

Electronic Birth Registration Birth Certifier

Data, Research, and Vital Statistics (DRVS)

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Topics

- DAVE Birth Registration Process
- Enrollment and Requirements
- Review of processes and how to file
 - Live Birth
 - Fetal Death and Miscarriage
 - Paternity
- Summary of Processes
- Links to training for DAVE
- Contacts and Resources



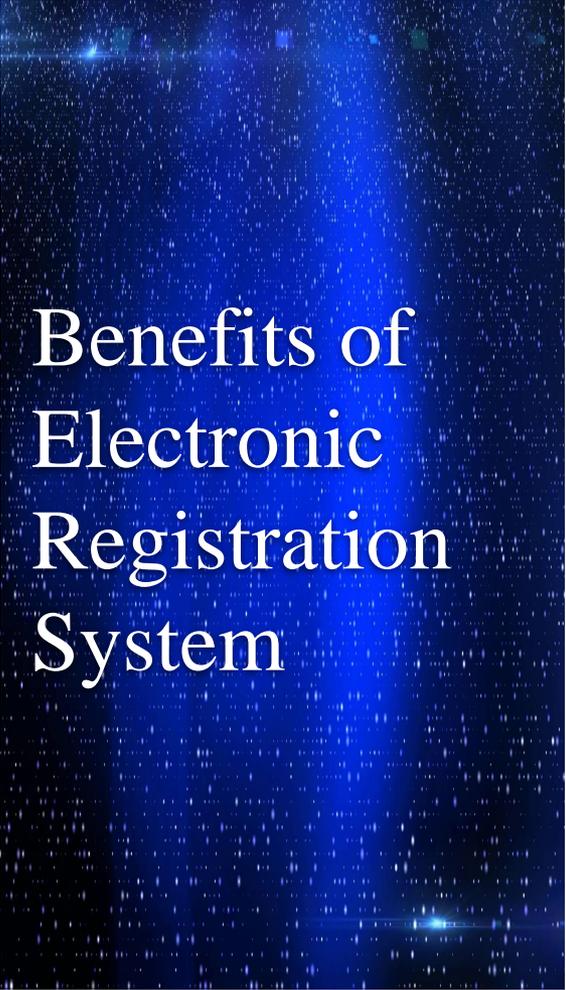
Database Application for Vital Events

Maine's Database Application of Vital Events

- DAVE is the Database Application for Vital Events
- Used by Data, Research, and Vital Statistics (DRVS) for storing vital records
- DAVE consists of three modules
 - EDRS- Electronic Death Registration System
 - EBRS- Electronic Birth Registration System
 - EMRS- Electronic Marriage Registration System

Implemented in 2010, DAVE currently houses electronic records for all deaths, births and marriages

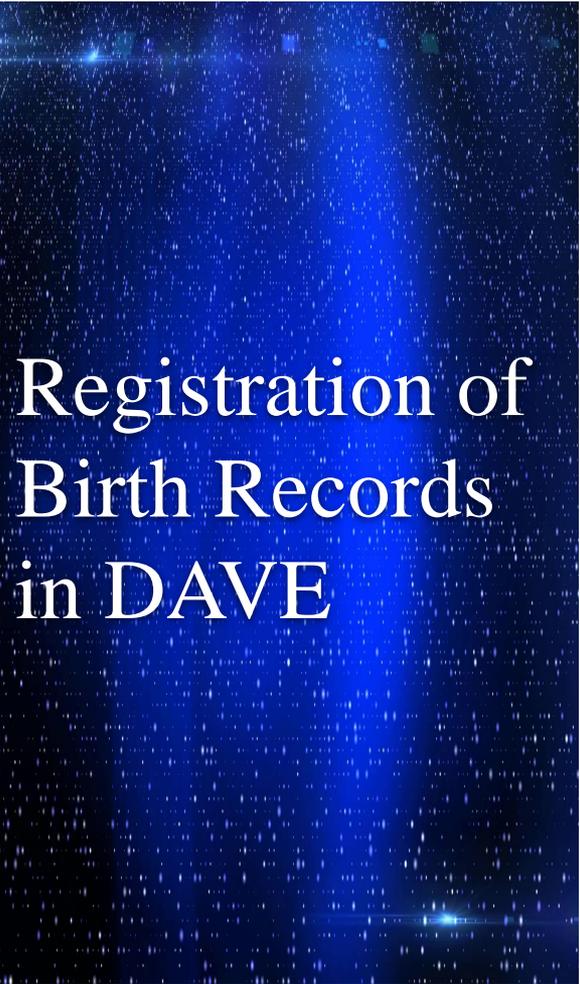
- Births have been registered in DAVE from September 1995 to present
- Deaths have been registered in DAVE from January 2011 to present (some 2010)



Benefits of Electronic Registration System

Benefits of using our Electronic Registration System include:

- Enables faster registration of Vital Records, which speeds up turnaround time for obtaining certified copies for families
- Improving fraud prevention by using electronic authentication
- Improves timeliness and quality of data by promoting uniformity in statistics
- Saves time and effort for the users



Registration of Birth Records in DAVE

Step 1:

Birth Case information from the medical and parent worksheets is entered into DAVE and “affirmed” by the certifier

Step 2:

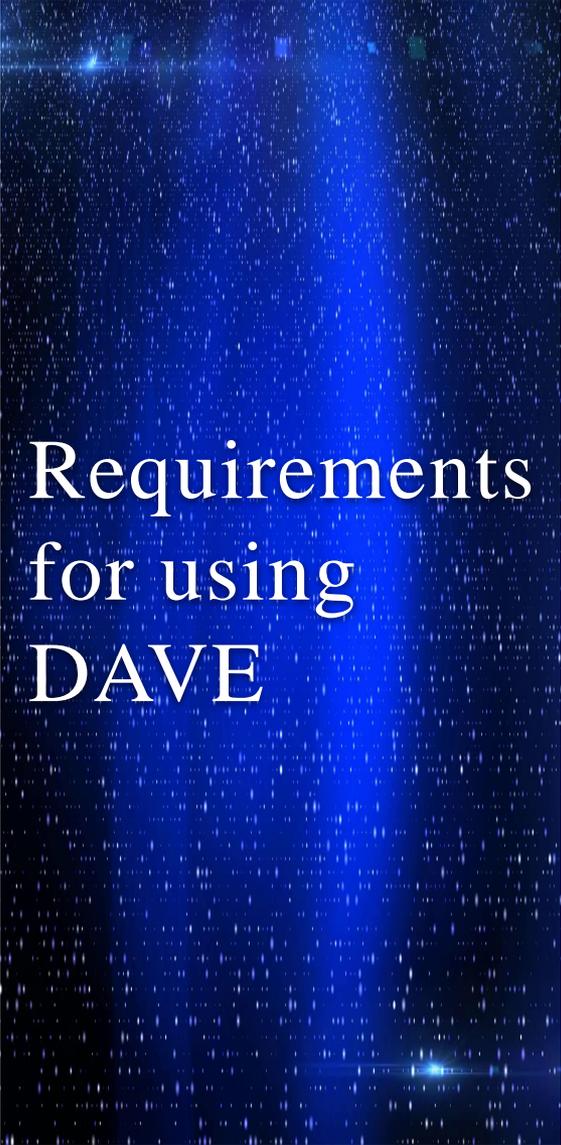
Cases without an Acknowledgement of Paternity associated with them are automatically registered with the State of Maine

OR

Cases with an Acknowledgement of Paternity are reviewed by DRVS staff and, if approved, are registered with the State of Maine

Step 3:

Once a birth record is registered in Maine it becomes the official birth record



Requirements for using DAVE

To receive a login to register birth cases electronically in DAVE:

1. Enrollment Form
 - Complete the DAVE enrollment form and sign the Confidentiality and Non-Disclosure Agreement submit form for approval

OR

- Some facilities may have an EBRIS Administrator onsite that may provide health care providers with a username and password
2. Technology Requirements:
 - A working phone
 - Laptop or desktop computer
 - Internet connectivity
 - Operating Systems: Windows 2000; Windows XP; Vista; Windows 7; Windows 8; and (Windows 10 with supported browsers of IE 11, Chrome or Firefox)
 - Browsers: Internet Explorer 6 SP2 through Internet Explorer 11; Chrome V26; and Firefox V20
 - Adobe Acrobat Reader 5.0 to 9.0 (to view and print forms and reports)

Browsers not supported: Netscape Navigator and Safari

DAVE Enrollment Form for Birth Certifiers & Staff

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
220 Capitol Street
Augusta, Maine 04333-0011
Tel: (207) 287-5500; Toll Free: (888) 664-9491
TTY: Dial 711 (Maine Relay); Fax (207) 287-5470

DAVE Enrollment Form for Birth Certifiers & Staff (Database Application for Vital Events)

FAX Enrollment Form to 207-287-2681

Please print the following information clearly and **COMPLETELY**.

Please place a checkmark on the method of training you have received.

Online Training Web-ex Training On-Site Training

To be completed by health care provider or hospital/institution staff:

Name: _____
(First) (Middle) (Last)

Health Care Provider's NPI Number: _____ Do not have a Health Care Provider NPI Number

Hospital or Institution Name(s): _____
 Check if affiliated with multiple hospitals or institutions and list them on this sheet.

Hospital or Institution's NPI Number: _____ Do not have a Hospital or Institution NPI Number

Phone: _____ Fax: _____ Email: _____

Street Address: _____

City/Town: _____ County: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City/Town: _____ County: _____ State: _____ Zip: _____

Signature of Participant: _____
(I certify that the above information is true and correct to the best of my knowledge.)

