The Oregon Birth Certificate Birth Information Specialist Training 2018

Public Health Division
Center for Public Health Practice
Center for Health Statistics
July 10 & 12, 2018



Presenters

Lindsey Zapata, OVERS Training Coordinator Judy Shioshi, Vital Records Field Liaison



Today's Agenda

Policies & procedures for Birth Information Specialists

- Birth
- Paternity
- Fetal Death

An introduction to the worksheets

A live demonstration of OVERS entry

Next Steps



The work you do is of VITAL

importance

For the individual:

the birth certificate is the most important document used to establish an individual's identity.

For the family:

Cannot establish an identity for this child. No benefits, tax credits, health care... no identity.

National health:

The information from the records you enter is critical to identifying and quantifying health related issues and measuring indicators of the nation's health. Policy development, funding and research depend on this important information – that you are entering!



Policies and Procedures for Birth Records





The Law

Oregon Revised Statutes

Chapter 432 (2017 Edition)

432.088

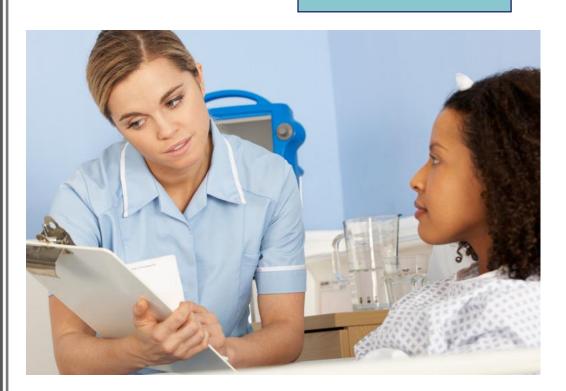
Mandatory submission and registration of reports of live birth; persons required to report; rules.

(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.



Who

In 2017 44,159 births occurred in Oregon



99%

Birth Records

 When Birth Information Specialists (BIS) or midwives certify birth records in OVERS, birth records will automatically register - if there is no override or error on the record.





Worksheets





Parent and Facility Worksheets

- Parent Worksheet: Completed by the parent
- Facility Worksheet: Completed by the facility staff (BIS, Labor/Delivery Nurse)
- Consult with your manager about your facility's procedure for completing the worksheets.

	Health		Birth Red	cord		Please p	rint neatly
	Center for Health Statistics	р	ARENT WOR				
	CHILD		THE IT IT OIL	TOTILLE		(Pa	age 1 of 2)
	Legal Name as you want it to a	ppear on the birth	certificate				
Health	First	Middle	Other M				Suffix
Center for Health Statistics	Date of Birth Sex	I- [Tatala at	o you want to reque: nild? (complete attached author			
CHILD	 	Female Undetermined		Yes No	reason to establish south	security number at	diely
Name First	BIRTH MOTHER (THE PERSO		E BABY)				
Date of Birth	Your Current Legal Name First	Middle		Lest			Suffix
/ /							
MM DD YM	Your Legal Name prior to first n	narriage/Your Leg	al Name at Birth	Check if same	as Current Lega	al Name	Suffix
Did Mother get WIC food for he	Date of Birth Soc	ial Security Numb	ar Chackifa	one Birthplace		COUNTRY	
Height	/ /	aal Security Numb	er 🗆 Check ii n	one Birtipiace	State	COUNTRY	
	MM DD YYYY						
ft in	BIRTH MOTHER'S ADDRESS						
Alcohol use during this pregna	Mother's Residence Address	No. & Street	Apt/Unit/Space	City C	ounty St	ate	ZIP
PLACE OF BIRTH	Mother's Mailing Address (if dif	ferent) No. 8 Street or P	O Box Antitinit/Space	City C	ounty St	ate	ZIP
☐ At this facility ☐ Home ☐ Other location (specify):	☐ Same as residence	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Specify address if not this facil PRENATAL	Residence Inside City Limits?	Yes No	Primary Tele	phone Number	Secondar	y Telephon	e Number
	BIRTH MOTHER'S ATTRIBUT	Ee					
Mother's Medical Record # (opt Mother's Medicaid #:	Education: What is the highes		n you have comp	oleted?			
Date of Last Menses (date of la	8 th grade or less 9 th – 12 th grade; no diplom	☐ Sor a ☐ Ass	ne college credit ociate's degree	but no degree	Master's deg	ree Profession	al degree
Prenatal Care	High school diploma or GE	D Bac	helor's degree	<u> </u>	_		
Date of 1st visit / /	Hispanic Origin: Are you of Hi	spanic origin? (Ch Yes, Puerto				۸.	
MM DD YYYY	Yes, Mexican	Yes, Puerto		Yes, other Hispani Unknown	c Origin (specin	n:	
Other Pregnancy Outcomes (S	Race: What is your race? (Che	ck all that apply. F	lease do not leav				
Combined # of other outcomes	☐ White	☐ Jap	anese	. г	Guamanian or 0	Chamorro	
PREGNANCY FACTORS	☐ Black or African American ☐ American Indian or Alaska Na	Kor		<u> </u>	Samoan Other Pacific Is	lander.	
Risk Factors	(specify tribe(s))	tive U Viet	namese er Asian	L	Other Pacific Is pecify)	lander	
☐ Diabetes – Gestational ☐ Diabetes – Pre-pregnancy	Asian Indian	(specify		•	Other (specify)		
☐ Hypertension – Pre-pregnancy (Cf ☐ Hypertension – Gestational	Chinese		ive Hawaiian		Unknown		
Mother tested for: Infections	☐ Filipino BIRTH MOTHER'S HEALTH				,		
Syphilis Gonorma							
Group B Strep Syphilis	Did you get WIC food for yours				Smoked Per Da	-	
LABOR	Height	Weight Pre-pregnancy)	Weight (At deliver	A	ore pregnancy #	Clgan	
Characteristics of Labor and D	"	re-pregnancy)	(At deliver)	1# 3 months	of pregnancy #	Clgan	
Induction of labor	ft. in.	lbs.	1	lbs. 2 nd 3 months	of pregnancy #	Clgan	
Augmentation of labor Steroids for fetal lung maturation p				3rd 3 months	of pregnancy #	Clgan	ettes
DELIVERY	Did you drink alcohol during thi	s pregnancy?	Yes No If			eek?	
Method of Delivery Fetal Presentation at Delivery: ☐ Cer	Did you go into labor planning t	o deliver at home	or at a freestand	ing birthing center (e	xcludes hospita	l birthing ce	nter)?
Final Route and Method of Delivery:	Yes No						
If Cesarean, was a Trial of Labor Atter	If yes, the planned primary atte	ndant	Traditional Mic			fied Nurse N	/lidwife
Maternal Morbidity (check all the	type at onset to labor was:		Naturopathic I		Medi	cal Doctor	
☐ Maternal transfusion ☐ Third or fourth degree perineal lao			Licensed Dire	ct Entry Midwife			
Ruptured uterus						0114.57	04 (00)45:
Mother transferred to this facility prior t			Hospital St	aff		OHA 970	04 (03/18)
Infant transferred from this facility after	No individual or agency other	than the Center for			a copy of this cor	npleted work	sheet.
No individual or agency other than	Hospital Staff n the Center for Health Statistics shou			evised: March 2018 leted worksheet.			

