

**Lesson Title:** Completing a Paper Copy of the Oklahoma Certificate of Live Birth

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### **Performance Objective**

To accurately fill out the Oklahoma Certificate of Live Birth.

### **How will objectives be evaluated?**

By observance of more complete and accurate submissions of Oklahoma Certificates of Live Birth.

### **References**

[Oklahoma State Law, Title 63, Article 3 - Vital Statistics.](#)

[Oklahoma Administrative Code, Title 310, Chapter 105. Vital Statistics Regulations.](#)

### **Introduction**

This training is designed to provide physicians, hospital personnel, and others with instructions for completing and filing a paper copy of the Oklahoma Certificate of Live Birth. Facilities using the Register Oklahoma Vital Event Records (ROVER) software to file birth certificates electronically may still benefit from this material, particularly at times when computer systems may be down.

By [State Law, 63 OS 1-311](#), the medical facility where the birth occurred is responsible for filing the birth certificate. There are also rules to guide the filing of birth certificates for births occurring outside of medical facilities.

This training has three objectives:

- To be able to define "Live Birth" in contrast to "Stillbirth."
- To be familiar with the responsibilities of physicians, hospital personnel, and others in submitting the Certificate of Live Birth.
- To be familiar with common errors associated with completing Certificates of Live Birth and to avoid them.

## **Importance of Birth Registration**

A birth certificate is a statement of facts concerning an individual. It is a permanent legal record. A person uses the 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.

Vital statistics are compiled annually 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 and health 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.

## **Definition of Live Birth**

To clarify when a Certificate of Live Birth is required versus a Certificate of Stillbirth, we must look at State Law. First, let's look at the definition of a live birth ([63 OS 1-301.5](#)):

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

## **Fetal Death (Stillbirth) Defined**

Now let's look at the definition of a stillbirth, or fetal death ([63 OS 1-301.6](#)):

Death prior to the complete expulsion or extraction from its mother of a product of human conception after a period of gestation as prescribed by the State Board of Health. The death is indicated by the facts that, after such expulsion or extraction, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

