

Boston Medical Center – Birth Registry Worksheet Submission Cover Sheet

Please Read Before Submitting

Important Information About Protecting Your Privacy

The Birth Certificate Worksheet contains **sensitive personal information** (such as Social Security numbers, driver's license numbers, other Personally Identifiable Information, and Protected Health Information).

Boston Medical Center is committed to protecting your privacy. We strongly recommend you complete the Birth Certificate Worksheet and hand-deliver it to BMC. In the event you are unable or choose not to do so, please carefully review the options below for returning your completed worksheet.

Submission Options

You may return your completed Birth Certificate Worksheet using **any one** of the following methods:

1. **Hand Deliver to BMC – Birth Registry Unit (Recommended):**

Boston Medical Center
Attn: Birth Registry Unit
850 Harrison Avenue/ Yawkey 1st Floor
Boston, MA 02118

2. **Mail to:**

Medical Records Department
Attn: Birth Registry Unit
850 Harrison Avenue/ ACC Basement
Boston, MA 02118

3. **Secure Fax to:** 617.671.1604

4. **Email (Use Caution)**

- **Important:** Standard email is *not secure*. This means there is a risk that your personal information could be seen by unauthorized persons during transmission.
 - If you prefer to submit by email:
 1. Request a **secure email link** by sending an e-mail to birthregistrar@bmc.org with the **subject line:** *Secure Email Link request for Birth Worksheet Submission*. **Do not attach anything to this email.**
 2. Wait until you receive a secure, password protected email back from birthregistrar@bmc.org.
 3. Upload your attachment to the secured email to send to BMC.
 - If you do not feel comfortable using email, please use **fax or mail** as safer alternatives.
-

Questions?

If you have questions about completing or submitting this form, please contact: 617.845.2900 or 617.735.6497.



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



Parent Worksheet for Certificate of Live Birth – Newborn

The information you provide below will be used to create your child's birth certificate. The birth certificate is a permanent document that will be used throughout your child's life to prove his or her age, citizenship, identity and parentage.

It is very important that you provide complete and accurate information for all of the questions. Items marked with an asterisk (*) will be printed on your child's legal birth certificate, but every item is needed for legal and/or public health purposes. Some of your answers are used by health and medical researchers to study and improve the health of parents and newborn infants. This information is collected in accordance with Massachusetts General Law (c.111, §24B).

Please print your answers neatly and accurately. The birth certificate is a permanent legal document that is a record of events and information at the time of your child's birth and may not be changed later except under very limited conditions.

Administrative Use Only

Delivering Parent MRN:

Child MRN:

Log #:

CHILD Information

Child's Full Name: Print your child's name exactly as you want it to appear on his or her birth certificate. Separate the first, middle, and last names in the boxes below:

***First Name:**

***Middle Name:** ☐ Check if your child's certificate will *not* have a middle name

***Surname:** (Last Name)

***Generational, if any:** (e.g., JR, III)

Child's Facts of Birth: Enter the date and time your child was born, whether male or female, and indicate whether your child was a singleton or multiple:

***Date of Birth:** (e.g., Mar. 15 2011)

Month Day Year

***Time:**

:

☐ AM

☐ PM

***Sex:**

☐ Female

☐ Male

***Plurality:**

☐ 1-Single

☐ 2-Twin

☐ 3-Triplet

☐ 4-Quadruplet

☐ Other:

***Birth Order:**
(if not single)

☐ 1st

☐ 2nd

☐ 3rd

☐ 4th

☐

Other

Do you want a social security number for your child mailed to you automatically?

If you answer "Yes," an electronic application will be sent to the Social Security Administration (SSA) and a card will be mailed by SSA to your residence (or mailing address) within six weeks of the birth. Note that in compliance with the Taxpayer Relief Act of 1997, all applications for a child's social security card must contain the parent(s) social security number(s) and this information will be sent to SSA with your child's electronic application. If you answer "No", then you will need to apply for a social security number at your local SSA office. This information does not appear on your child's birth certificate.

