Instruction Manual for the completion of the 4-part

Birth Notification Form
BNF01

Perinatal Statistics Report

2018

HSE Building a Better Health Service

Perinatal Statistics Report

2019

Healthcare Pricing Office
December 2021

HSE

HEALTHCARE PRICING OFFICE
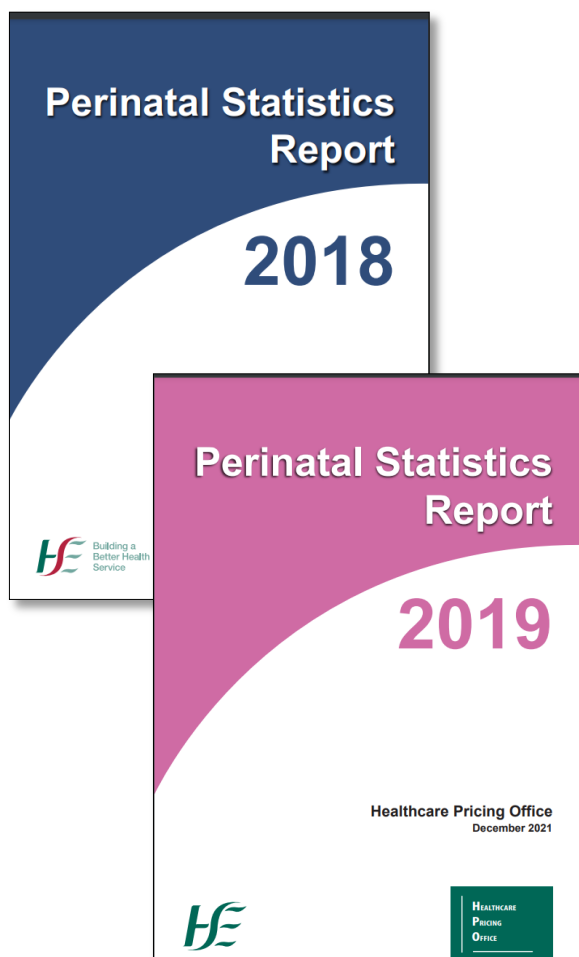
These instructions should be read carefully by all personnel involved in the birth notification system, and should be available for consultation in an area where the forms are completed.

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General Instructions

The Birth Notification Form should be completed using a ballpoint pen. All text should be written in BLOCK CAPITALS. Numbers should be clear. As the form is completed please check each copy to ensure that the entries are clear and legible. Do not use tipex or obliterate data. If data is entered in error please strike through once and enter correct data beside it.

It is important to complete the four-part Birth Notification Form as fully and clearly as possible. One form should be completed for each live birth and stillbirth. In the case of stillbirths, a form should be completed for each foetus weighing 500 grams or more or having a gestational age of 24 weeks or more (see page 5). Separate forms should be completed for each multiple birth. All completed forms should be signed and dated. A doctor should sign forms for perinatal deaths.

There are four parts to the Birth Notification Form.
1. White Copy – to the Registrar of Births
2. Yellow copy – to the director of Public Health and Medicine
3. Green Copy – to the National Perinatal Reporting System (NPRS), Healthcare Pricing Office (HPO)
4. Pink Copy – for the hospitals own records

The different sections of the completed form should be forwarded to the destinations specified at the top of each page.

Page 1 of the form should be completed on the left hand side of the page, separated from the remainder of the form and sent to the Registrar of Births as soon as completed. The remaining pages should be completed and forwarded on the eight day after birth or when the infant is discharged, whichever is earlier.

For registering a live birth that survives the first 7 days of life, the sections marked Perinatal Death and Cause of Death do not have to be completed, so the top copy of the form need not be held until the end of the perinatal period (7 days). For stillbirths, the sections of the top copy relating to Perinatal Death and Cause of Death should be completed.

It is not necessary to hold the second and third copy of the form beyond the eight-day after birth in order to enter autopsy results.

In addition to the completion of the Birth Notification Form, Death Registration Form should also be completed in the case of an early neonatal death and a Medical Certificate relating to the Birth of a Stillborn Child in the case of a stillbirth.

Transfers

In the case of an infant who is transferred to another hospital, the Birth Notification form is to be completed in full by the hospital in which the birth occurred. In the case of an infant transferred for medical reasons, details of the main disease or congenital malformation affecting the infant should be completed under the 'Infant's Health'section. If the medical reason for transfer is not known at the date of transfer, information to update the Birth Notification form can be notified at a later date to the NPRS at a later date using a 'Transfer Form' (See section 8). Where an infant is transferred before the 7th day of life the status of the infant at the 7th day of life must be established by the hospital in which the birth occurred and the details completed on the Birth Notification form.

'Born Before Arrival'

If a birth (or death) occurs before arrival in hospital but not in another maternity hospital/home, the form should be clearly marked as 'BBA', Born Before Arrival at the top of the form and the code 2 should be entered in answer to question 'Place of Birth'. The name and address of the hospital to which the mother and baby were subsequently admitted should be completed. It is a matter for the hospital to decide whether a hospital case number is to be assigned to such a case.

> **Please note:** Where an infant is BBA, the 'method of delivery' should logically reflect this event i.e. we would expect 'method of delivery' to be entered as 1 (spontaneous) and not, for example, 5 (Caesarean section).

