

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

# Birth Certificate Instructions

## *Out of Facility*

These written instructions are intended for use with the *paper version* of the Oregon birth certificate form 45-1 (02/08) and may be duplicated and distributed to anyone requesting them.

### **Mailing Address**

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Oregon Department of Human Services

INSTRUCTIONS  
Birth certificates

## 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 birth attendants 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 attendants also have “pre-admission” forms that are provided to expectant mothers to be completed by the mother prior to the delivery. And the birth attendant may 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 to meet his or her 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 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 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.

## **COMPLETING CHECK BOXES ON THE FORM**

Many sections contain check boxes. It has been demonstrated that this format produces higher quality and more complete information than open-ended items do. Please review **EACH** checkbox listed, and carefully check the appropriate block(s). Clearly mark and “X” or check the block. The mark should not overlap more than one box.

## **INSTRUCTIONS FOR COMPLETING THE OREGON BIRTH CERTIFICATE**

Type or print all information in permanent black or dark blue ink.

### **ITEM 1. CHILD'S NAME** (First, Middle, Last, Suffix)

Type or print the child's first, middle, and last legal names using conventional upper and lower 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 following the last name, such as Jr. and II, are acceptable. Have the parents check the spelling and order of names before entering the name on the report.

If the parents indicate that the child is to have only a first initial such as "E. Charles Jones," enter the E followed by a period. If the parents indicate two initials and a last name such as "H.S. Green," determine if these are a first and middle initial, or two first initials with no middle name or initial. Enter the initials in the appropriate spaces. Each initial should be followed by a period.

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 given name selected for the child, leave this item blank. Never enter "Baby Girl", or "Infant Boy".

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

### **ITEM 2. TIME OF BIRTH**

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.

An example of standard time is 10:30 a.m. or 3:25 p.m. The military time equivalent is 1030 and 1525.

Enter noon as "12 noon" in standard time or 1200 in military time. One minute after noon is entered as 12:01 p.m. in standard time or 1201 in military time.

Enter midnight as "12 mid" in standard time or 0000 in military time. One minute after midnight is entered as "12:01 a.m." in standard time or 0001 in military time.

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 infant was found as the date 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.

### **ITEM 3. SEX**

Enter Male or Female. Do not abbreviate or use other symbols. If sex and name are inconsistent, verify both entries.

If sex cannot be determined after verification with medical records, mother of child, informant, or other sources, enter "Undetermined".

Attach a note to the certificate stating the medical condition that caused the child's sex to be undetermined.

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.

**ITEM 4. DATE OF BIRTH** (Month, Day, Year)

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

Enter the full name of the month – January, February, March, etc. Do not use a number or abbreviation to designate the month. The full name of the month is important here because this is the legal record of birthdate.

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

If the month is February and the day is 29, it should be a leap year.

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

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. This information is used in conjunction with date last normal menses began to calculate length of gestation, which is used to study survivorship of low-birth-weight and premature infants. It is also used in conjunction with dates of last live birth and other termination to compute intervals between births and pregnancies.

**ITEM 5a. FACILITY NAME** (If not an institution, give street and number)

If the birth occurred in a hospital or freestanding birthing center, enter the full name of the facility where the birth occurred.

If the birth occurred on a moving conveyance en route to or on arrival at the facility, enter the full name of the facility.

If the birth occurred at home, enter the house number and street name of the place where the birth occurred.

If the birth occurred some place other than those described above, enter the number and street name of the location.

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

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.

This item identifies home births, births in freestanding birth centers, and births in non-hospital clinics or physicians' office. 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.

#### **ITEM 5b. CITY, TOWN, OR LOCATION OF BIRTH**

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.

#### **ITEM 5c. COUNTY OF BIRTH**

Enter the name of the county where the birth occurred. For births occurring in a moving conveyance, enter the county 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.

**ITEM 6a. MOTHER'S CURRENT LEGAL NAME** (First, Middle, Last)

Type or print the legal first, middle, and current last name of the mother.

**ITEM 6b. DATE OF BIRTH** (Month, Day, Year)

Enter the exact month, day, and year that the mother was born.

