

## Maternity Quick Reference Guide

### Top Documentation Needs

The following items are the most important to detail in your documentation of the case.

1. Trimester or weeks gestation
2. Whether condition was pre-existing prior to pregnancy or developed during or due to pregnancy
3. Reason for cesarean section
4. Reason for induction
5. Multiple gestation - identification of fetus with complication
6. Multiple gestation - number of placentas, amniotic sacs
7. Gestational diabetes - diet controlled vs. insulin controlled
8. Puerperal sepsis - identify casual organism
9. Alcohol and tobacco use

For more information or questions, visit [munsonhealthcare.org/icd10](http://munsonhealthcare.org/icd10) or, email [icd10help@mhc.net](mailto:icd10help@mhc.net).

## Side 2: Maternity Quick Reference Guide

### Documentation Impact

Trimesters	
1st	Less than 14 weeks, 0 days
2nd	14 weeks, 0 days to less than 28 weeks, 0 days
3rd	28 weeks, 0 days until delivery

- ICD-10 uses trimester axis of classification rather than episode of care
- Not all conditions include codes for all three trimesters or is N/A
- Counted from first day of last menstrual period

### Definition Changes

#### Missed abortion/early fetal death

- Death before completion of 20 weeks gestation (reduced from ICD-9 definition of 22 weeks)

#### Early vs. late vomiting

- Excessive vomiting that starts before completion of 20 weeks gestation is considered early vomiting
- Late vomiting of pregnancy is defined as excessive vomiting that starts after 20 completed weeks gestation

#### Pre-term labor

- Onset of labor before 37 completed weeks gestation

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