

# New York City Electronic Spontaneous Termination of Pregnancy (ESTOP) Registration System

## Data Entry Guidelines

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Developed by the New York City Department of Health and Mental Hygiene  
Bureau of Vital Statistics Quality Improvement Unit

[www.nyc.gov/EVERS](http://www.nyc.gov/EVERS)

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## INTRODUCTION

The spontaneous termination of pregnancy certificate is the permanent legal record of the date, time, place of delivery of, and in certain cases, the medical circumstances surrounding a spontaneous termination of pregnancy. The spontaneous termination of pregnancy registration process has been incorporated into the Electronic Spontaneous Termination of Pregnancy (ESTOP) Registration System as part of New York City Department of Health's (DOHMH) Electronic Vital Events Registration System (EVERS). The information contained in these guidelines will help to ensure consistent data and statistics across different institutions throughout the city. The guidelines describe the entry of the information from facility and physician records and notes into the New York City Certificate of Spontaneous Termination of Pregnancy and Confidential Medical Report of Spontaneous Termination of Pregnancy sections in ESTOP. These guidelines refer to the web-based ESTOP system and follow the order of the ESTOP system screens.

The data entered into the ESTOP application will be electronically transmitted to the DOHMH through a secured Internet pathway. The DOHMH approves and registers the ESTOP record. The legal portion of the spontaneous termination of pregnancy certificate can be printed out by the DOHMH and mailed at the request of the mother/parent. The reporting institution can view all of their records entered into ESTOP; however, records that have already been registered by the DOHMH are disabled for any changes to the data unless official amendments are submitted. Data entered into the ESTOP system will be monitored by the Quality Improvement Unit of the Office of Vital Statistics.

## NEW YORK CITY HEALTH CODE PERTAINING TO SPONTANEOUS TERMINATIONS OF PREGNANCY

According to the New York City Health Code, Title 24, Article 1, Section 1.03 (g), when used in the New York City Health Code, "department" means the Department of Health and Mental Hygiene of the City of New York. When a provision of this Code gives the Department the authority or the duty to act, such authority or duty vests in the Commissioner or in an employee of the Department specifically designated by the Commissioner, or in any employee of the Department who is given such authority or duty in accordance with the administrative procedures of the Department established by the Commissioner.

The New York City Charter, Chapter 22, Section 556c (1) states Except as otherwise provided by law, the department shall have jurisdiction to regulate all matters affecting health in the city of New York and to perform all those functions and operations performed by the city that relate to the health of the people of the city, including to supervise and control the registration of births, fetal deaths and deaths.

The New York City Administrative Code, Title 17, Chapter 1, Section 17-166 (a) states The department shall keep a record of the births, fetal deaths and deaths filed with it, the births, fetal deaths and deaths shall be numbered separately and recorded in the order in which they are respectively received.

### *Definition of Spontaneous Termination of Pregnancy*

1. **§203.01 (a)** "Termination of pregnancy" means the expulsion or extraction of a conceptus, regardless of the duration of pregnancy, other than a live birth as defined in § 201.01(a), and includes fetal death.
2. **§203.01 (b)** "Spontaneous termination of pregnancy" means the unplanned termination of a pregnancy, including but not limited to an ectopic pregnancy, or such a termination associated with a cesarean section, or an operative procedure unrelated to pregnancy resulting in an inadvertent termination.
3. **§203.01 (d)** "Conceptus" means the product of any termination of pregnancy, regardless of its duration, including a hydatidiform mole, fetal tissue or other evidence of pregnancy recovered by operative or other procedure, but not including a live birth as defined in § 201.01(a).
4. **§203.01 (e)** "Licensed health care practitioner" means a physician or other person licensed or authorized pursuant to the New York State Education Law, or other applicable law, to perform terminations of pregnancy.
5. **§203.07** Confidential medical report of spontaneous termination of pregnancy and certificate of induced termination of pregnancy; not subject to or compelled disclosure inspection. (a) The confidential medical report of a spontaneous termination of pregnancy shall be confidential and not subject to compelled disclosure or to inspection by persons other than the Commissioner or authorized personnel of the Department, except in a criminal action or criminal proceeding, or for official purposes by a federal, State, county or municipal agency charged by law with the duty of detecting or prosecuting crime.

**Spontaneous terminations correspond to ICD-10 diagnosis codes O00-O03.9 (including all subcodes) and P95, O36.4, and several Z37 subcodes. Refer to Appendix A for a complete list of all ICD-10 diagnosis codes.**

## *Requirement to Report a Spontaneous Termination*

### **§203.03**

(a) When a termination of pregnancy occurs in the City it shall be reported as follows:

1. If the event occurs in a hospital or en route thereto, by the person in charge of such hospital or his or her designee; or
2. If the event occurs elsewhere than in a hospital or en route thereto, by the licensed health care practitioner in attendance at or after such event; or
3. If a licensed health care practitioner attends at or after the event elsewhere than in a hospital or en route thereto as an associate of a hospital, by the person in charge of the hospital with which the licensed health care practitioner is associated or by the designee of such person in charge; or
4. If the event is investigated by the office of chief medical examiner, by a medical examiner within that office.

(b) The person required to report a termination of pregnancy pursuant to subsection (a) (1), (2) or (3) of this section shall file:

2. A certificate of spontaneous termination of pregnancy, including a confidential medical report, for a spontaneous termination of pregnancy

(c) A certificate of termination of pregnancy required by this section shall be filed within 24 hours after the event if a permit to dispose of the conceptus pursuant to Article 205 of this Code is required or requested, and in all other cases a certificate of termination of pregnancy shall be filed within five business days after the event with any office maintained and designated by the Department for such purposes.

(d) In circumstances where the issuance of a disposition permit pursuant to Article 205 of this Code is required or requested and a person required to report a termination of pregnancy pursuant to subdivision (a) of this section does not file a report thereof electronically, the requirement of filing a certificate and confidential medical report, if any, required by this section may be fulfilled by delivery of the same immediately upon demand and within the time prescribed by subdivision (c) of this section to a funeral director or undertaker authorized to take charge of the conceptus or to the person in charge of the City mortuary if the remains are to be buried in the City cemetery. Such funeral director, undertaker or person in charge of the City mortuary, or an agent of such funeral director or undertaker registered with the Department pursuant to Article 205 of this Code or a designee of the person in charge of the mortuary, shall then file the certificate within 48 hours following the receipt of the certificate of termination of pregnancy. Funeral directors, undertakers, City mortuary personnel, and their agents or designees, shall not divulge information in the confidential documents except to authorized personnel of the Department.

(e) All spontaneous terminations of pregnancy occurring at or en route to hospitals or other facilities that report births electronically to the Department pursuant to Article 201 of this Code...shall be reported to the Department electronically by means of computer programs specified and provided or otherwise authorized for use by the Department. In circumstances where the issuance of a disposition permit pursuant to Article 205 of this Code is required or requested, and a person required to report a termination of pregnancy pursuant to subdivision (a) of this section files a report thereof electronically, a funeral director or undertaker authorized to take charge of the remains, or the person in charge of the City mortuary when said mortuary files an application for a disposition permit, shall also file, within 72 hours following the termination of pregnancy, the

application for such a permit electronically by means of computer programs specified and provided or otherwise authorized for use by the Department. All hospitals or other facilities that are not required to report terminations of pregnancy electronically pursuant to this subdivision may, at their election and upon approval by the Department, implement an electronic reporting system, or continue to report terminations of pregnancy on approved paper forms. However, once a hospital or facility has commenced reporting electronically, such hospital or facility may not report on paper forms unless otherwise authorized by the Department.

(f) All facilities required or electing to report electronically pursuant to subdivision (e) of this section shall apply to the Department prior to implementing any electronic reporting system and, upon approval by the Department, shall make electronic reports only in such manner and on computer programs prescribed and provided by or otherwise authorized by the Department. Written paper reports may be submitted for a limited period of time only in the case of extenuating circumstances, temporary equipment failure, or prolonged inability to access the electronic reporting system, and only with the specific approval of the Department. In addition, the Department may, on its own initiative, allow written, paper reports to be submitted if electronic reporting is not possible in a particular circumstance, as a result of a deficiency in the Department's electronic reporting system. The Department may, in addition, require summary, cumulative or periodic reports on such reporting schedule as it may deem necessary.

(g) The person required to report a termination of pregnancy or to file an application for a disposition permit shall provide to the Department information that was required to be reported, but that was not so reported, within five business days of that person receiving the information.

(h) Upon a request by the Department for additional information that may be necessary to complete, clarify or verify the information required to be reported, the person required to report a termination of pregnancy or to file an application for a disposition permit shall provide such information to the Department within five business days of the request.

#### *Preparation and certification of certificates*

#### **§203.05**

(a)(1)*Preparation.* Any certificate or confidential medical report required by this Article shall be prepared by the same person required to file the same pursuant to § 203.03 but when a termination of pregnancy occurs in a hospital or en route thereto, the certificate and confidential medical report, if any, shall be prepared by a licensed health care practitioner in attendance, assisting or present at or after the event, by the chief medical officer of the hospital, by the physician in charge of the service on which the woman was treated, or by a designee of the person in charge of the hospital who is trained or approved by the Department. When a licensed health care practitioner attends at or after a termination of pregnancy elsewhere than in a hospital or en route thereto, he or she, or a designee of such person who is trained or approved by the Department, shall prepare the required certificate and confidential medical report, if any.

(2) *Certification.* A certificate of spontaneous termination of pregnancy and the confidential medical report shall be certified by a physician in attendance or assisting at or after the event, by the chief medical officer of the hospital where the event occurred, or by the physician in charge of the service on which the woman was treated... A person certifying a certificate and confidential medical report, if any, shall examine said documents for correctness of the information contained thereon and make necessary changes.

*Disposal of conceptus*

**§203.09**

Every conceptus that has completed 24 or more weeks of gestation shall be disposed of in a manner provided for human remains generally and in accordance with a disposition permit issued pursuant to Article 205 of this Code. When, however, a conceptus has not completed 24 weeks of gestation, it may be disposed of in accordance with a disposition permit issued pursuant to Article 205 of this Code, upon request.

The New York City Health Code, Title I, Article 3, Section 3.12 (a) states ...any person who is determined to have violated this Code or any other applicable law or regulation...shall be subject to a fine, penalty and forfeiture of not less than two hundred and not more than two thousand dollars for each violation of a provision of this Code or any other applicable law or regulation relating to such businesses, trades, occupations and other activities. Each such violation shall be a separate and distinct offense, and in the case of a continuing violation, each day's continuance thereof shall be a separate and distinct offense.

## DATA ENTRY INTO ESTOP: GENERAL GUIDELINES AND HINTS

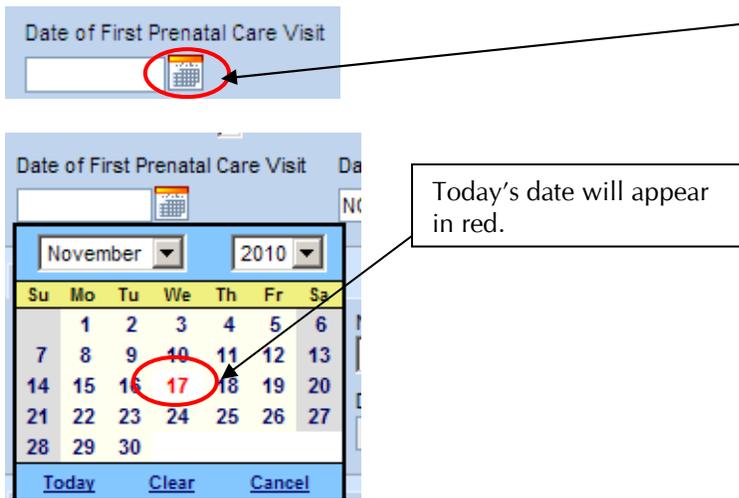
The following section includes tips and tricks to make ESTOP data entry faster and more efficient.

### NAMES

All names (e.g. fetus's name, mother/parent's name, father/parent's name) should be entered in proper case, meaning that the first initial of each name should be capitalized and the rest of the name should be in lower case (For example, John Jacob Smith). Do not enter names in all capital letters or all lower case letters. If a name field contains more than one name (for example, the mother's first name is Mary Ann), enter only one space between each name. The only acceptable characters are A-Z, hyphen ( - ), apostrophe ( ' ), and space/blank.

### DATES

Fields that require the month, day and year can be entered by clicking on the calendar icon.



Select the month and year from the drop down menus. Select the desired day of the month from the calendar. Today's date will appear in red. Once you have selected the month, year, and day, the full date will fill the field. You can also click on the Today link to enter the current date.

Fields that require the month, day, and year, the date can also be entered manually in the following ways:

- a. **MONDDYYY** - where MON represents the three letter abbreviation of the month, DD represents the two digit day of the month and YYYY represents a four digit entry for the year.
- b. **MM/DD/YYYY** - where MM represents the two digit month number, DD represents the two digit day of the month and YYYY represents a four digit entry for the year.
- c. **MM-DD-YYYY** - where MM represents the two digit month number, DD represents the two digit day of the month and YYYY represents a four digit entry for the year.
- d. **MMDDYYYY** - where MM represents the two digit month number, DD represents the two digit day of the month and YYYY represents a four digit entry for the year.

After moving on to the next field, the system will automatically reformat the date as MON-DD-YYYY, regardless of the format you used to enter a date.

**NOTE:** Fields that only require the month and year do not have a calendar icon. These dates can be entered in the following formats: MONYYYY, MM/YYYY, MM-YYYY, or MMYYYY. MON is the three-letter abbreviation of the month, MM is the two-digit number for the month, and YYYY is the four-digit year. Once entered correctly, no matter what format was entered, the date will display with the MON/YYYY format in the field.

**HOTKEY:** If the cursor is placed in a date field, use the F12 key on the keyboard to insert the current date.

### **ADDRESSES**

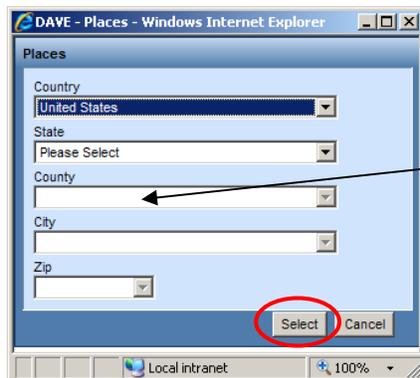
Use the **Places table** (the house icon), as it will fill in proper capitalization and spelling automatically. This is the preferred method for entering location information and will result in the least amount of data entry errors.

To use the **Places table**, click the house icon and the Places table will display.



The Places table contains a separate drop down menu for Country, State, County, City, and ZIP. You must first select a country, before the State drop down menu will enable. Once you select a state, the County drop down menu will enable, and so forth. Once you have made all selections, click the Select button at the bottom of the Places table. The system will then enter the information into the address fields.

### **Places Table**



This level will not be enabled until you select an option for the level above.

**NOTE:** Not all geographic information for the Places table is available yet. If you are using the Places table to fill in an address and notice that the correct information is not included in the City

or ZIP code level, you can fill in some of the Address (for example, the Country and State) using the Places table and then type the rest of the information into the record.

Addresses can also be entered manually. This can often lead to spelling mistakes and other errors that can delay the mailing of a certificate to the mother/parent. To avoid these errors and delays, we request that you use the **Places table** (the house icon), as it will fill in proper capitalization and spelling automatically.

If you are manually entering the address, type the street name, city, state, etc. in proper case (just as if you were writing it on an envelope). Use the drop down menus where provided.

