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

January 2015

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New Year, new worksheets

The National Center for Health Statistics (NCHS) recently made several changes to the national standardized birth worksheets. As a result, the Center for Health Statistics updated the Oregon standard birth and fetal death worksheets. We have removed some items and added others to both the parent and facility worksheets for birth and fetal death reporting. All facilities must use either the Oregon standard birth and fetal death worksheets or approved custom worksheets by January 1, 2015.

Please visit the birth registration section of our website (<http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Pages/InstructionsBirth.aspx>) to download the newly updated worksheets.

Here are some highlights of the revisions made to birth worksheets:

- Location of parents’ social security numbers have changed on the parent birth worksheet;
- Worksheets now include the number of previous cesareans if marked as a Risk Factor;
- Legal relationship of parents has been clarified to legal spouse or *Oregon registered domestic partner*;
- The metabolic screening (aka PKU) item no longer appears on the worksheet because it is no longer collected on the report of live birth in OVERS. The Public Health Lab will continue to collect metabolic screening information through a separate process.

A few facilities submitted customized versions of birth worksheets to the Center for Health Statistics for approval.

[Archived articles online](#)

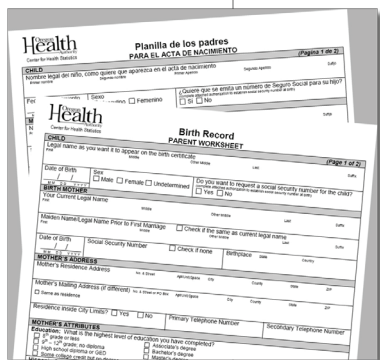


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New Year, new worksheets (Continued from page 1)

A committee reviewed the submissions and approved customized worksheets that met the following requirements:

- Worksheet questions reflect the exact wording used in the Oregon standard worksheets; items duplicated on both the Oregon standard parent and facility worksheets must remain on both;
- Worksheets are not printed on carbonless copy paper;
- Font is equivalent to Arial and font size is 9 point or larger;
- Worksheet content is not reduced in size to fit on smaller paper.



NCHS is currently reviewing items collected on the national standard

New social security number request procedure

The enumeration at birth process allows parents to complete an application for a newborn’s social security number as part of the birth registration process. The hospital and the state act as the parent’s representative in requesting a SSN and the state is expected to have documentation supporting that request. In December, the Center for Health Statistics notified all birth facilities and midwives of a change in our procedures for social security enumeration at birth. The change for requesting a social security number (SSN) at birth is important because it is required by the contract between Oregon and the Social Security Administration (SSA).

The new “Authorization to Establish Social Security Number at Birth” form needs to be

worksheet to determine if additional items should be dropped. NCHS expects to make additional updates to the national standard by the end of 2015. The Oregon standard worksheets will be updated to reflect any changes made to the national standard when they occur. Prior to updating the Oregon standard worksheets, we will notify you of the upcoming changes and give you an opportunity to submit customizations for approval at that time.

Thank you for using the standard worksheet format for birth and fetal death worksheets. Standardized collection of birth and fetal death information is essential to maintaining the integrity of this vitally important public health data.

Please contact JoAnn Jackson, Registration Manager, at 971-673-1160 or joann.jackson@state.or.us ❖

completed for every birth in your facility even if the parents do not want a SSN number issued to their child. The form is part of the newly revised Oregon standard birth parent worksheet. A dedicated fax line has been established for birth facilities to fax the “Authorization to Establish Social Security Numbers at Birth” form directly to a secure server at the state. The fax number is 971-673-3122.

If the family requests a copy of the SSN authorization form, it is acceptable to provide them with a copy; but be aware that it should NOT be shared with any other person or agency and is not a receipt for the SSN application. If parents ask for a receipt

(Continued on page 3)

Social Security request procedure (Continued from page 2)

of the enumeration at birth process, give them the SSA-2853 OP2 form. The SSA-2853 OP2 is the official form provided by the SSA intended to serve as a receipt for the SSN application. The receipt form is available in English and in Spanish. In December we mailed a small supply of the SSA receipt form to each hospital facility. Hospitals and licensed birth facilities can order more SSA receipt forms, by faxing an order request to the SSA at 410-965-2037. We have created a letter template that you may use to fax an order for more receipt forms to the SSA. The letter order template is available on our website at <http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Pages/InstructionsBirth.aspx>

