

Instructions for Completing the Texas Birthing Center Data Report Form

Due to Rider 94 of the Texas Department of State Health Services Appropriation Bill (passed during the 83rd Regular Session of the Texas Legislature), birthing centers are required to submit this form for each year of the next biennium. This bill may be viewed online at http://www.lbb.state.tx.us/Appropriations_Bills/83/Conf_Bill.pdf

All Texas state-licensed birthing centers fall under this requirement. Birthing centers are defined by Section 244.002 of the Texas Health and Safety Code as “a place, facility, or institution at which a woman is scheduled to give birth following a normal, uncomplicated pregnancy, but does not include a hospital or the residence of the woman giving birth.”

This requirement is new and separate from regular submissions of vital records (e.g. birth certificates). Many questions are different from those on the birth certificate, so please follow the directions below.

This form must be submitted by the due date for each reporting period below:

Due no later than	Reporting Period
January 31, 2014	September 1, 2013 – December 31, 2013
June 30, 2014	January 1, 2014 – May 31, 2014
January 31, 2015	June 1, 2014 – December 31, 2014
June 30, 2015	January 1, 2015 – May 31, 2015

- You may submit your data by **one of** the following options:
 1. Complete the “fillable” PDF form. This form is located at <http://www.dshs.state.tx.us/chs/vstat/BirthingCenters.shtm>.
 - a. After completing the form, you can submit it by clicking on the “Submit” button on the bottom-right of the third page of the form. You should receive a popup box saying “Submission Successful: Thank you for completing the form.”
 - b. Be sure to save a copy of the PDF for your own records.
 - c. **If you submit multiple versions, only the last one submitted will be used.**
 2. Complete the provided spreadsheet in Excel format and sending it via email to vstat@dshs.state.tx.us
 3. To aid processing, please include “Birthing Center Report” in the subject line.
 - a. **If you email multiple versions, only the last one submitted will be used.**
 4. Send the enclosed report form by regular mail to:

**VSTAT, Birthing Center Reports
Center for Health Statistics
Department of State Health Services
PO Box 149347, MC 1898
Austin, TX 78714-9347**

General Instructions

- If possible, please submit the form via option 1 (Internet PDF Submission). Submissions by regular mail are discouraged due to the extra time and processing for mailed documents. If you choose to submit the form by mail, please type your responses or print legibly using permanent blue or black ink.
- Complete each item, following the specific instructions for that item (below). Do not leave blanks unless specifically authorized.
- Do not use correction fluid or make alterations, erasures, or strike-overs.
- Avoid abbreviations, except those recommended in the specific item instructions.
- Verify all names, phone numbers, emails, and data responses before submitting. Be especially careful with the facility name and Facility ID Number.
- Submit responses in items 1-12 data in whole, positive numbers only. No fractions or decimals are allowed.
- Responses must be provided to all questions.

These instructions and the form use the term “stillborn”. The Texas Health and Safety code definition for stillbirth/stillborn is “an unintended, intrauterine fetal death occurring in this state after a gestational age of not less than 20 completed weeks”. This means that, when counting stillborn, only those which were unintended fetal deaths and at least 20 weeks of gestation should be counted. Tex. Health & Safety Code 3 (Vital Statistics) § 192.0022(1).

<http://www.statutes.legis.state.tx.us/Docs/HS/pdf/HS.192.pdf>

If you have any questions on reporting with this form, please contact Dr. Marcia Becker at (512) 776-6438, or by e-mail at marcia.becker@dshs.state.tx.us

Item-by-Item Instructions

Facility Name

Enter the whole name of the birthing facility. Select the birthing facility name from the drop-down list or write in the name. Double-check the spelling of the facility.

ID Number

Enter the official state license number of the birthing facility. Select the birthing facility number from the drop-down list or write in the number. Double-check that the number is correct.

Reporting Contact Name, Phone, and Email

Enter the contact information for the person that correspondence should be directed to. This is the person we should contact if we have any questions.

Reporting Period

Select the reporting period for these data. Please select only one and provide numbers only for that reporting period. Note that the reporting periods are not identical.

****Note: All of questions 1-12 refer to the birthing center. They do not refer to the home or other locations.****

1. Number of women who gave birth at the birthing center

Enter the total number of women who gave birth in the center during the entire reporting period. Include all births, whether live or stillborn. If a woman gave birth to twins, triplets, etc., that woman is still counted as 1. If none, enter 0.

