

Attachment D.

Protocol for Birth Certificate Linkage Study - NHANES 2005-2010 Children (ages 5-10)

**National Health and Nutrition Examination Survey (NHANES)
Birth Certificate Linkage Study - NHANES 2005-2010 Children (ages 5-10)**

OMB no. 0920-0237

Expires: 11/30/2012

Notice - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden of this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333. ATTN: PRA (0920-0214).

Birth Certificate Linkage Study - NHANES 2005-2010 Children (ages 5-10) Protocol:

Study Sample

The sample for this project consists of the records of children who were 5-10 years old when they participated in NHANES 2005-10. The eligible sample of children is approximately 3,800.

Study Protocol

Westat, Inc. will carry out the data collection under contract. Westat's responsibilities will include contacting the vital statistics offices for the states/local areas/territories where the sample children were born to request state requirements for birth certificates requests and to submit applications to the states for birth certificate records. Information provided to states may include:

- Name
- Gender
- Date of Birth
- Place of birth
- Mother's name
- last four digits Social Security Number (SSN)
- Any other data needed to verify correct record retrieval

Retrieval of birth certificate records will be conducted by vital statistic officials from the U.S. states, local area or territories of birth according to their usual procedures. In order to match

birth certificates to NHANES records, it will be necessary to request identifiable rather than de-identified records.

Data collected from the birth certificate records will be entered into a restricted access database and linked to existing NHANES data for each child's records. It will not be publically released. Data will be available through the NCHS Research Data Center (RDC) or special use agreement with the funding collaborators.

The technical issues related to data storage and transmittal will be coordinated with information technology staff at NCHS and Westat. The training for the information technology staff will reinforce the procedures for the processing and storing of confidential data. The contract agreement requires a guarantee from the contractor that data will not be tabulated, analyzed, released or used without prior written approval from the NCHS project officer and the NCHS Confidentiality Officer.

Exclusion Criteria

Children who would no longer be minors at the point of records linkage, children born in states/local areas/territories that do not release birth certificate information, and children born outside the United States or U.S. territories will be excluded from this study.

Participant Burden for Respondents

For state/local area/territory birth certificate staff, a burden of 2 minutes per record is estimated for the electronic retrieval the relevant information.

Informed Consent Procedures for Respondents

Consent for link records for children who were aged 5-10 years old when they were in NHANES 2005-2010 was already obtained when these children originally participated in NHANES. Therefore, no additional re-contact or consent process is necessary. Proof of consent for linkage will be provided to U.S states, local areas or territories conducting the records retrieval. Excerpts from 2005-2010 consent forms, showing language used regarding data linkage are provided in Appendix A.

Justification for Using Vulnerable Populations

Neither child participants nor their parents or legal guardians will be re-contacted, because permission to conduct records linkage of their data was obtained when they originally participated in NHANES. Data for minors are included in this study because they are an important target population group.

Risks

There is no more than minimal risk associated with conducting of the NHANES Birth Certificate Linkage Study.

Reporting

This is a follow-up linkage study. As such there is no information to be reported.

Confidentiality Measures

The protection of individual privacy and confidentiality of personal information is a primary concern to all the programs of NCHS. The survey is conducted with the strongest possible assurances of confidentiality. These include the protections of the Privacy Act of 1974 and an even more rigorous protection of all NCHS data outlined in Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

NHANES Consent Form Excerpts

Consent form linkage language - NHANES 2005-2006 Examination Brochure

Combining NHANES results with other facts about you can be useful. An example of this is using Social Security numbers to link survey data with vital statistics and other health records. Also, we may need to contact you in the future. To do this we would ask public or private agencies, such as the Post Office, to provide changes in your address.

Consent form linkage language- NHANES 2007-2008 Examination Brochure

Health research using NHANES can be enhanced by combining your survey records with other data sources. An example is linking your survey results with vital statistics and Medicare claims. To do this, we will ask your permission to collect your Social Security and Medicare numbers. As we told you before, we keep this information safe and secure.

Consent form linkage language- NHANES 2009-2010 Examination Brochure

Health research using NHANES can be enhanced by combining your survey records with other data sources. An example is linking your survey results with vital statistics and Medicare claims. To do this, we will ask your permission to collect your Social Security and Medicare numbers. As we told you before, we keep this information safe and secure.