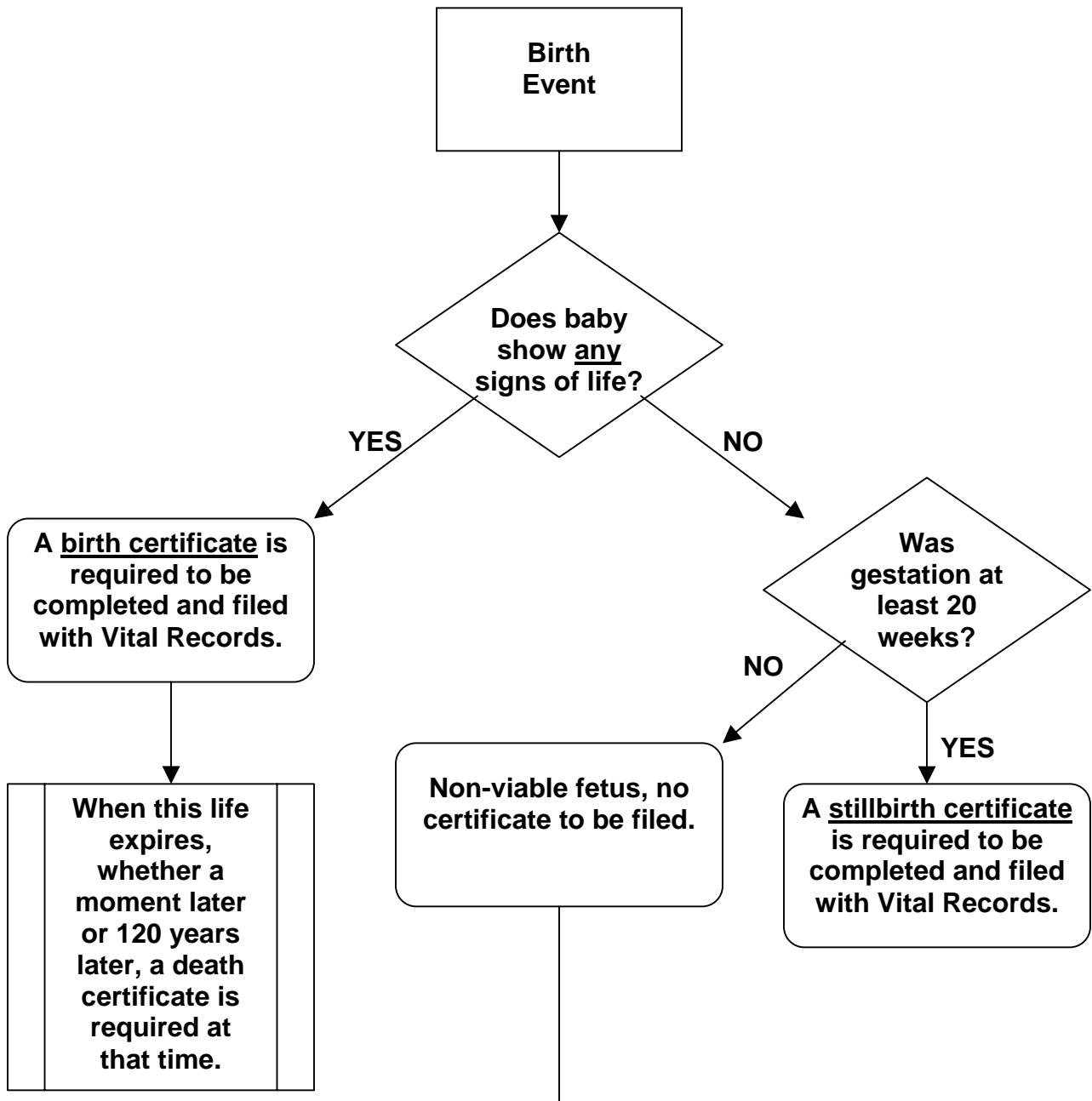
The "period of gestation as prescribed by the State Board of Health" is found in [Oklahoma Administrative Code 310:105-5-1\(b\)](#). It reads:

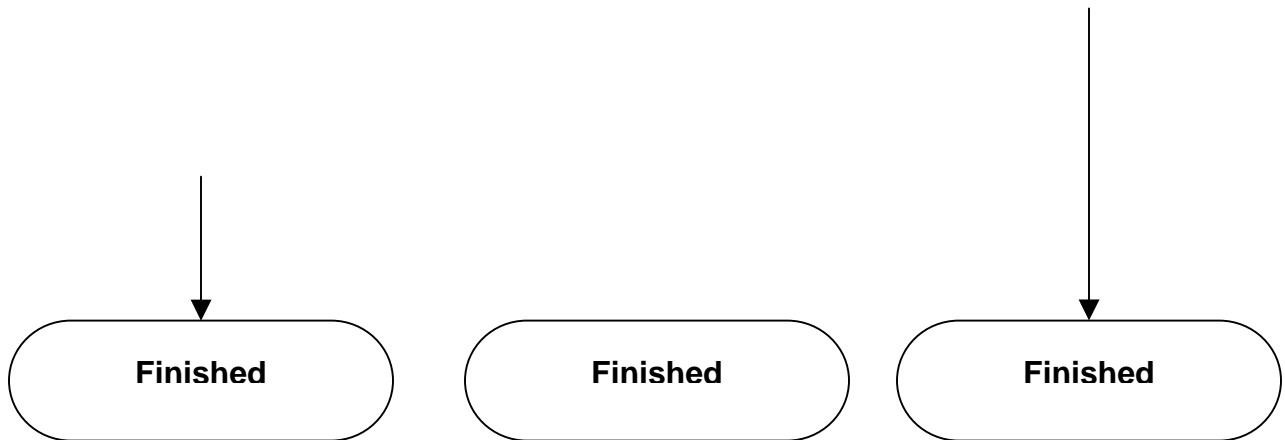
Fetal death defined. A gestation period of twenty (20) weeks or more is hereby prescribed in defining the term "fetal death."

