

## V18.3 Special Report: Maternal Hypertension Complicating Pregnancy

### BACKGROUND

One leading cause of maternal mortality and severe morbidity is hypertensive disease in pregnancy. The CDC has reported the rate of hypertensive disorders in pregnancy increased 72.5 % from 1993-2014, from 528.9 in 1993 to 912.4 in 2014 (per 10,000 delivery hospitalizations). Throughout this period hypertensive disorders in pregnancy were more common than chronic hypertension but chronic hypertension also increased from 65.1 in 1993 to 166.9 in 2014 (164%).<sup>1</sup>

Health care providers have sought to develop a consensus on the most effective way to manage the care of the pregnant woman with a hypertensive disorder, ultimately improving maternal and neonatal outcomes. Under the direction of the Council on Patient Safety in Women's Health Care, several organizations involved in women's health have come together to establish the Alliance for Innovation on Maternal Health (AIM). AIM is a national data-driven maternal safety and quality initiative based on proven implementation approaches. Patient Safety bundles that focus on readiness, recognition & prevention, response, and reporting/systems learning have been developed for some of the major complications of pregnancy impacting maternal morbidity and mortality, including one on hypertension.<sup>2</sup>

The hypertension bundle review of readiness for every unit includes standardization of protocols for hypertension management, unit education, drills, rapid access to medications and plans to deal with escalation of severe hypertension, including consult and transfer as needed.

Recognition and prevention for every patient addresses the need for standard protocols for measurement and assessment of B/P and urine protein for all pregnant and postpartum women. Early warning signs and investigation of symptoms with lab assessment should be obtained. Maternal education on signs and symptoms of hypertension and preeclampsia should be part of care for prenatal and postpartum women.

Response to severe hypertension/preeclampsia is addressed by standard protocols with checklists and escalation policies. Minimum requirements for the protocol outline specific B/P parameters for notification of providers if systolic B/P  $\geq$  160 or diastolic B/P  $\geq$  110 for 2 measurements within 15 minutes. After the second elevated reading, treatment should be initiated ASAP, preferably within 60 minutes of verification.

The final component of the bundle, reporting/ systems learning, speaks to each unit doing huddles and post-event debriefs, multidisciplinary review of severe cases admitted to ICU and monitoring outcomes and process metrics.

In addition to ACOG's work in leading the AIM initiative, the ACOG Committee on Obstetric Practice and the Society for Maternal Fetal Medicine put out two Committee Opinion recommendations in 2018:

#1 Low-dose aspirin is recommended (81 MG/day) in women at high risk of preeclampsia and should be initiated between 12 weeks and 28 weeks gestation and continued until delivery. It can be considered for use for women with more than one of several risk factors for preeclampsia. It is not recommended solely for the indication of prior unexplained stillbirth, in the absence of risk factors for preeclampsia, for prevention of fetal growth restriction (in the absence of preeclampsia) or prevention of early pregnancy loss.<sup>3</sup>

#2 Recommendations for emergent therapy for acute –onset severe hypertension during pregnancy and the postpartum period involves monitoring and initial and ongoing use of medications such as IV labetalol and hydralazine and immediate release oral nifedipine. Magnesium sulfate is not recommended as the drug of choice for an antihypertensive agent but remains the drug of choice for seizure prophylaxis.<sup>4</sup>

### V18.3 SPECIAL REPORT

This Special Report is an update of the V13.2 Special Report on Maternal Hypertension Complicating Pregnancy and Neonatal Outcomes as well as a refresh of information from the V15.2 Special Report Alliance for Innovation on Maternal Health (AIM) Metrics. The introduction of ICD 10 codes continues to allow for greater specificity of outcomes related to maternal hypertension.

As a national collaborative, NPIC is a key participant in the AIM program with a subset of member hospitals implementing the AIM bundles either through participation in NPIC's collaborative, their state collaborative, or both.

This Special Report is designed to present an overview of maternal cases with hypertension coding at your hospital and a specific focus on the AIM Severe Hypertension in Pregnancy bundle outcome measures, Severe Maternal Morbidity among Preeclampsia Cases and Severe Maternal Morbidity among Preeclampsia Cases excluding Blood Transfusions.

