



Louisiana Electronic Event Registration System

Birth Module Front Office User Guide



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Login Process

All **Users** are required to login to LEERS before they can start using the system.

The system verifies the **User ID** and **Password** of the User with the **User Profile** stored in the system.



The screenshot shows a login form titled "Login to LEERS". It contains two input fields: "User Id:" and "Password:". Below the "Password:" field is a yellow "Login" button. At the bottom of the form, there are two links: "[Forgot User Id?](#)" and "[Forgot Password?](#)".

If Password is invalid:

The System will prompt the User to try again. The User will have **five (5)** attempts before the system locks the **User ID**.

If System detects invalid attempt limit is reached:

The System will lock the **User ID** and display a message to contact the **System Administrator**, who can unlock your account and reset your password if necessary.

If you forget your User ID or Password:

If the User clicks on the ***Forgot User ID*** link, the System will prompt the user to enter the email on file for the User. If the User enters the correct email, the system sends the **User ID** to the email account of the User.

Please enter your E-mail address:

If the User clicks on the **Forgot Password** link, the System will prompt the User to enter the email on file for the User and then prompt the User for answers to the security questions preselected by the User. Upon successfully answering each of the Security questions correctly, the system redirects the User to the **My Account** page where the User can change the password.

Please enter your User Id:

Please answer the following Questions

What is your First Car?

What is the name of your childhood best friend?

What was your favorite teacher's name?

If the system detects user has logged in using a temporary password:

After being assigned a User ID for the first time, or after an administrator resets your password, you will be emailed a temporary password. After logging in with a temporary password, the System will redirect the User to the **My Account** page. The User will then be prompted to enter a new password.

LEERS Home

This page allows the User to select the Module to work with by clicking on the corresponding Module button in the **left column** of the page. The User will have access to only those Modules that the User is authorized to use.

This page is displayed after a successful User login:

The screenshot shows the LEERS Home page interface. At the top right, there are navigation links: "My Account", "Reports", and "Administrative" with a dropdown arrow. On the left side, there is a vertical column of seven blue buttons: "Birth", "Death", "Marriage", "Divorce", "Fetal Death", "ITOP", and "SAM". The main content area is divided into three sections. The top section is titled "MESSAGES" and contains a table with two columns: "Date" and "Message". The table has one row with the date "4/21/2010" and the message "Welcome to LEERS". There is a red "X" icon in the top right corner of the message row. Below the messages section is a section titled "FAQ" with a dropdown arrow. At the bottom is a section titled "CONTACT INFORMATION" with a dropdown arrow.

The Messages section displays all the Messages for the LEERS users.

Click on the arrow in the FAQ section to refer to a list of Frequently Asked Questions in LEERS.

Click on the arrow in the Contact Information section to refer to a list of Contacts in LEERS.

The above sections can be expanded or collapsed by clicking on the arrow to the right of the respective sections.

If the User belongs to more than one facility, then the **Facility** drop-down list is visible in the **top left** portion of the screen. The User can select the facility to work with from this list and then proceed to the Module by clicking on the corresponding Module button. This list **will not** appear if the User is assigned to only one Facility.



If a module is unavailable to you as a user, the button will be grayed out on the bar to the right. In the above screenshot, the user has access to Birth, Death, ITOP and SAM modules, but does not have access to Marriage, Divorce, or Fetal Death modules.

This page also has menu buttons to view the following:

My Account

This option navigates to the **Account Information** page which displays the User contact information and also allows the User to change the Password and the Security questions. The User may also change their PIN on this page, if they have authorization to certify records.

Reports

This option navigates to the **Reports** page which displays a list of reports by Module for administration purposes. Only Users with relevant authorization can access this page.

Birth Module: Introduction

The **Birth Module** is used to create, modify, and print Birth Certificates in LEERS.

A Front Office Facility enters the details of the Birth in LEERS. This Birth is then Certified and submitted to the Back Office.

The Registration Clerk at the Back Office reviews the Birth Certificate. If the review fails, the Birth record is returned to the Facility for corrections.

If the review is successful, then the Birth record is registered and Birth Certificate can be printed as required.

Birth Module Home

This section describes the **Birth Module Home page** in LEERS.

This screen appears when the User selects the **Birth Module** option on the LEERS Home page.

The Birth Home page displays status queues with record counts within each status, and menu options for various functions within the Birth Module, depending upon the Office type of the User who has logged in.

Front Office

Status Queue

If the User is a Front Office user, then the following Status queues are visible:

The screenshot shows a web interface for a Status Queue. On the left, a table lists the status categories and their respective record counts. On the right, a 'Records Display Grid' shows a list of records with columns for Husband's Last Name, Wife's Maiden Name, Date of Decree, and Parish of Decree. A yellow arrow points to the 'Menu Buttons' area, which includes 'Add Record', 'Search', and 'Reports'.

Status	Records
Incomplete	2
Ready to Certify	0
Returned from State	0
All Records	

Husband's Last Name	Wife's Maiden Name	Date of Decree	Parish of Decree
LANDRY	SMITHSON	03/19/2011	JEFFERSON
DEWITT	CHASE	03/16/2011	JEFFERSON

Total Count 2

- **Incomplete**
These are birth records that are initiated but not completed.
- **Ready to Certify**
These are birth records that are validated and are pending certification.
- **Returned from State**
These are birth records that have been submitted to the state but have been returned by the state for verification of certain data.

The number next to the Status indicates the count of birth records for the respective Status. Clicking on the Status or Record Count will display the respective records in the **Records Display Grid** on the right side of the page.

Click on **All Records** in the Status queue to display all records in the grid irrespective of Status.

Note:

If the User only has functionality to Certify Birth Records, then the User does not see any status queues. Only records that are assigned to the User to be certified will be visible on the page.

Records Display Grid

This grid displays records according to required status. The grid displays *Child Name, Mother Name, Date of Birth, and Sex* for each record.

Click on the record to open the details of the record.

The Records Display Grid can be sorted by clicking on the header in each column. Subsequent clicks on a header will toggle the sort order between ascending and descending for that header.

Menu buttons

If the User belongs to a Facility then the following menu buttons are visible:

- Add New Birth
- Search
- Reports
- Forms

Add New Record

This section describes the process of entering a new birth record in LEERS.

This screen appears when the User selects to **Add New Birth** on the Birth Module Home page. The User has to enter the minimum case identification data required to initiate a new birth record.

Add New Record

Child's Last Name

Mother's maiden name (last name only)

Child's Date of Birth

Plurality of delivery

A User has to enter the following fields to initiate an birth record:

- Child's Last Name
- Mother's Maiden Name
- Date of Birth
- Plurality

To initiate a new **Live Birth record**:

Child First Name	Child Date of Birth	Child Time of Birth
<input type="text" value="Jeremy"/>	<input type="text" value="4/1/2010"/>	<input type="text" value="08"/> <input type="text" value="25"/> <input type="text" value="AM"/>

1. Enter the fields mentioned above. *Facility, Parish* and *City* are only visible to Back Office users and are optional.

2. Click on the **Submit** button. The system will perform a search to see if a record with the case identification data entered exists. If yes, then the system will display a list of potential duplicates. If no, then the system will display fields to enter Child's first name and Time of Birth. If the plurality is greater than one, then the User will have to enter these details for each birth record.
3. Enter the required data and click on **Save Records** button.
4. The system will add the records and display the new records in the Records added grid. Click on the *Child Name* of a record to open the [Live Birth](#) details of the record.

If a list of potential duplicates are displayed in the **Matching Records grid**:

Matching Records							
Child Name	Mother Name	DOB	TOB	Sex	Plurality	PlurMatchNo	Match
SMITH, JEREMY	JONES,	04/01/2010	08:25 AM		1	null	<input type="checkbox"/>

Scenario 1: A Duplicate Record exists

Review the list and check the Match column of a potential duplicate record. Click on the **Filter Records** button. This will clear the grid of any other records and only show the duplicate record. Click on the *Child Name* of a record to open the Birth details of the record.

Scenario 2: No Duplicate Record exists

Click on the Filter Records button. This will clear the grid of all records and display fields to enter Child's first name and Time of Birth. Proceed as mentioned above to initiate a new Live Birth Record.

Scenario 3: Record is part of Linked Plural Delivery

Review the list and check the Match column of all the linked records. Click on the Filter Records button. The system will display fields to enter Child's first name and

Time of Birth. Enter the required data and click on **Save Records** button. The system will create the New Birth Record and link it to the records selected as match records.

To **link** multiple birth records that were created as single Birth records:

1. Enter the Child's last name, Mother's maiden name, DOB and actual plurality of birth.
2. Click on the **Submit** button. System will display all existing records that match above criteria.
3. Check the Match column of all records that need to be linked and click the **Filter Records** button. This will enable the **Link Records** button.
4. Click on the **Link Records** button. This will link the records selected as match records.

Note:

Whenever multiple birth records or linked records are created, the system automatically calculates the **Birth Order** depending upon the **Time of Birth** of each linked record.

A Facility User can create a **Delayed record** if the Date of Birth is within 6 months to 12 years of the current date. This option is not open to a Back Office User.

To initiate a **Delay Record**:

1. Enter the Child's Name, Mother's maiden name, DOB and Plurality. (DOB is within 6 months and 12 years of current date)
2. Click on the **Submit** button. System will display a message '*Date of birth is greater than six months. Do you wish to create a Delayed birth record?*'

3. Click on the *Yes* button. The system will create a Delay Birth record and open the Birth details page to enter information for the [Delay Birth Record](#). A Back Office User will see an option to create a **Foundling** record. This option is not visible to a Facility User.

To initiate a Foundling Record:

1. Enter the Child's Name and DOB. Check the Foundling box.
2. Click on the Submit button. The system will display a message 'Do you want to create a Foundling birth record?'
3. Click on the 'Yes' button. The system will create a Foundling Birth record and open the Birth details page to enter information for the Foundling Record.

Reports

This section describes the process of generating Facility Reports in LEERS.

This screen appears when the **User** selects **Reports** on the [Birth Home](#) page. This button is visible to a Facility User only.



The screenshot shows a web interface for generating reports. It features a dropdown menu labeled 'Report' with 'Productivity Report' selected. Below this is a 'Date of Birth Range' section with 'From' and 'To' date pickers. The 'From' date is '04/01/2011' and the 'To' date is '07/01/2011'. A yellow 'View' button is located to the right of the date pickers.

The following Reports are available to a Facility User:

- Acknowledgement of Paternity
- Certificates Dropped to Paper and Submitted to State
- All Record Status
- Records Pending Certification
- Productivity Report
- Paternity Establishment Program Report

To generate a Report:

1. Select the desired Report from the drop-down list.
2. Enter the Date Range for the Report.
3. Click on the **View** button to View and Print the Report.

Forms

This section describes the process of viewing, printing, and saving Forms pertaining to the Birth Module in LEERS.

This screen appears when the **User** selects **Forms** on the [Birth Home](#) page. This button is visible to both Facility and Back Office Users.

Download LEERS Forms

Forms

- [Acknowledgement of paternity - 2 Party - Hospital - Feb 2011](#)
- [Acknowledgement of paternity - 2 Party - PUBLIC - Feb 2011](#)
- [Acknowledgement of paternity - 3 Party - Hospital - Feb 2011](#)
- [Acknowledgement of paternity - 3 Party - PUBLIC - Feb 2011](#)
- [CDC Race Code List](#)
- [Certifying a Birth Record - One page](#)
- [Facility Worksheet \(Multiple Births Attachment\)](#)
- [Facility Worksheet - One Page](#)
- [Facility Worksheet for Live Birth - FULL](#)
- [LEERS Facility Worksheets Guidelines](#)
- [LEERS Hearing Glossary of terms](#)
- [LEERS Hearing Help and Support](#)
- [Mother's Worksheet - Cover Letter](#)
- [Mother's Worksheet - FULL](#)
- [Mother's Worksheet-One Page](#)
- [Paternity Declaration Instructions And Form](#)
- [SSA Verification Form- 9 Weeks](#)

Find

**STATE OF LOUISIANA
ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT
(FOR USE IN HOSPITAL)
CHILD BORN OF MARRIAGE**

NOTICE: You must read and initial the NOTICE OF ALTERNATIVES, RIGHTS AND RESPONSIBILITIES before you sign the affidavit. This is a legal document. Complete in ink and do not alter.

SECTION I. CHILD'S INFORMATION

Name of Child - First, Middle, Last (As it appears on birth certificate) _____ Date of Birth - (Month, Day, Year) _____
Place of Birth - City, State _____ Name of Hospital _____

SECTION II. MOTHER'S INFORMATION

Name of Mother - First, Middle, Last _____ (Maiden Name) _____ Date of Birth - (Month, Day, Year) _____
Mother's Address _____ Mother's Phone Number _____
Mother's Place of Birth - City, State _____ Race (Circle) American Indian, Black, White, Asian _____ Mother's Social Security Number _____
If Other, List _____
Mother's Employer - Name & Address _____ Mother's Occupation _____
Was Mother Married at Time of Birth _____ If Yes, Name and Address of Husband _____
Circle One: Yes No
Does Mother Have Health Insurance _____ If Yes, Name of Insurance Company and Policy No. _____ State Medicaid: _____
Circle One: Yes No

SECTION III. FATHER'S INFORMATION

Name of Father - First, Middle, Last _____ Date of Birth - (Month, Day, Year) _____
Father's Address _____ Father's Phone Number _____
Father's Place of Birth - City, State _____ Race (Circle) American Indian, Black, White, Asian _____ Father's Social Security Number _____
If Other, List _____
Father's Employer - Name & Address _____ Father's Occupation _____
Father's Guardian (If Father under age 18) Print Name _____ Guardian's Address _____ Guardian's Signature _____
Does Father Have Health Insurance _____ If Yes, Name of Insurance Company and Policy No. _____
Circle One: Yes No

MOTHER: I certify that I am the MOTHER of the child named above and that all statements made herein are true and correct to the best of my knowledge. I am signing this Affidavit voluntarily and of my own free will. I acknowledge that the man named above is the biological father of my child. I give my consent to have his name appear on the Certificate of Birth of my child. I declare and affirm that I lived separate and apart from the legal presumptive father for a minimum of one hundred and eighty days prior to the time of conception and have not reconciled since the beginning of the one hundred and eighty-day period. I further acknowledge that I have received oral and written notice of the legal rights and consequences resulting from my acknowledging the paternity of my child and I understand this notice.

The following Forms are available to a Facility User:

- **Acknowledgement of Paternity**
 - 2 Party – Hospital
 - 2 Party – Public
 - 3 Party – Hospital
 - 3 Party – Public
- **CRC Race Code List**
- **Certifying a Birth Record**

- **Facility Worksheet**
 - Multiple Births Attachment
 - One Page
 - Live Birth Full

- **LEERS Facility Worksheets Guidelines**
- **LEERS Hearing Glossary of Terms**
- **LEERS Hearing Help and Support**
- **Mother's Worksheet**
 - Cover Letter
 - Full
 - One Page

- **Paternity Declaration Instructions and Form**
- **SSA Verification Form – 9 Weeks**

To View/Print/Save a Form:

1. Click on the desired Form from the menu on the left.
2. Click on the **Print** icon  on the top left side of the form window to print the selected form.
3. Click on the **Save** icon  on the top left side of the form window to download and save the selected form.

Search

This section describes the process of searching a Birth record in LEERS.

This screen appears when the User selects to Search on the Birth Home page. Facility users have the following fields to search for Birth records:

Search for a Record			
<input type="checkbox"/> Use Soundex?			
Child's Date of Birth		MM/DD/YYYY	
Child's Last Name	<input type="text"/>	Child's First Name	<input type="text"/>
Mother's maiden Name(Last Name)	<input type="text"/>	Mother's First Name	<input type="text"/>
Father's Last Name	<input type="text"/>	Father's First Name	<input type="text"/>
Mother's SSN	<input type="text"/>	Father's SSN	<input type="text"/>
Mother's Medical record number	<input type="text"/>	Newborn Medical record number	<input type="text"/>
User ID Created	<input type="text"/>		
<input type="button" value="Submit"/>		<input type="button" value="Clear form"/>	

Soundex is a tool by which names can be searched phonetically, by indexing names according to sound as pronounced in English. This aids in searching for names with an unfamiliar spelling, so that they can be matched despite minor differences in spelling. For searching using the Soundex functionality, check the **'Use Soundex'** box.

The User has to enter Child's DOB Year to search for a record unless the User is searching using a complete Date of Birth, State File Number, or Mother/Father SSN.

Enter the required criteria in the respective Search fields and click on the 'Submit' button.

The results of the Search are displayed in the Search grid:

SFN	Child Name	Mother Name	Father Name	DOB	Sex	Parish	
119201000000006	JOHNSON, SAMUEL	SMITH, LISA	,	01/02/2010	M	JEFFERSON	 
Total Count: 1							

Click on the Data View icon  to open the record in the data screen. Click on the Report icon  to view the Administrative report of the Birth record.

