

Matters of Record



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

Issue: October 2011

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Archived articles

New voluntary acknowledgment of paternity

New voluntary acknowledgment of paternity forms in both English and Spanish are now available. If you need to order a supply, print a forms request from the Oregon Center for Health Statistics Registration web page and fax to 971-673-1201. <http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Documents/45-43.pdf>

New features

- The new forms are standard 8 1/2" by 11" sheets rather than legal size.
- The first page of the new forms is instructions and the section headings on the forms are more clear.
- A box has been provided for the OVERS record case number on the hospital acknowledgment (45-31) form in both the English and Spanish version. Please enter the OVERS case number in the designated box and do not write in the margins of the new form.
- The Spanish instruction sheet for the out of facility affidavit that requires a notary (45-21) has been replaced by a Spanish affidavit form that can be filed (45-21S).

Do not forget

- Old acknowledgment forms (45-31) and affidavits (45-21) dated 01/08 and after are still acceptable for filing. Look for the date in the bottom right corner of the form, next to the form number.

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New paternity forms (Continued from page 1)

- Acknowledgment forms and affidavits with dates prior to 01/08 will be rejected because they do not meet legal requirements.
- The electronic version of the acknowledgment form (45-31) available in OVERS will print in the format dated 01/08 on legal sized paper and is still acceptable for filing.
- You will need to destroy old Spanish

instruction sheets once you have new Spanish (45-21S) affidavit forms.

Instructions for using the new forms and updated filing procedures are available on the web <http://public.health.oregon.gov/BirthDeathCertificates/ChangeVitalRecords/Pages/InstructionsPaternity.aspx>

If you have additional questions, please email Debbie Gott at Debora.l.gott@state.or.us or call her at 971-673-1155. ❖

New law gathers additional information

The 2011 Oregon legislature passed House Bill 2380 that requires the Center for Health Statistics to gather new information for the birth certificates. House Bill 2380 applies to both live births and fetal deaths. We must get information on whether the birth was planned to occur in a freestanding birthing center or a private home for every hospital birth. If the birth was planned to occur outside a hospital, the planned attendant is also collected by title only.

Two questions are being added to OVERS to collect this information.

- Did mother go into labor planning to deliver at home or at a freestanding birthing center?
- (If yes) the planned primary attendant type at onset of labor was (select from list of attendant types).

When is the information required?

Every mother who delivers in the hospital must be asked if she planned to deliver at a private home or a freestanding birthing center at the time she went into labor.

If no, mother did not go into labor

planning to deliver at home or a freestanding birthing center: answer first question no, and the planned primary attendant type is not collected.

If yes, mother did go into labor planning to deliver at home or a freestanding birthing center:

answer first question yes, and the planned primary attendant type is collected.

If the mother planned to deliver at home or a freestanding birthing center earlier in the pregnancy but changed her mind prior to going into labor:

the answer to the first question is no and the planned primary attendant type is not collected.

This information is not collected for any births that occurred at a private residence or a freestanding birthing center.

How is the information collected?

The mother's worksheet and OVERS are being updated effective January 1, 2012, to collect this information. Paper birth records

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are not being updated since those forms are used only for out of facility births and the

information is not required for births occurring outside of a hospital or medical facility. ❖

The screenshot shows a web-based form titled "Mother's Health". The form contains several sections:

- Did Mother get WIC food for herself during this pregnancy?** (Dropdown menu)
- Height (feet/inches)** (Two input boxes)
- Mother Pre-pregnancy Weight (pounds)** (Input box)
- Mother Weight at Delivery (pounds)** (Input box)
- Cigarette smoking per day before and/or during pregnancy** (Section header)
- Tobacco use during this pregnancy** (Dropdown menu)
- Three months before pregnancy** (Checkbox and dropdown)
- First three months of pregnancy** (Checkbox and dropdown)
- Second three months of pregnancy** (Checkbox and dropdown)
- Last Trimester of Pregnancy** (Checkbox and dropdown)
- Alcohol Usage** (Section header)
- Alcohol use during this pregnancy** (Dropdown menu)
- Average number of drinks per week** (Input box)
- Did mother go into labor planning to deliver at home or at a freestanding birthing center?** (Dropdown menu, set to "Yes")
- If yes, the planned primary attendant type at onset of labor was:** (Dropdown menu, set to "Licensed Direct Entry Midwife")

 A red circle highlights the last two fields. At the bottom of the form are buttons for "Validate Page", "Next", "Clear", "Save", and "Return".