### DESCRIPTION OF TABLES AND GRAPHS

**Table 1: Overview** displays data for your hospital compared to your peer subgroup average and the NPIC Database Average for the time period 10/1/17 - 9/30/18.

Section A displays total deliveries, total deliveries with hypertension coding (Appendix A) and the percent of total deliveries with a hypertension code. It also displays the average length of stay (ALOS), APR DRG Case Mix Index (CMI), CMI-adjusted LOS and c-section rate for hypertension cases only.

Section B displays the coded hypertension cases by seven hypertension categories. For your hospital, we display the count of cases as well as the percent of total deliveries coded with hypertension. Please note: many cases will have more than one code so the percent of total is likely to be greater than 100%.

**Table 2: Maternal Comorbidities/Complications - Deliveries Coded with Hypertension**

Section A repeats the count of total deliveries with hypertension coding from Table 1.

Section B displays the rates of nine comorbidities/complications for your facility in comparison to your peer subgroup average and database average.

Please note the postpartum readmission rate within 42 days of delivery discharge for these patients. It is generally higher than the overall readmission rate for the entire delivery population which can be found on Table QM 1 (Maternal Indicators) of your Quarterly Report.

Section C displays postpartum readmissions within 42 days who were NOT coded with hypertension during their delivery discharge. This is a unique look at your readmitted patients, who upon readmission had hypertension as the principal diagnosis (reason) for their readmission but were not coded with hypertension during their delivery stay.

**Table 3: Neonatal Complications associated with Maternal Hypertension** displays the rates of neonatal complications for those inborns linked to a mother with hypertension coding.

Section A repeats the count of total deliveries with hypertension coding from Table 1. It also displays the count and rate of those deliveries linked to an inborn.

Section B displays five neonatal outcome/ process rates for those linked inborns.

**Table 4: AIM Severe Maternal Morbidity among Preeclampsia Cases** looks at the Alliance for Innovation in Maternal Health outcome measures associated with the **Severe Hypertension in Pregnancy Bundle**. <https://safehealthcareforeverywoman.org/aim-data/>

Section A displays the count of total deliveries with hypertension coding and the subset of those deliveries that are included in the Severe Maternal Morbidity (SMM) among Preeclampsia Cases denominator— specifically cases coded with severe preeclampsia, pre-existing hypertension with preeclampsia and eclampsia, and the percent the count of denominator cases represents of the total.

Section B displays the count and percent of cases in the AIM Severe Hypertension in Pregnancy bundle outcome measures. SMM among Preeclampsia Cases is the percent of delivered preeclampsia patients with one or more of the 21 CDC identified maternal morbidity indicators. SMM among Preeclampsia Cases Excluding Blood Transfusions excludes cases with blood transfusion as the only severe morbidity indicator from the numerator.

**Graph 1: Total Deliveries coded with Hypertension** shows your hospital's quarterly rates for the period Q4, 2015 - Q3, 2018 in comparison to the NPIC Trend Database. The slope of the trend is calculated and indicates whether the trend is stable, increasing or decreasing.

(PLEASE NOTE: The two universal AIM Severe Maternal Morbidity outcome measures are currently displayed in CAIRN and we anticipate that the Severe Hypertension in Pregnancy bundle measures profiled in this V18.3 Special Report will be available by 4/12/19).

Questions about this Special Report should be directed to [mervices@npic.org](mailto:mervices@npic.org). For Information regarding participation in the NPIC AIM Collaborative please contact [AIMCollaborative@npic.org](mailto:AIMCollaborative@npic.org).

## References

1. CDC (2016). Hypertensive Disorders 1993-2014. Retrieved from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy>.
2. Severe Hypertension in Pregnancy (+AIM) (2018, October 16). Retrieved from <https://safehealthcareforeverywoman.org/patient-safety-bundles/severe-hypertension-in-pregnancy/>.
3. Committee on Obstetric Practice and Society for Maternal –Fetal Medicine. (2018). Low-dose aspirin use during pregnancy. ACOG Committee Opinion No. 743. Obstetrics and Gynecology, 132:e44-66.
4. Committee on Obstetric Practice and Society for Maternal-Fetal Medicine. (2018). ACOG committee Opinion No. 767. Obstetrics and Gynecology, 133, e174-180.

