PENNSYLVANIA'S GUIDANCE ON REPORTING LIVE BIRTHS FOR NEWBORNS

Bureau of Health Statistics and Registries

August 2021

Contents

1. PENNSYLVANIA'S VITAL STATISTICS PROGRAM

Per Pennsylvania's Vital Statistics Law, each live birth occurring in Pennsylvania is required to be reported to the Pa Department of Health (DOH), Bureau of Health Statistics and Registries (BHSR) within 10 days of the birth. Licensed healthcare facilities must report births to BHSR through the Electronic Birth Registration System (EBRS) which is hosted in eVitals. Midwifery practices approved for electronic reporting also use EBRS to report live births.

EBRS is designed to replicate Pennsylvania's *Report of Live Birth* (HD104.142 Rev. 08/21) PDF form which is used to report all other births. Once the birth is registered, the *Report of Live Birth* is recognized as an official *live birth record* registered by the State Registrar.

Aggregate demographic and medical data from EBRS provide valuable information about population composition and growth as well as conditions that may impact infant health and mortality. Educational systems and institutions, government agencies and private industry use the demographic data for strategic planning purposes and for creating or evaluating public health programs to improve maternal health and birth outcomes.

Throughout life, a person uses their birth certificate to prove age, parentage, and citizenship. Birth certificates are used for a myriad of purposes such as applying for school enrollment, voter registration, a driver's license, a marriage license, a passport, veterans' benefits, and social security benefits.

Birth certificates are a person's core identity document. As such, the accuracy in reporting of births is of the utmost importance both to public health and to citizens.

Bureau of Health Statistics and Registries

The Pennsylvania Department of Health, Bureau of Health Statistics and Registries (BHSR) is responsible for administering Pennsylvania's vital statistics program. Pennsylvania's program is administered in accordance with the Vital Statistics Law of 1953.

Operating under the direction of the State Registrar, BHSR is charged with prescribing the forms necessary to collect, transcribe, compile and preserve vital statistics. These forms are designed to collect standard items that contribute to the National Vital Statistics System (NVSS) which is administered by the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS).

BHSR is the official custodian of vital records since 1906. As of 2021, over 21 million birth records are on file in Pennsylvania's Birth Registry.

Pennsylvania's birth statistics are published annually by PA-DOH in the [Enterprise Data Dissemination Informatics Exchange (EDDIE)](#), an interactive health statistics dissemination web tool. Birth statistical data is published annually to EDDIE approximately one year after the year of birth.

For more information on NVSS's standards for reporting live births, you may download a *[Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death](#)*.

eVitals

Beginning in August 2021, EBRS transitioned to eVitals which is Pennsylvania's vital record management system. Visit BHSR's Reporting of Live Births website at https://www.health.pa.gov/topics/Reporting-Registries/eVitals to obtain information regarding user enrollment, mandatory training sessions, and training documentation on eVitals.

2. REPORT OF LIVE BIRTH

Pennsylvania's *Report of Live Birth* is a form based on the U.S. Standard Certificate of Live Birth which has been customized to meet Pennsylvania's data collection needs. This form is available in PDF format and is the basis for the design of Pennsylvania's Electronic Birth Registration System (EBRS).

Beginning in late August 2021, EBRS transitioned to eVitals which is Pennsylvania's current vital record management system. Visit BHSR's *Reporting of Live Births* website at https://www.health.pa.gov/topics/Reporting-Registries/eVitals to obtain information regarding user enrollment, mandatory training sessions, and training materials.

Timeliness of Reporting

The Vital Statistics Law requires that all live births be reported to BHSR within 10 days of birth. Facilities and practices will be evaluated on their compliance with both the timeliness and quality of reporting.

In the rare occurrence that a facility or practice fails to report a birth that they attended to within one year of the event, the live birth should be reported as expeditiously as possible once this deficiency is identified. All late filed live births will be manually reviewed and verified by BHSR before registration.

Data Collection Tools

The *Report of Live Birth* consists of information typically collected on two standard forms and may include two supplemental forms. The two standard forms are:

- *Birthing Parent's Worksheet* – This worksheet includes the information that should be collected from the birthing parent or an informant if the birthing parent is unable to complete the worksheet.
- *Birth Facility Worksheet* – This worksheet includes medical and health information collected from sources such as the birthing parent's prenatal care record, labor and delivery forms, admission history and physical, and delivery record.

The two possible supplemental forms are:

- *Acknowledgement of Paternity for a Child Born to an Unmarried Woman* – This supplemental form is used to establish parentage of a child born to an unmarried birthing parent. For additional guidance on how to complete this form, contact the Pa Department of Human Services, Bureau of Child Support Enforcement.
- *Affidavit of Birthing Parent to Register Child's Parent Other Than as Spouse* – This supplemental form is required under the Vital Statistics Law when a married birthing parent decides to not name a legal spouse as the other parent of the child. Additional guidance is provider later in this manual regarding the completion of this form.

If the newborn is carried and delivered by a gestational carrier, then the following forms are used to report the birth:

- *Gestational Carrier's Worksheet* – This worksheet includes the information that should be collected from the gestational carrier or an informant if the gestational carrier is unable to complete the worksheet.
- *Birth Facility Worksheet* – This worksheet includes medical and health information collected from sources such as the gestational carrier's prenatal care record, labor and delivery forms, admission history and physical, and delivery record.
- *Supplemental Report of Live Birth for Intended Parents* – This form is used to report the intended parents of the child. The intended parents are the preferred source to complete this form. However, in the absence of the intended parents, another individual familiar with the specific details may complete the form. Once received by BHSR, this form is then compared to a pre-birth court order that is submitted to BHSR to establish parentage of the newborn.

Information on the data collection on each of these forms is covered in the upcoming sections of this manual.

Foundlings and Safe Haven Babies

A foundling is defined as a child discovered in Pennsylvania whose birth is of unknown parentage. A foundling may include a Safe Haven baby or other child abandoned by its parents and discovered and cared for by others.

A Safe Haven baby is a newborn whose care is surrendered by a parent who is not criminally liable under any provisions of Title 18 if the criteria set forth in 18 Pa. C.S. § 4306 (related to newborn protection) are met.

All foundling births must be reported to BHSR. BHSR will investigate the case to determine if a Pennsylvania birth record should be created for the newborn. This includes a Safe Haven baby whose identity and parentage are not immediately known. If your facility has treated or cared for a foundling, provide BHSR with the following information:

- Sex of child
- Date found (or surrendered)
- Location where the child was found
    - o Facility name (if applicable)
    - o Street address
    - o City and county
- Contact name and phone number of Children & Youth Services handling the child's placement
- Contact name and phone number of any law enforcement agency that may be investigating the case

For Safe Haven babies:

- If the birthing parent was admitted to your facility but surrendered the newborn prior to being discharged, your facility should report the live birth into EBRS. This includes the reporting of all birthing parent information. This birth should also be reported as *Adoption Pending.*

- If the newborn was not born at your facility but the birthing parent's identity is known, your facility is requested to collect as much of the following information as possible, and then contact BHSR to report the birth. Your facility should <u>not</u> report this birth into EBRS.

  BHSR will investigate the case to determine if a Pennsylvania birth record should be created for the newborn. Please contact BHSR to report the following information:

    o Birthing parent's name
    o Newborn's name
    o Newborn's birth date (and time if known)
    o Newborn's place of birth
    o Any other information listed on the *Birthing Parent's Worksheet.*

- If the newborn's identity and parentage is unknown, this newborn is a foundling and should be reported to BHSR as outlined above.

Place of Birth

<u>Licensed Healthcare Facility Births</u>

If the birth occurred at a licensed healthcare facility, EBRS will auto-popuate the place of birth based on the facility that you are signed into. If the information for your facility is incorrect, please contact BHSR so that we can update your facility's information.

If a licensed healthcare facility is reporting the birth that occured outside the facility, then the birth place should be reported as outlined below <u>unless</u> that newborn was born at another licensed healthcare facility. If born at another licensed healthcare facility, then that facility is responsible for reporting the birth.

<u>Home Births</u>

If the birth occurred at home (including someone else's residence or a vacation home), select the Home Birth option that best describes if the birthing parent planned to have a home birth. Then enter the full address (street, city, and county) where the birth occurred.

<u>Births at a Clinic/Doctor's Office</u>

If the birth occurred at a clinic/doctor's office, select Clinic/Doctor's Office as the place of birth and enter the full address (street, city, and county) of the clinic/doctor's office as the birth address.