Enter the alpha abbreviation for the month – Jan., Feb., etc. Do not use a number to designate the month.

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.

**ITEM 6c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE** (First, Middle, Last, Suffix)

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

**ITEM 6d. BIRTHPLACE** (State, Territory or Foreign Country)

If the mother was born in the United States, enter the name of the State.

If the mother was born in a foreign country or a U.S. territory, enter the name of the country or territory.

If the mother was born in the United States but the State is unknown, enter "U.S.-Unknown."

If the mother was born in a foreign country but the country is unknown, enter "Foreign-Unknown".

If no information is available regarding place of birth, enter "Unknown". DO NOT leave this item blank.

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.

#### **ITEM 6e-6j. 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 for 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 home for unwed mothers 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.

If the address cannot be determined, contact the State of Oregon Vital Records office for guidance in completing this item.

#### **ITEM 6e. RESIDENCE OF MOTHER – 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.

**ITEM 6f. COUNTY**

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

**ITEM 6g. 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.

**ITEM 6h. STREET AND NUMBER**

Enter the number and street name of the place where the mother lives. This may differ from the city, town, or location in her mailing address. If no street and number, leave this item blank and complete Item 12 with mailing address. Enter a comment below the dotted line in the statistical portion of the form regarding why item 6h was left blank.

**ITEM 6i. ZIP CODE**

Enter the zip code of the place where the mother lives. This may differ from the zip code in her mailing address.

Enter "Unknown" if zip code is unknown

**ITEM 6j. INSIDE CITY LIMITS**

Enter "yes" if the location entered in item 6 is incorporated and mother's residence is inside its boundaries. Otherwise enter "no". If unknown, enter Unknown.

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

prepare population estimates and projections. This 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 this 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.

### **Items 7a-7c. FATHER'S INFORMATION.**

**The title of these items can be misleading. The man listed must be the Mother's Husband if the mother is married.**

If the father is not listed on the birth certificate, these items must be left blank.

#### **ITEM 7a. FATHER'S CURRENT LEGAL NAME** (First, Middle, Last, Suffix)

Type or print the legal first, middle, and current last name of the father.

The person gathering information for the birth certificate should always be careful how they ask this question. Rather than ask about the father of the child we would suggest when interviewing the mother that you should always refer to her husband rather than use the words "father of the child"

If the child was born to a mother who was married at the time of birth, type or print the name of her husband.

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

If the child was conceived and born while the mother was divorced, widowed, or never married, make no entry regarding the father's identity in items 7a-7c, except as authorized by State law.

The surname of the father 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 office at (971) 673-1160.

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

**ITEM 7b. DATE OF BIRTH** (Month, Day, Year)

Enter the exact month, day, and year that the father was born.

Enter the alpha abbreviation for the month – Jan., Feb., Mar., etc. Do not use a number to designate the month.

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

**ITEM 7c. BIRTHPLACE** (State, Territory or Foreign Country)

If the father was born in the United States, enter the name of the State.

If the father was born in a foreign country or a U.S. territory, enter the name of the country or territory.

If the father was born in the United States, but the State is unknown, enter “U.S.-Unknown”.

If the father was born in a foreign country, but the country is unknown, enter “Foreign-Unknown”.

If no information is available regarding place of birth, enter “Unknown”. **DO NOT** leave this item blank.

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

## **ITEM 8a. CERTIFICATION STATEMENT AND SIGNATURE**

“I certify that this child was born alive at the place and time and on the date stated above.”

Obtain the signature of the physician, other person in attendance at the birth, or other person as authorized to complete and sign the certificate if the physician or other person in attendance does not sign the birth certificate.

A lay midwife must sign as certifier for all at-home births he/she attends in order for the certificate to be accepted without additional documentation (Affidavit A & B, etc.)

Rubber stamps or other facsimile signatures are not permitted.

## **ITEM 8b. DATE SIGNED** (Month, day, Year)

Enter the exact month, day, and year the certifier signed the certificate.

The certification validates the accuracy of the date, time, and place of birth of the child recorded on the certificate.

