

# **Commonwealth of Pennsylvania**

## **Birth Certificate Registration**

### **Instructions Manual for Manually Completing a Birth Certificate**

#### **Introduction**

##### **Purpose**

A birth record is a statement of facts concerning an individual. It is a permanent legal record. Throughout life, a person uses his or her birth certificate to prove age, parentage, and citizenship. Birth certificates are needed for entrance to school; voter registration; obtaining a driver's license, marriage license, passport, veterans' benefits, welfare aid or social security benefits; and many other purposes.

Annual vital statistics are compiled on the number and rate of births by characteristics such as place of birth, place of residence of mother, age of mother, plurality, and birth weight. Population composition and growth are estimated using these data. Educational systems and institutions, government agencies, and private industry find this information essential in planning and evaluating programs in public health and other important areas.

The medical information on the birth certificate can be used to study the conditions that may lead to infant death. This information also helps in establishing programs to address the problems associated with infant death.

##### **Specific Responsibilities**

###### **Hospital**

Hospital personnel must assemble and record the medical and personal data to be entered on the birth certificate. Necessary procedures usually cut across departmental lines. This, combined with the current emphasis on reducing the length of stay in hospitals, makes it extremely important for one hospital staff member to be given the overall responsibility and authority to request and obtain the appropriate information. Specifically, the hospital should:

- Develop efficient procedures for prompt preparation, signing, and filing of certificates.

- Collect and record the information about the parent(s) and the medical data required on the birth certificate. The medical information should be obtained from the obstetric and pediatric records.
- Secure necessary signatures on the certificate (certifier) and worksheet.
- File the certificate within **10 days** after the birth
- Cooperate with State or local registrars concerning queries on certificates entries.
- Correct hospital errors on certificates by sending baby's name, date of birth, error and the correction on hospital letterhead stationary signed by director of medical records or nurse manager to the Division of Vital Records.
- Call the Pennsylvania Department of Health – Vital Records for advice and assistance when necessary.

**Division of Statistical Registries (Harrisburg)**

1- 800-323-9613  
WinEBC technical support

**Division of Vital Records (New Castle)**

1-800-842-5040 ext 656-3369  
Copies of birth certificates  
Delayed Registration

**Midwife or other person who delivers a baby**

When a birth occurs outside a hospital and no physician is in attendance at or immediately after the delivery, the responsibility for completing and filing the birth certificate rests on one of the following, in order of preference shown: the midwife or other person in attendance, the father, the mother, or, in the absence of the father and the inability of the mother, the person in charge of the place where the birth occurred.

**Informant**

The informant, preferably the mother (or when the mother is not available, the father or another adult having knowledge of the personal facts concerning the birth), is responsible for providing the legal facts (for example, parent's names), on the mother's worksheet.

**Physician (or Certifier)**

**Birth registration**

When the birth takes place in a hospital, the physician (or other certifier) is primarily responsible for certifying to the date, time, and place of birth. The physicians' (or other certifier) responsibilities are to:

- Complete or verify the certificate of live birth or those parts of the certificate for which the physician (or other certifier) are responsible
- Complete the certifier/attendant section
- Complete or verify the medical and health information section.
- Cooperate with Vital Records concerning queries on certificate entries.
- Be familiar with Vital Statistics Law of 1953 and relate rules and regulations of the State health department to determine the scope of a physician's responsibility in birth registration.

If the birth takes place outside a hospital (for example, in a doctor's office or at home) and is attended by a physician, the physician must complete the entire certificate. In such cases, the physician also must file the certificate to the State or local registrar of the district in which the birth occurred within ten days after birth, as prescribed by Pennsylvania law.

### **Certifying to a live birth**

When a birth occurs in a hospital, the physician (or other certifier) usually receives a completed birth certificate ready for review and signature. The hospital staff gathers the information on the certificate from a variety of sources, including hospital charts, medical records of infant and mother, and the physician's own records. The certifier, therefore, should examine these items for any discrepancies or incorrect statements before signing the certificate.

