



Old Farmer's Market, by Natalie Maynor, flickr gallery, <http://www.flickr.com/photos/nataliemaynor/7349196642>

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

Issue: July 2012

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Physician is attendant at Cesarean section deliveries

In our [January 2012](#) Birth newsletter, we wrote an article entitled “Physician is attendant at Cesarean section deliveries”. The good news is that some hospitals have improved in listing the correct attendant in Cesarean section (C-section) births. However, other hospitals are continuing to list an incorrect attendant. For this reason, we thought it useful to reprint the article for your review and clarification.

Recently, Center for Health Statistics’ staff performed a quality check on birth records, and discovered an issue regarding who is listed as “attendant” on Cesarean section (C-section) births. Many records listed certified nurse practitioner or certified nurse midwife as the “attendant” when the method of birth was C-section. This is not correct. Even if the certified nurse practitioner or certified nurse midwife is assisting with the C-section, neither can be the “attendant.” Why? Because, they are not licensed to perform C-sections. Only a licensed physician (MD or DO) can be listed as “attendant” when C-section is the method of delivery.

If you have any questions, please contact JoAnn Jackson, Registration Manager, at 971-673-1160 or joann.jackson@state.or.us . ❖



Why parents cannot have a copy of the birth worksheets

Purpose of the birth worksheet

The parent and facility birth worksheets are used exclusively to complete the birth certificate and should not be used for any other purpose. The worksheets are not a medical record or part of the medical record, and are required to be stored separately. To limit storage requirements, birth certifiers are asked to destroy the birth worksheets in a confidential manner (such as on-site shredding) within two years of the birth.

Do not shred the signed permission to apply for a social security number for the child. This single page can be stored with the medical file as is stated on the face of the form. See the state recommended parent and facility birth worksheets at <http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Pages/InstructionsBirth.aspx>.

Why parents do not get a copy

There are several reasons parents do not receive copies of the worksheets.

- A worksheet might be mistakenly used as a birth certificate to obtain services for the child. There will be some parents who misunderstand the birth worksheet, and similar to the hospital commemorative certificate, try to use the birth worksheet as legal proof of the birth.
- Mothers might be less willing to

Correcting errors on birth records

Once a birth clerk enters birth data into the Oregon Vital Events Registration System and signs the record, it becomes an officially registered birth certificate and receives a

honestly report information if the parent birth worksheet is available to be shared after they complete it. Some mothers are already reluctant to provide information about prior pregnancies, smoking, or alcohol use because they think the worksheet is available for other family members to see.

- Parents do not have the right to correct most of the information on the birth certificate. The majority of the information is from the facility worksheet and can only be corrected by the facility.

There may be a few reasons why a parent would need to change the parent birth worksheet. For example, if the mother is still at the facility and the birth certificate has not been created, the mother can ‘correct’ the parent birth worksheet.

What can a parent keep?

The form giving permission to request a social security number for a child that is signed by the parents does create a legal obligation. Since it creates a legal obligation, a copy could be provided to the parent. The specific form may be stored in the medical record as is stated on the form. It is important that the birth certifier maintain a copy of the signed permission form for their records. The Social Security Administration requires this form be maintained in case there are any questions. ❖

State file number. After the birth certificate is registered, hospital staff should only submit requests to amend birth certificates in

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situations where:

1. The amendment is to correct a mistake made by the birth clerk.
2. The amendment is based on information provided to the birth clerk by the parents while still admitted in the hospital. (Parents requesting changes after the birth record is registered must be directed to our office.)



Pre-op forms, by Thirteen of Clubs, flickr gallery, <http://www.flickr.com/photos/thirteenofclubs/5474231259/>

Amendments requested by hospital staff are submitted electronically using OVERS. No fees are charged for amendments requested by the hospital as long as they are submitted in the first year following date of birth **or** are requesting a change to the baby's sex, date of birth, or time of birth.