### What Does It All Mean?

These definitions tell us which certificate to file at the point of delivery. Any evidence of life requires a Certificate of Live Birth. If the baby then dies, even if just a moment afterwards, then a Certificate of Death is also required.

If, however, there are no signs of life at delivery, then a Certificate of Stillbirth alone is required. No circumstances exist where a birth certificate would be filed in combination with a stillbirth or death certificate. This decision-making process is illustrated by the flowchart below:





## Specific Responsibilities

### Hospital

Hospital personnel gather medical and personal data to be entered on the birth certificate. Necessary procedures usually cut across departmental lines. This, combined with reduced hospital stays, makes it important for assigned hospital staff to have overall responsibility and authority to request and obtain the cooperation needed. Specifically, the hospital should:

- Develop efficient procedures for prompt preparation, signing, and filing of certificates and reports.
- Collect and record information about parent(s) and medical data required on the birth certificate. The medical information should be obtained from the obstetric and pediatric record, not the parent.
- Prepare a correct and legible certificate; make sure every item is completed.
- Secure all necessary signatures on the certificate.
- File certificates and reports within 7 days after the birth with the State Registrar, as per Oklahoma Vital Statistics Laws. ([63 OS 1-311.A](#))
- Cooperate with State Registrar concerning queries on certificate entries.
- Assist parent(s) of children born in the hospital by completing any forms or statements needed to correct **hospital errors** in the original certificate. Once the certificate is submitted to the Vital Records Division, the

parent(s) must be referred to Vital Records to effect any corrections or changes to the certificate that are not hospital errors.

- Provide a system for preparing and filing a birth certificate for an infant born en route to the hospital.
- Call the Vital Records Division for advice and assistance if you have any questions regarding the filing of a certificate. The toll-free number for use by the hospital, physician, or midwife to make inquiries is 877-306-3992. Do not give this number to the public. The telephone number for the public is 405-271-4040.

#### Midwife or Other Person Who Delivers a Child

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 the indicated order of priority: ([63 OS 1-311.C](#))

- The midwife or any other person in attendance at or immediately after the birth; or
- The father, the mother, or, in the absence or inability of the father or mother, the person in charge of the premises where the birth occurred and present at the birth.

Additional documentation may be required.

#### Informant

The informant, preferably the mother, provides the legal facts and signs the birth certificate to certify the information is correct. If the mother is unable to act as the informant, the husband may do so or the father of the child may do so (if he has acknowledged paternity of the child). The parent(s) should carefully check the completed certificate before signing. The signature must be obtained, certifying the facts shown on the certificate are correct. If the signature cannot be obtained, call the Vital Record Division for assistance.

#### Physician – Birth Registration

The physician's responsibilities are to:

- Complete or verify the facts of the birth and provide the medical and health information within 5 days after the birth occurs as per Oklahoma State Law. ([63 OS 1-311.B](#))
- Complete the certifier/attendant section as required.

- Cooperate with State Registrar concerning queries on certificate entries.
- Be familiar with state vital statistics law and related rules and regulations of the State Department of Health to determine the scope of the physician's responsibility in birth registration.

Obtain the required information from the parent(s) as soon as possible. Although Oklahoma State Law provides for seven (7) days to file the certificate ([63 OS 1-311.A](#)), mothers are discharging from the hospital as early as the day of the delivery. Once the mother and baby are gone it is difficult to get them to return to provide any information that is not already collected. If the required information is collected prior to the mother's discharge from the hospital, then the certificate should be filed well within the seven-day time limit. The certifier should remember that his/her name on the certificate means they are attesting to the accuracy of the information on it. Therefore, the certifier should insure that the certificate is complete and accurate.

If the birth takes place outside a hospital (for example, in a doctor's office, clinic or at home) and is attended by a physician, the physician must complete the entire certificate. In such cases, the physician must also submit the certificate to the State Registrar within the time limit prescribed by Oklahoma State Law. ([63 OS 1-311.A](#))

#### Physician – Certifying to a Live Birth

Physicians are responsible for assuring that all information required on the birth certificate is readily available.

