

Collecting Birth Data: A Team Approach

Regional Perinatal Programs of California

Objectives

- Improving Data Quality by Learning:
 - Where to look
 - Who to ask
 - What information is “Self Identifying”

- Review some Variables and Definitions
 - Race/Ethnicity
 - Education
 - Last Menstrual Period
 - Date/Month of first and last Prenatal Care Visit
 - Estimated Gestational Age
 - Fetal Presentation
 - Pre-pregnancy Height and Weight and Post Delivery

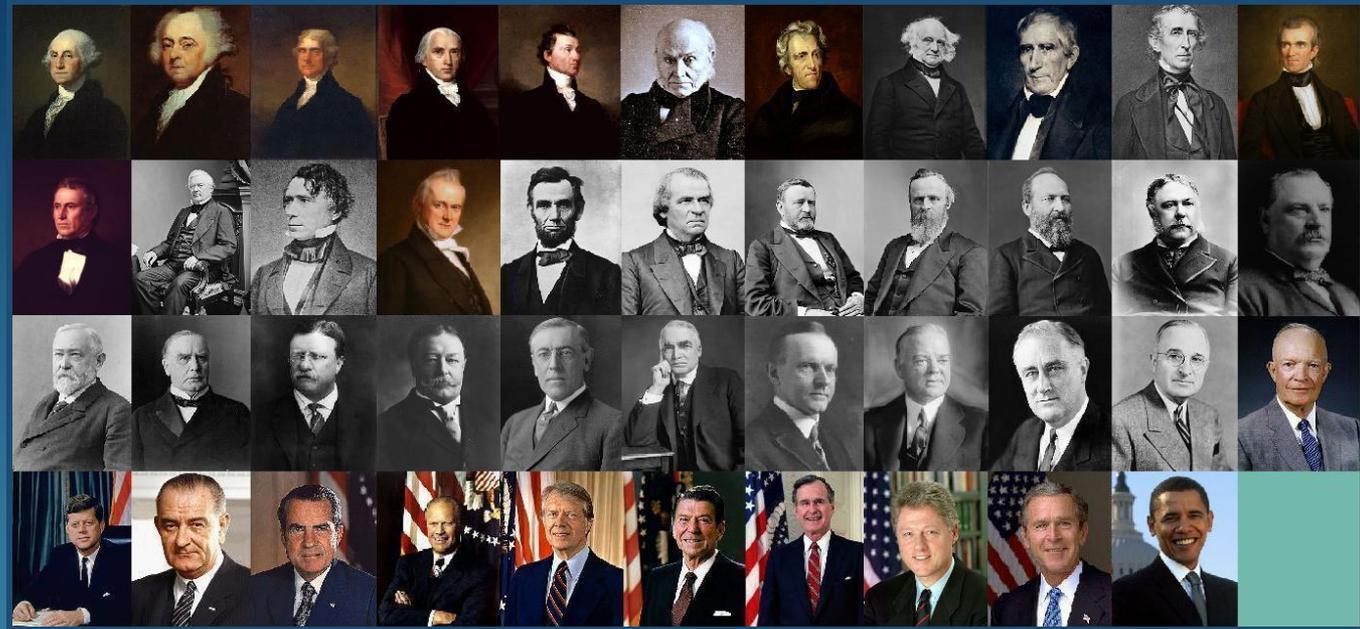
Why Collect Birth Certificate Information?

- California Health and Safety Code

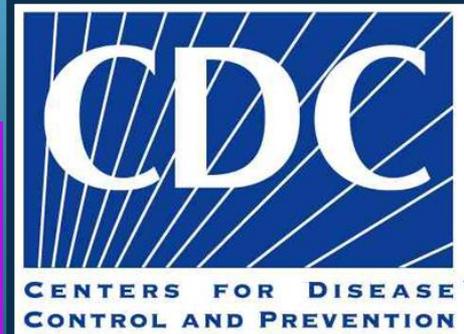
- Section 102425

- <http://law.onecle.com/california/health/102425.html>

It's About Presidents and Programs



California
Perinatal Transport System



Protected Information

All medical information is confidential and is not released to the public

- What information is not shared?
 - Race
 - Education
 - Occupation
 - Social Security numbers
 - Address
 - Any Medical Information or Procedures
- Who may access confidential information?
 - CDPH
 - County Health Departments
 - Approved Scientific Inquiry
 - The child listed on the birth certificate and those parents who have signed – or the mother listed

Can a Parent(s) Refuse to Provide Information?

All information collected is important... The law requires that all information must be collected except:

Exceptions:

- Race
- Education
- Occupation
- Social Security numbers

Race/Ethnicity

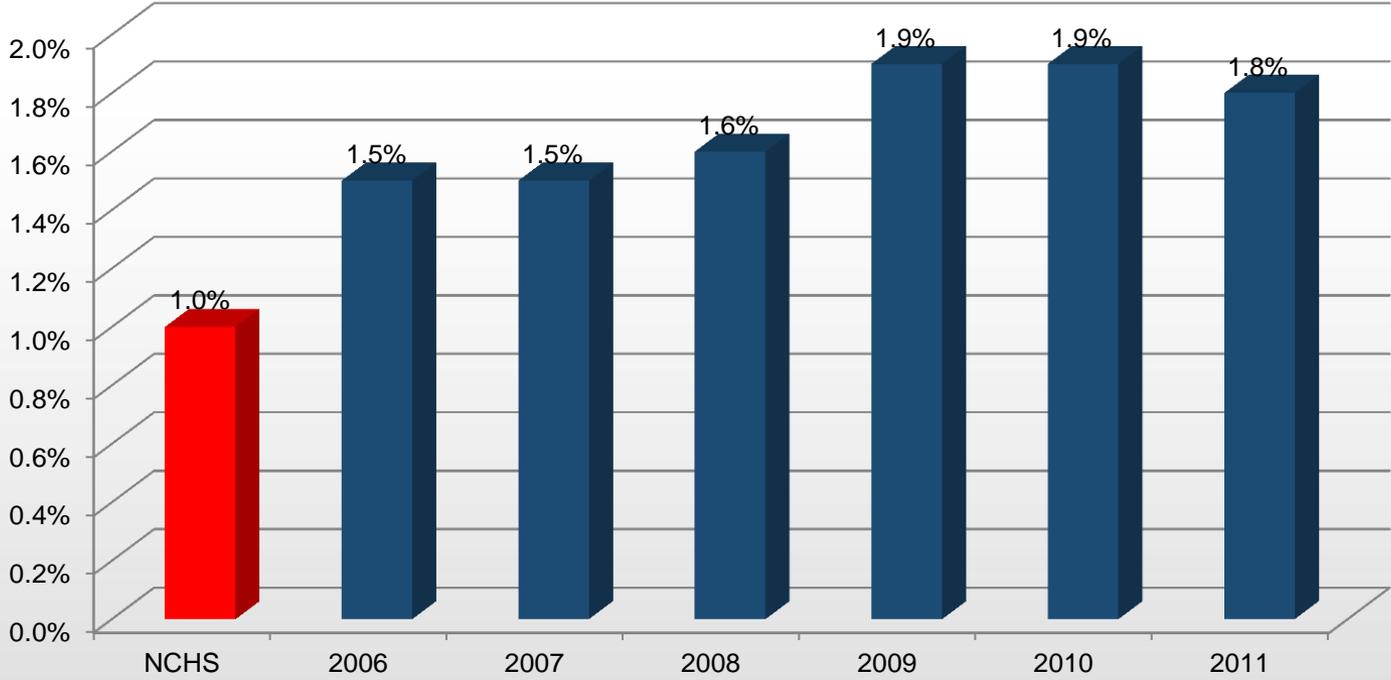
- Self Identified
- Multiples (up to three)
- Worksheet



Race/Ethnicity Worksheet

RACE/ETHNICITY (FATHER/PARENT)	RACE/ETHNICITY (MOTHER/PARENT)																																												
<p>HISPANIC, LATINO, SPANISH (check 1 box). Enter specific origin on the certificate.</p> <p>Is the FATHER/PARENT Hispanic/Latino/Spanish?</p> <p><input type="checkbox"/> No, not Hispanic/Latino/Spanish</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, Central American</p> <p><input type="checkbox"/> Yes, South American</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Other Hispanic/Latino/Spanish (Specify): _____</p>	<p>HISPANIC, LATINA, SPANISH (check 1 box). Enter specific origin on the certificate.</p> <p>Is the MOTHER/PARENT Hispanic/Latina/Spanish?</p> <p><input type="checkbox"/> No, not Hispanic/Latina/Spanish</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicana</p> <p><input type="checkbox"/> Yes, Central American</p> <p><input type="checkbox"/> Yes, South American</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Other Hispanic/Latina/Spanish (Specify): _____</p>																																												
<p>RACE (check 1, 2 or 3 boxes). Enter up to 3 races on the certificate.</p> <p>The FATHER/PARENT is:</p> <table border="0"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Asian Indian</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Cambodian</td> </tr> <tr> <td><input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native)</td> <td><input type="checkbox"/> Chinese</td> </tr> <tr> <td>Specify Tribe(s): _____</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Hmong</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Japanese</td> </tr> <tr> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Korean</td> </tr> <tr> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Laotian</td> </tr> <tr> <td><input type="checkbox"/> Other Pacific Islander (Specify): _____</td> <td><input type="checkbox"/> Thai</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other Asian (Specify): _____</td> </tr> </table> <p><input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Other (Specify): _____</p>	<input type="checkbox"/> White	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Cambodian	<input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native)	<input type="checkbox"/> Chinese	Specify Tribe(s): _____	<input type="checkbox"/> Filipino	_____	<input type="checkbox"/> Hmong	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other Pacific Islander (Specify): _____	<input type="checkbox"/> Thai		<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Other Asian (Specify): _____	<p>RACE (check 1, 2 or 3 boxes). Enter up to 3 races on the certificate.</p> <p>The MOTHER/PARENT is:</p> <table border="0"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Asian Indian</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Cambodian</td> </tr> <tr> <td><input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native)</td> <td><input type="checkbox"/> Chinese</td> </tr> <tr> <td>Specify Tribe(s): _____</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Hmong</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Japanese</td> </tr> <tr> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Korean</td> </tr> <tr> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Laotian</td> </tr> <tr> <td><input type="checkbox"/> Other Pacific Islander (Specify): _____</td> <td><input type="checkbox"/> Thai</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other Asian (Specify): _____</td> </tr> </table> <p><input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Other (Specify): _____</p>	<input type="checkbox"/> White	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Cambodian	<input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native)	<input type="checkbox"/> Chinese	Specify Tribe(s): _____	<input type="checkbox"/> Filipino	_____	<input type="checkbox"/> Hmong	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other Pacific Islander (Specify): _____	<input type="checkbox"/> Thai		<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Other Asian (Specify): _____
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How Are We Doing?