A screenshot of a web-based address entry form. The form is light blue and contains several input fields and drop-down menus. The fields are: Street Number, Pre Directional (drop-down), Street Name, Rural Route, etc., Street Designator (drop-down), Post Directional (drop-down), Apt #, Suite #, etc., City or Town, County, State, Country (with 'United States' selected), and Zip Code. Three black arrows point from the text above to the Pre Directional, Street Designator, and Post Directional drop-down menus.

**Please check your manual entry to make sure all capitalization and spelling is correct. Make sure ALL information is entered, including City, County (for usual residence address), State, and ZIP code.**

**NOTE:** For State, the two-letter abbreviation or the whole word(s) can be entered. If the two-letter abbreviation was entered, it will be changed to the whole word(s) by the system when the page is saved. If it does not change, please confirm that you entered the correct abbreviation for the state. For foreign addresses (such as Canada), enter the province/territory/region in the State field. For Country, the system defaults to United States. If the mother/parent resides outside of the US, enter the foreign country.

### **UNKNOWNNS**

For many fields, you can select or enter Unknown in the drop down menu or text fields if you do not know the answer to a particular item. If the question has a drop down menu, select Unknown from the menu. If the field requires numbers or a date (e.g. First Prenatal Care Visit Date), enter a 9 for each digit that is unknown. For example, if the whole First Prenatal Care Visit date is unknown, enter 99-99-9999. If only part of the date is unknown, such as the day, enter MM-99-YYYY.

**IMPORTANT:** If the answer is Unknown, **DO NOT select No or choose Other, None, or None of the Above.** For example, if you are unable to obtain the information for the cigarette smoking question, you should select Unknown from the drop down rather than No. No and Unknown are different; Unknown means you do not know whether s/he smoked, while No means that s/he did not smoke. Incorrect responses greatly affect data quality and reports derived from the data.

### **WILD CARD SEARCHES**

The % sign can be used to search for a record or other information when the exact name or value is unknown. This is called a wild card search. In any search field (except CaseID), you can use % alone to bring up all records/items for that field. For example, entering a % sign in the Mother's Current Legal Last Name field will bring up a list of all records in the ESTOP system. If you would

like to narrow your search, you can enter one or more characters and then the % sign. For example, to look for a mother/parent with a current legal last name that begins with a T, enter T% into the last name field and select Search. All cases where the mother/parent's last name begins with T will show on the Results list.

### **VALIDATING A RECORD**

ESTOP has built-in edits and validation rules to help you enter the data correctly and improve data quality. Edits and validation rules are specific to each page, and data can be checked against these edits and validation rules by selecting the Validate Page button at the bottom of the page or the Validate Registration link in the Fetal Death Registration Menu (fetal death is another term for a spontaneous termination of pregnancy):

**Validate Page** – The Validate Page button is located at the bottom of each page. When you select this button, the data entered on the page is checked against edit and validation rule criteria that help ensure the data is accurate. The data entered on other pages will also be checked against the rules specific to those pages. Selecting this button will also SAVE the information you have entered on the page.

If any of the information entered in the fields on the page does not meet the criteria of the edits or validation rules, those “invalid” fields will highlight red or yellow. You will also see a list of errors on the bottom of the page explaining which fields are invalid and how to correct them. You will also see a colored arrow next to each page on the Fetal Death Registration Menu:

- Red means the data entered in the field(s) do not meet the edit or validation criteria, and you cannot registration the case until this information is corrected. These edits and validation rules are called HARD EDITS. You must correct the information in the invalid fields before you register the case.
- Yellow means the data entered in the field(s) do not meet the edit or validation criteria, but the case can still be registered after verifying the information in the fields is verified. These edits and validation rules are called SOFT EDITS. You must verify the information is correct, but you are not required to correct the information. Once you verify and/or correct the information entered, you can override the edit and register the case. Overriding an edit or validation rule will not get rid of the yellow arrow or yellow highlighting in the fields. This signals that the information entered on the page is ‘valid with exceptions.’ This does not affect your ability to register the case.
- Green means that the data entered into the fields have met all edit and validation rule criteria.

**Validate Registration** – The Validate Registration link is located under Other Links in the Fetal Death Registration Menu. You can select this link after you have entered and saved all of the case information, instead of validating each page individually as you go. When you Validate Registration, a new page will display with all the edits and validation rules that have failed for this case. For soft edits, you can select Fix to verify or correction the information and then select Override once you have verified the information entered is correct. For hard edits, you must either select Go to Field or Popup to view the invalid field and correct the data.

**NOTE:** A record is ready to be certified when:

- The colored arrows next to each page on the Fetal Death Registration Menu are all green, OR
- The colored arrows next to each page on the Fetal Death Registration Menu are green or yellow and all soft edits have been verified and overridden.

**ADDITIONAL INSTRUCTIONS ON USING THE SYSTEM CAN BE FOUND IN THE GUIDE *HOW DO I SUBMIT SPONTANEOUS TERMINATION OF PREGNANCY CERTIFICATES?* located on [www.nyc.gov/EVERS](http://www.nyc.gov/EVERS)**

**A GLOSSARY OF ICONS AND CONTROLS CAN BE FOUND IN APPENDIX B.**

## DATA ENTRY INTO ESTOP: DEFINITIONS AND INSTRUCTIONS FOR EACH ITEM

The following section describes how to enter the data on each screen or page of ESTOP. The instructions will help you enter the data accurately into ESTOP and will ensure accurate reporting of data.

### **SCREEN: START/EDIT NEW CASE**

This screen is used to start a new case and to compare new case information to other existing cases in the system to identify possible duplicate records. All data elements on this screen appear on the screens inside the record and are copied over into the applicable fields when the case is started.

In order to start a new case in the system you need certain minimum required information about the delivery. On the screen, red arrow indicators show the required fields.

#### **Currently, the required fields to start a new case are:**

- Did heart beat after delivery?\*
- Was there movement of voluntary muscle?\*
- Mother's Current Legal Last Name
- Mother's Medical Record Number
- Date of Delivery

**You must enter Mother's Medical Record Number twice to verify accuracy.**

**Start/Edit New Case**

Did heart beat after delivery? ▾ Was there movement of voluntary muscle? ▾

**Mother's Information**

Mother's Current Legal First Name:  Mother's Current Legal Last Name:

Mother's Last Name Prior to First Marriage:

Mother's Medical Record Number:  Verify Mother's Medical Record Number:

**Fetus Information**

Fetus First Name:  Fetus Last Name:  Date of Delivery:

Sex:  Case Id:

**Place of Delivery Information**

Place of Delivery Location Type:  Borough of Delivery:

Facility:

\*If the answer to **Did heart beat after delivery?** or **Was there movement of voluntary muscle?** is **Yes**, you will receive the pop-up message shown below. The system will prevent you from moving forward with this case. The case must be entered using both a birth and death Certificate.

The screenshot shows a web form titled "Start/Edit New Case" with several sections for data entry. At the top, there are two dropdown menus: "Did heart beat after delivery?" (set to "Yes") and "Was there movement of voluntary muscle?". Below these are sections for "Mother's Information" (including first and last names, and medical record numbers), "Fetus Information" (including first and last names, date of delivery, sex, and case ID), and "Place of Delivery Information" (including location type and facility). A "Clear" button is visible in the bottom right corner of the form. Overlaid on the form is a "Windows Internet Explorer" error dialog box with a yellow warning icon. The message in the dialog reads: "Case is not a Spontaneous Termination of Pregnancy. Please enter both a Birth and Death case." with an "OK" button.

Instructions for entering the fetus's and mother/parent's information can be found below in the sections corresponding to the Fetus screen (page 17) and the Mother/Parent screen (page 22).

## **SCREEN: FETUS**

This screen is used to enter the information about the fetus, including name and date of delivery.

DATA SOURCES: Labor and delivery records, emergency department records, mother/parent's medical records.

**Fetus**

Fetus Name (Optional)

No Given Name

First Middle Other Middle Last Suffix

SEP-16-2009 Time Sex

Number delivered in this pregnancy If more than one, number in order of delivery If more than one, number born alive

Obstetric Estimate of Gestation (completed weeks)  Does mother/parent request disposition

Validate Page Next Clear Save Return

### **FETUS NAME (OPTIONAL)**

If the parents have chosen not to name the fetus, put a check in the box for **No Given Name**. The fields for First and Last will be auto-filled with a string of 4 asterisks ('\*\*\*\*').

If the parents have chosen to only give the fetus a last name, put a check in the box for **No Given Name**. The fields for First and Last will auto-fill with a string of 4 asterisks ('\*\*\*\*'). Delete the asterisks in the Last field and type in the fetus's last name.

If the parents have chosen to give the fetus both a First and Last name:

- **FIRST** - Enter the first name of the fetus. Do not enter Baby Girl, Baby Boy, Infant, Newborn, Male, Female, Twin A, etc.
- **MIDDLE, OTHER MIDDLE** - Enter the middle name of the fetus. If there is no middle name, leave this field blank. If there are more than two middle names, enter the second middle name in the Other Middle field.
- **LAST** - Enter the last name of the fetus. The mother/parent can select any last name s/he wants for the fetus.
- **SUFFIX** - If applicable, enter the suffix of the name (Jr., II, III, etc). If there is no suffix, leave this field blank.

## **DATE OF DELIVERY**

This field will automatically fill with the date of delivery entered on the Start/Edit New Case screen. If you need to change or re-enter the date, enter the exact month, day, and four-digit year the delivery occurred. If using the calendar icon, click on the icon and select the appropriate date. Valid formats for manual entry are MONDDYYYY, MM/DD/YYYY, MM-DD-YYYY, and MMDDYYYY.

## **TIME**

Enter the exact time of the delivery. Enter the two-digit hour in the first field and the two digit minute in the second field. Use 12-hour format and select AM or PM in the drop down. Military time is not allowed. Midnight is 12 AM and noon is 12 PM.

## **SEX**

Select Male, Female, or Unknown from the drop down menu to indicate the sex of the fetus.

## **NUMBER DELIVERED THIS PREGNANCY**

Specify the number delivered by selecting single, twin, triplet, etc. Include in the count the number of fetuses delivered live or dead at any time in this pregnancy regardless of gestational age or if the fetuses of this pregnancy were delivered on different dates. For example, if Twin A was stillborn on January 1 and Twin B was born alive on January 2, you would enter 2 for Number Delivered This Pregnancy.

Include any fetal reductions that maintained fetal tissue. (Reabsorbed fetuses, those that are not “delivered,” i.e. expelled or extracted from the mother, should not be counted.)

## **IF MORE THAN ONE, NUMBER IN ORDER OF DELIVERY**

If “single” was selected for the previous question, this field will be automatically filled with “Not Applicable.” If this was a multiple birth, please indicate the order of this delivery. Be sure to count each member of this pregnancy, even if born dead. For example, if this case was delivered second, select 2 from the drop down menu. *A separate birth certificate or spontaneous termination certificate, depending on the case, is required for each member of a multiple birth.*

## **IF MORE THAN ONE, NUMBER IN BORN ALIVE**

If this was a single delivery, this field will be automatically filled with “N/A”. If this was a multiple delivery, select a number from the drop down menu.

## **OBSTETRIC ESTIMATE OF GESTATION (COMPLETED WEEKS)**

Enter the best obstetric estimate of the fetus’s gestation in completed weeks. This estimate is based on the attendant’s final estimate of gestation. It should be determined by multiple prenatal factors and assessments, such as ultrasound, **but not the neonatal exam**. Ultrasound taken early in pregnancy is preferred. **DO NOT** complete this item based solely on the date of delivery or the date of the last menstrual period. If the gestation is unknown, enter 99.

**Entering a gestational age of 20 weeks** or more will trigger additional pages to appear in the Fetal Death Registration Menu, including Mother/Parent Health, Pregnancy Factors, Delivery, etc. These pages correspond to the Confidential Medical Report of the paper Spontaneous Termination of Pregnancy Certificate. Just as on paper, you must fill out these pages in ESTOP if the fetus was of a gestational age of 20 weeks or more.

**Entering a gestational age of greater than 24 weeks** will generate the following onscreen warning: "Application for disposition permit is required." The Disposition page will also appear in the Fetal Death Registration Menu. **NOTE: For fetuses between 24 and 25 weeks, (i.e. 24 weeks, 2 days), enter 25 weeks. This will trigger a required disposition.**

#### **DOES MOTHER/PARENT REQUEST DISPOSITION**

**If the fetus is exactly 24 weeks of gestation or less**, indicate whether the mother/parent wishes to determine the final disposition of the fetus by selecting Yes or No from the drop down menu. If you select Yes, the Disposition page will appear in the Fetal Death Registration Menu, and the mother/parent has the option to bury, cremate, entomb, or donate the remains of the fetus. If you select No, your facility will be responsible for disposing of the remains as medical waste.

**If the fetus is greater than 24 weeks of gestation**, a burial permit for disposition is required and this field will be disabled.

### **SCREEN: PLACE OF DELIVERY**

This screen is used to enter place of delivery information.

Place of Delivery

Type of Place of Delivery [A] Other Specify

Facility Name

Address

Borough

Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apt #, Suite #, etc.

City or Town County State Country Zip Code

United States

Validate Page Next Clear Save Return

#### **TYPE OF PLACE OF DELIVERY, FACILITY NAME, AND PLACE OF DELIVERY ADDRESS**

Select the type place of delivery from the drop down menu.

**If you select the type of place of delivery that matches the facility type assigned to your profile, the Facility Name and Address fields will automatically fill and disable.**

**If the Type of Place of Delivery does not match the facility type assigned to your profile, you must manually enter the Facility Name and Address information.**

**If the termination occurred at a location other than your site** or if any information needs to be changed, you may change the Type of Place of Delivery selection and enter the correct facility and address information.

- HOSPITAL- If logged in as a hospital, your hospital's information will be automatically filled in the Facility Name and Address fields once you select hospital as type of place of delivery.
- FREESTANDING CLINIC/DOCTOR'S OFFICE- If logged in as a clinic or a doctor's office, your clinic or office's information will automatically be filled in the Facility Name and Address fields once you select freestanding clinic/doctor's office as type of place of delivery.
- HOME- Enter the home address in the Address section.
- OTHER- Once OTHER is chosen in the drop-down menu, the OTHER SPECIFY field to the right of the drop-down menu will be enabled. In this field, enter the description of where the delivery occurred (ex. ambulance, taxi, subway car, boat, airplane, etc.) Enter the address, cross streets, or coordinates in the Address section. Cross streets or coordinates should be entered in the Street Name field.

**NOTE:** Do not enter addresses in the Facility Name field; if only an address is given, enter the information in the Address section.

Each of the address segments are entered into separate fields:

- **BOROUGH** - Select the New York City borough from the drop down menu.
- **STREET NUMBER** - Enter the house or street number.
- **PRE DIRECTIONAL** - Select N, E, SW, etc. for the street direction, if applicable.
- **STREET NAME OR PO BOX, RURAL ROUTE, ETC.** - Enter the street name, PO Box number, or rural route.
- **STREET DESIGNATOR** - Select the street type (i.e., Avenue, Drive, Street) from the drop down menu.
- **POST DIRECTIONAL** - Select N, E, SW, etc. for the direction at the end of the street name, if applicable (e.g. Central Park West).
- **APT #, SUITE #, etc.** - Enter the apartment or suite number if applicable.
- **CITY OR TOWN**- Enter the city or town.
- **COUNTY - In New York City:**
  - If Manhattan, the county is New York (**DO NOT** enter Manhattan or NY as the county).
  - If Bronx, the county is Bronx.
  - If Brooklyn, the county is Kings.
  - If Queens, the county is Queens.
  - If Staten Island, the county is Richmond.
- **STATE** - Enter NY or New York.
- **COUNTRY** - The system defaults to United States. Enter foreign country if outside the U.S.
- **ZIP CODE** - Enter the five-digit ZIP code.

