OREGON BIRTH REPORT INSTRUCTIONS

Oregon Vital Events Registration System (OVERS)
Oregon Birth Report Instructions

Birth Information Specialist User Guide
Revised September 2025

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HEALTH
AUTHORITY

Public Health Division
Center for Public Health Practice
Center for Health Statistics

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Introduction

The Oregon Vital Events Registration System (OVERS) is a web-based application for submitting birth and fetal death report information to the state vital records office. It is a secure, vital records management system that uses standard web navigation techniques and functionality. The application includes tools used to search and verify the quality and completeness of the data entered.

If you have questions about using OVERS, you may contact the OVERS Help Desk at 971-673-0279, Monday- Friday 8 am to 5 pm Pacific Time.

Fetal deaths should only be recorded by a facility Birth Information Specialist or Medical Examiner. Midwives must refer all fetal deaths to a Medical Examiner.

All examples shown in this document contain fictional report information.

Getting Started

Logging In

On the OVERS **Login** page, https://or-vitalevents.hr.state.or.us/OVERS/logon.aspx, enter your assigned username in the **Username** field and your password in the **Password** field and click **Login**. Both your Username and Password are case sensitive.

Accept the User Acknowledgement. This statement states that as a user, it is your responsibility to safeguard the information in the system by not sharing your username and password. It is CHS's responsibility to monitor and support the system and its users.

If your username is associated with more than one office location, then you must also select from the office list. Click on the **Office** name to continue. This step is not necessary for all users.

Home

After you successfully log in to OVERS, you will be presented with a user-specific **Home** page. Your **Home** page shows links to sections of the OVERS application that you access frequently, so your **Fast Links** may change over time. The fast links will not appear for new users. They are added over time depending on which links are the most accessed. The image below is an example of a **Home** page:
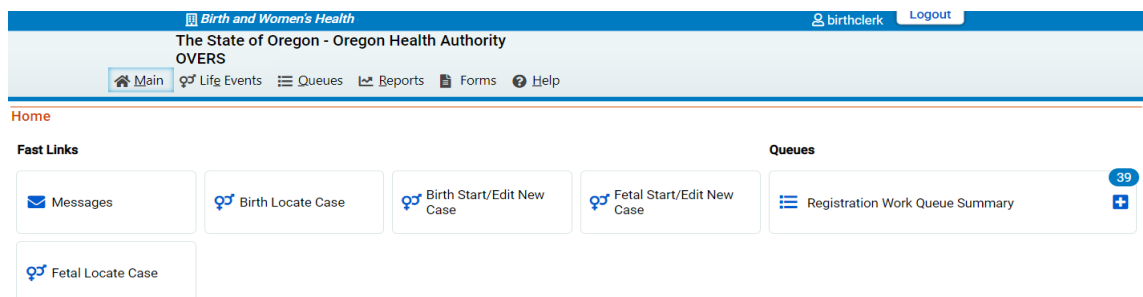
Notice the **Menu Bar** across the top of the page. From the menu bar, you will navigate throughout the OVERS application.

Change Office

If your username is associated with more than one office location, then you chose which office to access when you logged in. To change offices without logging out, choose **Main** from the **Menu Bar** along the top of the page, then choose **Change Office**. A box will appear stating, Click **OK** to change office. Click **OK**.
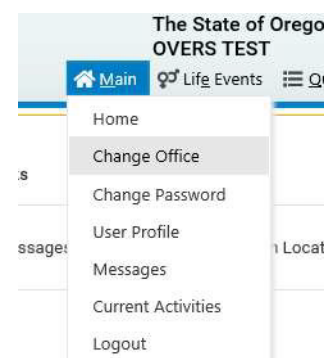
You will be taken to the Login page shown below. Enter your password in the **Password** field, then choose the **Office** name.

Change Password

You may change your password at any time. To change your password, choose **Main** from the **Menu Bar** along the top of the page, then choose **Change Password**.

You will be taken to the **Change Password** page. Enter your **Old Password**, or the password you used to log in to OVERS. Then enter your new password twice, once in the **New Password** field and again in the **Confirm Password** field. Click **Save**.

Passwords must be 8 to 26 characters long and must contain a number. Passwords are case sensitive. Special characters can be used but are not required.

If you don't know your password, then you can reset it yourself by clicking on **Forgot your password?** on the OVERS login page or by calling the OVERS Help Desk at 971-673-0279 to have a new temporary one issued. They are available Monday through Friday from 8am to 5pm.

Current Activity

The **Current Activities** pane displays a listing of the **Queues** that contain records requiring attention. See Queues, elsewhere in this manual, for more information about **Queues**.

Logout

Whenever you are going to be away from your desk or workstation, whether you're going home for the day or just going to lunch, you should always log out of OVERS.

To log out of OVERS, click **Logout** in the upper right-hand corner. The **Logout** button is available on every page in OVERS.

After you click the **Logout** button you will be taken back to the **Login** page.
If you do not log out of OVERS, you will be automatically logged out after 15 minutes of inactivity and you may lose work you have not saved.

Navigation

General Navigation

Avoid using the **Back** button in your browser. You may lose the data entered if this button is used. OVERS provides other tools for navigating from one page to another.
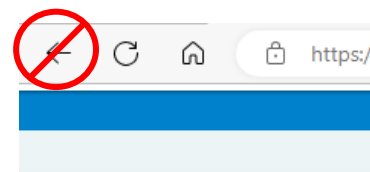
Menu Bar

The **Menu Bar** appears across the top of every page in OVERS and provides easy access to each section of OVERS. Each menu heading on the Menu Bar contains additional options to navigate through OVERS. For example, the **Queues** menu contains different queues that can be viewed. You will use these menu options to find birth and fetal death reports that need completing.

Birth Registration Menu

After you start or locate a birth report, the **Birth Registration Menu** will appear along the left-hand side of the screen. Each of these pages must be completed by the Birth Information Specialist for the report to be completed and signed.

Page-to-Page Button Controls

Page-to-page button controls are located at the bottom of every birth report page. Each button serves a different purpose when completing a birth report.

The **Validate Page** button will initiate an error check on the entire report. It is not necessary to validate every page before advancing to the next page. To save time, we recommend completing the entire birth report <u>before</u> clicking the **Validate Page** button.

The **Next** button saves entries on the current page and moves to the next page in the birth report. We recommend moving through the pages in a sequential, top-to-bottom manner from one page to another. The **Next** button will best facilitate this.

The **Clear** button removes all entries on the page that have not yet been saved.

The **Save** button saves changes without leaving the current page.

The **Return** button will take you out of the birth report without saving entries on the current page.

Helpful Tools

<u>Tools for Searching</u>

The OVERS application provides search tools for accessing birth reports. Search tools are available under the **Life Events** menu along the top of the screen.

<u>Search</u> – The Search button searches an index and returns *exact* matches to a specified keyword.

<u>Soundex</u> – The Soundex button is a way of searching information based on how the word sounds rather than how it is spelled. It allows for variations in spelling so that a misspelled name entered as the search phrase will retrieve all items that sound like or are close to the spelling of the entered phrase.

<u>Wildcard</u> – Using the wildcard symbol (%) at the end of a partially entered phrase will return all matches to the partial entry. For instance, if the phrase "Sm%" is entered, all items that begin with "Sm" will be returned as results.

<u>Required Fields Indicator</u>

The Required Fields Indicator is a red arrow that appears next to all mandatory fields. They are most commonly found on the **Start/Edit New Case** page. Fields will also be encircled in red.

Date Fields

The OVERS application allows you to enter a date using letters and/or numbers in various formats. When using numbers, you must enter months as two digits, days as two digits and years as four digits. Here are some examples of entering dates.

If you type:		OVERS will display:
MM-DD-YYYY	05-14-2021	
MM/DD/YYYY	05/14/2021	MAY-14-2021
MMDDYYYY	05142021	
MONDDYYYY	may 14 2021	

Note: Placing the cursor in the date field and pressing the F12 key on the keyboard will automatically enter the current system date into the field.

The OVERS application also allows you to enter dates using the calendar control feature. Anywhere you see the calendar icon, you can choose the date from the calendar rather than typing the date manually.

Date of Death: [   ] 📅
MMM-dd-yyyy

	May ▾	2021 ▾	
Su	Mo	Tu	We	Th	Fr	Sa

By default, the current month, day and year are displayed. As with other drop-down lists, clicking the down arrow next to the month or year will show you all the available options in the list. Once you select the correct month and year from the drop-down lists, click on the day of the month. This will populate the date chosen.
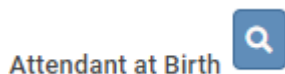
In any unknown number field, enter "999" instead of leaving the field blank. In unknown date field enter "99-99-9999."

Using Lookup Tools

Lookup Tools are searchable lists displayed in a popup window. To display the **Lookup Tool**, click the magnifying glass button on the right side of the field.

When the Lookup box appears, search for the person or facility you'd like to locate. When you find the person or facility name, click the **Select** link to the right. The Lookup box will close and the person's or facility's information will be selected and added to the field in OVERS.

Keyboard Shortcuts

A keyboard shortcut is a key or combination of keys that provides an alternative to standard ways of performing an action. The OVERS application includes the keyboard shortcuts shown below.

Shortcut Key(s)	Works in Field	Performs this Function
F12	Date fields	Enters the current date into any date field
Tab	Any field, button or check box	Moves <u>forward</u> one box, button or check box to another
Shift + Tab	Any field, button or check box	Moves <u>backwards</u> from one box, button or check box to another
Enter	Any button control	Activates the next button on the page
1st letter of word	Drop-down lists	Populates the field with the selection in the list beginning with the letter entered. For lists with more than one selection beginning with the letter entered, repeat the first letter until the correct choice appears in the field.
Space bar	Radio button or check box	Selects a radio button or check box
Arrow key	Radio button	Moves from one radio button to the next
Alt + Down arrow	Drop-down list	Opens a drop-down list
Alt + Up arrow	Drop-down list	Closes a drop-down list
%	Any search box	Wildcard symbol that stands for one or more characters in a search string

Communication

Messages

The Messages page displays all of the messages that have been sent to you at your facility. To access the messages feature, click on the **Messages** fast link on the **Home** page. Alternatively, you can go to the **Main** menu along the top of the screen, then click **Messages**. You will be taken to the **Messages** page. On this page, you can view the messages you've received or send a new message to another OVERS user.
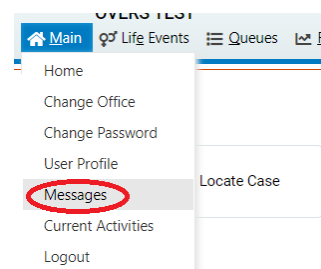
Viewing and Deleting Messages
To view a message, click on the name in the **From** column. This will open the corresponding message. When you are finished reading the message, click the **Close** button to close the message window and return to the **Messages** page.

To delete a message, select the message by clicking on the corresponding check box to the right of the message information. Then click the **Remove from List** button as shown in the message listed above.

Note: Placing a checkmark in the box to the right of **Date Sent** in the upper right-hand corner of the page will select all messages in the list.

Sending Messages

In the upper right-hand corner, click on the **Send Message** button. You will be taken to the **Send Message** page.

You may send a message to a Person or an Organization. Enter the First and/or Last Name of the person to be added to the message as a recipient and a drop-down will appear with a list of recipients that match what you entered. Select the correct one and the page will refresh and add the recipient to the **Selected Recipients** list. You can then search for another individual if you choose.

Note: Use caution when sending a message to an Organization, as the message will be sent to every user within that organization.

Make a selection from the **Send By** drop-down list.
   a. Email and Notification – Sends the message via external e-mail and internal messaging. The message will appear in the OVERS messages list.
   b. Email – Sends the message via external e-mail only. The message will not appear in the OVERS messages list.
   c. Notify – Sends the message via internal messaging only. The message will appear in the OVERS messages list. No external email will be sent.

Enter a **Subject** and type the message to the recipient. Then click **Send**. A box will appear to notify you that the message has been sent. Click **OK**.

Queues

As registrations work their way through OVERS, they will pass from one work queue to another. Queues are the categories or status levels associated with vital records processing. Queues are shared with everyone at the same facility. It is common see records assigned to other users at the same facility.

Registration Work Queues

There are 7 Registration work queues:

1. <u>Birth Certification Required</u> – This queue lists records that are complete but have not been certified in OVERS.
2. <u>Legal Pending - Birth</u> – This queue lists records that are missing information in the legal portion of the birth record.
3. <u>Medical Pending</u> – This queue lists records that are missing information in the medical/statistical portion of the birth record.
4. <u>Personal Pending - Fetal Death</u> – This queue lists records that are missing information in the personal portion of the fetal death record.
5. <u>Medical Pending - Fetal Death</u> – This queue lists records that are missing information in the medical/statistical portion of the fetal death record.
6. <u>Keyed (Requires Affirmation) - Amendments</u> – This queue lists records that have amendment requests that have not yet been signed.
7. <u>Plural Delivery Linkage Required</u> – This queue lists records of births that must be linked together for a plural delivery. For example, twins, triplets, etc. must be linked as a plural delivery.

Note: Records appearing in one work queue can also appear in another work queue. For example, if a report has been sent to you and it is missing information in the medical section of the report, it will appear in both the Legal Pending and Medical Pending queues.

Access queues by clicking **Main** and then **Current Activities** on the **Home** page or by choosing **Queues** in the menu bar along the top of the page, then clicking **Registration Work Queue Summary**. Both actions will take you to the same list of queues. If there is nothing in a queue, the queue name will not be shown on the screen.

Queue Name	Type ▲	Count	Age of Oldest in Days
Birth Certification Required	Birth	8	192
Legal Pending	Birth	11	272
Medical Pending	Birth	12	200
Plural Delivery Linkage Required	Birth	4	189
Affirmation Required	Fetal Death	1	104
Medical Pending	Fetal Death	2	104
Personal Pending	Fetal Death	1	56
			Total Queues : 7

Current Activities

Select one of the queues by clicking on the corresponding **Queue Name**. The queue will open, showing a list of all reports in the queue. An example is shown below. When you find the report you need to complete, click on either the **Case ID** or the **Registrant** (Name) to open the case.

Search by Registration Work Queue

Queue: Legal Pending - Birth   Search Type: _____   Value: _____
Display: 200 rows per page.   Filter: Age   Value: 45-89 days

[Search] [Show All Rows] [Clear]

All	Case Id	File Number	Registrant	Date of Event ▼	Data Provider
☐	7323177		test,	JUL-12-2021	Corvallis Birth and Women's Health Center LLC
☐	7323176		Test, Rebecca	JUL-09-2021	Corvallis Birth and Women's Health Center LLC
☐	7323175		Test, Regina	JUL-09-2021	Corvallis Birth and Women's Health Center LLC
☐	7323172		Test, Remus	JUL-09-2021	Corvallis Birth and Women's Health Center LLC
					Total Records : 4

Filtering Records

If too many reports are shown, you can reduce the number shown by filtering the reports. To filter results, make a selection from the **Filter** drop-down list. A second drop-down list will appear for you to enter an acceptable **Value** to be shown. In this case, **Age** refers to the length of time between today's date and the date of the birth or fetal death. For example, if you chose **Age**, you may choose only to view reports less than 45 days old.

Filter:

- Age
- Birth
- Not Registered
- Record Source

Alternatively, you can sort reports by clicking any of the headers listed such as **Date of Event** or **Data Provider**.

Queues can help you identify reports that need to be completed and are an easy way to find the reports referred to you.

Record Status

The OVERS application manages data quality and workflow of the birth registration and fetal death registration process through the assignment of statuses. To track the steps undertaken by the various parties involved in completing a vital record, the OVERS system assigns one or more statuses to a record when an action is performed.

The Status Line provides a dynamic, real time view of the status of a birth record. It can be viewed at the top of any of the pages of the birth record and it is also visible in the preview of the record on the Search Results' page.

> 7322855 :Tommy Test MAY-03-2021
> /Legal Valid/Medical Valid with exceptions/Uncertified/Not Registered/Birth Certification Required

The end product of the registration process is a legally registered record. A record can only reach registered status after it has been successfully completed, checked for accuracy and signed by a certifier. Once a record is registered at the state you will be able to see the **State File Number** that is assigned to it above the status line on every page of the record.

> 7323171 2021000023 :Romulus Test JUL-09-2021
> /Legal Valid/Medical Valid/Certified/Registered/Potential Incorrect Birth Linkage

The terms in the table below are the most common to appear on a record.

Status Bar Terms

Term	What it Means
New Event	Appears on a newly created record
Not Certified	Birth record has not yet been signed by the birth certifier
Unaffirmed	Fetal death record has not yet been signed by the birth certifier
Uncertified	Fetal death record has not yet been signed by the medical examiner.
Certified	Has been signed by the birth certifier
Not Registered	Has not yet been registered at the State
Registered	Has been registered at the State and assigned a State File Number (SFN)
Legal Valid	The legal birth certificate data has been entered, checked for completeness, and found to be correct.
Legal Valid with Exceptions	The legal birth certificate data had one or more exceptions that were manually overridden by the certifier.
Legal Invalid	The legal birth certificate data has one or more errors or omissions that require a correction.
Medical Valid	The statistical data has been entered, checked for completeness, and found to be correct.
Legal Valid with Exceptions	The statistical data had one or more exceptions that were manually overridden by the certifier.
Medical Invalid	The statistical data has one or more errors or omissions that require a correction.
Birth Certification Required	The birth certifier's signature is required
Registration Approval Required	The State's Registration approval is required
AOP Pending	The Acknowledgment of Paternity paperwork has not yet been received and accepted by the State.

Error Checking and Correction

Once you have entered registration data into the system you can check for errors or validate that the information you have entered is correct and complete by clicking on the **Validate Page** button.

Anytime the *Validate Page* button is clicked the system will evaluate all pages and mark them accordingly with red, yellow, or green symbols.

