What You Need to Know about Your Child's Birth Certificate

Your child's birth certificate lasts forever. Please be certain the information on the certificate is accurate and complete *before* you sign it.

- The birth certificate is a legal document.
- An amendment form is required to make corrections to the birth certificate.
- The birth certificate will become a two-page document if an amendment is requested after the original has been processed.
- Many changes on the birth certificate require the applicant to go to court for a court order, including reversing the order of last names (surnames).
- Parents may have problems receiving benefits, traveling on an airline, or obtaining a passport or Social Security Number (SSN) for their child if the birth certificate is not true and correct.
- It can take several weeks to apply an amendment. The processing time for amendments can be located on the California Department of Public Health-Vital Records website (https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx).

Common mistakes that require amendments or court orders:

- Misspelled first, middle, or last names of child and/or parents
- Incorrect birth place or date of birth of parent(s)
- Reversed order of last names (surnames)
- Adding additional names to parent(s) or child later
- Incorrect sex of child
- Incorrect birth date

Errors on birth certificates
cannot be corrected on the original certificate.

The **original** birth certificate **does not** change, but an amendment is attached to create a **two-page** document.

✓ Parents, please review the information on the birth certificate carefully before you sign it.

✓ Your signature confirms that you have reviewed the information and that the facts are correct.

Amendment forms may be obtained at the local health department or county recorder's office, or online (https://www.cdph.ca.gov/Programs/CHSI/Pages/Correcting-or-Amending-Vital-Records.aspx)**.**

California Department of Public Health – Vital Records August 2024

What You Need to Know about Data Collected from Your Child's Birth Certificate

Why is birth certificate information collected?

The birth certificate information is collected based on California Health and Safety Code (HSC) sections 102425 and 102426. This law lists all of the information required on the California birth certificate. This law also makes ***all medical information confidential***.

Is birth certificate information confidential?

All medical information, including parents' race, education, occupation, SSNs, and address, is considered confidential and is not released to the public. Access to the confidential portion of the birth certificate is limited to the California Department of Public Health, California Department of Health Care Services, California Department of Finance, ScholarShare Investment Board, local health department, persons with a valid scientific interest as determined by the State Registrar, Committee for Protection of Human Subjects, parent who signed the certificate or parent giving birth, the child named on the birth certificate, and the hospital responsible for preparing and submitting the birth record (Reference HSC 102430). This packet identifies the pages that contain confidential data collected from the parents at the top of the pages.

What is birth certificate information used for?

The information collected is used to record what happened during pregnancy, labor and delivery, and any issues the newborn experienced. The information will be used to understand and help prevent birth defects, preterm births, maternal deaths, other labor and delivery outcomes, and public health programs.

Do I have to provide all information?

All information is required by law with the exception of the parents' race, occupation, education, and SSNs. Although not required, reporting information about your race,occupation, and education helps public health programs to succeed. Without information, we cannot effectively develop public health programs to treat gestational diabetes, assist with teen pregnancies, manage services for Women, Infants & Children (WIC), and so much more.

Who collects birth certificate information?

Birth certificate information is collected by the birth clerk. It is then securely sent to the local health department, then to the California Department of Public Health - Vital Records for registration, and finally sent to the National Center for Health Statistics within the Centers for Disease Control and Prevention. If parents request an SSN for their newborn, then non-medical information as well as parent SSN (if listed) and address of where SSN card should be sent are forwarded to the Social Security Administration. Scholarshare information is collected solely for the purposes and use of the Scholarshare program.

I still have questions…

Please contact the California Department of Public Health - VitalRecords at (916) 445-2684.

Certificate of Live Birth Worksheet

Please complete this information to prepare your child's birth certificate.

Name of Child: (If a name has not been determined at the time the birth certificate is created, a dash (-) can be entered for the first, middle and last name. The birth certificate can be amended later to add the child's name.)

