



BCI INSTRUCTION MANUAL

Completing the facility worksheet for 22 key variables for the Florida birth certificate



PARTNERING TO IMPROVE HEALTH CARE
QUALITY FOR MOTHERS AND BABIES



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KEY VARIABLES

| SECTION | ITEM | SUBITEM | SOURCES |
|--------------------------------|---------------------------------------|---|---|
| Child | Birth Weight | | 1 st Delivery Record |
| Pregnancy History | Number of Prenatal Visits | | 1 st Prenatal Record |
| | Prepregnancy weight | | 1 st Prenatal record 2 nd Physician/nurse admission note |
| | Weight at delivery | | 1 st L&D nursing admission triage form 2 nd Admission H&P |
| Medical and Health Information | Risk Factors in this Pregnancy | Prepregnancy diabetes | 1 st Prenatal care record 2 nd L&D nursing admission triage form 3 rd Admission H&P 4 th Delivery record |
| | | Gestational diabetes | |
| | | Prepregnancy or chronic hypertension | |
| | | Gestational hypertension | |
| | | Hypertension-eclampsia | |
| | Characteristics of Labor and Delivery | Previous preterm birth | 1 st Prenatal care record 2 nd L&D nursing admission triage form |
| | | Induction of labor | 1 st Delivery record 2 nd Physician progress note; 3 rd L&D nursing admission triage form |
| | | | Augmentation of labor |
| | | Antenatal corticosteroids | 1 st Delivery record 2 nd Maternal medication record 3 rd Newborn admission H&P 4 th Maternal physician order sheet 5 th Prenatal care records |
| | | | Antibiotics received by the mother during labor |
| | Fetal intolerance of labor | 1 st Delivery Record 2 nd Newborn Admission H&P 3 rd Physician Progress Note 4 th Physician Order Sheet or nursing notes | |
| | | | |
| Maternal morbidity | Maternal transfusion | 1 st Delivery record 2 nd Physician delivery notes or operative note 3 rd Intake & output form | |
| Newborn | Obstetric Estimate of Gestation | | 1 st OB admission H&P |
| | Breastfeeding at discharge | | 1 st L&D summary record 2 nd Maternal progress note 3 rd Newborn flow record 4 th Lactation consult |
| | Abnormal Conditions of the Newborn | Assisted ventilation required immediately following delivery | 1 st Labor delivery summary |
| | | Assisted ventilation required for ≥ 30 minutes | 1 st Newborn respiratory care flow sheet |
| | | Assisted ventilation required for ≥ 6 hours | |
| | NICU admission | 1 st Labor delivery summary | |

| DEFINITION | ITEM # | TIPS FOR ENTRY | KEYWORDS AND ABBREVIATIONS | NSCHS RECOMMENDED SOURCE |
|--|-------------|---|---|--|
| 1. Birth weight | | | | |
| The weight of the infant at birth. | Item # 4 | Enter the weight of the infant in grams. If weight in grams is not available, enter the birth weight in pounds and ounces. Please do not convert. This is the infant's weight at delivery, NOT at discharge. | BW–Birthweight Gms–Grams g-grams kg-Kilograms Lbs-Pounds oz-Ounces | 1 st Delivery record <i>under</i> : - Infant data |
| 2. Total number of prenatal visits | | | | |
| The total number of visits recorded in the most current medical record available. A prenatal visit is one in which the health care professional examines or counsels the pregnant woman for her pregnancy. | Item #36d | Do not estimate additional visits when the prenatal record is not current. Do not include visits for classes, laboratory or other testing in which a health care professional did not individually examine or counsel the pregnant woman. If the prenatal care record is not in the mother's file or if it does not contain the complete number of prenatal visits, the prenatal care provider should be contacted to obtain the most current record and/or information. If after attempting to contact the provider, the prenatal record is still unobtainable or if the information is not available, the mother should be consulted. However, the mother should NOT be the primary source of information. | PNC–Prenatal care | 1 st Prenatal care record <i>under</i> : - 'Prenatal visit flow sheet' (count visits) |

