ICD-10
Obstetrics

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Pregnancy, Childbirth & the Puerperium

• Codes from chapter 15 are for use only on maternal records, never on newborn records.

• Codes from this chapter are for use for conditions related to or aggravated by the pregnancy, childbirth, or the puerperium.

• Combination codes for obstructed labor incorporate the obstructed labor with the reason for the obstruction.

• These codes take sequencing priority over all other chapters.

• It is the providers’ responsibility to state the condition being treated is not affecting the pregnancy. **Query if not clear.**

• If the provider documents that a condition is not affecting the pregnancy, the code for the condition is used, followed by Z33.1 Pregnant state, incidental.
OB Principle Diagnosis or 1st Listed DX

The condition established after study that was responsible for the pts admission

Routine OP prenatal visits

- No complications present
- Z34 – encounter for supervision of normal pregnancy
- Do not use in conjunction with Ch. 15 codes

Prenatal OP visits for High Risk Patients

- Code from O09 “supervision of high risk pregnancy
- First listed code
- 2ndary codes from Ch. 15 can be used

When no delivery occurs

- What is the principle complication(s) of the pregnancy which necessitated the encounter?

Delivery occurs

- What is the main circumstance or complication of the delivery?
- If C-section performed, what condition necessitated it? Obstruction, fetal distress, etc
- C-section performed but not necessitated by some condition, PDX is the condition that necessitated the admission to the hospital

When delivery has occurred, maternal charts should have a Outcome of delivery (Z37) code assigned for that admission/encounter
OB Terminology Changes

Infertility:
- ICD 9 “Inability to conceive for at least 1 year with regular intercourse”
- ICD-10 “The inability to achieve a pregnancy”

Termination:
- ICD 9 “Elective abortion”
- ICD-10 “Elective termination of pregnancy”

Products of Conception - refer to all components of pregnancy:
- Fetus
- Embryo
- Amnion
- Umbilical cord
- Placenta
Pregnancy

End of 3rd trimester

End of 2nd trimester

End of 1st trimester
OB Definitions

**Young primigravida** - < 16 years of age at expected date of delivery

**Elderly primigravida** - 35 years or older at the expected date of delivery

**Peripartum period** - Last month of pregnancy to 5 months post partum

**Post partum period** - From delivery to 6 weeks after delivery

**Maternal care** - The reason for observation, hospitalization, other obstetric care, or C-section delivery

**Post term pregnancy** - Pregnancy over 40 completed weeks to 42 completed weeks of gestation

**Prolonged pregnancy** - Pregnancy with has advanced beyond 42 completed weeks of gestation
OB Definitions

**Trimesters** ("weeks") are counted from the first day of the last menstrual period

- First Trimester - < 14 weeks zero days
- Second Trimester - 14 weeks 0 days to < 28 weeks zero days
- Third Trimester - 28 weeks zero days until delivery

### Gestational Age Breakdown

<table>
<thead>
<tr>
<th>Term Type</th>
<th>ICD-10 Definition “Weeks + Days”</th>
<th>Breakdown by Weeks + Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preterm</td>
<td>28 Completed weeks to less than 37 completed weeks</td>
<td>28 weeks to 36 weeks + 6/7 days</td>
</tr>
<tr>
<td>Term</td>
<td>37 completed weeks to less than 40 completed weeks</td>
<td>37 weeks to 39 weeks + 6/7 days</td>
</tr>
<tr>
<td>Post Term</td>
<td>40 completed weeks to 42 completed weeks</td>
<td>280 days to 294 days</td>
</tr>
<tr>
<td>Prolonged Term</td>
<td>Greater than 42 completed weeks</td>
<td>42 weeks + 1 day or at least 295 days or older</td>
</tr>
</tbody>
</table>
Trimester Documentation

ICD-10 Guidelines for Documenting Trimester

**Inpatient Admissions that encompass more than one trimester:**
- For a “pre-existing condition”, document the trimester at the time of the encounter of the admission.
- If the condition is concurrent and spans more than one trimester, you use the trimester that the complication developed.
- If POA then trimester at admission/encounter, never the discharge trimester.

