

Center for Health Statistics  
Office of Disease Prevention and Epidemiology  
Public Health Division  
Department of Human Services

# **Birth Certificate Instructions** *Electronic Version*

These instructions are intended for use with *Electronic Version* of the Oregon birth certificate (Electronic Birth Registration System) and may be duplicated and distributed to anyone requesting them.

#### **Mailing Address**

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**Effective January 1, 2012**  
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## Document Change Activity

The following is a record of the changes that have occurred on this document from the time of its original approval.

Version#	Change Description	Author	Date
1.0	Instructions modified for new standard certificate effective January 1, 2008	Niemeyer	1/1/2008
1.1	Instructions modified for additional intended delivery place questions as required by HB 2380 and alcohol use questions	Shioishi/ Roeser/ Hampton	12/06/2011

## GENERAL INFORMATION – OREGON BIRTH CERTIFICATES

### **ORS 432.005 Definitions.**

(10) Live birth is the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, that, after such expulsion or extraction, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

**IMPORTANT** – If an infant breathes or shows any other evidence of life after complete delivery, even though it may be only momentary, the birth must be registered as a live birth and a death certificate must also be filed.

**ORS 432.206 Compulsory registration of births; rules; persons required to file.** 1(a) A certificate of birth for each birth that occurs in this state shall be filed with the county registrar of the county in which the birth occurred or with the Center for Health Statistics, or as otherwise directed by the State Registrar of the Center for Health Statistics, within five days after the birth and shall be registered if the certificate has been completed and filed in accordance with this section. Any birth certificate not containing the name of the father or on which the surname of the father is at variance with that of the child, at the request of either parent, may be filed with the state registrar and not with the registrar of the county in which the birth occurred.

(2) When a birth occurs in an institution or en route thereto, the person in charge of the institution or authorized designee shall obtain the personal data, prepare the certificate, certify either by signature or by an approved electronic process that the child was born alive at the place and time and on the date stated and file the certificate as directed in subsection (1) of this section. The physician or other person in attendance shall provide the medical information required by the certificate within 72 hours after the birth.

(3)(a) The certificate shall be prepared and filed within five days after the birth by one of the following in the indicated order of priority, in accordance with rules adopted by the state registrar:

If the physician or other person in attendance does not certify to the facts of birth within the 72-hour period, the person in charge of the institution or the designee of the person shall complete and sign the certificate.

**432.075 Duty to furnish information to state registrar; immunity. (1)**

Any person having knowledge of the facts shall furnish all information the person may possess regarding any birth, death, spontaneous fetal death, induced termination of pregnancy, marriage, dissolution of marriage or suicide attempt by a person under 18 years of age, upon demand of the State Registrar of the Center for Health Statistics.

**Work Sheets:**

Many hospitals/facilities use work sheets to gather the information needed to complete birth certificates. It is common practice to provide a work sheet to obtain general information about the parent(s) of the child to the mother or another informant. Some hospitals/facilities also have “pre-admission” forms that are provided to physicians or expectant mothers and are completed by the mother prior to admission to the hospital/facility for the delivery. Facility staff use either a summary work sheet containing information from the medical records of mother and child or, more frequently, use the medical records directly.

The work sheets and pre-admission forms may be developed by each individual hospital/facility to meet its specific needs. However, model Birth Worksheets for Facilities (in English) and for Parents (in English and in Spanish) are available on the Center for Health Statistics website: <http://www.oregon.gov/DHS/ph/chs/registration/instructions.shtml>

Please note that worksheets are not a part of the medical record. They should be stored separately; retained for a maximum of two years and a minimum of one year; and shredded as the disposal method. Under **no circumstances** should a copy of the completed birth certificate or birth worksheet(s) become a part of the medical record.

**A copy of the original birth certificate should never be given to the parent(s) for any reason.** If this has been your practice you must stop immediately.

Birth facilities or attendants may continue to give parent(s) a souvenir of the birth in the form of a birth memento from their facility. These forms must clearly indicate on the front that “**This is not a legal birth certificate**” and must not follow the same format as the birth certificate. These souvenirs should be made available only at the time of birth and should never be reissued at a later date.

## **VERIFICATION OF BIRTH**

Hospitals or facilities of birth should never verify birth facts for an individual. Schools, health programs and other agencies should not request verification of the birth directly from the hospital. If someone requests this type of information, you should refer the individual to this office for a certified copy of the birth record. In addition to violating law regarding vital records, hospitals are not informed of amendments including court ordered changes or adoptions. The information you provide may be inaccurate and it would be a disservice to the individual to provide possibly incorrect information.

Sometimes we receive requests for birth certificates that have incorrect or too little information for us to identify the birth. In that case, the person will receive a letter from us either asking for clarification of the information or stating that we have no record of the birth on file. If you are contacted by **ANYONE** saying the state said you did not register a birth, please contact our office. You should not initiate a birth certificate, delayed or otherwise, based on contact from an individual. If it appears a birth occurring at a facility was not registered, we will work with you to resolve the situation, including filing a delayed birth certificate if needed.

# INSTRUCTIONS FOR COMPLETING THE OREGON CERTIFICATE OF LIVE BIRTH ELECTRONICALLY

## Starting a New Case

To start a new case select “Start/Edit New Case” from the birth menu. Enter items 1- 3 (see below.) The Electronic Birth Registration System (EBRS) will check for record duplication and if none is found allows the selection of “start new case.” The system will pre-fill these three items that you have already entered.

### **CHILD’S NAME** (First, Middle, Other Middle, Last, Suffix)

This item identifies the individual for whom the certificate is being prepared.

Each name field has a maximum of fifty (50) characters. Suffix has a maximum of ten (10) characters.

Enter the child’s first, middle, and last names in proper case. Enter the full name of the child exactly as given by the parent(s). The parent(s) may choose any last name they wish. Suffixes such as Jr. or II are accepted. Names listed in the Other Middle field will NOT be sent to Social Security; if parents want multiple middle names to appear on the Social Security card, enter each middle name, separated by a space, in the Middle name field (up to 50 characters).

If the surname has a space or apostrophe following prefixes, such as Mac Pherson or O’Toole, enter as given with the space or apostrophe.

If more than one surname is given separated by a hyphen, enter exactly as given with the hyphen. If there is more than one last name and no hyphen, enter the two names with a space between them.

If the parent(s) do not have a first name selected for the child, leave this item blank; do not put a period or any other symbol in any of the name fields. Never enter “Baby Girl”, or “Infant Boy”. Do not put a period, hyphen, or other symbol in the first name field.

If the parent(s) has/have not selected a name prior to submission of the birth certificate, they may add the child's name using a supplemental report within the first year, with evidence thereafter, or by court order.