Mother's race withheld or unknown
(for all California births)

National Center for Health Statistics Data

Education

- Highest degree *or*
 - highest year/grade completed
- Worksheet
- How do ***you*** get your families to comply?



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Education

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY													
STATE FILE NUMBER						LOCAL REGISTRATION NUMBER							
THIS CHILD	1A. NAME OF CHILD - FIRST			1B. MIDDLE			1C. LAST						
	2. SEX		3A. THIS BIRTH, SINGLE, TWIN, ETC.			3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.			4A. DATE OF BIRTH - MM/DD/YYYY		4B. HOUR - 24 HOUR CLOCK TIME		
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY						5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION						
	5C. CITY						5D. COUNTY						
GENETIC FATHER	6A. NAME OF FATHER/PARENT - FIRST			6B. MIDDLE			6C. LAST			7. BIRTHPLACE - STATE AND COUNTRY		8. DATE OF BIRTH - MM/DD/YYYY	
	9A. NAME OF MOTHER/PARENT - FIRST			9B. MIDDLE			9C. LAST - BIRTH NAME			10. BIRTHPLACE - STATE AND COUNTRY		11. DATE OF BIRTH - MM/DD/YYYY	
INFORMANT AND BIRTH CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			12A. PATIENT OR OTHER INFORMANT SIGNATURE			12B. RELATIONSHIP TO CHILD			12C. DATE SIGNED - MM/DD/YYYY			
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.			13A. ATTENDANT CERTIFIED - SIGNATURE AND DEGREE OR TITLE			13B. LICENSE NUMBER			13C. DATE SIGNED - MM/DD/YYYY			
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT						14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT						
	15A. DATE OF DEATH - MM/DD/YYYY			15B. STATE FILE NO. - STATE USE ONLY			16. LOCAL REGISTRAR - SIGNATURE			17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY			
CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY													
GENETIC FATHER	18. FATHER HISPANIC, LATINO, OR SPANISH?			18. RACE - UP TO THREE RACES/ETHNICITIES (SEE INSTRUCTIONS)			18. ETHNICITY (SEE WORKSHEET ON BACK)			20C. EDUCATION - HIGHEST LEVEL OR DEGREE			
	20. DATE LAST WORKED - MM/DD/YYYY			20A. USUAL OCCUPATION			20B. KIND OF BUSINESS OR INDUSTRY						
GENETIC MOTHER	22. MOTHER HISPANIC, LATINA, OR SPANISH?			21. RACE - UP TO THREE RACES/ETHNICITIES (SEE INSTRUCTIONS)			21. ETHNICITY (SEE WORKSHEET ON BACK)			22C. EDUCATION - HIGHEST LEVEL OR DEGREE			
	22. DATE LAST WORKED - MM/DD/YYYY			22A. USUAL OCCUPATION			22B. KIND OF BUSINESS OR INDUSTRY						
BIRTH MOTHER ADDRESS	24A. MOTHER'S RESIDENCE STREET AND NUMBER, OR LOCATION - DO NOT USE P.O. BOX NUMBERS						24B. COUNTY/PROVINCE						
	24C. CITY						24D. STATE/FOREIGN COUNTRY			24E. ZIP CODE			
MEDICAL AND HEALTH DATA BIRTH MOTHER AND NEWBORN	25A. DATE LAST NORMAL MENSTRUATION BEGAN		25A. DATE FIRST PRENATAL CARE VISIT		25B. MONTH PRENATAL CARE BEGAN		25B. DATE LAST PRENATAL CARE VISIT		25C. NUMBER OF PRENATAL CARE VISITS		25C. PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE		
	26. BIRTHWEIGHT - GRAMS		27. PREGNANCY HISTORY - COMPLETE EACH SECTION										
	28A. OBSTETRIC ESTIMATION OF GESTATION AT DELIVERY - COMPLETED WEEKS				PREVIOUS LIVE BIRTHS - DO NOT INCLUDE THIS CHILD				OTHER TERMINATIONS - EXCLUDE INDUCED ABORTIONS				
					A. NUMBER NOW LIVING		E. NUMBER NOW DEAD		D. NUMBER BEFORE 20 WEEKS		F. NUMBER AFTER 20 WEEKS		
	28B. HEARING SCREENING				C. DATE OF LAST LIVE BIRTH - MM/DD/YYYY				F. DATE OF LAST OTHER TERMINATION - MM/DD/YYYY				
	28A. METHOD OF DELIVERY				28B. EXPECTED SOURCE OF PAYMENT FOR DELIVERY				28C. COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES				
30. COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY						31. ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATED TO THE NEWBORN							
A B C D E F CENSUS TRACT						32. FATHER/PARENT SOCIAL SECURITY NUMBER			33. MOTHER/PARENT SOCIAL SECURITY NUMBER				
VS 100 (REV. 10/7)													
PRIVACY NOTIFICATION													
<p>This information is collected by the State of California, Department of Health Services, Office of Vital Records, MS 5103, PO Box 997410, Sacramento, CA 95899-7410. The information is required by Division 102 of the Health and Safety Code. This record is open to public access except where prohibited by statute. Every element on this form, except items 18 through 23C, 32, and 33, is mandatory. Failure to comply is a misdemeanor. The principal purposes of this record are to: 1) Establish a legal record of each vital event; 2) Provide certified copies for personal use; 3) Furnish information for demographic and epidemiological studies; and 4) Supply data to the National Center for Health Statistics for federal reports. Items 32 and 33 are included pursuant to Section 102425(b)(14) of the Health and Safety Code, and may be used for child support enforcement purposes.</p>													
Definition of Live Birth													
<p>"Live Birth" means the complete expulsion or extraction from its mother of a product of conception (irrespective of duration of pregnancy) which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.</p>													

Education Worksheet

EDUCATION (FATHER/PARENT)

Check 1 box that best describes the highest degree or level of school completed by the **FATHER/PARENT** at the time of the delivery. Enter education degree or level on the certificate.

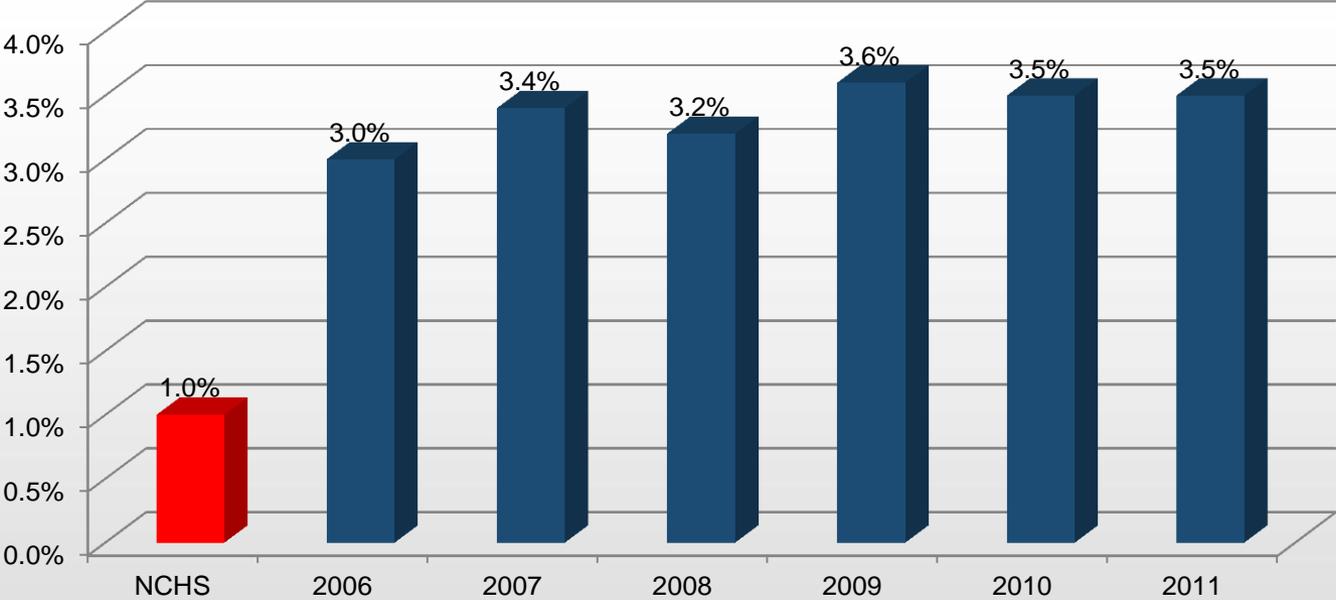
- 0-11th grade. Enter highest year completed: _____
- 12th grade; no diploma. Enter **12 ND**
- High school graduate or GED completed. Enter **HS GRADUATE** or **GED**
- Some college credit, but no degree. Enter **SOME COLLEGE**
- Associate degree (e.g., AA, AS). Enter **ASSOCIATE**
- Bachelor's degree (e.g., BA, AB, BS). Enter **BACHELOR'S**
- Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter **MASTER'S**
- Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD).
Enter **DOCTORATE** or **PROFESSIONAL**: _____

EDUCATION (MOTHER/PARENT)

Check 1 box that best describes the highest degree or level of school completed by the **MOTHER/PARENT** at the time of the delivery. Enter education degree or level on the certificate.

