

THE NEW-BRUNSWICK PERINATAL HEALTH PROGRAM

Coding Manual 3M Perinatal

1st Edition - 2015

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General Information

The Perinatal Chapter in 3M must be abstracted for any Main Patient Service (MPS) of 51 - OBS Delivered, 54 - Newborn and/or 97 - Neonatology. Some exceptions may apply in MPS of 20 -Pediatrics, 53 - OBS Aborted and 89 - Stillborn. Please see below for further information.

You only need to capture the *Neonate Chapter* for the baby's birth. If the baby was transferred from another facility, you do not need to capture the perinatal information. If the baby is born, then readmitted into 97 - neonatology, you do not need to capture the perinatal information, as it should have been captured at birth.

Reproductive Chapter in 3M

3 of the perinatal fields must be answered for all deliveries and therapeutic abortions (TA). This includes all patients who are admitted as an inpatient or as a day surgery patient.

The following fields "Pregnancy outcome, termination of pregnancy and number of babies at birth/termination" must be captured for all 'Main Patient Service (MPS) of 51 - OBS delivered, 53 - OBS aborted and therapeutic abortions in NACRS

STILLBORN CASES

A patient with a MPS of 89 - stillborn, must capture the field 'stillborn' located in the Neonate Chapter in 3M.

Please see below a list of which Perinatal Chapters to complete with each Main Patient Service:

Main Patient Service	51 OBS Delivered	*54 Newborn	*97 Neonatology
Perinatal Chapter	8 fields-Reproductive	Neonate Neonate	
	Mother's Information		* only capture the
	Prev. OBS History		neonate information
	Labour + Delivery		during the <u>birth</u> admission. If transferred
			from another facility,

you do not need to capture the perinatal information of the baby.

Main Patient Service	*20 Pediatrics / 97 Neonatology WITH Admit Category of NEWBORN	
Perinatal Chapter Neonate		
	* This is new for DAD FY 2016-2017, Newborns born outside of the reporting	

nospital, but their first damission is within 24 hours of life

Main Patient Service	53 OBS aborted and NACRS Therapeutic abortion	89 Stillborn
Perinatal Chapter * 3 fields-Reproductive		1 field in Neonate
 pregnancy outcome 		– stillborn field
 termination of pregnancy 		

– # of babies at birth/termination

*only available in therapeutic abortions (TA) with diagnosis of O04^^ and intervention code of 5.CA.88 or 5.CA.89 1

Institutions of New Brunswick

Hospital No.	Hospital Name
001*	Dr. Everett Chalmers Regional Hospital
0 0 5	Campbellton Regional Hospital
0 0 9*	Edmundston Regional Hospital
011	Restigouche Hospital Center
012	REHAB Stan Cassidy Center (Fredericton)
015	Centracare
016	Grand Manan Hospital
018	Lamèque Hospital and Community Health Centre
020*	The Moncton Hospital
0 2 2*	Miramichi Regional Hospital
0 2 3*	Hotel Dieu of St-Joseph
026	Sackville Memorial Hospital
0 2 9*	Saint John Regional Hospital
031	St-Joseph's Hospital
032	Hôtel Dieu Saint-Joseph de Saint-Quentin
033	Charlotte County Hospital
034	Sussex Health Center
035	Tracadie-Sheila Hospital
039*	Chaleur Regional Hospital
041	Enfant-Jesus RHSJ Hospital
042	Grand Falls General Hospital
0 4 5	Stella-Maris-de-Kent Hospital
046	Oromocto Public Hospital
048*	Dr. Georges-L. Dumont University Hospital Centre
049*	Upper River Valley Hospital

Institution No.

7601* Dr. Everett Chalmers Regional Hospital- Midwives (home births)

* Institutions highlighted in bold offer Maternal/Neonatal services

Reproductive Chapter

For all OBS cases with a Main Patient Service (MPS) of **51** - **OBS delivered** the following 5 fields are mandatory for data collection.

<u>Gravida</u>	Found on the Labour and Delivery Record/ Antenatal Record Format - number (00-99) *The total number of times the patient has been pregnant, <u>including this pregnancy</u> . Pregnancies consisting of multiples, are counted as one. If unknown, code 99.
<u>Parity</u>	Found on the Antenatal Record Format - number (00-20, 99) * A fetus of <u>>20 weeks gestation</u> in which there is breathing, beating of the heart, pulsation of the umbilical cord or movement of voluntary muscle. This may be different from the number of
	previous deliveries (for example, when multiple live births were delivered during the same delivery episode). Ex: Patient is admitted for a delivery - she already has a set
	of twins number of previous live births = 02 Refer to the DAD manual, Group 18 - field 05 If unknown, code 99.
<u>Previous Stillbirths</u>	Found on the Antenatal Record / Labour and Delivery Record Format - number (00- 20, 99) * A fetus <u>> 20 weeks gestation</u> in which there is no breathing, beating of the heart, pulsation of the umbilical cord or no signs of life.
	If unknown, code 99.
Previous Neonatal Deaths	Found on the Antenatal Record / History and Physical
	Format - number (00-20, 99) *Death which occurs during the <u>first 28 completed days of life</u> . Enter the number of previous neonatal deaths.
	If unknown, code 99.

If unknown, code 99.

Previous Caesarean SectionsFound on the Antenatal Record / Labour and Delivery Record /
History and Physical
Format - number (00-20, 99)
*Number of previous C-sections.

If unknown, code 99.