Error Types

There are two types of errors or edits in **OVERS**: (1) Hard and (2) Soft. Hard errors are highlighted on-screen in red. Soft errors are highlighted in yellow. For example, pages marked with a **green** checkmark contain no errors. Pages marked with a **red** X contain hard edit rule failures that must be corrected before registration can be completed. Pages marked with a **yellow circle** contain soft edit rule failures that may be overridden or have already been overridden.

These symbols serve as indicators as to which pages contain errors and which pages pass validation.

Correcting Errors

In this example, notice that the **Request SSN for Child** field is highlighted in red. Registration of the record will not be permitted until this error is corrected. Enter the information required to correct this error.

The **First** name is highlighted in yellow. By using the **Override** feature, this entry can be accepted as shown and registration permitted. To override an error, select the Override checkbox and click **Save Overrides**. Registrations can still be processed with a soft error (yellow) message present. This allows you to process a birth record even if some errors are present.

Note: After overriding an error always leave a comment on the record with an explanation as to why the error was overridden. See page 16 about how to leave a comment.

Initially, the **Validation Results** frame will only display those errors associated with the current registration page. All the errors in the example above are related to the **Child** page. However, if you then click on the **List All Errors** button the **Validation Results** frame will refresh and display all the errors associated with the entire registration.

Notice also that the **List All Errors** button has now become the **List Page Errors** button. Clicking this button again will hide any errors not associated with the current registration page.

Goto Field - Use this option if you are on a single registration page with many errors to correct. To correct an error, click on the ⟦Fix⟧ button in the **Goto Field** column of the **Validation Results** page. This will place the cursor or focus in the field that needs to be corrected. If a text box has the focus, then anything typed on the keyboard appears in the text box. If a drop-down list has the focus the down-arrow will open the list, and the up-arrow will close the list.

Popup - Another method of correcting errors is to click the ⟦Fix⟧ button in the **Popup** column to launch a popup window containing the error or errors to be corrected.

The **Popup** functionality is useful when an error is generated by conflicting entries across multiple registration pages. Rather than searching across many pages trying to determine which field contains the error, **Popup** presents all the conflicting fields in one window.

Notice that error number **BR0377** was generated by a conflict between three separate fields on three separate pages. Correcting one of the errors below may correct the issue, though more than one correction may be needed in some cases.

Correct the error and
click **Save** to submit your changes. The popup will close and your changes will appear on the registration page. Click **Cancel** to close the popup without making any changes.

Click **Validate Page** after all corrections are made so the system can perform the error checking process on the record.

**Once an error has been edited and validated again,
the arrow indicator will turn green. If a soft edit is <u>overridden</u> (as opposed to
edited) the yellow circle will <u>remain</u> yellow after being validated.**

Duplicate Records Check

When the **Validate Page** button is activated from any of the **Birth Registration Menu** pages, the **OVERS** application runs a search for potential duplicate records. This is done to prevent the creation of duplicate registrations. If **OVERS** finds any potential duplicates, an error message will appear in the **Validation Results** frame containing the following message and link:

BR0614: A potential duplicate birth record exists. Please verify Child's first and last names, Child's DOB, Mother's maiden surname, Mother's DOB, and multiple birth indicator. Click the **Potential Duplicates** link to open the **Duplicate Resolution** page.

The **Duplicate Resolution** page displays a list of the records in the **OVERS** database that have been identified as potential duplicates.

Notice that the current case is previewed in the **Current Case** window. Select the **Compare** link next to the potential duplicates.

Selecting the **Compare** link will display the **Potential Duplicate Case** window beneath the **Current Case** window. These summaries can be used to help determine whether a duplicate record exists.

If the **Potential Duplicate Case** window does not provide enough information, then click on the **Select** link to open the actual record.

If you are certain that the record you are working on is not a duplicate, then click on the **Return to Rule Failures** button to return to the current case. If there is a duplicate record in OVERS, it must be deleted by calling the OVERS Help Desk.

Comments

During the process of entering and registering a birth record it is sometimes necessary to store comments or remarks about the case. These comments can serve as reminders or as instructions to others who will work on the case. Comments should be added every time a soft edit (error) is overridden. Birth Information Specialists should also add comments to birth records in OVERS to clarify any unique circumstances. Adding comments means avoiding receiving calls from the state office and more efficient registration of birth records for families.

Some of the most common are listed below with suggested comments in italics.

- Child has no first name
  Parent has not decided the child's first name
- Child's name is blank
  Parent has not named the child
- Father's information is blank
  Mother is married but husband is not the father of the baby, or mother refuses to put the father's information on the record
- Date of last normal menses (when the yellow edit appears)
  Last normal menses is correct
- Mother weight gain (when a yellow edit appears)
 *Weight is correct*

- <u>Previous live births or other pregnancy outcomes number</u> (when the yellow edit appears)
  Other pregnancy outcome is correct
- <u>Any other unique situation</u>
  e.g. mother refused to fill birth worksheet, adoption, not born at the facility, etc.

Adding a Comment

From the **Birth Registration Menu** or the **Fetal Death Registration Menu** select **Other Links > Comments**.

The **Comments** window will pop up. To add a new comment, click on **New Comment** located at the bottom of the **Comments** window.
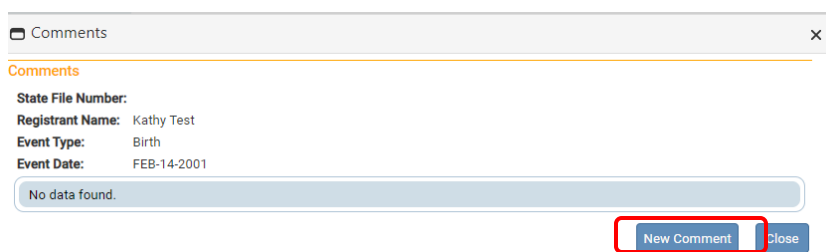
The **Enter New Comment** tab will open allowing you to enter new comments.

The first step in adding a new comment is to select a **Comment Type**. Every comment must have a type assigned to it. The **Event**, **Change history**, and **General** comments can be viewed by all users. The **Late filing reason**, **Confidential medical**, **Hearing Screening**, and **HIPPA** comment types can only be viewed by the Center for Health Statistics.

When you have finished entering a comment, select **Save**. Or choose **Clear** to clear your entry or **Cancel** to close the comment window without saving changes.
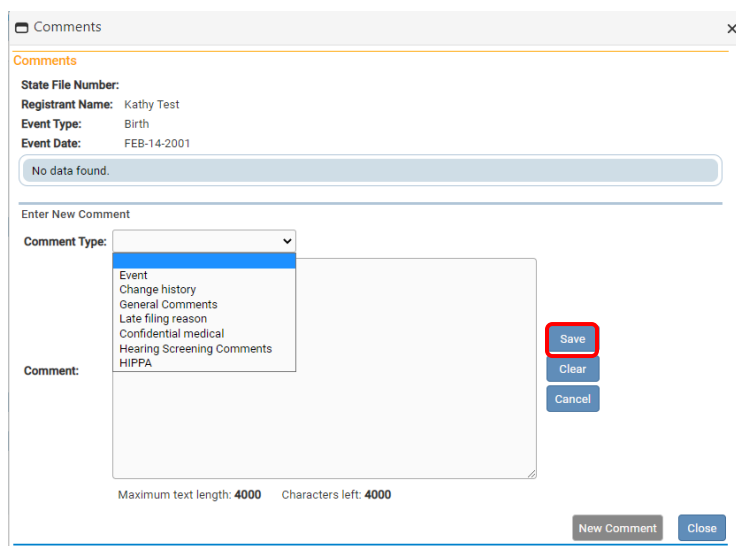
Selecting **Save** will write the comment to the **OVERS** database and return you to the main **Comments** window, shown below. Notice that a portion of the comment can be read in the **Comment** window. Lengthy comments will have to be opened in order to be read in their entirety. Clicking on the **Edit** link will open the **Update Existing Comment** window for you to view and, if necessary, edit the comment.

Once a comment has been added to a record, a checkmark will appear next to the **Comments** link in the **Other Links** sub-menu.

The ability to Edit or Delete comments is determined by the individual user's security configuration. You may not be able to Edit or Delete existing comments.

Print Forms

A variety of printable forms related to birth and fetal death records can be printed from OVERS.

From the **Birth Registration Menu** or the **Fetal Death Registration Menu** select **Other Links > Print Forms**.

For Birth records, the Print Forms page contains 4 links: Paternity – (45-31A Hospital), Paternity – (45-31S Hospital- Spanish), Working Copy – Legal (45-1V) and Working Copy – Statistical (45-1ST).

Clicking these links will open a preview of printable versions of the birth data. Paternity – (45-31A Hospital) and Paternity – (45-31S Hospital- Spanish), are Voluntary Acknowledgement of Paternity forms. Working Copy – Legal (45-1V) provides a preview of the birth record information and Working Copy – Statistical (45-1ST) provides a preview of the statistic information.

Notes:
- **The Acknowledgement of Paternity forms can only be printed if 'No' is selected for the Marital Status question and the birth is within five days of entering the record.**
- **Never give a copy of the Statistical data to the family and do not keep a copy of this document in the patient's files.**

For Fetal Death records, the Print Forms page contains three links: Disposition Permit (45-3D), Statistical (45-ST), and Working Copy Vault (45-3V). The Disposition Permit is used if the fetal remains are removed from the facility. The Working Copy Vault and the Statistical provides a preview of the fetal report of death and the statistic information.

Print Forms

Disposition Permit

Statistical

Working Copy Vault

2   *Completing a Birth Record*

This chapter aims to explain the data entry process for creating, certifying, and retrieving birth death reports from OVERS.

For additional instruction or troubleshooting help contact the Help Desk during normal business hours (*Monday – Friday, 8 am to 5 pm Pacific Time*) at 971-673-0279. For questions about the definitions and rules for completing the Oregon Fetal Death Report, contact the Center for Health Statistics, Registration Team at CHS.Registration@oha.oregon.gov.

The Center for Disease Control (CDC) has additional resources for completing a birth record. Their manual can be found at:

https://www.cdc.gov/nchs/data/dvs/GuidetoCompleteFacilityWks.pdf

Start a New Record

To start a new birth record, select **Birth** from the **Life Events** submenu**.** The menu path is **Main Menu > Life Events > Birth > Start/Edit New Case**. This will bring up the **Start/Edit New Case** page.

Although **Start/Edit New Case** can also be used to find existing, partially complete records it is not recommended as a search tool. The **Locate Case** search tool is an easier method for searching for an existing record.

Required Entries
The first step in entering a new record is to perform a search. This helps to minimize the creation of duplicate records. For birth records, notice that **Child's Date of Birth:** and **Sex** are marked with red arrows ▶. Fields with a red arrow next to them are ***required entries*** and must be completed before you will be allowed to start a new case.

Note: Before you will be allowed to create a new Birth Record you must first search for an existing record. This is to prevent the creation of duplicate records.

Once you have completed the required items, click the **Search** button to proceed or the **Clear** button to clear all entries and start over.

If no potential duplicate records are found, you can begin a new record by clicking **Start New Case** or you can begin a new search, by clicking **New Search**.

Birth Search Results

There are no cases that match the criteria you have entered.
If this is a new case, select the Start New Case button or select the New Search button to perform a new search.

+ Start New Case   New Search

If a matching event was found, click **Preview** to verify if it is a potential duplicate. If the record is a match, click on the underlined link in the **Child's Name** column to open and complete the record.

Results

Case Id	Child's Name	Date of Birth	Sex	Place of Birth	
4389042	Belts, Jennifer	SEP-09-2014	Female	Clackamas	Preview

Total records : 1

Start New Case   New Search

For our purposes, we are selecting **Start New Case**. The **Birth Registration Menu** will open, displaying the **Child** page:

Birth Registration Menu

Parent Information

Child

Mother

Mother Address

Mother Demographics

Mother Disability

Mother Health

Marital Status

Father

Father/2nd Parent Demographics

Father/2nd Parent Disability

Informant

Facility Information

Place of Birth

Prenatal

Pregnancy Factors

Labor

Delivery

Newborn

Newborn Factors

Attendant/Certifier

7323282 :Dottie Test NOV-03-2021
/New Event/New Event/Uncertified/Not Registered/**AOP Pending**

Child

Child's Name

First	Middle	Other Middle	Last	Suffix
Dottie			Test	

Date of Birth   Time of Birth   Sex   Child SSN
NOV-03-2021   08 : 10 AM   Female   ___-__-____
MMM-dd-yyyy

Request SSN for Child   Safe Harbor/Foundling Baby?
No, parent does not want a card issued   No

Is Adoption/Legal proceeding expected?
No

Validate Page   → Next   Clear   Save   Return

Locate an Existing Record

There are two ways to locate records in the OVERS application using the top menu bar: **Locate Case** and **Start/Edit New Case**.

Locate Case is used to locate records that have already been started and are owned by the user or facility currently using the application. A facility becomes the owner of a record if a user at that facility started the case or assumed ownership from another facility.

Although **Start/Edit New Case** can also be used to find existing, partially complete records, it is not recommended as a search tool.

NOTE: The Locate Case option is the more flexible search tool if not all required criteria are known.

Birth Registration Menu

The **Birth Registration Menu** provides links to a series of pages that are used for gathering all the information needed to register a new birth record. The pages that comprise the **Birth Registration Menu** are grouped into sub-menus.

Parent Information

The first sub-menu, **Parent Information**, contains the pages necessary to gather personal, legal information about the birth registrant and parents.

Child Page

The first page in the **Parent Information** sub-menu is the **Child** page. The first step in completing this page is to complete the **Child's Name**.

Parent Information
Child
Mother
Mother Address
Mother Demographics
Mother Disability
Mother Health
Marital Status
Father
Father/2nd Parent Demographics
Father/2nd Parent Disability
Informant

> **Note: Each name field allows up to 50 characters. More than one name can be entered into any of the name fields by either separating the two names with a space or with a hyphen.**

Date of Birth is outlined in red, indicating that this is a required item. Enter the date manually or use the Calendar icon 📅 to launch the Calendar Control.

> **Note: 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.**

Time of Birth consists of three controls: two number entry boxes and one **AM/Military/PM** drop-down list. In the first number entry box enter the 2-digit birth hour. For example, if birth occurred at 6:30 am, enter **06** in the first number box. In the second number entry box enter the 2-digit minute at which birth occurred. If the birth occurred at 6:30 am, enter **30** in the 2nd number box. To complete the **Time of Birth** entry, make a valid selection from the **AM/Military/PM** drop-down list.

Sex Designation – make a selection from the drop-down list. The options are Female, Male, Undetermined, Unknown or X.

> **Undetermined** is used in cases where the sex cannot be determined dues to a medical condition.
> **X** indicates nonbinary and is for individuals who are not exclusively male or female. Parents can make the decision to have their child's sex be X on the birth record. In order to get a SSN card in the mail, parents need to select Male or Female in the **Sex Designation** drop-down. If the gender is listed as X, the Social Security Administration won't issue cards and parent will need to apply for one in person.

If the **Child's SSN** is known, enter it here. In most cases, however, the Child's SSN will likely be left blank.

Request SSN for Child – Make a selection from the drop-down list. In order to get a SSN card in the mail, parents need to select Male or Female in the **Sex Designation** drop-down. If the gender is listed as X, the Social Security Administration won't issue cards and parents will need to apply for one in person.

If the child is a foundling, select **Yes** from **Safe Haven/Foundling Baby** drop-down list. Otherwise, select **No**.

Lastly, make a selection from the **Is Adoption/Legal Proceeding Expected?** drop-down list.

Click the **Next** button to save and proceed to the **Mother** page, **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will save the entries and check the entire record for errors. Validating the page is usually done after all of the record information has been entered.

Mother

The **Mother** page is used to capture data relevant to the newborn's mother.

In the **Mother's Current Name** section, enter the mother's current **First**, **Middle**, and **Last** name. If the mother uses a suffix such as Jr. or Sr.**,** enter it in the **Suffix** field.

In the **Mother's Name Before First Marriage**, enter the mother's birth name, including any suffixes. If both names are the same click **Copy Current Legal Name.** An override-able, yellow error will occur if the mother's current Last name and Last name before first marriage are the same. Add a comment to the record if this situation occurs.

Date of Birth - enter the mother's date of birth manually or use the Calendar icon 📅 to launch the Calendar Control. In any unknown number field, enter "999" instead of leaving the field blank. In an unknown date field enter "99-99-9999."

After entering the **Date of Birth**, click the auto-populate ⊕ button to auto-calculate the age in the **Age** control.
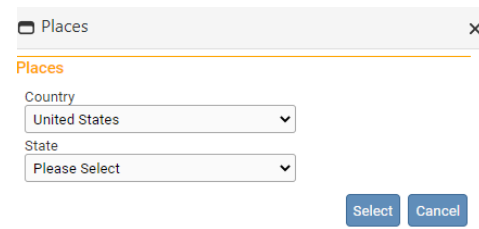
Social Security Number – Enter the mother's SSN here.
> **None** – If the Mother does not have a social security number, select the radio button for **None** to system-fill the Social Security Number with zeros.

> **Unknown** – If the Mother's social security number is unknown, select the radio button for **Unknown** to system-fill the Social Security Number with nines.

The **Mother's Birthplace** control is used to capture the mother's **Birthplace State** and **Birthplace Country**. If the birthplace is outside the USA, then leave the state blank to avoid an error.

Enter the birthplace manually or use the House icon 🏠 to launch the **Places** Control. This control will allow you to select a country and state from a drop-down list.

Click the **Next** button to save and proceed to the **Mother Address** page.

Mother Address

The **Mother Address** page captures the mother's residence and mailing addresses.

First, manually complete the **Residence Address** section. While most of this page is self-explanatory, please make note of the **Pre-Directional** and **Post- Directional** drop-down lists. If the mother is homeless, then fill out with "Unknown" in Street Name field and use digit "999" for all the number fields like street number and zip code. In addition, make sure to mark **NO** for SSN due to unknown address.

If the street address has a **Pre-Directional** indicator, i.e. *North* Willow St. then indicate that by selecting **N** from the **Pre-Directional** drop-down list. If the street address has a **Post-Directional** indicator, i.e. Willow St. *NW,* then indicate that by selecting **NW** from the **Post-Directional** drop-down list. Do NOT type the **Pre-Directional** or **Post-Directional** indicator in the **Street Name** text box.

