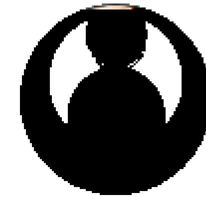
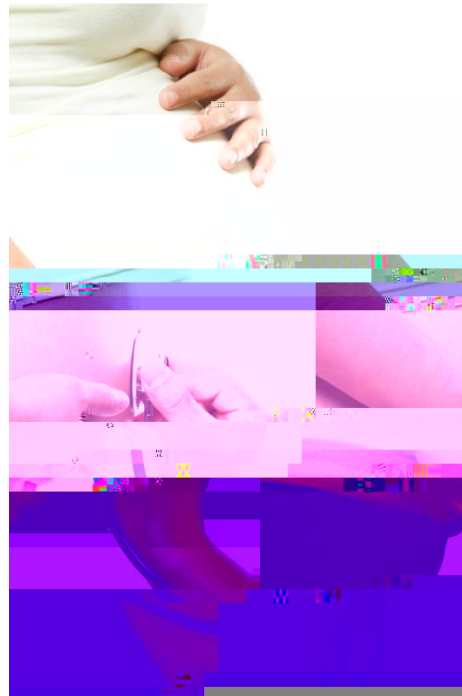
Module Presentation

How to best use the Modules

To make the best use of this training we encourage you to complete each Module in order following the format below:

1. Read Module Presentation . Added explanations can be found in the HELPER Guidelines and in the extra information section if there is one.
2. Complete the Extraction/Scenario training exercises
   The extraction exercises use de-identified and altered patient medical records. The information is then entered into the provided section from the Birth Certificate Workbook.
   The Scenarios are situations you may encounter as you collect
   LQIRUPDWLRQ IURP \RXU SDWLHQWV LHQ 0•UR p8H





Select all that apply

Prepregnancy Hypertension

Gestational Hypertension

Prepregnancy Diabetes

Infections Present and/or Treated During Pregnancy

Other Risk Factors

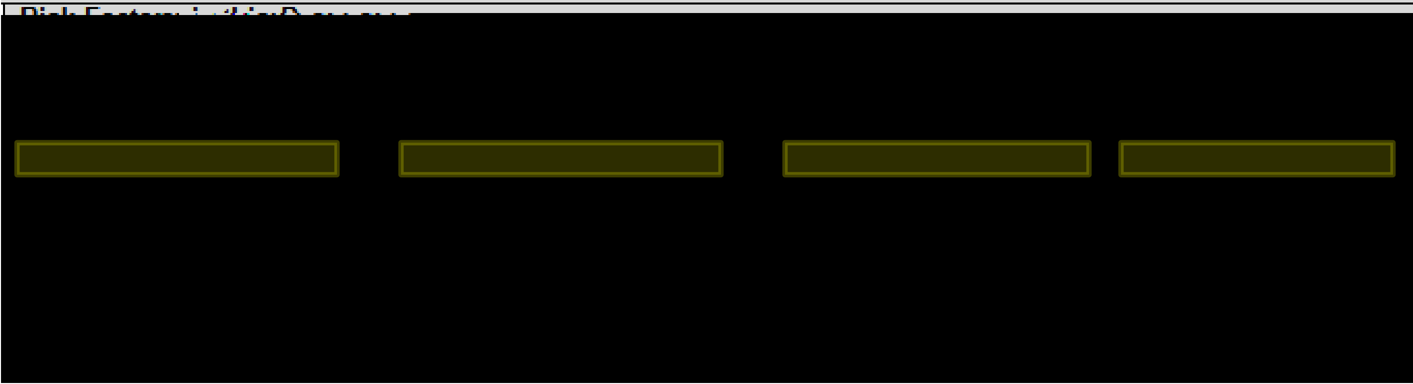
Cigarettes | Packs | OR | Cigarettes | Packs | OR | Cigarettes

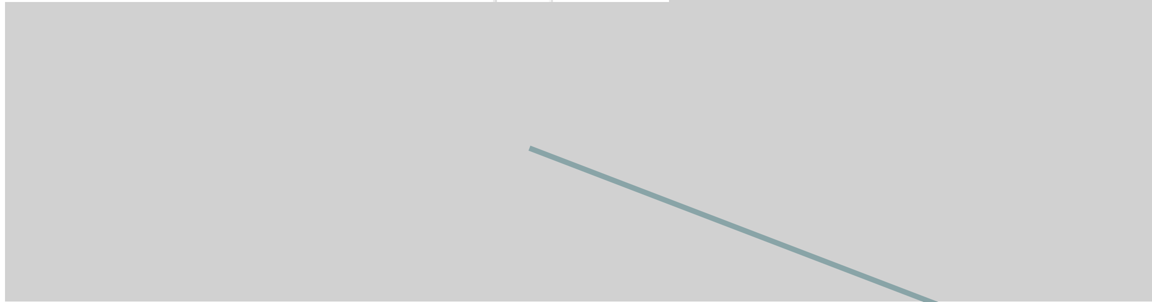
Yes | No

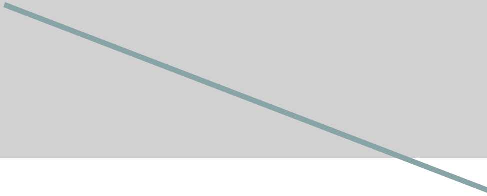
Packs | OR | Cigarettes | Packs

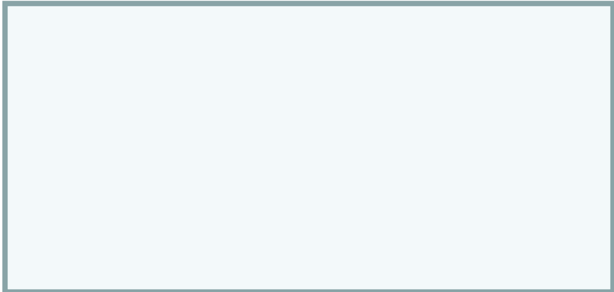
RISK FACTORS IN THIS PREGNANCY

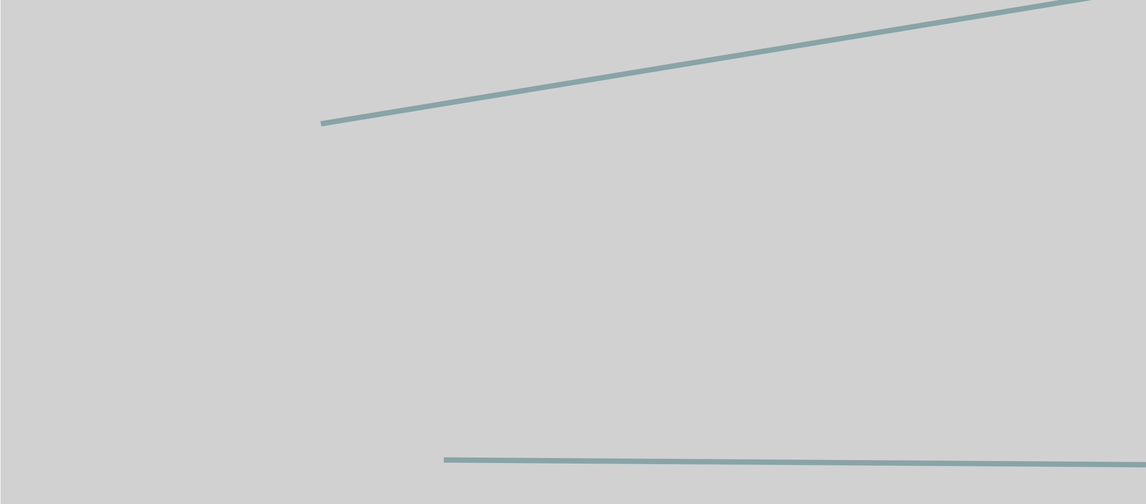
- None of the above. Select this item if none of the items above are selected, even if other