When a birth occurs outside of a hospital, the physician or other attendant who is present at or immediately after the birth of a child is required to obtain and record information on all items listed on the certificate and is responsible for filing the birth certificate with the registrar.

### **General Instructions**

The data necessary for preparation of the live birth certificate are obtained from the:

- Informant (in order of preference the mother, the father, another relative, or other person who has knowledge of the facts)
- Attending physician (mother's and infant's)
- Hospital or physician records

Worksheets are very useful in obtaining information for completing the certificate, and are required to be used for 2003 events. If a hospital chooses to use worksheets other than those provided by the Pennsylvania Department of Health, they must be submitted to

the Division of Statistical Registries for approval prior to use. The informant should sign the mother's worksheet to verify the information is correct.

When a birth occurs outside of a hospital, the person preparing the certificate will find it necessary to obtain information from the parent(s) for the items that are personal and not medical in character, such as residence, age of parents, and education. The physician, midwife, nurse, or other person in attendance at the delivery may do this, in order of preference.

Birth certificates are permanent legal records from which official copies are made. Therefore, it is essential that the certificates and reports be prepared accurately. These general rules should be followed:

- File the original certificate with the registrar.
- Inform the mother that she may add information to **incomplete** items up to six months after registration.
- Avoid abbreviations except those recommended in the specific item instructions.
- Verify with the informant the spelling of names, especially those that have different spellings for the same sound (Smith or Smyth, Gail or Gayle, and Wolf and Wolfe).
- Refer problems not covered in these instructions to the Division of Statistical Registries.
- Complete each item, following the specific instructions for that item.
- Obtain all signatures. Rubber stamps or other facsimile signatures are not acceptable.

### **Assisted Conception**

Assisted conception is defined as the implantation of a woman's fertilized egg into another woman (the gestational carrier) who carries the child during gestation and delivers the child.

A supplemental Report of Assisted Conception containing information obtained from the intended mother and the intended father must be completed in addition to a birth certificate listing the gestational mother's information. It is recommended that prior to completing any assisted conception certificates, you contact Mr. Frank Yeropoli , Administrative Officer, for complete instructions. Mr. Yeropoli can be reached at 800-842-5040, ext. 6563-113.

A birth certificate for the gestational mother can be completed using the WinEBC system. However, please call a field consultant at 800-323-9613 for specific instructions prior to requesting a state file number.

### **Foundling**

A foundling is a live newborn of unknown parentage; many times they are brought to the hospital for medical attention and the hospital assumes responsibility for filing a birth certificate.

When entering foundling information all information should be entered as 'unknown' except for residence, and DOB. Residence should be considered as the place the baby was found, or the facility. The date of birth should be estimated. Attendant/Certifier must be a physician. Information obtained about a foundling should come from the person most familiar with the case. Please contact a vital statistics field consultant at 800-323-9613 for specific information on foundling requirements.

# Certificate of Live Birth

## Mother's Name and Mother's Medical Record #

Enter the mother's name and the mother's medical record number.  
*This is on the side of the certificate.*

## Child Information

### 1. Child's Name (First, Middle, Last, Suffix)

Enter baby's first name, middle name, last name, suffix as given.

If no first name is given; enter ***Baby*** as the first name, enter either ***Girl*** or ***Boy*** (depending on the sex of the baby) for the middle name, the baby may be given any last name agreed to by both parents; an unmarried mother may select the name.

If no last name has been given, than enter the mother's last name for the baby's last name.

***The free certified copy that will be generated for the parent will print 'Baby Boy Smith' or 'Baby Girl Smith'***

***Note that a Social Security Number cannot be issued if the child is not named.***

### 2. Time of birth:

#### Time of Birth

Enter the exact **time of birth (hours and minutes)** according to local time. Indicate whether am or pm.

***If unknown, write unknown.***

### 3. Sex (Male, Female, or not determined):

Enter 'M' for male or 'F' for female.

***If unknown, write unknown.***

#### 4. Date of Births (Mo/Day/Yr):

Enter the Baby's date of birth as given (MM/DD/YYYY).

