CHAPTER 18

Pregnancy, childbirth or the puerperium

This chapter has 83 four-character categories.

Code range starts with JA00

A group of conditions characterised as occurring during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

Coding Note: The codes included in this chapter are to be used for conditions related to or aggravated by the pregnancy, childbirth or by the puerperium (maternal causes or obstetric causes)

Exclusions: Postpartum necrosis of pituitary gland (5A61.0)

Obstetrical tetanus (1C14)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Coded Elsewhere: Gestational trophoblastic diseases

Contact with health services for reasons associated with reproduction (QA20-QA4Z)

This chapter contains the following top level blocks:

* Abortive outcome of pregnancy
* Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium
* Obstetric haemorrhage
* Certain specified maternal disorders predominantly related to pregnancy
* Maternal care related to the fetus, amniotic cavity or possible delivery problems
* Complications of labour or delivery
* Delivery
* Complications predominantly related to the puerperium
* Certain obstetric conditions, not elsewhere classified
* Gestational trophoblastic diseases

Abortive outcome of pregnancy (BlockL1‑JA0)

A group of conditions characterised by pregnancy which does not result in live offspring.

Exclusions: Continuing pregnancy after abortion of one fetus or more (JA81.1)

JA00 Abortion

JA00.0 Spontaneous abortion

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence. This condition is characterised by non-induced embryonic or fetal death or passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.

JA00.00 Spontaneous abortion, incomplete, complicated by genital tract or pelvic infection

JA00.01 Spontaneous abortion, incomplete, complicated by delayed or excessive haemorrhage

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence and complicated by delayed or excessive bleeding. This condition is characterised by passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.

JA00.02 Spontaneous abortion, incomplete, complicated by embolism

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence and complicated by embolism. This condition is characterised by passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.

JA00.03 Spontaneous abortion, incomplete, with other or unspecified complications

JA00.04 Spontaneous abortion, incomplete, without complication

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence without any associated complications. This condition is characterised by passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.

JA00.05 Spontaneous abortion, complete or unspecified, complicated by genital tract or pelvic infection

JA00.06 Spontaneous abortion, complete or unspecified, complicated by delayed or excessive haemorrhage

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence, and complicated by delayed or excessive bleeding. This condition is characterised by non-induced embryonic or fetal death or passage of products of conception prior to 22 weeks' gestation or weighing less than 500 grams.

JA00.07 Spontaneous abortion, complete or unspecified, complicated by embolism

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence, and complicated by embolism. This condition is characterised by non-induced embryonic or fetal death or passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.

JA00.08 Spontaneous abortion, complete or unspecified, with other or unspecified complications

JA00.09 Spontaneous abortion, complete or unspecified, without complication

JA00.1 Induced abortion

Intentional loss of an intrauterine pregnancy due to medical or surgical means.

Inclusions: therapeutic abortion

JA00.10 Induced abortion, incomplete, complicated by genital tract or pelvic infection

JA00.11 Induced abortion, incomplete, complicated by delayed or excessive haemorrhage

JA00.12 Induced abortion, incomplete, complicated by embolism

JA00.13 Induced abortion, incomplete, with other or unspecified complications

JA00.14 Induced abortion, incomplete, without complication

JA00.15 Induced abortion, complete or unspecified, complicated by genital tract or pelvic infection

JA00.16 Induced abortion, complete or unspecified, complicated by delayed or excessive haemorrhage

A condition caused by surgical, pharmacological, mechanical, artificial, or other unspecified interventions and complicated by delayed or excessive bleeding. This condition is characterised by termination of pregnancy and intentional embryonic or fetal death with complete or unspecified expulsion of products of conception from the uterus before the fetus is viable.

JA00.17 Induced abortion, complete or unspecified, complicated by embolism

A condition caused by surgical, pharmacological, mechanical, artificial, or other unspecified interventions and complicated by embolism. This condition is characterised by termination of pregnancy and intentional embryonic or fetal death with complete or unspecified expulsion of products of conception from the uterus before the fetus is viable.

JA00.18 Induced abortion, complete or unspecified, with other complication

JA00.19 Induced abortion, complete or unspecified, without complication

JA00.2 Unspecified abortion

JA00.20 Unspecified abortion, incomplete, complicated by genital tract or pelvic infection

JA00.21 Unspecified abortion, incomplete, complicated by delayed or excessive haemorrhage

JA00.22 Unspecified abortion, incomplete, complicated by embolism

JA00.23 Unspecified abortion, incomplete, with other or unspecified complications

JA00.24 Unspecified abortion, incomplete, without complication

JA00.25 Unspecified abortion, complete or unspecified, complicated by genital tract or pelvic infection

JA00.26 Unspecified abortion, complete or unspecified, complicated by delayed or excessive haemorrhage

JA00.27 Unspecified abortion, complete or unspecified, complicated by embolism

JA00.28 Unspecified abortion, complete or unspecified, with other or unspecified complications

JA00.29 Unspecified abortion, complete or unspecified, without complication

JA00.3 Failed attempted abortion

Ongoing pregnancy after medical or surgical interventions which fail to terminate the pregnancy.

Inclusions: failure of attempted induction of abortion

Exclusions: incomplete abortion (JA00.1)

JA00.30 Failed medical abortion, complicated by genital tract or pelvic infection

Medical interventions which fail to terminate the pregnancy and complicated by genital tract and pelvic infection

JA00.31 Failed medical abortion, complicated by delayed or excessive haemorrhage

Medical interventions which fail to terminate the pregnancy and complicated by delayed or excessive haemorrhage

JA00.32 Failed medical abortion, complicated by embolism

Medical interventions which fail to terminate the pregnancy and complicated by delayed or excessive haemorrhage

JA00.33 Failed medical abortion, with other or unspecified complications

Medical interventions which fail to terminate the pregnancy and associated with other and unspecified complications.

JA00.34 Failed medical abortion, without complication

Medical interventions which fail to terminate the pregnancy without any associated complications.

JA00.35 Other or unspecified failed attempted abortion, complicated by genital tract or pelvic infection

JA00.36 Other or unspecified failed attempted abortion, complicated by delayed or excessive haemorrhage

JA00.37 Other or unspecified failed attempted abortion, complicated by embolism

JA00.38 Other or unspecified failed attempted abortion, with other or unspecified complications

JA00.39 Other or unspecified failed attempted abortion, without complication

JA01 Ectopic pregnancy

Any condition characterised by implantation of the embryo outside the endometrium and endometrial cavity during pregnancy.

Inclusions: ruptured ectopic pregnancy

JA01.0 Abdominal pregnancy

A condition characterised by implantation of the embryo within the peritoneal cavity during pregnancy.

Exclusions: Maternal care for viable fetus in abdominal pregnancy (JA86.6)

Delivery of viable fetus in abdominal pregnancy (JB23.3)

JA01.1 Tubal pregnancy

A condition characterised by implantation of the embryo within the fallopian tube (ampullary, isthmus, interstitium) during pregnancy.

Inclusions: Fallopian pregnancy

Tubal abortion

JA01.2 Ovarian pregnancy

A condition characterised by implantation of the embryo within the ovary during pregnancy.

JA01.Y Other specified ectopic pregnancy

JA01.Z Ectopic pregnancy, unspecified

JA02 Molar pregnancy

A condition caused by the over-production of cells arising into the placenta during pregnancy. This condition is characterised by a pregnancy with abnormal placental growth in which the chorionic villi become hydropic, trophoblast proliferation and invasion of the uterine tissue within 10-16 weeks after conception, and a placental mass.

Exclusions: malignant hydatidiform mole (2C75.0)

JA02.0 Complete hydatidiform mole

A condition caused by the over-production of cells arising into the placenta during pregnancy. This condition is characterised by a pregnancy with abnormal placental growth in which the chorionic villi become hydropic, slight to severe trophoblast proliferation and invasion of the uterine tissue within 10-16 weeks after conception, a placental mass, 25-30% theca lutein cysts, 15-20% persistent trophoblastic disease, 50% uterine size for dates, and vaginal bleeding, nausea, or vomiting. This condition leads to an absent fetus.

Inclusions: classical hydatidiform mole

JA02.1 Incomplete or partial hydatidiform mole

A condition caused by the over-production of cells arising into the placenta during pregnancy. This condition is characterised by a pregnancy with abnormal placental growth in which the chorionic villi become hydropic, slight to moderate trophoblast proliferation and invasion of the uterine tissue within 10-16 weeks after conception, a placental mass, theca lutein cysts, 1-5% persistent trophoblastic disease, small uterine size for dates, and vaginal bleeding, nausea, or vomiting. This condition leads to some fetal development and a missed abortion.

JA02.Y Other specified molar pregnancy

JA02.Z Molar pregnancy, unspecified

JA03 Missed abortion

A condition caused by genetic abnormality, abnormal cell division, or poor quality ovum or sperm. This condition is characterised by a failed pregnancy, immature fetal or embryonic death that is not expelled from the uterus for at least 8 weeks, and diminished uterine size. This condition may also present with maternal infection, blood clotting, fetal calcification, and resorption of conception products. Confirmation is by imaging.

Inclusions: Early fetal death with retention of dead fetus

Exclusions: Blighted ovum or nonhydatidiform mole (JA04)

Molar pregnancy (JA02)

JA04 Blighted ovum or nonhydatidiform mole

A condition caused by genetic abnormality, abnormal cell division, or poor quality ovum or sperm. This condition is characterised by a failed pregnancy, implantation of a fertilized egg without development into an embryo, haemorrhage into the decidua, and adjacent tissue necrosis.