## **ITEM 8c. CERTIFIER - NAME AND TITLE** (Type or Print)

Type or print the full name of the person whose signature appears in item 9a and indicate his or her title. If not a medical attendant identify the certifier by the title that best describes who they are. (Hospital administrator, medical records staff, birth certificate clerk, midwife, mother, father, grandmother, etc.)

## **ITEM 8d. NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER** (Type or print)

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.

When the certifier was not the attendant, type or print the full name of the person in attendance on the line provided and indicate his or her title. Lay midwives should be identified as “Midwife”. If not a medical attendant identify the attendant by the title that best describes who they are. (Friend, grandmother, father, etc.)

If the biological father is the Attendant, but he is not named in 7a, he cannot report his title as “Father” in 8b.

This item provides information about the certifier 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.

**ITEM 8e. CERTIFIER’S MAILING ADDRESS** (Street, City or Town, State, Zip)

Enter the mailing address of the person whose name appears in Item 8a.

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

**ITEM 9a. DATE FILED BY REGISTRAR**

This item is no longer completed by the local registrar when the certificate is filed. All paper birth certificates should be sent to the State vital records office for entry into the Electronic Birth Registration System.

This item documents whether the certificate was filed within the time period specified by law. The reporting source has five days to get the certificate to the State Registrar.

## **ITEM 9b. REGISTRAR'S SIGNATURE**

This item is no longer manually signed by the local registrar when the certificate is filed. All paper birth certificates should be sent to the State vital records office for entry into the Electronic Birth Registration System.

The State Registrar's signature will appear as the registering official on the birth certificate.

## **ITEM 10a. INFORMANT'S STATEMENT AND SIGNATURE**

"I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief."

Obtain the signature of the parent(s) or other person who provided the personal facts about the family after the information has been entered on the certificate and reviewed by the informant. If the signature is not legible, print the name of the Informant so that it may be entered into the Electronic Birth Registration System.

**DO NOT REQUIRE ANYONE TO SIGN A BLANK BIRTH CERTIFICATE.**

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

## **10b. INFORMANT'S RELATIONSHIP TO CHILD**

**Indicate the informant's relationship to the child. If the biological father is the informant, but he is not named in 7a, he cannot report his relationship as "Father" in 10b.**

## **THE LOWER PORTION OF THE LIVE BIRTH CERTIFICATE – INFORMATION FOR MEDICAL AND HEALTH USE ONLY ---**

The lower portion of the Oregon birth certificate contains information that is used for medical and health studies only. These Items (12-54) are separated from the identifying information and are excluded from certified

copies of the certificate. The information is used for a wide range of health research and medical purposes.

**ITEM 11. N/A.**

**ITEM 12. MOTHER'S MAILING ADDRESS AND ZIP CODE**

Enter the mother's mailing address only if it is different from the residence address. If the mother's mailing address is the same as her residence, check the box indicating this.

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.

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.

**ITEM 13. MOTHER MARRIED** (at birth, conception, or any time between, or 300 days prior to the birth of the child)

If the mother is married and chooses not to list the father of the child, enter a comment to this effect in the margin of the statistical portion of the certificate below the dashed line.

Enter "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. Otherwise, enter "No". **If the answer is "No", and a paternity acknowledgment has not been signed, the father's information in items 7a, 7b, and 7c, cannot be completed and there can be no reference to the father on any portion of the legal document.** He cannot sign list himself as father nor can he identify himself as father if he signs as attendant without a paternity acknowledgment.

A woman is legally married even if she is separated. A person is no longer legally married when the divorce is final. The court can tell the mother whether or not her divorce is final. It may be necessary

to check with the state vital records office to determine how to complete this item.

This information is used to monitor the substantial 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 children born to unmarried women. These children tend to have lower birth weight and higher infant mortality, and they may be born to mothers with less prenatal care. Because of these differences, unmarried women and their babies are more likely to require additional health services.

### **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. Both parents must sign a completed Paternity Affidavit (form 45-21) before a notary, or a Voluntary Acknowledgment of Paternity (45-31) witnessed by an employee of a licensed birthing facility. If the Paternity Acknowledgement has been signed, check "Yes" in the appropriate box. If not, check "No".