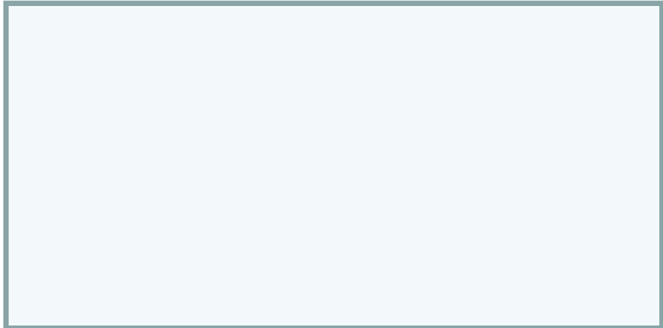


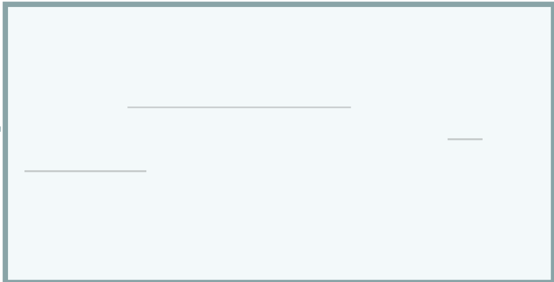




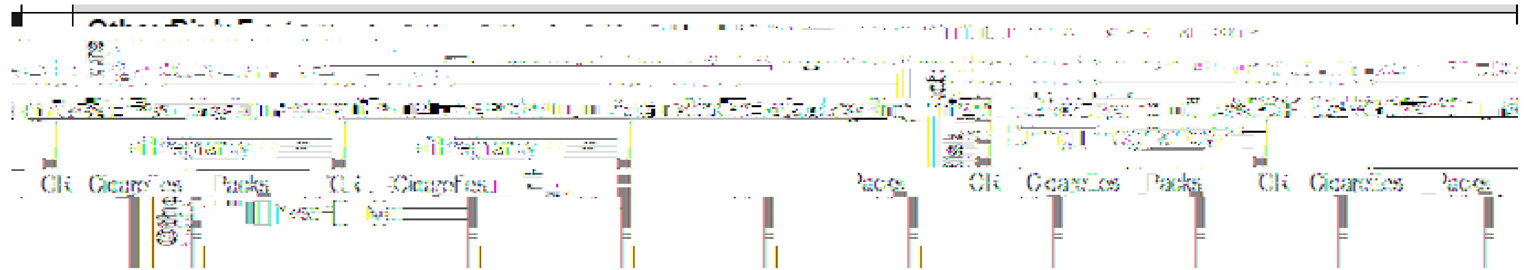








Other Risk Factors: Smoking



records.

If woman was 35 or over, was fetal genetic testing offered?

IF WOMAN WAS 35 OR OLDER, WAS FETAL GENETIC TESTING OFFERED?

Module 6 ² Prenatal Care

Extraction Exercise #1

Below are abridged chart notes and an abridged example of a patient summary created for Birth Certificate Registrars.
Fill in the appropriate answers on the Birth Certificate Work Book excerpts (last page).

Abridged Prenatal Chart note #1 ±Clinic ±Nurse Practitioner

Date of Service: 6/30/2014 10:00 AM

HPI:
Patient is a 40 yo year old G9P6 female at 8w1d gestation by 1st trimester USN (dates adjusted from LMP) with a single intra uterine pregnancy. Today she is doing well. She has noted some vaginal odor without discharge, itching, or irritation and wonders if she has BV. Denies any complaints of vaginal bleeding or pelvic pain. She has had mild headaches with pregnancy, yesterday this was bad enough that she took Tylenol and this resolved. She has had some mild nausea without emesis. She is completing a partial day mental health program today and then has an intake for ongoing therapy through the mental health clinic on 7/7/2014. She feels her mood is stable. She denies any problems with previous pregnancies.

OB/GYN History

-Typical menses: regular every 28-30 days, bleeding flow is moderate, lasting 5-6 days with cramps that are Mild.
-History of abnormal pap smear: Yes- remotely.
-Last pap smear: Date: 10/12/2010. Results: no abnormalities/negative HPV.
-The patient is sexually active. She has sex with males and is not in a mutually monogamous relationship.
-STD History: HSV2 on serology only, no prior hx of genital outbreaks.

PAST MEDICAL HISTORY:

Diagnosis	Date
‡ Abnormal Pap smear	
‡ Anxiety	
‡ Closed dislocation of patella, left, subsequent encounter	2/11/2015
‡ Depression	
‡ Dizziness of unknown cause	2/10/2015

MEDICATIONS:

Current Outpatient Prescriptions

Medication
‡ Prenatal Vit-Fe Fumarate-FA (SE-NATAL 19) 29-1 MG CHEW
‡ zolpidem (AMBIEN) 10 MG tablet
‡ docusate sodium (COLACE) 100 MG capsule

ALLERGIES:

Allergen	Reactions
‡ Adhesive Tape Leaves discoloration on skin	Itching
‡ Codeine	
‡ Penicillin	
‡ Shellfish Allergy	Hives and Rash

SOCIAL HISTORY:

Lives with her mother, grandfather and 4 children. Currently on leave from work as mental health therapy aide at RPC. She is estranged from husband. FOB is involved and supportive. She denies feeling verbally or physically threatened at home and work.

Personal Hx/Pren atal Risks:
AMA.
Obesity.
Depression and anxiety.
HSV2 positive serology.

Social History

Substance Use Topics	
‡ Smoking status:	Never Smoker
‡ Smokeless tobacco:	Never Used
‡ Alcohol use	No

__________, RN 6/30/2014 9:44 AM Signed MRN: _______

Patient is a 40 y.o. G9P6. She is now 8w1d weeks, and requesting prenatal care. Estimated Date of Delivery: 2/8/15
Pt states this is an unplanned but accepting of pregnancy.
FOB is a friend and will be supportive, but they are not in a relationship.
PCP started pt. on Disability from her job on 05/15/2014.
Pt has been attending a Day Program through SMH for anger management issues. Today is the last day.
Pt has future apt. without-pt BH.
Pt states she also suffers from anxiety and depression.
+HU \R GDXJKWHU ODVW VFKRRO \HDU ZDV ³UDSHG E\ D WHDFKHU 'DX
Her daughter was living with her Father at the time. Since has moved back with her Mom.
Court date is pending for September.
Discussed Genetic Counseling with pt. due to AMA, She will further discuss this at today's NOB.

Patient has a stable home environment. Lives with her Mother and four of her children. Father of the baby is involved with the pregnancy.

- Do you have any history of domestic violence in the past year? No
- Do you feel unsafe with your partner? No
- Do you have any issues with transportation, food, housing, financial assistance, childcare, clothing, baby supplies? No
- Do you feel you need to see social work? No
- Do you have any history with post-partum depression? No

Prior CPS involvement with patient or FOBs other children? Yes, now closed

If yes, referral to SW indicated.
Social work referral was not made.

Transportation:
How will you get to your appointments? Pt will drive
Educated on Medicaid bus pass? N/A
Provided phone number for Medicaid bus pass request? N/A

Abridged Prenatal Chart note #3 Clinic ±Attending

_______________, MD 8/1/2014 10:43 PM Attested, Last edited by: _____________, MD (8/2/2014 9:40 AM)
GA 12w5d

41 y.o. yo G15P6026 @ 12w5d wks ega with a pregnancy complicated by AMA, obesity depression, anxiety, h/o hypertension, polycythemia, elevated LFTs,ASUCS pap in pregnancy, and HSV2, presents today for a routine OBC. Patient was notified today that her cell free DNA was normal. Patient is excited to learn that the baby is a girl. She complains of vaginal discharge and itching and states that she thinks that she has a yeast infection.