Use these drop-down lists to capture any pre- and post-directional indicators. Do not enter directional indicators in the Street Name textbox control.

Make a selection from the **Inside City Limits** drop-down list.

If the mother's mailing address is the same as her residence address, then click the **Same As Residence Address** button in the middle of the page. This will automatically copy the residence address information to the **Mailing Address** section. Once selected, the mailing address section will be disabled.

If the two addresses are different, then manually complete the **Mailing Address** section. If the mailing address is a P.O. Box, then the format should be P.O. Box XX in the mailing street name field. P.O. Boxes *cannot* be listed in the **Residence Address**. An override-able, yellow error will occur if the Street Number field is left blank.

The last section of this page **Mother's Telephone Numbers.** Enter in the Day and Evening phone numbers.

Click the **Next** button to save and proceed to the **Mother Demographics** page.

Mother Demographics

The **Mother Demographics** page is used to gather demographic information related to the newborn's mother. This information is used in reporting at the State and Federal level and can be instrumental in obtaining funding for various programs.

Education: Make a selection from the drop-down list.

Race and Ethnicity:

The answers to these questions are self-reported by the mother and are not assumptions made by the birth information specialist or other hospital staff.

The **How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?** field will have a textbox to enter the mother's response. Check **Did not answer** if the mother left this field blank.

Which of the following describes your racial or ethnic identity? Please check ALL that apply. Each race or ethnic identity category will have multiple checkboxes that can be selected. Select all checkboxes that the mother checked on the parent worksheet. Scroll down the page in OVERS to show all categories.

The categories are:

- Hispanic and Latino/a/x
- Native Hawaiian and Pacific Islander
- White
- American Indian and Alaska Native
- Black and African American
- Middle Eastern/North African
- Asian

In each category there are racial and ethnic identities to select from. There is also an **Other (Specify)** option where the mother can write in an identity that is not listed for that specific racial or ethnic identity. When **Other (Specify)** is selected in OVERS, a text box will appear where the information provided on the Parent Worksheet can be entered.

If the mother selected **Other (Specify)**, but didn't write anything on the Parent Worksheet in this field, then enter "Not Specified" in the text field.

In the American Indian or Alaska Native category there are four options: American Indian; Alaska Native; Canadian – Inuit, Metis, or First Nation; and Indigenous Mexican, Central American or South American.

If any of these options are selected, then you must also select **Specify Tribes**. When **Specify Tribes** is selected two drop-down boxes will appear that have a list of tribes to choose from. If the tribe(s) does not appear in the drop-down list, type in the tribe name that was written on the Parent Worksheet. This field is a combo box which means information can be typed in if the drop-down options don't have what was written on the Parent Worksheet.

If American Indian, Alaska Native, Canadian – Inuit, Metis, or First Nation; and/or Indigenous Mexican, Central American or South American was selected, but no tribe was listed on the Parent Worksheet, enter "Not Specified" in the first Specify Tribes drop-down box.

Not listed, please specify – If none of the race or ethnic identities apply, then the mother can write in a racial or ethnic identity. Click in the check box and enter what was written on the Parent Worksheet for this field.

Opt Out Options – Select the option from the drop-down list. They are:
- Don't know
- Don't want to answer
- Did not answer
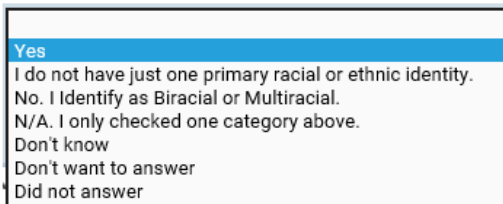
Select **Did not answer** if the mother did not choose any racial or ethnic identity selections.

Leave a comment on the record if six or more racial or ethnic identity checkboxes are selected. The comment should state "Racial/Ethnic identities correct as shown".

Primary Racial or Ethnic Identity

Some people have more than one racial or ethnic identity, but they consider themselves to have *one* primary racial or ethnic identity. The next question on this page in OVERS addresses that.

The question is "If you checked **more than one** category above, is there **one** you think of as your **primary** racial or ethnic identity?" The options available for this question are:

- Yes – The Parent Worksheet instructs the mother to circle her primary racial or ethnic identity from the options in the previous section.
- I do not have just one primary racial or ethnic identity.
- No. I Identify as Biracial or Multiracial.
- N/A. I only checked one category above.
- Don't know
- Don't want to answer
- Did not answer – use if the mother did not have a response to the primary racial or ethnic identity question.

If **Yes** is selected, then a drop-down will open with a list of racial or ethnic identities from the previous section. Select the one that was circled on the Parent Worksheet.

If the drop-down list of racial or ethnic identities does not list all that were selected above, then you may have to refresh the drop-down list by clicking on the blank space at the top of the Primary Racial or Ethnic Identity drop-down box and then selecting **Yes** again.

> **Note: Do not assume racial and ethnic identity; preferred signed, written and spoken language; or functional limitations. These items are to be self-reported by the parent. If the answer was left blank, you must select Did not answer.**

Mother Language:

What language or languages do you use at home?
Make a selection from the drop-down lists or type in the language(s) if the language isn't listed. If the **only** answer is English, sign language, or American Sign Language, then the remaining language questions **do not** need to be answered and you can proceed to the **Mother Disability** page. If the parent answers English AND American Sign Language, or Sign Language the remaining three language questions do not need to be answered.

The selections for **Don't want to answer** or **Don't know** can be found at the bottom of the language drop-down list. Choose **Did not answer** if the mother did not provide an answer on the Parent Worksheet.

The language drop-down list has English listed first and then the top five languages in Oregon. The remaining languages are listed in alphabetical order.

If any language or languages other than or in addition to English, sign language or American sign language are spoken at home, then proceed to the next language questions. For example, if the parent spoke both English and Spanish at home then the remaining languages would need to be answered.

What language would you prefer to use when communicating (in person, phone, virtually) with someone outside the home about important matters such as medical, legal, or health information? – Make a selection from the drop-down list or type in the language if the language isn't listed. The selections for **Don't want to answer** or **Don't know** can be found at the bottom of the language drop-down list. Choose **Did not answer** if the mother did not make a selection.

What language would you prefer to use to read important written information such as medical, legal, or health information?
– Make a selection from the drop-down list or type in the language if the language isn't listed. The selections for **Don't want to answer** or **Don't know** can be found at the bottom of the language drop-down list.

Choose **Did not answer** if the mother did not make a selection.

How well do you speak English? The options for this question are:
- Very Well
- Well
- Not Well
- Not at all
- Don't know
- Don't want to answer

Choose **Did not answer** if the mother did not make a selection.

Click the **Next** button to save and proceed to the **Mother Disability/Functional Limitations** page.

Mother Disability/Functional Limitations

The **Mother Disability** page is used to gather information about any functional limitations the mother may have. We ask these questions to help ensure access and equity in services, processes and outcomes. The information can improve client/patient services and reduce inequities.

In OVERS, the page will show as Disability, but on the Parent Worksheet it is listed as Functional Limitations. The **Mother Disability** page has a list of questions that cover functional limitations that the mother may have.

The answers to these questions are self-reported by the mother and are not assumptions made by the birth information specialist or other hospital staff.

The questions on this page are:

- Are you **deaf** or have **serious difficulty hearing?**
- Are you **blind** or have **serious difficulty seeing,** even when wearing glasses?
- Do you have **serious difficulty walking or climbing stairs?**
- Because of a physical, mental, or emotional condition, do you have **serious difficulty concentrating, remembering, or making decisions?**
- Do you have **difficulty dressing or bathing?**
- Do you have **serious difficulty learning how to do things most people your age can learn?**
- Using your **usual (customary) language,** do you have **serious difficulty communicating** (for example understanding or being understood by others)**?** – This question has the additional response option of **Don't know what this question is asking**.

The following two questions are only answered if the mother is age 15 and older. They will be disabled/grayed out if the mother is under age 15.

- Because of a **physical, mental, or emotional condition,** do you have **difficulty doing errands alone** such as visiting a doctor's office or shopping**?**
- Do you have **serious difficulty** with the following**: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?** This question has the additional response option of **Don't know what this question is asking**.

The functional limitations questions will have the following options in a drop-down list:

- Yes
- No
- Don't know
- Don't want to answer
- Don't know what this question is asking – only valid for 2 of the questions on this page.
- Did not answer

If **Yes** is selected, then the textbox **If yes, at what age did this condition begin?** will display. Enter the age at which the condition began. Enter "0" if the condition was present at birth or began from birth to age 1. Enter "999" for unknown or if the parent left this field blank.

Click the **Next** button to save and proceed to the **Mother Health** page.

Mother Health

The **Mother Health** page is used to gather statistical data relative to the mother's health and personal habits. This data is used by various agencies to gauge the effect of certain government programs (WIC) and other behavioral factors on the health of newborns.

Did Mother get WIC food for herself during this pregnancy? – Make a selection from the drop-down list.

Height (feet/inches) – Consists of two numeric entry controls. Enter the mother's height in feet in the first box and the remaining inches in the second box. If height is unknown enter "99/99."

Mother Pre-pregnancy Weight (pounds) – Enter the mother's weight (in pounds) prior to the current pregnancy in this control. If pre-pregnancy weight is unknown enter "999."

Mother Weight at Delivery (pounds) – Enter the mother's weight (in pounds) at delivery, but prior to the actual birth, in this control.

Cigarette Smoking per day before and during pregnancy – This control is used to capture the mother's use of tobacco (smoking) during the 3 months prior to the current pregnancy and each of the trimesters of pregnancy.

> If the mother is a non-smoker, then select **No** for the first smoking question. For non- smoking mothers, it is <u>not</u> necessary to make an entry for the subsequent 4 questions.

> If the mother smoked between 1 and 20 cigarettes per day during any of the specified periods, enter the approximate number of cigarettes smoked

and select **Cigarettes** from the applicable drop-down lists. If the number is unknown enter "999."

Alcohol usage – select from the drop-down if the mother used alcohol during her pregnancy and the average number of drinks per week.

Select from the drop-down for **Did mother intend to give birth at home or a freestanding birth center**. This question is only seen by Birth Information Specialists at a hospital. Freestanding birth centers offer a home-like environment in which to give birth and **are not** associated with a hospital. These births are usually attended by a midwife. If the answer is Yes, select the attendant type.

Click the **Next** button to save and proceed to the **Marital Status** page.

Marital Status

The **Marital Status** page collects **Marital Information** and **Paternity Information**.

> **The Parent Information menu may change according to the selections made on this page.**

In the **Marital Information** field**,** make a selection from **Was Mother married at birth, conception or within 300 days prior to Birth?** drop-down list.

If **Yes** or Oregon **Registered Domestic Partnership** is selected and the **Save** button clicked, then the page will refresh and three additional pages will appear in the **Parent Information** submenu: **Father, Father Demographics, and Father Disability.**

If **No** is selected here, the Paternity Information section will need to be completed. Acknowledgement of Paternity (AOP) forms are given to all mothers that are unmarried at birth, conception or within 300 days prior to Birth. There are two types of Acknowledgement of Paternity forms. One form, 45-31, is completed and signed at the facility. The other form, 45-21, is given to parents that are not able to sign at the facility within 5 days of birth. This form requires a notary signature.

Paternity Information
Make a selection from the drop-down list, **Has Acknowledgement of Paternity form been signed in the hospital?**

Make sure to give the parents the notary version of the form, 45-21, if the Acknowledgement of Paternity was not completed at the facility.

The last field on this page is **Parental description on the child's birth certificate**. The options in the drop-down are **Mother/Father** or **Parent/Parent**.

Click the **Next** button to save and proceed to the **Father** or **Informant** page, depending on options selected on the **Marital Status** page.

Father

The **Father** page is used to capture demographic and statistical data on the newborn's father/second parent. This page will only appear if **Yes** was selected for Marital Information or Paternity Information on the Marital Status Screen. The father or second parent information can be left blank in the case of a surrogacy or if the mother is married, but not to the father of the child. Leave a comment on the record for these types of instances.

In the **Father's Name** fields, enter the father/second parent's **First**, **Middle**, and **Last** name. If the name has a Suffix such as Jr. or Sr.**,** include it in the **Suffix** dialog box.

Date of Birth - Enter the father/second parent's date of birth manually or use the Calendar icon 📅 to launch the Calendar Control. If the date is unknown, enter "99-99-9999". In any unknown number field, enter "999" instead of leaving the field blank.

After entering the **Date of Birth**, click the auto-populate ⊕ button to autofill the age in the **Age** control.

Social Security Number – Enter the father/second parent's SSN here.
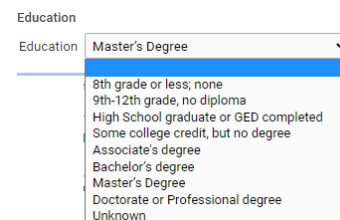
The Father's Birthplace **control is used to capture the father/second parent's** Birthplace State **and Birthplace Country**. If the birthplace is outside the USA, then leave the state blank to avoid an error.

Click the **Next** button to save and proceed to the **Father/Second Parent Demographics** page.

Father/2nd Parent Demographics

The **Father/Second Parent Demographics** page is used to gather demographic information related to the newborn's father/second parent. This information is used in reporting at the State and Federal level and can be instrumental in obtaining funding for various programs.

Education: make a selection from the drop-down list.

Race and Ethnicity:

The answers to these questions are self-reported by the father/second parent and are not assumptions made by the birth information specialist or other hospital staff.

The **How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?** field will have a textbox to enter the father/second parent's response. Check **Did not answer** if the father/second parent left this field blank.

Which of the following describes your racial or ethnic identity? Please check ALL that apply. Each race or ethnic identity category will have multiple checkboxes that can be selected. Select all checkboxes that the father/second parent checked on the parent worksheet. Scroll down the page in OVERS to show all categories.

The categories are:

- Hispanic and Latino/a/x
- Native Hawaiian and Pacific Islander
- White
- American Indian and Alaska Native
- Black and African American
- Middle Eastern/North African
- Asian

Which of the following describes your racial or ethnic identity? Please check ALL that apply:

Hispanic and Latino/a/x
- ☐ Central American
- ☐ Mexican
- ☐ South American
- ☐ Cuban
- ☐ Puerto Rican
- ☐ Other Hispanic or Latino/a/x (Specify)

Native Hawaiian and Pacific Islander
- ☐ CHamoru (Chamorro)
- ☐ Marshallese
- ☐ Communities of the Micronesian Region
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander (Specify)

American Indian or Alaska Native
- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian – Inuit, Metis, or First Nation
- ☐ Indigenous Mexican, Central American or South American
- ☐ Specify Tribes:

Black and African American
- ☐ African American
- ☐ Afro-Caribbean
- ☐ Ethiopian
- ☐ Somali
- ☐ Other African (Black) (Specify)
- ☐ Other Black (Specify)

Middle Eastern/North African
- ☐ Middle Eastern
- ☐ North African

Asian
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Communities of Myanmar
- ☐ Filipino/a
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ South Asian
- Vietnamese
- Other Asian (Specify)

In each category there are racial and ethnic identities to select from. There is also an **Other (Specify)** option where the father/second parent can write in an identity that is not listed for that specific racial or ethnic identity. When **Other (Specify)** is selected in OVERS, a text box will appear where the information provided on the Parent Worksheet can be entered.

Native Hawaiian and Pacific Islander
- ☐ CHamoru (Chamorro)
- ☐ Marshallese
- ☐ Communities of the Micronesian Region
- ☐ Native Hawaiian
- ☐ Samoan
- ☑ Other Pacific Islander (Specify)
  - Tongan

White
- ☐ Eastern European
- ☐ Slavic
- ☐ Western European
- ☑ Other White (Specify)
  - Not Specified

If the father/second parent selected **Other (Specify)**, but didn't write anything on the Parent Worksheet in this field, then enter "Not Specified" in the text field.

In the **American Indian or Alaska Native** category there are four options: American Indian; Alaska Native; Canadian – Inuit, Metis, or First Nation; and Indigenous Mexican, Central American or South American.

If any of these options are selected, then you must also select **Specify Tribes**. When **Specify Tribes** is selected two drop-down boxes will appear that have a list of tribes to choose from. If the tribe(s) does not appear in the drop-down list, type in the tribe name that was written on the Parent Worksheet. This field is a combo box which means information can be typed in if the drop-down options don't have what was written on the Parent Worksheet.

American Indian or Alaska Native
- ☑ American Indian
- ☐ Alaska Native
- ☐ Canadian – Inuit, Metis, or First Nation
- ☐ Indigenous Mexican, Central American or South American
- ☑ Specify Tribes:

If American Indian, Alaska Native, Canadian – Inuit, Metis, or First Nation, and Indigenous Mexican, Central American and/or South American was selected, but no tribe was listed on the Parent Worksheet, enter "Not Specified" in the first Specify Tribes drop-down box.

Not listed, please specify – If none of the race or ethnic identities apply, then the father/second parent can write in a racial or ethnic identity. Click in the check box and enter what was written on the Parent Worksheet for this field.

Opt Out Options – Select the option from the drop-down list. They are:
- Don't know
- Don't want to answer
- Did not answer

Select **Did not answer** if the father/second parent did not choose any racial or ethnic identity selections.

Leave a comment on the record if six or more racial or ethnic identity checkboxes are selected. The comment should state "Racial/Ethnic identities correct as shown."

Primary Racial or Ethnic Identity

Some people have more than one racial or ethnic identity, but they consider themselves to have *one* primary racial or ethnic identity. The next question on this page in OVERS addresses that.

The question is "If you checked **more than one** category above, is there **one** you think of as your **primary** racial or ethnic identity?" The options available for this question are:

- Yes – The Parent Worksheet instructs the father/second parent to circle a primary racial or ethnic identity from the options in the previous section.
- I do not have just one primary racial or ethnic identity.
- No. I Identify as Biracial or Multiracial.
- N/A. I only checked one category above.
- Don't know
- Don't want to answer
- Did not answer – use if the father/second parent did not have a response to the primary racial or ethnic identity question.

