



13 KEY IPHIS VARIABLES

While it is important that you know the definitions of all of the Integrated Perinatal Health Information System (IPHIS) variables, there are 13 very important ones that are essential to understanding the health status of the Ohio population of pregnant women and their newborns. The accuracy of following 13 variables is paramount and can help improve health outcomes for women and babies.



DEFINITION

IPHIS TAB

TIPS FOR ENTRY

1. Total of prenatal visits

<ul style="list-style-type: none">The total number of visits recorded in the most current medical record available.	Prenatal	<ul style="list-style-type: none">Make certain birth abstractor has access to all available electronic and paper prenatal records. Do not estimate additional visits when the prenatal record is not current.
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2. Pregnancy risk factors: diabetes

<ul style="list-style-type: none">Maternal prenatal problems: pre-pregnancy diabetes vs. gestational diabetes		
<ul style="list-style-type: none">Pre-pregnancy diabetes: Glucose intolerance diagnosed BEFORE this pregnancy.	Pregnancy	<ul style="list-style-type: none">If diabetes is present prior to becoming pregnant, check pre-pregnancy diabetes, NOT gestational. Do not check both.
<ul style="list-style-type: none">Gestational diabetes: Glucose intolerance that was diagnosed DURING this pregnancy.		<ul style="list-style-type: none">If diabetes is present only during this pregnancy, check gestational diabetes NOT pre-pregnancy. Do not check both.

3. Pregnancy risk factors: hypertension

<ul style="list-style-type: none">Maternal prenatal problems: chronic (pre-pregnancy) vs. gestational		
<ul style="list-style-type: none">Pre-pregnancy or chronic hypertension: Elevation of blood pressure above normal for age and physiological condition diagnosed PRIOR to the onset of this pregnancy.	Pregnancy	<ul style="list-style-type: none">If hypertension was present prior to this pregnancy, check pre-pregnancy NOT gestational hypertension. Do not check both. Also called chronic hypertension and/or high blood pressure.
<ul style="list-style-type: none">Gestational hypertension: Elevation of blood pressure above normal for age and physiological condition diagnosed DURING this pregnancy.		<ul style="list-style-type: none">If hypertension is present only during this pregnancy, check gestational NOT pre-pregnancy or chronic hypertension. Do not check both. Often called Pre-eclampsia and/or Pregnancy Induced Hypertension (PIH).

4. Previous preterm birth

<ul style="list-style-type: none">A history of pregnancies resulting in a live infant born prior to 37 completed weeks.	Pregnancy	<ul style="list-style-type: none">Do not include stillbirths or fetal deaths that occurred before 37 weeks; that is a different variable. Include only live births that occurred prior to 37 weeks gestation.
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5. Induction of labor

<ul style="list-style-type: none">Stimulation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor. These medications are given BEFORE labor begins.	Labor/ Delivery	<ul style="list-style-type: none">Please note: Some of the same medications that are used to induce labor are also the same as those used to augment labor. Examples are Pitocin (oxytocin) and artificial rupture of membranes (AROM). Check whether labor has begun before deciding which IPHIS category is correct.
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6. Augmentation of labor

<ul style="list-style-type: none">Augmentation of labor occurs AFTER labor has started. Stimulation of uterine contractions by drugs or manipulative techniques, such as artificial rupture of membranes, with the intent of reducing the duration of labor.	Labor/ Delivery	<ul style="list-style-type: none">AGAIN remember: Some of the same medications and treatments that are used to induce labor are also the same as those used to augment labor. Examples are Pitocin (oxytocin) and artificial rupture of membranes (AROM). Be certain to check whether labor has begun before deciding which IPHIS category is correct.
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DEFINITION

IPHIS TAB

TIPS FOR ENTRY

7. Antenatal corticosteroids (ANCS)

<ul style="list-style-type: none">Steroids or glucocorticoids given to accelerate fetal lung maturity in anticipation of a preterm delivery. These medications are given BEFORE delivery.	Labor/ Delivery	<ul style="list-style-type: none">Thoroughly check the patient chart. This medication also could have been given at MD office or at another hospital prior to arrival at your facility.
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8. Antibiotics received by the mother during delivery