## **DATE OF BIRTH** (Month, Day, Year)

This item records the date of birth of the individual named on the certificate. It is used to establish age for such purposes as school entrance, obtaining a driver's license, and social security benefits.

Enter the exact month, day, and four-digit year the child was born.

Enter the month by either using the first three alpha characters of the month (i.e., Jan for January and Feb for February) or use a two digit number for the month (01 for January, 02 for February, etc.). Days also require a two digit entry (01, 02, etc.).

Pay particular attention to the entry of month, day, or year when the birth occurs around midnight or on December 31. Consider a birth that occurs at midnight to have occurred at the beginning of the new day rather than the end of the previous day.

The infant's date of birth must be earlier than, or the same day as, the birth certificate is completed.

This information is also used for statistical purposes in conjunction with the date last normal menses began to calculate length of gestation, and in conjunction with dates of last live birth and other termination to compute intervals between births and pregnancies. This information is used to study risk and survivorship for infants based on short gestation, low birth weight, and birth spacing.

## **GENDER**

This item aids in identification of the child. It is also used for measuring sex differentials in health-related characteristics and for making population estimates and projections.

Select Male or Female. Parents can give their child any name they choose, but if the sex and name appear inconsistent, check your records or parents.

If sex cannot be determined after verification with medical records, mother of child, informant, or other sources, select “undetermined.” Include a COMMENT stating the reason the sex cannot be determined.

Child Page
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## TIME OF BIRTH

This item documents the exact time of birth for various legal uses, such as the order of birth in plural deliveries. When the birth occurs around midnight, the exact hour and minute may affect the date of birth. For births occurring at the end of the year, the hour and minute affect not only the day, but also the year of birth, a factor in establishing dependency for income tax purposes.

Enter the exact time (hour and minute) the child was born according to local time. If daylight saving time is the official prevailing time when birth occurs, it should be used to record the time of birth. The preferred method is to enter the time using a 24 hour (military) clock. Time may also be recorded in standard time by indicating whether the time of birth is a.m. or p.m.

Time of day examples:

<u>Standard time</u>	<u>Military time</u>
10:35 A.M.	1035
3:25 P.M.	1525
12:00 P.M. (noon)	1200
12:00 A.M. (midnight)	0000
12:01 A.M.	0001

In cases of plural births, the exact time that each child was delivered should be recorded as the hour and minute of birth for that child.



If the date of birth of the infant is not known because the infant is a foundling, enter the date the medical attendant thinks is most likely to have been the date of birth or, if the date of birth cannot be determined, enter the date the infant was found as the date of birth.

## **REQUEST SOCIAL SECURITY NUMBER FOR CHILD**

This question must be answered by selecting “Yes” or “No”. Do not leave this item blank.

If the infant dies, is not expected to live or is being adopted, answer the question as ‘No’. Otherwise answer as the parent selects.

The Social Security Administration requires that the infant’s name appear on the birth record. If either the first name or last name is blank, the Social Security Administration will not issue a social security number, even if requested by a parent.

If yes is selected, and all the information that is required by the Social Security Administration is provided, we will provide enough information from the birth certificate to the Social Security Administration to enable them to issue a social security number for the infant. The social security card will be mailed to the parent(s) at the mailing address on the birth certificate.

The Social Security Administration requires a signed statement indicating that the social security number was requested. For this purpose, the request of social security number is a separate form and can be retained in the permanent medical record. Only the request form can be held in the medical record.

If the parent(s) requests a social security number for their infant, give the parent your Social Security Number application receipt which indicates that a request for a social security number has been made. This receipt can be used by the parents to demonstrate when requests for the infant’s social security number is made.

EBRS contacts the Social Security Administration’s database to request the social security number. The parent(s) will receive a social security number

for their child without having to apply and send additional documentation to the social security administration at a later date.

### **FOUNDLING BABY**

Select “yes” or “no” from the drop-down menu.

### **ADOPTION/LEGAL PROCEEDING EXPECTED**

Select “yes” or “no” from the drop-down menu.

Mother Page
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### **MOTHER’S NAME** (First, Middle, Last, Suffix)

Enter the full current legal name of the mother.

### **MOTHER’S NAME BEFORE FIRST MARRIAGE**

Enter the first, middle, and last name of the mother as given at birth or adoption, not a name acquired by marriage.

### **DATE OF BIRTH** (Month, Day, Year)

This item is used to calculate the age of the mother, which is one of the most important factors in the study of childbearing. Studies have shown a relationship between the health of the child and age of the mother. For example, teenage women and women over 40 have a higher percentage of low-birth-weight and premature infants than women of other ages. This item is also useful for genealogical research.

Enter the month, day and year of mother’s date of birth or select it using the drop-down calendar.

Click on the “calculate age” button next to the date of birth field and the mother’s age will automatically be calculated.

### **SOCIAL SECURITY NUMBER**

Enter the mother's Social Security Number. If the mother does not have one, select "None." Select "Unknown" if the mother's Social Security Number is unknown or if the mother refuses to give her number.

### **MOTHER'S BIRTHPLACE** (State, Territory or Foreign Country)

This item provides information on recent immigrant groups, such as Asian and Pacific Islanders, and is used for tracing family histories. It is also used with the U.S. Bureau of the Census data to compare the childbearing of women who were born in the United States with that of foreign-born women.

If the mother was born in the United States, enter the name of the State. If the mother was born in the United States but the State is unknown, enter "Unknown" for state. United States is the default for the country.

If the mother was born in Canada, enter the name of the Province as the state and Canada as the country.

If the mother was born in any other foreign country or a U.S. territory, leave the state blank and enter the name of the country or territory. Births overseas on a U.S. military base are considered to be in the country where the base is located.

If the mother was born in a foreign country, but the country is unknown, enter "Unknown" in Birthplace Country field. DO NOT leave this item blank.

Alternately to typing the place of birth, you can click on the house-shaped icon directly to the left of the birthplace state field to select the state and country of mother's birth.

### Mother Address Page

Addresses in EBRS are entered as components to facilitate geocoding (associating an address with a map location), in compliance with national standards.

For that purpose, the address is arranged as follows:

	Street Number	Pre-directional	Street Designator	Post-directional	Street Name	Apt/Unit
Ex. 1	800	NE	Oregon		Street	225
Ex. 2	100		Pine	SW	Avenue	

Enter each component of the address as indicated. Blanks are accepted in all fields except Street number and Street name.

## **MOTHER'S RESIDENCE**

The mother's residence is the place where her household is located. This is not necessarily the same as her "home state", "voting residence," "mailing address," or "legal residence". The State, county, city, and street address should be the place where the mother actually lives.