## **SCREEN: MOTHER/PARENT**

This screen is used to enter mother/parent's identifying information, including name, date of birth, and birthplace.

DATA SOURCES: Mother/parent's medical records

The screenshot shows a web-based data entry form for a mother or parent. The form is titled "Mother/Parent" and is organized into several sections. The first section is "Mother/Parent's Current Legal Name", which includes four text input fields labeled "First", "Middle", "Last", and "Suffix". Below this section is a button labeled "Copy Current Legal Name". The second section is "Mother/Parent's Maiden Name Prior to First Marriage", which also includes four text input fields labeled "First", "Middle", "Last", and "Suffix". The third section is "Date of Birth", which includes a text input field with a calendar icon, a numeric input field for "Age", and a dropdown menu for "Sex". The fourth section is "Mother Birthplace", which includes three text input fields labeled "City", "State", and "Country". At the bottom right of the form are five buttons: "Validate Page", "Next", "Clear", "Save", and "Return".

### **MOTHER/PARENT'S CURRENT LEGAL NAME**

This will be automatically filled with the mother/parent's current legal name entered on the Start/Edit New Case screen. If you need to change or re-enter the mother/parent's current legal name, enter her/his current legal first, middle, and last name(s). The current legal name is the name that s/he uses on all legal documents. This name can be the same as or different from her/his name prior to first marriage (maiden) name. If the mother/parent only has one name, it must be entered in the Last field.

### **MOTHER/PARENT'S NAME PRIOR TO FIRST MARRIAGE**

- If the mother/parent's Name Prior to First Marriage is the **same** as her/his Current Legal Name, then click the Copy Current Legal Name button to copy the Current Legal Name into the Name Prior to First Marriage fields.
- If the mother/parent's Name Prior to First Marriage is **different** from her/his Current Legal Name, then enter the mother/parent's maiden name (her/his name prior to her first marriage): first, middle, last name(s), and suffix. If the mother/parent only has one name, it must be entered in the Last field.

### **DATE OF BIRTH**

Enter the exact month, day, and four-digit year the mother/parent was born. If using the calendar icon, click on the icon and select the appropriate date. Valid formats for manual entry are MONDDYYYY, MM/DD/YYYY, MM-DD-YYYY, and MMDDYYYY. Complete all parts of the date that are available. Enter a 9 for any digit in the date that is not known. For example, an unknown birth date should be entered as 99-99-9999; however if only the day is unknown, enter MM-99-YYYY.

## AGE

Use the auto populate icon () to calculate the mother/parent's age using the birth date entered. If her/his age is unknown, enter 99.

## SEX

Select female or male from the drop down menu to indicate the sex of the mother/parent.

## MOTHER/PARENT'S BIRTHPLACE

The system defaults to a birthplace in the United States. Using the Places table icon () , enter the mother/parent's birthplace. (For more information on the Places table, see Appendix A).

- If the mother/parent was born in the United States or a United States territory, select a city and state or territory from the City and State drop down menus in the Places table. Leave United States for the Country. *This includes Puerto Rico and Guam.*
- If the mother/parent was born outside of the United States, select a different country from the Country drop down menu in the places table and **leave all other fields blank.**
- If you do not know the mother/parent's birthplace, select Unknown from the Country, State, and City drop down menus in the Places table.

### **SCREEN: MOTHER/PARENT'S ADDRESS**

This screen is used to enter the mother/parent's residence address.

DATA SOURCE: Mother's medical record

**Mother/Parent's Address**

Residence Address

Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City or Town	County	State	Country	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	United States	<input type="text"/>	
Inside City Limits	<input type="text"/>				

Validate Page Next Clear Save Return

### **RESIDENCE ADDRESS**

Enter the address of the place where the mother/parent lives. A person's residence address is not necessarily the same as the mailing address, legal address, or voting address.

- Do not enter a temporary residence such as an address used during a vacation, business trip, or a visit to the home of a friend or relative, or a home for unwed mothers.
- Do not use a post office (P.O.) box as a residence address.
- The place of residence during military duty or while attending college is considered a permanent residence and should be entered when applicable.
- If the permanent address is a prison or psychiatric facility, list the street address of the facility. However, there should be no mention of the facility name.
- If the mother/parent is homeless and resides in a shelter, list the address of the shelter. If s/he does not reside in a shelter, enter Unknown in each address segment, excluding the Pre Directional, Street Designator, and Post Directional. Enter 99999 for the ZIP Code.
- If there is no known address, enter Unknown into each address field, excluding the Pre Directional, Street Designator, and Post Directional. Enter 99999 for the ZIP Code.

Each of the address segments are entered into separate fields:

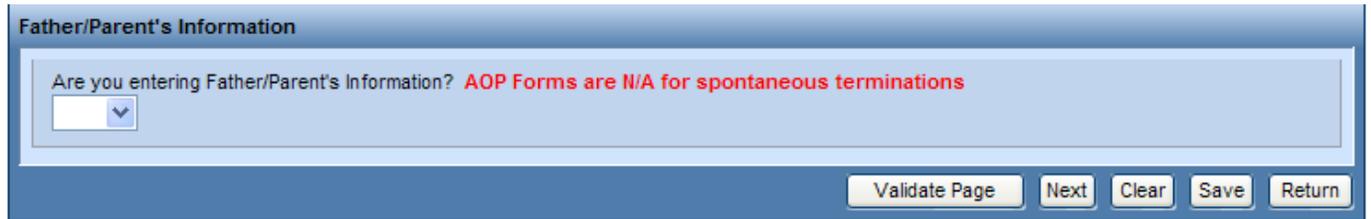
- **STREET NUMBER** - Enter the house or street number.
- **PRE DIRECTIONAL** - Select N, E, SW, etc. for the street direction, if applicable.
- **STREET NAME, RURAL ROUTE** - Enter the street name or rural route. No P.O. Boxes are allowed for the residence address. If the address contains a unit or building number (independent from the apartment number), indicate the unit/building number here.
- **STREET DESIGNATOR** - Select the street type (i.e., Avenue, Drive, Street) from the drop down menu.
- **POST DIRECTIONAL** - Select N, E, SW, etc. for the direction at the end of the street name, if applicable (e.g. Central Park West).
- **APT #, SUITE #, etc.** - Enter the apartment or suite number if applicable.

Use the Places table () to complete the **City**, **State**, and **Country** fields, or enter each manually into separate fields:

- **CITY OR TOWN** - Enter the city or town.
- **COUNTY** – In New York City:
  - If Manhattan, the county is New York (**DO NOT** enter Manhattan or NY as the county).
  - If Bronx, the county is Bronx.
  - If Brooklyn, the county is Kings.
  - If Queens, the county is Queens.
  - If Staten Island, the county is Richmond.
- **STATE** - You may enter the two-letter postal code for the state or type out the word(s). For foreign addresses (such as Canada), enter the province/territory/region here.
- **COUNTRY** - The system defaults to United States. If the mother resides outside of the US, select the foreign country.
- **ZIP CODE** - Enter the five-digit ZIP code or the foreign postal code if outside of the US.
- **INSIDE CITY LIMITS** - Select Yes, No, or Unknown from the drop down. If it is not known if the residence is inside City Limits, select Unknown. Please note that if the mother/parent resides anywhere in the five boroughs of New York City, her/his residence is inside city limits.

### **SCREEN: FATHER/PARENT INFORMATION**

This screen is used to indicate whether father/parent's information will be entered.



Father/Parent's Information

Are you entering Father/Parent's Information? **AOP Forms are N/A for spontaneous terminations**

### **ARE YOU ENTERING FATHER/PARENT'S INFORMATION?**

*Acknowledgement of Paternity (AOP) forms are not applicable for spontaneous terminations.*

- Select Yes or No from the drop down menu to indicate whether father/parent's information will be entered.
- If Yes is selected, additional screens pertaining to the father/parent will appear in the Fetal Death Registration Menu.

## **SCREEN: FATHER/PARENT**

This screen is used to enter father/parent's identifying information, including name, date of birth, and birthplace. *This screen only appears if you select Yes on the Father/Parent Information Screen*

The screenshot shows a web form titled "Father/Parent". It is divided into three main sections. The first section, "Father/Parent's Name Prior to First Marriage", contains four text input fields labeled "First", "Middle", "Last", and "Suffix". The second section, "Date of Birth", includes a date input field with a calendar icon, an "Age" input field with an auto-populate icon, and a "Sex" dropdown menu. The third section, "Father/Parent's Birthplace", has three text input fields for "City", "State", and "Country", along with a "Places table" icon. At the bottom right, there are five buttons: "Validate Page", "Next", "Clear", "Save", and "Return".

### **FATHER/PARENT'S NAME PRIOR TO FIRST MARRIAGE**

Enter the father/parent's name: first, middle, and last name(s). This may or may not be the same as the father/parent's current legal name. If the father/parent has only one name, it should be entered into the Last field.

### **DATE OF BIRTH**

Enter the exact month, day, and four-digit year the father/parent was born. If using the calendar icon, click on the icon and select the appropriate date. Valid formats for manual entry are MONDDYYYY, MM/DD/YYYY, MM-DD-YYYY, and MMDDYYYY. Complete all parts of the date that are available. Enter a 9 for any digit in the date that is not known. For example, an unknown birth date should be entered as 99-99-9999; however if only the day is unknown, enter MM-99-YYYY.

### **AGE**

Use the auto populate icon () to calculate the father/parent's age using the birth date entered. If her/his age is unknown, enter 99.

### **SEX**

Select female or male from the drop down menu to indicate the sex of the father /parent.

### **FATHER/PARENT'S BIRTHPLACE**

The system defaults to a birthplace in the United States. Using the Places table icon () , enter the father/parent's birthplace.

- If the father/parent was born in the United States or a United States territory, select a city and state or territory from the City and State drop down menus in the Places table. Leave United States for the Country. *This includes Puerto Rico and Guam.*

- If the father/parent was born outside of the United States, select a different country from the Country drop down menu in the places table and **leave all other fields blank**.
- If you do not know the father/parent's birthplace, select Unknown from the Country, State, and City drop down menus in the Places table.

**SCREEN: MOTHER/PARENT ATTRIBUTES**

This screen is used to enter information regarding mother/parent’s date of last normal menses, education, race/ethnicity, and amount of time lived in the United States.

DATA SOURCE: Mother’s medical record

**Mother/Parent's Attributes**

Medical Record Number

Date Last Normal Menses Began  

**Education**

8th grade or less; none       Some college credit, but no degree       Master's Degree

9th-12th grade, no diploma       Associate degree       Doctorate or Professional degree

High School graduate or GED       Bachelor's degree       Unknown

Was Mother/Parent employed during pregnancy?

Current/most recent occupation

Kind of business or industry

**Ancestry**

(Check one box and Specify)

Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc)

Hispanic Origin  If Other, Specify

Non Hispanic (Italian, African, American, Hatian, Pakistani, Ukranian, Nigerian, Taiwanese, etc)

Other Specify:

Unknown

**Race as defined by the U.S Census (Check one or more to indicate what the Mother/Parent considered herself/himself to be)**

White       Japanese       Guamanian or Chamorro

Black or African American       Korean       Samoan

American Indian or Alaska Native (specify tribe)       Vietnamese       Other Pacific Islander (specify)

Asian Indian       Other Asian (specify)       Other (Specify)

Chinese       Native Hawaiian       Unknown

Filipino

Never lived in United States

If born outside of the United States, how long lived in the US? (years)

(If < 1 YR, months)

Validate Page   Next   Clear   Save   Return

### **MOTHER/PARENT'S MEDICAL RECORD NUMBER**

This will be automatically filled based on the number entered on the Start/Edit New Case page.

### **DATE LAST NORMAL MENSES BEGAN**

Enter the exact month, day and year on which the mother/parent's last normal menses began. If using the calendar icon, click on the icon and select the appropriate date. Valid formats for manual entry are MONDDYYYY, MM/DD/YYYY, MM-DD-YYYY, and MMDDYYYY. Complete all parts of the date that are available. Enter a 9 for any digit in the date that is not known. For example, an unknown last menstrual period date should be entered as 99-99-9999; however if only the day is unknown, enter MM-99-YYYY.

### **EDUCATION**

Select the radio button that corresponds to the highest degree or level of schooling completed by the mother/parent at the time of delivery.

- **8TH GRADE OR LESS; NONE** - No schooling, elementary school only, or 8th grade graduate only.
- **9TH-12TH GRADE, NO DIPLOMA** - Some secondary school but did not receive high school diploma or GED.
- **HIGH SCHOOL GRADUATE OR GED** - High school diploma or GED received.
- **SOME COLLEGE CREDIT, BUT NO DEGREE** - Some post-secondary or college education, but no degree.
- **ASSOCIATE DEGREE (e.g. AA, AS)** - Select only if the degree was completed.
- **BACHELOR'S DEGREE (e.g. BA, AB, BS)** - Select only if the degree was completed.
- **MASTER'S DEGREE (e.g. MA, MS, MEng, MEd, MSW, MBA)** - Select only if the degree was completed.
- **DOCTORATE (e.g. PhD, EdD) OR PROFESSIONAL DEGREE (e.g. MD, DDS, DVM, LLB, JD)** - Select only if the degree was completed.
- **UNKNOWN** - Select only if the highest level of schooling completed by the mother/parent is unknown.

### **WAS MOTHER/PARENT EMPLOYED DURING PREGNANCY?**

Select Yes, No, or Unknown.

### **CURRENT/MOST RECENT OCCUPATION**

Enter the mother/parent's current or most recent occupation. Enter student only if s/he was a full-time student during this pregnancy and had never held a full-time job at any previous time.

### **KIND OF BUSINESS OR INDUSTRY**

Enter the kind of business or industry in which the mother/parent was employed. Do not give the name of the business, but state what type of business it is. Examples of types of businesses or industries include, but are not limited to: government, legal, retail, farming, manufacturing, construction, insurance, chemical, and restaurant.

## ANCESTRY

Ancestry refers to the nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States. No rule specifies how many generations are to be taken into account in determining ancestry. A person may report ancestry based on the country of origin of a parent, grandparent, or some far-removed ancestor. Individuals of Hispanic or Latino descent such as those of Cuban, Mexican, Puerto Rican, Dominican, South or Central American descent or any other Spanish culture or origin, regardless of race, are grouped into Hispanic ancestry. Individuals from other lineages are deemed non-Hispanic. In addition to Hispanic versus non-Hispanic origin, we ask for more specific details about an individual's ancestry (often identified through nationality of origin), because New York City is one of the most diverse cities in the nation. This information is of great importance since health outcomes may differ depending on specific lineages.

The response should reflect what the mother/parent considers her/himself to be and is not based on percentages of ancestry. However, only one ancestry is reported in health statistics-please urge the mother/parent to list only one.