**Trimester documentation is not needed when:**
- The condition always occurs in a specific trimester.
- The concept of trimester is not applicable.
Pregnancy with Abortive Outcomes

**Missed abortion** - early fetal death **before 20 completed weeks** gestation, with **retained fetus**
- No bleeding
- Os closed

**Intrauterine Fetal Death (IUFD)** – **After 20 weeks** gestation

**Threatened abortion**
- Bleeding
- Os closed

**Incomplete abortion** – “Miscarriage, Spontaneous abortion”
- Bleeding
- Os open
- products of conception (POC) are extruding
- Link complication causing the abortive outcome (sepsis, trauma, shock etc)

**Complete abortion**
- Possible bleeding or spotting
- Os closed
- all POC expelled
Fetal Conditions Affecting the Management of the Mother

Category Codes: O35 and O36

- “Maternal care for known or suspected fetal abnormality and damage”
- “Maternal care for other fetal problems”

Only assigned when fetal condition is actually responsible for modifying the management of the mother

- Further diagnostic testing
- Fetal surgery – do not use codes from Ch. 16
- Additional observation
- Special care
- Termination of pregnancy
- Other fetal condition affecting the management of the mother

Just because the fetal condition exists does not justify assigning a code from this series - it must affect the management of the mother in some way
Hydatidiform Mole

**Hydatidiform mole** is a rare mass or growth that forms inside the uterus at the beginning of a pregnancy

- It is a type of gestational trophoblastic disease (GTD)
- This “molar pregnancy” results from too much production of the tissue that is supposed to develop into the placenta
- The tissues develop into an abnormal growth

**There are 2 types of these masses:**

- **Partial molar pregnancy** - There is an abnormal placenta and some fetal development
- **Complete molar pregnancy** - There is an abnormal placenta and no fetus
- Both forms are due to problems during fertilization.
Blighted Ovum

- A **Blighted ovum** occurs when a fertilized egg implants in the uterus but doesn't develop into an embryo.
- It is also referred to as an **anembryonic pregnancy**.
Ectopic Pregnancy

Ectopic pregnancy occurs when an embryo implants outside the uterine cavity

- Most common site is fallopian tube

Symptoms include

- Pain, abdominal or pelvic
- Light bleeding

Code selection

- Anatomic site (cervical, tubal, ovarian, abdominal, other)
- Associated complications (hemorrhage, infection, endometritis)
- Viable fetus
- Weeks of gestation
Fetus Identification

Used to identify the fetus for which the complication code applies.

7th Character “O”
- For single and multiple gestations where the fetus is unspecified
- When documentation is insufficient to determine the fetus affected and it is not possible to obtain clarification
- When it is not possible to clinically determine which fetus is affected

7th Character “1-9”
- For multiple gestations
- Conditions that affect maternal care
- Conditions that affect the fetus
- Must also assign code O30 Multiple gestation
Multiple gestations

Placental and Amniotic Differences in Twin Gestations

- Dichorionic/Diamniotic
- Monochorionic/Diamniotic
- Monochorionic/Monoamniotic
- Conjoined Twins
High-Risk Pregnancy

**Look for Documentation of:**

- Infertility
- Ectopic or molar pregnancy
- Poor reproductive or obstetric history
- Recurrent pregnancy loss
- Preterm labor
- In utero procedure during previous pregnancy
- Insufficient antenatal care
- Grand multiparity
- Young/elderly primigravida or multigravida
- Social problems/Abuse
- Assisted reproductive technology
- In utero procedure during current pregnancy
Maternal Pre-existing Conditions

Clarify the maternal medical condition as:

- Pre-existing
- A direct result of the pregnancy or is pregnancy induced
- A current condition requiring ongoing care
- Has been resolved prior to the inpatient episode of care

If pre-existing HTN during pregnancy, make sure documentation links:

- Hypertensive heart disease
- HF include the severity
  - Acute, chronic, acute on chronic
  - Systolic or diastolic
Hypertension

“Gestational” Hypertension
Findings without hypertension
• Edema
• Edema with proteinuria
• Proteinuria
Findings with Hypertension
• with or without significant proteinuria

“Pre-existing” Hypertension
If HTN is preexisting prior to pregnancy, it should be documented as Chronic Hypertension
• Hypertension with proteinuria
• Hypertensive heart disease
• Hypertension with CKD + stage
• Hypertensive heart and CKD (+ stage)
• Secondary hypertension “due to” (Link)
• HTN with pre-eclampsia - pre-eclampsia is superimposed on chronic HTN
Pre-Eclampsia

**Pre-eclampsia** - Is diagnosed by the elevation of blood pressure usually after the 20\textsuperscript{th} wk of pregnancy combined with proteinuria