Never enter a temporary residence, such as one used during a visit, business trip, or vacation. Residence for a short time at the home of a relative, friend, or shelter for domestic violence for the purpose of awaiting the birth of the child is considered temporary and should not be entered here. However, place of residence during a tour of military duty or during attendance at college is not considered temporary and should be entered on the certificate as the mother's place of residence.

### **RESIDENCE – STREET AND NUMBER**

Enter the number and street information of the place where the mother lives. This may differ from the city, town, or location in her mailing address.

### **RESIDENCE – CITY, TOWN, OR LOCATION**

Enter the name of the city, town, or location where the mother lives. This may differ from the city, town, or location in her mailing address.

### **RESIDENCE – COUNTY**

Enter the name of the county in which the mother lives.

### **RESIDENCE – STATE**

Enter the name of the State in which the mother lives. This may differ from the State in her mailing address. If the mother is not a U.S. resident, enter the name of the country and the name of the nearest unit of government that is the equivalent of a State.

#### RESIDENCE – ZIP CODE

Enter the zip code for the mother's residence address.

#### RESIDENCE – INSIDE CITY LIMITS?

Enter "yes" if the residence address is incorporated and the mother's residence is inside its boundaries. Otherwise enter "no". Enter "unknown" if the informant does not know if the address is within the city limits.

Statistics on births are tabulated by place of residence of the mother. This makes it possible to compute birth rates based on the population residing in the area. Data on births by place of residence of the mother are used to prepare population estimates and projections. These data are used in planning for and evaluating community services and facilities, including maternal and child health programs, schools, etc. Private businesses and industries also use these data for estimating demands for services. "Inside City Limits" is used to properly assign residence to either the city or the remainder of the county.

#### **MOTHER'S MAILING ADDRESS AND ZIP CODE**

This information is used to mail a birth notification by some counties or a copy of the certificate to the mother and to ask for clarification of birth certificate entries or obtain missing information.

If the mailing address is the same as the residence address, check the box for "Same as Residence Address". Otherwise, enter the mailing address of the mother. If a post office box is used, leave the street number blank and enter the PO Box number in the Street name field.

It is important to distinguish between the mother's mailing address and her residence address. Because each serves a different purpose, they are not substitutes for one another.

## MOTHER'S TELEPHONE NUMBER

The phone numbers provides Public Health nurses with a way to contact mothers who may need help with their babies. The phone numbers also enable Public Health employees to contact mothers to collect information for public health studies.

Indicate mother's primary and secondary telephone number. Include the area code and phone number.

### Mother Attributes Page

#### **EDUCATION** (Specify only highest grade completed)

- 8<sup>th</sup> grade or less
- 9<sup>th</sup> – 12<sup>th</sup> grade; no diploma
- High school graduate or GED completed
- Some college credit, but not a degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, Med, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

Select the category that includes the highest number of years of regular schooling completed by the mother. Report only those years of school that were completed. If the mother has had no formal education, select 8<sup>th</sup> grade or less. A person who enrolls in college, but does not complete one full year should not be identified with any college education in this item.

Count formal schooling only. DO NOT include beauty, barber, trade, business, technical or other specialty schools when determining the highest grade completed.

Education is correlated with fertility and birth outcomes, and is used as an indicator of socioeconomic status. It is used to measure the effect of

education and socioeconomic status on health, childbearing and infant mortality.

**OF HISPANIC ORIGIN?** (Specify No or Yes – If yes, specify Cuban, Mexican, Puerto Rican, etc.)

Check each specific Hispanic group reported by the parent(s) or other informant. If the mother is not Hispanic, check “No, not Hispanic”. DO NOT leave this item blank. **The entry in this item should reflect the response of the informant.**

For the purposes of this item, “Hispanic” refers to those people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person may report Hispanic origin based on the country of origin of a parent(s), grandparent, or some far-removed ancestor. **The response should reflect what the person considered himself or herself to be and is not based on percentages of ancestry.** Although the prompts include the major Hispanic groups of Cuban, Mexican, and Puerto Rican, other Hispanic groups should also be identified in the space provided.

**This Item is not a part of the Race Item. A person of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.**

Hispanics comprise the second largest ethnic minority in this country. This item provides data to measure differences in fertility and pregnancy outcome as well as variations in health care for people of Hispanic and non-Hispanic origin. Without collection of data on persons of Hispanic origin, it is impossible to obtain valid demographic and health information on this important group of Americans.

## **RACE**

- American Indian or Alaska Native
  - Specify the enrolled or principal tribe
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro White
- Japanese
- Korean
- Native Hawaiian
- Samoan
- Vietnamese
- White
- Other Asian (Specify) \_\_\_\_\_
- Other Pacific Islander (Specify) \_\_\_\_\_
- Other (Specify)
- Unknown

Select all that apply as reported by mother or informant.

This item provides data to measure disparate access and health outcomes by race.

Mother Health Page
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### **DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY?**

Select “yes”, “no” or “unknown” from the drop-down menu.

This question is trying to determine if the mother received food for herself during the pregnancy through the WIC Program. When asking this question of the mother, make sure she knows we are asking only about herself and not about her other children that may be enrolled with WIC.

### **MOTHER’S HEIGHT**



Indicate mother's height in feet and inches. If the record includes height in fractions, such as 5 feet 6½ inches, truncate and enter 5 feet 6 inches. If the mother's height is unknown, enter 99 in the feet and inches fields and include a COMMENT explaining why height has not been included.

If the information provided by the mother on the worksheet differs from the information available in the medical record, use the information provided in the medical record.

### **MOTHER'S PREPREGNANCY WEIGHT**

Indicate mother's prepregnancy weight in pounds. Record weight in whole pounds only; do not include fractions. If mother's prepregnancy weight is not between 75 and 300 pounds, weight should be verified. If the mother's prepregnancy weight is unknown, enter 999.

Information for this item should be obtained from the mother's medical chart or the physician. If the medical chart is not available or does not include this information and the physician is unavailable, the informant should be asked to respond to these items.

### **MOTHER'S WEIGHT AT DELIVERY**

Indicate mother's weight, at delivery, in pounds. Record weight in whole pounds only, do not include fractions. If mother's weight at delivery is not between 75 and 350 pounds, mother's weight at delivery should be verified as a weight outside of this range will trigger an override message in EBRs. If the mother's weight at delivery is unknown, enter 999.

If the information provided by the mother on the worksheet differs from the information available in the medical record, use the information provided in the medical record.

### **CIGARETTE SMOKING PER DAY THREE MONTHS PRIOR AND/OR DURING PREGNANCY**

Enter average number of cigarettes or packs smoked per day for each time period. If a range is given, use the higher number. If both cigarettes and packs are given, use packs. If the number of cigarettes smoked is unknown, enter 99 and select cigarettes rather than packs. If mother quit

smoking during the pregnancy and reports no smoking for a time period, enter "0". If "0" is entered, the cigarettes/packs option does not need to be selected.