### The Ancestry section is divided into Hispanic, Non Hispanic, and Unknown:

- **HISPANIC** – refers to individuals descended from Cuba, Mexico, Puerto Rico, Dominican Republic, South or Central America or any other Spanish culture or origin, regardless of race.
  - If the mother/parent indicated Hispanic ancestry, select the button for Hispanic, then locate the origin specified by the mother/parent using the drop down menu.
  - If the mother/parent is of more than one Hispanic origin, and you cannot obtain the primary origin from the mother/parent, select the first origin from the drop down menu.
  - If the Hispanic origin given by the mother/parent cannot be found in the drop down menu, choose Other from the drop down menu and type in the Hispanic origin in the If Other, Specify field.
- **NON-HISPANIC** – refers to any origin or descent that is not classified as Hispanic (see above), regardless of race.
  - If the mother/parent is of non-Hispanic ancestry, select the button for Non-Hispanic, then locate the origin specified by the mother/parent using the look-up menu.
  - If the mother/parent is of more than one non-Hispanic origin, and you cannot obtain the primary origin from the mother/parent, use the look-up menu to select the first origin.
  - If the non-Hispanic origin given by the mother/parent cannot be found in the look-up menu, you have the ability to select Other, Other African, Other Asian, Other Central American/Caribbean, Other European, Other North American, Other Pacific Islander, or Other South American. Once you pick one of the Other categories, type the ancestry given into the “Other Specify” box.
- **UNKNOWN**- This should only be selected if the ancestry is not given or unknown.

## RACE

Race is collected according to national guidelines defined by the U.S. Census and allows an individual to self-identify one or more races regardless of heritage, origin or descent. Race is broken up into categories that can contain people of many different ancestries and origins. The categories reflect a social definition of race recognized in this country, not an attempt to define race biologically, anthropologically, or genetically. In addition, it is recognized that the categories of the race item include racial and national origin or socio-cultural groups. Race is an important variable in planning for and evaluating the effectiveness of health programs. It also is used to study variables in childbearing, access to health care, and pregnancy outcomes such as perinatal mortality and birth weight.

Select all races which the mother/parent identifies. If the mother/parent is having trouble identifying the appropriate categories, the following descriptions may be helpful.

- **WHITE** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who identify themselves as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.
- **BLACK OR AFRICAN AMERICAN** - A person having origins in any of the Black racial groups of Africa. It includes people who identify themselves as Afro-American, Kenyan, Nigerian, or Haitian.
- **AMERICAN INDIAN OR ALASKA NATIVE** - A person having origins in any of the original peoples of North, Central, and South America and who maintain tribal affiliation or community attachment. Specify the tribe in the pop out fields.
- **ASIAN INDIAN** – Includes people who identify themselves as Bengalese, Bharat, Dravidian, East Indian, or Goanese.
- **CHINESE** – Includes people who identify themselves as Cantonese or Chinese American.
- **FILIPINO** – Includes people who identify themselves as Philipino, Philippine, or Filipino American.
- **JAPANESE** – Includes people who identify themselves as Nipponese or Japanese American.
- **KOREAN** – Includes people who identify themselves as Korean American.
- **VIETNAMESE** – Includes people who identify themselves as Vietnamese American.
- **OTHER ASIAN** – Includes people who identify themselves as part of an Asian group (other than Chinese, Filipino, Japanese, or Korean), such as Bangladeshi, Bhutanese, Burmese, Cambodian, Hmong, Indochinese, Indonesian, Iwo Jiman, Laohmong, Laotian, Madagascar, Malaysian, Maldivian, Mong, Nepalese, Okinawan, Pakistani, Siamese, Singaporean, Sri Lankan, or Thai. Specify the mother/parent's race in the pop out fields.
- **NATIVE HAWAIIAN** – Includes people who identify themselves as full or part Hawaiian.
- **GUAMANIAN OR CHAMORRO** – Includes people from Guam or Chamorro.
- **SAMOAN** – Includes people who identify themselves as American Samoan or Western Samoan.
- **OTHER PACIFIC ISLANDER** – Includes people who identify themselves as part of a Pacific Islander group (other than Guamanian or Chamorro or Samoan), such as Carolinian, Chuukese (Trukese), Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, Pohnpeian, Polynesian, Solomon Islander, Tahitian, Tokelauan, Tongan, or Yapese. Specify the mother/parent's race in the pop out fields.
- **OTHER** – Includes all other responses not included in the categories described above. Specify the mother/parent's race in the pop out field.\*
- **UNKNOWN** – Race is not given.

\*The Ancestry section is the portion that captures whether a person is Hispanic or Non Hispanic. HISPANIC IS NOT A RACE according to federal definitions. People of Hispanic origin may be of any race. Hispanics can choose one or more race categories, including White, Black or African American, American Indian and Alaska Native, Asian, and Native Hawaiian and Other Pacific Islander. Please encourage the mother/parent to select one of the race categories given rather than writing 'Hispanic' as an "Other" specification and explain to them that their Hispanic origin is being captured in the ancestry item.

#### **NEVER LIVED IN THE UNITED STATES**

This field is only enabled if you entered a country other than the United States for the mother/parent's birthplace on the Mother/Parent page. If the mother/parent has never lived in the U.S., put a check in the box next to "Never Lived in United States."

#### **IF BORN OUTSIDE OF THE UNITED STATES, HOW LONG LIVED IN THE US?**

These fields are only enabled if you entered a country other than the United States for the mother/parent's birthplace on the Mother/Parent page.

If the mother/parent was born in a foreign country, enter the amount of time that s/he has lived in the United States (regardless of immigration status).

- If 1 year or greater, enter only the number of **years**.
- If less than 1 year, select only the number of **months**.
- If unknown how long mother/parent lived in the United States, select "Unknown" from the drop down menu in the **(Or if < 1 yr, months)** field.

*Please advise the parents that the information regarding the time lived in the U.S. is collected for public health purposes ONLY (length of time in the U.S. can be assessed as a risk factor for birth and termination outcomes and predictors for health-seeking behavior). Giving this information will NOT affect their citizenship or immigration status. The confidentiality of this information is protected by both City and State laws.*

**SCREEN: FATHER/PARENT ATTRIBUTES**

This screen is used to enter information regarding father/parent's, education, ancestry, race/ethnicity, and birthplace.

**Father/Parent's Attributes**

**Education**

8th grade or less; none       Associate degree       Doctorate or Professional degree

9th-12th grade, no diploma       Bachelor's degree       None

High School graduate or GED       Master's Degree       Unknown

Some college credit, but no degree

Current/most recent occupation

Kind of business or industry

**Ancestry**

(Check one box and Specify)

Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc)

Hispanic Origin  If Other, Specify

Non Hispanic (Italian, African, American, Hatian, Pakistani, Ukranian, Nigerian, Taiwanese, etc)

Other Specify:

Unknown

**Race as defined by the U.S Census (Check one or more to indicate what the Father/Parent considered himself/herself to be)**

<input type="checkbox"/> White	<input type="checkbox"/> Japanese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan
<input type="checkbox"/> American Indian or Alaska Native (specify tribe)	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Pacific Islander (specify)
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Other Asian (specify)	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Chinese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Unknown
<input type="checkbox"/> Filipino		

Never lived in United States

If born outside of the United States, how long lived in the US? (years)

(If < 1 YR, months)

Validate Page   Next   Clear   Save   Return

## EDUCATION

Select the radio button that corresponds to the highest degree or level of schooling completed by the father/parent at the time of delivery.

- **8TH GRADE OR LESS; NONE** - No schooling, elementary school only, or 8th grade graduate only.
- **9TH-12TH GRADE, NO DIPLOMA** - Some secondary school but without receipt of high school diploma or GED.
- **HIGH SCHOOL GRADUATE OR GED** - High school diploma or GED received.
- **SOME COLLEGE CREDIT, BUT NO DEGREE** - Some post-secondary or college education, but no degree.
- **ASSOCIATE DEGREE (e.g. AA, AS)** - Select only if the degree was completed.
- **BACHELOR'S DEGREE (e.g. BA, AB, BS)** - Select only if the degree was completed.
- **MASTER'S DEGREE (e.g. MA, MS, MEng, MEd, MSW, MBA)** - Select only if the degree was completed.
- **DOCTORATE (e.g. PhD, EdD) OR PROFESSIONAL DEGREE (e.g. MD, DDS, DVM, LLB, JD)** - Select only if the degree was completed.
- **UNKNOWN**- Select only if the highest level of schooling completed by the father/parent is unknown.

## CURRENT/MOST RECENT OCCUPATION

Enter the father/parent's current or most recent occupation. Enter student only if he/she was a full-time student during this pregnancy and had never held a full-time job at any previous time.

## KIND OF BUSINESS OR INDUSTRY

Enter the kind of business or industry related to the occupation. Please do not give the name of the business, but state what type of business it is. Examples of businesses or industries include, but are not limited to: government, legal, retail store, farming, manufacturing, construction, insurance, chemical, and restaurant.

## ANCESTRY

Ancestry refers to the nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States. No rule specifies how many generations are to be taken into account in determining ancestry. A person may report ancestry based on the country of origin of a parent, grandparent, or some far-removed ancestor. Individuals of Hispanic or Latino descent such as those of Cuban, Mexican, Puerto Rican, Dominican, South or Central American descent or any other Spanish culture or origin, regardless of race, are grouped into Hispanic ancestry. Individuals from other lineages are deemed non-Hispanic. In addition to Hispanic versus non-Hispanic origin, we ask for more specific details about an individual's ancestry (often identified through nationality of origin), because New York City is one of the most diverse cities in the nation. This information is of great importance since health outcomes may differ depending on specific lineages.

The response should reflect what the father/parent considers her/himself to be and is not based on percentages of ancestry. However, only one ancestry is reported in health statistics-please urge the father/parent to list only one.

### The Ancestry section is divided into Hispanic, Non Hispanic, and Unknown:

- **HISPANIC** – refers to individuals descended from Cuba, Mexico, Puerto Rico, Dominican Republic, South or Central America or any other Spanish culture or origin, regardless of race.
  - If the father/parent indicated Hispanic ancestry, select the button for Hispanic, then locate the origin specified by the father/parent using the drop down menu.
  - If the father/parent is of more than one Hispanic origin, and you cannot obtain the primary origin from the father/parent, select the first origin from the drop down menu.
  - If the Hispanic origin given by the father/parent cannot be found in the drop down menu, choose Other from the drop down menu and type in the Hispanic origin in the If Other, Specify field.
- **NON-HISPANIC** – refers to any origin or descent that is not classified as Hispanic (see above), regardless of race.
  - If the father/parent is of non-Hispanic ancestry, select the button for Non-Hispanic, then locate the origin specified by the father/parent using the look-up menu.
  - If the father/parent is of more than one non-Hispanic origin, and you cannot obtain the primary origin from the father/parent, use the look-up menu to select the first origin.
  - If the non-Hispanic origin given by the father/parent cannot be found in the look-up menu, you have the ability to select Other, Other African, Other Asian, Other Central American/Caribbean, Other European, Other North American, Other Pacific Islander, or Other South American. Once you pick one of the Other categories, type the ancestry given into the “Other Specify” box.
- **UNKNOWN**- This should only be selected if the ancestry is not given or unknown.

### RACE

Race is collected according to national guidelines defined by the U.S. Census and allows an individual to self-identify to one or more races regardless of heritage, origin or descent. Race is broken up into categories that can contain people of many different ancestries and origins. The categories reflect a social definition of race recognized in this country, not an attempt to define race biologically, anthropologically, or genetically. In addition, it is recognized that the categories of the race item include racial and national origin or socio-cultural groups. Race is an important variable in planning for and evaluating the effectiveness of health programs. It also is used to study variables in childbearing, access to health care, and pregnancy outcomes such as perinatal mortality and birth weight.

Select all races which the father/parent identifies. If the father/parent is having trouble identifying the appropriate categories, the following descriptions may be helpful.

- **WHITE** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who identify themselves as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.

- **BLACK OR AFRICAN AMERICAN** - A person having origins in any of the Black racial groups of Africa. It includes people who identify themselves as Afro-American, Kenyan, Nigerian, or Haitian.
- **AMERICAN INDIAN OR ALASKA NATIVE** - A person having origins in any of the original peoples of North, Central, and South America and who maintain tribal affiliation or community attachment. Specify the tribe in the pop out fields.
- **ASIAN INDIAN** – Includes people who identify themselves as Bengalese, Bharat, Dravidian, East Indian, or Goanese.
- **CHINESE** – Includes people who identify themselves as Cantonese or Chinese American.
- **FILIPINO** – Includes people who identify themselves as Philipino, Philippine, or Filipino American.
- **JAPANESE** – Includes people who identify themselves as Nipponese or Japanese American.
- **KOREAN** – Includes people who identify themselves as Korean American.
- **VIETNAMESE** – Includes people who identify themselves as Vietnamese American.
- **OTHER ASIAN** – Includes people who identify themselves as part of an Asian group (other than Chinese, Filipino, Japanese, or Korean), such as Bangladeshi, Bhutanese, Burmese, Cambodian, Hmong, Indochinese, Indonesian, Iwo Jiman, Laohmong, Laotian, Madagascar, Malaysian, Maldivian, Mong, Nepalese, Okinawan, Pakistani, Siamese, Singaporean, Sri Lankan, or Thai. Specify the father/parent’s race in the pop out fields.
- **NATIVE HAWAIIAN** – Includes people who identify themselves as full or part Hawaiian.
- **GUAMANIAN OR CHAMORRO** – Includes people from Guam or Chamorro.
- **SAMOAN** – Includes people who identify themselves as American Samoan or Western Samoan.
- **OTHER PACIFIC ISLANDER** – Includes people who identify themselves as part of a Pacific Islander group (other than Guamanian or Chamorro or Samoan), such as Carolinian, Chuukese (Trukese), Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, Pohnpeian, Polynesian, Solomon Islander, Tahitian, Tokelauan, Tongan, or Yapese. Specify the father/parent’s race in the pop out fields.
- **OTHER** – Includes all other responses not included in the categories described above. Specify the father/parent’s race in the pop out field.\*
- **UNKNOWN** – Race is not given.

\*The Ancestry section is the portion that captures whether a person is Hispanic or Non Hispanic. HISPANIC IS NOT A RACE according to federal definitions. People of Hispanic origin may be of any race. Hispanics can choose one or more race categories, including White, Black or African American, American Indian and Alaska Native, Asian, and Native Hawaiian and Other Pacific Islander. Please encourage the mother/parent to select one of the race categories given rather than writing ‘Hispanic’ as an “Other” specification and explain to them that their Hispanic origin is being captured in the ancestry item.

#### **NEVER LIVED IN THE UNITED STATES**

This field is only enabled if you entered a country other than the United States on the Father/Parent page. If the father/parent has never lived in the U.S., put a check in the box next to “Never Lived in United States.”

### **IF BORN OUTSIDE OF THE UNITED STATES, HOW LONG LIVED IN THE US?**

These fields are only enabled if you entered a country other than the United States on the Father/Parent page

If the father/parent was born in a foreign country, enter the amount of time that he or she has lived in the United States (regardless of immigration status).

- If 1 year or greater, enter only the number of **years**.
- If less than 1 year, select only the number of **months**.
- If unknown how long father/parent lived in the United States, select "Unknown" from the drop-down menu in the **(Or if < 1 yr, months)** field.

*Please advise the parents that the information regarding the time lived in the U.S. is collected for public health purposes ONLY (length of time in the U.S. can be assessed as a risk factor for birth and termination outcomes and predictors for health-seeking behavior). Giving this information will NOT affect their citizenship or immigration status. The confidentiality of this information is protected by both City and State laws.*

## **SCREEN: PRENATAL**

This screen is used to enter information about the mother/parent's prenatal care during this pregnancy and about her pregnancy history.

