
Completing the Notice of
a Live Birth or Stillbirth

Handbook for
Physicians,
Nurse Practitioners and
Registered Midwives

British Columbia
Vital Statistics Agency
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Foreword

Most birth data processed by the British Columbia Vital Statistics Agency (Agency) is obtained from forms completed by Physicians, Nurse Practitioners, and Registered Midwives. This information is required for the completion of the birth registration process and the Agency depends on the accuracy and completeness of the data received via the Notices of Birth and Stillbirth to provide valuable data for healthcare researchers, planners, and providers.

This handbook has been prepared as a reference tool for completing the Notice of Live Birth and Stillbirth. Thank you for your contribution to the ongoing task of recording and analyzing the vital events of British Columbians. If you have any questions, please contact the Agency's Medical Coding Unit. (See Appendix 2)

Introduction

Importance of the Notice of Birth

The Notice of Birth is a permanent, legal record of an individual's birth. Information documented on the form is used to compile provincial birth counts and data relating to maternal and infant prenatal, intrapartum, and perinatal care.

The Agency provides this information for inclusion in a variety of reports and decision support tools such as the Quarterly Digest, and BC Vital Statistics Annual reports. This information is also provided to Statistics Canada for inclusion in national level statistics.

Examples of the type of data analyses that this information supports for clients include:

- Producing accurate and timely reports.
- Recording maternal complications of pregnancy, labour, and delivery.
- Recording infant complications, pathology or congenital anomalies.
- Monitoring trends and followup where appropriate on health issues.
- Evaluating the success of medical treatment or the impact of specific health care programs.
- Examining medical problems that may be more prevalent among certain population groups or geographic areas.
- Providing contributions to the Health Status Registry database.

Responsibility of Physicians, Nurse Practitioners, and Registered Midwives

The province's Physicians, Nurse Practitioners, and Registered Midwives are legally responsible for completing the Notice of a Live Birth or Stillbirth. The *Vital Statistics Act*, Section 2 – Duty to give notices of birth, governs the registration of the Notice of Birth. The completed document must be made available by mail to the Agency within 48 hours of the birth. The Physician, Nurse Practitioner, or Registered Midwife is expected to:

- Be familiar with the legislation regarding Notices of Birth.
- Complete all information in the form required by the CEO of the Agency.
- Submit the document within 48 hours of the birth.

NOTE: The Medical Certification of Stillbirth must be signed by a physician.

Refer to the *Vital Statistics Act*, Section 11 (3) and *Physicians' and Coroners' Handbook on Medical Certification of Death and Stillbirth*.

Completing the "Notice of a Live Birth or Stillbirth"

The following steps explain the process for completion of the Notice of Birth form (Appendix 1) and the expected level of detail. Demographic data can identify epidemiological trends.

Mother

MOTHER	MAIDEN SURNAME (SURNAME ON BIRTH CERTIFICATE)				GIVEN NAMES			
	Smith				Jennifer Anne			
	CURRENT SURNAME (IF DIFFERENT FROM SURNAME ON BIRTH CERTIFICATE)							
	Jones							
	DATE OF BIRTH	MONTH (BY NAME)	DAY	YEAR	AGE	PERSONAL HEALTH NUMBER	TELEPHONE NUMBER	
	J U N	2 5	1 9 8 2	29	9962 135 210	(250)479-1729		
USUAL RESIDENCE	(HOUSE NO.)		(STREET)		(CITY OR MUNICIPALITY, PROV/STATE, COUNTRY)			
	1275		Douglas St		Victoria BC			
POSTAL CODE	TOTAL PREGNANCIES	TOTAL LIVE BIRTHS	TOTAL STILLBIRTHS	TOTAL ABORTIONS (SPONTANEOUS AND INDUCED)		ABORIGINAL?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
V 8 P - 5 L 6	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 0	<input type="text"/> 0		LIVES ON RESERVE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

1. MAIDEN SURNAME, GIVEN NAMES.
2. CURRENT SURNAME: if different from maiden surname.
3. DATE OF BIRTH: month by name (e.g. Jan, Feb), day, year (YYYY).
4. AGE: age of the mother at the time of delivery.
5. PERSONAL HEALTH NUMBER: of the mother. Do not leave blank. If the mother is a non-resident, write "non-resident" or N/A (see Definition of Terms).
6. TELEPHONE NUMBER - (area code) NNN-NNNN.
7. USUAL RESIDENCE - usual home address and postal code of the mother at the time of the infant's birth.
8. TOTAL PREGNANCIES - number of pregnancies the mother has had during her life, whether or not carried to term.
9. TOTAL LIVE BIRTHS - number of children born alive to the mother.
10. TOTAL STILLBIRTHS - number of children not born alive to the mother.
11. TOTAL ABORTIONS - number of therapeutic/spontaneous abortions the mother has had.
12. ABORIGINAL? - YES or NO. e.g. Does the mother identify as an Aboriginal person that is First Nations, Métis or Inuit? Both items are helpful in monitoring Aboriginal health issues.

