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Nevada Vital Records



Birth Records Training Updated June 30, 2015



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Welcome and Introduction

Welcome to the Vital Records System (VRS) training program. This training module focuses on creating birth records. It is designed for midwives, birth clerks, and other hospital personnel who may be responsible for acquiring or entering birth data. If you are new to VRS, this training module will show you how to create and update an accurate birth record. If you have experience in VRS, this module will serve as a refresher and may give you helpful hints moving forward.

Intended Outcome

It is very important to enter birth information accurately and completely. Not only is it required by statute, but it can be difficult and costly for families to change records at a later date. Some records require a signed affidavit to be changed and others require a court order. All future changes have monetary costs associated with them. These are burdens that we don't want to put on parents. By entering data correctly you will help ensure that families will not have to pay for changes in the future.

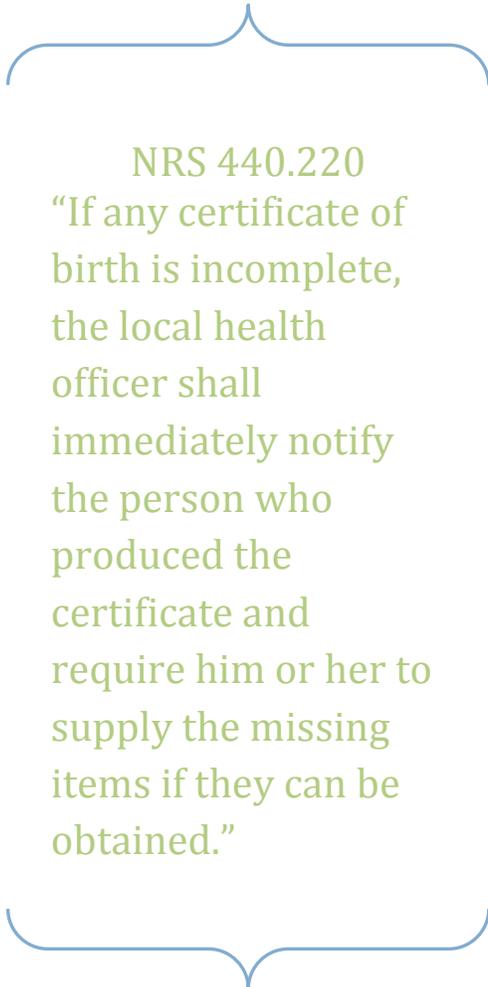
Nevada Revised Statutes require the state to check birth certificates for completeness and accuracy. That means that if you do not enter a birth record correctly, you will be asked to correct it.

NRS 440.150 states, "The State Registrar shall carefully examine the certificates received from the local health officers, and if they are incomplete or unsatisfactory the State Registrar shall require such further information to be furnished as may be necessary to make the record complete and satisfactory."

Further, NRS 440.220 states, "If any certificate of birth is incomplete, the local health officer shall immediately notify the person who produced the certificate and require him or her to supply the missing items if they can be obtained."

Please keep these things in mind as you are collecting and entering birth data. Nevada Revised Statutes require that you fill out records accurately and completely.

This module is designed to give you some tips and tricks to navigating VRS and also addresses many frequently asked questions. By the end of the training you should be comfortable completing a birth record accurately so that individuals and families will not have to deal with the time consuming and costly consequences of making changes to the record. Remember, it's important to fill out records accurately and completely to the best of your ability.



NRS 440.220
"If any certificate of birth is incomplete, the local health officer shall immediately notify the person who produced the certificate and require him or her to supply the missing items if they can be obtained."

What is Required and When?

The hospital must prepare a birth certificate, secure the signatures required by the certificate, and submit it to the county or state registrar within 10 days of a hospital birth.

NRS 440.280 states: “If a birth occurs in a hospital or the mother and child are immediately transported to a hospital, the person in charge of the hospital or his or her designated representative shall obtain the necessary information, prepare a birth certificate, secure the signatures required by the certificate and file it within 10 days with the health officer of the registration district where the birth occurred.”

It’s important to emphasize, however, that the initial record of birth should be created as soon as possible after the birth with the information that is known. The record can then be modified at a later time within the 10 day period as more information is gathered. If you start the record at the last minute, you risk missing a required piece of information that you might not be able to get quickly.

You will learn more about tabs in coming sections, but for now just keep in mind that the tabs to be populated in full or in part by the hospital are:

- Child Tab
- Mother Tab
- Mother 2 Tab
- Father Tab
- Facility Tab
- Prenatal Tab
- Labor and Delivery Tab
- Newborn Tab
- Signature Tab (Attendant and Certifier Paragraph)

NRS 440.280

“If a birth occurs in a hospital...the person in charge...will secure the signatures required by the certificate and file it within 10 days...”

Who is required to file a birth certificate?

Let's look at Nevada Revised Statutes to find out what the law says about who is required to file a birth certificate.

NRS 440.280 Duty of registering birth: Persons required to file; time for filing; required information.

1. If a birth occurs in a hospital or the mother and child are immediately transported to a hospital, the person in charge of the hospital or his or her designated representative shall obtain the necessary information, prepare a birth certificate, secure the signatures required by the certificate and file it within 10 days with the health officer of the registration district where the birth occurred. The physician in attendance shall provide the medical information required by the certificate and certify to the fact of birth within 72 hours after the birth. If the physician does not certify to the fact of birth within the required 72 hours, the person in charge of the hospital or the designated representative shall complete and sign the certification.
2. If a birth occurs outside a hospital and the mother and child are not immediately transported to a hospital, the birth certificate must be prepared and filed by one of the following persons in the following order of priority:
 - (a) The physician in attendance at or immediately after the birth.
 - (b) Any other person in attendance at or immediately after the birth.
 - (c) The father, mother or, if the father is absent and the mother is incapacitated, the person in charge of the premises where the birth occurred.
3. If a birth occurs in a moving conveyance, the place of birth is the place where the child is removed from the conveyance.
4. In cities, the certificate of birth must be filed sooner than 10 days after the birth if so required by municipal ordinance or regulation.
5. If the mother was:
 - (a) Married at the time of birth, the name of her husband must be entered on the certificate as the father of the child unless:
 - (1) A court has issued an order establishing that a person other than the mother's husband is the father of the child; or
 - (2) The mother and a person other than the mother's husband have signed a declaration for the voluntary acknowledgment of paternity developed by the Board pursuant to NRS 440.283.

(b) Widowed at the time of birth but married at the time of conception, the name of her husband at the time of conception must be entered on the certificate as the father of the child unless:

(1) A court has issued an order establishing that a person other than the mother's husband at the time of conception is the father of the child; or

(2) The mother and a person other than the mother's husband at the time of conception have signed a declaration for the voluntary acknowledgment of paternity developed by the Board pursuant to NRS 440.283.

6. If the mother was unmarried at the time of birth, the name of the father may be entered on the original certificate of birth only if:

(a) The provisions of paragraph (b) of subsection 5 are applicable;

(b) A court has issued an order establishing that the person is the father of the child; or

(c) The mother and father of the child have signed a declaration for the voluntary acknowledgment of paternity developed by the Board pursuant to NRS 440.283. If both the father and mother execute a declaration consenting to the use of the surname of the father as the surname of the child, the name of the father must be entered on the original certificate of birth and the surname of the father must be entered thereon as the surname of the child.

A Note about Worksheets

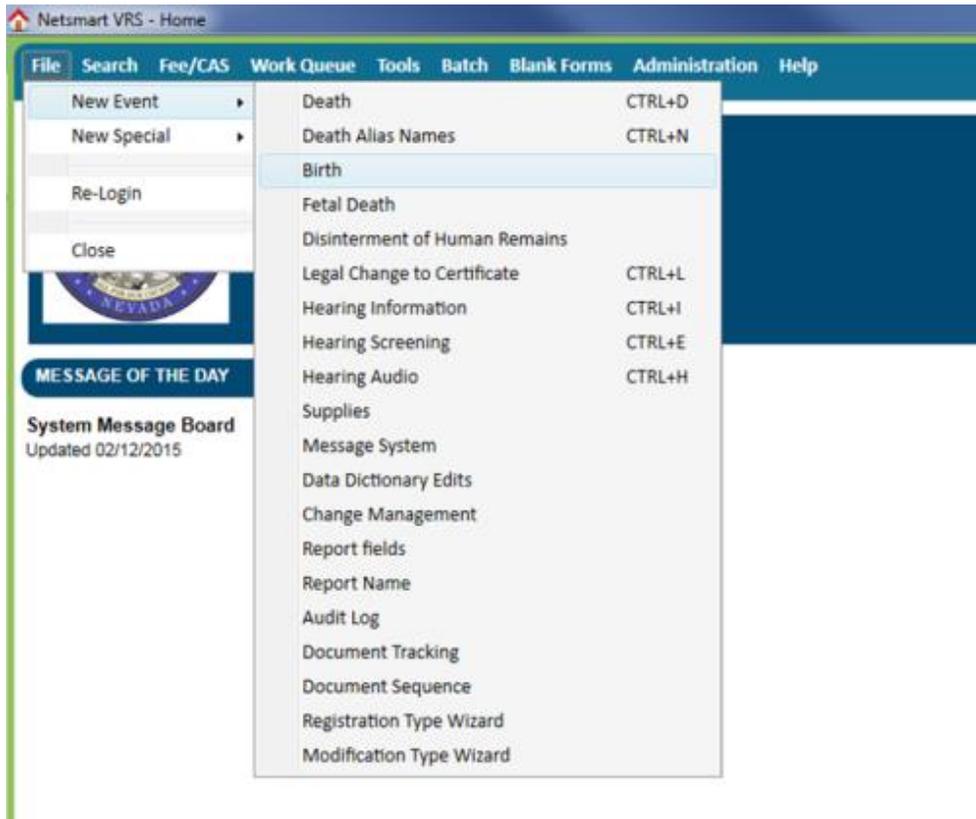
In addition to completing records in VRS, you may be responsible for collecting completed facility and mother worksheets from parents or other hospital personnel. Worksheets are paper files that hospitals print out and use to collect information before entry into VRS.