DATA SOURCES: Prenatal care records, mother/parent's medical records, labor and delivery records

The screenshot shows a web-based form titled "Prenatal". It contains several sections for data entry:

- Primary Payor:** A dropdown menu.
- Prenatal Care:** A section with a "No Prenatal Care" checkbox. Below it are three fields: "Date of First Prenatal Care Visit" (with a calendar icon), "Date of Last Prenatal Care Visit" (with a calendar icon), and "Total Number of Prenatal Visits for this pregnancy" (a text input field).
- Previous Live Births:** A section with three dropdown menus: "Number born alive and now living", "Number born alive and now dead", and "Total Number of Previous Live Births". Below these are two text input fields: "Date of First Live Birth" and "Date of Last Live Birth".
- Other Pregnancy Outcomes (spontaneous or induced losses or ectopic pregnancies):** A section with a dropdown menu for "Total Number of Other Pregnancy Outcomes (Spontaneous or induced losses or ectopic pregnancies) Do not include this fetus." and a text input field for "Date of Last Other Pregnancy Outcome".

At the bottom right of the form are five buttons: "Validate Page", "Next", "Clear", "Save", and "Return".

### **NO PRENATAL CARE**

- Place a check in this box if the mother/parent did not receive prenatal care. The rest of the fields regarding prenatal care will be auto-filled and disabled. **This is the only correct way to record that the mother/parent did not receive prenatal care.**
- If it is unknown whether the mother/parent received prenatal care, do not check this box. Instead, enter 9's in the fields for Prenatal Care.

### **DATE OF FIRST PRENATAL CARE VISIT**

The preferred source of this information is the prenatal care medical record. Enter the date (MM-DD-YYYY) upon which the mother/parent first presented for prenatal care. Include only the visit to a private physician or to a clinic or outpatient department of a hospital in which the mother/parent's health history was taken and an initial physical examination for this pregnancy was performed. Do not include a visit in which only the fact of pregnancy was confirmed. Complete all parts of the date that are available. Enter a 9 for any digit in the date that is not known. Unknown month and day should be entered as 99, unknown year as 9999.

**DATE OF LAST PRENATAL CARE VISIT**

Enter the date (MM-DD-YYYY) of the mother/parent's last prenatal care visit. Include only a visit to a private provider or to a clinic or outpatient department of a hospital in which the mother/parent received prenatal care. Do not include healthcare visits unrelated to pregnancy care, e.g. emergency room care for an injury. Do not include this delivery as a visit unless the mother/parent had a prenatal visit with a physician prior to the delivery. Complete all parts of the date that are available. Do not estimate the date of the last visit. Enter a 9 for any digit in the date that is not known. For example, an unknown date should be entered as 99-99-9999, however if only the day is unknown, enter MM-99-YYYY.

**TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY**

Enter the total number of prenatal visits made by the mother/parent to a physician or prenatal clinic for the purpose of prenatal care. A prenatal visit includes all regular visits to a doctor or clinic and any other visits to a doctor, clinic or emergency room for treatment of a pregnancy related problem. Count only those visits recorded in the medical records. Do not estimate additional visits when the prenatal record is not current. If unknown, enter 99.

**NUMBER BORN ALIVE AND NOW LIVING\***

Select the number of previous children born alive to this mother/parent who are still alive at the time of this delivery. Include all previous live-born infants who are still living.

- If this was a multiple delivery, include all live-born infants who preceded this delivery. For example, if this fetus was delivered second, include the first delivered if born alive. If delivered third, include the first and second if live-born, etc.
- Select None if the mother/parent has never had a live birth or if all previous live-born children are now dead.
- 

**NUMBER BORN ALIVE AND NOW DEAD\***

Select the number of previous children born alive to this mother/parent who are now dead.

- Include all previous live-born infants who are no longer living.
- If this was a multiple delivery, include any child delivered before this fetus who is now dead. For example, if this child is second delivered and the first delivered was born alive, but subsequently died, include the first delivered in this count.
- Select None if the mother/parent has not had a previous birth, if this child was first delivered in a multiple delivery, or if all previous live-born children are living.
- Do not include any previous spontaneous terminations (also called stillbirths, miscarriages, or ectopic pregnancies) in this count.

---

*\*Please see Case Examples for proper entry of Previous Pregnancy data items on pages 43-45.*

**TOTAL NUMBER OF PREVIOUS LIVE BIRTHS\***

This field will be automatically filled based on the data you entered for Number Born Alive and Now Living and Number Born Alive and Now Dead fields.

**DATE OF FIRST LIVE BIRTH\***

Enter the month (MM) and year (YYYY) of the first live birth born to this mother/parent. If the mother/parent had no previous live births, leave this field blank.

- If all previous pregnancies resulted in only induced or spontaneous terminations, leave this item blank.
- If this is a multiple delivery and this certificate is for the second, third, etc. delivered, and the mother had no previous live births, enter the month and year of the first live birth from this pregnancy. For example, if one child was born alive before this fetus, enter the month and date that the first-born child was delivered.
- If the month is unknown, enter 99. If the year is unknown, enter 9999. If both are unknown, enter 99/9999.

**DATE OF LAST LIVE BIRTH\***

Enter the month (MM) and year (YYYY) of the last (most recent) live birth to this mother/parent. If the mother/parent had no previous live births and you entered None in the Total Number of Previous Live Births field, this field will disable.

- If the number previously born alive is 1, this date will be the same as date of first live birth.
- For a multiple delivery, if this certificate is for the second, third, etc. born, enter the month and year of the last live birth from the pregnancy prior to this delivery. For example, if two children were born alive prior to this delivery, enter the month and year of the birth of the second live-born child.
- If the month is unknown, enter 99. If the year is unknown, enter 9999. If both are unknown, enter 99/9999.

**TOTAL NUMBER OF OTHER PREGNANCY OUTCOMES\***

Enter the total number of spontaneous and induced terminations prior to and including this pregnancy. *Do not include this fetus*. Terminations of any gestational age should be counted. If this was a multiple delivery, include all previous terminations delivered in this pregnancy before this fetus and in previous pregnancies. If there were none, select "0."

*A spontaneous termination can also be called a miscarriage, missed abortion, spontaneous abortion, stillbirth, or fetal death, and should also include ectopic pregnancies. An induced termination can also be called an abortion.*

---

\*Please see Case Examples for proper entry of Previous Pregnancy data items on pages 43-45.

**DATE OF LAST OTHER PREGNANCY OUTCOME\***

Enter the month (MM) and year (YYYY) of the mother/parent's last spontaneous or induced termination. Include pregnancy losses of any gestational age.

- Do not enter the date of this delivery if it is a single delivery.
- If this fetus was delivered first in a multiple pregnancy or if all previous pregnancies to this mother/parent resulted only in live-born infants, leave this item blank.
- If this fetus was delivered second, third, etc. in a multiple pregnancy and previous terminations were delivered in this pregnancy, enter the month and year of the last (most recent) termination (whether miscarriage, stillbirth, or fetal reduction) from this pregnancy.
- If the month is unknown, enter 99. If the year is unknown, enter 9999. If both are unknown, enter 99/9999.

---

*\*Please see Case Examples for proper entry of Previous Pregnancy data items on pages 43-45.*

## CASE EXAMPLES FOR PROPER ENTRY OF PREVIOUS PREGNANCY ITEMS

### Example #1

Your current case is a single delivery. The mother/parent has had no other children and no previous spontaneous or induced terminations or ectopic pregnancies.

Previous Live Births		
Number born alive and now living	Number born alive and now dead	Total Number of Previous Live Births
None	None	None
Date of First Live Birth	Date of Last Live Birth	

Other Pregnancy Outcomes (spontaneous or induced losses or ectopic pregnancies)	
Total Number of Other Pregnancy Outcomes (Spontaneous or induced losses or ectopic pregnancies) Do not include this fetus.	Date of Last Other Pregnancy Outcome
None	

### Example #2

Your current case is a single delivery. The mother/parent has had two other children, twins born in August 2009 who are still living. The mother/parent also had a miscarriage in January 2007.

Previous Live Births		
Number born alive and now living	Number born alive and now dead	Total Number of Previous Live Births
2	None	2
Date of First Live Birth	Date of Last Live Birth	
AUG/2009	AUG/2009	

Other Pregnancy Outcomes (spontaneous or induced losses or ectopic pregnancies)	
Total Number of Other Pregnancy Outcomes (Spontaneous or induced losses or ectopic pregnancies) Do not include this fetus.	Date of Last Other Pregnancy Outcome
1	JAN/2007

### Example #3

Your current case is a single delivery. The mother/parent has had two other children, one born in January 2005 who is still living and the second born in June 2008 who expired two days after birth. The mother/parent has not had any previous spontaneous or induced terminations or ectopic pregnancies.

Previous Live Births		
Number born alive and now living	Number born alive and now dead	Total Number of Previous Live Births
1	1	2
Date of First Live Birth	Date of Last Live Birth	
JAN/2005	JUN/2008	
Other Pregnancy Outcomes (spontaneous or induced losses or ectopic pregnancies)		
Total Number of Other Pregnancy Outcomes (Spontaneous or induced losses or ectopic pregnancies) Do not include this fetus.		Date of Last Other Pregnancy Outcome
None		

### Example #4

Today is July 22, 2010. Your current cases are a set of triplets. The first triplet (A) was born alive. The second and third triplets (B) were stillborn. The mother/parent has had one other child in October 2007 who is still living. The mother/parent had one induced abortion in December 2003.

*Triplet A should be filed using a Certificate of Live Birth.*

*Triplet B:*

Previous Live Births		
Number born alive and now living	Number born alive and now dead	Total Number of Previous Live Births
2	None	2
Date of First Live Birth	Date of Last Live Birth	
OCT/2007	JUL/2010	
Other Pregnancy Outcomes (spontaneous or induced losses or ectopic pregnancies)		
Total Number of Other Pregnancy Outcomes (Spontaneous or induced losses or ectopic pregnancies) Do not include this fetus.		Date of Last Other Pregnancy Outcome
1		DEC/2003

You must include the Triplet A in the Number born alive and now living and the Date of Last Live Birth

Triplet C:

The screenshot shows a data entry form with two main sections. The first section, 'Previous Live Births', contains three dropdown menus: 'Number born alive and now living' (value: 2), 'Number born alive and now dead' (value: None), and 'Total Number of Previous Live Births' (value: 2). Below these are two date fields: 'Date of First Live Birth' (value: OCT/2007) and 'Date of Last Live Birth' (value: JUL/2010). The second section, 'Other Pregnancy Outcomes (spontaneous or induced losses or ectopic pregnancies)', contains a dropdown menu for 'Total Number of Other Pregnancy Outcomes (Spontaneous or induced losses or ectopic pregnancies) Do not include this fetus.' (value: 2) and a date field for 'Date of Last Other Pregnancy Outcome' (value: JUL/2010). Two callout boxes provide instructions: one points to the 'Number born alive and now living' and 'Date of Last Live Birth' fields, stating 'You must include the Triplet A in the Number born alive and now living and the Date of Last Live Birth'; the other points to the 'Total Number of Other Pregnancy Outcomes' and 'Date of Last Other Pregnancy Outcome' fields, stating 'You must include the Triplet B in the Total Number of Other Pregnancy Outcomes and Date of Last Other Pregnancy Outcome.'

## **SCREEN: MOTHER/PARENT'S HEALTH**

This screen is used to enter information regarding the mother/parent's health.

**Mother/Parent's Health**

Height(feet/inches)    Pre-pregnancy weight    Weight immediately prior to event

**Cigarette smoking**

Cigarette smoking in the 3 months Before or During pregnancy

▼

3 mo. before pregnancy      ▼

First 3 mo. of pregnancy      ▼

Second 3 mo. of pregnancy      ▼

Third trimester of pregnancy      ▼

Alcohol use during this pregnancy     ▼

**Illicit and other Drugs Used**

Illicit and other Drugs Used During this Pregnancy? (If yes, check all that apply.)     ▼

Heroin     Methadone     Marijuana     Tranquilizers     None of the above

Cocaine     Methamphetamine     Sedatives     Anticonvulsants     Unknown

Validate Page    Next    Clear    Save    Return

### **MOTHER/PARENT'S HEIGHT**

Enter the mother/parent's height in feet and inches. Record feet and inches in whole numbers only; do not include fractions (e.g. 5 feet 6 ½ inches should be entered as 5 feet 6 inches). If any part is unknown, enter 99 for feet and 99 for inches.

### **MOTHER/PARENT'S PRE-PREGNANCY WEIGHT**

Enter the mother/parent's weight (in pounds) before this pregnancy. Record weight in whole pounds only; do not include fractions (e.g., 120 ½ pounds should be entered as 120 pounds). If the weight is unknown, enter 999.

### **MOTHER/PARENT'S WEIGHT AT DELIVERY**

Enter the mother/parent's weight (in pounds) when admitted for delivery. Record weight in whole pounds only; do not include fractions (e.g., 150 ½ pounds should be entered as 150 pounds). If the weight is unknown, enter 999.

### **CIGARETTE SMOKING**

*It is recommended that this information come from the mother/parent and not from the medical records.*

### **CIGARETTE SMOKING IN THE 3 MONTHS BEFORE OR DURING PREGNANCY?**

- Select Yes, No, or Unknown. Select Yes if the mother/parent smoked cigarettes during the three months prior to conception or during any of the three trimesters of pregnancy.
- If Yes was selected, indicate the average number of cigarettes smoked per day or packs per day for each of the time periods indicated.
  - If none were smoked during a specific time period, enter 0. If the number is unknown, enter 99.
- If No or Unknown was selected, the remaining fields will disable.

### **ALCOHOL USE DURING THIS PREGNANCY**

Select Yes, No, or Unknown. Any mention of alcohol use should be considered a positive response ('Yes'). If the mother/parent indicates that s/he may have had a few drinks from the time of conception to a positive pregnancy test, consider this to be a positive response.

### **ILLICIT AND OTHER DRUGS USED DURING THIS PREGNANCY?**

Select Yes, No, or Unknown. Select Yes if mother/parent used any illegal, recreational, or certain prescribed drugs during the pregnancy. Please check all that apply.

- HEROIN
- COCAINE
- METHADONE
- METHAMPHETAMINE
- MARIJUANA
- SEDATIVES
- TRANQUILIZERS
- ANTICONVULSANTS
- NONE OF THE ABOVE - Other illicit drugs were used that are not listed above.
- UNKNOWN - It is known that the mother/parent used illicit drugs, but the kind is not known.

If you select No or Unknown, the checkboxes will disable.

## **SCREEN: PREGNANCY FACTORS**

This screen is used to enter information on factors related to the pregnancy.

DATA SOURCES: Labor and Delivery attending physician and/or attending nurse; otherwise see mother/parent's medical records, prenatal care records, and/or labor and delivery records.

**Pregnancy Factors**

Risk Factors for this Pregnancy (Check all that apply)

<input type="checkbox"/> Diabetes - Prepregnancy	<input type="checkbox"/> Previous Preterm Births	<input type="checkbox"/> Mother Had A Previous Cesarean Delivery
<input type="checkbox"/> Diabetes-Gestational	<input type="checkbox"/> Other Previous Poor Pregnancy Outcome	<input type="checkbox"/> Other
<input type="checkbox"/> Hypertension-Pre-pregnancy	<input type="checkbox"/> Infertility Treatment-Fertility-enhancing drugs, Artificial/Intrauterine insemination	<input type="checkbox"/> None
<input type="checkbox"/> Hypertension-Gestational	<input type="checkbox"/> Infertility Treatment-Assisted Reproductive Technology	<input type="checkbox"/> Unknown
<input type="checkbox"/> Hypertension-Eclampsia		

Infections Present and / or Treated During this Pregnancy (Check all that apply)

<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Cytomeglovirus	<input type="checkbox"/> Toxoplasmosis	<input type="checkbox"/> Unknown
<input type="checkbox"/> Syphilis	<input type="checkbox"/> Bacterial Vaginosis	<input type="checkbox"/> Listeria	<input type="checkbox"/> Rubella	<input type="checkbox"/> Parvovirus	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input type="checkbox"/> Herpes Simplex (HSV)	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Group B strep				

Validate Page Next Clear Save Return

### **RISK FACTORS FOR THIS PREGNANCY**

Check all that apply, if diagnosed by a physician.