FOR HOSPITAL OR ATTENDANT USE ONLY:

Room: _____ MR: _____

Attendant: _____

Clerk Initial: _____

Date Given to Parent(s): _____

Date Completed: _____

1A. First Name: _____

1B. Middle Name: _____

1C. Last Name: _____

Suffix (Optional): ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI ☐ VII ☐ VIII ☐ IX ☐ X ☐ JR ☐ SR

2. Sex: ☐ Male ☐ Female ☐ Unknown/Undetermined

3A. Plurality:

☐ Single ☐ Twin ☐ Triplet ☐ Quadruplet
☐ Quintuplet ☐ Sextuplet ☐ Septuplet ☐ Octuplet or More ☐ Unknown

3B. Birth Order: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th or more ☐ Unknown

4A. Date of Birth: _____ **4B.** Time of Birth: _____

Planned Place of Birth:

Place of birth and planned place of birth refer to *categories*, and do not refer to specific addresses. Categories include: Hospital, Freestanding Birth Center, Home Delivery, Clinic/doctor's office, Other, and Unknown.

Did the place of birth category match the planned place of birth category? ☐ Yes ☐ No ☐ Unknown

If place of birth category did not match planned place of birth category, where did you plan for this birth to take place?

☐ Hospital
☐ Freestanding Birth Center
☐ Home Delivery
☐ Clinic/doctor's office
☐ Other _____ *(Please specify other category, do not put names of specific facilities, business names, other places)*
☐ Unknown

Birth name of *Parent Giving Birth* (fields 9A, 9B, 9C, on child's birth certificate), unless a certified copy of a surrogate court order is presented. If only one parent is listed on the birth certificate, they must be listed in fields 9A, 9B, 9C.

9A. First Name: _____

9B. Middle Name: _____

9C. Last Name (Birth):_____

Suffix: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI ☐ VII ☐ VIII ☐ IX ☐ X ☐ JR ☐ SR

This question collects information on whether the person listed in Field 9a-c is the genetic mother of the child. This information is confidential and does not print on the birth certificate. Parents do not need to report this information; This information is voluntary.

Is this the Genetic Mother? ☐ Yes ☐ No ☐ Unknown

9D. Relationship to Child (Optional): ☐ Mother ☐ Father ☐ Parent

10. Birth State/Foreign Country:

☐ US State. State Name: _____
☐ US Territory. Territory Name: _____
☐ Canadian Province. Province Name: _____
☐ Mexican State. State Name: _____
☐ Other Country. Country Name: _____
☐ Other Country Unknown
☐ Unknown
(Specify the Birth State/Foreign Country from the dropdown in EBRS)

11. Birth Date: _____

Are the Parents Married and/or in a State Registered Partnership (SRDP), or is there a certified surrogate court order?
☐ Yes ☐ No ☐ Unknown

Has a Voluntary Declaration of Parentage (VDOP) form been completed and signed?
☐ Yes ☐ No

If the parents are not married or in an SRDP, then the biological or intended parents may sign the Voluntary Declaration of Parentage (VDOP) form to list the biological parent not giving birth or intended parent in fields 6A, 6B, 6C at the time of birth. If the parents are not married or in an SRDP, do not have a surrogate court order and do not complete the VDOP, the second parent cannot be listed or have additional information collected for the birth certificate. Reference Health and Safety Code Section 102425(a)(4). Additional parents may be added through the amendment process after the certificate is registered.

Scholarshare Contact Information for Parent Giving Birth. This information is for Scholarshare use only. This information does not print on the birth certificate and is not included with any data collected on the birth certificate.

E-mail address: _____

Mobile Phone Number (Include area code and country code if applicable): _____

Birth Name of <u>Parent Not Giving Birth or Intended Parent</u> (Fields 6A, 6B, 6C, on child's birth certificate):

6A. First Name: _____

6B. Middle Name: _____

6C. Last Name: _____

Suffix: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI ☐ VII ☐ VIII ☐ IX ☐ X ☐ JR ☐ SR

6D. Relationship to Child (Optional): ☐ Mother ☐ Father ☐ Parent

7. Birth State/Foreign Country:

☐ US State. State Name: _____
☐ US Territory. Territory Name: _____
☐ Canadian Province. Province Name: _____
☐ Mexican State. State Name: _____
☐ Other Country. Country Name: _____
☐ Other Country Unknown
☐ Unknown
(Specify the Birth State/Foreign Country from the dropdown in EBRS)

8. Birth Date: _____

Scholarshare Contact Information for Parent Not Giving Birth or Intended Parent (Person listed in 6A-6C). This contact information is for Scholarshare use only. This information does not print on the birth certificate and is not included with any data collected on the birth certificate. If no parent is listed in fields 6A-6C, do not collect this information.

E-mail address: _____

Mobile Phone Number (Include area code and country code if applicable): _____

Names of Parent(s)/Informant(s) Signing the Birth Certificate:

12A. Printed Name of Parent/Informant 1 who will sign the Birth Certificate **(Required)**

_____

Your name should be printed as you want it to appear in field 12A in lieu of an ink signature.

12B. Relationship of Parent/Informant 1:

- ☐ Mother
- ☐ Father
- ☐ Parent
- ☐ Other: _____

12A. Printed Name of Parent/Informant 2 who will sign the Birth Certificate (Optional)

_____

Your name should be printed as you want it to appear in field 12A in lieu of an ink signature.

12B. Relationship of Parent/Informant 2:

- ☐ Mother
- ☐ Father
- ☐ Parent
- ☐ Other: _____

Father or Parent Information

Field 19 (Father or Parent)

Is the father or parent Hispanic, Latino, or Spanish?

☐Yes If Yes, please specify: ☐Cuban
☐No ☐Mexican
☐Unknown ☐Puerto Rican
☐Withheld ☐Other _____

Mother Information

Field 22 (Mother)

Is the mother Hispanic, Latina, or Spanish?

☐Yes If Yes, please specify: ☐Cuban
☐No ☐Mexican
☐Unknown ☐Puerto Rican
☐Withheld ☐Other _____

Fields 18 and 21

Up to three races may be entered for each parent on the birth certificate. Unless otherwise specified, the selected race(s) will print on the certificate. If the parent(s) would like a different description to print on the certificate, enter it in the space provided.

Field 18 (Father or Parent)

White
☐White _____
☐Caucasian _____

Black or African American
☐Black _____
☐African American _____

Hispanic
☐Mexican _____
☐Mexican American _____
☐Other Hispanic, specify _____

American Indian or Alaskan Native
☐Alaska Native _____
☐Eskimo _____
☐Aleut _____
☐Native American _____
☐American Indian _____

Asian
☐Chinese _____
☐Japanese _____
☐Filipino _____
☐Korean _____
☐Vietnamese _____
☐Asian Indian _____
☐Cambodian _____
☐Thai _____
☐Laotian _____
☐Hmong
☐Indonesian _____
☐Malaysian _____
☐Taiwanese _____
☐Bangladeshi _____
☐Pakistani _____
☐Sri Lankan _____
☐Other Asian, specify _____

Native Hawaiian or Other Pacific Islander
☐Native Hawaiian _____
☐Guamanian _____
☐Samoan _____
☐Fijian _____
☐Tongan _____
☐Other Pacific Islander, specify _____

Field 21 (Mother)

White
☐White _____
☐Caucasian _____

Black or African American
☐Black _____
☐African American _____

Hispanic
☐Mexican _____
☐Mexican American _____
☐Other Hispanic, specify _____

American Indian or Alaskan Native
☐Alaska Native _____
☐Eskimo _____
☐Aleut _____
☐Native American _____
☐American Indian _____

Asian
☐Chinese _____
☐Japanese _____
☐Filipino _____
☐Korean _____
☐Vietnamese _____
☐Asian Indian _____
☐Cambodian _____
☐Thai _____
☐Laotian _____
☐Hmong _____
☐Indonesian _____
☐Malaysian _____
☐Taiwanese _____
☐Bangladeshi _____
☐Pakistani _____
☐Sri Lankan _____
☐Other Asian, specify _____