Witness Signature: _____ Print Name: _____

Check the box next to your user type/EBRS role and your title: (*Indicates Certification Role)

- | | |
|--|---|
| <input type="checkbox"/> MD* | <input type="checkbox"/> Health Information Clerk* |
| <input type="checkbox"/> DO* | <input type="checkbox"/> Health Information Supervisor* |
| <input type="checkbox"/> Registered Nurse (RN)* | <input type="checkbox"/> Hospital Administrator* |
| <input type="checkbox"/> Certified Nurse Midwife (CNM)* | <input type="checkbox"/> Maternity Unit Clerk* |
| <input type="checkbox"/> Certified Midwife (CM)* | <input type="checkbox"/> Maternity Unit Supervisor* |
| <input type="checkbox"/> Certified Professional Midwife (CPM)* | <input type="checkbox"/> Other _____ |

Electronic Registration System (DAVE) Confidentiality and Non-Disclosure Statement

The State of Maine has implemented an electronic death registration system (EDRS). This secure, web-based system will enable the multiple parties involved in producing death certificates (funeral directors, health care providers, and medical examiners) to electronically access records and enter critical information. For deaths that occur after deployment of the system, municipalities with internet access will be able to use the system to print copies of death certificates for their customers. The Chief Information Officer (CIO) is by law, responsible for safeguarding computerized information for the State of Maine. The CIO has determined that individuals who use State of Maine computer resources directly, or who may otherwise have access to computerized information of the State of Maine, be advised of the following:

- Any USERID and password issued to you is for your exclusive personal use only, and must not be divulged to anyone.
- You may use State of Maine computer resources for business purposes only and only through those processes/programs specifically authorized to you by the Bureau of Information Services or its agent(s).
- Title 17-A Section 432 MRSA states: "A person is guilty of criminal invasion of computer privacy if the person intentionally accesses any computer resource knowing that the person is not authorized to do so."
- Title 17-A Section 433 MRSA states: "A person is guilty of aggravated criminal invasion of computer privacy if the person: A. Intentionally makes an unauthorized copy of any computer program, computer software or computer information, knowing that the person is not authorized to do so; B. Intentionally or knowingly damages any computer resource of another person, having no reasonable ground to believe that the person has the right to do so; or C. Intentionally or knowingly introduces or allows the introduction of a computer virus into any computer resource, having no reasonable ground to believe that the person has the right to do so."

Individuals having access to computerized information belonging to the State of Maine are required to read and sign a copy of this statement indicating their acknowledgment and understanding of it.

By signing this document, I hereby agree to abide by all Maine laws and regulations regarding the creation, submission or issuance of death and/or birth certificates during my use of the Database Application for Vital Events (DAVE). I understand that every individual who is authorized to access EDRS/EBRS holds a position of trust relative to this information and must recognize the responsibilities entrusted to him/her in preserving the security and confidentiality of this information.

Signature _____ Date _____

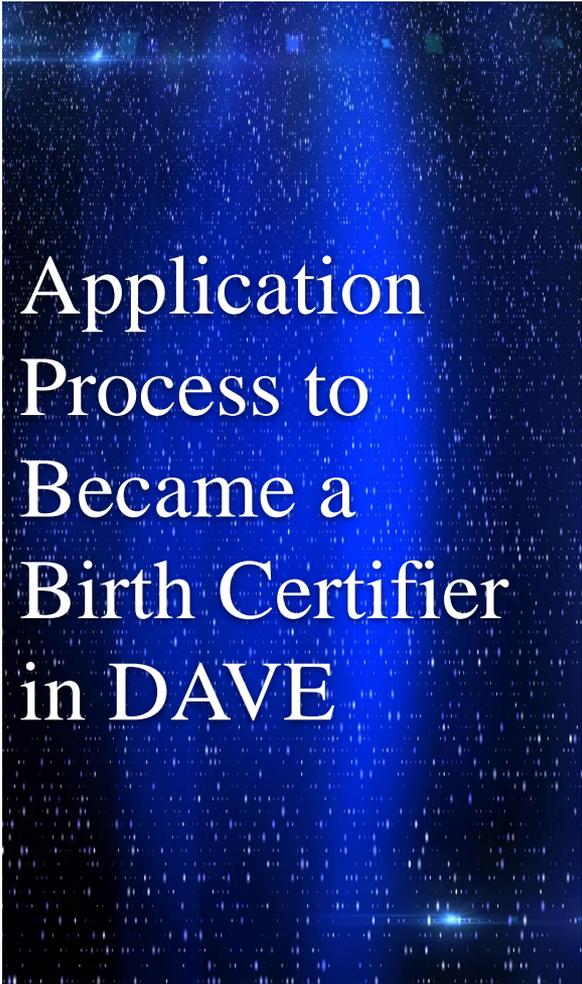
Name (Printed or Typed) _____ Name of Medical Establishment _____

Maine State Office Use Only

I attest that the information presented by the above-named participant, and that to the best of my knowledge, the participant is eligible to sign or certify vital records in Maine.

Account Created on _____ Signature of State Official _____

- Setup in EDRS Sent login email Added to participant list



Application Process to Became a Birth Certifier in DAVE

- Some facilities may have an EBRIS Administrator onsite that may provide health care providers with a username and password

OR

- **Download and print the enrollment form** available on Maine.gov website at: <https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/edrs/documents/pdf-files/med-cert-birth-DAVE-enrollment-form.pdf>
- Fill out both pages of the form completely, including signing the Confidentiality and Non-Disclosure statement on page 2
- The completed forms should be:
 - **Faxed** to Office of Vital Records, 207-287-2618

OR

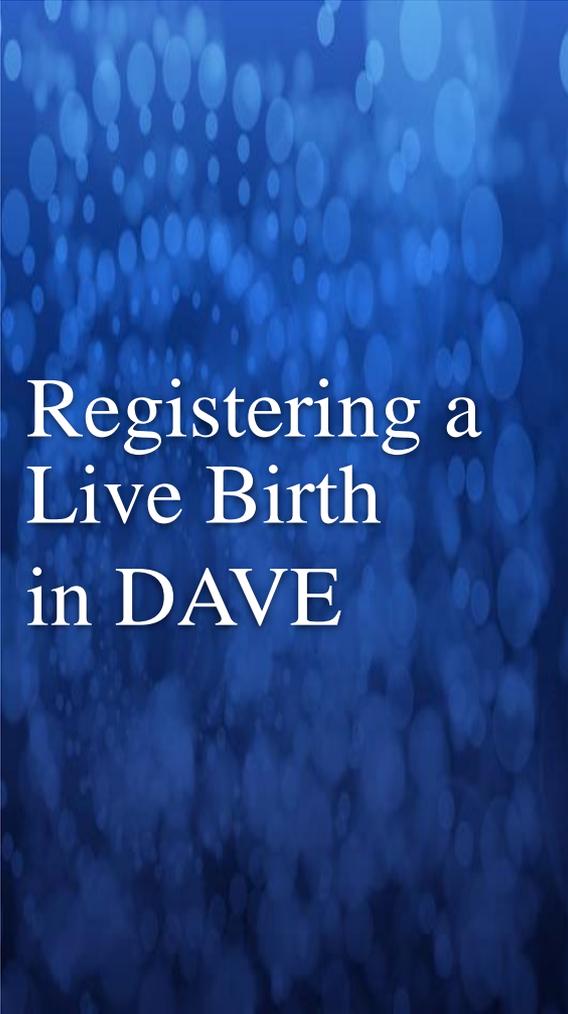
- **Emailed** to EDRS.DHHS@Maine.gov
- The form is reviewed, and if approved an email will be sent out with login information for DAVE

Report of a Live Birth

Live Birth- Model Law Definition*

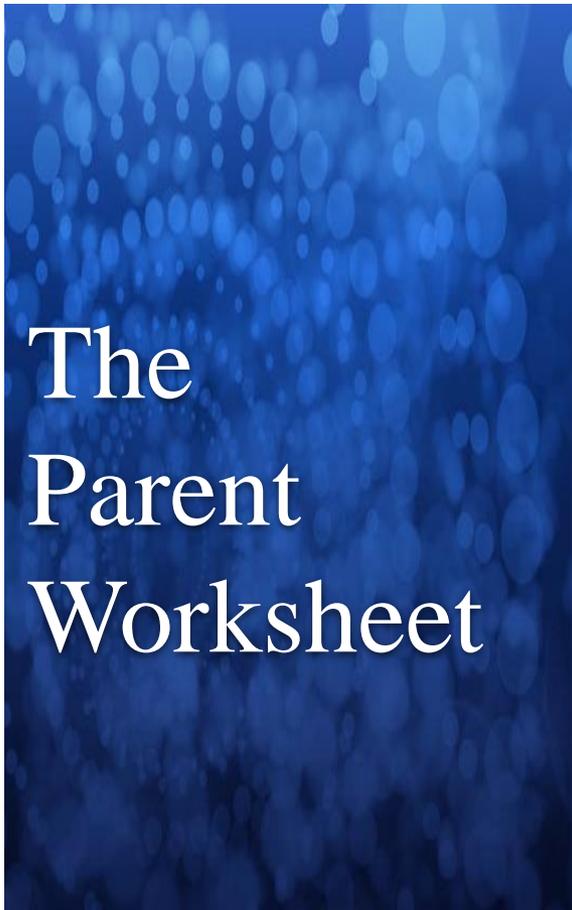
The complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, **after such expulsion or extraction, breathes, or shows any other evidence of life** such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

**Model State Vital Statistics Act and Regulations. Consistent with WHO definition*



Registering a Live Birth in DAVE

- Births occurring within an institution should be entered in DAVE within **2 days** of the birth
- Births occurring outside an institution should be **filed** within 7 days
- Once filed and registered with the State, the birth record becomes a permanent record of the birth
- Any changes to the birth record after it is registered must be done through an official amendment process and the change becomes permanent
- The Facility/Provider is responsible for permanently retaining original copies of the Parent and Medical Worksheets on file
OR
- Attaching legible copies of the Parent and Medical Worksheets to the birth case in DAVE



The Parent Worksheet

- Is **completed by the parent(s)** at the time of birth
- Information from the Parent Worksheet is entered electronically in DAVE exactly as it is reported on the parent worksheet
- Current version of the Parent Worksheet (*HCP_VS1C*) is available in DAVE/Forms/Print Forms
- Original copies of the Parent worksheet are permanently retained by the facility/provider
OR
- By attaching a legible copy of the Parent Worksheet to the Birth Record in DAVE

Parent Worksheet for Birth Certificate

Information on the Parent Worksheet includes:

- Child's information
- Parent(s) address and demographics
- Legal relationship of the parents
- Birth mother's health
- Prenatal information
- Social Security Number authorization
- Gender Marker Field

NEW



Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

Maine Center for Disease Control and Prevention (Maine CDC)
220 Capitol Street
11 State House Station
Augusta, Maine 04333-0011
(207) 287-3771
Fax: (207) 287-1093 TTY Users: Dial 711 (Maine Relay)

State of Maine
Parent Worksheet for Birth Certificate

Case Number: _____

Instructions: Please print plainly with ink. Every item should be carefully completed. The newborn's birth certificate will be prepared from the information on the form. Changes or corrections to the certificate will require a legal procedure. The parent or other informant should complete and sign this worksheet.

