



Summer Baby, by Zetson, flickr gallery, <http://www.flickr.com/photos/zetson/3758193625/>

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

July 2013

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Archived articles online

New vital records law starts January 1, 2014

House Bill 2093 (HB 2093) was signed by the Governor on June 13. This bill is known as the Vital Records Modernization bill and adopts an Oregon version of the 2011 Vital Statistics Model Law. Almost all of the changes are updating our law to our current practices and updating language for easier use by our staff, our partners and the public.

One change in the law is to update the terms used for birth certificates. The law distinguishes between *reports* of vital events submitted to the Center for Health Statistics before the report is registered, and *records* of vital events which are created when the Center for Health Statistics registers the report in the vital records system where it becomes a legal record. This recognizes the different status and legal effect of the same information during the process.

Four changes are particularly relevant to birth certifiers.

Birth mother defined in law

Continuing our current interpretation of law and practice, the new law explicitly states that the woman giving live birth must be reported as the mother on the report of live birth (previously birth certificate). Court orders come to the Center for Health Statistics to amend the record. While this is not a change in practice, we hope having the information specified in law will make it easier for parents to understand the procedure and end requests to have birth certifiers put the adoptive parent on the report of live birth.

Courtesy birth certificates

In the past, birth facilities were encouraged to submit a birth certificate for newborns brought to their facility very soon after birth. The place of birth was reported as the actual birthplace

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New vital records law (Continued from page 1)

and not the facility. That continues under HB 2093 with the specification that a facility may file a report of live birth if both the mother and the infant are examined within 24 hours of birth. This applies only to facilities. Facility staff should confirm that the birth was not attended by someone who will submit the report of live birth. This will help avoid duplicate records.

Prenatal care

HB 2093 includes the requirement that a physician, institution or other person providing prenatal care provide the prenatal care information to the facility where the delivery is expected to occur not less than 30 days before the expected delivery date. Our hope is that putting this in law will improve the information available to the birth facility. This is with the assumption that out of facility birth attendants have provided prenatal care themselves and have the information available. The procedures for

A *Most all of the changes are updating our law to our current practices and updating language for easier use...*

enforcing this portion of the law will be established as administrative rules are written over the next few months.

Information gathering procedures standardized

The Center for Health Statistics has provided birth worksheets for parents and facility staff for several years. The law contains stronger language about data collection that allows Center for Health Statistics to be more active when procedures at facilities hinder collection of information. *We do not anticipate requiring all facilities to use the same procedure.* No changes will be needed if the procedure among the parents, birth clerk and facility staff, or the procedure between the parents and birth attendant/certifier, produces quality information.

We will communicate on a regular basis as we move forward in the implementation of HB 2093. Remember the law goes into effect on January 1, 2014. If you have any questions, feel free to contact Karen Hampton at Karen.R.Hampton@state.or.us or 971-673-1191. ❖

HB 2093: Attending out of facility births of close relatives

One of the new provisions in HB 2093 is clarifying how a licensed or registered out of facility birth attendant/certifier submits reports of live birth when attending the birth of their own child, grandchild, niece or nephew. The close relationship between the birth attendant/certifier and the parents might cause agencies to question the birth

record. To decrease the potential for fraud and increase confidence in the birth record, the state registrar may establish additional documentation or process by rule for reports submitted in these situations. Watch for rule-making announcements later this summer. ❖

Oregon Registered Domestic Partnerships: Reporting same-sex parents on the birth certificate

In 2008 the *Oregon Family Fairness Act* was implemented, legally establishing Registered Domestic Partnership in Oregon. Oregon Registered Domestic Partnership (ORDP) allows same-sex couples many of the same legal rights and benefits of married couples throughout Oregon. This has led to many questions regarding reporting an ORDP on the birth certificate.

Oregon state law requires that the person who gives live birth must be listed on the birth record as the mother; therefore, only female-female ORDPs can be easily reported on the birth certificate. Male-male ORDPs must go through a legal process to list both parents on the birth certificate.

How a Female-Female ORDP Gets Reported on the Oregon Birth Certificate

Domestic partners should be treated equally and with the same respect given to married partners. Therefore, mothers should **only** be

required to show proof of their ORDP if your practice also currently has a policy that requires proof of marriage.

The Oregon Vital Events Registration System (OVERS) makes it easy to report female-female ORDPs on the birth certificate. From the Marital Status page the “Was Mother Married (...)” question offers the option to select “Oregon Registered Domestic Partnership” as an answer from the drop down list. Once this option is selected the proceeding “Father pages” are opened and you can enter the domestic partner’s information on those pages. Even though the OVERS screen labels still display “Father,” the system recognizes that a Parent/Parent form should be used for certified and working copies.