It's important to note that these worksheets should not leave the hospital. They need to be completed in the hospital before the mother leaves.

Please see Appendices B, C, and D for examples of worksheets and ones commonly used when creating a birth record.

Creating a Record

To create a birth record, start by going to File on the top left corner of the screen, and then New Event, then Birth.



Tabs

You will then come to this screen with two rows of green tabs. If you expand this window, you should see one row of green tabs (some browsers and screen resolutions might still show two rows).



On each tab there is a paragraph or field where information is usually required. In this manual, each field or paragraph box is highlighted with grey, like this `<field>`, so that you can easily see when the manual is directly referencing a specific field.



It is very important that you use the  (TAB) key on your keyboard to move from field to field, and not by using your mouse. There are “edit messages” that will appear only when this key is used. Using the mouse to drop your cursor from field to field can sometimes bypass the data validation message and could cause you to miss a field.

Edit Messages

You can attempt to save the record at any time during the entry process, but it's best to wait until you have gone through all the tabs and entered as much information as possible. For now, keep hitting your TAB key, until you notice a validation error telling you that a Medical Records Number is required.

The screenshot shows a web-based data entry interface. At the top, there is a navigation bar with tabs for 'Mother 2', 'Father', 'Facility', 'Foundling', 'Prenatal', 'Labor and Delivery', 'Newborn', 'Documentation', 'Signature', 'Reject', and 'Flags'. Below this, there are various input fields for patient information, including 'File Number' (11780), 'Local File Number', 'Date Created', 'Date Modified', 'Bill Record Status' (Personal/Medical Information Status), and 'Pending?'. A 'Data Entry Exception' dialog box is overlaid on the form, displaying the following information:

- Field Name: HOS_NUMBER
- Field Label: Infant Medical Record Number
- Tab Section: Child
- Paragraph: System
- Edit Number: 10
- Query Location:

The dialog box also includes buttons for 'Re-Key', 'Override', 'Query Field', and 'Skip'. On the right side of the dialog, there are options for 'Bypass Variable Values' with a dropdown menu showing 'Queried and Verified - 1', 'Queried - Not Verified - 2', and 'Review Needed - 3'. Below this is a 'Missing Variable Values' dropdown menu and a 'Query Location' text box.

You can do a few things from here:

Re-Key

Clicking the “Re-Key” button will take you right to the field that needs to be completed.

Override

Clicking the “Override” button will bypass that field so that you can continue trying to save the record, and it will turn it an aqua color.  Choose this option only if you do not intend to enter any information in that field because it is not applicable.

Query Field

Clicking the “Query Field” allows you to save the record without entering the information, but it assumes you want to fill it out later. It will turn the field into a yellow color.  Click “Query Field” if you intend to enter the information later, but just don't have it at the moment.



Clicking the "Skip" button will skip the field for now and will let you come back to it later.

It will turn the field into a green color.  You will be prompted to enter this information again before the record can be saved.

Once you have made your selection, VRS will either allow you to Re-Key, or will again attempt to save the record. If you are missing any more fields, it will prompt the user with a message similar to the above validation message.

Child Tab

The information on this tab is informed by the Mother Worksheet.

Required Fields on the Child Tab:

- Infant Medical Record Number
- Last name (This field must be filled out to save the record and cannot be skipped, overridden, or queried)
- Requested SSN? Checkbox.

*Some fields will not prompt you to Re-Key, Override, Query or Skip when you tab over them but will still prompt you to fill them in upon saving.

If you are sure you are the first to create this record, start by dropping your cursor in the field called <State File Number>. Type your TAB key to get to the next field called <Case File Number>. Continue until you have reached the <Infant Medical Record Number> field.

The <Infant Medical Record Number> field is the place for you to begin entering information. All of the fields prior to that will be entered by someone else at a later time. Continue moving through the form using your TAB key.

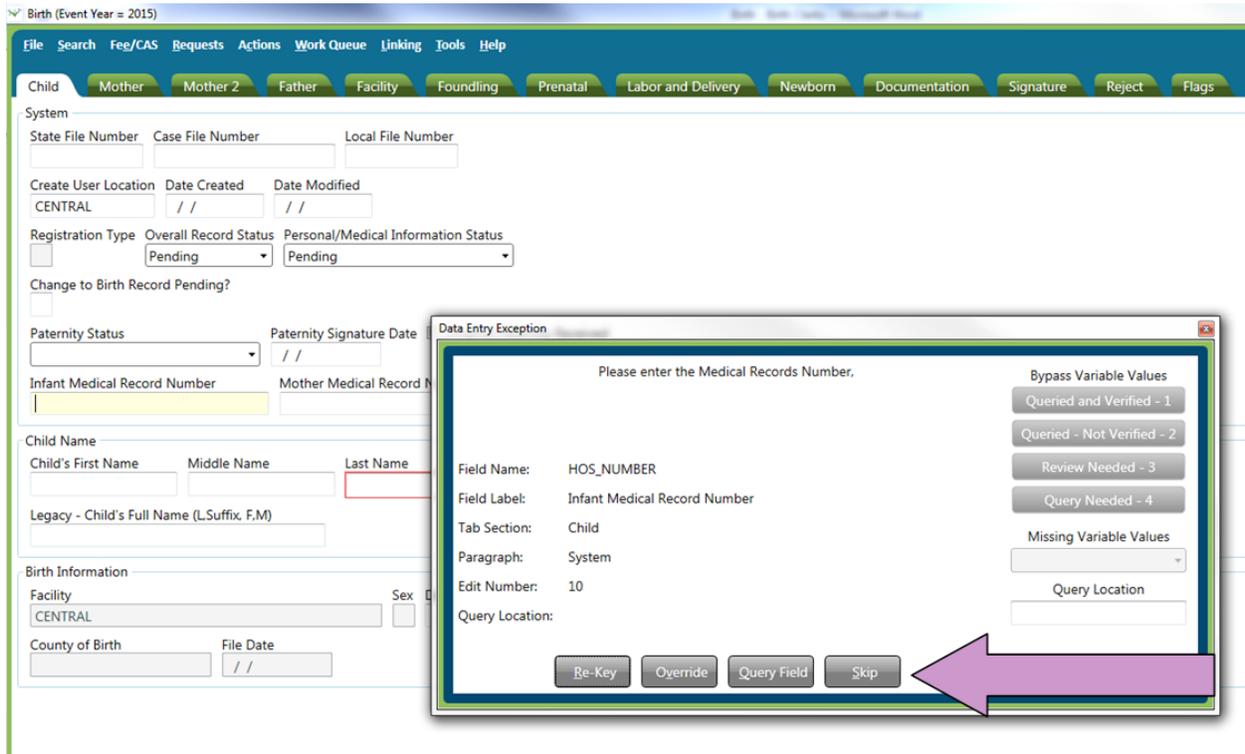
The screenshot shows a software interface with a menu bar (File, Search, Fee/CAS, Requests, Actions, Work Queue, Linking, Tools, Help) and a tabbed interface. The 'Child' tab is active. The form is organized into sections:

- System:** Includes fields for State File Number, Case File Number, Local File Number, Create User Location (CENTRAL), Date Created, Date Modified, Registration Type, Overall Record Status (Pending), Personal/Medical Information Status (Pending), Change to Birth Record Pending?, Paternity Status, Paternity Signature Date, and Original Paternity Received.
- Child Name:** Includes fields for Child's First Name, Middle Name, Last Name (highlighted in red), Last Name Soundex, Suffix, Requested SSN?, and Legacy - Child's Full Name (L.Suffix, F.M).
- Birth Information:** Includes fields for Facility (CENTRAL), Sex, Date of Birth or if Foundling then Date Found, Time of Birth, Country of Birth, County of Birth, and File Date.

A large purple arrow points from the right side of the form towards the 'Infant Medical Record Number' field, which is highlighted with a red box. Another red box highlights the 'Last Name' field in the 'Child Name' section.

Remember to use the TAB button when moving from field to field.

If you don't yet have the <Infant Medical Record> and you tab over it, you will see an Edit Message that asks you to enter the Medical Records Number.

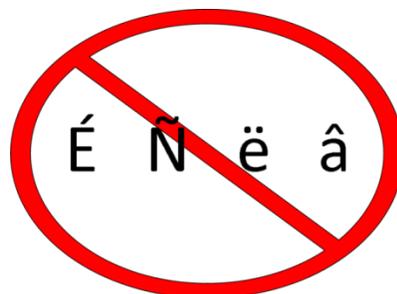


To skip that field and come back to it later, just click the Query Field button so that you can come back to it later.

