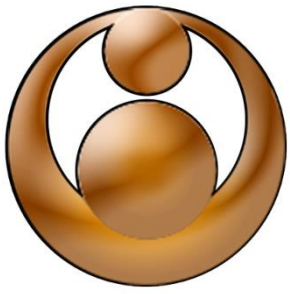
Registering the New York State Certification of Live Birth:

Training Modules

Training Modules Objectives:

- Orient new Birth Registrars to the data entry of the NYS birth certificate
- Provide ongoing training for Birth Registrars already entering data into the NYSDOH Statewide Perinatal Data System to register live births



Created in 2004 by the Finger Lakes Region
Updated and Revised 2017 by Finger Lakes Region

Welcome to the
Birth Certificate Registrar
Training Modules!

This training is intended for use by any hospital personnel in New York State who are involved in the registering information for the New York Certificate of Live Birth.
These Modules have been developed to help new Registrars abstract maternal and infant records, accurately capturing birth certificate information based on NYS Guideline.
It can be used to orient new Birth Registrars or can be used to refresh those who have been coding* birth certificate information for any period of time.
This training does not cover all aspects of the information requested by the NYS Statewide Perinatal Data System. You will find that using the HELPER Guidelines, Finger Lakes Region supplement to the NYS provided guidelines, will provide guidance to areas where the correct entry may not be clear.

The training has been organized into 7 Modules:

- Module One: New Registration, Institution, and Infant Birth Information
- Module Two: Congenital Anomalies
- Module Three: Labor & Delivery, Part 1
- Module Four: labor & Delivery, Part 2
- Module Five: Prenatal History
- Module Six: Prenatal Care
- Module Seven: Interview/Records Information

How to best use the Modules

To make the best use of this training we encourage you to complete each Module in order following the format below:

1. Read *Module Presentation*. Added explanations can be found in the HELPER Guidelines and in the extra information section if there is one.
2. Complete the *Extraction/Scenario* training exercises.
   The extraction exercises use de-identified and altered patient medical records.
   Enter the requested information into the provided section from the Birth Certificate Workbook.
   The Scenarios are situations you may encounter as you collect information from your patients' medical records.
3. Check your responses using the answer sheets immediately following the segment completed
4. Complete the Module specific *Evaluation*, as before the answers are immediately following the *Evaluation*
5. If not already done, read extra training materials, if available.

If you have questions about how to answer any of the requests for information in the NYS Certification of Live Birth Training Modules, please contact Rosemary Varga (585-275-8737).

*"Coding" is a convenient although slightly misleading term for entering the needed information in the Statewide Perinatal Data system. True "coding" is the entry of predetermined numbers into a system that can then rate the material. We do not use numbers rather we enter the requested information.

Module Presentation

New Birth Institution and Infant

Realizing that this was not covered in the original Modules, the New Birth Registration, Institution, and Social Security application have been taken from the HELPER Guidelines and inserted in Module 1 with important pieces of information in *purple italics*

This is the lead page on the Birth Certificate Workbook

New York State Birth Certificate and Statewide Perinatal Data System Work Booklet

A child's birth certificate is a very important document. It is the official record of the child's full name, date of birth and place of birth. Throughout the child's lifetime, it provides proof of identity and age. As a child grows from childhood to adulthood, information in the birth certificate will be needed for many important events such as: entrance to school, obtaining a work permit, driver's license or marriage license, entrance in the Armed Forces, employment, collection of Social Security and retirement benefits, and for a passport to travel in foreign lands.

Because the birth certificate is such an important document, great care must be taken to make certain that it is correct in every detail. By completing this work booklet carefully, you can help assure the accuracy of the child's birth certificate.

New York State Birth Certificate:

PARENTS, for the birth certificate, you must complete the unshaded portions of this work booklet, see pages 3 - 5, 10 - 12 & 14 (the shaded portions will be completed by hospital staff).

Information that is not labeled "QI", "IMM" or "NBS" in the work booklet will be used to prepare the official birth certificate. The completed birth certificate is filed with the Local Registrar of Vital Statistics of the municipality where the child was born within five (5) business days after the birth and with the New York State Department of Health. When the filing process is completed, the mother will receive a Certified Copy of the birth certificate. This is an official form that may be used as proof of age, parentage, and identity. Receiving it confirms that the child's birth certificate is officially registered in the State of New York. Additional copies of the birth certificate may be obtained from the Local Registrar or the New York State Department of Health, P.O. Box 2602, Albany, New York 12220-2602. For further information about obtaining copies, please call (518) 474-3077 or visit the New York State Department of Health web site at: *www.health.ny.gov/vital_records/*.

All information (including personal/identifying information) is shared with the County Health Departments or other Local Health Units where the child was born and where the mother resides, if different. County Health Departments and Local Health Units may use this data for Public Health Programs. The Social Security Administration receives a minimal set of data ONLY when the parents have indicated, in this work booklet, that they wish to participate in the Social Security Administration's Enumeration at Birth program.

While individual information is important, public health workers will use medical and demographic data in their efforts to identify, monitor, and reduce maternal and newborn risk factors. This information also provides physicians and medical scientists with the basis to develop new maternal and childcare programs for New York State residents.

Statewide Perinatal Data System (SPDS) – Quality Improvement (QI), Immunization Registry (IMM), Hearing Screening (HS) and Newborn Screening Program (NBS) Information:

The information labeled "QI" will be used by medical providers and scientists to perform data analyses aimed at improving services provided to pregnant women and their babies. "IMM" information will be used by New York State's Immunization Information System (NYSIIS). A birthing hospital's obligation to report immunizations for newborns can be met by recording the information in SPDS, including the manufacturer and lot number as required by law. "HS" information will be used to improve the Newborn Hearing Screening program. Information labeled "NBS" will result in significant improvements in the Newborn Screening Program such as better identification and earlier treatment of infants at risk for a variety of disorders

ATTENTION HOSPITAL STAFF:
This work booklet has been designed to obtain information relating to the pregnancy and birth during the 72-hour period immediately following the birth of a live born child in New York State. Hospital staff should complete the shaded portions of the work booklet.

New York State Public Health Law provides the basis for the collection of the birth certificate data. For pertinent information about the New York State Public Health Laws refer to sections 206(1)(e), 4102, 4130.5, 4132 and 4135. These laws are also described in the New York State Birth Certificate Guidelines. The Guidelines are available
to SPDS users on the **Help** tab of the SPDS Core Module.

NEW BIRTH REGISTRATION

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: ☐ Male ☐ Female ☐ Undetermined	Plurality:	Birth Order:	Medical Record No.:
	Date of Birth: (MM/DD/YYYY) / /	Time of Birth: (HH:MM) : ☐ am ☐ pm ☐ military (24-hour time)		
Infant	Was child born in this facility? ____Yes ____No If child was **not** born in this facility, please answer the following questions:			
	In what type of place was the infant born? ☐ Freestanding Birth Center (regulated by DOH) ☐ Home (unknown intent) ☐ Clinic/ Doctor's Office ☐ Home (intended) (not regulated by DOH)		If New York State Birthing Center, enter its name:	
			In what county was the child born?	

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 alive 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 IT'S 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

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:

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 their own state's SS office. (NY SS Office 1/2011)[1]
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Birthplac	**Institution**	
	Site of Birth, If **Other** Type of Place:	Street Address – if other than Hospital / Birthing Center:
	If place of infant's birth was other than Hospital or Birthing Center: City, town or village where birth occurred:	Zip / Postal Code:
	Infant's Pediatrician/Family Practitioner:	
Attendant	**Attendant's Information:**	
	License Number: / Name: *First* / *Middle* / *Last*	
	Title: *(Select one)* ☐ Medical Doctor ☐ Doctor of Osteopathy ☐ Licensed Midwife (CNM) ☐ Licensed Midwife (CM) ☐ Other	
Certifier	**Certifier's Information:** ☐ Check here if the Certifier is the same as the Attendant *(otherwise enter information below)*	
	License Number: / Name: *First* / *Middl* / *Last*	
	Title: *(Select one)* ☐ Medical Doctor ☐ Doctor of Osteopathy ☐ Licensed Midwife (CNM) ☐ Licensed Midwife (CM) ☐ Other	
Payer	**Primary Payor for this Delivery:** **Select one:** ☐ Medicaid / Family Health Plus ☐ Private Insurance ☐ Indian Health Service ☐ CHAMPUS / TRICARE ☐ Other Government / Child Health Plus B ☐ Other ☐ Self-pay	
	If Medicaid is not the primary payer, is it a secondary payer for this delivery? ☐ Yes	Is the mother enrolled in an HMO or other managed care plan? ☐ Yes ☐ No

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 *This data field is requesting the mother's insurance field. If her insurance card has a CIN# then Medicaid is a payer. You may need to determine if it is the primary or secondary payer. The mother may have private insurance as the primary payer. See the addendum, 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 payer 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).

SECONDARY MEDICAID PAYER?

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

HMO ENROLLMENT?

Most Americans who have health insurance through their employer (and many who are self-insured) are enrolled in some type of a managed care plan -either an HMO or PPO. The most common types of managed care plans are health maintenance organizations (HMOs) and preferred provider organizations (PPOs). Less common are point-of-service (POS) 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/

Excellus He 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

Community Blue: Blue Shield of Northeastern New Yo

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		

NYS Catholic Health Plan, Inc. - Other DBA's: Better Health Plan,

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	

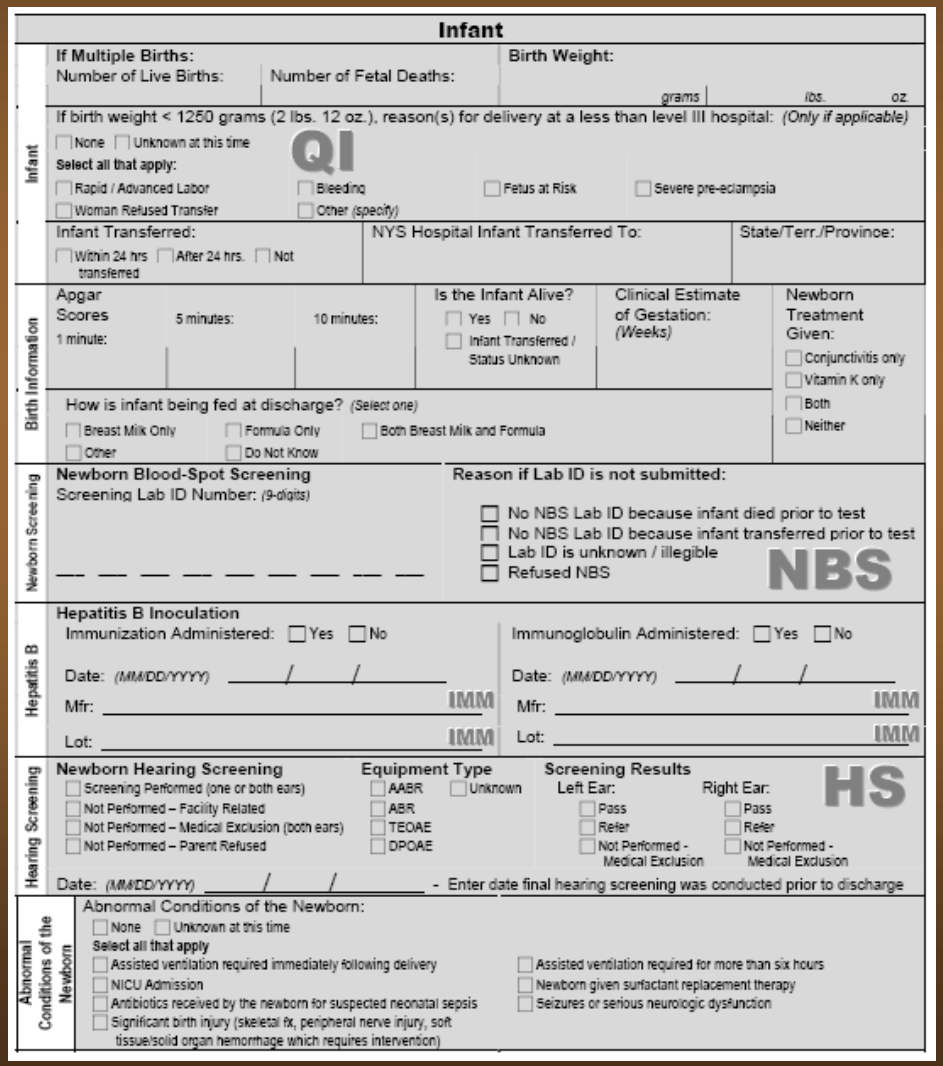
Module One

New Birth Registration

Institution

Infant

Infant fields



Infant

Infant

If Multiple Births:
Number of Live Births: | Number of Fetal Deaths:

Birth Weight:
grams | lbs. | oz

If birth weight < 1250 grams (2 lbs. 12 oz.), reason(s) for delivery at a less than level III hospital: *(Only if applicable)*

☐ None ☐ Unknown at this time

QI

Select all that apply:

☐ Rapid / Advanced Labor ☐ Bleeding ☐ Fetus at Risk ☐ Severe pre-eclampsia
☐ Woman Refused Transfer ☐ Other *(specify)*

Infant Transferred:
☐ Within 24 hrs ☐ After 24 hrs. ☐ Not transferred

NYS Hospital Infant Transferred To:

State/Terr./Province:

Birth Information

Apgar Scores
1 minute: | 5 minutes: | 10 minutes:

Is the Infant Alive?
☐ Yes ☐ No
☐ Infant Transferred / Status Unknown

Clinical Estimate of Gestation: *(Weeks)*

Newborn Treatment Given:
☐ Conjunctivitis only
☐ Vitamin K only
☐ Both
☐ Neither

How is infant being fed at discharge? *(Select one)*
☐ Breast Milk Only ☐ Formula Only ☐ Both Breast Milk and Formula
☐ Other ☐ Do Not Know

Newborn Screening

Newborn Blood-Spot Screening
Screening Lab ID Number: *(9-digits)*
__ __ __ __ __ __ __ __ __

Reason if Lab ID is not submitted:
☐ No NBS Lab ID because infant died prior to test
☐ No NBS Lab ID because infant transferred prior to test
☐ Lab ID is unknown / illegible
☐ Refused NBS

NBS

Hepatitis B

Hepatitis B Inoculation
Immunization Administered: ☐ Yes ☐ No
Date: *(MM/DD/YYYY)* __/__/____
Mfr: _____ IMM
Lot: _____ IMM

Immunoglobulin Administered: ☐ Yes ☐ No
Date: *(MM/DD/YYYY)* __/__/____
Mfr: _____ IMM
Lot: _____ IMM

Hearing Screening

Newborn Hearing Screening
☐ Screening Performed (one or both ears)
☐ Not Performed – Facility Related
☐ Not Performed – Medical Exclusion (both ears)
☐ Not Performed – Parent Refused

Equipment Type
☐ AABR ☐ Unknown
☐ ABR
☐ TEOAE
☐ DPOAE

Screening Results
Left Ear: ☐ Pass ☐ Refer ☐ Not Performed - Medical Exclusion
Right Ear: ☐ Pass ☐ Refer ☐ Not Performed - Medical Exclusion

HS

Date: *(MM/DD/YYYY)* __/__/____ - Enter date final hearing screening was conducted prior to discharge

Abnormal Conditions of the Newborn

Abnormal Conditions of the Newborn:
☐ None ☐ Unknown at this time

Select all that apply
☐ Assisted ventilation required immediately following delivery
☐ NICU Admission
☐ Antibiotics received by the newborn for suspected neonatal sepsis
☐ Significant birth injury (skeletal fx, peripheral nerve injury, soft tissue/solid organ hemorrhage which requires intervention)
☐ Assisted ventilation required for more than six hours
☐ Newborn given surfactant replacement therapy
☐ Seizures or serious neurologic dysfunction

- Infant fields relate to the 1st 72 hours of an infant's life.
- Information related to these fields can be found in either the infant's chart or the mother's chart.
- Some fields may be found in both charts (Apgar scores, gestational age)

Multiple births

If Multiple Births:	
Number of Live Births:	Number of Fetal Deaths:

- Code these fields *only* if the birth is a multiple birth (plurality >1)
- Enter the number of infants born alive (those for which you will be creating birth certificates) and number born dead (no birth certificate will be created for these infants)

NYS GUIDELINES

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.

Birth weight

Birth Weight:			
grams	lbs.	oz.

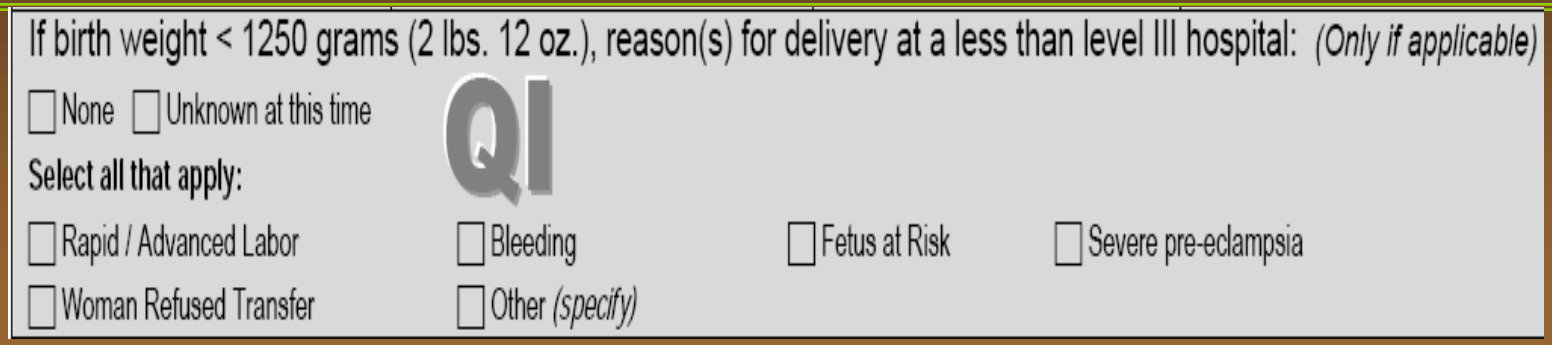
- Enter the infant's birth weight as it appears on the delivery record (Mother's chart)
- If birth weight is recorded as grams (gm), enter weight in grams (if recorded as kilograms (kg) move decimal 3 places to the right and enter weight as grams, e.g. *3.390kg = 3390 grams*)
- If weight is recorded as pounds and ounces, enter in the pounds and ounces fields. DO NOT CONVERT the computer will do it for you.

NYS GUIDELINES

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.

Birth weight < 1250


If birth weight < 1250 grams (2 lbs. 12 oz.), reason(s) for delivery at a less than level III hospital: *(Only if applicable)*

☐ None ☐ Unknown at this time

QI

Select all that apply:

☐ Rapid / Advanced Labor ☐ Bleeding ☐ Fetus at Risk ☐ Severe pre-eclampsia

☐ Woman Refused Transfer ☐ Other *(specify)*

If your hospital is a Level 1 or Level 2 hospital (see list below), code the reason(s) why infant weighing less than 1250 gm was born at your hospital (why was it not possible to transfer mother to a hospital with a neonatal intensive care unit prior to delivery?)

Level 1 Hosp: G. Corning, FF Thompson, Highland, Newark-Wayne, Nicholas Noyes, Unity
Level 2 Hosp: Rochester General
Level 3 Hosp: Arnot Ogden
Level 4 Hosp: Strong

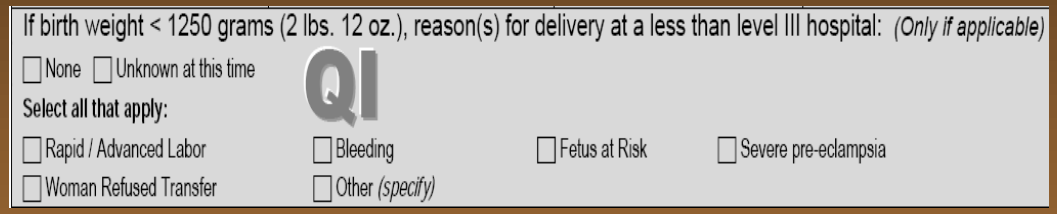
See NYS GUIDELINES below AND continued on the next 2 slides.

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

IF BIRTHWEIGHT < 1250, REASON FOR DELIVERY AT A LESS THAN LEVEL 3 HOSPITAL


If birth weight < 1250 grams (2 lbs. 12 oz.), reason(s) for delivery at a less than level III hospital: *(Only if applicable)*

☐ None ☐ Unknown at this time

QI

Select all that apply:

☐ Rapid / Advanced Labor ☐ Bleeding ☐ Fetus at Risk ☐ Severe pre-eclampsia

☐ Woman Refused Transfer ☐ Other *(specify)*

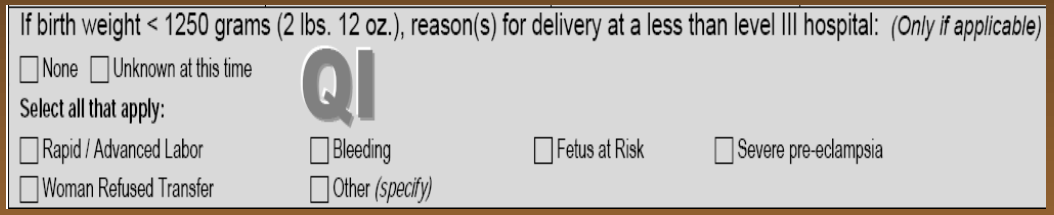
NYS GUIDELINES:

- 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 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.

Breech or malpresentation:

Only code Fetus at Risk (FAR) if one of the other symptoms (listed above) is present that indicates fetus is at risk – don't code FAR only for breech or malpresentation.

IF BIRTHWEIGHT < 1250, REASON FOR DELIVERY AT A LESS THAN LEVEL 3 HOSPITAL


If birth weight < 1250 grams (2 lbs. 12 oz.), reason(s) for delivery at a less than level III hospital: *(Only if applicable)*

☐ None ☐ Unknown at this time

QI

Select all that apply:

☐ Rapid / Advanced Labor ☐ Bleeding ☐ Fetus at Risk ☐ Severe pre-eclampsia

☐ Woman Refused Transfer ☐ Other *(specify)*

NYS GUIDELINES

- 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
- Unknown at this time

•Use 'none' to indicate that no reason was given why the delivery did not occur at a Level 3 facility.

•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

Infant transferred

Infant Transferred:	NYS Hospital Infant Transferred To:	State/Terr./Province:
☐ Within 24 hrs ☐ After 24 hrs. ☐ Not transferred		

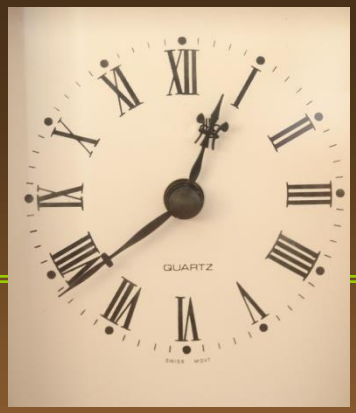
- If the infant is transferred to another hospital check whether transfer occurred within 24 hours or after 24 hours of birth.
- If infant was transferred to a hospital within NYS, select hospital to which the infant was transferred.
- If the infant was transferred to hospital outside of NYS select state, territory, or province to which the infant was transferred.
- If the infant was not transferred, check the appropriate box.

NYS GUIDELINES

INFANT TRANSFERRED
Indicate whether the infant was transferred to another facility within 24 hours or after 24 hours.

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 the infant was transferred to from the list in the SPDS.

Apgar scores



Apgar Scores	5 minutes:	10 minutes:
1 minute:		

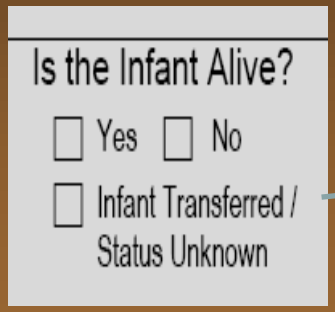
- The Apgar score is a standardized method for evaluating a newborn's health at birth and ranges from a low of '0' to a high of '10'. The higher the score the better the infant is judged to be doing.
- Information regarding this score may be found on the delivery form or in the infant's medical record.
- Be sure to record 1 min and 5 min scores for all infants and the 10 min score if the infant's 5 min score is less than 6.

NYS GUIDELINES

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 infant alive?



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 will always be 'Yes' (alive).

- Record whether or not the infant is alive (Yes or No) at 72 hours after the infant's birth or if the infant is transferred, at the time of transfer.

NYS GUIDELINES

Except for the ***Infant Feeding*** field which includes information for the 1st 5 days of the infant's life (see slide 14)

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.

Gestational age

Clinical Estimate of Gestation: *(Weeks)*

- The Gestational Age of the infant maybe recorded in the infant's or mother's record as 'Weeks' and 'Days'. Use the Gestational Age recorded on prenatal, if possible.
- Utilize the most accurate documentation of estimated gestational age in the patient's medical record (i.e. OBs best clinical estimate).
- If the patient had no prenatal care or is unsure of her LMP (Last Menstrual Period) and did not have an ultrasound, use information from infant's physical exam at birth.
- If a range is given, enter the lowest gestation given.
- Enter the weeks of gestation only. DO NOT enter 'Days' (do not round upward).

