

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

<http://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/REGISTRYVITALRECORDS/Pages/InstructionsFetalDeath.aspx>

Duplication and distribution is permitted.



**Public Health Division
Center for Health Statistics**

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Completing a Fetal Death Record

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This chapter aims to explain the data entry process for creating, certifying and retrieving fetal death reports from **OVERS**. The definitions and procedures for properly completing an Oregon fetal death record 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>).

Fetal deaths should only be recorded by a facility birth clerk 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 procedures for completing the Oregon Fetal Death Report, contact the Center for Health Statistics, Registration department at **(971) 673-1160**.

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.

Required Entries

The first step in entering a new report of fetal death 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 [Gender](#) are in red boxes. These fields are **required entries** and must be completed before you will be allowed to start a new case.

Once you have completed the required items, click the [Search](#) button to proceed or the [Clear](#) button to clear all entries and start over.

A screenshot of the 'Fetal Death Start/Edit New Case' form. The form has a title 'Fetal Death Start/Edit New Case'. Below the title is the section 'Fetus Information'. The fields in this section are: 'Fetus First Name:' (text input), 'Fetus Last Name:' (text input with 'Smith' entered), 'Date of Delivery:' (date picker with 'OCT-15-2015' selected), 'Sex:' (dropdown menu with 'Male' selected), and 'Case Id:' (text input). Below these are 'Place of Fetal Death Location Type:' (dropdown menu) and 'Place of Fetal Death:' (text input). At the bottom are 'Mother's Current Last Name:' (text input) and 'Mother's Last Name Before First Marriage:' (text input). A red oval highlights the 'Fetus Last Name', 'Date of Delivery', and 'Sex' fields. Another red oval highlights the 'Search' and 'Clear' buttons at the bottom right of the form.

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.

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 no matching records were found, click the “Start New Case” button to create a new file.

If case does not appear above, start new case **New Search**

To begin a new search with new criteria, click on the “New Search” button.

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

Fetal Death Search Results

Case Id	Fetus Name	Date of Delivery	Sex	Place of Fetal Death	State File Number	Mother Maiden Last Name	Preview
6879026	Smith, Josie Jean	OCT-27-2017	Female	Benton		Smith	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

6879054 :smith OCT-27-2017
/New Event/New Event/Unaffirmed/Uncertified/Not Registered

Personal Information

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

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

Locate an Existing 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** 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.

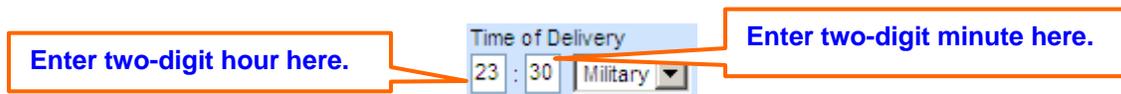
Fetus

Fetus Name						
First	Middle	Other Middle	Last	Suffix		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="smith"/>	<input type="text"/>		
<input type="checkbox"/> Date of Delivery		<input type="checkbox"/> Time of Delivery		<input type="checkbox"/> Sex		
<input type="text" value="OCT-27-2017"/>		<input type="text"/> : <input type="text"/>		<input type="text" value="Female"/>		
Method of disposition						
<input type="text"/>						
Funeral Home						
Facility Name						
<input type="text"/>						
Address						
Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apartment Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
City or Town	State	Country	Zip Code			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Disposition						
ID Tag Number						
<input type="text"/>						
				<input type="button" value="Validate Page"/> <input type="button" value="Next"/> <input type="button" value="Clear"/> <input type="button" value="Save"/> <input type="button" value="Return"/>		

Date of Delivery is in a red box, 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: For Medical Examiners Only
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 3 controls: 2 number entry boxes and one **AM/Military/PM** dropdown 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** dropdown list.

Sex – Make a selection from the dropdown list.

Method of Disposition - Make a selection from the dropdown list. 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.