Birth Record Entry Screen

This section describes the process of entering a new Birth record in LEERS.

The Birth Record Entry screen will differ depending upon the type of Birth being recorded. The following types of Birth entry screens exist in LEERS:

- **[Live Birth](#)**
These are birth records that are within 6 months of current date.
- **[Delay Birth \(6 months - 12 years\)](#)**
These are birth records that are within 6 months to 12 years of current date.
- **[True Delay \(12 yrs and over\)](#)**
These are birth records that are 12 years or over the current date.
- **[Adoption](#)**
These are birth records going through local adoption or foreign adoption.
- **[Partial Birth](#)**
These are birth records that do not have all the statistical and health information of live birth records, but have partial birth information required to certify birth.
- **[Foundling](#)**
These are for foundling birth records.
- The following common buttons appear on all data entry screens:

Print

Click on the Print button to print an administrative report of the Birth record. A Front Office User will see options to print the following reports:

Admin Report, Mother's Worksheet, Birth Verification, SSA Form, Paternity Declaration

Click the topic on [Printer Setup](#) to know more about printing reports.

Save

Click on the Save button to save the details on the current tab.

Validate

Click on the Validate button to validate the details on the current tab. Any validation errors appear on top of the tab. All soft-edits (edits that need the User to verify the data) will appear with a Verify checkbox next to the error. Click on the checkbox to accept the data as entered or correct the data in the respective fields and run the validations again. All the soft-edits that are verified will have a **bypass** flag set so that the data can be reviewed during the Registration process.

Abandon

Click on the Abandon button to abandon an **Incomplete** record. This action will send the record to the Back Office and mark the record as **Pending Abandon**. A Back Office User with appropriate privileges can then review the record and [Abandon](#) it or Return it back to the Facility.

Note:

The Birth record will save automatically when the User moves from tab to tab only if the status on the Birth record is Incomplete.

This section describes the process of entering a new ITOP record in LEERS.

Validating a Birth Record

This section describes the process of validating a birth record in LEERS.

Any validation errors appear on top of the current Data Entry screen. All soft-edits (edits that require the User to verify the data) will appear with a Verify checkbox next to the error. Click on the checkbox to accept the data as entered or correct the data in the respective fields and run the validations again. All the soft-edits that are verified will have a **bypass** flag set so that the data can be reviewed during the Registration process. All hard-edits (edits that require the User to modify data) will have to be corrected for the validation error to disappear.

Validations can be done at two different stages for a record:

- **Page Validations**

Click on the **Validate** button on top of [Birth Record Entry Screen](#) to validate the details on the current tab. This **only** validates the current Data Entry tab. The validations are lost if the User navigates to another tab of the [Birth Record Entry Screen](#).

Example: If User runs page validations on [Child tab](#), then these validations will not be visible when the User navigates to or clicks on the [Mother tab](#).

- **Final Validations**

Click on the **Ready to Certify** button (for Front Office) or **Send to Register** (for Back Office) on the [Attendant tab](#) to validate the entire Birth record and show the final validations. When the User runs final validations, and navigates to a Data tab, only validations relevant to that data tab will be seen.

Example: If User runs final validations and then navigates to the [Child tab](#), then only those validations that are relevant to the Child tab will be seen.

Note: Final validations will let the User know the data changes that need to be made to move the record to the next stage. As soon as the final validations are completed, the record will automatically be moved to '**Ready to Certify**' status (Front Office) or '**Pending Registration**' status (Back Office).

Live Birth Record Entry Screen

This section describes the process of entering a Live Birth record in **LEERS**.

The Live Birth Record Entry screen has the following sections:

Child

This section is used to enter the information related to the Child whose birth is being recorded.

Mother

This section is used to enter the information related to the Mother of the Child.

Father

This section is used to enter the information related to the Father of the Child.

Newborn

This section is used to enter the information related to the birth of the Child.

Medical/Health Info

This section is used to enter the Medical/Health information about the Child.

Mother's Medical

This section is used to enter the Mother's Medical information.

Attendant

This section is used to enter the information related to the Attendant and the Certifier, for the Birth being recorded.

Comments

This section is used to enter comments related to the record.

Attachments

This section is used to attach any documents related to the record.

The various sections can be selected by clicking on the respective section header at the top.

Linked Deliveries

If a Birth record is part of a Plural Delivery, then all the linked records will appear by Birth order in a drop down list at the top of the screen. Selecting the Birth Order will load the respective record details according to the tab selected. For a linked delivery, the Mother, Father, and Mother's Medical details are copied across linked records.

Note:

If the Live Birth record is entered at a Facility then it will need to be certified. To do this, click on the **Send to Certify** button on the [Attendant](#) tab. This will validate the record and change status on the record to **Ready to Certify**.

If the Live Birth record is entered at the Back Office then it will need to be registered. To do this, click on the **Send to Register** button on the [Attendant](#) tab. This will validate the record and change the status on the record to **Pending Registration**.

Live Birth - Child Details

This section describes the **Child** tab in the Live Birth Data Entry Screen. The Case Identification information entered at the time of creating the Birth record like Child's Name, Date of Birth, and Time of Birth will be automatically populated in their respective fields.

The screenshot shows the 'Child' tab of the Live Birth Data Entry Screen. The form is divided into several sections:

- Child's Information:** Fields for Child's Last Name (LOPEZ-GONZALES), First Name (YOLANDI), Middle Name (YVONNE), and Suffix (dropdown). Other fields include Sex (F), Time of Birth (06:28 AM), Date of Birth (04/21/2010), Newborn Medical Record Number, and Mother's Hospital ID Number.
- Place Where Birth Occurred:** Radio buttons for Hospital (selected), Born Enroute, Home Birth Planned, Home Birth UnPlanned, Clinic/Doctor's Office, and Other.
- Facilities:** Dropdown menu showing 'East Jefferson General Hospital'.
- Address:** Fields for House # (4200), Street (HOUMA), St. Designator (BLVD), Country (UNITED STATES), State (LOUISIANA), County (JEFFERSON), City (METAIRIE), and Zipcode (700062996).
- Child's Social Security Number:** Radio buttons for 'Do you want a Social Security Number for this child?' (Yes selected, No).
- Enroll child in immunization reminder:** Radio buttons for 'Do you want to enroll child in immunization reminder system?' (Yes selected, No).
- Informant's Information:** Informant's Full Name (PABLO GONZALES) and Relation to infant (Parent selected, Other).

Child's Name

Enter the Child's Last Name, First Name, and Middle Name, and select the Suffix from the drop-down list.

If the First Name of the child is not known type the value **“Unnamed”** in the field. If present, the name must begin in position 1. The first character must be a letter from A to Z. The remaining characters must be a letter from 'A' through 'Z,' the single quote mark ('), dash (-), or space ().

The First Name and the Last Name cannot be blank.

Sex

Select the Sex of the Child from the drop-down list. The list has values M (Male), F (Female) and N (Not Yet Determined).

A selection of 'N' will need to be verified during validation.

Time of Birth

Enter the **Time of Birth** using a 12-hour clock.

A 12-hour clock with the range of 12:00 a.m. to 11:59 a.m. and 12:00 p.m. to 11:59 p.m. is to be used to report the **Time of Birth**.

The hour list has values ranging from 00-12, and 99 for 'UNKNOWN.'

The minute list has values ranging from 00-59, and 99 for 'UNKNOWN.'

The **AM/PM** option should also be chosen from a list if the Time of Birth is known.

Time of Birth cannot be blank. A selection of '99:99' will need to be verified during validation.

Date of Birth

Enter the Child's **Date of Birth**.

The **Date of Birth** is a three-section entry with the *month*, *day*, and *year* entered in different sections of the field, separated by *"/"*.

The Child's Date of birth must be earlier than or the same as the current date.

Newborn Medical Record Number

Enter the Facility Medical Record Number for the newborn child. This is not a mandatory field.

Mother's Medical Record Number

Enter the Facility Medical Record Number for the Mother of the newborn child. This is not a mandatory field.

Place Where Birth Occurred

Select an option from the list shown to indicate where the child was born. The options shown in this list will differ depending upon the type of Facility the User belongs to.

If the User belongs to a **Hospital**, then answer the question *Did the birth occur in this facility?*

- Yes
- Born En Route
- Home Birth Planned
- Home Birth Unplanned
- Clinic/Doctor's Office
- Other

If the User belongs to a **Birthing Center** then answer the question *Did the birth occur in this facility?*

- Yes
- Born En Route
- Other

If the User is a **Midwife** then answer the question *Where did the birth occur?*

- Home Birth Planned
- Home Birth Unplanned
- Other

If the User belongs to a **Local Registrar's Office** then answer the question *Where did the birth occur?*

- Home Birth Planned
- Home Birth Unplanned
- Clinic/Doctor's Office
- Other

If the User belongs to **Back Office** then answer the question *Where did the birth occur?*

- Hospital
- Freestanding Birthing center
- Home Birth Planned
- Home Birth Unplanned
- Clinic/Doctor's Office
- Other

If the option chosen is *Birth occurred at Facility* or *En Route to the Facility*, then the User's **Facility Name** and **Address** is automatically populated in the respective fields.

If the option chosen is *Clinic/Doctor's office* or if Back Office User chooses *Hospital* or *Freestanding Birthing Center*, then the User must select **Facility Name** from the drop-down list. The **Address** will be populated automatically.

For any other option, enter the [Address](#) for **Place of Birth** by clicking on the **Update Address** link. If the option chosen is *Other*, then specify the **Place of Birth**.

Child's Social Security Number

Select an option to indicate whether a Social Security Number has been requested for the Child.

A response of Yes is allowed only if the Child's First Name is not blank, or 'UNNAMED.' Also, only a Parent (Informant's relation to Child) can request a Social Security Number.

Enroll Child in Immunization reminder

Select an option to indicate whether an Immunization Reminder has been requested for the Child.

Only a Parent (Informant's relation to Child) can request an Immunization reminder.

Informant's Information

Enter the Name of the Informant who supplied all the information for the Birth record and the relationship of the Informant with the Child.

The Informant's name and relationship with the Child cannot be blank. If the Informant is not a *Parent* the relationship of the informant with the Child has to be specified.

Live Birth - Mother Details

This section describes the **Mother** tab in the Live Birth Data Entry Screen. The Case Identification information entered at the time of creating the Birth record such as Mother's Maiden Last Name will be automatically populated in the respective field.

The screenshot shows the 'Mother' tab in a data entry system. The form is organized into several sections:

- Mother's Current Legal Name:** Fields for Last Name (CANTRELL), First Name (AMY), Middle Name (LYNN), and Suffix (dropdown menu).
- Mother's Name PRIOR to First Marriage:** A checkbox labeled 'Same as Mother's Current Legal Name?' is checked. Fields for Last Name (GOLD), First Name (AMY), Middle Name (LYNN), and Suffix (dropdown menu).
- Date of Birth:** Field with value 03/13/1984 and format MMDD/YYYY.
- Mother's SSN:** Field with value 553-98-7511.
- Place of Birth:** Country: UNITED STATES, State: LOUISIANA, City: HOUMA. Includes an 'Update Place of Birth' link.
- Mother's Residence Address:** House #: 363, Street: PALM, St. Designator: CT, Country: UNITED STATES, State: LOUISIANA, County/Parish: PLAQUEMINES, City: BELLE CHASSE, ZIP Code: 70037. Includes an 'Update Address' link.
- Within City Limits?:** Radio buttons for Yes, No (selected), and Unknown.
- Mailing Address:** A checkbox labeled 'Same as Residence?' is checked.

Mother's Name PRIOR to First Marriage

Enter the Mother's Maiden Last Name, First Name, and Middle Name, and select the Suffix from the drop-down list.

If present, the name must begin in position 1. The first character must be a letter from A to Z. The remaining characters must be a letter from 'A' through 'Z,' the single quote mark ('), dash (-), or space ().

The First Name and the Last Name cannot be blank.

Date of Birth

Enter the Mother's Date of Birth.

The **Date of Birth** is a three-section entry with the *month, day, and year* entered in different sections of the field, separated by “/”.

Mother's Date of Birth must be completed. If the Mother's age is less than 8 years or greater than 65 years then the Date of Birth will need to be verified during validation.

Place of Birth

Click on the **Update Place of Birth** link.

Select the **Country** of Birth from the drop-down list. If the selected Country is *United States or Canada* then the **State/Territory/Province** list is populated with values related to the chosen Country. For any other Country, enter the **State/Territory/Province** in the box if applicable.

Select the **State/Territory/Province** from the drop-down list.
Enter the **City** of Birth in the respective box.

If the Place of Birth is within the *United States or Canada*, the **State/Territory/Province** and **City** fields are mandatory.

For any other Place of Birth only **Country** and **City** are mandatory.

If Mother's Place of Birth is not known, type the word '*UNKNOWN*' in **City** box.

This item is Mandatory.

Residence Address

Click on the **Update Address** link. Enter the Mother's Residence [Address](#).

Residence of the mother is the place the mother actually resides. Do not report temporary residences such as on a visit, business trip, or vacation. Place of residence during a tour of military duty or attendance at college should be entered as the place of residence.

For mothers who live in a group home, mental institution, penitentiary, or hospital for the chronically ill, report the location of the facility as the place of residence.

This item is Mandatory.

Mailing Address

Click on the **Update Address** link.

Enter the Mother's Mailing [Address](#).

If the Mailing Address is the same as the **Residence Address** then check the box *Mailing Address Same as Residence*. The Residence Address will be automatically populated in the Mailing Address fields.

This item is Mandatory.

Mother Married? Was mother EVER married? <input checked="" type="radio"/> Yes <input type="radio"/> No			Married at Conception or any time between? <input checked="" type="radio"/> Yes <input type="radio"/> No			Was AOP signed at the Facility? <input checked="" type="radio"/> Yes <input type="radio"/> No 3-Party AOP		
<input type="checkbox"/> Issue Discrepancy Letter?								
Mother's Education Check the box that best describes the highest degree or level of school completed at the time of delivery.			Mother of Hispanic Origin? Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the 'No' box if mother is not of Hispanic origin.			Mother's Race Check one or more races to indicate what the mother considers herself to be.		
<input type="radio"/> 8TH GRADE OR LESS <input type="radio"/> 9TH THROUGH 12TH, NO DIPLOMA <input type="radio"/> HIGH SCHOOL GRADUATE, OR GED COMPLETED <input type="radio"/> SOME COLLEGE CREDIT, BUT NO DEGREE <input type="radio"/> ASSOCIATE DEGREE (E.G. AS, AA) <input type="radio"/> BACHELOR'S DEGREE (E.G. BS, AB, BA) <input checked="" type="radio"/> MASTER'S DEGREE (E.G. MS, MA, MENG, MED, MSW, MBA) <input type="radio"/> DOCTORATE (E.G. PHD, EDD) OR PROFESSIONAL DEGREE (E.G. MD, DDS, DVM, LLB, JD) <input type="radio"/> UNKNOWN			<input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER SPANISH/HISPANIC/LATINO Specify <input type="text"/> <input type="checkbox"/> UNKNOWN IF SPANISH/HISPANIC/LATINO <input checked="" type="checkbox"/> NO, NOT SPANISH/HISPANIC/LATINO			<input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE Specify <input type="text"/> <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN Specify <input type="text"/> <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> GUAMANIAN OR CHARMORRO <input type="checkbox"/> SAMOAN <input type="checkbox"/> OTHER PACIFIC ISLANDER Specify <input type="text"/> <input type="checkbox"/> OTHER Specify <input type="text"/> <input type="checkbox"/> UNKNOWN		

Mother Married

Select an option to indicate whether the Mother was ever married.

If the option selected is *Yes* then select an option to indicate whether the Mother was married at the time of conception or anytime in between.

The questions following this item will only be visible to Hospital Facility Users.

If the option selected is *Yes*, then select an option to indicate whether Mother wants to complete the Acknowledgement of Paternity (AOP).

If the option selected is *Yes*, then select an option to indicate whether the AOP will be signed at the hospital.

If the option selected is *Yes* then click on link for 2-party or 3-party AOP to complete the [AOP details](#).

If the Mother was not Married ever or if the Mother was not married at the time of conception or anytime in between, and if she does not wish to complete the AOP then the system will display the message *'No Acknowledgement of Paternity! Father's information will be deleted. Do you wish to continue?'*

If the option selected is *Yes*, then any information entered in Father's section is deleted, and the section is disabled and not validated.

If there is a discrepancy in the above details and a letter needs to be issued, then check the box next to **Issue Discrepancy Letter**. The link to *Print Discrepancy Letter* will be visible. If this box is checked then any information entered for the Father will not be validated.

SSN

Enter the Mother's Social Security Number.

Enter the values 888-88-8888 if not applicable or 999-99-9999 if unknown.