- 0-11th grade. Enter highest year completed: _____
- 12th grade; no diploma. Enter **12 ND**
- High school graduate or GED completed. Enter **HS GRADUATE** or **GED**
- Some college credit, but no degree. Enter **SOME COLLEGE**
- Associate degree (e.g., AA, AS). Enter **ASSOCIATE**
- Bachelor's degree (e.g., BA, AB, BS). Enter **BACHELOR'S**
- Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter **MASTER'S**
- Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD).
Enter **DOCTORATE** or **PROFESSIONAL**: _____

How Are We Doing?



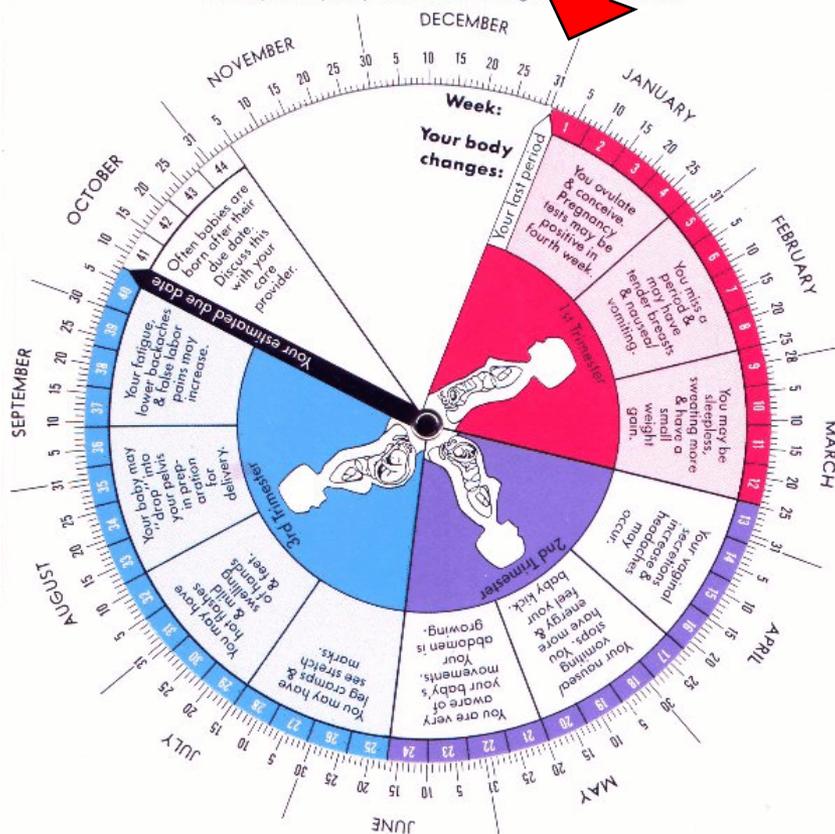
Mother's education withheld or unknown
(for all California births)

National Center for Health Statistics Data

LMP Last Menstrual Period

Your Pregnancy Calculator

Developed for you by the American College of Nurse-Midwives



How to use: Point the white arrow to the first day of your last period. The black arrow is now on your estimated due date and the information on the center of the calculator corresponds to the calendar dates for your pregnancy.



Provided for you by:
American College of Nurse-Midwives
818 Connecticut Ave. NW
Suite 900
Washington, D.C., 20006

Embryonic Period	wk	mo	Your baby's growth	wgt. (lbs/oz)	length (inches)
	1				
Fetal Period	1		Your baby is conceived & begins developing.		1/5
	2		Your baby's heart begins beating. Its brain, spinal cord, arms, legs, eyes, nose & mouth begin development.		2
	3		Your baby's eyes are closed & fingernails are developing. Its testes or ovaries have formed.	1 1/3 oz 1 1/2 oz	3
	4		Your baby's legs are well developed. Breathing & swallowing motions begin.	2 oz 4 oz	6
	5		Your baby's hands can grasp & it can hiccup. Toenails are developing.	7 oz 11 1/2 oz	10
	6		Your baby can make a fist & hair is visible. Its skin is red & wrinkled.	1 lb 2 1/2 oz 1 lb 6 oz	12
	7		Your baby has eyelashes & its body is thin.	1 lb 13 oz 2 lbs 3 oz	13.8 14.4
	8		Your baby can open its eyes & is practicing to breathe.	2 lbs 14 oz 3 lbs 12 oz	15 16.5
	9		Your baby responds to familiar voices & is gaining 4-8 oz. (115-230 grams) weekly.	4 lbs 10 oz 5 lbs 8 oz	17.7 18.3
	10		Your baby is growing and gaining weight. Your baby is now ready to be born.	6 lbs 6 oz 7 lbs 8 oz	18.9 19.6

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Revised, 1989; Reviewed, 1993
Developed for the ACNM by
Pennie Sessler Branden, CNM

Or contact:

Definitions:

Ovulation:

When woman's ovaries release one egg ready to be fertilized. Time when pregnancy can occur.

Conception:

When pregnancy occurs. After a man's sperm meets a woman's egg.

Pregnancy Length:

280 days after the start of the last menstrual period.

Months of Pregnancy:

40 weeks or nine complete calendar months, which equals 10 lunar months.

Embryonic Period:

First 8 weeks after conception.

Fetal Period:

Remainder of pregnancy after embryonic period.

Sex Determination:

Sperm are male or female. Whichever meets the woman's egg first determines what sex the baby is.

Pregnancy Tests:

Blood pregnancy tests can be positive 24 hours after implantation, which is one week after conception. Urine pregnancy tests can be positive one or more days after your first missed period.

This information is based on averages and provided as a guideline to help educate you about your pregnancy. However, reliance on this information is not intended as a substitute for regular professional prenatal care. If you have any questions or concerns regarding your pregnancy, consult your health care professional.

