnancy: Infertility: Asst. Rep. Technology | Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer GIFT)) Any assisted reproductive technology (ART/technical procedures (e.g., IVF, GIFT, ZIFT)) used to initiate the pregnancy. | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Assistive Reproductive Technology (NCHS))THEN "INFT_ART" **SHALL** = 'Y' ELSE IF Procedure Code = 'NULL' THEN "INFT_ART" SHALL = 'U" ELSE "INFT_ART" SHALL = 'N' | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Pregnancy Observation 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 Observation Code ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/ob | Assistive Reproductive Technology (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.146 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | servation/code | |
| PCES | Y | Y | Risk factors in this pregnancy: Previous cesarean | Previous delivery by extracting the fetus, placenta, and membranes through an incision in the mother's abdominal and uterine walls. | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Previous Cesarean (NCHS))THEN "PCES" **SHALL** = 'Y' ELSE IF Problem Code = 'NULL' THEN "PCES" SHALL = 'U" ELSE "PCES" SHALL = 'N' | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Observation Code 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 ClinicalDocument/recordTarget[0] /component/structuredBody/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]] /component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Previous Cesarean (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.147 |
| NPCES | Y | Y | Risk factors in this pregnancy: Number of previous cesareans | Number of previous deliveries extracting the fetus, placenta, and membranes through an incision in the mother's abdominal and uterine walls. | IF Labor and Delivery Summary Pregnancy History Observation Code CONTAINS ValueSet (Number of Previous Cesareans (NCHS)), THEN "NPCES" **SHALL** = Result Value | Labor and Delivery Summary Pregnancy History 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 Observation Code 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 ClinicalDocument/recordTarget[0] /component/structuredBody/ component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]] /component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/code | Number of Previous Cesareans (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.148 |
| | | | | | | Labor and Delivery Summary | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | Pregnancy History<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4<br>Observation Value<br>ClinicalDocument/recordTarget[0]/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.4.13.5]]/entry/act/entryRelationship/observation/value | |
| NOA01 | Y | Y | Risk factors in this pregnancy: None of the above | The patient had none of the listed risk factors in this pregnancy. | This attribute SHALL NOT be determined by default. If there are no other risk factors identified through other attributes, the form manager SHALL require data entry to assure the accuracy of the data. | | |
| SORD | Y | Y | Set Order | Order this infant was delivered in the set. | If Labor and Delivery Summary Labor and Delivery Coded Event Outcome Multiple Birth =’Y’ THEN “SORD” **SHALL** be populated using Birth Order AND using ‘99’ where not known ELSE IF Multiple Birth =’N’ “SORD” **SHALL** = ‘88’ | Labor and Delivery Summary Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Multiple Birth Indication<br>Coded Event Outcome<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.7<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[template | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | Id[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code | |
| FSEX | Y | N | Child: (infant) Sex - | The sex of the infant. | IF Labor and Delivery `recordTarget/patientRole/patient/administrativeGenderCode` CONTAINS ValueSet(Male Gender (NCHS)) THEN “FSEX” SHALL =’M’ ELSE IF Labor and Delivery `recordTarget/patientRole/patient/administrativeGenderCode` CONTAINS ValueSet(Female Gender (NCHS)) THEN “FSEX” SHALL =’F’ ELSE THEN “FSEX” SHALL =’N’ | Labor and Delivery Summary `recordTarget/patientRole/patient/administrativeGenderCode` | Male Gender (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.42<br>Female Gender (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.43 |
| FDOD_YR | N | Y | | Date of Delivery (Fetus) Year | IF Labor and Delivery Summary Labor and Delivery Procedures and Interventions Procedure Code CONTAINS ValueSet (Delivery (NCHS)) THEN “FDOD_YR” **SHALL** = Year part of Procedure Date/Time | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Procedures and Interventions Procedure Code 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | Delivery (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.14 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| FDOD_MO | N | Y | | Date of Delivery (Fetus) Month | IF Labor and Delivery Summary Labor and Delivery Procedures and Interventions Procedure Code CONTAINS ValueSet (Delivery (NCHS) ) THEN "FDOD_MO" **SHALL** = Month part of Procedure Date/Time | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Procedures and Interventions Procedure Code 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | Delivery (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.14 |