For all OBS cases with a Main Patient Service (MPS) of **51** - **OBS delivered**, **53** - **OBS aborted** *that falls under a therapeutic abortion (TA)*, and **NACRS therapeutic abortions** the following 3 fields are mandatory for data collection.

Pregnancy outcome

Found on the Labour and Delivery Record

Dictionary provided

1	Live birth
2	Fetal death >= 20 weeks gestation (stillbirth)
3	Fetal death < 20 weeks gestation (miscarriage, abortion)
4	Unknown/missing value

For multiple births, enter a code for each baby/fetus up to a maximum of 6 entries.

Termination of Pregnancy with congenital anomaly

Found on the Operative Report/ Discharge Summary *Refers to an induced termination of pregnancy (at any gestational age) after prenatal <u>diagnosis of a **congenital**</u> <u>anomaly</u>. This includes all genetic, congenital and deformations in the congenital period.

Dictionary provided

Y, 1	Yes
N, 2	No
U, 3	Unknown

If the woman had a termination of pregnancy because of a fetal demise, unwanted pregnancy, mental health issues or any other reason other than a congenital anomaly, please indicate 'No' in this field.

Example:

* Mom was admitted to MPS 53 or NACRS for a termination of pregnancy for an unwanted pregnancy. **Termination of Pregnancy field: NO*** Mom was admitted to MPS 53 or NACRS for a termination of pregnancy due to a congenital anomaly of trisomy 21.

Termination of Pregnancy field: YES

To determine the congenital anomaly, please see the consult from the Maternal Fetal Medicine Unit, or from the available ultrasound that describes the anomalies. If you cannot determine the diagnosis with the documentation available, bring this back to the physician for clarification. It is critical that a code from ICD10 be assigned to these cases. If possible, please determine and assign the appropriate code from Chapter XVII (Q00-Q99).

Number of babies at birth or termination (plurality)

_Found on the Operative Report/ Labour and Delivery Record *Refers to the number of babies the mother was carrying at birth or termination.

1	Singleton	
2	Twins	
3	Triplets	
4	Quadruplets	
5	Quintuplets	
6	Sextuplets or higher	
7	Unknown	

Pregnant Individuals Information Chapter

Work Status

Found on the Antenatal Record/ Registration form

Dictionary Provided

1	No
2	Part time
3	Full time
5	Employed, not indicated whether full time or part time
4	Unknown

No = Clearly states at home, student, social assistance or volunteer/unemployed
Part time = less than or equal to 28h per week.
Full time = greater than 28h week.

Mother's EducationFound on the Antenatal Record/ Registration form
*Refers to the highest level of education the mother completed, i.e. If
the patient has some post secondary (not currently enrolled), then
select 'High School with Diploma'

1	Without High School Diploma
2	High School with Diploma
3	Current post-secondary (includes working on
	college or university completion)
4	College or Trade Certification
5	University with a degree
9	Unknown

Mother's Ethnicity

Found on the Antenatal Record

*Refers to mother's ethnicity and/or racial background. This will help to determine congenital anomalies related to certain population of interest.

Please note you can enter up to 2 different choices in the abstract. Duplicate entry is not allowed within the 4 fields.

*African Canadian has been replaced with African-Decent

*Quebecois has been replaced with French Canadian

Dictionary provided

2	African-Descent
3	Asian
4	Caucasian
5	First Nations
6	Hispanic
7	Jewish
8	Mediterranean
9	Middle Eastern
11	Other
12	Unknown
13	French Canadian

Marital Status

Found on the Antenatal Record/ Registration form *Refers to the mother's marital status

1	Single
2	Married
3	Widowed
4	Divorced
5	Separated
6	Common law
9	Unknown

Partner's Work Status

Found on the Antenatal Record/Registration form

Dictionary Provided

1	No
2	Part time
3	Full time
5	Employed, not indicated whether full or part time
4	Unknown

No = Clearly states at home, student, social assistance or volunteer/unemployed

Part time = less than or equal to 28h per week.

Full time = greater than 28h week.

If the pregnancy is the result of an artificial insemination (donor), enter **98**.

<u>Smoked Before Pregnancy</u> Found on the Antenatal Record/History and Physical/ Nursing Assessment

*Refers to smoking prior to pregnancy.

Unknown should only be coded if the physician has not marked 'yes' or 'no' on the lifestyle section of the Antenatal Record, and no other documentation clearly states smoking before pregnancy. If 'yes' is mentioned in one place, and 'no' on another, please choose 'yes'. *No longer includes vaping(e-cigarettes) now captured under Substance use.

Dictionary provided

Y, 1	Yes
N, 2	No
U, 3	Unknown

If you choose No or Unknown, 3M will bypass the next field.

Number of cigarettes Found on the Antenatal Record/History and Physical / Nursing

Assessment

Format – Number

* Code the number of cigarettes smoked per day (01, 02 etc.)
Please note that 1/2 pack is 13 cigarettes, 1 pack is 25 cigarettes.
If the number of cigarettes is in a range, choose the highest number.
*If the women did smoke but the number of cigarettes was not recorded, code 999.

<u>Smoking during pregnancy</u> Found on the Antenatal Record/Nursing assessment/ History and Physical *Refers to smoking at any time during the prenatal period. The lifestyle of the first visit will vary. The variable will indicate smoking at any time during pregnancy. *Does not include vaping (e-cigarettes).