Domiciliary Births

If the birth is a domiciliary birth (or death), the form should be clearly marked as 'Planned Home Birth' in the top right hand corner and the code 3 should be entered in answer to question 'Place of Birth'. The Health Services Executive (HSE) area in which the birth took

place should be indicated instead of the name and address of the hospital. The NPRS is responsible for issuing hospital and case numbers for these births.

In the case of domiciliary births, the midwife completes the form. The copies are forwarded as indicated above with the exception of the fourth (pink) copy. The midwife retains this copy.

Community Midwife Schemes

Under such schemes mothers attend a midwife clinic at the hospital and are given the option of giving birth at home. For these births, place of birth will be '3' Domiciliary and the hospital number should be recorded. Please contact the NPRS unit at the Healthcare Pricing Office for further information on the allocation of case numbers for these births. Please note that there is the option on the Birth Notification Form of recording type of antenatal care as 'Midwife Only'.

Midwifery-Led Units

There are midwifery-led units at a number of hospitals run by the HSE where care for pregnant women is shared between midwives and GP's. For these births, Place of Birth will be '1' (Hospital) and the hospital number should be recorded. Please contact the NPRS unit at the Healthcare Pricing Office for further information on the allocation of case numbers for these births.

Personal Registration

It is a legal requirement that the primary responsibility for the registration of a birth lies with the parents. All parents should be advised of their responsibility in this matter. In the case of a mother whose infant is delivered in hospital but wishes to register the birth personally or who must attend at the Registrar's Office to sign the Register of Births, the hospital should complete a form in respect of the births and mark it clearly 'For Personal Registration'.

Dates

Days are entered 01, 02, 03, 03…..10,11..etc

Months are entered as follows: January = 01, February = 02, March = 03,….. December = 12.

Year is entered in full i.e. 2013, 1998, 1972 etc

Therefore date of birth of 1st January 2013 should be entered as 01012013

Zero Values

In the section dealing with Obstetric history '00' is to be entered where the answer is 'none'. For example, 'No. of Previous Live Births' where there were no previous births, this should be entered as '00'.

For the following fields where there are no diseases/conditions etc to be recorded 'NONE' should be entered in block capitals:

- Main maternal disease or condition affecting infant or foetus
- Other maternal disease or condition affecting infant or foetus
- Main disease or congenital malformation affecting infant
- Other disease or congenital malformation affecting infant

Not Applicable

Where questions are not applicable they should be left blank.

For example:

- 'Date of Marriage' where the mother is single;

- 'Date of Last Birth' where there were no previous births, live or still;

- Section on 'Perinatal Death' and 'Cause of Death' where infant died after the seventh day of life. Where the infant died *after* 7 days 'Cause of Death' should be recorded under the section in 'Infant's Health'.

Unknown

When information is not known enter '9's.

For example, where 'Date of First Visit to Doctor during Pregnancy' is unknown this should be entered as 99999999.

Where only partial information is available, such as partial dates, '9's should be entered for the unknown parts.

For example, where only a month and year, November 2012, are available for a 'Date of First Visit to Doctor during Pregnancy' this date should be entered as 99112012.

Or where only a year is known this should be entered as 99992012.

Note on Cause of Death

The Birth Notification Form is similar in content to the separate certification of cause of perinatal death recommended by the WHO International Classification of Diseases, Tenth Revision. While endorsing the tabulation of a single underlying cause of death generally, the Tenth International Revision Conference considered this principle less useful in perinatal mortality cases where two separate individuals (mother and baby) are involved and where causes or circumstances not necessarily attributable to either individual could contribute to the event of a perinatal death.

Thus, the form makes separate provisions for:

1. Diseases or Conditions in the Foetus or Infant and for
2. Maternal Diseases or Conditions Affecting the Foetus or Infant.

The cause of death on this form refers to the pathological condition, which in the opinion of the doctor in charge, made the greatest contribution to the death of the foetus or infant (rather than the underlying cause of death as is the practice generally).

Note that the top copy of the Birth Notification Form serves as the statutory form for registration of a live birth. For early neonatal death and stillbirth registrations, the appropriate statutory forms are the Death Registration Form and the Medical Certificate Relating to the Birth of a Stillborn Child respectively.

Definitions

The definitions used for the purpose of the Birth Notification Form are as follows:

Live Birth

A Live Birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

Stillbirth (Late Foetal Death)

A Stillbirth (Late Foetal Death) is death prior to the complete expulsion or extraction from its mother of a product of conception, weighing 500 grams or more or having a gestational age of 24 weeks or more; the death is indicated by the fact that, after such separation, the foetus does not breathe or show any other evidence of life, such as beating of heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

Early Neonatal Death

Early Neonatal Death is the death of a live born infant aged under one week (i.e. before the completion of the seventh day of life).

Birth

The term 'Birth' refers to both Live Births and Stillbirths.

Perinatal Death

Perinatal Death occurs whenever a Stillbirth or an Early Neonatal Death (i.e. death before the completion of the seventh day of life) takes place.

Sensitive Case

The computerised Civil Registration System provides that an information letter regarding the obligation of the parent(s) to register the birth will automatically be generated on the 10th day following the birth, followed by a reminder letter on the 35th day if the birth remains unregistered. These letters will not be generated in cases where the notification was marked as sensitive.

A notification should be marked as sensitive if it is intended that the child be adopted, the child has been taken into care, if the death of the child has occurred, or if the mother has expressed a wish that the details of the birth be concealed.