Native Hawaiian or Other Pacific Islander
☐Native Hawaiian _____
☐Guamanian _____
☐Samoan _____
☐Fijian _____
☐Tongan _____
☐Other Pacific Islander, specify _____

Unknown or Other
☐Unknown
☐Other _____
☐Other _____
☐Other _____

Withheld
☐Withheld

Unknown or Other
☐Unknown
☐Other _____
☐Other _____
☐Other _____

Withheld
☐Withheld

20C. Father or Parent Education: (Enter Highest Level or Degree of School Completed. **Does not include trade schools/occupation-specific certificate programs**)

☐ 0-11th Grade. Highest Grade Completed: _____
☐ High School Diploma
☐ Some College (No degree)
☐ Bachelor's Degree (e.g., BA, BSc, BEng)
☐ Doctorate Degree (e.g., PhD, EdD)
☐ 12th Grade with No Diploma
☐ General Equivalency Diploma (GED)
☐ Associate's Degree (e.g., AA, AS, AAS, AAB)
☐ Master's Degree (e.g., MA, MSc, MBA, MSW)
☐ Professional Degree (e.g., MD, JD, DDS, LLB)

20A. Father or Parent Usual Occupation:

_____

Work done for the longest period of time. Do ***not*** enter company name.

20B. Father or Parent Kind of Business/Industry:

_____

Do ***not*** enter company name.

Sexual Orientation / Gender Identity. This information is optional and should only be provided by the parent identified in fields 6A-6C. **This information is confidential and does not print on the birth certificate.**

1. *What sex appears on your original birth certificate?*
   ☐ Male
   ☐ Female
   ☐ Unknown
   ☐ Decline to respond

2. *How do you describe your gender identity?*
   ☐ Male
   ☐ Female
   ☐ Female-to-Male (FTM)/Transgender Male/Trans Man
   ☐ Male-to-Female (MTF)/Transgender Female/Trans Woman
   ☐ Nonbinary, Genderqueer, neither exclusively male nor female
   ☐ Other gender category, please specify_____
   ☐ Do not know/Unsure
   ☐ Decline to respond

3. *How do you describe your sexual orientation? (if more than one orientation, select orientation with which you identify the most)*
   ☐ Lesbian, gay or homosexual
   ☐ Straight or heterosexual
   ☐ Bisexual
   ☐ Pansexual
   ☐ Other, please specify_____
   ☐ Do not know/Unsure
   ☐ Decline to respond

23C. Mother Education: (Enter Highest Level or Degree of School Completed. **Does not include trade schools/occupation-specific certificate programs**)

☐ 0-11th Grade. Highest Grade Completed: _____
☐ High School Diploma
☐ Some College (No degree)
☐ Bachelor's Degree (e.g., BA, BSc, BEng)
☐ Doctorate Degree (e.g., PhD, EdD)
☐ 12th Grade with No Diploma
☐ General Equivalency Diploma (GED)
☐ Associate's Degree (e.g., AA, AS, AAS, AAB)
☐ Master's Degree (e.g., MA, MSc, MBA, MSW)
☐ Professional Degree (e.g., MD, JD, DDS, LLB)

23A. Mother Usual Occupation:

_____

Work done for the longest period of time. Do ***not*** enter company name.

23B. Mother Kind of Business/Industry:

_____

Do ***not*** enter company name.

Sexual Orientation / Gender Identity. This information is optional and should only be provided by the parent identified in fields 9A-9C. **This information is confidential and does not print on the birth certificate.**

1. *What sex appears on your original birth certificate?*
   - ☐ Male
   - ☐ Female
   - ☐ Unknown
   - ☐ Decline to respond

2. *How do you describe your gender identity?*
   - ☐ Male
   - ☐ Female
   - ☐ Female-to-Male (FTM)/Transgender Male/Trans Man
   - ☐ Male-to-Female (MTF)/Transgender Female/Trans Woman
   - ☐ Nonbinary, Genderqueer, neither exclusively male nor female
   - ☐ Other gender category, please specify_____
   - ☐ Do not know/Unsure
   - ☐ Decline to respond

