

Exploring the 2003 Revision of the U.S. Standard Certificate of Live Births:
Results of cognitive interviews conducted in State 2 of 4
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1. Introduction

This report documents findings from the second part of a larger study whose purpose is to understand how selected medical and health items on the Facility Worksheet for the 2003 Revision of the U.S. Standard Certificate of Live Birth are collected. Part 1 of the study took place in June, 2009. Part 2 of the study, discussed here, took place in October, 2009. To protect confidentiality, states that participated in the study are not identified.

This is a study of how hospitals in State 2 structure the task of collecting data on live births, as well as how hospital personnel go about completing this task. Cognitive interviews were conducted using the state Department of Health Facility Worksheet for Live Birth Certificate. Time constraints made impossible the exploration of all items on the form. Instead, attention was given to those items most sensitive to rate changes associated with the 2003 birth certificate revision. However, all items in the Medical and Health Information portion were examined. Issues for other items on the worksheet are reported to the extent that the discussion was initiated by the respondents (not the interviewer). With one exception, interviews took place with hospital employees who are responsible for completing the state form and for transmitting data to the Electronic Birth Certificate (EBC) system.¹

The next section briefly describes the qualitative methodology of cognitive interviewing, including the procedure for sampling interview respondents, the data collection method, and analysis plan. The third section of the report presents a summary of general findings, followed by a more detailed item-by-item analysis.

2. Methodology

Sampling and Respondent Demographics

Testing took place in State 2 in October, 2009. I conducted a total of 11 interviews in 10 different hospitals. Respondents were selected with a purposive sample in mind. The goal of a purpose sample is *not* to obtain a statistically representative sample. Instead, respondents were chosen who are responsible for obtaining the information required for completing the Facility

¹ One interview was conducted with an OB nurse who completes the forms before sending them to the birth clerk in medical records. The process by which she obtains information for the form is discussed in Appendix B.

Worksheet and for transmitting the information to the EBC.² Additionally, respondents were required to have been doing this job for six months or more. Table 1 provides a breakdown of some respondent characteristics in a comparison by state. In comparing State 1 of the study to State 2, respondents were slightly older in State 2. More strikingly, they also had a higher level of educational attainment than those in State 1. Almost half (45%) the respondents in State 2 had an Associate’s degree or higher, while only 14% of the respondents in State 1 had an Associate’s degree and none had a Bachelor’s degree.

Table 1: Demographic summary of respondents

	<u>State 2 Total</u> (N=11)	<u>State 1 Total</u> (N=14)
<u>Respondent Age</u>		
Under 40	2 (18%)	5 (36%)
40 and Over	9 (82%)	9 (64%)
<u>Highest Degree Attained</u>		
HS Diploma	6 (55%)	12 (86%)
Associate’s degree	3 (27%)	2 (14%)
Bachelor’s degree or higher	2 (18%)	0 (0%)

Respondents were recruited through their workplace. A flyer was placed in various hospital newsletters and a letter of invitation was sent to hospital personnel to identify the birth clerks and request their participation in the study. Prior to participation, respondents were screened over the telephone in order to confirm that they met the criteria for inclusion.

At the time of the interview, respondents filled out paperwork whereby they agreed to the interview being audio-taped. The interviewer then explained the purpose of NCHS, described the study, and told respondents the manner in which the interview would be conducted. After these introductory remarks, the interviewer asked about the process by which the birth certificate form is completed in each respondent’s hospital, including the respondent’s role in this process. This was followed by item-specific probes designed to reveal respondents’ interpretation of the item, the source of information for the item, and the ease with which they acquire the information necessary to complete it. Interviews were designed to last 60 minutes and a \$75 token of appreciation was given to respondents at the conclusion of the interview. Because it was necessary to speak specifically and exclusively with personnel responsible for completing the birth certificate from (i.e., birth clerks), remuneration was higher than the standard rate of \$40.

² Although many job titles exist for this occupation, this report will heretofore refer to respondents as “birth clerks” for ease of reference.

