



mom & kid, by ABL, flickr, <https://flic.kr/p/aEjyJv>

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

November 2014

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Birth and fetal death certificates: now with fewer items!

Data collection just got a little easier. Beginning October 1, 2014, the Oregon Center for Health Statistics stopped collecting data for certain items on birth and fetal death certificates. These changes bring Oregon in line with the national standard, and follow the recommendations of the National Center for Health Statistics (NCHS). NCHS continuously monitors the quality and usefulness of birth and fetal death certificate data across the nation, and periodically issues recommendations regarding data collection and use. The changes we rolled out encompass two sets of recommendations – one set made in 2011, and another set issued earlier this year. NCHS has recommended dropping these items because of poor data quality and limited use to public health research.

The following table lists the items being dropped from the birth and fetal death certificates, along with their former location in the OVERS system. These items will be deleted from the OVERS system, and you no longer need to collect information about them.

“Items will be deleted from the OVERS system, and you no longer need to collect information about them.”



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Items Dropped from Birth and Fetal Death Certificate		
Item being dropped	Item location in OVERS	Certificates affected
Date of last prenatal care visit	Prenatal	Birth and fetal death
Other previous poor pregnancy outcome	Pregnancy factors	Birth and fetal death
Vaginal bleeding prior to onset of labor	Pregnancy factors	Birth and fetal death
Infections: Herpes Simplex Virus (HSV)	Pregnancy factors	Birth only
Non-vertex presentation	Labor	Birth only
Moderate/heavy meconium staining of the amniotic fluid	Labor	Birth only
Fetal intolerance of labor	Labor	Birth only
Was delivery with forceps attempted, but unsuccessful?	Delivery	Birth and fetal death
Was delivery with vacuum extraction attempted, but unsuccessful?	Delivery	Birth and fetal death

In addition, CHS now requires that tobacco usage be measured and recorded in “cigarettes per day,” rather than in “packs per day.” There is no longer an option to enter tobacco usage in “packs per day” in the OVERS system.

CHS staff will provide additional information about these changes via listserv

Only cigarettes count now

In July 2011, we published a newsletter article about completing the tobacco fields on the birth certificate. We are revisiting the tobacco use question and counts of cigarettes smoked during pregnancy again in this article because questions continue to be asked by birth certificate specialists. This article provides clarification on how to answer the questions on the birth record regarding tobacco use and cigarette counts. Oregon follows the tobacco reporting

messages. A webinar is also available for training purposes here:

<http://1.usa.gov/1yKXQbi>. If you have any questions about the new changes, contact JoAnn Jackson, Registration Manager, at 971-673-1160 or Joann.Jackson@state.or.us. ❖

standard established by the National Center for Health Statistics (NCHS) and the Center for Disease Control (CDC). Nationally, only the counts of cigarettes per day are captured for four different time periods.

The Oregon birth certificate asks the following preliminary question about all tobacco use: “Tobacco use during this pregnancy.” Asking this question can save

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Only cigarettes count now (Continued from page 2)

you time in answering the tobacco questions. If a mother did not smoke cigarettes, then the whole series of cigarette questions are skipped.

If the mother did smoke, you should not have to do any math to arrive at the number of cigarettes. We are **not** seeking to capture *total* cigarettes smoked before the pregnancy or in each of the

“If the mother did smoke, you should not have to do any math to arrive at the number of cigarettes... Just capture the **average** cigarettes smoked **per day**.”

trimesters of the mother’s pregnancy. Just capture the **average** cigarettes smoked **per day**. If the new mom says she did not smoke every day (e.g., one cigarette per week), put a zero as the answer. The OVERS system does not allow for a decimal point or one-half cigarette.

There was recently a change to the OVERS system that may make data entry for cigarettes simpler. The option to enter the counts of packs per day is being removed from OVERS (For more information, see the article above titled, “Birth and fetal death certificates: Now with fewer items!”). The percentage of errors in the counts of cigarettes per day is higher when we allow the number of packs to be considered. With this new change, you can expect to receive fewer questions from CHS staff verifying cigarette consumption when only the number of cigarettes per day, rather than packs are entered into the birth record. As always, our data entry supervisor, Cynthia Roeser, is your main point of contact for questions. You can reach Cynthia at 971-673-0478.

