

**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**

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? \_\_\_\_\_**  
(Enter 0 – 9, or U if Unknown)

**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**  
**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."**