The WHO application of ICD-10 to deaths during the perinatal period: ICD-PM
The WHO application of ICD-10 to deaths during the perinatal period: ICD-PM

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## Abbreviations and acronyms

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<th>Description</th>
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<tbody>
<tr>
<td>ABO</td>
<td>ABO (ABH) blood group system</td>
</tr>
<tr>
<td>ICD</td>
<td>International Statistical Classification of Diseases and Related Health Problems</td>
</tr>
<tr>
<td>ICD-10</td>
<td>ICD, 10th revision</td>
</tr>
<tr>
<td>ICD-MM</td>
<td>The WHO application of ICD-10 to deaths during pregnancy, childbirth and the puerperium: ICD-maternal mortality</td>
</tr>
<tr>
<td>ICD-PM</td>
<td>The WHO application of ICD-10 to deaths during the perinatal period: ICD-perinatal mortality</td>
</tr>
<tr>
<td>NOS</td>
<td>not otherwise specified</td>
</tr>
<tr>
<td>TOP</td>
<td>termination of pregnancy</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</table>
Executive summary

With more than 5 million perinatal deaths occurring globally each year, ending preventable stillbirths and neonatal deaths will continue to form a significant part of the international public health agenda beyond 2015. The Every Newborn Action Plan clearly highlights that we will get a triple return on our investment if we focus on high coverage of care during birth and in the immediate neonatal period, resulting in saving the lives of both mothers and babies, alongside the prevention of stillbirth. In the regions with the highest mortality burden, perinatal deaths are poorly recorded and are therefore most likely to be unaccounted for. The first step in targeting programmes that address perinatal mortality is the accurate capture and classification of the causes of those deaths across all settings, using a globally applicable and comparable system.

The WHO application of ICD-10 to deaths during the perinatal period: ICD-perinatal mortality (ICD-PM) is modelled on The WHO application of ICD-10 to deaths during pregnancy, childbirth and the puerperium: ICD-maternal mortality (ICD-MM). ICD-PM, in the same vein as ICD-MM, is based on the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) and its coding rules. It is intended to facilitate the consistent collection, analysis and interpretation of information on perinatal deaths. Improved reporting will also facilitate the coding of conditions.

This document presents:
• a brief summary of the development of this guide;
• a grouping system for identification of perinatal deaths using existing ICD-10 codes, which countries can immediately implement.

ICD-PM is intended to be used by those who assist health-care providers and those charged with death certification, to guide them in correctly documenting the pertinent information by clarifying which conditions should be considered underlying causes of death, thus improving accurate death attribution. As a result, it will improve the information available to coders, programme managers, statistical offices and academics/researchers.

This document can help to clarify the application of ICD-10 and to standardize the identification of perinatal deaths. Its principles should be applicable for categorizing deaths via data collected through civil registration, surveys, hospital information systems, verbal autopsies, confidential enquiries and other special studies.

There are three distinct features of ICD-PM:
1. It captures the time of a perinatal death in relation to its occurrence in the antepartum (before the onset of labour), intrapartum (during labour but before delivery) or neonatal period (up to day 7 of postnatal life).
Note: While ICD-PM is designed to be used for all antepartum, intrapartum and early neonatal deaths, it can also be used for late neonatal deaths, which – although falling outside the perinatal period according to ICD – may be a consequence of events in the perinatal period.

2. It applies a multilayered approach to the classification of cause of death, such that it reflects varying levels of available information depending on the setting. By using ICD-PM, mutually exclusive clinical conditions that lead to the identification of a single cause of perinatal death are determined and linked with an ICD code.

3. It links the contributing maternal condition, if any, with perinatal death, reflecting that the condition of the mother at the time of the death is closely linked with perinatal death, given that a maternal condition is frequently found in the context of a perinatal death.

By identifying the timing of death as part of a multilayered approach to classification, ICD-PM applies ICD-10 in such a way that it reflects locally available information. By requiring that a maternal condition be documented for every perinatal death (even if it is “no maternal condition”), the system reflects the inherently linked health outcomes of these two groups of patients.

Capturing the chain of events that led to the perinatal death, from both the maternal and the perinatal side, informs the design and development of preventative and therapeutic measures. Doing this imparts obvious benefit to both mother and baby when advocating for programmes aimed at one unifying pathology (e.g. hypertension) or clinical scenario (e.g. intrapartum care). ICD-PM draws on this evidence and logic to make capturing maternal condition an integral part of the classification of perinatal death. This also aligns with the recommendation in the Every Newborn Action Plan that encourages capturing maternal complications as part of perinatal death registration.

This document, the annexes and tables are intended to:

- facilitate consistent reporting of the clinical conditions in perinatal death
- identify codes for perinatal death according to the timing of death
- identify the conditions and codes for the maternal condition contributing to the perinatal outcome.

Ultimately, standardization of the attribution of cause of death will improve:

- interpretation of data on perinatal mortality
- interpretation of data on the maternal condition in the context of perinatal mortality
- analysis of the causes of perinatal mortality
- allocation of resources to both mother and baby programmes intended to address mortality.
Applying ICD-PM will decrease errors in coding and improve attribution of cause of perinatal death. This will enhance the usability and comparability of perinatal mortality statistics generated from ICD data. It is recommended that countries adopt ICD-PM, and that statistical offices and academics collect data according to it.

This guide should always be used in conjunction with the three volumes of ICD-10. The suggested code should be verified, and possible additional information should be coded using the full ICD-10, volumes 1 and 3; rules for selection of underlying cause of death and certification of death apply in the way they are described in ICD-10 volume 2.¹

¹ All online versions of ICD-10 are available at: http://www.who.int/classifications/icd/icdonlineversions/en/; the current 2016 version is available at: http://apps.who.int/classifications/icd10/browse/2016/en
1. Introduction

With more than 5 million perinatal deaths occurring globally each year (1, 2), ending preventable stillbirths and neonatal deaths will continue to form a significant part of the international public health agenda beyond 2015 (3). In the regions with the highest mortality burden, perinatal deaths are poorly recorded and are therefore most likely to be unaccounted for (3). The first step in targeting programmes that address perinatal mortality is the accurate capture and classification of the causes of those deaths across all settings, using a globally applicable and comparable system. Perinatal outcomes are also intricately linked to maternal condition, and targeted programmes for reducing perinatal mortality may also affect maternal mortality, as the underlying causes are so entwined. Ideally programmes aimed at improving the health outcomes of these two groups should be integrated. Applying a classification system for perinatal death in such a way that the perinatal deaths are linked to maternal conditions and maternal death enables this process. The WHO application of ICD-10 to deaths during the perinatal period: ICD-perinatal mortality (ICD-PM) is outlined in this document.

ICD-PM is based on the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) (4) and follows all rules for mortality coding as described in ICD-10 volume 2: instruction manual (5). ICD-PM is a programmatically driven system with several advantageous features in the way the existing ICD-10 codes are applied. The relevance of existing codes is clarified, and there is meaningful grouping of ICD categories to enable both consistent application of ICD coding and rules, and analysis of that application to drive programmes aimed at reducing mortality.

In essence, the features of ICD-PM are:

1. It identifies the time of death as antepartum (before the onset of labour), intrapartum (during labour but before delivery) or neonatal (up to day 7 of postnatal life).

   Note: While ICD-PM is designed to be used for all antepartum, intrapartum and early neonatal deaths, it can also be used for late neonatal deaths, which – although falling outside the perinatal period according to ICD – may be a consequence of events in the perinatal period.

2. It is multilayered such that the depth of classification can reflect the locally available intensity of investigation (this reflects the current ICD-10 system where cause of death is assigned in a stepwise process, following the progression of underlying clinical conditions leading to death).

3. It links the contributing maternal condition, if any, with perinatal death.

Ultimately all of these features allow easy identification of where a programme intervention should be targeted to improve both maternal and perinatal outcomes.
The timing of a perinatal death may be the only piece of information captured when classifying a death in poorly resourced settings, where the burden of disease is the greatest \((6)\). In such settings, the data on timing can be used to make international comparisons as well as programmatic decisions to focus local efforts and interventions. Moreover, bringing stillbirth and neonatal death together in a standardized system of definitions and coding rules not only allows comparability but, given the widespread use of ICD (117 countries use ICD for mortality reporting), it has great potential to bring to the foreground those deaths that have previously gone unnoticed.

ICD-PM is designed to be used for all antepartum, intrapartum and early neonatal deaths. The early neonatal deaths fall within the perinatal period as defined by ICD-10, and therefore should always be classified using ICD-PM. Late neonatal deaths, while falling outside the period defined as perinatal by ICD, may occur as a consequence of events in the perinatal period; therefore, the benefit of using ICD-PM for these cases is the same as for the early neonatal deaths. Using the principles of ICD-PM in these late neonatal deaths and linking the condition of the baby and the mother is valuable from both a classification and a programmatic point of view. A good example of this is obstructed labour in a term pregnancy that results in hypoxic ischaemic encephalopathy, where the neonatal death occurs on day 8. With regard to capturing perinatal cause of death and maternal condition, there is little distinction between this case and a case with the same clinical scenario but where the neonatal death occurs on day 6. There is, however, a group of late neonatal deaths that are remote from the perinatal events and thus not necessarily adequately captured by using the ICD-PM-linked ICD codes that apply to perinatal deaths. For example, a neonate that has an uncomplicated antepartum, intrapartum and early neonatal period but returns to hospital on day 21 and subsequently dies following a diarrhoeal illness. As such, the members of the WHO Working Group on Perinatal Death Classification (who developed ICD-PM) decided that ICD-PM should always be used for early neonatal deaths, and can be used for late neonatal deaths.

It is critical that a standardized classification system is globally relevant. Therefore, a great deal of consideration has gone into ensuring that ICD-PM is applicable in low-resource settings, where the burden of perinatal mortality is greatest, and also in high-resource settings, where perinatal mortality is lower but present across all three time periods \((7)\). Accordingly, the ICD-PM approach to classification of cause of death allows deaths to be captured in settings where investigations such as post-mortem or placental histology alongside deaths are not feasible.

Reporting of results should be standardized while also reflecting local priorities. This allows standardized reporting of the causes of perinatal deaths and contributing maternal conditions. The structure of ICD-PM also allows local health-care facilities, districts and countries to investigate perinatal deaths based on local priorities. It is possible to look at deaths at the broad level of timing or ICD-PM groups, or to extract very specific causes of deaths and specific ICD-10 codes. ICD-PM will be made available through an interactive Excel-based system, which will be accessible via the website of the World Health Organization (WHO) Department of Reproductive Health and Research\(^1\) and on request by contacting the department at mpa-info@who.int.

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\(^2\) Available at: http://www.who.int/reproductivehealth/en/
Training and education are integral to the implementation of the classification system. During pilot-testing of ICD-PM, clinicians and researchers who were not involved in the development of the system were trained in its use. What was learnt from that process informed the further development and the planned roll-out of ICD-PM (this document). In addition to this, WHO has developed the Making every baby count: audit and review of stillbirths and neonatal deaths at facility tool (8). To classify stillbirths and neonatal deaths as part of audit and review, ICD-PM is embedded within this tool and addressed in the training and education being done along with its dissemination.
2. Development of The WHO application of ICD-10 to deaths during the perinatal period: ICD-PM (ICD-perinatal mortality)

The guide and groupings described here, based on ICD-10 (4), were developed through a consultative process. WHO established a technical Working Group on Perinatal Death Classification, including obstetricians, neonatologists, epidemiologists and public health professionals from developing and developed countries to prepare this standard guide for capturing information relating to perinatal deaths.

A meeting of the Working Group in July 2014 resulted in a consensus decision on the underlying structure of ICD-PM. As part of the background work for the development of ICD-PM, a systematic review of existing classification systems was undertaken (9), which identified more than 80 systems in use between 2009 and 2014. In addition, a Delphi survey of experts from 21 countries was conducted, which identified 17 key characteristics necessary for a perinatal death classification system (10). There was also an exploration of the relationship between these key characteristics and existing classification systems (11).

In developing ICD-PM, the approach of the Working Group involved three main principles: the system should be globally applicable, follow existing ICD-10 rules, and be compatible with the upcoming ICD-11 (12).

Following the development of ICD-PM, pilot-testing was undertaken on two perinatal death databases in South Africa and the United Kingdom. The steps taken in this process are outlined in Box 1. By undertaking pilot-testing on these databases, we were able to demonstrate the application of ICD-PM, its comparability between settings and its use in considering where programmes could be targeted to potentially address perinatal mortality. In addition, the pilot-testing identified areas where codes can be improved for future versions of ICD (13).