Laboratory Results:
GENETICS
CFTR Allele 1 Negative
CFTR Allele 2 Negative
Interp.CF32M No Mutation

Abridged Chart note #4 ±Attending

11/11/2014 11:03 AM

Location of NST Fetal Heart Tracing: Archived electronically in CPN
Interpreting Provider Recommendations: Suggest repeat NST in 5-7 days (weekly) or as indicated by clinical condition.
Comments: Induction planned for 39 weeks on Feb 1.
Next Test Date : 2/1/2015
Test performed By: RN 1/30/2015 8:38 AM

Abridged Admitting Chart note #6 - Attending

OBSTETRICS ADMISSION HISTORY & PHYSICAL

Reason for Admission (Chief Complaint): IOL for CHTN

HPI

41 yo G9P6026 at 39w2d admitted for IOL for CHTN. Patient has not been on meds this pregnancy and had normal HELLP labs with the exception of elevated AST. Other risks include Obesity, HSV2 seropositive only, GBS positive, Hx depression and anxiety (would like to start meds after delivery sees counselor), GBS pos. with PCN allergy/hives, AMA. Cervix 3/20/-2. Will plan to start Pitocin and AROM ASAP. Pt desires PP BTL. Has had prior cholecystectomy. Reviewed with patient that she is not ideal candidate given obesity and prior umbilical incision. We will re-assess fundus after delivery. Pt aware that interval tubal may be more appropriate. Neg SSE. EFW 3400 by ultrasound, 3500gms to my exam. Anticipate NSVD. Will have PPH kit in room as patient is grand multip.

		*Pain Loc: left side area *Pain Descriptors: cramping								
6/30/14	8w1d	80	110/80	122 kg (269 lb)	1.676 m (5' 6")	Zero				
8/1/14	12w5d	85	129/70	121.6 kg (268 lb)	1.676 m (5' 6")	Zero				
8/30/14	16w6d	86	135/74	119.9 kg (264 lb 4.8 oz)	1.676 m (5' 5.98")	Zero		152	Present	
9/28/14	21w0d	93	135/75	118.4 kg (261 lb)	1.676 m (5' 5.98")	Zero / /		150	Present	
11/11/14	27w2d	10	132/75	120.4 kg (265 lb 8 oz)		Zero		141	Present	Vertex
12/1/14	30w1d	96	134/71	122.2 kg (269 lb 8 oz)	1.676 m (5' 5.98")	Zero	33 cm	144	Present	Vertex
12/9/14	31w2d	84	110/74	122.5 kg (270 lb)	1.676 m (5' 5.98")	Zero				

1/30/15	38w5d	95	130/76	Zero
2/1/15	39w0d	Admission Dx: Pregnancy Dept: OB		

TWG: 0.454 kg (1 lb) Pregravid weight: 119.7 kg (264 lb)

Concurrent Nursing Documentation Maternal Information

ABO RH BLOOD TYPE

Date	Value	Ref Range	Status
02/01/2015	A RH POS		Final

HBV S AG

Date	Value	Ref Range	Status
07/13/2014	NEG		Final

Comment:
Test Method: CMIA

RUBELLA IGG AB

Date	Value	Ref Range	Status
07/13/2014	POSITIVE		Final

Comment:
TEST METHOD: Multiplex flow immunoassay

HIV 1&2 ANTIGEN/ANTIBODY

Date	Value	Ref Range	Status
07/13/2014	Nonreactive		Final

Module 6 – Prenatal Care

Extraction Exercise #1 Answers

Prenatal Care

Module 6 – Prenatal Care

Extraction Exercise # 2

HISTORY OF PRESENT ILLNESS

Patient is a 28 y.o G1P0 at 7w6d who presents today for her new OB visit. This is an unplanned and desired pregnancy.
Pt has a history significant for Cystic Fibrosis which was diagnosed at age 18 months. Pt is on permanent disability.
FOB has not been tested for CF, plan to have lab work today after meeting with genetics counselor.
Pt uses oxygen when at home. Pt s

{

Priority: Low

{ Facial Tic disorder 11/15/2012
Priority: Low

{ Chronic Pansinusitis 09/30/2011
Priority: Low

{ Seizure disorder 03/21/2011
Priority: Low

{ Mediport in place 07/15/2010
Priority: Low

{ Acne 11/02/2009
Priority: Low

patient. As such, vaginal progesterone, 90 mg daily, may be beneficial if the cervical length shortens to less than 2 cm. A follow up scan to assess cervical length is recommended in 2-3 weeks.
- Meeting with Genetics after this visit. Patient would like cfDNA testing
- Patient anxious about US results. Briefly discussed AFP. Will readdress at next visit
- s/p flu shot on 9/16/XX

Abridged Prenatal Chart Note 3: seen by __________, MD 11/2/XXXX 19w1d

HPI:

Patient is a 28 y.o G1P0 at 19w1d who presents today for routine OB check. She was just discharged from the hospital and has been on 2L NC since her admission. She checks her O2 Saturations and reports that they have been 94-95%, with occasionally lower levels with activity. If this happens she increases her oxygen requirements to compensate for this. She is currently taking Dilaudid 2 mg TID PRN pain which she was discharged from the hospital with but only has 15 pills in total. She and her partne have questions concerning withdrawal and use. She is also on prednisone and has questions about this

PLAN:

1. Patient with follow up with her CF doctor scheduled for next week
2. Patient has lost 7 lbs. this pregnancy so far. She admits that she has not been eating enough and therefore we talked about eating her nutritional supplements and smaller calorie dense meals. We discussed that the recommended weight gain in pregnancy is 25-35 lbs. tols tor nt 3(ion)-6(al)-4(n)-4(ce)5()-4(p)-4(ItWe d)4(n)-5(ctiv)625(h)-4(e)4(wa)-13(s)5dbecli(p)-7(rype/Pa

Toco: silent

Assessment & Plan

Patient is a 29 y.o. G1P0 at 33w0d with pregnancy complicated by risks outlined above admitted for inpatient managemen
of CF exacerbation.

Admit to OB, High Risk MD to follow

Date/Time	Height	Weight	PrePregnanc Weight	Pregnancy weight change (kg	BMI (Calculated

Module 6 ² Prenatal Care

Extraction Exercise # 2 Answers

Prenatal Care

Risk Factors in this Pregnancy
___None

MODULE SIX EVALUATION ANSWERS

1. ,I D PRWKHU¶V SUH-pregnancy weight is recorded in the prenatal record as 126 lbs and on the Labor & Delivery admission summary as 130 lbs. Which weight would be the correct weight to enter as the pre-pregnancy weight when entering birth certificate information?
   - ” Prepregnancy weight found in the prenatal record
   - o Prepregnancy weight found on the Labor & Delivery summary

   Answer: When possible, enter data in the prenatal care fields (e.g. pre-pregnancy weight) using information from the prenatal record. (Slide 2)

2. There is a difference in the timing of the onset of diabetes between gestational diabetes and pre-pregnancy diabetes.
   - ” True
   - o False

   Answer: Prepregnancy diabetes is diagnosed prior to the pregnancy while gestational diabetes develops during the pregnancy. (Slide 3)

3. ³2WKHU 6HULRXV &KURQLF ,OOQHVV´ VKRXOG EH FKHFNHG IRU D thyroid pill every day.
   - o True
   - ” False

   Answer: Unless there is non-routine or emergency treatment of the thyroid disease would not be entered in this field for thyroid disease. (Slide 4)

4. 7ZLQV DUH ERUQ DW ZHHNV JHVWDWLRQ ³3ULRU 7ZLQ $¶V ELUWK entered in the birth certificate information for Twin B.
   - o True
   - ” False

   $QVZHU ³3UHYLRXV SUHWHUP ELUWK´ prior pregnancy. These twins are born as a result of the same pregnancy. (Slide 4)

5. $ ³3UHODERU 5HIHUUDO IRU +LJK 5LVN &DUH´ ZRXOG EH HQWHU
   - o Ultrasound to determine expected date of delivery
   - ” &RQVXOWDWLRQ Maternal Fetal Medicine specialist
   - o Both