Child	1. Child's First Name	2. Middle Name	3. Last Name	4. Suffix (Jr., etc.)
	5. Do you want a social security number furnished for your new baby? The advantage of applying for a social security number at birth means that you will not have to visit a social security office in person or furnish evidence to the Social Security Administration. I hereby authorize the State to disclose names, residence, sex and date of birth to the Social Security Administration <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mother/Parent	6. Mother/Parent First Name	7. Middle Name	8. Last Name	9. Suffix (Jr., etc.)
	10. Mother/Parent Name (Prior to first marriage)			
	11. Date of Birth (mm/dd/yy)	12. Social Security Number (or foreign country)		
	14. Mother/Parent Residence Address (Street, city, state, zip)			
	15. Mother/Parent Mailing Address (Street, city, state, zip)			
	16. Mother's Phone Number			
	17. Education <input type="checkbox"/> 8 th Grade <input type="checkbox"/> 9 th - 12 th Grade <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree, MA, MS, MEng, MEd, MSW, MBA <input type="checkbox"/> Master's Degree, Ph.D, EdD or Professional Degree, MD, DDS, DVM, LLB, JD <input type="checkbox"/> Unknown			
	18. Ancestry (Mother/Parent) (Check the box that best describes whether the mother/parent is of Non-Hispanic origin or Hispanic origin.) If Non-Hispanic (All Non-Hispanic (e.g., Italian, African, American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.)) <input type="checkbox"/> Non-Hispanic (Specify) _____ If Hispanic (Check one box below and <u>print</u> specify if required) <input type="checkbox"/> Mexican, Mexican American, Chicana <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican If Other (Must specify) <input type="checkbox"/> Other Spanish/Hispanic/Latino (e.g., Spaniard, Salvadoran, Columbian) (Specify) _____			
	19. Race - American Indian, Black, White, etc. (Specify) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Specify) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused			

NOTE: The worksheets are set up to reflect the data entry process in DAVE

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Entering Gender Options on the Parent Worksheet and in DAVE

NEW

Parent Worksheet

- Bottom of page 2
- Questions 43 to 47
- If a gender option is NOT selected, this section is left blank
- Both parents MUST sign if gender is “X”

Gender Marker	43. Gender Markers on Birth Records. At the time the birth record is created, the parent(s) may opt for an X designation for sex on the child's birth certificate. The parent(s) listed on the birth certificate must demonstrate mutual consent by signing the birth worksheet below. <i>IF YOU DO NOT OPT FOR A GENDER DESIGNATION DIFFERENT FROM THE CHILD'S BIOLOGICAL SEX, PLEASE STOP HERE.</i> Please check the box below and complete items 44 through 47 to opt for an X designation for sex on the child's birth certificate.			
	<input type="checkbox"/> “X” (marker includes nonbinary, intersex and unspecified)			
44. Mother/Parent Signature	45. Date Signed (mm/dd/yyyy)	46. Father/Parent Signature	47. Date Signed (mm/dd/yyyy)	
The requirement that both parents sign the birth worksheet may be waived upon a showing of good cause made to the State Registrar in writing. Good cause may be established by demonstrating that the other parent is deceased, cannot be located, or has abandoned the child as evidenced by legal documentation showing the applicant has sole parental rights and responsibilities (19-A §1501), or is otherwise unable to provide a signature. If the State Registrar is satisfied that good cause has been shown, then the birth record may reflect nonbinary X as the gender marker without the absent parent's signature.				

In DAVE

Section: Child

If gender option ‘X’ is selected then:

Field: Sex= X

AND

Field: Sex (Biological)= biological sex of child (male/female/unknown)

****DO NOT enter “X” in Sex(Biological)**

If gender option “X” is NOT selected:

Field: Sex= Biological sex of child

Field: Sex(Biological)= BLANK

Child

Child's Name

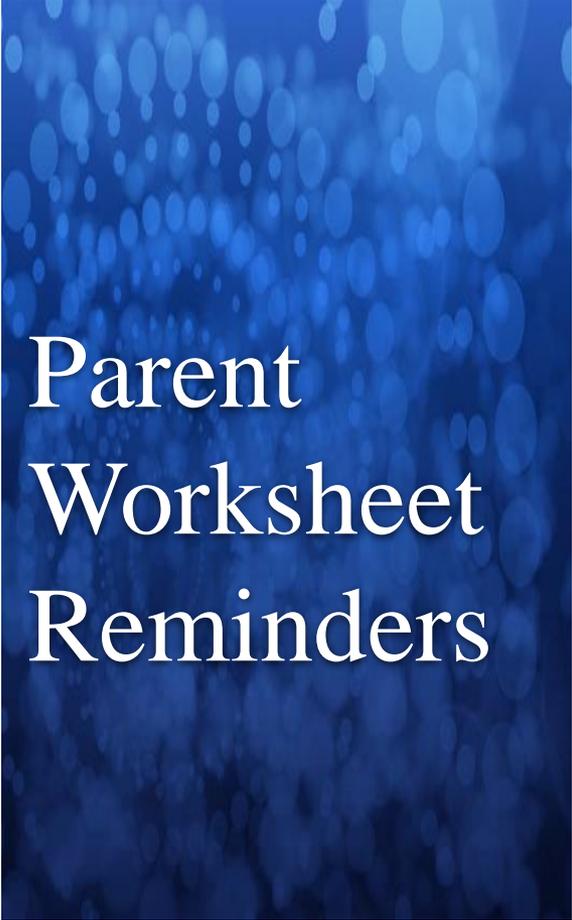
No Given Name

First Middle Other Middle Last Suffix

Date of Birth Time of Birth Sex ← Enter Male Female or "X" here

Request SSN for Child

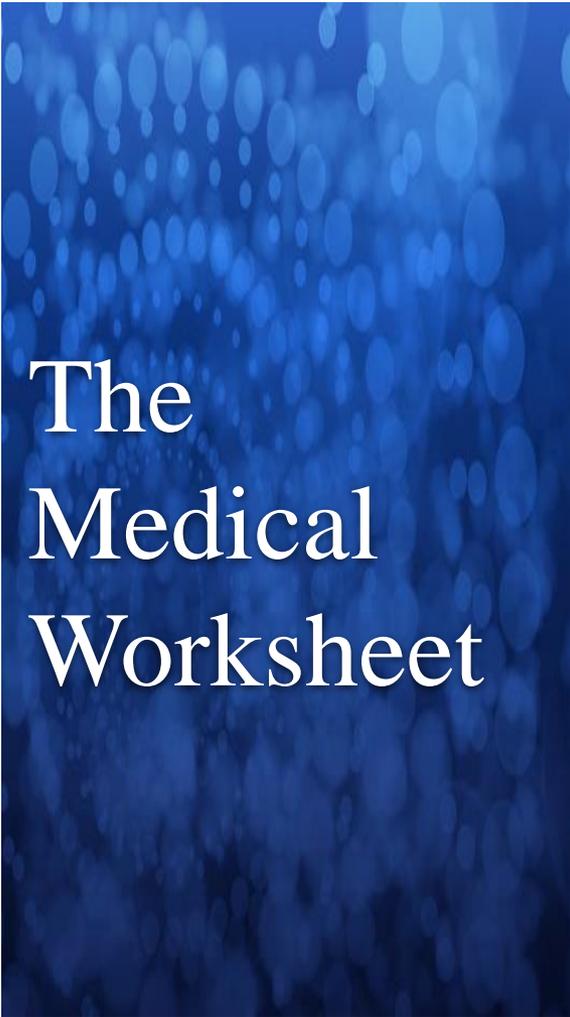
Sex (Biological) ← If gender option "X" is selected, enter BIOLOGICAL sex here



Parent Worksheet Reminders

Please remind parents to:

- Read the cover sheet carefully
- Write clearly and review the information
- Provide precise and correct information
- If choosing the gender option “X”, both parents **MUST** sign sections 44 through 47 on the Parent Worksheet
- Sign the worksheet



The Medical Worksheet

- Completed by the Facility Staff, or Midwives, **not the parents**
- Information from the Medical Worksheet is entered electronically into DAVE
- Medical Worksheet (*HCP_VSID*) is available in DAVE/Forms/Print Forms
- Original copies of the Medical Worksheet are retained permanently by the facility/provider
OR
- Attaching legible a copy of the Medical Worksheet to the Birth Record in DAVE

Medical Worksheet for Birth Certificate

- Medical and health information for the mother
- Prenatal information
- Pregnancy factors
- Labor and Delivery information
- Newborn factors
- Hearing screening
- Immunizations
- COVID-19 status of mother: positive or suspected positive

