



Matters of Record

News from the Center for Health Statistics Concerning the Oregon Birth Certificate

Issue: April 2011

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Reporting mother's date of last menses

Date of last menses is an important birth statistic for tracking information about Oregon infants. Often referred to as Last Menstrual Period or LMP, this is the date the mother's most recent menstruation began before the baby's birth. Comparing it to the date of birth often provides a reliable estimate of the infant's gestational age. This information is used by the Center for Health Statistics, and the National Center for Health Statistics to monitor neonatal health and development. This is doubly true of premature infants, which are identified by their estimated gestation. It is therefore essential that this date be provided as accurately as possible.

Do not approximate this date, either by using an obstetric wheel or other calculation methods. Back-calculating can greatly misrepresent gestation by making it appear every infant has a gestation of 40 weeks. There are only two ways to determine a mother's date of last menses:

1. From the mother's medical chart
2. As reported by the parent(s) on the birth worksheet

Our system is equipped to handle unknown dates if the information provided is incomplete. Simply enter nines for any unknown portion of the date. For example, if the month is known, but not the exact day, enter the month, two nines, and the year into the field, or 01992011 for January of 2011. If the date is completely unknown, fill the entire field with nines.

The date of LMP reported by the mother may not always give a gestation period that matches up with the attendant's estimated gestation. This is possible because there are often medical explanations for a mother's period being irregular – a medical history of missed periods, recent nursing of another

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Date of last menses (Continued from page 1)

infant, drug use, etc. If you leave a confidential medical comment in the system with the details, our statistics team will note this and factor it into their reports.

If the date of last menses was five months or less prior to the birth, or twelve months or more prior, please leave a comment

Mother's and father's birthplace

This item provides information on recent immigrant groups and is used to compare the childbearing of women born in the United States with that of foreign-born women. It will also be used in future years by genealogists when tracing family histories. It is a required field on the birth certificate and used both in Oregon and by the National Center for Health Statistics.

Parents born in the United States

For parents born in the United States, enter the name of the State in the state field. The country defaults to *United States* so no entry is needed if the parent was born in the U.S. but if the state is unknown, enter *Unknown* for state. It should be rare that the parent doesn't report their state of birth.

Parents born in a United States territory

If the parent was born in a territory of the United States, enter the name of the territory as the state and leave United States as the country. U.S. territories include Guam, (U.S.) Virgin Islands, Puerto Rico, American Samoa and Northern Marianas.

Parents born in Canada

If the parent was born in Canada, enter the name of the province as the state and Canada as the country.

Parents born in any other foreign country

If the parent was born in any other foreign

confirming that the date is correct as entered. We follow up with certifiers on all cases outside this range without a comment ("Matters of Record", Summer 2010).

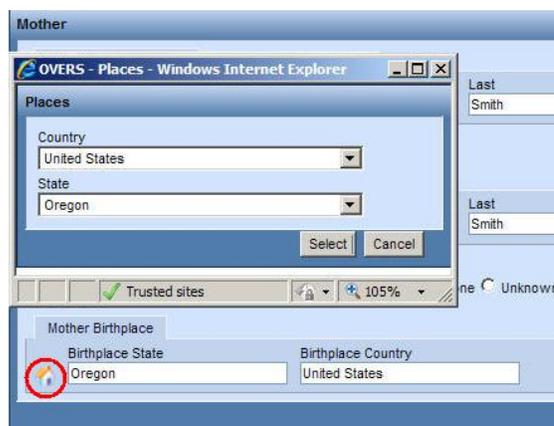
Thank you for your work on this important subject. If you have any questions about reporting, please contact Carolyn Hogg at Carolyn.Hogg@state.or.us or by phone at 971-673-1162. ❖

country, **leave the state blank** and enter the name of the country. For countries other than the United States and Canada, the state will not print on certified copies of the birth certificate even if entered in the record. Births that occur overseas on a U.S. military base are considered to be in the country where the base is located.

If the mother/father was born outside of the United States but the country is unknown, enter *Unknown* in the birthplace country field. **DO NOT** leave this field blank.

Use the house icon 🏠

As an alternative to typing the place of birth, you can click on the house icon 🏠 directly to the left of the birthplace state field to select the country and state. This feature lists all the accepted values for states, provinces and territories. You can also click on the icon if you get an edit rule failure to check the spelling. ❖



Cesarean delivery and trial of labor

Over the past few months, there has been some confusion about how to answer the question “Was Trial of Labor Attempted...” when the final route of delivery was by Cesarean section (C-section). We want to help clarify how to answer this question.

The full question on the OVERS screen is “If Cesarean, was a Trial of Labor Attempted?” This is only available if the answer to “Final Route and Method of Delivery” is *Cesarean*. There are four possible answers: *Yes*; *No*; *Unknown*; and *Not Applicable*, but only *Yes* and *No* are acceptable answers in all but the rarest of cases.