Sample

## V18.3 Special Report: Maternal Hypertension Complicating Pregnancy

Table 1: Overview	Hospital SA2	Subgroup Average	Database Average
<b>A. Total Deliveries</b>	<b>468</b>	<b>760</b>	<b>3,685</b>
<b>Total Deliveries with selected Hypertension coding *</b>	<b>84</b>	<b>111</b>	<b>597</b>
<b>Percent of total deliveries</b>	<b>18.0%</b>	<b>14.6%</b>	<b>16.2%</b>
<i>For Hypertension cases only:</i>			
ALOS	4.0	2.9	3.8
APR DRG Case Mix Index	0.4780	0.4893	0.5214
CMI-Adjusted LOS	8.3	5.9	7.3
C-section rate	27.4%	43.1%	46.2%
<b>B. Hypertension Categories</b> <b>(percent of deliveries coded with Hypertension) *</b>	<b>#</b>	<b>%</b>	<b>%</b>
• Gestational hypertension	58	69.1%	47.8%
• Mild to moderate preeclampsia; Unspecified preeclampsia	7	8.3%	19.1%
• Severe preeclampsia	7	8.3%	14.5%
• Pre-existing hypertension (Chronic)	9	10.7%	16.9%
• Pre-existing hypertension with preeclampsia (Superimposed)	5	6.0%	4.7%
• Eclampsia	0	0.0%	0.3%
• Unspecified maternal hypertension	7	8.3%	5.7%

\* See appendix for list of specific codes/categories. Delivery discharge records may contain more than one hypertension code.

### V18.3 Special Report: Maternal Hypertension Complicating Pregnancy

Table 2: Maternal Comorbidities/Complications - Deliveries Coded with Hypertension	Hospital SA2		Subgroup Average	Database Average
<b>A. Total Deliveries with selected Hypertension coding *</b>	<b>84</b>		<b>111</b>	<b>597</b>
<b>B. Maternal Comorbidities/Complications (percent of total deliveries coded with hypertension)</b>	<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
• Antepartum admission (at least one admission and discharge prior to delivery hospitalization)	1	1.2%	0.9%	3.6%
• Multiple gestation	0	0.0%	1.2%	3.4%
• Early onset of labor (prior to 37 weeks completed gestation)	2	2.4%	5.4%	8.9%
• Placenta abruption	0	0.0%	1.4%	1.6%
• Obesity	26	31.0%	31.8%	24.6%
• Anemia	22	26.2%	17.3%	20.7%
• Gestational diabetes	6	7.1%	12.4%	12.6%
• Long LOS (> 2 days vaginal delivery; > 4 days c-section delivery) **	53	63.1%	27.3%	47.7%
• Postpartum readmission within 42 days of delivery discharge	0	0.0%	1.5%	2.7%
<b>C. Postpartum readmissions within 42 days</b>				
Postpartum Readmissions with primary diagnosis of hypertension and delivery encounter NOT coded with hypertension	2		1	11
Percent of total postpartum readmissions within 42 days	66.7%		21.5%	23.7%

\* See appendix for list of specific codes/categories. Delivery discharge records may contain more than one hypertension code.

\*\* LOS may include days of care prior to delivery

### V18.3 Special Report: Maternal Hypertension Complicating Pregnancy

Table 3: Neonatal Complications associated with Maternal Hypertension				Hospital SA2	Subgroup Average	Database Average
<b>A. Total Deliveries with selected Hypertension coding *</b>				<b>84</b>	<b>111</b>	<b>597</b>
Total deliveries coded with hypertension linked to an inborn				<b>83</b>	<b>109</b>	<b>581</b>
Deliveries coded with hypertension linked to an inborn as a percent of total deliveries coded with hypertension				<b>98.8%</b>	<b>98.7%</b>	<b>96.2%</b>
<b>B. Neonatal Complications (percent of total deliveries coded with hypertension linked to an inborn)</b>				<b>#</b>	<b>%</b>	<b>%</b>
• Inborns delivered < 37 completed weeks gestation and/or < 2500 grams				3	3.6%	16.3%
• Inborns small for gestational age (SGA)				4	4.8%	7.3%
• Inborns admitted to special care nursery**				N/A	N/A	23.8%
• Inborns transferred to another hospital within 1 day of birth (UB04 disp = 02 or 05)				5	6.0%	3.9%
• Respiratory Distress Syndrome (RDS)				1	1.2%	1.0%

\* See appendix for list of specific codes/categories. Delivery discharge records may contain more than one hypertension code.

