

Iowa

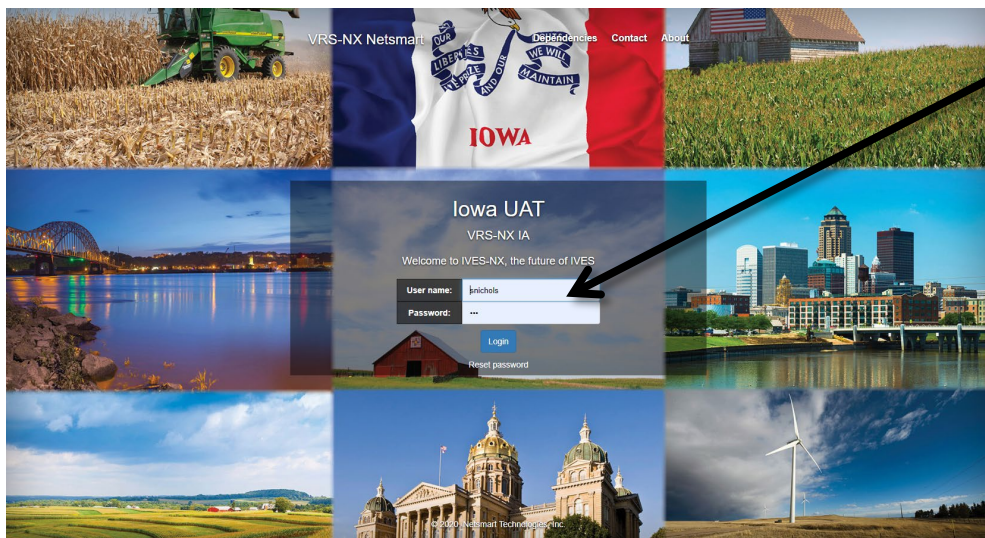
Electronic Birth Registration Hospital Manual

Guide in Utilizing the Iowa Vital Event System – Next Generation

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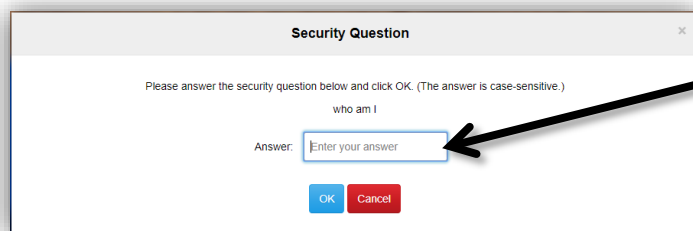
Login



Enter User name and password. Click on the Login button.

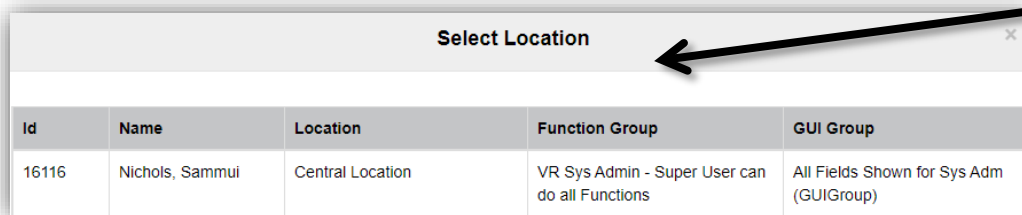
Passwords must be at least 8 characters, and contain an uppercase and lower case letter, a number and a special character.

(Note: **Very important you use this link to bookmark.** Below the login box, you can bookmark the application for future use.)



Answer Security Question (the answer is case sensitive. Click OK

This question will be asked every time you login to the system.

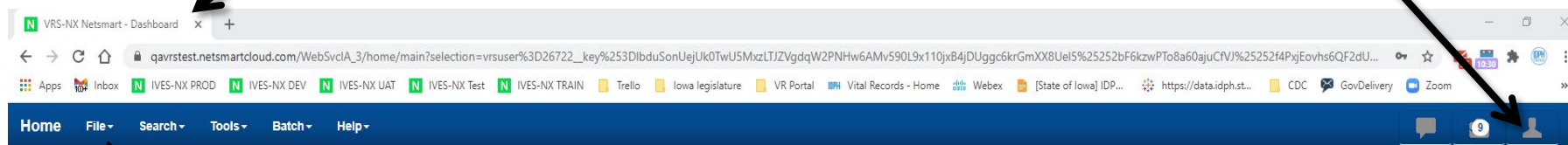


Users with single location, will go directly to the main page. Users enrolled in multiple locations will see a list of enrolled locations. Select and double click the hospital from which you will be working during this login.

Home Screen

Web Browser Tab
Contains the website for IVES-NX

Profile
Printer preferences



Main Menus

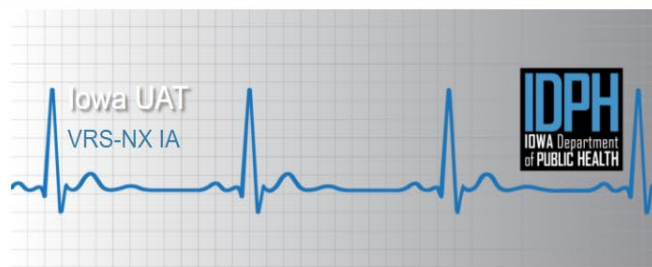
File - Create New birth events. Re-login or log out of the system.

Search – Search for any registered birth records within 90 days from the date of birth.

Tools – Create and search for security question.

Batch – Create and print Summary of Fee reports.

Help – Quick access to Hospital User Guide, forms, links to the Birth VR portal, etc.



Work Queues

B Facility Record - Pending	8
B Facility Record - Rejected	1

Home Screen – Work Queues

Home File Search Tools Batch Help

Work Queues

- B Facility Record - Pending 12
- B Facility Record - Rejected 0
- Messages 0

Pending birth record

Rejected birth record

Number of pending birth record (s)

Number of rejected birth record(s)

Work Queue: B Facility Record - Pending

Search Criteria Search Result

Flat View Images: 0 Notes: 0 Display

Group By:

State File Number	County of Birth	Year of Birth	Local File Number	Record Status	Child's First Name	Child's Middle Name	Child's Last Name
	Polk	2020	IA-Test2-2020000088	Pending	Milo		Nicholas
	Polk	2020	IA-Test2-2020000089	Pending	Snow		White
	Polk	2020	IA-Test2-2020000091	Pending	Cinderella		Charn

Hospital users should regularly check their Work Queues for rejected records, as well as checking their pending queue to ensure that all records are filed in a timely manner.

Record Organization

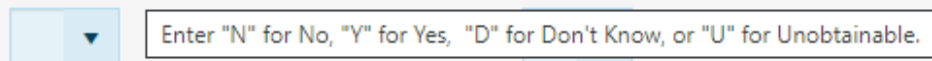
The screenshot shows a web application interface for birth record organization. The interface includes a main menu at the top, a navigation bar with tabs, and a main content area with various form sections. The following table summarizes the labeled UI elements:

Label	UI Element
Main Menu	Home, File, Search, Action, Tools, Batch, Help
Images	Image count: 0
Notes	Notes count: 0
Type of Alerts	Alerts: 0
# of Alerts	Alerts: 0
Field	Child's First Name input field
Dropdown	Gender dropdown menu
Copy Bar	Check For Duplicate button
Paragraphs (blue titled section)	System, Child Information, Place of Birth sections
Required field (in red asterisk)	*Last Name, *Type Of Place Of Birth, *County Of Birth
Not applicable for entry (grayed out)	Registration Type, Date Filed, Address, City Of Birth, Zip Code
Yes/No Indicator	Inside City Limits (Y)

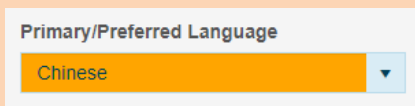
Basic Convention

1. Absolute (i.e., hard edit) required fields are **asterisk in red**.
2. Date fields – Slashes for date fields are masked in/just type the numerals or click on the calendar.
MM/DD/YYYY
3. Hyphens for any numeric fields are mask in – just type the numerals
4. <Tabbing> between fields is the **MOST efficient**. However, the mouse can be used to click into the next field, but validation messages may fire if the user skips around.
5. **File > Save Without Edits**: To avoid the system running through the validation edits when the record is not complete, go to the main menu bar and select save without edits.

6. **Did Mother Receive WIC?** **Did Mother Smoked Cigarettes?** field.



7. The orange color highlight field indicates the item is not listed on the dropdown.



8. Some fields are boxes that require only a single letter entry. The fields are not case-sensitive.
9. Some items are selected via soundex drop-down lists.
10. “Paragraphs” are blue titled sections that contain one or more fields.

Basic Conventions – Keyboard Shortcuts


Start a Birth New Record -----	Ctrl + I
Move to Next Field -----	<Tab> key
Move to Previous Field ----- (must complete the field you're in first)	Shift + <Tab> key
Move to First Field in Next Paragraph -----	Ctrl + P
Clears a field where the cursor is ----- (doesn't need to be highlighted)	Ctrl + Z
Select a checkbox <input checked="" type="checkbox"/> -----	Press spacebar if the cursor is at the checkbox, or click with mouse, to select or unselect
Save -----	Ctrl + S
Close Window -----	Alt + F4

Basic Conventions – Dates

T = Today


B = Back, continue pressing “B” for each day backward

9 = Unknown

 = Visual calendar


Examples

Date Of Last Normal Menses

08/01/2019 


Today = **T** on keyboard

Date Of Last Normal Menses

07/31/2019 


Yesterday = **B** once on keyboard

Date Of Last Normal Menses

99/99/9999 

U = All 9’s for Unknown

Date Of Last Normal Menses

08/24/2020 

August 2020						
Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24					

Monday, August 24, 2020

 Visual Calendar

Basic Conventions – Names

Child Information

First Name

Middle Name

*Last Name

Suffix

Enter names and literal fields as upper and lowercase letters. The system will default the title case to a capital letter.

Enter characters that are LETTERS on an English keyboard.

- An apostrophe, hyphen and spaces may be use. Do not use an apostrophe in the name as a substitute for a special character.
- Enter English-alpha characters only.

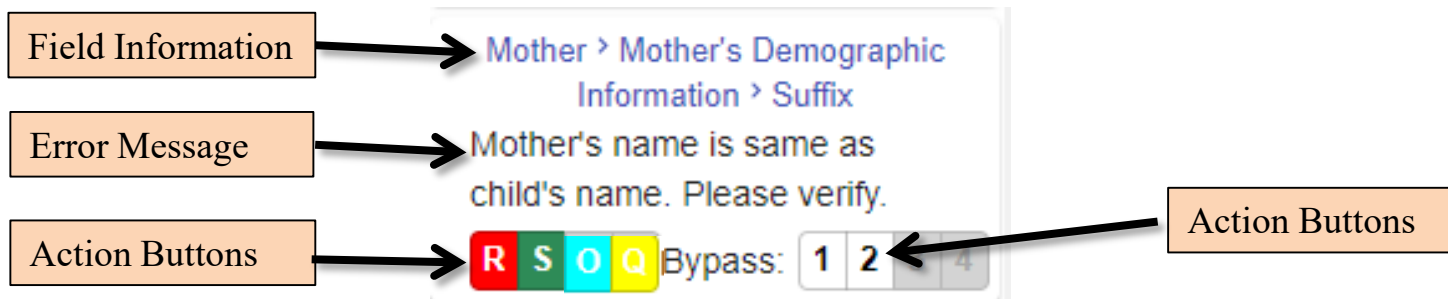
Enter middle names only if provided by the informant.

Enter what the parent wrote on the birth worksheet.

- Enter a hyphen only if the parent puts a hyphen in a name on the birth worksheet.
- Fields can accommodate lengthy names within reason.
- Exceptions:
 - No nicknames
 - No abbreviations, except for generational suffixes.
 - No special characters including diacritical or accent marks
 - No parentheses within or around a name.
 - No quotation mark enclosures.
 - No courtesy, professional, or academic titles before or after a name (e.g., Ms., Mrs., Mrs., Dr., MD, DO, PhD, etc.).

Validation Edits

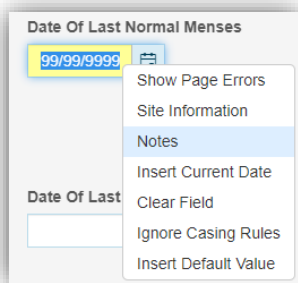
Validation edits will fire upon existing fields, as well as upon saving a record as complete, when the data entry is incorrect, questionable, or erroneous.



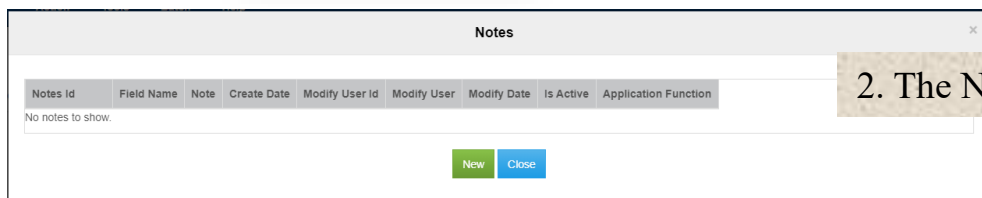
- R** **Re-Key:** Select **Re-Key** to return to the field and re-enter it.
- S** **Skip:** User may select **Skip** to leave the field blank temporarily. The skipped field changes to dark green and must be completed before the record can be filed.
- O** **Overridden:** If the value was questionable but the medical charts indicates to be true, user can override the field. A notation on the record in IVES is required. The record will be reviewed by the State for acceptance.
- Q** **Overridden –Not Queried:** Users can override the field. A notation on the record in IVES is required. The record will be reviewed by the State for acceptance.
- 1** **Queried and Verified:** When the value is questionable, but the medical charts indicates that it is true as entered, the user select **Queried and Verified**. A notation on the record in IVES is required. The record will be reviewed by the State for acceptance.
- 2** **Queried - Not Verified:** The user did not verify the values. A notation on the record in IVES is required. The record will be reviewed by the State for acceptance.

Making Notes

Notes are used for clarification, or a justification for overriding a validation with a Queried and Verified. See section on *Rejection* for viewing notes.



1. Place the cursor on the field that requires an explanation and **right-click** on the mouse to bring up the dropdown options. Select “Notes”

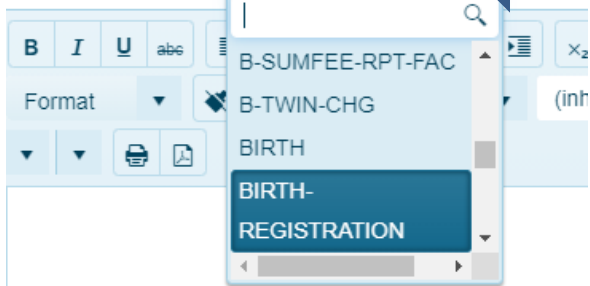


2. The Notes screen appears, click on the **New** button.

Field Name: MENSES_DATE_STRING Field Label: Date

Security Function:

BIRTH-REGISTRATIC



3. Another screen appears with the field name. Enter “Birth-Registration” in the Security Function field.

Making Notes

4. On the open field, type the message.
Click the **Save** button.

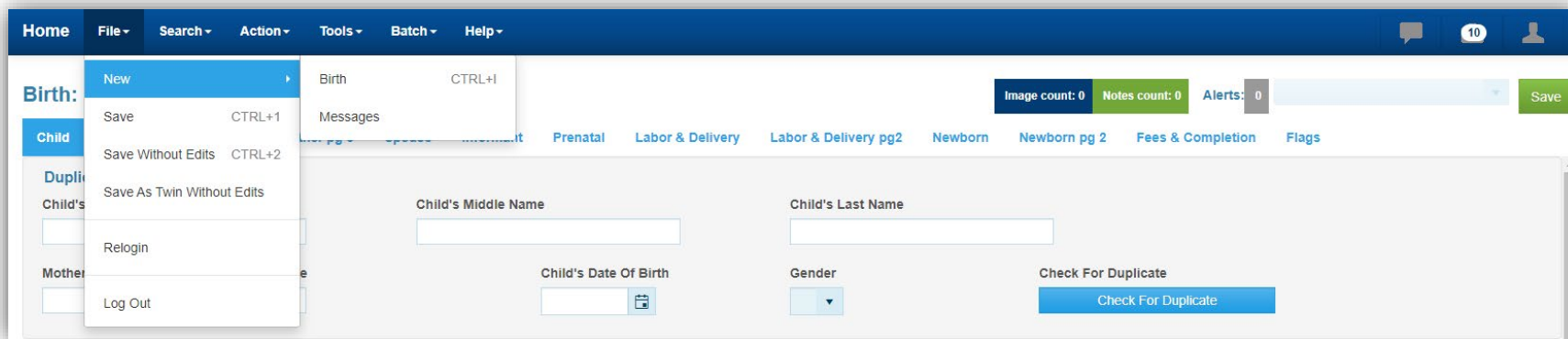
Notes Id	Field Name	Note	Create Date	Modify User Id	Modify User	Modify Date	Is Active	Application Function
189	MENSES_DATE_STRING	No information is recorded abo...	2020-09-15T11:26:21.2739889-04:00	26722	Nichols, Sammul	2020-09-15T11:26:21.2739889-04:00	true	BIRTH-REGISTRATION

5. Note result appears, showing the field the note is addressing, the notation and the user name that created the note. Click the **Close** button.

Image count: 0 **Notes count: 1** Alerts: 0 **Save**

Located on the upper right corner, the "Notes count" reflect the added note on the record

Creating a New Birth Record



From the Home menu bar, select **<File>** → **<New>** → **<Birth>**.

OR press CTRL + I

<Tabbing> between fields is generally the most efficient.

The **<Tab>** key is your friend!!!

The information to data enter will be found on page one of the Mother's Birth Worksheet, except for place and type of place of birth. The type of place is on the first page of the Medical Worksheet, and the place of birth is pre-populated based on user login.

Hospitals may only enter records for births occurring at or en route to their hospital.

Child – New Birth Record

Home File Search Action Tools Batch Help

Birth: New Image count: 0 Notes count: 0 Alerts: 0 Save

Child Mother Mother pg 2 Mother pg 3 Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg 2 Newborn Newborn pg 2 Fees & Completion Flags

Duplicate Checking

Child's First Name Child's Middle Name Child's Last Name

Mother's Last Name Prior To Any Marriage Child's Date Of Birth Gender Check for Duplicate Check for Duplicate

System

Date Created Date Modified Registration Type

Child Information

First Name Middle Name *Last Name Suffix

*Date Of Birth

Place of Birth

*Type Of Place Of Birth *Facility Name (Or address of home, if home birth or outside an institution) Address

City Of Birth *County Of Birth Zip Code Inside City Limits

The "Child" tab matches items from the first pages of the birth worksheets.

Child – Duplicate Checking

The screenshot shows the 'Birth: New' interface with a navigation menu at the top (Home, File, Search, Action, Tools, Batch, Help) and a sub-menu (Child, Mother, Mother pg 2, Mother pg 3, Spouse, Informant, Prenatal, Labor & Delivery, Labor & Delivery pg2, Newborn, Newborn pg 2, Fees & Completion, Flags). The 'Duplicate Checking' section contains the following fields: Child's First Name, Child's Middle Name, Child's Last Name, Mother's Last Name Prior To Any Marriage, Child's Date Of Birth (with a calendar icon), and Gender (a dropdown menu). A blue button labeled 'Check for Duplicate' is located at the bottom right of the form, with a blue arrow pointing to it from the left.

Begin the New birth record by entering the duplicate check information. <Tab> between the fields.

Enter:

1. Baby's first name
2. Baby's middle name (if applicable)
3. Baby's last name
4. Mother's last name prior to any marriage (i.e., maiden surname)
5. Baby's date of birth (MM/DD/YYYY)
6. Baby's gender (**F** = Female/**M** = Male)
7. Press the spacebar or click the *Check for Duplicate* bar

- Use upper and lowercase letters only (i.e., not all CAPS)
- Use characters of letters on an English keyboard. An apostrophe, hyphen and spaces may be use.
- Check spelling carefully to avoid transposition of letters and typos

Child – Child Information

Birth: New Image count: 0 Notes count: 0 Alerts: 0 ▼ Save

Child | Mother | Mother pg 2 | Mother pg 3 | Spouse | Informant | Prenatal | Labor & Delivery | Labor & Delivery pg2 | Newborn | Newborn pg 2 | Fees & Completion | Flags

Duplicate Checking

Child's First Name: Child's Middle Name: Child's Last Name:

Mother's Last Name Prior To Any Marriage: Child's Date Of Birth: Gender: **Check For Duplicate**
Check For Duplicate

System

Date Created: Date Modified: Registration Type: Record Status: Date Filed:

Child Information

First Name: Middle Name: *Last Name: Suffix:

*Date Of Birth:

Place of Birth

*Type Of Place Of Birth:

City:

The information from the duplicate check will automatically fill in the child's information fields.

Enter the infant's generational suffix, if applicable.

Please verify the child's name as indicated by the Informant on the birth mother worksheet. The child's name will appear on the child's legal certified birth certificate.

Also verify the child's date of birth with hospital records to ensure accuracy. The system will not accept a future date, nor a date more than one year in the past.

Child – Place of Birth

The hospital information is pre-populated based on the hospital’s user agreement and enrollment. The name of the hospital and the County of Birth will appear on the child’s legal certified birth certificate.

<Tab> through the fields to get to the next applicable field, *Mother* Tab.

Place of Birth

*Type Of Place Of Birth: Hospital

*Facility Name (Or address of home, if home birth or outside an institution): Perfect Children Born Everyday Hospital

Address: 500 Pleasant Lane

City Of Birth: Ankeny

*County Of Birth: Polk

Zip Code: 50021

Inside City Limits: Y

The “*Type of place of birth*” defaults to “*Hospital*” but may be changed to “*En Route*” via the dropdown list, if applicable.

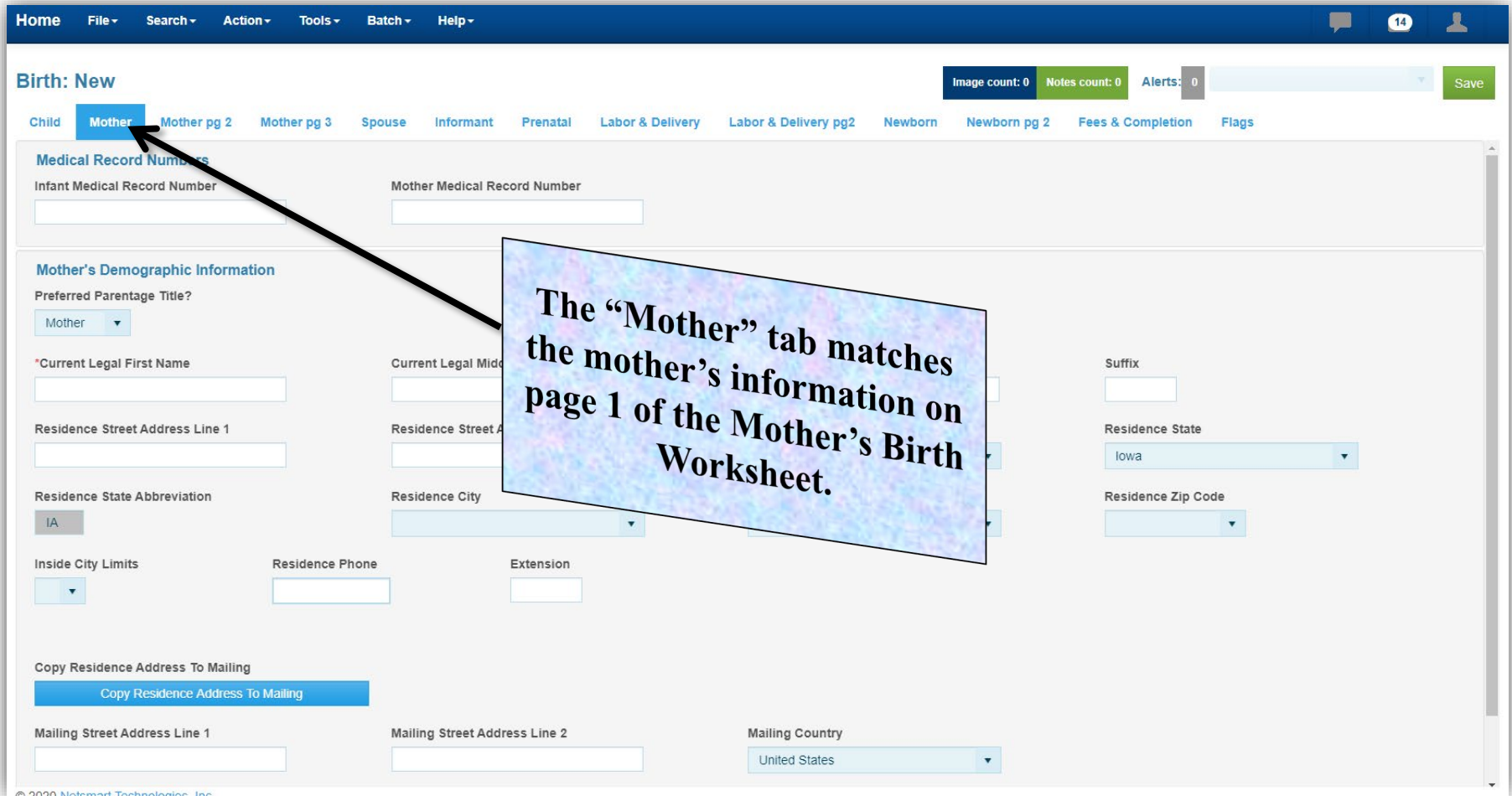
Place of Birth

*Type Of Place Of Birth

- Hospital
- Hospital
- Hospital - En route to

Press the letter **H** on the keyboard twice to change the dropdown option to “*Hospital – En route to.*”

Mother



The screenshot shows a web application interface for a birth record. The top navigation bar includes 'Home', 'File', 'Search', 'Action', 'Tools', 'Batch', and 'Help'. The main header displays 'Birth: New' and status indicators for 'Image count: 0', 'Notes count: 0', and 'Alerts: 0'. A 'Save' button is visible in the top right. The 'Mother' tab is highlighted in blue, and an arrow points to it from a callout box. The callout box contains the text: 'The "Mother" tab matches the mother's information on page 1 of the Mother's Birth Worksheet.' The form is divided into several sections: 'Medical Record Numbers' with fields for 'Infant Medical Record Number' and 'Mother Medical Record Number'; 'Mother's Demographic Information' with a 'Preferred Parentage Title' dropdown set to 'Mother'; 'Current Legal First Name' and 'Current Legal Middle Name' fields; 'Residence Street Address Line 1' and 'Residence Street Address Line 2' fields; 'Residence State Abbreviation' set to 'IA'; 'Residence City' dropdown; 'Residence Phone' and 'Extension' fields; 'Residence State' dropdown set to 'Iowa'; 'Residence Zip Code' dropdown; 'Inside City Limits' dropdown; and 'Mailing Address' section with 'Mailing Street Address Line 1' and 'Mailing Street Address Line 2' fields, and 'Mailing Country' dropdown set to 'United States'. A 'Copy Residence Address To Mailing' button is also present.