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| 3. Prepregnancy weight | | | | |
| The mother's weight before current pregnancy started. | Item #39a | <p>Use pounds in whole numbers only. Do not enter fractions or decimals. If weight is 125 lbs. 4 ½ oz, enter 125 lbs. only. If weight is 155.75 lbs. enter 155 lbs. only.</p> <p>If the prenatal care record is not in the mother's file, the prenatal care provider should be contacted to retrieve the prenatal record. Only if the prenatal care record is unobtainable or the information is unavailable, the physician/nurse admission note should be consulted. If these notes are not available, then the mother should be consulted. If she received no prenatal care, the same process of reviewing the admission notes before asking the mother should be used. The mother should NOT be the primary source of information.</p> | Wgt–Weight | <p>1st Prenatal record 2nd Physician/nurse admission note</p> |
| 4. Weight at delivery | | | | |
| The mother's weight at the time of delivery | Item #39b | <p>Use pounds in whole numbers only. Do not enter fractions or decimals. If weight is 125 lbs. 4 ½ oz, enter 125 lbs. only. If weight is 155.75 lbs. enter 155 lbs. only.</p> | Wgt–Weight | <p>1st Labor and delivery nursing admission triage form <i>under:</i> - Physical assessment 2nd Admission history and physical (H&P) <i>under:</i> - Physical examination</p> |

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| 5. Pregnancy risk factors: prepregnancy diabetes | | | | |
| Glucose intolerance diagnosed BEFORE this pregnancy. | Item #43 | If diabetes is present prior to becoming pregnant, check pre-pregnancy diabetes, NOT gestational. Do not check both. | Prepregnancy: DM–Diabetes mellitus Type 1 diabetes IDDM–Insulin dependent diabetes mellitus Type 2 diabetes Non-insulin dependent diabetes mellitus Class B DM Class C DM Class D DM Class F DM Class R DM Class H DM | 1 st Prenatal care record <i>under</i> : - Medical history - Previous OB history <i>under</i> : * summary of previous Pregnancies - Problem list or–initial risk Assessment - Historical risk summary - Complications of previous pregnancies - Factors this pregnancy 2 nd Labor and delivery nursing admission triage form <i>under</i> : - Medical complications - Comments 3 rd Admission history and physical (H&P) <i>under</i> : - Current pregnancy history - Medical history - Previous OB history <i>under</i> : pregnancy related - Problem list or findings 4 th Delivery record <i>under</i> : - Maternal OB or labor summary - Labor and delivery admission history - Labor summary record |

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| 6. Pregnancy risk factors: gestational diabetes | | | | <p>1st Prenatal care record <i>under</i>:</p> <ul style="list-style-type: none"> - Medical history - Previous OB history <i>under</i>: * summary of previous Pregnancies - Problem list or–initial risk Assessment - Historical risk summary - Complications of previous pregnancies - Factors this pregnancy <p>2nd Labor and delivery nursing admission triage form <i>under</i>:</p> <ul style="list-style-type: none"> - Medical complications - Comments <p>3rd Admission history and physical (H&P) <i>under</i>:</p> <ul style="list-style-type: none"> - Current pregnancy history - Medical history - Previous OB history <i>under</i>: pregnancy related - Problem list or findings <p>4th Delivery record <i>under</i>:</p> <ul style="list-style-type: none"> - Maternal OB or labor summary - Labor and delivery admission history - Labor summary record |
| Glucose intolerance that was diagnosed DURING this pregnancy. | Item #43 | If diabetes is present only during this pregnancy, check gestational diabetes NOT pre-pregnancy. Do not check both. | Gestational: GDM–Gestational diabetes mellitus IDGDM–Insulin dependent gestational diabetes mellitus Pregnancy-Induced Diabetes Class A1 or A2 diabetes mellitus | |
| 7. Pregnancy risk factors: pre-pregnancy or chronic hypertension | | | | |
| Elevation of blood pressure above normal for age and physiological condition diagnosed PRIOR to the onset of this pregnancy. | Item #43 | If hypertension was present prior to this pregnancy, check pre-pregnancy NOT gestational hypertension. Do not check both. | Prepregnancy: - CHT–Chronic hypertension - Benign essential hypertension - Essential hypertension - Preexisting hypertension | |
| 8. Pregnancy risk factors: gestational hypertension | | | | |
| Elevation of blood pressure above normal for age and physiological condition diagnosed DURING this pregnancy. | Item #43 | If hypertension is present only during this pregnancy, check gestational NOT pre-pregnancy or chronic hypertension. Do not check both. | Gestational: Preeclampsia PIH–Pregnancy-induced hypertension HELLP Syndrome | |
| 9. Pregnancy risk factors: hypertension-eclampsia | | | | |
| Hypertension and generalized seizure or coma. | Item #43 | Eclampsia can be checked with either pre-pregnancy or gestational hypertension. | Eclamptic seizure | |