Smoking during pregnancy may have an adverse impact on pregnancy outcome. This information is used to evaluate the relationship between certain lifestyle factors and pregnancy outcome and to determine at what levels these factors clearly begin to affect pregnancy outcome.

### **ALCOHOL USE DURING THIS PREGNANCY**

Select Yes, No, or Unknown for the mother's use alcohol at any time during the pregnancy.

### **AVERAGE NUMBER OF DRINKS PER WEEK**

Answer this question if alcohol use is Yes or Unknown.

If Yes, enter the average number of drinks per week by length of the pregnancy.

If Unknown, enter 999 as the average number of drinks per week.

### **INTENDED PLACE OF DELIVERY AND INTENDED PRIMARY ATTENDANT**

For each live birth in Oregon delivered on or after January 1, 2012, the mother must be asked whether the birth was planned to occur in either a freestanding birthing center or a private home when the mother started labor. The Oregon Health Licensing Agency defines labor as regular contractions or ruptured membranes (water broke). If the birth was planned to occur outside a hospital, the planned primary attendant is also collected (by title only).

### **Did mother go into labor planning to deliver at home or at a freestanding birthing center?**

Enter: "yes" "no" or "unknown"

Answer the second question only if the answer to the first question was "yes".

**If yes, the planned primary attendant type at onset of labor was:**

Select the planned primary attendant type from the drop down menu

- Midwife
- Certified Nurse Midwife
- Licensed Direct Entry Midwife
- Doctor of Naturopathic Medicine
- Doctor of Medicine
- Doctor of Osteopathy

If the mother planned to have the birth at home or a freestanding birthing center when she went into labor and isn't sure of the planned primary attendant's title, you can use the "Attendant at Birth" search function to look up the planned attendant by name and find their title in OVERS. If you do so, you can either determine the license type by looking at the license format in the results or select the attendant and note the license type. This process should be needed infrequently (when mother started labor planning to deliver outside the facility and does not know the license title of the planned birth attendant).

If none of the title choices fit, please contact Cynthia Roeser at (971)673-0478, at the Center for Health Statistics. She will need to approve the record for registration. A comment will need to be added by the birth clerk, specifying the attendant type, for example "father."

Marital Status Page

**MOTHER MARRIED AT BIRTH, CONCEPTION, OR ANY TIME BETWEEN, OR WITHIN 300 DAYS OF CHILD'S BIRTH**

A woman is legally married even if she is separated. A person is no longer legally married only after the divorce decree is final, usually 30 days after being signed by a judge. If you have questions about marital status or inclusion of the father/second parent on a birth record, contact the state vital records office for assistance.

There are four choices for this question: Married, Oregon Registered Domestic Partner, No and Unknown.

Select “Yes” if the mother was married at the time of conception, at the time of birth, at any time between conception and birth, or within 300 days of the child’s birth. Complete the father information.

Select Oregon Registered Domestic Partnership if the mother was in an Oregon Registered Domestic Partnership. Complete the second parent’s information in the father section.

Select “No”, if the mother was **not** married and was not in an Oregon Registered Domestic Partnership at the time of conception, at the time of birth, at any time between conception and birth, or within 300 days of the child’s birth. **If the answer is “No”, the father’s information cannot be completed and there can be no reference to the father on any portion of the legal document unless a paternity acknowledgement has been signed at the hospital.** If not, he cannot list himself as father nor can he identify himself as the father if he signs as informant or attendant.

You may complete the medical and health portion of the birth certificate with any information you have about the father or second parent.

This information is used to monitor the difference in health and fertility between married and unmarried women. It enables the study of health problems encountered during and after pregnancies of unmarried women. This information allows researchers to measure medical risk factors of out-of-wedlock children and their mothers.

## **PATERNITY INFORMATION**

HAS ACKNOWLEDGMENT OF PATERNITY BEEN SIGNED IN THE HOSPITAL OR BIRTHING FACILITY

If a mother is unmarried and a Paternity Acknowledgement has been signed, select “Yes”. If not aware of a signed paternity acknowledgement, select “No”. If the mother is currently married to the father of the child, select “Not Applicable”.

## **ESTABLISHING PATERNITY –**

If a mother is unwed at the time of conception, delivery, anytime between, or within 300 days of the child's birth – she and the biological father of the child may establish paternity.

To legally establish paternity at the hospital, both parents must sign a completed Paternity Acknowledgement (form 45-31) before a hospital witness.

This paternity form must be completed at the facility of birth before the mother is discharged, up to five days after the child's birth. The father's name and information may then be reported on the birth certificate. **THE PATERNITY FORM MUST BE SENT TO THE STATE VITAL RECORDS OFFICE WITHIN TEN DAYS OF THE BIRTH.** No fee is required if the paternity is done at this time.

The paternity form may not be signed prior to the delivery of the child.

For court ordered findings of parentage you must contact the State Vital Records Office for individual instructions.

#### Father/Second Parent Page

This page will appear only if "Mother married at birth, conception and any time between?" question is checked "Yes" on the Marital Status screen or if the mother is unmarried and paternity acknowledgement signed is answered "yes". The mother may choose not to name a father, even if she is married. In this case, a COMMENT should be entered confirming that mother is choosing not to have the father on the birth certificate.

#### **FATHER/SECOND PARENT'S NAME**

**The title of this item can be misleading. The man listed must be the mother's husband if the mother is married.** If her husband is not the father, the mother may leave these items blank and a notation should be made in the COMMENT section. If the mother is in an Oregon Registered Domestic Partnership, only her partner can be named as the second parent.

Enter or print the current legal first, middle, and last name of the father or second parent.

If the child was born to a mother who was married or in an Oregon Registered Domestic Partnership at any of the times relevant to the birth, enter or print the name of her husband or partner.

If the child was conceived in wedlock but born after a divorce was granted or after the husband died, enter or print the name of the mother's deceased or divorced husband.

The surname of the father/second parent and child are usually the same. When they are different, carefully review this information with the parent(s) to ensure that there is no mistake. Remember the parent(s) can give the child any last name they wish.

Refer problems not covered in these instructions to the State vital records Registration Manager's office at (971)673-1160.

This item is used for identification and as documentary evidence of parentage.

**FATHER/SECOND PARENT'S DATE OF BIRTH** (Month, Day, Year)

Select the exact month, day, and year that the father/second parent was born from the drop-down calendar.

Click on the "calculate age" button next to the date of birth field and the father/second parent's age will automatically be calculated.

This item is used to calculate the age of the father, which is used in the study of childbearing, health, and genealogical research.

