

New Jersey
Electronic Birth Certificate
and
Perinatal Database

DATA DICTIONARY

**Bureau of Vital Statistics and
Registration**

May, 2005



Richard Codey
Governor

Fred M. Jacobs, M.D., J.D.
Commissioner of Health

Electronic Birth Certificate and Perinatal Database

DATA DICTIONARY

**Arnie Miller, CIO
Director
Bureau of Vital Statistics and Registration
Division of Technology and Informatics
New Jersey Department of Health and Senior Services**

**Luke J. Hilgendorff
Data Manager
Bureau of Vital Statistics and Registration**

Prepared By:

**Kay L. Knoblauch
Electronic Birth Certificate (EBC) Program Manager
Bureau of Vital Statistics and Registration**

**2nd Revision - May, 2005
EBC version 7.0.04**

1st Revision - July, 1998

**1st Printing - March, 1995
Health Research & Educational Trust of New Jersey
and
New Jersey Department of Health
Center for Health Statistics**

EBC DATA DICTIONARY

TABLE OF CONTENTS

Prenatal Screens (Module 1)..... 1-46
Labor and Delivery (Module 2)..... 47-61
Newborn Delivery Screen (Module 3)..... 62-101
Parent Information Screens (Module 4)..... 102-151
Newborn Discharge Screen (Module 5) 152-178
Parent/Guardian Screen (Module 6) 179-188
Mother’s Discharge Screen (Module 7)..... 189-196
Newborn Hearing Screen, Revised (Module 6 & 7)..... 197-204

ADDENDA

Addendum A – State/County Library Maintenance File205
Addendum B – Insurance Coding.....206
Addendum C – Hearing Impairment Risk Factors207
Addendum D – Additional Report Generator Fields 208-211
Addendum E – Electronic Birth Certificate Report Writer Fields..... 212-222

Index 223-230

MODULE 1 – PRENATAL SCREENS

QUESTION: MOTHER’S CHART NUMBER

FIELD NUMBER & DESCRIPTION: 1 – MOMMEDREC

DEFINITION: The mother’s medical chart number.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 9/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: You can use any or all of the spaces in this field.

COMMENTS:

- This is the number the hospital assigns to the mother’s medical record. It is available on the medical record or on the fact sheet. This field is used by the EBC software to find and link patient files. Each patient must have a unique number.

QUESTION: A14 – DATE OF ADMISSION-MOTHER

FIELD NUMBER & DESCRIPTION: 40 - DOA

DEFINITION: The date the mother is admitted to this institution as an inpatient.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 6/DATE
(To import data into this field import 8 bytes)

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: MM/DD/YY

HARD EDITS:

- The entry cannot be a date in the future.

SOFT EDITS:

- Must verify date if more than 10 days ago.

COMMENTS:

- The EBC software will allow the entry of a “Date of Delivery” (C1) before the mother’s date of admission.
- JCAHO report requires the field length of this data element to be 8 bytes (mm/dd/yyyy).
- This data element is used by hospitals for quality assurance reports to calculate length of stay.

QUESTION: NAME OF MOTHER ON THE DELIVERY RECORD

DEFINITION: The name of the mother as it appears on the delivery record.

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION</u>
First Name	12 – Alphanumeric	2 – DLVRYMFNAME
Middle Name	12 – Alphanumeric	3 – DLVRYMMNAME
Last Name	18 – Alphanumeric	4 - DLVRYMLNAME

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: As reported

COMMENTS:

- The mother’s name is available from the medical record or the fact sheet.
- The EBC software uses this field to verify links between modules and to find patient files
- This does not have to be the patient’s legal name which is required on the actual birth certificate record.

QUESTION: A1 – MOTHER’S DATE OF BIRTH

FIELD NUMBER & DESCRIPTION: 120 – MOM DOB (Mom’s Date of Birth)
121 – MOM AGE (Mom’s Age)

DEFINITION: The mother’s exact date of birth mm/dd/yy.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 6/DATE
(To import data into this field import 8 bytes)

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: MM/DD/YY,
MM/00/YY = Day is Unknown
? = Month and/or Year is Unknown

SOFT EDITS:

- The EBC software will accept ages 10 – 56 years without verification. You will be prompted to verify ages 7 – 9 and ages greater than 56.

COMMENTS:

- If the day is unknown but the month and year are known, enter “00” for the missing day. Enter “?” when the month and/or year are unknown.
- The EBC software automatically calculates the mother’s age and enters this age into the next data field.

PUBLIC HEALTH RATIONALE: This item is used to calculate the age of the mother. Studies have shown a relationship between the health of the child and age of the mother. This item is also useful for genealogical research.

QUESTION: A2 – DATE OF LAST NORMAL MENSES

FIELD NUMBER & DESCRIPTION: 5 – DATEMENSES
86 – DAYS GESTATION*

DEFINITION: The date of the first day of the mother’s last normal menstrual period, as reported by the mother, or as recorded on the prenatal record.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 6/DATE
(To import data into this field import 8 bytes)

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: MM/DD/YY,
MM/00/YY = Day is Unknown
? = Month and/or Year is Unknown

SOFT EDITS:

- The EBC software logic expects this date to be about nine months before the date of admission. You will be asked to verify dates greater than or less than 9 months from the mother’s date of admission.

COMMENTS:

- If the exact day is unknown, but the month and year are known, obtain an estimate of the day from the mother, her physician or the medical record.
- If a time span is reported for the day, enter the earlier day, e.g., January 10-11, 1972 is entered as 01/10/72.
- If no day is reported, but an approximate part of the month is reported enter:
Beginning of the month = 07
Middle of the month = 15
End of the month = 24
- If an estimate of the date cannot be obtained, enter the month and year and enter “00” for the day.

*Days of gestation is calculated by subtracting the date of the last normal menstrual period from the baby’s date of birth. It is a 3 byte field.

PUBLIC HEALTH RATIONALE: This item is used in conjunction with the date of birth to determine the length of gestation, which is closely related to infant morbidity and mortality. Length of gestation is linked with birth weight to determine the maturity of the child at birth.

QUESTION: A3 – SOURCE OF PRENATAL CARE

DEFINITION: All places where the mother obtained prenatal care, as identified by the mother and/or the prenatal record.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 10/NUMERIC & 20/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Select all choices that apply from the pop-up window:

<u>FIELD NAME</u>	<u>FIELD NUMBER & DESCRIPTION</u>
1 [] Private practitioners(s)	7 – PRIVPRAC YN
2 [] HMO or Health plan	8 – HMO/HP YN
3 [] HealthStart	9 – HLTHSTRT YN
4 [] Community Health Center	10 – CHC YN
5 [] (Not Used in EBC 7.0.04)	11 – (Not Used in EBC 7.0.04)
6 [] Hospital’s Clinic	12 – H. CLINIC YN
7 [] Other clinic	13 – CLINIC YN
8 [] Other, Specify, _____	14 – OTHER YN 6 – OTHERROVIDER
00 [] None	15 – NONE YN
10 [] Unknown Private vs. Clinic	16 – UNK YN *360 PRENATAL CARE (calculated field)

HARD EDITS:

- If “Other, specify” (8) is selected, then a 20 byte field opens for data entry.

DEFAULT DATA ENTRY:

- If “None” is selected, “0” will automatically be entered in the “Month Prenatal Care Began” (A4) and the “Total Number of Prenatal Visits” (A15) fields.

COMMENTS:

- This field is not the same as the “Mother’s Insurance”, which is entered in Module 2, field B11a.
- * Field 360 is a calculated field for private vs. clinic patients. Private patients (P) = private (7) and HMO/Health Plan (8). Clinic patients (C) are entered in fields 9, 10, 11, 12 & 13. Both (B) = clinic, private and other, ? = unknown, blank = no prenatal care.

QUESTION: A4 – MONTH OF PREGNANCY PRENATAL CARE BEGAN

FIELD NUMBER & DESCRIPTION: 17 – MNTHCARE

DEFINITION: Record the month from one to nine, that prenatal care began for this pregnancy. Prenatal care is defined as a visit with a health professional specifically related to this pregnancy. Prenatal care may include physical examination, history, counseling and/or treatment.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY:

1 st month = 1	2 nd month = 2	3 rd month = 3	4 th month = 4
5 th month = 5	6 th month = 6	7 th month = 7	8 th month = 8
9 th month = 9	Unknown = ?	None = 0	

DEFAULT DATA ENTRY:

- If “Prenatal Care Provider” (A3) equals “None”, then “0” will automatically be entered in this field and in the “Number of Prenatal Visits” (A15) field.

COMMENTS:

- Ask the mother “How many months pregnant were you when you began your prenatal care for this pregnancy?”
- Record the actual month of pregnancy that prenatal care began for this pregnancy.
- If any fraction of a month is reported, round up to the next whole month. If the entry is reported in weeks, convert to the appropriate month using the table on the following page:

<u>WEEKS</u>	<u>MONTH</u>
1-4	1
5-9	2
10-13	3
14-07	4
18-22	5
23-26	6
27-30	7
31-35	8
36+	9

PUBLIC HEALTH RATIONALE: This information is used to determine the relationship between prenatal care and the health of the child at birth. Women receiving delayed care, or no care, are of considerable interest to public health officials, because inadequate care may be harmful to both the mother and fetus. Information on the month of pregnancy prenatal care began and number of prenatal visits can be used with length of gestation to compute the Kessner Index, a quantitative measure of the adequacy of prenatal care.

QUESTION: A5a – GRAVID

FIELD NUMBER & DESCRIPTION: 18 – TOTALPREGNANCIES

DEFINITION: The total number of pregnancies including this one. This field includes pregnancies which resulted in miscarriages, fetal deaths, ectopic pregnancies, induced abortions, selective reductions or live births. Multiple births (e.g. twins) count as one pregnancy.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 2/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 1 - 20
? = Unknown

HARD EDITS:

- If “Parity” (A5b) is greater than “0”, then “Gravid” (A5a) must be greater than 1.
- “Gravid” (A5a) equals “Parity” (A5b) + “Total Number of Previous Pregnancy Losses” (A5f).

SOFT EDITS:

- This field is compared to the mother’s date of birth. Very young mothers are unlikely to have a high number in the “Gravid” field. You will be asked to verify improbable data.

DEFAULT DATA ENTRY:

- If “Gravid” (A5a) equals “1”, then “0” is automatically entered in the “Number of Live Births Now Living” (A5c), “Number of Live Births Now Dead” (A5d), and “Total Number of Previous Pregnancy Losses” (A5f). “Date of Last Live Birth” (A5e) and “Date of Last Pregnancy Loss” (A5g) are bypassed. An “N” (NO) is automatically entered in the “History of Previous C-section” (A5h) field.

QUESTION: A5b – PARITY – TOTAL NUMBER OF PREVIOUS LIVE BIRTHS

FIELD NUMBER & DESCRIPTION: 19 - TOTALLIVEBIRTHS

DEFINITION: The total number of live-born infants born prior to the current pregnancy. Parity does not include the child(ren) of this pregnancy or any adoptions.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 2/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 1 - 30
0 = None
? = Unknown

HARD EDITS:

- “Parity” (A5b) equals “Number of Live Births” (A5c) + “Number of Children Born Living but Now Dead” (A5d).
- “Gravid” (A5a) equals “Total Number of Previous Live Births” (A5b) + “Total Number of Previous Pregnancy Losses” (A5f).

DEFAULT DATA ENTRY:

- If “Parity” (A5b) equals “0”, then a “0” is automatically entered in the “Number of Live Births” (A5c) and “Number of Children Born Living but Now Dead” (A5d) fields. The “Date of the Last Live Birth” (A5e) field is bypassed.

COMMENTS:

- In the case of a singleton birth this field remains unchanged.
- In the case of multiple births, this field is updated automatically from information entered in Module 3 and the combined total is printed on the birth certificate. The second twin has more previously born sibling than the first born twin.

QUESTION: A5c – PREVIOUS LIVE BIRTHS NOW LIVING

FIELD NUMBER & DESCRIPTION: 20 – PREV LIVELIVING

DEFINITION: The number of previous live-born children born who are still living at the time of this birth. Do not include this child or any adoptions.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 2/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 1 - 30
0 = None
? = Unknown

HARD EDITS:

- This field can only be less than or equal to “Total Number of Previous Live Births” (A5b)
- The “Total Number of Previous Live Births” (A5c) equals “Number of Previous Live Births now Living” (A5b) + “Number of Previous Live Births now Dead” (A5d).

DEFAULT DATA ENTRY:

- This field defaults to “0” if this is the first pregnancy (“Gravid” (A5a) = “1”) and there are no previous live births (“Parity” (A5b) = “0”).

COMMENTS:

- Enter “0” if this is the first live birth to this mother or if all previous children are now deceased.
- In the case of multiple births, this field is automatically updated from data entered in Module 3. The updated total is printed on the birth certificate.

QUESTION: A5d – PREVIOUS LIVE BIRTHS NOW DEAD

FIELD NUMBER & DESCRIPTION: 21 – PREV LIVEDEAD

DEFINITION: The number of previous live-born children who are no longer living at the time of this birth. Do not include this child or any adoptions.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 2/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 1 – 30 as stated
0 = None
? = Unknown

HARD EDITS:

- “Parity” (A5b) equals “Number of Live Births” (A5c) + “Number of Children Born Living but Now Dead” (A5d).

DEFAULT DATA ENTRY:

- This field defaults to “0” if there are no previous live births (“Parity” (A5b) = “0”).

COMMENTS:

- Enter “0” if this is the first live birth to this mother or if all previous live-born children are still living.
- When interviewing the mother, you might prefer to phrase your question as “How many of your live-born children are still living?” It will elicit the information, but the question is less harsh. Subtract the mother’s response from her total parity to calculate the previous live births new dead.
- In the case of a singleton birth this field remains unchanged.
- In the case of multiple births, this field is automatically updated from data entered in Module3. The updated total is printed on the birth certificate.

QUESTION: A5e – DATE OF THE LAST LIVE BIRTH

FIELD NUMBER & DESCRIPTION: 22 – PREV MMYLLIVE

DEFINITION: The date of birth (month and year) of the last live-born child.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 4/DATE
(To import data into this field import 6 bytes)

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: MM/YY
00/YY = Month Unknown and Year Known
? = Year Unknown

SOFT EDITS:

- The EBC software will prompt you to verify a birth date that is 5 months or less from the date of this birth.

DEFAULT DATA ENTRY:

- This field will be automatically bypassed if there are no previous live births.

COMMENTS:

- If the month is unknown enter “00” in the month field and then enter the year.
- If the year is unknown, but the month is known, enter the month in the month field and enter a question mark (“?”) for the year. A pop-up message will appear stating “*Entering ‘?’ for a DATE Field will cause the entire date to be entered as UNKNOWN. If only the month or day part of the date is unknown, enter ‘00’ for the part you do not know. Is the entire date unknown [Y/N]*”.
- In the case of multiple births, this field is automatically updated from data entered in Module3. The updated total is printed on the birth certificate.
- If a time span is reported for month or year, enter the earlier choice, e.g., March-April, 1972 = 03/72.

QUESTION: A5f – TOTAL NUMBER OF PREVIOUS PREGNANCY LOSSES

FIELD NUMBER & DESCRIPTION: 23 – PREV PREGLOSS

DEFINITION: Pregnancy losses shall include each recognized loss of a product of conception, regardless of the length of gestation. Such losses include miscarriages, ectopic pregnancies, induced abortions, selective reductions and fetal deaths.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 2/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 1 – 30
0 = None
? = Unknown

HARD EDITS:

- “Gravid” (A5a) equals “Total Number of Previous Live Births” (A5b) + “Total Number of Previous Pregnancy Losses” (A5f).
- The EBC requires verification of an improbable number of pregnancies.

DEFAULT DATA ENTRY:

- If “Total Number of Previous Pregnancy Losses” (A5f) equals “0”, then “Date of the Last Pregnancy Loss” (A5g) is bypassed.
- If this is the mother’s first pregnancy, then a “0” is automatically entered in this field.

COMMENTS:

- In the case of multiple deliveries, this field is automatically updated with data entered in Module 3. The updated total is printed on the birth certificate.
- Enter “0” if this is the first pregnancy for this mother, or if all previous pregnancies resulted in live-born infants.

QUESTION: A5g – DATE OF THE LAST PREGNANCY LOSS

FIELD NUMBER & DESCRIPTION: 24 – PREV MMYYPREGLOSS

DEFINITION: The date (month and year) of the last pregnancy loss that was not a live birth regardless of the length of gestation. Include the last recognized loss of a product of conception, such as ectopic pregnancies, miscarriages, selective reductions, fetal deaths and induced abortions.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 4/DATE

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: MM/YY
00/YY = Month Unknown and Year Unknown
? = Year Unknown

SOFT EDITS:

- The EBC software will prompt you to verify the date of the last pregnancy loss if it is less than 5 months before the date of this delivery.

COMMENTS:

- If the month is unknown enter “00” in the month field and then enter the year.
- If the year is unknown, but the month is known, enter the month in the month field and enter a question mark “?” for the year. A pop-up message will appear stating “*Entering ‘?’ for a DATE Field will cause the entire date to be entered as UNKNOWN. If only the month or day part of the date is unknown, enter ‘00’ for the part you do not know. Is the entire date unknown [Y/N]*”.
- In the case of multiple deliveries, this field is automatically updated from data entered in Module 3. The updated total is printed on the birth certificate.
- If a time span is reported for month or year, enter the earlier choice, e.g., March-April, 1972 = 03/72.

QUESTION: A5h – PRIOR HISTORY OF A CAESAREAN SECTION

FIELD NUMBER & DESCRIPTION: 25 – PREV CSECTION

DEFINITION: The mother had a C-section prior to this delivery.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

DEFAULT DATA ENTRY:

- If “Gravid” (A5a) equals “1”, and “N” is automatically entered in the “History of Caesarean Section” (A5h) field.

QUESTION: A6-A1 – TOBACCO USAGE

FIELD NUMBER & DESCRIPTION: 26 – CIGUSE

DEFINITION: any direct use of a tobacco product as reported by the pregnant woman, her physician or her midwife, at any time during this pregnancy.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Select only one choice from the pop-up window:
1 = Yes
2 = No
3 = Yes, but quit during this pregnancy
4 = Yes, but cut down during this pregnancy
9 = Unknown

DEFAULT DATA ENTRY:

- If “Tobacco Use” (A6-A1) equals “No”, then “00” is automatically entered in the “Number of Cigarettes/Day” (A6-A2) field.
- If “Tobacco Use” (A6-A1) equals “Unknown”, then “99” is automatically entered in the “Number of Cigarettes/Day” (A6-A2) field.

QUESTION: A6-A2 - TOBACCO USE, NUMBER PER DAY

FIELD NUMBER & DESCRIPTION: 27 – NUMCIGS

DEFINITION: Average number of cigarettes smoked per day during this pregnancy.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 2/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 00 – 97
98 or more = 98
? = Unknown

SOFT EDITS:

- You will be prompted to verify an entry of greater than 80.

DEFAULT DATA ENTRY:

- If “Tobacco Use” (A6-A1) equals “No”, then “00” is automatically entered in the “Number of Cigarettes/Day” (A6-A2) field.
- If “Tobacco Use” (A6-A1) equals “Unknown”, then “99” is automatically entered in the “Number Cigarettes/Day” (A6-A2) field.

COMMENTS:

- A pop-up message states that: *1 pack = 20 cigarettes.*
- If the number is reported as a range, e.g., 10-15, enter the lower number of cigarettes.

QUESTION: A6-B1 – ALCOHOL USAGE

FIELD NUMBER & DESCRIPTION: 28 – ALCUSE

DEFINITION: Any direct use of an alcohol product as reported by the pregnant woman, her physician or her midwife, at any time during this pregnancy.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Select only one choice from the pop-up window:
1 = Yes
2 = No
3 = Yes, but quit during this pregnancy
4 = Yes, but cut down during this pregnancy
9 = Unknown

DEFAULT DATA ENTRY:

- If “Alcohol Use” (A6-B1) equals “No”, then “00” is automatically entered in the Number of Brinks/Week” (A6-B2) field.
- If “Alcohol Use” (A6-B1) equals “Unknown”, then “99” is automatically entered in the “Number of Drinks/Week” (A6-B2) field.

QUESTION: A6-B2 – ALCOHOL USAGE, NUMBER PER WEEK

FIELD NUMBER & DESCRIPTION: 29 – NUMALC

DEFINITION: Number of alcoholic drinks consumed per week during this pregnancy.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 2/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 00 - 97
98 = 98 or more
? = Unknown

SOFT EDITS:

- The EBC requires verification of greater than 50 drinks.

DEFAULT DATA ENTRY:

- If “Alcohol Use” (A6-B1) equals “No”, then “00” is automatically entered in the “Number of Drinks/Week” (A6-B2) field.
- If “Alcohol Use” (A6-B1) equals “Unknown”, then “99” is automatically entered in the “Number of Drinks/Week” (A6-B2) field.

COMMENTS:

- A pop-up message states that: *1 pint of alcohol = 12 drinks.*
- Each can of beer = 1 drink
- Each glass of wine = 1 drink
- “Social drinker” is not an acceptable answer. You must ask the mother for the number of drinks consumed.
- If the number is reported as a range, e.g., 10-15, then enter the lower number of drinks.

**QUESTION: A6-C1 – COCAINE, HEROIN, MARIJUANA OR
METHAMPHETAMINE USAGE**

FIELD NUMBER & DESCRIPTION: 30 – DRUGUSE

DEFINITION: Any direct use of cocaine, heroin, marijuana or methamphetamines during this pregnancy as reported by the pregnant woman, her physician, her midwife or from laboratory evidence.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Select only one choice from the pop-up window:

1 = Yes

2 = No

3 = Yes, but quit during this pregnancy

4 = Yes, but cut down during this pregnancy

9 = Unknown

QUESTION: A7 – HEPATITIS B SEROLOGY OBTAINED

FIELD NUMBER & DESCRIPTION: 31 – HEPATEST

DEFINITION: A Hepatitis B serology test was performed on the mother during this pregnancy as reported by the mother, her physician, her midwife or from laboratory records.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

COMMENTS:

- If the mother has had a previous positive Hepatitis B serology further laboratory testing may not be necessary.

QUESTION: A8 – SYPHILIS SEROLOGY OBTAINED

FIELD NUMBER & DESCRIPTION: 32 – SYPHTEST

DEFINITION: A syphilis serology test was performed at any time during this pregnancy. Results should be from prenatal records; self report is not acceptable.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

DEFAULT DATA ENTRY:

- If “Syphilis Serology Obtained” (A8) equals “Yes”, then “Date of Serological Test” (A9) requires an entry.
- If “Syphilis Serology Obtained” (A8) equals “No” or “Unknown”, then “Date of Serological Test” (A9) is automatically bypassed.

QUESTION: A9 – SYPHILIS SEROLOGY DATE

FIELD NUMBER & DESCRIPTION: 33 – SYPHTESTDATE

DEFINITION: The date the syphilis serology test was performed. This information is obtained from prenatal or laboratory records. If a prenatal serology was not performed enter the date of the most recent syphilis serology.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 6/DATE
(To import data into this field import 8 bytes)

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: MM/DD/YY
? = Unknown

DEFAULT DATA ENTRY:

- If “Syphilis Serology Obtained” (A8) equals “No” or “Unknown”, this field is automatically bypassed.

QUESTION: A10 – MOTHER’S BLOOD TYPE

FIELD NUMBER & DESCRIPTION: 34 – MOMBLOODTYPE

DEFINITION: The mother’s blood type obtained from prenatal or laboratory records only.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHA

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Select only one choice from the pop-up window:

- A = A
- B = B
- C = AB
- O = O
- U = Unknown

QUESTION: A11 – MOTHER’S RH BLOOD GROUP

FIELD NUMBER & DESCRIPTION: 35 – MOMRH

DEFINITION: The mother’s Rh blood group, obtained from prenatal or laboratory records only.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHA

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Select only one choice from the pop-up window:

P = Positive
N = Negative
U = Unknown

SOFT EDITS:

- If the mother is Rh negative (A11) and the baby is Rh positive (C24), then the answer to the pop-up question “*Was Rh immune globulin given to the mother*” should be “Yes” (G6). If “No”, a pop-up message appears, stating that this mother should receive Rh immune globulin.

QUESTION: A12 – OBSTETRIC PROCEDURES

FIELD NUMBER & DESCRIPTION: 36 – OBSDURINGPREG

DEFINITION: The medical procedures applied through pregnancy, labor and delivery.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 15/NUMERIC
30/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Select all choices that apply from the pop-up window.
You can deselect your choice by pressing the field number a second time.

- 01 [] CVS
- 02 [] Ultrasound
- 03 [] Amniocentesis, (Genetic)
- 04 [] Amniocentesis, (Other)
- 05 [] Tocolysis
- 06 [] Unknown
- 00 [] None

HARD EDITS:

- At least one choice must be selected.
- If “Unknown” or “None” is selected no other choice can be entered.

DEFINITIONS OF OBSTETRIC PROCEDURES DURING PREGNANCY

1. Chorionic Villus Sampling, (CVS) – A sample of chorionic villi is obtained by inserting a flexible catheter through the vagina and cervix and advancing it to the site of fetal implantation under direct ultrasound guidance. It is done to detect genetic defects.
2. Ultrasound – Visualization of the fetus and the placenta by means of high frequency sound waves. The primary usage of ultrasound is to determine the age of the fetus, to detect sudden changes in fetal growth, to detect multifetal pregnancies and to ascertain fetal abnormalities and complications of pregnancy, (e.g., Placenta Previa), Synonyms to be included in this item: Sonogram.
3. Amniocentesis, (Genetic Testing) – Surgical transabdominal perforation of the uterus to obtain amniotic fluid, to be used in the detection of genetic disorders and fetal anomalies, (especially Neural Tube Defects).
4. Amniocentesis, (Other) – Surgical transabdominal perforation of the uterus to obtain amniotic fluid, to be used in the detection of any other fetal abnormalities that are not genetic, such as fetal lung maturity.
5. Tocolysis – Use of medications to inhibit preterm uterine contractions to extend the length of pregnancy, and therefore to avoid a preterm birth. Bedrest and tocolytic agents, such as magnesium sulfate, B-Adrenergic receptor stimulants (e.g., ritodrine, terbutaline, fenoterol) are used to attempt to arrest labor. Select this procedure when a previous successful tocolysis occurred prior to this current period of labor.

QUESTION: A13 – MEDICAL RISK FACTORS FOR THIS PREGNANCY

FIELD NUMBER & DESCRIPTION: 37 – MEDRISK
38 – OTHERSTD
39 - OTHERMEDRISK

DEFINITION: The maternal medical conditions or illnesses that place this pregnancy at risk for an adverse outcome. It should include conditions that existed before and/or developed during this pregnancy.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 29/NUMERIC
60/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Select all choices that apply from the pop-up window:

- | | |
|---|--|
| 01 [] Anemia (Hct.<30% / Hgb. <10g/dl) | 16 [] Preeclampsia |
| 02 [] Cardiac Disease | 17 [] Previous Infant >4000 + grams |
| 03 [] Coma | 18 [] Previous Major Uterine Surgery |
| 04 [] Diabetes, Insulin Dependent
(Preexisting) | 19 [] Previous Preterm or Small for
Gestational Age Infant |
| 05 [] Diabetes, Non-Insulin Dependent
(Preexisting) | 20 [] Renal Disease |
| 06 [] Diabetes, Gestational | 21 [] Rh Sensitization |
| 07 [] Eclampsia | 22 [] Other Isoimmunization |
| 08 [] Genital Herpes | 23 [] Seizures |
| 09 [] Hemoglobinopathy | 24 [] Other Sexually Transmitted
Diseases, Specify _____ |
| 10 [] Hepatitis B Surface Ag. Positive | 25 [] Syphillis Serology, Positive |
| 11 [] Hydramnios/Oligohydramnios | 26 [] Uterine Bleeding |
| 12 [] Hypertension, Chronic | 27 [] Other, Specify _____ |
| 13 [] Hypertension, Pregnancy Related | 28 [] Unknown |
| 14 [] Incompetent Cervix | 29 [] None |
| 15 [] Lung Disease, Acute or Chronic | |

HARD EDITS:

- At least one choice must be selected.
- If “Other Sexually Transmitted Diseases” or “Other, Specify” is selected, a 30 byte field appears for data entry, (e.g., HIV positive).

- You can choose only one of the following for this pregnancy: “Diabetes Insulin Dependent – Preexisting”, “Diabetes Non-Insulin Dependent – Preexisting” or “Diabetes, Gestational”.
- “Hypertension, Chronic” and “Hypertension, Pregnancy Related” cannot be selected for the same pregnancy.

COMMENTS:

- If the mother is diagnosed with preeclampsia, do not check “Hypertension, Pregnancy Related).
- If “Unknown” or “None” is selected no other choice can be entered.

DEFINITIONS OF MEDICAL RISK FACTORS AFFECTING THIS PREGNANCY

1. Anemia – (Hct. less than 30% or Hgb. less than 10 g/dl) – A symptom of underlying disease, which manifests itself by weakness, fatigue and drowsiness. It is clinically defined as a hemoglobin level of less the 10 g/dl during pregnancy or a hematocrit of less than 30% during pregnancy.
2. Cardiac Disease – The mother has been diagnosed with heart disease.

Disease conditions may include:

Angina

Aortic/Mitral Stenosis

Arrhythmia

Atrial/Ventricular Fibrillation

Cardiomyopaathy

Congenital Heart Disease

Cardiomegaly

Congestive Heart Failure (CHF)

Endocarditis

Mitral Valve Prolapse (MVP)

Myocardial Infarction (MI)

Myocarditis

3. Coma – An abnormal deep stupor or unconsciousness occurring anytime during this pregnancy.
4. Diabetes, Insulin-Dependent (Preexisting) – Type I diabetes mellitus. The use of exogenous insulin is required to prevent symptoms and death. Synonyms to be included in this term: Juvenile Diabetes.
5. Diabetes, Non-Insulin Dependent (Preexisting) – Type II diabetes mellitus. The use of exogenous insulin is not required to prevent symptoms and death. The diabetes can be controlled by oral medications and diet. Synonyms to be included in this item: Adult Onset or Maturity Onset Diabetes.
6. Diabetes, Gestational – The determination of glucose intolerance during this pregnancy. The condition may disappear or become subclinical following the end of the pregnancy.
7. Eclampsia – The occurrence of coma and/or convulsions between the 20th week and the end of the first week postpartum. The condition results from untreated or uncontrolled preeclampsia during this pregnancy.
8. Genital Herpes – The mother has a history of skin infection of the genital area caused by the herpes simplex virus. If the mother has active Genital Herpes present during labor, enter this condition in Module 2, Complications of Labor & Delivery – Other.

