Finger Lakes Region

**Regional Perinatal Center Dept. Of Health Sciences**

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Perinatal Program

**November 14th, 2018 Registrar Meeting Agenda**

1. **Attendance:** Liz Rife, Maureen Herbstsommer, Rosemary Varga and via ZOOM Darlene Waters, Chris Saur, and Melissa Skarbek
2. **HELPER Guidelines AOP Update –** I have edited and updated the AOP portion and pg.50 of the Guidelines. I have mailed copies to you. Please, change out the pages with you get the replacement.
3. **Outreach 2019 –** Some dates have been set. Please, mark your calendars if one of them is yours!
 Unity - March 7th

Noyes- April 16th

Highland – June 6th

RGH - June 13th

1. **Gathering Exercise –** Module 7 Evaluation. This is an ongoing activity (One Module each meeting) and should be done as it is an easy way to review areas that might not occur often. If you weren’t at the meeting, the Module will be found at the end of the Minutes. Please, take a few minutes to complete the Evaluation. As always, continuing education and review of previously learned material enhances our performance. Let me know if you have any concerns with the information shared.
2. **Smoking and Us –** Anne Kern joined us. Ann is the Public Health Program Coordinator for our Monroe County Department of Public Health. She works with Birth Data to try using the information to formulate plans that would improve the health of our moms and babies. She is attempting to understand what our entries mean. We reviewed Smoking entries, specifically “99” and “0”. She had questions re: “Intendedness”. This is answered by the Interview questioner: “how did you feel about becoming pregnant?”, as we all know a difficult question for many moms She finished with questions on documentation of “Illegal Drug Use”. She, also asked us to review how the prenatals are incorporated.

After the meeting Anne reviewed her notes and sent the below example to me. I checked our 2017 data and could not find any entries that matched this. Plz., remember that entering “99” means that the mother smoked but we don’t know how many cigarettes. It does not mean that we don’t know whether or not she stopped after she became pregnant.

|  |  |
| --- | --- |
| **Smoking Before or During pregnancy?**  | **List number of packs or Cigarettes smoked per day**  |
| X yes         no  | 3 months prior to pregnancy 20  | 1st 3 months of pregnancy 99  | 2nd 3 months of pregnancy 99  | Third trimester of pregnancy 99 |

1. **Acknowledgement of Paternity review –** I used the questions that have been submitted since 2010 re: the AOP. Each attendee had two questions (with the answer) and then there was discussion.

**1st ques.** – Can dad complete an AOP if incarcerated? Yes, generally the form is given to the mother and she has responsibility for taking it to the jail to have the father sign and witnessed. The mother is then responsible for getting the form to the County Office of Vital Records. In rarer cases the family can take the form to the jail, have it signed and witnessed and return it to the hospital before the mother is discharged so that it can be submitted with the Certificate of Live Birth. The state has been clear on not holding up submission of the CoLB while waiting for the AOP to be completed. Remember there is no limit on the time a father can acknowledge paternity.

**2nd ques.** - The mom's is single, the father of the baby, who's also reported as single, is deceased (2 months prior to delivery according to the mom). She wants to list him on Birth Cert. Legally she cannot list him. But as we know there are extenuating circumstances for many situations. We have been told by the Office of Putative Paternity not to argue with the family as ultimately it is their responsibility to validate what is entered on the New Birth Registration. This was reconfirmed by the NYS DOH SPDA Helpdesk. Then the NYS OTDA was contacted and the reasons not to use the compassionate route were re-addressed.

**3rd ques.** - What happens to the AOP when it reaches the County Office of Vital Statistics? Flow of the AOP from Laura Pogal – The hospital birth clerk mails to the County vital records office the Certificate of Live Birth and the AoP. If the parents are at the same legal Mailing address as noted on the AoP, they get one certified BC and one certified AoP. The CoLB and a copy of the AoP goes to the NYS Vital Record Office. The original AoP the goes to the Putative Father Registry. Mon. Co always scans the BC and the AoP for their own records. These scans are the documents used when parents come to them for added certified copies.