Ordering social security receipts for out-of-facility birth attendants

The Social Security Administration might not provide receipt forms (Form SSA-2853) to birth attendants who deliver babies outside of facilities. Providing a receipt to the parent is important regardless of where the birth occurs so the Center for Health Statistics will keep a small inventory of the SSA form-2853 in English and Spanish to share with birth attendants who deliver babies outside of licensed facilities. In the near future birth attendants working outside of licensed facilities will be able to order a supply of these receipt forms from the Center for Health Statistics by submitting an order on our order request form. The order request form is on our website at <http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Documents/45-43.pdf>.

If you have further questions contact Karen Hampton at 971-673-1191 or Karen.R.Hampton@state.or.us . ❖



Receiving a FAX, by Karl Baron, Flickr gallery, <https://flic.kr/p/6XFZBj>

ENUMERATION AT BIRTH PROCEDURES

The procedures for enumeration at birth are outlined below

Step	Additional information
1. Use state birth worksheets exclusively unless permission to use custom has been given.	Discontinue using any tailored versions of the birth worksheets created by your facility that have not been approved by the State Registrar.
2. Ensure the portion of the birth worksheet titled ‘Authorization to Establish Social Security Number at Birth’ is completed for every live birth.	Always have the mother complete and sign the form whether or not they request a Social Security number.
3. On birth record, indicate “yes” or “no” for question asking if a Social Security number is requested, whether using OVERS or paper form.	In OVERS the question appears on the Child page. On the paper Certificate of Live Birth the question appears as item 14.
4. Fax form titled ‘Authorization to Establish Social Security Number at Birth’ at least once a week to the Center for Health Statistics at 971-673-3122 .	Forms can be faxed singly or in a batch as long as they are sent within the same week as completed. The Center for Health Statistics will receive your faxed forms as electronic documents on a secure server and will store the faxed forms indefinitely. Do not use this fax number for any other purpose. Staff is unlikely to review documents and respond in a timely manner.
5. Hold the original forms no less than one year and shred them no more than two years from the date of birth.	You may store the original ‘Authorization to Establish Social Security Number at Birth’ at your facility with the birth worksheets. Do not keep with the medical record.
6. Direct inquiries by parents regarding the social security form to the Center for Health Statistics Registration unit.	Contact Cynthia Roeser at 971-673-0478 or cynthia.r.roeser@state.or.us .
7. Provide parents with SSA receipt if requested, form SSA-2853 OP2 (English) or SSA-2853 OP2 SP (Spanish)	This form serves as a receipt for the SSN application. The Social Security Administration can supply sufficient quantities of this form upon faxed request for distribution to all parents who indicate “yes” to the EAB question on the birth registration form for their newborn. Fax order requests to 410-965-2037.

Correction: paternity rights & responsibilities – update

In the July 2014 Matters of Record article regarding Paternity Acknowledgment and Affidavit forms, on page 5 we incorrectly stated, “Current versions of the “paternity rights and responsibility” video are available online. ...” The online versions of the Paternity Rights and Responsibility video are obsolete and should not be used as a

method for parents to hear their rights and responsibilities when establishing paternity through an affidavit. Please remember, Oregon statute requires that the parents must hear the Rights & Responsibilities read aloud. We are working with the Division of Child Support to provide an updated recording of the paternity rights and responsibilities. Stay tuned! ❖

Oregon exceeds paternity establishment percentage required

Oregon’s early review shows 96 percent for paternity establishment. Keep up the good work!

At least once a year we remind you of how important establishing paternity is for the individual family and for the State of Oregon. For the family, there are emotional reasons to list both parents and there are practical reasons to do so. Having the second parent on the birth record provides faster access to medical insurance coverage, parental rights (school enrollment for example), and survivor benefits if needed. For the state, meeting the paternity establishment percentage required by the federal government protects benefit dollars for the Temporary Assistance for Needy Families (TANF) program.

Participation by birth hospitals remains essential. More than **75** percent of the established paternities in Oregon started at the hospital with an acknowledgment of paternity. We need facilities to average paternity establishment on 80 percent of the current births to unwed mothers to be



Interpreting, c/o UC Davis Health System, <http://bit.ly/1IEGLiT>

confident we can meet the federal requirement of 90 percent. The remaining paternity establishments come from administrative orders, notarized paternity acknowledgments, and court orders.

