

CLINICAL DOCUMENTATION

Pregnancy: Gestational Age

In pregnancy, gestational age refers to the number of weeks since the first day of the last menstrual period (LMP). It's a way to track how far along a pregnancy is, and is used to estimate the due date, which is typically 40 weeks from the LMP. Every encounter with a patient should include documentation of the gestational age to represent the stage of the pregnancy. Preterm is considered prior to 37 weeks of gestation, and post-term is any length beyond 40 weeks, 0 days. Prolonged pregnancy is considered at 42 weeks gestation.

ICD-10 CODES

- O60.00** Preterm labor without delivery, unspecified trimester
- O60.02** Preterm labor without delivery, second trimester
- O60.03** Preterm labor without delivery, third trimester
- O48.0** Post-term pregnancy
- O48.1** Prolonged pregnancy
- Z3A.00** Weeks of gestation of pregnancy not specified
- Z3A.01** Less than 8 weeks gestation of pregnancy
- Z3A.--** Weeks gestation of pregnancy (Final digits by completed weeks gestation)

DOCUMENTATION ACRONYM

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support a pregnancy and the gestational age.

Diagnosis: Pregnancy

Evidence: 36 y.o F presents for 32 weeks, 5 days gestation based on LMP, contractions started this AM

Evaluation: Preterm labor without ROM, 32+5 gestational age confirmed by records

Plan: To triage for admit, review options to defer labor closer to term

BEST PRACTICE AND TIPS

- **Specificity is key!** Always indicate the LMP, weeks gestation, estimated delivery date, any complications and use verbiage to solidify the severity of the pregnancy complications.
- Completed weeks gestation, LMP, and expected delivery date should **always be documented** with any complications and the planned of treatment.
- Documentation should **always include DEEP elements** for pregnancy to show clinical evidence gestational age. Incorporate history, tests, imaging, signs and symptoms and document any and all associated treatments.
- When documenting an adjusted estimated due date, be sure to **document all factors** to get a complete picture of the determining criteria, to include LMP, fetal US measurements and fundal height.
- 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
- Confirmation should be found within the documentation representing the **complications of the pregnancy, severity of illness** and any resulting outcomes.



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