Dictionary provided

Y, 1	Yes
N, 2	No
U, 3	Unknown

Unknown should only be coded if the care provider has not marked 'Y' or 'N' in the lifestyle section of the Antenatal Record or the Nursing Assessment does not clarify smoking during pregnancy. If yes is coded in one location only, choose 'Yes'. If you choose No or Unknown, 3M will bypass the next field.

Number of cigarettes	Found on the Antenatal Record/Nursing assessment/ History and Physical
	Format – number * Code the number of cigarettes smoked per day (01,02 etc.)
	Please note that 1/2 pack is 13 cigarettes, 1 pack is 25 cigarettes. If the number of cigarettes is in a range, choose the highest number.
	If the women did smoke but the number of cigarettes was not recorded, code 999.
Exposure to 2nd Hand smoke	Found on the Antenatal Record *Refers to exposure to second-hand smoke during pregnancy. This includes if the mother is living with a smoker who smokes inside the house, or in a vehicle. This <u>excludes</u> smoking inside the garage, whether attached or detached, or smoking outside.

Y, 1	Yes
N, 2	No
U, 3	Unknown

Alcohol Use Before Pregnancy Found on the Antenatal Record/ Nursing assessment/ History and Physical *Refers to use of alcohol before pregnancy or before knowing she is pregnant.

Dictionary provided

Y, 1	Yes
N, 2	No
U, 3	Unknown

If you choose No or Unknown, 3M will bypass the next field.

Alcohol Intake Before Pregnancy

Found on the Antenatal Record Format - Number (0 to 10) *Refers to the maximum alcoholic drinks prior to pregnancy. Please choose the closet range listed below.

Dictionary Provided

0	No drinks
1	1 drink / per day
2	2 drinks / per day
3	3 drinks / per day
4	4 + drinks / per day
5	1-2 drinks / per week
6	3-4 drinks / per week
7	1-2 drinks / per month
8	3-4 drinks / per month
10	Other
U	Unknown

If physician writes down "drank socially", please choose 'Other'.

Alcohol Use During Pregnancy Found on the Antenatal Record/ Nursing assessment/ History and Physical *Refers to use of alcohol during pregnancy. After the patient knew she is pregnant, did she consume any alcohol. If you choose No or Unknown, 3M will bypass the next field.

Y, 1	Yes
N, 2	No
U, 3	Unknown

Alcohol Intake During Pregnancy

Found on the Antenatal Record **Format** - Number (0 to 10) *Refers to the maximum alcoholic drinks during pregnancy. Please choose the closest range listed below.

Dictionary Provided

0	No drinks	
1	1 drink / per day	
2	2 drinks / per day	
3	3 drinks / per day	
4	4 + drinks / per day	
5	1-2 drinks / per week	
6	3-4 drinks / per week	
7	1-2 drinks / per month	
8	3-4 drinks / per month	
10	Other	
U	Unknown	

If physician writes down "drank socially", please choose 'Other'.

Pre-pregnancy Marijuana Use

Found on the Antenatal Record *Refers to marijuana use prior to pregnancy

Dictionary provided

Y, 1	Yes
N, 2	No
U, 3	Unknown

Pregnancy Marijuana Use

Found on the Antenatal Record *Refers to marijuana use during pregnancy

Dictionary provided

Y, 1	Yes
N, 2	No
U, 3	Unknown

Assign the code **<u>O35.501</u>**, mandatory, if the woman has any marijuana use during pregnancy.

Pregnancy Marijuana Intake

Found on the Antenatal Record *Refers to the amount of marijuana consumed by usage.

Dictionary Provided

1	No usage	
2	1 use / per day	
3	2 uses / per day	
4	3 uses / per day	
5	4+ uses / per day	
6	1-2 uses / per week	
7	3-4 uses / per week	
8	1-2 uses / per month	
9	3-4 uses / per month	
10	Other	
11	Unknown	

Substance use

Found on the Antenatal Record

*Refers to any substance use during pregnancy, now includes opiates and vaping(e-cigarettes). Please note you can enter up to 6 different substances into the abstract. Duplicate entry is not allowed within the 6 fields.

Dictionary Provided

4	Methadone	
5	Solvents	
6	Other	
7	Unknown	
8	None	
9	Opiates	
10	Vaping	
11	Stimulants	

If there is no information on the chart about substance use, please choose 'None'

If patient is using marijuana, please choose 'None' it will be captured under the

marijuana field.

If the physician writes substance use, but does not indicate what kind, please choose unknown.

***Opiates** include heroin, OxyContin, hydromorphone, morphine, codeine, and oxymorphone.

***Stimulants** include cocaine, methamphetamine

Assign the code <u>O35.501</u>, mandatory, if the woman has any substance use.

Folic Acid

Found on the antenatal record

*Indicates the consumption of preconceptual <u>folic acid (mg)</u> the patient has taken.

Dictionary provided

Y, 1	Yes
N, 2	No
U, 3	Unknown

*If field is blank, please choose "Unknown".

Pregnancy on Contraceptive

Found on the Antenatal Record *Refers to if patient became pregnant while taking a contraceptive

Dictionary Provided

Y, 1	Yes
N, 2	No
U, 3	Unknown

Method of Conception

Found on the antenatal record

*Refers to how the pregnancy was achieved Physician may select Spontaneous or ART, but will specify method of ART

1	Spontaneous
2	01
3	IUI
4	IVF
5	ICSI
6	Unknown

Previous OBS History Chapter

Antenatal Provider

Found on the Antenatal Record only. Please select all providers that participated in antenatal care. Select based on the signatures available on the antenatal form. If the signatures are illegible or missing, please check for the office that faxed the form. If there are multiple forms, please collect all care providers if from different offices.