- **Symptoms include:** headaches, abdominal pain, SOB, burning behind the sternum, N/V, confusion, anxiety, visual disturbances (oversensitivity to light, blurred vision, seeing flashing spots or auras)

**Eclampsia** - is a very serious complication of preeclampsia characterized by:

- One or more seizures during pregnancy, labor, or puerperium
- If left untreated, eclamptic seizures can result in coma, brain damage, and possibly maternal or infant death

**HELLP syndrome** - One of the most severe forms of preeclampsia

- Occurs in 5-12\% of pre-eclamptic patients
- May initially be mistaken for the flu or gallbladder problems, because the pains may feel similar and can occur before classic symptoms of preeclampsia appear
- Can lead to substantial injury to the mother’s liver
  - **H** - Hemolysis (breaking down of RBC’s)
  - **EL** - Elevated liver enzymes
  - **LP** - Low platelet count
### Pre-Eclampsia Complications

#### Maternal
- **CNS**
  - Seizures
  - Cerebral Edema
  - Cerebral Hemorrhage
  - Strokes (thrombosis)
- **Hepatic**
  - Hepatic Failure
  - Hepatic Rupture
  - Subcapsular Hemorrhage
- **Hematological**
  - DIC
  - HELLP
- **Renal**
  - Renal Failure
  - Oliguria
  - Proteinuria → Hypo-proteinemia (Glomerular Injury)
- **Lung**
  - Pulmonary Edema

#### Fetal
- Preterm Delivery
- Stillbirth (IUFD) Intrapartum Fetal Distress
- Placental Abruption
- Uteroplacental Insufficiency
  - Hypoxic Neurological Injury
  - IUGR
  - Oligohydraminos
Diabetes Mellitus in Pregnancy

• Make sure the documentation indicates:
  o If DM is "Preexisting" - Onset was prior to this current pregnancy
  o Abnormal glucose tolerance test and not diabetes
  o Gestational Diabetes in pregnancy - DM caused by the pregnant condition usually in 2nd/3rd trimester

• Was the pregnancy incidental to the encounter for the diabetic condition?
  o Preexisting type 1 diabetes with pregnancy related insulin dosing
  o CKD Stage 4 due to type 2 DM, not pregnancy related

• Is the diabetes controlled by Diet, Insulin, or other?
  o If gestational DM and uses both, only code the insulin controlled
  o Do not assign "long term use of Insulin" in gestational DM

• Identify other causes of the DM in pregnancy
  o Drug/chemically induced diabetes (adverse effect)
    ▪ Name of the drug/chemical
    ▪ Whether the drug was correctly prescribed and given
    ▪ Encounter (initial, subsequent)
  o Postprocedural diabetes
Diabetic Manifestations & Complications

• DM manifestations and complications increase SOI
• Make sure the documentation links the DM to any complications, manifestations, or underlying conditions
• If Unclear – Query the Provider

Complications:
• Hypoglycemia & Hyperglycemia
• Hyperosmolarity
• Ketoacidosis
• Coma/nonketotic hyperglycemic-hyperosmolar coma
• Periodontal disease

Underlying Conditions:
• Cushing’s Syndrome
• Malnutrition

Manifestations:
• Diabetic nephropathy
• Diabetic chronic kidney disease stage 4
• Diabetic gastroparesis
• Diabetic neuropathy (mono/poly/autonomic)
Malnutrition

**Underweight BMI <19**
- Type: protein-calorie malnutrition (mild, moderate or severe)
- Use “starvation” in abuse cases
- Abnormal weight loss (mild, moderate or severe)
- Link to other illnesses or underlying causes

**Overweight BMI >40**
- Severe or morbid obesity?
- Link to cause:
  - If drug induced, give the name of the drug
  - Excessive weight gain in pregnancy

**Look for additional documentation to support the diagnosis of malnutrition**
- H&P, Dietician notes
- Diagnoses and linkage
- Treatments in place to treat malnutrition
  - Possible infusion (e.g. TPN)
  - Administration of vitamins / supplements (e.g. Ensure/Boost)
Hyperemesis in Pregnancy