Child

CHILD	CITY OF BIRTH Vancouver			WAS CHILD BORN ALIVE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TIME OF BIRTH (24-hour clock) 16 : 02		
	DATE OF BIRTH		MONTH (BY NAME) D E C	DAY 1 0	YEAR 2 0 1 1	SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/> AMBIGUOUS		
	PLACE OF BIRTH	HOSPITAL NUMBER 1 0 2		HOSPITAL NAME St. Paul's Hospital				
		(IF BIRTH DID NOT OCCUR IN HOSPITAL, GIVE EXACT LOCATION WHERE BIRTH OCCURRED). LOCATION					POSTAL CODE V 0 B - 1 Z 5	

1. CITY OF BIRTH: city in which the infant was born.
2. WAS CHILD BORN ALIVE?: YES or NO (see Definition of Terms).
3. TIME OF BIRTH: use a 24-hour clock.
4. DATE OF BIRTH: month by name (e.g. Jan, Feb), day, year (YYYY).
5. SEX: the gender of the infant named on the Notice of Birth, including ambiguous genitalia.
6. PLACE OF BIRTH: where the infant is born, whether in hospital or elsewhere.
 - a) HOSPITAL NUMBER: hospital identity number, if known.
 - b) HOSPITAL NAME.
 - c) If the birth did not occur in a hospital, specify the exact location – if the birth took place in a taxi, in an ambulance, or at the side of the road, approximate geographic location.
 - d) POSTAL CODE: of the birth location specified in c).

Medical Information

MEDICAL INFORMATION	KIND OF BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWINS <input type="checkbox"/> TRIPLETS <input type="checkbox"/> 4+ _____		IF MULTIPLE BIRTH - BIRTH ORDER		CHILD'S PERSONAL HEALTH NUMBER			
	CHILD'S HOSPITAL ADMISSION NUMBER 1217131		APGAR SCORE AT ONE MINUTE: 8 FIVE MINUTES: 9		BIRTH WEIGHT 3 0 0 0 GRAMS		GESTATION PERIOD 3 9 WEEKS	
	HEAD CIRCUMFERENCE 34 (cm)	BODY LENGTH 52 (cm)	SPECIAL MEASURES TAKEN (IF ANY) TO PROMOTE RESPIRATIONS <input type="checkbox"/> O2 <input type="checkbox"/> PPV <input type="checkbox"/> BAGGING <input type="checkbox"/> INTUBATION <input type="checkbox"/> CPR <input type="checkbox"/> SUCTION <input type="checkbox"/> NARCAN					
	IF STILLBORN, DID DEATH OCCUR BEFORE LABOUR: B <input type="checkbox"/> DURING LABOUR: D <input type="checkbox"/>		MODE OF DELIVERY (TICK ONE OF THE FOLLOWING 7) SPONTANEOUS VERTEX: S <input type="checkbox"/> BREECH: B <input type="checkbox"/> FORCEPS: F <input type="checkbox"/> VACUUM: V <input checked="" type="checkbox"/> CAESAREAN 1ST: 1 <input type="checkbox"/> 2ND: 2 <input type="checkbox"/> 3RD: 3 <input type="checkbox"/>					
	OTHER OPERATIVE PROCEDURE				SPECIFY REASON UNDER DESCRIPTION FOR INFANT ABNORMALITY OR MATERNAL COMPLICATIONS (BELOW).			
	INFANT ABNORMALITY (MAJOR OR MINOR)	DESCRIBE Cleft Palate						
MATERNAL COMPLICATIONS OF PREGNANCY, LABOUR OR DELIVERY	DESCRIBE Dystocia							

1. KIND OF BIRTH: is this infant a single, twin, triplet or 4+.

When one or more fetus dies during a multiple pregnancy, please classify the birth appropriately. e.g. If one fetus dies during a twin pregnancy, classify remaining live birth as "Single", but make note of twin pregnancy under "Maternal Complications".

2. BIRTH ORDER: for multiple births only. Do not complete for single births.

3. CHILD'S PERSONAL HEALTH NUMBER: different from the mother's PHN and is provided to the mother by the hospital.

4. CHILD'S HOSPITAL ADMISSION NUMBER: an individual identification number assigned to the infant by the hospital (chart number).