9. Hemoglobinopathy – A hematologic disorder caused by an alteration in the genetically determined molecular structure of hemoglobin. This results in a characteristic complex of clinical and laboratory abnormalities and often, but not always, overt anemia. Such disease conditions may include sickle cell anemia and thalassemia.
10. Hemipatitis B Surface Antigen (HBS Ag), Positive – The mother is HBS Ag positive, as confirmed through a laboratory test prior to or during this pregnancy.
11. Hydramnios/Oligohydramnios – Any noticeable excess or lack of amniotic fluid during this pregnancy.
12. Hypertension, Chronic – Blood pressure persistently greater than 140/90 mm/Hg, diagnosed prior to the onset of this pregnancy or before the 20th week of gestation.
13. Hypertension, Pregnancy Induced – Elevated blood pressure, developed during the pregnancy, which is persistently greater than 140/90 mm/Hg. If mother is diagnosed with Preeclampsia, do not check Hypertension, Pregnancy Induced.
14. Incompetent Cervix – A condition characterized by painless dilation of the cervix in the second trimester or early in the third trimester of pregnancy. A weakness of the cervix, which opens under the growing pressure of the uterus, as the pregnancy progresses, which usually becomes apparent in the second trimester. *Synonyms to be included in this item: Cerclage, McDonald Cerclage, Shirodkar Suture or Procedure.*
15. Lung Disease, Acute or Chronic – The mother has been diagnosed with lung disease, which may have begun prior to or during the pregnancy. The condition may be acute (of short duration) or chronic (of long duration).

Disease conditions may include:

Asthma

Cystic Fibrosis

Bronchitis

Emphysema

Bronchiolitis

Pneumonia

Chronic Obstructive Pulmonary

Pulmonary Fibrosis

Disease (COPD)

Tuberculosis

16. Preeclampsia – The mother has a diagnosis of increasing hypertension, accompanied by proteinuria and edema during the pregnancy. If neglected or uncontrolled, the patient may develop true Eclampsia. If the mother is diagnosed with eclampsia, do not check Preeclampsia.

17. Previous Infant >4000+ grams – The mother has a history of delivering an infant weighing more than 4000 grams (8 lb. 13 oz.).
18. Previous Major Uterine Surgery – Any surgery performed on the uterus prior to this pregnancy. This does not include a previous Caesarean section.
19. Previous Preterm or Small for Gestational Age Infant – The mother has previously given birth to an infant with a gestational age of less than 37 weeks or has given birth to an infant weighing less than the tenth percentile for gestational age as determined from a standard weight for age chart.
20. Renal Disease – The mother has been diagnosed with kidney disease, which may have begun prior to or during this pregnancy. The condition may be acute (of short duration) or chronic (of long duration).

Disease conditions may include:

Glomerulonephritis

Nephrosis

Hydronephrosis

Pyelonephritis

Nephritis

Renal Failure

Nephropathy

21. Rh Sensitization – All cases of Rh incompatibility where an Rh antibody is found to be present in the mother before the birth of the baby.
22. Other Isoimmunizations – All cases of ABO incompatibility where an antibody is found to be present in the mother before the birth of the baby.
23. Seizures – Past history of any form of seizure.
24. Other Sexually Transmitted Diseases – A diagnosis of any sexually transmitted disease, other than Syphilis, Herpes and Hepatitis B, during this pregnancy. Diseases to be included are Chlamydia, Gonorrhoea, Genital Warts and Trichomonis.
25. Syphilis Serology – A positive serological test for syphilis confirmed through laboratory tests during this pregnancy.
26. Uterine Bleeding – Any history of significant uterine bleeding diagnosed during this pregnancy.

27. Other – Other medical risk factors that would complicate this pregnancy not mentioned above, e.g., if the mother is diagnosed with Group B strep any time during this pregnancy enter this condition in this field.
28. Unknown – Medical risks are unknown at the time of birth certificate completion.
29. None – No medical risk factors noted.

QUESTION: A15 – TOTAL NUMBER OF PRENATAL VISITS

FIELD NUMBER & DESCRIPTION: 41 – VISITS

DEFINITION: The total number of visits in which medical care (physical, history/and or treatment) specifically related to this pregnancy were provided, as recorded on the prenatal chart, or if not available, directly from the mother or her prenatal caregiver.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 2/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 1 - 49
00 = None
? = Unknown

DEFAULT DATA ENTRY:

- If “Source of Prenatal Care” (A3) equals “None”, then “00” is automatically entered in the field.

COMMENTS:

- If the number is reported as a range, e.g., 10-13, enter the lower number of visits.

QUESTION: A16 – WEIGHT GAIN DURING PREGNANCY

FIELD NUMBER & DESCRIPTION: 42 – WGHTGAINLB
43 - WGHTGAINKG

DEFINITION: The total number of pounds gained by the mother during this pregnancy, as reported by the mother or as recorded on the prenatal chart.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 3/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 00 - 97
98 = 98 or more
? = Unknown

SOFT EDITS:

- You will be prompted to verify weights greater than 80 pounds.

COMMENTS:

- Weight gain, in pounds, is converted to kilograms in the WEIGHTGRAINKG field.
- If the mother has lost weight during this pregnancy enter “0” in this field. Enter a question mark (“?”) if the weight gain is unknown.
- Fractions of ½ lb. or more are to be rounded up to the next pound.

QUESTION: A17 – INFORMATION COLLECTED BY THE PRENATAL CARE PROVIDER AND REVIEWED AT THE HOSPITAL

FIELD NUMBER & DESCRIPTION: 44 – BYPROVIDER

DEFINITION: Was the information for the prenatal module completed by the prenatal caregiver prior to the mother’s admission and reviewed at the hospital.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

HARD EDITS:

- If A17 equals “Yes” you must answer Question A18, “Were any changes made?”
- If A17 equals “No” Question A18 “Were any changes made?” is bypassed.
- If A17 equals “Unknown” (?) A pop-up message appears stating “Do you wish to indicate ‘Unknown’ for this field? _[Y/N/].” If the answer to this question is, “Yes” the software moves to Question A18. If the answer to this question is “No” the software returns to A17 for a yes or no answer.

COMMENTS:

- If you have an electronic medical record that collects prenatal data and it is interfaced with the EBC software, the answer to this question is “Yes”.

QUESTION: A18 – IF A17 = YES, WERE ANY CHANGES MADE?

FIELD NUMBER & DESCRIPTION: 45 CHANGES?

DEFINITION: Did your medical or nursing staff update or correct any of the prenatal information that has previously been submitted?

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

QUESTION: A19 – IF A17 WAS NO – WAS THE PRENATAL MEDICAL RECORD AVAILABLE WHEN COMPLETING THIS SECTION?

FIELD NUMBER & DESCRIPTION: 46 – PRENATAVAIL

DEFINITION: The information for this module was not collected by the prenatal care provider. Was the prenatal medical record available to the hospital representative when completing this module?

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

COMMENTS:

- If you have an electronic medical record that collects prenatal data and it is interfaced with the EBC software, the answer to this question is “Yes”.

SCREEN 3 OF 3

HIV/AIDS QUESTION: 1 – WAS THE MOTHER COUNSELED REGARDING THE BENEFIT OF HIV/AIDS TESTING DURING THIS PREGNANCY? [Y/N/?]

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHA

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

HARD EDITS:

- If “Unknown” is selected, a pop-up messages appears asking “*Do you wish to indicate ‘Unknown’ for this field [Y/N]?*”. If “Yes” is selected at the pop-up screen, Questions 2 and 3 are automatically bypassed. If “No” is selected at the pop-up screen the EBC software returns to Question 1 for a “Yes” or “No” entry.

DEFAULT DATA ENTRY:

- If “No” is selected Questions 2 and 3 are automatically bypassed.

PLEASE NOT: ALL QUESTIONS PERTAINING TO HIV COUNSELING ARE STRICTLY CONFIDENTIAL. NONE OF THE ANSWERS APPEAR ON THE BIRTH CERTIFICATES.

HIV/AIDS QUESTION: 2 – IF HIV/AIDS COUNSELING GIVEN, AT WHAT STAGE OF PREGNANCY?

REQUIRED FOR JCAHO:	NO
FIELD LENGTH & TYPE:	1/NUMERIC
MANDATORY:	YES
CAN BE UNKNOWN:	NO
ACCEPTABLE ENTRY:	Select only one choice from the pop-up window: 1 = Prenatal 2 = Labor/Delivery 3 = Post Partum Stay

HARD EDITS:

- If Question 1 is “Yes” a pop-up screen appears with the acceptable entries.
- If you answer this question as “Unknown” (?) a pop-up message appears stating “This field cannot be unknown”.

HIV/AIDS QUESTION: 3 – IF HIV/AIDS COUNSELING GIVEN, WHERE GIVEN?

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 8/NUMERIC

MANDATORY: NO

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Select all choices that apply from the pop-up window:

- 1 = Private Physician
- 2 = HMO Facility
- 3 = Healthstart
- 4 = Community Health Center
- 5 = Hospital Clinic
- 6 = Other Clinic
- 7 = Other (Including at this hospital)
- 9 = Unknown

HARD EDITS:

- If “Post Partum Stay” (3) is selected in Question 2, only “Other (including at this hospital)” (7) may be chosen. If another selection is chosen in Question 3, a pop-up message will appear stating “Stage specified as Post Partum Stay. Only option 7 allowed”.

COMMENTS:

- You may choose any combination of options 1 through 7. If “Unknown” is selected no other options can be selected.

HIV/AIDS QUESTION: 4 – WAS SPECIMEN FOR HIV/AIDS TESTING OBTAINED DURING THIS PREGNANCY? [Y/N/?]

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHA

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

HARD EDITS:

- If “Unknown” (?) is selected, a pop-up message appears asking “Do you wish to indicate ‘Unknown’ for this field? Y/N”. If “Yes” is selected at the pop-up screen, Questions 5 and 6 are bypassed. If “No” is selected at the pop-up screen the EBC software returns to Question 4 for a “Yes” or “No” answer.

DEFAULT DATA ENTRY:

- If “No” is selected Questions 5 and 6 are bypassed.

HIV/AIDS QUESTION: 5 – DATE HIV/AIDS SPECIMEN OBTAINED

REQUIRED FOR JCAHO:	NO
FIELD LENGTH & TYPE:	8/DATE
MANDATORY:	YES
CAN BE UNKNOWN:	NO
ACCEPTABLE ENTRY:	MM/DD/YYYY MM/00/YYYY

HARD EDITS:

- Dates with the formats 00/DD/YYYY or 00/00/YYYY are unacceptable. If dates with these formats are entered “INVALID” appears in the field. You must re-enter a date with a valid format.

COMMENTS:

- If the specimen was taken a year or more from the date of delivery, a pop-up message appears stating “Unusual specimen date. Re-enter to verify”.

HIV/AIDS QUESTION: 6 – WAS AN HIV/AIDS SPECIMEN OBTAINED?

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 8/NUMERIC

MANDATORY: NO

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Select all choices that apply from the pop-up window:

- 1 = Private Physician
- 2 = HMO Facility
- 3 = Healthstart
- 4 = Community Health Center
- 5 = Hospital Clinic
- 6 = Other Clinic
- 7 = Other (Including Laboratory)
- 9 = Unknown

COMMENTS:

- You may choose any combination of options 1 through 7. If “Unknown” (9) is selected no other choice can be made.

HIV/AIDS QUESTION: 7 – SOURCE FOR HIV/AIDS RELATED INFORMATION

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 4/NUMERIC

MANDATORY: NO

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Select all choices that apply from the pop-up window:

- 1 = Self reported by Mother
- 2 = Prenatal Care Record
- 3 = Labor/Delivery Record
- 4 = Pot Partum Record
- ? = Unknown

HARD EDITS:

- This field can be unknown only if the answers to Questions 1 and 4 are unknown.

COMMENTS:

- You may choose any combination of the four selections.

MODULE 2 – LABOR & DELIVERY SCREEN

QUESTION: B1 – WAS MOTHER TRANSFERRED FROM ANOTHER FACILITY PRIOR TO ADMISSION TO L&D?

FIELD NUMBER & DESCRIPTION: 47 – WASMONTRANS

DEFINITION: The mother was transferred from another facility after labor began and prior to delivery.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Y = Yes
N = No

DEFAULT DATA ENTRY:

- If the answer is “No” the EBC software will bypass the hospital Name (B2), State, City/Town (B3) and County (B4) of the transferring facility.

COMMENTS:

- Enter “No” if this is the first facility the mother was admitted to for delivery.
- Enter “Yes” if the mother was transferred from one facility to another facility before the child was delivered.

PUBLIC HEALTH RATIONALE: This information is used to study transfer patterns, and to determine whether timely identification and movement of high-risk patients is occurring.

**QUESTION: B2 – FACILITY MOTHER TRANSFERRED FROM
 B3 – STATE, CITY/TOWN
 B4 – COUNTY**

DEFINITION: The name and location of the facility the mother was transferred from prior to delivery. If the mother was transferred more than once, enter the name of the last facility from which she was transferred.

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
Facility Name	50 – Alphanumeric	48 – MOMTRANLOC
State	14 – Alphanumeric	50 – MOMTRANSTATE
City/Town	25 – Alphanumeric	51 – MOMTRANCITY
County	15 – Alphanumeric	52 - MOMTRANCNTY

MANDATORY: YES (If B1 = Yes)

CAN BE UNKNOWN: YES

DEFAULT DATA ENTRY:

- All New Jersey hospitals and birthing centers and some New York and Pennsylvania facilities are stored in the Hospital Library file. Enter one or more characters of any significant word in the facility’s name. A series of pop-up screens will appear. Select the appropriate facility. The facility name, state, city and county will automatically fill in.
- If the mother was not transferred to this facility from another facility, then the name, state, city/town and county are bypassed.

SOFT EDITS:

- If you type in a name of a hospital not stored in the Hospital Library file, you will be prompted to verify this information.

QUESTION: B5 – OBSTETRIC PROCEDURES

FIELD NUMBER & DESCRIPTION: 55 – OBSDURLABOR
56 – OTHEROBS (Others)

DEFINITION: The medical procedures applied through labor and delivery.

REQUIRED FOR JCAHO: YES (Only Medically Induced Labor)

FIELD LENGTH & TYPE: 14/NUMERIC
30/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Select all choices that apply from the pop-up window:

Fetal Monitoring

- 01 [] Auscultation
- 02 [] External Electronic
- 03 [] Internal Electronic

Interventions in Labor

- 04 [] Tocolysis
- 05 [] Stimulation of Labor
- 06 [] Induction of Labor
- 07 [] Episiotomy
- 08 [] Other, Specify _____
- 00 [] None
- 10 [] Unknown

HARD EDITS

- At least one choice must be selected.
- If “None” is selected, then no other obstetrical procedures can be selected.
- If “Other” is selected, a 30 byte field opens for data entry.

DEFINITIONS OF OBSTETRICAL PROCEDURES

1. Auscultation – Fetal heart rate monitored with a suitable stethoscope.
2. External Electronic Fetal Monitoring – Any variety of external Doppler ultrasonic devices applied to the maternal abdomen to detect and record fetal heart tones and uterine contractions. External fetal monitoring can also be used as a non-stress test (NST) or as a contraction stress test (CST), sometimes called the oxytocin challenge test (OCT). In these tests, fetal heart rate is recorded and compared to fetal movement (NST) or to contractions induced by oxytocin (OCT) or those occurring spontaneously.
3. Internal Electron Fetal Monitoring – Internal leads may be placed, with an electrode attached to the fetal scalp and a catheter, through the cervix and into the uterus to measure amniotic fluid pressure. *Synonyms to be included in this item: Fetal Scalp Electrode (FSE), Intrauterine Pressure Catheter (IUPC), Internal Pressure Monitor.*
4. Tocolysis – Use of medications to inhibit preterm uterine contractions to extend the length of pregnancy and therefore to avoid a preterm birth. Bedrest and tocolytic agents, such as magnesium sulfate and B-Adrenergic receptor stimulants (e.g., ritodrine, terbutaline, fenoterol), are used to attempt to arrest labor.
5. Stimulation of Labor – Augmentation of Labor (after labor has begun and membranes have spontaneously ruptured), by use of oxytocin or through amniotomy, (artificial rupture of membranes).
6. Induction of Labor – The initiation of uterine contractions for the purpose of delivery. It occurs before the spontaneous onset of labor (prior to uterine contractions and/or cervical effacement) by medical means (pitocin, prostaglandin, prostin gel) and/or surgical means (amniotomy/artificial rupture of membranes).
7. Episiotomy – Surgical incision of the vulva to prevent lacerations at the time of delivery.
8. Other – Other procedures not mentioned above, performed during the course of labor and/or delivery.

QUESTION: B6 – TYPE OF ANESTHESIA

FIELD NUMBER & DESCRIPTION: 57 – ANESTHESIA
58 – OTHRANESTHES (other)

DEFINITION: The type of anesthetic used during labor and delivery.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 7/NUMERIC
30/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Select all choices that apply from the pop-up window:

- | | |
|-------------------|-----------------------------|
| 01 [] Inhalation | 05 [] Pudendal |
| 02 [] Epidural | 06 [] Other, Specify _____ |
| 03 [] Spinal | 00 [] None |
| 04 [] Local | |

HARD EDITS

- At least one choice must be selected.
- If “None” is entered, then no other choices can be selected.
- If “Other” is selected then, a 30 byte field opens for data entry.

COMMENTS:

- A pop-up window will appear for you to enter the anesthesiologist’s name, if the hospital wishes to capture this optional information. This field is only for hospital use in their QA reports.
- The names of the anesthesiologists are stored in the Anesthesiologist Library file and will automatically fill in when the first two letters of the last name are entered.

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
Last Name	18/Alpha	355 – ANES LAST
First Name	12/Alpha	353 – ANES FIRST
Middle Name	12/Alpha	354 – ANES MID
Last & First Name Combined		340 - ANESNAME

DEFINITIONS OF TYPE OF ANESTHETICS

1. Inhalation – Type of gas inhalation anesthetic used during labor and delivery.
2. Epidural – An anesthetic solution injected into the epidural space during labor and delivery.
3. Spinal – An anesthetic solution injected into the spinal subarachnoid space during labor and delivery.
4. Local – An anesthetic solution applied by any means locally, to infiltrate an operative site.
5. Pudendal – An anesthetic used to block the pudendal nerve at anytime during labor and delivery.
6. Other – Specify any other type of anesthetic used which was not mentioned above.
7. None – No type of anesthetic was used.

QUESTION: B7 – COMPLICATIONS OF LABOR AND DELIVERY

FIELD NUMBER & DESCRIPTION: 59 – LBRDLVRYCOMP
60 – OTHERLDCOMP (other)

DEFINITION: The medical complications that occurred during labor and delivery.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 29/NUMERIC
30/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Select all choices that apply from the pop-up window:

- | | |
|---------------------------------------|---|
| 01 [] Abruptio Placenta | 16 [] Meconium Moderate/Heavy |
| 02 [] Anesthetic Complications | 17 [] Non-Reassuring Fetal Heart Pattern |
| 03 [] Arrested Progress | 18 [] Placenta Previa |
| 04 [] Breech/Malpresentation | 19 [] Precipitous Labor (<3 hrs) |
| 05 [] Cephalopelvic Disproportion | 20 [] Premature Rupture of Membranes (>12 hrs) |
| 06 [] Cord Complications | 21 [] Preterm Rupture of Membranes |
| 07 [] Cord Prolapse | 22 [] Prolonged Labor (>20 hrs) |
| 08 [] Dysfunctional Labor | 23 [] Rupture of Membranes (>24 hrs) |
| 09 [] Excessive Bleeding | 24 [] Rupture Uterus |
| 10 [] Fetal Distress | 25 [] Seizures During Labor |
| 11 [] Fever > 100 F or 38 C | 26 [] Shoulder Dystocia |
| 12 [] Intrapartum Infection | 27 [] Uterine Atony |
| 13 [] Lacerations with Hemorrhage | 28 [] Other, Specify _____ |
| 14 [] Lacerations without Hemorrhage | 29 [] Unknown |
| 15 [] Maternal Death | 00 [] None |

HARD EDITS

- At least one choice must be selected.
- If “None” is selected, then no other choices can be selected.
- If “Other” is selected, then a 30 byte field opens for data entry.

COMMENTS:

- “Lacerations with Hemorrhage” and “Lacerations without Hemorrhage” cannot be entered on the same record.
- “Precipitous Labor” and “Prolonged Labor” cannot be selected for the same record.

DEFINITIONS OF COMPLICATIONS OF LABOR AND DELIVERY

1. Abruptio Placenta – All premature separations from the uterus (mild, severe, occult or visible) of a normally implanted placenta
2. Anesthetic Complications – Any complication during labor and delivery brought on by an anesthetic agent(s), e.g., aspiration, hypotension, spinal blockage with respiratory paralysis, hypertension, bladder dysfunction.
3. Arrested Progress – Cases in which labor has been established for a period of time and then ceases to go any further. This applies to mild-pelvic arrest, as well as to uterine inertia. However, if fetopelvic disproportion exists, the case shall not be classified as one of arrested progress.
4. Breech/Malpresentation – At birth, the presentation of the fetal buttocks rather than the head. There are several varieties of breech presentation: frank breech, complete breech and single or double footing presentation. Synonyms to be included in this item: *face/brow presentation, footling, oblique presentation, persistent occiput posterior, prolapsed arm, transverse lie, unstable lie.*
5. Cephalopelvic Disproportion – A condition in which the relationship of the size, presentation and position of the fetal head to the maternal pelvis prevents dilation of the cervix and/or descent of the fetal head. *Synonyms to be included in this item: Contracted Pelvis, Abnormality of the Pelvis, Fetal Abnormality causing Disproportion, Fetopelvis Disproportion, CPD.*
6. Cord Complications – Any form of cord complication other than cord prolapse (tight nuchal cord, etc.).
7. Cord Prolapse – Premature expulsion of the umbilical cord in labor before the fetus is delivered. Occult prolapse occurs with intact membranes when the cord presents ahead of the presenting part or in trapping in front of a shoulder. Overt prolapse occurs with ruptured membranes when the cord presents in front of the presenting part, most commonly with breech presentation. Unless prompt delivery is accomplished, fetal death results from compression of the cord between the presenting part and the margin of the pelvic inlet.

8. Dysfunctional Labor – Same as dystocia (difficult labor). *Synonyms to be included in this item: Arrest of dilation, Atony of Uterus, Failure to Progress, Arrest/Non-Progression of labor of dilation, Desultory Labor, Hypertonic/Incoordinate/Prolonged Contractions, Uterine Inertia, Irregular Labor, Prolonged Active/Latent Phase, Transverse Arrest, Uninducible Cervix.*
9. Excessive Bleeding – The loss of a significant amount of blood from conditions other than abruption placenta or placenta previa such as trauma, uterine atony, small maternal blood volume or coagulation defects. Excessive bleeding is considered to be blood loss of 750cc or greater for a vaginal delivery or blood loss of 1200 c or greater for a C-section.
10. Fetal Distress – Signs indicating fetal hypoxia which may include persistent abnormal fetal heart rate patterns, low scalp Ph, significant meconium staining of amniotic fluid, low cord Ph, or an Apgar score less than 3 at 1 minute or a score of less than 5 at 5 minutes. *Synonyms to be included in this item: Fetal Intolerance to Labor, Extended Bradycardia, Decreased FHT Variability, Multiple Late Decelerations.*
11. Fever >100 F or >38 C – Fever present during labor and delivery.
12. Intrapartum Infection – The presence of an intrapartum infection diagnosed during labor and delivery.
13. Lacerations with Hemorrhage – The presence of lacerations with an accompanying hemorrhage (greater than 500cc).
14. Lacerations without Hemorrhage – Presence of lacerations without an accompanying hemorrhage (less than 500cc of blood).
15. Maternal Death – The death of the mother during labor or delivery.
16. Meconium Moderate/Heavy – The presence of moderate to heavy meconium in the amniotic fluid during labor and delivery. Meconium is usually the first stool of the newborn infant. It is greenish in color, and consists of epithelial cells, mucus and bile.
17. Non-Reassuring Fetal Heart Pattern – Abnormal fetal heart pattern, diagnosed clinically or electronically, by the physician at the time of labor.

18. Placenta Previa – Implantation of the placenta over or near the internal os (opening), of the cervix. The placenta may cover the internal os completely (total previa) or partially (partial previa), or it may encroach on the internal os (low implantation or marginal previa). The most characteristic event in placenta previa is painless hemorrhage, which usually does not appear until near the end of the second trimester or later. It frequently cannot be distinguished from abruption placenta by clinical findings. The best way to differentiate placenta previa from abruption placenta is with ultrasound.
19. Precipitous Labor (<3 hours) – Extremely rapid labor and delivery lasting less than 3 hours.
20. Premature Rupture of Membranes (>12 hours) – (PROM) Rupture of the membranes at any time during pregnancy, but greater than 12 hours before the onset of labor.
21. Preterm Rupture of Membranes – Rupture of membranes at any time prior to the beginning of the 38th week of pregnancy.
22. Prolonged Labor (>20 hours) – Labor greater than 20 hours duration.
23. Rupture of Membranes (>24 hours) – Rupture of the membranes longer than 24 hours prior to the birth of the infant.
24. Ruptured Uterus – Includes cases in which there are lacerations of the fundus or the walls of the uterus, or in which a cervical laceration extends upward above the peritoneal line or invades another organ such as the bladder or rectum, through a laceration of the cervix.
25. Seizures During Labor – Any form of seizure occurring during labor.
26. Shoulder Dystocia – The stoppage of Labor after the baby's head is delivered, but before the delivery of the shoulders.
27. Uterine Atony – Uterine atony (lack of tone or tension) is present as noted by relaxation of the uterus, with unusual bleeding, following the third stage of labor. This does not refer to uterine inertia which is an antepartum diagnosis.

QUESTION: B8 – LENGTH OF LABOR

FIELD NUMBER & DESCRIPTION: 61 – LNGTHOFLABOR

DEFINITION: The length of time in hours, the mother was in labor prior to the delivery of the child, as reported by the mother and/or recorded in the medical record.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 2/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 00 – 48
? = Unknown

HARD EDITS

- If “Length of Labor” (B8) is less than three hours, then “Precipitous Labor (<3 hours)” (B7-19) must be selected from the Complications of Labor and Delivery screen.

SOFT EDITS

- If “Precipitous Labor (<3 hours)” (B7-19) is entered and “Length of Labor” (B8) is 3 hours or greater, a pop-up states that inconsistent information has been entered. You will be prompted to verify this information.
- An answer of “00” is acceptable in this field when “Method of Delivery” (C4) is “C-Section, No Trial Labor” (C4-11).

COMMENTS:

- Hours of labor should be rounded up to the nearest hour.
- You will be asked to verify unusual lengths of labor.

QUESTION: B9 – WAS A HYSTERECTOMY PERFORMED

FIELD NUMBER & DESCRIPTION: 621 – HYSTERECTOMY

DEFINITION: A hysterectomy was performed after delivery while the women was still in the delivery room.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Y = Yes
N = No

QUESTION: B10 – MATERNAL BLOOD LOSS

FIELD NUMBER & DESCRIPTION: 63 – BLOODLOSS

DEFINITION: As stated on the medical record, the mother’s estimated cc/ml blood loss during this delivery.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 4/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 0 – 9998
? = Unknown

HARD EDITS

- If “Blood Loss” (B10) is greater than or equal to 750cc, then “Excessive Blood Loss” (B7-9) from the “Complications of Labor and Delivery” screen must be selected for a vaginal delivery.
- If “Blood Loss” (B10) is greater than or equal to 1200cc, then “Excessive Blood Loss” (B7-9) from the “Complications of Labor and Delivery” screen must be selected for a C-section.

SOFT EDITS

- For a vaginal delivery if “Blood Loss” (B10) is less than 750cc and “Excessive Blood Loss” (B7-9) from the “Complications of Labor and Delivery” screen is entered, you will be asked to verify the inconsistent information.
- For a C-section if “Blood Loss” (B10) is less than 1200cc and “Excessive Blood Loss” from the “Complications of Labor and Delivery” screen is entered, you will be asked to verify the inconsistent information.

COMMENTS:

- Blood loss is measured in cc’s.

QUESTION: B11a – MOTHER’S MEDICAL INSURANCE – COMPANY NAME

FIELD NUMBER & DESCRIPTION: 65 – MOMINSURNAME

DEFINITION: The name of the mother’s medical insurance company, as reported by the mother/informant, or as recorded in hospital records.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 50/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Insurance Company Name
Self pay = No known third party coverage or
No insurance
? = Unknown

COMMENTS:

- Many insurance company names are stored in the Insurance Library Maintenance file. Enter one or more characters of any significant word in the name of the insurance company. A series of pop-up screens will appear with the names of the insurance carriers. Select the number associated with the insurance company. If the name is not stored in this section, you have the ability to enter the name of the company at this time. You will be prompted to verify the company name. Also, at this time you will be able to code this new insurance company; follow the procedures in the accompanying pop-up window.

QUESTION: B11b – MOTHER’S MEDICAL INSURANCE – POLICY NUMER

FIELD NUMBER & DESCRIPTION: 66 – MOMINSURNUM

DEFINITION: The mother’s medical insurance policy number, as reported by the mother/informant or as recorded in hospital records.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 19/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As stated
? = Unknown

COMMENTS:

- For Medicaid recipients this is their Medicaid number.

MODULE 3 – NEWBORN DELIVERY SCREEN

QUESTION: C1 – DATE OF DELIVERY/BIRTH

FIELD NUMBER & DESCRIPTION: 67 – CH DATE OB

DEFINITION: The exact day, month and year of the infant’s birth. If the delivery results in a fetal death enter the day, month and year of the delivery.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 6/DATE

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: MM/DD/YYYY

HARD EDITS:

- The EBC software will not allow you to pre-date the date of birth. If the date entered is in the future a pop-up message appears stating “Date of birth must be prior to or equal to today’s date”.

SOFT EDITS:

- To accommodate home deliveries or unusual deliveries the date of delivery can be prior to the mother’s admission date. If the date of birth is more than 2 days after the mother’s admission date the EBC software will prompt you to verify the entry.

COMMENTS:

- JCAHO requires the field length of this data element to be 8 bytes (mm/dd/yyyy).

PUBLIC HEALTH RATIONALE: This item records the date of birth of the individual named on the certificate. It is used to establish age for such purposes as school entrance, obtaining a driver’s license, passport applications and social security benefits.

QUESTION: C2 – TIME OF BIRTH

FIELD NUMBER & DESCRIPTION: 68 – CH TIME OB
69 – CH AMPM OB

DEFINITION: The exact time (hour, minute and the a.m. or p.m. designation) of the infant's birth. The a.m. or p.m. designation must also be entered.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 4/NUMERIC
1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 01-12 = hour
01-59 = minutes
? = Unknown
A = a.m.
P = p.m.

HARD EDITS:

- This can not be a future time.

COMMENTS:

- Noon = 12 PM, Midnight = 12 AM.
- Both military time and ordinary time can be entered in the EBC software. If military time is entered the EBC software will convert to non-military time and that time will be printed on the paper birth certificate. Hospitals can select which time they wish to use for data entry.
- JCAHO requires that this field be recorded in military time.

PUBLIC HEALTH RATIONALE: This item documents the exact time of birth for various legal uses, such as the order of birth in multiple deliveries.

