



دائرة الصحة
DEPARTMENT OF HEALTH

Maternal and Perinatal Care Service Jawda Guidance

Version 5

Table of Contents

Maternal and Perinatal KPIs

Executive Summary	3
About this Guidance	4
Proportion of surgically managed ectopic pregnancies that were managed by laparoscopy	5
Proportion of elective deliveries at ≥ 37 and < 39 weeks	6
Proportion of episiotomy procedures among vaginal deliveries.....	8
Proportion of third and fourth degree perineal tears.....	9
Proportion of vaginal births following a previous caesarean section	10
Proportion of deliveries with Postpartum Haemorrhage ≥ 2000 ml	11
Proportion of unplanned all cause readmissions to hospital within 30 days of discharge after delivery.....	12
Brachial plexus injury rate per 1000 newborns	14
Neonate patients with hypoxic-ischemic encephalopathy (Moderate or Severe) (HIE) rate per 1000 newborns.....	15
Neonatal Central line-associated Bloodstream Infections (CLABSI)	16
Emergency Primary Caesarian Section rate	19
Elective Primary Caesarian Section rate	20
Surgical site infection (SSI) for emergency caesarian section	21
Surgical site infection (SSI) for elective caesarian section	25
Early Perinatal Mortality rate per 1000 births	28
Early Perinatal Mortality - Corrected rate per 1000 births	29
Neonatal Mortality rate per 1000 live births	30
Neonatal Mortality - corrected rate per 1000 live births	31
Appendix A: Excluded ICD10 – CM Codes for MPC 005 Proportion of vaginal births following a previous caesarean section	32
Appendix B Excluded ICD10 – CM Codes for MPC 011 and MPC012 Emergency and Elective primary Caesarian Section rate	41
Summary of Changes 2022	50

Executive Summary

The Department of Health– Abu Dhabi (DOH) is the regulatory body of the healthcare sector in the Emirate of Abu Dhabi and ensures excellence in healthcare for the community by monitoring the health status of its population.

The Emirate of Abu Dhabi is experiencing a substantial growth in the number of hospitals, centers and clinics. This is ranging from school clinics and mobile units to internationally renowned specialist and tertiary academic centers. Although, access and quality of care has improved dramatically over the last couple of decades, mirroring the economic upturn and population boom of Emirate of Abu Dhabi, however challenges remain in addressing further improvements.

The main challenges that are presented with increasingly dynamic population include an aging population with increased expectation for treatment, utilization of technology and diverse workforce leading to increased complexity of healthcare provision in Abu Dhabi. All of this results in an increased and inherent risk to quality and patient safety.

DOH has developed dynamic and comprehensive quality framework in order to bring about improvements across the health sector. This guidance relates to the quality indicators that DOH is mandating the quarterly reporting against by the operating general and specialist hospitals in Abu Dhabi.

The guidance sets out the full definition and method of calculation for patient safety and clinical effectiveness indicators. For enquiries about this guidance, please contact jawda@doh.gov.ae

This document is subject for review and therefore it is advisable to utilize online versions available on the DOH at all times.

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Version 5, June 2022

About this Guidance

The guidance sets out the definitions and reporting frequency of Jawda Maternal and Perinatal Care (MPC) performance indicators. The Department of Health (DoH), with consultation from local and international maternal and perinatal care expertise has developed Maternal and Perinatal Care (MPC) Performance Indicators that are aimed for assessing the degree to which a provider competently and safely delivers the appropriate clinical services to the patient within the optimal period.

The Jawda KPIs in this guidance include measures to monitor morbidity in patients receiving maternal and perinatal care.

Who is this guidance for?

All DoH licensed healthcare facilities providing Maternal and Perinatal services in the Emirate of Abu Dhabi.

How do I follow this guidance?

Each provider will nominate one member of staff to coordinate, collect, monitor and report Maternal and Perinatal services quality indicators data as per communicated dates. The nominated healthcare facility lead must in the first instance e-mail their contact details (if different from previous submission) to JAWDA@doh.gov.ae and submit the required quarterly quality performance indicators through Jawda online portal.

What are the Regulation related to this guidance?

- Legislation establishing the Health Sector
- As per DoH [Policy for Quality and Patient Safety](#) issued January 15th 2017, this guidance applies to all DOH Licensed Hospitals providing maternal and perinatal services in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard.

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC001

KPI Description (title):	Proportion of surgically managed ectopic pregnancies that were managed by laparoscopy
Domain	Patient Safety
Sub-Domain	Evidence based medicine
Definition:	Proportion of ectopic pregnancies managed surgically that were treated laparoscopically
Calculation:	<p>Numerator: Number of women with ectopic pregnancy managed by laparoscopy</p> <p>Numerator Inclusion:</p> <ul style="list-style-type: none"> • CPT Codes: 59150; 59151. <p>Numerator Exclusion</p> <ul style="list-style-type: none"> • Cases in which the surgery started out as a laparoscopic procedure but was converted during procedure to laparotomy will not be considered as treated laparoscopically <p>Denominator: Total number of women with ectopic pregnancy managed surgically during the reporting period.</p> <p>Denominator inclusion:</p> <ul style="list-style-type: none"> • CPT Codes: 59150; 59151; 59120; 59121; 59130; 59135; 59136 <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • Cervical ectopic should be excluded; • Scar ectopic; and abdominal live ectopic; to be also excluded
Reporting Frequency:	Quarterly
Unit of Measure:	Rate of laparoscopic management per 100 surgically managed ectopic pregnancies.
International comparison if available	"Quality Standards for Early Pregnancy Complications and loss in ontario: https://hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-early-pregnancy-draft-quality-standard-en.pdf "
Desired direction:	Higher is better
Notes for all providers	
Data sources and guidance:	Patient's records Claims data

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC002

KPI Description (title):	Proportion of elective deliveries at ≥ 37 and < 39 weeks
Domain	Patient Safety
Sub-Domain	Evidence based medicine (Reduction in neonatal morbidity)
Definition:	Proportion of patients who had an elective vaginal delivery or elective caesarean section performed at ≥ 37 and < 39 weeks of gestation completed
Calculation:	<p>Numerator: Patients with elective vaginal deliveries or elective cesarean sections ≥ 37 and < 39 weeks of gestation completed. Numerator Inclusion:</p> <ul style="list-style-type: none"> • Medical / surgical induction of labor while not in labor prior to the procedure • Cesarean section while: <ul style="list-style-type: none"> ○ Not in active labor or not experiencing spontaneous rupture of membranes <p>Numerator Exclusion</p> <ul style="list-style-type: none"> • ICD 10 CM codes – 034.211, 034.212, 034.219; <p>Denominator: Total number of women who delivered new-borns within ≥ 37 and < 39 weeks of gestation completed during the reporting period.</p> <p>Denominator Inclusion:</p> <ul style="list-style-type: none"> • ICD 10CM Code: Z37.0, Z37.1, Z37.2, Z37.3, Z37.4, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.7, Z37.9, <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • Principal Diagnosis Codes for conditions possibly justifying elective delivery prior to 39 weeks gestation as defined in Appendix A, Table 11.07 : https://manual.jointcommission.org/releases/TJC2019A/AppendixATJC.html#Table_Number_11.07:_Conditions_Possibly_Justifying_Elective_Delivery • Patients less than 8 years of age • Patients greater than or equal to 65 years of age • History of prior stillbirth • Length of stay > 120 days • Gestational age < 37 or ≥ 39 weeks or UTD
Reporting Frequency:	Quarterly
Unit of Measure:	Rate of elective deliveries per 100 deliveries within ≥ 37 and < 39 weeks of gestation completed.
International	https://manual.jointcommission.org/releases/TJC2019A/index.html

Jawda Maternal and Perinatal Care Quality Performance Indicators

comparison if available	
Desired direction:	Lower is better.
Notes for all providers	
Data sources and guidance:	Patient's records Claims data

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC003

KPI Description (title):	Proportion of episiotomy procedures among vaginal deliveries
Domain	Patient Safety
Sub-Domain	Evidence based medicine
Definition:	Proportion of episiotomy procedures among vaginal deliveries
Calculation:	<p>Numerator: Number of pregnant women who delivered vaginally and had an episiotomy procedure</p> <p>Numerator Exclusion</p> <ul style="list-style-type: none"> • None <p>Denominator: Total number of women who delivered vaginally during the reporting period.</p> <p>Denominator inclusion:</p> <p style="padding-left: 40px;">ICD 10CM Code: Z37.0, Z37.1, Z37.2, Z37.3, Z37.4, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.7, Z37.9, Z3A.00, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49</p> <ul style="list-style-type: none"> • CPT Code- 59400, 59409, 59410, 59610, 59612, 59614 • Including instrumental deliveries, forceps-and vacuum <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • All Caesarean Section deliveries
Reporting Frequency:	Quarterly
Unit of Measure:	Proportion of episiotomy procedures per 100 vaginal deliveries
International comparison if available	https://www.rcog.org.uk/globalassets/documents/guidelines/research-audit/maternity-indicators-2013-14_report2.pdf https://www.ahrq.gov/sites/default/files/wysiwyg/CHIPRA-BMI-Maternity-Care-Measures.pdf
Desired direction:	Lower is better.
Notes for all providers	
Data sources and guidance:	Patient's records Claims data

