

# CHAPTER 2

## Completing a Birth Record

# 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 rules for completing the Oregon birth certificate see the companion instructions located at <http://www.oregon.gov/DHS/ph/chs/registration/instructions.shtml>.

Duplication and distribution is permitted.

### Facility Edition

Last Revised: June 2020

Oregon  
**Health**  
Authority

Public Health Division  
Center for Public Health Practice  
Center for Health Statistics

## Table of Contents

|                                 |    |
|---------------------------------|----|
| Start a New Record .....        | 44 |
| Locate an Existing Record ..... | 46 |
| Birth Registration.....         | 46 |
| Parent Information .....        | 47 |
| Child Page .....                | 47 |
| Mother .....                    | 48 |
| Mother's Address .....          | 49 |
| Mother Attributes.....          | 50 |
| Mother Health.....              | 52 |
| Marital Status .....            | 53 |
| Father.....                     | 55 |
| Father Attributes.....          | 55 |
| Informant.....                  | 57 |
| Facility Information.....       | 58 |
| Place of Birth.....             | 58 |
| Prenatal.....                   | 59 |
| Pregnancy Factors.....          | 63 |
| Labor.....                      | 64 |
| Delivery .....                  | 64 |
| Newborn.....                    | 67 |
| Newborn Factors.....            | 69 |
| Attendant/Certifier .....       | 69 |
| Certify.....                    | 71 |
| Uncertify .....                 | 73 |

This chapter aims to explain the data entry process for creating, certifying, and retrieving birth certificates from **OVERS**. The definitions and rules for properly completing an Oregon birth certificate are addressed in a separate document available on the Center for Health Statistics' registration website (<http://www.oregon.gov/DHS/ph/chs/registration/instructions.shtml>).

For additional instruction or technical support, contact the **OVERS 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 birth certificate, contact the Center for Health Statistics, Registration Team at **(971) 673-1151**.

## Start a New Record

To start a new record for a birth event or to find an existing record, access the birth events submenu by clicking **Life Events** on the **Main Menu** sidebar. Once the Life Events link has been selected, the **Main** submenu will collapse and the **Life Events** submenu will expand.

To start a birth record, select **Birth** from the **Life Events** submenu. The menu path is **Main Menu > Life Events > Birth > Start/Edit New Case**. This will bring up the **Start/Edit New Case** page.

The screenshot shows the 'Start/Edit New Case' page. The navigation menu at the top includes 'Main', 'Life Events', 'Queues', 'Reports', 'Forms', and 'Help'. The 'Life Events' submenu is expanded, showing 'Birth', 'Fetal Death', and 'Start/Edit New Case' (circled in red). Below the menu, the page title is 'Birth Start/Edit New Case'. The form is divided into sections: 'Child's Information' with fields for first, middle, other middle, and last names, date of birth (with a calendar icon), sex (dropdown), and medical record number; 'Place of Birth Information' with a dropdown for location type and a text field for the place of birth; 'Mother's Information' with fields for current legal last name, name before first marriage, and medical record number; and a 'Case Id' field. 'Search' and 'Clear' buttons are located at the bottom right.

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 an easier 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 birth records, notice that **Child's Date of Birth:** and **Gender** 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 Birth 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.

**Birth Start/Edit New Case**

Child's Information

Child's First Name:  Child's Middle Name:  Child's Other Middle Name:  Child's Last Name:

Date of Birth:  Sex:  Child's Medical Record Number:

Place of Birth Information

Place of Birth Location Type:  Place of Birth:

Mother's Information

Mother's Current Legal Last Name:  Mother's Name Before First Marriage:

Mother's Medical Record Number:

Case Id:

[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.

#### 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.

[Start New Case](#) [New Search](#)

If no matching records are returned in the search results, click the "Start New Case" button.

To begin a new search, click the "New Search" button.

If a matching event was found, click the [Preview](#) link to verify if it is a potential duplicate. If the record is a match, click on the underlined link in the **Child's Name** column or the [Select](#) link to open and complete the record.

#### Results

| Case Id | Child's Name                    | Date of Birth | Sex    | Place of Birth |                         |
|---------|---------------------------------|---------------|--------|----------------|-------------------------|
| 4389042 | <a href="#">Belts, Jennifer</a> | SEP-09-2014   | Female | Clackamas      | <a href="#">Preview</a> |

Total records : 1

[Start New Case](#) [New Search](#)

For our purposes, we are selecting **Start New Case**. The **Main Menu** will collapse and the **Birth Registration Menu** will open, displaying the **Child** page:

## Locate an Existing Record

The screenshot shows the application's main menu with the following items: Main, Life Events, Queues, Reports, Forms, and Help. The 'Life Events' menu is expanded, showing 'Birth', 'Fetal Death', 'Locate Case', and 'Start/Edit New Case'. The 'Locate Case' option is highlighted. Below the menu, the 'Birth Locate Case' form is visible, containing fields for Child's Information: Child's First Name, Child's Middle Name, Child's Other Middle Name, Child's Last Name, Date of Birth, Sex, and Child's Medical Record Number.