**Month**

01=January  
02=February  
03=March  
04=April  
05=May  
06=June  
07=July  
08=August  
09=September  
10=October  
11=November  
12=December

**Day**

01-31

**Year**

20xx (you must enter 20xx)

#### 5. Facility name: (if not institution, give street and number)

Enter facility name.

If the infant was born at home, enter home address, and if the infant was born in-route, enter in-route to anywhere hospital.

#### 6. Facility I.D. (National Provider Number)

Enter facility I.D.

*This will be blank for now. The facilities do not have NPI Numbers.*

#### 7. City, Town, or Location of birth:

Enter the city, town or location of the birth.

#### 8. County of birth:

Enter the county of the birth.

## Mother's Information

### **9a. Mother's Current Legal Name (First, Middle, Last, Suffix)**

Enter mother's first name, middle name, last name, and suffix as given.

### **9b. Date of Birth (Mo/Day/Yr)**

#### **Date of birth**

Enter the mother's date of birth as given (MM/DD/YYYY).

#### **Month**

01=January  
02=February  
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### **9c. Mother's Name Prior to First Marriage (First, Middle, Last, Suffix)**

Enter mother's first name, middle name, last name, and suffix prior to her first marriage as given.

### **9d. Birthplace (State, Territory or Foreign Country)**

#### **State/Country**

Enter in the birthplace of the mother.

## 10. Where Does Mother Actually Live?

### 10a. State

Enter the state as stated.

### 10b. County

Enter the county as stated.

### 10c. & 10d. Does mother live in a township?

Check 'yes' or 'no'.

If you check 'yes' answer which township mother lives in.

If you check 'no' answer within what limits the mother lives.

### 10e. Complete Number and Street

Enter the street number and street name as given.

#### Apartment #

Enter the apartment number as stated. You may use letters for the apartment number as well as numbers.

### 10f. City/Boro

Enter the city/boro as stated.

### 10g. Zip code

Enter the zip code as stated. The last four digits can be blank.

### 10h. If not United States, *country*

Enter the country where the mother lives, if not in the United States.

## Father's Information

### 11a. Father's Current Legal Name (First, Middle, Last, Suffix)

Enter father's first name, middle name, last name, and suffix as given.

If the father's name is not known you will write, 'Information Not Recorded'.

### 11b. Date of Birth (Mo/Day/Yr)

#### Date of birth

Enter the father's date of birth as given (MM/DD/YYYY).

**Month**

01=January  
02=February  
03=March  
04=April  
05=May  
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If you do not know the father's date of birth, put 'unknown' in the space.

**11c. Birthplace ( State, U.S. territory, or Foreign Country)****State/Country**

Enter in the birthplace of the father.

**Certifier's Information****12. Certifier's name and title:**

(The individual who certifies that the birth occurred. May be, but need not be, the same as the attendant at birth.)

If you are using a 2003 certificate without a space for the certifier to sign, please just have the certifier sign in the spot for the certifier's name.

**Certifier's name**

Write the certifier's name on the line.

**Title**

Check the appropriate title, if other specified write the title on the line.

### 13. Date Certified

Enter the date certified as stated (MM/DD/YYYY).

#### Month

01=January  
02=February  
03=March  
04=April  
05=May  
06=June  
07=July  
08=August  
09=September  
10=October  
11=November  
12=December

#### Day

01-31

#### Year

20xx

If unknown, write unknown.

### 14. Date filed by registrar

Enter the date filed by the registrar (MM/DD/YYYY).

#### Month

01=January  
02=February  
03=March  
04=April  
05=May  
06=June  
07=July  
08=August  
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If unknown, write unknown.

### **15. Registrar's signature**

Registrar needs to sign in this area.

### **16. Registrar's number**

Enter the Registrar's number.

## **Mother's Information**

### **17. What is your mailing address? Your baby's birth certificate will be mailed to this address.**

**Same as residence address?**

If mailing is the same as the residence check the box. If the residence is different than the mailing address, than fill out the following information:

**State**

Enter the State as stated.

**City, Town, or Location**

Enter the City, Town, or Location as stated.