When the practice is for the physician to certify the certificate, the physician usually receives a completed birth certificate ready for review and signature. The medical record practitioner gathers the information on the certificate from a variety of sources (hospital charts, medical records of the infant and mother, physician's records, etc.). The physician should examine these items for any discrepancies or incorrect statements before signing the certificate. If any items were not completed, the physician should either complete them or provide the required information so the certificate can be completed. If any errors are found, the physician should ask that a new certificate be prepared for signature.

The person in charge of the facility or his/her designated representative (Birth Clerk) is authorized to complete and sign the Certificate of Live Birth. If hospital practice is for the attendant to complete the certification, but the attendant is unable to do so within five (5) days of the birth, then the person in charge of the facility or his/her designated representative is authorized to complete the certification in place of the attendant.

When birth occurs outside a hospital, the physician or other attendant (person who delivered the baby) who was present at or immediately after the birth is

required to obtain and record all of the information requested on the birth certificate and file it with the State Registrar.

At facilities that register birth certificates on line with ROVER, authorized facility certifiers of birth certificates will be issued secure pass codes for use in logging onto ROVER and submitting birth certificates. Certifiers should not share their pass codes with anyone. This avoids the liability of having certificates submitted with their "name" that they are unaware of.

### **General Instructions for Completing Certificates and Reports**

Using a worksheet to gather the required information for the birth certificate will help ensure all of the required information is entered. Please do not use the birth certificate itself as a worksheet.

Necessary data for preparing the birth certificate should be obtained from hospital and/or physician's records, infant's attending physician(s), and parents.

The physician and parent should carefully review information entered on the certificate **before** signing. **Never have physician or parent sign a blank or incomplete birth certificate, and never give parents a blank copy of a birth certificate.**

For births outside of a hospital, the person preparing the certificate must obtain information from the parent(s) for items that are personal rather than medical. Preferably the person who attended the birth will compile this information.

Because birth certificates are permanent legal records, it is essential they are accurately and neatly prepared. The following general rules should be observed:

- Use the current form designated by the State of Oklahoma (VS152 Revised 2009) or ROVER prescribed web site.
- Verify the spelling of the entire name.
- Do not use nicknames, enter names in parenthesis, or use initials in place of the full name.
- Avoid abbreviations except for those recommended in the specific instructions that follow. This includes the medical portion of the certificate.
- Do not make alterations or erasures.
- Typed entries are preferred. If a typewriter is unavailable, print legibly in permanent **black** ink.
- Follow the specific instructions for completing each item and contact the Vital Records Division if you have any questions or problems.
- Obtain all required signatures. Rubber stamps or other facsimile signatures are not acceptable.
- File original certificate with the State Registrar. Copies or duplicates are not acceptable.

- The Oklahoma State Department of Health Vital Records Division supplies blank birth certificates to those facilities that do not use ROVER.

## **Completing the Certificate of Live Birth**

### Personal Information

The personal information section of the birth certificate contains information required for identifying the individual and a description of when and where the birth occurred.

ROVER birth registration results in a Signature Page that must be signed and faxed or mailed to Vital Records. The signature on this Signature Page is the only physical acknowledgment by the parent(s) concerning the information on the birth certificate. It is recommended that your facility keep these pages on file.

### Infants of Unknown Parentage (63 OS 1-312)

Whoever assumes custody of a living infant of unknown parentage shall report, on a form and in a manner prescribed by the State Commissioner of Health within seven (7) days to the local registrar of the district in which the child was found, the following information:

- (1) the date and place of finding.
- (2) sex, color or race, and approximate age of child.
- (3) name and address of the persons or institution with whom the child has been placed for care.
- (4) name given to the child by the custodian.
- (5) and other data required by the Commissioner.

The place where the child was found shall be entered as the place of birth and the date of birth shall be determined by approximation.

A report registered under this section shall constitute the birth certificate for the infant.

If the child is identified and a certificate of birth is found or obtained, any report registered under this section shall be sealed and filed and may be opened only by order of a court of competent jurisdiction.