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

**Locate Case** is used to locate records that have already been started and 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.

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

The screenshot shows the 'Birth Registration Menu' for a specific case. The menu on the left includes sections for Parent Information, Child, Facility Information, Other Registries, and Other Links. The main content area displays the case details for '4389042 :Jennifer Belts SEP-09-2014'. The 'Child' section includes fields for Child's Name (First, Middle, Other Middle, Last, Suffix), Date of Birth (SEP-09-2014), Time of Birth, Sex (Female), Child SSN, Request SSN for Child, Safe Harbor/Foundling Baby?, and Is Adoption/Legal proceeding expected? (No). At the bottom right, there are buttons for 'Validate Page', 'Next', 'Clear', 'Save', and 'Return'.

## Birth Registration

The **Birth Registration Menu** provides links to a series of pages that are used for gathering all the information needed to register a new birth record. The pages that comprise the **Birth Registration Menu** are grouped into sub-menus.

## Parent Information

The first sub-menu, **Parent Information**, contains the pages necessary to gather personal, legal information about the birth registrant and parents.

## Child Page

The first page in the **Parent Information** sub-menu is the **Child** page. The first step in completing this page is to complete the **Child's Name** tab.

**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.**

**Date of Birth** is marked with a red arrow (  ), indicating that this is a required item.

Enter the date manually or use the Calendar icon (  ) to launch the Calendar Control. (See Chapter 1, [Basic Navigation](#) for details on using a calendar control.)

**Note: If the date of birth of the infant is not known because the infant is a foundling, enter the date the infant was found as the date of birth.**

**Time of Birth** consists of 3 controls: 2 number entry boxes and one **AM/Military/PM** dropdown list. In the first number entry box enter the 2-digit birth hour. For example, if birth 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 birth occurred. If the birth occurred at 6:30 am, enter '30' in the 2<sup>nd</sup> number box. To complete the **Time of Birth** entry, make a valid selection from the **AM/Military/PM** dropdown list.

**Sex Designation** – make a selection from the dropdown list.

If the **Child's SSN** is known, enter it here. In most cases, however, the Child's SSN will likely be left blank.

**Request SSN for Child** – make a selection from the dropdown list.

If the child is a foundling, select **Yes** from **Safe Haven/Foundling Baby** dropdown list. Otherwise, select **No**.

Lastly, make a selection from the **Is Adoption/Legal Proceeding Expected?** dropdown list.

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 newborn's mother.

In the **Mother's Current Name** tab, 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, including any suffixes. (An override-able, yellow error will occur if the mother's current Last name and Last name before first marriage are the same.)

**Mother**

---

**Mother's Current Name**

|  |  |  |  |
|--|--|--|--|
| First                                    | Middle                                   | Last                                     | Suffix                                   |
| <input style="width: 95%;" type="text"/> |

Copy Current Legal Name

---

**Mother's Name Before First Marriage**

|  |  |  |  |
|--|--|--|--|
| First                                    | Middle                                   | Last                                     | Suffix                                   |
| <input style="width: 95%;" type="text"/> |

Date of Birth    Age  Social Security Number   None  Unknown

---

**Mother Birthplace**

|   |   |
|---|---|
| Birthplace State <input style="width: 95%;" type="text"/> | Birthplace Country <input style="width: 95%;" type="text" value="United States"/> |
|---|---|

Validate Page
Next
Clear
Save
Return

**Date of Birth** - enter the mother's date of birth manually or use the Calendar icon (  ) to launch the Calendar Control. (See Chapter 1, [Basic Navigation](#) for details on using a calendar control.)

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

**Social Security Number** – enter the mother’s SSN here.

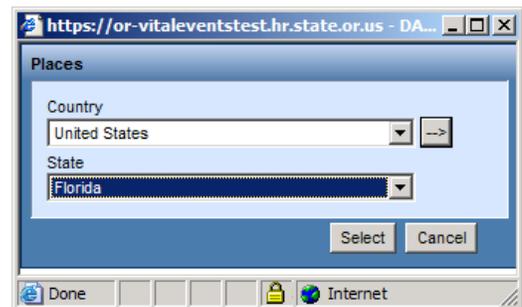
**None** – If the Mother does not have a social security number, select the radio button for “None” to system-fill the Social Security Number with zeros.

**Unknown** – If the Mother’s social security number is unknown, select the radio button for “Unknown” to system-fill the Social Security Number with nines.

The **Mother’s Birth Place** control is used to capture the mother’s **Birthplace State** and **Birthplace Country**.

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, **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 check the entire record for errors.



## Mother’s Address

The **Mother Address** page captures the mother’s residence and mailing addresses.

First, manually complete the **Physical Residence Address** tab. While most of this page is self-explanatory, please make note of the **Pre-Directional** and **Post-Directional** dropdown 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** dropdown list. Do NOT type the **Pre-Directional** indicator in the **Street Name** text box.