Use Dubowitz or Ballard scores ONLY if best OB estimate is not available

NOTE: 37 weeks 5 days is entered as 37 weeks

NYS GUIDELINES

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.

Newborn treatment

Newborn Treatment Given:

- ☐ Conjunctivitis only
- ☐ Vitamin K only
- ☐ Both
- ☐ Neither

Administration of Vitamin K (often phytonadione injection) and treatment for conjunctivitis (often erythromycin ointment) is found on the delivery record in the mother's chart and will generally also be included in the medication section of the infant's chart. If both medications are given (which is usually the case) check 'Both'.

NYS GUIDELINES

NEWBORN TREATMENT GIVEN?

Indicate if vitamin K was given. Also, indicate if there was preventative treatment for conjunctivitis administered.

Feeding at discharge #1

How is infant being fed at discharge? *(Select one)*

☐ Breast Milk Only ☐ Formula Only ☐ Both Breast Milk and Formula

☐ Other ☐ Do Not Know

- The intent of the question as of Jan 1, 2011 is to capture information regarding how the infant was fed during his/her hospital stay. The actual question in the work book has not changed (how is infant being fed at discharge) but the information the NYSDOH is looking for has changed.
- You will need to use the Intake/Output flow sheet found in the infant's chart to get the full picture of how the infant was fed throughout the hospital stay. How the mother planned to feed the infant is not important. How the baby is actually fed is the information you need to collect.
- 'Breast Milk only' and 'Formula only' are exclusive fields; if any combination of the two were used enter 'Both Breast Milk and Formula' (see NYS Guidelines on next slide)

Feeding at discharge #2

NYS GUIDELINES:

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.

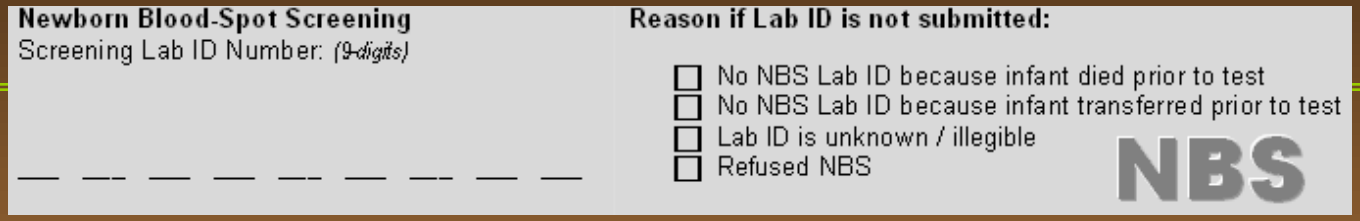
- **Breast Milk Only**: (Exclusive breast milk feeding) Infant has been fed ONLY breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines. Breast milk feeding includes expressed mother's milk as well as donor human milk, both of which may be fed to the infant by means other than suckling at the breast.
- **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.

Breast milk only may also include either powder or liquid human milk fortifiers (used for premies) or 'sweeties' (used for pain relief during circumcision).

This includes one time feedings at delivery to stabilize blood glucose.

For those infants who are transferred at less than the specified 5 days, 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.

Newborn Blood-Spot Screening



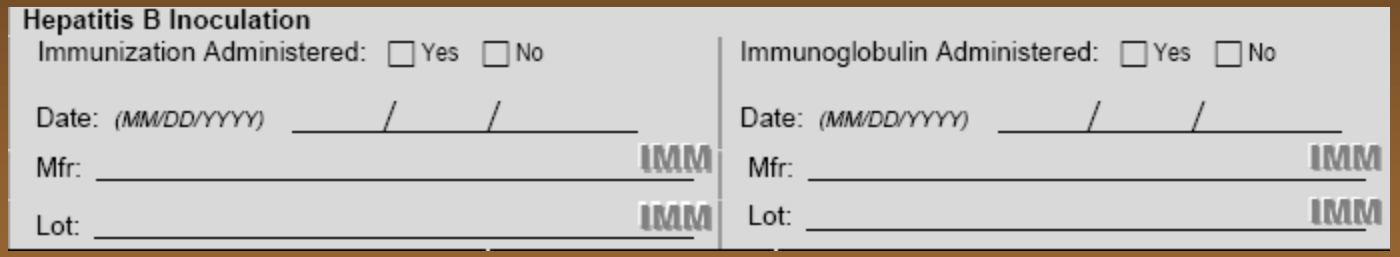
- The Newborn Screening Blood Collection Form should be done for all infants born in a New York State birth hospital
- Enter the 9-digit Lab ID found on the Collection Form
- If the Test was not done, specify whether the infant died or was transferred before screening could be done.
- Enter the "ID unknown/illegible" if the ID cannot be read or does not pass the validation algorithm and so cannot be entered.
- If test had to be repeated be sure to enter the valid screening #.

NYS GUIDELINES

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 / Immunoglobulin



- Enter information related to Hepatitis and Immunoglobulin administration in these fields.
- Consent for Hepatitis immunization will be found in infant's chart. Be sure you also find the date that Hepatitis was actually administered.

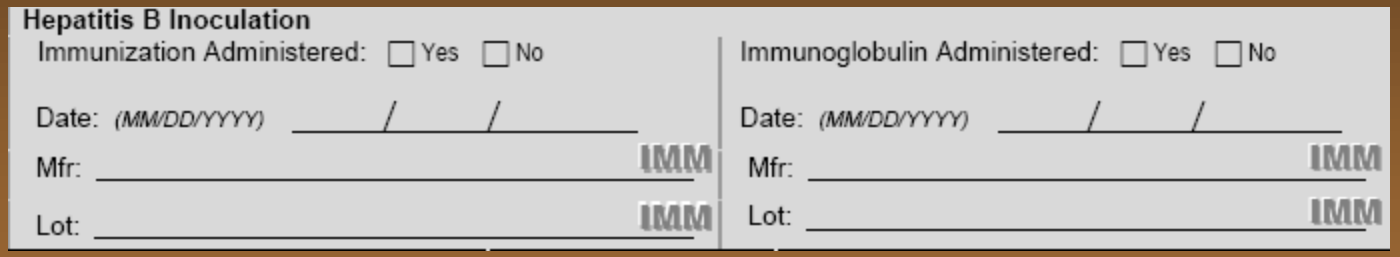
NYS GUIDELINES

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.

Hepatitis / Immunoglobulin



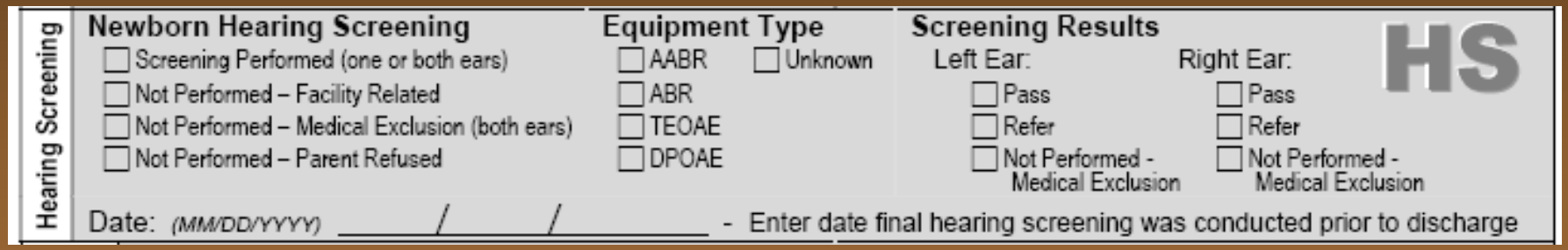
NYS GUIDELINES

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.

Newborn Hearing Screening



Hearing Screening

Newborn Hearing Screening

- ☐ Screening Performed (one or both ears)
- ☐ Not Performed – Facility Related
- ☐ Not Performed – Medical Exclusion (both ears)
- ☐ Not Performed – Parent Refused

Equipment Type

- ☐ AABR ☐ Unknown
- ☐ ABR
- ☐ TEOAE
- ☐ DPOAE

Screening Results

Left Ear:	Right Ear:
☐ Pass	☐ Pass
☐ Refer	☐ Refer
☐ Not Performed - Medical Exclusion	☐ Not Performed - Medical Exclusion

HS

Date: *(MM/DD/YYYY)* ____/____/____ - Enter date final hearing screening was conducted prior to discharge

These fields were added to the Birth certificate in the 2011.

NYS GUIDELINES

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.

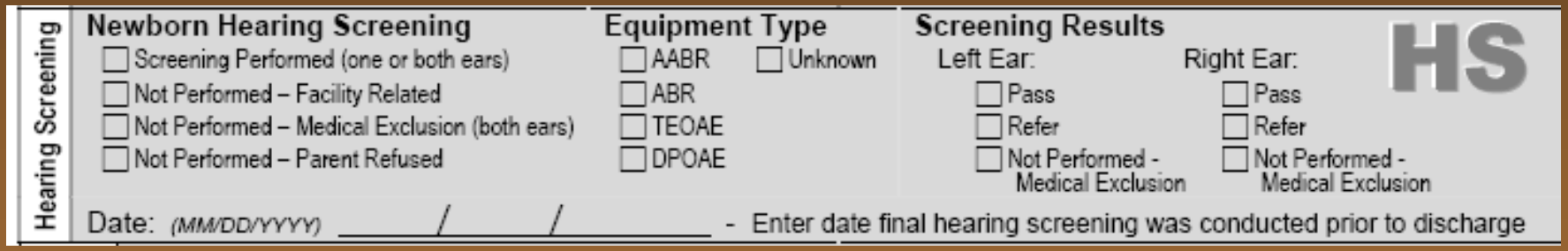
HEARING SCREENING

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.
- **Not performed – Parent refused** Select this item if the hearing screen was not performed because the parent refused the screening.

If a baby is admitted to theNICU and therefore has theirhearing screen delayed, select "Not Performed - Medical Exclusion."
The results may be edited later in the HCS Immunization record.
As long as you are trying to update a record created by your hospital, you do not need any state intervention to unlock the record.

Hearing Screening Equipment Type



Hearing Screening

Newborn Hearing Screening
- ☐ Screening Performed (one or both ears)
- ☐ Not Performed – Facility Related
- ☐ Not Performed – Medical Exclusion (both ears)
- ☐ Not Performed – Parent Refused

Equipment Type
- ☐ AABR ☐ Unknown
- ☐ ABR
- ☐ TEOAE
- ☐ DPOAE

Screening Results

Left Ear:
- ☐ Pass
- ☐ Refer
- ☐ Not Performed - Medical Exclusion

Right Ear:
- ☐ Pass
- ☐ Refer
- ☐ Not Performed - Medical Exclusion

HS

Date: *(MM/DD/YYYY)* ____/____/____ - Enter date final hearing screening was conducted prior to discharge

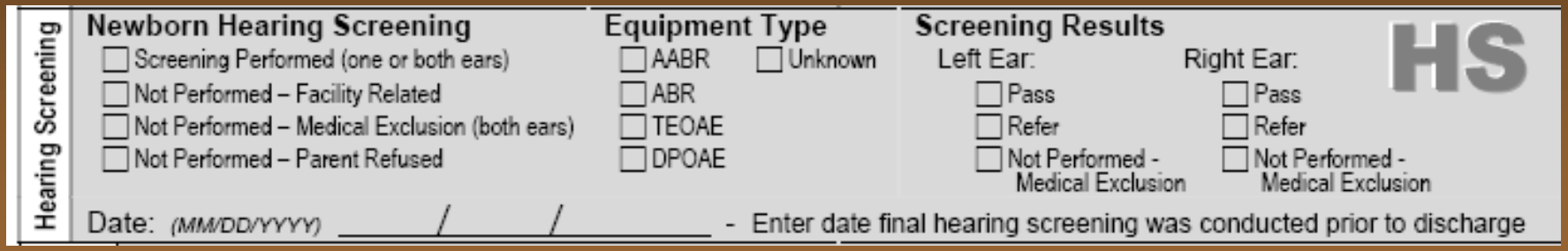
NYS GUIDELINES

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**

Hearing Screening Results Left Ear



Hearing Screening

Newborn Hearing Screening
- ☐ Screening Performed (one or both ears)
- ☐ Not Performed – Facility Related
- ☐ Not Performed – Medical Exclusion (both ears)
- ☐ Not Performed – Parent Refused

Equipment Type
- ☐ AABR ☐ Unknown
- ☐ ABR
- ☐ TEOAE
- ☐ DPOAE

Screening Results

Left Ear:
- ☐ Pass
- ☐ Refer
- ☐ Not Performed - Medical Exclusion

Right Ear:
- ☐ Pass
- ☐ Refer
- ☐ Not Performed - Medical Exclusion

HS

Date: *(MM/DD/YYYY)* ____/____/____ - Enter date final hearing screening was conducted prior to discharge

NYS GUIDELINES

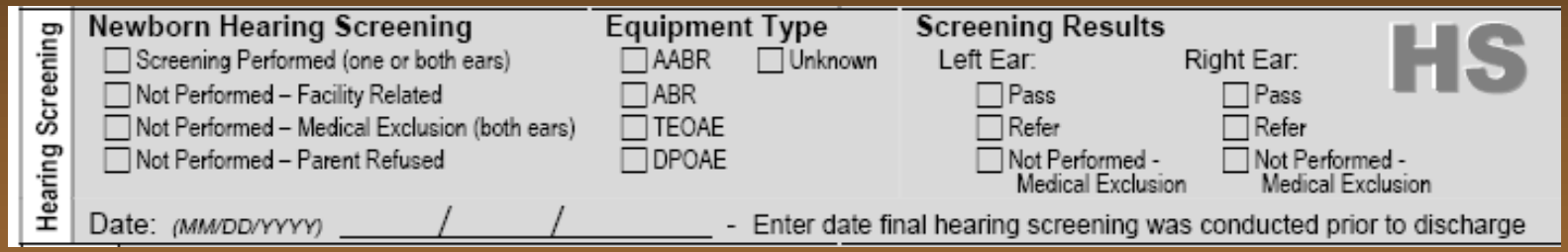
SCREENING RESULTS (LEFT EAR)

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.
- **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.

