

OVERS User Guide

*Electronic Registration System for
Birth & Fetal Death Records*

This manual is intended as a technical guide for using the *Electronic birth and fetal death registration system*. For definitions and rules for completing the Oregon birth certificate see the companion instructions located at <http://www.oregon.gov/DHS/ph/chs/registration/instructions.shtml>.

Duplication and distribution is permitted.

Facility Edition

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Oregon Department of Human Services
Office of Disease Prevention & Epidemiology,
Public Health Division
Center for Health Statistics

3

Completing a Fetal Death Record

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This chapter aims to explain the data entry process for creating, certifying, and retrieving fetal death reports from **OVERS**. The definitions and rules for properly completing an Oregon fetal death record are addressed in a separate document available on the Center for Health Statistics’ registration website (<http://www.oregon.gov/DHS/ph/chs/registration/instructions.shtml>).

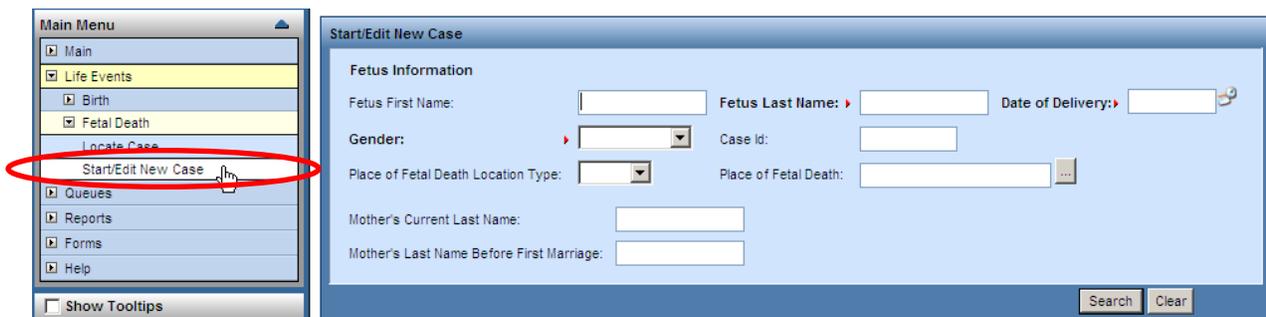
Fetal deaths should only be recorded by a facility birth clerk or Medical Examiner. Midwives must refer all fetal deaths to a Medical Examiner.

For additional instruction or troubleshooting help contact the **Help Desk** during normal business hours (*Monday – Friday, 8 am to 5 pm*) at **(971) 673-0279**. For questions about the definitions and rules for completing the Oregon Fetal Death Report, contact the Center for Health Statistics, Registration department at **(971) 673-1160**.

Start a New Record

To start a new record for a fetal death event or to find an existing record, access the fetal death events submenu by clicking **Life Events** on the **Main Menu** sidebar. Once the Life Events link has been selected, the **Main** submenu will collapse and the **Life Events** submenu will expand.

To start a fetal death record, select **Fetal Death** from the **Life Events** submenu. The menu path is **Main Menu > Life Events > Fetal Death**.



To start a new fetal death record, select **Life Events > Fetal Death > Start/Edit New Case** from the **Main Menu**. This will bring up the **Start/Edit New Case** page.

Although **Start/Edit New Case** can also be used to find existing, partially complete records it is not recommended as a search tool (the **Locate Case** search tool is a better method for searching for an existing record).

Required Entries

The first step in entering a new record is to perform a search. This helps to minimize the creation of duplicate records. For fetal death records, notice that **Fetus Last Name**, **Date of Delivery**, and **Gender** are marked with red arrows (▶). Fields with a red arrow next to them are **required entries** and must be completed before you will be allowed to start a new case.

Note: Before you will be allowed to create a new fetal death record you must first search for an existing record. This is to prevent the creation of duplicate records.

Once you have completed the required items, click the **Search** button to proceed or the **Clear** button to clear all entries and start over.

Main Menu

- Main
- Life Events
 - Birth
 - Fetal Death
- Locate Case
- Start/Edit New Case
- Queues
- Reports
- Forms
- Help

Show Tooltips

Start/Edit New Case

Fetus Information

Fetus First Name: Fetus Last Name: Date of Delivery:

Gender: Case Id:

Place of Fetal Death Location Type: Place of Fetal Death:

Mother's Current Last Name:

Mother's Last Name Before First Marriage:

If no potential duplicate records are found, you can begin a new record by clicking the **Start New Case** button or you can begin a new search, by clicking the **New Search** button.

Results

There are no cases that match the criteria you have entered.
If this is a new case, select the Start New Case button or select the New Search button to perform a new search.

If no matching records were found, click the "Start New Case" button to create a new file.

To begin a new search with new criteria, click the "New Search" button.

If a matching event was found, click the [Preview](#) link to verify if it is a potential duplicate. If the record is a match, click on the underlined link in the **Fetus Name** column or the [Select](#) link to open and complete the record.

Results

Case Id	Fetus Name	Date of Delivery	Gender	Place of Fetal Death	State File Number
94899	Thompson,	AUG-27-2008	Male	Multnomah	Preview

Total records : 1

For our purposes, we are selecting **Start New Case**. The **Main Menu** will collapse and the **Fetal Death Registration Menu** will open, displaying the **Fetus** page:

Main Menu collapses, Fetal Death Registration Menu expands.

94899 :Thompson AUG-27-2008

Fetus

Fetus Name

First Middle Other Middle Last Suffix

Thompson

Date of Delivery Time of Delivery Gender

AUG-27-2008 02:12 Military Male

Method of disposition Other Specify

Hospital Disposition

Funeral Home

Facility Name

Address

Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apartment Number

City or Town State Country Zip Code

Validate Page Next Clear Save Return

Locate an Existing Record

There are two ways to locate records in the **OVERS** application using the menu sidebar: **Locate Case** and **Start/Edit New Case**.

Locate Case is used to locate records that have been started by or are “owned” by the user or facility currently using the application. A facility becomes the owner of a record if a user at that facility started the case or assumed ownership from another facility.

Although **Start/Edit New Case** can also be used to find existing, partially complete records it is not recommended as a search tool. Start/Edit New Case is best used to start a new case or to pick up a case that is not owned by another facility.

NOTE: The Locate Case option is the more flexible search tool if not all required criteria are known.

Fetal Death Registration

The **Fetal Death Registration Menu** provides links to a series of pages that are used for gathering all the information needed to register a new fetal death record. The pages that comprise the **Fetal Death Registration Menu** are grouped into sub-menus.

Personal Information

The first sub-menu, **Personal Information**, contains the pages necessary to gather personal, legal information about the fetal death and parents.

Fetus Page

The first page in the **Personal Information** sub-menu is the **Fetus** page. The first step in completing this page is to complete the **Fetus Name** tab.