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC004

KPI Description (title):	Proportion of third and fourth degree perineal tears
Domain	Patient Safety
Sub-Domain	Evidence based medicine
Definition:	The proportion of third or fourth degree perineal tears after vaginal delivery
Calculation:	<p>Numerator: Number of women with third or fourth degree perineal tear (including anal sphincter tear).</p> <p>Numerator Inclusion:</p> <ul style="list-style-type: none"> • ICD10CM Codes: 070.20, 070.21, 070.22, 070.23; 070.3, 070.4 <p>Numerator Exclusion</p> <ul style="list-style-type: none"> • None <p>Denominator: Total number of women who delivered vaginally during the reporting period.</p> <p>Denominator inclusion:</p> <ul style="list-style-type: none"> • ICD 10CM Code: Z37.0, Z37.1, Z37.2, Z37.3, Z37.4, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.7, Z37.9, Z3A.00, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49 • CPT Code- 59400, 59409, 59410, 59610, 59612, 59614 • Including instrumental deliveries, forceps and vacuum <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • All Caesarean Section deliveries
Reporting Frequency:	Quarterly
Unit of Measure:	Rate of third- or fourth-degree perineal tears per 100 vaginal deliveries.
International comparison if available	https://www.rcog.org.uk/globalassets/documents/guidelines/research--audit/maternity-indicators-2013-14_report2.pdf https://www.patientsafetyinstitute.ca/en/toolsResources/Hospital-Harm-Measure/Documents/Resource-Library/HHIR%20Obstetric%20Trauma.pdf
Desired direction:	Lower is better.
Notes for all providers	
Data sources and guidance:	Patient's records Claims data

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC005

KPI Description (title):	Proportion of vaginal births following a previous caesarean section
Domain	Patient Safety
Sub-Domain	Effectiveness
Definition:	Percentage of patients with successful vaginal birth after one prior caesarean section (VBAC) out of the total patients who had one prior caesarean delivery.
Calculation:	<p>Numerator: Number of women who had successful vaginal birth after one prior caesarean section.</p> <p>Numerator Inclusion: VBAC CPT code: 59610, 59612, 59614</p> <p>Numerator Exclusion</p> <ul style="list-style-type: none"> • None <p>Denominator: Total number of women who delivered during the reporting period and had a history of one previous caesarean section.</p> <p>Denominator inclusion:</p> <ul style="list-style-type: none"> • CPT codes: 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622. <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • Exclude ICD-10-CM diagnosis codes from Appendix A (abnormal presentation, fetal death, or multiple gestation)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate of VBAC per 100 women who had one previous caesarean deliveries.
International comparison if available	https://www.qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2019/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf
Desired direction:	Higher is better
Notes for all providers	
Data sources and guidance:	Patient's records

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC006

KPI Description (title):	Proportion of deliveries with Postpartum Haemorrhage ≥ 2000 ml
Domain	Patient Safety
Sub-Domain	Evidence based medicine
Definition:	The proportion of deliveries with postpartum hemorrhage (PPH) ≥ 2000 ml
Calculation:	<p>Numerator: Number of women with postpartum hemorrhage ≥ 2000 ml</p> <p>Numerator Inclusion:</p> <ul style="list-style-type: none"> • ICD10CM Codes: O72.0, O72.1, O72.2, • ≥ 2 liters from genital tract within 24 hours of the birth of a baby. <p>Numerator Exclusion</p> <ul style="list-style-type: none"> • • PPH less than 2000ml <p>Denominator: Total number of women who delivered during the reporting period.</p> <p>Denominator inclusion:</p> <ul style="list-style-type: none"> • ICD 10CM Codes: Z37.0, Z37.1, Z37.2, Z37.3, Z37.4, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.7, Z37.9, Z3A.00, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49 <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • None
Reporting Frequency:	Quarterly
Unit of Measure:	Rate of postpartum hemorrhage ≥ 2000 ml per 100 deliveries.
International comparison if available	http://www.rcog.org.uk/womens-health/clinical-guidance/maternity-dashboard-clinical-performance-and-governance-score-card https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6372226/pdf/pone.0211955.pdf
Desired direction:	Lower is better.
Notes for all providers	
Data sources and guidance:	Patient's records Claims data

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC007

KPI Description (title):	Proportion of unplanned all cause readmissions to hospital within 30 days of discharge after delivery
Domain	Patient Safety
Sub-Domain	Complication
Definition:	The proportion of women who are readmitted to hospital as an emergency within 30 days of discharge after delivery. <i>For the definition of “emergency”, please refer to the DOH emergency standard.</i>
Calculation:	<p>Numerator: Number of women with unplanned readmission to hospital (for all causes) within 30 days of discharge after delivery Numerator Inclusion:</p> <ul style="list-style-type: none"> • The readmission can be to any acute care hospital but is attributed to the hospital where the birth took place • If there are more than one admissions in the 30 days after delivery, the first readmission will be counted. • The counting of days will start from the discharge date after delivery. <p>Numerator Exclusion</p> <ul style="list-style-type: none"> • Planned readmissions, • Planned transfers, and • Where the mother was readmitted accompanying a sick infant. <p>Denominator: Total number of women discharged with delivery during the reporting period. Denominator inclusion:</p> <ul style="list-style-type: none"> • ICD 10CM Code: Z37.0, Z37.1, Z37.2, Z37.3, Z37.4, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.7, Z37.9, Z3A.00, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49 <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • Died before discharge or • Not discharged within 30 days of delivery • Miscarriage and ectopic pregnancy • Patients who are discharged against medical advice (LAMA) • Patients who were transferred to another facility
Reporting Frequency:	Quarterly
Unit of Measure:	Rate of unplanned all cause readmission to hospital within 30 days per 100 discharges after delivery.

Jawda Maternal and Perinatal Care Quality Performance Indicators

International comparison if available	https://www.rcog.org.uk/globalassets/documents/guidelines/research-audit/maternity-indicators-2013-14_report2.pdf
Desired direction:	Lower is better.
Notes for all providers	
Data sources and guidance:	Patient's records Claims data

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC008

KPI Description (title):	Brachial plexus injury rate per 1000 newborns
Domain	Patient Safety
Sub-Domain	Complication
Definition:	Proportion of neonates with Brachial plexus injury per 1,000 newborns.
Calculation:	<p>Numerator: Number of babies with brachial plexus injury Numerator Inclusion: ICD 10CM codes: P14.0, P14.1 P14.3</p> <p>Numerator Exclusion</p> <ul style="list-style-type: none"> • None <p>Denominator: Total number of babies born during the reporting period.</p> <p>Denominator inclusion:</p> <ul style="list-style-type: none"> • ICD 10CM – Z38.00, Z38.01, Z38.2, Z38.30, Z38.31, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.8. <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • Stillbirths • Born before arrival (Z38.1, Z38.4, Z38.7) • Born in another healthcare facility
Reporting Frequency:	Quarterly
Unit of Measure:	Rate of brachial plexus injury at birth per 1000 newborns
International comparison if available	http://www.birthinjuryguide.org/brachial-plexus-injury/ Am J Obstet Gynecol 2007 : 197
Desired direction:	Lower is better.
Notes for all providers	
Data sources and guidance:	Patient's records Claims data

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC009

KPI Description (title):	Neonate patients with hypoxic-ischemic encephalopathy (Moderate or Severe) (HIE) rate per 1000 newborns
Domain	Patient Safety
Sub-Domain	Complication
Definition:	Proportion of Neonate patients with hypoxic-ischemic encephalopathy (Moderate or Severe) (HIE) per 1,000 newborns.
Calculation:	<p>Numerator: Number of term babies born with moderate or severe hypoxic encephalopathy requiring NICU admission Numerator Inclusion: ICD 10CM codes: P91.62, P91.63</p> <p>Numerator Exclusion</p> <ul style="list-style-type: none"> • None <p>Denominator: Total number of babies born at term (≥ 37 weeks) during the reporting period.</p> <p>Denominator inclusion:</p> <ul style="list-style-type: none"> • ICD 10CM – Z38.00, Z38.01, Z38.2, Z38.30, Z38.31, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.8. <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • Stillbirths • Born before arrival (Z38.1, Z38.4, Z38.7) • Born in another healthcare facility
Reporting Frequency:	Quarterly
Unit of Measure:	Rate of hypoxic-ischemic encephalopathy (Moderate or Severe) (HIE) at birth per 1000 newborns
International comparison if available	http://www.rcog.org.uk/womens-health/clinical-guidance/maternity-dashboard-clinical-performance-and-governance-score-card https://fn.bmj.com/content/103/4/F301#T3
Desired direction:	Lower is better.
Notes for all providers	
Data sources and guidance:	Patient's records Claims data