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3 Four articles reporting on the results of this pilot-testing are being published as a mini-series in BJOG, in August 2016 (www.bjog.org).
Box 1: Steps taken in ICD-PM pilot-testing

1. Identification of the denominator population
2. Verification and description of data collection procedures and methods for the original datasets
3. Assignment of cause of perinatal death and maternal condition at the time of perinatal death using ICD-PM groupings
4. Assessment of the difficulty/ease of using the proposed system
5. Identification of specific issues that would require further study.

The following sections will describe the ICD-10 procedures for death certificates and how to use ICD-PM in detail, as well as information on specific conditions and case examples.
3. ICD-10 procedures for death certificates

3.1 Perinatal cause of death and maternal condition on the death certificate

The first step in capturing the perinatal death and the maternal condition is undertaken by the care providers at any given health-care facility. This process is not one of coding, but of capturing all of the important clinical aspects of a perinatal death, telling the entire clinical story about both mother and baby. There is no need to have in-depth knowledge of ICD-10 codes to complete this process. Following documentation of the perinatal cause of death and maternal conditions, ICD-PM can be applied using a step-by-step process, whereby components of the clinical story are grouped into ICD-PM groups and linked to the appropriate ICD-10 code without prior knowledge of the codes.

3.2 Certification of cause of perinatal death

Cause of death is determined by the medical practitioner or other qualified certifier, who should use his or her clinical judgement in completing the medical certificate of cause of death, including documentation of the morbid conditions and events leading to the perinatal death. It is essential that at this stage all relevant information is recorded in its entirety. Medical certificates of cause of death used in ICD-10 aim to assist the certifier in this process.

A WHO perinatal death certificate has existed for some time, and variations of it are in use in a variety of settings. The relevant part of this certificate for perinatal death is shown in Box 2; it is specific to the disease or conditions in both the fetus or infant and the mother. Alternatively, WHO has a death certificate applicable to all deaths, regardless of age, as shown in Figure 1. The same information as for the perinatal death certificate is captured, but in a slightly different format. Figure 1 highlights the areas that relate to the main disease or condition in the fetus or infant, and to the main maternal disease or condition affecting the fetus or infant in this version of the death certificate.

Box 2: Perinatal death certificate cause of death section

<table>
<thead>
<tr>
<th>Causes of death</th>
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<tbody>
<tr>
<td>(a) Main disease or condition in fetus or infant</td>
</tr>
<tr>
<td>(b) Other diseases of conditions in fetus or infant</td>
</tr>
<tr>
<td>(c) Main maternal disease or condition affecting fetus or infant</td>
</tr>
<tr>
<td>(d) Other maternal diseases or conditions affecting fetus or infant</td>
</tr>
</tbody>
</table>
The main disease or condition in the fetus or infant is defined in ICD-10 as the disease or condition that initiated the morbid chain of events leading to death. This is the disease or condition that is entered on line (a) of the perinatal death certificate (Box 2, i.e. “main disease or condition in fetus or infant”) or on line (d) of the WHO death certificate (Figure 1, i.e. “the underlying cause”). This is the single identified cause of death and it should be as specific as possible. Multiple other contributing conditions can be entered on line (b) of the perinatal death certificate or on section 2 of the WHO death certificate.
In addition to the main disease or condition in the fetus or infant, knowing the timing of the perinatal death is critical to ICD-PM. WHO proposes the collection of a minimum set of perinatal indicators around the time of all births and perinatal deaths (Box 3), which includes the timing of death.

**Box 3:** Collection of a minimum set of perinatal indicators
3.3 Certification of maternal condition at the time of perinatal death

The clinical team determines the main maternal condition at the time of presentation of the perinatal death. It should be a condition that would reasonably be considered to be part of the pathway leading to perinatal death (e.g. hypertensive disease in macerated stillbirth, breech extraction in acute intrapartum event). The main maternal condition is entered on line (c) of the perinatal death certificate (Box 2, i.e. “main maternal disease or condition affecting fetus or infant”) or in the highlighted section in the lower half of the WHO death certificate (Figure 1, i.e. “conditions of mother that affected the fetus and newborn”). Multiple other contributing conditions can be entered on line (d) of the perinatal death certificate or in the same highlighted section of the WHO death certificate (following the main condition, which should be documented first).

If the woman is assessed by the clinicians as having no recognizable condition, and there were no maternal complications of labour and delivery (e.g. malpresentation), then the maternal condition of “no maternal condition” needs to be recorded. This clearly documents the absence of any maternal condition or deviation from standard intrapartum progress.

There are some maternal conditions that occur in mothers who are apparently healthy, and health workers need to consider this when completing the section on the main maternal disease or condition affecting the fetus or infant. For example, a woman may have had no known conditions throughout her pregnancy and may be otherwise clinically healthy when she presents with idiopathic preterm labour and whose baby subsequently dies in the neonatal period from hyaline membrane disease, which is an abnormal occurrence/complication of labour and delivery. In the interest of linking perinatal and maternal interventions, it is important that this woman is recorded as having the maternal condition of preterm spontaneous labour with preterm delivery.

Knowing the maternal condition as a component of the perinatal death adds information that may improve the accuracy of the “death story”, particularly in settings where investigation is limited and verbal autopsy forms the mainstay of classification. For example, in the instance of a macerated antepartum stillbirth where the mother has tuberculosis, the perinatal death without autopsy or placental histology may be classified as “unexplained”. However, there is a reasonable temporal relationship between tuberculosis and perinatal death, and recording the maternal condition at the time of perinatal death allows more information related to an otherwise unexplained perinatal death to be captured.

The other major benefit of requiring the recording of the maternal condition is to encourage the development of programmes and public health policies that would help both mother and baby. For example, in cases of pre-eclampsia, antepartum stillbirths could be reduced through increased antepartum surveillance for hypertension. Likewise, neonatal deaths following abnormal labour in otherwise healthy mothers could be reduced by training health workers in intrapartum emergency obstetric care.
3.4 Coding the death certificate

Coding the main and other disease(s) or condition(s) in the fetus or infant

A trained coder codes the conditions mentioned on the death certificate, applying ICD-10 rules. To summarize the process, one first considers coding a disease or condition using a specific ICD-10 four-character code. In most cases this is a letter and three numbers (e.g. P26.1, which is the code for massive pulmonary haemorrhage originating in the perinatal period). This can then be more broadly grouped in an ICD-10 three-character code group (e.g. P26, which is the code group for pulmonary haemorrhage originating in the perinatal period).

Coding rules mandate that the disease or condition recorded on line (a) of the perinatal death certificate (Box 2) or line (d) of the WHO death certificate (Figure 1) – in both cases the main perinatal cause of death – is coded to one of the codes in the range of P05–P96 (perinatal conditions) or Q00–Q99 (congenital anomalies). There are a small number of exceptions where other codes can be used; for example, neonatal tetanus is always coded to A33 tetanus neonatorum. Assignment of the conditions in each section follows the rules for perinatal mortality coding in ICD-10 volume 2 (5).

Line (a) of the perinatal death certificate or line (d) of the WHO death certificate is the underlying cause of death, which in ICD terminology is defined as the disease or condition that initiated the morbid chain of events leading to death. This is the main identified cause of death and it should be as specific as possible.

Coding the maternal disease(s) and condition(s) affecting the fetus or infant

The assignment of three- and four-character codes for the main maternal condition is the same as for the perinatal cause of death. The condition entered on line (c) of the perinatal death certificate (Box 2) or in the highlighted area for the maternal condition on the WHO death certificate (Figure 1) can only be coded to P00–P04 (i.e. the codes for fetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery). These same codes must also be used for any other maternal conditions captured.
4. The WHO application of ICD-10 to deaths during the perinatal period

4.1 Application of ICD-PM to the cause of perinatal death

Initially the timing of perinatal death is classified as antepartum (A), intrapartum (I) or neonatal (N). This information is part of the minimum set of perinatal indicators that need to be collected for all births and perinatal deaths. The timing may be the only piece of information captured in some settings; however, classifying death by timing still provides valuable information for analysis and targeting of programmes in these areas.

ICD-PM groups the main condition in the fetus or infant into a limited number of categories of cause of death under the three headings for timing of death (i.e. A, I or N; see Table 1). There are six groups of antepartum causes of death, designated by a leading “A”; seven groups of intrapartum causes of death, designated by a leading “I”; and 11 groups of neonatal causes of death, designated by a leading “N”. All of the ICD-10 codes that can be assigned to the perinatal cause of death on a death certificate are represented in these new groupings. The ICD-10 codes have been reordered and clarified to better represent the pathologies at different times of perinatal death. Codes that are not considered to be a cause of perinatal death in these sections have been excluded from the ICD-PM groupings.

4.2 Application of ICD-PM to the maternal condition in perinatal death

The five existing ICD-10 groups of maternal conditions in perinatal death have been rearranged into four groups denoted with a leading “M” as follows: M1 – the complications of placenta, cord and membranes; M2 – maternal complications of pregnancy; M3 – complications related to labour and delivery; and M4 – the medical and surgical conditions which may or may not be related to the present pregnancy (e.g. pre-eclampsia or pre-existing hypertension). A fifth group has also been added: when no maternal condition that might have been on the causal pathway for the perinatal death was identified at the time of presentation of the perinatal death, it must be coded as M5 – “no maternal condition”. The list of the main maternal ICD-10 conditions included in each of the ICD-PM maternal condition groups can be seen in Table 2.

The specific ICD-10 codes applying to each ICD-PM group within each of the groups of perinatal cause of death and the maternal conditions can be found in Annexes A–D.
Table 1: The ICD-PM system: perinatal causes of death and linked ICD-10 codes, separated by timing of death, and maternal condition at the time of perinatal death*

<table>
<thead>
<tr>
<th>Main perinatal cause of death</th>
<th>ICD-PM groups</th>
<th>Antepartum death (A)</th>
<th>ICD-10 codes</th>
<th>Maternal condition</th>
<th>ICD-10 codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>A1</td>
<td>Q00–Q99</td>
<td>Complications of placenta, cord and membranes</td>
<td>P02</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A2</td>
<td>P35, P37, P39, A50</td>
<td>Maternal complications of pregnancy</td>
<td>P01</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A3</td>
<td>P20</td>
<td>Other complications of labour and delivery</td>
<td>P03</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A4</td>
<td>P50, P52, P55, P56, P60, P61, P70, P75, P77, P83, P96.4, Misc.</td>
<td>Maternal medical and surgical conditions</td>
<td>P00</td>
</tr>
<tr>
<td>A5</td>
<td></td>
<td>A6</td>
<td>P95</td>
<td></td>
<td>No maternal condition</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intrapartum death (I)</td>
<td></td>
<td>I1</td>
<td>Q00–Q99</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>I2</td>
<td>P10–P15</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>I3</td>
<td>P20</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>I4</td>
<td>P35, P37, P39, A50</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>I5</td>
<td>P50, P52, P55, P56, P60, P61, P70, P96, Misc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>I6</td>
<td>P05, P07, P08</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>I7</td>
<td>P95</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Miscellaneous: While a perinatal death is most often coded to P05–P96 or a Q code, there are cases where codes from several other sections of ICD-10 should be used. For an extensive list, see ICD-10 (4) and ICD-10 volume 2: instruction manual (5).
### Neonatal death (N) | ICD-10 codes
---|---
N1 Congenital malformations, deformations and chromosomal abnormalities | Q00–Q99
N2 Disorders related to fetal growth | P05, P08
N3 Birth trauma | P10–P15
N4 Complications of intrapartum events | P20, P21,
N5 Convulsions and disorders of cerebral status | P90, P91
N6 Infection | P23, P35–P39
N7 Respiratory and cardiovascular disorders | P22, P24–P29

### Other neonatal conditions
(including codes specific to the neonatal period from haemorrhagic and haematological disorders of fetus and newborn, transitory endocrine and metabolic disorders specific to fetus and newborn, digestive system disorders of fetus and newborn, conditions involving the integument and temperature regulation of fetus and newborn, other disorders originating in the perinatal period)

| N8 | P50–P61, P70–P78, P80–P83, P92–P94 |

### Maternal condition | ICD-10 codes
---|---
N9 Low birth weight and prematurity | P07
N10 Miscellaneous | * P96.4
N11 Neonatal death of unspecified cause | P96