Available at: <http://www.moondragon.org/pregnancy/calculator.html>

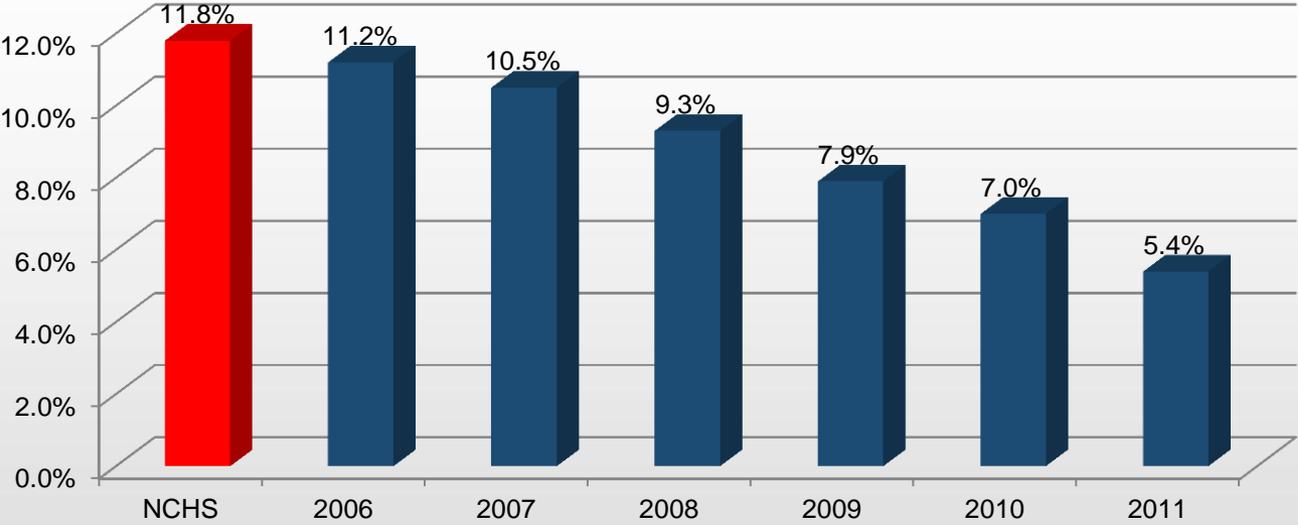
Date Last Normal Menses Began

25A



CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY									
STATE FILE NUMBER							LOCAL REGISTRATION NUMBER		
THIS CHILD	1A. NAME OF CHILD - FIRST		1B. MIDDLE		1C. LAST				
	2. SEX		3A. THIS BIRTH, SINGLE, TWIN, ETC.		3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.		4A. DATE OF BIRTH - MM/DD/YYYY		4B. HOUR - 24 HOUR CLOCK TIME
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY				5B. STREET ADDRESS - STREET AND NUMBER OR LOCATION				
	5C. CITY				5D. COUNTY				
FATHER / FATHER / FATHER	6A. NAME OF FATHER/PARENT - FIRST		6B. MIDDLE		6C. LAST			7. BIRTHPLACE - STATE/COUNTRY	
	8A. NAME OF MOTHER/PARENT - FIRST		8B. MIDDLE		8C. LAST - BIRTH NAME			10. BIRTHPLACE - STATE/COUNTRY	
MOTHER / FATHER / FATHER	9. DATE OF BIRTH - MM/DD/YYYY		12A. PATIENT OR OTHER INFORMATION		12B. SIGNATURE		13. RELATIONSHIP TO CHILD		13C. DATE SIGNED - MM/DD/YYYY
	1. I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		15A. ATTENDING PHYSICIAN - SIGNATURE AND DEGREE OR TITLE		15B. LICENSE NUMBER		15C. DATE SIGNED - MM/DD/YYYY		1. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.
BIRTHPARENT AND ATTENDANT	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT				14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT				
	15A. DATE OF DEATH - MM/DD/YYYY		15E. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE			17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY	
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FATHER	19. FATHER HISPANIC, LATINO, OR SPANISH?		19. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK.				20C. EDUCATION - HIGHEST LEVEL OR DEGREE		
	22. DATE LAST WORKED - MM/DD/YYYY		20A. USUAL OCCUPATION		20B. KIND OF BUSINESS OR INDUSTRY				
MOTHER	21. MOTHER HISPANIC, LATINA, OR SPANISH?		21. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK.				22C. EDUCATION - HIGHEST LEVEL OR DEGREE		
	24. DATE LAST WORKED - MM/DD/YYYY		23A. USUAL OCCUPATION		23B. KIND OF BUSINESS OR INDUSTRY				
BIRTHPARENT RESIDENCE	24A. MOTHER'S RESIDENCE STREET AND NUMBER, OR LOCATION - DO NOT USE P.O. BOX NUMBERS				24B. COUNTY/PROVINCE				
	24C. CITY				24D. STATE/FOREIGN COUNTRY			24E. ZIP CODE	
BIRTHPARENT DATA	25A. DATE LAST NORMAL MENSTRUATION BEGAN		25A. DATE FIRST PRENATAL CARE VISIT		25B. MONTH PRENATAL CARE BEGAN		25C. DATE LAST PRENATAL CARE VISIT		25C. NUMBER OF PRENATAL CARE VISITS
	25D. PERSONAL SOURCE OF PAYMENT FOR PRENATAL CARE								
BIRTHPARENT DATA	26. BIRTHWEIGHT - GRAMS		27. PREGNANCY HISTORY - COMPLETE EACH SECTION						
	28A. OBSTETRIC ESTIMATION OF GESTATION AT DELIVERY - COMPLETED WEEKS		PREVIOUS LIVE BIRTHS - DO NOT INCLUDE THIS CHILD		OTHER TERMINATIONS - EXCLUDE INDUCED ABORTIONS				
BIRTHPARENT DATA	28B. HEARING SCREENINGS		C. DATE OF LAST LIVE BIRTH - MM/DD/YYYY		F. DATE OF LAST OTHER TERMINATION - MM/DD/YYYY				
	28A. METHOD OF DELIVERY		28B. EXPECTED SOURCE OF PAYMENT FOR DELIVERY		29. COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES				
30. COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY		31. ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATED TO THE NEWBORN							
A		B		C		D		E	
F		G		H		I		J	
CENSUS TRACT		32. FATHER/PARENT SOCIAL SECURITY NUMBER		33. MOTHER/PARENT SOCIAL SECURITY NUMBER					
VS 100 (REV. 1/87)									
PRIVACY NOTIFICATION									
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<p>Definition of Live Birth</p> <p>"Live Birth" means the complete expulsion or extraction from its mother of a product of conception (irrespective of duration of pregnancy) which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.</p>									

How are we doing?



Incomplete or unknown date LMP began
(for all California births)

National Center for Health Statistics Data

Date and Month of First and Last Prenatal Care Visit



2009 Prenatal Care Rates in California by County

LEGEND
(Percent)

-  No Data
-  54.0% to < 65.8%
-  65.8% to < 75.6%
-  75.6% to < 82.8%
-  82.8% to 94.5%

Definition: Percentage of infants whose mothers received prenatal care in the first trimester of pregnancy.

Data Source: California Department of Public Health, Center for Health Statistics

Date and Month of First and Last Prenatal Care Visit

- 25AA Date First Prenatal Care Visit
- 25B Month Prenatal Care Began
- 25BA Date Last Prenatal Care Visit
- 25C Number of Prenatal Care Visits

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER _____ LOCAL REGISTRATION NUMBER _____

THIS CHILD	1A. NAME OF CHILD - FIRST		1B. MIDDLE	1C. LAST					
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.		4A. DATE OF BIRTH - MM/DD/YYYY				
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY			5B. STREET ADDRESS - STREET AND NUMBER OR LOCATION					
	5C. CITY			5D. COUNTY					
MOTHER'S PARENTS	6A. NAME OF FATHER/PARENT - FIRST		6B. MIDDLE	6C. LAST					
	8A. NAME OF MOTHER/PARENT - FIRST		8B. MIDDLE	8C. LAST - BIRTH NAME					
REGISTRATION DATA	7. BIRTHPLACE - STATE/COUNTRY		11. DATE OF BIRTH - MM/DD/YYYY						
	12. DATE SIGNED - MM/DD/YYYY		13. DATE SIGNED - MM/DD/YYYY						
LOCAL REGISTRAR	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT					
	15A. DATE OF DEATH - MM/DD/YYYY		15B. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE				
CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY									
GENETIC FATHER	19. FATHER HISPANIC, LATINO, OR SPANISH?		19. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK.		20C. EDUCATION - HIGHEST LEVEL OR DEGREE				
	20A. USUAL OCCUPATION		20B. KIND OF BUSINESS OR INDUSTRY						
GENETIC MOTHER	21. MOTHER HISPANIC, LATINA, OR SPANISH?		21. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK.		22C. EDUCATION - HIGHEST LEVEL OR DEGREE				
	22A. USUAL OCCUPATION		22B. KIND OF BUSINESS OR INDUSTRY						
BIRTHPARENT RESIDENCE	23A. MOTHER'S RESIDENCE STREET AND NUMBER, OR LOCATION - DO NOT USE P.O. BOX NUMBERS				23B. COUNTY/PROVINCE				
	24C. CITY				24D. STATE/FOREIGN COUNTRY				
	24E. ZIP CODE								
CLINICAL DATA	25A. DATE LAST NORMAL MENSTRUATION BEGAN	25AA. DATE FIRST PRENATAL CARE VISIT	25B. MONTH PRENATAL CARE BEGAN	25BA. DATE LAST PRENATAL CARE VISIT	25C. NUMBER OF PRENATAL CARE VISITS				
	26. BIRTHWEIGHT - GRAMS								
	27. PREGNANCY HISTORY - COMPLETE EACH SECTION								
	28A. OBSTETRIC ESTIMATION OF GESTATION AT DELIVERY - COMPLETE								
	28B. HEARING SCREENINGS								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; font-size: 24px;">25AA</td> <td style="width: 25%; text-align: center; font-size: 24px;">25B</td> <td style="width: 25%; text-align: center; font-size: 24px;">25BA</td> <td style="width: 25%; text-align: center; font-size: 24px;">25C</td> </tr> </table>						25AA	25B	25BA	25C
25AA	25B	25BA	25C						

VS 100 (REV. 1/07)

