

October 6, 2025

Birth Certificate Quality Improvement Initiative

Best Practices for Birth Certificate Data
Collection Refresher Training

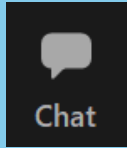




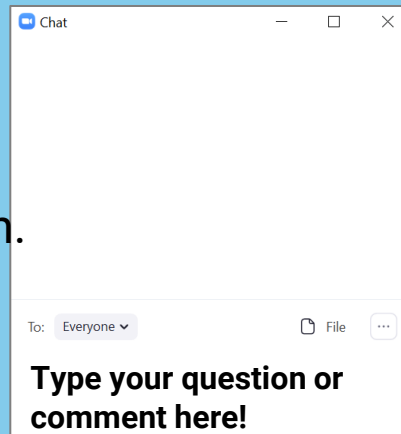
Vermont's Birth Certificate Data Collection

Housekeeping

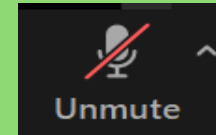
Chat



Use the *Chat* box to ask a question.

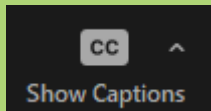


Microphone



You will be muted when you join. If you wish to verbally ask your question during the Q&A portion of the presentation, please unmute your microphone.

Captioning



Click *Show Captions* from your navigation bar to view automated captions.

Evaluation

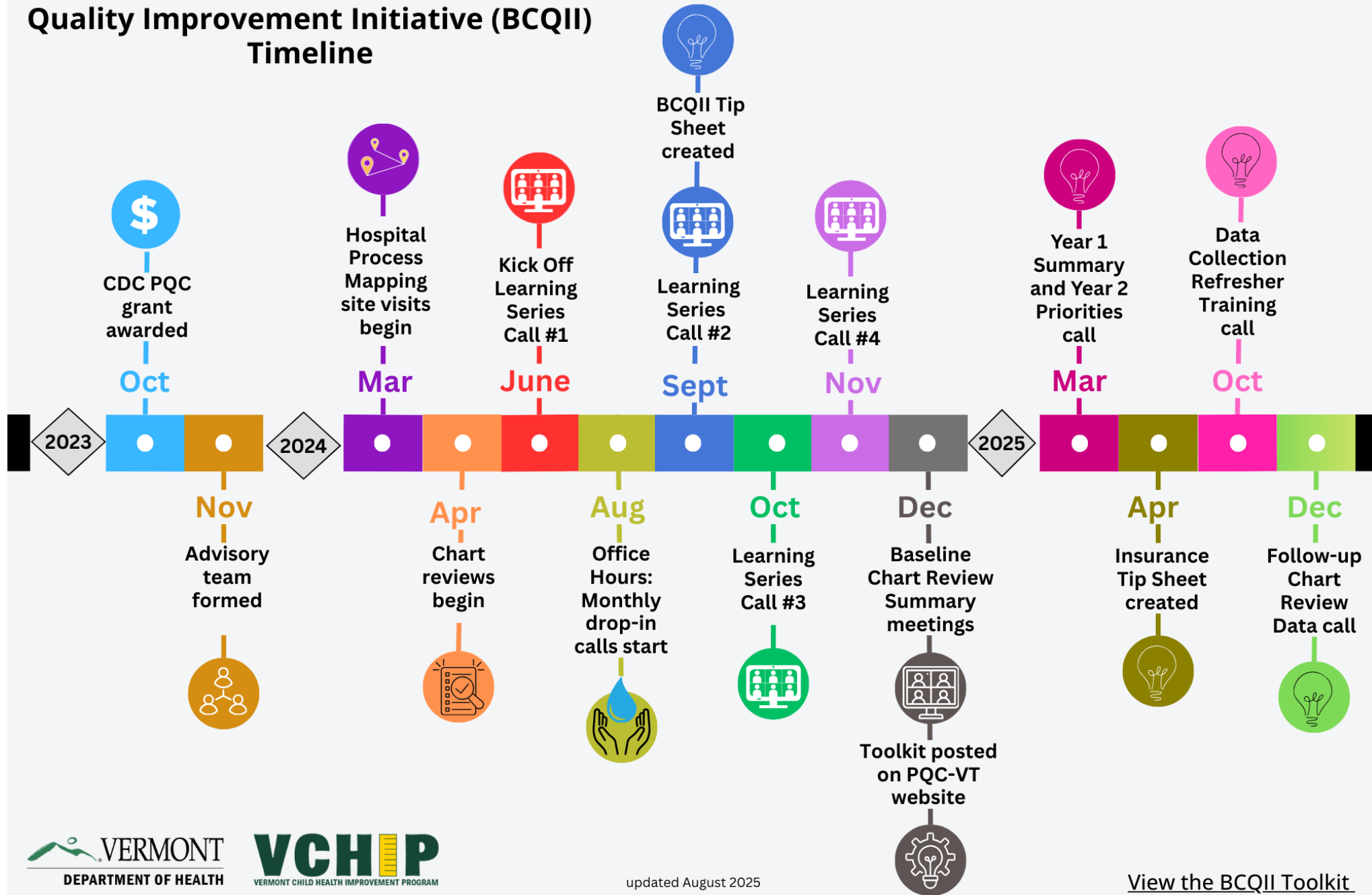
Before leaving the call, please complete the evaluation by copying and pasting the link provided in the *Chat* into a browser or scan the QR code. Thank you!