**Mild Hyperemesis gravidarum** – starts *before* the end of the 20th week of gestation

**Hyperemesis gravidarum** – starts *before* the end of the 20th week of gestation with metabolic disturbance

- Carbohydrate depletion
- Dehydration
- Electrolyte imbalance

**Late vomiting of pregnancy** – starts *after* the 20th completed week of gestation

**Link the vomiting to other related diseases or secondary conditions**

- Dehydration
- Acute kidney injury
- Hypovolemia
# Maternal Infection

## Key Documentation Concepts to look for

| Look for linkage to pregnant state | • Complicating the pregnancy  
| | • Aggravated by the pregnancy  
| | • Reason for obstetric care  
| | • Known or suspected to effect the fetus |

| Drug resistance | • Specify drug name |

| Anatomical Location | • Bladder, cervix, endometritis, kidney, oophoritis, parametritis, pelvic peritonitis, salpingo-oophoritis, urethra |

| Carrier State | • Streptococcus B carrier state  
| | • Other infection carrier state |

| Organism or Cause | • E. coli, herpes, obstetrical tetanus, TB, syphilis, gonorrhea, viral hepatitis |
Maternal Sepsis

**Look for documentation of:** Trimester, in Childbirth, Puerperium, Abortion, Organism, Severe sepsis, Organ dysfunction, Septic shock, Drug resistance

**Sepsis documentation should:**
- Link the underlying local infection (e.g. pneumonia) to the systemic infection
- Identify the (Suspected) organism
- Link to any associated conditions: Organ failure, septic shock

**During labor**
- Sepsis
- Pyrexia

**Following abortion**
- Spontaneous, Attempted or Elective?
- Complete, Incomplete or Failed?
Complications Due to Anesthesia

**Type of anesthesia**: (e.g. general, regional, or local anesthetic, analgesic sedation)

**When was the anesthesia given**

- Trimester
- Abortion, childbirth, puerperium

**Identify complications and make sure they are linked** - if not, query

- Aspiration pneumonitis
- Pulmonary
- Cardiac
- Cerebral
- Toxic reaction to local anesthesia
- Spinal and epidural anesthesia-induced headache
- Other complications of spinal and epidural anesthesia
- Failed or difficult intubation for anesthesia
Tumor or Mass?

What is the difference between a tumor, lump, or a mass, from a documentation standpoint?

- When you call something a “tumor,” that means it’s a “neoplasm,” in other words, it is some kind of cancer, whether benign or malignant.

- You should only call a lump a “tumor” if you have pathology results that state that a neoplasm is present.

- Conversely, a “mass” can refer to a lump for any other reason, such as a cyst or other non-neoplasm.

- If you do not have a pathology test to prove that the lump is cancerous or if you know that a lump present is due to something other than cancer, refer to it as a “mass.”
Neoplasm Documentation

Identify when neoplasms are in different locations in the same site, or they are “overlapping”

Specific site and laterality: Which quadrant of the breast? Which side? Do the sites overlap?

- Is it a tumor or a mass?
- Is it benign, malignant or uncertain behavior?
- Is the neoplasm a primary or secondary site?

Document Family History: If patient has family history of cancer and/or family members tested BRCA+, document for coded capture of genetic susceptibility

Link neoplasms to any related complications and comorbidities being evaluated, treated, or monitored:

- Examples:
  - Anemia “due to” neoplasm
  - Pathological fracture of vertebra “due to” neoplasm
  - Cerebral degeneration “due to” neoplasm
# Alcohol and Tobacco

## Key Documentation Concepts

### Alcohol
- Any use during pregnancy, childbirth or the puerperium?
- Complicating the pregnancy?
- Any alcohol related disorders? *(F10 - 2ndary codes)*
  - Abuse, Dependence, withdrawal, intoxication, delirium, induced mood disorder, etc.
  - Blood alcohol level
- Tobacco (e.g. cigarettes, chewing tobacco, other tobacco)

### Tobacco
- Any use or exposure during pregnancy, childbirth or the puerperium
- Complicating the pregnancy?
- Type of tobacco product
  - Cigarettes, chewing, e-Cigs,
- Nicotine dependence – *(2ndary code F17)*
- Uncomplicated, in remission, withdrawal, other nicotine induced disorders

