## State of California—Health and Human Services Agency
### Department of Health Services

**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**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Medi-Cal, without CPSP Support Services</td>
</tr>
<tr>
<td>13</td>
<td>Medi-Cal, with CPSP Support Services</td>
</tr>
<tr>
<td>05</td>
<td>Other Government Programs (Federal, State, Local)</td>
</tr>
<tr>
<td>07</td>
<td>Private Insurance Company</td>
</tr>
<tr>
<td>09</td>
<td>Self Pay</td>
</tr>
<tr>
<td>14</td>
<td>Other</td>
</tr>
<tr>
<td>99</td>
<td>Unknown</td>
</tr>
<tr>
<td>00</td>
<td>No Prenatal Care</td>
</tr>
</tbody>
</table>

### Item 29D. **(Fetal Death)**
**PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>02</td>
<td>Medi-Cal, without CPSP Support Services</td>
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<tr>
<td>13</td>
<td>Medi-Cal, with CPSP Support Services</td>
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<td>Other Government Programs (Federal, State, Local)</td>
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<td>07</td>
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<td>Self Pay</td>
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<tr>
<td>14</td>
<td>Other</td>
</tr>
<tr>
<td>99</td>
<td>Unknown</td>
</tr>
<tr>
<td>00</td>
<td>No Prenatal Care</td>
</tr>
</tbody>
</table>

### Item 28A. **(Birth)**
**METHOD OF DELIVERY**

**Enter only 1 code/number under each section, separated by commas: A,B,C,D,E,F**

#### A. Final delivery route
- 01 Cesarean—primary
- 11 Cesarean—primary, with trial of labor attempted
- 21 Cesarean—primary, with vacuum
- 31 Cesarean—primary, with vacuum & trial of labor attempted
- 02 Cesarean—repeat
- 12 Cesarean—repeat, with trial of labor attempted
- 22 Cesarean—repeat, with vacuum
- 32 Cesarean—repeat, with vacuum & trial of labor attempted
- 03 Vaginal—spontaneous
- 04 Vaginal—spontaneous, after previous Cesarean
- 05 Vaginal—forceps
- 15 Vaginal—forceps, after previous Cesarean
- 06 Vaginal—vacuum
- 16 Vaginal—vacuum, after previous Cesarean
- 88 Not Delivered (Fetal Death Only)

#### B. If mother had a previous Cesarean—How many? _______

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>0 – 9</td>
<td>0 – 9</td>
</tr>
<tr>
<td>U</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

#### C. Fetal presentation at birth
- 20 Cephalic fetal presentation at delivery
- 30 Breech fetal presentation at delivery
- 40 Other fetal presentation at delivery
- 90 Unknown

#### D. Was vaginal delivery with forceps attempted, but unsuccessful?
- 50 Yes
- 58 No
- 59 Unknown

#### E. Was vaginal delivery with vacuum attempted, but unsuccessful?
- 60 Yes
- 68 No
- 69 Unknown

#### F. Hysterotomy/Hysterectomy (Fetal Death Only)
- 70 Yes
- 78 No

### Item 28B. **(Birth)**
**EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY**

**Enter only 1 code**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
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<td>02</td>
<td>Medi-Cal</td>
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<tr>
<td>15</td>
<td>Indian Health Service</td>
</tr>
<tr>
<td>16</td>
<td>CHAMPUS/TRICARE</td>
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<td>Other Government Programs (Federal, State, Local)</td>
</tr>
<tr>
<td>07</td>
<td>Private Insurance Company</td>
</tr>
<tr>
<td>09</td>
<td>Self Pay</td>
</tr>
<tr>
<td>14</td>
<td>Other</td>
</tr>
<tr>
<td>99</td>
<td>Unknown</td>
</tr>
<tr>
<td>00</td>
<td>Medically Unattended Birth</td>
</tr>
</tbody>
</table>

### Item 29. **(Birth)**
**COMPLICATIONS AND PROCEDURES OF PREGNANCY AND Concurrent ILLNESSES**

**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 DI SEASES
- 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

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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.”