Inclusions: Pathological ovum

JA05 Complications following abortion, ectopic or molar pregnancy

Any complication affecting pregnant females, caused by or subsequent to abortion, ectopic, and molar pregnancy.

JA05.0 Genital tract or pelvic infection following abortion, ectopic or molar pregnancy

Exclusions: septic or septicopyaemic embolism (JA05.2)

Urinary tract infection, site not specified (GC08)

JA05.1 Delayed or excessive haemorrhage following abortion, ectopic or molar pregnancy

JA05.2 Embolism following abortion, ectopic or molar pregnancy

JA05.3 Shock following abortion, ectopic or molar pregnancy

Exclusions: septic shock (JA05.0)

JA05.4 Renal failure following abortion, ectopic or molar pregnancy

JA05.5 Metabolic disorders following abortion, ectopic or molar pregnancy

JA05.6 Damage to pelvic organs and tissues following abortion, ectopic or molar pregnancy

JA05.7 Other venous complications following abortion, ectopic or molar pregnancy

JA05.Y Other specified complications following abortion, ectopic or molar pregnancy

JA05.Z Complications following abortion, ectopic or molar pregnancy, unspecified

JA0Z Abortive outcome of pregnancy, unspecified

Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium (BlockL1‑JA2)

Any disorder affecting pregnant females, characterised by excessive systemic fluid build-up, excess serum proteins in the urine, and abnormally elevated blood pressure during pregnancy, childbirth, or the puerperium.

JA20 Pre-existing hypertension complicating pregnancy, childbirth or the puerperium

A condition affecting pregnant females, caused by previously diagnosed maternal hypertension. This condition is characterised by any complication during pregnancy, childbirth, and the puerperium as a result of a blood pressure reading above 140/90 mmHg prior to the 20th week of pregnancy, or persisting longer than 12 weeks postpartum. Confirmation is by sphygmomanometer.

Exclusions: Pre-eclampsia superimposed on chronic hypertension (JA21)

JA20.0 Pre-existing essential hypertension complicating pregnancy, childbirth or the puerperium

A condition affecting pregnant females, caused by previously diagnosed, or diagnosed within the first 20 weeks, hypertension. This condition is characterised by blood pressure of 140/90 mmHg or greater, leading to a complication during pregnancy, childbirth, and the puerperium. Confirmation is by sphygmomanometer.

JA20.1 Pre-existing hypertensive heart disease complicating pregnancy, childbirth or the puerperium

A condition affecting pregnant females, caused by previously diagnosed, or diagnosed within the first 20 weeks, hypertension and associated heart disease. This condition is characterised by blood pressure of 140/90 mmHg or greater, leading to a complication during pregnancy, childbirth, and the puerperium. Confirmation is by sphygmomanometer.

Inclusions: Hypertensive heart disease specified as a reason for obstetric care during pregnancy, childbirth or the puerperium

JA20.2 Pre-existing hypertensive renal disease complicating pregnancy, childbirth or the puerperium

A condition affecting pregnant females, caused by previously diagnosed, or diagnosed within the first 20 weeks, hypertension and associated renal disease. This condition is characterised by blood pressure of 140/90 mmHg or greater, leading to a complication during pregnancy, childbirth, and the puerperium. Confirmation is by sphygmomanometer.

JA20.3 Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth or the puerperium

Blood pressure of 140 mm Hg or greater systolic and/or 90 mm Hg or greater diastolic diagnosed preconception or in the first 20 weeks of pregnancy with associated heart and renal disease

Inclusions: Hypertensive heart and renal disease specified as a reason for obstetric care during pregnancy, childbirth or the puerperium

JA20.4 Pre-existing secondary hypertension complicating pregnancy, childbirth or the puerperium

A condition affecting pregnant females, caused by renal disease, endocrine disorders, or tumours. This condition is characterised by blood pressure greater than 140/90 mmHg prior to the 20th week of pregnancy, or persisting longer than 12 weeks postpartum, leading to a complication during pregnancy, childbirth, and the puerperium. Confirmation is by sphygmomanometer.

Inclusions: Secondary hypertension specified as a reason for obstetric care during pregnancy, childbirth or the puerperium

JA20.Y Other specified pre-existing hypertension complicating pregnancy, childbirth or the puerperium

JA20.Z Pre-existing hypertension complicating pregnancy, childbirth or the puerperium, unspecified

JA21 Pre-eclampsia superimposed on chronic hypertension

A condition affecting pregnant females over 20 weeks gestation. This condition is characterised by systolic blood pressure greater than 140mmHg and diastolic greater or equal to 90mmHg on two occasions 4 hours apart in the presence of either proteinuria or other new onset maternal organ dysfunction characterised by one thrombocytopenia, elevated serum creatinine or liver transaminases, or neurological conditions or fetal growth restriction in a female diagnosed with pre-existing hypertension.

Inclusions: Superimposed pre-eclampsia

JA22 Gestational oedema or proteinuria without hypertension

A condition affecting pregnant females, characterised by excessive systemic fluid build-up and serum proteins in the urine, without an abnormally elevated blood pressure induced by pregnancy.

Inclusions: Pregnancy-induced oedema and proteinuria without hypertension

JA22.0 Gestational proteinuria without hypertension

JA22.1 Gestational oedema without hypertension

JA22.2 Gestational oedema with proteinuria without hypertension

The accumulation of fluid and proteinuria due to the physiological alterations of pregnancy in the absence of hypertension

JA23 Gestational hypertension

A condition affecting pregnant females, characterised by systolic blood pressure greater than 140mmHg and/or a diastolic blood pressure greater or equal to 90mmHg on two occasions, 4 hours or more apart. Can be newly diagnosed after 20 weeks gestation or before 1 week postpartum. Confirmation is by measurement of blood pressure, liver and kidney functions test, and urine test.

JA24 Pre-eclampsia

This condition is characterised by systolic blood pressure greater than 140mmHg and or diastolic greater or equal to 90mmHg on two occasions 4 hours or more apart in the presence of either proteinuria or other new onset maternal organ dysfunction characterised by one thrombocytopenia, elevated serum creatinine or liver transaminases, or neurological conditions or fetal growth restriction.

Exclusions: Pre-eclampsia superimposed on chronic hypertension (JA21)

JA24.0 Mild to moderate pre-eclampsia

This condition is characterised by systolic blood pressure greater than 140mmHg and or diastolic greater or equal to 90mmHg on two occasions 4 hours or more apart in the presence of either proteinuria or other new onset maternal organ dysfunction characterised by one thrombocytopenia, elevated serum creatinine or liver transaminases, or neurological conditions or fetal growth restriction.

JA24.1 Severe pre-eclampsia

This condition is characterised by systolic blood pressure greater than 160mmHg and or diastolic greater or equal to 110mmHg on two occasions 4 hours or more apart in the presence of either proteinuria or other new onset maternal organ dysfunction characterised by one thrombocytopenia, elevated serum creatinine or liver transaminases, or neurological conditions or fetal growth restriction.

JA24.2 HELLP syndrome

severe preeclampsia associated with haemolysis, elevated liver enzymes, or low platelets

JA24.Z Pre-eclampsia, unspecified

JA25 Eclampsia

Any condition affecting pregnant females, characterised by seizure or convulsions newly arising in pregnancy. The condition is often associated with pregnancy-induced hypertension, convulsions, seizure, anxiety, epigastric pain, severe headache, blurred vision, proteinuria, and oedema that may occur during pregnancy, labour, or the puerperium.

JA25.0 Eclampsia in pregnancy

This condition is characterised by seizure or convulsions newly arising in pregnancy. The condition is often associated with pregnancy-induced hypertension, convulsions, seizure, anxiety, epigastric pain, severe headache, blurred vision, proteinuria, and oedema that occurs during pregnancy.

JA25.1 Eclampsia in labour

This condition is characterised by seizure or convulsions newly arising in pregnancy. The condition is often associated with pregnancy-induced hypertension, convulsions, seizure, anxiety, epigastric pain, severe headache, blurred vision, proteinuria, and oedema that occurs during labour.

JA25.2 Eclampsia in the puerperium

This condition is characterised by seizure or convulsions newly arising in pregnancy. The condition is often associated with pregnancy-induced hypertension, convulsions, seizure, anxiety, epigastric pain, severe headache, blurred vision, proteinuria, and oedema that occurs during the puerperium.

JA25.3 Eclampsia, time period unspecified

Onset of convulsions in a women with preeclampsia not attributable to other causes without a specific onset time

JA2Z Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium, unspecified

Obstetric haemorrhage (BlockL1‑JA4)

JA40 Haemorrhage in early pregnancy

Exclusions: Abortive outcome of pregnancy (BlockL1‑JA0)

JA40.0 Threatened abortion

A bloody vaginal discharge of bleeding appears through a closed cervical os during the first half of pregnancy.

Inclusions: Haemorrhage specified as due to threatened abortion

JA40.Y Other specified haemorrhage in early pregnancy

JA41 Antepartum haemorrhage

Exclusions: Haemorrhage in early pregnancy (JA40)

JA41.0 Antepartum haemorrhage with coagulation defect

JA41.Y Other specified antepartum haemorrhage

JA41.Z Antepartum haemorrhage, unspecified

JA42 Intrapartum haemorrhage

Exclusions: Postpartum haemorrhage (JA43)

Maternal care related to premature separation of placenta (JA8C)

Antepartum haemorrhage (JA41)

Maternal care related to placenta praevia or low lying placenta (JA8B)

JA42.0 Intrapartum haemorrhage with coagulation defect

A condition affecting pregnant females, excluding those caused by abruptio placentae and placenta praevia. This condition is characterised by excessive loss of blood with difficulties in blood clotting factors, after 20 weeks gestation until labour and delivery.