<u>Births En Route or on a Moving Conveyance</u>

If the birth occurred en route or on a moving conveyance, select Other. Then select the type of moving conveyance that best describes the moving conveyance (such as airplane, ambulance, taxi, bus, ship or other).

The address for the place of birth shall be entered as follows:

- If the birth occurred on a moving conveyance (i.e., car, train, bus, boat, etc.) that was <u>in motion</u> at time of the birth, then enter the address where the newborn was <u>first removed</u> from the moving conveyance.

- If the birth occurred en route but the moving conveyance <u>was stopped</u> during the delivery of the newborn, then enter the address where the moving conveyance <u>was located</u> at time of the delivery.

<u>Births At Other Locations</u>

If the birthing parent gave birth at any other location, select Other and enter the address where the birth occurred.

3. BIRTHING PARENT'S WORKSHEET

The *Birthing Parent's Worksheet* should be completed by the birthing parent. If another individual completes the form in lieu of the birthing parent, that individual must complete the information listed at the end of the form.

Customizing the *Birthing Parent's Worksheet*

Facilities are encouraged to customize the form by including their logo (on the top of page 1) and entering appropriate information on where to return the form (at the end of the last page). Facilities may collect the information listed on the *Birthing Parent's Worksheet* in hard copy or electronic format.

Facilities that plan to modify the wording or sequence of the content of the form should submit a draft version of the form to BHSR for approval prior to implementation. All information as outlined on the form must be collected in accordance with BHSR requirements.

Special Information Regarding Names

Name may consist of the following characters:

- Modern English alphabet, including standard alphanumeric symbols
- Special Characters included in the Reference Section of this manual
- Punctuation such as hyphens and apostrophes
- Spaces

Care should be taken to affirm the spelling of names. Review the worksheet with the birthing parent to ensure that handwriting is legible, and that the spelling of names is clearly understood.

All birth certificates issued in Pennsylvania are printed with capital letters. However, data entry into EBRS should follow the capitalization entered on the *Birthing Parent's Worksheet*.

Information Captured on the *Birthing Parent's Worksheet*

Details on the information collected on the *Birthing Parent's Worksheet* (HD002316) are outlined below.

Item	Field and Guidance	EBRS Tab
For hospital use only		
Upper Right	**Birthing Parent's name** Enter the birthing parent's name listed in your facility's medical records. Please note that this name may differ slightly than their current legal name. This field is placed on the form to assist you in managing this worksheet.	**N/A**
	Birthing Parent's medical record # Enter your facility's unique identification number assigned to the birthing parent's medical record.	**Prenatal Tab**
	Newborn's medical record # Enter your facility's unique identification number assigned to the newborn's medical record.	**Newborn Tab**
Newborn's Information		
1	**What is the newborn's name (as it should appear on the birth certificate)?** If the Birthing Parent indicates that the newborn is not yet named, enter the following: • First name – "Baby" • Middle name – "Boy" or "Girl" • Last name – Legal last name of birthing parent unless the birthing parent provides a legal last name for the newborn. **NOTE**: A parent may select a name that includes the standard alpha numeric symbols or any of the ALT code symbols listed in the table within these guidelines. See **Special Characters or Symbols in Names** for more information.	**Child Tab**

Newborn's first name	If the newborn is given only one name, enter it into the first name field.
Newborn's middle name	
Newborn's last name	
Newborn's suffix	The designation of SR or Senior is not acceptable.

Birthing Parent's Information		
2	**What is your current legal name?** This information should be confirmed against other identification information collected by your facility. Resolve any discrepancies with the birthing parent. **NOTE**: If the birthing parent has listed a name that is longer than displayed on a driver's license, enter the name as reported by the parent on the *Birthing Parent's Worksheet.* The amount of space available to enter a name on a driver's license or into your facility's electronic medical record may be limited and result in the individual's full legal name being truncated.	**Birthing Parent Information Tab**

Birthing parent's legal first name	If the parent only has one name, enter it into the legal first name field.
Birthing parent's legal middle name	
Birthing parent's legal last name	

	Birthing parent's legal suffix		
3	**What name did you use prior to your first marriage?** This is the birthing parent's name as listed on their own birth certificate.		**Birthing Parent Information Tab**
	Birthing parent's first name	If the parent only has one name, enter it into the first name field.	
	Birthing parent's middle name		
	Birthing parent's last name		
	Birthing parent's suffix		
4	**What is your date of birth?** Enter the birthing parent's birth date. The age field will auto-populate. • If the month or day is unknown, select "unknown" from the dropdown list • If the year is unknown, enter "9999" as the value.		**Birthing Parent Information Tab**
5	**In what State, U.S. Territory, or foreign country were you born?** Enter the birthing parent's place of birth as reported on the *Birthing Parent's Worksheet*. The parent should not be asked to provide proof of place of birth. • If born in the United States or one if its territories, select "United States" and then enter the state or territory of birth. U.S. territories are Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Marianas. • If born in a foreign country, select the name of the foreign country. • If birth place is unknown, select "unknown".		**Birthing Parent Information Tab**
6	**What parent label would you like printed on your child's birth certificate?** If the birthing parent does not complete this question, do not select a value in EBRS.		**Birthing Parent Information Tab**
7	**What is your residence (where do you actually live?)** This address should represent the birthing parent's residence address and not the postal mailing address. Once entered into the system, EBRS will attempt to verify that the address entered is an actual address and is entered correctly. • During verification, EBRS may present various options for matched addresses. If more than one option presents and you are not sure which address to select, discuss the options with the birthing parent to determine which address is accurate. • If EBRS is unable to verify the address, verify with the birthing parent the information provided on the *Birthing Parent Worksheet* and update as appropriate. • If the address is still unverified after validating the information on the *Birthing Parent's Worksheet*, then submit the residence address information as unverified. If a U.S. resident, enter the U.S. State or territory • If a Canadian resident, enter the name of the province or territory • If not a U.S. or Canadian resident, enter the name of the foreign country in the state field • If country of residence is unknown, enter "unknown" The residence is the place where the birthing parent currently resides. • Do not report a temporary residence such as a visit, business trip, or vacation. • Do not report a future residence of the birthing parent. • Place of residence during a tour of military duty or attendance at college should be entered as the place of residence.		**Birthing Parent Address Tab**

	• For birthing parents who live in a group home, mental institution, correctional institution, or hospital for the chronically ill, report the location of the facility as the place of residence. • Enter as much of an address as possible. For example, a homeless birthing parent may not be able to provide a street address, but should be able to provide the name of the city, county and state where staying immediately prior to the birth.	
8	**What is your mailing address? (Your newborn's birth certificate will be mailed to this address).** This address should list where the birthing parent wants BHSR to mail the newborn's birth certificate. This address may be vastly different than the **residence address**. Foreign mailing addresses are acceptable. • Post office boxes are acceptable • If the birthing parent reports no mailing address, the birthing parent may contact BHSR at 844-288-3516 to arrange for pickup or delivery of the newborn's birth certificate within the first six months of the child's life. • If the birthing parent resides in a correctional institution, BHSR recommends that the birthing parent **not** list the correctional institution as the mailing address. Instead, utilize the "In Care of" option when designating an individual and mailing address to receive the certificate. Please note that most correctional institutions digitize incoming mail and do not provide the actual documents to the inmate. Since a birth certificate is a legal document, the actual certificate is needed to establish the identity of the newborn.	**Birthing Parent Address Tab**
9	**Education – What is the highest level of schooling you have completed?** Check the box that best describes the birthing parent's education. If the birthing parent is currently enrolled, check the box that indicates the previous grade or highest degree received.	**Birthing Parent Attributes Tab**
10	**Hispanic Origin – Are you Spanish/Hispanic/Latina/Latino? CHECK ONLY ONE.** This field is based on the birthing parent's self-identification and should not be modified. • Yes, Cuban • Yes, Mexican, Mexican American, Chicano • No, not Spanish/Hispanic/Latino • Yes, Puerto Rican • If "Yes, other Spanish/Hispanic/Latina" is checked, enter the specific Hispanic origin reported by the birthing parent. • Unknown	**Birthing Parent Attributes Tab**
11	**Race – Which one or more of the following would you say is your race? CHECK ALL THAT APPLY** This field is based on the birthing parent's self-identification and should not be modified. • If "Other" is checked, enter the race reported by the birthing parent. • If "Don't know/Not sure", check "Don't know/Not sure" • If birthing parent will not answer the question, check, "Refused". • If the birthing parent did not report an option, check "unknown". Text fields will appear if selecting American Indian or Alaska Native, Other Asian, and Other Pacific Island. Additional information in these text fields may be entered if provided by the birthing parent. If no further information is provided enter "unknown" into text field.	**Birthing Parent Attributes Tab**

