



Snowman on a bench with a baby snowman, by Pete Ashton, flickr gallery, <http://www.flickr.com/photos/>

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

January 2014

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Legal recognition – same-sex marriages

In October, the Center for Health Statistics was informed by the Oregon Department of Justice that same-sex couples legally married in other states will be recognized as married in Oregon. This change was effective immediately.

A birth mother legally married in another state to a same-sex spouse may list her spouse as the second parent at the time of birth. Marital status should be entered as “married” on the birth record. No proof of the marriage should be required.

The birth record will print with the titles “mother” and “father” for the parents, unless they request a change to the record. Please ask parents if they would like the birth certificate to print “parent/parent” when they purchase a certificate. We can change the birth record to print as such if the parents prefer. To make this change, you will need to call the OVERS Help Desk at 971-673-0279 and provide the case number, child’s name, and the information that the parents want a parent/parent birth record.

This new legal interpretation does **not** affect how Oregon registered domestic partners are listed on a birth record, and does not affect how two men legally married or in a domestic partnership are listed on a birth record. Out-of-state registered domestic partnerships are not recognized and cannot be listed as such on a birth record.

If two men have an out-of-state marriage, they must still submit a court order to have both their names listed on the birth record. Listing one of the men as the father at the time

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Legal recognition (Continued from page 1)

of birth is still dependent on whether the birth mother is unmarried and one of the men is eligible to sign a Voluntary Acknowledgment of Paternity Affidavit as the biological father.



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Updating place of birth

Effective January 1, 2014, when a birth occurs outside of your facility, and the person who attended the birth is not submitting the record of birth, *and* the mother and newborn have been examined in your facility within 24 hours of delivery, your facility must submit a report of birth for the newborn. In order to submit this report of birth, you will need to update the *Place of Birth* in the Oregon Vital Events Registration System (OVERS) from your

Additional OVERS assistance now available for hospital birth certifiers

Did you know that there is now an OVERS External Administrator role available to assist birth certifiers with password resets and fingerprint enrollment in hospitals? If your facility elects to have someone fill this role it could be very helpful for you!

What can an OVERS External Administrator do?

- ✓Reset OVERS passwords.

A birth mother who was legally married in another state to a female partner prior to the birth of her child can add the second parent through the amendment process. Please have them contact our Certification Manager, Carol Sanders at 971-673-1178 for instructions. Proof of marriage prior to the birth of the child will be required.

Please ensure that everyone assisting in the completion of birth records is informed about this change and how it affects the marital status of birth mothers.

If you have questions about the registration process, feel free to call Cynthia Roeser at 971-673-0478. Likewise, if you have questions about amending a record that has already been registered, please call Carol Sanders at 971-673-1178. ❖

facility to the actual location of the birth. For instructions about how to update the place of birth correctly, please view our newly posted “Updating the Place of Birth” FAQ by following this link: <http://1.usa.gov/1fntJd7>.

If you have any questions about updating the place of birth, please contact Cynthia Roeser at 971-673-0478 or cynthia.r.roeser@state.or.us. ❖

- ✓Enroll fingerprints for certifying records of birth, death, or fetal death within OVERS.

What can't an OVERS External Administrator do?

- ✓The OVERS External Administrator cannot electronically certify/sign birth, death, or fetal death records in OVERS.

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Additional *OVERS* assistance (Continued from page 2)

How is an *OVERS* External Administrator helpful for your role as a birth certifier?

✓ You will not need to contact the *OVERS* Help Desk to get your password reset. You can go to the *OVERS* External Administrator in your facility.



flicker gallery, <http://www.flickr.com/photos/>

✓ The *OVERS* External Administrator can help when you are having trouble certifying a birth record in the system, as he or she can re-enroll your fingerprints, if necessary.

✓ New *OVERS* users will no longer need to travel to the county or state office to get their fingerprints enrolled, as the *OVERS* External Administrator can get them enrolled for you.

Your facility may already have an *OVERS* External Administrator or it may not. If you are not aware of who your *OVERS* External Administrator is, or your hospital does not yet have an *OVERS* External Administrator and you would like one, please contact the *OVERS* Help Desk at 971-673-0279 to find out more and get the process started. ♦

Hospital performance reports update

In October, the Center for Health Statistics (CHS) began sending birth record performance reports to each hospital in Oregon. These reports provide feedback each month on state and federal performance measures related to the processing of birth records. Many hospitals had requested more frequent performance feedback. CHS hopes these reports will help hospitals identify areas for improvement, as well as areas of strong performance that deserve to be recognized. This article discusses the statewide results on two key performance measures in need of improvement.

Goal #1: Average number of days between the date of birth and the date a record is signed in *OVERS* is five days or less.