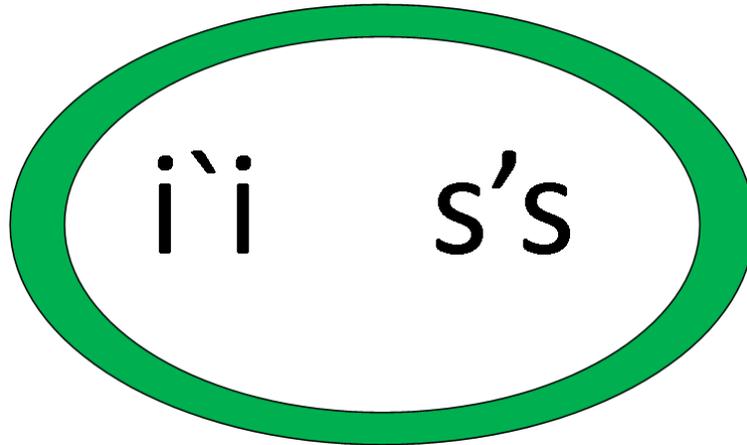
It is okay to temporarily skip information, but it's important to remember that no errors are allowed by the time the record is complete and ready for review.

Special Characters in Names

When you have tabbed to the Child's First Name field, it's important to keep in mind that most special symbols are not allowed. Symbols such as accent marks, tildes, diacreses and circumflexes (seen below) are not compatible with the system. If the first, middle, or last name contains any of the following marks, they should be left off the record.



The only two symbols allowed are okinas and apostrophes (seen below). Okinas are sometimes used in Polynesian and Hawaiian names. The following symbols are allowed in first, middle, and last names.



Sometimes names contain hyphens, and special care should be used with these depending on how they are used.

If a first or middle name contains a hyphen, the Office of Vital Records will not be able to request a social security card for that individual. This means that the parents will need to get a social security number for their child on their own, probably by going to the Social Security Administration Office. What this means for you is that you should not check the Social Security Check box as shown in the following screen shot and should inform the parents that they will have to get a social security card on their own if the hyphen is used in the first or middle name.

A screenshot of a web-based birth registration form. The form has a blue header with a menu bar containing 'File', 'Search', 'Fee/CAS', 'Requests', 'Actions', 'Work Queue', 'Linking', 'Tools', and 'Help'. Below the header are several tabs: 'Child', 'Mother', 'Mother 2', 'Father', 'Facility', 'Foundling', 'Prenatal', 'Labor and Delivery', 'Newborn', 'Documentation', and 'Sign'. The form is divided into sections: 'System' (with fields for State File Number, Case File Number, Local File Number, Create User Location, Date Created, Date Modified, Registration Type, Overall Record Status, Personal/Medical Information Status, Change to Birth Record Pending?, Paternity Status, Paternity Signature Date, Original Paternity Received, Infant Medical Record Number, Mother Medical Record Number), 'Child Name' (with fields for Child's First Name, Middle Name, Last Name, Last Name Soundex, Suffix, Requested SSN?, and Legacy - Child's Full Name), and 'Birth Information' (with fields for Facility, Sex, Date of Birth or if Foundling then Date Found, Time of Birth, Country of Birth, County of Birth, and File Date). A red rectangular box highlights the 'Requested SSN?' checkbox, and a large purple arrow points down to it from the top of the form.

Hyphens are fine if they are used in a last name, and it is okay to check this box.

First name = Anne-Marie		(Parents will need to get SSN Card on their own)	Requested SSN?
			<input type="text" value="N"/>
Middle Name = Anne-Marie		(Parents will need to get SSN Card on their own)	Requested SSN?
			<input type="text" value="N"/>
Last Name = Moseley-Braun		(SSN can be generated through Vital Records)	Requested SSN?
			<input type="text" value="Y"/>

You'll notice as you tab through the fields in the child's name box that you get a validation error if you try to skip over the "Last Name" field. This field must be filled out in order for you to save the record.

Mother Tab

When the Child Tab is as complete as possible, click over to the Mother tab. Copy all information from the Mother Worksheet.

Required Fields on the Mother Tab:

- First Name
- Date of Birth
- Inside City Limits check box

*Some fields will not prompt you to Re-Key, Override, Query or Skip when you tab over them but will still prompt you to fill them in upon saving.

Keep in mind that the <Inside City Limits> box must have a Y, N, or U for Unknown.

Also, if the mother's mailing address is the same as her residence, you can save yourself a step by inserting a "Y" in <Same as Residence> box. (Note: the exception to this is if the mailing address is a P.O. Box. A physical address must always be listed as the residence, or the record will be rejected by the Office of Vital Records).

The screenshot shows a software interface for entering birth information. The 'Mother' tab is selected. The form is divided into three main sections:

- Mother's Information:** Includes fields for First Name, Middle Name, Last Name, Suffix, Maiden Name, Maiden Suffix, Date of Birth, Age, Country of Birth (United States), Country FIPS (US), State of Birth (NV), and NV State Code.
- Mother's Residence Address:** Includes fields for Country (United States), State (NV), County, City, Zip Code, and an **Inside City Limits** checkbox. A purple arrow points to this checkbox.
- Mailing Address:** Includes a **Same as residence** checkbox, Country, State, City, Street Address, Apt No, Zip Code, and NV County Code. A purple arrow points to the 'Same as residence' checkbox.

Mother 2 Tab

When you have finished with the Mother tab, click over to the Mother 2 Tab.

Information on this tab should be informed by the Mothers Worksheet.

Required Fields on the Mother 2 Tab:

- Education
- Soc. Sec. #
- Race
- Ethnicity
- Mother Ever Married?
- Mother Married at Birth, Conception, or between
- Is Husband the Father?
- Tobacco Use
- Units
- Alcohol Use During Pregnancy?
- Drug Use During Pregnancy?
- Did you receive WIC?
- Height-Feet
- Inches
- Pre-pregnancy Weight

*Some fields will not prompt you to Re-Key, Override, Query or Skip when you tab over them but will still prompt you to fill them in upon saving.

You'll notice that there are two different sections on this tab, one is labelled Race, and the other Ethnicity. This can cause some confusion for some parents as well as those entering birth record data because race and ethnicity can be interpreted differently from person to person, and many residents of the United States consider race and ethnicity to be the same.

For the purpose of using VRS, it's important that you fill out BOTH the Race and Ethnicity section.

Most people of Latino or Hispanic ethnicity in the United States consider their race to be White. A smaller number who identify with the Hispanic ethnicity consider their race to be Black or African American. An even smaller number identify with the Hispanic ethnicity but consider their race to be Asian.

Below is the most common way (statistically) that you would categorize someone who identified with the Latino or Hispanic ethnicity.

Race

Unknown Native American

White

Black/African American

Asian Indian Other Asian

Chinese Other Asian Desc. 1

Filipino

Vietnamese Other Pacific Islander

Japanese Other Pacific Desc. 1

Korean

Native Hawaiian Other

Samoan Other Desc. 1

Guamanian or Chamorro

Refused

Race - Legacy

Ethnicity

Hispanic Origin? Mexican Puerto Rican Cuban Other Other Description

Y Y

After ethnicity you will see a section on Marital Status. Keep in mind that couples that declare they have a valid domestic partnership have the same rights, protections, and benefits as married couples in the State of Nevada, and do not have to show proof of their domestic partnership, and married couples are not required to prove they are married. Therefore, if a same sex couple states that they are registered with the Nevada Secretary of State as a same-sex couple they do not have to provide proof that they have done so. This is important to emphasize. Married couples only have to indicate they are married by verbally saying, “yes.” The law says that the same is true for same-sex couples. Same-sex couples only have to indicate they are registered with the Nevada Secretary of State as a same-sex couple by verbally saying, “yes.”

NRS 122A.200 states, “Domestic partners have the same rights, protections and benefits, and are subject to the same responsibilities, obligations and duties under law, whether derived from statutes, administrative regulations, court rules, government policies, common law or any other provisions or sources of law, as are granted to and imposed upon spouses.”

Marital Status

You will also notice on the Child 2 tab several checkboxes that ask about marital status. Below is the state statute to help you navigate those checkboxes.

5. If the mother was:

(a) Married at the time of birth, the name of her husband must be entered on the certificate as the father of the child unless:

(1) A court has issued an order establishing that a person other than the mother's husband is the father of the child; or

(2) The mother and a person other than the mother's husband have signed a declaration for the voluntary acknowledgment of paternity developed by the Board pursuant to NRS 440.283.

(b) Widowed at the time of birth but married at the time of conception, the name of her husband at the time of conception must be entered on the certificate as the father of the child unless:

(1) A court has issued an order establishing that a person other than the mother's husband at the time of conception is the father of the child; or

(2) The mother and a person other than the mother's husband at the time of conception have signed a declaration for the voluntary acknowledgment of paternity developed by the Board pursuant to NRS 440.283.

6. If the mother was unmarried at the time of birth, the name of the father may be entered on the original certificate of birth only if:

(a) The provisions of paragraph (b) of subsection 5 are applicable;

(b) A court has issued an order establishing that the person is the father of the child; or

(c) The mother and father of the child have signed a declaration for the voluntary acknowledgment of paternity developed by the Board pursuant to NRS 440.283. If both the father and mother execute a declaration consenting to the use of the surname of the father as the surname of the child, the name of the father must be entered on the original certificate of birth and the surname of the father must be entered thereon as the surname of the child.

A Declaration of Paternity or Paternity Form may need to be completed if the mother was unmarried during the birth per the above statute.

Assisted Conception

The Assisted Conception fields follow the Marital Status section.