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

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

**Mother Address**

Residence Address

Street Number  Pre Directional  Street Name, Rural Route, etc.  Street Designator  Post Directional  Apt #, Suite #, etc.

City or Town  County  State  Country  Zip Code

Inside City Limits

Mailing Address

Same As Residence Address

Street Number  Pre Directional  Street Name, Rural Route, etc.  Street Designator  Post Directional  Apt #, Suite #, etc.

City or Town  State  Country  Zip Code

Mother's Telephone Numbers

Primary  -  -  Ext  Secondary  -  -

Validate Page Next Clear Save Return

Select this control to copy the Physical Residence Address to the Mailing Address.

Make a selection from the **Inside City Limits** dropdown list.

If the mother's mailing address is the same as her residence address, then click the **Same As Residence Address** button in the middle of the page. This will automatically copy the residence address information to the **Mailing Address** tab control. Once selected, the mailing address tab will be disabled.

If the two addresses are different, then manually complete the **Mailing Address** tab. If the mailing address is a PO Box, then leave the Street Number field blank and enter "PO Box XX" in the Street Name field. (An override-able, yellow error will occur if the Street Number field is left blank.)

Click the **Next** button to save and proceed to the **Mother Attributes** 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 check the entire record for errors.

## Mother Attributes

The **Mother Attributes** page is used to gather demographic information related to the newborn's 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 dropdown list.

**Mother Attributes**

Education

Hispanic Origin (Check all that apply)

No, not Spanish/Hispanic/Latino     Yes, Puerto Rican     Yes, Other Hispanic Origin (specify)

Yes, Mexican, Mexican American, Chicano     Yes, Cuban     Unknown

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

White     Japanese     Guamanian or Chamorro

Black or African American     Korean     Samoan

American Indian or Alaska Native     Vietnamese     Other Pacific Islander (specify)

Asian Indian     Other Asian (specify)     Other (Specify)

Chinese     Native Hawaiian     Unknown

Filipino

Selecting 'Yes, other Spanish/Hispanic/Latino' will cause a text-entry control to display.

The **Hispanic Origin** tab 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 other descent information.**

The **Which one or more of the following is your race?** tab 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 dropdown lists. Type or select the mother's specific tribe(s) using one or both of the dropdown lists.

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

White     Japanese     Guamanian or Chamorro

Black or African American     Korean     Samoan

American Indian or Alaska Native

Asian Indian     Other Asian (specify)

Chinese     Native Hawaiian     Other Pacific Islander (specify)

Filipino     Other (Specify)

Unknown

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.

Click the **Next** button to save and proceed to the **Mother Health** 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 check the entire record for errors.

## 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 on the health of newborns.

**Mother's Health**

Did Mother get WIC food for herself during this pregnancy? Yes

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

---

Cigarette smoking per day before and/or during pregnancy

Tobacco use during this pregnancy No

Three months before pregnancy

First three months of pregnancy

Second three months of pregnancy

Last Trimester of Pregnancy

---

Alcohol Usage

Alcohol use during this pregnancy No

Average number of drinks per week

Did mother go into labor intending to deliver at home or freestanding birthing center? No

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 dropdown 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.

**Mother Pre-pregnancy Weight (pounds)** – enter the mother's weight (in pounds) prior to the current pregnancy in this control.

**Mother Weight at Delivery (pounds)** – enter the mother's weight (in pounds) at delivery, but prior to the actual birth, in this control.

**Cigarette Smoking per day before and during pregnancy** – this tab control is used to capture the mother’s use of tobacco (smoking) during the 3 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 4 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 dropdown lists.

A “pack” of cigarettes contains 20 cigarettes. If the mother smoked more than 20 cigarettes per day, enter the approximate number of packs smoked per day for each time period and select **Packs** from the dropdown list.

Click the **Next** button to save and proceed to the **Marital Status** 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 check the entire record for errors.

## Marital Status

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

**The Parent Information menu may change according to the selections made on this page.**

### Marital Information Tab

First, make a selection from the **Mother married at birth, conception and any time in between?** dropdown list.

If **Yes** or **Registered Domestic Partnership** is selected here and the **Save** button clicked, then the page will refresh two additional pages will appear in the **Parent Information** submenu: **Father and Father Attributes**.

Selecting 'Yes' for 'Mother married at birth,...' and clicking the Save button will cause a new menu option (Father) to appear.



If **No** is selected here, the Paternity Information will need to be completed.

### Paternity Information Tab

Make a selection from the dropdown list, **Has acknowledgement of paternity been signed in the hospital?**

**Note: Even if No was selected for Mother married at birth..., selecting Yes here and clicking Save will cause the page to refresh and two additional page to appear on the Parent Information menu: Father and Father Attributes.**

 A screenshot of a web form. The top section is titled "Marital Information" and contains a question: "Was Mother Married at Conception, at Birth or within 300 days prior to Birth?". Below the question is a dropdown menu with "No" selected. The bottom section is titled "Paternity Information" and contains a question: "Has acknowledgement of paternity been signed in the hospital?". Below this question is a dropdown menu that is open, showing "Yes" and "No" as options. A mouse cursor is pointing at the "Yes" option.