Dictionary Provided

10	Family practice physician/ General
	Practitioner
2	Obstetrician
4	Midwife
11	Nurse Practitioner
6	Registered Nurse
5	Other MD (Includes Residents/interns)
8	No Antenatal care
9	Unknown

Please note, in 3M you will also see the choice 12 – No caregiver at delivery, however, you will not be able to select this. A hard edit message will appear. 3M is not able to remove this choice from the dictionary.

<u>First Antenatal visit</u>	Found on the Antenatal Record Format - YYYY/MM/DD *Refers to the first prenatal visit with a healthcare provider.
	If unknown, leave this field blank.
Intention to Breastfeed	Found on the Birth Plan/ Nursing Assessment/Labour and Delivery Record *Refers to if the woman intends to breastfeed <u>on admission and/or</u> <u>before delivery.</u> <i>Dictionary Provided</i>

Y, 1	Yes
N, 2	No
U, 3	Unknown

First Ultrasound dateFound on the Antenatal Record / EMR / Imaging (x-ray) reportsFormat - YYYY/MM/DD*Enter the first ultrasound date available in woman's chart

If unknown, leave this field blank.

Details of First Trimester Ultrasound

EDD According to LMP (Estimated delivery date)	Found on the Antenatal Record Format - YYYY/MM/DD *Refers to estimated delivery date according to last menstrual period (LMP). Either EDD according to LMP or EDD according to ultrasound must be filled. If both dates are available, then enter both.		
EDD According to Ultrasound (Estimated delivery date)	Found on the Antenatal Record / X-ray Report Format - YYYY/MM/DD		
	*Refers to es	timated deli	very date according to ultrasound.
	If the pregnancy was from artificial insemination, please use EDD according to ultrasound, and not EDD from LMP.		
	Either EDD according to LMP or EDD according to ultrasound mu filled. If both dates are available, then enter both.		-
Amniocentesis	Found on the Antenatal Record/ Maternal Fetal medicine consult Dictionary provided		
	Y, 1	Yes	
	N, 2	No	
	U, 3	Unknown	

If there is no information in the chart about an amniocentesis being performed, please choose No.

An amnio is a very invasive procedure that must be indicated in the chart, if nothing is there it means the procedure was not performed.

The only time you would choose 'Unknown' in this case, is if the patient's chart had absolutely no prenatal record or information indicated on what procedures the woman received (especially in out of province patients)

Found on the Antenatal Record/ Maternal Fetal medicine consult *Refers to if the woman had a chorionic villus sampling.

Dictionary provided

Y, 1	Yes
N, 2	No
U, 3	Unknown

If there is no information in the chart about a CVS being performed, please choose No. A CVS is a very invasive procedure that must be indicated in the chart, if nothing is there it means the procedure was not performed.

The only time you would choose 'Unknown' in this case, is if the patient's chart had absolutely no prenatal record or information indicated on what procedures the woman received (especially in out of province patients)

Maternal Serum testingFound on the Antenatal Record, Laboratory tests, IWK screening forms
*Refers to if the woman accepted or declined the MSS testing. Also
known as QUAD screening, Prenatal Screening, Maternal Screening,
Trisomy Screening

Dictionary provided

Accepted
Declined
Unknown

If you see a result in the chart, assume the woman has accepted the test. If you see no results, and no indication she refused the test, choose 'Unknown.'

Medical Risk Factors

<u>Diabetes Treatment</u>

Found on the Nursing Assessment/History and Physical/Medication Record/ Nursing Medications

Field will autofill to "no diabetes present." Diabetes treatment field needs to be completed when diabetes O24^^ is coded

Dictionary provided

1	No Diabetes Present	
2	Diet Controlled	
3	Metformin	
4	Insulin	
6	GLP1 agonists (ex: Ozempic)	
5	Unknown	

Urinary Tract Infection

Found on the Antenatal Record/ Nursing Assessment/History and Physical

*Refers to a UTI that was or is present during the current pregnancy.

Dictionary provided

Y, 1	Yes
N, 2	No
U, 3	Unknown

Assign a code, mandatory, from the category O23^^^ if the condition is present at the time of delivery.

Group B Strep Results

Found on the Antenatal Record/Labour and Delivery Record/Nursing Notes/Progress Notes

*Refers to if the patient is Strep B positive, negative, or if they declined testing

1	Positive
2	Negative
3	Declined
9	Unknown

<u>Covid-19 Diagnosis in</u> <u>current pregnancy</u>

Found on the Antenatal Record

*Refers to if the patient is Covid-19 positive at any time during the **current pregnancy**

Dictionary provided

Y, 1	Yes
N, 2	No
U, 3	Unknown

Covid-19 Vaccination

Found on the Antenatal Record *Refers to the patient receiving the Covid-19 vaccination.

Y, 1	Yes
N, 2	No
U, 3	Unknown

Labour and Delivery Chapter

Height in cm

Found on the Antenatal Record/ Nursing Assessment

Format - number *Refers to the mother's height in centimetres.

Code 999 for an unknown value. *Round up to the nearest whole number.*

Please refer to the table below for proper conversion of height.