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC010

KPI Description (title):	Neonatal Central line-associated Bloodstream Infections (CLABSI)
Domain	Patient Safety
Sub-Domain	Adverse Events (AE) and Sentinel events
Definition:	<p>Central line-associated bloodstream infection (CLABSI):</p> <p>A laboratory confirmed bloodstream infection where</p> <ul style="list-style-type: none"> • An eligible BSI organism is identified and • An eligible central line is present on the Laboratory Confirmed Bloodstream Infection (LCBI) date of event (DOE) or the day before • For all inpatients up to 28 days of age <p><i>Eligible Central Line: A Central Line (CL) that has been in place for more than two consecutive calendar days (on or after CL day 3), following the first access of the central line, in an inpatient location, during the current admission. Such lines remain eligible for CLABSI events until the day after removal from the body or patient discharge whichever comes first.</i></p>
Calculation:	<p>Numerator</p> <p>Numerator: Each CLABSI that is identified during the period selected for surveillance in all inpatients up to 28 days of age.</p> <p>ICD 10 CM code: T80.211A</p> <p>Must meet one of the following Laboratory-Confirmed Bloodstream Infection (LCBI) criteria:</p> <p><u>LCBI 1:</u> Patient of up to 28 days of age has a recognized bacterial or fungal pathogen, not included on the NHSN common commensal list: 1. Identified from one or more blood specimens obtained by a culture OR 2. Identified to the genus or species level by non-culture based microbiologic testing (NCT) methods. AND Organism(s) identified in blood is not related to an infection at another site.</p> <p><u>LCBI2:</u> Patient of up to 28 days of age has at least one of the following signs or symptoms: fever (>38.0oC), chills, or hypotension AND Organism(s) identified in blood is not related to an infection at another site</p>

Jawda Maternal and Perinatal Care Quality Performance Indicators

	<p style="text-align: center;">AND</p> <p>The same NHSN common commensal is identified by a culture, from two or more blood specimens collected on separate occasions.</p> <p><u>LCBI3:</u> Patient of up to 28 days of age has at least one of the following signs or symptoms: fever (>38.0oC), hypothermia (<36.0oC), apnea, or bradycardia</p> <p style="text-align: center;">AND</p> <p>Organism(s) identified in blood is not related to an infection at another site</p> <p style="text-align: center;">AND</p> <p>The same NHSN common commensal is identified by a culture, from two or more blood specimens collected on separate occasions</p> <p>Numerator Exclusions:</p> <ul style="list-style-type: none"> • Extracorporeal life support (ECMO) or Ventricular Assist Device (VAD) for more than 2 days and is still in place on the BSI date of event or the day before. • Observed or suspected patient injection into the vascular access line • Epidermolysis bullosa (EB) or Munchausen Syndrome by Proxy (MSBP) diagnosis during the current admission. (Q81.0, Q81.1, Q81.2, Q81.8, Q81.9, L12.30, L12.31, L12.35, & L51.2, F68.10, F68.11, F68.12, & F68.13) • Pus at the vascular access site - T80.212A, T80.219A • Group B Streptococcus identified from blood, with a date of event during the first 6 days of life (B95.1) • Repeated infection for the same type during 14 days from Date of Event <p>Denominator: Number of all central line days for all patients (in all inpatient settings) of up to 28 days of age during the reporting period.</p> <ul style="list-style-type: none"> • It is not required for a BSI to be associated with a specific device when more than one line is present. • Only one central line per patient is counted per calendar day regardless of the number of central lines present. <p>All central lines on inpatient units should be included in device day counts regardless of access.</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 central line days
International comparison if available	https://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf

Jawda Maternal and Perinatal Care Quality Performance Indicators

Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none">• Captured by infection control team• Patient's records• Lab reports• Hospital internal mortality and morbidity

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: **MPC011**

KPI Description (title):	Emergency Primary Caesarian Section rate
Domain	Patient safety
Sub-Domain	Evidence Based Medicine
Definition:	Percentage of unplanned cesarean deliveries woman without a prior history of cesarean deliveries.
Calculation:	<p><u>Numerator:</u> Number of first time unplanned cesarean section deliveries, Caesarian Section CPT Codes: (59510, 59514, 59515, 59618, 59620, 59622)</p> <p><u>Denominator:</u> Total number of deliveries during the reporting period</p> <p>Denominator exclusions criteria during reporting period.</p> <p>Denominator exclusions</p> <ul style="list-style-type: none"> • Exclude ICD-10-CM diagnosis codes from Appendix B (abnormal presentation, preterm labor with preterm delivery, fetal death, or multiple gestation) • With any-listed below ICD-10-CM diagnosis codes for previous Cesarean delivery (034.211, 034.212, 034.219, 066.41)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 emergency C-section
International comparison if available	AHRQ
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	Patient's records

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC012

KPI Description (title):	Elective Primary Caesarian Section rate
Domain	Patient safety
Sub-Domain	Evidence Based Medicine
Definition:	Percentage of planned cesarean deliveries for woman without a prior history of cesarean deliveries.
Calculation:	<p><u>Numerator:</u> Number of planned first time cesarean section deliveries. Caesarian Section CPT Codes:(59510, 59514, 59515, 59618, 59620, 59622)</p> <p><u>Denominator:</u> Total number of deliveries during the reporting period</p> <p>Denominator exclusions criteria during reporting period.</p> <p>Denominator exclusions:</p> <ul style="list-style-type: none"> • Exclude ICD-10-CM diagnosis codes from Appendix B (abnormal presentation, preterm labor with preterm delivery, fetal death, or multiple gestation) • With any-listed below ICD-10-CM diagnosis codes for previous Cesarean delivery (O34.211, O34.212, O34.219, O66.41)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 elective C-section
International comparison if available	AHRQ
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	Patient's records

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: **MPC013**

KPI Description (title):	Surgical site infection (SSI) for emergency caesarian section
Domain	Patient safety
Sub-Domain	Complication
Definition:	Percentage of patients meeting CDC NHSN SSI infection criteria within 30 days of having emergency caesarian section
Calculation and criteria to define SSI following Emergency C-Section:	<p><i>Numerator:</i> Number of all SSI identified within 30 days for all patients who underwent an unplanned Caesarean Section</p> <p>Numerator Inclusion: PATOS (infection present at time of surgery)</p> <p><i>Denominator:</i> Total number of all patients undergoing unplanned Caesarean Section in that facility during reporting period</p> <p>Inclusion: All inpatients Cesarean section CPT codes; (59510, 59514, 59515, 59618, 59620, 59622)</p> <p><i>SSI could be presented as:</i></p> <p>Superficial incisional SSI: <i>Must meet the following criteria:</i> Date of event for infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date) AND involves only skin and subcutaneous tissue of the incision AND patient has at least <i>one</i> of the following:</p> <ol style="list-style-type: none"> a) purulent drainage from the superficial incision. b) organisms identified from an aseptically obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST). c) superficial incision that is deliberately opened by a surgeon, attending physician or other designee and culture or non-culture based testing is not performed. <p>AND patient has at least one of the following signs or symptoms: pain or tenderness; localized swelling; erythema; or heat.</p> <ol style="list-style-type: none"> d) diagnosis of a superficial incisional SSI by the surgeon or attending physician** or other designee.

Deep incisional SSI: Must meet the following criteria:

The date of event for infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in [Table 2](#)

AND

involves deep soft tissues of the incision (for example, fascial and muscle layers)

AND

patient has at least **one** of the following:

- a) purulent drainage from the deep incision.
- b) a deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, attending physician** or other designee

AND

organism is identified by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST) or culture or non-culture based microbiologic testing method is not performed

AND

patient has at least **one** of the following signs or symptoms: fever (>38°C); localized pain or tenderness. A culture or non-culture based test that has a negative finding does not meet this criterion.

- c) an abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test.

Organ/Space SSI: Must meet the following criteria:

Date of event for infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in [Table 2](#)

AND

infection involves any part of the body deeper than the fascial/muscle layers, that is opened or manipulated during the operative procedure

AND

patient has at least **one** of the following:

- a) purulent drainage from a drain that is placed into the organ/space (for example, closed suction drainage system, open drain, T-tube drain, CT guided drainage)
- b) organisms are identified from fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST).
- c) an abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test evidence suggestive of infection.