**FATHER/SECOND PARENT'S SOCIAL SECURITY NUMBER**

Enter the father/second parent's Social Security Number. If the father/second parent does not have one, select "None." Select "Unknown" if the father/second parent's Social Security Number is unknown or if the father/second parent refuses to give the number.

**FATHER/SECOND PARENT'S BIRTHPLACE** (State, Territory or Foreign Country)

This item provides information on recent immigrant groups, such as Asian and Pacific Islanders, and is used for tracing family histories.

If the father/second parent was born in the United States, enter the name of the State. If the father/second parent was born in the United States but the State is unknown, enter “Unknown” for state. United States is the default for the country.

If the father/second parent was born in Canada, enter the name of the Province as the state and Canada as the country.

If the father/second parent was born in any other foreign country or a U.S. territory, leave the state blank and enter the name of the country or territory.

If the father/second parent was born in a foreign country but the country is unknown, enter “Foreign-Unknown” in Birthplace Country field. DO NOT leave this item blank.

Alternately to typing in the birthplace, you can click on the house-shaped icon directly to the left of the birthplace state field. Select the state and country of father/second parent’s birth.

## Father/Second Parent Attributes Page

**EDUCATION** (Specify only highest grade completed – Elementary/Secondary (0-12) – College (1-4 or 5+)

- 8<sup>th</sup> grade or less
- 9<sup>th</sup> – 12<sup>th</sup> grade; no diploma
- High school graduate or GED completed
- Some college credit, but not a degree
- Associate degree (e.g. AA, AS)
- Bachelor’s degree (e.g. BA, AB, BS)
- Master’s degree (e.g. MA, MS, MEng, Med, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

Select the category that includes the highest number of years of regular schooling completed by the father/second parent. Report only those years of school that were completed. If the father/second parent has no formal education, select “8<sup>th</sup> grade or less”. A person who enrolls in college, but does not complete one full year should not be identified with any college education in this item.

Count only formal schooling. DO NOT include beauty, barber, trade, business, technical or other special schools when determining the highest grade completed.

Education is correlated with fertility and birth outcomes, and is used as an indicator of socioeconomic status. It is used to measure the effect of education and socioeconomic status on health, childbearing, and infant mortality.

**FATHER/SECOND PARENT OF HISPANIC ORIGIN?** (Specify No or Yes – If yes, specify Cuban, Mexican, Puerto Rican, etc.)

Check each specific Hispanic group as reported by the parent(s) or other informant. If the father/second parent is not Hispanic, check “No, not Hispanic”. DO NOT leave this item blank. **The entry in this item should reflect the response of the informant.**

For the purposes of this item, “Hispanic” refers to those people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person may report Hispanic origin based on the country of origin of a parent(s), grandparent, or some far-removed ancestor. **The response should reflect what the person considered himself or herself to be and is not based on percentages of ancestry.** Although the prompts include the major Hispanic groups of Cuban, Mexican, and Puerto Rican, other Hispanic groups should also be identified in the space provided.



**This Item is not a part of the Race Item. A person of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.**

Hispanics comprise the second largest ethnic minority in this country. This item provides data to measure differences in fertility and pregnancy outcome as well as variations in health care for people of Hispanic and non-Hispanic origin. Without collection of data on persons of Hispanic origin, it is impossible to obtain valid demographic and health information on this important group of Americans.

### **FATHER/SECOND PARENT'S RACE**

- American Indian or Alaska Native
  - Specify the enrolled or principal tribe
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro White
- Japanese
- Korean
- Native Hawaiian
- Samoan
- Vietnamese
- White
- Other Asian (Specify) \_\_\_\_\_
- Other Pacific Islander (Specify) \_\_\_\_\_
- Other (Specify)
- Unknown

Select all that apply as reported by father/second parent or informant.

This item provides data to measure disparate access and health outcomes by race.

## Informant Page

### **RELATIONSHIP OF INFORMANT TO BABY**

Select the relationship of the informant to the baby from the drop-down menu. Use the “Other Specify” field if nothing in the drop-down menu applies.

### **INFORMANT NAME**

Enter the informant’s legal first, middle, and last name as well as suffix, if there is one.

The informant validates the accuracy of the personal information recorded on the certificate.

## Place of Birth Page

### **PLACE OF BIRTH**

#### **TYPE OF PLACE OF BIRTH**

Generally, the system will default to the certifier’s facility. If preparing a courtesy birth certificate, select the place the birth took place (home birth, clinic or doctor’s office). If the type of place is not listed, select “Other – (specify)” and specify if known or if the place is not known, enter “Unknown”.

If this is a home birth, indicate whether it was planned or unplanned.

The facility name will auto fill on the form if the type of place of birth is “Hospital”. If the birth occurred en route to the hospital, change the type of place of birth to “Other (specify)” and enter the full name of the facility followed by “en route” in the other specify field.

#### **FACILITY NAME**

The facility name is used for follow up and query programs. It is of historical value to the parent(s) and child. It is also used to produce statistical data by specific facility.

The facility name will auto fill on the form. If the birth occurred en route to the hospital, change the type of place of birth to “Other (specify)”, enter the full name of the facility followed by “en route” in the Other Specify field and enter the name of the facility in the Facility Name field.

If the birth occurred in a moving conveyance that was not en route to a facility, enter as the place of birth where the child was first removed from the conveyance.

This item identifies home births, births in freestanding birth centers, and births in non-hospital clinics or physicians’ offices. Such information permits analysis of the number and characteristics of births by type of facility and is helpful in determining the level of utilization and characteristics of births occurring in such facilities.

#### ADDRESS OF FACILITY

The street address of the location of birth will auto fill once the facility has been selected.

If the birth occurred on a moving conveyance en route to or on arrival at the facility, change the type of place of birth to “Other (specify)”, enter the full name of the facility followed by “en route” in the other specify field. and enter the address of the facility.

If the birth occurred in a moving conveyance that was not en route to a facility, enter as the place of birth the address where the child was first removed from the conveyance.

#### CITY, TOWN, OR LOCATION OF BIRTH

This information will auto fill for births occurring at a facility.

If the birth occurred outside a facility, enter the name of the city, town, or location where the birth occurred. For births occurring in a moving conveyance, enter the city, town, or location where the child was first removed from the conveyance.

## COUNTY, STATE AND COUNTRY OF BIRTH

This information will auto fill for births occurring at a facility.

If birth did not occur at a facility, enter the name of the county, state and country where the birth occurred. For births occurring in a moving conveyance, enter the county, state and country where the child was first removed from the conveyance.

If the birth occurred in a moving conveyance in the United States and the child was first removed from the conveyance in this State, complete a birth certificate showing the place of birth as this State.