**Paternity Type** – make a selection from the dropdown list.

Select **Two Way** paternity if:

1. The mother is not married and
2. both the mother and the biological father have signed a paternity acknowledgment to allow his name to appear on the birth certificate as the child's father.

Click the **Next** button to save and proceed to the **Birth Information** 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 check the entire record for errors.

## Father

The **Father** page is used to capture demographic and statistical data on the newborn's father. (This page will only appear if **Yes** was selected for Marital Information or Paternity Information on the Marital Status Screen.)

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

**Date of Birth** - enter the father's date of birth manually or use the Calendar icon (  ) to launch the Calendar Control. (See Chapter 1, [Basic Navigation](#) for details on using a calendar control.)

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

**Social Security Number** – enter the father's SSN here.

The **Father's Birthplace** control is used to capture the father's **Birthplace State** and **Birthplace Country**.

Click the **Next** button to save and proceed to the **Father Attributes** 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 check the entire record for errors.

## Father Attributes

The **Father Attributes** page is used to gather demographic information related to the newborn's father. 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 dropdown list.

The **Hispanic Origin** tab is used to indicate whether or not the father 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 control to specify the other descent information.**

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

If the father 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 dropdown lists.

Type or select the father's specific tribe(s) using one or both of the dropdown 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 **Informant** 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 check the entire record for errors.

## Informant

**Informant** refers to the person providing information to the hospital or birth center. This could be a parent, a member of the immediate family, or other authorized representative.

**Relationship of Informant to Baby** – make a selection from the dropdown list.

**Note: If Mother or Father is selected from 'Relationship of Informant to Baby' dropdown list, then the page will refresh and autofill the informant name tab with the previously entered name information.**

Selecting **Other, Specify** from the relationship dropdown list will enable the **Other Specify** text entry control; an entry must be made in the space provided.

**Informant Name** – complete this control by providing at least the informant **First** and **Last** name.

Click the **Next** button to save and proceed to the **Place of Birth** page (the first page of the Facility Information submenu), **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 check the entire record for errors.

## Facility Information

The second sub-menu of the Birth Registration menu, **Facility Information**, contains the pages necessary to gather confidential, medical information about the birth registrant and parents that is collected for statistical purposes.

## Place of Birth

The **Place of Birth** page is used to indicate where the baby was born.

First, make a selection from the **Type of Place of Birth** dropdown 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** tabs and the on-screen controls will be disabled.

The screenshot shows the 'Place of Birth' form with the following fields and values:

- Type of Place of Birth: Home Birth Planned (dropdown)
- Other Specify: (empty text box)
- Facility Name: (disabled text box)
- Facility NPI: (disabled text box)
- Address tab is active.
- Street Number: 1234
- Pre Directional: N (dropdown)
- Street Name or PO Box, Rural Route, etc.: Willow
- Street Designator: Street (dropdown)
- Post Directional: NW (dropdown)
- Apt #, Suite #, etc.: (empty text box)
- City or Town: Cascade Gorge
- County: Jackson
- State: Oregon
- Country: United States
- Zip Code: 97541
- Buttons: Validate Page, Next, Clear, Save, Return

If the actual place of birth does not have a corresponding selection in the dropdown list, select **Other (specify)**. This will enable the **Other Specify** text-box control allowing manual entry of the type of place of birth and the **Address** tab.

Note, however, 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.

The screenshot shows the 'Place of Birth' form with the following fields and values:

- Type of Place of Birth: Other (dropdown)
- Other Specify: Friend's House
- Facility Name: (disabled text box)
- Facility NPI: (disabled text box)
- Address tab is active.
- Street Number: 1234
- Pre Directional: NE (dropdown)
- Street Name or PO Box, Rural Route, etc.: Westend
- Street Designator: Drive (dropdown)
- Post Directional: N (dropdown)
- Apt #, Suite #, etc.: (empty text box)
- City or Town: Bonnie Lure Park
- County: Clackamas
- State: Oregon
- Country: United States
- Zip Code: 97022
- Buttons: Validate Page, Next, Clear, Save, Return

If the birth occurred en route to the facility (in a moving conveyance), choose 'Other' from the dropdown menu under 'Type of Place of Birth' and key in "en route" followed by the location where the child was first removed from the conveyance.

Click the **Next** button to save and proceed to the **Prenatal** page (the first page of the Facility Information submenu), **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 check the entire record for errors.

## **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 #** and **Mother Medicaid #** in the appropriate on-screen controls.