Accurate titles for birth attendants needed

The new law mentioned above increases the need for accurate titles for birth attendants in the birth record and minimal use of the 'Other' categories. This is true for both the actual birth attendant and the planned birth attendant when mother goes into labor planning to deliver at a freestanding birthing facility or at a private home.

For the actual birth attendant, the easiest way to have correct and consistent title is to use the look up table in OVERS. To do so, click on the magnifying glass appearing next

to the "Attendant at Birth" tab, type in last name, click on Search, and select from the resulting list. The attendant title will auto fill. We are asking that the title be completed by hand only if the birth attendant is Other (medical or non-medical) such as EMT, father of the baby, or some other one time only entry.

If the mother planned to have the birth somewhere other than in a hospital when she went into labor and isn't sure of the

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attendant title, you can use the “Attendant at Birth” search function to find the planned attendant title in OVERS. If you do so, you must determine the license type either by looking at the license format in the results or by selecting the attendant, noting the license title, and then replacing the entry with the correct attendant at birth. We know this is a cumbersome process but we expect it to be needed infrequently (when mother started labor planning to deliver outside the facility and does not know the license title of the planned birth attendant).

Making attendants available in the system

In recognition of the importance of this information, the Center for Health Statistics (CHS) will expedite entering birth attendants in the Oregon Vital Events Registration System (OVERS) so that attendants will be available to select from the system. Several birth clerks have suggested we create a form for reporting new birth attendants at their hospitals. You should have received that form by email. It is also available on line at <http://public.health.oregon.gov/BirthDeathCertificates/>

Apgar scores

Apgar scores, used to evaluate infants at periodic intervals immediately after birth, are based on a zero to ten rating of health indicators, such as heart rate, breathing, reflex response, muscle tone, and color. Low scores may be a sign of birth complications or poor infant health, while a score of ten is optimal. Newborn infants’ Apgar scores

RegisterVitalRecords/overs/Pages/

Tutorials.aspx. Use of the form is optional; sending an email with the information is still acceptable. Emails should be sent to Karen.E.Cooper@state.or.us for best service.

Acceptable titles for birth attendants

Although there are rare instances where other titles or descriptions may be needed, the standard list of birth attendant titles is:

MD or Doctor of Medicine

DO or Doctor of Osteopathy

ND or Doctor of Naturopathic Medicine

NP or Nurse Practitioner

CNM or Certified Nurse Midwife

RN or Registered Nurse

PA or Physician’s Assistant

LDM or Licensed Direct Entry Midwife

Midwife – this is used only for non-licensed midwives who have registered directly with the Center for Health Statistics

If you have any questions now or in the future regarding the questions that will be added or birth attendant titles, please contact our Registration Manager, JoAnn Jackson at 971-673-1160. ❖

provide a simple, consistent way to assess health, identify high risk infants, and provide a broad picture of neonatal fitness. For this reason, the Oregon Center for Health Statistics (CHS) in partnership with the National Center for Health Statistics (NCHS) collects the five-minute Apgar score for all

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Apgar scores (Continued from page 4)

infants born in Oregon, as well as the ten-minute score for higher risk infants, such as those infants with a five-minute score below a certain threshold. NCHS in turn gathers these scores from all states in order to track infant health across the country.

Many hospitals also record a one-minute score, which measures how well the infant tolerated the birthing process, and is frequently much lower than the five-minute score. Since the five-minute score provides a better snapshot of the baby's long-term health, the Oregon Vital Events Registration System (OVERS) for birth is set up to collect five- and ten-minute scores only.

When you or one of your staff enter information from the infant's chart into the OVERS birth system, take care not to enter

the infant's one- and five-minute scores instead of the five- and ten-minute scores. This usually results in an abnormally low five-minute score and a very high ten-minute score, which is a rare occurrence otherwise.

A five-minute Apgar score of two or lower automatically places the infant on our list of High Risk Infants here at CHS. Our registration staff then follows up with a letter to your facility to confirm that the baby survived. If the infant is not actually high risk, this creates unnecessary work for you and CHS staff.