| FDOD_DY | N | Y | | Date of Delivery (Fetus) Day | IF Labor and Delivery Summary Labor and Delivery Procedures and Interventions Procedure Code CONTAINS ValueSet (Delivery (NCHS) ) THEN "FDOD_DYYR" **SHALL** = Day part of Procedure Date/Time | Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Procedures and Interventions Procedure Code 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | Delivery (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.14 |
| ETIME | N | Y | Estimated Time of Fetal Death | Item to indicate when the fetus died with respect to labor and assessment. | IF Newborn Delivery Information Coded Event Outcomes Observation Code CONTAINS ValueSet (Time of Death (NCHS)), THEN | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Event Outcomes 1.3.6.1.4.1.19376.1.7.3.1.1.13.7 | Time of Death (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.185 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | "ETIME" **SHALL** = Observation Value WHERE Result Value is the Time of Death of the Fetus | Observation Code<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code | |
| | | | | | | Labor and Delivery Summary<br>Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Event Outcomes<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.7<br>Observation Value<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/*relatedSubject*/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/value | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| LIVEB | Y | N | Not single birth - specify number of infants in this delivery born alive. | Specify the number of infants in this delivery born alive | IF Labor and Delivery Summary Newborn Delivery Information Coded Event Outcomes Observation Code CONTAINS ValueSet (Number of Live Births (NCHS)), THEN **SHALL** = Observation Value | Labor and Delivery Summary (Mother's)<br>Coded Event Outcomes<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.7<br>Observation Code<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code | Number of Live Births (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.68 |
| | | | | | | Labor and Delivery Summary (Mother's)<br>Coded Event Outcomes<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.7<br>Observation Value<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/value | |
| FDTH | N | Y | Number of fetal deaths | Specify the number of fetal deaths in this delivery | IF Labor and Delivery Summary Newborn Delivery Information Coded Event Outcomes Observation CONTAINS ValueSet | Labor and Delivery Summary (Mother's)<br>Coded Event Outcomes<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.7<br>Observation Code | Number of Fetal Deaths This Delivery (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.164 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | (Number of Fetal Deaths This Delivery (NCHS)), THEN **SHALL** = Observation Value | ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/code | |
| | | | | | | Labor and Delivery Summary (Mother's)<br>Coded Event Outcomes<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.7<br>Observation Value<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.7.3.1.1.13.7]]/entry/act/entryRelationship/observation/value | |
| HYST | N | Y | Method of Delivery: Hysterotomy/Hysterectomy? | Hysterotomy/Hysterectomy was the physical process by which the complete delivery of the fetus was affected.<br><br>Hysterotomy: Incision into the uterus extending into the uterine cavity. May be performed vaginally or transabdominally. | IF Labor and Delivery Procedures and Interventions Procedure ID CONTAINS ValueSet (Hysterotomy Hysterectomy (NCHS)), THEN "HYST" **SHALL** = Result Value | Labor and Delivery Summary (Mother's)<br>Labor and Delivery<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions<br>Procedure ID<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/co | Hysterotomy Hysterectomy (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.150 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | Hysterectomy: Surgical removal of the uterus. May be performed abdominally or vaginally. | | mponent/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | |
| TD | N | Y | Time of delivery | Hour and minute fetus was delivered. | IF Labor and Delivery Summary Labor and Delivery Procedures and Interventions Procedure Code CONTAINS ValueSet (Delivery (NCHS)), THEN "TD" **SHALL** = Result Value | Labor and Delivery Summary (Mother's) Labor and Delivery Summary Labor and Delivery 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 Procedures and Interventions Procedure Code 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | Delivery (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.14 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| AUTOP | N | Y | Was an autopsy performed? | Information on whether or not an autopsy was performed | IF (Labor and Delivery Summary Labor and Delivery Procedures and Interventions Procedure Code CONTAINS ValueSet CONTAINS ValueSet (Fetal Autopsy (NCHS)) THEN "AUTOP" SHALL = "Y" ELSE "N". | Labor and Delivery Summary (Mother's) Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Procedures and Interventions Procedure Code 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | Fetal Autopsy (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.153 |
