

ARIZONA DEPARTMENT OF HEALTH SERVICES
BUREAU OF VITAL RECORDS

THE CERTIFICATE OF LIVE BIRTH WORKSHEET
Instruction Guide with Definitions
(2003 Standard)

REVISED: September 12, 2016

INTRODUCTION

Definition: Live Birth (A.R.S. § 36-301.3)

"Birth" or "live birth" means the complete expulsion or extraction of a product of human conception from its mother, irrespective of the duration of the pregnancy, that shows evidence of life, with or without a cut umbilical cord or an attached placenta, such as breathing, heartbeat, umbilical cord pulsation or definite voluntary muscle movement after expulsion or extraction of the product of human conception.

Purpose:

Arizona State law requires birth certificates to be completed for all live births, and Federal law mandates the national collection and publication of births and other vital statistics data. The National Vital Statistics System is the result of the cooperation between the National Center for Health Statistics (NCHS) and all States to provide access to statistical information from birth certificates.

This manual is designed to assist hospital staff, midwives, and parents with the process of accurately registering a birth in accordance with State and Federal law. You are a critical partner with the Bureau of Vital Records (BVR) in reporting quality vital statistic data!

This manual provides step-by-step instruction on how to properly complete the Certificate of Live Birth form. The information requested on the birth certificate is not only used for legal purposes, it is also used for annual statistical analysis that provides population-level data on patterns and trends in health status of Arizonans ranging from prenatal care and pregnancy outcomes to ethnic differences in morbidity and mortality. These statistics are essential in evaluating, planning and implementing programs in public health.

When a birth occurs in a hospital or other birthing facility, the hospital chief administrative officer or their designee has the overall responsibility for obtaining the personal data, preparing the certificate or report, securing the required signatures, and filing the certificate or report with the local or state registrar. (A.R.S. 36-333.B)

When a birth occurs at home, the healthcare professional, parents or a family member may complete the Certificate of Live Birth form to register the birth of the child. The following sections will provide detailed instruction on the process.

Birth Certificate Registration

A.R.S. 36-333. Birth certificate registration

A. Within seven days after a child's birth in this state, a person shall submit to a local registrar, a deputy local registrar or the state registrar, a birth certificate for registration according to rules adopted pursuant to this chapter. The birth certificate shall be submitted physically or electronically through the state designated electronic registration system. A local registrar, a deputy local registrar or the state registrar may accept a certificate submitted electronically without the signatures required by rule.

B. If a birth occurs at a hospital, the chief administrative officer of the hospital or that person's designee shall:

1. Obtain the information for a birth certificate, including signatures and social security numbers required by rule.
2. Fill out the birth certificate.
3. Submit the birth certificate for registration to a local registrar, a deputy local registrar or the state registrar.
4. Maintain a copy of the evidentiary documents used to fill out the birth certificate for ten years after the date of submission.

C. If a birth does not occur at a hospital one of the following persons shall obtain the information, evidentiary documents, social security numbers and signatures required by rule for a birth certificate, fill out the birth certificate and submit the birth certificate for registration to a local registrar, a deputy local registrar or the state registrar:

1. A physician, nurse or midwife who is present at the birth and who is willing and able to do so during or immediately after the birth.
2. If a physician, nurse or midwife is not present at the birth or is not willing or able to do so, the child's mother or father or a family member of legal age who is present, willing and able to do so during or immediately after the birth.
3. If the child's father or other family member of legal age is not present or is not willing or able and the child's mother is not willing or able to supply the required information, any other person who is present during or immediately after the child's birth and who can supply the required information.

D. If a birth occurs in a moving conveyance, the birth is considered to have occurred in the place where the child is initially removed from the conveyance. If the child is initially removed from the conveyance at a hospital, the person named in subsection B shall submit the birth certificate to the state registrar or the local registrar or deputy local registrar of the registration district where the child is first removed. If the child is initially removed from the conveyance at any location other than at a hospital, the person identified in subsection C shall submit the birth certificate to the state registrar or to the local registrar or deputy local registrar of the registration district where the child is first removed.

E. A local registrar, a deputy local registrar or the state registrar shall register a birth certificate if the birth certificate is accurate and complete and submitted according to this chapter and rules adopted pursuant to this chapter.

A.R.S. 36-333.01. Late birth certificate registration

If completed birth certificate and evidentiary documents are submitted to a local registrar, a deputy local registrar or the state registrar for registration more than seven days but less than one year after the date of birth, the local registrar, deputy local registrar or state registrar shall register the birth certificate as a late birth certificate if the information on the birth certificate and evidentiary documents are accurate and complete, support the registration of the late birth certificate and are submitted pursuant to this chapter and rules adopted pursuant to this chapter.

HOME BIRTH REGISTRATION

Home birth is defined as: The child is born away from a hospital or birthing facility, and is not enroute to a hospital or birthing facility. If a birth occurs in a moving conveyance, i.e., car, ambulance, etc., the birth is considered to have occurred in the place where the child is initially removed from the conveyance. If the child is initially removed from the conveyance at a hospital or birthing facility, birthing staff must submit the birth certificate to the state registrar.

Requirements to Register a Home Birth Attended by a Physician, Registered Nurse Practitioner, Nurse Midwife, or Midwife

Please see Arizona Administrative Code R9-19-203 for detailed information regarding the documents that must be submitted by physicians, registered nurse practitioners, nurse midwives, and midwives to register a home birth. Please note that additional documents are required for a late registration (more than seven days but less than one year).