Accurately recording the number of cigarettes women use during pregnancy is an important health measure. In an independent 2011 survey, 20% of new Oregon mothers reported smoking daily before they became pregnant. By the end of their pregnancy, only 10% were smoking.^{1,2} Women who smoke will typically either quit smoking or cut down on the number of cigarettes they smoke after they find out they are pregnant. Some women start smoking again after they give birth. Capturing the average per day lets us measure if women smokers are curtailing their usage during pregnancy.

If you feel strongly about adding tobacco use other than cigarettes to the record, and the mother provides the information about using chew, pipes and/or cigars, then add the information as a comment in OVERS. We can then decide whether or not to provide that information to the national committees that design the birth certificate information.

On another note, the issue of marijuana legalization and use has raised new questions. However, at this time, there are no immediate plans to have marijuana questions added to the birth certificate. For now, we are monitoring this issue and checking with Washington and Colorado on whether they plan to add any questions on marijuana ingestion during pregnancy to the birth certificate. In future versions of OVERS, we may need to add new items to be collected.

¹<https://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/prams/2011/Pages/b4smoke4.aspx>

²<https://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/prams/2011/Pages/lastsmk4.aspx>

Timely registration: Life happens, and it can't wait

Oregon law requires every Oregon birth certificate to be filed for registration within 5 days of the date of birth (Oregon Revised Statutes 432.088 (1)). Completing birth certificate registration in a timely manner is not only good service; it also ensures compliance with the law. Parents can't get a certified copy of the child's birth certificate until it has been filed and registered with our office. Decreasing the time from birth to registration creates less stress for everyone. Parents will appreciate the adjustments hospitals make for quicker registration times. Parents will have shorter waits when applying for the baby's medical insurance and social security number. Having a baby's health insurance in order will definitely mean less stress for parents bringing a sick newborn back to health.

There is an average of more than five babies born per hour in Oregon. A legal record of these births needs to be filed continually. Birth registration operations should not be put on hold when hospital staff are on vacation or out sick. It is important to have

backup employees trained, in place, and ready to take over the task of registering births.

Do you find yourself asking, "We have chosen backups, now what?" Never fear, the assistance is here! Kerry Lionadh, OVERS Training coordinator, invites you to try their live training webinars, which are available upon request. Call Kerry to request the standard OVERS training for your facility today at 971-673-1197 or by email at kerry.l.lionadh@state.or.us. For self paced training, OVERS helpdesk also provides Birth facility user guides.

So how is your facility doing when it comes to timely registration of births?

The statewide average for birth records being certified is 4.7 days. Only 74.3% of birth certificates are certified within five days. The following table shows some facilities are on track and up-to-date on timely reporting baby deliveries. Many facilities need to improve their timeliness.

County and facility of birth		Total birth records in July	Average days to certify birth	Percent of records certified within 5 days
<u>Baker</u>	St. Alphonsus Medical Center - Baker City, Inc.	11	4.0	90.9%
<u>Benton</u>	Good Samaritan Regional Medical Center	101	1.0	100.0%
<u>Clackamas</u>	Kaiser Sunnyside Medical Center	209	4.5	81.3%
	Legacy Meridian Park Hospital	74	5.4	58.1%
	Legacy Meridian Park Medical Center	11	4.6	72.7%
<u>Clatsop</u>	Providence Willamette Falls Medical Center	104	3.1	98.1%
	Columbia Memorial Hospital	29	4.7	72.4%
<u>Coos</u>	Providence Seaside Hospital	11	4.2	72.7%
	Bay Area Hospital	64	5.7	56.3%
<u>Curry</u>	Curry General Hospital	5	3.8	80.0%