### Usage
- Abuse, dependence, use, second-hand
# Other Substance Use, Abuse, Dependence

<table>
<thead>
<tr>
<th>Look for</th>
<th>Documentation Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Substance</strong></td>
<td>Cocaine, Opioids, Hallucinogens</td>
</tr>
<tr>
<td><strong>Type of Use</strong></td>
<td>• <strong>Use</strong> (e.g. smoked a cigarette today)</td>
</tr>
<tr>
<td></td>
<td>• <strong>Dependence</strong> – Experiences withdrawals, higher dose required, greater tolerance – MUST HAVE IT!</td>
</tr>
<tr>
<td></td>
<td>• <strong>Abuse</strong> – use is impacting work, family, legal, etc</td>
</tr>
<tr>
<td><strong>Status</strong></td>
<td>• In Remission</td>
</tr>
<tr>
<td></td>
<td>• With intoxication</td>
</tr>
<tr>
<td></td>
<td>• With Withdrawal</td>
</tr>
<tr>
<td><strong>Behavior</strong></td>
<td>Anxiety disorder, delirium, hallucinations</td>
</tr>
<tr>
<td><strong>Pregnancy childbirth</strong></td>
<td>Complicating the pregnancy? Effecting Fetus?</td>
</tr>
</tbody>
</table>
Labor and Delivery Complications:

**Hemorrhage:**
- Intrapartum (excessive) associated with a coagulation defect
  - Afibrinogenemia
  - Disseminated intravascular coagulation
  - Hyperfibrinolysis
  - Hypofibrinogenemia
- Third-stage hemorrhage, **adherent placenta**
- Delayed and secondary postpartum hemorrhage
- Other immediate postpartum hemorrhage

**Maternal Complications could include:**
- Maternal distress
- Maternal exhaustion
- Pyrexia
- Shock
- Cardiac arrest

**Retained portions of placenta/membranes, without hemorrhage**
- Delayed delivery after **artificial rupture** of membranes
Preterm labor

Presence of uterine contractions of sufficient frequency and intensity to change cervical effacement and dilation of a pregnancy prior to term usually occurring 20-37 weeks of pregnancy.

Look for documentation of:

- Trimester of pregnancy
- Weeks of gestation
- With or without preterm delivery
- Do not code based on gestational age!
- Code is based on trimester
  - Poor documentation - “35 weeks in active labor”
  - Good documentation - “Patient in preterm labor, 3rd trimester at 37 weeks of gestation”
- Preterm labor greatly increases SOI!
**Cervical Effacement & Dilation**

*Effacement* - the gradual thinning, shortening and drawing up of the cervix measured in percentages from 0 to 100%.

*Dilation* - the gradual opening of the cervix measured in centimeters from 0 to 10 cm.
Rupture of Membranes

Premature rupture of membranes
• Onset of labor **within 24 hours / over 24 hours** of rupture

Preterm Premature rupture of membranes
• Onset of labor **within 24 hours / over 24 hours** of rupture
• Before 37 completed weeks of gestation

Full-Term premature rupture of membranes
• Onset of labor **within 24 hours / over 24 hours** of rupture
• After 37 completed weeks of gestation

Often it is not clear if the diagnosis is PROLONGED (greater than 24 hours) or PREMATURE – **QUERY PROVIDER!**
False labor

Sometimes known as “Braxton Hicks Contractions” or “Threatened labor”

• This is not Preterm labor
• Are cc’s
• Code assignment requires:
  • Gestational age
  • Trimester

John Braxton Hicks, the man who 139 years ago described fake contractions
Obstructed Labor: Maternal

Look for documentation of the obstruction:

- Is it the mother?
- Is it the baby?
- Both?

Maternal pelvic abnormality

- Deformity of maternal pelvic bones
- Generally contracted pelvis Inlet/outlet

Maternal abnormal pelvic organs

- Congenital malformation of uterus
- Tumor of corpus uteri
- Uterine scar from previous surgery
- Scar from previous cesarean
- Cervical incompetence with or without cerclage
- Shirodkar suture with or without cervical incompetence
- Incarceration/Prolapse/retroversion of gravid uterus
- Abnormality of vulva/perineum/vagina

Look for documentation of the reason the mother is the contributing factor for the obstructed labor.
Obstructed Labor: Fetal

**Fetal Causes**
- Unusually large fetus
- Hydrocephalus
- Fetal deformity
- Ascites
- Hydrops
- Meningomyelocele
- Sacral teratoma
- Other tumor

**Malposition/Malpresentation**
- Incomplete rotation
- Breech presentation
- Face presentation
- Brow presentation
- Shoulder presentation
- Compound presentation

**Look for documentation of:**
- Which fetus is affected (1-9)
- Fetal cause
- Malposition/malpresentation of each individual fetus, if there are multiple
Malposition/ Malpresentation