Data Collection

Cognitive interviewing, as a qualitative methodology, offers the ability to understand the interpretive process respondents go through in order to complete the Facility Worksheet form. It is a method that allows the researcher to collect detailed information on how the form is being completed from start to finish, and on respondents' understandings of their role in the process. Interviews usually began with a discussion of how the form is supposed to be completed in their hospital, followed by an explanation of how the form actually *is* filled out. Respondents were prompted to discuss any problems they encounter in completing the form and how they resolve these problems.

Additionally, the method allows the researcher to uncover respondents' interpretations of items on the form. This is important to the extent that their interpretation of the item shapes the type of information they seek to collect, where they get this information, and how they decide to record the information on the form. In the second part of the interview, the interviewer and respondent discussed specific items on the Facility Worksheet. The interviewer probed respondents for their understanding of what the item was asking, where they get the information for this item, and any problems they have in tracking this information down.

Method of Analysis

Data analysis proceeded according to the grounded theory approach which does *not* aim to test existing hypotheses, but instead generates explanations of how respondents complete the birth certificate form. The goal is to produce explanations that are closely tied to the empirical data. The process of analysis is a constant comparison of data in several steps. The first step occurs within the interview as the interviewer attempts to understand how one respondent has come to understand, process and then fill out an item on the form. The second step in analysis occurs once the interview is over, and is a systematic comparison *across* all interviews in State 2. This level of comparative analysis reveals patterns in the way birth clerks complete the worksheet. Finally, some preliminary comparisons were made across State 2 and State 1 in general to identify both common and different patterns between them.

3. Results

General Findings

The common theme defining the process of data collection for the Facility Worksheet is the underlying structure or organization of the job. The way the job is organized impacts the process of obtaining data to record on the Facility Worksheet, which influences data quality – each pattern has its pros and cons.

The main organizational difference is the extent to which birth clerks are given responsibility for completing the worksheet. Some hospitals give little responsibility for completing the worksheet to the birth clerks. Instead, the primary responsibility is given to clinicians. In these cases, most or all of the information has already been completed by the time the birth clerk sees the worksheet. For the sake of convenience, this pattern is referred to as “low responsibility

hospitals.” On the other hand, some hospitals give primary responsibility to the birth clerks. In these cases, clinicians have little to no involvement with completing the form. This pattern is referred to as “high responsibility hospitals.”

Each pattern has its advantages and disadvantages in terms of data quality. When birth clerks have primary responsibility for completing the worksheet, they face some challenges in collecting data for certain items. Often, information is either not plainly stated in the medical records or is present in multiple places and must be searched for. This has the potential to introduce error, as birth clerks have to use their best judgment on what to record. On the other hand, low responsibility hospitals may have higher rates of missing data. When clinicians submit incomplete forms, birth clerks have no responsibility for ensuring completeness (or accuracy) of items. These patterns are discussed next.

Job Structure: Role of the Birth Clerk

a. Process of completing the forms

a. Low Responsibility Hospitals

Of the 10 hospitals interviewed, five have a system whereby many or most items on the Facility Worksheet are recorded by a clinician. In general, the birth clerks have very few items on the worksheet that they are responsible for completing. For example, all items in the Medical and Health Information section of the Facility Worksheet are completed before the birth clerk begins her task. Additionally, some items in the Mother’s Statistical Information and the Newborn’s Statistical Information sections are already completed; however, birth clerks have more responsibility for items in these sections than they do in the Medical and Health Information section.

If items are missing on the worksheet, birth clerks end up completing some, but not all of these. These items are most commonly date of last normal menses, date of first prenatal visit, date of last prenatal visit, and total number of prenatal visits. Four of the five respondents cited these items as those that they have responsibility for ensuring completeness if they are missed by the clinician. Additionally, whether the infant being breastfed at discharge was cited by three respondents as one for which they have responsibility.

