

# Registration

Tab Order

Item-by-item Description

## Registration

**Registration**, of course, is where most time is spent on a day-to-day basis. This is where the birth certificate data is created, updated and printed. The Registration section of TER is for the entry of all of the necessary information required to register a Certificate of Live Birth. Once the **Registration** section is entered, the user will have access to all records that have been entered for that facility.

When entering data for a new record, the user may advance from field to field and screen to screen through all the necessary items using the **Tab** key by using the mouse. A record can be saved at any point after the 'Mandatory to Save' fields have been completed by clicking on the **Save** icon. If a user attempts to exit TER or begins working on a different record before saving, TER prompts the user to save the current record first. If changes later need to be made, the record can be retrieved for editing.

When all fields in **Registration** are resolved, the record can be released to the State Office for further processing.

To create a birth record, the user advances through eight screens and ten frames within various screens in **Registration** in order to enter data into the record. At the top of each screen is a tool tip bar which provides additional information concerning the field that has focus.

## Tabs



The tabs follow a sequence of demographic information about the mother and the newborn to specific information about the mother, followed by specific information about the father, prenatal medical information, birth medical information, and, finally, to attendant/certifier information.

# General Tab

The screenshot shows a web form titled "General" with a sub-header "Record Type (Registration) ok2". The form is organized into several sections:

- Record Type?**: A dropdown menu.
- Mother's Medical Record Number:**: A text input field.
- Child's Place of Birth**: A section containing:
  - Name:** A dropdown menu.
  - Type:**, **County:**, **State:**, and **City:** text input fields.
  - Date AOP Sent:** A date input field in MM/DD/YYYY format.
- Mother's Current Legal Name**: A section with four text input fields: **First Name:**, **Middle Name:**, **Last Name:**, and **Suffix:**.
- Child's Current Legal Name**: A section with four text input fields: **First Name:**, **Middle Name:**, **Last Name:**, and **Suffix:**.
- Mother's Address**: A section with two rows of address information:
  - Residence Address:** Fields for **Apt #:**, **State/Foreign country/Terr.:**, **County:**, **Zip:**, and **Ext:**.
  - Same as Residence Address?:** A dropdown menu.
  - City, Town or Location:** and **Inside City Limits?:** dropdown menus.
  - Mailing Address:** Fields for **Apt #:**, **State/Foreign country/Terr.:**, **City, Town or Location:**, **Zip:**, and **Ext:**.
- Child's Information**: A section on the right side with:
  - Time of Birth:** and **Am/Pm:** dropdown menus.
  - Date of Birth:** a date input field.
  - Plurality:** and **Birth Order:** dropdown menus.
  - Number Of Infants Alive:** a dropdown menu.

## Record Type

Edit rules within **Registration** will vary according to the record type that is selected. One of the following choices must be selected:

- Born at Facility
- Born En Route to Facility
- Foundling
- Home Birth (Hospital/Birth Center should **NOT** register)

## Mother's Medical Record Number

This is a 'mandatory-to-save' item and must be filled out before the record can be saved.

## Date AOP Sent

The date entered must be in the following format: MM/DD/YYYY. Example: 02/17/2005.

## Child's Place of Birth

The hospital or birth center information will automatically populate when selecting "Born at Facility" or "Born En Route to Facility" above in **Record Type**. Midwives enter the place of birth through the AOF process when attending a home birth.

## Name

Based upon the **Record Type** selected, the **Name of Place of Birth** may be selected from the list or, may be entered via "Add On the Fly" (AOF) process.

## **Child's Information**

**The following fields comprise this section:**

### **Child's Time of Birth**

Enter either military or standard time; select AM or PM.

### **Child's Date of Birth**

This is a 'mandatory-to-save' item and must be filled out before the record can be saved. The date entered must be in the following format: MM/DD/YYYY. Example: 02/17/2005.

### **Plurality**

This is a 'mandatory-to-save' item and must be filled out before the record can be saved. If a single birth is indicated, the following field indicating birth order will auto-populate and the user may continue tabbing through to the next field. If a number is selected, a multiple birth is indicated.

In the *Birth Order* field, a selection must be made.

### **Birth Order**

This is a 'mandatory-to-save' item and must be filled out before the record can be saved.

### **Number of Infants Alive:**

When plurality is greater than one, the *Number of Infants Alive* field is activated. Select from the list.

## **Mother's Current Legal Name**

**The following fields comprise this section:**

**Mother's First Name**

**Mother's Middle Name**

**Mother's Last Name**

**Mother's Suffix**

### **Child's Current Legal Name**

**The following fields comprise this section:**

**Child's First Name**

**Child's Middle Name**

**Child's Last Name**

**Child's Suffix**

## **Mother's Address**

**The following fields comprise this section:**

### **Residence Address**

Enter the street address.

**Apt#**

Enter the apartment number, if appropriate.

**State/Foreign Country/Territory**

This field is a Type-Ahead Combo box.

Select a State/Foreign Country/Territory from the list. If the State/Foreign Country/Territory is not on the list, it may be entered via “Add On the Fly” (AOF) process.

**County (This field is a Type-Ahead Combo box.)**

The County pick-list will automatically populate with the counties that are in the state that was specified in the previous field.

**City/Town or Location (This field is a Type-Ahead Combo box.)**

The City/Town/Location pick-list will automatically populate with the cities/towns that are in the county that was specified in the previous field.

Select a city from the list. If the city is not on the list, it may be entered via “Add On the Fly” (AOF) process.

**Zip Code**

The Zip Code pick-list will automatically populate with the zip codes that are associated with the city that was specified in the previous field.

Select a zip code from the list. If a zip code is not on the list, it may be entered via “Add On the Fly” (AOF) process.

**Zip Code Extension**

If a zip code extension is applicable, it may be entered in this field. Otherwise, leave this field blank.