### **Item 1. Child's name (First, Middle, Last)**

Type or neatly print infant's full name exactly as given by the parent(s). Suffixes following the last name such as Jr. or III are acceptable. However, do not enter nicknames or names shown in parenthesis.

### **Item 2. Date of Birth (Month, Day, Year)**

Enter full name of month rather than numerical representation. Pay particular attention to this entry when the birth occurs at midnight or on December 31<sup>st</sup>.

**Item 3. Time of Birth**

Enter the exact time the infant was born according to local time. If you use a 12-hour clock format, be sure to indicate whether the time of birth is A.M. or P.M. Enter 12 noon as 12:00 P.M. and 12 midnight as 12:00 A.M.

If you use a 24-hour clock format, please refer to the following:

<b>24-hour clock</b>	<b>12-hour clock</b>
0000 (medical facilities) 2400 (military facilities)	12:00 midnight
0100	1:00 am
0200	2:00 am
0300	3:00 am
0400	4:00 am
0500	5:00 am
0600	6:00 am
0700	7:00 am
0800	8:00 am
0900	9:00 am
1000	10:00 am
1100	11:00 am
1200	12:00 noon
1300	1:00 pm
1400	2:00 pm
1500	3:00 pm
1600	4:00 pm
1700	5:00 pm
1800	6:00 pm
1900	7:00 pm
2000	8:00 pm
2100	9:00 pm
2200	10:00 pm
2300	11:00 pm

The exact time of birth should be entered for each infant in a plural birth to determine order.

**Item 4. Sex**

Enter "Male" or "Female". Do not use symbols or abbreviations. If sex cannot be determined, enter "unknown"

**Item 5a. Facility Name: (If not institution, give street and number)**

Enter full name of the facility where birth occurred. If born en route to the facility, enter full name of facility followed by "En route".

If the birth occurred at home, enter the street address of the birthplace, not simply "residence" or "home."

If the birth occurred somewhere other than those described above, enter street address of the location.

If the birth occurred in a moving conveyance that was not en route to a facility, enter the street address where the infant was first removed from the conveyance.

**Item 5b. Place Where Birth Occurred (Check one)**

Check the appropriate response. If it was a home birth, indicate if it was planned to deliver at home.

**Item 6. City, Town or Location of Birth**

Enter the city, town or location for the response provided in Item 5a.

**Item 7. County of Birth**

Enter name of county where the birth occurred. If birth occurred in a moving conveyance, enter the county where the infant was first removed from the conveyance.

**Item 8a. Attendant's Name, and Title**

Please type or print the full name of the attendant on the line provided and check the appropriate box indicating the attendant's title. If "Other" is marked, specify the title of the attendant on the line provided. Lay midwives should be identified as "Other Midwife".

**Item 8b. Attendant's Mailing Address**

Enter the complete mailing address of the person whose name appears in Item 8a, including ZIP Code.

**Items 9 and 10. State Registrar's Signature and Date Filed With State Registrar (Month, Day, Year)**

These are entered by the State Registrar's office when the Certificate of Live Birth is accepted for filing.

**Item 11a. Certifier's Name and Title**

Type or print the full name on the line provided and check the appropriate box indicating the certifier's title. If "Other" is marked, specify the title of the certifier on the line provided (ex.; RN, grandmother, father, EMT, etc.). Lay (non-licensed) midwives should be identified as "Other Midwife".

**Item 11b. Date Certified (Month, Day, Year)**

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

**Item 12a. Mother's Current Legal Name (First, Middle, Last, Suffix)**

Enter full, legal name of mother at the time of her infant's birth. Avoid nicknames, aliases, and initials (unless initials are all she has). Her legal name would include her legal last name as it currently is, even if she prefers to use a different name.

**Item 12b. Mother's Last Name Prior to First Marriage**

The surname of the mother at her birth or after she was adopted should be entered here. Married names should not be entered in this section.

**Item 12c. Mother's Date of Birth (Month, Day, Year)**

Mother's date of birth should be entered here. Enter full name of the month rather than the numerical representation for the month.

