Form Approved

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CDC estimates the average public reporting burden for this collection of information as 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 (0920-0729).

# Online Baseline Survey

This is a web survey that you will complete online. As you answer the survey, please note the following:

* **Do not use your browser’s “back” button** during the survey. Instead, use the “Back” button at the bottom of each screen.
* Please answer all questions to the best of your ability.
* Unless you see the words “select all that apply” after a question, please select only one answer for each question.
* You may complete parts of the survey and save it by clicking “Save & Continue” at the end of each page.
* After saving, you can exit by closing the browser.
* You can also log in again using the same link and password to continue the survey at a later time.

On behalf of the Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics (NCHS), 2M Research Services, LLC is conducting this survey as part of a study called “Assessing the Effectiveness of an eLearning Course to Improve Birth Data Quality.” NCHS has commissioned this study to evaluate the effectiveness of “Applying Best Practices for Reporting Medical and Health Information on Birth Certificates,” an online eLearning course developed to improve birth certificate data quality.

NCHS has contracted with the Massachusetts Department of Public Health/Registry of Vital Records and Statistics (Massachusetts DPH/VR) to identify and recruit hospitals for this study. Your hospital is one of nine selected hospitals in Massachusetts that have agreed to participate and you were identified by your hospital as a staff member who is involved in the documentation, collection, and/or reporting of birth certificate data.

The purpose of this survey is to gather information about your role in collecting and recording birth certificate data, as well as your perceptions about birth certificate data, knowledge of best practices for data collection, and the current state of data quality. Please answer as openly and honestly as possible, your feedback will only be used to improve the eLearning course.

Your contribution is helpful to the success of the study. Cooperation in this survey is greatly appreciated; however, your participation is voluntary. You may choose not to answer any question for any reason, and you may stop the survey at any time. Choosing not to participate will not affect any benefits you may receive.

By Federal law, the answers you give are confidential and we will take all possible steps to protect your privacy (details provided above). Only summarized results from the surveys will be provided to Massachusetts DPH/VR. That is, results from the nine participating hospitals will be combined so that individual respondents and hospitals cannot be identified and no record-level data will be shared. Individual hospitals will not be identified in any published reports on the study findings and information on your hospital will not be provided to you.

You may have questions about your rights as a participant in this research study. If so, please call the office of the Research Ethics Review Board at NCHS, toll-free, at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Study Number XXX. Your call will be returned as soon as possible.

If you have any questions about the study, please contact NCHS by emailing [births@cdc.gov](mailto:births@cdc.gov). For issues with your login or with the functionality of the survey, please contact the 2M research team by calling the toll-free survey helpline at 1-844-250-1911, or by emailing, [elearning@2mresearch.com](mailto:elearning@2mresearch.com).

We encourage you to complete the survey as soon as possible. The survey is designed to be completed within 30 minutes. Remember you may save at any point and return at a later time on any computer.

1. Have you completed the eLearning course called “Applying Best Practices for Reporting Medical and Health Information on Birth Certificates?”
   * Yes [RECEIVE MESSAGE THANKING THEM for their interest in participating BUT STATING THAT THEY ARE INELIGIBLE TO PARTICIPATE IN THIS SURVEY]
   * No [CONTINUE TO QUESTION 2]
   * Unsure [RECEIVE MESSAGE THANKING THEM for their interest in participating BUT STATING THAT THEY ARE INELIGIBLE TO PARTICIPATE IN THIS SURVEY]
2. How are you involved in the birth reporting process? (select all that apply)

* I document the mothers’ and infants’ medical and health information in the medical records.
* I work with non-clinical staff in my hospital to help prepare the medical and health information for the birth certificate.
* I directly complete all or part of the medical and health worksheet for the birth certificate information.
* I enter the medical and health information into the electronic birth registration system.
* I collect information directly from the mother for the birth certificate.
* I am unsure whether I am involved in the birth reporting process.
* I am not involved in the birth reporting process. [receive message thanking them for their interest but stating they are ineligible to participate in this survey]

For questions 3 and 4 below, on a scale from 1 to 6, please rate the degree to which you agree with the following statements:

1. Birth certificate data are important.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Completely disagree** | **Somewhat disagree** | **Slightly disagree** | **Slightly agree** | **Somewhat agree** | **Completely agree** |
| 1 | 2 | 3 | 4 | 5 | 6 |