The Division of Child Support (DCS) continues to be a strong partner in paternity establishment. DCS staff help parents complete an affidavit in cases where the affidavit was not completed at the hospital, or if the original affidavit cannot be accepted. If you have a paternity acknowledgment you believe cannot be accepted, please forward the form to our office. We will follow up with the family if we know they are interested in establishing paternity. If parents contact you after leaving the hospital, please tell them to contact the Center for Health Statistics, their local DCS office, or one of the people listed at the end of this article. Information is all so available online. Visit <https://public.health.oregon.gov/BirthDeathCertificates/ChangeVitalRecords/Pages/paternityfaqs.aspx> for information on establishing paternity on the birth record and <http://www.oregonchildsupport.gov/services/pages/paternity.aspx> for services and contact information for each DCS office.

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Paternity establishment required (Continued from page 5)

We would like to recognize the facilities that met or exceeded the 80 percent goal in the three-month period from September through November 2014.

Facilities with more than 200 births to unwed mothers in the three-month period:

Providence St. Vincent Medical Center

Facilities with 50 to 199 births to unwed mothers in the three-month period:

Bay Area Hospital

Legacy Good Samaritan Medical Center

Providence Medford Medical Center

Providence Willamette Falls Medical Center

Samaritan Albany General Hospital

Silverton Hospital

Tuality Community Hospital

Facilities with fewer than 50 births to unwed mothers in the three-month period:

Blue Mountain Hospital

Curry General Hospital

Kaiser Foundation Hospital - Westside

Mid-Columbia Medical Center

Peace Harbor Medical Center

Providence Hood River Memorial Hospital

Samaritan Lebanon Community Hospital

Samaritan North Lincoln Hospital

Santiam Memorial Hospital

St Charles – Madras

Wallowa Memorial Hospital

Freestanding birthing centers:

Andaluz Birth Center – Portland

Andaluz Birth Center - Tualatin

Bella Vie Gentle Birth Center

Canyon Medical Center

Home Sweet Home Birth, LLC

Klamath Women's Clinic & Birth Center

At the end of this article, we have included a table reporting the paternity establishment percentages by facility. Please keep up the good work. If you want to increase the number of paternities at your facility, talk with us about how we can work together to establish paternities more effectively. Call us with any questions or for more information:

- Judy A. Shioishi, Vital Records Field Liaison, at 971-673-1166
- Debbie Gott, Vital Records Paternity Specialist, at 971-673-1155
- Bill Cooksey, Child Support Performance Analysis Manager, at 971-673-1681 ❖

Paternity establishment by birth facility for births September through November 2014				
County and Facility		Total Unwed Births	AOP signed at facility	
		Count	Count	%
Statewide		3930	3007	76.5%
Baker	St. Alphonsus Medical Center - Baker City, Inc.	15	10	66.7%
Benton	Good Samaritan Regional Medical Center	57	40	70.2%
Clackamas	Kaiser Sunnyside Medical Center	144	114	79.2%
	Legacy Meridian Park Medical Center	60	44	73.3%
	Providence Willamette Falls Medical Center	105	84	80.0%
Clatsop	Columbia Memorial Hospital	38	30	78.9%
	Providence Seaside Hospital	10	6	60.0%
Coos	Bay Area Hospital	74	60	81.1%
Curry	Curry General Hospital	1	1	100.0%
Deschutes	St. Charles Medical Center - Bend	126	99	78.6%
	St. Charles Medical Center - Redmond	59	47	79.7%
Douglas	Mercy Medical Center	105	82	78.1%
Grant	Blue Mountain Hospital	6	5	83.3%
Harney	Harney District Hospital	7	5	71.4%
Hood River	Providence Hood River Memorial Hospital	39	36	92.3%
Jackson	Asante Ashland Community Hospital	27	17	63.0%
	Asante Rogue Regional Medical Center	175	128	73.1%
	Providence Medford Medical Center	53	43	81.1%
	Trillium Waterbirth Center	4	3	75.0%
Jefferson	St Charles - Madras	23	19	82.6%
Josephine	Asante Three Rivers Medical Center	96	71	74.0%
Klamath	Klamath Women's Clinic & Birth Center	1	1	100.0%
	Sky Lakes Medical Center	86	65	75.6%
Lake	Lake District Hospital	4	3	75.0%
Lane	McKenzie-Willamette Medical Center	78	56	71.8%
	Peace Harbor Medical Center	5	5	100.0%
	PeaceHealth Medical Group Nurse Midwifery Birth Center	2	1	50.0%
	Sacred Heart Medical Center - RiverBend	290	222	76.6%
	Home Sweet Home Birth, LLC	3	3	100.0%
Lincoln	Samaritan North Lincoln Hospital	23	21	91.3%
	Samaritan Pacific Communities Hospital	27	18	66.7%
	Samaritan Albany General Hospital	63	52	82.5%
Linn	Samaritan Lebanon Community Hospital	35	29	82.9%
	St. Alphonsus Medical Center - Ontario, Inc.	68	53	77.9%
Marion	Aurora Birth Center	2	0	0.0%
	Salem Hospital	336	255	75.9%
	Santiam Memorial Hospital	8	8	100.0%
	Silverton Hospital	171	140	81.9%
Multnomah	Adventist Medical Center	102	71	69.6%
	Andaluz Birth Center - Portland	2	2	100.0%
	Legacy Emanuel Medical Center	185	129	69.7%
	Legacy Good Samaritan Medical Center	51	47	92.2%
	Legacy Mount Hood Medical Center	97	74	76.3%
	OHSU Hospitals and Clinics	186	145	78.0%
	Providence Portland Medical Center	232	166	71.6%