Do you want a social security number for your child issued automatically?

☐ Yes

☐ No

BabySteps Savings Plan: Kickstart Your Child’s College Savings Account Today

Would you like to receive \$50 for your baby’s future education? As part of the BabySteps Savings Plan, any child who is a Massachusetts resident and was born or adopted on or after January 1, 2020 is eligible to receive a free \$50 seed deposit into a U.Fund account within one year of birth or adoption to help pay for future college, trade, or technical school costs. The BabySteps Savings Plan is a seeded college savings account program that encourages saving for college in the U.Fund College Investing Plan, the Massachusetts 529 plan. The U.Fund is offered by the Massachusetts Educational Financing Authority (MEFA) and managed by Fidelity Investments. The \$50 seed deposit is provided by the Massachusetts State Treasurer and can be received within one year of the child’s birth or adoption. If you are interested in receiving information about the BabySteps Savings Plan and how to receive your \$50 deposit, check the Yes box below.

By checking ‘yes’ below, you are authorizing the Massachusetts Department of Public Health to provide the Massachusetts Treasurer’s Office and MEFA with your personal contact information (phone number, address, and e-mail address) for the purpose of providing you with additional information to help you open your child’s college savings account. The state will deposit \$50 once the account is successfully opened. Please visit babystepssavingsplan.org for more information.

☐ Yes, please send me information and enrollment materials to receive the free \$50 BabySteps Savings Plan deposit

☐ No, I do not consent

Contact Information

Preferred email address:



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



Parent Worksheet for Certificate of Live Birth – Parent 1

The information you provide below will be used to create your child's birth certificate. The birth certificate is a permanent document that will be used throughout your child's life to prove his or her age, citizenship, identity and parentage.

It is very important that you provide complete and accurate information for all of the questions. Items marked with an asterisk (*) will be printed on your child's legal birth certificate, but every item is needed for legal and/or public health purposes. Some of your answers may be used by health and medical researchers to study and improve the health of parents and newborn infants. This information is collected in accordance with Massachusetts General Law (c.111, §24B). Additionally, pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is mandatory. Disclosure of the social security number is required pursuant to state law, M.G.L. c. 46 §3D, M.G.L. c. 209C §2 and §5 and M.G.L. c. 119A §14, and federal law, Section 125 of P.L. 100-485. Social security number is used to identify the parent(s) and to enforce child support orders.

Please print your answers neatly and accurately. The birth certificate is a permanent legal document that is a record of events and information at the time of your child's birth and may not be changed later except under very limited conditions.

Administrative Use Only

Delivering Parent MRN:

Child MRN:

Log #:

PARENT 1 Information

This section is used to complete the Parent 1 fields on the child's birth certificate. The parent that appears in this section must be the delivering parent unless otherwise directed by court order.

Parent 1 - Full Legal Name: Enter the name of the parent that will appear in the Parent 1 section of the child's birth certificate. Separate the first, middle, and surname fields in the boxes below. This name is your full and current legal name that you use for signing legal documents.

***First Name:**

***Middle Name:** ☐ Check if Parent 1 does not have a middle name.

***Surname: (Last Name)**

***Generational, if any: (e.g., JR, III)**

Parent 1 - Telephone: Please provide telephone numbers for contacting you if there is a problem with your child's birth record. Telephone is not printed on your child's birth certificate.

Parent 1 - Social Security Number (SSN): SSN is required by state and federal law for all birth registrations. SSN is not printed on your child's birth certificate.

Telephone #:

Alternate Telephone #:

SSN:

Check if: ☐ I have never been issued a Social Security #

Parent 1 - Facts of Birth: Enter the following information about your birth date, your name at the time of your birth, your sex, and where you were born. Place of birth should contain the city/town of birth or local jurisdiction where your own birth certificate is on file. This information is needed for legal registration purposes and is also useful for family genealogical research.

