

# **IOWA**

# **ELECTRONIC BIRTH REGISTRATION HOSPITAL MANUAL**

**GUIDE IN UTILIZING THE IOWA VITAL  
EVENT SYSTEM-NEXT GENERATION**

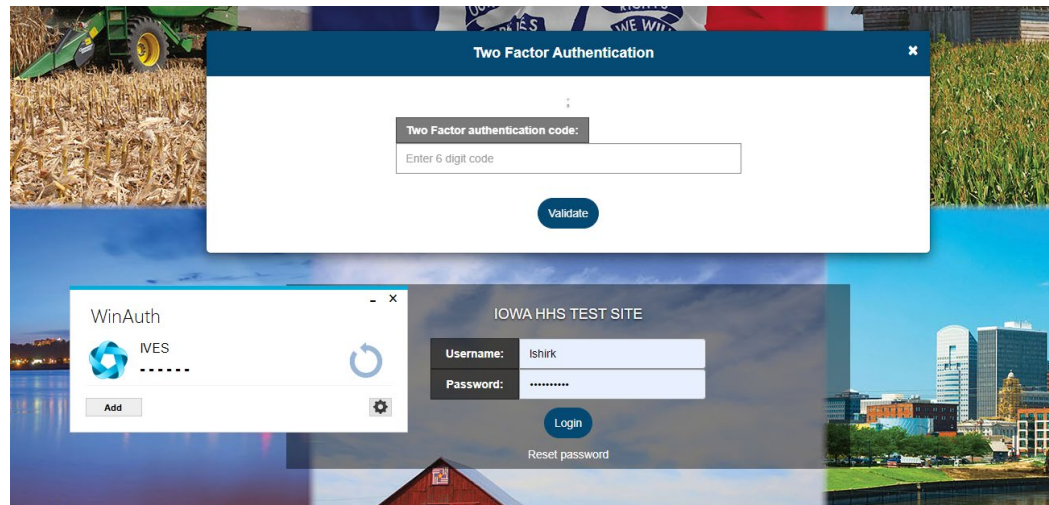
**REVISION 7/2025**

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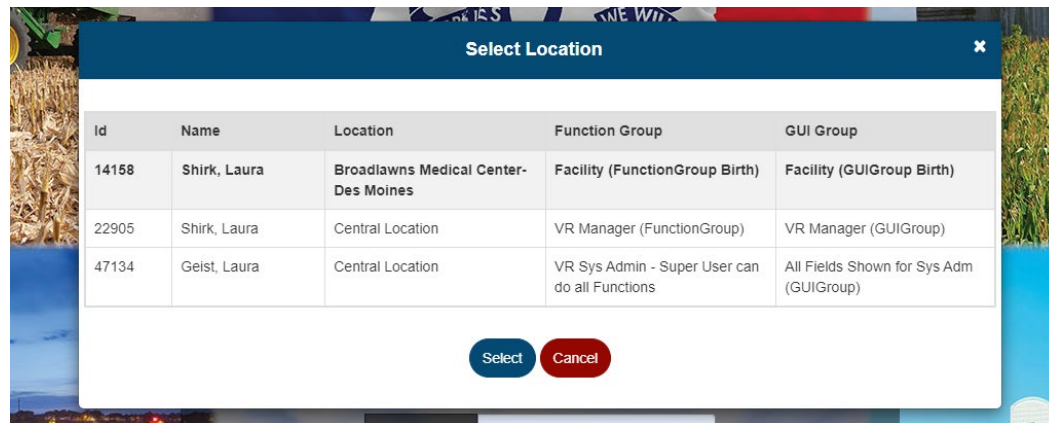
# Login

1. Enter Username 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).
2. Enter Two Factor authentication code, using the Win Auth code (Refer to NX Two-Factor Authentication (2FA) Setup Instructions).



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.

**\*Location will appear on the child's legal certified birth certificate- make sure to choose the correct birthing facility\***



# Home Screen

Home

File

Search

Tools

Batch

Administration

Help

Messages

0

User

IOWA

Health and Human Services  
Public Health

ATTENTION ALL USERS!

All users of the IVES are required to log into the system themselves using the username and password assigned to them by the state. It is a violation of the IVES Participation Agreement to use someone else's username and password to access IVES.

Work Queues

B Facility Record - Pending0

B Facility Record - Rejected0

Searches

No favorite searches.

Announcement

Messages

From	Subject	Message	Received	Event	Local File Number
No messages to show.					

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Back to top

Main Menus:

File

Create **NEW** birth events; Change User Location; Log Out

Search

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

Batch

Create and print Summary of Fee Reports

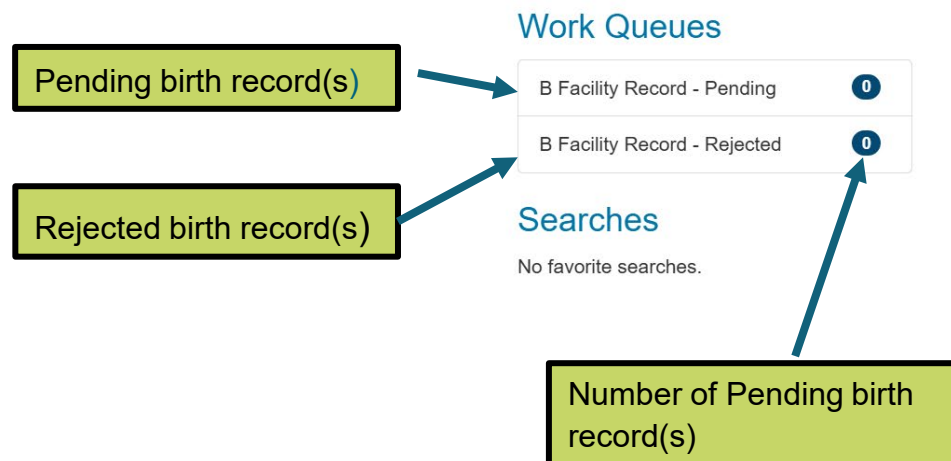
Administration

Change Password

Help

Quick access to Birth Hospital User Manual, link to the Birth VR portal, etc.

# Home Screen - Work Queues



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 within seven days after the birth.

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		Charm

# Record Organization

The screenshot shows a web application for record organization. At the top is a dark blue navigation bar with a 'Main Menu' (containing Home, File, Search, Action, Tools, Batch, Administration, Help) and a 'Record ID' field. Below the navigation bar is a 'Tab' section with tabs for Child, Mother, Mother pg 2, Mother pg 3, Spouse, Informant, Prenatal, Labor & Delivery, Labor & Delivery pg2, Newborn, Newborn pg 2, Fees & Completion, and Flags. The main content area is divided into several sections: 'Duplicate Checking' (with fields for Child's First Name, Middle Name, Last Name, Mother's Last name prior to any marriage, Child's date of birth, Gender, and a 'Check for Duplicate' button), 'System' (with fields for State File Number, Date Created, Date Modified, Registration Type, Record Status, and Date Filed), 'Child Information' (with fields for First Name, Middle Name, Last Name, Suffix, Child Date of Birth, and a 'No First Name' checkbox), and 'Place of Birth' (with fields for Type of place of birth, Facility Name Or Address Of Home, Address, City of birth, County of birth, Zip Code, and Inside City Limits). Annotations with arrows point to various elements: 'Main Menu' points to the navigation bar; 'Record ID' points to the 'Birth: New' field; 'Tab' points to the 'Child' tab; 'Image counts' points to the 'Image count: 0' button; 'Notes' points to the 'Notes count: 0' button; '# of Alerts' points to the 'Alerts: 0' button; 'Type of Alerts' points to the dropdown menu; 'Paragraph (blue titled section)' points to the 'System' section; 'Field' points to the 'First Name' field; and 'Not applicable for entry (grayed out)' points to the 'Child Date of Birth' field.

**Main Menu**

**Record ID**

**Tab**

**Image counts**

**Notes**

**# of Alerts**

**Type of Alerts**

Home File Search Action Tools Batch Administration Help

Birth: New

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 ☐ No First Name

Mother's Last name prior to any marriage Child's date of birth Gender

Check for Duplicate

**System**

State File Number Date Created Date Modified Registration Type Record Status Date Filed

**Child Information**

First Name Middle Name Last Name Suffix

☐ No First Name Child 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

**Paragraph (blue titled section)**

**Field**

**Not applicable for entry (grayed out)**

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# Basic Conventions

- ▶ Date Fields - Slashes for date fields are masked in- just type the numerals or click on the calendar. MM/DD/YYYY
- ▶ Hyphens for any numeric field are masked in-just type the numerals.
- ▶ **<Tabbing>** between fields is the **MOST efficient**. However, the mouse can be used to click into the next field, but validation messages may appear if the User skips around.
- ▶ **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 or press and hold CTRL+2.
- ▶ Hovering on the field name will describe what is required in the field.

First Name	Middle Name	Last Name
<input type="text"/>		

Enter the first name of the child. If no first name, check the box that indicates the name has not been chosen yet.

- ▶ “Paragraphs” are blue titled sections that contain one or more fields.
- ▶ Some fields are boxes that require only a single letter entry. The fields are not case-sensitive.
- ▶ Some items are selected via drop-down lists. Click arrow to see list of drop-down options.
- ▶ The orange color highlight field indicates the item is not listed in the drop down.

Country of birth

Garaponi

# Basic Conventions - Keyboard Shortcuts

- ▶ Start a New Birth Record..... CTRL + I
- ▶ Save..... CTRL + S
- ▶ Save Without Edits..... CTRL + 2
- ▶ Move to Next Field..... <Tab> key
- ▶ Move to Previous Field..... Shift +<Tab> key
- ▶ Clears a field where the cursor is... CTRL + Z
- ▶ Select a checkbox..... Press spacebar if cursor is in the field or click with mouse to select or unselect.
- ▶ Close Window.....Alt + F4




# Basic Conventions - Dates

**T** = Today's Date


**B** = Back, continue pressing "B" for each day backward

**9** = Unknown

 = Visual calendar


Today = **T** on the keyboard

Date Of Last Normal Menses

03/13/2024 


Yesterday = **B** once on the keyboard

Date Of Last Normal Menses

03/12/2024 


Unknown = **9's**

Date Of Last Normal Menses

99/99/9999 

Visual calendar =

Date of last live birth



System

January 2024

Su	Mo	Tu	We	Th	Fr	Sa
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	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10

Monday, March 18, 2024

01/22/2024 

# Basic Conventions - Names

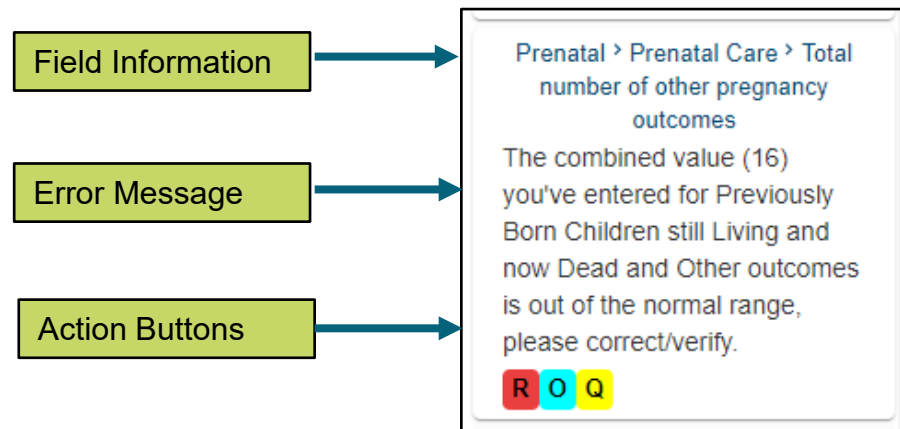
- ▶ Enter names and literal fields as upper and lowercase letters. The system will default the title case to a capital letter.
- ▶ If there is a capital letter within the name, right click and chose “**IGNORE CASE RULE**” to add another capital letter.  
Example: McMichael, McMahan, McKayla, etc.
- ▶ If no first or middle name are given by parents, select the checkbox “No First Name”.
  - To add name later, parents will complete the Affidavit to Add Given Name form to amend the birth certificate, which can add first and/or middle name within the first year of birth. A legal change of name through the courts will be required to add name after one year.
  - No Social Security Number will be assigned.
- ▶ Enter characters that are *LETTERS* on English keyboard.
  - An apostrophe, hyphen, and spaces may be used.
  - Do NOT use an apostrophe in the name as a substitute for a special character.
  - Enter English-alpha characters only.
- ▶ Enter what the parents wrote on the Birth Mother’s 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.

## UNACCEPTABLE:

- No nicknames
- No abbreviations, except for generational suffix
- No special characters including diacritical or accent marks
- No parentheses within or around a name
- No quotations mark enclosures
- No numbers
- No courtesy, processional, or academic titles before or after a name (e.g., Ms., Mrs., Dr., MD, DO, PhD, etc.)

# Validation Edits

Validation edits will appear 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.

**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.

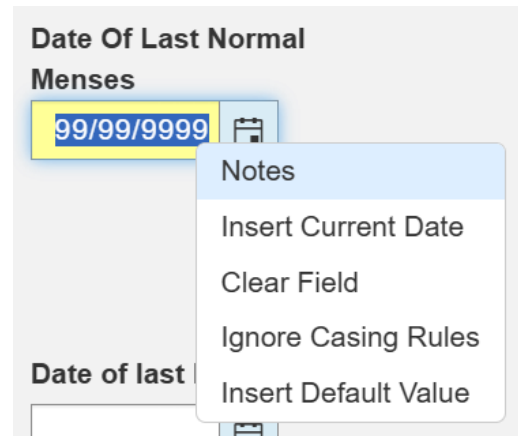
**1 Queried and Verified:** When the value is questionable, but the medical charts indicates that it is true as entered, the user select **Queried and Verified**. A notation on the record in Ives is required. The record will be reviewed by the State for acceptance.

**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.

# Creating Notes

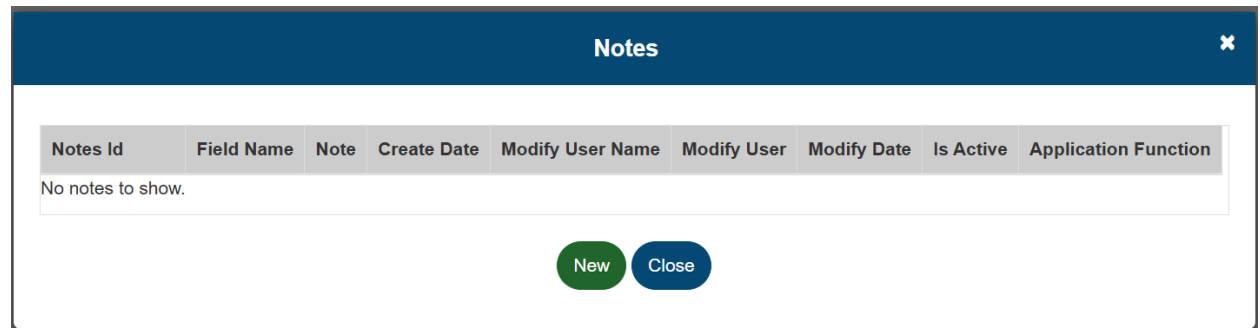
Notes are used for clarification, or justification for overriding a validation with a Queried and Verified.