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	Bend Birth Center	1	2.0	100.0%
<u>Deschutes</u>	St. Charles Medical Center - Bend	168	1.6	99.4%
	St. Charles Medical Center - Redmond	37	1.4	100.0%
<u>Douglas</u>	Mercy Medical Center	71	2.8	97.2%
<u>Grant</u>	Blue Mountain Hospital	6	6.3	16.7%
<u>Harney</u>	Harney District Hospital	4	12.8	0.0%
<u>Hood River</u>	Providence Hood River Memorial Hospital	46	2.4	97.8%
	Asante Ashland Community Hospital	22	5.9	36.4%
<u>Jackson</u>	Asante Rogue Regional Medical Center	138	5.2	66.7%
	Kalista Birth Sanctuary	1	8.0	0.0%
	Providence Medford Medical Center	43	2.1	100.0%
<u>Jefferson</u>	St Charles - Madras	13	4.8	61.5%
<u>Josephine</u>	Asante Three Rivers Medical Center	74	3.3	97.3%
	Trillium Waterbirth Center - Redwood Clinic	3	16.3	0.0%
<u>Klamath</u>	Sky Lakes Medical Center	77	1.5	100.0%
<u>Lake</u>	Lake District Hospital	8	3.3	100.0%
	McKenzie-Willamette Medical Center	59	12.4	3.4%
	Peace Harbor Medical Center	8	3.5	87.5%
<u>Lane</u>	PeaceHealth Medical Group Nurse Midwifery Birth Center	15	3.3	80.0%
	Sacred Heart Medical Center - RiverBend	230	5.7	49.1%
	Sacred Waters Birthing Center, Inc	4	2.8	100.0%
	Home Sweet Home Birth, LLC	1	1.0	100.0%
<u>Lincoln</u>	Samaritan North Lincoln Hospital	6	3.7	83.3%
	Samaritan Pacific Communities Hospital	25	3.5	100.0%
	Growing Family Birth Center, LLC	6	8.3	16.7%
<u>Linn</u>	Samaritan Albany General Hospital	56	2.9	100.0%
	Samaritan Lebanon Community Hospital	32	3.0	96.9%
<u>Malheur</u>	St. Alphonsus Medical Center - Ontario, Inc.	44	2.5	100.0%
	Aurora Family Health & Maternity Care Ser-	2	10.5	50.0%
<u>Marion</u>	Salem Hospital	287	10.2	19.2%
	Santiam Memorial Hospital	12	1.8	100.0%
	Silverton Hospital	130	5.4	51.5%
	Adventist Medical Center	111	5.5	46.8%
	Alma Midwifery Services, LLC	7	12.4	0.0%
	Andaluz Birth Center - Portland	13	5.5	46.2%
<u>Multnomah</u>	Legacy Emanuel Medical Center	183	6.1	39.9%
	Legacy Good Samaritan Medical Center	83	2.9	90.4%
	Legacy Mount Hood Medical Center	90	1.5	96.7%
	OHSU Hospitals and Clinics	205	2.8	98.5%
	Providence Portland Medical Center	232	4.7	69.0%

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<u>Tillamook</u>	Tillamook Regional Medical Center	26	4.0	88.5%
<u>Umatilla</u>	Good Shepherd Medical Center	49	3.4	89.8%
	St. Anthony Hospital	44	1.8	100.0%
<u>Union</u>	Grande Ronde Hospital	28	5.7	39.3%
<u>Wallowa</u>	Wallowa Memorial Hospital	4	12.3	0.0%
<u>Wasco</u>	Mid-Columbia Medical Center	27	5.5	51.9%
	Andaluz Birth Center - Tualatin	8	6.8	37.5%
	Canyon Medical Center	6	17.2	0.0%
<u>Washington</u>	Kaiser Foundation Hospital - Westside	106	4.1	84.0%
	Providence St. Vincent Medical Center	388	3.1	98.5%
	Tuality Community Hospital	57	2.6	100.0%
<u>Yamhill</u>	Bella Vie Gentle Birth Center	3	14.3	66.7%
	Providence Newberg Medical Center	46	4.9	84.8%
	Willamette Valley Medical Center	53	2.8	100.0%

Quite notable as an example of a timely facility is Good Samaritan Regional Medical Center in Benton County. They completed over 100 births within five days in July with an average completion time of one day. Nice work!

Confidentiality of passwords

The OVERS help desk sometimes gets calls asking us to reset the password for an OVERS user other than the caller. This raises an important issue for the security of OVERS. We only reset passwords, and share temporary passwords over the telephone with the OVERS user. We reset and email temporary passwords to the email recorded in OVERS if it appears to be the user's individual email and not a shared facility account.



Why do we limit resetting and sharing temporary passwords?

It is important to keep passwords

For any other questions regarding timely registration please contact JoAnn Jackson at 971-673-1160 or by email at joann.jackson@state.or.us. ❖

confidential. Limiting access by role and facility, and maintaining secure passwords are basic security for any electronic system. *Sharing passwords, (allowing someone else to log on as you), compromises the integrity of the vital records system.* OVERS tracks what happens in a record through a history log that captures the user name and the user's actions. Sharing passwords gives access to highly confidential records and possibly creates an incorrect log of who entered the data. Birth certificates are a legal record; CHS staff and the certifier of the record could be questioned in court about who entered the information, who allowed entry of the information, and whether appropriate security procedures were followed.

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What do we want you to do?