JA42.1 Intrapartum haemorrhage resulting from obstructed labour with uterine rupture

Coding Note: Code aslo the casusing condition

JA42.2 Intrapartum haemorrhage resulting from obstructed labour without mention of uterine rupture

Labour and delivery complicated by intrapartum haemorrhage from obstructed labour due to not otherwise specified causes or without mention of uterine rupture

Coding Note: Code aslo the casusing condition

JA42.Y Other specified intrapartum haemorrhage

JA42.Z Intrapartum haemorrhage, unspecified

JA43 Postpartum haemorrhage

Coding Note: Code aslo the casusing condition

Inclusions: haemorrhage after delivery of fetus or infant

JA43.0 Third-stage haemorrhage

A condition characterised by excessive loss of blood during the third stage of labour for a vaginal delivery. This condition is caused by uterine atony, trauma, retained placenta, or coagulopathy.

Coding Note: Code aslo the casusing condition

Inclusions: third-stage postpartum haemorrhage

JA43.1 Other immediate postpartum haemorrhage

A condition characterised by excessive loss of blood within the first 24 hours after the completion of the third stage of labour for a vaginal delivery (more than 500 millilitres), or after a caesarean section (more than 1000 millilitres). This condition is caused by uterine atony, trauma, retained placenta, or coagulopathy.

Coding Note: Code aslo the casusing condition

JA43.2 Delayed or secondary postpartum haemorrhage

A condition characterised by excessive loss of blood between 24 hours and 12 weeks after delivery. This condition is caused by uterine atony, trauma, retained placenta, or coagulopathy.

Coding Note: Code aslo the casusing condition

JA43.3 Postpartum coagulation defects

A condition characterised by excessive loss of blood following a vaginal or caesarean section delivery. This condition is caused by coagulation defects during the postpartum period.

Coding Note: Code aslo the casusing condition

JA43.4 Postpartum haemorrhage following obstructed labour with uterine rupture

Coding Note: Code aslo the casusing condition

JA43.5 Postpartum haemorrhage following obstructed labour without mention of uterine rupture

Coding Note: Code aslo the casusing condition

JA43.Y Other specified postpartum haemorrhage

Coding Note: Code aslo the casusing condition

JA43.Z Postpartum haemorrhage, unspecified

Coding Note: Code aslo the casusing condition

JA4Z Obstetric haemorrhage, unspecified

Certain specified maternal disorders predominantly related to pregnancy (BlockL1‑JA6)

A group of conditions of the mother which occur during the period of time from conception to delivery (pregnancy).

Exclusions: Maternal infectious diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium (JB63)

Maternal care related to the fetus, amniotic cavity or possible delivery problems (BlockL1‑JA8)

Certain maternal diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium (JB64)

Coded Elsewhere: Pregnancy symptom or complaint (MF34)

JA60 Excessive vomiting in pregnancy

JA60.0 Mild hyperemesis gravidarum

Vomiting occurring during pregnancy responsive to dietary modification and antiemetic treatment

Inclusions: Hyperemesis gravidarum, mild or unspecified, starting before the end of the 22nd week of gestation

Exclusions: Hyperemesis gravidarum with metabolic disturbance (JA60.1)

JA60.1 Hyperemesis gravidarum with metabolic disturbance

Vomiting in pregnancy, not responsive to dietary modification and antiemetic treatment and associated with electrolyte disturbances and acid-base imbalance

JA60.2 Late vomiting of pregnancy

Vomiting occurring after 16 weeks gestation

Inclusions: Excessive vomiting starting after 22 completed weeks of gestation

JA60.Y Other specified excessive vomiting in pregnancy

JA60.Z Excessive vomiting in pregnancy, unspecified

JA61 Venous complications in pregnancy

Exclusions: Complications following abortion, ectopic or molar pregnancy (JA05)

obstetric pulmonary embolism (JB42.2)

Venous complications in the puerperium (JB41)

JA61.0 Varicose veins of lower extremity in pregnancy

JA61.1 Genital varices in pregnancy

JA61.2 Superficial thrombophlebitis in pregnancy

Inclusions: Thrombophlebitis of legs in pregnancy

JA61.3 Deep phlebothrombosis in pregnancy

JA61.4 Haemorrhoids in pregnancy

A condition affecting females during pregnancy, caused by an increase in intra-abdominal pressure and hormonal changes during pregnancy. This condition is characterised by enlarged and varicosed haemorrhoidal veins in the anus and lower rectum. This condition may also present with itching, burning, painful swellings at the anus, dyschezia or rectal bleeding with bowel movements. Confirmation is by digital or visual examination with an anoscope, proctoscope, or sigmoidoscope of the anal canal and rectum to determine the presence of haemorrhoids.

JA61.5 Cerebral venous thrombosis in pregnancy

Inclusions: Cerebrovenous sinus thrombosis in pregnancy

JA61.Y Other specified venous complications in pregnancy

JA61.Z Venous complications in pregnancy, unspecified

JA62 Infections of genitourinary tract in pregnancy

JA62.0 Infections of kidney in pregnancy

Kidney infections occurring during pregnancy

JA62.1 Infections of bladder in pregnancy

Bladder infections occurring during pregnancy

JA62.2 Infections of urethra in pregnancy

Urethra infections occurring during pregnancy

JA62.3 Infections of other parts of urinary tract in pregnancy

Infections of urinary tract other than kidney, bladder and urethra occurring during pregnancy

JA62.4 Infections of the genital tract in pregnancy

JA62.Y Infections of genitourinary tract in pregnancy, other specified site

JA62.Z Infection of genitourinary tract in pregnancy, site unspecified

JA63 Diabetes mellitus in pregnancy

A condition caused by dysfunctional maternal insulin receptors. This condition is characterised by glucose intolerance with onset or first recognition during pregnancy, with at least one of the following criteria met: fasting plasma glucose greater than or equal to 7.0 millimoles per litre (126 mg/ dL); 2-hour plasma glucose greater than or equal to 11.1 millimoles per litre (200 mg/dL) following a 75 gram oral glucose load; random plasma glucose greater than or equal to 11.1 millimoles per litre (200 mg/ dL). Confirmation is by an oral glucose tolerance test.

JA63.0 Pre-existing type 1 diabetes mellitus in pregnancy

JA63.1 Pre-existing type 2 diabetes mellitus in pregnancy

JA63.2 Diabetes mellitus arising in pregnancy

Diabetes mellitus arising or diagnosed in pregnancy (per WHO criteria or other national criteria)-Gestational diabetes. Gestational diabetes mellitus is defined as any degree of glucose intolerance with onset or first recognition during pregnancy. The definition applies regardless of whether insulin or only diet modification is used for treatment or whether the condition persists after pregnancy.

JA63.Y Other specified diabetes mellitus in pregnancy

JA63.Z Diabetes mellitus in pregnancy, unspecified

JA64 Malnutrition in pregnancy

A condition caused by ingestion of a diet in which the nutrients are lacking or are in excess.

JA65 Maternal care for other conditions predominantly related to pregnancy

Any reason for encounter to assess (or care for) a mother for other conditions predominantly related to pregnancy.

JA65.0 Liver disorders in pregnancy, childbirth or the puerperium

Any disorder affecting females, characterised by pathological changes to the liver that occur during pregnancy, childbirth, and the puerperium.

Exclusions: Hepatorenal syndrome following labour or delivery (JB44.4)

Viral hepatitis (BlockL1‑1E5)

Coded Elsewhere: HELLP syndrome (JA24.2)

JA65.1 Pregnancy dermatoses

A group of skin disorders which are specific to pregnancy.

Coded Elsewhere: Generalised pustular psoriasis of pregnancy (EA90.40)

JA65.10 Gestational pemphigoid

Gestational pemphigoid (pemphigoid gestationis) is an autoimmune skin disease characterised by pruritic plaques and blister formation on the skin in association with pregnancy or the trophoblastic tumours, hydatiform mole and choriocarcinoma. The exact causes of the disease are unknown but the disease is mediated by auto-antibodies to the hemidesmosome component BP180/BPAg2/collagen XVII. The maternal antibodies may cause short lived disease in the neonate, neonatal pemphigoid gestationis.

This disease is not an infection with herpes virus despite its old name, herpes gestationis.

Exclusions: impetigo herpetiformis (EA90.40)

JA65.11 Pruritus of pregnancy

Pruritus in pregnancy can usually be attributed to a specific cause such as cholestasis, a pregnancy-specific dermatosis such as pruritic urticarial papules and plaques of pregnancy, or to exacerbation of a preexisting inflammatory dermatosis such as atopic eczema. Not uncommonly, however, a specific cause cannot be identified.

Coded Elsewhere: Intrahepatic cholestasis of pregnancy (JA65.0)

JA65.12 Polymorphic eruption of pregnancy

Polymorphic eruption of pregnancy is a dermatosis which occurs almost exclusively in primigravidae or women with multiple pregnancy. It is associated with above average weight gain in pregnancy and it is thought that distension of abdominal skin is important in the pathogenesis: the precise mechanism is not understood. The eruption characteristically first appears in the third trimester of pregnancy as intensely itchy erythematous urticarial papules and plaques in and around the abdominal striae distensae. In some women it may then become more generalised. Onset is sometimes delayed until the immediate postpartum period. It does not usually recur in subsequent pregnancies.