**Prenatal**

Mother Medical Record #  Mother Medicaid #  Principal Source of payment for this delivery  Other Specify

Date of Last Menses

**Prenatal Care**

No Prenatal Care

Date of First Visit  Total Number of Prenatal Visits

---

**Previous Live Births**

Number Now Living  Number Now Dead  Date of Last Live Birth

**Other Pregnancy Outcomes (Spontaneous or Induced Terminations or Ectopic Pregnancies)**

Number of Other Pregnancy Outcomes  Date of Last Other Pregnancy Outcome

Mother tested for HIV?

**Prenatal**

Mother Medical Record #  Mother Medicaid #  Principal Source of payment for this delivery  Other Specify

Date of Last Menses

**Prenatal Care**

No Prenatal Care

Date of First Visit  Total Number of Prenatal Visits

**Previous Live Births**

Number Now Living  Number Now Dead  Date of Last Live Birth

**Other Pregnancy Outcomes (Spontaneous or Induced Terminations or Ectopic Pregnancies)**

Number of Other Pregnancy Outcomes  Date of Last Other Pregnancy Outcome

Mother tested for HIV?

Make a selection from the **Principal Source of payment for this delivery** dropdown list.

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 Policy Board website  
(<http://www.oregon.gov/oha/ohpb/pages/health-reform/certification/index.aspx>).

Sources for payment include:

**Medicaid / OHP / CAWEM**  
**Private Insurance**  
**Self-Pay**  
**Indian Health Services**  
**Champus/Tricare**  
**Other Government**  
**Other**  
**Unknown**

If uninsured, select **Self-pay**. If the delivery costs is being paid by adoptive parent(s) directly, source of payment should be identified as a **“Self-pay”**.

If the applicable payment type is not available in the list, select **Other (specify)**. This will enable the **Other Specify** text entry control for manual entry:

Principal Source of payment for this delivery: Other  
 Other Specify: Cash in hand

Date of Last Menses: September 9, 2014

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
|    | 1  | 2  | 3  | 4  | 5  | 6  |
| 7  | 8  | 9  | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 |    |    |    |    |

Buttons: Today, Clear, Cancel

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

### The Prenatal Care Tab

If the mother did not receive any prenatal care, select the **No Prenatal Care** checkbox on that **Prenatal Care** tab.

Prenatal Care

No Prenatal Care

Date of First Visit:

Total Number of Prenatal Visits:

If the mother did receive prenatal care, complete this tab by entering the **Date of First Visit**, **Date of Last Visit** and the **Total Number of Prenatal Visits**.

### The Previous Live Births Tab

On the **Previous Live Births** tab, make a selection from the **Number Now Living** dropdown list. If this is the mother’s first child, select **None** from the list.

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

**Previous Live Births**

|                      |                      |                         |
|----------------------|----------------------|-------------------------|
| Number Now Living    | Number Now Dead      | Date of Last Live Birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/>    |

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

**Previous Live Births**

|                   |                 |                         |
|-------------------|-----------------|-------------------------|
| Number Now Living | Number Now Dead | Date of Last Live Birth |
| Unknown           | Unknown         | 99/9999                 |

Complete the **Previous Live Births** tab 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.**

### Other Pregnancy Outcomes Tab

This tab is used to collect information regarding previous pregnancies that did not result in a live birth.

First make a selection from the **Number of Other Pregnancy Outcomes** dropdown list. If this is the mother's first pregnancy, select **None**.

If the **Number of Other Pregnancy Outcomes** is unknown, select **Unknown** from the dropdown list. Doing so will auto-populate the **Date of Other Pregnancy Outcome** with **99/9999** and disable the control.

**Other Pregnancy Outcomes (Spontaneous or Induced Terminations or Ectopic Pregnancies)**

|                                    |                                      |
|------------------------------------|--------------------------------------|
| Number of Other Pregnancy Outcomes | Date of Last Other Pregnancy Outcome |
| Unknown                            | 99/9999                              |

In the **Date of Last Other Pregnancy Outcome** checkbox, enter the month and date that the last pregnancy terminated. If **None** was selected above, this field will be disabled.

**Dates entered in the “Date of Last Other Pregnancy Outcome” 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 (the first page of the Facility Information submenu), **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 check the entire record for errors.

## Pregnancy Factors

The **Pregnancy Factors** page attempts to gather information related to conditions suffered or experienced by the mother which could result in complications during labor or have health implications for the mother and/or child.

This page is comprised of four tabs: **Risk Factors for this Pregnancy**, **Infections Tested**, **Infections Present and / or Treated During this Pregnancy**, and **Obstetric Procedures**.

### Pregnancy Factors

#### Risk Factors for this Pregnancy (Check all that apply)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Diabetes-Gestational              | <input type="checkbox"/> Hypertension-Eclampsia  | <input type="checkbox"/> Pregnancy Resulted From Infertility Treatment-Assisted Reproductive Technology |
| <input type="checkbox"/> Diabetes-Pre-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 type="checkbox"/> None Of The Above  |
| <input type="checkbox"/> Hypertension-Gestational (PIH, Preeclampsia) |  |   |

#### Infections Tested

Mother tested for Syphilis?

