OREGON HEALTH AUTHORITY

Birth Information Specialist and Midwife Training 2026

Center for Health Statistics | We are vital and we count

Training Requirement

- This training is required to file Oregon birth records and to use the Oregon Vital Events Registration System (OVERS).

- If you are a new Birth Information Specialist (BIS) or Midwife needing to file Oregon birth records and use OVERS, this training must be completed before you can get a login and password to OVERS.

- Certificates of completion must be provided.

Agenda

- ❑ Laws, Policies & Procedures
- ❑ An introduction to the worksheets
- ❑ A link to a demonstration of OVERS entry
- ❑ Birth Information Specialist training from CDC Train
- ❑ What is needed for an OVERS account
- ❑ Resources and Contacts

The work you do is of VITAL importance

For the individual:

The birth certificate is the most important document used to establish an individual's identity.

For the family:

It allows the parents to establish the child's identity and claim a range of benefits like tax credits and health care.

For public health partners:

It helps identify trends and indicators of health, which can assist in policy development, funding and research.

Laws, policies and procedures

Highlights of the laws and policies

- All births that occur in Oregon must be filed with the state.
- Each birth must be submitted to the state within 5 calendar days after the live birth.
- The hospital or licensed birthing facility where the birth occurred is responsible for filing the birth record with the state.
- Births that occur in a hospital or licensed birthing facility must be filed electronically using OVERS.

Highlights of the laws and policies

- The hospital or licensed birthing facility must make voluntary acknowledgment of parentage forms available to unmarried parents.
- Once filed and registered with the state, the birth record becomes the permanent record of the birth.
- Any changes to the birth record after it is registered must be done through an official amendment process and the change becomes permanent.

Oregon Revised Statutes Chapter 432

432.088 Mandatory submission and registration of reports of live birth; persons required to report; rules.

(1) A report of live birth for each live birth that occurs in this state shall be submitted to the Center for Health Statistics, or as otherwise directed by the State Registrar of the Center for Health Statistics, within five calendar days after the live birth and shall be registered if the report has been completed and filed in accordance with this section.

Oregon Revised Statutes Chapter 432

ORS 432.093 Availability of voluntary acknowledgment of parentage form; responsibility of health care facility and parents. Any health care facility as defined in ORS 442.015 shall make available to the parent who gave birth to the child and the alleged genetic parent of any child born live or expected to be born in the health care facility, a voluntary acknowledgment of parentage form when the facility has reason to believe that the parent who gave birth to the child is unmarried. The responsibility of the health care facility is limited to providing the form and submitting the form with the report of live birth to the State Registrar of the Center for Health Statistics. The parent who gave birth to the child and the child's alleged genetic parent are responsible for ensuring that the form is accurately completed. This form shall be as prescribed by ORS 432.098.

In 2024, 38,968 births occurred in Oregon

99% of birth records are electronically registered at medical facilities and birthing centers.

How are birth records completed?

1. Birth Information Specialists or Midwives gather information from parents and medical record.
2. Information is entered into OVERS.
3. The birth records will automatically register and become the official birth record once it is certified by the Birth Information Specialist or Midwife.

All within 5 days

Worksheets

- There are two worksheets used to collect the information for completing the birth record.
    1. Parent worksheet
    2. Facility worksheet

- The worksheets are standardized so that all information is collected the same way for all births in Oregon.

- The worksheets provided or approved by the Center for Health Statistics must be used to collect the information.

- Completed worksheets should be filed in a separate file and are not part of the medical record. They need to be kept for two years and then shredded.

Parent Worksheet

Completed by the parent(s)

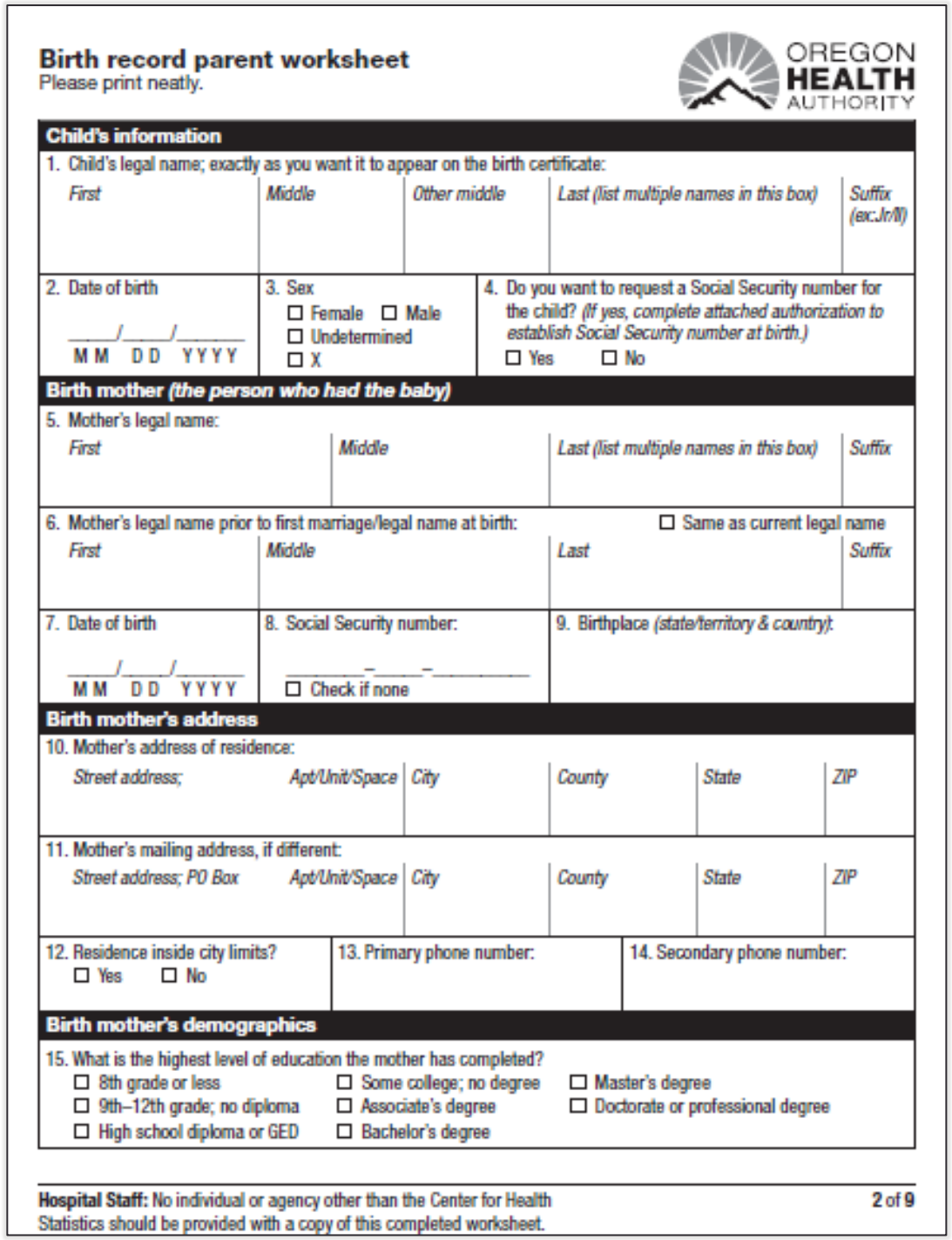
This is where the parents name the baby and provide information for their baby's legal birth certificate.

Please remind parents to:

- Read the cover sheet carefully.
- Write clearly and review the information.
- Provide precise and correct information.
- Answer every question as much as possible, even if the answer is "don't want to answer."
- Sign the worksheet.

Parent Worksheet

- Baby's information
- Parents' address and demographics
- Legal relationship of parents
- Mother's health
- Prenatal information
- Social Security Number authorization



Birth record parent worksheet
Please print neatly.

OREGON HEALTH AUTHORITY

Child's information

1. Child's legal name; exactly as you want it to appear on the birth certificate:
   First | *Middle* | *Other middle* | *Last (list multiple names in this box)* | *Suffix (ex:Jr/II)*
2. Date of birth ____/____/____ (M M D D Y Y Y Y)
3. Sex ☐ Female ☐ Male ☐ Undetermined ☐ X
4. Do you want to request a Social Security number for the child? *(If yes, complete attached authorization to establish Social Security number at birth.)* ☐ Yes ☐ No

Birth mother *(the person who had the baby)*

5. Mother's legal name:
   First | *Middle* | *Last (list multiple names in this box)* | *Suffix*
6. Mother's legal name prior to first marriage/legal name at birth: ☐ Same as current legal name
   First | *Middle* | *Last* | *Suffix*
7. Date of birth ____/____/____ (M M D D Y Y Y Y)
8. Social Security number: ___-___-____ ☐ Check if none
9. Birthplace *(state/territory & country)*:

Birth mother's address

10. Mother's address of residence:
    Street address; | *Apt/Unit/Space* | *City* | *County* | *State* | *ZIP*
11. Mother's mailing address, if different:
    Street address; PO Box | *Apt/Unit/Space* | *City* | *County* | *State* | *ZIP*
12. Residence inside city limits? ☐ Yes ☐ No
13. Primary phone number:
14. Secondary phone number:

Birth mother's demographics

15. What is the highest level of education the mother has completed?
    ☐ 8th grade or less ☐ 9th–12th grade; no diploma ☐ High school diploma or GED ☐ Some college; no degree ☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree ☐ Doctorate or professional degree

Hospital Staff: No individual or agency other than the Center for Health Statistics should be provided with a copy of this completed worksheet.