Gestational Age

Gestation is measured from the first day of the last normal menstrual period. Gestational age is expressed in completed days or completed weeks. Where the date of last normal menstrual period is not available, gestational age should be based on the best clinical estimate.

Nationality

For the purpose of the Birth Notification Form, Nationality is defined as Country of Birth. This is not a legal definition and the information collected is used only for the purposes of optimizing care and assisting in the completion of the notification process.

Breast Feeding

The infant is receiving only breast milk from his/her mother or expressed milk and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines. Type of Feeding should be recorded at time of discharge.

Artificial Feeding

The infant is receiving artificial milk feeds alone or in combination with water-based drinks. Type of Feeding should be recorded at time of discharge.

Combined Feeding

The infant is receiving both breast milk feeds and artificial formula milk feeds. Type of Feeding should be recorded at time of discharge.

Detailed Instructions for the Completion of the Birth Notification Form

Birth notification information is required under the following categories:

1. Identification of Event

2. Infant's Details

3. Father's Details

4. Mother's Details

5. Perinatal Death and Cause of Death

6. Mother's Health

7. Infant's Health

8. Hospital Details

9. General Practitioner Details

Only sections 1 to 5 must be completed for the copy for the Registrar of Births (white).

1. Identification of Event

Type of Birth

Using the definitions provided on page 6, place the appropriate code in the box provided.

Enter   1 - Live birth

2 - Stillbirth.

Place of Birth

A code should be entered so as to differentiate between hospital births, BBAs and

domiciliary births i.e.:

1 - Hospital – Birth took place **IN** the hospital.

2 - BBA (Born before Arrival) – Birth took place **BEFORE** arrival at the hospital, and was

not a planned home/domiciliary birth.

3 - Domiciliary – Birth took place at home, a planned home/domiciliary birth attended by a

domiciliary midwife.

Sensitive Case

Using the definition provided on page 7, place the appropriate code in the box provided.
Sensitive Case?
1 - Yes
2 - No

Hospital No.

The hospital number consists of three digits.

If you are unsure of your hospital number please contact the National Perinatal Reporting

System at the Healthcare Pricing Office (HPO).

Case Number.

Each birth (Live Birth or Stillbirth) is identified by an eight-digit number. The first four digits

indicate the year in which the birth took place. The remaining four spaces should be used

for the hospital case number of the birth. These numbers run in sequence from the start of

the year and include all live births and late foetal deaths (Stillbirths). After the first four

spaces have been filled, leading zeros should be used to fill blank spaces e.g. 20130099

represents the 99th birth in 2013. The sequence should commence at the start of each year

i.e. 20130001 is the first birth for the year 2013. A case number should not be repeated

during the year.

Examples

The first birth for this year, 2013, will have a case number of 20130001

The 512th birth for this year, 2013, will have a case number of 20130512

The 1,008[th] birth for this year, 2013, will have a case number of 20131008

Note that separate forms and separate case numbers should be completed for each foetus

or infant of a multiple birth. There should be no gaps in the case number sequence for the

year.

Name and Address of Hospital

Name and address of hospital should be completed.

If a birth occurred before arrival in hospital, the address where the birth occurred should be

completed here. For domiciliary births, the HSE area in which the birth took place should be

indicated here.

2. Infant's Details

Date of Birth

The exact date of birth should be given, e.g. 08032013 for a date of birth of the 8th March 2013, 11062013 for a date of birth 11th June 2013.

Time of Birth

Time of Birth is mandatory for multiple birth babies and optional for singleton births. The infant's time of birth should be entered in the appropriate space. The 24-hour clock should be used. For example, twins born at a quarter to midnight and ten past midnight would have their times of birth entered as 23.45hrs and 00.10hrs respectively.

If Multiple Birth & Order of Birth

This section must be completed in the case of multiple births. **It should not be completed in the case of a singleton birth.** A separate form, each with a unique case number, should be completed for each multiple birth.

Order of Birth, give the place which the baby whose birth (or death) is being notified occupies in the order of birth and the number of babies born. For example, the second baby of triplets should be notified as No. 2 of 3 or when recording twins the first born is recorded as No. 1 of 2 and on a second form the second twin is recorded as No. 2 of 2.

Stillbirths should be counted when completing this section. For example, the first born of a set of twins is stillborn and the second survives. The first baby would be notified as No. 1 of 2. The second baby would be notified as No. 2 of 2.

<u>Both</u> boxes must be completed.

Forename(s) of Infant

A forename (or forenames) needs to be completed. It is important for registration purposes that the infant's forename (or forenames) should be available. Parents should be encouraged to decide on a name (or names) at an early date after birth.

Surname(s) of Infant

The surname of the child must be entered here. It may be:

a) that of the mother or father as shown in the register or both; or

b) such other surname requested by either the mother or father as an Ard Chlaraitheoir or a person authorised by him or her may permit if he or she is satisfied that circumstances so warrant; or

c) as the informant may specify in any case where no information of the particulars of parentage of the child is registered (Foundlings).

Sex of Infant

Enter the appropriate code in the box provided:

1 - Male

2 - Female

3 – Indeterminate *(rare)*

In the case of an Indeterminate Sex, follow-up information should be sent to the Registrar.

Birthweight

The first weight of the foetus or newborn obtained after birth should be given. This weight should preferably be measured within the first hour of life before significant postnatal weight loss has occurred.

Weight should be recorded in grams and may be rounded up to the nearest 10 grams
e.g. 3590 grams for 3585grams
e.g. 0550 grams for low birth weight of 550 grams.