 This led to questions re: our ability to give a copy to the parents as parents sometimes need proof of paternity for insurance purposes before they receive the certified copy. You CAN give them a copy. Be sure to tell them that while it is a legal document until it is certified at the Office of Vital Statics it is not official identification. In Chemung if the parents are living at the same mailing address the County will send two copies of the Birth Certificate and the Acknowledgement of Paternity.

 I’ve attached letters that SMH gives to the parents that seems to be accepted by a majority of insurance companies. The Social Security card is generally not acceptable. Footprints are no long a useable form of ID.

**4th ques. -** Can the father fill out an AOP if the mother refuses to name him? Yes but be sure he understands what he committing himself to. He would fill out the baby and father portion. After having it witnessed he needs to mail it to the Office of Putative Paternity.

This will not allow his name to be on the Birth Certificate nor make him financially responsible for child support. It will allow him to be notified if the mother puts the child up for adoption. And, it may make the child eligible for death benefits the same as any other biologic children he has. The address is on the HELPER Guidelines.

**5th Ques.** - What course of action is needed if the Acknowledgement of Paternity is not attached to the Certificate of Life Birth when it is sent to the County Vital Statistics Office? What course of action is needed if the Acknowledgement of Paternity is not attached to the Certificate of Life Birth when it is sent to the County Vital Statistics Office? If the loss is discovered quickly and the hospital can validate that it was sent, the parents can, with permission from the Office of Putative Paternity, come back and re-sign the form and have it re-submitted by the hospital.

1. **Meeting Frequency –** So, will continue with Quarterly Meetings. And even though the replies were few the general request is for *2:30pm to 3:30pm*. That will be our new time. I have been learning more about how to use ZOOM conferencing. It can be done via your computer and has the potential for being more interactive. If you use your computer you would join through the link provided in the “invitation” email
2. **Registrar questions answered:**

**What if any parts of the workbook should be saved?** - At Strong, the packet that parents complete for 1 year – just in case of spelling errors, etc.   The hospital can only make this type of correction up to 1 year from DOB. The coding portion is tossed because all that information is captured in SPDS.   If there are any questions, eRecord is available to review for clarification or corrections.   The Social Security Release form gets scanned into the Mother’s eRecord chart as proof it was signed and that we were asked to start the process for the SS#.   NOTE:  We no longer keep copies of AOP’s; we document that an AOP was signed and used to add FOB to birth certificate (as does Highland).  The original is sent with the b/c to Vital Records.  However, after the b/c is processed; it is up to the parents to request copies of AOPs through the proper channels. The parents’ booklet is kept in a file drawer at Strong for easy reference/access. The booklet nor the AOP are scanned into the hospital system. Just the SS consent is scanned into mother’s chart.

**Where do we mark Subutex? –** Per Drs. Glantz and Stevens it is documented under “Illegal Drug Use” d/t the desire to know how many babies are affected by w/drawl. Additionally, many people who seek Subutex have already succumbed to use illegal drugs.

1. **Scenarios**

 **August 2018**

The infant was born on 3/23/32. The infant was transferred to the NICU on 3/24/32. The infant was discharged to home on 4/24/32. What is entered as the “Infant Discharge Date”?

Answer\_\_\_**3/24/32**\_\_\_\_\_

How would you qualify your answer? \_\_\_ **Infant Transferred Out** \_\_\_\_\_

 15 of 31 Registrars responded

 *This was discussed as it is confusing. When the baby goes to the NICU in a level IV hospital after being born in that hospital the state wants us to consider the baby “Transferred Out” as it is no longer in the Newborn Nursery. The only time a discharge date should be left open and flagged is if the baby remains in the Newborn Nursery after the mom is discharged.*

 **September 2018**

A G1P0 at 25w6d was transferred to a Level IV hospital after an examination that she was laboring with her infant in the double footling breech presentation. She received an urgent C-sect. The vertex was delivered first.