Place the cursor on the field that requires an explanation and right-click on the mouse to display the drop-down options. Select “Notes”



The screenshot shows a form with two date fields. The top field is labeled "Date Of Last Normal Menses" and contains the text "99/99/9999". A right-click context menu is open over this field, displaying the following options: "Notes" (highlighted in blue), "Insert Current Date", "Clear Field", "Ignore Casing Rules", and "Insert Default Value". Below it, another field labeled "Date of last" is partially visible.

Click the 'New' button

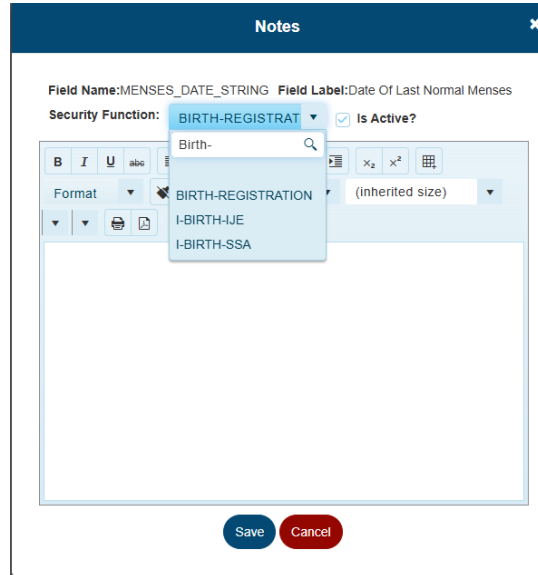


The screenshot shows a modal window titled "Notes" with a close button (X) in the top right corner. Inside the modal, there is a table with the following columns: "Notes Id", "Field Name", "Note", "Create Date", "Modify User Name", "Modify User", "Modify Date", "Is Active", and "Application Function". Below the table, it says "No notes to show." At the bottom of the modal, there are two buttons: "New" (green) and "Close" (blue).

Notes Id	Field Name	Note	Create Date	Modify User Name	Modify User	Modify Date	Is Active	Application Function
No notes to show.								

# Creating Notes - Continues

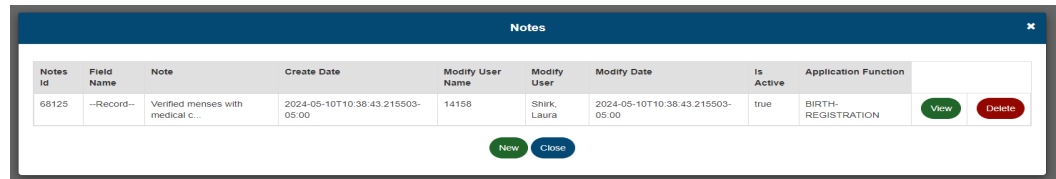
Enter Birth-Registration in the Security Function field. Type the message in the open field. Click the blue save button.



The screenshot shows a 'Notes' form with the following details:

- Field Name: MENSES\_DATE\_STRING
- Field Label: Date Of Last Normal Menses
- Security Function: BIRTH-REGISTRATION (selected from a dropdown menu that also shows BIRTH-IJE and BIRTH-SSA)
- Is Active? checkbox: checked
- A large text area for the note content.
- Buttons: Save (blue), Cancel (red).

Note results appears, showing the field note is addressing the notation and the username that created the note. Click the blue close button.



Notes Id	Field Name	Note	Create Date	Modify User Name	Modify User	Modify Date	Is Active	Application Function	
68125	--Record--	Verified menses with medical c...	2024-05-10T10:38:43.215503-05:00	14158	Shirk, Laura	2024-05-10T10:38:43.215503-05:00	true	BIRTH-REGISTRATION	<button>View</button> <button>Delete</button>

Buttons: New (green), Close (blue)

Located on the upper right corner of the birth record the notes count will reflect the added note on the record.

Image count: 0

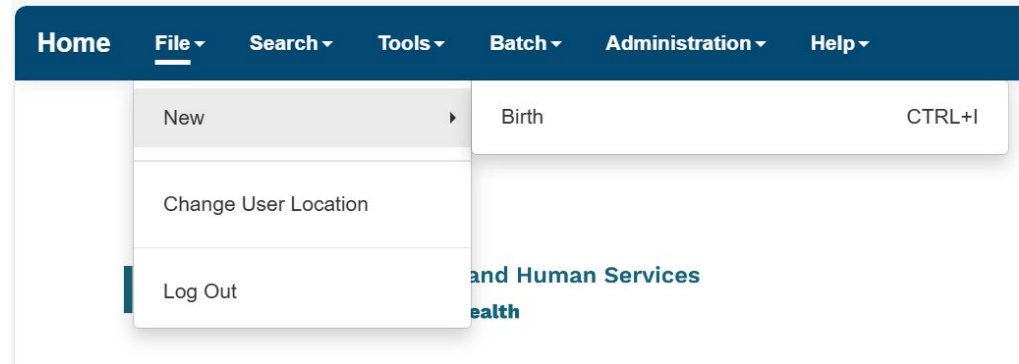
Notes count: 1

# Creating a New Birth Record

From the Home menu bar, select

**File** → **New** → **Birth** (or press CTRL +1)

Tabbing between fields is generally the most efficient.



The information for data entry will be found on page one of the Mother's Birth Worksheet, except for place and type of birth. The type of place is on the first page of the Hospital Medical Worksheet, and the place of birth is prepopulated based on user login.

Hospitals may enter records for birth occurring at, or en route to their hospitals.

If baby is born at home and transferred to hospital, begin the registration, but DO NOT sign off to complete. Contact the Birth Registration team at the Bureau of Health Statistics at 515-725-2522, and they will complete the record.

# Creating a New Birth Record


The “Child” tab matches items from the first page of the Mother’s Birth Worksheet.

**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  ☐ No First Name


Mother's Last name prior to any marriage  Child's date of birth   Sex  Check for Duplicate Check for Duplicate

### System

State File Number  Date Created   Date Modified   Registration Type  Record Status  PENDING  Date Filed  

### Child Information

First Name  Middle Name  Last Name  Suffix

☐ No First Name Child Date of Birth  

### Place of Birth

Type of place of birth  Hospital  Facility Name Or Address Of Home, If Home Birth Or Outside An Institution  MercyOne Des Moines Medical Center  Address  1111 Sixth Avenue

City of birth  Des Moines  County of birth  Polk  Zip Code  50314  Inside City Limits  Y

# Child - Duplicate Checking

Begin the New birth record by enter the duplicate check information. Then click on the Check for Duplicate button.

The information from the duplicate check will automatically fill in the “Child’s Information” fields. **Case rule will not copy.** Make sure to right click, ignore casing rule to capitalize a letter within a name. Enter the infant’s generational suffix, if applicable.

## 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

Todd

Child's Middle Name

Child's Last Name

Walker

☐ No First Name

Mother's Last name prior to any marriage

Smith

Child's date of birth

05/06/2025

Sex

M

Check for Duplicate

Check for Duplicate

### System

State File Number

Date Created

Date Modified

Registration Type

Record Status

PENDING

Date Filed

### Child Information

First Name

Todd

Middle Name

Last Name

Walker

Suffix

☐ No First Name

Child Date of Birth

05/06/2025

Verify the child’s name as indicated by the informant on the Birth Mother’s Worksheet. The child’s name will appear on the child’s legal certified birth certificate.

Also verify the child’s date of birth with the 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 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 MercyOne Des Moines Medical Center	Address 1111 Sixth Avenue	
City of birth Des Moines	County of birth Polk	Zip Code 50314	Inside City Limits Y

The "Type of place of birth" defaults to "Hospital" but may be changed to "En route" via the drop-down list, if applicable.

Press the **H** on the keyboard twice to change the dropdown option to "Hospital-En route to."

**Place of Birth**

Type of place of birth

Hospital

Hospital

Hospital - En route to

# Mother

The Mother tab matches the mother’s information on page 1 of the Birth Mother’s Worksheet.

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

**Medical Record Numbers**

Infant medical record number

Mother medical record number

**Mother's Demographic Information**

Preferred Parentage Title?

Mother

\*Current Legal First Name

Current Legal Middle Name

\*Current Legal Last Name

Suffix

Residence Street Address Line 1

Residence Street Address Line 2

Residence Country

United States

Residence State

Iowa

Residence State Abbreviation

IA

Residence City

Residence County

Residence Zip Code

Inside City Limits

Residence Phone

Extension

Copy Residence Address to Mailing

Copy Residence Address to Mailing

Mailing Street Address Line 1

Mailing Street Address Line 2

Mailing Country

United States

# Mother – Medical Record Numbers

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.

## Birth: New

Child	<b>Mother</b>	Mother pg 2	Mother pg 3	Spouse	Informant	Prenatal	Labor & Delivery	Labor & Delivery pg2
-------	---------------	-------------	-------------	--------	-----------	----------	------------------	----------------------

### Medical Record Numbers

Infant medical record number	Mother medical record number
<input type="text"/>	<input type="text"/>

If tabbing too fast between fields, it may inadvertently skip the infant's medical record number field.

SHIFT + TAB to go back one field or use the mouse to put your cursor back in the field. No validation edit will appear unless you've already reached a required field, in which case just answer the questions, then go back instead of TABBIING 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?

Parent x ▼

Mother

Father

Parent

First Name

The parentage title defaults to Mother. Tab past if this is what the information indicated on the Birth Mother's Worksheet.

If the birth mother wishes to be called "Parent," clear the field, and type parent, or click the dropdown and click on Parent from the list.

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 it.

First and Last names are required fields.

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

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

# Mother – Residence Address

Residence Street Address Line 1 <input type="text"/>	Residence Street Address Line 2 <input type="text"/>	Residence Country United States ▼	Residence State Iowa ▼
Residence State Abbreviation IA ▼	Residence City <input type="text"/>	Residence County <input type="text"/>	Residence Zip Code <input type="text"/>
Inside City Limits ▼	Residence Phone <input type="text"/>	Extension <input type="text"/>	

Enter the mother's current residence address, include the apartment or lot number (if applicable) on Street Address Line 1. **Do not enter the apt, lot or unit number on line 2.**

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.

Enter the City, County and Zip Code.

## Residence Country

\* Select from List \*

\*\_\_\*

- Afghanistan
- Africa
- Albania
- Algeria
- Andorra

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

Residence Street Address Line 1 <input type="text"/>	Residence Street Address Line 2 <input type="text"/>	Residence Country United States ▼	Residence State Iowa ▼
Residence State Abbreviation IA	Residence City <input type="text"/>	Residence County <input type="text"/>	Residence Zip Code <input type="text"/>
Inside City Limits ▼	Residence Phone <input type="text"/>	Extension <input type="text"/>	

Enter the “Inside City Limits” item by pressing the first letter of the answer on the keyboard. It is not case sensitive. If the informant indicates “Don’t Know” or fails to answer the questions, 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”.

Y= Yes, inside city limits

N= No, not inside city limits

D= Don’t know if inside city limits

U= Unobtainable

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

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

### Validation Errors

Mother > Mother's Demographic Information > Inside City Limits  
Please verify your entry.

**R** Bypass:

# 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

United States ▼

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 to 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 page 2 tab.

IF THE MOTHER'S MAILING ADDRESS IS **DIFFERENT** FROM HER RESIDENCE ADDRESS:

Enter the address the same manner as the residence address, make sure to include the apartment, lot number, or unit number (if applicable) on street address line 1.

**\*If address is not entered correctly, this effects the delivery of the birth certificate, as well as the Social Security Card. Please double check to make sure address is entered correctly.\***



# Mother Pg 2

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

## 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

### Mother's Demographics: Birth/Language/Education

Country of birth

United States

State of birth

Date Of Birth

Age

Primary/Preferred Language

Education Level

### Mother's Demographics: Hispanic Origin

Is Mother Spanish/Hispanic/Latina?

Mexican, Mexican American/Chicana(o)

Puerto Rican

Cuban

Other

Specify:

### Race

Is Race Unobtainable?

White

N

Black/African American

N

American Indian/Alaska Native

N

Specify Tribe:

Asian Indian

N

Chinese

N

Filipino

N

Japanese

N

Korean

N

Vietnamese

N

Other Asian

N

Specify:

Native Hawaiian

N

Guamanian/Chamorro(a)

N

Samoan

N

Other Pacific Islander

N

Specify:

Other Race

N

Specify:

# Mother Pg 2 – Country of Birth

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	Date Of Birth	Age
Primary/Preferred Language	Education Level		

Tabbing into the Mother pg 2 takes the user to the birth mother's country of birth field in the mother's demographics: birth/language/education paragraph.

The country of birth defaults to 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.

Country of birth

cambodia

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

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

# Mother Pg 2 - State of Birth

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

Primary/Preferred Language

State of birth  
  
Alabama  
Alaska  
American Samoa  
Arizona  
Arkansas  
California

Date Of Birth

Age

### Mother's Demographics: Hispanic Origin

Is Mother Spanish/Hispanic/Latina?

If the mother was 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 is 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 county, tab past the state of birth field since it is not applicable. The name of the foreign county will print on the child's certified birth certificate as the mother's birthplace.

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

# Mother Pg 2 - Date of Birth

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 <input type="text" value="United States"/>	State of birth <input type="text" value="Iowa"/>	Date Of Birth <input type="text" value="MM/DD/YYYY"/>	Age <input type="text" value=""/>
Primary/Preferred Language <input type="text"/>	Education Level <input type="text"/>		

Enter the date provided by the informant on the Birth Mother's Worksheet. MM/DD/YYYY

Tab to the next field. A slight lag occurs while the system calculates and auto-fills the mother's age. The age is calculated using this date and the Infant's date of birth.

Be sure to proof the data of the parent's dates of birth, they appear on the child's legal certified birth certificate. These dates are 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 appear since this is required field, and user should make a note in the record.

A validation edit will appear if the birth mother's calculated age falls outside the acceptable limits of age 13 to 65.

# Mother Pg 2 - Language

[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**

<b>Country of birth</b> <input type="text" value="United States"/>	<b>State of birth</b> <input type="text" value="Iowa"/>	<b>Date Of Birth</b> <input type="text" value="02/10/1999"/>	<b>Age</b> <input type="text" value="26"/>
<b>Primary/Preferred Language</b> <input type="text"/>	<b>Education Level</b> <input type="text"/>		

Tab to the mother's primary/preferred language. Type in the language that the informant wrote on the birth worksheet in the space provided.

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


# Mother Pg 2 - Education

Birth: 3058418 Image count: 0 Notes count: 1 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: Iowa Date Of Birth: 02/10/1999 Age: 26

Primary/Preferred Language: English Education Level: 

**Mother's Demographics: Hispanic Origin**

Is Mother Spanish/Hispanic/Latina? ☐ Mexican, Mexican American/Chicana(o) ☐ Other ☐ Specify:

Education Level dropdown options:

- \* Select from List \*
- 8th Grade Or Less
- 9th Thru 12th Grade; No Diploma
- High School Graduate Or GED
- College, but no degree
- Associate Degree (e.g., AA, AS)
- Bachelors Degree (e.g., BA, AB, BS)
- Master's Degree (e.g., MA, MS)

Tab out of the Mother's primary/preferred language to education level field. Choose form 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 Birth Mother's Worksheet, then tab to the next paragraph.

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

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

R O Q Bypass: 1 2 3 4

A validation edit will appear 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

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

Is Mother Spanish/Hispanic/Latina?

Y ▼

Mexican, Mexican American/Chicana(o)

N ▼

Puerto Rican

N ▼

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

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)

Samoa

Other Pacific Islander

Specify:

Other Race

Specify:

Tab to 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, and 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 race 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

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

Birth: 3058418

Image count: 0

Notes count: 1

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: 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

First Trimester

Second Trimester

Third Trimester

Did Mother Use Vape / E-Cig?