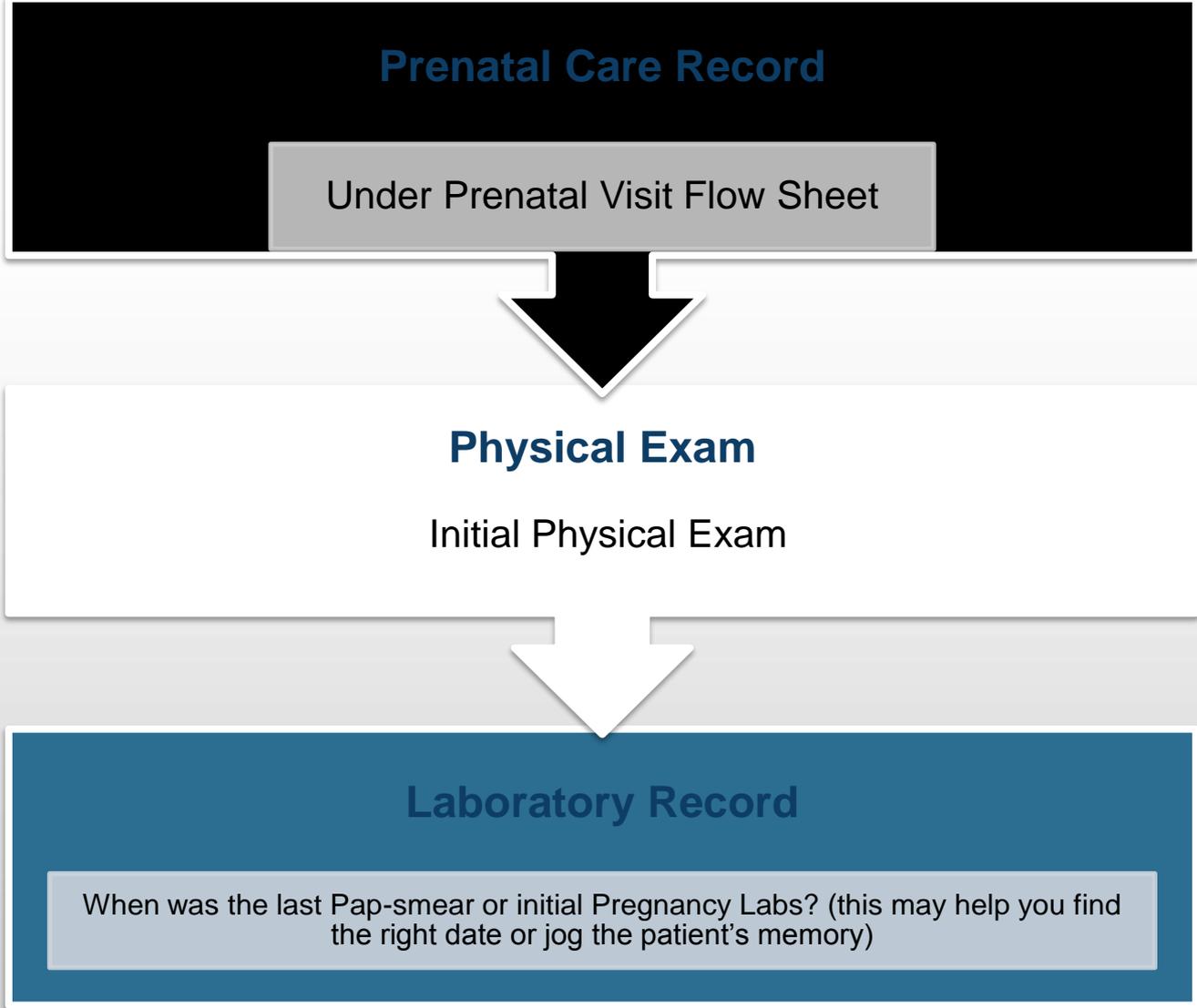
PRIVACY NOTIFICATION

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Definition of Live Birth

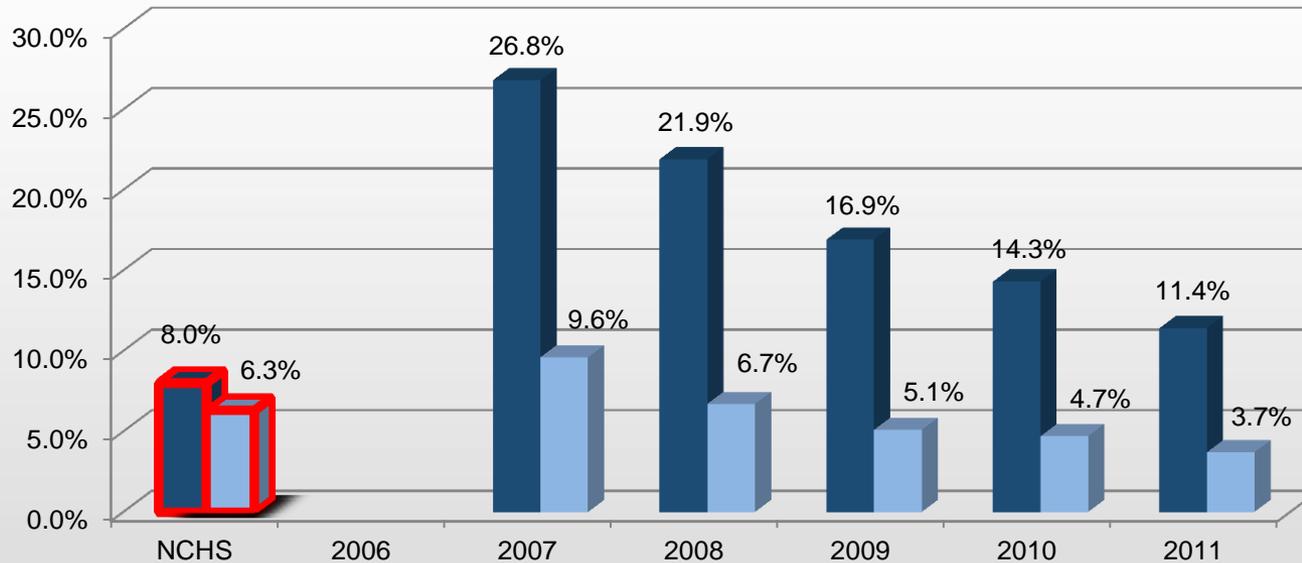
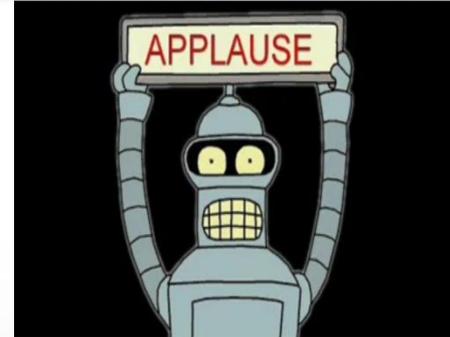
"Live Birth" means the complete expulsion or extraction from its mother of a product of conception (irrespective of duration of pregnancy) which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

Where To Look?



How Are We Doing?

- Date First Prenatal Visit (Incomplete/Unknown)
- Date Last Prenatal Visit (Incomplete/Unknown)

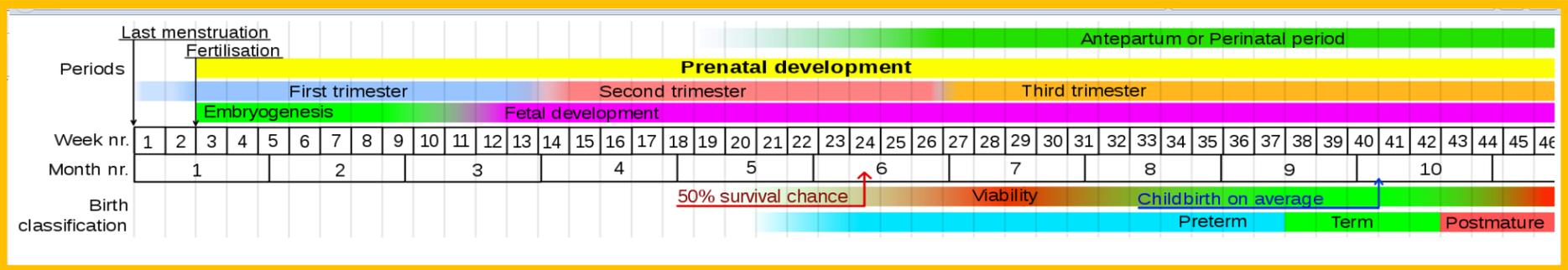


Withheld, unknown, or incomplete date and month of first and last prenatal care visit
(For all California births)

National Center for Health Statistics Data

Obstetric Estimated Gestational Age (EGA)

How many weeks and days elapsed from the first day of the LMP to the day of delivery....



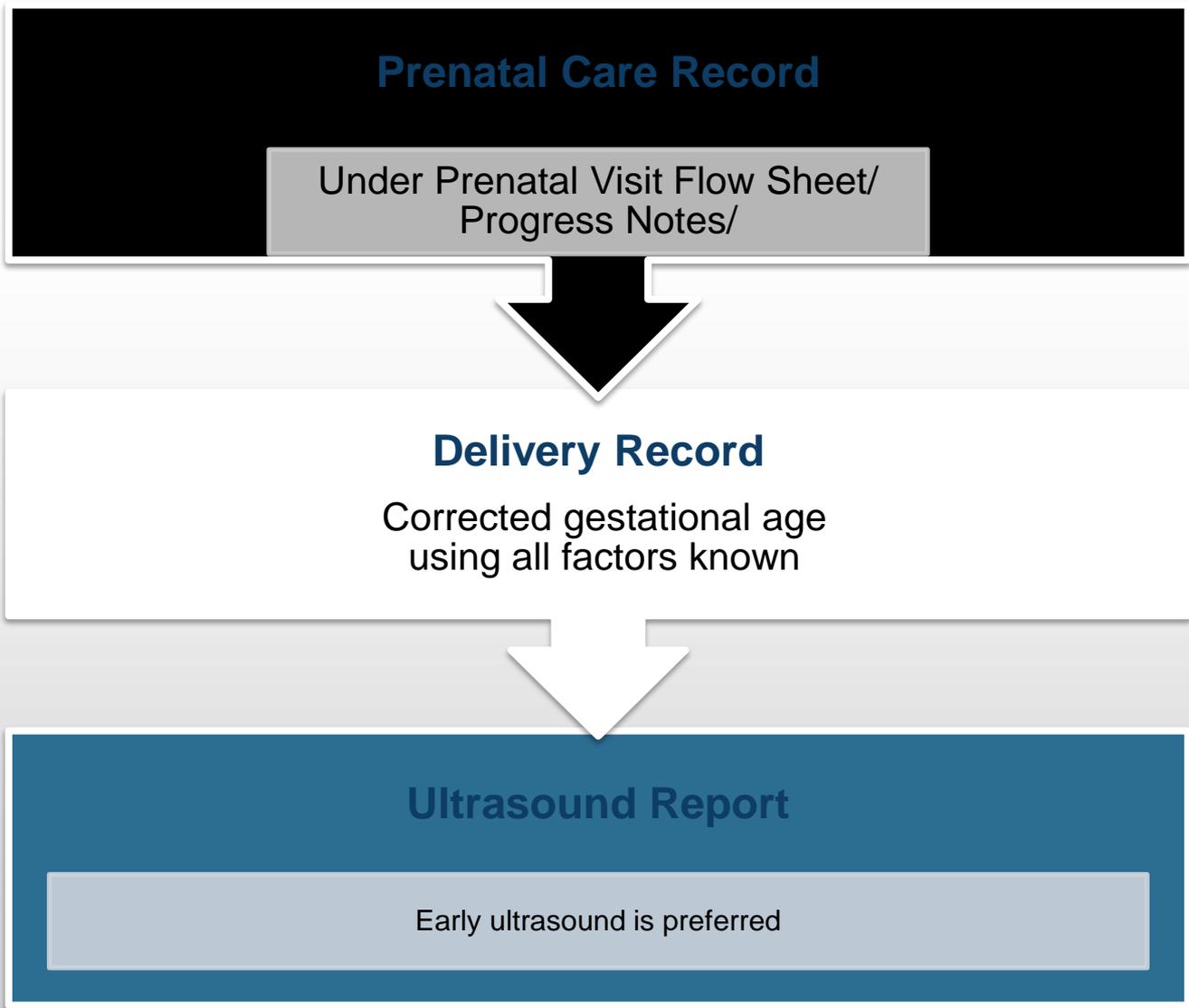
Available at: http://commons.wikimedia.org/wiki/File:Prenatal_development.png

