
Physicians' and Midwives' Handbook

Completing The
Notice of a Live Birth
or Stillbirth

British Columbia
Vital Statistics Agency
June 18, 2010

Table of Contents

Foreword.....	3
Introduction.....	4
Responsibility of Physicians and Registered Midwives	5
Completing the "Notice of a Live Birth or Stillbirth"	6
Mother	6
Child.....	7
Medical Information.....	8
Physician or Registered Midwife	10
Definition of Terms.....	11
Appendix 1	13
Appendix 2.....	14

Foreword

This handbook on completing provincial "Notice of a Live Birth or Stillbirth" has been prepared by the British Columbia Vital Statistics (Agency), Ministry of Health Services. It is a reference for British Columbia's Physicians and Midwives and includes explanations about the kinds of information required by the Vital Statistics Agency.

Most birth data processed by the Vital Statistics Agency are obtained from forms completed by physicians and midwives. Besides requiring this information for official records at the Vital Statistics Agency, the Ministry of Health Services Strategic Policy, Information Management and Data Stewardship Branch utilizes the data for various aspects of health planning, research, and education. The Agency produces and disseminates relevant measures of health status that can be focused at a community level, thus providing valuable information to health care researchers, planners and providers. In order for the Agency to do the most thorough and useful job possible, we depend on the accuracy and completeness of the data received via the Notices of Birth.

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 Medical Coding Unit of the British Columbia Vital Statistics Agency. (See Appendix 2)

Introduction

This handbook is a guide for Physicians and Midwives on completing and submitting the province's "Notice of a Live Birth or Stillbirth" forms. Information from these documents is ultimately recorded, coded, and processed by the British Columbia Vital Statistics Agency.

Importance of Notification of Births

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, as well as provide data on maternal and infant prenatal, intrapartum, and perinatal care.

The Vital Statistics 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, the VISTA data warehouse and the Health Status Registry. This information is also provided to Statistics Canada for inclusion in national level statistics. These data are used for many purposes, such as:

- To produce accurate and timely reports that are valuable research and public information tools;
- To record maternal complications of pregnancy, labour, and delivery;
- To record infant complications, pathology or congenital anomalies;
- To monitor trends and follow up, where appropriate, on health issues such as fetal alcohol syndrome, perinatal morbidity, c-section rates, limb reduction deformities;
- To evaluate the success of medical treatment or the impact of specific health care programs;
- To examine medical problems that may be more prevalent among certain population groups or geographic areas;
- To provide contributions to the Health Status Registry database.

These are a few examples of the type of data analyses that this information supports for clients as varied as Statistics Canada, the province's Medical Health Officers, academic researchers, medical facilities, and the public.

Responsibility of Physicians and Registered Midwives

The province's Physicians and 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 Registration and Audit Section of the British Columbia Vital Statistics Agency within 48 hours of the birth. The Physician or Midwife is expected to:

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

Completing the "Notice of a Live Birth or Stillbirth"

The following is a “walk through” of the Notice of Birth form, a sample of which is in Appendix 1. It covers items that relate to the birth being recorded, and describes expected level of detail. It also provides valuable demographic data which can assist in identifying epidemiological trends.

Mother

MOTHER	MAIDEN SURNAME (SURNAME ON BIRTH CERTIFICATE)				GIVEN NAMES									
	Smith				Jennifer									
	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	20	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 mother at time of delivery.
5. PERSONAL HEALTH NUMBER: of mother. Do not leave blank. If mother is 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, Metis 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		SEX			
	MONTH (BY NAME) DAY YEAR		<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/> AMBIGUOUS			
	D E C 1 0 2 0 0 2					
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					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 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 birth did not occur in a hospital, specify exact location – if the birth takes place in a taxi or 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 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 than 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, Narcan to stimulate respirations in the infant after delivery.

11. IF STILLBORN, DID DEATH OCCUR: did fetal 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 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. OPERATIVE PROCEDURE: specify operative interventions at the time of delivery or immediate post-delivery, e.g. removal of retained secundines.

14. INFANT ABNORMALITY: define all problems, (e.g. Fetal distress, congenital anomalies).

15. 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).

Physician or Registered Midwife

PHYSICIAN OR REGISTERED MIDWIFE	SURNAME (PRINTED)		GIVEN NAMES					MSP BILLING NUMBER				
	Bell		Marie					1	2	3	4	5
	MONTH (BY NAME)		DAY	YEAR		ATTENDANT'S SIGNATURE						
DATE SIGNED	D	E	C	1	0	2	0	0	2	<i>Marie Bell</i>		

1. SURNAME, GIVEN NAMES: legibly printed – physician or midwife name.
2. PHYSICIAN OR MIDWIFE NUMBER: MSP number of physician signing or 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 or Registered Midwife who attended the birth.

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

Born Alive

At the time of birth, the infant is born alive if 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.

Health Status Registry

The Health Status Registry (HSR) is a comprehensive database of information on individuals with congenital anomalies, genetic conditions, and selected disabilities, operated by the Vital Statistics Agency under *Section 10 of the Health Act*. The HSR database includes approximately 300,000 cases. For further information on HSR, please refer to the Vital Statistics web site at <http://www.vs.gov.bc.ca>.

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	REGISTRATION NUMBER
12365478	

MOTHER	MAIDEN SURNAME (SURNAME ON BIRTH CERTIFICATE) Smith		GIVEN NAMES Jennifer										
	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	20	9982 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	LIVES ON RESERVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	V 8 P - 5 L 8	2	2	0	0								
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	SEX								
		D	E	C	1	0	2	0	0	2	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/> AMBIGUOUS		
	PLACE OF BIRTH	HOSPITAL NUMBER	HOSPITAL NAME										
		102	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										
MEDICAL INFORMATION	KIND OF BIRTH		IF MULTIPLE BIRTH - BIRTH ORDER	CHILD'S PERSONAL HEALTH NUMBER									
	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWINS <input type="checkbox"/> TRIPLETS <input type="checkbox"/> 4+ _____												
	CHILD'S HOSPITAL ADMISSION NUMBER 1217131		APGAR SCORE AT	BIRTH WEIGHT	GESTATION PERIOD								
			ONE MINUTE 8	FIVE MINUTES 9	3 0 0 0 GRAMS	3 9 WEEKS							
	HEAD CIRCUMFERENCE	BODY LENGTH	SPECIAL MEASURES TAKEN (IF ANY) TO PROMOTE RESPIRATIONS										
	34 (cm)	52 (cm)	<input type="checkbox"/> O2 <input type="checkbox"/> PIPV <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		MODE OF DELIVERY (TICK ONE OF THE FOLLOWING 7)										
	BEFORE LABOUR <input type="checkbox"/> DURING LABOUR <input type="checkbox"/>		SPONTANEOUS VERTEX <input type="checkbox"/> BREACH <input type="checkbox"/> FORCEPS <input type="checkbox"/> VACUUM <input checked="" type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD CAESAREAN <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD										
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												
PHYSICIAN OR REGISTERED MIDWIFE	SURNAME (PRINTED) Bell		GIVEN NAMES Marie		MSP BILLING NUMBER 1 2 3 4 5								
	DATE SIGNED		ATTENDANT'S SIGNATURE										
	D E C 1 0 2 0 0 2		Marie Bell										

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 fulfil 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 250-952-2961. 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.

Appendix 2

Contacts

Medical Coding Unit
Vital Statistics Agency
Ministry of Health Services
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>