If the birth occurred in a moving conveyance in international waters, international airspace, or in a foreign country or its airspace, and the child was first removed from the conveyance in this State, complete a birth certificate in this State, but enter the actual place of birth insofar as can be determined.

These items identify the place of birth, which is used to determine U.S. citizenship. Information on the place of occurrence, together with information on the place of residence, is used to evaluate the supply and distribution of obstetrical services.

## ZIP CODE

This information will auto fill when a facility has been selected.

Prenatal Page

## **MOTHER MEDICAL RECORD #**

This number is optional.

## **MOTHER MEDICAID #**

This information is required only if the principal source of payment is Medicaid/Oregon Health Plan (OHP).

## **PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY**

Select from the drop down box: Medicaid/OHP, Private Insurance, Self-pay, Indian Health Services, Champus/Tricare, or Other Government. If none apply, select "Other" and specify. If source of payment is unknown, select "Unknown".

This question is asking about the delivery costs only; do not include information on prenatal care costs. Only one source of payment may be selected. This item may not be left blank.

If the expenses for this delivery are being paid for by adoptive parent(s) it should be identified as a "self-pay".

## **DATE OF LAST MENSES (Month, Day, Year)**

Enter the exact date (month, day, and year) of the first day of the mother's last normal menstrual period, as obtained from the physician or hospital record. If the information is unavailable from these sources, obtain it from the mother.

Enter as much of the date as known. For instance, if the exact day is unknown but the month and year are known, obtain an estimate of the day from the mother, her physician, or the medical record. If an estimate of the day cannot be obtained, enter a two-digit number for the month, 99 as a placeholder for the day, and a four-digit number for the year (for example, 05-99-2007). If both month and day are unknown, enter 99 for both month and day (for example, 99-99-2007).

This item is used in conjunction with the date of birth to determine the length of gestation, which is closely related to infant morbidity and mortality. Length of gestation is linked with birth weight to determine the maturity of the child at birth.

## **DATE OF FIRST PRENATAL CARE VISIT (Month, Day, Year)**

Enter the date when the mother first received care from a physician or other health professional or attended a clinic. Prenatal care begins when a

physician or other health professional first examines and/or counsels the pregnant woman.

If no prenatal care was received, check the box for "No Prenatal Care". If Total Number of Prenatal Visits is reported as "0", the box should be checked.

**DATE OF LAST PRENATAL CARE VISIT (Month, Day, Year)**

Enter the date when the mother last received care from a physician, other health professional or attended a clinic. If the box for "No Prenatal Care" is checked, leave this item blank.

**TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY**

Enter the number of visits made for medical supervision of the pregnancy by a physician or other health care provider during the pregnancy. If no prenatal care was received, enter "0". If the box is checked for "No Prenatal Care", this item is auto filled as "0". Do not leave this item blank.

**PREVIOUS LIVE BIRTHS**

**NUMBER NOW LIVING**

Select the number of prior children born alive to this mother who are still living at the time of this birth. Do not include this child. Do not include children by adoption. If this child is the first born in a multiple delivery, do not include this infant. If second born, include the first born, etc.

Select "None" if this is the first live birth to this mother child.

**NUMBER NOW DEAD**

Select the number of prior children born alive to this mother who are no longer living. Do not include this birth or any children by adoption.

Select "None" if this is the first live birth to this mother or if all previous children are still living.

**DATE OF LAST LIVE BIRTH**

Enter the date the last child of this mother was born alive. Do not include this child. If none, leave this space blank.

### **NUMBER OF OTHER PREGNANCY OUTCOMES**

Enter the number of nonviable fetuses that were delivered prior to this birth regardless of the length of gestation. Include each recognized loss of a product of conception, such as ectopic pregnancy, miscarriage, stillbirth, and spontaneous or induced abortion.

Check "None" if this is the first pregnancy for this mother or if all previous pregnancies resulted in live born infants.

### **DATE OF LAST OTHER PREGNANCY OUTCOME**

Enter the date of the last pregnancy when the mother delivered a nonviable fetus as described above. If none, leave this space blank.

### **MOTHER TESTED FOR HIV DURING PREGNANCY**

Select Yes, No or Unknown.

This information allows for the identification of specific maternal conditions that are often predictive of poor maternal and infant outcome. It can be used for planning intervention and prevention strategies.

Pregnancy Factors Page
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### **RISK FACTORS IN THIS PREGNANCY (Check all that apply)**

- Diabetes – Gestational
- Diabetes - Prepregnancy
- Hypertension - Prepregnancy (chronic)
- Hypertension - Gestational
- Hypertension - Eclampsia
- Previous preterm birth

- Other previous poor pregnancy outcome (includes perinatal death, small-for gestational age/intrauterine growth restricted birth)
- Vaginal bleeding during this pregnancy prior to the onset of labor
- Pregnancy resulted from infertility treatment - fertility-enhancing drugs, artificial insemination or intrauterine insemination
- Pregnancy resulted from infertility treatment - Assisted reproductive technology (e.g., in vitro fertilization, gamete intrafallopian transfer)
- Mother had a previous Cesarean delivery
- Alcohol use, average number of drinks (*to be added at a later date*)
- None of the above

The eclampsia and either prepregnancy or gestational hypertension boxes may be checked. However, both prepregnancy and gestational hypertension cannot both be checked. Likewise, both gestational and prepregnancy diabetes cannot both be checked.

Previous preterm births should be checked if there is a history of pregnancy (ies) terminating in a live birth of less than 37 completed weeks of gestation.

Other previous poor pregnancy outcomes include a history of pregnancies continuing into the 20<sup>th</sup> week of gestation (post menstrual age) and resulting in any of the listed outcomes. Perinatal death includes fetal and neonatal deaths.

Check each of the medical risks that the mother experienced during this pregnancy. If the mother experienced medical risks not identified in the list check “None of the above”. Medical risks should be identified from the hospital or physician record. If none of the reportable medical risks were present for this pregnancy, check “None of the above”. If no prenatal history is available indicate “None of the above”. DO NOT leave this item blank.

## **MOTHER TESTED FOR SYPHILIS**



Select "Yes", "No" or "Unknown."

**MOTHER TESTED FOR GROUP B STREP**

Select "Yes", "No" or "Unknown."

**INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply)**

- Gonorrhea
- Syphilis
- Herpes Simplex Virus (HSV)
- Chlamydia
- Hepatitis B
- Hepatitis C
- None of the above

Check appropriate boxes for infections present at the time of pregnancy diagnosis or confirmed diagnosis during the pregnancy with or without documentation of treatment. Documentation of treatment is adequate if a definitive diagnosis is not present in the available record. If the prenatal care record is not available and the information is not available from other medical records, check "None of the above". Do not leave this item blank.