If a parent asks you to correct a birth certificate do **not** provide them with a working copy of the birth record or a copy of the birth worksheet since these are for internal use only. Do direct them to the Center for Health Statistics to get instructions on how to amend the record. The list below describes the most common amendments requested by parents. This list does not cover every possible type of amendment, but it covers most of the ones parents will ask about.

- **Adding missing names, parent date of birth or place of birth** - Parents can submit supplemental reports to add missing first and middle names for a child or parent or missing date of birth or place of birth for a parent within the first year without being charged a fee. (Adding a second surname is considered a change to the name and requires an affidavit and a fee. Birth records without a first name for the child will not be issued until a name is added.)
- **Changing child's name** - Parents may change their child's name within the first year. Both parents listed on the record must sign a notarized affidavit and submit a \$30 amendment fee.
- **Other errors made by the informant** Some errors made by the informant when they filled out the birth worksheet can be corrected with a notarized affidavit and a \$30 fee. There are limitations on these corrections because some changes could create a fraudulent record. Vital Records will not change the entire name of either parent. A parent cannot give a false name on the birth worksheet and then change the name later. We will change the mother's maiden name if the mother misunderstood the worksheet question and she provides evidence to support the change. For instance, the mother's birth certificate or marriage certificate will prove that the mother incorrectly listed her mother's maiden name instead of her own.
- **Changes to child's date of birth, sex, time of birth** - To prevent fraud, all

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Correcting errors (Continued from page 3)

changes to child's date of birth, sex, or time of birth must be submitted by the hospital until a child turns 21. (No fees are charged for these corrections at any age when the affidavit is submitted by the hospital.)

After one year from date of birth, the requirements for making corrections and changes to records are different. In most cases, evidence documents will be required. The evidence requirements vary depending on the change requested and the age of the child. For instance, a change in a child's surname (for example, from John Doe to John Smith) would require a court order of name change after the age of one unless it is changed using a Voluntary Acknowledgment of Paternity Affidavit. A court order would also be required after age one to change the first name of a child from Mary to Jane. To start the amendment process after age one, parents will be instructed to:

1. Order a certified copy of the birth certificate.
2. Make a photocopy of the birth certificate and mark all corrections or changes needed on the photocopy.
3. Mail or fax the photocopy with corrections to our office and provide a phone number, email address or

Reporting fetal deaths that occur at home

Please remember there are certain laws that must be followed related to reporting fetal deaths that occur at home. Fetal deaths must be reported if the delivery weight is 350 grams or higher, or if delivery weight is unknown, when gestation is 20 weeks or greater. The medical facility is responsible for completing fetal death reports that occur in that facility.

mailing address so that we may contact them.

4. Once this information is provided to our office, the parents will be given further instructions depending on the nature of the amendment request.

In all cases where a correction or amendment is made to a record, parents may return up to three original birth records for free replacements if they are returned within a year of issuance.

Based on a suggestion from a hospital birth clerk, we have revised the model birth worksheet for parents to inform them of the amendment procedure. The worksheet instructions now includes a short notice to let parents know they should order the birth record and get errors corrected in the first year to avoid paying a \$30 amendment fee. The updated model parent birth worksheet is available on our web site at <http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Pages/InstructionsBirth.aspx>

If you have questions regarding making corrections or amendments within the first year, please contact Amanda Vega at Amanda.l.vega@state.or.us. For amendments to birth certificates for children older than one year, contact Johanna Collins at johanna.d.collins@state.or.us. ❖

If the fetal death occurs at home and a medical doctor is in attendance at or immediately after delivery, the doctor is required to file a fetal death report. These reports will be submitted on a paper form that includes a disposition permit. Since these occurrences are extremely rare, we ask doctors to contact Center for Health

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Reporting fetal deaths (Continued from page 4)

Statistics each time a report is needed.

We have received reports of women returning home from a medical facility to deliver a fetus after determining that the fetus died in utero. This transfers responsibility for completing the fetal death report from the medical facility to the Medical Examiner but only if reporting is mandatory.