Sample Birth Certificates (1989 and 2003 revisions)

OFFICE OF VITAL STATISTICS

U.S. STANDARD
CERTIFICATE OF LIVE BIRTH

| | | | | | |
|--|--|---|--|--|--|
| 1. CHILD'S FULL NAME (Last, first, middle) | | 2. DATE OF BIRTH (Month, day, year) | | 3. TIME OF BIRTH (Specify AM or PM) | |
| 4. SEX (M or F) | | 5. RACE (Specify race) | | 6. COUNTY OF BIRTH | |
| 7. PLACE OF BIRTH (Specify hospital, home, etc.) | | 8. SUBJECT'S SEX AND AGE AT BIRTH (Specify) | | 9. MOTHER'S NAME (Last, first, middle) | |
| 10. FATHER'S NAME (Last, first, middle) | | 11. MOTHER'S MARRIAGE AND TYPE (Specify) | | 12. FATHER'S MARRIAGE AND TYPE (Specify) | |
| 13. MOTHER'S OCCUPATION (Specify) | | 14. FATHER'S OCCUPATION (Specify) | | 15. DATE AND PLACE OF MOTHER'S BIRTH | |
| 16. DATE AND PLACE OF FATHER'S BIRTH | | 17. MOTHER'S EDUCATION (Specify) | | 18. FATHER'S EDUCATION (Specify) | |
| 19. MOTHER'S MARITAL STATUS (Specify) | | 20. FATHER'S MARITAL STATUS (Specify) | | 21. DATE OF MOTHER'S DEATH (Specify) | |
| 22. DATE OF FATHER'S DEATH (Specify) | | 23. MOTHER'S PLACE OF BIRTH (Specify) | | 24. FATHER'S PLACE OF BIRTH (Specify) | |
| 25. MOTHER'S PLACE OF BIRTH (Specify) | | 26. FATHER'S PLACE OF BIRTH (Specify) | | 27. MOTHER'S PLACE OF BIRTH (Specify) | |
| 28. FATHER'S PLACE OF BIRTH (Specify) | | 29. MOTHER'S PLACE OF BIRTH (Specify) | | 30. FATHER'S PLACE OF BIRTH (Specify) | |
| 31. MOTHER'S PLACE OF BIRTH (Specify) | | 32. FATHER'S PLACE OF BIRTH (Specify) | | 33. MOTHER'S PLACE OF BIRTH (Specify) | |
| 34. FATHER'S PLACE OF BIRTH (Specify) | | 35. MOTHER'S PLACE OF BIRTH (Specify) | | 36. FATHER'S PLACE OF BIRTH (Specify) | |
| 37. MOTHER'S PLACE OF BIRTH (Specify) | | 38. FATHER'S PLACE OF BIRTH (Specify) | | 39. MOTHER'S PLACE OF BIRTH (Specify) | |
| 40. FATHER'S PLACE OF BIRTH (Specify) | | 41. MOTHER'S PLACE OF BIRTH (Specify) | | 42. FATHER'S PLACE OF BIRTH (Specify) | |
| 43. MOTHER'S PLACE OF BIRTH (Specify) | | 44. FATHER'S PLACE OF BIRTH (Specify) | | 45. MOTHER'S PLACE OF BIRTH (Specify) | |
| 46. FATHER'S PLACE OF BIRTH (Specify) | | 47. MOTHER'S PLACE OF BIRTH (Specify) | | 48. FATHER'S PLACE OF BIRTH (Specify) | |
| 49. MOTHER'S PLACE OF BIRTH (Specify) | | 50. FATHER'S PLACE OF BIRTH (Specify) | | 51. MOTHER'S PLACE OF BIRTH (Specify) | |