2 of 9

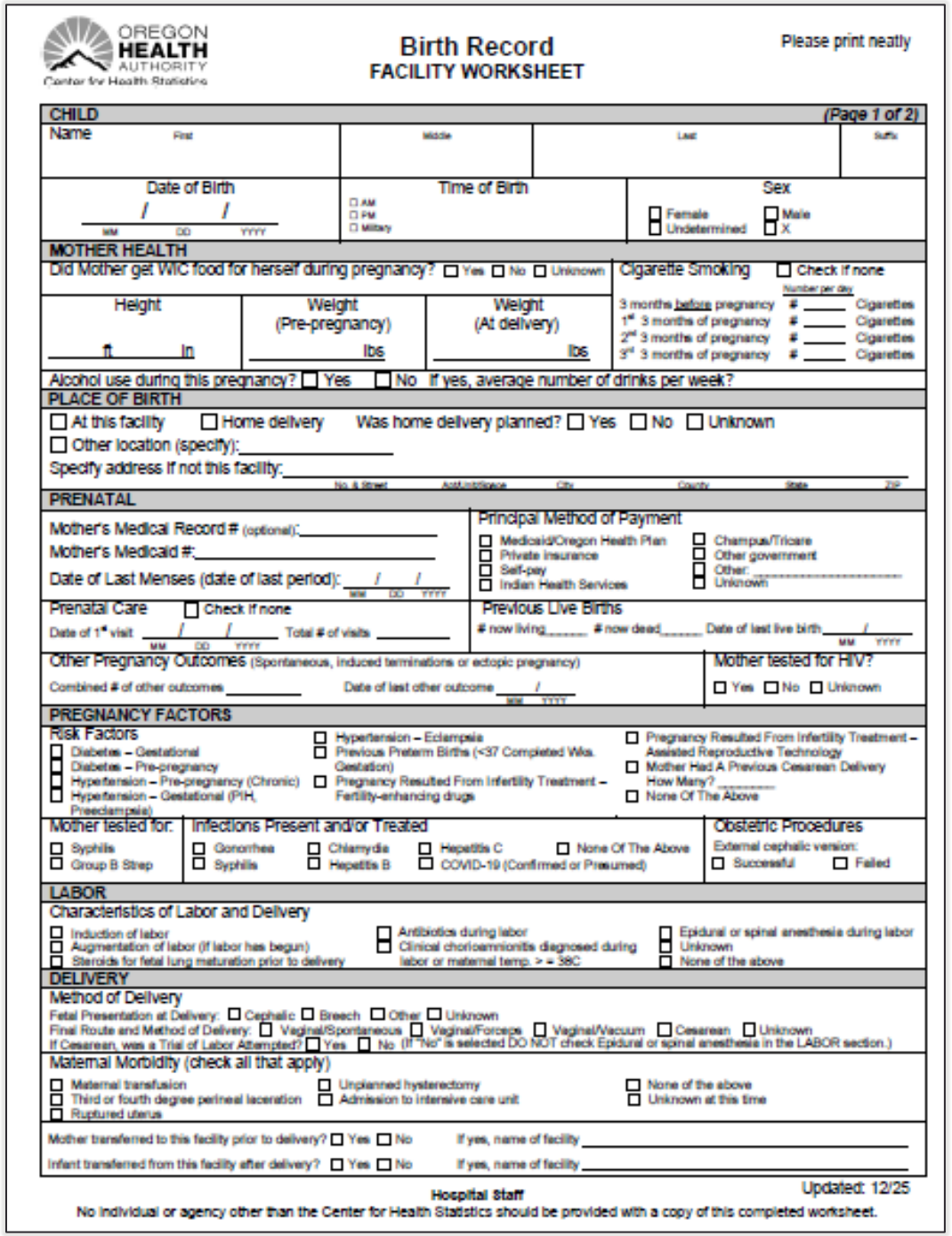
Facility Worksheet

- Completed by the BIS or designee. The process for gathering the information may vary among hospitals or birthing facilities.
- Usually from medical record or provided by labor and delivery nurses at time of birth.
- You must use the facility worksheet provided or approved by the Center for Health Statistics.
- Parents do not see this worksheet.
- Completed worksheets should be filed in a separate file and are not part of the medical record. They need to be kept for two years and then shredded.

Facility Worksheet

- Medical and health information for the mother
- Prenatal information
- Pregnancy factors
- Labor and delivery information
- Newborn factors
- Hearing screening
- Immunization

IMPORTANT:
The worksheet is designed to flow with OVERS data entry



OREGON HEALTH AUTHORITY
Center for Health Statistics

Birth Record
FACILITY WORKSHEET

Please print neatly

CHILD (Page 1 of 2)

Name: First | Middle | Last | Suffix

Date of Birth: ___/___/___ (MM DD YYYY) | Time of Birth: ☐ AM ☐ PM ☐ Military | Sex: ☐ Female ☐ Male ☐ Undetermined ☐ X

MOTHER HEALTH

Did Mother get WIC food for herself during pregnancy? ☐ Yes ☐ No ☐ Unknown

Height: ___ ft ___ in | Weight (Pre-pregnancy): ___ lbs | Weight (At delivery): ___ lbs

Cigarette Smoking ☐ Check if none (Number per day)
- 3 months before pregnancy # ___ Cigarettes
- 1st 3 months of pregnancy # ___ Cigarettes
- 2nd 3 months of pregnancy # ___ Cigarettes
- 3rd 3 months of pregnancy # ___ Cigarettes

Alcohol use during this pregnancy? ☐ Yes ☐ No If yes, average number of drinks per week?

PLACE OF BIRTH

☐ At this facility ☐ Home delivery Was home delivery planned? ☐ Yes ☐ No ☐ Unknown

☐ Other location (specify): _____

Specify address if not this facility: _____
(No. & Street, Apt./Unit/Space, City, County, State, ZIP)

PRENATAL

Mother's Medical Record # (optional): _____

Mother's Medicaid #: _____

Date of Last Menses (date of last period): ___/___/___ (MM DD YYYY)

Principal Method of Payment
- ☐ Medicaid/Oregon Health Plan
- ☐ Private Insurance
- ☐ Self-pay
- ☐ Indian Health Services
- ☐ Champus/Tricare
- ☐ Other government
- ☐ Other: _____
- ☐ Unknown

Prenatal Care ☐ Check if none
Date of 1st visit ___/___/___ (MM DD YYYY) Total # of visits _____

Previous Live Births
now living_____ # now dead_____ Date of last live birth ___/___ (MM YYYY)

Other Pregnancy Outcomes (Spontaneous, induced terminations or ectopic pregnancy)
Combined # of other outcomes _____ Date of last other outcome ___/___ (MM YYYY)

Mother tested for HIV? ☐ Yes ☐ No ☐ Unknown

PREGNANCY FACTORS

Risk Factors
- ☐ Diabetes – Gestational
- ☐ Diabetes – Pre-pregnancy
- ☐ Hypertension – Pre-pregnancy (Chronic)
- ☐ Hypertension – Gestational (PIH, Preeclampsia)
- ☐ Hypertension – Eclampsia
- ☐ Previous Preterm Births (<37 Completed Wks. Gestation)
- ☐ Pregnancy Resulted From Infertility Treatment – Fertility-enhancing drugs
- ☐ Pregnancy Resulted From Infertility Treatment – Assisted Reproductive Technology
- ☐ Mother Had A Previous Cesarean Delivery How Many? _____
- ☐ None Of The Above

Mother tested for:
- ☐ Syphilis
- ☐ Group B Strep

Infections Present and/or Treated
- ☐ Gonorrhea
- ☐ Syphilis
- ☐ Chlamydia
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ COVID-19 (Confirmed or Presumed)
- ☐ None Of The Above

Obstetric Procedures
External cephalic version:
- ☐ Successful
- ☐ Failed

LABOR

Characteristics of Labor and Delivery
- ☐ Induction of labor
- ☐ Augmentation of labor (if labor has begun)
- ☐ Steroids for fetal lung maturation prior to delivery
- ☐ Antibiotics during labor
- ☐ Clinical chorioamnionitis diagnosed during labor or maternal temp. >= 38C
- ☐ Epidural or spinal anesthesia during labor
- ☐ Unknown
- ☐ None of the above

DELIVERY

Method of Delivery

Fetal Presentation at Delivery: ☐ Cephalic ☐ Breech ☐ Other ☐ Unknown

Final Route and Method of Delivery: ☐ Vaginal/Spontaneous ☐ Vaginal/Forceps ☐ Vaginal/Vacuum ☐ Cesarean ☐ Unknown

If Cesarean, was a Trial of Labor Attempted? ☐ Yes ☐ No (If "No" is selected DO NOT check Epidural or spinal anesthesia in the LABOR section.)