Mother's SSN is a mandatory field. Values of 888-88-8888 or 999-99-9999 will have to be verified during validation.

Education

Select the option that best describes the highest degree or level of school completed at the time of delivery.

If Age/Education match indicates a discrepancy, the Education information will need to be verified during validation.

Hispanic Origin

Based on the mother's response to the worksheet or the interview, select all the corresponding checkboxes on the certificate and fill in any literal (written) responses. If mother has chosen more than one response, check all that she selected; for example if both *Mexican* and *Cuban* are checked, select both responses. If the mother indicates an ethnic origin not on the list, record it in the **Specify** space. Enter the mother's response in this space even if it is not of Hispanic origin.

Race

Based on the mother's response, select all the corresponding boxes and fill in any literal responses exactly as written on the worksheet regardless of whether or not any checkboxes are marked. If more than one race has been chosen, check all selected; for example if both *Black* and *Chinese* are marked, select both responses. If there is no response, check *Unknown*.

Copy Marriage/Father/AOP Information to all Linked Records

Mother Married?

Was mother EVER married? <input checked="" type="radio"/> Yes <input type="radio"/> No	Married at Conception or any time between? <input checked="" type="radio"/> Yes <input type="radio"/> No	Was AOP signed at the Facility? <input checked="" type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Issue Discrepancy Letter?		3-Party AOP
<input checked="" type="checkbox"/> Copy Marriage/Father/AOP Information to all Linked Records? Mother's Marriage, Father's information and AOP information will be copied to all linked records.		

If the record is one of a set of plural births then a checkbox will appear with the option to *Copy Marriage/Father/AOP Information to all Linked Records*. The User must check this box before entering additional data, in order for the information to copy successfully to linked current Birth Records, and then click the **Save** button on the AOP after completing the necessary fields, if this option is selected.

Acknowledgement of Paternity

This section describes the **Acknowledgement of Paternity (AOP)** in Live Birth Data Entry.

The AOP is generated when the User clicks on the AOP link on the **Mother** tab.

[Back](#) [Print](#) [Save](#) [Validate](#)

Acknowledgment of Paternity Affidavit - Child Born of Marriage

Section I - Child's Information
(Child's name as parents want it to appear on the Birth Certificate)

Child's Last Name	First Name	Middle Name	Suffix	Date of Birth
<input type="text" value="SMITH"/>	<input type="text" value="GABRIEL"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="5/17/2011"/>

Place of Birth
Facility Name:
Country: UNITED STATES State: LOUISIANA

Section II - Mother's Information

Mother's Current Legal Name

Last Name	First Name	Middle Name	Suffix
<input type="text" value="SMITH"/>	<input type="text" value="LISA"/>	<input type="text"/>	<input type="text"/>

Mother's Maiden Name

Last Name	First Name	Middle Name	Suffix
<input type="text" value="JONES"/>	<input type="text" value="LISA"/>	<input type="text"/>	<input type="text"/>

Date of Birth:
Social Security Number:

Mother's Place of Birth:

Mother's Race:

Mother's Address:

Mother's Employment Information

Mother's Occupation	Name of Employer	Mother(s) Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mother's Employer Address: [Update Address](#)

Was Mother married at Conception or any time between? Yes No
If Yes, Give Husband's name and address below.

Husband's Information

Husband's Last Name	Husband's First Name	Husband's Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Husband's address info here: [Update Address](#)

Mother's Insurance Information

Does Mother Have Health Insurance?	If yes, Insurer's Name	Policy Number	State Medicaid:
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

Child's Information

This section is read-only and the information entered on **Child** tab in the **Live Birth Data Entry** Screen is copied over to the AOP.

Enter the Child's Name as the Parents want it to appear on the Birth certificate.

Mother's Information

This section is read-only and the information entered on **Mother** tab in the **Live Birth Data Entry** Screen is copied over to the AOP.

Mother's Employment Information

Enter the Mother's Occupation, Name of Employer, Phone Number and **Address** of Employer in the respective boxes.

The Mother's Occupation cannot be blank.

Husband's Information

This information is necessary only for a 3-party AOP. Enter the Husband's Name and **Address**.

The Husband's information cannot be blank.

Mother's Insurance Information

Select an option to indicate whether the Mother has Health Insurance. If the option selected is 'Yes,' enter the name of the Insurer and Policy Number. Select an option to indicate whether the Mother has State Medicaid.

The Mother's Insurance information must be completed.

Section III - Father's Information

Last Name	First Name	Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Social Security Number		
<input type="text"/>	<input type="text"/>		
Father's Place of Birth			
<input type="text"/>			
Father's Race			
<input type="text"/>			
Father's Address			
<input type="text"/>			
Update Address			
Father's Employment Information			
Father's Occupation	Name of Employer	Father(s) Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Father's Employer Address			
<input type="text"/>			
Update Address			
Is Father Under age 18? <input type="radio"/> Yes <input type="radio"/> No			
Father's Insurance Information			
Does Father Have Health Insurance?	If yes, Insurer's Name	Policy Number	
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	

Father's Information

This section is read-only and the information entered on the [Father](#) tab in the [Live Birth Data Entry](#) Screen is copied over to the AOP.

Father's Employment Information

Enter the Father's Occupation, Name of Employer, Phone Number and [Address](#) of Employer in the respective boxes.

The Father's Occupation cannot be blank.

Guardian's Information

This information is necessary only if the Father is under age 18. Enter the Guardian's Name and [Address](#).

The Guardian's information cannot be blank.

Father's Insurance Information

Select an option to indicate whether the Father has Health Insurance. If the option selected is 'Yes,' enter the name of the Insurer and Policy number.

The Father's Insurance information must be completed.

Live Birth - Father Details

This section describes the **Father** tab in the Live Birth Data Entry Screen. If the Mother was never Married or if the Mother was not married at the time of conception or anytime in between, and if she does not wish to complete the AOP, then the system will delete any information entered in this tab and disable this section. The User will not be able to enter any **Father** information. If the **Issue Discrepancy Letter** box is checked, then the Father information will not be validated.

Child	Mother	Father	Newborn	Medical Info	Mothers Medical	Attendant	Comments	Attachments
Father's Information: 3-Party AOP								
Last Name		First Name	Middle Name		Suffix			
<input type="text" value="GONZALES"/>		<input type="text" value="PABLO"/>	<input type="text"/>		<input type="text"/>			<input type="text" value=""/>
Date of Birth		Father's SSN						
<input type="text" value="09/22/1971"/> MM/DD/YYYY		<input type="text" value="421-55-1111"/>						
Place of Birth								
Country: UNITED STATES State: LOUISIANA City: NEW ORLEANS Update Place of Birth								
Father's Education Check the box that best describes the highest degree or level of school completed at the time of delivery.		Father of Hispanic Origin? Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the 'No' box if father is not of Hispanic origin.			Father's Race Check one or more races to indicate what the father considers himself to be.			
<input type="radio"/> 8TH GRADE OR LESS <input type="radio"/> 9TH THROUGH 12TH, NO DIPLOMA <input type="radio"/> HIGH SCHOOL GRADUATE, OR GED COMPLETED <input type="radio"/> SOME COLLEGE CREDIT, BUT NO DEGREE <input type="radio"/> ASSOCIATE DEGREE (E.G. AS, AA) <input type="radio"/> BACHELOR'S DEGREE (E.G. BS, AB, BA) <input type="radio"/> MASTER'S DEGREE (E.G. MS, MA, MENG, MED, MSW, MBA) <input type="radio"/> DOCTORATE (E.G. PHD, EDD) OR PREPROFESSIONAL DEGREE (E.G. MD, DDS, DVM, LLB, JD) <input type="radio"/> UNKNOWN		<input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER SPANISH/HISPANIC/LATINO Specify <input type="text"/> <input type="checkbox"/> UNKNOWN IF SPANISH/HISPANIC/LATINO <input type="checkbox"/> NO, NOT SPANISH/HISPANIC/LATINO			<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE Specify <input type="text"/> <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN Specify <input type="text"/> <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> GUAMANIAN OR CHARMORRO <input type="checkbox"/> SAMOAN <input type="checkbox"/> OTHER PACIFIC ISLANDER Specify <input type="text"/> <input type="checkbox"/> OTHER Specify <input type="text"/> <input type="checkbox"/> UNKNOWN			

Father's Name

Enter the Father's Last Name, First Name, and Middle Name, and select the Suffix from the drop-down list.

If present, the name must begin in position 1. The first character must be a letter from A to Z. The remaining characters must be a letter from 'A' through 'Z,' the single quote mark ('), dash (-), or space().

The First Name and the Last Name cannot be blank.

Date of Birth

Enter the Father's Date of Birth.

The **Date of Birth** is a three-section entry with the *month*, *day*, and *year* entered in different sections of the field, separated by *"/"*.

Father's Date of Birth must be completed. If the Father's age is less than 8 years or greater than 75 years then the Date of Birth will need to be verified during validation.

Place of Birth

Click on the **Update Place of Birth** link.

Select the **Country** of Birth from the drop-down list. If the selected Country is *United States* or *Canada* then the **State/Territory/Province** list is populated with values related to the chosen Country. For any other Country, enter the **State/Territory/Province** in the box if applicable.

Select the **State/Territory/Province** from the drop-down list.

Enter the **City** of Birth in the respective box.

If the Place of Birth is within the *United States* or *Canada*, the **State/Territory/Province** and **City** fields are mandatory.

For any other Place of Birth only **Country** and **City** are mandatory.

If Father's Place of Birth is not known, type the word '*UNKNOWN*' in **City** box.

This item is Mandatory.

SSN

Enter the Father's Social Security Number.

Enter the values 888-88-8888 if not applicable or 999-99-9999 if unknown.

Father's SSN is a mandatory field. Values of 888-88-8888 or 999-99-9999 will have to be verified during validation.

Education

Select the option that best describes the highest degree or level of school completed at the time of delivery.

If Age/Education match indicates a discrepancy, the Education information will need to be verified during validation.

Hispanic Origin

Based on the response to the worksheet or the interview, select all the corresponding checkboxes on the certificate and fill in any literal (written) responses. If there is more than one response, check all that she selected; for example, if both *Mexican* and *Cuban* are checked, select both responses. If an ethnic origin not on the list is indicated, record it in the **Specify** space. Enter the father's response in this space even if it is not of Hispanic origin.

Race

Based on the response, select all the corresponding boxes and fill in any literal responses exactly as written on the worksheet regardless of whether or not any checkboxes are marked. If more than one race has been chosen, check all selected; for example, if both *Black* and *Chinese* are marked, select both responses. If there is no response, check *Unknown*.

Live Birth - Newborn Details

This section describes the **Newborn** tab in the Live Birth Data Entry Screen. The Case Identification information entered at the time of creating the Birth record such as Plurality and Birth Order will be automatically populated in their respective fields.

Child	Mother	Father	Newborn	Medical Info	Mothers Medical	Attendant	Comments	Attachments
Birth Weight (Specify Grams/Ounces. Grams preferred) <input checked="" type="radio"/> Grams <input type="radio"/> lbs/oz <input type="text" value="3210"/> Grams								
Obstetric Estimate of Gestation <input type="text" value="38"/> (completed weeks)			APGAR Score Score at 5 minutes: <input type="text" value="10"/>					
Plurality: <input type="text" value="1"/>			Birth Order Number Is: <input type="text" value="1"/>					
Was Infant transferred within 24 hours of delivery?			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown					
Is Infant living at time of report?			<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown					
Is the Infant being breastfed at discharge?			<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown					
Abnormal Conditions of the Newborn (Check all that apply)					Congenital Anomalies of the Newborn (Check all that apply)			
<input type="checkbox"/> ASSISTED VENTILATION REQUIRED IMMEDIATELY FOLLOWING DELIVERY					<input type="checkbox"/> ANENCEPHALY			
<input type="checkbox"/> ASSISTED VENTILATION REQUIRED FOR MORE THAN SIX HOURS					<input type="checkbox"/> MENINGOMYELOCELE/SPINA BIFIDA			
<input type="checkbox"/> NICU ADMISSION					<input type="checkbox"/> CYANOTIC CONGENITAL HEART DISEASE			
<input type="checkbox"/> NEWBORN GIVEN SURFACTANT REPLACEMENT THERAPY					<input type="checkbox"/> CONGENITAL DIAPHRAGMATIC HERNIA			
<input type="checkbox"/> ANTIBIOTICS RECEIVED BY THE NEWBORN FOR SUSPECTED NEONATAL SEPSIS					<input type="checkbox"/> OMPHALOCELE			
<input type="checkbox"/> SEIZURE OR SERIOUS NEUROLOGIC DYSFUNCTION					<input type="checkbox"/> GASTROSCHISIS			
<input type="checkbox"/> SIGNIFICANT BIRTH INJURY (SKELETAL FRACTURES), PERIPHERAL NERVE INJURY, AND/OR SOFT TISSUE/SOLID ORGAN HEMORRHAGE WHICH REQUIRES INTERVENTION)					<input type="checkbox"/> LIMB REDUCTION DEFECT (EXCLUDING CONGENITAL AMPUTATION AND DWARFING SYNDROMES)			
<input checked="" type="checkbox"/> NONE OF THE ABOVE					<input checked="" type="checkbox"/> CLEFT LIP WITH OR WITHOUT CLEFT PALATE			
					<input type="checkbox"/> CLEFT PALATE ALONE			
					<u>DOWN SYNDROME</u>			
					<input type="checkbox"/> KARYOTYPE CONFIRMED			
					<input type="checkbox"/> KARYOTYPE PENDING			
					<u>SUSPECTED CHROMOSOMAL DISORDER</u>			
					<input type="checkbox"/> KARYOTYPE CONFIRMED			
					<input type="checkbox"/> KARYOTYPE PENDING			
					<input type="checkbox"/> HYPOSPADIAS			
					<input type="checkbox"/> NONE OF THE ABOVE			

Birthweight

Select whether the birthweight will be entered in Grams or in Pounds/Ounces. Enter the weight of the Child in the box provided in the denomination chosen. If the birthweight of the Child is not known, select the grams option and enter 9999, or the pounds and ounces box and select 99, 99.

Birthweight must be completed. If the Birthweight is less than 228 grams or greater than 8164 grams, then the Birthweight will need to be verified during validation. Also unknown values (9999 or 99/99) will need to be verified during validation.

Obstetric Estimate of Gestation

Enter the Obstetric estimate of the Child's gestation in completed weeks. If the Obstetric estimate of the Child's gestation is not known enter 99. This item should not be completed based on the Child's Date of Birth or the Mother's Last Menstrual Date.

If the Obstetric Estimate of Gestation is less than 18 weeks or greater than 46 weeks, then the estimate will need to be verified during validation.

APGAR Score

Enter the Child's APGAR Score at 5 minutes.

If the Child's APGAR score is not known or was not taken at 5 minutes, enter 99.

If the score entered is less than 6 or 99, a request for the APGAR score at 10 minutes will appear.

Enter the Child's APGAR score taken at 10 minutes.

If the Child's APGAR score is not known or was not taken at 10 minutes, enter 99.

APGAR score cannot be left blank.

Infant Transferred Within 24 Hours of Delivery

Select an option to indicate whether Child was transferred within 24 hours of delivery.

If the 'Yes' option is selected, the Facility Name box appears.

Enter the name of the Facility to which the Child was transferred.

If the name of the facility is not known, enter "UNKNOWN".

If the Child was transferred more than once enter the name of the first facility to which the Child was transferred.

Transfer Status cannot be left blank. If the transfer status is "Yes," the Name of Facility field must be completed.

Infant Living at Time of Report

Select an option to indicate whether the Child was living at the time of filing the report.

Select 'Yes' option if the Child is living.

Check 'Yes' option if the Child has already been discharged to home care.

Check 'No' option if it is known that the Child has died.

If the Child was transferred but the status is known, please indicate the known status.

Living Status has to be completed.

Infant Breastfed at Time of Discharge

Select an option to indicate whether the Child was breastfed at time of discharge from hospital.

This item has to be completed.

Abnormal Conditions of Newborn

Check all boxes that apply. If none of the abnormal conditions of the newborn are indicated, check “None of the above.”

The definitions for the Abnormal Conditions in the list are as follows:

Assisted Ventilation Required Immediately After Delivery: infant given manual breaths with bag and mask or bag and endotracheal tube within the first several minutes from birth for any duration.

Excludes oxygen only and laryngoscopy for aspiration of meconium.

Assisted Ventilation Required for More Than 6 hours: infant given mechanical ventilation (breathing assistance) by any method for more than 6 hours. Includes conventional, high frequency and/or continuous positive pressure (CPAP).

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

Newborn Given Surfactant Replacement Therapy: endotracheal instillation of a surface active suspension for the treatment of surfactant deficiency either due to preterm birth or pulmonary injury resulting in decreased lung compliance (respiratory distress). Includes both artificial and extracted natural surfactant.

