

OVERS User Guide

Electronic Registration System for Birth & Fetal Death Records

This manual is intended as a technical guide for using the **Electronic birth and fetal death registration system**. For definitions and additional information for completing the Oregon report of fetal death, see additional information at

<https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/REGISTERVITALRECORDS/Pages/InstructionsFetalDeath.aspx#instrux>

Duplication and distribution is permitted.



**Public Health Division
Center for Health Statistics**

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3

Completing a Fetal Death Record

This chapter aims to explain the data entry process for creating, certifying, and retrieving fetal death reports from **OVERS**. More information about reporting fetal deaths can be found at our website:

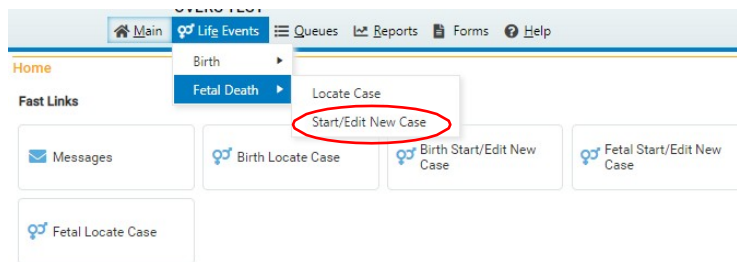
<https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/REGISTERVITALRECORDS/Pages/InstructionsFetalDeath.aspx>

Fetal deaths should only be recorded by a Birth Information Specialist or Medical Examiner. Midwives must refer all fetal deaths to a Medical Examiner.

For additional instruction or troubleshooting help contact the **Help Desk** during normal business hours (*Monday – Friday, 8 am to 5 pm*) at **(971) 673-0279**. For questions about the definitions and rules for completing the Oregon Fetal Death Report, contact the Center for Health Statistics, Registration Manager at **(971) 673-1191**.

Start a New Record


To start a new report of fetal death, select **Life Events > Fetal Death > Start/Edit New Case**. This will bring up the **Start/Edit New Case** page.



Use **Locate Case** to search for an existing report, whether registered or only partially completed.

Although **Start/Edit New Case** can also be used to find existing, partially complete records it is not recommended as a search tool. The **Locate Case** search tool is a better method for searching for an existing record.

Required Entries


The first step in entering a new record is to perform a search. This helps to minimize the creation of duplicate records. For fetal death records, notice that **Fetus Last Name**, **Date of Delivery**, and **Sex** are marked with red arrows . Fields with a red arrow next to them are **required entries** and must be completed before you will be allowed to start a new case.

Note: Before you will be allowed to create a new fetal death record you must first search for an existing record. This is to prevent the creation of duplicate records.

Once you have completed the required items, click the **Search** button to proceed or the **Clear** button to clear all entries and start over.

Fetal Death Start/Edit New Case

Fetus Information

Fetus First Name: Fetus Last Name: Date of Delivery: 
MMM-dd-yyyy

Sex: Case Id:

Place of Fetal Death Location Type: Place of Fetal Death:

Mother's Information

Mother's Current Last Name:

Mother's Last Name Before First Marriage:

[Search](#) [Clear](#)

If no potential duplicate records are found, you can begin a new record by clicking the **Start New Case** button or you can begin a new search, by clicking the **New Search** button.

Fetal Death Search Results

There are no cases that match the criteria you have entered.
 If this is a new case, select the Start New Case button or select the New Search button to perform a new search.

[+If case does not appear above, start new case](#) [New Search](#)

If a matching event was found, click the **Preview** link to verify if it is a potential duplicate.

Fetal Death Search Results

Case Id	Fetus Name	Date of Delivery	Sex	Place of Fetal Death	State File Number	Mother Maiden Last Name	Preview
7323166	Test,	JUL-06-2021	Female	Benton			Preview

Total Records : 1

[+If case does not appear above, start new case](#) [New Search](#)

For our purposes, we are selecting **Start New Case**. The **Fetal Death Registration Menu** will open, displaying the **Fetus** page:

Fetal Death Registration Menu 7323167 :Test JUL-06-2021
 /New Event/New Event/Unaffirmed/Unregistered/Not Registered

Fetus

Mother

Mother Address

Mother Attributes

Mother Health

Marital Status

Place of Delivery

Reporter

Medical Information

Prenatal

Pregnancy Factors

Delivery

Fetal Attributes

Cause/Conditions

Contributing to fetal death

Attendant/Certifier

Other Links


Print Forms

Comments

Validate Registration

Fetus Name



First Middle Other Middle Last Suffix

Date of Delivery  Time of Delivery Sex

MMM-dd-yyyy

Method of disposition

Funeral Home

Facility Name  

Address

Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apartment Number

City or Town State Country Zip Code

Disposition

ID Tag Number

[Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

Locate an Existing Fetal Record

There are two ways to locate records in the **OVERS** application using the Life Events menu: **Locate Case** and **Start/Edit New Case**.

Locate Case is used to locate records that have been started by or are “owned” by the user or facility currently using the application. A facility becomes the owner of a record if a user at that facility started the case or assumed ownership from another facility.

Although **Start/Edit New Case** can also be used to find existing, partially complete records, it is not recommended as a search tool. Start/Edit New Case is best used to start a new case or to pick up a case that is not owned by another facility.

NOTE: The Locate Case option is the more flexible search tool if not all required criteria are known.