Maternal Morbidity (check all that apply)
- ☐ Maternal transfusion
- ☐ Third or fourth degree perineal laceration
- ☐ Ruptured uterus
- ☐ Unplanned hysterectomy
- ☐ Admission to intensive care unit
- ☐ None of the above
- ☐ Unknown at this time

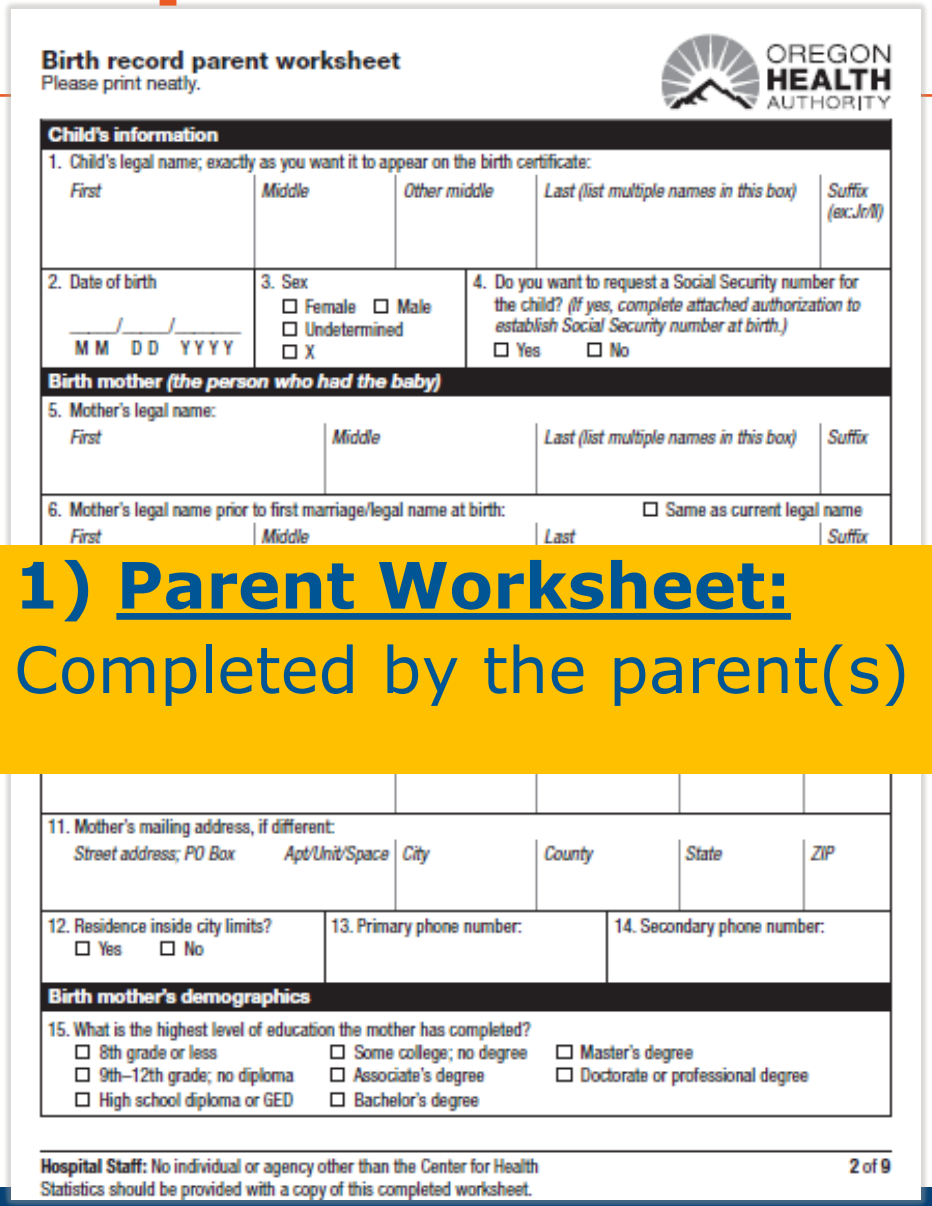
Mother transferred to this facility prior to delivery? ☐ Yes ☐ No If yes, name of facility _____

Infant transferred from this facility after delivery? ☐ Yes ☐ No If yes, name of facility _____

Hospital Staff Updated: 12/25

No individual or agency other than the Center for Health Statistics should be provided with a copy of this completed worksheet.

Recap Parent and Facility Worksheets



Birth record parent worksheet
Please print neatly.

OREGON HEALTH AUTHORITY

Child's information

1. Child's legal name; exactly as you want it to appear on the birth certificate:
   First | Middle | Other middle | Last (list multiple names in this box) | Suffix (ex:Jr/II)
2. Date of birth ____/____/____ MM DD YYYY
3. Sex ☐ Female ☐ Male ☐ Undetermined ☐ X
4. Do you want to request a Social Security number for the child? *(If yes, complete attached authorization to establish Social Security number at birth.)* ☐ Yes ☐ No

Birth mother *(the person who had the baby)*

5. Mother's legal name:
   First | Middle | Last (list multiple names in this box) | Suffix
6. Mother's legal name prior to first marriage/legal name at birth: ☐ Same as current legal name
   First | Middle | Last | Suffix

11. Mother's mailing address, if different:
    Street address; PO Box | Apt/Unit/Space | City | County | State | ZIP
12. Residence inside city limits? ☐ Yes ☐ No
13. Primary phone number:
14. Secondary phone number:

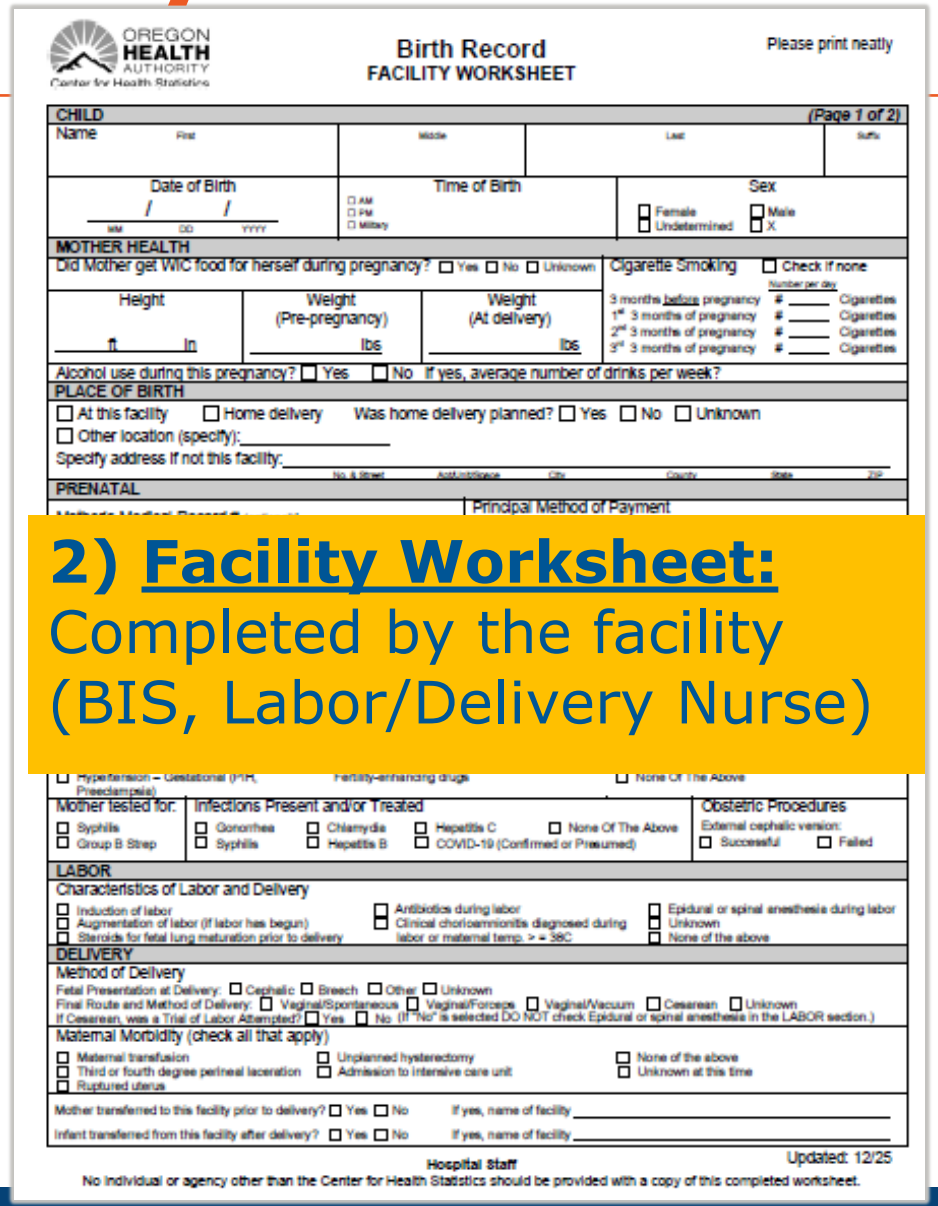
Birth mother's demographics

15. What is the highest level of education the mother has completed?
    ☐ 8th grade or less ☐ 9th–12th grade; no diploma ☐ High school diploma or GED ☐ Some college; no degree ☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree ☐ Doctorate or professional degree

Hospital Staff: No individual or agency other than the Center for Health Statistics should be provided with a copy of this completed worksheet.