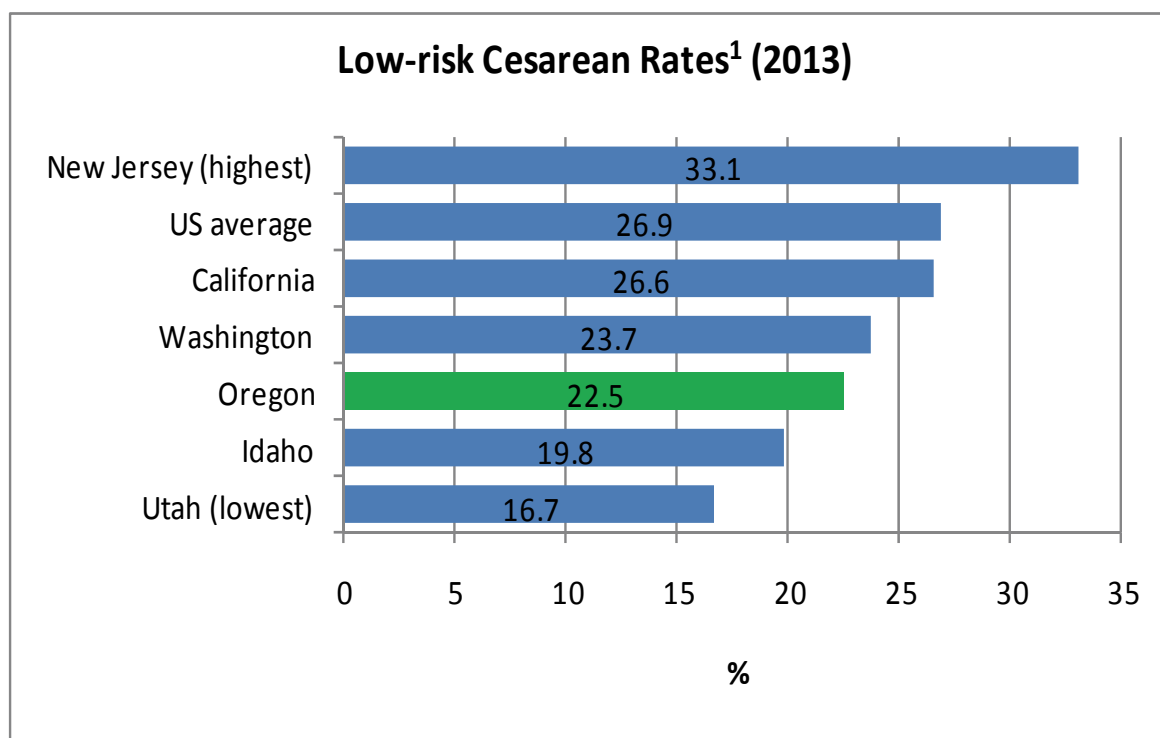
Paternity establishment by birth facility for births September through November 2014				
County and Facility		Total Unwed Births	AOP signed at facility	
		Count	Count	%
Statewide		3930	3007	76.5%
Polk	Bella Vie Gentle Birth Center	2	2	100.0%
Tillamook	Tillamook Regional Medical Center	23	17	73.9%
Umatilla	Good Shepherd Medical Center	58	38	65.5%
	St. Anthony Hospital	50	34	68.0%
Union	Grande Ronde Hospital	19	14	73.7%
Wallowa	Wallowa Memorial Hospital	1	1	100.0%
Wasco	Mid-Columbia Medical Center	24	21	87.5%
Washington	Andaluz Birth Center - Tualatin	1	1	100.0%
	Canyon Medical Center	2	2	100.0%
	Kaiser Foundation Hospital - Westside	45	37	82.2%
	Providence St. Vincent Medical Center	253	204	80.6%
	Tuality Community Hospital	91	73	80.2%
Yamhill	Providence Newberg Medical Center	33	21	63.6%
	Willamette Valley Medical Center	46	31	67.4%