Period of Gestation

Enter gestational age in completed weeks e.g. 40 for 40 weeks and 2 days. Gestational age is to be measured by the best method available (see Definitions, Page 7).

3. Father's Details

Forename(s)

Enter all forename(s) of father.

Surname

Enter surname by which father is currently known.

Birth Surname

Enter surname by which father was known at the time of his birth.

Former Surname(s)

Enter any other surname(s) by which the father was known as at any time, if appropriate.

Birth Surname of Father's Mother

Enter surname of father's mother by which she was known as at the time of her birth.

Address

The father's current address should be provided here. County and country should be provided separately as indicated in the spaces provided. This information refers to the father's current residence.

Nationality

The father's country of birth should be recorded here. This definition is for the sole purpose of giving the necessary directions for the completion of the Birth Notification Form and is not a legal definition.

Occupation

This item of information should be completed in as much detail as possible using any special name by which the job is known and stating the type of work done. For example, a CIE railway porter should be entered 'Railway Porter', not simply as 'Porter' or 'CIE worker'. Abbreviations should be avoided and occupation should be recorded rather than the employer. For example, 'Factory Worker at ACompany Ltd' or 'Line Manager at ACompany Ltd' should be recorded rather than 'ACompany Ltd'.

If Retired or Unemployed, the previous occupation should be stated e.g. 'Retired Civil Engineer', ' Unemployed Nurse'. If father is deceased, state what his occupation was e.g. 'Deceased Garda Sergeant'.

If engaged in full-time studies, 'Student' should be recorded. If the father is on a FAS Community Employment Scheme or other such scheme, the nature of the job should be entered. For example, 'Classroom Assistant', 'Grounds Man' etc.

If temporarily engaged in home duties, the previous occupation should be stated. If permanently doing so, 'Home Duties' should be entered.
Particular attention should be paid to occupations such as 'Engineer', 'Technician', 'Building Worker' etc. Where 'Engineer' is recorded please also state the type of engineer as well as the professional status, e.g. 'Mechanical Engineer' (professional).

Particular attention should also be paid to titles such as 'Manager' and 'Self-Employed' e.g. if self-employed, may be described as 'Self-Employed, employing others'.

For Civil Servants and Local Government Employees, the grade should be stated and for Army or Garda personnel, the rank should be stated. For example, 'Garda Inspector', 'Army Private', 'County Council Labourer', 'Clerical Officer, Civil Service'.
For Teachers, the branch of teaching should be stated, i.e. 'Primary Teacher', 'Vocational Teacher', 'Montessori Teacher'.
Descriptions should be as precise as possible.

Date of Birth

Enter father's date of birth e.g. 03031975 for 3rd March 1975.

PPS Number

The Personal Public Service (PPS) Number was introduced in 1998 as the unique customer reference number for transactions between individuals and Government Departments and other public service agencies. The PPS Number was formerly known as the Revenue and Social Insurance (RSI) Number.

It normally consists of seven numeric characters and one alphabetic character (A to Z). However, some married women have two alphabetic characters, the second of which can only be 'W'. All numbers and letter(s) must be entered in the appropriate spaces.
If the number is unavailable please leave all spaces blank.

4. Mother's Details

Forename(s)

Enter all forename(s) of mother.

Surname

Enter Surname by which Mother is currently known as.

Birth Surname

Enter Surname by which Mother was known at the time of her birth.

Former Surname(s)

Enter any other Surname(s) by which the Mother was known as at any time, if appropriate.

Birth Surname of Mother's Mother

Enter Surname of Mother's Mother by which she was known as at the time of her birth.

Address

The mother's permanent address should be sufficiently detailed to allow the public health authorities to trace mother and child as easily as possible. The county and country of normal residence should be given in the separate spaces provided. This information refers to the mother's current residence.

Nationality

The mother's country of birth should be recorded here. This definition is for the sole purpose of giving the necessary directions for the completion of the Birth Notification Form and is not a legal definition.

Occupation

This item of information should be completed in as much detail as possible using any special name by which the job is known and stating the type of work done. For example, a CIE railway porter should be entered 'Railway Porter', not simply as 'Porter' or 'CIE worker'. Abbreviations should be avoided and occupation should be recorded rather than the employer. For example, 'Factory Worker at ACompany Ltd' or 'Line Manager at ACompany Ltd' should be recorded rather than 'ACompany Ltd'.

If Retired or Unemployed, the previous occupation should be stated e.g. 'Retired Civil Engineer', ' Unemployed Nurse'.

If engaged in full-time studies, 'Student' should be recorded. If the mother is on a FAS Community Employment Scheme or other such scheme, the nature of the job should be entered. For example, 'Classroom Assistant', 'Grounds Man' etc.

If temporarily engaged in home duties, the previous occupation should be stated. If permanently doing so, 'Home Duties' should be entered.

Particular attention should be paid to occupations such as 'Engineer', 'Technician', 'Building Worker' etc. Where 'Engineer' is recorded please also state the type of engineer as well as the professional status, e.g. 'Mechanical Engineer' (professional).

Particular attention should also be paid to titles such as 'Manager' and 'Self-Employed' e.g. if self-employed, may be described as 'Self-Employed, employing others'.

For Civil Servants and Local Government Employees, the grade should be stated and for Army or Garda personnel, the rank should be stated. For example, 'Garda Inspector', 'Army Private', 'County Council Labourer', 'Clerical Officer, Civil Service'.