12	**Did you receive WIC (Women, Infants & Children) food for yourself during this pregnancy?** • Yes • No • If Don't know/Not sure, select "unknown" in EBRS.	**Birthing Parent Health Tab**
13	**What is your height?** Enter height in feet plus inches. If unknown, enter "99" in both the feet and inches fields.	**Birthing Parent Health Tab**
14	**What was your pre-pregnancy weight, that is, your weight immediately before you became pregnant with this newborn?** Enter weight in pounds. If unknown, enter "999" in the field.	**Birthing Parent Health Tab**

15	**Did you smoke before and/or during this pregnancy?** Yes, No or Unknown **If yes, enter the number of cigarettes you smoked per day for each time period listed.**	**Birthing Parent Health Tab**

Three months before pregnancy	Quantities listed should either be in number of cigarettes or number of packs <u>per day</u>
First three months of pregnancy	
Second three months of pregnancy	If quantity is unknown, enter "99" in the cigarettes field (if less than one pack per day) or in the pack fields (if more than one pack per day) based on information received on *Birthing Parent's Worksheet*.
Last three months of pregnancy	

16	**Are you married?** Yes or No • This question applies to both opposite-sex and same-sex marriages. • Common law marriages established prior to January 2, 2005, are recognized as legal marriages in Pennsylvania. • This question should be answered as "Yes" for a birthing parent who is married but separate or estranged from the spouse at time of the newborn's birth. **If yes, please check which of the following applies:**	**Marital Status Tab**

Birthing parent is married to the other parent of this newborn	If selected, the Other Parent fields will appear.
Birthing parent wants to name someone other than the spouse as the biological parent of this newborn.	If the birthing parent wants to name the biological parent on the child's birth record, the Other Parent fields will appear. Then enter the biological parent's information into the Other Parent fields.
Birthing parent does not want to name the other parent of this newborn	If the birthing parent does not want to name the other parent of this newborn, the Other Parent fields will not appear. The birthing parent must complete the *Affidavit of Birthing Parent to Register Child's Parent Other Than as Spouse, whether naming the other parent or choosing to not name the other parent*. This form is available in EBRS once the case has been started. Provide the form to BHSR regardless of the level of completeness. If the birthing parent refuses to complete the form, BHSR will resolve the outstanding issues directly with the birthing parent.

	If no, has an Acknowledgement of Paternity (AOP) been completed for this newborn? Pending or No This question should be answered Pending if the parents have completed the AOP form prior to discharge and submitted it to your facility. If the parents complete the form after discharge, they should mail it directly to the Bureau of Child Support Enforcement (BCSE) as listed on the form. Please note that the parents of the newborn may submit an AOP directly to BCSE up to the child's 18th birthday.		
	If Pending	If selected, the Other Parent fields will appear. Once BHSR receives confirmation from BCSE that an AOP has been received and accepted, BSHR will register the other parent on the child's birth record.	
	If No	If selected, the Other Parent fields will not appear. Do not attempt to type "unknown" into the Other Parent fields. If no other parent is being reported, the Other Parent fields should remain closed with no data entered.	

	Other Parent's Information	

17	**What is the current legal name of the newborn's other parent?** If the birthing parent is naming another parent, this information needs to be completed.		**Other Parent Information Tab**
	Other parent's legal first name	If the parent only has one name, enter it into the legal first name field.	
	Other parent's legal middle name		
	Other parent's legal last name		
	Other parent's legal suffix		
18	**What is the name of the newborn's other parent prior to their first marriage?** This is the other parent's name as listed on their own birth certificate. If the birthing parent is naming another parent, this information needs to be completed.		**Other Parent Information Tab**
	Other parent's legal first name	If the parent only has one name, enter it into the legal first name field.	
	Other parent's legal middle name		
	Other parent's legal last name		
	Other parent's legal suffix		
19	**What is your date of birth?** Enter the other parent's birth date. The age field will auto-populate. • If the month or day is unknown, select "unknown" from the dropdown list • If the year is unknown, enter "9999" as the value.		**Other Parent Information Tab**
20	**In what State, U.S. Territory, or foreign country was the other parent born?** Select the other parent's place of birth. The parent should not be asked to provide proof of place of birth. • <u>If born in the United States or one if its territories</u>, select "United States" and then enter the state or territory of birth. U.S. territories are Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Marianas. • <u>If born in a foreign country</u>, enter the name of the foreign country. • <u>If birthplace is unknown</u>, type "unknown".		**Other Parent Information Tab**

21	**What parent label would you like printed on the child's birth certificate for the other parent?** If the birthing parent does not complete this question, do not select a value in EBRS.	**Other Parent Information Tab**
22	**Education – What is the highest level of schooling the other parent completed?** Check the box that best describes the other parent's education. If the other parent is currently enrolled, check the box that indicates the previous grade or highest degree received.	**Other Parent Attributes Tab**
23	**Hispanic Origin – Is the other parent Spanish/Hispanic/Latina? CHECK ONLY ONE.** This field is based on the other parent's self-identification and should not be modified. • Yes, Cuban • Yes, Mexican, Mexican American, Chicano • No, not Spanish/Hispanic/Latino • Yes, Puerto Rican • If "Yes, other Spanish/Hispanic/Latina" is checked, enter the specific Hispanic origin reported by the birthing parent. • Unknown	**Other Parent Attributes Tab**
24	**Race – Which one or more of the following would the other parent say is their race? CHECK ALL THAT APPLY** This field is based on the other parent's self-identification and should not be modified. • If "Other" is checked, enter the race reported by the birthing parent. • If "Don't know/Not sure", check "Don't know/Not sure" • If birthing parent will not answer the question, check, "Refused". • If the birthing parent did not report an option, check "unknown". Text fields will appear if selecting American Indian or Alaska Native, Other Asian, and Other Pacific Island. Additional information in these text fields may be entered if provided by the birthing parent. If no further information is provided enter "unknown" into text field.	**Other Parent Attributes Tab**
**Social Security Information**	
The Social Security Act requires that the social security numbers of parents be reported at the time of birth registration. This includes foreign nationals temporarily residing in the United States who may be issued a social security number under a work visa. The numbers(s) will be made available to the Pennsylvania Department of Human Services to assist with child support enforcement activities and to the Internal Revenue Service for determining Earned Income Tax Credit compliance.	
25	**What is your social security number?** • If the birthing parent's social security number is provided select available and enter the number listed. • If the birthing parent does not have a social security number, select "none". • If it is unknown if the birthing parent has a social security number OR if the birthing parent does not know the number, select "unknown".	**Birthing Parent Information Tab**
26	**What is the social security number of the other parent?** • If the other parent's social security number is provided select available, and enter the number listed.	**Other Parent Information Tab**

	• If the other parent does not have a social security number, select "none". • If it is unknown if the other parent has a social security number OR if the other parent's number is not known, select "unknown".	
27	**Do you want a social security card issued for the newborn?** Yes or No • If the birthing parent requests a social security number for the newborn, BHSR will transmit a request on behalf of the family directly to the SSA. • If the parent decides to request a social security number after the birth is registered, then the parent must work directly with the SSA. • The parent of a newborn with only one name should apply directly with the SSA. • The parent of an unnamed child at time of birth registration should apply directly with the SSA once the child is named.	**Child Tab**
	Signature of Parent Date Signed Printed name of parent who signed above	This information is not recorded in EBRS but should be retained in accordance with your facility records retention policy.

Completion of Worksheet – Other than Birthing Parent

In the rare instance that the birthing parent is unable to complete the worksheet, another individual is permitted to complete the worksheet. In those instances, that individual must provide the required details about themselves and their relationship to the newborn.

It is preferred that this individual is the other parent of the child. If the other parent is not available or is unknown, then a next of kin should complete the form. Contact BHSR if advisement is necessary.