JA65.1Y Other specified pregnancy dermatoses

JA65.2 Excessive weight gain in pregnancy

Any reason for encounter to assess (or care for) a mother for excessive weight gain during pregnancy.

Exclusions: Gestational oedema without hypertension (JA22.1)

JA65.3 Low weight gain in pregnancy

Any reason for encounter to assess (or care for) a mother for low weight gain during pregnancy.

JA65.4 Pregnancy care of habitual aborter

Any reason for encounter to assess (or care for) a mother who has a history of habitual aborting.

Exclusions: habitual aborter with current abortion (BlockL1‑JA0)

habitual aborter without current pregnancy (GA33)

JA65.5 Retained intrauterine contraceptive device in pregnancy

Any reason for encounter to assess (or care for) a mother with a retained intrauterine contraceptive device during pregnancy.

Exclusions: Retained intrauterine device without injury or harm in non-pregnant uterus (QA21.60)

JA65.6 Maternal hypotension syndrome

Any reason for encounter to assess a mother for low blood pressure during pregnancy.

Inclusions: Supine hypotensive syndrome

JA65.7 Subluxation of symphysis pubis in pregnancy, childbirth or the puerperium

Any reason for encounter to assess (or care for) a mother for subluxation of pubis symphysis during pregnancy.

Exclusions: traumatic separation of symphysis (pubis) during childbirth (JB0A.7)

JA65.Y Maternal care for other specified conditions predominantly related to pregnancy

JA65.Z Maternal care for unspecified conditions predominantly related to pregnancy

JA66 Clinical findings on antenatal screening of mother

Any sign characterised by an abnormality detected during an antenatal screening of the mother.

Exclusions: Maternal care related to the fetus, amniotic cavity or possible delivery problems (BlockL1‑JA8)

JA66.0 Abnormal haematological finding on antenatal screening of mother

A sign characterised by an abnormality detected by haematology during an antenatal screening of the mother.

JA66.1 Abnormal biochemical finding on antenatal screening of mother

A sign characterised by an abnormality detected by biochemistry during an antenatal screening of the mother.

JA66.2 Abnormal cytological finding on antenatal screening of mother

A sign characterised by an abnormality detected by cytology during an antenatal screening of the mother.

JA66.3 Abnormal ultrasonic finding on antenatal screening of mother

A sign characterised by an abnormality detected by ultrasound during an antenatal screening of the mother.

JA66.4 Abnormal radiological finding on antenatal screening of mother

A sign characterised by an abnormality detected by radiology during an antenatal screening of the mother.

JA66.5 Abnormal chromosomal or genetic finding on antenatal screening of mother

A sign characterised by a chromosomal or genetic abnormality detected during an antenatal screening of the mother.

JA66.Y Other specified clinical findings on antenatal screening of mother

JA66.Z Clinical findings on antenatal screening of mother, unspecified

JA67 Complications of anaesthesia during pregnancy

Exclusions: Complications of anaesthesia during the puerperium (JB43)

Complications of anaesthesia during labour or delivery (JB0C)

complications of anaesthesia during: abortion or ectopic or molar pregnancy (BlockL1‑JA0)

JA67.0 Pulmonary complications of anaesthesia during pregnancy

JA67.1 Cardiac complications of anaesthesia during pregnancy

JA67.2 Central nervous system complications of anaesthesia during pregnancy

JA67.3 Toxic reaction to local anaesthesia during pregnancy

A condition affecting females during pregnancy, caused by the properties or the concentration of the anaesthetic agent, or patient factors. This condition is characterised by a local or systemic toxic reaction leading to malfunctioning or failure of the neurovascular, central nervous, respiratory or cardiovascular systems with onset between 30 seconds and 60 minutes after administration of an anaesthetic.

JA67.4 Spinal or epidural anaesthesia-induced headache during pregnancy

A condition affecting females during pregnancy, caused by the administration of spinal and epidural anaesthesia. This condition is characterised by cephalgia during pregnancy.

JA67.5 Failed or difficult intubation during pregnancy

A condition affecting females during pregnancy, caused by physiological, pathophysiological, or psychological factors that aggravate the tissues necessary to secure the tube. This condition is characterised by a difficulty or inability to insert a tube into an external or internal orifice of the body during pregnancy.

JA67.Y Other specified complications of anaesthesia during pregnancy

JA67.Z Complications of anaesthesia during pregnancy, unspecified

JA6Z Maternal disorders predominantly related to pregnancy, unspecified

Maternal care related to the fetus, amniotic cavity or possible delivery problems (BlockL1‑JA8)

A group of conditions characterised by the provision of health interventions to the mother due to conditions associated with the fetus, the amniotic cavity, or to issues associated with labour and delivery.

JA80 Maternal care related to multiple gestation

Exclusions: Maternal care related to complications specific to multiple gestation (JA81)

JA80.0 Twin pregnancy

JA80.1 Triplet pregnancy

JA80.2 Quadruplet pregnancy

JA80.Y Maternal care related to other specified multiple gestation

JA80.Z Maternal care related to unspecified multiple gestation

JA81 Maternal care related to complications specific to multiple gestation

Exclusions: Delayed delivery of successive neonates (JB03.2)

conjoined twins causing disproportion (JA83)

Obstructed labour due to malposition or malpresentation of fetus (JB04)

Maternal care for multiple gestation with malpresentation of one fetus or more (JA82.5)

Obstructed labour due to maternal pelvic abnormality (JB05)

Obstructed labour due to other causes (JB06)

JA81.0 Papyraceous fetus

Inclusions: Fetus compressus

JA81.1 Continuing pregnancy after abortion of one fetus or more

JA81.2 Continuing pregnancy after intrauterine death of one fetus or more

JA81.3 Loss of pregnancy after abortion or intrauterine death of one fetus or more

JA81.Y Other specified maternal care related to complications specific to multiple gestation

JA81.Z Maternal care related to complications specific to multiple gestation, unspecified

JA82 Maternal care for known or suspected malpresentation of fetus

Care provided for the pregnant female for incorrect position or orientation of the fetus at near term or during labour, determined by its relation to the spine of the mother and the birth canal.

Exclusions: Obstructed labour due to malposition or malpresentation of fetus (JB04)

JA82.0 Maternal care for unstable lie

JA82.1 Maternal care for breech presentation

JA82.2 Maternal care for transverse or oblique lie

JA82.3 Maternal care for face, brow or chin presentation

JA82.4 Maternal care for high head at term

Inclusions: Failure of head to enter pelvic brim

JA82.5 Maternal care for multiple gestation with malpresentation of one fetus or more

JA82.6 Maternal care for compound presentation

JA82.Y Maternal care for known or suspected other specified malpresentation of fetus

JA82.Z Maternal care for known or suspected malpresentation of fetus, unspecified

JA83 Maternal care for known or suspected disproportion

A condition characterised by the provision of health interventions to the mother due to the situation in which a the head or body of the fetus is too large to fit through the pelvis of the mother.

Exclusions: Obstructed labour due to maternal pelvic abnormality (JB05)

Obstructed labour due to other causes (JB06)

JA83.0 Maternal care for disproportion due to deformity of maternal pelvic bones

JA83.1 Maternal care for disproportion due to generally contracted pelvis

JA83.2 Maternal care for disproportion due to inlet contraction of pelvis

JA83.3 Maternal care for disproportion due to outlet contraction of pelvis

JA83.4 Maternal care for disproportion of mixed maternal and fetal origin

JA83.5 Maternal care for disproportion due to unusually large fetus

JA83.6 Maternal care for disproportion due to hydrocephalic fetus

JA83.Y Maternal care for known or suspected other specified disproportion

JA83.Z Maternal care for known or suspected disproportion, unspecified

JA84 Maternal care for known or suspected abnormality of pelvic organs

A condition characterised by the provision of health interventions to the mother due to some abnormality that is either suspected or known to be present in of one or more of her pelvic organs.

Exclusions: Obstructed labour due to maternal pelvic abnormality (JB05)

JA84.0 Maternal care for congenital malformation of uterus

Care provided for the pregnant female necessary due to malformation of the pregnant female's uterus present at or before the time of birth.

JA84.1 Maternal care for tumour of corpus uteri

Care provided for the pregnant female necessary due to the presence of a uterine tumour at the time of pregnancy.

Exclusions: maternal care for tumour of cervix (JA84)

JA84.2 Maternal care due to uterine scar from previous surgery

Inclusions: Maternal care for scar from prior uterine surgery

Exclusions: Vaginal delivery following previous caesarean section (JB0D.6)

JA84.3 Maternal care for cervical incompetence

JA84.4 Maternal care for abnormality of vagina

Care provided for the pregnant female necessary due to some abnormality of the vagina.

Exclusions: maternal care for vaginal varices in pregnancy (JA61.1)

JA84.5 Maternal care for abnormality of vulva or perineum

Exclusions: maternal care for perineal and vulval varices in pregnancy (JA61.1)

JA84.Y Maternal care for known or suspected other specified abnormality of pelvic organs

JA84.Z Maternal care for known or suspected abnormality of pelvic organs, unspecified

JA85 Maternal care for known or suspected fetal abnormality or damage

A condition characterised by the provision of health interventions to the mother due to some abnormality or damage that is either suspected or known to be present in the fetus.

