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CLINICAL DOCUMENTATION

Pregnancy: Gravid Uterus, Amnion and Placental Complications

A gravid uterus, the uterus during pregnancy, contains the placenta and the amniotic sac (containing the amnion), all crucial for fetal development. The placenta provides oxygen and nutrients to the fetus, while the amniotic sac protects it and maintains a stable environment. The amnion, a membrane, encloses the amniotic fluid and the developing embryo. Complications during pregnancy related to the uterus, amnion, and placenta can be serious, potentially affecting both the mother and the fetus.

ICD-10 CODES

Final digit for codes below represents the trimester of the pregnancy	
1: First Trimester	3: Third Trimester
2: Second Trimester	

Maternal care for:

O33.0 disproportion due to deformity of maternal pelvic bones

O33.1 disproportion due to generally contracted pelvis

O33.2 disproportion due to inlet contraction of pelvis

O33.3XX- disproportion due to outlet contraction of pelvis

O33.4XX- disproportion of mixed maternal and fetal origin

O33.8 disproportion of other origin

O33.9 disproportion, unspecified

O34.0- unspecified congenital malformation of uterus

O34.1- benign tumor of corpus uteri

O34.21- low transverse scar from previous cesarean delivery

O34.22 cesarean scar defect (isthmocele)

O34.29 uterine scar from previous surgery

O34.3- cervical incompetence

O34.4- other abnormalities of cervix

O34.51- incarceration of gravid uterus

O34.52- prolapse of gravid uterus

O34.53- retroversion of gravid uterus

O34.59- other abnormalities of gravid uterus

O34.6 abnormality of vagina

O34.7- abnormality of vulva and perineum

O34.8- other abnormalities of pelvic organs

O34.9- abnormality of pelvic organ, unspecified

O43.01- Fetomaternal placental transfusion syndrome

O43.02- Fetus-to-fetus placental transfusion syndrome

O43.10- Malformation of placenta, unspecified

O43.11- Circumvallate placenta

O43.12- Velamentous insertion of umbilical cord

O43.19- Other malformation of placenta

O43.21- Placenta accreta

O43.22- Placenta increta

O43.23- Placenta percreta

O43.81- Placental infarction

O43.89- Other placental disorders

O43.9- Unspecified placental disorder

O44.0- Complete placenta previa NOS or without hemorrhage

O44.1- Complete placenta previa with hemorrhage

O44.2- Partial placenta previa NOS or without hemorrhage

O44.3- Partial placenta previa with hemorrhage

O44.4- Low lying placenta NOS or without hemorrhage

O44.5- Low lying placenta with hemorrhage

O45.00- Premature separation of placenta with coagulation defect

O45.01- Premature separation of placenta with afibrinogenemia

O45.02- Premature separation of placenta with disseminated intravascular coagulation

O45.09- Premature separation of placenta with other coagulation defect

O45.8X- Other premature separation of placenta

O45.9- Premature separation of placenta, unspecified

O46.00- Antepartum hemorrhage with coagulation defect

O46.01- Antepartum hemorrhage with afibrinogenemia

O46.02- Antepartum hemorrhage with disseminated intravascular coagulation

O46.09- Antepartum hemorrhage with other coagulation defect

O46.8X- Other antepartum hemorrhage

O46.9- Antepartum hemorrhage, unspecified

O47.0- False labor before 37 completed weeks of gestation

O47.1 False labor at or after 37 completed weeks of gestation

O47.9 False labor, unspecified

O60.02 Preterm labor without delivery, second trimester

O60.03 Preterm labor without delivery, third trimester

Final digit for codes below represents the fetus number	
0: SIngle gestation only	4: Fetus 4
1: Fetus 1	5: Fetus 5
2: Fetus 2	9: Other Fetus
3: Fetus 3	

O40.1XX- Polyhydramnios, first trimester

O40.2XX- Polyhydramnios, second trimester

O40.3XX- Polyhydramnios, third trimester

O41.01X- Oligohydramnios, first trimester

O41.02X- Oligohydramnios, second trimester

O41.03X- Oligohydramnios, third trimester

O41.101- Infection of amniotic sac and membranes, first trimester

O41.102- Infection of amniotic sac and membranes, second trimester

O41.103- Infection of amniotic sac and membranes, third trimester

O41.121- Chorioamnionitis, first trimester

O41.122- Chorioamnionitis, second trimester

O41.123- Chorioamnionitis, third trimester

O41.141- Placentitis, first trimester

O41.142- Placentitis, second trimester

O41.143- Placentitis, third trimester

O41.8X1- Other disorders of amniotic fluid and membranes, first trimester

O41.8X2- Other disorders of amniotic fluid and membranes, second trimester

O41.8X3- Other disorders of amniotic fluid and membranes, third trimester

O41.91X- Disorder of amniotic fluid and membranes, first trimester

O41.92X- Disorder of amniotic fluid and membranes, second trimester

O41.93X- Disorder of amniotic fluid and membranes, third trimester

CLINICAL DOCUMENTATION

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support a pregnancy and complications of a gravid uterus.

Diagnosis: Pregnancy

Evidence: 33 y.o F presents for 32 week, 5 days gestation based on LMP, prior LTCS, recent US still shows placenta partially covering cervix, no complaints of bleeding

Evaluation: 3rd trimester single gestation pregnancy, complicated by lower transverse scar from past cesarean delivery and placenta previa without hemorrhage

Plan: Continue to monitor, return in 2 weeks to schedule repeat c-section and to ER for any bleeding prior

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis:
  Pregnancy
  - Weeks gestation
  - LMP and EDD

Status:
  Uterine Pregnancy Condition
  - Specific uterine complication
  - Specific amniotic complication
  - Specific placental complication

Plan:
  - Complication management
  - Symptom management
  - Pregnancy monitoring

BEST PRACTICES & TIPS

- **Specificity is key**! Always indicate the weeks gestation, estimated delivery date, any complications, and use verbiage to solidify the severity of the pregnancy complications with expected outcomes.

- Gravid uterine complications in pregnancy should **always be documented** with the specific details of the organ involved.

- Documentation should **always include DEEP elements** for pregnancy and complications to show clinical evidence of the severity. Incorporate history, tests, imaging, signs and symptoms and document any and all associated treatments.

- When documenting a pregnancy be sure to **document all factors** to get a complete picture of the patients' health status.

- DSP should be applied for pregnancy **as well as** for the resulting outcome. Status should be apparent by identifying the weeks gestation and any pregnancy events and risks.

- Avoid using **uncertain terms** for present and active pregnancy which include: probable, suspected, likely, questionable, possible, still to be ruled out, compatible with, or consistent with

- Avoid documenting active pregnancy as a "history of" as this suggests a **resolved status** and causes conflict within the documentation.

- Confirmation should be found within the documentation representing the **complications of the pregnancy, severity of illness** and any resulting outcomes.

For more resources go to:

HIOSCAR.COM/PROVIDERS/RESOURCES