   Answer: Ultrasound done for the purpose of dating the pregnancy is considered routine and would not be HQWHUHG DV D ³3UHODERU 5HIHUUDO IRU +LJK 5LVN &DUH ´ $ 0DWHUQDO)HWDO 0HGLFLQH VSHFLDOLVW ZRXOG KDYH GDWD &DUH ´ 6OLGH

6. ,I D PRWKHU LV WHVWHG IRU UXEHOOD DQWLERGLHV GXULQJ S ³,QIHFWLRQV 3UHVHQW RU 7UHDWHG GXULQJ 3UHJQDQF\´ ILHO
   - o True
   - ” False

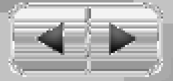
   $QVZHU 2QO\ HQWHU ³5XEHOOD´ LI PRWKHU LV VLFN ZLWK UXE German measles) during current pregnancy. Testing for rubella antibodies does NOT get entered. (Slide 6)

7. Mother is diagnoses with trichomonas during her pregnancy. Trichomonas would be entered as:
   - o

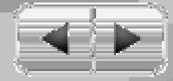
Extra Information

Infections in Pregnancy SPDS Unit

Chris Glantz, MD, MPH



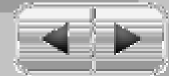
SPDS Coding of Inodo :z



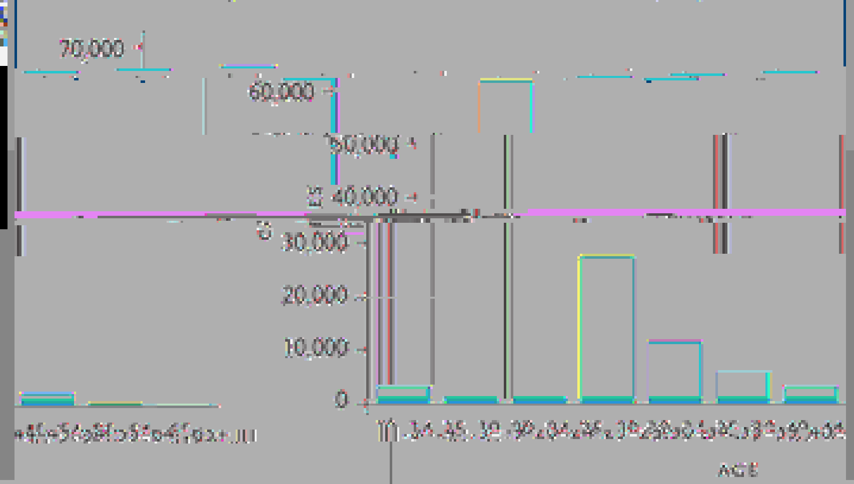
2011 Finger Lakes SPDS Tabulations

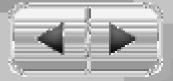
DISEASE	SPDS	USA	DISEASE	SPDS	USA
GC	0.4%	0.5%	Hepatitis B	0.1%	0.1-2.0%
Chlamydia	2.4%*	0.4%	Hepatitis C	0.2%	<1.5%
Syphilis	0%	<0.1%	TB	0%	<0.3%
Herpes	2.0%	1% primary	Rubella	0%	0%
Bacterial Vaginosis	6.7%				

*We're Number One!



Gonorrhea





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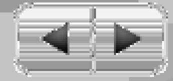
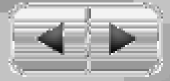
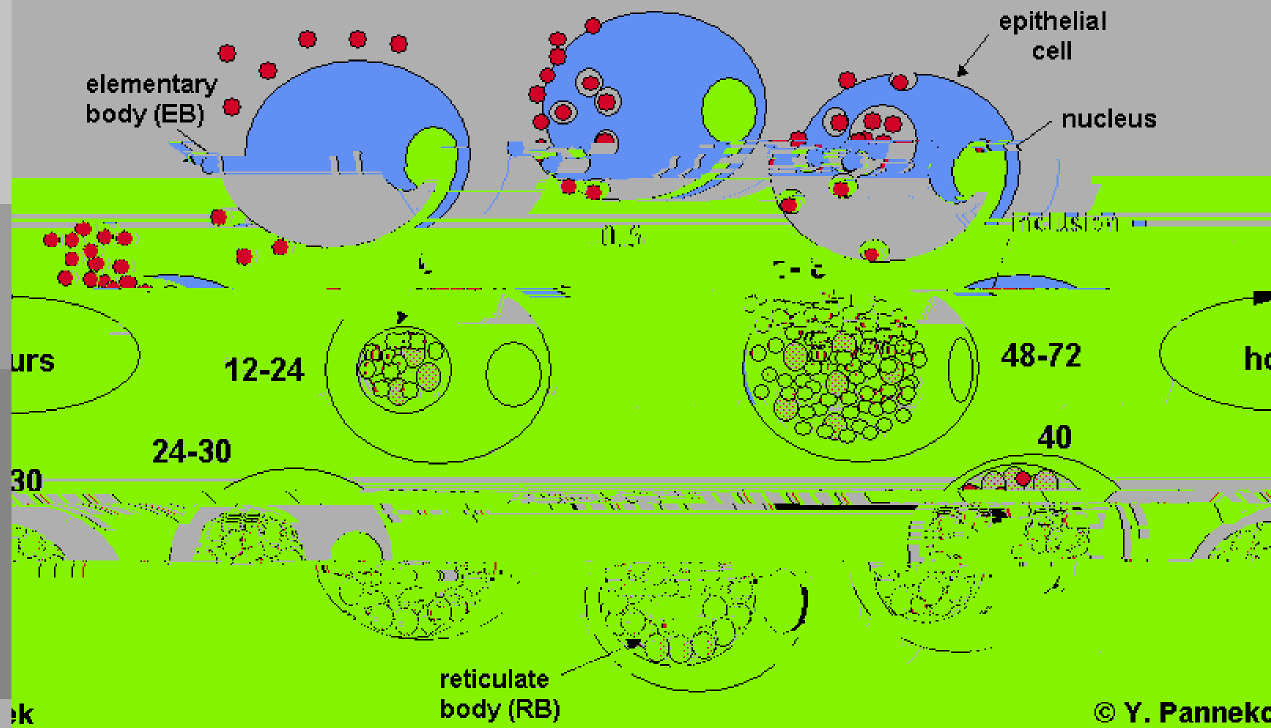