If items are missing in sections where they should be filled in, two of five birth clerks will call the mother’s OB office for the information. Two other respondents will try to find the information in the prenatal record, and if it is not there, they will leave the item blank and enter it as “unknown” in the program. The last birth clerk felt she has no responsibility for any items and leaves them as missing without searching for any information herself.

b. High Responsibility Hospitals

Five hospitals interviewed give primary responsibility for filling out the Facility Worksheet to the birth clerk. For example, three (of five) respondents fill out the

Medical and Health Information section and four (of five) fill out the Newborn's Statistical Information and the Mother's Statistical Information sections.

The added responsibility of obtaining information to fill out the Facility Worksheet form generally requires more work on the part of the birth clerk, because acquiring the necessary information is not always a straightforward or simple process. For example, respondents reported that they routinely check multiple sources for information on eleven different items. Secondly, when using multiple sources, birth clerks said they sometimes have to figure out what information to record because it is not plainly stated in the medical records. (See item-by-item analysis for examples and details.)

If the information the birth clerk needs is missing in the medical records, birth clerks often call the mother's OB office to obtain the missing information. Four of the five birth clerks said they call OB offices. The one respondent who does not call OB offices said she never needs to because the nurses consistently fill in all the information on the Facility Worksheet and nothing is ever missing. In this particular case, it is the nurses who call the OB's office to obtain the missing information, not the birth clerk.

b. Medical and health information section

a. Low Responsibility Hospitals

When the birth clerk job is structured with less responsibility for completing the form, the Medical and Health Information section is never included as something the birth clerk has to complete. However, when they get to the stage of double checking the record before submitting the information electronically to the state, they sometimes see that information in this section is missing. When this is the case, all respondents said they do not attempt to complete the items themselves. Instead, they do one of two things. Three respondents said they call the nurses (or doctors, depending on who they think has responsibility for the item) to fill it out. Two respondents said they leave it blank, enter "unknown" into the program and wait for the state to submit an inquiry about missing information to the hospital.

b. High Responsibility Hospitals

As reported earlier, in hospitals that give more responsibility to the birth clerk, it is more likely that they are tasked with completing the Medical and Health information section. Three (of five) birth clerks have responsibility for this section. Of the items in this section that give them the most difficulty, all three cited 'trial of labor' (under method of delivery) as the most difficult (see item-by-item analysis). One birth clerk does not have primary responsibility for completing this section (the doctors do), but she does check it and fills in missing items if she can. If she cannot figure out a particular item, she will call the nurses for help with the answer. Finally, one birth clerk said the nurses always fill out this section completely and she never has to deal with it.

Training

Unlike the birth clerks in State 1, most birth clerks in State 2 said they receive some training in how to do their job. Seven of the respondents mentioned a workshop that the state vital records department holds bi-annually. Most said the workshop covers data entry issues, answers any questions they have, and covers new issues or topics that arise.

Four respondents said they got on-the-job training from their predecessor. (Two of them mentioned participating in both the workshops and on-the-job training.)

One respondent said she received no training and had to figure things out for herself. She knows about the workshop, but hasn't gone to one because she started the job just after the last workshop was held. They haven't offered one since, but she plans to go to the next one.

What birth clerks do when there's a question

No respondents reported ever using the guidebook when they have questions. Six said they have the guidebook in hard copy (no one mentioned it being available on-line), but never use it. Four respondents do not have a hard copy or even know the guidebook exists. This pattern is similar to that found in State 1.

When respondents have a question about how to fill out the form, nine said that they call the state vital records people. All find it useful to do this. One respondent said she never has any questions because she doesn't fill out any information herself, and entering information into the computer is straightforward.

Item-by-Item Analysis of the Facility Worksheet

Because time precluded the exploration of all items on the Facility Worksheet, they were prioritized according to those most apparently affected by the 2003 Revision of the U.S. Standard Certificate of Live Births, as indicated by changes in national statistical rates. This section organizes research findings according to this prioritization of items, beginning with those of primary interest.

Items of primary interest:

Obstetric estimate of gestation [Newborn's Statistical Information section]

None of the birth clerks in low responsibility hospitals address this item because it is the doctors' (or nurses') job to fill it in before the birth clerk even begins her task. As mentioned earlier, some will call the clinicians to complete it if they see the field is blank.