QUESTION: C3 – DELIVERY OUTCOME

FIELD NUMBER & DESCRIPTION: 70 – DLVRYOUTCOME

DEFINITION: The birth outcome from this delivery.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY:

- 1 = Live Birth
- 2 = Fetal Death Before Labor
(Antepartum Fetal Death)
- 3 = Fetal Death During Labor
(Intrapartum Fetal Death)
- 4 = 2nd Trimester Termination
- 5 = Fetal Death During Delivery
(Intrapartum Fetal Death)

SOFT EDITS:

- If the EBC record was begun as (1) a Live Birth, select delivery outcome 1 – Live Birth do not select 2, 3, 4 or 5.
- If the EBC record was begun as (3) a Fetal Death, select delivery outcome 2, 3, 4 or 5. Do not select 1 – Live Birth.

HARD EDITS:

- If the delivery outcome is a Live Birth, all 7 EBC modules need to be completed to create a Birth record. The Birth Certificate is printed from this record.

If the delivery outcome is an intrapartum or antepartum fetal death or a 2nd Trimester Termination a Fetal Death record will be created. Modules 1, 2, 3, 4 and 7 must be completed for all Fetal Deaths where gestation is equal to or greater than 20 weeks. Modules 5 and 6 are automatically bypassed for a Fetal Death certificate. The Fetal Death certificate is printed from this record.

COMMENTS:

- Enter all fetal deaths, regardless of gestation, that occurred in this facility.

- If the outcome is a fetal death, a pop-up screen appears with the message “*The Fetal Death Certificate must be filled out for all fetal deaths of fetuses with gestation greater than or equal to 20 weeks*”.
- If your facility performs second trimester abortions enter these as a 2nd Trimester Termination (4). Fetal death certificates are required for second trimester abortions with gestation equal to or greater than 20 weeks.

DEFAULT DATA ENTRY:

- In the case of a Fetal Death, the EBC software automatically moves to the fields and modules which need to be completed. Apgar scores, Abnormal Conditions of the Newborn, infant blood type, request for a Social Security Number and all of Modules 5 and 6 are automatically bypassed for a Fetal Death certificate.

DEFINITIONS OF DELIVERY OUTCOMES

Live Birth – A live birth is the complete expulsion or extraction from its mother of a product of conception irrespective of the duration of pregnancy. If after such expulsion or extraction the product of conception breathes or shows any other evidence of life, such as the 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), it is considered a live birth

Fetal Death – Death of the fetus before delivery (antepartum fetal death) or during labor and/or delivery (intrapartum fetal death). Death prior to complete expulsion or extraction from its mother of a product of conception irrespective of the duration of pregnancy. The death is indicated by the fact that after such separation, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of the voluntary muscles.

Second Trimester Abortion – An abortion procedure or induced termination of pregnancy performed at any time between the 13th and 24th week of gestation.

QUESTION: C4 – METHOD OF DELIVERY

FIELD NUMBER & DESCRIPTION: 71 – METHOD
364 = PRIM METHOD (calculated field)

DEFINITION: The method(s) used for the delivery of this infant as recorded on the mother’s medical record or as reported by her physician.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 13/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Select all choices that apply from the pop-up window:

- | | | |
|-----------------------|--|---|
| 01 [] Outlet Forceps | 06 [] Spontaneous/
Assisted Breech | 10 [] C-Section/
Failed Trial Labor |
| 02 [] Low Forceps | 07 [] Version & Extraction | 11 [] C-Section/No |
| 03 [] Mid Forceps | 08 [] Breech Extraction | 12 [] VBAC |
| 04 [] Other Forceps | 09 [] Vaginal | 13 [] Failed VBAC |
| 05 [] Vacuum | | |

HARD EDITS:

- One of the following methods must be entered: “Vaginal” (9), “C-Section/Failed Trial Labor” (10) or “C-Section/No Trial Labor” (11).
- If methods 1-8 are entered and method 9 (“Vaginal”) is not entered, a pop-up message appears, stating: *“Was this a vaginal birth?”*.
- If “C-Section/Failed Trial Labor” (10) or “C-Section/No Trial Labor” (11) is entered and “Type of Anesthesia” (B6) equals “None” (00), a pop-up message appears stating that this entry is inconsistent; you will be prompted to select a type of anesthesia.
- If the mother has had a previous C-section (A5h), and “Vaginal” (9) is selected, a pop-up message appears asking you to select “VBAC: (12).
- If the mother has had a previous C-section (A5h), and “C-Section/Failed Trial Labor” (10) is selected, a pop-up message appears asking you to select “Failed VBAC” (13).

SOFT EDITS:

- If length of labor is greater than 0, and “C-Section/No Trial Labor” (11) is selected, the EBC software will prompt you to change the length of labor.

COMMENTS:

- Vaginal births include both VBACs and vaginals which are not VBACs. To calculate the number of vaginal births that are not VBACs, use the following formula: *Vaginal births – VBACS = Vaginal which are not VBACS.*
- If you create a report using Field 364, you will be able to allocate the method of delivery into the following categories:
 - C-Section/Failed Trial Labor – Primary
 - C-Section/Failed Trial Labor – Repeat
 - C-Section/No Trial Labor – Primary
 - C-Section/No Trial Labor – Repeat
 - Normal Vaginal
 - VBAC
- Normal vaginals in this case are vaginal births which are not VBACs. Normal vaginals and VBACS equal the total number of vaginal deliveries.

DEFINITIONS OF METHODS OF DELIVERY

1. Outlet Forceps – The instrument is applied when the fetal skull has reached the perineal floor the sagittal suture is in the anteroposterior diameter of the outlet and the scalp is visible at the vaginal introitus.
2. Low Forceps – The instrument is applied when the fetal head or the leading edge of the skull is station +2 or more.
3. Mid Forceps – The instrument is applied when the leading edge of the fetal head is above +2 station.
4. Other Forceps – Another form of forceps delivery, not mentioned above.
5. Vacuum – The use of a vacuum extractor for delivery of the fetus or infant.
6. Spontaneous/Assisted Breech – Delivery of a breech presenting infant occurring without any intravaginal manipulation by the physician.
7. Version & Extraction – The turning of a malpositioned fetus in the uterus.

8. Breech Extraction – Delivery of a breech presenting infant using the techniques for proper breech extraction.
9. Vaginal – Any vaginal delivery of the fetus or infant.
10. C-Section/Failed Trial Labor – A Caesarean section performed after a vaginal delivery had been attempted.
11. C-Section/No Trial Labor – A Caesarean section performed without trial labor.
12. VBAC – Vaginal birth after a Caesarean section.
13. Failed VBAC – A vaginal birth was attempted, but failed in the case of a mother with a history of previous Caesarean sections.

QUESTION: C5 – PLURALITY

FIELD NUMBER & DESCRIPTION: 72 – PLURALITY

DEFINITION: The number of all live births and pregnancy losses (miscarriages, ectopic pregnancies, fetal deaths, selective reductions) of this pregnancy. Specify the birth as single, twin, triplet, quadruplet, etc.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Select all choices that apply from the pop-up window:

1 = Single	6 = Sextuplet
2 = Twin	7 = Septuplet
3 = Triplet	8 = Octuplet
4 = Quadruplet	9 = Ninuplet
5 = Quintuplet	? = Unknown

HARD EDITS:

- Plurality cannot be less than the birth order, e.g., if the maximum birth order was recorded as 4, a quadruplet delivery must be entered.

SOFT EDITS:

- If plurality is 4 or more, a pop-up message appears stating “Value is outside normal range. Please verify plurality”.

COMMENTS:

- Enter conjoined twins as 2.
- Each delivery requires the filing of a separate certificate of live births or fetal death.
- Enter information for each child in a multiple delivery in the order they were born. The EBC software has a built-in “multiple birth logic capability”. After entering one baby in a multiple birth, you will be asked “Do you wish to create additional records/certificates for other siblings of this pregnancy?” If you answer “Yes”, you will begin another “NEW” entry, but the mother’s information from modules 1, 2, 4 & 7 will be retained and entered in the fields common to each record. You may jump to blank fields when entering multiple births by pressing the DOWN arrow instead of the ENTER key to advance your cursor.

- Submit certificates relating to multiple deliveries at the same time. However, if holding the completed certificates while waiting for incomplete certificates would result in late filing, the completed certificates should be submitted.

PUBLIC HEALTH RATIONALE: These items are related to other items on the certificate (period of gestation, birth weight) that have important health implications. This information is also used to study twin deliveries and high-risk infants who may require additional medical attention.

QUESTION: C6 – BIRTH ORDER

FIELD NUMBER & DESCRIPTION: 732 – ORDER

DEFINITION: For multiple births only, specify the order in which the child being reported was born – first, second, etc. If this is a single birth, leave this item blank. Include all live births and pregnancy losses (miscarriages, ectopic pregnancies, fetal deaths, selective reductions).

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY:

1 = 1 st	6 = 6 th
2 = 2 nd	7 = 7 th
3 = 3 rd	8 = 8 th
4 = 4 th	9 = 9 th
5 = 5 th	? = Unknown

HARD EDITS:

- “Birth order” (C6) cannot be greater than “Plurality” (C5). The entry must be between 1 and the total number of births.
- A “1” is automatically entered in this field if this is a singleton birth.

PUBLIC HEALTH RATIONALE: This is useful in studying health problems associated with birth order, e.g., first births to older women and determining the relationship of birth order to infant and perinatal mortality.

QUESTION: C7 – IF MULTIPLE, TOTAL NUMBER OF LIVE BIRTHS

FIELD NUMBER & DESCRIPTION: 74 – LIVEBRTHSNOW

DEFINITION: The total number of live births resulting from this pregnancy.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: 0 – 9

HARD EDITS:

- This field should be less than or equal to “Birth Order” (C6) and less than or equal to “Plurality” (C5).

DEFAULT DATA ENTRY:

- This field is automatically bypassed if this is a singleton birth.

QUESTION: C8 – IF MULTIPLE, TOTAL NUMBER OF FETAL DEATHS

FIELD NUMBER & DESCRIPTION: 75 – FETALDTHSNOW

DEFINITION: The total number of fetal deaths resulting from this pregnancy. Do not include pregnancy losses (miscarriages, ectopic pregnancies or selective reductions) other than fetal deaths.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: 0 – 9

HARD EDITS:

- This field should be less than or equal to “Birth Order” (C6) and less than or equal to “Plurality” (C5).

DEFAULT DATA ENTRY:

- This field is automatically bypassed if this is a singleton birth.

**QUESTION: C9 – IF MULTIPLE – LIVE BIRTHS OF THIS PREGNANCY
DELIVERED BEFORE THIS BABY**

FIELD NUMBER & DESCRIPTION: 76 – CURLLIVLIVNG

DEFINITION: The total number of live births delivered from this pregnancy, prior to this infant, that are still living.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: 0 – 9

HARD EDITS:

- This question, “Number still living”, is part of a pop-up screen that appears if this is the second or greater baby delivered from a multiple birth. Live births living must be less than the Birth Order of this child, (C6) Plurality, (C5) cannot be greater than the total number of live births of this pregnancy.

DEFAULT DATA ENTRY:

- If this is a singleton birth or the first baby born from a multiple birth the pop-up screen will not appear.
- The number entered in this field is added to “Number of Previous Live Births Now Living” (A5c in Module 1) to obtain the total number of previous live births born to this mother. This number is printed on the birth certificate.

COMMENTS:

- On the entry of the second-born, the items should include information about the first-born of the multiple delivery. Similarly, for the third-born, the items should include information about the first and second born, and so on.
- This field is used to ensure that Module 1 is correctly updated with the mother’s pregnancy history.

QUESTION: C10 – LIVE BIRTHS OF THIS PREGNANCY DELIVERED BEFORE THIS BABY THAT ARE NOW DEAD

FIELD NUMBER & DESCRIPTION: 77 – CURLIVEDEAD

DEFINITION: The number of live births delivered from this pregnancy, prior to this infant, that are no longer living. Include only infants that have died at the time of the printing of the birth certificate.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: 0 – 9

HARD EDITS:

- This question, “Number now dead”, is part of a pop-up screen that appears if this is the second or greater baby delivered from a multiple birth.
- The number entered in this field is added to “Number of Previous Live Births Now Dead” (A5d in Module 1) to obtain the total number of previous live births to this mother that are now dead. This number is printed on the birth certificate.

DEFAULT DATA ENTRY:

- This field is skipped if this is a singleton birth.

COMMENTS:

- On the entry of the second-born, the items should include information about the first-born of the multiple delivery. Similarly, for the third-born, the items should include information about the first and second born, and so on.
- This field is used to ensure that Module 1 is correctly updated with the mother’s pregnancy history.
- This question does not refer to a fetal death.

QUESTION: C11 – IF MULTIPLE – DATE OF LAST LIVE BIRTH OF THIS PREGNANCY

FIELD NUMBER & DESCRIPTION: 78 – CURMMYYLLIVE

DEFINITION: The date (month and year) of the last live birth delivered from this multiple pregnancy, born immediately before this baby.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 4/DATE

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: MM/YY
? = Unknown

HARD EDITS:

- This date can be the same day as or a date prior to the current “Date of Delivery” (C1), but cannot be a date in the future.
- This field is used to update the “Date of Last Live Birth” (A5e in Module 1). In the case of multiple births, the updated field is printed on the birth certificate. If this is the first birth of a multiple pregnancy this field is automatically bypassed.

DEFAULT DATA ENTRY:

- This field is skipped if this is a singleton birth.

COMMENTS:

- If the entry is of the second-born, the items should include information about the first-born of the plural delivery, if born alive. Similarly, for the third-born, the items should include information on the first and second born, and so on.
- If this certificate is for the second birth of a twin set, enter the date of birth for the first baby of the set, if the baby was born alive. Similarly, for triplets or other multiple births, enter the date of birth of the previous live birth of the set. If all previously born members of a multiple set were born dead, skip this field.

QUESTION: C12 – NUMBER OF PREGNANCY LOSSES FROM THIS PREGNANCY

FIELD NUMBER & DESCRIPTION: 79 – CURPREGLOSS

DEFINITION: The number of pregnancy losses (miscarriages, ectopic pregnancies, fetal deaths, selective reductions or induced abortions) occurring from this pregnancy, prior to the delivery of this infant or fetus. Enter the number of fetuses that were delivered dead regardless of length of their gestation.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 2/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 00-30
? = Unknown

DEFAULT DATA ENTRY:

- This field is skipped if this is a singleton birth.

COMMENTS:

- In the case of multiple deliveries, this field is updated to reflect pregnancy losses that occurred during this pregnancy, prior to the delivery of this infant or fetus.
- This field is added to “Total Number of Previous Pregnancy Losses” (A5f in Module 1) to obtain the total number of pregnancy losses experienced by this mother. The updated number is printed on the birth certificate.
- If this is the first delivery of a multiple pregnancy this field is bypassed.
- This field DOES refers to a fetal death.

QUESTION: C13 – IF MULTIPLE – DATE OF THE LAST PREGNANCY LOSS

FIELD NUMBER & DESCRIPTION: 80 – CURMMYYYPREGLOSS

DEFINITION: The date (month and year) of the last pregnancy loss (miscarriage, ectopic pregnancy, fetal death or selective reduction), that occurred during this multiple pregnancy, prior to the delivery of this infant or fetus.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 4/DATE

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: MM/YY
? = Unknown

DEFAULT DATA ENTRY:

- This field is skipped if this is a singleton birth.

COMMENTS:

- This date can be the same day as or a date prior to the current “Date of Delivery” (C1), but cannot be a date in the future.
- This field is used to update “Date of Last Pregnancy Loss” (A5g in Module 1). The date is printed on the birth certificate.
- If this certificate is for the second birth of a twin set and the first was delivered dead, enter the date of delivery of the first fetus. Similarly, for other multiple deliveries, if any previous member of the set was born dead, enter the date of delivery of that fetus. If all previously born members of a multiple set were born alive, skip this field.

QUESTION: C14 – INFANT’S SEX

FIELD NUMBER & DESCRIPTION: 81 – SEX

DEFINITION: The infant’s sex as determined by the physician and parents. An unknown entry may be used only in cases of ambiguous genitalia.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: M = Male
F = Female
? = Unknown

COMMENTS:

- You will be prompted to verify an “Unknown” response.
- If “Malformed genitalia” (C22-12) is selected from the “Congenital Anomalies” screen, the sex of the child must be entered as “Unknown”.

QUESTION: C15 – APGAR SCORES AT 1 MINUTE AND 5 MINUTES

FIELD NUMBER & DESCRIPTION: 82 – APGAR1
83 – APGAR5

DEFINITION: A summary measure of an infant’s clinical condition, based on heart rate, respiratory effort, muscle tone, reflex irritability and color, determined at 1 and 5 minutes, after delivery. Each of the factors is given a score of 0, 1 or 2; the sum of these 5 values is the Apgar score, which can range from 0 to 10.

REQUIRED FOR JCAHO: YES (only the 5 minute Apgar)

FIELD LENGTH & TYPE: 4/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 00 – 10 1 minute Apgar Score
00 – 10 5 minute Apgar Score
? = Unknown

SOFT EDITS:

- If either the 1 minute or the 5 minute Apgar score is less than “05”, you will be prompted to verify the score. If the 5 minute Apgar score is less than the 1 minute Apgar score you will be asked to verify the scores.
- You will be prompted to verify an “Unknown” response.

COMMENTS:

- JCAHO uses only the 5 minute Apgar score.
- Parents of infants with 1 minute scores of 0-4 and/or 5 minute scores of 0-6, who chooses to participate in the Newborn Hearing Screening Program, will receive letters from the Department of Health and Senior Services when their infants are 6 months old.
- If the entry is a range, e.g., 6-8, enter the middle number, 7 in this example. If a fraction is given with an entry (e.g., 7.5), disregard the fractional part of the number.

PUBLIC HEALTH RATIONALE: The Apgar score is registered as a reliable summary measure for evaluating the physical condition of the infant at birth.

METHOD OF APGAR SCORING

Sign	----- Score -----		
	0	1	2
Heart rate	Absent	Slow (<100)	100 or >
Respiratory effort	Absent	Weak cry, hypoventilation	Good strong cry
Muscle tone	Limp	Some flexion of extension	Well flexed
Reflex irritability	No response	Some mother	Cry
Color	Blue, pale	Body pink, extremities blue	Completely pink

QUESTION: C16 – WEIGHT AT DELIVERY

FIELD NUMBER & DESCRIPTION: 84 – GRAMSLBS (grams or pounds)
85 – CWEIGHTGRAMS (weight in grams)
363 – CWGHTCATEG (weight categories)

DEFINITION: The weight of the infant at birth to the nearest gram or ounce, as it is recorded in the hospital record.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 1/ALPHANUMERIC
4/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 1st byte: G = grams or P = pounds
2nd – 5th byte: 0100 – 8000 grams
2nd – 5th byte: 3 ozs. – 17 lbs. 10 ozs.
? = Unknown

SOFT EDITS:

- You are prompted to verify weights less than 500 grams or 1 pound and weights greater than 5000 grams or 11 pounds.

COMMENTS:

- The EBC software will convert the infant’s weight at birth from pounds to grams or vice versa. The EBC software prints grams on the birth certificate.
- Fractions or decimal parts of half grams (0.50) or more are to be rounded to the next whole gram. Fractions of pounds are to be converted to ounces, e.g., 7 ½ pounds is to be entered as 7 pounds 8 ounces. Fractions of ounces are to be rounded to the nearest ounce.
- Parents of infants weighing less than 1500 grams who choose to participate in the Newborn Hearing Screening Program, will receive letters from the Department of Health and Senior Services when their infants are 6 months old.

PUBLIC HEALTH RATIONALE: This is the single most important characteristic associated with infant mortality. It is also related to prenatal care, socioeconomic status, marital status, and other factors surrounding the birth which are used with other information to plan for and evaluate the effectiveness of health care.

QUESTION: C17 – CLINICAL ESTIMATE OF GESTATION

FIELD NUMBER & DESCRIPTION: 87 – ESTGESTATION

DEFINITION: The development of the infant is weeks as judged by the clinician, using the best available information, (physical examination of the infant and/or ultrasound visualization). Do not compute this information from the date of last normal menses.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 2/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 17 – 27
? = Unknown

If reported in months convert to the appropriate weeks using the table below:

<u>Month(s)</u>	<u>Weeks</u>
3 or less	?
4	17
5	22
6	26
7	30
8	35
9	40
10	44

SOFT EDITS:

- The EBC software checks this field against the “Birthweight” (C16) and the “Date of Last Normal Menses” (A2) fields. You must verify entries of less than 17 weeks or greater than 47 weeks. You are prompted to verify an entry out of the normal gestational range or one that is inconsistent with the birthweight.

COMMENTS:

- Entries of fractional weeks are to be ignored. If the entry is reported as a range, e.g., 27-34, enter the lower number of weeks.
- In the case of fetal deaths you may enter less than 17 weeks gestation.

PUBLIC HEALTH RATIONALE: This term provides information on gestational age when the item on date last normal menses contains invalid or missing information. For a record with a plausible date of last normal menses, it provides a cross-check with length of gestation based on ultrasound or other techniques.

QUESTION: C18 – NAME AND PRIMARY ATTENDANT

FIELD NUMBER & DESCRIPTION: 90 – ATTENDENAME (first name)
91 – ATTENDLNAME (last name)
92 – ATTENDNAME (combined first & last name)

DEFINITION: Name of the person who delivered the baby. If the delivery is made by a trainee enter the name of the professional present at, and supervising the delivery. For out of hospital emergency births this may be an individual other than a health care professional.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: Last name: 18/ALPHANUMERIC
First name: 12/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

COMMENTS:

- Hospitals create and store a list of their obstetricians and nurse mid-wives in the Certifier/Attendant Library Maintenance file. You may enter the entire name or one or more characters of the name. A series of pop-up screens will appear. Select the number associated with the attendant's name and it will automatically be entered. If this name is not stored in the Certifier/Attendant Maintenance Library file you will be prompted to verify the entry by typing in the full last name of the attendant.
- An obstetrical resident physician can be listed as the attendant. If the resident is entered as the attendant the resident should also certify the birth.

QUESTION: C19 – PLACE OF DELIVERY (FACILITY TYPE)

FIELD NUMBER & DESCRIPTION: 94 – FACIL TYPE
95 – OTHERFACIL

DEFINITION: The type of facility where the delivery occurred. A birthing center operated by, and located in a hospital, is considered part of the hospital and should be reported as occurring in the hospital. Freestanding birthing centers include facilities that are operated by but are physically separate from the main inpatient hospital. The clinic/doctors office category includes other non-hospital outpatient facilities where births occasionally occur. Residence is selected in cases of home deliveries. Specify where the event occurred, such as in a taxi, police care, or under a tree.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC
20/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Select only one choice from the pop-up window:

1 = Hospital	2 = Freestanding birth center	3 = Clinic/Doctor’s office
4 = Residence	5 = Other (specify)	9 = Unknown

HARD EDITS:

- One of these choices must be selected.
- When “Other” is selected a 20 byte field opens for data entry.

DEFAULT DATA ENTRY:

- If “Born Here” equals “Yes”, then “1” is automatically entered in the “Place of Delivery” (C19) field.

COMMENTS:

- If the birth took place in this facility, but outside of the Labor and Delivery unit, e.g., in the emergency room, an elevator or a stairwell, select “Other” and enter the actual place where the birth occurred.
- Select “Unknown” if the “Place of Delivery” cannot be determined.

QUESTION: C20 – PRIMARY ATTENDANT TYPE

FIELD NUMBER & DESCRIPTION: 88 – ATTENDANTTYP
89 – OTHATTENDTYP

DEFINITION: The degree or certification of the primary attendant who delivered this infant. In the case of a trainee, the professional supervising this birth.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC
20/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY:

1 = M.D.	2 = D.O.	3 = C.N.M.
4 = Other Midwife	5 = Other (specify)	9 = Unknown

HARD EDITS:

- One primary attendant type must be selected.
- If “5” is entered a 20 byte field opens for data entry.

COMMENTS:

- The item provides information about the type of person attending the birth. This information will permit separate identification of deliveries attended by certified nurse midwives, lay midwives and other persons.

QUESTION: BORN HERE

FIELD NUMBER & DESCRIPTION: 93 – BORN HERE

DEFINITION: The baby was born/delivered in this facility's labor and delivery unit.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Y = Yes
N = No

DEFAULT DATA ENTRY:

- If "Born Here" equals "Yes", then "1" is automatically entered in the "Place of Delivery" (C19) field..

COMMENTS:

- Enter "No" if this baby was born in the emergency room, in any other place in this facility, or outside of this hospital.
- Enter "Yes" only if this baby was born in this facility's labor and delivery unit.

QUESTION: C21 – FACILITY NAME

DEFINITION: Enter the full name of the hospital, freestanding birthing center, or other facility where the delivery occurred. Also enter the town and county where the facility is located.

- If the delivery occurred on a moving conveyance, such as a train, boat, or plane, en route to or on arrival at a facility enter the full name of the facility followed by “en route”.
- If the delivery occurred at home enter the house number and street name of the place where the delivery occurred.
- If the delivery occurred at some place other than those described above enter the number and street name of the location.
- If the birth occurred on a moving conveyance that was not en route to a facility enter the place of birth as the address where the child was first removed from the conveyance.

REQUIRED FOR JCAHO: YES

<u>FIELD NAME</u>	<u>LENGTH/TYPE</u>	<u>NUMBER & DESCRIPTION</u>
Name of Facility	50 – Alphanumeric	96 – PLOB NAME
City/Town	25 – Alphanumeric	97 – PLOB TOWN
County	15 – Alphanumeric	98 – PLOB COUNTY

MANDATORY: YES

CAN BE UNKNOWN: NO

DEFAULT DATA ENTRY:

- If “Delivery at this Facility” equals “Yes”, then the software will automatically fill in the name of your facility from the EBC set up preferences. This Facility name is printed on the birth certificate. If “Delivery at this Facility” equals “No”, type the 1st few letters of the facility name and select the appropriate name from the pop-up window.

COMMENTS:

- When “Residence” (4) is selected, enter the address of the residence where the birth occurred in the Facility Name, City/Town and County field.
- Select “Unknown” (9) if the infant is a foundling. Type “foundling” in the “Facility Name” space.

- Select “Other” (5) if the birth occurred in this facility but not in the labor and delivery unit; type in the name of this facility.

PUBLIC HEALTH RATIONALE: The facility name is used for follow-up and query programs in the State Bureau of Vital Statistics office and is of historical value to the parents and child. It is also used by many States to produce statistical data by specific facility.

QUESTION: C22 – CONGENITAL ANOMALIES OF THE CHILD

FIELD NUMBER & DESCRIPTION:

- | | | |
|------------------|-------------------|-----------------|
| 99 – CONGENITAL | 100 – OTHERCNS | 101 – OTHERCIRC |
| 102 – OTHERGAST | 103 – OTHERURO | 104 – OTHERMUSC |
| 105 – OTHERCHROM | 106 – OTHERCONGEN | |

DEFINITION: Birth defects, as specified by the National Center for Health Statistics, which are known at the time the birth certificate is issued. Clinical judgment must be used in the determination of anomalies.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 23/NUMERIC
56/ALPHA

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Select all choices that apply from the pop-up window.
Do not include birth injuries.

CENTRAL NERVOUS SYSTEM

- 01 [] Anencephalus
- 02 [] Spina bifida/Meningocele
- 03 [] Hydrocephalus
- 04 [] Microcephalus
- 05 [] Other Central Nervous System Anomalies, specify _____

HEART

- 06 [] Heart Malformations
- 07 [] Other Circulatory/Respiratory Anomalies, specify _____

GASTROINTESTINAL

- 08 [] Rectal Atresia/Stenosis
- 09 [] Tracheo-Esophageal Fistula/
Esophageal Atresia
- 10 [] Omphalocele/Gastroschisis
- 11 [] Other Gastrointestinal Anomalies, specify _____

UROGENITAL

- 12 [] Malformed Genitalia
- 13 [] Renal Agenesis
- 14 [] Other Urogenital Anomalies, specify _____

MUSCULOSKELETAL

- 15 [] Cleft Lip/Palate
- 16 [] Polydactyly/Syndactyly/Adactyly
- 17 [] Club Foot
- 18 [] Diaphragmatic Hernia
- 19 [] Other Musculoskeletal/Integumental Anomalies, specify _____

CHROMOSOMAL

- 20 [] Down's Syndrome
- 21 [] Other Chromosomal Anomalies, specify _____
- 22 [] Other, Not Covered Elsewhere
- 23 [] Unknown-Diagnostic Tests
Ordered or Diagnosis Tests
Possible
- 00 [] None

HARD EDITS:

- At least one choice must be entered; each entry is a separate congenital anomaly.
- If “None” (00) is selected no other entries can be made. If items 5, 7, 11, 14, 19, 21 and 22 are selected, then a 30 byte field opens for data entry.
- If the “Infant’s Sex” (C14) is “Unknown”, then “Malformed genitalia” (12) must be selected. If (12) is not selected you will be prompted to verify this entry. In the case of a fetal death, where the estimated weeks of gestation is less than 25 weeks, and the sex is unknown, “Malformed genitalia” need not be selected.

COMMENTS:

- The checklist of anomalies is grouped according to major body systems. If an anomaly is present that is not identified in the list, select “Other, not specified elsewhere” and specify the anomaly. If there is a question as to whether the anomaly is related to a specific system, enter the description of the anomaly in “Other, specify” at the bottom of each of the body systems list.
- If there are no congenital anomalies diagnosed at this time enter “None”.
- If a baby is born with a congenital anomaly, and the mother is a New Jersey resident, the New Jersey Birth Defects Registry must be notified. The New Jersey Birth Defects Registry does not need to be notified if the baby is born to a non-resident mother.

PUBLIC HEALTH RATIONALE: Information on congenital anomalies is used to identify health problems that require medical care and monitor the incidence of these conditions. It is also used to study unusual clusters of selected anomalies, to track trends among different segments of the population, and to related the prevalence of anomalies to other characteristics of the mother, infant and the environment.

DEFINITIONS OF CONGENITAL ANOMALIES

1. Anencephalus – Absence of the cerebral hemispheres. Varying portions of the brainstem and spinal cord may be missing or malformed. These infants may be stillborn or die within a few days. Synonyms to be included in this item:

<i>Acrania</i>	<i>Amyelencephalus</i>	<i>Anencephalic</i>	<i>Anencephaly</i>
<i>Hemianencephaly</i>	<i>Hemicephaly</i>		

2. Spina Bifida/Meningocele – Developmental anomaly characterized by defective closure of the bony encasement of the spinal cord through which the cord and meninges may or may not protrude. In spinal bifida cystica, the protruding sac can contain meninges (meningocele) spinal cord (myelocele) or both (myelomeningocele). Synonyms to be included in this item:

<i>Meningomyelocele</i>	<i>Hydromeningocele</i>	<i>Myelocystocele</i>
<i>Myelocele</i>	<i>Syringomyelocele</i>	<i>Rachischisis</i>

3. Hydrocephalus – Excessive accumulation of cerebrospinal fluid within the ventricles of the brain with consequent enlargement of the cranium. Associated defects are common, with spinal bifida occurring in about one-third of the cases.

4. Microcephalus – A significantly small head, usually associated with DeLange’s Syndrome, Rubella, Toxoplasmosis, Cytomegalic Inclusion Disease, Cebocephaly and various chromosomal abnormalities. Synonyms to be included in this item:

<i>Hydromicrocephaly</i>	<i>Micrencephalon</i>	<i>Microcephaly</i>
--------------------------	-----------------------	---------------------

5. Other Central Nervous System anomalies – Other CNS anomalies, such as encephalocele, reduction deformities of the brain, or other specified anomalies of the brain, spinal cord and nervous system.