28	**What is the name of the individual (hereinafter referred to as informant) providing information for this worksheet?** The informant should list current legal name (including first, middle, last and suffix as applicable).	**Not Reported in EBRS**
29	**What is your relationship to the newborn?** One of the following options should be selected: • Other parent of newborn • Other relative (specify) • Hospital employee • Other (specify)	
30	**In the box below, explain why you are completing this worksheet in lieu of the birthing parent.** Review the justification of this explanation in conjunction with the relationship of the informant to the newborn to determine the acceptability of this individual completing the form. Contact BHSR for advisement is necessary.	
31	**Read and sign to attest to the statement (made by informant).** If the informant completes the form, verify that the form is signed.	

4. BIRTH FACILITY WORKSHEET

The *Birth Facility Worksheet* includes medical and health information collected from sources such as the birthing parent's prenatal care record, labor and delivery forms, admission history and physical, and delivery record.

Customizing the *Birth Facility Worksheet*

Facilities that plan to modify the wording or sequence of the content of the form should submit a draft version of the form to BHSR for approval prior to implementation. All information as outlined on the forms must be collected in accordance with BHSR requirements.

Information Captured on the *Birth Facility Worksheet*

Details on the information collected on the *Birth Facility Worksheet* (HD002318) are outlined below.

Item	Field and Guidance	EBRS Tab
	Upper Right of Page	
Upper Left	**Birthing Parent's name** Enter the birthing parent's name listed in your facility's medical records. Please note that this name may differ slightly than their current legal name. This field is placed on the form to assist you in managing this worksheet.	N/A
	Birthing Parent's medical record # Enter your facility's unique identification number assigned to the birthing parent's medical record.	Prenatal Tab
	Newborn's medical record # Enter your facility's unique identification number assigned to the newborn's medical record.	Newborn Tab
	Child	
1	**Newborn's Name** Enter the newborn's name as provided on the Birthing Parent's Worksheet. **NOTE**: A parent may select a name that includes the standard alpha numeric symbols or any of the ALT code symbols listed in the table within these guidelines. See **Special Characters or Symbols in Names** for more information.	
2	**Date of Birth** Enter the newborn's date of birth.	
3	**Time of Birth** Enter the newborn's time of birth.	

4	**Sex**
	This field must be recorded with the biological sex of the newborn at birth (if known at time of reporting the birth).
	In such a case where the newborn's biological sex is not known at time of reporting the birth, select Unknown. **Contact the Birth Registry so that the newborn's birth certificate is not issued.** Once the newborn's biological sex has been determined, submit an amendment to update the newborn's birth record.
5	**Gestational carrier birth**
	If the individual who birthed the child is a gestational carrier, check this box. Please note that the *Gestational Carrier's Worksheet* (HD002317) should be completed instead of the *Birthing Parent's Worksheet*.
6	**Plurality (single, twin, triplet, etc.)**
	Enter the number of fetuses delivered live or stillborn at any time in the pregnancy regardless of gestational age or if the fetuses were delivered at different dates in the pregnancy. "Reabsorbed" fetuses (those that are not expulsed or extracted from the birthing parent) should not be counted.
	Birth Order (born first, second, third, etc.)
	If plurality, enter order of delivery of this newborn (ie., 1st born, 2nd, etc.). Include all live births and stillbirths when determining the order.
7	**Is newborn living at the time of report?**
	- If the newborn is living or has already been discharged to home care, select Yes. - If the newborn died before reporting the birth, select No. - If the newborn was transferred and status is unknown, select Unknown. - Unknown >?
8	**Adoption Pending**
	If prior to the newborn's discharge, the birthing parent indicates that the newborn is being placed for adoption, select Yes.
	Birthing Parent's Health
9	**Birthing parent's weight at delivery**
	Enter in whole pounds. - If weight is not between 75 and 350 pounds, EBRS will request that you verify the weight. - If unknown, enter "999"
	Prenatal
10	**Principle source of payment**
	Select the primary source of payment. Options are as follows: - Private insurance - Medicaid - Self-pay - Unknown - Other (Specify)
11	**Date last normal menses began**
	Enter date. If unknown, enter "99/99/9999".

12	**Prenatal care**
	If prenatal care was received, report: • Date of first prenatal care visit. If date is unknown, enter "99/99/9999". • Total number of prenatal care visits for this pregnancy. If total number of visits is unknown, enter "999". If it is unknown if prenatal care was received, select Unknown.
13	**Previous live births (not including this newborn)**
	If the birthing parent delivered previous live births, report: • Number now living or select Unknown • Number now deceased enter "999" if unknown. • Date of last live birth. If date is unknown, enter "99/9999". For multiple deliveries during this pregnancy, include all live newborns preceding this newborn in the delivery. If this report is for the first born in a multiple delivery, do not include this newborn. If second born, include the first born, etc.
14	**Other pregnancy outcomes (such as spontaneous loss, induced losses and/or ectopic pregnancies).**
	If the birth parent experienced other pregnancy outcomes regardless of gestational age, report: • Number of other pregnancy outcomes or select Unknown. • Date of last other pregnancy outcome. If date is unknown, enter "99/9999". For multiple deliveries during this pregnancy, include all stillbirths preceding this newborn in the delivery. If second born, include the first born if stillbirth, etc.
15	**Risk factors in this pregnancy (Check all that apply)** **Diabetes (Do not check both)** • Pre-pregnancy (diagnosis prior to this pregnancy): Glucose intolerance requiring treatment diagnosed prior to this pregnancy. • Gestational (diagnosis in this pregnancy): Glucose intolerance requiring treatment diagnosed during this pregnancy. **Hypertension (Do not check more than one)** • Pre-pregnancy (chronic): Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed prior to the onset of this pregnancy. • Gestational (Pregnancy-induced hypertension or preeclampsia): Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed during this pregnancy. May include proteinuria (protein in the urine) without seizures or coma and pathologic edema (generalized swelling, including swelling of the hands, legs, and face). • Eclampsia: Pregnancy-induced hypertension with proteinuria with generalized seizures or coma. May include pathologic edema. **Previous cesarean delivery** If previous operative delivery in which the fetus was extracted through an incision in the maternal abdominal and uterine wall, select Yes. • Enter number of cesarean deliveries. If number of cesarean deliveries is unknown, enter "99". **Infertility treatment:** Indicate if any assisted reproduction technique was used to initiate the pregnancy • Fertility drugs, artificial/intrauterine insemination. • Assisted reproductive technology (e.g., IVE, GIFT)

	Previous preterm births: History of pregnancy(ies) resulting in a live birth of less than 37 completed weeks of gestation.
	None of the above: Select if no risk factors in this pregnancy
	Unknown: If information is not available in the medical record.
16	**Infections present and/or treated during this pregnancy**
	Select if infections present at the time of pregnancy diagnosis or confirmed diagnosis during the pregnancy with or without documentation of treatment. Documentation of treatment is adequate if definitive diagnosis is not present in the available record.
	- Gonorrhea: A positive test for *Neisseria gonorrhoeae* - Syphilis: A positive test for *Treponema pallidum* - Chlamydia: A positive test for *Chlamydia trachomatis* - Hepatitis B: A positive test for the hepatitis B virus - Hepatitis C: A positive test for the hepatitis C virus - COVID-19 (SARS-CoV-2 – confirmed or presumed): A positive test for COVID-19 or a clinical diagnosis. - None of the above: If no infections present and/or treated during this pregnancy. - Unknown: If information is not available in the medical record.
17	**Obstetrical Procedures**
	- External cephalic version: Attempted conversion of the fetus from a non-vertex presentation to a vertex presentation by external manipulation. Report if successful or failed. - None of the above: If no obstetrical procedure. - Unknown: If information is not available in the medical record.
	Labor
18	*Characteristics of labor and delivery (Check all that apply)*
	- Induction of labor: Initiation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor. - Augmentation of labor: Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time of delivery - Steroids (glucocorticoids) for fetal lung maturation received by the birthing parent prior to delivery: Includes betamethasone, dexamethasone, or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery. Excludes steroid medication given to the birthing parent as an anti-inflammatory treatment. - Antibiotics received by birthing parent during labor: Includes antibacterial medications given systemically (intravenous or intramuscular) to the birthing parent in the interval between the onset of labor and the actual delivery (including Ampicillin, Penicillin, Clindamycin, Erythromycin, Gentamicin, Cefotaxime, Ceftriaxone, etc.) - Clinical Chorioamnionitis diagnosed during labor or maternal temperature ≥ 38° C (104.4° F): A clinical diagnosis of Chorioamnionitis during labor made by the delivery attendant. Usually includes more than one of the following: fever, uterine tenderness and/or irritability, leukocytosis, and fetal tachycardia. Any recorded maternal temperature at or above the febrile threshold as stated. - Epidural or spinal anesthesia during labor: Administration to the birthing parent of a regional anesthetic for control of the pain of labor, i.e., delivery of the agent into a limited space with the distribution of the analgesic effect limited to the lower body. - None of the above - Unknown: If information is not available in the medical record.