The word 'refer' in regards to hearing screenings indicates a failed result (or a 'did not pass' result), not a referral for consultation with a specialist.
Coder should report the final inpatient hearing screening results in the SPDS.

Hearing Screening Results Right Ear / Date Conducted



Hearing Screening

Newborn Hearing Screening
- ☐ Screening Performed (one or both ears)
- ☐ Not Performed – Facility Related
- ☐ Not Performed – Medical Exclusion (both ears)
- ☐ Not Performed – Parent Refused

Equipment Type
- ☐ AABR ☐ Unknown
- ☐ ABR
- ☐ TEOAE
- ☐ DPOAE

Screening Results

Left Ear:	Right Ear:
☐ Pass	☐ Pass
☐ Refer	☐ Refer
☐ Not Performed - Medical Exclusion	☐ Not Performed - Medical Exclusion

HS

Date: *(MM/DD/YYYY)* _____/_____/_____ - Enter date final hearing screening was conducted prior to discharge

NYS GUIDELINES

SCREENING RESULTS (RIGHT EAR)

Enter the results of the final hearing screening conducted prior to discharge for the right ear.

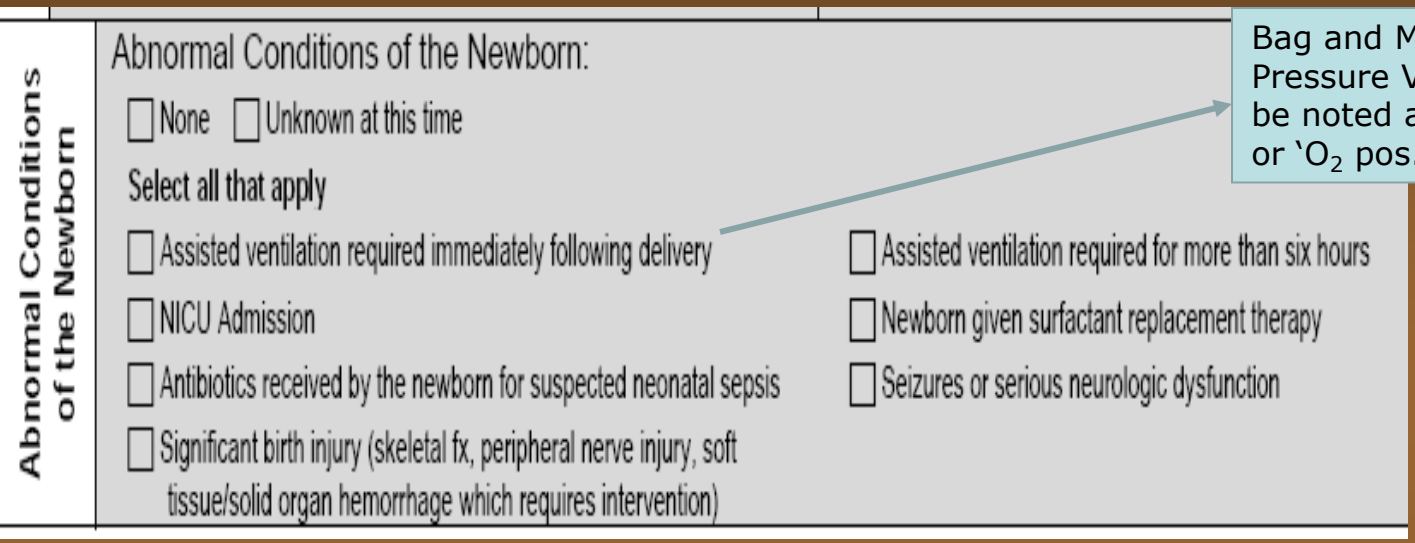
- **Pass**– Select this item if the infant's right ear passed the final pre-discharge hearing screening.
- **Refer**– Select this item if the infant's right ear did not pass (refer) the final pre-discharge hearing screening.
- **Not Performed- Medical Exclusion** – Select this item if the hearing screening 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.

See Slide 20 for proper coding of 'refer'

Abnormal conditions of the newborn #1 (continued on next slide)



Bag and Mask is the same as 'Positive Pressure Ventilation' (PPV) also may be noted as 'Positive Pressure mask' or 'O_2 pos. pres'

- Code the abnormal conditions found in the infant's chart or the delivery room record.
- Assisted ventilation immediately (in the first few minutes) after delivery includes bag and mask, CPAP, Neopuff, PPV.

NYS GUIDELINES

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.

Abnormal conditions of the newborn #2 (continued on next slide)

- Code assisted ventilation (mechanical ventilator or CPAP) that continues ***for 6 hours or more***
- Code infant transferred to the NICU either within your hospital (if your hospital is a Level 2, 3, or 4) or at a hospital to which the infant is transferred. Transfer hospital must be a Level 2, Level 3, or Level 4 hospital (see slide 5 for list of hospital levels.)
- NICU Admission is only entered if the baby stays in NICU longer than 4 hours

- **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 ventilatory 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 ventilatory support).

If infant is transferred to another hospital or to your Level 3 NICU due to prematurity or illness you will need to code the NICU field

Abnormal conditions of the newborn #3 (continued on next slide)

- Code use of surfactant if the infant received surfactant in the delivery room or the special care nursery or neonatal intensive care unit.
- Code antibiotics for treatment of neonatal sepsis (or rule out sepsis) if treatment is started within 72 hours of infant's birth.

NYS GUIDELINES

- **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.)(e.g. penicillin, ampicillin, gentamicin, cefotoxine, etc.) to treat neonatal sepsis, a blood-borne bacterial infection of the newborn.

Abnormal conditions of the newborn #4

• Code any seizure activity or serious neurologic problem (such as obtundation (dulled or reduced level of alertness or consciousness), stupor, coma)

NYS GUIDELINES

- **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. hypoxicischemic encephalopathy. Excludes lethargy or hypotonia in the absence of other neurologic findings. Exclude symptoms associated with Central Nervous System (CNS) congenital anomalies.

The End

Managed Health Care Directory -

New York State Dept. of Health

www.health.ny.gov/health_care/managed_care/pdf/

UnitedHealthCare of NY - other DA's: AmeriChoice by UnitedHeal

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	

Scenario Exercise(s)

Module 1 – Infant

Scenario Exercises

Enter the correct information

Exercise #1

An infant, born at 38 weeks gestation weighing 4.89 kg., to a diabetic mother, suffered a brachial plexus injury during vaginal delivery at a Level I hospital. Infant required PPV for 30 seconds immediately post delivery and was described as lethargic, with Apgars of 5, 5, and 7. Infant was immediately transferred to an NYS Level IV NICU.

Please enter the correct information the Infant fields, filling in all that apply:

Infant

Infant

If Multiple Births:
Number of Live Births: | Number of Fetal Deaths:

Birth Weight:
grams | lbs. | oz.

If birth weight < 1250 grams (2 lbs. 12 oz.), reason(s) for delivery at a less than level III hospital: *(Only if applicable)*
☐ None ☐ Unknown at this time
QI
Select all that apply:
☐ Rapid / Advanced Labor ☐ Bleeding ☐ Fetus at Risk ☐ Severe pre-eclampsia
☐ Woman Refused Transfer ☐ Other *(specify)*

Infant Transferred:
☐ Within 24 hrs ☐ After 24 hrs. ☐ Not transferred

NYS Hospital Infant Transferred To:

State/Terr./Province:

Birth Information

Apgar Scores
1 minute: | 5 minutes: | 10 minutes:

Is the Infant Alive?
☐ Yes ☐ No
☐ Infant Transferred / Status Unknown

Clinical Estimate of Gestation: *(Weeks)*

Newborn Treatment Given:
☐ Conjunctivitis only
☐ Vitamin K only
☐ Both
☐ Neither

How is infant being fed at discharge? *(Select one)*
☐ Breast Milk Only ☐ Formula Only ☐ Both Breast Milk and Formula
☐ Other ☐ Do Not Know

Newborn Screening

Newborn Blood-Spot Screening
Screening Lab ID Number: *(9-digits)*
___ ___ ___ ___ ___ ___ ___ ___ ___

Reason if Lab ID is not submitted:
☐ No NBS Lab ID because infant died prior to test
☐ No NBS Lab ID because infant transferred prior to test
☐ Lab ID is unknown / illegible
☐ Refused NBS
NBS

Hepatitis B

Hepatitis B Inoculation

Immunization Administered: ☐ Yes ☐ No
Date: *(MM/DD/YYYY)* ___/___/___
Mfr: _____ IMM
Lot: _____ IMM

Immunoglobulin Administered: ☐ Yes ☐ No
Date: *(MM/DD/YYYY)* ___/___/___
Mfr: _____ IMM
Lot: _____ IMM

Hearing Screening

Newborn Hearing Screening
☐ Screening Performed (one or both ears)
☐ Not Performed – Facility Related
☐ Not Performed – Medical Exclusion (both ears)
☐ Not Performed – Parent Refused

Equipment Type
☐ AABR ☐ Unknown
☐ ABR
☐ TEOAE
☐ DPOAE

Screening Results
HS
Left Ear:
☐ Pass
☐ Refer
☐ Not Performed - Medical Exclusion

Right Ear:
☐ Pass
☐ Refer
☐ Not Performed - Medical Exclusion

Date: *(MM/DD/YYYY)* ___/___/___ - Enter date final hearing screening was conducted prior to discharge

Abnormal Conditions of the Newborn

Abnormal Conditions of the Newborn:
☐ None ☐ Unknown at this time
Select all that apply
☐ Assisted ventilation required immediately following delivery
☐ NICU Admission
☐ Antibiotics received by the newborn for suspected neonatal sepsis
☐ Significant birth injury (skeletal fx, peripheral nerve injury, soft tissue/solid organ hemorrhage which requires intervention)
☐ Assisted ventilation required for more than six hours
☐ Newborn given surfactant replacement therapy
☐ Seizures or serious neurologic dysfunction

Exercise #2

Infant is born at 40wks 6 days gestation (by Prenatal). Pediatricians, after examining the infant, assessed the infant to be 39 wks 1 day using the Dubowitz/Ballard score (physical exam).

Enter gestational age for this infant:

Birth Information

Apgar Scores			Is the Infant Alive?	Clinical Estimate of Gestation: *(Weeks)*	Newborn Treatment Given:
1 minute:	5 minutes:	10 minutes:	☐ Yes ☐ No ☐ Infant Transferred / Status Unknown		☐ Conjunctivitis only ☐ Vitamin K only ☐ Both ☐ Neither

How is infant being fed at discharge? *(Select one)*

☐ Breast Milk Only ☐ Formula Only ☐ Both Breast Milk and Formula
☐ Other ☐ Do Not Know

See next page for answers

Module 1 – New Birth Registration

Scenario Exercises Answers

Exercise #1

An infant, born at 38 weeks gestation weighing 4.89 kg. to a diabetic mother, suffered a brachial plexus injury during vaginal delivery at a Level I hospital. Infant required PPV for 30 seconds immediately post-delivery and was described as lethargic, with Apgars of 5, 5, and 7. Infant was immediately transferred to an NYS Level IV NICU.

