

A Guide to Entering 17 Key Variables in the Illinois Vital Records System

You Can Help Improve the Health of Moms and Babies

All of the information captured in the Illinois Vital Records System (IVRS) is important. Among the most important, however, are 17 key pieces of data—or variables—that help guide efforts to improve the health of pregnant women and their babies in Illinois. You play a critical role in this effort by entering the most accurate birth certificate information into IVRS.



DEFINITION	IVRS TAB	TIPS FOR ENTRY
1. Mother's social security number		
Enter the mother's social security number.	Parent Info tab Item #19	<p><i>Find this information on the hospital worksheet:</i></p> <ul style="list-style-type: none"> • Enter the mother's complete 9 digit social security number. • If mom does not have a social security number, enter 999-99-9999.
2. Date of first prenatal care visit		
The date the prenatal care provider or other health care professional first examined and/or counseled the pregnant woman for the current pregnancy.	Mother's Medical Info tab Item #30a	<ul style="list-style-type: none"> • Enter the month, day, and year of the first prenatal care visit recorded in the records. • Enter the date listed in the most current record available. Do not estimate the date of the first visit. • Complete all parts of the date, using 99 for unknown. For example, if the exact day is unknown, enter the known month and year but enter "99" for the day.
3. Did mother get WIC food for herself during this pregnancy		
Is the mother receiving WIC?	Mother's Medical Info tab Item #35	<p><i>Find this information on the hospital worksheet:</i></p> <ul style="list-style-type: none"> • Enter "Yes" if the mother is receiving WIC and "No" if she is not. If mom doesn't know, enter "unknown."
4. Principal source of payment for this delivery		
<p>The principal source of payment at the time of delivery:</p> <ul style="list-style-type: none"> • Medicaid • Private Insurance • Self Pay • Unknown • Other 	Mother's Medical Info tab Item #39	<ul style="list-style-type: none"> • Check the box that best describes the principal source of payment for this delivery. • If "other" is checked, enter the payer as listed. • If the principal source of payment is not known, choose "unknown" from the drop down list. • Patients with insurance through the Affordable Care Act (ACA) are to be entered as private insurance (it does not matter which insurance carrier is listed or if the patient receives a government subsidy).



DEFINITION

IVRS TAB

TIPS FOR ENTRY

5. Date last normal menses began

The date the mother’s last normal menstrual period began.	Mother’s Medical Info tab Item #40	<ul style="list-style-type: none"> • Enter the date that the mother’s last normal menstrual period began. • Unknown portions of the date should be entered as “99”.
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6. Risk factors in this pregnancy: hypertension

Maternal prenatal problems: chronic (pre-pregnancy) vs. gestational (during pregnancy)

<p>Pre-pregnancy or chronic hypertension: Elevation of blood pressure above normal for age of mother and physiological condition diagnosed PRIOR to the onset of this pregnancy or before 20 weeks gestation.</p>	Mother’s Medical (Cont’d) tab	<ul style="list-style-type: none"> • Check “pre-pregnancy or chronic hypertension” only if the mom had hypertension before the pregnancy or between 0-20 weeks gestation. • Do not check both types of hypertension—you must select one or the other.
<p>Gestational hypertension: Elevation of blood pressure above 140 systolic or 90 diastolic diagnosed AFTER 20 weeks gestation during this pregnancy.</p>	Item #42	<ul style="list-style-type: none"> • Check “gestational hypertension” if hypertension was present only after 20 weeks gestation. • Do not check both types of hypertension—you must select one or the other. • May also be called pre-eclampsia and/or pregnancy-induced hypertension (PIH).
<p>Eclampsia: Hypertension and generalized seizure or coma.</p>		<ul style="list-style-type: none"> • May also be called eclamptic seizure.