If this was not an assisted conception, just mark an N in the **<Assisted Conception? Y/N>** field. All fields and check boxes in that field will then grey out and you can move on to the next section.

If it was an assisted conception, then the rest of the fields will be required.

It's important to note that if the egg was from the intended mother (as seen in the example below) an agreement or court order is not typically required.

However, if the egg was donated or there was a surrogate mother then an agreement or court order is required to show that the donor gave up all rights and responsibilities. In the case of a donor egg, there must be adequate documentation that the donor gave up all rights and responsibilities.

If you have questions about what may be required, it's a good idea to contact the Office of Vital Records. Once the paperwork is complete, it can be scanned and emailed or faxed to the Office of Vital Records. The fax number is (775) 684 4156.

NRS 122A.200

Domestic partners have the same rights, protections and benefits, and are subject to the same responsibilities...as are granted to and imposed upon spouses.

Assisted Conception

Assisted Conception? Y/N
 Y

Was Egg from: Was Sperm From: Is the Carrier:

Donor Egg
Intended Mother
Surrogate Egg

of Paternity None

Tobacco Use

Tobacco Use (Y,N,R,U) Units (C,P)

Brief Response: Cigarettes Brief Response: Packs

Father Tab

When you have finished with the Mother 2 Tab, click over to the Father Tab.

This tab is informed by the Mother Worksheet.

If questions answered in the <Marital Status> paragraph on the preceding tab indicate there is no father, then all fields on this tab will be greyed out and the certifier should skip to the Facility Tab.

If there is a father listed then certain information is required on the father tab.

Required Fields on the Father Tab:

- Date of Birth (If unknown enter 99/99/999)
- State of Birth
- State (of residence)
- Soc. Sec. #
- Ethnicity

*Some fields will not prompt you to Re-Key, Override, Query or Skip when you tab over them but will still prompt you to fill them in upon saving.

The screenshot displays the 'Father' tab within a software application. The interface includes a menu bar at the top with options like 'File', 'Search', 'Fee/CAS', 'Requests', 'Actions', 'Work Queue', 'Linking', 'Tools', and 'Help'. Below the menu is a navigation bar with tabs for 'Child', 'Mother', 'Mother 2', 'Father', 'Facility', 'Foundling', 'Prenatal', 'Labor and Delivery', 'Newborn', 'Documentation', and 'Signature'. The 'Father' tab is currently selected. The form is divided into several sections: 'Father's Information' with fields for First Name, Middle Name, Last Name, Suffix, Date of Birth, and Age; 'Country of Birth' with dropdowns for Country, FIPS, NV Country Code, State, NV State Code, and Father Birth State Code NV; 'Residence Address' with a checkbox for 'Same as Mother's Residence' and fields for Country, State, County, City, Street Address, Apt No, Zip Code, and Inside City Limits?; 'Demographics' with fields for Education, Occupation, Industry, and Soc. Sec. #; and 'Race' with a list of checkboxes for various racial and ethnic categories such as Unknown, White, Black/African American, Asian Indian, Chinese, Filipino, Vietnamese, Native American, Other Asian, Other Asian Desc. 1, and Other Pacific Islander.

Again you will notice that there is a section called Race, and another one called Ethnicity. This can cause some confusion for some parents as well as those entering birth record data because race and ethnicity can be interpreted differently from person to person, and many residents of the United States consider race and ethnicity to be the same.

For the purpose of using VRS, it's important that you fill out BOTH the Race and Ethnicity section.

Most people of Latino or Hispanic ethnicity in the United States consider their race to be White. A smaller number who identify with the Hispanic ethnicity consider their race to be Black or African American. An even smaller number identify with the Hispanic ethnicity but consider their race to be Asian.

Below is the most common way (statistically) that you would categorize someone who identified with the Latino or Hispanic ethnicity.

The image shows a screenshot of a form with two main sections: "Race" and "Ethnicity".

Race Section:

- Unknown
- White
- Black/African American
- Asian Indian
- Chinese
- Filipino
- Vietnamese
- Japanese
- Korean
- Native Hawaiian
- Samoan
- Guamanian or Chamorro
- Native American
- Other Asian
- Other Asian Desc. 1
- Other Pacific Islander
- Other Pacific Desc. 1
- Other
- Other Desc. 1
- Refused
- Race - Legacy

Ethnicity Section:

Hispanic Origin? Mexican Puerto Rican Cuban Other Other Description

Y Y

Two purple arrows are overlaid on the form. The first arrow points from the right towards the "White" checkbox in the Race section. The second arrow points from the right towards the "Y" checkbox in the Ethnicity section.

Facility Tab

When you have finished with the Father Tab, click over to the Facility Tab.

This tab is informed by the Facility Worksheet.

Required Fields on the Facility Tab:

- Sex
- Date of Birth
- Time of Birth
- Primary Source of Payment

*Some fields will not prompt you to Re-Key, Override, Query or Skip when you tab over them but will still prompt you to fill them in upon saving.

Here is where you will indicate the <Sex>, <Date of Birth> and <Time of Birth>.

Make sure to enter “M” or “F” for the sex of the child. In very rare cases, the sex of the child could be unknown, in which case you would enter a “U” in this box.

Finally, <Time of Birth> (as seen circled below) is a very important field and must be filled out for the Office of Vital Records to accept the record.

The screenshot shows the 'Birth (Event Year = 2015)' web application interface. The 'Facility' tab is selected, and the 'Time of Birth (Military)' field is circled in red. The form includes sections for Birth Information, Hospital Entry, Facility, and Informant.

Birth Information

Sex	Date of Birth	Time of Birth (Military)	12 Hour Clock Time	Race Delayed/Foreign
[]	//	:-		

Hospital Entry

Infant Deceased Date of Death //

Facility

Place of Birth: HOSPITAL Facility Type Code: 1

Facility Name: OTHER CENTRAL

Country: United States Language Spoken in Country (Non Citizen): State:

County: * City: *

Zipcode: Foreign City:

Country FIPS: US Fips County Code: 9999 Fips City Code: 9999

NV State Code: 29 NV County Code: NV City Code: * Facility Number: 0004 Language Spoken in this Country:

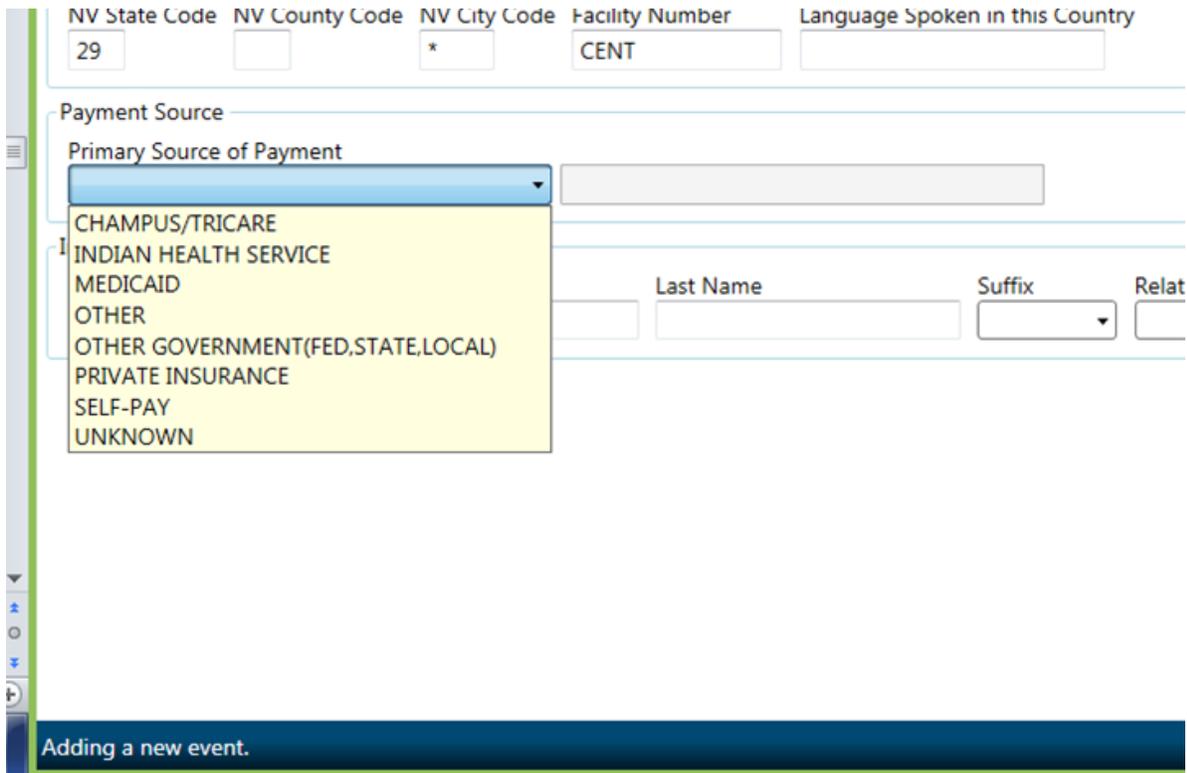
Payment Source

Primary Source of Payment:

Informant

First Name	Middle Name	Last Name	Suffix	Relationship to Child

Choices for <Primary Source of Payment> can be seen in the next screen shot:



NV State Code NV County Code NV City Code Facility Number Language Spoken in this Country

29 * CENT

Payment Source

Primary Source of Payment

- CHAMPUS/TRICARE
- INDIAN HEALTH SERVICE
- MEDICAID
- OTHER
- OTHER GOVERNMENT(FED.STATE,LOCAL)
- PRIVATE INSURANCE
- SELF-PAY
- UNKNOWN

Last Name Suffix Relat

Adding a new event.