6. Heart malformations – Congenital anomalies of the heart, such as transpositions of the great vessels, Tetralogy of Fallot, Ventricular Septal Defect, Endocardial Cushion Defects, Anomalies of Pulmonary Valve, Tricuspid Atresia and Stenosis, Stenosis and Insufficiency of Aortic Valve. Synonyms to be included in this item:

<i>Atresia/Insufficiency/Stenosis of Pulmonary Valve</i>	<i>Cor Biloculare</i>
<i>Common Atrium/AV Canal/Truncus/Ventricle</i>	<i>Ectopia Cordis</i>
<i>Atrial Septal Defect</i>	<i>Epstein’s Anomaly</i>

Dextrocardia
Endocardial Cushion Defects
Hypoplastic Left Heart Syndrome
Pericardial Defect
Single Ventricle

Malposition of the Heart
Septal Defect
Uhls Disease
Taussig-Bing Syndrome

7. Other Circulatory anomalies – Defects of the circulatory system, such as Patent Ductus Arteriosus, Coarction of the Aorta, etc.

Other Respiratory anomalies – Anomalies of the respiratory system, such as Choanal Atresia, Congenital Cystic Lung and Agenesis, Hypoplasia and Dysplasia of the Lung.

8. Rectal Atresia/Stenosis – Congenital absence, closure or narrowing of the rectum; also includes atresia and stenosis of the large intestine and anal canal. Synonyms to be included in this item:

Imperforate Anus/Rectum

Stricture of Anus/Rectum

9. Tracheo-esophageal Fistula/Esophageal Atresia – An abnormal passage between the trachea and the esophagus. Esophageal Atresia is the congenital absence or closure of the esophagus. Synonyms to be included in this item:

Congenital Fistula – Esophagobronchial/Esophagotracheal

Imperforate Esophagus

Absent Esophagus

Webbed Esophagus

Stricture of Esophagus

10. Omphalocele/Gastroschisis – An omphalocele is a protrusion of variable amounts of abdominal viscera from a midline defect at the base of the umbilicus. The herniation is covered by a thin membrane and may be small, including only a few loops of bowel, or may contain most of the abdominal viscera, including all the intestines, the stomach and the liver. In gastroschisis, the abdominal viscera protrudes through an abdominal wall defect, usually on the right side of the umbilical cord insertion. There is no membranous covering and the intestines have large amounts of fluid and appear shortened from being bathed in amniotic fluid containing fetal urine.

11. Other Gastrointestinal Anomalies – Other congenital anomalies of the gastrointestinal system, such as Meckel's Diverticulum, Atresia and Stenosis of the Small Intestine.

12. Malformed genitalis – Congenital anomalies of the reproductive organs, such as the ovaries, fallopian tubes, uterus, cervix, vagina, undescended testicle, hypospadias, epispadias, indeterminate sex and pseudohermaphroditism. Synonyms to be included in this item:

Absence of Penis/Prostate/Spermatic Cord

Anaspadias

Anomaly of ovary/fallopian tubes/broad ligaments

Anomaly of cervix/clitoris/uterus/vagina/vulva

Aplasia of prostate/round/ligament/testicle

Bicornate uterus

Cryptorchism

Curvature of penis

Double uterus

Ectopic testis

Fusion of testes

Gynandris

Hermaphroditism

Hypospadias/epispadias

Imperforate hymen

Monorchism

Ovotestis

Paraspadias

Pseudohermaphroditism

13. Renal Agenesis – One or both kidneys are completely absent due to failure to develop. Synonyms to be included in this item:

Absence of Kidney

Atrophy of Kidney

Hypoplasia of Kidney

14. Other Urogenital Anomalies – Other congenital anomalies of the organs concerned in the production and excretion of urine, together with organs of reproduction. Other anomalies of the urinary system could be Cystic Kidney Disease, Obstructive Defects of the Renal Pelvis and Ureter, Exstrophy of the Urinary Bladder, Atresia and Stenosis of the Urethra and Bladder neck.

15. Cleft lip/Palate – Cleft lip is a fissure or elongated opening of the lip due to a failure to fuse during embryonic development. Cleft palate is a fissure in the roof of the mouth due to a failure of the soft or soft and bony palate to unite during embryonic development.

Synonyms to be included in this item:

Cheiloschisis

Cleft uvula

Palate fissure

Harelip

Labium leporinum

Palatoschisis

16. Polydactyly/Syndactyly/Adactyly – Polydactyly is the presence of more than five digits on either hand and/or foot. Syndactyly is the presence of fused or webbed fingers and/or toes. Adactyly is the absence of fingers and/or toes.

Synonyms to be included in this item:

*Accessory fingers/toes
Fusion of finger or toes*

*Absence of fingers/toes
Webbed fingers/toes*

*Supernumerary digits
Symphalangy*

17. Club foot – Talipes equinovarus, arcuatus, calcaneus, cavus, percavus, valgus, varus and/or other deformities of the foot, which is twisted out of shape or position.
18. Diaphragmatic hernia – Herniation of the abdominal contents through the diaphragm into the thoracic cavity, usually resulting in respiratory distress.
19. Other Musculoskeletal/Integumental anomalies – Other congenital anomalies of the muscles, skeleton or the enveloping membrane of the body (skin). Examples of musculoskeletal anomalies are congenital dislocation of the hip, varus and valgus deformities of feet, reduction deformities of upper and/or lower limbs, anomalies of shoulder girdle, pelvic girdle, skull and face bone, spine, chondrodystrophy, osteodystrophies, and specified anomalies of the muscle, tendon, fascia and connective tissue. Some congenital anomalies of the integument are hereditary edema of legs, ichthyosis congenital, vascular hamartomas, specified and unspecified anomalies of hair, nails and breast or a large hemangioma.
20. Down's Syndrome – The most common chromosomal defect, with most cases resulting from an extra chromosome (Trisomy 21). The faces of these infants are mongoloid, with narrow, slanting, closely set palpebral fissures. The tongue is thick and fissured and the palatal arch is often high. Mental retardation subsequently becomes apparent. Congenital heart disease is found in about 35% of these infants, with atrioventricular canal defects and ventricular septal defects being the most common. The risk of having a child with Down's Syndrome increases with age.

Synonyms to be included in this item:

Mongolism

Trisomy 21

Trisomy 22G

21. Other Chromosomal anomalies – All other chromosomal aberrations, for example, Patau's syndrome, Trisomy 13-15, Trisomy 16-18, Edward's syndrome, autosomal deletion syndromes, Cri-du-Chat syndrome, autosomal translocation, XO syndrome, Klinefelter's syndrome, XXX syndrome.

22. Other, Not covered elsewhere – Other congenital anomalies not mentioned above.

Anomalies may include: anomalies of the eye, ear, face, neck, digestive system and other or unspecified congenital anomalies.

Do not include these conditions:

Congenital hemangioma

Ankyloglossia

Tongue tie

Congenital neoplasm

Heart Murmur

Hip Click

Premature birth

Respiratory distress

Skin tags

Unknown – Diagnostic Tests Ordered or, Diagnosis Not Possible – Diagnostic tests to rule out or confirm an anomaly are still pending or the confirmation of an anomaly is not possible at the time the Birth Certificate is issued.

QUESTION: C23 – ABNORMAL CONDITIONS OF THE NEWBORN

FIELD NUMBER & DESCRIPTION: 107 – ABNORMAL CONDITIONS
108 – OTHERABNRML

DEFINITION: Conditions noted prior to the issuance of a birth certificate.

REQUIRED FOR JCAHO: YES (some)

FIELD LENGTH & TYPE: 15/NUMERIC
30/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Selected all choices that apply from the pop-up window:

DELIVERY ROOM RESUSCITATION

- 01 [] Pharmacologic
- 02 [] Intubation
- 03 [] Oxygen
- 04 [] Oxygen + positive pressure
- 05 [] Cord pH obtained

OTHER CONDITIONS

- 06 [] Anemia (Hct >39 Hgb <13)
- 07 [] Birth injury
- 08 [] Fetal alcohol syndrome
- 09 [] Hyaline membrane disease/RDS
- 10 [] Meconium aspiration syndrome
- 11 [] Assisted ventilation <30 minutes
- 12 [] Assisted ventilation >30 minutes
- 13 [] Seizures
- 14 [] Other, specify _____
- 15 [] Unknown
- 00 [] None

HARD EDITS:

- If “None” (00) is selected no other items may be chosen.
- If “Other” (14) is selected a 30 byte field OPENS for data entry.
- “Assisted ventilation (<30 minutes)” (11) and “Assisted ventilation (>30 minutes) (12) cannot be entered on the same birth certificate.
- If “Fetal Alcohol Syndrome” (8) is selected, “Mother’s Usage of Alcohol” (A6-B1) must equal “Yes” and “Number of Drinks/Day” (A6-B2) must have an entry.

DEFINITIONS OF ABNORMAL CONDITIONS OF THE NEWBORN

Delivery Room Resuscitation:

1. Pharmacologic – Drugs were administered to the newborn for the purpose of resuscitation, e.g., Epinephrine, KCl, NaHCO₃, etc.
2. Intubation – The infant was intubated for the purpose of resuscitation; endotracheal intubation only.
3. Oxygen – Oxygen was given only for resuscitative measures.
4. Oxygen + positive pressure – Oxygen under a positive pressure gradient given through any means (mask or intubation), to assist the newborn in breathing.
5. Cord pH – Umbilical cord blood obtained to determine the pH of the blood.

Other Conditions:

6. Anemia – A symptom of an underlying disease (e.g., iron deficiency, chronic blood loss, sickle cell anemia). It is clinically defined as a hemoglobin level of less than 13.0 g/dl or a hematocrit of less than 39%.
7. Birth injury – Impairment of infant's body function or structure due to adverse influences which occurred at birth. This item is to be checked only if the injuries require evaluation by a physician. Some noted injuries (birth trauma) are subdural and cerebral hemorrhage, injuries to the scalp, fracture of the clavicle, injury to the spine and spinal cord and facial palsy.

Synonyms to be included in this item:

<i>Bruising/abrasion</i>	<i>Facial nerve injury</i>	<i>Cephalhematoma</i>
<i>Fractures of bones</i>	<i>Facial/Erb's palsy</i>	<i>Klumpke's palsy</i>
<i>Hematoma of liver/testes/vulva</i>	<i>Nerve injury</i>	<i>Rupture of liver/spleen</i>
<i>Scalpel wound</i>	<i>Subdural hematoma</i>	<i>Swollen eye</i>
<i>Tentorial tear</i>	<i>Traumatic glaucoma</i>	<i>Traumatic hemorrhage</i>

8. Fetal Alcohol Syndrome – A syndrome of altered prenatal growth and morphogenesis occurring in infants born to mothers who consumed excessive amounts of alcohol during pregnancy.

The minimal criteria for diagnosis of FAS is:

- Growth retardation (below the 10th percentile).
- Characteristic facial anomalies (at least two of three):
 - microcephaly (below 3rd percentile)
 - microphthalmia or short palpebral fissures
 - underdeveloped philtrum, thin upper lip and maxillary hypoplasia.
- Central nervous system dysfunction (neurological abnormality, mental deficiency, developmental delay).

9. Hyaline Membrane Disease/RDS – Condition of the newborn marked by dyspnea with cyanosis, prodromal signs such as dilation of the alae nasi, expiratory grunt, and retraction of the suprasternal notch or costal margins. Check this item only if X-ray findings include at least two of the following: granularity, air bronchograms, hypoaeration with poor lung expansion or clinical treatment of 40% or more oxygen requirement. A disorder primarily of prematurity, manifested clinically by respiratory distress and pathologically by pulmonary hyaline membranes and incomplete expansion of the lungs at birth. Respiratory Distress Syndrome, (RDS), is likely to develop in infants of diabetic mothers.

Synonyms to be included in this item: Respiratory distress syndrome

10. Meconium aspiration syndrome – Aspiration of meconium by the fetus or newborn which may result in atelectasis, emphysema or pneumonia. Check only if the meconium has affected the lower respiratory system. Complete bronchial obstruction results in incomplete expansion of the lungs. Do not check this item if the meconium was successfully managed at the time of delivery and no meconium entered the lower airway.
11. Assisted ventilation (less than 30 minutes) – A mechanical method of assisting respiration for newborns with respiratory failure. The ventilation assistance lasted for less than 30 minutes.

Synonyms to be included in this item: Intubated with oxygen less than 30 minutes

12. Assisted ventilation (greater than 30 minutes) – Newborn placed on assisted ventilation for 30 minutes or longer.

Synonyms to be included in this item: Intubated with oxygen 30 minutes or more

13. Seizures – A seizure of any etiology. A frequent and serious neonatal problem, usually focal, migratory clonic jerks of extremities, alternating hemiseizures or primitive subcortical seizures. A sudden, brief attack of altered consciousness, motor activity, sensory phenomena, or inappropriate behavior.

14. Other (specify) – Examples include neonatal group B strep infection, hemangioma, drug addiction of newborn, congenital infection or congenital neoplasm.

Do not include these conditions:

Transient tachypnea
Ecchymosis

Cord with knot
Weak cry

Heart murmur
Hip Click

QUESTION: C24 – INFANT’S BLOODTYPE

FIELD NUMBER & DESCRIPTION: 109 – BABYBLOODTYPE
110 – BABYRH

DEFINITION: Infant’s blood type from laboratory records or the medical chart.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 2/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Selected only one choice from the pop-up window:

A = A	P = Rh positive
B = B	N = Rh negative
O = O	U = Unknown
C = AB	
U = Unknown	

COMMENTS:

- The EBC software will print A,B,AB, O and positive, negative or unknown on the birth certificate.
- This field is required under state law for forensic reasons.

MODULE 4 – PARENT INFORMATION SCREENS

QUESTION: D1 – LEGAL NAME OF THE CHILD

DEFINITION: The child’s first name, middle name, last name and suffix (Jr., I, II, III, etc.), as it will appear on the birth certificate.

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
First Name	12 - Alphanumeric	111 – CH FNAME
Middle Name	12 - Alphanumeric	112 – CH MNAME
Last Name	18 - Alphanumeric	113 – CH LNAME
Last Name Suffix	4 - Alphanumeric	114 – CH SUFFIX

MANDATORY: YES (only the last name)

CAN BE UNKNOWN: YES (only the first, middle and suffix)
? = Unknown

ACCEPTABLE ENTRY: ALL

HARD EDITS:

- The first byte of the suffix must be capitalized; iii or 111 are unacceptable answers for III.

COMMENTS:

- In New Jersey, the child may be given any first name, middle name and surname chosen by the parent(s), who give their consent to a name. Their consent is registered by their signatures on the back of the birth certificate.
1. If the parent has not given the child a first or middle name, enter a question mark (?). A dash (-) will be printed on the birth certificate.
 2. If there is no suffix given leave the field blank.
- Do Not enter “Baby girl” or “Infant boy” as the child’s name.

3. The EBC software includes a feature called extended name logic. As you enter the name of the child, more space will appear to allow input of up to 30 characters for the first, middle and last name. You will be told if the complete name will not fit on the printed certificate.

QUESTION: D2 – DOES THE MOTHER/INFORMANT WANT A SOCIAL SECURITY NUMBER FOR THE CHILD?

FIELD NUMBER & DESCRIPTION: 115 – SSNO Y/N

DEFINITION: Is the mother/informant requesting a social security number for the child? This enables the Social Security Administration (SSA), to assign a social security number for the child in a timely manor.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHA

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

COMMENTS:

- An infant can be assigned a social security number even if the mother and/or the father do not currently have a social security number.
- A “Yes” answer permits the Department of Health and Senior Services to send an electronic data request to the SSA for the assignment of a Social Security number to the child. The SSA will assign a social security number and mail the child’s card to the mother’s mailing address as indicated on the birth certificate record.
- If “Yes”, a pop-up message appears reminding you that the social security numbers of both parents should be obtained for the proper completion of the birth certificate.
- If a baby is going to be adopted enter “No” for this field.

QUESTION: D3 – MOTHER’S CURRENT LEGAL NAME

DEFINITION: The mother’s current legal first, middle and last name.

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
First Name	12 - Alphanumeric	116 – MOM FNAME
Middle Name	12 - Alphanumeric	117 – MOM MNAME
Last Name	18 - Alphanumeric	118 – MOM LNAME

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: As stated by the mother

COMMENTS:

- If the mother does not give a middle name bypass this field. The EBC software will prompt you to verify a blank field.
- In most cases the mother’s maiden name is not the legal middle name.

QUESTION: D4 – MOTHER’S MAIDEN NAME

FIELD NUMBER & DESCRIPTION: 119 – MOM MAIDEN

DEFINITION: The legal last name of the mother given at her birth or adoption, not a name she acquired through marriage.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 20/ALPHA

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As reported

COMMENTS:

- The EBC software will print the literal maiden name on the birth certificate along with the mother’s first and middle name.

PUBLIC HEALTH RATIONALE: This item is used for identification purposes. The mother’s maiden surname is important because it remains constant throughout her life, in contrast to other names, which may change because of marriage or divorce.

QUESTION: D6 – MOTHER’S SOCIAL SECURITY NUMBER

FIELD NUMBER & DESCRIPTION: 122 – MOM SSN

DEFINITION: The mother’s social security number as reported by the mother/informant or as recorded on hospital records.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 9/NUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As reported
? = Unknown

COMMENTS:

- This field is used to link files within the EBC and is required by the Department of Human Services.

QUESTION: D7 – MOTHER’S BIRTHPLACE

FIELD NUMBER & DESCRIPTION: 123 – MSTATEBRTH

DEFINITION: The state or foreign country where the mother was born.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 14/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As stated
? = Unknown

COMMENTS:

- The names of the states, US possessions, and most countries are stored in the State/Country Library Maintenance file. Enter one or more significant characters in the name of the state or the country. A pop-up window will appear. Select the name. If the name of the country is not stored in the State/Country Library Maintenance file you will be prompted to retype the name in order to verify the entry.

PUBLIC HEALTH RATIONALE: This item provides information on recent immigrant groups and is used for tracing family histories. It is also used with the US Bureau of the Census data to compare childbearing patterns of women.

QUESTION: D8 – MOTHER’S OFFICIAL RESIDENCE

DEFINITION: The mother’s legal residence, used for paying taxes, voting and attending public schools, but not necessarily the place the mother receives mail.

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
County	15 - Alphanumeric	126 – RES COUNTY
State/Country	14 - Alphanumeric	124 – RES STATE
City Town	25 - Alphanumeric	127 – RES LOCALITY
Number/PO Box	10 - Alphanumeric	129 – RES HOUSE #
Street Name	20 - Alphanumeric	131 – RES STREET
Street Type	4 - Alphanumeric	132 – RES STRTTYP
Apartment	6 - Alphanumeric	133 – RES APTNO

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: As reported

HARD EDITS:

- When “Other” is selected for street type a 4 byte field appears for data entry.

COMMENTS:

- The names of the states, US possessions, and most countries are stored in the State/Country Library Maintenance file. Enter one or more significant characters in the name of the state or the country. A pop-up window will appear. Select the name. If the name of the country is not stored in the State/Country Library Maintenance file you will be prompted to retype the name in order to verify the entry.
- All New Jersey, New York, Delaware and Pennsylvania county names are stored in the County Library Maintenance file. Enter one or more significant characters in the name of the county. A pop-up window will appear. Select the country. If the county is not stored in the County Library Maintenance file you will be prompted to retype the name in order to verify the entry.
- The names of all New Jersey and some New York, Delaware and Pennsylvania towns are stored in the City/Town Library Maintenance file. Enter one or more significant characters in the name of the town. A pop-up window will appear. Select the town. If the name of the town is not stored in the City/Town Library Maintenance file you will be prompted to retype the name in order to verify the entry. Enter the street address, street type and apartment number. You may leave these fields blank. You will be prompted to verify a blank field.

- If the official residence is outside the United States the county may be bypassed, but the city must be entered.

PUBLIC HEALTH RATIONALE: Statistics on births are tabulated by place of residence of the mother. This makes it possible to compute birth rates based on the population residing in the area. Data on births by place of residence of the mother are used to prepare population estimates and projections and in planning and evaluating community services and facilities.

DEFINITIONS – MOTHER’S RESIDENCE

1. Mother’s residence – The mother’s residence is the place where her household is located. This is not necessarily the same as her “home state”, “voting residence”, “mailing address” or “legal residence”. The state, county, city and street address are the place where the mother actually lives. Never enter a temporary residence, such as one used during a visit, business trip or vacation. Place of residence during a tour of military duty or during attendance at college is not considered temporary and should be entered on the certificate as the mother’s place of residence.
2. Residence – State – The name of the state in which the mother lives. This may differ from the state in her mailing address. If the mother is not a US resident enter the name of the country.
3. Residence – County – The name of the county in which the mother lives.
4. Residence – Street and Number – The number and street name of the place where the mother lives. If this location has no number and street name, enter the rural route number or a description of the place that will aid in identifying the precise location.

Street Type – Select one street type from the following pop-up window:

A1	–	Alley	Ex	–	Extension	Pkwy	–	Parkway
App	–	Approach	Grdn	–	Garden	Pl	–	Place
Av	–	Avenue	Gr	–	Grove	Plz	–	Plaza
Bldv	–	Boulevard	Hgts	–	Heights	Plat	–	Plateau
Br	–	Bridge	Hwy	–	Highway	Pt	–	Point
Ctr	–	Center	Is	–	Island	Ri	–	Ridge
Cir	–	Circle	Jct	–	Junction	Rd	–	Road
Clge	–	College	Knol	–	Knoll	Setl	–	Settlement
Coms	–	Commons	La	–	Lane	St	–	Street
Crns	–	Corners	Mnr	–	Manor	Ter	–	Terrace
Ct	–	Court	Mdws	–	Meadows	Tnhs	–	Townhouse
Crk	–	Creek	Mtl	–	Motel	Tri	–	Trail
Cres	–	Crescent	Pk	–	Park	Tpk	–	Turnpike
Crsg	–	Crossing				Univ	–	Univesity
Devl	–	Development Center				Val	–	Valley
Dr	–	Drive				Way	–	Way
Ests	–	Estate				Oth	–	Other

QUESTION: D9 – INSIDE CITY LIMITS

FIELD NUMBER & DESCRIPTION: 1343 – CITY LIMITS

DEFINITION: Is the official address inside the city limits. A residence is considered inside city limits when it is incorporated and inside the city’s boundaries. In New Jersey all locations are part of incorporated municipalities.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 14/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

HARD EDITS:

- The EBC software will automatically default to “Yes” for all New Jersey residents.

QUESTION: D10 – MOTHER’S HOME PHONE NUMBER

FIELD NUMBER & DESCRIPTION: 135 – MOMPHONE

DEFINITION: The home telephone number of the mother.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 10/NUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As reported

SOFT EDITS:

- Bypass this field if the phone number is not known or the mother does not have a telephone. You will be prompted to verify a blank field.

QUESTION: D11 – MOTHER’S MAILING ADDRESS

DEFINITION: The address where the mother receives her mail.

REQUIRED FOR JCAHO: YES (ZIP CODE ONLY)

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
Same as Residence	1 - Alphanumeric	136 – MAIL SAME
Number/PO Box	10 - Alphanumeric	137 – MAILHOUSE #
Street Name	20 - Alphanumeric	139 – MAIL STREET
Street Type	4 - Alphanumeric	140 – MAIL STRTYP
Apartment	6 - Alphanumeric	141 – MAIL APTNO
City/Town	25 - Alpha	144 – MAIL CITY
State/Country	14 - Alpha	143 – MAIL STATE
Zip Code	9 - Numeric	145 – MAIL ZIP

MANDATORY: YES

CAN BE UNKNOWN: NO

DEFAULT DATA ENTRY:

- A pop-up message asks “Is the mothers residential address the same as the mailing address”. If yes, the EBC software will automatically fill in the address fields.
- If the mother resides in the US, 5 or 9 numeric characters can be entered in the zip code field. If the mother resides outside the US the zip code field will allow entry of alpha characters.

COMMENTS:

- If the mailing address is different from the mother’s residence, enter the number, street name and street type. Enter one or more significant characters in the name of the state, county, and city/town fields. If the name of the state, county, and city/town is stored in the maintenance files pop-up windows will appear. Select the appropriate name. If the name of the state, county, and city/town is not stored in the maintenance file you will be prompted to retype the name in order to verify the entry.

PUBLIC HEALTH RATIONALE: It is important to distinguish between the mother’s mailing address and her residence since each serves a different purpose. The mailing address is used for public health follow-up to obtain additional details about the newborn.

QUESTION: D12 – MOTHER MARRIED

FIELD NUMBER & DESCRIPTION: 146 – MARRIED

DEFINITION: Was the mother married at the time of conception, birth, or anytime between conception and birth of this child. A woman is legally married even if she is separated from her husband. She is no longer legally married after a divorce decree is granted by the courts.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

COMMENTS:

- Follow these additional coding instructions:

<u>STATUS</u>	<u>CODE</u>
Widowed.....	Unmarried
Divorced.....	Unmarried
Separated.....	Married
Common Law.....	Married
Indian Marriage.....	Married
Marriage Annulled.....	Unmarried

- If the mother’s marital status at the time of conception, birth or anytime in between is unknown (“?”), the father’s name and information does not appear on the Birth Certificate but does appear on the Certificate of Parentage.

PUBLIC HEALTH RATIONALE: This information is used to evaluate the substantial differences in fertility between married and unmarried women. These data and pregnancy outcomes allow researchers to access outcomes for out-of-wedlock births. Babies born to unmarried mothers tend to have lower birthweights, higher infant mortality and receive less prenatal care. Because of these differences, unmarried women and their babies are more likely to require more intensive health services after the baby is born.

QUESTION: IF MOTHER IS NOT MARRIED TO THE FATHER, WILL THE FATHER BE SIGNING THE CERTIFICATE OF PARENTAGE?

FIELD NUMBER & DESCRIPTION: 147 – PATERNITY

DEFINITION: Has the unmarried father consented to sign the Certificate of Parentage, (COP). If “Yes”, the father’s name will be printed on the birth certificate; if “No”, the father’s name will NOT be printed on the birth certificate.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Y = Yes
N = No

DEFAULT DATA ENTRY:

- This question is asked only if the mother is not married to the father. If the parents are married this field is automatically bypassed.

COMMENTS:

- If the parents are unmarried the following pop-up message appears: “Will the father be signing the Certificate of Parentage? [Y/N]”. If the answer to this question is “Yes”, both parents must sign the Certificate of Parentage in order for the father’s name to appear on the birth certificate. If the answer is “No”, the father’s name will not appear on the birth certificate. Refer to “Father’s Name” (D13) for further information.
- If the mother is married, but not to the biological father of the baby, and she and her husband sign the Affidavit of Denial of Paternity, but the biological father does not sign the COP, the biological father’s information does not appear on the birth certificate. Instead, the mother’s husband’s information will appear on the birth certificate as the father.

QUESTION: IF THE MOTHER IS MARRIED, IS THE HUSBAND THE FATHER OF THE CHILD?

DEFINITION: Is the mother's husband the biological father of the baby.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

COMMENTS:

- If the mother is married, the following pop-up message appears: *“State law requires that the paternity of the child be precisely determined. It is commonly assumed that the HUSBAND is the father of the child. Is that true in this case?”*
- If the answer is “Yes”, the mother's husband's information will appear on the birth certificate as the father.
- If the answer is “No”, the following pop-up message appears: “Will the husband be signing an Affidavit of Denial of Paternity: [Y/N/?].”
- To deny paternity, the mother and the husband must complete and sign an Affidavit of Denial of Paternity. If the biological father wants to declare paternity, this form must be prepared/signed by the mother and her husband before a Certificate of Parentage, (COP) can be prepared. The mother and the biological father must sign the COP in order for the biological father to declare paternity.
- If the mother's married status is unknown (“Mother Married” question is answered with “?”), the father's information will not appear on the birth certificate, but does appear on the Certificate of Parentage.

QUESTION: IF THE HUSBAND IS NOT THE FATHER, WILL THE HUSBAND BE SIGNING AN AFFIDAVIT OF DENIAL OF PATERNITY?

DEFINITION: Will the husband be signing the Affidavit of Denial of Paternity. This will occur in the situations when the husband is not the child's biological father. The husband wishes to deny paternity and the biological father wishes to declare paternity.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: A/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

COMMENTS:

- If "No" or "?" is entered, the following pop-up message appears: *"Although the husband is not the father of this child, by not signing the denial affidavit his name appears on the birth certificate as the father. Enter the HUSBAND's information where FATHER is requested"*.
- If "Yes" is entered, the following pop-up message appears: *"Will the father be signing the Certificate of Parentage?"*. If the biological father signs the Certificate of Parentage, his name and information will appear on the birth certificate as the baby's father. If the biological father **DOES NOT** sign the Certificate of Parentage, then the mother's husband's name and information will appear on the birth certificate as the father.

QUESTION: D13 – NAME OF THE CHILD’S FATHER

DEFINITION: The Father’s legal first, middle, last name and suffix.

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
First Name	12 - Alphanumeric	148 – DAD FNAME
Middle Name	12 - Alphanumeric	149 – DAD MNAME
Last Name	18 - Alphanumeric	150 – DAD LNAME
Last Name Suffix	4 - Alphanumeric	151 – DAD SUFFIX

MANDATORY: NO

CAN BE UNKNOWN: Yes (when parents are not married)

ACCEPTABLE ENTRY: As reported
? = Unknown

COMMENTS:

- The father’s name and information is printed on the birth certificate if:
 1. The parents are married and the husband is the father.
 2. The parents are married, the mother and her husband sign the Affidavit of Denial of Paternity, and the mother and the biological father sign the Certificate of Parentage (COP).
 3. The unmarried parents both sign the COP.
- If the parents are married and the husband is the father, his surname must be entered, even if the mother doesn’t want his name printed on the birth certificate.
- If the baby was conceived in wedlock, but born after a divorce was granted or after the husband died, enter the name of the mother’s deceased or divorced husband.
- If the mother is willing to provide the name and information of the father in cases of babies conceived and born out-of-wedlock, enter the father’s name and information. The father’s name and information will be printed on the birth certificate only if the father signs the COP.

IF THE MOTHER IS MARRIED AND HER HUSBAND IS NOT THE BIOLOCAL FATHER.

1. If either the mother or the husband has not signed the Affidavit of Denial of Paternity, the mother's husband's information must appear on the birth certificate.
2. If either the mother or the father has not signed the Certificate of Parentage, the husband's information must appear on the Birth Certificate.

QUESTION: D14 – FATHER’S DATE OF BIRTH

FIELD NUMBER & DESCRIPTION: 152 – DAD DOB
153 – DAD AGE

DEFINITION: The father’s exact date of birth mm/dd/yy.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 6/DATE (To import data into this field, import 8 bytes)

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: MM/DD/YY
MM/00/YY – day is Unknown
? = Month and/or Year is Unknown

SOFT EDITS:

- The EBC software will accept ages 9-66 years without verification. You will be prompted to verify ages greater than 66.