Fetal Death Registration

The **Fetal Death Registration Menu** provides links to a series of pages that are used for gathering all the information needed to register a new fetal death record. The pages that comprise the **Fetal Death Registration Menu** are grouped into Personal Information, Medical Information and Affirm/Certify sub-menus.

Personal Information

The first sub-menu, **Personal Information**, contains the pages necessary to gather personal, legal information about the fetal death and parents.

Fetus Page

The first page in the **Personal Information** sub-menu is the **Fetus** page. The first step in completing this page is to complete the **Fetus Name** field. Only a last name is a required field on this page. A first name should be entered if provided.

Note: Each name field allows up to 50 characters. More than one name can be entered into any of the name fields by either separating the two names with a space or with a hyphen.

Fetus

Fetus Name

First Middle Other Middle Last Suffix

Date of Delivery Time of Delivery Sex

Method of disposition

Funeral Home

Facility Name


Address

Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apartment Number

City or Town State Country Zip Code

Disposition

ID Tag Number

Date of Delivery is in red, indicating that this is a required item. Enter the date manually or use the Calendar icon  to launch the CalendarControl.


Note: If the actual date of delivery of the fetus is not known, enter the date the fetus was found as the date of delivery.

Time of Delivery consists of three controls: two number entry boxes and one **AM/Military/PM** drop-down list. In the first number entry box enter the 2-digit hour. For example, if the fetal death occurred at 6:30 am, enter '06' in the first number box.

In the second number entry box enter the 2-digit minute at which delivery occurred. If the delivery occurred at 6:30 am, enter '30' in the 2nd number box. To complete the **Time of Delivery** entry, make a valid selection from the **AM/Military/PM** drop-down list.

Sex – Make a selection from the drop-down list. The options are **Male**, **Female**, and **Undetermined**.



Method of Disposition - If **Burial** is selected, then the Funeral Home Facility Name must be entered.

Funeral Home Facility Name –To enter a funeral home facility name, click on the **Magnifying Glass**  control to search.

Method of disposition

-
- Burial
- Cremation
- Hospital Disposition
- Donation
- Removal From State

Funeral Home

Facility Name  

Address

Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apartment Number

City or Town State Country Zip Code


In the web page dialog window that appears, enter all or part of the funeral home name. If entering only part of the name, use the wildcard (%) at the end of the entry. Click **Search**. The search results will appear. Click the **select** next to the appropriate facility.

Lookup Funeral Home

Facility Name

Facility Name	Address	City	
Affordable Burial and Cremation - Lincoln City	2164 NE East Devils Lake Road	Lincoln City	select
Affordable Burial and Cremation Company	915 NE Yaquina Heights Drive	Newport	select
Affordable Funeral Alternatives	135 NW 1st Avenue	Gresham	select

Total Records : 3

The **Funeral Home** section is auto-filled with the user's office location. To delete the entry, click on the Eraser control .

ID Tag Number – Enter the Disposition ID Tag number provided by the funeral home.

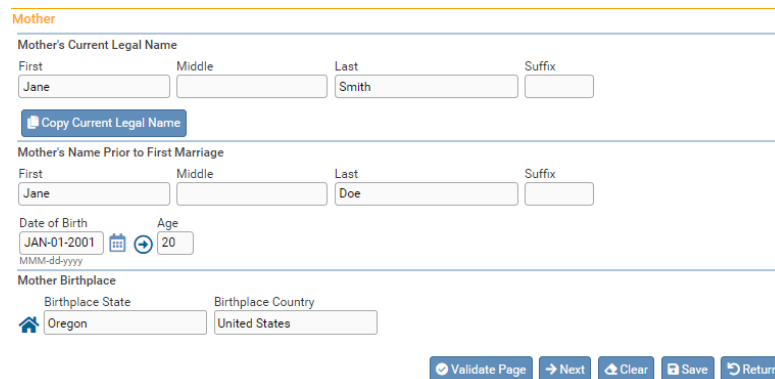
Click the **Next** button to save and proceed to the **Mother** page, **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will save the entries and check the entire record for errors.


Mother


The **Mother** page is used to capture data relevant to the mother.

In the **Mother's Current Name** section, enter the mother's current **First**, **Middle**, and **Last** name. If the mother uses a suffix such as Jr. or Sr., enter it in the **Suffix** field.

In the **Mother's Name Before First Marriage**, enter the mother's birth name either by clicking on the 'Copy Current Legal Name' button or by typing in the name. An override-able, yellow error will occur if the mother's current Last name and Last name before first marriage are the same.



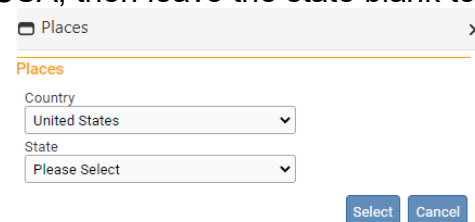
Date of Birth - Enter the mother's date of birth manually or use the Calendar icon  to launch the Calendar Control.

After entering the **Date of Birth**, click the auto-populate  button to auto-calculate the age in the **Age** control.

The **Mother's Birthplace** control is used to capture the mother's **Birthplace State** and **Birthplace Country**. If the birthplace is outside the USA, then leave the state blank to avoid an error.

Enter the birthplace manually or use the House icon  to launch the **Places** Control.

Click the **Next** button to save and proceed to the **Mother Address** page.



Mother Address

The **Mother Address** page captures the mother's residence address.

First, manually complete the **Residence Address** section. While most of this page is self-explanatory, please make note of the **Pre-Directional** and **Post- Directional** drop-down lists.

