



Mother's medical record # _____

Mother's name _____

STATE OF WEST VIRGINIA
FACILITY WORKSHEET FOR THE LIVE BIRTH CERTIFICATE
Part I of IV – General Facility Information – Page 1 of 1

For pregnancies resulting in the births of two or more live-born infants, this worksheet should be completed for the first live born infant in the delivery. For each subsequent live-born infant, complete the "Attachment for Multiple Births." For any fetal loss in the pregnancy reportable under West Virginia reporting requirements, currently, 350 grams or more (or 20 weeks completed gestation IF weight is unknown), complete the "Facility Worksheet for the Fetal Death Report." For detailed definitions, instructions, information on sources, and common keywords and abbreviations, please see "The Guide to Completing Facility Worksheets for the Certificate of Live Birth."

NOTE: White numbers inside of a black box [#] represent the box number on a physical birth certificate. * indicates that item is not on the physical certificate but is on the electronic record for statistical/administrative use only.

Facilities may wish to have pre-set responses (hardcopy and/or electronic) to questions 1-5 for births which occur at their institutions.

1. Facility name: 5. _____
(If not institution, give street and number where the birth took place. For rural births, provide identifiable "place," County or State Route numbers and not PO numbers, or other general locators)

2. Facility I.D. (National Provider Identifier): 17. _____
NOTE: National Provider Identifier can be found at: https://npiregistry.cms.hhs.gov/

3. City, Town or Location of birth: 6. _____

4. County of birth: 7. _____

- 5. Place of birth: 26.
[] Hospital
[] Freestanding birthing center (Freestanding birthing center is defined as one which has no direct physical connection with an operative delivery center.)
[] Home birth 1
Planned to deliver at home [] Yes [] No
[] Clinic/Doctor's Office
[] Other (specify, e.g., taxi cab, train, plane, etc.) _____
[] Unknown

1 – The reporting of unplanned home births in which the mother and newborn are transported immediately to a hospital, birthing facility, or clinic/doctor's office is the responsibility of the physician who examines the newborn. "Immediately" is to be construed as no later than 24 hours after the birth. After 24 hours, an examining physician may still certify to the birth but is not required to do so (although greatly appreciated by both State and the family of the newborn).

**STATE OF WEST VIRGINIA
FACILITY WORKSHEET FOR THE LIVE BIRTH CERTIFICATE
Part II of IV– Prenatal – Page 1 of 3**

Sources: Prenatal care records, mother’s medical records, labor and delivery records

Information for the following items should come from the mother’s prenatal care records and from other medical reports in the mother’s chart, as well as the infant’s medical record. If the mother’s prenatal care record is not in her hospital chart, please contact her prenatal care provider to obtain the record or a copy of the prenatal care information. Preferred and acceptable sources are given before each section. Please do not provide information from sources other than those listed.

NOTE: White numbers inside of a black box [#] represent the box number on a physical birth certificate. * indicates that item is not on the physical certificate but is on the electronic record for statistical/administrative use only.

6a. Date of first prenatal care visit: 30a. (Prenatal care begins when a physician or another health professional first examines and/or counsels the pregnant woman as part of an ongoing program of care for the pregnancy):

____ | ____ | ____ | ____ | ____ | ____ | ____ | ____
M M D D Y Y Y Y

No prenatal care (The mother did not receive prenatal care at any time during the pregnancy. If this box is checked skip 6(b)).

6b. Date of last prenatal care visit: 30b. (Enter the date of the last visit recorded in the mother’s prenatal records):

____ | ____ | ____ | ____ | ____ | ____ | ____ | ____
M M D D Y Y Y Y

7. Total number of prenatal care visits for this pregnancy: 30c.
(Count only those visits recorded in the record. If none enter “0”): _____

8. Date last normal menses began: 41. _____
M M D D Y Y Y Y

9. Number of previous live births now living: 35a. (Do not include this child. For multiple deliveries, do include the 1st born in the set if completing this worksheet for that child):
____ Number None

10. Number of previous live births now dead: 35b. (Do not include this child. For multiple deliveries, do not include the 1st born in the set if completing this worksheet for that child):
____ Number None

11. Date of last live birth: 39. _____ None
M M D D Y Y Y Y

12. Total number of OTHER pregnancy outcomes: 36. (Include fetal losses of any gestational age- spontaneous losses, induced losses, and/or ectopic pregnancies. If this was a multiple delivery, include all fetal losses delivered before this infant in the pregnancy):
____ Number None (If none, skip to question 14.)