This paternity form may be completed and the father's name and information may then be reported on the birth certificate. **THE PATERNITY FORM MUST BE ATTACHED TO THE BIRTH CERTIFICATE.** No fee is required if the paternity is done at this time.

For Court Ordered Findings of Paternity you must contact the State Vital Records Office for individual instructions.

### **ITEM 14. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD**

This question must be answered by checking "Yes" or "No". Do not leave this item blank.

This question should not be asked if the infant dies, is not expected to live or is being adopted.

Social security requires that the infant's name appear on the birth record or they will not issue a social security card.

If the parent(s) has not selected a name prior to their leaving the facility of birth they may add the child's name using a supplemental report. This supplemental must be received by the county prior to the original birth certificate being forwarded to the state if a social security card is requested. If they have not done so, they will not receive a social security card for this infant, even if they have asked for one.

If yes is checked, and all the information that is required by the social security office 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 this infant. The social security card will be mailed to the parent(s) at the address provided on the birth certificate. If the birth certificate is signed by the parent(s) you will not need any additional signature to receive a social security card. If the birth certificate is not signed by the parent(s) then **a signed statement by the parent(s) giving permission for this to occur must be kept as a permanent part of the medical record in the facility of birth.**

The social security administration will provide a pamphlet explaining this program to new parent(s). If the parent(s) requests a social security number for their infant then they will receive a card showing that a social security number has been applied for. They may use this card to indicate to anyone that requests a social security card for their infant to show that one has been applied for.

This program allows the parent(s) to receive a social security number for this child without having to apply and send additional documentation to the social security administration at a later date.

#### **ITEM 15. FACILITY'S NATIONAL PROVIDER IDENTIFIER (if any)**

Indicate facility's National Provider Identifier (NPI) number.

For information about National Provider Identifiers, go to <http://www.cms.hhs.gov/NationalProvIdentStand/>. This number is used as a unique identifier for facilities.

**ITEM 16. MOTHER'S MEDICAL RECORD NUMBER (if any)**

**ITEM 17. MOTHER'S SOCIAL SECURITY NUMBER**

**ITEM 18. FATHER'S SOCIAL SECURITY NUMBER**

The federal government has enacted a law called the "Family Support Act of 1988". This law requires each state to obtain the social security numbers from parent(s) in the birth registration process. It also requires the parent(s) to provide this information. This new federal law becomes effective with births that occur October 1, 1990. You will need to make sure you ask the person providing the information for the birth certificate this newly required information.

If the parents are unmarried, ask for the social security number of the father only if a paternity acknowledgement has been signed.

The following criteria are to be used in recording the social security numbers.

Enter "9 digit social security number"

Enter "Unknown" if the informant did not know the number

Enter "None" if either parent does not have a number

Enter "Refused" if the informant will not provide the number

Please do not indicate to the informant that they have the option of refusing to give you this information nor should you accept an unknown if the informant can provide this information to you at a later time during their hospital stay. Refused should be used only when the informant is uncooperative and absolutely refuses the information.

**ITEM 19a. OF HISPANIC ORIGIN?** (Specify No or Yes – If yes, specify all that apply; e.g. Cuban, Mexican, Puerto Rican, etc.)

ITEM 19b. MOTHER No Yes, Specify \_\_\_\_\_

ITEM 19c. FATHER No Yes, Specify \_\_\_\_\_

If “Yes” is checked, enter the specific Hispanic group as obtained from the parent(s) or other informant. 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.

If a person indicates that he or she is of multiple Hispanic origins, enter the origins as reported (for example, Mexican-Puerto Rican.)

If a person indicates that he or she is Mexican-American or Cuban-American, enter the Hispanic origin as stated.

**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.**

Enter “Unknown” only if absolutely no information about ethnicity is known, or if parents refuse to specify.

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.

**ITEM 20. RACE** (e.g., White, Black, American Indian, etc. Specify all that apply)

- White
- Black or African American
- American Indian or Alaska Native (name of enrolled or principal tribe)
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify)
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify)
- Other (specify)

For any "Other" choices, enter "Not specified" if there is no specific information. Enter "Unknown" only if absolutely no information about race is known, or if parents refuse to specify.