Birth clerks in high responsibility hospitals have to sometimes look in multiple places (examples given were the intake sheet, the prenatal record, and the baby's medical record) to find this

number. Two said that they have to calculate the number by using other pieces of information. One respondent said she will look at the LNP (last normal period) and “do the math.” Or, sometimes at the last prenatal visit it will say how many weeks pregnant the mother was and the respondent knows that the mother is in the hospital now. Another respondent also said she uses the LNP or “whatever makes sense” to figure out this item. One respondent said this number is always in the mother’s medical chart and is never missing.

Date last normal menses began [Mother’s Statistical Information section]

This item was reported as sometimes missing in 9 of the 10 hospitals interviewed. It’s a difficult item according to several birth clerks, because the mother could have been on Depo Provera (and has not had a period in a while), she could have been breastfeeding, she could have multiple births in a short time span, or the mother might simply not keep track of her menstruation.

Four of the five birth clerks in low responsibility hospitals record it as unknown because it is not their responsibility to complete the item. However, one birth clerk will double check the item. She said the delivery date will give her a hint if the value filled in for the last normal menses is wrong. If she thinks it is, she’ll call the OB office, or ask the mother.

Four birth clerks in high responsibility hospitals have to complete this item. Two said they look in the prenatal record, and if it’s blank, they fill in “unknown”. One will try two ways to find the answer. First she looks in the prenatal record and if the information is missing, she will call the OB office. One respondent said the information is never missing because the nurses call the OB offices to complete all information – she doesn’t have to.

One birth clerk said she looks first at the intake sheet for this information. If it’s not there, she will ask the mother. If the mother does not have the answer, the respondent said she can “roughly” figure it from the due date. She said she never leaves an item blank, and this is one of those cases where “you just gotta know where to get the information from.”

Risk factors in this pregnancy [Medical and Health Information section]

Probing on this item focused on infertility treatments and previous cesareans.

Birth clerks in low responsibility hospitals do not typically fill out this item. Further, four said they never check it for completeness or accuracy. One checks it for completeness and if it is missing, she will call the nurses to have them fill it out.

Birth clerks in high responsibility hospitals generally fill out this item. Only one said the nurses complete this and she does not check it. However, the four others do have to complete it. They noted that the information can be in the prenatal record or the intake sheet. One never has to check the infertility treatment box because “that patient doesn’t come here.” Her hospital will only deliver one or two babies, not more than that. Multiple births are directed to another hospital.

A couple birth clerks expressed some difficulty with the infertility box. This difficulty stems from vocabulary. One said that usually it is the name of the drug that is listed in the prenatal record – it does not specifically say what it's for. She said the doctor may write "Clomid" on the flow sheet and she has to know what that is for in order to check that box. Another respondent expressed the same difficulty, remembering the first time she saw "IVF" in the prenatal record. She did not know what that was and had to "Google it". She said there are drug names she still does not know, so she has started to keep her own "cheat sheet". Every time she encounters a new name, she adds it to her sheet so she can refer to it in the future.

No difficulty was cited for finding whether the mother had previous cesareans. This was easy to find in the prenatal record according to all respondents.

Method of delivery [Medical and Health Information section]

Probing on this item focused on the 'trial of labor' box under Cesarean deliveries.

Birth clerks in low responsibility hospitals do not have responsibility for this item. As a result, four said they never check it for completeness or accuracy. One respondent does check it for completeness and if it is missing, she will call the nurses to have them fill it out. But she does not check it for accuracy.