NEW

State of Maine
Medical Worksheet for Birth Certificate

Mother's Medical Record Number _____ Case Number _____

1. Child's Name (First, middle, last, suffix) _____

2. Date of Birth _____ 3. Time of Birth AM PM Missing _____ (Unknown)

4. Type of Place of Birth
 Hospital Home Birth
 Free-standing Birthing Center Home Birth Planned

5. Facility Name (If not an institution) _____

6. Facility Address _____

7. Mother's Weight at Delivery (Pounds) _____

8. Mother's Height at Delivery (Inches) _____

9. Mother's Smoking Status (Enter either the number of cigarettes or the number of packs of cigarettes per day)
 First Three Months of Pregnancy: _____ Second Three Months of Pregnancy: _____ Last Trimester of Pregnancy: _____

10. No. of Cigarettes (Per day) _____ No. of Packs (Per day) _____

11. No. of Packs (Per day) _____

12. No. of Packs (Per day) _____

13. Total Number of Previous Live Births (do not include this child)
 Now Living: _____ Now Dead: _____
 Date of Last Live Birth: _____ (mm/yyyy)

14. Total Number of Previous Pregnancy Outcomes (Spontaneous or induced losses or ectopic pregnancies)
 Other Outcomes (Number): _____
 Date of Last Other Pregnancy Outcome: _____ (mm/yyyy)

15. No Prenatal Care 16. Date of First Prenatal Care Visit (mm, dd, yyyy) _____ 17. Date of Last Prenatal Care Visit (mm, dd, yyyy) _____ 18. Total Number of Prenatal Care Visits _____

19. Pregnancy Factors / Risk Factors for This Pregnancy (Check all that apply)

<input type="checkbox"/> Pre-Pregnancy Diabetes	<input type="checkbox"/> Previous Pattern Birth
<input type="checkbox"/> Gestational Diabetes	<input type="checkbox"/> Other Previous Poor Pregnancy Outcomes
<input type="checkbox"/> Alcohol Dependency	<input type="checkbox"/> Mother Had a Previous Cesarean Delivery (If yes specify how many) _____
<input type="checkbox"/> Drug Dependency	<input type="checkbox"/> Multifetal Gestation
<input type="checkbox"/> Group B Strep	<input type="checkbox"/> Pregnancy Resulted from Infertility Treatment (If yes, check all that apply)
<input type="checkbox"/> Hypertension:	<input type="checkbox"/> Fertility-enhancing drugs, artificial insemination or intralutal insemination
<input type="checkbox"/> Pre-Pregnancy (Chronic)	<input type="checkbox"/> Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intralutal transfer (GIFT))
<input type="checkbox"/> Gestational (GDM, Preeclampsia)	<input type="checkbox"/> None of the Above
<input type="checkbox"/> Gestational (GDM, Preeclampsia)	

20. Infectious viruses and/or treated during this pregnancy (check all that apply)

<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella
<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Toxoplasmosis
<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Unknown	<input type="checkbox"/> Confirmed
<input type="checkbox"/> None of the Above		<input type="checkbox"/> Suspected

21. Obstetric Procedures (Check all that apply)

<input type="checkbox"/> Cervical Cerclage	<input type="checkbox"/> External Cephalic Version-Successful	<input type="checkbox"/> Unknown
<input type="checkbox"/> Tocolytic	<input type="checkbox"/> External Cephalic Version-Failed	<input type="checkbox"/> None of the Above

22. Usual of Labor (Check all that apply)

<input type="checkbox"/> Artificial Rupture of Membranes	<input type="checkbox"/> Prolonged Labor (≥ 20 hours)	<input type="checkbox"/> Spontaneous Labor	<input type="checkbox"/> None of the Above
<input type="checkbox"/> Premature Rupture of the Membranes	<input type="checkbox"/> Precipitous Labor (< 3 hours)	<input type="checkbox"/> Unknown	

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Where to Enter Information Regarding Covid-19 Status in Mothers

NEW

On the Medical Worksheet

Question 22:

Infections Present and/or Treated during this Pregnancy

22. Infections Present and/or Treated during This Pregnancy (Check all that apply)

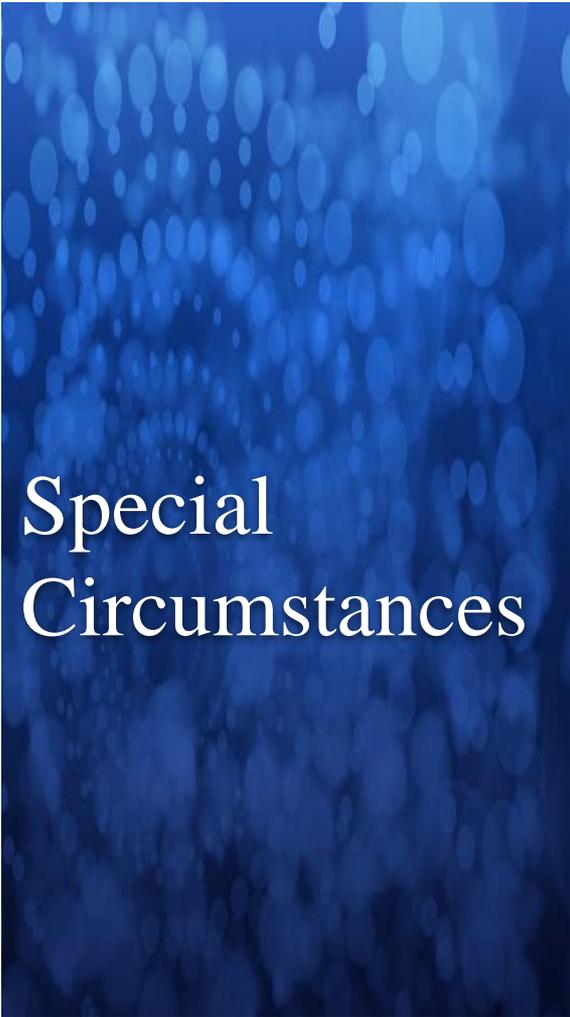
<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella
<input type="checkbox"/> Group B Strep	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	<input type="checkbox"/> COVID-19
<input type="checkbox"/> Syphilis	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Toxoplasmosis	___ Confirmed
<input type="checkbox"/> Herpes Simplex Virus (HSV)	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Tuberculosis	___ Suspected
<input type="checkbox"/> None of the Above	<input type="checkbox"/> Unknown		

In DAVE

Section: Pregnancy Factors

Sub-section: Obstetric Procedures

The screenshot shows the DAVE system interface. On the left, a sidebar menu has 'Pregnancy Factors' highlighted with a red arrow. The main content area displays several sections: 'Pre-pregnancy hypertension (Chronic)', 'Cesarean Delivery', and 'Prenatal reproductive history (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))'. Below these is the 'Infections Present and / or Treated During this Pregnancy (Check all that apply)' section, which lists various infections with checkboxes. The 'Obstetric Procedures (Check all that apply)' section follows, listing procedures like 'Cervical cerclage' and 'External cephalic version-successful'. At the bottom, the question 'During Pregnancy Did Mother Contract Covid-19?' is shown with a dropdown menu currently set to 'Confirmed Suspected', indicated by a red arrow. At the bottom right, there are buttons for 'Validate Page', 'Next', 'Clear', 'Save', and 'Return'.



Special Circumstances

“When a birth occurs en route to an institution or is attended in an institution immediately following the birth, it shall be registered by the institution.”

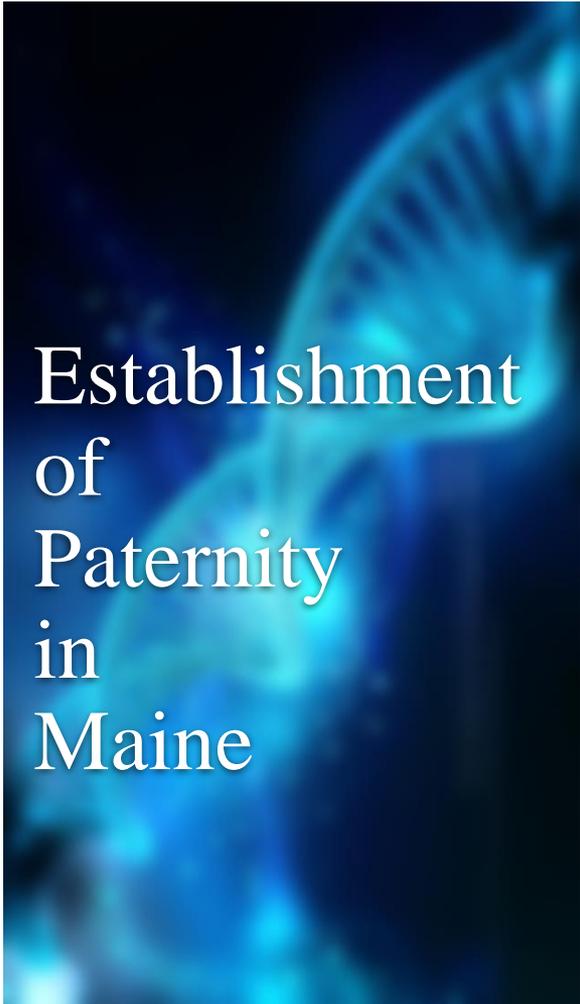
Section 4(A) subsection 2 of 10-146 CMR Ch. 10 rule

An institution is any establishment, public or private, which provides inpatient or outpatient birthing services

Title 32 §2205-B(5) Chapter 10 Section 1(E)



Establishing Paternity



Establishment of Paternity in Maine

Each institution must provide to each unmarried mother and alleged father, if present, pamphlets or other written information provided by the Department of Human Services about paternity establishment and the form used to voluntarily acknowledge paternity

Title 19-A, Chapter 61: Maine Parentage Act- 19-A MRS, c. 61 (§§1831-1939)