**OBSTETRIC PROCEDURES (Check all that apply)**

- Cervical cerclage
- Tocolysis
- External cephalic version – Successful
- External cephalic version – Failed
- None of the above

If external cephalic version was used, check either "Successful" or "Failed". Do not check both.

If the mother had none of the listed procedures or treatments, check "None of the above". If it is unknown whether she had any of the listed

procedures or treatments check “None of the above”. Do not leave this item blank.

Labor Page
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**ONSET OF LABOR** (Check all that apply)

- Premature rupture of the membranes (prolonged,  $\geq 12$  hours)
- Precipitous labor (<3 hours)
- Prolonged labor ( $\geq 20$  hours)
- None of the above

Premature rupture of the membranes includes spontaneous tearing of the amniotic sac, (natural breaking of the “bag of waters”), 12 hours or more before labor begins. Precipitous labor and prolonged labor cannot both be checked.

Check all boxes that apply. If none are indicated, check “None of the above.” If the data are not available at this time, check “None of the above.” DO NOT LEAVE THIS ITEM BLANK.

**CHARACTERISTICS OF LABOR AND DELIVERY** (Check all that apply)

- Induction of labor
- Augmentation of labor
- Non-vertex presentation
- Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- Antibiotics received by the mother during labor
- Clinical chorioamnionitis diagnosed during labor or maternal temperature  $\geq 38^{\circ} \text{C}$  ( $100.4^{\circ} \text{F}$ )
- Moderate/heavy meconium staining of the amniotic fluid
- Fetal intolerance of labor such that one or more of the following actions were taken: in-utero resuscitative measures, further fetal assessment, or operative delivery

- Epidural or spinal anesthesia during labor
- None of the above

Check each type of procedure that was used during this pregnancy. More than one procedure may be checked. If a procedure was used that is not identified in the list, check "None of the above". If no procedures were used, check "None of the above". If it is unknown what type of procedure was used during the pregnancy, check "Unknown". Do NOT leave this item blank. This information should be obtained from the mother's medical chart or the physician.

Information on obstetric procedures is used to measure the use of advanced medical technology during pregnancy and labor and to investigate the relationship of these procedures to type of delivery and pregnancy outcome.

## Delivery Page

### **METHOD OF DELIVERY**

Was delivery with forceps attempted, but unsuccessful? (Select Yes, No, or Unknown)

Was delivery with vacuum extraction attempted, but unsuccessful? (Select Yes, No, or Unknown)

Fetal presentation at birth (Select cephalic, breech, other, or unknown)

Final route and method of delivery (Check one)

- Vaginal/Spontaneous
- Vaginal/Forceps
- Vaginal/Vacuum
- Cesarean
- Unknown

If Cesarean, was a trial of labor attempted (Select Yes, No, or Unknown)

Check the method of delivery of the child. If more than one method was used, check all methods that apply to this delivery. DO NOT leave this item blank. This information should be obtained from the mother's medical chart or the physician.

This information is used to relate method of delivery with birth outcome, to monitor changing trends in obstetric practice, and to determine which groups of women are most likely to have cesarean delivery.

The method of delivery is relevant to the health of mothers, especially if it is by cesarean section. Information from this item can be used to monitor delivery trends across the United States.

**MATERNAL MORBIDITY** (Check all that apply)

- Maternal transfusion
- Third- or fourth-degree perineal laceration
- Ruptured uterus
- Unplanned hysterectomy
- Admission to intensive care unit
- Unplanned operating room procedure following delivery
- None of the above
- Unknown at this time

Unplanned operating room procedure includes any transfer of the mother back to a surgical area for an operative procedure that was not planned prior to the admission for delivery. It excludes postpartum tubal ligations.

If no condition applies, select "None of the above". If the data are not available, select "Unknown". Do not leave this item blank.

**MOTHER TRANSFERRED TO YOUR FACILITY FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY**

If the mother was transferred to your facility after labor started and before the birth of the child, answer "Yes" and enter name of facility from which the mother was transferred.

This question should not be “Yes” for mother’s transferred from home unless a home birth was planned and maternal medical or fetal indications required transfer to a medical facility.

This information will be used to track high risk and low birth weight infants to determine their survival. Currently the state does follow up on all high risk and low birth weight babies that we have not received a death certificate for us to see if they were transferred to another hospital. We must then send a query to that hospital. This question will eliminate contacting the hospital where the baby was born if that child was transferred.

### **INFANT TRANSFERRED TO ANOTHER FACILITY WITHIN 24 HOURS OF DELIVERY**

Check either “Yes” or “No” or “Unknown”. If “Yes”, list name of facility where newborn was transferred. If the name of the facility is unknown, the birth clerk should follow up with the mother or family for this information. List “Unknown” for the name of the facility if the information cannot be obtained and include a COMMENT explaining why it has not been reported.

If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.

Newborn Page
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### **MEDICAL RECORD NUMBER**

### **INFANT BIRTH WEIGHT (Grams preferred, specify units)**

Enter the birth weight as shown in the hospital record, preferably in grams, of the child as it is recorded in the hospital records. Report weight in pounds and ounces (lb/oz) only if weight in grams is not available. DO NOT convert from one measure to the other. Specify the type of measure used (grams or pounds and ounces.)

If birth weight is unknown enter 9999 and include a COMMENT explaining why the birth weight is unavailable.

This is the single most important characteristic associated with infant mortality. It is also related to prenatal care, socioeconomic status, marital status, and other factors surrounding the birth. Consequently, it is used with other information to plan for an evaluation of the effectiveness of health care.

## **APGAR SCORE**

### **5 MINUTES**

Enter the Apgar score (0 through 10) as assigned by the delivery room personnel 5 minutes after birth. If the Apgar is unknown, enter 99 and include a COMMENT explaining why it has not been reported.

### **10 MINUTES**

Enter the Apgar score (0 through 10) as assigned by the delivery room personnel 10 minutes after birth if the 5-minute score is less than 6. If the Apgar is unknown, enter 99 and include a COMMENT explaining why it has not been reported.

The Apgar score is regarded as a reliable summary measure for evaluating the physical condition of the infant at birth.

## **OBSTETERIC ESTIMATE OF GESTATION**

Enter the length of gestation in weeks as estimated by the attendant. DO NOT compute this information from the date of mother's last normal menses and date of child's birth. If unknown, enter 99.

This item provides information on gestational age when the item on date last normal menses began contains invalid or missing information. For a record with a plausible date last normal menses began, it provides a cross check with length of gestation based on ultrasound or other techniques.

**PLURALITY** – Single, Twin, Triplet, etc.

Specify the birth as single, twin, triplet, quadruplet, etc. “Reabsorbed” fetuses, those which are not “delivered” (expulsed or extracted from the mother) should not be counted.