Funeral Home

Facility Name 🔍

Address

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apartment Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

City or Town	State	Country	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Disposition

ID Tag Number

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 the **Search** button. The search results will appear. Click the [select](#) button next to the appropriate facility.

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** 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 Prior to 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.)

Mother

Mother's Current Legal Name

First	Middle	Last	Suffix
<input type="text" value="Jane"/>	<input type="text" value="Lee"/>	<input type="text" value="Smith"/>	<input type="text"/>

Mother's Name Prior to First Marriage

First	Middle	Last	Suffix
<input type="text" value="Jane"/>	<input type="text" value="Lee"/>	<input type="text" value="Doe"/>	<input type="text"/>

Date of Birth Age

Mother Birthplace

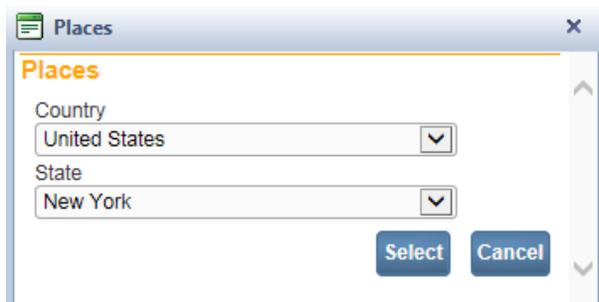
Birthplace State	Birthplace Country
<input type="text" value="Oregon"/>	<input type="text" value="United States"/>

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** field.

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.



The screenshot shows a dialog box titled "Places" with a close button (X) in the top right corner. The dialog contains two dropdown menus: "Country" with "United States" selected and "State" with "New York" selected. At the bottom of the dialog are two buttons: "Select" and "Cancel".

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 address.

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.

Mother Address

Residence Address

Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text"/>
City or Town	County	State	Country	Zip Code	
 <input type="text"/>	<input type="text"/>	<input type="text"/>	United States	<input type="text"/>	
Inside City Limits					
<input type="text" value="v"/>					

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.

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

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 mother. This information is used in reporting at the State and Federal level and can be instrumental in obtaining funding for various programs.

Education: Select the education level from the dropdown list.

Mother Attributes

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)

Selecting "Yes, Other Hispanic Origin (specify) will cause a text entry box 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 Hispanic Origin (specify) Latino' checkbox will cause a new text box to appear on-screen. Use this dialogue box to input other origin information.

The **Which one or more of the following is your race?** section 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.

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)

<input type="checkbox"/> White	<input type="checkbox"/> Filipino	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Guamanian or Chamorro
<input checked="" type="checkbox"/> American Indian or Alaska Native (specify tribe) <input type="text"/> <input type="text"/>	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Vietnamese	<input checked="" type="checkbox"/> Other Pacific Islander (specify) <input type="text"/> <input type="text"/>
<input type="checkbox"/> Chinese	<input checked="" type="checkbox"/> Other Asian (specify) <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/> Other (Specify) <input type="text"/> <input type="text"/>

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 that may have contributed to the loss of the fetus.

Mother's Health

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

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

Cigarette smoking per day before and/or during pregnancy

Three months before pregnancy Cigarettes

First three months of pregnancy Cigarettes

Second three months of pregnancy Cigarettes

Last Trimester of Pregnancy Cigarettes

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.

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

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

Cigarette Smoking per day before and during pregnancy – this section 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.

Enter zero or the approximate number of cigarettes smoked and select **Cigarettes** from the applicable dropdown lists.

Cigarette smoking per day before and/or during pregnancy

Three months before pregnancy	<input type="text" value="20"/>	Cigarettes ▼
First three months of pregnancy	<input type="text" value="10"/>	Cigarettes ▼
Second three months of pregnancy	<input type="text" value="5"/>	Cigarettes ▼
Last Trimester of Pregnancy	<input type="text" value="0"/>	Cigarettes ▼

Did mother go into labor intending to deliver at home or freestanding birthing center? - make a selection from the dropdown list. If the answer is Yes, provide the answer to the **What was the primary attendant type at onset of labor?** question.