Note: Each name field allows up to 50 characters. More than one name can be entered into any of the name fields by either separating the two names with a space or with a hyphen.

Date of Delivery is marked with a red arrow (▶), indicating that this is a required item.

Enter the date manually or use the Calendar icon (📅) to launch the Calendar Control. (See Chapter 1, [Basic Navigation](#) for details on using a calendar control.)

Note: If the actual date of delivery of the fetus is not known, enter the date the fetus was found as the date of delivery.

Time of Delivery consists of 3 controls: 2 number entry boxes and one **AM/Military/PM** dropdown list. In the first number entry box enter the 2-digit hour. For example, if the fetal death occurred at 6:30 am, enter '06' in the first number box.



In the second number entry box enter the 2 digit minute at which delivery occurred. If the delivery occurred at 6:30 am, enter '30' in the 2nd number box. To complete the **Time of Delivery** entry, make a valid selection from the **AM/Military/PM** dropdown list.

Gender – make a selection from the dropdown list.

Method of Disposition - Make a selection from the dropdown list. If final disposition is unknown, select **Unknown**. If **Other** is selected from the dropdown list, then a corresponding entry must be keyed into the **Other Specify** text entry control. If **Burial** is selected, then the Funeral Home Facility Name must be entered.

Funeral Home Facility Name –To enter a funeral home facility name, click on the **Magnifying Glass** () control to search.

The screenshot shows the 'Funeral Home' section of a form. It has a 'Facility Name' text box with a magnifying glass icon to its right. Below it is an 'Address' section with several input fields: 'Street Number', 'Pre Directional' (dropdown), 'Street Name or PO Box, Rural Route, etc.', 'Street Designator' (dropdown), 'Post Directional' (dropdown), 'Apartment Number', 'City or Town', 'State', 'Country', and 'Zip Code'. At the bottom of the form are buttons for 'Validate Page', 'Next', 'Clear', 'Save', and 'Return'.

In the web page dialog window that appears, enter all or part of the Funeral home name. If entering only part of the name, use the wildcard (%) at the end of the entry. Click the **Search** link. The search results will appear. Click the **select** button next to the appropriate facility.

The screenshot shows a 'Web Page Dialog' window. At the top, there is a 'Place Name' text box containing 'Aff%' and a 'Search' button. Below the search box is a table with two rows of search results. The first row is for 'Affordable Burial and Cremation Company' at '505 NE 1st Street' in 'Newport', with a 'select' button. The second row is for 'Affordable Funeral Alternatives' at '135 NW 1st Avenue' in 'Gresham', also with a 'select' button. At the bottom right of the table area, it says 'Total records : 2'. A 'Cancel' button is at the bottom right of the dialog.

Primary Name	Address	City	
Affordable Burial and Cremation Company	505 NE 1st Street	Newport	select
Affordable Funeral Alternatives	135 NW 1st Avenue	Gresham	select

The **Funeral Home** section is auto-filled with the user's office location.

To delete the entry click on the Eraser control ().

Click the **Next** button to save and proceed to the **Mother** page, **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will save the entries and check the entire record for errors.

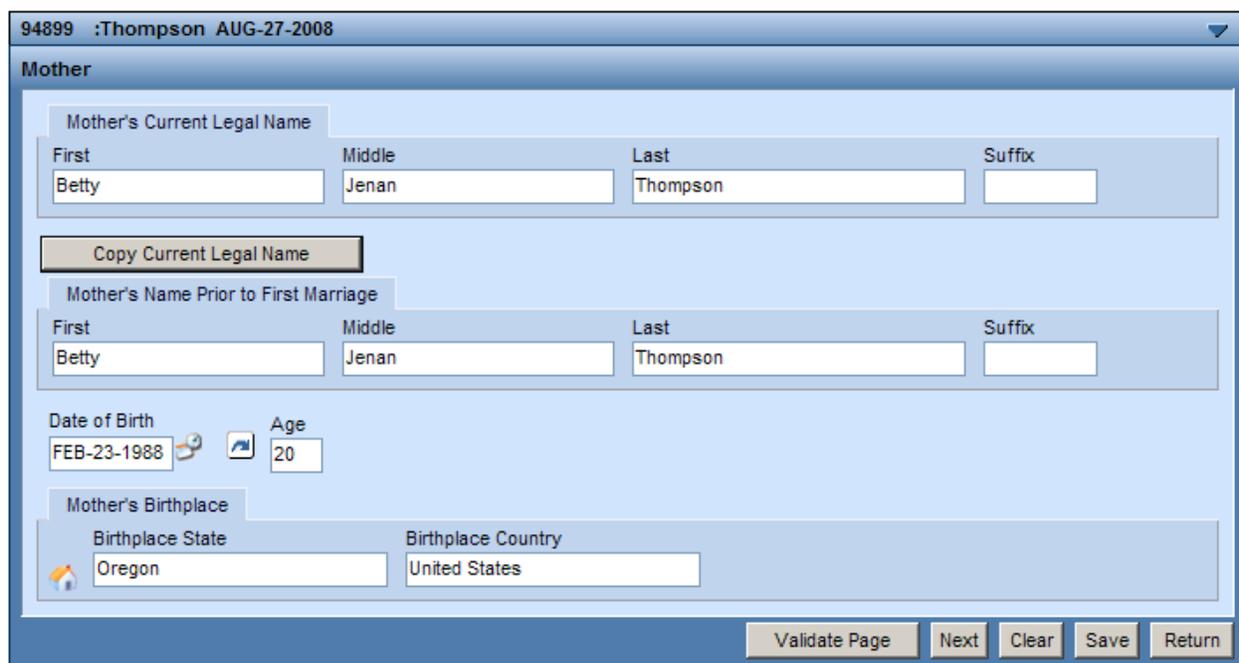
Mother

The **Mother** page is used to capture data relevant to the mother.

In the **Mother's Current Name** tab, enter the mother's current **First**, **Middle**, and **Last** name. If the mother uses a suffix such as Jr. or Sr., enter it in the **Suffix** field.

In the **Mother's Name Before First Marriage**, enter the mother's birth name either by clicking on the 'Copy Current Legal Name' button or by typing in the name.

(An override-able, yellow error will occur if the mother's current Last name and Last name before first marriage are the same.)



The screenshot shows a software window titled "94899 :Thompson AUG-27-2008" with a "Mother" tab selected. The form contains the following fields and controls:

- Mother's Current Legal Name** section:
 - First: Betty
 - Middle: Jenan
 - Last: Thompson
 - Suffix: (empty)
- A **Copy Current Legal Name** button.
- Mother's Name Prior to First Marriage** section:
 - First: Betty
 - Middle: Jenan
 - Last: Thompson
 - Suffix: (empty)
- Date of Birth**: FEB-23-1988 (with a calendar icon) and **Age**: 20.
- Mother's Birthplace** section:
 - Birthplace State: Oregon
 - Birthplace Country: United States
- At the bottom right, there are five buttons: **Validate Page**, **Next**, **Clear**, **Save**, and **Return**.

