CHAPTER 19

Certain conditions originating in the perinatal period

This chapter has 151 four-character categories.

Code range starts with KA00

This chapter includes conditions that have their origin in the perinatal period even though death or morbidity occurs later.

Coding Note: Conditions arising in the perinatal period, even though death or morbidity occurs later, should, as far as possible, be coded to chapter 19, which takes precedence over chapters containing codes for diseases by their anatomical site.

For children less than 28 days old, assume that a reported condition developed in the perinatal period, unless the duration is stated and the onset was after the first completed week of life.

Exclusions: Endocrine, nutritional or metabolic diseases (Chapter 05)

Congenital malformations, deformations and chromosomal abnormalities (Chapter 20)

Neoplasms (Chapter 02)

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

Tetanus neonatorum

Congenital gonococcal infection (BlockL2‑1A7)

Human immunodeficiency virus disease (BlockL1‑1C6)

Certain infectious or parasitic diseases - acquired after birth (Chapter 01)

Gastroenteritis or colitis of infectious origin (BlockL1‑1A0)

Hereditary haemolytic anaemia (3A10)

Transient hypogammaglobulinaemia of infancy (4A01.03)

Certain congenital diseases of the nervous system (Chapter 08)

congenital cardiomyopathy (BC43)

Paralytic ileus (DA93.0)

Pemphigus neonatorum (EA50)

Cradle cap (EH40.00)

This chapter contains the following top level blocks:

* Fetus or newborn affected by maternal factors or by complications of pregnancy, labour or delivery
* Disorders of newborn related to length of gestation or fetal growth
* Birth injury
* Infections of the fetus or newborn
* Haemorrhagic or haematological disorders of fetus or newborn
* Neurological disorders specific to the perinatal or neonatal period
* Respiratory disorders specific to the perinatal or neonatal period
* Cardiovascular disorders present in the perinatal or neonatal period
* Transitory endocrine or metabolic disorders specific to fetus or newborn
* Digestive system disorders of fetus or newborn
* Genitourinary system disorders specific to the perinatal or neonatal period
* Disorders involving the integument of fetus or newborn
* Disturbances of temperature regulation of newborn
* Certain disorders originating in the perinatal period

Fetus or newborn affected by maternal factors or by complications of pregnancy, labour or delivery (BlockL1‑KA0)

A group of conditions characterised by findings in the fetus or newborn due to conditions associated with the mother or by an adverse evolution (complication) which may arise associated with the time period from conception through childbirth.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA00 Fetus or newborn affected by maternal conditions that may be unrelated to present pregnancy

A group of conditions characterised by findings in the fetus or newborn due to conditions associated with the mother which are unrelated to the present pregnancy.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

Exclusions: Fetus or newborn affected by maternal complications of pregnancy (KA01)

fetus and newborn affected by maternal endocrine and metabolic disorders (BlockL1‑KB6)

Fetus or newborn affected by noxious influences transmitted via placenta or breast milk (KA06)

KA00.0 Fetus or newborn affected by maternal hypertensive disorders

Maternal hypertensive disorders - chronic hypertension, preeclampsia-eclampsia, preeclampsia superimposed on chronic hypertension, and gestational hypertension.

KA00.1 Fetus or newborn affected by gestational oedema or proteinuria without hypertension

KA00.2 Fetus or newborn affected by maternal renal or urinary tract diseases

A group of conditions characterised by findings in the fetus or newborn due to conditions in the mother associated with the kidneys and urinary tract.

KA00.3 Fetus or newborn affected by maternal infectious diseases

A condition affecting fetuses or newborns, that is (or suspected to be) caused by a maternal infection with a bacterial, viral, fungal, or parasitic source.

Exclusions: Infections of the genital tract in pregnancy (JA62.4)

KA00.4 Fetus or newborn affected by periodontal disease in mother

KA00.5 Fetus or newborn affected by maternal respiratory diseases

KA00.6 Fetus or newborn affected by maternal nutritional disorders

A group of conditions characterised by findings in the fetus or newborn due to conditions in the mother that are directly or indirectly associated with a lack of essential nutrients in the diet.

KA00.60 Fetus or newborn affected by maternal malnutrition

KA00.61 Fetus or newborn affected by maternal overweight or obesity

KA00.6Y Other specified fetus or newborn affected by maternal nutritional disorders

KA00.6Z Fetus or newborn affected by maternal nutritional disorders, unspecified

KA00.7 Fetus or newborn affected by abnormal maternal chemistry

KA00.8 Fetus or newborn affected by maternal injury

A group of conditions characterised by findings in the fetus or newborn due to conditions in the mother resulting from physical damage or harm.

Inclusions: Fetus or newborn affected by maternal injury, poisoning or certain other consequences of external causes

KA00.9 Fetus or newborn affected by maternal chemotherapy

KA00.A Fetus or newborn affected by surgical procedure on mother

A group of conditions characterised by findings in the fetus or newborn due to conditions in the mother resulting from surgical health intervention.

Exclusions: damage to placenta from amniocentesis, caesarean section or surgical induction (KA02)

Termination of pregnancy, affecting surviving fetus or newborn (KD3A)

previous surgery to uterus or pelvic organs (KA05)

Fetus or newborn affected by caesarean delivery (KA05.4)

KA00.B Fetus or newborn affected by maternal anaemia

KA00.Y Foetus or newborn affected by other specified maternal condition that may be unrelated to present pregnancy

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA00.Z Foetus or newborn affected by unspecified maternal condition that may be unrelated to present pregnancy

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA01 Fetus or newborn affected by maternal complications of pregnancy

Any other condition characterised by findings in the fetus or newborn due to any condition of the mother due to an adverse evolution (complication) which may arise associated with the time period from conception through childbirth.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA01.0 Fetus or newborn affected by incompetence of cervix uteri

Cervical incompetence refers to a weakness of the cervix and lower uterine segment, which can lead to recurrent second-trimester or early third-trimester loss of pregnancy due to an inability of the uterine cervix to retain a pregnancy until term. It is associated with a premature shortening of the cervix, dilatation, and opening of the cervical os during pregnancy. Ultrasound changes that suggest cervical incompetence include a cervical length < 1.5 cm, cervical width > 3 cm, and an expanded cervical canal > 8 mm.

KA01.1 Fetus or newborn affected by premature rupture of membranes

Preterm premature rupture of membranes (PPROM) refers to a patient who is at less than 37 weeks’ gestation and has presented with a rupture of membranes prior to the onset of labour. Complications include pre-term delivery, ascending infection, umbilical cord prolapse, oligohydramnios, placental abruption, retained placenta, postpartum haemorrhage, or rupture of the vasa praevia.

KA01.2 Fetus or newborn affected by oligohydramnios

Oligohydramnios is defined as a decrease in the volume of amniotic fluid. It is diagnosed if the diameter of the largest amniotic fluid depot is < 2 cm, or if the amniotic fluid index (AFI) is < 5 cm.

Exclusions: Fetus or newborn affected by premature rupture of membranes (KA01.1)

KA01.3 Fetus or newborn affected by polyhydramnios

Polyhydramnios is defined as an abnormally large volume of amniotic fluid within the uterus. An amount of 2 L at term, any single pool >8cm or an amniotic fluid index (AFI) > 24 cm is considered to be polyhydramnios.

Inclusions: fetus or newborn affected by hydramnios

KA01.4 Fetus or newborn affected by ectopic pregnancy

An ectopic pregnancy occurs when a pregnancy begins outside of the uterus. The most common site is within one of the fallopian tubes, although in rare cases, ectopic pregnancies can occur in the stomach region, cervix, or ovary. It is often caused by a condition that slows or blocks the movement of a fertilised egg through the fallopian tube to the uterus. Ectopic pregnancies cannot continue to term and the developing cells must be removed to prevent rupture of the ectopic area, which can lead to shock and danger the life of the mother.

Inclusions: Abdominal pregnancy affecting fetus or newborn

KA01.5 Fetus or newborn affected by multiple pregnancy

A condition characterised by findings in the fetus or newborn due to any condition associated with the presence of a multiple pregnancy.

KA01.6 Fetus or newborn affected by maternal death

A condition characterised by findings in the fetus or newborn due to death of the mother.

KA01.7 Fetus or newborn affected by malpresentation before labour

Malpresentations are all presentations of the fetus other than the vertex, and includes breech, transverse, shoulder, compound, face, and brow presentations. They may pose risks to the fetus and mother and may necessitate operative vaginal or caesarean delivery, or other interventions to accomplish delivery. Breech presentation, the most common malpresentation, results when the fetal buttocks, legs, feet, or a combination of these presents first into the maternal pelvis.

KA01.8 Fetus or newborn affected by maternal blood loss

KA01.Y Foetus or newborn affected by other specified maternal complication of pregnancy

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA01.Z Foetus or newborn affected by unspecified maternal complication of pregnancy

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA02 Fetus or newborn affected by complications of placenta

A group of conditions characterised by findings in the fetus or newborn due to an adverse evolution (complication) associated with the placenta, umbilical cord, or chorioamniotic membranes.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA02.0 Fetus or newborn affected by placenta praevia

Placenta praevia exists when the placenta lies wholly or in part in the lower segment of the uterus. Diagnosis has evolved from the clinical I-IV grading system, and is determined by ultrasonic imaging techniques relating the leading edge of the placenta to the cervical os. Grade I is a low lying placenta, Grade II is a placenta that meets the edge of the cervical os, Grade III is a placenta that partially covers the os, and Grade IV is a placenta that completely covers the os.

KA02.1 Fetus or newborn affected by placental oedema or large placenta

A large placenta, also known as placentomegaly, is one that weighs > 750 g. Placentomegaly can be seen in the following conditions: fetal hydrops, maternal diabetes mellitus, Rh incompatibility, chronic infections (e.g. syphilis, cytomegalovirus), maternal anaemia, or acute placental oedema with acute chorioamnionitis.

KA02.2 Fetus or newborn affected by placental infarction

Placental infarction is the formation of localised areas of ischemic villous necrosis, usually due to vasospasm of the maternal circulation. The affected regions of the placenta are incompetent, and lead to placental insufficiency if the infarcts are severe.

KA02.3 Fetus or newborn affected by placental insufficiency or small placenta

Placental insufficiency is defined as the inability of the placenta to deliver a sufficient supply of oxygen and nutrients to the fetus, and therefore, is unable to sustain the growth of the developing baby until term. Placental insufficiency can result in intrauterine growth restriction (IUGR), pre-eclampsia, abruption, or preterm labour and delivery. A small placenta is defined as a placenta that weighs less that the lower limit of normal for the gestational period. A low placental weight can be the result of a maternal condition that is causing underperfusion of the placenta, such as pre-eclampsia or maternal hypertension. A small placenta may lead to IUGR, fetal malformations, or chromosomal anomalies.

KA02.4 Fetus or newborn affected by placental transfusion syndromes

Twin-to-twin transfusion syndrome (TTTS) occurs in monozygotic twins while they are in the uterus. It occurs when blood travels from one twin to the other, and the twin that loses blood is the donor twin, while the twin that receives blood is the recipient twin. Depending on the severity of the transfusion, both infants may experience problems, such as anaemia, paleness, and dehydration in the donor twin, and redness and an increased blood pressure in the recipient twin.

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

KA02.Y Foetus or newborn affected by other specified complication of placenta

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA02.Z Foetus or newborn affected by unspecified complication of placenta

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA03 Fetus or newborn affected by complications of umbilical cord

KA03.0 Fetus or newborn affected by prolapsed cord

A prolapsed umbilical cord is when the cord enters the opening cervix and down into the birth canal during labour before the baby has left the uterus. The risk of prolapse is higher if the baby is lying in a transverse position, the mother has had more than one baby, an excess amount of amniotic fluid exists, there is preterm prelabour rupture of membranes, or if membranes are artificially ruptured.

KA03.1 Fetus or newborn affected by other compression of umbilical cord

A group of conditions characterised by findings in the fetus or newborn due obstruction of blood flow through the umbilical cord secondary to pressure from an external object or misalignment of the cord itself not classified elsewhere.

Coded Elsewhere: fetus or newborn affected by umbilical cord-to-cord entanglements in monoamniotic twins (LB03.Y)

fetus or newborn affected by umbilical cord knot (LB03.Y)

fetus or newborn affected by umbilical cord loop (LB03.Y)

KA03.2 Fetus or newborn affected by abnormalities of umbilical cord length

KA03.20 Fetus or newborn affected by short umbilical cord

An umbilical cord < 2 SD in length below mean for the gestational age. At term, this is < 35 cm. Often associated with fetal hypokinesia

KA03.21 Fetus or newborn affected by long umbilical cord

An umbilical cord > 2 SD in length above mean for the gestational age. At term, this is > 80 cm.

KA03.2Y Other specified fetus or newborn affected by abnormalities of umbilical cord length

KA03.2Z Fetus or newborn affected by abnormalities of umbilical cord length, unspecified

KA03.3 Fetus or newborn affected by vasa praevia

An obstetric complication characterised by fetal vessels crossing or running in close proximity to the internal orifice of the cervix (inner cervical os).

Exclusions: Fetal blood loss from vasa praevia (KA80.0)

KA03.4 Fetus or newborn affected by traumatic injury of the umbilical cord

KA03.Y Foetus or newborn affected by other specified complication of umbilical cord

KA03.Z Foetus or newborn affected by unspecified complication of umbilical cord

KA04 Fetus or newborn affected by other abnormalities of membranes

KA04.0 Fetus or newborn affected by chorioamnionitis

Chorioamnionitis is an infection of the placental tissues and amniotic fluid. It can lead to bacteraemia in the mother, which is an infection of the blood, and this can cause preterm birth or infection in the newborn. Organisms which are usually responsible for chorioamnionitis include Escherichia coli (E. coli) and Group B streptococcus.

Exclusions: Infections of the fetus or newborn (BlockL1‑KA6)

KA04.1 Fetus or newborn affected by amniotic Band Syndrome

KA04.Y Foetus or newborn affected by other specified abnormality of membranes

KA04.Z Foetus or newborn affected by unspecified abnormality of membranes

KA05 Fetus or newborn affected by certain complications of labour or delivery

A group of conditions characterised by findings in the fetus or newborn due to any other adverse evolution (complication) during labour and delivery.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA05.0 Fetus or newborn affected by breech delivery or extraction

Breech presentation refers to a fetus that is lying with its bottom downwards. There are three different types of breech presentation: breech with extended legs (frank), fully flexed legs (complete), or footling (incomplete) with one or both thighs extended. Breech presentation is associated with an increased risk of intrapartum trauma or asphyxia, and caesarean section is a common mode of delivery to reduce birth-related complications.