2 of 9

1) Parent Worksheet:
Completed by the parent(s)



OREGON HEALTH AUTHORITY
Center for Health Statistics

Birth Record
FACILITY WORKSHEET

Please print neatly

CHILD *(Page 1 of 2)*
Name: First | Middle | Last | Suffix
Date of Birth: / / MM DD YYYY
Time of Birth: ☐ AM ☐ PM ☐ Military
Sex: ☐ Female ☐ Undetermined ☐ Male ☐ X

MOTHER HEALTH
Did Mother get WIC food for herself during pregnancy? ☐ Yes ☐ No ☐ Unknown
Cigarette Smoking ☐ Check if none (Number per day)
Height: ft in
Weight (Pre-pregnancy): lbs
Weight (At delivery): lbs
3 months before pregnancy # ____ Cigarettes
1st 3 months of pregnancy # ____ Cigarettes
2nd 3 months of pregnancy # ____ Cigarettes
3rd 3 months of pregnancy # ____ Cigarettes
Alcohol use during this pregnancy? ☐ Yes ☐ No If yes, average number of drinks per week?

PLACE OF BIRTH
☐ At this facility ☐ Home delivery Was home delivery planned? ☐ Yes ☐ No ☐ Unknown
☐ Other location (specify):
Specify address if not this facility: No. & Street | Apt/Unit/Space | City | County | State | ZIP

PRENATAL
Principal Method of Payment
☐ Hypertension – Gestational (PIH, Preeclampsia) Fertility-enhancing drugs ☐ None Of The Above

Mother tested for: ☐ Syphilis ☐ Group B Strep
Infections Present and/or Treated: ☐ Gonorrhea ☐ Syphilis ☐ Chlamydia ☐ Hepatitis B ☐ Hepatitis C ☐ COVID-19 (Confirmed or Presumed) ☐ None Of The Above
Obstetric Procedures: External cephalic version: ☐ Successful ☐ Failed

LABOR
Characteristics of Labor and Delivery
☐ Induction of labor ☐ Augmentation of labor (if labor has begun) ☐ Steroids for fetal lung maturation prior to delivery ☐ Antibiotics during labor ☐ Clinical chorioamnionitis diagnosed during labor or maternal temp. > = 38C ☐ Epidural or spinal anesthesia during labor ☐ Unknown ☐ None of the above

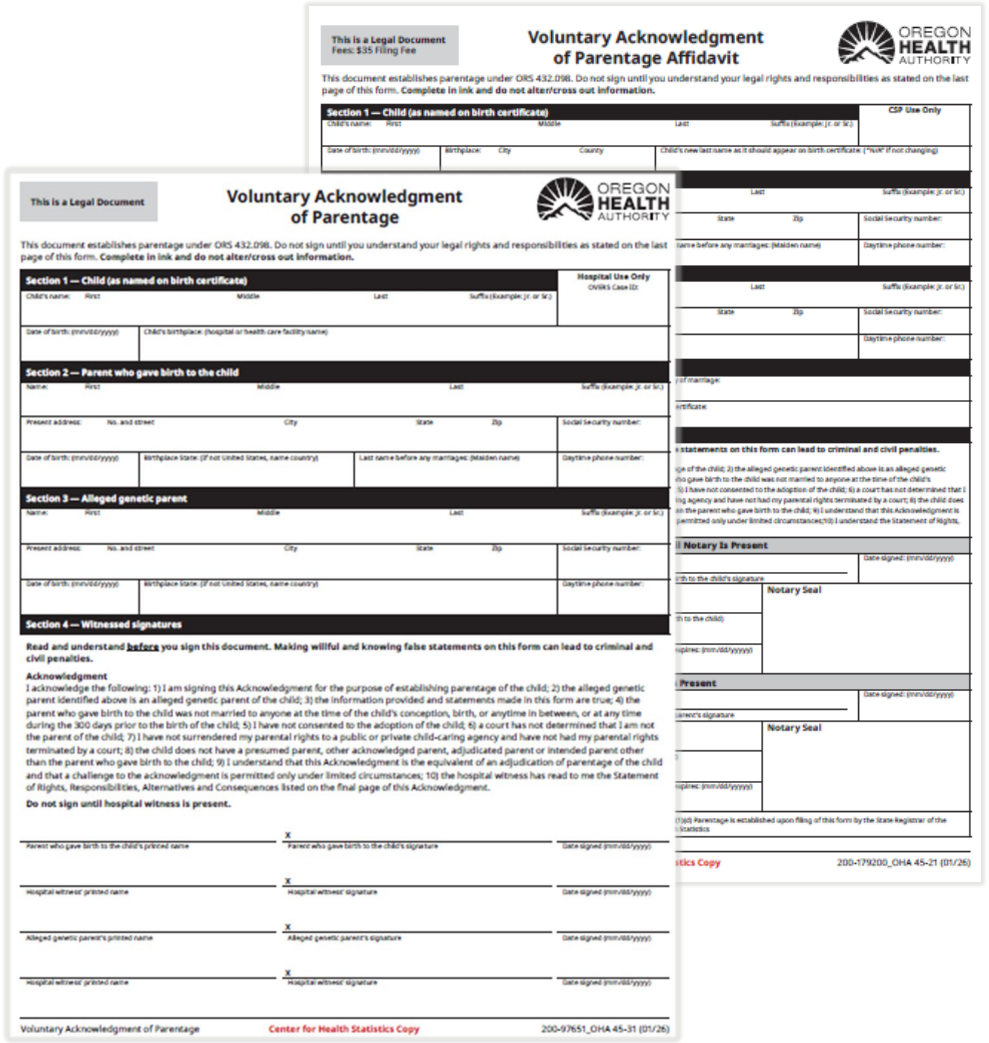
DELIVERY
Method of Delivery
Fetal Presentation at Delivery: ☐ Cephalic ☐ Breech ☐ Other ☐ Unknown
Final Route and Method of Delivery: ☐ Vaginal/Spontaneous ☐ Vaginal/Forceps ☐ Vaginal/Vacuum ☐ Cesarean ☐ Unknown
If Cesarean, was a Trial of Labor Attempted? ☐ Yes ☐ No (If "No" is selected DO NOT check Epidural or spinal anesthesia in the LABOR section.)
Maternal Morbidity (check all that apply)
☐ Maternal transfusion ☐ Third or fourth degree perineal laceration ☐ Ruptured uterus ☐ Unplanned hysterectomy ☐ Admission to intensive care unit ☐ None of the above ☐ Unknown at this time
Mother transferred to this facility prior to delivery? ☐ Yes ☐ No If yes, name of facility
Infant transferred from this facility after delivery? ☐ Yes ☐ No If yes, name of facility

Updated: 12/25

Hospital Staff
No individual or agency other than the Center for Health Statistics should be provided with a copy of this completed worksheet.

2) Facility Worksheet:
Completed by the facility (BIS, Labor/Delivery Nurse)

Acknowledgment of Parentage (AOP)



Did you know there are two Acknowledgement of Parentage (AOP) forms?

- Choose the right form:
  - Hospital **45-31** or
  - notarized affidavit **45-21**?

AOP's are required to establish parentage if the parent who gave birth is unmarried at conception, delivery or within 300 days prior to delivery.

Use AOP 45-31: Hospital or Birthing Center

Use AOP 45-31

- While the person who gave birth is **still a patient at the facility**
- It must be signed and dated WITHIN 5 days after the date of birth
- The Statement of Rights, Responsibilities, Alternatives, and Consequences must be read to the parents
- Must be signed and dated IN FRONT of birth facility witness

Responsibilities of the Birth Information Specialist or Midwives within a Facility:

- ✓ Provide the Voluntary Acknowledgment of Parentage (45-31) form to unmarried parents who give birth. If parents don't complete the hospital form, then provide the notarized form.
- ✓ Ensure the hospital witness has read the Rights, Responsibilities, Alternatives, and Consequences to parents before completing the form. They are found on the back of the form.
- ✓ Check the form for accuracy and completeness before submitting to the state.
- ✓ Make sure parents have signed and dated the form.
- ✓ Make sure the form is witnessed and dated by hospital staff.