Please ensure that all birth clerks in your office are mindful of this matter as they enter births into our system, and thank you for your assistance. If you have any questions, please contact Cynthia Roeser at 971-673-0478. ❖

Birth worksheets should not be shared

Birth worksheets are a very useful tool for facilities or for birth attendants who certify births outside of a facility setting. They can help to gather information from the medical record and/or from parents. The parent worksheet is available in both English and Spanish and the facility worksheet is available in English. Both worksheets are located on our web page at: <http://public.health.oregon.gov/BIRTHDEATHCERTIFICATES/REGISTERVITALRECORDS/Pages/InstructionsBirth.aspx>. Although not required, the worksheets are helpful because they include all of the information required

for the birth certificate.

Legally only vital records offices may issue birth certificates. To prevent worksheets from being released they must be stored separately from the mother's medical record. As they are not official records of birth, they are never to be given to family members. This will prevent their misuse in lieu of the certified birth record. In addition, by law, the mother's medical information, cannot be released. Worksheets are retained for a minimum of one year and a maximum of two years and then should be shredded.

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If you have questions regarding the handling of birth worksheets, please call our

Registration Manager JoAnn Jackson at 971-673-1160. ❖

Birth, an economic decision?

You may have noticed most birth newsletter articles focus on either how things are done or the importance of gathering accurate data. This month we are bringing you something a little different. To highlight the work you do, we decided to show you how the data you collect is used, and the kind of research that grows out of it.

Recently the National Center for Health Statistics (NCHS) released a report describing declining fertility rates, which are the number of live births to mothers age 15 to

44, per the number of women in the population of the same age. The NCHS report used information gathered by birth clerks across the country to compute both national and state fertility rates. To see how the data you collected was used and how Oregon’s fertility rate declined compared to other states, see the map below or visit: <http://www.cdc.gov/nchs/data/databriefs/db60.htm>. According to the map below, the 2007 to 2009 decline in Oregon’s fertility rate was between five and nine percent.

Figure 5. Percent change in fertility rates by state: United States, 2007 and 2009

