

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date Completed)

State of Florida Department of Health (DOH) Children's Medical Services (CMS)  
Regionalized Perinatal Intensive Care Centers (RPICC)  
University of Florida RPICC Data System  
**Obstetrical Component**

RPICC Unique Number	Mother's Soc. Sec. No.	Mother's Hospital Number		Mother's Name (last, first)			
____	____	____	____	____	____	____	
<b>Mother's Status Code</b> EL-Eligible IE-Insurance Eligible UF-Unfunded NN-Non-Eligible HM-HMO Eligible	<b>Gravida</b>  ____/____/____ <b>Date of 1<sup>st</sup> Prenatal Visit</b>	<b>Term</b> <i>(Use "99" if Gravida and Parity numbers are unknown)</i>  ____ <b>Total Prenatal Visits</b>	<b>Premature</b>  ____ <b>Total RPICC Prenatal Visits</b>	<b>Abort</b>  ____ <b>Total Postpartum Visits</b>	<b>Living</b>  ____	<b>Expected Date of Delivery</b>  ____/____/____ <b>Maternal Referral</b> 1=County Health Unit 2=Private 3=Center Clinic 4=Other 5=None	<b>Date Declared Program Eligible</b>  ____/____/____
<b>Mother's Discharge Status</b> 1-Discharge Home 3-Expired 4-Other (allows omission of infant data) 5-Lost to Follow-Up			____/____/____ <b>Program Discharge Date</b>	____/____/____ <b>Last Menstrual Period Date</b>			

**COMPLICATIONS**

**Complications:** \_\_\_\_\_ **If H5\*, use D for Delivery, P for Postpartum** \_\_\_\_\_ **If T2\*, use Y/N for valid consent form** \_\_\_\_\_

<b>A1</b> Abnormal Labor pattern	<b>DF</b> Diabetes Class F	<b>M1</b> Maternal Death	<b>S1</b> Severe Preeclampsia
<b>A2</b> Abnormal presentation (after 25 weeks)	<b>DR</b> Diabetes Class R	<b>M2</b> Meconium Staining	<b>S2</b> Sexually Transmitted Diseases (other than HIV)
<b>A3</b> Acquired Immune Deficiency Syndrome	<b>DT</b> Diabetes Class A2	<b>M3</b> Mild Preeclampsia	<b>S3</b> Shoulder Dystocia
<b>A4</b> Alcohol Abuse	<b>E1</b> Eclampsia	<b>M4</b> Multiple Gestation	<b>S4</b> Spontaneous Premature Labor (=36 weeks)
<b>A5</b> Amnionitis	<b>E2</b> Endometritis	<b>O1</b> Oligohydramnios	<b>S5</b> Substance Abuse (other than Alcohol)
<b>A6</b> Abruptio	<b>E3</b> Epilepsy/Seizure Disorders	<b>P1</b> Polyhydramnios	<b>S6</b> Smoking
<b>AV</b> HIV Disease	<b>F1</b> Fetal Distress and/or Acidosis	<b>P2</b> Post Term (42+)	<b>T1</b> Thyroid Disease
<b>C1</b> Cardiovascular Disease (organic)	<b>G1</b> Gastrointestinal Problems	<b>P3</b> Pregnancy Induced Hypertension	<b>T2</b> Tubal Ligation*
<b>C2</b> Collagen Vascular Disease	<b>H1</b> Hemoglobinopathies	<b>P4</b> (PROM) Pre. Rupture of Membranes >6Hrs before Labor	<b>V1</b> Vaginal Bleeding
<b>D2</b> Dilatation/Curettage	<b>H2</b> Hemorrhage *	<b>P5</b> Previous Caesarean Section	<b>V2</b> Viral Infections, not sexually transmitted
<b>D3</b> Diminished Renal Function/Kidney Disease	<b>H3</b> Hyperemesis with Ketonuria	<b>P6</b> Previous Low Birth Weight/Preemie	
<b>DA</b> Diabetes Class A	<b>H4</b> Hypertension: Chronic (140+/90+)	<b>P7</b> Previous Perinatal Death	
<b>DB</b> Diabetes Class B	<b>H5</b> Hysterectomy	<b>P8</b> Psychological Disorders	
<b>DC</b> Diabetes Class C	<b>I1</b> Incompetent Cervix	<b>P9</b> Pulmonary Dysfunction	
<b>DD</b> Diabetes Class D	<b>I2</b> Intrauterine Fetal Demise (IUFD)	<b>R1</b> Rh Sensitized/Irregular Antibodies	
	<b>I3</b> Intrauterine Growth Retardation		

**Diagnostic Codes:**    **Antepartum:** \_\_\_\_\_    **Delivery:** \_\_\_\_\_    **Postpartum:** \_\_\_\_\_

**DELIVERY DATA**

<b>Delivery Type</b> 1=Vaginal 4=Caesarean Section	<b>Birth Complications</b>	<b>Y / N</b> <b>Resuscitation at Birth (Intubation)</b>	<b>Disposition of Fetus</b> 1=RNIC 2=Newborn 3=Intermediate Care 4=Expired Before Labor 5=Expired During Labor 6=Expired After Delivery 7=Expired/Time Unknown 8=Other Disposition
_____	_____	_____	_____