Yes – when a woman goes into labor with the plan to deliver vaginally

No – when a woman has an elective cesarean section

If only *Yes* and *No* are acceptable, why have these other two choices?

If *Cesarean* is chosen, *Not Applicable* should **never** be selected. Due to limitations in the OVERS system, *Not Applicable* remains in the answer field when *Cesarean* is chosen. This is because most Oregon mothers give birth vaginally, and this field fills automatically in the background, even though *Cesarean* is not chosen.

Unknown is only used in the most extreme cases where it is known that a C-section was performed, but it is unknown if a trial-of-labor was attempted.



In the past, a woman who had one baby by C-section delivery would have a C-section for all subsequent deliveries. Today, women who have had a previous C-section can plan to go into labor (trial of labor) and have a vaginal birth after C-section (VBAC), though many doctors and hospitals still do not offer VBAC. Since it is useful to examine separately women having a first-time (primary) cesarean delivery and those

having repeat cesarean deliveries, the Center for Health Statistics (CHS) tracks both. It is also important we know if the mother attempted labor when the final route of delivery was by C-section. These data are reported to the National Center for Health Statistics (NCHS) and when *Not Applicable* is chosen, error messages are triggered. To correct these errors, we must contact you to determine the correct answer. Oregon’s CHS staff must then correct these errors, and re-send the data to NCHS.

By clarifying the acceptable answers to the question of attempted trial of labor, we hope to alleviate additional work for birth clerks and CHS staff. ❖

Fetal death worksheets

Recently, we have completed two separate worksheets, with instructions, to help you complete fetal death reports. One worksheet is for the hospital facility. The other worksheet is for parents.

We understand that this is a difficult time for parents and completing a fetal death worksheet may not be possible for parents to do at such a time. Therefore, we have made certain that the facility worksheet contains all necessary sections required to be completed, including the parent's section. This means, in

High risk infant follow up

The Center for Health Statistics (CHS) contacts birth clerks for confirmation and follow up information on births that are identified as high risk. A high risk infant refers to a child born at greater risk for health problems or death as identified by specific factors in the birth record. These factors are: if their weight is less than 750 grams, their APGAR scores are less than three, they are born with anencephaly, or the clinical estimate of gestational age is less than 32 weeks. Any one of these factors indicates a child who is at high risk and puts the record into a queue for follow-up.

The Center for Health Statistics must follow up on every high risk infant for several important reasons. The infant death rate is one of the most important indicators for the overall health of a community and low birth weight and APGAR scores are two major predictors of infant death. The infant death rate is the number of infant deaths compared to number of live

The infant death rate is one of the most important indicators for the overall health of a community...

situations where parents are unable to fully complete the worksheet, the facility worksheet will contain all the sections necessary for you to complete the report.

We hope these worksheets will be helpful and supportive to you. If you have any questions, please contact us or follow the link below.

<http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Pages/InstructionsFetalDeath.aspx> ❖

births. There are very few infant deaths, so the counts being off by just a few can greatly affect the overall rate for a given year or community.

Besides the infant death rate, information from the high risk infant data can be used for broad-based public health purposes. These include analyzing the effectiveness of programs and services, determining potential needs among groups, and obtaining resources for program development. This data helps measure health trends and is reported in the Oregon Vital Statistics Annual Report. High risk infant data is only beneficial if the follow-up letters are returned with complete and accurate information.

Another important reason for this follow-up is to prevent fraud. For every death of someone born in Oregon, CHS matches the birth and death certificates, and marks the birth certificate as deceased in the Electronic Birth Registration System. Infants who have not been reported accurately are a vulnerable group for potential fraud. This prevents anyone from obtaining these birth certificates to create a false identity.

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High risk follow up (Continued from page 4)

Once a high risk child is identified, CHS requests additional information from the birth clerks by faxing or mailing a letter containing the following questions:

- Are the Birth weight, APGAR Scores, Gestational Age, and Anencephalic status correct as shown?
- Is the baby still in the hospital?
- If the baby is no longer at the hospital, was the baby released alive?
- Was the baby transferred to another facility? (CHS must follow up with the facility where the child was transferred to

find out how the child left their facility.)

- If the baby is no longer living, what is the date of death, and to whom was the body released?

For the reasons above, a prompt response with complete information benefits the family, local community and Oregon as a whole. Thank you to all the birth clerks for their help in returning these forms quickly and accurately.

For further assistance or questions, contact Carolyn Hogg at 971-673-1162 or Megan Welter at 971-673-1158. ❖

New Spanish Voluntary Acknowledgment of Paternity form

To make the completion and filing of Voluntary Acknowledgment of Paternity (AOP) forms easier for Spanish speaking parents, we have created a Spanish AOP form that can be witnessed at the hospital and filed. The English titles will insure that an English-speaking partner or witness signs the form correctly.

We shipped out a small supply of the Spanish forms to each hospital. To order an additional supply, please fax in an order form and request form 45-31S (see web

page at: <http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Documents/45-43.pdf>). This is the same form number used formerly for the AOP Spanish instruction sheet. The form marked as instructional can not be accepted. Please destroy all Spanish instructional forms.