Mother – Medical Record Numbers

The screenshot shows a web form titled "Birth: New". At the top, there are several tabs: "Child", "Mother" (which is highlighted in blue), "Mother pg 2", "Mother pg 3", "Spouse", "Informant", "Prenatal", and "Labor & Delivery". Below the tabs, there is a section titled "Medical Record Numbers". This section contains two input fields: "Infant Medical Record Number" on the left and "Mother Medical Record Number" on the right. Both fields are currently empty.

The first paragraph on the *Mother* tab are the *Medical Record Numbers*.

Enter both the infant's number and the mother's number from the hospital's medical record labels on the birth worksheet.

<**Tab**> to forward the cursor to the mother's current name.

<**Tabbing**> between fields – careful, if you <**Tab**> too fast you'll inadvertently skip the Infant's medical record number field.

- Press **Shift** + <**Tab**> to go back one field, or use the mouse to put your cursor back in the field. No validation edit will fire unless you've already reached a required field, in which case just answer the questions, then go back instead of <**Tabbing**> forward.

Mother – Preferred Parentage Title

Mother's Demographic Information

Preferred Parentage Title?
 Mother ▾

*Current Legal First Name Current Legal Middle Name *Current Legal Last Name Suffix

Mother's Demographic Information

Preferred Parentage Title?
 Mother ▾
 Mother
 Father
 Parent

First Name

The parentage title defaults to Mother. <Tab> past if this is what the informant indicated on the birth worksheet.

If the birth mother wishes to be called “*Parent*,” hover in the field and click on the “X” to delete. Type parent or choose from the dropdown. <Tab> to the mother’s first name.

The selected parentage title will appear on the child’s legal certified birth certificate.

Mother – Mother’s Current Legal Name

Mother’s Demographic Information

Preferred Parentage Title?
 Mother ▼

*Current Legal First Name Current Legal Middle Name *Current Legal Last Name Suffix

Enter the mother’s current legal first, middle and last name in upper and lowercase. <Tab> past the middle name if none is provided by the informant.

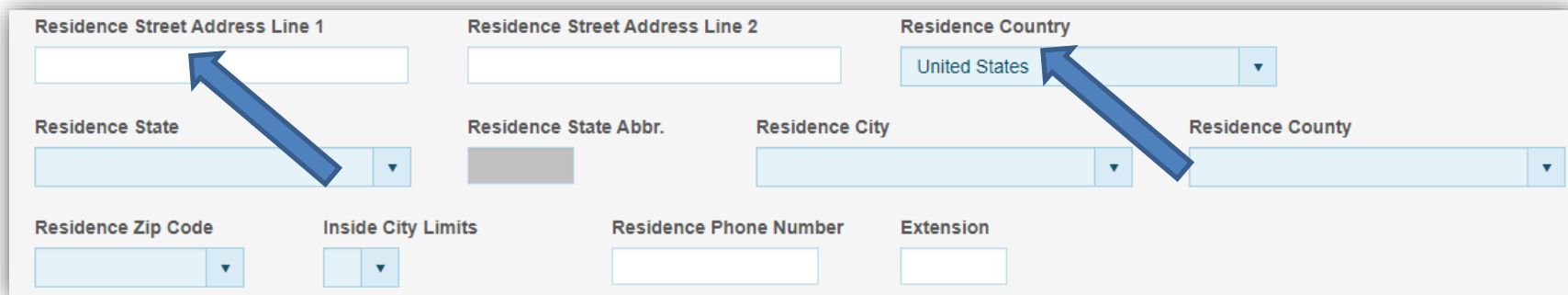
If applicable, enter the generational suffix; otherwise, <Tab> past.

First and Last name are required fields. Enter the middle name only if provided by the informant.

An apostrophe, hyphen and spaces may be used. The following are not allowed: nicknames, abbreviations, special characters including diacritical, accents marks, or any name enclosed in quotations or parentheses.

Please verify the mother’s name as indicated on the birth mother worksheet. The mother’s name will appear on the child’s legal certified birth certificate.

Mother – Residence Address



The form contains the following fields:

- Residence Street Address Line 1 (text input)
- Residence Street Address Line 2 (text input)
- Residence Country (dropdown menu, currently showing "United States")
- Residence State (dropdown menu)
- Residence State Abbr. (text input)
- Residence City (dropdown menu)
- Residence County (dropdown menu)
- Residence Zip Code (text input)
- Inside City Limits (checkbox)
- Residence Phone Number (text input)
- Extension (text input)

Enter the mother’s current residence address, include the apartment or lot number (if applicable) on Street Address Line 1. Enter on Street address line 2 only if applicable.

<Tab> to the field labeled “*Residence Country*.” Select the *Country* where the mother’s residence is located from the dropdown list. The field defaults to “*United States*.” <Tab> past if this is correct.

If the mother’s legal residence is not located in the United States, begin typing the name of the country until you reach the intended entry. If the foreign country is not on the list, type in the country.



The dropdown menu is titled "Residence Country" and shows a list of countries. The first item, "Cameroon", is highlighted in yellow. Other visible items include Canada, Cape Verde, Cayman Islands, Central African Republic, and Chad.

Please verify your selection. The State of the mother’s residence will appear on the child’s legal certified birth certificate (or the name of the foreign country).

Mother – Residence Address

The form contains the following fields:

- Residence Street Address Line 1
- Residence Street Address Line 2
- Residence Country (Dropdown menu showing "United States")
- Residence State (Dropdown menu with a blue arrow pointing to it)
- Residence State Abbr. (Greyed out)
- Residence City (Dropdown menu with a blue arrow pointing to it)
- Residence County (Dropdown menu)
- Residence Zip Code
- Inside City Limits (Dropdown menu)
- Residence Phone Number
- Extension (Dropdown menu)

Enter the State where the mother’s residence is located from the dropdown list. *Only U.S. states, U.S. territories, and Canadian provinces are listed.* <Tab> past if her residence is located somewhere other than in the United States, a U.S. territory, or a Canadian Province.

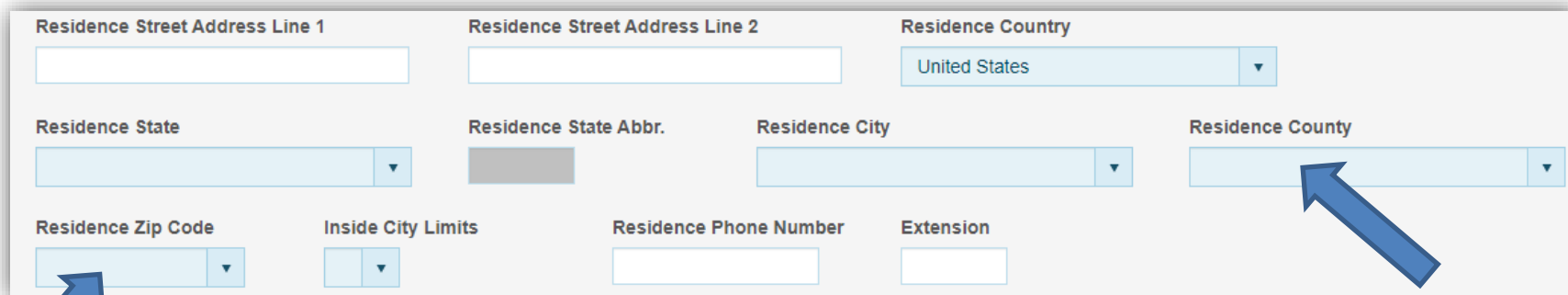
Select from the dropdown the *City* where the mother’s residence as provided by the Informant on the Mother’s birth worksheet. To avoid scrolling, either keep pressing the first letter of the name, or begin typing the name of the city until you reach the intended entry.

If the city is not listed, enter the name of city in the field.

<Tab> to the name of the *County of Residence* next.

Please verify your selection. The State of the mother’s residence will appear on the child’s legal certified birth certificate (or the name of the foreign country).

Mother – Residence Address



The form contains the following fields:

- Residence Street Address Line 1 (text input)
- Residence Street Address Line 2 (text input)
- Residence Country (dropdown menu, currently showing "United States")
- Residence State (dropdown menu)
- Residence State Abbr. (text input, currently greyed out)
- Residence City (dropdown menu)
- Residence County (dropdown menu, highlighted with a blue arrow)
- Residence Zip Code (dropdown menu, highlighted with a blue arrow)
- Inside City Limits (checkbox)
- Residence Phone Number (text input)
- Extension (text input)

Type the *County* where the mother’s residence is located from the dropdown. Only Iowa counties are listed, with only potential viable counties available based on the city selected. Be sure to double-check the name of the County as provided by the informant on the Mother’s birth worksheet.

<Tab> to the *Zip Code* field.

Select the *Zip Code* from the dropdown. The zip code(s) available in the dropdown are based on the selected Iowa County. If the mother’s residence is not located in Iowa, enter the correct zip code in the field.

<Tab> to the “*Inside City Limits*” item.

Please verify your selection. The County of the mother’s residence will appear on the child’s legal certified birth certificate.

As always, be sure to double-check the Zip Code as provided by the Informant on the Mother’s birth worksheet.

Mother – Residence Address

Enter the “*Inside City Limits*” item by pressing the first letter of the answer on the keyboard. It is not case-sensitive.

- Y** = Yes, inside city limits
- N** = No, not inside city limits
- D** = Don't know if inside city limits
- U** = Unobtainable

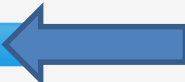
If the informant indicates “*Don't Know*” or fails to answer the question, and you are familiar with the city limits of their city, please select the most accurate answer rather than entering *Don't Know* or *Unobtainable*.

<**Tab**> to the phone number field and enter as provided by the Informant. The phone number is optional data. The parentheses and hyphens mask in.

If you enter *Don't Know* or *Unobtainable*, a validation edit will fire upon exiting the field requesting you to verify your entry. You must then either select *Re-Key*, *Skip* (and come back to later), *Queried and Verified*, or *Queried and Not Verified*.

Mother – Mailing Address

Copy Residence Address To Mailing

Copy Residence Address To Mailing 

Mailing Street Address Line 1

Mailing Street Address Line 2

Mailing Country

Mailing State

Mailing City

Mailing Zip Code

IF THE MOTHER'S MAILING ADDRESS IS THE SAME AS HER RESIDENCE ADDRESS:

<Tab> to the “*Copy Residence Address to Mailing*” bar in the Mailing Address paragraph and press the space bar or click with the mouse to copy the residence address over.

Either <Tab> through the mailing address fields, or use the mouse to open the *Mother pg 2* tab.

If the mother's mailing address is **different** from her residence address, enter the address in the same manner as the Residence Address, make sure to include the apartment or lot number (if applicable) on Street Address Line 1

Mother pg 2

Home File Search Action Tools Batch Help

Image count: 0 Notes count: 0 Alerts: 0 Save

Child Mother **Mother pg 2** Mother pg 3 Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Completion Flags

Mother's Demographics: Birth/Language/Education

Country Of Birth: United States
State Of Birth: [Dropdown]
Date Of Birth: [Text Box]
Age: [Text Box]

Primary/Preferred Language: [Dropdown]
Education Level: [Dropdown]

Mother's Demographics: Hispanic Origin/Race

Mother Spanish/Hispanic/Latina? [Dropdown]
Mexican, Mexican American Or Chicana(o)? [Dropdown]
Puerto Rican? [Dropdown]
Specify: [Text Box]

Race

White
 Black/African American
 American Indian Or Alaska Native
Specify: [Text Box]
Specify Tribe:
 Asian Indian
 Chinese

The "Mother pg 2" tab matches the first half of the items on page 2 of the Mother's Birth Worksheet.

Mother pg 2 – Country of Birth

Birth: New Image count: 0 Notes count: 0 Alerts: 0

Child Mother **Mother pg 2** Mother pg 3 Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Completion

Mother's Demographics: Birth/Language/Education

Country Of Birth: United States (dropdown) State Of Birth: (dropdown) Date Of Birth: (calendar icon) Age: (input field)

Primary/Preferred Language: (dropdown) Education Level: (dropdown)

<Tabbing> into the *Mother pg 2* tab takes the user to the birth mother's Country of birth item in the *Mother's Demographics: Birth/Language/Education* paragraph.

The Country of birth defaults to the United States. If the mother was born in the United States, <Tab> to the *State of Birth* field.

If the mother was born in a foreign country, type the name of the country from the dropdown. If the foreign country does not appear on the dropdown, type the name of the country in the field

Residence Country

C

- Cameroon
- Canada
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad

Please verify your entry. The mother's State of birth will appear on the child's legal certified birth certificate.

Mother pg 2 – State of Birth

Birth: New Image count: 0 Notes count: 0 Alerts: 0

Child Mother **Mother pg 2** Mother pg 3 Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Completion

Mother's Demographics: Birth/Language/Education

Country Of Birth United States	State Of Birth	Date Of Birth	Age
Primary/Preferred Language	Education Level		

<Tab> to the *State of birth* field.

If born in the United States or a U.S. Territory, select the birth mother's State of birth from the dropdown list of states and territories.

If the mother was born in *Canada*, <Tab> to the *State of birth* field and select the name of the Canadian Province as provided by the Informant on the Mother's birth worksheet.

If the mother was born in any other foreign country, <Tab> past the *State of birth* field since it is not applicable. The name of the foreign country will print on the child's certified birth certificate as the Mother's birthplace.

Please verify your entry. The mother's State of birth will appear on the child's legal certified birth certificate.

Mother pg 2 – Date of Birth

<Tab> to the mother’s *Date of Birth*. Enter the date provided by the informant on the Mother’s birth worksheet. MM/DD/YYYY

<Tab> to the next field. A slight lag while the system calculates and auto-fills the mother’s age and saves the record. The age is calculated using this date and the infant’s date of birth.

A validation edit will fire if the birth mother’s calculated age falls outside the acceptable limits of age 13 and 65.

Date Of Birth	Age	Date Of Birth	Age
03/17/2007	13	04/01/1954	65

Be sure to proof the data – the parents’ dates of birth appear on the child’s legal certified birth certificate, but are also among the most common typographical errors, causing the parent to send requests for corrections.

If the informant fails to provide the mother’s date of birth, make an attempt to locate it, including contacting the state birth registration staff to see if the mother was born in Iowa. If all efforts fail, enter all 9’s for the date. A validation edit will fire since this is a required field, and user should make a notation.

Mother pg 2 - Language

Birth: New Image count: 0 Notes count: 0 Alerts: 0

Child Mother **Mother pg 2** Mother pg 3 Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Completion

Mother's Demographics: Birth/Language/Education

Country Of Birth: United States State Of Birth: Date Of Birth: Age:

Primary/Preferred Language: Education Level:

<Tab> to the mother's *Primary/Preferred Language*. English and Spanish is available from the dropdown list to choose. <Tab> to the next paragraph.

If other than English or Spanish, type the language the informant wrote on the birth worksheet in the space provided.

Primary/Preferred Language

Chinese

An orange color highlight indicates the item is not available from the dropdown list.

If mother failed to provide a specific language, type in “unknown” in the field.

Mother pg 2 - Education

Birth: New Image count: 0 Notes count: 0 Alerts: 0

Child Mother **Mother pg 2** Mother pg 3 Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Completion

Mother's Demographics: Birth/Language/Education

Country Of Birth: United States State Of Birth: Date Of Birth: Age:

Primary/Preferred Language: Education Level: 

Education Level

- 8th Grade Or Less
- 9th Thru 12th Grade; No Diploma
- Associate Degree (e.g., AA, AS)
- Bachelors Degree (e.g., BA, AB, BS)
- College, but no degree
- Doctorate Degree (e.g., PhD, EdD)
- High School Graduate Or GED

<Tabbing> out of the Mother's primary or preferred language reaches to *Education Level* field.

Choose from the dropdown list or press the character on the keyboard that corresponds with the first character of the option indicated by the informant on the Mother's birth worksheet, then <Tab> to the next paragraph.

Validation Errors

Mother pg 2 > Mother's Demographics: Birth/Language/Education > Education Level

Mother's Education cannot be left blank.

R **S** **O** **Q** Bypass:

A validation edit will fire if the mother's calculated age and her education level are out of the acceptable range. Either the mother's date of birth or her education level must be corrected.

Mother pg 2 - Hispanic Origin

<Tabbing> out of the Education reaches the Mother's Hispanic origin. Press the letter **Y** on the keyboard for "Yes", **N** for "No" or **U** for "Unknown."

Mother's Demographics: Hispanic Origin/Race

Is Mother Spanish/Hispanic/Latina?

N

Mexican, Mexican American/Chicana(o)

N

Puerto Rican

N

Cuban

N

Other

N

Specify:

If "**No**," birth mother is not of Hispanic origin, the remaining items in the paragraph will auto-fill.

Mother's Demographics: Hispanic Origin/Race

Is Mother Spanish/Hispanic/Latina?

Y

Mexican, Mexican American/Chicana(o)

N

Puerto Rican

Y

Cuban

N

Other

Y

Specify:

If "**Yes**," birth mother is of Hispanic origin, <Tab> to the origin type indicated by the informant on the Birth Mother's worksheet in the mother's and enter a **Y**. If "Other", answer **Y**, then enter the origin in the *Specify* field.

Mother's Demographics: Hispanic Origin/Race

Is Mother Spanish/Hispanic/Latina?

U

Mexican, Mexican American/Chicana(o)

U

Puerto Rican

U

Cuban

U

Other

U

Specify:

If the Hispanic origin is "**unknown**," the remaining items in the paragraph will auto-fill.

Mother pg 2 - Race

Race

Is Race Unobtainable?

White

Black/African American

American Indian/Alaska Native
 Specify Tribe:

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian
 Specify:

Native Hawaiian

Guamanian/Chamorro(a)

Samoan

Other Pacific Islander
 Specify:

Other Race
 Specify:

<Tab> to the *Is Race Unobtainable* field.

If “Yes,” the race is unobtainable, enter a **Y** in the *Is Race Unobtainable* field, the remaining items will auto-disable. Each race item field will be grayed out.

If the race can be obtained, enter a **N** for “No,” in the *Is Race Unobtainable* field, all the race types will open.

- <Tab> to the race type indicated by the informant on the Mother’s Birth worksheet in the mother’s and enter a **Y** for “Yes.” **More than one race may be selected.**
- If “*American Indian/Alaska Native, Other Asian, Other Pacific Islander or Other Race*”, answer **Y**, then enter in the *Specify* field.

Mother pg 3

Home File Search Action Tools Batch Help

Birth: New Image count: 0 Notes count: 0 Alerts: 0 Save

Child Mother Mother pg 2 **Mother pg 3** Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg 2 Newborn Newborn pg 2 Fees & Completion Flags

Mother's Demographics: WIC/Tobacco/Height/Weight/Marital Status

Did Mother Receive WIC?

Did Mother Smoke Cigarettes?

If YES, number of cigarettes mother smoked on an average day (1 pack = 20 cigarettes).

3 Mo. Before Pregnancy

Height - Feet

Height - Inches

Mother's Demographics: Marital Status

Mother Ever Married?

If 'YES' - Was The Mother Legally Married?

144.13(2) If the mother was married at the time of conception, birth, or any time during the period between conception and birth, the name of the father shall be entered on the certificate as the father of the child unless paternity has been determined otherwise by a court of competent jurisdiction, in which case the name of the father as determined by the court shall be entered on the certificate.

If 'NO' - To Both Questions-Was A 'Voluntary Paternity Affidavit' Completed?

Spouse's Information Unobtainable

Mother's Name Prior to Any Marriage/SSN

First Name

Middle Name

Last Name

Suffix

Social Security Number Not Obtainable

Mother's Social Security Number

The "Mother pg 3" tab matches the second half of the items on page 2 of the Mother's Birth Worksheet.

Mother pg 3 – WIC

Birth: New Image count: 0 Notes count: 0 Alerts: 0

Child Mother Mother pg 2 **Mother pg 3** Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Comple

Mother's Demographics: WIC/Tobacco/Height/Weight/Marital Status

Did Mother Receive WIC? **Did Mother Smoked Cigarettes?** If YES, number of cigarettes mother smoked on an average day (1pack = 20 cigarettes).

3 Mo. Before Pregnancy First Trimester Second Trimester Third Trimester

Height - Feet Height - Inches Pre - Pregnancy Weight

Enter the “WIC” item by pressing the first letter of the answer on the keyboard. It is not case-sensitive.

Y = *Yes* **D** = *Don't know*
N = *No* **U** = *Unobtainable* (if the mother did not answer the question)

However, entering *Don't Know* or *Unobtainable* will fire a validation edit. Either Re-Key if in error, or select Queried and Verified if the data-entry is correct.

Validation Errors

Mother pg 3 > Mother's Demographics:
WIC/Tobacco/Height/Weight/Marital Status > Did Mother Receive WIC?
You have entered D 'Don't know' or U 'Unobtainable'. If not known or unobtainable, please verify."

R **S** **O** **Q** Bypass:

Mother pg 3 – Tobacco Usage

Birth: New Image count: 0 Notes count: 0 Alerts: 0

Child Mother **Mother pg 2** **Mother pg 3** Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Completion

Mother's Demographics: WIC/Tobacco/Height/Weight/Marital Status

Did Mother Receive WIC? Did Mother Smoked Cigarettes? If YES, number of cigarettes mother smoked on an average day (1pack = 20 cigarettes).

3 Mo. Before Pregnancy First Trimester Second Trimester Third Trimester

Height - Feet Height - Inches Pre - Pregnancy Weight

Answer the “*Tobacco Usage*” item by pressing the first letter of the answer on the keyboard. It is not case-sensitive.

Y = *Yes*

D = *Don't know*

N = *No*

U = *Unobtainable*

Zeros will auto-fill in the time period fields when the user selects **N** for “No” and forwards the cursor to the next paragraph.

If the mother used tobacco during the time periods indicated, select **Y** for “Yes” and **<Tab>** to provide an answer for **each** trimester time period.

Did Mother Smoked Cigarettes? If YES, number of cigarettes mother smoked on an average day (1pack = 20 cigarettes).

Y

3 Mo. Before Pregnancy First Trimester Second Trimester Third Trimester

00 00 00 00

Mother pg 3 > Mother's Demographics: WIC/Tobacco/Height/Weight/Marital Status > Did Mother Smoked Cigarettes?

You have indicated that the mother uses tobacco, please go back and re-evaluate your number of cigarette entries. One must be greater than zero.

R S O Q Bypass: 1 2 3 4

An amount of more than zero must be entered for at least one of the time periods; otherwise a validation edit will fire, forcing the user to go back and enter a positive number.

Mother pg 3 – Height

Birth: New Image count: 0 Notes count: 0 Alerts: 0

Child Mother Mother pg 2 **Mother pg 3** Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Comple

Mother's Demographics: WIC/Tobacco/Height/Weight/Marital Status

Did Mother Receive WIC? Did Mother Smoked Cigarettes? If YES, number of cigarettes mother smoked on an average day (1pack = 20 cigarettes).

3 Mo. Before Pregnancy First Trimester Second Trimester Third Trimester

Height - Feet Height - Inches Pre - Pregnancy Weight

Enter whole numbers for the height only. *If either the number of feet or inches gives a range, enter the highest value.*

Enter 99 in each field if the mother did not answer the question on the Mother's birth worksheet. If possible, obtain the data from the mother's prenatal charts.

<Tabbing> from *Height* moves the cursor forward to the *Pre-Pregnancy Weight*.

Validation Errors

[Mother pg 3 > Mother's Demographics: WIC/Tobacco/Height/Weight/Marital Status > Height - Feet](#)

Mother's Height in Feet may not be left blank. Please enter Feet or enter 9 for Unknown.

R S O Q Bypass:

A validation edit will fire if the field is left blank.

Mother pg 3 – Pre-Pregnancy Weight

Birth: New

Image count: 0 Notes count: 0 Alerts: 0

Child Mother Mother pg 2 **Mother pg 3** Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Comple

Mother's Demographics: WIC/Tobacco/Height/Weight/Marital Status

Did Mother Receive WIC?