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 Personal Information menu may change according to the selections made on this page.

The **Marital Status** page collects **Marital Information** and **Paternity Information**. First, make a selection from the **Was Mother Married at Conception, at Delivery, or within 300 days of Delivery?** dropdown 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 **Personal Information** submenu: **Father**.



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

Marital Status

Marital Information

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

Paternity Information

Will Father information be collected on this Report?

Father

The **Father** page is used to capture demographic and statistical data on the father or second parent in the case of a female Oregon Registered Domestic Partnership. This page will only appear if **Yes** was selected for either Marital Information or Paternity Information on the Marital Status Screen.

Father

Father's Name

First	Middle	Last	Suffix
<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Smith"/>	<input type="text"/>

Date of Birth   Age

Father's Birthplace

 Birthplace State	Birthplace Country
<input type="text" value="Washington"/>	<input type="text" value="United States"/>

[Note: If Mother was married or in an Oregon Registered Domestic Partnership but second Parent information will not be entered, click the **Next** button to save and proceed to the **Place of Delivery** 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.]

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

Date of Birth - enter the father/second parent'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 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**.

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 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 dropdown list.

Father Attributes

Education

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

Hispanic Origin (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> No, not Hispanic | <input type="checkbox"/> Yes, Puerto Rican | <input checked="" type="checkbox"/> Yes, Other Hispanic Origin (specify) |
| <input type="checkbox"/> Yes, Mexican | <input type="checkbox"/> Yes, Cuban | <input type="text"/> |
| | | <input type="checkbox"/> Unknown |

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

- | | | |
|---|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Filipino | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> American Indian or Alaska Native (specify tribe) | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Pacific Islander (specify) |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian (specify) | <input type="checkbox"/> Other (Specify) |

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.

Note: Selecting the 'Yes, other Spanish/Hispanic/Latino' checkbox will cause a new text entry box to appear on-screen. Use this box to specify the other descent 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 dropdown lists.

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

<input type="checkbox"/> White	<input type="checkbox"/> Filipino	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Guamanian or Chamorro
<input checked="" type="checkbox"/> American Indian or Alaska Native (specify tribe)	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan
<input type="checkbox"/> <input type="text" value="Cow Creek/Umpqua"/>	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Pacific Islander (specify)
<input type="checkbox"/> Coos, Lower Umpqua Valley	<input type="checkbox"/> Other Asian (specify)	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Burns Paiute		
<input type="checkbox"/> Coquille		
<input type="checkbox"/> Grand Ronde		
<input type="checkbox"/> Klamath Tribes		
<input type="checkbox"/> Siletz		
<input type="checkbox"/> Umatilla		
<input type="checkbox"/> Warm Springs		
<input type="checkbox"/> Other (Specify)		
<input type="checkbox"/> Unknown		

[Validate Page](#) [Next](#)

Type or select the father/second parent'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 **Place of Delivery** 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.

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.

First, make a selection from the **Type of Place of Delivery** 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.

Place of Delivery

Type of Place of Delivery: Hospital (dropdown) | Other Specify: [disabled text box]

Facility Name: Good Samaritan Regional Medical Ce [disabled text box] | Facility NPI: 1962453134 [disabled text box]

Address:

Street Number: 3600 | Pre Directional: NW (dropdown) | Street Name or PO Box, Rural Route, etc.: Samaritan | Street Designator: Drive (dropdown) | Post Directional: [dropdown] | Apt #, Suite #, etc.: [disabled text box]

City or Town: Corvallis | County: Benton | State: Oregon | Country: United States | Zip Code: 97330

These fields were auto-filled and disabled when the Type of Place of Delivery was selected.

If there is not an appropriate selection available for the place of delivery 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 delivery and the **Address** tab.

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.