If the street address has a **Pre-Directional** indicator, i.e. *North* Willow St. then indicate that by selecting "N" from the **Pre-Directional** drop-down list. If the street address has a **Post-Directional** indicator, i.e. Willow St. *NW*, then indicate that by selecting "NW" from the **Post-Directional** drop-down list. Do NOT type the **Pre-Directional** or **Post-Directional** indicator in the **Street Name** text box.

Use these drop-down lists to capture any pre- and post-directional indicators. Do not enter directional indicators in the Street Name textbox control.

The screenshot shows the 'Mother Address' form. The 'Residence Address' section includes fields for Street Number (123), Pre-Directional (N), Street Name (Willow), Street Designator (Street), Post-Directional (), Apt #, Suite #, etc. (), City or Town (Sandy), County (Clackamas), State (Oregon), Country (United States), and Zip Code (97055). There is also an 'Inside City Limits' dropdown set to 'Yes'. At the bottom right are buttons for 'Validate Page', 'Next', 'Clear', 'Save', and 'Return'. Red circles highlight the 'Pre-Directional' and 'Post-Directional' dropdown menus.

If the street address has a **Post-Directional** indicator, i.e. Willow St. *NW*, then indicate that by selecting "NW" from the **Post-Directional** drop-down list. Do NOT type the **Post-Directional** indicator in the **Street Name** text box.

Use these drop-down lists to capture any pre- and post-directional indicators. Do not enter directional indicators in the Street Name textbox control.

Make a selection from the **Inside City Limits** drop-down list.

Click the **Next** button to save and proceed to the **Mother Attributes** page.

Mother Attributes

The **Mother Attributes** page is used to gather demographic information related to the mother. This information is used in reporting at the State and Federal level and can be instrumental in obtaining funding for various programs.

Education: Make a selection from the drop-down list.

Mother Attributes

Education

Education

Hispanic Origin (Check all that apply)

☐ No, not Hispanic ☐ Yes, Puerto Rican ☐ Yes, Other Hispanic Origin (specify)

☐ Yes, Mexican ☐ Yes, Cuban ☐ Unknown

Which one or more of the following is your race? (Check all that apply)

☐ White ☐ Filipino ☐ Native Hawaiian

☐ Black or African American ☐ Japanese ☐ Guamanian or Chamorro

☐ American Indian or Alaska Native (specify tribe) ☐ Korean ☐ Samoan

☐ Asian Indian ☐ Vietnamese ☐ Other Pacific Islander (specify)

☐ Chinese ☐ Other Asian (specify) ☐ Other (Specify)

The **Hispanic Origin** section is used to indicate whether or not the mother is of Hispanic descent. Click one or more applicable box or boxes, as needed. Multiple selections are permitted.

Note: Selecting the 'Yes, other Spanish/Hispanic/Latino' checkbox will cause a new text entry control to appear on-screen. Use this dialogue box to type in additional information.

The **Which one or more of the following is your race?** also allows multiple selections. Select all checkboxes that the mother considers applicable.

If the mother is of American Indian descent or an Alaskan Native, selecting **American Indian or Alaska Native** will trigger the page to display two drop-down lists. Type or select the mother's specific tribe(s) using one or both of the drop-down lists.

Note that selecting the **Other Asian (specify)**, **Other Pacific Islander (specify)**, or **Other (Specify)** checkboxes will cause two new text entry controls to appear on-screen. At least one of these other entry controls must be completed before registration will be permitted.

Which one or more of the following is your race? (Check all that apply)

☐ White ☐ Filipino ☐ Native Hawaiian

☐ Black or African American ☐ Japanese ☐ Guamanian or Chamorro

☒ American Indian or Alaska Native (specify tribe)

☐ Asian Indian ☐ Korean ☐ Samoan

☐ Chinese ☐ Vietnamese ☒ Other Pacific Islander (specify)

☒ Other Asian (specify)

☒ Other (Specify)

Click the **Next** button to save and proceed to the **Mother Health** page.

Mother Health

The **Mother Health** page is used to gather statistical data relative to the mother's health and personal habits. This data is used by various agencies to gauge the effect of certain government programs (WIC) and other behavioral factors that may have contributed to the loss of the fetus.

Mother Health

Did Mother get WIC food for herself during this pregnancy?

Height(feet/inches) Mother Pre-pregnancy Weight (pounds)

Cigarette smoking per day before and/or during pregnancy

Three months before pregnancy

First three months of pregnancy

Second three months of pregnancy

Last Trimester of Pregnancy

Did mother go into labor intending to deliver at home or freestanding birthing center?

What was the primary attendant type at onset of labor?

Did Mother get WIC food for herself during this pregnancy? – Make a selection from the drop-down list.

Height (feet/inches) – Consists of two numeric entry controls. Enter the mother's height in feet in the first box and the remaining inches in the second box. Enter "99/99" if the height is unknown.

Mother Pre-pregnancy Weight (pounds) – Enter the mother's weight (in pounds) prior to the current pregnancy in this control. Enter "999" if unknown.

Mother Weight at Delivery (pounds) – Enter the mother's weight (in pounds) at delivery, but prior to the actual birth, in this control. Enter "999" if unknown.

Cigarette Smoking per day before and during pregnancy – This control is used to capture the mother's use of tobacco (smoking) during the three months prior to the current pregnancy and each of the trimesters of pregnancy.

If the mother is a non-smoker, then select **No** for the first smoking question. For non-smoking mothers, it is not necessary to make an entry for the subsequent four questions.