**Inside City Limits (This field is a Type-Ahead Combo box.)**

Select from the list.

**Same as Residence Address (This field is a Type-Ahead Combo box.)**

If the mother’s mailing address is the same as her residence address, the remaining fields under Mother’s Mailing Address will auto-populate, and the user may tab through to the next screen.

Note: if changes are made to the residence information fields, the changes will also be reflected in the mailing address fields. The ‘Same as Residence Address’ field can also be changed back to ‘No’ if a mistake is made.

If the mother’s mailing address is NOT the same as her residence address, tab through to the next field.

**State/Foreign Country/Territory (This field is a Type-Ahead Combo box.)**

Select a State/Foreign Country from the list. If a State/Foreign Country is not on the list, it may be entered via “Add On the Fly” (AOF) process.

**City/Town or Location (This field is a Type-Ahead Combo box.)**

The City/Town or Location pick-list will automatically populate with the cities/towns that are in the state that was specified in the previous field.

Select a city from the list. If a city is not on the list, it may be entered via “Add On the Fly” (AOF) process. Be sure to select the city with the correct corresponding county.

Example: Austin (Travis) or Austin (Williamson).

**Zip Code**

The Zip Code pick-list will automatically populate with the zip codes that are associated with the city that was specified in the previous field

Select a zip code from the list. If a Zip Code is not on the list, it may be entered via “Add On the Fly” (AOF) process.

**Zip Code Extension**

If a zip code extension is applicable, it may be entered in this field. Otherwise, leave this field blank.

# Mother 1 Tab – Mother of Hispanic Origin Frame

The screenshot shows a web form titled "Mother 1" with a tab labeled "Mother 1". The form is divided into several sections:

- Mother's Date of Birth (Registration)**: A header section.
- Mother's Information** (left column):
  - Date of Birth: MM/DD/YYYY
  - Age: [Blue box]
  - State, Territory, or Foreign Country of Birth: [Dropdown]
- Mother's Information** (right column):
  - Education: [Dropdown]
  - Occupation: [Text]
  - Type of Business(Industry): [Text]
- Mother's Information** (bottom left):
  - Mother's SSN: [Text]
  - SSN for Baby?: [Dropdown]
  - Did Mother relinquish rights to child?: [Dropdown]
  - Mother's Relinquish Date: MM/DD/YYYY
- Mother of Hispanic Origin? (Check only one)** (right column):
  - 00. No, not Spanish/Hispanic/Latina
  - 01. Yes, Mexican, Mexican American, Chicana
  - 02. Yes, Puerto Rican
  - 03. Yes, Cuban
  - 04. Yes, other Spanish/Hispanic/Latina (Specify) [Text]
  - 99. Unknown if Spanish/Hispanic/Latina
- Buttons** (bottom right):
  - Mother Of Hispanic Origin?
  - Mother's Race

## This tab contains the following frames:

- Mother of Hispanic Origin?
- Mother's Race

## Under Mother's Information

### The following fields are available:

#### Mother's Date of Birth

The date entered must be in the following format: MM/DD/YYYY. Example: 02/17/2005.

#### Age

This field will auto-fill based on the information entered in the previous field.

#### State, Territory, or Foreign Country of Birth

Select the State, Territory, or Foreign Country of the mother's birth. If it is not on the list, it may be entered via "Add On the Fly" (AOF) process.

#### Mother's SSN:

Enter the mother's Social Security Number.

**SSN for Baby?**

Answering 'Yes' to this question will enable the Social Security Letter and will make the record eligible to be included in the SSA Extract.

**Did Mother Relinquish Rights to child?**

Select from the list.

**Mother Relinquish Date**

This field will only enable if the answer to the previous question is 'Yes'.

The date entered must be in the following format: MM/DD/YYYY. Example: 02/17/2005.

**Mother's Education**

Select from the list.

**Mother's Occupation and Industry**

Enter the mother's occupation.

**Type of Business (Industry)**

Enter the Type of Business (Industry) of the mother.

**Mother of Hispanic Origin?**

Check one (1) from the list.

If 'Yes, other Spanish/Hispanic/Latina' is checked, enter the Hispanic Origin in the 'Specify' field.

# Mother 1 Tab – Mother’s Race Frame

**Mother 1**

Mother's Date of Birth (Registration)

**Mother's Information**

Date of Birth: [ ] [ ] [ ] Age: [ ]

State, Territory, or Foreign Country of Birth: [ ]

**Mother's Information**

Mother's SSN: [ ] [ ] [ ]

SSN for Baby? [ ]

Did Mother relinquish rights to child? [ ]

Mother's Relinquish Date: [ ] [ ] [ ]

**Mother's Information**

Education: [ ]

Occupation: [ ] Type of Business(Industry): [ ]

**Mother's Race**  
(Check one or more race to indicate what the mother considers herself to be)

01. White [ ] (Specify)

02. Black or African American [ ]

03. American Indian or Alaska Native [ ]

(Name of the enrolled or principal tribe) [ ]

04. Asian Indian [ ]

05. Chinese [ ]

06. Filipino [ ]

07. Japanese [ ]

08. Korean [ ]

09. Vietnamese [ ]

10. Other Asian [ ] (Specify)

11. Native Hawaiian [ ]

12. Guamanian or Chamorro [ ]

13. Samoan [ ]

14. Other Pacific Islander [ ] (Specify)

15. Other [ ] (Specify)

99. Unknown [ ]

Mother Of Hispanic Origin? [ ]

Mother's Race [ ]

## Mother’s Race

Check one or more races to indicate how the mother identifies herself.