5. APGAR SCORE at 1 minute and 5 minutes – see Definition of Terms.

6. BIRTH WEIGHT: first weight, in grams, of the fetus or newborn obtained after birth.

Note: This weight should be measured within the first hour of life, before significant postnatal weight loss has occurred. If unable to obtain the weight at this time, the newborn should be weighed within 48 hours of birth, and this weight recorded on the Notice of Birth.

7. GESTATION PERIOD: state in weeks.

8. HEAD CIRCUMFERENCE: the measurement, in centimetres, of the infant's head at the time of birth.

9. BODY LENGTH: length, in centimetres, of the infant from head to toe at the time of birth.

10. SPECIAL MEASURES: specify use of tactile stimulation, Oxygen, PPV, Suction, Intubation, Bagging, or Narcan to stimulate respirations in the infant after delivery.

11. IF STILLBORN, DID DEATH OCCUR: before (B) or during (D) labour?

12. MODE OF DELIVERY: method of extraction/expulsion from the mother – pick one only.

- a) Spontaneous vertex: normal vertex presentation, without assistance.
- b) Breech: Note: If a C-section is performed for a breech presentation, select “Caesarean” and then record “breech” in either the infant or the maternal sections.
- c) Forceps: forceps assisted.
- d) Vacuum: vacuum assisted.
- e) Caesarean: 1st, 2nd, 3rd+

Note: Please specify reasons for forceps, vacuum, C-section, or other interventions.

13. INFANT ABNORMALITY: define all problems, (e.g. fetal distress, congenital anomalies).

14. MATERNAL COMPLICATIONS OF PREGNANCY, LABOUR OR DELIVERY: specify and define all problems, (e.g. if diabetes or hypertension, specify "gestational" when appropriate; decelerations – infant heart rate or contractions; if using PPM – prolonged or premature rupture of membranes).

15. Specify operative interventions at the time of delivery or immediate post-delivery, e.g. removal of retained secundines.

Physician, Nurse Practitioner, or Registered Midwife

PHYSICIAN, NURSE PRACTITIONER, OR REGISTERED MIDWIFE	SURNAME (PRINTED)	GIVEN NAMES	* MSP BILLING NUMBER (MANDATORY)			
	Bell	Marie	12345			
	ATTENDANT'S SIGNATURE x	Marie Bell		MONTH (By Name)	DAY	YEAR
		DATE SIGNED:	D	E	C	1 0 2 0 1 1

1. SURNAME, GIVEN NAMES: legibly printed – physician, nurse practitioner, or midwife name.
2. PHYSICIAN, NURSE PRACTITIONERS, OR REGISTERED MIDWIFE NUMBER: MSP number of physician or nurse practitioner signing, or registered midwife number assigned by the College of Midwives.
3. DATE SIGNED: actual date document signed, month by name (e.g. Jan, Feb), day, year (YYYY).
4. ATTENDANT'S SIGNATURE: this form must be signed by the Physician, Nurse Practitioner, or Registered Midwife who attended the birth.

If the Physician, Nurse Practitioner or Registered Midwife is unable to sign within the required 48 hours, a Registered Nurse who attended the birth may sign as per *Vital Statistics Act* Section 2(2).

Definition of Terms

Apgar Score

Usually determined at 60 seconds and 5 minutes after birth, being the sum of points gained on assessment of the heart rate, respiratory effort, muscle tone, reflex irritability, and skin colour.

If Apgar is less than 7, specify the reason/measures taken.

Born Alive

At the time of birth, the infant is born alive if there is evidence of any of the following:

a) breathing, b) beating of the heart, c) pulsation of the umbilical cord, d) unmistakable movement of voluntary muscle.

Gestation Period

The duration of gestation is measured from the first day of the last menstrual period. Gestational age is expressed in completed days or completed weeks. (e.g. Events occurring 280-286 days after the onset of the last normal menstrual period are considered to have occurred at 40 weeks of gestation.) pre-term = less than 37 weeks; post-term = greater than 42 weeks.

Personal Health Number

A specific number given to each individual by the Medical Services Plan of British Columbia.

Stillborn

Fetal death is death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy. The death is indicated by the fact that after such a separation the fetus does not show any sign of life.

Stillborn Registrable Event

A fetal death must be registered as a Stillbirth if the complete expulsion or extraction from its mother after at least 20 weeks' pregnancy, or after attaining a weight of at least 500 grams, of a product of conception in which, after the expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord or unmistakable movement of voluntary muscle.