KA05.1 Fetus or newborn affected by other malpresentation, malposition or disproportion during labour or delivery

A condition characterised by findings in the fetus or newborn due to abnormal positions of the vertex of the fetal head (malposition) or any presentation position of the fetus other than vertex of the fetal head, first (malpresentation) during labour and delivery.

KA05.2 Fetus or newborn affected by forceps delivery

A condition characterised by findings in the fetus or newborn due to assisted birth in which intervention assistance is provided with smooth metal instruments curved to fit around the head (forceps).

KA05.3 Fetus or newborn affected by delivery by vacuum extractor

A condition characterised by findings in the fetus or newborn due to assisted birth in which intervention assistance is provided with a soft or hard plastic or metal cup attached by a tube to a suction device that fits firmly onto the head and attaches with suction (vacuum extractor, ventouse).

Inclusions: Fetus and newborn affected by delivery by ventouse

KA05.4 Fetus or newborn affected by caesarean delivery

A condition characterised by findings in the fetus or newborn due to delivery via a surgical procedure in which one or more incisions are made through a mother's abdomen (laparotomy) and uterus (hysterotomy) to deliver one or more babies (Caesarean delivery).

KA05.5 Fetus or newborn affected by precipitate delivery

A precipitate delivery is one that is < 3 hours and where contractions are unusually severe. It commonly occurs in multiparous women or when labour has been induced. Due to the force and speed of delivery, trauma may occur to the mother and newborn. The mother may suffer from haemorrhage, perineal laceration, infection, or uterine rupture, and the newborn may suffer from subdural hematoma, anoxia, or fractures.

KA05.6 Fetus or newborn affected by abnormal uterine contractions

Abnormal uterine contractions can either be hypertonic or hypotonic. Hypertonic contractions are ones that occur more frequently and are marked by an increase in resting tone to more than 15 mm Hg. Hypotonic contractions are ones where the number of contractions is unusually low, the resting tone of the uterus is less than 10 mm Hg, and the strength of contractions is consistently < 26 mm Hg.

KA05.7 Fetus or newborn affected by abnormality in fetal intrauterine heart rate or rhythm

KA05.70 Fetus and newborn affected by abnormality in fetal intrauterine heart rate or rhythm before onset of labour

KA05.71 Fetus and newborn affected by abnormality in fetal intrauterine heart rate or rhythm during labour

KA05.7Z Fetus or newborn affected by abnormality in fetal intrauterine heart rate or rhythm, unspecified

KA05.8 Meconium passage during delivery

Meconium passage by the fetus during labour and/or delivery process.

Exclusions: Neonatal aspiration of meconium (KB26.0)

Meconium staining (KD38)

KA05.Y Fetus or newborn affected or suspected to be affected by other specified complications of labour or delivery

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA05.Z Fetus or newborn affected or suspected to be affected by unspecified complications of labour or delivery

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA06 Fetus or newborn affected by noxious influences transmitted via placenta or breast milk

A group of conditions characterised by findings in the fetus or newborn due to the transmission of any harmful or poisonous substance to the fetus or newborn via the placenta or in breast milk.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

Inclusions: nonteratogenic effects of substances transmitted via placenta

Exclusions: congenital malformations (Chapter 20)

Neonatal hyperbilirubinaemia due to drugs or toxins transmitted from mother (KA87.4)

KA06.0 Fetus or newborn affected by maternal anaesthesia or analgesia in pregnancy, labour or delivery

A condition characterised by findings in the fetus or newborn due to the transmission of anaesthesia or analgesia provided to the mother during the period of time between conception and childbirth.

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

KA06.1 Fetus or newborn affected by maternal use of tobacco

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from tobacco use by the mother to the fetus or newborn.

KA06.2 Fetus or newborn affected by maternal use of alcohol

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from alcohol use by the mother to the fetus or newborn.

Exclusions: Fetal alcohol syndrome (LD2F.00)

KA06.3 Fetus or newborn affected by maternal use of drugs of addiction

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from other drug use by the mother to the fetus or newborn.

Exclusions: Fetus or newborn affected by maternal anaesthesia or analgesia in pregnancy, labour or delivery (KA06.0)

withdrawal symptoms from maternal use of drugs of addiction (KD35)

KA06.4 Fetus or newborn affected by maternal use of nutritional chemical substances

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from nutritional chemical use by the mother to the fetus or newborn.

KA06.5 Fetus or newborn affected by maternal exposure to environmental chemical substances

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from exposure of the mother to environmental chemicals.

KA06.Y Foetus or newborn affected by other specified noxious influence transmitted via placenta or breast milk

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA06.Z Foetus or newborn affected by unspecified noxious influence transmitted via placenta or breast milk

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA07 Neonatal dermatoses due to maternal antibodies

A range of antibody-mediated neonatal skin disorders due to transplacental transfer of maternal antibodies to the fetus. The relevant autoimmune disorder may or may not be apparent in the mother.

KA07.0 Neonatal lupus erythematosus

Neonatal lupus erythematosus results from trans-placental transfer of maternal antibodies, in particular anti-Ro/SSA and anti La/SSB. It manifests with an erythematous rash which may be obviously photosensitive and is closely associated with congenital heart block. The mother may have known lupus, especially subacute cutaneous lupus erythematosus, but she may be asymptomatic. The rash normally subsides within the first few months of life.

KA07.1 Neonatal pemphigus

Neonatal pemphigus vulgaris is a short lived autoimmune skin diseases arising as a result of transplacental transmission to the neonate of maternal antibodies. Neonatal pemphigus is characterised by blister formation on the skin and the mucous membranes mediated by auto-antibodies to the desmosome component desmoglein 3.

KA07.Y Other specified neonatal dermatoses due to maternal antibodies

KA0Z Fetus or newborn affected by unspecified maternal factors or by complications of pregnancy, labour or delivery

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

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

A group of conditions related to the length of time that the fetus is carried inside the uterus and develops.

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

KA20 Disorders of newborn related to slow fetal growth or fetal malnutrition

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

KA20.0 Small for gestational age

Birth weight below – 2 standard deviations of the mean or below the 10th percentile according to local intrauterine growth charts

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

Inclusions: Small-for-dates

KA20.00 Small for gestational age, symmetrical

Growth of the fetus is affected in early pregnancy and growth is slow throughout the duration of the pregnancy. The head circumference is proportional to the rest of the body. Birth weight is 2 standard deviations below the mean, or below the 10th percentile.

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

KA20.01 Small for gestational age, asymmetrical

This growth restriction leads to a disparity in length and head circumference when compared to birth weight. This condition typically occurs in the third trimester.

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

KA20.0Z Small for gestational age, unspecified

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

KA20.1 Intrauterine growth restriction

The fetus does not achieve its predicted genetic potential and infant, not light or small for gestational age, showing signs of fetal malnutrition.

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

KA20.10 Asymmetrical intrauterine growth restriction

There is restriction of body weight followed by length with general head sparing. This condition occurs late in pregnancy and is caused by extrinsic factors. Fetal malnutrition leading to low ponderal index less than 2 (weight to length ratio) but weight not severe enough to qualify as small for gestational age.

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

KA20.11 Symmetrical intrauterine growth restriction

This condition begins earlier in pregnancy and there is a higher incidence of permanent neurologic sequela. It is often associated with either genetic abnormalities or fetal infection, especially 1st trimester viral infections.

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

KA20.12 Intrauterine growth restriction associated with small for gestational age

These infants are classified as small for gestational age but have also been subject to intrauterine growth restriction.

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

KA20.1Y Other specified intrauterine growth restriction

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

KA20.1Z Intrauterine growth restriction, unspecified

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

KA20.2 Fetal intrauterine malnutrition without mention of small for gestational age

Neonate, not light or small for gestational age, showing signs of fetal malnutrition, such as dry, peeling skin and loss of subcutaneous tissue

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

Exclusions: fetal malnutrition with mention of: light for gestational age (KA21)

fetal malnutrition with mention of: small for gestational age (KA20.0)

KA20.Y Other specified disorders of newborn related to slow fetal growth or fetal malnutrition

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

KA20.Z Disorders of newborn related to slow fetal growth or fetal malnutrition, unspecified

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

KA21 Disorders of newborn related to short gestation or low birth weight, not elsewhere classified

Infants whose weight is appropriate for their gestational ages are termed appropriate for gestational age (AGA). Infants that are heavier than expected are large for gestational age (LGA). Conversely, those smaller than expected are considered small for gestational age (SGA).

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

Exclusions: Disorders of newborn related to slow fetal growth or fetal malnutrition (KA20)

KA21.0 Extremely low birth weight of newborn

Newborn birth weight 999 g. or less. Infants have increased morbidity including neurosensory disability, cerebral palsy, retinopathy of prematurity, deafness, pulmonary immaturity, chronic lung disease and subnormal cognitive function.

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

KA21.00 Extremely low birth weight of newborn, 499g or less

A paediatric condition in which the infant is born weighing 499g or less.

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

KA21.01 Extremely low birth weight of newborn, 500-749g

A paediatric condition in which the infant is born weighing between 500 g and 749 g.

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

KA21.02 Extremely low birth weight of newborn, 750-999g

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

KA21.0Z Extremely low birth weight of newborn, unspecified

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

KA21.1 Very low birth weight of newborn

A paediatric condition in which the infant is born weighing between 1000 g and 1499

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

KA21.10 Very low birth weight of newborn, 1000-1249g

A paediatric condition in which the infant is born weighing between 1000 g and 1249 g .

KA21.11 Very low birth weight of newborn, 1250-1499g

A paediatric condition in which the infant is born weighing between 1250 and 1499 g.

KA21.1Z Very low birth weight of newborn, unspecified

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

KA21.2 Low birth weight of newborn

A paediatric condition in which the infant is born weighing between 1500 g and 2499 g

KA21.20 Low birth weight of newborn, 1500-1999g

A paediatric condition in which the infant is born weighing between 1500 and 1999 g

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

KA21.21 Low birth weight of newborn, 2000-2499g

A paediatric condition in which the infant is born weighing between 2000 and 2499 g

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

KA21.2Z Low birth weight of newborn, unspecified

KA21.3 Extreme prematurity of newborn

Less than 28 completed weeks (less than 196 completed days) of gestation.

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

KA21.30 Extreme prematurity of newborn, gestational age less than 22 completed weeks

Extreme immaturity of newborn, gestational age less than 22 weeks, 0 days

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

KA21.31 Extreme prematurity of newborn, gestational age 22 completed weeks

Extreme prematurity of newborn, gestational age less than 22 weeks, 0 days

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

KA21.32 Extreme prematurity of newborn, gestational age 23 completed weeks

Extreme prematurity of newborn, gestational age 23 weeks, 0 days through 23 weeks, 6 days

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

KA21.33 Extreme prematurity of newborn, gestational age 24 completed weeks

Extreme prematurity of newborn, gestational age 24 weeks, 0 days through 24 weeks, 6 days

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

KA21.34 Extreme prematurity of newborn, gestational age 25 completed weeks

Extreme prematurity of newborn, gestational age 25 weeks, 0 days through 25 weeks, 6 days

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

KA21.35 Extreme prematurity of newborn, gestational age 26 completed weeks

Extreme prematurity of newborn, gestational age 26 weeks, 0 days through 26 weeks, 6 days

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

KA21.36 Extreme prematurity of newborn, gestational age 27 completed weeks

Extreme prematurity of newborn, gestational age 27 weeks, 0 days through 27 weeks, 6 days

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

KA21.3Z Extreme prematurity of newborn, unspecified

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

KA21.4 Preterm newborn

Preterm: <37 weeks or 259 days gestation.

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

KA21.40 Preterm newborn, gestational age 28 completed weeks

Preterm newborn, gestational age 28 weeks, 0 days through 28 weeks, 6 days

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

KA21.41 Preterm newborn, gestational age 29 completed weeks

Preterm newborn, gestational age 29 weeks, 0 days through 29 weeks, 6 days

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

KA21.42 Preterm newborn, gestational age 30 completed weeks

Preterm newborn, gestational age 30 weeks, 0 days through 30 weeks, 6 days

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

KA21.43 Preterm newborn, gestational age 31 completed weeks

Preterm newborn, gestational age 31 weeks, 0 days through 31 weeks, 6 days

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

KA21.44 Preterm newborn, gestational age 32 completed weeks

Preterm newborn, gestational age 32 weeks, 0 days through 32 weeks, 6 days

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

KA21.45 Preterm newborn, gestational age 33 completed weeks

Preterm newborn, gestational age 33 weeks, 0 days through 33 weeks, 6 days

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

KA21.46 Preterm newborn, gestational age 34 completed weeks

Preterm newborn, gestational age 34 weeks, 0 days through 34 weeks, 6 days

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

KA21.47 Preterm newborn, gestational age 35 completed weeks

Preterm newborn, gestational age 35 weeks, 0 days through 35 weeks, 6 days

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

KA21.48 Preterm newborn, gestational age 36 completed weeks

Preterm newborn, gestational age 36 weeks, 0 days through 36 weeks, 6 days

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

KA21.4Z Preterm newborn, unspecified

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

KA22 Disorders of newborn related to long gestation or high birth weight

Usually implies gestation > 290 or 294 days (42 weeks); high birthweight = >4000g.

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

KA22.0 Exceptionally large newborn

An exceptionally large baby is defined as a weight at birth of > 4500 g, regardless of fetal gestational age.

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

Exclusions: Syndrome of infant of mother with gestational diabetes (KB60.0)

Syndrome of infant of a diabetic mother, type 1 or 2, nongestational, insulin dependent (KB60.1)

KA22.1 Large newborn for gestational age

A birth weight greater than the 90th percentile for gestational age or birth weight of 4000 g or to 4499 g at term regardless of period of gestation.

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

Exclusions: Syndrome of infant of mother with gestational diabetes (KB60.0)

Syndrome of infant of a diabetic mother, type 1 or 2, nongestational, insulin dependent (KB60.1)

KA22.2 Post-term newborn

A condition of the newborn characterised by a gestational period that reached or exceeded 42 completed weeks (294 days or more) of gestation.

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

Exclusions: Postmaturity syndrome (KA22.3)

KA22.3 Postmaturity syndrome

Post-term infant with signs of dysmaturity including dry peeling wrinkled skin, yellow staining of the skin, long stained fingernails, abundant scalp hair, thin growth retarded body with long thin limbs and hyperalert behaviours.

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

Exclusions: Post-term newborn (KA22.2)

KA2Y Other specified disorders of newborn related to length of gestation or fetal growth

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

KA2Z Disorders of newborn related to length of gestation or fetal growth, unspecified

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

Birth injury (BlockL1‑KA4)

A group of conditions characterised by the presence of damage of the tissues and organs of a newly delivered child due to physical pressure or injury during delivery.

