ReCoDe - Guidelines for use

The system is hierarchical i.e. categories at the head of the list take priority over those lower down. However multiple relevant conditions can be recorded.

The primary condition is the highest on the list that is applicable to the case. Secondary condition is the next relevant condition down the list e.g. for codes B2, F3, and A7 - the primary code is A7, secondary code is B2 etc.

ReCoDe - version 2.0

Group	Condition	further definition inclusion / exclusion
A	**Fetus**	
A1	Lethal congenital anomaly	Lethal or severe. Any structural, genetic, or metabolic defect arising at conception or during embryogenesis incompatible with life or potentially treatable but causing death.
A2	Infection 2.1 Chronic – e.g. TORCH 2.2 Acute	Positive fetal microbiologic or serological culture. E.g. congenital or intrauterine pneumonia, cytomegalovirus, rubella, herpes.
A3	Non-immune hydrops fetalis	Presence of any two of the following signs: Ascites pericardial effusion pleural effusion subcutaneous oedema.
A4	Iso-immunisation	Blood group incompatibility rhesus or non rhesus (ABO). Death ascribable to blood group incompatibility. An indirect Coomb test greater than 1/16 and fetal hydrops (see A3).
A5	Fetomaternal haemorrhage	Haemorrhage into maternal circulation Kleihauer-Betke test > 0.4%[1].
A6	Twin-twin transfusion	Presence of polyhydramnios (maximum vertical pocket of ≥ 8 cm) and oligohydramnios (maximum vertical pocket of ≤ 2 cm)[2].
A7	Fetal growth restriction	SGA by customised percentile, intrauterine growth retardation. < 10th customised weight for gestational age centile[3] OR IUGR reported on clinical or pathological grounds.
A8	Other fetus	Death due to other specific fetal conditions e.g. tumours, hypoxic brain injury (other than intrapartum G1).
B	**Umbilical cord**	
B1	Prolapse	Presence of umbilical cord in vagina.
B2	Constricting loop or knot	If severe enough to be considered relevant. Includes cord around neck, cord entanglement or cord compression.
B3	Velamentous insertion	Macroscopic presence of a portion of umbilical vessels through membranes greater than 1 cm.
B4	Other umbilical cord	Excludes single umbilical vessel.
C	**Placenta**	
C1	Abruptio	Separation of placenta. Includes revealed or concealed. Includes retroplacental clot.
C2	Praevia	Low placenta. Presence of placental parenchyma at the level of the internal cervical os.
C3	Vasa Praevia	Fetal blood vessels, unsupported by either the umbilical cord or placental tissue, on fetal membranes across the lower segment of uterus.
C4	Placental insufficiency/ infarction	Loss of placental parenchyma. Includes placental infarcts, thrombosis, and villitis.
C5	Other placenta	Use this code for antepartum haemorrhage.

[1] Salim, R., et al., *The incidence of large fetomaternal hemorrhage and the Kleihauer-Betke test.* Obstet Gynecol, 2005. **105**(5 Pt 1): p. 1039-44.
[2] Quintero, R.A., et al., *Staging of twin-twin transfusion syndrome.* J Perinatol, 1999. **19**(8 Pt 1): p. 550-5.
[3] Gardosi, J., et al., *An adjustable fetal weight standard.* Ultrasound Obstet Gynecol, 1995. **6**(3): p. 168-74.

D	Amniotic fluid	
D1	Chorioamnionitis	Amniotic infection. Amniotic or placental positive microbiologic culture, or the presence of histological signs of funisitis.
D2	Oligohydramnios	By clinical or ultrasound assessment. Maximum vertical pocket of ≤ 2 cm or Amniotic Fluid Index < 5 cm.
D3	Polyhydramnios	By clinical or ultrasound assessment. Maximum vertical pocket of ≥ 8 cm or Amniotic Fluid Index > 25 cm.
D4	Other amniotic fluid	
E	**Uterus**	
E1	Rupture	Antepartum or intrapartum uterine rupture.
E2	Uterine anomalies	Includes bifid uterus.
E	Other uterus	
F	**Mother**	
F1	Diabetes	Pre-gestational ('pre-existing'), gestational. Includes insulin dependant diabetes mellitus.
F2	Thyroid diseases	Free thyroxine (T4) above local laboratory limits.
F3	Essential Hypertension	Pre-existing. Blood pressure of 140/90 mmHg or more on two separate days BEFORE 20 weeks gestation.
F4	Hypertensive diseases in pregnancy	Blood pressure of 140/90 mmHg or more on two separate days AFTER 20 weeks gestation Includes PET, pre-eclampsia, toxaemia, eclampsia and HELLP.
F5	Lupus or antiphospholipid syndrome	ACR criteria for systemic lupus erythematosus[4]. Sidney criteria[5]
F6	Cholestasis	Pruritus (itching) and/or elevated bile acids. Includes other 'liver disease'.
F7	Drug misuse	Includes non-prescription drugs and alcohol.
F8	Infection	Include symptomatic maternal infection when this resulted in the death of the baby. Includes maternal sepsis, pyrexia of unknown origin. Excludes asymptomatic positive vaginal culture only, herpes.
F9	Other mother	Relevant maternal conditions. Include diabetes, appendicitis, and cardiac disease etc, if severe enough to jeopardise the baby. Include significant renal disease and maternal death.
G	**Intrapartum**	
G1	Asphyxia	One of the following signs: - Evidence of severe FHR abnormality before intrapartum death - Umbilical cord pH less than 7 with BE greater than 12. Includes hypoxic brain injury.
G2	Birth trauma	Clinical or postmortem evidence of trauma e.g. upture of the liver, splenic avulsion, or fracture/dislocation of the occipital bone, or due to serious damage of the falx, tentorium, great cerebral vein or cervical spine during delivery.
H	**Trauma**	
H1	External	Non-birth trauma related. Maternal trauma (such as a road traffic accident or non-accidental injury).
H2	Iatrogenic	As a result of a medical procedure other than intrapartum.
I	**Unclassified**	
I1	No relevant condition identified	Deaths with no obstetric explanation, including unexplained antepartum stillbirths. Includes antepartum asphyxia, premature rupture of membranes, single umbilical artery, or decreased liquor.
I2	No information available	Unattended, undocumented deaths. Cases where little or nothing is known about pregnancy or delivery only and cannot be fitted into any of the above categories. Use this category as sparingly as possible.

[4] Hochberg MC. *Updating the American College of Rheumatology revised criteria for the classification of systemic lupus erythematosus.* Arthritis Rheum, 1997;40(9):1725.

[5] Miyakis, S., et al., International consensus statement on an update of the classification criteria for definite antiphospholipid syndrome (APS). J Thromb Haemost, 2006. 4(2): p. 295-306.