Infant

If Multiple Births: Number of Live Births:	Number of Fetal Deaths	**Birth Weight:** **4890** Grams	lbs. oz.

If birth weight <1250 grams (2 lbs. 12 oz.), reason(s), for delivery at a less than level III hospital: *(only if applicable)*

___None ___Unknown

Select all that apply:

___Rapid / Advanced Labor ___Bleeding ___Fetus at Risk ___Severe pre-eclampsia

___Woman Refused Transfer ___Other (specify)

Infant Transferred:	NYS Hospital Transferred to:	State / Terr. /Province:
_X_Within 24 hrs. ___After 24 hrs. ___not transferred	**Level IV**	

Apgar Scores 1 minute	5 minutes	10 minutes	**Is the Infant Alive?**	**Clinical Estimate Gestation (weeks)**	**Newborn Treatment Given**
5	5	7	_X_Yes ___No ___Infant transferred/ Status Unknown	38	___Conjunctivitis only ___Vitamin K only ___Both ___Neither

How is the infant being fed at discharge? (Select one)

___Breast Milk ___Formula only ___Both Breast Milk and Formula

_X_Other ___Do Not Know

Newborn Blood-Spot Screening

Screening Lab ID number: *(9-digits)*

___ ___ ___ ___ ___ ___ ___ ___ ___

Reason if Lab ID is not submitted:

___No NBS Lab ID because infant died prior to test

___No NBS Lab ID because infant transferred prior to test

___Lab ID unknown / illegible

___Refused NBS

Hepatitis B Inoculation

Immunization Administered: ___Yes ___No

Date: (MM/DD/YYYY) ____/_____/_____

Mfr: _____

Lot: _____

Immunoglobulin Administered: ___Yes ___No

Date: (MM/DD/YYYY) ____/_____/_____

Mfr: _____

Lot: _____

Newborn Hearing Screen

___ Screening Performed (one or both ears)

___ Not Performed-Facility related

___ Not Performed-Medical Exclusion (both ears)

___ Not Performed-Parent Refused

Equipment Type

___AABR ___Unknown

___ABR

___TEOAE

___DPOAE

Screening Results

Left ear:

___Pass

___Refer

___ Not Performed-Medical Exclusion

Right ear:

___Pass

___Refer

___ Not Performed-Medical Exclusion

Date: (MM/DD/YYYY) ____/_____/_____ - Enter date final hearing screening was conducted prior to discharge

Abnormal Conditions of the Newborn:

___None ___Unknown at this time

Select all that apply

_X_ Assisted ventilation required immediately following delivery
_X_ NICU Admission
___ Antibiotics received by the newborn for suspected neonatal sepsis
_X_ Significant birth injury (Skeletal fx, peripheral nerve injury, soft tissue/solid organ hemorrhage which requires intervention
___Assisted ventilation required for more than six hours
___Newborn given surfactant replacement therapy
___Seizures or serious neurologic dysfunction

** If the birth is documented in kilograms, move the decimal points to the right and enter the weight as grams. (Slide 4)

Document the status of the infant at the time of transfer.(Slide 8)

Remember that if the 5 min. Apgar is less than 6, you need to enter a 10 min. score. (Slide 9)

Assisted ventilation includes: Bag and Mask, 'Positive Pressure Ventilation' (PPV) also may be noted as 'Positive Pressure mask' or 'O_2 positive pressure' (Slide 22).

If infant is transferred to another hospital's NICU or to your Level 3 NICU due to prematurity or illness you will need to code the NICU field. (Slide 23)

Exercise #2

Infant is born at 40wks 6 days gestation (by Prenatal). Pediatricians, after examining the infant, assessed the infant to be 39 wks 1 day using the Dubowitz/Ballard score (physical exam).

Code gestational age for this infant:

Apgar Scores			**Is the Infant Alive?**	**Clinical Estimate Gestation (weeks)**	**Newborn Treatment Given**
1 minute	5 minutes	10 minutes	___Yes ___No ___Infant transferred/ Status Unknown	40	___Conjunctivitis only ___Vitamin K only ___Both ___Neither

How is the infant being fed at discharge? (Select one)

___Breast Milk ___Formula only ___Both Breast Milk and Formula
___Other ___Do Not Know

** Utilize OBs best clinical estimate from the Prenatal, based on LMP & U/S for gestational age. Only if the patient had no prenatal care or is unsure of her LMP (Last Menstrual Period) and did not have an ultrasound, should you use information from infant's physical exam at birth. (Slide 11)

Module Evaluations

MODULE ONE - NEW BIRTH REGISTRATION AND INSTITUTION EVALUATION

[Please check the appropriate response(s)]

1. **If the parents do not have a Social Security number you should**
    - Leave the space blank
    - Enter all zeros
    - Enter all nines

2. **When naming the baby the parents can:**
    - Change the name at any time
    - Can enter only the last name if they haven't decided on the first and middle name
    - Enter Boy / Girl Baby
    - Decide on the full name in order to obtain a Social Security number with the Birth Certificate

3. **When naming the baby**
    - Any surname can be chosen
    - If the mother is married it must be the husband's surname
    - If the mother is unmarried, she can only use the father's surname if an AOP is completed
    - If later, a choice is made to change the name, it can be done through the Office of Vital Statistics

4. **When filling in the birth time**
    - Midnight or 2400 hours in the end of the day
    - Midnight or 0000 hours is the beginning of the day

5. **The mother has two insurance cards**
    - If one has a CIN# it is always the primary payer
    - If one has a CIN# mark 'yes' for Medicaid being the secondary payer as private insurance will be the primary payer.

6. **The Birth Certificate Certifier**
    - Must be the attending provider
    - Can be signed by any provider, MD or Midwife, if the attending provider is not available
    - Can be signed by another OB MD if the attending provider is not available

See next page for answers

MODULE ONE - NEW BIRTH REGISTRATION AND INSTITUTION EVALUATION *ANSWERS*

1. **If the parents do not have a Social Security number you should:**
   - Leave the space blank
   - Enter all zeros
   - Enter all nines

   Answer: If they don't have a Social Security number, enter all '9's. If the Social Security is unknown, enter all '0's

2. **When naming the baby the parents can:**
   - Change the name at any time
   - Can enter only the last name if they haven't decided on the first and middle name
   - Enter Boy / Girl Baby
   - Decide on the full name in order to obtain a Social Security number with the Birth Certificate

3. **When naming the baby:**
   - Any surname can be chosen
   - If the mother is married it must be the husband's surname
   - If the mother is unmarried, she can only use the father's surname if an AOP is completed
   - If later, a choice is to change the name, it can be done through the Office of Vital Statistics

4. **When filling in the birth time, which is correct?**
   - Midnight or 2400 hours in the end of the day
   - Midnight or 0000 hours is the beginning of the day

5. **The mother has two insurance cards, which is the primary payer?**
   - If one card has a CIN#, it is always the primary payer
   - If one has a CIN#, mark, yes, for Medicaid being the secondary payer as private insurance will be the primary payer.

   Answer: A mother can have private insurance supplemented by Medicaid

6. **The Birth Certificate Certifier:**
   - Must be the attending provider
   - Can be any provider, MD or Midwife, if the attending provider is not available
   - Can be another OB MD if the attending provider is not available

See next page for answers

MODULE ONE - INFANT EVALUATION

(Please check the appropriate response)

1. **How many hours of the infant's life do the NYSDOH Guidelines specify are to be captured on the NYS birth certificate?**
   - 24hours
   - 48 hours
   - 72 hours

2. **If the infant's weight is recorded in the delivery record as 2.5 kg what value do you enter?**
   - 2.5
   - 25.0
   - 2500

3. **True or False, when the infant's 5 minute Apgar is below '6' you are required to also enter the infant's 10 min Apgar score?**
   - True
   - False

4. **When the infant is transferred at <24 hours of age (less than 24 hours old) do you report the infant's status as:**
   Alive:
   - Yes
   - No
   - Infant transferred / status unknown

5. **Gestational age is stated in the mother's record as 39 -4/7 weeks what value do you enter?**
   - 39 weeks
   - 40 weeks

6. **When determining gestational age is the Ballard Score considered to be the best estimate of clinical age?**
   - Yes
   - No

7. **If the infant received one feeding of breast milk 30 minutes after delivery and subsequently only received formula, what would be coded in response to the infant feeding question?**
   - Breast milk only
   - Formula only
   - Both Breast milk and Formula
   - Other
   - Do not Know

8. **Check the respiratory therapies listed below, that if used would indicate infant required 'Assisted ventilation required immediately following delivery?'**
    - O_2 positive pressure
    - O_2 (Blow by)
    - CPAP
    - PPV
    - Bag and Mask

9. **If your hospital is designated a Level 1 hospital (in Finger Lakes region <u>all but</u> SMH, AO & RGH are level 1) and the infant is transferred to your hospital's Special Care Nursery (SCN) would you note this transfer as a 'NICU Admission' (Abnormal conditions of Newborn)?**
    - Yes
    - No

10. **If an infant fails their hearing test in one or both ears how would you enter the response to the hearing screen question?**
    - Pass
    - Refer
    - Not performed- Medical Exclusion

See next page for answers

MODULE ONE - INFANT EVALUATION *ANSWERS*

1. **How many hours of the infant's life do the NYSDOH Guidelines specify are to be captured on the NYS birth certificate?**
   - 24hours
   - 48 hours
   - 72 hours

   Answer: Infant fields relate to the 1st 72 hours of an infant's life. (Slide 1) The only exception relates to the coding of infant feeding when information up to the 5th day of life (or at time of discharge whichever comes first) is required. (Slide 14)
2. **If the infant's weight is recorded in the delivery record as 2.5 kg what value do you enter?**
   - 2.5
   - 25.0
   - 2500

   Answer: If birth weight is recorded as grams (gm), enter weight in grams (if recorded as kilograms (kg) move decimal 3 places to the right and enter weight as grams, e.g. *3.390kg = 3390 grams*) (Slide 4)

3. **True or False, when the infant's 5 minute Apgar is below "6" you are required to also enter the infant's 10 min Apgar score?**
   - True
   - False

   Answer: Record 1 min and 5 min Apgar scores for all infants and the 10 min score if the infant's 5 min score is less than 6. (Slide 9)

4. **When the infant is transferred at <24 hours of age (less than 24 hours old) do you report the infant's status as: Alive:**
   - Yes
   - No
   - Infant transferred / status unknown

   Answer: Coding should 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). *If infant were no longer alive infant would not be transferred.* (Slide10)

5. **Gestational age is stated in the mother's record as 39 -4/7 weeks what value do you enter?**
   - 39 weeks
   - 40 weeks

   Answer: Enter the weeks of gestation only. DO NOT enter "Days" (do not round upward). (Slide 11)

6. **When determining gestational age is the Ballard Score considered to be the best estimate of clinical age?**
   - Yes
   - No

   Answer: Use Dubowitz or Ballard scores ONLY if best OB estimate (determined by LMP or Ultrasound) is not available. (Slide 11)

7. **If the infant received one feeding of breast milk 30 minutes after delivery and subsequently only received formula, what would be coded in response to the infant feeding question?**
   - Breast milk only
   - Formula only
   - Both Breast milk and Formula
   - Other
   - Do not Know

   Answer: The intent of the question (as of Jan 1, 2011) is to capture information regarding how the infant was fed during his/her hospital stay. The actual question in the work book has not changed (how is infant being fed at discharge) but the information the NYSDOH is looking for has changed. Breast Milk only" and "Formula only" are exclusive fields; if any combination of the two were used enter "Both Breast Milk and Formula" (Slide 13)

8. **Check the respiratory therapies listed below, that if used would indicate infant required "Assisted ventilation required immediately following delivery?"**
    - O_2 positive pressure
    - O_2 (Blow by)
    - CPAP
    - PPV
    - Bag and Mask

    Answer: Assisted ventilation includes all forms of positive pressure ventilation (PPV) such as bag and mask, positive pressure mask, CPAP (Continuous Positive Airway Pressure), O_2 pos. pressure or Neopuff. It does NOT include administration of O_2 w/o pressure (Blow by). (See slide 22).

9. If your hospital is designated a Level 1 hospital (in our region all but SMH, AO & RGH) and the infant is transferred to your hospital's Special Care Nursery (SCN) would you note this transfer as a "NICU Admission" (Abnormal conditions of Newborn)?
    - Yes
    - No

    Answer: Code infant transferred to the NICU or special care nursery (SCN) either within your hospital (if your hospital is a Level 2 or 3) or to a NICU or SCN at a hospital which is designated as a Level 2 or Level 3 hospital. Transfer to a SCN at a Level 1 hospital is not coded as a "NICU admission". (Slide 23)

10. If an infant fails the hearing test in one or both ears how would you enter the response to the hearing screen question?
    - Pass
    - Refer
    - Not performed- Medical Exclusion

    Answer: The word "refer" in regard to hearing screenings is a failed result (or a "did not pass" result), not a referral for consultation with a specialist. Coder should report the final inpatient hearing screening results in SPDS. (Slide 20)

Extra Information

So
Why
Do
We
Need
To
Enter
Extra
Information??

