

Complete only one original Certificate of Birth (VS-111 or VS-111.1) and file the certificate with the local registrar. Use the current forms prescribed by the State Registrar and the Texas Department of Health. All entries should be completed, in blue or black ink, by the same printer or typewriter whenever possible. Typewritten additions to computer generated certificates can appear as alterations and cause future complications to the individuals presenting copies of their certificates. We discourage handwritten certificates; if no alternative is available, the certificate must be printed legibly in durable blue or black ink. Signatures must be written in durable blue or black ink. [HSC §191.025(d)]

Hospitals using Certificate Manager may apply for approval to file the “short form” birth certificate, VS-111.1 (See Appendix B). This certificate consists of only the upper portion of the birth certificate, through item 21. The medical and health information, items 22 through 38, are reported electronically to the Bureau of Vital Statistics. The following requirements must be met for hospitals to use the “short form”:

- < the facility must use Certificate Manager software provided by TDH;
- < the facility must obtain all information required by the long certificate, VS-111; and
- < the facility must electronically transmit the complete birth certificate information to TDH no later than the seventh calendar day after the date of birth. [TAC §181.13(c)]

For further information about Certificate Manager or to apply for approval to use the “short form” certificate, contact the BVS Records Receiving Program at (512) 458-7368.

Upper Legal Portion of the Birth Certificate

The upper portion of the Certificate of Birth contains information required for identification of the individual and a description of where and when the birth occurred. This is the “legal” portion of the certificate. Avoid abbreviations except those recommended in the specific item instructions. Verify with the informant the spellings of names that may have more than one correct spelling (for example: Smith or Smyth, Gail or Gayle, Wolfe or Wolf).

Avoid corrections in the upper legal portion of the birth certificate whenever possible. When the certificate is reproduced for certification and the finished document appears altered, the individual may encounter serious problems when presenting his or her birth certificate.

Confidential Information

Information in the section entitled “Confidential Information for Medical and Public Health Use” is confidential and not considered “open” for the purpose of the open records law. That information may not be released or made public on subpoena or otherwise, except that release may be made for statistical purpose only, so that no person, patient, or facility is identified.

Warning: A person commits an offense, a Class A misdemeanor, if the person knowingly discloses the medical or health information, or knowingly induces or causes another to disclose information.

Item-by-Item Instructions

▪ This symbol indicates information which needs special attention.

Note: This format indicates general information detailing the purpose for certain items.

1. Child's Name

First Name: Enter the infant's first name. If the parents have not **selected** a given name for the infant, enter "Infant." Do not enter the last name of the mother as the child's first name. Do not leave this item blank.

Middle Name: Enter the infant's middle name, and any names other than First and Last. If there is no middle name, leave this item blank; do not enter NMI, NMN, etc.

Last Name: Enter the infant's last name. The child's last name does not have to be the same as either parent. Also enter any suffixes following the last name.

- No numerical names, obscenities, or non-alphabetic characters are permitted. Parents may name the infant any name they desire as long as it will fit in the space provided on the certificate. The entry may be "double-decked" if necessary. The parent(s) do not have to give the child their surname; for instance John Jones and Mary Brown, husband and wife, may name their child Tommy Green, Jr. A mother may give her child a supposed father's name without his name appearing on the birth certificate as the father. A last name may be hyphenated, as in Jones-Brown.

2. Date of Birth

Enter the exact month, day, and year that the infant was born. You may use a number or abbreviation to designate the month, e.g., 01-30-96 or Jan. 30, 1996.

- Pay particular attention to the entry of the month, day, or year when the birth occurs around midnight or on December 31. Consider a birth at midnight to have occurred at the end of the day rather than at the beginning of the next day.
- If a baby is found in this state, enter the word "found" and the date as the date of birth.

3. Sex

Enter Male or Female. Do not abbreviate or use other symbols.

- If sex and name are inconsistent, verify both entries. If sex cannot be determined after verification with medical records, mother of child, or other sources, enter "Unknown."

Note: This item aids in identification of the infant. It is also used for measuring sex differentials in health-related characteristics and for making population estimates and projections.

4. Place of Birth

County [4a]: Enter the name of the county in which the birth occurred.

- See Appendix H for a listing of Texas counties.

City or Town [4b]: Enter the city in which the infant was born. If outside the city limits, enter the Justice of the Peace precinct number. Spell out the word "Precinct"; do not abbreviate.

- If the mother is en route to the hospital and the child is born in a moving vehicle, item 4b on the birth record should be completed to show the name of the city or town in which the facility of destination is located. "En route" should be shown in item 7b followed by the name of the facility of destination.
- For a birth occurring in international airspace or international waters on a flight or voyage that ends in Texas, complete a Texas birth certificate, but enter the actual place of birth insofar as it can be determined. For a birth occurring at sea or in flight, item 7a should be marked "Other" and show "At Sea" or "In Flight." Item 7b should show the name of the vessel or aircraft e.g., SS Everett Hill (at sea) or "Global Airlines Flight 263" (in flight), along with the latitude and longitude where the birth occurred. Item 4a should show the

county where the infant was first removed from the vessel or aircraft. Item 4b should show the city where the infant was first removed. It is important that the left hand margin of the certificate contain some citation of the page and volume number of the ship's log.

- If a baby is found in this state and the place of birth is unknown, a Texas birth certificate should be completed. The place where the baby was found should be considered the place of birth.

5. Time of Birth

Enter the exact time (hour and minute) the child was born according to local time. If daylight saving time was the official prevailing time when the birth occurred, it should be used to record the time of birth. Be sure to indicate whether the time of birth is A.M. or P.M. One minute after 12 noon is entered as "12:01pm", and one minute after midnight is entered as "12:01am." Births occurring at midnight should be recorded as "12:00am," (or "12 mid" in Certificate Manager), and births occurring at noon should be recorded as "12:00pm" (or "12 noon" in Certificate Manager).

- In cases of plural births, the exact time that each infant was delivered should be recorded as the hour and minute of birth for that infant.

Note: This item documents the exact time of birth for various legal uses, such as the order of birth in plural deliveries. When the birth occurs around midnight, the exact hour and minute may affect the date of birth. For births occurring at the end of the year, the hour and minute affect not only the day but the year of birth, a factor in establishing dependency for income tax purposes.

6. Plurality—Birth Order

Number Born [6a]: Specify the birth as single, twin, triplet, quadruplet, etc.

Sequence [6b]: Specify the order in which the infant being reported was born: first, second, etc.

- When a plural delivery occurs, prepare and file a separate certificate for each infant born alive. File certificates relating to the same plural delivery at the same time. However, if holding the completed certificates while waiting for incomplete ones would result in late filing, the completed certificates should be filed first.

Note: These items are related to other items on the certificate (for example, period of gestation and birth weight) that have important health implications. This information is also used to study multiple deliveries and high risk infants who may require additional medical attention.

7. Place Of Birth

Place of Birth [7a]: Check the place where the birth occurred. Delivery in places of business or public places are examples of "Other."

- A birthing center located in and operated by a hospital is considered part of the hospital and births in such a center should be reported as occurring in the hospital. Licensed birthing centers include those facilities that are operated independently from hospitals (autonomously). The "Clinic/Doctor's Office" category includes other non-hospital outpatient facilities where births occasionally occur.

Note: This item identifies home births, births in licensed birthing centers, and births in non-hospital clinics or physician's offices. Such information permits analysis of the number and characteristics of births by type of facility and is helpful in determining the level of utilization and characteristics of births occurring in such facilities.

Name of Hospital [7b]: Enter the full name of the hospital in which the birth occurred. It is very important to be consistent in entering the hospital name; there should be no variations.

- If the mother is en route to the hospital when the child is born, “En route” should be shown in item 7b followed by the name of the facility of destination. Item 4b on the birth record should be completed to show the name of the city or town in which the facility of destination is located.
- If the birth occurred at home, enter the house number and street name of the place where the birth occurred. If the birth occurred at some place other than those described above, enter the number and street name of the location.

Note: The hospital name is used for follow-up and query programs by the Texas Bureau of Vital Statistics and is of historical value to the parents and child.

8. Attendant Information

Attendant’s Name and Mailing Address [8a]: Type or print the full name and address of the person who delivered the baby (that is, the person who was with the mother when the baby emerged from the birth canal—regardless of who cut the umbilical cord). Enter the street and number, city or town, state and zip code.