- 01 White
- 02 Black or African American
- 03 American Indian or Alaska Native
  - If ‘American Indian or Alaska Native’ is checked, enter the name of the enrolled or principal tribe in the field.
- 04 Asian Indian
- 05 Chinese
- 06 Filipino
- 07 Japanese
- 08 Korean
- 09 Vietnamese
- 10 Other Asian
  - If ‘Other Asian’ is checked, enter the ‘other Asian’ race in the ‘Specify’ field.
- 11 Native Hawaiian
- 12 Guamanian or Chamorro
- 13 Samoan
- 14 Other Pacific Islander
  - If ‘Other Pacific Islander’ is checked, enter the ‘other Pacific Islander’ race in the ‘Specify’ field.
- 15 Other
  - If ‘Other’ is checked, enter the ‘Other’ race in the ‘Specify’ field.
- 99 Unknown

# Mother 2 Tab

**Mother 2**

[Help For This Field Is Not Available.](#)

<p><b>Mother's Health Information</b></p> <p>Did Mother Receive WIC Food For Herself Because she was pregnant with this child? <input type="text"/></p> <p style="text-align: center;"><b>Mother's Weight (Pounds)</b></p> <p>Mother's Height (Feet : Inches): <input type="text"/></p> <p>Prepregnancy: <input type="text"/></p> <p>At Delivery: <input type="text"/></p>	<p><b>Cigarette Smoking Before and During Pregnancy</b></p> <table><tr><td>Three Months Before -</td><td>Cigs / Day: <input type="text"/></td><td>Packs / Day: <input type="text"/></td></tr><tr><td>First Three Months -</td><td>Cigs / Day: <input type="text"/></td><td>Packs / Day: <input type="text"/></td></tr><tr><td>Second Three Months -</td><td>Cigs / Day: <input type="text"/></td><td>Packs / Day: <input type="text"/></td></tr><tr><td>Third Trimester -</td><td>Cigs / Day: <input type="text"/></td><td>Packs / Day: <input type="text"/></td></tr></table>	Three Months Before -	Cigs / Day: <input type="text"/>	Packs / Day: <input type="text"/>	First Three Months -	Cigs / Day: <input type="text"/>	Packs / Day: <input type="text"/>	Second Three Months -	Cigs / Day: <input type="text"/>	Packs / Day: <input type="text"/>	Third Trimester -	Cigs / Day: <input type="text"/>	Packs / Day: <input type="text"/>
Three Months Before -	Cigs / Day: <input type="text"/>	Packs / Day: <input type="text"/>											
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Second Three Months -	Cigs / Day: <input type="text"/>	Packs / Day: <input type="text"/>											
Third Trimester -	Cigs / Day: <input type="text"/>	Packs / Day: <input type="text"/>											
<p><b>Mother's Information</b></p> <p>Marital Status: <input type="text"/></p> <p>Married within 300 days? <input type="text"/></p> <p>AOP: <input type="text"/></p> <p><b>Mother's Name Prior to Her First Marriage</b></p> <table><tr><td>First Name: <input type="text"/></td><td>Middle Name: <input type="text"/></td><td>Last Name: <input type="text"/></td><td>Suffix: <input type="text"/></td></tr></table>		First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>	Suffix: <input type="text"/>								
First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>	Suffix: <input type="text"/>										

## Mother's Health Information

The following fields comprise this section:

**Did the mother receive WIC Food for herself because she was pregnant with this child?**

Select from the list.

## Mother's Height

Enter feet and inches. Example: 05:08 = five feet eight inches tall.

## Mother's Weight (Pounds)

### Prepregnancy

Enter the mother's prepregnancy weight in pounds.

### At Delivery

Enter the mother's weight at the time of delivery in pounds.

## Cigarette Smoking Before and During Pregnancy

Enter the appropriate amount: single cigarette count or packs per day.

Enter zero (0) if a non-smoker.

**Marital Status (This field is a Type-Ahead Combo box.)**

The following choices are available:

**Never Married**

If this selection is made, focus will automatically advance to the 'Paternity Affidavit' field.

**Widowed**

If this selection is made, focus will automatically advance to the 'Married within 300 days' field.

**Divorced**

If this selection is made, focus will automatically advance to the 'Married within 300 days' field.

**Currently Married**

If this selection is made, focus will automatically advance to the 'Paternity Affidavit' field.

**Married but refusing Husband Information**

If this selection is made, TER will assume that there will not be a Paternity Acknowledgement attached to the record and will disable both the Father's and Presumed Father's Information.

**Married within 300 days? (This field is a Type-Ahead Combo box.)**

The following choices are available:

**Yes**

If this selection is made, focus will automatically advance to the 'Paternity Affidavit' field.

**No**

If this selection is made, focus will automatically advance to the 'Paternity Affidavit' field.

**Yes, but Refusing Father's Information**

If this selection is made, TER will assume that there will not be a Paternity Acknowledgement attached to the record and will disable both the Father's and Presumed Father's Information.

**AOP**

Select from the list

**Mother's Name Prior to Her First Marriage**

The following fields are available:

**Mother's First Name Prior to Her First Marriage**

**Mother's Middle Name Prior to Her First Marriage**

**Mother's Last Name Prior to Her First Marriage**

**Mother's Suffix Prior to Her First Marriage**

# Father 1 Tab – Father of Hispanic Origin Frame

The screenshot shows a web form titled "Father 1" with a tab labeled "Father 1". The form is divided into several sections:

- Father's Current Legal Name:** Fields for First Name, Middle Name, Last Name, and Suffix (with a dropdown arrow).
- Father's Information:** Fields for Education (dropdown), Occupation, and Type of Business/Industry (dropdown).
- Father's Information (Secondary):** Fields for Date of Birth (MM/DD/YYYY), Age, State/Territory/Foreign Country of Birth (dropdown), and Father's SSN (with dashes).
- Father of Hispanic Origin? (Check only one):** A list of radio button options: 00. No, not Spanish/Hispanic/Latina; 01. Yes, Mexican, Mexican American, Chicana; 02. Yes, Puerto Rican; 03. Yes, Cuban; 04. Yes, other Spanish/Hispanic/Latina (with a "Specify" field below it); and 99. Unknown if Spanish/Hispanic/Latina.