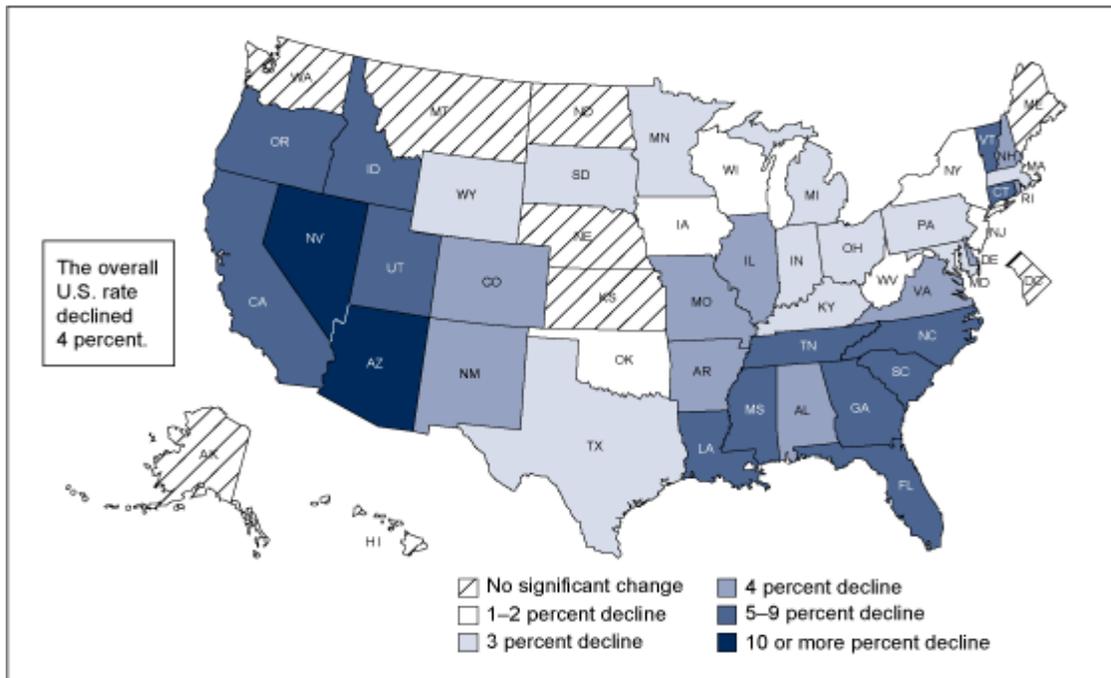


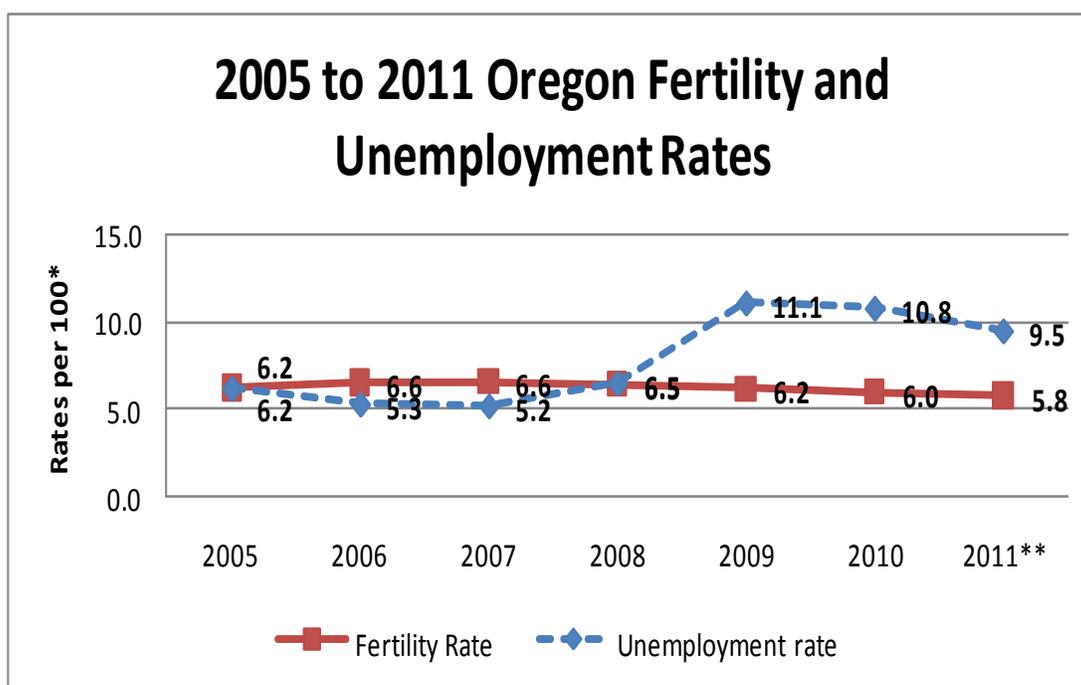
Figure: Sutton PD, Hamilton, BE, Mathews TJ. Recent Decline in Births in the United States, 2007—2009. National vital Statistics reports; no 60. Hyattsville, MD: National Center for Health Statistics, 2011.

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The NCHS report prompted a call to the Oregon Center for Health Statistics from a local newspaper. The questions were, “Why have Oregon births declined?”, and “Is it because of the economic recession?” In response to the newspaper’s request, we provided them with data from birth certificates that is collected and entered by birth clerks.

What is happening in Oregon?

The graph below presents a side-by-side comparison between Oregon’s unemployment and fertility rates. The Oregon fertility rate decreased 12 percent between 2007 and 2011 from 6.6 to 5.8 births per 100 women age 15 to 44.



*Unemployment rates are per 100 employed and job seeking workers.

**2011 Unemployment and fertility rates are for Jan through June.

According to the Federal Bureau of Labor Statistics (BLS), the recession officially began in December 2007, but unemployment rates did not begin increasing until mid-2008 (for more information visit: <http://data.bls.gov/timeseries/LASST41000003>.)

Recessions may contribute to short term economic behaviors, such as eating in or dining out. Statistics from BLS show a 7.2% decrease in dining out between 2008 and 2010. What about more long term decisions, such as whether or not to have a child?