- ER physicians are considered to be the attending physician when an infant is delivered en route to the facility if no other attendant can be identified or located for signature.
- In the case of a foundling, the ER physician, the Chief of Staff Services, the Hospital Administrator or, as a last resort, the case Social Worker may be shown on the record as attendant. The record should be completed in so far as is possible. The word “Found” should be entered in item 2, along with the date. A single line may be drawn through the word “attendant.”
- If the mother was alone when the baby was born, she should be listed as the attendant and can sign as the certifier. However, she must file the birth certificate as a non-institutional birth and present the documents required for such a filing. See page 67 for instructions on filing a certificate for a non-institutional birth.
- No record may be accepted for filing without the attendant’s name and address being shown in item 8a.

Note: The mailing address is used for inquiries to correct or complete items on the record and for follow-back studies to obtain additional information about the birth.

Kind of Attendant [8b]: Mark the appropriate box to identify his or her title: M.D. (Doctor of Medicine), D.O. (Doctor of Osteopathy), C.N.M. (Certified Nurse Midwife), Midwife (Documented Midwife), or Other. If “Other” is marked, enter the title of the attendant to the right of the “Other (Specify)” box. Examples of “Other” are father, mother, grandmother, aunt, paramedic, Emergency Medical Technician, policeman.

9. Certifier Information

Certifier’s Signature and Date Signed [9a]: Obtain the signature of the individual accepting the responsibility of certifying that the infant was “born alive at the place and time and on the date as stated” on the certificate. The certifier may be either the attending physician, the hospital administrator, or the administrator’s designee. Rubber stamps or other facsimile signatures are not permitted. Signatures must be written in durable blue or black ink. [HSC §191.025(d)]

Kind of Certifier [9b]: Mark the appropriate box to identify his or her classification: Attendant, Facility Administrator/Designee, Other. If “Other” is marked, enter the kind of certifier to the right of the “Other (Specify)” box. An example of “Other” would be a social worker in the case of a foundling.

10. Mother's Name

First Name: Enter the mother's first name.

Middle Name: Enter the mother's middle name. If there is no middle name, leave this item blank; do not enter NMI, NMN, etc.

Maiden Surname: Enter the mother's last name as given at birth or adoption, not a name acquired by marriage.

Note: The mother's maiden surname is important because it remains constant throughout her life, in contrast to other names, which may change because of marriage or divorce. This is also the basic link to the child's maternal lineage.

11. Date of Birth

Enter the exact month, day and year that the mother was born. Use numbers or abbreviations, e.g., MM-DD-YY. If unknown, enter "Unknown"; if exact day is not known, enter the month and year only, e.g., March 1969 or 03/69.

12. Birthplace

Enter the mother's place of birth. If the mother was born in the United States, enter the name of the state; if the mother was born in a foreign country or a U.S. territory, enter the name of the country or territory.

- If no information is available regarding place of birth, enter "Unknown" in this item.
- If the mother was born in the United States or a U.S. Territory, but the exact state or territory is unknown, enter "United States."
- If the mother was born in a foreign country but the country is unknown, enter "Foreign."
- See Appendix I for a listing of states and commonly entered countries.

Note: This item provides information on recent immigrant groups, such as Asian and Pacific Islanders, and is used for tracing family histories. It is also used to compare the childbearing characteristics of women who were born in the United States with those of foreign-born women.

13. Mother's Residence

- The mother's residence is the place where her household is located. This is not necessarily the same as her home state, voting residence, mailing address, or legal residence. The state, county, city and street address should be for the place where the mother actually lives. Never enter a temporary residence, such as one used during a visit, business trip or vacation. Residence for a short time at the home of a relative, friend, or home for unwed mothers for the purpose of awaiting the birth of the child is considered temporary and should not be entered here. However, place of residence during a tour of military duty or during attendance at a college is not considered temporary and should be entered on the certificate as the mother's place of residence.

Residence—State [13a]: Enter the state in which the mother lives. This may differ from the state for her mailing address. If the mother is not a U.S. resident, enter the name of the country.

- See Appendix I for a listing of states and commonly entered countries.

County [13b]: Enter the name of the county in which the mother lives.

- See Appendix H for a listing of Texas counties.

City or Town [13c]: Enter the city or town in which the mother resides. Do not enter the word “Rural” if outside city limits; enter only the city name.

Street Address or Rural Location [13d]: Enter the number and street name of the mother’s residence, Rural Route number, or description that will aid in identifying the location.

Inside City Limits [13e]: Mark “Yes” if the city in item 13c is incorporated and the mother’s residence is inside its boundaries. Otherwise, mark “No.”

Note: Statistics on births are tabulated by place of residence of the mother. This makes it possible to compute birth rates based on the population residing in that area. Data on births by place of residence of the mother are used to prepare population estimates and projections. These data are used in planning for and evaluating community services and facilities, including maternal and child health programs, schools, etc. Private businesses and industries also use these data for estimating demands for services. Inside City Limits is used to properly assign residence to either the city or the remainder of the county.

14. Mailing Address

Enter the mother’s mailing address only if it is different from her street address. Enter the entire address, including the city, state, and zip code. If the mailing address is the same as the residence address, enter only the zip code.

- It is important to distinguish between the mother’s mailing address and her residence address. Because each serves a different purpose, they are not substitutes for one another.

Note: This information is used to mail the social security card and approved public health information/reminders to the mother.

15. Father’s Name

- If the mother is married at the time of birth (or was married and the marriage ended not more than 300 days before the birth), the husband or former husband of the mother is presumed to be the father of the child. [TFC §151.002(a)(1)] If the husband or former husband actually *is* the father of the child, his information can be added to the birth certificate, and no signatures or Acknowledgment of Paternity are required.

If the parents state that they are married by common law, BVS *will* accept the birth certificate without an AOP as long as Item 19a “Mother Married?” is checked “Yes.” However, the Office of the Attorney General recommends that an AOP be signed in cases involving common-law marriage because of the difficulty of proving a common-law marriage if it is ever challenged. To avoid confusion in this situation, please mail the AOP directly to BVS rather than attaching it to the birth certificate. The address is Bureau of Vital Statistics, 1100 West 49th Street, Austin, TX 78756.

- When the parents are not married, or the mother is married to someone other than the father (or was married and the marriage ended within 300 days before the birth of the child), paternity may be voluntarily established by using a witnessed Acknowledgment of Paternity, Form VS-159.1 (AOP). If the form is properly completed and attached to the birth certificate, the father’s information can be included on the birth certificate.
- If a man believes he is the father and the mother does not agree, he may file a Notice of Intent to Claim Paternity VS-130 before or within 30 days from the date of the child’s birth (see page 16). It will not legally establish paternity or allow him to be named on the birth certificate, but it allows him to assert that he believes he is the father and wishes to preserve

his rights as a parent.

If you have a question about whether to add the father's name to the birth certificate, or when and how to complete the AOP, see the section of this handbook on "Paternity," which begins on page 10, or see the *Handbook on Paternity*.

First Name: Enter the father's first name.

Middle Name: Enter the father's middle name. If there is no middle name leave this item blank; do not enter NMI, NMN, etc.

Last Name: Enter the father's last name. Enter any suffixes following the last name.

Note: This item is used for identification and as documentary evidence of parentage.

16. Date of Birth

Enter the exact month, day, and year that the father was born. Use numbers or abbreviations, e.g., MM-DD-YY. If unknown, enter "Unknown"; if exact day is not known, enter the month and year only, e.g., March 1960 or 03/60.

17. Birthplace

Enter the father's place of birth. If the father was born in the United States, enter the name of the state. If the father was born in a foreign country or a U.S. territory, enter the name of the country or territory.

- If no information is available regarding place of birth, enter "Unknown" in this item.
- If the father was born in the United States or a U.S. Territory, but the exact state or territory is unknown, enter "United States."
- If the father was born in a foreign country, but the country is unknown, enter "Foreign."
- See Appendix I for a listing of states and commonly entered countries.

Note: This item provides information on recent immigrant groups, such as Asian and Pacific Islanders, and is used for tracing family histories.

18. Registrar Information

Registrar's File Number [18a]: The local registrar will enter the appropriate file number. The number will consist of the registrar's unique two-digit number and the sequential file number, separated by dashes or spaces. The year may also be used if desired, and must be shown after the file number and preceded by a dash or space. The local registrar shall consecutively number certificates in separate series, beginning with the number "1" for the first birth certificate in each calendar year. For example, a registrar assigned the number "02" would enter the following number for the first birth certificate completed each year: "02-1" or "02 1." The use of leading zeros in the file number section is also permitted, e.g., "02-001" or "02 001." If the registrar wishes to use the year in the file number, it would read: "02-001-98" or "02 001 98."

Date Received by Local Registrar [18b]: The local registrar will enter the date that the certificate is received in his or her office.