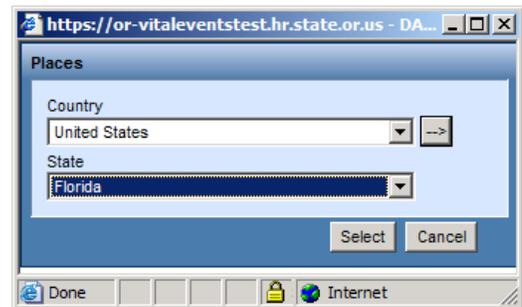
Date of Birth - enter the mother's date of birth manually or use the Calendar icon () to launch the Calendar Control. (See Chapter 1, [Basic Navigation](#) for details on using a calendar control.)

After entering the **Date of Birth**, click the auto-populate () button to auto-calculate the age in the **Age** control.

The **Mother's Birth Place** control is used to capture the mother's **Birthplace State** and **Birthplace Country**.

Enter the birthplace manually or use the House icon () to launch the **Places** Control.

Click the **Next** button to save and proceed to the **Mother Address** page, **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will check the entire record for errors.



Mother's Address

The **Mother Address** page captures the mother's residence address.

While most of this page is self-explanatory, please make note of the **Pre-Directional** and **Post-Directional** dropdown lists.

If the street address has a **Pre-Directional** indicator, i.e. *North Willow St.* then indicate that by selecting "N" from the **Pre-Directional** dropdown list. Do NOT type the **Pre-Directional** indicator in the **Street Name** text box.

Residence Address						
Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.	
1234	N	Willow	Street	NW		
City or Town	County	State	Country	Zip Code		
Portland	Multnomah	Oregon	United States	97323		
Inside City Limits						
Yes						

If the street address has a **Post-Directional** indicator, i.e. *Willow St. NW*, then indicate that by selecting "NW" from the **Post-Directional** dropdown list. Do NOT type the **Post-Directional** indicator in the **Street Name** text box.

Use these dropdown lists to capture any pre- and post-directional indicators. Do not enter directional indicators in the Street Name textbox control.

Make a selection from the **Inside City Limits** dropdown list.

Click the **Next** button to save and proceed to the **Mother Attributes** page, **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button

will take you out of the record without saving your entries. Clicking the **Validate Page** button will check the entire record for errors.

Mother Attributes

The **Mother Attributes** page is used to gather demographic information related to the mother. This information is used in reporting at the State and Federal level and can be instrumental in obtaining funding for various programs.

Education: make a selection from the dropdown list.

The screenshot shows a web form titled "Mother Attributes" for a record with ID 1458 for Sean Patrick Dean Smith III, dated SEP-25-2007. The "Education" dropdown is set to "Bachelor's degree". The "Hispanic Origin" section has three checkboxes: "No, not Spanish/Hispanic/Latino", "Yes, Puerto Rican", and "Yes, other Spanish/Hispanic/Latino". The "Yes, other Spanish/Hispanic/Latino" checkbox is checked, and a text entry control is visible below it. The "Which one or more of the following is your race?" section contains 12 checkboxes for various racial categories. At the bottom are buttons for "Validate Page", "Next", "Clear", "Save", and "Return". A callout box points to the "Yes, other Spanish/Hispanic/Latino" checkbox with the text: "Selecting 'Yes, other Spanish/Hispanic/Latino' will cause a text-entry control to display."

The **Hispanic Origin** tab is used to indicate whether or not the mother is of Hispanic descent. Click one or more applicable box or boxes, as needed. Multiple selections are permitted.

Note: Selecting the 'Yes, other Spanish/Hispanic/Latino' checkbox will cause a new text entry control to appear on-screen. Use this dialogue box to type other descent information.

The **Which one or more of the following is your race?** tab also allows multiple selections. Select all checkboxes that the mother considers applicable.

If the mother is of American Indian descent or an Alaskan Native, selecting **American Indian or Alaska Native** will trigger the page to display two dropdown lists. Type or select the mother's specific tribe(s) using one or both of the dropdown lists.

Which one or more of the following is your race?

American Indian or Alaska Native (specify tribe)
 Japanese
 White

Korean
 Other Asian (specify)
 Native Hawaiian
 Samoan
 Other Pacific Islander (specify)
 Vietnamese
 Other (Specify)
 Unknown

Asian Indian
 Black or African American
 Chinese
 Filipino
 Guamanian or Chamorro

Note that selecting the **Other Asian (specify)**, **Other Pacific Islander (specify)**, or **Other (Specify)** checkboxes will cause two new text entry controls to appear on-screen. At least one of these other entry controls must be completed before registration will be permitted.

Click the **Next** button to save and proceed to the **Mother Health** page, **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will check the entire record for errors.

Mother Health

The **Mother Health** page is used to gather statistical data relative to the mother's health and personal habits. This data is used by various agencies to gauge the effect of certain government programs (WIC) and other behavioral factors that may have contributed to the loss of the fetus.

Mother Health

Did Mother get WIC food for herself during this pregnancy? Yes

Height(feet/inches) 5 6 Mother Pre-pregnancy Weight (pounds) 130 Mother Weight at Delivery (pounds) 155

Cigarette smoking per day before and during pregnancy

Three months before pregnancy 0 Cigarettes

First three months of pregnancy 0 Cigarettes

Second three months of pregnancy 0 Cigarettes

Last three months of pregnancy 0 Cigarettes

Validate Page Next Clear Save Return

Did Mother get WIC food for herself during this pregnancy? – make a selection from the dropdown list.

Height (feet/inches) – consists of two numeric entry controls. Enter the mother’s height in feet in the first box and the remaining inches in the second box.

Height(feet/inches)	Mother Pre-pregnancy Weight (pounds)	Mother Weight at Delivery (pounds)
5 6	130	155

Mother Pre-pregnancy Weight (pounds) – enter the mother’s weight (in pounds) prior to the current pregnancy in this control.

Mother Weight at Delivery (pounds) – enter the mother’s weight (in pounds) at delivery, but prior to the actual fetal death, in this control.

Cigarette Smoking per day before and during pregnancy – this tab control is used to capture the mother’s use of tobacco (smoking) during the 3 months prior to the current pregnancy and each of the trimesters of pregnancy.

If the mother smoked between 1 and 20 cigarettes per day during any of the specified periods, enter the approximate number of cigarettes smoked and select **Cigarettes** from the applicable dropdown lists.