Acknowledgement of Paternity (AOP)

- AOP form may be completed, and filed with the state of Maine at any time after the birth, up until the child reaches the age of 18 years
- The AOP must be legible, signed by both parents and notarized
- When a legible, properly completed AOP is received by DRVS, the father/parent will be added to the child's Certificate of Live Birth
- AOP Form Is available in DAVE/Forms/Print Forms (HCP_VS27A) and on DRVS's website:

<https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/documents/pdf-files/Acknowledgment-of-Paternity-VS27-A.pdf>



Maine Center for Disease Control and Prevention
An Office of the
Department of Health and Human Services

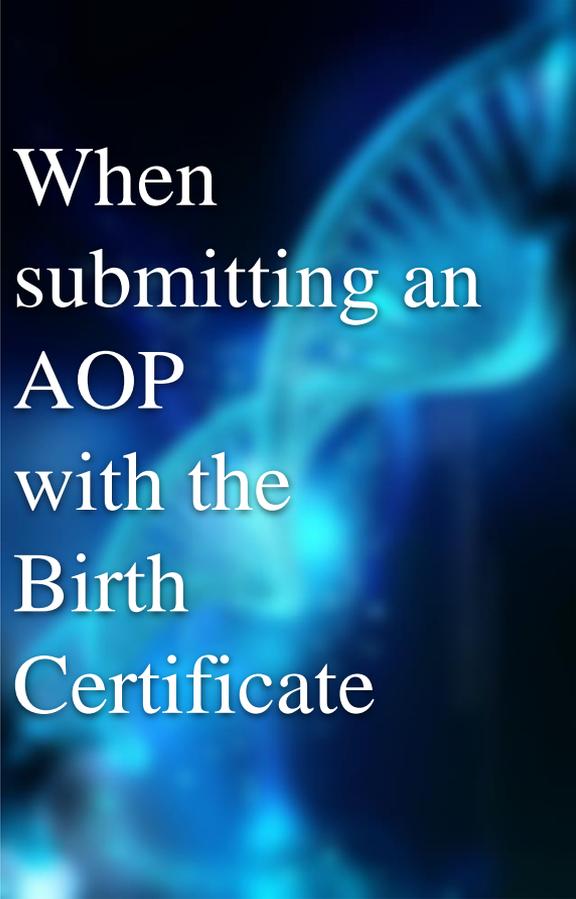
Maine Center for Disease Control and Prevention (Maine CDC)
220 Capitol Street
11 State House Station
Augusta, Maine 04333-0011
(207) 287-3771
Fax: (207) 287-1093 TTY Users: Dial 711 (Maine Relay)

ACKNOWLEDGMENT OF PATERNITY (AOP)
(Please type or print clearly in black ink.)

Check where signed: Hospital Division of Support Enforcement and Recovery (DSER) Office of Data, Research, and Vital Statistics (DRVS) Other

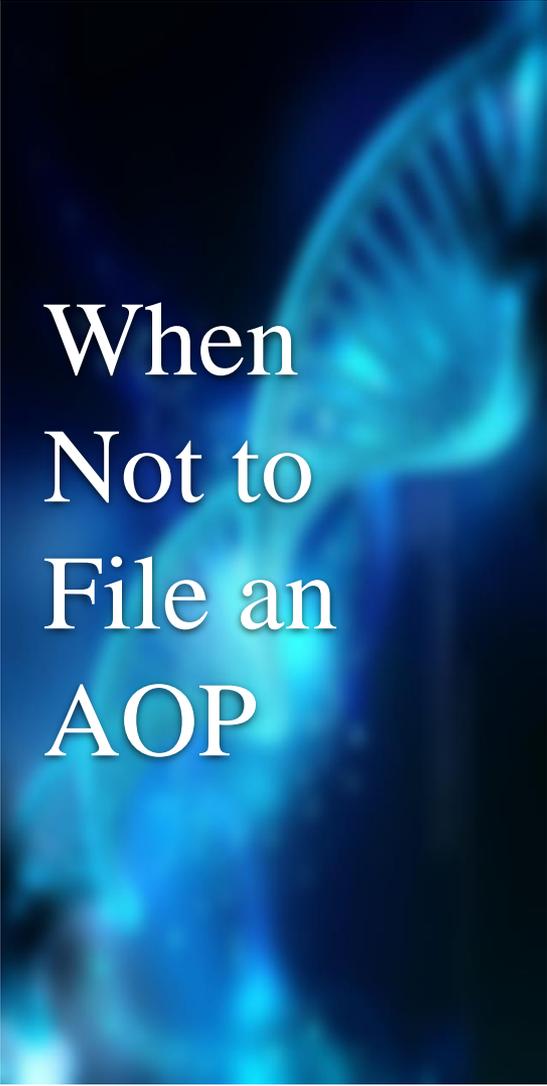
CHILD	1. Child's Name (First, middle, other middle, last, suffix)		2. Date of Birth (mm/dd/yyyy)	3. Sex
	4. Place of Birth (City or town)	5. County of Birth	6. Type of Place of Birth <input type="checkbox"/> Hospital <input type="checkbox"/> Free-standing Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Birth <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) _____	
	7. Facility Name (If not an institution, give street and number)		8. Facility Address (Street and number, city/town, state, zip code)	
MOTHER	9. Mother/Parent Current Legal Name (First, middle, last, suffix)		10. Mother/Parent Name Prior to First Marriage (First, middle, last, suffix)	
	11. Date of Birth (mm/dd/yyyy)	12. Birthplace (State, Territory, or Foreign Country)	13. Social Security Number (xxx-xx-xxxx)	
	14. Mother/Parent Residence Address (Street and number, city/town, state, zip code)			
	15. Father/Parent Current Legal Name (First, middle, last, suffix)		16. Father/Parent Name Prior to First Marriage (First, middle, last, suffix)	
	17. Date of Birth (mm/dd/yyyy)	18. Birthplace (State, Territory, or Foreign Country)	19. Social Security Number (xxx-xx-xxxx)	
	20. Father/Parent Residence Address (Street and number, city/town, state, zip code)			
FATHER	EDUCATION (Highest grade completed at time of child's birth)		ANCESTRY (Check one box below and must specify if other)	
	<input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9-12 th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate Degree, AA, AS <input type="checkbox"/> Bachelor's Degree, BA, AB, BS <input type="checkbox"/> Master's Degree, MA, MS, MEng, MSW, MBA <input type="checkbox"/> Doctorate, PhD, EdD or Professional Degree, MD, DDS, DVM, LLB, JD <input type="checkbox"/> None <input type="checkbox"/> Unknown		<input type="checkbox"/> Hispanic <input type="checkbox"/> Mexican, Mexican American, Chicana <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other _____ <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Italian <input type="checkbox"/> African <input type="checkbox"/> American <input type="checkbox"/> Hawaiian <input type="checkbox"/> Polynesian <input type="checkbox"/> Ukrainian <input type="checkbox"/> Nigerian <input type="checkbox"/> Taiwanese <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Unknown	
			RACE (Check all that apply)	
		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Specify _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Specify _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Specify _____ <input type="checkbox"/> Other <input type="checkbox"/> Specify _____ <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused		
PARENTS	STATEMENT OF PARENTS: We affirm, under penalty of perjury, by the woman giving birth (mother/parent) and the man (father/parent) seeking to establish his paternity, that we have examined the statements on page 2 of this form and that it is correct to the best of our knowledge and belief. We are voluntarily signing this acknowledgment of paternity without being subject to force, threats or coercion of any kind.			
	Signature of Mother/Parent		Date Signed (mm/dd/yyyy)	Signature of Father/Parent
STATEMENT	NOTARY PUBLIC/MUNICIPAL CLERK: The above individuals personally appeared before me and made oath to the truth of the foregoing statements.			
	State of _____		State of _____	
	County of _____		County of _____	
	Signed or attested before me on (mm/dd/yyyy): _____		Signed or attested before me on (mm/dd/yyyy): _____	
Commission Expiration Date: _____		Commission Expiration Date: _____		
Signature of Notary Public/Municipal Clerk		Signature of Notary Public/Municipal Clerk		

©19/25-A-06288 Page 1 of 3



When
submitting an
AOP
with the
Birth
Certificate

- Check for accuracy, legibility, and completeness before submitting to the state
- Make sure parents have signed and dated the form and it has been notarized
- Make sure the dates the parents sign match the witness dates
- A scanned copy of the completed AOP must be attached to the Birth record in DAVE if a father is identified on the Parent Worksheet
- There is no fee for processing an AOP if submitted at time of birth



When Not to File an AOP

Do not file an AOP **when a mother is or was married within 300 days of the birth of the child**, as the name of the spouse shall be entered on the Certificate of Live Birth, including situations when:

- The spouse may not be the genetic father
- The mother has been separated (legally or otherwise) from the spouse, regardless of the period of the separation
- The mother was legally married or attempted to marry, and the child is born within 300 days after the termination of the marriage (unless the final divorce decree specifies that the spouse is not a parent)

Title 19-A, Chapter 61: MAINE PARENTAGE ACT 19-A MRS §1881

Report of Fetal Death & Miscarriage

Fetal Death- Model Law Definition*

Fetal death is defined as **death prior to the complete expulsion or extraction** from its mother of a product of human conception, **irrespective of the duration of pregnancy** and which is **not an induced termination of pregnancy**. The death is indicated by the fact that after such expulsion or extraction, the fetus **does not breathe or show any other evidence of life**, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

* *Model State Vital Statistics Act and Regulations. Consistent with WHO definition*

Registration of Fetal Death State Rule

Except as authorized by the department or as required under section 1596, a certificate of each death of a **fetus of 20 or more weeks of gestation** that occurs in this State must be filed with the State Registrar of Vital Statistics within 14 days after delivery and prior to removal of the fetus from the State.

