

Center for Health Statistics  
Center for Public Health Practice  
Public Health Division  
Oregon Health Authority

# Instructions for completing the Oregon Report of Live Birth on paper

These instructions are intended for births occurring outside of a licensed facility reported on paper reports of live birth (Certificate of Live Birth Form 45-1).

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## Document Change Activity

The following is a record of the changes that have occurred on this document from the time of its original approval

Rev. date	Change Description	Author	Date
May 13, 2011	Revised instructions regarding attendant certifier for out of facility birth to comply with ORS 432.206(3)	Hampton	8/3/11
October 1, 2014	Removed items as reportable to match national standards; recognition of marriage between persons of same sex	Hampton	8/15/14
November 24, 2015	Revised instructions to match most recent Certificate of Live Birth Form 45-1.	Jackson	11/30/15
March 3, 2018	Revised instructions on new sex designation	Zapata	03/03/18
May 11, 2020	Revised contact information	Ruden	5/11/20
Jan 1, 2022	Added REALD questions	Ellis	01/01/22

## GENERAL INFORMATION – OREGON REPORTS OF LIVE BIRTH

Births that occur outside a licensed facility create specific legal obligations and practical limitations. The attending physician, midwife, or other person as identified by statute (below) also referred to as the certifier of the birth, is required to report births that occur outside of a facility to the Center for Health Statistics within five days. This is different from births occurring in a licensed facility where the *facility* has the legal obligation to report the birth. In facilities, the certifier is often an employee of the facility and not the attendant at birth.

The report of live birth is submitted by facilities and birth attendants using one of two methods. The most common method is entering and certifying the birth in the Oregon Vital Events Registration System (OVERS). The second method of submitting a Report of Live Birth is completing the paper Certificate of Live Birth form and signing as certifier. These instructions are intended for use by physicians, naturopathic doctors, midwives and others responsible for reporting births that occur in Oregon when the birth is reported on a paper Certificate of Live Birth form. If the certifier is not a licensed birth attendant and is not a midwife registered with the Center for Health Statistics, additional documentation will be required before the birth is registered.

Relevant Oregon Revised Statutes (ORS) excerpts – full content can be located at [https://www.oregonlegislature.gov/bills\\_laws/ors/ors432.html](https://www.oregonlegislature.gov/bills_laws/ors/ors432.html).

### **ORS 432.005 Definitions.**

(21) “Live birth” means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, that, after such expulsion or extraction, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

**IMPORTANT** – If an infant breathes or shows any other evidence of life after complete delivery, even though it may be only momentary, the birth must be registered as a live birth and a report of death must also be filed.

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

(1) A report of live birth for each live birth that occurs in this state shall be submitted to the Center for Health Statistics, or as otherwise directed by the State Registrar of the Center for Health Statistics, within five calendar days after the live birth and shall be registered if the report has been completed and filed in accordance with this section.

(5)(a) When a live birth occurs outside an institution, the information for the report of live birth shall be submitted within five calendar days of the live birth in a format adopted by the state registrar by rule in the following order of priority:

(A) By an institution where the mother and child are examined, if examination occurs within 24 hours of the live birth;

(B) By a physician in attendance at the live birth;

(C) By direct entry midwife licensed under ORS 687.405 to 687.495 in attendance at the live birth;

(D) By a person not described in subparagraphs (A) to (C) of this paragraph and not required by law to be licensed to practice midwifery who is registered with the Center for Health Statistics to submit reports of live birth and who was in attendance at the live birth; or

(E) By the father, the mother or, in the absence of the father and the inability of the mother, the person in charge of the premises where the live birth occurred.

(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 (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.

**432.075 Duty to furnish information to state registrar; immunity.**

(1) A person having knowledge of the facts shall furnish all information the person may possess regarding a live birth, death, fetal death, induced termination of pregnancy, marriage, declaration of domestic partnership or dissolution of marriage or domestic partnership upon demand of the State Registrar of the Center for Health Statistics.

(2) A person required to report information under this chapter or the rules adopted under this chapter shall provide the information to the state registrar within five calendar days of receiving the information.

(3) Within five calendar days of receipt of autopsy results or other information that would provide pending or missing information or correct

errors in a reported cause of death, the medical certifier or medical examiner required to report the death under ORS 432.133 shall submit an affidavit on the cause of death to amend the record.

(4) A person or institution that in good faith provides information required by this chapter or by rules adopted under this chapter shall not be subject to an action for civil damages.

(5) The state registrar may require alternative documentation from the provider of information relating to the occurrence of a vital event for the purpose of quality assurance.

### **Worksheets:**

Reports of live birth require many items of information and it is common practice to provide a work sheet to obtain information from the parent(s) of the child. To avoid misunderstandings on items such as names and parents' dates of birth, the Center for Health Statistics has established a standard worksheet. Effective January 1, 2015, all birth certifiers are required to use the standard worksheet or submit alternatives to the State Registrar for approval prior to use. The worksheets include all of the information required on the Report of Live Birth.

Birth Worksheets for facilities (or attendant-certifiers) are available in English, and parents' worksheets are available in both English and in Spanish. Worksheets are available on the Center for Health Statistics website:

<http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Pages/InstructionsBirth.aspx>.