**ITEM 20a. MOTHER**

**ITEM 20b. FATHER**

Enter the race(s) of the mother and father as obtained from the parent(s) or other informant. The entry in this item should reflect the response of the informant. More than one race may be selected. If the informant indicates that the mother and/or father are of "mixed race," enter both races and ancestries.

For Asians and Pacific Islanders, enter the national origin of the mother and father, such as Chinese, Japanese, Korean, Filipino, or Hawaiian.

These items are used to determine the race of the child. Information on race is essential in producing data for minority groups. It is used to study racial variations in childbearing, access to health care, and pregnancy outcomes (infant mortality and birth weight). Race is an important variable in planning for and evaluating the effectiveness of health programs and in preparing population estimates.

**ITEM 21. EDUCATION** (Specify the category of the highest grade completed)

**ITEM 21a. MOTHER**

**ITEM 21b. FATHER**

- 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 and father. Report only those years of school that were completed. If the 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 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.

**ITEM 22a. 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 Item 22c is reported as "0", this item should be completed as "No Prenatal Care". If it is not known whether the mother had prenatal care, or if she had care but the date of the last visit is not known, write in "unknown." DO NOT leave this item blank.

**ITEM 22b. DATE OF LAST PRENATAL CARE VISIT** (Month, Day, Year)

Enter the date when the mother last received care from a physician or other health professional or attended a clinic. If the box for "No Prenatal Care" is checked in 22a, leave this item blank. If it is not known whether the mother had prenatal care, or if she had care but the date of the last visit is not known, write in "unknown."

**ITEM 22c. 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 Item 22a is reported as "No Prenatal Care", this item should be completed as "0". DO NOT leave this item blank.

If “No Prenatal Care” is entered in Item 22a and any number besides “0” is reported in Item 22c, check to determine if a mistake has been made.

**ITEM 23. MOTHER’S HEIGHT (Feet/inches)**

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, print or type “unknown”.

**ITEM 24. MOTHER’S PRE-PREGNANCY WEIGHT (Pounds)**

Indicate mother’s pre-pregnancy weight in pounds. Record weight in whole pounds only; do not include fractions. If mother’s pre-pregnancy weight is not between 75 and 400 pounds, weight should be verified. If the mother’s pre-pregnancy weight is unknown, print or type “unknown”.

**ITEM 25. MOTHER’S WEIGHT AT DELIVERY (Pounds)**

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 450 pounds, mother’s weight at delivery should be verified. If the mother’s weight at delivery is unknown, print or type “unknown”.

**ITEM 26. DID MOTHER GET WIC FOOD FOR HERSELF (Specify Yes or No)**

This question is trying to determine if the MOTHER was on the WIC program during this pregnancy. 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.

**ITEM 27. PREGNANCY HISTORY (Complete each section)**

When completing this item, do not include this birth; include all previous live born infants. For multiple deliveries, include all live born infants preceding this infant in the delivery. If first born in a multiple delivery, do not include

this infant. If second born, include the first born, etc. On the certificate or report of the second-born, these items should include information about the first-born of the plural delivery. Similarly, for the third-born, these items should include information about the first and second-born, and so on.

**ITEM 27. NUMBER OF PREVIOUS LIVE BIRTHS** (Do not include this child)

**ITEM 27a. NUMBER NOW LIVING**

Enter 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 first born in a multiple delivery, do not include this infant. If second born, include the first born, etc.

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

**ITEM 27b. NUMBER NOW DEAD**

Enter 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.

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

**ITEM 28. NUMBER OF OTHER PREGNANCY OUTCOMES**

(Spontaneous or induced losses or ectopic pregnancies)

Enter the number of fetuses that were delivered dead 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.

**ITEM 29. CIGARETTE SMOKING BEFORE AND 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 none, enter "0".

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.

**ITEM 30. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY**

Private Insurance, Medicaid (includes Oregon Health Plan), Self-pay, Other (i.e. CHAMPUS or Indian Health Services). If uninsured, enter Self-pay.

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.