If the mother smoked between 1 and 20 cigarettes per day during any of the specified periods, enter the approximate number of cigarettes smoked and select **Cigarettes** from the applicable drop-down lists. Enter "999" if the number of cigarettes per day is unknown.

Select from the drop-down if the mother intended to give birth at home or a freestanding birth center. Freestanding birth centers offer a home-like environment in which to give birth and **are not** associated with a hospital. These births are usually attended by a midwife. If the answer is Yes, select the attendant type.

Did mother go into labor intending to deliver at home or freestanding birthing center? Yes ▾

What was the primary attendant type at onset of labor? ▾

Doctor of Medicine
Doctor of Naturopathic Medicine
Certified Nurse Midwife
Traditional Midwife
Licensed Direct Entry Midwife

Validate Save Return

Click the **Next** button to save and proceed to the **Marital Status** page.

Marital Status

The **Marital Status** page collects **Marital Information** and **Paternity Information**.

Personal Information	
Fetus	
Mother	
Mother Address	
Mother Attributes	
Mother Health	
Marital Status	
Father	
Father Attributes	
Place of Delivery	
Reporter	

The Personal Information menu may change according to the selections made on this page. Selecting 'Yes' for Mother married at delivery... and clicking the Next or Save button will cause a new menu option (Father) to appear.

First, make a selection from the **Mother married at delivery, conception and any time in between?** drop-down list. This list includes a selection for Domestic Partner.

Second, make a selection from the **Will Father information be collected in this Report?** If the mother is married to a same sex spouse or has an Oregon Registered Domestic Partnership and the spouse or partner will be reported on the record, select **Yes**.

If **Yes** is selected and the **Save** button clicked, then the page will refresh and an additional page will appear in the **Parent Information** submenu: **Father**.

Marital Status

Marital Information

Was Mother Married at Conception, at Delivery or within 300 days of Delivery?

Yes ▾

Paternity Information

Will Father information be collected on this Report?

Not Applicable ▾

Validate Page Next Clear Save Return

Note: If Father or Domestic Partner information will not be entered, click the **Next** button to save and proceed to the **Place of Delivery** page.

Father



The **Father** page is used to capture demographic and statistical data on the father or second parent. This page will only appear if **Yes** was selected for either Marital Information or Paternity Information on the Marital Status page.

In the **Father's Name** section, enter the father/second parent's **First**, **Middle**, and **Last** name. If the father uses a Suffix such as Jr. or Sr., include it in the **Suffix** dialog box.

Father


Father's Name






First: Middle: Last: Suffix:


Date of Birth:   Age:


MMM-dd-yyyy

Father Birthplace

Birthplace State:  Birthplace Country:

Date of Birth - enter the father/second parent's date of birth manually or use the Calendaricon  to launch the Calendar Control.

After entering the **Date of Birth**, click the auto-populate  button to auto fill the age in the **Age** control.

The **Father's Birthplace** control is used to capture the father/second parent's **Birthplace State** and **Birthplace Country**. If the birthplace is outside the USA, then leave the state blank to avoid an error.

Click the **Next** button to save and proceed to the **Father Attributes** page.

Father Attributes

The **Father Attributes** page is used to gather demographic information related to the father/second parent. This information is used in reporting at the State and Federal level and can be instrumental in obtaining funding for various programs.

Education: Make a selection from the drop-down list.

Education

Education:

- 8th grade or less; none
- 9th-12th grade; no diploma
- High School graduate or GED completed
- Some college credit, but no degree
- Associate's degree
- Bachelor's degree
- Master's Degree
- Doctorate or Professional degree
- Unknown

The **Hispanic Origin** tab is used to indicate whether or not the father/second parent is of Hispanic descent. Click one or more applicable box or boxes, as needed. Multiple selections are permitted.

Father Attributes

Education

Education

Hispanic Origin (Check all that apply)

☐ No, not Hispanic
 ☐ Yes, Puerto Rican
 ☐ Yes, Other Hispanic Origin (specify)

☐ Yes, Mexican
 ☐ Yes, Cuban
 ☐ Unknown

Which one or more of the following is your race? (Check all that apply)

☐ White
 ☐ Filipino
 ☐ Native Hawaiian

☐ Black or African American
 ☐ Japanese
 ☐ Guamanian or Chamorro

☐ American Indian or Alaska Native (specify tribe)
 ☐ Korean
 ☐ Samoan

☐ Asian Indian
 ☐ Vietnamese
 ☐ Other Pacific Islander (specify)

☐ Chinese
 ☐ Other Asian (specify)
 ☐ Other (Specify)

Note: Selecting the ‘Yes, other Spanish/Hispanic/Latino’ checkbox will cause a new text entry control to appear on-screen. Use this control to specify additional information.

The **Races the father/second parent considers themselves to be (Check all that apply)** tab also allows for multiple selections. Select all checkboxes that the father/second parent considers applicable.

If the father/second parent is of American Indian descent or an Alaskan Native, select the checkbox as shown below. Selecting **American Indian or Alaska Native (specify tribe)** will cause the page to refresh and display two drop-down lists.

☒ American Indian or Alaska Native (specify tribe)
 ☐ Korean
 ☐ Samoan

☐ Vietnamese
 ☐ Other Asian (specify)
 ☒ Other Pacific Islander (specify)

☐ Asian Indian
 ☒ Other (Specify)

☐ Chinese

Type or select the father/second parent’s specific tribe(s) using one or both of the drop-down lists. Note that selecting the **Other Asian (specify)**, **Other Pacific Islander (specify)**, or **Other (Specify)** checkboxes will cause two new dialog box controls to appear on-screen. At least one of these other entry controls must be completed before registration will be permitted.