For Teachers, the branch of teaching should be stated, i.e. 'Primary Teacher', 'Vocational Teacher', 'Montessori Teacher'.

Descriptions should be as precise as possible.

Date of Birth
Enter mother's date of birth e.g. 03031980 for 3rd March 1980.

PPS Number
The Personal Public Service (PPS) Number was introduced in 1998 as the unique customer reference number for transactions between individuals and Government Departments and other public service agencies. The PPS Number was formerly known as the Revenue and Social Insurance (RSI) Number.

It normally consists of seven numeric characters and one alphabetic character (A to Z). However, some married women have two alphabetic characters, the second of which can only be 'W'. All numbers and letter(s) must be entered in the appropriate spaces. If the number is unavailable please leave all spaces blank.

Civil Status [1]
The civil status indicated should relate to the mother's present status. Enter the appropriate code in the box provided.

1 - Married

2 - Single

3 - Widowed

4 - Separated

      This means married but separated and includes the following categories:
   a. Deserted
   b. Legally separated by a court or other separation agreement
   c. Church decree of nullity
   d. Otherwise separated

5 - Divorced

 6 - Civil partner

 7 - Former civil partner

 8 - Surviving civil partner

Date of Present Marriage/Civil Partnership
If possible, the exact date of marriage/civil partnership should be given e.g. 22062011 for 22nd June 2011. Where the month and year only are known, enter e.g. 99062011. Where the year only is known enter e.g. 99992011.

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[1] Formerly *Marital Status*. BNF01/2014 revised to include this change.

In the case of a *single*, *divorced* or *former civil partner* mothers these boxes should be left blank as they are not applicable (see General Instructions under *Not Applicable,* page 4). In the case of *widowed*, *separated* or *surviving civil partner* mothers the date of present marriage/civil partnership should be completed where possible.

Date of Last Birth (Live or Still)

Enter date of last birth e.g. 12092011 for 12th September 2011.

The date required here is the date of last delivery whether the outcome was a Live Birth or Late Foetal Death (Stillbirth). Where there was no previous birth, these boxes should be left blank, as they are not applicable (see General Instructions page 4). The date should not be the date of present birth (or births in the case of multiple births) that is now being notified.

Obstetric History

Indicate in the appropriate boxes the number of previous Live Births, Children Still Living, Stillbirths and Miscarriages. For example, 02 for two previous Live Births who were twins; 03 for two children by present partner and one child by previous partner. In the case of adopted or fostered children these are not recorded in this section. For example, where a mother has one biological child and one adopted child and no previous stillbirths or miscarriage this information should be entered as follows:

01 - previous live births
01 - previous children still living
00 - previous stillbirths
00 - previous miscarriage

These figures should <u>not</u> include the birth or births now being notified.

Where the answer is none, 00's should be put in each box (see General Instructions page 3). It is important that these boxes should not be left blank.

00 - for no previous live births
00 - for no previous children still living
00 - for no previous stillbirths
00 - for no previous miscarriages

For example, a mother had 4 previous live births. One of the children died at age 2; she has never had any stillbirths but has had 1 miscarriage. This information should be entered as follows:

04 - previous live births

03 - previous children still living

00 - previous stillbirths

01 - previous miscarriages

Note: the number of previous children still living cannot exceed the number of previous live births, but the number of previous live births can exceed the number of children still living.

5. Perinatal Death and Cause of Death

Perinatal Death

This section should be completed in full for all Early Neonatal Deaths and Stillbirths. In the case of a Live Birth that survives the first 7 days of life, this section should be left blank (it is not applicable, see General Instructions page 4). To ensure inclusion if all Early Neonatal Deaths in the National statistics on perinatal events, where an infant dies following transfer and before the 7th day of life, death details must be completed on the Birth Notification Form by the hospital in which the baby was born

Type of Death

Enter the appropriate code in the box provided.

1 - Early Neonatal Death

2 - Stillbirth

An Early Neonatal Death is the death of a live born infant before the completion of the seventh day of life. A Stillbirth weighs 500 grams or more or has a gestational age of 24 weeks or more. See definitions page 6.

The information given here should correspond with information provided for the type of birth indicator (top left hand corner of form). An early neonatal death should be recorded as a live birth at the top of the page.

Autopsy (Post Mortem)

Enter appropriate code in the box provided in answer to the question 'Was Autopsy Performed?'

1 = Yes

2 = No

Note: Where the 'Cause of Death' is known it is not necessary to hold the form beyond the eight-day after birth pending the outcome of an autopsy.

Age at Death

Age at death should be completed for all early neonatal deaths. It should be left blank in the case of stillbirths.

In the case of an early neonatal death the age of death should be completed in either complete days or hours, not both. If the infant lived less than 1 day (24 hours from time of birth) then the age in hours (maximum 23 hours) should be completed. If the infant lived more than 1 day, then the age in days should be completed.

If an infant lived less than 1 day, give the age in completed hours (23 is the maximum number which may be completed in the boxes marked hours).

If an infant died less than 59 minutes after birth then the age at death should be entered as |_| days and |0|0| hours.

If an infant lived for 6 days and 55 minutes after birth then the age at death should be entered as

|6| days and |_|_| hours.

6 is the maximum number that may be completed in the box marked 'days' because an Early Neonatal Death is defined as the death of an infant before the completion of the seventh day of life. If an infant dies aged 7 days or over, the case is treated, for the purposes of the Birth Notification Form, as a Live Birth with the section on perinatal death left blank.