Example of Other: Indian Health Services

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

**ITEM 31a. DATE OF LAST LIVE BIRTH (Month, Year)**

Enter the date (only month and year) of birth of last live-born child of the mother.

If this certificate is for the second birth of a twin set, enter the date of birth for the first baby of the set, if it was born alive. Similarly, for triplets or other multiple births; enter the date of birth of the previous live birth of the set. If all previously born members of a multiple set were born dead, enter the date of the mother's last delivery that resulted in a live birth.

Enter "none" if the mother has not had a previous live birth. DO NOT leave this item blank.

Enter the full name of the month – January, February, March, etc. DO NOT use a number to designate the month.

**ITEM 31b. DATE OF LAST OTHER PREGNANCY OUTCOME**

Enter only the month and year of the last other pregnancy outcome in item 28.

**ITEM 31c. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)**

Enter the exact date (month, day, 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 the full name of the month – January, February, March, etc. or the alpha abbreviation. DO NOT use a number to designate the month.

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 “month, 99, year” (e.g. June 99 2007).

Enter “unknown” if the date cannot be determined. DO NOT leave this item blank.

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.

**ITEM 31d. PLACE WHERE THIS BIRTH OCCURRED (Check one)**

- Hospital
- Freestanding birthing center
- Home Birth
- Planned to deliver at home? Yes No Unknown
- Clinic/Doctor’s Office

Other (Specify)

Check the box that best describes the place where the birth occurred.

If the record indicates that this was a home birth, query the attendant or mother to determine if the mother intended to have a home birth. Both home birth planned (yes) and unplanned (no) cannot be checked.

If the delivery did not occur in any of the locations indicated, check "Other" and specify where the birth occurred. Do not leave this item blank.

If the birth occurred in a moving conveyance en route to a hospital or birthing facility, the address of the facility will be entered in 5a.

### **ITEM 32. ATTENDANT'S NATIONAL PROVIDER IDENTIFIER (if any)**

If the attendant does not have a NPI number, enter "None". If the attendant should have a NPI number but it is unknown, enter "Unknown".

For information about National Provider Identifiers, go to <http://www.cms.hhs.gov/NationalProviderStand/>. This number is used as a unique identifier for attendants.

### **ITEM 33. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY**

This item is to be completed by the facility. If the birth did not occur in a facility, it is to be completed by the attendant or certifier and the response must be "no."

If "yes", enter name of facility where mother was transferred.

This information will be used to track high risk and low birth weight infants to determine their survival. Currently the state does follow up all on 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.

**ITEM 34. OBSTETRIC PROCEDURES** (Check all that apply)

- Cervical cerclage
- Tocolysis
- External cephalic version
  - Successful
  - 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.

**ITEM 35. CHARACTERISTICS OF LABOR AND DELIVERY** (Check all that apply)

- Induction of labor
- Augmentation of labor
- Non-vertex presentation
- Steroids 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 "None of the above". 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.

**ITEM 36. METHOD OF DELIVERY**

A. Fetal presentation at birth

- Cephalic
- Breech
- Other

B. Final route and method of delivery (Check one)

- Vaginal/Spontaneous
- Vaginal/Forceps
- Vaginal/Vacuum
- Cesarean; If Cesarean, was a trial of labor attempted?
  - Yes
  - No

C. Was delivery with forceps attempted, but unsuccessfully?

- Yes
- No

D. Was delivery with vacuum extraction attempted, but unsuccessful?

- Yes
- No

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.

**ITEM 37. 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.

**ITEM 38. SHALL ABSTRACT OF BIRTH CERTIFICATE BE MADE AVAILABLE FOR PUBLICATION OR BUSINESS CONTACT LISTS?** (Check Yes or No)

**ORS 432.119 Abstracts of birth and death certificates as public records; limitations.** (1) Abstracts of birth and death certificates as provided in ORS 432.105 are public records and open to public inspection except as provided in this section. The county registrar shall mark the abstract of birth in a manner designated by the State Registrar of the

Center for Health Statistics to indicate that the record is not to be used by any person compiling a list for publication or a business contact list under the following conditions:

(a) If a birth certificate indicates any of the following:

(A) The father of the child is not identified.

(B) The infant dies after birth.