Only a hospital witnessed form is available in Spanish. We are revising the paternity forms and will include a Spanish version of the affidavit AOP (45-21) at that time. ❖

One of our most talked about articles...

The "Mother's Marital Status and Paternity Signed" article, introduced in our Summer 2010 newsletter, was one of our most talked about newsletter articles. Since the article appeared we have recognized that birth clerks have a better understanding of this two-part question and how to answer it. The Registration Unit staff at the State is thrilled because they have seen a dramatic reduction in errors. Thank you for your part in decreasing these errors.

Now that it has been over six months since that printing, we thought it would be a good idea to print it again as a reminder of how to correctly answer this two-part question. Although errors have significantly decreased, they are still being made. We hope the re-printing of this article will further help with decreasing and even eliminating the errors. Thanks for all you do. Here is the article again. ❖

Mother's marital status and paternity signed

Over the last few months, it has come to our attention that there is some confusion with how to answer the question “Was



Mother Married...”. So, we want to clarify how to answer this question and its accompanying question on paternity. The full question on the EBRs birth certificate is “Was Mother Married at Conception, at Birth or Within 300 Days of Birth?” There are four optional answers = *Yes*, *No*, *Oregon Registered Domestic Partnership*, or *Unknown*. One of these options **must** be selected as an answer for this question.

In addition, the accompanying question on paternity must be answered from the dropdown-box. The “Paternity” question is “Has Acknowledgement of Paternity Been Signed in the Hospital?” The drop-down-box

Staff turnover? Let us know

Are new staff members joining your team? Are staff members leaving your team? If so, it is important to notify the OVERS team in a timely fashion. It is especially important to end OVERS accounts for former employees because until you do, the former employee will still have access to your facilities’ confidential birth records and could *potentially sign false records*.

When an employee is leaving your facility, you can notify the OVERS team to close the employee’s OVERS account by calling, emailing or faxing the Center for Health Statistics.

has three optional answers for the question = *Yes*, *No*, or *Not Applicable*. *Not Applicable* is the default since most Oregon mothers are married at the time of the child’s birth and no paternity acknowledgement is required. *Not Applicable* is an answer only if the answer to “Was Mother Married” is *Yes* or *Oregon Registered Domestic Partnership*. If the answer to “Mother Married...” is *No* then the “Paternity” question must be answered either *Yes* or *No*.

When the response to the “Paternity” question does not match the marital status of the mother, error message(s) are triggered in reports sent from our National Center for Health Statistics (NCHS). In response, the Registration Unit staff at the State must correct these errors and re-send the corrected records to NCHS. In order to correct these errors we must contact you, our Birth Clerk-partners, to learn the correct answer found on the mother’s record.

We hope that by clarifying how to answer the question, we will alleviate additional work for you and for our staff. ❖

When a birth clerk needs access to OVERS, request an OVERS enrollment form from the OVERS team by faxing, emailing, or calling the Center for Health Statistics. You can also obtain an enrollment form from the Center for Health Statistics website: <http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/overs/Pages/NewUsers.aspx>

Contacting the Center for Health Statistics - To contact the OVERS team, you can fax forms to Lynda Jackson at 971.673.1201, or you can email forms and letters to chs.forms@state.or.us. You can also call the OVERS helpdesk if you have questions at 971.673.0279. ❖

Wanted—Newsletter topics

Have a question or idea for a future newsletter article? Contact Judy Shioishi at 971-673-1166 or Judy.Shioishi@state.or.us. Judy collects ideas for articles and then shares them with the writing team.

Thank you to the editor and writers who contributed to this newsletter:
Carolyn Hogg, James Burke, Sarah Hargand, Cynthia Roeser, Megan Welter, Tom Peterson, Karen Hampton, Karen Cooper, Kara Rosenthal, JoAnn Jackson, Debbie Gott, Lynda Jackson.

Have a question? Try asking one of the helpful CHS staff listed below.

Frequent Contacts

Field Liaison Judy Shioishi 971-673-1166	Delayed Filings Becki Buskirk 971-673-1147
Paternities Debbie Gott 971-673-1155	Filiations Tony Bojanowski 971-673-1143
Birth Corrections <1 year, Amanda Vega 971-673-1169	Adoptions Debbie Draghia 971-673-1152
1+year, Johanna Collins 971-673-1137	OVERS Helpdesk 971-673-0279
Death Corrections Patty Thompson 971-673-1163	

CHS Managers

State Registrar Jennifer Woodward 971-673-1185	OVERS Manager Karen Hampton 971-673-1191
Amendments/Certification Carol Sanders 971-673-1178	Data Processing Cynthia Roeser 971-673-0478
Statistics Manager Joyce Grant-Worley 971-673-1156	Certification Supervisor Karen Rangan 971-673-1182
Registration Manager JoAnn Jackson 971-673-1160	

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