A screenshot of a web-based evaluation form. The form has a header with the "PERINATAL QUALITY COLLABORATIVE VERMONT" logo and the "VCHIP VERMONT CHILD HEALTH IMPROVEMENT PROGRAM" logo. The title of the form is "Best Practices for Birth Certificate Data Collection - Refresher Training Evaluation". The form contains two sections of questions, each with a "must provide value" label and a set of radio button options: "Strongly Agree", "Agree", "Neither Agree nor Disagree", "Disagree", and "Strongly Disagree". The first section is titled "Overall, I am satisfied with my experience at this call." and the second section is titled "The information reviewed around data collection will help me continue to engage in birth certificate data process improvement work with colleagues at my hospital."

Agenda

- Welcome
- BCQII Quick overview
- Education / Learning Resources
- Birth certificate variables in review
- Q&A

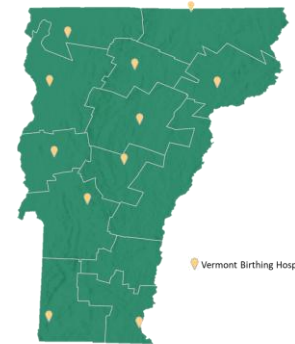
Birth Certificate Quality Improvement Initiative (BCQII) Timeline



Collaborators – It's all about Partnerships

- 👤 Brattleboro Memorial Hospital
- 👤 Central Vermont Medical Center
- 👤 Copley Hospital
- 👤 Gifford Medical Center
- 👤 North Country Hospital
- 👤 Northeastern Vermont Regional Hospital
- 👤 Northwestern Medical Center
- 👤 Porter Medical Center
- 👤 Rutland Regional Medical Center

- 👤 Southwestern Vermont Medical Center
- 👤 University of Vermont Medical Center



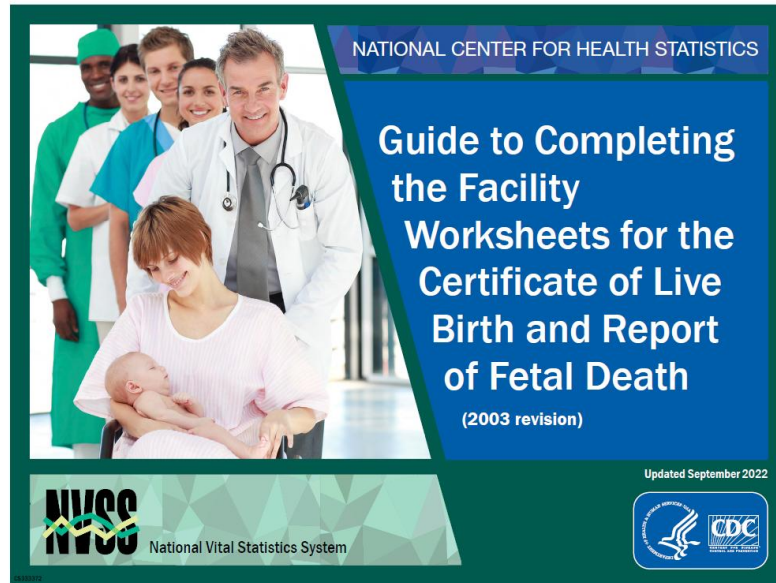
Reminder: Education Resources Available for Data Collection Hospital Teams

VDH Support Services

- Vital Records Office: 802-863-7275

Essential Resources for Hospital Teams

#1 Guide (Updated Sept. 22)