**Item 12d. Mother's Birthplace (State, Territory, or Foreign Country)**

Enter mother's place of birth. If she was born in the United States, enter the name of the state in which she was born. If she was born in a foreign country, enter the name of the country. Do not enter city of birth.

**Item 13. Mother's Residence Address**

Enter whether or not mother's residence is inside the city's limits.

Enter the county the mother lives in.

Enter the mother's street address. If she does not have a street address enter the 9-1-1 address or a description of the residence that will aid in identifying the precise location (i.e. Northeast Corner of Hwy 281 and Wichita Road, second yellow house on east side north 12<sup>th</sup> and Broadway). Do not enter a Rural Route number or PO Box in this section.

Enter the city, town or location the mother lives in. This may or may not be the same as her mailing address.

Enter the state the mother actually lives in. If she is not a resident of the United States, enter the name of the country and the nearest equivalent of a state in that country.

Enter the ZIP Code.

**Item 14. Mother's Mailing Address**

If the mother's mailing address is the same as her residence, check the "Same as Residence" box. If the mother's mailing address is not the same as her

residence, enter the mailing address here. A post office box can be entered in this Item.

**Item 15a. Father's Current Legal Name (First, Middle, Last, Suffix)**

Enter full name of father. Do not use nicknames, aliases, or initials (unless an initial constitutes the name). If mother is, or has been married, within 300 days of the birth of the child, the husband must be entered whether or not he is the father, unless the proper paperwork has been completed.

**Item 15b. Father's Date of Birth (Month, Day, Year)**

Father's date of birth should be entered here. Enter full name of the month rather than the numerical representation for the month.

**Item 15c. Father's Birthplace**

Enter the father's place of birth. If he was born in the United States, enter the name of the state in which he was born. If he was born in a foreign country, enter the name of the country. Do not enter the city of birth.

**Item 16a. Permission given to provide Social Security Administration with necessary birth information to issue a Social Security Number?**

Have the parent mark either "Yes" or "No" and then initial in the provided space to verify the decision. If the certificate is not signed by a parent, not initialed, or is in any other way incomplete, then this Item should be marked "No." Once the birth certificate is processed, it cannot be resubmitted.

**Item 16b. Permission given to provide Oklahoma State Department of Health registries (such as Newborn Screening and Immunization) with information necessary to protect and promote the health of Oklahoma citizens?**

Have the parent mark either "Yes" or "No" and then initial in the provided space to verify the decision. If the certificate is not signed by a parent, not initialed, or is in any other way incomplete, then this Item should be marked "No." Once the birth certificate is processed, it cannot be resubmitted.

**Signature of Parent**

Have parent review the Certificate of Live Birth for accuracy, read the statement contained in this section and sign this section certifying the accuracy of the certificate. We suggest that you ask only the mother to sign the birth certificate.

**Never have a parent sign a blank or incomplete certificate.**

**Certification Statement and Signature**

Obtain the signature of the attendant present at the birth or another authorized person. If facility procedure is for the attendant to complete the certification, but the attendant is unable to do so within 5 days of birth, the person in charge of the facility or his/her designated representative (Birth Clerk) is authorized to complete the certification. Facilities may choose to have a designated

representatives serve as the authorized personnel for completing the certification. Rubber stamps or other facsimile signatures are not acceptable.

## **Medical Information**

The following information is used for medical and health studies only and is excluded from certified copies of the birth certificate.

### **Item 17a. Father's Education (Check the box that best describes the highest degree or level of school complete at the time of delivery)**

Follow the instructions and check the appropriate box.

### **Item 17b. Father's Race (Check one or more races to indicate what the father considers himself to be)**

For American Indian, enter tribal affiliation such as Cherokee, Choctaw, Osage, etc.

National origin should not be used for any other race (i.e., German Mexican). If the person does not consider him/herself to be Black, American Indian, or Asian, then he/she is White or can claim multiple races of these four choices.

### **Item 17c. 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)**

Follow the instructions and check the appropriate box. "Hispanic" is not acceptable when specifying.

### **Item 17d. Father's Social Security Number**

Furnishing Social Security Number is required by Federal Law, 42 USC 405(c) (section 205 (c) of the Social Security Act). The number will be made available to the Oklahoma State Department of Human Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

If the mother is not married, and if a paternity acknowledgment has not been completed, leave this item blank.