Why Perform Newborn Screening?

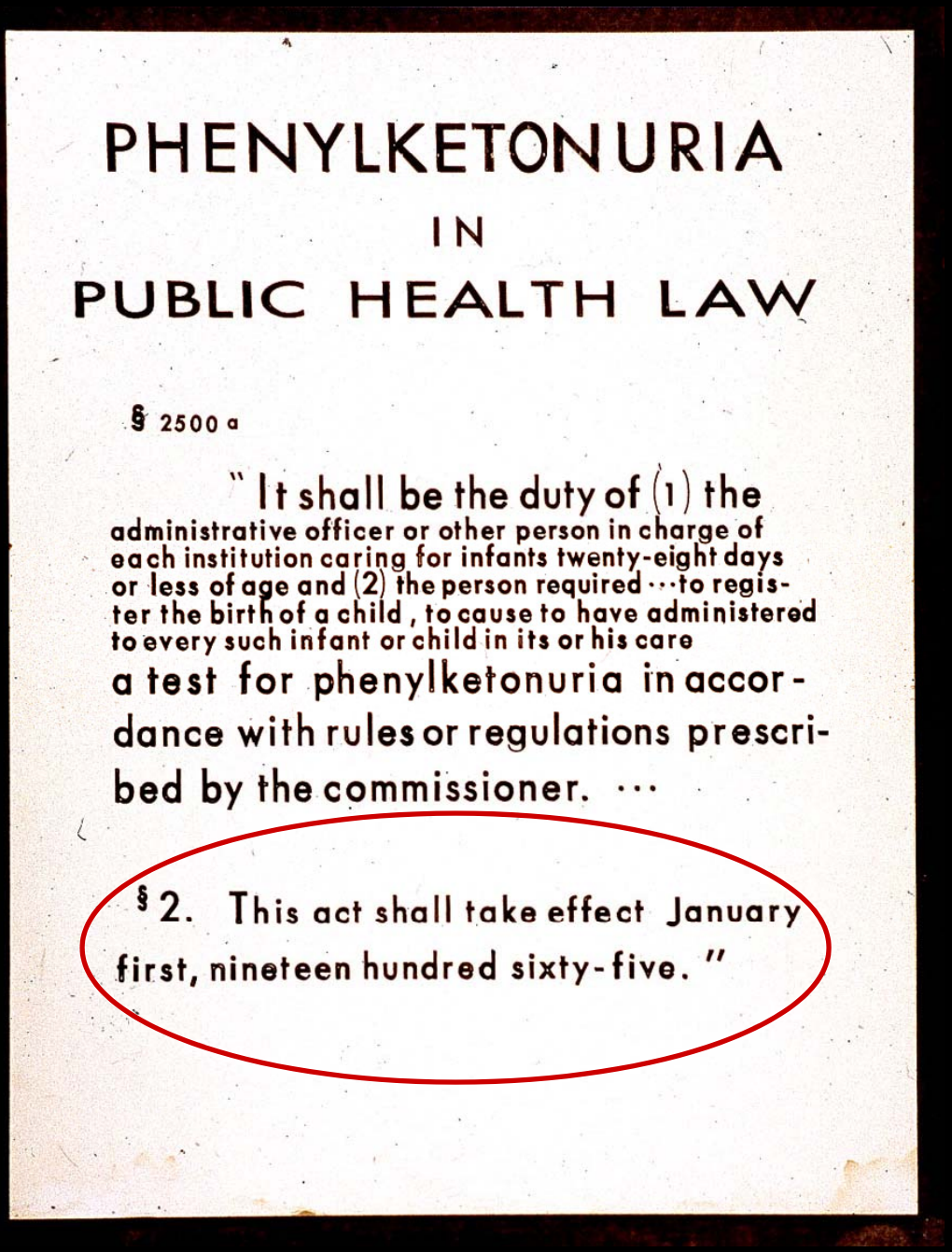
Pre-symptomatic screening results in a change in health status

World Health Organization Criteria – 1968

- ✓**Prevalence in population, public health**
- ✓**Marker in the blood**
- ✓**Assay to detect the marker**
- ✓**Therapy for the child**

- ➢**Legislation**
- ➢**Commissioner's Declaration**

The program cannot add diseases to the test panel



PHENYLKETONURIA

IN

PUBLIC HEALTH LAW

§ 2500 a

"It shall be the duty of (1) the administrative officer or other person in charge of each institution caring for infants twenty-eight days or less of age and (2) the person required ··· to register the birth of a child, to cause to have administered to every such infant or child in its or his care a test for phenylketonuria in accordance with rules or regulations prescribed by the commissioner. ···

§ 2. This act shall take effect January first, nineteen hundred sixty-five."

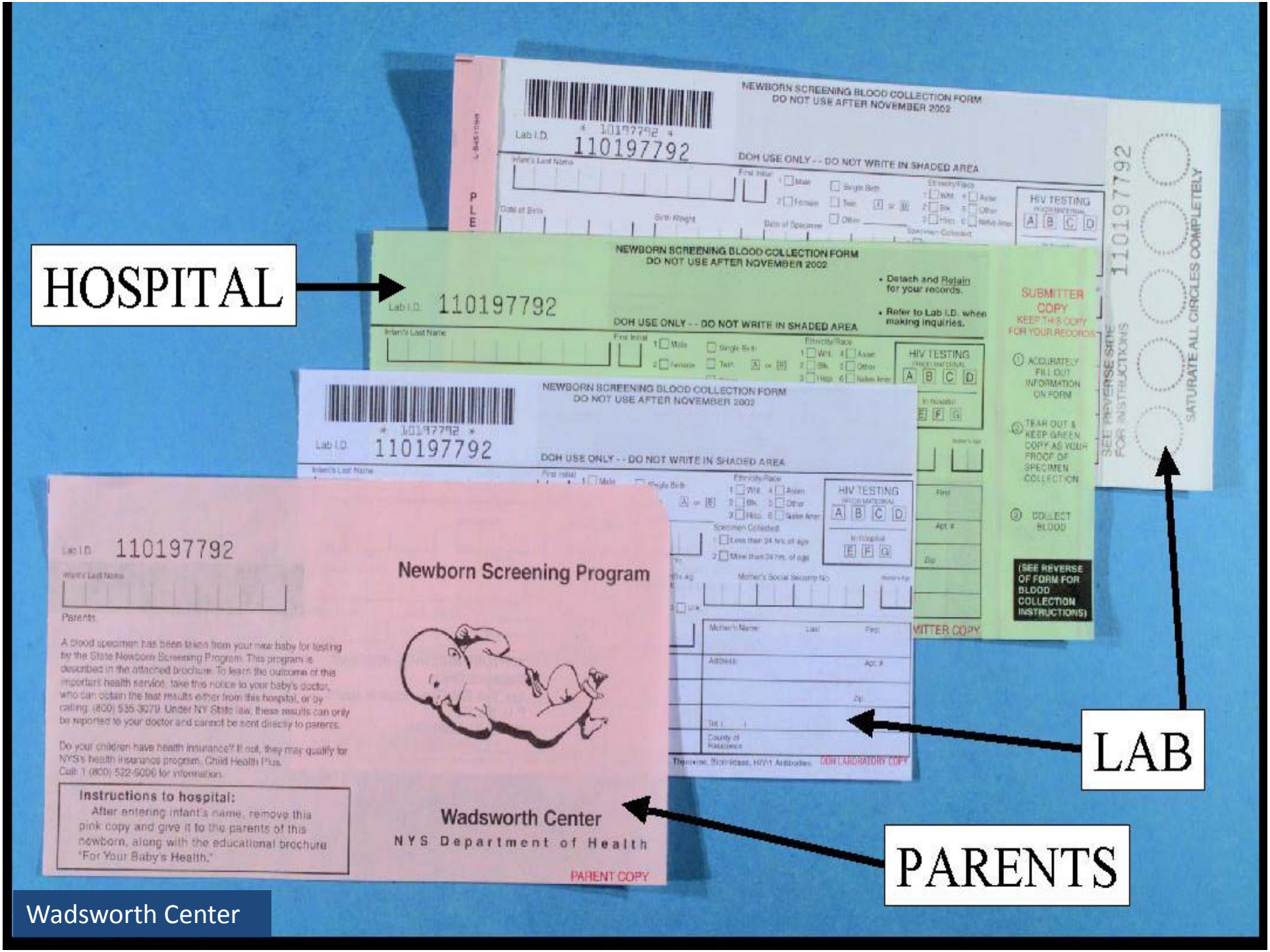
Part 69

Duties of birth hospitals CEOs, physicians, and STCs

Wadsworth Center

Newborn Screening

What is the process?


HOSPITAL
NEWBORN SCREENING BLOOD COLLECTION FORM
DO NOT USE AFTER NOVEMBER 2002
Lab I.D. 110197792
DOH USE ONLY - - DO NOT WRITE IN SHADED AREA
HIV TESTING
SUBMITTER COPY
KEEP THIS COPY FOR YOUR RECORDS
Newborn Screening Program
Parents
A blood specimen has been taken from your new baby for testing by the State Newborn Screening Program. This program is described in the attached brochure. To learn the outcome of this important health service, take this notice to your baby's doctor, who can obtain the test results either from this hospital, or by calling (800) 535-3079. Under NY State law, these results can only be reported to your doctor and cannot be sent directly to parents.
Do your children have health insurance? If not, they may qualify for NYS's health insurance program, Child Health Plus. Call: 1 (800) 522-5006 for information.
Instructions to hospital:
After entering infant's name, remove this pink copy and give it to the parents of this newborn, along with the educational brochure "For Your Baby's Health."
Wadsworth Center
NYS Department of Health
PARENT COPY
LAB
PARENTS


新生兒
疾病檢查：
爲了您
嬰兒的健康
NEWBORN
SCREENING:
For Your
Baby's Health
DÉPISTAGE
NÉONATAL :
Pour la santé
de votre bébé
EVALIYASYON
POU TI BEBE
KI FÈK FÈT
Pou Sante Ti
bebe w la
DETECCION
SISTEMÁTICA
PARA
RECIEN NACIDOS:
Para la salud
de su bebé
THỬ NGHIỆM
TRẺ SƠ SINH:
Cho Sức Khỏe
của Em Bé

PLEASE PRINT

9271851 6

Lab I.D. SN 192718516

NEWBORN SCREENING BLOOD COLLECTION FORM
DO NOT USE AFTER MAY - 2011

DOH USE ONLY

DO NOT WRITE IN OR COVER SHADED AREA

192718516 SN

Infant's Last Name | Infant's First Name | 1 Male 2 Female | Single Birth | Twin A or B | Other ____ | Ethnicity/Race: 1 Wht. 2 Blk. 3 Hisp. 4 Asian 5 Other 6 Native Amer.

AKA | Date of Specimen: Mo. Day Yr.

Date of Birth: Mo. Day Yr. | Birth Weight: Grams

Infant's Age When Specimen Collected: 1 Less than 24 hrs. of age 2 More than 24 hrs. of age

HIV TESTING: A B C D E F G

Infant's Medical Record No.

Transfused Date: | TPN: | Antibiotic: ____

Maternal Hep B Ag Test Result: 1 Pos. 2 Neg. 3 Unk.