Note: This item documents whether the certificate meets the statutory requirement of being filed with the local registrar less than one year from the date of birth. [HSC §192.021(a)]

Signature of Local Registrar [18c]: The local registrar for the registration district in which the event occurred will sign the certificate when it is accepted and filed. The signature may be either

handwritten or stamped in durable blue or black ink. If the certificate is signed by a deputy registrar, the registrar’s name (typed, or printed) should be followed by the deputy’s signature and title: “Registrar’s name—by (deputy’s signature), Deputy Registrar.” The registrar’s stamped signature is preferred in lieu of the deputy’s signature.

Confidential Information for Medical and Public Health Use

- Section 192.002 of the Texas Health and Safety Code states that the information and records held under the section entitled “For Medical and Public Health Use Only” are confidential and are not considered open records for the purpose of the open records law. That information may not be released or made public on subpoena or otherwise, except for approved statistical purposes where no person, patient, or facility is identified.
- A person commits an offense, a Class A misdemeanor, if the person knowingly discloses the medical or health information, or knowingly induces or causes another to disclose information.

19a. Mother Married

If the mother is married at the time of this birth, mark “Yes”; mark “No” if she is not.

- Common law marriage is a legal marriage in Texas. If the parents state they are married by virtue of common law, as long as they are not married to another party and they both are at least 18 years of age, then the person completing the birth certificate should not question the validity of the marriage.
- A woman is legally married even if she is separated. However, a person is no longer legally married when the divorce is granted by a judge.

Note: This information is used to monitor the differences in health and fertility between married and unmarried women.

19b. Include in Immunization Registry

Check “Yes” if the mother agrees to include the child’s name in the Immunization Registry. If she does not agree, check “No.”

Note: ImmTrac is the Statewide Immunization Tracking System for Texas. The Texas Department of Health uses it to store and print records of immunizations for children to age 21 and to generate a variety of reports, including when children are due for their next immunizations or when to send out reminders for shots that are overdue. When a vaccine-preventable disease (such as measles) breaks out, ImmTrac will be used to locate children that may be at risk for infection.

19c. Issue Social Security Number for Baby

Mark the “Yes” box if the parent wants a Social Security number issued for the baby; mark “No” if the parent does not.

- At least one parent must sign in block 20a or 20b and must check “Yes” for a social security number. If the “Yes” block is not checked or the child does not have a name, no social security number will be issued by the Social Security Administration through the birth registration process.

It will take approximately two weeks from the time of electronic transmission for the parent to receive the social security card from the Social Security Administration.

19d–19e. Social Security Numbers

Social Security Number of Mother [19d]: Enter the mother’s social security number.

Social Security Number of Father [19e]: Enter the father’s social security number.

- A parent may refuse to give his or her social security number, but it is strongly recommended it be obtained if possible. In some instances one or both may not have social security numbers. Should they refuse to provide their number, or not have a number, leave this field blank; do not enter “unknown.”

20. Signatures

Signature of Mother [20a]: The mother should sign the certificate in the space provided. By her signature, the mother is attesting to the facts as stated on the Certificate of Birth.

Signature of Father—*I affirm that I am the father and consent to be named on the birth certificate.* [20b]: The father should sign the certificate in the space provided. By his signature, the father is admitting and claiming paternity for the child, whether or not the couple is married, and attesting to the facts as stated on the Certificate of Birth.

- Please read the section entitled “Paternity” in this handbook (see page 9) to be sure that the requirements for including the father’s information and signature on the birth certificate are met.
- Signatures must be written in durable blue or black ink. [HSC §191.025(d)]
- If a mother is unmarried and the man claiming to be the father is not available for signing the birth certificate or Acknowledgment of Paternity, leave all items for the father’s information blank. A father’s refusal or inability to sign the certificate does not void his paternal responsibilities.

21. Father’s Mailing Address

If the father’s mailing address is the same as the mother’s mailing address, type “Same.” If his address is different from the mother’s, enter the father’s complete mailing address, including city, state, and zip code.

Note: A rebuttable presumption of paternity can be established by the father’s signing the birth certificate. The Office of the Attorney General needs locator addresses for some of these cases. Having the father’s signature and mailing address on the birth certificate eliminates the need for the Acknowledgment of Paternity form.

22. Race

Race of Mother [22a]: Enter the race of the mother as obtained from the parents or other informant. For Asians and Pacific Islanders, enter the national origin of the mother, such as Chinese, Japanese, Korean, Filipino, Samoan, Vietnamese, or Hawaiian.

Race of Father [22b]: Enter the race of the father as obtained from the parents or other informant. For Asians and Pacific Islanders, enter the national origin of the father, such as Chinese, Japanese, Korean, Filipino, Samoan, Vietnamese, or Hawaiian.

- See Appendix F for a list of commonly entered race/nationality/ethnic group names.

Note: Information on race/ethnicity is essential in producing data for various populations. It is used to study cultural variations in access to health care and pregnancy outcomes (infant mortality and birth weight). Race/ethnicity is an important variable in planning for and evaluating the effectiveness of health programs and in preparing population estimates.

23. Hispanic Origin

Is Mother of Hispanic Origin [23a]: Mark “Yes” or “No” to indicate whether the mother is of Hispanic origin.

Specify: Enter the country(ies) of Hispanic origin. If the mother indicates that she is of multiple Hispanic origins, enter the origins as reported, separated by commas (for example, Mexican, Puerto Rican).

Is Father of Hispanic Origin [23b]: Mark “Yes” or “No” to indicate whether the father is of Hispanic origin.

Specify: Enter the country(ies) of Hispanic origin. If the father indicates that he is of multiple Hispanic origins, enter the origins as reported, separated by commas (for example, Mexican, Puerto Rican).

- See Appendix G for a listing of commonly entered Hispanic origins.
- This item is not a part of the Race item; a person of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked and treated as an independent item.

Note: Hispanics comprise the second largest ethnic minority in this country. This item provides data to measure differences in fertility and pregnancy outcome as well as variations in health care for people of Hispanic and non-Hispanic origin. Without collection of data on persons of Hispanic origin, it is impossible to obtain valid demographic and health information on this important group of Americans.

24. Education

Mother’s Education [24a]: Enter the total number of years of education completed. If education is unknown, enter “Unknown.” For no education, enter “None.”

Father’s Education [24b]: Enter the total number of years of education completed. If education is unknown, enter “Unknown.” For no education, enter “None.”

- A person who enrolls in college but does not complete one full year should not be identified with any college education in this item.
- Do not include beauty, barber, trade, business, technical, pre-kindergarten, kindergarten, or other special schools when determining highest grade completed.
- Zero (0) indicates no regular schooling; 1–12 indicates years of elementary/secondary school completed; 13–16 represent 1–4 years of college; and 17+ indicates graduate education beyond a bachelor’s degree.

Note: Education is correlated with fertility and birth outcome, and is used as an indicator of socioeconomic status. This item is also used to measure the effect of education and socioeconomic status on health, childbearing, and infant mortality.

25. Occupation/Industry

Mother’s Occupation [25a]: Enter the mother’s occupation during most of her working life (e.g., homemaker, student, teacher, clerk, programmer, attorney, realtor, artist, nurse, etc.). If occupation is unknown, enter “Unknown.” For no occupation, enter “None.”

- Many women specify “housewife” because they stopped working after pregnancy began or shortly before birth. Ask them if they were working any time in the last two years. Do not use “self-employed.”

Father's Occupation [25b]: Enter the father's occupation during most of his working life (e.g., homemaker, student, teacher, clerk, programmer, attorney, realtor, artist, nurse, etc.). If occupation is unknown, enter "Unknown." For no occupation, enter "None." Do not use "self-employed."

Mother's Type of Business [25c]: Enter the kind of business or industry related to the occupation in item 25a (e.g., ranching, retail, consulting, education, farming, government, manufacturing, etc.). If the kind of business is unknown, enter "Unknown." For no kind of business, enter "None."

Father's Type of Business [25d]: Enter the kind of business or industry related to the occupation in item 25b (e.g., ranching, retail, consulting, education, farming, government, manufacturing, etc.). If the kind of business is unknown, enter "Unknown." For no kind of business, enter "None."

26. Pregnancy History

Live Births Now Living [26a]: Enter the number of children born alive to this mother who are still living; do not include this child. If this child is the mother's first, or if all previous live-born children have died, mark "None."

Live Births Now Dead [26b]: Enter the number of children born alive to this mother who are no longer living; do not include this child. If this child is the mother's first, mark "None."

Date of Last Live Birth [26c]: Enter the date of the last live birth for this mother in MM/YYYY form (month and year). If the answers to both items 26a and 26b are "None," leave this item blank.