 Fetal Presentation: *(select one)*

 \_\_\_ Cephalic \_**X**\_ Breech \_\_\_ Other

 Indications for C-section

 \_\_\_ Unknown

 Select all that apply

 \_\_\_ Failure to Progress \_**X**\_ Malpresentation \_\_\_ Previous C-sect

 \_\_\_ Fetus at Risk (NRFHT) \_\_\_Maternal Condition-Preg. Related \_\_\_Maternal Condition-Not Preg. Related

 \_**X**\_ Refused VBAC \_\_\_ Elective \_\_\_ Other

The same mother now a G2P1 is delivered by C-sect the following year.

 \_\_\_ Failure to Progress \_\_\_ Malpresentation \_\_\_ Previous C-sect

 \_\_\_ Fetus at Risk (NRFHT) \_\_\_Maternal Condition-Preg. Related \_\_\_Maternal Condition-Not Preg. Related

 \_\_\_ Refused VBAC \_\_\_ Elective \_**X**\_ Other

10 of 29 Registrars responded

**July 2018**

This Scenario is a review, no questions therefore no answers. I have requested a “Read receipt”. If you opened it you will be credited for having participated for this month. (Yes, you still don’t HAVE to read it if you choose not to but…)

So,

I received a set of questions from Anne Kern, the Monroe County Public Health Program Director, regarding documentation of cigarette smoking. She has noted a marked increase in the “Unknown” response.

I will ask one question for you to think about. What could you do to increase the accuracy of the answers for cigarette smoking? (I do not need to know your answer).

Also I’ve attached the forms that at given to the parents that differ from the more generally used separation and directions for the parents to complete the “UN-shaded” portions.

Additionally, here is the segment from the HELPER Guidelines:

**OTHER RISK FACTORS**

**Daily tobacco use** Select yes if the mother smoked cigarettes during each trimester of this pregnancy or during the three months prior to conception. Indicate the average number of cigarettes or packs of cigarettes she smoked per day in each of the time periods indicated. It is recommended that this information come from the mother and NOT from the medical records. *If a number of cigarettes cannot be determined enter ‘99’. E-cigs and Hookahs are not included, but if a woman admits to hookah use ask her what she uses it for as it may indicate illegal drug use.*

This will be an agenda item for our November meeting. – Rosemary

 14 of 27 Registrars responded

*Even if you see the answers before you take the time to respond, please, let me know that you have read the Scenario. Always keep in mind that these are learn/ learn exercises. . I keep track of who responds. It becomes part of the Quarterly Report that Dr. Glantz sends to the Department of Health.*

1. **Web Page:** [**https://www.urmc.rochester.edu/finger-lakes-regional-perinatal-program.aspx**](https://www.urmc.rochester.edu/finger-lakes-regional-perinatal-program.aspx)This address will stay on the Minutes as a reminder that it is there. I will note in the minutes when items change.

##### Our next meeting will be Wednesday, February 13th, *2019*, in the Saunders Bldg. Room 3.223 (across from my desk) A ZOOM Conference Line will be available. (I am actually working on my skills as to how to successfully make this process work!) BUT, PLEASE, REMEMBER THAT A PHONE CONFERENCE IS NOT AS PERSONAL AS FACE-TO-FACE, SO, TRY TO ARRANGE YOUR SCHEDULES TO ALLOW ATTENCE IN PERSON! Parking will be available in the Lot attached to the Saunders Bldg. and parking passes will be available at the meeting