Birth clerks in high responsibility hospitals have more responsibility for this item, and find the "trial of labor" part sometimes difficult to complete. One respondent will not try to figure it out from the medical record and will call the nurses to get the answer. Three others have to look in multiple places for it, including the nurses' notes, the labor and delivery sheet, or the doctor's dictation. One respondent said, "It's one of those 'you have to be a detective'" items because it could be in different places – or she has to piece the answer together from information gathered from different parts of the medical record. She said the information in any one place often isn't detailed enough – the doctor may simply write "failure to progress" and she has to read more sections to find out the full story of the delivery. If the respondent ultimately cannot figure it out, she will call the nurses. Similarly, another respondent said she has to decide what to mark based on the fact that "you can tell that they were in labor for so many hours." In that case she will mark 'yes' on the worksheet. On the other hand, if she sees it's a repeat cesarean, she will mark 'no' on the worksheet. But no one indicated that the words "trial of labor was attempted" is written in the medical record.

Only one birth clerk in a high responsibility hospital has no responsibility for this item. It should be completed by the nurses, and if it is missing on the worksheet she will call them to finish it.

Items of secondary interest:

Is infant living at time of report [Newborn's Statistical Information section]

Respondents didn't express much difficulty with this item. All respondents said they had responsibility for making sure it was completed, regardless of how their job is structured (i.e.,

low- vs. high-responsibility hospital). They find the information on the mother's chart or the baby's chart. One respondent said she would know from interviewing the mother or the nurses would probably tell her. Either way, she has never had to answer 'no' to this question (having been in the job only a year and a half).

Only one respondent reported something that suggested the item is not always straightforward. She works in a low responsibility hospital and said the information will be on a summary sheet she can print out for each baby. It would say "deceased" on the list. However, she said sometimes she might see that there was less than 20 weeks of gestation. This will cause her to check into it further, because in those instances it probably means the baby "didn't make it".

Is infant being breastfed at discharge [Newborn's Statistical Information section]

This item was reported as one that can be missing and birth clerks have to fill it in. They reported different sources for obtaining this information, such as the mother's chart, the baby's chart, interviewing the mother, or the discharge sheet.

A respondent from a low responsibility hospital said that this item can be easy to miss or overlook because it can be skipped on the computer screen. For many other items the computer will not let her advance without entering a value, but the computer accepts a blank field on this one.

Another birth clerk who works in a low responsibility hospital said this item is sometimes blank. Many times this is because the baby was transferred to the NICU. For example, maybe the baby is not eating normally right away, but if the respondent knows that the mother is pumping (and storing the milk), she will mark 'yes' in the computer. She knows to do this because she called the state to ask how to handle such situations. On the other hand, a birth clerk who works in a high responsibility hospital does exactly the opposite. If the baby was born prematurely and the mother is pumping, she will mark 'no' for this item, reasoning that the baby has not actually received any breast milk. This was based on her own rationale – she did not seek help on how to answer the question.

Note that this item requires some interpretation and interpretations can vary. As a result, the item is not capturing consistent information. But if birth clerks do not recognize that there may be several ways to interpret the item, they may never seek help on how to correctly address it, as was the case for the last respondent discussed above.

Principle source of payment for this delivery [Mother's Statistical Information section]

Only one issue was identified with this item. One birth clerk said that she can easily get this information from the face sheet, but occasionally she is not sure what to mark. For example, one mother had two types of insurance, her primary source was Medicare and her secondary was Medicaid. She recognized that the item asks for the primary source, so she marked 'other' and wrote in Medicare. However, she thought that because the mother also had Medicaid the state would want to know that. She was not sure if she took the correct action, but also did not call the state or reference the guidebook to confirm her interpretation.

All other birth clerks said that the information was easily obtained (from the face sheet or admission sheet).

First prenatal care visit, last prenatal visit, Total # of visits [Mother's Statistical Information section]

Information regarding prenatal care was reported as being incomplete in all 10 hospitals. This is because OB offices send prenatal records to hospitals before the mother has actually completed her prenatal care. Staff in high responsibility hospitals routinely call the OB's office to obtain the missing information. In four cases it was the birth clerk who calls the OB and in one case it was the nursing staff that calls.

