
Completing the Notice of
a Live Birth or Stillbirth

Handbook for
Physicians,
Nurse Practitioners and
Registered Midwives

British Columbia
Vital Statistics Agency
August 1, 2012

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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 registrar general 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 the *Handbook for Physicians, Nurse Practitioners and Coroners - 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) | | DAY | | YEAR | |
| | D E C | | 1 0 | | 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 sex 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 <input type="text" value="8"/> FIVE MINUTES <input type="text" value="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 <u>Marie Bell</u> | | 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 | | |
| CHILD | CITY OF BIRTH Vancouver | | WAS CHILD BORN ALIVE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| | DATE OF BIRTH | | SEX | |
| | MONTH (BY NAME) DEC | | DAY 10 | |
| | YEAR 2011 | | <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/> AMBIGUOUS | |
| PLACE OF BIRTH | HOSPITAL NUMBER 102 | HOSPITAL NAME St. Paul's Hospital | | |
| | (IF BIRTH DID NOT OCCUR IN HOSPITAL, GIVE EXACT LOCATION WHERE BIRTH OCCURRED). LOCATION 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 | | 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) | |
| | IF STILLBORN, DID DEATH OCCUR | | DURING LABOUR | |
| | BEFORE LABOUR <input type="checkbox"/> B | | <input type="checkbox"/> D | |
| | MODE OF DELIVERY | | ASSISTED DELIVERY | |
| | SPONTANEOUS VERTEX <input type="checkbox"/> S <input type="checkbox"/> BREECH <input type="checkbox"/> B | | FORCEPS <input type="checkbox"/> F VACUUM <input checked="" type="checkbox"/> V | |
| | 1ST <input type="checkbox"/> 1 | | 2ND <input type="checkbox"/> 2 3RD + <input type="checkbox"/> 3 | |
| ● 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 | | |
| | | MONTH (By Name) DAY YEAR | | |

The information on this form is collected under the authority of the Vital Statistics Act (RSBC 1996, 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.gov.bc.ca/vitalstatistics>