[ADD YOUR HOSPITAL NAME]

**| Updated March 20, 2025 |**

All definitions of variables being entered into the Electronic Birth Registration System (EBRS) are important. However, this guide focuses on 11 Vermont Birth Certificate Variables for the purpose of the BCQII review.

Hospital Specific Tip Sheet to Completing the Birth Certificate Facility Worksheet

This is a template for you to complete with your team to easily retrieve birth certificate information available in your EHR.

| **DEFINITION** | **EBRS TAB** | **TIPS FOR ENTRY** |
| --- | --- | --- |
| **NEWBORN’S STATISTICAL INFORMATION** | | |
| **Vermont Facility Worksheet number 40.**  **WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY?**  Transfer status of the infant from this facility to another within 24 hours after delivery. | Stat: Child | [Instructions: Include in this column where you usually find this information in your EHR or other tips for entry] |
| **Vermont Facility Worksheet number 42.**  **IS INFANT BEING BREASTFED AT DISCHARGE?**  Information on whether the infant was receiving breastmilk or colostrum during the period between birth and discharge from the hospital. Breastfeeding refers to the establishment of breastmilk through the action of breastfeeding or pumping (expressing). Include any attempt to establish breastmilk production during the period between birth and discharge from the hospital. Include if the infant received formula in addition to being breastfed. Does not include the intent to breastfeed. | Stat: Child | Check “yes” if the infant was breastfed at any time before being discharged from the hospital or received breast milk (including donor milk) between breastfed and at any time, even if the infant received formula in addition to being breastfed. Check “no” if the infant was not breastfed or did not receive any breast milk before being discharged from the hospital. Does not include the intent to breastfeed. |
| **MOTHER’S STATISTICAL INFORMATION** | | |
| **Vermont Facility Worksheet number 46.**  **PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY**   * **Medicaid:** (or a comparable state program) * **Private insurance:** (Blue Cross/Blue Shield, Aetna, etc.) * **Self-pay:** (no third party identified) * **Other:** (Indian Health Service; CHAMPUS or TRICARE; other government [federal, state, or local]; or charity)   **Continues next page**  The principal source of payment is important public health information and is needed to monitor access to care during delivery. | Stat: Mother | Check the source of payment for the *delivery*, not the payer for the newborn care or prenatal care, if different.  If unsure what source of payment a given insurance falls under, check with your billing office. |
| **Vermont Facility Worksheet number 47.**  **DATE LAST NORMAL MENSES BEGAN**  The date the mother’s last normal menstrual period began. This item is used to compute the gestational age of the infant. |  | **Q:** Some people have no LMP since their last pregnancy OR at all OR have an LMP not related to their EDD. What to do?  ***A:*** *If no LMP available, enter 99/99/9999.*  Enter all known parts of the date the mother’s last normal menstrual period began. Report "unknown" for any parts of the date that are missing. Do not estimate the date. |
| **Vermont Facility Worksheet number 48b.**  **DATE OF LAST LIVE BIRTH**  The date of birth of the last live-born infant. |  | **Q:** Many patients leave the dates out if it is a touchy subject. Any ideas on how to approach this?  ***A:*** *Per NCHS: Yes, this is a common, understandable issue. Perhaps reinforce to the mother that the information is important for research and the information can help other mothers?* |
| **Vermont Facility Worksheet number 51.**  **TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY**  The total number of visits recorded in the record.  A prenatal visit is one in which the physician or other health care professional examines or counsels the pregnant woman for her pregnancy.  Do not include visits for laboratory and other testing in which a physician or health care professional did not examine or counsel the pregnant woman.  Do not include classes, such as childbirth classes, where the physician or health care professional did not provide individual care to the pregnant woman.  **Continues next page**  Information obtained on prenatal care received in countries other than the United States and in languages other than English is permitted and should be used. |  | **Q:** We sometimes have trouble finding out number of prenatal visits. Some patients transfer to us and have had visits at another facility. This is often different than what is recorded on the facility worksheet.  ***A:*** *Per NCHS: We understand that under some circumstances it may be necessary to ask the mother to estimate the number of visits – where the information from the provider is not available it is acceptable to ask the mother.*  Count only visits recorded in the most current record available. Hospital staff should not estimate additional prenatal visits when the prenatal record is not up to date. If the mother transferred prenatal care and records from previous providers are not available, count records from the most recent provider |