At the bottom right, there are two buttons: "Father Of Hispanic Origin?" and "Father's Race".

**This tab contains the following frames:**

- Father of Hispanic Origin?
- Father's Race

## Father's Current Legal Name

The following fields comprise this section:

**Father's First Name**

**Father's Middle Name**

**Father's Last Name**

**Father's Suffix**

## Father's Information

The following fields comprise this section:

### Father's Date of Birth

The date entered must be in the following format: MM/DD/YYYY. Example: 02/17/2005.

### State, Territory, or Foreign Country of Birth

Select the State, Territory, or Foreign Country of the father's birth. If not on the list, it may be entered via "Add On the Fly" (AOF) process.

**Father's SSN:**

Enter the father's Social Security Number.

**Father's Education**

Select from the list.

**Father's Occupation and Industry**

Enter the father's occupation.

**Type of Business (Industry)**

Enter the Type of Business (Industry) of the father.

**Father of Hispanic Origin?**

Check one (1) from the list.

If 'Yes, other Spanish/Hispanic/Latino' is checked, enter the Hispanic Origin in the 'Specify' field.

# Father 1 Tab – Father’s Race

**Father 1**

**Father's Current Legal Name**

First Name:

Middle Name:

Last Name:

Suffix:

**Father's Information**

Education:

Occupation:  Type of Business(Industry):

**Father's Race**  
(Check one or more race to indicate what the father considers himself to be)

<input type="checkbox"/> 01. White	<input type="checkbox"/> 10. Other Asian (Specify) <input type="text"/>
<input type="checkbox"/> 02. Black or African American	<input type="checkbox"/> 11. Native Hawaiian
<input type="checkbox"/> 03. American Indian or Alaska Native	<input type="checkbox"/> 12. Guamanian or Chamorro
(Name of the enrolled or principal tribe) <input type="text"/>	<input type="checkbox"/> 13. Samoan
<input type="checkbox"/> 04. Asian Indian	<input type="checkbox"/> 14. Other Pacific Islander (Specify) <input type="text"/>
<input type="checkbox"/> 05. Chinese	<input type="checkbox"/> 15. Other (Specify) <input type="text"/>
<input type="checkbox"/> 06. Filipino	<input type="checkbox"/> 99. Unknown
<input type="checkbox"/> 07. Japanese	
<input type="checkbox"/> 08. Korean	
<input type="checkbox"/> 09. Vietnamese	

Date of Birth:  Age:

State, Territory, or Foreign Country of Birth:

Father's SSN:

## Father's Race

Check one or more races to indicate how the father identifies himself.

If 'American Indian or Alaska Native' is checked, enter the name of the enrolled or principal tribe in the field.

If 'Other Asian' is checked, enter the 'Other Asian' race in the 'Specify' field.

If 'Other Pacific Islander' is checked, enter the 'Other Pacific Islander' race in the 'Specify' field.

If 'Other' is checked, enter the 'Other' race in the 'Specify' field.

# Father 2 Tab

**Father 2**

**Father's Information**

Paternity- Genetic Testing: [Dropdown]

**Father's Mailing Address**

Same as Mother's Mailing Address? [Dropdown]

Address: [Text Box] [Text Box] Apt #: [Text Box]

State/Foreign country/Terr.: [Dropdown]

City, Town or Location: [Dropdown]

Zip: [Dropdown] Ext: [Text Box]

**Presumed Father's Information**

Presumed Father Date of Birth: [Text Box]

Presumed Father's SSN: [Text Box]

**Presumed Father's Current Legal Name**

First Name: [Text Box]

Middle Name: [Text Box]

Last Name: [Text Box]

Suffix: [Dropdown]

**Presumed Father's Mailing Address**

Address: [Text Box] [Text Box] Apt #: [Text Box]

State/Foreign country/Terr.: [Dropdown]

City, Town or Location: [Dropdown]

Zip: [Dropdown] Ext: [Text Box]

## Father's Information

### Paternity – Genetic Testing:

Select from the list.

### Father's Mailing Address

The following fields comprise this section:

#### Same as Mother's Mailing Address

If 'Yes', the remaining fields under 'Father's Residence Address' will auto-populate to reflect the mother's mailing address information.

#### Address

Enter the street address.

#### Apt #

Enter the apartment number, if appropriate.

#### State/Country (This field is a Type-Ahead Combo box.)

Select a State/Foreign Country from the list. If a State/Foreign Country is not on the list, it may be entered via "Add On the Fly" (AOF) process.

**City/Town (This field is a Type-Ahead Combo box.)**

The City/Town pick-list will automatically populate with the cities/towns that are in the state that was specified in the previous field.

Select a city from the list. If a city is not on the list, it may be entered via “Add On the Fly” (AOF) process. Be sure to select the city with the correct corresponding county.

Example: Austin (Travis) or Austin (Williamson).

**Zip Code**

The Zip Code pick-list will automatically populate with the zip codes that are associated with the city that was specified in the previous field.

Select a zip code from the list. If a zip code is not on the list, it may be entered via “Add On the Fly” (AOF) process.

**Zip Code Extension**

If a zip code extension is applicable, it may be entered in this field. Otherwise, leave this field blank.

**Presumed Father’s Information**

**The following fields comprise this section:**

**Presumed Father Date of Birth**

The date entered must be in the following format: MM/DD/YYYY. Example: 02/17/2005.

**Presumed Father’s SSN**

Enter the presumed father’s Social Security Number.