If you have shared your password, change it immediately, and keep the new password confidential.

If someone needs to access a record in OVERS, we have several roles available to meet specific needs. If CHS would not authorize direct access, do not disregard laws on confidentiality and the security of the system by allowing access under your name and password.

Vital records work – meet the team

It takes a team to manage vital records effectively. Knowledge of laws and regulations, expertise in a variety of record management technologies, critical thinking, and an ability to follow detailed procedures are but a few examples of the skills required of vital records professionals. The Center for Health Statistics is staffed by a talented team of individuals, each of whom brings a specialized set of skills to the work of managing Oregon's vital records. This article focuses on the work of one of our Oregon Vital Events Registration System (OVERS) analysts, Carlos Herrera.

Many of you know Carlos as the fingerprint reader specialist for OVERS. Every day in Oregon over one hundred birth reports are signed electronically with a fingerprint reader. If you sign birth reports, chances are Carlos helped you or one of your co-workers install a fingerprint reader.

In addition to providing personalized technical support for hundreds of OVERS

**A reminder to birth certifiers**

We continue to have records where the certifier is not the birth attendant. Oregon law prohibits anyone other than the attendant from certifying a birth occurring outside a licensed facility. CHS requires the birth attendant to both enter and certify those births.

If you have any questions about passwords, or setting up a new user, please contact the OVERS help desk at 971-673-0279. ❖

users, Carlos also performs many other technical tasks necessary for the smooth operation of OVERS. Since joining the State of Oregon, Center for Health Statistics in 2007, Carlos has ensured the continuous operation of OVERS. He maintains servers and other hardware necessary for the smooth operation of OVERS and troubleshoots technical issues if they arise. Two to four times a year Carlos tests and installs new versions of the OVERS program. To date, he has assisted in the rollout of three new additions to OVERS, including the pages for death records, birth records, and fetal death reports.

Carlos also supports other record management technologies used at the Center for Health Statistics. He is skilled at troubleshooting issues in a variety of technical formats. As a member of the OVERS technical team, he reliably provides a helping hand to any vital records staff

member requiring technical assistance.

The Oregon vital records team recognizes the value each of our team members brings

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Meet the team (Continued from page 7)

to the important work of managing Oregon's vital records and other confidential information. We applaud Carlos for the high

What classifies as a “home birth?”

A home birth is defined as a birth that occurred in a **residential** location. There are several locations *other than the mother's residence* classified as home births.

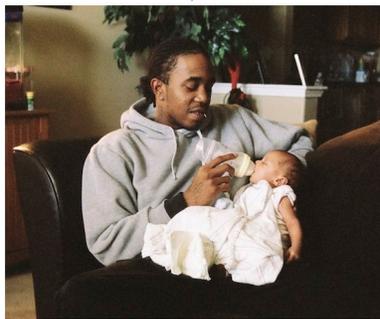
Examples include a family member's home, a friend's home, or even a midwife's home.

A midwife's home or home office is considered a “home birth” location unless it has been inspected and licensed as a medical facility by the State of Oregon. There are three possible home birth classifications: (1) home delivery, planned; (2) home delivery, unplanned; and (3) home delivery, unknown if planned.

A birth classified as “home delivery, planned” is a birth *intended* to occur at a residential location, and then occurring there. For example, the mother arranged to deliver at her midwife's residence, and the delivery occurred there. This is considered a “home delivery, planned.”

A birth classified as “home delivery, unplanned” occurs in a home unexpectedly. For example, the mother *intends* to deliver at a hospital or birthing center but goes into labor unexpectedly while at a family member's house. The mother is unable to get to the hospital in time, and delivers the baby at the family member's house. This scenario is considered an unplanned home delivery.

The classification “home delivery, unknown if planned” is rarely selected.



BabyDilla, by Jeremiah, flickr, <https://flic.kr/p/dPFopE>

level of professionalism and excellence he brings to our team. ❖

Only very unusual and uncommon circumstances qualify for this classification. For example, the mother gave birth at a residential location; however, after the birth, the mother is unavailable to ask, and there is no family or friends who know her birth plan.

The option “other (specify)” is only used when the child is born outside a hospital, birthing center, residential home, or clinic/doctor's office. An example of “other (specify)” is if the child is born in the back of a car (or an ambulance) on the way to the hospital.

The OVERS system automatically fills in the place of birth as the mother's address when one of the home delivery options is selected. If the birth occurred at a different residential location, such as the midwife's home or a family member's house, the place of birth must be changed to the address where the delivery actually occurred.