***Date of Birth: (e.g., Mar. 27 1980)**

Month Day Year

***Surname (last name) at your birth or adoption: (Maiden Surname)**

Sex:

☐ Male

☐ Female

***Place of Birth:**

Country (Do not abbreviate, unless U.S.)

State or Province (Do not abbreviate)

City/Town or Local Jurisdiction (Do not abbreviate)

Parent 1 - Current Marital Status: Although your marital status does not print on your child's birth certificate, it is necessary to register the record legally and properly. Failure to provide accurate marital status information can cause your child's birth certificate to remain unregistered, causing legal difficulties throughout your child's life.

Marital Status and Paternity Establishment:

- If parent 1 is not married, and was not married within 300 days of the child's birth, a second parent may be added through a *Voluntary Acknowledgment of Parentage* at the time of birth, or at a later date. Both parents must sign this form.
- If parent 1 is currently married, or was married within 300 days of the birth, the spouse will be listed as parent 2 on the child's initial birth certificate *unless* parent 1 and spouse sign an *Affidavit of Non-Parentage* and parent 1 and intended second parent sign a *Voluntary Acknowledgment of Parentage*.
- For more information, ask your hospital birth registrar for assistance.
 - Questions about the *Voluntary Acknowledgment of Parentage* or the *Affidavit of Non-Parentage* may also be directed to: Registry of Vital Records and Statistics at (617) 740-2600.
 - Questions about court adjudications of paternity, voluntary acknowledgments, DNA testing, or other questions about establishing paternity at birth, or in the future, may be directed to: Department of Revenue, Child Support Enforcement Division, at 1-800-332-2733.

Marital Status:			
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced:	<i>Date of Divorce:</i>	<i>County/Jurisdiction where filed:</i>
<input type="checkbox"/> Never Married	<input type="checkbox"/> Widowed:	<i>Date of Spouse's Death:</i>	
If married, divorced, or widowed: Is your spouse or former spouse the parent of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If NOT married and live in a different town than where the hospital of birth is located, you may request that a copy of the birth certificate be kept at your city/town of residence as well. If this applies to you, do you want your child's certificate to be also kept at your residence city/town clerk's office? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Parent 1 - Residence: Your residence is the actual address of the place where you live. Do not use a post office box or other address used for mailing purposes only. The city or town where you live must be listed by its legal and proper name. Do not list a neighborhood, village or other sub-division name. You will be asked for your mailing address in the next section.

*Residence:		
<i>Street number and name (e.g., 9 Ninth Street)</i>		<i>Apartment or unit, if any (e.g., Apt. 9)</i>
<i>Proper City/Town name (e.g., Boston, not Mattapan)</i>		<i>State (Province/state and country if not U.S.) (Do not abbreviate)</i>
		<i>Zip Code</i>
County of Residence:	If <u>not</u> in Massachusetts, do you live within city limits?	
<i>In what county do you live?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	

Parent 1 - Mailing Address: Enter your mailing address if it is different than your residence address. This address does not appear on your child's birth certificate but it is used to mail your child's social security card if you checked Yes to have the social security number for your child be issued automatically. It may also be used to contact you if there is a problem with the birth certificate.

Mailing Address:		
<i>Number and Street, PO Box or RR# - Please write the postal delivery address where you receive your mail</i>		
<i>City/Town</i>	<i>State (Province/state and country if not U.S.) (Do not abbreviate)</i>	<i>Zip Code</i>

Worksheet completed by:	
<i>Please sign:</i>	
<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Other Relationship _____	



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



Parent Worksheet for Certificate of Live Birth – Parent 2

The information you provide below will be used to create your child's birth certificate. The birth certificate is a permanent document that will be used throughout your child's life to prove his or her age, citizenship, identity and parentage.