Mother's Social Security No. | Mother's Age

Gestational Age (Wks/Days)

Hospital of Birth? 1 Yes 2 No | Homebirth

Hospital PFI Code

1 Initial Specimen 2 Repeat Specimen

Physician License No.:

Mother's Name: Last First

Infant's Primary Care Physician:

Address: Apt. #

Hospital Name and Address:

Address:

Zip:

City:

Zip:

Tel. ( )

Tel. ( )

County of Residence

PRINT CLEARLY

FILTER COPY

2011-05

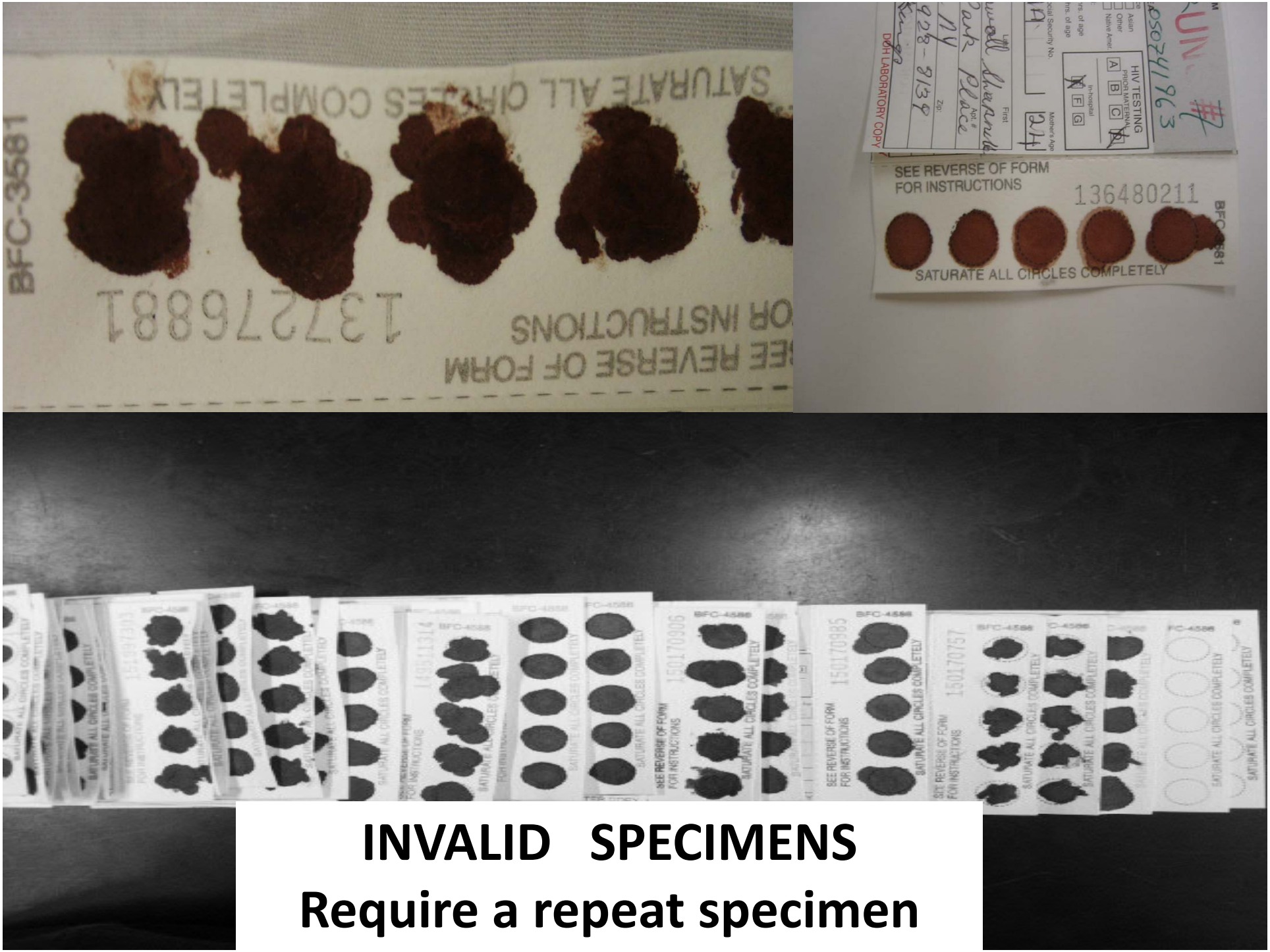
SN 192718516

SEE REVERSE SIDE FOR INSTRUCTIONS

SATURATE ALL CIRCLES COMPLETELY

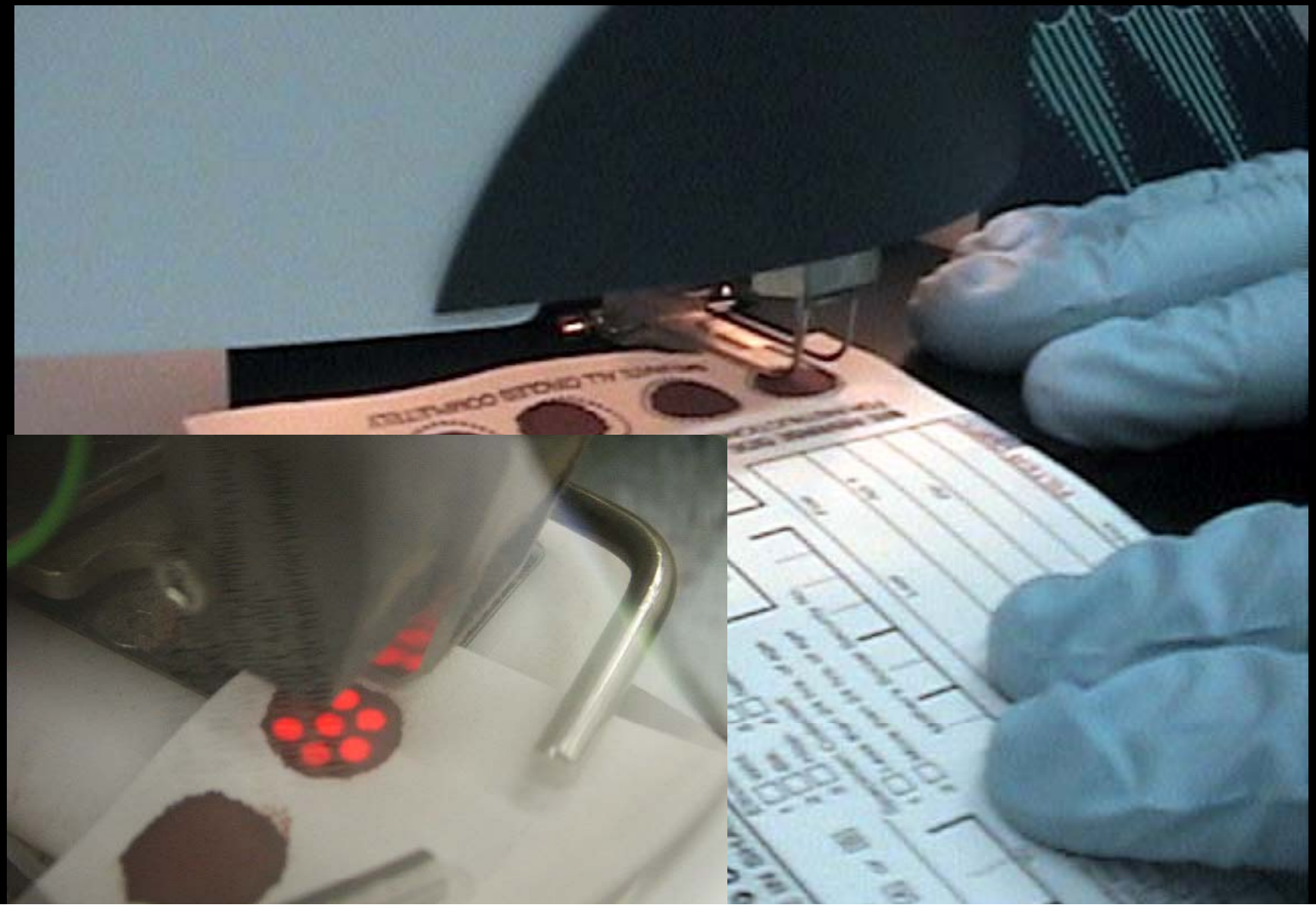
Size (inches)	1/2	1/4	1/8	1/16
Blood (µl)	50	12.5	3.1	0.8

WE RECEIVE UP TO 2,500 SPECIMENS DAILY



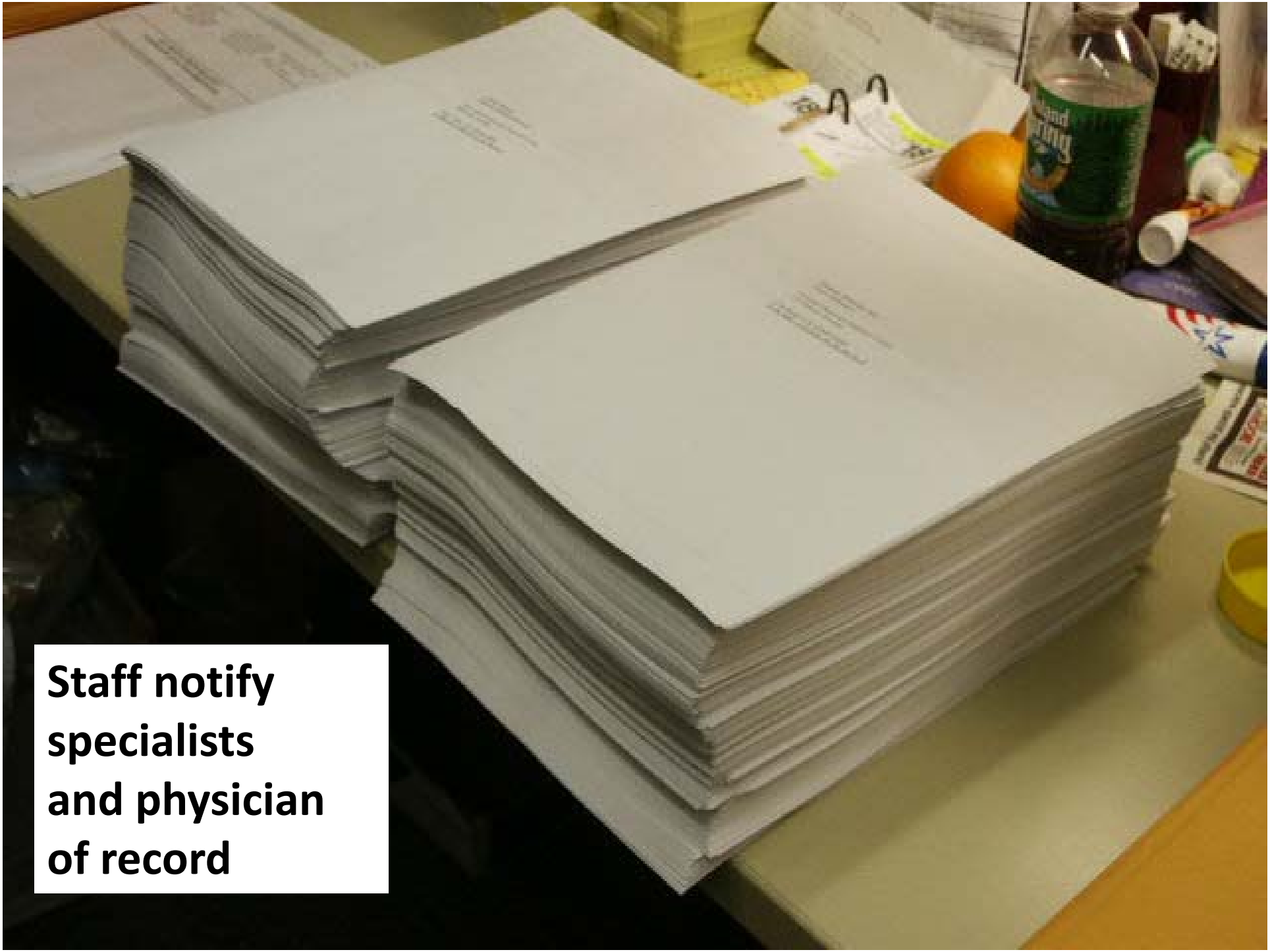
INVALID SPECIMENS

Require a repeat specimen



SAMPLES ARE PUNCHED INTO 96-WELL PLATES

SPECIMENS ARE BUNDLED FOR REPEATS


Staff notify
specialists
and physician
of record

Do the Math!