Did Mother Smoked Cigarettes?

If YES, number of cigarettes mother smoked on an average day (1pack = 20 cigarettes).

3 Mo. Before Pregnancy

First Trimester

Second Trimester

Third Trimester

Height - Feet

Height - Inches

Pre - Pregnancy Weight

Enter whole numbers only for the pre-pregnancy weight. If a range is provided, enter the highest value.

Enter 999 if the mother did not answer the question on the Mother's birth worksheet. When possible, obtain the data from the mother's prenatal records instead.

<Tabbing> from *Pre-Pregnancy Weight* moves the cursor forward to the *Marital Status*.

Validation Errors

Mother pg 3 > Mother's Demographics:
WIC/Tobacco/Height/Weight/Marital Status > Pre - Pregnancy Weight
The value you entered for the mother's pre-pregnancy weight (350 pounds, is questionable, please correct or verify your entry.

R S O Q Bypass: 1 2 3 4

A validation edit will fire if the field is left blank or the weight is less than 75 or more than 350 pounds.

Mother pg 3 - Marital Status

Mother's Demographics: Marital Status

Mother Ever Married? If 'YES' - Was The Mother Legally Married At Conception, Birth, Or Anytime Between?

144.13(2) If the mother was married at the time of conception, birth, or any time during the period between conception and birth, the name of the husband shall be entered on the certificate as the father of the child unless paternity has been determined otherwise by a court of competent jurisdiction, in which case the name of the father as determined by the court shall be entered by the department.

If 'NO' - To Both Questions-Was A 'Voluntary Paternity Affidavit' Completed?

Spouse's Information Unobtainable

1. Enter **Y** for “Yes,” **N** for “No, ” or **U** for “Unknown” if the birth mother has ever been legally married.
 - a) If **Yes**, <Tab> to the next marital question
 - b) If **No**, birth mother has ever been married, the next marital question will auto fill, <Tabbing> forward will skip it.
 - c) If **Unknown** that birth mother has ever been married, the next marital question will auto fill, <Tab> forward will skip it.

2. Enter **Y** for “Yes” **N** for “No, ” or **U** for “Unknown” if the birth mother was legally married at the time of conception, birth or anytime between.
 - a) If **Yes**, birth mother was legally married at the time of conception, birth or anytime between, the paternity question will auto fill, <Tab> forward will skip it.
 - b) If **No**, birth mother was NOT legally married at the time of conception, birth or anytime between, <Tab> to the paternity question.
 - c) If **Unknown** that birth was mother was legally married at the time of conception, birth or anytime between, the paternity question will auto fill, <Tabbing> forward will skip it.

Mother pg 3 - Marital Status

Mother's Demographics: Marital Status

Mother Ever Married? If 'YES' - Was The Mother Legally Married At Conception, Birth, Or Anytime Between?

144.13(2) If the mother was married at the time of conception, birth, or any time during the period between conception and birth, the name of the husband shall be entered on the certificate as the father of the child unless paternity has been determined otherwise by a court of competent jurisdiction, in which case the name of the father as determined by the court shall be entered by the department.

If 'NO' - To Both Questions-Was A 'Voluntary Paternity Affidavit' Completed?

Spouse's Information Unobtainable

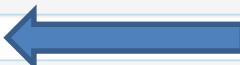
3. Enter **Y** for “Yes,” **N** for “No,” or **U** for “*Unknown*” if the informant indicated that a Paternity Affidavit was being completed. <Tabbing>forward will skip the spouse’s information unobtainable check box.
4. Press the spacebar or click on the checkbox to select *Spouse’s information Unobtainable if...*
 - If birth mother is married but **refuses** to provide her legal spouse’s information due to separation or pending divorce and the spouse is not the biological father.
 - If birth mother is a surrogate gestational carriers and she is married but **refuses** to provide her legal spouse’s information.

If spouse information is unobtainable hospital staff will need to include a note to confirmed why birth mother refuse to provide the information.

Hospital staff should make all attempts to obtain the spouse information if birth mother is married.

Mother pg 3 - Maiden Name

Mother's Name Prior to Any Marriage/SSN

First Name Just	Middle Name Ann 	Last Name Example	Suffix
<input type="checkbox"/> Social Security Number Not Obtainable	Mother's Social Security Number 		

The mother's name will pre-populated based on the entry made on the duplicate check and Mother tab.

If the middle name prior to any marriage is different from the current middle name, make the necessary change.

Ensure the name matches the Mother's birth worksheet.

Validation Errors

Spouse > Spouse's Demographic Information - Enter ONLY If The Mother Is Legally Married To This Spouse > Current Legal Last Name

You have indicated the mother's name prior to any marriage is the same as the spouse's current last name, please verify.


R **S** **O** **Q** Bypass: 1 2 3 4

A validation edit will fire if the marital status equals "Yes" and the mother's surname prior to any marriage is the same as her current surname. Double-check with the mother to verify.

Mother pg 3 - Social Security Number

Mother's Name Prior to Any Marriage/SSN

First Name Just	Middle Name Ann	Last Name Example	Suffix
<input type="checkbox"/> Social Security Number Not Obtainable	Mother's Social Security Number 		



Press the spacebar or click on the “*SSN not obtainable*” checkbox if the mother does NOT have a valid social security number. The SSN will auto-fill with 99’s to indicate ‘*unknown*’ as the cursor forwards to the next field.

<input checked="" type="checkbox"/> Social Security Number Not Obtainable	Mother's Social Security Number 999-99-9999
--	---

If birth mother has a social security number <Tab> out of the “*Social Security Number not obtainable*,” checkbox and enter the number as provided by the informant on the birth worksheet. The hyphens are mask in.

Spouse

Home File Search Action Tools Batch Help

Birth: New Image count: 0 Notes count: 0 Alerts: 0 Save

Child Mother Mother pg 2 Mother pg 3 **Spouse** Informant Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Completion Flags

Spouse's Demographic Information - Enter ONLY If The Mother is Legally Married To This Spouse

Spouse's Preferred Parentage Title
Father

Current Legal First Name Current Legal Middle Name Suffix

Copy Parent's Legal Name To Parent's Prior Name
Copy Parent's Legal Name To Parent's Prior Name

Spouse's Name Prior To Any Marriage

First Name Middle Name

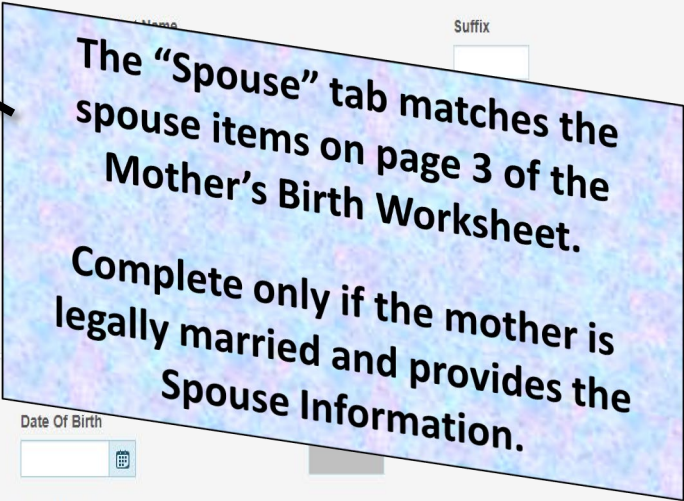
Spouse's Demographics: Birth/DOB/SSN/Education

Country Of Birth State Of Birth Date Of Birth

Social Security Number Not Obtainable Spouse's Social Security Number Education

Spouse's Demographics: Hispanic Origin/Race

Is Spouse Spanish/Hispanic/Latino(a)?



Spouse – Preferred Parentage Title

Child Mother Mother pg 2 Mother pg 3 **Spouse** Informant Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Completion Flags

Spouse's Demographic Information - Enter ONLY If The Mother Is Legally Married To This Spouse

Spouse's Preferred Parentage Title?

Father

Current Legal First Name Current Legal Middle Name Current Legal Last Name Suffix

Copy Parent's Legal Name To Parent's Prior Name

Copy Parent's Legal Name To Parent's Prior Name

Spouse's Preferred Parentage Title

Father x

Father

Parent

Mother

The parentage title defaults to “*Father*.” <Tab> past if this is what the informant indicated on the birth worksheet, otherwise select a different option from the dropdown list.

Press the letter **M** for “*Mother*” or **P** for “*Parent*” (most likely chosen by same-sex female spouses) as indicated by the informant on the Birth Mother’s worksheet.

The selected parentage title will appear on the child’s legal certified birth certificate.

Spouse – Current Legal Name

Child Mother Mother pg 2 Mother pg 3 **Spouse** Informant Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Completion Flags

Spouse's Demographic Information - Enter ONLY If The Mother Is Legally Married To This Spouse

Spouse's Preferred Parentage Title

Current Legal First Name Current Legal Middle Name Current Legal Last Name Suffix

Copy Legal Name To Prior Name

Enter the spouse's current legal first, middle and last name in upper and lowercase. <Tab> past the middle name if none is provided by the informant.

If applicable, enter the generational suffix; otherwise, <Tab> past.

An apostrophe, hyphen and spaces may be used. The following are not allowed: nicknames, abbreviations, special characters including diacritical, accents marks, or any name enclosed in quotations or parentheses.

Please verify the spouse's name as indicated on the birth mother worksheet. The spouse's name will appear on the child's legal certified birth certificate.

Spouse – Name Prior to Marriage

Spouse's Demographic Information - Enter ONLY If The Mother Is Legally Married To This Spouse

Spouse's Preferred Parentage Title
 Father ▼

Current Legal First Name: Georg
 Current Legal Middle Name: A
 Current Legal Last Name: Sample
 Suffix:

Copy Legal Name To Prior Name
 Copy Legal Name To Prior Name 

Spouse's Name Prior To Any Marriage

First Name: George
 Middle Name: A
 Last Name: Sample
 Suffix:

If the Spouse's name prior to any marriage is the same as their current legal name, click on the "*Copy Legal Name to Prior Name*" bar. This will copy the spouse's legal name to the appropriate field.

If any part of their name prior to any marriage is different than their current name, <Tab> past the "*Copy Legal Name to Prior Name*" bar to the first name field and enter the names as provided by the informant on the Birth Mother's worksheet.

<Tab> to forward the cursor to the next paragraph.

*Please verify the spouse's name as indicated on the birth mother worksheet.
The spouse's name will appear on the child's legal certified birth certificate.*

Spouse – Country of Birth

Spouse's Demographics: Birth/DOB/SSN/Education

Country Of Birth United States	State Of Birth 	Date Of Birth 	Age
<input type="checkbox"/> Social Security Number Not Obtainable	Spouse's Social Security Number 	Education 	



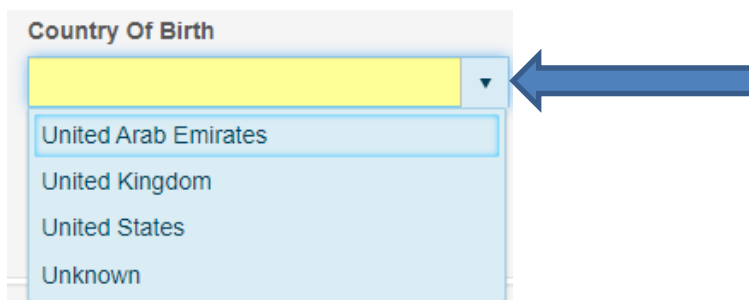
<Tabbing> out of the Spouse's name takes the user to the spouse's *Country of Birth* field.

The *Country of birth* defaults to the United States. If the spouse was born in the United States, <Tab> to the *State of Birth* field.

If the spouse was born in a **Foreign Country**, select the country from the dropdown. To avoid scrolling, begin typing the name of the country until the dropdown finds it.

If the foreign country does not appear on the dropdown, enter the country name in the field provided.

Country Of Birth



- United Arab Emirates
- United Kingdom
- United States
- Unknown

Spouse – State of Birth

Spouse's Demographics: Birth/DOB/SSN/Education

Country Of Birth:

State Of Birth:

Date Of Birth:

Age:

Social Security Number Not Obtainable

Spouse's Social Security Number:

Education:

State Of Birth

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado

<Tab> to the *State of birth* field.

If born in the **United States or a U.S. Territory**, select the Spouse's State of birth from the dropdown list of states and territories.

If the Spouse was born in **Canada**, <Tab> to the *State of birth* field and select the name of the Canadian Province as provided by the informant on the Mother's birth worksheet.

If the Spouse was born in any **other foreign country**, <Tab> past the *State of birth* field since it is not applicable.

Please verify your entry. The Spouse's State of birth will appear on the child's legal certified birth certificate. The name of the foreign country will print on the child's certified birth certificate as the Spouse's birthplace.

Spouse – Date of Birth

Spouse's Demographics: Birth/DOB/SSN/Education

Country Of Birth United States	State Of Birth	Date Of Birth	Age
<input type="checkbox"/> Social Security Number Not Obtainable	Spouse's Social Security Number	Education	

<Tab> to the Spouse's *Date of Birth*. Enter the date provided by the informant on the Birth Mother's worksheet. MM/DD/YYYY. There may be a slight lag while the system calculates and auto-fills the spouse's age.

Date Of Birth	Age
03/17/1992	28

If the informant fails to provide the Spouse's date of birth, make an attempt to locate it, including contacting the state birth registration staff to see if the spouse was born in Iowa.

If all efforts fail, enter all 9's for the date. A validation edit will fire since this field is required, and staff should make a notation.

Be sure to proof the data – the parents' dates of birth appear on the child's legal certified birth certificate, but are also among the most common typographical errors, causing the parent to send requests for corrections.

A validation edit will fire if the Spouse's calculated age falls outside the acceptable limits of age 13 and 65.

Spouse – Social Security Number

Spouse's Demographics: Birth/DOB/SSN/Education

Country Of Birth United States	State Of Birth	Date Of Birth	Age
<input type="checkbox"/> Social Security Number Not Obtainable	Spouse's Social Security Number	Education	

<Tabbing> out of the Spouse's *Date of Birth* reaches the Spouse's *SSN* paragraph.

Press the spacebar or click on the “*Social Security Not Obtainable*” checkbox if the spouse does NOT have a valid social security number. The SSN will auto-fill with 99's to indicate ‘*unknown*’ as the cursor forwards to the next field.

<input checked="" type="checkbox"/> Social Security Number Not Obtainable	Spouse's Social Security Number
	999-99-9999

If spouse has a social security number <Tab> out of the “*Social Security Number not obtainable,*” checkbox and enter the number as provided by the informant on the birth worksheet. The hyphens are mask in.

Double-check with the parent for the correct social security number.

Spouse – Education

Spouse's Demographics: Birth/DOB/SSN/Education

Country Of Birth: State Of Birth: Date Of Birth: Age:

Social Security Number Not Obtainable Spouse's Social Security Number: Education:

<Tabbing> out of the Spouse's SSN reaches to the Education field.

Press the character on the keyboard that corresponds with the first character of the option indicated by the informant on the Mother's birth worksheet, then <Tab> to forward the cursor to the next paragraph.

Education

- 8th Grade Or Less
- 9th Thru 12th Grade; No Diploma
- Associate Degree (e.g., AA, AS)
- Bachelors Degree (e.g., BA, AB, BS)
- College, but no degree
- Doctorate Degree (e.g., PhD, EdD)
- High School Graduate Or GED

A validation edit will fire if the Spouse's calculated age and education level are out of the acceptable range. Either the Spouse's date of birth or education level must be corrected.

Validation Errors

Spouse > Spouse's Demographics: Birth/DOB/SSN/Education > Education

According to the age of the father this is an unusually high level of education. Please recheck your answers.

R S O Q Bypass:

Date Of Birth: Age:

Education:

Spouse - Hispanic Origin

<Tabbing> out of the Education reaches the Spouse's Hispanic origin. Press the letter **Y** on the keyboard for "Yes", **N** for "No" or **U** for "Unknown."

Mother's Demographics: Hispanic Origin/Race

Mother Spanish/Hispanic/Latina?

N

Mexican, Mexican American Or Chicana(o)?

N

Puerto Rican?

N

Cuban?

N

Other?

N

Specify:

If "No," spouse is not of Hispanic origin, the remaining items in the paragraph will auto-fill.

Spouse's Demographics: Hispanic Origin/Race

Is Spouse Spanish/Hispanic/Latino(a)?

Y

Mexican, Mexican American Or Chicano(a)

N

Puerto Rican

N

Cuban

Y

Other

Y

Specify:

If "Yes," spouse is of Hispanic origin, <Tab> to the origin type indicated by the informant on the Birth Mother's worksheet in the mother's and enter a **Y**. If "Other", answer **Y**, then enter the origin in the *Specify* field.

Spouse's Demographics: Hispanic Origin/Race

Is Spouse Spanish/Hispanic/Latino(a)?

U

Mexican, Mexican American Or Chicano(a)

U

Puerto Rican

U

Cuban

U

Other

U

Specify:

If the Hispanic origin is "unknown," the remaining items in the paragraph will auto-fill.

Spouse- Race

Race

Is Race Unobtainable?
 ▼

White <input type="button" value="N"/> ▼	Black/African American <input type="button" value="N"/> ▼	American Indian/Alaska Native <input type="button" value="N"/> ▼	<input type="text" value="Specify Tribe:"/>
Asian Indian <input type="button" value="N"/> ▼	Chinese <input type="button" value="N"/> ▼	Filipino <input type="button" value="N"/> ▼	Japanese <input type="button" value="N"/> ▼
Korean <input type="button" value="N"/> ▼	Vietnamese <input type="button" value="N"/> ▼	Other Asian <input type="button" value="N"/> ▼	<input type="text" value="Specify:"/>
Native Hawaiian <input type="button" value="N"/> ▼	Guamanian/Chamorro(a) <input type="button" value="N"/> ▼	Samoan <input type="button" value="N"/> ▼	Other Pacific Islander <input type="button" value="N"/> ▼
Other Race <input type="button" value="N"/> ▼	<input type="text" value="Specify:"/>		

<Tab> to the *Is Race Unobtainable* field.

If “**Yes**,” the race is unobtainable, enter a **Y** in the *Is Race Unobtainable* field, the remaining items will auto-disable. Each race item field will be grayed out.

If the race can be obtained, enter a **N** for “**No**,” in the *Is Race Unobtainable* field, all the race types will open.

- <Tab> to the race type indicated by the informant on the Mother’s Birth worksheet in the mother’s and enter a **Y** for “**Yes**.” **More than one race may be selected.**
- If “*American Indian/Alaska Native, Other Asian, Other Pacific Islander or Other Race*”, answer **Y**, then enter in the *Specify* field.

Spouse - Language

Spouse's Primary or Preferred Language

Primary Or Preferred Language

<Tab> to the spouse's *Primary/Preferred Language*. English and Spanish is available from the dropdown list to choose. <Tab> to the next paragraph.

English

Spanish

If other than English or Spanish, type the language the informant wrote on the birth worksheet in the space provided. An orange color will highlight the field when it is not available from the dropdown list.

If mother failed to provide a specific language, type in "unknown" in the field.

Primary/Preferred Language

Chinese

Informant

Home File Search Action Tools Batch Help

Birth: New Image count: 0 Notes count: 0 Alerts: 0 Save

Child Mother Mother pg 2 Mother pg 3 Spouse **Informant** Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Completion Flags

Informant's Demographics

What is Informant's Relationship To Baby's Mother?
Self

First Name Middle Name Suffix

Copy Mother's Mailing Address To Informant's Address
Copy Mother's Mailing Address To Informant's Address

Street Address Line 1 Street Address Line 2

Country State City Zip Code

United States Iowa

Informant Signed & Dated

Informant Signed? Date Signed


The "Informant" tab matches the items on page 4 of the Mother's Birth Worksheet.

Informant – Adoption Pending

Child Mother Mother pg 2 Mother pg 3 Spouse **Informant** Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Completion Flags

Infant's Adoption Pending/Social Security Requested

Baby Is Being Given Up For Adoption Does Mother Want A SSN Issued For This Baby?



<Tabbing> from the Spouse's language forwards the cursor forward to *Adoption* field on the *Informant* tab

Answer the “*Baby is Being Given Up for Adoption*” item by pressing the first letter of the answer on the keyboard **Y** for “*Yes*”, **N** for “*No*” and **U** for “*Unobtainable.*”

Enter **N**, if the mother is maintaining custody of the baby and does **NOT** intend to give the baby up for adoption.

Baby Is Being Given Up For Adoption

If the birth mother intends to give the baby up for adoption, enter **Y**. A validation message confirming the mother is giving up the baby for adoption. Click the **OK** button if it is correct. If **NOT**, change the answer to No.

Baby Is Being Given Up For Adoption

Message from webpage

You have selected 'This baby is being given up for adoption'. If this is incorrect, please update.

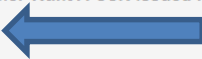
Informant – Child's SSN

Child Mother Mother pg 2 Mother pg 3 Spouse **Informant** Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Completion Flags

Infant's Adoption Pending/Social Security Requested

Baby Is Being Given Up For Adoption

Does Mother Want A SSN Issued For This Baby?



Does Mother Want A SSN Issued For This Baby?

Y

N

U

<Tabbing> out of Adoption Pending forwards the cursor to the Social Security Number field.

Enter **Y** if the informant indicated “Yes.”

Enter **N** only if the informant indicated “No” on the Mother’s birth worksheet.

“U” for “Unobtainable” will fire a validation message.

Validation Errors

Informant > Infant's Adoption Pending/Social Security Requested > Does Mother Want A SSN Issued For This Baby?

You have selected unknown for mother requested social security card for child, please verify.

R **S** **O** **Q** Bypass:

A validation edit will fire if you either forget to answer the question or enter U for Unobtainable.

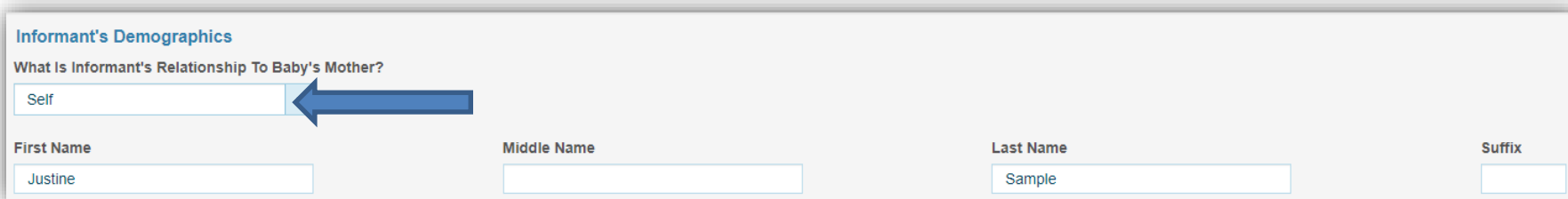
Informant – Relationship & Name

Informant's Demographics

What Is Informant's Relationship To Baby's Mother?

Self

First Name: Justine Middle Name: Last Name: Sample Suffix:



<Tabbing> out of Social Security Number forwards the cursor to the *Informant's Relationship to the Baby's Mother* field.

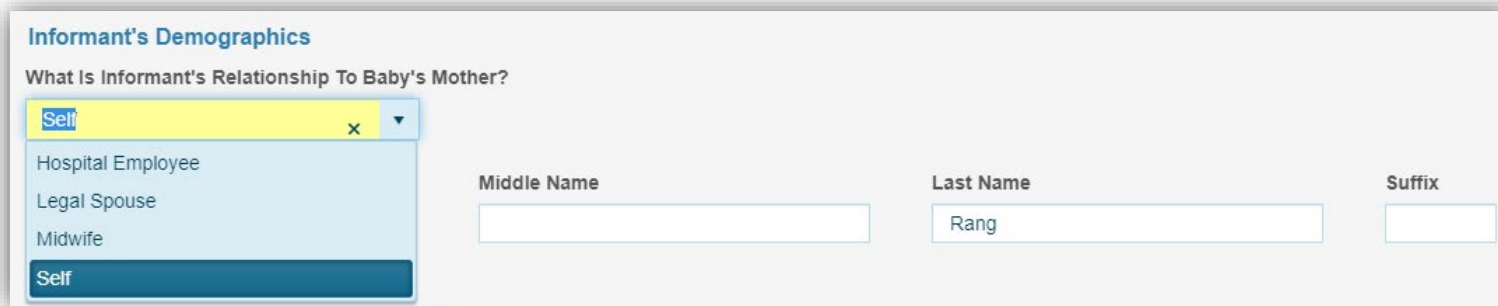
The informant's relationship field defaults to "Self," and populate the birth mother's name in the field.

Informant's Demographics

What Is Informant's Relationship To Baby's Mother?

Self Hospital Employee Legal Spouse Midwife Self

Middle Name: Last Name: Rang Suffix:



If the informant is someone other than the birth mother, choose from the dropdown list of the *Informant's Relationship to the Baby's Mother* field. Enter the first, middle (if applicable) and last name of the informant other than the birth mother.

If the informant is *other* than what is listed on the *Informant's Relationship to the Baby's Mother* dropdown, enter the relationship. Then enter the first, middle (if applicable) and last name of the informant other than the birth mother.

Informant – Address

Informant's Demographics

What Is Informant's Relationship To Baby's Mother?

Self ▼

First Name: Just
Middle Name: Ann
Last Name: Sample
Suffix:

Copy Mother's Address To Informant's

Copy Mother's Address To Informant's ←

Street Address Line 1:
Street Address Line 2:

Country: United States ▼
State: Iowa ▼
City: ▼
Zip Code: ▼

If birth mother or spouse is the informant and the address is the same as the residence address, press “*Copy Mother’s Address to Informant’s*” bar to copying the address into the informant's address fields.