COMMENTS:

- If the day is unknown but the mother and year are known, enter “00” for the missing day. Enter “?” when the month and/or year are unknown.
- The EBC software automatically calculates the Father’s age and enters this age into the next data field.

PUBLIC HEALTH RATIONALE: This item is used to calculate the age of the father, which is used in the study of childbearing and genological research.

QUESTION: D15 – FATHER’S SOCIAL SECURITY NUMBER

FIELD NUMBER & DESCRIPTION: 154 – DAD SSN

DEFINITION: The father’s social security number is reported by the mother or father.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 9/NUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As reported
? = Unknown

COMMENTS:

- This field is not mandatory, but an effort should be made to obtain this number for both married and unmarried fathers.

QUESTION: D16 – FATHER’S BIRTHPLACE

FIELD NUMBER & DESCRIPTION: 155 – FSTATOFBRTH

DEFINITION: The name of the state or foreign country where the father was born.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 14/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As stated by the mother, father or informant
? = Unknown

COMMENTS:

- The names of the states, US possessions and most countries are stored in the State/Country Library Maintenance file. Enter one or more significant characters in the name of the state or the country. A pop-up window will appear. Select the name. If the name of the country is not stored in the State/Country Maintenance file you will be prompted to retype the name in order to verify the entry.

PUBLIC HEALTH RATIONALE: This item provides information on recent immigrant groups and is used for tracing family histories.

QUESTION: D17 – FATHER’S MAILING ADDRESS

DEFINITION: The address where the father receives his mail. Refer to the Mother’s Official Residence (D8) and Mother’s Mailing Address (D11) for definitions.

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
Same as Mother’s	1 - Alphanumeric	156 – DADMAILSAME
Number/PO Box	10 - Alphanumeric	158 – FMAILHOUSE
Street Name	20 - Alphanumeric	160 – FMAILSTREET
Street Type	4 - Alphanumeric	161 – FMAILSTRTYP
Apartment	6 - Alphanumeric	162 – FMAIL APTNO
City/Town	25 - Alpha	165 – FMAILCITY
State/Country	14 - Alpha	164 – FMAILSTATE
Zip Code	9 - Numeric	166 – FMAIL ZIP

MANDATORY: YES

CAN BE UNKNOWN: YES (only when parents are not married)

DEFAULT DATA ENTRY:

- A pop-up message asks “*Is the father’s mailing address the same as the mother’s mailing address?*” If the answer is “Yes” the mother’s mailing address (D11) will be entered in this field.
- If the father resides in the US, only 5 or 9 numeric characters can be entered in the zip code field. If the father resides outside the US the zip code field will allow entry of alpha characters.

COMMENTS:

- If the mailing address is different from the father’s residence, enter the number, street name and street type. Enter one or more significant characters in the name of the state, county and city/town fields. If the name of the state, county and city/town is stored in the maintenance file, pop-up windows will appear. Select the appropriate name. If the name of the state, county and city/town is not stored in the maintenance file you will be prompted to retype the name in order to verify the entry.

QUESTION: D18 – FATHER’S HOME PHONE NUMBER

FIELD NUMBER & DESCRIPTION: 157 – DADPHONESAME
167 – DAD PHONE

DEFINITION: The home phone number of the father.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 10/NUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As reported

COMMENTS:

- A pop-up message asks “*Is the mother’s phone number the same as the father’s phone number?*”. If the answer is “Yes” the mother’s phone number is automatically entered in this field.

QUESTION: D19a & D20a – MOTHER’S/FATHER’S RACE AS INDICATED BY MOTHER OR INFORMANT

FIELD NUMBER & DESCRIPTION: 168 – MOM RACE (Mother)
169 – DAD RACE (Father) – Prints literal race name
170 – MOMRACECODE (Mother)
171 – DADRACECODE (Father) – Prints race code

DEFINITION: The race of the mother/father as reported by the mother or informant. This entry should reflect the response of the informant, not the observation of the staff.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 1/NUMERIC
15/ALPHA

MANDATORY: YES

CAN BE UNKNOWN: YES

SPECIAL NOTE: HISPANIC IS NOT A RACE CATEGORY

ACCEPTABLE ENTRY: Select the racial choice of the mother/father from the pop-up window:

- 1 = White (include Mexican, Puerto Rican and other Caucasian, Cajun, Creole)
- 2 = Black
- 3 = Indian (North American, Central American, South American, Eskimo and Aleut)
- 4 = Chinese
- 5 = Japanese
- 6 = Hawaiian (including part Hawaiian)
- 7 = Filipino
- A = Asian Indian
- B = Korean
- C = Samoan
- D = Vietnamese
- E = Guamanian
- 8 = Other Asian or Pacific Islander (e.g., Pakistani, Bangladeshi, Cambodian, Thai)
- 9 = Unknown
- 0 = Other selections

HARD EDITS:

- If “Other” is chosen, a second pop-up window appears entitled “Other Race Selections”. “Other Race Selections” are listed on the following page.

COMMENTS:

- If a response of “White” and “Other” is given, the first race listed is entered.
- If a response of “Hawaiian” and any other race is given, “Hawaiian” is entered. If a response of non-white (except Hawaiian) is given, the first race listed is entered.
- If multiple races are reported with percentages or fractions, enter the race with the higher percentage or fraction. If percentages or fractions are equal, enter the first race listed. If multiple races are reported with a hyphen, but without percentages, enter the first race listed. If “part”, or “1/4”, or “1/2”, or “3/4” is given as a single race entry, disregard the prefix and select the race as reported.
- If the “Other” entry lists Negro, Color(ed), Brown, AA, Afro-American or African American, select Black.
- If the “Other” entry category lists Asian, Yellow, Oriental or Mongolian, and the birthplace is given as China, Japan, the Philippines Hawaii, India, Korea, Vietnam, Samoa or Guam, enter the appropriate racial group. If the birthplace is not one of these places, select “Other Asian or Pacific Islander”.
- If the “Other” entry lists “Native American” select “Indian”.
- If the racial entry is “Indian” and the birthplaces is not in North, Central or South America, select “Asian Indian”.

PUBLIC HEALTH RATIONALE: These items are used to determine the race of the child for statistical purposes. The data are used to study racial variations in childbearing, access to health care, pregnancy outcomes, infant mortality and birth weight. Race is an important variable in planning for and evaluating the effectiveness of health programs and in preparing population estimates.

OTHER RACE SELECTIONS

- | | | |
|---------------------|--------------------|----------------------------------|
| 1. African | 18. Cuban | 35. Mulatto |
| 2. African-American | 19. Dominican | 36. Multi-Racial |
| 3. Bahamian | 20. Ecuadorian | 37. Nassau |
| 4. Belizian | 21. Ghanian | 38. Nicaraguan |
| 5. Bi-Racial | 22. Guatemalan | 39. Non-White |
| 6. Bolivian | 23. Guyanese | 40. Panamanian |
| 7. Brazilian | 24. Haitian | 41. Paraguayan |
| 8. British Honduran | 25. Hispanic | 42. Peruvian |
| 9. Brown | 26. Honduran | 43. Portuguese |
| 10. Cajun | 27. Jamaican | 44. Puerto Rican |
| 11. Chamorro | 28. Latino | 45. Salvadorian |
| 12. Chamosso | 29. Liberian | 46. Santo-Domingo |
| 13. Chicano | 30. Mestizo | 47. Spanish |
| 14. Chilean | 31. Mestizo-Inca | 48. Trinidadian |
| 15. Columbian | 32. Mexican | 49. Uruguayan |
| 16. Costa Rican | 33. Mexican Indian | 50. Venezuelan |
| 17. Creole | 34. Mixed Race | 0. Other Selections
Not Shown |

If “Other Selections Not Shown” (0) is selected, a pop-up message appears stating “Please Specify”. The 15 byte field that opens for data entry. The literal race selection is printed on the birth certificate.

QUESTION: D19b & D20b – MOTHER/FATHER OF HISPANIC ORIGIN

FIELD NUMBER & DESCRIPTION:

MOTHER:	172 – MHISPANICYN	173 – MOMORIGIN	176 – MORGCODE
FATHER:	174 – FHISPANICYN	175 – DAD ORIGIN	177 - FORGCODE

DEFINITION: The mother’s and father’s Hispanic origin as reported by the mother or informant. A person of Hispanic origin may be of any race. For the purposes of this item, “Hispanic” refers to those people whose origins are from Spain, Mexico or the Spanish-speaking countries of Central or South America.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 1/NUMERIC
15/ALPHA

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 0 = No (Non-Hispanic)

If YES, select from the following Hispanic choices:

- 1 = Mexican
- 2 = Puerto Rican
- 3 = Cuban
- 4 = Central or South American
- 5 = Other Hispanic
- 9 = Unknown/Not classifiable

HARD EDITS:

- If “Other Hispanic” is selected, a second pop-up window appears entitled “Other Hispanic Selections”. Other Hispanic Selections are listed on the following page.

PUBLIC HEALTH RATIONALE: Hispanics comprise the second largest ethnic minority in this country. This item provides data to measure differences in fertility and pregnancy outcomes, as well as variation in health care for people of Hispanic and non-Hispanic origin.

OTHER HISPANIC SELECTIONS

- | | |
|-----------------------|-------------------------------|
| 1. Argentina | 15. Honduras |
| 2. Belize(ian) | 16. Latin American |
| 3. Bolivia(n) | 17. Latino |
| 4. Chicano | 18. Mexican American |
| 5. Chile | 19. Nicaragua |
| 6. Colombia | 20. Panama |
| 7. Costa Rica | 21. Paraguay |
| 8. Dominican Republic | 22. Peru |
| 9. Ecuador | 23. Portuguese |
| 10. El Salvador | 24. Spanish |
| 11. Espana (Espanol) | 25. Spaniard |
| 12. Hispanic | 26. Uruguay |
| 13. Guatemala | 27. Venezuela |
| 14. Hispano | 0. Other Selections Not Shown |

If “Other Selections Not Shown” (0) is selected, a pop-up message appears stating “Please Specify”. The 15 byte field that opens for data entry. The literal race selection is printed on the birth certificate.

QUESTION: D21a & D21b – EDUCATION OF MOTHER/FATHER

FIELD NUMBER & DESCRIPTION: 180 – MOM EDUC
181 – DAD EDUC

DEFINITION: Enter the highest number of years of regular schooling completed by the mother and/or father. Report only years of school that were completed and include only formal schooling. Do not include beauty, barber, trade, bussiness, technical or other special schools.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 2/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 00 – 12 = Elementary or secondary school
13 – 16 = College
17 = Post graduate
? = Unknown

COMMENTS:

- If the entry for college is reported as a partial year or indicates that a full year has not been completed, enter 12.
- If a year is reported with a fraction or symbol such “+”, “-”, “?”, ignore the fraction or symbol and enter the year as stated.
- If the response is “all” in the elementary/secondary block, enter 12. If the entry is reported as “all” in the college block, enter 16.
- If the entry in the college block is “A.A.” or “A.S.”, enter 14. If the entry in the college block is “B.B.A.”, “B.A.”, “A.B.”, or “B.S.”, enter 16. If the entry in the college block is “A.M.”, “M.A.”, “M.Sc.”, “D.D.M”, “D.O.”, “L.L.B.”, “Ph.D.”, or other advanced degree, enter 17.
- When symbols such as “-”, “?”, “/”, etc., are reported in either block and no other entry is reported, code as unknown (?).
- If the entry is R.N. or B.S. in Nursing, code as follows:
RN = 14 2 yr RN = 15 4 yr RN = 16 B.S. in Nursing = 16
- You will be prompted to verify an “Unknown” entry.

QUESTION: D22a & D22b – MOTHER/FATHER EMPLOYMENT STATUS

FIELD NUMBER & DESCRIPTION: 182 – MOMEMPLOYED
192 – DADEMPLOYED

DEFINITION: Did the mother and/or father work for pay during the past year?

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

QUESTION: D23a & D23b – MOTHER/FATHER OCCUPATION

FIELD NUMBER & DESCRIPTION: 183 – MOCCUPATION
193 – FOCCUPATION

DEFINITION: If the mother and/or father worked during the past year, the type of work or occupation they performed.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 15/ALPHANUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As reported
? = Unknown

DEFAULT DATA ENTRY:

- This field is bypassed if the mother and/or father has not been employed.

COMMENTS:

- This field should contain information on the type of occupational position the parent held during the year, e.g., retail sales clerk, carpenter or nurse.

QUESTION: D24a & D24b – MOTHER/FATHER – TYPE OF BUSINESS OR INDUSTRY

FIELD NUMBER & DESCRIPTION: 184 – MINDUSTRY
194 – FINDUSTRY

DEFINITION: If the mother and/or the father worked during the past year, what type of business employed her/him.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 15/ALPHANUMERIC

MANDATORY: NO (only in cases of out-of-wedlock births)

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As reported
? = Unknown

DEFAULT DATA ENTRIES:

- This field is bypassed if the mother and/or father has not been employed.

COMMENTS:

- This field should contain information on the type of services the business performs, e.g., consulting, or the type of goods the business manufactures, e.g., food service equipment.

QUESTION: D24a & D24b – MOTHER’S/FATHER’S EMPLOYER’S NAME

FIELD NUMBER & DESCRIPTION: 185 – MOMEMPLOYER
195 – FEMPLOYER

DEFINITION: The name of the company or employer of the mother and/or father.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 30/ALPHANUMERIC

MANDATORY: NO (only in cases of out-of-wedlock births)

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As reported
? = Unknown

DEFAULT DATA ENTRIES:

- This field is bypassed if the mother and/or father has not been employed.

QUESTION: D24a & D24b – MOTHER’S/FATHER’S – EMPLOYER’S ADDRESS

DEFINITION: The address of the employer of the mother and/or father, as reported by the mother or informant.

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
Number/PO Box	10 - Alphanumeric	186 – M EMPLR # 196 – F EMPLR #
Street	20 - Alphanumeric	187 – M EMPLRSTRT 197 – F EMPLRSTRT
City/Town	25 - Alpha	188 – M EMPLRCITY 198 – F EMPLRCITY
State/Country	14 - Alpha	189 – M EMPLRSTATEABBR 199 – F EMPLRSTATEABBR 200 – F EMPLRSTATE
Zip Code	9 - Numeric	191 – M EMPLRZIP 201 – F EMPLRZIP

MANDATORY: NO (only in cases of out-of-wedlock births)

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As reported
? = Unknown

DEFAULT DATA ENTRIES:

- This field is bypassed if the mother and/or father has not been employed.

COMMENTS:

- See COMMENTS under “Mother’s Official Residence” on page 104 of this manual.

QUESTION: D25 – NAME OF MOTHER/INFORMANT

DEFINITION: The first, middle initial and last name of the mother, or informant, who completed the worksheet or provided this information through an interview.

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
First Name	12 - Alpha	207 – INFORMNTFNAME
Middle Name	1 - Alpha	208 – INFORMNTMNAME
Last	18 - Alpha	209 – INFORMNTLNAME

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Name as reported by the mother/informant.

QUESTION: D26 – RELATIONSHIP TO CHILD

FIELD NUMBER & DESCRIPTION: 205 – INFORMRLTNSH

DEFINITION: The relationship to the child of the person who completed this worksheet, or provided this information through an interview.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC
12/ALPHA

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: 1 = Mother
2 = Father
3 = Other

DEFAULT DATA ENTRIES:

- If the entry is “Mother” the software will default to the mother’s name (D3), as entered in the “Mother/Informant” (D25) field.
- If the entry is “Father” the software will default to the father’s name (D13), as entered in the “Mother/Informant” (D25) field.
- If the entry is “Other” a 12 byte field opens for data entry.

QUESTION: D27 – SIGNATURE OF MOTHER/INFORMANT

FIELD NUMBER & DESCRIPTION: 210 – INFORMANTSGND

DEFINITION: The signature of the mother/informant on the worksheet confirms that she has reviewed the information, and that it is correct to the best of her knowledge and belief. If a worksheet is not used to gather this information, the mother/informant needs to sign the hospital copy (fourth copy) of the printed birth certificate. This signature will remain in the hospital as part of the medical record.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Y = Yes
N = No

SOFT EDITS:

- If the entry is “No”, a pop-up window asks “*Are you sure you cannot get the signature?*”. You will be prompted to verify the entry.

QUESTION: D28 – NAME OF DESIGNATED HOSPITAL REPRESENTATIVE

DEFINITION: The first, middle initial and last name of the hospital representative who assisted with collecting information for this module.

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
First Name	12 - Alpha	211 – HOSPREFNAME
Middle Name	1 - Alpha	212 – HOSPREFMNAME
Last	18 - Alpha	213 – HOSPREFLNAME

MANDATORY: YES

CAN BE UNKNOWN: NO

COMMENTS:

- The names of hospital representatives are stored in the operator file. Enter the first three letters of the last name of the hospital representative and the name will automatically be entered in the field.

QUESTION: D29 – DATE OF REVIEW

FIELD NUMBER & DESCRIPTION: 214 – DATEOFREVIEW

DEFINITION: The date when the worksheet was completed.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 6/DATE
(To import data into this field, import 8 bytes)

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: MM/DD/YY

COMMENTS:

- If a worksheet was not completed, enter the date when the mother/informant was interviewed by the hospital representative.

QUESTION: D30a – FATHER’S MEDICAL INSURANCE – COMPANY NAME

FIELD NUMBER & DESCRIPTION: 202 – DAD INS CODE
203 - DADINSURNAME

DEFINITION: The father’s medical insurance company name, as reported by the mother, father or informant.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 30/ALPHANUMERIC

MANDATORY: NO, but only in cases of out-of-wedlock births

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As reported
? = Unknown

COMMENTS:

- All New Jersey registered insurance companies and some New York, Pennsylvania, and Delaware insurance companies are stored in the Insurance Maintenance File. Enter the first two letters of any part of the insurance company name. Select name from the pop-up. If the name of the insurance company is not stored in the maintenance file you will be asked to retype the entry in order to verify this name.

QUESTION: D30b – FATHER’S MEDICAL INSURANCE – POLICY NUMBER

FIELD NUMBER & DESCRIPTION: 204 – DADINSURNUM

DEFINITION: The father’s medical insurance policy number as reported by the mother or father.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 19/ ALPHANUMERIC

MANDATORY: NO (only in cases of out-of-wedlock births)

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As reported
? = Unknown

SOFT EDIT:

- Unknown must be verified.

QUESTION: NAME OF THE CERTIFIER OF THE BIRTH CERTIFICATE

DEFINITION: The first, middle and last name of the certifier of the birth certificate.

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
First Name	12 - Alpha	217 – CERTIFIERFRST
Middle Name	12 - Alpha	218 – CERTIFIERMID
Last	18 - Alpha	219 – CERTIFIERLST

MANDATORY: NO

CAN BE UNKNOWN: YES

SOFT EDITS:

- Names of authorized individuals are stored in the Certifier/Attendant Library Maintenance file. Enter the first three letters of the last name. If the certifier is stored in the file, the name can be chosen from the pop-up window. The software will fill in the certifier's full name.
- You will be asked to verify the certifier/attendant's name if it is not stored in the maintenance file.

COMMENTS:

- It is preferable to obtain the attendant's signature for certification. If the attendant is part of a group of other health professionals you are permitted to obtain a signature from another member of that group, but only if the attendant is unable to sign.
- If the attendant's signature cannot be obtained within 4 days of the birth, the birth may be certified by one of the designated supervisors of the facility's labor and delivery department or the Medical Director of OB/GYN. If the attendant or an authorized supervisor cannot certify the birth certificate, the chief executive officer of the facility can certify this birth certificate.
- If an obstetrical resident attended the birth, the resident should also certify the baby's birth certificate, either manually or electronically.

QUESTION: CERTIFIER'S ADDRESS

DEFINITION: The address of the certifier.

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
Number/PO Box	10 - Alphanumeric	220 – CERTIFR HOUSE
Street	20 - Alphanumeric	221 – CERTIFRSTREET
City/Town	25 - Alpha	222 – CERTIFRCITY
State/Country	14 - Alpha	223 – CERTIFRSTATE
Zip Code	9 - Numeric	224 – CERTIFRZIP

MANDATORY: YES

CAN BE UNKNOWN: NO

COMMENTS:

- The names of the states, US possessions, and most countries are stored in the State/Country Library Maintenance file. Enter one or more significant characters in the name of the state or the country. A pop-up window will appear. Select the name. If the name of the country is not stored in the State/Country Library Maintenance file you will be prompted to verify the entry.
- All New Jersey, New York, Delaware and Pennsylvania county names are stored in the County Library Maintenance file. Enter one or more significant characters in the name of the county. A pop-up window will appear. Select the county. If the name of the county is not stored in the County Library Maintenance file you will be prompted to verify the entry.
- The names of all New Jersey and some New York, Delaware and Pennsylvania towns are stored in the City/Town Library Maintenance file. Enter one or more significant characters in the name of the town. A pop-up window will appear. Select the town. If the name of the town is not stored in the City/Town Library Maintenance file you will be prompted to verify the entry.

See “Mother’s Official Residence” (D8) for definitions for this field.

QUESTION: SIGNATURE OF THE CERTIFIER

FIELD NUMBER & DESCRIPTION: 225 – DIDCERTSIGN

DEFINITION: The written signature of the certifier or an electronic signature of the certifier is present on the paper Birth Certificate.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Y = Yes
N = No

HARD EDITS:

- Without the signature of the certifier the EBC record cannot be transmitted from the birth facility to the Department of Health and Senior Services. The paper copy of the certificate cannot be filed with the local register. Certifiers have the choice of signing electronically or on the paper copy. If this field is “NO”, a message will appear stating: *“The birth certificate has not been certified.”*
- The software will default to “YES” if there is an electronic signature.

COMMENTS:

- If the certifier does not sign electronically, the first three copies of the printed birth certificate need to be signed manually. The hospital copy is the fourth copy; the hospital can request that their certifiers sign that copy.

QUESTION: ELECTRONIC SIGNATURE OF THE CERTIFIER

DEFINITION: The certifier electronically signed the birth certificate by entering a PIN number.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 8/ALPHANUMERIC

MANDATORY: CERTIFICATION IS MANDATORY, BUT IT CAN BE DONE ELECTRONICALLY OR MANUALLY

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Any alphanumeric combination determined by each facility. The facility can use 1 – 8 bytes for each PIN number.

COMMENTS:

- For the electronic signature the certifier must first review:
 - Mother's name as per delivery record
 - Mother's medical record number
 - Mother's date of admission
 - Mother's maiden name
 - Date of birth of the infant
 - Time of birth and sex of the infant
 - Certifier's name and address
- If an electronic signature is provided the certifier's name is printed in the signature field on all four (4) copies of the birth certificate.
- If an electronic signature is obtained the certifier does not need to provide a manual signature.
- The clerk can pre-enter the mother's chart number, date of admission, mother's name and mother's maiden surname prior to the electronic signature. At the time of the electronic signature, the certifier or clerk can input the date of delivery, time of delivery, sex of infant, and certifier's name. The certifier should then review the information and enter his/her PIN Number.

QUESTION: SIGNATURE OF MOTHER ON THE BIRTH CERTIFICATE

FIELD NUMBER & DESCRIPTION: 216 – DIDMOMSIGNCRT

DEFINITION: Has the mother signed the back of the printed certificate verifying the spelling of her child's name.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Y = Yes
N = No

COMMENTS:

- The mother's signature must first be obtained on the birth certificate before it can be transmitted to the Department of Health and Senior Services and before a paper copy can be filed with the local registrar.

QUESTION: MOTHER’S SIGNATURE ON CERTIFICATE OF PARENTAGE

DEFINITION: Has the mother signed the Certificate of Parentage.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Y = Yes
N = No

COMMENTS:

- If the unmarried mother signs the Certificate of Parentage the father’s name and information will appear on the printed copy of the birth certificate. He will be legally identified as the father of this child and will have legal rights to, as well as legal responsibilities for this child.
- If the married mother and her husband sign the Affidavit of Denial of Paternity, and the mother and biological father sign the COP, the biological father’s information will be printed on the birth certificate.
- If the married mother and her husband sign the Affidavit of Denial of Paternity, and the mother does not sign the COP, the biological father’s information will not be printed on the birth certificate, even if the biological father signs the COP.
- If you have printed a birth certificate containing the unmarried father’s name and information, and you enter “NO” to this field, a pop-up message will appear stating *“This record indicates that the father has signed the Certificate of Parentage but mother has not, and father’s name now cannot appear on the printed birth certificate. You must change the answer to “Will Father Sign” on Screen two of Module four and then re-print the birth certificate before submission”*.

QUESTION: SIGNATURE OF THE MOTHER ON THE AFFIDAVIT OF DENIAL OF PATERNITY

DEFINITION: Has the mother signed the Affidavit of Denial of Paternity? The Affidavit of Denial of Paternity is signed by the mother if the mother is married, the husband is not the father and the biological father signs the Certificate of Parentage.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Y = Yes
N = No

DATA DEFAULT ENTRY:

- This question will appear only if the question “Is the husband the father of this Baby?” is answered “No”..

COMMENTS:

- This form provides the husband the opportunity to deny paternity. If the husband and mother sign the Affidavit of Denial of Paternity and the biological father signs the Certificate of Parentage, the biological father’s name and information is printed on the birth certificate.
- If the husband and mother sign the Affidavit of Denial of Paternity and the biological father does not sign the Certificate of Parentage, the husband’s name and information is printed on the birth certificate and he is legally responsible for this child.
- If the mother does not sign the Affidavit of Denial of Paternity, the husband’s name and information is printed on the birth certificate.
- If you have printed a birth certificate containing the unmarried father’s name and information and you answer “No” to this question, a pop-up message will appear prompting you to reprint the birth certificate.

QUESTION: SIGNATURE OF THE HUSBAND ON THE AFFIDAVIT OF DENIAL OF PATERNITY

DEFINITION: Has the husband signed the Affidavit of Denial of Paternity? The Affidavit of Denial of Paternity is signed in situations where the mother is married and the husband is not the biological father. This provides the husband the opportunity to deny paternity.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Y = Yes
N = No

DATA DEFAULT ENTRY:

- This question will appear only in situations when the question “*Is the husband the father of this baby*” is answered as “No”.

COMMENTS:

- This form provides the husband the opportunity to deny paternity. In this situation if the husband and mother sign the Affidavit of Denial of Paternity and the biological father signs the Certificate of Parentage, the biological father’s name and information is printed on the birth certificate.
- If the husband and mother sign the Affidavit of Denial of Paternity and the biological father does not sign the Certificate of Parentage, the husbands name and information is printed on the birth certificate and he is legally responsible for this child.
- If you have printed a birth certificate containing the unmarried father’s name and information and you answer “No” to this question, a pop-up will prompt you to reprint the birth certificate.

MODULE 5 – NEWBORN DISCHARGE SCREEN

QUESTION: BABY’S CHART NUMBER

FIELD NUMBER & DESCRIPTION: 229 – BABYMEDREC

DEFINITION: The baby’s medical chart number.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 9/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES (only if a fetal death)

ACCEPTABLE ENTRY: As reported

COMMENTS:

- This is the unique number the hospital assigns to the infant’s medical record. It is available on the medical record or on the face sheet.
- If the baby is not assigned a chart number enter the artificial number ND0000 or enter a question mark (?). This will allow you to complete Module 5. If you enter a question mark (?), a pop-up asks if you wish to indicate unknown. Select the appropriate choice:
 - 1 - This is a fetal death
 - 2 - This infant has no chart number

NOTE: A baby’s medical record may not be assigned a chart number if the baby dies in the delivery room or if the baby is transferred to another facility soon after birth.

QUESTION: INFANT'S SURNAME AS PER DELIVERY RECORD

FIELD NUMBER & DESCRIPTION: 230 – BABYDELIVERYSURNAME

DEFINITION: The infant's last name (surname) per delivery record.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 18/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: As reported

DEFAULT DATA ENTRY:

- The baby's last name (D1) is automatically entered in this field from the information in Module 4, Question 1.

NOTE: If the infant was transferred into this facility you must enter the infant's last name.

QUESTION: E1 – WAS THE INFANT TRANSFERRED FROM ANOTHER INSTITUTION?

FIELD NUMBER & DESCRIPTION: 231 – WASBABYTANSFERREDIN

DEFINITION: The infant was transferred here directly from another institution.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Y = Yes
N = No

DEFAULT DATA ENTRY:

- If “Yes” the date of transfer and the name of the transferring institution must be entered.
- If “No” the date of transfer and the name of the transferring institution will be bypassed automatically.

COMMENTS:

- If the baby is transferred from another institution, a pop-up window appears stating “*Since the baby was transferred in from another facility, only the newborn discharge module and parent/guardian module should be completed. The entire birth certificate was generated at the hospital the baby was transferred from and does not need to be re-generated.*” Only Modules 5 and 6 should be completed.
- If the infant is born out of state or on the way to this hospital, enter “Yes”.
- If the baby was transferred from a facility using the EBC, the following information should be available on a transfer abstract and should be entered into this EBC record, (Modules 5 and 6):

Genesis Electronic ID	Child’s Sex
Date of Child’s Birth	Child’s First, Middle and Last Name
Child’s Birthweight in Pounds or Grams	
- This file will have two EIN numbers: the EIN from the originating hospital EBC record and the EIN from this hospital’s EBC record.
- If a baby is transferred to a third hospital, or goes back to the origination hospital do not enter a record for the baby in the EBC.

QUESTION: E2 – DATE INFANT TRANSFERRED TO THIS FACILITY

FIELD NUMBER & DESCRIPTION: 232 – BABYTRANSFERINDATE

DEFINITION: The date the infant was transferred to this institution.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 6/DATE

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: MM/DD/YY

HARD EDITS:

- Cannot be a future date.
- If “Was the Infant Transferred from Another Institution” (E1) equals “Yes”, the date field must be completed.

DEFAULT DATA ENTRY:

- If “Was the Infant Transferred from Another Institution” (E1) equals “No”, the date field is bypassed automatically.

QUESTION: E3 – TRANSFERRING FACILITY NAME AND LOCATION

DEFINITION: The name, city/town, and county of the transferring facility.

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
Facility Name	50 - Alphanumeric	233 – BABYTRANSFERINLOCATION
State	14 - Alphanumeric	235 – BABYXFERINSTATE
City/Town	25 - Alphanumeric	236 – BABYXFERINCITY
County	15 - Alphanumeric	237 – BABYXFERINCOUNTY

MANDATORY: YES (If E1 is completed)

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRIES: As reported

DEFAULT DATA ENTRY:

- Enter one or more characters of any significant word in the transferring facility’s name. A series of pop-up screens will appear with the names and locations of facilities. Select the appropriate facility. The facility name, state, city and county will automatically fill in.