The screenshot shows the OVERS interface for birth registration. On the left is a 'Birth Registration Menu' with options: Parent Information, Child, Mother, Mother Address, Mother Attributes, Mother Health, Marital Status (highlighted), Father, Father Attributes, and Informant. The main content area shows details for birth 4254334 for Atest Littleone on MAY-21-2013. Under the 'Marital Status' section, the question 'Was Mother Married at Conception, at Birth or within 300 days prior to Birth?' has a dropdown menu with 'Oregon Registered Domestic Partnership' selected. Below this, the 'Paternity Information' section has the question 'Has acknowledgement of paternity been signed in the hospital?' with a dropdown menu set to 'Not Applicable'.

How a Male-Male ORDP gets reported on the Oregon Birth Certificate

Again, it is important to remember that relationship status is self-reported by the parents. Birth clerks should **only** require proof of ORDP if your practice also

currently has a policy that requires proof of marriage.

Male-male couples will always use a surrogate mother (the biological mother) or gestational carrier (no genetic connection to the baby) to carry their baby to term.

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The procedure for reporting male-male ORDPs as the parents in these instances is the same as with other surrogate births.

In surrogate births, the woman who gives live birth must be listed on the birth record as the mother and the record must be completed with her medical information. Therefore, the surrogate mother should be responsible for filling out the parent birth worksheet.

When legal custody or parentage of the child is decided by a court prior to the birth, the legal guardians of the baby might present a copy of the court judgment to request that their names be put on the birth record at the hospital. *Please do not do so.* Birth certifiers and other hospital staff do not have the legal authority to put these new legal parents on the birth record, regardless of the content of a court judgment.

The new legal parents should contact Debbie Draghia (see Frequent Contacts, page 11) at the state Center for Health

Statistics (CHS) for instructions on how to⁴ get the birth record legally amended. There is a \$30 amendment fee for this process in addition to the \$20 fee for a certified copy of the birth record.

In some cases the surrogate mother will **not** be married and the biological father can be added directly to the birth record by signing an Acknowledgement of Paternity (AOP) form at the hospital. In these cases the birth certifier should also use OVERS to add the biological father directly to the birth record.

To do this in OVERS, on the Marital Status page, select “No” as the answer to the “Was Mother Married (...)” question.

Subsequently, select “Yes” to the question “Has AOP been signed at the hospital.” Following these steps will open the Father pages allowing the birth certifier to include the biological father’s name and attributes on the birth record. Finish off by mailing in the signed AOP form for approval at the State.

The screenshot shows a web interface for birth registration. On the left is a navigation menu with categories: Parent Information, Child, Mother, Mother Address, Mother Attributes, Mother Health, Marital Status (highlighted), Father, Father Attributes, Informant, and Facility Information. The main content area shows details for record 4254334 for Atest Littleone, dated MAY-21-2013. Below this, there are sections for Marital Status and Paternity Information. The Marital Status section asks 'Was Mother Married at Conception, at Birth or within 300 days prior to Birth?' with a dropdown menu set to 'No'. The Paternity Information section asks 'Has acknowledgement of paternity been signed in the hospital?' with a dropdown menu set to 'Yes'.

If you have any questions regarding reporting of ORDPs on birth certificates, please call the Registration Manager,

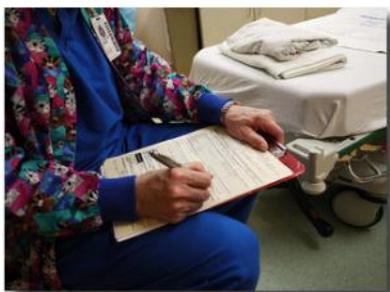
JoAnn Jackson (971-673-1160) or the Amendment Unit Manager, Carol Sanders (971-673-1178) for assistance. ❖

When creating birth certificates using OVERS, a printable copy of the record, known as the working copy, is available from the "Print forms" menu link. We ask you to be mindful of the State of Oregon's confidentiality laws pertaining to vital records before printing these working copies and that you do not give the parents working copies of the birth certificate. Working copies should only be printed for your own use and shredded immediately after finishing your task.

The printable working copy of a birth certificate is divided into two separate documents known as the legal and the statistical sections of the document. The copy named "Working copy – Legal" includes the information that is on the legal birth certificate. The copy named "Working copy – Statistical" includes all statistical and medical information collected about the birth and will never be available to the parents or child named on the record.