Mother Tested for Group B Strep?

#### Infections Present and / or Treated During this Pregnancy (Check all that apply)

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

#### Obstetric Procedures

- External cephalic version-successful  External cephalic version-failed

Each tab allows for multiple entries, meaning that the user can select one or more conditions for each tab control on the page, however, at least one selection must be made for each set of conditions.

Click the **Next** button to save and proceed to the **Labor** page (the first page of the Facility Information submenu), **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 check the entire record for errors.

## Labor

The **Labor** page is used to gather information related to conditions suffered or experienced during labor which may have health implications for the mother and/or child.

This page is comprised of two tab controls: **Onset of Labor** and **Characteristics of Labor and Delivery**. Both of the tabs allow for multiple entries, meaning that the user can select one or more conditions for each tab control on the page, however, at least one selection must be made for each set of conditions.

Click the **Next** button to save and proceed to the **Delivery** page (the first page of the Facility Information submenu), **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 check the entire record for errors.

## Delivery

The **Delivery** page is used to record the conditions and procedures present in and used during the birth process. Complete each section by checking the appropriate boxes. If the data are not available for completing an individual section, check the **Unknown** box. Do not leave the section blank.

### Method of Delivery

The **Method of Delivery** tab is used to describe how the child was born. First, make a selection from the **Was Delivery with Forceps Attempted but Unsuccessful?** dropdown list.

Next, make a selection from the **Was Delivery with Vacuum Extraction Attempted but Unsuccessful?** dropdown list.

Continue this process by making valid selections from the **Fetal Presentation at Birth** and **Final Route and Method of Delivery** dropdown lists.

**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.

**Delivery**

**Method of Delivery**

Fetal Presentation at Birth

Final Route and Method of Delivery

If Cesarean, was a Trial of Labor Attempted?

**Maternal Morbidity (Check all that apply)**

Maternal transfusion       Unplanned hysterectomy       None Of The Above

Third or fourth degree perineal laceration       Admission to intensive care unit       Unknown at this time

Ruptured uterus       Unplanned operating room procedure following delivery

Mother Transferred for maternal medical or fetal indication prior to delivery

Infant Transferred within 24 hours of delivery

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

### Maternal Morbidity

The **Maternal Morbidity** tab 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** dropdown 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

Transfer Facility

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

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:

Place Name

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

Web Page Dialog

Place Name ▶ adven% Search

| Primary Name             | Address         | City     |                        |
|--------------------------|-----------------|----------|------------------------|
| Adventist Medical Center | 10123 SE Market | Portland | <a href="#">select</a> |

Total records : 1

Cancel

Again, the page will refresh and display the **Transfer Facility** on the **Delivery** page:

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

Transfer Facility Adventist Medical Center 🔍 ✎

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.**

Lastly, complete the page by making a selection from the **Infant Transferred within 24 hours of delivery** dropdown list. Notice that selecting **Yes** will cause the page to refresh and a new set of controls will appear:

Infant Transferred within 24 hours of delivery Yes ▼

Transfer Facility  🔍 ✎

**Infant Transferred within 24 hours of delivery refers to the facility to which the infant is being transferred.**

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:

Place Name ▶ E% Search

| Primary Name          | Address        | City     |                        |
|-----------------------|----------------|----------|------------------------|
| Eastmoreland Hospital | 2900 SE Steele | Portland | <a href="#">select</a> |

Total records : 1

Cancel

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

Again, 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 **Newborn** page (the first page of the Facility Information submenu), **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 check the entire record for errors.

## Newborn

The **Newborn** page is used to capture data relevant to the child at the time of birth.

If a medical record number has been assigned, key it into the **Medical Record Number** field.

**Infant Birth Weight** 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 entry box.



Infant Birth Weight

Pounds / Ounces      Grams

6    12     

Weight can be entered in pounds and ounces or grams, but not both.

**APGAR Score** – Enter the child’s APGAR score as it was recorded at 5 and 10 minute intervals. Notice that, in the example below, the child’s **5 Minutes** APGAR score was 6. A 5 minute APGAR score of 6 or higher eliminates the necessity to enter a 10 minute score, therefore, the **10 Minutes** field is disabled. If the child’s 5 minute APGAR score is less than 6, the 10 minute score must be recorded.



APGAR Score      5 Minutes      10 Minutes

6     

A 5 minute APGAR score of 6 or higher will disable the 10 Minutes score field.

Enter the medically-estimated term of the mother’s pregnancy in the **Obstetric Estimate of Gestation (weeks)** field.

Make a valid selection from the **Plurality** dropdown list. If only one child was delivered, select **Single**. If more than one 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 ‘Birth Registration Menu’ > ‘Other Links’ submenu. To link the birth records for plural deliveries see the section on Linking Plural Delivery.**

**Birth 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 dropdown list.

If **Single** was selected from the **Plurality** dropdown list the **If not single birth, number of infants in this delivery born alive** control will be disabled. Otherwise, if a different plurality was selected, enter the number of live children that were delivered in this control.