If **Yes** is selected, then a drop-down will open with a list of racial or ethnic identities from the previous section. Select the one that was circled on the Parent Worksheet.

If you checked <u>more than one</u> category above, is there <u>one</u> you think as your primary racial or ethnic identity?

Yes

Please choose your primary racial or ethnic identity above from the following dropdown list

Central American
Asian Indian

If the drop-down list of racial or ethnic identities does not list all that were selected above, then you may have to refresh the drop-down list by clicking on the blank space at the top of the Primary Racial or Ethnic Identity drop-down box and then selecting **Yes** again.

Yes
I do not have just one primary racial or ethnic identity.
No. I Identify as Biracial or Multiracial.

> **Note: Do not assume racial and ethnic identity; preferred signed, written and spoken language; or functional limitations. These items are to be self-reported by the parent. If the answer was left blank, you must select Did not answer.**

Father/Second Parent Language:

What language or languages do you use at home?
Make a selection from the drop-down lists or type in the language(s) if the language isn't listed. If the **only** answer is English, sign language, or American Sign Language, then the remaining language questions *do not* need to be answered and you can proceed to the **Father/2ⁿᵈ Parent Disability** page. If the parent answers English AND American Sign Language, or Sign Language the remaining three language questions do not need to be answered.

Father/2nd Parent Language

What language or languages do you use at home?

Did not answer ☐

The selections for **Don't want to answer** or **Don't know** can be found at the bottom of the language drop-down list. Choose **Did not answer** if the father/second did not provide an answer on the Parent Worksheet.

The language drop-down list has English listed first and then the top five languages in Oregon. The remaining languages are listed in alphabetical order.

If any language or languages other than or in addition to English, sign language or American sign language are spoken at home, then proceed to the next language questions. For example, if the parent spoke both English and Spanish at home then the remaining languages would need to be answered.

What language would you prefer to use when communicating (in person, phone, virtually) with someone outside the home about important matters such as medical, legal or health information? – Make a selection from the drop-down list or type in the language if the language isn't listed. The selections for **Don't want to answer** or **Don't know** can be found at the bottom of the language drop-down list. Choose **Did not answer** if the father/second parent did not make a selection.

What language would you prefer to use to read important written information such as medical, legal, or health information? – Make a selection from the drop-down list or type in the language if the language isn't listed. The selections for **Don't want to answer** or **Don't know** can be found at the bottom of the language drop-down list. Choose **Did not answer** if the father/second parent did not make a selection.

How well do you speak English? The options for this question are:
- Very Well
- Well
- Not Well
- Not at all
- Don't know
- Don't want to answer
- Did not answer

Choose **Did not answer** if the father/second parent did not make a selection.

Click the **Next** button to save and proceed to the **Father/2ⁿᵈ Parent Disability/Functional Limitations** page.

Father/2ⁿᵈ Parent Disability/Functional Limitations

The **Father/2ⁿᵈ Parent Disability** page is used to gather information about any functional limitations the father/second parent may have. We ask these questions to help ensure access and equity in services, processes and outcomes. The information can improve client/patient services and reduce inequities

In OVERS, the page will show as Disability, but on the Parent Worksheet it is listed as Functional Limitations. The **Father/2ⁿᵈ Parent Disability** page has a list of questions that cover functional limitations that the father/second parent may have.

The answers to these questions are self-reported by the father/second parent and are not assumptions made by the birth information specialist.

The questions on this page are:

- Are you **deaf** or have **serious difficulty hearing?**
- Are you **blind** or have **serious difficulty seeing,** even when wearing glasses?
- Do you have **serious difficulty walking or climbing stairs?**
- Because of a physical, mental, or emotional condition, do you have **serious difficulty concentrating, remembering, or making decisions?**
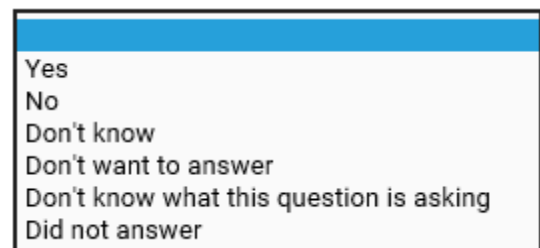
- Do you have **difficulty dressing or bathing?**
- Do you have **serious difficulty learning how to do things most people your age can learn?**
- Using your **usual (customary) language,** do you have **serious difficulty communicating** (for example understanding or being understood by others)**?** – This question has the additional response option of **Don't know what this question is asking**.

The following two questions are only answered if the father/second parent is age 15 and older. They will be disabled/grayed out if the father/second parent is under age 15.

- Because of a **physical, mental, or emotional condition,** do you have **difficulty doing errands alone** such as visiting a doctor's office or shopping**?**
- Do you have **serious difficulty** with the following**: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?** This question has the additional response option of **Don't know what this question is asking**.

The functional limitations questions will have the following options in a drop-down list:

- Yes
- No
- Don't know
- Don't want to answer
- Don't know what this question is asking – only valid for 2 of the questions on this page.
- Did not answer

If **Yes** is selected, then the textbox **If yes, at what age did this condition begin?** will display. Enter the age at which the condition began. Enter "0" if the condition was present at birth or began from birth to age 1. Enter "999" for unknown or if the parent left this field blank.

Father/2nd Parent Disability

Are you **deaf** or have **serious difficulty hearing?** Yes

If yes, at what age did this condition begin? 0

Are you **blind** or have serious **difficulty seeing**, even when wearing glasses? Don't know

Do you have **serious difficulty walking or climbing stairs?** No

Because of physical, mental or emotional condition, do you have **serious difficulty concentrating, remembering or making decisions?** No

Do you have **difficulty dressing or bathing?** Yes

If yes, at what age did this condition begin? 999

Do you have serious **difficulty learning how to do things most people your age can learn?** No

Using your **usual (customary) language**, do you have **serious difficulty communicating** (for example understanding or being understood by others)? Don't know what this question is asking

Because of a **physical, mental, or emotional condition**, do you have **difficulty doing errands alone** such as visiting a doctor's office or shopping? Did not answer

Do you have **serious difficulty** with the following: **mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?** Yes

If yes, at what age did this condition begin? 20

Click the **Next** button to save and proceed to the **Informant** page.

Informant

The **Informant** refers to the person providing information to the hospital or birth center. This could be a parent, a member of the immediate family, or other authorized representative.

Informant

Relationship of Informant to Baby   Other Specify

Informant Name

First   Middle   Last   Suffix

Validate Page   → Next   Clear   Save   Return

Relationship of Informant to Baby – Make a selection from the drop-down list.

> **Note: If Mother or Father is selected from 'Relationship of Informant to Baby' drop-down list, then the page will refresh and autofill the informant name fields with the previously entered name information.**

Selecting **Other (Specify)** from the relationship drop-down list will enable the **Other Specify** text entry control; an entry must be made in the space provided.

Informant

Relationship of Informant to Baby   Other Specify
Other (Specify) ▾   Grandmother

Informant Name – complete this control by providing at least the informant **First** and **Last** name.

Click the **Next** button to save and proceed to the **Place of Birth** page which is the first page of the Facility Information submenu.

Facility Information

Facility Information is the second sub-menu of the Birth Registration menu. It contains the pages necessary to gather the confidential medical information about the birth registrant and parents. This information is collected for statistical purposes.

Place of Birth

The **Place of Birth** page is used to indicate where the baby was born.

The **Type of Place of Birth** drop-down list will automatically display the type of facility assigned to the current user. The users default location will be auto-filled in the **Facility Name** and **Address** fields and the on-screen controls will be disabled.

Place of Birth

Type of Place of Birth   Other Specify
Freestanding Birthing Center ▾

Facility Name   Facility NPI
Birth and Women's Healt   ⬅   18315

Address

Street Number | Pre Directional | Street Name or PO Box, Rural Route, etc. | Street Designator | Post Directional | Apt #, Suite #,etc.
123 | NW ▾ | Any Street | ▾ | ▾ |

City or Town | County | State | Country | Zip Code
Corvallis | Benton | Oregon | United States | 97330

[✔ Validate Page] [→ Next] [⬆ Clear] [🖫 Save] [↺ Return]

However, the **Type of Place of Birth** can be changed by selecting another option in the drop-down list.

Type of Place of Birth
Freestanding Birthing Center ▾

Hospital
Freestanding Birthing Center
Home Delivery Planned
Home Delivery Unplanned
Home Delivery Unknown if Planned
Clinic/Doctor's Office
Other (specify)

If the actual place of birth does not have a corresponding selection in the drop-down list, select **Other (specify)**. This will enable the **Other Specify** text-box control allowing manual entry of the type of place of birth and the **Address** section.

Facility name and **Facility NPI** are both disabled when **Other (specify)** is selected. These controls are typically auto-filled based on the facility associated with the user.

If the birth occurred en route to the facility (in a moving conveyance), choose **Other (specify)** from the drop-down list under **Type of Place of Birth** and enter "en route" followed by the location where the child was first removed from the conveyance.

Click the **Next** button to save and proceed to the **Prenatal** page.

Prenatal

The **Prenatal** page is used to capture information relative to the type and frequency of prenatal care administered to the mother.

If applicable, enter the **Mother Medical Record #** and **Mother Medicaid #** in the appropriate on-screen controls.

Make a selection from the
**Principal Source of
payment for this delivery**
drop-down list.

There are several options available to select from in **Principal Source of payment
for this delivery** drop-down list. This information can be found on the Parent
Worksheet, but we recommend that you verify the payment source with your billing
department or the mother's electronic health record. Parents occasionally make
mistakes when filling out this information because they do not fully understand the
category of payment. The answer from the facility worksheet can preempt the
parent worksheet if they don't match.

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. Do not select **Other** if the payment source is private insurance,
Medicaid, Oregon Health Plan or Self-pay. Oregon Health Plan is currently
administered through Coordinated Care Organizations (CCO's). Information about
CCO's can be found on the following website:

https://www.oregon.gov/oha/HSD/OHP/Pages/cco-plans.aspx?utm_medium=email&utm_source=govdelivery

Sources for payment include: Medicaid / OHP / CAWEM, Private Insurance, Self-Pay, Indian
Health Services, Champus/Tricare, Other Government, Other, and Unknown.

If uninsured, select **Self-pay**. If the delivery costs are being paid by adoptive
parent(s) directly, source of payment should be identified as a **Self-pay**.

If the applicable payment type is not available in the list, select **Other**. This will
enable the **Other Specify** text entry control for manual entry.

Enter the mother's **Date of Last Menses** using a valid date
format or by clicking on the **Calendar Control.**

Prenatal Care
If the mother did not receive any prenatal
care, select the **No Prenatal Care** checkbox.
If the mother did receive prenatal care,
complete this field by entering the **Date of
First Visit** and the **Total Number of
Prenatal Visits**. Enter "99" if the total number
of prenatal visits is unknown.

Previous Live Births
Make a selection from the **Number Now Living** drop-down list. If this is the mother's first child, select **None** from the list.

A selection must also be made from the **Number Now Dead** drop-down list. Again, if this is the mother's first child, select **None**.

> Total Number of Previous Live Births
>
> Number Now Living   Number Now Dead
> [⌄]   [⌄]
>
> Date of Last Live Birth
> [   ]

If the **Number Now Living** and/or **Number Now Dead** is unknown, select **Unknown** from the drop-down list. Doing so will auto-populate the **Date of Last Live Birth** with **999/9999** and disable the control.

Complete the **Previous Live Births** section by entering the **Date of Last Live Birth**. If **None** has been selected in the previous two controls, this control will be disabled.

> **Dates entered in the Date of Last Live Birth do not include a day. Dates in this field must use a MONYYYY, MM/YYYY, MM-YYYY, or MMYYYY format.**

Other Pregnancy Outcomes
This section is used to collect information regarding previous pregnancies that did not result in a live birth.

First make a selection from the **Number of Other Pregnancy Outcomes** drop-down list. If this is the mother's first pregnancy, select **None**.

If the **Number of Other Pregnancy Outcomes** is unknown, select **Unknown** from the drop-down list. Doing so will auto-populate the **Date of Other Pregnancy Outcome** with **99/9999** and disable the control.

> Total Number of other Pregnancy Outcomes (Spontaneous or Induced Terminations)
>
> Number of Other Pregnancy Outcomes   Date of Last Other Pregnancy Outcome
> [⌄]   [   ]
>
> Mother tested for HIV?
> [⌄]

In the **Date of Last Other Pregnancy Outcome** date field, enter the month and date that the last pregnancy terminated. If **None** was selected above, this field will be disabled.

> **Dates entered in the Date of Last Other Pregnancy Outcome do not include a day. Dates in this field must use a MONYYYY, MM/YYYY, MM-YYYY, or MMYYYY format.**

This section also has a field for **Mother tested for HIV?** Available selections from the drop-down list are; **Yes, No, or Unknown**.

Click the **Next** button to save and proceed to the **Pregnancy Factors** page.

Pregnancy Factors

The **Pregnancy Factors** page attempts to gather information related to conditions suffered or experienced by the mother which could result in complications during labor or have health implications for the mother and/or child.

This page is comprised of four sections: **Risk Factors for this Pregnancy**, **Infections Tested**, **Infections Present and / or Treated During this Pregnancy**, and **Obstetric Procedures**.

Each section allows for multiple entries, meaning that the user can select one or more conditions for each section on the page, however, at least one selection must be made for each set of conditions.

If there's no listing for Live Birth on the Prenatal page, *do not* select **Previous Preterm Births (<37 Completed Weeks Gestation) for Other Pregnancy Outcomes.** This will cause an error from the National Center for Health Statistics.

After making selections for this page, click the **Next** button to save and proceed to the **Labor** page.

Labor

The **Labor** page is used to gather information related to conditions suffered or experienced during labor which may have health implications for the mother and/or child.

This page has selections for the **Characteristics of Labor and Delivery**. This page allows for multiple entries, meaning that the user can select one or more condition on the page. At least one selection must be made.

Click the **Next** button to save and proceed to the **Delivery** page.

Delivery

The **Delivery** page is used to record the conditions and procedures present in and used during the birth process. Complete each section by checking the appropriate boxes. If the data are not available for completing an individual section, select **Unknown** from the drop-down. Do not leave the section blank.

Method of Delivery

The **Method of Delivery** section is used to describe how the child was born.

Make a selection from the **Fetal Presentation at Birth** drop-down list. The options are **Cephalic, Breech, Other and Unknown.**

Then select the **Final Route and Method of Delivery,** the options are **Vaginal/Spontaneous**, **Vaginal/Forceps, Vaginal/Vacuum, Cesarean, and Unknown**.

The last field of this section, **If Cesarean, was a Trial of Labor Attempted?** will only be active and selectable if **Cesarean** was selected from the **Final Route and Method of Delivery** option. Select the option from the drop-down, if applicable.

> **Note: If 'Cesarean' is selected in the 'Final Route and Method of Delivery', then OVERS will expect the attendant type for the record to be a Doctor of Medicine or Doctor of Osteopathy. Any other attendant type will trigger a soft edit error which can be overridden.**

Maternal Morbidity

The **Maternal Morbidity** section is used to capture any serious complications experienced by the mother associated with labor and delivery. Multiple entries are allowed. Select **None Of The Above** if none of the conditions were experienced by the mother during delivery.

Next, make a selection from the **Mother Transferred for maternal medical or fetal indication prior to delivery** drop-down list. Notice that selecting **Yes** will cause the page to refresh and a new set of controls will appear:

> **Note: 'Mother Transferred for maternal medical or fetal indication prior to delivery' refers to the facility _from_ which the mother was transferred.**

Selecting the Search icon [🔍] will launch the **Place Name** lookup tool, shown below. Key in the full or partial name of the transfer facility, followed by a percentage sign (%), and then click the **Search** button:

Facility Name ▸ [adven%]   [Search]

If the search was successful, select the **Transfer Facility** by clicking on the **select** link:

Facility Name	Address	City	
Adventist Medical Center	123 SE Any Street	Portland	select
			Total Records : 1

The page will refresh and display the **Transfer Facility** on the **Delivery** page:

If this facility was selected in error, select the Eraser icon [🧽] to remove the facility name from the page.

> **Transfer Facility can be keyed in manually if the facility in question cannot be found in the OVERS database.**

Lastly, complete the page by making a selection from the **Infant Transferred within 24 hours of delivery** drop-down list. Notice that selecting **Yes** will cause the page to refresh and a new set of controls will appear:

Infant Transferred within 24 hours of delivery [Yes ▾]

Transfer Facility [_____] [🔍] [🧽]

> **Infant Transferred within 24 hours of delivery refers to the facility <u>to</u> which the infant is being transferred.**

☐ Lookup Infant Transfer Facility   ✕

Facility Name ▸ [adve%]   [Search]

Facility Name	Address	City	
Adventist Medical Center	123 SE Any Street	Portland	select
			Total Records : 1

[Cancel]

If the search was successful, select the **Transfer Facility** by clicking on the **select** link. Again, the page will refresh and display the **Transfer Facility** on the **Delivery** page.

If this facility was selected in error, select the Eraser icon [🧽] to remove the facility name from the page.

> **Transfer Facility can be keyed in manually if the facility in question cannot be found in the OVERS database.**

Click the **Next** button to save and proceed to the **Newborn** page.

Newborn

The **Newborn** page is used to capture data relevant to the child at the time of birth.

If a medical record number has been assigned, key it into the **Medical Record Number** field.

Infant Birth Weight should be entered in either **Pounds/Ounces** or **Grams**. Both weight measurements cannot be used simultaneously. If **Pounds/Ounces** is used, enter the weight in pounds in the first entry box and the remainder ounces in the second.

APGAR Score – Enter the child's APGAR score as it was recorded at 5 and 10 minute intervals. Enter "99" if the APGAR score at 5 minutes is unknown. Notice that, in the example below, the child's **5 Minutes** APGAR score was 6. A 5 minute APGAR score of 6 or higher eliminates the necessity to enter a 10 minute score, therefore, the **10 Minutes** field is disabled. If the child's 5 minute APGAR score is less than 6, the 10 minute score must be recorded.