KA40 Birth injury to central nervous system

A condition characterised by the presence of damage to the central nervous system due to physical pressure or injury during delivery.

KA40.0 Intracranial laceration or haemorrhage due to birth injury

A group of conditions characterised as a traumatic brain injury occurring when the tissue of the brain is mechanically cut or torn and bleeds in a newly delivered child due to physical pressure or injury during delivery.

Exclusions: intracranial haemorrhage of fetus or newborn: due to anoxia, hypoxia, or ischaemia (KA82)

Intracranial nontraumatic haemorrhage of fetus or newborn (KA82)

KA40.00 Subdural haemorrhage due to birth injury

Haemorrhage into the subdural space (between the dura and the arachnoid) resulting from traumatic tearing of the bridging veins and venous sinuses due to rotational movement of the brain secondary to a traumatic delivery.

Exclusions: subdural haemorrhage accompanying tentorial tear (KA40.05)

KA40.01 Cerebral haemorrhage due to birth injury

Cerebral haemorrhage due to birth injury refers to haemorrhage occurring into the cerebral parenchyma as a result of birth trauma, and is commonly accompanied by extracerebral contusion and/or bleeding haemorrhage in the scalp. May have associated skull fracture(s).

KA40.02 Cerebellar haemorrhage due to birth injury

Haemorrhage into the cerebellum, hemispheres or vermis, due to trauma. Occipitaloseodiastasis with breech delivery is the most common cause of this injury.

KA40.03 Intraventricular haemorrhage due to birth injury

Traumatic haemorrhage into the intraventricular space as the dominant lesion, usually in a term infant, a result of birth trauma. Usually seen in conjunction with other intracranial bleeding (parenchymal, subdural, subarachnoid) and can be seen in the term or preterm infant.

KA40.04 Subarachnoid haemorrhage due to birth injury

Haemorrhage within the subarachnoid space (the area between the arachnoid membrane and the pia matter) due to either leakage from the leptomeningeal plexus or rupture of bridging veins within the subarachnoid space.

KA40.05 Tentorial tear due to birth injury

Lacerations of tentorium cerebelli due to birth trauma, usually resulting in infratentorial haemorrhages; lesser degrees of tentorial injury most commonly associated with subdural bleeds.

KA40.06 Cerebellar contusion due to birth injury

A bruise of the brain tissue. There is a punctuate haemorrhage which occurs in the long gyri.

KA40.07 Cerebral contusion due to birth injury

A bruise of the brain tissue. Focal region of necrosis and haemorrhage, usually involving the cerebral cortex and subcortical white matter

KA40.08 Extradural or epidural haemorrhage due to birth injury

Haemorrhage in the plane between the skull bone and the periosteum on the inner surface of the skull from injury to the middle meningeal artery from birth trauma

KA40.0Y Other specified intracranial laceration or haemorrhage due to birth injury

KA40.0Z Intracranial laceration or haemorrhage due to birth injury, unspecified

KA40.1 Cerebral oedema due to birth injury

Cerebral oedema is an excessive accumulation of water in the intracellular or extracellular spaces of the brain. There is a break down of the tight endothelial junctions which make up the blood brain barrier.

Code also any intracranial haemorrhage.

KA40.2 Birth injury to spine or spinal cord

Injury to the spinal cord incurred during delivery from excessive traction or rotation, principally occurring during breech and rotational forceps during vertex deliveries

KA40.3 Birth injury to brainstem

Injury to the brain stem occurring during delivery due to excessive longitudinal traction especially when this traction is combined with flexion and torsion of the spine during delivery.

Exclusions: Fracture, dislocation or subluxation of spine due to birth injury (KA45.4)

KA40.Y Other specified birth injury to central nervous system

KA40.Z Birth injury to central nervous system, unspecified

KA41 Birth injury to eye

Ocular injuries due to birth trauma include lid lacerations, hyphema, rupture of Descemet's membrane of cornea, vitreous haemorrhage, corneal oedema, abrasions and lacerations, orbital haemorrhage and fractures, and intraocular haemorrhages.

KA42 Birth injury to scalp

A condition characterised by the presence of damage to the scalp due to physical pressure or injury during delivery.

KA42.0 Bruising of scalp due to birth injury

Erythema of the scalp occurring usually as a result of dystocia or application of forceps

KA42.1 Cephalohaematoma due to birth injury

Cephalhaematoma is a subperiosteal collection of blood caused by rupture of vessels beneath the periosteum and does not extend across the suture lines.

KA42.2 Chignon due to birth injury

Chignon is a temporary swelling (oedema of the scalp) secondary to the placement of a ventouse suction cup used in assisted vacuum deliveries. It usually disappears after several hours

KA42.3 Monitoring injury of scalp of newborn

Injuries to the scalp from use of intrapartum fetal monitoring devices including injury following fetal blood sampling.

KA42.4 Subgaleal epicranial subaponeurotic haemorrhage due to birth injury

Subgaleal haemorrhage is a collection of blood in the space between the epicranial aponeurosis of the scalp and the periosteum of the skull.

KA42.Y Other specified birth injury to scalp

KA43 Birth injury to skin or soft tissues

Superficial injury including abrasions, lacerations and ecchymoses sustained during birth to sites other than scalp face and external genitalia

Exclusions: Birth injury to scalp (KA42)

KA43.0 Birth injury to sternocleidomastoid

Injury to the sternomastoid muscle due to birth usually presents with torticollis (tilt and rotation of head) and a firm, spindle-shaped, immobile mass in the midportion of sternomastoid muscle.

KA43.1 Birth injury to external genitalia

Injuries of external genitalia such as oedema, ecchymoses, and haematomas of scrotum and labia majora, haematocoele, and trauma to the testes as a result trauma during birth, especially after a breech delivery

KA43.2 Subcutaneous fat necrosis due to birth injury

Subcutaneous fat necrosis is a rare acute transient hypodermatitis that develops within first weeks of life in term infants.

KA43.3 Birth injury to face

Birth injuries to face include injuries sustained to nose (deviations, deformities, and septal damage), ears (abrasions, lacerations, deformities and haematomas).

KA43.Y Other specified birth injury to skin or soft tissues

KA44 Birth injury to peripheral nervous system

A condition characterised by the presence of damage to the nerves and ganglia outside of the brain and spinal cord due to physical pressure or injury during delivery.

KA44.0 Birth injury to cranial nerves

Birth injuries to the cranial nerves include contusion, avulsion, rupture, neuroma and praxis.

KA44.00 Birth injury to facial nerve

Facial palsy involving both upper and lower halves of the face caused by traumatic compression of the facial nerve as it exits the stylomastoid foramen, or as it passes over the ramus of the mandible.

KA44.0Y Birth injury to other specified cranial nerve

KA44.0Z Birth injury to unspecified cranial nerve

KA44.1 Brachial plexus palsy in newborn

Brachial plexus birth palsy occurs when the brachial plexus are damaged during birth. It occurs most typically during a difficult delivery.

KA44.10 Erb paralysis

Erb paralysis is one of the most common brachial plexus birth palsy. The injury occurs in the upper brachial plexus nerves and affects the upper arm.

KA44.11 Klumpke paralysis

Klumpke paralysis is a form of brachial plexus palsy that causes paralysis in the hand.

KA44.1Z Brachial plexus palsy in newborn, unspecified

KA44.2 Phrenic nerve paralysis due to birth injury

Birth injury to the cervical roots 3 to 5 resulting in the paralysis of the ipsilateral diaphragm usually after a difficult breech delivery

KA44.Y Birth injury to other specified peripheral nerve

KA44.Z Birth injury to unspecified peripheral nerve

KA45 Birth injury to skeleton

A condition characterised by the presence of damage to the skeleton due to physical pressure or injury during delivery.

Exclusions: Birth injury to spine or spinal cord (KA40.2)

KA45.0 Fracture of skull due to birth injury

Linear or depressed fractures of skull bones resulting from injury during birth, including those related to forceps and vacuum assisted delivery

KA45.00 Linear skull fracture due to birth injury

Linear fractures of skull bones resulting from injury during birth, including those related to forceps and vacuum assisted delivery.

KA45.01 Depressed skull fracture due to birth injury

Depressed fractures of skull bones resulting from injury during birth, including those related to forceps and vacuum assisted delivery

KA45.0Y Other specified fracture of skull due to birth injury

KA45.0Z Fracture of skull due to birth injury, unspecified

KA45.1 Occipital osteodiastasis due to birth injury

Occipital osteodiastasis (OOD) is a form of birth injury characterised by a tear along the innominate (posterior occipital or supraoccipital-exoccipital) synchondrosis with separation of the occipital squama from the lateral or condylar parts of the occipital bone.

KA45.2 Birth injury to facial bones

KA45.20 Mandibular bone fracture due to birth injury

KA45.21 Nasal bone fracture due to birth injury

KA45.2Y Other specified birth injury to facial bones

KA45.2Z Birth injury to facial bones, unspecified

KA45.3 Birth injury of thorax

Fracture of bones of the thorax including ribs, sternum due to birth injury.

KA45.4 Fracture, dislocation or subluxation of spine due to birth injury

KA45.5 Fracture of clavicle due to birth injury

This is a greenstick fracture of the clavicle that may occur during the birthing process.

KA45.6 Birth injury to long bones

KA45.Y Other specified birth injury to skeleton

KA46 Birth injury to other organs

A group of conditions characterised by the presence of damage of organs of a newly delivered child due to physical pressure or injury during delivery.

KA46.0 Birth injury to liver

Rupture or subcapsular haemorrhage into the liver parenchyma as a result of birth trauma usually seen in large for gestational age infants, those with hepatomegaly, those born by breech delivery; may present as haemoperitoneum

KA46.1 Birth injury to spleen

Rupture or subcapsular haemorrhage into spleen as a result of birth trauma; may present as haemoperitoneum

Inclusions: Rupture of spleen due to birth injury

KA46.2 Adrenal haemorrhage due to birth injury

KA46.Y Birth injury to other specified organ

KA4Z Birth injury, unspecified

Infections of the fetus or newborn (BlockL1‑KA6)

Inclusions: infections acquired in utero or during birth

Exclusions: human immunodeficiency virus [HIV] disease (BlockL1‑1C6)

Congenital pneumonia (KB24)

congenital gonococcal infection (BlockL2‑1A7)

Asymptomatic human immunodeficiency virus infection (1C62.0)

Gastroenteritis or colitis of infectious origin (BlockL1‑1A0)

Laboratory evidence of human immunodeficiency virus (MA14.0)

Coded Elsewhere: Fetus or newborn affected by maternal infectious diseases (KA00.3)

Congenital syphilis (1A60)

KA60 Sepsis of fetus or newborn

KA61 Other bacterial infections of the fetus or newborn

Coded Elsewhere: Early congenital syphilis, latent (1A60.1)

Early congenital syphilis, symptomatic (1A60.0)

Neonatal necrotising fasciitis (1B71.2)

Tetanus neonatorum (1C15)

KA61.0 Congenital tuberculosis

A disease affecting infants, caused by an infection with the bacteria Mycobacterium tuberculosis in utero. Transmission is by vertical transmission.

KA61.1 Neonatal listeriosis

A condition affecting fetuses or neonates, caused by an infection with the gram-positive bacteria Listeria. This condition is characterised by respiratory distress and shock in the neonate, by stillbirth, or by abortion. Transmission is by vertical transmission. Confirmation is by identification of Listeria in the neonate and mother.

KA61.Z Bacterial infection of the foetus or newborn, unspecified

KA62 Viral infection in the fetus or newborn

Any condition affecting fetuses or newborns, caused by an infection with a virus.

KA62.0 Congenital Zika virus infection

KA62.1 Congenital Epstein-Barr virus infection

There are several forms of Epstein–Barr virus infection. Infectious mononucleosis, nasopharyngeal carcinoma, and Burkitt's lymphoma can all be caused by the Epstein–Barr virus.

KA62.2 Congenital Varicella Zoster virus infection

Transplacentally acquired Varicella zoster virus infection. Both the gestational age at the time of maternal infection and the time interval between maternal infection and birth have major influences on the clinical course.

KA62.3 Congenital cytomegalovirus infection

A condition affecting neonates, caused by an infection with cytomegalovirus in utero. This condition is characterised by jaundice, low birth weight, splenomegaly, hepatomegaly, or pneumonia if symptoms develop shortly after birth, or may be asymptomatic. This condition commonly present later in life with loss of hearing, loss of vision, or developmental disabilities. Transmission is by vertical transmission. Confirmation is by detection of cytomegalovirus in neonatal urine, saliva, blood, or other body tissues within 2-3 weeks of birth.

KA62.4 Congenital echovirus infection

A disease affecting neonates, caused by an infection with enteric cytopathic human orphan (ECHO) virus in utero. This disease presents with various symptoms depending on the site of the infection, or may be asymptomatic. Transmission is by vertical transmission. Confirmation is by identification of ECHO virus in the neonate.

KA62.5 Congenital enterovirus infection

Congenital viral infections with enteroviruses (including coxsackie viruses and ECHO viruses) is an infectious embryofetopathy that have been reported to cause fetal malformations, acute systemic illness in the newborn and long-term neurodevelopmental abnormalities

KA62.6 Congenital human immunodeficiency virus infection

A disease affecting neonates, caused by an infection with human immunodeficiency virus in utero. Transmission is by vertical transmission. Confirmation is by identification of human immunodeficiency virus in the neonate.

KA62.7 Congenital parvovirus syndrome

Fetal parvovirus syndrome is a fetopathy likely to occur when a pregnant woman is infected by parvovirus B19. Fetal parvovirus infection results in aplastic crisis. Anaemia induces a risk of hydrops and fetal death by cardiac failure in 10 to 20% of cases.

KA62.8 Congenital rubella syndrome

A disease caused by an infection with the rubella virus in utero. This disease presents with symptoms depending on the timing of infection of the fetus and may present with birth defects (such as hearing loss), or intrauterine growth retardation. Transmission is by vertical transmission. Confirmation is by identification of rubella virus or detection of anti-rubella virus IgM antibodies in the neonate or infant.

KA62.9 Congenital viral hepatitis

A disease of the liver affecting the neonate, caused by an infection with either hepatitis A, B, C, D, or E virus in utero. This disease is characterised by lethargy, jaundice, abdominal distention, failure to thrive, or clay coloured stools. Transmission is by vertical transmission. Confirmation is by identification of the hepatitis A, B, C, D, or E virus in a blood sample from the neonate.