- If this certificate is for the second birth of a twin set, enter the date of birth for the first baby of the set, if it was born alive. Similarly for triplets or other multiple births, enter the date of birth of the previous live birth of the set. If all previously born members of a multiple set were born dead, enter the date of the mother's last delivery that resulted in live birth.

Other Pregnancies [26d]: Enter the number of pregnancies that did not result in a live birth, regardless of the length of gestation; include ectopic pregnancy, miscarriage, stillbirth, and spontaneous or induced abortion. Mark "None" if this is the first pregnancy for this mother or if all previous pregnancies have resulted in live births.

Date Last Other Pregnancy Ended [26e]: Enter the ending date of the last pregnancy that did not result in a live birth, in MM/YYYY form (month and year). If the answer to 26d is "None," leave this item blank. If the answer to 26d is other than "None," but the date is unknown, enter "Unknown."

- If this certificate is for the second birth of a twin set and the first was born dead, enter the delivery date of that fetus. Similarly, for other multiple births, if any previous member of the set was born dead, enter the delivery date of that fetus.

Note: These items are used to determine total birth and live birth order, which are important in studying trends in childbearing and child spacing. They are also useful in studying health problems associated with birth order (for example, first births to older women) and determining the relationship of birth order to infant and perinatal mortality.

27. Source of Prenatal Care

Mark the appropriate box(es) to indicate all sources of prenatal care during this pregnancy. If the "Other" box is marked, enter the other source of prenatal care.

28. Mother's Medicaid Number

Enter the mother's Medicaid number, if known. The number contains nine digits.

29. Hepatitis B Immunization Given

Answer by marking either "Yes" or "No."

Note: Hepatitis B vaccine is now given to most newborns while still at the hospital. This

information will be provided to the Immunization Division for inclusion in a new immunization tracking system, provided that the parents give consent.

30. Birth Weight

Enter the infant's birth weight, in either grams or pounds and ounces. Do not convert from one measure to the other. Weight in grams should be entered to the left of the printed "G." Weight in pounds and ounces should be entered to the left of the printed "LB" and "OZ." Do not enter fractions. Round fractional ounces to the nearest ounce; round fractional grams to the nearest gram.

Note: This is the single most important characteristic associated with infant mortality. It is also related to prenatal care, socioeconomic status, marital status, and other factors surrounding the birth. Consequently, it is used with other information to plan for and evaluate the effectiveness of health care.

31. Date Last Normal Menses Began

Enter the date of the mother's last normal menstrual period in MM/DD/YYYY form (month/day/year). If the day is unknown, enter only the month and year. If the entire date is unknown, enter "Unknown."

Note: This item, in conjunction with the date of birth, is used to determine length of gestation. A record with a plausible date that the Last Normal Menses Began provides a cross-check with length of gestation based on ultrasound or other techniques.

32. Clinical Estimate of Gestation

Enter the length of gestation (in weeks) as estimated by the attendant or institution. If the attendant has not performed a clinical estimate of gestation, enter "Unknown." Do not leave this item blank.

33. Prenatal Care Began During ...

Enter the month of this pregnancy in which the mother first received care from a physician or other health professional, or attended a prenatal clinic. Enter the response in the form "first," "second," etc. If the month is unknown, enter "Unknown." If no prenatal care was received enter "None."

▪ The month of pregnancy in which prenatal care began is measured from the date last normal menses began and not from the date of conception.

34. Number of Prenatal Visits

Enter the number of visits made to a health care provider for supervision of the pregnancy. If the answer to item 33 is "None," enter "0" in this item. If the number of visits is unknown, enter "Unknown."

Note: This information is used to determine the relationship of prenatal care to the health of the child at birth. The number of women receiving delayed care or no care is of considerable interest to public health officials because inadequate care may be harmful to both the mother and fetus.

35. HIV Testing

HIV Test Done Prenatally [35a]: If the mother was tested for HIV during this pregnancy, mark "Yes"; if she was not tested during this pregnancy, mark "No."

HIV Test Done at Delivery [35b]: If the mother was tested for HIV at the time of delivery, mark "Yes"; if she was not tested at the time of delivery, mark "No."

▪ Texas Law requires that pregnant women be tested for HIV at their first prenatal visit and/or at delivery. The woman must first be verbally informed of the test and of her right to refuse

testing. If she consents to the test, a physician, or other person permitted by law to attend a pregnant woman during gestation or delivery, is required to submit a sample to an approved lab for HIV testing.

36. Serologic Test Done at Delivery

If the mother was tested for syphilis at the time of delivery, mark “Yes”; if she was not tested at the time of delivery, mark “No.”

37. Mother/Infant Transferred

Mother Transferred Prior to Delivery [37a]: Mark “No” if this is the first facility the mother was admitted to for delivery. Mark “Yes” if the mother was transferred from one facility to another facility before the child was delivered.

Specify Facility: Enter the name of the facility from which the mother was transferred.

- If the mother was transferred during labor from the care of a documented midwife, answer “Yes” and enter the word “Midwife,” followed by the midwife’s name.
- If the mother was transferred more than once, enter the name of the last facility from which she was transferred.

Infant Transferred After Delivery [37b]: Mark “No” if the infant was not transferred. Mark “Yes” if the infant was transferred from this facility to another facility after delivery.

Specify Facility: Enter the name of the facility to which the infant was transferred.

Note: Transfer information is important in identifying high-risk deliveries and following up on maternal and infant deaths.

37c. Hospital Use

Enter “1” if this infant is known to be up for adoption. Enter “2” if this infant was born alive but is now deceased. If neither applies, enter “3.” Do not leave this item blank.

- When an adoption is contemplated, do not mark the record “for adoption” or “adoption.” No distinguishing marks or notes relating to the adoption should ever be put on an original birth record. A birth record must be filed even though you have reason to believe the infant is to be adopted. Do not put any of the prospective adoptive parents’ information on the record of birth, unless a court order is presented at the time of birth. It is a felony of the third degree to show any mother or father on the certificate other than the actual birth parent(s), or any other information not directly related to the natural parent(s) without a court order. It is very important to complete the record as accurately as possible, without any indication of an adoption. In about half or more of the cases, the adoption does not take place for one reason or another.

Note: Specifically identifying newborns that are being given up for adoption or that die soon after birth will enable us to eliminate these cases from follow-up initiatives and data sharing requirements such as immunization tracking, the school age mothers program of the Texas Education Agency, and the paternity program with the Attorney General’s office.

Medical Information—Check Boxes [38a–38g]

- The following medical and health items are in check box format. This format produces higher quality and more complete information than open-ended items. Please review each check box listed and carefully select the appropriate response(s). A response must be indicated on all items. The lists for medical risk factors, complications of labor and/or delivery, and abnormal conditions of the newborn are taken from the Hollister Maternal/Newborn Record System, a data collection instrument that is widely used in

obstetric offices.

- Please pay special attention to insuring that the response checks appear in the proper box and that all written responses on the “other (specify)” lines are printed legibly.
- We have included the *Recommended Standard Medical Definitions for the U.S. Standard Certificate of Live Birth, 1989 Revision*. These definitions are incorporated into the completion instructions and should be used in completing the check box information.

38a. Medical Risk Factors for This Pregnancy

Mark each of the medical risk factors that the mother experienced during this pregnancy. If the mother experienced medical risk factors not identified in the list—for example, other infectious diseases—mark “Other” and enter the risk factor on the “Specify” line. Medical risk factors should be identified from the hospital or physician record. If there were no medical risk factors, mark “None”; if the factors are unknown, mark “Unknown.”