<u>HEIGHT</u>		
(feet/inches)	<u>HEIGHT (inches)</u>	<u>HEIGHT (cm)</u>
<u>4'8"</u>	56	142
<u>4'9"</u>	57	145
<u>4'10"</u>	58	147
<u>4'11"</u>	59	150
<u>5'0"</u>	60	152
<u>5'1"</u>	61	155
<u>5'2"</u>	62	157
<u>5'3"</u>	63	160
<u>5'4"</u>	64	162
<u>5'5"</u>	65	165
<u>5'6"</u>	66	168
<u>5'7"</u>	67	170
<u>5'8"</u>	68	173
<u>5'9"</u>	69	175
<u>5'10"</u>	70	178
<u>5'11"</u>	71	180
<u>6'0"</u>	72	183
<u>6'1"</u>	73	185
<u>6'2"</u>	74	188

Pre-Pregnancy Weight (kg)

Found on the Antenatal Record/ Nursing Assessment **Format** - number (3 characters) *Refers to the mother's pre-pregnancy weight in kgs. Code 999 for an unknown value. Enter up to one decimal place, when available.

If weight is recorded in a range, code the highest weight.

<u>Pre-Delivery Weight (kg)</u>	 Found on the Antenatal Record/ Nursing Assessment Format - number (3 Characters) *Refers to mother's weight just before delivery in kilograms. If the pre-delivery weight is not available on the Nursing assessment, the patient's last weight on the Antenatal Record can be used (if it was documented within 2 week of delivery). Please note that when kilograms are entered the corresponding number of pounds will be automatically calculated in the next field. 		
	If pre-delivery weight in unknown, add pre-pregnancy weight and weight gain.		
	Code 999 for an unknown value. Enter up to one decimal place, when available. If weight is recorded in a range, code the highest weight.		
Type of Labour	Found on the Labour and Delivery Record		
	Dictionary Provided		
	1Spontaneous2Induced3No Labour		

If the woman goes into labour less than 24 hours after the last administration of medication (prostaglandin/oxytocin) for the purpose of inducing labour, the labour should be coded as induced.

If the woman goes into labour <u>more than 24 hours</u> after the last administration of medication (prostaglandin/oxytocin) for the purpose of inducing labour, the labour should be coded as spontaneous.

If the woman is booked for an elective caesarean section and labour did not occur, code 'No Labour'

Indications for Induction Found on the Labour and Delivery Record

*Refers to the reason why the woman was induced. Note please choose options 1, 18, 29, 21, 22, or 25 if they are documented instead of coding the other options in the list. This list will appear slightly different in the grey area in 3M when coding.

Dictionary Provided

1	Post dates
18	Eclampsia / Preeclampsia
29	PROM with positive Group B Strep or Chorioamnionitis
21	Fetal Anomaly/Congenital Anomaly
22	Low planning Score/ Fetal Distress
25	Vaginal Bleeding/ Abruption
3	Decreased Amniotic Fluid/Oligohydramnios
4	Hypertension - PIH (Pregnancy induced hypertension)
5	IDDM/ GDM (Diabetes)
6	IUGR / No growth/Small Gestational Age
7	Twin/ Multiples
8	PUPP/ Cholestatic Jaundice
9	Thrombocytopenia
31	Previous stillbirth/ poor OBS History/previous fetal death/history
	of precipitate labour
30	PROM
13	Macrosomia/ Large Gestational Age
20	Intrauterine Death
24	Advanced Maternal Age
26	Polyhydramnios
28	Isoimmunisation
32	High BMI/Obesity (BMI GE 40)
15	Social/Geographic/ Maternal Choice
16	Other
17	No indications given

Oxytocin (to induce)

Found on the Labour and Delivery Record *Refers to if the woman was given IV oxytocin to induce labour.

Dictionary provided

Y, 1	Yes
N, 2	No
U, 3	Unknown

Assign a code, mandatory, from category 5.AC.30.HA-I2

*Oxytocin can only be given through *IV (intravenous)*.

Prostaglandin (to induce)Found on the Labour and Delivery Record*Refers to if the woman was given intra-vaginal/intra-cervical/oral
prostaglandin to induce labour.

Dictionary provided

Yes
No
Unknown

Assign a code, mandatory, from category 5.AC.30.CK^^, 5.AC.30.CA^^

*Prostaglandin can only be given intra-vaginal, intra-cervical or oral

Unknown can not be selected.

Membrane Rupture Date/Time Found on the Labour and Delivery Record

Format - YYYY/MM/DD HH/MM *If there is more than one rupture of membranes, record the earliest time.

If the woman has an elective C-section and there is no history of prior rupture of membranes, use the time of birth as the rupture of membranes since the membranes would have been ruptured at the time of delivery.

If unknown, leave blank.

** If the patient comes in for an elective c-section, there is no membrane rupture (or it is included in the procedure), therefore we assign the date/time of the delivery instead of the membrane rupture.

<u>Tocolytics Administered</u> Found on the Labour and Delivery Record/ Medication Record/Nursing Assessment

*Refers to medication used to suppress premature labour. The woman will receive this if the delivery would result in premature birth. Ex: calcium channel blockers (nifedipine) and NSAIDs (indomethacin)

Yes
No
Unknown

Antenatal Steroids

Found on the Medications Record/ Nursing medications *Refers to any prenatal steroids given to women at risk of a premature birth.

Dictionary Provided

1	One complete course
2	One incomplete course
3	None

COMPLETE - is defined as <u>two doses</u> of 12 mgs of corticosteroids (Betamethasone, beta, celestone, dexamethasone, cortisone) given 24 hours apart or 6mgs of dexamethasone, given 12 hours apart any time before delivery.