* In order to group and tabulate a perinatal death, the user needs information on the timing of the perinatal death (antenatal/intrapartum/neonatal) as well as the ICD-10 cause of death code. The information provided about the cause of death and the maternal condition should meet the ICD-10 coding rules for assigning a specific code before any tabulation can be undertaken. The table above is indicative for tabulation of data; for coding deaths, ICD-10 (4) and ICD-10 volume 2 (5) should be utilized.
### Table 2: Maternal conditions in ICD-PM and the main maternal conditions (defined by ICD-10) included in each group

<table>
<thead>
<tr>
<th>ICD-PM maternal condition group</th>
<th>Main maternal conditions included in group*</th>
</tr>
</thead>
</table>
| M1: Complications of placenta, cord and membranes | 1. placenta praevia  
2. other forms of placental separation and haemorrhage  
3. placental dysfunction, infarction, insufficiency  
4. fetal-placental transfusion syndromes  
5. prolapsed cord, other compression of umbilical cord  
6. chorioamnionitis  
7. other complications of membranes |
| M2: Maternal complications of pregnancy | 1. incompetent cervix  
2. preterm rupture of membranes  
3. oligohydramnios/polyhydramnios  
4. ectopic pregnancy  
5. multiple pregnancy  
6. maternal death  
7. malpresentation before labour  
8. other complications of pregnancy |
| M3: Other complications of labour and delivery | 1. breech delivery and extraction  
2. other malpresentation, malposition and disproportion during labour and delivery  
3. forceps delivery/vacuum extraction  
4. caesarean delivery  
5. precipitate delivery  
6. preterm labour and delivery  
7. other complications of labour and delivery, including termination of pregnancy |
| M4: Maternal medical and surgical conditions | 1. pre-eclampsia, eclampsia  
2. gestational hypertension  
3. other hypertensive disorders  
4. renal and urinary tract diseases  
5. infectious and parasitic disease  
6. circulatory and respiratory disease  
7. nutritional disorders  
8. injury |
| M5: No maternal condition | 1. no maternal condition identified (healthy mother) |

* For a full list, definitions and the other and unspecified conditions that are listed in each group, see the current version of ICD-10 (4) and ICD-10 volume 2: instruction manual (5).
4.3 Summary and tabulation of ICD-PM

In summary, perinatal deaths are classified in a three-step process:

1. Deaths are first grouped according to timing – whether the death occurred in the antepartum period (prior to the onset of labour), intrapartum or in the neonatal period (early neonatal: up to day 7 of postnatal life; or late neonatal: days 8–28 of postnatal life).

2. The main cause of perinatal death is assigned and grouped according to the new ICD-PM groupings.

3. The main maternal condition at the time of perinatal death is assigned and grouped according to the new ICD-PM groupings.

Following these steps, the perinatal cause of death and the maternal condition are tabulated in a way that highlights the linkages between the two (see Table 3).

Table 3: ICD-PM tabulation for perinatal cause of death and maternal condition separated by timing of death*
<table>
<thead>
<tr>
<th>Maternal condition</th>
<th>M1: Complications of placenta, cord and membranes</th>
<th>M2: Maternal complications of pregnancy</th>
<th>M3: Other complications of labour and delivery</th>
<th>M4: Maternal medical and surgical conditions</th>
<th>M5: No maternal condition identified</th>
<th>Other</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal condition</td>
<td>M1: Complications of placenta, cord and membranes</td>
<td>M2: Maternal complications of pregnancy</td>
<td>M3: Other complications of labour and delivery</td>
<td>M4: Maternal medical and surgical conditions</td>
<td>M5: No maternal condition identified</td>
<td>Other</td>
<td>Total (%)</td>
</tr>
<tr>
<td>Maternal condition</td>
<td>M1: Complications of placenta, cord and membranes</td>
<td>M2: Maternal complications of pregnancy</td>
<td>M3: Other complications of labour and delivery</td>
<td>M4: Maternal medical and surgical conditions</td>
<td>M5: No maternal condition identified</td>
<td>Other</td>
<td>Total (%)</td>
</tr>
</tbody>
</table>

In order to group and tabulate a perinatal death, the user needs information on the timing of the perinatal death (antenatal/intrapartum/neonatal) as well as the ICD-10 cause of death code. The information provided about the cause of death and the maternal condition should meet the ICD-10 coding rules for assigning a specific code before any tabulation can be undertaken. The table above is indicative for tabulation of data; for coding deaths, the current version of ICD-10 (4) and ICD-10 volume 2: instruction manual (5) should be utilized.
5. Specific conditions

5.1 Growth restriction

It can be challenging to detect growth restriction in low- and middle-income countries. This is due to the frequent lack of early, accurate dating of pregnancy and the limitations of examination to detect growth restriction, in combination with the lack of resources — namely, ultrasound — to support or refute any clinical suspicion. Moreover, in high-income settings, the identification of growth restriction may be a consequence of an underlying pathology and, therefore, not the main cause of perinatal death. The line between causality and consequence is often unclear. One of the challenges of identifying growth restriction relates to the resources available in many settings to do this. There is no clear evidence that measurement of symphysis fundal height is able to identify growth restriction (14); however, options for investigation other than this may be limited or non-existent. Moreover, there are obvious limitations to using the definition of the 10th centile based on a single plot of birth weight and gestational age at the time of perinatal death, and it may be difficult to distinguish the constitutionally small fetus or the fetus above the 10th centile that has had a significant drop in weight velocity (15). Despite all of this, it is clear that growth-restricted fetuses remain a high-risk group for many adverse outcomes, including perinatal mortality, and are potentially under-recognized as contributing to the burden of global perinatal mortality.

It is preferable to consider an assessment of growth for gestational age (with the best assessment method available) for all fetuses. This information can be recorded in the minimum set of perinatal indicators (Box 3). Classifying each and every case in terms of fetal growth will give a clearer picture of the role of growth restriction in perinatal deaths.

5.2 Preterm labour

The contribution of prematurity to perinatal mortality is of great interest to clinicians and researchers alike. It is helpful to be able to distinguish those mothers with apparently idiopathic preterm labour from those with pathology or provider-initiated delivery. Those who review perinatal deaths and complete death certificates should remain mindful of this.

Preterm labour as a maternal condition applies to those mothers who present prior to 37 completed weeks of gestation with spontaneous onset of contractions and cervical change in the absence of any apparent underlying pathology (e.g. chorioamnionitis or urinary tract infection).
5.3 Prematurity

Volume 2 of ICD-10 requests that clinicians do not enter prematurity as the main disease or condition in the fetus or infant unless it was the only fetal or infant condition known (5). There is a tendency in many settings to assign prematurity as a cause of death when further evidence to suggest a more definitive cause of death has not been actively sought.

As it stands, low birth weight and prematurity are coded together in ICD-10 (with the qualifying note that when both birth weight and gestational age are available, priority of assignment should be given to birth weight), yet while prematurity may be a cause of low birth weight, the inverse is not necessarily true. More importantly, the outcomes for babies born preterm and appropriately small are different from those for babies of the same weight yet small for gestational age (16).

It is preferable to only accept the diagnosis of prematurity as the main disease or condition in the infant if further evidence supports this notion, such as if a gestational age of less than 28 weeks was specified. Further to this, as per ICD-10 coding rules, if the only other cause of perinatal mortality reported is respiratory failure of the newborn, then the diagnosis of prematurity can be the main disease or condition in the infant.

5.4 Obstructed labour

Obstructed labour is addressed comprehensively in The WHO application of ICD-10 to deaths during pregnancy, childbirth and the puerperium: ICD-maternal mortality (ICD-MM) in relation to when this condition can be considered the underlying cause of maternal mortality and when it merely contributes to the outcome of maternal mortality (17). As outlined in ICD-MM, “obstructed labour may be the start of a sequence leading to death, or may itself be due to some preceding condition such as contracted maternal pelvis or transverse lie”. A similar logic applies when considering the role of obstructed labour in perinatal death. The programmatic aim is to prevent its occurrence in the first place or, in the absence of this, to be able to initiate prompt access to safe emergency obstetric care to the benefit of both mother and baby.

Where the obstructed labour is the start of a sequence leading to perinatal death, this should be recorded as the main maternal condition. Where the obstructed labour is the consequence of another condition (e.g. malpresentation of the fetus), then this other condition should be recorded as the main maternal condition.
5.5 HIV and AIDS

There is a tendency in many parts of the world to attribute all deaths in people known to have HIV or AIDS to HIV or AIDS as the cause of death. However, such patients may die “from AIDS” (i.e. as the cause of death) or “with HIV” (i.e. not the cause of death). There is a concern that this tendency will translate into assigning the cause of death as HIV or AIDS in all perinatal deaths where there is maternal HIV or AIDS, regardless of the lack of evidence to support this as the cause of death.

While maternal HIV may increase the risk of perinatal death (4), the causal relationship may be difficult to establish, and it is useful to distinguish those perinatal deaths in the context of other maternal conditions where the maternal HIV is incidental.

It is preferable to classify each and every case in terms of maternal HIV status. This will give a clearer picture of the role of maternal HIV and AIDS in perinatal deaths.
6. Case examples

6.1 Case 1

A 19-year-old para 1, with a certain gestation of 38 weeks based on early clinical examination, presented in a healthy condition during labour with no significant history. A 2450 g baby was delivered after an 8-hour labour. An early neonatal death on day 2 of life from meconium aspiration syndrome of a 2450 g baby occurred. Factors that are potentially modifiable identified by clinical review of the case were fetal distress not detected in labour and personnel too junior to manage the patient.

The neonatal cause of death is meconium aspiration syndrome. The maternal condition is no maternal condition identified at the time of perinatal death. The time of the death is neonatal.

The death certificate was completed by the clinicians, and subsequently coded as follows:

<table>
<thead>
<tr>
<th>Causes of death</th>
<th>Clinical details</th>
<th>ICD-10 code</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Main disease or condition in fetus or infant</td>
<td>Meconium aspiration syndrome</td>
<td>P24.0</td>
</tr>
<tr>
<td>(b) Other diseases of conditions in fetus or infant</td>
<td>Small for gestational age</td>
<td>P05.1</td>
</tr>
<tr>
<td>(c) Main maternal disease or condition affecting fetus or infant</td>
<td>No maternal condition</td>
<td></td>
</tr>
</tbody>
</table>

The final ICD-PM groups would be: N7; M5

This case highlights the need for having “no maternal condition” identified as the maternal code at the time of perinatal death, as the ability to predict this death antenatally is limited. It also highlights the need for personnel to continue to be trained in intrapartum care and obstetric emergencies.

6.2 Case 2

A 30-year-old para 1 presented in labour at 39 weeks of gestation, based on a certain last menstrual period, with the fetus alive at admission. The woman was HIV-positive and on long-term antiretroviral therapy. There was poor progress in labour, with incorrect interpretation of the partograph. An acute intrapartum event occurred with a hypoxic intrapartum stillbirth. The fetus was delivered via caesarean section.

The intrapartum cause of death is intrapartum hypoxia, with the maternal condition of obstructed labour.
The death certificate was completed by the clinicians, and subsequently coded as follows:

<table>
<thead>
<tr>
<th>Causes of death</th>
<th>Clinical details</th>
<th>ICD-10 code</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Main disease or condition in fetus or infant</td>
<td>Intrapartum hypoxia</td>
<td>P20.1</td>
</tr>
<tr>
<td>(b) Other diseases of conditions in fetus or infant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Main maternal disease or condition affecting fetus or infant</td>
<td>Obstructed labour</td>
<td>P03.8</td>
</tr>
<tr>
<td></td>
<td>HIV</td>
<td>P00.2</td>
</tr>
<tr>
<td>(d) Other maternal diseases or conditions affecting fetus or infant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The final ICD-PM groups would be: I3; M3

This case highlights the need to capture maternal conditions other than HIV.

### 6.3 Case 3

A 16-year-old para 0 with no medical history presented in spontaneous labour at 29 certain weeks of gestation and subsequently had a forceps delivery of a liveborn baby weighing 1100 g. The baby died on day 2 of life from hyaline membrane disease. The neonatal cause of death is hyaline membrane disease, with the maternal condition of spontaneous preterm labour.

The death certificate was completed by the clinicians, and subsequently coded as follows:

<table>
<thead>
<tr>
<th>Causes of death</th>
<th>Clinical details</th>
<th>ICD-10 code</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Main disease or condition in fetus or infant</td>
<td>Hyaline membrane disease</td>
<td>P22.0</td>
</tr>
<tr>
<td>(b) Other diseases of conditions in fetus or infant</td>
<td>Prematurity</td>
<td>P07.1</td>
</tr>
<tr>
<td>(c) Main maternal disease or condition affecting fetus or infant</td>
<td>Spontaneous preterm labour</td>
<td>P03.8</td>
</tr>
<tr>
<td></td>
<td>Forceps delivery</td>
<td>P03.2</td>
</tr>
</tbody>
</table>

The final ICD-PM groups would be: N7; M3

This case highlights the need to identify a specific cause of neonatal premature death other than prematurity. In addition, although the mother had no medical history, the occurrence of spontaneous preterm labour is abnormal and so should be recorded as the main maternal condition contributing to the perinatal death.