KA62.A Perinatal Herpes simplex infection

Herpes simplex infection acquired during the perinatal period, normally from active herpes infection of the mother's genital tract, but may also be transmitted in utero.

KA62.Y Other specified viral infection in the fetus or newborn

KA62.Z Viral infection in the fetus or newborn, unspecified

KA63 Fungal infection of fetus or newborn

Any condition affecting fetuses or newborns, caused by an infection with a fungal agent.

KA63.0 Malassezia infection in newborn

A condition affecting newborns, caused by an infection with Malassezia that leads to a severe systemic inflammatory response. This condition is characterised by fever or respiratory distress. Confirmation is by identification of Malassezia in a blood sample.

KA63.1 Neonatal aspergillosis

A disease affecting neonates, caused by an infection with the fungi Aspergillus. This disease presents with clinical symptoms depending on the site of infection. Transmission is by inhalation of Aspergillus spores, or direct contact. Confirmation is by identification of Aspergillus from affected sites.

KA63.2 Neonatal candidosis

A condition affecting neonates, caused by an infection with the fungi Candida. This condition is characterised by apnoea, thrombocytopenia, or decreasing respiratory function. This condition may also present with symptoms depending on the site of infection. Transmission is by vertical transmission. Confirmation is by identification of Candida in a blood or urine sample.

Coded Elsewhere: Neonatal mucocutaneous candidosis (EH12)

KA63.Y Other specified fungal infection of fetus or newborn

KA63.Z Fungal infection of fetus or newborn, unspecified

KA64 Parasitic diseases in the fetus or newborn

Any condition affecting fetuses or newborns, caused by an infection with a parasite.

Exclusions: Tetanus neonatorum (1C15)

Congenital syphilis (1A60)

Necrotising enterocolitis of newborn (KB88)

KA64.0 Congenital toxoplasmosis

A disease caused by an infection with the protozoan parasite Toxoplasma gondii in utero. This disease is characterised by chorioretinitis, hydrocephalus, intracranial calcifications, anaemia, or neurological deficits that develop after birth. This disease may present at birth with jaundice, premature birth, hepatosplenomegaly, myocarditis, pneumonitis, or rash. Transmission is by vertical transmission. In the fetus, confirmation is by identification of Toxoplasma gondii in amniotic fluid; in the neonate, confirmation is by identification of Toxoplasma gondii in body fluids or tissues, or detection of antibodies against Toxoplasma gondii.

KA64.1 Congenital falciparum malaria

A disease caused by an infection with the protozoan parasite Plasmodium falciparum in utero. This disease is characterised by fever, anaemia, splenomegaly, hepatomegaly, jaundice, regurgitation, diarrhoea, or poor feeding. This disease may also present with respiratory distress, drowsiness, or cyanosis. Transmission is by vertical transmission. Confirmation is by identification of the Plasmodium falciparum in a blood sample from the neonate.

KA64.Y Other specified parasitic diseases in the fetus or newborn

KA64.Z Parasitic diseases in the fetus or newborn, unspecified

KA65 Neonatal infections of certain specified sites

Coded Elsewhere: Neonatal tracheitis (KB25)

Neonatal skin infection (EH10-EH1Z)

KA65.0 Neonatal conjunctivitis or dacryocystitis

This refers to inflammation of the conjunctiva (the outermost layer of the eye and the inner surface of the eyelids) and the inflammation of the nasolacrimal sac, frequently caused by nasolacrimal duct obstruction or infection.

Exclusions: Gonococcal conjunctivitis (1A72.4)

KA65.1 Omphalitis of newborn

A disease of the umbilical cord affecting newborns, commonly caused by an infection with a bacterial source. This disease is characterised by purulent or foul-smelling discharge from the umbilicus or umbilical stump, periumbilical erythema, oedema, or tenderness. This disease may also present with fever, hypothermia, jaundice, tachycardia, hypotension, tachypnoea, respiratory distress, apnoea, or abdominal distention with absent bowel sounds. Transmission is by vertical transmission or iatrogenic transmission. Confirmation is by identification of the infectious agent.

KA65.2 Neonatal urinary tract infection

A condition of the urinary tract affecting neonates, commonly caused by an infection with a bacterial source. This condition is characterised by fever, pyuria, jaundice, poor appetite, diarrhoea, blood tinged stool, vomiting, or abdominal distention. This condition may also be asymptomatic. Transmission is by vertical transmission. Confirmation is by identification of the infectious agent in a urine sample.

KA65.3 Neonatal infectious mastitis

A disease of the breasts in neonates, may be caused by a maternal infection with a bacterial source. This disease is characterised by swelling, erythema, warmth, tenderness, induration of the breast, or purulent discharge from the nipple . It is usually unilateral. This disease may also present with breast abscesses.

Exclusions: Breast engorgement of newborn (KC41.0)

noninfective mastitis of newborn (KC41.0)

Coded Elsewhere: Neonatal staphylococcal mastitis (EH11)

Neonatal streptococcal mastitis (EH11)

KA65.4 Neonatal meningitis

KA65.Y Neonatal infections of other specified sites

KA6Y Other specified infections of the fetus or newborn

KA6Z Infections of the fetus or newborn, unspecified

Haemorrhagic or haematological disorders of fetus or newborn (BlockL1‑KA8)

A group of conditions occurring during the period of time around childbirth, especially the five months before and one month after birth which are associated with bleeding, the blood, and blood forming organs.

Exclusions: Hereditary haemolytic anaemia (3A10)

Gilbert syndrome (5C58.01)

Congenital stenosis or stricture of bile ducts (LB20.22)

Crigler-Najjar syndrome (5C58.00)

Dubin-Johnson syndrome (5C58.02)

Coded Elsewhere: Hereditary Vitamin B12 deficiency anaemia (3A01.0)

Neonatal vitamin B12 deficiency anaemia (3A01.1)

Congenital or neonatal vitamin B12 deficiency anaemia (3A01.Y)

KA80 Fetal blood loss

fetal blood loss is a loss of blood from the fetal circulation during pregnancy, labour, or delivery. Due to the small volume of fetal blood that is present, even a small loss can lead to anaemia or fetal death.

KA80.0 Fetal blood loss from vasa praevia

In vasa praevia, the fetal blood vessels connecting the placenta and umbilical cord cross the internal cervical os, the entrance to the birth canal, underneath the fetus.

KA80.1 Fetal blood loss from ruptured cord

The umbilical cord can rupture during labour and delivery and lead to fetal blood loss. Possible reasons include: traction on an abnormally short cord, a cord that is entangled around the fetus, a thin friable cord, or a cord with vascular abnormalities. Fetal blood loss can also occur following accidental cord puncture during amniocentesis or following in utero cordocentesis or transfusion.

KA80.2 Fetal blood loss from placenta

fetal blood loss can result from placental abruption, which is when the placenta separates from the uterine wall prior to delivery. Placental abruptions occur under conditions of maternal hypertension and drug use (e.g. cocaine), maternal vascular and collagen vascular disease, maternal clotting disorders, and following direct abdominal trauma. fetal blood loss can also result from accidental incision of the placenta during a caesarean section.

KA80.3 Haemorrhage into co-twin

Monozygous twins often share a placenta. Vascular anastomoses within the placenta allow for the transfer of blood between the two fetuses. In some cases, the flow is unbalanced and one fetus (larger, plethoric, and polycythaemic twin) has an overload of fluid, while the other (smaller, hydropic twin) becomes anaemic.

KA80.4 Haemorrhage into maternal circulation

Fetal-maternal haemorrhage occurs when the trophoblastic lining of the placenta fails to act as a barrier and allows fetal blood cells to enter the maternal circulation.

KA80.5 Fetal blood loss from cut end of co-twin cord

Sometimes the blood content of monozygotic twins differs considerably, which can occur when anastomoses exist. One twin loses blood through shunts, while the other gains a large quantity of blood. Therefore, following the delivery of one twin, the other may bleed through these anastomoses if the umbilical cord of the delivered twin is not immediately clamped.

KA80.Y Other specified fetal blood loss

KA80.Z Fetal blood loss, unspecified

KA81 Umbilical haemorrhage of newborn

A condition characterised by bleeding from the umbilical cord stump of a newborn.

Exclusions: omphalitis with mild haemorrhage (KA65.1)

KA82 Intracranial nontraumatic haemorrhage of fetus or newborn

Intraventricular (nontraumatic) haemorrhage of the fetus and newborn is a condition characterised by bleeding within the skull of a newborn that is not due to injury causing physical damage.

Exclusions: intracranial haemorrhage due to birth injury (KA40.0)

Intracranial haemorrhage due to head trauma (BlockL1‑NA0)

KA82.0 Intraventricular nontraumatic haemorrhage, grade 1, of fetus or newborn

A condition characterised by bleeding into the subependymal region or germinal matrix of the ventricular system of the brain of a newborn that is not due to injury causing physical damage.

KA82.1 Intraventricular nontraumatic haemorrhage, grade 2, of fetus or newborn

Intraventricular (nontraumatic) haemorrhage, grade 2 is a condition of the fetus or newborn characterised by bleeding into the germinal matrix of the ventricular system with bleeding into the lateral ventricles of the brain without ventricular enlargement.

Inclusions: Subependymal haemorrhage with intraventricular extension without ventricular dilatation

KA82.2 Intraventricular nontraumatic haemorrhage, grade 3, of fetus or newborn

Intraventricular (nontraumatic) haemorrhage, grade 3, of the fetus and newborn located in the subependymal region with extension into the lateral ventricles, with ventricular enlargement.

Inclusions: Subependymal haemorrhage with both intraventricular and ventricular dilatation

KA82.3 Intraventricular nontraumatic haemorrhage, grade 4, of fetus or newborn

KA82.4 Intracerebral nontraumatic haemorrhage of fetus or newborn

A condition characterised by bleeding within the brain tissue of a fetus or newborn that is not due to injury causing physical damage.

KA82.5 Subarachnoid nontraumatic haemorrhage of fetus or newborn

A condition characterised by bleeding into the area between the arachnoid membrane and the pia mater (subarachnoid space) surrounding the brain of a fetus or newborn that is not due to injury causing physical damage.

KA82.6 Cerebellar nontraumatic, hemispheres or vermis or posterior fossa haemorrhage of fetus or newborn

A condition characterised by bleeding within the part of the intracranial cavity located between the foramen magnum and tentorium cerebelli (posterior fossa) including bleeding in tissue of the cerebellum or brain stem, of a fetus or newborn that is not due to injury causing physical damage.

KA82.7 Subdural nontraumatic haemorrhage of fetus or newborn

KA82.Z Intracranial nontraumatic haemorrhage of fetus or newborn, unspecified

KA83 Certain specified neonatal haemorrhages

Any other condition characterised by bleeding in a newborn.

Exclusions: Pulmonary haemorrhage originating in the perinatal period (KB28)

Fetal blood loss (KA80)

KA83.0 Neonatal bleeding originating in the mouth, nose or pharynx

Exclusions: Neonatal haematemesis or melaena due to swallowed maternal blood (KB8A)

KA83.1 Neonatal bleeding originating in the oesophagus, stomach, small or large intestine

Bleeding in the neonate that originates from the digestive system. Most common causes include enteritis, gastritis, milk protein allergies, intussusception, and/or erosions of mucosa.

Exclusions: Neonatal volvulus (LB18)

Meckel diverticulum with complication (LB15.0)

Neonatal haematemesis or melaena due to swallowed maternal blood (KB8A)

KA83.2 Neonatal rectal haemorrhage

A condition characterised by bleeding in the rectum of a newborn.

KA83.3 Neonatal hepatic haemorrhage

Haemorrhage of the liver in the newborn.

KA83.4 Neonatal haemorrhage originating in adrenal gland

A condition characterised by bleeding into the adrenal glands in a newborn.

KA83.5 Neonatal haemorrhage originating in spleen

KA83.6 Neonatal haemorrhage originating in kidney or bladder

KA83.7 Neonatal haemorrhage originating in trachea or pulmonary parenchyma

KA83.8 Neonatal cutaneous haemorrhage

Exclusions: Bruising of scalp due to birth injury (KA42.0)

Cephalohaematoma due to birth injury (KA42.1)

KA83.9 Neonatal vaginal or uterine haemorrhage

A condition characterised by bleeding from the vagina of a newborn which is excessive or lasts longer than the first month of life.

Inclusions: Pseudomenses

KA83.A Neonatal epistaxis

A condition characterised by bleeding from the nose of a newborn.

KA84 Haemolytic disease of fetus or newborn

A paediatric alloimmune condition characterised by the break-down of red blood cells by IgG antibodies which are transmitted from mother to child via the placenta.

KA84.0 Rh isoimmunization of fetus or newborn

A condition characterised by the transmission of antibodies from a mother to the child via the placenta against the Rhesus factor of blood. Such antibodies were developed in an Rhesus factor negative mother subsequent to exposure to Rhesus positive factor blood resulting in the break-down of the red blood cells of the fetus.

KA84.1 Isoimmunization due to other red cell factors

KA84.2 ABO isoimmunization of fetus or newborn

KA84.3 Haemolytic anaemia due to other unclassified antibodies of fetus or newborn

KA84.4 Haemolytic disease due to disease of other neonatal organs

KA84.5 Neonatal haemolysis due to systemic bacterial infection with or without concomitant diffuse intravascular coagulation

KA84.Z Haemolytic disease of fetus or newborn, unspecified

KA85 Hydrops fetalis due to haemolytic disease

A fetal condition characterised by an accumulation of fluid or oedema in at least two fetal compartments, including subcutaneous compartments, the pleura, the pericardium, or the abdomen, due to the antibody-mediated break-down of fetal red blood cells.

Exclusions: Hydrops fetalis not due to haemolytic disease (KC41.1)

KA85.0 Hydrops fetalis due to isoimmunization

A fetal condition characterised by an accumulation of fluid or oedema in at least two fetal compartments, including subcutaneous compartments, the pleura, the pericardium, or the abdomen, due to the transmission of IgG antibodies against the Rhesus factor of blood from the mother to the child via the placenta that break-down of the red blood cells of the fetus.

KA85.Y Other specified hydrops fetalis due to haemolytic disease

KA85.Z Hydrops fetalis due to haemolytic disease, unspecified

KA86 Neonatal kernicterus

Kernicterus is a pathologic diagnosis of the neonate that is characterised by yellow staining of the basal ganglia following elevated bilirubin concentrations in the blood and/or a breech in the blood brain barrier more common in the premature infant or the sick term neonate. It is characterised later in infancy and childhood by hearing deficits, choreoathetosis, and varying degrees of cognitive deficit.