- DIABETES - PRE-PREGNANCY - Glucose intolerance requiring treatment, diagnosed prior to this pregnancy.
- DIABETES- GESTATIONAL – Glucose intolerance requiring treatment, diagnosed during this pregnancy.
- HYPERTENSION- PRE-PREGNANCY (CHRONIC) - Elevation of blood pressure above normal for age, gender, and physiological condition, diagnosed prior to the onset of this pregnancy. Does not include gestational (pregnancy-induced) hypertension (PIH).
- HYPERTENSION- GESTATIONAL (PIH, Pre-eclampsia) - Elevation of blood pressure above normal for age, gender, and physiological condition, diagnosed during this pregnancy. May include proteinuria [protein in the urine] without seizures or coma and pathologic edema (generalized swelling including swelling of the hands, legs, and face).
- HYPERTENSION- ECLAMPسيا- Pregnancy-induced hypertension with proteinuria and with generalized seizures or coma. May include pathologic edema.
- PREVIOUS PRETERM BIRTHS- Mother/parent had previous births less than 37 gestational weeks of age.
- OTHER PREVIOUS POOR PREGNANCY OUTCOME - History of pregnancies continuing into the 20th week of gestation and resulting in any of the listed outcomes: Perinatal death (includes fetal and neonatal deaths), small for gestational age, intrauterine-growth-restricted birth.
- INFERTILITY TREATMENT- FERTILITY-ENHANCING DRUGS, ARTIFICIAL/INTRAUTERINE INSEMINATION – This pregnancy resulted from the mother/parent's and/or father/parent's use of fertility-enhancing drugs.

- INFERTILITY TREATMENT- ASSISTED REPRODUCTIVE TECHNOLOGY - This pregnancy resulted from the mother/parent's and/or father/parent's use of assisted reproductive technology (ART).
- MOTHER/PARENT HAD A PREVIOUS CESAREAN DELIVERY - (C-Section) Previous operative delivery by extraction of the fetus, placenta and membranes through an incision in the maternal abdominal and uterine walls.
  - HOW MANY? - Enter the number of previous C-sections. Enter 99 if unknown.
- OTHER- Select other if there were other risk factors diagnosed by a physician for this pregnancy that are not found on this list.
- NONE- Select none if there were no risk factors diagnosed by a physician for this pregnancy.
- UNKNOWN- Select unknown if it is unknown if a physician diagnosed risk factors for this pregnancy.

### **INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY**

Infections present at the time of the pregnancy diagnosis or a confirmed diagnosis during the pregnancy, with or without documentation of treatment. Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record. Check all that apply.

- GONORRHEA - A positive test/culture for *Neisseria gonorrhoeae*.
- SYPHILIS - A positive test for *Treponema pallidum*. May be called RPR (+) without treatment.
- HERPES SIMPLEX - (HSV1, HSV2) Mother/parent had a diagnosis of or received treatment for herpes simplex I or II virus during this pregnancy.
- CHLAMYDIA - A positive test for *Chlamydia trachomatis*.
- BACTERIAL VAGINOSIS - (BV) A positive test for bacterial vaginosis.
- HEPATITIS B - (HBV, serum hepatitis, Hep B DNA(+)) A positive test for the hepatitis B virus. Exclude administration of Hepatitis B vaccine.
- HEPATITIS C - (non-A non-B hepatitis, HCV, Hep C DNA(+)) A positive test for hepatitis C virus.
- LISTERIA – A positive blood or spinal fluid test for listeriosis..
- GROUP B STREP – A positive rectal/vaginal swab test for Group B Strep.
- TUBERCULOSIS - (TB) A positive test for active tuberculosis. Exclude positive skin test for tuberculosis without mention of treatment and/or diagnosis of active tuberculosis.
- RUBELLA - Infection with rubella or "German measles." Exclude positive rubella antibody test without mention of active infection.
- CYTOMEGALOVIRUS - A positive blood test, laboratory (blood or urine), tissue biopsy (a small piece of the body's tissue) or serologic testing for cytomegalovirus.
- PARVOVIRUS – A diagnosis of or positive test for Parvo virus B19.
- TOXOPLASMOSIS – A positive serologic test, direct observation of the parasite in stained tissue sections, cerebrospinal fluid (CSF), or other biopsy material, a blood or other body fluid test, or a DNA test.
- OTHER – Select Other if other infections were present at and/or treated during this pregnancy that are not found on the list.
- UNKNOWN - Select Unknown if it is unknown whether infections were present and/or treated during this pregnancy.

- NONE- Select None if there were no infections present at the time of the pregnancy diagnosis or a confirmed diagnosis during the pregnancy, with or without documentation of treatment.

**SCREEN: DELIVERY**

This screen is used to enter information related to the delivery.

DATA SOURCES: Labor and delivery records, recovery room records, mother/parent's medical records, delivery notes.

**Delivery**

**Method of Delivery**

Was Delivery with Forceps Attempted but Unsuccessful?

Was Delivery with Vacuum Extraction Attempted but Unsuccessful?

Fetal Presentation at Delivery

Final Route and Method of Delivery

Vaginal delivery after previous Cesarean?

If Cesarean, was a Trial of Labor Attempted?

Hysterotomy/Hysterectomy

**Maternal Morbidity (Check all that apply)**

<input type="checkbox"/> Maternal transfusion	<input type="checkbox"/> Hemorrhage
<input type="checkbox"/> Third or fourth degree perineal laceration	<input type="checkbox"/> Postpartum transfer to a higher level of care
<input type="checkbox"/> Ruptured uterus	<input type="checkbox"/> Other
<input type="checkbox"/> Unplanned hysterectomy	<input type="checkbox"/> None
<input type="checkbox"/> Admission to ICU	<input type="checkbox"/> Unknown
<input type="checkbox"/> Unplanned operating room procedure following delivery	

Was mother Transferred for maternal medical or fetal indication prior to delivery?

Validate Page Next Clear Save Return

## **METHOD OF DELIVERY**

### **WAS DELIVERY WITH FORCEPS ATTEMPTED BUT UNSUCCESSFUL?**

Select one of the following from the dropdown menu:

- ATTEMPTED AND SUCCESSFUL
- ATTEMPTED AND UNSUCCESSFUL
- FORCEPS NOT USED
- UNKNOWN

If Final Route and Method of Delivery is Vaginal/Forceps, select Attempted and Successful.

### **WAS DELIVERY WITH VACUUM EXTRACTION ATTEMPTED BUT UNSUCCESSFUL?**

Select one of the following from the dropdown menu:

- ATTEMPTED AND SUCCESSFUL
- ATTEMPTED AND UNSUCCESSFUL
- VACUUM EXTRACTION WAS NOT USED
- UNKNOWN

If Final Route and Method of Delivery is Vaginal/Vacuum, select Attempted and Successful.

## **FETAL PRESENTATION AT DELIVERY**

- BREECH – Presenting part of the fetus listed as buttocks or feet first, breech, complete breech, frank breech, or footling breech.
- CEPHALIC – Presenting part of the fetus is head down, vertex, occiput anterior (OA), occiput posterior (OP) or occiput transverse (OT).
- OTHER - Any other presentation or presenting part not listed above.
- UNKNOWN

## **FINAL ROUTE AND METHOD OF DELIVERY**

Indicate how delivery was finally accomplished, regardless of whether other procedures were attempted prior to successful delivery.

- VAGINAL/SPONTANEOUS - Delivery of the entire fetus through the vagina by the natural force of labor without forceps or vacuum assistance from the delivery attendant.
- VAGINAL/FORCEPS - Delivery of the fetal head through the vaginal opening by application of obstetrical forceps to the fetal head.
- VAGINAL/VACUUM - Delivery of the fetal head through the vaginal opening by application of a vacuum cup or ventouse to the fetal head.
- PRIMARY CESAREAN – Mother/parent's first Cesarean section, or extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls.
- REPEAT CESAREAN – Mother/parent's second, third, etc. Cesarean section, or or extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls.
- UNKNOWN

### **VAGINAL DELIVERY AFTER PREVIOUS CESAREAN?**

*This item is only enabled if "Vaginal/Spontaneous," "Vaginal/Forceps" or "Vaginal/Vacuum" was selected as the final route of delivery. Select Yes, No, or Unknown.*

- Select Yes if any previous deliveries were via Cesarean section. This answer should be consistent with the Cesarean information given in **RISK FACTORS FOR THIS PREGNANCY section.**
- Select No if no previous Cesarean section.
- Select No if no previous pregnancies.

### **IF CESAREAN, WAS A TRIAL OF LABOR ATTEMPTED?**

*This item is enabled only if "Primary Cesarean" or "Repeat Cesarean" was selected as the final route of delivery. Select Yes, No, or Unknown.*

- Select Yes if Labor was allowed, augmented, or induced with plans for a vaginal delivery.

### **HYSTEROTOMY/HYSTERECTOMY**

Select Yes or No.

### **MATERNAL MORBIDITY**

Check all that apply.

- **MATERNAL TRANSFUSION** - Includes infusion of whole blood or packed red blood cells during labor and delivery.
- **THIRD OR FOURTH DEGREE PERINEAL LACERATION** - Third degree laceration extends completely through the perineal skin, vaginal mucosa, perineal body and anal sphincter. Fourth degree laceration is all of the above with extension through the rectal mucosa.
- **RUPTURED UTERUS** - Tearing of the uterine wall.
- **UNPLANNED HYSTERECTOMY** - Surgical removal of the uterus that was not planned prior to admission for delivery. Includes an anticipated or possible but not definitively planned procedure.
- **ADMISSION TO ICU** - Any admission, planned or unplanned, of the mother/parent to a facility/unit designated as providing intensive care.
- **UNPLANNED OPERATING ROOM PROCEDURE FOLLOWING DELIVERY** - Any transfer of the mother/parent back to a surgical area for an operative procedure that was not planned prior to the admission for delivery. Excludes postpartum tubal ligations.
- **HEMORRHAGE** – Severe bleeding that requires fluid resuscitation, transfusion, or an unplanned operating room procedure.
- **POSTPARTUM TRANSFER TO A HIGHER LEVEL OF CARE**
  - For maternity hospital deliveries: The mother/parent was transferred to another hospital following delivery in order to provide her/him with more specialized or intensive care than available on the maternity service where s/he delivered.
  - For planned out-of-hospital deliveries (e.g. birthing center, planned home birth): The mother/parent required admission to a hospital following delivery.
  - For unplanned out-of-hospital or non-maternity hospital deliveries: Do not select this item if the mother/parent was admitted to a maternity hospital after giving birth precipitously at home, en route to the hospital, or at a non-maternity hospital.

- OTHER – Select Other if mother/parent had a maternal morbidity that is not found on the list.
- NONE – Select None if the mother/parent did not have a maternal morbidity.
- UNKNOWN - Select Unknown if it is unknown if the mother/parent had a maternal morbidity.

**WAS MOTHER/PARENT TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATION PRIOR TO DELIVERY?**

Select Yes, No, or Unknown. Select Yes if mother/parent was transferred to the current facility for maternal, medical or fetal indication(s) prior to delivery.

**TRANSFER FACILITY**

*This item only appears if “Yes” was selected for the previous question.*

Please specify the facility the mother/parent was transferred from. Use the look-up menu to search for the correct facility.

## **SCREEN: FETAL ATTRIBUTES**

This screen is used to enter information about the fetus's weight and congenital anomalies.

DATA SOURCE: Labor and delivery records, physician progress notes, mother/parent's medical records (genetic consult notes)

**Fetal Attributes**

Weight of Fetus      Pounds / Ounces      Grams

Congenital Anomalies (Check all that apply)

<input type="checkbox"/> Anencephaly	<input type="checkbox"/> Limb reduction defect	<input type="checkbox"/> Suspected Chromosomal Disorder Karyotype Pending
<input type="checkbox"/> Meningomyelocele/spina bifida	<input type="checkbox"/> Cleft lip with or without cleft palate	<input type="checkbox"/> Hypospadias
<input type="checkbox"/> Cyanotic congenital heart disease	<input type="checkbox"/> Cleft palate alone	<input type="checkbox"/> Other
<input type="checkbox"/> Congenital diaphragmatic hernia	<input type="checkbox"/> Down Syndrome Karyotype Confirmed	<input type="checkbox"/> None
<input type="checkbox"/> Omphalocele	<input type="checkbox"/> Down Syndrome Karyotype Pending	<input type="checkbox"/> Unknown
<input type="checkbox"/> Gastroschisis	<input type="checkbox"/> Suspected Chromosomal Disorder Karyotype Confirmed	

What is Estimated Time of Fetal Death?

Was an Autopsy Performed       Was a Histological Placental Examination Performed?

Was an Autopsy or Histological Placental examination used in determining cause of fetal death?

Validate Page   Next   Clear   Save   Return

### **WEIGHT OF FETUS**

Enter the weight of the fetus as it is recorded in the hospital record. Enter the weight in **either pounds/ounces OR grams**, depending on the scales used. Weight in grams is preferred, since it is a more accurate measure. However, **do not convert from pounds/ounces to grams** if pounds/ounces is the only scale used. If the weight is unknown or the fetus was not weighed, enter 9's in either the pounds/ounces or grams fields.

### **CONGENITAL ANOMALIES**

Check all that apply:

- **ANENCEPHALY** – Partial or complete absence of the brain and skull. Synonyms include absent brain, acrania, anencephalic, anencephalus, amyelencephalus, craniorachischisis, hemianencephaly, or hemicephal.
- **MENINGOMYELOCELE/SPINA BIFIDA** – Meningomyelocele is herniation of meninges and spinal cord tissue. Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect or spine closure. Both open and closed (covered with skin) lesions should be included. Synonyms include meningocele, myelocele, myelomeningocele, myelocystocele, syringomyelocele, hydromeningocele, rachischisis. Do not include spina bifida occulta detected on radiographs.
- **CYANOTIC CONGENITAL HEART DISEASE** – Congenital heart defects that cause cyanosis. Includes transposition of the great arteries (vessels), teratology of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, total or partial anomalous

pulmonary venous return with or without obstruction, coarctation of the aorta, and hyposplastic left heart syndrome.