### 6.4 Case 4

A 36-year-old para 5 presented at 35 weeks of gestation determined by clinical palpation, complaining of a headache and decreased fetal movements. A fetal death in utero was diagnosed. Clinical and biochemical investigation revealed maternal proteinuric hypertension. Spontaneous vaginal delivery of a macerated 2100 g stillborn followed induction of labour. The proteinuric hypertension subsequently resolved.

The antepartum cause of death is intrauterine hypoxia, and the maternal condition is pre-eclampsia.
The death certificate was completed by the clinicians, and subsequently coded as follows:

<table>
<thead>
<tr>
<th>Causes of death</th>
<th>Clinical details</th>
<th>ICD-10 code</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Main disease or condition in fetus or infant</td>
<td>Intrauterine hypoxia</td>
<td>P20.0</td>
</tr>
<tr>
<td>(b) Other diseases of conditions in fetus or infant</td>
<td>Prematurity</td>
<td>P07.3</td>
</tr>
<tr>
<td>(c) Main maternal disease or condition affecting</td>
<td>Pre-eclampsia</td>
<td>P00.0</td>
</tr>
<tr>
<td>fetus or infant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Other maternal diseases or conditions affecting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fetus or infant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The final ICD-PM groups would be: A3; M4

This case highlights the need to always capture the maternal condition, as the fetal cause of death of intrauterine hypoxia provides less specific information than the maternal condition of pre-eclampsia.
7. Implications for practice and research

It is envisaged that ICD-PM will lead to better classification of perinatal deaths, as well as clearer linkage to the maternal condition in these deaths.

8. Perinatal audit

Consistent information about the nature and cause of death is needed for planning health systems and distributing resources, as well as for improving quality of care at the point of service delivery. These data are necessary for recommendations to be made, so that actions can be taken to prevent similar deaths in the future. Mortality audit is an established mechanism to examine the circumstances surrounding a death and the breakdowns in care that may be preventable. WHO has developed the Making every baby count: audit and review of stillbirths and neonatal deaths guide and tools (8). Embedded within the data collection tools in that publication (i.e. in particular, the Stillbirth and Neonatal Death Case Review Form, and the Births and Deaths Summary Form), and addressed in the training and education being done in the dissemination of the guide, is a version of ICD-PM which can be used to classify the stillbirths and neonatal deaths as part of audit and response.

The ICD-PM classification is useful for mortality audit because the focus on the mother–baby dyad highlights areas requiring programmatic intervention that will benefit maternal and perinatal outcomes. It simplifies the certification of perinatal deaths, but it also offers programme officers and public health workers a means to identify solutions that meet the needs of both mother and baby concurrently. The categories on the data collection forms have been collapsed to facilitate ease of data entry and analysis, but they can also be expanded to include more specific causes and categories, depending on the capacity and interest of the facility staff and the perinatal mortality audit team.
9. Conclusion

*The WHO application of ICD-10 to deaths during the perinatal period: ICD-PM* uses the existing ICD-10 as a framework for a system that both separates out the timing of perinatal deaths and links perinatal deaths to maternal conditions (or lack thereof). It not only allows health workers clarity in certifying perinatal deaths but also enables programme officers and public health workers to drive interventions that meet the needs of both mother and baby concurrently.

ICD-PM builds on ICD-10 and is modelled on ICD-MM, so much will be familiar to users. The new concepts of timing of perinatal death and compulsory linkage to maternal condition will need to be monitored, and further research on the application of ICD-PM will be necessary.
References


Annex A: ICD-PM groups and ICD-10 codes for antepartum deaths

In order to group and tabulate a perinatal death, the user needs information on the timing of the perinatal death (antenatal/intrapartum/neonatal) as well as the ICD-10 cause of death code. The information provided about the cause of death and the maternal condition should meet the ICD-10 coding rules for assigning a specific code before any tabulation can be undertaken. The codes included below are indicative for tabulation of data; for coding deaths, ICD-10 version:2016 and ICD-10 volume 2: instruction manual (2010) should be utilized.4

A1 Congenital malformations, deformations and chromosomal abnormalities

Q00 Anencephaly and similar malformations
Q01 Encephalocele
Q02 Microcephaly
Q03 Congenital hydrocephalus
Q04 Other congenital malformations of brain
Q05 Spina bifida
Q06 Other congenital malformations of spinal cord
Q07 Other congenital malformations of nervous system
Q10 Congenital malformations of eyelid, lacrimal apparatus and orbit
Q11 Anophthalmos, microphthalmos and macrophthalmos
Q12 Congenital lens malformations
Q13 Congenital malformations of anterior segment of eye
Q14 Congenital malformations of posterior segment of eye
Q15 Other congenital malformations of eye
Q16 Congenital malformations of ear causing impairment of hearing
Q17 Other congenital malformations of ear
Q18  Other congenital malformations of face and neck
Q20  Congenital malformations of cardiac chambers and connections
Q21  Congenital malformations of cardiac septa
Q22  Congenital malformations of pulmonary and tricuspid valves
Q23  Congenital malformations of aortic and mitral valves
Q24  Other congenital malformations of heart
Q25  Congenital malformations of great arteries
Q26  Congenital malformations of great veins
Q27  Other congenital malformations of peripheral vascular system
Q28  Other congenital malformations of circulatory system
Q30  Congenital malformations of nose
Q31  Congenital malformations of larynx
Q32  Congenital malformations of trachea and bronchus
Q33  Congenital malformations of lung
Q34  Other congenital malformations of respiratory system
Q36  Cleft lip
Q37  Cleft palate with cleft lip
Q38  Other congenital malformations of tongue, mouth and pharynx
Q39  Congenital malformations of oesophagus
Q40  Other congenital malformations of upper alimentary tract
Q41  Congenital absence, atresia and stenosis of small intestine
Q42  Congenital absence, atresia and stenosis of large intestine
Q43  Other congenital malformations of intestine
Q44  Congenital malformations of gallbladder, bile ducts and liver
Q45  Other congenital malformations of digestive system
Q50  Congenital malformations of ovaries, fallopian tubes and broad ligaments
Q51  Congenital malformations of uterus and cervix
Q52  Other congenital malformations of female genitalia
Q53  Undescended testicle
Q54  Hypospadias
Q55 Other congenital malformations of male genital organs
Q56 Indeterminate sex and pseudohermaphroditism
Q60 Renal agenesis and other reduction defects of kidney
Q61 Cystic kidney disease
Q62 Congenital obstructive defects of renal pelvis and congenital malformations of ureter
Q63 Other congenital malformations of kidney
Q64 Other congenital malformations of urinary system
Q65 Congenital deformities of hip
Q66 Congenital deformities of feet
Q67 Congenital musculoskeletal deformities of head, face, spine and chest
Q68 Other congenital musculoskeletal deformities
Q69 Polydactyly
Q70 Syndactyly
Q71 Reduction defects of upper limb
Q72 Reduction defects of lower limb
Q73 Reduction defects of unspecified limb
Q74 Other congenital malformations of limb(s)
Q75 Other congenital malformations of skull and face bones
Q76 Congenital malformations of spine and bony thorax
Q77 Osteochondrodysplasia with defects of growth of tubular bones and spine
Q78 Other osteochondrodysplasias
Q79 Congenital malformations of the musculoskeletal system, not elsewhere classified
Q80 Congenital ichthyosis
Q81 Epidermolysis bullosa
Q82 Other congenital malformations of skin
Q83 Congenital malformations of breast
Q84 Other congenital malformations of integument
Q85 Phakomatoses, not elsewhere classified
Q86 Congenital malformation syndromes due to known exogenous causes, not elsewhere classified

4 Available at: http://www.who.int/classifications/icd/icdonlineversions/en/
Q87  Other specified congenital malformation syndromes affecting multiple systems
Q89  Other congenital malformations, not elsewhere classified
Q90  Down syndrome
Q91  Edwards syndrome and Patau syndrome
Q92  Other trisomies and partial trisomies of the autosomes, not elsewhere classified
Q93  Monosomies and deletions from the autosomes, not elsewhere classified
Q95  Balanced rearrangements and structural markers, not elsewhere classified
Q96  Turner syndrome
Q97  Other sex chromosome abnormalities, female phenotype, not elsewhere classified
Q98  Other sex chromosome abnormalities, male phenotype, not elsewhere classified
Q99  Other chromosome abnormalities, not elsewhere classified

A2 Infection

A50  Congenital syphilis
A50.0  Early congenital syphilis, symptomatic
A50.1  Early congenital syphilis, latent
A50.2  Early congenital syphilis, unspecified
A50.9  Congenital syphilis, unspecified

P35  Congenital viral diseases
P35.0  Congenital rubella syndrome
  Congenital rubella pneumonitis
P35.1  Congenital cytomegalovirus infection
P35.2  Congenital herpesviral [herpes simplex] infection
P35.3  Congenital viral hepatitis
P35.8  Other congenital viral diseases
  Congenital varicella [chickenpox]
P35.9  Congenital viral disease, unspecified
P37 Other congenital infectious and parasitic diseases

P37.0 Congenital tuberculosis
P37.1 Congenital toxoplasmosis

Hydrocephalus due to congenital toxoplasmosis

P37.3 Congenital falciparum malaria
P37.4 Other congenital malaria
P37.8 Other specified congenital infectious and parasitic diseases
P37.9 Congenital infectious and parasitic disease, unspecified

P39 Other infections specific to the perinatal period

P39.2 Intra-amniotic infection of fetus, not elsewhere classified
P39.8 Other specified infections specific to the perinatal period
P39.9 Infection specific to the perinatal period, unspecified

A3 Acute antepartum event

P20 Intrauterine hypoxia

P20.0 Intrauterine hypoxia first noted before onset of labour
P20.9 Intrauterine hypoxia, unspecified

A4 Other specified antepartum disorder

P50 Fetal blood loss

P50.0 Fetal blood loss from vasa praevia
P50.1 Fetal blood loss from ruptured cord
P50.2 Fetal blood loss from placenta
P50.3 Haemorrhage into co-twin
P50.4 Haemorrhage into maternal circulation
P50.5 Fetal blood loss from cut end of co-twin’s cord
P50.8 Other fetal blood loss
P50.9 Fetal blood loss, unspecified

Fetal haemorrhage NOS
P52 Intracranial nontraumatic haemorrhage of fetus and newborn

P52.0 Intraventricular (nontraumatic) haemorrhage, grade 1, of fetus and newborn
Subependymal haemorrhage (without intraventricular extension)

P52.1 Intraventricular (nontraumatic) haemorrhage, grade 2, of fetus and newborn
Subependymal haemorrhage with intraventricular extension

P52.2 Intraventricular (nontraumatic) haemorrhage, grade 3 and grade 4, of fetus and newborn
Subependymal haemorrhage with both intraventricular and intracerebral extension

P52.3 Unspecified intraventricular (nontraumatic) haemorrhage of fetus and newborn
P52.4 Intracerebral (nontraumatic) haemorrhage of fetus and newborn
P52.5 Subarachnoid (nontraumatic) haemorrhage of fetus and newborn
P52.6 Cerebellar (nontraumatic) and posterior fossa haemorrhage of fetus and newborn
P52.8 Other intracranial (nontraumatic) haemorrhages of fetus and newborn
P52.9 Intracranial (nontraumatic) haemorrhage of fetus and newborn, unspecified

P55 Haemolytic disease of fetus and newborn

P55.0 Rhesus isoimmunization of fetus and newborn
P55.1 ABO isoimmunization of fetus and newborn
P55.8 Other haemolytic diseases of fetus and newborn
P55.9 Haemolytic disease of fetus and newborn, unspecified

P56 Hydrops fetalis due to haemolytic disease

P56.0 Hydrops fetalis due to isoimmunization
P56.9 Hydrops fetalis due to other and unspecified haemolytic disease

P60 Disseminated intravascular coagulation of fetus and newborn

P61 Other perinatal haematological disorders

P61.3 Congenital anaemia from fetal blood loss
P61.4  Other congenital anaemias, not elsewhere classified
  Congenital anaemia NOS