Title 22, Chapter 707: Deaths And Burials: §2841. Registration of fetal deaths

Certificate of Fetal Death

- The person who takes charge of the disposition of the fetal remains must prepare a certificate in the required form and present it **within 14 days** to the Maine CDC Vital Records office
- Persons allowed to certify a Fetal Death are:
 - Medical Doctors
 - Doctor of Osteopathy
 - Certified Nurse Practitioners
 - Funeral Directors
- The original Certificate of Fetal Death must be mailed to:

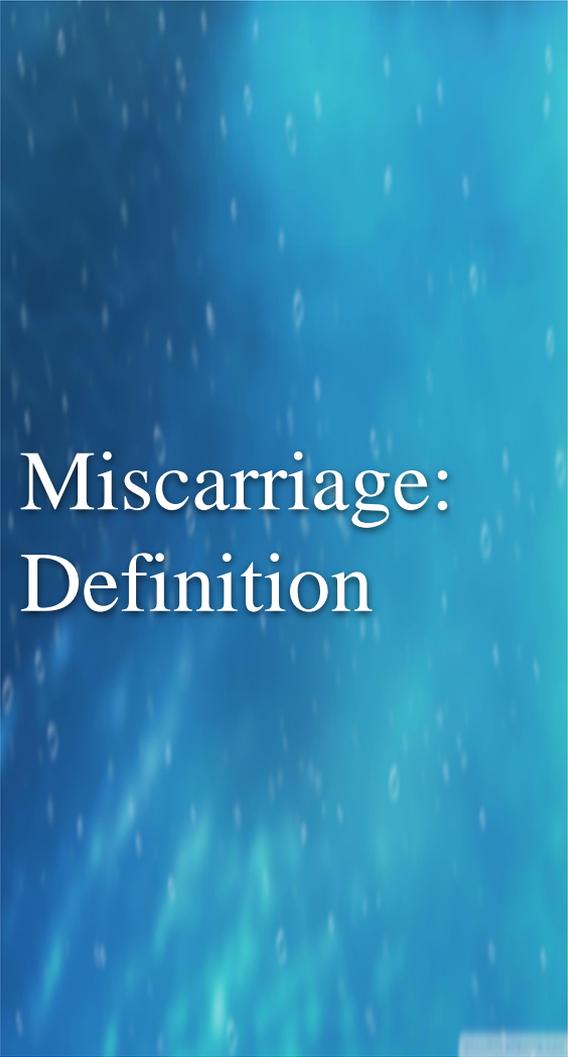
DRVS- Office of Vital Records
11 State House Station
220 Capitol Street
Augusta, ME 04333
- The Certificate of Fetal Death with Instructions form is available in DAVE in Forms/PrintForms/ALL_VS4

Department of Health and Human Services
Certificate of Fetal Death

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FERTILIZATION	1. Facility Name (If not institution, give street and number)		2. Facility ID (NPI)	
	3. Date of Delivery (month/day/year)	4. Time of Delivery <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Military	5. Sex (M/F/UNK)	
MOTHER'S COGNATE	6. City, Town, or Location of Delivery	7. County of Delivery	8. Mode of Delivery <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean <input type="checkbox"/> Unknown	
	9. Place Where Delivery Occurred (Check one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home/Outpatient birthing center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Other (Specify)		10. Midwife/Coroner's Current Legal Status (First, middle, last, suffix) <input type="checkbox"/> Yes <input type="checkbox"/> No	
FATHER'S COGNATE	11. Date of Birth (month/day/year)	12. Relationship (State, territory, or foreign country)	13. Years Living in Present State	
	14. Residence of Mother/Coroner - State	15. Residence County	16. Residence City, Town, or Location	
CERTIFIER	17. Residence Street and Number	18. Mother/Coroner's Mailing Address (If same as residence, write 1st one only)		
	19. Father/Coroner's Current Legal Name (First, middle, last, suffix)	20. Relationship (State, territory, or foreign country)	21. Residence City, Town, or Location	
CAUSE OF FETAL DEATH	22. Date of Birth (month/day/year)	23. Residence of Father/Coroner - State	24. Residence County	25. Residence City, Town, or Location
	26. Certifier's Signature	27. Certifier Type <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> PA <input type="checkbox"/> Hospital Admin. <input type="checkbox"/> CNP <input type="checkbox"/> Other (Specify)		28. Date Signed (month/day/year)
HISTORIC	29. Date Signed (month/day/year)		30. Attendee's Name, Title, and NPI (If other than certifier) (Please type or print) <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> PA <input type="checkbox"/> CNM/CRNA <input type="checkbox"/> CNP <input type="checkbox"/> Other MD-w/ide <input type="checkbox"/> Other NPI Number	
	31. Including Cause/Condition (Please check the box below, please select the one which most likely began the sequence of events resulting in the death of the fetus) Maternal Condition/Disease (Specify)		32. Other Significant Cause or Condition (Specify or specify all other conditions contributing to death in Item 30B)	
REGISTRAR	33. Was uterine perforation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unassured		34. Were Autopsy Findings Available Prior or Histological Examination Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unassured	
	35. Fetal Injury (Specify)		36. Fetus Dead Before Labor or During Labor or Delivery <input type="checkbox"/> Unknown	
MEDICAL AND HEALTH INFORMATION	37. Fetal Infection (Specify)		38. Other Fetal Conditions/Diseases (Specify)	
	39. Other Fetal Conditions/Diseases (Specify)		40. Other Fetal Conditions/Diseases (Specify)	
RECIPIENT	41. Was uterine perforation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unassured		42. Cause of Fetal Death (Name of condition, anomaly, or other place) <input type="checkbox"/> Unknown <input type="checkbox"/> Chromosomal <input type="checkbox"/> Placental <input type="checkbox"/> Cord <input type="checkbox"/> Other (Specify)	
	43. Fetus Dead Before Labor or During Labor or Delivery <input type="checkbox"/> Unknown		44. Name and Address of Facility or Authorized Person	
MEDICAL AND HEALTH INFORMATION	45. Fetal Injury (Specify)		46. Other Fetal Conditions/Diseases (Specify)	
	47. Other Fetal Conditions/Diseases (Specify)		48. Other Fetal Conditions/Diseases (Specify)	
RECIPIENT	49. Fetus Dead Before Labor or During Labor or Delivery <input type="checkbox"/> Unknown		50. Name and Address of Facility or Authorized Person	
	51. Fetal Injury (Specify)		52. Other Fetal Conditions/Diseases (Specify)	
MEDICAL AND HEALTH INFORMATION	53. Other Fetal Conditions/Diseases (Specify)		54. Other Fetal Conditions/Diseases (Specify)	
	55. Other Fetal Conditions/Diseases (Specify)		56. Other Fetal Conditions/Diseases (Specify)	
RECIPIENT	57. Fetus Dead Before Labor or During Labor or Delivery <input type="checkbox"/> Unknown		58. Name and Address of Facility or Authorized Person	
	59. Fetal Injury (Specify)		60. Other Fetal Conditions/Diseases (Specify)	
MEDICAL AND HEALTH INFORMATION	61. Other Fetal Conditions/Diseases (Specify)		62. Other Fetal Conditions/Diseases (Specify)	
	63. Other Fetal Conditions/Diseases (Specify)		64. Other Fetal Conditions/Diseases (Specify)	
RECIPIENT	65. Fetus Dead Before Labor or During Labor or Delivery <input type="checkbox"/> Unknown		66. Name and Address of Facility or Authorized Person	
	67. Fetal Injury (Specify)		68. Other Fetal Conditions/Diseases (Specify)	
MEDICAL AND HEALTH INFORMATION	69. Other Fetal Conditions/Diseases (Specify)		70. Other Fetal Conditions/Diseases (Specify)	
	71. Other Fetal Conditions/Diseases (Specify)		72. Other Fetal Conditions/Diseases (Specify)	
RECIPIENT	73. Fetus Dead Before Labor or During Labor or Delivery <input type="checkbox"/> Unknown		74. Name and Address of Facility or Authorized Person	
	75. Fetal Injury (Specify)		76. Other Fetal Conditions/Diseases (Specify)	
MEDICAL AND HEALTH INFORMATION	77. Other Fetal Conditions/Diseases (Specify)		78. Other Fetal Conditions/Diseases (Specify)	
	79. Other Fetal Conditions/Diseases (Specify)		80. Other Fetal Conditions/Diseases (Specify)	
RECIPIENT	81. Fetus Dead Before Labor or During Labor or Delivery <input type="checkbox"/> Unknown		82. Name and Address of Facility or Authorized Person	
	83. Fetal Injury (Specify)		84. Other Fetal Conditions/Diseases (Specify)	
MEDICAL AND HEALTH INFORMATION	85. Other Fetal Conditions/Diseases (Specify)		86. Other Fetal Conditions/Diseases (Specify)	
	87. Other Fetal Conditions/Diseases (Specify)		88. Other Fetal Conditions/Diseases (Specify)	
RECIPIENT	89. Fetus Dead Before Labor or During Labor or Delivery <input type="checkbox"/> Unknown		90. Name and Address of Facility or Authorized Person	
	91. Fetal Injury (Specify)		92. Other Fetal Conditions/Diseases (Specify)	
MEDICAL AND HEALTH INFORMATION	93. Other Fetal Conditions/Diseases (Specify)		94. Other Fetal Conditions/Diseases (Specify)	
	95. Other Fetal Conditions/Diseases (Specify)		96. Other Fetal Conditions/Diseases (Specify)	
RECIPIENT	97. Fetus Dead Before Labor or During Labor or Delivery <input type="checkbox"/> Unknown		98. Name and Address of Facility or Authorized Person	
	99. Fetal Injury (Specify)		100. Other Fetal Conditions/Diseases (Specify)	
MEDICAL AND HEALTH INFORMATION	101. Other Fetal Conditions/Diseases (Specify)		102. Other Fetal Conditions/Diseases (Specify)	
	103. Other Fetal Conditions/Diseases (Specify)		104. Other Fetal Conditions/Diseases (Specify)	
RECIPIENT	105. Fetus Dead Before Labor or During Labor or Delivery <input type="checkbox"/> Unknown		106. Name and Address of Facility or Authorized Person	
	107. Fetal Injury (Specify)		108. Other Fetal Conditions/Diseases (Specify)	
MEDICAL AND HEALTH INFORMATION	109. Other Fetal Conditions/Diseases (Specify)		110. Other Fetal Conditions/Diseases (Specify)	
	111. Other Fetal Conditions/Diseases (Specify)		112. Other Fetal Conditions/Diseases (Specify)	
RECIPIENT	113. Fetus Dead Before Labor or During Labor or Delivery <input type="checkbox"/> Unknown		114. Name and Address of Facility or Authorized Person	
	115. Fetal Injury (Specify)		116. Other Fetal Conditions/Diseases (Specify)	
MEDICAL AND HEALTH INFORMATION	117. Other Fetal Conditions/Diseases (Specify)		118. Other Fetal Conditions/Diseases (Specify)	
	119. Other Fetal Conditions/Diseases (Specify)		120. Other Fetal Conditions/Diseases (Specify)	

