



Columbia River Gorge view from near Hood River, by woodleywonderworks, Flickr gallery

News from the Center for Health Statistics Concerning the Oregon Birth Certificate

Issue: April 2012

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Confidentiality of information on the worksheet

Please remember the Health Insurance Portability and Accountability Act (HIPAA) when gathering health information on the birth worksheet from the mother. The conversation with the mother to complete the worksheet falls under the same HIPAA guidelines as any other conversation about health information. The requirement that the worksheet used to complete the birth certificate not be released to the patient and the transfer of the information to the state vital records program are exempt from HIPAA and must follow state law.

We recognize gathering information from a patient can be challenging. Specific to births, family members are frequently in the room to celebrate with the mother. Some of the questions on the birth worksheet could be uncomfortable for the mother to answer in front of family members. For example, the father or the grandmother of the child may not be aware of mother’s previous pregnancy history.

One way of handling this situation is to ask the mother if she wants to schedule a time with you to answer the health questions on the worksheet. You could suggest completing the questions after family members leave so the family celebration is not interrupted. This respects the mother’s preferences, the medical information remains confidential, and HIPAA is met. As always, please share this information with the appropriate staff for your facility. This would be anyone who collects birth worksheet information from the mother.

If you have any questions, contact JoAnn Jackson at 971-673-1160 or by email at JoAnn.Jackson@state.or.us. ❖



Improving data quality: Prenatal care

This article is the first in a series

Complete and accurate data are important

Oregon law requires birth certificates be completed for all live births. While birth certificates are used to establish identity, they also play an important role in protecting public health. Birth records are essential data sources for health information used at the state and national levels. Birth data, including information about the timing of prenatal care and the number of visits, are reported in the [Oregon Vital Statistics Annual Report](#).

This article is the first in a series explaining why it is important that data are complete and accurate. Completing a birth certificate is more than just “filling in the blanks” because entering information from the best source leads to the highest data quality. For some questions, such as race or education, the best source may be the parent worksheet. For other questions, such as date of last normal menses or conditions of newborn, using the best source may involve the medical chart. The information may appear on both the parent and the facility worksheets because prenatal medical charts are not available for everyone. Generally speaking, when the information appears on both worksheets, the medical chart is the preferred source.

Birth records are essential data sources for health information used at the state and national level.

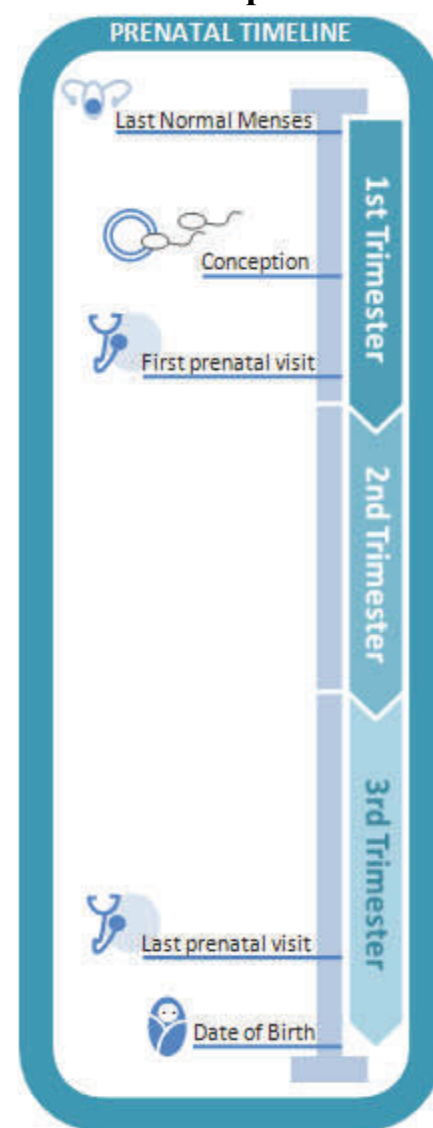
Prenatal care

The focus of this article is prenatal care. Prenatal care information from the birth

certificate is used at the state and county level to develop and monitor access to and use of prenatal care. This can include identifying barriers to care and targeting outreach efforts to promote adequate prenatal care. It is also used to improve medical knowledge and standard procedures, and identify gaps in maternity care services such as provider shortages in rural areas. Adequate prenatal care is associated with better outcomes for both mother and baby. It is important to carefully answer the prenatal questions in the Oregon Vital Event Registration System (OVERS) because three questions work in combination to determine the level of prenatal care. The medical record is the preferred source for this information.