Delivery

19	**Method of delivery**
	Fetal presentation at birth (Check one) • <u>Cephalic</u>: Presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP). • <u>Breech</u>: Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech • <u>Other</u>: Any other presentation or presenting part not listed above. • <u>Unknown</u>: If information is not available in the medical record. **Final route and method of delivery (Check one)** • <u>Vaginal/spontaneous</u>: Delivery of the entire fetus through the vagina by the natural forces of labor with or without manual assistance from the delivery attendant. • <u>Vaginal/forceps</u>: Delivery of the fetal head through the vagina by application of obstetrical forceps to the fetal head. • <u>Vaginal/vacuum</u>: Delivery of the fetal head through the vagina by application of a vacuum cup or ventouse to the fetal head. • <u>Cesarean</u>: Extraction of the fetus, placenta and membranes through an incision in the maternal abdominal and uterine walls. • <u>If cesarean, was a trial labor attempted?</u> Select Yes, No or Unknown. • <u>Unknown</u>: If information is not available in the medical record.

20	**Maternal Morbidity (Check all that apply)**
	
	• <u>Maternal transfusion</u>: Includes infusion of whole blood or packed red blood cells associated with labor and delivery.
	• <u>Perineal laceration (3rd or 4th degree)</u>:
	   o 3rd degree laceration extends complete through the perineal skin, vaginal mucosa, perineal body and anal sphincter.
	   o 4th degree laceration includes a laceration that extends complete through the perineal skin, vaginal mucosa, perineal body, anal sphincter and through the rectal mucosa.
	• <u>Ruptured uterus</u>: Tearing of the uterine wall.
	• <u>Unplanned hysterectomy</u>: Surgical removal of the uterus that was not planned prior to admission for delivery. Includes an anticipated or possible but not definitively planned procedure.
	• <u>Admission to intensive care</u>: Any admission, planned or unplanned, of the birthing parent to a facility/unit designated as providing intensive care.
	• <u>None of the above</u>
	• <u>Unknown</u>: If information is not available in the medical record.

21	**Was the birthing parent transferred from a hospital to this facility for maternal medical or fetal indications for delivery?** Transfers include hospital to hospital, birthing facility to hospital, etc. If the birthing parent delivered the newborn outside of a licensed medical facility, then select No. If yes, enter the name of the facility that the birthing parent was transferred from. Use the lookup tool in EBRS to select the facility name or type the facility name into the field if the facility is not listed in the lookup listing. If the name of facility is not known, enter "unknown".

22	**Was newborn transferred within 24 hours of delivery?**
	Transfers include hospital to hospital, birthing facility to hospital, etc. This does not include admittance of a newborn who was delivered at home or en route to the facility.
	If yes, enter the name of the facility where the newborn was transferred to. If the newborn was transferred more than once, enter the name of the first facility the newborn was transferred to. Use the lookup tool in EBRS to select the facility name. If the name of the facility is not known, enter Unknown.
	NOTE: If the newborn was born at your facility and transferred, the facility that delivered the newborn is responsible for reporting the live birth to BHSR.

Newborn

23	**Birth weight: (grams preferred, specify unit)**
	Enter the weight and the unit of measure (Grams or lbs/oz).
	If weight is unknown, enter "9999" if reporting grams or enter "99" for pounds and "99" for ounces.

24	**Obstetric estimate of gestation (completed weeks)**
	The obstetric estimate of the newborn's gestation in completed weeks is based on the birth attendant's final estimate of gestation which should be determined by all perinatal factors and assessments such as ultrasound, but not the neonatal exam.
	Enter the gestation in complete weeks.

25	**Apgar Score**
	Select the newborn's Apgar score at 5 minutes
	• If the score is <6 at 5 minutes, then also enter the newborn's Apgar score at 10 minutes.
	• If the newborn's Apgar score is unknown or was not taken at 5 minutes or ten minutes, select unknown.

26	**Is newborn being breastfed?**
	• If the newborn is being breastfed at discharge, select Yes.
	• If the newborn is not being breastfed at discharge, select No.
	• If it is unknown if the newborn was being breastfed at discharge, select Unknown.

Newborn Factors

27	**Abnormal condition of the newborn (Check all that apply)**
	• <u>Assisted ventilation required immediately following delivery</u>: Newborn given manual breaths with bag and mask or bag and endotracheal tube within the first several minutes from birth during any duration. Excludes oxygen only and laryngoscopy for aspiration of meconium.
	• <u>Assisted ventilation required for more than 6 hours</u>: Newborn given mechanical ventilation (breathing assistance) by any method for more than 6 hours. Include conventional, high frequency and/or continuous positive pressure (CPAP).
	• <u>NICU admission</u>: Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for the newborn.
	• <u>Newborn given surfactant replacement therapy</u>: Endotracheal instillation of a surface-active suspension for the treatment of surfactant deficiency either due to preterm birth or pulmonary injury resulting in decreased lung compliance (respiratory distress). Includes both artificial and extracted natural surfactant.
	• <u>Antibiotics received by the newborn for suspected neonatal sepsis</u>: Any antibacterial drug given systemically (intravenous or intramuscular), such as Penicillin, Ampicillin, Gentamicin, Cefotaxime, etc.

	• Seizure or serious neurologic dysfunction: Seizure defined as any involuntary repetitive, convulsive movement or behavior. Serious neurologic dysfunction defined as severe alteration of alertness such as obtundation, stupor, or coma (i.e., hypoxic ischemic encephalopathy). Excludes lethargy or hypotonia in the absence of other neurologic findings. Exclude symptoms associated with CNS congenital anomalies. • None of the above: Select if no abnormal condition of the newborn. • Unknown: If information is not available in the medical record.
28	**Congenital anomalies of the newborn (Check all that apply)** • Anencephaly: Partial or complete absence of the brain and skull. Also called anencephalous, acrania, or absent brain. Babies with craniorachischisis (anencephaly with contiguous spine defect) should also be included in this category. • Meningomyelocele/spina bifida: Spina bifida refers to herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningomyelocele refers to herniation of meninges and spinal cord tissue. Babies with meningocele (herniation of meninges without spinal cord tissue) should also be included in the category. Both open and closed (covered with skin) lesions should be included. Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges) should not be included in this category. • Cyanotic congenital heart disease: Congenital heart defects which cause cyanosis. Includes but is not limited to transposition of the great arteries (vessels), teratology of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, total/partial anomalous pulmonary venous return with or without obstruction. • Omphalocele: A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. The defect is covered by a membrane, (different from gastroschisis which is listed below), although this sac may rupture. Also called exomphalos. Umbilical hernia (completely covered by skin) should not be included in this category. • Gastroschisis: An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and absence of a protective membrane. • Limb reduction defect (excluding congenital amputation and dwarfing syndromes): Complete or partial absence of a portion of an extremity secondary to failure to develop. • Cleft lip with or without cleft palate: Cleft lip with or without cleft palate refers to incomplete closure of the lip. Cleft lip may be unilateral, bilateral, or median. All should be included in this category.
	• Cleft palate alone: Cleft palate refers to incomplete fusion of the palatal shelves. This may be limited to the soft palate or may also extend into the hard palate. Cleft palate in the presence of cleft lip should be included in the "Cleft lip with or without cleft Palate" category, rather than here. • Down Syndrome: Trisomy 21. Also indicate if Karyotype is confirmed or pending.
	• Suspected chromosomal disorder: Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure. Also indicate if Karyotype is confirmed or pending. • Hypospadias: Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis. Includes first degree – on the glans ventral to the tip, second degree – in the coronal sulcus, and third degree – on the penile shaft. • None of the above: Select if no congenital anomalies of the newborn. • Unknown: If information is not available in the medical record.