Place of Delivery

Type of Place of Delivery: Other (specify) (dropdown) | Other Specify: [enabled text box]

Facility Name: [disabled text box] | Facility NPI: [disabled text box]

Address:

Street Number: [disabled text box] | Pre Directional: [dropdown] | Street Name or PO Box, Rural Route, etc.: [disabled text box] | Street Designator: [dropdown] | Post Directional: [dropdown] | Apt #, Suite #, etc.: [disabled text box]

City or Town: [disabled text box] | County: [disabled text box] | State: [disabled text box] | Country: [disabled text box] | Zip Code: [disabled text box]

Selecting the 'Other (Specify)' place of delivery enables the Other Specify and Address textboxes but disables Facility Name and Facility NPI.

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

If the delivery occurred en route to the facility (in a moving conveyance), choose 'Other' from the dropdown menu under 'Type of Place of Delivery' and key in "en route" followed by the location where the mother was first removed from the conveyance. Hospitals may report en route deliveries.

Click the **Next** button to save and proceed to the **Reporter** page (the last page of the Personal 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.

Reporter

The **Reporter** page records the name and title of the person completing the Fetal Death report and the date the report was completed.

Reporter

The Reporter form includes the following fields and controls:

- Reporter** tab with Search and Eraser icons.
- Name and Title of Person Completing Report** section:
 - First: Really
 - Middle: Good
 - Last: BirthClerk
 - Suffix: (empty)
 - Title: (dropdown menu)
 - Other Specify: (text input)
- Date Report Completed**: (calendar icon)
- Navigation buttons: **Validate Page**, **Next**, **Clear**, **Save**, **Return**.

The information on this page will auto-fill from the current user's account information.

The **Reporter** tab includes two icons: the Search icon (🔍) and the Eraser icon (🧼).

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:

The Lookup Reporter dialog box shows a search for a reporter with the following results:

License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
	BirthClerk		Really	Good	3600	Samaritan	select

Total Records : 1

Buttons: **Search**, **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** tab 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), **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. The **Validate Page** button will check the entire record for errors.

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.



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.

Prenatal

Mother Medical Record #

Date of Last Menses



Previous Live Births

Number Now Living Number Now Dead Date of Last Live Birth





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

Date of Last Menses



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 pregnancy, 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 pregnancy, select **None**.

Previous Live Births

Number Now Living Number Now Dead Date of Last Live Birth





If the **Number Now Living** and/or **Number Now Dead** are 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

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.

Click the **Next** button to save and proceed to the **Pregnancy Factors** page (the second page of the Medical 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 have resulted in complications during pregnancy.

This page is comprised of two tabs: **Risk Factors for this 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 type="checkbox"/> None Of The Above |
| <input type="checkbox"/> Hypertension-Gestational (PIH, Pre-eclampsia) | | |

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. In the example above, we have selected **None Of The Above** on each tab.

Click the **Next** button to save and proceed to the **Delivery** page (the third page of the Medical 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 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 tab controls: **Method of Delivery** and **Maternal Morbidity**.

Method of Delivery

The **Method of Delivery** tab is used to describe how the fetus was delivered or expelled. First, make a selection from the **Fetal Presentation at Delivery** 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. **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)

Ruptured uterus Admission to intensive care unit None Of The Above

Mother Transferred for maternal medical or fetal indication prior to 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:

Facility Name [Search](#)

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	10123 SE Market	Portland select

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

Transfer Facility  

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 (the fourth page of the Medical 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.

Fetal Attributes

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

Fetal Attributes

Weight of Fetus	Pounds / Ounces	Grams
	<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**. **Grams** is preferred. 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.

Weight of Fetus	Pounds / Ounces	Grams
	<input type="text"/> <input type="text"/>	<input type="text"/>

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

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 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, starting on page 109.

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 dropdown list.

[Note: 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 (the fifth page of the Medical Information submenu).

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.

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

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

Estimated Time of Fetal Death

Autopsy Performed Histological Placental Examination Performed

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

This page is comprised of two tabs: **Initiating Cause/Condition**, and **Other Significant Causes or Conditions**. Each tab allows for multiple entries.