PUBLIC HEALTH DIVISION Center for Health Statistics

IMPORTANT:

This is a legal document, once filed it is part of the permanent birth record



Health Autority Center for Health Statistics		PA		• • •	ecord	ET			P	lease p	rint neatly
CHILD										(Pa	age 1 of 2)
Legal Name as you want it			ertificate								
First	Mid	ide		Ott	ver Middle		Lest				Suffix
Date of Birth	Sex			_	Do you w	ant to n	onwort o	opial se	onurity n	umbor	fortho
/ /	Female		Male		child? (con						
MM DD YYYY	Undeterr		X		Yes			D GRADIEN	ecum escui	y named a	all,
BIRTH MOTHER (THE PE	RSON WHO	HAD THE	BABY)								
Your Current Legal Name											
First		Middle				Lest					Suffix
Your Legal Name prior to t	irst marriage	Your Lega Midde	l Name a	t Bir	rth C	heck if s	same as (Current I	Legal N	ame	Suffix
Date of Birth	Social Secu	rity Numbe	r Che	eck	if none	Birthp	lace sw	•	0	OUNTRY	
/ /		•	_			Ι.					
MM DD YYYY											
BIRTH MOTHER'S ADDR											
Mother's Residence Addre	SS	No. & Street	Apt/U	niVSpi	ace	City	County		State		ZIP
Mother's Mailing Address	(if different) »	lo. & Street or PO	Box Apt/U	niVSpr	100	City	County		State		ZIP
☐ Same as residence											
Residence Inside City Lim	its? Yes	No	Prima	ry T	elephone	Number	r	Secon	ndary Te	elephon	e Number
BIRTH MOTHER'S ATTR	BUTES										
Education: What is the h 8th grade or less 9th – 12th grade; no di High school diploma of Hispanic Origin: Are you	ploma or GED of Hispanic o	Some Asso Bach	e college ociate's de nelor's de eck all tha	cre egre gree at ap	dit but no dee e poly. Pleas	e do no	t leave bla	octorate		fession	al degree
No, not Hispanic	Yes	s, Puerto R s, Cuban	lican		Yes, o		spanic Or	igin (sp	ecify): _		
Yes, Mexican											
Race: What is your race?	(Check all tha			not I	eave blank	(.)					
☐ White ☐ Black or African America	_	☐ Japa					∐ Gu □ Sa	amaniar	or Char	погто	
American Indian or Alasi		☐ Kore	an Iamese				H Off	moan ner Pacif	ic Island	er	
(specify tribe(s))		Other					(specif			_	
Asian Indian		(specify)						ner (spec	cify)		
☐ Chinese ☐ Filipino		Nativ	e Hawaiia	n			Un	known	**		
BIRTH MOTHER'S HEAL	TH										
Did you get WIC food for y		n process	w2 🗆 🗆	-	□ No.	Cinn	ettes Smo	kod D-	r Davi	□ Chr	k if none
Height	ourseir during Weig			es Veid		7 -				Clgar	
rieigint	(Pre-pregi				yery)	1	hs <u>before</u> pr				
	,				•	1	onths of pre			Clgar	
ft. in.	İ	lbs.			lbs.	1	onths of pre	-	_	Clgar	
						3rd 3 m	nonths of pre	gnancy		Clgar	eues
Did you drink alcohol durin	a this pream:	nev? 🗆 v	es 🗆	No	If yes ave	rage ni	ımber of c	lrinks n	er week	2	
Did you go into labor planr ☐ Yes ☐ No											nter)?
If yes, the planned primary type at onset to labor was:		Ī		oath	Midwife ic Doctor irect Entry	Midwife	•		Certified Medical (Midwife
No individual or agency	other than the	Center for I			I Staff s should be	provide	d with a co	py of this			04 (03/18) sheet.

Parent Worksheet

- Baby's information
- Parents' address and demographics
- Legal relationship of parents
- Mother's health
- Prenatal
- Social SecurityNumber authorization

PUBLIC HEALTH DIVISION Center for Health Statistics

IMPORTANT:
The parent must read the cover sheet



Facility Worksheets

- Medical and health information for the mother
- Prenatal information
- Pregnancy factors
- Labor and delivery information
- Newborn factors
- Hearing screening
- Immunization

IMPORTANT:
The worksheet correlates with OVERS

Health Center for Health Statistic	_		th Recor			Please print ne
CHILD	5	I AGILII	T TTOILING			(Page 1
Name F	nst	Md	de		Last	s
Date	of Birth		Time of Birth			Sex
/	1	□ AM □ PM			☐ Female	☐ Male
-	D YYYY	□ Miltary			Undetermined	□X
MOTHER HEALTH Did Mother get WIG		uring pregnancy?	□ Vor. □ No. [Linknown	Cigarette Smoking	Check if none
						Number per day
Height		Veight	Weigh		3 months <u>before</u> pregna 1* 3 months of pregna	
		pregnancy)	(At delive		2 nd 3 months of pregna	ncy # Ciga
ft	<u>in</u>	lbs		lbs	3rd 3 months of pregna	ncy # Ciga
Alcohol use during		Yes No If	yes, average	number of	drinks per week?	
PLACE OF BIRTH		18/	4-5	40 Dat		
☐ At this facility ☐ Other location (Home deliver	y Was home	delivery plann	ea! Yes	i □ No □ Unkno	wn
Specify address if i						
	iot tills lacility.	No. & Street	Apt/Unit/Space	City	County	State
PRENATAL						
Mother's Medical R	ecord # (optional):_			Method of		
Mother's Medicaid	#:		☐ Private	id/Oregon He insurance	ealth Plan	pus/Tricare government
Date of Last Mense	es (date of last peri	od): / /	☐ Self-pa	y Health Servic	Other:	
		MM DD YYY	m -			***
	Check if none			Live Birth	s ow dead Date of	last live hirth /
Date of 1st visit/	DD YYYY	# of visits	- ""	·	ow dead Date of	MM Y
Other Pregnancy C	outcomes (Spontaneo	ous, induced terminatio	ons or ectopic pre	nancy)	Mother	tested for HIV?
Combined # of other ou	tcomes	Date of last other	r outcome		☐ Yes	□ No □ Unknown
PREGNANCY FAC	TORS					
Risk Factors		☐ Hypertension – Ec				ed From Infertility Treatr
 □ Diabetes – Gestatio □ Diabetes – Pre-preg 	nancy	Previous Pretern (Gestation)			Assisted Reproduc	ctive Technology vious Cesarean Deliven
☐ Hypertension – Pre-	pregnancy (Chronic)	☐ Pregnancy Results	ed From Infertility	Treatment -	How Many?	•
☐ Hypertension – Ges Mother tested for:	Infections Presen	Fertility-enhancing	drugs	Ohete	☐ None Of The Abov tric Procedures	/e
Syphilis	l		Chlamydia		l cephalic version:	
☐ Group B Strep			None of the ab			
LABOR				_		
Characteristics of L	abor and Delivery					
☐ Induction of labor	•	Antibiotics			☐ Epidural or spinal	anesthesia during labor
 ☐ Augmentation of lab ☐ Steroids for fetal lun 	or no maturation prior to de	Clinical cho	orioamnionitis diag	nosed during	Unknown None of the above	
DELIVERY	g materialion prior to de	autory labor of the	according temp. >	~~	Notice of the above	
Method of Delivery						
Fetal Presentation at De	elivery: Cephalic C	Breech Other O	Unknown	□ Vacina!^/-	cuum 🗌 Cesarean 🛭	7 Unknown
If Cesarean, was a Trial	of Labor Attempted?	Yes No	agmair orceps [_ vagina#Va	ocum cesaredfi _	2 Outstown
	(check all that appl					
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and the second	ee perineal laceration	Admission to inter	isive care unit		_	
or Pe	ee perineal laceration is facility prior to deliver		If yes, name o			