How Oregon Ranks in Low-risk Cesarean Deliveries

A low-risk cesarean (LRC) delivery is a cesarean delivery of a low risk birth. A low-risk birth is defined as nulliparous (first birth), term (37 or more completed weeks gestation), singleton (one fetus), and vertex presentation (head first). While many cesarean deliveries are medically necessary, LRC deliveries are often driven by hospital practice patterns and, to a lesser extent, by maternal request. Recent efforts to reduce the number of non-medically indicated cesarean deliveries include new guidelines from the American Congress of Obstetricians and Gynecologists, public education campaigns, and local initiatives to improve the quality of prenatal care. In the United States last year, 26.9% of low-risk pregnancies were delivered via cesarean. This is down from the high of 28.1% in 2009. By comparison, only 22.5% of

Oregon's low-risk pregnancies were cesarean deliveries. Only 13 states have LRC rates lower than Oregon. The highest rate of LRC delivery was seen in New Jersey (33.1%), and the lowest rate was seen in Utah (16.7%). The chart below shows these rates, and compares Oregon with its neighboring states in terms of LRC rates.

A recent article published in National Vital Statistics Reports addresses trends in LRC delivery in the United States. The article relies on birth certificate data collected by hospitals at the time of birth. This type of research highlights the importance of timely, accurate, and consistent collection of maternal and newborn data by hospital staff. Without these data collection procedures, such research would be much more difficult and costly. ❖



1 Per 100 women delivering singleton, term, vertex first births .

Just for Out-of-Facility Birth Attendants

Establishing paternity for out-of-facility births

When a woman gives birth in Oregon, she may add the biological father to the birth record by using an affidavit of paternity (AOP) form if she is unmarried and not in an Oregon Registered



Settling into things with our son, by George Ruiz, Flickr gallery, <https://flic.kr/p/9qxgyG>

Domestic Partnership (ORDP), at birth, conception or 300 days prior to birth. There are two versions of the AOP. One version is used when the birth occurs in a hospital or other licensed birthing facility (form 45-31). The other version (form 45-21) is used when the birth occurs outside of a licensed facility. The purpose of this article is to clarify when the out-of-facility AOP form should be used, and in what circumstances the biological father's information should be left off the initial report of live birth.

Two versions of the AOP form

For births occurring in a hospital or licensed birthing center, a witnessed form (form 45-31) may be used to establish paternity if signed at the facility and only while the mother is still admitted at the facility after giving birth to her child. This means a staff person can witness the signatures on the form, and a notary is not required as long as the mother has not been released from care. Use of witnessed forms is authorized under ORS 432.098 for births that occur in health care facilities.