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.

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** dropdown list.

Estimated Time of Fetal Death	
Autopsy Performed	<input type="checkbox"/>
Autopsy or Histological Placenta	<input type="checkbox"/>

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** dropdown 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

Autopsy Performed Histological Placental Examination Performed

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

Click the **Next** button to save and proceed to the **Attendant/Certifier** page (the last page of the Medical 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 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 tabs: **Attendant at Delivery** and **Certifier**.

The **Attendant at Delivery** 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:

The screenshot shows a web form for 'Attendant at Delivery'. The form has fields for 'Attendant's Name' (First, Middle, Last, Suffix) and 'Attendant's Title' (RN, Other Specify). A 'Lookup Attendant' dialog box is open, showing search criteria for 'Last Name' (A%) and 'First Name'. The 'Search' button in the dialog is circled in red.

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

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

The screenshot shows a web form for 'Certifier'. The form has a 'Same As Attendant' checkbox, which is checked. Below it are fields for 'Certifier's Name' (First, Middle, Last, Suffix) and 'Certifier's Title' (Other Specify). The 'Certifier NPI' and 'Date Certified' fields are also present.

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  

Same As Attendant Select "Same As Attendant" to copy the attendant's data to the certifier controls.

Certifier's Name

First Middle Last Suffix

Best RN

Certifier's Title Other Specify

RN

Certifier NPI Date Certified



Certifier NPI will auto-fill based on data stored in the **OVERS** database if the certifier is a licensed medical professional.

Date Certified will be auto-filled once the fetal death record has been certified using the biometric device.

Fetal death 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 two new menu items will appear: **Certify** and **Affirm/Certify**.

Certify

Once all pages in the **Medical Information** section of the report are complete, the Medical Information section can be validated.

Do not certify the record. You will have the opportunity to Affirm/Certify the entire record in the next step.

Affirm/Certify

Once all the pages in both the **Personal Information** and the **Medical Information** have been completed, validate the record.

Click on the Affirm/Certify selection in the left menu.



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.

To affirm the fetal death record, place a checkmark in the [Affirm the following:](#) checkbox, place a registered finger on the fingerprint scanning device, and click the [Affirm](#) 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](#)[Use Signature Pad](#)[Return](#)

Upon successful biometric authentication, the record will be officially signed/affirmed and an [Authentication Successful](#) message displayed:

Affirmations

Authentication successful.

[Clear](#)[Return](#)

Click the [Return](#) button to return to the [Fetal Death Registration Menu](#).

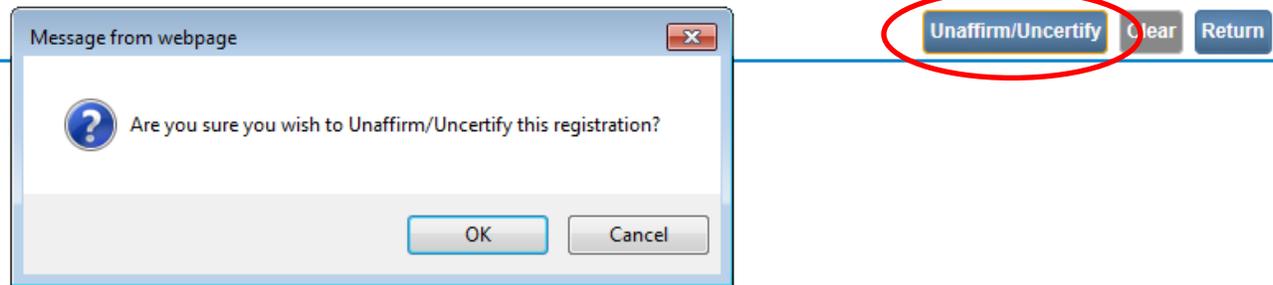
Uncertify

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 unconfirm 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.

Affirmations

This registration is currently affirmed/certified.



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