It is also important to understand the relationship between the “Date of First Visit”, “Date of Last Visit”, and “Total Number of Prenatal Visits”. The information in these fields is used together so should make sense in combination. For example, if the date of first prenatal visit is the same date as the last prenatal visit, the total number of prenatal visits should be one. Anything else, including unknown (99), will cause an edit as inconsistent information. When the information is not consistent, as in this example, staff from the Center for Health Statistics (CHS) will contact the birth clerk at the facility to correct the information.

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Example

- **Date of First (Prenatal) Visit**

This is the date that a physician, midwife, or other health care professional first examined the pregnant woman for this pregnancy. This date should be after the Date of Last (normal) Menses. For information on correctly reporting last normal menses, please see the article in the [April 2011](#) Newsletter issue.

- **Date of Last (Prenatal) Visit**

This is the date of the last prenatal visit recorded in the prenatal records. This date should not be projected from the records of mothers who pre-registered. If the mother only had one prenatal visit, the Date of Last Visit will be the same as the Date of First Visit.

- **Total Number of Prenatal Visits**

This is the total number of visits recorded in the most current record. This number should not be projected from the records of mothers who pre-registered. Do not estimate additional visits when the prenatal record is not current. Make sure the total number of visits makes sense when considering the first and last prenatal care dates. For example, if the mother's first prenatal visit was two weeks before the date of delivery, having a total of ten prenatal visits would not make sense. If the number of visits is unknown, enter "99".

Submitting complete and accurate data with the birth record will result in fewer callbacks and corrections. This will save you time as well as save time for CHS staff. If you have any questions, please contact Cynthia Roeser at 971-673-0478 or by email at Cynthia.R.Roeser@state.or.us. ❖

When a baby is not named at birth

When registering birth certificates, you may occasionally encounter a family who has not decided on the baby's first, middle, or, in some cases, even a last name before leaving the hospital. Do not delay completing and signing the record in this situation. If the baby's name is left blank, it can be added to the record up to a year later without an amendment fee.

If the family chooses to wait to name the

baby, you will want to inform the parents of the results of leaving the baby's name off the record.

- Social Security will not issue a card for the baby if it has not been named. The family will have to apply for a card at the Social Security Office after the baby is named.

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When a baby is not named at birth (Continued from page 3)

- The Center for Health Statistics will register the birth certificate but will not issue certified copies until the baby is named.

When using OVERS to create an electronic birth certificate for a baby that has not been named, take the following steps.

1. Leave the name field blank. Do not use a placeholder like a dash or the word “baby” in the name field. It will be more difficult for the parents to add the baby’s name if the field is not blank. A word intended as a placeholder might become the baby’s legal name. In those cases, a court order might be required to correct the child’s name.

2. When selecting an answer to the “Request SSN for child” field, you can select either “yes” or “no”. However, even if “yes” is selected, the Social Security Administration will not issue a card if the child is not named.
3. When validating the birth record, override the messages related to the blank name field. You can then complete the record and sign it.
4. Include a comment in the comment field stating the parents have not selected a name. Parents should be directed to our Amendments unit (see Frequent Contacts on last page) to add the child’s name.

If you have questions, contact Cynthia Roeser at 971-673-0478 or by email at Cynthia.R.Roeser@state.or.us. ❖

The screenshot shows the OVERS system interface for a child record. The top section is titled "Child" and contains fields for "Child's Name" (First, Middle, Other Middle, Last, Suffix), "Date of Birth" (MAR-06-2012), "Time of Birth" (05:45 AM), "Gender" (Female), "Child SSN", "Request SSN for Child" (Yes, parent wants a card issued), "Safe Harbor/Founding Baby?" (No), and "Is Adoption/Legal proceeding expected?" (No). Below the form are buttons for "Validate Page", "Next", "Clear", "Save", and "Return". The bottom section is titled "Validation Results" and shows an error message: "BR0058: Child's first name cannot be left blank. Enter a valid first name for the child." There are buttons for "List All Errors", "Save Overrides", "Hide", "Override", "Goto Field", and "Popup".

Surrogate mothers

Hospital staff frequently ask how to complete a birth record when the mother giving birth is a surrogate for the biological or adopting parents. A woman may be a surrogate (the biological mother) or a gestational carrier (no genetic connection to

the baby). Either is considered the mother at the time of birth for completing the birth certificate.

The person who gives birth must be listed on

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Surrogate mothers (Continued from page 4)

the birth record as the mother and the record must be completed with her medical information. For that reason, the surrogate mother is the person who should fill out the birth worksheet.

When legal custody or parentage of the child is decided by a court prior to the birth, the legal guardians might present a copy of the court judgment and request that their names be put on the birth record at the hospital. Please do not do so. Birth certifiers and other hospital staff do not have the legal authority to put the new legal parents on the birth record even if the court judgment says they are the biological parents.



The Center for Health Statistics works with

Birth certificates for babies of same sex parents

Over the past few months, birth clerks have asked for clarification on whose names can be entered on the birth record as parents when the parents are both female. The answer is the person who delivered the baby is always recorded as the mother, but whether the second parent will be included at the hospital depends on the couple's legal status and sex.