AND

Jawda Maternal and Perinatal Care Quality Performance Indicators

	<p>meets at least one criterion for a specific organ/space infection site listed in Table 3. These criteria are found in the Surveillance Definitions for Specific Types of Infections chapter.</p> <p>REPORTING INSTRUCTIONS for Superficial SSI</p> <p><i>The following do not qualify as criteria for meeting the definition of superficial SSI:</i></p> <ol style="list-style-type: none"> a) A stitch abscess alone (minimal inflammation and discharge confined to the points of suture penetration) b) A localized stab wound or pin site infection. While it would be considered either a skin (SKIN) or soft tissue (ST) infection, depending on its depth, it is not reportable under this guidance. Note: a laparoscopic trocar site for an NHSN operative procedure is not considered a stab wound. c) Diagnosis/treatment of “cellulitis” (redness/warmth/swelling), by itself, does not meet criterion for superficial incisional SSI. An incision that is draining or culture (+) is not considered a cellulitis. d) Circumcision is not an NHSN operative procedure. An infected circumcision site in newborns is classified as CIRC and is not reportable under this module. e) An infected burn wound is classified as BURN and is not reportable under this module. <p>Definition of an NHSN Operative Procedure</p> <p>An NHSN Operative Procedure is a procedure:</p> <ol style="list-style-type: none"> a) that is included in the ICD-10-PCS or CPT NHSN operative procedure code mapping And b) takes place during an operation where at least one incision (including laparoscopic approach and cranial Burr holes) is made through the skin or mucous membrane, or reoperation via an incision that was left open during a prior operative procedure And c) takes place in an operating room (OR), defined as a patient care area that met the Facilities Guidelines Institute’s (FGI) or American Institute of Architects’ (AIA) criteria for an operating room when it was constructed or renovated¹¹. This may include an operating room, C-section room, interventional radiology room, or a cardiac catheterization lab. <p>Denominator exclusions: Procedures that are assigned an ASA score of 6 are not eligible for NHSN SSI surveillance.</p>
Reporting Frequency:	Quarterly
Unit of Measure:	SSI Rate per 100 emergency C-Section
International comparison if available	CDC/ NHSN chapter 9, Procedure-associated Module SSI: Surgical Site Infection (SSI) Event

Jawda Maternal and Perinatal Care Quality Performance Indicators

Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none">• Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation• Patient's records

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC014

KPI Description (title):	Surgical site infection (SSI) for elective caesarian section
Domain	Patient safety
Sub-Domain	Complication
Definition:	Percentage of patients meeting CDC NHSN SSI infection criteria within 30 days of having elective Caesarian Section
Calculation and criteria to define SSI following Elective C-Section:	<p><i>Numerator:</i> Number of all SSI identified within 30 days for all patients who underwent a planned caesarean section during the reporting period.</p> <p>Numerator Inclusion: PATOS (infection present at time of surgery)</p> <p><i>Denominator:</i> Total number of all patients that underwent a planned Caesarean Section in that facility during the reporting period.</p> <p>Numerator Inclusion: All inpatients Cesarean section CPT codes; 59510, 59514, 59515, 59618, 59620, 59622</p> <p><i>SSI could be presented as:</i></p> <p>Superficial incisional SSI: <i>Must meet the following criteria:</i> Date of event for infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date)</p> <p>AND involves only skin and subcutaneous tissue of the incision</p> <p>AND patient has at least <i>one</i> of the following:</p> <ol style="list-style-type: none"> a) purulent drainage from the superficial incision. b) organisms identified from an aseptically obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST). c) superficial incision that is deliberately opened by a surgeon, attending physician or other designee and culture or non-culture based testing is not performed. <p>AND patient has at least one of the following signs or symptoms: pain or tenderness; localized swelling; erythema; or heat.</p> <ol style="list-style-type: none"> a) diagnosis of a superficial incisional SSI by the surgeon or attending physician** or other designee. <p>Deep incisional SSI: <i>Must meet the following criteria:</i> The date of event for infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2</p> <p>AND involves deep soft tissues of the incision (for example, fascial and muscle layers)</p>

AND

patient has at least **one** of the following:

- a) purulent drainage from the deep incision.
- b) a deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, attending physician** or other designee
 - a. **AND**
 - b. organism is identified by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST) or culture or non-culture based microbiologic testing method is not performed

AND

patient has at least **one** of the following signs or symptoms: fever (>38°C); localized pain or tenderness. A culture or non-culture based test that has a negative finding does not meet this criterion.

- c) an abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test.

Organ/Space SSI: Must meet the following criteria:

Date of event for infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2

AND

infection involves any part of the body deeper than the fascial/muscle layers, that is opened or manipulated during the operative procedure

AND

- a) patient has at least **one** of the following:
- b) purulent drainage from a drain that is placed into the organ/space(for example, closed suction drainage system, open drain, T-tube drain, CT guided drainage)
- c) organisms are identified from fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST).
- d) an abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test evidence suggestive of infection.

AND

meets at least **one** criterion for a specific organ/space infection site listed in [Table 3. These criteria are found in the Surveillance Definitions for Specific Types of Infections chapter.](#)

REPORTING INSTRUCTIONS for Superficial SSI

The following do not qualify as criteria for meeting the definition of superficial SSI:

- f) A stitch abscess alone (minimal inflammation and discharge confined to the points of suture penetration)

Jawda Maternal and Perinatal Care Quality Performance Indicators

	<p>g) A localized stab wound or pin site infection. While it would be considered either a skin (SKIN) or soft tissue (ST) infection, depending on its depth, it is not reportable under this guidance. Note: a laparoscopic trocar site for an NHSN operative procedure is not considered a stab wound.</p> <p>h) Diagnosis/treatment of “cellulitis” (redness/warmth/swelling), by itself, does not meet criterion for superficial incisional SSI. An incision that is draining or culture (+) is not considered a cellulitis.</p> <p>i) Circumcision is not an NHSN operative procedure. An infected circumcision site in newborns is classified as CIRC and is not reportable under this module.</p> <p>j) An infected burn wound is classified as BURN and is not reportable under this module.</p> <p>Definition of an NHSN Operative Procedure An NHSN Operative Procedure is a procedure:</p> <p>d) that is included in the ICD-10-PCS or CPT NHSN operative procedure code mapping And</p> <p>e) takes place during an operation where at least one incision (including laparoscopic approach and cranial Burr holes) is made through the skin or mucous membrane, or reoperation via an incision that was left open during a prior operative procedure And</p> <p>f) takes place in an operating room (OR), defined as a patient care area that met the Facilities Guidelines Institute’s (FGI) or American Institute of Architects’ (AIA) criteria for an operating room when it was constructed or renovated¹¹. This may include an operating room, C-section room, interventional radiology room, or a cardiac catheterization lab.</p> <p>Denominator exclusions: Procedures that are assigned an ASA score of 6 are not eligible for NHSN SSI surveillance.</p>
Reporting Frequency:	Quarterly
Unit of Measure:	SSI Rate per 100 elective C-Section
International comparison if available	CDC/ NHSN chapter 9, Procedure-associated Module SSI: Surgical Site Infection (SSI) Event
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> - Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation - Patient’s records - Hospital internal mortality and morbidity

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC015

KPI Description (title):	Early Perinatal Mortality rate per 1000 births
Domain	Outcome
Sub-Domain	Perinatal Mortality rate per 1000 births
Definition:	<p>Perinatal Mortality: Rate of all still births and early neonatal death out of all births during the reporting period.</p> <p>Early Perinatal mortality: Fetal deaths (stillbirths) after 24 completed weeks of gestation and neonatal death before 7 completed days.</p>
Calculation:	<p><u>Numerator:</u> Number of :</p> <ul style="list-style-type: none"> • Fetal deaths (stillbirths from ≥ 24 weeks of gestation or ≥ 500g birth weight) (at least one of the 2 criteria must be met) and • Early neonatal deaths (birth to age 7 days of life) <p><u>Denominator:</u> All births in the facility and/ or babies being cared for in the specified facility.</p> <p><u>Denominator inclusion:</u></p> <ul style="list-style-type: none"> • Births in the facility: Z38.00, Z38.01, Z38.2, Z38.30, Z38.31, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.8. • Born before arrival (Z38.1, Z38.4, Z38.7) • Stillbirth: P95 • Transferred from other facilities and admitted as inpatient encounter during age ≤ 7 days of life.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 births
International comparison if available	http://www.pi.nhs.uk/pnm/definitions.htm http://www.pi.nhs.uk/pnm/KHD_2008-9.pdf
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> - Manual Data Collection - Patient's Records

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator Indicator Number: MPC016

KPI Description (title):	Early Perinatal Mortality - Corrected rate per 1000 births
Domain	Outcome
Sub-Domain	Perinatal Mortality - corrected rate per 1000 births
Definition:	Perinatal Mortality: Rate of all stillbirths and early neonatal death out of all births during the reporting period. Early Perinatal mortality: Fetal deaths (stillbirths) after 24 completed weeks of gestation and neonatal death before 7 completed days. Corrected Perinatal Mortality = excluding major congenital anomalies, <24 weeks gestation or <500g birth weight
Calculation:	<p><u>Numerator:</u> Number of :</p> <ul style="list-style-type: none"> • Fetal deaths (stillbirths from ≥24 weeks of gestation or ≥500g birth weight) (at least one of the 2 criteria must be met) and • Early neonatal deaths (birth to age 7 days of life) <p><u>Numerator exclusions:</u></p> <ul style="list-style-type: none"> • Major congenital anomalies • <24 weeks gestation and <500g birth weight • Stillbirths / Newborns of unbooked mothers i.e. mothers present to the reporting facility for the first time in that pregnancy and the index visit results in delivery. If the mother was booked in any other of that facility network (group), she is considered booked. • Died before arrival to the reporting facility (during transfer from home, another facility or any other location to the reporting facility). <p><u>Denominator:</u> All births in the facility and/ or babies being cared for in the specified facility.</p> <p><u>Denominator inclusion:</u></p> <ul style="list-style-type: none"> • Births in the facility: Z38.00, Z38.01, Z38.2, Z38.30, Z38.31, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.8. • Born before arrival (Z38.1, Z38.4, Z38.7) • Stillbirth: P95 • Transferred from other facilities and admitted as inpatient encounter during age ≤ 7 days of life.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 births
International comparison if available	http://www.pi.nhs.uk/pnm/definitions.htm http://www.pi.nhs.uk/pnm/KHD_2008-9.pdf
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> - Manual Data Collection - Patient's Records