There are several reasons you should not give parents the working copies of the birth certificate.

- The working copies are not legal versions of the birth certificate. In fact, providing the parents a working copy is in violation of Oregon Administrative Rule 333-011-0101 (6). Unlike a certified copy which is printed on security paper, the working copy cannot be used as legal proof of the birth. Remember that working copies should not be part of the medical records.
- The information on the statistical



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

working copy is used solely for statistical analysis and research. All use of the statistical data from the birth certificates must be approved by the Center for Health Statistics. By law the data should not be made available to anyone for any other purpose. Oregon law even prohibits this information from being subpoenaed once the record is filed (ORS 432.060).

- Parents do not have the right to change the information on the statistical portion of the birth certificate. This portion can only be corrected by the facility.
- Mothers might be less willing to honestly report information if the statistical working copy is shared. Some mothers are already reluctant to provide accurate information about prior pregnancies, existing medical conditions or diseases, smoking or alcohol use out of concern that the information might be shared or made public. They don't realize the statistical information collected on the birth certificate is used for research purposes only and is not available for other family members to see.

There may be occasions while the mother is still in the hospital when a parent will need to change the information found in the legal section of the birth certificate and may ask to review the information they provided. In those instances it is appropriate to show them the parent birth worksheet. Do not show the parent the legal working copy. If the mother is still a patient at the facility and the birth certificate has not been created and submitted, the person who completed the parent birth worksheet can make changes to the worksheet. ❖

“Unknown” responses too frequent

Oregon would like to be as good as its neighbor, Idaho. All the states receive feedback from the National Center for Health Statistics (NCHS) on the percentage of unknown answers for each data item collected. NCHS highlights those items where a state had more than 1.5 times the average percentage of unknown answers.

Every item on the birth certificate has been scrutinized to determine its importance and appropriateness to the birth certificate. The data are analyzed locally and nationally and have significant impacts on public health practice. For example, the demographic information, such as race and residency, on a birth certificate allows researchers to look for disparities between groups. Therefore, providing complete data on every item is critical. Idaho had a perfect score, but Oregon had six items out of 129 that NCHS wants us to address. Five of the items that need improvement are listed in the table below:

Item	Oregon % Unknown	National % Unknown
Resides inside city limits	5.5	0.4
Infant breastfed at discharge	4.3	1.9
Number of prenatal visits	4.0	2.0
Mother’s weight at delivery	3.0	2.5
Race of mother	1.0	0.3

Reporting breastfeeding at discharge

Did you know Oregon, along with Washington, is one of the top two states with the highest percentage of mothers who breastfeed? Unfortunately, Oregon also has

We calculated the percentage of unknowns for each of the above five variables for each birth facility and compared them to the national average. Listed in the table below are the Oregon birth facilities where the percentages of unknowns for all five of these measures are lower than the national averages. These facilities get a big pat on the back from us.

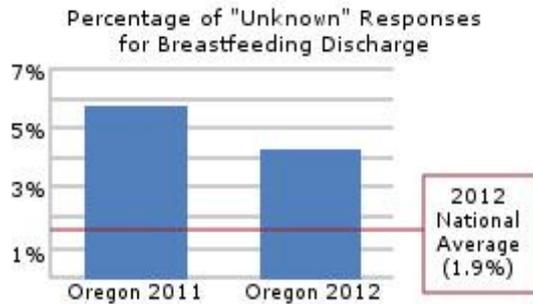
Facility Name
Adventist Medical Center
Bend Birth Center
Home Sweet Home Birth Center
Lake District Hospital
Saint Alphonsus Medical Center - Ontario, Inc
Santiam Memorial Hospital
Tuality Community Hospital - Hillsboro
Wallowa Memorial Hospital

However, there are 14 Oregon facilities with percentages of unknowns that are at least 1.5 times higher than the national averages. They will remain nameless here, but they can expect more telephone calls to discuss methods for improving their collection of information from the mother and the medical record. Each of the items will also be featured in newsletters to explain how the information is used. ❖

one of the highest percentages among all states of “unknown” reported for the birth certificate question, “Is the infant being

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breastfed at discharge?” In 2011, “unknown” was chosen on 5.9% of birth records. While the percentage improved to 4.3% in 2012, it is still too high.



Breastfeeding has positive effects on infant health. Studies show, for example, that babies who have been breastfed are less likely to suffer from intestinal and allergic diseases, diarrhea and lower respiratory tract infections. As a result of these and other benefits, the public health research community and other governmental entities have organized breastfeeding outreach campaigns that strive to increase the number of mothers who choose this feeding option for their babies.

