

# Matters of Record

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

Fall 2006

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Electronic Birth Registration System

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### Questions or Comments?

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### Paternity Establishments Met

**Our thanks to all our partners on helping us meet the 90 percent goal for paternity establishments on births to unmarried mothers.**

As we frequently mention, paternity establishment is important for the child, the parents, the community, and the state. Our federal funds to help families in need (Temporary Assistance for Needy Families or TANF), are tied in part to these goals.

We couldn't do it without you!

### Fetal Deaths and Infant Deaths

There have been several questions recently about when a death certificate is needed for a baby. There is a very important distinction between an infant death and a fetal death. The legal definitions appear at the end of this article. Essentially, a baby who is born alive, even if the baby lives for a few seconds only, must have a birth certificate and a death certificate. This is an example of an infant death. Live born status is determined at the time of birth by medical professionals, based on the legal definition of birth. Both a birth certificate and a death certificate are required by law regardless of the birth weight or gestation of the baby.

Fetal Death Reports – When a fetal death occurs as defined by ORS 432.005(5), a fetal

death report must be completed and filed. If the birth weight of the fetus is 350 grams or more, a fetal death report must be filed. The gestation is used to determine if a report must be filed only if birth weight is unknown. If gestation is 20 weeks or more, a fetal death report must be filed. The report should be sent to either the county vital records office, or to the State office.

If the birth weight is less than 350 grams or birth weight is unknown and gestation is less than 20 weeks, a fetal death report is optional. The birth attendant or medical facility is responsible for filing the fetal death report. [An induced termination of pregnancy is not defined as a fetal death.]

**Transport of the fetus – Regardless of whether a fetal death report is required to be filed, the disposal-transit permit must be completed for any fetus removed from the medical facility.**

The disposal-transit permit is the second sheet of the fetal death report and is used by funeral directors, cemeteries, and crematoriums to document the receipt, transport and final disposition of the fetus.

A burial or cremation tag must also be used for fetal deaths if the fetus is removed from the delivery facility. The facility will need this information from the funeral director to complete the disposal-transit permit.

*Definitions:*

**ORS 432.005 (5) “Fetal death”** means death prior to the complete expulsion or extraction from its mother of a product of

human conception, irrespective of the duration of pregnancy.

**ORS 432.005 (10) “Live birth”** means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, that, 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.

**ORS 432.005 (10) “Induced termination of pregnancy”** means the purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live born infant, and that does not result in a live born infant.

**“Infant death”** is a death that occurs during a child’s first year, measured from a few seconds after birth through the 364<sup>th</sup> day of life.

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## **Pregnancy Records and Reports Tree**

Enclosed with this newsletter is a document that may assist you in tracking the events and reports that are required for the different pregnancy outcomes.

One side shows a “flow chart” of events and required reports; the other side gives more information about each numbered box.

This document appears on our website at: <http://www.oregon.gov/DHS/ph/chs/registration/instructions.shtml>

## Forms

To order additional copies of the most current version of any vital records form, please mail or fax DHS Form 45-43 (1/06) to Linda Reynolds at (971) 673-1201. Call Linda (971) 673-1173 with any questions about availability or the most current version of forms.

When ordering forms, please remember to list your street address, not a P.O. Box. All of our forms are shipped UPS, which requires a street address. If a mailing address is sent, the order will be delayed while we contact you for the appropriate street address.

## Gathering and Recording Hepatitis B Information

*The Immunization Program estimates that each year over 200 infants are born to mothers who have Hepatitis in Oregon. But in 2004, only 164 birth records reported positive Hepatitis B status for the mother. The difference between reported cases and actual cases is very important to every child in that gap. It could be the difference between a child receiving the vaccine early enough to prevent Hepatitis B or living the rest of their lives with a serious disease.*

Hepatitis B is a serious liver disease caused by a virus that remains in the body for decades. Without early treatment, up to 90 percent of infants born to infected mothers will develop Hepatitis B. Between 15 and 25 percent will ultimately die from the ongoing liver damage.

Fortunately, this very serious disease can be prevented with a vaccine if the need is identified early. The vaccine is 85 to 95 percent effective in preventing the infection if given within 24 hours of birth, but the effectiveness decreases with time. Screening the mother and administering the vaccine as needed are essential medical treatments.

The Hepatitis B data isn't part of the birth certificate. It was added to the Electronic Birth Certificate (EBC) program as the fastest, least expensive method of sending the information quickly to the state. The EBC records are loaded into the Immunization Alert Registry. The registry is available to authorized providers throughout the state to help them assess a patient's needs. It is also used by the Immunization Program to remind parents when additional immunizations are needed. Reporting the mother's status and the birth dose in the EBC record is important to ensure an appropriate follow-up.