Please note: In the event that the payment method comes from a person's employer, please mark "Private Insurance." It is a common error to select OTHER and then specify the name of the private employer.

For example, the following graphic shows what should be (and should not be) indicated if a person is employed by Southwest Airlines and is using his or her employer's insurance.



The final field in this section is the Informant field. This is the person who has been the primary informant of birth record information. Typically it is the mother (and it is pre populated with the mother's information if you entered it earlier), but can be any of the people listed in the dropdown menu.

The screenshot shows a software interface for entering birth record information. The window title is "Birth (Event Year = 2015)". The menu bar includes "File", "Search", "Req/CAS", "Requests", "Actions", "Work Queue", "Linking", "Tools", and "Help". The main menu has tabs for "Child", "Mother", "Mother 2", "Father", "Facility", "Foundling", "Prenatal", "Labor and Delivery", "Newborn", and "Document".

The "Facility" tab is active, showing the following fields:

- Birth Information:** Sex (dropdown), Date of Birth (// / /), Time of Birth (Military), 12 Hour Clock Time, Race Delayed/Foreign.
- Hospital Entry:** Infant Deceased (checkbox), Date of Death (// / /).
- Facility:** Place of Birth (dropdown: HOSPITAL), Facility Type Code (1), Facility Name (dropdown: OTHER), Language Spoken in Country (Non Citizen) (dropdown: CENTRAL), Country (United States), State (dropdown), Zipcode, Foreign City, Country FIPS, Fips County Code, Fips City Code, NV State Code, NV County Code, NV City Code, Facility Number, Language Spoken in this Country.
- Payment Source:** Primary Source of Payment (dropdown).
- Informant:** First Name, Middle Name, Last Name, and a dropdown menu for "Relationship to Child".

A purple arrow points to the "Relationship to Child" dropdown menu, which is open and shows the following options: Father, Grandparent, Guardian, Hospital Clerk, Mother, Other, Physician, and Social Worker.

Foundlings

You will not have foundling tab on your screen if you are logged in as a hospital, but it's important to know what is needed in the event a child is found with no mother or father.

You should document a foundling the same way you would a normal birth, except that you will use the foundling report instead of an informant.

The foundling report should include the date and place the child was found, as well as the sex, race, approximate age, name and address of the person or institution where the child has been placed, and the name given to the child by the finder or custodian. Several of the fields will auto-populate when the hospital is selected.

NRS 440.330 states the following for the registration of foundling and the contents of report.

1. Whoever assumes the custody of a living child of unknown parentage shall immediately report, on a form to be approved by the Board, to the local registrar of the registration district in which such custody is assumed, the following:

- (a) Date of finding or assumption of custody.
- (b) Place of finding or assumption of custody.
- (c) Sex.
- (d) Color or race.
- (e) Approximate age.
- (f) Name and address of the person or institution with whom the child has been placed for care, if any.
- (g) Name given to the child by the finder or custodian.

2. The place where the child was found or where custody has been assumed shall be known as the place of birth, and the date of birth shall be determined by approximation.

3. The foundling report shall constitute the certificate of birth for such foundling child, and the provisions of this chapter relating to certificates of birth shall apply in the same manner and with the same effect to such report.

4. If a foundling child shall later be identified and a regular certificate of birth be found or obtained, the report constituting the certificate of birth shall be sealed and filed and may be opened only upon the order of a court of competent jurisdiction.

Prenatal Tab

All information on this tab is to be informed by facility worksheet.

When you have finished with the Foundling Tab, click over to the Prenatal Tab.

Required Fields on the Prenatal Tab:

- Total Number of Previous Births
- Date of Last Live Birth
- Now Living
- Now Deceased
- Term Number
- Last Termination
- Prenatal Care?
- Prenatal Begin Date
- Prenatal End Date
- Total Prenatal Visits
- Risk Factors – Medical History
- Risk Factors – Infections
- Obstetric Procedures

*Some fields will not prompt you to Re-Key, Override, Query or Skip when you tab over them but will still prompt you to fill them in upon saving.

The <Date Last Normal Menses Began> is not a required field but it is IMPORTANT. Please always fill in this field as it has important implications for the health record of the child and also has public policy implications. Please always populate the field: <Date Last Normal Menses Began>.

The screenshot shows a medical software interface with a menu bar at the top (File, Search, Feq/CAS, Requests, Actions, Work Queue, Linking, Tools, Help) and a tabbed interface below. The 'Prenatal' tab is active. The 'Date Last Normal Menses Began' field is circled in red, and a purple arrow points to it from the right. The form contains several sections with checkboxes and input fields:

- Pregnancy History:** Total Number of Previous Live Births, Date of Last Live Birth, Now Living, Now Deceased, Other Terminations, Last Termination Date.
- Prenatal Care:** Prenatal Care (Y/N), Prenatal Begin Date, Prenatal End Date, Total Prenatal Visits.
- Risk Factors - Medical History:** Includes checkboxes for conditions like Diabetes, Anemia, Hydramnios/Oligohydramnios, etc.
- Risk Factors - Infections:** Includes checkboxes for Gonorrhea, Cytomegalovirus (CMV), Human Papillomavirus (HPV), etc.
- Obstetric Procedures:** Includes checkboxes for Cervical Cerclage, Electronic Fetal monitoring, etc.

Labor and Delivery

When you have finished with the Prenatal Tab, click over to the Labor and Delivery Tab.

All information on this tab is to be informed by Facility Worksheet.

Required Fields on the Labor and Delivery Tab:

- Mother's Weight
- Mother Transferred to the Facility?
- Onset of Labor
- Was delivery with forceps attempted and unsuccessful?
- Was delivery with vacuum attempted and unsuccessful?
- Fetal presentation at birth
- Final Method of Delivery
- Maternal Complications

*Some fields will not prompt you to Re-Key, Override, Query or Skip when you tab over them but will still prompt you to fill them in upon saving.

Birth (Event Year = 2015)

File Search Fee/CAS Requests Actions Work Queue Linking Tools Help

Child Mother Mother 2 Father Facility Foundling Prenatal Labor and Delivery Newborn Documentation Sig

Labor

Mother's Weight at Delivery (lbs) Mother Transferred to this Facility? Transferred From?

Onset of Labor

None Premature ROM Precipitous Labor Prolonged Labor

Characteristics of Labor and Delivery

None Induction of Labor Febrile (>100 F, or 38 C)

Augmentation of Labor Abruptio placenta

Non-vertex Presentation Placenta previa

Steroids for lung maturity prior to delivery Other excessive bleeding

Antibiotics during labor Seizures during labor

Chorioamnionitis diagnosed during labor Dysfunctional labor

Meconium staining of the amniotic fluid Cephalopelvic / Disproportion

Fetal Intolerance Cord Prolapse

Epidural or spinal anesthesia Anesthetic complications

Other
(Specify)

Delivery

Was delivery with forceps attempted and unsuccessful? (Y,N,U) Was delivery with vacuum attempted and unsuccessful? (Y,N,U)

Presentation/Route

Fetal presentation at birth

Method of Delivery

Final Method of Delivery Trial of Labor Attempted?

Method of Delivery - Legacy

Vaginal Vaginal Birth After Previous C-Section C-Section Repeat C-Section Forceps Vacuum Unknown

Maternal Complications

None Maternal transfusion Unplanned Hysterectomy

Unknown Third of Fourth Degree Perineal Laceration Admitted to Intensive Care

Ruptured Uterus Unplanned Operating Procedure Following Delivery

Newborn Tab

When you have finished with the Labor and Delivery Tab, click over to the Newborn Tab.

All information on this tab is to be informed by facility worksheet.

Required Fields on the Newborn Tab:

- 5 Min Apgar
- 10 Min Apgar
- Obstetric Estimate of Gestation
- Plurality
- Infant Trans
- Infant Living?
- Breastfeeding?
- Abnormal Conditions
- Congenital Anomalies

- NRS Compliance

*Some fields will not prompt you to Re-Key, Override, Query or Skip when you tab over them but will still prompt you to fill them in upon saving.

Keep in mind that the <Plurality> field will default to 01 if there is only one birth, and must be manually changed if there are multiple births.

The Y/N Box that asks if the birth was compliant with NRS 442.050 is referring to placement of germicide in the eyes of newborn baby.



NRS 442.050

“It shall be unlawful for any physician or midwife practicing midwifery to neglect or otherwise fail to instill or have instilled in the eyes of the newborn baby, immediately upon its birth, some germicide of proven efficiency in preventing the development of ophthalmia neonatorum.”