7. Risk factors in this pregnancy: previous preterm birth

A history of a previous pregnancy resulting in a live born infant prior to 37 completed weeks (include live births born up to and including 36 weeks 6 days).	Mother’s Medical (Cont’d) tab Item #42	If the mom has older children, were any of them born early? Include only LIVE BIRTHS that happened before 37 weeks into the pregnancy. Do not include miscarriages, stillbirths, or fetal deaths that happened before 37 weeks gestation because that is a different variable.
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8. Characteristics of labor and delivery: induction of labor

Definition of labor: Presence of regular uterine contractions resulting in cervical change

Initiation of uterine contractions by medical and/or surgical means. These medications and/or interventions are given BEFORE labor begins.	Mother’s Medical (Cont’d) tab Item #46	<p>Some of the methods and medicines used to start, or induce, labor are the same as those used to advance, or augment labor. Some examples include:</p> <ul style="list-style-type: none"> • artificial rupture of membranes (AROM) • balloons • oxytocin (Pitocin) • prostaglandin • laminaria • other cervical ripening agents <p>Also include patients with spontaneous rupture of membranes (SROM) without contractions because they do not meet the definition of labor. Check to see if labor had begun before deciding which IVRS category is correct. See definition of labor above.</p>
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9. Characteristics of labor and delivery: augmentation of labor

Augmentation of labor occurs **AFTER labor has started**. Stimulation of uterine contractions to increase their frequency and/or strength following the onset of labor. Please see definition of labor in previous entry.

Mother's Medical
(Cont'd) tab
Item #46

Some of the methods and medicines used to induce labor are the same as those used to advance, or augment labor. Some examples are:

- oxytocin (Pitocin)
- artificial rupture of membranes (AROM)

Check to see if labor had begun before deciding which IVRS category is correct. This one does not apply if there was an induction.

10. Characteristics of labor and delivery: steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery

Steroids or glucocorticoids given to accelerate fetal lung maturity in anticipation of a preterm delivery. These medications are given **BEFORE delivery**.

Mother's Medical
(Cont'd) tab
Item #46

Thoroughly check the patient's chart for use of this medication, which also could have been given at a doctor's office or another hospital before arrival at your facility. Check box if any antenatal steroids were received before or at any time during labor and delivery.

11. Characteristics of labor and delivery: antibiotics received by the mother during delivery

Includes any antibacterial medications given IM or IV to the mother in the interval **between the onset of labor and actual delivery**.

Mother's Medical
(Cont'd) tab
Item #46

Check the box only if the mother received any antibiotic medicines after labor began but before delivery. Do not check box if mother did not labor, such as during a scheduled c-section.

Antibiotics usually are given to women in labor for these and other medical conditions (which should appear in the patient chart):

- chorioamnionitis
- positive group B strep
- SBE (sub-acute bacterial endocarditis) prophylaxis
- maternal fever

12. Characteristics of labor and delivery: fetal intolerance of labor

Fetal intolerance of labor refers to an abnormal or concerning fetal heart rate tracing during labor that does not respond to procedures to improve the fetal heart rate tracing and therefore requires an operative vaginal delivery (forceps or vacuum assisted vaginal delivery) or cesarean delivery in order to shorten time to delivery.

Mother's Medical
(Cont'd) tab
Item #46

If there was fetal intolerance of labor, it will have been recorded in the delivery note and may be called:

- non-reassuring fetal heart rate tracing
- non-reassuring fetal status
- fetal intolerance of labor
- prolonged category 2
- category 3 fetal heart rate tracing
- persistent decelerations
- fetal bradycardia
- fetal distress
- other terms describing an abnormal fetal heart rate tracing requiring delivery using forceps, vacuum, or emergency c-section

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13. Maternal morbidity: maternal transfusion

<p>Includes any type of blood products given to the mother</p>	<p>Mother's Medical (Cont'd) tab Item #48</p>	<p>To find out if a blood transfusion was given, look for the following words in the patient's record:</p> <ul style="list-style-type: none"> transfused blood transfusion packed red blood cells (PRBC) whole blood red cells white cells platelets clotting factors (FFP, Cryo)
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14. Obstetric estimate of gestation