Please note that birth worksheets are not part of the medical record. They should be stored separately, retained for no less than one year and no more than two years, then shredded as the disposal method. Under **no circumstances** should a copy of the completed report of live birth or birth worksheet(s) become a part of the medical record.

**A copy of the original report of live birth should never be given to the parent(s) for any reason.** If this has been your practice, you must stop immediately.

### **Why is so much information collected?**

The information collected on the Report of Live Birth through the Certificate

of Live Birth serves three purposes.

First, the establishment of identity and relationships. This includes not only the child's name, date of birth, sex and place of birth, but also the parents' names, dates of birth and places of birth.

Second, health and medical information is collected for public health assessment and research. Prenatal care, cigarette smoking, weight gain, complications of labor and delivery, race, previous pregnancy outcomes and many other items are gathered to strengthen public health knowledge and practices relating to pregnancies and live births.

And third, the social security numbers of the mother and the father/second parent are collected solely for the purpose of child support in accordance with federal law. These numbers are not used for any other purpose within vital records.

All items are required to be asked and should be as fully completed as possible with information available from the medical record or from the parent worksheet. If you have any questions about the information collected, please contact the Center for Health Statistics.

## Instructions for reporting a live birth through completing the Certificate of Live Birth

**Type or clearly print all information in permanent black or dark blue ink.** All of the items on the Certificate of Live Birth are required and should be collected from the mother or other informant. If, due to unusual circumstances, some items are unknown, email the Center for Health Statistics Registration Unit at [CHS.Registration@dhsosha.state.or.us](mailto:CHS.Registration@dhsosha.state.or.us) for information and guidance.

### **ITEM 1. CHILD'S NAME** (First, Middle, Other Middle, Last, Suffix)

Type or print the child's first, middle, other middle, and last legal names using conventional upper and lower case. Enter the full name of the child exactly as given by the parent(s). The parent(s) may choose any name they wish, including the last name. Suffixes following the last name, such as Jr. and II, are acceptable. Have the parents double check the spelling and order of names before entering the name on the report.

If the parents indicate that the child is to have only a first initial such as "E. Charles Jones," enter the E followed by a period. If the parents indicate two initials and a last name such as "H.S. Green," determine if these are a first and middle initial, or two first initials with no middle name or initial. Enter the initials in the appropriate spaces. Each initial should be followed by a period.

If the surname has a space or apostrophe following prefixes, such as Mac Pherson or O'Toole, enter as given with the space or apostrophe.

If more than one surname is given separated by a hyphen, enter exactly as given with the hyphen. If there is more than one last name and no hyphen, enter the two names with a space between them.

If the parent(s) do not have first or middle names selected for the child, leave this item blank. Never enter "Baby Girl", "Infant Boy", or any other placeholder name.

## **ITEM 2. SEX**

Enter Female, Male or X for nonbinary. Do not abbreviate or use other symbols. If the sex cannot be determined due to a medical condition, enter “Undetermined” and attach a note to the Certificate of Live Birth stating the medical condition that caused the child’s sex to be undetermined.

## **ITEM 3a. DATE OF BIRTH (Month, Day, Year)**

Enter the exact month, day and four-digit year the child was born.

Enter the full name of the month – January, February, March, etc. Do not use a number or abbreviation to designate the month. The full name of the month is important here because this is the legal record of birth date.

Pay particular attention to the entry of month, day, or year when the birth occurs around midnight on December 31. A birth that occurs at midnight occurred at the beginning of the new day rather than the end of the previous day.

The infant’s date of birth must be earlier than, or the same day that the Certificate of Live Birth is completed.

## **ITEM 3b. TIME OF BIRTH**

Enter the exact time (hour and minute) the child was born according to local time. If daylight saving time is in effect when the birth occurs, it should be used to record the time of birth. The preferred method is to enter the time using a 24-hour (military) clock. Time may also be recorded in standard time by indicating whether the time of birth is a.m. or p.m.

An example of standard time is 10:30 a.m. or 3:25 p.m. The military time equivalent is 1030 and 1525.

Enter noon as “12 noon” in standard time or 1200 in military time. One minute after noon is entered as 12:01 p.m. in standard time or 1201 in military time.

Midnight is the start of a day. Enter midnight as “12:00 a.m.” in standard time or 0000 in military time. One minute after midnight is entered as “12:01 a.m.” in standard time or 0001 in military time.

In cases of plural births, the exact time that each child was delivered should be recorded as the hour and minute of birth for that child.

#### **ITEM 4a. COUNTY OF BIRTH**

Enter the name of the county where the birth occurred. For births that occurred in a moving conveyance, enter the county where the child was first removed from the conveyance. The county must be in Oregon to report the birth through Oregon’s Certificate of Live Birth.

#### **ITEM 4b. FACILITY OF BIRTH** (If not an institution, give street and number)

Only licensed hospitals and licensed birthing centers should report a facility name. A facility name should not be entered for an out of facility birth even if occurring in a medical clinic or physician’s office that has a registered business name.

If the birth occurred at a private residence, enter the house number and street name of the place where the birth occurred.

If the birth occurred some place other than those described above, enter the number and street name of the location.

If the birth occurred in a moving conveyance that was not en route to a facility, enter the address where the child was first removed from the conveyance as the place of birth.