This picture is more mixed for low responsibility hospitals. Three birth clerks said that if prenatal information is missing, they mark "unknown" on the worksheet – in other words, they do not try to obtain the information themselves because it is not part of their responsibility. One birth clerk said the mother is asked to provide the missing information, and one birth clerk does call the OB office. As one respondent said of missing prenatal care information, "That's the number one problem I have." For example, the worksheet may have a number in number of prenatal visits, but she never knows if it's accurate because date of last prenatal visit will be missing. She does not, however, call the OB office to obtain this information because the section is not seen as her responsibility.

Onset of labor [Medical and Health Information section]

Few issues were raised by respondents for this item. Those in low responsibility hospitals are not responsible for obtaining this information – it should already be on the worksheet, having been filled out by doctors or nurses. If they see that nothing is checked, three will call the doctors/nurses to fill it out, and two leave it as missing without attempting to find the information.

Birth clerks in high responsibility hospitals have to obtain this information themselves. Only one reported that it is the nurses' job to fill this out and she, therefore, does not check it. The other four birth clerks find the information in the labor and delivery summary of the medical record. Only one respondent said it can be difficult to answer this item if the doctor has not made complete notes. For example, sometimes doctors will not indicate the time labor started. Without the level of detail necessary to know for sure, the respondent said she marks 'none of the above.'

Infections present and/or treated during this pregnancy [Medical and Health Information section]

Few issues were raised by respondents for this item. Those in low responsibility hospitals are not responsible for obtaining this information – it should already be on the worksheet, having been filled out by doctors or nurses. If they see that nothing is checked, three will call the doctors/nurses to fill it out, and two leave it as missing.

Birth clerks in high responsibility hospitals have to obtain this information themselves. Only one reported that it is the nurses' job to fill this out and she doesn't check it. The other four find the information in the intake sheet or the prenatal record. One respondent did say it can sometimes be hard to know what was treated because only the prescription drug the mother was given is recorded – not the condition itself. In that case she will have to call the OB's office to find out what was being treated and see if the condition should be included under this item.

Characteristics of labor and delivery [Medical and Health Information section]

Few issues were raised by respondents for this item. Those in low responsibility hospitals are not responsible for obtaining this information – it should already be on the worksheet, having been filled out by doctors or nurses. If they see that nothing is checked, three will call the doctors/nurses to fill it out, and two will simply leave it as missing.

Birth clerks in high responsibility hospitals have to obtain this information themselves, and it is often not straightforward. They usually look for the information in multiple places, including the labor and delivery summary, nurses' notes, doctor's orders or the baby's chart. Sometimes it's still not clear. For example, one respondent said that "there's a fine line between 'was she in slow labor or was she not?'" In those cases, some judgment on the part of the birth clerk has to be made.

Only one birth clerk reported that it is the nurses' job to fill this out and she doesn't need to check it. If it's blank, she calls the nurses.

Obstetric procedures [Medical and Health Information section]

Few issues were raised by respondents for this item. Those in low responsibility hospitals are not responsible for obtaining this information – it should already be on the worksheet, having been filled out by doctors or nurses. If they see that nothing is checked, three will call the doctors/nurses to fill it out, and two leave it as missing.

Birth clerks in high responsibility hospitals have to obtain this information themselves and did not report many problems doing so. They find this information on the labor and delivery sheet, the assessment sheet or the prenatal record. Only one reported that it is the nurses' job to fill this out and she does not need to check it. If it's blank, she calls the nurses.

Congenital abnormalities, Abnormal conditions, Maternal morbidity [Medical and Health Information section]

Few issues were raised by respondents for these items. Those in low responsibility hospitals are not responsible for obtaining this information – it should already be on the worksheet, having been filled out by doctors or nurses. If they see that nothing is checked, three will call the doctors/nurses to fill it out, and two leave the items as missing without checking into it further.

Three birth clerks in high responsibility hospitals have to obtain this information themselves. They find the information in either the labor and delivery summary or in the baby's chart. One respondent said it can sometimes get confusing. For example, sepsis might need clarification. The chart might say that the mother received antibiotics, but will not say why. When this happens, she has to call the doctor. Two respondents reported that it is the job of the nurses or doctors to complete these items. If they are blank, the birth clerks tags the items for the nurses/doctors to finish – they do not attempt to do so themselves.