Enter the clinicians estimated term of the mother's pregnancy in the **Obstetric Estimate of Gestation (weeks)** field. This may not be the same as the calculated gestation found by comparing the mother's date of last menstrual period to the date of birth. Enter only completed weeks; for example, if the gestation was 37 weeks and 5 days, then enter 37 weeks.

Make a valid selection from the **Plurality** drop-down list. If only one child was delivered, select **Single**. If more than one child was delivered – even if one or more children were stillborn or died shortly after birth – select the appropriate plurality from the list - **twin, triplet**, etc.

> **If more than one child was delivered, a new link called Link Plural Delivery will appear on the Birth Registration Menu > Other Links' submenu. To link the birth records for plural deliveries, see the section on Linking Plural Delivery.**

Birth Order will be disabled if **Single** was selected from the **Plurality** list. Otherwise, if more than one child was delivered – even if one or more children were stillborn or died shortly after birth – select the current child's birth order from this drop-down list.

If **Single** was selected from the **Plurality** drop-down list the **If not single birth, number of infants in this delivery born alive** control will be disabled. Otherwise, if a different plurality was selected, enter the number of live children that were delivered in this control.

If child is living, select '**Yes**' from the **Is infant living at time of discharge?** drop-down list. Likewise, if the child is breastfeeding, select '**Yes**' from the **Is infant being breastfed at discharge?** drop-down list. Otherwise, select '**No**.'

Click the **Next** button to save and proceed to the **Newborn Factors** page.

Newborn Factors

The **Newborn Factors** page is used to gather information related to abnormal conditions or congenital anomalies suffered or experienced by the child at birth.

This page is comprised of two sections: **Abnormal Conditions of the Newborn**, and **Congenital Anomalies**. Each section allows for multiple entries. If none of the conditions were present, select **None of the above**.

> **Abnormal Conditions of the Newborn** is used to gather information related to disorders or significant morbidity experienced by the newborn infant.

Abnormal Conditions of the Newborn (Check all that apply)

☐ Assisted ventilation required immediately after 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
☐ Other Significant birth injury
☐ None of the above

Congenital Anomalies is used to capture information related to malformations of the newborn diagnosed prenatally or after delivery.

Congenital Anomalies (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 syndromes)
- ☐ Cleft lip with or without cleft palate
- ☐ Cleft palate alone

- ☐ Down Syndrome Karyotype Confirmed
- ☐ Down Syndrome Karyotype Pending
- ☐ Down Syndrome karyotype unknown
- ☐ Suspected chromosomal disorder karyotope confirmed
- ☐ Suspected chromosomal disorder karyotope pending
- ☐ Suspected chromosomal disorder karyotope unknown
- ☐ Hypospadias
- ☐ None of the anomalies listed above

Click the **Next** button to save and proceed to the **Attendant/Certifier** Page.

Attendant/Certifier

The **Attendant/Certifier** page is used to capture information relevant to the person or persons attending and/or certifying the birth.

> **The Attendant at Birth is defined as the individual physically present at the delivery who is responsible for the delivery.**

Notice that the page is divided into two sections: **Attendant at Birth** and **Certifier**.

Attendant at Birth 🔍 ▨

Attendant's Name

First	Middle	Last	Suffix

Attendant's Title   Other Specify

Attendant NPI

Address
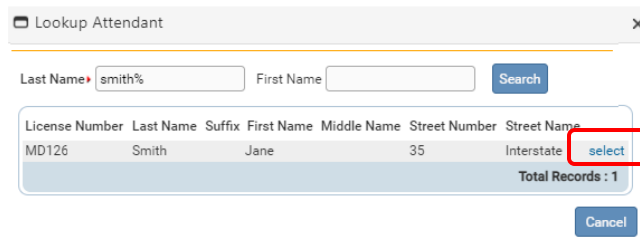
Edit Attendant Address ☐

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #,etc

City or Town	State	Country	Zip Code
		United States	

Use the search icon ![search icon] to launch the Name Lookup tool to locate the **Attendant at Birth**. Key in the full or partial name of the attendant followed by a percent sign(%) and then click Search. If the search was successful, select the desired attendant by clicking on the **select** link. You will use the same process to locate a Certifier.
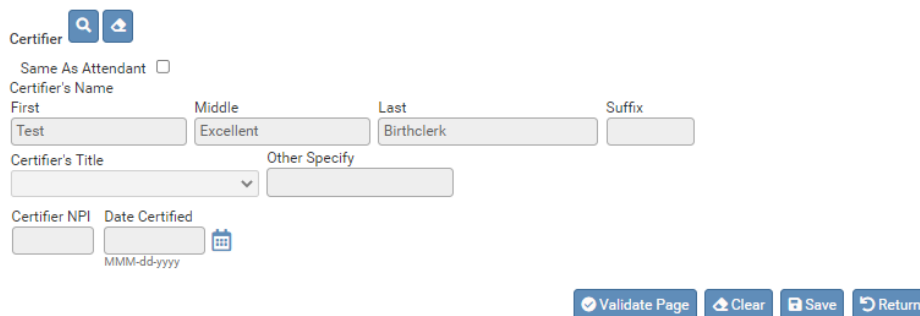
Again, the page will refresh and auto-fill the **Attendant at Birth** section with information specific to the selected attendant:

If this attendant was selected in error, select the Eraser icon ![eraser icon] to remove the facility name from the page. If the attendant is not included in the search results, then enter the information manually. The attendant may need to be added to our database. The OVERS Birth Attendant form is located on our website at https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/Document%20Forms/OVERS-EFBirthAttendant.pdf

The **Certifier section** also includes the Search icon ![search icon] and the Eraser icon ![eraser icon], meaning that the same set of steps detailed above can be used to auto-fill this control as well.

If the certifier and the attendant are the same person click the **Same As Attendant** checkbox and the **Certifier** section will auto-fill with the attendant information from the **Attendant** section.

Attendant NPI will auto-fill based on data stored in the **OVERS** database.

Date Certified will be auto-filled once the birth record has been certified.

The birth registration data entry is now complete. Click **Validate Page** to check the entire record for errors. If no errors are found, then the page will refresh and a new menu item will appear: **Certify**. Click the **Certify** link to proceed.

If errors are found, then they must be either overridden for soft edits or corrected for hard edits. See page 12 for information on error types in OVERS. After all errors have been corrected or overridden you must click on **Validate Page** again to finish the error checking process.
The Certify link will only appear once all errors have been corrected or overridden.

Note: Always leave a Comment as to why an error was Overridden.

Certify

Clicking the **Certify** link will take you to the Affirmations page.

Affirmations

An affirmation is used to record the fact that the birth certifier is accepting legal responsibility for the accuracy of the information provided. In Oregon, an affirmation is a legally binding statement made under the penalty of perjury.

Affirmations

Affirm the following:

☑ I affirm under the penalty of perjury that I am the authorized certifier whose name will appear on this certificate.

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

[Affirm] [Clear] [Return]

Place checkmarks next to the **Affirm the following** checkboxes and click A**ffirm**.

By certifying the electronic document you are affirming that the child was born alive at the time and place stated in the birth certificate.

The record will be officially signed/affirmed and an **Authentication Successful** message displayed:

Affirmations

Authentication successful.

[Clear] [Return]

Uncertify

Once the record is affirmed you can still access it and view it for 6 months, although you will not be able to edit the record without either uncertifying it (if it has not yet been registered at the State level) or requesting an amendment (if it has already been registered at the State level). To learn more about requesting an amendment see the amendment section in Chapter 4 of this guide.

Until the record is registered at the State level you may uncertify it if you need to make edits. To do this, click on the **Certify** link. Notice that the **Affirm** button has changed to the **Unaffirm** button. To unaffirm the record so that you can edit it, click the **Unaffirm** button. A popup message will ask you to confirm that you wish to unaffirm the record.
Click OK.

Facility Information
- ✔ Place of Birth
- ✔ Prenatal
- ✔ Pregnancy Factors
- ✔ Labor
- ✔ Delivery
- ✔ Newborn
- ✔ Newborn Factors
- ✔ Attendant/Certifier
- ✔ Certify

[Unaffirm] [Clear] [Return]

Click on the page or pages where corrections need to be made. Make any needed corrections to the record. Once you have completed the edits to the record you will need to Click **Validate Page** to see if the record contains any errors. If there are errors, they will need to be corrected to certify the record. After any errors are corrected the record will need to be certified again. Click on **Certify** and follow the steps above to certify the record.

3   *Completing a Fetal Death Record*

This chapter aims to explain the data entry process for creating, certifying, and retrieving fetal death reports from **OVERS**. More information about reporting fetal deaths can be found at our website: https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/Pages/BirthInformationSpecialist.aspx

> **Fetal deaths should only be recorded by a Birth Information Specialist or Medical Examiner. Midwives must refer all fetal deaths to a Medical Examiner.**

For additional instruction or troubleshooting help contact the **Help Desk** during normal business hours (*Monday – Friday, 8 am to 5 pm Pacific Time*) at **(971) 673-0279**. For questions about the definitions and rules for completing the Oregon Fetal Death Report, email CHS.Registration@oha.oregon.gov.

Start a New Record

To start a new report of fetal death, select **Life Events > Fetal Death > Start/Edit New Case**. This will bring up the **Start/Edit New Case** page.
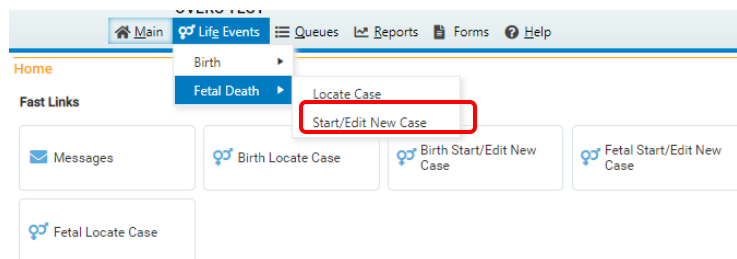
Use Locate Case to search for an existing report, whether registered or only partially completed.

Although **Start/Edit New Case** can also be used to find existing, partially complete records it is not recommended as a search tool The **Locate Case** search tool is a better method for searching for an existing record.

Required Entries

The first step in entering a new record is to perform a search. This helps to minimize the creation of duplicate records. For fetal death records, notice that **Fetus Last Name, Date of Delivery**, and **Sex** are marked with red arrows ▶. Fields with a red arrow next to them are *required entries* and must be completed before you will be allowed to start a new case.

> **Note: Before you will be allowed to create a new fetal death record you must first search for an existing record. This is to prevent the creation of duplicate records.**

Once you have completed the required items, click the **Search** button to proceed or the **Clear** button to clear all entries and start over.

If no potential duplicate records are found, you can begin a new record by clicking the **Start New Case** button or you can begin a new search, by clicking the **New Search** button.

If a matching event was found, click the **Preview** link to verify if it is a potential duplicate.

For our purposes, we are selecting **Start New Case**. The **Fetal Death Registration Menu** will open, displaying the **Fetus** page:

Locate an Existing Fetal Record

There are two ways to locate records in the **OVERS** application using the Life Events menu: **Locate Case** and **Start/Edit New Case**.

Locate Case is used to locate records that have been started by or are owned by the user or facility currently using the application. A facility becomes the owner of a record if a user at that facility started the case or assumed ownership from another facility.

Although **Start/Edit New Case** can also be used to find existing, partially complete records, it is not recommended as a search tool. Start/Edit New Case is best used to start a new case or to pick up a case that is not owned by another facility.

> **NOTE: The Locate Case option is the more flexible search tool if not all required criteria are known.**

Fetal Death Registration

The **Fetal Death Registration Menu** provides links to a series of pages that are used for gathering all the information needed to register a new fetal death record. The pages that comprise the **Fetal Death Registration Menu** are grouped into Personal Information, Medical Information and Affirm/Certify sub-menus.

Personal Information

The first sub-menu, **Personal Information**, contains the pages necessary to gather personal, legal information about the fetal death and parents.

Fetus Page

The first page in the **Personal Information** sub-menu is the **Fetus** page. The first step in completing this page is to complete the **Fetus Name** field. Only a last name is a required field on this page. A first name should be entered if provided.

> **Note: Each name field allows up to 50 characters. More than one name can be entered into any of the name fields by either separating the two names with a space or with a hyphen.**

Date of Delivery is in red, indicating that this is a required item. Enter the date manually or use the Calendar icon 📅 to launch the Calendar Control.

Note: If the actual date of delivery of the fetus is not known, enter the date the fetus was found as the date of delivery.

Time of Delivery consists of three controls: two number entry boxes and one **AM/Military/PM** drop-down list. In the first number entry box enter the 2-digit hour. For example, if the fetal death occurred at 6:30 am, enter '**06**' in the first number box.

In the second number entry box enter the 2-digit minute at which delivery occurred. If the delivery occurred at 6:30 am, enter '**30**' in the 2nd number box. To complete the **Time of Delivery** entry, make a valid selection from the **AM/Military/PM** drop-down list.

Sex – Make a selection from the drop-down list. The options are **Male, Female**, and **Undetermined**.

Method of Disposition - If **Burial** is selected, then the Funeral Home Facility Name must be entered.

Funeral Home Facility Name –To enter a funeral home facility name, click on the **Magnifying Glass** 🔍 control to search.

In the web page dialog window that appears, enter all or part of the funeral home name. If entering only part of the name, use the wildcard (%) at the end of the entry. Click **Search**. The search results will appear. Click the **select** next to the appropriate facility.

The **Funeral Home** section is auto-filled with the user's office location. To delete the entry, click on the Eraser control 🔲.

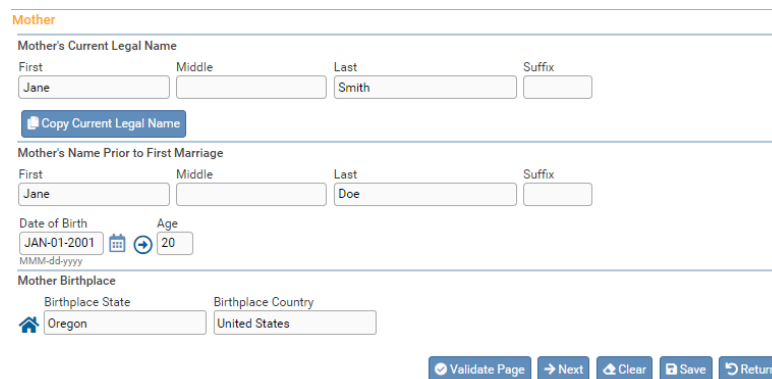**ID Tag Number** – Enter the Disposition ID Tag number provided by the funeral home.

Click the **Next** button to save and proceed to the **Mother** page, **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will save the entries and check the entire record for errors.

Mother

The **Mother** page is used to capture data relevant to the mother.

In the **Mother's Current Name** section, enter the mother's current **First**, **Middle**, and **Last** name. If the mother uses a suffix such as Jr. or Sr.**,** enter it in the **Suffix** field.

In the **Mother's Name Before First Marriage**, enter the mother's birth name either by clicking on the 'Copy Current Legal Name' button or by typing in the name. An override-able, yellow error will occur if the mother's current Last name and Last name before first marriage are the same.
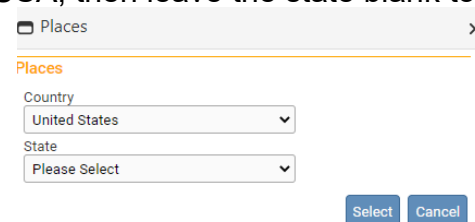

Date of Birth - Enter the mother's date of birth manually or use the Calendar icon 📅 to launch the Calendar Control.

After entering the **Date of Birth**, click the auto-populate ➡ button to auto-calculate the age in the **Age** control.

The **Mother's Birthplace** control is used to capture the mother's **Birthplace State** and **Birthplace Country**. If the birthplace is outside the USA, then leave the state blank to avoid an error.

Enter the birthplace manually or use the House icon 🏠 to launch the **Places** Control.

Click the **Next** button to save and proceed to the **Mother Address** page.

Mother Address

The **Mother Address** page captures the mother's residence address.

First, manually complete the **Residence Address** section. While most of this page is self-explanatory, please make note of the **Pre-Directional** and **Post- Directional** drop-down lists.

If the street address has a **Pre-Directional** indicator, i.e. *North* Willow St. then indicate that by selecting **N** from the **Pre-Directional** drop-down list. If the street address has a **Post-Directional** indicator, i.e. Willow St. *NW,* then indicate that by selecting **NW** from the **Post-Directional** drop-down list. Do NOT type the **Pre-Directional** or **Post-Directional** indicator in the **Street Name** text box.

> **Use these drop-down lists to capture any pre- and post-directional indicators. Do not enter directional indicators in the Street Name textbox control.**

If the street address has a **Post-Directional** indicator, i.e. Willow St. *NW,* then indicate that by selecting **NW** from the **Post-Directional** drop-down list. Do NOT type the **Post-Directional** indicator in the **Street Name** text box.

> **Use these drop-down lists to capture any pre- and post-directional indicators. Do not enter directional indicators in the Street Name textbox control.**

Make a selection from the **Inside City Limits** drop-down list.

Click the **Next** button to save and proceed to the **Mother Attributes** page.

Mother Attributes

The **Mother Attributes** page is used to gather demographic information related to the mother. This information is used in reporting at the State and Federal level and can be instrumental in obtaining funding for various programs.

Education: Make a selection from the drop-down list.

The **Hispanic Origin** section is used to indicate whether or not the mother is of Hispanic descent. Click one or more applicable box or boxes, as needed. Multiple selections are permitted.

> **Note: Selecting the Yes, other Spanish/Hispanic/Latino checkbox will cause a new text entry control to appear on-screen. Use this dialogue box to type in additional information.**

The **Which one or more of the following is your race?** also allows multiple selections. Select all checkboxes that the mother considers applicable.