1. I have enough support and resources to accurately document or report the medical and health information on the birth certificate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Completely disagree** | **Somewhat disagree** | **Slightly disagree** | **Slightly agree** | **Somewhat agree** | **Completely agree** |
| 1 | 2 | 3 | 4 | 5 | 6 |

1. In your opinion, are there differences in the level of ***completeness*** between the various medical and health items collected for the birth certificate?
   * Yes [Continue to Question 6]
   * No [skip questions 6 and 7; continue to question 8]
2. If you answered yes to Question 5, please give at least one example of medical and health items on the birth certificate that you consider to be the **most completely** reported.
   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Please explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If you answered yes to Question 5, please give at least one example of medical and health items on the birth certificate that you consider to be the **least completely** reported.
   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Please explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. In your opinion, are there differences in the level of ***accuracy*** between the various medical and health items collected for the birth certificate?
   * Yes [Continue to question 9]
   * No [skip questions 9 and 10; continue to question 11]
5. If you answered yes to Question 8, please provide at least one example of medical and health items on the birth certificate that you consider to be the **most accurately** reported.
   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Please explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. If you answered yes to Question 8, please provide at least one example of medical and health items on the birth certificate that you consider to be the **least accurately** reported.
   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please check any obstacles or barriers that prevent you from optimally documenting the medical and health information for the birth certificate. (select all that apply)

* Inadequate or no training in best practices
* Reporting of the medical and health birth information is assigned to non-clinical staff only
* Inadequate staff to support workload
* Time constraints
* Lower priority compared to other tasks
* Lack of organizational emphasis or importance
* Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death is not available or accessible
* Lack of physician cooperation and collaboration
* Lack of nursing staff cooperation and collaboration
* Lack of access to necessary medical records
* Others (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I have no obstacles or barriers preventing me from optimally documenting the medical and health information for birth certificates.

1. Please think about the people at your hospital **with your specific job (for example, if you are a Birth Registrar, answer this question thinking about the other Birth Registrars at your hospital)**: In your opinion, how important is the accurate reporting of birth data to most people at your hospital who have your job? Please choose “0” if this is not applicable to you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Not applicable** | **Not important at all** | **Slightly important** | **Somewhat important** | **Moderately important** | **Very important** | **Extremely important** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |

For questions 13 through 16 below, please rate the degree to which you agree with the following statements:

1. Improving the accuracy of birth certificate data reporting is, at least in part, my responsibility.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Completely disagree** | **Somewhat disagree** | **Slightly disagree** | **Slightly agree** | **Somewhat agree** | **Completely agree** |
| 1 | 2 | 3 | 4 | 5 | 6 |

1. I am confident that I can help improve the accuracy of birth certificate data reporting.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Completely disagree** | **Somewhat disagree** | **Slightly disagree** | **Slightly agree** | **Somewhat agree** | **Completely agree** |
| 1 | 2 | 3 | 4 | 5 | 6 |

1. Improving the completeness of birth certificate data reporting is, at least in part, my responsibility.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Completely disagree** | **Somewhat disagree** | **Slightly disagree** | **Slightly agree** | **Somewhat agree** | **Completely agree** |
| 1 | 2 | 3 | 4 | 5 | 6 |

1. I am confident that I can help improve the completeness of birth certificate data reporting.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Completely disagree** | **Somewhat disagree** | **Slightly disagree** | **Slightly agree** | **Somewhat agree** | **Completely agree** |
| 1 | 2 | 3 | 4 | 5 | 6 |