Place of Death

Give the name and location of hospital or home in which the early neonatal death or stillbirth occurred. If the infant dies after discharge or transfer from hospital and within 7 days of birth, then the address where death occurred should be entered.

In the case of a domiciliary birth or a BBA resulting in a death, give the address where death took place.

If Stillbirth, when did Death occur?

In the case of a stillbirth, enter the appropriate code in the box provided.

1 - Before labour

2 - During labour

3 - Not known

Note: This does NOT refer to the gestational age at time of Stillbirth occurring.

This box should be left blank in the case of early neonatal deaths.

Cause of Death

This section should be completed in the case of an Early Neonatal Death or a Stillbirth. Otherwise, it should be left blank.

In this section the diseases or conditions (including congenital abnormalities) of the infant/foetus who has died should be entered. The single most important condition should appear in the first space provided and other conditions, if any, should be entered in the second space. "The most important" means that **pathological condition of the foetus or infant, which, in the opinion of the doctor in charge, made the greatest contribution to the death of the infant, or foetus.**

It is important that maternal diseases or conditions affecting the foetus or infant are <u>not</u> entered in this section of the form – they should be entered in the section on 'Mother's Health' (this section is not on part 1 but should be completed for parts 2-4 where relevant).

The terminology used should be as complete as possible. Abbreviations and initials should be avoided.

WHO have recommended that the mode of death e.g. heart failure, asphyxia, anoxia should not be entered as the main disease or condition in the foetus or infant unless it was the only foetal or infant condition known. This would also hold true for prematurity.

Example 1

A primigravida aged 26 years. At 30-32 weeks, foetal growth retardation was noted clinically, and confirmed at 34 weeks. A caesarean section was performed and a live baby boy weighing 1600g was delivered. The placenta weighed 300g and was described as infarcted. Respiratory distress syndrome developed which was responding to treatment. The baby died suddenly on the third day. Autopsy revealed extensive pulmonary hyaline and massive intraventricular haemorrhage.

Cause of Death
Main Disease or Condition Affecting Foetus or Infant   INTRAVENTRICULAR HAEMORRHAGE
Other Diseases or Conditions in Foetus or Infant   RESPIRATORY DISTRESS SYNDROME
                                    RETARDED FOETAL GROWTH

Mothers Health
Main Maternal Disease or Condition Affecting Foetus or Infant   PLACENTAL INSUFFICIENCY
Other Maternal Diseases or Conditions in Foetus Or Infant   CAESAREAN SECTION

Example 2

The patient was a 30-year-old woman with a healthy four year old baby boy. There was a normal pregnancy apart from hydramnios. X-ray at 36 weeks suggested anencephaly. Labour was induced. A stillborn anencephalic foetus weighing 1500g was delivered.

Cause of Death
Main Disease or Condition Affecting Foetus or Infant   ANENCEPHALY
Other Diseases or Conditions in Foetus or Infant   NONE

Mothers Health
Main Maternal Disease or Condition Affecting Foetus or Infant   HYDRAMNIOS
Other Maternal Diseases or Conditions in Foetus or Infant   NONE

All text should be written in **BLOCK CAPITALS**. Numbers should be clear. As the form is completed please check each copy to ensure that the entries are clear and legible on each copy.

The left–hand side of the white copy should now be complete. The sections to which the following instructions apply appear only on the remaining three copies (pink, green, and yellow). The right-hand side of the white copy should be completed and dispatched immediately to The Registrar of Births.

6. Mother's Health

Antenatal Care This Pregnancy

Enter the appropriate code in the box provided:

1 - Hospital clinic or private

2 - General practitioner (GP)

3 - Combined hospital/GP care

4 - None

5 - Midwife only

Note: It is vitally important to **complete all available information on first dates** of the doctor and hospital visits. Dates collected in this section are intended to reflect the first point of contact between the pregnant woman and the health care system, therefore the earliest date of contact with the health care services should be provided.

Date of first visit to Doctor during Pregnancy

If type of 'antenatal care this pregnancy' is recorded as either 2 (GP) or 3 (Combined) this date is required.

Give date of mother's first visit to the G.P. during her current pregnancy. If only the month and year is known, please enter '99' for the day. For example, 99012013, for a first visit during the month of January 2013.

Date of first visit to hospital during Pregnancy

If type of 'antenatal care this pregnancy' is recorded as either 1 (Hospital) or 3 (Combined) this date is required.

Give date of mother's first visit to the hospital/obstetrician during her current pregnancy. If only the month and year is known, please enter '99' for the day. For example, 99022013, for a first visit during the month of February 2013.

Rubella

Enter the appropriate code in the box provided.

1 - Yes

2 - No

3 - Unknown

A positive answer to this question should be given where there is evidence e.g. resulting from immunological test, that the woman is immune. A history of rubella or previous immunisation against rubella should not be accepted as evidence of immunity.

Method of delivery

Enter the appropriate code in the box provided.

1 - Spontaneous cephalic delivery without any of the following:

2 - Breech delivery spontaneous, with or without forceps to after coming head, breech extraction

3 - Forceps

4 - Vacuum extraction

5 - Caesarean section

6 - Other specified

Note: Mother's post natal length of stay (LOS) should reflect her method of delivery, for example if mother delivered by caesarean section her LOS after the birth would be expected to exceed 3 to 4 days.