Requirements to Register a Home Birth NOT Attended by a Health Care Provider

Please see Arizona Administrative Code R9-19-204 for detailed information regarding the documents that must be submitted by a child's parent, guardian, or the person who has custody of the child to register a home birth that was not attended by a health care provider. Please note that additional documents are required for a late registration (more than seven days but less than one year).

Requirements to Register a Birth of a Person Over 1 Year Old

If a home birth is being registered more than 1 year after birth, it is called a "delayed birth". Please contact the State Bureau of Vital Records for further information at 602-364-1300 or visit the State Vital Records website at <http://www.azdhs.gov/licensing/vital-records/index.php#register-birth-delayed-birth-certificate>.

How to Obtain Forms Required to Register Birth Certificates

To obtain a Certificate of Live Birth form and instruction packet, contact your local vital records office. For office locations and contact information: <http://www.azdhs.gov/licensing/vital-records/index.php#fees-home>.

To obtain an Acknowledgment of Paternity go to website: <http://www.azdhs.gov/licensing/vital-records/index.php#corrections-amendments-amend-to-acknowledge-paternity>.

CERTIFICATE OF LIVE BIRTH Instruction Guide with Definitions

Only the English version of the Certificate of Live Birth Worksheet may be completed. The Spanish version of the worksheet is available for reference only. Thank you for your cooperation.

When completing the Certificate of Live Birth form use black ink only

1. CHILD'S NAME (Fields A,B,C,D)
 - a. Enter first, middle, and last names
 - b. Also enter child's suffix, if applicable -- e.g., for suffix use such abbreviations as Jr. or Roman numerals such as II or III.
 - c. Clearly print or type and closely proofread the spelling.
 - d. If no name has been chosen, check "CHILD NOT NAMED" in Field 1A --- leave Field 1B blank. Field 1C must have a last name entered. Never enter "unknown" for the last name.

Note: Using abbreviations such as "Wm" will be the child's legal name when registered.

Note: A 'Not Named' child will not receive a Social Security number (enumeration) at birth.

2. SEX (Gender)
 - a. Check "MALE" or "FEMALE" or, if the sex is ambiguous, check "NOT YET DETERMINED".

Note: A child with an unknown sex will not receive a Social Security number (enumeration) at birth.

3. DATE OF BIRTH (Month, Day, Year)
 - a. Use the format month, day and four-digit year, as in 01/01/2013.

4. TIME OF BIRTH
 - a. Enter hour of birth using the prevailing local time; indicate the time with a colon to separate the hour and the minutes (e.g., 1:30 pm; or, for military time, 13:30.).
 - b. If time is unknown, check "UNKNOWN."

5. COUNTY OF BIRTH
 - a. Enter the county where the birth took place. Spell out the county name completely.
 - b. If the birth took place in a moving conveyance (car, helicopter, etc.), the county where the child was first removed from the conveyance by a doctor or other person providing medical attention for the child or the mother is considered the place of birth.
 - c. If the birth occurred in international airspace or waters, enter the county where the infant was first removed from the boat or plane and given medical attention.

6. CITY OF BIRTH (Town or City)
 - a. Enter the town or city where the birth took place. Spell out the town or city completely.
 - b. If the birth took place in a moving conveyance (car, helicopter, etc.), the town or city where the child was first removed from the conveyance by a doctor or other person providing medical attention for the child or the mother is considered the place of birth.
 - c. If the birth occurred in international airspace or waters, enter the town or city where the infant was first removed from the boat or plane.

7. PLACE WHERE BIRTH OCCURRED (Clinic/doctor's office, freestanding birthing center, home birth, hospital or other)
 - a. Check the appropriate birth location.
 - b. If one of the choices is not listed, either check "OTHER" and then specify the other place (e.g., taxi cab, train, plane, etc.) or if unknown, check "UNKNOWN."

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- i. Freestanding birthing center – No direct physical connection with an operative delivery center.
 - ii. Home birth – The birth occurred at a private residence.
8. BIRTHING FACILITY (Or full address, if birth did not occur in a hospital or freestanding birthing center)
 - a. Enter full name of the facility where the birth occurred; do not use acronyms.
 - b. If this birth did not occur in a hospital or freestanding birthing center, enter the street and number of the place where the birth occurred.
 - c. If this birth occurred en route -- that is, in a moving conveyance -- enter the city, town, village, or location where the child was first removed from the conveyance.
 - d. If the birth occurred in international airspace or waters, enter "plane" or "boat." Enter the location where the infant was first removed from the plane or boat.
9. DO YOU WANT A SOCIAL SECURITY NUMBER ISSUED FOR YOUR BABY?
 - a. Check either "YES" or "NO."
 - b. Parent must sign in this field to validate request.
 - c. Hospital birthing staff, please choose "NO" for the following scenarios:
 - i. The child's sex is unknown
 - ii. The child is not named
 - iii. The child's first name is one of the following:
 1. Baby
 2. BabyBoy
 3. BabyGirl
 4. Baby Boy
 5. Baby Girl
 6. Infant
 7. Test
 8. Unk
 9. Void
 - iv. An invalid address was provided
 - v. If a "space" and/or any other punctuation is combined in the child's name or mother's mailing address is entered into the EBR System. (e.g., "Apt. 3 – B", which combines spaces with a hyphen)
 - vi. If the mother's mailing address is a foreign country other than Mexico or Canada, a Social Security number cannot be assigned through the enumeration at birth process. The parent must select "no" in response to the question. The parent may apply for the card at nearest Social Security Administration office.
 - d. If the child was born alive and passed away shortly after birth, the parents may select "yes" in response to this question and affix their signature on the worksheet to request a social security card for the decedent through the enumeration at birth process.
10. IS INFANT LIVING AT TIME OF REPORT?
 - a. Check "YES" if the infant is living at the time this birth certificate is being completed or if the infant has already been discharged to home care.
 - b. Check "NO" if it is known that the infant has died.
 - c. If the infant was transferred and the status is unknown, check the appropriate box.
11. IS INFANT BREASTFED BETWEEN BIRTH AND DISCHARGE? (Information on whether the infant was breast-fed before discharge from the hospital)
 - a. Check the appropriate box – either "YES" or "NO" or, if unknown check "UNKNOWN."