13. Date of last other pregnancy outcome: 40. (Date when last pregnancy which did not result in a live birth ended):

____ | ____ | ____ | ____ | ____ | ____ | ____ | ____
M M D D Y Y Y Y

14. Risk factors in this pregnancy: 42. (Check all that apply. If none, check “None of the above”):

Diabetes - (Glucose intolerance requiring treatment)

- Prepregnancy - (Diagnosis prior to this pregnancy)
- Gestational - (Diagnosis in this pregnancy)

Hypertension - (Elevation of blood pressure above normal for age, gender, and physiological condition.)

CHECK ALL THAT APPLY

- CHECK ALL THAT APPLY
- Prepregnancy - (Chronic) (Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed prior to the onset of this pregnancy)
 - Gestational - (Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed during this pregnancy.)
 - Pre-eclampsia – (A condition characterized by increasing hypertension, proteinuria (protein in the urine) without seizures or coma and may include pathologic edema (generalized swelling, including swelling of the hands, legs and face)).
 - HELLP syndrome - (Severe pre-eclampsia marked by Hemolysis anemia, Elevated Liver enzymes, and Low Platelet count.)
 - Eclampsia - (Pregnancy induced hypertension with proteinuria with generalized seizures or coma. May include pathologic edema.)

- Previous preterm births** - (History of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation)

- Other previous poor pregnancy outcome** - (Includes perinatal death, small for gestational age/intrauterine growth restricted birth. History of pregnancies continuing into the 20th week of gestation and resulting in any of the listed outcomes. Perinatal death includes fetal and neonatal deaths.)

- Pregnancy resulted from infertility treatment** - Any assisted reproduction technique used to initiate the pregnancy. Includes fertility-enhancing drugs (e.g., Clomid, Pergonal), artificial insemination, or intrauterine insemination and assisted reproduction technology (ART) procedures (e.g., IVF, GIFT, and ZIFT).

If Yes, check all that apply:

Fertility-enhancing drugs, artificial insemination or intrauterine insemination - Any fertility-enhancing drugs (e.g., Clomid, Pergonal), artificial insemination, or intrauterine insemination used to initiate the pregnancy.

Assisted reproductive technology - Any assisted reproduction technology (ART)/technical procedures (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT, ZIFT) used to initiate the pregnancy.

- Mother had a previous cesarean delivery** - (Previous operative delivery by extraction of the fetus, placenta and membranes through an incision in the maternal abdominal and uterine walls.)

If Yes, how many? _____

- Known or self-reported maternal non-prescribed/illicit drug use during pregnancy**

- None of the above**

- Unknown**

Part II of IV – Prenatal, contd. – Page 3 of 3

15. Infections present and/or treated during this pregnancy: 44. - (Present at start of pregnancy or confirmed diagnosis during pregnancy with or without documentation of treatment.)
(Check all that apply. If none, check “None of the above”):

- Gonorrhea - (a diagnosis of or positive test for Neisseria gonorrhoeae)
- Syphilis - (also called lues - a diagnosis of or positive test for Treponema pallidum)
- Chlamydia - (a diagnosis of or positive test for Chlamydia trachomatis)
- Hepatitis B - (HBV, serum hepatitis - a diagnosis of or positive test for the hepatitis B virus)
- Hepatitis C - (non A, non B hepatitis, HCV - a diagnosis of or positive test for the hepatitis C virus)
- Other (specify) _____
- None of the above
- Unknown

16. Obstetric procedures 46. - (Medical treatment or invasive/manipulative procedure performed during this pregnancy specifically in the treatment of the pregnancy, management of labor and/or delivery.)
(Check all that apply. If none, check “None of the above”):