It is very important that you provide complete and accurate information for all of the questions. Items in ***bold italic*** are printed on your child's legal birth certificate, but all items are needed for legal and/or public health purposes. Some of your answers are used by health and medical researchers to study and improve the health of parents and newborn infants. This information is collected in accordance with Massachusetts General Law (c.111, §24B). Additionally, pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is mandatory. Disclosure of the social security number is required pursuant to state law, M.G.L. c. 46 §3D, M.G.L. c. 209C §2 and §5 and M.G.L. c. 119A §14, and federal law, Section 125 of P.L. 100-485. Social security number is used to identify the parent(s) and to enforce child support orders.

Please print your answers neatly and accurately. The birth certificate is a permanent legal document that is a record of events and information at the time of your child's birth and may not be changed later except under very limited conditions.

Administrative Use Only

Delivering Parent MRN:

Child MRN:

Log #:

PARENT 2 Information

This section is used to complete the Parent 2 fields on the child's birth certificate. Please indicate relationship of parent 2 to parent 1.

- ☐ Married to Parent 1, or married to parent 1 within 300 days of the child's birth.
- ☐ Not married to Parent 1, but will complete a *Voluntary Acknowledgment of Parentage* or is named by court order.
- If parent 1 is not married, and *was not* married within 300 days of the child's birth, a second parent may be added through a *Voluntary Acknowledgment of Parentage* at the time of birth, or at a later date. Both parents must sign this form.
 - If parent 1 is currently married, or *was* married within 300 days of the birth, to someone other than the intended second parent of the child, the spouse will be listed on the child's birth certificate *unless* the spouse and parent 1 sign an *Affidavit of Non-Parentage* and the intended second parent and parent 1 sign a *Voluntary Acknowledgment of Parentage*.
 - If you have questions about paternity or parental status, ask your hospital birth registrar, or contact the Registry of Vital Records and Statistics at (617) 740-2600 or contact the Department of Revenue, Child Support Enforcement Division at 1-800-332-2733.

Parent 2 - Name: Enter the name of the parent that will appear in the Parent 2 section of the child's birth certificate and/or on the *Voluntary Acknowledgment of Parentage*. Separate the first, middle, and surname fields in the boxes below. This name is your full and current legal name that you use for signing legal documents.

***First Name:**

***Middle Name:** ☐ Check if the parent 2 does not have a middle name.

***Surname:** (Last Name)

***Generational, if any:** (e.g., JR, III)

Parent 2 - Social Security Number (SSN): SSN is required by state and federal law for all birth registrations. SSN is not printed on your child's birth certificate.

SSN:

Check if: ☐ I have never been issued a Social Security #

Parent 2 - Facts of Birth: Enter the following information about your birth date, name at the time of your birth, your sex, and where you were born. Place of birth should contain the city/town of birth or local jurisdiction where your own birth certificate is on file. This information is needed for legal registration purposes and is also useful for family genealogical research.

*Date of Birth: (e.g., <u>Mar.</u> <u>27</u> <u>1980</u>) <hr/> <i>Month Day Year</i>	*Surname (last name) at your birth or adoption: <hr/>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Place of Birth: <hr/>	<hr/>	<hr/>
<i>Country (Do not abbreviate, unless U.S.)</i>	<i>State or Province (Do not abbreviate)</i>	<i>City/Town or Local Jurisdiction (Do not abbreviate)</i>

Parent 2 - Residence: Your residence is the actual address of the place where you live. Do not use a post office box or other address used for mailing purposes only. The city or town where you live must be listed by its legal and proper name. Do not list a neighborhood, village or other sub-division name.