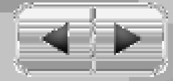
Gonorrhea

Penicillin cefalosporins

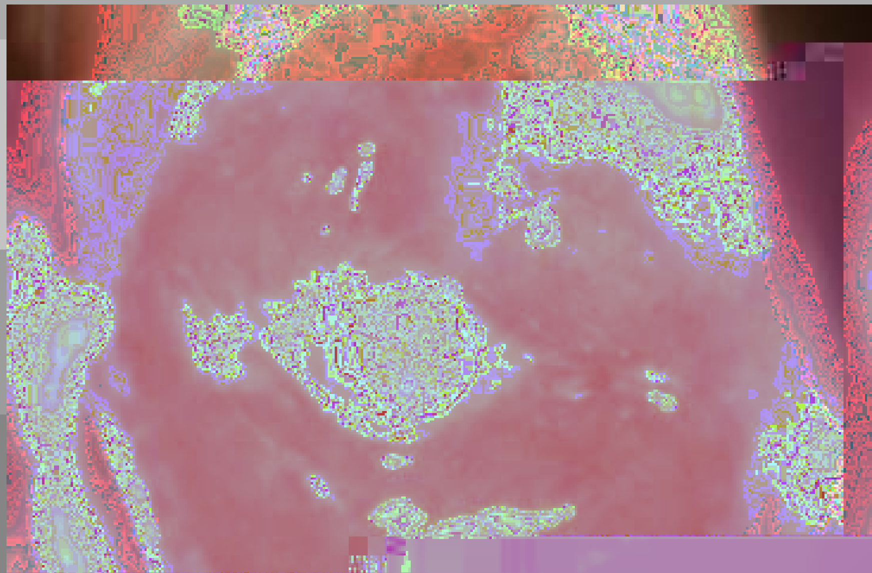


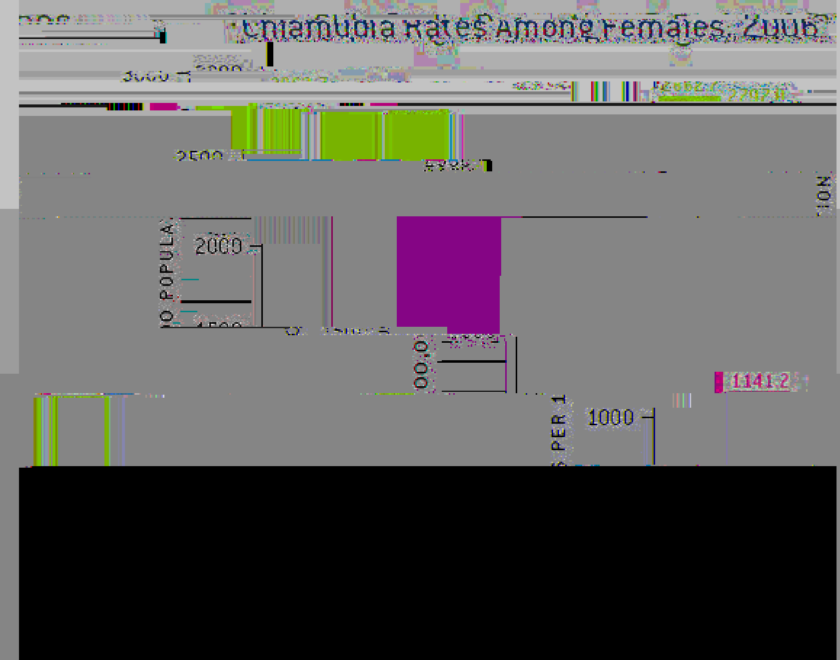
Chlamydia

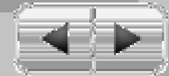




Chlamydia







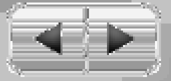
Chlamydia

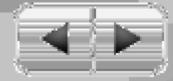
600

Men

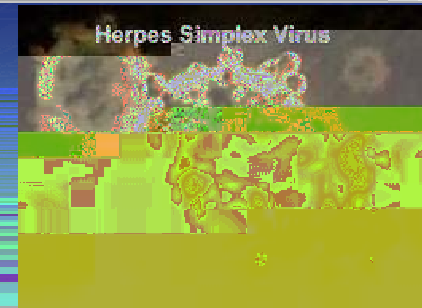
Women

Total

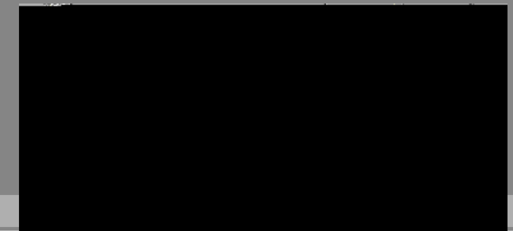


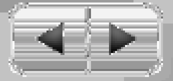


Herpes Simplex

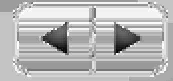


- Types 1 (lips) & 2 (genital)
  - Both can infect either site and cause neonatal disease
- Primary vs Recurrent
  - Most HSV-2 is asymptomatic
  - <2% primary during pregnancy
    - <0.5% of all pregnant women shed HSV at birth
- Culture vs serology
  - 20-60% prevalence if using serology





Herpes Simplex



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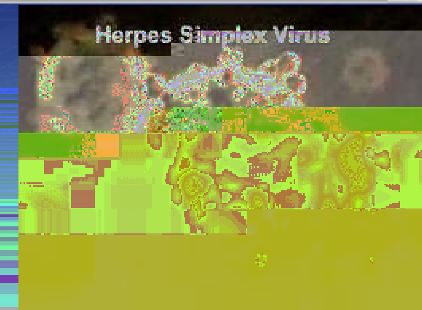
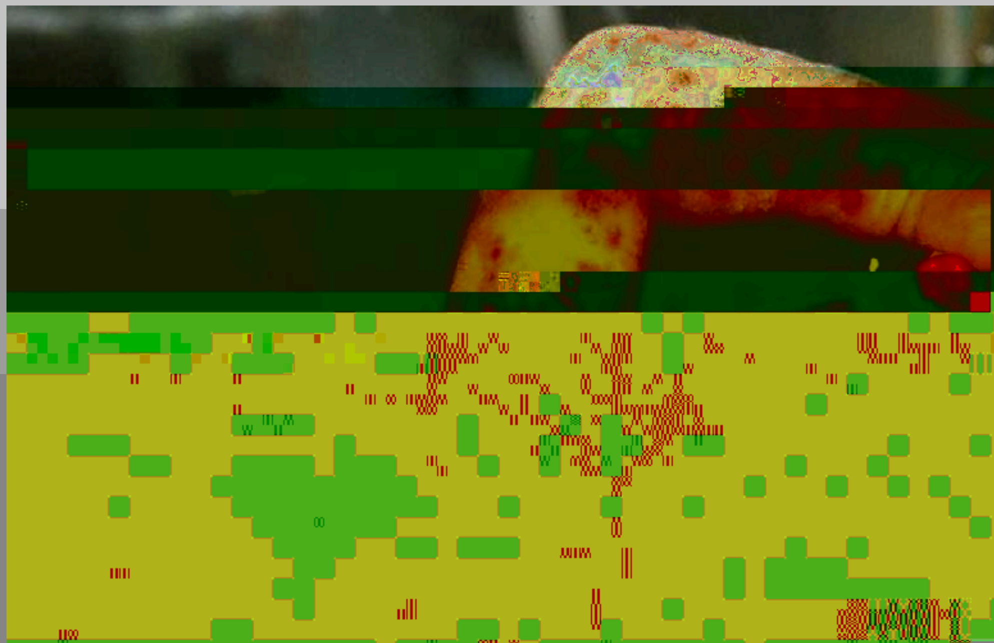
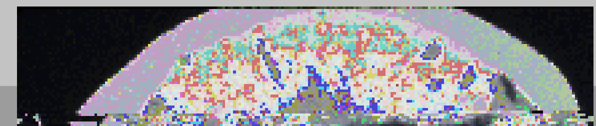
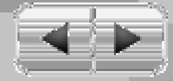
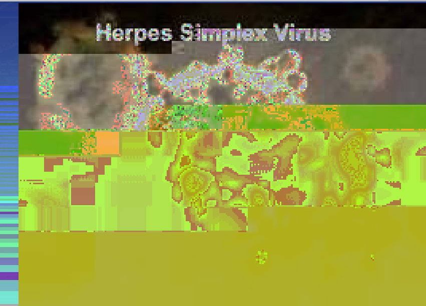




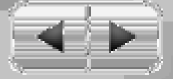




Herpes Simplex

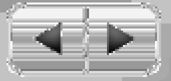


- Primary HSV during labor
  - 40% perinatal transmission
  - Disseminated neonatal disease, high morbidity/mortality
    - No protective maternal antibodies
  - Delivery by cesarean
- Secondary HSV during labor
  - 4% perinatal transmission
  - Milder neonatal disease

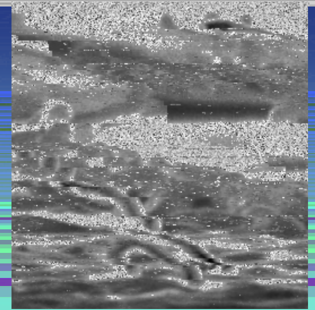


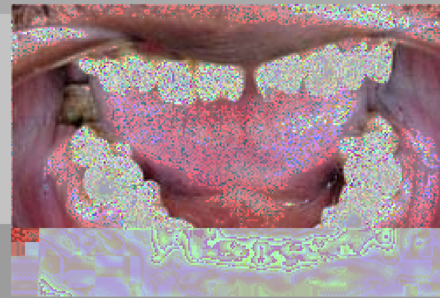
Syphilis

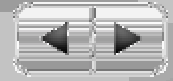
- Screening: RPR, VDRL, STS
  - Can have false-positives; levels decline after treatment
  - Confirm positives with FTA or MHA
    - Remain positive for life
- Congenital infection rare if mother is properly treated, but very likely if untreated
  - Stillbirth, growth restriction, hydrops