QUESTION: E4 – PROCEDURES/INTERVENTIONS

FIELD NUMBER & DESCRIPTION: 239 – NEWBORNPROCEDURES
240 – OTHRPROCEDURE

DEFINITION: The procedures and other interventions performed on the infant during this admission.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 17/NUMERIC
30/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Select all choices that apply from the pop-up window:

INFUSIONS:

- 01 [] *IV Antibiotics*
- 02 [] *Blood Transfusion*
- 03 [] *Exchange Transfusion*
- 04 [] *Parenteral Alimentation*
- 05 [] *Ototoxic Drugs (>5 days or w/loop diurectis)*

SURGERY:

- 06 [] *Circumcision*
- 07 [] *Other Surgery*

CATHETERIZATIONS:

- 08 [] *Umbilical Artery Catheterization (UAC)*
- 09 [] *Umbilical Vein Catheterization (UVC)*

ASSISTED VENTILATION:

- 10 [] *Oxygen Therapy*
- 10A *Duration _____ days*
- 11 [] *CPAP*
- 11A *Duration _____ days*
- 12 [] *Mechanical Ventilation*
- 12A *Duration _____ days*

OTHER:

- 13 [] *ECMO*
- 14 [] *Phototherapy*
- 15 [] *Surfactant Therapy*
- 16 [] *Other, Specify _____*
- 00 [] *None*

HARD EDITS:

- If “None” is selected no other choices can be entered.
- If “Other” is selected a 30 byte field opens for data entry.
- If “Oxygen Therapy” is selected you must answer 10A.
- If “CPAP” is selected you must answer 11A.
- If “Mechanical Ventilation” is selected you must answer 12A.

NOTE: Only whole numbers can be entered in 10A, 11A and 12A.

DEFINITIONS OF PROCEDURES/INTERVENTIONS

Infusions:

1. IV Antibiotics – Antibiotics were given intravenously during this hospital stay.
2. Blood Transfusion – The infant was transfused with blood or blood products during this hospital stay.
3. Exchange Transfusion – An exchange transfusion was performed on the infant during this hospital stay.
4. Parenteral Alimentation – The feeding of nutrients (proteins, lipids, trace elements, etc.) via means other than the intestinal canal.
5. Ototoxic Drugs (>5 days or w/loop diuretics) – Ototoxic medications (e.g. Gentamycin, Tobramycin, Kanamycin, Streptomycin, Vancomycin) for greater than 5 days, or used in combination with loop diuretics (Lasix, Myrosemide, Bumex, Edecrin).

Surgery:

6. Circumcision – The infant was circumcised during this hospital stay.
7. Other Surgery – Any other surgical procedure performed on the infant.

Catheterizations:

8. Umbilical Artery Catheterization – The insertion of a catheter into the umbilical artery of the infant.
9. Umbilical Vein Catheterization – The insertion of a catheter into the umbilical vein of the infant.

Assisted Ventilation:

10. Oxygen Therapy – The infant was given oxygen therapy during the course of this hospitalization. The length of therapy should be noted in number of full days.
11. CPAP (Continuous Positive Airway Pressure) – CPAP was applied during the infant's hospitalization. The length of therapy is recorded as the number of full days.

12. Mechanical Ventilation – The infant was placed on a mechanical ventilator during this hospital stay. The length of therapy is recorded as the in number of full days.

Other Procedures/Interventions:

13. ECMO (Extracorporeal Membrane Oxygenation) – The removal and replacement of less oxygenated blood with therapeutically oxygenated blood.

14. Phototherapy – Phototherapy treatment of the infant while in the hospital.

15. Surfactant Therapy – Surfactant therapy treatment of the infant while in the hospital.

16. Other – Procedures not mentioned above should be specified.

17. None – No procedures were performed on the infant.

**QUESTION: E4-10a – DURATION OF O2 THERAPY
E4-11a – DURATION OF CPAP
E4-12a – DURATION OF MECHANICAL VENTILATION**

FIELD NUMBER & DESCRIPTION: 241 – O2DAYS
242 – CPAPDAYS
243 – MECHANICALDAYS

DEFINITION: The total number of days of the above therapies received at this facility.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 3/FIELDS – 2 BYTES/NUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 1-96
97 = 97 or more days
0 = less than 12 hours
? = Unknown

HARD EDITS:

- The total number of days of therapy must be less than or equal to the total length of stay.

COMMENTS:

- Round down to the nearest day, i.e., greater than 12 hours = 1 day and less than 12 hours = 0 days.

QUESTION: E5 – DIAGNOSIS OF INFANT

FIELD NUMBER & DESCRIPTION: 244 – DIAGNOSIS
245 – OTHRDIAGNOSIS

DEFINITION: A confirmed diagnosis by a physician made at anytime during the infant’s hospital stay.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 33/NUMERIC
30/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Select all choices that apply from the pop-up window:

- | | |
|--|---|
| 01 [] Normal Newborn | <u>Respiratory</u> |
| 02 [] Abnormal Neurologic Exam | 17 [] Home Monitoring |
| <u>Neurologic</u> | 18 [] Bronchopulmonary Dysplasia (BPD) |
| 03 [] Seizures | 19 [] Meconium Aspiration Syndrome |
| 04 [] Central Nervous System Hemorrhage | 20 [] Pneumonia |
| 05 [] Palsy | 21 [] Air Leak Syndrome |
| 06 [] Brachioplexis Injury | 22 [] Home on Oxygen |
| <u>Congenital Malformation</u> | 23 [] Respiratory Distress Syndrome/Hyaline Membrane Disease (RDS)/(HMD) |
| 07 [] Reportable Birth Defect | 24 [] Transient Tachypnea of Newborn (TTN) |
| <u>Hematologic Disease</u> | 25 [] Persistent Pulmonary Hypertension (PPHN) |
| 08 [] Coombs Positive | <u>Miscellaneous</u> |
| 09 [] Rh Hemolytic | 26 [] Drug Dependency |
| 10 [] Hyperbilirubinemia | 27 [] Fetal Alcohol Syndrome (FAS) |
| 11 [] Polycythemia (Venous Hct>65%) | 28 [] Fracture/Dislocation |
| 12 [] Other Hematologic | 29 [] Necrotizing Enterocolitis |
| <u>Infectious Disease</u> | 30 [] Cephalic Molding |
| 13 [] Meningitis (Bacterial/Viral) | 31 [] Symptomatic Hypoglycemia |
| 14 [] Proven Sepsis | 32 [] Stigmata/Anomalies Associated with Hearing Loss |
| 15 [] In Utero Infection (TORCH) | 33 [] Other, Specify _____ |
| 16 [] Syphilis Serology Positive | |

HARD EDITS:

- “Normal Newborn” (01) may be selected with any diagnosis except “Abnormal Neurological Exam” (02).
- If “Other” (33) is selected a 30 byte field appears for data entry.
- If “Fetal Alcohol Syndrome” (27) is selected and “Mother’s Alcohol Usage” is “NO” (from Module 1 A6-B1), a pop-up message states: “PRENATAL MODULE INDICATES THAT MOTHER DID NOT USE ALCOHOL. DO YOU WISH TO INDICATE FETAL ALCOHOL SYNDROME? – (Y/N)”.
- If “Drug Dependency” (26) is selected and “Mother’s Drug Usage” is “NO” (from Module 1 A6-C1), a pop-up message states: “PRENATAL MODULE INDICATES THAT MOTHER DID NOT USE DRUGS. DO YOU WISH TO INDICATE DRUG DEPENDANCY? – (Y/N)”.

DEFINITIONS OF DIAGNOSIS OF THE INFANT

1. Normal Newborn – An infant without a medical diagnosis of abnormality.
2. Abnormal Neurologic Exam – Confirmed diagnosis of a neurological abnormality.

NEUROLOGIC:

3. Seizures – A diagnosis of any form of seizure disorder in the newborn.
4. Central Nervous System Hemorrhage – Hemorrhage within the CNS, confirmed by diagnostic tests.
5. Palsy – Partial paralysis or paresis of a body part, e.g., facial (Bell’s) palsy.
6. Brachioplexus Injury – An injury to any part of an infant’s arm.

CONGENITAL MALFORMATIONS:

7. Reportable Birth Defect – Any confirmed birth defect reportable to the Birth Defects Registry of the New Jersey Department of Health and Senior Services.

HEMATOLOGIC DISEASES:

8. Coombs Positive – A positive result of antiglobulins on the red cells.
9. Rh Hemolytic – Evidence of Rh incompatibility between mother and child.
10. Hyperbilirubinemia – An excessive amount of bilirubin in the blood, with levels elevated high enough to establish a diagnosis of hyperbilirubinemia.
11. Polycythemia – A venous Hematocrit greater than 65%.
12. Other Hematologic – Any other diagnosed Hematologic disease.

INFECTIOUS DISEASE:

13. Meningitis – Bacterial or viral inflammation of the meninges.
14. Proven Sepsis – Diagnosed sepsis confirmed through laboratory tests.
15. In Utero Infection (TORCH) – A diagnosed infection acquired before birth and confirmed by laboratory tests. Infections include toxoplasmosis (TO), rubella (R), cytomegalovirus (C), and herpes (H).
16. Syphilis Serology Positive – A positive syphilis serology confirmed through laboratory tests. Confirmed cases of congenital syphilis should also be entered as an in utero infection.

RESPIRATORY:

17. Respiratory Home Monitoring – Infants sent home on home monitoring equipment because of apnea, bradycardia or other risk factors.
18. Bronchopulmonary Dysplasia (BPD) – The diagnosis of BPD confirmed through radiological and/or clinical methods.
19. Meconium Aspiration Syndrome – Signs and symptoms of meconium aspiration. Meconium is the first stool (intestinal discharge) of a newborn infant.
20. Pneumonia – The diagnosis of a lung inflammation.
21. Air Leak Syndrome – Any evidence of air leak outside of the alveoli; includes pneumomediastinum and pneumothorax.
22. Home on Oxygen – Infant discharged with a prescription for oxygen for home use.

23. Respiratory Distress Syndrome/Hyaline Membrane Disease (RDS)/(HMD) – The diagnosis of RDS/HMD confirmed by radiological and/or clinical methods.
24. Transient Tachypnea of the Newborn (TTN) – A diagnosis of transient tachypnea, an abnormally rapid respiratory rate not lasting more than 24-48 hours.
25. Persistent Pulmonary Hypertension (PPHN) – The presence of pulmonary hypertension diagnosed and confirmed through clinical and radiological methods.

MISCELLANEOUS:

26. Drug Dependency – The presence of signs and symptoms of drug withdrawal in an infant born to a drug dependent mother. Toxicology tests are used to confirm a diagnosis.
27. Fetal Alcohol Syndrome (FAS) – A syndrome of altered prenatal growth and morphogenesis, occurring in infants born to women who consumed excessive amounts of alcohol during pregnancy.
28. Dislocation/Fracture – The separation of a bone from a joint or a broken bone.
29. Necrotizing Enterocolitis – A confirmed diagnosis of tissue death in the intestine and colon.
30. Cephalic Molding – JCAHO excludes infants entered as having birth injuries even if the only evidence is Cephalic molding. Check only if this is the only evidence of birth injury.
31. Symptomatic Hypoglycemia – A diagnosis of abnormally low blood sugar.
32. Stigmata/Anomalies Associated with Hearing Loss – The presence of any form of disease/abnormality associated with hearing loss,

Such diseases/syndromes may include, but are not limited to, Down syndrome, Waardenburg syndrome, Cornelia deLange syndrome, CHARGE syndrome, dwarfism, achondroplasia, and osteogenesis imperfecta.

Such physical abnormalities may include, but are not limited to, cleft palate, abnormalities of the pinna and ear canal, microtia, anotia, external auditory canal atresia, preauricular pits, low set ears, micrognathia, hydrocephalus, white forelock, craniosynostosis, and heterochromia.

33. Other, Specify – Any other diagnosis of the infant not mentioned above.

DISCONTINUED in EBC version 7.0.04. See Pages 197 to 204 for revised Newborn Hearing Screening Questions.

QUESTION: E6 – ABR/BAER AND/OR OAE DONE?

FIELD NUMBER & DESCRIPTION: 246 – HEARINGTESTDONE

DEFINITION: Any of the following tests performed on the newborn:

ABR(BAER) – The auditory brainstem response (ABR) consists of a series of minute electrical potentials, occurring in the auditory nervous system in response to sound. These potentials are extracted from ongoing EEG via the use of an averaging computer.

OAE – The otoacoustic emissions consists of acoustic responses produced in the inner ear which is measured with a low noise microphone placed in the ear canal.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

DEFAULT DATA ENTRY:

- If neither of these tests were done, or if the answer is “Unknown”, the EBC software will automatically bypass “OAE Failed” and “ABR/BAER Failed”.

DISCONTINUED in EBC version 7.0.04. See Pages 197 to 204 for revised Newborn Hearing Screening Questions.

QUESTION: E7 – OAE FAILED?

FIELD NUMBER & DESCRIPTION: 247 – OAEFAILED

DEFINITION: Failure of the otoacoustic (OAE) test by the newborn. The otoacoustic emissions (OAE) test consists of acoustic responses produced in the inner ear, which can be measured with a low noise microphone placed in the ear canal. If the newborn fails this hearing test, it may be placed in the Newborn Hearing program.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

**ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown**

DISCONTINUED in EBC version 7.0.04. See Pages 197 to 204 for revised Newborn Hearing Screening Questions.

QUESTION: E8 – ABR/BAER FAILED?

FIELD NUMBER & DESCRIPTION: 248 – ABRFAILED

DEFINITION: Failure of the auditory brainstem response (ABR/BAER) test by the newborn. The auditory brainstem response (ABR/BAER) consists of a series of minute electrical potentials and response to sound, which occur in the auditory nervous system. These potentials are extracted from ongoing EEG via use of an averaging computer.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

**ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown**

QUESTION: E9 – HEPATITIS B VACCINE?

FIELD NUMBER & DESCRIPTION: 249 – HEPATITISGIVEN
250 – HEPATITISDATE
*261 – DAYSTILLHEPB

DEFINITION: Hepatitis B vaccine was given to the infant during this hospital stay.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1st FIELD – 1/ALPHANUMERIC
2nd FIELD – 6/DATE
(To import data into this field, import 8 bytes)

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: 1st FIELD Y = Yes, N = No
2nd FIELD MM/DD/YY

HARD EDITS:

- If “Hepatitis B Vaccine Given” (E9) equals “YES” enter the date the vaccine was administered in the “Date” field.
- The date the vaccine was given must be on or after the date of the infant’s delivery (C1) and on or before the date of the infant’s discharge.

SOFT EDITS:

- If the mother has a positive Hepatitis Serology (A13-10 in the Medical Risk screen) and the baby has not received an immunization, a pop-up message appears stating “*Mother’s Hepatitis B serology recorded as positive in the database. This suggests that Hepatitis B vaccine should be given. Please check and notify the appropriate health care provider.*”

COMMENTS:

- *Field 261 calculates the number of days the infant has received the hepatitis B vaccine from the date of birth.

QUESTION: E10 – HEPATITIS B IMMUNOGLOBULIN

FIELD NUMBER & DESCRIPTION: 251 – IMMUNOGLOBDTE

DEFINITION: The date Hepatitis B Immunoglobulin (HBIG) was given to the infant.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 6/DATE

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: MM/DD/YY
Blank = Not given

HARD EDITS:

- The date the immunoglobulin was given must be on or after the date of delivery (C1) and on or before the date of the infant's discharge.

SOFT EDITS:

- If the mother has a positive Hepatitis Serology (A13-10 in the Medical Risks screen) and the baby has not received an immunization, a pop-up message appears stating "Mother's Hepatitis B Serology recorded as positive in the database. This suggests that Hepatitis B vaccine should be given. Please check and notify the appropriate health care provider".

QUESTION: E11 – FEEDING AT DISCHARGE

FIELD NUMBER & DESCRIPTION: 252 – FEEDINGMETHOD

DEFINITION: The type of feedings given in the 24 hours prior to discharge.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Select only one choice from the pop-up window:

- 1 = Breast feeding
- 2 = Formula feeding
- 3 = Combination
- 4 = Other
- 9 = Unknown

COMMENTS:

- Intravenous alimentation should be entered as “Other” (4).

QUESTION: E12 – NICU DISPOSITION

FIELD NUMBER & DESCRIPTION: 253 – NICUDISPOSITION

DEFINITION: The infant was admitted to an NICU (Neonatal Intensive Care Unit) during this hospital stay.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Select only one choice from the pop-up window:

1 = Admitted to a NICU in this hospital

2 = Not admitted to a NICU

3 = Transferred to a NICU in another hospital

HARD EDITS:

- If the newborn was admitted to the NICU (E12 = 1) the date of admission (E13) and date of discharge (E14) must be entered.

DEFAULT DATA ENTRIES:

- If the newborn was not admitted to the NICU (E12 = 2) or transferred to a NICU in another facility (E12 = 3), the “Date” fields are bypassed.

QUESTION: E13 – NICU ADMISSION DATE

FIELD NUMBER & DESCRIPTION: 254 – NICUADMISSIONDATE

DEFINITION: The date of the first NICU admission.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 6/DATE

MANDATORY: NO

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: MM/DD/YY

HARD EDITS:

- If the newborn was admitted to the NICU (E12 = 1) enter the date of admission. If E12 = 2 or E13 = 3 this field is bypassed.
- The date must be on or after the infant's date of birth (C1) or on or before the infant's date of discharge.

COMMENTS:

- Only hospitals with a designated NICU should answer this question.

QUESTION: E14 – NICU DISCHARGE DATE

FIELD NUMBER & DESCRIPTION: 255 – NICUDISCHARGEDATE
256 – DAYSINNICU (days in NICU)

DEFINITION: The date of discharge from the NICU.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 6/DATE

MANDATORY: ONLY IF THE NEWBORN WAS
ADMITTED TO THE NICU

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: MM/DD/YY

DEFAULT DATA ENTRY:

- If the newborn was not admitted to the NICU (E12 = 2) or was transferred to a NICU in another facility (E12 = 3), this field is bypassed.

COMMENTS:

- The EBC will calculate the length of stay in the NICU using the date of admission (E13) and date of discharge (E14). The total number of days in the NICU is entered in the next field.

QUESTION: E15 – ADMISSION TO AN INTERMEDIATE CARE UNIT

FIELD NUMBER & DESCRIPTION: 257 – INTERMEDIATECARE

DEFINITION: The infant was admitted to an intermediate care unit.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Y = Yes
N = No

COMMENTS:

- Complete this field only if the hospital is a designated intermediate care unit.

QUESTION: E16 – FINAL STATUS OF INFANT

FIELD NUMBER & DESCRIPTION: 258 – DISCHARGESTATUS
259 – OTHERSTATUS
263 - WASBABYTRANSFEROUT

DEFINITION: The disposition of the infant after this hospital stay.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 1/NUMERIC
20/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: 1 = Discharged to parent/guardian
2 = Transferred
3 = Died
4 = Other

HARD EDITS:

- If “Other” (4) is selected a 20 byte field opens for data entry.
- If “Transfer” (2) is selected a pop-up message appears stating: “Please remember to print a Transfer Abstract to accompany this infant’s records.”
- If “Died” (3) is selected Module 6 is bypassed.

COMMENTS:

- If the infant dies before the birth certificate is issued completed Modules 1-5 and Module 7.

QUESTION: E17 – DATE OF DISCHARGE, DEATH OR TRANSFER

FIELD NUMBER & DESCRIPTION: 260 – DISCHARGEDATE
264 – BABYTRANSFEROUTDATE
358 – BABY LOSHRS (length of stay in hrs)
359 – LOSCTRANSIN (length of stay in days for transferred infant)

DEFINITION: The newborn’s date of hospital discharge, death or transfer. The data is used to calculate length of stay and age at death

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 6/DATE

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: MM/DD/YY
(To import data into this field, import 8 bytes)

HARD EDITS:

- The date cannot be prior to the date of the infant’s date of delivery (C1)
- Must be the same date or a date after “Date of NICU Discharge” (E14).

QUESTION: E18 – TIME OF DISCHARGE, DEATH OR TRANSFER

FIELD NUMBER & DESCRIPTION: 261 – DISCHARGETIME
262 – DISCHARGEAMPM
358 – BABY LOS HRS (length of stay in hrs)

DEFINITION: The time of the infant’s discharge, death or transfer.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: BYTE 1 & 4 4/NUMERIC
BYTE 5/ALPHA

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: BYTE 1 & 2 = 1 – 23 (HOUR)
BYTE 3 & 4 = 00 – 59 (MINUTE)
BYTE 5 = A (AM) OR P (PM)

HARD EDITS:

- The date and time of discharge must be after the date and time of the infant’s date of delivery (C1).

COMMENTS:

- Noon = 12P, Midnight = 12A
- The EBC will accept military time or ordinary time. Each hospital can select the way the time is entered in this field.

DEFAULT DATA ENTRY:

- If military time is selected, the EBC software will automatically enter A or P.

QUESTION: E19 – FACILITY NAME, STATE, CITY/TOWN AND COUNTY WHERE THE INFANT WAS TRANSFERRED TO

DEFINITION: The name, state, city/town and county of the facility that the infant was transferred to. If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
Hospital Name	50 - Alphanumeric	265 – BABYTRANSFEROUTLOCATION
State	14 - Alphanumeric	267 – BABYXFEROUTSTATE
City/Town	25 - Alphanumeric	268 – BABYXFEROUTLOCATION
County	15 - Alphanumeric	269 – BABYXFEROUTCOUNTY

MANDATORY: YES IF E16 = “2” WAS ENTERED

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As reported
? = Unknown

HARD EDITS:

- These fields must be completed only if the newborn is transferred (E16 = 2).

DEFAULT DATA ENTRIES:

- Enter one or more characters of any significant word in the facility’s name. A series of pop-up screens will appear with the names and locations of facilities. Select the appropriate facility. The facility name, state, city and county will be automatically entered.

PUBLIC HEALTH RATIONALE: This information is used to examine transfer patters and perinatal outcomes by type of hospital or level of care. It may also be used to follow-up and determine the survival status of an infant transferred to a different facility.

MODULE 6 – PARENT/GUARDIAN SCREEN

QUESTION: F1 – RELATIONSHIP OF GUARDIAN TO CHILD

FIELD NUMBER & DESCRIPTION: 272 – GUARDIANRELATIONSHIP

DEFINITION: The relationship of the legal guardian to the child at the time of discharge.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY:
1 = Mother
2 = Father
3 = Other Guardian

DEFAULT DATA ENTRY:

- If “1” is selected, the EBC software automatically fills in the “Mother’s Current Legal Name” (D3) from Module 4, Screen 2.
- If “2” is selected, the EBC software automatically fills in the “Father’s Name” (D13) from Module 4, Screen 2.

QUESTION: F2 – LEGAL GUARDIAN AT THE TIME OF DISCHARGE

DEFINITION: The name of the legal guardian at the time of discharge (include agencies if applicable).

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
Last Name	18 - Alphanumeric	273 – GUARDIANLNAME
First Name	12 - Alphanumeric	274 – GUARDIANFNAME
Middle Initial	1 - Alphanumeric	275 – GUARDIANMNAME

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Names as reported

AUTOMATIC DATA ENTRY:

- If “1” is selected, the EBC software automatically fills in the “Mother’s Current Legal Name” (D3) from Module 4, Screen 2.
- If “2” is selected, the EBC software automatically fills in the “Father’s Name” (D13) from Module 4, Screen 2.
- If “3” is selected enter the Legal Guardian’s name.

QUESTION: F3 – MAILING ADDRESS OF THE GUARDIAN

DEFINITION: The mailing address where the legal guardian can be reached during the next year in order to provide health care follow-up for this baby.

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
Same as Guardian	1 - Alphanumeric	276 – GUARDIANMAILSAME
Number/PO Box	10 - Alphanumeric	277 – GUARDIANMAILINGHOUSENUM
Street Name	20 - Alphanumeric	279 – GUARDIANMAILINGSTREET
Street Type	4 - Alphanumeric	280 – GUARDIANMILINGSTREETTYPE
Apartment	6 - Alphanumeric	281 – GUARDIANMAILINGAPTNO
City/Town	25 - Alpha	284 – GUARDIANMAILINGLOCALITY
State/Country	14 - Alpha	283 – GUARDIANMAILINGSTATE
Zip Code	9 - Numeric	285 – GUARDIANMAILINGZIP

MANDATORY: YES

CAN BE UNKNOWN: YES

DEFAULT DATA ENTRY:

- If the mother (F1 = 1) or father (F1 = 2) is the legal guardian, the EBC software will automatically fill in the mother’s address (D11) or the father’s address (D17) from Module 4.
- If the infant has been transferred into this facility the address must be entered.
- If the father is the legal guardian (F1 = 2) and he has not given his address (D17) in Module 4 complete this field. You will be able to edit this field if the mother or father’s address given in Module 4 is different than where the parent(s) say they can be reached during the next year.
- If the guardian resides in the US the 5 or 9 digit zip code can be entered in the zip code field. If the guardian resides outside the US you can enter any combination of 9 letters and/or numbers in the zip code field.

COMMENTS:

- Refer to “Mother’s Official Residence” (D8) in Module 4 for definitions.
- If the baby is being adopted or entering foster care, enter the address of the responsible agency. Do not enter the address of the adoptive or foster parents.

QUESTION: F4 – TELEPHONE NUMBER OF THE GUARDIAN

FIELD NUMBER & DESCRIPTION: 286 – G PHONE

DEFINITION: The telephone number where the legal guardian can be reached.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 10/NUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As reported

DEFAULT DATA ENTRY:

- If the mother (F1 = 1) or the father (F1 = 2) is entered as the legal guardian, the EBC software will automatically fill in the mother's telephone number (D10) or the father's telephone number (D18) from Module 4.
- You will be allowed to edit this field if a different phone number is given.

COMMENTS:

- If mother's phone number (D10) or father's phone number (D18) have not been provided you will be able to add the phone number.
- If the baby is being adopted or entering foster care, enter the telephone number of the responsible agency. Do not enter the telephone number of the adoptive or foster parents.

QUESTION: F5 – TYPE OF PROVIDER FOR PLANNED SOURCE OF FUTURE PEDIATRIC CARE/IMMUNIZATION SERIES

FIELD NUMBER & DESCRIPTION: 287 – FUTURECARESOURCE
288 - OTHERFUTSOURCE

DEFINITION: The anticipated type of health care provider who will administer the infant’s immunization series.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 2/NUMERIC
20/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Select one choice from the following window:

- | | |
|------------------------------|-----------------------|
| 1 = Private Practitioner | 6 = Hospital’s Clinic |
| 2 = HMO or Health Plan | 7 = Other Clinic |
| 3 = HealthStart | 8 = Other |
| 4 = Community Health Center | 9 = None |
| 5 = (Not Used in EBC 7.0.04) | ? = Unknown |

HARD EDITS:

- If “Other” (8) is selected a 20 byte field opens for data entry.

QUESTION: F6 – PLANNED SOURCE OF FUTURE IMMUNIZATIONS

FIELD NUMBER & DESCRIPTION: 289 – FUTUREPROVIDER

DEFINITION: The name of the pediatrician, family doctor, clinic, etc., who will provide the infant’s future immunizations.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 50/ALPHANUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As reported

HARD EDITS:

- If E5 equals “None” (9) or “Unknown” (9) this field is bypassed.

DEFAULT DATA ENTRY:

- The Pediatric Library Maintenance file will allow you to maintain a current list of providers of pediatric care in your geographic area. Enter one or more characters of any significant word in the provider’s name. A series of pop-up screens will appear. Select the appropriate name. The information will automatically fill in. If the name is not found in the Pediatric Library Maintenance File you will be prompted to verify the name.

COMMENTS:

- Hospitals should help parents to identify providers in the event that a source of pediatric and immunization care is unknown.

QUESTION: F7 – CONSENT GIVEN TO PARTICIPATE IN IMMUNIZATION INFORMATION SYSTEM?

FIELD NUMBER & DESCRIPTION:

DEFINITION: Was permission given by the legal guardian for this infant to participate in the Immunization Information Program at the New Jersey Department of Health and Senior Services.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: NO

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

COMMENTS:

- The legal guardian can accept or refuse to participate in the New Jersey Department of Health and Senior Services Immunization Information Program by signing a form.

QUESTION: F8 – FAMILY HISTORY IN A BLOOD RELATIVE OF A CONGENITAL OR DELAYED ONSET HEARING LOSS IN CHILDHOOD

FIELD NUMBER & DESCRIPTION: 291 - FAMILYHISTORY

DEFINITION: A positive history of familial deafness and/or hearing loss, not including hearing loss due to illness, accident, ear infection or aging.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = If the parents are uncertain of a family history or hearing loss

COMMENTS:

- In the case of an adoption ask the biological mother this question and enter the information into the EBC.

QUESTION: F8A – NAME OF THE PERSON SIGNING THE CONSENT FORM

DEFINITION: The name of the individual signing the Newborn Hearing Program Informed Consent form.

REQUIRED FOR JCAHO: NO

<u>FIELD NAME</u>	<u>BYTES & TYPE</u>	<u>FIELD NUMBER & DESCRIPTION:</u>
First Name	12 - Alphanumeric	293 – CONSENTFNAME
Middle Initial	1 - Alphanumeric	294 – GUARDIANMNAME
Last Name	18 - Alphanumeric	295 – GUARDIANLNAME

MANDATORY: NO

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY:
1 = Mother
2 = Father
3 = Guardian
4 = Other

HARD EDITS:

- This field can not be an unknown.

DEFAULT DATA ENTRY:

- Upon selection of the appropriate choice the EBC software will automatically input the proper name from Module 6.

COMMENTS:

- If “Other” (4) is selected, you must enter the name of the individual.

**QUESTION: F9 – CONSENT FOR NEWBORN HEARING PROGRAM
(Newborn Hearing Screen program Parental Refusal Box)**

FIELD NUMBER & DESCRIPTION: 292 - REFUSALBOX

DEFINITION: The parent(s) or guardian may exclude the child from the hearing screening program only for religious reasons.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 1 = Parent refused testing.
2 = Parent allowed testing.

HARD EDITS:

- This field can not be an unknown.

COMMENTS:

- A pop-up message box appears:

Newborn Hearing Screening:
1 = Parent refused testing.
2 = Parent allowed testing.

MODULE 7 – MOTHER’S DISCHARGE SCREEN

QUESTION: G1 – DATE OF MOTHER’S DISCHARGE

FIELD NUMBER & DESCRIPTION: 297 – MOMDISCHARGEDATE
356 – MOM LOS DAYS (from Mom’s date of admission)
357 – MOMLOSCDOB (from Mom’s date of birth)

DEFINITION: The mother’s date of discharge, death or transfer to another hospital.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 6/DATE

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: MM/DD/YY
(To import data into this field, import 8 bytes)

HARD EDITS:

- The entry cannot be prior to the mother’s date of admission (A14).

QUESTION: G2 – CURRENT MARITAL STATUS

FIELD NUMBER & DESCRIPTION: 298 – CURRENTMARITALSTATUS

DEFINITION: Mother’s legal marital status at the time of this hospital admission.

REQUIRED FOR JCAHO: YES

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Select one choice from the pop-up window:

1 = Single	4 = Divorced
2 = Married	5 = Widowed
3 = Legally Separated	6 = Unknown

SOFT EDITS:

- The EBC software will check this entry for consistency with the “Mother Married” (D12) question in Module 4. If the answers are not consistent the following pop-up message appears stating: “Does not agree with previously reported marital status. Please verify.”

COMMENTS:

- For JCAHO these fields are coded as follows:

S = Single	D = Divorced
M = Married	W = Widowed
X = Legally separated	U = Unknown

QUESTION: G3 – PARTICIPATION IN WIC DURING THIS PREGNANCY

FIELD NUMBER & DESCRIPTION: 299 – WICYN

DEFINITION: The mother was a participant in the WIC (Women, Infants & Children) program during the pregnancy.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

DEFAULT DATA ENTRY:

- If the answer is “No” or “Unknown” the question regarding the WIC number (G4) is bypassed.

