

Birth Parent Worksheet Checklist



Birth record parent worksheet
Please print neatly.



Child's information				
1. Child's legal name; exactly as you want it to appear on the birth certificate:				
First	Middle	Other middle	Last (list multiple names in this box)	Suffix (ex: Jr/Ir)
2. Date of birth		3. Sex		4. Do you want to request a Social Security number for the child? (If yes, complete attached authorization to establish Social Security number at birth.)
MM DD YYYY		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Undetermined <input type="checkbox"/> X		<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth mother (the person who had the baby)				
5. Mother's legal name:				
First	Middle	Last (list multiple names in this box)		Suffix
6. Mother's legal name prior to first marriage/legal name at birth: <input type="checkbox"/> Same as current legal name				
First	Middle	Last	Suffix	

Complete and accurate responses on the birth parent and facility worksheets help many public health programs. The responses are a crucial source of information that can be used to identify population problems, monitor progress in public health and inform public policy to improve the health of all Oregonians.

It is important for staff to ask parents for the answers to any question that is left blank on the parent worksheet before the parents leave the facility.

Checklist for items that are frequently left blank on the Birth Parent Worksheet:

- Residence Inside City Limits – Birth Mother selects whether their residence is within city limits.
- Education – Birth Mother and Father/Second Parent select the highest level of education that they have completed.
- Race or Ethnicity – Both part A and part B should be completed by the Birth Mother and Father/Second Parent.
- Race or Ethnicity Part A – Birth Mother and Father/Second Parent should write in how they identify their race, ethnicity, tribal affiliation, country of origin, or ancestry.

Residence Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Primary Telephone Number	Secondary Telephone Number
BIRTH MOTHER DEMOGRAPHICS		
Education: What is the highest level of education you have completed?		
<input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th – 12 th grade; no diploma <input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate's degree <input checked="" type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree
Race or Ethnicity: Complete BOTH Part A and Part B		
A. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry? Write your answer here. <i>Native American</i>		
B. Which of the following describes your racial or ethnic identity? Please check ALL that apply. If you select <i>Other or American Indian and Alaskan Native</i> , please provide additional information in the space provided for <i>Specify or Specify Tribe(s)</i> .		
Hispanic and Latino/a/x: <input type="checkbox"/> Central American <input type="checkbox"/> Mexican <input type="checkbox"/> South American <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic or Latino/a/x <i>Specify</i>	American Indian and Alaska Native: <input checked="" type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Canadian-Inuit, Metis, or First Nation <input type="checkbox"/> Indigenous Mexican, Central American, or South American <i>Specify Tribe(s) <u>Burns Plate Tribe</u></i>	Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Communities of Myanmar <input type="checkbox"/> Filipino/a <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> South Asian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <i>Specify</i>
Native Hawaiian and Pacific Islander: <input type="checkbox"/> Chamoru (Chamorro) <input type="checkbox"/> Marshallese <input type="checkbox"/> Communities of the Micronesian Region <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input checked="" type="checkbox"/> Other Pacific Islander <i>Specify <u>Tongan</u></i>	Black and African American: <input type="checkbox"/> African American <input type="checkbox"/> Afro-Caribbean <input type="checkbox"/> Ethiopian <input type="checkbox"/> Somali <input type="checkbox"/> Other African (Black) <i>Specify</i> <input type="checkbox"/> Other Black <i>Specify</i>	<input type="checkbox"/> Not listed please specify:
White: <input type="checkbox"/> Eastern European <input type="checkbox"/> Slavic <input type="checkbox"/> Western European <input type="checkbox"/> Other White <i>Specify</i>	Middle Eastern/North African: <input type="checkbox"/> Middle Eastern <input type="checkbox"/> North Africa	Opt out options: <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer

- Race or Ethnicity Part B – Birth Mother and Father/Second Parent should check **all** boxes that apply.
- Race or Ethnicity Part B – If “Other” is selected in any racial or ethnic identity category, then parents write in their answer on the *Specify* line.
- Race or Ethnicity Part B – If a selection is made in the American Indian and Alaska Native category, then the parents write in the *Tribe name* on the *Specify Tribe(s)* line provided at the bottom of that category.