1. What do you see as the advantages of improving birth data quality? (select all that apply)
   * + Tracking key measures of healthcare such as prenatal care and cesarean delivery
     + Tracking key measures of infant health such as preterm birth and low birthweight
     + Improving our understanding of the risk of rare pregnancy outcomes such as ruptured uterus
     + Improving our understanding of causes of poor pregnancy outcomes
     + Other: Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Which of the following are examples of items collected on the birth certificate? (select all that apply)
   * Prepregnancy and Gestational Diabetes
   * Whether forceps or vacuum were used to assist vaginal delivery
   * Syphilis, Chlamydia, and Gonorrhea (present and/or treated during pregnancy)
   * Whether the mom exercised regularly during pregnancy
   * Cleft Lip with or without Cleft Palate
3. A woman has labor induced with Pitocin, receives additional doses of Pitocin after labor starts, and has an emergency cesarean delivery after 24 hours of labor. Which of the following birth certificate items should NOT be checked? (select all that apply)
   * Induction of Labor
   * Cesarean delivery
   * If cesarean, was a trial of labor attempted: Yes
   * Augmentation of Labor
4. What are potential uses of the medical and health portion of the birth certificate? (select all that apply)
   * To monitor trends in key maternal and infant health indicators, such as cesarean delivery rates
   * To inform development of clinical recommendations and healthcare services for specific populations
   * To establish proof of the child’s relationship to the parents for benefits, such as health insurance
   * To better understand health care access and pregnancy outcomes for different groups
5. Which of the following responses apply to the confidentiality and privacy of the medical and health information collected on the birth certificate? (select all that apply)
   * The information reported is used for public health purposes only.
   * All information except for names are releasable for almost all purposes.
   * Federal and State laws govern the use of this information, how it is securely maintained, and with whom it is shared.
   * Confidential information is sent to HIPAA and kept in a bank that no one has access to.
6. A woman comes to the hospital and delivers at 21 weeks’ gestation. The fetus has some transient cardiac contractions, but no consistent heartbeat, and does not show any other signs of life such as breathing, an umbilical cord pulse, or voluntary muscle movement. Which of the following should be completed? (select all that apply)
   * Certificate of Live Birth
   * Report of Fetal Death
   * Certificate of Death
7. What should be done if it is not clear whether Pitocin was used to induce or augment labor? (select all that apply)
   * Check with the birth attendant or labor and delivery nurse present at delivery.
   * Review the records to determine when labor began and when Pitocin was administered.
   * Check with the mother.
8. A woman has recently given birth. She saw her physician 11 times, had 2 lab tests done where her physician did not see her, and attended a childbirth class on 6 occasions. How many prenatal visits should be recorded?
   * 19 prenatal visits
   * 13 prenatal visits
   * 11 prenatal visits
9. The obstetric estimate (OE) of gestational age recorded in the labor and delivery records is 37 weeks and 5 days. The OE that should be recorded for the birth certificate is:
   * 38 weeks
   * 37 weeks and 5 days
   * 37 weeks
   * None of the above
10. How familiar are you with the Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (or the Massachusetts birth manual with instructions and definitions for birth certificate items)?
    * I have never heard of it [skip question 27; continue to question 28]
    * We have a copy, but I don’t use it
    * I use it occasionally
    * I use it often
11. If you are unsure of how to document a health item on the medical and health worksheet for the birth certificate, how likely are you to refer to the Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (or the Massachusetts birth manual with instructions and definitions for birth certificate items)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Extremely unlikely** | **Somewhat unlikely** | **Slightly unlikely** | **Slightly likely** | **Somewhat likely** | **Extremely likely** |
| 1 | 2 | 3 | 4 | 5 | 6 |

1. How likely are you to consult with a colleague when you have a question about how to document or report information on the birth certificate?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Extremely unlikely** | **Somewhat unlikely** | **Slightly unlikely** | **Slightly likely** | **Somewhat likely** | **Extremely likely** |
| 1 | 2 | 3 | 4 | 5 | 6 |

These next few questions will ask you about the types of training you may have received about collecting and reporting birth certificate data.

1. Have you received any educational materials, information, and/or training about documenting, collecting, and/or reporting medical and health information for the birth certificate?
   * Yes [continue to question 30]
   * No [skip question 30; continue to question 31]
2. [IF YES to 29]: What information was included in these materials, information, and/or training you received? Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you taken an online or eLearning training course related to any topic?
   * Yes
   * No

You are almost done with this survey. These last few questions are for classification purposes only.

1. What is your job position/title?
   * Birth Registrar
   * Manager of Birth Registrars/Records Management
   * Labor and Delivery Nurse
   * Nurse/Midwife
   * Obstetrician and Gynecologist
   * Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How long have you been in the healthcare field?
   * + Less than 1 year
     + 1–5 years
     + 6 years or more
3. How long have you been employed with this hospital in this position?
   * + Less than 1 year
     + 1–5 years
     + 6 years or more
4. How long have you been involved in the collection and/or reporting of birth data?
   * + Less than 1 year
     + 1–5 years
     + 6 years or more

If on question 1, participant indicates “yes” or “unsure” whether they have completed the eLearning course, participant will be rerouted to the following message:

Thank you for your interest in this study. At this time, you are ineligible to participate. If you have any questions, please email [elearning@2mresearch.com](mailto:elearning@2mresearch.com) or call 1-844-250-1911(toll-free).