If child is living, select ‘**Yes**’ from the **Is infant living at time of discharge?** dropdown list. Likewise, if the child is breastfeeding, select ‘**Yes**’ from the **Is infant being breastfed at discharge?** dropdown list. Otherwise, select ‘**No**.’

Click the **Next** button to save and proceed to the **Newborn Factors** page (the first page of the Facility Information submenu), **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 check the entire record for errors.

## Newborn Factors

The **Newborn Factors** page is used to gather information related to abnormal conditions or congenital anomalies suffered or experienced by the child at birth.

This page is comprised of two tabs: **Abnormal Conditions of the Newborn**, and **Congenital Anomalies**. Each tab allows for multiple entries.

**Abnormal Conditions of the Newborn** is used to gather information related to disorders or significant morbidity experienced by the newborn infant.

1458 :Sean Patrick Dean Smith III SEP-25-2007

**Newborn Factors**

Abnormal Conditions of the Newborn (Check all that apply)

|   |  |
|---|--|
| <input type="checkbox"/> Assisted ventilation required immediately after delivery | <input type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis |
| <input type="checkbox"/> Assisted ventilation required for more than 6 hours      | <input type="checkbox"/> Seizure or serious neurologic dysfunction                         |
| <input type="checkbox"/> NICU admission   | <input type="checkbox"/> Significant birth injury  |
| <input type="checkbox"/> Newborn given surfactant replacement therapy             | <input checked="" type="checkbox"/> None Of The Above                                      |

**Congenital Anomalies** is used to capture information related to malformations of the newborn diagnosed prenatally or after delivery.

Congenital Anomalies (Check all that apply)

|   |   |
|---|---|
| <input type="checkbox"/> Anencephaly                            | <input type="checkbox"/> Down Syndrome Karyotype Confirmed                  |
| <input type="checkbox"/> Meningomyelocele/spina bifida          | <input type="checkbox"/> Down Syndrome Karyotype Pending                    |
| <input type="checkbox"/> Cyanotic congenital heart disease      | <input type="checkbox"/> Down Syndrome karyotype unknown                    |
| <input type="checkbox"/> Congenital diaphragmatic hernia        | <input type="checkbox"/> Suspected chromosomal disorder karyotype confirmed |
| <input type="checkbox"/> Omphalocele                            | <input type="checkbox"/> Suspected chromosomal disorder karyotype pending   |
| <input type="checkbox"/> Gastroschisis                          | <input type="checkbox"/> Suspected chromosomal disorder karyotype unknown   |
| <input type="checkbox"/> Limb reduction defect                  | <input type="checkbox"/> Hypospadias  |
| <input type="checkbox"/> Cleft lip with or without cleft palate | <input type="checkbox"/> None Of The Above                                  |
| <input type="checkbox"/> Cleft palate alone                     |   |

Click the **Next** button to save and proceed to the **Attendant/Certifier** page (the first page of the Facility Information submenu), **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 check the entire record for errors.

## Attendant/Certifier

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

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

Notice that the page is divided into two tabs: **Attendant at Birth** and **Certifier**.

The **Attendant at Birth** tab 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:

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

| Last Name | Suffix | First Name | Middle Name | Street Number | Street Name |                        |
|-----------|--------|------------|-------------|---------------|-------------|------------------------|
| Attend    |        | Meena      |             | 34            | Main        | <a href="#">select</a> |

Total records : 1

Again, the page will refresh and auto-fill the **Attendant at Birth** tab 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** tab 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.

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

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

**Date Certified** will be auto-filled once the birth record has been registered.

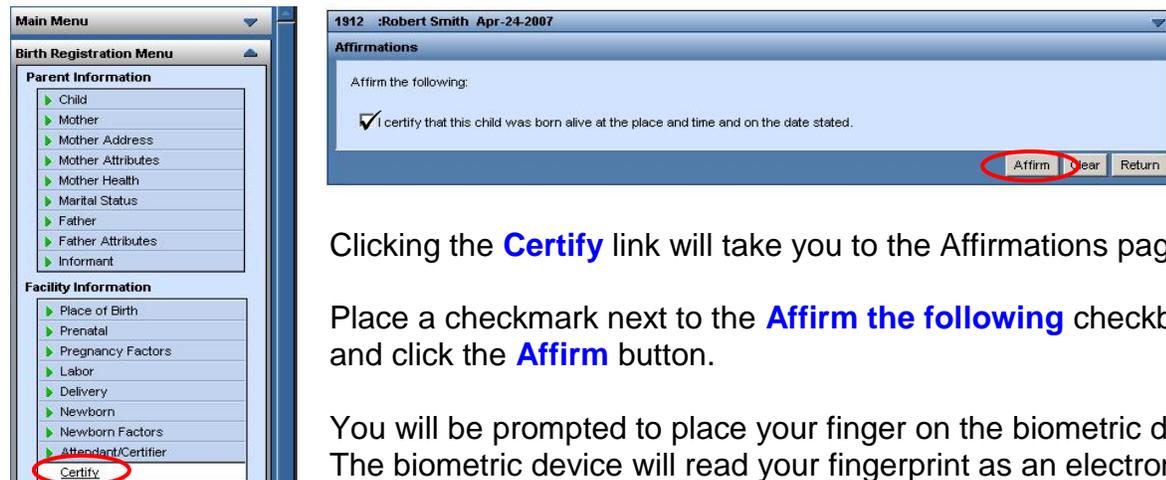
Birth registration data entry is now complete. Click the **Validate Page** or **Validate Registration** button to check this page for errors. If no errors are found, then the page will refresh and a new menu item will appear: **Certify**. Click the **Certify** link to proceed.