Staff Last revised: March 2018



Paternity





Paternity Acknowledgment

Responsibilities according to Oregon Law



ORS 432.093 Availability of voluntary acknowledgment of paternity form; responsibility of health care facility and parents. Any health care facility as defined in ORS 442.015 shall make available to the biological parents of any child born live or expected to be born in the health care facility, a voluntary acknowledgment of paternity form when the facility has reason to believe that the mother of the child is unmarried. The responsibility of the health care facility is limited to providing the form and submitting the form with the report of live birth to the State Registrar of the Center for Health Statistics. The biological parents are responsible for ensuring that the form is accurately completed. This form shall be as prescribed by ORS 432.098. [Formerly 432.285]

Paternity Acknowledgment

Responsibilities of the Birth Information Specialist:

- Provide the correct and most recent form -- use the 2016 form only
- Ensure parents have heard the Rights and Responsibilities before completing form
- Check the form for accuracy and completeness before submitting to the state
- Submitting the form to the state use prepaid envelopes
- The form should be submitted as soon as possible do not hold to mail in batches
- To avoid amendment fees, the form must be mailed by the facility and postmarked within 14 days of the child's date of birth

IMPORTANT:

This is a legal document, once filed it is part of the permanent birth record



Paternity Acknowledgment

Mother is unwed

(and has not been married for 300 days prior to birth) --

Complete the

AOP 45-31: Hospital or Birthing Center form

Use AOP 45-31

- Completed by parents while mother is still a patient at the facility
- Must be signed and dated by parents WITHIN 5 days after the date of birth
- Must be signed and dated IN FRONT of birth facility staff witness

...OR provide parents with the AOP 45-21:

Use AOP Affidavit 45-21

- Provide this form if AOP is not completed within 5 days of date of birth or after mother leaves the facility
- Must be signed before a notary



Fetal Death



For more information specific to Fetal Death

Visit our our web page.

Health Authority Center for Health Statistics		EATH REPORT		Please print neatly
FFTUS	PAREN	T WORKSHEET		(Page 1 of 2)
Fetus Name				(rage 1 of 2)
First	Middle	Other Middle	Lest	Suffix
METHOD OF DISPOSITION - Pa	arents' selection	1	•	
Disposition method: Burial		al disposition 🔲 Do	nation Removal from s	tate
Other	, oromanon <u>a</u> ricepin	0.000000000000000000000000000000000		
Facility Coordinating Final Dispos	nition			_
Hospital to release fetus to fur		of Funeral facility:		
Hospital to release fetus to pa	irents (must provide par	ents with a dispositi	on permit for transporting re	mains)
MOTHER Mother's Current Legal Name				
First Current Legal Name	Middle	Last		Suffix
Mother's Legal Name prior to firs	t marriage/as it appears	on your birth certific	ate 🔳 Check if same as c	urrent Legal Name
First	Middle	Lamit	_	Suffix
Mother's Date of Birth	Birthplace state or canadian	Province	COUNTRY	
/ / MM DO YYYY				
MOTHER'S ADDRESS				
	Street Oty	County	State ZIP	Inside City Limits?
				☐ Yes ☐ No
MOTHERIA ATTRIBUTES				□ 163 □ 140
MOTHER'S ATTRIBUTES Education: What is the highest	laccal of advantion concept			
8 th grade or less		ge credit but no deg	ree Master's degre	
9 th – 12 th grade: no diploma			Doctorate or P	
High school diploma or GED			_ bootorate or r	roiceoionar aegree
Hispanic Origin (Check all that a	apply. Do not leave blan	ık.)		
No, not Spanish/Hispanic/La			es, other Hispanic Origin (s	specify):
Yes, Mexican, Mexican-Ame	erican, Chicana 🔲 Yes	, Cuban 🔲 L	Jnknown	
Race: Which one or more of the White	Filipino	Check all that apply	. Do not leave blank.) Jamanian or Chamorro	
Black or African American	Japanese		amoan	
American Indian or Alaska	Korean		her Pacific Islander	
Native	Vietnamese	(speci	fy)	
(specify tribe(s))	Other Asian	■ Ot	her (specify)	
Asian Indian	(specify)	🔲 Ur	nknown	
Chinese	Native Hawaiian			
MOTHER'S HEALTH		1		
Did you get WIC food for yourself	f during pregnancy?	-	ettes Smoked Per Day	1
Yes No		I .		Cigarettes
		1" 3 m	onths of pregnancy #	Cigarettes
Height ftin Weig	ght (Pre-pregnancy) lbs	2 rd 3 mc	onths of pregnancy #	Cigarettes
		3" 3 m	onths of pregnancy #	_ Cigarettes
Did you go into labor planning to	deliver at home or at fre	estanding hirthing o	enter (excludes hospital bir	thing center\?
Yes No	donvor at nome of at its	restarting britiling t	ontor (excludes fluspital bil	umig venter):
	de-1		F 0.27	d Nicona Mintrale
If yes, the planned primary attend type at onset to labor was:		litional Midwife ropathic Doctor	☐ Certifie	d Nurse Midwife
type at onset to labor was:		ropatnic Doctor nsed Direct Entry Mi		DOUGH
LEGAL RELATIONSHIP OF PA		TOOL DITOUT LITTLY IVII		
Did you have a legal spouse or C		estic (same sex) Par	tner at conception, at delive	erv, or within 300
days prior to delivery? Tyes	■ NO	(*1
If so, were you married?				
If not married, were you i	in an Oregon Registered		ex) Partnership? 🔲 Yes 📋	I NO
Will father/second parent	information be provided	d? 🔲 Yes 🔲 NO		



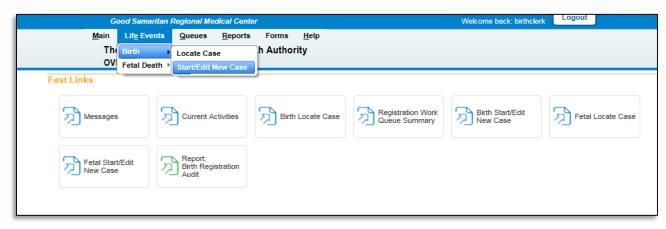
The Oregon Vital Events Registration System





The Basics

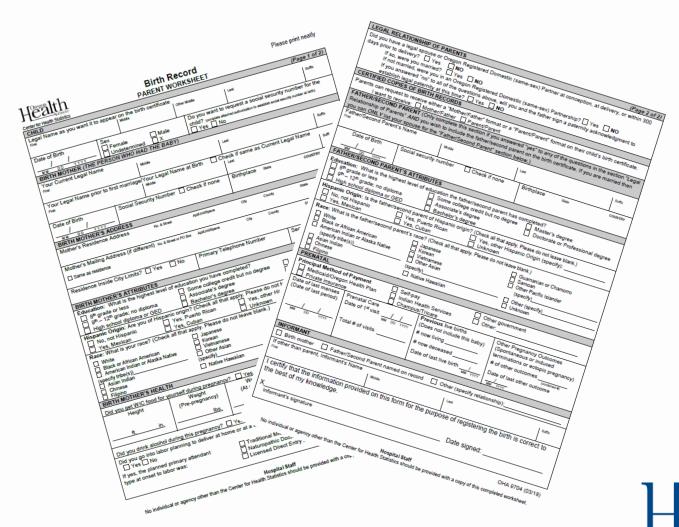








Using the Birth Record <u>Parent</u> Worksheet to create a record in OVERS





Pay close attention to names, sex designation and dates!