Birth (Event Year = 2015)

File Search Fee/CAS Requests Actions Work Queue Linking Tools Help

Child Mother Mother 2 Father Facility Foundling Prenatal Labor and Delivery **Newborn** Documentation

Birth Information

5 Min Apgar 10 Min Apgar

Weight Unit (G,P,U) Grams Pounds Ounces
 P

Obstetric Estimate of Gestation

Plurality Birth Order Live Birth Number Plurality Match Number
 01

Infant Trans Facility Infant Transferred To
 N

Infant Living? Breastfeeding?
 Y

Abnormal Conditions

None Assist Ventilation Immediately Fetal alcohol syndrome
 Assist Ventilation More than 6 Hrs Hyaline membrane disease/RDS
 NICU Admission Meconium aspiration syndrome
 Surfactant Replacement Therapy Birth Injury
 Antibiotics for Neonatal Sepsis Other
 Seizures (Specify)
 Anemia (Hct. <39/Hgb. <13)

Congenital Anomalies

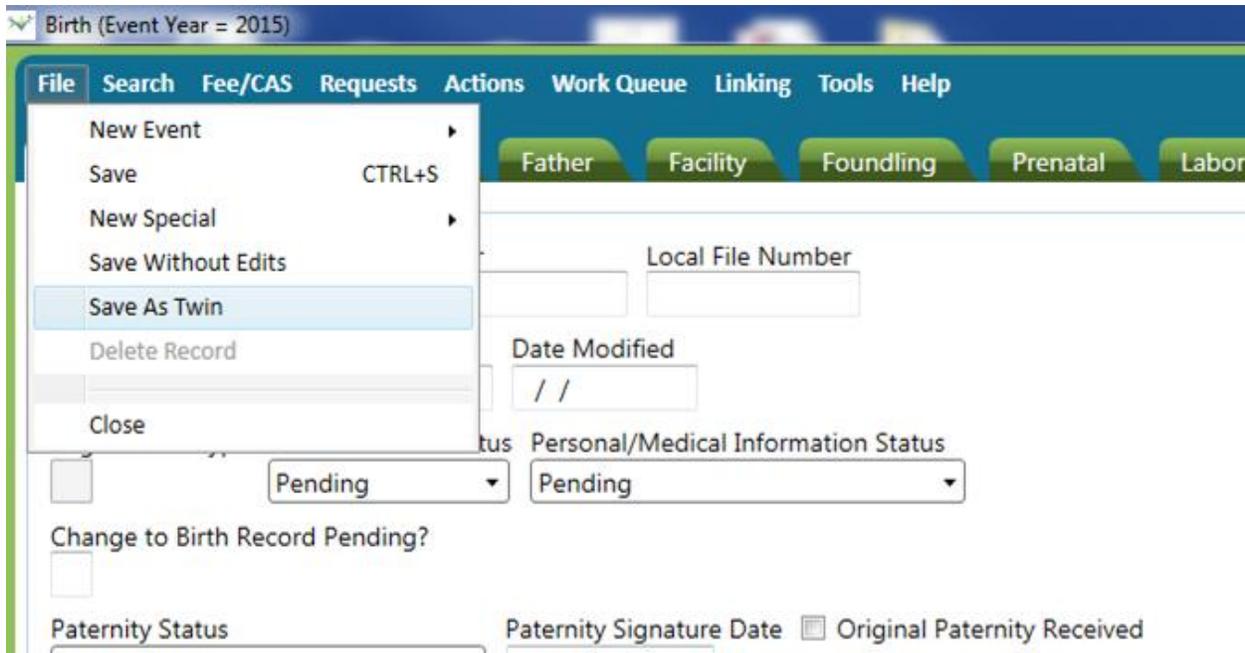
None Anencephaly Polydactyly / Syndactyly / Adactyly
 Meningomyelocele/Spina bifida Club foot
 Microcephalus Congenital diaphragmatic hernia
 Other central nervous system anomalies Other musculoskeletal / integumental anomalies
(Specify) (Specify)
 Cyanotic Congenital Heart Disease Malformed genitalia
 Heart malformations Renal agenesis
 Other circulatory / respiratory anomalies Hypospadias
(Specify) (Specify)
 Omphalocele Other urogenital anomalies
 Gastroschisis Down Syndrome - Karotype - P=Pending,C=Confirmed,N=No,U=Unknown

Multiple Births

In the event of twins, triplets or other multiple births, it's important to fill out the mother worksheet with a multiple births worksheet (see Appendix D).

Enter information as you normally would on all tabs and make sure the record is saved. Then in the top left navigation bar to "Save as Twin" as seen below.

This will retain the mother's information but allow you to enter baby-specific information for each birth.



Signature Tab

Required Fields on the Signature Tab:

- Title
- Signed?

Keep in mind that the Attendant is the physician or medically trained person who attended to the delivery of the child. When the correct Attendant is selected, many of the fields will auto populate.

The facility information for the paternity processing must be completed before the Facility Complete box can be marked as a “Y.” Remember, paternity forms must be free from white out, eraser marks and scribbles.

Finally, remember to mark a Y and indicate a date when you as the certifier have completed the record. This will indicate that you have completed it to the best of your ability.

Before you submit your completed record, make sure to double check all entries, and if possible, have the mother or father confirm the information from the facility information verification form. As mentioned earlier, these types of errors can cause costly court fees to correct in the future.

Remember to mark the Facility Complete box with a “Y” when the record is complete and ready to be submitted to the county or state registrar for the state file number assignment.

Birth (Event Year = 2015)

File Search Fee/CAS Requests Actions Work Queue Linking Tools Help

Child Mother Mother 2 Father Facility Foundling Prenatal Labor and Delivery Newborn Documentation Signature Reject Flags

Attendant

Attendant Name (Last,First,Middle) [] Title [] Attendant Co []

State [] County [] City []

Address [] Zipcode []

Certifier

Certifier Name (Last,First,Middle) OTHER Marschall, Peter Title []

State NV [] County [] City []

Address [] Zipcode []

SAVE NOW BEFORE SIGNING RECORD.

Signed? [] Date Signed [/ /]

Facility

Hospital Paternity Action Complete? [] Paternity Scanned? []

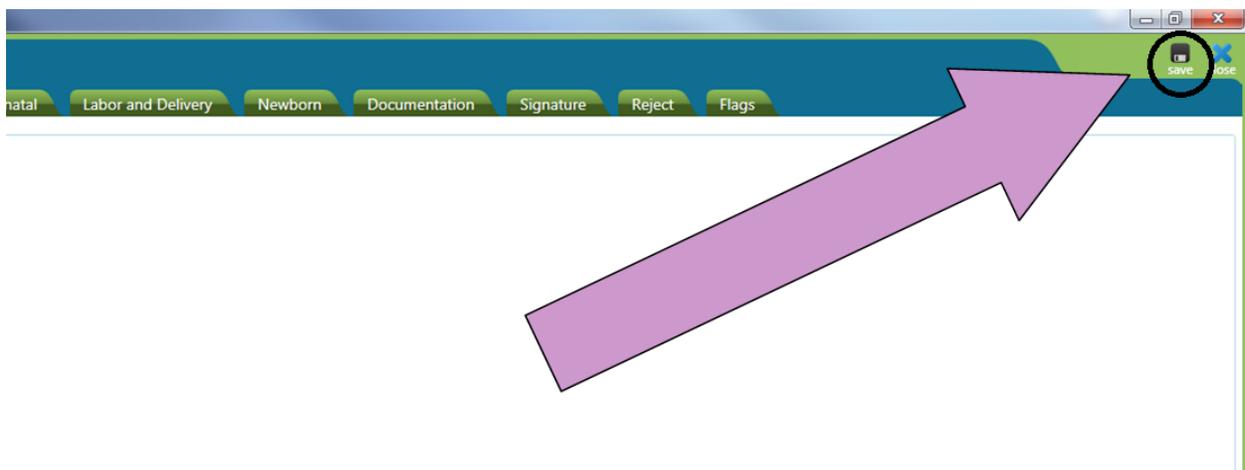
Facility Complete [N] Completed Date [/ /]

Registrar

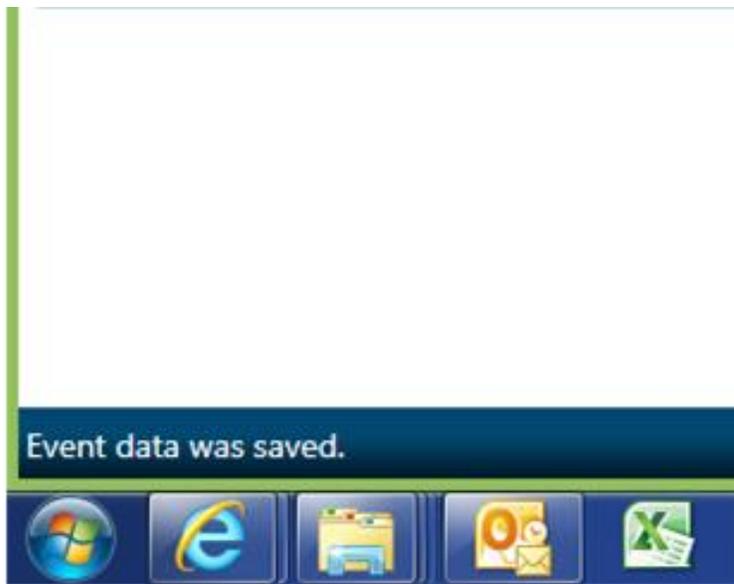
Is this a County Registration? (Y/N) [] Registrar Name []

Signed? [] Registration Date [/ /] UserName []

At this time you should press the save button at the top right corner of your screen. You will be prompted if you have missed any required fields, and you can either re-key, override, query or skip those.



You'll know when you've saved the message when you see the "Event data was saved."