Responsibilities of the Birth Information Specialist or Midwives within a Facility:

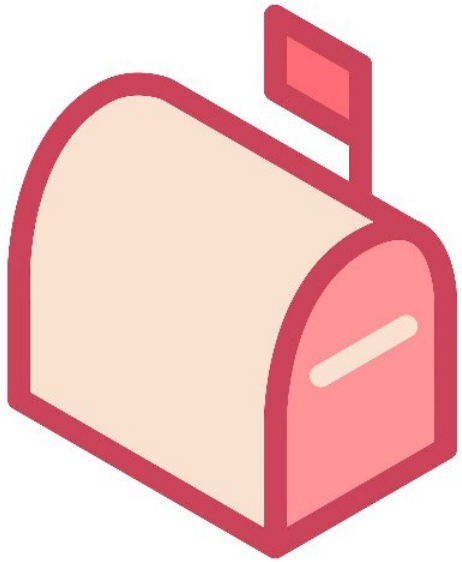
- ✓ Make sure the dates the parents sign match the witness dates.
- ✓ The child's name on the AOP matches what is on the birth record.
- ✓ The parents' names match the names on the birth record.
- ✓ Names and dates associated with signatures must be handwritten ONLY.
- ✓ Minor alterations only which must be initialed by the person making the change.
- ✓ All fields on the form must be completed.
- ✓ Ensure that the father/second parent info entered in OVERS matches the AOP alleged genetic parent information exactly.
- ✓ Include OVERS Case ID.

Affidavit 45-21

…OR if parents don't complete the AOP at the facility

- Send parents home with the Affidavit 45-21 if the parents leave without signing the hospital form. This will allow them to add parentage information to the record at a later date.
- It must be signed before a notary

Submitting the AOP to the State



- The form should be submitted as soon as possible – do not hold to mail in batches.
- Order and use white prepaid envelopes.
- The form ***must*** be mailed by the facility and **postmarked** within **14 days** of the child's date of birth.

More information on parentage establishment

FAQ: Establishing Parentage

Parentage Forms and Instructions

Responsibilities of Birth Information Specialists: Reporting Fetal Deaths

What is a fetal death?

ORS 432.005 (14) “Fetal death” means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, that is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of the voluntary muscles.

Highlights of the laws and policies related to fetal deaths

- All fetal deaths that occur in Oregon must be filed with the state.
- Each fetal death of 350 grams or more or if the weight is unknown, of 20 completed weeks gestation or more, must be submitted to the state within 5 calendar days after delivery.
- The hospital or licensed birthing facility where the fetal death occurred is responsible for filing the record with the state.
- Fetal deaths that occur in a hospital or licensed birthing facility must be filed electronically using OVERS.
- Information is gathered using the fetal death report worksheets.

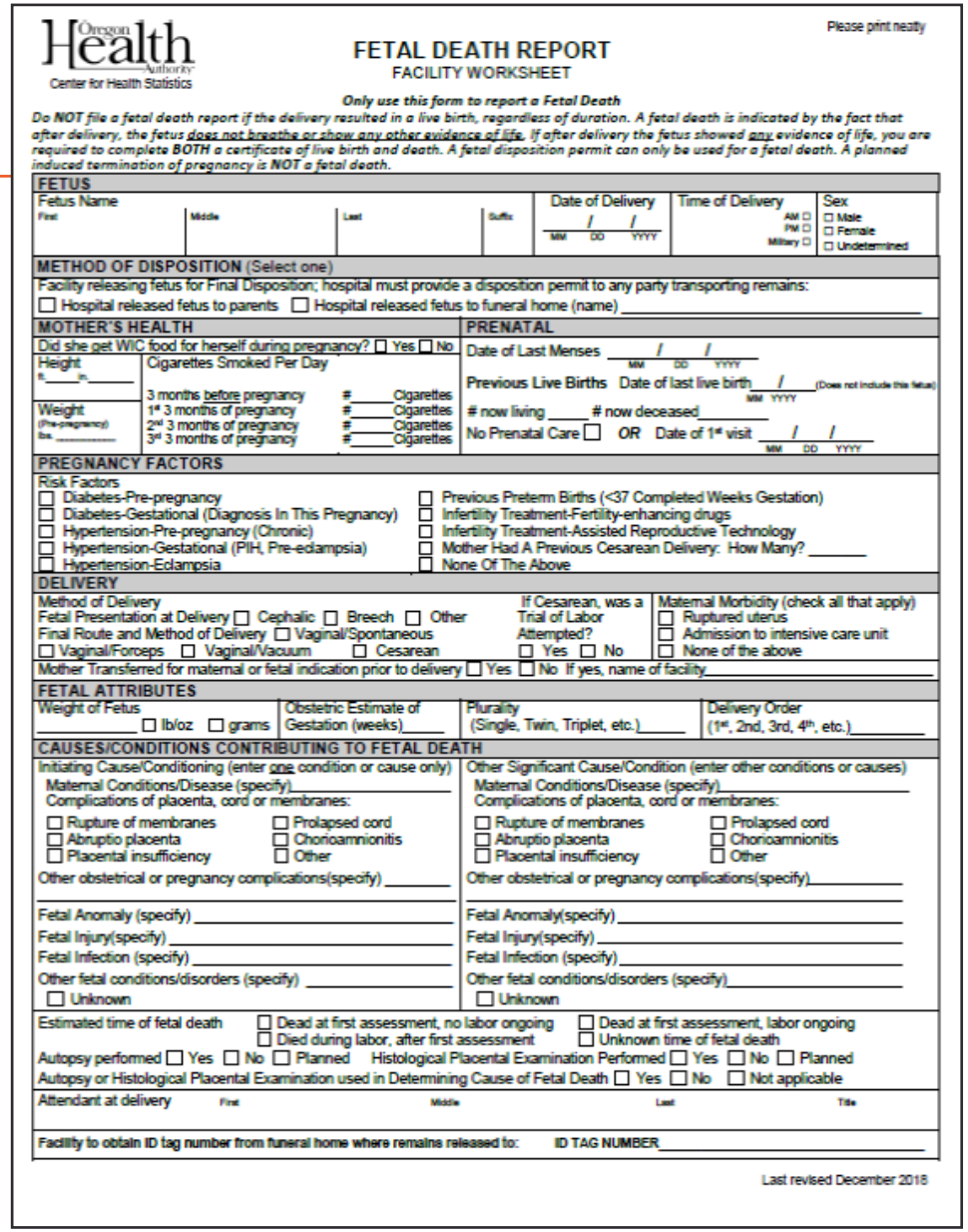
Responsibilities of Birth Information Specialist: Fetal Deaths

- **432.143 Mandatory submission and registration of reports of fetal death; persons required to report; rules.** (1)(a) A report of each fetal death of 350 grams or more or, if the weight is unknown, of 20 completed weeks gestation or more, calculated from the date the last normal menstrual period began to the date of the delivery, that occurs in this state shall be submitted within five calendar days after the delivery to the Center for Health Statistics …
- (2) When fetal death occurs in an institution or on route to an institution, the person in charge of the institution or an authorized designee shall obtain all data required by the state registrar, prepare the report of fetal death, certify by electronic signature that the information reported is accurate and complete and submit the report as described in subsection (1) of this section.

For more information specific to Fetal Death visit the CHS website BIS page. Scroll down to the Fetal Death section.

Fetal Death

How to Register Fetal Death Reports +



Oregon Health Authority
Center for Health Statistics

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FETAL DEATH REPORT
FACILITY WORKSHEET

Only use this form to report a Fetal Death

Do NOT file a fetal death report if the delivery resulted in a live birth, regardless of duration. A fetal death is indicated by the fact that after delivery, the fetus does not breathe or show any other evidence of life. If after delivery the fetus showed any evidence of life, you are required to complete BOTH a certificate of live birth and death. A fetal disposition permit can only be used for a fetal death. A planned induced termination of pregnancy is NOT a fetal death.

FETUS

Fetus Name (First, Middle, Last, Suffix) | Date of Delivery (MM / DD / YYYY) | Time of Delivery (AM ☐ PM ☐ Military ☐) | Sex (☐ Male ☐ Female ☐ Undetermined)

METHOD OF DISPOSITION (Select one)

Facility releasing fetus for Final Disposition; hospital must provide a disposition permit to any party transporting remains:
☐ Hospital released fetus to parents ☐ Hospital released fetus to funeral home (name) _____

MOTHER'S HEALTH

Did she get WIC food for herself during pregnancy? ☐ Yes ☐ No

Height ft. ____ in. ____

Weight (Pre-pregnancy) lbs. ____

Cigarettes Smoked Per Day
3 months before pregnancy # ____ Cigarettes
1st 3 months of pregnancy # ____ Cigarettes
2nd 3 months of pregnancy # ____ Cigarettes
3rd 3 months of pregnancy # ____ Cigarettes

PRENATAL

Date of Last Menses ____ / ____ / ____ (MM DD YYYY)

Previous Live Births Date of last live birth ____ / ____ (MM YYYY) (Does not include this fetus)

now living ____ # now deceased ____

No Prenatal Care ☐ OR Date of 1st visit ____ / ____ / ____ (MM DD YYYY)