Antibiotics Received by the Newborn for Suspected Neonatal Sepsis: any antibacterial drug given systemically (intravenous or intramuscular; e.g., penicillin, ampicillin, gentamicin, cefotaxime, etc.)

Seizure or Serious Neurologic Dysfunction: seizure defined as any involuntary repetitive, convulsive movement or behavior. Serious neurologic dysfunction defined as severe alteration of alertness such as obtundation, stupor, or coma, i.e., hypoxic ischemic encephalopathy. Excludes lethargy or hypotonia in the absence of other neurologic findings. Excludes symptoms associated with CNS congenital anomalies.

Significant Birth Injury: (skeletal fracture(s), peripheral nerve injury and/or soft tissue/solid organ hemorrhage which requires intervention) Defined as present immediately following delivery or manifesting following delivery. Includes any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy. Soft tissue hemorrhage requiring evaluation and/or treatment includes subgaleal (progressive extravasation within the scalp) hemorrhage, giant cephalohematoma, extensive truncal, facial, and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and or hypotension. Solid organ hemorrhage includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma.

All require confirmation by diagnostic imaging or exploratory laparotomy. See below for listing of significant birth injuries:

Skeletal Fractures

Clavicle

Humerus

Skull (Also reported by skull bone, i.e. parietal, frontal, occipital)

Femur

Peripheral Nerve

Facial

Brachial Plexus Injury

(Also reported as Erb's Palsy, Klumpke's Palsy)

Phrenic

Recurrent Laryngeal

Soft Tissue or Solid Organ Hemorrhage

Cranial (exclude cephalohematoma, hemorrhagic caput succedaneum)

Subgaleal

Cortical

Intraventricular

Subcapsular hematoma of liver

Adrenal hemorrhage/hematoma

This item needs to be completed.

Congenital Anomalies of Newborn

Check all boxes that apply. If none of the abnormal conditions of the newborn are indicated, check "None of the above."

The definitions for Congenital Anomalies are as follows:

Anencephaly: partial or complete absence of the brain and skull. Also called anencephalus, acrania, or absent brain. Babies with craniorachischisis (anencephaly with contiguous spine defect) should also be included in this category.

Meningomyelocele / Spina Bifida: spina bifida refers to herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningomyelocele refers to herniation of meninges and spinal cord tissue. Babies with meningocele (herniation of meninges without spinal cord tissue) should also be included in the category. Both open and closed (covered with skin) lesions should be included. Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges) should not be included in this category.

Cyanotic Congenital Heart Disease: congenital heart defects which cause cyanosis. Includes but is not limited to transposition of the great arteries (vessels), tetralogy of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, total/partial anomalous pulmonary venous return with or without obstruction.

Congenital Diaphragmatic Hernia: defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.

Omphalocele: defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. The defect is covered by a membrane, (different from gastroschisis, see below), although this sac may rupture; also called Exomphalos. Umbilical hernia (completely covered by skin) should not be included in this category.

Gastroschisis: an abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and absence of a protective membrane.

Limb Reduction Defect: (excluding congenital amputation and dwarfing syndromes) Complete or partial absence of a portion of an extremity secondary to failure to develop.

Cleft Lip With or Without Cleft Palate: cleft lip with or without cleft palate refers to incomplete closure of the lip. Cleft lip may be unilateral, bilateral or median; all should be included in this category.

Cleft Palate Alone: cleft palate refers to incomplete fusion of the palatal shelves. This may be limited to the soft palate or may also extend into the hard palate. Cleft palate in the presence of cleft lip should be included in the “Cleft Lip with or without Cleft Palate” category, rather than here.

Down Syndrome: Trisomy 21

Suspected Chromosomal Disorder: includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.

Hypospadias: incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis. Includes first degree: on the glans ventral to the tip, second degree: in the coronal sulcus, and third degree: on the penile shaft.

This item needs to be completed.

Live Birth - Medical/Health Info Details

This section describes the **Medical/Health Info** tab in the Live Birth Data Entry Screen.

Child	Mother	Father	Newborn	Medical Info	Mothers Medical	Attendant	Comments	Attachments	
Risk Factors in this Pregnancy (Check all that Apply) <u>DIABETES</u> <input type="checkbox"/> PRE-PREGNANCY (DIAGNOSIS PRIOR TO PREGNANCY) <input type="checkbox"/> GESTATIONAL (DIAGNOSIS IN THIS PREGNANCY) <u>HYPERTENSION</u> <input type="checkbox"/> PREPREGNANCY (CHRONIC) <input type="checkbox"/> GESTATIONAL (PIH, PRECLAMPSIA) <input type="checkbox"/> ECLAMPSIA <input type="checkbox"/> PREVIOUS PRETERM BIRTH <input type="checkbox"/> OTHER PREVIOUS POOR PREGANANCY OUTCOME (INCLUDES PERINATAL DEATH, SMALL-FOR-GESTATIONAL AGE/INTRAUTERINE GROWTH RESTRICTED BIRTH) <input type="checkbox"/> PREGNANCY RESULTED FROM INFERTILITY TREATMENT <input type="checkbox"/> FERTILITY-ENHANCING DRUGS, ARTIFICIAL INSEMINATION OR INTRAUTERINE INSEMINATION <input type="checkbox"/> ASSISTED REPRODUCTIVE TECHNOLOGY (E.G. INVITRO FERTILIZATION (IVF), GAMETE INTRAFALLOPIAN TRANSFER (GIFT)) <input type="checkbox"/> MOTHER HAD A PREVIOUS CESAREAN DELIVERY Specify <input type="text"/> <input type="checkbox"/> NONE OF THE ABOVE				Obstetric Procedures (Check all that apply) <input type="checkbox"/> CERVICAL CERCLAGE <input type="checkbox"/> TOCOLYSIS <u>EXTERNAL CEPHALIC VERSION</u> <input type="checkbox"/> SUCCESSFUL <input type="checkbox"/> FAILED <input type="checkbox"/> NONE OF THE ABOVE		Method of delivery <u>A. WAS DELIVERY WITH FORCEPS ATTEMPTED BUT UNSUCCESSFUL?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <u>B. WAS DELIVERY WITH VACUUM EXTRACTION ATTEMPTED BUT UNSUCCESSFUL?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <u>C. FETAL PRESENTATION AT BIRTH?</u> <input type="checkbox"/> CEPHALIC <input type="checkbox"/> BREECH <input type="checkbox"/> OTHER Specify <input type="text"/> <u>D. FINAL ROUTE AND METHOD OF DELIVERY?</u> <input type="checkbox"/> VAGINAL/SPONTANEOUS <input type="checkbox"/> VAGINAL/FORCEPS <input type="checkbox"/> VAGINAL/VACUUM <input type="checkbox"/> CESAREAN <u>(IF CESAREAN, WAS TRIAL OF LABOR ATTEMPTED?)</u> <input type="checkbox"/> YES <input type="checkbox"/> NO			
Infections Present and/or Treated During this Pregnancy (Check all that apply) <input type="checkbox"/> GONORRHEA <input type="checkbox"/> SYPHILIS <input type="checkbox"/> CHLAMYDIA <input type="checkbox"/> HEPATITIS B <input type="checkbox"/> HEPATITIS C <input type="checkbox"/> CMV <input type="checkbox"/> HERPES SIMPLEX VIRUS <input type="checkbox"/> RUBELLA <input type="checkbox"/> TOXOPLASMOISIS <input type="checkbox"/> NONE OF THE ABOVE				Characteristics of Labor and Delivery (Check all that apply) <input type="checkbox"/> INDUCTION OF LABOR <input type="checkbox"/> AUGMENTATION OF LABOR <input type="checkbox"/> NON-VERTEX PRESENTATION <input type="checkbox"/> STEROIDS (GLUCOCORTICOID)S FOR FETAL LUNG MATURATION RECEIVED BY MOTHER PRIOR TO DELIVERY <input type="checkbox"/> ANTIBIOTICS RECEIVED BY MOTHER DURING LABOR <input type="checkbox"/> CLINICAL CHORIOAMNIONITIS DIAGNOSED DURING LABOR OR MATERNAL TEMPERATURE > 38 DEGREE C (104 F) <input type="checkbox"/> MODERATE/HEAVY MECONIUM STAINING OF THE AMNIOTIC FLUID <input type="checkbox"/> FETAL INTOLERANCE OF LABOR SUCH THAT ONE OR MORE OF THE FOLLOWING ACTIONS WAS TAKEN: IN-UTERO RESUSCITATIVE MEASURES, FURTHER FETAL ASSESSMENT, OR OPERATIVE DELIVERY <input type="checkbox"/> EPIDURAL OR SPINAL ANESTHESIA DURING LABOR <input type="checkbox"/> NONE OF THE ABOVE		Maternal Morbidity (Check all that apply) <input type="checkbox"/> MATERNAL TRANSFUSION <input type="checkbox"/> THIRD OR FOURTH DEGREE PERINEAL LACERATION <input type="checkbox"/> RUPTURED UTERUS <input type="checkbox"/> UNPLANNED HYSTERECTOMY <input type="checkbox"/> ADMISSION TO INTENSIVE CARE UNIT <input type="checkbox"/> UNPLANNED OPERATING ROOM PROCEDURE FOLLOWING DELIVERY <input type="checkbox"/> NONE OF THE ABOVE			

Risk Factors in this Pregnancy

Check all boxes that apply. If none of the risk factors are indicated, check “None of the above.”

The definitions for Risk Factors are as follows:

Diabetes (prepregnancy): glucose intolerance requiring treatment diagnosed prior to this pregnancy.

Diabetes (gestational): glucose intolerance requiring treatment diagnosed during this pregnancy.

Hypertension (prepregnancy): (chronic) elevation of blood pressure above normal for age, gender, and physiological condition diagnosed prior to the onset of this pregnancy.

Hypertension (gestational): (PIH, Preeclampsia) elevation of blood pressure above normal for age, gender, and physiological condition diagnosed during this pregnancy. May include proteinuria (protein in the urine) without seizures or coma and pathologic edema (generalized swelling, including swelling of the hands, legs, and face).

Hypertension (eclampsia): pregnancy induced hypertension with proteinuria with generalized seizures or coma. May include pathologic edema.

Previous Preterm Births: history of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation.

Other Previous Poor Pregnancy Outcome: (includes perinatal death, small for gestational age/intrauterine growth restricted birth) History of pregnancies continuing into the 20th week of gestation (post menstrual age) and resulting in any of the listed outcomes. Perinatal death includes fetal and neonatal deaths.

Pregnancy Resulted From Infertility Treatment: any assisted reproduction technique used to initiate the pregnancy. Includes fertility-enhancing drugs (e.g., Clomid, Pergonal), artificial insemination or intrauterine insemination, and assisted reproduction technology (ART) procedures (e.g., IVF, GIFT and ZIFT).

Fertility-Enhancing Drugs: any fertility-enhancing drugs (e.g., Clomid, Pergonal), artificial insemination, or intrauterine insemination used to initiate the pregnancy.

Assisted Reproductive Technology: any assisted reproduction technology (ART)/technical procedures (e.g., IVF, GIFT, ZIFT) used to initiate the pregnancy.

Previous Cesarean Delivery: previous operative delivery in which the fetus is extracted through an incision in the maternal abdominal and uterine walls.

This item needs to be completed.

Only one option may be selected for Prepregnancy or Gestational Hypertension.

If the option 'Pregnancy Resulted From Infertility Treatment' is selected, Fertility-Enhancing Drugs and/or Assisted Reproductive Technology must also be checked.

If Previous Cesarean Delivery is selected, a number must be entered into the text box. A value of greater than 10 will have to be verified.

Infections present and/or treated during this Pregnancy

Check all boxes that apply. If mother had none of the listed infections, check "None of the above."

The definitions for Infections are as follows:

Infections present at the time of pregnancy diagnosis or confirmed diagnosis during the pregnancy with or without documentation of treatment.

Documentation of treatment is adequate if a definitive diagnosis is not present in the available record.

Gonorrhea: a positive test for *Neisseria gonorrhoeae*.

Syphilis: (also called lues) a positive test for *Treponema pallidum*.

Chlamydia: a positive test for *Chlamydia trachomatis*.

Hepatitis B: (HBV, serum hepatitis) a positive test for the hepatitis B virus.

Hepatitis C: (non A, non B hepatitis; HCV) a positive test for the hepatitis C virus.

CMV: a positive test for *cytomegalovirus*

Herpes Simplex: a positive test for *herpesvirus* type one or two.

Rubella: a positive test for *rubivirus*.

Toxoplasmosis: a positive test for *Toxoplasma gondii*.

This item needs to be completed.

Obstetric Procedures

Check all boxes that apply. If mother had none of the listed procedures or treatments, check "None of the above."

The definitions for Obstetric Procedures are as follows:

Cervical Cerclage: circumferential banding or suture of the cervix to prevent or treat passive dilation. Includes MacDonald's suture, Shirodkar procedure, abdominal cerclage via laparotomy.

Tocolysis: administration of any agent with the intent to inhibit pre-term uterine contractions to extend the length of the pregnancy.

External Cephalic Version: attempted conversion of a fetus from a non-vertex presentation to a vertex presentation by external manipulation.

Success: fetus was converted to vertex presentation.

Failure: fetus was not converted to vertex presentation.

This item needs to be completed.

Only one option may be selected for *External Cephalic Version; Successful or Failed.*

Onset of Labor

Check all boxes that apply. If none are indicated, check “None of the above.”

The definitions for the items listed are as follows:

Premature Rupture of the Membranes (prolonged = 12 hours): spontaneous tearing of the amniotic sac, (natural breaking of the “bag of waters”), 12 hours or more before labor begins.

Precipitous Labor (< 3 hours): labor that progresses rapidly and lasts for less than 3 hours.

Prolonged Labor (= 20 hours): labor that progresses slowly and lasts for 20 hours or more.

This item needs to be completed.

Only one option may be selected for *Precipitous or Prolonged Labor.*

Characteristics of Labor and Delivery

Check all boxes that apply. If none of the Characteristics of Labor and Delivery apply to this delivery, check “None of the above.”

The definitions for the characteristics are as follows:

Induction of Labor: initiation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor.

Augmentation of Labor: stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time to delivery.

Non-vertex Presentation: includes any non-vertex fetal presentation, e.g., breech, shoulder, brow, face presentations, and transverse lie in the active phase of labor, or at delivery other than vertex.

Steroids (glucosteroids) for Fetal Lung Maturation Received by the Mother Prior to Delivery: includes betamethasone, dexamethasone, or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery. Excludes steroid medication given to the mother as an anti-inflammatory treatment.

Antibiotics Received by the Mother During Labor: includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery (ampicillin, penicillin, clindamycin, erythromycin, gentamicin, cefotaxime, ceftriaxone, etc...)

Clinical Chorioamnionitis Diagnosed During Labor or Maternal Temperature \geq 38 C (100.4 F): a clinical diagnosis of chorioamnionitis during labor made by the delivery attendant. Usually includes more than one of the following: fever, uterine tenderness and/or irritability, leukocytosis, and fetal tachycardia. Any recorded maternal temperature at or above the febrile threshold as stated.

Moderate/Heavy Meconium Staining of the Amniotic Fluid: staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or delivery which is more than enough to cause a greenish color change of an otherwise thin fluid.

Fetal Intolerance of Labor such that One or More of the Following Actions was Taken: In-utero resuscitation measures, further fetal assessment, or operative delivery: *in utero resuscitative measures* such as any of the following: maternal position change, oxygen administration to the mother, intravenous fluid administered to the mother, amnioinfusion, support of maternal blood pressure, and administration of uterine relaxing agents. *Further fetal assessment* includes any of the following: scalp pH, scalp stimulation, acoustic stimulation. *Operative delivery* includes operative intervention to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery.

Epidural or Spinal Anesthesia During Labor: administration to the mother of a regional anesthetic for control of the pain of labor, i.e., delivery of the agent into a limited space with the distribution of the analgesic effect limited to the lower body.

This item needs to be completed.

Method of Delivery

Complete each section by checking the appropriate boxes.

The definitions for Method of Delivery are as follows:

Attempted Forceps or Vacuum: obstetric forceps, ventouse, or vacuum cup was applied to the fetal head in an unsuccessful attempt to effect delivery of the head through the vagina.

Cephalic Presentation: presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP).

Breech Presentation: presenting part of the fetus listed as breech, complete breech, frank breech, footling breech.

Other Presentation: any other presentation or presenting part not listed above.

Spontaneous Delivery: delivery of the entire fetus through the vagina by the natural forces of labor with or without manual assistance from the delivery attendant.

Forceps Delivery: delivery of the fetal head through the vagina by application of obstetrical forceps to the fetal head.

Vacuum Delivery: delivery of the fetal head through the vagina by application of a vacuum cup or ventouse to the fetal head.

Cesarean Delivery: extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls.

