



Commonwealth of Massachusetts
 Department of Public Health
 Registry of Vital Records and Statistics



Parent Worksheet for Confidential Birth Reporting

Confidential Information

The following items are required to be collected according to Massachusetts' law (M.G.L. Ch.111 §24B). The law also requires that hospitals report additional medical information related to births. This information is kept completely confidential and is used for public health and population statistics, medical research, and program planning. These items never appear on copies of the birth certificate issued to you or your child. Your information is most commonly combined with data from mothers throughout Massachusetts and the United States and is published in tables and charts that do not identify you personally.

The information you provide lets planners know which cities or towns need better public health services and provides facts your doctor needs to know to deliver babies safely. For instance, you help local school departments project numbers of students to plan for your newborn's education, you help researchers and doctors know what effect quitting smoking during pregnancy has on fetal development or which occupations may be hazardous during pregnancy, and you help health providers know which languages are spoken in their area to have translated materials ready.

Your cooperation is urgently needed in order to compile accurate data about Massachusetts families and their newborns. This is the primary source of statistical information about Massachusetts births, which without your help would be unknown. Planners and medical providers use birth data to improve or create new programs and services for mothers and their newborns. Your privacy is taken very seriously. Individual data is never released without the express permission of the Commissioner of Public Health and only within very strict guidelines. As an example of an approved use of individual information, the hospital reports results of your child's hearing test to the Department of Public Health's Universal Newborn Hearing Screening Program for follow-up if needed.

Administrative Use Only
Birth Mother MRN:
Child MRN:
Log #:

Mother/Parent Ethnicity: Information about ethnicities of parents help researchers understand more about genetic conditions, cultures, and geographic locations of existing and new ethnic communities that may affect the availability of quality prenatal care services, outcomes of pregnancies, and future health needs of young children and their families.

Please indicate your ethnic background(s). *You may choose more than one.*

- | | |
|--|--|
| <input type="checkbox"/> African (specify): _____ | <input type="checkbox"/> Korean |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> American | <input type="checkbox"/> Mexican, Mexican American, Chicano |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Middle Eastern (specify): _____ |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Native American (specify tribal nation(s)): _____ |
| <input type="checkbox"/> Cambodian | _____ |
| <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Caribbean Islander (specify): _____ | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Other Asian (specify): _____ |
| <input type="checkbox"/> European (specify): _____ | <input type="checkbox"/> Other Central American (specify): _____ |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander (specify): _____ |
| <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Other Portuguese (specify): _____ |
| <input type="checkbox"/> Haitian | <input type="checkbox"/> Other South American (specify): _____ |
| <input type="checkbox"/> Honduran | <input type="checkbox"/> Other ethnicity(ies) not listed (specify): _____ |
| <input type="checkbox"/> Japanese | _____ |

Mother/Parent Race: Information about race of parents helps researchers understand more about birth rates, health conditions and other factors relating to race that may affect birth outcomes and health service needs in Massachusetts communities.

Please indicate your race(s). *You may choose more than one.*

<input type="checkbox"/> American Indian/Alaska Native (specify tribal nation(s)): _____	<input type="checkbox"/> Hispanic/Latina/Other (specify): _____
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Black	<input type="checkbox"/> Samoan
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> White
<input type="checkbox"/> Hispanic/Latina/Black	<input type="checkbox"/> Other Pacific Islander (specify): _____
<input type="checkbox"/> Hispanic/Latina/White	<input type="checkbox"/> Other race not listed (specify): _____

Mother/Parent Education: Information about education of parents helps researchers understand more about trends in age and education levels of Massachusetts parents, choices in delivery methods and assisted reproductive technologies, reading levels required for health education materials, health information needs in schools by district, and other factors that may affect birth outcomes and maternal and child health.

What is the highest level of schooling that you have completed at the time of delivery?

<input type="checkbox"/> 8 th grade or less	<input type="checkbox"/> Some college credit, but no degree	<input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)
<input type="checkbox"/> 9 th – 12 th grade	<input type="checkbox"/> Certificate	<input type="checkbox"/> Master's degree (e.g., MA, MSW, MBA)
<input type="checkbox"/> High school graduate or GED	<input type="checkbox"/> Associate degree (e.g., AA, AS)	<input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, JD)

Mother/Parent Occupation and Industry: Information about jobs parents hold helps researchers find out more about how certain occupations and industries may affect birth outcomes. Certain job conditions such as exposures to toxic paints and chemicals, high-stress industries and low income occupations may affect maternal health conditions and be linked to birth defects.

Usual occupation/job within the past year:

Examples: computer programmer, cashier, homemaker, unemployed

In what industry? *(You may list an industry or a company name):*

Examples: software company, Smith's Supermarket, own home

Tobacco Use: Information about tobacco use by mothers before and during pregnancy helps doctors provide better information to pregnant women on the effects of smoking on birth weight and other birth outcomes. This question will help to find out whether reducing or increasing smoking at different stages during the pregnancy has different results.

How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods?

	Number of cigarettes	<i>or</i>	Number of packs
3 months <u>before</u> pregnancy	_____		_____
First 3 months of pregnancy	_____		_____
Second 3 months of pregnancy	_____		_____
Third trimester (last 3 months) of pregnancy	_____		_____

Mother/Parent Language Preference: Information about the language in which parents prefer to speak or that they find easiest to read helps public health programs and medical providers be better prepared with appropriate translators and translated information. Identifying neighborhoods and communities with many foreign-speaking residents helps to place translation staff and materials where they are most needed.