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC017

KPI Description (title):	Neonatal Mortality rate per 1000 live births
Domain	Outcome
Sub-Domain	Neonatal Mortality rate per 1000 live births
Definition:	Neonatal mortality: Death before the age of 28 completed days following live birth.
Calculation:	<p><i>Numerator:</i> Number of neonatal death during first 28 days of life during hospital stay</p> <p><i>Numerator inclusion:</i> All patients age up to 28 days of life</p> <p><i>Numerator exclusion:</i></p> <ul style="list-style-type: none"> • Deaths on or after 28 days of life • Stillbirths <p><i>Denominator:</i> All live babies born in the facility and/or being cared for in the specified facility</p> <p>Denominator inclusion:</p> <ul style="list-style-type: none"> • Total live births in the facility: Z38.00, Z38.01, Z38.2, Z38.30, Z38.31, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.8. • Born before arrival (Z38.1, Z38.4, Z38.7) • Transferred from other facilities and admitted as inpatient encounter during first 28 days of life.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 live births
International comparison if available	http://www.pi.nhs.uk/pnm/definitions.htm http://www.pi.nhs.uk/pnm/KHD_2008-9.pdf
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> - Manual Data Collection - Patient's Records - Mortality and Morbidity - Patient's follow up

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: **MPC018**

KPI Description (title):	Neonatal Mortality - corrected rate per 1000 live births
Domain	Outcome
Sub-Domain	Neonatal Mortality - corrected rate per 1000 live births
Definition:	Neonatal mortality: Death before the age of 28 completed days following live birth. Corrected Neonatal Mortality = excluding major congenital anomalies irrespective of gestation; also < 24weeks gestation and those <500g.
Calculation:	<p><u>Numerator:</u> Number of neonatal death during first 28 days of life during hospital stay</p> <p><i>Numerator inclusion:</i> All patients age up to 28 days of life</p> <p><i>Numerator exclusion:</i></p> <ul style="list-style-type: none"> • Deaths on or after 28 days of life • Stillbirths • Major congenital anomalies irrespective of gestation • Born at < 24weeks gestation and those <=500g in weight • Died before arrival to the reporting facility (during transfer from home, another facility or any other location to the reporting facility). <p><u>Denominator:</u> All live babies born in the facility and/or being cared for in the specified facility</p> <p>Denominator Inclusion:</p> <ul style="list-style-type: none"> • Total live births in the facility: Z38.00, Z38.01, Z38.2, Z38.30, Z38.31, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.8. • Born before arrival (Z38.1, Z38.4, Z38.7) • Transferred from other facilities and admitted as inpatient encounter during first 28 days of life.
	Quarterly
Unit of Measure:	Rate per 1000 live births
International comparison if available	http://www.pi.nhs.uk/pnm/definitions.htm http://www.pi.nhs.uk/pnm/KHD_2008-9.pdf
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> - Manual Data Collection - Patient's Records - Mortality and Morbidity - Patient's follow up

Jawda Maternal and Perinatal Care Quality Performance Indicators

Appendix A: Excluded ICD10 – CM Codes for MPC 005 Proportion of vaginal births following a previous caesarean section

ICD Code	Description
O30.001	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O31.8X10	Other complications specific to multiple gestation, first trimester, not applicable or unspecified
O30.002	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O31.8X11	Other complications specific to multiple gestation, first trimester, fetus 1
O30.003	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O31.8X12	Other complications specific to multiple gestation, first trimester, fetus 2
O30.009	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O31.8X13	Other complications specific to multiple gestation, first trimester, fetus 3
O30.011	Twin pregnancy, monochorionic/monoamniotic, first trimester
O31.8X14	Other complications specific to multiple gestation, first trimester, fetus 4
O30.012	Twin pregnancy, monochorionic/monoamniotic, second trimester
O31.8X15	Other complications specific to multiple gestation, first trimester, fetus 5
O30.013	Twin pregnancy, monochorionic/monoamniotic, third trimester
O31.8X19	Other complications specific to multiple gestation, first trimester, other fetus
O30.019	Twin pregnancy, monochorionic/monoamniotic, unspecified trimester
O31.8X20	Other complications specific to multiple gestation, second trimester, not applicable or unspecified
O30.021	Conjoined twin pregnancy, first trimester
O31.8X21	Other complications specific to multiple gestation, second trimester, fetus 1
O30.022	Conjoined twin pregnancy, second trimester
O31.8X22	Other complications specific to multiple gestation, second trimester, fetus 2
O30.023	Conjoined twin pregnancy, third trimester
O31.8X23	Other complications specific to multiple gestation, second trimester, fetus 3
O30.029	Conjoined twin pregnancy, unspecified trimester
O31.8X24	Other complications specific to multiple gestation, second trimester, fetus 4
O30.031	Twin pregnancy, monochorionic/diamniotic, first trimester
O31.8X25	Other complications specific to multiple gestation, second trimester, fetus 5
O30.032	Twin pregnancy, monochorionic/diamniotic, second trimester
O31.8X29	Other complications specific to multiple gestation, second trimester, other fetus
O30.033	Twin pregnancy, monochorionic/diamniotic, third trimester

Jawda Maternal and Perinatal Care Quality Performance Indicators

O31.8X30	Other complications specific to multiple gestation, third trimester, not applicable or unspecified
O30.039	Twin pregnancy, monochorionic/diamniotic, unspecified trimester
O31.8X31	Other complications specific to multiple gestation, third trimester, fetus 1
O30.041	Twin pregnancy, dichorionic/diamniotic, first trimester
O31.8X32	Other complications specific to multiple gestation, third trimester, fetus 2
O30.042	Twin pregnancy, dichorionic/diamniotic, second trimester
O31.8X33	Other complications specific to multiple gestation, third trimester, fetus 3
O30.043	Twin pregnancy, dichorionic/diamniotic, third trimester
O31.8X34	Other complications specific to multiple gestation, third trimester, fetus 4
O30.049	Twin pregnancy, dichorionic/diamniotic, unspecified trimester
O31.8X35	Other complications specific to multiple gestation, third trimester, fetus 5
O30.091	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O31.8X39	Other complications specific to multiple gestation, third trimester, other fetus
O30.092	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O31.8X90	Other complications specific to multiple gestation, unspecified trimester, not applicable or unspecified
O30.093	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O31.8X91	Other complications specific to multiple gestation, unspecified trimester, fetus 1
O30.099	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O31.8X92	Other complications specific to multiple gestation, unspecified trimester, fetus 2
O30.101	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O31.8X93	Other complications specific to multiple gestation, unspecified trimester, fetus 3
O30.102	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O31.8X94	Other complications specific to multiple gestation, unspecified trimester, fetus 4
O30.103	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O31.8X95	Other complications specific to multiple gestation, unspecified trimester, fetus 5
O30.109	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O31.8X99	Other complications specific to multiple gestation, unspecified trimester, other fetus

Jawda Maternal and Perinatal Care Quality Performance Indicators

O30.111	Triplet pregnancy with two or more monochorionic fetuses, first trimester
O32.1XX0	Maternal care for breech presentation, not applicable or unspecified
O30.112	Triplet pregnancy with two or more monochorionic fetuses, second trimester
O32.1XX1	Maternal care for breech presentation, fetus 1
O30.113	Triplet pregnancy with two or more monochorionic fetuses, third trimester
O32.1XX2	Maternal care for breech presentation, fetus 2
O30.119	Triplet pregnancy with two or more monochorionic fetuses, unspecified trimester
O32.1XX3	Maternal care for breech presentation, fetus 3
O30.121	Triplet pregnancy with two or more monoamniotic fetuses, first trimester
O32.1XX4	Maternal care for breech presentation, fetus 4
O30.122	Triplet pregnancy with two or more monoamniotic fetuses, second trimester
O32.1XX5	Maternal care for breech presentation, fetus 5
O30.123	Triplet pregnancy with two or more monoamniotic fetuses, third trimester
O32.1XX9	Maternal care for breech presentation, other fetus
O30.129	Triplet pregnancy with two or more monoamniotic fetuses, unspecified trimester
O32.2XX0	Maternal care for transverse and oblique lie, not applicable or unspecified
O30.191	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O32.2XX1	Maternal care for transverse and oblique lie, fetus 1
O30.192	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O32.2XX2	Maternal care for transverse and oblique lie, fetus 2
O30.193	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O32.2XX3	Maternal care for transverse and oblique lie, fetus 3
O30.199	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O32.2XX4	Maternal care for transverse and oblique lie, fetus 4
O30.201	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O32.2XX5	Maternal care for transverse and oblique lie, fetus 5
O30.202	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O32.2XX9	Maternal care for transverse and oblique lie, other fetus
O30.203	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O32.3XX0	Maternal care for face, brow and chin presentation, not applicable or unspecified
O30.209	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O32.3XX1	Maternal care for face, brow and chin presentation, fetus 1
O30.211	Quadruplet pregnancy with two or more monochorionic fetuses, first trimester
O32.3XX2	Maternal care for face, brow and chin presentation, fetus 2