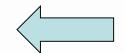
Health Statistics		Record WORKSHEET	Please print neatly
CHILD			(Page 1 of 2)
Legal Name as you want i	t to appear on the birth certificate	Other Middle Last	Suffix
Date of Birth / / MM DD YYYY	Sex Female		social security number for the n to establish social security number at birth)

enter for Health Statistics			Birth	Recoi WORKS		Т			F		print neatly
CHILD											Page 1 of 2
egal Name as you want it	to appea	on the birt	h certificate	I Other Mindle			Tare .				Law
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Date of Birth	Social S	ecurity Num	ber LI Ch	eck if none		Birthpi	ace sw			CONTR	
1 1											
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fother's Residence Addre		No. 6 Street	Arti	rifigers		Ow	County		State	_	290
							-				
fother's Mailing Address	if differen	Y) No 6 Street o	PO Box April	NYSpece		City	County		State		200
Same as residence											
tesidence Inside City Lim	857 🔲 Y	es 🔲 No	Prima	ary Telepho	ne N	lumber		Secon	dary To	elepho	ne Number
URTH MOTHER'S ATTR	BUTES		_		-						
		el of educat	ion you hav	re complete	d?						
ducation: What is the h	ighest lev		me college	credit but		egree		laster's i			
ducation: What is the h B [®] grade or less D [®] – 12 [®] grade; no di	ighest lev ploma	□ Se	me college isociate's d	credit but legree		egree					nal degree
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douadion: What is the in the control of the control	ghest lev ploma or GED (Check al n Native TH Ourself di (Pre-p g this pre- ning to de or attendant	Grant State	ome college is college in the college is college in the college in the college is college in the college in the college in the college is college in the c	e credit but ingree gree gree gree gree gree gree gree	o aven	Ogare 3 most 1* 3 m 2* 3 m 3* 3 m age nu	Gu Gu Gu Gu Gu Gu Gu Gu	inctorate ank.) igin (spe amanian moan her Paoli y) her (speo known sked Per segnancy gnancy gnancy gnancy sprancy sprancy sprancy moan files hosp	or Pro	morro Che Cog Cog Cog Cog Nurse	eck if none aretes aretes aretes aretes conter)?
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Birth Registration Menu Parent Information Child Mother	6879028 :Baby T Test MAY-22-2018 //Legal Valid with exceptions/Medical Valid with exceptions/Certified/Not Registered/Registration Approval Required Child Child's Name
Mother Address Mother Attributes Mother Health Marital Status Father Father Attributes Informant Facility Information	First Middle Other Middle Last Suffix Baby T T Test Date of Birth Time of Birth Sex Child SSN MAY-22-2018 11: 01 AM Female 999-99-999 Request SSN for Child Safe Harbor/Foundling Baby? Yes, parent wants a card issued
Place of Birth Prenatal Pregnancy Factors Labor Delivery Newborn	Is Adoption/Legal proceeding expected? No Validate Page Next Clear Save Return



Don't forget to add the mother's name prior to first marriage.

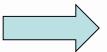


BIRTH MOTHER (THE PE	RSON WHO HAD THE BABY)		
Your Current Legal Name			
First	Middle	Last	Suffix
Your Legal Name prior to	first marriage/Your Legal Name at Bi	rth	Legal Name
First	Middle	Last	Suffix
Date of Birth	Social Security Number	if none Birthplace State	COUNTRY
/ /	-		
MM DD YYYY			

Health			Record	ET		Plea	sse print neatly
HILD							(Page 1 of
egal Name as you want it 	to appear on	the birth certificate	Other Middle		Land		Suth
late of Birth	Sex Female Undeterm	Male		minds affects	quest a socia		
IRTH MOTHER (THE PE	DECOM WWO	WAD THE DARKY	Tes	NO			
our Current Legal Name		Wode		Lest			100
four Legal Name prior to t	first marriage/	four Legal Name at works	Birth 🗆 C	hock if s	ame as Curre	nt Legal Nav	0.00
Date of Birth	Social Secur	ty Number Che	ick if none	Birthpi	300 tus	cou	NTRY
BIRTH MOTHER'S ADDR							
fother's Residence Addre	***	April	(figure	CNy	County	The Control	200
ifother's Mailing Address ☐ Same as residence	(if different) =	Elbert o POlice April	Olyma	City	County	lten	29
Residence Inside City Lim	ts? [] Yes	□ No Prima	ry Telephone	Number	Se	condary Tele	phone Number
BIRTH MOTHER'S ATTR	DITTES	_			_		
ducation: What is the h 8th grade or less 0th = 12th grade; no di High school diploma o fispanie Origin: Are you No, not Hispanie	ploma or GED of Hispanic or	Some college Associate's de	credit but no o gree pree t apply. Pleas	e do not	Docto		ssional degree
Yes, Mexican	H	. Pueno rican . Cuban	Unkn		ipanio Ungin (specify:	
Race: What is your race? White Black or African America American Indian or Alasi (specify tribe(s)) Asian Indian Chinese		Japanese Korean Vietnamese Other Asian (specify)		k.)	Samoar Other P (specify)	aofic Islander pecify)	
C Filipino		□ Native Hawaiia			Unknow	n	
BIRTH MOTHER'S HEAL	TH						
Did you get WIC food for y Height	ourself during Weigh (Pre-pregn	e v	es No Feight Selbvery)	3 month 1* 3 m	ttes Smoked s before pregnar orbs of pregnan	ky !	Cigarettes Cigarettes
<u> </u>		lbs.	lbs.		onths of pregnant onths of pregnan		Ogaretes Ogaretes
Did you drink alcohol durin							
id you go into labor plans				sing cen	er (excludes)		
fyes, the planned primary ype at onset to labor was:		☐ Naturop	nal Midwife withis Dester d Direct Entry	Midwife	E	Certified Nu Medical Do	rse Midwife stor
No individual or agency	other than the		pital Staff istics should be	provides	with a copy of		A 9704 (03/18) worksheet.