Sections C (*Fetal Presentation*) and D (*Final Route*) must be completed.

If *Vaginal/Forceps* was selected as the Final Route, one option only must be selected in Section A (*Was Delivery With Forceps Attempted But Unsuccessful*).

If *Vaginal/Vacuum* was selected as the Final Route, one option only must be selected in Section B (*Was Delivery With Vacuum Extraction Attempted But Unsuccessful*).

If *Cesarian* was selected as the Final Route, one option only must be selected for *If Cesarean, Was Trial of Labor Attempted*.

If *Cesarian* was not selected as the Final Route, *If Cesarean, Was Trial of Labor Attempted* must remain blank.

Maternal Morbidity

Check all boxes that apply. If none are indicated, check “None of the above.”

The definitions for the items listed are as follows:

Maternal Transfusion: includes infusion of whole blood or packed red blood cells within the period specified.

Third or Fourth Degree Perineal Laceration: 3rd degree laceration extends completely through the perineal skin, vaginal mucosa, perineal body, and anal sphincter. 4th degree laceration is all of the above with extension through the rectal mucosa.

Ruptured Uterus: tearing of the uterine wall.

Unplanned Hysterectomy: surgical removal of the uterus that was not planned prior to admission for delivery. Includes an anticipated or possible but not definitively planned procedure.

Admission to Intensive Care Unit: any admission, planned or unplanned, of the mother to a facility/unit designated as providing intensive care.

Unplanned Operating Room Procedure Following Delivery: any transfer of the mother back to a surgical area for an operative procedure that was not planned prior to the admission for delivery. Excludes postpartum tubal ligations.

This item needs to be completed.

If the Newborn tab indicates that the Gestational Period is less than 39 weeks, the *Reasons for Delivery Under 39 Weeks* section will also appear on the Medical/Health Info tab.

Child	Mother	Father	Newborn	Medical Info	Mothers Medical	Attendant	Comments	Attachments	
Risk Factors in this Pregnancy (Check all that Apply) <u>DIABETES</u> <input type="checkbox"/> PRE-PREGNANCY (DIAGNOSIS PRIOR TO PREGNANCY) <input type="checkbox"/> GESTATIONAL (DIAGNOSIS IN THIS PREGNANCY) <u>HYPERTENSION</u> <input type="checkbox"/> PREPREGNANCY (CHRONIC) <input type="checkbox"/> GESTATIONAL (PIH, PREECLAMPSIA) <input type="checkbox"/> ECLAMPSIA <input type="checkbox"/> PREVIOUS PRETERM BIRTH <input type="checkbox"/> OTHER PREVIOUS POOR PREGNANCY OUTCOME (INCLUDES PERINATAL DEATH, SMALL-FOR-GESTATIONAL AGE/INTRAUTERINE GROWTH RESTRICTED BIRTH) <input type="checkbox"/> PREGNANCY RESULTED FROM INFERTILITY TREATMENT <input type="checkbox"/> FERTILITY-ENHANCING DRUGS, ARTIFICIAL INSEMINATION OR INTRAUTERINE INSEMINATION <input type="checkbox"/> ASSISTED REPRODUCTIVE TECHNOLOGY (E.G. INVITRO FERTILIZATION (IVF), GAMETE INTRAFALLOPIAN TRANSFER (GIFT)) <input type="checkbox"/> MOTHER HAD A PREVIOUS CESAREAN DELIVERY Specify: <input type="text"/> <input checked="" type="checkbox"/> NONE OF THE ABOVE				Obstetric Procedures (Check all that apply) <input type="checkbox"/> CERVICAL CERCLAGE <input type="checkbox"/> TOCOLYSIS <u>EXTERNAL CEPHALIC VERSION</u> <input type="checkbox"/> SUCCESSFUL <input type="checkbox"/> FAILED <input checked="" type="checkbox"/> NONE OF THE ABOVE Onset of Labor (Check all that apply) <input type="checkbox"/> PREMATURE RUPTURE OF THE MEMBRANES (PROLONGED, > THAN OR = TO 12HRS) <input type="checkbox"/> PRECIPITOUS LABOR (< 3 HRS) <input type="checkbox"/> PROLONGED LABOR (> THAN OR = TO 20 HRS) <input checked="" type="checkbox"/> NONE OF THE ABOVE		Reason(s) for Delivery Under 39 Weeks (check all that apply) <input type="checkbox"/> SPONTANEOUS ACTIVE LABOR <input type="checkbox"/> ABNORMAL FETAL HEART RATE OR FETAL DISTRESS <input type="checkbox"/> ABRUPTION <input type="checkbox"/> CARDIOVASCULAR DISEASE OTHER THAN HYPERTENSIVE DISORDER <input type="checkbox"/> CHRONIC PULMONARY DISEASE <input type="checkbox"/> CHORIOAMNIONITIS <input type="checkbox"/> COAGULATION DEFECTS IN PREGNANCY <input type="checkbox"/> FETAL MALFORMATION OR CONGENITAL ANOMALY OR DISORDER <input type="checkbox"/> HIV <input type="checkbox"/> INTRAUTERINE GROWTH RESTRICTION <input type="checkbox"/> ISOIMMUNIZATION <input type="checkbox"/> MATERNAL RENAL OR LIVER DISEASE <input type="checkbox"/> PLACENTA OR VASA PREVIA <input type="checkbox"/> POLYHYDRAMNIOS OR OLIGOHYDRAMNIOS <input type="checkbox"/> PREMATURE RUPTURE OF THE MEMBRANES <input type="checkbox"/> PREVIOUSLY SCARRED UTERUS OTHER THAN LOW TRANSVERSE <u>DIABETES</u> <input type="checkbox"/> PRE-PREGNANCY (DIAGNOSIS PRIOR TO PREGNANCY) <input type="checkbox"/> GESTATIONAL (DIAGNOSIS IN THIS PREGNANCY) <u>HYPERTENSION</u> <input type="checkbox"/> PRE-PREGNANCY (CHRONIC) <input type="checkbox"/> GESTATIONAL (PIH, PREECLAMPSIA) <input type="checkbox"/> ECLAMPSIA <u>FETAL PRESENTATION AT BIRTH</u> <input type="checkbox"/> BREECH <input type="checkbox"/> OTHER (Non-Cephalic) <u>OTHER</u> <input type="checkbox"/> OTHER Specify: <input type="text"/> <u>NONE</u> <input type="checkbox"/> NO MEDICAL REASON			
Infections Present and/or Treated During this Pregnancy (Check all that apply) <input type="checkbox"/> GONORRHEA <input type="checkbox"/> SYPHILIS <input type="checkbox"/> CHLAMYDIA <input type="checkbox"/> HEPATITIS B <input type="checkbox"/> HEPATITIS C <input type="checkbox"/> CMV <input type="checkbox"/> HERPES SIMPLEX VIRUS <input type="checkbox"/> RUBELLA <input type="checkbox"/> TOXOPLASMOSIS <input checked="" type="checkbox"/> NONE OF THE ABOVE				Characteristics of Labor and Delivery (Check all that apply) <input type="checkbox"/> INDUCTION OF LABOR <input type="checkbox"/> AUGMENTATION OF LABOR <input type="checkbox"/> NON-VERTEX PRESENTATION <input type="checkbox"/> STEROIDS (GLUCOCORTICOID)S FOR FETAL LUNG MATURATION RECEIVED BY MOTHER PRIOR TO DELIVERY <input type="checkbox"/> ANTIBIOTICS RECEIVED BY MOTHER DURING LABOR <input type="checkbox"/> CLINICAL CHORIOAMNIONITIS DIAGNOSED DURING LABOR OR MATERNAL TEMPERATURE > 38 DEGREE C (104 F) <input type="checkbox"/> MODERATE/HEAVY MECONIUM STAINING OF THE AMNIOTIC FLUID <input type="checkbox"/> FETAL INTOLERANCE OF LABOR SUCH THAT ONE OR MORE OF THE FOLLOWING ACTIONS WAS TAKEN: IN-UTERO RESUSCITATIVE MEASURES, FURTHER FETAL ASSESSMENT, OR OPERATIVE DELIVERY <input type="checkbox"/> EPIDURAL OR SPINAL ANESTHESIA DURING					

Reasons for Delivery Under 39 Weeks

Check all boxes that apply.

The definitions for the items listed are as follows:

Spontaneous Active Labor: a labor beginning and progressing without mechanical or pharmacologic stimulation.

Abnormal Fetal Heart Rate or Fetal Distress: a compromised condition of the fetus associated with abnormal fetal acid-base status at the time of observation, typically discovered during fetal testing (biophysical profile or fetal heart rate monitoring) characterized by a nonreassuring biophysical profile or an abnormal fetal heart tracing.

Abruption: Placental abruption occurs when the placenta separates from the wall of the uterus prior to the birth of the baby. This can result in severe, uncontrollable bleeding (hemorrhage).

Cardiovascular Disease Other Than Hypertensive Disorder: these include a wide spectrum of conditions leading to maternal cardiac dysfunction and include but are not limited to congenital heart disease, cardiomyopathy, and infectious disease processes affecting the maternal myocardium .

Chronic Pulmonary Disease: Any of various lung diseases leading to poor pulmonary aeration, including asthma, emphysema and chronic bronchitis.

Clinical Chorioamnionitis Diagnosed During Labor or Maternal Temperature ≥ 38 C (100.4 F): refers to infection of the amniotic fluid, membranes, placenta, and/or decidua. Other terms that have been used to describe this condition include intraamniotic infection, chorioamnionitis, amnionitis, and amniotic fluid infection.

Coagulation Defects in Pregnancy: represent a wide spectrum of disorders. These include but are not limited to disseminated intravascular coagulation, inherited thrombophilias, platelet disorders and preeclampsia. Defects can occur independent of pregnancy but pregnancy puts women at higher risk for blood clots because of pregnancy-associated changes in several coagulation factors.

Fetal Malformation or Congenital Anomaly or Disorder: a physical defect present in a fetus diagnosed either by amniocentesis or ultrasound. These can be caused by genetic or prenatal events or exposures.

HIV: a retrovirus that causes AIDS.

Intrauterine Growth Restriction: intrauterine growth restriction refers to the poor growth of a fetus during pregnancy. Specifically, it means the developing fetus weighs less than 90% of predicted for that gestational age..

Isoimmunization: Isoimmunization is an immune-mediated process that is caused by maternal antibodies that cross the placenta and target fetal red blood cell antigens.

Maternal Renal or Liver Disease: diseases affecting the maternal kidney or liver during pregnancy. There are renal and liver diseases specific to pregnancy, or multisystem diseases unique to pregnancy. There are also pregnancy-related physiologic changes that may worsen the severity of pre-existing kidney or liver disease. There are diseases that are unassociated with pregnancy but can occur during pregnancy (eg, acute viral hepatitis). Pregnancy can also occur in women with underlying renal or liver disease.

No Medical Reason: elective induction, or any other non-medical reason for delivery.

Placenta or Vasa Previa: placenta previa refers to the presence of placental tissue overlying or proximate to the internal cervical os. Vasa previa refers to vessels that traverse the membranes located over the internal cervical os and thus in advance of the fetal presenting part. Bleeding, which ranges from spotting to hemorrhagic, is the main complication.

Polyhydramnios or Oligohydramnios: polyhydramnios refers to excessive accumulation of amniotic fluid, which is associated with increased risks of adverse pregnancy outcome. Oligohydramnios refers to amniotic fluid volume that is less than expected for gestational age.

Premature Rupture of the Membranes: premature rupture of membranes (PROM) refers to membrane rupture before the onset of uterine contractions.

Previously Scarred Uterus Other Than Low Transverse: uterine incision made in a vertical fashion or high up on the uterus during a prior cesarean section or a uterus that has scarring due to prior myomectomy or prior uterine surgery.

Diabetes (prepregnancy): glucose intolerance requiring treatment diagnosed prior to this pregnancy.

Diabetes (gestational): glucose intolerance requiring treatment diagnosed during this pregnancy.

Hypertension (prepregnancy): (chronic) elevation of blood pressure above normal for age, gender, and physiological condition diagnosed prior to the onset of this pregnancy.

Hypertension (gestational): (PIH, Preeclampsia) elevation of blood pressure above normal for age, gender, and physiological condition diagnosed during this pregnancy. May include proteinuria (protein in the urine) without seizures or coma and pathologic edema (generalized swelling, including swelling of the hands, legs, and face).

Hypertension (eclampsia): pregnancy induced hypertension with proteinuria with generalized seizures or coma. May include pathologic edema.

Breech Presentation: presenting part of the fetus listed as breech, complete breech, frank breech, footling breech.

Other Presentation: any other presentation or presenting part not listed above.

This item needs to be completed.

If *Premature Rupture of the Membranes* is selected, the same option must be selected in the *Onset of Labor* section.

If any *Hypertension* options are selected, the same option(s) must be selected in the *Risk Factors* section. Only one option may be checked for *Prepregnancy* or *Gestational Hypertension*.

If any *Diabetes* options are selected, the same option(s) must be selected in the *Risk Factors* section.

Live Birth - Mother's Medical Details

Child	Mother	Father	Newborn	Medical Info	Mothers Medical	Attendant	Comments	Attachments															
<p>Did Mother receive prenatal care? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Date of First Prenatal Care Visit <input type="text" value="11/11/2010"/> MM/DD/YYYY</p> <p>Date of Last Prenatal Care Visit <input type="text" value="05/06/2011"/> MM/DD/YYYY</p> <p>Total Number of Prenatal Visits for this Pregnancy <input type="text" value="6"/></p>																							
<p>Mother's Height <input type="text" value="5"/> <input type="text" value="5"/> (feet/inches)</p>			<p>Mother's Prepregnancy Weight <input type="text" value="145"/> (pounds)</p>			<p>Mother's Weight at Delivery <input type="text" value="203"/> (pounds)</p>																	
<p>Weight gained during Pregnancy: 58</p> <p>Did Mother get WIC food for herself during this pregnancy? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown</p>																							
<p>Number of Previous Live Births (Do NOT include this child)</p> <p>Now Living <input type="text" value="1"/></p> <p>Now Dead <input type="text" value="0"/></p> <p>Date of Last Live Birth <input type="text" value="06/2009"/> MM/YYYY</p>				<p>Number of Other Pregnancy Outcomes (spontaneous or induced losses or ectopic Pregnancies)</p> <p>Other Outcomes <input type="text" value="0"/> (Number)</p> <p>Date of Last Pregnancy Outcome <input type="text" value="/"/> MM/YYYY</p>																			
<p>Cigarette Smoking Before and During Pregnancy For each time period, enter the number of cigarettes or the number of packs of cigarettes smoked per day. If none, enter '0'.</p> <p><input type="checkbox"/> Never smoked during pregnancy.</p> <p><input type="radio"/> Enter number of packs smoked during pregnancy, OR</p> <p><input type="radio"/> Enter number of cigarettes smoked during pregnancy</p> <table border="1"> <thead> <tr> <th></th> <th># of packs per day</th> <th># of cigarettes per day</th> </tr> </thead> <tbody> <tr> <td>Three Months Before Pregnancy</td> <td><input type="text" value="--"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>First Trimester of Pregnancy</td> <td><input type="text" value="--"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Second Trimester of Pregnancy</td> <td><input type="text" value="--"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Third Trimester of Pregnancy</td> <td><input type="text" value="--"/></td> <td><input type="text" value="0"/></td> </tr> </tbody> </table> <p><input type="checkbox"/> Unknown number of cigarettes smoked by Mother during pregnancy.</p>						# of packs per day	# of cigarettes per day	Three Months Before Pregnancy	<input type="text" value="--"/>	<input type="text" value="0"/>	First Trimester of Pregnancy	<input type="text" value="--"/>	<input type="text" value="0"/>	Second Trimester of Pregnancy	<input type="text" value="--"/>	<input type="text" value="0"/>	Third Trimester of Pregnancy	<input type="text" value="--"/>	<input type="text" value="0"/>	<p>Principal Source of Payment for this Delivery</p> <p><input type="checkbox"/> Medicaid - Enter Medicaid ID # or Card Control # Specify <input type="text"/></p> <p><input type="checkbox"/> Private Insurance</p> <p><input type="checkbox"/> Self Pay</p> <p><input type="checkbox"/> CHAMPUS/TRICARE</p> <p><input type="checkbox"/> Other Specify <input type="text"/></p>			
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Third Trimester of Pregnancy	<input type="text" value="--"/>	<input type="text" value="0"/>																					
<p>Alcohol use during pregnancy? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown</p>																							
<p>Date Last Normal Menses Began</p>					<p><input type="text" value="07/01/2010"/> MM/DD/YYYY</p>																		
<p>Mother transferred for maternal medical or fetal indications for delivery?</p>						<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown</p>																	

Prenatal Care

Select option to indicate whether Mother received prenatal care.

If the option selected is Yes, then the fields for entering Prenatal Care Dates and number of visits will appear.