3. *How do you describe your sexual orientation? (if more than one orientation, select orientation with which you identify the most)*
   - ☐ Lesbian, gay or homosexual
   - ☐ Straight or heterosexual
   - ☐ Bisexual
   - ☐ Pansexual
   - ☐ Other, please specify_____
   - ☐ Do not know/Unsure
   - ☐ Decline to respond

24A-E. Parent Giving Birth Residence Address **(Required). P.O. Boxes Are Not Acceptable.**

Street Number and Name: _____ Apt/Suite/Unit: _____

City: _____ State/Province: _____

Zip Code/Postal Code: _____ County/Country:_____

Medical and Health Data: Birth Parent and Newborn

Did the person giving birth receive Women, Infants and Children (WIC) food while pregnant?

☐ Yes ☐ No ☐ Unknown

Did the person giving birth smoke before or during the pregnancy? Enter number of cigarettes smoked per day as follows:

During the three months prior to becoming pregnant:

- ☐ Did not smoke
- ☐ Cigarettes. # per day _____
- ☐ Packs. # per day _____
- ☐ Unknown

During the first three months of pregnancy:

- ☐ Did not smoke
- ☐ Cigarettes. # per day _____
- ☐ Packs. # per day _____
- ☐ Unknown

During the second three months of pregnancy:

- ☐ Did not smoke
- ☐ Cigarettes. # per day _____
- ☐ Packs. # per day _____
- ☐ Unknown

During the last three months of pregnancy:

- ☐ Did not smoke
- ☐ Cigarettes. # per day _____
- ☐ Packs. # per day _____
- ☐ Unknown

Birth Parent: Prepregnancy Weight: _____ Delivery Weight: _____ Height: _____

APGAR score (5 minute): _____ APGAR score (10 minute): _____

25A. Date Last Normal Menses Began: (if exact date is unknown, enter the month and year) _____

25AA. Date of First Prenatal Care Visit: (if exact date is unknown, enter the month and year) _____

25B. Month Prenatal Care Began: _____ (e.g., 1st, 2nd, 3rd, Unknown, etc.)

25BA. Date of Last Prenatal Care Visit: _____ (Do not enter delivery date)

25C. Number of Prenatal Visits: _____
(Count only visits recorded in the most current record available. Do not estimate additional prenatal visits when the prenatal record is not up to date. Do not include non-pregnancy related visits to ER; visit to confirm pregnancy; nutritionist; dietitian; health educator, etc. Normal prenatal visits are approximately 16.)

25D. Principal Source of Payment for Prenatal Care:

- ☐ No Prenatal Care (00)
- ☐ Medi-Cal, without CPSP Support Services (02)
- ☐ Other Governmental Programs (Federal, State, Local) (05)
- ☐ Private Insurance Company (07)
- ☐ Self Pay (09)
- ☐ Medi-Cal, with CPSP Support Services (13)
- ☐ Other (14)
- ☐ Unknown (99)

26. Birthweight in Grams: _____ **26A.** Obstetric Estimate of Gestation: _____ (Completed Weeks)

26B. Hearing Screening:

- ☐ Pass Both
- ☐ Refer One
- ☐ Refer Both
- ☐ Results Pending
- ☐ Waived
- ☐ Not Med Indicated
- ☐ Test Not Available

Page 9 *Confidential Data Section*

27A. Number of Previous Live Births Now Living: _____ **27B.** Number of Previous Live Births Now Dead: _____

27C. Date of Last Live Birth: _____ (Do not count this child.)