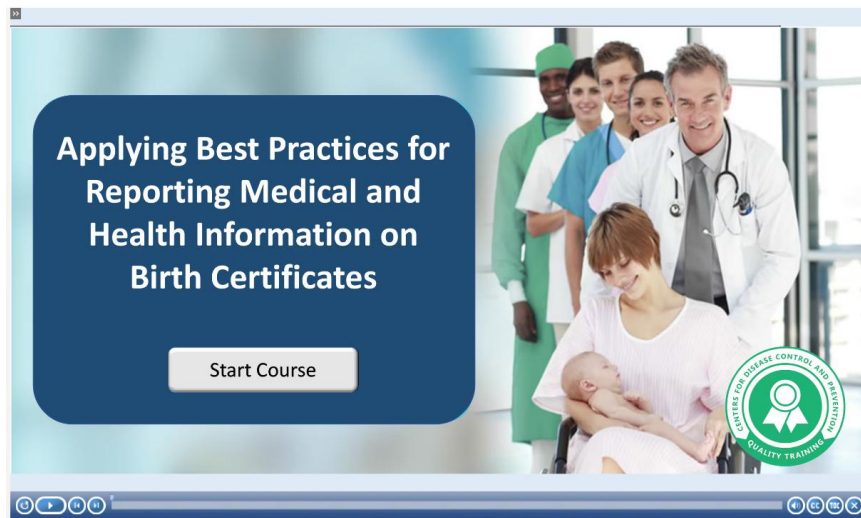


- Provides definitions, instructions, sources, and keywords and abbreviations for each of the medical and health items
- Available online in html and pdf
- FREE spiral-bound hard copies available
 - Request from births@cdc.gov

www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm

Essential Resources for Hospital Teams

#2 Applying Best Practices for Reporting Medical and Health Information on Birth Certificates



[NCHS Training - Applying Best Practices for Reporting Medical and Health Information on Birth Certificates \(cdc.gov\)](https://www.cdc.gov/nchs/training/best-practices-reporting-medical-and-health-information-on-birth-certificates)

- Free training available on NCHS website
- Continuing education units, certificate of completion available
- New EBRS Users to complete this training as part of VDH onboarding protocol
- Recommend that clinical team entering the data at hospital complete this training as part of competency education.

VT Resource: Hospital Tip Sheet

VCHIP/VDH Birth Certificate Quality Improvement Initiative (BCQII)

[ADD YOUR HOSPITAL NAME]



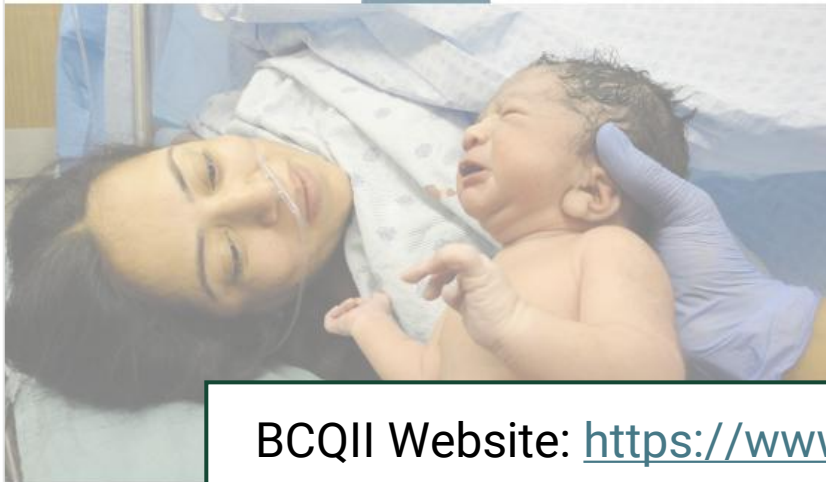
This is a template for you to complete with your team to easily retrieve birth certificate information available in your EHR.

Hospital Specific Tip Sheet to Completing the Birth Certificate Facility Worksheet

[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.

2025



Vital Records Office: 802-863-7275

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	Stat: Mother	Check the source of payment for the <i>delivery</i> , not the payer for the newborn care or prenatal care, if <u>different</u> . If unsure what source of payment a given insurance falls under, check with your billing office.

Vital Records Office: 802-863-7275

DEFINITION	EBRS TAB	TIPS FOR ENTRY
The principal source of payment is important public health information and is needed to monitor access to care during delivery.		
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: <i>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?</i>
Vermont Facility Worksheet number 51. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY The total number of visits <u>recorded</u> 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. <u>Do not include</u> visits for laboratory and other testing in which a physician or health care professional did not examine or counsel the pregnant woman. <u>Do not include</u> classes, such as childbirth classes, where the physician or health		Q: We sometimes have trouble finding out <u>number</u> 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: <i>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.</i> 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 recent provider

BCQII Website: <https://www.uvm.edu/larnermed/vchip/birth-certificate-quality-improvement-initiative>

VT Resource: Insurance Tip Sheet

VCHIP/VDH Birth Certificate Quality Improvement Initiative (BCQII)

Vermont Insurance Tip Sheet

- Information known as of April 2025 •

The following lists include the best understanding of current, possible responses to "Principal Source of Payment for This Delivery" on the **Birth Certificate Facility Worksheet** and how they should be categorized.