Cigarette smoking per day before and during pregnancy		
Three months before pregnancy	10	Cigarettes
First three months of pregnancy	5	Cigarettes
Second three months of pregnancy	5	Cigarettes
Last three months of pregnancy	5	Cigarettes

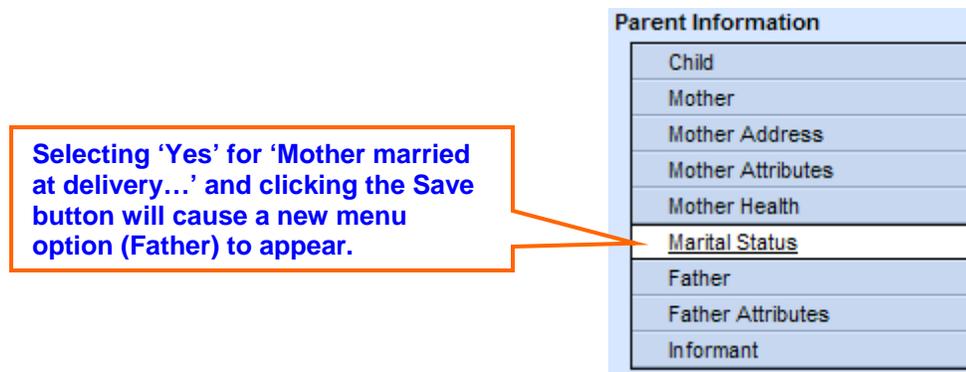
For non-smoking mothers, enter 0 into each of the quantity boxes. It is not necessary to make a selection from the Cigarettes/Pack dropdown list.

A “pack” of cigarettes is generally considered to be 20 cigarettes. If the mother smoked more than 20 cigarettes per day, enter the approximate number of packs smoked per day for each time period and select **Packs** from the dropdown list.

Click the **Next** button to save and proceed to the **Marital Status** page, **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will check the entire record for errors.

Marital Status

The **Marital Status** page collects **Marital Information** and **Paternity Information**.



The Parent Information menu may change according to the selections made on this page.

First, make a selection from the **Mother married at delivery, conception and any time in between?** dropdown list. [This list includes a selection for Domestic Partner.]

Second, make a selection from the **Will Father information be collected in this Report?**

If **Yes** is selected and the **Save** button clicked, then the page will refresh and an additional page will appear in the **Parent Information** submenu: **Father**.

The screenshot shows a web browser window with the title "94772 :Felicia Ann Long AUG-25-2008". The main content area is titled "Marital Status" and contains two sections: "Marital Information" and "Paternity Information".

The "Marital Information" section has a dropdown menu with the question "Was Mother Married at Conception, at Delivery or within 300 days of Delivery?".

The "Paternity Information" section has a dropdown menu with the question "Will Father information be collected in this Report?" and the selected option is "Not Applicable".

At the bottom of the form are five buttons: "Validate Page", "Next", "Clear", "Save", and "Return".

[Note: If Father or Domestic Partner information will not be entered, click the **Next** button to save and proceed to the **Place of Delivery** page, **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will check the entire record for errors.]

Father

The **Father** page is used to capture demographic and statistical data on the father (or second parent in the case of a female Domestic Partnership). (This page will only appear if **Yes** was selected for either Marital Information or Paternity Information on the Marital Status Screen.)

In the **Father's Name** tab, enter the father's **First**, **Middle**, and **Last** name. If the father uses a Suffix such as Jr. or Sr., include it in the **Suffix** dialog box.

Date of Birth - enter the father's date of birth manually or use the Calendar icon () to launch the Calendar Control. (See Chapter 1, [Basic Navigation](#) for details on using a calendar control.)

After entering the **Date of Birth**, click the auto-populate () button to auto fill the age in the **Age** control.

The **Father's Birthplace** control is used to capture the father's **Birthplace State** and **Birthplace Country**.

Click the **Next** button to save and proceed to the **Father Attributes** page, **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will check the entire record for errors.

Father Attributes

The **Father Attributes** page is used to gather demographic information related to the father. This information is used in reporting at the State and Federal level and can be instrumental in obtaining funding for various programs.

Education: make a selection from the dropdown list.

Father Attributes

Education: Bachelor's degree

Hispanic Origin (Check all that apply)

No, not Spanish/Hispanic/Latino Yes, Puerto Rican Yes, other Spanish/Hispanic/Latino

Yes, Mexican, Mexican American, Chicano Yes, Cuban

Races the father considers himself to be (Check all that apply)

American Indian or Alaska Native Japanese White

Asian Indian Korean Other Asian

Black or African American Native Hawaiian Other Pacific Islander

Chinese Samoan Other (Specify)

Filipino Vietnamese Unknown

Guamanian or Chamorro

Buttons: Validate Page, Next, Clear, Save, Return

The **Hispanic Origin** tab is used to indicate whether or not the father is of Hispanic descent. Click one or more applicable box or boxes, as needed. Multiple selections are permitted.

Note: Selecting the 'Yes, other Spanish/Hispanic/Latino' checkbox will cause a new text entry control to appear on-screen. Use this control to specify the other descent information.

The **Races the father considers himself to be (Check all that apply)** tab also allows for multiple selections. Select all checkboxes that the mother considers applicable.

If the father is of American Indian descent or an Alaskan Native, select the checkbox as shown below. Selecting **American Indian or Alaska Native (specify tribe)** will cause the page to refresh and display two dropdown lists.

Races the father considers himself to be (Check all that apply)

American Indian or Alaska Native (specify tribe)

Dropdown 1: []

Dropdown 2: []

Tribe List:

- Cow Creek / Umpqua
- Coos, Lower Umpqua & Siuslaw
- Burns Paiute
- Coquille
- Grand Ronde
- Klamath
- Siletz
- Umatilla
- Warm Springs

Type or select the father's specific tribe(s) using one or both of the dropdown lists.

Note that selecting the **Other Asian (specify)**, **Other Pacific Islander (specify)**, or **Other (Specify)** checkboxes will cause two new dialog box controls to appear on-screen. At least one of these other entry controls must be completed before registration will be permitted.

Click the **Next** button to save and proceed to the **Place of Delivery** page, **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will check the entire record for errors.

Place of Delivery

The **Place of Delivery** page is used to indicate where the fetus was delivered.

First, make a selection from the **Type of Place of Delivery** dropdown list. If the type selected matches the office type assigned to the current user, then the user's default location will be auto-filled in the **Facility Name** and **Address** tabs and the on-screen controls will be disabled.