3 Mo. Before Pregnancy

First Trimester

Second Trimester

Third Trimester

Height - Feet

Height - Inches

Pre - Pregnancy Weight

## 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 either of the above, has a Voluntary Paternity Affidavit been 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

# Mother Pg 3 - WIC

**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).		
<input type="text"/>	<input type="text"/>			
	3 Mo. Before Pregnancy	First Trimester	Second Trimester	Third Trimester
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 "Don't Know" or "Unobtainable" is entered, it will appear a validation edit. Either Re-Key if an 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**     Bypass:

# Mother Pg 3 - Tobacco Usage

## 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 (1pack = 20 cigarettes).

3 Mo. Before Pregnancy

First Trimester

Second Trimester

Third Trimester

Answer the tobacco usage item by pressing the first letter of the answer on the keyboard. If 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 (not including vape) during the time periods indicated, select Y for "Yes" and Tab to provide an answer for each trimester period.

Did Mother Smoke 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

Mother pg 3 > Mother's Demographics:  
WIC/Tobacco/Height/Weight/Marital Status > Third Trimester  
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** 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 appear, forcing the user to go back and enter a positive number

# Mother Pg 3 - Height

## 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 (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 of feet or inches gives a range, enter the highest value.

Enter 9's in each field if the mother did not answer the question on the Birth Mother's Worksheet. If possible, obtain the data from the mother's prenatal chart.

Tabbing from height moves the cursor forward to the pre-pregnancy weight.

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** O Q Bypass: 1 2 3 4

A validation edit will appear if the field is left blank

# Mother Pg 3 – Pre Pregnancy Weight

## 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 (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 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. If possible, obtain the data from the mother's prenatal chart.

Tabbing from pre-pregnancy weight moves the cursor forward to the marital status.

[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, 365 pounds, is questionable, please correct or verify your entry.



Bypass: 12

A validation edit will appear if the field is left blank or the weight is less than 75 or more than 350 pounds, or if there is a weight loss. If correct, make a note in the record.

# 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 either of the above, has a Voluntary Paternity Affidavit been completed?

Spouse's information unobtainable

Enter Y for "Yes" N for "No" or U for "Unknown" if the birth mother has ever been legally married.

- ▶ If Yes, Tab to the next marital question
- ▶ If No, birth mother has never been married, the next marital question will auto fill. Tabbing forward will skip it.
- ▶ If Unknown that birth mother has ever been married, the next marital question will auto fill. Tabbing forward will skip it.

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.

- ▶ If Yes, birth mother was legally married at time of conception, birth or anytime between, the paternity question will auto fill. Tabbing forward will skip it.
- ▶ If No, birth mother was NOT legally married at the time of conception, birth, or anytime between, Tab to the paternity questions.
- ▶ If Unknown that birth mother was legally married at time of conception, birth or anytime between, the paternity questions will auto fill. Tabbing forward with 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 either of the above, has a Voluntary Paternity Affidavit been completed?

Spouse's information unobtainable

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 obtainable check box.

Enter Y for "Yes" N for "No" for spouse's information unobtainable 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.
- ▶ Birth Mother is a surrogate gestational carrier, and she is married, but refuses to provide her legal spouse's information.

If spouse's information is unobtainable, hospital staff will need to include a note to confirm why birth mother refuses to provide the information.

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

# Mother Pg 3 - Maiden Name

## Mother's Name Prior to Any Marriage/SSN

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

Enter the mother's maiden legal first, middle, and last name in upper and lowercase. Tab past the middle name if none is provided by the informant. Ensure the name matches on the Birth Mother's Worksheet.

If applicable, enter the generational suffix; otherwise, tab past it.

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

Please verify the mother's name as indicated on the Birth Mother's Worksheet. The mother's name will appear on the child's legal certified birth certificate.

A validation edit will appear 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. Make note if the name is different from current name, and it is correct.

### Mother pg 3 > Mother's Name Prior to Any Marriage/SSN > First name

Please verify that the mother's previous first name is not the same as her current first name.

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

### Mother pg 3 > Mother's Name Prior to Any Marriage/SSN > Middle name

Please verify that the mother's previous middle name is not the same as her current middle name.

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



# Mother Pg 3 - Social Security Number

**Mother's Name Prior to Any Marriage/SSN**

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

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 9’s to indicate “Unknown” as the cursor forwards to the next field.

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

If the 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 will mask in.

# Spouse

The Spouse tab matches the Spouse items on page 3 of the Birth Mother's Worksheet.

Complete only if the mother is legally married and provides the spouse information.

[Home](#) [File](#) [Search](#) [Action](#) [Tools](#) [Batch](#) [Administration](#) [Help](#)

Birth: 3058294

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  

Michael

  
Current Legal Middle Name  
  
Current Legal Last Name  

Jones

  
Suffix  
  
Copy Legal Name To Prior Name  

Copy Legal Name To Prior Name

**Spouse's Name Prior to any Marriage**  
First name  
  
Middle name  
  
Last name  
  
Suffix

**Spouse's Demographics: Birth/DOB/SSN/Education**  
Country of birth  

United States

  
State of birth  
  
Date of birth  
  
Age  
  
☐ Social Security Number Not Obtainable  
Spouse's Social Security Number  
  
Education

**Spouse's Demographics: Hispanic Origin**  
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 Legal Name To Prior Name

Copy Legal Name To Prior Name

## Spouse's Preferred Parentage Title

Father x ▼

Father

Parent

Mother

First Name

The parentage title defaults to Father. Tab past if this is what the information indicated on the Birth Mother's Worksheet, otherwise select a different option from the drop-down 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

## 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 Legal Name To Prior Name

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, accent marks, or any name enclosed in quotations or parentheses.

Please verify the spouse's name as indicated on the Birth Mother's 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

Current Legal Middle Name

Current Legal Last Name

Suffix

Copy Legal Name To Prior Name

Copy Legal Name To Prior Name



## Spouse's Name Prior to any Marriage

First name

Middle name

Last name

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. **Case rule will not copy.** Make sure to right click, ignore casing rule to capitalize a letter within a name.

If any part of their name prior to any marriages is different than their current name, tab past the "Copy Legal Name to Prior Name" bar to the first name field to enter the names as provided by the informant on the Birth Mother's Worksheet.

Please verify the spouse's name as indicated on the Birth Mother's 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**

<b>Country of birth</b>	<b>State of birth</b>	<b>Date of birth</b>	<b>Age</b>
<div>United States x ▼</div>	<div>▼</div>	<div></div>	<div></div>
<input type="checkbox"/> Social Security Number Not Obtainable	<b>Spouse's Social Security Number</b>	<b>Education</b>	
	<div></div>	<div>▼</div>	

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

The country of birth defaults to United States. If the spouse was born the United States, Tab to the state of birth field.

**Country of birth**

▼

\* Select from List \*

\*\_\_\*

Afghanistan

Africa

Albania

Algeria

Andorra

If the spouse was born in a foreign county, 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.

# Spouse - State of Birth

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

Country of birth

United States

State of birth

|

Date of birth

Age

☐ Social Security Number Not Obtainable

Spouse's Social Security Number

Education

Tab to the State of birth field. If born in the United State 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 Birth Mother's Worksheet.

If the spouse was born in any other foreign county, tab past the State of birth field since it is not applicable.

State of birth

Alabama  
Alaska  
American Samoa  
Arizona  
Arkansas  
California  
Colorado

Please verify entry. The spouse's state of birth, or the name of foreign country will appear on the child's legal certified birth certificate.

# Spouse – Date of Birth

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

<b>Country of birth</b> <input type="text" value="United States"/>	<b>State of birth</b> <input type="text"/>	<b>Date of birth</b> <input type="text" value="MM/DD/YYYY"/>	<b>Age</b> <input type="text"/>
<input type="checkbox"/> <b>Social Security Number Not Obtainable</b>	<b>Spouse's Social Security Number</b> <input type="text"/>	<b>Education</b> <input type="text"/>	

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.

<b>Date Of Birth</b>	<b>Age</b>
<input type="text" value="03/17/1992"/>	<input type="text" value="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 appear since this field is required, and staff should make a notation.

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



# Spouse - Social Security Number

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

Country of birth <input type="text" value="United States"/>	State of birth <input type="text"/>	Date of birth <input type="text"/>	Age <input type="text"/>
<input type="checkbox"/> Social Security Number Not Obtainable	Spouse's Social Security Number <input type="text" value="--"/>	Education <input type="text"/>	

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 9's to indicate "Unknown" as the cursor forwards to the next field.

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

If the 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 will 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**  

United States

**State of birth**

**Date of birth**

**Age**

☐ **Social Security Number Not Obtainable**

**Spouse's Social Security Number**

**Education**  

\* Select from List \*

8th Grade Or Less

9th Thru 12th Grade; No Diploma

High School Graduate Or GED

College, but no degree

Associate Degree (e.g., AA, AS)

Bachelors Degree (e.g., BA, AB, BS)

Masters Degree (e.g., MA, MS)

**Spouse's Demographics: Hispanic Origin**  

**Is Spouse Spanish/Hispanic/Latino(a)?**

**Mexican, Mexican American Or Chicano(a)**

**Puerto Rican**

**Cuban**

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 Birth Mother's Worksheet, then tab to forward the cursor to the next paragraph.

A validation edit will appear 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.

# Spouse - Hispanic Origin

Tabbing out of the education reaches the spouse's Hispanic Origin. Press the letter Y on the keyboard for the "Yes" N for "No" or U for "Unknown".

## Spouse's Demographics: Hispanic Origin

Is Spouse Spanish/Hispanic/Latino(a)?

Mexican, Mexican American Or Chicano(a)

Puerto Rican

Cuban

Other

Specify:

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

## Spouse's Demographics: Hispanic Origin

Is Spouse Spanish/Hispanic/Latino(a)?

Mexican, Mexican American Or Chicano(a)

Puerto Rican

Cuban

Other

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

Is Spouse Spanish/Hispanic/Latino(a)?

Mexican, Mexican American Or Chicano(a)

Puerto Rican

Cuban

Other

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:"/>		<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 Birth Mother’s Worksheet and enter a Y for “Yes” More than one race can 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, and type in the preferred language that is written on the Birth Mother's Worksheet.

# Informant

The Informant Tab matches the information on page 4 of the Birth Mother's Worksheet.

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's Adoption Pending/Social Security Requested

Baby Is Being Given Up For Adoption

☐

Does Mother Want A SSN Issued For This Baby?

☐

## Informant's Demographics

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

First name

Middle name

Last name

Suffix

Copy Mother's Address To Informant's

Copy Mother's Address To Informant's

Street address line 1

Street address line 2

Country

State

City

Zip Code

## Informant Signed & Dated

Informant Signed?

☐

Date signed

# Informant - Adoption Pending

Birth: 3058292

Image count: 0

Notes count: 1

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 the 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".

### Baby Is Being Given Up For Adoption

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 the baby up for adoption. Click the OK button if correct. If NOT, change the answer to No.

#### Message from webpage

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

Ok

Double check Birth Mother's Worksheet and the discharge status.

# Informant – Child's SSN

Birth: 3058418

Image count: 0

Notes count: 1

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's Adoption Pending/Social Security Requested

Baby Is Being Given Up For Adoption

Does Mother Want A SSN Issued For This Baby?

Y

N

U

## Informant's Demographics

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

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 Birth Mother's Worksheet, or if there is a Surrogacy, or Adoption.

Enter U for "Unknown", this will appear a validation error.

A validation edit will appear if you either forget to answer the question or enter U for "Unknown".

### 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

Bypass: 1 2



# Informant - Relationship & Name

## Informant's Demographics

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

Self

First name

Middle name

Last name

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 populates the birth mother’s name in the field.

## Informant's Demographics

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

Father  
Hospital Employee  
Legal Spouse  
Midwife  
Self

Middle name

Last name

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 the last name of the informant other than the birth mother.

If the informant is other than what is listed on the Informant Relationship to the Baby's Mother dropdown, enter the relationship. Then enter the first, middle (if applicable), 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: Jane

Middle name:

Last name: Smith

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” bar to copy the address into the informant’s address fields.

If the informant is someone other than the birth mother and spouse, tab into the address field and enter their mailing address.

Tab to the “Informant Signed?” and “Date Signed” 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 & Date signed" paragraph.

Enter Y for "Yes" when the informant has properly signed and dated the Birth Mother's Worksheet.

Tab to the Date signed field and enter the date of the birth mother signed on the Birth Mother's Worksheet. (MM/DD/YYYY)

A validation edit will appear 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.

## Validation Errors

Informant > Informant Signed & Dated > Date signed  
You have indicated that the informant has signed, please enter the signature date.



# Prenatal

The Prenatal Tab matches prenatal items on page 1 of the Hospital Medical Worksheet.

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

N

Date Of First Prenatal Care Visit

Total prenatal visits for this pregnancy

Date Of Last Normal Menses

No previous live births

N

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

N

Total number of other pregnancy outcomes

Date of last other pregnancy outcome

## Risk Factors

NO Risk Factors Present In This Pregnancy:

Diabetes - Check Only ONE:

Pre-pregnancy

Gestational

Hypertension - Check Only ONE:

Pre-pregnancy

Gestational

Eclampsia

Pregnancy From Infertility Treatment:

Drugs, Insemination

X

Assisted Reproductive Technology

X

Previous Preterm Live - Born Infant

Previous cesarean delivery

Number

## Infections

NO Infections Present And/Or Treated During This Pregnancy:

Gonorrhea

Syphilis

Chlamydia

Hepatitis B

Hepatitis C

Rubella

Group B Streptococcus

Toxoplasmosis

Cytomegalovirus

Herpes

## Obstetric Procedures

NO Obstetric Procedures During This Pregnancy:

Cervical cerclage

Tocolysis

External cephalic version

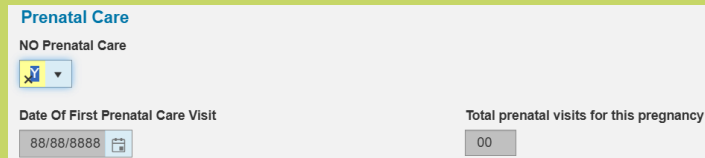
Success

Failed

# 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 fields will auto-disable.



Prenatal Care

NO Prenatal Care

Date Of First Prenatal Care Visit

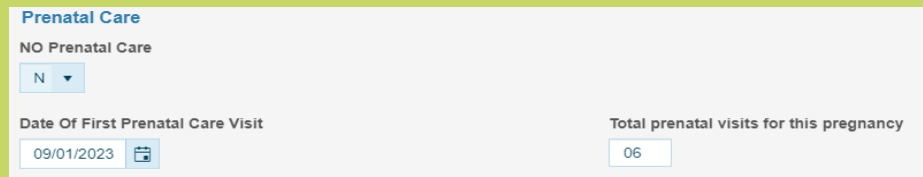
88/88/8888

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 not known.
- Tab to the "Total Prenatal Visits" field and enter the number of total visits.



Prenatal Care

NO Prenatal Care

Date Of First Prenatal Care Visit

09/01/2023


Total prenatal visits for this pregnancy

06


Research medical records for the correct data 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 chart (MM/DD/YYYY).

**Date Of Last Normal Menses**

99/99/2024



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 OK. Add a note to the record as to why the menses date is unknown.

## Message from webpage

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

Ok

Research medical records for the correct date when possible.

# Prenatal – Previous Live Births

If there are NO previous live births indicated in the mother's medical charts, enter 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 Date of last live birth fields will auto-disable (gray out).