Note: This item refers to the action of breast-feeding or pumping (expressing) milk or bottle-feeding. It is NOT the "intent" to breast-feed.
12. ATTENDANT'S NAME AND TITLE (Fields A,B,C,D,E)
 - a. Enter the attendant's first, middle, last name, and suffix – spell completely.

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Note: The attendant at birth is the individual physically present at the delivery and 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. If the obstetrician is not physically present, the intern or nurse midwife must be reported as the attendant.

- b. Check the appropriate title of the attendant, e.g., M.D. (doctor of medicine); D.O. (doctor of osteopathy); C.N.M./C.M. (certified nurse midwife/certified midwife); C.P.M./L.M. (certified professional midwife, licensed midwife); or
 - c. Specify an alternative title by checking "OTHER" and then specify [e.g., RN (registered nurse), police officer, EMS technician, father, etc.].
13. ATTENDANT SIGNATURE
- a. Obtain the signature of the attendant (Only applicable to home births or births that did not occur in a hospital/birthing facility).
14. DATE SIGNED
- a. Enter the date the attendant signed the birth certificate; use the format month, day and four-digit year, as in 01/01/2013.
15. NPI (to be completed by healthcare agent) – NPI stands for National Provider Identifier. The NPI is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses, must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-digit number.
- a. Enter the attendant's NPI number.
 - b. If none or unknown, check the appropriate box.
16. PARENT/INFORMANT NAME (Fields A,B,C,D)
- a. The parent/informant is the person providing the parent's demographic and other personal information (i.e. Information in the fields 1-63, 73 and 74 on the worksheet). Typically, it is the mother or father (parent) providing such information.
 - b. Enter first, middle, and last name and suffix of the informant.
17. RELATIONSHIP TO CHILD
- a. Check the appropriate box to show relationship of the parent/informant to the child. Typically, it is the mother or father (parent).
 - b. If the relationship is not listed, check "OTHER" and then specify.
18. PARENT/INFORMANT SIGNATURE
- a. The parent's/informant's signature confirms that the information provided for fields referenced in 16(a) is true and accurate to the best of your knowledge.
 - b. If the parent/informant cannot sign, the birth registrar or midwife may sign on behalf of the informant. The birth registrar must also list his/her title (e.g., "Susie Jones, birth recorder, for Mary Jenkins").
 - c. Without this signature of approval, a correction letter will not be accepted.
19. DATE SIGNED
- a. Enter the date the parent/informant signed the birth certificate; use the format month, day and four-digit year, as in 01/01/2013.
20. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Fields A, B, C, D, E)
- a. Enter the mother's first name prior to first marriage.
 - b. Enter the mother's middle name prior to first marriage. If there is no middle name, leave it blank.
 - c. Enter the mother's last name(s) prior to first marriage.
 - d. If the mother uses a suffix, enter the suffix – see instructions for Question 1.
 - e. Enter mother's current legal last name.

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21. SOCIAL SECURITY NUMBER
 - a. Enter the mother's Social Security number.
 - b. If the Social Security number is none or unknown, check the appropriate box.
22. MOTHER'S DATE OF BIRTH
 - a. Enter the mother's date of birth; use the format month, day and four-digit year, as in 01/01/2013.
23. MOTHER'S STATE OF BIRTH(PLACE OF BIRTH) – U.S. State or U.S. Territory
 - a. Enter the U.S. State or U.S. Territory where the mother was born. If the mother was born in a U.S. Territory, enter the U.S. Territory, i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, or Northern Marianas. Spell it out completely.
24. MOTHER'S COUNTRY OF BIRTH (PLACE OF BIRTH)
 - a. If the mother was born in a foreign country, enter the name of the country of birth where the mother was born. Spell it out completely
25. MOTHER'S EDUCATION
 - a. Check the box that best describes the highest level of schooling that was completed by the mother at the time of delivery.
 - b. If unknown, check "UNKNOWN."
 - c. If she is currently enrolled in school, check the box that indicates the previous, completed grade or highest degree received.
 - d. If unknown, check either "UNKNOWN" or "UNKNOWN DUE TO MOTHER HAS LEFT THE FACILITY."
26. HAS THE MOTHER EVER BEEN MARRIED?
 - a. Check either "YES" or "NO" if she was ever legally married.
 - b. If this information is not known, check "UNKNOWN AT THIS TIME."
27. WAS THE MOTHER MARRIED 10 MONTHS PRIOR TO DELIVERY, AT DELIVERY, CONCEPTION, OR ANY TIME BETWEEN?