- CONGENITAL DIAPHRAGMATIC HERNIA – Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.
- OMPHALOCELE – A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. The defect is covered by a membrane (different from gastroschisis [see below]), although this sac may rupture. Synonyms include exomphalos. Do not include umbilical hernia (completely covered by skin) in this category.
- GASTROSCHISIS – An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and the absence of a protective membrane. Synonyms include limb-body wall complex.
- LIMB REDUCTION DEFECT – Complete or partial absence of a portion of an extremity, secondary to failure to develop. Excludes congenital amputation and dwarfing syndromes.
- CLEFT LIP WITH OR WITHOUT CLEFT PALATE – Incomplete closure of the lip. May be unilateral, bilateral, or median. Synonyms for cleft lip include harelip, cheiloschisis, and labium leporinum. Synonyms for cleft palate include cleft uvula, palate fissure, and palatoschisis.
- CLEFT PALATE ALONE – Incomplete fusion of the palatal shelves. May be limited to the soft palate, or may extend into the hard palate. Synonyms include cleft uvula, palate fissure, palatoschisis. If cleft lip also present, record only under item above.
- DOWN SYNDROME: KARYOTYPE CONFIRMED - Synonyms include Trisomy 21. Indicate "Karyotype Confirmed" if chromosomal studies have been completed.
- DOWN SYNDROME: KARYOTYPE PENDING - Synonyms include Trisomy 21. Indicate "Karyotype Pending" if chromosomal studies have been initiated, but final results are not in.
- SUSPECTED CHROMOSOMAL DISORDER: KARYOTYPE CONFIRMED - Examples include Trisomy 13, Trisomy 18, Klinefelter syndrome, Edwards syndrome, Patau syndrome. Indicate "Karyotype Confirmed" if chromosomal studies have been completed.
- SUSPECTED CHROMOSOMAL DISORDER: KARYOTYPE PENDING - Examples include Trisomy 13, Trisomy 18, Klinefelter syndrome, Edwards syndrome, Patau syndrome. Select "Karyotype Pending" if chromosomal studies have been initiated, but final results are not in.
- HYPOSPADIAS – Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis. Includes: first degree (on the glans ventral to the tip), second degree (in the coronal sulcus), and third degree (on the penile shaft).
- OTHER – Select is fetus had a congenital anomaly not listed.
- NONE – Select None if the fetus had no congenital anomalies.
- UNKNOWN - Select Unknown if it is unknown whether the fetus had congenital anomalies.

### **WHAT IS ESTIMATED TIME OF FETAL DEATH?**

Select one of the following from the drop down menu:

- Death at time of first assessment, no labor ongoing
- Death at time of first assessment, labor ongoing
- Died during labor, after first assessment
- Unknown time of fetal death

**WAS AN AUTOPSY PERFORMED?**

Select Yes, No, or Planned from the drop down menu.

**WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED?**

Select Yes, No, or Planned from the drop down menu.

**WERE AUTOPSY OR HISTOLOGICAL EXAMINATION USED IN DETERMINING CAUSE OF FETAL DEATH?**

Select Yes, No, or Unknown from the drop down menu. If the answer to the two previous questions is No, this field will automatically fill with No.

**SCREEN: CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH**

This screen is used to enter information on the cause/conditions contributing to fetal death and if the case was referred to the OCME.

**Cause/Conditions Contributing to fetal death**

Initiating Cause/Condition	Other Significant Causes or Conditions
<b>Among the choices below, please select the one which most likely began the sequence of events resulting in the death of the Fetus.</b>	<b>Select or Specify all other conditions contributing to death.</b>
Maternal conditions/Diseases (Specify) <input type="text"/>	Maternal conditions/Diseases (Specify) <input type="text"/>
Complications of placenta, cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (specify)	Complications of placenta, cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (specify)
Other Obstetrical or Pregnancy Complications (Specify) <input type="text"/>	Other Obstetrical or Pregnancy Complications (Specify) <input type="text"/>
Fetal Anomaly (Specify) <input type="text"/>	Fetal Anomaly (Specify) <input type="text"/>
Fetal Injury (Specify) Please consult with OCME. <input type="text"/>	Fetal Injury (Specify) Please consult with OCME. <input type="text"/>
Fetal Infection (Specify) <input type="text"/>	Fetal Infection (Specify) <input type="text"/>
Other Fetal Conditions/Disorders (Specify) <input type="text"/>	Other Fetal Conditions/Disorders (Specify) <input type="text"/>
Unknown <input type="checkbox"/>	Unknown <input type="checkbox"/>

Was this Case Referred to OCME?  ME Case Number  Non-Reportable Death

Case Reviewed at OCME by:

LookUp   

First	Middle	Last	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Validate Page Next Clear Save Return

**The National Center for Health Statistics (NCHS) provides the following guidance on reporting the cause of fetal death:**

“The cause-of-death section consists of two parts. The initiating cause/condition is for reporting a single condition that most likely began the sequence of events resulting in the death of the fetus. Other significant causes or conditions include all other conditions contributing to death. These conditions may be conditions that are triggered by the initiating cause or causes that are not among the sequence of events triggered by the initiating cause.

The cause-of-death information should be your best medical opinion. Report a specific condition in the space most appropriate to the given situation. A condition can be listed as ‘probable’ even if it has not been definitively diagnosed. In reporting the causes of fetal death, conditions in the fetus or patient, or of the placenta, cord, or membranes, should be reported if they are believed to have adversely affected the fetus.

Cause of fetal death should include information provided by the pathologist if tissue analysis, autopsy, or another type of postmortem exam was done. If microscopic exams for a fetal death are still pending at the time the report is filed, the additional information should be reported to the registrar as soon as it is available.”

Source: [Fetal Death Edit Specifications for the 2003 Revision of the U.S. Standard Report of Fetal Death](#), National Center for Health Statistics, 2004

**INITIATING CAUSE/CONDITION\***

Enter **one** cause/condition that most likely began the sequence of events resulting in fetal death in the appropriate field. The cause of death listed should represent the certifier’s best medical opinion.

- MATERNAL CONDITIONS/DISEASE (SPECIFY) – You must specify the maternal condition(s) or disease(s).
- COMPLICATIONS OF PLACENTA, CORD OR MEMBRANES – Check the box for all that apply:
  - Rupture of membranes prior to onset of labor
  - Abrupto placenta
  - Placental insufficiency
  - Prolapsed cord
  - Chorioamnionitis
  - Other (specify)
- OTHER OBSTETRICAL OR PREGNANCY COMPLICATIONS (SPECIFY) – You must specify the other obstetrical or pregnancy complication(s).
- FETAL ANOMALY (SPECIFY) – You must specify the fetal anomaly.
- FETAL INJURY (SPECIFY) – You must specify the fetal injury.
- FETAL INFECTION (SPECIFY) – You must specify the fetal infection.
- OTHER FETAL CONDITIONS/DISORDERS (SPECIFY) - You must specify the other fetal condition(s) or disorder(s).
- UNKNOWN

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\*Please see *Case Examples of Properly Completed Cause-of-Fetal-Death* on pages 62-64.

### **OTHER SIGNIFICANT CAUSES OR CONDITIONS\***

Enter all other significant causes or conditions include all other conditions contributing to the death of the fetus in the appropriate fields. These may be conditions that are triggered by the initiating cause or causes that contributed to death.

- MATERNAL CONDITIONS/DISEASE (SPECIFY) - You must specify the maternal condition(s) or disease(s).
- COMPLICATIONS OF PLACENTA, CORD OR MEMBRANES
  - Rupture of membranes prior to onset of labor
  - Abrupto placenta
  - Placental insufficiency
  - Prolapsed cord
  - Chorioamnionitis
  - Other (specify)
- OTHER OBSTETRICAL OR PREGNANCY COMPLICATIONS (SPECIFY) – You must specify the other obstetrical or pregnancy complication(s).
- FETAL ANOMALY (SPECIFY) - You must specify the fetal anomaly.
- FETAL INJURY (SPECIFY) - You must specify the fetal injury.
- FETAL INFECTION (SPECIFY) - You must specify the fetal infection.
- OTHER FETAL CONDITIONS/DISORDERS (SPECIFY) - You must specify the other fetal condition(s) or disorder(s).
- UNKNOWN

### **WAS THIS CASE REFERRED TO OCME?**

Select Yes, No, or Unknown.

### **ME CASE NUMBER**

If this case was reviewed by the OCME, enter the Medical Examiner case number that was assigned to this fetus. If the ME does not assign a case number, leave this field blank.

### **NON-REPORTABLE DEATH**

*This field is only enabled if you selected Yes for Was this Case Referred to OCME? After consulting with the OCME, indicate whether this was a non-reportable death. Put a check in the box if the was a non-reportable death.*

### **CASE REVIEWED AT OCME BY**

*These fields are only enabled if you selected Yes for Was this Case Referred to OCME?*

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*\*Please see Case Examples of Properly Completed Cause-of-Fetal-Death on pages 62-64.*

## LOOKUP

Use the look-up menu () to search for the name of the OCME reviewer. Once selected, the Name fields will be automatically filled depending on your selection from the look-up menu.

Or manually enter the following information:

- **FIRST** – Enter the first name of the OCME reviewer.
- **MIDDLE** – Enter the middle name of the OCME reviewer.
- **LAST** – Enter the last name of the OCME reviewer.
- **SUFFIX** – When applicable, enter the suffix of the OCME reviewer.

## CASE EXAMPLES OF PROPERLY COMPLETED CAUSE-OF-FETAL-DEATH

The following are examples of properly completed causes-of-fetal-death, according to NCHS standards.

### Example #1

Cause/Conditions Contributing to fetal death	
<b>Initiating Cause/Condition</b>	<b>Other Significant Causes or Conditions</b>
<b>Among the choices below, please select the one which most likely began the sequence of events resulting in the death of the Fetus.</b>	<b>Select or Specify all other conditions contributing to death.</b>
<b>Maternal conditions/Diseases (Specify)</b> Maternal drug abuse	<b>Maternal conditions/Diseases (Specify)</b> 
<b>Complications of placenta, cord or Membranes</b> <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (specify)	<b>Complications of placenta, cord or Membranes</b> <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (specify)
<b>Other Obstetrical or Pregnancy Complications (Specify)</b> 	<b>Other Obstetrical or Pregnancy Complications (Specify)</b> 
<b>Fetal Anomaly (Specify)</b> 	<b>Fetal Anomaly (Specify)</b> Anencephaly
<b>Fetal Injury (Specify) Please consult with OCME.</b> 	<b>Fetal Injury (Specify) Please consult with OCME.</b> 
<b>Fetal Infection (Specify)</b> 	<b>Fetal Infection (Specify)</b> 
<b>Other Fetal Conditions/Disorders (Specify)</b> 	<b>Other Fetal Conditions/Disorders (Specify)</b> 
<b>Unknown</b> <input type="checkbox"/>	<b>Unknown</b> <input type="checkbox"/>

Source: [Fetal Death Edit Specifications for the 2003 Revision of the U.S. Standard Report of Fetal Death](#), National Center for Health Statistics, 2004

Example #2

**Cause/Conditions Contributing to fetal death**

**Initiating Cause/Condition**

Among the choices below, please select the one which most likely began the sequence of events resulting in the death of the Fetus.

Maternal conditions/Diseases (Specify)  
[Text Box]

Complications of placenta, cord or Membranes

- Rupture of membranes prior to onset of labor
- Abruptio placenta
- Placental insufficiency
- Prolapsed cord
- Chorioamnionitis
- Other (specify)

Other Obstetrical or Pregnancy Complications (Specify)  
[Text Box]

Fetal Anomaly (Specify)  
[Text Box]

Fetal Injury (Specify) Please consult with OCME.  
[Text Box]

Fetal Infection (Specify)  
[Text Box]

Other Fetal Conditions/Disorders (Specify)  
Asphyxia

Unknown

**Other Significant Causes or Conditions**

Select or Specify all other conditions contributing to death.

Maternal conditions/Diseases (Specify)  
Homicide by stabbing

Complications of placenta, cord or Membranes

- Rupture of membranes prior to onset of labor
- Abruptio placenta
- Placental insufficiency
- Prolapsed cord
- Chorioamnionitis
- Other (specify)

Other Obstetrical or Pregnancy Complications (Specify)  
[Text Box]

Fetal Anomaly (Specify)  
[Text Box]

Fetal Injury (Specify) Please consult with OCME.  
[Text Box]

Fetal Infection (Specify)  
[Text Box]

Other Fetal Conditions/Disorders (Specify)  
[Text Box]

Unknown

Source: [Fetal Death Edit Specifications for the 2003 Revision of the U.S. Standard Report of Fetal Death](#), National Center for Health Statistics, 2004

### Example #3

Cause/Conditions Contributing to fetal death	
<b>Initiating Cause/Condition</b>	<b>Other Significant Causes or Conditions</b>
<b>Among the choices below, please select the one which most likely began the sequence of events resulting in the death of the Fetus.</b>	<b>Select or Specify all other conditions contributing to death.</b>
Maternal conditions/Diseases (Specify) <input type="text"/>	Maternal conditions/Diseases (Specify) <input type="text"/>
Complications of placenta, cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (specify)	Complications of placenta, cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (specify)
Other Obstetrical or Pregnancy Complications (Specify) <input type="text"/>	Other Obstetrical or Pregnancy Complications (Specify) <input type="text"/>
Fetal Anomaly (Specify) <input type="text" value="Triploidy syndrome, XXY"/>	Fetal Anomaly (Specify) <input type="text"/>
Fetal Injury (Specify) Please consult with OCME. <input type="text"/>	Fetal Injury (Specify) Please consult with OCME. <input type="text"/>
Fetal Infection (Specify) <input type="text"/>	Fetal Infection (Specify) <input type="text"/>
Other Fetal Conditions/Disorders (Specify) <input type="text"/>	Other Fetal Conditions/Disorders (Specify) <input type="text"/>
Unknown <input type="checkbox"/>	Unknown <input type="checkbox"/>

Source: [Fetal Death Edit Specifications for the 2003 Revision of the U.S. Standard Report of Fetal Death](#), National Center for Health Statistics, 2004

## **SCREEN: ATTENDANT/CERTIFIER**

This screen is used to enter information of the attendant and certifier.

**Attendant/Certifier**

Attendant at Delivery  

Attendant's Name

First Middle Last Suffix

Attendant's Title Other Specify

Certifier  

Same as Attendant (MD or DO Only)

Certifier's Name

First Middle Last Suffix

Certifier's Title Other Specify

Date Certified 

Validate Page Next Clear Save Return

**NOTE:** For each institution, attendant and certifier information can be entered into look-up menus for easy selection by the person entering the data into the system. If these tables have been populated by your System Administrator with attendants and certifiers who are commonly listed on the spontaneous termination of pregnancy certificate, all information indicated below will be system-filled when the attendant and/or certifier is selected from the look-up menu.

### **ATTENDANT AT DELIVERY**

#### **ATTENDANT'S NAME**

Select the attendant from the look-up () menu or enter the attendant's first, middle, and last names. The attendant at delivery is defined as the individual physically present at the delivery who is responsible for the delivery. For example, if an intern or nurse midwife delivers a fetus under the supervision of an obstetrician who is present in the delivery room, the obstetrician should be reported as the attendant. If the obstetrician is not physically present, the intern or nurse midwife must be reported as the attendant.

If the fetus was delivered en route to the hospital, enter the name of the person who physically delivered the fetus. For example, if the fetus was delivered in an ambulance, enter the name of the EMT who delivered the fetus.

If the fetus was not delivered while under medical care, enter the name of the person present at delivery, e.g., taxi driver. If no one was present for the delivery, the mother/parent would be the attendant.

### **ATTENDANT'S TITLE**

Select the attendant's title from the drop down menu:

- MD
- DO
- CNM/CM
- LIC. MIWIFE
- RPA
- OTHER-SPECIFY - If the attendant was not a medical professional as listed above, specify who the attendant was in the Other Specify field. This would be used when the mother/parent, father/parent, taxi driver, etc. was the attendant.