Parent Information		onormedical valid with exception	s/Certified/Not Registered/Regist	ration Approval required
Child	Mother			
Mother	Mother's Current Name			
Mother Address Mother Attributes	First Mother	Middle T	Last	Suffix
Mother Health Marital Status Father Father Attributes Informant	Copy Current Legal Na			
Facility Information	First	Middle	Last	Suffix
Place of Birth	Mother	T	Single	
Prenatal Pregnancy Factors Labor	Date of Birth NOV-01-1980	Age Social Security Number	None Unknown	
Delivery	Mother Birthplace			
Newborn Newborn Factors Attendant/Certifier	Birthplace State New York	Birthplace Country United States		
✓ Certify				

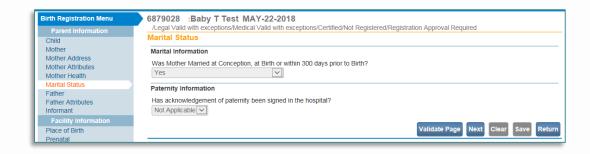




Remember: "Marital status" applies to the time at birth.

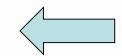
LEGAL RELATIONSHIP OF PARENTS (Page 2	of 2)
Did you have a legal spouse or Oregon Registered Domestic (same-sex) Partner at conception, at delivery, or within 30	00
days prior to delivery? Yes NO	
If so, were you married? ☐ Yes ☐ NO	
If not married, were you in an Oregon Registered Domestic (same-sex) Partnership? 🗌 Yes 🔲 NO	
If you answered "no" to all of the questions above, will you and the father sign a paternity acknowledgment to	
establish legal paternity at this time?	

LEGAL RELATIONS	HIP OF PARENTS					(Page 2 of
Did you have a legal r	spouse or Oregon	Registered D	omestic (same-sex)	Partner at o	onception, at deliver	
days prior to delivery!	Yes No	9				
If so, were yo	u married? Ye	is 🗌 NO				
If not married	were you in an O	regon Regist	ered Domestio (same	t-sex) Partr	ership? Yes 🔲	NO
If you answer	ad "no" to all of the	questions al	bove, will you and the	e father sign	a paternity acknowle	edgment to
	il paternity at this t		□ NO			
CERTIFIED COPIES						
Parents can request t	o receive either a " ive: Mother/Fat	MotheriFathe	er" format or a "Parer	t/Parent' fo	rmat on their child's	birth certificate.
FATHER/SECOND P	ADEMI (Calcare)	mer U Fan	inor arent	Same State and	of the secretions in	the section 7 as
Relationship of Paren						
you can CNLY list yo	ur spouse for the "	Father/Secon	d Parent' section be	ipw.)		
Father/Second Paren	r's Name					
First		Wode		Leet		Suffix:
Date of Birth	Social security	rnumber	Check if none	Birthpla	ice too	COUNTRY
WW 00 100	1			1		
FATHER/SECOND P	ARENT'S ATTRIE	PUTES				
Education: What is t	the highest level of	education th	e father/second pare	nt has com	oleted?	
☐ 8 th grade or less		Some	college credit but no	degree	Master's degree Doctorate or Profi	
QP = 12 th grade; t		Associ	ate's degree		Doctorate or Profe	essional degree
☐ High school diplo	ma or GED	□ Bache	or's degree			
Hispanie Origin: Is t	ne father/second p	arent of Hisp	anio origin? (Check al	that apply.	Yease do not leave bla	nk.)
No, not Hispanic	☐ Yes	Puerto Rica	m Yes, o	ther Hispar	ic Origin (specify): _	
Yes, Mexican	☐ Yes	Cuban	Unkno	nen		
Race: What is the fat	her/second parent	s rane? (Cher	is all that apply Please	do not leave	Nank)	
□ White		☐ Japaner			Guarnanian or Char	norm.
Black or African An	rerican					
American Indian or	Alaska Native	H Vietnam	ese	- 1	Other Pacific Island	er
(specify tribe(s)) Asian Indian			sian		(specify)	
Chinese		(specify)			Other (specify)	
Filipino		☐ Native h	lawa ian	- 1	Unknown	
PRENATAL						
Principal Method of	Payment	Self-pay		□ Other	government	
☐ Medicald/Oregon	Health Plan	Indian He	alth Services	C) Other		
Private insurance		Champus	/Tricare			
Date of last menses	Prenatal Care		Previous live birth		Other Pregnancy (utcomes
(Date of last period)	Date of 1 st visit	//	(Does not include t	his baby)	(Spontaneous or in	
	,	MW GG YYYY	# now living		terminations or ect	opic pregnancy
			# now deceased		# of other outcome	5
W 00 YYY	Total # of visits				Date of last other of	Exceptioned 40
			Date of last live bir	h	Date of last other o	Uxcome
				99 1111	MM YYYY	
INFORMANT	Father/Second P	arent named	on record Oth	er (specify	relationship):	
Birth mother						
Birth mother	formant's Name			Land		545x
Birth mother	rformant's Name	Wilde				
Birth mother	nformant's Name	Wilde				
Birth mother If other than parent, in			form for the purp	ose of rec	istering the birth	is correct to
Sirth mother If other than parent, in fine I certify that the in	formation provid		form for the purp	ose of req	istering the birth	is correct to
Birth mother If other than parent, in	formation provid		form for the purp	ose of reg	istering the birth	is correct to
Sirth mother If other than parent, in fine I certify that the in	formation provid		form for the purp			
Birth mother If other than parent, is not in the in the best of my known X.	formation provid owledge.		form for the purp		signed:	
Sirth mother If other than parent, in fine I certify that the in	formation provid owledge.		form for the purp			





Pay close attention to names, sex designation and dates!



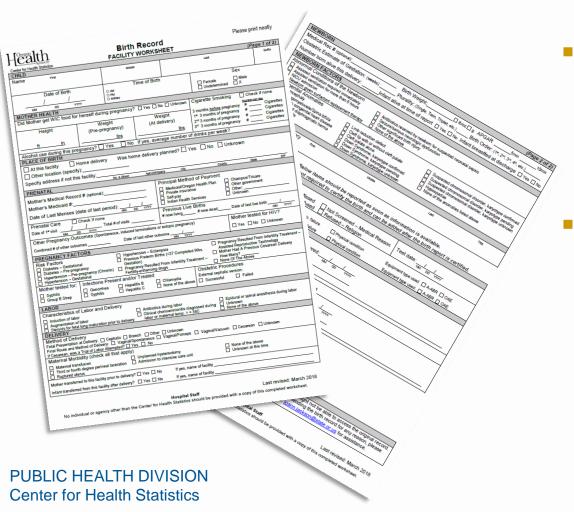
FATHER/SECOND PAR Relationship of Parents" you can ONLY list your s	AND you wish to	include the	e father/second parent	on the birth cert		
Father/Second Parent's	Name					
First		Middle		Last		Suffix
Date of Birth	Social security	number	Check if none	Birthplace	State	COUNTRY
	1					
/						
MM DD YYYY						