\*\* Not displayed for Level I hospitals

### V18.3 Special Report: Maternal Hypertension Complicating Pregnancy

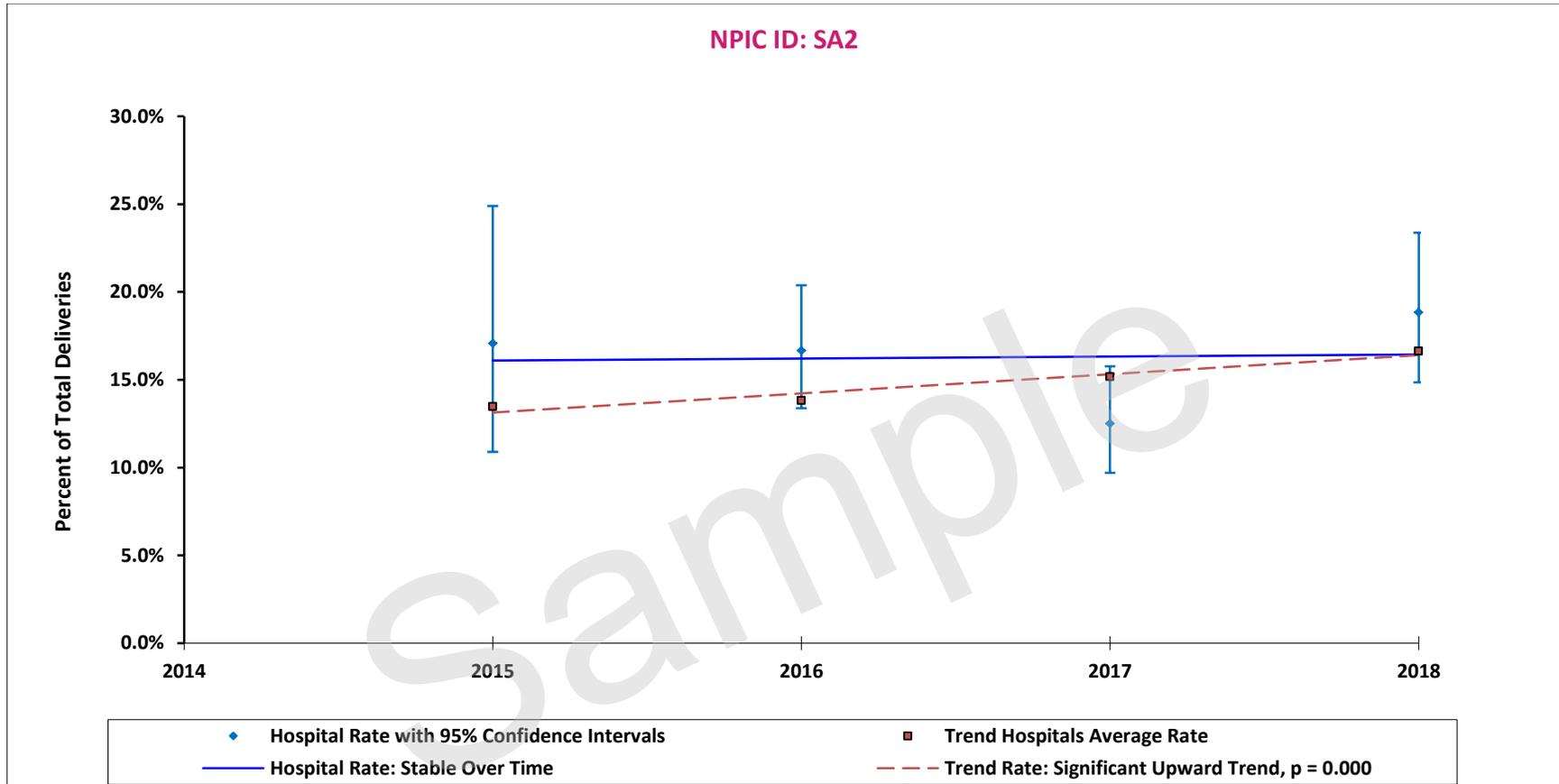
<b>Table 4: AIM Severe Hypertension in Pregnancy Bundle Outcome Measure: Severe Maternal Morbidity among Preeclampsia cases</b>	<b>Hospital SA2</b>		<b>Subgroup Average</b>	<b>Database Average</b>
A. Total Deliveries with selected Hypertension coding	84		111	597
<b>AIM Preeclampsia Denominator Cases*</b>	<b>12</b>		<b>21</b>	<b>172</b>
<b>AIM Preeclampsia Denominator Cases as a percent of total cases coded with hypertension</b>	<b>14.3%</b>		<b>19.2%</b>	<b>26.3%</b>
<b>B. AIM Severe Maternal Morbidity (SMM) among Preeclampsia cases **</b>	<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
• Overall rate	1	8.3%	9.7%	8.9%
• Rate excluding cases coded with blood transfusion as the only severe morbidity	1	8.3%	5.7%	5.0%