INCOMPLETE - is defined as <u>one dose</u> given at any time prior to delivery. If the chart does not mention steroid administration, assume none.

If no dates if administration are given, but the chart refers to 'complete' or 'partial' doses, code as such.

If no dates of administration are given and the chart does not refer to completeness but indicates that steroids were administered, score as 'One incomplete course'. If the chart specifies two or more doses were administered score as 'One complete course'.

Fetal Heart Monitor

Found on the Labour Partogram/ Labour and Delivery Record *Refers to the method of fetal surveillance used during monitoring of the labour.

Dictionary provided

4	Intermittent Auscultation (IA)
5	Continuous External Monitoring
6	Continuous Internal Monitoring

IA is recommended for healthy women without risk factors for adverse outcomes.

External Monitoring is the use of EFM (Electronic Fetal Monitoring). **Internal Monitoring** is the use of internally placing EFM patches on the baby's head for fetal surveillance.

If no Labor partogram is in the chart or it is an elective C-section, please choose IA. Some Fetal Monitoring will always be done.

If two different methods were used for monitoring, please use the most "invasive" method. Internal Monitoring is considered the most invasive.

Mode of DeliveryFound on the Labour and Delivery Record/Operative Report/Birth
Record
*Refers to the mode of delivery used to deliver the babie(s).

Dictionary Provided

1, ABD	Abdominal (laparotomy)
2, CSC	C-section combined transverse and vertical incision-inverted T / J incisions (this refers to
	uterine incision, not skin incision)
3, CSH	C-section / hysterectomy
4, CST	C-section, low segment transverse incision
5, CSV	C-section, classical incision (vertical incision in the body of the uterus)
6, CSU	C-section, type unknown
7, LVS	C-section, vertical incision
8, VAG	Vaginal
9, VAG-	Vaginal with Instrumentation
INST	
10, CWI	C-section with instrumentation

For cases with multiple births, please choose the mode of delivery for <u>each</u> baby. You can choose up to 4 different modes of delivery. If a c-section, transverse incision (or any type) and instrumentation was used during delivery, please choose *C-section with instrumentation*.

If a patient has a trial of forceps that fails, then proceeds to a c-section without any further instrumentation, please select 'C-section with instrumentation.'

Indication for Caesarean

Found on labour and delivery record *Refers to the reason why the patient received a caesarean

1	Advanced Maternal Age
2	Abruptio placenta
3	Breech
4	Transverse lie
5	Diabetes
6	Dystocia (includes Cephalopelvic disproportion, cervical stenosis)
7	Failed Induction
8	Failure to progress
9	Fetal Distress
10	Fetal Growth restriction
11	HIV
12	Maternal herpes simplex infection
13	Hypertensive disorders
14	Isoimmunization
15	Macrosomia suspected
16	Maternal choice (excludes due to previous c-section)
17	Maternal Exhaustion
18	Malpresentation (excluded breech and transverse lie)
19	Multiple pregnancy
20	Other Obstetrical conditions
21	Other Fetal conditions
22	Previous c-section
23	Prolapse cord
24	Placenta Previa
25	Previous traumatic delivery (3rd + 4th degree tear)
26	Prolonged ruptured of membranes >18hr
27	Prolonged ruptured of membranes >24hr
28	Fetal anomaly
29	Suspected/imminent uterine rupture
30	Diseases of the cervix
31	Uterine surgery
32	Post-mortem c-section
33	Concern for fetal well-being
99	Unknown

VBAC Eligibility

Found on the antenatal record *Refers to if patient is eligible for a VBAC (vaginal birth after caesarean)

Dictionary Provided

Y, 1	Yes
N, 2	No
U, 3	Unknown

Pain Management Method

Found on the Labour and Delivery Record/ Operative Report *Refers to any anesthesia given to the woman for pain management during the total phase of labour and delivery. *Please note you can enter up to a maximum of 4 different pain management methods into the abstract. Duplicate entry is not allowed within the 4 fields.

Dictionary Provided

1	None
2	Local
3	Pudendal (nerve block)
4	Entonox
5	Epidural
6	Spinal
7	General
8	Narcotics (Includes fentanyl/versed)
9	Other

The pain management method includes any anesthesia/analgesia that the woman received during her first stage labour up until delivery (including any retained products of conception).

Neonate Chapter

Presentation of Fetus	Found on the labour and delivery/OR record
	*Refers to the presentation of the fetus

Dictionary provided

1	Breech
3	Compound presentation
7	Persistent occiput posterior (ROP, LOP, OP)
8	Shoulder presentation
9	Vertex (Cephalic, LOA, ROA, OT, ROT, LOT, OA)
10	Transverse Lie (i.e. sideways)
99	Unknown

Place of birth

Found on the Admission/Discharge notes/ Neonatal Transfer Form / Nursing notes

*Refers to the place of birth the baby was born.