| 52. FATHER'S PLACE OF BIRTH (Specify) | | 53. MOTHER'S PLACE OF BIRTH (Specify) | | 54. FATHER'S PLACE OF BIRTH (Specify) | |
| 55. MOTHER'S PLACE OF BIRTH (Specify) | | 56. FATHER'S PLACE OF BIRTH (Specify) | | 57. MOTHER'S PLACE OF BIRTH (Specify) | |
| 58. FATHER'S PLACE OF BIRTH (Specify) | | 59. MOTHER'S PLACE OF BIRTH (Specify) | | 60. FATHER'S PLACE OF BIRTH (Specify) | |
| 61. MOTHER'S PLACE OF BIRTH (Specify) | | 62. FATHER'S PLACE OF BIRTH (Specify) | | 63. MOTHER'S PLACE OF BIRTH (Specify) | |
| 64. FATHER'S PLACE OF BIRTH (Specify) | | 65. MOTHER'S PLACE OF BIRTH (Specify) | | 66. FATHER'S PLACE OF BIRTH (Specify) | |
| 67. MOTHER'S PLACE OF BIRTH (Specify) | | 68. FATHER'S PLACE OF BIRTH (Specify) | | 69. MOTHER'S PLACE OF BIRTH (Specify) | |
| 70. FATHER'S PLACE OF BIRTH (Specify) | | 71. MOTHER'S PLACE OF BIRTH (Specify) | | 72. FATHER'S PLACE OF BIRTH (Specify) | |
| 73. MOTHER'S PLACE OF BIRTH (Specify) | | 74. FATHER'S PLACE OF BIRTH (Specify) | | 75. MOTHER'S PLACE OF BIRTH (Specify) | |
| 76. FATHER'S PLACE OF BIRTH (Specify) | | 77. MOTHER'S PLACE OF BIRTH (Specify) | | 78. FATHER'S PLACE OF BIRTH (Specify) | |
| 79. MOTHER'S PLACE OF BIRTH (Specify) | | 80. FATHER'S PLACE OF BIRTH (Specify) | | 81. MOTHER'S PLACE OF BIRTH (Specify) | |
| 82. FATHER'S PLACE OF BIRTH (Specify) | | 83. MOTHER'S PLACE OF BIRTH (Specify) | | 84. FATHER'S PLACE OF BIRTH (Specify) | |
| 85. MOTHER'S PLACE OF BIRTH (Specify) | | 86. FATHER'S PLACE OF BIRTH (Specify) | | 87. MOTHER'S PLACE OF BIRTH (Specify) | |
| 88. FATHER'S PLACE OF BIRTH (Specify) | | 89. MOTHER'S PLACE OF BIRTH (Specify) | | 90. FATHER'S PLACE OF BIRTH (Specify) | |
| 91. MOTHER'S PLACE OF BIRTH (Specify) | | 92. FATHER'S PLACE OF BIRTH (Specify) | | 93. MOTHER'S PLACE OF BIRTH (Specify) | |
| 94. FATHER'S PLACE OF BIRTH (Specify) | | 95. MOTHER'S PLACE OF BIRTH (Specify) | | 96. FATHER'S PLACE OF BIRTH (Specify) | |
| 97. MOTHER'S PLACE OF BIRTH (Specify) | | 98. FATHER'S PLACE OF BIRTH (Specify) | | 99. MOTHER'S PLACE OF BIRTH (Specify) | |
| 100. FATHER'S PLACE OF BIRTH (Specify) | | 101. MOTHER'S PLACE OF BIRTH (Specify) | | 102. FATHER'S PLACE OF BIRTH (Specify) | |