PRIVATE

Aetna
Anthem
APEX
Blue Cross and Blue Shield
Capital District Physicians' Health Plan (CDPHP®)
CBA BLUE
Champus Tri-Care
Cigna
Comprehensive Benefits Administrator, Inc.
CoreSource, Inc.
Employee Benefit Plan Admin, Inc. (EBPA)
Excellus Health Plan, Inc.
Great West Health Care
Harvard Pilgrim Health Care
Healthcare Value Management
Health Care Service Corp.
Health Plans, Inc.
Highmark, Inc.
Horizon Healthcare Service, Inc.
HUK Coburg Krankenversicherung
Humana Insurance Co.
IAB
Martin's Point

VCHIP/VDH Birth Certificate Quality Improvement Initiative (BCQII)

PRIVATE

MVP Health Plan, Inc.
PBM Plus, Inc.
Prime Therapeutics, LLC
The Vermont Health Plan (TVHP)
Tufts Benefit Administrators, Inc.
UltraBenefits, Inc.
UMR
UniCare Life and Health Insurance Co.
United Medical Resources, Inc.
UnitedHealthcare
USABLE Mutual Insurance Co.
Vermont Health Partnership (VHP)
Wellpoint

MEDICAID

Amerigroup
Dr. Dynasaur
Fidelis
PC PLUS (PRIMARY CARE PLUS)
PC PLUS VHAP
Vermont Health Access Plan (VHAP)
VT Medicaid

OTHER

Catamount Health
Catamount Health with Premium Assistance (CHAP)
Christian Care Share
GEHA (Government Employees Health Association)
Medicare

BCQII Website: <https://www.uvm.edu/larnermed/vchip/birth-certificate-quality-improvement-initiative>

Highlights from Chart Review



HOSPITAL EHR

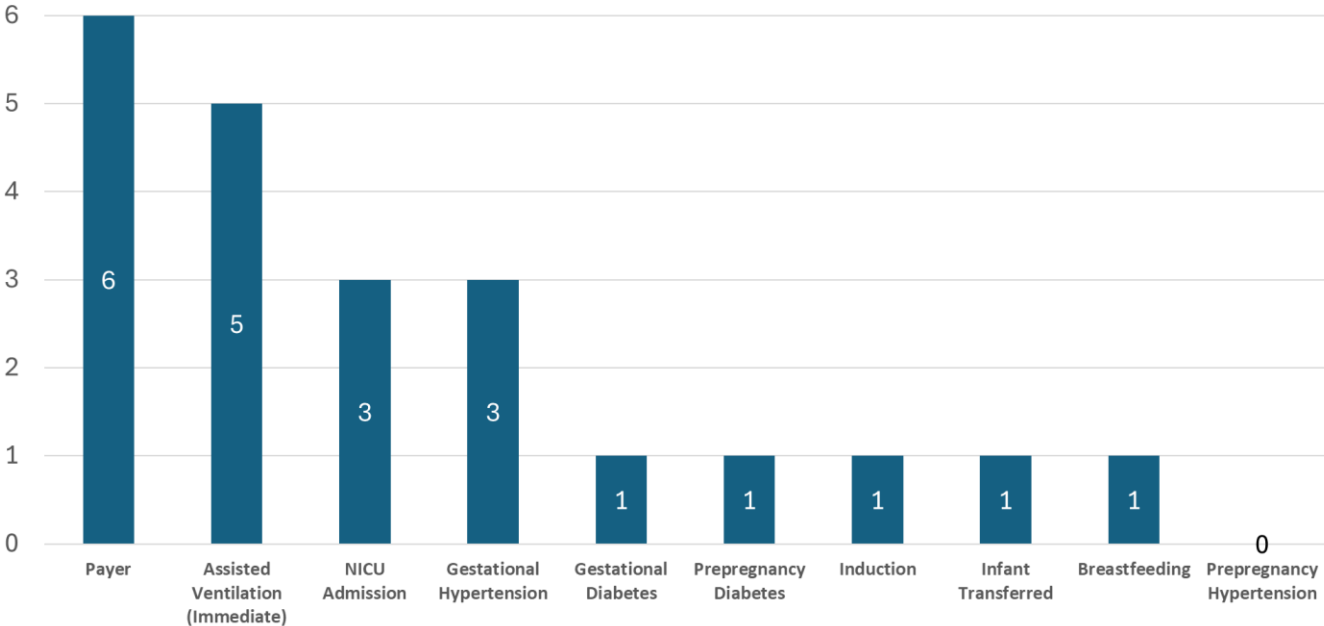
*Retrospective Chart Review
July 2023-December 2023*