Alliance for Innovation on Maternal Health (AIM) measure definitions are available at: <https://safehealthcareforeverywoman.org/aim-data/>

\* Includes hypertension categories: Severe preeclampsia; Pre-existing hypertension with preeclampsia (Superimposed); and Eclampsia.

\*\* New CAIRN metric (available V18.3)

V18.3 Special Report: Total Deliveries coded with Hypertension  
 Graph 1: Quarterly Trend Rates 2015 Q4 - 2018 Q3



	2015 Q4	2016 Q1	2016 Q2	2016 Q3	2016 Q4	2017 Q1	2017 Q2	2017 Q3	2017 Q4	2018 Q1	2018 Q2	2018 Q3
Trend Rate	13.5%	13.8%	13.6%	13.5%	14.4%	14.7%	14.9%	14.6%	16.5%	16.5%	16.8%	16.7%
Hospital Rate	17.1%	27.2%	18.0%	12.4%	10.3%	11.3%	13.2%	10.3%	15.5%	15.2%	28.1%	15.4%
Hospital Numerator	21	28	22	15	12	13	15	14	19	20	27	18
Hospital Denominator	123	103	122	121	116	115	114	136	123	132	96	117

## APPENDIX A - ICD 10 CODES

### HYPERTENSION CATEGORIES

#### Gestational Hypertension

O13.x Gestational [pregnancy-induced] hypertension without significant proteinuria (all codes)

#### Mild to Moderate Preeclampsia or Unspecified Preeclampsia

O14.0x Mild to moderate preeclampsia (all codes)

O14.9x Unspecified preeclampsia (all codes)

#### Severe Preeclampsia

O14.1x Severe preeclampsia (all codes)

O14.2x HELLP syndrome (all codes)

#### Pre-existing Hypertension

O10.0x Pre-existing essential hypertension complicating pregnancy, childbirth and the puerperium (all codes)

O10.1x Pre-existing hypertensive heart disease complicating pregnancy, childbirth and the puerperium (all codes)

O10.2x Pre-existing hypertensive chronic kidney disease complicating pregnancy, childbirth and the puerperium (all codes)

O10.3x Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, childbirth and the puerperium (all codes)

O10.4x Pre-existing secondary hypertension complicating pregnancy, childbirth and the puerperium (all codes)

O10.9x Unspecified pre-existing hypertension complicating pregnancy, childbirth and the puerperium (all codes)

#### Pre-existing Hypertension with Preeclampsia

O11.x Pre-existing hypertension with preeclampsia (all codes)

#### Eclampsia

O15.0x Eclampsia complicating pregnancy (all codes)

O15.1 Eclampsia complicating labor

O15.2 Eclampsia complicating the puerperium

O15.9 Eclampsia, unspecified as to time period

#### Unspecified Maternal Hypertension

O16.x Unspecified maternal hypertension (all codes)