Attendant/Certifier	
29	**Attendant's name and title** Enter the name and title of the person responsible for delivering the child using the lookup tool in EBRS. A person who is not physically present at the delivery should not be reported as the attendant. If an intern or nurse-midwife delivers the newborn under the supervision of an obstetrician who is present in the delivery room, the obstetrician is to be reported as the attendant. However, if the obstetrician is not physically present, then the intern or nurse-midwife MUST be reported as the attendant. **Attendants not listed in the lookup tool can be typed into the field. Send an email to ra-dhEBRS@pa.gov to request that additional attendants be added to the lookup tool.**
30	**Certifier's name and title** The certifier fields autofill to the individual who started the entry in EBRS. If that individual does not finish the entry and another staff member does, the name in the certifier fields should be updated to reflect the name of the person who is going to certify the case. Otherwise, the record will not allow the case to be certified. **A certifier must have a user account in order to certify the case in EBRS.**
Immunization	
31	**Did the newborn receive a Hepatitis-B vaccination?** If yes, enter the following: • Type of vaccination: Either Hepatitis-B or Hepatitis-B Immune Globulin • Date administered • Manufacturer: Either GSK, Merck or other • Lot number Otherwise, select No or Refused

5. ACKNOWLEDGEMENT OF PATERNITY

This supplemental form is used to establish parentage of a child born to an <u>unmarried</u> birthing parent. The Department of Human Services, Bureau of Child Support Enforcement (BCSE) is responsible for managing the *Acknowledgement of Paternity for a Child Born to an Unmarried Women* (AOP) process. All questions regarding the completion of that form should be directed to BCSE.

On the *Birthing Parent's Worksheet*, if the Birthing Parent selects No for *Are you married?* And provides you with a completed *Acknowledgement of Paternity* for the newborn, then select Pending for *Has paternity acknowledgement been completed for this baby?* (which can be found on the Marital Status tab in EBRS). Then enter the Other Parent's information as reported on the *Birthing Parent's Worksheet* as long as the other parent listed is the same as the individual reported on the AOP form.

If the AOP was not provided to the facility prior to discharge, then select No for *Has paternity acknowledgement been completed for this baby?* If a parent provides you with an AOP form after discharge, the birth record should not be amended to reflect the AOP. Instead BHSR will update the birth record once BCSE has confirmed the details of the AOP directly with BHSR.

For a case where the AOP is Pending, BHSR will update the record to Yes for *Has paternity acknowledgement been completed for this baby?* and register the child's birth with the names of the Birthing Parent as entered in EBRS and the name of the Other Parent as confirmed by BCSE.

For a case where AOP is Pending for more than 58 days, BHSR will update the record to No for *Has paternity acknowledgement been completed for this baby?* and register the child's birth with only the name of the Birthing Parent as entered in EBRS*.*

Please note that BHSR is unable to issue birth certificates for newborns until the Pending status has been removed. Therefore, we request your timely (at least weekly) submittal to BCSE of all AOPs received by your facility.

6. AFFIDAVIT OF BIRTHING PARENT

This supplemental form is required under the Vital Statistics Law when a <u>married</u> birthing parent decides to not name a legal spouse as the other parent of the child.

On the *Birthing Parent's Worksheet*, if the Birthing Parent selects Yes for *Are you married?* but indicates that they want to name someone other than a legal spouse as the biological parent of the newborn OR they do not want to name the other parent for the newborn, then an *Affidavit of Birthing Parent to Register Child's Parent Other Than as Spouse (HD002143)* must be completed. If the Birthing Parent is naming another parent, then the Birthing Parent should enter this person's information on to the *Birthing Parent's Worksheet* as the Other Parent.

When entering this birth into EBRS, select Yes for *Birthing Parent Married* (which is under the Marital Status tab). Then indicate *Who is the other parent of the child?* by selecting either *Biological parent who is not legal spouse of birthing parent* or *Not naming the other parent.* If a biological parent is being named, enter the Other Parent's information as reported on the *Birthing Parent's Worksheet*.

Printing the Pre-Populated Form from EBRS

Once you have created the case in EBRS, you can print the *Affidavit of Birthing Parent* form which is located under the Print Form tab close to the bottom of the left toolbar. The form will prepopulate based on the information you have entered in EBRS.

The completed form must be provided to BHSR before the birth can be registered. If the Birthing Parent refuses to complete the form, notify BHSR. BHSR will work directly with the Birthing Parent to complete the form so that the newborn's birth can be registered.

At a minimum, the Birthing Parent should provide the following information on the form:

- Phone number
- Date signed by Birthing Parent
- Signature of Birthing Parent
- Witness's Name, date signed and signature

If the Birthing Parent intends to name a biological parent, then the following information is also required:

- Name, date signed and signature of the other parent
- Spouse's name and last known address

Submitting the Form to the PA Birth Registry unit

Facilities are encouraged to fax or email a copy of the completed form to the PA Birth Registry Unit. See Important Contact Information in the Reference Section for specific details.

7. GESTATIONAL CARRIER'S WORKSHEET

If the newborn was carried and delivered by a gestational carrier, then the *Gestational Carrier's Worksheet* should be completed instead of the *Birthing Parent's Worksheet.* A gestational carrier is defined as an individual who is implanted with someone else's fertilized egg, and then carries and deliveries the child for the intended parents.

The *Gestational Carrier's Worksheet* should be collected from the gestational carrier or an informant if the gestational carrier is unable to complete the worksheet. This information should then be entered into EBRS by the facility reporting the birth.

Information Captured on the *Gestational Carrier's Worksheet*

Details on the information collected on the *Gestational Carrier's Worksheet* (HD002317) are outlined below.

Item	Field and Guidance	EBRS Tab
	For hospital use only	
Upper Right	**Gestational Carrier's name** Enter the gestational carrier's name listed in your facility's medical records. Please note that this name may differ slightly than their current legal name. This field is placed on the form to assist you in managing this worksheet.	**N/A**
	Gestational Carrier's medical record # Enter your facility's unique identification number assigned to the gestational carrier's medical record.	**Prenatal Tab**
	Newborn's medical record # Enter your facility's unique identification number assigned to the newborn's medical record.	**Newborn Tab**
	Gestational Carrier's Information	
1	**What is your current legal name?** This information should be confirmed against other identification information collected by your facility. Resolve any discrepancies with the gestational carrier. **NOTE**: If the gestational carrier has listed a name that is longer than displayed on a driver's license, enter the name the gestational carrier is reporting on the *Gestational Carrier's Worksheet.* The amount of space available to enter a name on a driver's license or into your facility's electronic medical record may be limited and result in the individual's full legal name being truncated.	**Birthing Parent Information Tab**
	Birthing parent's legal first name / If the gestational carrier only has one name, enter it into the legal first name field.	
	Birthing parent's legal middle name	
	Birthing parent's legal last name	
	Birthing parent's legal suffix	

2	**What name did you use prior to your first marriage?**	**Birthing Parent Information Tab**
	This is the gestational carrier's name as listed on their own birth certificate.	

Birthing parent's first name	If the gestational carrier only has one name, enter it into the first name field.
Birthing parent's middle name	
Birthing parent's last name	
Birthing parent's suffix	

3	**What is your date of birth?**	**Birthing Parent Information Tab**
	Enter the gestational carrier's birth date. The age field will auto-populate.	
	- If the month or day is unknown, select Unknown from the dropdown list - If the year is unknown, enter "9999" as the value.	
4	**What is your residence (where do you actually live?)**	**Birthing Parent Address Tab**
	This address should represent the gestational carrier's residence address and not the postal mailing address. Once entered into system, EBRS will attempt to verify that the address entered is an actual address and is entered correctly.	
	- During verification, EBRS may present various options for matched addresses. If more than one option presents and you are not sure which address to select, discuss the options with the gestational carrier to determine which address is accurate. - If EBRS is unable to verify the address, verify with the gestational carrier the information provided on the *Gestational Carrier's Worksheet* and update as appropriate. - If the address is still unverified after validating the information on the *Gestational Carrier's Worksheet*, then submit the residence address information as unverified. - If a U.S. resident, enter the U.S. State or territory - If a Canadian resident, enter the name of the province or territory in the state field. - If not a U.S. or Canadian resident, enter the name of the foreign country - If country of residence is unknown, enter "unknown" The residence is the place where the gestational carrier currently resides. - Do not report a temporary residence such as a visit, business trip, or vacation. - Do not report a future residence of the gestational carrier. - Place of residence during attendance at college should be entered as the place of residence.	
5	**Education – What is the highest level of schooling you have completed?**	**Birthing Parent Attributes Tab**
	Check the box that best describes the gestational carrier's education. If the gestational carrier is currently enrolled, check the box that indicates the previous grade or highest degree received.	
6	**Hispanic Origin – Are you Spanish/Hispanic/Latina/Latino? CHECK ONLY ONE.**	**Birthing Parent Attributes Tab**
	This field is based on the gestational carrier's self-identification and should not be modified. - Yes, Cuban - Yes, Mexican, Mexican American, Chicano - No, not Spanish/Hispanic/Latino - Yes, Puerto Rican - If "Yes, other Spanish/Hispanic/Latina" is selected, enter the specific Hispanic origin reported by the birthing parent. - Unknown	