BIRTH CERTIFICATE DATA

*Extract from VDH accessed by
VCHIP/PQC team
July 2023-December 2023*

Indicators with $\geq 5\%$ difference between BC & CR



Variables in Review
Pre-pregnancy hypertension
Gestational hypertension
Pre-pregnancy diabetes
Gestational diabetes
Breastfeeding
Assisted ventilation after delivery
NICU admission
Premature rupture of membranes
Payer: Medicaid, Private Insurance, Self Pay, Other
Induction of labor
Infant transferred <24 hours

BCQII Baseline Chart Review Findings

Top 5 Indicators with
Largest Differences
Between Chart Review
& Birth Certificate Data

(July-Dec 2023 Births)



Payer: Private Insurance



Payer: Medicaid



Gestational Hypertension



Assisted Ventilation Required Immediately After Delivery



NICU Admission

Follow up chart review
of 2025 Births
happening now!

Follow-Up Chart Review



Chart review happening now



Data review meetings will be in winter 2025-26. Include all members of teams involved in the Birth Certificate Process!

Review of Selected Number of Birth Certificate Variables and Definitions

Pre-Pregnancy Diabetes and Gestational Diabetes

--> *Risk Factors of the mother during 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

If diabetes is present, check either prepregnancy or gestational diabetes.

Do not check both.

Pre-Pregnancy Hypertension and Gestational Hypertension

--> *Risk Factors of the mother during this pregnancy*

- **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).

Note: 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

Clinical Insight on Documentation

- The presence of pre-existing or gestational diabetes should be part of the admission History and Physical
- The determination/diagnosis should be made by an OB provider
- If uncertain, talk with OB provider – clinicians will know the classification if it is unclear re: preexisting
- Looking for when the condition started: Prenatal or Gestational. **Do not check both**

Clinical Insight on Documentation

Provider responsibility:

- Work with your Birth Certificate abstractors to determine where in the chart this pregnancy-related problem is noted.
- Best practice recommendation: document in the admission History and Physical
- Specify pre-existing vs gestational diabetes
- Document in the area mutually agreed upon with Birth Certificate abstractors

Birth Certificate abstractor responsibility:

- Look in the designated area for pregnancy problems
- Ideally the History and Physical section
- Work with providers for mutual agreement re: where data are located

Induction of Labor

--> *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.

Clinical Insight on Documentation

Provider responsibility:

- Document in the History & Physical (H&P) admission for induction, admission for labor, admission for premature rupture of membranes without labor
- In the H&P plan specify if induction vs augmentation with uterotonic-decide on wording as this will be abstracted
- Specify which method of induction (ballon, cervidil, oxytocin, etc.)
- May be in delivery note
- Document in hospital discharge summary if induced or augmented

Birth Certificate abstractor responsibility:

- Look in H&P re: induction vs labor vs ruptured membranes
- Look in discharge summary for same language re: induction, augmentation
- May be in delivery note: some are formatted to make this easy, others might be too confusing

Breastfeeding

- **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.

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.

Assisted Ventilation after Delivery

- **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.

Ventilation done manually immediately following delivery (Includes PPV)

Note: 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 after Delivery

- Cont.

Keywords and Abbreviations:

- Bag and mask ventilation
- Intubation
- Intubation and PPV – Positive pressure ventilation
- PPV bag/mask or ET – Positive pressure ventilation via bag, mask, or endotracheal intubation
- IPPV bag – Intermittent positive pressure ventilation via bag
- IPPV ET – Intermittent positive pressure ventilation via endotracheal intubation
- O2 via ET – Oxygen via endotracheal intubation
- Oxygen

Infant Transferred <24 hours

- **WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY?**
Transfer status of the infant from this facility to another within 24 hours after delivery.

NICU Admission

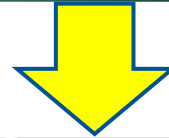
- NICU admission

Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for a newborn.

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.

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.