Total Pregnancies/Live Births/Stillbirths/Abortions

Total pregnancies/live births/stillbirths/abortions must be accurate totals, taking into account the current birth and multiple births. (e.g. If a mother has liveborn twins on her first pregnancy, the "total pregnancies" will be one (1), but the "total live births" will be one (1) on twin A, and two (2) on twin B).

Appendix 1



Vital Statistics Agency

NOTICE OF A LIVE BIRTH OR STILLBIRTH

DOCUMENT CONTROL NUMBER

12365478

REGISTRATION NUMBER

MOTHER	MAIDEN SURNAME (SURNAME ON BIRTH CERTIFICATE) Smith		GIVEN NAMES Jennifer Anne	
	CURRENT SURNAME (IF DIFFERENT FROM SURNAME ON BIRTH CERTIFICATE) Jones			
	DATE OF BIRTH	MONTH (BY NAME) JUN	DAY 25	YEAR 1982
	AGE 29	PERSONAL HEALTH NUMBER 9962 135 210	TELEPHONE NUMBER (250) 479-1729	
USUAL RESIDENCE	(HOUSE NO.) 1275	(STREET) Douglas St	(CITY OR MUNICIPALITY, PROVINCE, COUNTRY) Victoria BC	
POSTAL CODE V8P5L6	TOTAL PREGNANCIES 2	TOTAL LIVE BIRTHS 2	TOTAL STILLBIRTHS 0	TOTAL ABORTIONS (SPONTANEOUS AND INDUCED) 0
ABORIGINAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LIVES ON RESERVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WAS CHILD BORN ALIVE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
CHILD	CITY OF BIRTH Vancouver		TIME OF BIRTH (24-hour clock) 16:02	
	DATE OF BIRTH	MONTH (BY NAME) DEC	DAY 10	YEAR 2011
	SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/> AMBIGUOUS	HOSPITAL NUMBER 102		
	HOSPITAL NAME St. Paul's Hospital			POSTAL CODE V0B1Z5
MEDICAL INFORMATION	KIND OF BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWINS <input type="checkbox"/> TRIPLETS <input type="checkbox"/> 4+ _____		IF MULTIPLE BIRTH - BIRTH ORDER	
	CHILD'S HOSPITAL ADMISSION NUMBER 1217131		CHILD'S PERSONAL HEALTH NUMBER	
	APGAR SCORE AT ONE MINUTE 8		APGAR SCORE AT FIVE MINUTES 9	
	BIRTH WEIGHT 3 0 0 0 GRAMS		GESTATION PERIOD 3 9 WEEKS	
	HEAD CIRCUMFERENCE 34 (cm)		BODY LENGTH 52 (cm)	
	MODE OF DELIVERY SPONTANEOUS VERTEX <input type="checkbox"/> BREECH <input type="checkbox"/>		ASSISTED DELIVERY FORCEPS <input type="checkbox"/> VACUUM <input checked="" type="checkbox"/>	
	1ST CAESAREAN <input type="checkbox"/>		2ND CAESAREAN <input type="checkbox"/>	
	3RD + CAESAREAN <input type="checkbox"/>		IF STILLBORN, DID DEATH OCCUR BEFORE LABOUR <input type="checkbox"/> DURING LABOUR <input type="checkbox"/>	
	INFANT ABNORMALITY →		DESCRIBE Cleft palate	
	SPECIAL MEASURES: Type & Reason →			
MATERNAL COMPLICATIONS OF PREGNANCY, LABOUR OR DELIVERY →		DESCRIBE Dystocia		
REASON FOR ASSISTED DELIVERY →				
PHYSICIAN, NURSE PRACTITIONER, OR REGISTERED MIDWIFE	SURNAME (PRINTED) Bell		GIVEN NAMES Marie	
	ATTENDANT'S SIGNATURE x Marie Bell		DATE SIGNED: DEC 10 2011	
		* MSP BILLING NUMBER (MANDATORY) 12345		

The information on this form is collected under the authority of the Vital Statistics Act (RSBC 1995, c 479 s 2(2)). The information provided will be used to fulfill the requirements of the Vital Statistics Act for the registration of this birth and to provide statistical and demographic information required for the administration of the provincial health care system. If you have any questions about the collection or use of this information, please contact a Vital Statistics Client Service Representative at 250-952-2681. This information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act and may be disclosed only in accordance with that Act.

VSA 403 2012/06/19

Appendix 2

Contacts

Medical Coding Unit
Vital Statistics Agency
Ministry of Health
PO Box 9657 Stn Prov Govt
Victoria BC V8W 9P3

Telephone: 250-952-9048

Fax: 250-952-9071

Vital Statistics web site: <http://www.vs.gov.bc.ca>