Exclusions: kernicterus due to inborn errors of metabolism (BlockL2‑5C5)

KA87 Neonatal hyperbilirubinaemia

A condition characterised as an increased level of bilirubin above 85 umol/l (5 mg/dL) which manifests as yellowing of the eyes, skin, and other tissues of a newborn due to excessive break-down of red blood cells for any other reason not classified elsewhere.

Exclusions: jaundice due to isoimmunization (KA84.0)

Coded Elsewhere: Neonatal hyperbilirubinaemia due to red cell haemolysis with infection (KA6Y)

KA87.0 Neonatal hyperbilirubinaemia due to swallowed maternal blood

A condition characterised as an increased level of bilirubin above 85 umol/l (5 mg/dL) which manifests as yellowing of the eyes, skin, and other tissues of a newborn due consumption by the newborn of blood from the mother.

KA87.1 Neonatal hyperbilirubinaemia due to enzymatic defect in bilirubin degradation

KA87.2 Neonatal hyperbilirubinaemia due to breast milk inhibitor of bilirubin conjugation

A paediatric condition characterised by persistently increased level of bilirubin above 85 umol/l (5 mg/dL) manifesting as yellowing of the eyes, skin, and other tissues of a newborn due to any chemical substance that prevents or decreases the production of breast milk by the mother.

KA87.3 Neonatal hyperbilirubinaemia due to total parenteral nutrition

A paediatric condition characterised by persistently increased level of bilirubin above 85 umol/l (5 mg/dL) manifesting as yellowing of the eyes, skin, and other tissues of a newborn due to intravenous feeding which bypasses the normal processes of eating and digestion.

KA87.4 Neonatal hyperbilirubinaemia due to drugs or toxins transmitted from mother

KA87.5 Neonatal hyperbilirubinaemia due to drugs or toxins given to newborn

KA87.6 Neonatal hyperbilirubinaemia from other or unspecified hepatocellular damage

KA87.Y Other specified neonatal hyperbilirubinaemia

KA87.Z Neonatal hyperbilirubinaemia, unspecified

KA88 Disseminated intravascular coagulation of fetus or newborn

Neonatal purpura fulminans is a potentially lethal disorder characterised by progressive haemorrhagic necrosis of the skin associated with cutaneous vascular thrombosis. It is usually due to a genetically transmitted thrombophilic disorder: most commonly homozygous deficiency of protein C or, less frequently, protein S.

KA89 Transient neonatal thrombocytopaenia

A rare paediatric condition characterised by a temporary relative decrease in the number of platelets in the blood associated with either increased destruction or decreased production of platelets in a newborn.

KA89.0 Thrombocytopaenia following systemic infection, including diffuse intravascular coagulation

KA89.Y Other specified transient neonatal thrombocytopaenia

KA89.Z Transient neonatal thrombocytopaenia, unspecified

KA8A Polycythaemia neonatorum

Polycythaemia of the neonate represents an excessive quality of circulating red blood cells due to excessive marrow production and haematocrits that exceed ~60%.

KA8A.0 Polycythaemia neonatorum due to placental insufficiency or fetal intrauterine growth restriction

KA8A.1 Polycythaemia neonatorum due to twin to twin transfusion

KA8A.2 Polycythaemia neonatorum due to inherited disorder of erythropoietin production

KA8A.3 Polycythaemia neonatorum following umbilical cord transfusion or stripping at delivery

KA8A.4 Polycythaemia neonatorum following blood transfusion

KA8A.Y Other specified polycythaemia neonatorum

KA8A.Z Polycythaemia neonatorum, unspecified

KA8B Anaemia of prematurity

A paediatric condition characterised by a decrease in number of red blood cells (RBCs) or less than the normal quantity of haemoglobin in the blood of a newborn associated with the child being born prior to completing 37 weeks of gestation.

KA8C Congenital hypoplastic anaemia

A paediatric condition characterised by a decreased number of red blood cells (RBCs) or lower than the normal levels of haemoglobin in the blood of a newborn present at birth due to loss of blood from the circulatory system of the fetus.

KA8D Transient neonatal neutropaenia

Neonatal neutropaenia can be due to underproduction of the marrow (e.g. hypoxemia due to placental insufficiency, congenital viral disease) or excessive utilization of white blood cells (bacterial sepsis) or due to maternal transfer of antibodies to the fetus

Coding Note: Code aslo the casusing condition

KA8E Alloimmune neonatal neutropaenia

Alloimmune Neonatal neutropaenia (ANN) is a disease caused by the passive transfer of neutrophil specific maternal IgG antibodies across the placenta during pregnancy.

KA8F Neonatal vitamin K deficiency

There are 3 forms of vitamin K–deficiency bleeding (VKDB) of the newborn. Early VKDB (haemorrhagic disease of the newborn) that occurs at 1-14 days of age. The most common sites of bleeding are the gastrointestinal tract, mucosal and cutaneous tissue, the umbilical stump, and the post-circumcision site. Late VKDB most commonly occurs at 2-12 weeks of age, although cases can occur up to 6 months. The most common site of bleeding is intracranial, although cutaneous and gastrointestinal bleeding may be initial manifestation. The third form of VKDB occurs at birth or shortly thereafter. It is secondary to maternal intake of medications (warfarin, phenobarbital, phenytoin) that cross the placenta.

KA8F.0 Diffuse bleeding diathesis due to vitamin K deficient haemorrhagic disease of fetus or newborn

Haemorrhagic disease of the newborn is a bleeding disorder of the newborn usually seen in the first week after life when vitamin K replacement is not provided to the newborn infant immediately after birth and is primarily characterised by gastrointestinal bleeding. The disorder can also be seen later in the newborn period in breast fed infants of Vitamin K deficient mothers.

KA8F.Y Other specified neonatal vitamin K deficiency

KA8F.Z Neonatal vitamin K deficiency, unspecified

KA8Y Other specified haemorrhagic or haematological disorders of fetus or newborn

KA8Z Haemorrhagic or haematological disorders of fetus or newborn, unspecified

Neurological disorders specific to the perinatal or neonatal period (BlockL1‑KB0)

A group of paediatric conditions characterised by an abnormal change in the cerebral status of a newborn.

Coded Elsewhere: Brain cystic malformations (LA05.7)

Neurodevelopmental syndrome due to prenatal alcohol exposure (6A0Y)

KB00 Neonatal cerebral ischaemia

A paediatric condition characterised by insufficient blood flow to the brain of a newborn to meet metabolic demand.

KB00.0 Perinatal arterial stroke

KB00.1 Neonatal cerebral sinovenous thrombosis

KB00.Y Other specified neonatal cerebral ischaemia

KB00.Z Neonatal cerebral ischaemia, unspecified

KB01 Periventricular cysts of newborn

A paediatric condition characterised by the development of cysts around the brain ventricles in a newborn.

KB02 Neonatal cerebral leukomalacia

A paediatric condition characterised by the death of small areas of brain tissue creating "holes" in the brain of a newborn.

Exclusions: Hypoxic-ischaemic encephalopathy (8B24)

KB03 Neonatal encephalopathy

Encephalopathy is disorder of the brain. It may be the result of interference in the development of the brain, an infection or other condition in the neonate.

Exclusions: Hypoxic ischaemic encephalopathy of newborn (KB04)

KB04 Hypoxic ischaemic encephalopathy of newborn

Hypoxic ischaemic encephalopathy (HIE) is when a newborn’s brain fails to receive a sufficient amount of oxygen or blood before and during birth that may lead to brain damage or death.

KB05 Neonatal hydrocephalus

Exclusions: Hydrocephalusn due to congenital toxoplasmosis (KA64.0)

Coded Elsewhere: Congenital hydrocephalus (LA04)

KB05.0 Neonatal obstructive hydrocephalus

KB05.Y Other specified neonatal hydrocephalus

KB05.Z Neonatal hydrocephalus, unspecified

KB06 Neonatal seizures

A paediatric condition characterised by rapid and repeated muscle contraction and relaxation, resulting in an uncontrolled shaking of the body of a newborn.

Exclusions: Benign familial neonatal epilepsy (8A61.0)

Epilepsy due to prenatal or perinatal vascular insults (8A60.00)

KB07 Compression of brain in neonate

Exclusions: Crushing injury of brain (NA08.0)

KB08 Disorders of muscle tone of newborn

A group of paediatric conditions characterised by abnormal muscle tone in a newborn.

KB08.0 Transient neonatal myasthenia gravis

A paediatric condition characterised as a temporary autoimmune neuromuscular disease leading to fluctuating muscle weakness and fatigue in a newborn.

KB08.1 Congenital hypertonia

A paediatric condition characterised by abnormally increased muscle tone that is present at birth in a newborn.

KB08.2 Congenital hypotonia

A paediatric condition characterised by abnormally decreased muscle tone that is present at birth in a newborn.

Inclusions: Nonspecific floppy baby syndrome

KB08.Y Other specified disorders of muscle tone of newborn

KB08.Z Disorders of muscle tone of newborn, unspecified

KB0Y Other specified neurological disorders specific to the perinatal or neonatal period

KB0Z Neurological disorders specific to the perinatal or neonatal period, unspecified

Respiratory disorders specific to the perinatal or neonatal period (BlockL1‑KB2)

A group of conditions occurring during the period of time around childbirth, especially the five months before and one month after birth which are associated with the cardiovascular or respiratory systems.

Coded Elsewhere: Choanal atresia (LA70.2)

Congenital hypoplasia of lung (LA75.2)

Primary central sleep apnoea of infancy (7A40.1)

Primary central sleep apnoea of prematurity (7A40.2)

Late acquired pneumonia (CA40.Y)

KB20 Intrauterine hypoxia

Intrauterine hypoxia occurs when the fetus is deprived of an adequate supply of oxygen. This may occur with prolapse or occlusion of the umbilical cord, placental infarction and maternal smoking. This can lead to damage of the central nervous system and neonatal encephalopathy, which increases the risk of mortality.

Inclusions: intrauterine distress

Exclusions: Intracranial nontraumatic haemorrhage of fetus or newborn (KA82)

Hypoxic ischaemic encephalopathy of newborn (KB04)

Metabolic acidaemia in newborn (KB22)

Late metabolic acidosis of newborn (KB63.0)

KB20.0 Intrauterine hypoxia first noted before onset of labour

A condition characterised by deprivation of an adequate supply of oxygen to the fetus during the gestation period which is diagnosed prior to the onset of labour.

KB20.1 Intrauterine hypoxia first noted during labour or delivery

A condition characterised by deprivation of an adequate supply of oxygen to the fetus diagnosed immediately prior to or during labour and delivery.

KB20.Z Intrauterine hypoxia, unspecified

KB21 Birth asphyxia

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

Exclusions: intrauterine hypoxia or asphyxia (KB20)

KB21.0 Severe birth asphyxia

Pulse less than 100 per minute at birth and falling or steady, respiration absent or gasping, colour poor, tone absent.

Asphyxia with 5-minute Apgar score 0-3

White asphyxia

KB21.1 Mild and moderate birth asphyxia

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

Asphyxia with 5 minute Apgar score 4-7.

Blue asphyxia

KB21.Y Other specified birth asphyxia

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

KB22 Metabolic acidaemia in newborn

Metabolic acidaemia represents an increase in hydrogen ion concentration, usually due to the production of lactic acid following hypoxia or ischemia induced anaerobic metabolism. Acidaemia can also result from inborn errors of metabolism, and disorders of the kidney and liver.

KB23 Respiratory distress of newborn

A condition characterised by a by developmental insufficiency of surfactant associated proteins or surfactant production and structural immaturity in the lungs.

Exclusions: Respiratory failure of newborn (KB2D)

KB23.0 Respiratory distress syndrome of newborn

Respiratory distress syndrome (RDS) is an acute illness, usually of preterm infants, due to pulmonary surfactant deficiency, developing within 4-6 hours of birth, and is characterised by respiratory distress (tachypnoea, intercostal and sternal retractions, expiratory grunt, and cyanosis with abnormal chest radiograph showing diffuse reticulogranular densities and air bronchograms, evidence of reduced lung compliance and functional residual capacity, evidence of abnormal gas exchange (hypoxaemia, hypercapnia, cyanosis) of sufficient severity to require oxygen and/or continuous or intermittent positive pressure ventilatory support for more than 24 hours.

KB23.00 Respiratory distress syndrome of the newborn, altered by maternal corticosteroid therapy

KB23.01 Respiratory distress syndrome of the newborn, altered by pulmonary surfactant replacement therapy

KB23.02 Respiratory distress syndrome of the newborn, altered by maternal corticosteroid therapy or pulmonary surfactant replacement therapy

KB23.0Y Other specified respiratory distress syndrome of newborn

KB23.0Z Respiratory distress syndrome of newborn, unspecified

KB23.1 Transient tachypnoea of newborn

Transient tachypnoea of newborn is usually a benign self-limiting illness of term and near-term infants demonstrating increased respiratory rate and requiring supplementary oxygen after birth.

KB23.2 Respiratory instability of prematurity

Infant within the neonatal period who requires continued respiratory life support, including positive pressure ventilation and/or prolonged oxygen therapy, without a clear pathologic diagnosis. This may be caused by inadequate respiratory muscle strength, excessive chest wall compliance, and/or inadequate CNS respiratory drive.

KB23.Y Other specified respiratory distress of newborn

KB23.Z Respiratory distress of newborn, unspecified

KB24 Congenital pneumonia

Congenital pneumonia is an acute respiratory infection contracted prenatally or during the intrapartum period that is caused by a virus, bacteria, or fungi.

Coding Note: Code aslo the casusing condition

Inclusions: infective pneumonia acquired in utero or during birth

Exclusions: Neonatal aspiration syndromes (KB26)

Pneumonitis (BlockL2‑CA7)

KB25 Neonatal tracheitis

A disease of the trachea in neonates, caused by an infection with a bacterial, viral, or fungal source. This disease is characterised by stridor, or increased respiratory effort. Transmission is commonly by inhalation of the infectious agent. Confirmation is by direct laryngoscopy.

KB26 Neonatal aspiration syndromes

Aspiration of meconium, blood, amniotic fluids and gastric contents in a neonate resulting in clinical symptoms from airway obstruction (atelectasis, air trapping and air leaks), parenchymal injury (pneumonitis), right-to-left shunting, and ventilation-perfusion mismatch.

KB26.0 Neonatal aspiration of meconium

Meconium Aspiration Syndrome (MAS) is defined as respiratory distress in an infant born through meconium-stained amniotic fluid with roentgenographic findings consistent with MAS and whose symptoms could not be otherwise explained.