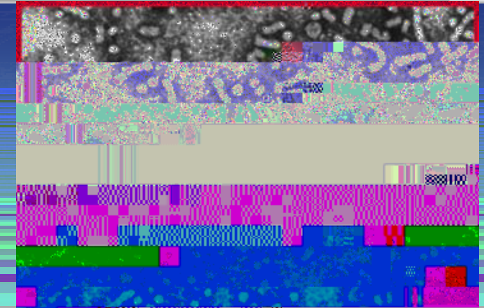
Syphilis

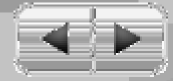




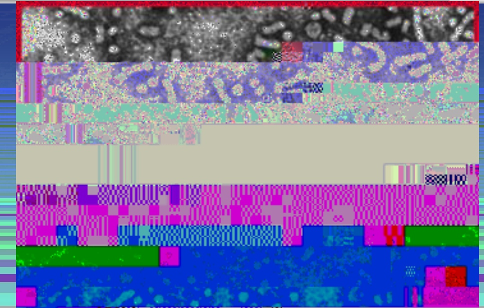


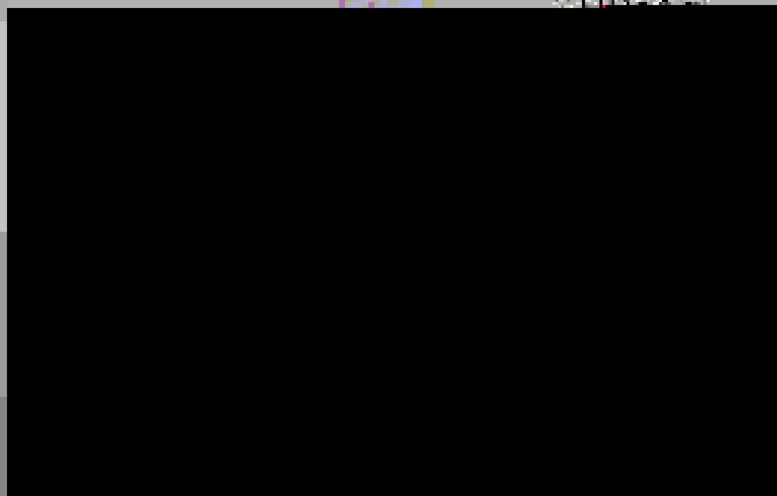
Hepatitis B Virus

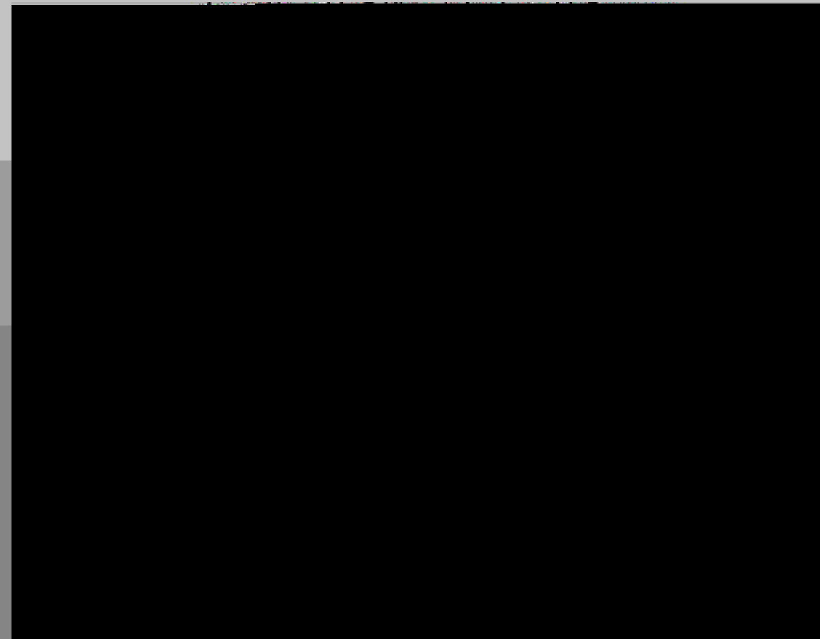


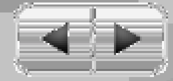


Hepatitis B Virus

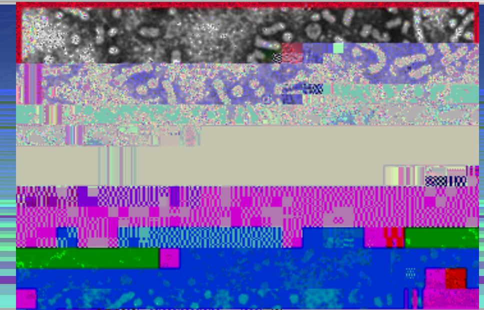


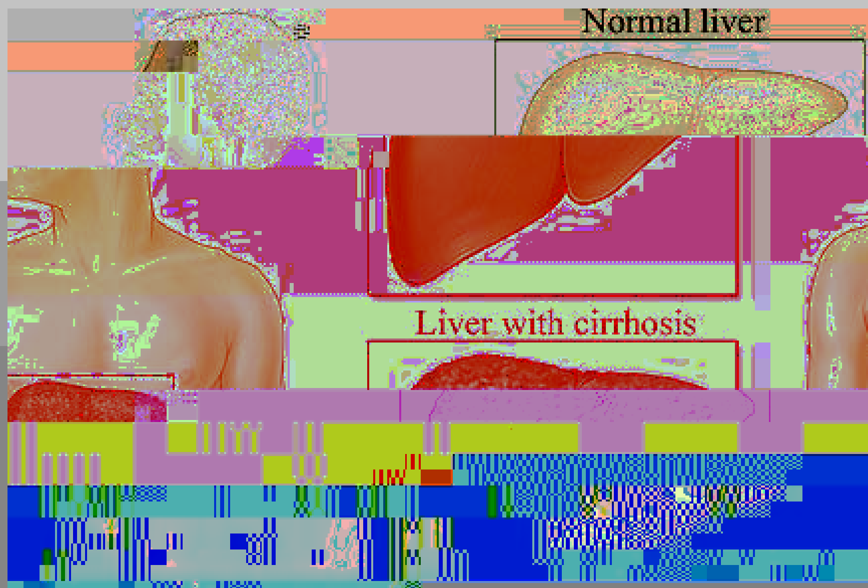


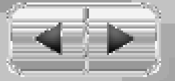


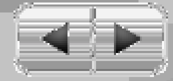


Hepatitis B Virus

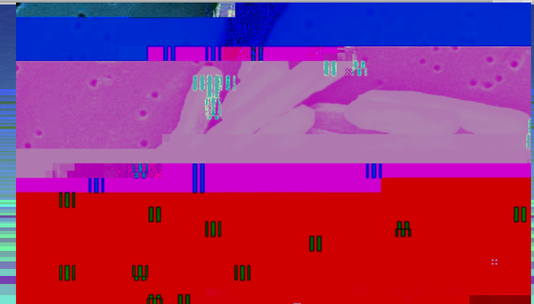
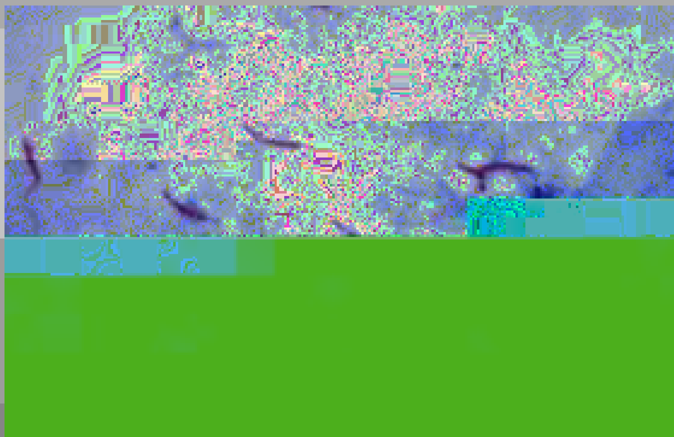