### **Item 18a. Mother's Education (Check the box that best describes the highest degree or level of school completed at the time of delivery)**

Follow the instructions and check the appropriate box.

### **Item 18b. Mother's Race (Check one or more races to indicate what the mother considers herself to be)**

For American Indian, enter tribal affiliation such as Cherokee, Choctaw, Osage, etc.

National origin should not be used for any other race (i.e., German Mexican). If the person does not consider him/herself to be Black, American Indian, or Asian, then he/she is White or can claim multiple races of these four choices.

**Item 18c. Mother of Hispanic Origin? (Check the box that best describes whether the mother is Spanish/Hispanic/Latino. Check the 'No' box if mother is not Spanish/Hispanic/Latino)**

Follow the instructions and check the appropriate box. "Hispanic" is not acceptable when specifying.

**Item 18d. Mother's Social Security Number**

Furnishing Social Security Number is required by Federal Law, 42 USC 405(c) (section 205 (c) of the Social Security Act). The number will be made available to the Oklahoma State Department of Human Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

**Item 19. Mother Married? (At birth, conception, or any time between?)**

If mother is currently married or married at the time of conception or any time between conception and birth, check "Yes."

If mother is not currently married or was not married at the time of conception or any time between conception and birth, check "No" and proceed to second part of question.

**If No, Has Paternity Acknowledgment Been Signed In The Hospital?**

Check the appropriate box.

**Item 20. Mother's Height**

Enter the mother's height in feet and inches.

**Item 21. Mother's Prepregnancy Weight**

Enter the mother's pre-pregnancy weight in pounds.

**Item 22. Did Mother Get WIC Food For Herself During This Pregnancy?**

Check the appropriate box.

**Item 23. Mother's Medical Record Number**

Enter the facility's medical record number for the mother.

**Item 24. Pregnancy History (Do not include this child)**

**Number of Previous Live Births**

Enter the total number of previous live-born infants now living. For multiple deliveries, include all live-born infants before this infant in the pregnancy. (If this infant was the first born, do not include this infant. If this infant was the second

born, include the first-born, etc.) If there are no previous live-born infants, enter “none” or “0”.

Enter the total number of previous live-born infants now dead. For multiple deliveries, include all live-born infants before this infant in the pregnancy that are now dead. (If this infant was the first born and died, do not include this infant. If this infant was the second born and the first-born died, include the first-born, etc.) If there are no previous live-born infants now dead, enter “none” or “0”.

Enter the date of birth of the last live-born infant.

**Number of Other Pregnancy Outcomes**

Enter the number of induced abortions.

Enter the number of spontaneous abortions.

Enter the number of other outcomes.

Enter the date of the last pregnancy outcome.

**Item 25. Cigarette Smoking (For each time period, enter either the number of cigarettes or number of packs of cigarettes smoked – IF NONE, ENTER 0)**

For each time period enter either the number of cigarettes or the number of packs of cigarettes smoked. If none enter “0”.

**Item 26. Date Last Normal Menses Began (Month, Day, Year)**

Enter all parts of the date that the mother’s last normal menses began. If no parts of the date are known, enter “unknown.”

**Item 27. Obstetrical Procedures (Check all that apply)**

Check all boxes that apply. The mother may have more than one procedure. If the mother has had none of the procedures, check “none of the above.”

**Item 28. Date of First Prenatal Care Visit (Month, Day, Year)**

Enter month, day, and year of the first prenatal care visit. Complete all parts of the date that are available. Leave the rest blank. If “no prenatal care,” check the appropriate box.

**Item 29. Date of Last Prenatal Care Visit (Month, Day, Year)**

Enter month, day, and year of the last prenatal care visit recorded in the records. Do not estimate the date of the last visit. Complete all parts of the date that are available. Leave the rest blank.

**Item 30. Total Number of Prenatal Care Visits for This Pregnancy**

Count only those visits recorded in the record. Do not estimate additional visits when the prenatal record is not current. If none, enter "0."