| FWO | N | Y | Weight of Fetus (in ounces) | Fetus' weight in ounces. | The preferred measure is in grams rather than ounces. Refer to FWG | | |
| FWG | N | Y | Weight of Fetus (grams preferred, specify unit) | Fetus' weight in grams. | IF Newborn Delivery Information Coded Detailed Physical Examination Coded Vital Signs Result Type = 3141-9 where Result methodCode CONTAINS ValueSet (Birth Weight (NCHS)) THEN "FWG" **SHALL** = Result Value WHERE units are specified in Grams | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Detailed Physical Examination 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1 Coded Vital Signs 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2Result methodCode 1.3.6.1.4.1.19376.1.5.3.1.3.28 | Birth Weight (NCHS) 1.3.6.1.4.1.193 76.1.7.3.1.1.13.8.20 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Detailed Physical Examination 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1 Coded Vital Signs 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2Result Value 1.3.6.1.4.1.19376.1.5.3.1.3.28 | |
| FWP | N | Y | Weight of Fetus (in pounds) | Fetus' weight in pounds. | The preferred measure is in grams rather than ounces. Refer to FWG | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Coded Detailed Physical Examination 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1 Coded Vital Signs 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2 Result type, ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3. | Birth Weight (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.20 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | 1.1.5.3.2]]/entry/act/entryRelationship/observation/code | |
| | | | | | | Labor and Delivery Summary Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br><br>Coded Detailed Physical Examination<br>1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>Coded Vital Signs<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2Result type, Result methodCode<br><br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/methodCode | |
| | | | | | | Labor and Delivery Summary Newborn Delivery Information<br>1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4<br>Coded Detailed Physical Examination | |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1<br>Coded Vital Signs<br>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2Result Value<br>ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2]]/entry/act/entryRelationship/observation/value<br>1.3.6.1.4.1.19376.1.5.3.1.3.28 | |
| LM | N<br>N | Y | Infections present and treated during this pregnancy: Listeria | Listeria: A diagnosis of or positive test for Listeria monocytogenes. 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. | IF (Labor and Delivery Summary Active Problems<br>Problem Code CONTAINS ValueSet (Listeria (NCHS))) OR (Labor and Delivery Summary<br>Coded History of Infection Problem Concern Observation CONTAINS ValueSet Listeria (NCHS)))<br>THEN THEN “LM” SHALL = “Y” ELSE “N”. | Labor and Delivery Summary<br>Active Problems<br>Problem Code<br>1.3.6.1.4.1.19376.1.5.3.1.3.6<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | Listeria (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.147 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | Labor and Delivery Summary<br>Coded History of Infection Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.16.2.1.1.1<br>Problem Concern<br>1.3.6.1.4.1.19376.1.5.3.1.4.5.2<br>Observation<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | Listeria (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.147 |
| GBS | | Y | Infections present and treated during this pregnancy: Group B Streptococcus | Group B Streptococcus: A diagnosis of or positive test for Streptococcus agalactiae or group B streptococcus. Infections present at the time of the pregnancy diagnosis or a confirmed diagnosis during the pregnancy with or without documentation of treatment.<br>Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record. | IF (Labor and Delivery Summary Active Problems Problem Code CONTAINS ValueSet (Group B Streptococcus (NCHS))) OR (Labor and Delivery Summary Coded History of Infection Problem Concern Observation CONTAINS ValueSet (Group B Streptococcus (NCHS)))<br>THEN THEN "GBS" SHALL = "Y" ELSE "N". | Labor and Delivery Summary<br>Active Problems<br>Problem Code<br>1.3.6.1.4.1.19376.1.5.3.1.3.6<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | Group B Streptococcus (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.166 |