LEGAL RELATIONS	HIP OF PARENTS					(Page 2 of
Did you have a legal s	spouse or Oregon	Registered D	omestic (same-sex)	Partner at o	onception, at delivery,	
days prior to delivery?	Yes N	9				
If so, were yo	u married? Ye	is 🗆 NO				
					ership? Yes NK	
If you answer	ad "no" to all of the	questions al	bove, will you and th	e father sign	a paternity acknowled	gment to
	i paternity at this t		□ NO			
CERTIFIED COPIES						
Parents can request to	a receive either a '	MotheriFathe	er" format or a "Pare	nt/Parent' fo	rmat on their child's bir	th certificate.
want to recei	ive: Mother/Fa	ther Pare	ent/Parent		y of the questions in the	
FATHER/SECOND P.	ARENT (Only con	plete this sec	tion if you answered	yes to an	y of the questions in the h certificate. If you are	e section "Leg
you can ONLY list you	B" AND you wish	to incrude the	father/second parer	it on the birt	n certinicate. If you are	married then
you can one if but you Father/Second Parent	or apouse for the "	PatherrSecon	G Parent' section be	iliw.)		
ramen oecunu rareni Fini	2 rearrise	Work		Lest		1 0/0
Date of Birth	Social security	romber	Check if none	Birthela	04 00	COLINTR
	Decisi securi	,				000000
FATHER/SECOND P	ACCRET ATTOM	MITTER.				
Education: What is t B [®] grade or less	he highest level of	education th	e father/second pare	nt has comp	pleted?	
9h - 12h grade: n	on distance	H come	conege creat out no	cegree }	Master's degree Doctorate or Profesi	bearing the second
High school diplo			lor's degree		Doctorate or Prores	sonai degree
	ne father/second p	arent of Hispi L Puerto Rica	areo origin? (Check a	I that apply. It	Please do not leave blank nio Origin (specify):	3
No, not Hispanic	LI Yes	, Puerto Rica Cuban	m Unkn	other Hispar	nic Origin (specify):	
Race: What is the fat	her/second parent			do not leave		
White		☐ Japanes	e .		Guarranian or Chamo	mp on
☐ Black or African Am ☐ American Indian or	erican	☐ Korean		5	Samoan Other Pacific Islander	
(specify tribe(s))	AUGSAA PURINE	Other A	ese sino		(specify)	
Asian Indian		(specify)				
Chinese		☐ Native h	lassiss.	;	Other (specify)	
Filipino		C HARVE			Unknown	
PRENATAL						
Principal Method of	Payment	Self-pay		☐ Other	government	
☐ Medicald/Oregon	Health Plan	Indian He	alth Services	Other:		
Private insurance		Champus				
Date of last menses			Previous live birth		Other Pregnancy Ou	
(Date of last period)	Date of 1 st visit .		(Does not include)		(Spontaneous or indi	
	,	MR 50 YYYY	# now living	_	terminations or ectop	ic pregnancy
1 1	Total # of visits		# now deceased		# of other outcomes	
WW 00 1111	TOTAL P OF VISES				Date of last other out	(montened 4)
			Date of last live bir	4	/ Date of the other out	CONTRACT OF THE PARTY OF THE PA
					MAN TOTAL	
INFORMANT						
Birth mother	Father/Second F	arent named	on record Of	ter (specify)	relationship):	
f other than parent, in	formant's Name					
Fine		Wilde		Land		545x
I cortify that the int	formation provi	ded on this	form for the num	one of rea	istering the birth is	correct to
the best of my kno			are purp	31 149		
one seem of my first	micoge.					
				Date	signed:	
				Date	signed:	
Informant's signatur	*					

Birth Registration Menu		Test MAY-22-2018		
Parent Information	/Legal Valid with excep	tions/Medical Valid with exceptions/0	Certified/Not Registered/Reg	istration Approval Required
Child Mother				
Mother Address	Father's Name			
Mother Attributes	First	Middle	Last	Suffix
Mother Health	Dad	T	Test	
Marital Status	Date of Birth	Age Social Security Number	0	
Father Father Attributes	JAN-01-1975	42 888-88-8888	None Unknown	
Informant	Father's Birthplace			
Facility Information	Birthplace State	Birthplace Country		
Place of Birth	Oregon	United States		
Prenatal				
Pregnancy Factors Labor				
Delivery				Validate Page Next Clear Save Retur
Newborn				
Newborn Factors				
Attendant/Certifier				
✓ Certify				
Other Registries Hearing Screening				
Immunization				
Other Links				
Print Forms				
Comments				
Validate Registration				



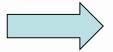
Birth Record <u>Facility</u> Worksheet and OVERS



 Consult with your facility about correct ways to gather information for the worksheet.

 Use the Guidebook to locate detailed definitions

Health Calthority



Use the guide book for help with definitions.

NEWBORN			(Page 2 of 2)
Medical Rec # (optional):	Birth Weight:	lb/oz	5min10min
Obstetric Estimate of Gestation: (weeks)	Plurality: (Single, Twin,	Triplet, etc.) Birth Order: (1st,	2 nd , 3 rd , 4 th , etc.)
Number born alive this delivery:l	nfant alive at time of report	☐ Yes ☐ No Infant breastfed at o	di scharge □ Yes □ No
NEWBORN FACTORS			

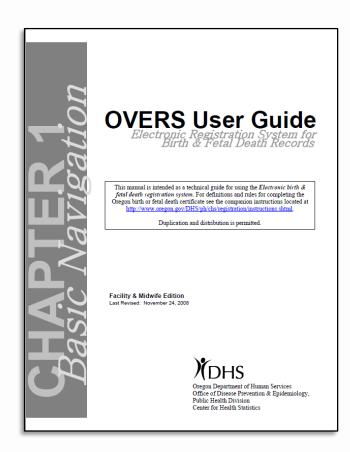
IEWBORN			(Page 2 of 2
#edical Rec # (optional):	Birth Weight:	□ blue □ a APGAR	Smin 10min
Ibetetric Estimate of Gestation: (week	s)Plurality: (Single, Twin, Tripl	et, etc.) Birth Order: (14, 24,	21, 41, etc.)
lumber born alive this delivery:	Infant alive at time of report	res No Infant breastfed at dis-	charge Yes N
IEWBORN FACTORS			
cnormal Conditions of the Newborn Assisted ventilation required immediately	☐ Antibiatios received by newborn		
		for suspected neonatal sepsis inction	
NCU admission Newborn given surfactant replacement then			
ongenital Anomalies			
	Limb reduction defect Cleft tip with or without cleft palate	Suspected chromosomal dison Suspected chromosomal dison	ier, karyotype confirme
			ier, karyonine persong der, karvotine unknown
	Down Syndrome, karyotype confirmed Down Syndrome, karyotype pending	☐ Higospadias ☐ None of the anomalies listed at	
	Down Syndrome, karyotype unknown	D make the annual time a	
ATTENDANT			
ittendant at delivery res	Mode	Leet	100
	s should be reported as soon as		
EARING SCREENING	ed to certify the birth and can be	added after the birth report is	Certified.
las hearing test performed?			
☐ Inpatient ☐ Outpatient ☐ Miss	ed Not Screened - Medical P	leason Test date: / /	_
Deceased Transfer Refu	sed Refused - Religion	M 10 11	**
	suis failure Physical condition	Enigner/Tipe used: A	ASS FLOWE
	quip failure Physical condition	Equipment type used. A-	
MMUNIZATION		CONTRACTOR CONTRACTOR	
iid Infant receive Hepatitis B Vaccine	7		
Yes No Refused Da	te administered: / /		
Manufacturer Giaxo Merck	Other:		
ot number:			
Mother HEISAGS			
Positive Negative Unkn	own Not screened		
Yes No Refused Dat	te administered: / /		
danufacturer Giaxo Merck	Other:		
ot number:			
Can't find the record in OVERS after			
a legal change occurs on the record	that creates a new record, facility is	staff might not be able to access	the original record
a legal change occurs on the record I you cannot locate the original record	that creates a new record, facility of when adding information or when	amending the birth record for an	ny reason, please
a legal change occurs on the record I you cannot locate the original record	that creates a new record, facility of when adding information or when	amending the birth record for an	ty reason, please
a legal change occurs on the record I you cannot locate the original record	that creates a new record, facility of when adding information or when	amending the birth record for an	ty reason, please
Can't find the record in OVERS after a kippl change occurs on the record contact Johns Jackson, State Register	that creates a new record, facility of when adding information or when	amending the birth record for ar joann jackson getate, or us for a	ty reason, please