Obstetric Estimation of Gestation at Delivery – Completed Weeks

26A

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY										
STATE FILE NUMBER					LOCAL REGISTRATION NUMBER					
THIS CHILD	1A. NAME OF CHILD - FIRST			1B. MIDDLE		1C. LAST				
	2. SEX		3A. THIS BIRTH, SINGLE, TWIN, ETC.		3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.			4A. DATE OF BIRTH - MM/DD/YYYY		4B. HOUR - 24 HOUR CLOCK TIME
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY					5B. STREET ADDRESS - STREET AND NUMBER OR LOCATION				
	5C. CITY					5D. COUNTY				
FATHER / FATHER / FATHER	6A. NAME OF FATHER/PARENT - FIRST			6B. MIDDLE		6C. LAST			7. BIRTHPLACE - STATE/COUNTRY	
	8A. NAME OF MOTHER/PARENT - FIRST			8B. MIDDLE		8C. LAST - BIRTH NAME			10. BIRTHPLACE - STATE/COUNTRY	
MOTHER / FATHER / FATHER	9. COPY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.					12A. PATIENT OR OTHER INFORMATION SIGNATURE		12B. RELATIONSHIP TO CHILD		12C. DATE SIGNED - MM/DD/YYYY
	1. COPY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.					13A. ATTENDING PHYSICIAN - SIGNATURE AND DEGREE OR TITLE			13B. LICENSE NUMBER	
BIRTHPARENT AND BIRTHPLACE	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT					14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT				
	15A. DATE OF DEATH - MM/DD/YYYY		15B. STATE FILE NO. - STATE USE ONLY			16. LOCAL REGISTRAR - SIGNATURE			17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY	
CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY										
FATHER	19. FATHER HISPANIC, LATINO, OR SPANISH?			19. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK.			20C. EDUCATION - HIGHEST LEVEL OR DEGREE			
	22. DATE LAST WORKED - MM/DD/YYYY		20A. USUAL OCCUPATION			20B. KIND OF BUSINESS OR INDUSTRY				
MOTHER	22. MOTHER HISPANIC, LATINA, OR SPANISH?			21. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK.			20C. EDUCATION - HIGHEST LEVEL OR DEGREE			
	23. DATE LAST WORKED - MM/DD/YYYY		23A. USUAL OCCUPATION			23B. KIND OF BUSINESS OR INDUSTRY				
BIRTHPARENT RESIDENCE	24A. MOTHER'S RESIDENCE STREET AND NUMBER, OR LOCATION - DO NOT USE P.O. BOX NUMBERS					24B. COUNTY/PROVINCE				
	24C. CITY					24D. STATE/FOREIGN COUNTRY			24E. ZIP CODE	
	25A. DATE LAST NORMAL MENSTRUATION BEGAN		25A. DATE FIRST PRENATAL CARE VISIT		25B. MONTH PRENATAL CARE BEGAN		25A. DATE LAST PRENATAL CARE VISIT		25C. NUMBER OF PRENATAL CARE VISITS	
DETAILS OF BIRTH HISTORY AND DELIVERY	26. BIRTHWEIGHT - GRAMS					27. PREGNANCY HISTORY - COMPLETE EACH SECTION				
	28A. OBSTETRIC ESTIMATION OF GESTATION AT DELIVERY - COMPLETED WEEKS					PREVIOUS LIVE BIRTHS - DO NOT INCLUDE THIS CHILD		OTHER TERMINATIONS - EXCLUDE INDUCED ABORTIONS		
						A. NUMBER NOW LIVING		B. NUMBER NOW DEAD	D. NUMBER BEFORE 20 WEEKS	
	28B. HEARING SCREENINGS					C. DATE OF LAST LIVE BIRTH - MM/DD/YYYY		F. DATE OF LAST OTHER TERMINATION - MM/DD/YYYY		
	28A. METHOD OF DELIVERY			28B. EXPECTED SOURCE OF PAYMENT FOR DELIVERY		29. COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES				
30. COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY					31. ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATED TO THE NEWBORN					
A B C D E F CENSUS TRACT						32. FATHER/PARENT SOCIAL SECURITY NUMBER		33. MOTHER/PARENT SOCIAL SECURITY NUMBER		
VS 100 (REV. 1/07)										
PRIVACY NOTIFICATION										
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Where To Look?



Obstetric Estimate
of Gestational Age

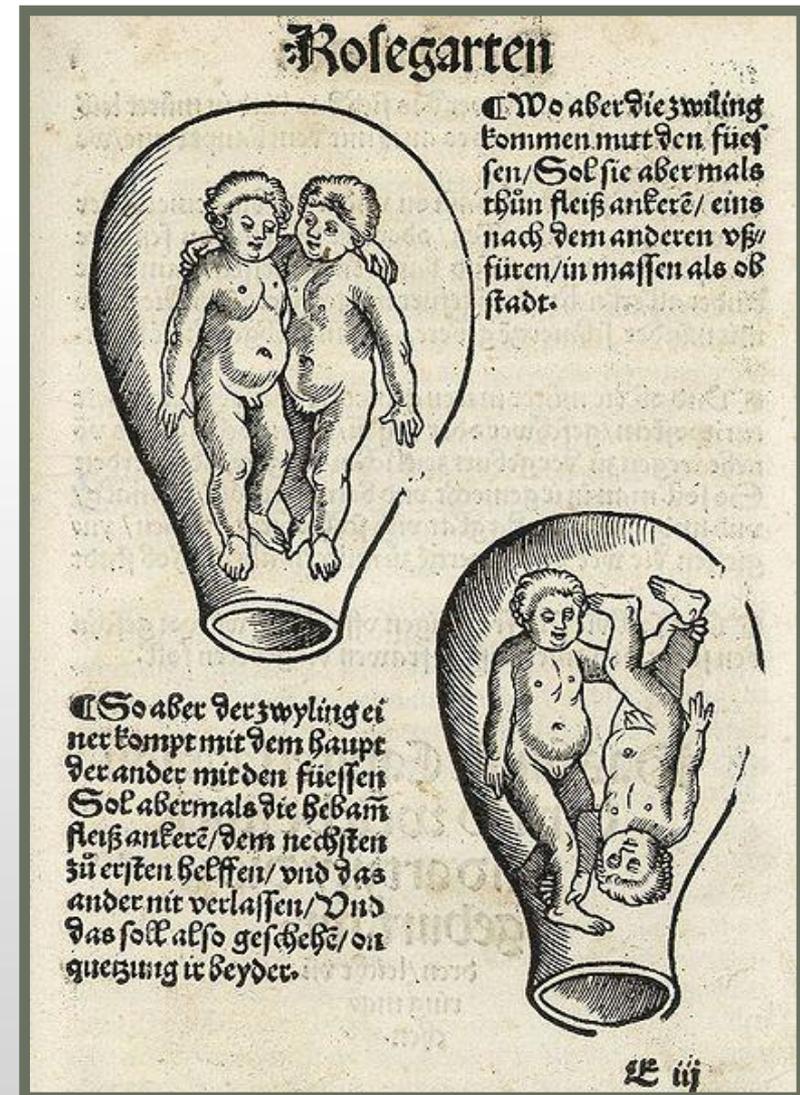
Fetal Presentation

Presentation of twins in Der Rosengarten ("The Rose Garden"), a standard medical text for midwives published in 1513.

Line Item 28AC

20	Cephalic
30	Breech
40	Other
90	Unknown

Retrieved from Wikipedia: [http://en.wikipedia.org/wiki/Presentation_\(obstetrics\)](http://en.wikipedia.org/wiki/Presentation_(obstetrics))
Copyright expired



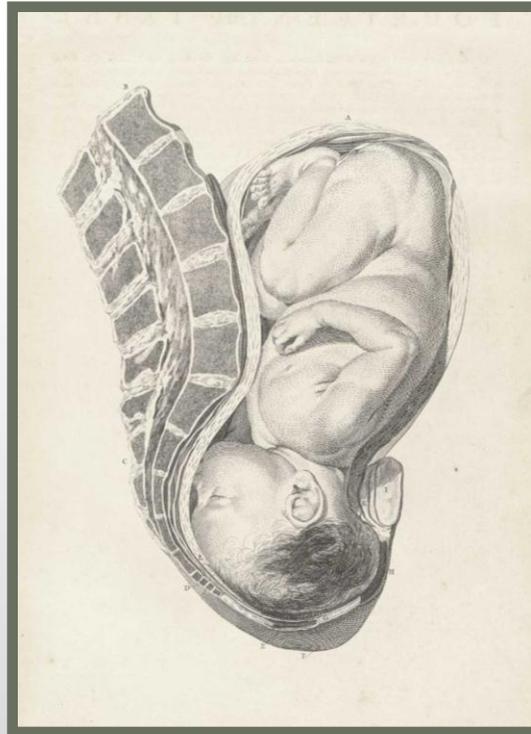
Cephalic Presentation

Choice (20)