If the mother is of American Indian descent or an Alaskan Native, selecting **American Indian or Alaska Native** will trigger the page to display two drop-down lists. Type or select the mother's specific tribe(s) using one or both of the drop-down lists.

Note that selecting the **Other Asian (specify), Other Pacific Islander (specify), or Other (Specify)** checkboxes will cause two new text entry controls to appear on-screen. At least one of these other entry controls must be completed before registration will be permitted.

Click the **Next** button to save and proceed to the **Mother Health** page.

Mother Health

The **Mother Health** page is used to gather statistical data relative to the mother's health and personal habits. This data is used by various agencies to gauge the effect of certain government programs (WIC) and other behavioral factors that may have contributed to the loss of the fetus.

Mother Health

Did Mother get WIC food for herself during this pregnancy? [⌄]

Height(feet/inches)   Mother Pre-pregnancy Weight (pounds)
[   ] [   ]   [   ]

Cigarette smoking per day before and/or during pregnancy

Three months before pregnancy   [   ] [⌄]
First three months of pregnancy   [   ] [⌄]
Second three months of pregnancy   [   ] [⌄]
Last Trimester of Pregnancy   [   ] [⌄]

Did mother go into labor intending to deliver at home or freestanding birthing center?   [⌄]
What was the primary attendant type at onset of labor?   [⌄]

[✔ Validate Page] [→ Next] [⬆ Clear] [🖫 Save] [↩ Return]

Did Mother get WIC food for herself during this pregnancy? – Make a selection from the drop-down list.

Height (feet/inches) – Consists of two numeric entry controls. Enter the mother's height in feet in the first box and the remaining inches in the second box. Enter "99/99" if the height is unknown.

Mother Pre-pregnancy Weight (pounds) – Enter the mother's weight (in pounds) prior to the current pregnancy in this control. Enter "999" if unknown.

Mother Weight at Delivery (pounds) – Enter the mother's weight (in pounds) at delivery, but prior to the actual birth, in this control. Enter "999" if unknown.

Cigarette Smoking per day before and during pregnancy – This control is used to capture the mother's use of tobacco (smoking) during the three months prior to the current pregnancy and each of the trimesters of pregnancy.

If the mother is a non-smoker, then select **No** for the first smoking question. For non-smoking mothers, it is <u>not</u> necessary to make an entry for the subsequent four questions.

If the mother smoked between 1 and 20 cigarettes per day during any of the specified periods, enter the approximate number of cigarettes smoked and select **Cigarettes** from the applicable drop-down lists. Enter "999" if the number of cigarettes per day is unknown.

Select from the drop-down if the mother intended to give birth at home or a freestanding birth center. Freestanding birth centers offer a home-like environment in which to give birth and **are not** associated with a hospital. These births are usually attended by a midwife. If the answer is Yes, select the attendant type.

Did mother go into labor intending to deliver at home or freestanding birthing center? Yes

What was the primary attendant type at onset of labor?

Doctor of Medicine
Doctor of Naturopathic Medicine
Certified Nurse Midwife
Traditional Midwife
Licensed Direct Entry Midwife

Click the **Next** button to save and proceed to the **Marital Status** page.

Personal Information
Fetus
Mother
Mother Address
Mother Attributes
Mother Health
Marital Status
Father
Father Attributes
Place of Delivery
Reporter

Marital Status

The **Marital Status** page collects **Marital Information** and **Paternity Information**.

The Personal Information menu may change according to the selections made on this page Selecting Yes, for Mother married at delivery… and clicking the Next or Save button will cause a new menu option (Father) to appear.

First, make a selection from the **Mother married at delivery, conception and any time in between?** drop-down list. This list includes a selection for Domestic Partner.

Second, make a selection from the **Will Father information be collected in this Report**? If the mother is married to a same sex spouse or has an Oregon Registered Domestic Partnership and the spouse or partner will be reported on the record, select **Yes**.

If **Yes** is selected and the **Save** button clicked, then the page will refresh and an additional page will appear in the **Parent Information** submenu: **Father**.

Marital Status

Marital Information

Was Mother Married at Conception, at Delivery or within 300 days of Delivery?

Yes

Paternity Information

Will Father information be collected on this Report?

Not Applicable

Validate Page   Next   Clear   Save   Return

Note: If Father or Domestic Partner information will not be entered, click the **Next** button to save and proceed to the **Place of Delivery** page.

Father

The **Father** page is used to capture demographic and statistical data on the father or second parent. This page will only appear if **Yes** was selected for either Marital Information or Paternity Information on the Marital Status page.

In the **Father's Name** section, enter the father/second parent's **First**, **Middle**, and **Last** name. If the father uses a Suffix such as Jr. or Sr.**,** include it in the **Suffix** dialog box.

Date of Birth - enter the father/second parent's date of birth manually or use the Calendar icon 📅 to launch the Calendar Control.

After entering the **Date of Birth**, click the auto-populate ➔ button to auto fill the age in the **Age** control.

The **Father's Birthplace** control is used to capture the father/second parent's **Birthplace State** and **Birthplace Country.** If the birthplace is outside the USA, then leave the state blank to avoid an error.

Click the **Next** button to save and proceed to the **Father Attributes** page**.**

Father Attributes

The **Father Attributes** page is used to gather demographic information related to the father/second parent. This information is used in reporting at the State and Federal level and can be instrumental in obtaining funding for various programs.

Education: Make a selection from the drop-down list.

The **Hispanic Origin** tab is used to indicate whether or not the father/second parent is of Hispanic descent. Click one or more applicable box or boxes, as needed. Multiple selections are permitted.

Note: Selecting the Yes, other Spanish/Hispanic/Latino checkbox will cause a new text entry control to appear on-screen. Use this control to specify additional information.

The **Races the father/second parent considers themselves to be (Check all that apply)** tab also allows for multiple selections. Select all checkboxes that the father/second parent considers applicable.

If the father/second parent is of American Indian descent or an Alaskan Native, select the checkbox as shown below. Selecting **American Indian or Alaska Native (specify tribe)** will cause the page to refresh and display two drop-down lists.

Type or select the father/second parent's specific tribe(s) using one or both of the drop-down lists. Note that selecting the **Other Asian (specify), Other Pacific Islander (specify), or Other (Specify)** checkboxes will cause two new dialog box controls to appear on-screen. At least one of these other entry controls must be completed before registration will be permitted.

Click the **Next** button to save and proceed to the **Place of Delivery** page.

Place of Delivery

The **Place of Delivery** page is used to indicate where the fetus was delivered. Hospital staff cannot report fetal deaths that did not occur within their facility. This is different from live births because the law is different. See appendix 3, ORS 432.088, sections 3 and 7 for more information on the law and how it pertains to the Place of Delivery.

First, make a selection from the **Type of Place of Delivery** drop-down list. If the type selected matches the office type assigned to the current user, then the user's default location will be auto-filled in the **Facility Name** and **Address** sections and the on-screen controls will be disabled.

If there is not an appropriate selection available for the place of delivery in the drop-down list, select **Other (specify)**. This will enable the **Other Specify** text-box control allowing manual entry of the type of place of delivery and the **Address** section.

Note that **Facility name** and **Facility NPI** are both disabled when **Other (specify)** is selected. These controls are typically auto-filled based on the facility associated with the user.

If the delivery occurred en route to the facility (in a moving conveyance), choose **Other** from the drop-down list under **Type of Place of Delivery** and enter "en route" followed by the location where the mother was first removed from the conveyance.

Click the **Next** button to save and proceed to the **Reporter** page.

Reporter

The **Reporter** page records the name and title of the person completing the Fetal Death report and the date the report was completed. The information on this page will auto-fill from the current user's account information.

The **Reporter** section includes two icons: the Search icon and the Eraser icon.
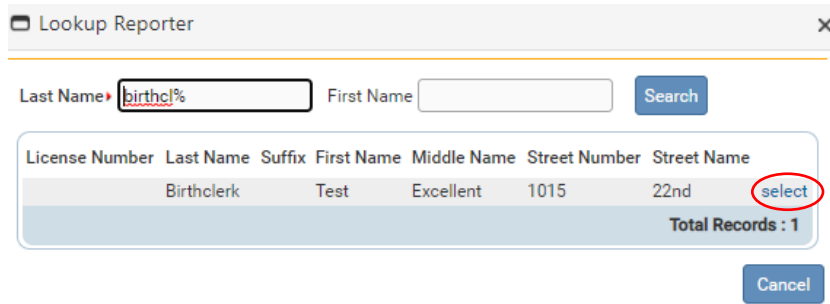
If someone else started the report of fetal death and you need to change the reporter to complete the report, click on the search icon [🔍] to launch the **Name** lookup tool, shown below. Key in the full or partial name of the reporter, followed by a percentage sign (%), and then click the **Search** button:

If the search was successful, select the desired reporter by clicking on the **select** link.

The page will refresh and auto-fill the **Reporter** section with information specific to the selected reporter. If this reporter was selected in error, select the Eraser icon [⌫] to remove the reporter name from the page.

The **Date Report Completed** field will auto-fill when the record is Affirmed/Certified.

Click the **Next** button to save and proceed to the **Prenatal** page (the first page of the Medical Information submenu).

If all validation rules pass or have been successfully overridden, the **Affirm** link will appear in the menu. **Do not use this link**. Continue to the Medical Information portion of the record.

Medical Information

The second sub-menu of the Fetal Death Registration menu, **Medical Information**, contains the pages necessary to gather confidential, medical information about the fetal death and parents that is collected for statistical purposes.

Prenatal

The **Prenatal** page is used to capture information relative to the type and frequency of prenatal care administered to the mother.

If applicable, enter the **Mother Medical Record #** in the appropriate on-screen controls.

Enter the mother's **Date of Last Menses** using a valid date format or by clicking on the **Calendar Control.**

If the mother did not receive any prenatal care, select the **No Prenatal Care** checkbox in the **Prenatal Care** section. If the mother did receive prenatal care, enter the **Date of First Visit**.

In the **Previous Live Births** section, make a selection from the **Number Now Living** drop-down list. If this is the mother's first pregnancy, select **None** from the list.

A selection must also be made from the **Number Now Dead** drop-down list. Again, if this is the mother's first pregnancy, select **None**.

If the **Number Now Living** and/or **Number Now Dead** are unknown, select **Unknown** from the drop-down list. Doing so will auto-populate the **Date of Last Live Birth** with **99/9999** and disable the control.

Complete the **Previous Live Births** section by entering the **Date of Last Live Birth**. If **None** has been selected in the previous two controls, this control will be disabled.

> **Dates entered in the Date of Last Live Birth do not include a day. Dates in this field must use a MONYYYY, MM/YYYY, MM-YYYY, or MMYYYY format.**

Click the **Next** button to save and proceed to the **Pregnancy Factors** page.

Pregnancy Factors

The **Pregnancy Factors** page attempts to gather information related to conditions suffered or experienced by the mother which could have resulted in complications during pregnancy.

This page allows for multiple entries, meaning that the user can select one or more conditions on the page; however, at least one selection must be made. In the example above, we have selected **None Of The Above**.

Click the **Next** button to save and proceed to the **Delivery** page.

Delivery

The **Delivery** page is used to gather information related to conditions suffered or experienced during labor which may have health implications for the mother and/or fetus. This page is comprised of two sections: **Method of Delivery** and **Maternal Morbidity**.

Method of Delivery

The **Method of Delivery** section is used to describe how the fetus was delivered or expelled.

Make a selection from the **Fetal Presentation at Delivery** drop-down list. The options are Cephalic, Breech and Other.

Then select the **Final Route and Method of Delivery**. The options are Vaginal/Spontaneous, Vaginal/Forceps, Vaginal/Vacuum, and Cesarean.

If Cesarean, was a Trial of Labor Attempted? will only be active and selectable if Cesarean was selected from the Final Route and Method of Delivery control above. Not Applicable is not acceptable as a response to Trial of Labor Attempted when the Method of Delivery is Cesarean.

Maternal Morbidity

The **Maternal Morbidity** section is used to capture any serious complications experienced by the mother associated with labor and delivery. Multiple entries are allowed. Select **None Of The Above** if none of the conditions were experienced by the mother during delivery.

Next, make a selection from the **Mother Transferred for maternal medical or fetal indication prior to delivery** drop-down list. Notice that selecting **Yes** will cause the page to refresh and a new set of controls will appear:

Selecting the Search icon will launch the **Place Name** lookup tool, shown below. Key in the full or partial name of the transfer facility, followed by a percentage sign (%), and then click the **Search** button.

> **Note: Mother Transferred for maternal medical or fetal indication prior to delivery refers to the facility _from_ which the mother was transferred.**

If the search was successful, select the **Transfer Facility** by clicking on the **select** link:

The page will refresh and display the **Transfer Facility** on the **Delivery** page.

If this facility was selected in error, select the Eraser icon to remove the facility name from the page.

> **Transfer Facility can be keyed in manually if the facility in question cannot be found in the OVERS database.**

Click the **Next** button to save and proceed to the **Fetal Attributes** page.

Fetal Attributes

This page is used to capture data relevant to the fetus at the time of delivery.

Weight of Fetus should be entered in either **Pounds/Ounces** or **Grams**. Both weight measurements cannot be used simultaneously. If **Pounds/Ounces** is used, enter the weight in pounds in the first entry box and the remainder ounces in the second.

Enter the clinician's estimated term of the mother's pregnancy in the **Obstetric Estimate of Gestation (weeks)** field. This may not be the same as the calculated gestation found by comparing the mother's date of last menstrual period to the date of delivery. Enter only completed weeks; for example, if the gestation was 37 weeks 5 days, enter 37 weeks.

Make a valid selection from the **Plurality** drop-down list. If only one fetus was delivered, select **Single**. If more than one fetus or child was delivered – even if one or more children were stillborn or died shortly after birth – select the appropriate plurality from the list - **twin, triplet**, etc.

> **If more than one child was delivered, a new link called Link Plural Delivery will appear on the Fetal Death Registration Menu > Other Links submenu. To link the fetal death record to another fetal death or live birth record for plural deliveries, see the section on Linking Plural Delivery in Section 4 of the User Guide.**

Delivery Order will be disabled if **Single** was selected from the **Plurality** list. Otherwise, if more than one child was delivered – even if one or more children were stillborn or died shortly after birth – select the current child's birth order from this drop-down list.

When plural deliveries are linked, much of the information from the first record will carry over to other linked records. However, if the second delivery is a live birth, some of the screens will contain different information. For example, social security numbers must be collected from the parents in the case of a live birth.

Click the **Next** button to save and proceed to the **Cause/Conditions Contributing to Fetal Death** page.

Cause/Conditions Contributing to Fetal Death

This page is used to gather information related to pregnancy complications that may have contributed to the fetal demise.

This page is comprised of two sections: **Initiating Cause/Condition**, and **Other Significant Causes or Conditions**.

Initiating Cause/Condition

The initiating cause/condition is for reporting <u>a single condition</u> that most likely began the sequence of events resulting in the death of the fetus. The cause of death listed should represent the physician, medical examiner or coroner's best medical opinion.

In the **Maternal Conditions / Disease** control, enter any conditions specific to the mother that most likely began the sequence of events resulting in the death of the fetus. Multiple entries are allowed.

Note any **Complications of placenta, cord, or Membranes** by placing a check in the corresponding checkbox.

The **Other Obstetrical or Pregnancy Complications**, **Fetal Anomaly**, **Fetal Injury**, **Fetal Infection,** and **Other Fetal Conditions/Disorders** controls are to be used for reporting any conditions specific to the fetus that resulted in death.

If it is unknown whether or not such conditions exist, place a checkmark in the **Unknown** checkbox.

Other Significant Causes or Conditions

Other significant causes or conditions include all other conditions contributing to death. These may be conditions that are triggered by the initiating cause or causes that are not among the sequence of events triggered by the initiating cause.

In the **Maternal Conditions/Disease** control, enter any conditions specific to the mother that may have been triggered by the initiating cause or causes. Note any **Complications of placenta, cord or Membranes** by placing a check in the corresponding checkbox.

The **Other Obstetrical or Pregnancy Complications**, **Fetal Anomaly**, **Fetal Injury**, **Fetal Infection** and **Other Fetal Conditions/Disorders** controls are to be used for reporting any conditions specific to the fetus that may have been triggered by the initiating cause or causes. If it is unknown whether or not such conditions exist, place a checkmark in the **Unknown** checkbox.

Other Controls
Make a selection from the **Estimated Time of Fetal Death** drop-down list. The options are:

Next, make a selection from the **Autopsy Performed**, **Histological Placenta Examination Performed**, and **Autopsy or Histological Placental Examination used in Determining Cause of Fetal Death** drop-down lists. If **Autopsy Performed** or **Histological Placenta Examination Performed** is either **Planned** or **No**, **Autopsy or Histological Placental Examination used in Determining Cause of Fetal Death** must be **Not Applicable**.

Click the **Next** button to save and proceed to the **Attendant/Certifier** page.

Attendant/Certifier
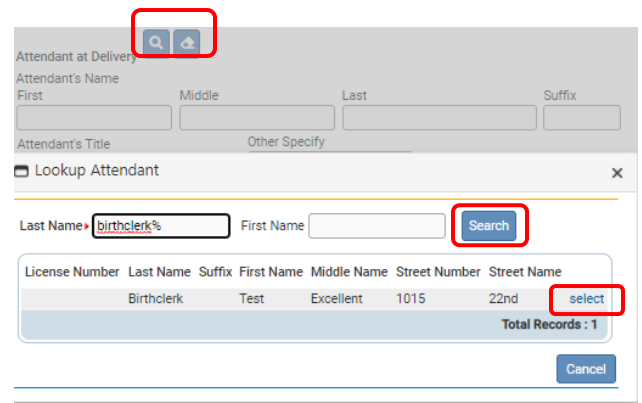
The **Attendant/Certifier** page is used to capture information relevant to the person or persons attending and/or certifying the delivery.

> **The Attendant at Delivery is defined as the individual physically present at the delivery who is responsible for the delivery.**

Notice that the page is divided into two sections: **Attendant at Delivery** and **Certifier**.