1. **Anemia: (Hct. Less than 30 or Hgb. Less than 10):** A symptom of some underlying disease (e.g., iron deficiency, chronic blood loss, sickle cell anemia) which manifests itself by weakness, ease of fatigue, and drowsiness. It is clinically defined as a hemoglobin level of less than 10.0 g/dl during pregnancy or a hematocrit of less than 30 percent during pregnancy. ICD-9 codes 280–281.9, 283.0–285.9
2. **Cardiac Disease:** Mother has diagnosis of a disease of the heart, such as rheumatic heart disease, congenital heart disease, cyanotic heart disease, coronary thrombosis, bacterial endocarditis, cardiomyopathy, mitral valve prolapse, cardiovascular complications from Marfan syndrome, coarctation of the aorta, or kyphoscoliotic heart disease during this pregnancy. ICD-9 codes 648.5–648.6, 390–398.9, 404, 410–429.9

Synonyms to be included in this item:

Angina	Aortic/Mitral stenosis	Atrial/ventricular fibrillation
Arrhythmia		Cardiomegaly
Cardiomyopathy		Congenital heart disease (mother)
Cardiovascular disease		Cor pulmonale
Congestive heart failure (CHF)		Mitral valve prolapse (MVP)
Endocarditis		Myocarditis
Myocardial infarction (MI)		Rheumatic heart disease
Pericarditis		Valvular disease
Tachycardia		

3. **Acute or Chronic Lung Disease:** Mother has diagnosis of a disease of the lungs during this pregnancy. Acute is a short and sharp course of lung disease like pneumonia, acute bronchitis. Chronic is of long duration, denoting a disease of slow progress and long continuance, like tuberculosis; cystic fibrosis; chronic bronchitis, chronic obstructive bronchitis, pulmonary edema, chronic obstructive emphysema, persistent asthma, chronic asthmatic bronchitis (these six make up chronic obstructive pulmonary disease). ICD-9 codes 010.0–011.9, 162.0–163.9, 480–487, 490–496, 500–519.9

Synonyms to be included in this item:

Asthma	Atelectasis	
Bronchiectasis	Bronchiolitis	
Bronchitis		Chronic obstructive pulmonary disease (COPD)
Emphysema		Pulmonary fibrosis
Pneumonia		
Tuberculosis		

4. **Diabetes:** Mother has diagnosis of type 1, juvenile onset diabetes; type 2, adult onset diabetes; or gestational diabetes mellitus during this pregnancy. Do not include family history of diabetes. Also note that juvenile diabetes can occur at any age. ICD-9 codes 250.0–250.9, 648.0, 648.8, 790.2

5. **Hydramnios/Oligohydramnios:** Any noticeable excess or lack of amniotic fluid.

Hydramnios or Polyhydramnios: An excessive volume of amniotic fluid, somewhat arbitrarily defined as greater than 2,000 ml. Diagnosis is usually based on clinical impression or sonographic estimation. Hydramnios sufficient to cause clinical symptoms (usually >3,000 ml.) occurs in about 1 in 1,000 pregnancies, excluding multi fetal pregnancies. Hydramnios is associated with central nervous system, gastrointestinal tract and other birth defects. Also, the incidence is increased by diabetes, hydropic variety of erythroblastosis and multi fetal pregnancies. ICD-9 code 657

Oligohydramnios: Volume of amniotic fluid falls or is far below normal, sometimes only a few ml. of viscid fluid. Cause is not understood. It is often observed with post-term births. Risk of cord compression and, in turn, fetal distress is increased. Oligohydramnios is almost always evident when there is either obstruction of the fetal urinary tract or renal agenesis. Fetal pulmonary hypoplasia is very common with oligohydramnios. ICD-9 code 658.0

6. **Hemoglobinopathy:** A hematologic disorder caused by alteration in the genetically determined molecular structure of hemoglobin, which results in a characteristic complex of clinical and laboratory abnormalities and often, but not always, overt anemia. Most common sickle cell hemoglobinopathies are sickle cell anemia, sickle cell-hemoglobin C disease and sickle cell-B-thalassemia disease. Other hemoglobinopathies are hemoglobin E and C disease. HbE is found mostly in Southeast Asians and Black populations whereas HbC and HbS-C are mostly observed in the Black population. Thalassemia is particularly common in persons of Mediterranean, African and Southeast Asian ancestry. Maternal morbidity and mortality, abortion, and perinatal mortality are appreciably but not uniformly increased with all of these diseases. ICD-9 codes 282.0–282.9

7. **Hypertension, Chronic:** Blood pressure persistently greater than 140/90, diagnosed prior to the onset of the pregnancy or before the 20th week of gestation. ICD-9 codes 642.0–642.3, 401.0–405.9

8. **Hypertension, Pregnancy-associated:** An increase in blood pressure of at least 30 mm Hg systolic or 15 mm Hg diastolic on two measurements taken six hours apart after the 20th week of gestation. The development of hypertension plus proteinuria or edema that is generalized and overt with onset rarely earlier than the 20th week of gestation. The blood pressure is 140/90 or greater, or there has been an increase of 30 mm Hg systolic or 15 mm Hg diastolic over baseline values on at least two occasions six or more hours apart. It is almost exclusively a disease of the nulliparous woman. Factors associated with the disease are: extremes of reproductive age; multi fetal pregnancy; fetal hydrops; vascular disease, including essential chronic hypertension and diabetes mellitus; coexisting renal disease; pre-eclampsia; and toxemia. ICD-9 codes 642.4–642.5, 642.7–642.9

9. **Eclampsia:** The occurrence of convulsions and/or coma unrelated to other cerebral conditions in women with signs and symptoms of pre-eclampsia. Occurs in neglected or, less often, fulminant cases of pregnancy-induced hypertension. Seizures are of grand mal type and may first appear before labor, during labor, or up to 48 hours postpartum. ICD-9 code 642.6

Synonym to be included in this item:

Toxemia with seizures

10. **Incompetent Cervix:** Characterized by painless dilation of the cervix in the second trimester or early in the third trimester of pregnancy, with prolapse of membranes through the cervix and ballooning of the membranes into the vagina, followed by rupture of the membranes and subsequent expulsion of a fetus. ICD-9 code 654.5
- Synonyms to be included in this item:
- | | |
|-------------------------------|-------------------|
| Cerclage | McDonald cerclage |
| Shirodkar suture or procedure | |
11. **Previous Infant 4000+ Grams:** The birth weight of a previous live-born child was over 4,000 grams (8 pounds, 13 ounces).
12. **Previous Preterm Infant:** Previous birth of an infant prior to term, usually considered earlier than 37 completed weeks of gestation. Do not include fetal deaths.
- Previous Small for Gestational Age Infant:** Previous birth of an infant weighing less than the tenth percentile for gestational age using a standard weight for age chart. Check this item only for live births.
13. **Preterm Labor:** Onset of labor prior to 37 completed weeks of gestation, may have occurred at a time remote from delivery and have been abated or arrested.
14. **Renal Disease:** Mother has diagnosis of a kidney disease, such as, acute or chronic pyelonephritis, glomerulonephritis, nephrosis, acute tubular necrosis, renal cortical necrosis, obstructive renal failure, diabetic nephropathy or polycystic kidney disease during this pregnancy. This is one of the most frequent medical complications of pregnancy. ICD-9 codes 580.0–589.9, 590.0–593.2, 646.2, 753.0, 753.1, 753.3
- Synonyms to be included in this item:
- | | |
|--------------------|----------------|
| Glomerulonephritis | Hydronephrosis |
| Kidney Stone | Nephritis |
| Nephropathy | Nephrosis |
| Pyelonephritis | Renal Failure |
15. **Blood Group Isoimmunization:** The process or state of becoming sensitized to a specific blood group. An example is Rh isoimmunization in which an Rh negative woman has been exposed to Rh positive blood and produces antibodies to the Rh positive blood. During subsequent pregnancies this antibody could damage her fetus if it were Rh positive. ICD-9 codes 656.1, 656.2
- Synonyms to be included in this item:
- | | |
|----------------------|--------------------|
| Kell isoimmunization | Rh antibodies |
| Rh incompatibility | Rh isoimmunization |
- Do not include preventative measures such as the use of Rhogam.
16. **Preterm Rupture of Membranes (<37 Weeks):** Rupture of membranes with loss of amniotic fluid prior to 37 weeks gestation.
17. **Sexually Transmitted Disease/Venereal Disease:** Mother has diagnosis of syphilis, gonorrhea, genital herpes, HIV infection, or other sexually transmitted disease. ICD-9 codes 042–044, 054.1, 090–099

18. **Zidovudine Administered During Pregnancy: Mother has a diagnosis of HIV infection and has received oral Zidovudine during her pregnancy to reduce the risk of prenatal HIV transmission to her child.**

Synonyms to be included in this item:

Azidothymidine AZT
Retrovir

ZDV

19. **None: Indicates that no medical risk factors were present during this pregnancy.**
20. **Other (Specify): Other medical risk factors experienced by the mother that may cause or contribute to complications of this pregnancy. Examples are cocaine use during pregnancy, rubella, early onset of delivery and mental disorder. Any ICD code 630–696.9 not included in the above definitions.**

Do not include conditions or circumstances which are listed or provided for in other sections of the certificate.

Do not list the following conditions in item 19:

Advanced maternal age	Heart or lung complications
No/Late prenatal care	resulting from anesthesia,
Number of weeks gestation	surgery or drugs used in
Post due date	this delivery
Prematurity/Immaturity	Previous C-section
Previous fetal death	Previous Infant-Low gestational age
Teenage mother	Twins
	Walk-In

21. **Unknown: Indicates that the medical risk factors for this pregnancy are unknown.**

38b. Other Risk Factors for This Pregnancy

Section 38b of the certificate asks for information regarding tobacco, alcohol, and weight gained during pregnancy. Mark a response to each question or statement.