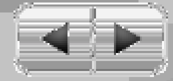






Tuberculosis (TB)



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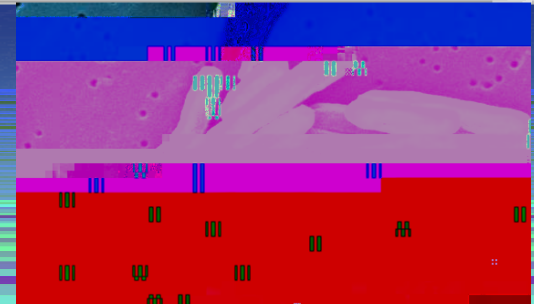

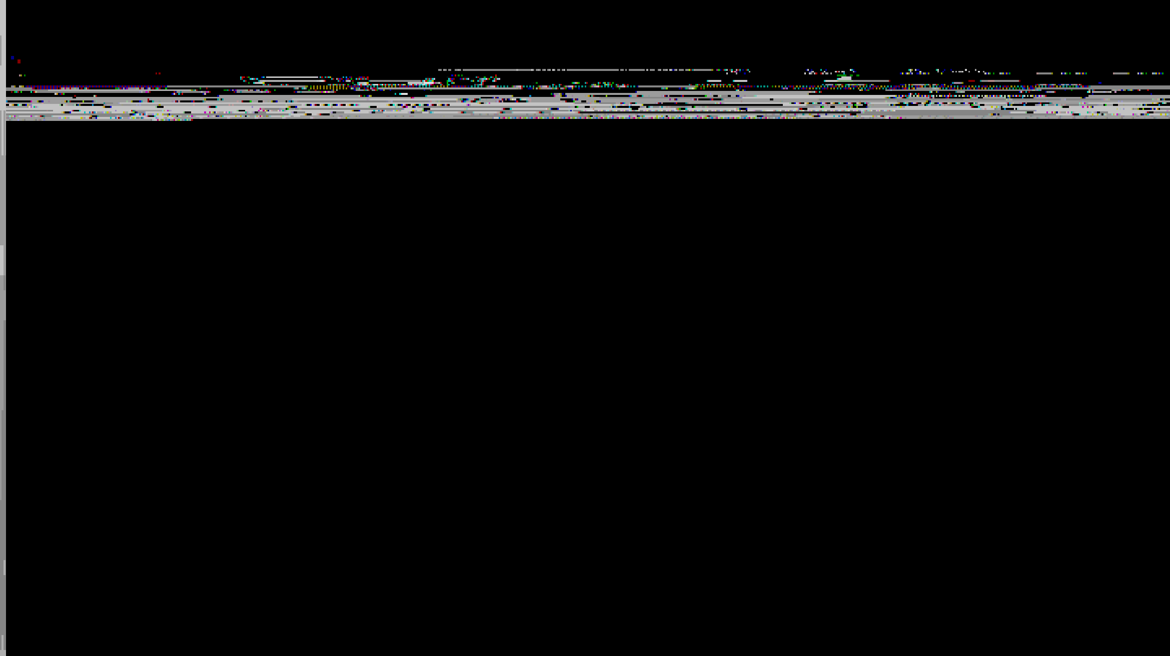

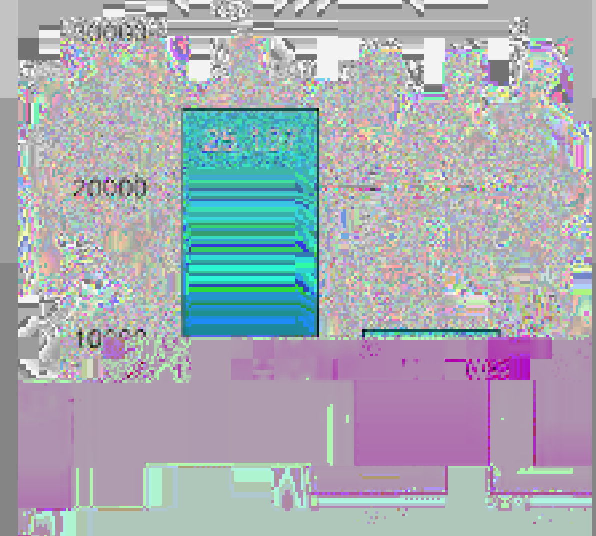

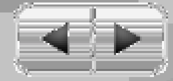

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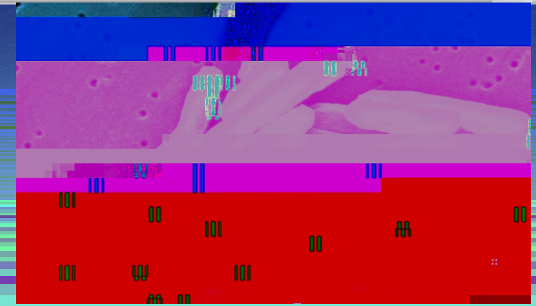

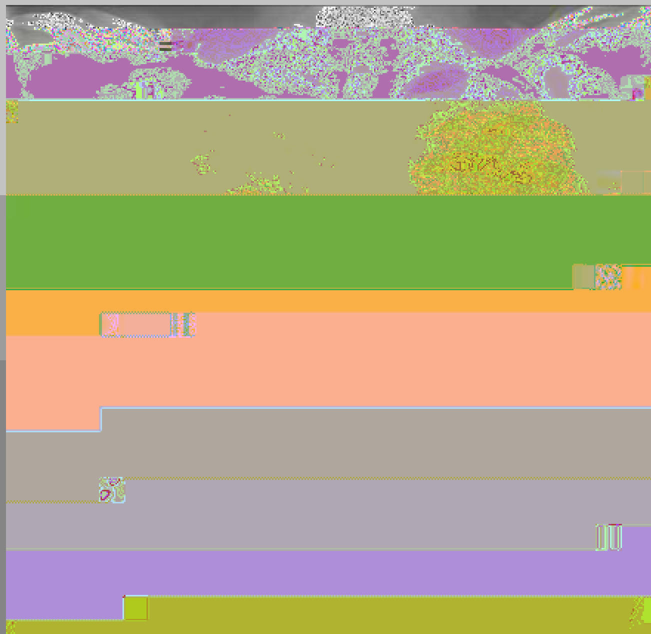

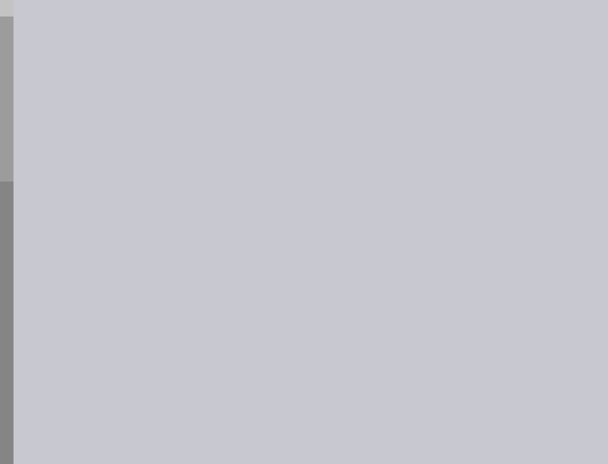

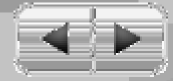

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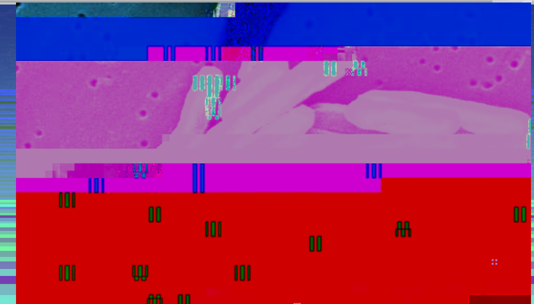