Information for this and the following items should come from the mother's prenatal care record and from other medical reports in the mother's chart, as well as the Child's medical record. If the mother's prenatal care record is not in her hospital chart, please contact her prenatal care provider to obtain the record, or a copy of the prenatal care information. Preferred and acceptable sources for each item are listed in worksheets. Please do not provide information from sources other than the medical records.

The **First** and **Last Prenatal Care Dates** are three-section entries with the *month*, *day*, and *year* entered in different sections of the field, separated by *"/"*. If any part of the date is not known, enter *99* for day or month, and *9999* for year. Enter the total number of **Prenatal Care Visits** listed in the Mother's records. Enter *99* if the total number of **Prenatal Care Visits** is not known.

The Prenatal Care dates must be completed. Prenatal Care visits greater than 49 will need to be verified during validation.

Mother's Height

Enter height in feet and inches (for example, 5 feet 6 inches). If no inches (for example, 5 feet even) enter the number of feet and "0" for inches.

If the Mother's height is unknown, type *9* the feet field, and *99* in the inches field.

If the Mother's height is not between 3 and 8 feet, the Height will need to be verified during validation.

Mother's Pre-pregnancy Weight

Enter Mother's pre-pregnancy weight. If the Mother's weight is unknown, enter *999*.

The Mother's pre-pregnancy weight should be recorded in whole pounds only: truncate, do not include fractions (for example, 120 ½ pounds should be entered as 120 pounds)

If the Mother's pre-pregnancy weight is not between 75 and 300 pounds, the Pre-pregnancy weight will need to be verified during validation.

Mother's Weight at Delivery

Enter Mother's weight at delivery. If the Mother's weight is unknown, enter 999.

The Mother's weight at delivery should be recorded in whole pounds only: truncate, do not include fractions (for example, 140 ½ pounds should be entered as 140 pounds)

If the Mother's weight at delivery is not between 75 and 350 pounds, the weight at delivery will need to be verified during validation.

Did Mother Receive WIC Food for Herself During this Pregnancy?

Select an option to indicate whether the Mother received WIC food for herself during this pregnancy.

An option must be selected.

Number of Previous Live Births, Now Living/Now Dead

Date of Last Live Birth

Number of Previous Pregnancy Outcomes

Date of Last Pregnancy Outcome

Please check the Mother's prenatal care record and/or hospital record to obtain the number of previous live births and other pregnancy outcomes.

When completing this item, do not include this birth. Do include any previous live born infants. If this was a multiple delivery, include all live born infants who preceded the live born infant in this delivery. If first born, do not include this infant.

If second born, include the first born. Also include all live born infants in previous deliveries.

If there are any previous live born infants enter the Month and Year of the last live birth. If the Date is unknown, enter 99 for Month and 9999 for Year.

If there are any other pregnancy outcomes, enter the Month and Year of the last other pregnancy outcome. If the Date is unknown, enter 99 for Month, and 9999 for Year.

If the Number of Previous Live Births - Now Living, Number of Previous Live Births - Now Dead, or Number of Previous Pregnancy Outcomes is greater than 12 then the values will need to be verified during validation.

Cigarette Smoking Before and During Pregnancy

Check whether the mother reported in Cigarettes or Packs. If both Cigarettes and Packs are given, enter in Packs.

Enter the average number of Cigarettes or Packs of Cigarettes smoked per day, for each time period. If none, enter "0." If no part of the item is completed, check "Unknown number of cigarettes smoked by Mother during Pregnancy" If a range is given enter the highest number.

If Mother never smoked, check the 'Never Smoked during Pregnancy' box.

This item must be completed.

Alcohol Use During Pregnancy

Select an option to indicate whether the Mother consumed alcohol during pregnancy.

If the option chosen is 'Yes', enter the average number of drinks consumed per week.

This item must be completed.

All Sources of Payment for this Delivery

Select all applicable sources of payment for the pregnancy. If 'Medicaid' is selected, enter the 13 or 16-digit Medicaid ID or Card Control number in the box provided. If the Source is not listed, select '*Other*' and specify the Source in the box provided.

This item must be completed.

Date Last Normal Menses Began

Enter the Date that the Mother Last Normal Menses began. The Last Normal Menses Date is a three-section entry with the *month*, *day*, and *year* entered in different sections of the field, separated by *"/"*.

If the date is not known, enter *99* for Day and Month, and *9999* for Year.

This item must be completed. If the date entered is out of the acceptable range for this pregnancy, then the values will need to be verified during validation.

Mother transferred for maternal medical or fetal indications for delivery

Select an option to indicate whether the mother transferred to this facility for maternal medical or fetal indications prior to delivery. Transfers include hospital to hospital, birthing facility to hospital etc.

If the option selected is 'Yes', enter the name of the facility the mother transferred from. If the name of the facility is not known, enter "unknown."

The transfer status cannot be blank.

Live Birth – Attendant Details

This section describes the **Attendant tab** in the **Live Birth Data Entry Screen**.

The Attendant at birth is defined as the individual at the delivery who is responsible for the delivery. For example, if an intern or nurse-midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician is to be reported as the attendant. However, a person who is not physically present at the delivery should not be reported as the attendant. For example, if the obstetrician is not physically present, the intern or nurse-midwife **MUST** be reported as the attendant.

The screenshot shows the 'Attendant' tab in a data entry system. At the top, there are several tabs: Child, Mother, Father, Newborn, Medical Info, Mothers Medical, Attendant (selected), Comments, and Attachments. Below the tabs, the 'Title' field has radio buttons for MD, DO (selected), CNM/CM, OTHER MIDWIFE, and OTHER (SPECIFY) with an adjacent text box. The 'Attendant's Name' field is a dropdown menu showing 'Smart, Jake'. The 'Certifier same as Attendant' field has a checked checkbox. At the bottom center is a yellow 'Send to Certify' button.

Title

Select an option to indicate the Attendant's title. If the Attendant's title is not listed in the options, select '*Other*' and specify the title in the box provided.

Unless the birth of the Child is 'Unattended', a title must be selected from the list.

Attendant's Name

Select the Attendant's Name from the dropdown list. The list contains all the attendants belonging to the Facility of Birth. If the Attendant is not listed select the value '*Not in Table*'.

This will make the Attendant Details screen appear. Enter the Attendants details in the respective boxes. If the Attendant does not have an NPI number enter '99' or 'NA'.

If there was no Attendant present during the delivery, select the option 'Unattended'.

Unless the birth of the Child is 'Unattended', an Attendant's Name must be selected from the list. If the Attendant is 'Not in Table', the Attendant's details must be entered.

Attendant Details							
Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Name	<input type="text"/>	Suffix	<input type="button" value="v"/>
Attendant NPI	<input type="text"/>						
Address							
<input type="text"/>						Update Address	

Certifier same as Attendant

Check this option if the Attendant at Birth will be certifying the record. If the box is unchecked, the Certifier details will need to be entered.

Certifier's Name

Select the Certifier's Name from the dropdown list. The list contains all the Certifiers belonging to the Facility of Birth. If the Certifier is not listed select the value 'Not in Table'.

This will make the Certifier Details screen appear. Enter the Certifier details in the respective boxes.

If there was no Attendant present during the delivery, select the option 'Unattended'.

If the Certifier is not the same as the Attendant. the Certifier's Name must be selected from the list. If the Certifier is 'Not in Table', the Certifier's details must be entered.

Certifier's Name

Certifier Details

Last Name First Name Middle Name Suffix

Date Certified MM/DD/YYYY

Date Certified

A Back Office User must manually enter the Date Certified if the record was not certified electronically. This field will not appear for Front Office Users.

Enter the Date that the Birth Record was Certified. The Date Certified is a three-section entry with the *month*, *day*, and *year* entered in different sections of the field, separated by “/”.

Unless the birth of the Child is 'Unattended', the Date Certified must be entered.

Note:

If the Live Birth record is entered at a Facility then it will need to be certified. To do this, click on the **Send to Certify** button on the Attendant tab. This will validate the record and change status on the record to **Ready to Certify**.

If the Live Birth record is entered at the Back Office then it will need to be registered. To do this, click on the **Send to Register** button on the Attendant tab. This will validate the record and change the status on the record to **Pending Registration**.

Live Birth - Hearing Page

This section describes the **Hearing Page** in the Live Birth Data Entry Screen.

The Hearing page is used to enter newborn hearing screening information, and document any risk factors identified during the process. It is accessible at the front office by facility users with Add New Record permissions, and Audiologist users. Back office users do not have access to Hearing data.

A facility User with appropriate privileges can access the Hearing page from the Live Birth record Entry Screen, by clicking the **Hearing** button at the top of the record entry screen.

Hearing Print Save Validate Abandon		
Current Birth Certificate		
Child Name: SIMMS, JESSE	Mother's Maiden Name: OSSINGTON, REBECCA	Record Status: Incomplete
Date of Birth: May-17-2011 04:15 AM	Mother's Hospital ID Number: 122111HID	Version #: 1

The hearing page is also accessible to a facility User by searching a registered record and clicking the Data View icon  to open the record in report view, with the **Hearing** option available.

The status of this record is Registered

Hearing

Report

1 of 1 100% Find | Next Select a format Export

Certificate of Live Birth

State File Number:

Child

Child Name	Time of Birth	Gender	Date of Birth	SSN
LANGE, RYAN KYLE JR	1:25 AM	M	6/9/2011	
Facility Name	City	Parish		
ABC HOSPITAL OR CLINIC	NEW ORLEANS	ORLEANS		

Mother

Mother's Current Legal Name	Date of Birth	Age		
FORMAN, ROCHELLE	1/1/1989	22		
Mother's Name Prior to First Marriage	Birth Place			
FORMAN, ROCHELLE	MESA, AZ UNITED STATES			
Was mother ever married?	Married at conception or anytime in between?	Was AOP signed at the facility?		
YES	YES	NO		

An audiologist user will see only the search page after logging in, and must find the correct record and open it by clicking on the Data View icon  in the search results. After opening the record, the audiologist will be taken directly to the [Hearing Data Entry Screen](#), and have the ability to modify and save data. No other tabs or screens are visible to an audiologist user.

This item is not mandatory, but the system will warn the User if Hearing data has not been completed when a record is sent for certification on the [Attendant tab](#).

Live Birth - Hearing Data Entry Screen

This section describes the **Hearing Data Entry Screen** in the Live Birth Record. Validations on this page take place when the **Save** button is clicked. Data entered will not save if validations are present, and will be lost if the user leaves the page before correcting all errors and saving successfully.

Infant's Primary Care Physician (PCP): Ben Stevens	
Address: 3828 Lapalco Blvd.	City: Harvey State: LA ZIP: 70058

Was Screening Completed In Hospital Before Discharge? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Screening	Results
Right Ear	<input checked="" type="radio"/> Passed <input type="radio"/> Further Testing Needed
Left Ear	<input type="radio"/> Passed <input checked="" type="radio"/> Further Testing Needed
Type of Test	<input checked="" type="radio"/> ABR <input type="radio"/> OAE
Date of Screening	05/17/2011
Name of person completing test	Alex Polk
Title of person completing test	Au.D.
Did parent sign this newborn hearing screening form? <input type="radio"/> No <input checked="" type="radio"/> Yes	
Reason not screened	
<input type="checkbox"/> Expired/deceased	
<input type="checkbox"/> Transferred Out	
<input type="checkbox"/> Hospital Transferred To Specify <input type="text"/>	
<input type="checkbox"/> Parents declined testing	
<input type="checkbox"/> Left against medical advice (AMA)	
<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Other Specify Specify <input type="text"/>	

Are there any risk factors for hearing loss identified?	
<input type="radio"/> No risk factors were identified	
<input checked="" type="radio"/> Yes, at least one risk factor was identified	
Risk Factors	
<input checked="" type="checkbox"/> Family History of Permanent Hearing Loss	
<input type="checkbox"/> Congenital Infection	
<input type="checkbox"/> Defects of the Head/Neck	
<input type="checkbox"/> Elevated Bilirubin	
<input type="checkbox"/> Ototoxic Medication	
<input type="checkbox"/> Stigmata/Syndrome	
<input type="checkbox"/> Neonatal Intensive Care over 5 Days	
<input type="checkbox"/> Chemotherapy	
<input type="checkbox"/> ECMO	
<input type="checkbox"/> Postnatal Infection	
<input type="checkbox"/> PPHN	
<input type="checkbox"/> Prolonged Mechanical Ventilation	

Follow-up Appointment <input type="radio"/> No <input checked="" type="radio"/> Yes	
Time: 05/23/2011 04:00 PM	Phone: (504) 555 8612 Audiologist/Facility: Jefferson Hearing Center

Comments
Retest both ears

Infant's Primary Care Physician

Use this space to enter information for the infant's Primary Care Physician (PCP). If the Primary Care Physician is not available or does not exist, leave this item blank.

Was Screening Completed in Hospital Before Discharge?

Select Yes or No. If "Yes" is selected, the *Screening/Results* section will become active, and the *Reason Not Screened* section will be disabled. If "No" is selected, the *Screening/Results* section will be disabled, and the *Reason Not Screened* section will become active.

This item is required to pass validation when saving.

Screening/Results

This section becomes active only if screening was completed at the hospital before discharge. If screening was completed enter the results of the testing for each ear, the type of test, date of screening, name of the person completing the test, title of the person completing the test, and whether a parent signed the newborn hearing screening form.

Left and right ear test results, type of test, and date of screening must be completed to pass validation when saving, if section is active.

Reason Not Screened

This section becomes active only if screening was not completed at the hospital before discharge. If screening was not completed, check the box indicating which reason best describes why. Use the text boxes to specify facility transferred to, or provide details for "other," if either of those options are selected. Only one reason can be entered in this section.

This item is required to pass validation when saving, if section is active.

Are There Any Risk Factors for Hearing Loss Identified?

Select Yes or No. If "Yes" is selected, *Risk Factors* will become active. If "No" is selected, this section is disabled.

Risk Factors

This section becomes active only if risk factors for hearing loss were identified. If yes, check the boxes indicating which risk factors are present. Multiple choices can be selected in this section.

This item is required to pass validation when saving, if section is active.

Follow-up Appointment

Select Yes or No. If "Yes" is selected, *Time*, *Phone*, and *Audiologist/Facility* fields become active. If "No" is selected, these fields are disabled. If a follow-up appointment has been scheduled, select the date and time by clicking on the icons to the right of the *Time* field. Enter the follow-up facility phone number in the *Phone* field, and the name in the *Audiologist/Facility* field.

This item is required to pass validation when saving. If "Yes" is selected then *Time*, *Phone*, and *Audiologist/Facility* are also required.

Comments

Use this area to optionally enter any additional comments or information regarding the newborn hearing screening.

Delay Birth (6 months-12 years) Record Entry Screen

This section describes the process of entering a Delay Birth (6 months - 12 years) record in LEERS.

A Delay Birth (6 months - 12 years) may be entered by the Facility of Birth or it may be entered in the Back Office.

The Delay Birth (6 months - 12 years) Record Entry screen has the following sections:

Child

This section is used to enter the information related to the Child whose birth is being recorded.

Mother

This section is used to enter the information related to the Mother of the Child.

Father

This section is used to enter the information related to the Father of the Child.

Attendant

This section is used to enter the information related to the Attendant and the Certifier for the Birth being recorded.

Comments

This section is used to enter comments related to the record.

Attachments

This section is used to attach any documents related to the record.

The various sections can be selected by clicking on the respective section header at the top.

Note:

If the Delay Birth record is entered at a Facility then it will need to be certified. To do this, click on the **Send to Certify** button on the [Attendant](#) tab. This will validate the record and change the status of the record to **Ready to Certify**.

If the Delay Birth record is entered at the Back Office then it will need to be registered. To do this, click on the **Send to Register** button on the [Attendant](#) tab. This will validate the record and change the status of the record to **Pending Registration**.

Delay Birth (6 months - 12 years) - Child Details

This section describes the **Child** tab in the Delayed Birth (6 months - 12 years) Data Entry Screen.

The Case Identification information entered at the time of creating the Birth record such as Child's Name, Date of Birth, and Plurality will be automatically populated in their respective fields.

Child | Mother | Father | Attendant | Comments | Attachments

Child's Information

Child's Last Name: HORNBY | First Name: JOHN | Middle Name: | Suffix:
Sex: M | Time of Birth: 05 : 28 PM | Date of Birth: 05/01/2008 MM/DD/YYYY
Plurality: SINGLE | Birth Order Number: 1

Birth Weight (Specify Grams/Ounces. Grams preferred) Grams lbs/oz | 8 Pounds 0 Ounces

Place Where Birth Occured

Hospital Freestanding Birthing Center Home Birth Planned Home Birth UnPlanned Clinic/Doctor's Office Other

Facilities: ABC Hospital

Address

House #: 6745 Street: DIVISION St. Designator: ST
Country: UNITED STATES State: LOUISIANA County: JEFFERSON City: METAIRIE Zipcode: 70002

Child's Name

Enter the Child's Last Name, First Name, and Middle Name, and select the Suffix from the drop-down list.

