

**CERTIFICATES OF LIVE BIRTH AND FETAL DEATH
MEDICAL DATA SUPPLEMENTAL WORKSHEET**

VS 10A (Rev. 1/2006)

Use the codes on this Worksheet to report the appropriate entry in items numbered 25D and 28A through 31 on the "Certificate of Live Birth" and for items 29D and 32B through 35 on the "Certificate of Fetal Death."

Item 25D. (Birth) PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE
Item 29D. (Fetal Death) (Enter only 1 code)

- | | | |
|--|------------------------------|---------------------|
| 02 Medi-Cal, without CPSP Support Services | 07 Private Insurance Company | 99 Unknown |
| 13 Medi-Cal, with CPSP Support Services | 09 Self Pay | 00 No Prenatal Care |
| 05 Other Government Programs (Federal, State, Local) | 14 Other | |

Item 28A. (Birth) METHOD OF DELIVERY
Item 32A (Fetal Death) (Enter only 1 code/number under each section, separated by commas: A,B,C,D,E,F)

- | | |
|---|---|
| A. Final delivery route | B. If mother had a previous Cesarean—How many? _____
(Enter 0 – 9, or U if Unknown) |
| 01 Cesarean—primary | |
| 11 Cesarean—primary, with trial of labor attempted | C. Fetal presentation at birth |
| 21 Cesarean—primary, with vacuum | 20 Cephalic fetal presentation at delivery |
| 31 Cesarean—primary, with vacuum & trial of labor attempted | 30 Breech fetal presentation at delivery |
| 02 Cesarean—repeat | 40 Other fetal presentation at delivery |
| 12 Cesarean—repeat, with trial of labor attempted | 90 Unknown |
| 22 Cesarean—repeat, with vacuum | D. Was vaginal delivery with forceps attempted, but unsuccessful? |
| 32 Cesarean—repeat, with vacuum & trial of labor attempted | 50 Yes 58 No 59 Unknown |
| 03 Vaginal—spontaneous | E. Was vaginal delivery with vacuum attempted, but unsuccessful? |
| 04 Vaginal—spontaneous, after previous Cesarean | 60 Yes 68 No 69 Unknown |
| 05 Vaginal—forceps | F. Hysterotomy/Hysterectomy (Fetal Death Only) |
| 15 Vaginal—forceps, after previous Cesarean | 70 Yes 78 No |
| 06 Vaginal—vacuum | |
| 16 Vaginal—vacuum, after previous Cesarean | |
| 88 Not Delivered (Fetal Death Only) | |

Item 28B. (Birth) EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY
Item 32B (Fetal Death) (Enter only 1 code)

- | | | |
|--------------------------|--|-------------------------------|
| 02 Medi-Cal | 05 Other Government Programs (Federal, State, Local) | 14 Other |
| 15 Indian Health Service | 07 Private Insurance | 99 Unknown |
| 16 CHAMPUS/TRICARE | 09 Self Pay | 00 Medically Unattended Birth |

Item 29. (Birth) COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES
Item 33. (Fetal Death) (Enter up to 16 codes, separated by commas, for the most important complications/procedures.)

DIABETES

- 09 Prepregnancy (Diagnosis prior to this pregnancy)
- 31 Gestational (Diagnosis in this pregnancy)

HYPERTENSION

- 03 Prepregnancy (Chronic)
- 01 Gestational (PIH, Preeclampsia)
- 02 Eclampsia

OTHER COMPLICATIONS/PREGNANCIES

- 32 Large fibroids
- 33 Asthma
- 34 Multiple pregnancy (more than 1 fetus this pregnancy)
- 35 Intrauterine growth restricted birth this pregnancy
- 23 Previous preterm birth (<37 weeks gestation)
- 36 Other previous poor pregnancy outcomes (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth, large for gestational age, etc.)

OBSTETRIC PROCEDURES

- 24 Cervical cerclage
- 28 Tocolysis
- 37 External cephalic version—Successful
- 38 External cephalic version—Failed
- 39 Consultation with specialist for high risk obstetric services

PREGNANCY RESULTED FROM INFERTILITY TREATMENT

- 40 Fertility-enhancing drugs, artificial insemination or intrauterine insemination
- 41 Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))

INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY

- 42 Chlamydia
- 43 Gonorrhea
- 44 Group B streptococcus
- 18 Hepatitis B (acute infection or carrier)
- 45 Hepatitis C
- 16 Herpes simplex virus (HSV)
- 46 Syphilis
- 47 Cytomegalovirus (Fetal Death Only)
- 48 Listeria (Fetal Death Only)
- 49 Parvovirus (Fetal Death Only)
- 50 Toxoplasmosis (Fetal Death Only)

PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES

- 51 Chlamydia
- 52 Gonorrhea
- 53 Group B streptococcal infection
- 54 Hepatitis B
- 55 Human immunodeficiency virus (offered)
- 56 Syphilis

NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED

- 00 None
- 30 Other Pregnancy Complications/Procedures not Listed

See reverse side for codes to Birth Items 30 and 31 and Fetal Death Items 34 and 35.

*Do not enter any identification by patient name or number on this worksheet. Discard after use.
Do not retain the worksheet in the medical records or submit with the "Certificates of Live Birth or Fetal Death."*