Exclusions: Maternal care for known or suspected disproportion (JA83)

JA85.0 Maternal care for known or suspected central nervous system malformation in fetus

Exclusions: Maternal care for known or suspected chromosomal abnormality in fetus (JA85.1)

JA85.1 Maternal care for known or suspected chromosomal abnormality in fetus

JA85.2 Maternal care for known or suspected hereditary disease in fetus

Exclusions: Maternal care for known or suspected chromosomal abnormality in fetus (JA85.1)

JA85.3 Maternal care for known or suspected damage to fetus from viral disease in mother

JA85.Y Maternal care for known or suspected other specified fetal abnormality or damage

JA85.Z Maternal care for known or suspected fetal abnormality or damage, unspecified

JA86 Maternal care for other known or suspected fetal problems

A condition characterised by the provision of health interventions to the mother due to any other issue that is either suspected or known to be present in the fetus.

Exclusions: Labour or delivery complicated by fetal distress (JB07)

Placental transfusion syndromes (JA8A.0)

JA86.0 Maternal care for red cell antibodies

Maternal care for rhesus or other isoimmunization

JA86.1 Maternal care for hydrops fetalis

JA86.2 Maternal care for signs of fetal hypoxia

JA86.3 Maternal care for intrauterine death

Exclusions: Missed abortion (JA03)

JA86.4 Maternal care for fetal growth restriction

JA86.5 Maternal care for suspected macrosomia

Inclusions: Maternal care for known or suspected large-for-dates

JA86.6 Maternal care for viable fetus in abdominal pregnancy

JA86.Y Maternal care for other specified fetal problems

JA86.Z Maternal care for other known or suspected fetal problems, unspecified

JA87 Maternal care related to polyhydramnios

Excessive amniotic fluid normally diagnosed on ultrasound either subjectively using either single deepest vertical pocket of greater or equal to 8cm and /or amniotic fluid index greater or equal to 24cm

Inclusions: Hydramnios

JA88 Maternal care related to certain specified disorders of amniotic fluid or membranes

Exclusions: Maternal care related to premature rupture of membranes (JA89)

JA88.0 Oligohydramnios

JA88.1 Infection of amniotic sac or membranes

JA88.Y Other specified disorders of amniotic fluid and membranes

JA88.Z Disorders of amniotic fluid and membranes, unspecified

JA89 Maternal care related to premature rupture of membranes

Spontaneous rupture of fetal membranes before the onset of labour.

JA89.0 Premature rupture of membranes, onset of labour within 24 hours

JA89.1 Premature rupture of membranes, onset of labour after 24 hours

Exclusions: Premature rupture of membranes, labour delayed by therapy (JA89.2)

JA89.2 Premature rupture of membranes, labour delayed by therapy

JA89.3 Preterm premature rupture of membranes

JA89.Y Other specified maternal care related to premature rupture of membranes

JA89.Z Maternal care related to premature rupture of membranes, unspecified

JA8A Maternal care related to placental disorders

Exclusions: Maternal care related to premature separation of placenta (JA8C)

Maternal care related to placenta praevia or low lying placenta (JA8B)

maternal care for poor fetal growth due to placental insufficiency (JA86.4)

JA8A.0 Placental transfusion syndromes

JA8A.1 Malformation of placenta

JA8A.2 Morbidly adherent placenta

JA8A.Y Other specified maternal care related to placental disorders

JA8A.Z Maternal care related to placental disorders, unspecified

JA8B Maternal care related to placenta praevia or low lying placenta

A placenta that is implanted over or very near the internal cervical os--total, partial, marginal, low-lying placenta

JA8B.0 Placenta praevia specified as without haemorrhage

Inclusions: Low implantation of placenta specified as without haemorrhage

JA8B.1 Placenta praevia with haemorrhage

Exclusions: labour and delivery complicated by haemorrhage from vasa praevia (JB08.3)

JA8B.Z Maternal care related to placenta praevia or low lying placenta, unspecified

JA8C Maternal care related to premature separation of placenta

JA8C.0 Premature separation of placenta with coagulation defect

JA8C.Y Other specified maternal care related to premature separation of placenta

JA8C.Z Maternal care related to premature separation of placenta, unspecified

JA8D Maternal care related to false labour

Contractions suggestive of labour but which do not lead to cervical dilatation.

JA8D.0 False labour before 37 completed weeks of gestation

JA8D.1 False labour at or after 37 completed weeks of gestation

JA8D.Z Maternal care related to false labour, unspecified

JA8E Maternal care related to prolonged pregnancy

Pregnancy that has exceeded a duration of 42 weeks from the last menstrual period.

Inclusions: Post-term

JA8Y Maternal care related to other specified fetus, amniotic cavity or possible delivery problems

JA8Z Maternal care related to unspecified fetus, amniotic cavity or possible delivery problems

Complications of labour or delivery (BlockL1‑JB0)

Any complication characterised by the adverse evolution of a condition that arises during any one of the three stages of labour and delivery.

JB00 Preterm labour or delivery

A condition characterised by the onset of labour and delivery before 37 completed weeks.

Assign an additional extension code, if desired, for Duration of pregnancy.

Inclusions: Onset (spontaneous) of labour before 37 completed weeks of gestation

JB00.0 Preterm labour without delivery

A condition characterised by the onset of labour before 37 completed weeks, without delivery.

JB00.1 Preterm spontaneous labour with preterm delivery

A condition characterised by the spontaneous onset of labour and delivery before 37 completed weeks.

JB00.2 Preterm labour with term delivery

A condition characterised by the spontaneous onset of labour before 37 completed weeks followed by a delivery after 39 weeks.

JB00.3 Preterm delivery following iatrogenic induction of labour or caesarean section

JB00.Y Other specified preterm labour or delivery

JB00.Z Preterm labour or delivery, unspecified

JB01 Failed induction of labour

A condition characterised by a failed attempt to stimulate contractions before the spontaneous onset of labour. This condition may occur with or without ruptured membranes.

JB01.0 Failed medical induction of labour

A condition characterised by a failed attempt to stimulate contractions pharmacologically before the spontaneous onset of labour. This condition may occur with or without ruptured membranes.

JB01.1 Failed instrumental induction of labour

A condition characterised by a failed attempt to instrumentally stimulate contractions before the spontaneous onset of labour. This condition may occur with or without ruptured membranes.

JB01.Z Failed induction of labour, unspecified

JB02 Abnormalities of forces of labour

Any condition affecting pregnant females, characterised by an anomaly or dysfunction to the tissues or processes associated with the natural progression of labour. These conditions may lead to further complications during labour and childbirth.

JB02.0 Primary uterine inertia

A condition affecting pregnant females characterised by insufficiently strong or inappropriately coordinated rhythmic activity of the myometrium during labour to efface and dilate the cervix.

Inclusions: Primary hypotonic uterine dysfunction

Uterine inertia during latent phase of labour

Primary inadequate contractions

JB02.1 Secondary uterine inertia

A condition affecting pregnant females that is idiopathic. This condition is characterised by vigorous contractions that decrease in vigour due to exhaustion or dehydration of the individual. This condition leads to lack of labour progress.

Inclusions: Secondary hypotonic uterine dysfunction

Arrested active phase of labour

JB02.2 Other uterine inertia

A condition affecting pregnant females that is idiopathic. This condition is characterised by the absence of effective uterine contractions during labour and abnormal relaxation of the uterus during labour. This condition leads to lack of labour progress or uterine haemorrhage.

Inclusions: Atony of uterus, during labour

Exclusions: atony of uterus, postpartum (JA43.1)

JB02.3 Precipitate labour

A condition affecting pregnant females that is idiopathic. This condition is characterised by rapid labour and the lack of time for standard obstetric preparations or procedures leading to the delivery of the newborn. This condition leads to vaginal bleeding, frequent strong contractions, feelings of defecation, crowning of the fetus head at the vaginal introitus, or bulging of the amniotic sac.

JB02.4 Hypertonic, incoordinate, or prolonged uterine contractions

A condition affecting pregnant females that is idiopathic. This condition is characterised by uterine dysfunction leading to hypertonic, uncoordinated, and prolonged rhythmic activity of the myometrium during labour.

Exclusions: dystocia (fetal)(maternal) NOS (JB06)

JB02.Y Other specified abnormalities of forces of labour

JB02.Z Abnormalities of forces of labour, unspecified

JB03 Long labour

Any condition characterised by a longer than average parturition between the initiation of regular, rhythmic, and painful contractions and cervical dilation, to the delivery of the placenta.

JB03.0 Prolonged first stage of labour

The first stage of labour where cervical dilatation progresses less than 1 centimetre per hour for a minimum of 4 hours. Protracted descent is less than 1 centimetre per hour for nulliparas and less than 2 centimetre per hour for multiparas.

JB03.1 Prolonged second stage of labour

The fetus has not been delivered after the cervix has become fully dilated within 2 hours for a primipara, or 1 hour for a multipara. Presence of regional anaesthesia will add 1 hour.

JB03.2 Delayed delivery of successive neonates

A condition affecting pregnant females, characterised by the delayed spontaneous or caesarean section delivery of the successive neonates in a multiple delivery.

JB03.Z Long labour, unspecified

JB04 Obstructed labour due to malposition or malpresentation of fetus

A condition affecting pregnant females, caused by the abnormal position of fetal head or the abnormal presentation of the fetus away from the fetal head in vertex.