☐ **Parent 2 residence address is the same as Parent 1.** If not the same, please complete:

Residence:		
<hr/>		<hr/>
<i>Street number and name (e.g., 9 Ninth Street)</i>		<i>Apartment or unit, if any (e.g., Apt. 9)</i>
<hr/>		<hr/>
<i>Proper City/Town name (e.g., Boston, not Mattapan)</i>	<i>State (Province/state and country if not U.S.) (Do not abbreviate)</i>	<i>Zip Code</i>
<hr/>		<hr/>
County of Residence: <hr/> <i>In what county do you live?</i>	If <u>not</u> in Massachusetts, do you live within city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	

Worksheet completed by:

Please sign:

☐ Parent 1
☐ Parent 2
☐ Other Relationship _____



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 families 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

Delivering Parent MRN:

Child MRN:

Log #:

PARENT 1

Parent 1 - 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 | |

Parent 1 - 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): _____ |

Parent 1 - 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"/> Certificate | <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, JD) |
| <input type="checkbox"/> 9 th – 12 th grade | <input type="checkbox"/> Associate degree (e.g., AA, AS) | <input type="checkbox"/> Special education |
| <input type="checkbox"/> High school graduate or GED completed | <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) | |
| <input type="checkbox"/> Some college credit, but no degree | <input type="checkbox"/> Master's degree (e.g., MA, MSW, MBA) | |

Parent 1 - 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 before and during pregnancy helps doctors provide better information to expectant parents 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 the delivering parent 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	_____		_____

Parent 1 - 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 <i>prefer</i> to speak when talking about health questions or concerns?			
In what language do you <i>prefer</i> 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):	<input type="checkbox"/> Speak <input type="checkbox"/> Read
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 (specify):	<input type="checkbox"/> Speak <input type="checkbox"/> Read

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 expectant parents.

<p>Did you drink any alcohol in the three months before this pregnancy or anytime during this pregnancy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes:</i></p> <p>In the three months <u>before this pregnancy</u>, how many drinks (beer, wine or cocktails) did you have in an average week? _____</p> <p>In the <u>first three months (first trimester) of this pregnancy</u>, how many drinks (beer, wine or cocktails) did you have in an average week? _____</p> <p>In the <u>second three months (second trimester) of this pregnancy</u>, how many drinks (beer, wine or cocktails) did you have in an average week? _____</p> <p>In the <u>third trimester of this pregnancy</u>, how many drinks (beer, wine or cocktails) did you have in an average week? _____</p>	
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Prior Pregnancy and Early Delivery: Babies that are born premature, before 37 weeks of pregnancy, often need to stay in the hospital longer and have more health problems than babies born full term. Parents who have previously delivered a baby early are at increased risk for preterm birth. This question allows public health researchers to determine how many parents have a history of preterm birth and how to best improve their care.

<p>In any prior pregnancy, did you have a baby more than 3 weeks before your due date because you went into labor or broke your water?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p>
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Current Pregnancy and Early Delivery: Progesterone is a key hormone that helps a woman's body develop and prepare for a healthy pregnancy. For some women at increased risk for delivering early, progesterone treatment has been shown to help prevent preterm birth. These questions will help public health researchers to determine how many women are eligible to receive progesterone and identify barriers to treatment.

<p>Were you told that you had a short cervix during this pregnancy?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p>
<p>Were you offered progesterone to prevent an early delivery during this pregnancy? (please check only one)</p>	<p><input type="checkbox"/> Yes, because of an early delivery in a prior pregnancy</p> <p><input type="checkbox"/> Yes, because my cervix was short during this pregnancy</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I don't know</p>

Did you receive progesterone during this pregnancy?
(please check only one)

- ☐ Yes, progesterone shots
- ☐ Yes, vaginal progesterone
- ☐ Yes, oral progesterone pills
- ☐ No
- ☐ No, my insurance wouldn't cover the cost
- ☐ No, I declined
- ☐ I don't know

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

Did you receive WIC (Women, Infants & Children) food for yourself because you were pregnant with this child?

- ☐ Yes ☐ No ☐ I don't know

Home Births: Answer only if you delivered your baby at home. (If not, you may skip this question). This question will help to find out how many home births were planned and how many were unplanned, to provide statistical information and services.

Did you plan on delivering your baby at home or did you want to have your baby in a hospital or birth center?

- ☐ Yes, I wanted to deliver my baby at home ☐ No, I wanted to deliver my baby in a hospital or birth center

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 parents 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 and dental health problems during pregnancy have an effect on newborn health, so that doctors can better advise parents who become pregnant.