- Amniocentesis Fetal Monitoring
 - Amniocentesis conducted to assess fetal lung maturity
 - Amniocentesis conducted to assess/discover chromosomal abnormalities/other
- Cervical cerclage - (Circumferential banding or suture of the cervix to prevent or treat passive dilatation. Includes MacDonald’s suture, Shirodkar procedure, abdominal cerclage via laparotomy.)
- Tocolysis - (Administration of any agent with the intent to inhibit preterm uterine contractions to extend length of the pregnancy.)
- External cephalic version - (Attempted conversion of a fetus from a non-vertex to a vertex presentation by external manipulation.)
 - Successful Failed
- None of the above
- Unknown

Mother's medical record # _____

Mother's name _____

STATE OF WEST VIRGINIA FACILITY WORKSHEET FOR THE LIVE BIRTH CERTIFICATE

Part III of IV – Labor and Delivery – Page 1 of 4

Sources: Labor and delivery records, mother's medical records

NOTE: White numbers inside of a black box [#] represent the box number on a physical birth certificate. * indicates that item is not on the physical certificate but is on the electronic record for statistical / administrative use only.

17. Onset of Labor **43.** (Check all that apply. If none, check "None of the Above"):

- Premature Rupture of the Membranes (prolonged ≥ 12 hours)
(Spontaneous tearing of the amniotic sac, (natural breaking of the bag of waters), 12 hours or more before labor begins.)
- Precipitous labor (< 3 hours) (Labor that progresses rapidly and lasts for less than 3 hours.)
- Prolonged labor (≥ 20 hours) (Labor that progresses slowly and lasts for 20 hours or more.)
- None of the above
- Unknown

18. Date of birth: **3.** / / / / / / /
 M M D D Y Y Y Y

19. Time of birth: **4.** _____ 24 hour clock (*preferred*) OR _____ AM PM Noon Midnight

20. Certifier's name and title: **12c.** _____

(The individual who certifies to the fact that the birth occurred. May be, but need not be, the same as the attendant at birth.)
DO NOT INCLUDE TITLE (DR., MD, DO, CNM, etc.) IN CERTIFIER'S NAME-
USE CHECK BOX FOR TITLE

- MD
- DO
- Hospital administrator or designee
- CNM (Certified Nurse Midwife)
- DEM (Direct Entry Midwife)
- Other Midwife (Midwife other than CNM/DEM)
- Other (Specify) _____

21. Date certified: **12b.** / / / / / / /
 M M D D Y Y Y Y

Part III of IV, contd. – Labor and Delivery – Page 2 of 4

22. Principal source of payment for this delivery 38. (At time of delivery):

- Private Insurance
- Medicaid (Comparable State program)
- Self-pay (No third party identified)
- Other (Specify, e.g., Indian Health Service, CHAMPUS/TRICARE, Other Government (federal, state, local))
- _____
- Unknown

23. Newborn's medical record number: 49. _____

24. Was the mother transferred to this facility for maternal medical or fetal indications for delivery? 27. (Transfers include hospital to hospital, birth facility to hospital, etc.) Unknown

- Yes No If Yes, enter the name of the facility mother transferred from:

25. Attendant's name, title, address, and NPI: 11a., 11b., and 28. (National Provider Identifier) (The attendant at birth is the individual physically present at the delivery who is responsible for the delivery. For example, if an intern or nurse-midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician is to be reported as the attendant):

NOTE: National Provider Identifier can be found at <https://npiregistry.cms.hhs.gov/>

NOTE: Once entered in the facility software, the NPI number will automatically populate when the physician is chosen.