If present, the name must begin in position 1. The first character must be a letter from A to Z. The remaining characters must be a letter from 'A' through 'Z,' the single quote mark ('), dash (-), or space ().

The First Name and the Last Name cannot be blank.

Sex

Select the Sex of the Child from the drop-down list. The list has values M (Male) and F (Female).

Sex of the child must be selected.

Time of Birth

Enter the **Time of Birth** using a 12-hour clock.

A 12-hour clock with the range of 12:00 a.m. to 11:59 a.m. and 12:00 p.m. to 11:59 p.m. is to be used to report the **Time of Birth**.

The hour list has values ranging from 00-12, and 99 for 'UNKNOWN.'

The minute list has values ranging from 00-59, and 99 for 'UNKNOWN.'

The **AM/PM** option should also be chosen from a list.

The Time of Birth Cannot be blank. A selection of '99:99' will need to be verified during validation.

Date of Birth

Enter the Child's **Date of Birth**.

The **Date of Birth** is a three-section entry with the *month*, *day*, and *year* entered in different sections of the field, separated by “/”.

The Child's Date of birth must be earlier than or the same as the current date.

Plurality

Select the Birth Plurality from the drop-down list.

Plurality of the child must be selected.

Birth Order

Select the Birth Order from the drop-down list. The values in the Birth Order list are dependent on the Plurality of Birth chosen for the Child.

Birth Order of the child must be selected.

Birthweight

Select whether the birthweight will be entered in Grams or in Pounds/Ounces. Enter the weight of the Child in the box provided in the denomination chosen.

If the birthweight of the Child is not known, select the grams option and enter 9999, or the pounds and ounces box and select 99, 99.

Birthweight must be completed. If the Birthweight is less than 228 grams or greater than 8164 grams then the Birthweight will need to be verified during validation. Also unknown values (9999 or 99/99) will come up for verification.

Place where Birth Occurred

Select an option from the list shown to indicate where the child was born. The options shown in this list will differ, depending upon the type of Facility the User belongs to.

If the User belongs to a **Hospital** then answer the question *Did the birth occur in this facility?*

- Yes
- Born En Route
- Home Birth Planned
- Home Birth Unplanned
- Clinic/Doctor's Office
- Other

If the User belongs to a **Birthing Center** then answer the question *Did the birth occur in this facility?*

- Yes
- Born En Route
- Other

If the User is a **Midwife** then answer the question *Where did the birth occur?*

- Home Birth Planned
- Home Birth Unplanned
- Other

If the User belongs to a **Local Registrar's Office** then answer the question *Where did the birth occur?*

- Home Birth Planned
- Home Birth Unplanned
- Clinic/Doctor's Office
- Other

If the User belongs to **Back Office** then answer the question *Where did the birth occur?*

- Hospital
- Freestanding Birthing center
- Home Birth Planned
- Home Birth Unplanned
- Clinic/Doctor's Office
- Other

If the option chosen is *Birth occurred at Facility* or *En Route to the Facility* then the User's **Facility Name** and **Address** are automatically populated in the respective fields.

If the option chosen is *Clinic/Doctor's office* or if a Back Office User chooses *Hospital* or *Freestanding Birthing Center* then the User has to select **Facility Name** from the drop-down list. The **Address** will be auto-populated.

For any other option enter the [Address](#) for **Place of Birth**, by clicking on the **Update Address** link.

If the option chosen is *Other* then specify the **Place of Birth**.

Delay Birth (6 months - 12 years) - Mother Details

This section describes the **Mother** tab in the Delayed Birth (6 months - 12 years) Data Entry Screen.

The Case Identification information entered at the time of creating the Birth record such as Mother's Maiden Last Name will be automatically populated in their respective fields.

Child	Mother	Father	Attendant	Comments	Attachments
Mother's Name PRIOR to First Marriage:					
Last Name		First Name		Middle Name	
JACOBS		JENNIFER			
Date of Birth		05/09/1982		MM/DD/YYYY	
Place of Birth					
Country: ANGUILLA		State: -		City: -	
Update Place of Birth					
Mother's Stay in this Community (No. of days or years)		7		Years	
Occupation of Mother		WAITRESS		Industry or Business	
Mother's Stay in Hospital Before Delivery		2		CASINO	
Other Children					
Total Number of Previous Births (exclude this child)		1		Number Now Living (excluding this child)	
No. Previous Born Alive, Now Dead (exclude this child)		0		Number Born Dead	
Mother's Residence Address					
House #: 422		Pre-Dir: N		Street: ABBEY	
Country: UNITED STATES		State: LOUISIANA		St. Designator: AVE	
County/Parish: JEFFERSON		City: METAIRIE		ZIP Code: 70003	
Update Address					
Within City Limits?					
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown					
Mailing Address <input checked="" type="checkbox"/> Same as Residence?					

Mother's Name PRIOR to First Marriage

Enter the Mother's Maiden Last Name, First Name, and Middle Name, and select the Suffix from the drop-down list.

If present, the name must begin in position 1. The first character must be a letter from A to Z. The remaining characters must be a letter from 'A' through 'Z,' the single quote mark ('), dash (-), or space ().

The First Name and the Last Name cannot be blank.

Date of Birth

Enter the Mother's Date of Birth.

The **Date of Birth** is a three-section entry with the *month*, *day*, and *year* entered in different sections of the field, separated by *"/"*.

Mother's Date of Birth must be completed. If the Mother's age is less than 8 years or greater than 65 years then the Date of Birth will need to be verified during validation.

Place of Birth

Click on the **Update Place of Birth** link.

Select the **Country** of Birth from the drop-down list. If the selected Country is *United States* or *Canada* then the **State/Territory/Province** list is populated with values related to the chosen Country. For any other Country, enter the **State/Territory/Province** in the box if applicable.

Select the **State/Territory/Province** from the drop-down list.

Enter the **City** of Birth in the respective box.

If the Place of Birth is within the *United States* or *Canada*, the **State/Territory/Province** and **City** fields are mandatory.

For any other Place of Birth only **Country** and **City** are mandatory.

If Mother's Place of Birth is not known, type the word '*UNKNOWN*' in **City** box.

This item must be completed.

Mother's Stay in this Community

Enter the number of Days or Years that the Mother lived in the Community of residence, and then select whether the number indicates Days or Years from the drop-down list.

Enter 99 if the duration of her stay is unknown.

This item must be completed.

Mother's Stay in Hospital before Delivery

Enter the number of Days that the Mother was in the Hospital prior to the Delivery.

Enter 99 if the duration of her stay is unknown.

This item must be completed.

Occupation of Mother

Enter the Mother's Occupation.

This item must be completed.

Industry or Business

Enter the Mother's Industry or Business.

Total number of Previous Births (exclude this child)

Enter the Total number of Previous Births before this Child.

Enter 99 if the number of Previous Births is not known.

This item must be completed.

Number now Living (exclude this child)

Enter the number of Other Children still living before this Child.

Enter 99 if the number of Other Children Now Living is not known.

This item must be completed.

Number Previous Born Alive, Now Dead (exclude this child)

Enter the number of Other Children who were born alive but are now dead.

Enter 99 if the number of Other Children born alive but are now dead is not known.

This item must be completed.

Number Born Dead

Enter the number of Other Children who were born dead.

Enter 99 if the number of Other Children born dead is not known.

This item must be completed.

Residence Address

Click on the **Update Address** link.

Enter the Mother's Residence [Address](#).

Residence of the mother is the place the mother actually resides. Do not report temporary residences such as on a visit, business trip, or vacation. Place of residence during a tour of military duty or attendance at college should be entered as the place of residence.

For mothers who live in a group home, mental institution, penitentiary, or hospital for the chronically ill, report the location of the facility as the place of residence.

This item must be completed.

Mailing Address

Click on the **Update Address** link.

Enter the Mother's Mailing [Address](#).

If the Mailing Address is the same as the **Residence Address** then check the box *Mailing Address Same as Residence*. The Residence Address will be automatically populated in the Mailing Address fields.

Delay Birth (6 months - 12 years) - Father Details

This section describes the **Father** tab in the Delayed Birth (6 months - 12 years) Data Entry Screen.

Child	Mother	Father	Attendant	Comments	Attachments
Father's Information:					
Last Name		First Name	Middle Name	Suffix	
<input type="text" value="JACOBS"/>		<input type="text" value="MITCHELL"/>	<input type="text" value="ALTON"/>	<input type="text" value=""/>	
Date of Birth					
<input type="text" value="04/27/1978"/>		MM/DD/YYYY			
Place of Birth					
Country: UNITED STATES		State: FLORIDA	City: BRADENTON	Update Place of Birth	
Occupation of Father		<input type="text" value="WELDER"/>	Industry or Business	<input type="text" value="MARINE"/>	

Father's Name

Enter the Father's Last Name, First Name, and Middle Name, and select the Suffix from the drop-down list.

If present, the name must begin in position 1. The first character must be a letter from A to Z. The remaining characters must be a letter from 'A' through 'Z,' the single quote mark ('), dash (-), or space().

The First Name and the Last Name cannot be blank.

Date of Birth

Enter the Father's Date of Birth.

The **Date of Birth** is a three-section entry with the *month*, *day*, and *year* entered in different sections of the field, separated by "/".

Father's Date of Birth must be completed. If the Father's age is less than 8 years or greater than 75 years then the Date of Birth will need to be verified during validation.

Place of Birth

Click on the **Update Place of Birth** link.

Select the **Country** of Birth from the drop-down list. If the selected Country is *United States* or *Canada* then the **State/Territory/Province** list is populated with values related to the chosen Country. For any other Country, enter the **State/Territory/Province** in the box if applicable.

Select the **State/Territory/Province** from the drop-down list.

Enter the **City** of Birth in the respective box.

If the Place of Birth is within the *United States* or *Canada*, the **State/Territory/Province** and **City** fields are mandatory.

For any other Place of Birth only **Country** and **City** are mandatory.
If Father's Place of Birth is not known, type the word '*UNKNOWN*' in **City** box.

This item is Mandatory.

Occupation of Father

Enter the Father's Occupation.

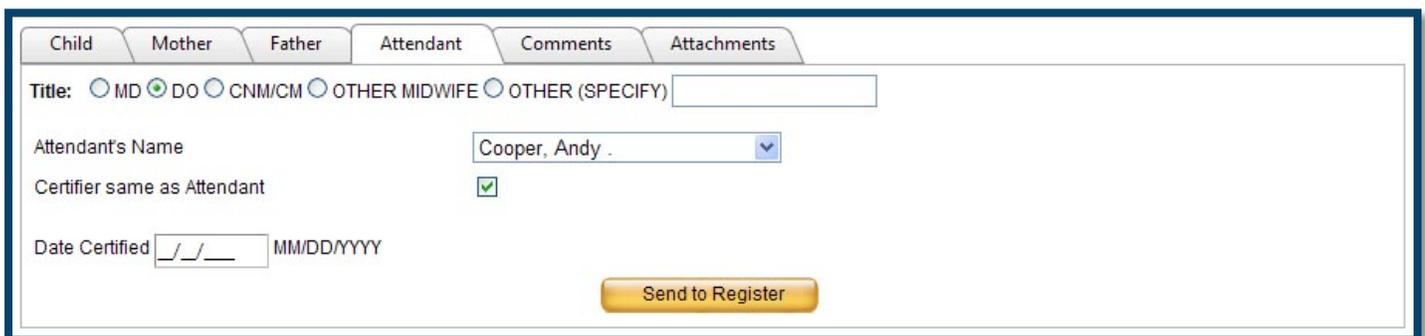
Industry or Business

Enter the Father's Industry or Business.

Delay Birth (6 months-12 years) – Attendant Details

This section describes the **Attendant Details** tab in the Delayed Birth (6 months - 12 years) Data Entry Screen.

The Attendant at birth is defined as the individual at the delivery who is responsible for the delivery. For example, if an intern or nurse-midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician is to be reported as the attendant. However, a person who is not physically present at the delivery should not be reported as the attendant. For example, if the obstetrician is not physically present, the intern or nurse-midwife **MUST** be reported as the attendant.



The screenshot shows a web form with tabs for Child, Mother, Father, Attendant, Comments, and Attachments. The Attendant tab is active. The form includes a Title field with radio buttons for MD, DO, CNM/CM, OTHER MIDWIFE, and OTHER (SPECIFY). The Attendant's Name field is a dropdown menu showing 'Cooper, Andy'. The Certifier same as Attendant field has a checked checkbox. The Date Certified field is a date picker showing MM/DD/YYYY. A Send to Register button is located at the bottom right.

Title

Select an option to indicate the Attendant's title. If the Attendant's title is not listed in the options, select '*Other*' and specify the title in the box provided.

Unless the birth of the Child is 'Unattended,' a title must be selected from the list.

Attendant's Name

Select the Attendant's Name from the drop-down list. The list contains all the attendants belonging to the Facility of Birth. If the Attendant is not listed select the value *'Not in Table.'*

This will cause the Attendant Details screen to appear. Enter the Attendant's details in the respective boxes.

If there was no Attendant present during the delivery, select the option *'Unattended.'*

Unless the birth of the Child is *'Unattended,'* an Attendant's Name must be selected from the list. If the Attendant is *'Not in Table,'* the Attendant's details must be entered.

Attendant's Name

Attendant Details

Last Name First Name Middle Name Suffix

Attendant NPI

Address [Update Address](#)

Certifier Same as Attendant

Check this option if the Attendant at Birth will be certifying the record. If the box is unchecked, the Certifier details will need to be entered.

Certifier's Name

Select the Certifier's Name from the dropdown list. The list contains all the Certifiers belonging to the Facility of Birth. If the Certifier is not listed select the value *'Not in Table'*.

This will make the Certifier Details screen appear. Enter the Certifier details in the respective boxes.

If there was no Attendant present during the delivery, select the option 'Unattended'.

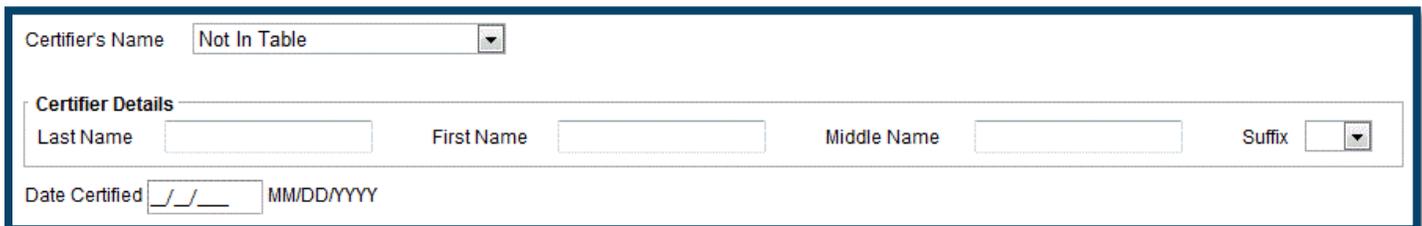
If the Certifier is not the same as the Attendant, the Certifier's Name must be selected from the list. If the Certifier is 'Not in Table,' the Certifier's details must be entered.

Date Certified

A Back Office User must manually enter the Date Certified if the record was not certified electronically. This field will not appear for Front Office Users.

Enter the Date that the Birth Record was Certified. The Date Certified is a three-section entry with the *month, day, and year* entered in different sections of the field, separated by “/”.

Unless the birth of the Child is 'Unattended', the Date Certified must be entered.



The screenshot shows a web form with the following fields:

- Certifier's Name: A dropdown menu with "Not In Table" selected.
- Certifier Details section containing:
 - Last Name: A text input field.
 - First Name: A text input field.
 - Middle Name: A text input field.
 - Suffix: A dropdown menu.
- Date Certified: A date input field with a placeholder "MM/DD/YYYY" and a small icon of a calendar.

Note:

If the Delay Birth record is entered at a Facility then it will need to be certified. To do this, click on the **Send to Certify** button on the Attendant tab. This will validate the record and change status on the record to **Ready to Certify**.

If the Delay Birth record is entered at the Back Office then it will need to be registered. To do this, click on the **Send to Register** button on the Attendant tab. This will validate the record and change status on the record to **Pending Registration**.

Life Cycle of a Birth Record

This section describes the lifecycle of a Birth record in LEERS.

A Live Birth or a Delay Birth (6 months - 12 years) recorded by a Facility, Midwife, or a Health Unit has to be [Certified](#) either electronically or manually, and then submitted to the Back Office for [Registration](#). If the Back Office Registration Clerk needs further information or clarification about specific items on the Birth record, then the record is **Returned back to Facility**. The Facility clerk then either modifies the record or enters comments related to the items requested, and re-submits the record to the Back Office for registration.