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Miscarriage: Definition

An interruption of a pregnancy of a fetus of **less than 20 weeks gestation**, other than the intentional interruption of a pregnancy by the application of external agents, whether chemical or physical, or the ingestion of chemical agents with an intention other than to produce a live birth or to remove a dead fetus, regardless of the length of gestation.

Title 22, Chapter 263-b: Abortions, §1596. Abortion and Miscarriage Data

Report of Miscarriage

- A report of each miscarriage must be made by the health care professional in attendance at or after the occurrence of the miscarriage to the Department of Health and Human Services (DHHS)
 - The report form must transmitted to DHHS not later than 10 days following the end of the month in which the miscarriage occurs:
- DRVS- Office of Vital Records
11 State House Station
220 Capitol Street
Augusta, ME 04333
- The Report of Miscarriage is available in DAVE in Forms/PrintForms/HCP_VS48B

Department of Health and Human Services
Report of Miscarriage

THIS DELIVERY	Name of Fetus (Optional, parent's discretion)			
	1. Facility Name (If not institution, give street and number)		2. Facility ID (NPI)	
	3. Date of Delivery (mm/dd/yyyy)	4. Time of Delivery <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Military		5. Sex (M/F/Unk) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
	6. City, Town, or Location of Delivery		7. County of Delivery	8. Zip Code of Delivery
9. Place Where Delivery Occurred (Check one) <input type="checkbox"/> Home delivery <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding birthing center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Other (Specify) _____				
MOTHER/CO-PARENT	10. Mother/Co-parent's Current Legal Name (First, middle, last, suffix)		11. Mother/Co-parent's Maiden Surname (First, middle, last, suffix)	
	12. Date of Birth (mm/dd/yyyy) (Spell month)	13. Birthplace (State, territory, or foreign country)		14. Years Living in Present Town
	15. Residence of Mother/Co-parent - State	16. Residence County		17. Residence City, Town, or Location
	18. Residence Street and Number		19. Mother/Co-parent's Mailing Address (If same as residence, enter zip code only)	
FATHER/CO-PARENT	20. Father/Co-parent's Current Legal Name (First, middle, last, suffix)		21. Birthplace (State, territory, or foreign country)	
	22. Date of Birth (mm/dd/yyyy)	23. Residence of Father/Co-parent - State	24. Residence County	25. Residence City, Town, or Location
	26. Attendant's Signature			
ATTENDING HEALTH CARE PROFESSIONAL	27. Date Signed (mm/dd/yyyy) (Spell month)			28. Attendant's Name, Title, and NPI (If other than certifier) (Please type or print)
	29. NPI Number			<input type="checkbox"/> MD. <input type="checkbox"/> D.O. <input type="checkbox"/> PA <input type="checkbox"/> C.N.M./C.M. <input type="checkbox"/> C.N.P.
	30. Method of Disposition (Name of cemetery, crematory, or other place) <input type="checkbox"/> Hospital Disposition <input type="checkbox"/> Other (Specify) _____			
REGISTRAR	31. Registrar's Signature			32. Date Filed (mm/dd/yyyy)



Summary of Processes & Available Resources

Summary of Processes for Live Birth, Fetal Death and Miscarriage

	Live Birth	Fetal Death	Miscarriage
Forms used in filing	<ul style="list-style-type: none"> -Parent Worksheet -Medical Worksheet -Acknowledgement of Paternity 	<p style="text-align: center;">Certificate of Fetal Death</p> <p>May also need: Disposition Permit</p>	<p style="text-align: center;">Report of Miscarriage</p> <p>May also need: Facility/Physician Letter for Disposition</p>
Who can certify	<ul style="list-style-type: none"> <input type="checkbox"/> Medical Doctor (MD) <input type="checkbox"/> Doctor of Osteopathy(DO) <input type="checkbox"/> Registered Nurse (RN) <input type="checkbox"/> Certified Nurse Midwife (CNM) <input type="checkbox"/> Certified Midwife (CM) <input type="checkbox"/> Certified Professional Midwife (CPM) <input type="checkbox"/> Health Information Clerk <input type="checkbox"/> Health Information Supervisor <input type="checkbox"/> Hospital Administrator <input type="checkbox"/> Maternity Unit Clerk <input type="checkbox"/> Maternity Unit Supervisor <input type="checkbox"/> Other 	<ul style="list-style-type: none"> <input type="checkbox"/> Medical Doctor (MD) <input type="checkbox"/> Doctor of Osteopathy(DO) <input type="checkbox"/> Certified Nurse Practitioner (CNP) <input type="checkbox"/> Physician’s Assistant (PA) 	N/A
Days to file	<p>Births inside an institution: 2 days OR Births outside an institution: within 7 days after the birth</p>	<p style="text-align: center;">Within 14 days after delivery and prior to removal of the fetus from the state</p>	<p style="text-align: center;">Not later than 10 days following the end of the month in which the miscarriage occurs</p>
How to file	<p>Electronically registered in DAVE</p>	<p style="text-align: center;">Transmitted to the State Registrar of Vital Statistics</p>	<p style="text-align: center;">Transmitted to the State Registrar of Vital Statistics</p>

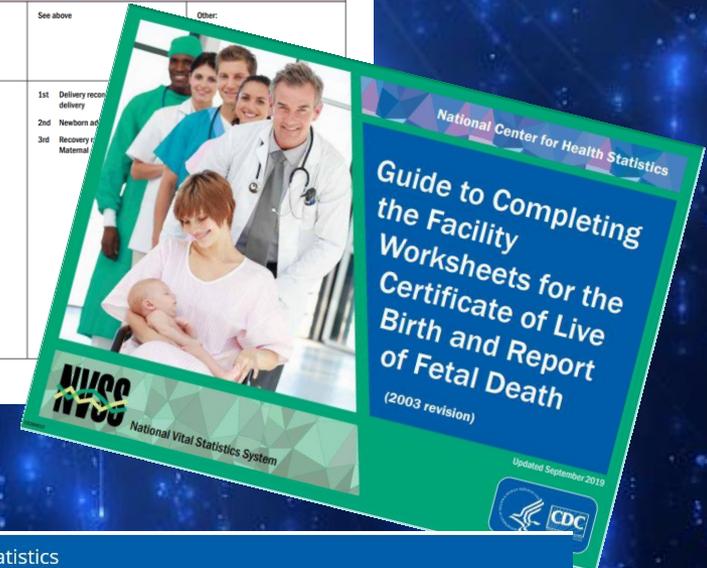
Resource: Guide to Completing the Facility Worksheet & E-Learning Course

This guide and course include:

- Definitions for terms
- Instructions on how to answer a question
- Sources where information can be commonly found
- Keywords and abbreviations frequently used
- Link to Guide:
<https://www.cdc.gov/nchs/data/dvs/GuideToCompleteFacilityWks.pdf>
- Link to E-Learning Course:
<https://www.cdc.gov/nchs/training/BirthCertificateElearning/>

Page 37 Guide to Completing the Facility Worksheet for the Certificate of Live Birth and Report of Fetal Death

Definitions	Instructions	Sources	Keywords and abbreviations
27. Method of delivery (IC #46, FDWS #23, FDR #38)—Continued			
C. Fetal presentation at birth—Continued Other—any other presentation not listed above.	See above	See above	Other:
D. Final route and method of delivery Vaginal/spontaneous Delivery of the entire fetus through the vagina by the natural force of labor with or without manual assistance from the delivery attendant. Vaginal/forceps Delivery of the fetal head through the vagina by the application of obstetrical forceps to the fetal head. Vaginal/vacuum Delivery of the fetal head through the vagina by the application of a vacuum cup or ventouse to the fetal head. Cesarean Extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls.	Check one of the boxes.	1st Delivery record delivery 2nd Newborn admission 3rd Recovery of Maternal	



National Center for Health Statistics

Applying Best Practices for Reporting Medical and Health Information on Birth Certificates

Course Description:

Discover your role in improving maternal and infant health information in the United States. This course is designed to increase your knowledge of the importance of and best practices for reporting birth certificate and report of fetal death information. Course content, developed by state and national vital statistics experts, covers the latest national guidelines for reporting this information. Continuing education and certificates of completion are available for this course.

Applying Best Practices for Reporting Medical and Health Information on Birth Certificates

START COURSE

Resource: DAVE Birth User's Manual

- **General navigation functions**

- Logging into and out of DAVE
- Change or forgot password

- **Instructions for processes such as:**

- Searching for a case
- Standard formats for fields
- Required fields
- Doing amendments
- Attaching forms
- Printing forms
- Adding a comment
- Linking Plural Deliveries
- And much more!