The first goal is focused on decreasing the number of days between the date of birth and the date the record of birth is certified in the Oregon Vital Events Registration System (*OVERS*). Under Oregon law, birth records must be certified (signed) within five days of birth. When CHS began sending performance reports, almost 30% of hospitals in Oregon were not meeting this

requirement. A few hospitals have since improved, but more than one in four hospitals are still not in compliance with this state law. We congratulate Bay Area Hospital, Good Samaritan Regional Medical

Percent of Oregon Hospitals Exceeding a Five-day Average Between Date of Birth and Date of Certifying Record in <i>OVERS</i>	
<u>Month</u>	<u>Percent</u>
August	29%
September	24%
October	27%
November	27%

Center, Legacy Meridian Park Hospital, McKenzie-Willamette Medical Center, and Silverton Hospital for showing the most progress on this performance measure.

Goal #2: Reduce the number of “unknown” values on key measures below national tolerance levels.

The second goal focuses on reducing the number of “unknown” values on key birth

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record information. The National Center for Health Statistics (NCHS) established tolerance levels for “unknown” values on 100 key measures. In Oregon, CHS has identified five of these measures for which the state routinely exceeds tolerance: residence inside city limits (yes/no), mother’s race(s), number of prenatal visits, mother’s weight at delivery, and infant breastfed at discharge. The table below shows the statewide percentage of “unknown” values on these measures for the last four months, along with the established NCHS tolerance levels.

As a state, Oregon continues to be well below the national tolerance level for Mother’s Weight at Delivery, with only four hospitals having more than 2.5% “unknown.” In addition, great progress has been made in reducing the number of “unknown” values for Inside City Limits. Since August, the state average has dropped two percentage points on this measure and is getting close to the national tolerance level. In the last few months, six hospitals have

brought their “unknown” percentages below the national tolerance level. Statewide averages on the other three measures continue to exceed the national tolerance level by about one percentage point. CHS recognizes the following hospitals for showing the most improvement in this area: Asante Three Rivers Medical Center, Bay Area Hospital, and Good Samaritan Regional Medical Center. CHS also congratulates the following hospitals for continuing their record of consistently low percentages of “unknown” birth record values: Adventist Medical Center, Legacy Meridian Park Hospital, Legacy Mt. Hood Medical Center, Oregon Health & Science University, Saint Alphonsus Medical Center-Ontario, Silverton Hospital, and Willamette Valley Medical Center.

CHS will continue to send performance reports each month, and encourages hospitals to review them with birth records staff. If there are any questions about the reports, contact JoAnn Jackson, Registration Manager, at joann.jackson@state.or.us or 971-673-1160. ❖

Percentage of “Unknown” Values on Selected Birth Record Measures					
Birth Record Measure	State Average				NCHS Tolerance Level
	August	September	October	November	
Inside City Limits (Y/N)	3.8%	2.8%	3.2%	1.9%	0.4%
Mother’s Race	0.8%	1.0%	1.1%	1.1%	0.3%
Number of Prenatal Visits	2.6%	3.2%	2.6%	3.1%	2.0%
Mother’s Weight at Delivery	1.6%	0.8%	1.0%	0.9%	2.5%
Infant Breastfed at Discharge (Y/N)	2.7%	2.8%	2.4%	3.0%	1.9%

Fetal death case study

Our office recently dedicated many hours working with numerous partners on a specific case to ensure that the laws related to completing a fetal death report were followed appropriately. Rather than repeating articles that have been published in this newsletter many times, we decided to describe what occurred, review the pertinent laws and provide lessons learned. Lessons learned are valuable for future handling of fetal deaths that occur outside of a medical facility. Individuals, the hospital, and the county involved in this case study will remain anonymous.

The scenario

In November, State vital records staff learned of a fetal death that occurred at a private home, attended by a midwife, approximately six weeks after the event. The midwife called for assistance with the Oregon Vital Events Registration System (OVERS) and casually mentioned that a fetal death occurred where she was the midwife in attendance. This was the midwife's first fetal death experience and she did not know who had the responsibility for reporting the fetal death.

When the State Registration Manager learned of this fetal death almost six weeks after the event, she began following up to learn why a fetal death report had not been created and who should complete the report. She spoke with everyone involved, including the midwife, hospital medical records clerk and manager, hospital nurse manager, funeral home director, and the county Deputy Medical Examiner.

During her numerous communications, the Registration Manager discovered the chain of events that occurred.