Maternal Diseases or Conditions affecting Foetus or Infant

Enter in space provided any maternal condition likely to affect the foetus or infant, otherwise enter NONE. The single most important condition should appear in the first space and remainder, if any, in the second space. In the case of a perinatal death, maternal conditions causing death should be entered here (see cause of death page 18).

Some of the types of conditions which may be entered include the following:

ABRUPTIO PLACENTAE
ACCIDENTAL HAEMORRHAGE
ANTEPARTUM HAEMORRHAGE
CORD AROUND NECK
KNOT IN CORD
PLACENTA PRAEVIA
PLACENTAL INFARCTION
PLACENTAL INSUFFICIENCY
PROLAPSED CORD
TOXAEMIA OF PREGNANCY

Particular attention should be paid to conditions such as Anaemia, Heart Disease, Diabetes and Kidney Disease and the terminology used should be as complete as possible. Abbreviations and initials should be avoided.

Where the mother is admitted 2 or more days before the birth or where the mother remains in hospital following delivery for 3 or more days (3 to 4 days following a caesarean section), this would indicate a condition in the mother affecting the pregnancy. These Maternal Diseases or Conditions should be recorded here.

All text should be written in BLOCK CAPITALS. Numbers should be clear. As the form is completed please check each copy to ensure that the entries are clear and legible on each copy.

7. Infant's Health

In the case of a perinatal death (Stillbirth or Early Neonatal Death), this section should be left blank.

Type of Feeding

The type of feeding as recorded at time of discharge should be entered. Enter the appropriate code in the box provided

1 - Artificial Feeding

    The infant is receiving artificial milk feeds alone or in combination with water-based drinks.

2 - Breast Feeding

    The infant is receiving <u>only breast milk</u> from his/her mother or expressed milk and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines.

3 - Combined Feeding

    The infant is receiving <u>both</u> breast milk feeds and artificial formula milk feeds.

Was BCG Administered

Enter the appropriate code in the box provided

1 - Yes

2 – No

Please note BCG vaccine has been low or out of stock in Ireland (and most of Europe) since the end April 2015 and is no longer routinely administered to all babies in Ireland. Up to

April 2015 the BCG was administered to all births before they left hospital. Therefore, until further notice BCG can be entered as '2=no' if this information is blank or missing.

Diseases and Conditions in the Infant

Diseases or conditions, including congenital malformations, affecting infants who survived beyond seventh day of life should be entered here. The terminology used should be as complete as possible. Abbreviations should be avoided. If there are no conditions or diseases affecting the infant, 'NONE' should be entered.

Minor conditions, which do not pose a threat to the survival of the infant, should not be overlooked when completing this section as they may be of considerable benefit to the public health nurse in their visits. Where medical or social conditions indicate the desirability of an early visit by the public health nurse, this may be indicated here ('Early Visit Required' may be written on the form).

Where an infant remains in hospital following birth or is not discharged with the mother, this would indicate a disease or condition affecting the infant and should be recorded in this section.

All text should be written in BLOCK CAPITALS. Numbers should be clear. As the form is completed please check each copy to ensure that the entries are clear and legible on each copy.

8. Hospital

Was admission booked?

Enter the appropriate code in the box provided

1 - Yes

2 - No

Date of Mother's Admission

Enter mother's date of admission to hospital

Date of Mother's Discharge

Enter mother's date of discharge from hospital

Date of Infant's Discharge

Enter infant's discharge date from hospital. If infant transferred for medical reasons the *date of infant's transfer* should be recorded here

All dates that are known at the time that the form is being forwarded should be entered.

For example,

Date of mother's admission   01032013

Date of mother's discharge   05032013

Date of infant's discharge   05032013

In the case of a maternal death, date of death should be entered as date of mother's discharge. Where the mother is retained in hospital at the time when the completed form is being forwarded, date of mother's discharge should be left blank. This information should subsequently be forwarded to the NPRS, at the Healthcare Pricing Office (HPO).

In the case of an early neonatal death the date of death should be entered as the infant's date of discharge.

Where an infant is transferred (for medical reasons or other reasons) to another hospital/home, date of infant's transfer may be entered as date of infant's discharge. Similarly, in the case of a mother who was transferred, mother's date of transfer may be entered as mother's date of discharge.

Was infant transferred to other hospital for medical reasons?

1 - Yes
In the case of a live born infant who was transferred to another hospital for medical reasons, enter 1 for 'Yes' in the box provided. Details of the medical reason for transfer should be entered under the section 'Infant's Health' or else a transfer form should be completed for all infants who are transferred for medical reasons. See below for details of how to complete the transfer form.

If 'YES', Name of Hospital

Give name and address of hospital to which infant was transferred for medical reasons.

2 – No
In the case of a live born infant who was NOT transferred to another hospital for medical reasons, enter code 2 for 'No' in the box provided. The box should be left blank in the case of a stillbirth but should be completed for all other births.
In the case of an infant who was transferred for reasons other than medical reasons (e.g. mother and infant transferred for convalescence), enter 2 for 'No'.

Transfer Form

The Birth Notification Transfer Form can be completed where necessary in respect of infants transferred for medical reasons. It is to be **completed by the hospital in which the baby was born**, and no later than 2 weeks after the date of discharge from the hospital to which the

baby was transferred. This form should be completed in the same manner as the Birth Notification Form. The information entered includes additional information on the Infant's health that would have arisen after the infant was transferred. Birth Notification Transfer Forms may be obtained from the National Perinatal Reporting System, Healthcare Pricing Office (HPO).