1	Clinic/Doctors office
2	Free Standing Birth Center
3	Hospital
4	In transport
5	Other
6	Residence

<u>Gestational Age</u>	Found on the Labour and Delivery Record/ Admission and Discharge notes Format - Number (2 digits), Number (1 digit) Ex: <u>39</u> weeks and <u>6</u> days
	Validation Rule - a number greater than 44 is not valid for the number of weeks. A number greater than 6 is not valid for days.
	If the days are not available, code '0' for days.
	If gestational age is not available enter 99 for the weeks and 9 for the days for unknown.
<u>Birth Length (cm)</u>	Found on the Newborn Admission and Discharge Report/ Baby Record Format - Number Maximum value is '99'

If unknown, code '99'

<u>Head Circumference (cm)</u>	Found on the Newborn Admission and Discharge Report/ Baby Record Format - number *This refers to the <u>birth</u> head circumference. Maximum value is '99'. If the value is unknown, code '99'.
<u>Apgar Score 1 minute</u>	Found on the Labour and Delivery Record/ Newborn Admission and Discharge Report/ Baby Record Format - number (0-10)
Apgar Score 5 minute	If the value is unknown, code 99. Found on the Labour and Delivery Record/ Newborn Admission and Discharge Report/ Baby Record Format - number (0-10)
Ventilation: Bag and Mask	If the value is unknown, code 99. Found on the Labour and Delivery Record/ Neonatal Respiratory Care form *This includes ventilation with bag and mask, CPAP, or any non-invasive PPV (Positive Pressure Ventilation).

Dictionary provided

Y, 1	Yes
N, 2	No
U, 3	Unknown

Delayed/Deferred Cord Clamping

Found on the Newborn Admission and Discharge Report/ Nursing Notes *Refers to a delay in cord clamping (over 30 seconds) to allow blood from cord to flow to baby

Dictionary provided

Y, 1	Yes
N, 2	No
U, 3	Unknown

If you choose No, Unknown, 3M will bypass the next field.

Time of Delayed Cord Clamping

Found on the Newborn Admission and Discharge Report/ Nursing Notes *Refers to how long the delay of cord clamping lasted

1	30-59 seconds
2 60-120 seconds	
3	Over 120 seconds
9	Unknown

Abnormal Conditions of the Newborn

Admission to SCU

Found on the labour and delivery record, nursing notes *Refers to if the patient was admitted to the special care unit *Only effective in Miramichi

Dictionary provided

Y, 1	Yes
N, 2	No
U, 3	Unknown

Stillborn Cases

For all cases with a Main Patient Service (MPS) of **89 - Stillborn**, the following field must be filled in the abstract

<u>Stillborn</u>

Found on the Labour/Delivery Record

Dictionary provided

1	Death before Labour onset
2	Death during Delivery/Labour

When **MPS '54'** this field will automatically bypass. When **MPS '89'**, this field only (in this chapter) will be available for entry.

Project 400- Infant Feeding Form

1.1 Skin-to-skin Immediate

Found on infant feeding form

1	Yes	
2	No	
3	Not applicable	
4	Infant not born in this facility	

1.2 Skin-to-skin Uninterrupted

Found on infant feeding form

1	Yes
2	No
3	Not applicable
4	Infant was not fed in this facility

*If 4 is selected do not answer the following questions 2.1-2.4

2.1 Breastfed prior to hospital discharge

Found on infant feeding form

1	Yes
2	No
3	Infant was not fed in this facility

*If 3 is selected do not answer the following questions 2.2-2.4

2.2 Breastfed within 1 hour

Found on infant feeding form

1	Yes
2	No
3	Not applicable
4	This baby is not breastfeeding

2.3 Feeding Birth to discharge/transfer

Found on infant feeding form

1	Breastmilk only
2	Breastmilk and other liquid(s)
3	Infant formula only

2.4 Medical conditions affecting

Found on infant feeding form

1	Yes
2	No
3	Not applicable (infant only received breastmilk)

Midwifery Care Record-Maternal

For all maternal midwifery care records

Date of first prenatal visit	Found on the midwifery care record-Materna	
(with a midwife)	Date in YYYY/MM/DD	

<u>Gestational age</u> (at first prenatal visit)

Intended place of birth during prenatal period

Found on midwifery care record-Maternal

Format in weeks

Found on the midwifery care record-Maternal

Dictionary provided

1	Hospital
2	Home

Intended place of birth at onset of active labour

Found on the midwifery care record-Maternal

Dictionary provided

1	Hospital
2	Home

Actual place of birth

Found on the midwifery care record-Maternal

Dictionary provided

1	Hospital
2	Home
3	Other

Labour

Found on the midwifery care record-Maternal

*Refers to if Emergency Medical Services (EMS) Was called to the home at any time during labour.

Y, 1	Yes
N, 2	No

Found on the midwifery care record-Maternal

*Refers to if Emergency Medical Services (EMS) Was called to the home at any time during birth.

Dictionary provided

Y, 1	Yes
N, 2	No

Immediate Postpartum

Found on the midwifery care record-Maternal

*Refers to if Emergency Medical Services (EMS) Was called to the home at any time during Immediate postpartum.

Dictionary provided

Y, 1	Yes
N, 2	No

Was there a transfer to hospital using EMS during a planned hospital birth?

Found on the midwifery care record-Maternal

Dictionary provided

Y, 1	Yes
N, 2	No

Was there a transfer to hospital using EMS during a planned home birth?