## Certify

### Affirmations

An affirmation is used to record the fact that the birth 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 Birth registration pages have been completed, validated, and all errors corrected, the **Birth Registration Menu** will refresh and display the **Certify** link.



Clicking the **Certify** link will take you to the Affirmations page.

Place a checkmark next to the **Affirm the following** checkbox and click the **Affirm** button.

You will be prompted to place your finger on the biometric device. The biometric device will read your fingerprint as an electronic signature.

By “signing” the electronic document you are affirming that the child was born alive at the time and place stated in the birth certificate.

Because the biometric reader is a peripheral device, a driver will need to be loaded onto your computer to enable recognition of the device. The driver can be loaded to as many or as few machines as desired by the facility. The device is provided free of charge by the Center for Health Statistics (CHS). Additional information is available by calling the OVERS Help Desk at 971-673-0279 or on the OVERS Web site at [www.oregon.gov/DHS/ph/overs/](http://www.oregon.gov/DHS/ph/overs/).



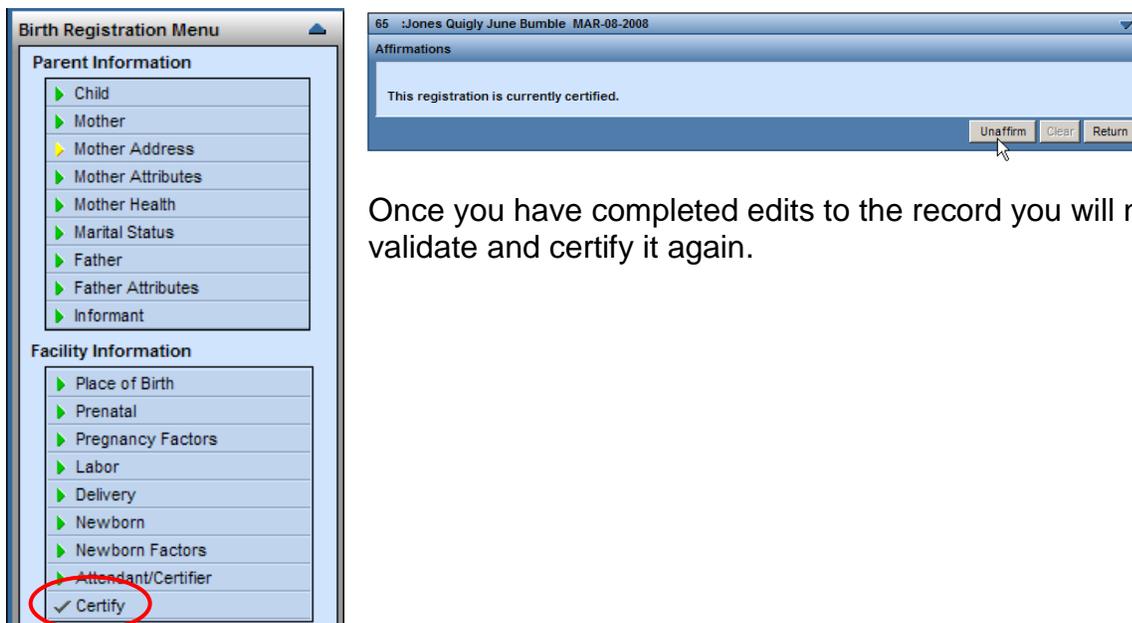
The record will be officially signed/affirmed and an **Authentication Successful** message displayed:

Click the **Return** button to return to the **Attendant/Certifier** page of the **Birth Registration Menu**.

## Uncertify

Once the record is affirmed you can still access it and view it for 6 months, although you will not be able to edit the record without either uncertifying it (if it has not yet been registered at the State level) or requesting an amendment (if it has already been registered at the State level). To learn more about requesting an amendment see the amendment section.

Until the record is registered at the State level you may uncertify it if you need to make edits. To do this, click on the **Certify** link. Notice that the **Affirm** button has changed to the **Unaffirm** button. To unaffirm the record so that you can edit it, click the **Unaffirm** button. A popup message will ask you to confirm that you wish to unaffirm the record. Click OK.



Once you have completed edits to the record you will need to validate and certify it again.