Note: This question is abbreviated on the worksheet but "10 months prior to delivery" is an essential factor to this question. Please answer this question accordingly.

 - a. Check either "YES" or "NO," "UNKNOWN," "REFUSED," "YES DIVORCED," or "YES, WAIVER."
 - b. If "YES" is checked, enter the husband's (father's) information on the Certificate of Live Birth Worksheet.
 - c. If the mother is married but refuses to provide the husband's name, the refused check box shall be selected. The mother will need to follow up with the nearest Vital Records Office regarding the requirements to amend the information on the birth record.
 - d. If "YES, DIVORCED" -If the (ex-husband)/husband is not the biological father, a Waiver of Paternity Affidavit or Divorce Decree stating the husband is not the father must be submitted with the Acknowledgment of Paternity. If the mother does not have the required documents at the time of delivery, the mother will need to follow up with the nearest Vital Records Office.
 - e. If "YES, WAIVER" - If the ex-husband/husband is not the biological father, a Waiver of Paternity Affidavit or Divorce Decree stating the husband is not the father must be submitted with the Acknowledgment of Paternity. The Waiver of Paternity waives the husband's legally presumed rights to the child. A court order of paternity can also be submitted and shall include the appropriate waiver language and also declare paternity.
 - f. If the mother is not married ("NO" has been checked), answer Question #28.
 - g. If the mother refuses to give her marital status, enter "UNKNOWN."
28. HAS THE FATHER SIGNED AN ACKNOWLEDGEMENT OF PATERNITY (AOP)?
 - a. Check either "YES" or "NO".
 - b. If "YES" is checked and you have received an accurately completed, signed and witnessed/notarized AOP, enter the father's information on the Certificate of Live Birth Worksheet. Send the original AOP form to the Department of Economic Security's Hospital Paternity Program.
 - c. If "NO" is checked, the father's name would not be added to the Certificate of Live Birth Worksheet.
 - d. If a court-ordered paternity has been issued, check that box.

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29. MOTHER OF HISPANIC ORIGIN?
- If the mother is **not** of Hispanic origin, check the “NOT SPANISH, HISPANIC, OR LATINA” box.
 - If mother is of Hispanic origin, one or more selections may be checked such as: “MEXICAN, MEXICAN AMERICAN, CHICANA”, “PUERTO RICAN”, “CUBAN”, “YES, OTHER SPANISH/HISPANIC/LATINA, SPECIFY.”
30. MOTHER’S RACE (Check all that apply; Note Race is not listed on the birth certificate)
- Check the appropriate box(s) for race. Multiple races may be selected.
 - If American Indian or Alaska native enter the primary tribe and up to 3 additional tribes (if applicable) by the full tribal name. If tribe is specific to Arizona, spell out tribe name according to the referenced list provided on the worksheet.
31. MOTHER’S RESIDENCE ADDRESS
- If the address is not a U.S. address, check “NON USA ADDRESS” and enter the country name.
 - Enter house number and full name of street where the mother permanently resides at the time of birth. Be sure to specify street, road, place, avenue, etc., along with the unit number or apartment number.
 - Describe location (if applicable), such as one mile east of post office, etc.
 - Do not use a post office box number in this field.
32. STATE or U.S. Territory or Canadian Province
- Enter the state or territory, or province where the mother permanently resides at the time of birth. This is not a temporary residence, such as a relative or friend’s address; spell it out completely.
33. ZIP CODE
- Enter the ZIP code in the U.S.A.
 - If mother resides out of the country, enter the appropriate postal code.
34. CITY
- Enter the town or city where the mother lived at the time of birth. For those not living in the United States enter the name of the town or city; spell it out completely.
35. COUNTY
- Enter the county where the mother lived at time of birth. For those not living in the United States, enter the name of the state province. Spell it out completely.
36. INSIDE CITY LIMITS?
- Check the either “YES,” “NO” or “UNKNOWN.”
37. IS MOTHER’S RESIDENCE IN AN AZ TRIBAL COMMUNITY?
- Check “YES” or “NO”; if yes, check the appropriate box for tribal community name or,
 - If the mother resides in a tribal community that is not listed, check “OTHER, NON-ARIZONA TRIBE.”
38. MOTHER’S MAILING ADDRESS
- If the mailing address is the same as the residence address, skip to Question 39 and check the “YES” box.
 - If mother’s mailing address is different from the residential address, complete this field.
 - All post office box addresses are to be entered in this field.
 - If the address is not a U.S. address, check “NON USA ADDRESS” and enter the country name. Otherwise, enter house number and full name of street where the mother permanently resides at the time of birth. Be sure to specify street, such as road, place, avenue, etc., along with an appropriate unit number or apartment number.
39. MAILING ADDRESS SAME AS RESIDENCE?
- Check either “YES” or “NO.”
40. STATE (U.S. Territory or Canadian or Province)
- Enter the state or territory or providence – spell out completely.

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- b. If the mother resides out of the country, leave it blank.

41. ZIP CODE

- a. Enter the U.S. ZIP code; if mother resides out of the country, enter the appropriate postal code.

42. CITY

- a. Enter the town or city – spell out completely.. For those not living in the United States, enter the name of the town or city; spell it out completely.