**Presumed Father’s Current Legal Name**

**The following fields comprise this section:**

**Father’s First Name**

Enter the presumed father’s current legal first name

**Father’s Middle Name**

Enter the presumed father’s current legal middle name.

**Father’s Last Name**

Enter the presumed father’s current legal last name.

**Father’s Suffix**

Enter the presumed father’s current legal name suffix.

**Presumed Father’s Mailing Address**

**The following fields comprise this section:**

**Address**

Enter the street address.

**Apt #**

Enter the apartment number, if appropriate.

**State/Country (This field is a Type-Ahead Combo box.)**

Select a State/Foreign Country from the list. If a State/Foreign Country is not on the list, it may be entered via “Add On the Fly” (AOF) process.

**City/Town (This field is a Type-Ahead Combo box.)**

The City/Town pick-list will automatically populate with the cities/towns that are in the state that was specified in the previous field.

Select a city from the list. If a city is not on the list, it may be entered via “Add On the Fly” (AOF) process.

**Zip Code**

The Zip Code pick-list will automatically populate with the zip codes that are associated with the city that was specified in the previous field.

Select a zip code from the list. If a zip code is not on the list, it may be entered via “Add On the Fly” (AOF) process.

**Zip Code Extension**

If a zip code extension is applicable, it may be entered in this field. Otherwise, leave this field blank.

# Medical 1 Tab – Source of Prenatal Care Frame

Medical 1

Help For This Field Is Not Available.

**Prenatal Care**

No Prenatal Care?

Date of First Visit:

Date of Last Visit:

Total Number of Prenatal Visits For This Pregnancy:

Date Last Normal Menses Began:

**Source of Prenatal Care**

None

Hospital Clinic

Public Health Clinic

Private Physician

Midwife

Other  (Specify)

Unknown

**Pregnancy History**

Live Births Now Living:

Live Births Now Dead:

Number of Other Pregnancy Outcomes:

Date of Last Live Birth:

Date of Last Other Pregnancy Outcome:

Risk Factors In This Pregnancy	Infections
Obstetric Procedures	Onset on Labor

## This tab contains the following frames:

- Source of Prenatal Care
- Risk Factors in this Pregnancy
- Infections
- Obstetric Procedures
- Onset of Labor

## Prenatal Care

### No Prenatal Care?

- ▶ Select from the list: ‘Yes’ to indicate that the mother had no prenatal visits; ‘No’ to indicate that the mother had prenatal visits; or ‘Unknown’ to indicate that the mother’s prenatal care history is not known.
- ▶ Pregnancy History fields relating to prenatal visits will be disabled if ‘Yes’ or ‘Unknown’ is selected.

### Date of First Visit

- ▶ Enter the date of the mother’s first prenatal visit for this pregnancy.
- ▶ The date entered must be in the following format: MM/DD/YYYY.  
Example: 02/17/2005.

### Date of Last Visit

- ▶ Enter the date of the mother’s last prenatal visit for this pregnancy.

- ▶ The date entered must be in the following format: MM/DD/YYYY.  
Example: 02/17/2005.

### **Total Number of Prenatal Visits For This Pregnancy**

- ▶ Enter the number of prenatal visits the mother had for this pregnancy.

### **Date of Last Normal Menses Begin**

- ▶ Enter the start date the mother's last normal menses prior to the start of this pregnancy.
- ▶ The date entered must be in the following format: MM/DD/YYYY.  
Example: 02/17/2005.

### **Pregnancy History**

#### **Live Births Now Living**

- ▶ Enter the number of live births for this mother who are still living.

#### **Live Birth Now Dead**

- ▶ Enter the number of live births for this mother who are now dead.

#### **Date of Last Live Birth**

- ▶ If applicable, enter the date of the last live birth for this mother.
- ▶ The date entered must be in the following format: MM/YYYY.  
Example: 02/2005.

#### **Number of Other Pregnancy Outcomes**

- ▶ Enter the number of other pregnancy outcomes for this mother.

#### **Date of Last Other Pregnancy Outcome**

- ▶ Enter the date of the last other pregnancy outcome for this mother.
- ▶ The date entered must be in the following format: MM/YYYY.  
Example: 02/2005.

# Medical 1 Tab – Risk Factors In This Pregnancy Frame

Medical 1

Help For This Field Is Not Available.

<p><b>Prenatal Care</b></p> <p>No Prenatal Care? <input type="text"/></p> <p>Date of First Visit: <input type="text"/></p> <p>Date of Last Visit: <input type="text"/></p> <p>Total Number of Prenatal Visits For This Pregnancy: <input type="text"/></p> <p>Date Last Normal Menses Began: <input type="text"/></p> <p><b>Pregnancy History</b></p> <p>Live Births Now Living: <input type="text"/> Date of Last Live Birth: <input type="text"/></p> <p>Live Births Now Dead: <input type="text"/></p> <p>Number of Other Pregnancy Outcomes: <input type="text"/> Date of Last Other Pregnancy Outcome: <input type="text"/></p>	<p><b>Risk Factors In This Pregnancy (Check all that apply)</b></p> <p><b>Diabetes</b></p> <p><input type="checkbox"/> 01. Prepregnancy (diagnosis prior to this pregnancy)</p> <p><input type="checkbox"/> 02. Gestational (diagnosis in this pregnancy)</p> <p><b>Hypertension</b></p> <p><input type="checkbox"/> 03. Prepregnancy (chronic)</p> <p><input type="checkbox"/> 04. Gestational (PIH, preeclampsia)</p> <p><input type="checkbox"/> 05. Eclampsia</p> <p><input type="checkbox"/> 06. Previous preterm birth</p> <p><input type="checkbox"/> 07. Other previous poor pregnancy outcome (includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)</p> <p><input type="checkbox"/> 08. Pregnancy resulted from infertility treatment</p> <p><input type="checkbox"/> 09. Fertility-enhancing drugs, artificial insemination or intrauterine insemination</p> <p><input type="checkbox"/> 10. Assisted reproductive technology</p> <p><input type="checkbox"/> 11. Mother had a previous cesarean delivery If "YES", how many? <input type="text"/></p> <p><input type="checkbox"/> 12. Antiretrovirals administered during pregnancy or at delivery</p> <p><input type="checkbox"/> 00. None of the above</p>
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Risk Factors In This Pregnancy	Infections
Obstetric Procedures	Onset on Labor

## Risk Factors in this Pregnancy

Check all that apply. If none apply, check ‘none of the above’.