- Did you get WIC food for yourself during pregnancy? – Mother selects if she got WIC for herself.
- Cigarettes Smoked Per Day – Mother can check if none. If mother smoked at all, all fields for cigarette usage should be completed, even if she stopped smoking at some point during her pregnancy.

BIRTH MOTHER'S HEALTH			Page 3 of 5
Did you get WIC food for yourself during pregnancy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Cigarettes Smoked Per Day <input type="checkbox"/> Check if none
Height	Weight (Pre-pregnancy)	Weight (At delivery)	3 months before pregnancy # <u>10</u> Cigarettes
ft. in.	lbs.	lbs.	1 st 3 months of pregnancy # <u>6</u> Cigarettes
			2 nd 3 months of pregnancy # <u>0</u> Cigarettes
			3 rd 3 months of pregnancy # <u>0</u> Cigarettes

Birth Facility Worksheet Checklist



The Center for Health Statistics receives a report from the National Center for Health Statistics with an analysis of the birth data we send them. Part of the analysis has information about records that had “unknown” as a data point. There is a specific percentage threshold of unknowns that is acceptable; this percentage is called the tolerance level. It is important to keep our level of unknowns below the tolerance level as much as possible.

Please print neatly

OREGON HEALTH AUTHORITY
Center for Health Statistics

Birth Record FACILITY WORKSHEET

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CHILD			
Name		Suffix	
First	Middle	Last	
Date of Birth		Time of Birth	Sex
MM / DD / YYYY		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Military	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Undetermined <input type="checkbox"/> X
MOTHER HEALTH			
Did Mother get WIC food for herself during pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Cigarette Smoking <input type="checkbox"/> Check if none	
Height	Weight (Pre-pregnancy)	Weight (At delivery)	3 months before pregnancy # Cigarettes
ft in	lbs	lbs	1 st 3 months of pregnancy # Cigarettes
			2 nd 3 months of pregnancy # Cigarettes
			3 rd 3 months of pregnancy # Cigarettes
Alcohol use during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, average number of drinks per week?			

Checklist for items that are frequently missed on the Facility Worksheet:

- Prenatal Care – Total number of prenatal visits.

PRENATAL	
Mother's Medical Record # (optional): _____	Principal Method of Payment
Mother's Medicaid #: _____	<input type="checkbox"/> Medicaid/Oregon Health Plan <input type="checkbox"/> Champus/Tricare
Date of Last Menses (date of last period): MM / DD / YYYY	<input type="checkbox"/> Private insurance <input type="checkbox"/> Other government
Prenatal Care <input type="checkbox"/> Check if none	<input type="checkbox"/> Self-pay <input type="checkbox"/> Other: _____
Date of 1 st visit MM / DD / YYYY	<input type="checkbox"/> Indian Health Services <input type="checkbox"/> Unknown
Total # of visits _____	Previous Live Births
	# now living _____ # now dead _____ Date of last live birth MM / YYYY

- Infant breastfed at discharge – Was the mother breastfeeding the infant?

NEWBORN		(Page 2 of 2)
Medical Rec # (optional): _____	Birth Weight: _____ <input type="checkbox"/> lb/oz <input type="checkbox"/> g	APGAR _____ 5min _____ 10min
Obstetric Estimate of Gestation: (weeks) _____	Plurality: (Single, Twin, Triplet, etc.) _____	Birth Order: (1 st , 2 nd , 3 rd , 4 th , etc.) _____
Number born alive this delivery: _____	Infant alive at time of report <input type="checkbox"/> Yes <input type="checkbox"/> No	Infant breastfed at discharge <input type="checkbox"/> Yes <input type="checkbox"/> No

Thank you for all your help in gathering this essential data!