PREGNANCY FACTORS

Risk Factors
☐ Diabetes-Pre-pregnancy
☐ Diabetes-Gestational (Diagnosis In This Pregnancy)
☐ Hypertension-Pre-pregnancy (Chronic)
☐ Hypertension-Gestational (PIH, Pre-eclampsia)
☐ Hypertension-Eclampsia
☐ Previous Preterm Births (<37 Completed Weeks Gestation)
☐ Infertility Treatment-Fertility-enhancing drugs
☐ Infertility Treatment-Assisted Reproductive Technology
☐ Mother Had A Previous Cesarean Delivery: How Many? ____
☐ None Of The Above

DELIVERY

Method of Delivery
Fetal Presentation at Delivery ☐ Cephalic ☐ Breech ☐ Other
Final Route and Method of Delivery ☐ Vaginal/Spontaneous
☐ Vaginal/Forceps ☐ Vaginal/Vacuum ☐ Cesarean

If Cesarean, was a Trial of Labor Attempted? ☐ Yes ☐ No

Maternal Morbidity (check all that apply)
☐ Ruptured uterus
☐ Admission to intensive care unit
☐ None of the above

Mother Transferred for maternal or fetal indication prior to delivery ☐ Yes ☐ No If yes, name of facility ____

FETAL ATTRIBUTES

Weight of Fetus ____ ☐ lb/oz ☐ grams | Obstetric Estimate of Gestation (weeks) ____ | Plurality (Single, Twin, Triplet, etc.) ____ | Delivery Order (1st, 2nd, 3rd, 4th, etc.) ____

CAUSES/CONDITIONS CONTRIBUTING TO FETAL DEATH

Initiating Cause/Conditioning (enter one condition or cause only)
Maternal Conditions/Disease (specify) ____
Complications of placenta, cord or membranes:
☐ Rupture of membranes ☐ Prolapsed cord
☐ Abruptio placenta ☐ Chorioamnionitis
☐ Placental insufficiency ☐ Other
Other obstetrical or pregnancy complications(specify) ____
Fetal Anomaly (specify) ____
Fetal Injury(specify) ____
Fetal Infection (specify) ____
Other fetal conditions/disorders (specify) ____
☐ Unknown

Other Significant Cause/Condition (enter other conditions or causes)
Maternal Conditions/Disease (specify) ____
Complications of placenta, cord or membranes:
☐ Rupture of membranes ☐ Prolapsed cord
☐ Abruptio placenta ☐ Chorioamnionitis
☐ Placental insufficiency ☐ Other
Other obstetrical or pregnancy complications(specify) ____
Fetal Anomaly(specify) ____
Fetal Injury(specify) ____
Fetal Infection (specify) ____
Other fetal conditions/disorders (specify) ____
☐ Unknown

Estimated time of fetal death
☐ Dead at first assessment, no labor ongoing
☐ Dead at first assessment, labor ongoing
☐ Died during labor, after first assessment
☐ Unknown time of fetal death

Autopsy performed ☐ Yes ☐ No ☐ Planned
Histological Placental Examination Performed ☐ Yes ☐ No ☐ Planned
Autopsy or Histological Placental Examination used in Determining Cause of Fetal Death ☐ Yes ☐ No ☐ Not applicable

Attendant at delivery (First, Middle, Last, Title)

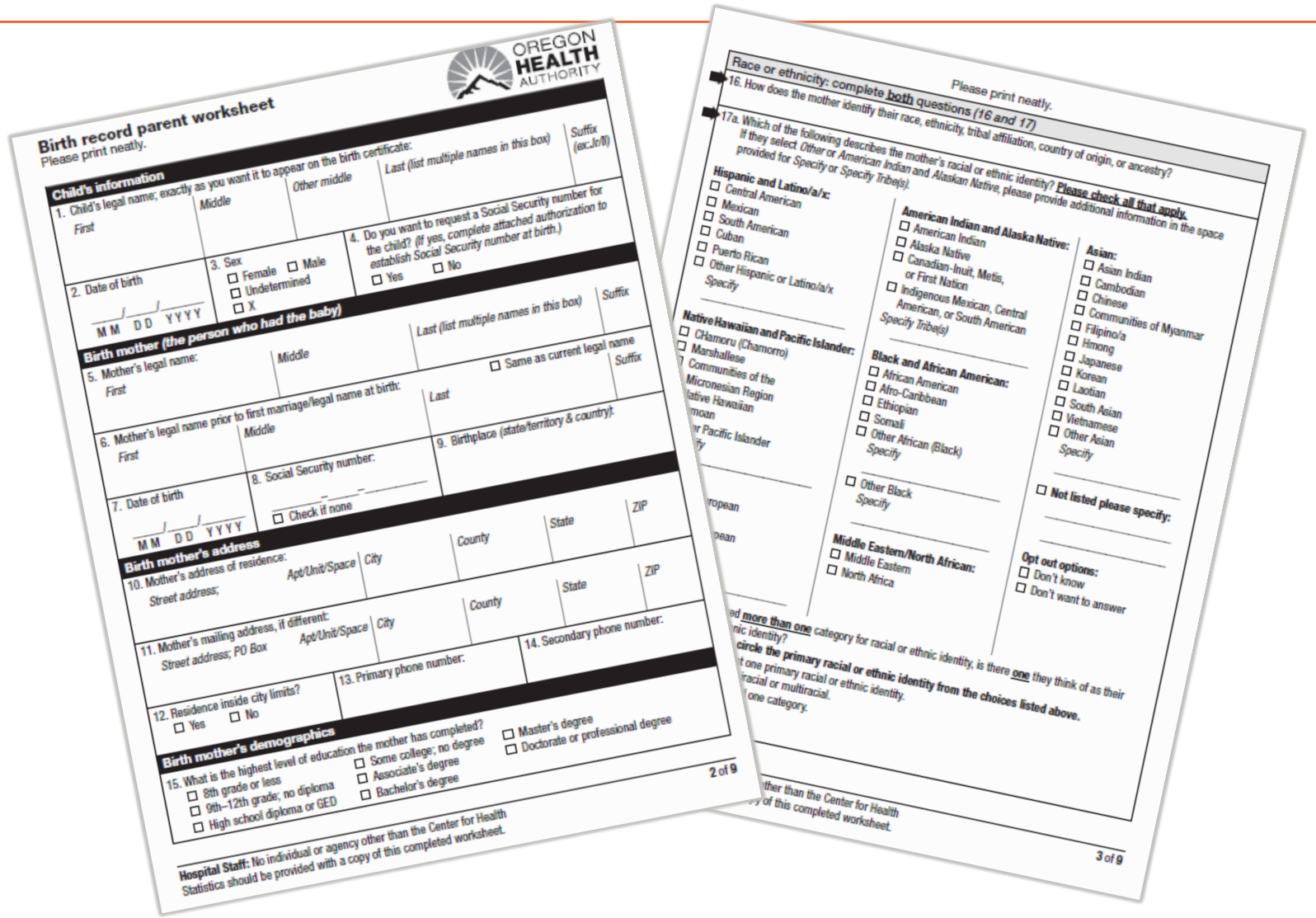
Facility to obtain ID tag number from funeral home where remains released to: **ID TAG NUMBER** ____

Last revised December 2018

The Oregon Vital Events Registration System (OVERS)

A brief introduction and live demonstration

Use the *Birth Record Parent Worksheet* to create a record in OVERS



Birth record parent worksheet
Please print neatly.

OREGON HEALTH AUTHORITY

Child's information

1. Child's legal name; exactly as you want it to appear on the birth certificate: First | Middle | Other middle | Last (list multiple names in this box) | Suffix (ex.Jr/II)
2. Date of birth ___/___/___ M M D D Y Y Y Y
3. Sex ☐ Female ☐ Male ☐ Undetermined ☐ X
4. Do you want to request a Social Security number for the child? (If yes, complete attached authorization to establish Social Security number at birth.) ☐ Yes ☐ No

Birth mother (the person who had the baby)

5. Mother's legal name: First | Middle | Last (list multiple names in this box) | Suffix ☐ Same as current legal name
6. Mother's legal name prior to first marriage/legal name at birth: First | Middle | Last
7. Date of birth ___/___/___ M M D D Y Y Y Y
8. Social Security number: ___-___-____ ☐ Check if none
9. Birthplace (state/territory & country):

Birth mother's address

10. Mother's address of residence: Street address; | Apt/Unit/Space | City | County | State | ZIP
11. Mother's mailing address, if different: Street address; PO Box | Apt/Unit/Space | City | County | State | ZIP
12. Residence inside city limits? ☐ Yes ☐ No
13. Primary phone number:
14. Secondary phone number:

Birth mother's demographics

15. What is the highest level of education the mother has completed?
☐ 8th grade or less
☐ 9th–12th grade; no diploma
☐ High school diploma or GED
☐ Some college; no degree
☐ Associate's degree
☐ Bachelor's degree
☐ Master's degree
☐ Doctorate or professional degree

Hospital Staff: No individual or agency other than the Center for Health Statistics should be provided with a copy of this completed worksheet.

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Please print neatly.