No previous live births		
<div>Y</div>		
Number Of Previous Live Births-Now Living	Number Of Previous Live Births-Now Deceased	Date of last live birth
<div>00</div>	<div>00</div>	<div>88/88/8888</div>

If there are previous live births as indicated in the mother's medical charts, enter N for "No" in the "No Previous Live Birth" field.

- Tab to the "Number of Previous Live Birth-Now Living" field and enter total numbers of previous live births.
- Tab to the "Number of Previous Live Births-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)
- Tab to the "Date of Last Live Birth" field and enter the date of the last live birth (MM/DD/YYYY). Enter 9's in the month, date, or year if date is not known.

Number Of Previous Live Births-Now Living	Number Of Previous Live Births-Now Deceased	Date of last live birth
<div>02</div>	<div>00</div>	<div>02/15/2023</div>

# Prenatal - Other Pregnancy Outcomes

If there are 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. (gray out).

NO Other Pregnancy Outcomes Not Resulting In Live Birth	
<input type="text" value="Y"/>	
Total number of other pregnancy outcomes	Date of last other pregnancy outcome
<input type="text" value="00"/>	<input type="text" value="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" in the No Other Pregnancy Outcomes Not Resulting in Live Birth.

- Tab to the "Total number of other pregnancy outcomes" field and enter total numbers of pregnancy outcomes.
- Tab to the "Date of last other pregnancy outcome" field. Enter the date of the last other pregnancy outcome (MM/DD/YYYY). Enter 9's in the month, date, or year if date is not known.

NO Other Pregnancy Outcomes Not Resulting In Live Birth	
<input type="text" value="N"/>	
Total number of other pregnancy outcomes	Date of last other pregnancy outcome
<input type="text" value="01"/>	<input type="text" value="03/24/2023"/>



# 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:

Y ▼



Diabetes - Check Only ONE:

N ▼

Pre-pregnancy

N ▼

Gestational

N ▼

Hypertension - Check Only ONE:

N ▼

Pre-pregnancy

N ▼

Gestational

N ▼

Eclampsia

N ▼

Pregnancy From Infertility Treatment:

N ▼

Drugs, Insemination

N ▼

Assisted Reproductive Technology

N ▼

Previous Preterm Live - Born Infant

N ▼

Previous cesarean delivery

N ▼

Number

00

# Prenatal - Risk Factors

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 chart and enter a Y for "Yes". Select as many options that 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.

The "Pregnancy Resulted from Infertility Treatment" fields have two additional options. Select one or both as applicable.

## Risk Factors

NO Risk Factors Present In This Pregnancy:

N

Diabetes - Check Only ONE:

Y

Hypertension - Check Only ONE:

N

Pregnancy From Infertility Treatment:

N

Previous Preterm Live - Born Infant

N

Pre-pregnancy

N

Pre-pregnancy

N

Drugs, Insemination

N

Previous cesarean delivery

N

Gestational

N

Gestational

N

Assisted Reproductive Technology

N

Eclampsia

N

Number

00

# Prenatal - No Infections

Tab to the “No Infections Present And/or Treated During this Pregnancy” field.

If there are 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 item field will be grayed out.

## Infections

NO Infections Present And/Or Treated During This Pregnancy:

Gonorrhea

Syphilis

Chlamydia

Hepatitis B

Hepatitis C

Rubella

Group B Streptococcus

Toxoplasmosis

Cytomegalovirus

Herpes

# Prenatal - Infections

If there are 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 infection fields will open.

Tab to the infection items indicated in the mother's medical chart and enter a Y for "Yes". Indicate as many options that apply to this pregnancy.

## Infections

NO Infections Present And/Or Treated During This Pregnancy:

N

Gonorrhea

N

Syphilis

N

Chlamydia

N

Hepatitis B

Y

Hepatitis C

Y

Rubella

N

Group B Streptococcus

Y

Toxoplasmosis

N

Cytomegalovirus

N

Herpes

N

A validation message for Hepatitis B and Hepatitis C will appear. Check mother's medical chart. Click 1 to override if correct.

## Validation Errors

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



Bypass: 1 2

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



Bypass: 1 2

# 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" field. The remaining items will auto-disable. Each obstetric procedure item field will be grayed out.

**Obstetric Procedures**

NO Obstetric Procedures During This Pregnancy:

Cervical cerclage	Tocolysis	External cephalic version	Success	Failed
<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"/>

If obstetric procedures were indicated in the mother's medical charts, enter N for "No" in the "NO Obstetric Procedures During This Pregnancy" field. All the obstetric 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 that apply to this pregnancy.

**Obstetric Procedures**

NO Obstetric Procedures During This Pregnancy:

Cervical cerclage	Tocolysis	External cephalic version	Success	Failed
<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="N"/>	<input type="text" value="N"/>	<input type="text" value="N"/>

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

External cephalic version	Success	Failed
<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="N"/>

# Labor & Delivery

The “Labor & Delivery” tab matches the first half of the Labor & Delivery items on page 2 of the Hospital Medical Worksheet.

## 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  $\geq 12$  hours)

Precipitous labor ( $< 3$  hours)

Prolonged labor ( $\geq 20$  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

Copy Attendant to Certifier

Certifier Title/Relationship

Certifier's Full Name - L, F M

Certifier License #

Date Certified

Primary Source of Payment

# 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 Onset of Labor Issues Noted For This Pregnancy" statement field. The remaining items will auto-disable. Each Onset of Labor Issues fields will gray out.

Tab to the infection items indicated in the mother's medical charts and enter a Y for "Yes". Indicate as many options that apply to this pregnancy.

**Onset of Labor**  
Obtain From Labor & Delivery Record:  
NO Onset Of Labor Issues Noted For This Pregnancy:  
  
Premature ROM (prolonged  $\geq 12$  hours)      Precipitous labor ( $< 3$  hours)      Prolonged labor ( $\geq 20$  hours)

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. All the obstetric 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:  
  
Premature ROM (prolonged  $\geq 12$  hours)      Precipitous labor ( $< 3$  hours)      Prolonged labor ( $\geq 20$  hours)

# Labor & Delivery - Date of Birth

The date of birth populates from the entry on the Child tab. Stop and **double-check** the date of birth with hospital medical records. If the date of birth is correct, tab to the “Time of Birth” field.

## Infant's Date and Time of Birth

Date of birth

Time Of Birth

If the date of birth is wrong according to the 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

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

☐ No First Name

Mother's Last name prior to any marriage

Child's date of birth

Gender

Check for Duplicate

Check for Duplicate

## System

State File Number

Date Created

Date Modified

Registration Type

Record Status

Date Filed

## Child Information

First Name

Middle Name

Last Name

Suffix

☐ No First Name

Child Date of Birth



# Labor & Delivery - Time of Birth

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

**Infant's Date and Time of Birth**

Date of birth

Time Of Birth

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

**Infant's Date and Time of Birth**

Date of birth

Time Of Birth

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

**Infant's Date and Time of Birth**

Date of birth

Time Of Birth

Regular Time	Military Time	Regular Time	Military Time
Midnight	0000	Noon	1200
1:00 a.m.	0100	1:00 p.m.	1300
2:00 a.m.	0200	2:00 p.m.	1400
3:00 a.m.	0300	3:00 p.m.	1500
4:00 a.m.	0400	4:00 p.m.	1600
5:00 a.m.	0500	5:00 p.m.	1700
6:00 a.m.	0600	6:00 p.m.	1800
7:00 a.m.	0700	7:00 p.m.	1900
8:00 a.m.	0800	8:00 p.m.	2000
9:00 a.m.	0900	9:00 p.m.	2100
10:00 a.m.	1000	10:00 p.m.	2200
11:00 a.m.	1100	11:00 p.m.	2300

# Labor & Delivery - Attendant

**Attendant/Certifier**

Attendant's Title/Relationship MD DO CNM/ARNP Midwife Father Family Member	Attendant's Full Name - L, F M <input type="text"/>	Attendant's License # <input type="text"/>	
	Certifier's Full Name - L, F M <input type="text"/>	Certifier License # <input type="text"/>	Date Certified <input type="text"/>



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, type the title or relationship to the child.

Tab to the "Attendant's Full Name" field, enter the attendant's full name (Last, First, Middle)

Tab to the "Attendant's License #" field, enter the attendant's license number. The license number is required for MD, DO, or CNM/ARNP.

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 section.

**Attendant/Certifier**

Attendant's Title/Relationship DO	Attendant's Full Name - L, F M Smith, Todd	Attendant's License # DO1234	
Copy Attendant to Certifier  			
Certifier Title/Relationship DO	Certifier's Full Name - L, F M Smith, Todd	Certifier License # DO1234	Date Certified 05/07/2024

# Labor & Delivery – Certifier

**Attendant/Certifier**

Attendant's Title/Relationship <input type="text" value="DO"/>	Attendant's Full Name - L, F M <input type="text" value="Smith, Todd"/>	Attendant's License # <input type="text" value="DO1234"/>
Copy Attendant to Certifier <input type="button" value="Copy Attendant to Certifier"/>		
Certifier Title/Relationship <input type="text" value="DO"/>	Certifier's Full Name - L, F M <input type="text" value="Smith, Todd"/>	Certifier License # <input type="text" value="DO1234"/>
		Date Certified <input type="text" value="05/07/2024"/>

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

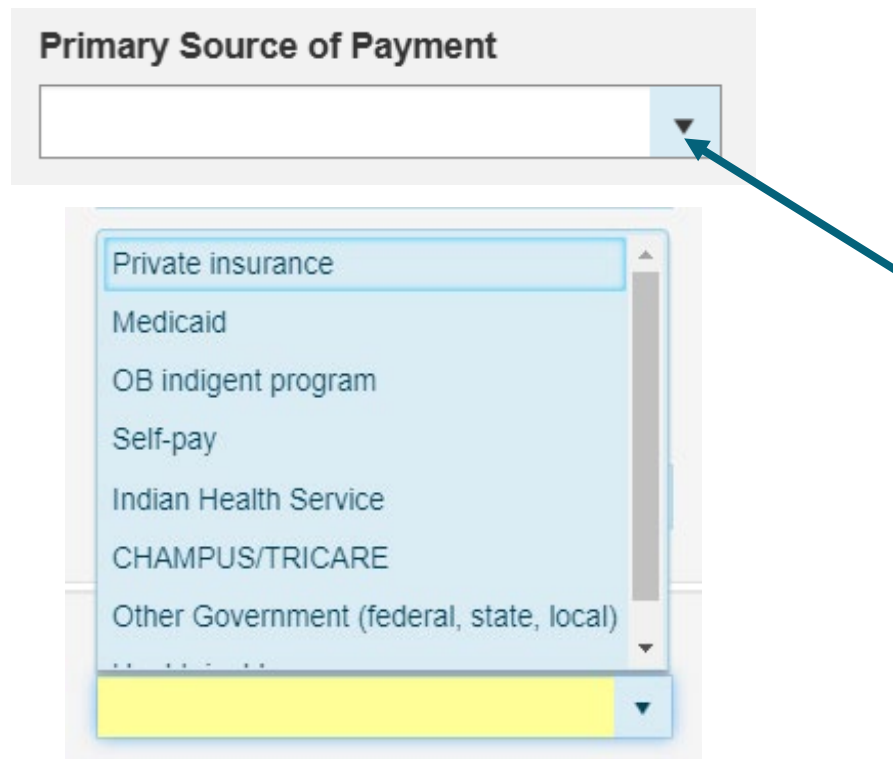
Tab to the “Certifier’s Full Name” field, enter the certifier’s full name (Last, First, Middle)

Tab to the “Certifier’s License #” field, enter the certifier’s license number. The license number is required for MD, DO, or CNM/ARPN.

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 & Payment Source

Tab to “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.



The image shows a screenshot of a web form titled "Primary Source of Payment". Below the title is a text input field with a dropdown arrow on its right side. A blue arrow points from this dropdown arrow to a list of options that is displayed below the input field. The list includes: Private insurance, Medicaid, OB indigent program, Self-pay, Indian Health Service, CHAMPUS/TRICARE, and Other Government (federal, state, local). At the bottom of the list is a yellow highlighted area with a small downward arrow, indicating that more options can be viewed.

# Labor & Payment Pg 2

The Labor & Delivery pg 2 tab matches the second half of Labor & Delivery items on page 2 of the Hospital Medical Worksheet.

## 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

### 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 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

### 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

# Labor & Payment Pg 2 - Mother Transferred

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	In State/Out Of State	Transferred From:
<input type="text" value="N"/>	<input type="text"/>	<input type="text"/>

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 transferred from out of state and delivered at this hospital choose Out-Of-State from the drop down.
- Tab to “Transferred From” field. Enter or choose the name of the hospital from the dropdown. If the hospital is not listed in the dropdown, enter the name of hospital. Out of state hospitals will require entry.

Mother Transferred To This Facility	In State/Out Of State	Transferred From:
<input type="text" value="Y"/>	<input type="text" value="Iowa"/>	<input type="text"/>
Mother's weight at delivery		
<input type="text"/>		<div><div>Avera Holy Family Hospital-Estherville</div><div>Boone County Hospital</div><div>Broadlawns Medical Center-Des Moines</div><div>Buena Vista Regional Medical Center-Storm Lake</div></div>

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

Mother Transferred To This Facility	In State/Out Of State	Transferred From:
<input type="text" value="U"/>	<input type="text"/>	<input type="text"/>

# Labor & Payment Pg 2 Delivery Weight

Tab into “Mother’s Weight at Delivery” field.

Mother's weight at delivery

Enter the delivery weight in whole numbers as documented in the mother’s medical charts.

A validation error will appear if the mother’s weight is less than 75 lbs. or more than 350 lbs. Make note if this is accurate.

Mother's weight at delivery

074

Mother's weight at delivery

350

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, 074 pounds, is questionable, please correct or verify your entry.

R

Bypass: 1 2

Labor & Delivery pg2 > >

Mother's weight at delivery

The mother gained 276 pounds. Mother's pre-pregnancy weight is 74 and Mother's weight at delivery is 350. Verify that these are correct.

R

Bypass: 1 2

# Labor & Payment pg 2

## Characteristics of Labor & Delivery

If none of the characteristics options were indicated in the mother's medical charts, enter Y for "Yes" in the "NO Characters of Labor and Delivery Noted for This Pregnancy" field. The remaining items will auto-disable. Each characteristics items field will gray 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
<input type="text" value="N"/>	<input type="text" value="N"/>	<input type="text" value="N"/>
Antibiotics received by mother during labor	Chorioamnionitis diagnosed during labor or maternal temperature > 38 C (100.4 F)	
<input type="text" value="N"/>	<input type="text" value="N"/>	
Epidural or spinal anesthesia during labor		
<input type="text" value="N"/>		

If the characteristics of labor and delivery were indicated in the mother's medical charts, enter N for "No" in the "NO Characters 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 that 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
<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="N"/>
Antibiotics received by mother during labor	Chorioamnionitis diagnosed during labor or maternal temperature > 38 C (100.4 F)	
<input type="text" value="N"/>	<input type="text" value="N"/>	
Epidural or spinal anesthesia during labor		
<input type="text" value="N"/>		



# Labor & Payment pg 2 Method of Delivery

**Method of Delivery**

Fetal presentation at birth

Final method of delivery

If cesarean, was trial of labor attempted?

BREECH  
CEPHALIC  
OTHER  
UNKNOWN

gnancy:

Tab to the "Fetal presentation at birth" field. 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**

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

Final method of delivery

If cesarean, was trial of labor attempted?