Found on the midwifery care record-Maternal

Dictionary provided

Y, 1	Yes
N, 2	No

If 'No' is selected 3M will bypass the next field

<u>Birth</u>

If yes, was the transfer by:

Found on the midwifery care record-Maternal

Dictionary provided

1	Car
2	EMS(non-urgent)
3	EMS (urgent)

Second attendant during a home birth Found on the midwifery care record-Maternal

<u>Sirtin</u> Tourid on the midwhery care rec

Dictionary provided

1	Registered Midwife
2	EMS
3	Second Attendant

Was there a Transfer of Care to another care provider during, pregnancy labour or postpartum Found on the midwifery care record-Maternal

Dictionary provided

Y, 1	Yes
N, 2	No

If yes, was the transfer temporary or permanent

Found on the midwifery care record-Maternal

Dictionary provided

1	Temporary
2	Permanent

Was there a consultation with another care provider

Found on the midwifery care record-Maternal

Dictionary provided

1	Antepartum
2	Intrapartum
3	Postpartum
3 No	
*NA Utala Oran and Cald	

*Multiple Occurrence field

Did the client leave midwifery care during pregnancy?

Found on the midwifery care record-Maternal

Dictionary provided

Y, 1	Yes
N, 2	No

If 'No' is selected 3M will bypass the next field

If yes, why?

Found on the midwifery care record-Maternal

Dictionary provided

1	Pregnancy Loss
2	Pregnancy Termination
3	Other Medical Reasons
4	Relocation
5	Client choice
6	Midwife choice
7	Other

Does the client fall into any of the following population categories

Found on the midwifery care record-Maternal

1	Poverty
2	Food Insecurity
3	Inadequate housing
4	Social Isolation due to language barrier
5	Social Isolation due to cultural barrier
6	Social Isolation due to rural distances
7	Social Isolation due to immigration/refugee status
8	Social Isolation due to extended absence of partner for employment
9	Social Isolation due to incarceration
10	Identifies as LGBTQ
11	Single parent
12	Receiving Social Assistance
13	Less than 21 years old at time of delivery
14	Student
15	Military or partner in Military
16	Minority by race, religion, or ethnicity
17	First nations, Metis, or Inuit
18	Has not completed high school education

19	Cognitive, physical, or behavioural disabilities
20	Current/previous domestic or sexual abuse
21	Addictions or mental health concerns
22	Significant previous trauma related to pregnancy or childbirth
23	History of involvement with child protection
24	Requesting vaginal birth after caesarean
25	Requesting home birth
26	Other
27	None

Date of discharge from Midwifery care

Found on the midwifery care record-Maternal

Date in YYYY/MM/DD

Midwifery Care Record-Infant

For all home and hospital births

If baby was born in hospital, start on question 5 (Feeding from birth to discharge from Midwifery services)

Skin to Skin

Found on the midwifery care record-Maternal

Dictionary provided

Y, 1	Yes
N, 2	No

First feeding after birth

Found on the midwifery care record-Infant

Dictionary Provided

1	Breast milk
2	Infant formula
3	Infant not fed in this facility

*If newborn not fed in home (transferred to hospital or neonatal death do not answer questions 3 and 4)

Did the infant experience any of the following medical conditions?

Found on the midwifery care record-Infant

Dictionary provided

Y, 1	Yes
N, 2	No

*In 3M only "Yes" or "No" option

Did the mother experience any of the following medical conditions?

Found on the midwifery care record-Infant

Dictionary provided

Y, 1	Yes
N, 2	No

*In 3M only "Yes" or "No" option

Feeding from birth to discharge from Midwifery services

Found on the midwifery care record-Infant

Dictionary Provided

1	Breast milk
2	Infant formula
3	Infant not fed in this facility

Indication for Supplementation

Found on the midwifery care record-Infant

Dictionary Provided

1	Birth weight less than 1500g
2	Gestational age less than 32 weeks
3	Hypoglycemia due to impaired metabolic
	adaptation or increased glucose demand
4	Significant weight loss in presence of clinical
	indications
5	Clinical indication of insufficient milk intake
6	Metabolic disorder
7	Maternal severe illness
8	Herpes simplex virus 1-lesions on the breast
9	Maternal medications
10	Breast surgery
11	Maternal choice
12	Other

Transfer of Care to another primary provider

Found on the midwifery care record-Infant

Dictionary provided

Y, 1	Yes
N, 2	No

Consultation with another care provider

Found on the midwifery care record-Infant

Dictionary provided

Y, 1	Yes
N, 2	No

Discharge date from Midwifery care

Found on the midwifery care record-Infant

Date in YYYY/MM/DD

Maternal and Newborn Diagnostic and Intervention Codes

For further coding and abstracting instructions and mandatory data collection, please refer to the Canadian Coding Standards, the Discharge Abstract Database manual (DAD) as well as any coding/abstracting instructions given by Department of Health. Please refer to the ICD-10-CA/CCI Folio Program for a complete list of approved diagnostic and interventions codes for maternal, newborn and congenital anomaly coding.

ICD-10-CA Chapters

Chapter XV - Pregnancy, childbirth, and the puerperium (O00-O99) Chapter XVI - Certain conditions originating in the perinatal period (P00-P96) Chapter XVII - Congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)

<u>CCI Sections</u> Section 5 - Obstetrical and Fetal Interventions

Contact Information

For any Feedback, comments, or questions regarding any section of the NB Perinatal Health Program coding manual, please contact: Sarah Mallais, CHIM/CGIS, Informatics Coordinator for PerinatalNB Phone: 506-870-2454 Email: sarah.mallais@horizonnb.ca

Appendix A - List of field changes and modifications

Reproductive Chapter

Pregnant Individuals Information Chapter Substance Use – new selections

Previous OBS History Chapter

Antenatal Care Provider – now multiselect Diabetes Treatment- new selections

Labour and Delivery Chapter Indication for induction – consolidated selections

Neonate Chapter

Presentation of Fetus – consolidated selections