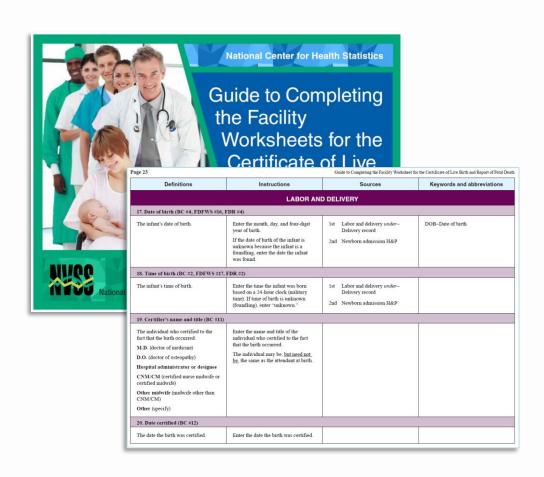
Birth Registration Menu	6879028 :Baby T Test MAY-22-2018 /Legal Valid with exceptions/Medical Valid with exceptions/Certified/Not Registered/Registration Approval Required
Parent Information	Newborn
Child Mother Mother Address Mother Attributes	Medical Record Number Pounds / Ounces Grams 5 Minutes 10 Minutes
Mother Health Marital Status	Infant Birth Weight 7 5 APGAR Score 10 Obstetric Estimate of Gestation(weeks) 40
Father Father Attributes Informant	Plurality Single Single Not Applicable
Facility Information	If not single birth, number of infants in this delivery born alive
Place of Birth Prenatal	Is infant living at time of report? Yes V Is infant being breastfed at discharge? Yes V
Pregnancy Factors Labor	Validate Page Next Clear Save Return
Delivery Newborn	
Newborn Factors Attendant/Certifier ✓ Certify	
Other Registries	
Hearing Screening Immunization	
Other Links	
Print Forms Comments Validate Registration	





Use the guide book for help with definitions.



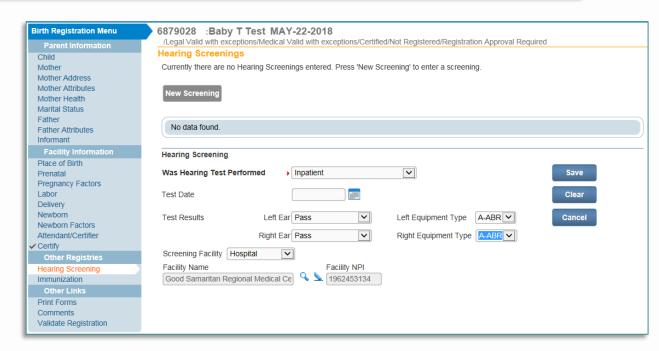






Below items should be reported as soon as information is available. These items are not required to certify the birth and can be added after the birth report is certified.				
HEARING SCREENING				
Was hearing test performed? ☐ Inpatient ☐ Outpatient ☐ Mis☐ Deceased ☐ Transfer ☐ Re		Screened – Medical Reason sed – Religion	Test date: / /	
] Equip. failure] Equip. failure	☐ Physical condition ☐ Physical condition	Equipment type used:	

			(Page 2 of 2
Redical Rec # (optional):		District g APGAR5n	
Obetetric Estimate of Gestation: (let, etc.) Birth Order: (14, 24, 34,	
iumber born alive this delivery: _	infant alive at time of report	Yes No Infant breastfed at discha	rge 🗆 Yes 🗆 N
IEWBORN FACTORS			
bnormal Conditions of the Newb Assisted verifiation reprine immedia Assisted verifiation for more franch in NOU admission Newborn given surfactant replacement Congenital Amornalies	nely Antibiotics received by newborn Seizure/sericus neurologic styd	n for suspected neonatal sepsis function	
Asenceptaly MeningemyelocelerSpina bifida Cyanotic congenital heart disease Congenital disphragmatic hemia Omphalocele Gashrosches VTENDANT	Limb reduction defect Dieft by with or without cleft palate Cleft palate alone Doen Syndome, karyotype confirmed Doen Syndome, karyotype pending Doen Syndome, karyotype unknown	Suspected shramesomal disorder, Suspected shramesomal disorder, Suspected shramesomal disorder, Highspadias None of the anomalies listed above	karyotipe pending karyotipe unknown
Ittendant at delivery rer	Made	Lest	The .
ost Results	Missed Not Screened – Medical P Refused Refused – Religion	Reason Test date: / / /	Does
	☐ Equip Salure ☐ Physical condition	Equipment tiple used. AABF	
bid Infart receive Hepatis & Visc. Yee No Rebuse famufacturer Glavo Me of mariber— dother Hibs.ag- Poetitie Negative 1; Poetitie Negative 1; Yee No Rebuse famufacturer Glavo Me of mariber Glavo Me	Date administered: / / / // // // // // // // // // // //		
	i after it in registered?		





ı	IMMUNIZATION
1	Did Infant receive Hepatitis B Vaccine?
1	☐ Yes ☐ No ☐ Refused Date administered:/
1	MM DD YYYY
1	Manufacturer Glaxo Merck Other:
1	Lot number:
1	Mother HBsAg+
1	Positive Negative Unknown Not screened
1	
1	Did Infant receive Hepatitis B Immune Globulin (HBIG)?
1	Yes No Refused Date administered: / /
1	MM DD YYYY
1	Manufacturer Glaxo Merck Other:
1	Lot number:
1	