27D. Number of Miscarriages Before 20 Weeks: (Do not count abortions) _____ **27E.** After 20 Weeks: _____

27F. Date of Last Miscarriage: _____

28A. Method of Delivery

28AA. Final Delivery Route: _____

28AB. Number of Previous Cesarean(s): _____

28AC. Fetal Presentation: _____

28AD. Forceps Attempted, But Unsuccessful:

☐ Yes
☐ No
☐ Unknown

28AE. Vacuum Attempted, But Unsuccessful:

☐ Yes
☐ No
☐ Unknown

28B. Expected Source of Payment for Delivery:

☐ Medi-Cal (02)
☐ Other Governmental Programs (Federal, State, Local) (05)
☐ Private Insurance (07)
☐ Self Pay (09)
☐ Other (14)
☐ Private Insurance – Covered California (17)
☐ Private Insurance – Individual Plan (18)
☐ Unknown (99)

HOSPITAL OR ATTENDANT USE ONLY

29. Complications and Procedures of Pregnancy and Concurrent Illnesses:
Codes to Enter? ☐ Yes ☐ No ☐ Unknown
(If Yes, Hospital Staff or Attendant Circle the Appropriate Codes on VS 10A)

30. Complications and Procedures of Labor and Delivery:
Codes to Enter? ☐ Yes ☐ No ☐ Unknown
(If Yes, Hospital Staff or Attendant Circle the Appropriate Codes on VS 10A)

31. Abnormal Conditions and Clinical Procedures Relating to the Newborn:
Codes to Enter? ☐ Yes ☐ No ☐ Unknown
(If Yes, Hospital Staff or Attendant Circle the Appropriate Codes on VS 10A)

32. 6A-6C/Parent Social Security Number: _____
☐ Withheld ☐ None ☐ Unknown

33. 9A-9C/Parent Social Security Number: _____
☐ Withheld ☐ None ☐ Unknown

F. Social Security Number Requested for Child: ☐ Yes ☐ No

Birth Parent Mailing Address. This is the address where the Child's Social Security Card will be mailed. This mailing address will also be shared with the Scholarshare Investment Board. P.O. Boxes are allowed. The Social Security Administration guidance limits the Enumeration at Birth program to hospital births.

Street Number and Name: _____ Apt/Suite/Unit: _____

City: _____ State/Province: _____

Zip Code/Postal Code: _____ Country: _____

REQUESTING THE CHILD'S SOCIAL SECURITY NUMBER THROUGH THE BIRTH CERTIFICATE PROCESS

NOTICE TO PARENTS: The Social Security Administration guidance limits the Enumeration at Birth program to hospital births. Completion of this form in the hospital will enable you to receive a valuable service from the federal government. Federal law requires that a Social Security Number be provided for all dependents listed on federal tax forms. A Social Security Number is also necessary when applying for welfare or other public assistance benefits for your child. By completing this form and requesting a Social Security Number for your new baby, the California Department of Public Health will transmit your request to the Social Security Administration, and a card will be mailed to you usually within six weeks, eliminating the need for you to personally visit a Social Security office with evidence of your child's identity, birth date, and citizenship.

For certified copies of your child's birth certificate, contact the health department or the recorder's office of the county where the birth occurred. You may also obtain an application for a certified copy through the California Department of Public Health by calling (916) 445-2684 or by visiting the website (https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records.aspx).

NEWBORN AUTOMATIC NUMBER ASSIGNMENT
(NANA)

Baby's Name as Reported on Birth Certificate:

(A SOCIAL SECURITY NUMBER CANNOT BE ISSUED FOR A CHILD THAT HAS NOT BEEN NAMED.)

1. Do you want a Social Security Number (SSN) for your new baby?

_____ Yes _____ No

Please contact the Social Security Administration at 1-800-772-1213 or online at www.ssa.gov for questions or concerns regarding the issuance of your child's Social Security number or Social Security card.

I acknowledge that I am responsible for reviewing my child's birth certificate for accuracy and that the birth certificate worksheet is only retained for a limited time period. Beyond that, it will not be the responsibility of the hospital to amend the birth certificate for anything other than an incorrect date of birth, time of birth, sex of infant, or hospital error. All other amendments to the birth certificate are the responsibility of the parent.

_____ _____
Parent's Signature Date

_____
Parent's Printed Name

This form should be completed and signed by the child's parent(s).