The **Attendant at Delivery** section includes two icons: the Search icon 🔍 and the Eraser icon 🧹.

The Search icon 🔍 will launch the **Name** lookup tool, shown below. Key in the full or partial name of the attendant/certifier, followed by a percentage sign (%), and then click the **Search** button:
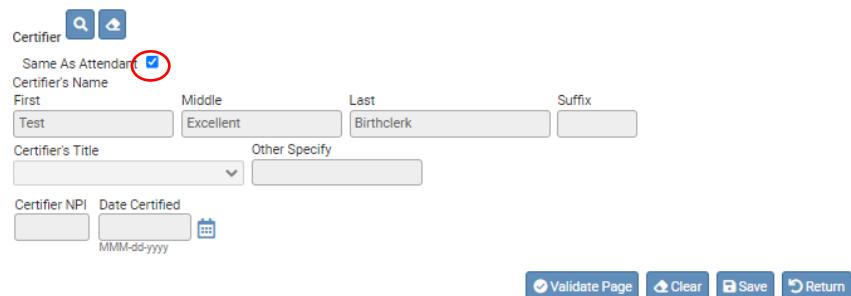
If the search was successful, select the desired attendant by clicking on the **select** link.

The page will refresh and auto-fill the **Attendant at Delivery** section with information specific to the selected attendant. If this attendant was selected in error, select the Eraser icon 🧹 to remove the facility name from the page. If the attendant is not included in the search results, then enter the information manually.

The **Certifier** section also includes the Search icon 🔍 and the Eraser icon 🧹, meaning that the same set of steps detailed above can be used to auto-fill this control as well. *This section auto-fills based on the user and should only be changed if you are certifying a fetal death report started by another user.*

If the certifier and the attendant are the same person click the **Same As Attendant** checkbox and the **Certifier** section will auto-fill with the attendant information from the **Attendant** section.

Certifier NPI will auto-fill based on data stored in the **OVERS** database.

Date Certified will be auto-filled once the fetal death record has been registered.

Fetal death registration data entry is now complete. Click the **Validate Page** button or **Validate Registration** link to check this page for errors. If there are errors, they will need to be corrected to certify the record. After any errors are corrected the record will need to be Validated again. If no errors are found, then the page will refresh and a new menu item will appear: **Affirm/Certify**. Click the **Affirm/Certify** link to proceed.

Affirm/Certify

Affirmations
An affirmation is used to record the fact that the certifier is accepting legal responsibility for the accuracy of the information provided. In Oregon, an affirmation is a legally binding statement made under the penalty of perjury.

Once all Fetal Death registration pages have been completed, validated, and all errors corrected, the **Fetal Death Registration Menu** will refresh and display the **Affirm/Certify** link. **Do not** use the Affirm link in the Personal Information section.

To affirm the fetal death record, place checkmarks in the **Affirm the following:** checkboxes and click the **Affirm/Certify** button.

After clicking the **Affirm/Certify** button, an **Authentication Successful** message will display.

Affirmations

Authentication successful.

Clear Return

Click the **Return** button to return to the **Fetal Death Registration Menu**.

Uncertify

Uncertifying a fetal death record is not an option that is available like it is for a birth record. If a fetal death record needs to be changed then you must wait until the record is registered with the state. Most records are registered after they are certified unless there was an error that was overridden. Check the status line of the record to confirm that it is registered. See the record status section in chapter 1 for more information.

Once the record is registered with the state you can add an amendment to make a change to the record. To learn more about requesting an amendment see the amendment section of this manual.

| 4 | *Record Additions & Amendments* |

T his chapter aims to explain the process for amending a registered birth record or fetal death record, linking the records of babies from plural deliveries, and recording Immunization and Hearing screening information in **OVERS**.

Fetal deaths should only be recorded by a Birth Information Specialist or Medical Examiner. Midwives must refer all fetal deaths to a Medical Examiner.

For additional instruction or troubleshooting help contact the **Help Desk** during normal business hours (*Monday – Friday, 8 am to 5 pm Pacific Time*) at **(971) 673-0279**. For questions about amendments, contact the amendments department at CHS.Amendments@dhsoha.state.or.us.

Amendments

From time to time, it may be necessary to make corrections to a birth certificate or fetal death record after it has been registered at the State and assigned a State File Number. Amendment requests require a state review process before they can be approved. Requesting an amendment using OVERS significantly shortens the processing time necessary to change a birth certificate or fetal death record after registration.

To access **Amendments** for a birth record, select **Other Links > Amendments** from the **Birth Registration Menu**.

To access **Amendments** for a fetal death record, select **Other Links > Amendments** from the **Fetal Death Registration Menu**. The first page displayed is the **Amendment Page**.

The first step in processing an amendment is to select an amendment type from the **Type** drop-down list.

For birth records, there are three types of amendments: Correction Affidavit Facts of Birth 1 Year and Over, Correction Affidavit Under 1 Year and Statistical Correction.

Correction Affidavit Facts of Birth 1 Year and Over – This type is only for the facts of birth which includes Date of Birth, Time of Birth, Sex and Place of Birth (facility). Only the Child and the Place of Birth pages will be available to amend. Also, for this amendment type the Place of Birth page can be only amended on a

limited basis. You cannot make a change if the place of birth is being changed to a Hospital or Freestanding Birthing Center. However, you do have the ability to change the Place of Birth to Home Delivery options or to a Clinic/Doctor's Office. If selecting Clinic/Doctors Office, click the magnifying glass to search for the Facility Name.

Correction Affidavit Under 1 Year – This type includes items that appear in the legal section of the birth record (the personal, legal information about the birth registrant and parents).

Statistical Correction – This type includes items that appear in the facility section of the birth record (the confidential, medical information about the birth and parents that is collected for statistical purposes).

Select the amendment type from the drop-down list and click **Save**.

For fetal death records, the only amendment type is 'Correction Affidavit <= 1 Year – FD'.

The page will refresh and the **Amendment Date** will automatically fill in with the current system date and an **Amendment Number** will be assigned. In addition, a new **Page to Amend** drop-down list will appear.

From the **Page to Amend** drop-down list, select the page to be amended. This will cause the page to refresh, displaying the page to be amended.

If the amendment type is **Correction Affidavit Facts of Birth 1 Year and Over**, then only the Child and Place of Birth page will display with fields that correspond to the facts of death.

In the following example, the Mother page was selected from the Page to Amend drop-down for a Correction Affidavit Under 1 Year amendment type. The entire Mother page then appears at the bottom of the page.

Make change(s) to the page as necessary and then click **Save**. If you have multiple amendments, you can start your next amendment by selecting the **Page to Amend**, replacing the appropriate items, then clicking the **Save** button with each item added. After all amendments are complete click **Validate Amendment** to check for possible errors.

After you validate the amendment(s), the page will refresh and the list of all amendments made to the record will appear in the Item in Error section. You will also see a message in red at the top of the page letting you know that the amendment has not been affirmed.

Notice in the example above, the **Item In Error** section now displays two Amendments to the record.

If the information on this page has not been saved, then clicking the **Clear** button will clear all entries related to the current amendment being added. If the page had been previously saved, then clicking the **Clear** button would reset all controls to the values in place prior to the last save.

When all amendments have been entered and are displayed in the **Item In Error** section, select **Amendment Affirmation** from the **Amendments** menu to approve (sign) the amendment request.

Amendments Menu
Amendment
Attachments
Amendment Affirmation
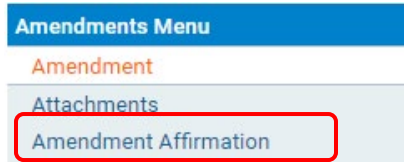
Place a checkmark next to the **Affirm the following** checkbox and click **Affirm**.

Affirmations
Affirm the following:

☑ I affirm under the penalty of perjury that I am the authorized signer/certifier to amend this record. I certify that this change truthfully reports personal information to the best of my knowledge and is submitted for inclusion on the vital record.

Affirm   Clear   Return

The amendment will then be reviewed by the State office.

Amendment requests must be Affirmed before they can be approved by the State office.

Searching for an Incomplete Amendment

Once an amendment has been requested, it appears on the **Amendment List**. The **Amendment List** contains a listing of all amendments that have been requested for a birth record and the status of each request.

For a birth amendment, go to **Registrar Information > Amendment List** from the **Birth Registration Menu**.

Registrar Information
Amendment List

For a fetal death amendment, select **Registrar Information > Amendment List** from the **Fetal Death Registration Menu**.

The **Amendments List** page displays the history for the birth record amendments. Notice that each item in the list has an identification number, processing history, date for completion and amendment approval status.

From the **Amendment List** page select the **Amendment Id** link to access a specific amendment record.

Amendment List

Amendment Id	Processing History	Amendment Type	Date Received	Date Completed / Rejected	Amendment Status	Order #
581266	History	Correction Affidavit 1 Year And Under	JUL-09-2021		Pending	
581267	History	Correction Affidavit 1 Year And Under	JUL-09-2021		Keyed (Requires Affirmation)	
581268	History	Correction Affidavit 1 Year And Under	JUL-09-2021		Pending	
581269	History	Correction Affidavit 1 Year And Under	JUL-09-2021		Keyed (Requires Affirmation)	

New Amendment   Return

The Amendment Page will provide more detail regarding the specific change requested.

Linking Plural Deliveries

OVERS can link multiple births related to a plural delivery. Since most of the registration information in plural deliveries is common to all related deliveries, this allows some information to be copied across all linked records.

The first step in linking plural deliveries is to complete the entry of at least one related birth record. On the **Newborn** page of the first related birth registration, select a **Plurality** greater than single. In the example shown below **Twin** was selected.

After the Newborn page is saved with a plurality greater than single the **Birth Registration Menu** will refresh and a new link will appear in the **Other Links** sub- menu: **Link Plural Delivery**.

Linking a New Record

OVERS can link a new record to a pre-existing record or allow the user to create and simultaneously link a new record to the current registration. In the example below, we will create and link records simultaneously.

From an existing birth certificate or fetal death record of a plural delivery, click on the **Link Plural Delivery** link on the **Other Links** submenu.

Notice that there are two sections to the **Link Plural Delivery** page: the **Linked Case List** and the **Current Case** summary window. In the next screenshot example, only the current record shows in the **Linked Case List** control. The **Current Case** page also displays only the information associated with the current registration.

Clicking the **Link New Case** button at the bottom of the page will refresh the page and display the **Link Plural Delivery** search page allowing the entry of a new birth record.

With plural delivery searches, a selection must first be made from the **Event Type** drop-down list. The **Fetal Death** option would only be selected in the event of a multiple birth in which at least one child was stillborn. Otherwise, select **Birth**.

From the new **Link Plural Delivery** page, enter the same information that would ordinarily be entered when starting a new birth or fetal death record. As usual, the first step is to conduct a search for any matching records already in the system.

Fetal deaths should only be recorded by a Birth Information Specialist or Medical Examiner. Midwives must refer all fetal deaths to a Medical Examiner.

After making a selection from the **Event Type** drop-down list, enter at least the **Last** name, **Date of Birth**, and **Sex** of the baby or fetus. Click the **Search** button to proceed.

If no matching records are found, click the **Start New Case** button. A new case will be created and automatically linked to the **Current Case**.

Note that the **Linked Case List** at the top of the page displays an **Unlink** option. This indicates that the two records shown in the control are linked. Selecting **Unlink** will break the link between the two records.

Linkage Id	Case Id	SFN	Name	Sex	Date of Birth	Time of Birth	Birth Order		
113981	7323171	2021000023	Test, Romulus	Male	JUL-09-2021	08:00 AM	First	Compare	Unlink
113981	7323172		Test, Remus	Male	JUL-09-2021		Second	Compare	Unlink
								Total Records : 2	

Clicking on the **Compare Link** will open an additional preview window on the **Link Plural Delivery** page showing the information related to the new registration. This provides an opportunity to compare the two records as they currently exist in the system.

Notice in the example on the previous page, that even though we have not entered any registration data for the new record, data was copied from the original record and is now displayed here. These records are now linked.

Much of the information from the first baby's birth record will automatically be carried over to the new birth record. The **Link Plural Delivery** page and all items on the following pages will be inserted into the new case:

Mother	**Marital Status**
Mother Address	**Place of Birth**
Mother Demographics	**Pregnancy Factors**
Marital Disability	**Labor**
Mother Health	**Attendant/Certifier**

Even though much of the registration data was copied from the original record to the linked record, the new registration is still incomplete. Click on the registrant link in the **Name** column to open the new record and complete the registration.

If more than two children were born in the same delivery, additional cases can be linked by clicking the **Link New Case** button again and repeating the steps above.

Selecting the name link and clicking **Validate Page** will highlight the fields that still need data.

Linking to an Existing Record

OVERS also provides the ability to link two or more multiple deliveries that may have been keyed separately from one another.

First, select **Main Menu > Life Events > Birth > Locate Case** to locate one of the multiple births. Enter the child's information and then click **Search**.

Open the record by clicking on the **Child's Name** link:

With the record open, locate and select **Other Links > Link Plural Delivery**

The **Link Plural Delivery** page will display. The page contains a **Linked Case List** across the top, the **Current Case** summary window in the middle and a **Link New Case** button in the bottom right-hand corner. Click the **Link New Case** button to proceed.

Selecting **Link New Case** will launch the **Link Plural Delivery** search page.

Link Plural Delivery

Linkage Id

Event Type▸ [⌄]

Child's Name

First	Middle	Other Middle	▸Last	Suffix
[ ]	[ ]	[ ]	[ ]	[ ]

▸ Date of Birth▸ [ ] 📅   Time of Birth [ ] : [ ] [⌄]   Sex▸ [⌄]
MMM-dd-yyyy

Mother's Name Before First Marriage

Last

[ ]

[Search]

From the **Link Plural Delivery** page, enter the same information that would ordinarily be entered when starting a new birth record. As usual, the first step is to conduct a search for any matching records already in the system.
However, with plural delivery searches, a selection must first be made from the **Event Type** drop-down list. The **Fetal Death** option would only be selected in the event of a multiple birth in which at least one child was stillborn. Otherwise, select **Birth**.

Link Plural Delivery

Linkage Id

Event Type▸ [⌄]

Child's Name [Birth]
[Fetal death]

First [ ]

> **Fetal deaths should only be recorded by a Birth Information Specialist or Medical Examiner. Midwives must refer all fetal deaths to a Medical Examiner.**

After making a selection from the **Event Type** drop-down list, enter the **Last Name**, **Date of Birth** and **Sex** of the baby or fetus. Click the **Search** button to display the **Link Plural Delivery Search Results** page.

Link Plural Delivery Search Results

Linkage Id

Case Id	SFN	Child Name	Sex	Date of Birth	Time of Birth	Birth Order		
7323176		Test, Rebecca	Female	JUL-09-2021		Fourth	Compare	Link
7323175		Test, Regina	Female	JUL-09-2021	08:05 AM		Compare	Link
								Total Records : 2

Current Case

Linkage Id:
Case Id: 7323176
Child Name: Rebecca Test   Date/Time of Birth: JUL-09-2021   Sex: Female
City or Town of Birth: Corvallis   County of Birth: Benton
Facility of Birth: Corvallis Birth and Women's Health Center LLC

                                          Mother's Current Legal Name:

Mother's Maiden Name:
Mother's Date of Birth: Mother's Birthplace: United States
Father's Current Legal Name:
Father's Date of Birth: Father's Birthplace: United States

Status: /Legal Invalid/Medical Invalid/Uncertified/Not Registered/Plural Delivery Linkage Required/Medical Pending/Legal Pending/Birth FIPS coding Required

[New Search] [Start New Case]

Any potentially matching records will be displayed in the **Linked Case List** along with the current case. Select the **Link** option next to the newly returned case to link the two records.

The page will refresh and disable the links associated with the current record. Also, the **Link** indicators are changed to **Unlink**, allowing the user to undo the linking process.

Select the **Compare** link to display a summary of both linked records:

If more than two children were born in the same delivery, additional cases can be linked by clicking the **Link New Case** button again and repeating the steps above.

Other Registries

The OVERS Registry screens for Immunization and Hearing Screening can only be accessed from within a Birth record. These registries do not need to be completed to certify a record.

Immunization

The OVERS application includes the ability to create new **Immunization** reports.

From the **Birth Registration Menu**, select **Registrar Information > Other Registries > Immunization**

Initially, the **Immunization** page will be blank, as shown below. Press the **New Immunization** button to enter a new immunization report.

The page will refresh and display the new controls shown below:

Notice that certain questions are marked with a red arrow ▶ . Fields marked with a red arrow are required entries that must be completed.

Make a selection from the **Did Infant receive Hepatitis B Vaccine?** drop-down list. Next, make a selection from the **Manufacturer** drop-down list. The options are Glaxo Smith Kline or Merck. If the manufacturer is not listed enter it in the **Other** field.

Manually key in the date using a valid date format or use the Calendar control icon 📅 to complete the **Date Administered** field.

Each lot of vaccine is assigned a unique number. Locate the lot # of the vaccine used and note that in the **Lot #** field.

Is the mother HBSAG+? Select the response from the drop-down list.

Next, make a selection from the **Did Infant receive Hepatitis B Immune Globulin (HBIG) 7?** drop-down list.

Manually key in the date using a valid date format or use the Calendar control icon 📅 to complete the **Date Administered** field.

Make a selection from the **Manufacturer** drop-down list. Next, make a selection from the **Manufacturer** drop-down list. The options are Glaxo Smith Kline or Merck. If the manufacturer is not listed enter it in the **Other** field.

Each lot of vaccine is assigned a unique number. Locate the lot # of the vaccine used and note that in the **Lot #** field.

Click the **Clear** button to clear all entries, the **Save** button to save changes without leaving this page, or the **Cancel** button to close this page without saving changes.

> **The page must be saved before moving to another page. If you navigate away from the page without saving it first, the information will be lost.**

Immunization

ID	Facility	Date Entered	Entered By	
558873	Corvallis Birth and Women's Health Center LLC	JUL-12-2021	Test Birthclerk	Edit Delete
				Total Records : 1

New Immunization

Once an immunization record has been saved, it can be changed by returning to the **Immunization** page and selecting the **Edit** link or deleted by selecting **Delete**.