Both females may be recorded as parents at the hospital only if the couple has an Oregon Registered Domestic Partnership (ORDP). In OVERS, the person who gave birth is recorded as the mother and her partner, (the non-biological parent) is recorded on the father page. Although the OVERS page is

the new legal parents to amend the birth record quickly. The new legal parents may call Debbie Draghia (see Frequent Contacts) for instructions on how to get the birth record amended. There is a \$30 amendment fee for this process in addition to the \$20 birth record fee.

In some cases, the biological father can be added to the birth record by following the same legal process that applies to all Acknowledgment of Paternity affidavits. If the surrogate mother is not married, the biological father may sign an AOP form at the hospital. In that situation, the birth certifier should include the father's name on the birth record.

If you have any questions regarding surrogate mothers, please call the Registration Manager, JoAnn Jackson (971-673-1160) or the Amendment Unit Manager, Carol Sanders (971-673-1178) and they will be happy to help you. ❖

labeled 'Father' as a national standard, the birth certificate will print as Parent/Parent if the marital status is reported as ORDP. The parents will not receive a birth certificate that incorrectly lists one of the parents as the 'father'.

For births to a female ORDP couple submitted as paper records, paper Parent/Parent birth certificate forms are available. Contact Carolyn Hogg at 971-673-1154 or Carolyn.Hogg@state.or.us to obtain these forms.

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Birth certificates for babies (Continued from page 5)

Male couples always use a surrogate mother or gestational carrier and the procedure for being reported as the parents is the same as other surrogate births. See the preceding article for detailed information.

As with a married couple, relationship status is self-reported by the parents and birth

Reporting accurate titles for birth attendants

When creating a birth record, it is important to accurately report the correct title of the birth attendant. The majority of birth certifiers file birth certificates electronically using the Oregon Vital Events Registration System (OVERS). We ask that OVERS users always search for and select the attendant from the look up table provided on the Attendant/Certifier page.

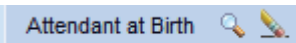
By selecting the attendant from the OVERS

clerks should not require them to provide proof of their status. For more information, please see the article in the Summer 2010 issue of '[Birth Matters](#)'. ❖

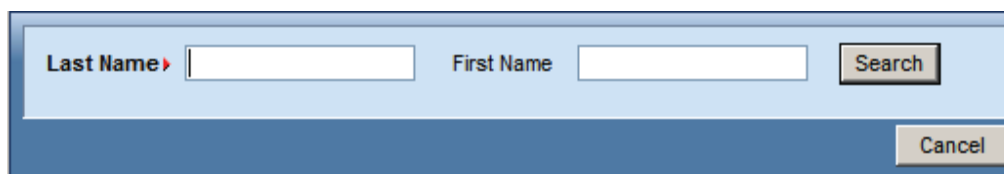


look up table, you will ensure that the correct title is selected. Selecting from the table also auto fills the attendant's National Provider Index (NPI) number and address. This saves you the additional effort of hand typing this information.

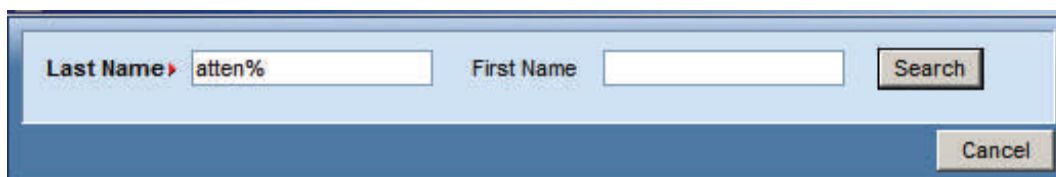
To use the OVERS lookup table to select a birth attendant:

- 

Select the magnifying glass next to the “Attendant at Birth” label on the Attendant/Certifier page. This will cause a search box to pop-up.



- Search for the attendant by name. You can use the percentage sign (%) as a wild card to search by a partial name or type the full last name to search.



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- Select the Search button. Then select the attendant's name from the list that is returned.

Last Name ▶ <input type="text" value="atten%"/>		First Name <input type="text"/>		<input type="button" value="Search"/>			
License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
MD1234	Attendant		Birth		123	Main	select
Total records : 1							

- The attendant's name, title and address will then auto fill on the Attendant/Certifier page.

In situations where the delivering attendant is not a medical doctor, nurse or midwife, you will need to hand type the attendant information. For example, if the attendant is an EMT or father, we will not list them in the attendant database. In these instances, please be sure to select the appropriate title for the attendant type from the available selections in the attendant drop-down list. For an EMT you would select the attendant type of "Other Medical Specify" and then specify the attendant as EMT. For a father you would select the attendant type of "Other Specify" and then specify the attendant as Father.