### **CERTIFIER**

The certifier is the person who is required to certify that the fetus was delivered at the place, date, and time given on the certificate. The certifier can only be a licensed physician (MD or DO). *According to State and City law, no one other than a licensed physician may certify a spontaneous termination of pregnancy certificate.*

If the fetus was not delivered under care of a licensed physician (e.g. at home or in an ambulance), the certifier is the licensed physician at the hospital or medical facility where the mother/parent is transported who can confirm or certify that the mother/parent had a spontaneous termination.

### **CERTIFIER'S NAME**

- If the certifier is the same as the attendant, put a check in the Same As Attendant checkbox. The Certifier's Name fields will automatically fill with the Attendant's Name.
- If the certifier is not the same as the attendant, select the certifier from the look-up menu ()

### **CERTIFIER'S TITLE**

The certifier's title will automatically fill once his or her name has been selected from the look-up menu.

### **DATE CERTIFIED**

This field will be automatically filled by the system when the record is biometrically certified.

**SCREEN: DISPOSITION**

This screen is used to enter information regarding the disposition of the fetus, including who will be responsible for the disposition and where and when the disposition will take place. *This page will only appear if the fetus has completed 24 weeks or more gestation or if the mother/parent has requested a disposition.*

**Disposition**

Will medical institution be responsible for disposition permit?

Method of disposition  Other Specify

Date of disposition

**Place of disposition**

Place of Disposition

City or Town  State  Country

**Funeral Director**

License Number  Lookup

First  Middle  Last  Suffix

**Funeral Home**

Business Registration Number  Lookup

Street Number  Pre Directional  Street Name or PO Box, Rural Route, Etc  Street Designator  Post Directional  Apt#, Suite #, etc

City or Town  State  Country  Zip Code

**Individual Authorizing Disposition**

First  Middle  Last  Suffix

Relationship to Fetus  Other specify

**Address**

Street Number  Pre Directional  Street Name or PO Box, Rural Route, Etc  Street Designator  Post Directional  Apt#, Suite #, etc

City or Town  State  Country  Zip Code

United States

Validate Page Clear Save Return

Depending on the type of disposition the mother/parent requests, you will need to fill out different information. Follow the data entry instructions below for the appropriate disposition type.

### **DISPOSITION TYPE: CITY BURIAL**

For City burials, or cases where your medical facility is responsible for the disposition of the fetus, enter the following information:

#### **WILL MEDICAL INSTITUTION BE RESPONSIBLE FOR FINAL DISPOSITION?**

Select Yes from the drop down menu.

#### **METHOD OF DISPOSITION**

Select City Burial (Potter's Field) from the drop down menu.

#### **DATE OF DISPOSITION**

Enter the date the disposition will take place. If using the calendar icon, click on the icon and select the appropriate date. Valid formats for manual entry are MONDDYYYY, MM/DD/YYYY, MM-DD-YYYY, and MMDDYYYY. If unknown, enter 99-99-9999.

#### **PLACE OF DISPOSITION**

This will automatically fill with information for the City Cemetery at Hart Island.

#### **FUNERAL DIRECTOR**

Enter Robert in the First Name field and Kearney in the Last Name field.

#### **FUNERAL HOME**

All funeral home fields will automatically fill with information on the Office of the Chief Medical Examiner, which acts at the funeral home in City burial cases.

#### **INDIVIDUAL AUTHORIZING DISPOSITION**

Enter the first, middle, and last names, and where applicable, suffix of the individual authorizing the disposition of this fetus. Select the individual's relationship to the fetus from the dropdown menu. If other, then specify.

#### **ADDRESS**

Enter the address of the individual authorizing disposition:

- **STREET NUMBER** - Enter the house or street number.
- **PRE DIRECTIONAL** - Select N, E, SW, etc. for the street direction, if applicable.
- **STREET NAME, RURAL ROUTE** - Enter the street name or rural route. No P.O. Boxes are allowed for the residence address. If the address contains a unit or building number (independent from the apartment number), indicate the unit/building number here.
- **STREET DESIGNATOR** - Select the street type (i.e., Avenue, Drive, Street) from the drop down menu.
- **POST DIRECTIONAL** - Select N, E, SW, etc. for the direction at the end of the street name, if applicable (e.g. Central Park West).
- **APT #, SUITE #, etc.** - Enter the apartment or suite number if applicable.

- Use the Places table () to complete the **City**, **State**, and **Country** fields, or enter each manually into separate fields:
- **CITY OR TOWN** - Enter the city or town.
- **COUNTY** – In New York City:
  - If Manhattan, the county is New York (**DO NOT** enter Manhattan or NY as the county).
  - If Bronx, the county is Bronx.
  - If Brooklyn, the county is Kings.
  - If Queens, the county is Queens.
  - If Staten Island, the county is Richmond.
- **STATE** - You may enter the two-letter postal code for the state or type out the word(s). For foreign addresses (such as Canada), enter the province/territory/region here.
- **COUNTRY** - The system defaults to United States. If the mother resides outside of the US, select the foreign country.
- **ZIP CODE** - Enter the five-digit ZIP code or the foreign postal code if outside of the US.

**DISPOSITION TYPE: NON-CITY (PRIVATE) BURIAL**

For non-City burials, or cases where the mother requests a private burial, cremation, entombment, etc., enter the following information:

**WILL MEDICAL INSTITUTION BE RESPONSIBLE FOR FINAL DISPOSITION?**

Select No from the drop down menu.

All other information will be entered by the funeral director.

## **ICD-10 CODES TO BE SUBMITTED AS SPONTANEOUS TERMINATIONS OF PREGNANCY**

The New York City Health Code requires that spontaneous termination of pregnancy certificates be submitted for all of the following ICD-10 codes:

### **O00**

#### **Ectopic Pregnancy**

- Use additional code from category O08.-, if desired, to identify any associated complication
- Includes: ruptured ectopic pregnancy
- O00.0 Abdominal pregnancy
  - Intraperitoneal pregnancy
  - Excludes: delivery of viable fetus in abdominal pregnancy (O83.3)
    - maternal care for viable fetus in abdominal pregnancy (O36.7)
- O00.1 Tubal pregnancy
  - Fallopian pregnancy
  - Rupture of (fallopian) tube due to pregnancy
  - Tubal abortion
- O00.2 Ovarian pregnancy
- O00.8 Other ectopic pregnancy
  - Pregnancy
    - broad ligament
    - cervical
    - cornual
    - interstitial
    - intraligamentous
    - intramural
    - mesometric (mural)
    - Mural
- O00.9 Ectopic pregnancy, unspecified

### **O01**

#### **Hydatidiform mole**

- Use additional code from category O08.-, if desired, to identify any associated complication
- Excludes: chorioadenoma (destruens) (D39.2)
  - Malignant hydatidiform mole (D39.2)
- O01.0 Classical hydatidiform mole
  - Complete
- O01.1 Incomplete and partial hydatidiform mole
- O01.9 Hydatidiform mole, unspecified
  - Trophoblastic disease NOS
  - Vesicular mole NOS

## **O02**

### **Other abnormal product of conception**

- Use additional code from category O08.-, if desired, to identify any associated complication
- Excludes: papyraceous fetus (O31.0)
- O02.0 Blighted ovum and nonhydatidiform mole
  - Pathological ovum
  - Retained (dead) ovum
  - Mole:
    - carneous
    - fleshy
    - intrauterine NOS
    - nonhydatidiform
    - molar pregnancy NEC
- O02.1 Missed abortion
  - Early fetal death, before completion of **20 weeks** of gestation, with retention of dead fetus
  - Excludes: failed induced abortion (O07.-)
    - Missed abortion with:
      - blighted ovum (O02.0)
      - hydatidiform mole (O01.0)
      - nonhydatidiform (O02.0)
      - missed delivery (O36.4)
      - stillbirth (P95)
- O02.8 Other specified abnormal products of conception
  - Excludes: those with:
    - blighted ovum (O02.0)
    - hydatidiform mole (O01.-)
    - nonhydatidiform mole (O02.0)
- O02.9 Abnormal product of conception, unspecified

### **O03.0-O03.9 Spontaneous abortion**

- Requires fourth-character subdivisions to identify stage and complications
- Includes: miscarriage

**ICD-10 CODES TO BE SUBMITTED AS SPONTANEOUS TERMINATIONS OF PREGNANCY**

- P95            Fetal death of unspecified cause**
- Deadborn fetus NOS
  - Stillbirth NOS
- O36.4           Maternal care for intrauterine death**
- Z37            Outcome of delivery, following categories:**
- Z37.1 Single stillbirth
  - Z37.3 Twins, one liveborn and one stillborn
  - Z37.4 Twins, both stillborn
  - Z37.60-Z37.69 Other multiple births, some liveborn
  - Z37.7 Other multiple births, all stillborn

These should be submitted whenever a doctor confirms that the event had occurred, regardless of whether or not a procedure (for example, a D&C) was done at the institution.

## APPENDIX B: GLOSSARY OF ICONS AND CONTROLS

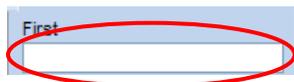
There are several different types of icons and controls used in EVERS. Many of these are standard or universal controls that you may already be familiar with from using other programs and/or websites. Others are EVERS-specific controls that you will not find anywhere else. This section explains how to use each of these icons and controls.

### Labels



Most controls have labels. A label simply tells you what type of information is displayed in a control or what type of information to place in a control.

### Text Entry Boxes



These are controls used to capture information by typing the entry into the field. Text entry boxes can be formatted to accept only text, a combination of text and numbers, numbers only, or dates. In this example, the text entry box is being used to capture someone's first name. Some text entry boxes are automatically filled with information and do not allow entry of information into the field.

### Checkboxes



These controls can be clicked on using your mouse's left click button. Checkboxes are used for making selections among various onscreen options. **More than one checkbox can be selected at a time**, compared to radio buttons, which can only be selected one at a time (see below).

Checkboxes display two ways: checked () and unchecked (). To check a checkbox, just click on the box with your left mouse button. Clicking once will place a checkmark in the checkbox. Clicking on a checked checkbox will remove the checkmark.

*Keyboard Shortcut:* If you are answering a question with checkbox choices, pressing the spacebar on the keyboard will also check or uncheck the control.

### Radio Buttons

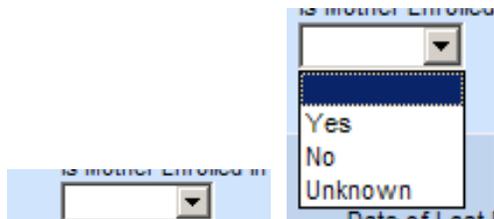


These controls can be selected using your mouse's left click button. Clicking on a radio button will fill in its circle with a black dot. Unlike checkboxes, which allow for multiple selections, **only**

**one radio button per group of buttons corresponding to a data item may be selected at one time.** For example, you might use a radio button to select Hispanic ancestry versus Non-Hispanic ancestry, but use checkboxes to select multiple races.

**Keyboard Shortcut:** If you are answering a question with radio button choices, pressing the spacebar on the keyboard will also select the chosen radio button.

### Drop down Menus



These controls can be selected using your mouse's left click button. Clicking on the drop down arrow button on the right side of the entry box will cause a list of selectable options to drop down. Clicking on any item in the list will select it and cause it to be displayed in the text box portion of the control.

**Keyboard Shortcut:** If known, type the first letter of the option you want to select. The highlighted portion will then shift down to the first option beginning with that letter. If there are multiple selections beginning with that letter then type subsequent letters until your desired option appears. Click Tab on your keyboard to move the cursor off the drop down list and save that selection. In addition, you can also use the up and down arrows on your keyboard to scroll through the list of options. Again, when the correct option is highlighted, use the Tab key to save that selection and move to the next control.

### Click Buttons



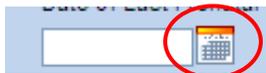
These controls can be clicked on using the left mouse button. They are used to trigger some action by the system, such as accept data inputs, save information, run validation edits, return to previous pages, or to progress to the next page.

### Auto-populate Button



This is a control that can be clicked on using your mouse's left click button. This control is used in conjunction with entries in another field to auto-fill information relevant to the previous entry.

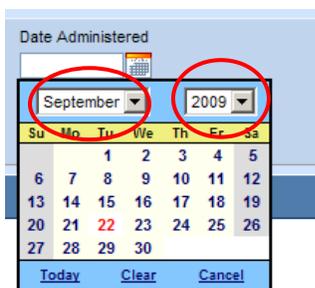
## Calendar Icon



This control can be clicked on using your mouse's left click button. This icon is used in conjunction with Date Entry text boxes. Clicking on this icon will bring up the Calendar Control that can be used to select a specific date (see below).

*Keyboard Shortcut:* If you are in a Date Entry text box and would like to select today's date, simply press the F12 key on your keyboard. The current date will fill into the box using the proper format.

## Calendar Control:



This is a control containing several other controls. There are two drop down lists, one for selecting the month and the other for selecting the year. The default calendar displayed will be for the current month and year with the current day displayed in red. Once the month and year have been selected from the drop down menus, clicking on the day will cause that date to be displayed in the corresponding Date Entry text box using a MMDDYYYY format.

## Places Table



This control can be clicked on using your mouse's left click button. This icon is used in conjunction with Address Entry text boxes. Clicking on this icon will bring up the Places control, which contains drop down menus that can be used to select a specific place, working down from the most general geographical entry (usually country) to the unique identifier (usually city or ZIP code). The selections made in this window will be system-filled into the appropriate data fields.

## Erase Icon



This control can be clicked on using your mouse's left click button. Clicking on this icon will erase the information entered into the data fields related to one question or data item.

## **Look-up Icon**



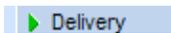
This control can be clicked on using your mouse's left click button. This icon is used in conjunction with pre-filled tables of information in EVERS, such as facility names and the names of a facility's Certifiers or Attendants. Clicking on this icon will bring up a Search window to locate the facility or person in a list. The selection can be made from this window and the corresponding information will be system-filled into the appropriate data fields.

## **Fix Icon**



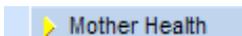
This control appears only in the EVERS Validation window. Clicking on this icon will send the cursor to the item that needs to be corrected.

## **Validation Arrow-Green**



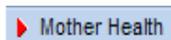
This is a display-only icon. Clicking on it has no effect. This icon is used in the Fetal Death Registration Menu and indicates that the page contains valid information (has passed all edits on that page).

## **Validation Arrow-Yellow**



This is a display-only icon. Clicking on it has no effect. This icon is used in the Fetal Death Registration Menu and indicates that the page contains information that may be invalid and must be corrected or overridden before certification will be allowed.

## **Validation Arrow-Red**



This is a display-only icon. Clicking on it has no effect. This icon is used in the Fetal Death Registration Menu and indicates that the page contains invalid information that must be corrected before certification will be allowed.

## APPENDIX C: CONTACT INFORMATION

### **Questions on how to use the system or user administration**

Contact the Constituent Services Unit at 646-632-6705 or  
[evers@health.nyc.gov](mailto:evers@health.nyc.gov).

### **Questions about data quality or how to complete the certificate**

Contact the Quality Improvement Unit of Office of Vital Statistics at 646-632-6730 or  
[VitalQI@health.nyc.gov](mailto:VitalQI@health.nyc.gov) .

### **Questions about certificate registration or burial permits**

Contact the Vital Records Burial Desk at 212-788-4545. Using the interactive voice response system, select option 1, then option 1 again, and then option 7.

### **Questions about corrections and amendments**

Contact the Vital Records Corrections Unit at 800-698-0411.

**For more information about EVERS, including instructional manuals, visit our website [www.nyc.gov/evers](http://www.nyc.gov/evers).**