NEWBORN					(Page 2 of
Medical Rec # loctoral:		Birth Weight:	Distre	Cla ADG48	5min 19mi
Obstetric Estimate of Gestation:					
Number born alive this delivery:					at discharge Yes
NEWBORN FACTORS					
Abnormal Conditions of the New	iborn				
Assisted ventilation required immed Assisted ventilation for more than 5	mey RA	ntibiatios received by newbo starwiserous neurologic dy	im for suspect inheritors	ed neonatal sepsis	
NCU admission Newborn given surfactant replacem		her significant birth injury one of the above			
Congenital Anomalies					
	Limb reduction	n defect or without cleft polate	P 24	specied chromosoma	disorder, karyotype confirm disorder, karyotype pending
	Cleft palate a		□ 5u	spected chromosomal	disorder, karyotype unknow
	Cleft ip with o Cleft palate at Down Syndro Down Syndro	me, karyotype confirmed me, karyotype pending	82	pespadias ne of the anomalies in	starf shows
Castroutisis	C) Down Syndro	me, karyotype unknown			
ATTENDANT Attendant at delivery or		Made		Leef	
ricercant at delivery 74s		18000		CMR	100
		e reported as soon a			
These items are not HEARING SCREENING	required to certi	fy the birth and can i	be added a	fter the birth rep	ort is certified.
Was hearing test performed?			$\overline{}$		
Inpatient Outpatient	Missed N	ot Screened - Medical	Reason	Test date: /	-
Deceased Transfer and Results	Refused R	efused – Religion		100 (0 1111
Left Ear: Pass Befor	☐ Equip failure	Physical condition		supment tipe used.	□ A ABR □ CAE
Right Ear: Pass Refer	☐ Equip failure	☐ Physical condition		alpment tipe used.	□ A-ABR □ OAE
IMMUNIZATION Clid Infant receive Hepatitis B VI					
Yes No Refused	Date administ	met / /			
Manufacturer 🗌 Glaxo 🔲 M	lerck Other;		-		
Lot number:					
Mother HBsAg+					
Positive Negative Cld Infant receive Hepatitis B Im					
☐ Yes ☐ No ☐ Refused	Date administ	ered: / /			
		Mr 00 YM			
Manufacturer Glaxo M	erck Other;		-		
The state of the s					
	S after it is recir	sterest?			
		is a new record, facility			
Can't find the record in OVER If a legal change occurs on the					for any reason, please
If a legal change occurs on the If you cannot locate the original	record when add				
	record when add			kaon@state.or.us	for assistance.
If a legal change occurs on the If you cannot locate the original	record when add			kson Østate or us	for assistance.
If a legal change occurs on the If you cannot locate the original	record when add				for assistance.

Birth Registration Menu	6879028 :Baby T Test MAY-22-2018
Parent Information	/Legal Valid with exceptions/Medical Valid with exceptions/Certified/Not Registered/Registration Approval Required
Child	Immunization
Mother	Currently, there are no immunizations entered. Press "New Immunization" to enter a report.
Mother Address	
Mother Attributes	New Immunization
Mother Health	
Marital Status Father	Immunization Data
Father Attributes	
Informant	Clear
Facility Information	Did Infant receive Hepatitis Yes Save
Place of Birth	receive Hepatitis Yes B Vaccine?
Prenatal	
Pregnancy Factors	Date Administered JUN-14-2018
Labor	Manufacturer Glaxo Smith Klir V Other
Delivery Newborn	Lot#
Newborn Factors	La Alexandra
Attendant/Certifier	HbsAg+?
✓ Certify	Did Infant
Other Registries	receive Hepatitis B Immune Yes
Hearing Screening	Globulin (HBIG)
Immunization	7?
Other Links	Date Administered JUN-20-2018 i
Print Forms	Manufacturer Glaxo Smith Klir V Other
Comments	Lot#
Validate Registration	2007



Pay attention to...

- Names
- Sex Designations
- Dates
- Hyphens



Remember!

- Entries in OVERS create an official birth record.
- Review your entries for errors.
- Amendments are listed on the certificate permanently.
- Worksheets should inform OVERS entry.



Resources



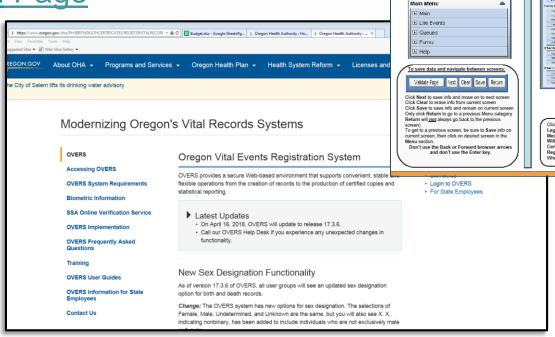
References

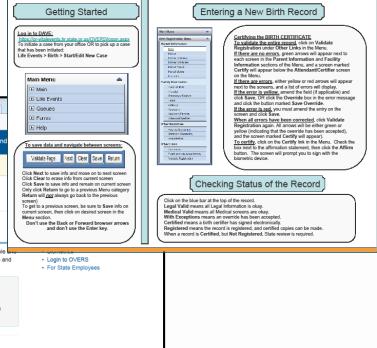
EBRS QuickStartGuide

Quick Reference Guide and User Guides

Instructions and Worksheets

Birth Page





YDHS 📵

Next Steps



NEXT

Take the new eLearning training found on <u>our website</u>.

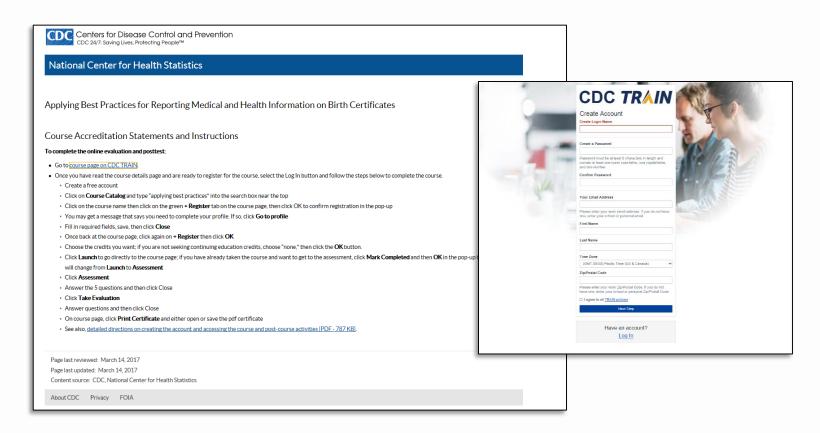
"Applying Best Practices for Reporting Medical and Health Information on Birth Certificates" created by the National Center for Health Statistics (NCHS).





Login to CDC Train and complete your profile.

CDC Birth Training Page

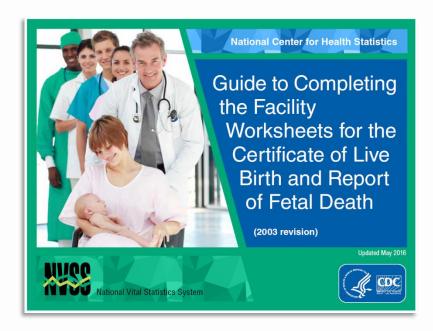


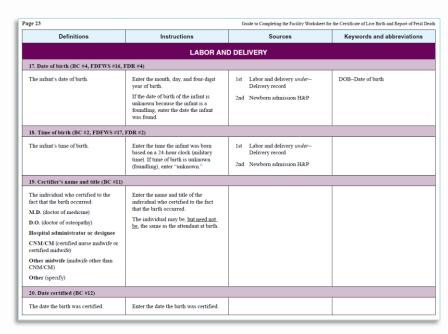


Review the guide found on the CDC website.

"Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of

Fetal Death"







How to register in OVERS:

Send the following completed documentation to Megan Welter MEGAN.L.WELTER@dhsoha.state.or.us

- 1.) OVERS enrollment form
- 2.) CDC training certificate
- 3.) confirmation of attendance at this webinar (Sent by Lindsey)

OVERS Enrollment Form Page





Upcoming Opportunity!

Birth Information Specialist Workgroup Reconvening

Meets quarterly for process improvement and system development.

Contact Lindsey at <u>lindsey.m.Zapata@state.or.us</u> for more info.



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OVERS Help Desk 971-673-0279