Click the **Next** button to save and proceed to the **Place of Delivery** page.

Place of Delivery

The **Place of Delivery** page is used to indicate where the fetus was delivered. Hospital staff cannot report fetal deaths that did not occur within their facility. This is different from live births because the law is different. [See appendix 3, ORS 432.088](#), sections 3 and 7 for more information on the law and how it pertains to the Place of Delivery.

First, make a selection from the **Type of Place of Delivery** drop-down list. If the type selected matches the office type assigned to the current user, then the user's default location will be auto-filled in the **Facility Name** and **Address** sections and the on-screen controls will be disabled.

Place of Delivery

Type of Place of Delivery: Freestanding Birthing Center (dropdown) Other Specify: (text box)

Facility Name: Birth and Women's Health (text box) Facility NPI: 183155 (text box)

Address

Street Number: 123 (text box) Pre Directional: NW (dropdown) Street Name or PO Box, Rural Route, etc.: Any Street (text box) Street Designator: (dropdown) Post Directional: (dropdown) Apt #, Suite #, etc.: (text box)

City or Town: Corvallis (text box) County: Benton (text box) State: Oregon (text box) Country: United States (text box) Zip Code: 97330 (text box)

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

If there is not an appropriate selection available for the place of delivery in the drop-down list, select **Other (specify)**. This will enable the **Other Specify** text-box control allowing manual entry of the type of place of delivery and the **Address** section.

Note that **Facility name** and **Facility NPI** are both disabled when **Other (specify)** is selected. These controls are typically auto-filled based on the facility associated with the user.

If the delivery occurred en route to the facility (in a moving conveyance), choose 'Other' from the drop-down list under 'Type of Place of Delivery' and key in "en route" followed by the location where the mother was first removed from the conveyance.

Place of Delivery



Type of Place of Delivery: Other (specify) (dropdown) Other Specify: en route-OHSU (text box)

Facility Name: (disabled text box) Facility NPI: (disabled text box)

Click the **Next** button to save and proceed to the **Reporter** page.

Reporter

The **Reporter** page records the name and title of the person completing the Fetal Death report and the date the report was completed. The information on this page will auto-fill from the current user's account information.

The **Reporter** section includes two icons: the Search icon  and the Eraser icon .

Reporter


Name and Title of Person Completing Report

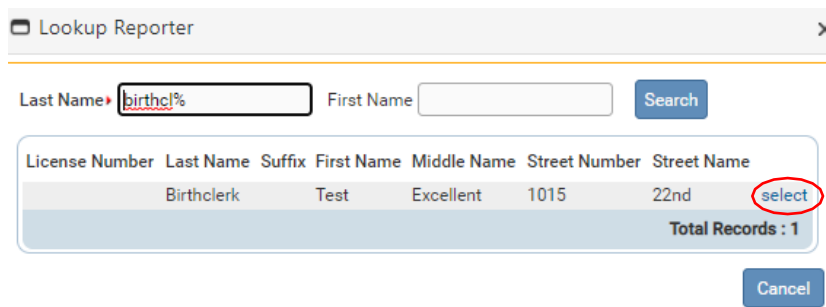
First: Test (text box) Middle: Excellent (text box) Last: Birthclerk (text box) Suffix: (text box)

Title: (dropdown) Other Specify: (text box)

Date Report Completed: (calendar icon)

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

If someone else started the report of fetal death and you need to change the reporter to complete the report, click on the search icon  to launch the **Name** lookup tool, shown below. Key in the full or partial name of the reporter, followed by a percentage sign (%), and then click the **Search** button:



Lookup Reporter


Last Name: First Name: Search

License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name
	Birthclerk		Test	Excellent	1015	22nd select

Total Records : 1

Cancel

If the search was successful, select the desired reporter by clicking on the **select** link.

The page will refresh and auto-fill the **Reporter** section with information specific to the selected reporter. If this reporter was selected in error, select the Eraser icon  to remove the reporter name from the page.

The **Date Report Completed** field will auto-fill when the record is Affirmed/Certified.

Click the **Next** button to save and proceed to the **Prenatal** page (the first page of the Medical Information submenu).

If all validation rules pass or have been successfully overridden, the **Affirm** link will appear in the menu. **Do not use this link.** Continue to the Medical Information portion of the record.

Do not affirm the record. You will have the opportunity to certify the entire record in one step later in the process.



Fetal Death Registration Menu

Personal Information

- ✓ Fetus
- ✓ Mother
- ✓ Mother Address
- ✓ Mother Attributes
- ✓ Mother Health
- ✓ Marital Status
- ✓ Father
- ✓ Father Attributes
- ✓ Place of Delivery
- ✓ Reporter
- [Affirm](#)

Medical Information

The second sub-menu of the Fetal Death Registration menu, **Medical Information**, contains the pages necessary to gather confidential, medical information about the fetal death and parents that is collected for statistical purposes.

Prenatal

The **Prenatal** page is used to capture information relative to the type and frequency of prenatal care administered to the mother.

If applicable, enter the **Mother Medical Record #** in the appropriate on-screen controls.

Enter the mother's **Date of Last Menses** using a valid date format or by clicking on the **Calendar Control**.

If the mother did not receive any prenatal care, select the **No Prenatal Care** checkbox in the **Prenatal Care** section. If the mother did receive prenatal care, enter the **Date of First Visit**.