If the informant is someone other than the birth mother and spouse, <Tab> into the address fields and enter their mailing address.

<Tab> to the “*Informant Signed & Dated*” paragraph.

Informant – Signed & Dated

Informant Signed & Dated

Informant Signed? Date Signed

<Tabbing > out of the informant’s address forwards the cursor to the “*Informant Signed & Dated*” paragraph.

Enter **Y** for “Yes” when the informant has properly signed and dated the Mother’s Birth worksheet.

<Tab> to the *Date Signed* field and enter the date the birth mother signed the Mother’s Birth worksheet (MM/DD/YYYY).

Validation Errors

Informant > Informant Signed & Dated > Informant Signed?

Please indicate whether the Informant signed.

R **S** **O** **Q** Bypass:

A validation edit will fire if the date is not completed. Enter the child’s date of birth if the informant signed the worksheet, but forgot to provide the date signed.

Prenatal

Home File Search Action Tools Batch Help

Birth: New Image count: 0 Notes count: 0 Alerts: 0 Save

Child Mother Mother pg 2 Mother pg 3 Spouse Informant **Prenatal** Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Completion Flags

Prenatal Care

NO Prenatal Care

Date Of First Prenatal Care Visit

Total Prenatal Visits For This Pregnancy

Date Of Last Normal Menses

NO Previous Live Births

Number Of Previous Live Births-Now Living

Number Of Previous Live Births-Now Deceased

Date Of Last Live Birth

NO Other Pregnancy Outcomes Not Resulting In Live Birth

Total Number Of Other Pregnancy Outcomes

Date Of Last Other Pregnancy Outcome

Risk Factors

NO Risk Factors Present In This Pregnancy:

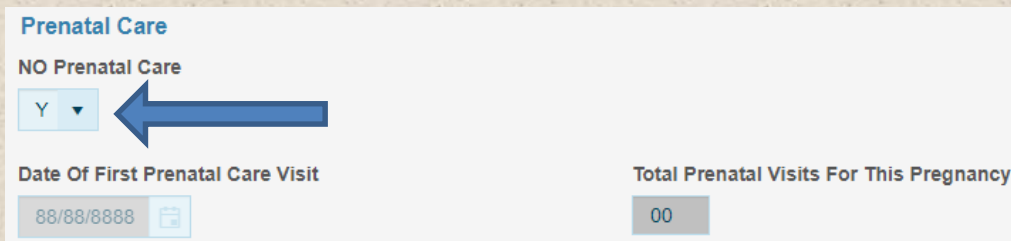
Diabetes - Pre-existing <input type="button" value="v"/>	Diabetes - Gestational <input type="button" value="v"/>	Hypertension - Pre-pregnancy <input type="button" value="v"/>	Hypertension - Gestational <input type="button" value="v"/>	Eclampsia <input type="button" value="v"/>
Previous Preterm Live - Born Infant <input type="button" value="v"/>	Pregnancy Resulted From Infertility Treatment: <input type="button" value="v"/>	Drugs, Insemination <input type="button" value="v"/>	Assisted Reproductive Technology <input type="button" value="v"/>	
Previous Cesarean Delivery <input type="button" value="v"/>	Number <input type="text"/>			

The "Prenatal" tab matches prenatal items on page 1 of the Medical Birth Worksheet.

Prenatal – Prenatal Care

Prenatal Care is the first paragraph on the Prenatal tab. The cursor will be on the “*No Prenatal Care*” field.

If prenatal care was NOT indicated in the mother’s medical charts, enter a **Y** for “*Yes*” in the “*No Prenatal Care*” field. The *Date of First Prenatal Care Visit* and the *Total Prenatal Visits* will auto-disable.



Prenatal Care

NO Prenatal Care

Y ▼ ←

Date Of First Prenatal Care Visit

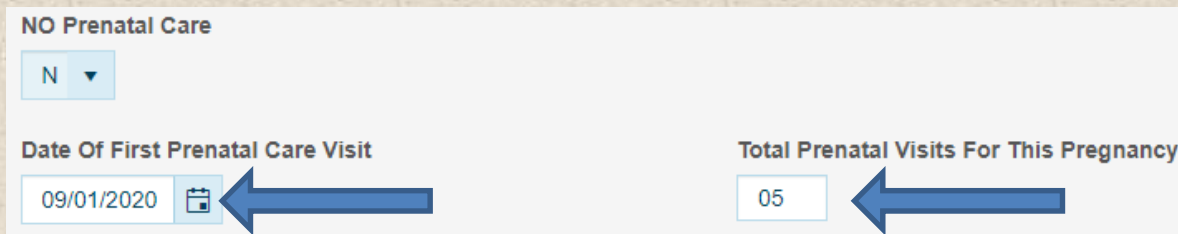
88/88/8888

Total Prenatal Visits For This Pregnancy

00

If prenatal care is indicated in the mother’s medical charts, enter **N** for “*No*” in the “*No Prenatal Care*” field.

- <Tab> to the *Date of First Visit* field and enter the date of first visit (MM/DD/YYYY). ***If part of the date is not known, enter 9’s for the part of the date that is not known.***
- <Tab> to the *Total Prenatal Visits* field and enter the number of total visits.



NO Prenatal Care

N ▼

Date Of First Prenatal Care Visit

09/01/2020 ←

Total Prenatal Visits For This Pregnancy

05 ←

Research for the correct date when possible.

Prenatal – Last Normal Menses

Prenatal Care

NO Prenatal Care

N ▾

Date Of First Prenatal Care Visit

Total Prenatal Visits For This Pregnancy

Date Of Last Normal Menses

Enter the date of the last menses as located in the mother's prenatal charts (MM/DD/YYYY).

If the full date is not charted, enter 9's for the parts of the date that are not known. For example: if only the year is known, enter 9's for the month and 9's for the day, then the correct year as charted.

Last Normal Menses Date

99/99/2020

If none of the date is known, enter all 9's in the date field. A validation will appear if the date is unknown, click on the number **1** for Queried and Verified on the validation. This also requires a note to be added to the record.

Last Normal Menses Date

99/99/9999

Prenatal > Prenatal Care > Date
Of Last Normal Menses

You have indicated the menses
date is unknown, please verify.

R **S** **O** **Q** Bypass: **1** 2 3 4

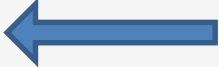
Missing Variable: ▾

If necessary, research for the correct date. Select the appropriate verification

Prenatal – Previous Live Births


If there was NO previous live births indicated in the mother’s medical charts, enter a Y for “Yes” in the “No Previous Live Births” field. The *Number of Previous Live Births-Now Living*, *Number of Previous Live Births-Now Deceased* and the *Date of Last Live Birth* will auto-disable.

NO Previous Live Births

Y ▼ 

Number Of Previous Live Births-Now Living: 00


Number Of Previous Live Births-Now Deceased: 00

Date Of Last Live Birth: 88/88/8888 

If there are previous live births as indicated in the mother’s medical charts, enter N for “No” in the *No Previous Live Births* field.


1. <Tab> to the *Number of Previous Live Birth-Now Living* field and enter total numbers of previous live births.
2. <Tab> to the *Number of Previous Live Birth-Now Deceased* field and enter total numbers of deceased births. If there is no mention of a previous live birth now deceased documented in the mother’s prenatal charts enter zero (0)
3. <Tab> to the *Date of Last Live Birth* field and enter the date of last live birth (MM/DD/YYYY). Enter 9’s just in the month, day, or year that is not known.

NO Previous Live Births

N ▼ 

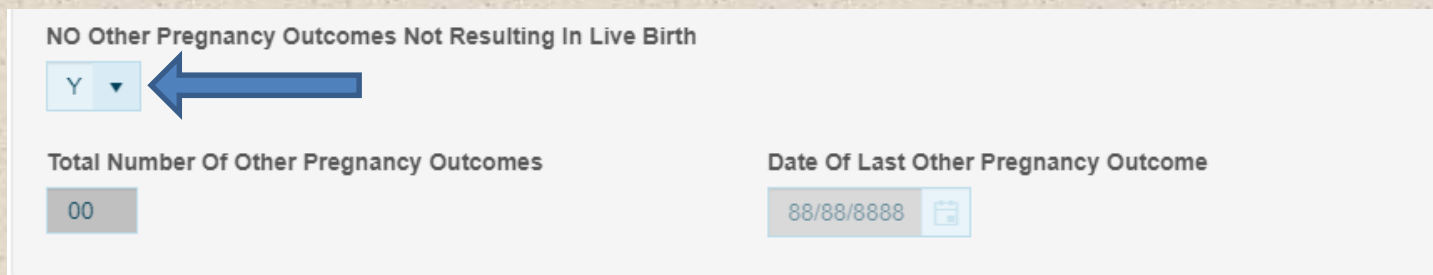
1 Number Of Previous Live Births-Now Living: 02

2 Number Of Previous Live Births-Now Deceased: 00

3 Date Of Last Live Birth: 02/01/2018 

Prenatal – Other Pregnancy Outcomes

If there was NO other pregnancy outcomes not resulting in live birth indicated in the mother’s medical charts, enter **Y** for “Yes” in the *NO Other Pregnancy Outcomes Not Resulting in Live Birth* field. The *Total Number of Other Pregnancy Outcomes* and the *Date of Last Other Pregnancy Outcomes* will auto-disable.



NO Other Pregnancy Outcomes Not Resulting In Live Birth

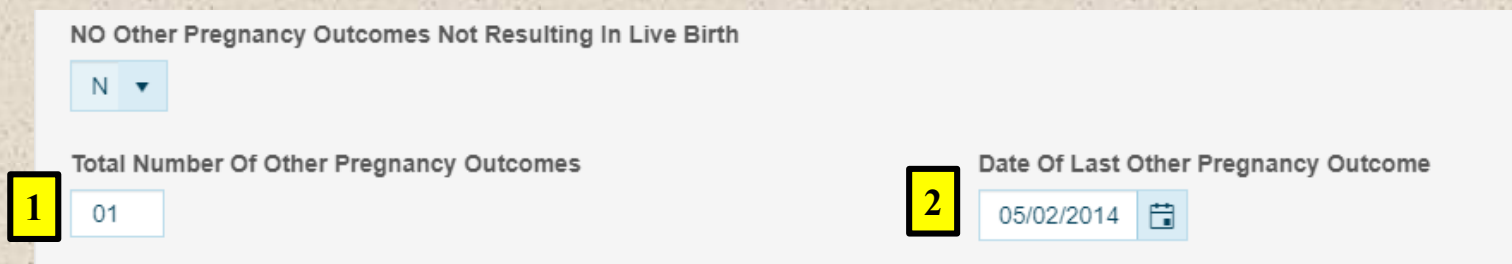
Y

Total Number Of Other Pregnancy Outcomes: 00

Date Of Last Other Pregnancy Outcome: 88/88/8888

If there are other pregnancy outcomes not resulting in live birth as indicated in the mother’s medical charts, enter N for “No.”

1. <Tab> to the *Total Number of Other Pregnancy Outcomes* field and enter total numbers of previous live births.
2. <Tab> to the *Date of Last Other Pregnancy Outcome* field. Enter the date of last other pregnancy outcome (MM/DD/YYYY). If part of the date is not known, enter 9’s for the part of the date that is not known.



NO Other Pregnancy Outcomes Not Resulting In Live Birth

N

1 Total Number Of Other Pregnancy Outcomes: 01

2 Date Of Last Other Pregnancy Outcome: 05/02/2014

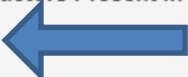
Prenatal – No Risk Factors

<Tab> to the *NO Risk Factors Present in This Pregnancy* field.

If there were no risk factors indicated in the mother’s medical charts, enter **Y** for “Yes” in the *NO Risk Factors Present in This Pregnancy* statement field. The remaining items will auto-disable. Each risk factor items field will be grayed out.

Risk Factors

NO Risk Factors Present In This Pregnancy:



Diabetes - Check Only ONE:	Pre-pregnancy	Gestational	
<input type="text" value="N"/>	<input type="text" value="N"/>	<input type="text" value="N"/>	
Hypertension - Check Only ONE:	Pre-pregnancy	Gestational	Eclampsia
<input type="text" value="N"/>	<input type="text" value="N"/>	<input type="text" value="N"/>	<input type="text" value="N"/>
Pregnancy From Infertility Treatment:	Drugs, Insemination	Assisted Reproductive Technology	
<input type="text" value="N"/>	<input type="text" value="N"/>	<input type="text" value="N"/>	
Previous Preterm Live - Born Infant	Previous Cesarean Delivery	Number	
<input type="text" value="N"/>	<input type="text" value="N"/>	<input type="text" value="00"/>	

Prenatal – Risk Factors

Risk Factors

NO Risk Factors Present In This Pregnancy:
 ←

Diabetes - Check Only ONE:

Hypertension - Check Only ONE:

Pregnancy From Infertility Treatment:

Previous Preterm Live - Born Infant

Pre-pregnancy

Pre-pregnancy

Drugs, Insemination

Previous Cesarean Delivery

Gestational

Gestational

Assisted Reproductive Technology

Eclampsia

Number

If risk factors were indicated in the mother’s medical charts, enter N for “No,” in the *NO Risk Factors Present in This Pregnancy* statement field. All the risk factor fields will open. <Tab> to the Risk factor items indicated in the mother’s medical charts and enter a Y for “Yes.” **Select as many options as apply to this pregnancy.**

Diabetes and *Hypertension* both have sub-categories. N for “No” is defaulted and no further action is required if the birth mother did not have diabetes or hypertension. However, if either Diabetes or Hypertension is documented in the mother’s medical charts, select one of the sub-category options. Only one may be selected.

Pregnancy Resulted from Infertility Treatment has two additional options. Select one or both, as applicable.

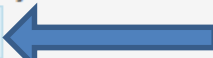
Prenatal – No Infections

<Tab> to the *NO Infections Present And/or Treated During This Pregnancy* field.

If there was no *infections* indicated in the mother’s medical charts, enter **Y** for “Yes” in the *NO Infections Present And/or Treated During This Pregnancy* field. The remaining items will auto-disable. Each infection items field will be grayed out.

Infections

NO Infections Present And/Or Treated During This Pregnancy:

▼ 

Gonorrhea	Syphilis	Chlamydia	Hepatitis B	Hepatitis C
<input type="text" value="N"/> ▼	<input type="text" value="N"/> ▼	<input type="text" value="N"/> ▼	<input type="text" value="N"/> ▼	<input type="text" value="N"/> ▼
Rubella	Group B Streptococcus	Toxoplasmosis	Cytomegalovirus	Herpes
<input type="text" value="N"/> ▼	<input type="text" value="N"/> ▼	<input type="text" value="N"/> ▼	<input type="text" value="N"/> ▼	<input type="text" value="N"/> ▼

Prenatal – Infections

Infections

NO Infections Present And/Or Treated During This Pregnancy:

Gonorrhea Syphilis Chlamydia **Hepatitis B** **Hepatitis C**

Rubella Group B Streptococcus Toxoplasmosis Cytomegalovirus Herpes

Validation Errors

If there were infections indicated in the mother’s medical charts, enter N for “No,” in the *NO Infections Present And/or Treated During This Pregnancy* field. All the infections fields will open.

<Tab> to the infection items indicated in the mother’s medical charts and enter a Y for “Yes.” **Indicate as many options as apply to this pregnancy.**

A validation message for Hepatitis B and Hepatitis will fire. Check mother’s medical charts.

Prenatal > Infections > Hepatitis B
You have indicated Hepatitis B as an infection. Please check mother's record for positive test results to verify selection.

R **S** **O** **Q** Bypass: 1 2 3 4

Prenatal > Infections > Hepatitis C
You have indicated Hepatitis C as an infection. Please check mother's record for positive test results to verify selection.

R **S** **O** **Q** Bypass: 1 2 3 4

Prenatal – Obstetric Procedures

If none of the *obstetric procedures* listed were indicated in the mother’s medical charts, enter **Y** for “Yes” in the *NO Obstetric Procedures During This Pregnancy* statement field. The remaining items will auto-disable. Each obstetric procedure items field will be grayed out.

Obstetric Procedures

NO Obstetric Procedures During This Pregnancy:

←

Cervical Cerclage: (disabled)

Tocolysis: (disabled)

External Cephalic Version: (disabled)

Success: (disabled)

Failed: (disabled)

If obstetric procedures were indicated in the mother’s medical charts, enter **N** for “No,” in the *NO Obstetric Procedures During This Pregnancy* statement field. All the obstetric procedures fields will open.

<Tab> to the obstetric procedure items indicated in the mother’s medical charts and enter a Y for “Yes.” **Indicate as many options as apply to this pregnancy.**

Obstetric Procedures

NO Obstetric Procedures During This Pregnancy:

←

Cervical Cerclage:

Tocolysis:

External Cephalic Version:

Success:

Failed:

If *External Cephalic Version* procedure took place indicate whether the procedure was a success or a failure.

External Cephalic Version:

Success:

Failed:

Labor & Delivery

Birth: New Image count: 0 Notes count: 0 Alerts: 0 Save

[Child](#) [Mother](#) [Mother pg 2](#) [Mother pg 3](#) [Spouse](#) [Informant](#) [Prenatal](#) **[Labor & Delivery](#)** [Labor & Delivery pg2](#) [Newborn](#) [Newborn pg 2](#) [Fees & Completion](#) [Flags](#)

Onset of Labor
Obtain From Labor & Delivery Record:
NO Onset Of Labor Issues Noted For This Pregnancy:

Premature ROM (prolonged >= 12 hours) Precipitous Labor (< 3 hours) Prolonged Labor (>= 20 hours)

Infant's Date and Time of Birth
Date Of birth Time Of Birth

Attendant/Certifier
Attendant's Title/Relationship Attendant's Full Name - L, F M Attendant's License #
Copy Attendant To Certifier

Certifier Title/Relationship Certifier's Full Name - L, F M Certifier License # Date Certified

Primary Source Of Payment

The "Labor & Delivery" folder matches the first half of L & D items on page 2 of the Medical Birth Worksheet.

Labor & Delivery – Onset of Labor

If none of the *Onset of Labor* options were indicated in the mother’s medical charts, enter **Y** for “Yes” in the *NO Obstetric Procedures During This Pregnancy* statement field. The remaining items will auto-disable. Each obstetric procedure items field will be grayed out.

Onset of Labor

Obtain From Labor & Delivery Record:

NO Onset Of Labor Issues Noted For This Pregnancy:

Y ▼

Premature ROM (prolonged >= 12 hours) Precipitous Labor (< 3 hours) Prolonged Labor (>= 20 hours)

N ▼ **N** ▼ **N** ▼

If onset of labor were indicated in the mother’s medical charts, enter **N** for “No,” in the *NO Onset of Labor Issues Noted For This Pregnancy* statement field. All the onset of labor fields will open.

<Tab> to the onset of labor item indicated in the mother’s medical charts and enter a **Y** for “Yes.”

Onset of Labor

Obtain From Labor & Delivery Record:

NO Onset Of Labor Issues Noted For This Pregnancy:

N ▼


Premature ROM (prolonged >= 12 hours) Precipitous Labor (< 3 hours) Prolonged Labor (>= 20 hours)

N ▼ **Y** ▼ **N** ▼

Labor & Delivery – Date of Birth

The *Date of Birth* populates from the entry on the Child tab. **STOP! Double-check** the *Infant's Date of Birth* with hospital medical records. If the *Date of Birth* is correct, <Tab> to the *Time of Birth*.

Infant's Date and Time of Birth

Date Of birth: 07/04/2020 

Time Of Birth:

If the *Date of Birth* is wrong according to hospital records, go back to the Child tab and correct the date in the *Child Information* paragraph. This will change the date of birth in the *Infant's Date* paragraph.

Child ← Mother pg 3 Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 Fees & Completion


Duplicate Checking

Child's First Name:

Child's Middle Name:

Child's Last Name:


Mother's Last Name Prior To Any Marriage:


Child's Date Of Birth: 

Gender:

Check For Duplicate:


System

Date Created: 07/24/2020 

Date Modified: 07/24/2020 

Registration Type:

Record Status: Pending

Date Filed: 


Child Information

First Name:

Middle Name:

*Last Name:


Suffix:

*Date Of Birth: 07/04/2020 

Labor & Delivery – Time of Birth

Infant's Date and Time of Birth

Date Of birth Time Of Birth

07/04/2020 


Enter the time of birth as military time. Enter all four digits to avoid invalid input error messages.

Example:
Converts to 2:00 AM on Child's Certificate

Example:
Converts to 2:00 PM on Child's Certificate

Infant's Date and Time of Birth

Date Of birth Time Of Birth

07/04/2020 

Infant's Date and Time of Birth

Date Of birth Time Of Birth

07/04/2020 

Labor & Delivery – Attendant

Attendant/Certifier

1 **Attendant's Title/Relationship** 2 **Attendant's Full Name - L, F M** 3 **Attendant's License #**

CNM/ARNP
DO
MD
Other Midwife

Certifier's Full Name - L, F M **Certifier License #**

1. The cursor first goes to the *Attendant's Title/Relationship* dropdown. Enter the title or select from the dropdown. If it is other than what is listed enter the title or relationship to the child.
2. <Tab> to the *Attendant's Full Name* field, enter the attendant's full name (Last, First, Middle).
3. <Tab> to the *Attendant's License #* field, enter the attendant's license number. License number is required for MD, DO, or CNM/ARNP.
4. <Tab> to the *Copy Attendant to Certifier* bar. If the attendant is the same as the certifier click on *Copy Attendant to Certifier* bar, this will automatically fill in the attendant's information in the certifier's section.

Attendant/Certifier

Attendant's Title/Relationship **Attendant's Full Name - L, F M** **Attendant's License #**

MD Watson, James P 90

4 **Copy Attendant To Certifier**
Copy Attendant To Certifier

Certifier Title/Relationship **Certifier's Full Name - L, F M** **Certifier License #**

MD Watson, James P 90

Labor & Delivery – Certifier

Attendant/Certifier			
Attendant's Title/Relationship	Attendant's Full Name - L, F M	Attendant's License #	
MD	Watson, James P	90	
Copy Attendant To Certifier			
Copy Attendant To Certifier			
Certifier Title/Relationship	Certifier's Full Name - L, F M	Certifier License #	Date Certified
MD	Holmes, Sherlock Thomas	897	09/23/2020

- CNM/ARNP
- DO
- Hospital Administrator
- MD
- Other Midwife

If the *Certifier* is different than the *Attendant*, enter the title or select from the dropdown. If it is other what is listed enter the title or relationship to the child.

<Tab> to the *Certifier's Full Name* field, enter the certifier's full name (Last, First, Middle).

<Tab> to the *Certifier's License #* field, enter the *Certifier's* license number. License number is required for MD, DO, or CNM/ARNP.

<Tab> to the Date Certified field. Enter the date (MM/DD/YYYY). The date is required to register the birth record and must be completed.

Labor & Delivery – Payment Source

Primary Source Of Payment

- CHAMPUS/TRICARE
- Indian Health Service
- Medicaid
- OB indigent program
- Other Government (federal, state, local)
- Private insurance
- Self-pay
- ...

<Tab> to the *Primary Source of Payment* field.

Enter the primary source of payment or select from the dropdown list. If it is other than what is listed enter the source of payment in the field.

Labor & Delivery pg 2

Home File Search Action Tools Batch Help

Birth: 2790021 Image count: 0 Notes count: 0 Alerts: 0 Save

Child Mother **Mother pg 2** Mother pg 3 Spouse Informant Prenatal Labor & Delivery **Labor & Delivery pg 2** Newborn Newborn pg 2 Fees & Completion Flags

Mother Transferred
Was the mother transferred to this facility for maternal medical or fetal delivery? For out of state enter hospital name, city, & state.

Mother Transferred To This Facility In State/Out Of State Transferred From:

Mother's Weight At Delivery

Characteristics of Labor and Delivery
NO Characteristics Of Labor And Delivery Noted For This Pregnancy:

Induction Of Labor Augmentation Of Labor Steroids For Lung Maturity Prior To

Antibiotics Received By Mother During Labor Chorioamnionitis Diagnosed During Labor Or Maternal Temperature > 38 C (100.4

Epidural Or Spinal Anesthesia During Labor

Method of Delivery
Fetal Presentation At Birth Final Method Of Delivery If Cesarean, Was Trial Of Labor Attempted?

Mother Morbidity
NO Maternal Morbidity Noted For This Pregnancy:

Maternal Transfusion Third Of Fourth Degree Perineal Laceration Ruptured Uterus Unplanned Hysterectomy

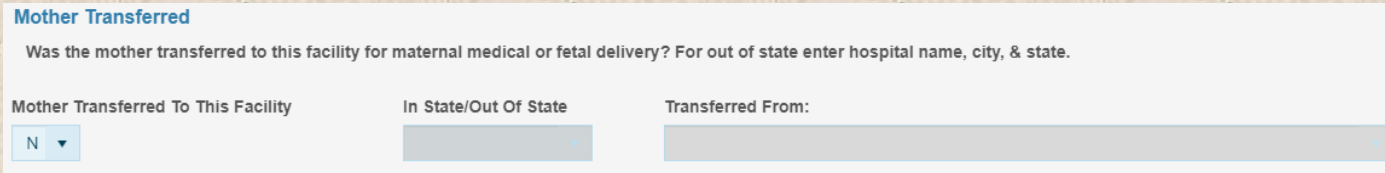
Admitted To Intensive Care Unplanned Operating Procedure Following Delivery

The "Labor & Delivery pg 2" tab matches the second half of L & D items on page 2 of the Medical Birth Worksheet.