94899 :Thompson AUG-27-2008

Place of Delivery

Type of Place of Delivery: Hospital

Other Specify: [Empty]

Facility Name: Adventist Medical Center

Facility NPI: 1801887658

Address

Street Number: 10123

Pre Directional: SE

Street Name or PO Box, Rural Route, etc.: Main

Street Designator: [Empty]

Post Directional: [Empty]

Apt #, Suite #, etc.: [Empty]

City or Town: Portland

County: Multnomah

State: Oregon

Country: United States

Zip Code: 97216

Buttons: Validate Page, Next, Clear, Save, Return

Callout: These controls were auto-filled and disabled when the Type of Place of Delivery was selected.

If there is not an appropriate selection available for the place of delivery in the dropdown list, select **Other (specify)**. This will enable the **Other Specify** text-box control allowing manual entry of the type of place of delivery and the **Address** tab.

Note that **Facility name** and **Facility NPI** are both disabled when **Other (specify)** is selected. These controls are typically auto-filled based on the facility associated with the user.

If the delivery occurred en route to the facility (in a moving conveyance), choose 'Other' from the dropdown menu under 'Type of Place of Delivery' and key in "en route" followed by the location where the mother was first removed from the conveyance.

Click the **Next** button to save and proceed to the **Reporter** page (the last page of the Personal Information submenu), **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will check the entire record for errors.

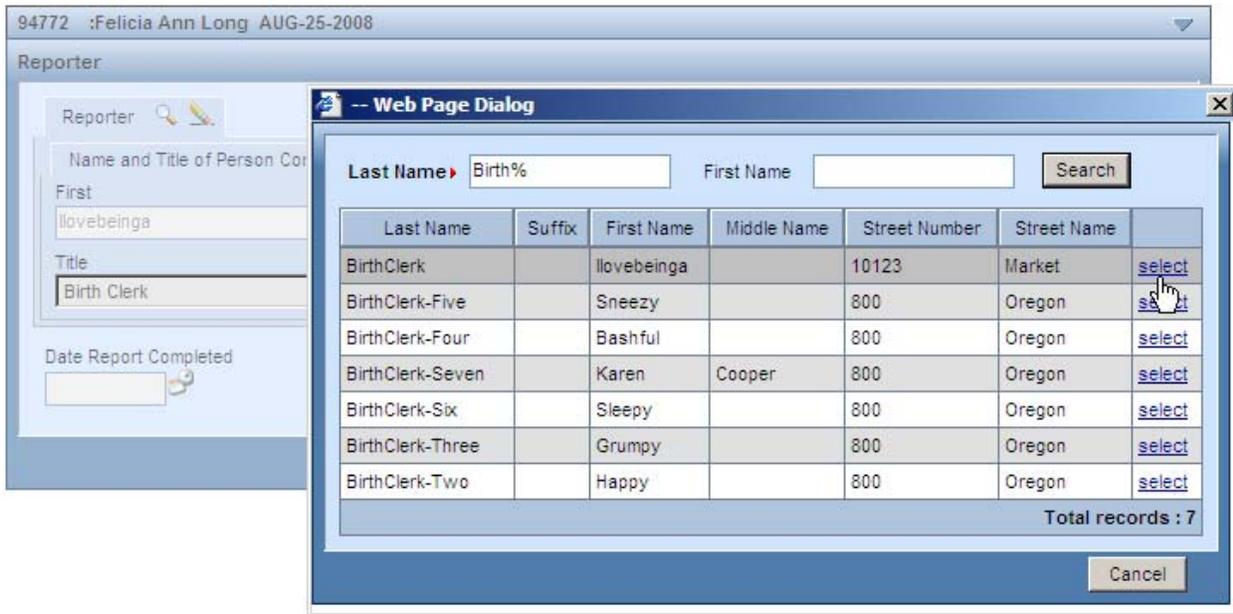
Reporter

The **Reporter** page records the name and title of the person completing the Fetal Death report and the date the report was completed.

The information on this page will auto-fill from the current user's account information.

The **Reporter** tab includes two icons: the Search icon () and the Eraser icon ()

To change the reporter, click on the search icon () to launch the **Name** lookup tool, shown below. Key in the full or partial name of the reporter, followed by a percentage sign (%), and then click the **Search** button:



The screenshot shows a 'Reporter' tab in a web application. A 'Web Page Dialog' window is open, displaying a search interface. The 'Last Name' field contains 'Birth%' and the 'First Name' field is empty. A 'Search' button is visible. Below the search fields is a table with the following data:

Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
BirthClerk		llovebeinga		10123	Market	select
BirthClerk-Five		Sneezy		800	Oregon	select
BirthClerk-Four		Bashful		800	Oregon	select
BirthClerk-Seven		Karen	Cooper	800	Oregon	select
BirthClerk-Six		Sleepy		800	Oregon	select
BirthClerk-Three		Grumpy		800	Oregon	select
BirthClerk-Two		Happy		800	Oregon	select

At the bottom right of the dialog, it says 'Total records : 7' and there is a 'Cancel' button.

If the search was successful, select the desired reporter by clicking on the **select** link.

The page will refresh and auto-fill the **Reporter** tab with information specific to the selected reporter:

If this reporter was selected in error, select the Eraser icon () to remove the reporter name from the page.

Click the **Next** button to save and proceed to the **Prenatal** page (the first page of the Medical Information submenu), **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will check the entire record for errors.

Affirm

Once all pages in the **Personal Information** section of the report are complete, the Personal Information section can be validated and affirmed.

This is not a necessary step. We recommend that you skip the affirmation process. You will have the opportunity to certify the entire record in one step later in the process.

Alternately, you can move on to complete the next page in the record: the Prenatal page.

Medical Information

The second sub-menu of the Fetal Death Registration menu, **Medical Information**, contains the pages necessary to gather confidential, medical information about the fetal death and parents that is collected for statistical purposes.

Prenatal

The **Prenatal** page is used to capture information relative to the type and frequency of prenatal care administered to the mother.

If applicable, enter the **Mother Medical Record #** in the appropriate on-screen controls.

Enter the mother's **Date of Last Menses** using a valid date format or by clicking on the **Calendar Control**.

The Prenatal Care Tab

If the mother did not receive any prenatal care, select the **No Prenatal Care** checkbox on that **Prenatal Care** tab.

Prenatal Care

No Prenatal Care

Date of First Visit Date of Last Visit Total Number of Prenatal Visits

If the mother did receive prenatal care, complete this tab by entering the **Date of First Visit**, **Date of Last Visit** and the **Total Number of Prenatal Visits**.

The Previous Live Births Tab

On the **Previous Live Births** tab, make a selection from the **Number Now Living** dropdown list. If this is the mother's first pregnancy, select **None** from the list.

A selection must also be made from the **Number Now Dead** dropdown list. Again, if this is the mother's first pregnancy, select **None**.

Previous Live Births

Number Now Living Number Now Deceased Date of Last Live Birth

If the **Number Now Living** and/or **Number Now Dead** are unknown, select **Unknown** from the dropdown list. Doing so will auto-populate the **Date of Last Live Birth** with **99/9999** and disable the control.