### Diabetes

Prepregnancy (diagnosis prior to this pregnancy)

Gestational (diagnosis in this pregnancy)

### Hypertension

Prepregnancy (chronic)

Gestational (PIH, preeclampsia)

Eclampsia

### Previous preterm birth

Other previous poor pregnancy outcome (includes perinatal death, Small-for-gestational age/intrauterine growth restricted birth)

### Pregnancy resulted from infertility treatment

Fertility-enhancing drugs, artificial insemination or intrauterine insemination

Assisted reproductive technology

### Mother had a previous cesarean delivery

- If the answer to ‘Mother has a previous cesarean delivery’ is ‘Yes’, enter the number in the field..

Antiretrovirals administered during pregnancy or at delivery

None of the above

# Medical 1 Tab – Infections Frame

**Medical 1**

[Help For This Field Is Not Available.](#)

**Prenatal Care**

No Prenatal Care?

Date of First Visit:

Date of Last Visit:

Total Number of Prenatal Visits For This Pregnancy:

Date Last Normal Menses Began:

Source of Prenatal Care:

**Pregnancy History**

Live Births Now Living:  Date of Last Live Birth:

Live Births Now Dead:

Number of Other Pregnancy Outcomes:  Date of Last Other Pregnancy Outcome:

**Infections Present and/or Treated During this Pregnancy (Check All That Apply)**

01. Gonorrhea

02. Syphilis

03. Chlamydia

04. Hepatitis B

05. Hepatitis C

00. None of the above

**HIV Test**

HIV Test Done Prenatally:

HIV Test Done At Delivery:

Risk Factors In This Pregnancy	Infections
Obstetric Procedures	Onset on Labor

## Infections Present and/or Treated During the Pregnancy

Check all that apply.

- Gonorrhea
- Syphilis
- Chlamydia
- Hepatitis B
- Hepatitis C
- None of the above

### HIV Test Done Prenatally:

- ▶ Select from the list.

### HIV Test Done at Delivery

- ▶ Select from the list.

# Medical 1 Tab – Obstetric Procedures Frame

Medical 1

Help For This Field Is Not Available.

**Prenatal Care**

No Prenatal Care?

Date of First Visit:

Date of Last Visit:

Total Number of Prenatal Visits For This Pregnancy:

Date Last Normal Menses Began:

Source of Prenatal Care

**Pregnancy History**

Live Births Now Living:  Date of Last Live Birth:

Live Births Now Dead:

Number of Other Pregnancy Outcomes:  Date of Last Other Pregnancy Outcome:

Risk Factors In This Pregnancy	Infections
Obstetric Procedures	Onset on Labor

**Obstetric Procedures (Check all that apply)**

01. Cervical cerclage

02. Tocolysis

External cephalic version:

03. Successful

04. Failed

00. None of the above

## Obstetric Procedures

Check all that apply.

Cervical cerclage

Tocolysis

External cephalic version

- Successful
- Failed

None of the Above

# Medical 1 Tab – Onset of Labor Frame

**Medical 1**

Help For This Field Is Not Available.

**Prenatal Care**

No Prenatal Care?

Date of First Visit:

Date of Last Visit:

Total Number of Prenatal Visits For This Pregnancy:

Date Last Normal Menses Began:

Source of Prenatal Care

**Pregnancy History**

Live Births Now Living:

Live Births Now Dead:

Number of Other Pregnancy Outcomes:

Date of Last Live Birth:

Date of Last Other Pregnancy Outcome:

**Onset of Labor (Check all that apply)**

01. Premature Rupture of the Membranes (prolonged  $\geq$  12 Hours)

02. Precipitous Labor ( $<$  3 Hours)

03. Prolonged Labor ( $\geq$  20 Hours)

00. None of the above

Risk Factors In This Pregnancy	Infections
Obstetric Procedures	Onset on Labor

## Onset of Labor

Check all that apply.

Premature Rupture of the Membranes (prolonged  $\geq$  12 hours)

Precipitous Labor ( $<$  3 hours)

Prolonged Labor ( $\geq$  20 hours)

None of the Above

# Medical 2 Tab – Characteristics of L&D Frame

Characteristics of L&D			Method of Delivery	Maternal Morbidity	<b>Characteristics of Labor &amp; Delivery</b> (Check All That Apply)				
<b>Child's Health Information</b> <b>Birth Weight -</b> Grams: <input type="text"/> Obstetric Estimate of Gestation (Weeks): <input type="text"/> Pounds, Ozs: <input type="text"/> Calculated Gestation (Weeks): <input type="text"/> <b>Apgar Score -</b> Child's Sex: <input type="text"/> at 5 minutes: <input type="text"/> at 10 minutes: <input type="text"/>						<input type="checkbox"/> 01. Induction of labor <input type="checkbox"/> 02. Augmentation of labor <input type="checkbox"/> 03. Non-vertex presentation <input type="checkbox"/> 04. Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery <input type="checkbox"/> 05. Antibiotics received by the mother during labor <input type="checkbox"/> 06. Chorioamnionitis or maternal temperature $\geq$ 38 degrees C or 100.4 degrees F <input type="checkbox"/> 07. Moderate/heavy meconium staining of the amniotic fluid <input type="checkbox"/> 08. Fetal intolerance of labor was such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery <input type="checkbox"/> 09. Epidural or spinal anesthesia during labor <input type="checkbox"/> 00. None of the above			
Abnormal Conditions of the Newborn			Congenital Anomalies						
Was Infant Transferred within 24 hours Delivery? <input type="text"/> Specify Facility: <input type="text"/> Is Infant Living at Time of Report? <input type="text"/> Is Infant Being Breastfed at Discharge? <input type="text"/> Hepatitis B Immunization given: <input type="text"/>									