Race or ethnicity: complete both questions (16 and 17)

16. How does the mother identify their race, ethnicity, tribal affiliation, country of origin, or ancestry?

17a. Which of the following describes the mother's racial or ethnic identity? **Please check all that apply.**
If they select *Other* or *American Indian and Alaskan Native*, please provide additional information in the space provided for *Specify* or *Specify Tribe(s)*.

Hispanic and Latino/a/x:
☐ Central American
☐ Mexican
☐ South American
☐ Cuban
☐ Puerto Rican
☐ Other Hispanic or Latino/a/x
Specify

Native Hawaiian and Pacific Islander:
☐ CHamoru (Chamorro)
☐ Marshallese
☐ Communities of the Micronesian Region
☐ ative Hawaiian
☐ moan
☐ r Pacific Islander
fy

☐ ropean
☐ pean

American Indian and Alaska Native:
☐ American Indian
☐ Alaska Native
☐ Canadian-Inuit, Metis, or First Nation
☐ Indigenous Mexican, Central American, or South American
Specify Tribe(s)

Black and African American:
☐ African American
☐ Afro-Caribbean
☐ Ethiopian
☐ Somali
☐ Other African (Black)
Specify

☐ Other Black
Specify

Middle Eastern/North African:
☐ Middle Eastern
☐ North Africa

Asian:
☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Communities of Myanmar
☐ Filipino/a
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ South Asian
☐ Vietnamese
☐ Other Asian
Specify

☐ **Not listed please specify:**

Opt out options:
☐ Don't know
☐ Don't want to answer

ed **more than one** category for racial or ethnic identity, is there **one** they think of as their nic identity?
circle the primary racial or ethnic identity from the choices listed above.
t one primary racial or ethnic identity.
racial or multiracial.
one category.

ther than the Center for Health
of this completed worksheet.

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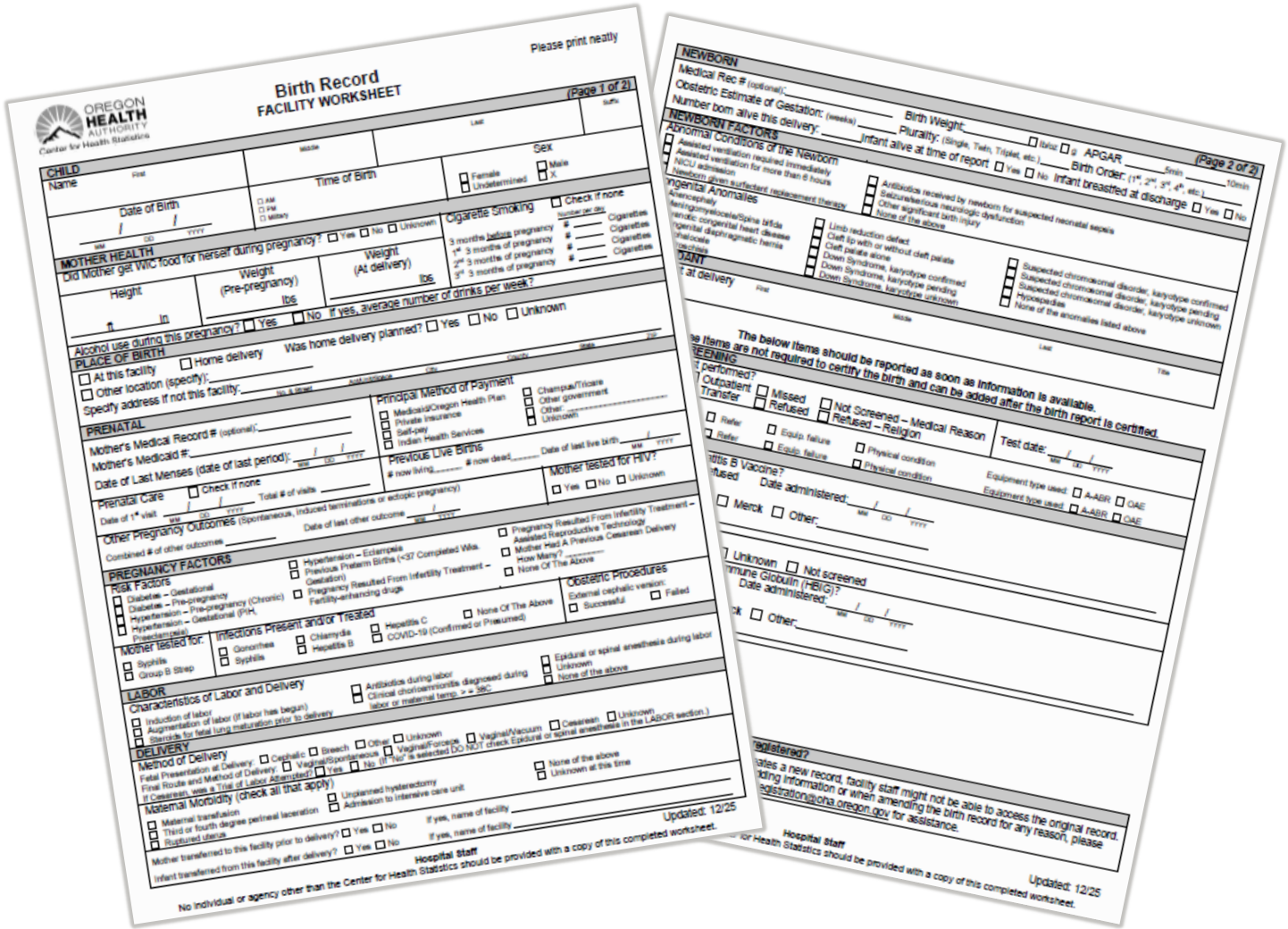
Birth Record Facility Worksheet and OVERS



- Consult with your facility about correct ways to gather information for the worksheet.
- Use the Guidebook to locate detailed definitions

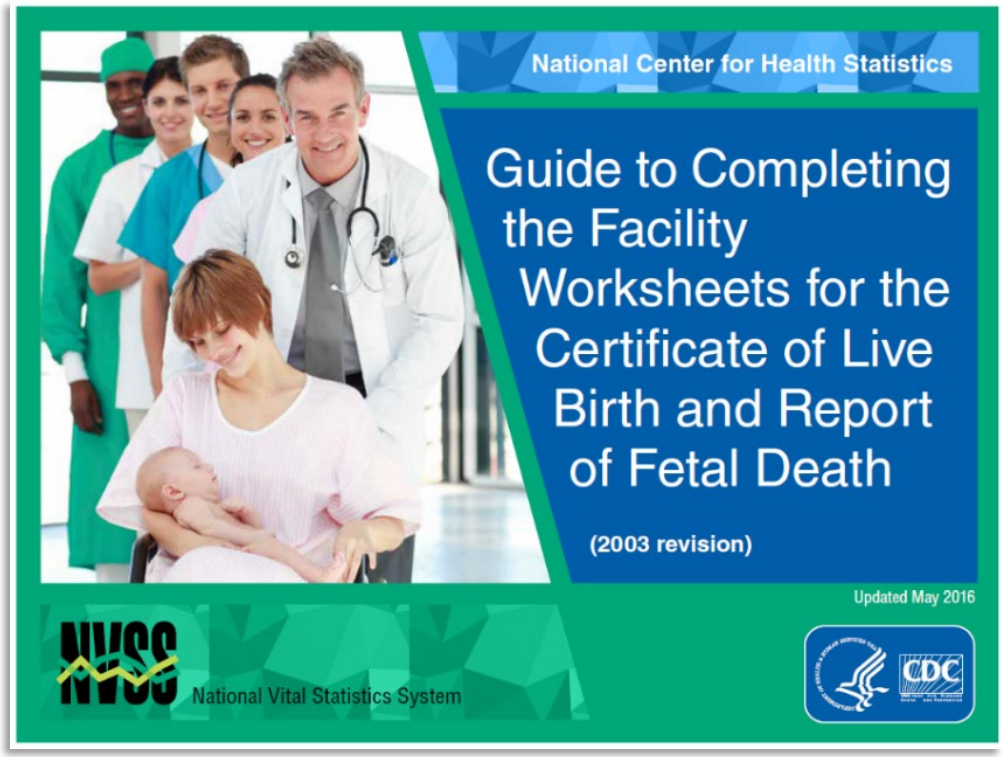
Use the Guides for help with definitions

Click the image to view the guides.

Oregon Vital Events Registration System (OVERS)
Oregon Birth Report Instructions

Birth Information Specialist User Guide
Revised September 2023

Oregon Health Authority
Public Health Division
Center for Public Health Practice
Center for Health Statistics



Watch the OVERS Demonstration Tutorial

Click here for the OVERS Demonstration tutorial

Learn how to:

- Become familiar with OVERS
- Enter a birth record
- What to do in case of errors
- Certify a record

Things to remember

- ❑ Entries in OVERS create an official birth record.
- ❑ Review your entries for errors.
- ❑ Amendments are listed permanently as footnote on the certificate.
- ❑ Worksheets should inform OVERS entry.