Previous Live Births

Number Now Living Number Now Deceased Date of Last Live Birth

Unknown Unknown 99/9999

Complete the **Previous Live Births** tab by entering the **Date of Last Live Birth**. If **None** has been selected in the previous two controls, this control will be disabled.

Dates entered in the "Date of Last Live Birth" do not include a day. Dates in this field must use a "MONYYYY", "MM/YYYY", "MM-YYYY", or "MMYYYY" format.

Other Pregnancy Outcomes Tab

This tab is used to collect information regarding previous pregnancies that did not result in a live birth.

First make a selection from the **Number of Other Pregnancy Outcomes** dropdown list. If this is the mother's first pregnancy, select **None**.

If the **Number of Other Pregnancy Outcomes** is unknown, select **Unknown** from the dropdown list. Doing so will auto-populate the **Date of Other Pregnancy Outcome** with **99/9999** and disable the control.

Other Pregnancy Outcomes (Spontaneous or Induced Terminations or Ectopic Pregnancies)	
Number of Other Pregnancy Outcomes	Date of Last Other Pregnancy Outcome
Unknown	99/9999

In the **Date of Last Other Pregnancy Outcome** checkbox, enter the month and date that the last pregnancy terminated. If **None** was selected above, this field will be disabled.

Dates entered in the “Date of Last Other Pregnancy Outcome” do not include a day. Dates in this field must use a “MONYYYY”, “MM/YYYY”, “MM-YYYY”, or “MMYYYY” format.

Click the **Next** button to save and proceed to the **Pregnancy Factors** page (the second page of the Medical Information submenu), **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will check the entire record for errors.

Pregnancy Factors

The **Pregnancy Factors** page attempts to gather information related to conditions suffered or experienced by the mother which could have resulted in complications during pregnancy.

This page is comprised of two tabs: **Risk Factors for this Pregnancy** and **Infections Present and / or Treated During this Pregnancy**.

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Pregnancy Factors

Risk Factors for this Pregnancy (Check all that apply)

<input checked="" type="checkbox"/> Diabetes-Pre-pregnancy	<input type="checkbox"/> Hypertension-Eclampsia	<input type="checkbox"/> Pregnancy Resulted From Infertility Treatment-Fertility-enhancing drugs
<input type="checkbox"/> Diabetes-Gestational (Diagnosis In This Pregnancy)	<input type="checkbox"/> Previous Preterm Births (<37 Completed Weeks Gestation)	<input type="checkbox"/> Pregnancy Resulted From Infertility Treatment-Assisted Reproductive Technology
<input type="checkbox"/> Hypertension-Pre-pregnancy (Chronic)	<input type="checkbox"/> Other Previous Poor Pregnancy Outcome (Includes: Perinatal Death, Small For Gestational Age/Intrauterine Growth Restricted Birth)	<input type="checkbox"/> Mother Had A Previous Cesarean Delivery
<input type="checkbox"/> Hypertension-Gestational (PIH, Pre-eclampsia)	<input type="checkbox"/> Vaginal bleeding during this pregnancy prior to the onset of labor	<input type="checkbox"/> None Of The Above

Infections Present and / or Treated During this Pregnancy (Check all that apply)

<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Group B streptococcus	<input type="checkbox"/> Parvovirus	<input type="checkbox"/> Toxoplasmosis	<input checked="" type="checkbox"/> None Of The Above	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Syphilis	<input type="checkbox"/> Listeria	<input type="checkbox"/> Cytomegalovirus				

Each tab allows for multiple entries, meaning that the user can select one or more conditions for each tab control on the page; however, at least one selection must be made for each set of conditions. In the example above, we have selected **None Of The Above** on each tab.

Click the **Next** button to save and proceed to the **Delivery** page (the third page of the Medical Information submenu), **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will check the entire record for errors.

Delivery

The **Delivery** page is used to gather information related to conditions suffered or experienced during labor which may have health implications for the mother and/or fetus.

This page is comprised of two tab controls: **Method of Delivery** and **Maternal Morbidity**.

Method of Delivery

The **Method of Delivery** tab is used to describe how the fetus was delivered or expelled. First, make a selection from the **Was Delivery with Forceps Attempted but Unsuccessful?** dropdown list.

Next, make a selection from the **Was Delivery with Vacuum Extraction Attempted but Unsuccessful?** dropdown list.

Continue this process by making valid selections from the **Fetal Presentation at Delivery** and **Final Route and Method of Delivery** dropdown lists.

If Cesarean, was a Trial of Labor Attempted? will only be active and selectable if **Cesarean** was selected from the **Final Route and Method of Delivery** control above.

Maternal Morbidity

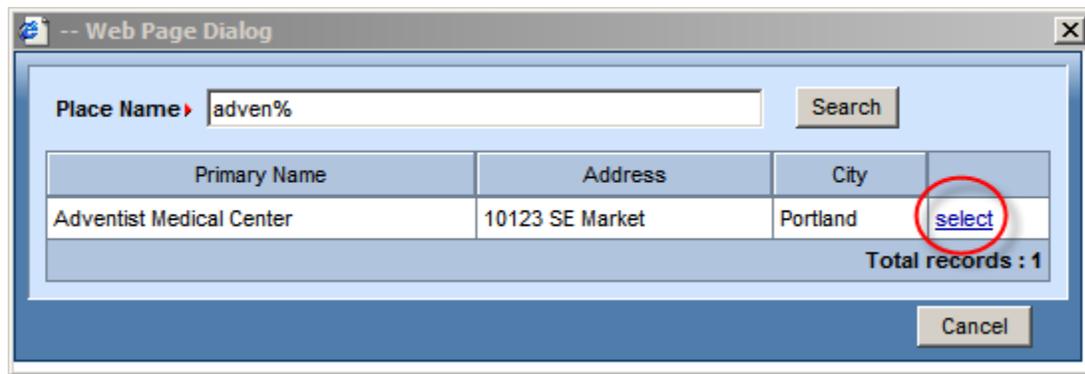
The **Maternal Morbidity** tab is used to capture any serious complications experienced by the mother associated with labor and delivery. Multiple entries are allowed. Select **None Of The Above** if none of the conditions were experienced by the mother during delivery.

Next, make a selection from the **Mother Transferred for maternal medical or fetal indication prior to delivery** dropdown list. Notice that selecting **Yes** will cause the page to refresh and a new set of controls will appear:

Note: 'Mother Transferred for maternal medical or fetal indication prior to delivery' refers to the facility from which the mother was transferred.