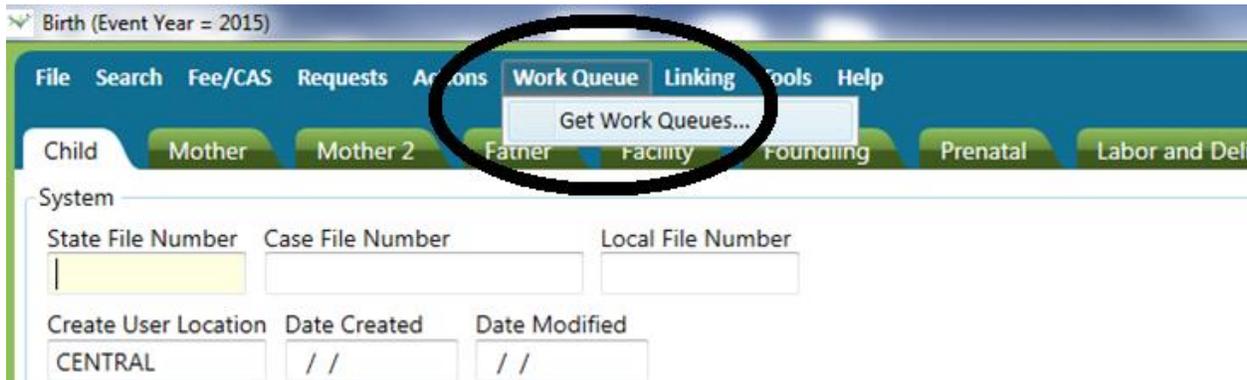
Reject Tab & Flags Tab

These tabs are used for project tracking and can be left blank.

How to Save and Fix Your Work

If you are new to VRS, it's important to know that there are a number of fields that require information before you can save the record. The required fields for each tab are documented earlier in this manual.

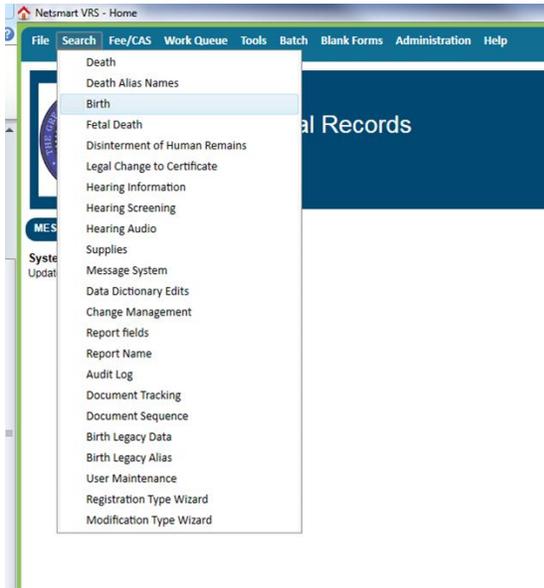
Once a document is saved, it's best to use your work queue to access and update it. You can access your work queue by going to the top toolbar and clicking work queue, like this:



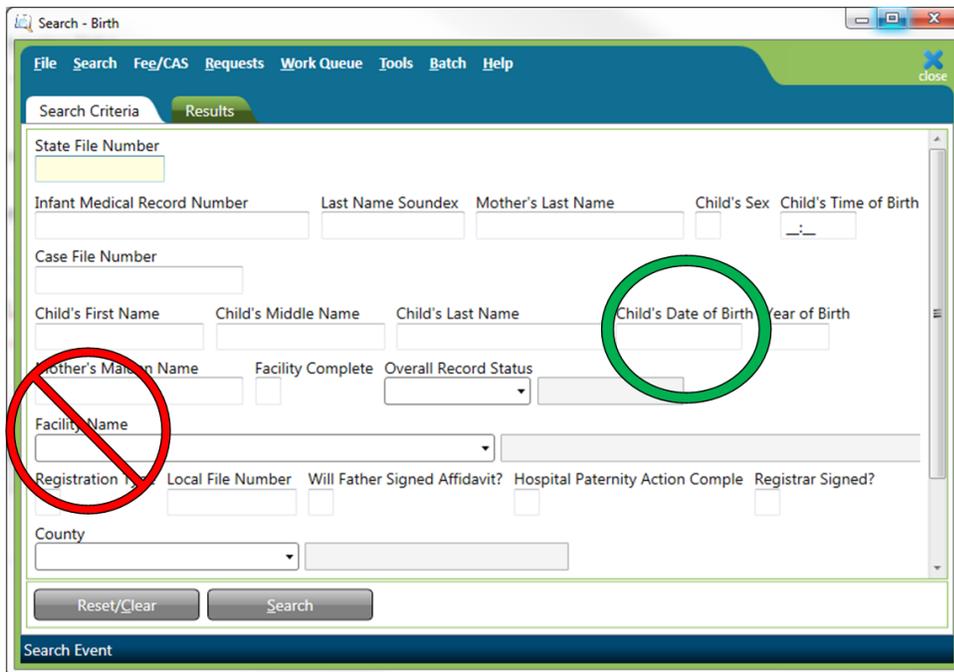
Searching for a Record

If you need to find a record that is not in your work queue, you will need to search for it.

To search for a birth record that has already been created, go to Search on the main menu bar and select Birth as seen below:



You should then see the Search Criteria below:



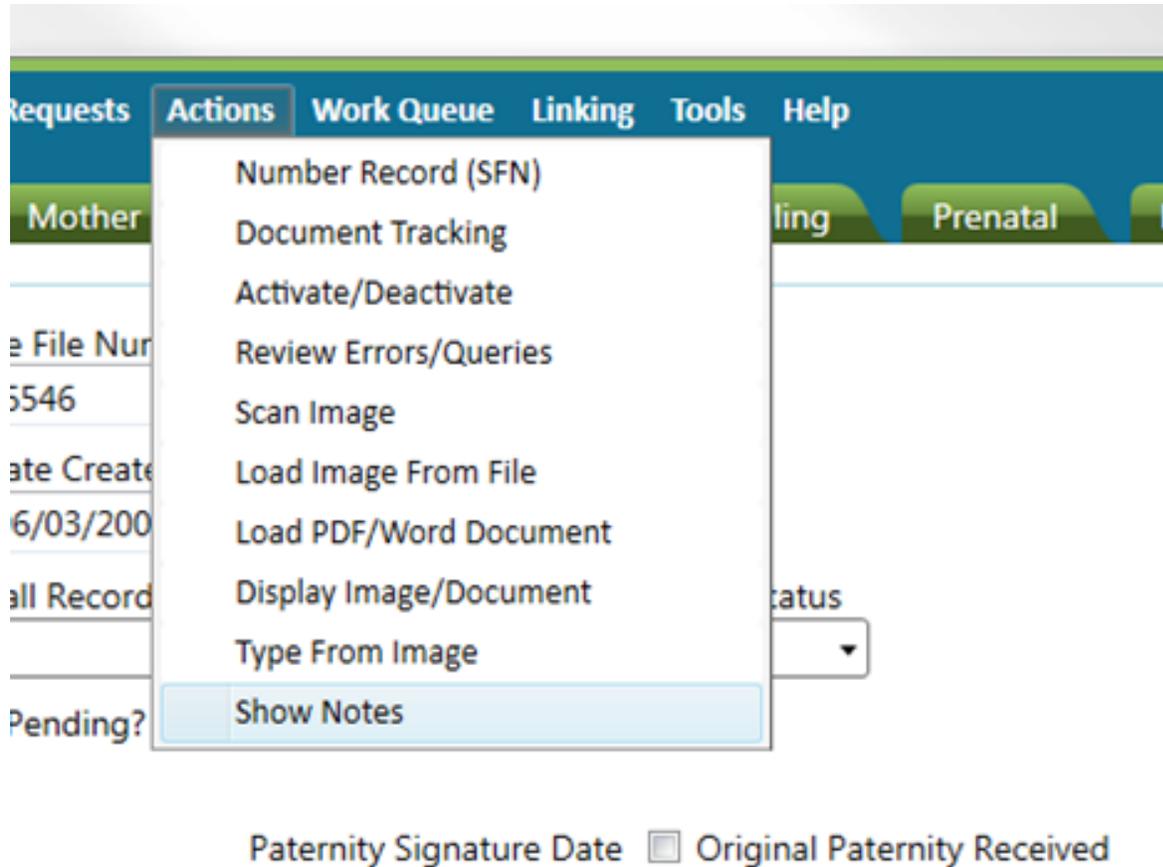
It's best to search by the Child's <Date of Birth>, and if necessary, one other field, but searching using too many fields can yield no results. Also, do not search by facility name as the database keeps that field

separate in the security role information. When you have found the record you are looking for, double click to open it.

