

PERINATAL QUALITY COLLABORATIVE OF NORTH CAROLINA
Birth Certificate Pilot Phase II 2019 Data Collection

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1. Your Facility: _____
2. Your Email: _____
3. Month, Year Audited: _____
4. Number of OB patients on Labetalol: _____
5. Number of OB patients who received Antenatal Steroids: _____
6. Number of newborns who received antibiotics: _____
7. Please provide any feedback on barriers to obtaining information required for creation of a birth certificate: _____

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