CESAREAN  
UNKNOWN  
VAGINAL/FORCEPS  
VAGINAL/SPONTANEOUS  
VAGINAL/VACUUM

gnancy:

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 & Payment 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 characteristics items field will gray out.

**Mother Morbidity**

NO Maternal Morbidity Noted For This Pregnancy:

Maternal transfusion	Third of fourth degree perineal laceration	Ruptured uterus	Unplanned hysterectomy
<input type="button" value="N"/>	<input type="button" value="N"/>	<input type="button" value="N"/>	<input type="button" value="N"/>
Admitted to intensive care	Unplanned operating procedure following delivery		
<input type="button" value="N"/>	<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 that apply to this pregnancy.

**Mother Morbidity**

NO Maternal Morbidity Noted For This Pregnancy:

Maternal transfusion	Third of fourth degree perineal laceration	Ruptured uterus	Unplanned hysterectomy
<input type="button" value="N"/>	<input type="button" value="N"/>	<input type="button" value="N"/>	<input type="button" value="N"/>
Admitted to intensive care	Unplanned operating procedure following delivery		
<input type="button" value="Y"/>	<input type="button" value="N"/>		

# Newborn

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

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 <input type="text"/>	Pounds <input type="text"/>	Ounces <input type="text"/>	Obstetric Estimate of Gestation <input type="text"/>
*Gender M ▼				
If APGAR test was not taken or score is Unknown, enter 99			5 Min Apgar <input type="text"/>	10 Min Apgar <input type="text"/>
Plurality 01	Birth Order - Number <input type="text"/>	Number Of Infants Born Alive This Delivery <input type="text"/>	Multiple Match Number <input type="text"/>	

### Abnormal Conditions

NO Abnormal Conditions Noted For The Newborn:

Assist ventilation immediately after delivery <input type="text"/>	Assist ventilation more than 6 hours <input type="text"/>	NICU admission <input type="text"/>
Surfactant Replacement Therapy <input type="text"/>	Seizures or serious neurologic dysfunction <input type="text"/>	
Significant birth injury requiring intervention <input type="text"/>	Specify Injury: <input type="text"/>	Antibiotics for neonatal sepsis <input type="text"/>

### 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"/>				

# 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 tabs 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 ▼	3600	07	15

# Newborn – Obstetric Gestation

Tab to the “Obstetric Estimate of Gestation” field. Enter the gestation in whole numbers only (i.e., drop any fractions or partial weeks).

Obstetric Estimate of Gestation

40

## Example

Weight Unit

G ▼

Grams

500

Pounds

1

Ounces

2

Obstetric Estimate of Gestation

40

A validation edit will appear if the weight and gestation do not correspond. Double check the records and enter the correct data or make note if correct.

## Validation Errors

[Newborn > Newborn](#)  
[Weight/Gestation/Gender/Apgar/Plur](#)  
[Order > Grams](#)

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

R

Bypass: 1 2

# Newborn - Sex

Tab to the sex field. The sex populates from the entry on the child's tab.

## Newborn Weight/Gestation/Sex/Apgar/Plurality/Birth Order

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

Weight Unit

G ▼

Grams

3200

Pounds

7

Ounces

1

Obstetric Estimate of Gestation

36

\* Sex

M ▼

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

Todd

Child's Middle Name

Child's Last Name

Walker

☐ No First Name

Mother's Last name prior to any marriage

Smith

Child's date of birth

05/06/2025



Sex

M ▼

Check for Duplicate

Check for Duplicate

# Newborn - Apgar Score

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.

If the 5-minute score is 6 or greater, the cursor will auto-fill the 10-minute score 8's tab forward to the next field

If APGAR test was not taken or score is Unknown, enter 99.	5 Min Apgar	10 Min Apgar
	<input type="text" value="06"/>	<input type="text" value="88"/>

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 APGAR test was not taken or score is Unknown, enter 99.	5 Min Apgar	10 Min Apgar
	<input type="text" value="05"/>	<input type="text" value="09"/>

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

If APGAR test was not taken or score is Unknown, enter 99.	5 Min Apgar	10 Min Apgar
	<input type="text" value="99"/>	<input type="text" value="99"/>

# Newborn-Plurality

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.

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

If a multiple-gestation birth event, see multiple birth pages in 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	24143

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 Infants Born Alive This Delivery” field and enter the numbers 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 item will auto-disable. Each condition items fields will be grayed out.

**Abnormal Conditions**

NO Abnormal Conditions Noted For The Newborn:

Assist ventilation immediately after delivery	Assist ventilation more than 6 hours	NICU admission
<input type="button" value="N"/>	<input type="button" value="N"/>	<input type="button" value="N"/>
Surfactant Replacement Therapy	Seizures or serious neurologic dysfunction	
<input type="button" value="N"/>	<input type="button" value="N"/>	
Significant birth injury requiring intervention	Specify Injury:	Antibiotics for neonatal sepsis
<input type="button" value="N"/>	<input type="text" value="Specify Injury:"/>	<input type="button" value="N"/>

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 characteristics fields will open.

Tab to the abnormal condition items indicated in the baby's medical charts and enter a Y for "Yes". Indicate as many conditions 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
<input type="button" value="N"/>	<input type="button" value="N"/>	<input type="button" value="N"/>
Surfactant Replacement Therapy	Seizures or serious neurologic dysfunction	
<input type="button" value="N"/>	<input type="button" value="N"/>	
Significant birth injury requiring intervention	Specify Injury:	Antibiotics for neonatal sepsis
<input type="button" value="Y"/>	<input type="text" value="Specify Injury:"/>	<input type="button" value="N"/>

# 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 item will auto-disable. Each condition items fields will be grayed out.

**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="N"/>
Omphalocele <input type="button" value="N"/>	Gastroschisis <input type="button" value="N"/>	Limb Reduction Defect <input type="button" value="N"/>	Cleft Lip With/Without Cleft Palate <input type="button" value="N"/>
Down Syndrome <input type="button" value="N"/>	Karyotype: <input type="text"/>	Suspected chromosomal disorder <input type="button" value="N"/>	Cleft palate alone <input type="button" value="N"/>
Hypospadias <input type="button" value="N"/>			

If congenital anomalies 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 will open.

Tab to the anomaly items indicated in the baby's medical charts and enter a Y for "Yes". Indicate as many conditions 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="N"/>
Omphalocele <input type="button" value="N"/>	Gastroschisis <input type="button" value="N"/>	Limb Reduction Defect <input type="button" value="N"/>	Cleft Lip With/Without Cleft Palate <input type="button" value="N"/>
Down Syndrome <input type="button" value="Y"/>	Karyotype: <input type="button" value="Confirmed"/>	Suspected chromosomal disorder <input type="button" value="N"/>	Cleft palate alone <input type="button" value="N"/>
Hypospadias <input type="button" value="N"/>			

# Newborn pg 2

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

## 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 Breastfeeding/Pumping At Time Of Report?

### Prenatal Care Study

Did Not Participate/No Number Available

Barrier's Code

### Newborn Screening

Did Infant Receive Newborn Screening?

If yes, Code Number:

If NO, Reason Why:

### Newborn Hearing Screening

Did Infant Receive Newborn Hearing Screening?

If No, reason why:

### Custody

Was Infant Removed From Birth Mother's Custody?

# Newborn pg 2 - Infant Transferred

Tab into “Was Infant Transferred” 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.

**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 the 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 transferred out of state within 24 hours of delivery, chose 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 hospital will require date 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:

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

- 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

Tab to the “Infant Alive Status” field. Enter the letter corresponding to the status of the infant to choose from the drop-down list.



The screenshot shows a form field titled "Infant Living At Time Of This Report?". A dropdown menu is open, displaying four options: Y, N, T, and U. The background of the form is light gray, and the dropdown menu is highlighted with a blue border. Below the dropdown, the text "al Care Study" and "Participate/No Number Available" are partially visible.

Y=Yes (Alive)  
N=No (Deceased)  
T=Transferred  
U=Unknown

A validation edit will appear 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 the bypass 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** in 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 properly registered.\*

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

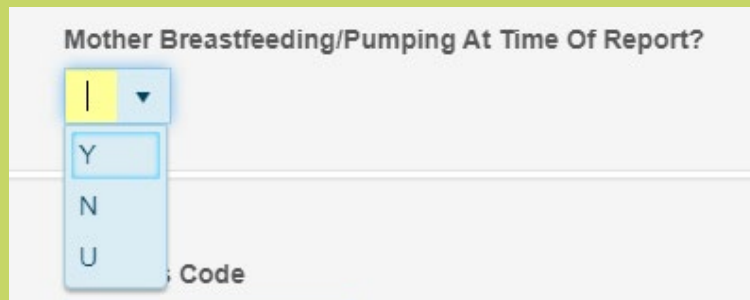
You have indicated that the infant is not living- Please verify. Call State birth registration staff with an update on the infant status.



Bypass: 1 2

# Newborn pg 2 - Mother Breastfeeding

Tab to the “Mother Breastfeeding/Pumping At Time of Reporting” field. Enter the letter corresponding to the status of time of the report or choose from the dropdown list.



The screenshot shows a form field with the title "Mother Breastfeeding/Pumping At Time Of Report?". Below the title is a dropdown menu that is currently open, displaying three options: "Y", "N", and "U". The "Y" option is highlighted. To the right of the dropdown menu, the word "Code" is visible.

Y=Yes  
N=No  
U=Unknown

Breastfeeding/pumping status is “at the time of this report.” If unknown, make note and explanation in record.

# 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**

<b>Did Not Participate/No Number Available</b>	<b>Barrier's Code</b>
<input type="text" value="Y"/>	<input type="text"/>

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**

<b>Did Not Participate/No Number Available</b>	<b>Barrier's Code</b>
<input type="text" value="N"/>	<input type="text" value="1234"/>

Enter U for “Unknown” in the “Did Not Participate/No Number Available” field and the remaining items in the paragraph will auto-fill.

# Newborn pg 2 - Newborn Screening

Tab to the “Did Infant Received Newborn Screening” field.

If “Yes” enter Y and tab to the ‘If Yes, Code Number” field. Enter the code number from the lab form. A validation edit will appear if the field is left blank. Enter U for “Unknown” if the number is not known.

**Newborn Screening**

Did Infant Receive Newborn Screening?	If yes, Code Number:	If NO, Reason Why:
<input type="text" value="Y"/>	<input type="text" value="unknown"/>	<input type="text"/>

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

**Newborn Screening**

Did Infant Receive Newborn Screening?	If yes, Code Number:	If NO, Reason Why:
<input type="text" value="N"/>	<input type="text"/>	<input type="text" value="Infant transferred"/>

**Newborn Hearing Screening**

Did Infant Receive Newborn Hearing Screening?
<input type="text"/>



# Newborn pg 2 - Hearing Screening

Tab to the “Did Infant Received Newborn Hearing Screening” field.

If “Yes,” infant did receive the newborn hearing screening, enter Y, the “If No, reason why” field will auto-disable. Tab to the next field. Enter U for “Unknown” if the number is not known.

## Newborn Hearing Screening

Did Infant Receive Newborn Hearing Screening?

If No, reason why:

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 Receive Newborn Hearing Screening?

If No, reason why:

Infant transferred

Parent refused

Infant deceased

Missed or broken machine

Refused; planned for later

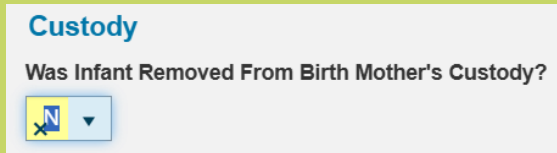
## Custody

Was Infant Removed From Birth Mother's Custody?

# Newborn pg 2 - Custody

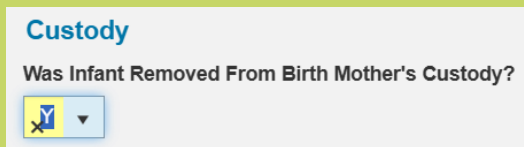
Tab to “Was Infant Removed from Birth Mother’s Custody?” field.

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

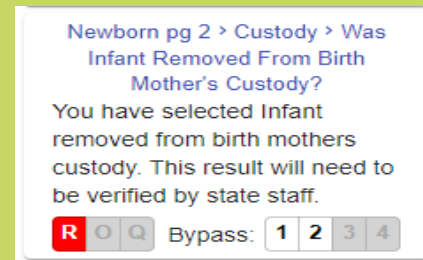


A screenshot of a form titled "Custody" with the question "Was Infant Removed From Birth Mother's Custody?". Below the question is a dropdown menu with a blue border and a small 'x' icon on the left. The letter 'N' is selected and displayed in the dropdown.

Enter Y for “Yes” if the birth mother is NOT maintaining custody of the infant and was removed. A validation edit will appear. Choose appropriate validation.



A screenshot of a form titled "Custody" with the question "Was Infant Removed From Birth Mother's Custody?". Below the question is a dropdown menu with a blue border and a small 'x' icon on the left. The letter 'Y' is selected and displayed in the dropdown.



A screenshot of a validation message box. The title bar reads "Newborn pg 2 > Custody > Was Infant Removed From Birth Mother's Custody?". The message text says: "You have selected Infant removed from birth mothers custody. This result will need to be verified by state staff." At the bottom, there is a red button labeled 'R', a grey button labeled 'O', a grey button labeled 'Q', and a "Bypass:" label followed by four numbered buttons: '1' (highlighted), '2', '3', and '4'.

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’s 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 (DHS) or law enforcement. **There must be a court order to mark removal, and the court order MUST be scanned & attached to the record.**

# Fees & Completion

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

Child	<b>Mother</b>	Mother pg 2	Mother pg 3	Spouse	Informant	Prenatal	Labor & Delivery	Labor & Delivery pg2	Newborn	Newborn pg 2	<b>Fees &amp; Completion</b>	Flags
-------	---------------	-------------	-------------	--------	-----------	----------	------------------	----------------------	---------	--------------	------------------------------	-------

### Registration & Certified Copy Fees

Registration & Certified Copy Fee Status

☐ Parent Paid by Check or Money Order to Iowa HHS

☐ 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

☐ Mother Refused to Sign

### Record Completion

IS RECORD COMPLETE? <input type="text"/>	Date Completed <input type="text"/>	Completed by <input type="text"/>	State File Number <input type="text"/>
Registrar signed <input type="text"/>	Registrar File Date <input type="text"/>	By <input type="text"/>	State Use Only <input type="text"/>

# Fees & Completion - Fee Payment Status Paid

Tab to the *Registration & Certified Copy Fees* field. Enter the payment status

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 Iowa HHS

☐ Parent Paid with Cash - Hospital Check

☐ Parent Billed by Hospital - Hospital Check

If Waived, reason why:

#

1234

Amount

\$35.00

#

Amount

#

Amount

If the fee status is “Paid” press the spacebar to select fee type. Tab to the method of payment and select the corresponding check box for the appropriate payment method by pressing the spacebar.

Tab and enter the check/hospital check/money order number. If a credit card payment is accepted, and the hospital check number is not available, leave the check number field blank, and enter \$35.00 in the amount portion.

Tab and enter the amount of the payment. The decimal points will auto-fill when tabbing forward.

# Fees & Completion - Fee Payment Status Not Paid or Waived

If the fee status is “Not Paid” enter the fee status of “NOT PAID” in the field or use drop-down. The rest of the items in the paragraph will auto display when tabbing out of the field.

**Registration & Certified Copy Fees**

Registration & Certified Copy Fee Status

Not Paid x ▼

If Waived, reason why:

# Amount

# Amount

# Amount

☐ Parent Paid by Check or Money Order to Iowa HHS

☐ Parent Paid with Cash - Hospital Check

☐ Parent Billed by Hospital - Hospital Check

If the fee status is “WAIVED” enter Waived in the field. Tab to the “Reason Why” field. Select the reason from the drop down.

**Registration & Certified Copy Fees**

Registration & Certified Copy Fee Status

Waived ▼

If Waived, reason why:

Medical assistance program

Indigent patient care

Indigent parent

Birth mother does not have custody

Amount

Amount

Amount

☐ Parent Paid by Check or Money Order to Iowa HHS

☐ Parent Paid with Cash - Hospital Check

☐ Parent Billed by Hospital - Hospital Check

# Fees & Completion - Statuses

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

If there is NOT a spouse and the Voluntary Paternity Affidavit form has been completed, click in the check box or press the spacebar on the checkbox to select Paternity Affidavit has been completed and being mailed.

## Paternity Affidavit Status

☐ Voluntary Paternity Affidavit has been completed and mailed

The cursor will move on to the Surrogate/Gestational Carrier Birth checkbox located in the Registration Status paragraph. Click in the check box or press the spacebar to select only if applicable.

Tab to Birth mother invoked Safe Haven, mark only if applicable.

Tab Mother Refused to sign (Birth Mother's Worksheet) and mark only if applicable. Make notes in record if any apply.

## Registration Status

☐ Surrogate/Gestational Carrier Birth

☐ Birth mother invoked Safe Haven

☐ Mother Refused to Sign

# Record Completion

If the record is complete, enter Y for “Yes” in the “Record Complete” field, tab, and then click on the green Save button located in the upper right corner of the screen. The system will auto-fill the date and the user’s name that completed the record.

**Record Completion**

IS RECORD COMPLETE?

Date Completed

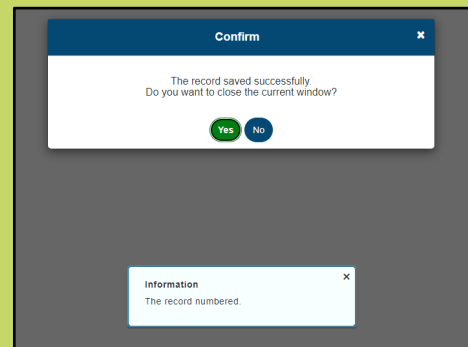
Completed by

State File Number

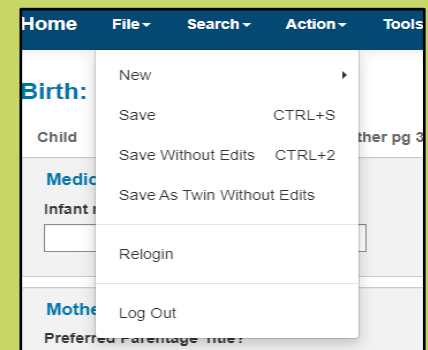
PLEASE Save NOW before registering the record.



Two pop-up messages appear indicating the birth record is numbered and the record is saved successfully. Click Yes when it asks to close current window.



If there are more births to be registered click the File menu drop down, New, Birth, Leave. This will create a new record.



When the record is complete, and a State File Number has been assigned, you can no longer make any edits/changes to the record. If something needs to be changed contact the Birth Registration staff with the Bureau of Health Statistics.

# Record Completion - Validations Overridden

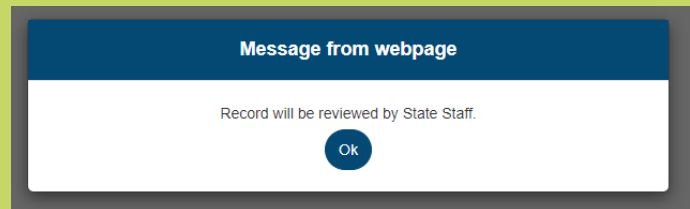
**Record Completion**

IS RECORD COMPLETE?  Date Completed  Completed by  State File Number

PLEASE Save NOW before registering the record.

Registrar signed  Registrar File Date  By  State Use Only

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 the validation. Click the OK button and close the browser.



The record will still be submitted for registration; however, a State file number will not be assigned until the State vital records staff have reviewed and accepted it.

Validations can be reviewed by selecting Actions on the main menu bar. Click on Review Overrides/Queries. Clicking the green GO button will take you to the field in question.

**Review Overrides and Queries**

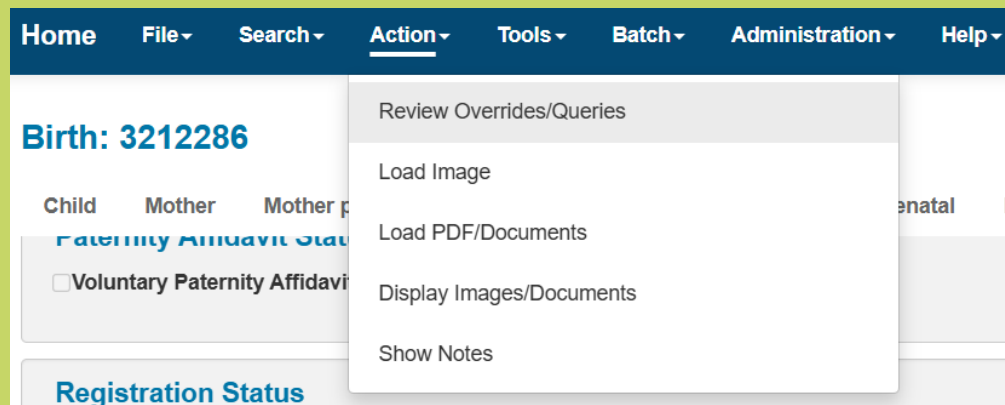
Field Name	Field Label	Status	
BIRTH_WEIGHT_GRAMS	Grams	overridden	<input type="button" value="Go"/>



# 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 saved as a PDF.

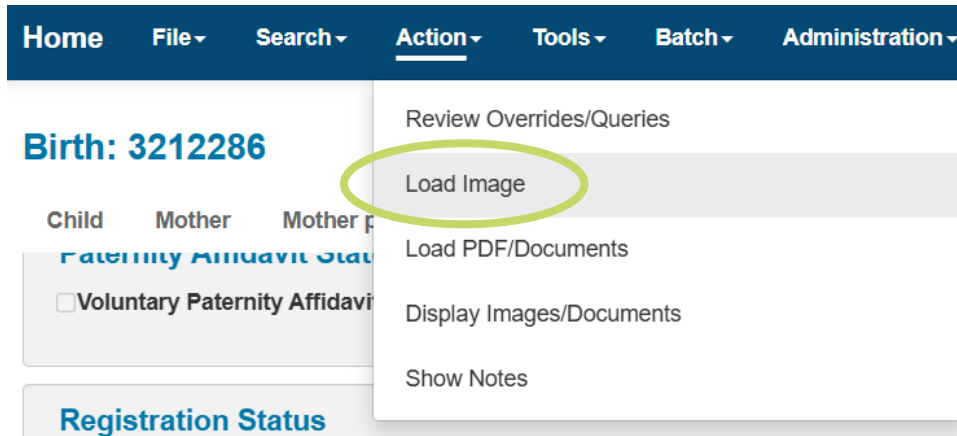


Select one of the 2 options:

- **Load Image:** If you have a scanner that routes it to a file document requiring you to save it as a file, use this option.
- **Load PDF/Documents:** 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.*

# Scan & Attach Birth Worksheets

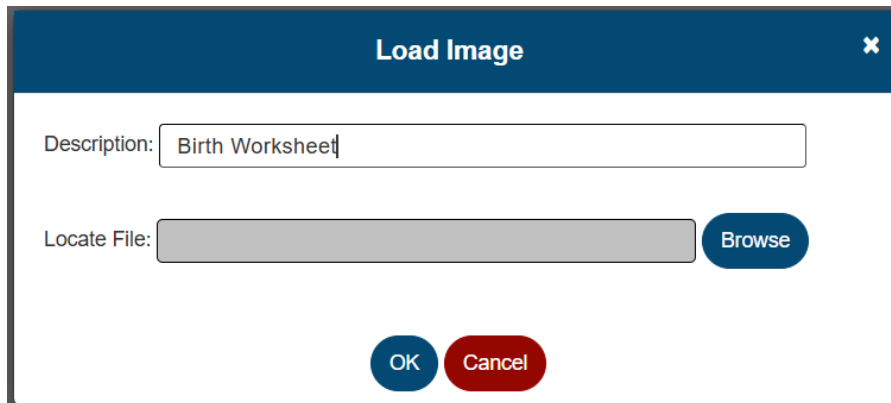
**Option 1:** Load image from the File. If you have a scanner that requires you to save it as an image.



The screenshot shows a web application interface with a dark blue navigation bar at the top containing the following menu items: Home, File, Search, Action, Tools, Batch, and Administration. Below the navigation bar, the main content area displays 'Birth: 3212286' in large blue text. Underneath this, there are sections for 'Child', 'Mother', and 'Mother p', followed by a 'Paternity Affidavit Status' section with a 'Voluntary Paternity Affidavit' checkbox. A 'Registration Status' section is also visible. The 'Action' menu is open, showing a list of options: 'Review Overrides/Queries', 'Load Image' (which is circled in yellow), 'Load PDF/Documents', 'Display Images/Documents', and 'Show Notes'.

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

On the birth record go to the menu and click Action>Load Image.

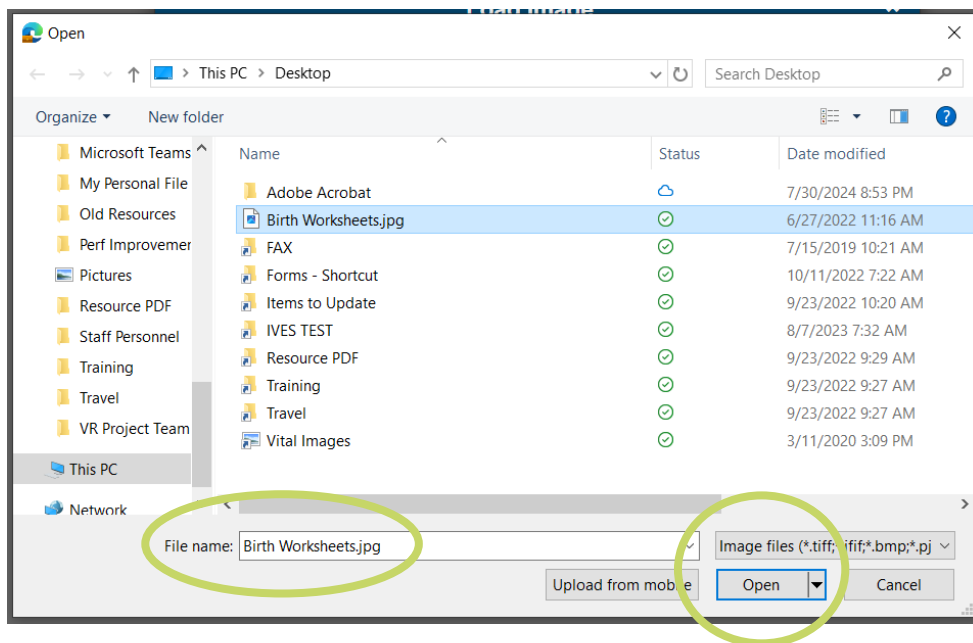


The screenshot shows a 'Load Image' dialog box with a dark blue header and a close button (X) in the top right corner. The dialog contains two input fields: 'Description:' with the text 'Birth Worksheet' entered, and 'Locate File:' with a file selection button labeled 'Browse'. At the bottom of the dialog, there are two buttons: 'OK' (blue) and 'Cancel' (red).

Load Image screen will appear. Enter “Birth Worksheet” as the Description.

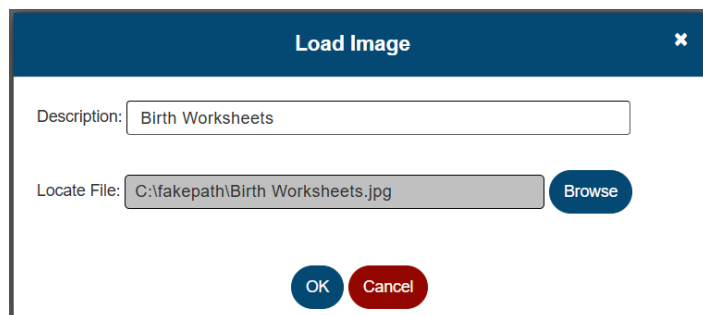
Then click on the Browse button.

# Scan & Attach Birth Worksheets



On the open screen, find the saved image file. Click on the image file which will filter into the “File name” field.

Click on the open button, which takes you back to the Load Image screen



On the Load Image screen, the file name populates in the “Locate File” field. Click the OK button.

# Scan & Attach Birth Worksheets

[illegible]

Image Editor screen pops up with the image of the attached document.

Enter **Birth-Registration** from the Security Function field dropdown.

Click Save to File button.

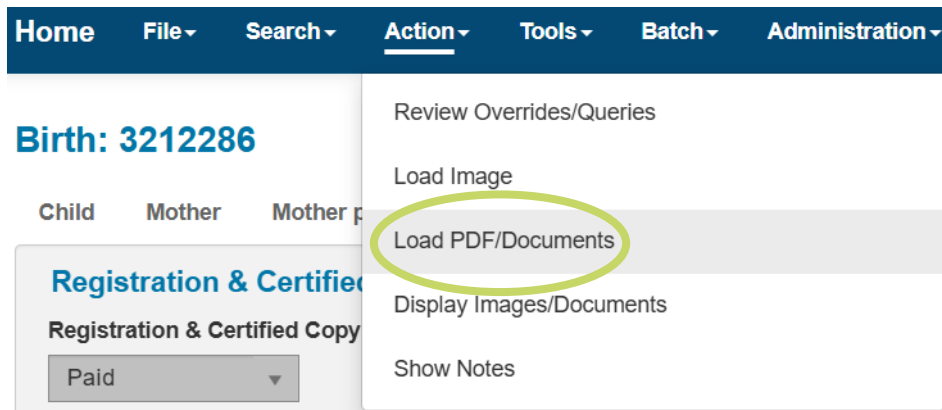
Image count: 1

Notes count: 0

To view the image, double click on the Image Count box located in the upper right-hand corner of the birth record.

# Scan & Attach Birth Worksheets

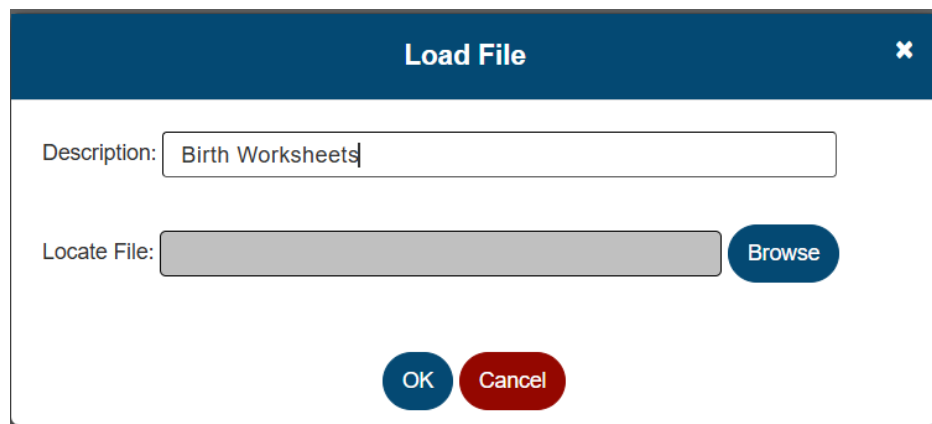
**Option 2:** Load PDF/Documents (if you have a scanner that requires you to save it as a PDF or Word Document).