#### **ITEM 4c. CITY, TOWN OR LOCATION OF BIRTH**

Enter the name of the city, town, or location where the birth occurred. For births occurring in a moving conveyance, enter the city, town, or location where the child was first removed from the conveyance.

**ITEM 5a. MOTHER'S CURRENT LEGAL NAME** (First, Middle, Last Suffix)

Type or print the legal first, middle and current last name of the mother. Only the woman who gave birth can be reported as the mother on this record.

**ITEM 5b. MOTHER'S NAME PRIOR TO FIRST MARRIAGE** (First, Middle, Last, Suffix)

Type or print the first, middle and last name(s) of the mother as given at birth or adoption, not a name acquired by marriage. Should complete this even if mother's current legal name is the same.

**ITEM 5c. MOTHER'S RESIDENCE – STATE**

Enter the name of the state in which the mother lives. This may differ from the state in her mailing address. If the mother is not a U.S. resident, enter the name of the country and the name of the unit of government that is the nearest equivalent of a state.

**ITEM 5d. COUNTY**

Enter the name of the county in which the mother lives.

**ITEM 5e. CITY, TOWN, OR LOCATION**

Enter the name of the city, town or location where the mother lives. This may differ from the city, town or location in her mailing address.

**ITEM 5f. STREET AND NUMBER**

Enter the number and street name of the place where the mother lives. This may differ from the city, town or location in her mailing address.

**ITEM 5g. ZIP CODE**

Enter the zip code of the place where the mother lives. This may differ from the zip code in her mailing address.

**ITEM 6a. DATE OF BIRTH** (Month, Day, Year)

Enter the exact month, day and year that the mother was born.

**ITEM 6b. BIRTHPLACE** (State, Territory or Foreign Country)

If the mother was born in the United States, enter the name of the state.

If the mother was born in a foreign country or a U.S. territory, enter the name of the country or territory.

If the mother was born in Canada, enter the name of the province as the state and Canada as the country.

If the mother was born in the United States but the state is unknown, enter "U.S.-Unknown."

If the mother was born in a foreign country but the country is unknown, enter "Foreign-Unknown".

If no information is available regarding place of birth, enter "Unknown". DO NOT leave this item blank.

**ITEM 7. FATHER/SECOND PARENT'S CURRENT LEGAL NAME**

(First, Middle, Last, Suffix)

If the mother was married, type or print the legal first, middle, current last name(s) and suffix, if any, of her spouse or, if mother is a partner in an Oregon Registered Domestic Partnership, of her partner, as the second parent. If married at conception, at birth, anytime between or within 300 days of the birth, only the spouse can be named as the father/second parent. This is true even if the parents have since divorced or the father/second parent is now deceased.

The person gathering information for the report of live birth should always be careful how they ask this question. We suggest referring to 'your spouse' when interviewing the mother rather than use the

words “father of the child” unless you know the woman to be unmarried. If the mother was divorced, widowed or never married throughout the pregnancy, make no entry regarding the father/second parent’s identity in items 7a-8b, unless an acknowledgment of paternity has been signed.

The surname of the father/second parent and child are usually the same. When they are different, carefully review this information with the parent(s) to ensure that there is no mistake. Remember the parent(s) can give the child any last name they wish, regardless of whether the father/second parent is included in the report of live birth.

Refer problems not covered in these instructions to the State Vital Records office at (971) 673-1190.

**ITEM 8a. DATE OF BIRTH** (Month, Day, Year)

Enter the exact month, day, and year that the father/second parent was born.

**ITEM 8b. BIRTHPLACE** (State, Territory or Foreign Country)

If the father/second parent was born in the United States, enter the name of the state.

If the father/second parent was born in a foreign country or a U.S. territory, enter the name of the country or territory.

If the father/second parent was born in Canada, enter the name of the province as the state and Canada as the country.

If the father/second parent was born in the United States, but the State is unknown, enter “U.S.-Unknown”.

If the father/second parent was born in a foreign country, but the country is unknown, enter “Foreign-Unknown”.

If no information is available regarding place of birth, enter "Unknown". **DO NOT** leave this item blank.

**ITEM 9a. INFORMANT'S NAME** (First, Middle, Last or Suffix)

Type or print the full name of the informant.

**ITEM 9b. INFORMANT'S RELATIONSHIP TO CHILD**

Indicate the informant's relationship to the child. The mother of the child is the preferred informant since her relationship does not need to be otherwise documented. If the biological father is the informant, but he is not named in 7a, he cannot report his relationship as "Father" in 9b.

**ITEM 9c. INFORMANT'S SIGNATURE**

"I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief."

Obtain the signature of the parent or other person who provided the personal facts about the birth and pregnancy after the information has been entered on the certificate and reviewed by the informant. If the signature is not legible, print the name of the Informant so that it may be entered into Oregon Vital Events Birth Registration System.

**DO NOT ASK OR REQUIRE ANYONE TO SIGN A BLANK CERTIFICATE OF LIVEBIRTH.**

**ITEM 10a. CERTIFIER'S NAME**

Type or print the full name of the person whose signature appears in item 10d.

**ITEM 10b. CERTIFIER'S TITLE**

Indicate his or her title. If not a medical attendant, identify the certifier by the title that best describes who they are (midwife, mother, father, grandmother, etc.)