The Medical Examiner is responsible for completing the fetal death report for fetal deaths occurring outside a medical facility only if;

1. No medical doctor is present at or immediately after delivery and,
2. The fetus meets the minimum reporting requirement of weighing 350 grams or more. (If the fetus weighs less than 350 grams, the Medical Examiner is not required to file a fetal death report or authorize disposition of the fetus.)

Babies' names on their Social Security Card

Parents who have given their child multiple middle names often contact the hospital or Vital Records after receiving their child's Social Security Card. Often they are upset because the whole name isn't included on this document or special characters, such as ñ, have been converted to ordinary letters.

Why are the names not appearing on the Social Security card when the hospital has entered the information correctly on the birth record? There are several limitations to the Social Security system for enumeration at birth (using birth certificate files to assign social security numbers).

- The Social Security file does not include the "other middle name" field.

If reporting is not mandatory (because the fetus weighs less than 350 grams) sending the mother home to deliver the fetus leaves families with no legal alternative for disposition of the fetus. Why? Because medical facilities cannot legally produce disposition papers for a fetus

Neither the family nor the funeral home has the legal authority to complete the disposition form when the delivery of the fetus occurs at home.

delivered elsewhere and a crematory or cemetery cannot accept the fetus without a completed disposition form. Neither the family nor the funeral home has the legal authority to complete the disposition form when the delivery of the fetus occurs at home. Proper disposition of the fetus needs to be considered in the woman's decision to return home to deliver the fetus. Please share this information with others at your facility to assist in fully informed decisions. ❖

In the example below, the second middle name will not appear on the social security card.

The solution is to enter multiple middle names in the first middle name field leaving a space between the names. This does create a compound name legally, and the child will need to report their middle name as "Rose Marie" in the future.

- The Oregon birth certificate accepts up to 50 characters including spaces, in each name field, including the Middle Name. The Social Security

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Child

Child's Name

First: Washington Middle: Morris Other Middle: Last: Danielson Suffix:

Date of Birth: JUL-17-2012 Time of Birth: Gender: Male Child SSN: Request SSN for Child: Yes, parent wants a card issued Safe Harbor/Foundling Baby?: No Is Adoption/Legal proceeding expected?: No

Buttons: Validate Page, Next, Clear, Save, Return

enumeration at birth has much shorter fields for names. It will only accept the first 16 characters including spaces, hyphens and apostrophes of the babies first name; 16 characters including spaces, hyphens and apostrophes for the Middle name; and 21 characters including spaces, hyphens and apostrophes for the Last name. For names longer than these fields, the social

security card will not show the whole name.

- The Social Security system can't process special characters. All special characters allowed in OVERS will be replaced with similar letters in the Social Security file. This is a limitation of the Social Security system, not a limitation of OVERS. ❖

More questions about domestic partners

Can male/female partners who have registered under county ordinances as domestic partners, or same sex partners who have married or registered outside Oregon have the second partner's name placed on the birth certificate at the hospital? Briefly the answer is no, they can not.

Oregon law governs the filing of birth records. Oregon law recognizes only Oregon registered domestic partnerships (ORDPs). As a result, same sex marriages or domestic partnerships filed in other states have no legal affect on birth records filed here.

Since Oregon law prohibits male/female registered domestic partnerships, local county ordinances allowing them have no effect on birth record registration.

Only mothers with an ORDP can have the second partner's name put on the birth record at the hospital. All other same sex female partners will need a court judgment to add the mother's partner to the record.

In the case of male/male ORDPs, only one male partner's name can be put on the birth record, assuming he is the biological parent and the mother is not married. If this is the case he is eligible to sign a Voluntary Acknowledgment of Paternity affidavit.

Only mothers with an ORDP can have the second partner's name put on the birth record at the hospital.

The law is similar for male/female partnership documents filed in or outside Oregon. They can not be used to add a

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More questions (Continued from page 6)

father's name to a birth record. The mother should be listed as unmarried and the father's name added only if he signs a Voluntary Acknowledgment of Paternity form. If you still have questions regarding

New communication process: From faxes to e-mails

We are in the middle of piloting a new communication process for records that require corrections or comments. We expect this process to decrease the number of phone calls to correct or verify information on the birth certificates.