Jawda Maternal and Perinatal Care Quality Performance Indicators

O30.212	Quadruplet pregnancy with two or more monochorionic fetuses, second trimester
O32.3XX3	Maternal care for face, brow and chin presentation, fetus 3
O30.213	Quadruplet pregnancy with two or more monochorionic fetuses, third trimester
O32.3XX4	Maternal care for face, brow and chin presentation, fetus 4
O30.219	Quadruplet pregnancy with two or more monochorionic fetuses, unspecified trimester
O32.3XX5	Maternal care for face, brow and chin presentation, fetus 5
O30.221	Quadruplet pregnancy with two or more monoamniotic fetuses, first trimester
O32.3XX9	Maternal care for face, brow and chin presentation, other fetus
O30.222	Quadruplet pregnancy with two or more monoamniotic fetuses, second trimester
O32.9XX0	Maternal care for malpresentation of fetus, unspecified, not applicable or unspecified
O30.223	Quadruplet pregnancy with two or more monoamniotic fetuses, third trimester
O32.9XX1	Maternal care for malpresentation of fetus, unspecified, fetus 1
O30.229	Quadruplet pregnancy with two or more monoamniotic fetuses, unspecified trimester
O32.9XX2	Maternal care for malpresentation of fetus, unspecified, fetus 2
O30.291	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O32.9XX3	Maternal care for malpresentation of fetus, unspecified, fetus 3
O30.292	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O32.9XX4	Maternal care for malpresentation of fetus, unspecified, fetus 4
O30.293	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O32.9XX5	Maternal care for malpresentation of fetus, unspecified, fetus 5
O30.299	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O32.9XX9	Maternal care for malpresentation of fetus, unspecified, other fetus
O30.801	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O36.4XX0	Maternal care for intrauterine death, not applicable or unspecified
O30.802	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O36.4XX1	Maternal care for intrauterine death, fetus 1
O30.803	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O36.4XX2	Maternal care for intrauterine death, fetus 2
O30.809	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O36.4XX3	Maternal care for intrauterine death, fetus 3

Jawda Maternal and Perinatal Care Quality Performance Indicators

O30.811	Other specified multiple gestation with two or more monochorionic fetuses, first trimester
O36.4XX4	Maternal care for intrauterine death, fetus 4
O30.812	Other specified multiple gestation with two or more monochorionic fetuses, second trimester
O36.4XX5	Maternal care for intrauterine death, fetus 5
O30.813	Other specified multiple gestation with two or more monochorionic fetuses, third trimester
O36.4XX9	Maternal care for intrauterine death, other fetus
O30.819	Other specified multiple gestation with two or more monochorionic fetuses, unspecified trimester
O30.821	Other specified multiple gestation with two or more monoamniotic fetuses, first trimester
O30.822	Other specified multiple gestation with two or more monoamniotic fetuses, second trimester
O30.823	Other specified multiple gestation with two or more monoamniotic fetuses, third trimester
O30.829	Other specified multiple gestation with two or more monoamniotic fetuses, unspecified trimester
O30.891	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, first trimester
O30.892	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, second trimester
O30.893	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, third trimester
O30.899	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O30.90	Multiple gestation, unspecified, unspecified trimester
O30.91	Multiple gestation, unspecified, first trimester
O30.92	Multiple gestation, unspecified, second trimester
O30.93	Multiple gestation, unspecified, third trimester
O31.10X0	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, not applicable or unspecified
O31.10X1	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 1
O31.10X2	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 2
O31.10X3	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 3

Jawda Maternal and Perinatal Care Quality Performance Indicators

O31.10X4	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 4
O31.10X5	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 5
O31.10X9	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, other fetus
O31.11X0	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, not applicable or unspecified
O31.11X1	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 1
O31.11X2	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 2
O31.11X3	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 3
O31.11X4	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 4
O31.11X5	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 5
O31.11X9	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, other fetus
O31.12X0	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, not applicable or unspecified
O31.12X1	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 1
O63.2	Delayed delivery of second twin, triplet, etc.
O31.12X2	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 2
O64.1XX0	Obstructed labor due to breech presentation, not applicable or unspecified
O31.12X3	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 3
O64.1XX1	Obstructed labor due to breech presentation, fetus 1
O31.12X4	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 4
O64.1XX2	Obstructed labor due to breech presentation, fetus 2
O31.12X5	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 5
O64.1XX3	Obstructed labor due to breech presentation, fetus 3
O31.12X9	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, other fetus
O64.1XX4	Obstructed labor due to breech presentation, fetus 4

Jawda Maternal and Perinatal Care Quality Performance Indicators

O31.13X0	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, not applicable or unspecified
O64.1XX5	Obstructed labor due to breech presentation, fetus 5
O31.13X1	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 1
O64.1XX9	Obstructed labor due to breech presentation, other fetus
O31.13X2	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 2
O64.2XX0	Obstructed labor due to face presentation, not applicable or unspecified
O31.13X3	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 3
O64.2XX1	Obstructed labor due to face presentation, fetus 1
O31.13X4	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 4
O64.2XX2	Obstructed labor due to face presentation, fetus 2
O31.13X5	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 5
O64.2XX3	Obstructed labor due to face presentation, fetus 3
O31.13X9	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, other fetus
O64.2XX4	Obstructed labor due to face presentation, fetus 4
O31.20X0	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, not applicable or unspecified
O64.2XX5	Obstructed labor due to face presentation, fetus 5
O31.20X1	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 1
O64.2XX9	Obstructed labor due to face presentation, other fetus
O31.20X2	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 2
O64.3XX0	Obstructed labor due to brow presentation, not applicable or unspecified
O31.20X3	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 3
O64.3XX1	Obstructed labor due to brow presentation, fetus 1
O31.20X4	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 4
O64.3XX2	Obstructed labor due to brow presentation, fetus 2
O31.20X5	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 5
O64.3XX3	Obstructed labor due to brow presentation, fetus 3
O31.20X9	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, other fetus

Jawda Maternal and Perinatal Care Quality Performance Indicators

O64.3XX4	Obstructed labor due to brow presentation, fetus 4
O31.21X0	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, not applicable or unspecified
O64.3XX5	Obstructed labor due to brow presentation, fetus 5
O31.21X1	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 1
O64.3XX9	Obstructed labor due to brow presentation, other fetus
O31.21X2	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 2
O66.1	Obstructed labor due to locked twins
O31.21X3	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 3
O66.6	Obstructed labor due to other multiple fetuses
O31.21X4	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 4
Z37.1	Single stillbirth
O31.21X5	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 5
Z37.2	Twins, both liveborn
O31.21X9	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, other fetus
Z37.3	Twins, one liveborn and one stillborn
O31.22X0	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, not applicable or unspecified
Z37.4	Twins, both stillborn
O31.22X1	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 1
Z37.50	Multiple births, unspecified, all liveborn
O31.22X2	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 2
Z37.51	Triplets, all liveborn
O31.22X3	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 3
Z37.52	Quadruplets, all liveborn
O31.22X4	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 4
Z37.53	Quintuplets, all liveborn
O31.22X5	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 5
Z37.54	Sextuplets, all liveborn

Jawda Maternal and Perinatal Care Quality Performance Indicators

O31.22X9	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, other fetus
Z37.59	Other multiple births, all liveborn
O31.23X0	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, not applicable or unspecified
Z37.60	Multiple births, unspecified, some liveborn
O31.23X1	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 1
Z37.61	Triplets, some liveborn
O31.23X2	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 2
Z37.62	Quadruplets, some liveborn
O31.23X3	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 3
Z37.63	Quintuplets, some liveborn
O31.23X4	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 4
Z37.64	Sextuplets, some liveborn
O31.23X5	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 5
Z37.69	Other multiple births, some liveborn
O31.23X9	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, other fetus
Z37.7	Other multiple births, all stillborn

Jawda Maternal and Perinatal Care Quality Performance Indicators

Appendix B Excluded ICD10 – CM Codes for MPC 011 and MPC012 Emergency and Elective primary Caesarian Section rate

