Mother's Name _____
Mother's Medical Record # _____
Child's Medical Record # _____
Attachment _____ of _____

ATTACHMENT FOR MULTIPLE BIRTHS
FACILITY WORKSHEET FOR THE CERTIFICATE OF LIVE BIRTH

- This attachment is to be completed when at least two infants in a multiple pregnancy are born alive.
- Complete a full worksheet for the first-born infant and an attachment for each additional live-born infant.
- A "Fetal Death Worksheet" should be completed for any fetal loss in this pregnancy reportable under Ohio reporting requirements.

CHILD

Child's Legal Name as it should appear on the birth certificate:
First Middle Last Suffix

Date of Birth:	**Time of Birth:** _____: _____ (24 hour) Hour Minute	**Sex:** ☐ Male ☐ Female ☐ Not yet determined

PRENATAL

For the questions in this prenatal section, do not include this infant. For multiples include all live-born infants before this infant in the pregnancy, in addition to infants from prior pregnancies.

Number of previous live births now living:	**Number of previous live births now deceased:**
Date of last live birth: Enter all known parts of the date, or "99" if unknown. Month: Day: Year:	
Number of other pregnancy outcomes:	**Date of last other pregnancy outcome:** Enter all known parts of the date, or "99" if unknown. Month: Day: Year:

DELIVERY

Information for the following items should come from the labor and delivery record, and other records in the mother's chart. If infant is a foundling, select "Unknown" for all items in this section.

Fetal presentation at birth:

☐ Cephalic ☐ Breech ☐ Other ☐ Unknown

Final route and method of delivery:

☐ Spontaneous
☐ Forceps
☐ Vacuum
☐ Cesarean - labor attempted
☐ Cesarean - no labor attempted
☐ Unknown

Was the infant transferred within 24 hours of delivery?

☐ Yes ☐ No ☐ Unknown If Yes, please enter the name of the facility infant transferred to:

NEWBORN

Information for the following items should come from the labor and delivery record, other reports in the mother's chart, and the infant's medical record.

Infant medical record number:

Infant birthweight:

_____ _____ **OR** _____
Pounds Ounces Grams

APGAR score:

5 minutes: 10 minutes:

Obstetric estimation of gestation at delivery:

Completed weeks:

Plurality (number of live births and fetal losses delivered in this pregnancy)**:**

Birth order (order of delivery for all births and fetal losses in this pregnancy)**:**

Number of infants in this delivery born alive:

Name of prophylaxis used in child's eyes:

☐ Erythromycin / EES
☐ Ilotycin
☐ Breastmilk/ colostrum
☐ Other: _____
☐ Unknown
☐ None/Refused

Infant living at time of report?

☐ Yes ☐ No ☐ Unknown

Is infant being breastfed at discharge?

☐ Yes ☐ No ☐ Unknown

Was infant breastfed exclusively through entire stay?

☐ Yes ☐ No ☐ Unknown

NEWBORN FACTORS

Abnormal conditions of the newborn (check all that apply):

- ☐ Assisted ventilation required immediately after delivery
- ☐ Assisted ventilation required for more than 6 hours
- ☐ NICU admission
- ☐ Newborn given surfactant replacement therapy
- ☐ Antibiotics received by the newborn for suspected neonatal sepsis
- ☐ Seizure or serious neurologic dysfunction
- ☐ None of the above

Congenital anomalies of the newborn (check all that apply):

- ☐ Anencephaly
- ☐ Cleft Lip with or without cleft palate
- ☐ Cleft palate alone
- ☐ Congenital diaphragmatic hernia
- ☐ Cyanotic congenital heart disease
- ☐ Gastroschisis
- ☐ Hypospadias
- ☐ Limb reduction defect
- ☐ Meningomyelocele / Spina Bifida
- ☐ Microcephalus
- ☐ Omphalocele
- ☐ Down syndrome karyotype pending
- ☐ Down syndrome karyotype confirmed
- ☐ Suspected chromosomal disorder karyotype pending
- ☐ Suspected chromosomal disorder karyotype confirmed
- ☐ None of the above

ATTENDANT

The attendant at birth is the individual physically present at the delivery who is responsible for the delivery. For example, if an intern or nurse-midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician is to be reported as the attendant.

Attendant's name:

Attendant's title:

- ☐ MD
- ☐ DO
- ☐ CNP
- ☐ CNM / CM
- ☐ Other midwife
- ☐ Other (specify):

Attendant NPI: