HELPER

GUIDELINES

FOR

THE NEW YORK STATE CERTIFICATE OF LIVE BIRTH & QUALITY IMPROVEMENT 2011

With additions gleaned through trial, error, and questions by the Finger Lakes Region 2017

Bureau of Productions Systems Management (Vital Records)

New York State Department of Health June

2011

*Why is there a **HELPER** Guidelines?*

As we, the Registrars, worked with the state distributed Guidelines we found that we needed more clarification

This is a working document created for and by the Birth Registrars of the Finger Lakes Region. Its purpose is to aid in the accuracy and consistency of birth coding.

Contained within are the original 2011 DOH Guidelines with the addition of clarification as confirmed by Dr. Christopher Glantz (Director of Finger Lakes Regional Perinatal Programs), the NYSDOH and/or other Regional Perinatal Data Coordinators.

The clarifications are in a different type font and are highlighted in yellow

The latest version of the document is available at the Finger Lakes Region Perinatal Program (FLRPP) webpage: http://www.urmc.rochester.edu/flrpp/index.cfm

INTRODUCTION AND EXPLANATORY INFORMATION

The birth certificate is the official record of an infant's full name, date of birth and place of birth. The birth registration process has been incorporated into the context of the Statewide Perinatal Data System (SPDS).

The following instructions are given to guide the entry of the information from hospital and physician records and notes into the New York State Certificate of Live Birth. The instructions refer to the web based Birth Certificate. The guidelines follow the order of the SPDS screens and work booklet.

The data will be entered into the SPDS application and ONLY the legal portion of the record will be printed. The legal and medical/confidential information will be electronically transported to the New York State Department of Health over the Health Commerce System network (HCS). If a hospital wishes to retain a copy of the information from the SPDS, a facsimile record can be printed from the application, which contains most of the legal and Medical/Confidential information.

A work booklet is available in English and Spanish to assist hospital staff in gathering the information to prepare for entry into the SPDS. It is highly recommended that this be used.

An index at the end identifies the pages on which specific guidelines occur. The information contained herein will help to ensure that data gathered from different hospitals throughout the state will be consistent and will provide comparable statistics among various hospital settings.

The next 2 pages contain sections of the New York State Public Health Law that governs the collection and distribution of birth certificate information.

NEW YORK STATE PUBLIC HEALTH LAW
PERTAINING TO LIVE BIRTHS

New York State Public Health Law, Section 206(1)(e), states the Commissioner of Health shall obtain, collect and preserve such information relating to marriage, birth, mortality, disease and health as may be useful in the discharge of his/her duties or may contribute to the promotion of health or the security of life in the state; establish rules and regulations for the determination of asymptomatic conditions including, but not limited to Rh sensitivity, anemia, sickle cell anemia, Cooley's anemia and venereal disease.

New York State Public Health Law, Section 4102, states any person shall be deemed guilty of a misdemeanor, and upon conviction shall be fined or be imprisoned or be both fined and imprisoned in the discretion of the court, who for himself or as an officer, agent, or employee of any other person, or of any corporation or partnership, shall:

- refuse or fail to furnish correctly any information in his possession, or shall furnish false information affecting any certificate or record, required by this article; or
- willfully alter, otherwise than is provided by this article, or shall falsify any certificate of birth or death, or any record established by this article; or
- being a registrar, deputy registrar or sub-registrar, shall fail, neglect or refuse to perform his duty as required by this article and by the instructions and directions of the commissioner thereunder.

It further states whenever any physician, licensed midwife, or other person shall fail or neglect properly to record and file a certificate of birth as required by this article such person shall be liable to a fine, such person shall be guilty of a misdemeanor, punishable by a fine, or by imprisonment, or both.

New York State Public Health Law, Section 4150.5, states when a birth occurs in a hospital, the person in charge of such hospital or his designated representative shall obtain the personal data, prepare the certificate, secure the signatures required by the certificate and file it with the registrar. The physician in attendance or a physician acting in his behalf shall certify to the facts of birth and provide the medical information required by the certificate within five days after birth.

New York State Public Health Law, Section 4151.1, states that the report of the finding of a child whose parents are unknown, filed by the commissioner of social services or by the city social services officer in accordance with the provisions of subdivision two of section three hundred ninety-eight of the social services law, shall constitute the birth record of such child.

New York State Public Health Law, Section 4151.2, states the district wherein such child was found shall be considered as the place of birth, and the date of birth shall be that determined by the commissioner of social services or by the city social services officer as the approximate date of birth.

New York State Public Health Law, Section 4151.3, states if, however, such child be subsequently identified, and it should appear that a certificate of birth for this child has either before or following identification been filed, as otherwise provided in this article, the report of the commissioner of social services or of the city social services officer shall be placed under seal by the state commissioner of health, such seal not to be broken except upon order of a court of competent jurisdiction.

New York State Public Health Law, Section 4152, states the certificate of birth shall contain such information, including the social security numbers of the parents, and be in such form as the commissioner may prescribe. The personal particulars called for shall be obtained from a competent person acquainted with the facts. The certificate shall be signed by the attending physician or licensed midwife, with date of signature and his or her address.

It further states if there was no physician or licensed midwife, in attendance then the certificate of birth shall be signed by the father or mother of the child, householder, owner of the premises, director or other person in charge of the public or private institution where the birth occurred, or by any other competent person whose duty it is to notify the local registrar of such birth. The registrar shall enter the exact date of filing of the certificate of birth in his office attested by his official signature and registered number of birth.

New York State Public Health Law, Section 4155, states there shall be no specific statement on the birth certificate as to whether the child is born in wedlock or out of wedlock or as to the marital name or status of the mother. The phrase "child born out of wedlock" when used in this article, refers to a child whose father is not its mother's husband.

The name of the putative father of a child born out of wedlock shall not be entered on the certificate of birth prior to filing without the consent in writing of both the mother and putative father, witnessed by two persons not related to either of them and filed with the record of birth, except that with respect to a child born out of wedlock to a married woman, a determination of parentage made by a court of competent jurisdiction shall be required before the putative father's name may be entered on the birth certificate.

Orders relating to parentage shall be held confidential by the commissioner and shall not be released or otherwise divulged except by order of a court of competent jurisdiction.

New York State Public Health Law, Section 4172, states when the commissioner shall have so ordered, each registrar shall transmit, at such times as the commissioner shall direct, to the county health commissioner, public health director, director of patient services of a county, or to the state district health officer of the respective county or state health district in which such registrar's primary district is included, copies of original birth, fetal death and death certificates which have been registered in such primary registration district.

Each county health commissioner, public health director or director of patient services of a county and each state district health officer receiving copies of original certificates shall retain such copies thereof pursuant to subdivision one of this section as confidential records subject to such further regulation to assure such confidentiality as may be prescribed by the commissioner.

Public Health Law Section 4130

The five day requirement applies to all births and is outlined in Public Health Law Section 4130:

Birth: registration:

1. Live birth is defined as the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation breathes, or shows other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of

voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such birth is considered live born.

2. The birth of each child born alive in this state shall be registered within 5 days after the date of birth by filing with the registrar of the district in which the birth occurred a certificate of such birth, which certificate shall be upon the form prescribed therefore by the commissioner.
3. In each case where a physician or nurse-midwife was in attendance upon the birth, it shall be the duty of such physician or nurse-midwife to file said certificate.
4. In each case where there was no physician or nurse-midwife in attendance upon the birth, it shall be the duty of the father or mother of the child, the householder or owner of the premises where the birth occurred, or the director or person in charge of the public or private institution where the birth occurred, each in the order named, within five days after the date of such birth, to report to the local registrar the fact of such birth and to file said certificate.
5. When a birth occurs in a hospital, the person in charge of such hospital or his designated representative shall obtain the personal data, prepare the certificate, secure the signatures required by the certificate and file it with the registrar. The physician in attendance or a physician acting in his behalf shall certify to the facts of birth and provide the medical information required by the certificate within five days after the birth.

The reality is while the law says 5 days, and a strict interpretation would mean that a birth on a Monday at 1:00 pm would need to be filed by no later than Saturday at 1:00 pm, the reality is that registrars do not normally work evenings, Saturdays, or Sunday so the birth on a Monday at 1:00 pm may not be registered until the following Monday (or Tuesday). The Department does not currently track lateness and does not currently penalize lateness.

Guy Warner
NYS Registrar
Director, New York State Vital Records

Received 05/01/2017 - RV

ATTENTION HOSPITALS: ENROLLMENT OF NEWBORNS INTO MEDICAID

Return to Table of Contents

On August 9, 1999, Governor Pataki signed legislation (Chapter 412 of the Laws of 1999) requiring the New York State Department of Health **(DOH)** to ensure the timely enrollment of infants born to women who are receiving Medicaid into the Medicaid program. The new statute takes effect July 1, 2000.

The recently enacted statute requires DOH to assign a client identification number, and issue an active Medicaid identification card as soon as possible, but no later than ten **(10)** business days from the notification of the birth by the hospital. The legislation mandates that hospitals report live births to women in receipt of Medicaid to DOH or its designee within five **(5)** business days of the birth. Hospitals may face a financial penalty if they fail to comply with this provision. *(The potential fine is $3500.00 per offence-RV)*

The new law expands on existing Medicaid policy for newborns. Infants born to mothers who Medicaid recipients are automatically eligible for Medicaid. This Medicaid coverage continues until the child is age one. Consequently, we recommend that providers encourage the mother to notify the local Department of Social Services about the birth of the child. Providers are assured that Medicaid will pay for all medically necessary services provided under the Medicaid program to such infants.

Hospitals also must notify each mother, in writing upon discharge, that her newborn is considered enrolled in the Medicaid program and that she may access care, services, and supplies available under the program for her baby, provided that she herself is in receipt of Medicaid. (DOH will provide language to be used for this notification, and identify procedures to be used to notify mothers.) A Medicaid provider that furnishes medical assistance to such a child whose mother is in receipt of Medicaid will be eligible for Medicaid reimbursement whether or not the child has an identification card or a client identification number, in accordance with the applicable provisions of the Medicaid program with respect to care and services provided, and the claim submitted.

DOH is developing a process that uses existing computer systems to allow hospitals and DOH to meet the mandated time frames. Consequently, hospitals will not be required to develop separate systems to address the new statutory requirements. DOH, along with several other state agencies, will be working over the next several months to develop an automated system for registering newborn children in Medicaid within the time frames specified in the statute. The proposed automated system will use information received electronically from hospitals through the DOH Statewide Perinatal Data System to update Medicaid program computer systems.

We are requesting the cooperation of all hospitals across the State in complying with the new legislation to ensure the timely enrollment of newborns into the Medicaid program.

Additional information about activities to implement this new legislation will be provided in future issues of the Medicaid Update.

Table of Contents

New Birth Registration				
Mother	Mother's First Name:		Mother's Middle Name:	
	Mother's Current Last Name :		Last Name on Mother's Birth Certificate:	
	Social Security Number: – –	Mother's Date of Birth: (MM/DD/YYYY) / /		
	Infant's First Name:		Infant's Middle Name:	
	Infant's Last Name:		Infant's Name Suffix (e.g. Jr., 2nd, III):	
Infant	Sex: C Male C Female c Undetermined	Plurality:	Birth Order:	Medical Record No.:
	Date of Birth: (MM/DD/YYYY) / /	Time of Birth: (HH:MM) :	C am C pm C military (24-hour	
Infant	Was child born in this facility? C Yes C No If child was **not** born in this facility, please answer the following questions:			
	In what type of place was the infant born? C Freestanding Birth Center c Home (unknown intent) (regulated by DOH) c Clinic/ Doctor's Office C Home (intended) (not regulated by		If New York State Birthing Center, enter its name:	
			In what county was the child born?	

NEW BIRTH REGISTRATION SCREEN

MOTHER'S NAME
Enter the mother's first, middle and maiden names and her current last name. Maiden name is her last name at her birth, not a last name acquired by marriage.

MOTHER'S SOCIAL SECURITY NUMBER
Enter the parent's Social Security number. If the parent does not have a Social Security number, enter all zeros. If the Social Security number is unknown, enter all nines.

MOTHER'S DATE OF BIRTH
Enter the exact month, day and year (including the century) the parent was born. Use numbers for months and days such as 06 04 1977 for June 4, 1977.

INFANT'S NAME
If the parents have not selected given names for the child, enter the last name only. Do not enter Baby girl, Child, Infant boy, Newborn, Female, Male, etc. The child must have a first and last name in order to receive a social security card and number through the Enumeration at Birth program.

- FIRST – Capitalize the first letter of the entire name.
- MIDDLE – Capitalize the first letter of the entire name.
- LAST – Enter the last name of the child according to the following instructions:

Married Couple: A married couple may select any surname for their child. They may choose the traditional paternal surname, the maternal surname, the maternal maiden name, a combination of paternal and maternal surnames (hyphenated or otherwise), a name derived from ethnic custom, a name unrelated to the parents, etc. If there is a disagreement between the parents that cannot be resolved within the 5-day filing requirement, we

recommend that you enter the husband's surname as the surname of the child. Advise the parents that they may change the child's name by court order. If non-marital birth is alleged, the mother may select the child's surname unless the husband objects. If the husband objects, enter his surname. The final choice of surname will be determined after the court rules on the child's paternity.
Unmarried Mother: The mother may select any surname that she wants for the child. She may even choose the name of the putative father regardless of whether or not he has signed an Acknowledgment of Paternity. Without an Acknowledgment of Paternity, surname, in and of itself, does not prove parentage.
Widowed or Divorced: Selection of surname will depend on when the child was conceived. If conception occurred before the husband's death or the divorce was finalized, handle in the same manner as for a married couple. If conception occurred after the husband's death or the divorce was finalized, handle in the same manner as for an unmarried mother.

- SUFFIX Select an acceptable entry from the list provided in SPDS (Jr., 1st –10th, or Roman numerals I – X).

INFANT'S SEX
Record the child's sex by selecting male, female or undetermined.

PLURALITY
The number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age or if the fetuses were delivered at different dates in the pregnancy. If not a single birth, specify the type of delivery as single, twin, triplet, etc by using 1, 2, 3 etc.

BIRTH ORDER
If the birth results in one child, this field will be automatically filled with a '0'. If the birth results in more than 1 child, specify the order in which this child was born, i.e., first, second, etc. Be sure to count each member of this delivery, even if born dead. A separate birth certificate or fetal death certificate, as the case may be, is required for each member of a multiple birth.

INFANT'S MEDICAL RECORD NUMBER
Enter the medical record number from the infant's chart.

INFANT'S DATE OF BIRTH
Enter the exact month, day and year (including the century) the child was born. When entering the date enter the numbered abbreviation for the date in the correct fields (e.g., 06 04 2001). Midnight or 2400 hours in military time belongs to the day that is ending. A new day begins at 12:01 a.m. or 0001 in military time.

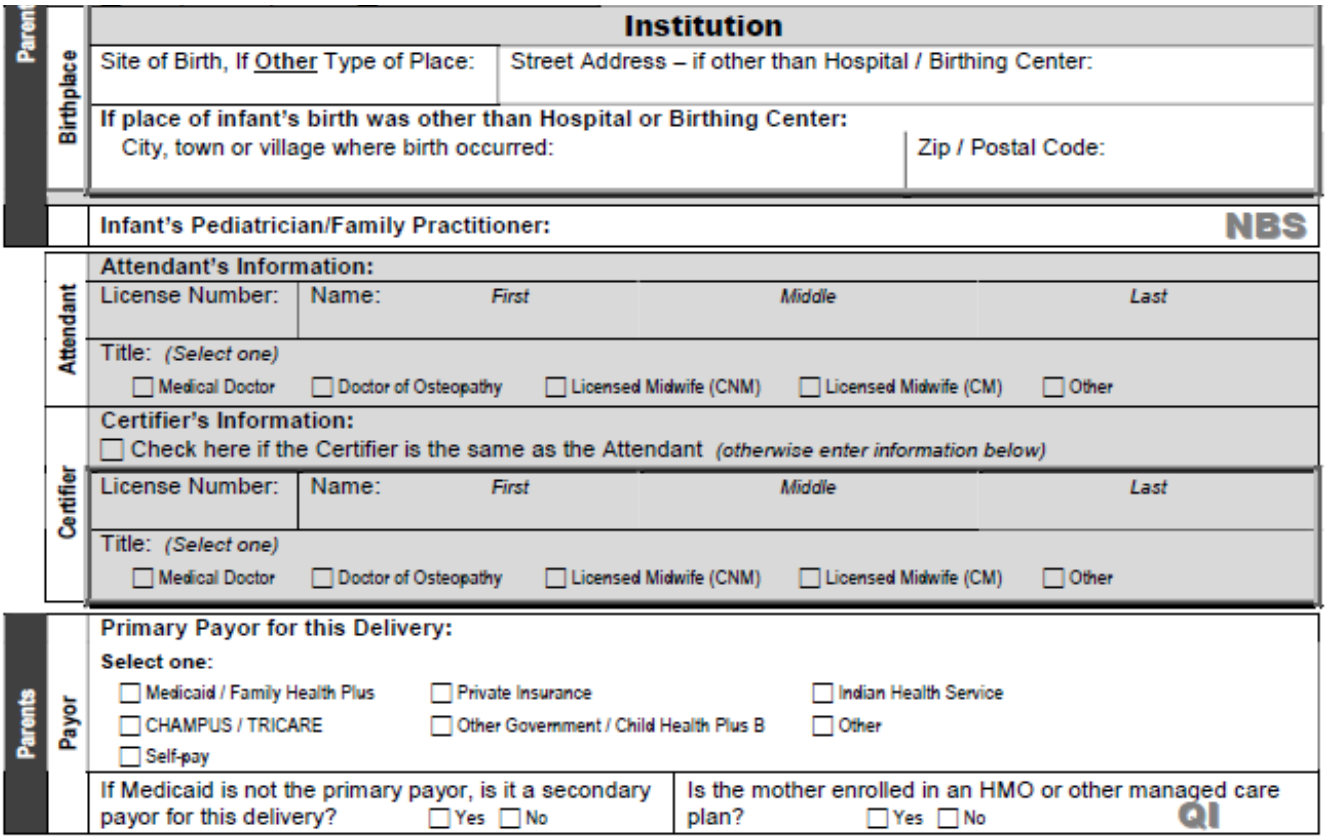
INFANT'S TIME OF BIRTH
Enter the correct local time. Use standard or military time. Valid entries for military time are 0001-2400. Midnight or 2400 hours in military time belongs to the day that is ending. A new day begins at 12:01 a.m. or 0001 in military time.

WAS CHILD BORN IN THIS FACILITY?
IF OTHER NYS FACILITY, SELECT ITS NAME
TYPE OF PLACE OF BIRTH
Select the place of birth where the child was born:

- Hospital
- Home (intended)
- Home (unintended)
- Home (unknown intent)
- Clinic/Doctor's Office (not regulated by DOH)

- Freestanding birthing center (regulated by DOH)
- Out of state hospital (DOH users only)
- Other
- Unknown

IN WHICH COUNTY WAS THE CHILD BORN?



INSTITUTION SCREEN

BIRTHPLACE

FACILITY OF BIRTH
The hospital of birth should be displayed.

TYPE OF PLACE OF BIRTH

SITE OF BIRTH IF OTHER TYPE OF PLACE
If the infant was not born at the hospital but arrived at the hospital from a conveyance (e.g. ambulance, private car, taxi, bus public vehicle), indicate the name of hospital and the word 'enroute'. For the above conveyances, include the word "enroute" in parentheses.

STREET ADDRESS, IF PLACE OTHER THAN HOSPITAL, BIRTHING CENTER, ENROUTE

OTHER THAN HOSPITAL/BIRTH CENTER, LOCALITY
Enter the City, Town or Village by choosing from the list in the SPDS.

IF OTHER THAN HOSPITAL/BIRTH CENTER, ZIP CODE

INFANT'S PEDIATRICIAN/FAMILY PRACTITIONER
Enter the name (and location, if known) of the doctor or other health care professional who will care for the infant after he/she is released from the hospital. This may or may not be the same as the doctor who cared for the infant while in the hospital.

ATTENDANT AT BIRTH - LICENSE
Enter the attendant's license number. If the attendant is a physician or a doctor of osteopathy, they should have a six-digit license number. If you do not have a six-digit number for them call them (or the State Education Department) and ask for it. Call the Board of Medicine at 518-474-3841 for MD's and DO's license numbers. Call the Midwifery Board at 518-474-3848 for midwife's six digit state number. This is not the ACNM number that had been previously used.
License numbers for physicians and midwives may be obtained from the New York State Education Department web site at www.nysed.gov. If the attendant is an intern or other person without a license number, the license number of the supervising doctor should be used. There will be some births where the attendant may not have a license number (e.g. mom, dad, taxi driver).

ATTENDANT AT BIRTH – NAME
The attendant is the person who delivered the infant. If nobody was present for the birth the mom would be the attendant. Enter the name of the attendant.
The name, title, mailing address and license number of each person eligible to attend births in this institution may be stored in the SPDS. Enter the license number of the attendant. If the attendant's information is stored in the SPDS it will populate the remaining attendant fields. If the attendant's data is not stored in the SPDS, key in the attendant information.

ATTENDANT AT BIRTH – TITLE
Enter the title of the attendant. If the attendant is not one of the ones listed choose 'other'. The 'other' category would be used when the mother, father, taxi driver etc. was the attendant.

CERTIFIER OF BIRTH
- BIRTHING HOSPITAL when a birth occurs in a birthing hospital, the physician, licensed midwife or other person in attendance is required to certify to the facts of birth by signing and dating the birth certificate. In the absence of the person who attended the birth, the hospital administrator is required to designate a physician to certify the facts of birth. The paper portion of the birth certificate will not be accepted without the signature of the certifier and the date. This means a licensed midwife may only sign for themselves and not for a physician or another licensed midwife. If you know who the certifier will be as you are filling in the birth certificate enter his/her license number, name and title.
- CLINICS AND NON-BIRTHING HOSPITAL BIRTHS These births must be filed on long forms.
- EXTRAMURAL BIRTHS If you are preparing a certificate as a courtesy for a birth that occurred outside of a hospital or clinical setting the mother or other person (EMT, ambulance attendant, etc.) who delivered the baby should be listed as attendant. The attendant must certify the birth certificate and you should make a reasonable attempt (telephone call, letter) to obtain the certifier's signature on the birth certificate. If the attendant is not available to certify the birth certificate, the birth certificate should be sent without the certifier's signature to the local registrar of the municipality where the child was born. Please advise the local registrar that the birth certificate is incomplete. The local registrar will then be responsible for obtaining the signature of the mother or other person who attended the birth. The certifier must sign before the birth certificate can be filed or copies issued.

PRIMARY PAYOR FOR THIS DELIVERY *See the addendum pg. 8, an abbreviated NYS Managed-Care-Directory. Details were extracted for the Finger Lakes Region in 2016*.

- **Medicaid** - select this choice if the mother's care was paid for by Medicaid, PCAP, MOMS, Child Health Plus A, Medicaid Managed Care, or Family Health Plus
- **Private Insurance** - select this item if the mother's care was paid for by private insurance, including indemnity insurance and/or managed care insurance
- **Self-pay** - select this item if the mother had no health insurance

- **Indian Health Service**
- **CHAMPUS/TRICARE** (Military and dependents)
- **Other government** (e.g. Child Health Plus B, Veteran's Administration)
- **Other**
- **Unknown**

MEDICAID CLIENT IDENTIFICATION NUMBER (CIN)
The CIN (Client Identification Number) is a unique identifying number that is assigned to individuals who are in receipt of Medicaid or Family Health Plus. The "number" sequence always consists of two letters, followed by five numbers, followed by another letter. Medicaid enrollees should have an identification card with the CIN. Family Health Plus enrollees will NOT have a "Medicaid" or "Family Health Plus" card, but will have a Managed Care card which should have a number with the CIN sequence; this suggests that a person who presents with a managed care card with what appears to be a CIN may be enrolled in Family Health Plus. If a hospital has reason to believe that a mother is in receipt of Medicaid/Family Health Plus but they do not have a number, there is a provider line that a hospital or doctor's office can call to obtain the number (518 473-4620); the client's name, date of birth, and social security number will be needed. If a hospital has reason to believe that a mother is in receipt of Medicaid/Family Health Plus but they do not have a number and are unable to obtain one, they should report the payor as Medicaid on SPDS (either primary or secondary), and the system will attempt to find the mother's case based on demographic information (such as name, Social Security Number and date of birth).
If presented with an insurance card that has a "CIN", it is Medicaid no matter what the Insurance carriers name is.

SECONDARY MEDICAID PAYOR?
Select 'yes' if the mother's primary payer is NOT Medicaid, but she had Medicaid coverage.

HMO ENROLLMENT?
Americans who have health insurance through their employer (and many who are self-insured) are generally enrolled in some type of a managed care plan -either an HMO (Health Maintenance Organization) or PPO, (Preferred Provider Organization.). Less common managed care plans are POS (point-of-service) plans that combine the features of an HMO and a PPO.

Managed Health Care Directory - New York State Dept. of Health
www.health.ny.gov/health_care/managed_care/pdf/hmo_dir.pdf

Excellus Health Plan, Inc. - other DBA's: Blue Choice, Finger Lakes HMO, HMO Blue, Universal Health Care HMO, Upstate HMO
Plan Type: HMO (Health Maintenance Organization)

	Commercial	Medicaid	Child Health Plus
Chemung	X	X	
Livingston	X	X	
Monroe	X	X	
Ontario	X	X	
Schuyler	X		
Seneca	X	X	
Steuben	X		
Wayne	X	X	
Yates	X	X	

HealthNow New York Inc. - other DBA's Community Blue, Community Blue: Blue Cross Blue Shield of Western New York, Community Blue: Blue Shield of Northeastern New York, Health Now
Plan Type: HMO (Health Maintenance Organization)

	Commercial	Medicaid	Child Health Plus
Chemung	X		
Monroe	X		
Wayne	X		

MVP Health Plan, Inc.
Plan Type: HMO (Health Maintenance Organization)

	Commercial	Medicaid	Child Health Plus
Livingston	X	X	X
Monroe	X	X	X
Ontario	X	X	X
Seneca	X		
Steuben	X		
Wayne	X		
Yates	X		

Managed Health Care Directory - New York State Dept. of Health
www.health.ny.gov/health_care/managed_care/pdf/hmo_dir.pdf

NYS Catholic Health Plan, Inc. - Other DBA's: Better Health Plan, Fidelis Care NY
Plan type: PHSP (Prepaid Health Services Plan)

		Commercial		Medicaid		Child Health Plus
Chemung		X		X		X
Livingston		X		X		X
Monroe		X		X		X
Ontario		X		X		X
Schuyler		X		X		X
Seneca				X		
Steuben		X		X		X
Wayne		X		X		X
Yates				X		

UnitedHealthCare of NY - other DA's: AmeriChoice by UnitedHealthCare, UnitedHealthCare Community Plan
Plan Type: HMO (Health Maintenance Organization)

		Commercial		Medicaid		Child Health Plus
Chemung				X		X
Livingston				X		
Monroe				X		X
Ontario				X		
Seneca				X		
Wayne				X		

WellCare of NY, Inc.
Plan type: PHSP (Prepaid Health Services Plan)

		Commercial		Medicaid		Child Health Plus
Schuyler				X		
Steuben				X		

YourCare Health Plan, Inc.
Plan type: PHSP (Prepaid Health Services Plan)

		Commercial		Medicaid		Child Health Plus
Schuyler				X		
Steuben				X		

RELEASE OF INFORMATION ATTESTATION & SOCIAL SECURITY

Mother's Name: First	Middle	Last	Mother's Med. Rec. Number:
Father / Second Parent Name: First	Middle	Last	Suffix
Infant's Name: First	Middle	Last Suffix	Date of Birth

To the hospital:

1. Obtain the parent(s) signature(s).
2. File the original Release Form in the mother's hospital record.
   Note: It is not necessary to file the remainder of the Work Booklet.
3. Provide a copy to the parent(s).
4. Do not send copies to the New York State Department of Health or to any Social Security office, unless specifically requested by such agency.

To the parent(s):

1. Please read the following notice about the collection and use of Social Security Numbers on your child's birth certificate.
2. Please check "Yes" or "No" to indicate if you wish to participate in the Social Security Administration's Enumeration at Birth program.

NOTICE REGARDING COLLECTION OF PARENTS' SOCIAL SECURITY NUMBERS: The collection of parents' Social Security Numbers on the New York State Certificate of Live Birth is mandatory. They are required by Public Health Law Section 4132(1) and may be used for child support enforcement, public health related purposes, when requested by State, federal and municipal governments for official purposes, when required by Public Health Law Section 4173 or 4174, and when otherwise required or authorized by law.

Social Security Release

The Social Security Administration offers the parents of newborns an opportunity to apply for a Social Security Number for their child through the birth certificate registration process. This is referred to by the Social Security Administration as Enumeration at Birth (EAB). If you participate in the EAB, the New York State Department of Health will forward to the Social Security Administration information from your child's birth certificate. Please note that the Social Security Administration will not process your EAB request unless, the birth certificate includes your child's full name. If you participate in the EAB, disclosure of parents' Social Security Numbers is mandated by 42 U.S.C. 405(c)(2). The Social Security Number(s) will be used by the Internal Revenue Service (IRS) solely for the purpose of determining Earned Income Tax Credit compliance. If you wish to participate in the Social Security Administration EAB program check "Yes" below.

May the Social Security Administration be furnished with information from this form to issue your child a social security number?

Yes ☐

No ☐

Mother's Signature ▶ _____ **Date** _____

Father's or Second Parent's Signature ▶ _____ **Date** _____

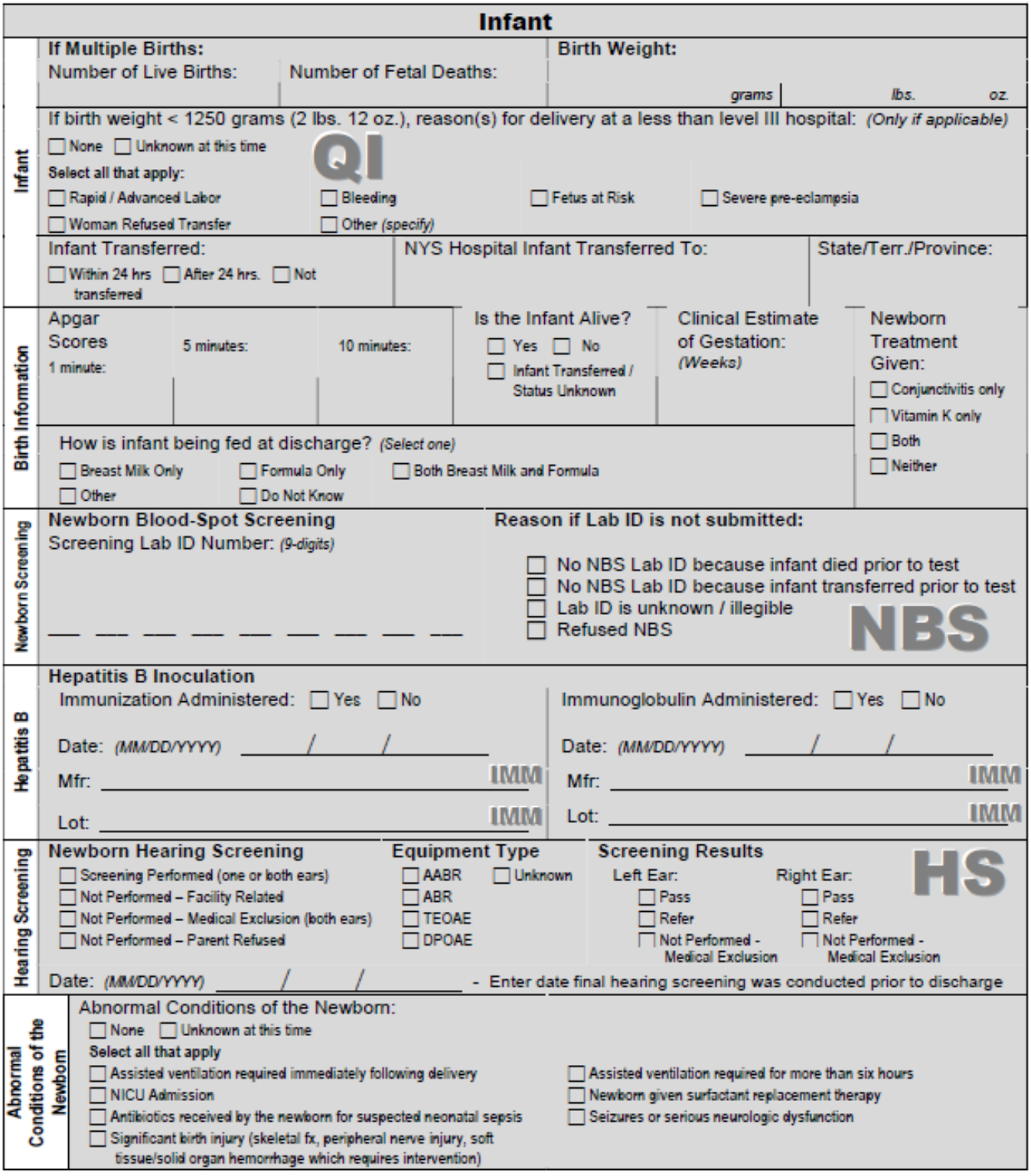
Either parent's signature applies to the above release.
If neither box is checked for the release, a 'No' response will be assumed.

Hospital Name:	
Signature of Hospital Representative: ▶	Date:

RELEASE OF INFORMATION ATTESTATION SCREEN

- **SOCIAL SECURITY** This release form indicates whether NYSDOH has parental permission to furnish the Social Security Administration with information from this form, so that they may issue a Social Security number in the child's name. This is known as the Enumeration At Birth (EAB) program. A 'Yes' should only be indicated if a parent has signed the release and the release is kept on file in the hospital. If the parents do not have an SSN themselves, hospitals should encourage the parents to apply for the child's SSN through the EAB process. The EAB program requires that the child have a first and last name and be alive at the time of the application.

If the parents have not selected a first name for the child, they may not participate in the EAB process. If the parents have not selected a first name for the child, enter the last name only and make the parents aware that they may apply for a social security number at their local Social Security office once they have chosen a first name. Do not enter Baby girl, Child, Infant boy, etc. *If an infant passes but and the parents still wish to obtain a SS# in New York State they will need to go to the local SS office with both a birth & death certificate (get from funeral home or vital records). The parent(s) will also need ID for themselves. They will be asked to complete a form and receive a SS# within the next few weeks. If the parents are from another state they will need to contact that state's SS office. (NY SS Office 1/2011)*



INFANT SCREEN

NUMBER OF LIVE BIRTHS (If Multiple Births)
This is used to check the values entered in plurality and birth order fields.

NUMBER OF FETAL DEATHS (If Multiple Births)
This is used to check the values entered in plurality and birth order fields.
If there is mention in the chart about a reduction after documentation of # of eggs implanted you should document ITOP. This is a difficult subject as it muddies the G's and P's numbers. Ex: If this is the first pregnancy and the mother has 4 eggs implanted with a reduction to 2 eggs which progress to a live delivery of twins you will have a term delivery and an abortion in the same pregnancy. (G1P1012) This is a reality. With respect to the mother she and her obstetrician will most likely be the only ones with direct knowledge of the situation. As data that comes from the Statewide Data System is de-identified, no one else will have nor be able to get specific knowledge of her situation through our data.
If there is no mention of reduction in the patient's chart, only document the number of babies born.
Do not code vanishing twin (From Dr. Glantz 2012)

INFANT'S DATE OF BIRTH
Enter the exact month, day and year (including the century) the child was born. When entering the date, enter the numbered abbreviation for the date in the correct fields (e.g., 06 04 2001). Midnight or 2400 hours in military time belongs to the day that is ending. A new day begins at 12:01 a.m. or 0001 hr.in military time.

INFANT'S TIME OF BIRTH
Enter the correct local time. Use standard or military time. Valid entries for military time are 0001-2400 hrs. Midnight or 2400 hours in military time belongs to the day that is ending. A new day begins at 12:01 a.m. or 0001hr. in military time.

BIRTHWEIGHT
Enter the birthweight of the infant as it is recorded on the hospital record. Enter the birthweight in either grams **OR** pounds and ounces, depending on the scales used. Do not convert from one measure to the other. The SPDS will display the weight in both grams and pounds and ounces.

IF BIRTHWEIGHT < 1250 GRAMS (or 2 lbs. 12 oz.), REASON FOR DELIVERY AT A LESS THAN LEVEL III HOSPITAL
Please indicate reasons for delivery at birth hospital if it is not a Level III or IV facility and the infant's birthweight is less than 1250 grams, or 2lbs. 12oz..

- Rapid/advanced labor 4 or more centimeters dilated
- Bleeding more than 100 ml/hr.
- Fetus at risk/NFS
  - Evidence from a biophysical profile of a disturbance in utero
  - Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half or more of the contractions
  - Breech or a malpresentation such as transverse lie, shoulder presentation
  - Frank prolapse of the cord
  - Fetal structural anomaly, such as fetal hydrocephalus
  - Persistent late decelerations during most contractions
  - Persistent variable decelerations during most contractions, often 60 to 80 bpm
  - Prolonged bradycardia below *110* to 100 bpm 10 minutes or longer
  - Prolonged tachycardia above 160 to 180 bpm persisting longer than 10 minutes
  - ~~Fetal scalp pH of less than 7.2. Include acidosis.~~
- Severe preeclampsia/eclampsia Select this if one or more of the following criteria is present:
  - Blood pressure of 160 mm Hg systolic or higher or 110 mm Hg diastolic or higher on two occasions at least 6 hours apart while the patient is on bed rest.
  - Proteinuria of 5 g or higher in a 24-hour urine specimen or 3+ or greater on two random urine samples collected at least 4 hours apart.
  - Oliguria of less than 500 mL in 24 hours

    - Cerebral or visual disturbances
    - Pulmonary edema or cyanosis
    - Epigastric or right upper-quadrant pain
    - Impaired liver function
    - Thrombocytopenia
    - Fetal growth restriction
    - seizures/convulsions
- Woman refused transfer
- Other (specify)
- None - *Use 'none' to indicate that no reason was given for why the delivery did not occur at a Level III or higher facility.*
- Unknown at this time *Use 'Unknown at this time' if you think the information is obtainable and you will be able to fill it in in the near future. (Sowinski, MD DOH, 2007)*

INFANT TRANSFERRED
Indicate whether the infant was transferred to another facility within 24 hours or after 24 hours.
If the infant is admitted directly to a Level III or IV NICU in the delivering hospital, do not code here but rather in 'Abnormal Conditions of the Newborn-Neonatal Intensive Care Unit' AND continue coding for the first 72 hours. (Sowinski, MD DOH 2009)

HOSPITAL INFANT TRANSFERRED TO
If the infant was transferred to another facility within NYS choose from the list in the SPDS. If the infant was transferred to a hospital that is not in New York State choose the state or province the infant was transferred to from the list in the SPDS.

APGAR SCORE AT 1, 5, AND 10 MINUTES
Enter 1-minute and 5-minute scores for all newborns. Enter a 10-minute score if the 5-minute score is less than 6.

IS THE INFANT ALIVE?
Indicate the infant's vital status, alive or dead, at the time the birth certificate was filed by selecting Yes, No, or Transferred/Status Unknown. Remember the birth certificate is intended to report the facts of birth and the 72 hours immediately following the birth.
Code these fields to reflect the infant status at the time of transfer. This means that the coding for 'is the infant still alive?' for transferred infants would be 'Yes' (alive). (Deb Madaio & confirmed by Lenny Kluz, NYSDOH, 2011)

CLINICAL ESTIMATE OF GESTATION
The obstetric estimate of the infant's gestation in completed weeks based on the birth attendant's final estimate of gestation which should be determined by all perinatal factors and assessments such as ultrasound, but not the neonatal exam.- *Utilize the most accurate documentation of estimated gestational age in the patient's medical record (i.e. first trimester sonogram, solid LMP).. If the patient has no prenatal care with an unsure LMP utilize gestational age by physical exam at birth. If a range is given, enter the lowest gestation given (i.e. 37 wks. 5 days is entered as 37 wk. age determined) (Dr. .-Applegate, 2007)*

NEWBORN TREATMENT GIVEN?
Indicate if vitamin K was given. Also, indicate if there was preventative treatment for Conjunctivitis administered.

INFANT FEEDING

During the period between birth and the fifth day of life (or discharge from the hospital if the infant is discharged before the fifth day of life), indicate whether the infant has been fed breast milk exclusively, infant formula only, a combination of both breast milk and formula, or other.
For those infants who are transferred at less than 72 hours, code this field at the time of transfer. This means that the answer will be based on whatever the infant had been fed (if anything) prior to transfer. (Deb Madaio & confirmed by Lenny Kluz, NYSDOH, 2011)

- **Breast Milk Only**: (Exclusive breast milk feeding) Infant has been fed ONLY breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.
  Breast milk feeding includes expressed mother's milk as well as donor human milk, both of which may be fed to the infant by means other than suckling at the breast. *Breast milk feeding may also include either powder or liquid human milk fortifiers. (Eileen Shields, DOH 3/18/11)*
- **Formula Only:** Infant has been fed formula (any amount). Has NOT been fed any breast milk. May or may not have been fed other liquids, such as water or glucose water.
- **Both Breast Milk and Formula:** Infant has been fed BOTH breast milk (any amount) AND formula, water, glucose water and/or other liquids (any amount).
- **Other:** Infant has NOT been fed any breast milk or formula. This response is rare; it will include infants in the intensive care unit who require intravenous feeding.

NEWBORN SCREENING

- **Screen Lab ID Number:** Enter the nine-digit Lab ID number that appears on the upper left corner of the Newborn Screening Blood Collection Form. It may be necessary to contact the Newborn Screening Coordinator for this information.
- **Reason if Lab ID not submitted** Select the appropriate check box. The "ID unknown/illegible' item should be chosen when the Brood Collection Form was completed and the
  - Lab ID number cannot be read; or the
  - Lab ID number does not pass the validation algorithm. An error message will occur if an invalid number is entered.

HEPATITIS B INOCULATION

Immunization Administered Select "Yes" for this item if the infant received a dose of Hepatitis B vaccine. Synonyms: HB vaccine, Recombivax HB and Engerix-B.

- **Date Immunization Administered** No partial dates are allowed.
- **Manufacturer:** Choose the manufacturer from the drop down list. If you have a manufacturer that does not appear on the drop down list contact NYSIIS staff at (518) 473-2839 so that it may be added to the list.
- **Lot:** Enter lot number from the vaccine packaging, vial or pre-filled syringe.

Immunoglobulin Administered Select "Yes" for this item if the infant received a dose of Hepatitis B immunoglobulin. Synonyms: HBIG, H-BIG, HyperHep, Hep-B-Gammagee.

- **Date Immunoglobulin Administered** No partial dates are allowed.
- **Manufacturer** Choose the manufacturer from the drop down list. If you have a manufacturer that does not appear on the drop down list contact NYSIIS staff at (518) 473-2839 so that it may be added to the list.
- **Lot:** Enter lot number from the vaccine packaging, vial or pre-filled syringe.

NOTE: HEARING SCREENING: Prior to discharge, every infant born should have their hearing screened. Several attempts to screen the infant may occur prior to discharge. Only record the results of the final screen that occurs prior to discharge.

HEARING SCREENING

Select the screening scenario that best fits the infant.

- **Not Answered**

- **Screening performed (One or both ears)** Enter the results and other supplemental information regarding the hearing screening conducted on one or both ears.
- **Not performed – Facility related** Select this item if the hearing screen was not performed due to a facility related issue (i.e.: equipment failure, staffing shortage, no weekend coverage, etc).
- **Not performed – Medical Exclusion (Both ears)** Select this item if the hearing screening was not performed on either ear due to medical reason (i.e.: Microtia, anotia, atresia, admission to NICU, etc). This does NOT include instances where vernix caseosa (birth debris in ear canal) may affect screening accuracy.
  If a baby is admitted to the NICU and therefore has their hearing screen delayed, select "Not Screen - Medical Exclusion". - The results should be added at the time the testing was performed. As long as you are trying to update a record created by your hospital, it does not need any state intervention to unlock the record. (J Hausmann, DOH 2011)
- **Not performed – Parent refused** Select this item if the hearing screen was not performed because the parent refused the screening.

EQUIPMENT TYPE
Enter the type of equipment used to screen the infant for the final hearing screening prior to discharge.

- **AABR –** Select this item if the infant was screened for hearing loss utilizing Automated Auditory Brainstem Response (AABR) technology.
- **ABR –** Select this item if the infant was screened for hearing loss utilizing Auditory Brainstem Response (ABR) technology.
- **TEOAE –** Select this item if the infant was screened for hearing loss utilizing Transient Evoked Otoacoustic Emission (TEOAE) technology.
- **DPOAE –** Select this item if the infant was screened for hearing loss utilizing Distortion Product Otoacoustic Emission (DPOAE) technology.
- **UNKNOWN –** Select this item if the technology used to screen the infant for hearing loss is unknown.
- **NOT ANSWERED**

SCREENING RESULTS (LEFT EAR)
Enter the results of the final hearing screening conducted prior to discharge for the left ear.

- **Pass –** Select this item if the infant's left ear passed the final pre-discharge hearing screening.
- **Refer –** Select this item if the infant's left ear did not pass (refer) the final pre-discharge hearing screening. *The word 'refer' in regards to hearing screenings is a failed result (or a 'did not pass' result), not the referral for consultation with a specialist. Coder should report the final inpatient hearing screening results in SPDS. Follow-up results will be captured in the new Early Hearing Detection and Intervention Information System (EHDI-IS). This system is still being developed and we will be notifying birthing facilities and other providers when it is ready for implementation. In the meantime, the Coder should still get the results back from the hearing center and handle them the way she always has. It would be good to keep the inpatient screens in the logbook as well, so she can report aggregate data to us for 2011.(Hausmann, DOH 6/14/11)*
- **Not Performed - Medical Exclusion –** Select this item if the hearing screening for the infant's left ear was not performed due to medical reason (i.e.: Microtia, anotia, atresia, admission to NICU, etc). This does NOT include instances where vernix caseosa (birth debris in ear canal) may affect screening accuracy.

SCREENING RESULTS (RIGHT EAR)
Enter the results of the final hearing screening conducted prior to discharge for the right ear.

- **Pass–** Select this item if the infant's right ear passed the final pre-discharge hearing screening.
- **Refer–** Select this item if the infant's right ear did not pass (refer) the final pre-discharge hearing screening. *The word 'refer' in regards to hearing screenings is a failed result (or a 'did not pass' result), not the referral for consultation with a specialist. Coder should report the final inpatient hearing screening results in SPDS.*

Follow-up results will be captured in the new Early Hearing Detection and Intervention Information System (EHDI-IS). This system is still being developed and we will be notifying birthing facilities and other providers when it is ready for implementation. In the meantime, the Coder should still get the results back from the hearing center and handle them the way she always has. It would be good to keep the inpatient screens in the logbook as well, so she can report aggregate data to us for 2011.(J Hausmann, DOH 2011)

- **Not Performed- Medical Exclusion –** Select this item if the hearing screening for the infant's right ear was not performed due to medical reason (i.e.: Microtia, anotia, atresia, admission to NICU, etc). This does NOT include instances where vernix caseosa (birth debris in ear canal) may affect screening accuracy.

DATE HEARING SCREENING CONDUCTED

Enter the date the final hearing screening was conducted prior to discharge.

ABNORMAL CONDITIONS OF THE NEWBORN

- **Assisted ventilation required immediately after delivery:** Infant given manual breaths with bag and mask or bag and endotracheal tube within the first several minutes from birth for any duration. Excludes oxygen only and laryngoscopy for aspiration of meconium.
- **Assisted ventilation required for more than 6 hours:** Infant given mechanical ventilation (breathing assistance) by any method for more than 6 hours. Includes conventional, high frequency and/or continuous positive airway pressure (CPAP).
- **Neonatal Intensive Care Unit (NICU):** Admission into a unit staffed and equipped to provide continuous mechanical ventilator support for the newborn. This includes special nurseries and newborns transferred to a hospital with a NICU for the purpose of providing that infant with intensive care (e.g. surgery or ventilator support). Temporary stays in the NICU would not be reported as a NICU admission. Only if the infant is actually admitted to the NICU should it be reported as such.
  Please note: NICU admission is for a baby transferred to a unit that can provide surgery or ventilator support. NICU Admission is only entered if the baby stays in NICU longer than 4 hours (P Parker 2012)
- **Newborn given surfactant replacement therapy:** Endotracheal instillation of a surface active suspension for the treatment of surfactant deficiency due to either preterm birth or pulmonary injury resulting in decreased lung compliance (respiratory distress). Includes both artificial and extracted natural surfactant.
- **Antibiotics received by the newborn for suspected neonatal sepsis:** Any antibacterial drug given systemically (intravenous or intramuscular.)(eg: penicillin, ampicillin, gentamicin, cefotoxine, etc.) to treat neonatal sepsis, a blood-borne bacterial infection of the newborn.
- **Seizure or serious neurologic dysfunction:** Seizure defined as any involuntary repetitive, convulsive movement or behavior. Serious neurologic dysfunction defined as severe alteration of alertness such as obtundation, stupor, or coma, i.e. hypoxic ischemic encephalopathy. Excludes lethargy or hypotonia in the absence of other neurologic findings. Exclude symptoms associated with Central Nervous System (CNS) congenital anomalies.
- **Significant birth injury:** (e.g., skeletal fracture(s), peripheral nerve injury and/or soft tissue/solid organ hemorrhage that requires intervention) Defined as present immediately following delivery or manifesting following delivery. Includes any bony fracture or weakness, but excludes fractured clavicles and transient facial nerve palsy. Soft tissue hemorrhage requiring evaluation and/or treatment includes sub-galeal (progressive extravasation within the scalp) hemorrhage, giant cephalohematoma, extensive truncal, facial and /or extremity ecchymossi accompanied by evidence of anemia and/or hypovolemia and/or hypotension. Solid organ hemorrhage includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma. All require confirmation by diagnostic imaging or exploratory laparotomy. Note: DO NOT include Intraventricular hemorrhage (IVH) in this item. See below for listing of significant birth injuries:
  - Adrenal hemorrhage/hematoma

- Brachial plexus injury (Also reported as Erb's Palsy, Ducjenne-Erb Paralysis,
- Klumpke's Palsy, Klumpke-Déjérine Syndrome)
- Cranial fracture (exclude cephalohematoma, hemorrhagic caput succedaneum)
- Facial palsy – non transient
- Femur fracture
- Humerus fracture
- Intracranial hemorrhage, including subdural or subarachnoid hemorrhage, but excluding intraventricular hemorrhage (IVH)
- Peripheral nerve injury
- Phrenic nerve injury
- Recurrent laryngeal nerve injury
- Ruptured liver and/or spleen
- Skeletal fractures – Exclude clavicle fractures.
- Skull/cranial fracture also reported by skull bone: parietal, frontal or occipital fracture
- Soft tissue or solid organ hemorrhage
- Subgaleal hemorrhage
- Subcapsular hemorrhage of liver
- None: Select this item if none of the items listed are selected, even if other abnormal
- conditions of the newborn exist.
- Unknown: Select this item if it is not currently known if any of the listed conditions of the newborn exist.

Congenital Anomalies				
Congenital Anomalies	☐ None of the listed ☐ Unknown at this time **Select all that apply**		**Diagnosed Prenatally**	**If Yes, please indicate all methods used:**
	Yes No ☐ ☐	Anencephaly	Yes No ☐ ☐	☐ Level II Ultrasound ☐ MSAFP / Triple Screen ☐ Other ☐ Amniocentesis ☐ Unknown
	Yes No ☐ ☐	Meningomyelocele/Spina Bifida	Yes No ☐ ☐	☐ Level II Ultrasound ☐ MSAFP / Triple Screen ☐ Other ☐ Amniocentesis ☐ Unknown
	Yes No ☐ ☐	Cyanotic Congenital Heart Disease	Yes No ☐ ☐	☐ Level II Ultrasound ☐ Other ☐ Unknown
	Yes No ☐ ☐	Congenital Diaphragmatic	Yes No ☐ ☐	☐ Level II Ultrasound ☐ Other ☐ Unknown
	Yes No ☐ ☐	Omphalocele	Yes No ☐ ☐	☐ Level II Ultrasound ☐ Other ☐ Unknown
	Yes No ☐ ☐	Gastroschisis	Yes No ☐ ☐	☐ Level II Ultrasound ☐ Other ☐ Unknown
	Yes No ☐ ☐	Limb Reduction Defect	Yes No ☐ ☐	☐ Level II Ultrasound ☐ Other ☐ Unknown
	Yes No ☐ ☐	Cleft lip with or without Cleft Palate	Yes No ☐ ☐	☐ Level II Ultrasound ☐ Other ☐ Unknown
	Yes No ☐ ☐	Cleft Palate Alone	Yes No ☐ ☐	☐ Level II Ultrasound ☐ Other ☐ Unknown
	Yes No ☐ ☐	Down Syndrome ☐ Karyotype confirmed ☐ Karyotype pending	Yes No ☐ ☐	☐ Level II Ultrasound ☐ MSAFP / Triple Screen ☐ CVS ☐ Amniocentesis ☐ Other ☐ Unknown
	Yes No ☐ ☐	Other Chromosomal Disorder ☐ Karyotype confirmed ☐ Karyotype pending	Yes No ☐ ☐	☐ Level II Ultrasound ☐ MSAFP / Triple Screen ☐ CVS ☐ Amniocentesis ☐ Other ☐ Unknown
	Yes No ☐ ☐	Hypospadias	Yes No ☐ ☐	☐ Level II Ultrasound ☐ Other ☐ Unknown

CONGENITAL ANOMALIES SCREEN

CONGENITAL ANOMALIES OF THE CHILD

Indicate any of the ***specific*** conditions listed below. Information about other congenital anomalies is no longer being collected on the birth certificate. ***All*** congenital anomalies, both those listed below and any other significant anomaly, must be reported to the New York State Congenital Malformations Registry. Call (518) 402-7990 for further information about reporting.

- **ANENCEPHALY Select this item if diagnosed by a physician. Synonyms include absent** brain, acrania, anencephalic, anencephalus, amyelencephalus, craniorachischisis, hemianencephaly, or hemicephaly.
- **MENINGOMYELOCELE / SPINA BIFIDA** Select this item if diagnosed by a physician. Synonyms include meningocele, myelocele, myelomeningocele, myelocystocele, syringomyelocele, hydromeningocele, rachischisis. Do NOT include spina bifida occulta detected on radiographs.
- **CYANOTIC CONGENITAL HEART DISEASE** Select this item if any of the following conditions has

been diagnosed by a physician: transposition of the great arteries (vessels), teratology of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, total or partial anomalous pulmonary venous return with or without obstruction.
Be sure that the diagnosis includes the conditions listed in the guidelines above before entering Cyanotic Congenital Heart Disease. The following are examples of what would NOT meet the guidelines for this diagnosis: Patent ductus arteriosus, large, bidirectional; Dilated cardiomyopathy with mildly diminished LV systolic function; Moderate tricuspid regurgitation; Mild pulmonary regurgitation; Mild mitral regurgitation; Mild LVH; Small secundum ASD; Right ventricular hypertension(T Stevens MD 2/13)

- **CONGENITAL DIAPHRAGMATIC HERNIA** Select this item if diagnosed by a physician.
- **OMPHALOCELE** Select this item if diagnosed by a physician. Synonyms include exomphalos. Do NOT include umbilical hernia (completely covered by skin) in this category.
- **GASTROSCHISIS** Select this item if diagnosed by a physician. Synonyms include limbbody wall complex.
- **LIMB REDUCTION DEFECT** Select this item if diagnosed by a physician. This includes a missing hand, arm, foot, or leg, or any portion of it, excluding congenital amputation and dwarfing syndromes.
- **CLEFT LIP WITH OR WITHOUT CLEFT PALATE** Select this item if diagnosed by a physician. Synonyms for cleft lip include harelip, cheiloschisis, and labium leporinum. Synonyms for cleft palate include cleft uvula, palate fissure, and palatoschisis.
- **CLEFT PALATE ALONE** Select this item if diagnosed by a physician. Synonyms include cleft uvula, palate fissure, palatoschisis. If cleft lip also present, record only under item above.
- **DOWN SYNDROME** Select this item if diagnosed by a physician. Synonyms include Trisomy 21. Indicate "Karyotype Confirmed" if chromosomal studies have been completed. Indicate "Karyotype Pending" if chromosomal studies have been initiated, but final results are not in.
- **OTHER CHROMOSOMAL DISORDER** Select this item if diagnosed by a physician. Examples include Trisomy 13, Trisomy 18, Klinefelter syndrome, Edwards syndrome, Patau syndrome. Indicate "Karyotype Confirmed" if chromosomal studies have been completed. Indicate "Karyotype Pending" if chromosomal studies have been initiated, but final results are not in.
- **HYPOSPADIAS** Select this item if diagnosed by a physician.
- **NONE** Select this item if the infant had none of the anomalies listed, even if he/she had other congenital anomalies. All significant congenital anomalies must be reported to the New York State Congenital Malformations Registry.
-

UNKNOWN AT THIS TIME *if a diagnosis is suspected for one of the anomalies listed, but not diagnosed, enter 'unknown at this time'.*

All other anomalies are reported to the NYSDOH Congenital Anomalies Registry. This is accomplished through coding by each hospitals health information system.

Labor & Delivery

Labor & Delivery

Mother Transferred in Antepartum: ☐ Yes ☐ No

NYS Facility Mother Transferred From:

State/Terr./Province:

Mother's Weight at Delivery: *lbs.*

Method of Delivery

Fetal Presentation: *(select one)*
☐ Cephalic ☐ Breech ☐ Other

Route & Method: *(select one)*
☐ Spontaneous ☐ Forceps – Mid ☐ Forceps – Low / Outlet ☐ Vacuum ☐ Cesarean ☐ Unknown

Cesarean Section History:
☐ Previous C-Section Number ☐

Attempted Procedures:
Was delivery with forceps attempted but unsuccessful? ☐ Yes ☐ No
Was delivery with vacuum extraction attempted but unsuccessful? ☐ Yes ☐ No

Labor & Delivery

Method of Delivery

Trial Labor:
If Cesarean section, was trial labor attempted? ☐ Yes ☐ No

Indications for C-Section: QI
☐ Unknown
Select all that apply
☐ Failure to progress ☐ Malpresentation ☐ Previous C-Section
☐ Fetus at Risk / NFS ☐ Maternal Condition – Not Pregnancy Related ☐ Maternal Condition – Pregnancy Related
☐ Refused VBAC ☐ Elective ☐ Other

Indications for Vacuum: QI
☐ Unknown
Select all that apply
☐ Failure to progress ☐ Fetus at Risk
☐ Other

Indications for Forceps: QI
☐ Unknown
Select all that apply
☐ Failure to progress ☐ Fetus at Risk
☐ Other

Labor

Onset of Labor
☐ None ☐ Unknown at this time
Select all that apply
☐ Prolonged Rupture of Membranes -- (12 or more hours) ☐ Premature Rupture of Membranes -- (prior to labor) ☐ Precipitous Labor -- (less than 3 hours)
☐ Prolonged Labor (20 or more hours)

Characteristics

Characteristics of Labor & Delivery
☐ None ☐ Unknown at this time
Select all that apply
☐ Induction of Labor – AROM ☐ Induction of Labor – Medicinal ☐ Augmentation of Labor
☐ Steroids ☐ Antibiotics ☐ Chorioamnionitis
☐ Meconium Staining ☐ Fetal Intolerance ☐ External Electronic Fetal Monitoring
☐ Internal Electronic Fetal Monitoring

Maternal Morbidity

Maternal Morbidity
☐ None ☐ Unknown at this time
Select all that apply
☐ Maternal Transfusion ☐ Perineal Laceration (3rd / 4th Degree) ☐ Ruptured Uterus
☐ Unplanned Hysterectomy ☐ Admit to ICU ☐ Unplanned Operating Room Procedure Following Delivery
☐ Postpartum transfer to a higher level of care QI

Anesthesia / Analgesia

Anesthesia / Analgesia
☐ None ☐ Unknown at this time
Select all that apply
☐ Epidural (Caudal) ☐ Local ☐ Spinal
☐ General Inhalation ☐ Paracervical ☐ General Intravenous
☐ Pudendal
Was an analgesic administered?
☐ Yes ☐ No

Procedures

Other Procedures Performed at Delivery
☐ None ☐ Unknown at this time
Select all that apply
☐ Episiotomy and Repair ☐ Sterilization

LABOR AND DELIVERY SCREEN

MOTHER TRANSFERRED FROM ANOTHER FACILITY IN ANTEPARTUM?
Indicate Yes or No. Indicate "yes" only if the mother was transferred from another hospital prior to delivery because the delivery was believed to be high risk.

NYS FACILITY MOTHER WAS TRANSFERRED FROM
If the mother was transferred from a hospital within New York State, choose from the list in the SPDS. If the mother was transferred from a hospital that is not in New York State, enter the US state/territory or Canadian province of the transferring hospital.

MOTHER"S WEIGHT AT DELIVERY

METHOD OF DELIVERY

- **FETAL PRESENTATION** – *For a Vag. Del. -Record the presentation as it was at delivery, if it was different at delivery than was noted prior to delivery; it does not make sense to code a wrong pre-delivery diagnosis For a C-sect delivery – use the presentation that preceded any manipulation. (From Dr. Glantz 2010 & 2013)*
    - **Cephalic** – Synonyms include vertex. Presenting part of the fetus listed as occiput anterior (OA), occiput posterior (OP), *Occiput transverse (OT).*
    - **Breech** – Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech.
    - **Other** -- Any other presentation or presenting part not listed above.
    - **Unknown**

- **ROUTE & METHOD**
  Indicate how delivery was finally accomplished, regardless of whether other procedures were attempted prior to successful delivery.

- **CESAREAN SECTION HISTORY**
    - **Previous C-section** Select "Yes" if mom has had a previous operative delivery in which the fetus was extracted through an incision in the maternal abdominal and uterine walls.
    - **Number** Indicate the number of previous C-section deliveries.
- **ATTEMPTED PROCEDURES**
    - **Forceps** Select "yes" if forceps delivery was attempted unsuccessfully.
      –Select "no" if delivery with forceps was not attempted or was attempted and was successful (Donna Hayes, 6/2011)
      NB> If you select "No" here and then give an indication for Vacuum or Forceps You will be questioned by the system.
    - **Vacuum** Select "yes" if vacuum delivery was attempted unsuccessfully.
      –Select "no" if delivery with vacuum was not attempted or was attempted and was successful (Donna Hayes, 6/2011)

  -NOTE: Use of forceps or vacuum to extract the baby from the uterus during a c-section delivery is not coded.

- **TRIAL OF LABOR**
  If infant was delivered by cesarean, indicate whether mother had a trial of labor before the cesarean. *Look at the notes prior to the cesarean to see if the woman was allowed to labor and attempt a vaginal birth. If the woman is admitted in labor but the cesarean was planned prior to admission then trial of labor was not attempted and trial of labor should be coded as "no". (From Dr.Applegate, SPDS worksheet, 2007)*

- **INDICATIONS FOR C-SECTION**
  - **Failure to progress** Select this item if a cesarean was performed because labor progressed more slowly than normal or because labor stopped before full dilation of the cervix synonym: dystocia and arrest of descent. *If selected then "maternal condition – pregnancy related" should also be selected.*
  - **Fetus at Risk/NFS *(non-reassuring fetal status)* -** Select this item if a cesarean was performed because of concerns about the fetus's wellbeing and ability to tolerate labor.
    - Evidence from a biophysical profile of a disturbance in utero. *This is evidenced by a low score. Normal is 8-10/10.*
    - Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half or more of the contractions
    - Breech or a malpresentation such as transverse lie, shoulder presentation *– If breech or malpresentation is noted but there are no other signs of the fetus being at risk then do not code "fetus at risk/NFS" as an indication for C-section (From Eileen Shields, 9/2009)*
    - Frank prolapse of the cord
    - Fetal structural anomaly, such as fetal hydrocephalus
    - Persistent late decelerations during most contractions
    - Persistent variable decelerations during most contractions, often 60 to 80 bpm
    - Prolonged bradycardia below *110* to 100 bpm 10 minutes or longer
    - Prolonged tachycardia above 160 to 180 bpm persisting longer than 10 minutes
    - Fetal scalp pH of less than 7.2. Include acidosis.
    - *Multiple g*estation does not in itself a reason to code Fetus at Risk (Dr. Glantz 2013)
  - **Malpresentation** Select this item if the presenting part of the fetal body within the birth canal, or nearest to it was NOT the vertex or the occipital fontanel. Synonyms include face presentation, brow presentation, frank breech, complete breech, footling breech, transverse lie, shoulder presentation and oblique lie. *For cases where a cesarean was done for another reason and the fetus was unexpectedly found to be breech when the uterus is open, code the presentation as breech but do not code "malpresentation" as indication for C-section (From Dr. Glantz, 2/2010)*
  - *For twins – if twin A is malpresenting code malpresentation, Twin B will automatically be coded as malpresenting but you can recode it. If you code Twin B as malpresenting, the system will automatically code twin A as malpresenting and you can't change it.*
  - **Maternal Condition – Pregnancy Related** Select this item if the mother had an obstetric condition that led to cesarean delivery, e.g. abruptio placenta, placenta previa.
    When a cesarean is planned for after 39 weeks but is done at less than 39 weeks because the mother arrived at the hospital in labor, code maternal condition-pregnancy related. When a planned cesarean is done earlier than expected due to PROM, code PROM in the "onset of labor" field as opposed to "maternal condition pregnancy related" or "other". If cesarean is done earlier than expected because the mother is both in labor and has PROM enter both "maternal condition pregnancy related" and "PROM" in the onset of labor field. (Data Coordinators Meeting, 2/2010)
  - **Maternal Condition – Not Pregnancy Related** Select this item if the mother had a non-obstetric medical condition that led to cesarean delivery, e.g. active genital herpes, HIV *infection, some cardiac conditions, cerebral vascular conditions, some retinal conditions, etc.)*
  - **Elective** Select this item if the cesarean delivery was ***planned and scheduled*** prior to the onset of labor. In addition to selecting "Elective", you must also select a specific indication for the cesarean, unless it was done for a non-medical indication. *If your hospital does not offer TOLAC / VBAC, code "other" whether or not the C-section was previously scheduled.*
  - **Other** Select this item if the indication for cesarean does not fall into any of the other categories.
    - *Chorioamnionitis - is not an indication for cesarean section by itself. It probably does lower the threshold for doing one for other reasons, however, e.g., if a labor is not progressing well in a woman with chorio, one might not wait as long before deciding to call it quits, or sometimes the chorio causes a sustained fetal tachycardia that worries the OB who then does a CS for "non-reassuring fetal status." Unless the record said that the CS was being done for chorio (which it really shouldn't, given that*

women with chorio can be delivered vaginally), I would not code it as "Other." (C Glantz 3/14/2012).
    - *Cephalo-Pelvic Disproportion (CPD) - In reality, it is fairly rare that CPD could be diagnosed with any certainty before labor, although cesareans not infrequently are scheduled due to big babies and the perceived risk of shoulder dystocia or lower likelihood of vaginal delivery (e.g., unfavorable cervix, high station, and large fetus). Because the basis for the "diagnosis" of CPD in all likelihood was based on fetal macrosomia rather than a maternal condition per se, I would be code "Elective--Other" for the indication.(C Glantz 5/28/2013)*
  - **Refused VBAC** Select this item if the mother was eligible for a trial of labor, but refused, opting for repeat cesarean delivery instead. *Synonym*: refused voluntary trial of labor.
  - **Previous C-Section** Select this item if the mother had a previous cesarean delivery and was not eligible for trial of labor, e.g. due to classical uterine scar. *Do not code "previous C-section" as an indication for C-section solely on the basis that the mother had a prior C-section. Select if the mother had 2 or more uterine transverse incision sections or just one prior C-section where a classical uterine (longitudinal, vertical) incision was used. (From Eileen Shields, DOH 5/2007 & Dr. Applegate, SPDS worksheet, 2007)*
  - **Unknown**

- **INDICATIONS FOR VACUUM**
  - **Failure to progress** Select this item if a vacuum extractor was used because delivery (second stage of labor) was progressing more slowly than normal; other related terms: dystocia, maternal exhaustion.
  - **Fetus at Risk / NFS** Select this item if a vacuum extractor was used because of concerns about the fetus"s wellbeing.
    - Evidence from a biophysical profile of a disturbance in utero
    - Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half or more of the contractions
    - Breech or a malpresentation such as transverse lie, shoulder presentation–*If breech or malpresentation is noted but there are no other signs of the fetus being at risk then do not code "fetus at risk/NFS" as an indication for vacuum (From Eileen Shields, 9/2009)*
    - Frank prolapse of the cord
    - Fetal structural anomaly, such as fetal hydrocephalus
    - Persistent late decelerations during most contractions
    - Persistent variable decelerations during most contractions, often 60 to 80 bpm
    - Prolonged bradycardia below 120 to 100 bpm 10 minutes or longer
    - Prolonged tachycardia above 160 to 180 bpm persisting longer than 10 minutes
    - Fetal scalp pH of less than 7.2. Include acidosis.

  - **Other** Select this item if an indication other than those listed above was given for the use of vacuum extraction.
  - **Unknown**

- **INDICATIONS FOR FORCEPS**
  - **Failure to progress** Select this item if forceps were used because delivery (second stage of labor) was progressing more slowly than normal; other related terms: dystocia, maternal exhaustion.
  - **Fetus at Risk / NFS** Select this item if forceps were used because of concerns about the fetus"s wellbeing.
    - Evidence from a biophysical profile of a disturbance in utero
    - Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half or more of the contractions
    - Breech or a malpresentation such as transverse lie, shoulder presentation–*If breech or*

malpresentation is noted but there are no other signs of the fetus being at risk then do not code "fetus at risk/NFS" as an indication for forceps use (E. Shields, NYSDOH 2009)

- Frank prolapse of the cord
- Fetal structural anomaly, such as fetal hydrocephalus
- Persistent late decelerations during most contractions
- Persistent variable decelerations during most contractions, often 60 to 80 bpm
- Prolonged bradycardia below 120 to 100 bpm 10 minutes or longer
- Prolonged tachycardia above 160 to 180 bpm persisting longer than 10 minutes
- Fetal scalp pH of less than 7.2. Include acidosis.

- **Other** Select this item if an indication other than those listed above was given for the use of forceps.
- **Unknown**

LABOR

- **ONSET OF LABOR**
  - **Precipitous Labor** Select this if the total time between onset of labor and delivery was fewer than 3 hours. Precipitous labor and prolonged labor are mutually exclusive and therefore both may not be chosen for the same delivery.
  - **Premature Rupture of Membranes** Select this item if there was spontaneous tearing of the amniotic sac (natural breaking of the "bag of waters") before labor begins.
  - **Prolonged Labor** Select this item if the total time between onset of labor and delivery was 20 hours or longer, regardless of mother's parity. Precipitous labor and prolonged labor are mutually exclusive and therefore both may not be chosen for the same delivery.
  - **Prolonged Rupture of Membranes** Select this item if the mother's membranes ruptured 12 hours or more before delivery, regardless of whether the mother was in labor or not.
  - **None** Select this item if none of the items listed are selected.
  - **Unknown at this time**

CHARACTERISTICS OF LABOR AND DELIVERY

- **Induction of Labor – AROM** Initiation of uterine contractions by surgical means for the purpose of promoting delivery before spontaneous onset of labor. Synonyms include: artificial rupture of membranes, amniotomy. If AROM was done to augment labor that should be reported under Augmentation of Labor. *(see addendum "Induction vs. Augmentation" pg. 29)*
- **Induction of Labor – Medical** Initiation of uterine contractions by administration of medications (e.g. Pitocin, prostaglandin,) for the purpose of promoting delivery before spontaneous onset of labor. *Foley bulb should be included in this code.* *(see addendum "Induction vs. Augmentation" pg. 29)*
- **Augmentation of Labor –** Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time to delivery. *(see addendum "Induction vs. Augmentation" pg. 29)*
- **Steroids – (**glucosteroids) Steroids given any time prior to delivery for fetal lung maturation received by the mother prior to delivery. Includes betamethasone, dexamethasone or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery. Excludes steroid medication given to mother as an anti-inflammatory treatment.
- **Antibiotics -** This includes antibiotics given to the mother during labor. It includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery (Ampicillin, Penicillin, Clindamycin, Erythromycin, Gentamicin, Cefataxime, Ceftriaxone, etc.).
  –Only antibiotics administered during labor and delivery should be coded. Antibiotics used routinely for prophylaxis during a C-section should not be coded. (Terry Sowinski, DOH 3/2007)
- **Chorioamnionitis** A clinical diagnosis of chorioamnionitis during labor made by the delivery attendant. Usually includes more than one of the following: fever (> 100.4 F or 38 C), uterine tenderness and/or

irritability, leukocytosis, and fetal tachycardia. Any recorded maternal temperature at or above the febrile threshold as stated should be reported. However, do not report a single temperature elevation with a good alternative explanation.

- **Meconium staining** Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or delivery which is more than enough to cause a greenish color change of an otherwise thin fluid, regardless of the characteristics of the meconium.
  -Terminal meconium is meconium passed just before the actual delivery rather than during early labor or in the antepartum period. Terminal meconium in addition to all other types should be coded in this field (DOH 8/2007).
- **Fetal intolerance** of labor such that one or more of the following actions was taken : inutero resuscitation measures, further fetal assessment or operative delivery; *In utero resuscitative measure-s* such as any of the following: maternal position change, oxygen administration to the mother, intravenous fluid administered to the mother, amnioinfusion, support of maternal blood pressure, and administration of uterine relaxing agents. *Further fetal assessment* includes any of the following: ~~scalp pH~~, scalp stimulation, acoustic stimulation. *Operative delivery*-operative intervention to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery. The symptoms described and the measures used to treat them may be seen with administration of regional analgesia. However, if any of the measures listed in the Guide are documented in the chart, the response should be "YES". An isolated episode with a good alternative explanation that resolves readily should not be reported.
- **External Electronic Fetal Monitoring** Use of a non-invasive fetal monitoring device to track fetal heart rate during labor and/or delivery.*- Mention of "reactive fetal heart tones" in the notes implies use of electronic monitoring (external or internal). (Dr. Glantz 1/2009)*
  Internal Electronic Fetal Monitoring Use of an internal fetal monitoring device (synonym: scalp electrode) to track fetal heart rate during labor and/or delivery. *- Mention of "reactive fetal heart tones" in the notes implies use of electronic monitoring (external or internal). (Dr. Glantz 2009)*
  Other synonyms are (FSE, fetal scalp electrode)
  Internal monitoring is only supposed to be in reference to fetal heart rate monitoring. (Glantz 2016)
- **None** Select this item if none of the items listed are selected, even if other characteristics of pregnancy exist.
- **Unknown at this time**

MATERNAL MORBIDITY

Admission to ICU Any admission, planned or unplanned, of the mother to a facility/unit designated as providing intensive care.

- **Maternal transfusion** Includes infusion of whole blood or packed red blood cells associated with labor and delivery. *(This is not coded for an inutero fetal transfusion)*
- **Perineal laceration (3rd or 4th degree)** 3rd degree laceration extends completely through the perineal skin, vaginal mucosa, perineal body and anal sphincter. 4th degree laceration is all of the above with extension through the rectal mucosa.
- **Ruptured uterus -** Tearing of the uterine wall.
- **Unplanned Hysterectomy** Surgical removal of the uterus that was not planned prior to admission for delivery. Includes an anticipated or possible but not definitively planned procedure.
- **Admit to ICU - Any** admission, planned or unplanned, of the mother to a facility/unit designated as providing intensive care.
- **Unplanned operating room procedure following delivery** Any transfer of the mother back to a surgical area for an operative procedure that was not planned prior to the admission for\ delivery. Excludes postpartum tubal ligations. (*This includes use of anesthesia for placenta removal and laceration repair)*
- **Postpartum transfer to a higher level of care**
  - For maternity hospital deliveries: select this item if the mother was transferred to another hospital following delivery in order to provide her with more specialized or intensive care than available on the maternity service where she delivered.

- For planned out-of-hospital deliveries (e.g. birthing center, planned home birth): select this item if mother required admission to a hospital following delivery.
- For unplanned out-of-hospital or non-maternity hospital deliveries: Do not select this item if the mother was admitted to a maternity hospital after giving birth precipitously at home, en route to the hospital, or at a non-maternity hospital.

- **None** Select this item if none of the items listed are selected, even if other maternal morbidity conditions exist.
- **Unknown at this time**

ANALGESIA

Select "yes" for analgesia if during labor and/or delivery the mother received an analgesic medication, that is, one that decreases the sensation of pain (relief of pain). It may include any narcotic or non-narcotic painkiller. A sedative, that is, a substance that calms activity or excitement, does not qualify as analgesia when administered alone. Intrathecal (spinal) analgesia (narcotic +/- a small amount of local anesthetic), also called "intrathecal Duramorph," should be reported here AND as "Anesthesia, Spinal," since it carries risks and side effects of both. Exclude analgesics administered during other procedures performed after delivery such as episiotomy or laceration repair.

If a patient receives a spinal with Duramorph for a C-section, even if they were not in labor and were not experiencing any pain, still code analgesia as "yes" in addition to "spinal anesthesia".

This category includes Morphine and Phenergan for sleep, Tylenol, Fentanyl used in epidurals.

Versed is an anxiolytic not an analgesic (Glantz, MD 2008

ANESTHESIA USED FOR DELIVERY

Indicate all types of anesthesia used during this labor and/or delivery. Anesthesia is a medication or other agent used to cause a loss of feeling (loss of sensation of pain). Report only the type of anesthesia used during labor and delivery, not the anesthetic agent

The objective of this item is to collect information on mothers who receive anesthesia to control pain during the LABOR process only, so any anesthesia administered during recovery or at any time post-delivery would not be reportable for this Characteristic of Labor & Delivery. (Deb Madaio NYSDOH 2011, 5/16)

- **Epidural:** Select this item if the denervation of the vaginal region and lower abdomen was obtained by the introduction of an anesthetic agent into the epidural or peridural space.
- **Local:** Select this item if the denervation of the vaginal area was obtained by the introduction of an anesthetic agent into the perineum for the provision of an episiotomy or repair of a laceration or episiotomy wound.
- **Spinal:** Select this item if the denervation of the vaginal region was obtained by the introduction of an anesthetic agent into the subarachnoid space. Synonyms include saddle block. Intrathecal (spinal) analgesia (narcotic +/- a small amount of local anesthetic), also called "intrathecal Duramorph," should be reported here AND as "Analgesia," since it carries risks and side effects of both.
- **General Inhalation:** Select this item if there was the reduction of pain over the entire body induced by respiration of a gaseous anesthetic agent. *General inhalation will just about always be preceded by general intravenous. Select both general intravenous and general inhalation when both are used. (Sowinski, MD SPDS Helpdesk DOH 2008. Confirmed again by Sowinski, MD 2009) Confirmed again by Wissler, MD (SMH)2016)*
- **Paracervical:** Select this item if the denervation of the vaginal region was obtained by the introduction of an anesthetic agent to the tissues surrounding the cervix of the uterus.
- **General Intravenous**: Select this item if there was the reduction of pain over the entire body induced by the introduction of an anesthetic agent into a vein.
- **Pudendal:** Select this item if the denervation of the pudendal nerve was obtained by an injection of an anesthetic agent.
- **None** Select this item if none of the items listed are selected.

- **Unknown at this time**

OTHER PROCEDURES PERFORMED AT DELIVERY

Record the procedures performed at the time of delivery or during the birth hospitalization**.**

- **Episiotomy & Repair** Select this procedure if an incision was made to enlarge the vaginal opening and then repaired.
- **Sterilization** Select this procedure if at any time during the birth hospitalization the mother received any procedure that permanently prevented future pregnancies. Synonyms include bilateral tubal ligation (BTL), hysterectomy, laparoscopic tubal ligation, oophorectomy, pomeroy, salpingectomy, tubal ligation.
- **None** Select this item if none of the items listed are selected.
- **Unknown at this time**

INDUCTION VS. AUGMENTATION

1. **Intent is key**
   Induction: If a woman not in labor is admitted for the purpose of getting labor started, it is an induction, whether the means is oxytocin, prostaglandin, AROM, laminaria, "EASI", jumping jacks, or some combination of these.
   Augmentation is when someone in dysfunctional labor (i.e. already in some semblance of labor – generally spontaneous in onset- but inadequate for normal progress) is given additional help to get the process going, usually either with Oxytocin or AROM.

2. If a woman is induced it would be rare that she should also be coded as being augmented (i.e., if you are unsure, induction trumps augmentation).
   The main exception would be an AROM induction in which contractions ensue but not enough for adequate for adequate labor.* If the cervix has changed at least somewhat, use of Oxytocin under this circumstance would be augmentation.
   Without any cervical change following AROM, adding oxytocin would be better coded as an agent of induction, even though AROM was the initial effort. Following initial use of oxytocin for induction, subsequent AROM does not constitute augmentation.

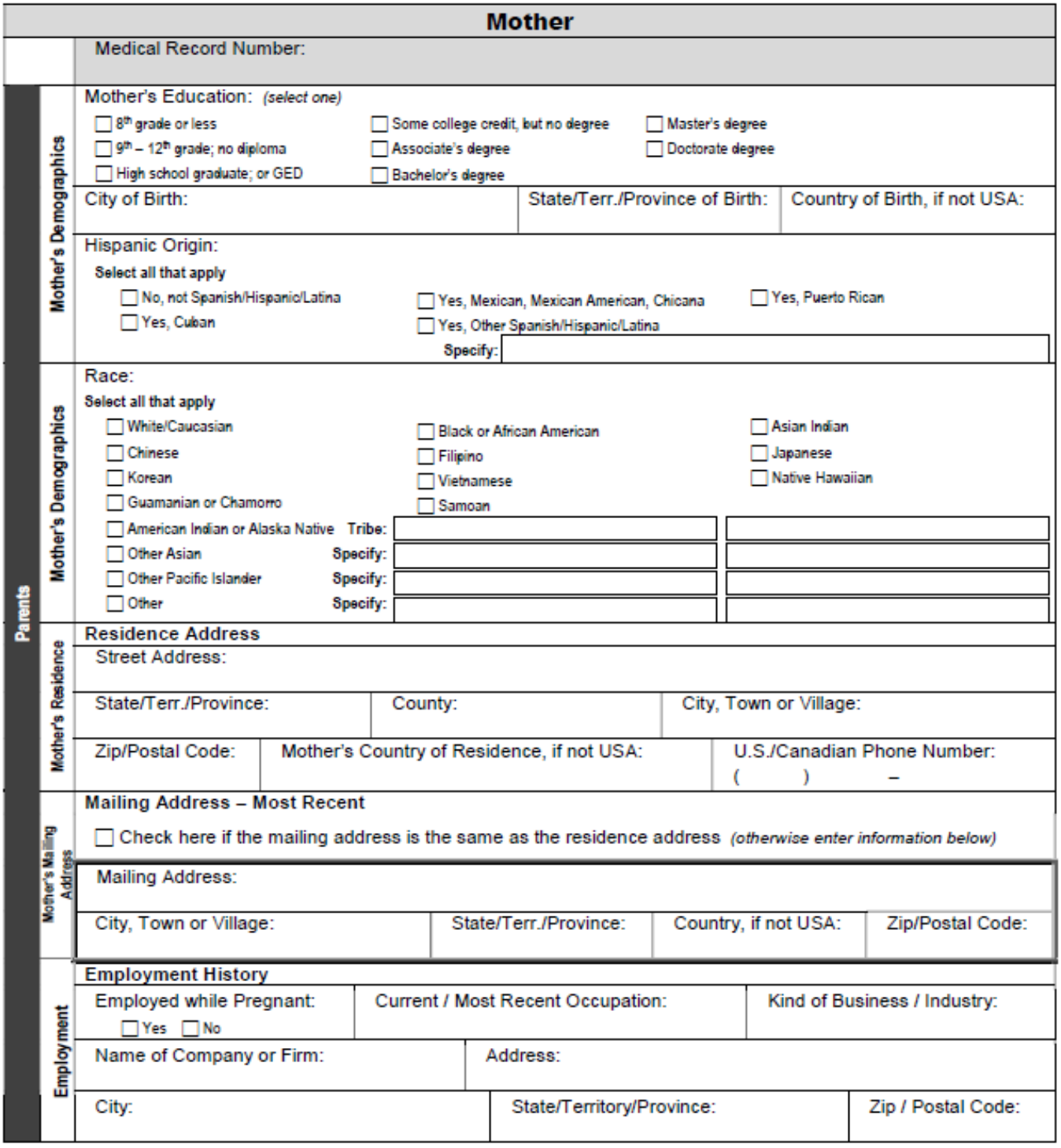
3. Whether or not cervical ripening is used, if oxytocin is the initial agent, the Induction should be coded as medicinal, even if AROM is performed later. If AROM is performed first but does nothing and oxytocin subsequently is added, they both may be listed as induction agents (i.e… select both medicinal and AROM in the induction fields)

   - Bear in mind that AROM may be done for many reasons, only one of which is augmentation or induction. Other reasons include facilitating placement of a scalp electrode, to check for meconium, to allow the head to descend, and because it"s going to happen eventually anyway (i.e., just because) Often an obstetrician"s threshold for rupturing membranes is low and minor deviations in / from the labor curve will lead to AROM even though the labor pattern may not have been dysfunctional per se.

   *I suppose on could substitute "prostaglandin" or "EASI" for AROM, in cases in which a woman starts to labor (albeit eventually dysfunctional) after cervical ripening but before the intended agent of induction is begun. Glantz2005

When AROM (artificial rupture of membranes) is not coded as induction or augmentation

- Just to get the membranes out of the way if there was no SROM (spontaneous ROM).
- **Rupturing the FOREWATER** – *this is not an AROM* as it is just a small pocket of fluid that has become trapped by the already ruptured membranes.
- **AROM of a pt. who is eminently delivering or delivers "en caul" (baby delivers within the membranes).** The AROM is simply done to get the baby out of the membranes.
- **AROM for fetal assessment** – placement of a fetal scalp electrode or an IUPC (intrauterine pressure catheter) through the membrane thus rupturing them is not coded as augmentation
- **AROM during a C-section** – This is neither augmentation nor induction.



Mother

Medical Record Number:

Parents

Mother's Demographics

Mother's Education: *(select one)*

- ☐ 8th grade or less
- ☐ 9th – 12th grade; no diploma
- ☐ High school graduate; or GED
- ☐ Some college credit, but no degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate degree

City of Birth: | State/Terr./Province of Birth: | Country of Birth, if not USA:

Hispanic Origin:

Select all that apply

- ☐ No, not Spanish/Hispanic/Latina
- ☐ Yes, Cuban
- ☐ Yes, Mexican, Mexican American, Chicana
- ☐ Yes, Other Spanish/Hispanic/Latina
  - Specify:
- ☐ Yes, Puerto Rican

Mother's Demographics

Race:

Select all that apply

- ☐ White/Caucasian
- ☐ Chinese
- ☐ Korean
- ☐ Guamanian or Chamorro
- ☐ American Indian or Alaska Native — Tribe:
- ☐ Other Asian — Specify:
- ☐ Other Pacific Islander — Specify:
- ☐ Other — Specify:
- ☐ Black or African American
- ☐ Filipino
- ☐ Vietnamese
- ☐ Samoan
- ☐ Asian Indian
- ☐ Japanese
- ☐ Native Hawaiian

Mother's Residence

Residence Address

Street Address:

State/Terr./Province: | County: | City, Town or Village:

Zip/Postal Code: | Mother's Country of Residence, if not USA: | U.S./Canadian Phone Number: ( ) –

Mother's Mailing Address

Mailing Address – Most Recent

☐ Check here if the mailing address is the same as the residence address *(otherwise enter information below)*

Mailing Address:

City, Town or Village: | State/Terr./Province: | Country, if not USA: | Zip/Postal Code:

Employment

Employment History

Employed while Pregnant: ☐ Yes ☐ No | Current / Most Recent Occupation: | Kind of Business / Industry:

Name of Company or Firm: | Address:

City: | State/Territory/Province: | Zip / Postal Code:

MOTHER'S SCREEN

MOTHER'S NAME

Enter the mother's first, middle and maiden names and her current last name. Maiden name is her last name at her birth, not a last name acquired by marriage.

MOTHER'S SOCIAL SECURITY NUMBER
Enter the parent's Social Security number. If the parent does not have a Social Security number, enter all zeros. If the Social Security number is unknown, enter all nines.

MOTHER'S MEDICAL RECORD NUMBER
Enter the medical record number from the mother's chart.

MOTHER'S DATE OF BIRTH
Enter the exact month, day and year (including the century) the parent was born. Use numbers for months and days such as 06 04 1977 for June 4, 1977.

MOTHER'S EDUCATIONAL LEVEL
Enter the highest degree or level of schooling completed by each parent. Enter the highest level completed only.

- Elementary school includes grades 01 through 08;
- Secondary school includes grades 09 through 12, without receipt of diploma or GED;
- High school graduate or GED recipient;
- Some college credit, but no degree should be selected if the parent received some post-secondary or college education, but no degree;
- Associate, Bachelor's, Master's, or Doctorate/Professional degree should be selected only if the degree was completed; select only the highest degree received;
- Unknown
- Do not enter any other kind of schooling or training. While beauty, barber, business, trade schools, etc., are important, they should not be considered for the purpose of this item.

MOTHER'S BIRTHPLACE
Select a country from the list of countries presented in the SPDS. If "USA" or "Canada" is selected, select the correct state or province from the list presented in the SPDS and then type the city of birth. Include both the city and state of the parent's birth. If "USA" is not selected, enter only the country the parent was born in. *For Mexican citizens as well as any other countries that require state or city information in addition to the country of parent's birth, the SPDS help desk will need to be contacted. A long form will need to be filled out. (T. Sowinski, MD, SPDS Helpdesk DOH 2009)*

MOTHER'S HISPANIC ORIGIN
Choose from the listing of Hispanic subgroups within the SPDS. If more than one was indicated by a parent, select as many as mentioned. There is no set rule as to how many generations are to be taken into account in determining ancestry or ethnic origin. The response is to reflect what the person considers himself or herself to be, and is not based on percentages of ancestry.

MOTHER'S RACE
Choose from the races listed in the SPDS. Race is self-reported, meaning the parent is considered to be whatever race they say they are, regardless of appearance. If the "Other", "American Indian", "Alaskan Native", "Other Asian" or "Other Pacific Islander" category is selected; enter up to 2 specific nationalities or tribes.

MOTHER'S RESIDENCE ADDRESS
A person's residence is not necessarily the same as the mailing address, legal address or voting address.

Individual entry of residence items is the same as mailing address (above).

- The residence entry on the certificate should be the place the mother lives, not where she receives her mail.
- Do not enter a temporary residence such as an address used during a vacation, business trip or a visit to the home of a friend or relative or a home for unwed mothers.
- Do not use a post office box as a residence address. The place of residence during military duty or while attending college is considered a permanent residence and should be entered when applicable.
- For those whose permanent address is a prison or psychiatric facility they should list the street address of the facility. However, there should be no mention of the facility name.

MOTHER'S STATE OF RESIDENCE

Select the mother's state of residence from the list in the SPDS if the mother resides in the USA.
If the mother does not reside in the USA, choose a country from the list in the SPDS and do not select a state.

MOTHER'S PHONE NUMBER

Enter the mother's area code and phone number of her residence.

MOTHER'S MAILING ADDRESS

This is where the parent receives their mail, not necessarily, where they live. Enter either the Post Office box number, city, state and zip code or the house number, street name, apartment number, city, state and zip code where the parent receives their mail. Each of the address segments are entered into separate fields: house number, street direction (e.g., N, SW), street name, street type (e.g., Dr, Ave, Pl), and apartment number.

- HOUSE NUMBER Enter the house number.
- STREET DIRECTION Enter the street direction such as North, South, East, West, Northwest, Southeast etc.
- STREET NAME Enter the street name
- STREET TYPE Choose from the drop down list in the SPDS.
- CITY/TOWN/VILLAGE
- STATE CODE Choose from the drop down list in the SPDS.
- ZIP CODE 5 + 4 EXTENSION Enter either the 5 or 9-digit zip code.

EMPLOYED WHILE PREGNANT?

Select Yes or No, whichever is appropriate.

MOTHER'S CURRENT OR MOST RECENT OCCUPATION

Enter the mother's usual or most recent occupation. Enter homemaker only if she was NEVER employed outside the home. Enter student only if she was a FULL time student during this pregnancy and had never held a full time job at any previous time.

MOTHER'S KIND OF BUSINESS OR INDUSTRY

Enter the kind of business or industry related to the occupation. Examples of businesses or industries are government, retail store, farming, manufacturing, construction, insurance, chemical, etc.

MOTHER'S INDUSTRY NAME/ADDRESS

Enter the name and locality of the firm or company corresponding to the entry made in the kind of business or industry item. For example, "State Health Department - Albany, NY."

Father or Second Parent

Will the mother and father be executing an Acknowledgement of Paternity? ☐ Yes ☐ No ☐ Not required

What type of certificate is required? ☐ Mother / Father ☐ Mother / Mother

Father's or Second Parent's Demographics

Parent's First Name:	Parent's Middle Name:
Parent's Current Last Name:	Last Name on Parent's Birth Certificate:
Parent's Name Suffix *(e.g. Jr., 2nd, III)*:	Social Security Number: – –

Demographics

Parent's Date of Birth: *(MM/DD/YYYY)* / /

Education: *(select one)*

☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ Some college credit, but no degree
☐ Associate's degree
☐ Master's degree
☐ Doctorate

City of Birth:	State/Terr./Province of Birth:	Country of Birth, if not USA:

Hispanic Origin:

Select all that apply

☐ No, not Spanish/Hispanic/Latino
☐ Yes, Cuban
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Other Spanish/Hispanic/Latino
Specify:
☐ Yes, Puerto Rican

Race:

Select all that apply

☐ White/Caucasian
☐ Chinese
☐ Korean
☐ Guamanian or Chamorro
☐ American Indian or Alaska Native
Tribe:
☐ Other Asian
Specify:
☐ Black or African American
☐ Filipino
☐ Vietnamese
☐ Samoan
☐ Asian Indian
☐ Japanese
☐ Native Hawaiian

Parent's Residence

Residence Address

☐ Check here if the parent's residence address is the same as the mother's address *(otherwise enter information below)*

Street Address:	
City, Town or Village:	State / Territory / Province:
Parent's Country of Residence, if not USA:	Zip / Postal Code:

Employment

Employment History

Current / Most Recent Occupation:	Kind of Business / Industry:	
Name of Company or Firm:	Address:	
City:	State / Territory / Province:	Zip / Postal Code:

SECOND PARENT SCREEN (formerly FATHER'S SCREEN)

FATHER OR SECOND PARENT (DOH 2011)

WHAT TYPE OF CERTIFICATE IS REQUIRED?

In most cases the answer to this question will be "Mother/Father." When the certificate is printed the titles "MOTHER" and "FATHER" will appear on certificate.

- **MOTHER/FATHER** certificate is used for:
  - Single mothers – in this case the father's section of the birth certificate will be left blank.
  - Heterosexual couples, whether married or executing an Acknowledgment of Paternity.
- **MOTHER/MOTHER** certificate is used for:
  - Married female couples who are legally married in another jurisdiction.
  - NOT used for those couples who are "domestic partners."

WILL THE MOTHER AND FATHER BE EXECUTING AN ACKNOWLEDGMENT OF

PATERNITY – *An Acknowledgment of Paternity may only be used for Mother/Father birth certificates.*

- **"Yes"** means that the couple is not married but they wish to add the father to the birth certificate using form LDSS-4418. This form must be signed and witnessed BEFORE the birth certificate is filed with the local registrar.
- **"No"** means that this is for a single mother and only the mother's name will appear on the birth certificate.
- **"Not Required"** means that the couple is married. The couple may be heterosexual or same sex females.

SECOND PARENT'S CURRENT LAST NAME – FATHER

This is the last name the parent currently uses – Enter the name of the father in accordance with the following instructions: In New York State, there is a legal presumption that a child is the legitimate offspring of the mother and the mother's husband *even if they have been separated for a long period of time*. (*A-M Yeates, NYSDOH-OTDA 2016)*. The husband's name should be entered as the father of the child on the birth certificate if at any time during the pregnancy the mother is:

- Married or separated;
- Divorced, if the divorce was granted after conception;
- Widowed, if widowed after conception.

New York State Public Health Law, Section 4135.2 requires a determination of parentage by a court of competent jurisdiction to name someone other than the mother's husband as the father of the child on the birth certificate. If a court determination cannot be obtained until after the birth certificate is filed, enter the husband's name or leave the father's name blank. Advise the mother that the State Health Department will enter the father's name upon receipt of a determination of parentage from the court.

If the mother has never been married, an Acknowledgment of Paternity (Form LDSS-4418) signed by both the mother and the putative father is required to enter the putative father's name as father on the birth certificate. A

properly completed Acknowledgment of Paternity is also required if, at the time of birth, the mother is unmarried and was divorced or widowed before conception. Hospitals should maintain a supply of Acknowledgement of Paternity forms. Form LDSS-4418 is available from your local registrar or the Office of Temporary and Disability Assistance. Advise the mother that if an Acknowledgement of Paternity cannot be completed before the birth certificate is filed; the certificate must be filed with the father's name left blank. The father's name may be added later by filing an Acknowledgement of Paternity with the State Health Department.

See addendum (approved by A-M Yeates, NYSDOH-OTDA 2016)

If the woman divorces her husband after she becomes pregnant and marries the biologic father before the baby is born, her current husband is listed as the father. If this is disputed it will need to be settled in family court.(A-M Yeates, NYSDOH 2016)

SECOND PARENT'S CURRENT LAST NAME – MOTHER

This is the last name the parent currently uses. A female may be listed as the second parent *only* if she is legally married to the birth mother. Domestic partnerships are not marriages. Therefore, a woman in a domestic partnership with the birth mother may not be entered on the birth certificate as the second parent.

SECOND PARENT'S LAST NAME ON BIRTH CERTIFICATE

- For males this is usually the same as their current last name. In the event that a male changes his last name at the time of marriage, the name on his birth certificate would be listed here. *This may or may not be the same as his current name depending on whether his name was changed by marriage only or changed through a court proceeding resulting in an amendment to his birth certificate.*
- For females this is commonly referred to as maiden name.
- If the second parent was adopted it would be the last name on his or her birth certificate ***after*** adoption.

SECOND PARENT'S SOCIAL SECURITY NUMBER

Enter the parent's Social Security number. If the parent does not have a Social Security number, enter all zeros. If the Social Security number is unknown, enter all nines, *if refused, enter all zeros. (A-M Yeates, NYSDOH-OTDA 2016)*

SECOND PARENT'S DATE OF BIRTH

Enter the exact month, day and year (including the century) the parent was born. Use numbers for months and days such as 06 04 1977 for June 4, 1977.

SECOND PARENT'S EDUCATIONAL LEVEL

Enter the highest degree or level of schooling completed by each parent. Enter the highest level completed only.

- Elementary school includes grades 01 through 08;
- Secondary school includes grades 09 through 12, without receipt of diploma or GED;
- High school graduate or GED recipient;
- Some college credit, but no degree should be selected if the parent received some post-secondary or college education, but no degree;

- Associate, Bachelor's, Master's, or Doctorate/Professional degree should be selected only if the degree was completed; select only the highest degree received;
- Unknown
- Do not enter any other kind of schooling or training. While beauty, barber, business, trade schools, etc., are important, they should not be considered for the purpose of this item.

SECOND PARENT'S BIRTHPLACE

Select a country from the list of countries presented in the SPDS. If "USA" or "Canada" is selected, select the correct state or province from the list presented in the SPDS and then key enter the city of birth. Include both the city and state of the parent's birth. If "USA" is not selected, enter only the country the parent was born in.

SECOND PARENT'S HISPANIC ORIGIN

Choose from the listing of Hispanic subgroups within the SPDS. If more than one was indicated by a parent, select as many as mentioned. There is no set rule as to how many generations are to be taken into account in determining ancestry or ethnic origin. The response is to reflect what the person considers himself or herself to be, and is not based on percentages of ancestry.

SECOND PARENT'S RACE

Choose form the races listed in the SPDS. Race is self-reported, meaning the parent is considered to be whatever race they say they are, regardless of appearance. If the "Other", "American Indian", "Alaskan Native", "Other Asian" or "Other Pacific Islander" category is selected, enter up to 2 specific nationalities or tribes.

SECOND PARENT'S RESIDENCE ADDRESS

A person's residence is not necessarily the same as the mailing address, legal address or voting address. Individual entry of residence items is the same as mailing address (above).

- The residence entry on the certificate should be the place the parent lives, not where he or she receives his or her mail.
- Do not enter a temporary residence such as an address used during a vacation, business trip or a visit to the home of a friend or relative.
- Do not use a post office box as a residence address.
- The place of residence during military duty or while attending college is considered a permanent residence and should be entered when applicable.
- For those whose permanent address is a prison or psychiatric facility they should list the street address of the facility. However, there should be no mention of the facility name.

SECOND PARENT'S STATE OF RESIDENCE

Select the father's state of residence from the list in the SPDS if the father resides in the USA. If the father does not reside in the USA, choose a country from the list in the SPDS and do not select a state.

SECOND PARENT'S CURRENT OR MOST RECENT OCCUPATION

Enter the father's usual or most recent occupation. Enter homemaker only if he was never employed outside the home. Enter student only if he was a FULL time student during this pregnancy and had never held a full time job at any previous time.

SECOND PARENT'S KIND OF BUSINESS OR INDUSTRY

Enter the kind of business or industry related to the occupation. Examples of businesses or industries are government, retail store, farming, manufacturing, construction, insurance, chemical, etc.

SECOND PARENT'S INDUSTRY NAME/ADDRESS

Enter the name and locality of the firm or company corresponding to the entry made in the kind of business or industry item. For example, "Crowley Dairy – Binghamton, NY."

Prenatal History

Prenatal History

Did mother receive prenatal care?	Primary Prenatal Care Provider Type:	Did mother participate in WIC?
☐ Yes ☐ No	☐ MD / DO / C(N)M / HMO ☐ No Information ☐ Clinic ☐ No Provider ☐ Other	☐ Yes ☐ No

Key Pregnancy Dates *(MM/DD/YYYY)*

Date of Last Menses:	Estimated Due Date:	Date of First Prenatal Visit:	Date of Last Prenatal Visit:
/ /	/ /	/ /	/ /

Prenatal Visits

Total Number of Prenatal Visits:	

Pregnancy History

Pregnancy History

Previous Live Births:		Previous Spontaneous Terminations:		Previous Induced Terminations:	Total Prior Pregnancies:
Now Living	**Now Dead**	**Less than 20 Weeks**	**20 Weeks or More**		
None or Number ☐	None or Number ☐	None or Number ☐	None or Number ☐	None or Number ☐	None or Number ☐

First Live Birth: *(MM / YYYY)*	Last Live Birth: *(MM / YYYY)*	Last Other Pregnancy Outcome: *(MM / YYYY)*	Prepregnancy Weight:	Height:
/	/	/	*lbs.*	*ft.* *in.*

PRENATAL HISTORY SCREEN

DID MOTHER RECEIVE PRENATAL CARE?

PRIMARY PRENATAL CARE PROVIDER

Select the primary setting in which prenatal care was given:

- private office (MD, DO, midwife, managed care plan health center)
- clinic
- other
- no information - select if mother received prenatal care but provider type unknown
  no provider - select if mother received no prenatal care

PARTICIPATION IN WIC DURING PREGNANCY

Select yes if the mother received food support through the Special Supplemental Food Program for Women, Infants and Children (WIC).

DATE LAST NORMAL MENSES BEGAN

Enter the month, day and year on which the mother's last normal menses began for this pregnancy. If the exact day is unknown, but the month and year are known, obtain an estimate of the day from the mother or her physician. Entries such as "BEG" for beginning, "MID" for middle and "END" for the end of the month should be converted to "07", "15" and "24".

Do not use the pregnancy wheel to determine LMP. The LMP date should be based on the Prenatal Care Record or Medical History. It is OK to provide just month and year if that is all that is known. (T. Sowinski, MD, SPDS Helpdesk DOH 2010)

ESTIMATED DUE DATE

Enter the month day and year on which the mother is expected to deliver her child(ren). *Use the last date entered by the Provider on the Prenatal. (C. Glantz, MD 2016)*

DATE OF FIRST PRENATAL CARE VISIT

Enter the date upon which the mother first presented for prenatal care. Include only the visit to a private physician or to a clinic or outpatient department of a hospital in which the mother's health history was taken and an initial physical examination for this pregnancy was performed. Do not include a visit in which only the fact of pregnancy was confirmed. The preferred source of this information is the prenatal care medical record. If an exact date is not available, try to get an estimate such as beginning, middle or end of the month. These estimates should be converted to "07", "15" and "24", respectively. If no prenatal care was received, leave the date blank.

DATE OF LAST PRENATAL CARE VISIT

Enter the date upon which the mother's last prenatal-care visit. Include only a visit to a private provider or to a clinic or outpatient department of a hospital in which the mother received prenatal care. Do not include healthcare visits unrelated to pregnancy care, e.g. emergency room care for an injury. If an exact date is not available, try to get an estimate such as beginning, middle or end of the month. These estimates should be converted to "07", "15" and "24", respectively. If no prenatal care was received, leave the date blank.

NUMBER OF PRENATAL VISITS

Enter the total number of prenatal visits made by the mother to a physician or prenatal clinic for the purpose of prenatal care. A prenatal visit includes all regular visits to a doctor or clinic and any other visits to a doctor, clinic or emergency room for treatment of a pregnancy related problem. If an exact date is not known estimate the number of visits.

Prenatal care visits should be those in clinics or doctor's offices. A labor check should not be counted nor any other trip to the hospital. For example, a pregnant woman may come to the hospital a few times near the end of her pregnancy, but have no prenatal care or very little at all. If the hospital visits are counted, it may look like the woman had several prenatal care visits when in fact she had none at all. (Eileen Shields, NYSDOH 03/2009)

PREVIOUS LIVE BIRTHS, NOW LIVING

- Enter the number of previous children born alive to this mother who are still alive at the time of this birth.
- Do not include the child for whom this certificate is being completed.
- If this is a multiple delivery, include any of the set previously born alive and are still living when the child named on this certificate was delivered.
- Indicate "None" if this is the first live birth to this mother or if all previous children are dead.

PREVIOUS LIVE BIRTHS, NOW DEAD

- Enter the number of previous children born alive to this mother who are now dead.
- If this is a multiple delivery, include in your count any of the set previously born alive who died before the delivery of the child named on this certificate.
- If none, indicate, None.

PREVIOUS SPONTANEOUS TERMINATIONS - GESTATIONS OF 20 WEEKS OR MORE AND PREVIOUS SPONTANEOUS TERMINATIONS - LESS THAN 20 WEEKS GESTATION

- Enter only previous spontaneous fetal deaths.
- Enter the number of spontaneous fetal deaths in the space that corresponds to the gestation of the fetus at death. For example, fetal deaths of less than 20 weeks gestation (under 5 months) should be entered in the space labeled Less than 20 Weeks.
- If this is the mother's first pregnancy or if all previous pregnancies resulted only in live born infants or induced terminations, indicate, None.
- If this is a multiple delivery, include in your count all fetuses in the set which were born dead prior to the infant that is named on this certificate.

Code cases of molar pregnancies or blighted ovum as spontaneous terminations regardless of final mode of pregnancy completion. (Sowinski, SPDS Helpdesk DOH 2011)

Code "vanishing twin" and embryo reduction as "Risk Factors in Pregnancy-Other Poor Pregnancy Outcome" (Glantz, MD 2016Code ectopic pregnancy as spontaneous ab (C Glantz 3/2013)

PREVIOUS INDUCED TERMINATIONS OF PREGNANCY

- Enter the total number of fetal deaths resulting from an induced termination of pregnancy prior to the birth of the infant named on this certificate.
- If this is the mother's first pregnancy or if all previous pregnancies resulted in live born infants or spontaneous fetal deaths, indicate none.

Code cases of molar pregnancies or blighted ovum as spontaneous terminations regardless of final mode of pregnancy completion. (Sowinski, MD DOH 2011)

Assuming "selected reduction" to refer to the removal of implanted embryos (fetuses), these events should be counted in the number of "other pregnancy outcomes" (induced terminations). However, these events would NOT be counted in the number of fetuses delivered in the pregnancy (plurality) which is the number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age. As "Other Pregnancy Outcomes", these events are not included in the calculation of the live-birth order. NCHS 2013
Code vanishing twin and elective embryo reduction as "Other Poor Pregnancy Outcome"

TOTAL PRIOR PREGNANCIES

- Enter the total number of times that the mother was pregnant prior to this pregnancy.
- Count every previous pregnancy regardless of whether it resulted in live birth or fetal death.
- A previous pregnancy that resulted in a multiple delivery counts only as one pregnancy. If this is the mother's first pregnancy, enter "00".

DATE OF FIRST LIVE BIRTH

- Enter the month and year of the first live birth born to this mother.
- Do not enter the date of this live birth if it is a single birth.
- If this is the first pregnancy for this woman AND it is her second, third, etc. member of a set, enter the date of birth of the first live born child.

DATE OF LAST LIVE BIRTH

- Enter the month and year of the last live birth born to this mother.
- Do not enter the date of this live birth if it is a single birth.
- If this is the mother's first live birth, leave this item blank.
- If this is her second live birth, repeat the date entered in first live birth.
- For a multiple delivery, if this certificate is for the second, third, etc. member of the set, then the required date is the month and year of the last set member born alive prior to the child named on this certificate. Usually this date will be the same as for the child named on this certificate. If all previous set members were born dead or if this certificate is for the first set member, enter the month and year of the last delivery involving a live birth.

DATE OF LAST OTHER PREGNANCY OUTCOME

- Enter the month and year of the mother's last spontaneous or induced termination.
- If this is the mother's first delivery or if all previous deliveries resulted in only live born infants, leave this item blank.
- For a multiple delivery, if this certificate is for the second, third, etc. member of the set and previously delivered set members were born dead, enter the month and year of the last set member born dead. Usually this will be the same date as the birth date of the child named on this certificate.
- If all previously delivered set members were born alive, or if this certificate is for the first set member, enter the month and year of the last delivery involving a fetal death.

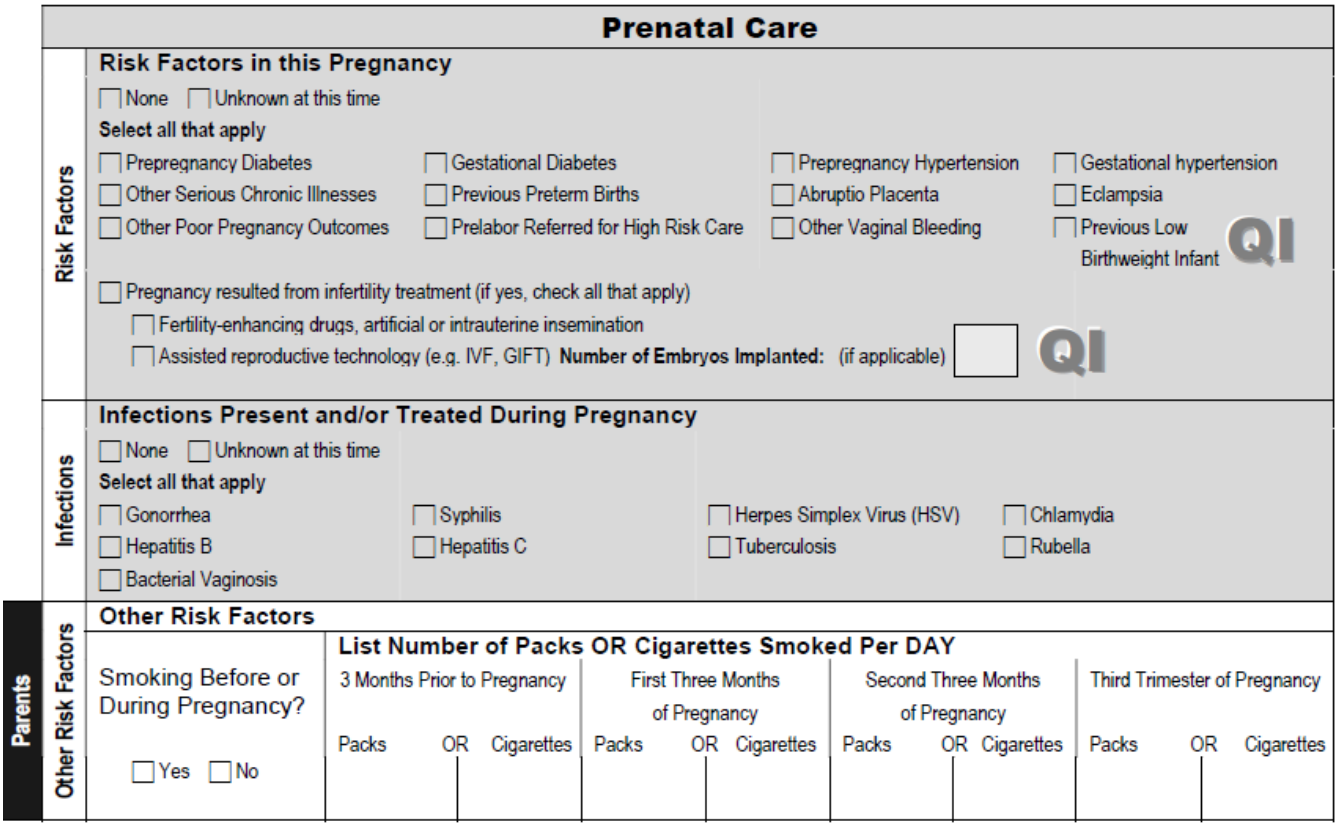
PREPREGNANCY WEIGHT

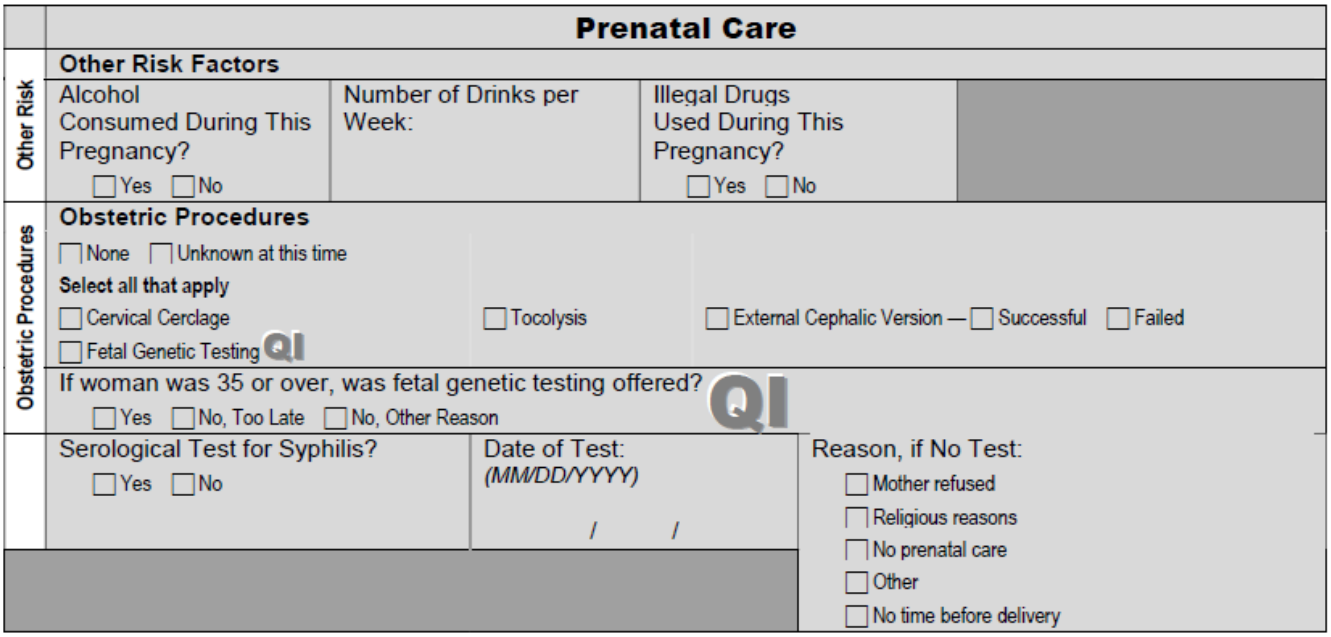
Enter the mother's weight prior to this pregnancy.

When a weight range is given, use the upper weight range. For instance 155-160, enter as 160 lb. (Consensus from 6/2010 Upstate RPC Data Coordinator Telephone Conference)

MATERNAL HEIGHT

Enter the mother's height in feet and inches.





PRENATAL CARE SCREEN

RISK FACTORS IN THIS PREGNANCY

Select the items below if diagnosed by a physician.

- **Prepregnancy Diabetes** Glucose intolerance requiring treatment diagnosed prior to this pregnancy.
- **Gestational Diabetes** Glucose intolerance requiring treatment, diagnosed during to this pregnancy.
- **Prepregnancy Hypertension** (Chronic) Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed prior to the onset of this pregnancy.
- **Gestational Hypertension** (PIH, Preeclampsia) Elevation of blood pressure above normal for age, gender, and physiological condition, diagnosed during this pregnancy
- **Other Serious Chronic Illnesses** Select this item if the mother has a chronic illness that requires ongoing medical care and carries a significant risk of premature death or disability (e.g. ulcerative colitis, multiple sclerosis; NOT eczema, allergic rhinitis). *So many people are on antidepressants these days that I would not code someone with mild, well-controlled depression as a serious other chronic illness. If she had a history of psychiatric hospitalizations, suicide attempts, or currently is undergoing regular psychotherapy, however, I would code it as a serious chronic illness. (C Glantz, MD 2013)*
- **Previous Preterm Births** History of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation. *This field refers to prior pregnancies. For example, in cases of multiples when coding for twin B do not code previous preterm birth if it is only in reference to twin A's birth (E. Shields DOH 2009)*
- **Abruptio Placenta** Synonyms include placental abruption, premature detachment of the placenta.
- **Eclampsia** is diagnosed when convulsions, not caused by any coincidental neurological disease such as epilepsy, develop in a woman who also has clinical criteria for preeclampsia.
- **Other Poor Pregnancy Outcomes** (Includes perinatal death, small for gestational age/intrauterine growth restricted birth.) History of pregnancies continuing into the 20th week of gestation (post menstrual age) and resulting in any of the listed outcomes. Perinatal death includes fetal and neonatal deaths.
- **Prelabor Referral For High Risk** Select this item if the patient was identified as needing a higher level of care for maternal medical or fetal was then referred from the lower level of care to a higher level. This includes being referred for testing/consultation, or for transfer of care to a high risk provider. It's not so much a measure of the patient's risk status per se, as a measure of the responsiveness of the system to changes in status. *If a patient is referred to Maternal Fetal Medicine for an opinion and recommendation about an abnormal ultrasound or lab value, or about a particular diagnosis, that would count as a high-risk referral. Not every patient sent for an ultrasound is necessarily a high-risk referral; it would depend on the reason for being sent. (C. Glantz, MD 2016) "Prelabor referral for high-risk care" does not mean that the higher-level facility takes over care for the remainder of the pregnancy. (C. Glantz , MD 2016)*
- **Other Vaginal Bleeding** during this pregnancy prior to onset of labor: Any reported or observed bleeding per vaginam at any time in the pregnancy presenting prior to the onset of labor. Include placenta previa here.
- **Previous Low Birthweight Infant** A previous live birth where the infant's birthweight was less than 2,500 grams. *This field refers to prior pregnancies not prior deliveries. For example, in cases of multiples when coding for twin B do not code previous low birth weight infant if it is only in reference to twin A (E. Shields DOH, P. Parker, CNY & C. Glantz, MD 2009)*
- **Pregnancy Resulted from Infertility Treatment** Any assisted reproduction technique used to initiate the pregnancy. Infertility Treatment is any assisted reproduction technique used to initiate the pregnancy. Check this item if any of the following apply: • Fertility-enhancing drugs, artificial insemination or intrauterine insemination. Ovulation induction/stimulation (Clomid, Pergonal) should be included here. •

Assisted reproductive technology, e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT). Intracytoplasmic sperm injection, zona drilling ISCI, SUZI and ZIFT should be included here. • Enter the number of embryos implanted, if applicable. The number of embryos implanted is a QI item.

- **None** of the above. Select this item if none of the items above are selected, even if other medical/obstetric risk factors exist.
- **Unknown**

INFECTIONS

- **Gonorrhea** Select this item if the mother had a diagnosis of or received treatment for gonorrhea during this pregnancy. Synonyms include *Neisseria gonorrhoeae***.**
- **Syphilis** Select this item if the mother had a diagnosis of or received treatment for syphilis during this pregnancy. Synonyms include *Treponema*
- **Herpes simplex virus (HSV)** Select this item if the mother had a diagnosis of or received treatment for herpes simplex virus during this pregnancy. Synonyms include HSV. *Herpes **should not** be coded unless explicitly stated in the medical record. Do not code solely based on the fact that a woman is being preventively treated with Valtrex. (T Sowinski, MD,SPDS Helpdesk DOH 2010)*
- **Chlamydia** Select this item if the mother had a diagnosis of or received treatment for a positive test for *Chlamydiatrachomatis*
- **Hepatitis B** (HBV, serum hepatitis) Select this item if the mother had a positive test for the hepatitis B virus. Exclude administration of Hepatitis B vaccine.
- **Hepatitis C** (non-A non-B hepatitis, HCV) Select this item if the mother had a positive test for hepatitis C virus.
  Hep B & C can be chronic infections and do not have to have first occurred during pregnancy. Code any positive Hep B or C test as "Infection present or treated during pregnancy."(C.Glantz, MD2012)

- **Tuberculosis** Select this item if the mother had a diagnosis of or received treatment for active tuberculosis during this pregnancy. Exclude positive skin test for tuberculosis without mention of treatment and/or diagnosis of active tuberculosis. Synonyms include TB
- **Rubella** Select this item if the mother had a diagnosis of infection with rubella or "German measles" during this pregnancy. Exclude positive rubella antibody test without mention of active infection.
- **Bacterial vaginosis** Select this item if the mother had a diagnosis of or received treatment for bacterial vaginosis during this pregnancy. Synonyms include BV.
- **None** Select this item if none of the items above are selected, even if other infections exist.
- **Unknown**

OTHER RISK FACTORS

- **Daily tobacco use** Select yes if the mother smoked cigarettes during each trimester of this pregnancy or during the three months prior to conception. Indicate the average number of cigarettes or packs of cigarettes she smoked per day in each of the time periods indicated. It is recommended that this information come from the mother and NOT from the medical records. *If a number of cigarettes cannot be determined enter '99'. E-cigs and Hookahs are not included, but if a woman admits to hookah use ask her what she uses it for as it may indicate illegal drug use.*

- **Alcohol use** Select yes if the mother used alcohol during this pregnancy. Indicate the average number of drinks per week that the mother consumed. Any mention of alcohol use should be considered a positive response (yes). If the mother has indicated that she may have had a few drinks from the time of conception to a positive pregnancy test consider that a positive response (yes). Fetal alcohol syndrome studies will not be done based on this question. A 'yes' response will show that the woman did not receive adequate preconception care.
- **Used illegal drugs** Select yes if the mother used any illegal or recreational drugs during pregnancy, for example cocaine/crack, heroin, marijuana, amphetamines, ecstasy. Any mention of illegal drug use should be considered a positive (yes) response. A 'yes' response will show that the woman did not receive adequate pre-conception care.

OBSTETRIC PROCEDURES

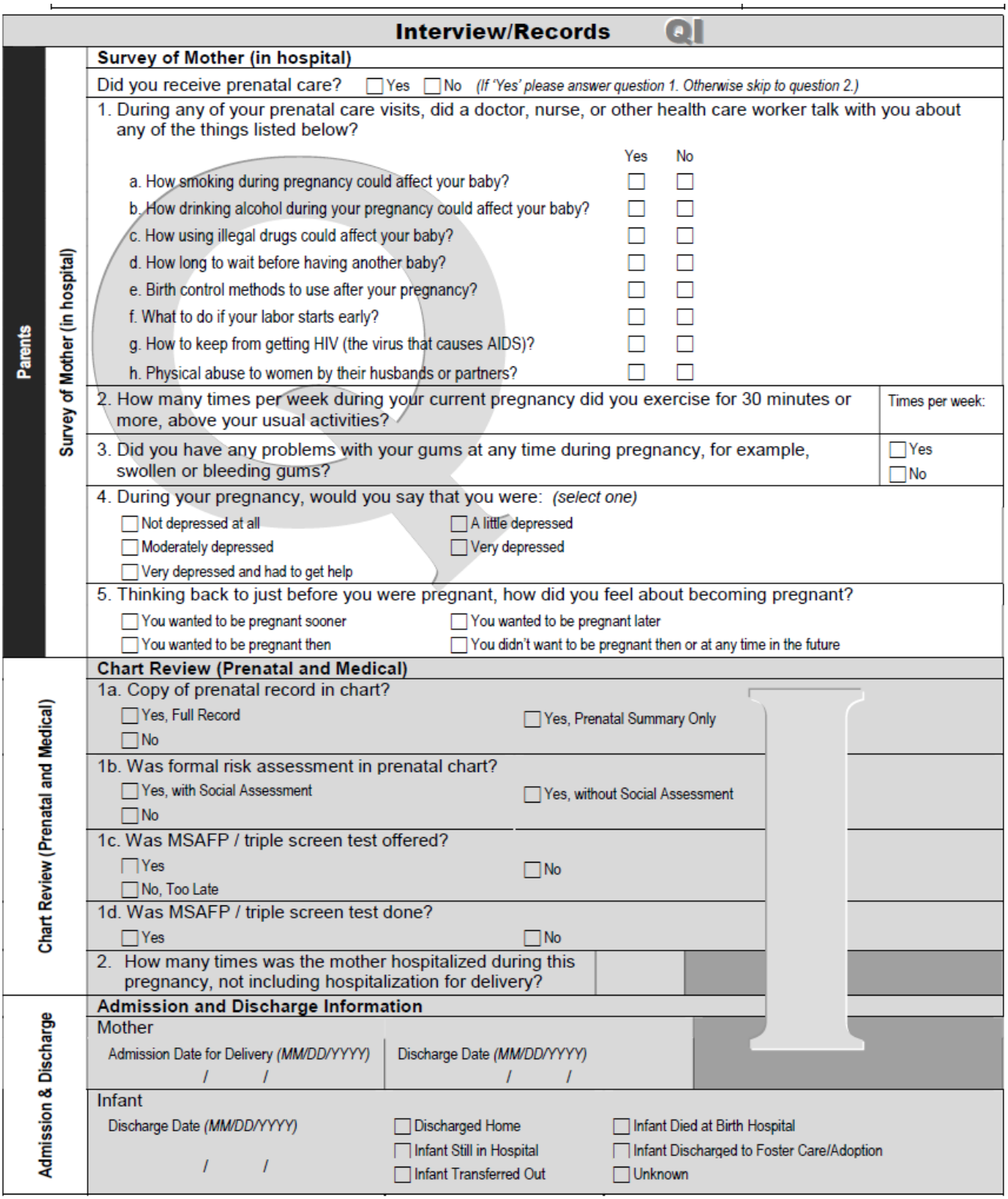
- **Cervical cerclage:** Circumferential banding or suture of the cervix to prevent or treat passive dilation. Includes MacDonald's suture, Shirodkar procedure, and abdominal cerclage via laparotomy.
- **Tocolysis** Administration of any agent with the intent to inhibit pre-term uterine contractions to extend the length of the pregnancy. *This may include the administration of terbutaline which is used to inhibit contractions , however not when it is only used to inhibit contractions prior to a C-section scheduled for that day (T. Steven, MD 2009)*
- **External cephalic version** Select this item if an attempt was made to convert the infant's position from a breech presentation to a vertex position by external manipulation. Indicate whether the attempt was successful or failed.
- **Fetal genetic testing:** Fetal genetic testing includes genetic amniocentesis and CVS (chorionic villus sampling).
- **None**
- **Unknown at this time**

IF WOMAN WAS 35 OR OLDER, WAS FETAL GENETIC TESTING OFFERED?

Fetal genetic testing includes genetic amniocentesis and CVS (chorionic villus sampling).
Remember that there is a difference between screening and testing. CVS (Chorionic Villus Sampling) and Amniocentesis are the only forms of testing. All other 'tests' are screening. These include NIPT (Non-Invasive Prenatal Testing), MSAFP and Quad screen. (C. Glantz, MD 2016)

SEROLOGICAL TESTING

- **Serological test for Syphilis** Select 'yes' if the mother was tested for syphilis during this pregnancy. Synonyms include *Treponema palidum*
  May also be called STS (Serologic Test for Syphilis), VDRL (Venereal Disease Research Lab) & RPR (Rapid Plasma Reagin) (D. Hayes & C. Glantz, MD 2008)
- **Date of Test** If the exact date of the test is not known estimate the date.
  If more than one test was done record the earlier date as entering a later date may imply that the test was not performed as required with the early pregnancy screening. (C. Glantz, MD 2009)
- **Reason if No Test**



Interview/Records QI

Parents

Survey of Mother (in hospital)

Survey of Mother (in hospital)

Did you receive prenatal care? ☐ Yes ☐ No *(If 'Yes' please answer question 1. Otherwise skip to question 2.)*

1. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?

	Yes	No
a. How smoking during pregnancy could affect your baby?	☐	☐
b. How drinking alcohol during your pregnancy could affect your baby?	☐	☐
c. How using illegal drugs could affect your baby?	☐	☐
d. How long to wait before having another baby?	☐	☐
e. Birth control methods to use after your pregnancy?	☐	☐
f. What to do if your labor starts early?	☐	☐
g. How to keep from getting HIV (the virus that causes AIDS)?	☐	☐
h. Physical abuse to women by their husbands or partners?	☐	☐

2. How many times per week during your current pregnancy did you exercise for 30 minutes or more, above your usual activities? — Times per week:

3. Did you have any problems with your gums at any time during pregnancy, for example, swollen or bleeding gums? — ☐ Yes ☐ No

4. During your pregnancy, would you say that you were: *(select one)*

☐ Not depressed at all ☐ A little depressed
☐ Moderately depressed ☐ Very depressed
☐ Very depressed and had to get help

5. Thinking back to just before you were pregnant, how did you feel about becoming pregnant?

☐ You wanted to be pregnant sooner ☐ You wanted to be pregnant later
☐ You wanted to be pregnant then ☐ You didn't want to be pregnant then or at any time in the future

Chart Review (Prenatal and Medical)

Chart Review (Prenatal and Medical)

1a. Copy of prenatal record in chart?

☐ Yes, Full Record ☐ Yes, Prenatal Summary Only
☐ No

1b. Was formal risk assessment in prenatal chart?

☐ Yes, with Social Assessment ☐ Yes, without Social Assessment
☐ No

1c. Was MSAFP / triple screen test offered?

☐ Yes ☐ No
☐ No, Too Late

1d. Was MSAFP / triple screen test done?

☐ Yes ☐ No

2. How many times was the mother hospitalized during this pregnancy, not including hospitalization for delivery?

Admission & Discharge

Admission and Discharge Information

Mother

Admission Date for Delivery *(MM/DD/YYYY)* / /

Discharge Date *(MM/DD/YYYY)* / /

Infant

Discharge Date *(MM/DD/YYYY)* / /

☐ Discharged Home ☐ Infant Died at Birth Hospital
☐ Infant Still in Hospital ☐ Infant Discharged to Foster Care/Adoption
☐ Infant Transferred Out ☐ Unknown

INTERVIEW/RECORDS SCREEN

DID YOU RECEIVE PRENATAL CARE?

Prenatal care includes visits to a doctor, nurse or other health care worker before your baby was born to get checkups and advice about pregnancy. Answer 'yes' if you made such visits for the pregnancy prior to admission for delivery.

DURING ANY OF YOUR PRENATAL CARE VISITS, DID A DOCTOR, NURSE OR

OTHER HEALTH CARE WORKER TALK WITH YOU ABOUT ANY OF THE THINGS

LISTED BELOW?

Please count only discussions, not reading materials or videos. For each item, answer Yes if someone talked with you about it or answer No if no one talked with you about it.

HOW MANY TIMES PER WEEK DURING YOUR CURRENT PREGNANCY DID YOU

EXERCISE FOR 30 MINUTES OR MORE, ABOVE YOUR USUAL ACTIVITIES?

Please enter the number of times that you exercise, not counting routine daily activities such as walking to the store, lifting boxes at your place of employment, etc.

DID YOU HAVE ANY PROBLEMS WITH YOUR GUMS AT ANY TIME DURING PREGNANCY, FOR EXAMPLE, SWOLLEN OR BLEEDING GUMS?

DURING YOUR PREGNANCY, WOULD YOU SAY YOU WERE DEPRESSED THINKING BACK TO JUST BEFORE YOU WERE PREGNANT, HOW DID YOU FEEL ABOUT BECOMING PREGNANT?

CHART REVIEW

Please review the woman's medical records (prenatal and delivery) for the following information.

- **Copy of prenatal record in chart?**
- **Was formal risk assessment in prenatal chart?** Social Assessment refers to psychosocial, socioeconomic and other social issues that may affect a pregnancy. Examples include: on or need Medicaid and/or public assistance; unwed or baby's father is not actively involved; under emotional or physical stress; recently felt depressed or hopeless; mother and /or her children in foster care, past or pregnant; thinking about adoption; want to see a social worker or public health nurse; housing, legal, transportation, safety or child care problems.
- **Was MSAFP / triple screen test offered?** If the mother was offered a triple screen / MSAFP test, please select 'Yes'. If the test was not offered, please select 'No'. If it was too late in the pregnancy for the test to be offered / done, please select "No, Too Late". *When coding **MSAFP** look for: MSAFP, triple screen, quad screen, NIPT, or second semester screen.*
- **Was MSAFP / triple screen test done?** If triple screen / MSAFP test was done, please select 'Yes'. If the test was not done, please select 'No'.
- **How many times was the mother hospitalized during this pregnancy, NOT including hospitalization for this delivery?** Enter the number of times the mother was hospitalized during this pregnancy for at least 24 hours or more, excluding the hospitalization for this delivery.

ADMISSION AND DISCHARGE INFORMATION

- **Mother** Enter the date the mother was admitted and discharged for this delivery.
  If the mother was transferred to another unit in the hospital, use the date of discharge from the hospital (rather than the maternity unit). (From Pamela Parker, upstate data coordinator, 8/2008)
- **Infant** Enter the discharge date for the Infant.
  - **Discharged Home**
  - **Infant Died at Birth Hospital**
  - **Infant Still in Hospital** Select only if the infant is still in your facility. Do not enter a discharge date if the infant is still in-house.
  - **Infant Discharged to Foster Care/Adoption**
  - **Infant Transferred Out** Select if infant was transferred out to a NICU or Special Care Nursery, including those within your own facility, or to another facility. Enter the date the infant was transferred out. *For babies that go to a NICU or SCN within your own facility continue to collect as much information as possible for the 72 hour period. (Eileen Shields, DOH 12/2009*

    Level I hospitals are not recognized as having SCN capability under state regulations. Therefore do not code 'infant transferred out' if the infant is moved to a SCN within a Level I hospital (Eileen Shields, 12/2010).
  - **Unknown** Select only if the disposition of the infant is not documented in the infant or woman's medical records.

Acknowledgement of Paternity (AOP)

Questions on AOP - If you have questions that SPSD can't answer, you can call The New York State Division of Child Support Contacts are: Ann-Marie Yeates w-518-408-4008 (she can be called directly)
Ann-Marie.Yeates@otda.ny.gov
Monique Rabideau (Ann-Marie's supervisor) – 518-474-0997
Child Support Helpline 888-208-4485
Child Support staff is readily available to answer AOP questions or concerns.

So, now to address issues and questions that have arisen as we try to sort through the ins and outs of AOP's

Signing the AOP -
As Registrars, our responsibility is to witness the signatures. Unlike notarizing a document, witnessing a signature is just signing that you watched the individual sign. You cannot require identification of the sign or of the document. (Deb Madaio 2014).
You, the Registrar, have no legal responsibility over who signs the form. Your only responsibility is to witness the signature. You do not need to verify that the person signing is who he says he is only that he signed in front of you.
The form cannot be witnessed by a family relation of either signatory.
There are no exceptions made for fathers who are in the military, incarcerated, or for any other reason unavailable at the time of birth to sign the AOP form. A Power of Attorney CANNOT sign this form.
If the form is falsely signed, it is up the signatories or the person challenging the signatures to take the issue to the court system.
We are not responsible for the veracity of the statements made by the mother and the putative father.
If the form is ever challenged it could be determined that fraud was perpetrated by the signatories.
From the Guidelines - It is NYS law that if the woman is legally married (separated doesn't count) she has to list her husband or leave the Father of the Baby (FOB) blank. The purported FOB can go to court, have a court ordered paternity test and have the judge rule on who can be listed on the Birth Certificate through the results of the test
The AOP should not filled out if the mother is legally separated or was married at any time during her pregnancy. If this becomes an issue after explanations are offered, allow the mother and the putative father to complete the form and process it as you normally would. It is then the responsibility of the signatories if an issue of paternity arises
If an AOP is created and it is determined that the Mother is legally married to someone else before the Registrar sends the info to the Office of Vital Statistics*, **the AOP still needs to be submitted as signed.**
Once the AOP is signed it is a legal document and becomes the responsibility of the people who signed the document to deal with any issues that arise through the court system.
In a rare situation where the signatories say that they signed in error and the form has ***not*** left the room, it can be destroyed in the presence of both witnesses.
Once the form has been signed and has left the presence of the signatories it must be filed as stated.
The AOP cannot be signed before the child is born.

Either the mother or the father has the right to rescind the acknowledgement of paternity by petitioning the court to vacate the Acknowledgement of Paternity form within the earlier of 60 days of signing the form or the date of an administrative or judicial proceeding related to the child in which either signatory is a party. When either parent is under the age of 18 when the AOP is signed, they have 60 days after their 18th birthday. (This change was added in 2013)
For the purpose of figuring how long the signatory has to rescind, the date of an administrative or judicial proceeding is the date by which the respondent is required to answer the petition. If the signatory is unsure of what that means you should contact your local child support agency.
Be sure the signatory understands the importance of this legal document because after 60 days has passed since signing the form, proof of fraud, duress, or mistake-of-fact will be needed to challenge the acknowledgement of paternity in court. Please, note that the burden of proof is on the person challenging the acknowledgement of paternity.

An Order of Filiation can only be sought after the birth of the baby. The Order of Filiation is generally sought after the birth when the FOB realizes that his name cannot be on the Birth Certificate.
The paternity testing has to be court ordered as the courts have specific labs from which they will accept results.
As with the Order of Filiation the AOP can only be signed after the birth of the baby.
In rare instances an Order of Filiation can be produced antepartum. It is legal and to be accepted.

If the mother leaves the parent portion blank and she is still legally married, the 'legal husband' remains legally responsible for the baby/child. If the need arose the husband can be sought for child support and the child is eligible for all the rights given to the husband's biological children.

Parents must be provided with BOTH oral and written explanations of the form they are about to sign. Be sure to review the implications of accepting paternity. It is clearly stated in the leaflet. Tell the parents to watch the video provided by your hospital. The video is a wonderful explanation of all that we try to explain. You cannot force them to watch. If you ask and they have not watched the video, you can still complete the AOP form.
If your hospital does not have the video available you can find it on the Child Support web site.
www.childsupport.ny.gov then go to the resources section.

Feel free to give gentle counseling to the parents if they show signs of hesitation re: the form.
They can be reminded that the form does not need to be completed in the hospital.

What happens when a purported father calls the registrar to say that the name on the Birth Certificate is not his, that he never signed anything? Answer - He needs to be directed to the court system. It is, also, important to know that the father has the option to sign the form in front of two witnesses even if the mother is unwilling to sign and acknowledge that the man is the father of her child.
In this case the father would need to self-file the form with the Office of Putative Paternity. Filing would not make him financially responsible for the child but could make the child eligible for a portion of his inheritance. It would also allow the father to be contacted if the mother sought to place the child up for adoption.

When a man voluntarily signs the AOP form he waives the right to a future court hearing to determine fatherhood.

Encourage them not to sign if they are not 100% sure that the info is correct, that once signed it is a legally binding form. There is no official time limit within which the form must be submitted.

If the parents choose to sign the AOP after they leave the hospital, they must file the form with the Vital Statistics registrar of the district in which the birth certificate has been filed and such filing will establish inheritance rights and support responsibilities from the father.

Baby's name –This applies only to the Birth Certificate. The parents have 90 days in which they can add or change the baby's 1st and/or middle name (A Social Security number will not be executed unless there is a first and last name). The last name cannot be changed.
The addition will not be made to the AOP. The AOP will be identified by the two signatures and the date of birth.
The first and middle name can be left blank on the forms. There is a risk that the form may be rejected if the baby's name is missing

Some changes can be made on the AOP form. There are no changes ever allowed in the child section. The only acceptable wat to make a correction is with a single line through the error and the parents' initials then the new info, always printed or typed in blue or black ink, and *never* any correction fluid.

Parents receive a copy of the AOP with the Birth Certificate. They can also ask the Registrar for a copy before discharge from the hospital

Father / Father – In this situation if one of the father's is the sperm donor he can be listed on the AOP as the biological father - *provided the mother is not married*. The other father would need to adopt the baby.

If you sign the acknowledgment of paternity form at a hospital or with a birth registrar or social services agency, witnessed by two people unrelated to either of you, the original form will automatically be filed for you with the putative father registry.

`* The AOP is attached to the Certificate of Live Birth and sent to the County Office of Vital Statistics. The forms are entered into the County system, copies are made. The originals are kept in the County offices. The Cert. of Live Birth copy is sent to the SPDS Offices, the AOP copy is sent to the Office of Putative Paternity. The formal Birth Certificate with the embossed seal and a copy of the AOP is sent to the mother. Added copies can be obtained, at a cost, from the County Office of Vital Statistics

The two web sites listed below are the online help for completing the AOP.

NYS Child Support > Providers

https://www.childsupport.ny.gov/dcse/aop_howto.html

NYS Child Support > Resources

https://www.childsupport.ny.gov/dcse/paternity_establishment.html

Office of Putative Paternity
NYS Child Support Processing Center
P.O. Box 15365
Albany, NY 12212-5365

Index