Email the Center for Health Statistics Registration unit at [CHS.Registration@dhsosha.state.or.us](mailto:CHS.Registration@dhsosha.state.or.us) if you have any questions.

**ITEM 10c. CERTIFIER'S ADDRESS** (Street, City, Town, Zip)

Enter the mailing address of the person whose name appears in Item 10a.

The mailing address is used for inquiries to correct or complete items on the record.

**ITEM 10d. CERTIFIER'S SIGNATURE**

"I certify that this child was born alive at the place, time and date stated."

**ITEM 10e. DATE SIGNED** (Month, Day, Year)

Enter the exact month, day, and year the certifier/birth attendant signed the Certificate of Live Birth.

The certification validates the accuracy of the date, time, and place of birth of the child recorded in the report of live birth.

**ITEM 11a. REGISTRAR'S SIGNATURE**

The State Registrar's signature will appear as the registering official on the birth certificate. All reports of live birth in Oregon are registered at the Center for Health Statistics. The state office will complete this item after acceptance of the Certificate of Live Birth.

**ITEM 11b. DATE FILED** (Month, Day, Year)

All reports of live birth in Oregon are registered at the Center for Health Statistics. The state office will complete this item after acceptance of the Certificate of Live Birth.

**THE LOWER PORTION OF THE CERTIFICATE OF LIVE BIRTH—  
INFORMATION FOR MEDICAL AND PUBLIC HEALTH USE ONLY –**

The lower portion of the Certificate of Live Birth contains information that is used for public health and medical or health studies. These Items (12-64) are separated from the identifying information and are never included on certified copies of the certificate.

**ITEM 12a. WAS HOME DELIVERY PLANNED?**  Yes  No  Unknown

Select the answer of the response given.

**ITEM 12b. IS ADOPTION/LEGAL PROCEEDING EXPECTED?**

Yes  No  Unknown

Select the answer of the response given.

**ITEM 13. MOTHER'S MAILING ADDRESS**

Check if same as Mother's residence, OR:

Enter the mother's mailing address only if it is different from the residence address. If the mother's mailing address is the same as her residence, check the box indicating this and skip 13a through 13d.

It is important to distinguish between the mother's mailing address and her residence address. Because each serves a different purpose, they are not substitutes for one another.

**ITEM 13a. STATE.**

Type or print the mother's state.

**ITEM 13b. CITY, TOWN OR LOCATION**

Type or print the mother's city, town or location.

**ITEM 13c. STREET AND NUMBER**

Type or print the mother's mailing street and number.

**ITEM 13d. ZIP CODE**

Type or print the mother's mailing zip code.

**ITEM 13e. RESIDENCE INSIDE CITY LIMITS?** (Check appropriate answer)  Yes  No  Unknown

**ITEM 13f. PRIMARY TELEPHONE NUMBER**

Type or print the mother's primary number.

**ITEM 13g. SECONDARY TELEPHONE NUMBER**

Type or print the mother's secondary number.

**ITEM 14a. REQUEST A SOCIAL SECURITY NUMBER FOR THIS CHILD?**  Yes  No

This question must be answered by checking "Yes" or "No". Do not leave this item blank.

If Yes is checked, and all the information that is required by the social security office is provided, the Center for Health Statistics will provide enough information from the report of live birth to the Social Security Administration to enable them to issue a social security number for this infant. The social security card will be mailed to the parent(s) at the mailing address provided on the certificate of live birth.

The Social Security Administration requires a signed application for the issuance of a social security number. That form is part of the Center for Health Statistics' worksheets and can be found at <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/REGISTRATIONVITALRECORDS/Pages/ssn-eab.aspx>.

The Social Security Administration will not issue a social security card for a child that has not been named. If the parents have not named the child, the first and middle names may be added by completing an affidavit within the first year of the child's life. After the names are added to the legal record, the parents can take a certified copy of the birth certificate and additional medical records or other documentation required to the Social Security Administration Office to request

that a number be issued for the child. The Enumeration at Birth Program allows the parent(s) to receive a social security number for this child without having to apply and send additional documentation to the Social Security Administration at a later date.

**ITEM 14b. MOTHER’S SOCIAL SECURITY NUMBER**

Enter the number or Check if none \_\_\_

**ITEM 14c.FATHER/SECOND PARENT’S SOCIAL SECURITY NUMBER**

Enter the number or Check if none \_\_\_

The “Family Support Act of 1988” requires each state to obtain the social security numbers from parent(s) in the birth registration process. It also requires the parent(s) to provide this information. This federal law became effective with births that occur after October 1, 1990.

If the parents are unmarried, ask for the social security number of the father/second parent only if a paternity acknowledgement has been signed or if the mother is in an Oregon Registered Domestic Partnership.

The following criteria are to be used in recording the social security numbers.

Enter the 9-digit social security number as provided; or  
Enter “Unknown” if the informant did not know the number; or  
Enter “None” if either parent does not have a number; or  
Enter “Refused” if the informant will not provide the number.

Refused should be used only when the informant is uncooperative and absolutely refuses the information.

**ITEM 15a. MOTHER MARRIED** at conception, at delivery, or within 300 days prior to birth of the child? \_\_\_\_\_ Yes \_\_\_ No

Enter "Yes" if the mother was married. Indicate 'ORDP' if mother was in an Oregon Registered Domestic Partnership. Otherwise, enter "No."

