Obstetrics
Best Practice Documentation

Click on the desired Diagnoses link or press Enter to view all information.

Diagnoses:

- Preexisting vs Gestational Diagnoses
- Pre-eclampsia/Eclampsia
- Complications
- Multiple gestation
- Malpresentation
- Premature rupture of membranes
- Prolonged or Long Labor / Failed Induction
- Umbilical Cord Complications
- Obstetrical Laceration

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Pre-existing vs. Gestational Diagnoses

Diagnoses such as Anemia, Diabetes and Hypertension should be specified as pre-existing or gestational.

Diabetes

- Pre-existing
  - Type I or Type II
  - In pregnancy, in childbirth, in the puerperium
- Gestational
  - Specify type of control
    - Insulin
    - Diet
    - Other medication
  - Specify trimester or stage when treatment is occurring

Anemia

- Pre-existing
  - Type , if known
  - In pregnancy, in childbirth, in the puerperium
- Post-partum anemia
  - This diagnosis will indicate the patient did not have pre-existing anemia during the pregnancy and that the anemia occurred and is complicating the post-partum period

Continue to next slide for Hypertension information

Pre-existing vs. Gestational Diagnoses

Diagnoses such as Anemia, Diabetes and Hypertension should be specified as pre-existing or gestational.

Hypertension

- Pre-existing
  - Essential
  - With heart and/or kidney disease
  - Secondary
  - Specify presence of pre-eclampsia
- Gestational
  - Specify if proteinuria is present

Pre-existing and Gestational Documentation Example

Insufficient Documentation

- Pt presents at term in labor. Known history of DM.
- Pt with known history of anemia, continue to monitor.

Best Practice Documentation

- Pt presents at term, 39 weeks, in active labor. She is being treated for **gestational diabetes** and will be **maintained on insulin**.
- Patient with known **iron deficient anemia** being supplemented, continue to monitor.

Pre-eclampsia / Eclampsia

- Pre-eclampsia type
  - With pre-existing hypertension
  - Without pre-existing hypertension
- Pre-eclampsia without pre-existing hypertension
  - Severity
    - Mild
    - Moderate
    - Severe
    - HELLP Syndrome
- Eclampsia - stage of pregnancy eclampsia is being managed
  - Trimester
  - In labor
  - In the puerperium

Complications

Complications of pregnancy should include the stage of the pregnancy they are or were being managed in:

- In pregnancy (specify trimester)
- In childbirth
- In the puerperium

Examples:

- Hemorrhoids complicating pregnancy, third trimester
- Maternal exhaustion complicating labor and delivery
- Hemorrhoids in the puerperium

Multiple Gestation

- **Placenta status must be documented:**
  - Number of placenta
  - Number of amniotic sacs
    - *Twin pregnancy, monochorionic/monoamniotic*

- **Complications – the fetus for which the complication is relevant should be identified if possible**
  - *Twin pregnancy, IUGR fetus 1, breech presentation fetus 2*

Malpresentation

- Specify type:
  - Unstable lie
  - Frank or Complete Breech
  - Shoulder presentation
  - Transverse and oblique lie
  - Face, brow, chin presentation
  - High head at term
  - Compound presentation
  - Footling presentation
  - Incomplete presentation
- Clarify if malpresentation is causing obstructed labor
- Specify fetus affected

Premature Rupture of Membranes

- Timeframe in which the rupture occurred:
  - Greater than 24 hours before onset of labor
  - Less than 24 hours before onset of labor

- Indicate weeks of gestation:
  - Full term (after 37 completed weeks of gestation)
  - Preterm – specify the number of weeks of gestation or trimester

Prolonged or Long Labor / Failed Induction

Prolonged or Long Labor

- The stage that is prolonged:
  - First stage of labor
  - Second stage of labor
  - Delayed delivery of second twin, triplet, etc.

Failed Induction

- Method of induction
  - Instrumental, mechanical, or surgical
  - Medical (specify drug)

Umbilical Cord Complications

- Type
  - Prolapse of cord
  - Entanglement (neck/body)
  - Short cord
  - Vasa Previa
  - Vascular lesion of cord
  - Other - specify
- Specify with compression or without compression
  - i.e. Knot in cord = compression

Obstetrical Laceration

- Diagnosis:
  - Degree of the tear
    - First degree
    - Second degree
    - Third degree
    - Fourth degree
    - Anal sphincter tear

- Repair of obstetrical laceration documentation:
  - Tissue being repaired
    - Perineum
    - Perineal muscle
    - Vagina
    - Cervix
    - Urethra
    - Vulva

Key Documentation Concepts

- Documentation of trimester is required
- The timeframe for missed abortion (vs. fetal death) has changed from 22 to 20 weeks)
- When documenting intent of the encounter, include type of encounter (e.g. OB or GYN, contraception management, postpartum care and note any abnormal findings with examination
- Specify diagnoses as pre-existing or gestational when applicable
- For complications, specify fetus affected and trimester or stage when this is being treated or managed.

Take the Extra Step!

Below are some additional key documentation tips for optimal representation of severity and services.

Document:

- Significance of abnormal tests (i.e.: UTI, electrolytes, echo)
- Clarify whether diagnoses are ruled in or ruled out
- Establish cause-and-effect relationships (i.e. PICC line infection)
- Laterality, if applicable
- Explain the "why" and " because" to support medical necessity