Correctly reporting home births initially will save both you and staff at the Center for Health Statistics time since we will not need to ask you for corrections to the birth certificate later. Accurate birth records are not only important to data quality, but are also great customer service to the mothers you serve.

If you have any questions, please call Cynthia Roeser at 971-673-0478 or email her at Cynthia.r.roeser@state.or.us. ❖

New Procedure: New & Custom Birth Worksheets

New birth certificate worksheets are now available. Items discussed in the newsletter article (“Birth and fetal death certificates: now with fewer items!”) have been removed. Parents’ social security numbers have been relocated to the parent birth worksheet because parents’ social security numbers are collected only for use in child support establishment and enforcement therefore should not be on the Social Security Number authorization form.

The new worksheets are available on our [birth registration website](#) in letter (8.5x11) size.

Facilities may still use a custom birth worksheet, if preapproved by the State Registrar. Worksheets must meet certain requirements:

- All questions must be kept verbatim from the state worksheet.
- All duplicated items between the parent and facility versions must be kept to

conform to national standards. If different answers are given to the same question, use the Facility Worksheet’s information.

- No NCR (no carbon required) forms. No copies of the worksheet should ever be made or distributed, including as an informal receipt of request for SSN.
- Request for SSN section must be on a separate page. See the article on our new Enumeration at Birth process for more information.
- General font size must be 9pt Arial or larger. Other fonts are allowed, but they must be at least the same visual size. Special item instructions may be made smaller to fit. (See example below.)
- Worksheets may be designed for letter or legal size paper. A worksheet approved to print on legal paper must not be shrunk down to print on letter paper.

Example: 9pt Arial font for item name, 6pt font for instructions.

Mother’s Legal Name _____ <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> First Middle Last </div>

Custom birth worksheets must be mailed to the address below by December 5, 2014 for approval. By **January 1, 2015**, all birth facilities must use either the standard worksheet or an approved custom worksheet.

If you have any questions, please contact [Cynthia Roeser](#) at 971-673-0478. ❖

Cynthia Roeser
 Center for Health Statistics
 800 NE Oregon Street, Suite 225
 Portland, Oregon 97232

Important new procedure coming soon: Social Security Enumeration at Birth Requests

The process to request a Social Security number for a new baby will soon involve an extra step for birth clerks. The Center for Health Statistics (CHS) is required by the Social Security Administration to keep the “Authorization to Establish Social Security Number at Birth” form indefinitely in our control. The birth facility must keep the original authorization form separate from the medical record for a minimum of one year and no longer than two years.

We are establishing a dedicated fax line for birth facilities to send the “Authorization to Establish Social Security Number at Birth” form directly to a server at the state. This should be a quick and efficient way to send the forms for both our birth center partners and CHS staff. The effective date for faxing us the forms will be shared with you once we get the special fax number set up.

Start using use the new “Authorization date to Establish Social Security Number at Birth” form that is part of the new Birth Worksheet no later than December 1, 2014. Store the forms separately from the medical record. They can be faxed to us once the special fax number is set up.

You may provide a copy of the SSN authorization form to the parents if they ask for it, but it should **not** be shared with any

other person or agency. The SSA provides a form that serves as a receipt for parents who have requested an SSN for their child. Should your facility prefer to offer this receipt form to parents, we have ordered a supply from the SSA.

If you have any questions about this new policy, or you would like to order the SSA Receipt Form, please contact [Karen Hampton](#) at 971-673-1191.❖

TO DO

- Start using the new SSN authorization form no later than December 1, 2014
- Fax SSN authorization form to the special CHS fax number (forthcoming)
- Keep original SSN authorization form for at least one year and no more than two years
- Keep the SSN authorization form in a separate location from the medical record (may be stored with worksheets)
- Photocopy of SSN authorization Form may only be released to parents

Wanted—Newsletter topics

Have a question or idea for a future newsletter article? Contact Judy Shioishi at 971-673-1166 or judy.shioishi@state.or.us. Judy collects ideas for articles and shares them with the writing team.

Thank you to the contributors of this newsletter:

James Burke, Deborah Draghia, Jamie Gould, Joyce Grant-Worley, Dani Hall, Karen Hampton, Carlos Herrera, Carolyn Hogg, Lynda Jackson, JoAnn Jackson, Kerry Lionadh, Krista Markwardt, Craig New, Vivian Siu, Megan Welter, Jennifer Woodward

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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>