Hearing Screening

The OVERS application includes the ability to add a **Hearing Screening** to the birth record.

From the **Birth Registration Menu**, select **Registrar Information > Other Registries > Hearing Screening**

Initially, the **Hearing Screening** page will be blank, as shown below. Press the **New Screening** button to enter a new immunization report.

Hearing Screenings

Currently there are no Hearing Screenings entered. Press 'New Screening' to enter a screening.

New Screening

The page will refresh and display the new controls shown below:

Select an option for **Was Hearing Test Performed** from the drop-down list.

Enter the **Test Date**.

Enter the Test Results for the **Left** and **Right Ear** from the drop-down.

Then select the **Equipment Type** used for each year.

Select the **Screening Facility** from the drop-down. The options are **Birthing Center** or **Hospital**.

Locate the facility by clicking on the search icon. Type in the **Facility Name** using the % sign, which acts as the wildcard, and click **Search**. Then click **select** on the Facility Name.

Click **Save** after the data for the Hearing Screening has been entered.

Once the hearing screening information has been saved, it can be changed by returning to the **Hearing Screening** page and selecting the **Edit** link.

Appendices

Appendix 1: Glossary of Icons and Controls

There are several different types of **icons** and **controls** used in **OVERS**. Many of these are industry-standard or universal controls that you may already be familiar with from using other programs and/or websites. Other controls are **OVERS** specific that you will not find anywhere else.

⊕- **Auto-populate Button** – This is a control that can be clicked on using your mouse's left click button. This control is used in conjunction with a drop-down list to auto-fill information relevant to the entity selected within the drop-down list.

Calendar Control: This is an on-screen control containing several other controls. There are two drop-down lists, one for selecting the month and the other for selecting the year. The default calendar displayed will be for the current month and year with the current day displayed in blue. Clicking on any day of any date will cause that date to be displayed in the corresponding **Date Entry** text box using a MMM-DD-YYYY format.

📅 - **Calendar Icon**: This is an on-screen control that can be clicked on using your mouse's left click button. This icon is used in conjunction with Date Entry text boxes. Clicking on this icon will bring up the Calendar control that can be used to select a specific date.

- **Click Buttons**: These are universal controls that can be clicked on using your mouse's left click button. They are used to accept data inputs, save information to database and usually trigger the processing of underlying system code.

Drop-down Lists: These are universal controls that can be selected from using your mouse's left click button. Clicking on the down-arrow button will cause a list of selectable options to drop-down. Clicking on any item in the list will select it and cause it to be displayed in the text box portion of the control.

◻ - **Eraser Icons** are used in conjunction with **Place Name** lookup tools. If a facility was added to a record in error, selecting the Eraser icon will remove the facility name from the page.

🔍 Fix - **Fix Icons**: This is an on-screen icon that appears only in the **OVERS Validation Frame**. Clicking on this icon will send the cursor to an item containing invalid information so that it may be corrected.

🔍 - **Search Icons** will launch the **Place Name** lookup tool, shown below. **Place Name** lookups are used to **Search** for facilities such as Hospitals, Birthing Centers, Funeral Homes, etc.

◻ Lookup Performed Screening Facility   ✕

| Facility Name ▸ | asante t% | Search |

Facility Name	Address	City	
Asante Three Rivers Medical Center	123 SW Any Street	Grants Pass	select

✔ - **Validation Green Checkmark**: This is a display-only icon. Clicking on it has no effect. This icon is used in the **Birth Registration Menu** and indicates that an **OVERS** information page contains valid information.

✖ - **Validation Red X**: This is a display-only icon. Clicking on it has no effect. This icon is used in the **Birth Registration Menu** and indicates that an **OVERS** information page contains invalid information that must be corrected before certification will be allowed.

● - **Validation Yellow Circle**: This is a display-only icon. Clicking on it has no effect. This icon is used in the **Birth Registration Menu** and indicates that an **OVERS** information page contains information that may be invalid and must be corrected or overridden before certification will be allowed.

Appendix 2: Usage and Common Conventions

This appendix consists of useful tips and tricks to help you become a more efficient user of the **OVERS** application. These hints will actually help you with almost any Windows based application.

1. Focus – **Focus** determines which control on the page will receive the action. For example, if an empty text box has the focus then a flashing cursor will appear in the far left-hand side of the box and the box will have a darker outline. Anything you type will appear in the text box.

If a pre-filled textbox has the focus, then the text in that box will be highlighted. If you type here with the text highlighted, the current text will be deleted.

If a **Checkbox** or **Radio Button** receives the focus, then a solid line will surround the control's label.

2. Passing the Focus There are two ways to pass the focus to a control: clicking on the control with your mouse or pressing the **Tab** key until the desired control is highlighted.

The most common way of placing the focus on a control is by clicking on the control with your mouse.

Learning to use **Tab** and **Shift +Tab** to pass the focus back and forth among the controls may be a faster way to move to fields in the record. Using **Tab** will advance the focus forwards. **Shift +Tab**, which is triggered by holding down the **Shift** key while pressing the **Tab** key, will pass the focus back to the previous control.

Every page is structured a little differently. Exactly where **Tab** and **Shift +Tab** sends the Focus will vary, but it should always advance you logically from one control to the next.

If a **Text Entry Box** has the **Focus**, then just start typing to fill in the box. **Note**: If the text entry box already contains text, then when it receives the focus that text will be highlighted. Anything typed while the text is highlighted will replace the old text.

If a **Checkbox** or **Radio Button** has the **Focus**, then pressing the spacebar will check or uncheck the control.

If a **Drop-down List** receives the **Focus,** then you have several options:

- Use the mouse to click on the down-arrow to reveal the list of selectable options. However, try to avoid using the mouse.

- If you know the first letter of the option you want to select then just type that letter. The focus will then shift down to the first option in the list beginning with that letter. If there are multiple selections beginning with that letter, then keep typing it until your desired option shows up. Then, **Tab** off of the list to save that selection.

- Use the **Up** and **Down Arrows** on your keyboard to scroll through the list of options. When the correct option is highlighted, use the **Tab** key to save that selection and move to the next control.

- Hold down the **Alt** key and press the **Down-Arrow** button on your keyboard to reveal the list. Then, using either your mouse or the **Up** and **Down Arrows**, make your selection and **Tab** off to the next control or hit the **Enter** button.

If a Click Button receives the focus you have two options:

- Use the **Spacebar** to press the button, or
- Use the **Enter** key to press the button

3. Using Special Characters in OVERS - The OVERS system will allow you to enter and search for names that contain common international letters.

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've typed the special character, you can complete the name by typing as usual.

The table below contains a complete list of the special characters recognized by OVERS with their corresponding keyboard codes.

	Code		Code		Code		Code
Á	Alt+0193	Ê	Alt+0202	Ñ	Alt+0209	Ú	Alt+0218
á	Alt+0225	ê	Alt+0234	ñ	Alt+0241	ú	Alt+0250
Â	Alt+0194	Ë	Alt+0203	Ó	Alt+0211	Û	Alt+0219
â	Alt+0226	ë	Alt+0235	ó	Alt+0243	û	Alt+0251
Ä	Alt+0196	Í	Alt+0205	Ô	Alt+0212	Ü	Alt+0220
ä	Alt+0228	í	Alt+0237	ô	Alt+0244	ü	Alt+0252
Ã	Alt+0195	Î	Alt+0206	Ö	Alt+0214	Ý	Alt+0221
ã	Alt+0227	î	Alt+0238	ö	Alt+0246	ý	Alt+0253
É	Alt+0201	Ï	Alt+0207	Õ	Alt+0213	Ÿ	Alt+0159
é	Alt+0233	ï	Alt+0239	õ	Alt+0245	ÿ	Alt+0255

Appendix 3: Oregon Revised Statutes (ORS) for birth and fetal death

The Oregon Revised Statutes are cited only for your reference and are not quoted in their entirety nor verbatim. Please see the CHS website for the most current laws. They can be found at https://www.oregonlegislature.gov/bills_laws/ors/ors432.html.

432.088 Mandatory submission and registration of reports of live birth; persons required to report; rules. (1) A report of live birth for each live birth that occurs in this state shall be submitted to the Center for Health Statistics, or as otherwise directed by the State Registrar of the Center for Health Statistics, within five calendar days after the live birth and shall be registered if the report has been completed and filed in accordance with this section.
 (2) The physician, institution or other person providing prenatal care related to a live birth shall provide prenatal care information as required by the state registrar by rule to the institution where the delivery is expected to occur not less than 30 calendar days prior to the expected delivery date.
 (3) When a live birth occurs in an institution or en route to an institution, the person in charge of the institution or an authorized designee shall obtain all data required by the state registrar, prepare the report of live birth, certify either by signature or electronic signature that the child was born alive at the place and time and on the date stated and submit the report as described in subsection (1) of this section.
 (4) In obtaining the information required for the report of live birth, an institution shall use information gathering procedures provided or approved by the state registrar. Institutions may establish procedures to transfer, electronically or otherwise, information required for the report from other sources, provided that the procedures are reviewed and approved by the state registrar prior to the implementation of the procedures to ensure that the information being transferred is the same as the information being requested.
(5)(a) When a live birth occurs outside an institution, the information for the report of live birth shall be submitted within five calendar days of the live birth in a format adopted by the state registrar by rule in the following order of priority:
>   (A) By an institution where the birth mother and child are examined, if examination occurs within 24 hours of the live birth;
>   (B) By a physician in attendance at the live birth;
>   (C) By a direct entry midwife licensed under ORS 687.405 to 687.495 in attendance at the live birth;
>   (D) By a person not described in subparagraphs (A) to (C) of this paragraph and not required by law to be licensed to practice midwifery who is registered with the Center for Health Statistics to submit reports of live birth and who was in attendance at the live birth; or
>   (E) By the father, the birth mother, any other parent or, in the absence or inability of any parent, the person in charge of the premises where the live birth occurred.
>   (b) The state registrar may establish by rule the manner of submitting the information for the report of live birth by a person described in paragraph (a)(D) of this subsection or a physician or licensed direct entry midwife who attends the birth of his or her own child, grandchild, niece or nephew.

(6) When a report of live birth is submitted that does not include the minimum acceptable documentation required by this section or any rules adopted under this section, or when the state registrar has cause to question the validity or adequacy of the documentation, the state registrar, in the state registrar's discretion, may refuse to register the live birth and shall enter an order to that effect stating the reasons for the action. The state registrar shall advise the applicant of the right to appeal under ORS 183.484.

(7) When a live birth occurs on a moving conveyance:

(a) Within the United States and the child is first removed from the conveyance in this state, the live birth shall be registered in this state and the place where it is first removed shall be considered the place of live birth.

(b) While in international waters or airspace or in a foreign country or its airspace and the child is first removed from the conveyance in this state, the birth shall be registered in this state but the report of live birth shall show the actual place of birth insofar as can be determined.

(8) For purposes of making a report of live birth and live birth registration, the woman who gives live birth is the birth mother. If a court of competent jurisdiction determines that a woman other than the birth mother is the biological or genetic mother, the court may order the state registrar to amend the record of live birth. The record of live birth shall then be placed under seal.

(9)(a) If the birth mother is married at the time of either conception or live birth, or within 300 days before the live birth, the name of the mother's spouse in a marriage shall be entered on the report of live birth as a parent of the child unless parentage has been determined otherwise by a court of competent jurisdiction.

(b) If the birth mother is not married at the time of either conception or live birth, or within 300 days before the live birth, the name of the other parent shall not be entered on the report of live birth unless a voluntary acknowledgment of paternity form or other form prescribed under ORS 432.098 is:

(A) Signed by the birth mother and the person to be named as the other parent; and

(B) Filed with the state registrar.

(c) If the birth mother is a partner in a domestic partnership registered by the state at the time of either conception or live birth, or between conception and live birth, the name of the birth mother's partner shall be entered on the report of live birth as a parent of the child, unless parentage has been determined otherwise by a court of competent jurisdiction.

(d) In any case in which paternity or parentage of a child is determined by a court of competent jurisdiction, or by an administrative determination of paternity or parentage, the Center for Health Statistics shall enter the name of each parent on the new record of live birth. The Center for Health Statistics shall change the surname of the child if so ordered by the court or, in a proceeding under ORS 25.550, by the administrator as defined in ORS 25.010.

(e) If a biological parent is not named on the report of live birth, information other than the identity of the biological parent may be entered on the report.

(10) A parent of the child, or other informant as determined by the state registrar by rule, shall verify the accuracy of the personal data to be entered on a report of live birth in time to permit submission of the report within the five calendar days of the live birth.

(11) A report of live birth submitted after five calendar days, but within one year after the date of live birth, shall be registered in the manner prescribed in this section. The record shall not be marked "Delayed."

(12) The state registrar may require additional evidence in support of the facts of live birth. [Formerly 432.206; 2014 c.45 §51; 2015 c.629 §50; 2017 c.651 §45]

432.108 Report of live birth for child of unknown parentage. (1) A person who assumes the custody of a child of unknown parentage shall report on a form and in a manner prescribed by the State Registrar of the Center for Health Statistics, within five calendar days of assuming custody, to the state registrar the following information:

    (a) The date and the city or county, or both, where the child was found.

    (b) Sex and approximate live birth date of child.

    (c) Name and address of the person or institution with whom the child has been placed for care.

    (d) Name given to the child by the custodian of the child.

    (e) Other data required by the state registrar.

(2) The place where the child was found shall be entered as the place of live birth.

(3) Information submitted under this section shall constitute the report of live birth for the child.

(4) If the child is identified and a live birth registration is found or obtained, the report submitted under this section and the live birth registration resulting from that report shall be voided and placed under seal and shall not be subject to inspection except upon order of a court of competent jurisdiction or as provided by rule of the state registrar. [Formerly 432.430]

432.113 Delayed reports of live birth; rules. (1) When a report of live birth of a person born in this state has not been registered within one year after the date of birth, a delayed report of live birth may be submitted in accordance with rules of the State Registrar of the Center for Health Statistics. No delayed report shall be registered until the evidentiary requirements as specified by rule have been met.

(2) A certified copy issued as a result of a report of live birth submitted under this section shall indicate the delayed registration and show the date of the registration. The record of live birth shall contain a summary statement of the evidence submitted in support of the delayed registration.

(3) All delayed reports of live birth shall be processed and registered at the Center for Health Statistics.

(4) All certified copies of delayed registrations shall be issued by the state registrar.

(5) A delayed report of live birth may not be registered for a deceased person.

(6)(a) When an applicant does not submit the minimum documentation required by rule of the state registrar for delayed registration or when the state registrar has cause to question the validity or adequacy of the applicant's sworn statement or the documentary evidence, and if the deficiencies are not corrected, the state registrar, in the state registrar's discretion, may refuse to register the delayed report of live birth and shall enter an order to that effect stating the reasons for the action. The state registrar shall advise the applicant of the right to appeal under ORS 183.484.

(b) The state registrar by rule may provide for the dismissal of an application that is not actively prosecuted. [Formerly 432.140]

432.143 Mandatory submission and registration of reports of fetal death; persons required to report; rules. (1)(a) A report of each fetal death of 350 grams or more or, if the weight is unknown, of 20 completed weeks gestation or more, calculated from the date the last normal menstrual period began to the date of the delivery, that occurs in this state shall be submitted within five calendar days after the delivery to the Center for Health Statistics or as otherwise directed by the State Registrar of the Center for Health Statistics. The state registrar shall register the report of fetal death if it has been completed and submitted in accordance with this section and any rules adopted by the state registrar under this section.

(b) All induced terminations of pregnancy shall be reported in the manner prescribed in ORS 435.496 and shall not be reported as fetal deaths.

(2) When fetal death occurs in an institution or en route to an institution, the person in charge of the institution or an authorized designee shall obtain all data required by the state registrar, prepare the report of fetal death, certify by electronic signature that the information reported is accurate and complete and submit the report as described in subsection (1) of this section.

(3) In obtaining the information required for the report of fetal death, an institution shall use information gathering procedures provided or approved by the state registrar. Institutions may establish procedures to transfer, electronically or otherwise, information required for the report from other sources, provided that the procedures are reviewed and approved by the state registrar prior to the implementation of the procedures to ensure that the information being transferred is the same as the information being requested.

(4) If fetal death occurs outside an institution, the physician in attendance at or immediately after the delivery of the fetus shall prepare and submit the report of fetal death within five calendar days of the delivery in a format adopted by the state registrar by rule.

(5) If fetal death occurs outside an institution and without a physician in attendance at or immediately after the delivery of the fetus, or if inquiry is required by ORS chapter 146, the medical examiner in the jurisdiction where the fetal death occurred shall prepare and submit the report of fetal death within five calendar days of the delivery in a format adopted by the state registrar by rule. If the cause of fetal death is unknown or pending investigation, the cause shall be noted as such on the report of fetal death.

(6) When fetal death occurs in a moving conveyance within or outside the United States and the fetus is first removed from the conveyance in this state, the fetal death must be registered in this state and the place where the fetus is first removed shall be deemed the place of fetal death. The report of fetal death may note the actual location of fetal death insofar as it can be determined.

(7) When a fetus is found in this state and the place of delivery is unknown, the report of fetal death must indicate that the place where the fetus was found is the place of delivery.

(8) When a record of fetal death is amended, a notation indicating the record was amended must be shown on all certified copies of the record. The date of the amendment and the certified copy item that was amended must also be shown on all certified copies of the record. [Formerly 432.333]

432.163 Extensions for submitting reports of death or fetal death. Upon such conditions as the State Registrar of the Center for Health Statistics may prescribe to ensure compliance with the purposes of this chapter, by rule the state registrar may provide for the extension, not to exceed 60 days, of the periods prescribed in ORS 432.133, 432.143 and 432.158 for the submission of a report of death or fetal death and related documentation and for the obtaining of a permit for disposition of human remains in cases where compliance with the applicable prescribed period would result in undue hardship. [Formerly 432.327]