Labor & Delivery pg 2 – Mother Transferred

<Tab> into *Mother Transferred To This Facility* field.

If “*No*,” mother was *not* transferred to this facility, enter N and the remaining items in the paragraph will auto-fill.



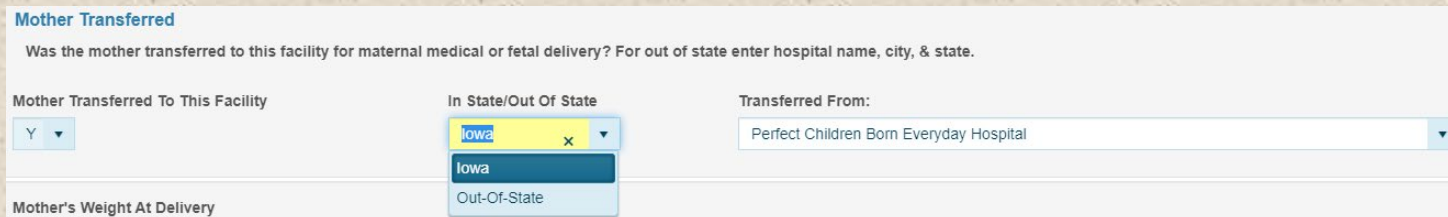
Mother Transferred
Was the mother transferred to this facility for maternal medical or fetal delivery? For out of state enter hospital name, city, & state.

Mother Transferred To This Facility: N
In State/Out Of State: [Empty]
Transferred From: [Empty]

If “*Yes*,” mother was transferred to this facility, enter Y.

<Tab> to the *In State/Out of State* field. The field defaults to Iowa. If mother was transfer from out of state and delivered at this hospital choose Out-Of-State from the dropdown.

<Tab> to the *Transferred From* field. Enter or choose the name of the hospital from the dropdown. If the hospital is not listed on the dropdown enter the name of the hospital. Out of state hospitals will require entry.

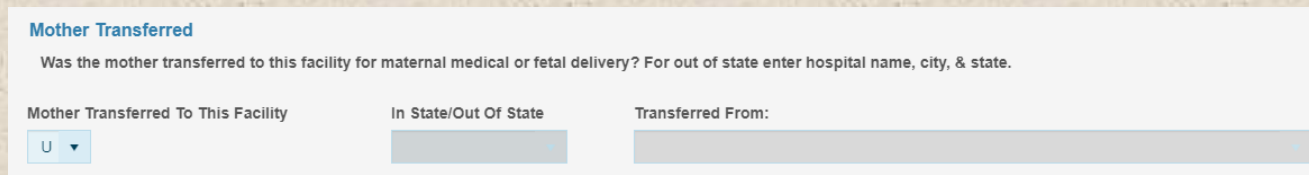


Mother Transferred
Was the mother transferred to this facility for maternal medical or fetal delivery? For out of state enter hospital name, city, & state.

Mother Transferred To This Facility: Y
In State/Out Of State: Iowa
Transferred From: Perfect Children Born Everyday Hospital

Mother's Weight At Delivery: [Empty]

If “*Unknown*,” mother was transferred to this facility, enter U and the remaining items in the paragraph will auto-fill.



Mother Transferred
Was the mother transferred to this facility for maternal medical or fetal delivery? For out of state enter hospital name, city, & state.

Mother Transferred To This Facility: U
In State/Out Of State: [Empty]
Transferred From: [Empty]

Labor & Delivery pg 2 – Delivery Weight

Mother's Weight At Delivery

<Tab> into *Mother's Weight at Delivery* field.

Enter the delivery weight in whole numbers as documented in the Mother's medical charts.

A validation edit will fire if the mother's weight is less than 75 lbs or more than 350 lbs.

Mother's Weight At Delivery

Validation Errors

Labor & Delivery pg2 > >
 Mother's Weight At Delivery
 You've entered the mother's weight at delivery to be 074 pounds, which is an unusually low or high weight. Please verify that the weight is correct.

R **S** **O** **Q** Bypass: **1** **2** **3** **4**

Mother's Weight At Delivery

Validation Errors

Labor & Delivery pg2 > >
 Mother's Weight At Delivery
 The mother gained 350 pounds. Mother's prepregnancy weight is 0 and Mother's weight at delivery is 350. Verify that these are correct.

R **S** **O** **Q** Bypass: **1** **2** **3** **4**

Labor & Delivery pg 2

Characteristics Labor & Delivery

If none of the characteristics options were indicated in the mother’s medical charts, enter Y for “Yes” in the *NO Characteristics of Labor and Delivery Noted for This Pregnancy* field. The remaining items will auto-disable. Each characteristic items field will be grayed out.

Characteristics of Labor and Delivery

NO Characteristics Of Labor And Delivery Noted For This Pregnancy:

Induction Of Labor Augmentation Of Labor Steroids For Lung Maturity Prior To Delivery

Antibiotics Received By Mother During Labor Chorioamnionitis Diagnosed During Labor Or Maternal Temperature > 38 C (100.4 F)

Epidural Or Spinal Anesthesia During Labor

If the characteristics of labor and delivery were indicated in the mother’s medical charts, enter N for “No,” in the *NO Characteristic of Labor and Delivery Noted For This Pregnancy* field. All the characteristics fields will open.

<Tab> to the characteristics items indicated in the mother’s medical charts and enter a Y for “Yes.” **Indicate as many options as apply to this pregnancy.**

Characteristics of Labor and Delivery

NO Characteristics Of Labor And Delivery Noted For This Pregnancy:

Induction Of Labor Augmentation Of Labor Steroids For Lung Maturity Prior To Delivery

Antibiotics Received By Mother During Labor Chorioamnionitis Diagnosed During Labor Or Maternal Temperature > 38 C (100.4 F)

Epidural Or Spinal Anesthesia During Labor

Labor & Delivery pg 2 – Method of Delivery

Method of Delivery

Fetal Presentation At Birth

Final Method Of Delivery

gnancy:

<Tab> in the *Fetal Presentation at Birth*. Enter the first letter of the title to select the fetal presentation or click on the dropdown arrow to choose the presentation.

Method of Delivery

Fetal Presentation At Birth

Final Method Of Delivery

If Cesarean, Was Trial Of Labor Attempted?

<Tab> to the *Final Method of Delivery*. Enter the first letter of title or click on the dropdown arrow and choose the method of delivery.

If the final method of delivery is a cesarean. Enter **Y** for “Yes ” **N** for “No” or **U** for “Unknown” if trial of labor was attempted.

Note: If no trial of labor was attempted, then *Antibiotics* and/or *Epidural* during labor would be incorrect answers in the *Characteristics of Labor and Delivery*.

Labor & Delivery pg 2 – Maternal Morbidity

If none of the complications were indicated in the mother’s medical charts, enter **Y** for “Yes” in the *NO Maternal Morbidity Noted for this Pregnancy* field. The remaining items will auto-disable. Each characteristic items field will be grayed out.

Mother Morbidity

NO Maternal Morbidity Noted For This Pregnancy:

Maternal Transfusion <input type="button" value="N"/>	Third Of Fourth Degree Perineal Laceration <input type="button" value="N"/>	Ruptured Uterus <input type="button" value="N"/>	Unplanned Hysterectomy <input type="button" value="N"/>
Admitted To Intensive Care <input type="button" value="N"/>	Unplanned Operating Procedure Following Delivery <input type="button" value="N"/>		

If complications were indicated in the mother’s medical charts, enter **N** for “No,” in the *NO Maternal Morbidity Noted for this Pregnancy* field. All the characteristics fields will open.

<Tab> to the complication items indicated in the mother’s medical charts and enter a **Y** for “Yes.” **Indicate as many options as apply to this pregnancy.**

Mother Morbidity

NO Maternal Morbidity Noted For This Pregnancy:

Maternal Transfusion <input type="button" value="N"/>	Third Of Fourth Degree Perineal Laceration <input type="button" value="Y"/>	Ruptured Uterus <input type="button" value="N"/>	Unplanned Hysterectomy <input type="button" value="N"/>
Admitted To Intensive Care <input type="button" value="Y"/>	Unplanned Operating Procedure Following Delivery <input type="button" value="N"/>		

Newborn

Home File Search Action Tools Batch Help

Birth: New Image count: 0 Notes count: 0 Alerts: 0 Save

Child Mother Mother pg 2 Mother pg 3 Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg2 **Newborn** Newborn pg 2 Fees & Completion Flags

Newborn Weight/Gestation/Gender/Apgar/Plurality/Birth Order
Obtain from labor & delivery summary, newborn history & physical, and newborn medical admission record.

Weight Unit: Grams Pounds Ounces Obstetric Estimate Of Gestation

*Gender

If APGAR test was not taken enter 88. If APGAR score is Unknown enter 99. 5 Min APGAR 10 Min APGAR

Plurality Birth Order - Number Multiple Match Number

Abnormal Conditions
NO Abnormal Conditions Noted For The Newborn:

Assist Ventilation Immediately After Delivery

Surfactant Replacement Therapy

Significant Birth Injury Requiring Intervention Specify Injury: Antibiotics For Neonatal Sepsis

Congenital Anomalies
NO Congenital Anomalies Noted For The Newborn:

Anencephaly <input type="text"/>	Meningomyelocele/Spina Bifida <input type="text"/>	Cyanotic Congenital Heart Disease <input type="text"/>	Congenital Diaphragmatic Hernia <input type="text"/>	
Omphalocele <input type="text"/>	Gastroschisis <input type="text"/>	Limb Reduction Defect <input type="text"/>	Cleft Lip With/Without Cleft Palate <input type="text"/>	Cleft Palate Alone <input type="text"/>
Down Syndrome <input type="text"/>	Karyotype: <input type="text"/>	Suspected Chromosomal Disorder <input type="text"/>	Karyotype: <input type="text"/>	
Hypospadias <input type="text"/>				

The "Newborn" tab matches the first half of newborn items on page 3 of the Medical Birth Worksheet.

Newborn – Weight

<Tab> to the *Weight Unit* field. The Weight Unit defaults to **G** for “*Grams.*”

If the baby was weighed in *Grams*, <Tab> to the *Grams* field. Enter the weight in whole numbers, up to four characters. Leading zeros are not needed. The pounds and ounces will auto-fill based on the number of grams when <Tab> to the next field.

Weight Unit	Grams	Pounds	Ounces
G ▼	3600	7	15

If the baby was weighed in pounds, change the weight unit to **P** for “*Pounds.*” <Tab> past the *Grams* field to the Pounds and Ounces fields. Enter the weight in whole numbers, up to two characters. Leading zeros will auto-fill when the user <Tab> forward. The pounds and ounces will auto-fill based on the number of pounds when <Tab> to the next field.

Weight Unit	Grams	Pounds	Ounces
P ▼	3232	07	02

Newborn – Obstetric Gestation

Obstetric Estimate Of Gestation

<Tab> to the *Obstetric Estimate of Gestation* field.
Enter the gestation in whole numbers only (i.e., drop any fractions or partial week).

Example

Weight Unit	Grams	Pounds	Ounces	Obstetric Estimate Of Gestation
G ▼	500	1	2	40

A validation edit will fire if the weight and the gestation do not correspond. Double-check the records and enter the correct data.

Validation Errors

Newborn > Newborn
Weight/Gestation/Gender/Apgar/Plur
Order > Grams

This is a questionable weight.
Please validate that this is
correct.

R **S** **O** **Q** Bypass: **1** **2** **3** **4**

Newborn – Gender

Newborn Weight/Gestation/Gender/Apgar/Plurality/Birth Order

Obtain from labor & delivery summary, newborn history & physical, and newborn medical admission record.

Weight Unit	Grams	Pounds	Ounces	Obstetric Estimate Of Gestation
G ▼	<input type="text" value="3600"/>	<input type="text" value="7"/>	<input type="text" value="15"/>	<input type="text" value="40"/>
*Gender				
M ▼				

<Tab> to the *Gender* field. The *Gender* populates from the entry on the *Child* tab.

Child	Mother	Mother pg 2	Mother pg 3	Spouse	Informant	Prenatal	Labor & Delivery	Labor & Delivery pg2	Newborn	Newborn pg 2	Fees & Completion	Flags
Duplicate Checking												
Child's First Name			Child's Middle Name			Child's Last Name						
<input type="text" value="Test"/>			<input type="text" value="New"/>			<input type="text" value="Sample"/>						
Mother's Last Name Prior To Any Marriage				Child's Date Of Birth		Gender		Check For Duplicate				
<input type="text" value="Example"/>				<input type="text" value="07/04/2020"/>		M ▼		<input type="button" value="Check For Duplicate"/>				

Double-check the delivery records to ensure the gender is correct. The gender of the baby will appear on the child's legal certified birth certificate.

Newborn – Apgar Scores

<Tab> to the *5-Min APGAR* field. If the Apgar score were indicated on the medical chart, enter the Apgar scores in the field. A leading zero will auto-fill when <Tab> to the next field

5 Min APGAR	10 Min APGAR
<input type="text" value="06"/>	<input type="text" value="88"/>

If the 5-minute score is 6 or greater, the cursor will auto-fill the 10-minute score with 8's <Tab> forward to the next field.


5 Min APGAR	10 Min APGAR
<input type="text" value="05"/>	<input type="text"/>

If the 5-minute score is 5 or less, the cursor will move to the 10-minute score. Enter the 10 minute Apgar score. <Tab> forward to the next field.

If the Apgar test was not taken or is unknown enter 99

5 Min APGAR	10 Min APGAR
<input type="text" value="99"/>	<input type="text" value="99"/>

Newborn – Plurality

Plurality	Birth Order - Number	Number Of Infants Born Alive This Delivery	Multiple Match Number
01 	88	88	

The *Plurality* defaults to 01. If this is a **single birth**, <Tab> to the *Abnormal Conditions* paragraph. The remaining fields in the Plurality & Birth Order default to 88 because they are not applicable to a Single birth.

If a **multiple-gestation birth event**, see page 126 of the manual for information about entering and registering the set of birth records. Records from a multiple birth event should be registered consecutively.

Plurality	Birth Order - Number	Number Of Infants Born Alive This Delivery	Multiple Match Number
02	01	02	221

Enter the number of babies in this pregnancy/gestation in the *Plurality* field, this generates a number in the *Multiple Match Number* field.

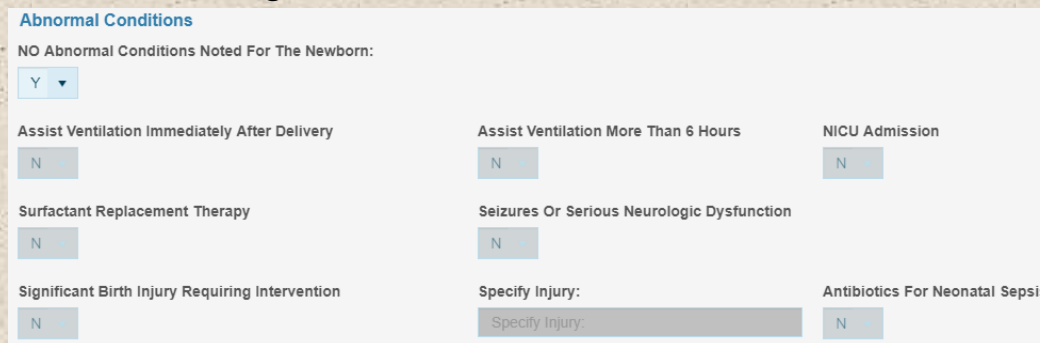
<Tab> to the *Birth Order – Number* field and enter the birth order of this baby. Leading zeros will auto-fill.

<Tab> to the *Number of Infants Born Alive This Delivery* field and enter the number of babies born alive in this birth event.

<Tab> pass the *Multiple Match Number* field to the *Abnormal Conditions* paragraph.

Newborn – Abnormal Conditions

If none of the conditions were noted in the baby’s charts, enter **Y** for “Yes” in the *NO Abnormal Conditions Noted for the Newborn* field. The remaining items will auto-disable. Each condition items field will be grayed out.



Abnormal Conditions

NO Abnormal Conditions Noted For The Newborn:

Assist Ventilation Immediately After Delivery: (disabled)

Assist Ventilation More Than 6 Hours: (disabled)

NICU Admission: (disabled)

Surfactant Replacement Therapy: (disabled)

Seizures Or Serious Neurologic Dysfunction: (disabled)

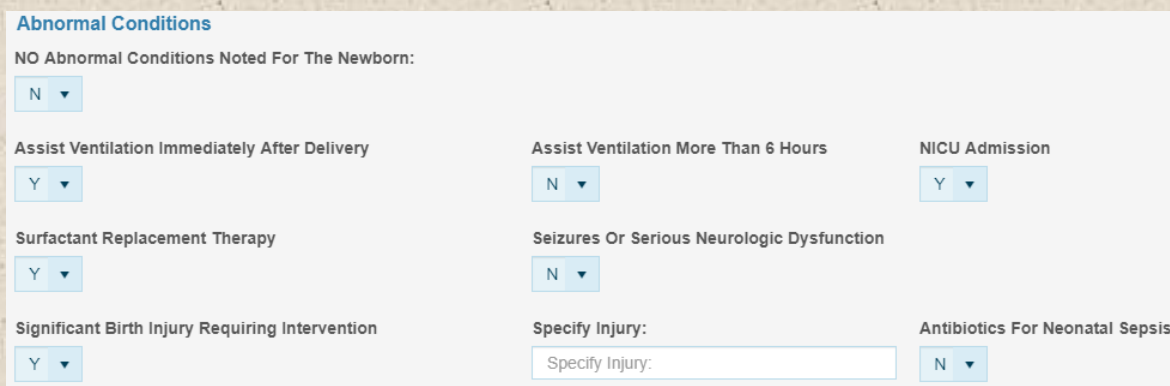
Significant Birth Injury Requiring Intervention: (disabled)

Specify Injury: (disabled)

Antibiotics For Neonatal Sepsis: (disabled)

If abnormal conditions were indicated in the baby’s medical charts, enter **N** for “No,” in the *NO Abnormal Conditions Noted for the Newborn* field. All the abnormal condition fields will open.

<Tab> to the abnormal condition items indicated on the baby’s medical charts and enter a **Y** for “Yes.” **Indicate as many conditions as documented on the baby’s chart.** If “Significant birth injury requiring intervention” is selected, enter the specific injury as documented in the delivery records.



Abnormal Conditions

NO Abnormal Conditions Noted For The Newborn:

Assist Ventilation Immediately After Delivery:

Assist Ventilation More Than 6 Hours:

NICU Admission:

Surfactant Replacement Therapy:

Seizures Or Serious Neurologic Dysfunction:

Significant Birth Injury Requiring Intervention:

Specify Injury:

Antibiotics For Neonatal Sepsis:

Newborn – Congenital Anomalies

If none of the conditions were noted in the baby’s charts, enter **Y** for “Yes” in the *NO Congenital Anomalies Noted for the Newborn* field. The remaining items will auto-disable. Each condition items field will be grayed out.

Congenital Anomalies

NO Congenital Anomalies Noted For The Newborn:

Anencephaly <input type="text" value="N"/>	Meningomyelocele/Spina Bifida <input type="text" value="N"/>	Cyanotic Congenital Heart Disease <input type="text" value="N"/>	Congenital Diaphragmatic Hernia <input type="text" value="N"/>	
Omphalocele <input type="text" value="N"/>	Gastroschisis <input type="text" value="N"/>	Limb Reduction Defect <input type="text" value="N"/>	Cleft Lip With/Without Cleft Palate <input type="text" value="N"/>	Cleft Palate Alone <input type="text" value="N"/>
Down Syndrome <input type="text" value="N"/>	Karyotype: <input type="text" value=""/>	Suspected Chromosomal Disorder <input type="text" value="N"/>	Karyotype: <input type="text" value=""/>	
Hypospadias <input type="text" value="N"/>				

If the conditions were “Unobtainable,” enter **U** and the remaining items in the paragraph will auto-fill

Congenital Anomalies

NO Congenital Anomalies Noted For The Newborn:

Anencephaly <input type="text" value="U"/>	Meningomyelocele/Spina Bifida <input type="text" value="U"/>	Cyanotic Congenital Heart Disease <input type="text" value="U"/>	Congenital Diaphragmatic Hernia <input type="text" value="U"/>	
Omphalocele <input type="text" value="U"/>	Gastroschisis <input type="text" value="U"/>	Limb Reduction Defect <input type="text" value="U"/>	Cleft Lip With/Without Cleft Palate <input type="text" value="U"/>	Cleft Palate Alone <input type="text" value="U"/>
Down Syndrome <input type="text" value="U"/>	Karyotype: <input type="text" value=""/>	Suspected Chromosomal Disorder <input type="text" value="U"/>	Karyotype: <input type="text" value=""/>	
Hypospadias <input type="text" value="U"/>				

Newborn – Congenital Anomalies

If abnormal conditions were indicated in the baby’s medical charts, enter N for “No,” in the *NO Congenital Anomalies Noted for the Newborn* field. All the congenital anomalies fields will open.

<Tab> to the anomaly items indicated on the baby’s medical charts and enter a Y for “Yes.” **Indicate as many anomalies as documented on the baby’s chart.**

Congenital Anomalies

NO Congenital Anomalies Noted For The Newborn:

Anencephaly <input type="button" value="N"/>	Meningomyelocele/Spina Bifida <input type="button" value="N"/>	Cyanotic Congenital Heart Disease <input type="button" value="N"/>	Congenital Diaphragmatic Hernia <input type="button" value="Y"/>	
Omphalocele <input type="button" value="N"/>	Gastroschisis <input type="button" value="Y"/>	Limb Reduction Defect <input type="button" value="N"/>	Cleft Lip With/Without Cleft Palate <input type="button" value="N"/>	Cleft Palate Alone <input type="button" value="N"/>
Down Syndrome <input type="button" value="Y"/>	Karyotype: <input type="button" value="Confirmed"/> <input type="button" value="Pending"/>	Suspected Chromosomal Disorder <input type="button" value="Y"/>	Karyotype: <input type="button" value=""/>	
Hypospadias <input type="button" value="Y"/>				

If *Down Syndrome* or *Suspected chromosomal disorder* is selected, the *Karyotype* must also be selected as either *Confirmed* or *Pending*.

Newborn pg 2

Home File Search Action Tools Batch Help

Birth: New Image count: 0 Notes count: 0 Alerts: 0 Save

Child Mother Mother pg 2 Mother pg 3 Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg2 **Newborn** **Newborn pg 2** Fees & Completion Flags

Infant Transferred
Was the infant transferred to another facility within 24 hours of delivery? For out of state enter hospital name, city, & state.

Was Infant Transferred To Another Facility? In State/Out Of State Transferred To:

Infant Living At Time Of This Report? Mother Pumping At Time Of Report?

Prenatal Care Study
Did Not Participate/No Number Available Barrie

Newborn Screening
Did Infant Received Newborn Screening? If YES

Newborn Hearing Screening
Did Infant Received Newborn Hearing Screening? If NO, Reason Why:

Custody
Was Infant Removed From Birth Mother's Custody?

The "Newborn pg 2" tab matches the second half of newborn items on page 3 of the Medical Birth Worksheet.

Newborn pg 2 – Infant Transferred

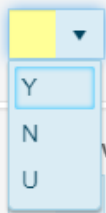
Infant Transferred

Was the infant transferred to another facility within 24 hours of delivery? For out of state enter hospital name, city, & state.

Was Infant Transferred To Another Facility?

In State/Out Of State

Transferred To:



<Tab> into the *Was Infant Transferred to Another Facility* field.

If infant was **not** transferred to another facility within 24 hours of delivery, enter N for “No,” the remaining items in the paragraph will auto-fill.

If “Yes,” infant was transferred to another facility within 24 hours of delivery, enter Y.

<Tab> to the *In State/Out of State* field. The field defaults to Iowa. If the infant was transfer Out-of-State within 24 hours of delivery, choose Out-Of-State from the dropdown.

<Tab> to the *Transferred To* field. Enter or choose the name of the hospital from the dropdown. If the hospital is not listed on the dropdown enter the name of the hospital. Out-of-State hospitals will require data entry.

Infant Transferred

Was the infant transferred to another facility within 24 hours of delivery? For out of state enter hospital name, city, & state.

Was Infant Transferred To Another Facility?

In State/Out Of State

Transferred To:

If “**Unknown**,” infant was transferred to another facility within 24 hours of delivery, enter U and the remaining items in the paragraph will auto-fill.

Newborn pg 2 – Infant Alive Status

Infant Living At Time Of This Report?

| ▼

Y

N

T

U

al Care Study

Participate/No Number Available

<Tab> to the *Infant Alive Status* field. Enter the letter corresponding to the status of the infant or choose from the dropdown list.

Y = Yes (*Alive*)

N = No (*Deceased*)

T = *Transferred*

U = *Unknown*

Validation Errors

Newborn pg 2 > > Infant Living At Time Of This Report?

You have indicated that the infant is not living- Please verify. Call State birth registration staff with an update on the infant status.

R **S** **O** **Q** Bypass: 1 2 3 4

A validation edit will fire if it is indicated that the baby is deceased. Double-check the discharge records and either select Re-Key to correct the entry, or select Queried and Verified if the data is accurate.

Users are required to contact the state birth registration staff if the infant was not living at the time of reporting and make a Note to the record confirming the date of death and the name of the facility (funeral home or hospital) that took possession of the body. This is to ensure the infant deaths are being properly registered.