| | | | | | | Labor and Delivery Summary<br>Coded History of Infection Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.16.2.1.1.1<br>Problem Concern<br>1.3.6.1.4.1.19376.1.5.3.1.4.5.2<br>Observation<br>ClinicalDocument/recordTarget/co | Group B Streptococcus (NCHS)<br>1.3.6.1.4.1.19376.1.7.3.1.1.13.8.166 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | mponent/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | |
| CMV | N | Y | Infections present and treated during this pregnancy: Cytomeglovirus | Cytomegalovirus (CMV): A diagnosis of or positive test for Cytomegalovirus. 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. | IF (Labor and Delivery Summary Active Problems Problem Code CONTAINS ValueSet (Cytomegalovirus (NCHS))) OR (Labor and Delivery Summary Coded History of Infection Problem Concern Observation CONTAINS ValueSet (Cytomegalovirus (NCHS))) THEN THEN "CMV" SHALL = "Y" ELSE "N". | Labor and Delivery Summary Active Problems Problem Code 1.3.6.1.4.1.19376.1.5.3.1.3.6 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | Cytomegalovirus (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.167 |
| | | | | | | Labor and Delivery Summary Coded History of Infection Section 1.3.6.1.4.1.19376.1.5.3.1.1.16.2.1.1.1 Problem Concern 1.3.6.1.4.1.19376.1.5.3.1.4.5.2 Observation ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | Cytomegalovirus (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.167 |
| B19 | N | Y | Infections present and treated during this pregnancy: Parvovirus | Parvovirus: A diagnosis of or positive test for Parvovirus B19. | IF (Labor and Delivery Summary Active Problems Problem Code CONTAINS | Labor and Delivery Summary Active Problems Problem Code | Parvovirus (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.168 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | 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 | ValueSet (Parvovirus (NCHS))) OR (Labor and Delivery Summary Coded History of Infection Problem Concern Observation CONTAINS ValueSet (Parvovirus (NCHS))) THEN THEN "B19" SHALL = "Y" ELSE "N". | 1.3.6.1.4.1.19376.1.5.3.1.3.6 ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | |
| | | | | | | Labor and Delivery Summary Coded History of Infection Section 1.3.6.1.4.1.19376.1.5.3.1.1.16.2.1.1.1 Problem Concern 1.3.6.1.4.1.19376.1.5.3.1.4.5.2 Observation | Parvovirus (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.168 |
| HISTOP | N | Y | Was a Histological Placental Examination performed? | Information on whether or not a histological placental examination was performed | IF (Labor and Delivery Summary Newborn Delivery Information Procedures and Interventions Procedure ID CONTAINS ValueSet (Histological Placental Examination (NCHS))) OR (Labor and Delivery Summary Labor and Delivery Procedures and Interventions Procedure ID CONTAINS ValueSet (Histological Placental Examination (NCHS))) THEN THEN "HISTOP" SHALL = "Y" ELSE "N". | Labor and Delivery Summary Newborn Delivery Information 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 Procedure Entry Procedure ID 1.3.6.1.4.1.19376.1.5.3.1.4.19 ClinicalDocument/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4]]/subject/relatedSubject/code[@code='NCHILD' AND id=idOfTheChild]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | Histological Placental Examination (NCHS) 2.16.840.1.114222.4.11.7138 |
| | | | | | | Labor and Delivery Summary Labor and Delivery | Histological Placental Examination (NCHS) |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | | 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3<br>Procedures and Interventions<br>Procedure ID<br>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3]]/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11]]/entry/procedure/code | 2.16.840.1.114222.4.11.7138 |
| TOXO | N | Y | Infections present and treated during this pregnancy: Toxoplasmosis | Toxoplasmosis: A diagnosis of or positive test for Toxoplasma gondii. | IF (Labor and Delivery Summary Active Problems Problem Code CONTAINS ValueSet (Toxoplasmosis (NCHS))) OR (Labor and Delivery Summary<br>Coded History of Infection Problem Concern Observation CONTAINS ValueSet (Toxoplasmosis (NCHS))) | Labor and Delivery Summary<br>Active Problems<br>Problem Code<br>1.3.6.1.4.1.19376.1.5.3.1.3.6<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | Toxoplasmosis (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.169 |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source | Value sets |
|---|---|---|---|---|---|---|---|
| | | | | | THEN THEN “TOXO” SHALL = “Y” ELSE “N”. | Labor and Delivery Summary<br>Coded History of Infection Section<br>1.3.6.1.4.1.19376.1.5.3.1.1.16.2.1.1.1<br>Problem Concern<br>1.3.6.1.4.1.19376.1.5.3.1.4.5.2<br>Observation<br>ClinicalDocument/recordTarget/component/structuredBody/component/section[templateId[@root=1.3.6.1.4.1.19376.1.5.3.1.3.6]]/entry/act/entryRelationship/observation/code | Toxoplasmosis (NCHS) 1.3.6.1.4.1.19376.1.7.3.1.1.13.8.169 |

The EHR mapping associated with the attributes described in Table 5.X.2-1 are provided by this specification. Until such time as permissible by the jurisdiction, the attributes included in Table 5.X.2-2 SHALL require manual entry to assure the accuracy of the certificate data.