If the mother is married and chooses not to list the father/second parent of the child, enter a comment to this effect in the margin of the statistical portion of the Certificate of Live Birth below the dashed line.

A woman is legally married even if she is separated. A person is no longer legally married when the divorce is final. The court can tell the mother whether her divorce is final.

**ITEM 15b. MOTHER IN OREGON REGISTERED DOMESTIC PARTNERSHIP (Not other states and not county systems) at conception, at delivery, or within 300 days prior to birth of the child?**  
 Yes  No

**ITEM 15c. PATERNITY ACKNOWLEDGMENT**

If answers to 15a and 15b are "No", has a paternity acknowledgment been signed?  
 Yes  No

If a mother is unwed at the time of conception, delivery, all times between and within 300 days of the child's birth – she and the biological father of the child may establish paternity by completing the Voluntary Acknowledgment of Paternity Affidavit (form 45-21) in front of a notary. If the paternity acknowledgement has been signed, check "Yes" in the appropriate box. If not, check "No".

If this paternity form has been completed, the father's name and information may be reported on the Certificate of Live Birth. **THE PATERNITY FORM MUST BE ATTACHED TO THE CERTIFICATE OF LIVE BIRTH FORM.** No fee is required if the paternity is sent to the Center for Health Statistics with the Certificate of Live Birth.

If the answer is "No," (paternity acknowledgment has not been signed), the father's information in items 7, 8a, and 8b, cannot be completed and there can be no reference to the father on any portion of the legal document. He cannot list himself as father nor

can he identify himself as father if he signs as informant or certifier without a paternity acknowledgment.

For Court Ordered Findings of Paternity you must contact the State Vital Records Office for individual instructions.

**ITEM 16. MOTHER'S EDUCATION** (Check the highest grade completed)

Select the category that includes the highest number of years of regular schooling completed by the mother. Report only those years of school that were completed. If the parent has no formal education, select "8th grade or less". A person who enrolls in college but does not complete one full year should not be identified with any college education in this item.

Count formal schooling. DO NOT include beauty, barber, trade, business, technical or other special schools when determining the highest grade completed.

**ITEM 17. MOTHER'S RACE, ETHNICITY, TRIBAL AFFILIATION, COUNTRY OF ORIGIN OR ANCESTRY.**

This is a text field for the mother to write how they identify their race, ethnicity, tribal affiliation, country of origin or ancestry.

**ITEM 18. RACE OR ETHNIC IDENTITY** (Check all that apply)

This section has checkboxes for race or ethnic identity. The mother selects the race(s) or ethnicity(ies) they identify with. More than one race may be selected. If the informant indicates that the mother is of "mixed race," enter all races specified.

**Each category has a text field to write in the race or ethnic identity if it is not listed. There are also two opt-out options; they are "Don't know" and "Don't want to answer".**

**ITEM 19a. PRIMARY RACIAL OR ETHNIC IDENTITY**

If more than one category for racial or ethnic identity was selected, is there one racial or ethnic identity that that the mother thinks of as her **primary** racial or ethnic identity? If **Yes**, the primary racial or ethnic identity

should be circled in item 18. The other options are not having one primary racial or ethnic identity, identifying as biracial or multiracial, N/A, Don't know and Don't want to answer.

## **ITEM 20. LANGUAGE**

Enter the language or languages used at home in the text box. If the languages used at home are only English, American Sign Language, or sign language then skip to item 21.

For those that don't use English, American Sign Language, or sign language, indicate what language the mother prefers when communicating with someone outside the home about important matters such as medical, legal, or health information. Also, have the mother indicate what language is preferred to read important written information such as medical, legal or health information.

Have the mother indicate how well she speaks English. "Very well", "Well", "Not well", "Not at all", "Don't know" and "Don't want to answer" are options to choose from.

## **ITEM 21. FUNCTIONAL LIMITATIONS**

The Functional Limitations section has nine questions that ask about physical and mental or emotional difficulties that the mother may experience. For example, questions about serious difficulty hearing, seeing, walking or climbing stairs, learning, communicating, doing errands or controlling behavior.

The response options for these questions are Yes, If yes at what age did this condition begin, No, Don't know, Don't want to answer. Two of the questions have a response option of "Don't know what this question is asking".

If Yes is selected, then the age when the condition began should be written in the space provided. If the condition was present from birth to age 1 then "0" should be entered.

The last two questions are only filled out if the mother is age 15 years or older.

The answers to these questions will help us find health and service

differences among people with and without functional difficulties. All answers are confidential.

**ITEM 22. FATHER/SECOND PARENT'S EDUCATION** (Check the highest grade completed)

Select the category that includes the highest number of years of regular schooling completed by the father/second parent. Report only those years of school that were completed. If the parent has no formal education, select "8th grade or less". A person who enrolls in college but does not complete one full year should not be identified with any college education in this item.

Count formal schooling. DO NOT include beauty, barber, trade, business, technical or other special schools when determining the highest grade completed.

**ITEM 23. FATHER/SECOND PARENT'S RACE, ETHNICITY, TRIBAL AFFILIATION, COUNTRY OF ORIGIN, OR ANCESTRY.**

This is a text field for the father/second parent to write how they identify their race, ethnicity, tribal affiliation, country of origin or ancestry.