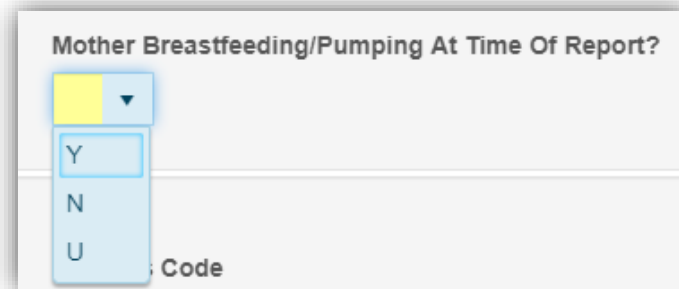
Newborn pg – Mother Breastfeeding

<Tab> to the *Mother Breastfeeding/Pumping at Time of Reporting* field. Enter the letter corresponding to the status at the time of the report or choose from the dropdown list.

Y = Yes

N = No

U = *Unknown*



Mother Breastfeeding/Pumping At Time Of Report?

Y
N
U

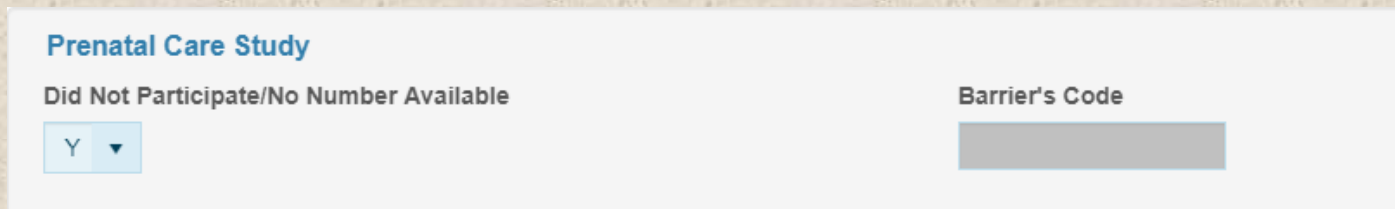
Code

Breastfeeding status is “*at the time of this report.*”

Newborn pg 2 – Prenatal Care Study

<Tab> to the *Prenatal Care Study* field.

If birth mother did **not** participate in the study, or there is no number available enter Y for “**Yes,**” in the *Did Not Participate/No Number Available* field. The *Barrier’s Code* field will auto-disable.



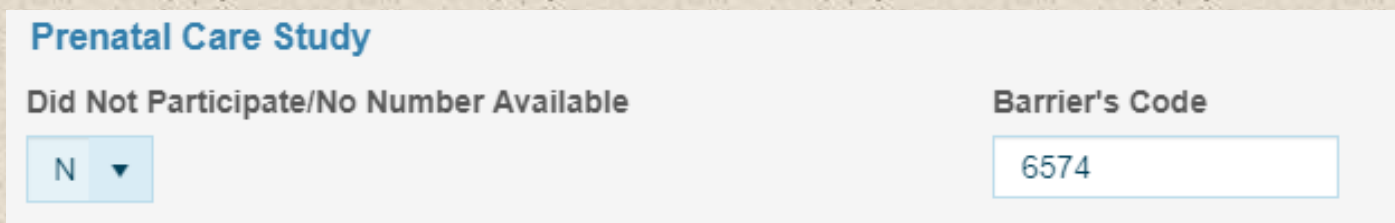
Prenatal Care Study

Did Not Participate/No Number Available:

Barrier's Code:

If the mother participated in the study, enter N for “**No,**” in the *Did Not Participate/No Number Available* field.

Tab> to the *Barrier’s Code* field. Enter the code number from the bottom of the study form.



Prenatal Care Study

Did Not Participate/No Number Available:

Barrier's Code:

If “**Unknown,**” enter “U,” in the *Did Not Participate/No Number Available* field and the remaining items in the paragraph will auto-fill.

Newborn pg 2 – Newborn Screening

Newborn Screening known as Metabolic Screening, Dried bloodspot screening, PKU, or heel stick).

<Tab> to the *Did Infant Received Newborn Screening* field. Enter the letter corresponding to the status at the time of this report. **Y = Yes** **N = No** **U = Unknown**

If “Yes,” <Tab> and enter the *Code Number* from the lab form. A validation edit will fire if the field is left blank. Enter the word “*Unknown*” if the number is not known.

Newborn Screening

Did Infant Received Newborn Screening? If YES, Code Number: If NO, Reason Why:

Y ▼ 2468

If “No,” the infant did not receive the newborn screening, <Tab> and select from the dropdown the reason why the screening was not performed.

Newborn Screening

Did Infant Received Newborn Screening? If YES, Code Number: If NO, Reason Why:

N ▼

Newborn Hearing Screening

Did Infant Received Newborn Hearing Screening?

▼

Infant deceased
Infant transferred
Missed
Parent refused

“Missed” is the catch-all if the screening was not performed and no other reason applies.

Newborn pg 2 – Hearing Screening

<Tab> to the *Did Infant Received Newborn hearing Screening* field. Enter the letter corresponding to the status at the time of this report. **Y** = *Yes* **N** = *No* **U** = *Unknown*

If “Yes,” infant did receive the newborn hearing screening, enter Y, the *Reason Why* field will auto-disable. <Tab> the next field.

Newborn Hearing Screening

Did Infant Received Newborn Hearing Screening? If NO, Reason Why:

Y ▼ [Empty text box]

If “No,” the infant did **not** receive the newborn hearing screening, enter N. <Tab> to the *Reason Why* field and select from the dropdown the reason why the screening was not performed.

Newborn Hearing Screening

Did Infant Received Newborn Hearing Screening? If NO, Reason Why:

N ▼ [Dropdown menu open]

Custody

Was Infant Removed From Birth Mother's Custody?

[Empty dropdown]

“Missed” is the catch-all if the screening was not performed and no other reason applies.

Newborn pg 2 – Custody

<Tab> to the *Was Infant Removed From Birth Mother's Custody* field.

Enter **N** for “No” if the mother is maintaining custody of the baby.

Custody

Was Infant Removed From Birth Mother's Custody?

N ▼

Enter **Y** for “Yes” if the birth mother is **not** maintaining custody of the infant and was removed. A validation message will fire. Click OK if it is correct.

Custody

Was Infant Removed From Birth Mother's Custody?

Y ▼

Message from webpage

Removed from Mother's Custody, check with Administrator before issuing. If this is incorrect, please update.

Ok

There are three instances when the hospital will need to indicate on the record that the infant was removed from the birth mother's custody.

- The first instance would be an adoption. The birth mother declares this herself on the Birth Mother worksheet.
- The second would be a surrogacy where there is a court order agreement.
- The third instance would be a court order removal. The child is removed at time of birth by the Department of Human Services or law enforcement. **The court order must be scanned to the record.**

Fees & Completion

Home File Search Action Tools Batch Help

Birth: 2790021 Image count: 0 Notes count: 0 Alerts: 0 Save

Child Mother Mother pg 2 Mother pg 3 Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg 2 Newborn Newborn pg 2 **Fees & Completion** Flags

Registration & Certified Copy Fees

Registration & Certified Copy Fee Status

Parent Paid By Check Or Money Order To IDPH

Parent Paid With Cash - Hospital Check

Parent Billed By Hospital - Hospital Check

If Waived, Reason Why:

#	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Paternity Affidavit Status

Voluntary Paternity Affidavit Has Been Completed And Mailed

Registration Status

Surrogate/Gestational Carrier Birth Birth Mother Invoked Safe Haven

Record Completion

IS RECORD COMPLETE?

Date Completed

Completed By

State File Number

Registrar Signed

Registrar File Date

By

State Use Only

Record Rejection

Rejected

Date Rejected

Rejected By

The "Fees & Completion" tab matches items on page 4 of the Medical Birth Worksheet.

Fees & Completion – Fee Payment Status

Registration & Certified Copy Fees
Registration & Certified Copy Fee Status

|

Paid

Not Paid

Waived

<Tab> to the *Registration & Certified Copy Fees* field. Enter the payment status or choose from the dropdown list.

Only one payment status may be selected. If a second status is selected, the first one selected will automatically un-select.

Registration & Certified Copy Fees
Registration & Certified Copy Fee Status

Paid

Parent Paid By Check Or Money Order To IDPH

Parent Paid With Cash - Hospital Check

Parent Billed By Hospital - Hospital Check

If Waived, Reason Why:

#	Amount
888	\$35.00

If the fee status is “Paid,” press the spacebar to select fee type.

<Tab> to the method of payment and select the corresponding checkbox for the appropriate payment method by pressing the spacebar at the .

<Tab> and enter the check/hospital check/money order number

<Tab> and enter the amount of the payment. The decimal places will auto-fill when you <Tab> forward.

Fees & Completion

Fee Payment Status Continues

Registration & Certified Copy Fees

Registration & Certified Copy Fee Status

←

Parent Paid By Check Or Money Order To IDPH # _____

Parent Paid With Cash - Hospital Check # _____ Amount _____

Parent Billed By Hospital - Hospital Check # _____ Amount _____

If Waived, Reason Why: _____

If the fee status is "***Not Paid***," enter the fee status of Not Paid in the field. The rest of the items in the paragraph will auto disable when <Tabbing> out of the field. .

Registration & Certified Copy Fees

Registration & Certified Copy Fee Status

←

Parent Paid By Check Or Money Order To IDPH

Parent Paid With Cash - Hospital Check

If Waived, Reason Why:

▼

Indigent parent

Indigent patient care

Medical assistance program

If the fee status is "***Waived***," enter Waived in the field .

<Tab> to the *Reason Why* field. Select the reason from the dropdown.

If the payment status (item 17 on the medical worksheet) for this delivery is Medicaid, then Medicaid will auto-fill when you <Tab> from the Waived button.

Fees & Completion – Statutes

Paternity Affidavit Status

Voluntary Paternity Affidavit Has Been Completed And Mailed

If spouse information is obtained, the cursor will bypass the Paternity Affidavit Status to the next paragraph.

If there is NOT a spouse and the Voluntary Paternity Affidavit form has been completed; press the spacebar on the checkbox to select *Paternity Affidavit has been completed and being mailed* to state birth registration staff.

Registration Status

Surrogate/Gestational Carrier Birth

Birth Mother Invoked Safe Haven



The cursor is on the *Surrogate/Gestational Carrier Birth* checkbox which will be slightly highlighted and underlined. Press the spacebar to select only if applicable.

Record Completion

Home File Search Action Tools Batch Help

Birth: 2790067

Image count: 0 Notes count: 0 Alerts: 0 **2** Save

Child Mother Mother pg 2 Mother pg 3 Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg2 Newborn Newborn pg 2 **Fees & Completion** Flags

Paternity Affidavit Status

Voluntary Paternity Affidavit Has Been Completed And Mailed

Registration Status

Surrogate/Gestational Carrier Birth Birth Mother Invoked Safe Haven

Record Completion

IS RECORD COMPLETE?

1 Y

Date Completed

09/15/2020

Completed By

Nichols, Sammul

State File Number

2020000075

3

Message from webpage

The record saved successfully.

Ok

If Waived, Reason Why:

#	Amount
098098	\$35.00

Amount

Information

The record numbered.

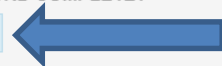
1. If the record is complete, enter **Y** for “Yes,” in the *Record Complete* field.
2. Then click on the **Save** button located in the upper right corner of the screen. The system will auto-fill in the date and the user’s name that completed the record.
3. Two pop-up message appears indicating the birth record is numbered and the record is save successfully.


If no other births to be registered then close the browser by clicking the “X”. A final message will appear. Click the **Leave** button.

If there are more births to be registered click the File menu and repeat the process.



Record Completion – Validations Overridden


Record Completion

IS RECORD COMPLETE? Y 

Date Completed 09/15/2020 

Completed By Nichols, Sammui


State File Number  

If *Record Completion* equals “**Yes**,” but validation edits have been overridden, a pop up message will appear. The message can vary based on the type of validation. Click the  button. Close the browser.

Message from webpage

Field edits were overridden. The State will review this record before completing. Please use the Notes Utility to enter the information regarding the override(s) or queries.


The record saved successfully.




The record will still be submitted for registration; however, it will not be state file numbered until state vital records staff have reviewed and accepted it.

Validations can also be reviewed by selecting **<Actions>** on the main menu bar. Click on **Review Errors/Queries**.

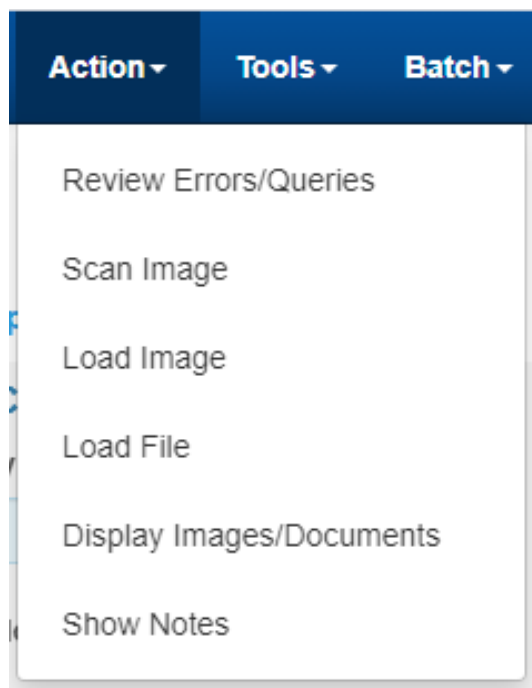
Review Errors and Queries

Field Name	Field Label	Status	
MENSES_DATE_STRING	Date Of Last Normal Menses	overridden	



Scan & Attach Birth Worksheets

Before you sign and save the record to be filed, scan and attach the Birth Mother and Hospital Medical Worksheet to the birth record.



Scan the Birth Mother and Hospital Medical Worksheets through your scanner. Choose a location to save the worksheets (i.e. desktop, drive, a folder you created). Give it a file name (i.e. Child's last name and DOB). *It works best if the documents are save as a PDF.*

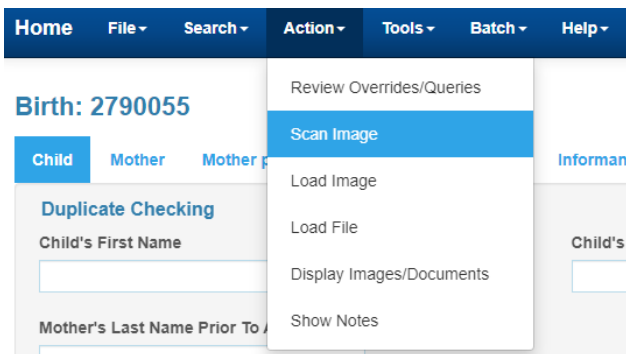
Select one of the 3 options:

1. **Scan Image** (if you have a scanner attached to your computer and it allows you to load the image to the application -> use this option)
2. **Load Image** from File (if you have a scanner that routes it to a file document requiring you to save it as a file -> use this option)
3. **Load File** ((if you have a scanner that requires you to save it as a PDF or Word Document -> use this option). ***This is the best option.***

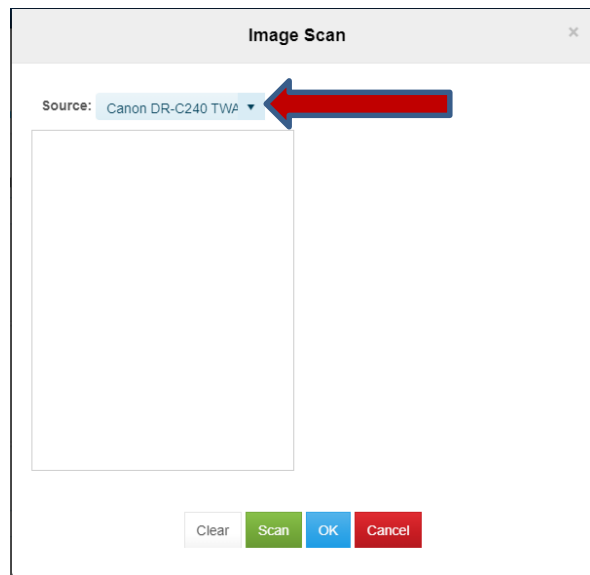
****Below are the instructions for 3 different options to scan and attach document(s).**

Scan & Attach Birth Worksheets

Option 1: Scan Image (if you have a scanner attached to your computer and it allows you to load the image to the application)



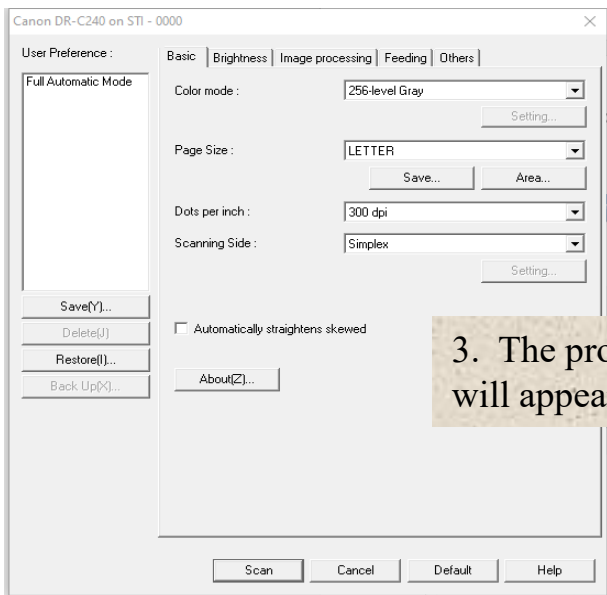
1. From the record, click **Action > Scan Image**.



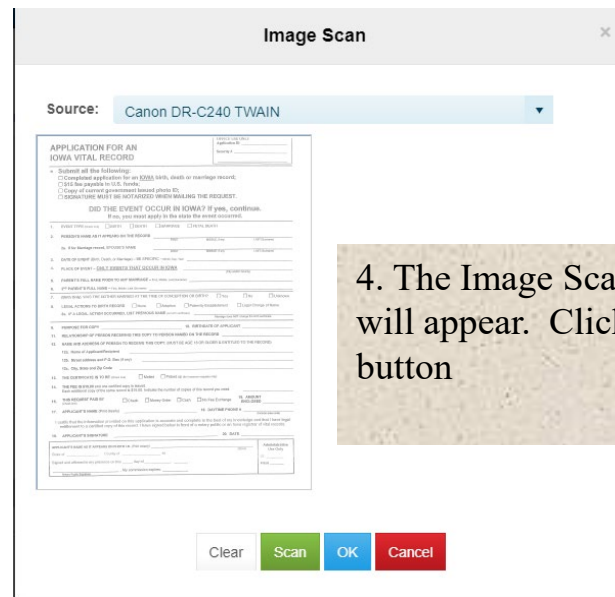
2. Image Scan dialog will appear. *Make sure your scanner name is in the source field.*

Click the **Scan** button.

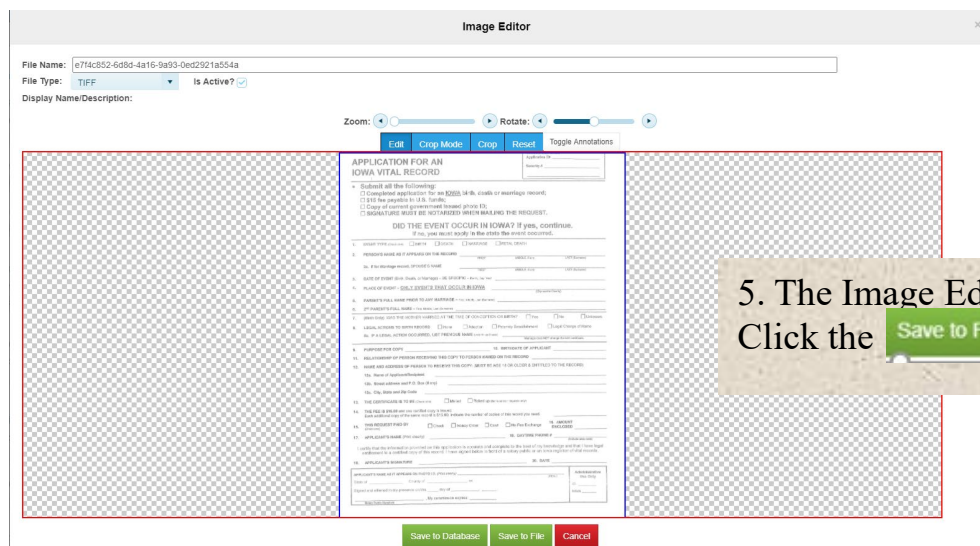
Scan & Attach Birth Worksheets



3. The property dialog will appear.



4. The Image Scan Dialog will appear. Click the OK button

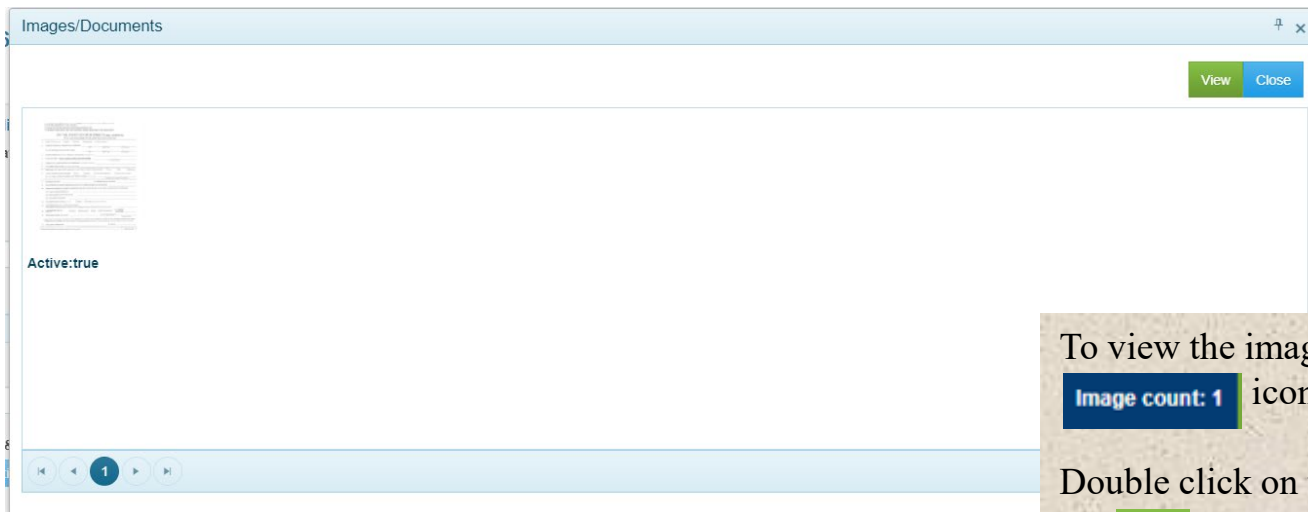


5. The Image Editor dialog will appear. Click the Save to File button.

Scan & Attach Birth Worksheets



6. The **Image count: 1** icon located on the top corner of the page will reflect the attached image/document.

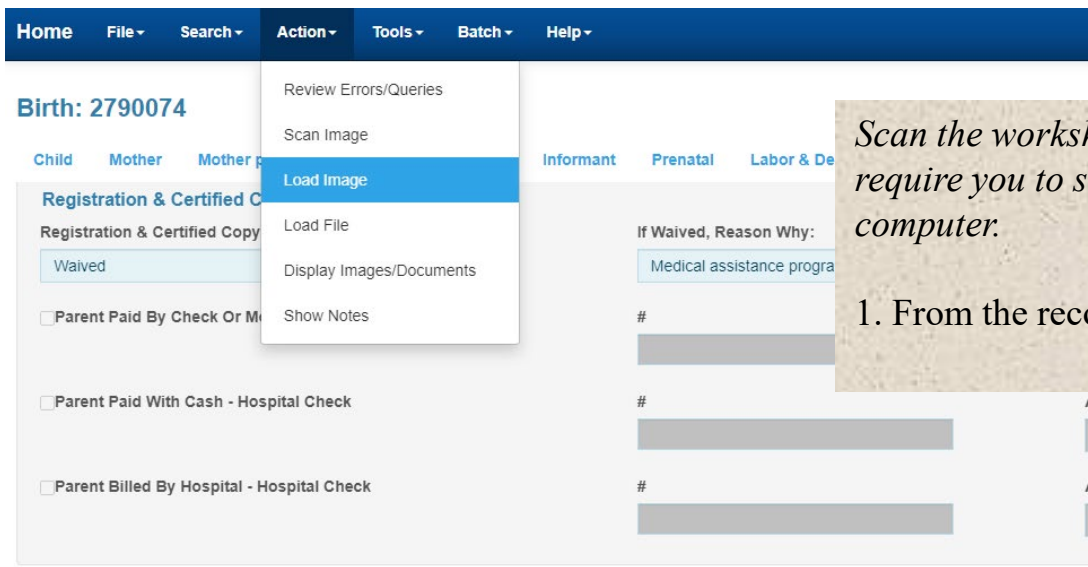


To view the image/document, click on the **Image count: 1** icon.

Double click on the document or click on the **View** button.

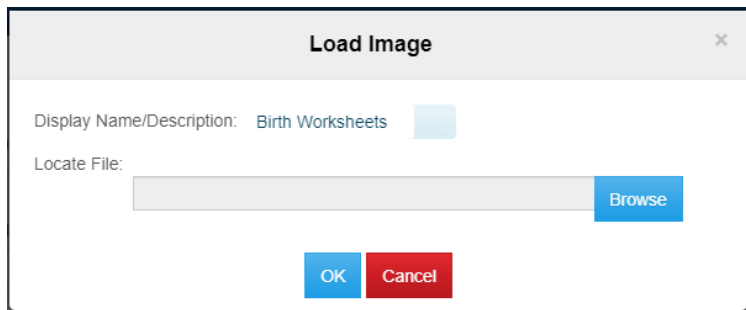
Scan & Attach Birth Worksheets

Option 2: Load Image from File (if you have a scanner that requires you to save it as an image.