**This tab contains the following frames:**

- Characteristics of L&D
- Method of Delivery
- Maternal Morbidity
- Abnormal Conditions of the Newborn
- Congenital Anomalies

## Characteristics of Labor & Delivery

Check all that apply.

Induction of labor  
 Augmentation of labor  
 Non-vertex presentation

Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery

Antibiotics received by the mother during labor

Chorioamnionitis or maternal temperature  $\geq$  38 degrees C or 100.4 degrees F

Moderate/heavy meconium staining of the amniotic fluid

Fetal intolerance of labor was such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery

Epidural or spinal anesthesia during labor

None of the Above

## Medical 2 Tab – Method of Delivery Frame

Characteristics of L&D		Method of Delivery	Maternal Morbidity
<b>Child's Health Information</b>			
<b>Birth Weight -</b>			
Grams:	<input type="text"/>	Obstetric Estimate of Gestation (Weeks):	<input type="text"/>
Pounds, Ozs:	<input type="text"/>	Calculated Gestation (Weeks):	<input type="text"/>
<b>Apgar Score -</b>			
Child's Sex:	<input type="text"/>	at 5 minutes:	<input type="text"/>
		at 10 minutes:	<input type="text"/>
<b>Abnormal Conditions of the Newborn</b>		<b>Congenital Anomalies</b>	
Was Infant Transferred within 24 hours Delivery? <input type="text"/>			
Specify Facility: <input type="text"/>			
Is Infant Living at Time of Report? <input type="text"/>			
Is Infant Being Breastfed at Discharge? <input type="text"/>			
Hepatitis B Immunization given: <input type="text"/>			
<b>Method of Delivery:</b>			
A. Was delivery with forceps attempted but unsuccessful? <input type="text"/>			
B. Was delivery with vacuum extraction attempted but unsuccessful? <input type="text"/>			
C. Fetal presentation at birth: <input type="text"/>			
Other: <input type="text"/>			
D. Final route and method of delivery: <input type="text"/>			
If cesarean, was a trial of labor attempted? <input type="text"/>			

### Method of Delivery

#### Was delivery with forceps attempted but unsuccessful?

Select from the list.

#### Was the delivery with vacuum extraction attempted but unsuccessful?

Select from the list.

#### Fetal presentation at birth

Select from the list.

If 'Other' is selected, enter clarifying information in the field.

#### Final route and method of delivery

Select from the list.

#### If cesarean, was a trial of labor attempted?

This field will only enable if the answer to the previous question is 'Yes'.

Select from the list.

## Medical 2 Tab – Maternal Morbidity Frame

Medical 2

Characteristics of L&D	Method of Delivery	Maternal Morbidity	
<b>Child's Health Information</b> <b>Birth Weight -</b> Grams: <input type="text"/> Obstetric Estimate of Gestation (Weeks): <input type="text"/> Pounds, Ozs: <input type="text"/> Calculated Gestation (Weeks): <input type="text"/>		<b>Maternal Morbidity</b> (complications associated with labor and delivery) (Check All That Apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> 01. Maternal transfusion</li> <li><input type="checkbox"/> 02. Third or fourth degree perineal laceration</li> <li><input type="checkbox"/> 03. Ruptured uterus</li> <li><input type="checkbox"/> 04. Unplanned hysterectomy</li> <li><input type="checkbox"/> 05. Admission to intensive care unit</li> <li><input type="checkbox"/> 06. Unplanned operating room procedure following delivery</li> <li><input type="checkbox"/> 00. None of the above</li> </ul>	<b>Appar Score -</b> Child's Sex: <input type="text"/> at 5 minutes: <input type="text"/> at 10 minutes: <input type="text"/>
<b>Abnormal Conditions of the Newborn</b> <b>Congenital Anomalies</b>			Was Infant Transferred within 24 hours Delivery? <input type="text"/> Specify Facility: <input type="text"/> Is Infant Living at Time of Report? <input type="text"/> Is Infant Being Breastfed at Discharge? <input type="text"/> Hepatitis B Immunization given: <input type="text"/>

### Maternal Morbidity

Check all that apply.