Thank you for being a resource for obtaining this great life-saving information, because children are our future and we need to protect them.

Call Juventila Liko in the Immunization Program (971-673-0295) if you have any questions or if you need materials about the perinatal Hepatitis B program.

### Did you know

**Oregon Administrative Rule 333-018-0015 requires any health care provider to report Hepatitis B to their local health department within one working day?**

**Reporting on the birth certificate does not substitute for reporting to the local health department .**

## **Frequently Asked Questions about the birth certificate:**

*Q: When should a county NOT register a birth certificate?*

**A:** Here are examples of when a county should send the birth certificate to the State office for registration:

- If the birth took place at home with no physician or registered lay midwife in attendance;
- If the birth was to a surrogate mother, and there is a court order involved;
- If amendments are already necessary in order to issue an accurate record.

*Q: How should drug use or positive status be reported on the birth certificate?*

**A:** Drug use by the mother during the pregnancy should be reported in Item 35(g). [A history of drug use should be reported in Item 33(19).] Both of these items are “Other”, and the particular type of drug use should be specified here. If the baby is positive for drugs, this status (and the drug involved) should be reported in Item 38(9). Federal law requires that Oregon Center for Health Statistics reports this public health information to the National Center for Health Statistics. It is therefore exempt from HIPAA privacy standards and may be disclosed to government agencies.

*Q: What sort of signature can be accepted for Item 11 (Informant)?*

**A:** Usually the informant will be a parent. The notation “/s/” indicates that the mother’s or father’s signature is on file (even if the “signature” is only a mark such as an “X”).

If the informant is someone other than the parent or the birth clerk, state the relationship to the newborn in the Memo field (Item 41).

*Q: How should a child’s name be corrected?*

**A:** When corrections are made to a child’s name and are initiated by the parents, the old name must be lined out, and the new name typed above it. Do not whiteout the name and retype it.

Note: Please remember that a parent can choose any name for a child. The last name may be different from either parent’s last name, or be hyphenated, or be two names separated by a “y”. If the name is too long to fit in the EBC field (15 characters), type the entire name in the Memo field (Item 41).

### **What are the most common first names for babies in the State of Oregon in 2005?\***

The Center for Health Statistics website has listings of baby names in Oregon from 1961 to 2005. You can search for the most common names for boys or girls, or for a list of names beginning with a certain combination of letters. Do you have a patient who’s having trouble picking out a middle name...or finding another name starting with “Rob” to go along with her other children named Robert and Robin?

You can help her out! Go to:

<http://www.dhs.state.or.us/publichealth/chs/babyname/index.cfm>

\* The answer is: Jacob, Ethan, and Andrew for boys; and Emma, Emily, and Madison for girls.

## **Oregon Child Fatality Review Teams**

The State CFR team recommends that local CFR teams review all cases of infant death that are Medical Examiner cases, i.e., deaths that are unattended by a physician.

These might include accidents, homicides, and some natural deaths. Because underlying prenatal conditions may contribute in some way to these deaths, birth certificates should be used to supplement information in case review. Birth certificates may be provided (from either local health departments or from State Vital Records) for cases that meet this definition:

The death occurs in an infant born live through age one, AND

- 1) The death is an accident or a homicide; OR
- 2) The death is a natural death unattended by a physician.

These deaths all fall within the jurisdiction of Medical Examiners for investigation and local teams for case review. If you have questions regarding the case definition, please contact Lisa Millet at: [lisa.m.millet@state.or.us](mailto:lisa.m.millet@state.or.us).

## **New Field Liaison**

Kelly Paige started as the new Field Liaison for Vital Records on November 1, 2005. Kelly has a Master's degree in business administration, and has extensive



experience with the State of Oregon, having worked for public health in Health Care Licensure & Certification, and with the WIC program. Most recently Kelly served as the executive director of the Board of Investigators, which was responsible for licensing and regulating private investigators in the state of Oregon. We are very pleased to have Kelly in this important role.

## **Electronic Birth Registration System (EBRS)**

Here's what we wrote in our newsletter of December, 2003:

*What about the rumor (years ago) that we were switching to a web-based system?*  
*... We plan to develop a system for reporting deaths first, then use that experience to create a web-based births registration system... If things go well, a new birth reporting system could be in place in 2007.*

Things have gone well, but unfortunately not quite that well. We now plan to start a new web-based birth registration system in January 2008. This will allow us to have a complete system in our office, the county offices, and birth hospitals from the start.

Having a full system is particularly important since births will not be sent (as an electronic file) to the county and the state separately. One record will be created in the system and both the county and the state will have immediate access.

We appreciate your patience.