2. Number of live births at this birthing center

Enter the total number of live births in the center during the entire reporting period. Count live births only. For example, single births count as 1, twins as 2, and triplets as 3. If none, enter 0.

3. Number of births of stillborn infants at the birthing center

Enter the total number of stillborn in the center during the entire reporting period. Count stillborn only. If none, enter 0.

4. Number of women transferred by the birthing center to another facility for birth or postpartum complications

Enter the total number of women that were transferred to any other facility during the entire reporting period due to complications during or after birth. If none, enter 0.

5. Number of infants transferred by the birthing center to another facility for complications

Enter the total number of infants that were transferred to any other facility during the entire reporting period due to complications during or after birth. If none, enter 0.

6. Number of women with multiple gestations who received treatment at the birthing center

For this report, treatment means any kind of care provided at the birthing center, including prenatal care and delivery.

There are three boxes for this question, one for women with twins, one for women with triplets, and one for women carrying 4 or more. For each box, enter the total number of women with multiple gestations that delivered, received prenatal care, or both at the birthing center during the entire reporting period. Enter numbers only for confirmed multiple gestations. If none, enter 0.

What do I do if a woman received treatment in two reporting periods?

In this case, use the following table to determine how you will report.

Reporting Periods Receiving Treatment	When to Report
September 2013 – December 2013 & January 2014 – May 2014	Report that woman <u>only</u> in the September 2013 – December 2013 period.
January 2014 – May 2014 & June 2014 – December 2014	Report that woman <u>in both</u> reporting periods.
June 2014 – December 2014 & January 2015 – May 2015	Report that woman <u>only</u> in the June 2014 – December 2014 reporting period.

7. Number of vaginal breech deliveries at the birthing center

Enter the total number of vaginal breech deliveries that occurred at the birthing center during the entire reporting period. Include both live and stillborn vaginal breech deliveries. If none, enter 0.

8. Number of births at the birthing center by women who had a previous uterine surgery, including a cesarean delivery

Enter the total number of births during the entire reporting period that occurred by women that, at any point, had a previous uterine surgery or cesarean delivery. Count the total number of births (i.e. twins count as 2). Include both live and stillborn deliveries. Enter numbers only for confirmed previous uterine surgeries or cesarean deliveries. If none, enter 0.

9. Gestational age of infants at delivery at the birthing center (number of births in each weekly group)

Enter the total number of births by amount of weeks of gestation that occurred during the entire reporting period. Include both live and stillborn deliveries. If unsure of the exact week, use the best estimate. If no births occurred at that many weeks of gestation, enter 0.

For example, during one reporting period a center had 45 births at 40 weeks gestation, 3 births estimated at 40 weeks gestation, and 1 birth at 30 weeks gestation. In this case, the center should enter 48 under “40 weeks” and 1 under “30 weeks”.

If you have any questions on reporting this item, please contact Dr. Marcia Becker at (512) 776-6438, or by e-mail at marcia.becker@dshs.state.tx.us. You can also send your comments or concerns via email to vstat@dshs.state.tx.us

10. Number of infants with APGAR score of less than three at five minutes after delivery at the birthing center

Enter the total number of infants, during the entire reporting period, that received an APGAR score of 2 or less when tested at five minutes after delivery. If none, enter 0.

11. Number of women and infants admitted to a hospital not later than the 72nd hour after delivery at the birthing center

Enter the total number of women and the total number of infants that were admitted to a hospital within 72 hours of delivery. Enter the number of women admitted under the box labeled “Women” (include women with both live and stillborn births) and the number of infants admitted under the box labeled “Infants”. Only count individuals that were actually admitted to the hospital. If none, enter 0.

12. Number of women and infants who visited an emergency room not later than the 72nd hour after delivery at the birthing center

Enter the total number of women and the total number of infants that went to an emergency room within 72 hours of delivery. Enter the number of women admitted under the box labeled “Women” (include women with both live and stillborn births) and the number of infants admitted under the box labeled “Infants”. Only count individuals that actually visited an emergency room. If none, enter 0.

Remember to submit the report by the due date, and remember to save a copy for your own records!

Last updated: September 05, 2013