QUESTION: G4 – WIC NUMBER

FIELD NUMBER & DESCRIPTION: 300 – WICNUMBER

DEFINITION: The mother's WIC account number.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 10/ALPHANUMERIC

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As reported by the mother

QUESTION: G5 – PARTICIPATION IN MEDICAID/HEALTHSTART DURING THIS PREGNANCY?

FIELD NUMBER & DESCRIPTION: 301 – MEDICAIDYN

DEFINITION: The mother was a participant in Medicaid/HealthStart during this pregnancy.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHA

MANDATORY: NO

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
? = Unknown

DEFAULT DATA ENTRY:

- If “Medicaid” is selected as the mother’s insurance source (B11a) in Module 2, the EBC software will default to “Yes”.

QUESTION: G6 – WAS Rh IMMUNE GLOBULIN GIVEN TO THE MOTHER?

FIELD NUMBER & DESCRIPTION: 303 – RHGIVEN

DEFINITION: The Rh immune globulin was given to the mother prior to discharge as documented in the medical record or verified by the OB nursing staff.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: Y = Yes
N = No
R = Refused
? = Unknown

SOFT EDITS:

- If “Mother’s Blood Type” (A10) equals “Rh – N” (Module 1) and “Baby’s Blood Type” (C24) equals “Rh = P” (Module 3) pop-up message will appear stating “*Blood types suggest Rho-gam should have been given to the mother. Please check.*”

DEFAULT DATA ENTRY:

- If “Mother’s Blood Type” (A10) is “Rh – P” and “N” automatically fills in.

COMMENTS:

- An entry of “Refused” indicates that the mother has refused the administration of Rho-gam after it was prescribed by her physician/nurse-midwife.

QUESTION: G7 – POSTPARTUM PROCEDURES

FIELD NUMBER & DESCRIPTION: 304 – POSTPARTUM
305 – OTHERPOSTPART

DEFINITION: Postpartum procedures and interventions performed on the mother.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 7/NUMERIC
30/ALPHA

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Select all procedures that apply from the following window:

- 01 [] Arterial Ligation
- 02 [] D&C
- 03 [] Hysterectomy
- 04 [] Maternal Transfusion
- 05 [] Tubal Ligation
- 06 [] Other, Specify
- 00 [] None

HARD EDITS:

- If “None” is selected – no other choice can be selected.
- If “Other” is selected a 30 byte field opens for data entry.

DEFINITION OF POSTPARTUM PROCEDURES

1. Arterial Ligation – Refers to ligations of the uterine or iliac arteries.
2. Dilatation and Curettage (D&C) – The expansion and scraping of the uterus.
3. Hysterectomy – The removal of the uterus after the delivery of the infant.
4. Maternal Transfusion – The administration of a blood transfusion after the birth of the infant.
5. Tubal Ligation – The typing off of the fallopian tubes to prevent pregnancy.

QUESTION: G8 – LATE COMPLICATIONS OCCURRING IN THE MOTHER

FIELD NUMBER & DESCRIPTION: 306 – LATECOMPLICATIONS
307 – OTHERLATE

DEFINITION: Did any maternal complications develop later after delivery?

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 5/NUMERIC
30/ALPHA

MANDATORY: YES

CAN BE UNKNOWN: NO

ACCEPTABLE ENTRY: Select all choices that apply from the pop-up window:

- 01 [] Excessive Bleeding
- 02 [] Maternal Death
- 03 [] Postpartum Infection
- 04 [] Other, Specify
- 00 [] None

HARD EDITS:

- If “None” is selected no other choice can be selected.
- If “Other” is selected a 30 byte field opens for data entry.

DEFINITION OF POSTPARTUM PROCEDURES

1. Excessive Bleeding – Blood loss in excess of normal after an uncomplicated delivery.
2. Maternal Death – Death of the mother while still in the hospital for a delivery.
3. Postpartum Infection – A diagnosed infection after the delivery of the infant.
4. Other, Specify – Any other medically recognized maternal complication.
5. None – No maternal complications were diagnosed at the time of discharge.

**QUESTION: FINAL HEARING SCREENING IN RIGHT
FINAL HEARING SCREENING IN LEFT**

FIELD NUMBER & DESCRIPTION: 824 – R HEARINGTEST
827 – L HEARINGTEST

DEFINITION: The type of inpatient hearing screening exam conducted.
The otoacoustic emissions tests (OAE) consist of acoustic responses produced in the inner ear, which is measured with a low noise microphone placed in the ear canal

DPOAE – Distortion product otoacoustic emissions test
TEOAE – Transient emissions otoacoustic emissions test

The auditory brainstem response (ABR) consists of a series of minute electrical potentials, occurring in the auditory nervous system in response to sound. These potentials are extracted from ongoing EEG via the use of an averaging computer.

Conventional ABR – In the conventional method, the threshold of wave V is investigated. Conventional ABR requires a trained technician or audiologist to perform the evaluation and an audiologist to interpret the screening results.

Automated ABR - In the automated mode, the presence of wave V is usually assessed for only one intensity level. The equipment is fully automated and elicits a pass/refer response. There is no interpretation required.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 1 = DPOAE
2 = TEOAE
3 = Conventional ABR
4 = Automated ABR
5 = Both OAE and ABR
6 = Other/Not Listed
7 = Test Not Done
9 = Unknown

NOTE: Some hospitals may attempt a retest if the baby does not pass the initial hearing screening. The results, and date of test entered in the EBC should be for the last inpatient test conducted for each ear for the child. If the baby is re-screened as an inpatient after these fields are data entered, they should be updated to reflect the last test completed for each ear prior to discharge. If the first test type used is different from the second test type (i.e. – baby is screened first with OAE equipment, followed by ABR equipment), document 5 (Both OAE and ABR)

If an ear can not be screened due to physical deformities (atresia, anotia, etc.), “Test Not Done” should be documented for that ear. Also, the field for “Stigmata/Anomalies Associated with Hearing Loss” in the Diagnosis of Infant field should be marked as yes.

**QUESTION: FINAL HEAIRNG SCREENING RESULT RIGHT
 FINAL HEARING SCREENING RESULT LEFT**

FIELD NUMBER & DESCRIPTION: 825 – R EAR RESULT
 828 – L EAR RESULT

DEFINITION: Results of the final Newborn Hearing testing, documented separately for each ear. A “passed” result is indicated by a “pass” designation if using automated equipment, or documentation of a hearing threshold down to 30dB if using conventional testing. A “referred” result should be indicated if automated equipment provides a “fail” or “refer” result for documentation of a hearing threshold of greater than 30dB if using conventional testing. An “inconclusive” should be used only when the test was administered and the automated equipment provides a result such as “inconclusive” or “???”

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: 1 = Passed
 2 = Referred
 3 = Inconclusive
 4 = Test Not Done
 9 = Unknown

QUESTION: BABY REFERRED TO PHYSICIAN/AUDIOLOGIST FOR TESTING

FIELD NUMBER & DESCRIPTION: 830 – HEAR REFERRED

DEFINITION: Documents whether the baby was referred for additional outpatient hearing testing.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 1/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

**ACCEPTABLE ENTRY: Y = Yes
 N = No
 ? = Unknown**

QUESTION: NAME OF PROVIDER REFERRED TO FOR AUDIOLOGIC FOLLOW-UP

FIELD NUMBER & DESCRIPTION: 833 – AUDIOLOGIST

DEFINITION: The name of the physician or audiologist the baby was referred to for outpatient audiologist follow-up testing.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 50/ALPHANUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY: As reported

QUESTION: PRIMARY LANGUAGE OF PARENT/GUARDIAN

FIELD NUMBER & DESCRIPTION: 834 – PRIMARY LANG

DEFINITION: The primary language for communication used by the parents/guardian. If the family is multi-lingual, indicate the one language that the parents/guardian would most prefer to use when communicating with health care providers.

REQUIRED FOR JCAHO: NO

FIELD LENGTH & TYPE: 2/NUMERIC

MANDATORY: YES

CAN BE UNKNOWN: YES

ACCEPTABLE ENTRY:

01 = American Sign Language	14 = Korean
02 = Arabic	15 = Other
03 = Bengali	16 = Polish
04 = Chinese dialect/Mandarin	17 = Portuguese
05 = Creole	18 = Punjabi
06 = English	19 = Russian
07 = Farsi	20 = Spanish
08 = French	21 = Tagalog
09 = Gujarti	22 = Turkish
10 = Hebrew	23 = Ukrainian
11 = Hindi	24 = Urdu
12 = Italian	25 = Vietnamese
13 = Japanese	

ADDENDUM A

State/Country Library Maintenance File (*New Jersey can be located by typing in NE or NJ)

Alabama	North Dakota	El Salvador	Puerto Rico
Alaska	Ohio	England	Russia
Arizona	Oklahoma	France	Scotland
Arkansas	Oregon	Germany	Sierra Leone
California	Pennsylvania	Ghana	Singapore
Colorado	Rhode Island	Greece	South Africa
Connecticut	South Carolina	Guam	Spain
Delaware	South Dakota	Guatemala	Sri Lanka
Florida	Tennessee	Guyana	Sweden
Georgia	Texas	Haiti	Syria
Hawaii	Utah	Honduras	Taiwan, Rep. of China
Idaho	Vermont	Hong Kong	Thailand
Illinois	Virginia	Iran	Trinidad
India	Washington	Iraq	Turkey
Indiana	Washington DC	Ireland	United Kingdom
Iowa	West Virginia	Israel	Unknown
Kansas	Wisconsin	Italy	Ukraine
Kentucky	Wyoming	Jamaica	Venezuela
Louisiana		Japan	Virgin Islands
Maine	Bangladesh	Jordan	Wales
Maryland	Barbados	Korea	Yugoslavia
Massachusetts	Bolivia	Lebanon	
Michigan	Brazil	Liberia	
Minnesota	Cambodia	Malaysia	
Mississippi	Canada	Morocco	
Missouri	Chile	Nicaragua	
Nebraska	China, Peoples Republic	Nigeria	
Nevada	Colombia	Pakistan	
New Hampshire	Cost Rica	Panama	
New Jersey*	Cuba	Peru	
New Mexico	Dominican Republic	Phillipines	
New York	Ecuador	Poland	
North Carolina	Egypt	Portugal	

ADDENDUM B

INSURANCE CODING

12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization HMO (Medicare Risk)
17	Dental Maintenance Organization
BL	BLUE CROSS/BLUE SHIELD
CH	CHAMPUS
CI	COMMERCIAL INSURANCE CO
FI	FEDERAL EMPLOYEES PROGRAM
HM	HEALTH MAINTENANCE ORGANIZATION
MA	MEDICARE Part A
MB	MEDICARE Part B
MC	MEDICAID
MH	MANAGED CARE NON-HMO
OF	OTHER FEDERAL PROGRAM
SA	SELF ADMINISTRATIVE GROUP
TV	Title V
VA	Veteran Administration Plan
Z1	Self Pay (No Insurance or Charity)
Z2	Maternal & Child Health
Z3	No Charge
Z4	Other
Z5	Unknown

ADDENDUM C

Hearing Impairment Risk Factors

The following conditions are risk factors associated with possible hearing impairment. Infants with any of these factors will receive a hearing screening letter within 6 months of their birth from the NJ Department of Health.

1. Apgar scores of 0 to 4 at 1 minute or 0-6 at 5 minutes.
2. Meningitis (bacterial or viral).
3. In utero infection, such as cytomegalovirus, rubella, syphilis, herpes and toxoplasmosis.
4. Craniofacial anomalies exclusive of isolated skin tags including but not limited to: abnormalities of the pinna and ear canal, low hairline, cleft palate. (Check with the neonatologist or physician for more information.)
5. Stigmata associated with syndromes known to include a sensorineural and/or conductive hearing loss, e.g. Waardenberg syndrome, Klippel-Feil syndrome, Down syndrome. (Check with neonatologist or physician for more information.)
6. Hyperbilirubinemia exceeding indication for exchange transfusion.
7. Birthweight of 1500 grams or less.
8. Ototoxic medications, including but not limited to the aminoglycosides, used in multiple courses or in combination with loop diuretics e.g. gentamycin, kanamycin, furosemide. (Check with the neonatologist or physician for more information.)
9. ECMO (Extra Corporeal Membrane Oxygenation).
10. Mechanical ventilation lasting 5 days or longer.
11. Persistent pulmonary hypertension.
12. Family history in a blood relative of congenital or delayed onset sensorineural hearing loss in childhood, which does not include hearing loss due to illness, accident, ear infection or aging.

ADDENDUM D

Additional Report Generator Fields

- 308 – MOD1 COMPLETE: Whether Module 1 has been completed. Y = Yes, N = No
- 309 – MOD2 COMPLETE: Whether Module 2 has been completed. Y = Yes, N = No
- 310 – MOD3 COMPLETE: Whether Module 3 has been completed. Y = Yes, N = No
- 311 – MOD4 COMPLETE: Whether Module 4 has been completed. Y = Yes, N = No
- 312 – MOD5 COMPLETE: Whether Module 5 has been completed. Y = Yes, N = No
- 313 – MOD6 COMPLETE: Whether Module 6 has been completed. Y = Yes, N = No
- 314 – MOD7 COMPLETE: Whether Module 7 has been completed. Y = Yes, N = No
- 315 – MOD8 COMPLETE: Not currently being used at this time.
- 316 – MODULE1HISCRN: The highest screen in Module 1 completed.
- 317 – MODULE2HISCRN: The highest screen in Module 2 completed.
- 318 – MODULE3HISCRN: The highest screen in Module 3 completed.
- 319 – MODULE4HISCRN: The highest screen in Module 4 completed.
- 320 – MODULE5HISCRN: The highest screen in Module 5 completed.
- 321 – MODULE6HISCRN: The highest screen in Module 6 completed.
- 322 – MODULE7HISCRN: The highest screen in Module 7 completed.
- 323 – MODULE8HISCRN: Not being used at this time.
- 324 – MOD1 ENTERED: The operator code of the person who begin data entry in Module 1.

ADDENDUM D

325 – MOD2 ENTERED: The operator code of the person who begin data entry in Module 2.

326 – MOD3 ENTERED: The operator code of the person who begin data entry in Module 3.

327 – MOD4 ENTERED: The operator code of the person who begins data entry in Module 4.

328 – MOD5 ENTERED: The operator code of the person who begins data entry in Module 5.

329 – MOD6 ENTERED: The operator code of the person who begins data entry in Module 6.

330 – MOD7 ENTERED: The operator code of the person who begins data entry in Module 7.

331 – MOD8 ENTERED: Not being used at this time.

332 – MOD1 EDITED: The operator code of the last person to update Module 1.

333 – MOD2 EDITED: The operator code of the last person to update Module 2.

334 – MOD3 EDITED: The operator code of the last person to update Module 3.

335 – MOD4 EDITED: The operator code of the last person to update Module 4.

336 – MOD5 EDITED: The operator code of the last person to update Module 5.

337 – MOD6 EDITED: The operator code of the last person to update Module 6.

338 – MOD7 EDITED: The operator code of the last person to update Module 7.

339 – MOD8 EDITED: Not being used at this time.

340 – Not being used at this time.

ADDENDUM D

341 – EIN: The Genesis, Electronic Identification Number. This unique number is assigned when a new birth record is created. The Genesis Number is a 12 digit number.

Digits 1 & 2 is the year of the mother's admission

Digits 3 & 4 is the month of the mother's admission

Digit 5 - 8 is the hospitals 4 digit identification number as assigned by the NJDHSS.

Digit 9 - 12 is a consecutive number which begins with 0001 at the start of each year.

342 – DOWNLOADED: Whether the birth file was ever submitted to the NJDHSS.

Blank = the file was never submitted for transmission

Y = Submitted

N = Was submitted once but the file was changed and needs to be resubmitted.

P = Was submitted, needed to be reprinted but didn't need to be resubmitted

345 – PRINTED: Whether the file was printed.

Y = Yes, printed

Blank = was not printed.

344 – PRNCOUNT: The number of times the birth record was printed.

345 – ABSPRINTED: Whether an abstract was printed.

Y = Yes the abstract was printed

N = the abstract was not printed

346 – FORMNUMBER: This is the EIN number but it is assigned when the birth record is printed the first time.

347 – SELECTED: Whether or not the birth record was chosen for downloading to the NJ DHSS.

Y = Yes, selected for downloading

Blank = never selected or downloading

N = selected for downloading and then deselected

ADDENDUM D

363 – CWGHTCATEG – Weight category calculated field.

364 – PRIM METHOD – Method of delivery calculated field.

ADDENDUM E

Electronic Birth Certificate's Report Writer Fields

(107)	ABNRMLCNDTN	Abnormal Conditions of the newborn
(248)	ABR FAILED***	Did the child fail the ABR hearing test? *** See pg 222
(345)	ABSPRINTED	Abstract printed?
(28)	ALCUSE	Alcohol usage
(353)	ANES FIRST	Anesthesiologist's first name
(355)	ANES LAST	Anesthesiologist's last name
(354)	ANES MID	Anesthesiologist's middle name
(340)	ANESNAME	Anesthesiologist's combined name
(57)	ANESTHESIA	Types of Anesthesia
(82)	APGAR1	Child's Apgar at 1 minute
(83)	APGAR5	Child's Apgar at 5 minutes
(88)	ATTENDANTTYP	Attendant type
(90)	ATTENDFNAME	Attendant's first name
(91)	ATTENDLNAME	Attendant's last name
(92)	ATTENDNAME	Attendant's first & last name combined
(276)	BABY LOS DAYS	Baby's length of stay in days
(358)	BABY LOS HRS	Baby's Length of stay in hours
(359)	BABY LOS/CTRNSIN	Transfer in length of stay from date transferred in
(229)	BABYMEDREC	Baby's Medical Record number
(63)	BLOODLOSS	Maternal blood loss
(93)	BORN HERE	Was the child born in this facility's maternity unit?
(44)	BYPROVIDER	Info collected by Prenatal Care Prov, reviewed at Hospital
(350)	CATEGORY	File type/category
(217)	CERTIFIERFIRST	Certifier's first name
(214)	CERTIFIERLST	Certifier's last name
(218)	CERTIFIERMID	Certifier's middle name
(226)	CERTIFIERNAME	Certifier's combined name
(220)	CERTIFR HOUSE	Certifier's address – office number
(222)	CERTIFRCITY	Certifier's address – city
(227)	CERTIFRLICENSE	Certifier's license number
(223)	CERTIFRSTATE	Certifier's address – state
(221)	CERTIFRSTREET	Certifier's address – street name
(224)	CERTIFRZIP	Certifier's address – zip code

ADDENDUM E

(111)	CH FNAME	Legal name of the child – first name
(113)	CH LNAME	Legal name of the child – last name
(112)	CH MNAME	Legal name of the child – middle name
(114)	CH SUFFIX	Legal name of the child – suffix
(68)	CH TIME OB	Child’s time of birth
(263)	CH TRNS OUT	Was the child transferred out?
(264)	CH TRNSDATE	Child’s transfer out – date
(232)	CH TRNSINDTE	Child’s transfer in date
(233)	CH TRNSLOC	Child’s transfer out – hospital
(264)	CHTRNSLOC	Child’s transfer in hospital
(45)	CHANGES?	Yes, were any changes made
(109)	CHBLOODTYPE	Child’s blood type
(10)	CHC YN	Source of prenatal care – Community Health Center
(110)	CHILD RH	Child’s Rh type
(231)	CHN TRANSFIN?	Was the child transferred into this facility?
(236)	CHTRNSINCITY	Child’s transfer in city
(237)	CHTRNSINCNTY	Child’s transfer in county
(234)	CHTRNSINCODE	Child’s transfer in hospital code
(235)	CHTRNSINSTATE	Child’s transfer in state
(268)	CHTRNSOUTCITY	Child’s transfer out – city
(269)	CHTRNSOUTCNTY	Child’s transfer out – county
(266)	CHTRNSOUTCODE	Child’s transfer out – hospital code
(267)	CHTRNSOUTSTAT	Child’s transfer out – state
(26)	CIGUSE	Tobacco usage
(238)	CITY CODE	Child’s transfer in city code
(134)	CITY LIMITS	City/town inside city limits
(13)	CLINIC YN	Source of prenatal care – other clinic
(362)	COMPLICATIONS	All of the medical check boxes
(99)	CONGENITAL	Congenital anomalies
(293)	CONSENTFNAME	First name on consent for Newborn Screening Program
(295)	CONSENTLNAME	Last name on consent for Newborn Screening Program
(294)	CONSENTMNAME	Middle name on consent for Newborn Screening Program
(296)	CONSENTRELATN	Relationship of person signing the consent
(242)	CPAP DAYS	Days on CPAP
(77)	CURLIVEDEAD	If multiple, live births of this pregnancy delivered before this baby now dead
(76)	CURLIVELIVING	If multiple, life births of this pregnancy delivered before this baby

ADDENDUM E

(298)	CURMARITALSTAT	Current marital status
(78)	CURMMYYLLIVE	If multiple – date of last live birth of this pregnancy
(80)	CURMMYYLPREGLOS	If multiple – date of the last pregnancy loss
(9)	CURPREGLOSS	If multiple - # of pregnancy losses from this pregnancy
(85)	CWEIGHTGRAMS	Child’s weight in grams
(363)	CWGHTCATEG	Weight category calculated field
(153)	DAD AGE	Father’s age
(152)	DAD DOB	Father’s date of birth
(181)	DADEDUC	Father’s years of education
(148)	DAD FNAME	Name of the father – first name
(202)	DAD INS CODE	Father’s insurance company type/code
(150)	DAD LNAME	Name of the Father – last name
(149)	DAD MNAME	Name of the Father – middle name
(175)	DAD ORIGIN	If Hispanic, Father’s origin
(179)	DADOTHORIGCD	Dad’s Other Hispanic Origin code
(167)	DAD PHONE	Father’s phone number
(169)	DAD RACE	Father’s Race
(154)	DAD SSN	Father’s social security number
(151)	DAD SUFFIX	Name of the Father – suffix
(192)	DADEMPLOYED	Father employed
(203)	DADINSURNAME	Father’s insurance company name
(204)	DADINSURNUM	Father’s insurance company policy number
(156)	DADMAILSAME	Is the Father’s mailing address the same as the Mother’s?
(157)	DADPHONESAME	Is the Father’s phone number the same as the Mother’s?
(171)	DADRACECODE	Father’s Race code
(228)	DATECERTIFIED	Date certifier signed the Birth Certificate
(5)	DATEMENSES	Date of last normal menses
(86)	DAYS GESTATION	Number of Gestation days
(214)	DATEOFREVIEW	Date of review by hospital representative
(361)	DAYS TILL HepB	Days from date of birth, infant received Hep B vaccine
(256)	DAYSINNICU	Total days in NICU
(244)	DIAGNOSIS	Diagnosis of infant
(225)	DIDCERTSIGN	Did the certifier sign the Birth Certificate?
(215)	DIDDADSIGNCRT	Did Dad sign the back of the Birth Certificate?
(216)	DIDMOMSIGNCRT	Did Mom sign the back of the Birth Certificate?
(262)	DISCHARGEAMPM	Time of discharge – AM or PM

ADDENDUM E

(260)	DISCHARGEDATE	Date of discharge
(261)	DISCHARGETIME	Time of discharge
(2)	DLVRYMFNAME	Mom's first name as per delivery record
(4)	DLVRYMLNAME	Mom's last name as per delivery record
(3)	DLVRYMMNAME	Mom's middle name as per delivery record
(70)	DLVRYOUTCOME	Delivery Outcome
(40)	DOA	Date of Admission of Mother
(342)	DOWNLOADED	Was this file transmitted/submitted to the NJDHSS?
(30)	DRUGUSE	Cocaine, heroin, marijuana or methamphetamine usage
(258)	DSCHRGESTATUS	Discharge status
(352)	DTECNDSUBMT	Date of second submission to the NJDHSS
(348)	EBPFLAG	Whether data received from Neometrics (Elect Birth pages)
(349)	EPBNUMBER	Neometrics kit number
(351)	DTEFIRSTSUBMT	Date of first submission to the NJDHSS
(341)	EIN	Electronic identification number
(87)	ESTGESTATION	Estimated gestation period
(196)	F EMPLR #	Father's employer's address – number
(198)	F EMPLRCITY	Father's employer's address – city/town
(200)	F EMPLRSTATE	Father's employer's address – state
(199)	F EMPLRSTATABBR	Father's employer's address –state abbreviation
(197)	F EMPLRSTRT	Father's employer's address – street number
(201)	F EMPLRZIP	Father's employer's address – zip code
(158)	F MAILHOUSE	Father's mailing address – house number
(94)	FACIL TYPE	Facility type
(291)	FAMILYHISTORY	Family history of congenital hearing loss?
(252)	FEEDINGMETHOD	Feeding method at discharge
(195)	FEMPLOYER	Father's employer's name
(75)	FETALDTHSNOW	If multiple, total number of fetal deaths
(174)	FHISPANICYN	Is Father of Hispanic origin?
(194)	FINDUSTRY	Father's industry or business
(162)	FMAIL APTNO	Father's mailing address – apartment number
(166)	FMAIL ZIP	Father's mailing address – zip code
(165)	FMAIL CITY	Father's mailing address – city/town
(163)	FMAILST ABR	Father's mailing address – state abbreviation

ADDENDUM E

(164) FMAILSTATE	Father's mailing address – state
(160) FMAILSTREET	Father's mailing address – street name
(161) FMAILSTRTYP	Father's mailing address – street type
(193) FOCCUPATION	Father's occupation
(177) FORGCODE	Origin code – father
(155) FSTATOFBRTH	Father's birthplace
(287) FUTCARESOURCE	Future source of pediatric care
(289) FUTUREPROVIDR	Future provider's name
(281) G MAIL APTNO	Guardian's mailing address – apartment number
(284) G MAILCITY	Guardian's mailing address – city
(277) G MAILHOUSE #	Guardian's address – house number
(285) G MAILINGZIP	Guardian's mailing address – zip code
(283) G MAILSTATE	Guardian's mailing address – state
(282) G MAILSTATEAB	Guardian's mailing address – state abbreviation
(279) G MAILSTREET	Guardian's mailing address – street name
(280) G MAILSTRTYPE	Guardian's mailing address – street type
(286) G PHONE	Guardian's mailing address – phone number
(84) GRAMSLBS	Weight in Grams or Pounds
(11) GSH YN**	Source of prenatal care – Garden State Health Plan**
(274) GUARDIANFNAME	Guardian's first name
(273) GUARDIANLNAME	Guardian's last name
(275) GUARDIANMNAME	Guardian's middle name
(272) GUARDIANRELAT	Relationship of Guardian to infant
(12) H. CLINIC YN	Source of prenatal care – hospital clinic
(246) HEARINGTEST?***	Was a hearing test performed?*** See pg 222
(31) HEPATEST	Hepatitis B serology obtained
(250) HEPATITISDATE	Date of Hepatitis B Vaccine
(249) HEPATITISGVEN	Was a Hepatitis B vaccine given?
(9) HLTHSTRT YN	Source of prenatal care – Healthstart
(8) HMO/HP YN	Source of prenatal care – HMO/health plan group practice
(211) HOSPREFNAME	Hospital representative's first name
(213) HOSPREPLNAME	Hospital representative's last name
(212) HOSPREPMNAME	Hospital representative's middle name
(62) HYSTERECTOMY	Was a hysterectomy performed during delivery?