The screenshot shows a software interface with a top navigation bar containing 'Home', 'File', 'Search', 'Action', 'Tools', 'Batch', and 'Administration'. Below the navigation bar, the 'Birth: 3212286' record is displayed. The 'Action' menu is open, showing options: 'Review Overrides/Queries', 'Load Image', 'Load PDF/Documents' (highlighted with a green circle), 'Display Images/Documents', and 'Show Notes'. On the left, there are tabs for 'Child', 'Mother', and 'Mother p', and a section for 'Registration & Certified Copy' with a 'Paid' status.

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

From the record click on Actions > Load File

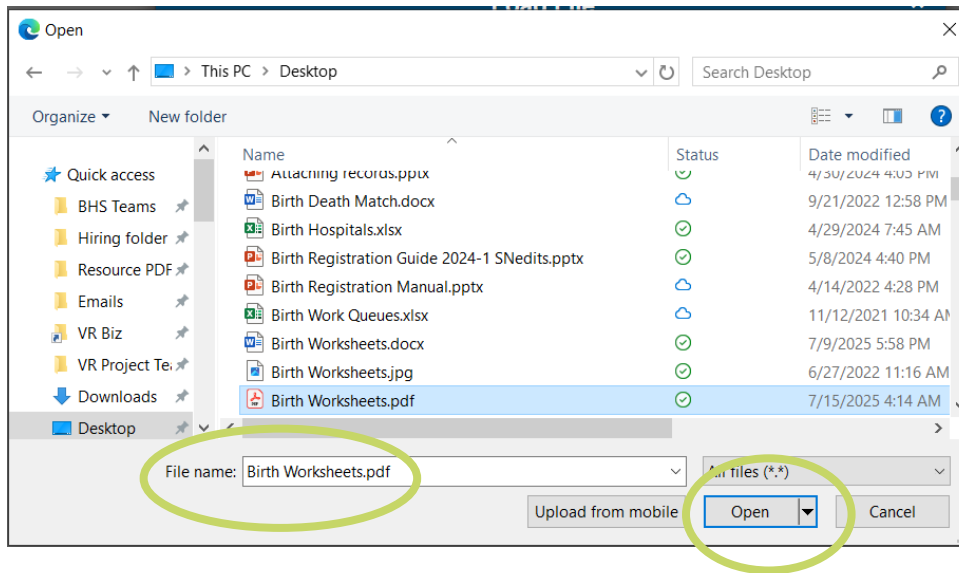


The 'Load File' dialog box is shown with a dark blue header and a close button. It contains a 'Description:' field with the text 'Birth Worksheets'. Below it is a 'Locate File:' field with a 'Browse' button. At the bottom are 'OK' and 'Cancel' buttons.

Load File screen will appear. Enter "Birth Worksheet" as the Description.

Then click on the Browse button.

# Scan & Attach Birth Worksheets



Go to where the worksheets is saved and find the saved PDF or word document file.

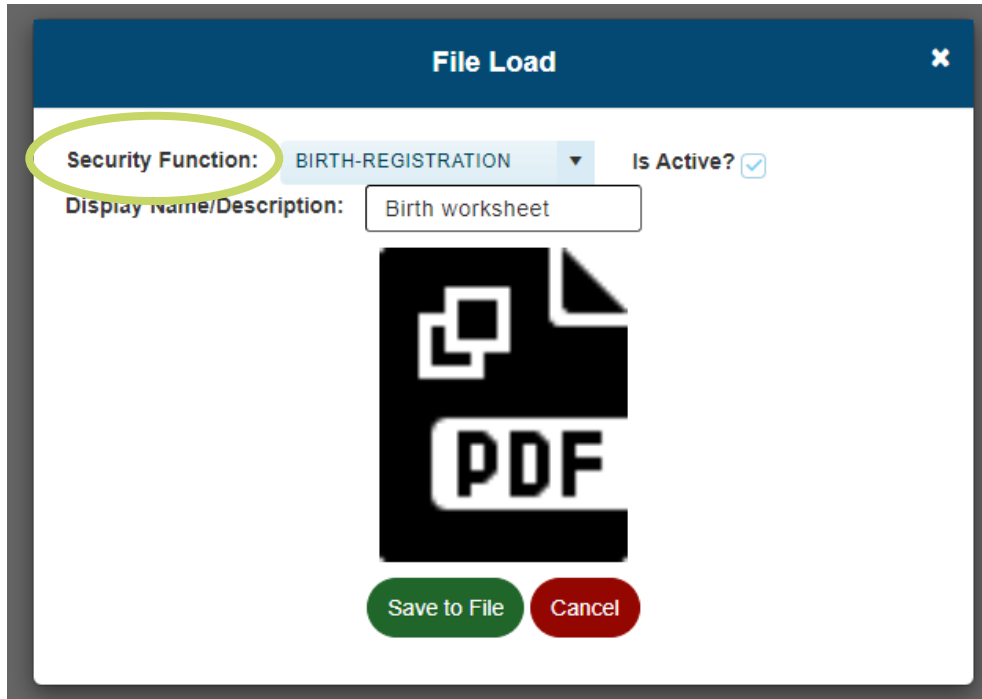
Click on the PDF or word document file which will fill into the “File name” field.

Click the Open button, this will take the user back to the Load File screen.

The screenshot shows a 'Load File' dialog box with a dark blue header. It has two input fields: 'Description' with the value 'Birth Worksheets' and 'Locate File' with the value 'C:\fakepath\Birth Worksheets.pdf'. There is a 'Browse' button next to the 'Locate File' field. At the bottom, there are 'OK' and 'Cancel' buttons. The 'OK' button is highlighted.

On the Load File screen, the file name populates in the “Locate File” field. Click the OK button.

# Scan & Attach Birth Worksheets



**File Load** [X]

**Security Function:** BIRTH-REGISTRATION [v] **Is Active?** ☒

**Display Name/Description:** Birth worksheet

PDF

Save to File Cancel

Image count: 1

Notes count: 0

File Load screen pops up with the attached document.

Enter **Birth-Registration** in the Security Function field.

Click the Save to File button.

To view the image, double click on the Image Count box located in the upper right-hand corner of the birth 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 for 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		1			22387

Tab to the Birth Order Number field and enter the birth order which will be 1 for the first baby born, 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 ←		22387

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

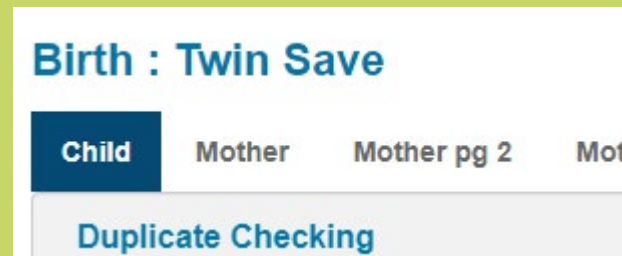
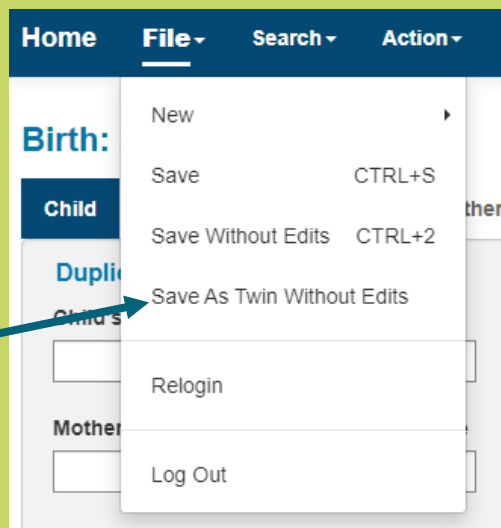


# Multiple Birth Event - BABY A

On the Fees & Completion tab enter all the items and enter Y for “Yes” in the Record Complete Field. Upload and attach Baby A’s birth worksheet.

After worksheet is attached, go to the File Menu, and click Save As Twin Without Edits. This will open the second record for Baby B.

Baby A’s record will move to the pending Work Queue to be signed off on and completed after Baby B’s information has been entered and the record completed.



# Multiple Birth Event – BABY B

Go to the Child's tab and begin entering Baby B's information in the duplicate checking paragraph. Then click on Check for Duplicate bar. The information from the duplicate check will automatically fill the child's information fields.

**Birth : Twin Save** Image count: 2 Notes count: 0

**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  ☐ No First Name

Mother's Last name prior to any marriage  Child's date of birth  Gender  Check for Duplicate

**System**

State File Number  Date Created  Date Modified  Registration Type  Record Status  Date Filed

**Child Information**

First Name  Middle Name  Last Name  Suffix

☐ No First Name Child Date of Birth

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

Skip over the Mother Pg 2, Mother Pg 3, and Spouse (if applicable) tabs to the Informant tab. Those fields are also pre-populated from Baby A's information.

# Multiple Birth Event – BABY B

On the Informant Tab, the informant's name is pre-populated. Enter all the remaining items on this tab.

Tab to the Prenatal tab, and the information is pre-populated except for the Previous Live Births and Other Pregnancy Outcomes paragraph. Enter “N” for No Previous Live Births field.

Number Of Previous Live Births-Now Living

01

Number Of Previous Live Births-Now Deceased

00

Date of last live birth

03/26/2024



If Baby A is Alive: Tab to the Number of Previous Live Births-Now Living enter 1 and tab to Number of Previous Live Births-Now Deceased field, enter 0. Tab to Date of last live birth and enter Baby A's date of birth.

If Baby A was Alive and then Died: Tab to the Number of Previous Live Births-Now Living enter 0 and tab to Number of Previous Live Births-Now Deceased field, enter 1. Tab to Date of last live birth and enter Baby A's date of birth.

Number Of Previous Live Births-Now Living

00

Number Of Previous Live Births-Now Deceased

01

Date of last live birth

03/26/2024




# Multiple Birth Event – BABY B

Tab to No Other Pregnancy and enter “Y” for Yes if Baby A is ALIVE and there are no other prior previous outcomes not resulting in live births. 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 is 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 of date of the last other pregnancy outcomes.

**Total number of other pregnancy outcomes**

**Date of last other pregnancy outcome**  

A validation error will appear. Override if correct and make a note in the record.

Prenatal > Prenatal Care > Date of last other pregnancy outcome

It is unusual for the last termination date to be within 10 months of the date of birth of this infant, please verify.

Bypass:

# Multiple Birth Event – BABY B

Continue entering all items in the Prenatal, Labor & Delivery, and Labor & Delivery Pg 2 tab until the Newborn Tab, plurality section. The Plurality and Birth Match Number default to Baby A.

Plurality	Birth Order - Number	Number Of Infants Born Alive This Delivery	Multiple Match Number
<input type="text" value="02"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="22388"/>

The Multiple Match Number must be the same as Baby A, or the record will not be able to be signed off on.

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
<input type="text" value="02"/>	<input type="text" value="02"/>	<input type="text" value="02"/>	<input type="text" value="22388"/>

Continue entering the remaining fields for Baby B until you reach the Fees & Completion Tab.

On the Fees & Completion tab enter the fee status, then Tab to the Record Complete field and enter Y and Save. The record will assign a state file number. Upload and attach Baby B's Birth Worksheet. Baby B record is complete, now Baby A needs to be completed.

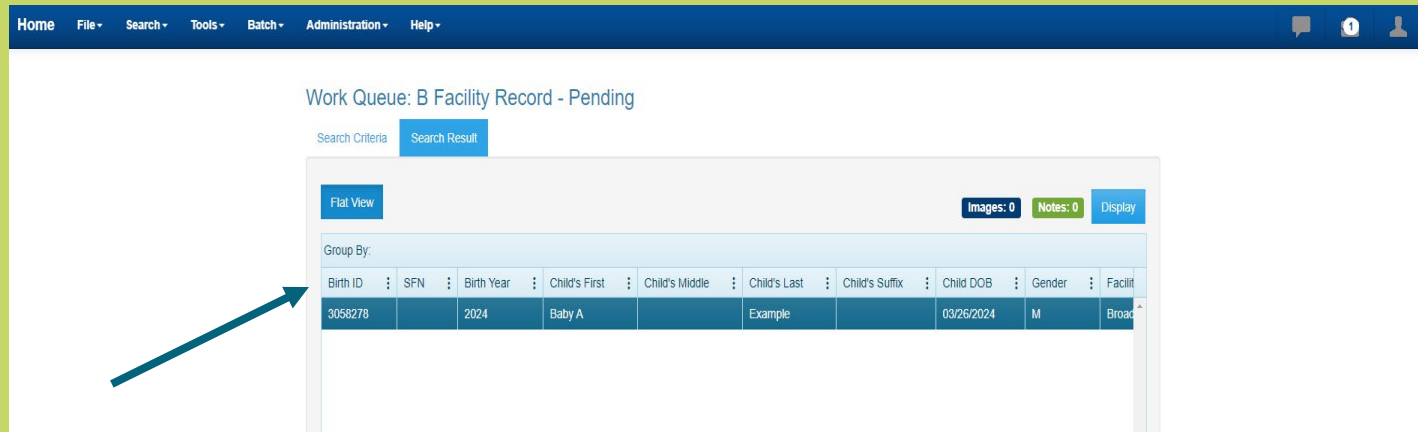
If multiple birth event has more than two, repeat the same process

# Multiple Birth Event – Registration

Go to the Home page, go to the Work Queues, and click on B Facility Record-Pending. This will take you to the pending work queue were Baby A listed.



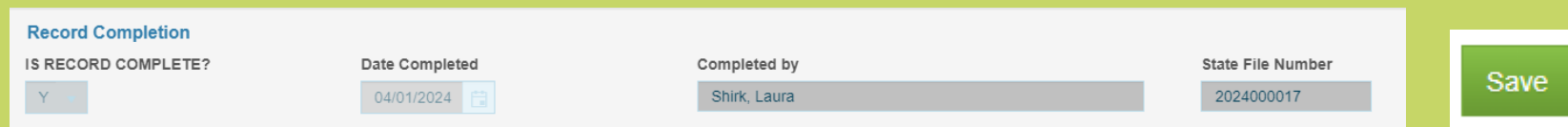
Double click and open Baby A.



Birth ID	SFN	Birth Year	Child's First	Child's Middle	Child's Last	Child's Suffix	Child DOB	Gender	Facility
3058278		2024	Baby A		Example		03/26/2024	M	Broad

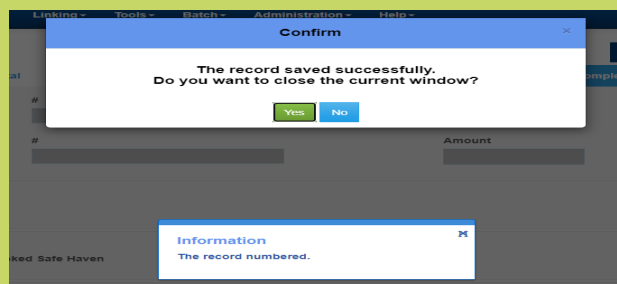
# Multiple Birth Event - Registration

Go to the Fees & Completion tab, enter “Y” in the Is Record Complete field, and Green Save in the right had corner. The record will assign a state file number.