JB04.0 Obstructed labour due to incomplete rotation of fetal head

JB04.1 Obstructed labour due to breech presentation

JB04.2 Obstructed labour due to face presentation

JB04.3 Obstructed labour due to brow presentation

JB04.4 Obstructed labour due to shoulder presentation

Inclusions: Prolapsed arm

Exclusions: Obstructed labour due to shoulder dystocia (JB06.0)

impacted shoulders (JB06.0)

JB04.5 Obstructed labour due to compound presentation

JB04.Y Obstructed labour due to other malposition and malpresentation of fetus

JB04.Z Obstructed labour due to malposition or malpresentation of fetus, unspecified

JB05 Obstructed labour due to maternal pelvic abnormality

Obstructed labour means that, in spite of strong contractions of the uterus, the fetus cannot descend through the pelvis because there is an insurmountable barrier preventing its descent. Obstruction usually occurs at the pelvic brim, but occasionally it may occur in the cavity or at the outlet of the pelvis. Complications resulting from obstructed labour can be avoided if a woman in obstructed labour is identified early and appropriate action is taken.

JB05.0 Obstructed labour due to deformed pelvis

JB05.1 Obstructed labour due to generally contracted pelvis

JB05.2 Obstructed labour due to pelvic inlet contraction

JB05.3 Obstructed labour due to pelvic outlet or mid-cavity contraction

JB05.4 Obstructed labour due to foetopelvic disproportion, unspecified

Exclusions: dystocia due to abnormality of fetus (JB06)

JB05.5 Obstructed labour due to abnormality of maternal pelvic organs

Inclusions: Obstructed labour due to maternal care for known or suspected abnormality of pelvic organs

JB05.Y Obstructed labour due to other maternal pelvic abnormalities

JB05.Z Obstructed labour due to maternal pelvic abnormality, unspecified

JB06 Obstructed labour due to other causes

Any other condition characterised by the inability of the presenting part of the fetus to progress into the birth canal for any reason.

JB06.0 Obstructed labour due to shoulder dystocia

Inclusions: Impacted shoulders

JB06.1 Obstructed labour due to locked twins

JB06.2 Obstructed labour due to unusually large fetus

JB06.3 Obstructed labour due to other abnormalities of fetus

JB06.Y Obstructed labour due to other specified causes

JB06.Z Obstructed labour due to unspecified causes

JB07 Labour or delivery complicated by fetal distress

JB07.0 Labour or delivery complicated by fetal heart rate anomaly

A condition characterised by an abnormal fetal heart rate. This condition leads to further difficulties and complications during labour and delivery. Confirmation is by Doppler ultrasound.

Exclusions: Labour or delivery complicated by fetal heart rate anomaly with meconium in amniotic fluid (JB07)

JB07.1 Labour or delivery complicated by meconium in amniotic fluid

A condition characterised by complications during labour and delivery that is caused by meconium in amniotic fluid.

Exclusions: Labour or delivery complicated by fetal heart rate anomaly with meconium in amniotic fluid (JB07)

JB07.2 Labour or delivery complicated by biochemical evidence of fetal stress

A condition characterised by complications during labour and delivery that is caused by biochemical evidence of fetal distress. Confirmation is by a fetal blood sample from a scalp prick through the open cervix during labour.

JB07.Y Other specified labour or delivery complicated by fetal distress

JB07.Z Labour or delivery complicated by fetal distress, unspecified

JB08 Labour or delivery complicated by umbilical cord complications

JB08.0 Labour or delivery complicated by prolapse of cord

A condition characterised by complications during labour and delivery that is caused by umbilical cord prolapse.

JB08.1 Labour or delivery complicated by cord around neck, with compression

A condition characterised by complications during labour and delivery that is caused by wrapping of the umbilical cord around the neck of the fetus, with compression.

JB08.2 Labour or delivery complicated by short cord

A condition characterised by complications during labour and delivery that is caused by a short umbilical cord.

JB08.3 Labour or delivery complicated by vasa praevia

A condition characterised by complications during labour and delivery that is caused when the umbilical vessels traverse the membranes of the internal cervical os.

Inclusions: Haemorrhage from vasa praevia

JB08.4 Labour or delivery complicated by vascular lesion of cord

A condition characterised by complications during labour and delivery that is caused by vascular lesion of the umbilical cord.

JB08.5 Labour or delivery complicated by other cord entanglement, with compression

JB08.Y Labour and delivery complicated by other specified umbilical cord complications

JB08.Z Labour or delivery complicated by umbilical cord complications, unspecified

JB09 Perineal laceration during delivery

An injury characterised by a laceration to the maternal perineum during delivery.

Inclusions: episiotomy extended by laceration

JB09.0 First degree perineal laceration during delivery

Perineal lacerations involving the fourchette, perineal skin, and vaginal mucous membrane but not the underlying fascia and muscle.

JB09.1 Second degree perineal laceration during delivery

Perineal lacerations involve, in addition, the fascia and muscles of the perineal body but not the anal sphincter.

Exclusions: that involving anal sphincter (JB09.2)

JB09.2 Third degree perineal laceration during delivery

Perineal lacerations extending farther to involve the anal sphincter.

Exclusions: that involving anal or rectal mucosa (JB09.3)

JB09.3 Fourth degree perineal laceration during delivery

Perineal lacerations extending through the rectum's mucosa to expose its lumen.

JB09.Z Perineal laceration during delivery, unspecified

JB0A Certain specified obstetric trauma

Any injury characterised by maternal trauma. These injuries are caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery.

Coded Elsewhere: Vesicovaginal fistula (GC04.10)

Urethrovaginal fistula (GC04.14)

Combined urethrovesicovaginal fistula (GC04.15)

Vesicouterine fistula with severe scar or extensive tissue loss (GC04.17)

Other combined urinary fistula with severe scar or extensive tissue loss (GC04.18)

Rectovaginal fistula (GC04.16)

Combined urinary and rectal fistula including cloaca with severe scar or extensive tissue loss (GC04.19)

Vaginal stenosis or gynatresia related to obstetric fistula (GC04.1A)

Obstetric Fistula (GC04.1Y)

JB0A.0 Rupture of uterus before onset of labour

An injury characterised by rupture of the myometrial wall of the uterus before the onset of labour. This injury is caused by pregnancy. This injury presents with abdominal pain, haemorrhage, or hypovolemic shock in the mother, or late decelerations, reduced variability, tachycardia, or bradycardia in the fetus.

JB0A.1 Rupture of uterus during labour

An injury characterised by rupture of the myometrial wall of the uterus during labour. This injury is caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery. This injury presents with abdominal pain, haemorrhage, or hypovolemic shock in the mother, or late decelerations, reduced variability, tachycardia, or bradycardia in the fetus.

Inclusions: Rupture of uterus not stated as occurring before onset of labour

JB0A.2 Postpartum inversion of uterus

An injury characterised by uterine inversion and prolapse through the dilated cervix that occurs after the delivery of a neonate. This condition is caused by or subsequent to labour and delivery, commonly as a result of excessive fundal pressure or cord traction. This condition presents with postpartum haemorrhage.

JB0A.3 Obstetric laceration of cervix

An injury characterised by a laceration to the cervix. This injury is caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery.

JB0A.4 Obstetric high vaginal laceration

An injury characterised by a laceration in the upper third area of the vagina. This injury is caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery.

Inclusions: Laceration of vaginal wall without mention of perineal laceration

high vaginal obstetrical instrument injury

JB0A.5 Obstetric uterine laceration or tear

JB0A.6 Other obstetric injury to pelvic organs

Any injury characterised by damage to the maternal pelvic organs. These injuries are caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery.

JB0A.7 Obstetric damage to pelvic joints or ligaments

An injury characterised by damage to the pelvic joints and ligaments. This injury is caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery.

JB0A.8 Obstetric haematoma of pelvis

An injury characterised by a collection of extravasated blood trapped in the pelvic tissues. This injury is caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery. This condition may also present with bruising or blood clots in the pelvic area.

JB0A.Y Other specified obstetric trauma

JB0A.Z Obstetric trauma, unspecified

JB0B Retained placenta or membranes, without haemorrhage

A condition characterised by a placenta or membranes that have not been expelled from the uterus during the third stage of labour and up to 30 minutes following delivery, and without haemorrhage. This condition is caused by uterine atony, a trapped placenta, or a placenta accreta. This condition may lead to primary postpartum haemorrhage or infection.

JB0B.0 Retained placenta without haemorrhage

A condition characterised by a placenta that has not been expelled from the uterus during the third stage of labour and up to 30 minutes following delivery, and without haemorrhage. This condition is caused by uterine atony, a trapped placenta, or a placenta accreta. This condition may lead to primary postpartum haemorrhage or infection.

Coding Note: Code aslo the casusing condition

JB0B.1 Retained portions of placenta or membranes, without haemorrhage

A condition characterised by portions of a placenta and membranes that have not been expelled from the uterus during the third stage of labour and up to 30 minutes following delivery, and without haemorrhage. This condition is caused by uterine atony, a trapped placenta, or a placenta accreta. This condition may lead to primary postpartum haemorrhage or infection.

Coding Note: Code aslo the casusing condition

JB0C Complications of anaesthesia during labour or delivery

Any complication caused by or subsequent to any anaesthetic intervention used during labour and delivery.