P61.8  Other specified perinatal haematological disorders

P61.9  Perinatal haematological disorder, unspecified

P75  Meconium ileus in cystic fibrosis

P77  Necrotizing enterocolitis of fetus and newborn

P83  Other conditions of integument specific to fetus and newborn
  P83.2  Hydrops fetalis not due to haemolytic disease
    Hydrops fetalis NOS
  P83.3  Other and unspecified oedema specific to fetus and newborn
  P83.8  Other specified conditions of integument specific to fetus and newborn
    Bronze baby syndrome
    Neonatal scleroderma
    Urticaria neonatorum
  P83.9  Condition of integument specific to fetus and newborn, unspecified

P96  Other conditions originating in the perinatal period
  P96.0  Congenital renal failure
    Uraemia of newborn
  P96.4  Termination of pregnancy, affecting fetus and newborn
  P96.5  Complications of intrauterine procedures, not elsewhere classified
  P96.8  Other specified conditions originating in the perinatal period
  P96.9  Condition originating in the perinatal period, unspecified
    Congenital debility NOS
A5 Disorders related to length of gestation and fetal growth

P05 Slow fetal growth and fetal malnutrition

P05.0 Light for gestational age
Usually referred to as weight below but length above 10th centile for gestational age
Light-for-dates

P05.1 Small for gestational age
Usually referred to as weight and length below 10th centile for gestational age
Small-for-dates
Small-and-light-for-dates

P05.2 Fetal malnutrition without mention of light or small for gestational age
Infant, not light or small for gestational age, showing signs of fetal malnutrition, such as dry, peeling skin and loss of subcutaneous tissue

P05.9 Slow fetal growth, unspecified
Fetal growth retardation NOS

P08 Disorders related to long gestation and high birth weight

Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

P08.0 Exceptionally large baby
Usually implies a birth weight of 4500 g or more

P08.1 Other heavy for gestational age infants
Usually implies a birth weight > 90th percentile for gestational age or 4000 g or more at term
Other fetus or infant heavy- or large-for-dates regardless of period of gestation

P08.2 Post-term infant, not heavy for gestational age
Fetus or infant with gestation period of 42 completed weeks or more (294 days or more), not heavy- or large-for-dates
Postmaturity NOS
A6 Antepartum death of unspecified cause

P95 Fetal death of unspecified cause

Incl.: Deadborn fetus NOS

Stillbirth NOS
Annex B: ICD-PM groups and ICD-10 codes for intrapartum deaths

In order to group and tabulate a perinatal death, the user needs information on the timing of the perinatal death (antenatal/intrapartum/neonatal) as well as the ICD-10 cause of death code. The information provided about the cause of death and the maternal condition should meet the ICD-10 coding rules for assigning a specific code before any tabulation can be undertaken. The codes included below are indicative for tabulation of data; for coding deaths, ICD-10 version:2016 and ICD-10 volume 2: instruction manual (2010) should be utilized.

II Congenital malformations, deformations and chromosomal abnormalities

Q00 Anencephaly and similar malformations
Q01 Encephalocele
Q02 Microcephaly
Q03 Congenital hydrocephalus
Q04 Other congenital malformations of brain
Q05 Spina bifida
Q06 Other congenital malformations of spinal cord
Q07 Other congenital malformations of nervous system
Q10 Congenital malformations of eyelid, lacrimal apparatus and orbit
Q11 Anophthalmos, microphthalmos and macrophthalmos
Q12 Congenital lens malformations
Q13 Congenital malformations of anterior segment of eye
Q14 Congenital malformations of posterior segment of eye
Q15 Other congenital malformations of eye
Q16 Congenital malformations of ear causing impairment of hearing
Q17 Other congenital malformations of ear
Q18 Other congenital malformations of face and neck
Q20 Congenital malformations of cardiac chambers and connections
Q21 Congenital malformations of cardiac septa
Q22 Congenital malformations of pulmonary and tricuspid valves
Q23 Congenital malformations of aortic and mitral valves
Q24 Other congenital malformations of heart
Q25 Congenital malformations of great arteries
Q26 Congenital malformations of great veins
Q27 Other congenital malformations of peripheral vascular system
Q28 Other congenital malformations of circulatory system
Q30 Congenital malformations of nose
Q31 Congenital malformations of larynx
Q32 Congenital malformations of trachea and bronchus
Q33 Congenital malformations of lung
Q34 Other congenital malformations of respiratory system
Q36 Cleft lip
Q37 Cleft palate with cleft lip
Q38 Other congenital malformations of tongue, mouth and pharynx
Q39 Congenital malformations of oesophagus
Q40 Other congenital malformations of upper alimentary tract
Q41 Congenital absence, atresia and stenosis of small intestine
Q42 Congenital absence, atresia and stenosis of large intestine
Q43 Other congenital malformations of intestine
Q44 Congenital malformations of gallbladder, bile ducts and liver
Q45 Other congenital malformations of digestive system
Q50 Congenital malformations of ovaries, fallopian tubes and broad ligaments
Q51 Congenital malformations of uterus and cervix
Q52 Other congenital malformations of female genitalia
Q53  Undescended testicle
Q54  Hypospadias
Q55  Other congenital malformations of male genital organs
Q56  Indeterminate sex and pseudohermaphroditism
Q60  Renal agenesis and other reduction defects of kidney
Q61  Cystic kidney disease
Q62  Congenital obstructive defects of renal pelvis and congenital malformations of ureter
Q63  Other congenital malformations of kidney
Q64  Other congenital malformations of urinary system
Q65  Congenital deformities of hip
Q66  Congenital deformities of feet
Q67  Congenital musculoskeletal deformities of head, face, spine and chest
Q68  Other congenital musculoskeletal deformities
Q69  Polydactyly
Q70  Syndactyly
Q71  Reduction defects of upper limb
Q72  Reduction defects of lower limb
Q73  Reduction defects of unspecified limb
Q74  Other congenital malformations of limb(s)
Q75  Other congenital malformations of skull and face bones
Q76  Congenital malformations of spine and bony thorax
Q77  Osteochondrodysplasia with defects of growth of tubular bones and spine
Q78  Other osteochondrodysplasias
Q79  Congenital malformations of the musculoskeletal system, not elsewhere classified
Q80  Congenital ichthyosis
Q81  Epidermolysis bullosa
Q82  Other congenital malformations of skin
Q83  Congenital malformations of breast
Q84  Other congenital malformations of integument
Q85  Phakomatoses, not elsewhere classified

Available at: http://www.who.int/classifications/icd/icdonlineversions/en/
Q86 Congenital malformation syndromes due to known exogenous causes, not elsewhere classified
Q87 Other specified congenital malformation syndromes affecting multiple systems
Q89 Other congenital malformations, not elsewhere classified
Q90 Down syndrome

I2 Birth trauma

P10 Intracranial laceration and haemorrhage due to birth injury

P10.0 Subdural haemorrhage due to birth injury
Subdural haematoma (localized) due to birth injury

P10.1 Cerebral haemorrhage due to birth injury

P10.2 Intraventricular haemorrhage due to birth injury

P10.3 Subarachnoid haemorrhage due to birth injury

P10.4 Tentorial tear due to birth injury

P10.8 Other intracranial lacerations and haemorrhages due to birth injury

P10.9 Unspecified intracranial laceration and haemorrhage due to birth injury

P11 Other birth injuries to central nervous system

P11.0 Cerebral oedema due to birth injury

P11.1 Other specified brain damage due to birth injury

P11.2 Unspecified brain damage due to birth injury

P11.5 Birth injury to spine and spinal cord
Fracture of spine due to birth injury

P11.9 Birth injury to central nervous system, unspecified

P12 Birth injury to scalp

P12.0 Cephalhaematoma due to birth injury

P12.1 Chignon due to birth injury

P12.2 Epicranial subaponeurotic haemorrhage due to birth injury

P12.3 Bruising of scalp due to birth injury
P12.4 Monitoring injury of scalp of newborn
   - Sampling incision
   - Scalp clip (electrode) injury

P12.8 Other birth injuries to scalp

P12.9 Birth injury to scalp, unspecified

P13 Birth injury to skeleton

P13.0 Fracture of skull due to birth injury

P13.1 Other birth injuries to skull

P13.2 Birth injury to femur

P13.3 Birth injury to other long bones

P13.4 Fracture of clavicle due to birth injury

P13.8 Birth injuries to other parts of skeleton

P13.9 Birth injury to skeleton, unspecified

P15 Other birth injuries

P15.0 Birth injury to liver
   - Rupture of liver due to birth injury

P15.1 Birth injury to spleen
   - Rupture of spleen due to birth injury

P15.2 Sternomastoid injury due to birth injury

P15.8 Other specified birth injuries

P15.9 Birth injury, unspecified

I3 Acute intrapartum event

P20 Intrauterine hypoxia

P20.1 Intrauterine hypoxia first noted during labour and delivery

P20.9 Intrauterine hypoxia, unspecified
### I4 Infection

**P35 Congenital viral diseases**

**P35.0** Congenital rubella syndrome  
Congenital rubella pneumonitis

**P35.1** Congenital cytomegalovirus infection

**P35.2** Congenital herperviral [herpes simplex] infection

**P35.3** Congenital viral hepatitis

**P35.8** Other congenital viral diseases  
Congenital varicella [chickenpox]

**P35.9** Congenital viral disease, unspecified

**P37 Other congenital infectious and parasitic diseases**

**P37.0** Congenital tuberculosis

**P37.1** Congenital toxoplasmosis  
Hydrocephalus due to congenital toxoplasmosis

**P37.3** Congenital falciparum malaria

**P37.4** Other congenital malaria

**P37.8** Other specified congenital infectious and parasitic diseases

**P37.9** Congenital infectious and parasitic disease, unspecified

**P39 Other infections specific to the perinatal period**

**P39.2** Intra-amniotic infection of fetus, not elsewhere classified

**P39.8** Other specified infections specific to the perinatal period

**P39.9** Infection specific to the perinatal period, unspecified

### I5 Other specified intrapartum disorder

**P50 Fetal blood loss**

**P50.0** Fetal blood loss from vasa praevia

**P50.1** Fetal blood loss from ruptured cord
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>P50.2</td>
<td>Fetal blood loss from placenta</td>
</tr>
<tr>
<td>P50.3</td>
<td>Haemorrhage into co-twin</td>
</tr>
<tr>
<td>P50.4</td>
<td>Haemorrhage into maternal circulation</td>
</tr>
<tr>
<td>P50.5</td>
<td>Fetal blood loss from cut end of co-twin’s cord</td>
</tr>
<tr>
<td>P50.8</td>
<td>Other fetal blood loss</td>
</tr>
<tr>
<td>P50.9</td>
<td>Fetal blood loss, unspecified</td>
</tr>
<tr>
<td></td>
<td>Fetal haemorrhage NOS</td>
</tr>
</tbody>
</table>

**P52 Intracranial nontraumatic haemorrhage of fetus and newborn**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>P52.0</td>
<td>Intraventricular (nontraumatic) haemorrhage, grade 1, of fetus and newborn</td>
</tr>
<tr>
<td></td>
<td>Subependymal haemorrhage (without intraventricular extension)</td>
</tr>
<tr>
<td>P52.1</td>
<td>Intraventricular (nontraumatic) haemorrhage, grade 2, of fetus and newborn</td>
</tr>
<tr>
<td></td>
<td>Subependymal haemorrhage with intraventricular extension</td>
</tr>
<tr>
<td>P52.2</td>
<td>Intraventricular (nontraumatic) haemorrhage, grade 3 and grade 4, of fetus and newborn</td>
</tr>
<tr>
<td></td>
<td>Subependymal haemorrhage with both intraventricular and intracerebral extension</td>
</tr>
<tr>
<td>P52.3</td>
<td>Unspecified intraventricular (nontraumatic) haemorrhage of fetus and newborn</td>
</tr>
<tr>
<td>P52.4</td>
<td>Intracerebral (nontraumatic) haemorrhage of fetus and newborn</td>
</tr>
<tr>
<td>P52.5</td>
<td>Subarachnoid (nontraumatic) haemorrhage of fetus and newborn</td>
</tr>
<tr>
<td>P52.6</td>
<td>Cerebellar (nontraumatic) and posterior fossa haemorrhage of fetus and newborn</td>
</tr>
<tr>
<td>P52.8</td>
<td>Other intracranial (nontraumatic) haemorrhages of fetus and newborn</td>
</tr>
<tr>
<td>P52.9</td>
<td>Intracranial (nontraumatic) haemorrhage of fetus and newborn, unspecified</td>
</tr>
</tbody>
</table>