**In what language do you *prefer to speak* when talking about health questions or concerns?
In what language do you *prefer to read* health-related materials?**

English	<input type="checkbox"/> Speak <input type="checkbox"/> Read	Somali	<input type="checkbox"/> Speak <input type="checkbox"/> Read
Spanish	<input type="checkbox"/> Speak <input type="checkbox"/> Read	Arabic	<input type="checkbox"/> Speak <input type="checkbox"/> Read
Portuguese	<input type="checkbox"/> Speak <input type="checkbox"/> Read	Albanian	<input type="checkbox"/> Speak <input type="checkbox"/> Read
Cape Verdean Creole	<input type="checkbox"/> Speak <input type="checkbox"/> Read	Chinese	<input type="checkbox"/> Speak <input type="checkbox"/> Read
Haitian Creole	<input type="checkbox"/> Speak <input type="checkbox"/> Read	(specify dialect): _____	
Khmer	<input type="checkbox"/> Speak <input type="checkbox"/> Read	Russian	<input type="checkbox"/> Speak <input type="checkbox"/> Read
Vietnamese	<input type="checkbox"/> Speak <input type="checkbox"/> Read	American Sign Language	<input type="checkbox"/> Speak
Cambodian	<input type="checkbox"/> Speak <input type="checkbox"/> Read	Other	<input type="checkbox"/> Speak <input type="checkbox"/> Read
		(specify): _____	

Alcohol Use: This question will help to find out which amounts of alcohol have an effect on birth weight and other birth outcomes and if drinking at different times during pregnancy has different results. With real data about alcohol use during pregnancy, doctors can give better advice to pregnant mothers.

Did you drink any alcohol in the three months before this pregnancy or anytime during this pregnancy?

Yes No *If yes:*

In the three months **before this pregnancy**, how many drinks (beer, wine or cocktails) did you have in an average week? _____

In the **first three months (first trimester) of this pregnancy**, how many drinks (beer, wine or cocktails) did you have in an average week? _____

In the **second three months (second trimester) of this pregnancy**, how many drinks (beer, wine or cocktails) did you have in an average week? _____

In the **third trimester of this pregnancy**, how many drinks (beer, wine or cocktails) did you have in an average week? _____

WIC Food: Public health program planners would like to know if women sign up for WIC *because* they become pregnant and if receiving WIC food during pregnancy helps mothers deliver healthier babies. Information such as this may help to keep such programs available for women and children.

Did you receive WIC (Women, Infants & Children) food for yourself because you were pregnant with this child? Yes No I don't know

Weight and Maternal and Child Health: In combination with known statistics about weight gain during pregnancy, public health researchers want to study pre-pregnancy weights to see if some weight ranges result in healthier mothers and babies.

What was your pre-pregnancy weight, that is, your weight immediately before you became pregnant with this child? _____ lbs.

Dental Care during Pregnancy: Public health researchers would like get more information on whether professional teeth cleanings during pregnancy have an effect on newborn health, so that doctors can better advise women who become pregnant.

During this pregnancy did you have your teeth cleaned by a dentist or dental hygienist? Yes No

MOTHER'S PREGNANCY HISTORY

Mother's Height: _____ feet _____ inches	Date of <u>Last Menses</u> (MM/DD/YYYY) _____ Month Day Year
Previous Live Births: Do not include this child or multiples of higher birth order: # Now living: _____ # Born live, now dead: _____	Date of <u>Last Live Birth</u> (MM/DD/YYYY) _____ Month Day Year
Number of Other Pregnancy Outcomes: Include fetal losses of any gestational age- spontaneous losses, induced losses, and/or ectopic pregnancies. If this was a multiple delivery, include all fetal losses delivered <u>before</u> this infant in this pregnancy. # Other Pregnancy Outcomes _____	Date of <u>Last Other Pregnancy Outcome</u> (MM/DD/YYYY) _____ Month Day Year

FATHER/PARENT

Father/Parent Ethnicity: Information about ethnicities and races of parents helps researchers understand more about genetic conditions, cultures, and geographic locations of existing and new ethnic communities that may affect the availability of quality prenatal care services, outcomes of pregnancies, and future health needs of young children and their families.

Please indicate the father/parent's ethnic background(s). *You may choose more than one.*

<input type="checkbox"/> African (specify): _____	<input type="checkbox"/> Korean
<input type="checkbox"/> African-American	<input type="checkbox"/> Laotian
<input type="checkbox"/> American	<input type="checkbox"/> Mexican, Mexican American, Chicano
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<input type="checkbox"/> Brazilian	<input type="checkbox"/> Native American (specify tribal nation(s)): _____
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<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Other Portuguese (specify): _____
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<input type="checkbox"/> Honduran	<input type="checkbox"/> Other ethnicity(ies) not listed (specify): _____
<input type="checkbox"/> Japanese	

Father/Parent Race:

Please indicate the father/parent's race(s). *You may choose more than one.*

<input type="checkbox"/> American Indian/Alaska Native (specify tribal nation(s)): _____	<input type="checkbox"/> Hispanic/Latino/Other (specify): _____
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Black	<input type="checkbox"/> Samoan
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> White
<input type="checkbox"/> Hispanic/Latino/Black	<input type="checkbox"/> Other Pacific Islander (specify): _____
<input type="checkbox"/> Hispanic/Latino/White	<input type="checkbox"/> Other race not listed (specify): _____

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What is the highest level of schooling that the father/parent has completed at the time of the child's delivery?

<input type="checkbox"/> 8 th grade or less	<input type="checkbox"/> Some college credit, but no degree yet	<input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)
<input type="checkbox"/> 9 th – 12 th grade	<input type="checkbox"/> Certificate	<input type="checkbox"/> Master's degree (e.g., MA, MSW, MBA)
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