_____ Attendant's name **11a.** _____ NPI **28.**

DO NOT INCLUDE TITLE (DR., MD, DO, CNM, etc.) IN ATTENDANT'S NAME -
USE CHECK BOX FOR TITLE

Attendant's title 11a.:

- MD
- DO
- CNM (Certified Nurse Midwife)
- DEM (Direct Entry Midwife)
- Other Midwife (Midwife other than CNM/DEM)
- Other, Specify): _____

Attendant's address 11b.: _____
Street City State Zip

Part III of IV, contd. – Labor and Delivery – Page 3 of 4

26. Mother's weight at delivery (pounds): **33.** _____

27. Characteristics of labor and delivery **45.** (Check all that apply. If none, check "None of the above"):

- Induction of labor** - (Initiation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor.)
 - Elective Induction
 - Non-**E**lective Induction due to **S**pontaneous **R**upture **o**f **M**embranes (SROM)
 - Non-**E**lective Induction Otherwise Medically Indicated
 - Non-**E**lective Induction of labor, Other, Specify _____

- Augmentation of labor** - (Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time to delivery.)

- Non-vertex presentation** - (Includes any non-vertex fetal presentation, e.g., breech, shoulder, brow, face presentations, and transverse lie in the active phase of labor or at delivery other than vertex.)

- Steroids (glucocorticoids) for fetal lung maturation received by the mother 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 mother as an anti-inflammatory treatment.)

- Antibiotics received by the mother during labor** - (Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery: Ampicillin, Penicillin, Clindamycin, Erythromycin, Gentamicin, Cefotaxime, Ceftriaxone, etc.)

- Clinical chorioamnionitis diagnosed during labor or maternal temperature $\geq 38^{\circ}\text{C}$ (100.4°F)** - (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 maternal temperature at or above 38°C (100.4°F).

- Moderate/heavy meconium staining of the amniotic fluid** - (Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or at delivery which is more than enough to cause a greenish color change of an otherwise clear fluid.)

- Fetal intolerance of labor was such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery** - (*In Utero resuscitative measures* such as any of the following - maternal position change, oxygen administration to the mother, intravenous fluids administered to the mother, amnioinfusion, support of maternal blood pressure, and administration of uterine relaxing agents. *Further fetal assessment* includes any of the following - scalp pH, scalp stimulation, acoustic stimulation. *Operative delivery* – operative intervention to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery.)

- Epidural or spinal anesthesia during labor** - (Administration to the mother 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**

Part III of IV, contd. – Labor and Delivery – Page 4 of 4

28. Method of delivery 47. (The physical process by which the complete delivery of the infant was effected)
(Complete A and B):

A. Fetal presentation at birth (Check one):

- Cephalic - (Presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP))
- Breech - (Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech)
- Other - (Any other presentation not listed above)
- Unknown

B. Final route and method of delivery (Check one):

- Vaginal/Spontaneous - (Delivery of the entire fetus through the vagina by the natural force of labor with or without manual assistance from the delivery attendant.)
- Vaginal/Forceps - (Delivery of the fetal head through the vagina by application of obstetrical forceps to the fetal head.)
- Vaginal/Vacuum - (Delivery of the fetal head through the vagina by application of a vacuum cup or ventouse to the fetal head.)
- Cesarean - (Extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls.)

If cesarean, was a trial of labor attempted? - (Labor was allowed, augmented or induced with plans for a vaginal delivery.)

- Yes
- No

Was the cesarean scheduled?

- Yes, Scheduled
- No, Unscheduled due to spontaneous onset of labor
- No, Unscheduled due to spontaneous rupture of membranes
- No, Unscheduled due to (other, specify): _____

- Unknown

29. Maternal morbidity: 48. (Serious complications experienced by the mother associated with labor and delivery)
(Check all that apply. If none, check "None of the above"):

- Maternal transfusion (Includes infusion of whole blood or packed red blood cells associated with labor and delivery.)
- Third or fourth-degree perineal laceration - (3° laceration extends completely through the perineal skin, vaginal mucosa, perineal body and anal sphincter. 4° laceration is all of the above with extension through the rectal mucosa.)
- Ruptured uterus - (Tearing of the uterine wall.)
- Unplanned hysterectomy - (Surgical removal of the uterus that was not planned prior to the admission. Includes anticipated but not definitively planned hysterectomy.)
- Admission to intensive care unit - (Any admission of the mother to a facility/unit designated as providing intensive care.)
- Unplanned operating room procedure following delivery - (Any transfer of the mother back to a surgical area for an operative procedure that was not planned prior to the admission for delivery. Excludes postpartum tubal ligations.)
- None of the above

Mother's medical record # _____

Mother's name _____

**STATE OF WEST VIRGINIA
FACILITY WORKSHEET FOR THE LIVE BIRTH CERTIFICATE
Part IV of IV – Newborn – Page 1 of 5**

Sources: Labor and delivery records, Newborn's medical records, mother's medical records

NOTE: White numbers inside of a black box [#] represent the box number on a physical birth certificate. * indicates that item is not on the physical certificate but is on the electronic record for statistical/administrative use only.

30. Birthweight: 55. _____ (grams) (Do not convert lb/oz to grams)

If weight in grams is not available, birthweight: _____ (lb/oz)

31. Obstetric estimate of gestation at delivery 50. (completed whole weeks): _____

(The birth attendant's final estimate of gestation based on all perinatal factors and assessments, but not the neonatal exam. Do not compute based on date of the last menstrual period and the date of birth.)

32. Sex 2. (Male, Female, or Not yet determined): _____

33. Apgar score 51. (A systematic measure for evaluating the physical condition of the infant at specific intervals at birth):

Score at 5 minutes _____ If 5 minute score is less than 6:

Score at 10 minutes _____

34. Plurality 52. (Specify 1 (single), 2 (twin), 3 (triplet), 4 (quadruplet), 5 (quintuplet), 6 (sextuplet), 7 (septuplet), etc.)

(Include all live births and fetal losses resulting from this pregnancy.): _____ Unknown

35. If not single birth - Order delivered in the pregnancy, 53. (Specify 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, etc.)

(Include all live births and fetal losses resulting from this pregnancy): _____

36. If not single birth, specify number of infants in this delivery born alive: 54. _____

Part IV of IV – Newborn – Page 2 of 5

37. **Abnormal conditions of the newborn 56.** (Disorders or significant morbidity experienced by the newborn)

(Check all that apply. If none, check “None of the above”):

- Assisted ventilation required immediately following delivery** - (Infant given manual breaths for any duration with bag and mask or bag and endotracheal tube within the first several minutes from birth. Excludes oxygen only and laryngoscopy for aspiration of meconium.)
- Assisted ventilation required for more than six hours** - (Infant given mechanical ventilation (breathing assistance) by any method for > 6 hours. Includes conventional, high frequency and/or continuous positive pressure (CPAP).)
- NICU admission** - (Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for a newborn.)
- Newborn given surfactant replacement therapy** - (Endotracheal instillation of a surface active suspension for the treatment of surfactant deficiency due to preterm birth or pulmonary injury resulting in respiratory distress. Includes both artificial and extracted natural surfactant.)
- Antibiotics received by the newborn for suspected neonatal sepsis** - (Any antibacterial drug (e.g., penicillin, ampicillin, gentamicin, cefotaxime etc.) given systemically (intravenous or intramuscular).)
- Seizure or serious neurologic dysfunction** - (Seizure is any involuntary repetitive, convulsive movement or behavior. Serious neurologic dysfunction is a 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.)
- Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)** - (Defined as present immediately following delivery or manifesting soon after delivery. Includes any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy. Soft tissue hemorrhage requiring evaluation and/or treatment includes sub-galeal (progressive extravasation within the scalp) hemorrhage, giant cephalohematoma, extensive truncal, facial and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and/or hypotension. Solid organ hemorrhage includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma.)
- Neonatal Abstinence Syndrome**
- None of the above**
- Unknown**

38. Congenital anomalies of the newborn 57. (Malformations of the newborn diagnosed prenatally or after delivery.)
(Check all that apply. If none, check “None of the anomalies listed above”):

