

# Birth Certificate Variable Frequently Asked Questions

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## *Mother's social security number*

**Q:** Some mother's don't have a SS number.

**A:** *Correct. There are patients that do not have a social security number. If mom does not have a social security number enter the value of 999-99-9999.*

**Q:** Most times when a mother does not provide the SS number is because they do not have one. Some moms only want to provide the last 4 digits.

**A:** *If mom does have a social security number stress to her the importance of placing it on the child's birth certificate. The last 4 digits of her social security are of no use for birth certificate purposes. If mom will not provide all 9 digits of her social security number enter the value of 999-99-9999.*

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## *Date of first prenatal care visit*

**Q: Does the 1<sup>st</sup> prenatal care visit start with the first visit to a physician or midwife?**

**A:** *A prenatal visit does not have to involve an MD; as long as it involves care or counsel for the current pregnancy it would be prenatal. Other qualifying professionals could include RN, dietician, radiologist, PA. Assure that this visit is for the current pregnancy.*

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## *Did mother get WIC food for herself during this pregnancy?*

**Q:** WIC participation during Pregnancy, this is something that is not documented in our chart, the mother is asked. For the accuracy review would we mark "N" because we have no documentation?

**A:** *WIC participation is typically found on the worksheet that the mom is to complete. This worksheet is usually retained somewhere at each institution, most often with the copy of the completed submitted certificate of live birth worksheet in the chart. Check the chart. If it isn't there, it may be in the prenatal record. If it is truly a question asked verbally then you would mark it as correct since there is not documentation, but please note that if the question is asked verbally and not documented in the comments section of the audit form in REDCap. It does get documented on the worksheet that mom fills out ~ and you are correct that does get stored somewhere at every facility.*

### ***Principal source of payment for this delivery***

Q: Does that mean Molina, Meridian and Harmony are counted as private ins?

A: *If Medicaid managed care – Medicaid but if ACA – private insurance*

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### ***Date last normal menses began***

Q: Should we be asking the Mom her LMP or going from prenatal record?

A: *Use prenatal record if date available. If it is not on prenatal record look in admission history and physical. If not there ask mom.*

Q: What date should you use for Birth certificate?

A: *The date on the prenatal record is the best choice.*

Q: If LMP is missing on prenatal record and patient reports regular menstruation can you "wheel" out the LMP?

A: *No. Either use information from prenatal record, if not there look in the admission history and physical, and if not there ask mom. If all information is still not known, then enter 99/99/9999 in the birth record. If you find the portions of the date then enter the know values and only enter 9's for the unknown portions. Example: you find an LMP on her prenatal record of November 2014. You would enter 11/99/2014.*

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### ***Risk factors in this pregnancy: hypertension***

*Helpful hint: hospitals are mistakenly choosing BOTH hypertension – Gestational and Hypertension-Pre-Pregnancy. They should only choose ONE where appropriate.*

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### ***Risk factors in this pregnancy: previous preterm birth***

Q: If mom delivers a stillbirth prior to 37w 0d should this box be marked?

A: *No. This box is only to be checked if mom delivers a **“live born”** infant at any gestational age prior to 37w 0d.*

## *Definition of Labor*

*Helpful Hint: Labor is defined as uterine contractions resulting in cervical change.*

Q: If the mother presents to the hospital with SROM she would be in preterm labor. The rupture of the membranes is the onset of labor even though her cervix has not been evaluated yet.

A: *Not necessarily. Refer back to the definition of labor. Ruptured membranes do not automatically mean a woman is in labor.*

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## *Augmentation v. Induction*

Q: If a woman comes in ruptured at 38 weeks but is **NOT** contracting, I have to say that we are inducing her?

A: *Yes, if you are using Pitocin or some other induction agent.*

Q: Does AROM count for augmentation of labor?