Currently, CHS staff faxes each hospital a list of records requiring action by the birth clerk and makes telephone calls to follow up on any unfinished records. The process to create the faxes has been time intensive and the use of the telephone requires birth clerks to stop whatever task they are doing and immediately respond to our questions. Under our current process, birth clerks often receive questions from CHS staff on the same record several times throughout the year, depending on the topic.



Working with the National Center for Health Statistics, we have created a process that combines national and state requests, which

Improving data quality: Pregnancy history

This article is the second in a series describing techniques and tips for improving the quality of our data. The first in the series on prenatal care can be found in our April 2012 newsletter.

The focus of this article is a mother's previous pregnancy history. Pregnancy

domestic partnerships or in completing the marital status question for the mother, please contact JoAnn Jackson, the Registration Manager or Carol Sanders, the Amendment Unit Manager. You can find their contact information on the last page of the newsletter. ❖

minimizes the contacts related to each record. Our plan is to email a report every two weeks that includes a list of probable errors. We hope the new process will benefit both your staff and ours by:

- Eliminating phone call interruptions to your work.
- Allowing you to respond to the requests and correct the records during time that works best for you.
- Minimizing the number of contacts we make with you per correction.
- Enabling us to get questions to you sooner.
- Decreasing our staff time to create the communication.

Four hospitals began piloting the new process in May 2012. We will evaluate what works and what needs to be improved. After adjusting the process, we will expand to all facilities, hopefully by the fall of 2012. We will have more information on the final process by the next newsletter. ❖

history is an important indicator of women's and infants' health. Birth records are essential data sources for health information used at the state and national level. It is important to obtain both accurate and reliable reporting of mothers' previous

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Improving data quality (Continued from page 7)

pregnancies. This includes the number of all previous live births now living, previous live births now dead, and other pregnancy outcomes. It is important to carefully answer the pregnancy history questions in the Oregon Vital Event Registration System (OVERS) because the three questions work in combination to determine the total number of pregnancies.

combination (see screenshot). For example, if the checkbox next to “Previous Preterm Births (<37 Completed Weeks Gestation)” on the “Pregnancy Factors” page has been marked, previous live births must be at least one. When the information does not make sense, as in this example, staff from the Center for Health Statistics (CHS) will contact the birth clerk at the facility to correct the information.

The screenshot displays two overlapping forms from the Oregon Vital Event Registration System (OVERS). The top form, titled "Prenatal Care", includes fields for "No Prenatal Care" (checkbox), "Date of First Visit" (OCT-01-2011), "Date of Last Visit" (JUN-15-2012), and "Total Number of Prenatal Visits" (12). Below this is the "Previous Live Births" section, which contains three fields: "Number Now Living" (dropdown menu set to "None"), "Number Now Dead" (dropdown menu set to "None"), and "Date of Last Live Birth" (empty text box). A red oval highlights these three fields. The bottom form, titled "Pregnancy Factors", lists various risk factors for this pregnancy. The checkbox for "Previous Preterm Births (<37 Completed Weeks Gestation)" is checked, and this checkbox is also circled in red. Other factors include Diabetes-Gestational, Hypertension-Eclampsia, Pregnancy Resulted From Infertility, etc.

Previous pregnancy data are used to study health problems associated with birth order, analyze trends in childbearing and spacing, and to assess community needs for first-time mothers. Pregnancy history data, including information about the number of previous live births, are reported in the [Oregon Vital Statistics Annual Report](#), and [Center for Health Statistics](#) website.

The fields for pregnancy history are found on the “Prenatal” page in OVERS. It is important to remember the information in these fields should make sense in

- **Previous Live Births** - This is the total number of infants born living, prior to this infant. It is broken out into 3 fields: number now living, number now dead, and a third field which collects the date of the last live birth.
 - ◇ “Number now living” – Include only the number of previous live born infants still living at the time of this birth. Do not include the current baby.
 - ◇ “Number now dead” – Include the infants born alive who are no longer living. Do not include fetal deaths or

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Improving data quality (Continued from page 8)

miscarriages in this count.