- **Located in the “Help” tab in DAVE**

4. If the mother did not receive any prenatal care, select the **No Prenatal Care** checkbox. **DAVE™** will system-fill the **Date of First Visit** and **Date of Last Visit** with 888-88-8888. And, **Total Number of Prenatal Visits** will system-fill with 0.

No Prenatal Care

Date of First Visit	Date of Last Visit	Total Number of Prenatal Visits
888-88-8888	888-88-8888	0

5. If the mother did receive prenatal care, complete this tab by entering the **Date of First Visit**, **Date of Last Visit** and the **Total Number of Prenatal Visits**.

Prenatal Care

No Prenatal Care

Date of First Visit	Date of Last Visit	Total Number of Prenatal Visits
Jul-10-2019	Feb-25-2020	11

These examples show:

- How to enter information if mother had no prenatal care and
- How to enter information if she did have prenatal care

Resource: Data Research and Vital Statistics Website at Maine.gov

Maine.gov Agencies | Online Services | Help | Search Maine.gov Select Language

Division Of Public Health Systems
Maine Center for Disease Control & Prevention
A Division of the Maine Department of Health and Human Services

Maine CDC Home Health Topics A-Z Data/Reports For Health Care Providers For Businesses For Homeowners/Renters Divisions/Programs

Coronavirus Disease 2019 (COVID-19) - Updates and Information

DHHS → MeCDC → Public Health Systems → Data Research → Vital Records → Home Fri 23 Oct 2020

General Information

Data, Research and Vital Statistics (DRVS)

Maine Cancer Registry

Behavioral Risk Factor Surveillance System (BRFSS)

Pregnancy Risk Assessment Monitoring System (PRAMS)

Vital Records

DRVS Regulations

FAQ's

Forms

How to Order Vital Records

How to Correct, Amend or Complete a Vital Record

Electronic Registrations

Fact Sheet Index

Fact Sheet Index

Data

Maternal and Birth Data Dashboards

Death Data Dashboards

Data Index

Miscellaneous

Publications

Services

Data, Research and Vital Statistics

Database Application for Vital Events (DAVE) Participants

DAVE consists of (3) three different modules. The Electronic Death Registration System (EDRS), the Electronic Birth Registration System (EBRS) and the Electronic Marriage Registration System. Records of death, birth and marriage may be created, registered and issued from the system. DAVE contains:

- Deaths from January of 2011 to Present
- Births from September of 1995 to Present
- Marriages from January of 2017 to Present

Accessing the DAVE System

Information for Health Care Providers and Medical Staff

Information for Funeral Directors and Staff

Information for Municipal Clerks and Staff

DAVE Helpdesk and Vital Records Staff

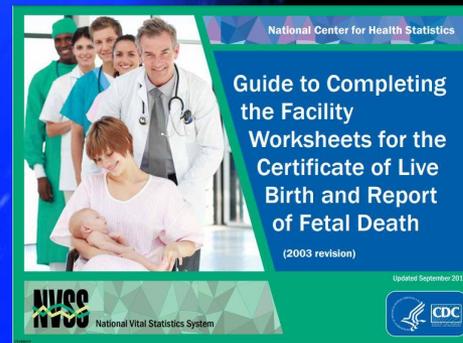
Click on Electronic Registration to find:

- Link to DAVE login
- Application form for DAVE
- Vital Records Staff Contacts
- FAQ's
- Birth Forms & Information
- Data Research and Vital Statistics Regulations

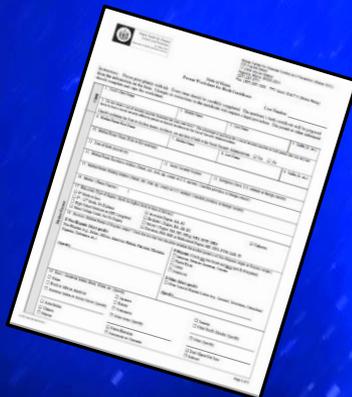
Next Steps

1. Take the NCHS/NVSS eLearning Course:

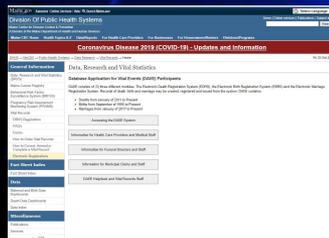
“Applying Best Practices for Reporting Medical and Health Information on Birth Certificates” created by the National Center for Health Statistics (NCHS)- link in resources (approximately 45 minutes to 1 hour length)



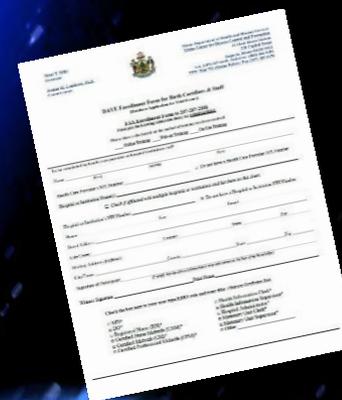
2. You can request a temporary login and practice entering information into DAVE using the sample cases provided



3. Check out training materials and services available on DRVS-Maine.gov website.



4. Complete and fax or email in the Enrollment Form to use DAVE



Types of Trainings for Birth Certifiers

On-Your-Own Training

- Use resources available at:
<https://www1.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/edrs/medical-certifiers.html>

Online TEAMs Training

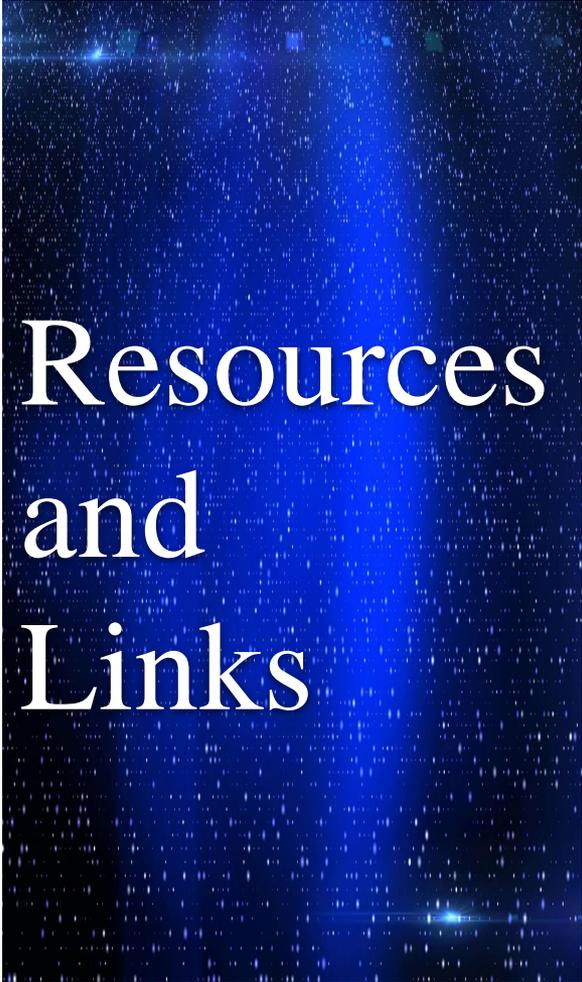
- Contact Shannon M. Gifford, Field Agent/Research Analyst to schedule an online training session
 - 207-287-5466
 - Shannon.M.Gifford@maine.gov

In-Person Training/Site Visit

- Currently on hold due to COVID-19

Contacts

Name	Contact Information	Job Title/Responsibilities
Daniel O'Leary	Daniel.OLeary@Maine.gov Edrs.dhhs@Maine.gov 1-888-664-9491 (option 7)	Help Desk DAVE Application User Names and Passwords
Jessica Raven	Jessica.Raven@Mainegov 1-207-287-5452	Birth Registration Hospital Corrections AOP & DOP VS-7 Birth Corrections Name Changes
Anna York	Anna.York@Maine.gov 1-207-287-3148	Home Births Paper-based Acknowledgement of Paternity
Shannon M. Gifford	Shannon.M.Gifford@Maine.gov 1-207-287-5466	Field Agent Data Quality
Melissa Boynton	Melissa.Boynton@Maine.gov 1-207-287-5451	DAVE User Enrollments and Participant Listing Vital Records Forms Death Registration and Corrections Fetal Deaths
Theresa Roberts	Theresa.Roberts@Maine.gov 1-207-287-3657	Vital Records Supervisor
Kim E. Haggan	Kim.E.Haggan@Maine.gov 1-207-287-5459	Director and State Registrar Data Research and Vital Statistics
DRVS-Office of Vital Records mailing address	DRVS- Office of Vital Records 11 State House Station 220 Capitol Street Augusta, ME 04333	



Resources and Links

- DRVS webpage on Maine.gov for Forms, Information, Instructions and Training materials, including DAVE Birth Certifiers Manual

<https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/edrs/medical-certifiers.html>

- Maine State Legislature Revised Statutes on Maine.gov

<https://legislature.maine.gov/legis/statutes/>

- NCHS/NVSS e-Learning Course: Applying Best Practices for Reporting Medical and Health Information on Birth Certificates

<https://www.cdc.gov/nchs/training/BirthCertificateElearning/>

- NCHS/NVSS Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death Manual

<https://www.cdc.gov/nchs/data/dvs/GuidetoCompleteFacilityWks.pdf>

- Help Desk at DRVS 1-888-664-9491 (option 7) or edrs.dhhs@Maine.gov for DAVE application, usernames and passwords

The Work You Do is VITAL

For the individual:

The birth certificate is the most important document used to establish an individual's identity

For the family:

It allows the parents to establish the child's identity, claim a range of benefits like tax credits and health care

For public health partners:

It helps identify trends and indicators of health, which can assist in policy development, funding, and research





Thank you



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