Principal Source of Payment (Payer)



Child	Mother	Father/Parent	Stat: Child	Stat: Mother	Medical / Health	Attendant/Certifier	Edits
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Mother's medical record number:	Prepregnancy:	At delivery:	Feet:	Inches:
	Weight: lbs	lbs	Height:	

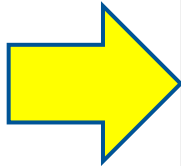
Facility Transfer
Was mother transferred:
Name of facility transferred from:

Principal Source of Payment
Source: Other payment source:

Last Menses
MM: DD: YYYY:

WIC food during pregnancy?

Electronic
Birth
Registration
System
(EBRS)



Payer Variables for this Delivery

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)

The principal source of payment is important public health information and is needed to monitor access to care during delivery.

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.

VT Resource: Insurance Tip Sheet

VCHIP/VDH Birth Certificate Quality Improvement Initiative (BCQII)

Vermont Insurance Tip Sheet

- Information known as of April 2025 •

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Great West Health Care
Harvard Pilgrim Health Care
Healthcare Value Management
Health Care Service Corp.
Health Plans, Inc.
Highmark, Inc.
Horizon Healthcare Service, Inc.
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Humana Insurance Co.
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UnitedHealthcare
USABLE Mutual Insurance Co.
Vermont Health Partnership (VHP)
Wellpoint

MEDICAID

Amerigroup
Dr. Dynasaur
Fidelis
PC PLUS (PRIMARY CARE PLUS)
PC PLUS VHAP
Vermont Health Access Plan (VHAP)
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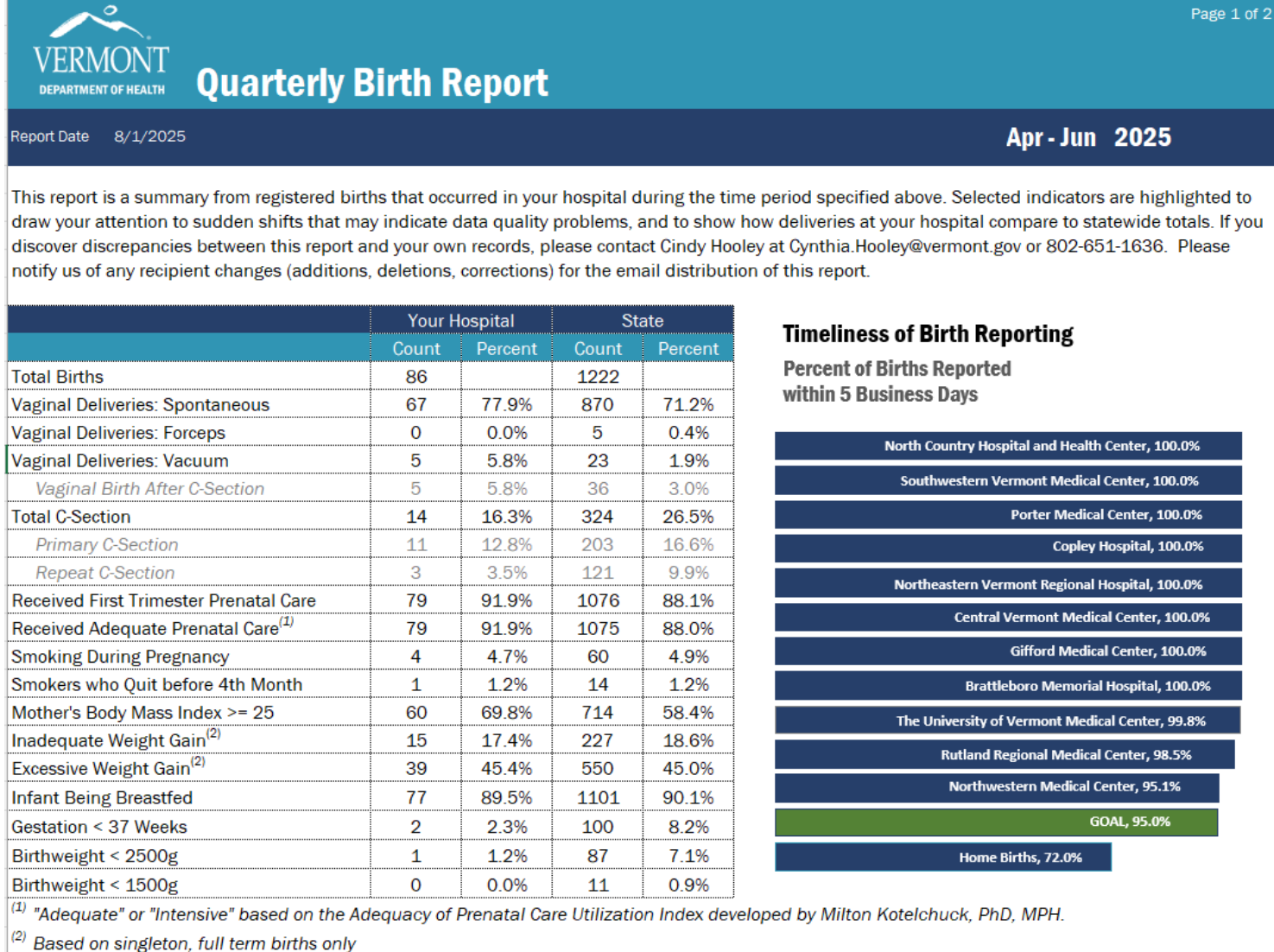
Questions about these Variables?