(C) Congenital anomaly is reported.

(D) Maternal disability or death is indicated.

(b) If the parent of the infant requests that the record not be made available for publication or business contact lists.

(2) The Department of Human Services or local health department, as provided in ORS 431.416, may use any birth record or abstract as a source of information for activities necessary for the preservation of health or prevention of disease.

Birth abstracts cards should be retained by a county for two years then destroyed.

You may wish to provide a list of births for publications rather than let someone go through your file of birth abstracts. These lists should be retained for two years then destroyed. Some counties do charge for these lists.

You should not give verification information from births abstracts to anyone over the phone. These requests should be received and responded to in writing.

**ITEM 39. RISK FACTORS IN THIS PREGNANCY** (Check all that apply)

- Diabetes
  - Pre-Pregnancy
  - Gestational
- Hypertension

- Pre-Pregnancy (chronic)
- Gestational (PIH, pre-eclampsia)
- Eclampsia
- Previous preterm birth
- Other previous poor pregnancy outcome (includes perinatal death, small-for gestational age/intrauterine growth restricted birth)
- Pregnancy resulted from infertility treatment – if yes, check all that apply:
  - Fertility-enhancing drugs, artificial insemination or intrauterine insemination
  - Assisted reproductive technology (e.g., in vitro fertilization, gamete intrafallopian transfer)
- Mother had a previous Cesarean delivery
- Alcohol use during pregnancy
- 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.

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 there were no medical risks 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.

**ITEM 40. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY** (Check all that apply)

- Gonorrhea
- Syphilis
- Chlamydia
- Hepatitis B
- Hepatitis C
- Herpes Simplex (HSV)
- 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.

**ITEM 41. 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

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 "None of the above". Do not leave this item blank.

#### **ITEM 42. MOTHER TESTED FOR HIV DURING PREGNANCY**

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.

#### **ITEM 43. NEWBORN'S MEDICAL RECORD NUMBER (if any)**

#### **ITEM 44. 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 "Unknown".

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.

#### **ITEM 45. OBSTETERIC ESTIMATE OF GESTATION**

Enter the length of gestation in weeks as estimated by the attendant based on physical characteristics of the delivered child. DO NOT compute this information from the date of mother's last normal menses and date of child's birth. If the attendant has not done a clinical estimate of gestation, enter "none". If unknown, enter "Unknown". DO NOT leave this item blank.

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.

#### **ITEM 46. APGAR SCORE**

## 5 MINUTES

Enter the Apgar score (0 through 10) as assigned by the delivery room personnel 5 minute after birth.

## 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 Apgar is not taken, state that.

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

### **ITEM 47. 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.

**ITEM 48. IF NOT SINGLE BIRTH – Born First, Second, Third, etc.**

Specify the order in which the child being reported was born, - first, second, 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.

**ITEM 49. IS THE NEWBORN LIVING AT TIME OF REPORT**

- Yes
- No
- Newborn transferred, status 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.

## ITEM 50. IS THE NEWBORN BEING BREAST-FED AT DISCHARGE

Check either "Yes" or "No" if known. If unknown, write "Unknown" in space.

## ITEM 51. 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
  - Karyotype pending
- Suspected chromosomal disorder
  - Karyotype confirmed
  - Karyotype pending
- Hypospadias
- None of the anomalies listed 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 anomalies listed 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).

For “Downs Syndrome” and Suspected Chromosomal disorder” if karyotype status is unknown leave both the “Karyotype confirmed” and “Karyotype pending” boxes blank.

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.

**ITEM 52. 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, skeletal fracture(s), peripheral nerve injury and/or soft tissue/solid-organ hemorrhage which requires intervention
- 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, 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".

**ITEM 53. WAS NEWBORN METABOLIC SCREENING PERFORMED**

Check either "Yes" or "No". If "Yes", list the screening number. If unknown, leave this item blank.

**ITEM 54. WAS NEWBORN TRANSFERRED WITHIN 24 HOURS OF DELIVERY**

Check either "Yes" or "No". If "Yes", list name of facility where newborn was transferred. If the name of facility is unknown, list "Unknown" for name of facility. If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.