Inclusions: maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during labour and delivery

Exclusions: Complications of anaesthesia during pregnancy (JA67)

Complications of anaesthesia during the puerperium (JB43)

JB0C.0 Aspiration pneumonitis due to anaesthesia during labour or delivery

Massive gastric inhalation causing pulmonary insufficiency from aspiration pneumonitis due to anaesthesia during labour and delivery

Inclusions: Mendelson syndrome due to anaesthesia during labour and delivery

JB0C.1 Other pulmonary complications of anaesthesia during labour or delivery

JB0C.2 Cardiac complications of anaesthesia during labour or delivery

JB0C.3 Central nervous system complications of anaesthesia during labour or delivery

JB0C.4 Toxic reaction to local anaesthesia during labour or delivery

JB0C.5 Spinal or epidural anaesthesia-induced headache during labour or delivery

JB0C.6 Other complications of spinal or epidural anaesthesia during labour or delivery

JB0C.7 Failed or difficult intubation during labour or delivery

JB0C.Y Other specified complications of anaesthesia during labour or delivery

JB0C.Z Complications of anaesthesia during labour or delivery, unspecified

JB0D Certain specified complications of labour or delivery, not elsewhere classified

Exclusions: Infections in the puerperium (JB40)

Puerperal sepsis (JB40.0)

JB0D.0 Maternal distress during labour or delivery

A condition characterised by maternal anxiety, depression, or stress during labour and delivery.

JB0D.1 Shock during or following labour or delivery

A syndrome characterised by systemic cellular hypoxia and organ dysfunction as a result of hypoperfusion following labour and delivery. This syndrome is caused by haemorrhage, vomiting, diarrhoea, inadequate fluid intake, or a systemic inflammatory response to bacteria, endotoxins, or exotoxins.

Inclusions: Obstetric shock

JB0D.2 Pyrexia during labour, not elsewhere classified

A complication characterised by maternal fever during labour, and not elsewhere classified.

JB0D.3 Other complications of obstetric surgery or procedures

Any complication caused by or subsequent to obstetric surgery and procedures, and not elsewhere classified.

Exclusions: Infection of obstetric surgical wound (JB40.1)

Haematoma of obstetric wound (JB44.2)

Complications of anaesthesia during labour or delivery (JB0C)

Disruption of perineal obstetric wound (JB44.1)

JB0D.4 Delayed delivery after artificial rupture of membranes

A complication characterised by a delayed neonatal delivery after the artificial rupture of the membranes.

JB0D.5 Delayed delivery after spontaneous or unspecified rupture of membranes

A complication characterised by a delayed neonatal delivery after the spontaneous or unspecified rupture of the membranes.

Exclusions: spontaneous premature rupture of membranes (JA89)

JB0D.6 Vaginal delivery following previous caesarean section

JB0D.7 Failed application of vacuum extractor or forceps, unspecified

Inclusions: Failed application of ventouse or forceps, with subsequent delivery by forceps or caesarean section respectively

JB0D.8 Failed trial of labour, unspecified

JB0D.Y Other specified complications of labour or delivery, not elsewhere classified

JB0Y Other specified complications of labour or delivery

JB0Z Complications of labour or delivery, unspecified

Delivery (BlockL1‑JB2)

Birth of one or more neonates from the uterus either spontaneously, assisted, or by caesarean section.

Exclusions: Disorders of newborn related to length of gestation or fetal growth (BlockL1‑KA2)

JB20 Single spontaneous delivery

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by spontaneous parturition of a neonate from the uterus.

Inclusions: delivery in a completely normal case

JB20.0 Spontaneous vertex delivery

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by spontaneous parturition of a neonate in vertex position from the uterus.

JB20.1 Spontaneous breech delivery

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by spontaneous parturition of a neonate in breech position from the uterus.

JB20.Y Single spontaneous delivery with other specified presentation

JB20.Z Single spontaneous delivery, unspecified

JB21 Single delivery by forceps or vacuum extractor

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate from the uterus using forceps and vacuum extractor to assist the delivery.

Exclusions: Failed application of vacuum extractor or forceps, unspecified (JB0D.7)

JB22 Single delivery by caesarean section

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a single neonate from the uterus by caesarean section.

JB22.0 Delivery by elective caesarean section

JB22.1 Delivery by emergency caesarean section

JB22.2 Single delivery by caesarean hysterectomy

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate from the uterus by caesarean section followed by removal of the uterus.

JB22.Z Single delivery by caesarean section, unspecified

JB23 Other assisted single delivery

JB23.0 Breech extraction

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate in breech position from the uterus using breech extraction interventions or techniques to assist the delivery.

JB23.1 Other assisted breech delivery

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate in breech position from the uterus using other interventions or techniques to assist the delivery.

JB23.2 Other manipulation-assisted delivery

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate from the uterus using other manipulation-assisted interventions or techniques to assist the delivery.

JB23.3 Delivery of viable fetus in abdominal pregnancy

A condition caused by the development of a viable fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a viable neonate from the abdominal cavity, at the culmination of an abdominal pregnancy.

JB23.4 Destructive operation for delivery

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate using destructive operation interventions or techniques to assist the delivery.

JB23.Z Other assisted single delivery, unspecified

JB24 Multiple delivery

A condition caused by the development of more than one fetus to the culmination of the pregnancy period. This condition is characterised by parturition of more than one neonate from the uterus either spontaneously, assisted, or by caesarean section.

JB24.0 Multiple delivery, all spontaneous

A condition caused by the development of more than one fetus to the culmination of the pregnancy period. This condition is characterised by parturition of more than one neonate spontaneously from the uterus.

JB24.1 Multiple delivery, all by forceps or vacuum extractor

A condition caused by the development of more than one fetus to the culmination of the pregnancy period. This condition is characterised by parturition of more than one neonate from the uterus using forceps and vacuum extractor.

JB24.2 Multiple delivery, all by caesarean section

A condition caused by the development of more than one fetus to the culmination of the pregnancy period. This condition is characterised by parturition of more than one neonate from the uterus by caesarean section.

JB24.3 Multiple delivery by combination of methods with caesarean

JB24.Y Other specified multiple delivery

JB24.Z Multiple delivery, unspecified

JB2Z Delivery, unspecified

Complications predominantly related to the puerperium (BlockL1‑JB4)

A group of conditions characterised as any adverse evolution (complication) which may arise during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

Exclusions: Obstetrical tetanus (1C14)

Coded Elsewhere: Postpartum symptom or complaint (MF35)

JB40 Infections in the puerperium

Exclusions: infection during labour (JB0D)

JB40.0 Puerperal sepsis

Coding Note: Any type of infection - bacterial, viral, fungal or protozoal, can cause sepsis and must be coded first. When the site of infection is unknown, select a code for Infection of unspecified site by organism followed by the appropriate code for sepsis.

Exclusions: Obstetric pyaemic or septic embolism (JB42.3)

sepsis during labour (JB0D)

JB40.1 Infection of obstetric surgical wound

JB40.2 Other infection of genital tract following delivery

JB40.3 Urinary tract infection following delivery

JB40.4 Pyrexia of unknown origin following delivery

Exclusions: puerperal fever (JB40.0)

Pyrexia during labour, not elsewhere classified (JB0D.2)

JB40.Y Other specified infections in the puerperium

JB40.Z Infections in the puerperium, unspecified

JB41 Venous complications in the puerperium

Exclusions: Venous complications in pregnancy (JA61)

Obstetric embolism (JB42)

JB41.0 Superficial thrombophlebitis in the puerperium

JB41.2 Haemorrhoids in the puerperium

JB41.3 Cerebral venous thrombosis in the puerperium

JB41.Y Other specified venous complications in the puerperium

JB41.Z Venous complications in the puerperium, unspecified

JB42 Obstetric embolism

A condition characterised by the lodging of a blood clot, a fat globule or a gas bubble (embolus) in the bloodstream, which can cause a blockage associated with the physiological and other changes that occur during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

Exclusions: Embolism following abortion, ectopic or molar pregnancy (JA05.2)

JB42.0 Obstetric air embolism

A condition characterised by the lodging of a gas bubble (air embolus) in the bloodstream, which can cause a blockage associated with the physiological and other changes that occur during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

JB42.1 Amniotic fluid embolism

Amniotic fluid embolism is a rare obstetric emergency in which it is postulated that amniotic fluid, fetal cells, hair, or other debris enter the maternal circulation, causing cardiorespiratory collapse.

Inclusions: Anaphylactoid syndrome of pregnancy

JB42.2 Obstetric blood-clot embolism

A condition characterised by the lodging of a blood clot (a specific type of embolus known as a thrombus) in the bloodstream, which can cause a blockage associated with the physiological and other changes that occur during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

JB42.3 Obstetric pyaemic or septic embolism

JB42.Y Other specified obstetric embolism

JB42.Z Obstetric embolism, unspecified

JB43 Complications of anaesthesia during the puerperium

Coding Note: Maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during the puerperium

Exclusions: Complications of anaesthesia during pregnancy (JA67)

Complications of anaesthesia during labour or delivery (JB0C)

JB43.0 Pulmonary complications of anaesthesia during the puerperium

JB43.1 Cardiac complications of anaesthesia during the puerperium

JB43.2 Central nervous system complications of anaesthesia during the puerperium

JB43.3 Spinal or epidural anaesthesia-induced headache during the puerperium

JB43.4 Other complications of spinal or epidural anaesthesia during the puerperium

JB43.5 Failed or difficult intubation during the puerperium

JB43.Y Other specified complications of anaesthesia during the puerperium

Coding Note: Maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during the puerperium

JB43.Z Complications of anaesthesia during the puerperium, unspecified

Coding Note: Maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during the puerperium

JB44 Certain specified complications of the puerperium

A group of conditions characterised as any adverse evolution (complication) which may arise during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium) which are not classified elsewhere.