Tobacco Use During Pregnancy: Mark “No” if the mother did not smoke during the entire pregnancy. If “Yes” is marked, specify the average number of cigarettes the mother smoked per day during her pregnancy. If, on the average, she smoked one or less than one cigarette per day, enter “1.” (“1” stands for 1 or less than one.)

Alcohol Use During Pregnancy: Mark “Yes” for alcohol use if the mother consumed alcoholic beverages at any time during her pregnancy; specify the average number of drinks she consumed per week. Mark “No” if the mother did not consume any alcoholic beverages during the entire pregnancy. One drink is equivalent to 5 ounces of wine, 12 ounces of beer, or 1 ½ ounces of distilled liquor. If, on the average, she consumed less than one drink per week, enter “1.” (“1” stands for 1 or less than one.)

Note: Smoking and drinking during pregnancy may have an adverse impact on pregnancy outcome. This information is used to evaluate the relationship between certain lifestyle factors and pregnancy outcome and to determine at what levels these factors clearly begin to affect pregnancy outcome.

Weight Gained During Pregnancy: Enter the amount of weight in pounds gained by the mother during the pregnancy. Do not enter her weight at the end of the pregnancy. If the amount of weight gained is unknown, enter “Unknown.” If the mother did not gain weight, or if she lost weight during her pregnancy, enter 0 (zero). Do not leave this item blank.

38c. Obstetric Procedures

Mark each type of procedure that was used during this pregnancy. More than one procedure may be entered. If a procedure that was used is not identified in the list, mark “Other” and enter the procedure on the “Specify” line. If no procedures were used, mark “None.” Do not leave this item blank. Do not enter “not stated,” “unknown,” “not applicable,” etc., on the “Specify” line for “Other”; it is reserved for other obstetric procedures and should not be used for missing information. This information should be obtained from the mother’s medical chart or the physician.

1. **Amniocentesis:** Surgical transabdominal perforation of the uterus to obtain amniotic fluid to be used in the detection of genetic disorders, fetal abnormalities (especially neural tube defects), and fetal lung maturity.
2. **Electronic Fetal Monitoring:** Monitoring with external devices applied to the maternal abdomen to detect and record fetal heart tones and uterine contractions. External fetal monitoring can also be used as a non-stress test (NST) or as a contraction stress test (CST), sometimes called the oxytocin challenge test (OCT). In these tests, fetal heart rate is recorded and compared to fetal movement (NST), or to contractions induced by oxytocin (OCT) or those occurring spontaneously. These tests are frequently used to monitor problem pregnancies. Internal leads may also be placed, with an electrode attached to the fetal scalp and a catheter through the cervix into the uterus to measure amniotic fluid pressure.

Synonyms to be included in this item:

Fetal scalp electrode (FSE)

Internal pressure monitor

Intrauterine pressure catheter (IUPC)

3. **Induction of Labor:** The initiation of uterine contractions, before the spontaneous onset of labor, by medical and/or surgical means for the purpose of initiating labor and delivery.

Synonyms to be included in this item:

Amniotomy/AROM—if labor not
yet begun

Pitocin

Prostaglandin

Prostin gel

4. **Augmentation of Labor:** Augmentation of previously established labor by use of oxytocin or amniotomy.

Synonyms to be included in this item:

Amniotomy/AROM—if labor is stalled

Augmentation

5. **Tocolysis:** Use of medications to inhibit preterm uterine contractions to extend the length of pregnancy and therefore avoid a preterm birth. Bed rest and tocolytic agents [e.g., magnesium sulfate, B-Adrenergic receptor stimulants (ritodrine, terbutaline, fenoterol)] are used to attempt to arrest labor. Delivery is considered more advantageous than pharmacologic intervention if the pregnancy is beyond the 32nd week.
6. **Ultrasound:** Visualization of the fetus and the placenta by means of sound waves. Its primary usages are to date the fetus; detect sudden changes in fetal growth; detect multi fetal pregnancies; detect certain fetal abnormalities and complications of pregnancy (e.g., placenta previa).

Synonyms to be included in this item:

Sonogram

7. **None:** Indicates that no obstetric procedures were used during this pregnancy/labor.
8. **Other (Specify):** Examples are x-rays and chorionic villus sampling (CVS).

Do not include conditions or circumstances which are listed or provided for in other sections of the certificate.

Note: Information on obstetric procedures is used to measure the use of advanced medical technology during pregnancy and labor, and to investigate the relationship of these procedures to type of delivery and pregnancy outcome.

38d. Complications of Labor and/or Delivery

Check all that apply. Mark each medical complication present during labor and/or delivery. If a complication was present that is not identified in the list, mark "Other" and enter the complication on the "Specify" line. If there were no complications, mark "None." Do not leave this item blank. Do not enter "not stated," "unknown," "not applicable," etc., on the "Specify" line for "Other"; it is reserved for other obstetric procedures and should not be used for missing information. This information should be obtained from the mother's medical chart or the physician.

1. **Febrile (More than 100 Degrees F. or 38 Degrees C.):** A fever greater than 100EF or 38EC occurring during labor and/or delivery. ICD-9 code 659.2
2. **Meconium, Moderate/Heavy:** Moderate to heavy amounts of meconium in the amniotic fluid noted during labor and/or delivery.
3. **Premature Rupture of Membrane (More than 12 Hours):** Rupture of the membrane at any time during pregnancy and greater than 12 hours before the onset of labor. Preterm premature rupture of the membrane is an important cause of perinatal morbidity and mortality. ICD-9 code 658.1
4. **Abruptio Placenta:** Premature separation of a normally implanted placenta from the uterus. Hemorrhage may be external (pass through the cervix) or concealed (retained behind the placenta). The condition is associated with poor perinatal outcome. ICD-9 code 641.2
5. **Placenta Previa:** Implantation of the placenta over or near the internal os (opening) of the cervix. The placenta may cover the internal os completely (total previa) or partially (partial previa) or it may encroach on the internal os (low implantation or marginal previa). The most characteristic event in placenta previa is painless hemorrhage, which usually does not appear until near the end of the second trimester or later. It frequently cannot be distinguished from abruptio placenta by clinical findings. Best way to differentiate is by ultrasound. ICD-9 codes 641.0, 641.1
6. **Other Excessive Bleeding:** The loss of a significant amount of blood from conditions other than abruptio placenta or placenta previa. There are many other causes of hemorrhage during labor and/or delivery (e.g., trauma, uterine atony, small maternal blood volume, coagulation defects). ICD-9 codes 641.3–641.9
7. **Seizures During Labor:** Seizures occurring during labor because of epilepsy, encephalitis, meningitis, cerebral tumor, acute porphyria, ruptured cerebral aneurysm, hysteria, eclampsia, or any other etiology. ICD-9 code 669.1
8. **Precipitous Labor (Less than 3 Hours):** Extremely rapid labor and delivery lasting less than 3 hours. ICD-9 code 661.3
9. **Prolonged Labor (More than 20 Hours):** Abnormally slow progress of labor (greater than 20 hours) because of weak or non-coordinated uterine forces, inadequate forces generated by the voluntary muscles, faulty presentation or abnormal development of the fetus and/or

abnormalities of the birth canal. ICD-9 code 662

10. **Dysfunctional Labor:** Same as dystocia (literally difficult labor). ICD-9 codes 661.0–661.2, 661.4–661.9

Synonyms to be included in this item:

Arrest of dilation	Arrest/non-progression of labor
Atony of uterus	Desultory labor
Hypertonic/incoordinate/ prolonged contractions	Irregular labor
Transverse arrest	Prolonged active/latent phase
Uterine inertia	Uninducible cervix

11. **Breech/Malpresentation:** At birth, the presentation of the fetal buttocks rather than the head. There are several varieties of breech presentation: frank breech, complete breech, and single or double footling presentation. ICD-9 codes 652.1, 652.2–669.6

Malpresentations other than breech (e.g., face, brow, shoulder, compound). ICD-9 codes 652.3–652.9, 660.4

Synonyms to be included in this item:

Face/brow presentation	Footling
Oblique presentation	Persistent occiput posterior
Prolapsed arm	Transverse lie
Unstable lie	

12. **Cephalopelvic Disproportion:** A condition in which the relationship of the size, presentation and position of the fetal head to the maternal pelvis prevents dilation of the cervix and/or descent of the fetal head. ICD-9 codes 653.0–653.9

Synonyms to be included in this item:

Abnormality of pelvis	Contracted pelvis
CPD	Fetal abnormality causing disproportion
Fetopelvic disproportion	

13. **Cord Prolapse:** Premature expulsion of the umbilical cord in labor before the fetus is delivered. Unless prompt delivery is accomplished, fetal death results from compression of the cord between presenting part and the margin of the pelvic inlet. ICD-9 code 663.0

14. **None:** Indicates that there were no events of labor and/or delivery present during this birth.