For births occurring outside a licensed facility, paternity can be established using a different version of the AOP form (form 45-21). The 45-21 form differs from the 45-31 in that the parents' signatures must be witnessed by a notary, rather than a hospital witness. The notarization process requires

current identification for each parent and frequently requires a trip to a notary which may delay completion of the AOP. If completion of the AOP is delayed, *the report of live birth is still required by law to be filed within five days.*

The report of live birth and notarized version of the AOP (form 45-21) may be filed at the same time or at different times depending on the individual circumstances of the birth and the method used for filing the report of live birth. When reporting an out-of-facility birth to a mother whose marital status is "not married or in an ORDOP at birth, conception or 300 days prior to birth," you should only include the biological father's information on the report of live birth if you receive the completed, notarized AOP (form 45-21) with the report of live birth within five days of the child's birth. In cases where you don't have the notarized AOP within five days of the child's birth, you will submit the report of live birth without the father's information, and the family will be responsible for adding the father's information to the report of live birth at a later date.

When using OVERS to report – how to file the out-of-facility AOP form

If you report an out-of-facility birth using the Oregon Vital Events Registration System (OVERS), where the mother is eligible to establish paternity with a notarized AOP form, you may include the biological father's information in the report of live birth only if you received the notarized AOP (form 45-21) within five days of the birth. The AOP form should be mailed immediately. You can order special postage-free envelopes from our office to use for mailing the paternity forms.

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When using the paper report of live birth – how to file the out-of-facility AOP form

If you report an out-of-facility birth using the paper report of live birth form, in a situation where the mother is eligible to establish paternity with a notarized AOP form, you may include the biological father's information on the report of live birth only if you mail the notarized AOP (form 45-21) and the report of live birth in the same envelope within five days of the birth. You can include both forms in one of the postage-free envelopes supplied by our office.

When the notarized AOP is not completed within five days of the child's birth

If the AOP form is not completed and notarized within five days of the birth, you should leave the father's information off of the report of live birth, and submit it without the AOP. Leaving the father's information off the record in this situation will ensure the report of live birth is registered quickly. The biological father can still be added to the birth record at a later time.

If the mother wishes to add the biological father to the birth record after the report of live birth is mailed to the Center for Health Statistics, she will still use the AOP form (45-21). If the form is submitted within 14 days of the birth no amendment fee will be charged. If the AOP is submitted after 14 days, the family will pay a \$30 amendment fee to add the father to the birth record. The Division of Child Support (DCS) will also assist people in completing the 45-21, and have staff who can act as the notary. If the parents are unable to pay the amendment fee, DCS might be able to help them with that as well.

When an AOP is received and processed

after the birth record has been registered, the certified copies of the birth record issued after the AOP is approved will include the father's information. There will not be any notation on the certified copy that indicates the father was added after the record was registered.

Special circumstances

In births where the mother was married or in an ORDP at the time of birth or within 300 days prior to the birth, she may not use the AOP form to establish paternity for her child. In these cases, the mother must disestablish the spouse or ORDP partner through a court or administrative order before adding the second parent to the birth record.

To learn more about the various methods by which paternity can be established, please visit our website <https://public.health.oregon.gov/BirthDeathCertificates/ChangeVitalRecords/Pages/index.aspx> or call us with any questions.

- Judy A. Shioishi, Vital Records Field Liaison, at 971-673-1166
- Debbie Gott, Vital Records Paternity Specialist, at 971-673-1155
- Bill Cooksey, Child Support Performance Analysis Manager, at 971-673-1681 ❖

Coming soon – updated Paper Certificate Of Live Birth

The new Certificate Of Live Birth form will be available around the end of February 2015. Due to the small supply and planned update, we are limiting orders to three (3) paper Certificates of Live Birth. If you have any questions, please call Cynthia Roeser at 971-673-0478 or email at Cynthia.r.roeser@state.or.us.

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Wanted—Newsletter topics

Have a question or idea for a future newsletter article? Contact Judy Shioishi at 971-673-1166 or judy.shioishi@state.or.us. Judy collects ideas for articles and shares them with the writing team.

Thank you to the contributors of this newsletter:

Karen Hampton, Debbie Gott, Jill Janisse, Craig New, Carol Sanders, Juana Anguiano Rivera, Cynthia Roeser, Krista Markwardt, Kerry Lionadh, Jennifer Woodward, Lynda Jackson, Judy Shioishi, .

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800 N.E. Oregon Street, Suite 225
Portland, OR 97232-2187

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Portland, OR 97293-0050

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Order vital records: 1-888-896-4988

Website:

[http://public.health.oregon.gov/
BirthDeathCertificates](http://public.health.oregon.gov/BirthDeathCertificates)

OVERS website:

<http://healthoregon.org/overs>

