

LIVE BIRTH

The following is a complete list of data items **reported** to the Missouri Department of Health and Senior Services during registration of a live birth. These data elements are obtained from the 1989 revision of the Certificate of Live Birth form for all **births occurring through December 31, 2009.**

<p>Registration District No.</p> <p>Registrar Number</p> <p>Birth State File Number</p> <p>Child Name (<i>First, Middle, Last</i>)</p> <p>Newborn Date of Birth (<i>Month, Day, Year</i>)</p> <p>Time of Birth (<i>AM/PM</i>)</p> <p>Sex</p> <p>City/Town of Birth</p> <p>County Where Birth Occurred</p> <p>Place Where Birth Occurred (<i>Type</i>)</p> <p style="padding-left: 20px;"><i>If Residence, Planned Home Delivery (Yes/No)</i></p> <p>Name of Facility of Birth</p> <p>Certifier Signature</p> <p>Date Certified (<i>Month, Day, Year</i>)</p> <p>Certifier Name & Title/Type</p> <p>Attendant Name & Title/Type</p> <p>Attendant Missouri License #</p> <p>Attendant Complete Mailing Address</p> <p>Registrar Signature</p> <p>Date Filed (<i>Month, Day, Year</i>)</p> <p>Mother Name (<i>First, Middle, Last</i>)</p> <p>Mother Maiden Surname</p> <p>Mother Date of Birth (<i>Month, Day, Year</i>)</p> <p>Mother Birthplace State or Foreign Country</p> <p>Mother Residence State</p> <p>Mother Residence County</p> <p>Mother Residence City/Town</p> <p>Mother Residence Street Address</p> <p>Mother Residence Inside City Limits (<i>Yes/No</i>)</p> <p>Mother Years at Present Address</p> <p>Mother Complete Mailing Address (<i>Zip Code if same as Residence</i>)</p> <p>Father Name (<i>First, Middle, Last</i>)</p> <p>Father Date of Birth (<i>Month, Day, Year</i>)</p> <p>Father Birthplace State or Foreign Country</p>	<p>Informant Signature</p> <p style="padding-left: 20px;">Informant Relation to Child</p> <p>Permission to get SSN? (<i>Yes/No</i>)</p> <p>Hispanic Origin (<i>Yes/No</i>) –</p> <p style="padding-left: 20px;">Mother</p> <p style="padding-left: 40px;"><i>If yes, Specify Hispanic Origin</i></p> <p style="padding-left: 20px;">Father</p> <p style="padding-left: 40px;"><i>If yes, Specify Hispanic Origin</i></p> <p>Race (<i>American Indian, Black, White, etc.</i>) –</p> <p style="padding-left: 20px;">Mother</p> <p style="padding-left: 20px;">Father</p> <p>Education (<i>highest grade completed</i>) –</p> <p style="padding-left: 20px;">Mother</p> <p style="padding-left: 20px;">Father</p> <p>Mother Participated During Pregnancy –</p> <p style="padding-left: 20px;">Medicaid</p> <p style="padding-left: 20px;">WIC</p> <p style="padding-left: 20px;">Food Stamp Program</p> <p style="padding-left: 20px;">None of the above</p> <p>Previous Live Births –</p> <p style="padding-left: 20px;"># Previous Live Births Now Living or None</p> <p style="padding-left: 20px;"># Previous Live Births Now Dead or None</p> <p style="padding-left: 20px;">Date of Last Live Birth (<i>Month, Year</i>)</p> <p>Other Pregnancy Outcomes –</p> <p style="padding-left: 20px;"># Previous Other Pregnancy Outcomes or None</p> <p style="padding-left: 20px;">Date of Last Other Pregnancy Outcome (<i>Month, Year</i>)</p> <p>Mother Married at Conception, at Birth, or any Time in Between</p> <p>Date Last Normal Menses (<i>Month, Day, Year</i>)</p> <p>Month of Pregnancy Prenatal Care Began</p> <p>Total # of Prenatal Care Visits</p> <p>Child Birthweight (<i>grams</i>)</p> <p>Crown Heel Length</p> <p>Clinical Estimate of Gestation (<i>weeks</i>)</p>
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<p>Plurality <i>If not single birth, Order Born</i></p> <p>Other Risk Factors for this Pregnancy –</p> <p style="padding-left: 20px;">Tobacco Use During Pregnancy (<i>Yes/No</i>)</p> <p style="padding-left: 40px;">Average # of Cigarettes per Day</p> <p style="padding-left: 20px;">Alcohol Use During Pregnancy (<i>Yes/No</i>)</p> <p style="padding-left: 40px;">Average # of Drinks per Week*</p> <p style="padding-left: 20px;">Mother Height (<i>feet/inches</i>)</p> <p style="padding-left: 20px;">Mother Prepregnancy Weight</p> <p style="padding-left: 20px;">Mother Weight Gained During Pregnancy</p> <p>APGAR Score –</p> <p style="padding-left: 20px;">1 Minute</p> <p style="padding-left: 20px;">5 Minutes</p> <p>Mother Transferred From Another Facility? (<i>Yes/No</i>)</p> <p style="padding-left: 20px;"><i>If yes, Mother Transferred From Facility Name</i></p> <p>Was Infant Transferred Within 24 Hours of Delivery? (<i>Yes/No</i>)</p> <p style="padding-left: 20px;"><i>If yes, Infant Transferred To Facility Name</i></p> <p>Mother Blood Tested for Syphilis (<i>Yes/No</i>)</p> <p style="padding-left: 