**MODULE SEVEN EVALUATION**

 *(Please mark the appropriate response)*

1. **A mother may complete the interview/survey portion of the birth certificate without assistance from anyone.**
* True
* False
1. **If mother fails to answer a question and you think you know how she would have answered the question, it’s OK for you to complete the information she missed.**
* True
* False
1. **Missing information makes data less useful.**
* True
* False
1. **A full copy of the prenatal information packet will contain the following information about the mother:**
* Obstetrical history
* Medical history
* Prenatal visit information
* All of the above
1. **The obstetrician recommended that a pregnant woman in her 4th month of pregnancy have a quad screen or NIPT. The *MSAFP/Triple screen test offered* field would be entered as:**
* Yes
* No
* No, Too late
1. **A mother was hospitalized during her pregnancy. Which hospitalizations below would be included the field *How many times was mother hospitalized during pregnancy?***
* Mother had appendicitis and was in the hospital for 36 hours.
* Mother had bronchitis and was in the observation unit of the hospital for 20 hours.
* Mother’s membranes ruptured and she remained in the hospital for 2 days before she delivered.
1. **If a mother is transferred to the intensive care unit, what date is recorded as her date of discharge?**
* Date of transfer off the OB unit to ICU
* Date of final discharge from the hospital
1. **An infant, born to a mother who delivered at a Level 1 hospital became jaundiced and was transferred to the special care nursery (SCN) at the birth hospital so he could be put under bili lights. Discharge status, *Infant transferred out*, would be entered to reflect this transfer.**
* True
* False
1. **How long during the infant’s initial hospitalization should infant information be collected?**
* 1st 72 hours
* 1st 72 hours except for infant feeding information which should be collected

 for the 1st 5 days.

See next page for answers

**MODULE SEVEN EVALUATION *ANSWERS***

**1. A mother may complete the interview/survey portion of the birth certificate without assistance from anyone.**

● True

* False

Answer: Interview/survey may be completed either independently by mother or may be completed by individual who interviews mother. (Slide 2)

1. **If mother fails to answer a question and you think you know how she would have answered the question, it’s OK for you to complete the information she missed.**
* True

● False

Answer: Never complete information that a mother is supposed to answer. (Slide 3)

**3. Missing information makes data less useful.**

● True

* False

Answer: Missing information makes the remaining data less useful. The data that are missing might be different in some way from the data that have been collected. (Slide 3)

4. **A full copy of the prenatal information packet will contain the following information about the mother:**

* Obstetrical history
* Medical history
* Prenatal visit information

● All of the above

Answer: To be considered complete, prenatal information should include mother’s OB and medical history and prenatal visit information. (Slide 5)

**5. The obstetrician recommended that a pregnant woman in her 4th month of pregnancy have a quad screen or NIPT. The *MSAFP/Triple screen test offered* field would be entered as:**

● Yes

* No
* No, Too late

Answer: Quad screen testing and NIPT (offered/done) can be entered in the MSAFP fields. (Slide 6)

**6. A mother was hospitalized during her pregnancy. Which hospitalizations below would be included the field *How many times was mother hospitalized during pregnancy?***

● Mother had appendicitis and was in the hospital for 36 hours.

* Mother had bronchitis and was in the observation unit of the hospital for 20 hours.
* Mother’s membranes ruptured and she remained in the hospital for 2 days before she delivered.

Answer: Only hospitalizations of 24 hours or more, and do not result in delivery of the infant, are counted in this field. (Slide 7)

**7. If a mother is transferred to the intensive care unit, what date is recorded as her date of discharge?**

* Date of transfer off the OB unit to ICU

● Date of final discharge from the hospital

Answer: If a mother is transferred to the ICU from OB following delivery, record the date she is discharged from the hospital as her date of discharge. (Slide 8)

**8. An infant, born to a mother who delivered at a Level 1 hospital became jaundiced and was transferred to the special care nursery (SCN) at the birth hospital so he could be put under bili lights. Discharge status, *Infant transferred out*, would be coded to reflect this transfer.**

* True

● False

Answer: Transfer to SCN is only coded if transfer is to a Level 2 or 3 hospital’s SCN/NICU. In our region the only Level 2-3 hospitals are RGH, SMH and Arnot Ogden. (Slide 9)

**9. How long during the infant’s initial hospitalization should infant information be collected?**

* 1st 72 hours

● 1st 72 hours except for infant feeding information which should be collected

for the 1st 5 days.

Answer: All newborn information needs to be collected for the first 72 hours of the infant’s life. Information about infant feedings (intake) needs to be reviewed for 5 days or until infant is discharged (whichever comes first). (Slide 9)