43. PRIOR PREGNANCY INFORMATION (Do not include this child)

- a. Now Living: Enter the total number of still living children, prior to the birth of this child. If none, check “NONE.” If this is a multiple birth, include in your count any of the set born alive immediately prior to this child.
- b. Now Deceased: Enter the total number of births that were born alive but are now dead. If none, check “NONE.” If this is a multiple birth, include in your count any of the set born alive immediately prior to this child.
- c. Date of Last Live Birth: Enter the date of the last child born, whether it is still living or now deceased. Use the format month, four-digit year as in 01/2013.
- d. Number of other Pregnancy Outcomes Enter the number of pregnancy outcomes, but do not include this child. Check “NONE” if there were no other pregnancy outcomes. Include pregnancy losses of any gestational age such as spontaneous losses, induced losses, and/or ectopic pregnancies. If this was a multiple delivery, include all previous pregnancy losses before this infant in the pregnancy and in previous pregnancies.
- e. Date of Last Other Pregnancy Outcomes: Enter the date of the last pregnancy outcome using the—use the format month, four-digit year as in 01/2013.

44. CHILD BIRTHING INFORMATION -- The APGAR score is a systematic measure for evaluating the physical condition of the infant at specific intervals at birth; enter the APGAR score(s) exactly as recorded in the medical record.

- a. If the APGAR score is not known, check “UNKNOWN.”

Note: The score is taken 5 minutes after birth and again at 10 minutes after birth if the 5 minute APGAR score is less than 6. The score(s) can range from 0 to 10.

Note: Live births can have a zero APGAR score at 5 minutes if the child died prior to 5 minutes or was resuscitated after 5 minutes.

- b. Check the boxes which define how 1) the birth weight (pound and ounces or grams) and 2) birth length (inches or centimeters). If the child was born at home without an attending healthcare agent present, check “UNKNOWN.”

45. PLURALITY – Birth Order

- a. Plurality refers to the number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age, or if the fetuses were delivered at different dates in the pregnancy. “Reabsorbed” fetuses (those not delivered: expelled or extracted from the mother) should not be counted.
- b. Check the box that identifies the birth as single birth, twin birth, triplet birth, etc.
- c. If not part of a multiple birth, leave “BIRTH ORDER” blank.
- d. If a multiple birth, specify the “BIRTH ORDER” and state whether the child was born first, second, third, etc. Spell out completely and verify entry against the hour of birth to make sure birth order is correct.
- e. Include all live births and fetal losses resulting from this pregnancy.

46. PRENATAL INFORMATION – Date of Last Normal Menses and Obstetric Estimate of Gestation

- a. Enter all known parts of the date when the last normal menstrual period began, use the format month, four-digit year as in 01/22/2013.
- b. If no parts of the date are known, check “DATE OR PART of DATE UNKNOWN.”
- c. Enter the estimated number of weeks the mother was pregnant with the child; if unknown, check “UNKNOWN.”

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Note: The best obstetric estimate of the infant's gestation in completed weeks is based on the birth attendant's final estimate of gestation. This estimate of gestation should be determined by all perinatal factors and assessments such as ultrasound, but not the neonatal exam. Ultrasound taken early in pregnancy is preferred. Do not complete this item based solely on the infant's date of birth and the mother's date of last menstrual period. Twelve (12) weeks and less are not valid and over 47 weeks is not valid.

47. TOTAL PRENATAL VISITS – Date of First and Last Prenatal Visit
Prenatal care begins when a physician or other health professional first examines and/or counsels the pregnant woman for the pregnancy. Count and enter only those prenatal visits recorded in the record.
- Only use dates from the medical record: If none, enter "0"; if unknown, check "UNKNOWN."
 - Enter the month, day and year of the first prenatal care visit -- complete all parts of the date that are available. Use the format month, day, four-digit year as in 01/22/2013.
 - Enter the month, day and year of the last prenatal care visit -- complete all parts of the date that are available. Use the format month, four-digit year as in 01/28/2013.
 - If either dates or parts of date are unknown, check "DATE OR PART OF DATE UNKNOWN."
48. DID MOTHER GET WIC (Women, Infants & Children) FOOD FOR HERSELF DURING THIS PREGNANCY?
- Check either "YES" or "NO." If unknown, check "UNKNOWN."
 - Check either "YES" or "NO" if the prenatal record was used for completion of birth certificate.
49. MOTHER WAS TRANSFERRED FROM ANOTHER FACILITY FOR MATERNAL OR FETAL INDICATIONS FOR DELIVERY? (Fields A, B)
- If the mother was transferred from a birthing facility or hospital prior to delivery to give birth at your birthing facility or hospital, check "YES". If the mother was not transferred in this manner, check "NO".
 - If Yes, specify name of facility (no acronyms)
 - If the mother was transferred from home to hospital or birthing facility, check "No".
50. INFANT WAS TRANSFERRED FROM ANOTHER FACILITY WITHIN 24 OF DELIVERY? (FIELDS A, B)
- Check the appropriate box "YES" or "NO." If Infant was transferred was transferred from a birthing facility or hospital after delivery to another facility or hospital, check "YES."
 - If Yes, specify name of facility (no acronyms)
 - List the facility name the child to which the child was transferred,
 - If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.
 - If the infant was transferred from home to hospital, check "NO."
51. PRINCIPLE SOURCE OF PAYMENT FOR THIS DELIVERY (at time of delivery)
- Check one of the following:
 - AHCCCS (Medicaid or comparable State program)
 - CHAMPUS/TRICARE
 - IHS (Indian Health Services)
 - Private Insurance (Blue Cross/Blue Shield, Aetna, etc.)
 - Self-pay (No third party identified)
 - Unknown
 - Other (Specify other payer, e.g., Other Government (federal, state, local)).
52. FATHER'S CURRENT LEGAL NAME (Fields A, B, C, D,)
- Enter father's current legal first, middle, and last name as it appears on his original birth certificate. Spell it out completely. If father has a suffix such as Jr., II, III, etc., enter it in Field D.
 - If mother refuses to give her husband's information, enter "Husband's Information Refused" in Question 52A and leave the remainder of Questions 53-63 blank.
 - If the mother is not married and paternity has/is not been established leave Questions 52-63 blank.
53. SOCIAL SECURITY NUMBER (Father)
- Enter the father's Social Security number.