Exclusions: Meconium passage during delivery (KA05.8)

Meconium staining (KD38)

KB26.1 Neonatal aspiration of amniotic fluid or mucus

Clinical symptoms of Neonatal aspiration syndrome due to inhalation of amniotic fluid

KB26.2 Neonatal aspiration of blood

Clinical symptoms of Neonatal aspiration syndrome due to inhalation of blood usually during birth process, or through aspiration of gastrointestinal bleeding.

KB26.3 Neonatal aspiration of milk or regurgitated food

Clinical symptoms of Neonatal aspiration syndrome due to aspiration of acidic gastric contest and/or milk

KB26.Y Other specified neonatal aspiration syndromes

KB26.Z Neonatal aspiration syndromes, unspecified

KB27 Pulmonary air leak or related conditions originating in the perinatal period

Clinical syndrome due to free air from rupture of overdistended alveoli tracking into pulmonary interstitium, mediastinum, pleural cavity or subcutaneous tissues.

KB27.0 Interstitial emphysema originating in the perinatal period

Escape of air into the interstitium, lymphatics and venous circulation of the lungs resulting from rupture of small airways associated with a characteristic cystic appearance on chest X-ray, almost exclusively seen in preterm infants receiving mechanical ventilation

KB27.1 Pneumothorax originating in the perinatal period

Abnormal presence of air or other gas in the pleural cavity, usually secondary to tracking of free air from pulmonary interstitial emphysema, or rupture of subpleural blebs.

KB27.2 Pneumomediastinum originating in the perinatal period

Presence of air in the mediastinum usually from tracking of free air from ruptured alveolar ducts along the perivascular sheaths of pulmonary blood vessels, or rupture of subpleural bleb

KB27.3 Pneumopericardium originating in the perinatal period

Presence of air in the pericardial cavity usually from tracking of free air from ruptured alveolar ducts along the perivascular sheaths of pulmonary blood vessels, or rupture of subpleural bleb

KB27.4 Pneumoperitoneum, originating in the perinatal period, due to primary pulmonary air leak syndromes

KB27.Y Other specified pulmonary air leak or related conditions originating in the perinatal period

KB27.Z Pulmonary air leak or related conditions originating in the perinatal period, unspecified

KB28 Pulmonary haemorrhage originating in the perinatal period

A condition characterised by bleeding from the lung which begins during the period of time around childbirth, especially the five months before and one month after birth.

Exclusions: Acute idiopathic pulmonary haemorrhage in infants over 28 days of age (MD24)

KB28.0 Tracheobronchial haemorrhage originating in the perinatal period

A condition characterised by bleeding from the trachea or bronchi which begins during the period of time around childbirth, especially the five months before and one month after birth.

KB28.1 Traumatic pulmonary haemorrhage originating in the perinatal period

Pulmonary haemorrhage in neonate as a result of trauma, generally from a respiratory suction catheter following deep suctioning.

KB28.Y Other specified pulmonary haemorrhage originating in the perinatal period

KB28.Z Pulmonary haemorrhage originating in the perinatal period, unspecified

KB29 Chronic respiratory disease originating in the perinatal period

A group of conditions associated with the respiratory system which begin during the period of time around childbirth, especially the five months before and one month after birth, and which lasts for at least 3 months.

KB29.0 Bronchopulmonary dysplasia originating in the perinatal period

Chronic lung disease requiring treatment with oxygen for at least 28 days and with a spectrum of severity from mild to severe, that predominantly affects premature infants.

KB29.Y Other specified chronic respiratory disease originating in the perinatal period

KB29.Z Chronic respiratory disease originating in the perinatal period, unspecified

KB2A Apnoea of newborn

Any condition characterised by suspension of external breathing in a newborn (premature or term) which is not classified elsewhere

KB2A.0 Central neonatal apnoea

Central apnoea is a cessation of airflow > 20 seconds with loss of all respiratory effort. It is due to immaturity of the brainstem to control respiration. It is found in many premature infants and generally resolves by 36 weeks of age.

KB2A.1 Obstructive neonatal apnoea

Apnoea that occurs secondary to diminished airway airflow from an obstruction in the airway from the nose and mouth, tongue, hypopharynx, epiglottis, vocal cords or subglottic region. This is characterised by initial increased work of breathing and rapid progression to cyanosis.

KB2A.2 Mixed neonatal apnoea

A combination of central apnoea and obstructive apnoea. Most apnoea of prematurity is of the mixed variety, and most often resolves by 36 weeks of age.

KB2A.3 Apnoea of newborn, due to neurologic injury

KB2A.Y Other specified apnoea of newborn

KB2A.Z Apnoea of newborn, unspecified

KB2B Primary atelectasis of newborn

Failure of the lungs to expand after birth, as in stillborn infants or in liveborn infants who die before respiration is established

Inclusions: Primary failure to expand terminal respiratory units

KB2C Cyanotic attacks of newborn

Sudden attacks of cyanosis, lasting from a few moments up to half an hour, in an infant whose colour was previously normal, and whose colour returns to normal in atmospheric air after the attack

Exclusions: Apnoea of newborn (KB2A)

KB2D Respiratory failure of newborn

Acute or chronic respiratory failure in a newborn. Neonates in acute respiratory failure require respiratory support.

KB2E Respiratory arrest of newborn

KB2F Congenital lung or lobar atelectasis

Collapsed lobe or lobes of the lung that is present at birth and is due to narrowing of the airway, kinking of the airway, compression from a mass in the airway or other congenital abnormality.

KB2G Tracheal haemorrhage of newborn due to airway trauma

Trauma from suction catheters, endotracheal tubes, bronchoscopes that results in tracheal haemorrhage in the newborn.

KB2H Acquired vocal cord paralysis in newborn

KB2J Airway obstruction in the neonate due to airway abnormality

Coded Elsewhere: Congenital macroglossia (LA31.0)

Congenital micrognathia (DA0E.00)

KB2J.0 Hypotonia of hypopharynx in neonate

Poor muscle tone of the hypopharynx.

KB2J.1 Hypopharyngeal mass in neonate

KB2J.2 Tracheo-bronchial malacia in neonate

Tracheomalacia is a condition characterised by flaccidity of the tracheal support cartilage causing weakness of the tracheobronchial tree and tracheal collapse.

KB2J.Y Other specified airway obstruction in the neonate due to airway abnormality

KB2J.Z Airway obstruction in the neonate due to airway abnormality, unspecified

KB2K Pulmonary cysts in newborn

KB2K.0 Acquired pulmonary cysts in newborn

Cysts occurring as a result of infection or trauma from mechanical ventilation resulting in pulmonary interstitial emphysema.

KB2K.Z Pulmonary cysts in newborn, unspecified

KB2Y Other specified respiratory disorders specific to the perinatal or neonatal period

KB2Z Respiratory disorders specific to the perinatal or neonatal period, unspecified

Cardiovascular disorders present in the perinatal or neonatal period (BlockL1‑KB4)

A group of conditions which begin during the period of time around childbirth, especially the five months before and one month after birth which are associated with the cardiovascular systems.

Exclusions: congenital malformations of the heart and circulatory system (BlockL3‑LA8)

Coded Elsewhere: Patent arterial duct (LA8B.4)

KB40 Neonatal cardiac failure

Cardiac failure originating in the neonatal period

KB40.0 Neonatal cardiac failure due to pulmonary overperfusion

Neonatal cardiac failure due to pulmonary overperfusion

KB40.1 Neonatal cardiac failure due to decreased left ventricular output

KB40.Y Other specified neonatal cardiac failure

KB40.Z Neonatal cardiac failure, unspecified

KB41 Cardiac arrhythmias in the neonate

Abnormal electrical rhythm, both tachyarrhythmias and bradyarrhythmias, in neonate

KB42 Persistent pulmonary hypertension of the newborn

Persistent pulmonary hypertension of the newborn is a cardiopulmonary disorder characterised by systemic arterial hypoxemia secondary to pulmonary hypertension and extrapulmonary right-to-left shunting across the foramen ovale and ductus arteriosus.

KB43 Delayed closure of ductus arteriosus

A condition characterised as a congenital disorder in the heart wherein a neonate's ductus arteriosus abnormally remains open longer than the first few days after birth.

KB44 Transient myocardial ischaemia of newborn

A paediatric condition characterised by an imbalance between the oxygen supply and demand of the heart muscle (myocardium) in a newborn.

KB45 Neonatal hypertension

Hypertension is defined by a systolic blood pressure in a neonate which is >95th percentile for age and sex on 3 separate occasions

KB46 Neonatal hypotension

Mean Arterial Blood Pressure below gestational age in weeks (corresponds with 10th centile for birth weight and postnatal age1) or below 30mmHg as hypotension

KB47 Benign or innocent cardiac murmurs in newborn

A paediatric condition characterised by heart sounds that are produced as a result of turbulent blood flow that is sufficient to produce audible noise primarily due to physiologic conditions outside the heart, as opposed to structural defects in the heart itself in a newborn.

KB4Y Other specified cardiovascular disorders present in the perinatal or neonatal period

KB4Z Cardiovascular disorders present in the perinatal or neonatal period, unspecified

Transitory endocrine or metabolic disorders specific to fetus or newborn (BlockL1‑KB6)

A group of paediatric conditions in which there is a temporary disorder in a newborn or infant associated with changes in hormone production or utilization (endocrine system) or when abnormal chemical reactions in the body disrupt the normal processes of enzyme catalyzed reactions within tissue cells (metabolism), such as getting or making energy from consumed food.

KB60 Transitory disorders of carbohydrate metabolism specific to fetus or newborn

A group of paediatric conditions in which there is a temporary disorder in a newborn or infant associated with abnormal chemical reactions in the body disrupting the process of getting or making energy from consumed carbohydrates.

KB60.0 Syndrome of infant of mother with gestational diabetes

Describes the range of effects on the infant born to a woman with gestational diabetes (onset or first recognition of carbohydrate intolerance of variable severity in pregnancy). Common neonatal effects include macrosomia, intrauterine growth restriction, birth injuries, congenital anomalies, hypoglycaemia, respiratory distress, and hypertrophic cardiomyopathy.

KB60.1 Syndrome of infant of a diabetic mother, type 1 or 2, nongestational, insulin dependent

Describes the range of effects on the infant born to a woman with pregestational diabetes mellitus (type 1 or type 2). Common neonatal effects include macrosomia, intrauterine growth restriction, birth injuries, congenital anomalies, hypoglycaemia, respiratory distress, caudal regression syndrome and hypertrophic cardiomyopathy.

KB60.2 Neonatal diabetes mellitus

Neonatal diabetes mellitus (NDM) is a monogenic form of diabetes that occurs in the first 6 months of life. It is a rare condition occurring in only one in 100,000 to 500,000 live births. Infants with NDM do not produce enough insulin, leading to an increase in blood glucose. NDM can be mistaken for the much more common type 1 diabetes, but type 1 diabetes usually occurs later than the first 6 months of life. In about half of those with NDM, the condition is lifelong and is called permanent neonatal diabetes mellitus (PNDM). In the rest of those with NDM, the condition is transient and disappears during infancy but can reappear later in life; this type of NDM is called transient neonatal diabetes mellitus (TNDM).

KB60.20 Transient neonatal diabetes mellitus

Transient neonatal diabetes mellitus (TNDM)is a developmental disorder of insulin production that resolves postnatally within the first year of life. Intrauterine growth restriction is usually present. TNDM infants develop diabetes in the first few weeks of life but may go into remission in a few months, with possible relapse to a permanent diabetes state usually around adolescence or as adults. The pancreatic dysfunction in this condition may be maintained throughout life, with relapse initiated at times of metabolic stress such as puberty or pregnancy.

KB60.2Y Other specified neonatal diabetes mellitus

KB60.2Z Neonatal diabetes mellitus, unspecified

KB60.3 Neonatal hyperglycaemia

KB60.30 Neonatal hyperglycaemia due to insulin deficiency

KB60.31 Neonatal hyperglycaemia due to iatrogenic intravenous therapy

KB60.3Y Other specified neonatal hyperglycaemia

KB60.3Z Neonatal hyperglycaemia, unspecified

KB60.4 Neonatal hypoglycaemia

KB60.40 Transient hyperinsulinaemic neonatal hypoglycaemia

This refers to transient above normal level of insulin in the blood, and an abnormally diminished content of glucose in the blood, of a newborn.

KB60.41 Transitory iatrogenic neonatal hypoglycaemia

KB60.42 Other transitory neonatal hypoglycaemia

KB60.4Y Other specified neonatal hypoglycaemia

KB60.4Z Neonatal hypoglycaemia, unspecified

KB60.Y Other specified transitory disorders of carbohydrate metabolism specific to fetus or newborn

KB60.Z Transitory disorders of carbohydrate metabolism specific to fetus or newborn, unspecified

KB61 Transitory neonatal disorders of calcium or magnesium metabolism

A group of paediatric conditions in which there is a temporary disorder in a newborn associated with abnormal chemical reactions in the body disrupting the normal processes of enzyme catalyzed reactions to utilize calcium and magnesium for other body functions.

KB61.0 Neonatal hypomagnesaemia

Defined as serum magnesium levels less than 0.66 mmol/L (1.6 mg/L) in neonates. Symptoms usually do not develop until serum Mg levels falls below 0.49 mmol/L (1.2 mg/L).This is usually transient but can cause symptoms similar to those of hypocalcaemia.

KB61.1 Neonatal tetany without calcium or magnesium deficiency

Features of tetany (hyperexcitability, hyperreflexia, spasms and laryngospasm) not accompanied by low calcium or magnesium levels

KB61.2 Neonatal hypocalcaemia

Hypocalcaemia is a common metabolic problem in newborns. In the neonate, hypocalcaemia is defined by birth weight (BW) categories. In infants with BW greater than 1500 g, hypocalcaemia is defined as a total serum Calcium (Ca) concentration less than 8 mg/dL (2 mmol/L) or an ionized fraction of less than 4.4 mg/dL (1.1 mmol/L). In very low birth weight premature infants (BW<1500g), hypocalcaemia is defined as a total serum Ca concentration less than 7 mg/dL (1.75 mmol/L) or an ionized fraction of less than 4 mg/dL (1 mmol/L). Etiologies of early hypocalcaemia (occurs in the first two to three days after birth) include prematurity, maternal diabetes, birth asphyxia, and intrauterine growth. Causes of late hypocalcaemia (usually occurs at the end of the first week of life) include hypoparathyroidism and high phosphate intake. Most infants with hypocalcaemia are asymptomatic. If symptomatic, neuromuscular irritability is the most common sign with jitteriness and muscle jerking. Less common findings include seizures, and rarely laryngospasm, wheezing, or vomiting.

