

POLICY AND PROCEDURE

SUBJECT/TITLE:	Home Birth Registration
SCOPE:	Vital Statistics
CONTACT PERSON & DIVISION:	Olivia Roston, Vital Statistics Registrar
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PURPOSE

The intent of this document is to establish guidelines for proper registration of birth certificates. Adherence to this standard will:

1. Ensure home births are created and registered ensuring completeness and accuracy of information;

POLICY

The Galion City Health Department creates and registers home births for events occurring within the city limits of Galion.

BACKGROUND

The creation and registration of home births must be done in accordance with the Ohio Revised Code 3705.

GLOSSARY OF TERMS

The following definitions are relevant to this document.

ODH – Ohio Department of Health

PROCEDURES & STANDARD OPERATING GUIDELINES

When someone (usually a parent or midwife) comes in reporting a home birth they may or may not have paperwork with them (most have the paperwork). The first responsibility the local registrar has is to provide the parent(s) with the “Universal Newborn Hearing Screening” flyer (lateral file, bottom drawer, Newborn Hearing Screening folder). The parent must sign indicating he/she received the flyer. (If a midwife was used, this may have been given and form completed) Use the [log style acknowledgement form](#). Next ask the parent if they would like a listing of the [audiology facilities](#) in the area.

If the parent/midwife has paperwork already completed, skip to step 1. If the parent does not have any paperwork, give him/her [Home Birth – Request for Approval](#) (without the cover page) and [Birth Parent’s Worksheet](#), and [Facility Worksheet](#). (Q:Vital Stats/Birth Docs/Home Births) to complete and return within 10 days of the birth of the child. Any births not registered within 10 days will also need to complete the [Delayed Birth Form](#). Once this information is collected begin at step 1. If birth parent was transported to a hospital/facility, have the facility send paperwork or fill out facility worksheet to aid in completing birth certificate

1. Using the “[Home Birth – Request for Approval](#)” checklist (Q:Vital Stats/Birth Docs/Home Births), collect documentation to provide proof of the following:
 - a. Pregnancy
 - b. Live birth
 - c. Mother’s presence /residence in Ohio

- d. If birth occurred outside of mother's residence, section four must be completed
 - e. **If birth is not registered within 10 days of the event, delayed affidavit must accompany documentation.**
2. Search for any related record first using "Search", "Perinatal Information". If one exists, use that to finish entering information. If not, click "File", "New", "Birth". Then enter birth in IPHIS.
 3. Enter Info on summary to newborn tab using the Mother's worksheet and the Facility worksheet.
 - a. On the Summary tab complete the following: Mother Medical Record Num, Child Medical Record Num (You may use a "?" mark in the fields for mother and child's medical record number). Do not change "Birth Fields Complete" until all information is completed and record is finished. Child's name, sex, & date of birth as written on worksheet. Plurality is "1" for single birth or appropriate number if multiple births. "Order of Delivery" is only needed for multiple births. Next choose the birth parent's chosen title (if the birth parent failed to select a title, then select "mother".) For birth parent's sex, input what the parent selected on the worksheet, if nothing was selected leave the field blank. This field cannot be changed at a later time, but is for statistical purposes only and does not print on the certificate. Enter birth parent's name as listed on worksheet. Enter birth parent's "Last Name Prior to First Marriage." This should not be left blank for the birth parent, but can be left blank for the second parent. This field can be completed with an affidavit if left blank.
 - b. On the Mother, Mother 2, Father, and Admin tabs complete all of the relevant fields.
 - c. Using the "Facility Worksheet" on facility tab, for "Type of Place of Birth", select "Home intended" or "Not intended". For Facility select "Other" and type the birth address in open box. Select "1702 for the PRDN. Then enter the state, county, city, zip, and payment source.
 - d. On the Prenatal, Preg, and Labor/Del tabs enter all relevant information. On the Labor/Del tab, a midwife's name can be printed on a home birth record as the attendant or the father's name can be applied to the birth record (or mother, grandmother, etc.). A midwife doesn't have to be listed if she assisted in a home birth, however her name won't be credited with those deliveries for future certification.
 - e. On the Newborn tab if the weight was listed in Pounds/Ounces, change the G in "Weight Units" to a P and enter the Pounds/Ounces. Save the record, then go back and now change the P back to a G and IPHIS will input the grams. Complete the rest of the newborn tab.
 - f. Stop at this tab, do not enter information on the Crib, Hep-B, Hearing, CCHD, or Flags tabs.
 4. Save all information.
 5. Once all information is correct, complete record by going to the Summary tab and changing the N in the Birth Fields Complete box to a Y and save the record. It will update to "Complete" status, continue to next step.
 6. Fax the Home Birth – Request for approval form, checklist & documents, mother's worksheet, and facility worksheet to ODH via the number on the form or scan and email to VS.Registration@odh.ohio.gov to get approval. If approved, ODH will change the status to "Registered" and notify health department. If not approved, ODH will change the status back to "Pending" and alert health department of necessary changes.
 7. If the birth stats have been completed for the month the baby was born, send the necessary information to Help Me Grow on the Early Intervention New Babies Report and add the child to the New Babies List to send a postcard for shots. If the month's birth statistics have not been completed, the child will come up on the search with the rest of the birth for the month.

If needing to print a certified copy, log out of Local Side and login to State Abstract side.

CITATIONS

Ohio Revised Code 3705

CONTRIBUTORS

The following staff contributed to the authorship of this document:

1. Olivia Roston, primary author

REFERENCE FORMS

[Log Style Acknowledgement Form](#)

[Audiology Facilities](#)

[Home Birth – Request for Approval](#)

[Birth Parent's Worksheet](#)

[Delayed Birth Form](#)

SIGNATURES

Andrea Barnes, RS
Interim Health Commissioner

_____/_____
Date