7	Race – Which one or more of the following would you say is your race? CHECK ALL THAT APPLY This field is based on the gestational carrier's self-identification and should not be modified. • If "Other" is selected, enter the race reported by the gestational carrier. • If "Don't know/Not sure", check "Don't know/Not sure" • If the gestational carrier will not answer the question, check, "Refused. • If the gestational carrier did not report an option, check "unknown". Text fields will appear if selecting American Indian or Alaska Native, Other Asian, and Other Pacific Island. Additional information in these text fields may be entered if provided by the birthing parent. If no further information is provided enter "unknown" into text field.	**Birthing Parent Attributes Tab**
8	Did you receive WIC (Women, Infants & Children) food for yourself during this pregnancy? • Yes • No • If Don't know/Not sure, select "unknown" in EBRS.	**Birthing Parent Health Tab**
9	What is your height? Enter height in feet plus inches. If unknown, enter "99" in both the feet and inches fields.	**Birthing Parent Health Tab**
10	What was your pre-pregnancy weight, that is, your weight immediately before you began pregnant with this newborn? Enter weight in pounds. If unknown, enter "999" in the field.	**Birthing Parent Health Tab**
11	Did you smoke before and/or during this pregnancy? Yes, No or Unknown **If yes, enter the number of cigarettes you smoked per day for each time period listed.**	**Birthing Parent Health Tab**

Three months before pregnancy	Quantities listed should either be in number of cigarettes or number of packs <u>per day</u>
First three months of pregnancy	
Second three months of pregnancy	If quantity is unknown, enter "99" in the cigarettes field (if less than one pack per day) or in the pack fields (if more than one pack per day) based on information received on *Gestational Carrier's Worksheet*.
Last three months of pregnancy	

Completion of Worksheet – Other than Gestational Carrier

In the rare instance that the gestational carrier is unable to complete the worksheet, another individual is permitted to complete the worksheet. In those instances, that individual must provide the required details about themselves and their relationship to the gestational carrier.

It is preferred that the spouse or next of kin of the gestational carrier complete the form. Contact BHSR if advisement is necessary.

28	What is the name of the individual (hereinafter referred to as informant) providing information for this worksheet? The informant should list the current legal name (including first, middle, last and suffix as applicable).	**Not Reported in EBRS**

29	**What is your relationship to the gestational carrier?** One of the following options should be selected: • Spouse • Intended parent of newborn • Hospital employee • Other (specify)	
30	**In the box below, explain why you are completing this worksheet in lieu of the gestational carrier.** Review the justification of this explanation in conjunction with the relationship of the informant to the gestational carrier to determine the acceptability of this individual completing the form. Contact BHSR for advisement is necessary.	
31	**Read and sign to attest to the statement (made by informant).** If the informant completes the form, verify that the form is signed.	

8. SUPPLEMENTAL REPORT OF LIVE BIRTH FOR INTENDED PARENTS

This supplemental form is used to report the intended parents of a newborn carried and delivered by a gestational carrier. The intended parents are the preferred source to complete this form. However, in the absence of the intended parents, another individual familiar with the specific details may complete the form. Once received by BHSR, this form is then compared to a pre-birth court order that is submitted to BHSR to establish parentage of the newborn.

Printing the Pre-Populated Form from EBRS

To access a pre-populated version of this form, you must first create the birth case in EBRS. To create the case, you must have access to the newborn's name, date of birth and the gestational carrier's name.

Once you have created the case into EBRS, the *Supplemental Report of Live Birth for Intended Parents* form will be provided if you have selected Yes for *Gestational Carrier Birth* (which is located on the Child tab in EBRS). In EBRS, go to the Print Form tab close to the bottom of the left toolbar. Information in Parts 1 and 2 of the form will prepopulate based on the information you have entered in EBRS.

Parts 3 and 4 of the form should be completed as it relates to the Intended Parents. As outlined above, these sections may be completed by another individual familiar with this case if the Intended Parents are not available or unable to complete the form.

Part 5 should be completed by the Intended Parents if a social security card for this newborn is being requested.

Submitting the Form to the PA Birth Registry unit

Facilities are encouraged to fax or email a copy of the completed form to the PA Birth Registry Unit. See Important Contact Information in the Reference Section for specific details.

Once received by BHSR, this form is then compared to a pre-birth court order that is submitted to BHSR to establish parentage of the newborn. BHSR will complete the registration of the birth after receiving the *Supplemental Report of Live Birth for Intended Parents* and in accordance with the pre-birth court order.

9. COMPLIMENTARY BIRTH CERTIFICATE

BHSR issues a complimentary birth certificate for the newborn to the birthing parent shortly after the birth is registered. Birth records are held for 15 days after the date of birth before a birth certificate is issued against the record. This timeframe allows the facility or practice to report the birth, to self-assess the quality of the data that was reported, and to make any necessary modifications to the birth record before the birth certificate is then issued.

Some birth certificates are held for longer durations due to the complexities surrounding the case. Below is a list of the standard processing times when supplemental forms are included in the *Report of Live Birth:*

- Birth cases that include an AOP may be held for up to 60 days before the birth certificate is issued.
  - If confirmation of parentage is received prior to the 60 days, the other parent is registered on the record and the birth certificate is issued.
  - If an AOP confirmation is not received within 60 days, the birth is registered with only the birthing parent's name and then the birth certificate is issued.
- Birth cases that include an Affidavit of Birthing Parent
  - If the other parent is not being listed, the birth certificate will issue at 15 days.
  - If a biological parent is being listed as the other parent, the time will vary.
- Birth cases that include gestational carriers are generally registered within two weeks of receipt of the *Supplemental Report of Live Birth for Intended Parents* as long as the pre-birth court order has been submitted to and received by BHSR.

If a parent indicates they did not receive the newborn birth certificate, ensure that the case is fully registered by looking up the case in EBRS. If it is not fully registered, research the issue and resolve any outstanding issues. Then certify the case and submit it to BHSR for registration.

If the case is registered, refer the parent to BHSR. See the Important Contact Information for the general public for details.

10. AMENDING A BIRTH RECORD

Once the *Report of Live* Birth is certified and the case submitted for registration, an official birth record is created and filed with BHSR. Once the birth record has been created, the licensed healthcare system or midwifery practice may only submit modifications to correct data entry errors or updates to data that was not available at time of certifying the *Report of Live Birth*.

Licensed healthcare systems and midwifery practices are expected to conduct self-assessments within the first 15 days after birth to verify the accuracy of their data reporting. If a record needs corrected or supplemental information added, then the facility may submit a *hospital correction* for consideration. BHSR will assess the request and if accepted, the birth record will be amended.

Once a birth certificate is issued, BHSR will reject a *hospital correction* that involves fields on the following tabs (regardless of the reason for the amendment):

- Child tab (with the exception of Adoption Pending which may be amended under a hospital amendment for the first three months following the child's birth)
- Birthing Parent Information tab
- Birthing Parent Address tab

- Marital Status tab
- Other Parent Information tab

Once a birth certificate has been issued, the parents must complete a *Request to Modify a Birth Record* and submit it directly to BHSR. If BHSR is notified that a birth certificate contains an error regarding a fact of birth (such as an incorrect birth date being entered), BHSR will reach out to the licensed healthcare system or midwifery practice to research the case. If an error in data entry has been identified, BHSR will direct the facility or midwifery practice to submit a *hospital correction.*

Licensed healthcare systems and midwifery practices should not submit an amendment at the request of the parents. Instead refer the parents to BHSR. See **General public inquiries under** Important Contact Information for specific details.