When a plural delivery occurs, prepare and file a separate certificate of report for each child or fetus. Include all live births and fetal losses. File certificates or reports relating to the same plural delivery at the same time. However, if holding the completed certificates or reports while waiting for incomplete ones would result in late filing, the completed certificates or reports should be filed first.

If this certificate is for a birth of a twin set and the first was born dead, enter the date of delivery of the fetus. Similarly, for other multiple births, if any previous member of the set was born dead, enter the date of delivery of that fetus. If all previously born members of a multiple set were born alive, enter the date of the mother’s last delivery that resulted in a fetal death.

These items are used to determine live birth order and total birth order, which are important in studying trends in childbearing and child spacing. They are also useful in studying health problems associated with birth order – for example, first births to older women and determining the relationship of birth order to infant and perinatal mortality.

In studying child spacing, the dates of last live birth and other terminations are used to compute the intervals between live births and fetal deaths and between pregnancies. This information allows researchers to measure known risk factors associated with the mother’s previous pregnancies, such as prior fetal loss, short inter pregnancy interval, and high parity.

### **BIRTH ORDER** – Born First, Second, Third, etc.

Specify the order in which the child being reported was born, - first, second, third, etc. For multiple deliveries, print the order that this infant was delivered in the set, e.g., first, second, third, etc. Count all live births and fetal deaths delivered at any point in the pregnancy.

If this is a singleton delivery, leave the item blank.

This item is related to other items on the certificate (for example, period of gestation and birth weight) that have important health implications. This

information is also used to study twin deliveries and high-risk infants who may require additional medical attention.

**IF NOT SINGLE BIRTH, NUMBER OF INFANTS IN THIS DELIVERY BORN ALIVE**

IS THE INFANT LIVING AT TIME OF REPORT

Select either Yes, No, or Unknown.

Check “Yes” if the infant is living. Check “Yes” if the infant has already been discharged to home care. Check “No” if it is known that the infant has died. If the infant was transferred but the status is known, indicate the known status.

This information will be used to cross reference the birth certificate with the death certificate. If this item is marked “no” the parent(s) cannot request a social security number for the infant.

**IS INFANT BEING BREAST-FED AT DISCHARGE**

Check either “Yes” or “No” if known. If unknown, select “Unknown”.

Newborn Factors Page

**ABNORMAL CONDITIONS OF THE NEWBORN** (Check all that apply)

- Assisted ventilation required immediately following delivery
- Assisted ventilation required for more than 6 hours
- NICU admission
- Newborn given surfactant-replacement therapy
- Antibiotics received by the newborn for suspected neonatal sepsis
- Seizure or serious neurologic dysfunction
- Significant birth injury
- None of the above



Assisted ventilation immediately following birth include manual breaths with bag and mask or bag and endotracheal tube within the first several minutes from birth for any duration. It excludes oxygen only and laryngoscopy for aspiration of meconium.

Significant birth injury includes skeletal fracture(s) present immediately following delivery or manifesting following delivery. Includes any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy.

If none of the listed abnormal conditions are present, check "None of the above". If abnormal conditions are unknown, check "None of the above".

### **CONGENITAL ANOMALIES OF THE NEWBORN** (Check all that apply)

- Anencephaly
- Meningomyelocele/Spina bifida
- Cyanotic congenital heart disease
- Congenital diaphragmatic hernia
- Omphalocele
- Gastroschisis
- Limb reduction defect (excluding congenital amputation and dwarfing syndrome)
- Cleft Lip with or without Cleft Palate
- Cleft Palate alone
- Down Syndrome Karyotype confirmed
- Down Syndrome Karyotype pending
- Down Syndrome Karyotype unknown
- Suspected chromosomal disorder Karyotype confirmed
- Suspected chromosomal disorder Karyotype pending
- Suspected chromosomal disorder Karyotype unknown
- Hypospadias
- None of the above

Check each condition associated with newborn infant. Do not include birth injuries. If more than one abnormal condition exists, check each condition. If an anomaly is present that is not identified in the list, check "None of the

above". DO NOT leave this item blank. This information should be obtained from the mother's and infant's physicians or the medical records (obstetric and pediatric).

If Down Syndrome and/or suspected chromosomal disorder are present, select Karyotype confirmed, pending, or unknown.

Information on congenital anomalies is used to identify health problems that require medical care and monitor the incidence of the stated conditions. It is also used to study unusual clusters of selected anomalies, to track trends among different segments of the population, and relate the prevalence of anomalies to other characteristics of the mother, infant, and the environment. Information on congenital anomalies of the newborn helps measure the extent infants experience medical problems and can be used to plan for their health care needs. This item also provides a source of information on abnormal outcome in addition to congenital anomaly or infant death. These data allows researchers to estimate the number of high-risk infants who may benefit from special medical services.

Attendant/Certifier Page
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## **NAME AND TITLE OF ATTENDANT AT BIRTH**

The attendant at birth is defined as the individual at the delivery who is responsible for the delivery. For example, if an intern or nurse-midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician is to be reported as the attendant. However, a person who is not physically present at the delivery should not be reported as the attendant. For example, if the obstetrician is not physically present, the intern or nurse-midwife **MUST** be reported as the attendant.

If attendant information is not available (as in the case of a foundling), enter the name of the medical provider, who first attended the baby at the facility, and enter a comment stating that the attendant did not deliver the baby.

This item provides information about the attendant and indicates the type of person who attended the birth when the certifier is the attendant.

The attendant's name is important in case of queries. The title provides information on the type of attendant, which is used to assess the service rendered. This information will permit separate identification of deliveries attended by certified nurse midwives, lay midwives, and other persons.

### **ATTENDANT NATIONAL PROVIDER IDENTIFICATION NUMBER (NPI)**

The attendant's information can be selected from a list or entered directly. An attendant database that includes the name, address and NPI will be updated on request.

### **ATTENDANT ADDRESS**

Enter the mailing address of the person whose name appears as attendant.

The mailing address is used for inquiries to correct or complete items on the record

### **CERTIFIER - NAME AND TITLE**

If the certifier is the same person as the attendant, check the box by "Same as attendant".

When the certifier was not the attendant, enter the full name of the person in attendance on the line provided and indicate his or her title. Midwives that are not licensed in Oregon as certified nurse midwives or licensed direct entry midwives, but are registered with the Center for Health Statistics as a midwife should use the title of "Midwife".

### **CERTIFIER NATIONAL PROVIDER IDENTIFICATION NUMBER (NPI)**

Enter number, if any.

### **DATE CERTIFIED**

This date will automatically fill in when the record is biometrically signed.