**P55 Haemolytic disease of fetus and newborn**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>P55.0</td>
<td>Rhesus isoimmunization of fetus and newborn</td>
</tr>
<tr>
<td>P55.1</td>
<td>ABO isoimmunization of fetus and newborn</td>
</tr>
<tr>
<td>P55.8</td>
<td>Other haemolytic diseases of fetus and newborn</td>
</tr>
<tr>
<td>P55.9</td>
<td>Haemolytic disease of fetus and newborn, unspecified haemolytic disease</td>
</tr>
</tbody>
</table>
P56 Hydrops fetalis due to haemolytic disease

P56.0 Hydrops fetalis due to isoimmunization
P56.9 Hydrops fetalis due to other and unspecified haemolytic disease

P60 Disseminated intravascular coagulation of fetus and newborn

P61 Other perinatal haematological disorders

P61.3 Congenital anaemia from fetal blood loss
P61.4 Other congenital anaemias, not elsewhere classified
   Congenital anaemia NOS
P61.8 Other specified perinatal haematological disorders
P61.9 Perinatal haematological disorder, unspecified

P96 Other conditions originating in the perinatal period

P96.0 Congenital renal failure
   Uraemia of newborn
P96.4 Termination of pregnancy, affecting fetus and newborn
P96.5 Complications of intrauterine procedures, not elsewhere classified
P96.8 Other specified conditions originating in the perinatal period
P96.9 Condition originating in the perinatal period, unspecified
   Congenital debility NOS
I6 Disorders related to fetal growth

P05 Slow fetal growth and fetal malnutrition

P05.0 Light for gestational age
Usually referred to as weight below but length above 10th centile for gestational age
Light-for-dates

P05.1 Small for gestational age
Usually referred to as weight and length below 10th centile for gestational age
Small-for-dates
Small-and-light-for-dates

P05.2 Fetal malnutrition without mention of light or small for gestational age
Infant, not light or small for gestational age, showing signs of fetal malnutrition, such as dry, peeling skin and loss of subcutaneous tissue

P05.9 Slow fetal growth, unspecified
Fetal growth retardation NOS

P07 Disorders related to short gestation and low birth weight, not elsewhere classified

Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Incl.: the listed conditions, without further specification, as the cause of mortality, morbidity or additional care in newborn

P07.0 Extremely low birth weight
Birth weight 999 g or less

P07.1 Other low birth weight
Birth weight 1000–2499 g

P07.2 Extreme immaturity
Less than 28 completed weeks (less than 196 completed days) of gestation
P07.3  Other preterm infants

28 completed weeks or more but less than 37 completed weeks (196 completed days but less than 259 completed days) of gestation

Prematurity NOS

P08 Disorders related to long gestation and high birth weight

Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

P08.0  Exceptionally large baby

Usually implies a birth weight of 4500 g or more

P08.1  Other heavy for gestational age infants

Usually implies a birth weight > 90th percentile for gestational age or 4000 g or more at term

Other fetus or infant heavy- or large-for-dates regardless of period of gestation

P08.2  Post-term infant, not heavy for gestational age

Fetus or infant with gestation period of 42 completed weeks or more (294 days or more), not heavy- or large-for-dates

Postmaturity NOS

I7 Intrapartum death of unspecified cause

P95 Fetal death of unspecified cause

Incl.: Deadborn fetus NOS

Stillbirth NOS
Annex C: ICD-PM groups and ICD-10 codes for neonatal deaths

In order to group and tabulate a perinatal death, the user needs information on the timing of the perinatal death (antepartum/intrapartum/neonatal) as well as the ICD-10 cause of death code. The information provided about the cause of death and the maternal condition should meet the ICD-10 coding rules for assigning a specific code before any tabulation can be undertaken. The codes included below are indicative for tabulation of data; for coding deaths, ICD-10 version:2016 and ICD-10 volume 2: instruction manual (2010) should be utilized.

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Q00 Anencephaly and similar malformations
Q01 Encephalocele
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Q04 Other congenital malformations of brain
Q05 Spina bifida
Q06 Other congenital malformations of spinal cord
Q07 Other congenital malformations of nervous system
Q10 Congenital malformations of eyelid, lacrimal apparatus and orbit
Q11 Anophthalmos, microphthalmos and macrophthalmos
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Q13 Congenital malformations of anterior segment of eye
Q14 Congenital malformations of posterior segment of eye
Q15 Other congenital malformations of eye
Q16 Congenital malformations of ear causing impairment of hearing
Q17 Other congenital malformations of ear
Q18 Other congenital malformations of face and neck
Q20 Congenital malformations of cardiac chambers and connections
Q21 Congenital malformations of cardiac septa
Q22 Congenital malformations of pulmonary and tricuspid valves
Q23 Congenital malformations of aortic and mitral valves
Q24 Other congenital malformations of heart
Q25 Congenital malformations of great arteries
Q26 Congenital malformations of great veins
Q27 Other congenital malformations of peripheral vascular system
Q28 Other congenital malformations of circulatory system
Q30 Congenital malformations of nose
Q31 Congenital malformations of larynx
Q32 Congenital malformations of trachea and bronchus
Q33 Congenital malformations of lung
Q34 Other congenital malformations of respiratory system
Q36 Cleft lip
Q37 Cleft palate with cleft lip
Q38 Other congenital malformations of tongue, mouth and pharynx
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Q41 Congenital absence, atresia and stenosis of small intestine
Q42 Congenital absence, atresia and stenosis of large intestine
Q43 Other congenital malformations of intestine
Q44 Congenital malformations of gallbladder, bile ducts and liver
Q45 Other congenital malformations of digestive system
Q50 Congenital malformations of ovaries, fallopian tubes and broad ligaments
Q51 Congenital malformations of uterus and cervix
Q52 Other congenital malformations of female genitalia
Q53 Undescended testicle
Q54 Hypospadias
Q55 Other congenital malformations of male genital organs
Q56 Indeterminate sex and pseudohermaphroditism
Q60 Renal agenesis and other reduction defects of kidney
Q61 Cystic kidney disease
Q62 Congenital obstructive defects of renal pelvis and congenital malformations of ureter
Q63 Other congenital malformations of kidney
Q64 Other congenital malformations of urinary system
Q65 Congenital deformities of hip
Q66 Congenital deformities of feet
Q67 Congenital musculoskeletal deformities of head, face, spine and chest
Q68 Other congenital musculoskeletal deformities
Q69 Polydactyly
Q70 Syndactyly
Q71 Reduction defects of upper limb
Q72 Reduction defects of lower limb
Q73 Reduction defects of unspecified limb
Q74 Other congenital malformations of limb(s)
Q75 Other congenital malformations of skull and face bones
Q76 Congenital malformations of spine and bony thorax
Q77 Osteochondrodysplasia with defects of growth of tubular bones and spine
Q78 Other osteochondrodysplasias
Q79 Congenital malformations of the musculoskeletal system, not elsewhere classified
Q80 Congenital ichthyosis
Q81 Epidermolysis bullosa
Q82 Other congenital malformations of skin
Q83 Congenital malformations of breast
Q84 Other congenital malformations of integument
Q85 Phakomatoses, not elsewhere classified
Q86 Congenital malformation syndromes due to known exogenous causes, not elsewhere classified

Available at: http://www.who.int/classifications/icd/icdonlineversions/en/
Q87  Other specified congenital malformation syndromes affecting multiple systems
Q89  Other congenital malformations, not elsewhere classified
Q90  Down syndrome

N2 Disorders related to fetal growth

P05 Slow fetal growth and fetal malnutrition

P05.0  Light for gestational age
  Usually referred to as weight below but length above 10th centile for gestational age
  Light-for-dates

P05.1  Small for gestational age
  Usually referred to as weight and length below 10th centile for gestational age
  Small-for-dates
  Small-and-light-for-dates

P05.2  Fetal malnutrition without mention of light or small for gestational age
  Infant, not light or small for gestational age, showing signs of fetal malnutrition,
  such as dry, peeling skin and loss of subcutaneous tissue

P05.9  Slow fetal growth, unspecified
  Fetal growth retardation NOS

P08 Disorders related to long gestation and high birth weight

Note: When both birth weight and gestational age are available, priority of assign
ment should be given to birth weight.

P08.0  Exceptionally large baby
  Usually implies a birth weight of 4500 g or more

P08.1  Other heavy for gestational age infants
  Usually implies a birth weight > 90th percentile for gestational age or 4000 g or
  more at term
  Other fetus or infant heavy- or large-for-dates regardless of period of gestation
P08.2  Post-term infant, not heavy for gestational age
Fetus or infant with gestation period of 42 completed weeks or more (294 days or more), not heavy- or large-for-dates
Postmaturity NOS

N3 Birth trauma

P10 Intracranial laceration and haemorrhage due to birth injury

P10.0  Subdural haemorrhage due to birth injury
Subdural haematoma (localized) due to birth injury

P10.1  Cerebral haemorrhage due to birth injury

P10.2  Intraventricular haemorrhage due to birth injury

P10.3  Subarachnoid haemorrhage due to birth injury

P10.4  Tentorial tear due to birth injury

P10.8  Other intracranial lacerations and haemorrhages due to birth injury

P10.9  Unspecified intracranial laceration and haemorrhage due to birth injury

P11 Other birth injuries to central nervous system

P11.0  Cerebral oedema due to birth injury

P11.1  Other specified brain damage due to birth injury

P11.2  Unspecified brain damage due to birth injury

P11.3  Birth injury to facial nerve
Facial palsy due to birth injury

P11.4  Birth injury to other cranial nerves

P11.5  Birth injury to spine and spinal cord
Fracture of spine due to birth injury

P11.9  Birth injury to central nervous system, unspecified
P12 Birth injury to scalp

P12.0 Cephalhaematoma due to birth injury
P12.1 Chignon due to birth injury
P12.2 Epicranial subaponeurotic haemorrhage due to birth injury
P12.3 Bruising of scalp due to birth injury
P12.4 Monitoring injury of scalp of newborn
  Sampling incision
  Scalp clip (electrode) injury
P12.8 Other birth injuries to scalp
P12.9 Birth injury to scalp, unspecified

P13 Birth injury to skeleton

P13.0 Fracture of skull due to birth injury
P13.1 Other birth injuries to skull
P13.2 Birth injury to femur
P13.3 Birth injury to other long bones
P13.4 Fracture of clavicle due to birth injury
P13.8 Birth injuries to other parts of skeleton
P13.9 Birth injury to skeleton, unspecified

P14 Birth injury to peripheral nervous system

P14.0 Erb paralysis due to birth injury
P14.1 Klumpke paralysis due to birth injury
P14.2 Phrenic nerve paralysis due to birth injury
P14.3 Other brachial plexus birth injuries
P14.8 Birth injuries to other parts of peripheral nervous system
P14.9 Birth injury to peripheral nervous system, unspecified
P15 Other birth injuries

P15.0 Birth injury to liver
Rupture of liver due to birth injury

P15.1 Birth injury to spleen
Rupture of spleen due to birth injury

P15.2 Sternomastoid injury due to birth injury

P15.3 Birth injury to eye
Subconjunctival haemorrhage due to birth injury
Traumatic glaucoma due to birth injury

P15.4 Birth injury to face
Facial congestion due to birth injury

P15.5 Birth injury to external genitalia

P15.6 Subcutaneous fat necrosis due to birth injury

P15.8 Other specified birth injuries

P15.9 Birth injury, unspecified

N4 Complications of intrapartum events

P20 Intrauterine hypoxia

P20.1 Intrauterine hypoxia first noted during labour and delivery

P20.9 Intrauterine hypoxia, unspecified

P21 Birth asphyxia

Note: This category is not to be used for low Apgar score without mention of asphyxia or other respiratory problems.