Exclusions: Transitory neonatal hypoparathyroidism (KB64)

KB61.3 Neonatal osteopenia

Metabolic bone disease is a common complication in very low birthweight (VLBW) preterm infants. The smallest, sickest infants are at greatest risk. Progressive osteopenia with demineralized bones and, occasionally, pathologic fractures may develop. The major cause is inadequate intake of calcium and phosphorus to meet the requirements for growth. Poor intake of vitamin D is an additional risk factor. Contributing factors include prolonged parenteral nutrition, vitamin D and calcium malabsorption, intake of unsupplemented human milk, immobilization, and urinary calcium losses from long-term diuretic use.

KB61.Y Other specified transitory neonatal disorders of calcium or magnesium metabolism

KB61.Z Transitory neonatal disorders of calcium or magnesium metabolism, unspecified

KB62 Transitory neonatal disorders of thyroid function

A group of paediatric conditions in which there is a temporary disorder in a newborn or infant associated with the thyroid.

Exclusions: Pendred syndrome (5A00.02)

Congenital hypothyroidism (5A00.0)

dyshormogenetic goitre (5A00.00)

Coded Elsewhere: Transient congenital hypothyroidism (5A00.03)

KB62.0 Transitory neonatal hyperthyroidism

A paediatric condition characterised by a temporarily abnormally increased level of thyroid hormones (triiodothyronine (T3) and thyroxine (T4)) in the blood of a newborn.

Inclusions: Neonatal thyrotoxicosis

KB62.1 Other transitory neonatal disorders of thyroid function, not elsewhere classified

Any other paediatric condition characterised by abnormal or absent function of the thyroid gland in a newborn.

Inclusions: Transitory neonatal hypothyroidism

KB62.2 Transient hyperthyrotropinaemia

Transient hyperthyrotropinaemia is characterised by elevated thyroid-stimulating hormone (TSH) and normal thyroxine (FT4) levels with the elevated TSH levels eventually normalising. (Miki K, Nose O, Miyai K, et al Transient infantile hyperthyrotrophinaemia.

KB62.3 Transient hypothyroxinaemia

Transient hypothyroxinaemia is characterised by low thyroxine (T4, T3 and FT4) levels but normal level of thyroid-stimulating hormone (TSH), and is seen in preterm infants, usually those born before 30 weeks of gestational age.

KB62.Y Other specified transitory neonatal disorders of thyroid function

KB62.Z Transitory neonatal disorders of thyroid function, unspecified

KB63 Certain specified transitory neonatal electrolyte or metabolic disturbances

A group of paediatric conditions in which there is a temporary abnormality in the normal processes of enzyme catalyzed reactions within tissue cells (metabolism) or with the levels of minerals in the blood or other body fluids.

KB63.0 Late metabolic acidosis of newborn

Mild to moderate metabolic acidosis occurring between 1 to 3 weeks of age in otherwise healthy premature infants fed cow's milk and accompanied by poor growth. This is thought to be due to excessive protein content of the milk.

KB63.1 Dehydration of newborn

A paediatric condition characterised by excessive loss of body water in a newborn.

KB63.2 Disturbances of sodium balance of newborn

A paediatric condition characterised by abnormally high or low levels of sodium in the blood in a newborn, when the normal range is defined as 135 to 150 mEq/L.

KB63.20 Hyponatremia of newborn

Hyponatremia is defined as serum sodium less than 130 mmol/L

KB63.21 Hypernatremia of newborn

Hypernatremia is defined as serum sodium greater than 145 mmol/L.

KB63.2Y Other specified disturbances of sodium balance of newborn

KB63.2Z Disturbances of sodium balance of newborn, unspecified

KB63.3 Disturbances of potassium balance of newborn

A paediatric condition characterised by abnormally high or low levels of potassium in the blood in a newborn, when the normal range is defined as 3.7 to 5.9 mmol/L.

KB63.30 Hypokalaemia of newborn

Hypokalaemia is defined as serum potassium less than 3.5 mmol/L.

KB63.31 Hyperkalaemia of newborn

Hyperkalaemia is defined as serum potassium greater than 5.5 mmol/L.

KB63.3Y Other specified disturbances of potassium balance of newborn

KB63.3Z Disturbances of potassium balance of newborn, unspecified

KB63.4 Transitory tyrosinaemia of newborn

Clinically asymptomatic elevated blood tyrosine level caused by late fetal maturation of 4-hydroxyphenylpyruvate dioxygenase, usually detected on newborn bloodspot screening. Most commonly seen in premature infants receiving milk formulae with high protein content. Generally considered benign and resolves by 4-6 weeks of age.

KB63.5 Metabolic bone disease of prematurity

A paediatric condition characterised by bone abnormalities in a newborn due to abnormalities of minerals such as calcium, phosphorus, magnesium or vitamin D associated with the child being born prior to completing 37 weeks of gestation.

KB64 Transitory neonatal hypoparathyroidism

Defined as hypocalcaemia, hyperphosphatemia and low serum parathyroid hormone that improves spontaneously but may last from weeks to months.

KB6Z Transitory endocrine or metabolic disorders specific to fetus or newborn, unspecified

Digestive system disorders of fetus or newborn (BlockL1‑KB8)

Coded Elsewhere: Hirschsprung disease (LB16.1)

Meconium ileus in unspecified cystic fibrosis (CA25.Z)

KB80 Gastro-oesophageal reflux disease in newborn

A condition which develops when the reflux of stomach contents causes the newborn to vomit with associated discomfort, difficulty feeding and/or weight loss.

KB81 Oesophagitis in newborn

Oesophagitis is inflammation of the oesophagus. If left untreated, this condition can cause ulcers or scarring of the oesophagus.

KB81.0 Neonatal eosinophilic oesophagitis

Eosinophilic oesophagitis is an inflammatory condition, possibly caused by food allergy, in which the wall of the oesophagus becomes filled with a large number of eosinophils. It can be confused with acid reflux disease but it can be differentiated if neonate does not respond to anti-reflux medications.

KB81.Y Other specified oesophagitis in newborn

KB82 Prenatal gastric perforation

Prenatal gastric perforation is a perforation or hole of the wall of the stomach that occurs while the baby is in utero. This is a rare and life-threatening condition in a neonate.

KB83 Postnatal gastric perforation

Postnatal gastric perforation is a spontaneous or traumatic penetration or hole of the wall of the stomach that occurs after birth. This is a rare and life-threatening condition in a neonate.

KB84 Postnatal isolated ileal perforation

Post natal bowel perforation, generally in the terminal ileum. Can be confused with necrotizing enterocolitis, but generally occurs earlier (2-5 days of age) and does not involve extensive bowel necrosis.

KB85 Prenatal intrauterine intestinal perforation

In-utero or prenatal bowel perforation results in a chemical peritonitis (meconium peritonitis) from peritoneal leakage of sterile meconium. Meconium peritonitis results from prenatal intestinal perforation nearly always involving the small bowel.

Exclusions: Meconium ileus with perforation (KB87.4)

KB85.0 Prenatal intrauterine intestinal perforation due to in utero volvulus

KB85.1 Prenatal intrauterine intestinal perforation due to intestinal atresia or stenosis

KB85.2 Prenatal intrauterine intestinal perforation due to intraluminal obstruction

KB85.Y Other specified prenatal intrauterine intestinal perforation

KB85.Z Prenatal intrauterine intestinal perforation, unspecified

KB86 Postnatal intestinal perforation

Postnatal intestinal perforation is a complete penetration of wall of the large or small intestine, often resulting in the leakage of luminal contents into the abdominal cavity.

KB86.0 Postnatal intestinal perforation due to drugs

KB86.1 Postnatal intestinal perforation due to in utero volvulus

KB86.2 Postnatal intestinal perforation due to intestinal atresia or stenosis

KB86.3 Postnatal intestinal perforation due to intraluminal obstruction

KB86.Y Other specified postnatal intestinal perforation

KB86.Z Postnatal intestinal perforation, unspecified

KB87 Intestinal obstruction of newborn

Any other impairment, arrest, or reversal of the normal flow of intestinal toward the anal canal in a newborn

KB87.0 Intestinal obstruction due to inspissated milk

Mechanical intestinal obstruction in premature infants due to hard milk curds formed when high-energy formula or powdered milk is fed in the presence of reduced intestinal motility and increased absorption of water from the colon. The site of obstruction is the terminal ileum, the ileocaecal valve, or the colon. The manifestations include constipation, abdominal distension, and vomiting (progressively bilious or faecal).

KB87.1 Meconium plug without ileus

Meconium plug, also referred to as functional immaturity of the colon, is an obstruction in the newborn colon. It is usually a transient disorder of the newborn and is characterised by delayed passage of meconium and intestinal dilatation.

KB87.2 Meconium ileus without perforation

The meconium sometimes becomes thickened and congested in the terminal ileum, a condition known as meconium ileus. Meconium ileus is among the most common causes of intestinal obstruction in the newborn, accounting for 9-33% of neonatal intestinal obstructions. A symptom of both Hirschsprung’s disease and cystic fibrosis is the failure to pass meconium. Some babies have a blockage in their colon that may look like meconium ileus (a meconium plug), and they have small left colon syndrome. This means the last part of their colon is smaller than normal.

KB87.3 Transitory ileus of preterm-newborn

Transient intestinal obstruction of functional rather than anatomical origin which is not uncommon in the first few days of life. As surgery may be strongly contraindicated in this group, the differential diagnosis is extremely important.

Exclusions: Hirschsprung disease (LB16.1)

KB87.4 Meconium ileus with perforation

Complicated meconium ileus with bowel perforation with varying degrees of meconium peritonitis.

KB87.Y Other specified intestinal obstruction of newborn

KB87.Z Intestinal obstruction of newborn, unspecified

KB88 Necrotising enterocolitis of newborn

This is a fulminating disease of neonates in which there is extensive mucosal ulceration, pseudomembrane formation, submucosal haemorrhage, and necrosis usually of the right colon, caecum, terminal ileum, and appendix (ENTEROCOLITIS), possibly due to perinatal intestinal ischemia and bacterial invasion. The entire colon, small intestine, stomach, and oesophagus may also be affected. Most infants are premature or suffer from respiratory distress syndrome, sepsis, or hypoxia. Symptoms (apparent during the first few weeks of life) include abdominal distension, bilious vomiting, and melaena; there may be apnoea, lethargy, temperature instability, tachycardia, tachypnoea, and a fall in blood pressure. The disorder may progress to perforation and peritonitis.

KB88.0 Necrotising enterocolitis of newborn, Stage 1A & B

KB88.1 Necrotising enterocolitis of newborn, Stage 2A & B

KB88.2 Necrotising enterocolitis of newborn, Stage 3A

KB88.3 Necrotising enterocolitis of newborn, Stage 3B

KB88.Y Other specified necrotising enterocolitis of newborn

KB88.Z Necrotising enterocolitis of newborn, unspecified

KB89 Neonatal malabsorption syndromes

Coded Elsewhere: Glucose or galactose intolerance of newborn (5C51.42)

Hereditary fructose intolerance (5C51.50)

KB89.0 Neonatal malabsorption due to endocrine secreting tumour

KB89.1 Short bowel syndrome

Short bowel syndrome is a condition in which nutrients are not properly absorbed due to either surgical removal of a large portion of the small intestine, a congenital anomaly where a large part of the small intestine is missing, or rarely due to the complete dysfunction of a large segment of small intestine.

KB89.Y Other specified neonatal malabsorption syndromes

KB89.Z Neonatal malabsorption syndromes, unspecified

KB8A Neonatal haematemesis or melaena due to swallowed maternal blood

A less serious, self-limiting case of haematemesis and melena which can occur in newborns two to three days after delivery, due to swallowed maternal blood.

KB8B Neonatal peritonitis

Neonatal peritonitis may be bacterial or chemical in origin. The majority of cases of bacterial peritonitis are due to intestinal perforations, ruptured omphaloceles, or ischemic intestinal necrosis. Although most babies had peritonitis secondary to intestinal perforation subsequent to intestinal obstruction, many instances are unexplained perforation, possibly secondary to defects in the intestinal musculature or visceral ischemia. The less common chemical peritonitis is due to prenatal intestinal perforation with extrusion of sterile meconium into the peritoneal cavity. The two types may coexist if an antenatal perforation remains open after birth, allowing bacterial contamination of the previously sterile peritoneum.

KB8C Noninfectious neonatal diarrhoea

Non-infectious causes of diarrhoea in neonates. Childhood diarrhoea is most often caused by infection. Much less often, however, it is due to other causes - e.g., malabsorption or dietary intolerance, endocrine abnormalities, hormone-secreting tumours, pancreatic and liver dysfunction. Non-infectious causes of diarrhoea may have other systemic signs and symptoms. Neonates are at particular risk of dehydration and malnutrition.

KB8Y Other specified digestive system disorders of fetus or newborn

KB8Z Digestive system disorders of fetus or newborn, unspecified

Genitourinary system disorders specific to the perinatal or neonatal period (BlockL1‑KC0)

A group of conditions occurring during the period of time around childbirth, especially the five months before and one month after birth which are associated with the genitourinary system.

KC00 Congenital hydrocele

A paediatric condition characterised by the buildup of watery fluid around one or both testicles of a newborn that is present at birth.

KC01 Congenital renal failure

A severe irreversible decline in the ability of kidneys to remove wastes, concentrate urine, and maintain electrolyte balance; blood pressure; and calcium metabolism which existed at, or often before, birth.

Inclusions: Uraemia of newborn

KC0Y Other specified genitourinary system disorders specific to the perinatal or neonatal period

KC0Z Genitourinary system disorders specific to the perinatal or neonatal period, unspecified

Disorders involving the integument of fetus or newborn (BlockL1‑KC2)

Coded Elsewhere: Neonatal dermatoses due to maternal antibodies (KA07)

KC20 Conditions involving the umbilical cord

KC20.0 Delayed separation of umbilical cord

KC20.1 Umbilical cutis or polyp of newborn

An umbilical cord polyp is a congenital lesion resulting from persistence of the omphalomesenteric duct. It originates from either the omphalomesenteric duct or from urachal remnants. The polyp may contain intestinal mucosa.

KC20.2 Umbilical granuloma of newborn

KC20.Y Other specified conditions involving the umbilical cord

KC20.Z Conditions involving the umbilical cord, unspecified

KC21 Inflammatory dermatoses of the newborn

A range of inflammatory skin disorders presenting in the neonatal period.