15. **Other (Specify):** Conditions included in ICD-9 codes 660.0–669.9 that are not listed above.

Do not include conditions or circumstances which are listed or provided for in other sections of the certificate.

Do not list the following conditions in item 15:

Post due date	Post-term
Pre-eclampsia	Premature/preterm labor
Previous C-section	Twins

38e. Method of Delivery

Mark the method of delivery of the child. One of the methods in Check boxes 1 through 4 must be selected; in addition, if one or both of the techniques in boxes 5 and 6 were also used, mark that appropriate box as well. Do not leave this item blank. This information should be obtained from the mother's medical chart or the physician.

Note: This information is used to relate method of delivery with birth outcome, to monitor changing trends in obstetric practice and to determine which groups of women are most likely to have cesarean delivery. Information in this item can be used to monitor delivery trends in Texas and across the United States.

38f. Abnormal Conditions of the Newborn

Mark each abnormal condition associated with the newborn infant. If more than one abnormal condition exists, mark each condition. If an abnormal condition is present that is not identified in the list, mark "Other" and enter the condition on the "Specify" line. Do not leave this item blank. Do not enter "not stated," "unknown," "not applicable," etc., in the Entry Box for "Other"; it is reserved for other abnormal conditions and should not be used for missing information. This information should be obtained from the infant's physician or the medical records (obstetric and pediatric).

1. **Anemia (Hct. Less than 39/Hgb. Less than 13):** A symptom of some underlying disease (e.g., iron deficiency, chronic blood loss, sickle cell anemia) which manifests itself by weakness, ease of fatigue, and drowsiness. It is clinically defined as a hemoglobin level of less than 13.0 g/dl or a hematocrit of less than 39 percent. ICD-9 codes 773.2, 773.0–773.5

2. **Fetal Alcohol Syndrome:** A syndrome of altered prenatal growth and morphogenesis occurring in infants born of women who consumed excessive amounts of alcohol during pregnancy.

The minimal criteria for diagnosis of FAS are:

1) Growth retardation (below the 10th percentile);

2) Characteristic facial anomalies (at least two of three):

a) microcephaly (below 3rd percentile)

b) microphthalmia or short palpebral fissures

c) underdeveloped philtrum, thin upper lip and maxillary hypoplasia; and

3) Central nervous system dysfunction (neurological abnormality, mental deficiency, developmental delay). ICD-9 codes 760.7

3. **Hyaline Membrane Disease/RDS:** Condition of newborn marked by dyspnea with cyanosis, heralded by such prodromal signs as dilation of the alae nasi, expiratory grunt, and retraction of the suprasternal notch or costal margins. Check this item only if x-ray findings include at least two of the following: granularity, air bronchograms, hypoaeration with poor lung expansion, or clinical treatment of 40 percent or more oxygen requirement. A disorder primarily of prematurity, manifested clinically by respiratory distress and pathologically by pulmonary hyaline membranes and incomplete expansion of the lungs at birth. RDS is also more likely to develop in infants of diabetic mothers. ICD-9 code 769

Synonym to be included in this item:

Respiratory distress syndrome

4. **Meconium Aspiration Syndrome:** Aspiration of meconium by the fetus or newborn, which may result in atelectasis, emphysema, or pneumonia. Check only if the meconium affected

the lower respiratory system. Complete bronchial obstruction results in incomplete expansion of the lungs, while partial blockage leads to hyperinflation of the lungs and pulmonary air leaks. Do not check this item if the meconium was successfully managed at the time of delivery so that no meconium entered the lower airway (trachea). ICD-9 code 770.1

5. **Assisted Ventilation (Less than 30 Minutes):** A mechanical method of assisting respiration for newborns with a respiratory failure. In this case, the ventilation assistance lasts for less than 30 minutes.

Synonym to be included in this item:

Intubated with O₂ less than 30 minutes

6. **Assisted Ventilation (30 Minutes or More):** Newborn placed on assisted ventilation for 30 minutes or longer.

Synonym to be included in this item:

Intubated with O₂ 30 minutes or more

7. **Seizures:** A seizure of any etiology. Frequent and serious neonatal problem, usually focal, migratory clonic jerks of extremities, alternating hemiseizures, or primitive subcortical seizures. A sudden, brief attack of altered consciousness, motor activity, sensory phenomena, or inappropriate behavior. ICD-9 code 779.0

8. **Sepsis:** A systemic infection diagnosed in the newborn. ICD-9 code 771.8

9. **UABG pH < 7.2:** Umbilical arterial pH at birth of less than 7.2

10. **None:** Indicates no abnormal conditions of the newborn in this delivery.

11. **Other (Specify):** Ex: Neonatal group B strep infection, hemangioma, drug addiction of newborn, congenital infection or congenital neoplasm.

Do not include conditions or circumstances which are listed or provided for in other sections of the certificate.

Do not include these conditions in question 38f:

Cord with knot	Ecchymosis	
Heart murmur		Hip click
Hypoglycemia	Multiple Birth	
Transient tachypnea		Weak cry

Note: Information on abnormal conditions of the newborn helps measure the extent infants experience medical problems and can be used to plan for their health care needs. This item also provides a source of information on abnormal outcome in addition to congenital anomalies or infant death. These data allow researchers to estimate the number of high-risk infants who may benefit from special medical services.

38g. Congenital Anomalies of Child

Mark each anomaly of the child. Do not include birth injuries. The checklist of anomalies is grouped according to major body systems. If an anomaly is present that is not identified in the list, mark "Other" and enter the anomaly on the "Specify" line. Note that each group of system-related anomalies includes an "Other" category for anomalies related to that particular system. If an

anomaly is not listed and does not belong to a specific system, enter the description of the anomaly in “Other (Specify)” at the bottom of the list. If there are no congenital anomalies of the child, mark “None.” Do not leave this item blank. Do not enter “not stated,” “unknown,” “not applicable,” etc., on the “Specify” line for “Other”; it is reserved for other anomalies and should not be used for missing information. This information should be obtained from the mother’s and infant’s physician or the medical records (obstetric and pediatric).

1. **Anencephalus: Absence of the cerebral hemispheres. Varying portions of the brain stem and spinal cord may be missing or malformed. These infants either are stillborn or die within a few days. ICD-9 codes 740–740.2**

Synonyms to be included in this item:

Acrania	Amyelencephalus	Anencephaly
Anencephalic		Hemicephaly
Hemianencephaly		

2. **Spina Bifida/Meningocele: Developmental anomaly characterized by defective closure of the bony encasement of the spinal cord, through which the cord and meninges may or may not protrude. Spina bifida is a defective closure of the vertebral column. In spina bifida cystica, the protruding sac can contain meninges (meningocele), spinal cord (myelocele), or both (myelomeningocele). ICD-9 codes 741–741.9**

Synonyms to be included in this item:

Meningomyelocele	Hydromeningocele
Myelocystocele Myelocele	
Syringomyelocele	Rachischisis

3. **Hydrocephalus: Excessive accumulation of cerebrospinal fluid within the ventricles of the brain with consequent enlargement of the cranium. Associated defects are common, with spina bifida occurring in about one-third of the cases. ICD-9 code 742.3**

4. **Microcephalus: A significantly small head usually associated with DeLanges’s syndrome, rubella, toxoplasmosis, cytomegalic inclusion disease, cebocephaly, and various chromosomal abnormalities. ICD-9 code 742.1**

Synonyms to be included in this item:

Hydromicrocephaly	Microncephalon
Microcephaly	

5. **Other Central Nervous System Anomalies (Specify): Other anomalies of the central nervous system such as encephalocele, reduction deformities of the brain, and other specified anomalies of brain, spinal cord, and nervous system. ICD-9 codes 742.0, 742.2, 742.4–742.9**

Do not include conditions or circumstances which are listed or provided for in other sections of the certificate.