*Scan the worksheets through your scanner which will require you to save the Image as a **jpeg or tiff** on your computer.*

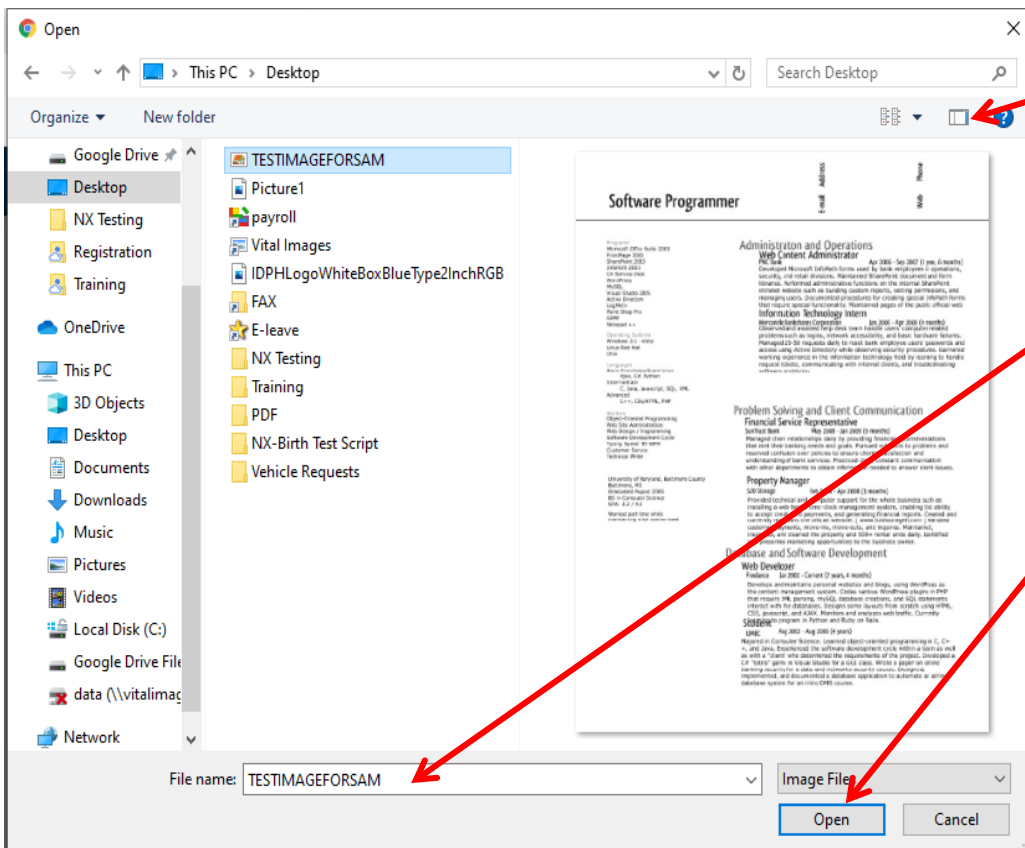
1. From the record, click on **Actions > Load Image**




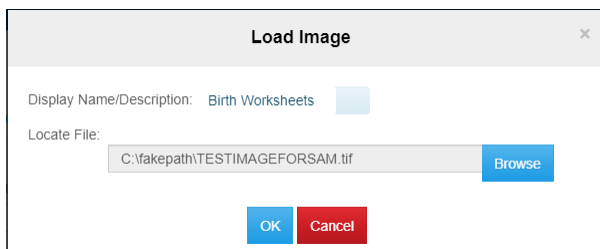
2. Load Image screen will appear. Enter ***“Birth Worksheets”*** as the Description.


Then click on the **Browse** button.

Scan & Attach Birth Worksheets

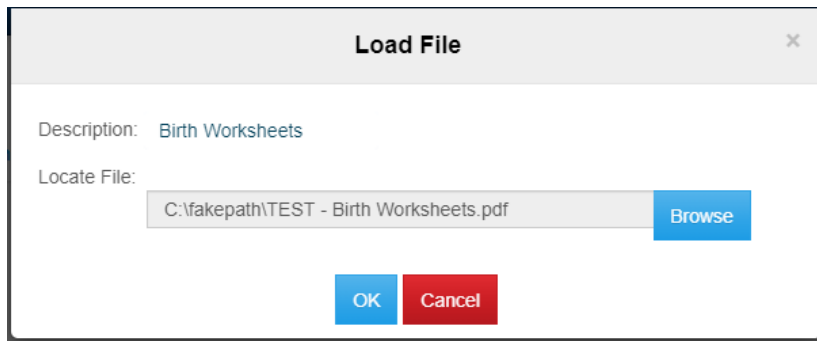


- 3. On the open screen, click on the (3 panels)  icon on the upper right hand corner. This will allow you to preview the image/document.
- 4. Find the saved image file. Click on the image file which will filter into the “File name” field.
- 5. Click on the open button, which takes you back to the Load Image screen.

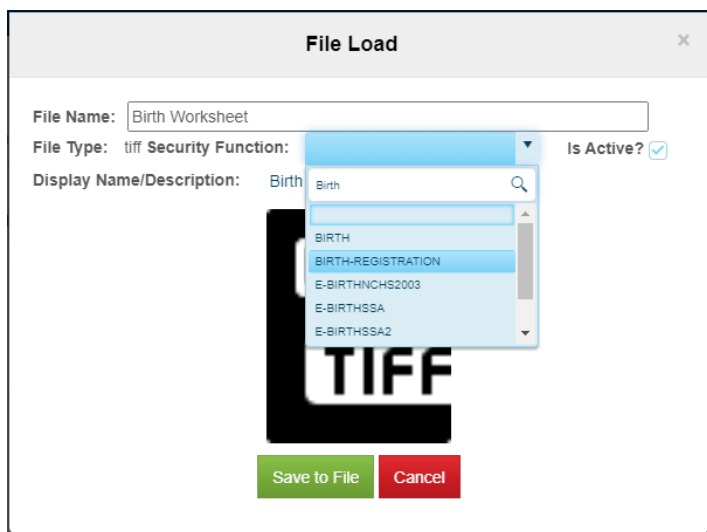


- 6. The file name appears in the Load Image screen. Click  button.

Scan & Attach Birth Worksheets



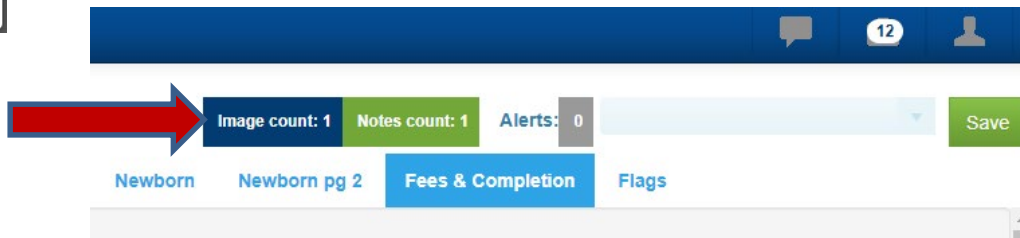
7. On the Load Image screen the file name populates in the field. Click the **OK** button.



8. The File load screen appears with the attached document. Enter **Birth-Registration** in the *Security Function* field.

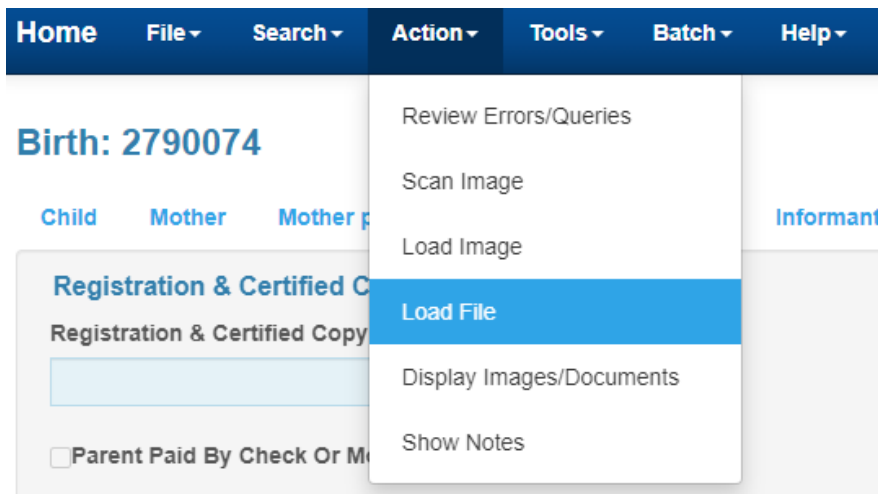
Click the **Save to File** button.

To view the image, click on the **Image Count** box located in the upper right corner of the record.



Scan & Attach Birth Worksheets

Option 3: Load PDF or Word Document (If you have a scanner that requires you to save it as a PDF or Word Document)



*Scan the worksheets through your scanner which will require you to save the Image as a **PDF** or a **Word Document** on your computer.*

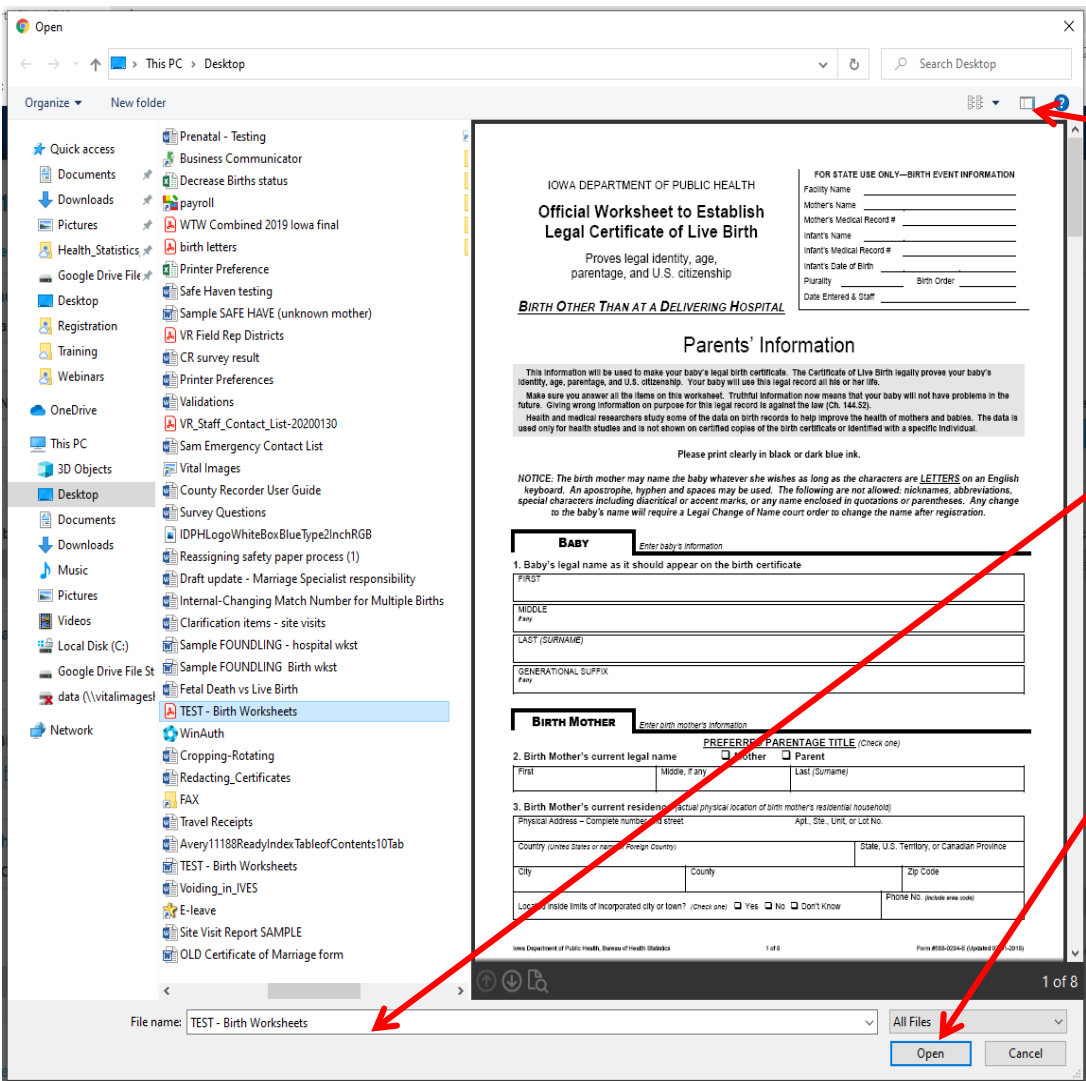
1. On the record, click on the Actions menu>Load PDF/Word Document.



2. Load File screen will appear. Enter "**Birth Worksheets**" as the Description.

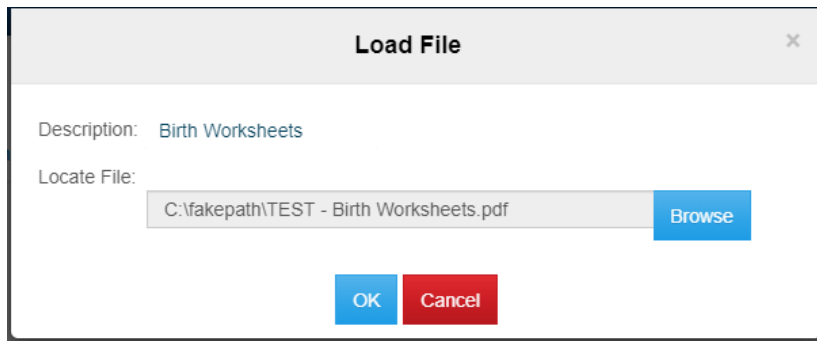
Then click on the **Browse** button.

Scan & Attach Birth Worksheets

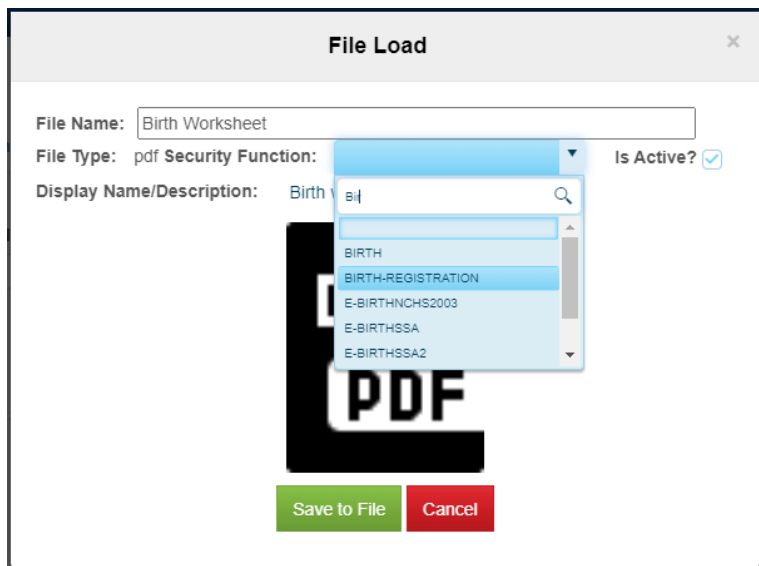


- 3. On the new screen, click on the 3 panel icon on the upper right hand corner. This will allow you to preview the image/document.
- 4. Find the saved image file. Click on the image file which will filter into the “File Name” field.
- 5. Click on the open button, which takes you back to the Load Image screen.

Scan & Attach Birth Worksheets



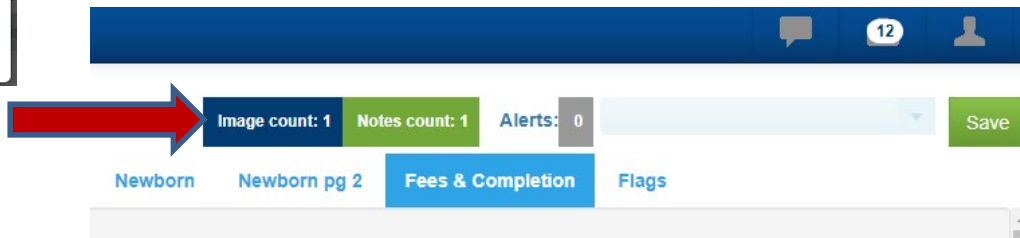
6. On the Load Image screen the file name populates in the field. Click the **OK** button.



7. The File load screen appears with the attached document. Enter **Birth-Registration** in the *Security Function* field.

Click the **Save to File** button.

To view the image, click on the **Image Count** box located in the upper right corner of the record.



Multiple Birth Event – BABY A


In this example, this multiple birth event is the birth mother’s first pregnancy.

BABY A: Begin the birth record: <File> → <New > → <Birth> or **Ctrl + I**.

Enter all information on BABY A until the *Newborn* tab, *Plurality* section.


The Plurality field defaults to 1. For a multiple birth event, enter 2, 3, etc. The system will also generate a birth match number in the *Multiple Match Number* field.

Plurality	Birth Order - Number	Number Of Infants Born Alive This Delivery	Multiple Match Number
02			222



<Tab> to the *Birth Order-Number* field and enter the birth order, then <Tab> to the *Number of Infants Born Alive This Delivery Field* and enter the number of infants born alive in this birth event.

Plurality	Birth Order - Number	Number Of Infants Born Alive This Delivery	Multiple Match Number
02	01	02	222



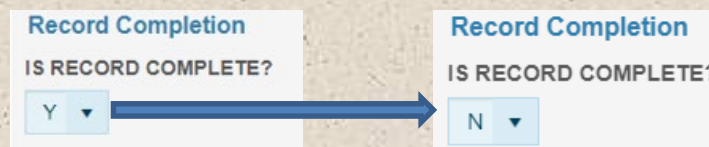
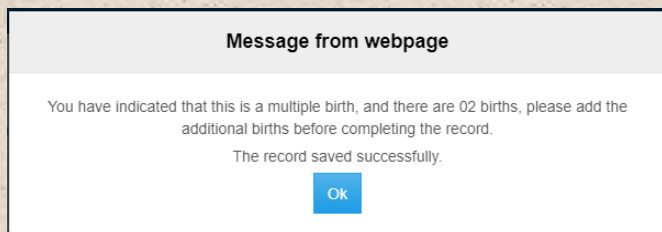
Continue entering the rest of the items until the *Fees & Completion* tab.

Multiple Birth Event – BABY A

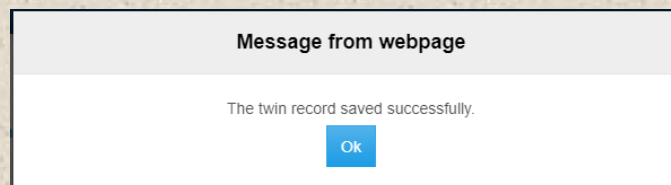
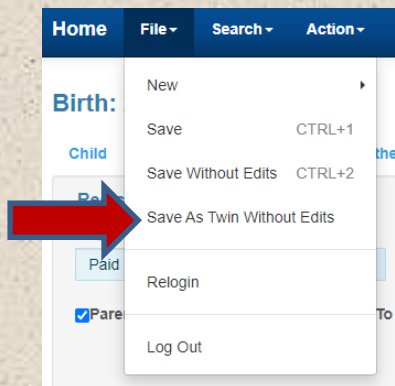
On the *Fees & Completion* tab. Enter all the items and enter Y for “Yes” in the *Record Complete* field and SAVE.

A message indicating there is a multiple birth and to add the additional birth before completing the current record. This means the system will not allow BABY A to be registered until BABY B is created. Click the **OK** button. This will cause the *Record Complete* field to change the Y to a N.

Do NOT close the record.



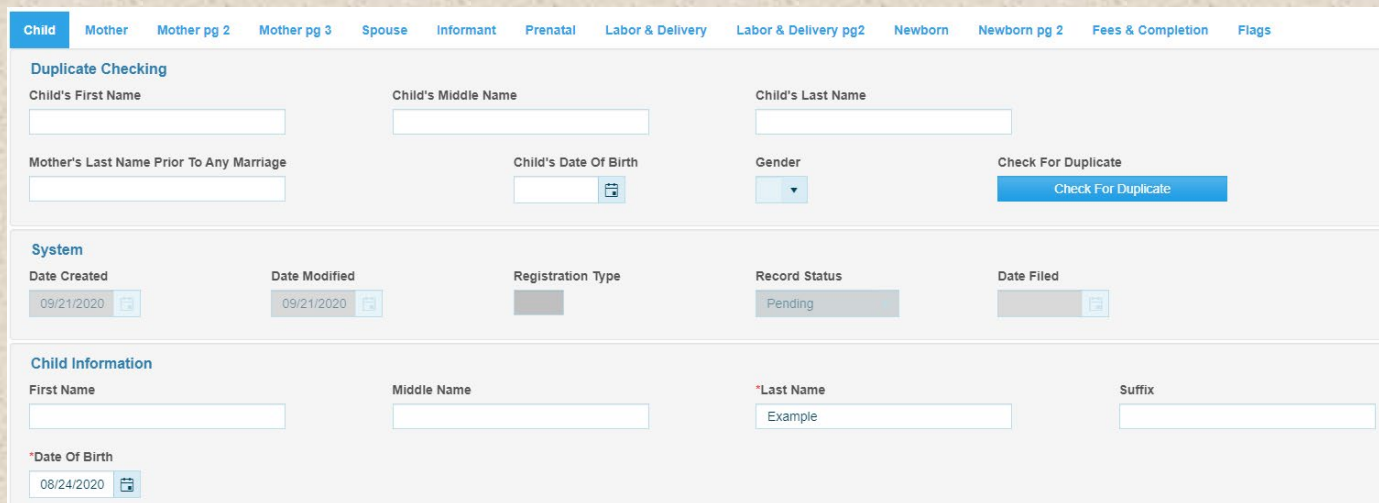
On the same record, go to the File Menu and click Save As Twin Without Edits. A message appears confirming the twin record is saved. Click the **OK** button. This causes BABY A's record to move to the pending Work Queue to be register later and removes all of Baby A's information on the displayed record, allow entry of Baby B's information.



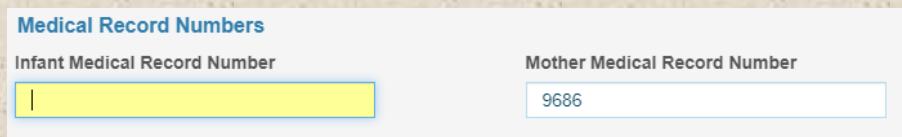
Multiple Birth Event – BABY B

Click on the *Child* tab. All of BABY A's information has been cleared except for the last name and the date of birth.

Begin entering **BABY B's** information in the Duplicate checking paragraph. Then click on the *Check for Duplicate* bar. The information from the duplicate check will automatically fill in the child's information fields.



Tab to the *Mother* tab and enter **BABY B's** medical record number. All the remain items on *Mother* tab are pre-populated from BABY A's information.



Skip over the *Mother Pg2*, *Mother Pg3* and *Spouse* (if applicable) tabs to the *Informant* tab. These fields are also pre-populated from BABY A's information.

Multiple Birth Event – BABY B


On the *Informant* tab. The informant name is pre-populated. Enter all remaining items on this tab.

Tab to the *Prenatal* tab. The information is pre-populated EXCEPT for the *Previous Live Births* and *Other Pregnancy Outcomes* paragraphs. Enter “N” in the *NO Previous Live Births* field.

NO Previous Live Births

N ▼

Number Of Previous Live Births-Now Living Number Of Previous Live Births-Now Deceased Date Of Last Live Birth

01 00 08/24/2020 


Baby A is ALIVE

Tab to the *Number of Previous Live Births-Now Living* field, enter “1”. Tab to *Number of Previous Live Births – Now Deceased* field, enter “0”. Tab to *Date of Last Live Birth* field and enter **BABY A’s** date of birth.

NO Previous Live Births

N ▼

Number Of Previous Live Births-Now Living Number Of Previous Live Births-Now Deceased Date Of Last Live Birth

00 01 08/24/2020 

(Baby A was ALIVE then DIED)

Tab to the *Number of Previous Live Births-Now Living* field, enter “0”, if **BABY A** was NOT alive. Tab to *Number of Previous Live Births – Now Deceased* field, enter “1”. Tab to *Date of Last Live Birth* field and enter **BABY A’s** date of birth.

Multiple Birth Event – BABY B

Enter “Y” in the *NO Other Pregnancy Outcomes Not Resulting in Live Birth* field. (**Baby A is ALIVE and no other prior previous outcomes not resulting in live birth**). The remaining fields in this paragraph will auto-populate.

NO Other Pregnancy Outcomes Not Resulting In Live Birth

Total Number Of Other Pregnancy Outcomes

Date Of Last Other Pregnancy Outcome

If BABY A in this birth event were **NOT** born alive (e.g., miscarriage or stillborn), enter “N” in the *NO Other Pregnancy Outcomes Not Resulting in Live Birth* field.

Then enter the total number and the date of the last other pregnancy outcomes.

NO Other Pregnancy Outcomes Not Resulting In Live Birth

Total Number Of Other Pregnancy Outcomes

Date Of Last Other Pregnancy Outcome

Multiple Birth Event – BABY B

Continue entering all items in the *Prenatal, Labor & Delivery and Labor & Delivery pg 2* tab until *Newborn* tab, *Plurality* section. The *Plurality* and *Birth Match Number* default to that of **BABY A**.