P21.0 Severe birth asphyxia
Pulse less than 100 per minute at birth and falling or steady, respiration absent or gasping, colour poor, tone absent
Asphyxia with 1-minute Apgar score 0–3
White asphyxia
P21.1  Mild and moderate birth asphyxia

Normal respiration not established within 1 minute, but heart rate 100 or above, some muscle tone present, some response to stimulation

Asphyxia with 1-minute Apgar score 4–7

Blue asphyxia

P21.9  Birth asphyxia, unspecified

Anoxia NOS

Asphyxia NOS

Hypoxia NOS

N5 Convulsions and disorders of cerebral status

P90  Convulsions of newborn

P91  Other disturbances of cerebral status of newborn

P91.0  Neonatal cerebral ischaemia

P91.1  Acquired periventricular cysts of newborn

P91.2  Neonatal cerebral leukomalacia

P91.3  Neonatal cerebral irritability

P91.4  Neonatal cerebral depression

P91.5  Neonatal coma

P91.6  Hypoxic ischaemic encephalopathy of newborn

P91.8  Other specified disturbances of cerebral status of newborn

P91.9  Disturbance of cerebral status of newborn, unspecified

N6 Infection

A33  Tetanus neonatorum

A50  Congenital syphilis

A50.0  Early congenital syphilis, symptomatic

A50.1  Early congenital syphilis, latent
A50.2 Early congenital syphilis, unspecified
A50.9 Congenital syphilis, unspecified

G00 Bacterial meningitis, not elsewhere classified

G00.0 Haemophilus meningitis
   Meningitis due to *Haemophilus influenzae*

G00.1 Pneumococcal meningitis
G00.2 Streptococcal meningitis
G00.3 Staphylococcal meningitis
G00.8 Other bacterial meningitis
G00.9 Bacterial meningitis, unspecified

G01 Meningitis in bacterial diseases classified elsewhere

G02 Meningitis in other infectious and parasitic diseases classified elsewhere

G02.0 Meningitis in viral diseases classified elsewhere
G02.1 Meningitis in mycoses
G02.8 Meningitis in other specified infectious and parasitic diseases classified elsewhere

G03 Meningitis due to other and unspecified causes

G03.0 Nonpyogenic meningitis
   Nonbacterial meningitis

G03.1 Chronic meningitis
G03.2 Benign recurrent meningitis [Mollaret]
G03.8 Meningitis due to other specified causes
G03.9 Meningitis, unspecified
G04  Encephalitis, myelitis and encephalomyelitis

G04.0  Acute disseminated encephalitis
G04.1  Tropical spastic paraplegia
G04.2  Bacterial meningoencephalitis and meningomyelitis, not elsewhere classified
G04.8  Other encephalitis, myelitis and encephalomyelitis
G04.9  Encephalitis, myelitis and encephalomyelitis, unspecified

G05  Encephalitis, myelitis and encephalomyelitis in diseases classified elsewhere

G05.0  Encephalitis, myelitis and encephalomyelitis in bacterial diseases classified elsewhere
G05.1  Encephalitis, myelitis and encephalomyelitis in viral diseases classified elsewhere
G05.2  Encephalitis, myelitis and encephalomyelitis in other infectious and parasitic diseases classified elsewhere

G06  Intracranial and intraspinal abscess and granuloma

G06.0  Intracranial abscess and granuloma
G06.1  Intraspinal abscess and granuloma
G06.2  Extradural and subdural abscess, unspecified

G07  Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere

G08  Intracranial and intraspinal phlebitis and thrombophlebitis

G09  Sequelae of inflammatory diseases of central nervous system

P23  Congenital pneumonia

Incl.: infective pneumonia acquired in utero or during birth

P23.0  Congenital pneumonia due to viral agent
P23.1  Congenital pneumonia due to Chlamydia
P23.2  Congenital pneumonia due to staphylococcus
P23.3 Congenital pneumonia due to streptococcus, group B
P23.4 Congenital pneumonia due to Escherichia coli
P23.5 Congenital pneumonia due to Pseudomonas
P23.6 Congenital pneumonia due to other bacterial agents
   *Haemophilus influenzae*
   *Klebsiella pneumoniae*
   Mycoplasma
   Streptococcus, except group B
P23.8 Congenital pneumonia due to other organisms
P23.9 Congenital pneumonia, unspecified

P35 Congenital viral diseases
P35.0 Congenital rubella syndrome
   Congenital rubella pneumonitis
P35.1 Congenital cytomegalovirus infection
P35.2 Congenital herpesviral [herpes simplex] infection
P35.3 Congenital viral hepatitis
P35.8 Other congenital viral diseases
   Congenital varicella [chickenpox]
P35.9 Congenital viral disease, unspecified

P36 Bacterial sepsis of newborn
Incl.: congenital septicaemia
P36.0 Sepsis of newborn due to streptococcus, group B
P36.1 Sepsis of newborn due to other and unspecified streptococci
P36.2 Sepsis of newborn due to Staphylococcus aureus
P36.3 Sepsis of newborn due to other and unspecified staphylococci
P36.4 Sepsis of newborn due to Escherichia coli
P36.5 Sepsis of newborn due to anaerobes
P36.8 Other bacterial sepsis of newborn
P36.9 Bacterial sepsis of newborn, unspecified

P37 Other congenital infectious and parasitic diseases

P37.0 Congenital tuberculosis
P37.1 Congenital toxoplasmosis
   Hydrocephalus due to congenital toxoplasmosis
P37.2 Neonatal (disseminated) listeriosis
P37.3 Congenital falciparum malaria
P37.4 Other congenital malaria
P37.5 Neonatal candidiasis
P37.8 Other specified congenital infectious and parasitic diseases
P37.9 Congenital infectious and parasitic disease, unspecified

P38 Omphalitis of newborn with or without mild haemorrhage

P39 Other infections specific to the perinatal period

P39.0 Neonatal infective mastitis
P39.1 Neonatal conjunctivitis and dacryocystitis
   Neonatal chlamydial conjunctivitis
   Ophthalmia neonatorum NOS
P39.2 Intra-amniotic infection of fetus, not elsewhere classified
P39.3 Neonatal urinary tract infection
P39.4 Neonatal skin infection
   Neonatal pyoderma
P39.8 Other specified infections specific to the perinatal period
P39.9 Infection specific to the perinatal period, unspecified
N7 Respiratory and cardiovascular disorders

P22 Respiratory distress of newborn

P22.0 Respiratory distress syndrome of newborn

Hyaline membrane disease

P22.1 Transient tachypnoea of newborn

P22.8 Other respiratory distress of newborn

P22.9 Respiratory distress of newborn, unspecified

P24 Neonatal aspiration syndromes

Incl.: neonatal pneumonia resulting from aspiration

P24.0 Neonatal aspiration of meconium

P24.1 Neonatal aspiration of amniotic fluid and mucus

Aspiration of liquor (amnii)

P24.2 Neonatal aspiration of blood

P24.3 Neonatal aspiration of milk and regurgitated food

P24.8 Other neonatal aspiration syndromes

P24.9 Neonatal aspiration syndrome, unspecified

Neonatal aspiration pneumonia NOS

P25 Interstitial emphysema and related conditions originating in the perinatal period

P25.0 Interstitial emphysema originating in the perinatal period

P25.1 Pneumothorax originating in the perinatal period

P25.2 Pneumomediastinum originating in the perinatal period

P25.3 Pneumopericardium originating in the perinatal period

P25.8 Other conditions related to interstitial emphysema originating in the perinatal period

P26 Pulmonary haemorrhage originating in the perinatal period

P26.0 Tracheobronchial haemorrhage originating in the perinatal period

P26.1 Massive pulmonary haemorrhage originating in the perinatal period
P26.8 Other pulmonary haemorrhages originating in the perinatal period
P26.9 Unspecified pulmonary haemorrhage originating in the perinatal period

P27 Chronic respiratory disease originating in the perinatal period

P27.0 Wilson-Mikity syndrome
  Pulmonary dysmaturity

P27.1 Bronchopulmonary dysplasia originating in the perinatal period

P27.8 Other chronic respiratory diseases originating in the perinatal period
  Congenital pulmonary fibrosis
  Ventilator lung in newborn

P27.9 Unspecified chronic respiratory disease originating in the perinatal period

P28 Other respiratory conditions originating in the perinatal period

P28.0 Primary atelectasis of newborn
  Primary failure to expand terminal respiratory units
  Pulmonary:
  • hypoplasia associated with short gestation
  • immaturity NOS

P28.1 Other and unspecified atelectasis of newborn
  Atelectasis:
  • NOS
  • partial
  • secondary
  Resorption atelectasis without respiratory distress syndrome

P28.2 Cyanotic attacks of newborn

P28.3 Primary sleep apnoea of newborn
  Sleep apnoea of newborn:
  • central
  • NOS
  • obstructive
**P28.4** Other apnoea of newborn
Apnoea (of):
newborn, obstructive
 prematurity

**P28.5** Respiratory failure of newborn

**P28.8** Other specified respiratory conditions of newborn
Congenital (laryngeal) stridor NOS
Snuffles in newborn

**P28.9** Respiratory condition of newborn, unspecified

**P29** Cardiovascular disorders originating in the perinatal period

**P29.0** Neonatal cardiac failure

**P29.1** Neonatal cardiac dysrhythmia

**P29.2** Neonatal hypertension

**P29.3** Persistent fetal circulation
  Delayed closure of ductus arteriosus
  Pulmonary hypertension of newborn (persistent)

**P29.4** Transient myocardial ischaemia of newborn

**P29.8** Other cardiovascular disorders originating in the perinatal period

**P29.9** Cardiovascular disorder originating in the perinatal period, unspecified

**N8** Other neonatal conditions

**P50** Fetal blood loss

**P50.0** Fetal blood loss from vasa praevia

**P50.1** Fetal blood loss from ruptured cord

**P50.2** Fetal blood loss from placenta

**P50.3** Haemorrhage into co-twin

**P50.4** Haemorrhage into maternal circulation

**P50.5** Fetal blood loss from cut end of co-twin’s cord
P50.8  Other fetal blood loss
P50.9  Fetal blood loss, unspecified

Fetal haemorrhage NOS

P51 Umbilical haemorrhage of newborn
P51.0  Massive umbilical haemorrhage of newborn
P51.8  Other umbilical haemorrhages of newborn
Slipped umbilical ligature NOS
P51.9  Umbilical haemorrhage of newborn, unspecified

P52 Intracranial nontraumatic haemorrhage of fetus and newborn
P52.0  Intraventricular (nontraumatic) haemorrhage, grade 1, of fetus and newborn
Subependymal haemorrhage (without intraventricular extension)
P52.1  Intraventricular (nontraumatic) haemorrhage, grade 2, of fetus and newborn
Subependymal haemorrhage with intraventricular extension
P52.2  Intraventricular (nontraumatic) haemorrhage, grade 3, and grade 4 of fetus and newborn
Subependymal haemorrhage with both intraventricular and intracerebral extension
P52.3  Unspecified intraventricular (nontraumatic) haemorrhage of fetus and newborn
P52.4  Intracerebral (nontraumatic) haemorrhage of fetus and newborn
P52.5  Subarachnoid (nontraumatic) haemorrhage of fetus and newborn
P52.6  Cerebellar (nontraumatic) and posterior fossa haemorrhage of fetus and newborn
P52.8  Other intracranial (nontraumatic) haemorrhages of fetus and newborn
P52.9  Intracranial (nontraumatic) haemorrhage of fetus and newborn, unspecified

P53 Haemorrhagic disease of fetus and newborn
Incl.: Vitamin K deficiency of newborn

P54 Other neonatal haemorrhages
P54.0  Neonatal haematemesis
P54.1 Neonatal melaena
P54.2 Neonatal rectal haemorrhage
P54.3 Other neonatal gastrointestinal haemorrhage
P54.4 Neonatal adrenal haemorrhage
P54.5 Neonatal cutaneous haemorrhage
P54.6 Neonatal vaginal haemorrhage

Pseudomenses

P54.8 Other specified neonatal haemorrhages
P54.9 Neonatal haemorrhage, unspecified

P55 Haemolytic disease of fetus and newborn

P55.0 Rhesus isoimmunization of fetus and newborn
P55.1 ABO isoimmunization of fetus and newborn
P55.8 Other haemolytic diseases of fetus and newborn
P55.9 Haemolytic disease of fetus and newborn, unspecified

P56 Hydrops fetalis due to haemolytic disease

P56.0 Hydrops fetalis due to isoimmunization
P56.9 Hydrops fetalis due to other and unspecified haemolytic disease

P57 Kernicterus

P57.0 Kernicterus due to isoimmunization
P57.8 Other specified kernicterus
P57.9 Kernicterus, unspecified

P58 Neonatal jaundice due to other excessive haemolysis

P58.0 Neonatal jaundice due to bruising
P58.1 Neonatal jaundice due to bleeding
P58.2 Neonatal jaundice due to infection
P58.3 Neonatal jaundice due to polycythaemia
P58.4 Neonatal jaundice due to drugs or toxins transmitted from mother or given to newborn

P58.5 Neonatal jaundice due to swallowed maternal blood

P58.8 Neonatal jaundice due to other specified excessive haemolysis

P58.9 Neonatal jaundice due to excessive haemolysis, unspecified

P59 Neonatal jaundice from other and unspecified causes

P59.0 Neonatal jaundice associated with preterm delivery
   Hyperbilirubinaemia of prematurity
   Jaundice due to delayed conjugation associated with preterm delivery