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- b. If none or unknown check the appropriate box.
54. DATE OF BIRTH (Father)
- a. Using the format month/day/year, enter the month, day and full, four-digit year (e.g., 01/01/2013)
55. STATE OF BIRTH (PLACE OF BIRTH) – U.S. State or U.S. Territory
- a. Enter the name of the state or territory in the United States where the father was born. Spell it out completely.
56. COUNTRY OF BIRTH (PLACE OF BIRTH)
- a. If the father was born in a foreign country, enter the name of the country of birth where the father was born. Spell it out completely.
57. FATHER'S EDUCATION
- a. Check the box that best describes the highest level of schooling that was completed by the father at the time of delivery.
 - b. If he is currently enrolled in school, check the box that indicates the previous, completed grade or highest degree received.
 - c. If unknown, check either "UNKNOWN" or "UNKNOWN DUE TO PARENTS HAVE LEFT THE FACILITY."
58. FATHER'S MAILING ADDRESS
- a. If the father's mailing address is the same as the mother, check the appropriate box.
 - b. Enter the full street address, include unit or apartment number; if the address is a Post Office Box, enter the information in this field.
 - c. Check the "NON USA ADDRESS" box if the address is not in the United States.
59. STATE (U.S. Territory or Canadian Province)
- a. Enter the territory or province where the father's mailing address is located. Spell it out completely.
60. ZIP CODE
- a. Enter the ZIP code. If father's mailing address is out of the country, enter the appropriate postal code.
61. CITY
- a. Enter the city for the father's mailing address. Spell it out completely.
62. FATHER OF HISPANIC ORIGIN?
- a. If the father is **not** of Hispanic origin, check the "NOT SPANISH, HISPANIC, OR LATINO" box.
 - b. If the father is of Hispanic origin, one or more selections may be checked such as "MEXICAN, MEXICAN AMERICAN, CHICANO", "PUERTO RICAN", "CUBAN", "YES, OTHER SPANISH/HISPANIC/LATINO, SPECIFY."
63. FATHER'S RACE
- a. Check the appropriate box(s) for race. Multiple races may be selected.
 - b. If American Indian or Alaska native enter the primary tribe and up to 3 additional tribes (if applicable) by the full tribal name. If tribe is specific to Arizona, spell out tribe name according to the referenced list provided on the worksheet.

MEDICAL AND HEALTH INFORMATION

***Sources: Prenatal care records, mother's medical records, labor and delivery records**

Information for the following items should come from the mother's prenatal care records and from other medical reports in the mother's chart, as well as the infant'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 are given before each section. Please do not provide information from sources other than those listed.

64. Medical Risk Factors for this Pregnancy

(Check All That Apply)

Diabetes - Glucose intolerance requiring treatment (Do not check both)

- Prepregnancy (Diagnosis prior to this pregnancy)
- Gestational (Diagnosis during this pregnancy)

Hypertension - Elevation of blood pressure above normal for age, gender, and physiological condition

Prepregnancy - (Chronic) Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed prior to the onset of this pregnancy (does not include pregnancy-induced hypertension (PIH))

Gestational - (PIH or 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).

Eclampsia - Pregnancy induced hypertension with proteinuria with generalized seizures or coma. May include pathologic edema. If Eclampsia is present, one type of hypertension, either Gestational or Prepregnancy may be checked.

Previous preterm birth - (History of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation)

Other previous poor pregnancy outcome - (History of pregnancy(ies) continuing into the 20th week of gestation and resulting in any of the listed outcomes:

- Perinatal death (including fetal and neonatal deaths)
- Small for gestational age
- Intrauterine-growth-restricted birth

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). -if yes, check all that apply

Fertility-enhancing drugs - Any assisted reproduction technique used to initiate the pregnancy -- includes fertility-enhancing drugs (e.g., Clomid, Pergonal).

Artificial insemination or Intrauterine insemination - Any assisted reproduction technique used to initiate the pregnancy. Includes artificial insemination, or intrauterine insemination and assisted reproduction technology (ART) procedures (e.g., IVF, GIFT and ZIFT).

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Assisted reproductive technology - Any assisted reproduction technology (ART)/technical procedures (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), ZIFT) used to initiate the pregnancy.

Has the mother had a previous cesarean delivery? – Previous delivery by extracting the fetus, placenta, and membranes through an incision in the mother’s abdominal and uterine walls. If she has, check “Yes” and indicate the number.