Print your Certificate of Completion

- After completing this training and watching the OVERS Demonstration Tutorial, print your Certificate of Completion by clicking here.
- Enter your name on the certificate before printing it.

Birth Information Specialist training from CDC Train

CDC Required Training Course

Take the required eLearning training and print the certificate found at the link below:

Applying Best Practices for Reporting Medical and Health Information on Birth Certificates*

(Created by CDC Train).

***You must create a CDC Train account to receive a certificate at the end of the training.**

Login to CDC Train and complete your profile

You can find step-by-step instructions by clicking here.

Print the certificate for the CDC Applying Best Practices Course

- Click on the Certificate button which will appear when the course is complete.
- Click the download link.
- Print the certificate.

What is needed for an OVERS account

To complete your enrollment in OVERS

Email or fax the following completed documentation to:

- Email: CHS.OVERSaccess@oha.oregon.gov
- Fax: 971-673-1201

1. OVERS Enrollment Form
2. OVERS Training Certificate of Completion
3. Applying Best Practices Certificate from CDC Train.
4. Letter on letterhead from your supervisor granting you permission to access the records at your facility.
5. Two pieces of ID-Must be clear and legible

To complete your enrollment in OVERS

When submitting your two piece of ID:

Make sure it is legible and your photo is clear.

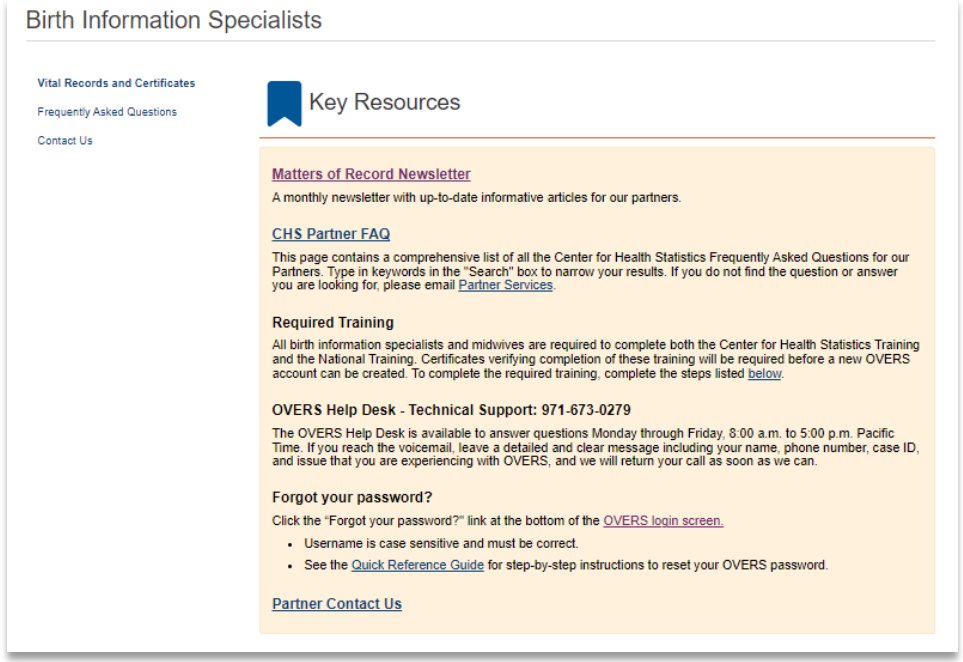
- Take a photo of them and email them for the best result.
- Scan the ID onto paper before faxing/email to make sure they are clear and legible. If you lay the ID directly on the glass to fax them, the anti-fraud measures in ID often render them unreadable.

Once we receive the documentation, you will receive your OVERS log in and password information.

Resources and Contacts

CHS Resources

- Quick Start Guide
- Birth Facility User Guide
- Birth Information Specialist Web Page



Birth Information Specialists

Vital Records and Certificates
Frequently Asked Questions
Contact Us

Key Resources

Matters of Record Newsletter

A monthly newsletter with up-to-date informative articles for our partners.

CHS Partner FAQ

This page contains a comprehensive list of all the Center for Health Statistics Frequently Asked Questions for our Partners. Type in keywords in the "Search" box to narrow your results. If you do not find the question or answer you are looking for, please email Partner Services.

Required Training

All birth information specialists and midwives are required to complete both the Center for Health Statistics Training and the National Training. Certificates verifying completion of these training will be required before a new OVERS account can be created. To complete the required training, complete the steps listed below.

OVERS Help Desk - Technical Support: 971-673-0279

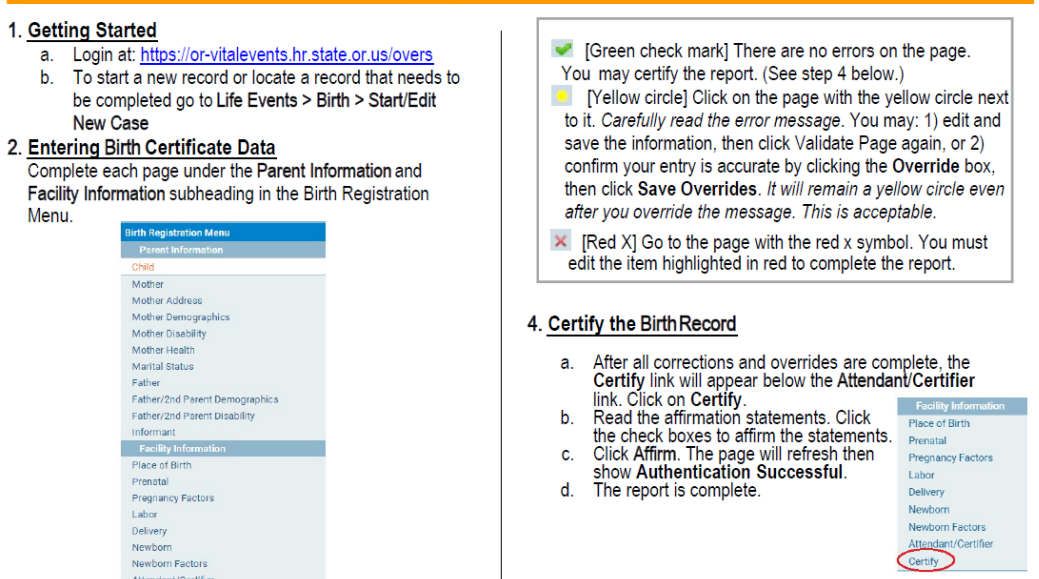
The OVERS Help Desk is available to answer questions Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time. If you reach the voicemail, leave a detailed and clear message including your name, phone number, case ID, and issue that you are experiencing with OVERS, and we will return your call as soon as we can.

Forgot your password?

Click the "Forgot your password?" link at the bottom of the OVERS login screen.

- Username is case sensitive and must be correct.
- See the Quick Reference Guide for step-by-step instructions to reset your OVERS password.

Partner Contact Us



OVERS Quick Start Guide for Birth Information Specialists (revised 6/2022)

1. **Getting Started**
   a. Login at: https://or-vitalevents.hr.state.or.us/overs
   b. To start a new record or locate a record that needs to be completed go to **Life Events > Birth > Start/Edit New Case**
2. **Entering Birth Certificate Data**
   Complete each page under the **Parent Information** and **Facility Information** subheading in the Birth Registration Menu.

Birth Registration Menu
Parent Information
Child
Mother
Mother Address
Mother Demographics
Mother Disability
Mother Health
Marital Status
Father
Father/2nd Parent Demographics
Father/2nd Parent Disability
Informant
Facility Information
Place of Birth
Prenatal
Pregnancy Factors
Labor
Delivery
Newborn
Newborn Factors
Attendant/Certifier

Site Navigation

[Green check mark] There are no errors on the page. You may certify the report. (See step 4 below.)
[Yellow circle] Click on the page with the yellow circle next to it. *Carefully read the error message*. You may: 1) edit and save the information, then click Validate Page again, or 2) confirm your entry is accurate by clicking the **Override** box, then click **Save Overrides**. *It will remain a yellow circle even after you override the message. This is acceptable.*
[Red X] Go to the page with the red x symbol. You must edit the item highlighted in red to complete the report.

4. **Certify the Birth Record**
   a. After all corrections and overrides are complete, the **Certify** link will appear below the **Attendant/Certifier** link. Click on **Certify**.
   b. Read the affirmation statements. Click the check boxes to affirm the statements.
   c. Click **Affirm**. The page will refresh then show **Authentication Successful**.
   d. The report is complete.

Facility Information
Place of Birth
Prenatal
Pregnancy Factors
Labor
Delivery
Newborn
Newborn Factors
Attendant/Certifier
Certify

Contacts

971-673-1190 opt 1, then opt. 4.
Monday through Friday from
8 a.m. to 5 p.m. PST.

Kathy Ellis
Vital Records Trainer
503-943-0405
Kathy.Ellis@oha.oregon.gov

Partner Services
CHS.PartnerServices@oha.oregon.gov

Amendments
CHS.Amendments@oha.oregon.gov