**Street Number & Street Name**

Enter the street number and street name as stated.

**Apartment #**

Enter the apartment number as stated.

**Zip code**

Enter the zip code as stated. The last four digits can be blank.

### **18. Mother Married**

Select Yes or No, by putting a checkmark in the appropriate box.

If the mother is not married, you must then select whether a paternity acknowledgement has been filed.

### **19. Social Security Number Requested For Child?**

Select either Yes or No by putting a checkmark in the appropriate box.

### **20. Mother's Education (Check the box that best describes the highest degree or level of school completed at time of delivery)**

Select from the list. Answers range from 8<sup>th</sup> grade or lower to Doctorate degree. You cannot add in this field. Only the levels of schooling listed can be selected.

Report only those years of school that were completed. A person who enrolls in college but does not complete one full year should not be identified with any college education in this item. For this person you would select High school graduate or GED completed. Count formal schooling; do not include beauty, barber, trade, business, technical or other special schools when determining the highest grade completed. **This field cannot be left blank. If unknown, choose 'Mother's education level as Unknown'.**

### **21. Mother of Hispanic Origin? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina)**

Select from the list.

If not Spanish/Hispanic/Latina, select the "NO" option. If Spanish/Hispanic/Latina, select the appropriate option from the list. If you are other Spanish/Hispanic/Latina a box will appear for you to enter in the other.

NOTE: "Hispanic" refers to those people whose origins are from Spain, Mexico or the Spanish-speaking countries of Central or South America. A person may report Hispanic origin based on the country of origin or a parent, grandparent, or some far-removed ancestor. The response should reflect what the person considers himself or herself to be and not based on percentages of ancestry. In addition to the major Hispanic groups of Cuban, Mexican, and Puerto Rican, other Hispanic groups should also be identified in the space provided.

If a person indicates that he or she is of multiple Hispanic origins, enter the origin as ‘Yes, other Spanish/Hispanic/Latina’. If a person indicates that he or she is Mexican-American or Cuban-American, enter the Hispanic origin as ‘Mexican or Cuban’.

If unknown, write unknown.

**22. Mother’s Race (Check ONE OR MORE races to indicate what the mother considers herself to be)**

Mark **ALL THAT APPLY** by putting a checkmark in the appropriate box.

The entries in this item should reflect the response of the informant.

If the listed race is one other than the choices listed, check on ‘other specify’ and write in the appropriate race.

If unknown, write unknown.

**23. Mother’s Single Race Self-Designation (Check ONLY ONE to indicate which best represents the mother’s race)**

Mark the race that best represents the mother. Mark **ONLY ONE** by putting a checkmark in the appropriate box.

If the race is ‘other specified’, write the appropriate race on the line. . *If the mother checks more than one race for this question you should check with the mother for the one race that represents her. If the mother is no longer there to ask, than select don’t know/not sure.*

**24. Mother’s Social Security Number**

Enter the mother’s social security number as stated. If the SS# is unknown, write ‘unknown’.

**Father’s Information**

**25. Father’s Education (Check the box that best describes the highest degree or level of school completed at time of delivery)**

Select from the list by putting a checkmark in the appropriate box. Answers range from 8<sup>th</sup> grade or lower to Doctorate degree. Only the levels of schooling

listed can be selected. A person who enrolls in college but does not complete one full year should not be identified with any college education in this item. For this person you would select High school graduate or GED completed.

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

If unknown, write unknown.

**26. Father of Hispanic Origin? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the “No” box if father is not Spanish/Hispanic/Latino)**

If not Spanish/Hispanic/Latina, select the “NO” option. If Spanish/Hispanic/Latina, select the appropriate option from the list. If you are other Spanish/Hispanic/Latina a box will appear for you to enter in the other.

NOTE: “Hispanic” refers to those people whose origins are from Spain, Mexico or the Spanish-speaking countries of Central or South America. A person may report Hispanic origin based on the country of origin or a parent, grandparent, or some far-removed ancestor. The response should reflect what the person considers himself or herself to be and not based on percentages of ancestry. In addition to the major Hispanic groups of Cuban, Mexican, and Puerto Rican, other Hispanic groups should also be identified in the space provided.