VOID IF ALTERED OR ERASED

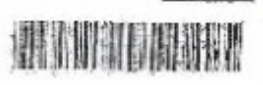
VOID IF ALTERED OR ERASED



State Registrar
Warning: This certificate is a legal document and must be filled out in accordance with the instructions on the back of this form.



B1428036 CERTIFICATION OF VITAL RECORDS



U.S. STANDARD CERTIFICATE OF LIVE BIRTH

| LOCAL FILE NO. | | BIRTH NUMBER | | |
|---|---|--|---|---|
| CHILD | 1. CHILD'S NAME (First, Middle, Last, Suffix) | | 2. TIME OF BIRTH (24hr) | 3. SEX |
| | 4. DATE OF BIRTH (Mo/Day/Yr) | | 5. CITY, TOWN, OR LOCATION OF BIRTH | |
| MOTHER | 6. FACILITY NAME (Include hospital, clinic, ambulatory center) | | 7. COUNTY OF BIRTH | |
| | 8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) | | 8b. DATE OF BIRTH (Mo/Day/Yr) | |
| | 9a. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) | | 9b. BIRTHPLACE (State, Territory, or Foreign Country) | |
| | 9c. RESIDENCE OF MOTHER STATE | 9d. COUNTY | 9e. CITY, TOWN, OR LOCATION | |
| 9f. STREET AND NUMBER | | 9g. APT. NO. | 9h. ZIP CODE | 9i. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FATHER | 10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) | | 10b. DATE OF BIRTH (Mo/Day/Yr) | 10c. BIRTHPLACE (State, Territory, or Foreign Country) |
| | 11. CERTIFIER'S NAME: TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HCPC/PA <input type="checkbox"/> RN <input type="checkbox"/> CHW/CN <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____ | | 12. DATE CERTIFIED Mo / Day / Year ____ / ____ / ____ | 13. DATE FILED BY REGISTRAR Mo / Day / Year ____ / ____ / ____ |
| INFORMATION FOR ADMINISTRATIVE USE | | | | |
| MOTHER | 14. MOTHER'S MAILING ADDRESS (If same as residence, or State) | | City, Town, or Location | |
| | Block & Number | | Apartment No. | |
| | Zip Code | | Zip Code | |
| 15. MOTHER MARRIED (at any time, conception, or anytime between) <input type="checkbox"/> Yes <input type="checkbox"/> No | | 16. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 17. FACILITY ID (NPI) |
| 18. MOTHER'S SOCIAL SECURITY NUMBER | | 19. FATHER'S SOCIAL SECURITY NUMBER | | |
| INFORMATION FOR MEDICAL AND HEALTH PRACTICES ONLY | | | | |
| MOTHER | 20. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MEd, MEd) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD) | | 21. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish or Mexican/Latino. Check the "No" box if father is not Spanish or Mexican/Latino) <input type="checkbox"/> No, not Spanish or Mexican/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish or Mexican/Latino (Specify) _____ | |
| | 22. MOTHER'S RACE (Check one or more boxes to indicate what the mother considers herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the tribe or pueblo on page 2, 3, 4) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____ | | | |
| FATHER | 23. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MEd, MEd) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD) | | 24. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish or Mexican/Latino. Check the "No" box if father is not Spanish or Mexican/Latino) <input type="checkbox"/> No, not Spanish or Mexican/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish or Mexican/Latino (Specify) _____ | |
| | 25. FATHER'S RACE (Check one or more boxes to indicate what the father considers himself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the tribe or pueblo on page 2, 3, 4) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____ | | | |
| 26. PLACE WHERE BIRTH OCCURRED (Check one) <input type="checkbox"/> Hospital <input type="checkbox"/> Free-standing birthing center <input type="checkbox"/> Home with physician or other provider (Yes or No) <input type="checkbox"/> Outpatient office <input type="checkbox"/> Other (Specify) _____ | | 27. ATTENDANT'S NAME, TITLE, AND NPI NAME _____ NPI _____ TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CHW/CN <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____ | | 28. MOTHER TRANSFERRED FOR MATERNAL, MEDICAL OR FETAL INDICATIONS FOR DELIVERY? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ENTER NAME OF FACILITY/MOTHER TRANSFERRED FROM: _____ |

Mother's Name
 Mother's Medical Record No.