Public health campaigns that promote breastfeeding include:

1. The Centers for Disease Control and Prevention (CDC) is campaigning to make hospitals more breastfeeding friendly. Because breastfeeding lowers the odds of childhood obesity by as much as 30%, increasing the number of breastfeeding mothers has the potential to lower health care costs.
2. The U.S. Department of Health and

Human Services is promoting the importance of breastfeeding as a means to protect babies from disease and SIDS, as well as a way to increase the mother’s nurturing connection to the child.



How successful are these campaigns? The CDC, through the Healthy People objectives, sets goals on specific health indicators. For the year 2020, the CDC has set the goal that 74% of infants will be breastfed at some time during infancy. While it appears that Oregon already surpassed this mark in 2011, indicating 87.5% of infants were breastfed at the time of discharge from the hospital, the percentage of records showing “unknown” still needs improvement.

The data you collect on breastfeeding at the time of discharge can be used to evaluate the success of public health education efforts and outreach campaigns. In the future, this data will be even more important. The Joint Commission, who accredits public health departments, will begin using the collection of breastfeeding data as part of its criteria for determining whether or not a public health agency should be accredited. While Oregon’s breastfeeding data is in pretty good shape, with “unknown” reported on over 4% of records, we can still do better. ❖

Fetal death reporting: Estimated time of fetal death

The “Estimated Time of Fetal Death” is a drop-down menu located in the “Cause/Conditions Contributing to Fetal Death” section of the electronic fetal death certificate (see the screen picture on the next

page). This item is used to indicate when a fetus died with respect to labor.

We have noticed a growing number of fetal deaths where the estimated time of death

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Fetal death reporting (Continued from page 7)

was listed as “unknown.” This should be a rare occurrence because the estimated time of fetal death is usually found in the medical record.

When completing this portion of the fetal death certificate electronically, you must choose one of four options for this field:

- *Dead at first assessment, no labor ongoing.* Choose this option if the fetus was dead at the first assessment of the mother and fetus, and the mother was not in labor.

- *Dead at first assessment, labor ongoing.* Choose this option if the fetus was dead at the first assessment of the mother and fetus, and the mother was in labor.
- *Died during labor after assessment.* Choose this option if the fetus was alive at the first assessment of the mother and fetus, but then died during labor.
- *Unknown.* This option is available, but it should only be selected when the estimated time of fetal death cannot be determined after consulting medical records from the delivery.

The screenshot shows a digital form for fetal death reporting. On the left, a navigation menu includes sections like 'Father Attributes', 'Place of Delivery', 'Reporter', 'Medical Information', 'Prenatal', 'Pregnancy Factors', 'Delivery', 'Fetal Attributes', and 'Cause/Conditions Contributing to fetal death'. The main form area contains several text input fields for 'Other Obstetrical or Pregnancy Complications (Specify)', 'Fetal Anomaly (Specify)', 'Fetal Injury (Specify)', 'Fetal Infection (Specify)', and 'Other Fetal Conditions/Disorders (Specify)'. Below these is an 'Unknown' checkbox. The 'Estimated Time of Fetal Death' dropdown menu is open, with a red circle highlighting the four options: 'Dead at first assessment, no labor ongoing', 'Dead at first assessment, labor ongoing', 'Died during labor, after first assessment', and 'Unknown time of fetal death'.

It is important that an estimated time of fetal death be provided whenever possible. High numbers of “unknown” responses to this question will result in higher numbers of call-backs from Center for Health Statistics staff to facilities for correction or verification. Reducing the number of “unknown” responses saves time for everyone. Also, the estimated time of fetal death responses are used by researchers

and policy makers to form opinions and make decisions. For example, a researcher may use this information to help identify possible causes of fetal death and recommend improvements to prenatal care and/or delivery to improve the public’s health. These decisions affect all of us at the state and local level, and we want them to be based on accurate data. ❖

It's okay not to share: OVERS user accounts

In the course of your work, it may seem convenient to share a single OVERS user account with other employees in your office. However, allowing someone else to log in to OVERS with your account is a violation of our security provisions.

Remember that you are responsible for preparing the most important legal document a person will have during their entire life. You are legally responsible for any information that is in that record and any changes that are made to that record. All changes to birth records are documented in OVERS and are tracked by user name and account. When you share your OVERS account to allow other people to look up or check information, that user can make changes to the record that will be attributed to your name.

OVERS accounts are unique just like their users. Anyone who uses the system, whether it be for data entry or certification of birth records, must have their own individual user account, and any employee of a hospital or birthing center that works with birth records may have one.