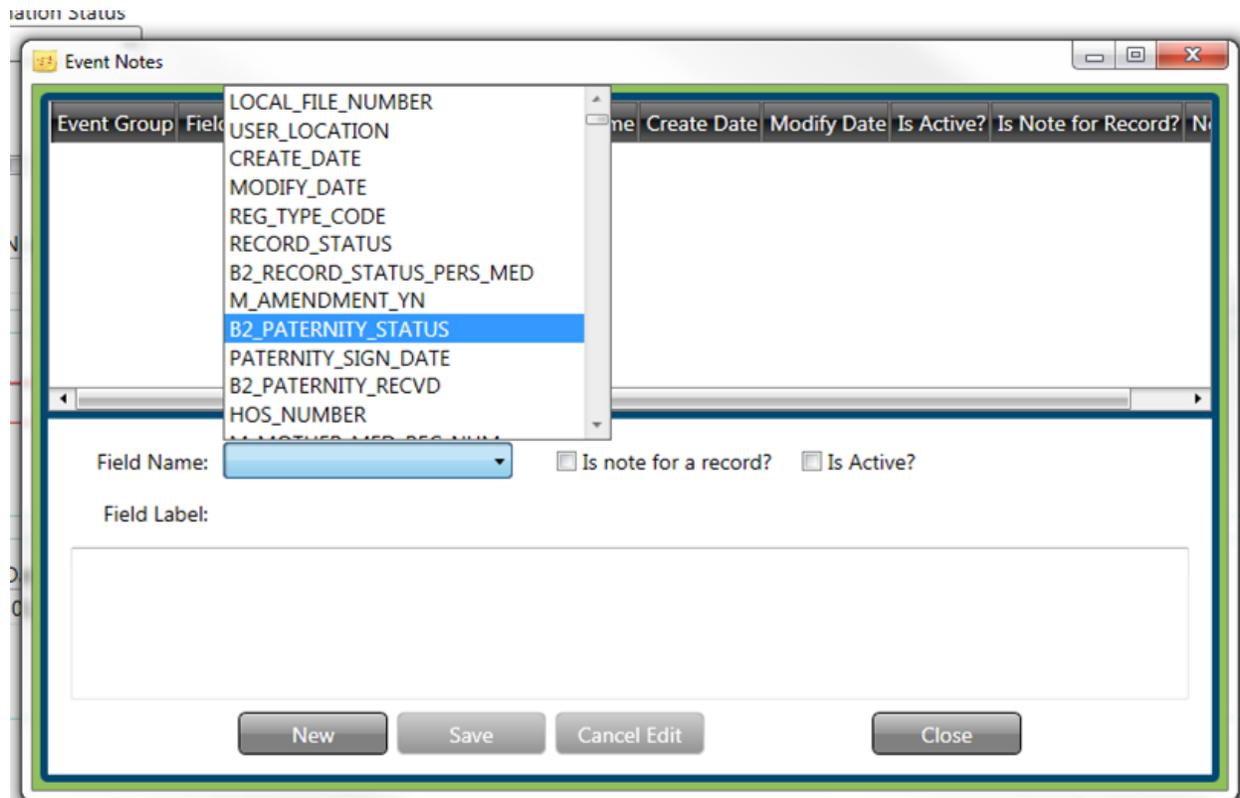
Adding Notes

Sometimes you will find yourself needing to explain something on a record that is not easily indicated given the fields available to you. When this occurs, you are very much encouraged to write a note, as it will help staff members in the Office of Vital Records process the record.

To leave a note, it first must be saved and in your work queue. Once that's done, and you're in the record that you want to update, go to "Actions" up on upper blue task bar, then "Show notes" as see in the picture below:



On the notes screen, select the field associated with the note you are adding. For example, if you need to explain something about a paternity, select B2_PATERNITY_STATUS as in the picture below.



Stillbirths & NRS 440.340

Before we look at what NRS says about stillbirths, let's see how NRS defines birth.

NRS 440.030 -- live birth means a birth in which the child shows evidence of life after complete birth. A birth is complete when the child is entirely outside the mother, even if the cord is uncut and the placenta still attached. The words "evidence of life" include heart action, breathing or coordinated movement of voluntary muscle.

Notice that evidence of life includes heart action, breathing OR coordinated movement.

It's important to remember that this is written as an "or" not an "and."

If a baby has only one of those things present, it is a live birth. If there is a heart action OR a breath OR a coordinated movement, it is considered a live birth.

NRS 440.340 gives the following guidance on stillbirths:

Registration of stillborn children

1. Stillborn children or those dead at birth shall be registered as a stillbirth and a certificate of stillbirth shall be filed with the local health officer in the usual form and manner.
2. The medical certificate of the cause of death shall be signed by the attending physician, if any.
3. Midwives shall not sign certificates of stillbirth for stillborn children; but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attention as provided for in this chapter.

Closing

Thank you for completing the birth record training module.

The creation of a birth record happens at an exciting time in a parent's life, and he or she may not be focused on the accuracy of a birth record. But you now have the proper training to ensure that their record is complete and accurate.

By doing this, not only are you upholding Nevada Revised Statutes and Nevada Administrative Code, but you are giving parents and their child a solid record that does not have to be changed later.

Appendix A -- Evaluation

Please rate the following statements from 1 to 5:

Participant Evaluation Results

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I understand the importance of vital records and that it's the law that I create them accurately and completely to the best of my ability.					
2. I understand that incorrect vital records can lead to hardships for living family members in the future.					
3. I understand who is required to fill out vital records.					
4. I understand all the fields that I am required to fill in within the VRS system for a birth.					
5. I understand how to search for a record.					
6. I understand how to update a record after it has been created by me or someone else.					
7. I understand that a birth record must be completed within 10 days of the birth.					

Appendix B

Mother's Name _____

Mother's Medical Record
FOR HOSPITAL USE ONLY

State of Nevada Health Division – Section of Vital Statistics Mother's Worksheet for Child's Birth Certificate

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship and parentage. This document will be used by your child throughout his/her life. State laws provide protection against the unauthorized release of identifying information from the birth certificates to ensure the confidentiality of the parents and their child. It is very important that you provide complete and accurate information to all of the questions. In addition to information used for legal purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of mothers and newborn infants. Items such as parent's education, race, and smoking will be used for studies but will not appear on copies of the birth certificate issued to you or your child.

PLEASE PRINT CLEARLY

1. What will be your baby's legal name (as it should appear on the birth certificate)?

First _____ Middle _____ Last _____ Suffix (Jr., III, etc.)
 Name not yet chosen

2. Do you want a Social Security Number issued for your baby?

Yes [Please sign request below]
 No [Go to question 4]

3. I request that the Social Security Administration assign a Social Security number to the child named on this form and authorize the State to provide the Social Security Administration with the information from this form which is needed to assign a number. (Either parent, or the legal guardian, may sign.)

Signature of infant's mother or father _____ Date _____

4. What is your current legal name?

First _____ Middle _____ Last _____ Suffix (Jr., III, etc.)

5. What name did you use prior to your first marriage?

First _____ Middle _____ Last _____ Suffix (Jr., III, etc.)

6. What is your date of birth? (Example: 3 - 4 - 1977) Age

Month _____ Day _____ Year _____ Age _____

7. In what State, U.S. territory, or foreign country were you born? Please specify one of the following:

State _____
or
U.S. territory, i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas _____
or
Foreign country _____

8. Where do you usually live—that is—where is your household/residence located?

Complete number and street: _____ Apartment Number: _____
(Do not enter rural route numbers)
City, Town, or Location: _____
County: _____ State: _____
Zip Code: _____ (or U.S. Territory, Canadian Province)
If not United States, country: _____

9. Is this household inside city limits (inside the incorporated limits of the city, town, or location where you live)?

Yes
 No
 Don't know

Appendix C

Mother's Name

Mother's Medical Record #
FOR HOSPITAL USE ONLY

State of Nevada Health Division – Section of Vital Statistics
Facility Worksheet for Child's Birth Certificate

For pregnancies resulting in the births of two or more live-born infants, this worksheet should be completed for the 1st 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 Nevada reporting requirements, complete the "Facility Worksheet for the Fetal Death Report".

1. Child's Name (First, Middle, Last, Suffix (Jr., III, ect.))

2. Sex of child:

- Male
 Female

3. Date of birth: (mm/dd/yy)

D.O.B.: _____

4. Time of birth: (24 hour)

Time: _____

5. Place of Birth:

- Hospital
 Freestanding birthing center
 Home birth
 Clinic/Doctor's Office
 Other (specify, e.g., taxi cab, train, plane, etc.) _____

6. Planned to deliver at home?

- Yes
 No
 Unknown

7. Facility name: (if not an institution, give street address)

Facility Name: _____

8. City, Town or Location of birth:

Location: _____

9. County of birth

County: _____

10. Principal Source of payment for this delivery

- Private Insurance
 Medicaid
 Self-pay
 Other (Specify) _____

11. Informant Name (First, Middle, Last)

Appendix D

Mother's Name

Mother's Medical Record
FOR HOSPITAL USE ONLY

State of Nevada Health Division – Section of Vital Statistics Facility Worksheet - Attachment for Multiple Births

This attachment is to be completed when at least two infants in a multiple pregnancy are born alive. Complete a full worksheet for the first-born infant and an attachment for each additional live-born infant.

1. Child's Name (First, Middle, Last)

2. Date of birth: (mm/dd/yy)

D.O.B.: _____

3. Time of birth: (24 hour)

Time: _____

4. Certifier's name, title and date certified:

Certifier Name: _____

Certifier Title: TITLE: MD DO HOSPITAL ADMIN. CNM/CM OTHER MIDWIFE

Date (mm/dd/yy): _____

5. Attendant's name, title and date certified:

Attendant Name: _____

Attendant Title: TITLE: MD DO HOSPITAL ADMIN. CNM/CM OTHER MIDWIFE

Date (mm/dd/yy): _____

PRENATAL

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.

6. Number of previous live births. Do not include this child.

Total: _____

Date of last live birth: _____
Month Day Year

7. Number of living children.

Number: _____

None

8. Number of previous children born alive that have died.

Number: _____

None

9. Number of other pregnancy outcomes (miscarriages or terminations).

Number: _____

None

Date of last other pregnancy outcome: _____
Month Day Year

10. Date of last normal menses.

Month Day Year