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| 10. Pregnancy risk factors: previous preterm birth | | | | |
| A history of pregnancies resulting in a <u>live</u> infant born prior to 37 completed weeks (include live births born up to and including 36 weeks 6 days) | Item #43 | <p>If the mom has older children, were any of them born early? Do not include miscarriages, stillbirths or fetal deaths that occurred before 37 weeks; that is a different variable.</p> <p>If the prenatal care record is not in the mother's file, the prenatal care provider should be contacted to retrieve prenatal record. Only if the prenatal care record is unobtainable or the information is unavailable from admission notes, then the mother should be consulted. If she received no prenatal care, the same process of reviewing the admission notes before asking the mother should be used. The mother should NOT be the primary source of information.</p> | PTL–Preterm labor P–Premature | <p>1st Prenatal care record <i>under</i>:</p> <ul style="list-style-type: none"> - Medical history - Previous OB history <i>under</i>: summary of previous pregnancies - Problem list <i>or</i>–initial risk assessment - Historical risk summary - Complications of previous pregnancies <p>2nd Labor and delivery nursing admission triage form <i>under</i>:</p> <ul style="list-style-type: none"> - Medical complications - Comments |
| 11. Characteristics of labor and delivery: induction of labor | | | | |
| Initiation of uterine contractions by medical or surgical means for the purpose of delivery before labor has begun | Item #47 | <p>Please note: Some of the same techniques and medications that are used to induce labor are also the same as those used to augment labor. Examples are Pitocin (oxytocin) and artificial rupture of membranes (AROM). Check whether labor has begun before deciding which category is correct. If this information is unclear or unavailable, check with the birth attendant.</p> <p>Induction of labor should be checked even if the attempt to initiate labor is not successful or the induction follows a spontaneous rupture of the membrane without contractions.</p> | IOL–Induction of labor Pit Ind–Pitocin induction ROM/NIL–Amniotomy induction or induction for rupture of membranes, not in labor AROM–Artificial rupture of membranes done before labor Balloons Oxytocin Prostaglandin Laminaria; Cervidil | <p>1st Delivery record <i>under</i>:</p> <ul style="list-style-type: none"> - Maternal OB/labor summary - Labor and delivery admission history - Labor summary record <p>2nd Physician progress note</p> <p>3rd Labor and delivery nursing admission triage form</p> |

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| 12. Characteristics of labor and delivery: augmentation of labor | | | | |
| Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time of delivery. Stimulation is done AFTER labor has begun. | Item #47 | Remember: Some of the same medications and treatments that are used to induce labor are also the same as those used to augment labor. Examples are Pitocin (oxytocin) and artificial rupture of membranes (AROM). Be certain to check whether labor has begun before deciding which category is correct. | Pit stim–Pitocin stimulation Pit aug–Pit augmentation AROM–Artificial rupture of membranes done during labor Cervidil | 1 st Delivery record <i>under</i> : - Maternal OB/labor summary - Labor and delivery admission history - Labor summary record 2 nd Physician progress note |
| 13. Characteristics of labor and delivery: antenatal corticosteroids | | | | |
| Steroids received by the mother prior to delivery to accelerate fetal lung maturation. Typically administered in anticipation of preterm (less than 37 completed weeks of gestation) delivery | Item #47 | This medication also could have been given at MD office or at another hospital prior to arrival at your facility. Three conditions must be met for this item. Check this item when 1) steroid medication was given to the mother 2) prior to delivery 3) for fetal lung maturation. Does not include steroid medication given to the mother for anti-inflammatory treatment before or after delivery | Betamethasone Betamethasone phosphate Beta-PO4 Betamethasone acetate Beta-Ac Dexamethasone Glucocorticoids Steroids ACS ANCS ACT ANS | 1 st Delivery record under: - Maternal OB/labor summary comments - Labor summary record–comments 2 nd Maternal medication record 3 rd Newborn admission H&P 4 th Maternal physician order sheet 5 th Prenatal care records Other potential sources: - Physician and nursing maternal admission history - Transfer notes from referring hospital - Prior hospitalization discharge summary notes - ACT Passport |