**ITEM 24. RACE OR ETHNIC IDENTITY** (Check all that apply)

This section has checkboxes for race or ethnic identity. The father/second parent selects the race(s) or ethnicity(ies) they identify with. More than one race may be selected. If the informant indicates that the father/second parent is of "mixed race," enter all races specified.

**Each category has a text field to write in the race or ethnic identity if it is not listed. There are also two opt-out options; they are "Don't know" and "Don't want to answer".**

**ITEM 25a. PRIMARY RACIAL OR ETHNIC IDENTITY**

If more than one category for racial or ethnic identity was selected, is there one racial or ethnic identity that that the father/second parent thinks of as their **primary** racial or ethnic identity? If **Yes**, the primary racial or

ethnic identity should be circled in item 24. The other options are not having one primary racial or ethnic identity, identifying as biracial or multiracial, N/A, Don't know and Don't want to answer.

## **ITEM 26. LANGUAGE**

Enter the language or languages used at home in the text box for the father/second parent. If the languages used at home are only English, American Sign Language, or sign language then skip to item 27.

For those that don't use English, American Sign Language, or sign language, indicate what language the father/second parent prefers when communicating with someone outside the home about important matters such as medical, legal, or health information. Also, have the father/second parent indicate what language is preferred to read important written information such as medical, legal, or health information.

Have the father/second parent indicate how well the father/second parent speaks English. "Very well", "Well", "Not well", "Not at all", "Don't know" and "Don't want to answer" are options to choose from.

## **ITEM 27. FUNCTIONAL LIMITATIONS**

The Functional Limitations section has nine questions that ask about physical and mental or emotional difficulties that the father/second parent may experience. For example, questions about serious difficulty hearing, seeing, walking or climbing stairs, learning, communicating, doing errands, or controlling behavior.

The response options for these questions are Yes, If yes at what age did this condition begin, No, Don't know, Don't want to answer. Two of the questions have a response option of "Don't know what this question is asking".

If Yes is selected, then the age when the condition began should be written in the space provided. If the condition was present from birth to age one then "0" should be entered.

The last two questions are only filled out if the father/second parent is age 15 years or older.

The answers to these questions will help us find health and service

differences among people with and without functional difficulties. All answers are confidential.

**ITEM 28. DID MOTHER GET WIC FOOD? \_\_Yes \_\_No \_\_Unknown**

This question is trying to determine if the MOTHER was on the program during this pregnancy. When asking this question of the mother, make sure she knows we are asking only about her, not about her other children that may be enrolled with WIC.

**ITEM 29. MOTHER'S HEIGHT (Feet/inches)**

Indicate mother's height in feet and inches. If the record includes height in fractions, such as 5 feet 6½ inches, round down and enter 5 feet 6 inches. If the mother's height is unknown, print or type "unknown".

**ITEM 30a. MOTHER'S WEIGHT (Pre-pregnancy) (pounds)**

Indicate the mother's pre-pregnancy weight in pounds. Record weight in whole pounds only; do not include fractions. If mother's pre-pregnancy weight is less than 75 pounds or more than 400 pounds, weight should be verified. If the mother's pre-pregnancy weight is unknown, print or type "unknown".

**ITEM 30b. MOTHER'S WEIGHT (At delivery) (pounds)**

Indicate the mother's weight at delivery in pounds. Record weight in whole pounds only; do not include fractions. If the mother's weight at delivery is less than 75 pounds or more than 450 pounds, the mother's weight at delivery should be verified. If the mother's weight at delivery is unknown, print or type "unknown".

**ITEM 31. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY (# per day)**

Enter the average number of cigarettes smoked per day for each time period. If a range is given, use the higher number. There is a checkbox for none.

Report use in number of cigarettes rather than packs.

**ITEM 32. ALCOHOL USE DURING THIS PREGNANCY?** \_\_Yes \_\_No

If yes, the average number of drinks per week?

**ITEM 33. MOTHER'S MEDICAL RECORD #** (optional)

Enter mother's medical record number from your records if available.

**ITEM 34. MOTHER'S MEDICAID #**

Enter mother's Medicaid number if mother is on Medicaid/OHP program.

**ITEM 35. DATE OF LAST MENSES** (Month, Day, Year)

Type or print the exact month, day and year. If the day is not known, enter month and year.

**ITEM 36. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY**

(Check what applies)

This question is asking about the delivery costs only; do not include information on prenatal care costs. Only one source of payment may be selected. This item may not be left blank. Do not select "Other" if the payment source is private insurance, Medicaid, Oregon Health Plan or Self-pay. Oregon Health Plan is currently administered through Coordinated Care Organizations or "CCO". Information about CCOs can be found on the Oregon Health website <https://www.oregon.gov/oha/HSD/OHP/Pages/cco-plans.aspx>

Sources for payment include:

- Private Insurance
- Medicaid (includes Oregon Health Plan/CCO)
- Self-pay
- Champus/Tricare and Indian Health Services)
- Other Government
- Other

If uninsured, enter Self-pay. If the delivery cost is being paid by adoptive parent(s) directly, source of payment should be identified as a "Self-pay".