- Breech
- Shoulder (arm prolapse)
- Mother's pelvis
- Compound (extremity together with head)
- Face (mentum)
- Oblique
Obstructed Labor: Other

Other reasons for Obstructed Labor

• Locked twins
• Attempted application of vacuum or forceps
• Subsequent delivery by forceps
• Subsequent delivery by cesarean delivery
• Multiple fetuses
• Failed attempted vaginal birth after previous C-section

Specify malposition and malpresentation

• With or without obstruction

Code also any placental and/or amniotic fluid conditions

• Oligohydramnios
• Chorioamnionitis
• Delivery more than 24 hours following rupture
Umbilical Cord Complications

- Prolapse of cord
- Cord around the neck (with or without compression)
- Cord entanglement (with or without compression)
- Short cord
- Vascular malformations
- Vasa Previa
- Vascular lesion of cord
- Other cord complications
Birth
Birth

Delivery

- **Assisting** the passage of products of conception from the genital canal

Applies only to:
- Manually assisted
- Vaginal delivery

Cesarean deliveries

- Are coded to the root operation Extraction

What is the Reason for the cesarean?

- Malposition
- Disproportion
- Maternal/fetal condition
- Scheduled Cesarean, with onset of labor
Obstetric Trauma

- Obstetric damage from instruments
- Rupture of uterus
  - Spontaneous rupture before onset of labor with the trimester
  - Default is always “during labor”
- Postpartum inversion of uterus
- Hematoma of pelvis, perineum, vagina, vulva
- Lacerations: uterus, cervix, high vaginal laceration alone
- Injury to pelvic organs, bladder, or urethra
- Damage to pelvic joints and ligaments
- Other trauma to perineum or vulva (periurethral trauma)
- Perineal laceration during delivery (1º, 2º, 3º, 4º)
- Anal sphincter tear (not associated with 3º laceration)
Episiotomies

Oftentimes, episiotomies are described with a blanket statement similar across all patients, which may not accurately describe the true utilization of resources that was involved.

Look for Documentation that specifies the depth of the incision and other details surrounding the subsequent repair that reflect the level of complexity appropriate for that patient’s care.

Also look for any additional repairs that go above and beyond what is usually expected or done.

When in doubt, query the provider!
Puerperium

The period of about six weeks after childbirth during which the mother's reproductive organs return to their original non-pregnant state.
Complications Related to the Puerperium

**Puerperal sepsis** – do not use codes for “streptococcal sepsis or other sepsis”

- “Postpartum Sepsis”, “Puerperal peritonitis”, “Puerperal pyemia”

**Other Puerperal infections:**

- Fever of unknown origin
- Genital tract infection (cervix, endometrium, vagina)
- Urinary tract infection (kidney, bladder, urethra)
- Infected surgical wound (cesarean, perineal repair)
- Obstetric pyemic or septic embolism
- Puerperal septic thrombophlebitis
## Complications Related to the Puerperium

### Venous Complications and Hemorrhoids

- **Phlebitis** - inflammation of vein can lead to **thrombosis** (clot)
- **Superficial thrombophlebitis**
  - Puerperal phlebitis
  - Puerperal Thrombosis
- **Deep phlebothrombosis**
  - Post-partum DVT
  - Post-partum pelvic thrombophlebitis
  - Anatomical location/laterality of vein
  - Use of anticoagulants
- Cerebral Venous thrombosis
- Varicose Veins of lower extremity
- Genital varices
- Hemorrhoids in the puerperium

### Obstetric Embolism During Pregnancy & Puerperium

**Is the obstetric embolism complicating:**

- Abortion
- Ectopic or molar pregnancy
- Failed attempted abortion
- Induced abortion
- Spontaneous abortion

**Types**

- Air embolism
- Amniotic fluid embolism
- Obstetric thromboembolism
- Obstetric pyemic or septic embolism
- Other obstetric embolism – Fat emboli
Breast Problems

Associated with:
• Lactation
• Puerperium, Pregnancy

Infections
• Laterality/Location on the breast
• Type: (e.g. infection of nipple, abscess of breast, nonpurulent mastitis)

Other conditions:
• Retracted nipple
• Cracked nipple
• Agalactia
• Hypogalactia
• Suppressed lactation
• Galactorrhea
• Puerperal galactocele
Thank you!

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