O30.001	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O31.8X10	Other complications specific to multiple gestation, first trimester, not applicable or unspecified
O30.002	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O31.8X11	Other complications specific to multiple gestation, first trimester, fetus 1
O30.003	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O31.8X12	Other complications specific to multiple gestation, first trimester, fetus 2
O30.009	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O31.8X13	Other complications specific to multiple gestation, first trimester, fetus 3
O30.011	Twin pregnancy, monochorionic/monoamniotic, first trimester
O31.8X14	Other complications specific to multiple gestation, first trimester, fetus 4
O30.012	Twin pregnancy, monochorionic/monoamniotic, second trimester
O31.8X15	Other complications specific to multiple gestation, first trimester, fetus 5
O30.013	Twin pregnancy, monochorionic/monoamniotic, third trimester
O31.8X19	Other complications specific to multiple gestation, first trimester, other fetus
O30.019	Twin pregnancy, monochorionic/monoamniotic, unspecified trimester
O31.8X20	Other complications specific to multiple gestation, second trimester, not applicable or unspecified
O30.021	Conjoined twin pregnancy, first trimester
O31.8X21	Other complications specific to multiple gestation, second trimester, fetus 1
O30.022	Conjoined twin pregnancy, second trimester
O31.8X22	Other complications specific to multiple gestation, second trimester, fetus 2
O30.023	Conjoined twin pregnancy, third trimester
O31.8X23	Other complications specific to multiple gestation, second trimester, fetus 3
O30.029	Conjoined twin pregnancy, unspecified trimester
O31.8X24	Other complications specific to multiple gestation, second trimester, fetus 4
O30.031	Twin pregnancy, monochorionic/diamniotic, first trimester
O31.8X25	Other complications specific to multiple gestation, second trimester, fetus 5
O30.032	Twin pregnancy, monochorionic/diamniotic, second trimester
O31.8X29	Other complications specific to multiple gestation, second trimester, other fetus
O30.033	Twin pregnancy, monochorionic/diamniotic, third trimester
O31.8X30	Other complications specific to multiple gestation, third trimester, not applicable or unspecified
O30.039	Twin pregnancy, monochorionic/diamniotic, unspecified trimester
O31.8X31	Other complications specific to multiple gestation, third trimester, fetus 1
O30.041	Twin pregnancy, dichorionic/diamniotic, first trimester
O31.8X32	Other complications specific to multiple gestation, third trimester, fetus 2
O30.042	Twin pregnancy, dichorionic/diamniotic, second trimester

Jawda Maternal and Perinatal Care Quality Performance Indicators

O31.8X33	Other complications specific to multiple gestation, third trimester, fetus 3
O30.043	Twin pregnancy, dichorionic/diamniotic, third trimester
O31.8X34	Other complications specific to multiple gestation, third trimester, fetus 4
O30.049	Twin pregnancy, dichorionic/diamniotic, unspecified trimester
O31.8X35	Other complications specific to multiple gestation, third trimester, fetus 5
O30.091	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O31.8X39	Other complications specific to multiple gestation, third trimester, other fetus
O30.092	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O31.8X90	Other complications specific to multiple gestation, unspecified trimester, not applicable or unspecified
O30.093	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O31.8X91	Other complications specific to multiple gestation, unspecified trimester, fetus 1
O30.099	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O31.8X92	Other complications specific to multiple gestation, unspecified trimester, fetus 2
O30.101	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O31.8X93	Other complications specific to multiple gestation, unspecified trimester, fetus 3
O30.102	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O31.8X94	Other complications specific to multiple gestation, unspecified trimester, fetus 4
O30.103	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O31.8X95	Other complications specific to multiple gestation, unspecified trimester, fetus 5
O30.109	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O31.8X99	Other complications specific to multiple gestation, unspecified trimester, other fetus
O30.111	Triplet pregnancy with two or more monochorionic fetuses, first trimester
O32.1XX0	Maternal care for breech presentation, not applicable or unspecified
O30.112	Triplet pregnancy with two or more monochorionic fetuses, second trimester
O32.1XX1	Maternal care for breech presentation, fetus 1
O30.113	Triplet pregnancy with two or more monochorionic fetuses, third trimester
O32.1XX2	Maternal care for breech presentation, fetus 2
O30.119	Triplet pregnancy with two or more monochorionic fetuses, unspecified trimester
O32.1XX3	Maternal care for breech presentation, fetus 3
O30.121	Triplet pregnancy with two or more monoamniotic fetuses, first trimester
O32.1XX4	Maternal care for breech presentation, fetus 4
O30.122	Triplet pregnancy with two or more monoamniotic fetuses, second trimester
O32.1XX5	Maternal care for breech presentation, fetus 5
O30.123	Triplet pregnancy with two or more monoamniotic fetuses, third trimester
O32.1XX9	Maternal care for breech presentation, other fetus

Jawda Maternal and Perinatal Care Quality Performance Indicators

O30.129	Triplet pregnancy with two or more monoamniotic fetuses, unspecified trimester
O32.2XX0	Maternal care for transverse and oblique lie, not applicable or unspecified
O30.191	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O32.2XX1	Maternal care for transverse and oblique lie, fetus 1
O30.192	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O32.2XX2	Maternal care for transverse and oblique lie, fetus 2
O30.193	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O32.2XX3	Maternal care for transverse and oblique lie, fetus 3
O30.199	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O32.2XX4	Maternal care for transverse and oblique lie, fetus 4
O30.201	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O32.2XX5	Maternal care for transverse and oblique lie, fetus 5
O30.202	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O32.2XX9	Maternal care for transverse and oblique lie, other fetus
O30.203	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O32.3XX0	Maternal care for face, brow and chin presentation, not applicable or unspecified
O30.209	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O32.3XX1	Maternal care for face, brow and chin presentation, fetus 1
O30.211	Quadruplet pregnancy with two or more monochorionic fetuses, first trimester
O32.3XX2	Maternal care for face, brow and chin presentation, fetus 2
O30.212	Quadruplet pregnancy with two or more monochorionic fetuses, second trimester
O32.3XX3	Maternal care for face, brow and chin presentation, fetus 3
O30.213	Quadruplet pregnancy with two or more monochorionic fetuses, third trimester
O32.3XX4	Maternal care for face, brow and chin presentation, fetus 4
O30.219	Quadruplet pregnancy with two or more monochorionic fetuses, unspecified trimester
O32.3XX5	Maternal care for face, brow and chin presentation, fetus 5
O30.221	Quadruplet pregnancy with two or more monoamniotic fetuses, first trimester
O32.3XX9	Maternal care for face, brow and chin presentation, other fetus
O30.222	Quadruplet pregnancy with two or more monoamniotic fetuses, second trimester
O32.9XX0	Maternal care for malpresentation of fetus, unspecified, not applicable or unspecified
O30.223	Quadruplet pregnancy with two or more monoamniotic fetuses, third trimester
O32.9XX1	Maternal care for malpresentation of fetus, unspecified, fetus 1
O30.229	Quadruplet pregnancy with two or more monoamniotic fetuses, unspecified trimester
O32.9XX2	Maternal care for malpresentation of fetus, unspecified, fetus 2
O30.291	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester

Jawda Maternal and Perinatal Care Quality Performance Indicators

O32.9XX3	Maternal care for malpresentation of fetus, unspecified, fetus 3
O30.292	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O32.9XX4	Maternal care for malpresentation of fetus, unspecified, fetus 4
O30.293	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O32.9XX5	Maternal care for malpresentation of fetus, unspecified, fetus 5
O30.299	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O32.9XX9	Maternal care for malpresentation of fetus, unspecified, other fetus
O30.801	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O36.4XX0	Maternal care for intrauterine death, not applicable or unspecified
O30.802	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O36.4XX1	Maternal care for intrauterine death, fetus 1
O30.803	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O36.4XX2	Maternal care for intrauterine death, fetus 2
O30.809	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O36.4XX3	Maternal care for intrauterine death, fetus 3
O30.811	Other specified multiple gestation with two or more monochorionic fetuses, first trimester
O36.4XX4	Maternal care for intrauterine death, fetus 4
O30.812	Other specified multiple gestation with two or more monochorionic fetuses, second trimester
O36.4XX5	Maternal care for intrauterine death, fetus 5
O30.813	Other specified multiple gestation with two or more monochorionic fetuses, third trimester
O36.4XX9	Maternal care for intrauterine death, other fetus
O30.819	Other specified multiple gestation with two or more monochorionic fetuses, unspecified trimester
O60.10X0	Preterm labor with preterm delivery, unspecified trimester, not applicable or unspecified
O30.821	Other specified multiple gestation with two or more monoamniotic fetuses, first trimester
O60.10X1	Preterm labor with preterm delivery, unspecified trimester, fetus 1
O30.822	Other specified multiple gestation with two or more monoamniotic fetuses, second trimester
O60.10X2	Preterm labor with preterm delivery, unspecified trimester, fetus 2
O30.823	Other specified multiple gestation with two or more monoamniotic fetuses, third trimester
O60.10X3	Preterm labor with preterm delivery, unspecified trimester, fetus 3
O30.829	Other specified multiple gestation with two or more monoamniotic fetuses, unspecified trimester