<ul style="list-style-type: none">Includes any antibacterial medications given IM or IV to the mother in the interval between the onset of labor and actual delivery.	Labor/ Delivery	<ul style="list-style-type: none">Maternal conditions that would require antibiotic coverage and could be documented in the patient chart include but are not limited to: chorioamnionitis, Group B strep +, BE (sub-acute bacterial endocarditis) prophylaxis, and maternal fever. Also include prophylaxis antibiotics for scheduled C/S.
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9. Birth weight

<ul style="list-style-type: none">The weight of the infant at birth recorded in grams.	Newborn	<ul style="list-style-type: none">If the weight in grams is not available, enter the birth weight in pounds and ounces. Please don't convert. This is the infant's weight at delivery, NOT at discharge.
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10. Obstetric estimate of gestational age

<ul style="list-style-type: none">Estimate of the infant's gestation in completed weeks based on the birth attendant's final estimate of gestation. It is determined by all perinatal factors and assessments such as ultrasound but not the neonatal exam.UPDATE 2014: Please note that as of 10/2014, IPHIS has the option of reporting weeks <u>AND</u> days.	Newborn	<ul style="list-style-type: none">Enter the obstetric estimate of GA in completed weeks in the weeks box and additional completed days in the days box (0 to 6). If only the completed weeks are known or if the gestational age is given in weeks and a "+" then leave days box blank.If the days box is left blank, record only the number of fully completed weeks. DO NOT ROUND UP OR DOWN.
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11. Abnormal conditions of the newborn

Highlighted are both assisted ventilation after delivery and Neonatal Intensive Care Unit (NICU) admission.

<ul style="list-style-type: none">Assisted ventilation after delivery: Infant is given manual breaths for any duration with bag and mask, or bag and endotracheal tube within the first several minutes from birth.	Newborn	<ul style="list-style-type: none">This does not include oxygen only by blow by or free flow or laryngoscopy for aspiration of meconium.
<ul style="list-style-type: none">NICU admission: Admission to a facility or unit that has the staffing and equipment to provide continuous mechanical ventilatory support for a newborn.		<ul style="list-style-type: none">DO NOT choose NICU admission if the infant was physically transferred to another hospital; that is a different variable. If the infant was admitted to the Neonatal Intensive Care, Special Care Nursery, Intensive care Nursery, or Pediatric Intensive Care in your hospital, the NICU box should be checked. This can occur at ANY time during the infants stay at YOUR hospital only.

12. Congenital anomalies of the newborn or birth defects

<ul style="list-style-type: none">These are defined as malformations of the newborn that are diagnosed before or after delivery. IPHIS contains 26 different congenital anomalies.	Newborn	<ul style="list-style-type: none">Check ALL boxes that apply. If no malformation identified mark "none."
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13. Breast feeding at discharge

<ul style="list-style-type: none">When you hear "breast fed" think human milk. Is the infant being breast fed or receiving human milk at discharge? Breast fed is the action of breast feeding or pumping human milk.	Newborn	<ul style="list-style-type: none">The infant DOES NOT need to be exclusively breastfed. It is NOT simply the mother's intent to breast feed.Please note: a <u>separate</u> second question regarding exclusive breastfeeding was added in 10/2014 update.
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Handling Unknown Variables

***Please note that the option of entering “Unknown” was removed from several variables in the 10/2014 Update.**

What if you don’t know the definition of the variable or can’t find the variable? You may be tempted to use “99” or “unknown” because you don’t know the answer. Many times, 99 is erroneously used as the entry to use when the birth registry abstractor is unsure what the variable means or, if after looking in one or two places for the answer, it cannot be found. Code 99 or unknown should only be marked if the information cannot be located from any available source. **Use it sparingly.**

Here is a correct example of when to use “99”: If the mother doesn’t recall the exact date of her last menstrual period (LMP) and the exact date is not recorded on the prenatal record, what should you do? She knows her LMP was sometime in September 2012. You would then record the date as **09/99/2012**. This is because the day is unknown, even though the month and year are known and correctly recorded. For your reference, also document “unknown” on the Facility Worksheet.