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| 14. Characteristics of labor and delivery: 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 | Item #47 | Check the timing of the administration of the antibacterial medications. Check this item only if medications were received systemically by the mother during labor. If information on onset of labor cannot be determined from the records, check with the birth attendant. Do not check the box if the mother did not go into labor, such as during a scheduled cesarean section. | SBE (sub-acute bacterial endocarditis) prophylaxis GBS positive or GBS + (Group B streptococcus) Maternal fever Mother febrile | 1 st Delivery record under: - Maternal OB/labor summary comments - Labor summary record–comments 2 nd Maternal medication record 3 rd Newborn admission H&P 4 th Maternal physician order sheet 5 th Prenatal care records |
| 15. Characteristics of labor and delivery: fetal intolerance of labor | | | | |
| Fetal intolerance of labor refers to an abnormal or concerning fetal heart rate during labor that does not respond to procedures to improve the fetal heart rate and therefore requires an operative vaginal delivery (forceps or vacuum assisted vaginal delivery) or cesarean delivery in order to shorten time to delivery. | Item #47 | Fetal intolerance of labor may also be called: non-reassuring fetal heart rate tracing non-reassuring fetal status prolonged category 2 category 3 fetal heart rate tracing persistent decelerations fetal bradycardia fetal distress | Prolonged Category II Category III tracing Non-reassuring fetal heart rate Persistent decelerations Fetal bradycardia Fetal distress Fetal distress affecting management of mother Amnioinfusion Nitroglycerine Terbutaline Low forceps delivery Vacuum extraction C/S ~ Cesarean delivery | 1 st Delivery Record <i>under</i> : - Maternal OB/labor summary - Labor summary record 2 nd Newborn Admission H&P 3 rd Physician Progress Note 4 th Physician Order Sheet or Nursing notes |

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| 16. Maternal transfusion | | | | |
| Includes any type of blood products given to the mother | Item #49 | To find out if a blood transfusion was given, look for the following words in the patient's record: -transfused. -blood transfusion. -packed red blood cells (PRBC). -whole blood. -red cells. -white cells. -platelets. - clotting factors (FFP, Cryo). – | Transfused Blood transfusion <i>Look for:</i> PRBC–Packed red blood cells Whole blood | 1 st Delivery record <i>under:</i> - Labor summary - Delivery summary 2 nd Physician delivery notes or Operative note 3 rd Intake & output form |
| 17. Obstetric estimate of gestation | | | | |
| The best estimate of the infant's gestation in completed weeks based on the prenatal care provider's estimate of gestation. Ultrasound completed in 1st trimester is preferred. This estimate of gestation should be determined by all perinatal factors and assessments but NOT the neonatal exam. | Item #50 | When entering this number, NEVER round up or down. Enter number of completed weeks. If the infant is 36 weeks and 6 days, you should only report 36 weeks. | Gestation _____ weeks (wks) _____ weeks gestational age GA-Gestational age EGA-Estimated gestational age | 1 st OB admission H&P <i>under:</i> - Weeks - Gestational age |
| 18. Breastfeeding at discharge | | | | |
| Information on whether the infant was given human milk or colostrum during the period between birth and discharge from the hospital. It includes breastfeeding, pumping and any attempt to breastfeed. | Item #52 | The infant DOES NOT need to be exclusively breastfed. It is NOT simply the mother's intent to breast-feed. | Pumping Lactation consultation LATCH score (Latch on, Audible swallow, Type of nipple, Comfort, and Help) Breast pump Breast milk MM–Mother's milk FBM–Fresh breast milk | 1 st Labor and delivery summary record <i>under:</i> - Infant data 2 nd Maternal progress note 3 rd Newborn flow record <i>under:</i> - Feeding 4 th Lactation consult |