| **MEDICAL AND HEALTH INFORMATION** | | |
| **Vermont Facility Worksheet number 53.**  **RISK FACTORS IN THIS PREGNANCY**   * **Diabetes:**   **-Prepregnancy** (Diagnosis prior to this pregnancy.)  **- Gestational** (Diagnosis in this pregnancy)  ***Definitions:***  ***Diabetes*** *is glucose intolerance requiring treatment.*  ***Prepregnancy diabetes*** requires a diagnosis before this pregnancy  ***Gestational diabetes*** requires a diagnosis during this pregnancy | Medical / Health | If diabetes is present, check either prepregnancy or gestational diabetes. Do not check both. |
| * **Hypertension:**   **-Prepregnancy (chronic)**  **-Gestational (PIH, preeclampsia)**  ***Definitions:***  ***Prepregnancy hypertension (chronic):*** Diagnosis prior to the onset of this pregnancy–does not include gestational (pregnancy-induced hypertension [PIH]).  ***Gestational hypertension***:  Diagnosis in this pregnancy (Pregnancy-induced hypertension or preeclampsia). |  | **Q:** How should we document chronic hypertension with superimposed preeclampsia?***A:*** *Per NCHS: Report as chronic hypertension.*  **Justification:**  *although it is possible to have chronic hypertension with superimposed preeclampsia, our primary interest is whether the condition began before or during pregnancy*  If hypertension is present, check either prepregnancy or gestational hypertension. Do not check both |
| **Vermont Facility Worksheet number 54.**  **ONSET OF LABOR**   * **Premature Rupture of Membranes (prolonged, >= 12 hours)**   Prolonged, greater than or equal to 12 hours before the onset of labor  Definition: Spontaneous tearing of the amniotic sac (natural breaking of the “bag of waters”) 12 hours or more before labor begins. | Medical / Health | **Q:** What if they opt to start Pitocin prior to 12 hours? ***A:*** *That scenario does not meet Premature Rupture of Membranes criteria and should not be reported.* |
| **Vermont Facility Worksheet number 57.**  **CHARACTERISTICS OF LABOR AND DELIVERY**   * **Induction of Labor**   Initiation of uterine contractions by medical or surgical means for the purpose of delivery before the spontaneous onset of labor (i.e., before labor has begun). Examples of methods include but are not limited to: artificial rupture of membranes, balloons, oxytocin, prostaglandin, laminaria, or other cervical ripening agents. | Medical / Health |  |
| **Vermont Facility Worksheet number 61.**  **ABNORMAL CONDITIONS OF THE NEWBORN**   * **Assisted ventilation required immediately following delivery**   Infant given **manual breaths** for any duration with bag and mask or bag and endotracheal tube *within the first several minutes from birth*. Excludes free-flow (blow-by) oxygen only, laryngoscopy for aspiration of meconium, nasal cannula, and bulb suction. | Medical / Health | Ventilation done manually immediately following delivery (Includes PPV)  *The item is intended to capture newborns at some risk that require assistance immediately after delivery only for a short time. The use of the intermittent ventilation (e.g., bag and mask) may continue for any duration. Please note that manual PPV should be reported if used immediately after delivery.* |
| * **Assisted ventilation required for more than six hours**   Infant given **mechanical ventilation** (breathing assistance) by any method **for more than six hours**.  Includes conventional, high frequency, or continuous positive pressure (CPAP).  Excludes free-flow oxygen only, laryngoscopy for aspiration of meconium, and nasal cannula. |  | Machine involved ventilation any time after delivery lasting for 6 or more hours (e.g., CPAP) |
| * **NICU admission**   Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for a newborn. | Medical / Health | **Q:** For NICU admission, is that just our hospital or when transfer to another one?  *A: If you have a baby who has transferred to a NICU, either at Dartmouth (DH), UVMMC, or Albany Medical Center, include a tick in the NICU admission box.*  *Include NICU admission at any time during the infant’s hospital stay following delivery. Do not include units that do not provide continuous mechanical ventilation. Do not include well-baby nurseries or special care nurseries (i.e., Level II nursery). Do not include if the newborn was taken to the NICU for observation but is not admitted to the NICU.* |