- Anencephaly** - (Partial or complete absence of the brain and skull. Also called anencephalus, acrania, or absent brain. Also includes infants with craniorachischisis (anencephaly with a contiguous spine defect).)
- Microcephaly** – (Head circumference at birth less than the 3rd percentile for gestational age and sex).
- Meningomyelocele/Spina bifida** - (Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningomyelocele is herniation of meninges and spinal cord tissue. Meningocele (herniation of meninges without spinal cord tissue) should also be included in this category. Both open and closed (covered with skin) lesions should be included. Do not include Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges).)
- Cyanotic congenital heart disease** - (Congenital heart defects which cause cyanosis. Includes but is not limited to: transposition of the great arteries (vessels), tetralogy of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, total/partial anomalous pulmonary venous return with or without obstruction.)
- Congenital diaphragmatic hernia** - (Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.)
- 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, see below), although this sac may rupture. Also called exomphalos. Do not include umbilical hernia (completely covered by skin) 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 associated with failure to develop.)
- Cleft Lip with or without Cleft Palate** - (Incomplete closure of the lip. May be unilateral, bilateral or median.)
- Cleft Palate alone** - (Incomplete fusion of the palatal shelves. May be limited to the soft palate or may 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 above.)
- Down Syndrome** - (Trisomy 21)
 - Karyotype confirmed
 - Karyotype pending
- Suspected chromosomal disorder** - (Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.)
 - Karyotype confirmed
 - Karyotype 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.)
- Other congenital anomalies (specify)** - _____
- None of the anomalies listed above
- Unknown

! ALL CONGENITAL ANOMALIES MUST BE REPORTED SEPARATELY, ALSO, TO THE BIRTH DEFECTS REPORTING SYSTEM – CALL 304-558-5388

Part IV of IV – Newborn – Page 4 of 5

39. Was infant transferred within 24 hours of delivery? 58. (Check “yes” if the infant was transferred from this facility to another within 24 hours of delivery. If transferred more than once, enter name of the first facility to which the infant was transferred.)

- Yes No Unknown

If yes, name of facility infant transferred to: _____

40. Is infant living at time of report? 59. (Infant is living at the time this birth certificate is being completed. Answer “Yes” if the infant has already been discharged to home care.)

- Yes No Infant transferred, status unknown

41. Is infant being breastfed at discharge? 60.

- Yes No Unknown

42. Newborn screening card ID #: WV - _____ - _____
61.
 Y Y

43a. Was an appropriate solution/ointment placed in eyes? 62.

- Yes No Unknown

If YES, which solution/ointment?

- Erythromycin
- Silver Nitrate
- Tetracycline
- Other, specify _____

43b. Was a serologic test for syphilis performed?

- Yes IF, “Yes”

Date Performed
 M M D D Y Y Y Y

Name of Test

- RPR – Rapid Plasma Reagin
- VDRL – Venereal Disease Research Laboratory
- STS – Serologic Test for Syphilis
- EIA - Enzyme Immunoassay Test for anti-treponemal IgG
- Unknown

Laboratory _____

- No IF, “No”, Why Not? _____

SEE NEXT PAGE FOR HEPATITIS B QUESTIONS

44. Was the infant given Hepatitis B Vaccine? **65.**

- Yes No Unknown

45a. Date the Hepatitis B Vaccine was given (if 44. was Yes): **66.**

____ M ____ M ____ D ____ D ____ Y ____ Y ____ Y ____ Y

45b. Manufacturer - Brand **67.**

- Merck - Recombivax
 Glaxo Smith Kline (GSK) - Energix
 Other, specify _____

45c. Lot Number **68.** _____

45d. VIS Edition Date **69.**

____ M ____ M ____ D ____ D ____ Y ____ Y ____ Y ____ Y

46. Mother's Hepatitis B surface Antigen (HBsAg) Test Results **63.**

- Positive
 Negative
 Unknown

47 a.-c. Child's Hepatitis B Immune Globulin (HBIG)

47a. Immunization Date **70.**

____ M ____ M ____ D ____ D ____ Y ____ Y ____ Y ____ Y

47b. Manufacturer **72.**

- Talecris
 Cangene
 BioTest
 Other, specify _____

47c. Lot Number **73.** _____

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