During this pregnancy did you have your teeth cleaned by a dentist or dental hygienist?

- ☐ Yes ☐ No

Did you have any oral health conditions during the pregnancy?

- ☐ Yes ☐ No
- ☐ I don't know

If your last dental visit took place more than six months ago or if you had any oral health problems (e.g. swollen or bleeding gums, dental decay, signs of infection) identified, did your prenatal care provider refer you to a dentist?

- ☐ Yes ☐ No
- ☐ I don't know

BIRTH TRENDS AND TECHNOLOGIES

Fertility Treatments and Technologies: Better information about use of fertility drugs and assisted reproductive technologies will allow researchers to determine trends in the use of new types of treatments. This data will also help obstetricians and their patients know more about what risks and benefits there may be to mothers and newborns, depending on mother's age, genetic relationship to the child, and other characteristics. This information should be completed about the delivering mother.

Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with this current pregnancy? (This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

☐ Yes ☐ No

If you answered yes:

Did you use any of the following fertility treatments during the month you got pregnant with this current pregnancy?

Check all that apply:

☐ **Fertility-enhancing drugs prescribed by a doctor**

Fertility drugs include Clomid®, Serophene®, Pergonal®, or other drugs that stimulate ovulation.

☐ **Artificial insemination or intrauterine insemination**

Include treatments in which sperm, but NOT eggs, were collected and medically placed into the birth mother.

☐ **Assisted reproductive technology**

Include treatments in which BOTH a woman's eggs and a man's sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer.

☐ **I was not using fertility treatments *during the month that I got pregnant with my new baby.***

☐ **Other medical treatment. Please specify:**

Did any of these apply during this pregnancy? Check all that apply:

☐ Anonymous egg donor

☐ Anonymous sperm donor

☐ Known donor who is not an intended parent*

☐ Surrogacy

☐ None of these apply

***OPTIONAL:** It may be helpful to your child's medical history to record information about genetic donors. If you would like to provide this information, please fill out the following:

Name:	<input type="checkbox"/> Sperm Donor	<input type="checkbox"/> Egg Donor
Name:	<input type="checkbox"/> Sperm Donor	<input type="checkbox"/> Egg Donor
Name:	<input type="checkbox"/> Sperm Donor	<input type="checkbox"/> Egg Donor

PARENT 1 - PREGNANCY HISTORY

Parent 1- Height: _____ feet _____ inches		Date of <u>Last Menses</u> (MM/DD/YYYY)	
		Month	Day Year
Previous Live Births: <i>Do not include this infant. For multiple deliveries, include all live-born infants delivered before this infant in the pregnancy who are still living.</i>		Date of <u>Last Live Birth</u> (MM/DD/YYYY)	
# Now living: _____	# Born live, now dead: _____	Month	Day Year
Number of Other Pregnancy Outcomes: <i>Total number of other pregnancy outcomes that did not result in a live birth. Include fetal losses of any gestational age-spontaneous losses, induced losses, and/or ectopic pregnancies. If this was a multiple delivery, include any losses regardless of gestational age occurring before the delivery of this infant. This could include loss occurring in this pregnancy or in a previous pregnancy.</i>		Date of <u>Last Other Pregnancy Outcome</u> (MM/DD/YYYY)	
# Other Pregnancy Outcomes _____		Month	Day Year

Parent 2 - 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 | |

Parent 2 - 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): _____ |

Parent 2 - 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"/> Certificate | <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, JD) |
| <input type="checkbox"/> 9 th – 12 th grade | <input type="checkbox"/> Associate degree (e.g., AA, AS) | <input type="checkbox"/> Special education |
| <input type="checkbox"/> High school graduate or GED completed | <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) | |
| <input type="checkbox"/> Some college credit, but no degree | <input type="checkbox"/> Master's degree (e.g., MA, MSW, MBA) | |

Parent 2 - 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