It's quick and easy to sign up. Simply fill out our [OVERS Enrollment Application](#) (PDF link) and fax it to 971-673-1201. If you are an attendant or data entry clerk who will not be certifying records with a fingerprint, be sure to include two forms of identification. Birth certifiers will need to present their identification at the county during fingerprint enrollment.



This is especially important for doctors or midwives who certify births outside of licensed facilities. In this situation, Oregon statute states a birth attendant must also be the birth certifier, and only this attendant/certifier is allowed to fill out and sign the record. Remember to independently complete these births in the system, and do not share your unique username or password with anyone.

If you have any questions about account confidentiality or signing up new users for the system, call our OVERS Help Desk at 971-673-0279. ❖

HB 2997 – Midwife licensing mandatory with narrow exceptions

The role and scope of practice of non-licensed midwives in Oregon was again an active topic during legislative session. The House Committee on Health Care sponsored HB 2997, which was drafted between legislative sessions. The Center for Health Statistics (CHS) did not participate in drafting this bill.

The new law, effective January 1, 2014, requires all persons practicing direct entry midwifery in Oregon to be licensed by January 1, 2015 unless:

- The person is a licensed health care practitioner and midwifery is within the scope of that license; or
- The person is a traditional midwife as determined by the following:
 - Does not advertise their services;
 - Does not use legend drugs as specified in ORS 687.493; and
 - Each client receives a disclosure form set by law.

The bill and the disclaimer language can be found on the Oregon legislative site at <http://www.leg.state.or.us/mag/home.htm> by searching for House Bill and 2997. Please note that advertising can include having a web page for a midwifery practice or in any

Blank Paper Birth Certificates

Every blank paper birth certificate you receive from the Center for Health Statistics (CHS) has a tracking number on the back of the form. To strengthen the security of these important vital records, please only use blank paper birth certificates that have a number on the back. Please return any blank birth certificates that do not have a number on the back to CHS.

way actively seeking clients.

CHS will be cooperating with the State Board of Direct Entry Midwifery to advertise this change through this newsletter article and by providing contact information of non-licensed individuals who submit birth certificates to the State Board for contact.

CHS will continue to permit licensed midwives to file reports of live birth under this law. Only those acting as traditional midwives within the limitations of HB 2997 can continue to file reports of live birth after January 1, 2015 as CHS-registered midwives. We will be updating our forms and processes to confirm compliance with HB 2997.

The State Board of Direct Entry Midwifery, part of the Oregon Health Licensing Agency, will be taking the lead in communication on this bill and should be able to answer questions about the new law. The Oregon Health Licensing Agency can be reached at ohla.info@state.or.us or 503-378-8667. For information on CHS practices, contact Cynthia Roeser at Cynthia.R.Roeser@state.or.us or by telephone at 971-673-0478❖

Each blank paper birth certificate you receive is assigned only to you. Therefore, please do not share blank birth certificate paper you have received with other birth attendants.

More information about the security and tracking of birth certificate forms is available in the October 2012 birth newsletter. You may contact Cynthia Roeser at Cynthia.R.Roeser@state.or.us or by phone at 971-673-0478 with any questions.❖

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:

James Burke, Joyce Grant-Worley, Dancia Hall, Karen Hampton, Carolyn Hogg, Sarah Humphrey, Lynda Jackson, Kerry Lionadh, Alicia Parkman, Cynthia Roeser, Carol Sanders, Ember Talent, Michael Vernon, Michelle Wardlaw, Megan Welter, Jennifer Woodward

We're just a phone call away

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

Frequent Contacts

Paternalities Debbie Gott 971-673-1155
Birth Corrections <1 year, Amanda Vega 971-673-1169 1+year, Johanna Collins 971-673-1137
Death Corrections Patty Thompson 971-673-1163

Filiations Tony Bojanowski 971-673-1143
Adoptions Debbie Draghia 971-673-1152
Delayed Filings Becki Buskirk 971-673-1147
OVERS Helpdesk 971-673-0279

CHS Managers

State Registrar Jennifer Woodward 971-673-1185
Amendments/Certification Manager Carol Sanders 971-673-1178
Statistics Manager Joyce Grant-Worley 971-673-1156
Registration Manager JoAnn Jackson 971-673-1160

OVERS Manager Karen Hampton 971-673-1191
Data Processing Supervisor Cynthia Roeser 971-673-0478
Certification Supervisor Karen Rangan 971-673-1182

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

General info: 971-673-1180
Order vital records: 1-888-896-4988

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

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