ADDENDUM E

(290)	IMMUNIZCONSNT	Consent for Immunization Program?
(251)	IMMUNOGLOBDTE	Date of Hepatitis immunoglobulin
(210)	INFORMANTSGND	Did the informant sign?
(207)	INFORMNTFNAME	Informant's first name
(209)	INFORMNTLNAME	Informant's last name
(208)	INFORMNTMNAME	Informant's middle name
(205)	INFORMRLTNSH	Relationship of the informant
(257)	INTERMEDCARE	Intermediate care admission
(306)	LATECOMPS	Late complications of mother
(59)	LBRDLVRYCOMP	Complications of Labor & Delivery
(74)	LIVEBRTHSNOW	If multiple, total number of live births
(61)	LNGTHOFLABOR	Length of labor in hours
(186)	M EMPLR #	Mother's employer's address – number
(188)	M EMPLRCITY	Mother's employer's address – city/town
(190)	M EMPLRSTATE	Mother's employer's address – state
(189)	M EMPLRSTATABBR	Mother's employer's address – state abbreviation
(187)	M EMPLRSTRT	Mother's employer's address – street name
(191)	M EMPLRZIP	Mother's employer's address – zip code
(141)	MAIL APTNO	Mailing address – apartment number
(144)	MAIL CITY	Mailing address – city/town
(136)	MAIL SAME	Is Mother's official residence the same as her mailing address?
(142)	MAIL STABR	Mailing address – state abbreviation
(143)	MAIL STATE	Mailing address – state
(139)	MAIL STREET	Mailing address – street name
(140)	MAIL STRTYP	Mailing address – street type
(145)	MAIL ZIP	Mailing address – zip code
(137)	MAILHOUSE#	Mailing address – house number
(146)	MARRIED	Mother's Married?
(243)	MECHANICALDAYS	Days on Mechanical Ventilator
(301)	MEDICAIDYN	Did Mom participate in Medicaid?
(37)	MEDRISK	Medical Risk Factors for this Pregnancy
(71)	METHOD	Method of Delivery
(172)	MHISPANICYN	Is Mother of Hispanic Origin?
(184)	MINDUSTRY	Mother's industry or business
(183)	MOCCUPATION	Mother's Occupation
(17)	MNTHCARE	Month of pregnancy Prenatal Care began

ADDENDUM E

(308)	MOD1 COMPLETE	Module 1 completed
(332)	MOD1 EDITED	Operator code which last edited module 1
(324)	MOD1 ENTERED	Operator code which entered module 1
(309)	MOD2 COMPLETE	Module 2 completed
(333)	MOD2 EDITED	Operator code which last edited module 2
(325)	MOD2 ENTERED	Operator code which entered module 2
(310)	MOD3 COMPLETE	Module 3 completed
(334)	MOD3 EDITED	Operator code which last edited module 3
(326)	MOD3 ENTERED	Operator code which entered module 3
(311)	MOD4 COMPLETE	Module 4 completed
(335)	MOD4 EDITED	Operator code which last edited module 4
(327)	MOD4 ENTERED	Operator code which entered module 4
(312)	MOD5 COMPLETE	Module 5 completed
(336)	MOD5 EDITED	Operator code which last edited module 5
(328)	MOD5 ENTERED	Operator code which entered module 5
(313)	MOD6 COMPLETE	Module 6 completed
(337)	MOD6 EDITED	Operator code which last edited module 6
(329)	MOD6 ENTERED	Operator code which entered module 6
(314)	MOD7 COMPLETE	Module 7 completed
(338)	MOD7 EDITED	Operator code which last edited module 7
(330)	MOD7 ENTERED	Operator code which entered module 7
(315)	MOD8 COMPLETE	Module 8 completed
(331)	MOD8 EDITED	Operator code which last edited module 8
(339)	MOD8 ENTERED	Operator code which entered module 8
(316)	MODULE1HISCRN	Module 1 – Highest screen completed
(317)	MODULE2HISCRN	Module 2 – Highest screen completed
(318)	MODULE3HISCRN	Module 3 – Highest screen completed
(319)	MODULE4HISCRN	Module 4 – Highest screen completed
(320)	MODULE5HISCRN	Module 5 – Highest screen completed
(321)	MODULE6HISCRN	Module 6 – Highest screen completed
(322)	MODULE7HISCRN	Module 7 – Highest screen completed
(323)	MODULE8HISCRN	Module 8 – Highest screen completed
(121)	MOM AGE	Mother's age
(120)	MOM DOB	Mother's date of birth
(180)	MOM EDUC	Mother's years of education
(116)	MOM FNAME	Legal name of the Mother – first name
(64)	MOM INS CODE	Mom's medical insurance type/code

ADDENDUM E

(118)	MOMLNAME	Legal name of the Mother – last name
(357)	MOM LOS/CDOB	Mom’s length of stay from the child’s date of birth
(356)	MOMLOS/DOA	Mom’s length of stay from her date of admission
(119)	MOM MAIDEN	Mother’s maiden name
(117)	MOM MNAM	Legal name of the Mother – middle name
(173)	MOM ORIGIN	If Hispanic, Mother’s Origin
(135)	MOM PHONE	Mother’s phone
(168)	MOM RACE	Mom’s Race
(122)	MOM SSN	Mother’s social security number
(34)	MOMBLOODTYPE	Mother’s blood type
(297)	MOMDSCHRGDATE	Mother’s discharge date
(182)	MOMEMPLOYED	Was Mother Employed
(185)	MOMEMPLOYER	Mother’s employer – name
(65)	MOMINSURNAME	Mom’s medical insurance company name
(66)	MOMINSURNUM	Mom’s medical insurance company policy number
	MOMMEDREC	Mom’s chart number
(178)	MOMOTHORGCODE	Mom’s Other Origin code
(170)	MOMRACECODE	Mom’s Race code
(35)	MOMRH	Mother’s Rh blood group
(54)	MOMTCITYCODE	City code of transfer hospital
(53)	MOMTCNTYCODE	County code of transfer hospital
(51)	MOMTRANCITY	City of transfer hospital
(52)	MOMTRANCNTY	County of transfer hospital
(49)	MOMTRANCODE	Hospital transfer code
(48)	MOMTRANLOC	Hospital transferred from
(50)	MOMTRANSTATE	State of transfer hospital
(176)	MORGCODE	Origin code – mother
(123)	MSTATEBRTH	Mother’s birthplace
(239)	NEWBORNPROC	Newborn procedures
(254)	NICUADMITDTE	NICU admission date
(253)	NICUDISPO	NICU disposition
(255)	NICUDSCHGDTE	NICU discharge date
(15)	NONE YN	Source of prenatal care – none
(130)	NOT USED	Not used
(138)	NOT USED	Not used
(159)	NOT USED	Not used
(276)	NOT USED	Not used
(302)	NOT USED	Not used

ADDENDUM E

(29)	NUMALC	Alcohol use, #/week
(27)	NUMCIGS	Tobacco use, # per day
(241)	02 DAYS	Days on oxygen therapy
(247)	OAE FAILED***	Did the child fail the OAE hearing test?*** See pg 222
(36)	OBSDURINGPRG	Obstetric procedures
(55)	OBSDURLABOR	Obstetric procedures during labor
(73)	ORDER	Birth order
(89)	OTHATTENDTYP	Other attendant type
(14)	OTHER YN	Source of Prenatal Care – other specified
(108)	OTHERABNRML	Other abnormal conditions specified
(105)	OTHERCHROM	Other chromosomal anomalies specified
(101)	OTHERCRIC	Other circulatory/Respiratory anomalies specified
(100)	OTHERCNS	Other central nervous system anomalies specified
(106)	OTHERCONGEN	Other congenital anomalies specified
(95)	OTHERFACIL	Other facility type specified
(288)	OTHERFUTSOURCE	Other future source of pediatric care specified
(102)	OTHERGAST	Other gastrointestinal anomalies specified
(307)	OTHERLATE	Other late complications of mother specified
(60)	OTHERLDCOMP	Other labor & delivery complications specified
(39)	OTHERMEDRISK	Other medical risk factors specified
(104)	OTHERMUSC	Other musculoskeletal/integumental anomalies specified
(56)	OTHEROBS	Other obstetric procedures specified
(6)	OTHERROVIDER	Source of Prenatal Care – other
(259)	OTHERSTATUS	Other discharge status specified
(38)	OTHERSTD	Other sexually transmitted disease specified
(103)	OTHERURO	Other Urogenital anomalies specified
(58)	OTHERANESTHES	Other Anesthesia specified
(245)	OTHERDIAGNOSIS	Other diagnosis of infant specified
(305)	OTHERPOSTPART	Other postpartum procedures specified
(240)	OTHERPROCEDURE	Other newborn procedures specified
(270)	OUTCITYCODE	Child's transfer out – city code
(271)	OUTCOUNTYCODE	Child's transfer out – county code

ADDENDUM E

(147) PATERNITY	If Mother is unmarried, will the father be signing the COP?
(98) PLOB COUNTY	Place of birth – county
(96) PLOB NAME	Place of birth – name
(97) PLOB TOWN	Place of birth – town
(72) PLURALITY	Plurality
(304) POSTPARTUM	Postpartum procedures
(24) PREMMYYPRGLOSS	Date of the last pregnancy loss
(360) PRENATAL CARE	Prenatal care calculated field
(46) PRENATAVAIL	Was the prenatal rec. available to completing this section?
(25) PREV CSECTION	Prior history of a Cesarean section
(21) PREV LIVEDEAD	Previous live births now dead
(20) PREV LIVELIVING	Previous live births now living
(22) PREV MMYLLIVE	Date of last live birth
(23) PREV PREGLOSS	Total number of previous pregnancy losses
(364) PRIM METHOD	Method of Delivery calculated field
(343) PRINTED	Was the Birth Certificate printed?
(7) PRIVPRAC YN	Source of prenatal care – private
(344) PRNCOUNT	Print count on this Birth Certificate
(292) REFUSALBOX	Refusal for participating in the Newborn Hearing Program?
(206) RELTNSHPCODE	Relationship code of the informant to infant
(133) RES APTNO	Mother’s official residence – apartment number
(126) RES COUNTY	Mother’s official residence – county
(129) RES HOUSE #	Mother’s official residence – house number
(127) RES LOCALTY	Mother’s official residence – town/city
(128) RES MCD	Mother’s official residence – town/city code
(125) RES STABR	Mother’s official residence – state abbreviation
(124) RES STATE	Mother’s official residence state
(131) RES STREET	Mother’s official residence – street name
(132) RES STRTTYP	Mother’s official residence – street type
(303) RHGIVEN	Was Rhogam given?
(347) SELECTED	Was this file chosen to be downloaded
(81) SEX	Child’s sex
(32) SPH TEST	Syphilis serology obtained
(115) SSNO Y/N	Mother/Inform. Wants Social Security Number for the child
(33) SYPHTESTDATE	Syphilis serology date

ADDENDUM E

(19)	TOTALLIVEBIRTHS	Parity – total number of previous live births
(18)	TOTALPREGNANCIES	Gravida
(346)	TRANS_EIN	Transferred in hospital's origin EIN
(16)	UNK YN	Source of Prenatal Care – Unknown
(41)	VISITS	Total number of Prenatal Visits
(47)	WASMOMTRANS	Was mother transferred from another facility prior to this admission?
(43)	WGHTGAINKG	Weight gain during pregnancy in kilograms
(42)	WGHTGAINLB	Weight gain during pregnancy in pounds
(300)	WICNUMBER	WIC number
(299)	WIC YN	Did mom participate in WIC?

**Garden State Selection no longer available in EBC version 7.0.04

***Newborn Hearing Screening Fields Discontinued in EBC 7.0.04 (January 1, 2005)

Ear Specific Newborn Hearing Fields added in EBC version 7.0.04

(824)	R HEARINGTEST	Type of Hearing Screening Test/Exam - Right Ear
(827)	L HEARINGTEST	Type of Hearing Screening Test/Exam - Left Ear
(825)	R EAR RESULT	Final Hearing Screening Result - Right Ear
(828)	L EAR RESULT	Final Hearing Screening Result - Left Ear
(831)	R EAR TST DTE	Final Hearing Screening Date - Right Ear
(832)	L EAR TST DTE	Final Hearing Screening Date - Left Ear
(826)	R EAR SCREEN	Final Hearing Screening Type - Right Ear
(829)	L EAR SCREEN	Final Hearing Screening Type - Left Ear
(830)	HEAR REFERRED	Baby Referred to ENT/Audiologist for testing?
(833)	AUDIOLOGIST	Name of Provider for Audiologic Referral/Follow-up
(834)	PRIMARY LANG	Primary Language of Parent/Guardian

INDEX

- Abnormal Conditions of the
 - Newborn, 97-100 (107)
 - Other, (108)
- Abnormal Neurologic
 - Exam, 161-162, (244)
- ABR (See pg 230)
 - Done, 165, (246)
 - Failed, 167, (248)
- Abruptio Placenta, 53-54, (59)
- Abstracts, 202, (345)
- Adactyly, 95, (99)
- Address, Mailing
 - Father, 124, (158-166)
 - Guardian, 181, (279-285)
 - Mother, 114, (139-145)
- Admission, Mother, 2
- Age
 - Father, 121, (153)
 - Mother, 4, (121)
- Air Leak Syndrome, 161, 163, (244)
- Alcohol
 - Number/Week, 20, (29)
 - Use, 19, (29)
- Amniocentesis
 - Genetic, 27-28, (36)
 - Other, 27-28, (36)
- Anemia
 - Medical Risks, 29-31, (37)
 - Infant, 97-100, (107)
- Anencephalus, 90-92, (99)
- Anesthesiologist, 52, (353-355)
- Anesthetic
 - Complications, 53-56, (59)
 - Type of, 53-56, (57)
- Antepartum Fetal Death, 64-65, (70)
- Antibiotics, IV, 157-158, (239)
- Apgar Scores, 80-81
 - Apgar 1 min, (82)
 - Apgar 5 min, (83)
- Arrested Progress, 53-54, (59)
- Arterial Ligation, 195, (304)
- Attendant
 - Name, 84, (90-92)
 - Type, 85
- Auscultation, 49-50, (55)
- BAER (See pg 230)
 - Done, 165, (246)
 - Failed, 167, (248)
- Birth Defects
 - Reportable, 161-165, (244)
- Birth Injury, 97-100, (107)
- Birth Order, 71, (73)
- Birthing Center, 87, (94)
- Birthplace
 - Father, 123, (155)
 - Mother, 108, (123)
- Bleeding, Excessive, 53-55, (59)
- Blood Loss, 59, (63)
- Blood Transfusion, 157-158, (239)
- Blood Type
 - Infant, 101, (109)
 - Mother, 25, (34)
- BPD, 161, 163, (244)
- Bronchopulmonary Dysplasia-BPD, 161, 164 (244)
- Brachio Plexis Injury, 161-162, (244)
- Breast Feeding, 170, (252)
- Breech
 - Assisted/spontaneous, 66-67, (71)
 - Malpresentation, 53-54, (59)
- Business Type
 - Father, 133, (193)
 - Mother, 133, (183)
- Cardiac Disease, 29-30, (37)
- Category, 203, (350)
- Catheterizations
 - Umbilical Artery, 157-158, (239)
 - Umbilical Vein, 157-158, (239)

(Numbers in parentheses are the Report Writer field numbers)

INDEX

- Central Nervous System
 - Hemorrhage, 161-162, (244)
- Cephalic Molding, 161, 164, (244)
- Cephalopelvic Disp., 53-54, (59)
- Certifier
 - Address, 145, (220-224)
 - Electronic Signature, 147, (225)
 - Name, 144, (217-219)
 - Signature, 146, (225)
- Cesarean Section
 - Failed Trial Labor, 66-67, (71)
 - No Trial Labor, 66-67, (71)
 - Previous History, 16, (25)
- Chart #, 1
- Chromosomal Anomalies,
 - Other, 90, 95, (105)
- Circulatory Anomalies, 90, 93, (101)
- Circumcision, 157-158, (239)
- Cleft Lip, 90, 95, (99)
- Cleft Palate, 90, 95, (99)
- Clinic
 - Pediatric, Hospital, 183, (287)
 - Prenatal, Hospital, 6, (12)
 - Place of Delivery, 88, (96)
 - Pediatric Other, 183, (288)
 - Prenatal, Other, 6, (14)
- Club Foot, 90, 95, (99)
- CNM, 85, (88)
- CNS Anomalies, Other, 90-91, (100)
- CNS Hemorrhage, 161-162, (244)
- Cocaine Use, 21, (30)
- Coma, 29-30, (37)
- Combination, feeding, 170, (252)
- Community Health Center
 - Pediatric, 183, (287)
 - Source of Prenatal Care, 6, (10)
- Complications of L&D, 53-56, (59)
 - Other, 53, (60)
- Congenital Anomalies, 90-95, (99-106)
- Congenital Malformation, 161-162, (244)
- Consent, Parental Informed, 187, (292)
- Coombs Positive, 161, 163, (244)
- Cord Complications, 53-54, (59)
- Cord pH, 97-98, (107)
- Cord Prolapse, 53-54, (59)
- CPAP, 157-158, (239)
 - Duration, 157, 160, (242)
- CVS, 27-28, (36)
- D&C, 195, (304)
- Date of Admission, Mother, 2, (40)
- Date of Birth
 - Child, 62, (67)
 - Father, 121, (152)
 - Mother, 4, (120)
- Date of Death, 176, (260)
- Date of Discharge
 - Infant, 176, (260)
 - Mother, 189, (297)
- Date of First Submission, 203, (351)
- Date of Last Live Birth, 13, (22)
- Date, Last Normal Menses, 5, (5)
- Date, Last Pregnancy Loss, 15, (24)
- Date of Review, 141, (214)
- Date of Second Submission, 203, (352)
- Date, Transfer In-Infant, 155, (232)
- Date, Transfer Out-Infant, 176, (264)
- Delivery Outcome, 64-65, (70)
- Delivery Record Name, 3
- Delivery Room Resuscitation, 86-87
- Diabetes
 - Gestational, 29, 31, (37)
 - Insulin Dependent, 29-30, (37)
 - Non-Insulin Dependent, 29, 31, (37)
- Diagnosis of the Infant
 - 161-165, (244 & Other, 245)
- Diaphragmatic Hernia, 90, 95, (99)
- Dislocation/fracture, 161, 164, (244)

(Numbers in parentheses are the
Report Writer field numbers)

INDEX

- DO, 85, (88)
- Doctor's Office, 87, (94)
- Down Syndrome, 90, 95, (99)
- Downloading, 202, (342)
 - Selected, 202, (347)
- Drug Dependency, 161, 164, (244)
- Drug Use, 21, (30)
- Dysfunctional Labor, 53, 55, (59)

- Eclampsia, 29, 31, (37)
- ECMO, 157, 159, (239)
- Educational Status
 - Father, 131, (181)
 - Mother, 131, (180)
- Electronic Signature, (147)
- Electronic Identification Number,
(EIN) 202, (341)
- Employer, Father
 - Address, 136, (196-201)
 - Name, 136, (195)
- Employer, Mother
 - Address, 136, (186-191)
 - Name, 136, (185)
- Employment Status
 - Father, 132, (192)
 - Mother, 132, (182)
- Epidural, 51-52, (57)
- Episiotomy, 49-50, (55)
- Esophageal Atresia, 90, 93, (99)
- Excessive Bleeding, 53, 55, (59)
- Exchange Transfusion, 157-158, (239)
- Extraction, Breech, 66-68, (71)
- Extraction & Version, 66-67, (71)

- Facility
 - Name, 88, (96)
 - Town, 88, (97)
 - County, 88, (98)

- Feeding at Discharge, 170, (252)
- Fetal Alcohol Syndrome (FAS)
 - Abnormal, Conditions, 97-99, (107)
 - Diagnosis of Infant, 161, 164, (244)
- Fetal Distress, 53, 55 (59)
- Fetal Monitoring
 - External Electronic, 49-50, (55)
 - Internal Electronic, 49-50, (55)
- Fever >100 F or 38 C, 53, 55, (59)
- Final Status of Infant, 175, (258 & 259)
- Forceps
 - Low, 66-67, (71)
 - Mid, 66-67, (71)
 - Other, 66-67, (71)
 - Outlet, 66-67, (71)
- Formula, 170, (252)
- Form Number, 202, (346)
- Fracture/Dislocation, 161, 164, (244)
- Freestanding Birthing Center, 87, (94)

- GardenState
 - Prenatal, 6, (12)
 - Pediatric, 183, (287)
- Gastrointestinal Anomalies
 - Other, 90, 93, (102)
- Gastroschisis, 90, 03, (99)
- Genital Herpes, 29, 31, (37)
- Genitalia, Malformed, 90, 94, (99)
- Gestation Clinical
 - Estimate of, 83, (87)
- Gravid, 9, (18)
- Guardian
 - Address, 181, (277-285)
 - Legal name, 180, (273-275)
 - Phone, 182, (286)
 - Relationship, 179, (272)

(Numbers in parentheses are the
Report Writer field numbers)

INDEX

- HealthStart
 - Pediatric, 183, (287)
 - Prenatal, 6, (9)
- Health Plan
 - Pediatric, 183, (287)
 - Prenatal, 6, (8)
- Hearing Loss
 - Anomalies, 161, (244)
- History, 186, (291)
- Heart Malformations
 - Child, 90, 92, (99)
- Hemoglobinopathy, 29, 32, (37)
- Hemorrhage, CNS, 161-162, (244)
- Hematologic Disease, 161, 163, (244)
 - Other Hemolytic, 161, 163, (244)
- Hepatitis B
 - Immunoglobulin, 169, (251)
 - Vaccine Given, 168, (249)
 - Vaccine Date, 168, (250)
- Hernia, Diaphragmatic, 90, 95, (99)
- Heroin Use, 21, (30)
- Highest Screen, 200, (316-322)
- Hispanic Origin
 - Father, 129, (174, 175, *uses literals & 177, uses codes numbers*)
 - Mother, 129, (172 & 173 *uses literals & 176 uses code numbers*)
- HMD, 161, (244)
- HMO
 - Pediatric, 183, (287)
 - Prenatal, 6, (8)
- Home on Oxygen, 161, 163, (244)
- Hospital Clinic
 - Pediatric, 183, (287)
 - Prenatal Source, 6, (12)
- Hospital, Place of Delivery, 87, (94)
- Hospital Rep., 140, (211-213)
- Hyaline Membrane Disease (HMD)
 - Abnormal Conditions, 97, 99, (107)
 - Diagnosis of Infant, 161, 164, (244)
- Hydramnios, 29, 32, (37)
- Hydrocephalus, 90, 92, (99)
- Hyperbilirubinemia, 161, 163, (244)
- Hypertension
 - Chronic, 29, 32, (37)
 - Persistent Pulmonary, 161, 164, (244)
 - Pregnancy Induced, 29, 32, (37)
- Hypoglycemia, 161, 164, (239)
- Hysterectomy
 - During Delivery, 58, (62)
 - Postpartum, 196, (306)
- In Utero Infection, 161, 163, (244)
- Incompetent Cervix, 29, 32, (37)
- Induction of Labor, 53-54, (59)
- Industry
 - Father, 134, (194)
 - Mother, 134, (184)
- Infectious Disease, 161
- Informant's
 - Name, 138, (207-209)
 - Relationship, 137, (205)
 - Signature, 139, (210)
- Infusions, 157-158
- Inhalation, 51-52, (57)
- Inside City Limits, 112, (134)
- Insurance
 - Coding, Father, 142, (202)
 - Coding, Mother, 60, (64)
 - Co. Name-Father, 142, (203)
 - Co. Name-Mother, 60, (65)
 - Policy Number-Father, 143, (204)
 - Policy Number-Mother, 61, (66)
- Integumental Anomalies, 90, 95, (104)
- Intermediate Care, 174, (257)

(Numbers in parentheses are the
Report Writer field numbers)

INDEX

- Intrapartum Fetal Death, 64-65, (70)
Intrapartum Infection, 53, 55, (59)
Intubation, 97-98, (107)
Isoimmunization, Other, 29, 33, (37)
IV Antibiotics, 157-158, (239)
- Lacerations
 with Hemorrhage, 53, 55, (59)
 without Hemorrhage, 53, 55, (59)
- Late Complications, 196, (306)
 Other, (196)
- Length of Labor, 57, (61)
Length of Stay
 Infant, 203, (357)
 Mother, 203, (356)
- Live Births, 64-65, (70)
Local Anesthetic, 51-52, (57)
Lung Disease, 29, 32, (37)
- Mailing Address
 Father, 124, (160-166)
 Mother, 114, (137-145)
- Malformed Genitalia, 90, 94, (99)
Malpresentation, 53-54, (59)
Marital Status, 190, (298)
Married, Mother, 115, (146)
Maternal Death, 53, 55, (59)
MD, 85, (88)
Mechanical Ventilation, 157, 159, (239)
 Duration, 157, (243)
- Meconium Aspiration Syndrome
 Abn. Conditions, 97, 99, (107)
 Diag. of Infant, 161, 163, (244)
- Meconium Mod./Heavy, 53, 55, (59)
Medicaid, 193, (301)
Medical Risk Factors, 29-34, (37)
 Other, 29, (39)
Meningitis, 161, 163, (244)
- Meningocele, 90, 92, (99)
Menses, Date of Last Normal, 5, (5)
Methamphetamine Use, 21, (30)
Methods of Delivery, 66-67, (71)
Microcephalus, 90, 92, (99)
Midwife, Other, 85, (88)
- Module
 Completed, 200, (308-314)
 Operators for First Entry, 200-201
 (324-330)
 Operators for Last Entry, 201, (332-338)
- Multiple Birth
 Date of Last Live Birth, 76, (78)
 Date of Last Pregnancy
 Loss, 78, (80)
 Number of Fetal Deaths, 73, (75)
 Number Live Births, 72, (74)
 Number of Live Births Now
 Living, 74, (76)
 Dead, 75, (77)
 Number Pregnancy Losses, 77, (79)
- Musculoskeletal Anomalies, Other,
 90, 95, (104)
- Name
 Child-Legal, 102-103, (111-114)
 Delivery Record, Mother, 3, (2-4)
 Father, 119, (148-151)
 Mother's Legal, 105, (116-118)
- Necrotizing
 Enterocolitis, 161, 164, (244)
- Neometrics, 203, (348)
 Number, (349)
- Neuro. Exam, Abn., 161-162, (239)
Newborn Proc., 157-159, (239-242)

(Numbers in parentheses are the
Report Writer field numbers)

INDEX

- NICU
 - Admission date, 172, (254)
 - Discharge date, 173, (255)
 - Disposition, 171, (253)
 - Total days, 173, (256)
- Non-Reassuring
 - Fetal Heart Pattern, 53, 55, (59)
- Normal Newborn, 161-162, (244)
- OAE (See pg 230)
 - Done, 165, (246)
 - Failed, 166, (247)
- Obstetric Procedures
 - During L&D, 49-50, (55 & 56)
 - During Pregnancy, 27-28, (36)
- Occupation
 - Father, 133, (193)
 - Mother, 133, (183)
- Oligohydraminos, 29, 32, (37)
- Omphalocele, 90, 93, (99)
- Ototoxic Drugs, 157-158, (239)
- Oxygen
 - Home on, 161, 163, (244)
 - Positive Pressure, 97-98, (107)
 - Therapy, 157-158, (239)
 - Therapy Duration, 157, (241)
- Palsy, 161-162, (244)
- Parenteral Alimentation, 157-158, (239)
- Pediatric Care
 - Source of Future, 184, (289)
 - Type of Future Source, 183, (287)
- Persistent Pulmonary
 - Hypertension, 161, 164, (244)
- Pharmacologic, 97-98, (107)
- Phototherapy, 157, 159, (239)
- Place of Delivery, 87, (94)
- Placenta Previa, 53, 56, (59)
- Plurality, 69-70, (72)
- Pneumonia, 161, 163, (244)
- Polycythemia, 161, 163, (244)
- Polydactyly, 90, 94, (99)
- Postpartum
 - Infection, 196, (306)
 - Procedures, 195, (304)
 - Other, 195, (305)
- Precipitous Labor <3 hrs., 53, 56, (59)
- Preeclampsia, 29, 32, (37)
- Pregnancy Losses, 14, (23)
- Premature Rupture
 - of Membranes >12 hrs., 53, 56, (59)
- Prenatal Care
 - Information Prev. Collected, 37, (44)
 - No, Prenatal Med. Rec., 39, (46)
 - Yes, Changes Made, 38, (45)
 - Month Begun, 7-8, (17)
 - None, 6, (15)
 - Source, 6, (6-16)
- Prenatal Visits, 35, (41)
- Preterm Rupture of
 - Membranes, 53, 56, (59)
- Previous Infant >4000+ gms, 29, 33, (37)
- Previous Live Births
 - Total, 10, (19)
 - Now Living, 11, (20)
 - Now Dead, 12, (21)
- Previous Maj. Uterine Surgery, 29, 33, (37)
- Previous Preterm, 29, 33, (37)
- Printed, 202, (344)
- Print Counter, 202, (344)
- Private Practitioner
 - Pediatric Care, 183, (287)
 - Source of Prenatal Care, 6, (7)
- Prolonged Labor, 53, 56, (59)
- Proven Sepsis, 161, 163, (244)
- Pudendal Anesthesia, 51-52, (57)
- Pulmonary Hypertension, 161, 164, (244)

(Numbers in parentheses are the
Report Writer field numbers)

INDEX

- Race
 Father, 126-127, (168, *uses literals*
 171 *uses code numbers*)
 Mother, 126-127, (169, *uses literals*
 170 *uses code numbers*)
- RDS/HMD
 Abnormal Cond., 97-100, (107)
 Diagnosis of Infant, 161-164, (244)
- Rectal Atresia, 90, 93, (99)
- Rectal Stenosis, 90, 93, (99)
- Relationship
 of Guardian, 179, (272)
 of Informant, 137, (205)
- Respiratory
 Anomalies, 90, 93, (101)
 Home Monitor, 161, 163, (244)
- Renal Disease, 90, 94, (37)
- Renal Agenesis, 90, 94, (99)
- Reportable Birth
 Defect., 161, 162, (244)
- Residence
 Place of Delivery, 87, (94)
 Mother's, 109-111, (124-133)
- Rh Factor
 Child, 101, (110)
 Mother, 26, (35)
- Rh Hemolytic, 161, 163, (244)
- Rh Immune Globulin, 194, (303)
- Rh Sensitization, 29, 33, (37)
- Rupture of Membranes, 53, 56, (59)
- Ruptured Uterus, 53, 56, (59)
- Seizures
 Infant, (Abn Cond.), 97, 99-100, (107)
 Infant, (Diag.), 161-162, (244)
 Mother, (L&D Comp), 53-56, (59)
 Mother, (Med Risks), 29-33, (37)
- Sepsis, Proven, 161, 163, (244)
- Sex, Infant, 79, (81)
- Sexually Transmitted Disease, 29, 33, (38)
- Shoulder Dystocia, 53, 56, (59)
- Signature
 Certifier, 146, (225)
 Electronic, 147
 Informant, 139, (210)
 Mother, 148, (216)
- Small for Gestational Age, 29, 33, (37)
- Social Security Number
 Child, 104, (115)
 Father, 122, (154)
 Mother, 107, (122)
- Spina Bifida, 90, 92, (99)
- Spinal Anesthetic, 51-52, (57)
- Stigmata, 161, 164, (244)
- Surfactant Therapy, 157, 159, (239)
- Surgery, 157-158, (107)
- Symptomatic
 Hypoglycemia, 161, 164, (244)
- Syndactyly, 90, 95, (99)
- Syphilis Serology
 Date, 24, (33)
 Infant, 161, 164, (244)
 Med. Risks, Mother, 29, 33, (37)
 Obtained, 23, (32)
- Tachypnea, Transient, 161, 164, (244)
- Telephone Number
 Father, 125, (167)
 Guardian, 182, (286)
 Mother, 113, (135)
- Time
 of Birth, 63, (68 & 69)
 of Death, 177, (261 & 262)
 of Discharge, 177, (261 & 262)
 of Transfer, 177, (261 & 262)

(Numbers in parentheses are the
Report Writer field numbers)

INDEX

- Tobacco
 - Number/day, 18, (27)
 - Use, 17, (26)
- Tocolysis
 - Ob Procedure, 49-50, (55)
- Tracheo-Esoph. Fistual, 90, 93, (99)
- Transfer
 - Infant transferred in, 154, (231)
 - Infant transferred out, 175, (258)
 - Mother transferred in, 47, (47)
- Transfer In
 - Infant
 - Facility, 156, (233)
 - State, 156, (235)
 - Municipality, 156, (236)
 - County, 156, (237)
 - Mother
 - Facility, 48, (48)
 - State, 48, (50)
 - Municipality, 48, (51)
 - County, 48, (52)
- Transfer Out
 - Infant
 - Facility, 178, (265)
 - State, 178, (267)
 - Municipality, 178, (268)
 - County, 178, (269)
- Transfusion
 - Exchange, 157-158, (239)
 - Maternal, 195, (304)
- Transient Tachypnea, 161, 164, (244)
- Tubal Ligation, 195, (304)
- Ultrasound, 27-28, (36)
- Umbilical
 - Artery Catheterization, 157-158, (239)
 - Vein Catheterization, 157-158, (239)
- Urogenital Anomal., Other, 90, 94, (103)
- Uterine Atony, 53, 56, (59)
- Uterine Bleeding, 29, 33, (37)
- Vacuum, 66-67, (71)
- Vaginal
 - Delivery, 66-67, (71)
- VBAC, 66-67, (71)
- Ventilation
 - Assisted >30 min., 97, 99, (107)
 - Assisted <30 min., 97, 99, (107)
 - Mechanical, 157-159, (239)
 - Mechanical, duration, 157, (243)
- Version and Extraction, 66-67, (71)
- Weight
 - at Delivery/Birth
 - Grams (85)
 - Pounds (84)
 - Mother's Weight Gain, 36
 - Kilograms (43)
 - Pounds (42)
- WIC
 - Participant, 191, (299)
 - Number, 192, (300)

Newborn Hearing Screening Revisions January 1, 2005

- Final Hearing Screening Test-Right, 197-198, (824)
- Final Hearing Screening Test-Left, 197-198, (827)
- Final Hearing Screening Result-Right, 199, (825)
- Final Hearing Screening Result-Left, 199, (828)
- Final Hearing Screening Date-Right, 200, (831)
- Final Hearing Screening Date-Left, 200, (832)
- Final Hearing Screening Type-Right, 201, (826)
- Final Hearing Screening Type-Left, 201, (829)
- Audiologist/ENT Referred to, 202, (830)
- Name of Audiology/ENT Provider, 203, (833)
- Primary Language of Household, 204, (834)

(Numbers in parentheses are the
Report Writer field numbers)