**Table 5.X.2-2: Attributes Requiring Direct Data Entry**

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source |
|---|---|---|---|---|---|---|

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source |
|---|---|---|---|---|---|---|
| AUTOPF | N | Y | Were autopsy or histological placental examination results used in determining the cause of fetal death? | Information on whether the findings of the autopsy or histological placental examination were used in completing the medical portion of the fetal death report. | Data Entry Required | Data Entry Required |
| | N | Y | Initiating Cause/Condition: Maternal Condition/Diseases (Specify) | The initiating cause/condition (18a) is for reporting a single condition that most likely began the sequence of events resulting in the death of the fetus. | Data Entry Required | Not Available from EHR |
| COD18a1 | N | Y | Rupture of membranes prior to onset of labor | Yes/No Response | Data Entry Required | Not Available from EHR |
| COD18a2 | N | Y | Abruptio placenta | Yes/No Response | Data Entry Required | Not Available from EHR |
| COD18a3 | N | Y | Placental insufficiency | Yes/No Response | Data Entry Required | Not Available from EHR |
| COD18a4 | N | Y | Prolapsed cord | Yes/No Response | Data Entry Required | Not Available from EHR |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source |
|---|---|---|---|---|---|---|
| COD18a5 | N | Y | Chorioamnionitis | Yes/No Response | Data Entry Required | Not Available from EHR |
| COD18a6 | N | Y | Other complications of placenta, cord or membranes | Yes/No Response | Data Entry Required | Not Available from EHR |
| COD18a7 | N | Y | Unknown | Yes/No Response | Data Entry Required | Not Available from EHR |
| COD18a8 | N | Y | Maternal conditions/diseases | Literal responses | Data Entry Required | Not Available from EHR |
| COD18a9 | N | Y | Other complications of placenta, cord, or membranes listed | Literal responses | Data Entry Required | Not Available from EHR |
| COD18a10 | N | Y | Other obstetrical or pregnancy complications | Literal responses | Data Entry Required | Not Available from EHR |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source |
|---|---|---|---|---|---|---|
| COD18a11 | N | Y | Fetal anomaly | Literal responses | Data Entry Required | Not Available from EHR |
| COD18a12 | N | Y | Fetal injury | Literal responses | Data Entry Required | Not Available from EHR |
| COD18a13 | N | Y | Fetal infection | Literal responses | Data Entry Required | Not Available from EHR |
| COD18a14 | N | Y | Other fetal conditions/disorders | Literal responses | Data Entry Required | Not Available from EHR |
| | N | Y | Other Significant Causes or Conditions: Maternal Condition/Diseases (Specify) | Contributing cause | Data Entry required | Not Available from EHR |
| COD18b1 | N | Y | Rupture of membranes prior to onset of labor | Yes/No Response | Data Entry required | Not Available from EHR |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source |
|---|---|---|---|---|---|---|
| COD18b2 | N | Y | Abruptio placenta | Yes/No Response | Data Entry required | Not Available from EHR |
| COD18b3 | N | Y | Placental insufficiency | Yes/No Response | Data Entry required | Not Available from EHR |
| COD18b4 | N | Y | Prolapsed cord | Yes/No Response | Data Entry required | Not Available from EHR |
| COD18b5 | N | Y | Chorioamnionitis | Yes/No Response | Data Entry required | Not Available from EHR |
| COD18b6 | N | Y | Othercomplication of placenta, cord, or membranes | Yes/No Response | Data Entry required | Not Available from EHR |
| COD18b7 | N | Y | Unknown | Yes/No Response | Data Entry required | Not Available from EHR |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source |
|---|---|---|---|---|---|---|
| COD18b8 | N | Y | Maternal conditions/diseases | Literal responses | Data Entry required | Not Available from EHR |
| COD18b9 | N | Y | Other complications of placenta, cord, or membranes | Literal responses | Data Entry required | Not Available from EHR |
| COD18b10 | N | Y | Other obstetrical or pregnancy complications | Literal responses | Data Entry required | Not Available from EHR |
| COD18b11 | N | Y | Fetal anomaly | Literal responses | Data Entry required | Not Available from EHR |
| COD18b12 | N | Y | Fetal injury | Literal responses | Data Entry required | Not Available from EHR |
| COD18b13 | N | Y | Fetal infection | Literal responses | Data Entry required | Not Available from EHR |

| US Attribute code | Used in Birth | Used in Fetal Death | Form Data Element | Definition | Derivation Rule | LDS Source |
|---|---|---|---|---|---|---|
| COD18b14 | N | Y | Other fetal conditions/disorders | Literal responses | Data Entry required | Not Available from EHR |