9.   General Practitioner Details

General Practitioner attended by Mother and

General Practitioner to attend infant for immunisations

The name and address of the G.P. attended by the mother and the G.P. to attend infant for immunisations should be written in the spaces provided. If both G.P.s are the same "As Above" may be written in the space for the second G.P.'s name and address.

Selected Glossary of Medical Terms

Anencephaly:	A severe congenital defect in which the foetus has no brain
Anomaly:	Malformation or abnormality of a body part
Apgar scoring system:	A method of evaluating a baby's health immediately after birth
Apnea:	A temporary involuntary cessation of breathing
Breech presentation:	Foetal position in which the feet or buttocks of the baby are closest to the mother's cervix when labour begins
Caesarean section:	Delivery of an infant through an incision in the abdominal and uterine walls
Congenital:	Present at birth
Doppler:	A machine that uses ultrasound to detect the foetal heart
Eclampsia:	A serious complication of pregnancy, characterised by high blood pressure and oedema. It is the more severe form of pre-eclampsia
Epidural:	A type of local anaesthetic used to ease pain during deliver
Episiotomy:	An incision made in the tissue around the vagina in order to ease the final stage of delivery
Extremely low birth weight:	Babies born weighing less than 1000g
Extreme prematurity:	Babies born between 24 and 28 weeks in the womb
Haemorrhage:	Heavy bleeding
Hydrocephalus:	A congenital birth defect in which excess fluid gathers in the baby's skull
Hydrops:	A baby that is swollen with fluid
Hyperemesis:	Persistent nausea and vomiting during pregnancy
Induction:	Artificial starting of labour
Incubator:	A special type of enclosed bed that regulates the baby's temperature and provides noise reduction
Jaundice:	Inability of the body to break down excess red blood cells

Lochia:	The discharge of blood, mucus and other fluids from the vagina after childbirth
Meconium:	The bowel contents of a baby at birth
Neonatology:	The Paediatric sub-speciality concerned with medical issues of the newborn baby
Oedema:	Swelling, retention of fluid in body tissues
Phototherapy:	Fluorescent light therapy which is used to treat jaundice
Placental abruption:	Premature separation of the placenta from the uterine wall
Placenta praevia:	A condition in which the placenta partially or completely covers the cervix, hindering vaginal delivery
Polyhydramnios:	An excessive amount of amniotic fluid
Premature:	Babies born before 37 weeks in the womb
Primigravida:	A woman who is pregnant for the first time
Pre-eclampsia:	A disorder of pregnancy characterised by high blood pressure, oedema and kidney malfunction
Presentation:	The position of the foetus in relation to the cervix before labour begins
Prolapse of the cord:	A situation during or before labour in which the umbilical cord passes through the cervix before the foetus
Toxemia of pregnancy:	A serious disorder of pregnancy in which poisonous compounds are present in the blood stream
Transverse presentation:	Position in which the foetus is lying at right angles to the cervix when labour begins

Common Medical Abbreviations

APH	Ante Partum Haemorrhage
BBA	Born Before Arrival
CTG	Cardiotocograph
DVT	Deep Vein Thrombosis
EDD	Expected Date of Delivery
ERPC	Evacuation of Retained Products of Conception
FBS	Foetal Blood Sample
FSE	Foetal Scalp Electrode
GTT	Glucose Tolerance Test
IOL	Induction of Labour
IDDM	Insulin Dependent Diabetes Mellitus
IUGR	Intra Uterine Growth Retardation
IUFD	Intrauterine Fetal Death
LSCS	Lower Segment Caesarean Section
NBFD	Neville Barnes Forceps Delivery
NND	Neonatal Death
PET	Pre Eclampsia Toxaemia
PIH	Pregnancy Induced Hypertension
PPH	Post Partum Haemorrhage
PROM	Preterm Rupture of Membranes
RDS	Respiratory Distress Syndrome
REFLO/ BM	Blood Sugars
RH	Rhesus
SVD	Spontaneous Vaginal Delivery

SB	Stillbirths
SFD	Small for Dates
SGA	Small for Gestational Age
TPN	Total Parenteral Nutrition- Nutrition given intravenously
TTN	Transient Tachypneoa of Newborn
UTI	Urinary Tract Infection

Contacts Details

Form	Contact	Telephone	Fax
Birth Notification Forms	NPRS, HPO	01 – 7718429	01- 7718414
Instruction Manual for completion of 4-part BNF	NPRS, HPO	01 – 7718429	01- 7718414
Death Registration Form	General Register Office	LoCall: 1890 252076	090 6632999 090 6632988
Medical Certificate Relating to the Birth of a Stillborn Child	General Register Office	LoCall: 1890 252076	090 6632999 090 6632988

CSO: Central Statistics Office

Skehard Road

Cork

Tel.: 021 453 5000

LoCall: 1890 313414

Fax: 021 453 5555

GRO: General Register Office

Government Offices

Convent Road, Roscommon

Tel: +353 (0) 90 6632900

LoCall: 1890 252076

Fax: +353 (0) 90 6632999

Fax: +353 (0) 90 6632988

NPRS: National Perinatal Reporting System

HPO: Healthcare Pricing Office

Brunel Building

Heuston South Quarter

St. John's Road West

Dublin 8

www.hpo.ie

Email: NPRS@hpo.ie

Tel: +353 1 7718419

Fax: +353 1 7718414

Notes