Selecting the Search icon (🔍) will launch the **Place Name** lookup tool, shown below. Key in the full or partial name of the transfer facility, followed by a percentage sign (%), and then click the **Search** button:

If the search was successful, select the **Transfer Facility** by clicking on the **select** link:



Again, the page will refresh and display the **Transfer Facility** on the **Delivery** page:

Mother Transferred for maternal medical or fetal indication prior to delivery

Transfer Facility  

If this facility was selected in error, select the Eraser icon () to remove the facility name from the page.

Transfer Facility can be keyed in manually if the facility in question cannot be found in the OVERS database.

Click the **Next** button to save and proceed to the **Fetal Attributes** page (the fourth page of the Medical Information submenu), **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will check the entire record for errors.

Fetal Attributes

This page is used to capture data relevant to the fetus at the time of delivery.

Weight of Fetus should be entered in either **Pounds / Ounces** or **Grams**. Both weight measurements cannot be used simultaneously. If **Pounds / Ounces** is used, enter the weight in pounds in the first entry box and the remainder ounces in the second entry box.

Weight can be entered in pounds and ounces or grams, but not both.

Enter the medically-estimated term of the mother's pregnancy in the **Obstetric Estimate of Gestation (weeks)** field.

Make a valid selection from the **Plurality** dropdown list. If only one fetus was delivered, select **Single**. If more than one fetus or child was delivered – even if one or more children were stillborn or died shortly after birth – select the appropriate plurality from the list - **twin, triplet**, etc.

If more than one child was delivered, a new link called 'Link Plural Delivery' will appear on the 'Fetal Death Registration Menu' > 'Other Links' submenu. To link the fetal death record to another fetal death or live birth record for plural deliveries, see the section on Linking Plural Delivery in Section 4 of the User Guide, starting on page 109.

Delivery Order will be disabled if **Single** was selected from the **Plurality** list. Otherwise, if more than one child was delivered – even if one or more children were

stillborn or died shortly after birth – select the current child’s birth order from this dropdown list.

[Note: When plural deliveries are linked, much of the information from the first record will carry over to other linked records. However, if the second delivery is a live birth, some of the screens will contain different information. For example, social security numbers must be collected from the parents in the case of a live birth.]

Click the **Next** button to save and proceed to the **Cause/Conditions Contributing to fetal death** page (the fifth page of the Medical Information submenu).

Cause/Conditions Contributing to fetal death

This page is used to gather information related to pregnancy complications that may have contributed to the fetal demise.

Cause/Conditions Contributing to fetal death

<p>Initiating Cause/Condition</p> <p>Among those choices below, Please select the one which most likely began the sequence of events resulting in the death of the fetus.</p> <p>Maternal Conditions/Disease (Specify) <input style="width: 100%;" type="text"/></p> <p>Complications of placenta, cord or Membranes</p> <p><input checked="" type="checkbox"/> Rupture of membranes <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (specify)</p> <p>Other Obstetrical or Pregnancy Complications (Specify) <input style="width: 100%;" type="text"/></p> <p>Fetal Anomaly (Specify) <input style="width: 100%;" type="text"/></p> <p>Fetal Injury (Specify) <input style="width: 100%;" type="text"/></p> <p>Fetal Infection (Specify) <input style="width: 100%;" type="text"/></p> <p>Other Fetal Conditions/Disorders (Specify) <input style="width: 100%;" type="text"/></p> <p>Unknown <input type="checkbox"/></p>	<p>Other Significant Causes or Conditions</p> <p>Select or Specify all other conditions contributing to death.</p> <p>Maternal Conditions/Disease (Specify) <input style="width: 100%;" type="text"/></p> <p>Complications of placenta, cord or Membranes</p> <p><input type="checkbox"/> Rupture of membranes <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (specify)</p> <p>Other Obstetrical or Pregnancy Complications (Specify) <input style="width: 100%;" type="text"/></p> <p>Fetal Anomaly (Specify) <input style="width: 100%;" type="text"/></p> <p>Fetal Injury (Specify) <input style="width: 100%;" type="text"/></p> <p>Fetal Infection (Specify) <input style="width: 100%;" type="text"/></p> <p>Other Fetal Conditions/Disorders (Specify) <input style="width: 100%;" type="text"/></p> <p>Unknown <input type="checkbox"/></p>
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Estimated Time of Fetal Death

Autopsy Performed Histological Placental Examination Performed

Autopsy or Histological Placental Examination used in Determining Cause of Fetal Death

This page is comprised of two tabs: **Initiating Cause/Condition**, and **Other Significant Causes or Conditions**. Each tab allows for multiple entries.

Initiating Cause/Condition

The initiating cause/condition is for reporting a single condition that most likely began the sequence of events resulting in the death of the fetus. The cause of death listed should represent the physician, medical examiner or coroner's best medical opinion.

In the **Maternal Conditions / Disease** control, enter any conditions specific to the mother that most likely began the sequence of events resulting in the death of the fetus.

Note any **Complications of placenta, cord, or Membranes** by placing a check in the corresponding checkbox.

The **Other Obstetrical or Pregnancy Complications, Fetal Anomaly, Fetal Injury, Fetal Infection, and Other Fetal Conditions/Disorders** controls are to be used for reporting any conditions specific to the fetus that resulted in death.

If it is unknown whether or not such conditions exist, place a checkmark in the **Unknown** checkbox.

Initiating Cause/Condition

Among those choices below. Please select the one which most likely began the sequence of events resulting in the death of the fetus.

Maternal Conditions/Disease (Specify)

Complications of placenta, cord or Membranes

Rupture of membranes prior to onset of labor

Abruptio placenta

Placental insufficiency

Prolapsed cord

Chorioamnionitis

Other Obstetrical or Pregnancy Complications (Specify)

Fetal Anomaly (Specify)

Fetal Injury (Specify)

Fetal Infection (Specify)

Other Fetal Conditions/Disorders (Specify)

Unknown

Other Significant Causes or Conditions

Other significant causes or conditions include all other conditions contributing to death. These may be conditions that are triggered by the initiating cause or causes that are not among the sequence of events triggered by the initiating cause.

In the **Maternal Conditions / Disease** control, enter any conditions specific to the mother that may have been triggered by the initiating cause or causes.

Note any **Complications of placenta, cord, or Membranes** by placing a check in the corresponding checkbox.

The **Other Obstetrical or Pregnancy Complications, Fetal Anomaly, Fetal Injury, Fetal Infection, and Other Fetal Conditions/Disorders** controls are to be used for reporting any conditions specific to the fetus that may have been triggered by the initiating cause or causes.

If it is unknown whether or not such conditions exist, place a checkmark in the **Unknown** checkbox.

Other Significant Causes or Conditions

Select or Specify all other conditions contributing to death.