Child Mother Mother pg 2 Mother pg 3 Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg2 **Newborn** Newborn pg 2 Fees & Completion Flags

Newborn Weight/Gestation/Gender/Apgar/Plurality/Birth Order
Obtain from labor & delivery summary, newborn history & physical, and newborn medical admission record.

Weight Unit: G ▾ Grams: Pounds: Ounces: Obstetric Estimate Of Gestation:

*Gender: M ▾

If APGAR test was not taken enter 88. If APGAR score is Unknown enter 99. 5 Min APGAR: 10 Min APGAR:

Plurality: Birth Order - Number: Number Of Infants Born Alive This Delivery: Multiple Match Number:

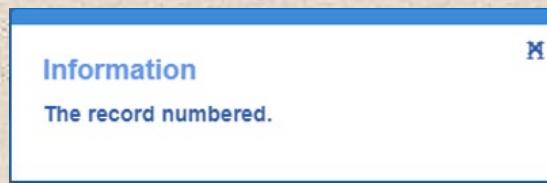
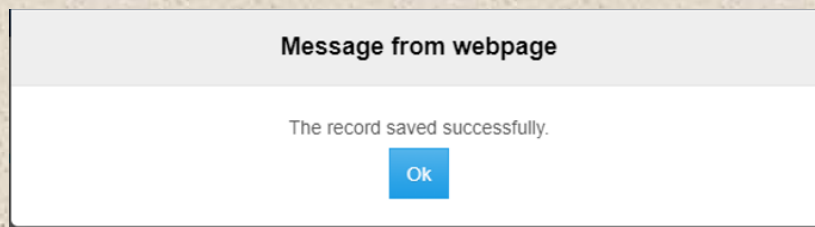
<Tab> and enter the birth order of **BABY B** and the total number born alive in this delivery.

Plurality: Birth Order - Number: Number Of Infants Born Alive This Delivery: Multiple Match Number:

Continue entering the remaining fields for **BABY B** until you reach the *Fees & Completion* tab.

Multiple Birth Event – BABY B

On the *Fees & Completion* tab, enter the fee status, then **Tab** to the Record Complete field and enter Y and SAVE. A message will appear indicating the record saved successfully along with the record is numbered (if there is no validations for the state to review). Click **OK**.

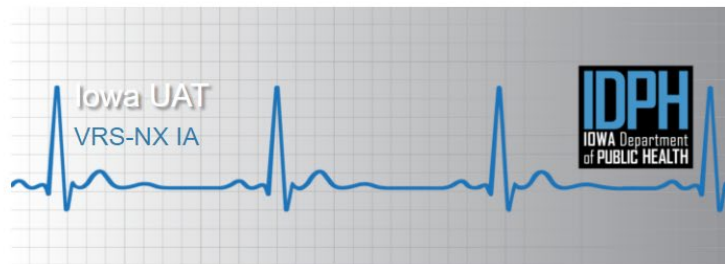


You are not done yet! Don't forget BABY A's record is in the Work Queue

Click on the Home menu to get to the Work Queues.

If this multiple birth event has more than two, repeat the same process.

Multiple Birth Event – Registration



Work Queues

- B Facility Record - Pending 8
- B Facility Record - Rejected 1



On the Home screen, click on B Facility Record-Pending under the Work Queues area.

Work Queue: B Facility Record - Pending

Search Criteria Search Result

Flat View Images: 0 Notes: 0 Display

State File Number	County of Birth	Year of Birth	Local File Number	Record Status	Child's First Name	Child's Middle Name	Child's Last Name
	Polk	2020	IA-Test2-2020000127	Pending	Kealeey	Moriah	Sunqu
	Polk	2020	IA-Test2-2020000138	Pending	Test	Ting	Samp
	Polk	2020	IA-Test2-2020000150	Pending	Baby	Girl	Haver
	Polk	2020	IA-Test2-2020000167	Pending	Bin		Gee
	Polk	2020	IA-Test2-2020000180	Pending	Bronze		Nicho
	Polk	2020	IA-Test2-2020000185	Pending			Newb
	Polk	2020	IA-Test2-2020000186	Pending	Baby A		Newb
	Polk	2020	IA-Test2-2020000187	Pending	Twin A		Newb
	Polk	2020	IA-Test2-2020000188	Pending			Newb
	Polk	2020	IA-Test2-2020000189	Pending	Twin A		Baby
	Polk	2020	IA-Test2-2020000154	Pending	Twin	A	Test
	Polk	2020	IA-Test2-2020000160	Pending	Fast	Lee	Pace
	Polk	2020	IA-Test2-2020000161	Pending	Slow	Ure	Pate
	Polk	2020	IA-Test2-2020000182	Pending	Twin A		

1 - 14 of 14 items

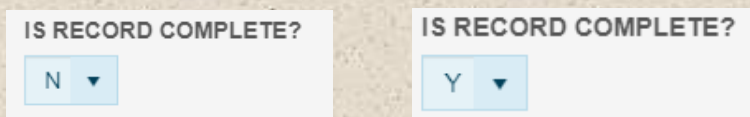


In the pending work queue open BABY A's record by highlighting the record in the pending list and either double-clicking the entry, or select the Display button.

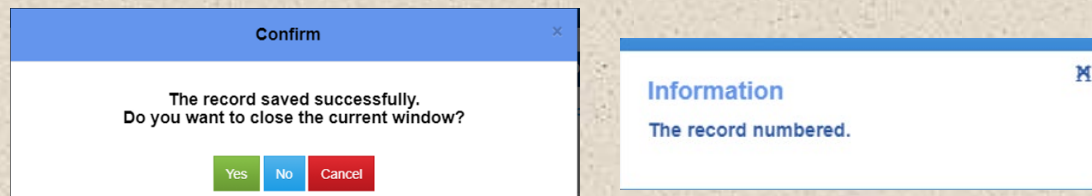


Multiple Birth Event – Registration

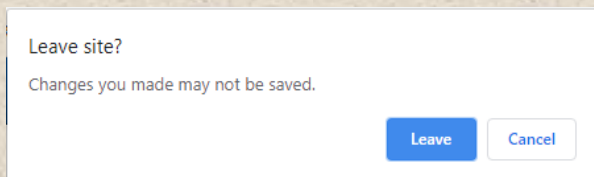
At **BABY A**'s record, go to the Fees & Completion tab. *On the Record Completion* status, change the N for “No” to a Y for “Yes” and click on **Save**



Two messages will appear indicating the record has been numbered (if there is no validations for the State to review) and the record saved successfully. Click **Yes** to leave the record.



A final message will appear asking if you want to leave the record, click **Leave**. This will return back to the prior screen.



Registration Rejected – Review Errors

Some validation edits permit the user to select Queried and Verified for items which are correct as entered according to the hospitals records, or overridden. This allows the record to be saved as complete and submitted for registration; however, it puts the record on hold until state vital records staff have reviewed it.

When state staff review the record, they will make a determination based on looking at the Review Errors and Queries, the questionable data as entered in the fields, and any notes made by hospital staff.

Notes									
Notes Id	Field Name	Note	Create Date	Modify User Id	Modify User	Modify Date	Is Active	Application Function	
179	B2_MOTHER_PRE_PREG_WT		2020-08-27T09:02:00.553	26560	Nichols, Sammui	2020-08-27T09:02:00.553	true	BIRTH-REGISTRATION	View Delete
180	MENSES_DATE_STRING	confirmed-nothing on mother's ...	2020-08-27T09:02:56.363	26560	Nichols, Sammui	2020-08-27T09:02:56.363	true	BIRTH-REGISTRATION	View Delete
181	REJECTED_YN	Please verify and make note if...	2020-08-27T15:32:07.9323567-04:00	26722	Nichols, Sammui	2020-08-27T15:32:07.9323567-04:00	true	BIRTH-REGISTRATION	View Delete

New Close

If the record is found unacceptable as is, it will be **“rejected”** back to the hospital and accessible to the user for clarification or correction. An email notification will be mailed to the user.

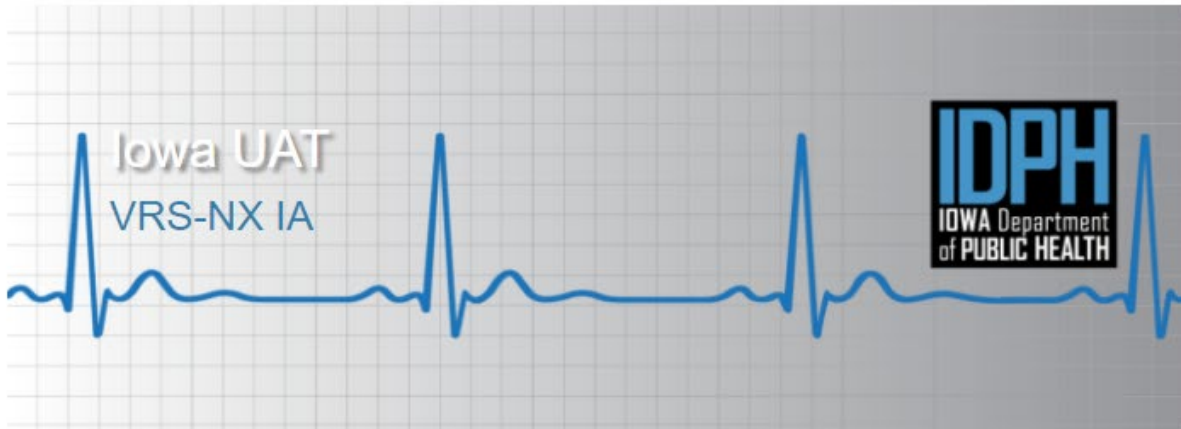
Registration Rejected – Notification

A system-generated email will go out to the hospital’s users that there is a record in rejected status. Any issue with the birth record should be resolved promptly to facilitate registration by logging in and checking the **Work Queue**.



Hospital users should regularly check their **Work Queues** for **Rejected** records, as well as check their **Pending** queue to ensure that all records are filed in a timely manner.

Registration Rejected – Work Queue



Work Queues

B Facility Record - Pending 12

B Facility Record - Rejected 2

Messages 0



The Work Queues are located on the Home page. Click on the **B Facility Record – Rejected** to access the **Rejected** record(s).

To display the rejected record, either **double-click** the entry, or highlight and select the **<Display>** command at the top right hand corner.

Work Queue: B Facility Record - Rejected

Search Criteria Search Result

Flat View Images: 0 Notes: 2 Display

Group By:

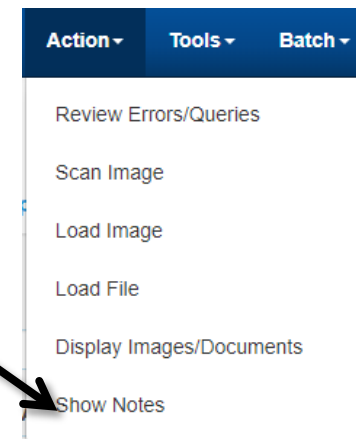
State File Number	County of Birth	Year of Birth	Local File Number	Record Status	Child's First Name	Child's Middle Name	Child's Last Name
	Polk	2020	IA-Test2-2020000148	Rejected	Kitty	Ka	Kat
	Polk	2020	IA-Test2-2020000149	Rejected	Bugs		Bunny

Registration Rejected – Review Notes

Go to the main menu bar and select **Action > Show Notes** or **double-click** on the **Notes count: 3** button located on top screen to see the reason for the rejection.

Click on the **View** button to read the entire message.

The notes are created by hospital users and state staff to address a specific field. Each field may have multiple notes – for example, one originally from the hospital user, and another from the state staff when rejecting the record.



Notes Id	Field Name	Note	Create Date	Modify User Id	Modify User	Modify Date	Is Active	Application Function		
192	MENSES_DATE_STRING	verified - nothing in her medi...	2020-09-17T10:03:30.823	26722	Nichols, Sammui	2020-09-17T10:03:30.823	true	BIRTH-REGISTRATION	View	Delete
196	REJECTED_YN	No Birth Mother and Hospital M...	2020-09-24T10:20:17.5739537-04:00	26722	Nichols, Sammui	2020-09-24T10:20:17.5739537-04:00	true	BIRTH-REGISTRATION	View	Delete
197	BIRTH_WEIGHT_GRAMS	Baby' weight of 2000 verified...	2020-09-24T10:23:07.0899476-04:00	26722	Nichols, Sammui	2020-09-24T10:23:07.0899476-04:00	true	BIRTH-REGISTRATION	View	Delete

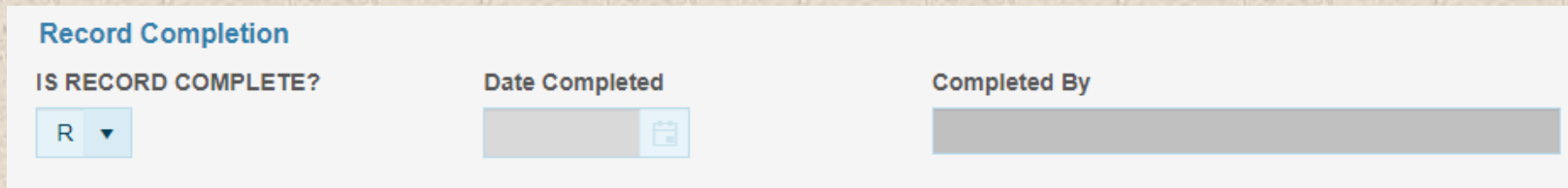
[New](#)
[Close](#)

Registration Rejected – Resubmitting

Make the appropriate correction.

If there is no corrections to be made but requires a validation to the data on the record or required supporting documentations.

1. Make a Note in the record to validate the data or attach the attach the birth worksheets/supporting documentations.
2. Then return to the Record Completion paragraph in the *Fees & Completion* tab. Enter **Y** for “Yes,” and **Save**. If the validations cannot be changed, the record will run through the same process as before and be reviewed by State staff prior to being accepted for registration.



The screenshot shows a form titled "Record Completion" with three main sections: "IS RECORD COMPLETE?", "Date Completed", and "Completed By".

IS RECORD COMPLETE?	Date Completed	Completed By
<input type="text" value="R"/>	<input type="text"/>	<input type="text"/>

State Office Use Only

Home File Search Action Tools Batch Help

Birth: New Image count: 0 Notes count: 0 Alerts: 0 Save

Child Mother Mother pg 2 Mother pg 3 Spouse Informant Prenatal Labor & Delivery Labor & Delivery pg 2 Newborn Newborn pg 2 Fees & Completion **Flags**

Flags System

Year Of Birth Check Truncation Local File Number User

Create User Location BirthID

Death Info

Death Occurred Date of Death Age

State File Number Out-of-State File No. Death Matched

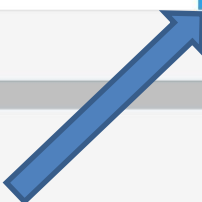
Interfaces

SSA Status Date Sent

STEVE Status Date Sent

Out-of-State

OOS SFN Number OOS Event Year



The "Flags" tab is for State office use only for after the birth record is registered. Therefore, the fields are inactivated at the facility level.

Summary of Fee Report – Required Report

The *Summary of Fee Report* is system-generated and will pick up only those records saved as complete, including those not state-file-numbered due to validations that were overridden and must be reviewed by the State.

A *Summary of Fee Report* must be submitted **weekly** to the state listing the birth records registered during that week and the fee payment status for each.

R = _____
VR = _____
GP = _____

IOWA DEPARTMENT OF PUBLIC HEALTH, BUREAU OF HEALTH STATISTICS
SUMMARY OF FEES REPORT
Birth Registration and Certified Copy Fees

Facility Name: Total Number of Pages of this Report:
 Address: Total Number of Birth Records on this Report:
 City, State, ZIP: Total Number of Records Reported:
 Total Amount of Fees Declared:

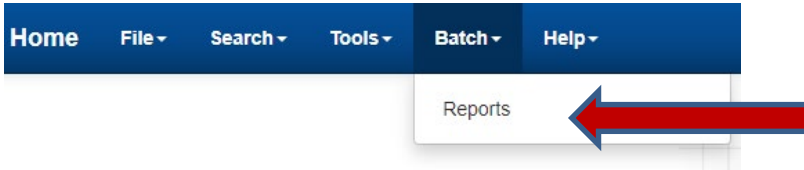
Date Completed Range			Registration & Certified Copy Fees						
Date of Birth	Child's Name	Mother's Current Name	Date Completed	Filed	Not Paid	Mailed	Check # MO #	Resp Check #	Amount
02/03/2020	Estelae M Wilchuck	Sam M Wilchuck	02/03/2020	x			168		\$25.00
02/10/2020	Michael Teal	Michelle Teal	02/10/2020	x			15		\$25.00
02/20/2020	Catherine M Wilchuck	Sam M Wilchuck	02/20/2020	x			293		\$25.00
02/20/2020	Alanna M Wilchuck	Sam M Wilchuck	02/20/2020			x			\$0.00
02/20/2020	Sabara M Wilchuck	Sam M Wilchuck	02/20/2020			x			\$0.00
03/02/2020	Phoenia M Wilchuck	Sam M Wilchuck	03/02/2020	x			215		\$25.00
03/18/2020	Audiana Sarah Wilchuck	Sam M Wilchuck	03/18/2020	x			294		\$25.00
03/20/2020	Michael Teal	Michelle Teal	03/20/2020	x			3		\$25.00
03/23/2020	Michigien L Wilchuck	Sam M Wilchuck	03/23/2020	x			494		\$25.00
03/23/2020	Georgia M Wilchuck	Sam M Wilchuck	03/23/2020	x				244	\$25.00
03/24/2020	Teal Michael	Michelle Michael	03/24/2020	x			3		\$25.00
03/24/2020	Michael Tealony	Michelle Tealony	03/24/2020	x			3		\$24.00

Signature of Hospital Staff: _____ Date: _____
 Submit original to the Iowa Department of Public Health/Vital Records with fee payments - Maintain copy in hospital records (if paid) Page 1 of 2

A copy of the Fee Report must be signed and dated, then mailed to the State birth registration staff along with fee payments. Fees are payable by check or money order only. If the hospital accepts cash, the hospital must cut a check. Hospitals may choose to bill those new parents capable of paying the fee, then cutting a hospital check on behalf of the parent(s). Hospitals may not charge the parent a billing fee.

The *Summary of Fee Report* should also be used by the hospital to audit with their delivery room log to ensure that a record has been filed for all live-born births occurring at or en route to the hospital.

Summary of Fee Report – Printing the Report

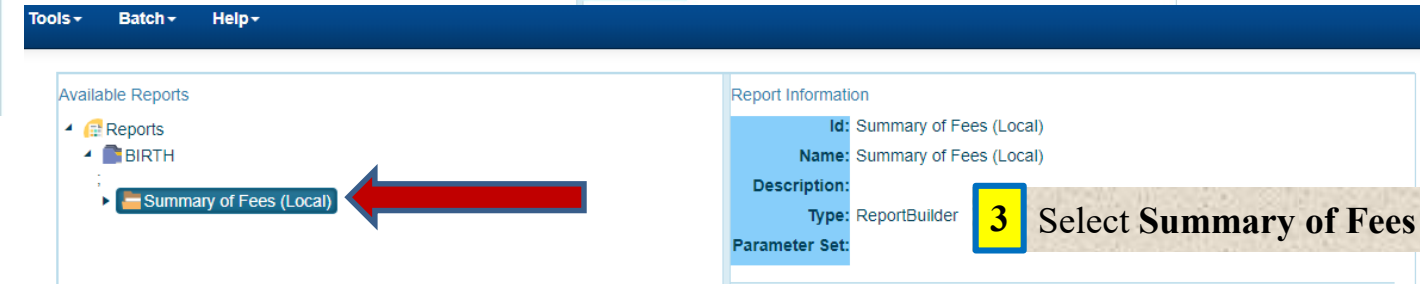


1 To access the *Summary of Fee Report*, go to <Batch> → <Reports>.

Make sure your printer is set up under your profile



2 Select **BIRTH**.



3 Select **Summary of Fees (Local)**.



4 Select **RECORD IS COMPLETE DATE** and the parameter field will open.

Summary of Fee Report

Printing the Report (continue)

Batch ▾ Help ▾

Available Reports

- Reports
 - BIRTH
 - Summary of Fees (Local)

Report Information

Id: Summary of Fees (Local)
Name: Summary of Fees (Local)
Description:
Type: ReportBuilder
Parameter Set:

Parameters

Facility Name: @USERLOCATION_DESC
RECORD_IS_COMPLETE_DATE: 05/01/2020,05/06/2020

RECORD_IS_COMPLETE_DATE: 05/01/2020,05/06/2020

Enter the Record is Complete date as a range such as: 05/01/2015,05/08/2015

Preview Execute

5 Enter the **Range of Completion Dates** in the parameter field.

- You must use slashes between the month, day, and year – not hyphens.
- You must enter two dates, even if they are the same date (indicates one day's worth of records).
- Use a comma to separate the two dates.


6 Click **Preview** to view report

The *Summary of Fee Report* will show all the birth records filed as complete during the time period specified in the date range.

All fee payments (checks/money order) should match with the total amount for the reporting period.

The screenshot shows the 'VR Report Service' window. At the top, it displays 'IOWA DEPARTMENT OF PUBLIC HEALTH BIRTH RECORDS' and 'SUMMARY OF FEES REPORT'. Below this, there are fields for 'Facility Name' (Michael Children Best Developmental) and 'Address' (2007 48th Ave SW, Grand Rapids, MI 49508). A table titled 'Data Compared Range' lists birth records with columns for Date of Birth, Child's Name, Mother's Name, and Date. The table contains 15 rows of data. In the top right corner of the window, there is a 'Print' button (represented by a printer icon) and a 'Send Email' button. A close button (X) is also visible in the browser tab area.

Date of Birth	Child's Name	Mother's Name	Date
1/05/2020	Tracy P Wilcox	Alexander M Wilcox	5/20
1/05/2020	Isaac P Wilcox	Sam M Wilcox	7/3
1/17/2020	Walter M Wilcox	Sam M Wilcox	7/3
3/02/2020	Phoenia M Wilcox	Sam M Wilcox	3/22
3/19/2020	Audrina Sarah Wilcox	Sam M Wilcox	3/22
3/20/2020	Michael Teer	Michael Teer	3/22
3/25/2020	Michelle S Wilcox	Sam M Wilcox	3/22
3/25/2020	Georgia R Peach	Sam M Wilcox	3/22
3/26/2020	Deer Michael	Michael Michael	3/22
3/26/2020	Michael Teasing	Michael Teasing	3/22
3/27/2020	Shaw Meesha Wilcox	Sam M Wilcox	3/22
3/27/2020	Reanna M Wilcox	Sam M Wilcox	3/22

7 Click the **PRINT**  in the top right corner of the window.

8 Click the **X** of the browser tab to close the report window.

Summary of Fee Report – Preview Layout

Close Report

Hospital

Birth records filed as complete during the range of dates indicated

Information pre-populates

Number of pages

Print

State Use Only

Totals based on data entry in the records

Zoom screen

1 / 3

Send Email

IOWA DEPARTMENT OF PUBLIC HEALTH, BUREAU OF HEALTH STATISTICS

Facility Name equal Perfect Children Born Everyday Hospital
RECORD_IS_COMPLETE_DATE between 03/01/2020,08/01/2020

SUMMARY OF FEES REPORT
Birth Registration and Certified Copy Fees

R = _____
VR = _____
GF = _____

Total Number of Pages of this Report: 3
Total Number of Birth Records on this Report: 33
Total Number of Affidavits Enclosed: 5
Total Amount of Fees Enclosed: \$13,660.00

Date Completed Range		Registration & Certified Copy Fees							
Date of Birth	Child's Name	Mother's Current Name	Date Completed	Paid	Not Paid	Waived	Check or MO #	Hosp Check #	Amount
1/10/2020	Yoyo Y Nichols	Jennifer M Nichols	5/26/2020			X			\$0.00
1/15/2020	Joe P Nichols	Jennifer M Nichols	7/3/2020			X			\$0.00
1/17/2020	Winnie M Nichols	Sam M Nichols	7/3/2020			X			\$0.00
3/2/2020	Phoenix M Nichols	Sam M Nichols	3/2/2020	X			3215		\$35.00
3/19/2020	Alabama South Nichols	Sam M Nichols	3/25/2020	X			394		\$35.00
3/20/2020	Michael Test	Mother Test	3/20/2020	X			3		\$25.00
3/25/2020	Michigan L Nichols	Sam M Nichols	3/25/2020	X			494		\$35.00
3/25/2020	Georgia N Peach	Sam M Nichols	3/25/2020	X				344	\$35.00
3/26/2020	Test Michael	Mother Michael	3/26/2020	X			3		\$3.00
3/26/2020	Michael Testing	Mother Testing	3/26/2020	X			3		\$3.00
3/27/2020	New Mexico Nichols	Sam M Nichols	3/27/2020	X			499		\$35.00
3/27/2020	Kansas M Nichols	Sam M Nichols	3/27/2020			X			\$0.00

Contact Information

Birth Registration Staff

(515) 725-2522

Provides assistance to hospital staff with concerns about establish a birth record. This includes general questions on the birth worksheets, querying hospitals when proof of information, establishing paternity, summary of fee report, etc.

Field Representative

(515) 281-5002

Provides oversight for the birth registration program. This includes providing training on birth registration and other educational training.

IVES Helpdesk

(866) 309-0831

Provides technical support for the electronic birth registration system (IVES-NX).