Jawda Maternal and Perinatal Care Quality Performance Indicators

O60.10X4	Preterm labor with preterm delivery, unspecified trimester, fetus 4
O30.891	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, first trimester
O60.10X5	Preterm labor with preterm delivery, unspecified trimester, fetus 5
O30.892	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, second trimester
O60.10X9	Preterm labor with preterm delivery, unspecified trimester, other fetus
O30.893	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, third trimester
O60.12X0	Preterm labor second trimester with preterm delivery second trimester, not applicable or unspecified
O30.899	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O60.12X1	Preterm labor second trimester with preterm delivery second trimester, fetus 1
O30.90	Multiple gestation, unspecified, unspecified trimester
O60.12X2	Preterm labor second trimester with preterm delivery second trimester, fetus 2
O30.91	Multiple gestation, unspecified, first trimester
O60.12X3	Preterm labor second trimester with preterm delivery second trimester, fetus 3
O30.92	Multiple gestation, unspecified, second trimester
O60.12X4	Preterm labor second trimester with preterm delivery second trimester, fetus 4
O30.93	Multiple gestation, unspecified, third trimester
O60.12X5	Preterm labor second trimester with preterm delivery second trimester, fetus 5
O31.10X0	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, not applicable or unspecified
O60.12X9	Preterm labor second trimester with preterm delivery second trimester, other fetus
O31.10X1	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 1
O60.13X0	Preterm labor second trimester with preterm delivery third trimester, not applicable or unspecified
O31.10X2	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 2
O60.13X1	Preterm labor second trimester with preterm delivery third trimester, fetus 1
O31.10X3	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 3
O60.13X2	Preterm labor second trimester with preterm delivery third trimester, fetus 2
O31.10X4	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 4
O60.13X3	Preterm labor second trimester with preterm delivery third trimester, fetus 3
O31.10X5	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 5
O60.13X4	Preterm labor second trimester with preterm delivery third trimester, fetus 4
O31.10X9	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, other fetus
O60.13X5	Preterm labor second trimester with preterm delivery third trimester, fetus 5

Jawda Maternal and Perinatal Care Quality Performance Indicators

O31.11X0	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, not applicable or unspecified
O60.13X9	Preterm labor second trimester with preterm delivery third trimester, other fetus
O31.11X1	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 1
O60.14X0	Preterm labor third trimester with preterm delivery third trimester, not applicable or unspecified
O31.11X2	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 2
O60.14X1	Preterm labor third trimester with preterm delivery third trimester, fetus 1
O31.11X3	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 3
O60.14X2	Preterm labor third trimester with preterm delivery third trimester, fetus 2
O31.11X4	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 4
O60.14X3	Preterm labor third trimester with preterm delivery third trimester, fetus 3
O31.11X5	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 5
O60.14X4	Preterm labor third trimester with preterm delivery third trimester, fetus 4
O31.11X9	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, other fetus
O60.14X5	Preterm labor third trimester with preterm delivery third trimester, fetus 5
O31.12X0	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, not applicable or unspecified
O60.14X9	Preterm labor third trimester with preterm delivery third trimester, other fetus
O31.12X1	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 1
O63.2	Delayed delivery of second twin, triplet, etc.
O31.12X2	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 2
O64.1XX0	Obstructed labor due to breech presentation, not applicable or unspecified
O31.12X3	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 3
O64.1XX1	Obstructed labor due to breech presentation, fetus 1
O31.12X4	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 4
O64.1XX2	Obstructed labor due to breech presentation, fetus 2
O31.12X5	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 5
O64.1XX3	Obstructed labor due to breech presentation, fetus 3
O31.12X9	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, other fetus
O64.1XX4	Obstructed labor due to breech presentation, fetus 4
O31.13X0	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, not applicable or unspecified
O64.1XX5	Obstructed labor due to breech presentation, fetus 5

Jawda Maternal and Perinatal Care Quality Performance Indicators

O31.13X1	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 1
O64.1XX9	Obstructed labor due to breech presentation, other fetus
O31.13X2	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 2
O64.2XX0	Obstructed labor due to face presentation, not applicable or unspecified
O31.13X3	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 3
O64.2XX1	Obstructed labor due to face presentation, fetus 1
O31.13X4	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 4
O64.2XX2	Obstructed labor due to face presentation, fetus 2
O31.13X5	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 5
O64.2XX3	Obstructed labor due to face presentation, fetus 3
O31.13X9	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, other fetus
O64.2XX4	Obstructed labor due to face presentation, fetus 4
O31.20X0	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, not applicable or unspecified
O64.2XX5	Obstructed labor due to face presentation, fetus 5
O31.20X1	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 1
O64.2XX9	Obstructed labor due to face presentation, other fetus
O31.20X2	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 2
O64.3XX0	Obstructed labor due to brow presentation, not applicable or unspecified
O31.20X3	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 3
O64.3XX1	Obstructed labor due to brow presentation, fetus 1
O31.20X4	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 4
O64.3XX2	Obstructed labor due to brow presentation, fetus 2
O31.20X5	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 5
O64.3XX3	Obstructed labor due to brow presentation, fetus 3
O31.20X9	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, other fetus
O64.3XX4	Obstructed labor due to brow presentation, fetus 4
O31.21X0	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, not applicable or unspecified
O64.3XX5	Obstructed labor due to brow presentation, fetus 5
O31.21X1	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 1
O64.3XX9	Obstructed labor due to brow presentation, other fetus

Jawda Maternal and Perinatal Care Quality Performance Indicators

O31.21X2	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 2
O66.1	Obstructed labor due to locked twins
O31.21X3	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 3
O66.6	Obstructed labor due to other multiple fetuses
O31.21X4	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 4
Z37.1	Single stillbirth
O31.21X5	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 5
Z37.2	Twins, both liveborn
O31.21X9	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, other fetus
Z37.3	Twins, one liveborn and one stillborn
O31.22X0	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, not applicable or unspecified
Z37.4	Twins, both stillborn
O31.22X1	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 1
Z37.50	Multiple births, unspecified, all liveborn
O31.22X2	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 2
Z37.51	Triplets, all liveborn
O31.22X3	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 3
Z37.52	Quadruplets, all liveborn
O31.22X4	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 4
Z37.53	Quintuplets, all liveborn
O31.22X5	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 5
Z37.54	Sextuplets, all liveborn
O31.22X9	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, other fetus
Z37.59	Other multiple births, all liveborn
O31.23X0	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, not applicable or unspecified
Z37.60	Multiple births, unspecified, some liveborn
O31.23X1	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 1
Z37.61	Triplets, some liveborn
O31.23X2	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 2
Z37.62	Quadruplets, some liveborn

Jawda Maternal and Perinatal Care Quality Performance Indicators

O31.23X3	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 3
Z37.63	Quintuplets, some liveborn
O31.23X4	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 4
Z37.64	Sextuplets, some liveborn
O31.23X5	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 5
Z37.69	Other multiple births, some liveborn
O31.23X9	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, other fetus
Z37.7	Other multiple births, all stillborn

Jawda Maternal and Perinatal Care Quality Performance Indicators

Summary of Changes 2022

KPI #	Changes in 2022
MPC001	Denominator exclusion: ICD 10 codes removed
MPC002	No change (see below code updates)
MPC003	No change
MPC004	No change (see below code updates)
MPC005	Denominator exclusion: <ul style="list-style-type: none"> Exclude ICD-10-CM diagnosis codes from Appendix A (abnormal presentation, fetal death, or multiple gestation) <i>Appendix A appended.</i>
MPC006	Numerator Exclusion: Removed "none"
MPC007	Denominator Exclusion: Replaced "from" by "to" Patients who were transferred to another facility
MPC008	No change
MPC009	No change
MPC010	Added numerator exclusion: Repeated infection for the same type during 14 days from Date of Event
MPC011	Rephrased: Exclude ICD-10-CM diagnosis codes from Appendix B (abnormal presentation, preterm labor with preterm delivery, fetal death, or multiple gestation) (see below code updates)
MPC012	Rephrased: Exclude ICD-10-CM diagnosis codes from Appendix B (abnormal presentation, preterm labor with preterm delivery, fetal death, or multiple gestation) (see below code updates)
MPC013	No change
MPC014	No change
MPC015	No change
MPC016	No change
MPC017	No change
MPC018	No change

ICD Codes 2015 to 2018	Updated where applicable as per October 2021 version	
Indicator	2015 ICD	2018 ICD
MPC002	O34.21	O34.211, O34.212, O34.219,
MPC004	O70.2	O70.20, O70.21, O70.22, O70.23,
MPC011	O34.21	O34.211, O34.212, O34.219,
MPC012	O34.21	O34.211, O34.212, O34.219,

Appendix	Appendix A appended for MPC005 and Appendix B for MPC011 and MPC012
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