

## Guide to Define 11 Key Birth Certificate Variables

Data that is accurate and complete is of great importance to improve the health of mothers and babies. Although all the information collected in the birth certificate is significant, there are 10 key variables that have been identified as essential to supporting North Carolina's efforts for healthier mothers and babies. By reporting quality data, you help improve perinatal health.

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Definition	Tips for Entry	Best Source to Obtain Info	Keywords and Abbreviations
1. Birth Weight			
<ul style="list-style-type: none"> <li>The weight of the infant at birth.</li> </ul>	<p>Enter the weight (in grams) of the infant at birth.</p> <p>Do not convert pounds (lbs.) and ounces (oz.) to grams.</p> <p>If the weight in grams is unavailable, enter the birth weight in lbs. and oz.</p>	<p>Delivery record <i>under</i>– Infant data</p>	<p>BW –Birthweight</p> <p>Gms–Grams</p> <p>g-grams</p> <p>kg-Kilograms</p> <p>Lbs-Pounds</p> <p>oz-Ounces</p>

## 2. Previous Preterm Birth

- History of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation.

**1st Source:** Prenatal care record *under*–

- Medical history
- Previous OB history *under*– summary of previous pregnancies  
Problem list *or*–initial risk assessment Historical risk summary
- Complications of previous pregnancies

**2nd Source:** Labor and delivery nursing admission triage form *under*–

- Medical complications
- Comments

**3rd Source:** Admission history and physical (H&P) *under*–

- Medical history
- Previous OB history *under*– pregnancy related
- Problem list/findings

PTL–Preterm labor  
P–Premature

### 3. Gestational Age

- The best obstetric estimate of the infant's gestational age (OE) in completed weeks is based on the clinician's final estimate of gestation.

Accurate pregnancy dating is important to improve outcomes and is a research and public health imperative. The best estimated due date should be documented clearly in the medical records.

Enter the final best obstetric estimate of the infant's gestational age in completed weeks.

The OE should be based on the clinician's estimate of gestational age at delivery. Look for the most recent gestational age estimate in the records (this can often be found in the labor and delivery records under "gestational age").

If the most recent gestational age is dated on or after the infant's date of delivery, enter this estimate.

If the most recent gestational age is dated before the date of delivery, add the number of days between the most recent gestational age and the date of delivery to the gestational age estimate. For example, if the most recent gestational age in the records is 32 weeks, 5 days and is dated 3/24, and the date of delivery is 3/31, add 7 days to the gestational age for the final total of 33 weeks, 5 days.

**1st Source:** OB admission H&P *under*–

- Weeks
- Gestational age

Gestation \_\_\_\_\_ weeks (wks.) weeks gestational age

GA–Gestational age

EGA–Estimated gestational age

## Gestational Age Continued...

The gestational age for the OE is reported in completed weeks. If the OE includes a fraction of a week (e. g., 33 weeks, 5 days) always round down to the nearest whole week (e. g., 33 weeks).

If a final best obstetric estimate of gestation cannot be found, search for the best obstetrical estimated due date (EDD) and calculate the OE as shown below.

If both the EDD and the OE are not known, enter “unknown.”

**If the date of delivery occurs before the EDD, then use the following calculation:**

- 1) Find the most recent best EDD (this may only be found in the prenatal care records) and the date of delivery.
- 2) Calculate the difference between the EDD and the date of delivery in days (e. g., EDD of 1/7/2015 – date of delivery of 12/30/2014 = 8 days)

## 4. Antenatal steroids

- **Steroids (glucocorticoids) for fetal lung maturation received by the mother before delivery**

Steroids received by the mother prior to delivery to accelerate fetal lung maturation. Typically administered in anticipation of preterm (less than 37 completed weeks of gestation) delivery.

Steroids include: betamethasone, dexamethasone, or hydrocortisone specifically given to accelerate fetal lung maturation.

Does not include steroid medication given to the mother for anti-inflammatory treatment before or after delivery.

Three conditions must be met for this item. Check this item when

- 1) steroid medication was given to the mother
- 2) prior to delivery
- 3) for fetal lung maturation.

Steroids may be administered to the mother prior to admittance to the hospital for delivery. Review the mother's prenatal care and other hospital records for mention of steroid administration for this purpose.

**1st Source:** Delivery record *under*– Maternal OB/labor summary– comments  
Labor summary record– comments

**2nd Source:**  
Maternal medication record

**3rd Source:**  
Newborn admission

**4th Source:**  
H&P Maternal physician order sheet

**5th Source:**  
Prenatal care records

Medications (before delivery):

Betamethasone  
Betamethasone-phosphate  
Beta-PO4 Betamethasone acetate Beta-Ac  
Dexamethasone

## 5. Induction of Labor

- Initiation of uterine contractions by medical or surgical means for the purpose of delivery before the spontaneous onset of labor (i.e., before labor has begun).

Examples of methods include, but are not limited to: artificial rupture of membranes, balloons, oxytocin, prostaglandin, laminaria, or other cervical ripening agents.

Check this item if medication was given or procedures to induce labor were performed before labor began.

If it is not clear whether medication or procedures were performed before or after labor had begun, review records to determine when labor began and when medications were given or procedures performed. If this information is unclear or unavailable, check with the birth attendant.

Induction of labor should be checked even if the attempt to initiate labor is not successful or the induction follows a spontaneous rupture of the membrane without contractions.

NOTE: Does not include augmentation of labor, which applies only after labor or contractions have begun.