**ITEM 37a. DATE OF 1<sup>ST</sup> PRENATAL CARE VISIT (Month, Day, Year)**

Enter the exact month, day and four-digit year when the mother first received care from a physician or other health professional or attended a clinic. Prenatal care begins when a physician or other health professional first examines and/or counsels the pregnant woman.

If no prenatal care was received, select the box for "Check if none". If for some unusual reason it is not known whether the mother had prenatal care, or if she had care but the date of the first visit is not known, write in "unknown." DO NOT leave this item blank.

**ITEM 37b. TOTAL # OF PRENATAL CARE VISITS**

Enter the number of visits made for medical supervision of the pregnancy by a physician or other health care provider during the pregnancy. If no prenatal care was received, enter "0". DO NOT leave this item blank.

**ITEM 38a. PREVIOUS LIVE BIRTHS (# now living)**

Type or print the number of live births currently living.

**ITEM 38b. PREVIOUS LIVE BIRTHS (# now dead)**

Type or print the number of live births currently not living.

**ITEM 38c. DATE OF LAST LIVE BIRTH (Month, Year)**

Enter the month and year of birth of last live-born child of the mother.

If this report is for the second birth of a twin set, enter the date of birth for the first baby of the set, if it was born alive. Similarly, for triplets or other multiple births, enter the date of birth of the previous

live birth of the set. If all previously born members of a multiple set were born dead, enter the date of the mother's last delivery that resulted in a live birth.

Enter the full name of the month – January, February, March, etc. DO NOT use a number to designate the month.

Enter “none” if the mother has not had a previous live birth. DO NOT leave this item blank.

**ITEM 39. OTHER PREGNANCY OUTCOMES** (Spontaneous or induced losses or ectopic pregnancies)

Write “None” if this is the first pregnancy for this mother or if all previous pregnancies resulted in live born infants.

**ITEM 39a. COMBINED # OF OTHER OUTCOMES**

Enter the combined number of other pregnancy outcomes. Enter the number of fetuses that were delivered dead regardless of the length of gestation. Include each loss of a product of conception, including fetal deaths, ectopic pregnancies, miscarriages, stillbirths and induced abortions.

**ITEM 39b. DATE OF LAST OTHER PREGNANCY OUTCOME**

Enter the month and year of the last other pregnancy outcome reported in item 39a.

**ITEM 40. MOTHER TESTED FOR HIV** (Yes, No, or Unknown)

The report of live birth only collects whether mother was tested. Results of that test should not be reported on the Certificate of Live Birth.

**ITEM 41. PREGNANCY RISK FACTORS** (Check all that apply)

Check each of the medical risks that the mother experienced during this pregnancy. If the mother experienced medical risks not identified in the list, check “None of the above”. Medical risks should be identified from the medical or treatment record. If there were no

medical risks for this pregnancy, check “None of the above”. If no prenatal history is available, indicate “None of the above”. DO NOT leave this item blank.

Under Hypertension, Eclampsia and either Pre-pregnancy or Gestational boxes may be checked. However, both Pre-pregnancy (Chronic) and Gestational (PIH, Preeclampsia) cannot both be checked under Hypertension.

Previous preterm births should be checked if there is a history of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation.

**ITEM 42. MOTHER TESTED FOR:** (Check all that apply)

Check if mother was tested for syphilis, Group B Strep or both during the pregnancy, regardless of results of test.

**ITEM 43. INFECTIONS PRESENT AND OR TREATED** (Check all that apply)

Gonorrhea - Syphilis - Chlamydia - Hepatitis B - Hepatitis C - COVID-19 (Confirmed or Presumed) - None of The Above

Check appropriate boxes for infections present at the time of pregnancy diagnosis or confirmed diagnosis during the pregnancy with or without documentation of treatment. Documentation of treatment is adequate if a definitive diagnosis is not present in the available record. If the prenatal care record is not available and the information is not available from other medical records, check “None of the above.” Do not leave this item blank.

**ITEM 44. OBSTETRIC PROCEDURES** (Check all that apply)

If external cephalic version was used, check either “Successful” or “Failed.” Do not check both.

**ITEM 45. CHARACTERISTICS OF LABOR AND DELIVERY** (Check all that apply)

The options to select from are Induction of labor, Augmentation of labor, Steroids used for fetal lung maturation, Antibiotics during labor, Chorioamnionitis, Epidural or spinal anesthesia, Unknown

or None of the above. Do not leave this item blank.

**ITEM 46. METHOD OF DELIVERY**

Check the successful route for final delivery.

**ITEM 46a. FETAL PRESENTATION AT DELIVERY** (Check what applies)

Check the position at the time of delivery.

**ITEM 46b. FINAL ROUTE AND METHOD OF DELIVERY**

Check the successful route for final delivery. If forceps or vacuum were used successfully for a vaginal birth, indicate by checking that selection.

If a cesarean birth, you must indicate whether a trial of labor was attempted.

**ITEM 47. MATERNAL MORBIDITY** (Check all that apply)

- Maternal transfusion
- 3rd or 4<sup>th</sup> degree perineal laceration
- Ruptured uterus
- Unplanned hysterectomy
- Admission to intensive care unit
- Unknown at this time
- None of the above

If no condition applies, select “None of the above”. If the data are not available, select “None of the above” or “Unknown at this time”. Do not leave this item blank.