**Item 31. Risk Factors in This Pregnancy (Check all that apply)**

Check all boxes that apply. The mother may have more than one risk factor. If the mother has none of the risk factors, check "none of the above."

**Item 32. Infections Present and/or Treated During This Pregnancy (Check all that apply)**

Check all boxes that apply. The mother may have more than one infection. If the mother has none of the infections, check "none listed."

**Item 33. Method of Delivery**

Complete every section: A, B, C, and D. Check the appropriate box in each section.

**Item 34. Maternal Morbidity (Complications associated with labor and delivery)**

Check all boxes that apply. If the mother has none of the complications, check "none of the above."

**Item 35. Characteristics of Labor and Delivery (Check all that apply)**

Check all characteristics that apply. If none of the characteristics of labor and delivery apply, check "none of the above."

**Item 36. Was Mother Transferred for Maternal, Medical, or Fetal Indications for Delivery?**

If not, check "No." If yes, enter name of the facility mother was transferred from.

**Item 37. Mother's Weight at Delivery**

Enter the mother's weight at the time of delivery. Use pounds only. If the mother's delivery weight is unknown, enter "unknown."

**Item 38. Principal Source of Payment for this Delivery**

Check appropriate box. If "Other," specify principal source.

**Item 39. Onset of Labor (Check all that apply)**

Check all that apply (prolonged labor and precipitous labor should not both be checked). If none apply, check "none of the above."

**Item 40. Newborn Medical Record Number**

Enter the facility's medical record number for the newborn infant.

**Item 41. Newborn Hearing and Screening Number**

Enter the newborn hearing and screening number.

**Item 42. Birthweight (grams preferred, specify unit)**

Enter the weight of the infant at birth.

**Item 43. Obstetric Estimate of Gestation**

Enter the best obstetric estimate of the infant's gestation in completed weeks. If it is not known, enter "unknown" in the space. Do not complete this item based solely on the infant's date of birth and the mother's date of last menstrual period.

**Item 44. Apgar Score**

Enter the infant's Apgare score at 5 minutes. If the score at 5 minutes is less than 6, enter the infant's Apgar score at 10 minutes.

**Method of APGAR Scoring**

	<b>Sign</b>	<b>0 points</b>	<b>1 point</b>	<b>2 points</b>
<b>A</b>	Activity (Muscle tone)	limp	limbs flexed	active movement
<b>P</b>	Pulse (heart rate)	absent	<100/min	≥100 /min
<b>G</b>	Grimace (response to smell or foot slap)	absent	grimace	cough or sneeze (nose) cry and withdrawal of foot (foot slap)
<b>A</b>	Appearance (color)	blue	body pink extremities blue	pink all over
<b>R</b>	Respiration (breathing)	absent	irregular weak crying	good strong cry

The total APGAR score is the sum of the scores for the five signs.

**Item 45. Plurality – Single, Twin, Triplet, etc.**

Enter the number of fetuses delivered in this pregnancy.

**Item 46. If Not Single Birth – Born First, Second, Third, etc.**

If this is a single birth, leave this item blank. Include all live births and fetal deaths from this pregnancy.

**Item 47. Was Infant Transferred Within 24 Hours of Delivery?**

Check "yes" if the infant was transferred from this facility to another within 24 hours of delivery. Enter the name of the facility to which the infant was transferred. If the name of the facility is not known, enter "unknown." If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.

**Item 48. Is Infant Living at Time of Report?**

Check “yes” if the infant is living and/or has already been discharged to home care. Check “no” if it is known that the infant had died. If the infant was transferred and the status is known, indicate the known status. Otherwise, check “infant transferred, status unknown.”

**Item 49. Is Infant Being Breastfed at Discharge?**

Check the appropriate box.

**Item 50. Abnormal Conditions of the Newborn (Check all that apply)**

Check all boxes that apply. If none of the conditions apply, check “none of the above.”

**Item 51. Congenital Anomalies of the Newborn (Check all that apply)**

Check all boxes that apply. If none of the anomalies apply, check “none of the anomalies listed above.”