In the **Previous Live Births** section, make a selection from the **Number Now Living** drop-down list. If this is the mother's first pregnancy, select **None** from the list.

A selection must also be made from the **Number Now Dead** drop-down list. Again, if this is the mother's first pregnancy, select **None**.

If the **Number Now Living** and/or **Number Now Dead** are unknown, select **Unknown** from the drop-down list. Doing so will auto-populate the **Date of Last Live Birth** with **99/9999** and disable the control.

Complete the **Previous Live Births** section by entering the **Date of Last Live Birth**. If **None** has been selected in the previous two controls, this control will be disabled.

Dates entered in the "Date of Last Live Birth" do not include a day. Dates in this field must use a "MONYYYY", "MM/YYYY", "MM-YYYY", or "MMYYYY" format.

Click the **Next** button to save and proceed to the **Pregnancy Factors** page.

Prenatal

Mother Medical Record #

Date of Last Menses



MMM-dd-yyyy

Prenatal Care

No Prenatal Care ☐

Date of First Visit



MMM-dd-yyyy

Previous Live Births

Number Now Living

Number Now Dead

Date of Last Live Birth

Pregnancy Factors

The **Pregnancy Factors** page attempts to gather information related to conditions suffered or experienced by the mother which could have resulted in complications during pregnancy.

Pregnancy Factors

Risk Factors for this Pregnancy (Check all that apply)

<input type="checkbox"/> Diabetes-Pre-pregnancy	<input type="checkbox"/> Hypertension-Eclampsia	<input type="checkbox"/> Pregnancy Resulted From Infertility Treatment-Assisted Reproductive Technology
<input type="checkbox"/> Diabetes-Gestational (Diagnosis In This Pregnancy)	<input type="checkbox"/> Previous Preterm Births (<37 Completed Weeks Gestation)	<input type="checkbox"/> Mother Had A Previous Cesarean Delivery
<input type="checkbox"/> Hypertension-Pre-pregnancy (Chronic)	<input type="checkbox"/> Pregnancy Resulted From Infertility Treatment-Fertility-enhancing drugs	<input checked="" type="checkbox"/> None Of The Above
<input type="checkbox"/> Hypertension-Gestational (PIH, Pre-eclampsia)		

This page allows for multiple entries, meaning that the user can select one or more conditions on the page; however, at least one selection must be made. In the example above, we have selected **None Of The Above**.

Click the **Next** button to save and proceed to the **Delivery** page.

Delivery

The **Delivery** page is used to gather information related to conditions suffered or experienced during labor which may have health implications for the mother and/or fetus. This page is comprised of two sections: **Method of Delivery** and **Maternal Morbidity**.

Method of Delivery

The **Method of Delivery** section is used to describe how the fetus was delivered or expelled.

Make a selection from the **Fetal Presentation at Delivery** drop-down list. The options are Cephalic, Breech and Other.

Then select the **Final Route and Method of Delivery**. The options are Vaginal/Spontaneous, Vaginal/Forceps, Vaginal/Vacuum, and Cesarean.

If **Cesarean, was a Trial of Labor Attempted?** will only be active and selectable if Cesarean was selected from the Final Route and Method of Delivery control above. Not Applicable is not acceptable as a response to Trial of Labor Attempted when the Method of Delivery is Cesarean.

Delivery

Method of Delivery

Fetal Presentation at Delivery

Final Route and Method of Delivery

If Cesarean, was a Trial of Labor Attempted?

Maternal Morbidity (Check all that apply)


<input type="checkbox"/> Ruptured uterus	<input type="checkbox"/> Admission to intensive care unit	<input type="checkbox"/> None Of The Above
--	---	--



Mother Transferred for maternal medical or fetal indication prior to delivery


Maternal Morbidity

The **Maternal Morbidity** section is used to capture any serious complications experienced by the mother associated with labor and delivery. Multiple entries are allowed. Select **None Of The Above** if none of the conditions were experienced by the mother during delivery.

Next, make a selection from the **Mother Transferred for maternal medical or fetal indication prior to delivery** drop-down list. Notice that selecting **Yes** will cause the page to refresh and a new set of controls will appear:

Mother Transferred for maternal medical or fetal indication prior to delivery Yes 

Transfer Facility  

Selecting the Search icon  will launch the **Place Name** lookup tool, shown below. Key in the full or partial name of the transfer facility, followed by a percentage sign (%), and then click the **Search** button.

Note: 'Mother Transferred for maternal medical or fetal indication prior to delivery' refers to the facility from which the mother was transferred.

If the search was successful, select the **Transfer Facility** by clicking on the **select** link:

Lookup Mother Transfer Facility ×


Facility Name Search

Facility Name	Address	City	
Adventist Medical Center	123 SE Any Street	Portland	select

Total Records : 1

Cancel

The page will refresh and display the **Transfer Facility** on the **Delivery** page.

If this facility was selected in error, select the Eraser icon  to remove the facility name from the page.

Transfer Facility can be keyed in manually if the facility in question cannot be found in the OVERS database.

Click the **Next** button to save and proceed to the **Fetal Attributes** page.

Fetal Attributes

This page is used to capture data relevant to the fetus at the time of delivery.