**ITEM 48. MOTHER TRANSFERRED TO THIS FACILITY PRIOR TO DELIVERY?**

As an out of facility birth, this Item should always be “No.”

**ITEM 49. INFANT TRANSFERRED FROM THIS FACILITY AFTER DELIVERY?**

\_\_\_Yes \_\_\_No. If "Yes", name of the facility.

**ITEM 50. INFANTS MEDICAL RECORD # (optional)**

**ITEM 51. BIRTH WEIGHT \_\_\_\_\_(lbs, oz) OR \_\_\_\_\_(g)**

Enter the birth weight at the time of (or shortly after) delivery, preferably in grams, of the child. Report weight in pounds and ounces (lbs/oz) only if weight in grams is not available. DO NOT convert from one measure to the other. Specify the type of measure used (grams or pounds and ounces.)

If birth weight is unknown, enter "Unknown."

**ITEM 52. APGAR**

\_\_\_5 mins. \_\_\_10 mins.

**5 MINUTES**

Enter the Apgar score (0 through 10) as determined by the birth attendant 5 minute after birth.

**10 MINUTES**

If the 5-minute score is less than 6, enter the Apgar score (0 through 10) determined by the birth attendant 10 minutes after birth.

If Apgar was not taken, state that.

**ITEM 53. OBSTETRIC ESTIMATE OF GESTATION (weeks)**

Enter the length of gestation in weeks as estimated by the attendant based on the physical characteristics of the infant at delivery. DO NOT compute this information from the date of mother's last normal menses and the date of the child's birth.

**ITEM 54. PLURALITY** (Single, Twin, Triplet, etc.)

Specify the birth as single, twin, triplet, quadruplet, etc.  
“Reabsorbed” fetuses, those which are not “delivered” (expulsed or extracted from the mother) should not be counted.

When a plural delivery occurs, prepare and file a separate report for each live birth. Include all live births and fetal losses in determining plurality. Submit reports relating to the same plural delivery at the same time. However, if holding the completed reports while waiting for incomplete ones would result in late filing, the completed report or reports should be filed separately.

**ITEM 55. BIRTH ORDER** (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, etc.)

For multiple deliveries, print the order that this infant was delivered in the set, e.g., first, second, third, etc. Count all live births and fetal deaths delivered at any point in the pregnancy.

If this is a single delivery, leave the item blank.

**ITEM 56. NUMBER BORN ALIVE THIS DELIVERY**

As a Certificate of Live Birth, this number should be at least one.

**ITEM 57. INFANT ALIVE AT TIME OF REPORT?** \_\_\_\_Yes \_\_\_\_No

Check “Yes” if the infant is living. Check “No” if it is known that the infant has died. If the infant was transferred, but the status is known, indicate the known status.

If this item is marked “No” the parent(s) cannot request a social security number for the infant.

**ITEM 58. INFANT BREAST-FED AT DISCHARGE?** \_\_\_\_Yes\_\_\_\_No

Discharge will not occur since the birth did not occur in a facility, but whether the newborn will be breast-fed is important public health information. If the mother has breast-fed the child, check “Yes”. If the mother has not or does not intend to breast-feed the child,

check “No”. If unknown, write “Unknown” in space.

**ITEM 59. ABNORMAL CONDITIONS OF THE NEWBORN** (Check all that apply)

Assisted ventilation immediately following birth includes manual breaths with bag and mask or bag and endotracheal tube within the first several minutes from birth for any duration. It excludes oxygen only and laryngoscopy for aspiration of meconium.

Significant birth injury includes any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy.

If none of the listed abnormal conditions are present, check “None of the above”.

**ITEM 60. CONGENITAL ANOMALIES** (Check all that apply)

Check each condition associated with newborn infant. Do not include birth injuries. If more than one abnormal condition exists, check each condition. If an anomaly is present that is not identified in the list, check “None of the anomalies listed above.” DO NOT leave this item blank.

For “Down Syndrome” and “Suspected chromosomal disorder”, if karyotype status submitted but not yet known, indicate “Karyotype pending”.

**ITEM 61a. WAS HEARING TEST PERFORMED?** (Check what applies)

**ITEM 61b. TEST DATE** (Month, Day, Year)

Enter the exact month, day and four-digit year.

**ITEM 61c. TEST RESULTS --- Left ear** (Check what applies)

Equipment type used (Check what applies)

**ITEMS 61d. TEST RESULTS --- Right ear** (Check what applies)

Equipment type used (Check what applies)

**ITEM 62a. DID INFANT RECEIVE HEPATITIS B VACCINE?** (Check what applies)

Yes  No  Refused

**ITEM 62b. DATE ADMINISTERED** (Month, day, year)

Enter the exact month, day and four-digit year.

**ITEM 62c. MANUFACTURER** (Select what applies)

**ITEM 62d. LOT NUMBER**

**ITEM 63. MOTHER HBsAg +?**

Positive  Negative  Unknown  Not screened

**ITEM 64a. DID INFANT RECEIVE HEPATITIS B IMMUNE GLOBULIN (HBIG)?**

Yes  No  Refused

**ITEM 64b. DATE ADMINISTERED** (Month, day, year)

Write or type the exact month, day and year.

**ITEM 64c. MANUFACTURER** (Check what applies)

**ITEM 64d. LOT NUMBER**