Yes If Yes, how many _____ Unknown

None of the above

65. Infections Present and/or Treated During This Pregnancy - Present at start of pregnancy or confirmed diagnosis during pregnancy with or without documentation of treatment. Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record.

(Check all that apply)

Gonorrhea – a diagnosis of or positive test for *Neisseria gonorrhoeae*

Syphilis – also called lues – a diagnosis of or positive test for *Treponema pallidum*

Chlamydia – a diagnosis of or positive test for *Chlamydia trachomatis*

Hepatitis B – HBV, serum hepatitis – a diagnosis of or positive test for the hepatitis B virus

Hepatitis C – non A, non B hepatitis, HCV – a diagnosis of or positive test for the hepatitis C virus

None of the above

**Sources: labor and delivery records, mother’s medical records*

66. Onset of Labor

(Check all that apply but note, Precipitous Labor and Prolonged Labor should not both be checked)

Yes No 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.

Yes No Precipitous Labor (< 3 hours) – labor that progresses rapidly and lasts for less than 3 hours

Yes No Prolonged Labor (≥ 20 hours) – labor that progresses slowly and lasts for 20 hours or more

None of the above

67. Characteristics of Labor and Delivery

Yes No Induction of labor - Initiation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor. Check this item if medications were given or procedures to induce labor were performed BEFORE labor began.

Yes No Augmentation of labor - Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time to delivery. Check this item if medications were given or procedures to augment labor were performed AFTER labor began.

Yes No 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. NOTES: *Nonvertex* is presentation of *other than* the upper and back part of the infant’s head. *Vertex* is presentation of the upper or back part of the infant’s head.

Yes No Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery - Includes betamethasone, dexamethasone, or hydrocortisone specifically given to accelerate fetal lung

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maturation in anticipation of preterm delivery. Excludes steroid medication given to the mother as an anti-inflammatory treatment.

- Yes No 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. Includes: Ampicillin, Penicillin, Clindamycin, Erythromycin, Gentamicin, Cefataxine, and Ceftriaxone. Also 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 before or after delivery.
- Yes No Clinical chorioamnionitis diagnosed during labor or maternal temperature $\geq 38^{\circ}\text{C}$ (100.4°F) - 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 38°C (100.4°F).
- Yes No Moderate/heavy meconium staining of the amniotic fluid - Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or at delivery which is more than enough to cause a greenish color change of an otherwise clear fluid.
- Yes No 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 - *In Utero Resuscitative measures* such as any of the following - maternal position change, oxygen administration to the mother, intravenous fluids 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* – operative intervention to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery.
- Yes No 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.
- None of the above

68. Maternal Morbidity - Serious complications experienced by the mother associated with labor and delivery (Check all that apply)

- Yes No Maternal transfusion - Includes infusion of whole blood or packed red blood cells associated with labor and delivery.
- Yes No Third or fourth degree perineal laceration - 3^o laceration extends completely through the perineal skin, vaginal mucosa, perineal body and anal sphincter. 4^o laceration is all of the above with extension through the rectal mucosa.
- Yes No Ruptured uterus - Tearing of the uterine wall.
- Yes No Unplanned hysterectomy - Surgical removal of the uterus that was not planned prior to the admission. Includes anticipated but not definitively planned hysterectomy.
- Yes No Admission to intensive care unit - Any admission, planned or unplanned, of the mother to a facility or unit designated as providing intensive care
- Yes No Unplanned operating room procedure following delivery - Any transfer of the mother back to a surgical area for an operative procedure that was not planned before the admission for delivery. Excludes postpartum tubal ligations.
- None of the above

69. Congenital Anomalies of the Child - Malformations of the newborn diagnosed prenatally or after delivery

(Check all that apply)

- Anencephaly - Partial or complete absence of the brain and skull. Also called anencephalus, acrania, or absent brain. Also includes infants with craniorachischisis (anencephaly with a contiguous spine defect).
- Meningomyelocele / Spina Bifida - Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningomyelocele is herniation of meninges and spinal cord tissue. Meningocele (herniation of meninges without spinal cord tissue) should also be included in this category. Both open and closed (covered with skin) lesions should be included. Do not include Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges).
- 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 - A 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. Do not include umbilical hernia (completely covered by skin) 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 associated with failure to develop.
- Cleft Lip with or without Cleft Palate - Incomplete closure of the lip. May be unilateral, bilateral or median.
- Cleft Palate alone - Incomplete fusion of the palatal shelves. May be limited to the soft palate or may 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 above.
- Down Syndrome - (Trisomy 21) (if checked, at least one sub-item must be checked)
 - Karyotype confirmed
 - Karyotype pending
- Suspected chromosomal disorder - Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure. (if checked, at least one sub-item must be checked)
 - Karyotype confirmed
 - Karyotype pending
- 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.
- None of the anomalies listed above

70. Obstetric Procedures - Medical treatment or invasive/manipulative procedure performed during this pregnancy specifically in the treatment of the pregnancy, management of labor and/or delivery.