1000 samples per day

X

45 disorders per sample

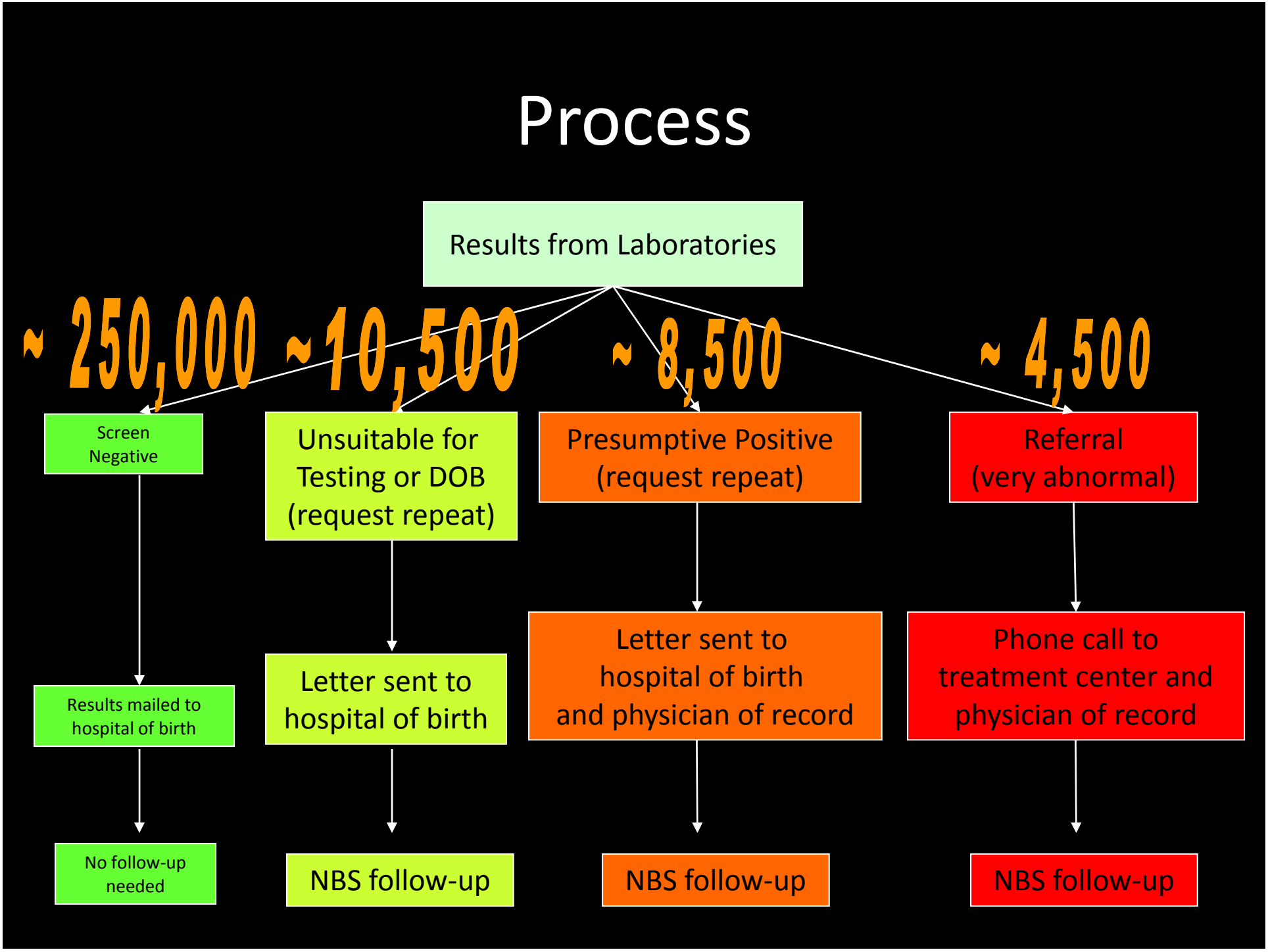
X

250 testing days per year

=

11,250,000 test results annually!

Process


Results from Laboratories
~ 250,000
~10,500
~ 8,500
~ 4,500
Screen Negative
Unsuitable for Testing or DOB (request repeat)
Presumptive Positive (request repeat)
Referral (very abnormal)
Results mailed to hospital of birth
Letter sent to hospital of birth
Letter sent to hospital of birth and physician of record
Phone call to treatment center and physician of record
No follow-up needed
NBS follow-up
NBS follow-up
NBS follow-up

Newborn Screening Program - 2008 Annual Report
Jan 1-Dec 31 2008
New York State Department of Health
Wadsworth Center
Biggs Laboratory
Albany, NY

Specimens Received	NYS[1]	Upstate	NYC
Initial Valid	244531	121297	118307
Initial Invalid	8262	3641	4361
Total Newborns	252793	124938	122668
Repeat Specimens	24656	12639	11311
Total Specimens	277449	137577	133979

	Actionable/Screen Positive						Molecular Results						Confirmed Cases		
Screening Results	NYS[1]		Upstate		NYC		NYS		Upstate		NYC		NYS	Upstate	NYC
Amino Acid Disorders	Act.	Scr Pos	Act.	Scr Pos	Act.	Scr Pos	1Mut[2]	2+ Mut	1Mut	2+ Mut	1Mut	2+ Mut			
HCY • HMet	22	306	13	210	8	77							0	0	0
MSUD	17	345	13	223	3	115							0	0	0
PKU • HyperPhe	35	207	21	125	13	74							13	7	5
TYR-I	1	2	1	1	0	1							0	0	0
TYR-II, III	10	107	7	53	3	47							1	1	0
Endocrine Disorders															
CAH	331	1062	113	359	213	660							10	6	4
CH	993	3772	424	1750	535	1901									
Primary													130	55	72
Secondary/Tertiary													8	4	4
TBG													33	23	10
Other													51	23	28
Fatty Acid Oxidation Disorders															
CUD	9	240	7	110	1	115							6	3	3
CPT-I	20	57	12	41	6	16							0	0	0
CAT • CPT-II	1	20	0	5	1	14							0	0	0
2,4 Di	1	42	1	23	0	18							0	0	0
LCHAD • TFP	2	1	1	0	0	1							1	1	0
MADD (GA-II) • MCAD • MCKAT	31	189	19	106	12	75	7	2	7	2	0	0	9	7	2
VLCAD	10	0	9	0	1	0							1	1	0
SCAD[3]	28	81	7	28	20	52							14	3	11
M/SCHAD	9	31	7	25	1	6							0	0	0

1. NYS contains all specimens received by NYS, including those from out-of-state and whose residence is unknown. Specimen totals may not equal the sum of the Upstate and NYC columns.
2. Mutation.
3. SCAD and IBCD are screened using identical markers. Screen positive totals are counted only once.
4. Confirmed newborns that are determined to be at high risk for Krabbe disease; these babies are not necessarily symptomatic.

http://www.wadsworth.org/newborn/annualrept/annsum.htm

The Numbers for 2009

249,471 newborns; 273,915 specimens

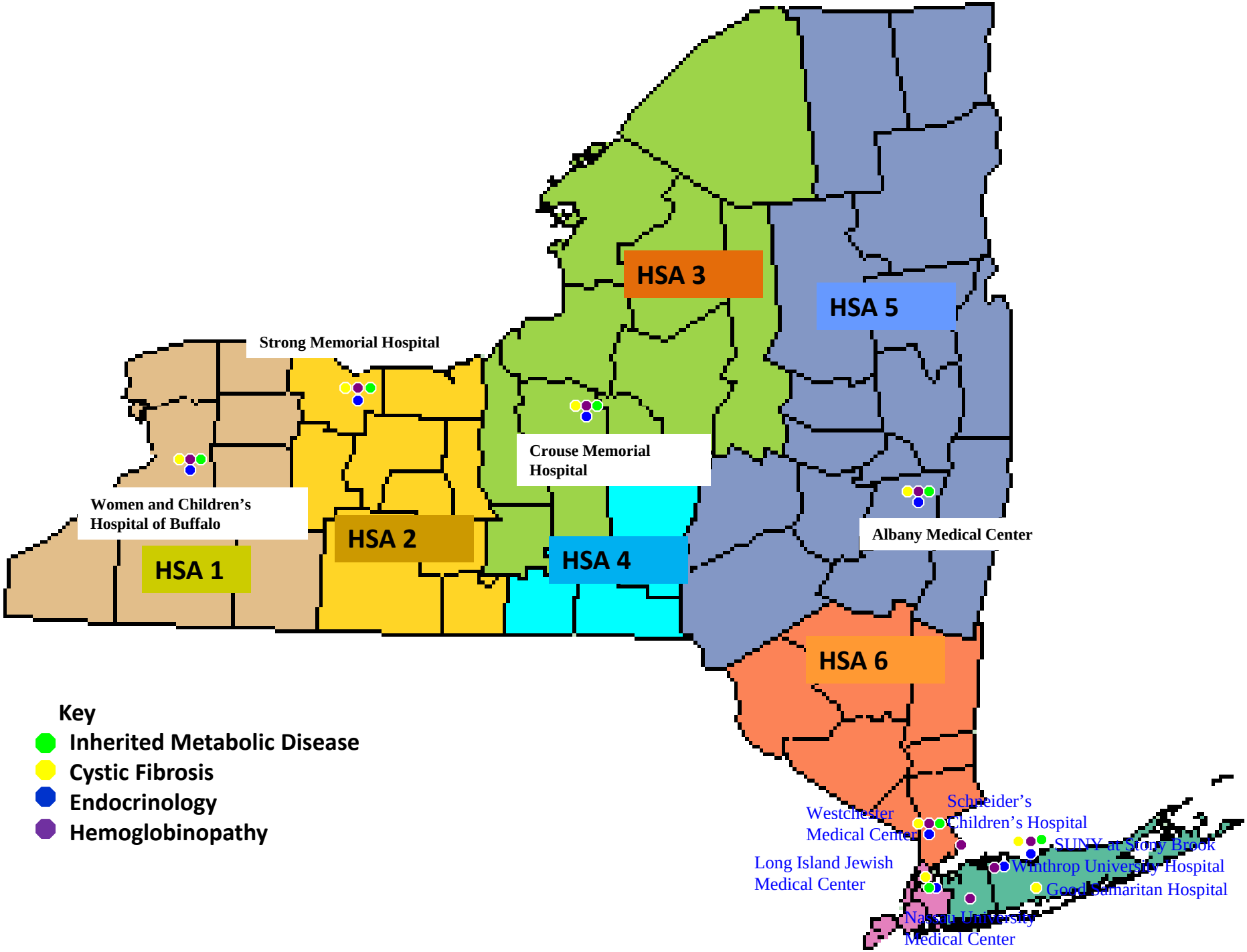
Screen Negative*	Day of Birth	Unsuitable for Testing	Possible Transfusion	Hemoglobin Trait	Presumptive Positive	Referral
264,518 (~97%)	4,185 (1.5%)	5034 (1.8%)	2645 (0.9%)	7966 (2.9%)	10,243 (3.7%)	4321 (1.6%)

DOB are invalid for amino acids, hypothyroidism, cystic fibrosis and Krabbe disease
Transfusion samples are invalid for hemoglobin and galactosemia

Confirmed cases: 585 2.1%

Follow-up Tasks

- Call/fax/mail out referrals
  - ~ 400 referrals monthly
- Follow-up on referrals
  - --Estimate 7.5 phone calls per referral (start to finish)
    - 3000 out-going calls monthly
  - --Ensure infant has been found
  - --Ensure child is under care
  - --Ensure diagnosis is made
    - Providers mail or fax form back … *online is coming*
  - Close cases 'lost to follow-up' after exhaustive efforts
    - --Not unusual to have 50+ correspondences


HSA 1
HSA 2
HSA 3
HSA 4
HSA 5
HSA 6
Strong Memorial Hospital
Crouse Memorial Hospital
Women and Children's Hospital of Buffalo
Albany Medical Center
Key
Inherited Metabolic Disease
Cystic Fibrosis
Endocrinology
Hemoglobinopathy
Westchester Medical Center
Schneider's Children's Hospital
SUNY at Stony Brook
Winthrop University Hospital
Long Island Jewish Medical Center
Good Samaritan Hospital
Nassau University Medical Center

Follow-up Tasks, cont.

- Follow-up on unsatisfactory and presumptive positive specimens
  - Notify hospital and provider that repeat has not been received (call/letter)
  - Notify local health officer (letter)
  - Notify parents (letter/call as last resort)
  - Notify hospital CEO (letter)
  - Review independent results/other state NBS
    Close cases if acceptable
  - Close cases ‘lost to follow-up’ after exhaustive efforts

Unit Tasks

- Answer incoming calls (public line)
  ~ 2000 calls monthly
- Answer web inquiries
- Answer legal requests
- Maintain Voice Response System (VRS)
  ~15,000 inquiries monthly
- Handle Special Cases
  -- Parents are carriers (ex. prenatal CF testing)
  -- Family history of disease (ex. cousin with galactosemia, Mom known HIV positive, prior affected sibling)
  -- Infant with medical problem (ex. unexplained acidosis, meconium ileus, 'symptoms' of hypothyroidism)
  -- Nursery mix-ups (ex. 1st specimen HgB F/A/S, 2nd specimen F/A)
  -- Parental refusals

Challenges

- Pre-Laboratory
  - Parental and Provider Education
    -- OBs historically not engaged in process
    -- CNMs can have difficult patient population
    -- PCPs
  - Specimen quality
  - Demographic information
  - Missing specimens

Challenges, cont.

- Post-Laboratory
  - Finding infants, moved, NICU, STC?
  - Deceased infants
  - Costs of confirmatory testing
  - Inconsistent data returned to NBS
  - Long-term outcomes from screening are mostly unknown

Current Projects

- Links to other DOH databases
  - -- Establish number of infants born who are not screened ; establish number of screened babies not born in NY (transfers etc.)
  - -- Improve quality of demographic data
  - -- Improve tracking
  - -- NBS program aware when infant dies
  - -- Integrated medical record
- Long term follow-up

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