Update on new birth questions

Beginning January 1, 2012, two questions on intended place of birth were added for live births and fetal deaths delivered in hospitals. The new questions appear on the "Mother Health" screen:

1. Did mother go into labor planning to deliver at home or at a freestanding birthing center?
2. If yes, the planned primary attendant type at onset of labor was: (list of titles).

The OVERS birth attendant look up table is maintained daily and we need your help to ensure it is kept up to date. If an attendant is missing from this table or if their NPI number is missing from their information, please complete an "OVERS Birth Attendant" form. This form is available at <http://1.usa.gov/yZbEYS>. Fax the form with as much information as you have available to 971-673-1202 Attention: Karen Cooper. Karen will then add the attendant to the table or update the attendant's information. ❖

The questions were added because the Oregon Legislature passed House Bill 2380 in 2011. This bill requires the Center for Health Statistics to collect data on mother's intended place of delivery at the onset of labor for all live births and fetal deaths delivered at hospitals. Asking the mother a question *related to onset of labor* is new for us. Labor, according to the American College of Obstetricians and Gynecologists ([ACOG](#)), is when regular contractions result in cervical dilation (opening of the

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Update on new birth questions (Continued from page 7)

cervix) or effacement (thinning of the cervix).

The attendant at birth is the individual who is responsible for the delivery and is physically present for the birth. For example, if the plan were to have a student midwife deliver the baby under the supervision of a licensed direct entry midwife who would be present at the birth, the licensed direct entry midwife would be reported as the planned primary attendant.

The new questions have been in use for more than three months. By the beginning of March, 7, 275 births had been registered at 51 Oregon hospitals. Of these births, only 2.6 percent of records had missing or unknown



Birth72, by Lindsey Turner, Flickr gallery
<http://www.flickr.com/photos/theoego/6323389225/in/photostreat/>

Adding special characters

Special characters are letters that have marks, known as a *diacritical mark*, associated with them. Diacritical marks are symbols that are placed on a letter to indicate that it has a different pronunciation or a different meaning than it would otherwise. For example, in the name Nuñez the second letter “n” has a diacritical mark over it.

The OVERS system will allow you to enter and search for names that contain some of the most common international letters with diacritical marks.

values for the first new question. As these numbers reveal, data collection with the new questions appears to be going well.

There are a few things that birth clerks should keep in mind that will help ensure errors remain minimal:

- Mark the first question “yes” only if the mother actually went into labor with the intention of delivering outside of a hospital *and* was subsequently transferred to a hospital. Do not mark “yes” in situations where labor began unexpectedly, such as when the birth is severely preterm.
- Take care when selecting the planned attendant title from the drop down.

We greatly appreciate the work that hospital staff does with new mothers to collect and provide us with this information. Please keep up the good work! ❖

Special characters can be typed by holding down the **Alt** key while also typing the 4-digit number code corresponding with the character. For instance, if you want to type the name Nuñez, you would first type the letters N and u. To type the ñ you would hold down the **Alt** key while typing the numbers 0241. Once you have typed the special character, you can complete the name by typing as usual. See the full listing at [Using Special Characters in OVERS](#) ❖

Wanted—Newsletter topics

Have a question or idea for a future newsletter article? Contact JoAnn Jackson at 971-673-1160 or JoAnnJackson@state.or.us. JoAnn collects ideas for articles and then shares them with the writing team.

Thank you to the contributors of this newsletter:

Karen Wagner, Sarah Hargand, JoAnn Jackson, Michael Vernon, Kerry Lionadh, Cynthia Roeser, Ember Talent, Amanda Vega, Carol Sanders, Karen Cooper, Karen Hampton, and Lynda Jackson.

Have a question? Try asking one of the helpful CHS staff listed below.

Frequent Contacts

Paternities Debbie Gott 971-673-1155	Filiations Tony Bojanowski 971-673-1143
Birth Corrections <1 year, Amanda Vega 971-673-1169 1+year, Johanna Collins 971-673-1137	Adoptions Debbie Draghia 971-673-1152
Death Corrections Patty Thompson 971-673-1163	Delayed Filings Becki Buskirk 971-673-1147
	OVERS Helpdesk 971-673-0279

CHS Managers

State Registrar Jennifer Woodward 971-673-1185	OVERS Manager Karen Hampton 971-673-1191
Amendments/Certification Manager Carol Sanders 971-673-1178	Data Processing Supervisor Cynthia Roeser 971-673-0478
Statistics Manager Joyce Grant-Worley 971-673-1156	Certification Supervisor Karen Rangan 971-673-1182
Registration Manager JoAnn Jackson 971-673-1160	

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OVERS website: <http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/overs/Pages/index.aspx>