Fetal Attributes

	Pounds / Ounces	Grams
Weight of Fetus	<input type="text"/> <input type="text"/>	<input type="text"/>
Obstetric Estimate of Gestation(weeks)	<input type="text"/>	
Plurality	<input type="text"/>	
Delivery Order	<input type="text"/>	

Weight of Fetus should be entered in either **Pounds/Ounces** or **Grams**. Both weight measurements cannot be used simultaneously. If **Pounds/Ounces** is used, enter the weight in pounds in the first entry box and the remainder ounces in the second.

Enter the clinician's estimated term of the mother's pregnancy in the **Obstetric Estimate of Gestation (weeks)** field. This may not be the same as the calculated gestation found by comparing the mother's date of last menstrual period to the date of delivery. Enter only completed weeks; for example, if the gestation was 37 weeks 5 days, enter 37 weeks.

Make a valid selection from the **Plurality** drop-down list. If only one fetus was delivered, select **Single**. If more than one fetus or child was delivered – even if one or more children were stillborn or died shortly after birth – select the appropriate plurality from the list - **twin**, **triplet**, etc.

If more than one child was delivered, a new link called 'Link Plural Delivery' will appear on the 'Fetal Death Registration Menu' > 'Other Links' submenu. To link the fetal death record to another fetal death or live birth record for plural deliveries, see the section on Linking Plural Delivery in Section 4 of the User Guide.

Delivery Order will be disabled if **Single** was selected from the **Plurality** list. Otherwise, if more than one child was delivered – even if one or more children were stillborn or died shortly after birth – select the current child's birth order from this drop-down list.

When plural deliveries are linked, much of the information from the first record will carry over to other linked records. However, if the second delivery is a live birth, some of the screens will contain different information. For example, social security numbers must be collected from the parents in the case of a live birth.

Click the **Next** button to save and proceed to the **Cause/Conditions Contributing to Fetal Death** page.

Cause/Conditions Contributing to Fetal Death

This page is used to gather information related to pregnancy complications that may have contributed to the fetal demise.

This page is comprised of two sections: **Initiating Cause/Condition**, and **Other Significant Causes or Conditions**.

Cause/Conditions Contributing to Fetal Death

Initiating Cause/Condition

Among the choices below, please select the one which most likely began the sequence of events resulting in the death of the Fetus.

Maternal Conditions/Disease (Specify)

Complications of placenta, cord or Membranes

- ☐ Rupture of membranes
☐ Abruptio placenta
☐ Placental insufficiency
☐ Prolapsed cord
☐ Chorioamnionitis
☐ Other (specify)

Other Obstetrical or Pregnancy Complications (Specify)

Fetal Anomaly (Specify)

Fetal Injury (Specify)

Fetal Infection (Specify)

Other Fetal Conditions/Disorders (Specify)

Unknown ☐

Estimated Time of Fetal Death

Autopsy Performed

Histological Placental Examination Performed

Autopsy or Histological Placental Examination used in Determining Cause of Fetal Death

[Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

Initiating Cause/Condition

The initiating cause/condition is for reporting a single condition that most likely began the sequence of events resulting in the death of the fetus. The cause of death listed should represent the physician, medical examiner or coroner's best medical opinion.

In the **Maternal Conditions / Disease** control, enter any conditions specific to the mother that most likely began the sequence of events resulting in the death of the fetus. Multiple entries are allowed.

Note any **Complications of placenta, cord, or Membranes** by placing a check in the corresponding checkbox.

The **Other Obstetrical or Pregnancy Complications, Fetal Anomaly, Fetal Injury, Fetal Infection, and Other Fetal Conditions/Disorders** controls are to be used for reporting any conditions specific to the fetus that resulted in death.

If it is unknown whether or not such conditions exist, place a checkmark in the **Unknown** checkbox.

Initiating Cause/Condition

Among the choices below, please select the one which most likely began the sequence of events resulting in the death of the Fetus.

Maternal Conditions/Disease (Specify)

Complications of placenta, cord or Membranes

- ☐ Rupture of membranes
☐ Abruptio placenta
☐ Placental insufficiency
☐ Prolapsed cord
☐ Chorioamnionitis
☐ Other (specify)

Other Obstetrical or Pregnancy Complications (Specify)

Fetal Anomaly (Specify)

Fetal Injury (Specify)

Fetal Infection (Specify)

Other Fetal Conditions/Disorders (Specify)

Unknown ☐

Other Significant Causes or Conditions

Other significant causes or conditions include all other conditions contributing to death. These may be conditions that are triggered by the initiating cause or causes that are not among the sequence of events triggered by the initiating cause.

In the **Maternal Conditions/Disease** control, enter any conditions specific to the mother that may have been triggered by the initiating cause or causes. Note any **Complications of placenta, cord or Membranes** by placing a check in the corresponding checkbox.

The **Other Obstetrical or Pregnancy Complications, Fetal Anomaly, Fetal Injury, Fetal Infection and Other Fetal Conditions/Disorders** controls are to be used for reporting any conditions specific to the fetus that may have been triggered by the initiating cause or causes. If it is unknown whether or not such conditions exist, place a checkmark in the **Unknown** checkbox.

Other Significant Causes or Conditions

Select or Specify all other conditions contributing to death.