**1<sup>st</sup> Source:** Delivery record *under*– Maternal OB/labor summary

- Labor and delivery admission history
- Labor summary record

IOL–Induction of labor

Pit Ind–Pitocin induction

ROM/NIL–Amniotomy induction or induction for rupture of membranes, not in labor

AROM–Artificial rupture of membranes done before labor

Balloons  
Oxytocin  
Prostaglandin  
Laminaria  
Cervidil

## 6. Trial of Labor

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

Labor was allowed, augmented, or induced with plans for a vaginal delivery.

Check “yes” or “no.”

**1st Source:** Delivery record *under*– Method of delivery

**2nd Source:**  
Newborn admission H&P

**3rd Source:**  
Recovery room record  
*under*– Maternal data–  
Delivered

TOL–Trial of labor



## 7. Previous C-Section

### Mother had a previous cesarean delivery

Previous delivery by extracting the fetus, placenta, and membranes through an incision in the mother's abdominal and uterine walls.

If yes, how many?

If the mother has had a previous cesarean delivery, indicate the number of previous cesarean deliveries she has had.

**1<sup>st</sup> Source:** Prenatal care record *under*–

- Past pregnancy history
- Past OB history  
Problem list *or*–initial risk assessment

**2<sup>nd</sup> Source:** Labor and delivery nursing admission triage form *under*–  
Comments

**3<sup>rd</sup> Source:** Admission history and physical (H&P) *under*–

- Past OB history
- Past pregnancy history  
*under*– problem list/findings

C/S–Cesarean section  
Repeat C/S

VBAC–Vaginal delivery after cesarean

LSTCS (or LTCS) low segment transverse cesarean section

Classical cesarean section

Low vertical C/S  
Low transverse C/S

*Look for:*  
TOL–Trial of labor

## 8. Diagnosis of Maternal Hypertension

### **Hypertension**

Elevation of blood pressure above normal for age, sex, and physiological condition.

### **Prepregnancy (chronic)**

Diagnosis prior to the onset of this pregnancy—does not include gestational (pregnancy-induced hypertension [PIH]).

### **Gestational**

Diagnosis in this pregnancy (Pregnancy-induced hypertension or preeclampsia).

### **Eclampsia**

Hypertension with proteinuria with generalized seizures or coma. May include pathologic edema.

If hypertension is present, check either prepregnancy or gestational hypertension. Do not check both.

If eclampsia is present, one type of hypertension (either gestational or prepregnancy) may be checked.

**1<sup>st</sup> Source:** Prenatal care record *under*—

- Past pregnancy history
- Past OB history  
Problem list *or*—initial risk assessment

**2<sup>nd</sup> Source:**

Labor and delivery nursing admission triage form *under*— Comments

**3<sup>rd</sup> Source:** Admission history and physical (H&P) *under*—

- Past OB history
- Past pregnancy history *under*—  
problem list/findings

### **Prepregnancy:**

CHT—Chronic hypertension  
Benign essential hypertension  
Essential hypertension  
Preexisting hypertension

### **Gestational:**

PIH—Pregnancy-induced hypertension  
Preeclampsia  
Eclampsia  
Transient hypertension  
HELLP Syndrome

## 9. Antibiotics for Newborn Sepsis

- Any antibacterial drug (penicillin, ampicillin, gentamicin, cefotaxime, etc.) given systemically (intravenous or intramuscular). Does not include antibiotics given to infants who are not suspected of having neonatal sepsis.

**1st Source:** Newborn medication administration record

## 10. Breastfeeding at Discharge

<ul style="list-style-type: none"> <li>Information on whether the infant was receiving breastmilk or colostrum during the period between birth and discharge from the hospital.</li> </ul> <p>Breastfeeding refers to the establishment of breastmilk through the action of breastfeeding or pumping (expressing) .</p> <p>Include any attempt to establish breastmilk production during the period between birth and discharge from the hospital.</p> <p>Include if the infant received formula in addition to being breastfed.</p> <p>Does not include the intent to breastfeed.</p>	<p>Check “yes” if the infant was breastfed at any time before being discharged from the hospital.</p> <p>Check “no” if the infant was not breastfed before being discharged from the hospital.</p>	<p><b>1st Source:</b> Labor and delivery summary record <i>under</i>–Infant data</p>	<p>Pumping Lactation consultation LATCH score</p> <ul style="list-style-type: none"> <li>(Latch on, Audible swallow, Type of nipple, Comfort, and Help—used to measure position and attachment of the baby on the breast)</li> </ul> <p>Breast pump Breast pump protocol Breast milk MM–Mother’s milk FBM–Fresh breast milk Attempt to breastfeed</p>
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## 11. Fetal Presentation at Birth

<ul style="list-style-type: none"> <li>• <b>Cephalic</b>—presenting part of the fetus listed as vertex, occiput anterior (OA), or occiput posterior (OP).</li> <li>• <b>Breech</b>—presenting part of the fetus listed as breech, complete breech, frank breech, or footling breech.</li> <li>• <b>Other</b>—any other presentation not listed above.</li> </ul>	<p>Check one of the three boxes.</p> <p>Check only the final presentation at birth.</p>	<p><b>1st Source:</b> Delivery record <i>under</i>—Fetal birth presentation</p>	<p>Cephalic: Vertex—OA, OP, LOA, ROA, LOP, ROP, LOT, ROT Face—LMA, LMT, LMP, RMA, RMP, RMT Brow Sinciput Mentum—chin</p> <p>Breech: (Buttocks, sacrum) Frank breech—LSA, LST, LSP, RSP, RST Single footling breech Double footling breech Complete breech</p> <p>Other: Shoulder Transverse lie Funis Compound</p>
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