We cannot say for certain whether or not the recession is leading to a drop in fertility. Economics are just one of many factors women and their partners must weigh in their fertility decisions. We are unable to draw any conclusions from three years (2009 to 2011) of falling fertility rates; researchers may know more after a few more years of data collection and in depth analysis. Without your hard work of accurately gathering data, we could not even attempt to

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do this kind of analysis.

The media is not the only source of information requests. We also provide the birth certificate data you collect to universities, Oregon counties, public health agencies, and other outside researchers. The

Timeliness of filing birth records & AOPs

In a recent two-week period, our Registration Unit at the Center for Health Statistics (CHS) received 24 Voluntary Acknowledgement of Paternities (AOPs) from a total of five hospitals. However, the hospital in each case had not filed a record of birth for any of the AOPs. Eventually the hospitals did record the birth records in the Oregon Vital Events Registration System (OVERS), but all were entered 8 to 11 days *after* the births.

The Oregon statute stating the timeline to file birth records is ORS 432.206, **Compulsory Registration of Births (1)**. If a birth occurs in Oregon, it shall be filed with the Center for Health Statistics, within five days after the birth. This is true of births occurring in facilities as well as births occurring outside of facilities, as in a home birth. The five day law is especially important to families, because a delay in registering a birth can be an impact on parents and on benefits for the child.

We have reviewed timeliness statewide for all births for the month of June 2011, and learned that there was a wide-range for reporting births with an AOP. The statewide average period between a child's date of birth and the date the record was signed in

information we send to outside organizations is combined in a way to prevent the identification of individuals. We also send birth data to the National Center for Health Statistics where it is included in national fertility rates and research. Thank you again, for making this research possible. ❖

EBRS by a facility was 5.3 days. However, the range was very broad. The range had a low of 1.1 to high of 21.0 days. There were 19 out of 52 facilities that exceeded five days.

We also noted that the statewide average time period between a child's date of birth and the date the record was signed without an AOP was 4.9 days. However, this range was even broader than records with AOPs. This range had a low of 1.0 to a high of 41.5 days. And, there were 22 out of 60 facilities that exceeded five days.

When an AOP is submitted to the State, you must also enter the birth record into OVERS within five days of birth. The AOP is required to be sent to the State within 14 days of the birth. However, the sooner we receive the AOP form, the sooner we are able to register the birth record. Remember, we can only register the record if the birth has been entered into OVERS by you.

If you have any questions regarding the timeliness of filing birth records, you may contact our Registration Manager JoAnn Jackson at 971-673-1160. ❖

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 contributors of this newsletter:

James Burke, Carolyn Hogg, Carol Sanders, JoAnn Jackson, Joyce Grant-Worley, Karen Hampton, Jennifer Woodward, Sarah Hargand, Kerry Lionadh, Ember Talent, Lynda Jackson, Debbie Draghia, Karen Cooper, Bruce Gutelius, Ken Rosenberg.

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

Frequent Contacts

Field Liaison

Judy Shioishi
971-673-1166

Paternities

Debbie Gott
971-673-1155

Birth Corrections

<1 year, Amanda Vega
971-673-1169
1+year, Johanna Collins
971-673-1137

Death Corrections

Patty Thompson
971-673-1163

Delayed Filings

Becki Buskirk
971-673-1147

Filiations

Tony Bojanowski
971-673-1143

Adoptions

Debbie Draghia
971-673-1152

OVERS Helpdesk

971-673-0279

CHS Managers

State Registrar

Jennifer Woodward
971-673-1185

Amendments/Certification Manager

Carol Sanders
971-673-1178

Statistics Manager

Joyce Grant-Worley
971-673-1156

Registration Manager

JoAnn Jackson
971-673-1160

OVERS Manager

Karen Hampton
971-673-1191

Data Processing Supervisor

Cynthia Roeser
971-673-0478

Certification Supervisor

Karen Rangan
971-673-1182

The Center for Health Statistics' office is located at:

800 N.E. Oregon St.,
Suite 225
Portland, OR 97232-2162

Mailing Address: P.O. Box 14050
Portland, OR 97293-0050

Telephone 971-673-1180

Website: <http://public.health.oregon.gov/PHD/ODPE/CHS>

OVERS website: <http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/overs/Pages/index.aspx>