(Check all that apply)

- Cervical cerclage - Circumferential banding or suture of the cervix to prevent or treat passive dilatation. Includes MacDonal's suture, Shirodkar procedure, abdominal cerclage via laparotomy.
- Tocolysis - Administration of any agent with the intent to inhibit preterm uterine contractions to extend length of the pregnancy. Medications: Magnesium sulfate (preterm labor), Terbutaline, Indocin (preterm labor)
- External cephalic version - Attempted conversion of a fetus from a non-vertex to a vertex presentation by external manipulation.
 - Successful (Fetus was converted to a vertex presentation)
 - Failed (Fetus was NOT converted to a vertex presentation)

None of the above

71. Method of Delivery - The physical process by which the complete delivery of the infant was effected

- A. Yes No Was delivery with forceps attempted but unsuccessful? – Obstetric forceps was applied to the fetal head in an unsuccessful attempt at vaginal delivery.
- B. Yes No Was delivery with vacuum extraction attempted but unsuccessful? - Ventouse or vacuum cup was applied to the fetal head in an unsuccessful attempt at vaginal delivery.)
- C. Fetal presentation at birth (Check one)
- Cephalic - Presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP)
 - Breech - Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech.
 - Other - (Any other presentation not listed above)
- D. Final route and method of delivery (Check one)
- Vaginal/Spontaneous - Delivery of the entire fetus through the vagina by the natural force of labor with or without manual assistance from the delivery attendant.
 - Vaginal/Forceps - Delivery of the fetal head through the vagina by application of obstetrical forceps to the fetal head.
 - Vaginal/Vacuum - Delivery of the fetal head through the vagina by application of a vacuum cup or ventouse to the fetal head.
 - Cesarean: (Extraction of the fetus, placenta and membranes through an incision in the maternal abdominal and uterine walls.)

Yes No *If cesarean, was a trial of labor attempted?* - Labor was allowed, augmented or induced with plans for a vaginal delivery.

**Sources: labor and delivery records, newborn's medical records, mother's medical records*

72. Abnormal Conditions of the Newborn - Disorders or significant morbidity experienced by the newborn

Yes No Assisted ventilation required immediately following delivery - Infant given manual breaths for any duration with bag and mask or bag and endotracheal tube within the first several minutes from birth. Excludes free flow oxygen only and laryngoscopy for aspiration of meconium.

Yes No Assisted ventilation required for more than six 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).

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Question 72 Abnormal conditions of the Newborn continued..

Yes No NICU admission - Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for a newborn. NICU admission at any time during the infant's hospital stay following delivery.

Yes No Newborn given surfactant replacement therapy - Endotracheal instillation of a surface-active suspension for the treatment of surfactant deficiency due to preterm birth or pulmonary injury resulting in respiratory distress. Includes both artificial and extracted natural surfactant.

Yes No Antibiotics received by the newborn for suspected neonatal sepsis - Any antibacterial drug (e.g., penicillin, ampicillin, gentamicin, cefotaxime etc.) given systemically (intravenous or intramuscular). Does not include antibiotics given to infants who are NOT suspected of having neonatal sepsis.

Yes No Seizure or serious neurologic dysfunction? - Seizure is any involuntary repetitive, convulsive movement or behavior. Serious neurologic dysfunction is 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.

Yes No Significant birth injury (skeletal fracture(s), peripheral nerve injury, soft tissue or solid organ hemorrhage which requires intervention) - Defined as present immediately following delivery or soon after 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 sub-galeal (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.

If Yes, Specify _____

None of the above

73. Cigarette Smoking Before and During Pregnancy

Please answer for each time period the average number of cigarettes per day.
(If none, enter "0." Note: 1 pack = 20 cigarettes)

Never smoked in lifetime Number of Cigarettes Per Day

Three Months before Pregnancy _____

First Three Months of Pregnancy _____

Second Three Months of Pregnancy _____

Third Trimester of Pregnancy _____

74. Mother's Height and Weight

Mother's Height _____ feet _____ inches

Mother's prepregnancy weight _____ lbs.

Mother's weight immediately prior to delivery _____ lbs. (for example, enter 140½ should be entered as 140)

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75. Immunization – provision for up to 2 immunizations are recorded on the worksheet

Vaccination – Check one of the choices below on the worksheet:

- HBIG (Hepatitis B Immune Globulin) Hepatitis B
None (if checked, skip to #83) Other Unknown
Date – Date of immunization (month/day/year)

Site – Check one of the choices below on the worksheet:

- Deltoid, Left Deltoid, Right Forearm Left Forearm, Right
Oral Other Thigh, Left Thigh, Right Unknown
Lot # - Vaccination lot number

Manufacturer - Check one of the choices below on the worksheet:

- Glaxo Smith Kline Merck Other

Provider Name – Name of person administering immunization (do not indicate facility name for this field)

Provider Title – Title of person administering immunization

76. Medical Record Number - Sources: 1st: Infants Medical Record Addressograph Plate; 2nd: Admitting Office Face Sheet *under* – History Number

Child’s Medical Record Mother’s Medical Record

The Certificate of Live Birth Worksheet references Arizona Revised Statute 36-342. Disclosure of information; prohibition. This statute allows the Bureau of Vital Records to share data from vital records to persons, including federal, state, local and other agencies, as required by law and for statistical or research purposes.

The box indicated below should be completed on the worksheet by midwives or parents (births not attended by a medical professional) to include the name of the individual who is registering the child’s birth and provide his/her phone number.

| |
|---|
| <p>Registered by (please print or type):</p> <p>Name: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone Number: (____) _____</p> <p>Registration Date: _____</p> |
|---|