An Incomplete Live Birth Record that is not **Certified** or **Registered** can also be requested to be Abandoned. However, only a Back Office User with appropriate privileges can approve the [Abandon](#) request on a Birth record.

All other types of Birth certificates (True Delay, Adoption, Partial, and Foundling) are recorded only at the Back Office, and need to be approved and **Registered** by a User with appropriate privileges at the Back Office.

Once the Birth record is **Registered**, a Back Office user can browse through Record details and [History](#). The record can be [Updated](#) or [Amended](#) if required. **Indicators** can be [Set/Reset](#) on the Birth record by a User with appropriate privileges.

A Birth record can be sealed and [Voided](#). Once Voided, the Birth Record can only be viewed by User with appropriate privileges.

Abandoning a Birth Record

This section describes the process of **Abandoning** a new Birth record in LEERS.

A Birth record entered at a Facility by a Midwife, at a Health Unit, or at the Back Office can be abandoned before it is Certified or Registered.

The process of Abandoning a record is a two-step process.

The record is first marked to be Abandoned by the User. To request for Abandoning a Birth record click on the **Abandon** button on the [Birth Record Entry Screen](#).

The system will then display the message "Do you wish to abandon this record?"

The User must then click **OK** to confirm.

This changes the status on the record to **Pending Abandon**.

A Back Office User with appropriate privileges can review these records **Pending Abandon**. To **Abandon** a record:

Select the record to be Abandoned from the **Pending Abandon** queue on the [Birth Home page](#).

Review the record details.

Abandon Return to Facility

The status of this record is Pending Abandon

Birth Report Comments

1 of 1 100% Find | Next Select a format Export

Certificate of Live Birth

State File Number:

Child

Child Name	Time of Birth	Gender	Date of Birth	SSN
SUER, JIANA JR	6:27 AM	F	5/1/2011	
Facility Name	City	Parish		

Mother

Mother's Current Legal Name	Date of Birth	Age
Mother's Name Prior to First Marriage	Birth Place	
SPEARS		
Was mother ever married?	Married at conception or anytime in between?	Was AOP signed at the facility?
	NO	

Click on the **Abandon** button if the request is to be approved. The system will mark the Birth record as **Abandoned** and the Birth record will not show up anytime in LEERS.

Click on the **Return to Facility** button if the request is not approved. The system will mark the Birth record as **Incomplete** and return the record back to the Facility that recorded the Birth.

Certifying a Birth Record

This section describes the process of **Certifying** a new Birth record in **LEERS**.

A Birth record entered at a Facility by a Midwife, or at a Health Unit has to be Certified before it can be submitted to the Back Office for Registration.

The process of Certification can happen in either of the following ways:

- Electronically by entering the Certifier's **PIN** number
- Manually by the **Drop to Paper** process.

A Birth Record has to have the status **Ready to Certify** before the Certifier can certify the record.

To move a Birth Record from **Incomplete** to **Ready to Certify** status:

1. Click on the Attendant tab.
2. Click on the **Send to Certify** button. The system will perform final validations on the entire Birth record to verify all the values, and any errors will be displayed at the top of the record in the error box.
3. Correct all the listed errors in the corresponding sections.
4. Click on the Attendant tab again and then click on the **Send to Certify** button.
5. If the Validations are successful, the system will change the status on the record to **Ready to Certify**.

Note:

A Birth record entered at the Back Office will not be Certified. These records will be **Pending Registration** if all the validations are successful.

A Birth Record with **Ready to Certify** status is assigned to the **Certifier** chosen on the Attendant tab.

To Certify a Birth Record **electronically**:

1. Click on the Child's Name of the record in the Record Display grid on the Birth Home page to open the details of the record.
2. Enter the **PIN** number in the box.
3. Click on the **Certify** button. After verifying the **PIN** number, the system will Certify the Birth record and submit the record to the Back Office for Registration.

The status of this record is Ready To Certify [Next](#) Enter PIN To Approve

Report **Comments** Attachments

1 of 1 100% Find | Next Select a format Export

Certificate of Live Birth

State File Number:

Child				
Child Name	Time of Birth	Gender	Date of Birth	SSN
WOODSON, CHRISTINA	1:24 AM	N	4/27/2011	
Facility Name	City	Parish		
DK TEST BC	NEW ORLEANS	ORLEANS		

Mother			ACK	
Mother's Current Legal Name	Date of Birth	Age		
WOODSON, JANE FRANCINE II	9/9/1988	22		
Mother's Name Prior to First Marriage	Birth Place			
HARGRAVE, JANE FRANCINE IV	FAIRBANKS, AK UNITED STATES			
Was mother ever married?	Married at conception or anytime in between?	Was AOP signed at the facility?		
YES	YES	YES		

To Certify a Birth Record **manually**:

1. Click on the Child's Name of the record in the Record Display grid on the Birth Home page to open the details of the record.
2. Click on the **Drop to Paper** button.
3. The system will display the message: 'Please print the report and take appropriate action before mailing the copy to State. To continue click on OK.' Click the **OK** button to continue.

4. Sign the paper that gets printed to manually Certify the record, and send the papers to the Back Office to be scanned and attached to the record. The system will submit the record to the Back office for registration.
5. The version of the Certified copy and the version of the record Submitted to the State have to match for registration to complete successfully.

The status of this record is Ready To Certify [Next](#) Drop to Paper Hearing Return

Report Comments Attachments

1 of 1 100% Find | Next Select a format Export

Certificate of Live Birth

State File Number:

Child

Child Name	Time of Birth	Gender	Date of Birth	SSN
WOODSON, CHRISTINA	1:21 AM	N	1/27/2011	

If the Certifier does not agree with some of the items on the record or needs further clarification, the Birth record can be **Returned back to Facility** for corrections or clarifications.

To Return a Birth record to Facility:

1. Click on the Child's Name of the record in the Record Display grid on the [Birth Home page](#) to open the details of the record.
2. Enter any [Comments](#) that are required for the Facility user to understand the reason why the Birth record is being returned back to the Facility.
3. Click on the **Return** button.
4. The system will mark the record as **Incomplete** and return it back to the Incomplete queue on the Birth Home page of the Facility.

Note:

A Facility User can also return a record from the Ready to Certify queue to the Incomplete queue if some modifications need to be made to the record, prior to Certification. Follow the steps mentioned above to Return a Birth record back to Facility.

Registering a Birth Record

This section describes the process of **Registering** a Birth record in LEERS.

A Birth record entered at a Facility, by a Midwife, at a Health Unit, or at the Back Office has to be submitted for registration.

A Live Birth record is auto-registered on Certification when Submitted to the State, except in the following cases:

- The Birth record is part of a plural delivery.
- The Birth record has an Acknowledgement of Paternity.
- The Birth record has exceptions, or out-of-range values set on some items.
- The Birth record is Dropped to Paper.
- The Birth record has a Discrepancy Letter issued.

If a Live Birth record is not auto-registered, it has **Pending Registration** status, and these records will be reviewed by a Back Office User with Registration privileges.

The status of this record is Pending Registration

Date Certified:

Birth Report | Comments | Attachments

1 of 1 | 100% | Find | Next | Select a format | Export

Certificate of Live Birth

State File Number:

Child				
Child Name	Time of Birth	Gender	Date of Birth	SSN
SIMMS, JESSE BLAINE IV	4:15 AM	M	5/17/2011	
Facility Name	City	Parish		
DK TEST HOSPITAL	NEW ORLEANS	ORLEANS		

Mother		
Mother's Current Legal Name	Date of Birth	Age
SIMMS, REBECCA JANE JR	6/23/1985	25
Mother's Name Prior to First Marriage	Birth Place	
OSSINGTON, REBECCA JANE JR	LOUISVILLE, KY UNITED STATES	
Was mother ever married?	Married at conception or anytime in between?	Was AOP signed at the facility?
NO	NO	NO

Re-submitting a Birth Record

This section describes the process of **Re-Submitting** a Birth record Returned from State in LEERS.

A Birth record entered at a Facility, by a Midwife, at a Health Unit, or at the Back Office can be **Returned from State** if the Registration review process fails.

A Birth record can be returned for corrections or clarifications on items in the record.

A record returned from the State appears in the **Returned from State** queue on the Facility [Birth Home page](#).

The same record is also seen in the **Returned to Facility** queue on the Back Office [Birth Home page](#).

To Re-submit a record Returned from State:

The status of this record is **Returned From State**

Report | Comments | Attachments

1 of 1 | 100% | Find | Next | Select a format | Export

Certificate of Live Birth

State File Number:

Child				
Child Name	Time of Birth	Gender	Date of Birth	SSN
SIMMS, JESSE BLAINE IV	4:15 AM	M	5/17/2011	
Facility Name	City	Parish		
DK TEST HOSPITAL	NEW ORLEANS	ORLEANS		

Mother		
Mother's Current Legal Name	Date of Birth	Age
SIMMS, REBECCA JANE JR	6/23/1985	25
Mother's Name Prior to First Marriage	Birth Place	
OSSINGTON, REBECCA JANE JR	LOUISVILLE, KY UNITED STATES	
Was mother ever married?	Married at conception or anytime in between?	Was AOP signed at the facility?
NO	NO	NO

Click on the Child's Name of the record in the Record Display grid on the [Birth Home page](#) to open the details of the record.

1. Browse through any comments that were entered for the record during the Registration review process explaining the reasons that the record was returned.
2. If any clarifications were asked, save the comments in the [Comments](#) section, and then click on the **Submit** button to re-submit the record to the State.
3. If any modifications are required to the record, click on the **Return to Facility** button. The system will display the message: 'This record will be Returned back to the Facility. Do you wish to continue?' Click on the **OK** button. The system will change the status on the record to **Incomplete** and this will allow the record to open in the [Birth Record Entry Screen](#) for any data modifications. After the necessary changes have been made to the

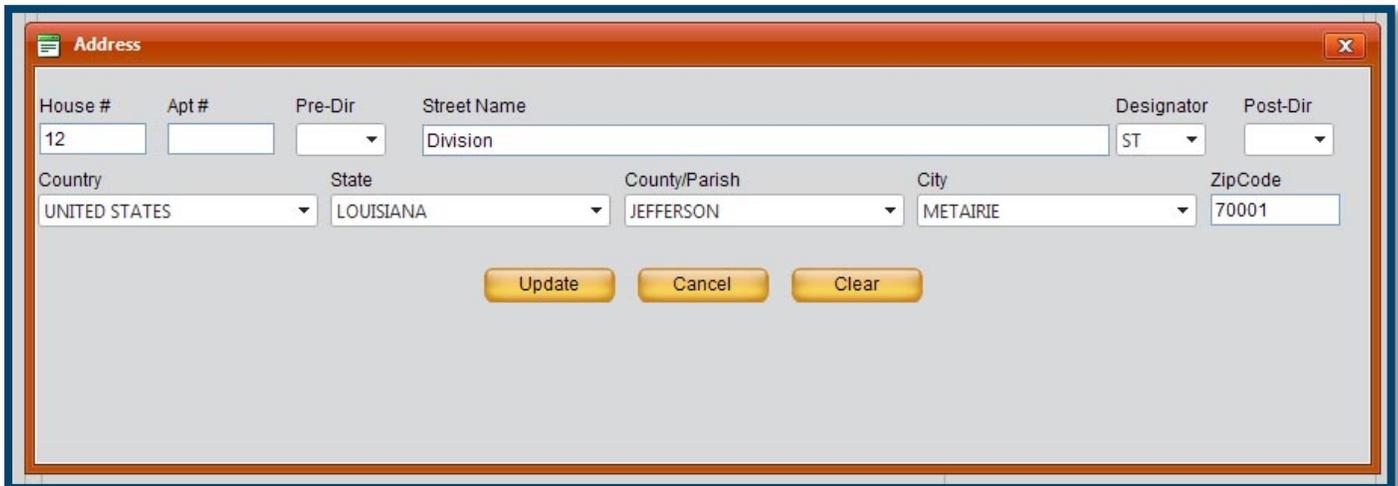
record, the record will have to be Certified again. This action will re-submit the record to the State.

Note:

The Birth record version is incremented on every Return to Facility from the State. If the Birth record is certified manually by the **Drop to Paper** process, the version of the Certified document mailed to the State has to match the version of the record that is Submitted to State.

Address Information

The **Address Information** is collected in a standard format in LEERS.



The screenshot shows a software window titled "Address" with a close button in the top right corner. The form is organized into two rows of input fields. The first row includes: "House #" with the value "12", "Apt #" (blank), "Pre-Dir" (dropdown), "Street Name" with the value "Division", "Designator" with the value "ST", and "Post-Dir" (dropdown). The second row includes: "Country" with the value "UNITED STATES", "State" with the value "LOUISIANA", "County/Parish" with the value "JEFFERSON", "City" with the value "METAIRIE", and "ZipCode" with the value "70001". At the bottom of the form are three buttons: "Update", "Cancel", and "Clear".

Enter the **House #** assigned to the Address. Do not record a R.R. Number or P.O. box.

Enter the **Apartment #** if applicable. If there is no apartment or room number associated with this Address, leave the item blank.

If the Street name has a direction as a prefix, select the prefix in the list labeled **Pre-directional**.

Example: South Main Street. Select the pre-direction as S.

If there is no pre-direction, leave this space blank.

Enter the **Street name** of the Address.

If only available address is a P.O. Box, enter it here.

For Street Name, only the characters 'A' through 'Z','0' through '9', the diagonal (/), Space () and the dash (-) may be entered.

Select the **Street Designator** from the provided list.

If the Street name has a direction after the name, select the suffix in the list labeled **Post-directional**.

Example: Walker Street NW. Select NW in the post-directional space.

If there is no post-direction, leave this space blank.

Select the **Country** from the drop-down list. If the selected Country is *United States* or *Canada*, then, the **State/Territory/Province** list is populated with values related to the chosen Country. For any other Country, enter the **State/Territory/Province** in the box if applicable.

Select the **State/Territory/Province** from the drop-down list. If the selection is a State or Territory belonging to *United States*, the **Parish/County** list is populated with appropriate values related to the chosen State or Territory. For any other State, Territory or Province, enter the **Parish/County** in the box if applicable.

Select the **Parish/County** from the drop-down list. For a value selected from the **Parish/County** list, the **City** list is populated with appropriate values related to the chosen **Parish/County**. For any other **Parish/County**, enter the **City** in the respective box.

Enter the **Zip Code** in the respective box. If the **Country** selected is *United States*, the **Zip code** has to be 5 numeric characters.

If the Address is within *United States*, the **State/Territory, Parish/County, City and **Zip code** fields are mandatory.**

If the Address is within *Canada*, the **Province** and **City** fields are mandatory. For any other Address outside *United States* and *Canada*, only the **City** field is mandatory.

Comments Tab

This section describes the process of entering **Comments** in LEERS.

Enter Comments Below:

Save

Comments	User	Entered On
No records to display.		

For entering a New Comment:

1. Enter the text of the Comment in the box 'Enter the Comments Below'.
2. Click on the **Save** button.

All the **Comments** entered for the record are visible in the Comments grid in descending order on the bottom portion of the screen.

Attachments Tab

This section describes the process of uploading **Attachments** in LEERS.



Delete	Attachments	Type	Issued By	Date Issued	Entry Date	Uploaded By	Date Created	Updated By	Comments	Update
	TEST.DOCX	SCHOOL RECORD	AJH	04/02/2010	04/01/2010	Jordan, Michael .	5/3/2010 9:27:26 AM	Jordan, Michael .	PLS REVIEW	

For uploading a new Attachment:

1. Select the Type of Document that needs to be uploaded. Enter the details of the document in the boxes provided.
2. Click on Browse to browse to the attachment file that needs to be uploaded.
3. Enter any Comments that need to be appended to the attachment.
4. Click on the **Upload** button.

All the **Attachments uploaded** for the record are visible in the Attachments grid. Click on the Attachment Name to open the Attachment at any time.

To delete an existing Attachment, click on the **Delete** symbol  next to the Attachment name.

Printer Setup

The Report Viewer provides an ActiveX print control that downloads automatically the first time the Print command on the Report Viewer toolbar is clicked, and is installed on the client computer. If the user does not install the control, or if support for the print control is disabled on the report server, the Print command cannot be used. After the control is installed, users can use the print control to print reports configured to run in the Report Viewer .

Depending on browser settings, each user might need to configure the browser to enable an ActiveX control download. To configure Internet Explorer to allow ActiveX control downloads, follow these steps:

1. In Microsoft Internet Explorer, from the Tools menu, choose Internet Options, and then click the Security tab.
2. Select the Trusted sites Web content zone, and then click Sites.
3. Type the LEERS website URL.
4. Click Add, and then click OK.
5. Click the Custom Level button. Scroll to the ActiveX controls and plug-ins node.
6. Click Enable for Download signed ActiveX controls, and then click OK.