If a person indicates that he or she is of multiple Hispanic origins, enter the origin as ‘Yes, other Spanish/Hispanic/Latina’. If a person indicates that he or she is Mexican-American or Cuban-American, enter the Hispanic origin as Mexican or Cuban.

If unknown, write unknown.

**27. Father’s Race (Check ONE OR MORE races to indicate what the father considers himself to be)**

Mark ALL THAT APPLY by putting a checkmark in the appropriate box.

If the listed race is one other than the choices listed, click on ‘other specify’ and write the appropriate race on the line.

If unknown, write unknown.

**28. Father’s Single Race Self-Designation (Check ONLY ONE to indicate which best represents the father’s race)**

Mark the race that best represents the mother. Mark **ONLY ONE** by putting a checkmark in the appropriate box.

The entries in this item should reflect the response of the informant.

If the listed race is one other than the choices listed, check 'other specify' and a write the indicated race on the line.

If unknown, write unknown.

### **29. Father's Social Security Number**

Enter the father's social security number as stated. If father's social security number is not known, put 'unknown' in the space.

### **30. Place where birth occurred (Check One)**

Select the appropriate place of birth from the list by putting a checkmark in the appropriate box.

If the birth occurred somewhere other than a hospital, birthing center, home, or doctor's office, than select other and write in where the birth occurred.

### **31. Attendant's name, title, and N.P.I.** (National Provider Identifier)

(The attendant at birth is the individual physically present at the delivery who is responsible for the delivery. For example, if an intern or nurse-midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician is to be reported as the attendant):

#### **Attendant's name**

Write the attendant's name on the line.

#### **NPI**

Skip over the NPI for now.

#### **Title**

Check the appropriate title, if other specified write the title on the line

### **32. Mother transferred for maternal medical or fetal indications for delivery?**

Check 'Yes' or 'No' for the mother being transferred to this facility.

If you check 'Yes', you must enter the name of the facility the mother was transferred from on the line.

**33a. Date of first prenatal care visit:**

Enter the date for the first prenatal care visit as stated (MM/DD/YYYY).

**Month**

- 01=January
- 02=February
- 03=March
- 04=April
- 05=May
- 06=June
- 07=July
- 08=August
- 09=September
- 10=October
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If there are no prenatal care visits, just check the box "No Prenatal Care".

If unknown, write unknown.

**33b. Date of last prenatal care visit:**

Enter the date for the last prenatal care visit as stated (MM/DD/YYYY).

**Month**

- 01=January
- 02=February
- 03=March
- 04=April
- 05=May
- 06=June
- 07=July

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If there is no date for last prenatal care visit, leave this blank.  
If unknown, write unknown.

**34. Total number of prenatal visits for the is pregnancy (If none enter “0”)**

Enter the total number of prenatal care visits as stated.  
If there are no prenatal care visits, write ‘0’.  
If unknown, write unknown

**35. Mother’s height**

Enter the mother’s height as stated in feet and inches.  
If unknown, write unknown.

**36. Mother’s Pre-pregnancy weight**

Enter the mother’s pre-pregnancy weight as stated in pounds.  
If unknown, write unknown.

**37. Mother’s weight at delivery**

Enter the mother’s weight at delivery as stated in pounds.  
If unknown, write unknown.

**38. Did mother get WIC food for herself because of this pregnancy?**

Select ‘Yes’ or ‘No’ by putting a checkmark in the appropriate box.

**39a. Number of previous live births now living (Do not include this child)**

Enter the number of prior children born alive to this mother who are still living at the time of this birth. Do not include this child or children by adoption. Enter '0' or check the 'None' box if this is the first live birth to this mother or if all previous children are dead. Otherwise enter in the appropriate number.

If unknown, write unknown

**39b. Number of previous live births now dead (Do not include this child)**

Enter the number of prior children born alive to this mother who are not longer living. Do not include this birth or any children by adoption. Enter '0' or check the 'None' box if this is the first live birth to this mother or if all previous children are still living. Otherwise enter in the appropriate number.