Voluntary Acknowledgement of Parentage Form

- A voluntary acknowledgment of parentage (VAP) form is required to add an unmarried second parent to a birth certificate. Can be completed and submitted to Dept. of Health at any time.
- Process:
 - Hospital collects VAP from parents and sends to Vital Records at Dept. of Health; OR hospital gives VAP to parents to send to Vital Records directly.
 - If hospital has a VAP, Birth registrar in hospital enters VAP = Yes in EBRS but does not enter the second parent's information.
 - Vital Records *processes* VAPs within 1-2 days of receipt. If form is complete second parent info entered in EBRS. If not complete, form is returned to parents.

Quarterly Birth Report



Quarterly Birth Report

**Quarterly Birth Report**

Page 2 of 2

Report Date 8/1/2025

Apr - Jun 2025

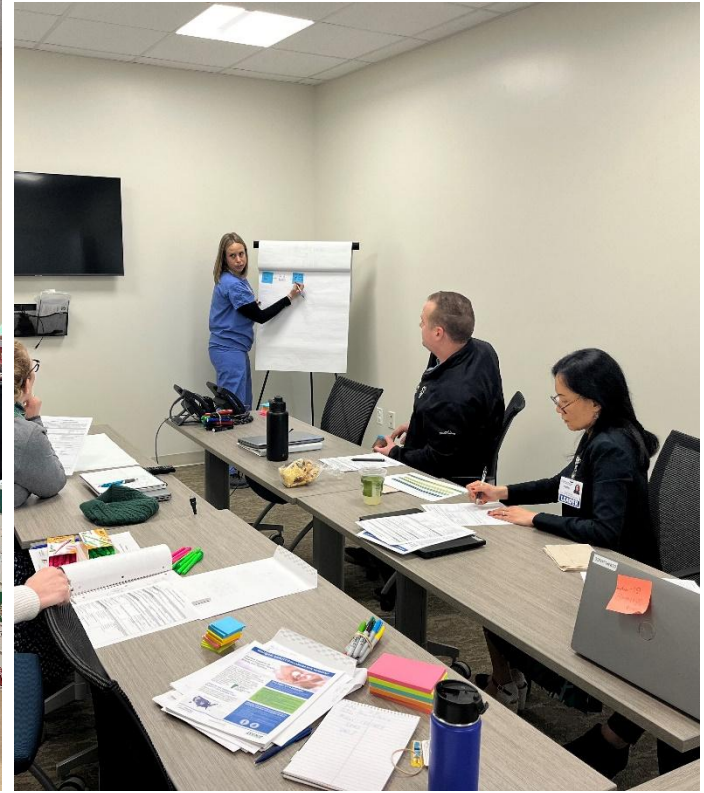
Information from birth records is essential to better understand and improve the health of mothers and babies. UNKNOWN values limit the usefulness of birth data. The table below reflects items from the birth record that are often left unknown. For those items where the percentage of births in your hospital exceeds the tolerance for unknown values set by the CDC's National Center for Health Statistics, we will provide in a separate email a list of the records for your review and follow up for the missing information.

Records With Unknown Values			
Item	Count	Percent	National Tolerance
Mother's Prepregnancy Weight	0	0.00%	1.55%
Mother's Delivery Weight	0	0.00%	1.38%
Month of Last Other Pregnancy Outcome	12	13.95%	12.83%
Year of Last Other Pregnancy Outcome	3	3.49%	7.34%
Day of Last Normal Menses	3	3.49%	8.33%
Month of Last Normal Menses	3	3.49%	7.28%
Year of Last Normal Menses	3	3.49%	6.87%
Cigarette Smoking, Prepregnancy	3	3.49%	1.00%
Cigarette Smoking in 1st Trimester	3	3.49%	1.00%
Cigarette Smoking in 2nd Trimester	3	3.49%	1.00%
Cigarette Smoking in 3rd Trimester	3	3.49%	1.00%
Mother Received WIC Food	1	1.16%	1.43%
Mother's Race	0	0.00%	1.00%
Mother of Hispanic Origin	1	1.16%	1.00%

Questions about these?