11. REFERENCES

Important Contact Information

The following contact information is being made available to individuals responsible for reporting births to BHSR:

PA's Birth Registry Unit

Phone: 1-800-323-9613 (Vital Events Stakeholder Hotline)
Fax: 717-772-3258
Email: ra-dhEBRS@pa.gov for inquiries related to eVitals, reporting a birth, or submitting an amendment request
Email: ra-dhPAVITALRECDINQ@pa.gov for inquiries related to the issuance of a birth certificate
Website: https://www.health.pa.gov/topics/Reporting-Registries/eVitals

General public inquiries can be directed to the following:

- For **birth certificates** and **requests to modify a birth record**, contact the Department of Health, Bureau of Health Statistics and Registries:

     Phone: 724-656-3100 or 844-288-3516
     Email: ra-dhPAVITALRECDINQ@pa.gov
     Website: www.certificates.health.pa.gov
     Online Ordering: mycertificates.health.pa.gov

- For questions and status updates regarding **Acknowledgement of Paternity,** contact the Department of Human Services, Bureau of Child Support Enforcement:

     Phone: 1-800-932-0211

- For questions regarding **Social Security cards**, contact the Social Security Administration:

     Phone: 1-800-772-1213

Terms, acronyms and Definitions

The terms in this section are defined below as they relate to the reporting of births in Pennsylvania.

Term	Acronym	Definition
Abandoned Status		Assigned to a birth case create in EBRS which should not have been created (such as a duplicate). The Abandoned status stops the case from being registered and identifies it as a deleted case.
Acknowledgement of Paternity for a Child Born to an Unmarried Woman	AOP	A form (PA/CS 611) used by DHS to establish paternity of a child born to an unmarried birthing parent.
Affidavit of Birthing Parent to Register Child's Parent Other Than as Spouse		A form (HD002143) completed by a married birthing parent who is requesting that no individual or an individual other than a legal spouse be registered as the biological parent of the child.
Amendment		A modification to an official birth record.
Birth Certificate		A document certified by the State Registrar which contains part of the exact information contained in the official live birth record, including a statement certified by the State Registrar which indicates that the live birth was registered, and the certificate is authentic. The document is issued with security features that deter altering, counterfeiting, or duplicating. The birth certificate is viewed as the individual's core identity document.
Birth Facility Worksheet		A tool developed by BHSR that may be used to collect data from a medical certifier which is then used to complete the *Report of Live Birth* in EBRS*.*
Birthing Parent		The parent who birthed the child.
Birthing Parent's Worksheet		A tool developed by BHSR that may be used to collect data from a birthing parent which is then used to complete the *Report of Live Birth* in EBRS*.*
Bureau of Child Support Enforcement	BCSE	A bureau in the Department of Human Services that is responsible for managing the Acknowledgement of Paternity process in Pennsylvania.
Bureau of Health Statistics and Registries	BHSR	A bureau in the Department of Health that is responsible for managing Pennsylvania's Vital Events (birth, death and fetal death) Registry, Abortion Registry, and Cancer Registry.
Case Identification Number	Case ID	The number automatically assigned to a birth case in EBRS.

Term	Acronym	Definition
Electronic Birth Registration System	EBRS	The system used in Pennsylvania to report births electronically to BHSR, which is also used to registered and maintained Pennsylvania's vital records.
Fetal Death		The expulsion or extraction from a birthing parent of a product of conception after sixteen (16) weeks gestation, calculated from the date last normal menstrual period began to the date of delivery, which is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps. If a fetal death occurs, it must be filed manually within four days using a *Report of Fetal Death* form (H105.024). Questions or assistance can be directed to the Vital Events Stakeholder Hotline or by email to ra-dhBirthReg@pa.gov.
Foundling		A child discovered in the Commonwealth whose birth is of unknown parentage. A foundling may include a Safe Haven baby or other child abandoned by its parents and discovered and cared for by others.
Gestational Carrier		An individual who is implanted with someone else's fertilized egg, and then carries and deliveries the child for the intended parents.
Gestational Carrier's Worksheet		A tool developed by BHSR that may be used to collect data from a gestational carrier which is then used to complete the *Report of Live Birth* in EBRS.
Induced Termination of Pregnancy	ITOP	The use of any means to terminate the clinically diagnosable pregnancy of a birthing parent with knowledge that the termination by those means will, with reasonable likelihood, cause the death of the unborn child. When an ITOP is performed it needs to be filed manually with BHSR on a *Report of Induced Termination of Pregnancy* form (H106.072). An ITOP should never be completed along with a *Report of Fetal Death*. Questions or assistance can be directed to the Vital Events Stakeholder Hotline or by email to ra-dhBirthReg@pa.gov.
Intended Parents		Individuals who enter into an agreement providing that the individuals will be the parents of a child born to a gestational carrier.

Term	Acronym	Definition
Live Birth		The complete expulsion or extraction from the birthing parent of a product of human conception, irrespective of the period of gestation, which shows any evidence of life at any moment after such expulsion or extraction occurs.
Live Birth Record		A vital record registered by the State Registrar from the *Report of Live Birth*.
Newborn		A child less than 28 days of age as reasonably determined by a physician.
Pennsylvania Department of Health	PA-DOH	A Pennsylvania state agency that focuses on public health issues.
Pennsylvania Department of Human Services	DHS	A Pennsylvania state agency formerly known as the Department of Public Welfare (DPW)
Request to Modify a Birth Record		Forms available from BHSR to requests modifications to a birth record.
Report of Live Birth	ROLB	The official form used by BHSR to collect information on live births that occur in Pennsylvania. This report includes the data collected in EBRS and a paper version of the form (HD104.142). Once filed with and accepted by BHSR, the *Report of Live Birth* is used to create the individual's official birth record. Contact BHSR to request a copy of this form.
Safe Haven Baby		A newborn whose care is surrendered by a parent who is not criminally liable under any provisions of Title 18 if the criteria set forth in 18 Pa. C.S. § 4306 (related to newborn protection) are met.
Soundex Search		A method of searching for similar sounding names that are spelled differently (such as Smith or Smyth, Gail or Gayle, and Wolf and Wolfe).
State File Number	SFN	A unique identifier assigned to a birth record after it has been registered in Pennsylvania's Birth Registry.
State Registrar		The individual designated by the PA-DOH to manage Pennsylvania's vital statistics program. This individual is typically the Director of BHSR.
State Registrar Notices		Official communication issued by the state registrar regarding requirements related to the Pennsylvania vital statistics program. To register, email ra-dahvitalstatistics@pa.gov and request to be added to the ListServ for birthing facilities.

Term	Acronym	Definition
Surrogate or Traditional Surrogate		A birthing parent who is the egg donor, then carries and deliveries the child for intended parents. A surrogate must be reported as the birthing parent in EBRS and the paper ROLB.
Supplemental Report of Fetal Death for Intended Parents		A form to be completed using information from the intended parents and provided to BHSR accompanied by a *Report of Fetal Death* where the fetus was carried and delivered by a gestational carrier.
Supplemental Report of Live Birth for Intended Parents		A form to be completed using information from the intended parents and provided to BHSR accompanied by a *Report of Live Birth* where the newborn was carried and delivered by a gestational carrier.

Special Characters or Symbols in Names

A parent may select a name that includes the standard alpha numeric symbols or any of the ALT code symbols listed in the table below.

To enter a special character or symbol from table below, enter the ALT Code chart into a name field in EBRS. For example, if you hold the ALT key while also typing "0224", the character **à** will appear once you release the ALT key.

You must use a keyboard that allows for ALT codes entry to do this.

Windows Alt Codes for Accented Vowels

Accent	A	E	I	O	U	Y
Grave	À 0192	È 0200	Ì 0204	Ò 0210	Ù 0217	
	à 0224	è 0232	ì 0236	ò 0242	ù 0249	
Acute	Á 0193	É 0201	Í 0205	Ó 0211	Ú 0218	Ý 0221
	á 0225	é 0233	í 0237	ó 0243	ú 0250	ý 0253
Circumflex	Â 0194	Ê 0202	Î 0206	Ô 0212	Û 0219	
	â 0226	ê 0234	î 0238	ô 0244	û 0251	
Tilde	Ã 0195	--	Ñ 0209	Õ 0213	--	
	ã 0227	--	ñ 0241	õ 0245	--	
Umlaut	Ä 0196	Ë 0203	Ï 0207	Ö 0214	Ü 0220	Ÿ 0159
	ä 0228	ë 0235	ï 0239	ö 0246	ü 0252	ÿ 0255