HOSPITAL OR ATTENDANT USE ONLY

CERTIFICATES OF LIVE BIRTH AND FETAL DEATH
MEDICAL DATA SUPPLEMENTAL WORKSHEET
VS 10A (Rev. 10/2022)

Use the codes on this Worksheet to report the appropriate entry in items numbered 25D and 28A through 31 on the "Certificate of Live Birth" and for items 29D and 32B through 35 on the "Certificate of Fetal Death."

Item 25D. (Birth) ***PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE***
Item 29E. (Fetal Death) *(Enter only 1 code)*

02 Medi-Cal, without CPSP Support Services
13 Medi-Cal, with CPSP Support Services
05 Other Government Programs (Federal, State, Local)
07 Private Insurance Company
09 Self Pay
14 Other
99 Unknown
00 No Prenatal Care

Item 28A. (Birth) ***METHOD OF DELIVERY***
Item 32A (Fetal Death) *(Enter only 1 code/number under each section, separated by commas: A,B,C,D,E,F)*

A. Final delivery route
01 Cesarean—primary
11 Cesarean—primary, with trial of labor attempted
21 Cesarean—primary, with vacuum
31 Cesarean—primary, with vacuum & trial of labor attempted
02 Cesarean—repeat
12 Cesarean—repeat, with trial of labor attempted
22 Cesarean—repeat, with vacuum
32 Cesarean—repeat, with vacuum & trial of labor attempted
03 Vaginal—spontaneous
04 Vaginal—spontaneous, after previous Cesarean
05 Vaginal—forceps
15 Vaginal—forceps, after previous Cesarean
06 Vaginal—vacuum
16 Vaginal—vacuum, after previous Cesarean
88 Not Delivered (Fetal Death Only)

B. If mother had a previous Cesarean—How many? _____
(Enter 0 – 9, or U if Unknown)

C. Fetal presentation at birth
20 Cephalic fetal presentation at delivery
30 Breech fetal presentation at delivery
40 Other fetal presentation at delivery
90 Unknown

D. Was vaginal delivery with forceps attempted, but unsuccessful?
50 Yes 58 No 59 Unknown

E. Was vaginal delivery with vacuum attempted, but unsuccessful?
60 Yes 68 No 69 Unknown

F. Hysterotomy/Hysterectomy (Fetal Death Only)
70 Yes 78 No

Item 28B. (Birth) ***EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY***
Item 30 (Fetal Death) *(Enter only 1 code)*

02 Medi-Cal
05 Other Government Programs (Federal, State, Local)
09 Self Pay
07 Private Insurance – Employer Sponsored
17 Private Insurance – Covered California
18 Private Insurance – Individual Plan
14 Other
99 Unknown

Do not enter any identification by patient name or number on this worksheet. Discard after use.
Do not retain the worksheet in the medical records or submit with the "Certificates of Live Birth or Fetal Death."

Item 29. (Birth) ***COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES***
Item 34. (Fetal Death) *(Enter up to 16 codes, separated by commas, for the most important complications/procedures.)*

DIABETES

09 Prepregnancy (Diagnosis prior to this pregnancy)
31 Gestational (Diagnosis in this pregnancy)

HYPERTENSION

03 Prepregnancy (Chronic)
01 Gestational (PIH, Preeclampsia)
02 Eclampsia

OTHER COMPLICATIONS/PREGNANCIES

32 Large fibroids
33 Asthma
34 Multiple pregnancy (more than 1 fetus this pregnancy)
35 Intrauterine growth restricted birth this pregnancy
23 Previous preterm live birth (less than 37 weeks gestation)
36 Other previous poor pregnancy outcomes (Includes perinatal death, small-for-gestational age/ intrauterine growth restricted birth, large for gestational age, etc.)

OBSTETRIC PROCEDURES

24 Cervical cerclage
28 Tocolysis
37 External cephalic version—Successful
38 External cephalic version—Failed
39 Consultation with specialist for high-risk obstetric services
57 Progesterone use in second half of pregnancy

PREGNANCY RESULTED FROM INFERTILITY TREATMENT

40 Fertility-enhancing drugs, artificial insemination or intrauterine insemination
41 Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT)

INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY

42 Chlamydia
43 Gonorrhea
44 Group B streptococcus
18 Hepatitis B (acute infection or carrier)
45 Hepatitis C
16 Herpes simplex virus (HSV)
46 Syphilis
47 Cytomegalovirus (Fetal Death Only)
48 Listeria (Fetal Death Only)
49 Parvovirus (Fetal Death Only)
50 Toxoplasmosis (Fetal Death Only)

PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES

51 Chlamydia
52 Gonorrhea
53 Group B streptococcal infection
54 Hepatitis B
55 Human immunodeficiency virus (offered)
56 Syphilis

NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED

00 None
30 Other Pregnancy Complications/Procedures not Listed

EPIDEMICS AND/OR DISASTERS

91 COVID-19 Confirmed

See reverse side for codes to Birth Items 30 and 31 and Fetal Death Items 34 and 35.

Item 30 (Birth) ***COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY***
Item 35 (Fetal Death) *(Enter up to 9 codes, separated by commas, for the most important complications/procedures.)*

ONSET OF LABOR

10 Premature rupture of membranes (greater than or equal to 12 hours)
07 Precipitous labor (less than 3 hours)
08 Prolonged labor (greater than or equal to 20 hours)

CHARACTERISTICS OF LABOR AND DELIVERY

11 Induction of labor
12 Augmentation of labor
32 Non-vertex presentation
33 Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
34 Antibiotics received by the mother during labor
35 Clinical chorioamnionitis diagnosed during labor or maternal temperature greater than or equal to 38°C (100.4°F)
19 Moderate/heavy meconium staining of the amniotic fluid
36 Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery
37 Epidural or spinal anesthesia during labor
25 Mother transferred prior to delivery from another facility for maternal medical or fetal indications

COMPLICATIONS OF PLACENTA, CORD, AND MEMBRANES

38 Rupture of membranes prior to onset of labor
13 Abruptio placenta
39 Placental insufficiency
20 Prolapsed cord
17 Chorioamnionitis

MATERNAL MORBIDITY

24 Maternal blood transfusion
40 Third or fourth degree perineal laceration
41 Ruptured uterus
42 Unplanned hysterectomy
43 Admission to ICU
44 Unplanned operating room procedure following delivery

NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED

00 None
31 Other Labor/Delivery Complications/Procedures not Listed

Item 31 (Birth) ***ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN***
Item 36 (Fetal Death) ***ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE FETUS***
(Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)

CONGENITAL ANOMALIES (NEWBORN OR FETUS)

01 Anencephaly
02 Meningomyelocele/Spina bifida
76 Cyanotic congenital heart disease
77 Congenital diaphragmatic hernia
78 Omphalocele
79 Gastroschisis
80 Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
28 Cleft palate alone
29 Cleft lip alone
30 Cleft palate with cleft lip
57 Down's Syndrome—Karyotype confirmed
81 Down's Syndrome—Karyotype pending
82 Suspected chromosomal disorder—Karyotype confirmed
83 Suspected chromosomal disorder—Karyotype pending
35 Hypospadias
62 Additional and unspecified congenital anomalies not listed above

ABNORMAL CONDITIONS (NEWBORN OR FETUS)

66 Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)

ADDITIONAL ABNORMAL CONDITIONS/PROCEDURES (NEWBORN ONLY)

71 Assisted ventilation required immediately following delivery
85 Assisted ventilation required for more than 6 hours
73 NICU admission
86 Newborn given surfactant replacement therapy
87 Antibiotics received by the newborn for suspected neonatal sepsis
70 Seizure or serious neurological dysfunction
74 Newborn transferred to another facility within 24 hours of delivery

NONE OR OTHER ABNORMAL CONDITIONS/ PROCEDURES NOT LISTED

00 None (Newborn or Fetus)
75 Other Conditions/Procedures not Listed (Newborn Only)
67 Other Conditions/Procedures not Listed (Fetal Death Only)

EPIDEMICS AND/OR DISASTERS

91 COVID-19 Confirmed