20px;">Date Tested</p> <p>Eye Drug Used (<i>Yes/No</i>)</p> <p style="padding-left: 20px;">Name of Eye Drug</p> <p>Newborn Received Hepatitis B Shot (<i>Yes/No</i>)</p> <p style="padding-left: 20px;">Infant Hepatitis B Vaccination Date (<i>Month, Day, Year</i>)</p> <p>Medical Risk Factors for this Pregnancy –</p> <p style="padding-left: 20px;">Anemia</p> <p style="padding-left: 20px;">Cardiac disease</p> <p style="padding-left: 20px;">Acute or chronic lung disease</p> <p style="padding-left: 20px;">Diabetes (insulin dependent)</p> <p style="padding-left: 20px;">Diabetes (other diabetes)</p> <p style="padding-left: 20px;">Genital herpes</p> <p style="padding-left: 20px;">Hydramnios/Oligohydramnios</p> <p style="padding-left: 20px;">Hemoglobinopathy</p> <p style="padding-left: 20px;">Hypertension, chronic</p> <p style="padding-left: 20px;">Hypertension, pregnancy-induced (pre-eclampsia)</p> <p style="padding-left: 20px;">Eclampsia</p> <p style="padding-left: 20px;">Incompetent cervix</p> <p style="padding-left: 20px;">Previous infant 4000 + grams</p>	<p>Medical Risk Factors for this Pregnancy (<i>Continued</i>) –</p> <p style="padding-left: 20px;">Previous preterm or small-for-gestational-age infant</p> <p style="padding-left: 20px;">Renal disease</p> <p style="padding-left: 20px;">Rh sensitization</p> <p style="padding-left: 20px;">Uterine bleeding</p> <p style="padding-left: 20px;">None</p> <p style="padding-left: 20px;">Other (<i>Specify</i>)</p> <p>Obstetric Procedures –</p> <p style="padding-left: 20px;">Amniocentesis</p> <p style="padding-left: 20px;">Electronic fetal monitoring</p> <p style="padding-left: 20px;">Induction of labor</p> <p style="padding-left: 20px;">Stimulation of labor</p> <p style="padding-left: 20px;">Tocolysis</p> <p style="padding-left: 20px;">Ultrasound</p> <p style="padding-left: 20px;">Chorionic villus sampling (CVS)</p> <p style="padding-left: 20px;">None</p> <p style="padding-left: 20px;">Other (<i>Specify</i>)</p> <p>Complications of Labor & Delivery –</p> <p style="padding-left: 20px;">Febrile</p> <p style="padding-left: 20px;">Meconium, moderate/heavy</p> <p style="padding-left: 20px;">Premature rupture of membrane</p> <p style="padding-left: 20px;">Abruptio placenta</p> <p style="padding-left: 20px;">Placenta previa</p> <p style="padding-left: 20px;">Other excessive bleeding</p> <p style="padding-left: 20px;">Seizures during labor</p> <p style="padding-left: 20px;">Precipitous labor (<3 hours)</p> <p style="padding-left: 20px;">Prolonged labor (>20 hours)</p> <p style="padding-left: 20px;">Dysfunctional labor</p> <p style="padding-left: 20px;">Breech</p> <p style="padding-left: 20px;">Other Malpresentation</p> <p style="padding-left: 20px;">Cephalopelvic disproportion</p> <p style="padding-left: 20px;">Cord Prolapse</p> <p style="padding-left: 20px;">Anesthetic complications</p> <p style="padding-left: 20px;">Fetal distress</p> <p style="padding-left: 20px;">None</p> <p style="padding-left: 20px;">Other (<i>Specify</i>)</p>
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<p>Method of Delivery –</p> <ul style="list-style-type: none"> Vaginal Vaginal birth after previous C-Section Primary elective C-Section Primary emergency C-Section Repeat C-Section Outlet or low forceps Mid or high forceps Vacuum extraction <p>Abnormal Conditions of the Newborn –</p> <ul style="list-style-type: none"> Anemia Birth injury Fetal alcohol syndrome Hyaline membrane disease/RDS Meconium aspiration syndrome Assisted Ventilation < 30 minutes Assisted Ventilation ≥ 30 minutes Seizures None Other (<i>Specify</i>) <p>Congenital Anomalies of the Newborn –</p> <ul style="list-style-type: none"> Anencephalus Spina bifida/Meningocele Hydrocephalus 	<p>Congenital Anomalies of the Newborn (<i>Continued</i>) –</p> <ul style="list-style-type: none"> Microcephalus Other central nervous system anomalies (<i>Specify</i>) Heart malformations Other circulatory/respiratory anomalies (<i>Specify</i>) Rectal atresia/stenosis Tracheo-esophageal fistula/esophageal atresia Omphalocele/Gastroschisis Other gastrointestinal anomalies (<i>Specify</i>) Malformed genitalia Renal agenesis Other urogenital anomalies (<i>Specify</i>) Cleft lip/palate Polydactyly/Syndactyly/Adactyly Club foot Diaphragmatic hernia Other musculoskeletal/integumental anomalies (<i>Specify</i>) Down Syndrome Other chromosomal anomalies (<i>Specify</i>) None Other (<i>Specify</i>) <p>Mother SSN</p> <p>Father SSN</p>
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*For home deliveries, Average # of Drinks per Day

[Live births beginning January 1, 2010](#)