JB44.0 Disruption of caesarean section wound

JB44.1 Disruption of perineal obstetric wound

Inclusions: Secondary perineal tear

JB44.2 Haematoma of obstetric wound

JB44.3 Cardiomyopathy in the puerperium

A group of diseases in which the dominant feature is the involvement of the cardiac muscle itself occurring in puerperium, the period of 6-8 weeks after giving birth. Cardiomyopathies are classified according to their predominant pathophysiological features or their etiological/pathological factors.

JB44.4 Postpartum acute renal failure

JB44.5 Postpartum thyroiditis

Postpartum thyroiditis (PPT) is the occurrence, in the postpartum period, of transient hyperthyroidism and/or transient hypothyroidism, with most women returning to the euthyroid state by 1 year postpartum.

JB44.6 Puerperal osteomalacia

Coding Note: Code aslo the casusing condition

JB44.Y Other specified complications of the puerperium

JB44.Z Complications of the puerperium, unspecified

JB45 Infections of breast associated with childbirth

JB45.0 Abscess of breast associated with childbirth

JB45.1 Nonpurulent mastitis associated with childbirth

JB45.Y Other specified infections of breast associated with childbirth

JB45.Z Infections of breast associated with childbirth, unspecified

JB46 Certain specified disorders of breast or lactation associated with childbirth

Coded Elsewhere: Breast or lactation symptom or complaint (MF31)

JB46.0 Retracted nipple associated with childbirth

A condition characterised as the abnormal inversion of a nipple that does not return to normal position even when stimulated that has occurred in association with childbirth.

JB46.1 Cracked nipple associated with childbirth

JB46.2 Other or unspecified disorders of breast associated with childbirth

JB46.3 Agalactia

Inclusions: Failure of lactation

Primary agalactia

JB46.4 Hypogalactia

Inclusions: Insufficient milk supply

Delayed milk supply

JB46.5 Suppressed lactation

JB46.6 Galactorrhoea

Excessive or inappropriate lactation in females or males, and not necessarily related to pregnancy. Galactorrhoea can occur either unilaterally or bilaterally, and be profuse or sparse. Its most common cause is hyperprolactinemia.

Inclusions: Oversupply of milk

Exclusions: Galactorrhoea not associated with childbirth (GB23.4)

JB46.7 Other or unspecified disorders of lactation

JB4Z Complications predominantly related to the puerperium, unspecified

Certain obstetric conditions, not elsewhere classified (BlockL1‑JB6)

Any condition characterised by an obstetric complication, condition, disease, or death during pregnancy, labour and delivery, or the puerperium that is not elsewhere classified.

JB60 Obstetric death of unspecified cause

A condition characterised by maternal death during pregnancy or within 42 days following delivery. This death may be associated with physiological, obstetrical, or other changes or is provoked by interventions used during pregnancy, childbirth, or puerperium, but has no specified cause.

JB61 Death from any obstetric cause occurring more than 42 days but less than one year after delivery

A condition characterised by maternal death between 43 days and one year following delivery. This death is caused by any physiological, obstetrical, or other changes or is provoked by interventions used during pregnancy, childbirth, or puerperium.

Coding Note: This category is to be used to indicate death from any obstetric cause (conditions in categories JA00-JB0Z; JB40-JB4Z and JB63-JB6Z), and occurring more than 42 days but less than one year after delivery.

JB62 Death from sequelae of obstetric causes

A secondary condition of pregnant females, caused by and subsequent to any complications during pregnancy, childbirth, or puerperium. This condition is characterised by maternal death.

Inclusions: Death from any direct obstetric cause occurring one year or more after delivery

JB62.0 Death from sequelae of direct obstetric cause

Any condition directly resulting in death due to a pathological condition resulting from any adverse evolution (complication) which may arise associated with the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

JB62.1 Death from sequelae of indirect obstetric cause

Any condition resulting in death via an intermediate cause due to a pathological condition resulting from any adverse evolution (complication) which may arise associated with the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

JB62.Z Death from sequelae of obstetric causes, unspecified

JB63 Maternal infectious diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium

Maternal infectious and parasitic diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium

Exclusions: Obstetrical tetanus (1C14)

Laboratory evidence of human immunodeficiency virus (MA14.0)

Asymptomatic human immunodeficiency virus infection (1C62.0)

puerperal infection (JB40)

Puerperal sepsis (JB40.0)

when the reason for maternal care is that the disease is known or suspected to have affected the fetus (BlockL1‑JA8)

JB63.0 Tuberculosis complicating pregnancy, childbirth or the puerperium

JB63.00 Tuberculous placenta

JB63.0Y Other specified tuberculosis complicating pregnancy, childbirth or the puerperium

JB63.0Z Tuberculosis complicating pregnancy, childbirth or the puerperium, unspecified

JB63.1 Syphilis complicating pregnancy, childbirth or the puerperium

Syphilis complicating pregnancy, childbirth or the puerperium

JB63.2 Gonorrhoea complicating pregnancy, childbirth or the puerperium

JB63.3 Other infections with a predominantly sexual mode of transmission complicating pregnancy, childbirth or the puerperium

JB63.4 Viral hepatitis complicating pregnancy, childbirth or the puerperium

JB63.5 Other viral diseases complicating pregnancy, childbirth or the puerperium

JB63.6 Protozoal diseases complicating pregnancy, childbirth or the puerperium

JB63.60 Malaria complicating pregnancy, childbirth, or the puerperium

JB63.6Y Other specified protozoal diseases complicating pregnancy, childbirth or the puerperium

JB63.6Z Protozoal diseases complicating pregnancy, childbirth or the puerperium, unspecified

JB63.7 Human immunodeficiency disease complicating pregnancy, childbirth or the puerperium

JB63.Y Other specified maternal infectious diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium

JB63.Z Maternal infectious diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium, unspecified

JB64 Certain maternal diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: when the reason for maternal care is that the condition is known or suspected to have affected the fetus (JA85)

infectious and parasitic diseases (JB63)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Coded Elsewhere: Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium (6E20-6E2Z)

Injury complicating pregnancy (ND56.9)

JB64.0 Anaemia complicating pregnancy, childbirth or the puerperium

A condition of the circulatory system affecting pregnant females, characterised by a haemoglobin level below 11 grams per decilitre that complicates pregnancy, childbirth, or the puerperium.

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

JB64.1 Other diseases of the blood or blood-forming organs or certain disorders involving the immune mechanism complicating pregnancy, childbirth or the puerperium

Any disease affecting pregnant females, characterised by pathological changes to the blood and blood-forming organs and pathological changes involving the immune mechanism that complicate pregnancy, childbirth, or the puerperium not classified elsewhere.

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Antepartum haemorrhage with coagulation defect (JA41.0)

Intrapartum haemorrhage with coagulation defect (JA42.0)

JB64.2 Endocrine, nutritional or metabolic diseases complicating pregnancy, childbirth or the puerperium

Any disease affecting pregnant females, characterised by endocrine, nutrition, or metabolic manifestations that complicate pregnancy, childbirth, or the puerperium.

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Malnutrition in pregnancy (JA64)

Diabetes mellitus in pregnancy (JA63)

Postpartum thyroiditis (JB44.5)

JB64.3 Diseases of the nervous system complicating pregnancy, childbirth or the puerperium

Any disorder or disease of the nervous system affecting pregnant females leading to complications during pregnancy, childbirth, or puerperium.

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium (BlockL1‑6E2)

JB64.4 Diseases of the circulatory system complicating pregnancy, childbirth or the puerperium

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Obstetric embolism (JB42)

venous complications and cerebrovenous sinus thrombosis in pregnancy (JA61)

Venous complications in the puerperium (JB41)

Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium (BlockL1‑JA2)

Cardiomyopathy in the puerperium (JB44.3)

Other venous complications following abortion, ectopic or molar pregnancy (JA05.7)

JB64.5 Diseases of the respiratory system complicating pregnancy, childbirth or the puerperium

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

JB64.6 Diseases of the digestive system complicating pregnancy, childbirth or the puerperium

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Liver disorders in pregnancy, childbirth or the puerperium (JA65.0)

JB64.7 Diseases of the skin or subcutaneous tissue complicating pregnancy, childbirth or the puerperium

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Herpes gestationis (JA65.10)

Gestational pemphigoid (JA65.10)

Polymorphic eruption of pregnancy (JA65.12)

Pregnancy dermatoses (JA65.1)

Pruritus of pregnancy (JA65.11)

JB64.8 Congenital anomaly complicating pregnancy

JB64.Y Other specified maternal diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

JB64.Z Maternal diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium, unspecified

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

JB65 Sequelae of complication of pregnancy, childbirth or the puerperium

A secondary condition that develops during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the six weeks following delivery (puerperium).

Exclusions: Death from any obstetric cause occurring more than 42 days but less than one year after delivery (JB61)

Death from sequelae of obstetric causes (JB62)

JB6Y Other specified obstetric conditions, not elsewhere classified

JB6Z Unspecified obstetric condition