Before we come to a close...



It takes a Village...

Health Information Management (HIM) chart analysts, OB providers, Pediatric providers, Certified Nurse Midwives, Registered Nurses, Licensed Nursing Assistants,...

Shoutout to Hospital Team Leads!



Source: Free cartoon Superheroes photo

TEAMWORK!

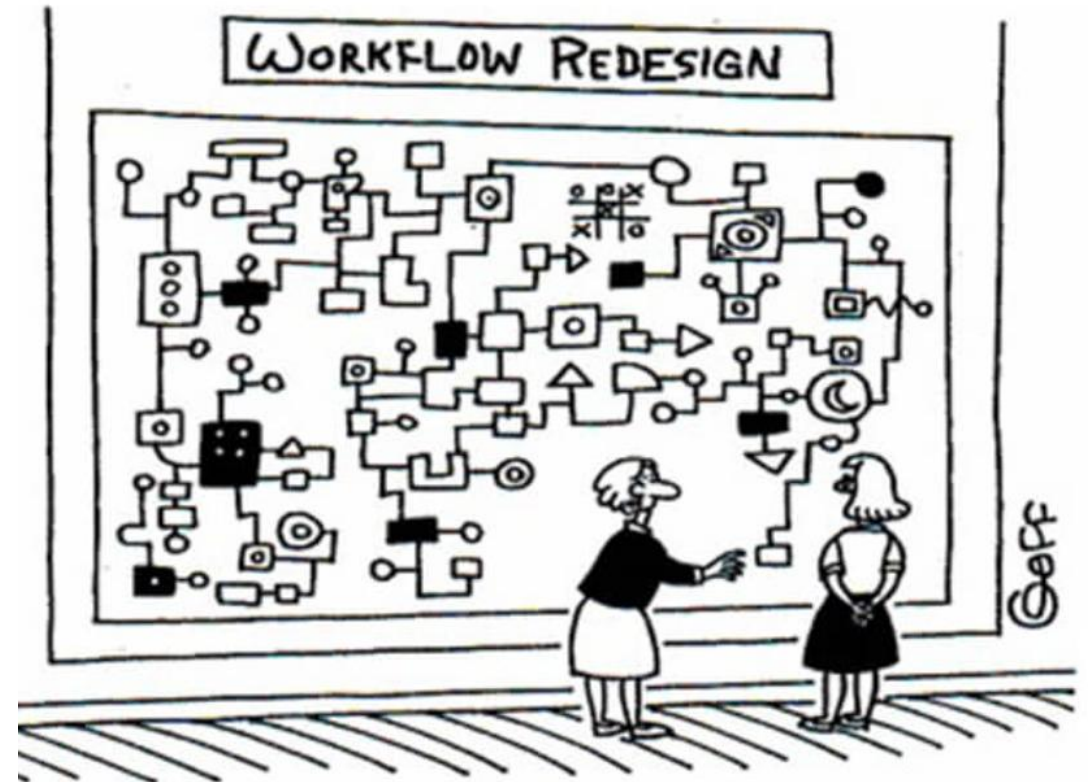
- Established a multidisciplinary team to review records and identify challenges in reporting birth certificate information
- Meet with some frequency to share experience of Health Information Managers and Clinical teams
- Acknowledge the expertise of all members of the team to improve accuracy of birth certificate data

Hospital Strategies to Improve Birth Certificate Information

- ✓ Established a multidisciplinary team to review records and identify challenges in reporting birth certificate information
- ✓ Identified the best sources of information and specific locations in the records and developed instructions for HIM specialist on reporting this information
- ✓ Modified electronic medical records to capture information consistent with birth certificate items
- ✓ Adopted use of resources, such as the guide to encourage adherence to birth certificate definitions
- ✓ Trained clinical staff to consistently document information in specific locations in the medical records
- ✓ Identified experts in state vital records department for staff to contact with questions
- ✓ Trained hospital staff on all the new procedures

Q&A

- What questions do you have?
- What challenges are you facing?
- What more do you and your team need to know or further explore?



"And this is where our ED workflow redesign team went insane."

Comments? Compliments? Questions?

Please take a few
moments to complete
the evaluation.



Scan the code