- ◇ “Date of last live birth” – Enter the month and year for the last live birth (now living or now dead). If the date of the last live birth is unknown, enter “99/9999”.
- **Other Pregnancy Outcomes** - This is the total number of other outcomes including spontaneous termination (commonly called a miscarriage, stillbirth, spontaneous abortion, or fetal death), ectopic pregnancy, or induced termination. It is broken out into 2 fields: number of other pregnancy outcomes and

a second field which collects the date of the last other pregnancy outcome.

- ◇ “Number of other pregnancy outcomes” – This is the total number of other pregnancy outcomes that did not result in a live birth.
- ◇ “Date of last other pregnancy outcome” – Enter the month and year for the last other pregnancy outcome. If the date of the last live birth is unknown, enter “99/9999”.

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

Wanted—Newsletter topics

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

Thank you to the contributors of this newsletter:

JoAnn Jackson, Joyce Grant-Worley, Karen Hampton, Carol Sanders, Sheila Vu, Sarah Hargand, Becki Buskirk, Karen Rangan, Cynthia Roeser, Echo Townsend, Lynda Jackson, Kerry Lionadh, and Jennifer Woodward.

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

Frequent Contacts

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

CHS Managers

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

The Center for Health Statistics' office is located at:

800 N.E. Oregon St.,
Suite 225
Portland, OR 97232-2162

Mailing Address: P.O. Box 14050
Portland, OR 97293-0050

General info: 971-673-1180
Order vital records: 971-673-1190

Website: <http://public.health.oregon.gov/BirthDeathCertificates>

OVERS website: <http://healthoregon.org/overs>



Legal responsibility to file birth certificates

Licensed birthing centers and hospitals must file birth certificates for births that occur in the facility

Licensed medical facilities and licensed freestanding birthing centers are required by law to file the birth certificate for every live birth occurring at their facility. Due to the volume of births, hospitals are required to use the OVERS systems for all birth certificates. Please do not ask the facility staff to ignore this legal obligation. Do not file a birth certificate for a birth when the mother intended to deliver at home, but was transferred to a medical facility for delivery. This will create a duplicate birth record for the child.

Renting space in a freestanding birthing center

This is also true for births that occur on the premises of a freestanding birthing center when the birth attendant has rented space, either ongoing or as needed. If the birth occurs on the licensed premises, the birthing center must submit the birth certificate for filing regardless of private arrangements.

At-home births - attendant must be the certifier on the birth certificate

For births that occur outside of a licensed facility, the attendant is required to file the birth certificate, that is, be the certifier of the record. This differs from births occurring at licensed facilities by law. There is no provision for an authorized designee (employee of the facility) for out of facility births under ORS 432.206(3).

Following is the Oregon law that supports the information above:

Oregon Revised Statute 432.206 Compulsory registration of births; rules; persons required to file.

(2) When a birth occurs in an institution or en route thereto, the person in charge of the institution or authorized designee shall obtain the personal data, prepare the certificate, certify either by signature or by an approved electronic process that the child was born alive at the place and time and on the date stated and file the certificate as directed in subsection (1) of this section.

(3) When a birth occurs outside of an institution:

(a) The certificate shall be prepared and filed within five days after the birth by one of the following in the indicated order of priority, in accordance with rules adopted by the state registrar:

- (A) The physician in attendance at the birth or immediately after the birth, or in the absence of such a person;
- (B) The midwife in attendance at the birth or immediately after the birth, or in the absence of such a person;
- (C) Any other person in attendance at the birth or immediately after the birth, or in the absence of such a person; or
- (D) The father, the mother or, in the absence of the father and the inability of the mother, the person with authority over the premises where the birth occurred.

(b) The state registrar shall by rule determine what evidence shall be required to establish the facts of birth.

See full text at <http://landru.leg.state.or.us/ors/432.html>.