



# **KEY BIRTH DATA GUIDE**

## **COMPLETING 23 KEY VARIABLES IN THE FLORIDA BIRTH CERTIFICATE**

Data that is accurate and complete is of great importance to improve the health of mothers and babies. Although all the information collected in the birth certificate is significant, there are 23 key variables that have been identified as essential to supporting Florida's efforts for healthier mothers and babies. By reporting quality data, you help improve perinatal health.

Acknowledgment: Thanks to the Ohio and Illinois Perinatal Quality Collaboratives, the Ohio Department of Health and the Illinois Department of Public Health for their assistance and permitting us to adapt their materials based on their state initiatives.



**PARTNERING TO IMPROVE HEALTH CARE  
QUALITY FOR MOTHERS AND BABIES**



DEFINITION	ITEM #	TIPS FOR ENTRY
<b>1. Birth weight</b>		
The weight of the infant at birth	Item #4	Enter the weight of the infant in grams. If weight in grams is not available, enter the birth weight in pounds and ounces. Please do not convert. <b>This is the infant's weight at delivery, NOT at discharge.</b>
<b>2. Date of first prenatal visit</b>		
The date a physician or other health care professional first examined or counseled the pregnant woman for the pregnancy.	Item #36b	Enter the month, day, and year of the first prenatal care visit recorded in the records. Enter the date listed in the most current record available. Do not estimate the date of the first visit.
<b>3. Total number of prenatal visits</b>		
The total number of visits recorded in the most current medical record available. A prenatal visit is one in which the health care professional examines or counsels the pregnant woman for her pregnancy.	Item #36d	Do not estimate additional visits when the prenatal record is not current. Do not include visits for classes, laboratory or other testing in which a health care professional did not individually examine or counsel the pregnant woman.
<b>4. Prepregnancy weight</b>		
The mother's weight <b>BEFORE</b> current pregnancy started.	Item #39a	Use pounds in whole numbers only. Do not enter fractions or decimals. If weight is 125 lbs. 4 ½ oz, enter 125 lbs. only. If weight is 155.75 lbs. enter 155 lbs. only.
<b>5. Weight at delivery</b>		
The mother's weight <b>at the time of delivery.</b>	Item #39b	Use pounds in whole numbers only. Do not enter fractions or decimals. If weight is 125 lbs. 4 ½ oz, enter 125 lbs. only. If weight is 155.75 lbs. enter 155 lbs. only.
<b>6. Pregnancy risk factors: prepregnancy diabetes</b>		
Glucose intolerance diagnosed <b>BEFORE</b> this pregnancy.	Item #43	If diabetes is present prior to becoming pregnant, check pre-pregnancy diabetes, NOT gestational. Do not check both.
<b>7. Pregnancy risk factors: gestational diabetes</b>		
Glucose intolerance that was diagnosed <b>DURING</b> this pregnancy.	Item #43	If diabetes is present only during this pregnancy, check gestational diabetes NOT pre-pregnancy. Do not check both.

**DEFINITION****ITEM #****TIPS FOR ENTRY****8. Pregnancy risk factors: pre-pregnancy or chronic hypertension**

Elevation of blood pressure above normal for age and physiological condition <b>diagnosed PRIOR to the onset of this pregnancy.</b>	Item #43	If hypertension was present prior to this pregnancy, check pre-pregnancy NOT gestational hypertension. Do not check both.
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**9. Pregnancy risk factors: gestational hypertension**

Elevation of blood pressure above normal for age and physiological condition diagnosed <b>DURING</b> this pregnancy.	Item #43	If hypertension is present only during this pregnancy, check gestational NOT pre-pregnancy or chronic hypertension. Do not check both.
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**10. Pregnancy risk factors: hypertension-eclampsia**

Hypertension and generalized seizure or coma.	Item #43	Eclampsia can be checked with either pre-pregnancy or gestational hypertension.
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**11. Pregnancy risk factors: previous preterm birth**

A history of pregnancies resulting in a <b>live</b> infant born prior to 37 completed weeks (include live births born up to and including 36 weeks 6 days).	Item #43	If the mom has older children, were any of them born early? Do not include miscarriages, stillbirths or fetal deaths that occurred before 37 weeks; that is a different variable.
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**12. Characteristics of labor and delivery: induction of labor**

Initiation of uterine contractions by medical or surgical means for the purpose of delivery <b>BEFORE labor has begun.</b>	Item #47	Please note: Some of the same techniques and medications that are used to induce labor are also the same as those used to augment labor. Examples are Pitocin (oxytocin) and artificial rupture of membranes (AROM). Check whether labor has begun before deciding which category is correct. If this information is unclear or unavailable, check with the birth attendant. Induction of labor should be checked even if the attempt to initiate labor is not successful or the induction follows a spontaneous rupture of the membrane without contractions.
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**13. Characteristics of labor and delivery: augmentation of labor**

Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time of delivery. Stimulation is done <b>AFTER labor has begun.</b>	Item #47	Remember: Some medications and treatments used to induce labor are the same as those used to augment labor. (e.g.: Pitocin (oxytocin), artificial rupture of membranes). Be certain to check when labor started.
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## DEFINITION

## ITEM #

## TIPS FOR ENTRY

14. Characteristics of labor and delivery: **antenatal corticosteroids**

Steroids received by the mother prior to delivery to **accelerate fetal lung maturation**. Typically administered in anticipation of preterm (less than 37 completed weeks of gestation) delivery.