A: *It depends. It could be an augmentation or an induction. In order to decide if this was done to augment or induce labor you need first determine if mom was in labor prior to the procedure being done. Was mom having uterine contractions and making cervical change prior to procedure? If yes, then it would be an augmentation. If no, then it would be an induction.*

Q: It is clear, except won't that throw off the "inductions < 39 weeks" initiatives?

A: *It shouldn't if we are vigilant in our documentation. The initiative is for elimination of Early Elective Deliveries prior to 39 weeks gestation. Someone with ROM would not be considered elective if documented correctly for coding purposes.*

Q: A scheduled repeat c/section—should Induction of labor or augmentation even be marked as a match?

A: *No. If mom is a scheduled repeat c/s this should not be marked. There would be no induction or augmentation for this patient.*

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## *Characteristics of labor and delivery: steroids for fetal lung maturation received by the mother prior to delivery*

Q: Does mom have to receive 2 doses of steroid or can this box be checked if she received any?

A: *Check this box if at least one dose of corticosteroids was administered to accelerate fetal lung maturation.*

### *Characteristics of labor and delivery: antibiotics received by the mother during delivery*

Q: If a repeat C-section patient comes in in labor and gets a prophylactic dose of antibiotic prior to surgery does that count?

A: No. *If the reason for the antibiotic is for cesarean delivery then you should not count it.*

Q: Antibiotics received by the mother during delivery, would this be any antibiotics, even those given pre-op for a C-Section?

A: No. *If the reason for the antibiotic is for cesarean delivery then you should not count it.*

*Helpful Hint: Antibiotics received by the mother during delivery includes antibacterial medications given systemically to the mother in the interval between the onset of labor and the actual delivery. If there is no labor (as is the case with most scheduled c/s) and the antibiotic is given during or just prior to the c/s this is not what this variable is asking for.*

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### *Characteristics of labor and delivery: fetal intolerance of labor*

Q: Is this Illinois or Ohio because our fetal intolerance to labor states if measures are taken not if they shorten delivery

A: *We have asked NCHS to review our expanded definition and they have approved what we have written. The intent is not **if** the measures are taken but **if they are done** to shorten the time to delivery.*

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### *Obstetric estimate of gestation*

Q: Is the obstetric estimate of gestation at delivery the same as the gestational age reported in the medical record?

A: *Potentially. What this variable is asking is does the gestational age determined preferably by an ultrasound in the 1<sup>st</sup> trimester match the gestational age entered on the birth certificate?*

### *Abnormal conditions of the newborn: NICU admission*

Q: When a baby is sent to the SCN after delivery, they often spend several hours prior to transfer. Wouldn't this be an admission to SCN?

A: *Yes, if you are truly a Special Care Nursery (SCN). If your hospital is a level I or level II this is considered an Intermediate Care Nursery and would not be answered yes.*

Q: If a baby is admitted to the NICU initially and then possibly transferred later, possibly 24-48 hours and the birth certificate has already been completed, how would this be handled if they are not to be called a NICU admission?

A: *The birth certificate is a snapshot in time – you would leave it as recorded. However, if you have admitted the baby to a NICU in the hospital of birth that would be considered a NICU admission. The only variable you wouldn't capture is the variable asking if the infant was transferred.*

Q: So Level 1 and 2 nurseries should never check off NICU admission?

A: *Correct*

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### *How is infant being fed?*

Q: On the birth certificate question #58: How is infant being fed...for the accuracy if the baby is getting both breast and bottle feedings, both should be indicated on the birth certificate? For example, on the birth certificate it states "Breast Only", but in the chart the baby was breast feeding, but did receive a bottle one time. For the accuracy it would be "N" for not matching?

A: *You would mark it as N for not matching. For this question you need to look at the date the birth certificate was certified, (especially for NICU patients) and then look to see what the baby had been fed prior to that date...if the baby received only breast milk up until that point and the bottle was given after the birth certificate was certified then it should have been breastmilk only. If the bottle was given before the date the birth certificate was filed then both should have been marked.*