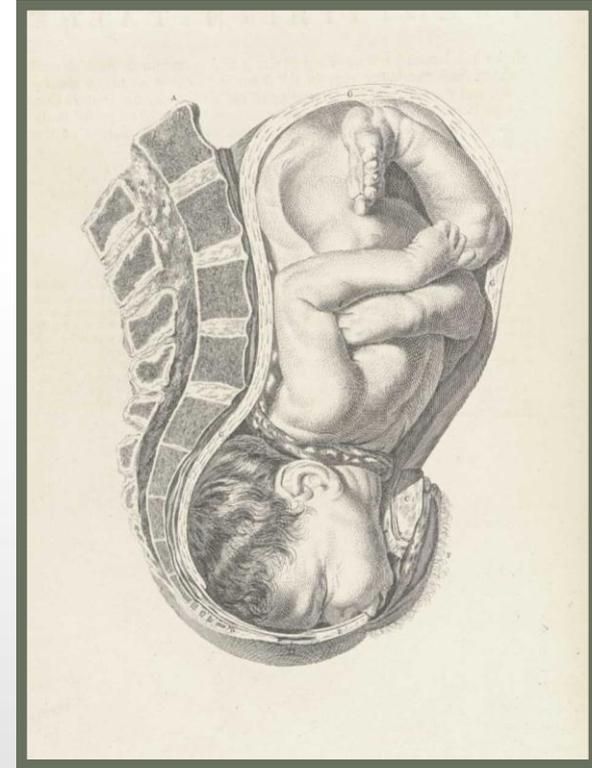
Two of many examples of a cephalic presentation:

A. Vertex OA

B. Brow Presentation (OP)



A



B

William Smellie: *A sett of anatomical tables, with explanations, and an abridgment, of the practice of midwifery*, 1792 ; copyright expired, retrieved from: http://www.nlm.nih.gov/exhibition/historicalanatomies/smellie_home.html

Breech Presentation

Breech: any body part below the waist that is the presenting part (feet, foot, buttocks, sacrum)

Choice (30)



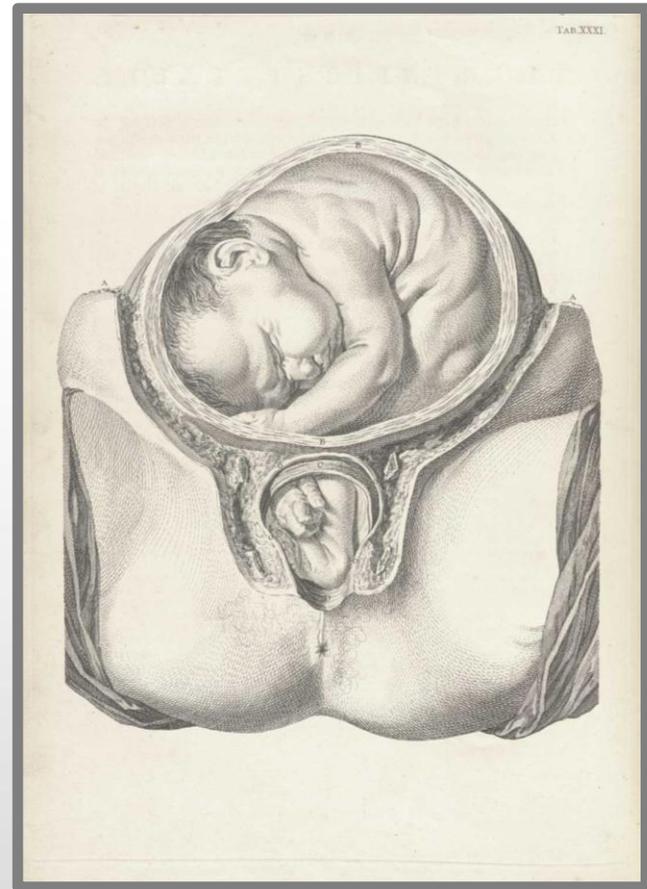
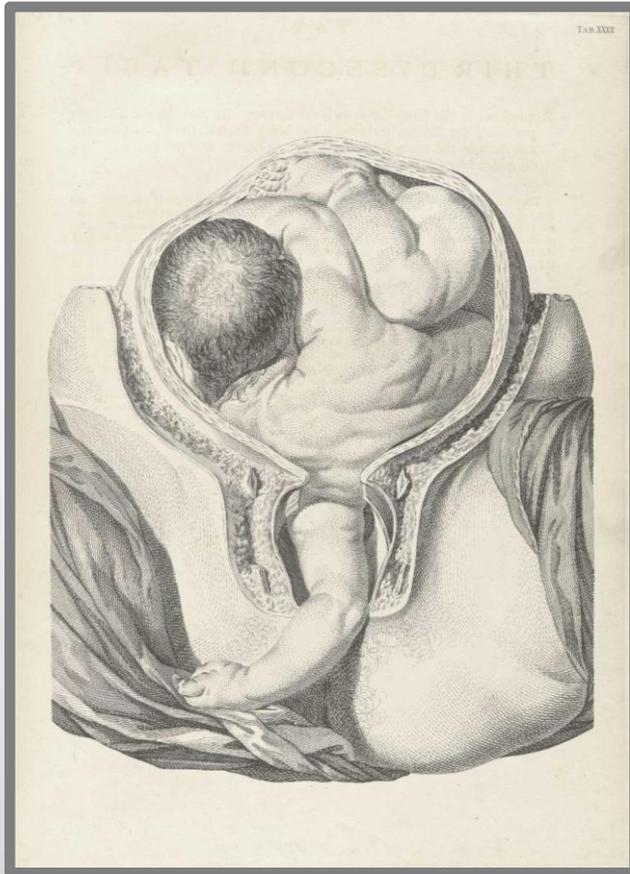
Footling Breech Presentation, Der Rosengarten ("The Rose Garden"), a standard medical text for midwives published in 1513, Copyright expired



William Smellie: *A sett of anatomical tables, with explanations, and an abridgment, of the practice of midwifery*, 1792 ; copyright expired, retrieved from: http://www.nlm.nih.gov/exhibition/historicalanatomies/smellie_home.html

Other Presentation

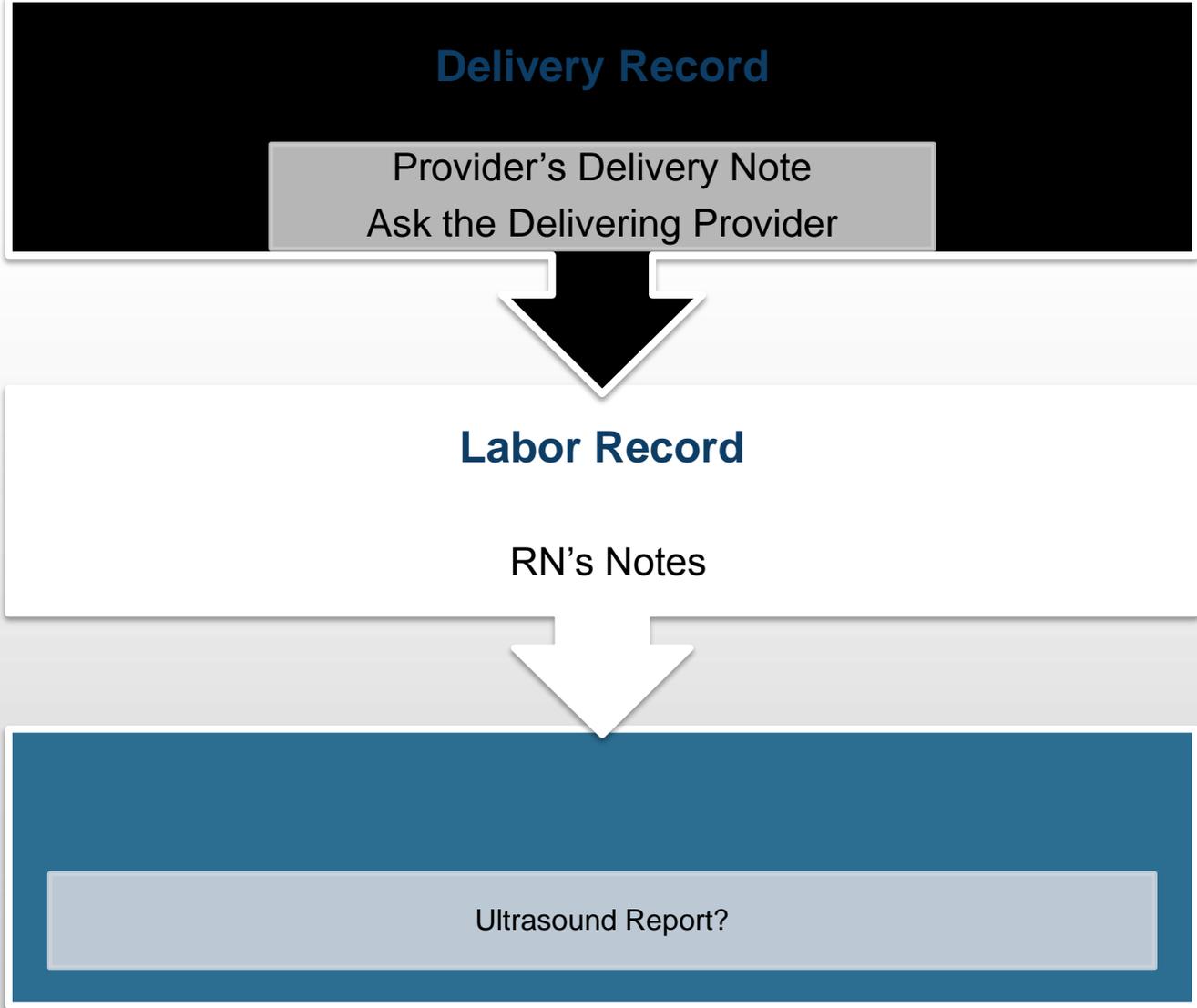
Choice (40)