Item #47

This medication also could have been given at MD office or at another hospital prior to arrival at your facility. Three conditions must be met for this item. Check this item when 1) steroid medication was given to the mother 2) prior to delivery 3) for fetal lung maturation. Does not include steroid medication given to the mother for anti-inflammatory treatment before or after delivery.

15. Characteristics of labor and delivery: **antibiotics received by the mother during labor**

Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the

Item #47

Check this item only if medications were received systemically by the mother **during labor**. If onset of labor cannot be determined from the records, check with the birth attendant. Do not check if mother did not go into labor, such as during a scheduled cesarean section.

16. Method of delivery: **fetal presentation at birth**

**Cephalic**—presenting part of the fetus listed as vertex, occiput anterior (OA), or occiput posterior (OP).

**Breech**—presenting part of the fetus listed as breech, complete breech, frank breech, or footling breech.

**Other**—any other presentation not listed above.

Item #48A

Check one of the three boxes. Check only the final presentation at birth.

17. Method of delivery: **Final route and method of delivery – Cesarean ONLY**

Extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls.

Item #48B

Check this item only if final route and method of delivery was cesarean.

**DEFINITION****ITEM #****TIPS FOR ENTRY****18. Obstetric Estimate of Gestation**

The best estimate of the infant's gestation in completed weeks based on the prenatal care provider's estimate of gestation. Ultrasound completed in 1st trimester is preferred. This estimate of gestation should be determined by all perinatal factors and assessments but NOT the neonatal exam.

Item  
#50

When entering this number, NEVER round up or down. Enter number of completed weeks. If the infant is 36 weeks and 6 days, you should only report 36 weeks.

**19. Breastfeeding at discharge**

Information on whether the infant was given human milk or colostrum during the period between birth and discharge from the hospital. It includes breastfeeding, pumping and any attempt to breastfeed.

Item  
#52

The infant DOES NOT need to be exclusively breastfed. It is NOT simply the mother's intent to breastfeed.

**20. APGAR at 5 minutes**

The delivery attendant's assessment of color, heart rate, reflex irritability, muscle tone, and respiration of the infant at 5 minutes following birth.

Item  
#53

Enter the infant's Apgar score at 5 minutes.

**21. Abnormal conditions of the newborn: Assisted ventilation after delivery**

Infant given **manual breaths** for any duration with bag and mask or bag and endotracheal tube within the first several minutes from birth.

Item  
#54

- Help with breathing DOES NOT include blow by or free flow oxygen or laryngoscopy for aspiration of meconium.
- This DOES NOT include nasal cannula.
- Assisted ventilation required immediately following delivery could be checked with assisted ventilation required for  $\geq 30$  minutes and/or  $\geq 6$  hours. Check all that apply.

**DEFINITION****ITEM #****TIPS FOR ENTRY****22. Abnormal conditions of the newborn: Assisted ventilation required for  $\geq 30$  minutes**

<p>Infant given <b>mechanical ventilation</b> (breathing assistance) by any method for 30 minutes or more. Includes conventional, high frequency, or continuous positive pressure (CPAP).</p>	Item #54	<ul style="list-style-type: none"><li>• Count the number of minutes of mechanical ventilation given.</li><li>• Help with breathing DOES NOT include blow by or free flow oxygen or laryngoscopy for aspiration of meconium.</li><li>• This DOES NOT include nasal cannula or hand ventilation by bag.</li><li>• Assisted ventilation required for <math>\geq 30</math> minutes could be checked with assisted ventilation required immediately following delivery and/or assisted ventilation required for <math>\geq 6</math> hours. Check all that apply.</li></ul>
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**23. Abnormal conditions of the newborn: Assisted ventilation required for  $\geq 6$  hours**

<p>Infant given <b>mechanical ventilation</b> (breathing assistance) by any method for six hours or more. Includes conventional, high frequency, or continuous positive pressure (CPAP).</p>	Item #54	<ul style="list-style-type: none"><li>• Count the number of hours of mechanical ventilation given.</li><li>• Help with breathing DOES NOT include blow by or free flow oxygen, nasal cannula, laryngoscopy for aspiration of meconium or hand ventilation by bag.</li></ul> <p>Please note: If the infant was manually ventilated immediately following delivery and mechanically ventilated for six hours or more, all three variables for assisted ventilation should be checked. Check all that apply.</p>
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## Use of “Unknown / 99”

Unknown or “99” is often misused when the birth abstractor does not know or is unsure of the answer to a question. Birth abstractors should use all available resources to find the required information. Resources such as admitting records, face sheets, medical records, worksheets, and labor and delivery records should be thoroughly revised to provide the most accurate entry. Contacting the provider should be considered when the information in record is unclear or unavailable. The key variable should only be marked unknown if the provider and hospital record cannot provide the information.

The key variable that is most often reported as “unknown” in Florida is *total number of prenatal visits*. Remember to carefully search all available medical records and resources to correctly complete this variable. Please do not ask the mother, who may state not knowing how many prenatal visits she had or provide an incorrect answer. The total number of prenatal visits must be counted from the prenatal or medical record. If you cannot ultimately find prenatal visits in the prenatal or medical record, or cannot get the information from the prenatal provider, then report the number as “unknown”. Please note that if there is a date entered in the first prenatal visit and a date in the last prenatal visit, there must be at least a “2” in the number of prenatal visits.

### **Contact information:**

For technical assistance or information on the Registration Specialist Training Workshop, please contact the Florida Perinatal Quality Collaborative (FPQC) at [fpqc@usf.edu](mailto:fpqc@usf.edu) or visit our website at [www.fpqc.org](http://www.fpqc.org).