6. **Heart Malformations: Congenital anomalies of the heart such as transposition of great vessels, tetralogy of Fallot, ventricular septal defect, endocardial cushion defects, anomalies of pulmonary valve, tricuspid atresia and stenosis, stenosis and insufficiency of aortic valve. All conditions having ICD-9 codes 745–746.**

Synonyms to be included in this item:

Atresia/insufficiency/ stenosis of pulmonary valve	Atrial septal defect Common atrium/AV canal/ truncus/ventricle
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Cor Biloculare	Dextrocardia	
Ebstein's anomaly		Ectopia cordis
Hypoplastic left heart syndrome		Malposition of heart
Pericardial defect		Septal defect
Single ventricle	Taussig-Bing syndrome	
Uhls disease		

7. **Other Circulatory/Respiratory Anomalies (Specify):** Such as patent ductus arteriosus, coarction of the aorta, etc.

Respiratory Anomalies (Specify): Anomalies of the respiratory systems such as, choanal atresia, congenital cystic lung and agenesis, hypoplasia and dysplasia of lung. ICD-9 codes 747–748

Do not include conditions or circumstances which are listed or provided for in other sections of the certificate.

8. **Rectal Atresia/Stenosis:** Congenital absence, closure or narrowing of the rectum. ICD-9 code 751.2 (Also includes atresia and stenosis of large intestine and anal canal.

Synonyms to be included in this item:

Imperforate anus/rectum
Stricture of anus/rectum

9. **Tracheo-esophageal Fistula/Esophageal Atresia:** An abnormal passage between the trachea and the esophagus. Esophageal atresia is the congenital absence or closure of the esophagus. ICD-9 code is 750.3 which also includes stenosis of the esophagus.

Synonyms to be included in this item:

Absent esophagus	Congenital fistula—
Imperforate esophagus	esophagobronchial/
Stricture of esophagus	esophago-tracheal
Webbed esophagus	

10. **Omphalocele/Gastroschisis:** An omphalocele is a protrusion of variable amounts of abdominal viscera from a midline defect at the base of the umbilicus. The herniation is covered by a thin membrane and may be small, including only a few loops of bowel, or may contain most of the abdominal viscera, including all of the intestines, the stomach and the liver. ICD-9 code is 553.1 and also includes umbilical hernia and parumbilical hernia. In gastroschisis, the abdominal viscera protrude through an abdominal wall defect, usually on the right side of the umbilical cord insertion. There is no membranous covering and the intestines have large amounts of fluid and appear shortened from being bathed in amniotic fluid containing fetal urine. ICD-9 code 756.7

11. **Other Gastrointestinal Anomalies (Specify):** Other congenital anomalies of the gastrointestinal system such as Meckel's diverticulum, atresia, and stenosis of small intestine. ICD-9 codes 750.5–750.9, 751.0–751.1, 751.3–751.5, 751.8–751.9

Do not include conditions or circumstances which are listed or provided for in other sections of the certificate.

12. **Malformed Genitalia:** Congenital anomalies of the reproductive organs such as of the ovaries, fallopian tubes, uterus, cervix, vagina, undescended testicle, hypospadias (male), epispadias, indeterminate sex, and pseudohermaphroditism. ICD-9 codes 752.0–752.9

Synonyms to be included in this item:

Absence of penis/prostate/ spermatic cord	Anaspadias
Anomaly of cervix/clitoris/ uterus/vagina/vulva	Anomaly of ovary/fallopian tubes/broad ligaments
Bicornate uterus	Aplasia of prostate/round ligament/testicle
Cryptorchism	Curvature of penis
Double uterus	Ectopic testis
Fusion of testes Hermaphroditism	
Hypospadias/epispadias	Imperforate hymen
Monorchism	Ovotestis
Paraspadias	Pseudohermaphroditism

13. **Renal Agenesis:** One or both kidneys are completely absent because of failure to develop. ICD-9 code is 753.0 which also includes renal dysgenesis which is a defective development of the kidney or kidneys.

Synonyms to be included in this item:

Absence of kidney	Atrophy of kidney
Hypoplasia of kidney	

14. **Other Urogenital Anomalies (Specify):** Other congenital anomalies of the organs concerned in the production and excretion of urine, together with organs of reproduction. Other anomalies of the urinary system could be hypospadias (female), cystic kidney disease, obstructive defects of renal pelvis and ureter, exstrophy of urinary bladder, atresia and stenosis of urethra, and bladder neck. ICD-9 codes 753.1–753.9

Do not include conditions or circumstances which are listed or provided for in other sections of the certificate.

15. **Cleft Lip/Palate:** Cleft lip is a fissure or elongated opening of the lip due to a failure to fuse during the embryonic development. It is also called a harelip. Cleft palate is a fissure in the roof of the mouth due to a failure of the soft or soft and bony palate to unite during embryonic development. ICD-9 codes 749.0–749.2

Synonyms to be included in this item:

Cheiloschisis	Cleft uvula
Harelip	Labium leporinum
Palate fissure	Palatoschisis

16. **Polydactyly/Syndactyly:** Polydactyly is the presence of more than five digits on either hands and/or feet (ICD-9 code 755.0). Syndactyly is fused or webbed fingers and/or toes (ICD-9 code 755.1).

Synonyms to be included in this item:

Accessory fingers/toes	Fusion of fingers/toes
Supernumerary digits	Symphalangy
Webbed fingers/toes	

17. **Limb Reduction(s):** Absence, complete or partial, of upper or lower limb(s). ICD-9 codes 755.2–755.3

Synonyms to be included in this item:

Absence of fingers/toes	Adactyly
Ameli	Congenital shortening of arm or leg
Ectromelia	Phocomelia
Hemimelia	
Rudimentary arm	

18. **Club Foot: Talipes equinovarus, arcuatus, calcaneus, cavus, percuavus, valgus, varus, and/or other deformities of the foot, which is twisted out of shape or position. ICD-9 codes 754.5–754.7**
19. **Diaphragmatic Hernia: Herniation of the abdominal contents through the diaphragm into the thoracic cavity usually resulting in respiratory distress. ICD-9 code is 756.6, which also includes other anomalies of the diaphragm.**
20. **Other Musculoskeletal/Integumental Anomalies: Other congenital anomalies of the muscles, skeleton or the enveloping membrane of the body (skin). Examples of musculoskeletal anomalies are congenital dislocation of hip, anomalies of shoulder girdle, pelvic girdle, skull and face bone, spine, chondrodystrophy, osteodystrophies, and specified anomalies of muscle, tendon, fascia, and connective tissue. ICD-9 codes 754.0–754.6, 754.8, 755.2–756.9. Some congenital anomalies of the integument are hereditary edema of legs, ichthyosis congenital, vascular hamartomas, specified and unspecified anomalies of hair, nails and breasts, or a large (prominent) hemangioma. ICD-9 codes 757.0–757.9**

Do not include conditions or circumstances which are listed or provided for in other sections of the certificate.

21. **Down's Syndrome: Mongolism, Translocation Down Syndrome, Trisomy 21 or 22, G. The most common chromosomal defect with most cases resulting from an extra chromosome (trisomy 21). ICD-9 code 758.0**

Synonyms to be included in this item:

Mongolism	Trisomy 21
Trisomy G	Trisomy 22

22. **Other Chromosomal Anomalies (Specify): All other chromosomal aberrations, for example, Patau's syndrome, Trisomy 13-15, Trisomy 16-18, Edward's syndrome, autosomal deletion syndromes, Cri-du-chat syndrome, autosomal translocation, XO syndrome, Klinefelter's syndrome, 109 syndrome. ICD-9 codes 758.1–758.9**

Do not include conditions or circumstances which are listed or provided for in other sections of the certificate.

23. **None Noted at Birth: Indicates no congenital anomalies were identified by the time of the birth certificate completion.**
24. **Other (Specify): Other congenital anomalies not mentioned above. This includes the following anomalies:**

anomalies of the eye	743.0–743.9
anomalies of the ear, face, neck	744.0–744.9
other—upper alimentary tract	750.1, 750.2, 750.4–750.6, 750.8, 750.9
other—digestive system	751.0, 751.3, 751.6, 751.9

Do not include conditions or circumstances which are listed or provided for in other sections of the certificate. Do not use this as a general comment section. This is for “other congenital anomalies” only.

Do not include these conditions in item 24:

Ankyloglossia	Birth Injury	
Congenital hemangioma		Congenital neoplasm
Fetal Demise		Heart murmur
Hip click		Hydrocele
Infant Expired	Premature birth	
Preterm Infant	Respiratory distress	
Skin tags		Small for Gestational Age
Tongue Tie		

Note: Information on congenital anomalies is used to identify health problems that require medical care and to monitor the incidence of the stated conditions. It is also used to study unusual clusters of selected anomalies, to track trends among different segments of the population, and to relate the prevalence of anomalies to other characteristics of the mother, infant, and the environment.