If unknown, write unknown

**39c. Date of last live birth:**

**Date of last live birth**

Enter the date of last live birth as stated (MM/YYYY).

**Month**

- 01=January
- 02=February
- 03=March
- 04=April
- 05=May
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20xx

If unknown, write unknown

**40a. Number of other pregnancy outcomes (spontaneous or induced losses or ectopic pregnancies)**

Enter the number of fetuses that were delivered dead regardless of the length of gestation. Include each recognized loss of a production of conception, such as ectopic pregnancy, miscarriage, still birth, and spontaneous or induced abortion. If this is the first pregnancy for this mother or if all previous pregnancies resulted in live-born infants, than enter '0' or check the 'None' box. Otherwise enter in the appropriate number.

**40b. Date of last other pregnancy outcome**  
(Date when last pregnancy, that did not result in a live birth ended)

**Date of last other pregnancy outcome**

Enter the date of last other pregnancy outcome (MM/YYYY).

**Month**

- 01=January
- 02=February
- 03=March
- 04=April
- 05=May
- 06=June
- 07=July
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- 09=September
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If unknown, write unknown.

**41. Cigarette Smoking Before and During Pregnancy. For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. IF NONE, ENTER '0'. Average number of cigarettes smoked per day:**

**Three months before pregnancy:**

Enter as stated.

**First three months of pregnancy:**

Enter as stated.

**Second three months of pregnancy:**

Enter as stated.

**Last three months of pregnancy:**

Enter as stated.

You may enter either ‘# of cigarettes’ smoked or ‘# of packs smoked’. If mother did not smoke enter “0” for the appropriate time period.

**If you a mother indicates for example: 20 cigarettes the first 2 months and 10 cigarettes the 3<sup>rd</sup> month of pregnancy, for the # of cigarettes in the first three months of pregnancy you will take the average and put 15 cigarettes.**

**If unknown, write unknown.**

**42. Principal source of payment for this delivery (At the time of delivery):**

Check the principal source of payment from the list.

If you select other, you must specify the source of payment, by writing on the line.

**If unknown, write unknown.**

**43. Date last normal menses began**

Enter the date of last normal menses as stated (MM/DD/YYYY).

**Month**

- 01=January
- 02=February
- 03=March
- 04=April
- 05=May
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If unknown, write unknown

**44. Mother's Medical Record Number**

Enter the mother's medical record number.

**Medical and Health Information**

**45. Risk factors in this pregnancy: (Check all that apply)**

Check **ALL THAT** apply.

You may select more than one. If you select 'Mother had a previous cesarean', you must enter how many.

*You may not select 'none of the above' along with other risk factors.*

If unknown, write unknown.

**46. Infections present and/or treated during this pregnancy: (Check all that apply)**

Check **ALL THAT** apply.

*You may not select 'none of the above' along with other risk factors.*

If unknown, write unknown.

**47. Obstetric procedures: (Check all that apply)**

Check **ALL THAT** apply.

If you select 'External cephalic version' successful or fail must be checked.

*You may not select 'none of the above' along with other risk factors.*

If unknown, write unknown.

**48. Onset of Labor: (Check all that apply)**

Check **ALL THAT** apply.

*You may not select 'none of the above' along with other risk factors.*

**If unknown, write unknown.**

#### **49. Characteristics of labor and delivery: (Check all that apply)**

Check **ALL THAT** apply.

*You may not select 'none of the above' along with other risk factors.*

**If unknown, write unknown.**

#### **50. Method of delivery**

(The physical process by which the complete delivery of the infant was effected)

(Complete A, B, C, and D):

##### **A. Was delivery with forceps attempted but unsuccessful? (Obstetric forceps was applied to the fetal head in an unsuccessful attempt at vaginal delivery.)**

You may check Yes, or No.

**If unknown, write unknown.**

##### **B. Was delivery with vacuum extraction attempted but unsuccessful? (Ventouse or vacuum cup was applied to the fetal head in an unsuccessful attempt at vaginal delivery.)**

You may check Yes, or No.