Maternal Conditions/Disease (Specify)

Complications of placenta, cord or Membranes

- ☐ Rupture of membranes
- ☐ Abruptio placenta
- ☐ Placental insufficiency
- ☐ Prolapsed cord
- ☐ Chorioamnionitis
- ☐ Other (specify)

Other Obstetrical or Pregnancy Complications (Specify)

Fetal Anomaly (Specify)

Fetal Injury (Specify)

Fetal Infection (Specify)

Other Fetal Conditions/Disorders (Specify)

Unknown ☐

Other Controls

Make a selection from the **Estimated Time of Fetal Death** drop-down list. The options are:

Dead at first assessment, no labor ongoing
Dead at first assessment, labor ongoing
Died during labor, after first assessment
Unknown time of fetal death

Next, make a selection from the **Autopsy Performed, Histological Placenta Examination Performed, and Autopsy or Histological Placental Examination used in Determining Cause of Fetal Death** drop-down lists. If **Autopsy Performed** or **Histological Placenta Examination Performed** is either **Planned** or **No**, **Autopsy or Histological Placental Examination used in Determining Cause of Fetal Death** must be **Not Applicable**.

Estimated Time of Fetal Death Dead at first assessment, no labor ongoing ▼

Autopsy Performed No ▼ Histological Placental Examination Performed Yes ▼

Autopsy or Histological Placental Examination used in Determining Cause of Fetal Death Yes ▼

[Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)



Click the **Next** button to save and proceed to the **Attendant/Certifier** page.


Attendant/Certifier

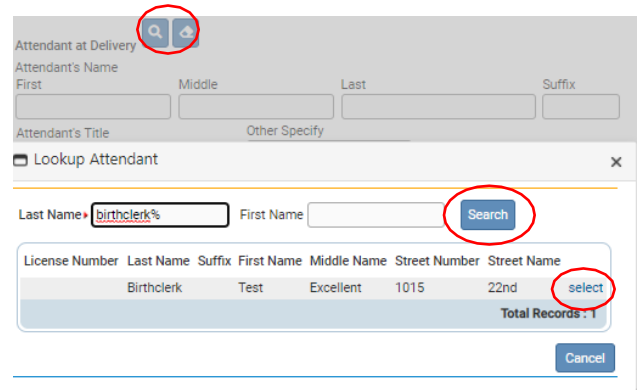
The **Attendant/Certifier** page is used to capture information relevant to the person or persons attending and/or certifying the delivery.

The Attendant at Delivery is defined as the individual physically present at the delivery who is responsible for the delivery.

Notice that the page is divided into two sections: **Attendant at Delivery** and **Certifier**.

The **Attendant at Delivery** section includes two icons: the Search icon  and the Eraser icon .

The Search icon  will launch the **Name** lookup tool, shown below. Key in the full or partial name of the attendant/certifier, followed by a percentage sign (%), and then click the **Search** button:






License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name
	Birchclerk		Test	Excellent	1015	22nd
						select

Total Records: 1


Cancel



If the search was successful, select the desired attendant by clicking on the **select** link.

The page will refresh and auto-fill the **Attendant at Delivery** section with information specific to the selected attendant. If this attendant was selected in error, select the Eraser icon  to remove the facility name from the page. If the attendant is not included in the search results, then enter the information manually.

The **Certifier** section also includes the Search icon  and the Eraser icon , meaning that the same set of steps detailed above can be used to auto-fill this control as well. *This section auto-fills based on the user and should only be changed if you are certifying a fetal death report started by another user.*

If the certifier and the attendant are the same person click the **Same As Attendant** checkbox and the **Certifier** section will auto-fill with the attendant information from the **Attendant** section.



Certifier  

Same As Attendant ☒

Certifier's Name

First: Test Middle: Excellent Last: Birchclerk Suffix:

Certifier's Title: Other Specify:

Certifier NPI: Date Certified: MM-yy-yyyy

Validate Page Clear Save Return

Certifier NPI will auto-fill based on data stored in the **OVERS** database.

Date Certified will be auto-filled once the fetal death record has been registered.

Fetal death registration data entry is now complete. Click the **Validate Page** button or **Validate Registration** link to check this page for errors. If there are errors, they will need to be corrected to certify the record. After any errors are corrected the record will need to be Validated again. If no errors are found, then the page will refresh and a new menu item will appear: **Affirm/Certify**. Click the **Affirm/Certify** link to proceed.

Affirm/Certify

Affirmations

An affirmation is used to record the fact that the certifier is accepting legal responsibility for the accuracy of the information provided. In Oregon, an affirmation is a legally binding statement made under the penalty of perjury.

Once all Fetal Death registration pages have been completed, validated, and all errors corrected, the **Fetal Death Registration Menu** will refresh and display the **Affirm/Certify** link. **Do not** use the Affirm link in the Personal Information section.



To affirm the fetal death record, place checkmarks in the **Affirm the following:** checkboxes, place a registered finger on the fingerprint scanning device, and click the **Affirm/Certify** button. OVERS will use biometric authentication to complete the affirmation process.

Affirmations

Affirm the following:

- ☒ I affirm the information provided is accurate and complete to the best of my knowledge.
- ☒ On the basis of medical information, the fetal death occurred due to the causes or conditions stated.

Affirm/Certify

Clear

Fingerprint Sensor

Return

Upon successful biometric authentication, the record will be officially certified/affirmed and an **Authentication Successful** message will display.

Affirmations

Authentication successful.

Clear

Return

Click the **Return** button to return to the **Fetal Death Registration Menu**.

Uncertify

Uncertifying a fetal death record is not an option that is available like it is for a birth record. If a fetal death record needs to be changed then you must wait until the record is registered with the state. Most records are registered after they are certified unless there was an error that was overridden. Check the status line of the record to confirm that it is registered. See the [record status section](#) in chapter 1 for more information.

Once the record is registered with the state you can add an amendment to make a change to the record. To learn more about requesting an amendment see the [amendment section](#) of this manual.