## APPENDIX A - ICD 10 CODES

### MATERNAL COMORBIDITIES/ COMPLICATIONS

#### Multiple Gestation

Z37.2	Twins, both liveborn
Z37.3	Twins, one liveborn and one stillborn
Z37.4	Twins, both stillborn
Z37.50	Multiple births, unspecified, all liveborn
Z37.51	Triplets, all liveborn
Z37.52	Quadruplets, all liveborn
Z37.53	Quintuplets, all liveborn
Z37.54	Sextuplets, all liveborn
Z37.59	Other multiple births, all liveborn
Z37.60	Multiple births, unspecified, some liveborn
Z37.61	Triplets, some liveborn
Z37.62	Quadruplets, some liveborn
Z37.63	Quintuplets, some liveborn
Z37.64	Sextuplets, some liveborn
Z37.69	Other multiple births, some liveborn
Z37.7	Other multiple births, stillborn

#### Early Onset of Labor

O42.011	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, first trimester
O42.012	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, second trimester
O42.013	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, third trimester
O42.019	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, unspecified trimester
O42.111	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, first trimester
O42.112	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, second trimester
O42.113	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, third trimester
O42.119	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, unspecified trimester
O42.911	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, first trimester
O42.912	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, second trimester
O42.913	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, third trimester
O42.919	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, unspecified trimester
O60.10	Preterm labor with preterm delivery, unspecified trimester
O60.12	Preterm labor second trimester with preterm delivery second trimester
O60.13	Preterm labor second trimester with preterm delivery third trimester
O60.14	Preterm labor third trimester with preterm delivery third trimester

## APPENDIX A - ICD 10 CODES

### MATERNAL COMORBIDITIES/ COMPLICATIONS

#### Placenta Abruption

O45.001	Premature separation of placenta with coagulation defect, unspecified, first trimester
O45.002	Premature separation of placenta with coagulation defect, unspecified, second trimester
O45.003	Premature separation of placenta with coagulation defect, unspecified, third trimester
O45.009	Premature separation of placenta with coagulation defect, unspecified, unspecified trimester
O45.011	Premature separation of placenta with afibrinogenemia, first trimester
O45.012	Premature separation of placenta with afibrinogenemia, second trimester
O45.013	Premature separation of placenta with afibrinogenemia, third trimester
O45.019	Premature separation of placenta with afibrinogenemia, unspecified trimester
O45.021	Premature separation of placenta with disseminated intravascular coagulation, first trimester
O45.022	Premature separation of placenta with disseminated intravascular coagulation, second trimester
O45.023	Premature separation of placenta with disseminated intravascular coagulation, third trimester
O45.029	Premature separation of placenta with disseminated intravascular coagulation, unspecified trimester
O45.091	Premature separation of placenta with other coagulation defect, first trimester
O45.092	Premature separation of placenta with other coagulation defect, second trimester
O45.093	Premature separation of placenta with other coagulation defect, third trimester
O45.099	Premature separation of placenta with other coagulation defect, Unspecified trimester
O45.8X1	Other premature separation of placenta, first trimester
O45.8X2	Other premature separation of placenta, second trimester
O45.8X3	Other premature separation of placenta, third trimester
O45.8X9	Other premature separation of placenta, unspecified trimester
O45.90	Premature separation of placenta, unspecified, unspecified trimester
O45.91	Premature separation of placenta, unspecified, first trimester
O45.92	Premature separation of placenta, unspecified, second trimester
O45.93	Premature separation of placenta, unspecified, third trimester

#### Obesity

O99.210	Obesity complicating pregnancy, unspecified trimester
O99.211	Obesity complicating pregnancy, first trimester
O99.212	Obesity complicating pregnancy, second trimester
O99.213	Obesity complicating pregnancy, third trimester
O99.214	Obesity complicating childbirth
O99.215	Obesity complicating the puerperium
Z68.30	Body mass index (BMI) 30.0-30.9, adult
Z68.31	Body mass index (BMI) 31.0-31.9, adult
Z68.32	Body mass index (BMI) 32.0-32.9, adult
Z68.33	Body mass index (BMI) 33.0-33.9, adult
Z68.34	Body mass index (BMI) 34.0-34.9, adult