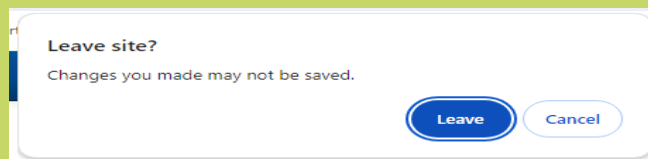


The form is titled "Record Completion" and contains four input fields and a "Save" button. The fields are: "IS RECORD COMPLETE?" with a dropdown menu showing "Y"; "Date Completed" with a date picker showing "04/01/2024"; "Completed by" with a text field showing "Shirk, Laura"; and "State File Number" with a text field showing "2024000017". A green "Save" button is located to the right of the form.

Two pop-up messages appear indicating the record has been numbered (if there are no validations for the State to review) and the record is 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 you back to the prior screen.



When the record is complete, and a State file number has been assigned, no edits/changes can be made to the record.

# 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 hospital 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 record 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 date as entered in the fields, missing documentations and any notes made by the hospital staff.

Review Overrides and Queries			
Field Name	Field Label	Status	
MOTHER_BIRTH_STATE	State of birth	overridden	Go
FATHER_INFO_NOT_OBTAINABLE	Spouse's information unobtainable	overridden	Go
LIVE_BIRTHS_DATE_MMDDYYYY	Date of last live birth	overridden	Go
APGAR_5	5 Min Apgar	overridden	Go
OK			

**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.

Record will be reviewed by State Staff.

The record saved successfully.

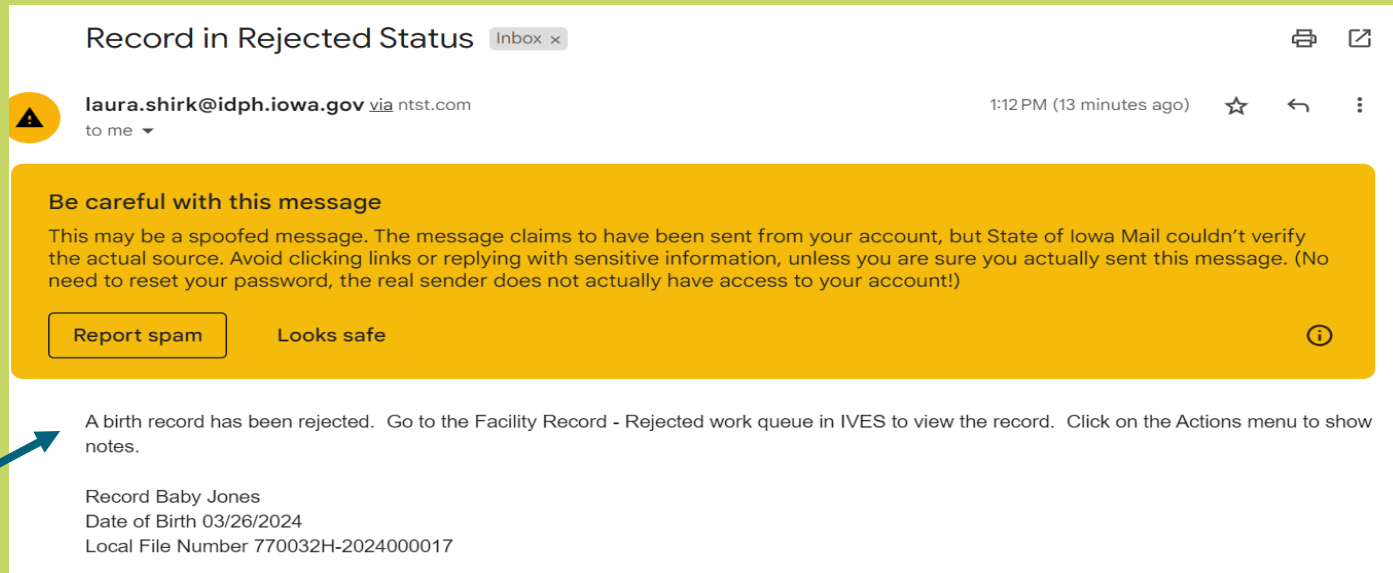
OK

If the record is found unacceptable as is, then it will be “Rejected” back to the hospital and accessible to the user for clarification or correction. There will be a note as to why it is being rejected. An email notification will be emailed to the user.



# Registration Rejected - Notification

A system generated email will go out to the hospital user when the record is rejected. Any issues with the birth record should be resolved promptly to facilitate registration by logging in and checking the Work Queues- B Facility Record-Rejected.



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 within 7 days of the child's date of birth.

# Registration Rejected - Work Queues

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

Home File Search Tools Batch Administration Help

STATE OF IOWA DEPARTMENT OF  
**Health AND Human**  
SERVICES

Work Queues

- B Facility Record - Pending 0
- B Facility Record - Rejected 1

Searches

No favorite searches.

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: 1 Display

Group By:

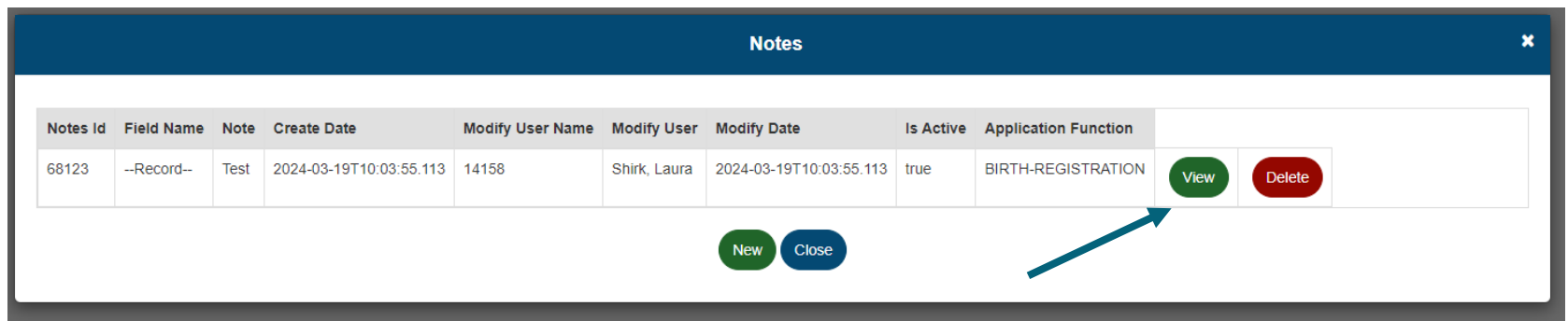
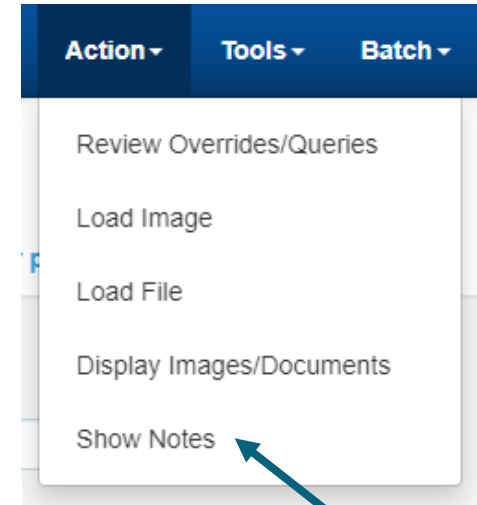
Birth ID	SFN	Birth Year	Child's First	Child's Middle	Child's Last	Child's Suffix	Child DOB	Gender	Facility
3058276		2024	Baby		Jones		03/26/2024	M	Broad

# Registration Rejected – Review Notes

Go to the main menu bar and select Actions>Show Notes or double click on the Notes Count button located on the top screen to see the reason for the rejection.

Click 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 a State staff when rejecting the record.



# Registration Rejected - Resubmitting

Make the appropriate correction.

If no corrections are necessary but validation of the data in the record or the required supporting documentation is needed:

- Make a Note in the record to validate the data or attach the Birth Worksheet/supporting documentation.
- Go to the Fees & Completion tab and go to the Record Completion paragraph. 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 that State staff prior to being accepted for registration.

## Record Completion

IS RECORD COMPLETE?

R ▼

Date Completed



Completed by

State File Number

# State Office Use Only

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.

Child

Mother

Mother pg 2

Mother pg 3

Spouse

Informant

Prenatal

Labor & Delivery

Labor & Delivery pg2

Newborn

Newborn pg 2

Fees & Completion

Flags

Flags System

Year of Birth

2024

Check Truncation

Check Truncation

Local File Number

770032H-2024000012

User

Ishirk

Create User Location

770032H

Birth ID

3058269

Death Info

Death Occurred

N

Date of Death

Death State

State File Number

Out-of-State File No.

Death Matched

Interfaces

SSA Status

Ready to Send

Date Sent

STEVE Status

Ready to Send

Date Sent

Out-of-State

OOS SFN Number

OOS Event Year

# 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 a week and the fee payment status for each.

IOWA DEPARTMENT OF PUBLIC HEALTH, BUREAU OF HEALTH STATISTICS									
FACILITY Name equal Broadlawns Medical Center-Des Moines									
RECORD_IS_COMPLETE_DATE between 03/25/2024-03/31/2024									
SUMMARY OF FEES REPORT									
Birth Registration and Certified Copy Fees									
R = _____									
VR = _____									
GF = _____									
Facility Name			Broadlawns Medical Center-Des Moines						
Address			1801 Hickman Road						
City, State, ZIP			Des Moines, Iowa 50314						
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
03/22/2024	Test Smith	Mom Smith	03/26/2024	X			123		\$35.00
Signature of Hospital Staff _____			Date Sent _____						
Submit original to the Iowa Department of Public Health/Vital Records with fee payments - Maintain copy in hospital records (4 years) Page 1 of 1									

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 or credit card payment, the hospital must issue a check to the State. Hospital may choose to bill new parents capable of paying the fee, and then issue a hospital check on behalf of the parent(s). Hospitals may not charge the parents a billing fee.

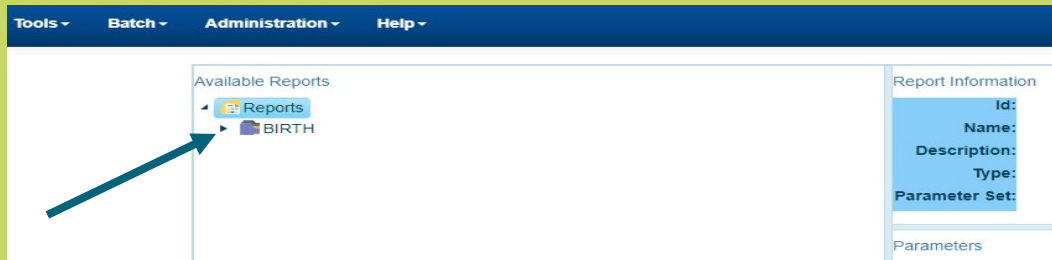
The Summary of Fee Report should also be used by the hospital to audit with their delivery room log to ensure that record has been filed for all live-born births occurring at or en route to the hospital.

# Summary of Fee Report - Printing Report

To access the Summary of Fee Report, go to menu and click Batch>Reports



Select Birth



Select Summary of Fees (Local)



# Summary of Fee Report - Printing Report

Click on Record is Complete Date and the parameter field will open.

The screenshot shows a web application interface for generating a report. On the left, under 'Available Reports', a tree view shows 'Reports' > 'BIRTH' > 'Summary of Fees (Local)'. A blue arrow points from this report to the 'Parameters' section on the right. The 'Parameters' section has a 'Facility Name' field with the value '@USERLOCATION\_DESC'. Below it, the 'RECORD\_IS\_COMPLETE\_DATE' field contains the text '05/02/2024,05/09/2024'. A second blue arrow points to this field, and a third blue arrow points to a small circular icon with three dots to its right. Below the field is a text prompt: 'Enter the Record is Complete date as a range such as: 05/01/2015,05/08/2015'. At the bottom of the interface, there are three buttons: 'Preview' (highlighted with a blue arrow), 'Execute', and 'Schedule'. There is also an 'Export to a file' checkbox and a 'File Format' dropdown menu.

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: 05/02/2024,05/09/2024

RECORD\_IS\_COMPLETE\_DATE: 05/02/2024,05/09/2024

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

Parameter Set

Clear

☐ Export to a file File Format: [dropdown]

Preview Execute Schedule

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 registered records)
- Use a comma to separate the two dates

Click Preview button to view report



# Summary of Fee Report – Printing Report

Click the Print icon in the top right corner of the window.

Click the X in the browser tab to close the report window.

The screenshot shows a web browser window displaying the 'Summary of Fees Report' from the Iowa Department of Public Health. The browser tab is titled 'VRS-NX Iowa' and the address bar shows a URL from 'idphvrstest.net'. The report itself is titled 'SUMMARY OF FEES REPORT' and includes fields for Facility Name, Address, City, State, ZIP, and a table of birth records. A blue arrow points to the 'X' icon in the browser tab, and another blue arrow points to the print icon in the top right corner of the report window.

Date of Birth	Child's Name	Mother's Current Name	Date Completed	Paid	Not Paid	Waived	Check or MO #	Hosp Check #	Amount
03/22/2024	Test Smith	Mom Smith	03/28/2024	X			123		\$35.00

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

All fee payments (checks/money order) should match with the total amount for the reporting period. If not, write edits on summary fee so checks and total match.

# Summary of Fee Report - Preview Layout

Browser tabs: VRS-NX Iowa - Netsmart VR PDF Viewer -

URL: idphvrst.netsmartcloud.com/NXTEST/report?selection=selection%3Dkey%253D%252Fdata%252F2e4...false%257Cprint%253Dtrue%257Csave%253Dtrue%257Cevent%...

Page 1 of 1 | 100% | [Icons]

Send Email

Close Report

Hospital

Number of pages

Print

State Use Only

Totals based on data entry in the records

Information pre-populates

Signature and date

Birth Records filed as complete during the range of dates indicated.

IOWA DEPARTMENT OF PUBLIC HEALTH, BUREAU OF HEALTH STATISTICS

**SUMMARY OF FEES REPORT**  
Birth Registration and Certified Copy Fees

Facility Name equal Broadlawn Medical Center-Des Moines  
RECORD\_IS\_COMPLETE\_DATE between 03/24/2024,03/31/2024

Facility Name: Broadlawn Medical Center-Des Moines  
Address: 1801 Hickman Road  
City, State, ZIP: Des Moines, Iowa 50314

Total Number of Pages of this Report: 1  
Total Number of Birth Records on this Report: 1  
Total Number of Affidavits Enclosed: 1  
Total Amount of Fees Enclosed: \$35.00

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
03/22/2024	Test Smith	Mom Smith	03/28/2024	X			123		\$35.00

Signature of Hospital Staff: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Submit original to the Iowa Department of Public Health/Vital Records with fee payments - Maintain copy in hospital records (4 years)

Page 1 of 1

# Contact Information

<b>Birth Registration Staff</b> Provides assistance to hospital staff with concerns about establishing birth records. This includes general questions on the Birth Worksheet, querying records with proof of information, establishing paternity, summary fee reports, etc.	515-725-2555
<b>Program Planner</b> Provides oversight for the Birth Registration Program. This includes providing training on birth registration and educational training.	515-281-3266
<b>IVES Helpdesk</b> Provides technical support for the Electronic Birth Registration System, IVES-NX.	866-309-0831
<b>Paternity Staff</b> Provides assistance to parents with general questions pertaining to processing paternity affidavits, rescissions, and court order paternity.	515-725-2567