Maternal Conditions/Disease (Specify)

Complications of placenta, cord or Membranes

Rupture of membranes prior to onset of labor

Abruptio placenta

Placental insufficiency

Prolapsed cord

Chorioamnionitis

Other Obstetrical or Pregnancy Complications (Specify)

Fetal Anomaly (Specify)

Fetal Injury (Specify)

Fetal Infection (Specify)

Other Fetal Conditions/Disorders (Specify)

Unknown

Other Controls

Make a selection from the **Estimated Time of Fetal Death** dropdown list.

Estimated Time of Fetal Death	<input style="width: 100%;" type="text" value="Died during labor, after first assessment"/>
Autopsy Performed	<input type="checkbox"/> No
Autopsy or Histological Placenta	<input type="checkbox"/>

Dead at time of first assessment, labor ongoing

Dead at time of first assessment, no labor ongoing

Died during labor, after first assessment

Unknown time of fetal death

Next, make a selection from the **Autopsy Performed**, **Histological Placenta Examination Performed**, and **Autopsy or Histological Placental Examination used in Determining Cause of Fetal Death** dropdown lists.

Estimated Time of Fetal Death: Died during labor, after first assessment

Autopsy Performed: No

Histological Placental Examination Performed: Yes

Autopsy or Histological Placental Examination used in Determining Cause of Fetal Death: Yes

Buttons: Validate Page, Next, Clear, Save, Return

Click the **Next** button to save and proceed to the **Attendant/Certifier** page (the last page of the Medical Information submenu), **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will check the entire record for errors.

Attendant/Certifier

The **Attendant/Certifier** page is used to capture information relevant to the person or persons attending and/or certifying the delivery.

The Attendant at Delivery is defined as the individual physically present at the delivery who is responsible for the delivery.

Notice that the page is divided into two tabs: **Attendant at Delivery** and **Certifier**.

The **Attendant at Delivery** tab includes two icons: the Search icon (🔍) and the Eraser icon (🧼).



The Search icon (🔍) will launch the **Name** lookup tool, shown below. Key in the full or partial name of the attendant/certifier, followed by a percentage sign (%), and then click the **Search** button:

Attendant's Name

First: Kelly, Middle: Mae, Last: Warren, Suffix:

Attendant's Title: DO, Other Specify:

Search Dialog: Last Name: A%, First Name: , Search: [Highlighted]

Cancel

City or Town: Portland, State: Oregon, Country: United States, Zip Code: 97310

If the search was successful, select the desired attendant by clicking on the **select** link.

Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
Attend		Meena		34	Main	select

Total records : 1

Again, the page will refresh and auto-fill the **Attendant at Delivery** tab with information specific to the selected attendant:

If this attendant was selected in error, select the Eraser icon () to remove the facility name from the page. If the attendant is not included in the search results, then enter the information manually.

The **Certifier** tab also includes the Search icon () and the Eraser icon (), meaning that the same set of steps detailed above can be used to auto-fill this control as well.

Same As Attendant
 Certifier's Name
 First: Birth Middle: Last: User Suffix:
 Certifier's Title: Other Specify:
 Certifier NPI: Date Certified:

If the certifier and the attendant are the same person click the **Same As Attendant** checkbox and the **Certifier** tab will auto-fill with the attendant information from the **Attendant** tab.

Same As Attendant
 Certifier's Name
 First: Meena Middle: Last: Attend Suffix:
 Certifier's Title: Licensed Direct Entry Midwife Other Specify:
 Certifier NPI: Date Certified:

Select "Same As Attendant" to copy the attendant data to the certifier controls.

Certifier NPI will auto-fill based on data stored in the **OVERS** database.

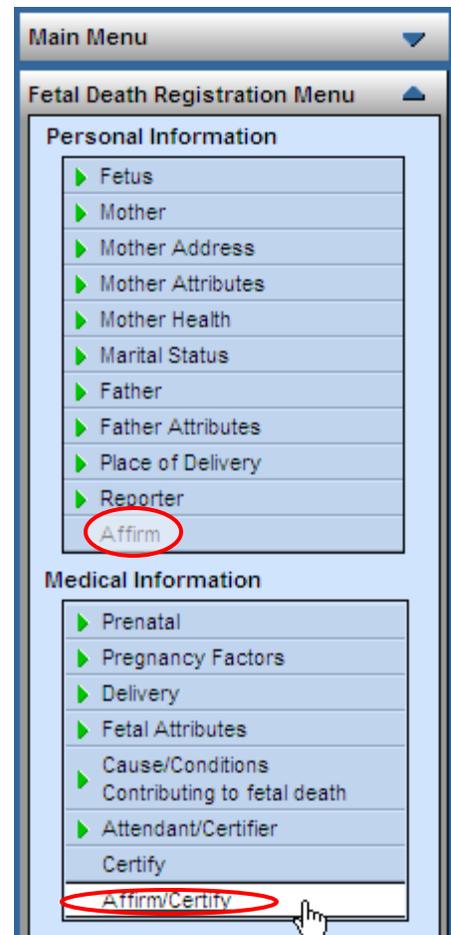
Date Certified will be auto-filled once the fetal death record has been registered.

Fetal death registration data entry is now complete. Click the **Validate Page** or **Validate Registration** button to check this page for errors. If no errors are found, then the page will refresh and a new menu item will appear: **Certify**. Click the **Certify** link to proceed.

Certify

Once all pages in the **Medical Information** section of the report are complete, the Personal Information section can be validated and affirmed.

This is not a necessary step. We recommend that you skip the affirmation process. You will have the opportunity to certify the entire record in one step later in the process.



Affirm/Certify

Affirmations

An affirmation is used to record the fact that the certifier is accepting legal responsibility for the accuracy of the information provided. In Oregon, an affirmation is a legally binding statement made under the penalty of perjury.

Once all Fetal Death registration pages have been completed, validated, and all errors corrected, the **Fetal Death Registration Menu** will refresh and display the **Affirm/Certify** link.

To affirm the fetal death record, place a checkmark in the **Affirm the following:** checkbox, place a registered finger on the fingerprint scanning device, and click the **Affirm** button. OVERS will use biometric authentication to complete the affirmation process.

Upon successful biometric authentication, the record will be officially signed/affirmed and an **Authentication Successful** message displayed:

Click the **Return** button to return to the **Fetal Death Registration Menu**.

Uncertify

Once the record is affirmed you can still access it and view it for 6 months, although you will not be able to edit the record without either uncertifying it (if it has not yet been registered at the State level) or requesting an amendment (if it has already been registered at the State level). To learn more about requesting an amendment see the amendment section.

Until the record is registered at the State level you may uncertify it if you need to make edits. To do this, click on the **Certify** link. Notice that the **Affirm** button has changed to the **Unaffirm** button. To unaffirm the record so that you can edit it, click the **Unaffirm** button. A popup message will ask you to confirm that you wish to unaffirm the record. Click OK.

Once you have completed edits to the record you will need to validate and certify it again.