| | | | | | |
|---|---|---|---|--|--|
| MOTHER | | 26. DATE OF FIRST PRENATAL CARE VISIT MM / DD / YYYY <input type="checkbox"/> No Prenatal Care | 27. DATE OF LAST PRENATAL CARE VISIT MM / DD / YYYY | 28. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY _____ (From item #7 J) | |
| 29. MOTHER'S HEIGHT (inches) | 30. MOTHER'S PREPREGNANCY WEIGHT (pounds) | 31. MOTHER'S WEIGHT AT DELIVERY (pounds) | 32. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 33. NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this birth) | 36. NUMBER OF OTHER PREGNANCY OUTCOMES (preterm, stillborn, losses or other pregnancy losses) | 37. CIGARETTE SMOKING BEHAVIOR DURING PREGNANCY For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. IF NONE, ENTER 0. Average number of cigarettes or packs of cigarettes smoked per day: Three Months Before Pregnancy _____ OR _____ Five to Three Months of Pregnancy _____ OR _____ Second Three Months of Pregnancy _____ OR _____ Third Trimester of Pregnancy _____ OR _____ | 38. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Self-pay <input type="checkbox"/> Other (Specify) _____ | | |
| 33a. Now Living Number _____ <input type="checkbox"/> None | 33b. Now Deceased Number _____ <input type="checkbox"/> None | 33c. Other Outcomes Number _____ <input type="checkbox"/> None | 39. DATE OF LAST LIVE BIRTH MM / YYYY | | |
| 34. DATE OF LAST OTHER PREGNANCY OUTCOME MM / YYYY | | 35. DATE LAST NORMAL MENSTRUATION MM / DD / YYYY | 40. BIRTHER'S MEDICAL RECORD NUMBER | | |
| MEDICAL AND HEALTH INFORMATION | | 41. RISK FACTORS IN THIS PREGNANCY (Check all that apply) Diseases <input type="checkbox"/> Prepregnancy (Diagnosed prior to this pregnancy) <input type="checkbox"/> Gestational (Diagnosed in this pregnancy) Hypertension <input type="checkbox"/> Prepregnancy (Diagnosed) <input type="checkbox"/> Gestational (GPI, preeclampsia) <input type="checkbox"/> Edema Previous problem birth <input type="checkbox"/> Other (pre-eclampsia, placental abruption, bleeding, perinatal death, small-for-gestational-age, macrosomia, growth restriction, stillbirth) <input type="checkbox"/> Pregnancy resulted from infertility treatment if yes, check all that apply: <input type="checkbox"/> Fertility-enhancing drugs, Artificial insemination or in vitro fertilization <input type="checkbox"/> Assisted reproductive technology (e.g., in vitro fertilization, surrogacy, gamete donation, surrogacy, etc.) <input type="checkbox"/> Mother had a previous cesarean delivery if yes, list reason: _____ <input type="checkbox"/> None of the above | | 43. OBSTETRIC PROCEDURES (Check all that apply) <input type="checkbox"/> Cesarean section <input type="checkbox"/> Torsion Other (Specify instrument in comment): <input type="checkbox"/> Forceps <input type="checkbox"/> Other: _____ 44. ONSET OF LABOR (Check all that apply) <input type="checkbox"/> Procedure Rupture of the Membranes (prolonged 24 hrs.) <input type="checkbox"/> Prolonged Labor (>8 hrs.) <input type="checkbox"/> Prolonged Labor (<20 hrs.) Name of the nurse: _____ | |
| 42. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply) <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> Chlamydia <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> None of the above | | 45. MATERNAL MORTALITY (Check all that apply) (Complications associated with labor and delivery) <input type="checkbox"/> Maternal transfusion <input type="checkbox"/> Third or fourth degree perineal laceration <input type="checkbox"/> Ruptured uterus <input type="checkbox"/> Unplanned hysterectomy <input type="checkbox"/> Admission to intensive care unit <input type="checkbox"/> Unplanned cesarean section procedure to save delivery <input type="checkbox"/> None of the above | | | |
| NEWBORN | | NEWBORN INFORMATION | | | |
| 46. NEWBORN MEDICAL RECORD NUMBER | | 47. GESTATIONAL WEIGHT (grams/pounds/ounces) | | | |
| 48. GESTATIONAL ESTIMATE OF GESTATION (completed weeks) | | 49. APGAR SCORE: Score at 1 minute _____ If 5 minute score is less than 6, Score at 5 minutes _____ Score at 10 minutes _____ | | | |
| 50. RESUSCITATION - Suction, Heat, Tintal, etc. (Specify) _____ | | 51. IF NOT SUCKLE BREAST - How Fed, Breast, LTRC, etc. (Specify) _____ | | | |
| 52. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of Facility Infant Transferred TO: _____ | | 53. IS INFANT LIVING AT TIME OF REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, in Item 48, check, size & address | | | |
| 54. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply) <input type="checkbox"/> Assisted ventilation required immediately following delivery <input type="checkbox"/> Assisted ventilation required for more than six hours <input type="checkbox"/> NICU admission <input type="checkbox"/> Newborn given surfactant replacement therapy <input type="checkbox"/> Apnea (not caused by the neonate for associated metabolic causes) <input type="checkbox"/> Seizure or serious neurologic dysfunction <input type="checkbox"/> Significant birth injury (skull fracture), superficial nerve injury, and/or other visible organ malformation which requires intervention <input type="checkbox"/> None of the above | | 55. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply) <input type="checkbox"/> Aneuploidy <input type="checkbox"/> Major congenital spine defects <input type="checkbox"/> Congenital diaphragmatic hernia <input type="checkbox"/> Omphalocele <input type="checkbox"/> Gastrostomy <input type="checkbox"/> Limb reduction/modified (excluding congenital amputation and dwarfing by amputation) <input type="checkbox"/> Clubfoot with or without Club Feet <input type="checkbox"/> Club Feet alone <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <input type="checkbox"/> Suspected chromosomal abnormality <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <input type="checkbox"/> Hydronephrosis <input type="checkbox"/> None of the above/see Item 48 above | | | |
| 56. IS THE INFANT BEING BREASTFED AT DISCHARGE? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

Mother's Name _____
Mother's Medical Record No. _____

Rev. 11/2003

NOTE: This recommended selected list was/has, in the result of an extensive evaluation process, information on the process and resulting recommendations as well as plans for future activities is available on the internet at: http://www.dfo.gov/ndp/ndp_0615_rev.htm