P59.1 Inspissated bile syndrome

P59.2 Neonatal jaundice from other and unspecified hepatocellular damage
   Fetal or neonatal giant cell hepatitis
   Fetal or neonatal (idiopathic) hepatitis

P59.3 Neonatal jaundice from breast-milk inhibitor

P59.8 Neonatal jaundice from other specified causes

P59.9 Neonatal jaundice, unspecified
   Physiological jaundice (intense) (prolonged) NOS

P60 Disseminated intravascular coagulation of fetus and newborn

P61 Other perinatal haematological disorders

P61.0 Transient neonatal thrombocytopenia
   Neonatal thrombocytopenia due to:
   • exchange transfusion
   • idiopathic maternal thrombocytopenia
   • isoimmunization

P61.1 Polycythaemia neonatorum

P61.2 Anaemia of prematurity

P61.3 Congenital anaemia from fetal blood loss
P61.4 Other congenital anaemias, not elsewhere classified
   Congenital anaemia NOS

P61.5 Transient neonatal neutropenia

P61.6 Other transient neonatal disorders of coagulation

P61.8 Other specified perinatal haematological disorders

P61.9 Perinatal haematological disorder, unspecified

P75 Meconium ileus in cystic fibrosis

P76 Other intestinal obstruction of newborn

P76.0 Meconium plug syndrome
   Meconium ileus in cases where cystic fibrosis is known not to be present

P76.1 Transitory ileus of newborn

P76.2 Intestinal obstruction due to inspissated milk

P76.8 Other specified intestinal obstruction of newborn

P76.9 Intestinal obstruction of newborn, unspecified

P77 Necrotizing enterocolitis of fetus and newborn

P78 Other perinatal digestive system disorders

P78.0 Perinatal intestinal perforation
   Meconium peritonitis

P78.1 Other neonatal peritonitis
   Neonatal peritonitis NOS

P78.2 Neonatal haematemesis and melaena due to swallowed maternal blood

P78.3 Noninfective neonatal diarrhoea

P78.8 Other specified perinatal digestive system disorders
   Congenital cirrhosis (of liver)
   Neonatal oesophageal reflux
   Peptic ulcer of newborn
P78.9  Perinatal digestive system disorder, unspecified

P80  Hypothermia of newborn

P80.0  Cold injury syndrome
Severe and usually chronic hypothermia associated with a pink flushed appearance, oedema, and neurological and biochemical abnormalities

P80.8  Other hypothermia of newborn
Mild hypothermia of newborn

P80.9  Hypothermia of newborn, unspecified

P81  Other disturbances of temperature regulation of newborn

P81.0  Environmental hyperthermia of newborn

P81.8  Other specified disturbances of temperature regulation of newborn

P81.9  Disturbance of temperature regulation of newborn, unspecified
Fever of newborn NOS

P83  Other conditions of integument specific to fetus and newborn

P83.0  Sclerema neonatorum

P83.1  Neonatal erythema toxicum

P83.2  Hydrops fetalis not due to haemolytic disease
Hydrops fetalis NOS

P83.3  Other and unspecified oedema specific to fetus and newborn

P83.8  Other specified conditions of integument specific to fetus and newborn
Bronze baby syndrome
Neonatal scleroderma
Urticaria neonatorum

P83.9  Condition of integument specific to fetus and newborn, unspecified

P92  Feeding problems of newborn

P92.0  Vomiting in newborn
P92.1 Regurgitation and rumination in newborn
P92.2 Slow feeding of newborn
P92.3 Underfeeding of newborn
P92.4 Overfeeding of newborn
P92.5 Neonatal difficulty in feeding at breast
P92.8 Other feeding problems of newborn
P92.9 Feeding problem of newborn, unspecified

P93 Reactions and intoxications due to drugs administered to fetus and newborn
Incl.: Grey syndrome from chloramphenicol administration in newborn

P94 Disorders of muscle tone of newborn
P94.0 Transient neonatal myasthenia gravis
P94.1 Congenital hypertonia
P94.2 Congenital hypotonia
Nonspecific floppy baby syndrome
P94.8 Other disorders of muscle tone of newborn
P94.9 Disorder of muscle tone of newborn, unspecified

N9 Low birth weight and prematurity
P07 Disorders related to short gestation and low birth weight, not elsewhere classified
Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
Incl.: the listed conditions, without further specification, as the cause of mortality, morbidity or additional care in newborn
P07.0 Extremely low birth weight
Birth weight 999 g or less
P07.1 Other low birth weight
Birth weight 1000–2499 g
P07.2  Extreme immaturity
Less than 28 completed weeks (less than 196 completed days) of gestation

P07.3  Other preterm infants
28 completed weeks or more but less than 37 completed weeks (196 completed days but less than 259 completed days) of gestation
Prematurity NOS

N10 Miscellaneous
While a perinatal death is most often coded to P05–P96 or a Q code, there are cases where codes from several other sections of ICD-10 should be used. For an extensive list see ICD-10 version:2016 and ICD-10 volume 2: instruction manual (2010)7

N11 Neonatal death of unspecified cause

P96 Other conditions originating in the perinatal period

P96.0  Congenital renal failure
Uraemia of newborn

P96.1  Neonatal withdrawal symptoms from maternal use of drugs of addiction
Drug withdrawal syndrome in infant of dependent mother
Neonatal abstinence syndrome

P96.2  Withdrawal symptoms from therapeutic use of drugs in newborn

P96.4  Termination of pregnancy, affecting fetus and newborn

P96.5  Complications of intrauterine procedures, not elsewhere classified

P96.8  Other specified conditions originating in the perinatal period

P96.9  Condition originating in the perinatal period, unspecified
Congenital debility NOS
Annex D: ICD-PM groups and ICD-10 codes for maternal conditions in perinatal death

In order to group and tabulate a perinatal death, the user needs information on the timing of the perinatal death (antepartum/intrapartum/neonatal) as well as the ICD-10 cause of death code. The information provided about the cause of death and the maternal condition should meet the ICD-10 coding rules for assigning a specific code before any tabulation can be undertaken. The codes included below are indicative for tabulation of data; for coding deaths, ICD-10 version:2016 and ICD-10 volume 2: instruction manual (2010) should be utilized.8

M1 Complications of placenta, cord and membranes

P02 Fetus and newborn affected by complications of placenta, cord and membranes

P02.0 Fetus and newborn affected by placenta praevia

P02.1 Fetus and newborn affected by other forms of placental separation and haemorrhage

Abruptio placentae

Accidental haemorrhage

Antepartum haemorrhage

Damage to placenta from amniocentesis, caesarean section or surgical induction

Maternal blood loss

Premature separation of placenta

P02.2 Fetus and newborn affected by other and unspecified morphological and functional abnormalities of placenta

Placental:

• dysfunction
• infarction
• insufficiency

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7 Available at: http://www.who.int/classifications/icd/icdonlineversions/en/
**P02.3  Fetus and newborn affected by placental transfusion syndromes**

Placental and cord abnormalities resulting in twin-to-twin or other transplacental transfusion

Use additional code, if desired, to indicate resultant condition in the fetus or newborn.

**P02.4  Fetus and newborn affected by prolapsed cord**

**P02.5  Fetus and newborn affected by other compression of umbilical cord**

- Cord (tightly) around neck
- Entanglement of cord
- Knot in cord

**P02.6  Fetus and newborn affected by other and unspecified conditions of umbilical cord**

- Short cord
- Vasa praevia

**P02.7  Fetus and newborn affected by chorioamnionitis**

- Amnionitis
- Membranitis
- Placentitis

**P02.8  Fetus and newborn affected by other abnormalities of membranes**

**P02.9  Fetus and newborn affected by abnormality of membranes, unspecified**

**M2 Maternal complications of pregnancy**

**P01  Fetus and newborn affected by maternal complications of pregnancy**

**P01.0  Fetus and newborn affected by incompetent cervix**

**P01.1  Fetus and newborn affected by premature rupture of membranes**

**P01.2  Fetus and newborn affected by oligohydramnios**

**P01.3  Fetus and newborn affected by polyhydramnios**

- Hydramnios

**P01.4  Fetus and newborn affected by ectopic pregnancy**

- Abdominal pregnancy
P01.5  Fetus and newborn affected by multiple pregnancy
   Triplet (pregnancy)
   Twin (pregnancy)

P01.6  Fetus and newborn affected by maternal death

P01.7  Fetus and newborn affected by malpresentation before labour

P01.8  Fetus and newborn affected by other maternal complications of pregnancy
   Spontaneous abortion, fetus

P01.9  Fetus and newborn affected by maternal complication of pregnancy, unspecified

M3 Other complications of labour and delivery

P03  Fetus and newborn affected by other complications of labour and delivery

P03.0  Fetus and newborn affected by breech delivery and extraction

P03.1  Fetus and newborn affected by other malpresentation, malposition and disportion during labour and delivery
   Contracted pelvis
   Fetus or newborn affected by conditions classifiable to O64–O66
   Persistent occipitoposterior
   Transverse lie

P03.2  Fetus and newborn affected by forceps delivery

P03.3  Fetus and newborn affected by delivery by vacuum extractor [ventouse]

P03.4  Fetus and newborn affected by caesarean delivery

P03.5  Fetus and newborn affected by precipitate delivery
   Rapid second stage

P03.6  Fetus and newborn affected by abnormal uterine contractions
   Fetus or newborn affected by conditions classifiable to O62., except O62.3
   Hypertonic labour
   Uterine inertia

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8 Available at: http://www.who.int/classifications/icd/icdonlineversions/en/
### P03.8  Fetus and newborn affected by other specified complications of labour and delivery

- Abnormality of maternal soft tissues
- Destructive operation to facilitate delivery
- Fetus or newborn affected by conditions classifiable to O60–O75 and by procedures used in labour and delivery not included in P02.– and P03.0–P03.6
- Induction of labour

### P03.9  Fetus and newborn affected by complication of labour and delivery, unspecified

### M4  Maternal medical and surgical conditions

#### P00  Fetus and newborn affected by maternal conditions that may be unrelated to present pregnancy

- **P00.0  Fetus and newborn affected by maternal hypertensive disorders**
  - Fetus or newborn affected by maternal conditions classifiable to O10–O11, O13–O16

- **P00.1  Fetus and newborn affected by maternal renal and urinary tract diseases**
  - Fetus or newborn affected by maternal conditions classifiable to N00–N39

- **P00.2  Fetus and newborn affected by maternal infectious and parasitic diseases**
  - Fetus or newborn affected by maternal infectious disease classifiable to A00–B99 and J09–J11, but not itself manifesting that disease

- **P00.3  Fetus and newborn affected by other maternal circulatory and respiratory diseases**
  - Fetus or newborn affected by maternal conditions classifiable to I00–I99, J00–J99, Q20–Q34 and not included in P00.0, P00.2

- **P00.4  Fetus and newborn affected by maternal nutritional disorders**
  - Fetus or newborn affected by maternal disorders classifiable to E40–E64
  - Maternal malnutrition NOS

- **P00.5  Fetus and newborn affected by maternal injury**
  - Fetus or newborn affected by maternal conditions classifiable to S00–T79

- **P00.6  Fetus and newborn affected by surgical procedure on mother**

- **P00.7  Fetus and newborn affected by other medical procedures on mother, not elsewhere classified**
  - Fetus or newborn affected by radiology on mother
P00.8 Fetus and newborn affected by other maternal conditions

Fetus or newborn affected by:

• conditions classifiable to T80–T88
• maternal genital tract and other localized infections
• maternal systemic lupus erythematosus

P00.9 Fetus and newborn affected by unspecified maternal condition

P04 Fetus and newborn affected by noxious influences transmitted via placenta or breast-milk

Incl.: nonteratogenic effects of substances transmitted via placenta

P04.0 Fetus and newborn affected by maternal anaesthesia and analgesia in pregnancy, labour and delivery

Reactions and intoxications from maternal opiates and tranquillizers administered during labour and delivery

P04.1 Fetus and newborn affected by other maternal medication

Cancer chemotherapy

Cytotoxic drugs

P04.2 Fetus and newborn affected by maternal use of tobacco

P04.3 Fetus and newborn affected by maternal use of alcohol

P04.4 Fetus and newborn affected by maternal use of drugs of addiction

P04.5 Fetus and newborn affected by maternal use of nutritional chemical substances

P04.6 Fetus and newborn affected by maternal exposure to environmental chemical substances

P04.8 Fetus and newborn affected by other maternal noxious influences

P04.9 Fetus and newborn affected by maternal noxious influence, unspecified

M5 No maternal condition