## APPENDIX A - ICD 10 CODES

### MATERNAL COMORBIDITIES/ COMPLICATIONS

#### Obesity *(continued)*

Z68.35	Body mass index (BMI) 35.0-35.9, adult
Z68.36	Body mass index (BMI) 36.0-36.9, adult
Z68.37	Body mass index (BMI) 37.0-37.9, adult
Z68.38	Body mass index (BMI) 38.0-38.9, adult
Z68.39	Body mass index (BMI) 39.0-39.9, adult
Z68.41	Body mass index (BMI) 40.0-44.9, adult
Z68.42	Body mass index (BMI) 45.0-49.9, adult
Z68.43	Body mass index (BMI) 50-59.9 , adult
Z68.44	Body mass index (BMI) 60.0-69.9, adult
Z68.45	Body mass index (BMI) 70 or greater, adult

#### Anemia

O99.01	Anemia complicating pregnancy
O99.011	Anemia complicating pregnancy, first trimester
O99.012	Anemia complicating pregnancy, second trimester
O99.013	Anemia complicating pregnancy, third trimester
O99.019	Anemia complicating pregnancy, unspecified trimester
O99.02	Anemia complicating childbirth
O99.03	Anemia complicating the puerperium
O90.81	Anemia of puerperium

#### Gestational Diabetes

O24.410	Gestational diabetes mellitus in pregnancy, diet controlled
O24.414	Gestational diabetes mellitus in pregnancy, insulin controlled
O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24.419	Gestational diabetes mellitus in pregnancy, unspecified control
O24.420	Gestational diabetes mellitus in childbirth, diet controlled
O24.424	Gestational diabetes mellitus in childbirth, insulin controlled
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24.429	Gestational diabetes mellitus in childbirth, unspecified control
O24.430	Gestational diabetes mellitus in the puerperium, diet controlled
O24.434	Gestational diabetes mellitus in the puerperium, insulin controlled
O24.435	Gestational diabetes mellitus in the puerperium, controlled by oral hypoglycemic drugs
O24.439	Gestational diabetes mellitus in the puerperium, unspecified control
O99.810	Abnormal glucose complicating pregnancy
O99.814	Abnormal glucose complicating childbirth
O99.815	Abnormal glucose complicating the puerperium

## APPENDIX A - ICD 10 CODES

### NEONATAL COMPLICATIONS

#### Newborn Small for Gestational Age

- P05.10 Newborn small for gestational age, unspecified weight
- P05.11 Newborn small for gestational age, less than 500 grams
- P05.12 Newborn small for gestational age, 500-749 grams
- P05.13 Newborn small for gestational age, 750-999 grams
- P05.14 Newborn small for gestational age, 1000-1249 grams
- P05.15 Newborn small for gestational age, 1250-1499 grams
- P05.16 Newborn small for gestational age, 1500-1749 grams
- P05.17 Newborn small for gestational age, 1750-1999 grams
- P05.18 Newborn small for gestational age, 2000-2499 grams
- P05.19 Newborn small for gestational age, other

#### Gestational Age < 37 weeks

- P07.21 Extreme immaturity of newborn, gestational age less than 23 completed weeks
- P07.22 Extreme immaturity of newborn, gestational age 23 completed weeks
- P07.23 Extreme immaturity of newborn, gestational age 24 completed weeks
- P07.24 Extreme immaturity of newborn, gestational age 25 completed weeks
- P07.25 Extreme immaturity of newborn, gestational age 26 completed weeks
- P07.26 Extreme immaturity of newborn, gestational age 27 completed weeks
- P07.31 Preterm newborn, gestational age 28 completed weeks
- P07.32 Preterm newborn, gestational age 29 completed weeks
- P07.33 Preterm newborn, gestational age 30 completed weeks
- P07.34 Preterm newborn, gestational age 31 completed weeks
- P07.35 Preterm newborn, gestational age 32 completed weeks
- P07.36 Preterm newborn, gestational age 33 completed weeks
- P07.37 Preterm newborn, gestational age 34 completed weeks
- P07.38 Preterm newborn, gestational age 35 completed weeks
- P07.39 Preterm newborn, gestational age 36 completed weeks

#### Respiratory Distress of Newborn

- P22.0 Respiratory distress syndrome of newborn