**If unknown, write unknown.**

##### **C. Fetal presentation at birth (Check one):**

You must check Cephalic, Breech, or Other as the fetal presentations at birth.

**If unknown, write unknown.**

##### **D. Final route and method of delivery (Check one):**

Check the final route and method of delivery.

If you select Cesarean, you must choose Yes, No, or Unknown for 'if the cesarean, was a trial of labor attempted?'

**If unknown, write unknown.**

**51. Maternal morbidity:** (Check all that apply)  
(Complications associated with labor and delivery)

Check **ALL THAT** apply.

*You may not select 'none of the above' along with other risk factors.*

**If unknown, write unknown.**

### **Newborn's Information**

**52. Newborn's medical record number:**

Enter the newborn's medical record number.

**53. BirthWeight:** (grams preferred, specify unit)

**Grams**

If the birth weight is reported in both grams and pounds and ounces: report the weight in grams.

If the birth weight is unknown enter unknown.

**Pounds and Ounces**

If the birth weight is not reported in grams, then enter the birth weight as pounds and ounces.

**If unknown, write unknown.**

**54. Obstetric estimate of gestation:**

**Completed weeks**

Enter the weeks of gestation as estimated by the attendant.

Do not compute this information from the date of last normal menses began and date of birth. If the attendant has not done a clinical estimate of gestation, enter '0'.

**If unknown, write unknown.**

**55. Apgar score:**

(Asystematic measure for evaluating the physical condition of the infant at specific intervals at birth):

**Score at 5 minutes:**

Enter the five-minute Apgar score (0-10).

If the five-minute Apgar score is not known, enter unknown.

If the five-minute Apgar score is less than six, you must also complete the ten-minute Apgar score. If unknown, write unknown.

**If 5 minute score is less than 6:**

**Score at 10 minutes:**

Enter the ten-minute Apgar score (0-10).

If the ten-minute Apgar score is not known, enter unknown.

If unknown, write unknown.

**56. Plurality- Single, Twin, Triplet, etc.**

Enter the baby's plurality. Include all live birth and fetal losses resulting from this pregnancy.

**57. If not single birth- Born First, Second, Third, etc.**

Enter the baby's birth order - Born first, second, third, etc. *If you choose single for the plurality, you do not need pick the birth order.*

Include all live births and fetal losses resulting from this pregnancy.

**58. Abnormal conditions of the newborn:**

(Disorders of significant morbidity experienced by the newborn) (Check all that apply)

Select **ALL THAT** applies.

Select all abnormal conditions associated with the newborn. If there are no abnormal conditions, select "None of the above". This information should be obtained from the mother's and infant's physicians or medical records (both obstetric and pediatric).

Only abnormal conditions listed should be reported. Abnormal conditions present, but not listed should not be reported.

**If unknown, write unknown.**

**59. Congenital anomalies of the newborn:**

(Malformations of the newborn diagnosed prenatally or after delivery.) (Select all that apply):

Select **ALL THAT** applies.

Select each anomaly of the newborn. Do not include birth injuries. If there are no congenital anomalies of the newborn, select "None of the anomalies listed

above”. This information should be obtained from the mother’s and infant’s physicians or medical records (both obstetric and pediatric).

Only congenital anomalies listed should be reported. Congenital anomalies present, but not listed should not be reported.

If unknown, write unknown.

### **60. Was infant transferred within 24 hours of delivery?**

(Choose “yes” If the newborn was transferred from this facility to another within 24 hours of delivery. If transferred more than once, enter name of first facility to which the newborn was transferred.)

(Choose “no” if the infant was not transferred to another facility.)

Select Yes, or No

If you select ‘Yes’, you must enter in the facility name that the infant was transferred to.

If unknown, write unknown.

### **61. Is newborn living at time of report?**

Check either Yes, No, or Transferred/Status Unknown.

If unknown, write unknown.

### **62. Is newborn being breastfed?**

Check either Yes, or No.

If unknown, write unknown.

### **63. Adoption?**

Check either Yes, or No.

If unknown, write unknown.