<p>The best estimate of the infant's gestation in completed weeks based on the prenatal care provider's estimate of gestation.</p> <p>Ultrasound completed in 1st trimester is preferred. Infant's gestation in completed weeks based on the prenatal care provider's estimate of gestation. This estimate of gestation should be determined by all perinatal factors and assessments but NOT the neonatal exam.</p>	<p>Newborn Medical Info tab Item #51</p>	<ul style="list-style-type: none"> When entering this number, NEVER round up or down. Enter number of weeks and days. If the number of days is known, enter the correct number between 0-6. If unknown, enter "99."
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15. Abnormal conditions of the newborn: assisted ventilation

<p>Assisted ventilation required immediately AFTER delivery: Infant is given manual breaths for any duration with bag and mask, bag and endotracheal tube, or with T-piece resuscitator device using a mask or endotracheal tube. Assisted ventilation may also be accomplished using the T-piece resuscitator device with a mask to deliver CPAP within the first several minutes from birth.</p>	<p>Newborn Medical Info tab Item #55</p>	<ul style="list-style-type: none"> Check the infant's medical records to see if the baby needed help breathing within the first few minutes after delivery. Help with breathing DOES NOT include blow by or free flow oxygen or laryngoscopy for aspiration of meconium. This DOES NOT include nasal cannula.
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16. Abnormal conditions of the newborn: NICU admission

<p>Admission to a facility or unit with staffing and equipment to provide continuous mechanical ventilator support for a newborn.</p>	<p>Newborn Medical Info tab Item #55</p>	<p>DO choose NICU admission, if the infant was admitted to the:</p> <ul style="list-style-type: none"> • NICU • Special Care Nursery • Intensive Care Nursery • Pediatric Intensive Care in your hospital <p>DO NOT chose NICU admission if the infant was transferred to another hospital because that is a different variable.</p> <p>This can occur at ANY time during the infant’s stay at your hospital only. Level II+ or III hospitals should be the only facilities with a “yes” answer in this box.</p>
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17. How is infant being fed?

<p>How is the infant being fed?</p> <ul style="list-style-type: none"> • Breast milk only • Formula only • Both breast milk and formula • Neither breast milk or formula • Unknown <p>Information on whether the infant is being given human milk at ANY time prior to completion of the birth certificate. Breast-fed is the action of breastfeeding or pumping (expressing) milk.</p>	<p>Newborn Medical Info tab Item #58</p>	<ul style="list-style-type: none"> • This field notes the feeding method at the time the record is created. • If the method changes after submission of the birth certificate but before discharge, this information does not change. • If a baby has only received breast milk from delivery until the birth certificate record is created (including babies fed at the breast and babies given breast milk in a bottle) then answer: Breast milk only. • Do not answer the question based on the mother’s intent to breast-feed or bottle-feed. • The answer to this question auto-populates the next field. “Is the Infant Being Breastfed at ANY time between Birth and Discharge?”
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“Unknown/99” Variables

When a birth record is created, birth clerks may not always know the answer to every question asked during the IVRS data entry process. When this happens, they may consider entering “UNKNOWN” or ‘99’ (which is the numeric equivalent of “unknown” in IVRS). However, UNKNOWN (or 99) should ONLY be used when special conditions are present—such as mom left the hospital without completing a worksheet, mom is gravely ill, or mom died prior to being interviewed—and the information is not available from another source.

Birth clerks must use all resources available to them. This may include: admitting records, face sheets, medical records, worksheets, labor and delivery records, and the birth mother. An example of when to use UNKNOWN/99: The birth mother does not recall the exact starting date of her last menstrual period (LMP), but believes it was in May 2014. After searching all available records, the clerk is unable to find the exact date. In this case, the clerk should enter 05/99/2014.

Resources

For questions regarding birth data and IVRS, please contact the IDPH Division of Vital Records at dph.ivrs@illinois.gov.

For IT-related issues with IVRS, such as password resets, IVRS registration questions, or time-out or firewall issues, please contact the helpdesk at dph.helpdesk@illinois.gov.



ILPQC is a state perinatal quality collaborative working with stakeholders statewide, including IDPH and IHA, to provide quality improvement infrastructure, resources, and data management support to over 100 hospitals across the state to improve the health of women and babies.