They are described below:

- The midwife did not call the Medical Examiner after completing delivery of the fetus, and did not know how to reach that office. She assumed that someone else would create the Report of Fetal Death, but did not know who that should be.
- 911 was called for assistance in the home where the delivery had occurred.
- The fetus received medical attention in the home by emergency medical technicians and was then transported to the hospital by ambulance.
- At the hospital, doctors and medical staff examined the fetus and tests were administered. After some time, the medical team pronounced the fetus dead and determined the fetus "had never lived."
- A county Deputy Medical Examiner, working at the hospital in another capacity, learned of the event and reviewed the paperwork on the following day. The Deputy Medical Examiner thought the county Medical Examiner would create the fetal death report. However, no Report of Fetal Death was completed.
- A funeral home was called by hospital staff to pick up the fetus from the hospital. The director of the funeral home transported the fetus back to the funeral home and the fetus was cremated in early November. The funeral home director transported and cremated the fetus without receiving an Authorization for Final

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Disposition, also known as a disposition permit, from the hospital.

- The funeral director felt it was important to report the event, so a death report, rather than a fetal death report, was created.
- State vital records staff became aware of the fetal death when talking with the midwife.
- The State Registration Manager took the lead on getting the report completed.
- The Report of Fetal Death was completed by the hospital almost *six weeks* after the fetus was delivered at 3,668 grams and 40 weeks gestation.

Legal responsibility -

Oregon law states that a fetal death must be reported within five days of the delivery if the weight is 350 grams or higher or, if delivery weight is unknown, when gestation is 20 weeks or greater. A fetal death is defined as the death of a fetus before the complete extraction from the mother. The death is indicated by the fact that the fetus does not breathe or show any other sign of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of the voluntary muscles.

When a fetal death occurs:

- in a medical facility, the facility staff is responsible for creating the Report of Fetal Death in OVERS within five days of the event.
- outside of a medical facility and a medical doctor is not in attendance, the Medical Examiner must be called and the report created and filed within five days of the event.

- at a home and a medical doctor is in attendance, the doctor is required to complete and file the Report of Fetal Death within five days of the event.
- at a home and a medical doctor is not in attendance, and the fetus is taken to a hospital immediately, receives medical attention and/or tests (as in this case), and final determination of fetal death is made, the hospital staff (a medical records clerk, in this case) is asked to complete and file the Report of Fetal Death within five days of the event.

Missed laws and rules –

Several laws and rules were missed.

1. ORS 432.143 (1): fetal death report must be filed within five days if the fetus weighs 350 grams or more or, if weight is unknown, if gestation is 20 weeks or more.
2. ORS 432.143 (2), (3) and (4): requirement to report a fetal death - by the person in charge of an institution or a designated representative, by the attending physician, or by the Medical Examiner, depending on where the fetal death occurred.
3. ORS 432.158 (3): Authorization for Final Disposition is required prior to final disposition.
4. By direction of the State Registrar, a Report of Fetal Death is forwarded by the County Registrar to the State vital records office for registration.

Lessons learned –

Many mistakes occurred in handling this case. The Registration Manager was able to

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Speak with all individuals involved to clarify what their roles should have been. Those involved now have a better understanding of Oregon laws regarding the report of a fetal death.

The midwife now understands that the Medical Examiner must be called for a home delivery that results in a fetal death. She also now knows who her county Medical Examiner is and how to contact the Medical Examiner's office.

The funeral director now understands that a death report cannot be substituted for a fetal death report. Moreover, the funeral director now understands that a disposition permit is required when transporting a fetus or other human remains.

The hospital staff already understood their roles and responsibility for creating a fetal death report when the event occurs within their facility. However, now they understand how to handle a fetal death that is transported to their hospital.

All individuals involved have been reminded that they can call the Center for Health Statistics Registration Manager or the Data-entry Supervisor for help and support in handling and completing a fetal death in the future.

Everyone recognized that a mother and father experienced a great loss and needed to have guidance, support and assurance that a timely fetal death report would be completed. Furthermore, the family can now receive the requested commemorative Certificate of Stillbirth to help work toward closure.

Appreciation -

The Registration Manager would like to thank all the individuals involved, including hospital staff, funeral home staff, Medical Examiner's staff and the midwife for their willingness to provide information in this case study. In addition, she would like to thank each individual for his or her agreement to share the events of this situation in a newsletter article. Thank you.

If you have any questions about fetal death, please contact JoAnn Jackson, Registration Manager, via email at joann.jackson@state.or.us, or by telephone at 971-673-1160. You may also contact Cynthia Roeser, Data-entry Supervisor, via email at cynthia.r.roeser@state.or.us, or by telephone at 971-673-0478. ❖

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:

Johanna Collins, Eddy Conrad-Wiggins, Karen Cooper, Carolyn Hogg, Karen Hampton, JoAnn Jackson, Lynda Jackson, Craig New, Linda Reynolds, Cynthia Roeser, Carol Sanders, Vivian Siu, Ember Talent, and Jennifer Woodward.