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| 19. Abnormal conditions of the newborn: Assisted ventilation after delivery | | | | |
| <p>Infant given manual breaths for any duration with bag and mask or bag and endotracheal tube within the first several minutes from birth. Excludes free-flow (blow-by) oxygen only, laryngoscopy for aspiration of meconium, nasal cannula, and bulb suction.</p> | Item #54 | <ul style="list-style-type: none"> • Help with breathing DOES NOT include blow by or free flow oxygen or laryngoscopy for aspiration of meconium. • This DOES NOT include nasal cannula. | <p>Bag and mask ventilation Intubation and PPV (positive pressure ventilation) PPV bag/mask IPPV Bag or ET (intermittent positive pressure ventilation via bag or endotracheal intubation) Neopuff O2 via ET</p> | <p>1st Labor delivery summary <i>under</i>: - Infant Data or Breathing</p> |
| 20. Abnormal conditions of the newborn: Assisted ventilation required for ≥ 30 minutes | | | | |
| <p>Infant given mechanical ventilation (breathing assistance) by any method for 30 minutes or more. Includes conventional, high frequency, or continuous positive pressure (CPAP).</p> | Item #54 | <ul style="list-style-type: none"> • Count the number of minutes /hours of mechanical ventilation given • Help with breathing DOES NOT include blow by or free flow oxygen or laryngoscopy for aspiration of meconium. • This DOES NOT include nasal cannula. | <p>CPAP–Continuous positive airway pressure IPPV HFV–High frequency ventilation IMV–Intermittent mandatory volume ventilation HFOV–High frequency oscillatory ventilation IPPV PIP–Peak inspiratory pressure PEEP–Positive end expiratory pressure CMV–Continuous mandatory ventilation</p> | <p>1st Newborn respiratory care flow sheet</p> |

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| 21. Abnormal conditions of the newborn: Assisted ventilation required for ≥ 6 hours | | | | |
| <p>Infant given mechanical ventilation (breathing assistance) by any method for more than six hours. Includes conventional, high frequency, or continuous positive pressure (CPAP)</p> | <p>Item #54</p> | <ul style="list-style-type: none"> • Count the number of hours of mechanical ventilation given • Help with breathing DOES NOT include blow by or free flow oxygen or laryngoscopy for aspiration of meconium. • This DOES NOT include nasal cannula. | <p>CPAP IPPV HFV IMV HFOV IPPV–Intermittent positive pressure ventilation PIP–Peak inspiratory pressure PEEP–Positive end expiratory pressure CMV–Continuous mandatory ventilation HFPPV–High frequency positive pressure ventilation HFFI–High frequency flow interruption ventilation HFJV–High frequency jet ventilation Inhaled nitric oxide</p> | <p>1st Newborn respiratory care flow sheet</p> |
| 22. Abnormal conditions of the newborn: NICU admission | | | | |
| <p>Admission to a facility or unit with staffing and equipment to provide continuous mechanical ventilator support for a newborn.</p> | <p>Item #54</p> | <p>Do not include units that do not provide continuous mechanical ventilation. Do not include if the newborn was taken to the NICU for observation but is not admitted to the NICU</p> | <p>ICN–Intensive care nursery SCN–Special care nursery NICU–Neonatal intensive care unit PICU–Pediatric intensive care unit</p> | <p>1st Labor and delivery summary record <i>under</i>:</p> <ul style="list-style-type: none"> - Disposition <i>under</i>: <ul style="list-style-type: none"> • Intensive care nursery (ICN) • Special care nursery (SCN) |