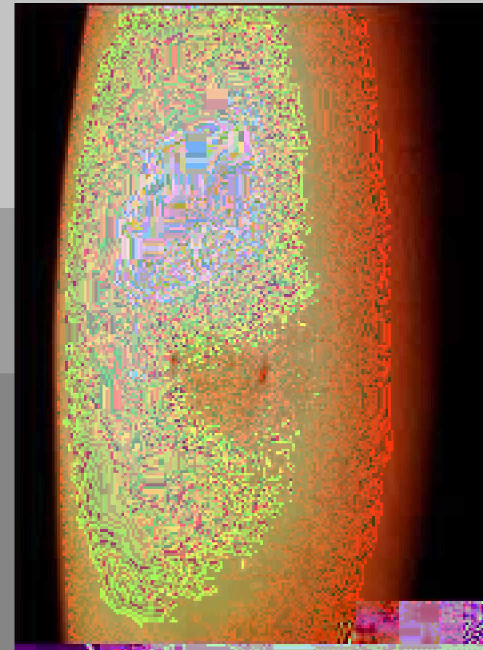

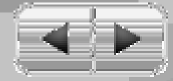

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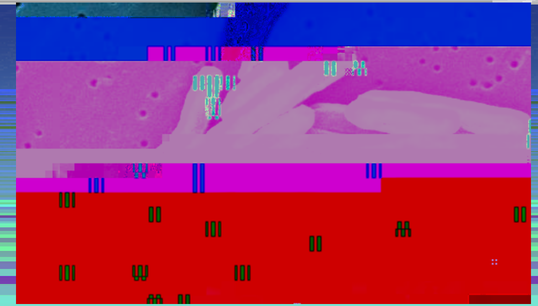
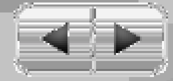
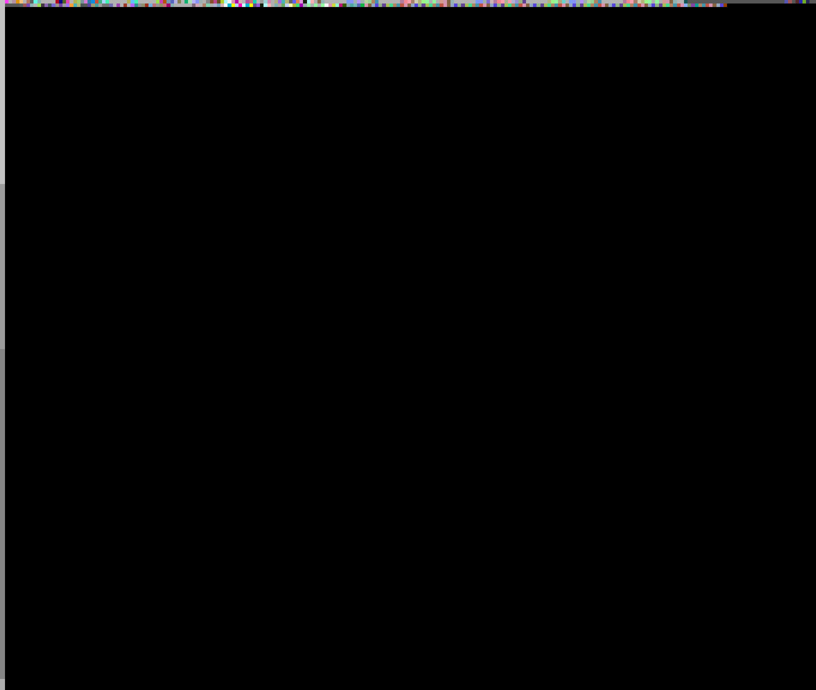


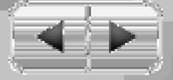
Recent vs past infection

Active vs inactive disease



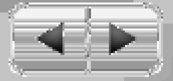
Rubella (German Measles)



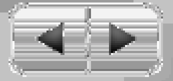


Rubella (German Measles)

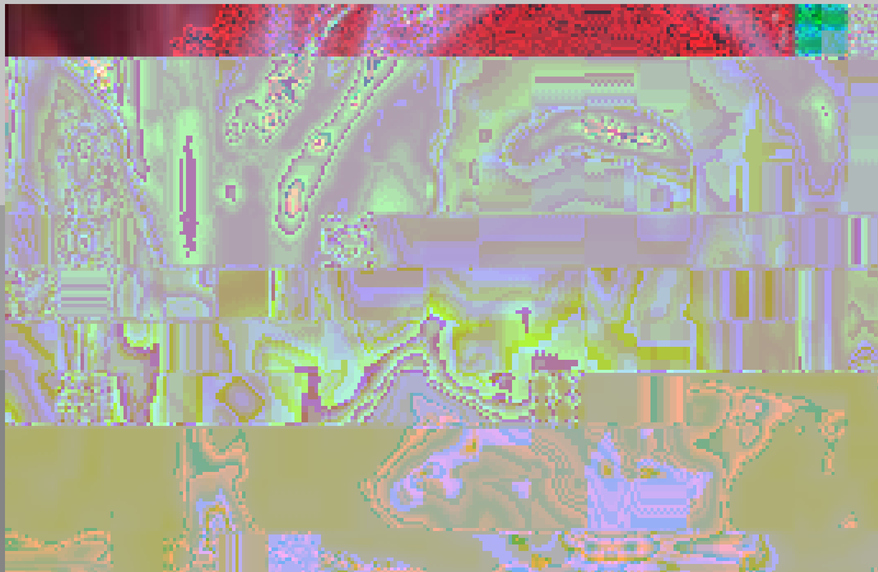
- Congenital rubella is extremely rare in USA
- Rubella vaccine: live attenuated virus
  - Don't give during pregnancy, but highly unlikely to cause problems if given by mistake.

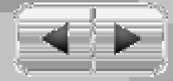


Bacterial Vaginosis

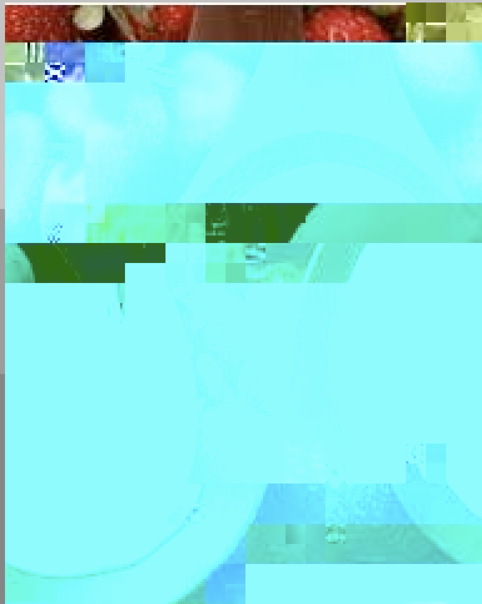


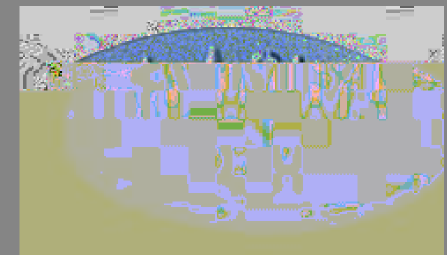
Bacterial Vaginosis (BV)

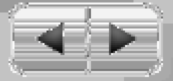




Bacterial Vaginosis (BV)

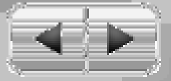






Summary

Code if <u>newly</u> dm289.03



Questions?