Frequent Contacts

Paternities Debbie Gott 971-673-1155	Filiations Tony Bojanowski 971-673-1143	State Registrar Jennifer Woodward 971-673-1185	Certification Supervisor Karen Rangan 971-673-1182
Death Corrections Patty Thompson 971-673-1163	Adoptions Debbie Draghia 971-673-1152	OVERS Manager Karen Hampton 971-673-1191	Statistics Manager Joyce Grant-Worley 971-673-1156
Birth Corrections <1 year, Amanda Vega 971-673-1169 1year +, Johanna Collins 971-673-1137	Delayed Filings Becki Buskirk 971-673-1147 OVERS Help Desk 971-673-0279	Registration Manager JoAnn Jackson 971-673-1160 Data Processing Supervisor Cynthia Roeser 971-673-0478	Amendments/Certification Manager Carol Sanders 971-673-1178

CHS Managers

The Center for Health Statistics is located at:

800 N.E. Oregon Street, Suite 225
 Portland, OR 97232-2187

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

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

Website:

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

OVERS website:

<http://healthoregon.org/overs>

Just for Midwives - Insert to Birth Matters January 2014

Birth attendants who are relatives of the baby must provide additional documentation to register the birth

Births where the birth attendant is a relative must have additional documentation submitted to register the birth. This applies to physicians (medical or naturopathic), nurse practitioners, licensed direct-entry midwives, and CHS-registered midwives. Additional information is required only if the birth occurred outside a licensed facility (hospital or freestanding birthing center) and the baby is the child, grandchild, niece, or nephew of the attendant. The record must be filed using the process outlined in the following article. This law change is to ensure that medical certifiers do not have a conflict of interest when completing a birth record and establishing the facts of birth.



This requirement is part of HB2093 Section 10. The new statute is ORS 432.088 (reports of live birth).

(5)(b) The state registrar may establish by rule the manner of submitting the information for the report of live birth by a person described in paragraph (5)(a)(D) of this subsection or a physician, nurse practitioner or licensed direct-entry midwife who attends the birth of his or her own child, grandchild, niece or nephew.

The person described in paragraph (a)(D) is

a CHS-registered midwife. The relevant rules are 333-011-0215(3) and -0220, which describe the process and evidence to submit. See at: <http://public.health.oregon.gov/BirthDeathCertificates/Documents/hb2093/OAR-333-011-0205-eff-01-2014.pdf>.

The five-day reporting period and the requirement to submit the birth to the Center for Health Statistics remains. Births can be reported in OVERS or on paper *Certificate of Live Birth* forms. Remember that paper forms are issued to a specific attendant and are not shared.

- If completed in OVERS, certify the report and enter a comment that additional information is being submitted through the mail. Call the OVERS Help Desk to alert our staff to the additional documentation. Mail the evidence detailed in OAR 333-011-0220 within the five-day reporting period.
- If completed on a paper form, certify the document and attach the additional documentation required. Mail the certificate and evidence to the Center for Health Statistics within the five-day reporting period.

Please contact Cynthia Roeser, Data-entry Supervisor, at 971-673-0478 or cynthia.r.roeser@state.or.us, with any questions about the process. ❖

Changes to registration of home births

Effective January 1, 2014, there are new requirements for filing birth records for children born outside a facility **without** a medical certifier (physician, nurse practitioner, direct-entry midwife or CHS-registered midwife).

Because midwives and birthing facilities keep medical records that parents will need for registration, we want to make sure all of you are aware of the new requirements before parents ask for the documents. You may also be the one telling parents why it will be easier to file a birth record when there is a (non-relative) medical certifier.

Parents will need to provide the following documents to register a home birth:

- (1) Evidence that the mother was pregnant - such as a prenatal care record, medical record chart notes, or a statement from a physician or health care provider;
- (2) Evidence that a live birth resulted from the pregnancy - such as a statement from a medical provider who saw, examined, or provided care to the infant within three months of live birth, or a statement from a visiting public health nurse;
- (3) Evidence of the mother's presence in Oregon within 30 days of the date of live birth - such as a rent receipt with mother's name and address, utility or telephone bill, or other bill that includes mother's name and address;
- (4) Evidence of the identity of the mother - ID issued by an official government agency and a certified copy of mother's birth record, or other acceptable documents;
- (5) If the father is to be listed, evidence of the identity of the father - ID issued by an official government agency and a certified copy of the father's birth record, or other acceptable documents;
- (6) A certified copy of the marriage record if father is to be listed based on marriage of parents prior to the birth of the child;
- (7) Voluntary Acknowledgment of Paternity Affidavit if mother is unmarried for 300 days prior to the birth and father is to be listed on the birth certificate;
- (8) Proof of name change for a parent if the name to be listed on the birth record does not match the name on the parent's birth record. ❖