Issues raised by the respondent:

Respondents did not raise many issues beyond the ones discussed already. However, one respondent brought up the issue of social desirability with certain items not covered in the interview, for example the smoking item and “other pregnancy outcomes”. Like other items that are obtained from multiple sources, she sometimes encounters contradictory information about smoking and previous outcomes like abortions. The prenatal record will say one thing and the mother will say another. The respondent said “nothing is etched in stone” and that “moms lie” when it comes to certain things. To minimize this she always interviews the mother in private, without any other family members around (including the father), with the goal of getting the most honest answer possible.

Finally, two respondents expressed difficulty meeting the submission deadline for each birth certificate. One respondent finds that the doctors are not always good about getting their portion done on time. She calls the nurses to get them to prompt the doctors, but sometimes she still does not make the deadline. To help improve her time, she now delivers the birth certificates to the town clerk by hand instead of mailing them like she used to. This saves her two to three days. Another birth clerk said it is difficult to meet the deadline when babies are born prematurely. Because those babies are in the hospital for longer, information on them is not available as soon as it is for other babies and she cannot submit the birth certificate information on time.

APPENDIX B

One interview was conducted with an OB nurse. In this hospital, she is the nurse responsible for collecting all the birth certificate worksheets and ensuring they are complete before sending them to the birth clerk. The only responsibility of the birth clerk is to enter the data into the EBC system. Two nurses, the delivering nurse and the discharge nurse, are responsible for completing many items on the birth certificate worksheets, but sometime they miss items and the OB nurse has to complete them.

Additionally, there are some items that the respondent has primary responsibility for. Some items on the worksheet can be completed prior to the birth because the prenatal records come to the hospital between 15 and 20 weeks. This is the stage at which the OB nurse first begins to fill out the mother's worksheet. When the mother is between 28 and 32 weeks pregnant, she comes into the hospital for a prenatal interview with the OB nurse (i.e., the respondent). The respondent conducts the interview, having mothers fill out the items that won't change between now and the birth. During the prenatal interview she will also confirm with the mother information obtained from the prenatal record. Also, if something looks "off" in the prenatal record, the respondent will ask the mother. This is especially true of date of last normal period. Once the mother is admitted and the delivery occurs, the delivering nurse and discharge nurse complete the rest of the worksheet.

The respondent's perspective is that "every box has to be done." About 30% of the time, she has to fill in blank fields. She said this isn't bad. It used to be that doctors were supposed to do it and they "weren't very good about it". She said the nurses are much better.

Specific Items:

gestation – Either the discharge nurse or the respondent will fill this out. The info is in the prenatal record. Mostly, it's there. Otherwise, the respondent uses the delivery due date and the "wheel" to estimate the number if it is missing in the prenatal record.

source of payment – The respondent usually gets this from the admission sheet on the mother's medical chart. No reported problems.

last period – This can be found in the prenatal record. But it might not be there, and the mother might not know (when asked during her prenatal interview). If this is the case, the respondent still fills it out by looking at the date of her last ultrasound and figuring the last period from there. The respondent said she can also call the OB office if she needs to (however, this is not what she usually does). She said about 20% of the time she has to figure it out because it's not in the prenatal record and the mother doesn't know.

risk factors – Information on infertility treatments will be in either the prenatal record, or the mother will tell the respondent during the prenatal interview. The respondent said that Cesarean information is always clearly documented in the mother's medical record and she never has a problem with that.

infections – This is found in the prenatal record. Never a problem.

method of delivery – The trial of labor info is usually filled out by the delivering nurse. If not, R can find it in the L&D summary, the discharge summary, or the nurses notes.

first visit – this will be in the prenatal record. R will ask the mom if the hospital can't get into the medical records on the weekend. But usually the OB office's will fax records to them on Friday for any moms who may deliver over the weekends so that the hospital has what they need.