Maternal transfusion

Third or fourth degree perineal laceration

Ruptured uterus

Unplanned hysterectomy

Admission to intensive care unit

Unplanned operating room procedure following delivery

None of the Above

# Medical 2 Tab – Abnormal Conditions of the Newborn Frame

Medical 2

Characteristics of L&D	Method of Delivery	Maternal Morbidity
<b>Child's Health Information</b> <b>Birth Weight -</b> Grams: <input style="width: 50px;" type="text"/> Obstetric Estimate of Gestation (Weeks): <input style="width: 50px;" type="text"/> Pounds, Ozs: <input style="width: 50px;" type="text"/> Calculated Gestation (Weeks): <input style="width: 50px;" type="text"/> <b>Apgar Score -</b> Child's Sex: <input style="width: 50px;" type="text"/> at 5 minutes: <input style="width: 50px;" type="text"/> at 10 minutes: <input style="width: 50px;" type="text"/>		
<b>Abnormal Conditions of the Newborn</b>		<b>Congenital Anomalies</b>
Was Infant Transferred within 24 hours Delivery? <input style="width: 50px;" type="text"/> Specify Facility: <input style="width: 100%; background-color: #ccccff;" type="text"/> Is Infant Living at Time of Report? <input style="width: 50px;" type="text"/> Is Infant Being Breastfed at Discharge? <input style="width: 50px;" type="text"/> Hepatitis B Immunization given: <input style="width: 50px;" type="text"/>		
<b>Abnormal Conditions of the Newborn (Check All That Apply)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 01. Assisted ventilation required immediately following delivery</li> <li><input type="checkbox"/> 02. Assisted ventilation required for more than six hours</li> <li><input type="checkbox"/> 03. NICU admission</li> <li><input type="checkbox"/> 04. Newborn given surfactant replacement therapy</li> <li><input type="checkbox"/> 05. Antibiotics received by the newborn for suspected neonatal sepsis</li> <li><input type="checkbox"/> 06. Seizure or serious neurologic dysfunction.</li> <li><input type="checkbox"/> 07. Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)</li> <li><input type="checkbox"/> 08. None of the above</li> </ul>		

## Abnormal Conditions of the Newborn

Check all that apply.

Assisted ventilation required immediately following delivery

Assisted ventilation required for more than six hours

NICU admission

Newborn given surfactant replacement therapy

Antibiotics received by the newborn for suspected neonatal sepsis

Seizure or serious neurologic dysfunction

Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)

None of the Above

# Medical 2 Tab – Congenital Anomalies Frame

Medical 2

Characteristics of L&D	Method of Delivery	Maternal Morbidity	
<b>Child's Health Information</b> <b>Birth Weight -</b> Grams: <input style="width: 50px;" type="text"/> Pounds, Ozs: <input style="width: 50px;" type="text"/> Obstetric Estimate of Gestation (Weeks): <input style="width: 50px;" type="text"/> Calculated Gestation (Weeks): <input style="width: 50px;" type="text"/> <b>Apgar Score -</b> Child's Sex: <input style="width: 50px;" type="text"/> at 5 minutes: <input style="width: 50px;" type="text"/> at 10 minutes: <input style="width: 50px;" type="text"/>			<b>Congenital Anomalies of the Newborn</b> <b>(Check All That Apply)</b> <input type="checkbox"/> 01. Anencephaly <input type="checkbox"/> 02. Meningomyelocele/Spina bifida <input type="checkbox"/> 03. Cyanotic congenital heart disease <input type="checkbox"/> 04. Congenital diaphragmatic hernia <input type="checkbox"/> 05. Omphalocele <input type="checkbox"/> 06. Gastroschisis <input type="checkbox"/> 07. Limb reduction defect (excluding congenital amputation and dwarfing syndromes) <input type="checkbox"/> 08. Cleft lip with or without Cleft palate <input type="checkbox"/> 09. Cleft palate alone <input type="checkbox"/> 10. Down syndrome Karyotype: <input style="width: 100px;" type="text"/> <input type="checkbox"/> 11. Suspected chromosomal disorder Karyotype: <input style="width: 100px;" type="text"/> <input type="checkbox"/> 12. Hypospadias <input type="checkbox"/> 00. None of the above
<b>Abnormal Conditions of the Newborn</b>		<b>Congenital Anomalies</b>	
Was Infant Transferred within 24 hours Delivery? <input style="width: 50px;" type="text"/> Specify Facility: <input style="width: 100px;" type="text"/> Is Infant Living at Time of Report? <input style="width: 50px;" type="text"/> Is Infant Being Breastfed at Discharge? <input style="width: 50px;" type="text"/> Hepatitis B Immunization given: <input style="width: 50px;" type="text"/>			

## Congenital Anomalies of the Newborn

Check all that apply

- Anencephaly
- Meningomyelocele/Spina bifida
- Cyanotic congenital heart disease
- Congenital diaphragmatic hernia
- Omphalocele
- Gastroschisis
- Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- Cleft lip with or without Cleft palate
- Cleft palate alone
- Down syndrome
  - Karyotype (select from pick-list)
- Suspected chromosomal disorder
  - Karyotype (select from pick-list)
- Hypospadias
- None of the Above

# Certifier

**Attendant (Registration)**

**Attendant/Certifier**

Attendant:  Is Certifier the Same as Attendant?

Type:  Certifier:

Address:  Type:

State:  Address:

City:  State:

Zip:  City:

License number:  Zip:

Date Certified:  License number:

Principal Source Of Payment For This Delivery:

Other (Specify):

Mother's Medicaid Name:  Infant Primary Care Physician:

Mother's Medicaid Number:  Was the Mother Transferred to this Facility for Delivery?

Infant's Medical Record Number:  Specify Facility:

## Attendant

Select an attendant from the list. If the attendant is not on the list, the attendant may be entered via “Add On the Fly” (AOF) process.

## Is Certifier Same as Attendant?

If ‘Yes’ is selected, the remaining fields will populate under Attendant Information.

## Certifier

Select a certifier from the list. If a certifier is not on the list, the certifier may be entered via “Add On the Fly” (AOF) process.

## Principal Source of Payment for this Delivery

Select the principal payment source from the list, or select ‘Other’ from the list and enter the source in the ‘Other (Specify)’ field.

## Mother’s Medicaid Name and Medicaid Number

Both fields are required for a Medicaid Number to be requested for the child and/or if the facility has requested to participate in the automated Medicaid Enrollment Program.

## Infant’s Medical Record Number

## Infant Primary Care Physician

## Was Mother Transferred to This Facility for Delivery?

Select ‘Yes’, ‘No’ or ‘Unknown’ from the list. If ‘Yes’ is selected, then select the facility from the ‘Specify Facility’ list. If the facility is not on the list, it may be entered via “Add On the Fly” (AOF) process.