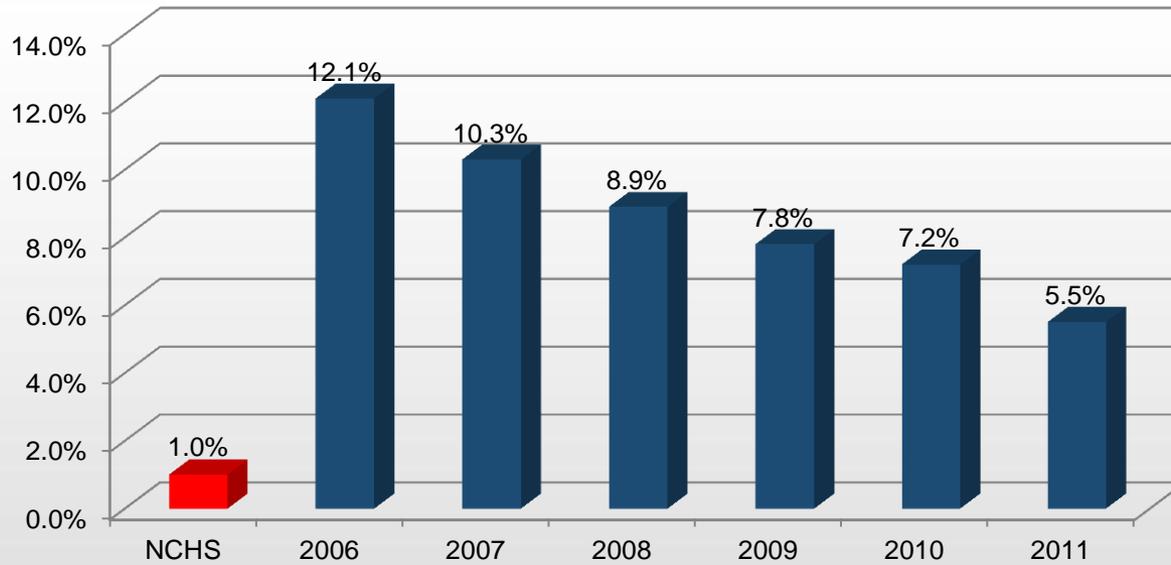
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Where To Look?

Fetal Presentation

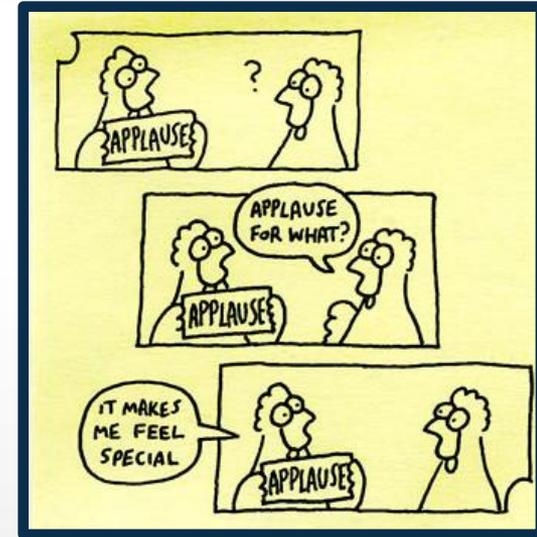


How Are We Doing?



Unknown fetal presentation
(for all California births)

National Center for Health Statistics Data



Pre-pregnancy Height and Weight and Delivery Weight

MWT1 Pre-pregnancy Weight
MWT2 Mother's Delivery Weight
MHT Mother's Height

Where To Look?

Pre-pregnancy weight and height

Prenatal Care Record

Under Prenatal Visit Flow Sheet

Physical Exam

Initial Physical Exam/H&P/Driver's License?

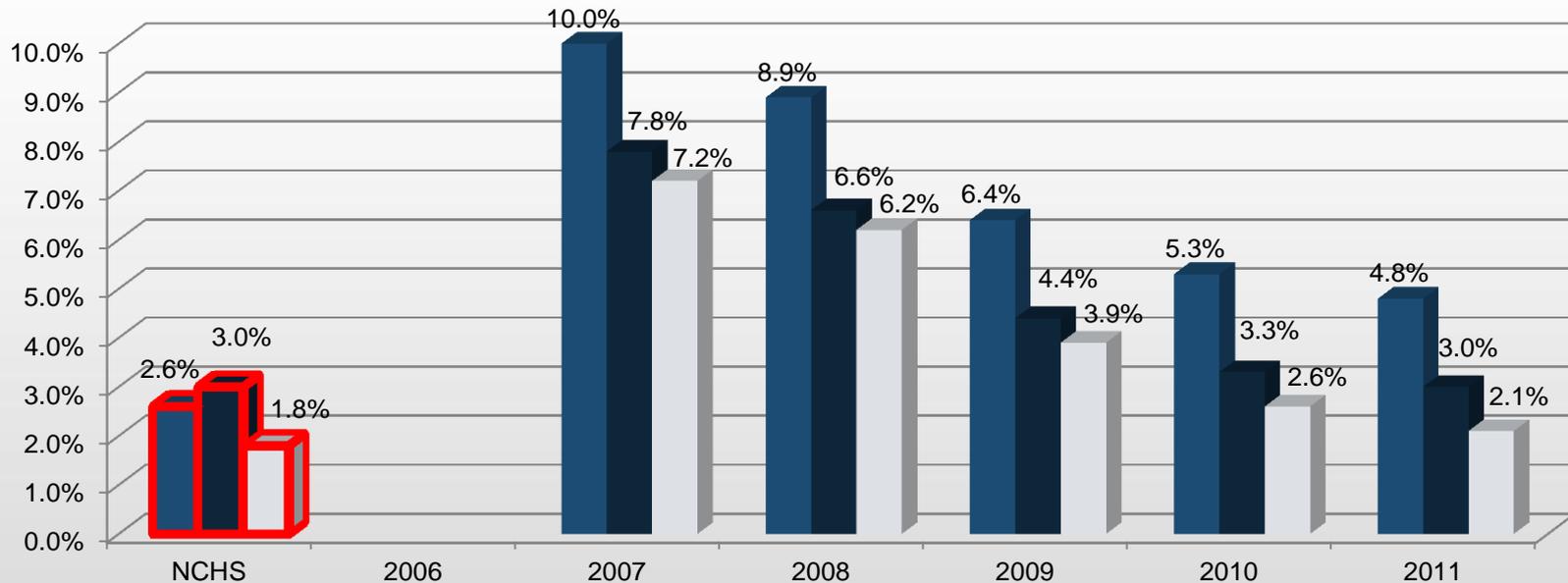
Delivery weight

Labor Record

Admission Triage Form/ER Records/Labor Flow sheet/ Anesthesia Record

How Are We Doing?

- Mother's Prepregnancy Weight (Unknown)
- Mother's Weight At Delivery (Unknown)
- Mother's Height (Unknown)



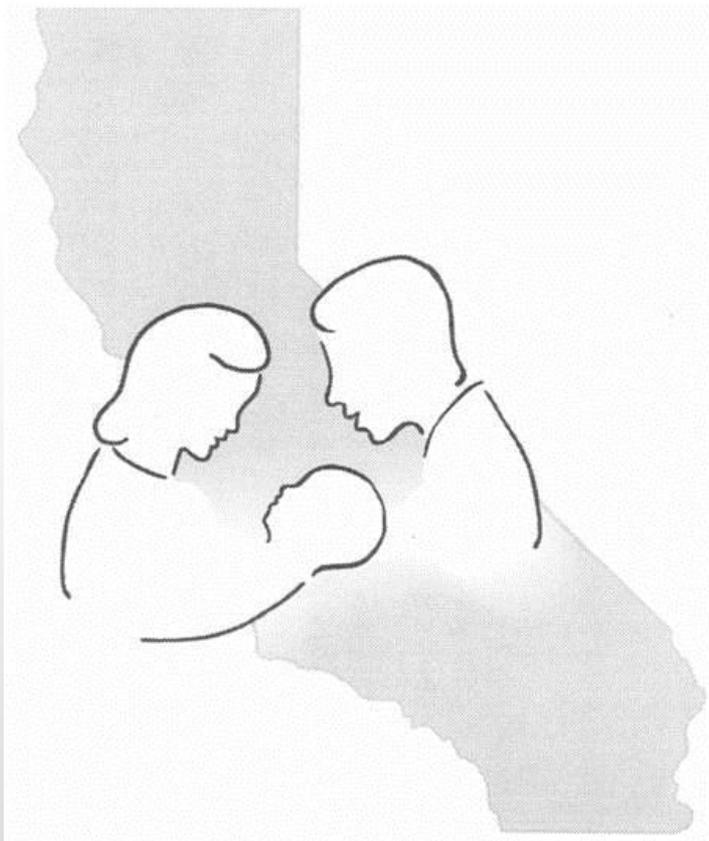
Unknown pre-pregnancy weight, weight at delivery, and height
(For all California births)

National Center for Health Statistics Data

Where Do You Look for Birth Certificate Data information?

1. *From the medical record?*
2. *Check with the RN?*
3. *Use a form or checklist?*
4. *Review the delivery note or progress note or nursing record?*
5. *Use the electronic medical record (delivery note)?*





THANK
YOU SO
MUCH!

Regional Perinatal Programs of California

[http://www.cdph.ca.gov/programs/rppc/
Pages/default.aspx](http://www.cdph.ca.gov/programs/rppc/Pages/default.aspx)