KC21.0 Neonatal acne

Acne presenting at birth or shortly afterwards, generally with predominantly comedonal lesions of the cheeks and a paucity of inflammatory lesions. It is thought to be due to hyperactivity of the sebaceous glands stimulated by neonatal androgens from the testes in boys and adrenals in girls.

KC21.1 Neonatal toxic erythema

Neonatal toxic erythema is a common rash in neonates, appearing in up to half of newborns carried to term, usually between day 2-5 after birth; it does not occur outside the neonatal period and typically resolves within first two weeks of life. It is characterised by blotchy erythema with crops of evanescent small white or yellow papules or pustules. It is a benign condition and is thought to cause no discomfort to the baby.

Inclusions: Neonatal erythema toxicum

KC21.2 Perianal dermatitis of the newborn

Perianal dermatitis of the newborn presents with perianal erythema during the first week of life, which in more severe forms may progress to oedema and superficial erosion of perianal skin. Although it usually occurs alone, perianal dermatitis may sometimes be associated with primary irritant napkin dermatitis. It is commoner in infants receiving cow's milk formulations than in breast-fed infants; it is assumed that it represents an irritant response to faecal constituents.

KC21.Y Other specified inflammatory dermatoses of the newborn

KC22 Neonatal disorders of subcutaneous fat

Coding Note: Code aslo the casusing condition

KC22.0 Subcutaneous fat necrosis of the newborn

KC22.1 Cold panniculitis of the newborn

Cold panniculitis resulting either from exposure of neonates to low environmental temperature or from local application of cold objects (e.g. ice packs for management of neonatal supraventricular tachycardia). The newborn are particularly susceptible as a result of a high saturated/unsaturated fat ratio in subcutaneous fat with a consequent elevation of the freezing point of fat.

KC22.2 Sclerema neonatorum

Sclerema neonatorum is an uncommon condition which typically affects gravely ill, preterm neonates in the first week of life. It manifests as a diffuse hardening of skin and subcutaneous adipose tissue such that the skin cannot be pitted or picked up and pinched into a fold. Histologically there is minimal inflammation without fat necrosis. It is associated with a high mortality.

KC22.Y Other specified neonatal disorders of subcutaneous fat

Coding Note: Code aslo the casusing condition

KC23 Neonatal disorders of the oral mucosa

KC24 Neonatal nutritional disorders affecting the skin

A range of nutritional disorders presenting in the neonatal period with skin manifestations. They may result from inadequate maternal nutrition or from problems with neonatal absorption of minerals such as zinc.

Coding Note: Code aslo the casusing condition

Skin disorders associated with prematurity (BlockL2‑KC3)

KC30 Skin fragility of prematurity

Coding Note: Code aslo the casusing condition

KC31 Congenital erosive or vesicular dermatosis healing with reticulated supple scarring

A rare condition reported principally in premature neonates characterised by extensive erosions, vesicles, ulcerations and crusts affecting up to 75% of the body surface. The cause is unknown and the skin heals rapidly leaving faint reticulate scars.

Coding Note: Code aslo the casusing condition

KC3Y Other specified skin disorders associated with prematurity

Coding Note: Code aslo the casusing condition

KC40 Miscellaneous skin disorders in the neonate

Coded Elsewhere: Neonatal miliaria (EE02.0)

Disseminated intravascular coagulation of fetus or newborn (KA88)

Neonatal graft-versus-host disease (4B24.Y)

KC40.0 Congenital sucking blisters

KC40.1 Neonatal milia

KC40.Y Other specified skin disorders in the neonate

KC41 Miscellaneous specified conditions of integument specific to fetus or newborn

KC41.0 Breast engorgement of newborn

A paediatric condition characterised by the painful overfilling of the breasts of a newborn with milk.

KC41.1 Hydrops fetalis not due to haemolytic disease

A fetal condition characterised by an accumulation of fluid or oedema in at least two fetal compartments, including subcutaneous compartments, the pleura, the pericardium, or the abdomen that is not due to the breakdown of red blood cells.

KC41.Y Other specified conditions of integument specific to fetus and newborn

Iatrogenic injuries involving the skin of the neonate (BlockL2‑KC5)

Postnatal iatrogenic skin injury (BlockL3‑KC5)

Injuries resulting from perinatal and postnatal medical procedures

KC50 Neonatal phototherapy burn

Burn resulting from phototherapy administered to neonate, usually for the treatment of neonatal jaundice.

KC5Y Other specified postnatal iatrogenic skin injury

KC5Z Postnatal iatrogenic skin injury, unspecified

KC7Y Other specified iatrogenic injuries involving the skin of the neonate

KC9Z Disorders involving the integument of fetus or newborn, unspecified

Disturbances of temperature regulation of newborn (BlockL1‑KD1)

KD10 Environmental hyperthermia of newborn

A paediatric condition characterised by a core body temperature above 37.5 degrees C (99.5 degrees F) in a newborn due to exposure of the newborn to prolonged or extremely high environmental temperature.

KD11 Fever of newborn

KD12 Hypothermia of newborn

Core body temperature of a newborn below -1SD (36.0 degrees C) compared with mean temperature (36.5 degrees of C).

KD12.0 Neonatal cold injury syndrome

Neonatal cold injury syndrome is characterised by a core body temperature below 35°C (95°F) due to exposure of the newborn to prolonged or extremely low environmental temperatures. Clinically it is characterised by coldness to touch, apathy, immobility, decreased urine output and refusal of food. In addition oedema and redness of the extremities, especially the hands, feet, and face, are observed. It is commonly fatal and survivors may have evidence of brain damage.

KD12.Y Other specified hypothermia of newborn

KD12.Z Hypothermia of newborn, unspecified

KD1Y Other specified disturbances of temperature regulation of newborn

KD1Z Disturbances of temperature regulation of newborn, unspecified

Certain disorders originating in the perinatal period (BlockL1‑KD3)

A group of any other paediatric conditions that occur during the period of time around childbirth, especially the five months before and one month after birth.

Coded Elsewhere: Abnormal findings on neonatal screening (MG71.0)

Excessive crying of infant (MG44.0)

KD30 Birth depression

A condition characterised by cardiorespiratory and neurological depression In newborn.

Coding Note: Code aslo the casusing condition

KD30.0 Birth depression with 5 minute Apgar score 0-3

Severe birth asphyxia is characterised by cardiorespiratory and neurological depression, defined as an Apgar score of 0 to 3 at 5 minutes following birth, and acute hypoxic compromise with acidaemia.

Inclusions: White asphyxia

Asphyxia with 5-minute Apgar score 0-3

KD30.1 Birth depression with 5 minute Apgar score 4-6

A condition characterised by cardiorespiratory and neurological depression, defined as an Apgar score between 4 and 6 at 5 minutes following birth.

Inclusions: Blue asphyxia

Asphyxia with 5-minute Apgar score 4-7

KD30.2 Birth depression with associated metabolic acidaemia of cord blood

KD30.Z Birth depression, unspecified

Coding Note: Code aslo the casusing condition

KD31 Wide cranial sutures of newborn

A paediatric condition characterised by abnormally large separation between the bones of the skull of a newborn.

KD32 Feeding problems of newborn

A lack of interest in feeding or a problem receiving the proper amount of nutrition in a newborn.

Exclusions: Avoidant-restrictive food intake disorder (6B83)

KD32.0 Slow feeding of newborn

A paediatric condition characterised by a newborn who requires more than approximately 45 minutes per feeding.

KD32.1 Underfeeding of newborn

A paediatric condition characterised by a newborn who consumes less than average for their age and weight and who seems hungry and unsatisfied after feeding, is fussy or cries a lot, does not produce several wet and soiled diapers each day, and who does not gain weight.

KD32.2 Overfeeding of newborn

A paediatric condition characterised by a newborn who consumes too much food and has subsequent excessive vomiting or weight gain beyond normal averages.

KD32.3 Neonatal difficulty in feeding at breast

A paediatric condition characterised by a newborn has difficulty breastfeeding associated with problematic latching on to the breast, poor sucking reflex, structural anomalies, or other issues.

KD32.4 Failure to thrive in newborn

When newborn’s current weight or rate of weight gain is significantly below that of other newborns of similar age and gender.

KD32.Y Other specified feeding problems of newborn

KD32.Z Feeding problems of newborn, unspecified

KD33 Jittery baby, not elsewhere classified

Jitteriness can occur on the first day of life. It can be caused by hypoglycaemia, hypocalcaemia, drug withdrawal, or other conditions.

KD34 Reactions or intoxications due to drugs administered to fetus or newborn

A group of paediatric substance-induced conditions associated with health interventions applied to a fetus or newborn using pharmaceutical products.

Exclusions: Withdrawal symptoms from therapeutic use of drugs in newborn (KD36)

Neonatal hyperbilirubinaemia due to drugs or toxins transmitted from mother (KA87.4)

reactions and intoxications from maternal opiates, tranquillizers and other medication (KA06.0)

Neonatal withdrawal syndrome from maternal use of drugs of addiction (KD35)

Neonatal hyperbilirubinaemia due to drugs or toxins given to newborn (KA87.5)

KD35 Neonatal withdrawal syndrome from maternal use of drugs of addiction

Intrauterine exposure to addictive drugs can lead to neonatal withdrawal symptoms. Withdrawal symptoms are usually neurological, preventing normal autonomic function. The clinical presentation of drug withdrawal is variable and dependent on several factors, such as, the type and dose of drug used, and rate of metabolism and excretion of the mother and infant.

Inclusions: Drug withdrawal syndrome in infant of dependent mother

Neonatal abstinence syndrome

Exclusions: Fetus or newborn affected by maternal anaesthesia or analgesia in pregnancy, labour or delivery (KA06.0)

KD36 Withdrawal symptoms from therapeutic use of drugs in newborn

A paediatric condition characterised by the presence of symptoms due to drug withdrawal in a newborn.

KD37 Exposure to tobacco smoke in the perinatal period

Exposure to tobacco smoke in the perinatal period, both directly or through second hand smoke, can lead to: low birth weight, preterm delivery, Sudden Infant Death Syndrome (SIDS or cot death), spontaneous abortion, or intrauterine growth retardation.

KD38 Meconium staining

Green or yellowish appearing amniotic fluid, indicating presence of meconium. The newborn’s skin, nail beds or the umbilical cord may be stained.

Exclusions: Neonatal aspiration of meconium (KB26.0)

Meconium passage during delivery (KA05.8)

KD39 Complications of intrauterine procedures, not elsewhere classified

A group of conditions characterised as an unfavourable evolution of a condition (complication) due to a health intervention applied inside of the uterus.

Exclusions: fetus and newborn affected by placental separation and haemorrhage due to intrauterine procedures (KA02)

KD39.0 Fetus or newborn affected by amniocentesis

Amniocentesis involves extracting a small sample of amniotic fluid surrounding the fetus. Risks include miscarriage or injury if the needle comes into contact with the fetus or placenta.

KD39.1 Fetus or newborn affected by chorionic villous sampling

Chorionic villus sampling (CVS) is a procedure where a small sample of the placenta is removed, either through the cervix or abdomen. Risks to the fetus and newborn when performing CVS include: injury to the mother or baby from the needle, infection to the mother from a punctured bowel or contaminated skin, or Rhesus sensitisation. Injury or infection can lead to miscarriage, although this is rare.

KD39.2 Fetus or newborn affected by fetal blood sampling

fetal blood sampling involves extracting a sample of fetal blood from the umbilical cord using a needle and an ultrasound as a guide. It is used to detect fetal abnormalities and is generally performed after the completion of 18 weeks of gestation. Risks to the fetus and newborn include: miscarriage, bleeding from the needle entry site, uterine infection, and temporary slowing of the baby’s heart rate following the procedure.

Inclusions: Fetus or newborn affected by cordocentesis

KD39.3 Fetus or newborn affected by complications of fetal surgery

A condition in the fetus due to an unfavourable evolution of a condition (complication) associated with a surgical health intervention applied to the fetus.

KD39.4 Fetus or newborn affected by complications of intrauterine fetal surgery

fetal surgery is the surgical treatment of a fetus still present in the uterus. It is performed when the fetus is suffering from a birth defect and is not expected to survive the delivery or live long after birth. It allows for the fetus to survive to birth, so that further corrective surgery can then be performed. fetal surgery can be done in the following ways: fetoscopic surgery by using a fibreoptic scope to enter the uterus through small surgical openings, open fetal surgery by performing a hysterotomy which is an opening of the uterus, or radiofrequency ablation which cuts off the blood supply to a tumour.

KD39.Y Other specified complications of intrauterine procedures, not elsewhere classified

KD39.Z Complications of intrauterine procedures, not elsewhere classified, unspecified

KD3A Termination of pregnancy, affecting surviving fetus or newborn

Termination of pregnancy (TOP) refers to a medically directed miscarriage, and this can be performed using pharmacological or surgical methods.

Exclusions: termination of pregnancy (affecting mother) (JA00.1)

KD3B Fetal death, cause not specified

fetal death refers to the sudden intrauterine death of a fetus at any point in time during the pregnancy. If the fetal death has occurred in the last half of the pregnancy, it can also be referred to as a stillbirth.

Coding Note: This code is to be used for mortality coding only.

Inclusions: perinatal mortality

KD3B.0 Antepartum fetal death

An antepartum fetal death (stillbirth) refers to a fetus that has suffered an intrauterine death after the 24th week of gestation and before the onset of labour. Maceration describes the degenerative changes that occur in stillbirths retained in the utero after death, and the earliest signs are in the form of discolouration and peeling of the skin, leaving regions of raw tissue.

Inclusions: macerated stillbirth

antepartum stillbirth

KD3B.1 Intrapartum fetal death

An intrapartum fetal death (stillbirth), also known as a fresh stillbirth, refers to a baby that has died during labour. Fresh stillbirths do not show any signs of maceration.

Inclusions: intrapartum stillbirth

fresh stillbirth

KD3B.Z Unspecified time of fetal death, cause not specified

Coding Note: This code is to be used for mortality coding only.

KD3C Vomiting in newborn

A paediatric condition characterised by the forceful expulsion of the contents of the stomach through the mouth and sometimes the nose of a newborn.

KD3C.0 Bilious vomiting of newborn

KD3C.Y Other specified vomiting in newborn

KD3C.Z Vomiting in newborn, unspecified

KD3Y Other specified disorders originating in the perinatal period

KD5Z Conditions originating in the perinatal or neonatal period, unspecified

Coding Note: Conditions arising in the perinatal period, even though death or morbidity occurs later, should, as far as possible, be coded to chapter 19, which takes precedence over chapters containing codes for diseases by their anatomical site.

For children less than 28 days old, assume that a reported condition developed in the perinatal period, unless the duration is stated and the onset was after the first completed week of life.