

Mother's Medical Record # _____
FOR HOSPITAL USE ONLY

Mother's name _____

FORM VS-2WB
(REV. 12/2020)

MULTIPLE LIVE BIRTH ATTACHMENT WORKSHEET

This attachment is to be completed when at least two infants in a multiple pregnancy are born alive* at the same facility. Complete a full worksheet Form VS-2WA for the first-born infant and a Form VS-2WB attachment for each additional live-born infant.



*A full Live Birth Worksheet (Form VS-2WA)—not this attachment—should be completed for births in a multiple pregnancy with either: 1) Deliveries 24 hours or more apart; 2) Deliveries at different facilities or locations; or 3) Deliveries in which different certifiers or attendants were involved.

PLEASE PRINT CLEARLY

Please fill out the complete form and leave no blanks unless otherwise instructed. Worksheet numbering matches the electronic system.

CHILD'S INFORMATION

1. Infant's medical record number: _____

2. What will be the baby's legal name (as it should appear on the birth certificate)?

First: _____

Middle: _____

Last: _____ Suffix (Jr., III, etc.): _____

First and middle name not yet chosen

(Note: If the child is unnamed, enter "Unknown" for first name and mother's current legal surname for the child's surname.)

3. What is the baby's date of birth?

_____/_____/_____
MM DD YYYY

4. What was the time of the baby's birth? (in 24-hour, i.e. 1:00 p.m. = 13:00)

_____:_____
Hour Minute

5. What is the gender of the baby?

Male Female

9. Plurality: _____

(The number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age, or if the fetuses were delivered at different dates in the pregnancy. Include all live births and fetal losses resulting from this pregnancy. Specify 1 (single), 2 (twin), 3 (triplet), 4 (quadruplet), 5 (quintuplet), 6 (sextuplet), 7 (septuplet), etc.)

10. Order delivered in the pregnancy: _____

(Specify 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, etc. Include all live births and fetal losses resulting from this pregnancy.)

MOTHER'S INFORMATION

34a. Number of previous live births now living: (For this multiple delivery, include all live-born infants delivered before this infant in the pregnancy who are still living, in addition to infants from prior pregnancies)

Number ____ None

34b. Number of previous live births now dead: (For this multiple delivery, include all live-born infants delivered before this infant in the pregnancy who are now dead, in addition to infants from prior pregnancies)

Number ____ None

35. Number of other pregnancy outcomes: (For this multiple delivery, include all fetal losses of any gestational age - spontaneous losses, induced losses, and/or ectopic pregnancies – occurring before delivery of this infant in the pregnancy in addition to losses from prior pregnancies)

Number ____ None

MEDICAL AND HEALTH INFORMATION

44. Characteristics of labor and delivery: (Information about the course of labor and delivery.)

(Check all that apply to this infant)

- Induction of labor - (Initiation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor (i.e., before labor has begun). Does not include augmentation of labor.)
- Augmentation of labor - (Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time to delivery (i.e., after labor has begun). Do not include if induction of labor was performed.)
- Non-Vertex presentation
- Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery - (Steroids received by the mother prior to delivery to accelerate fetal lung maturation. Typically administered in anticipation of preterm delivery. Includes betamethasone, dexamethasone, or hydrocortisone specifically given to accelerate fetal lung maturation. Excludes steroid medication given to the mother as an anti-inflammatory treatment before or after delivery.)
- Antibiotics received by the mother during labor - (Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery: Ampicillin, Penicillin, Clindamycin, Erythromycin, Gentamicin, Cefotaxime, Ceftriaxone, etc.)
- Clinical chorioamnionitis diagnosed during labor or maternal temperature $\geq 38^{\circ}\text{C}$ (100.4°F) – (Clinical diagnosis of chorioamnionitis during labor made by the delivery attendant. Usually includes more than one of the following: fever, uterine tenderness and/or irritability, leukocytosis, fetal tachycardia, maternal tachycardia, or malodorous vaginal discharge. Any maternal temperature at or above 38C (100.4F).)
- Moderate/Heavy meconium staining of the amniotic fluid – (When there is a fair amount of amniotic fluid, but it is clearly stained with meconium.)
- Fetal intolerance of labor – (A complication that occurs during the birthing process when an unborn baby suffers from a lack of oxygen.)
- Epidural or spinal anesthesia during labor - (Administration to the mother of a regional anesthetic for control of the pain of labor, i.e., delivery of the agent into a limited space with the distribution of the analgesic effect limited to the lower body.)
- None of the above
- Unknown

45. Method of delivery: (The physical process by which the complete delivery of the infant was effected):

(Complete C, and D)

C. Fetal presentation at birth (Check one):

- Cephalic - (Presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP))
- Breech - (Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech)
- Other - (Any other presentation not listed above, i.e., shoulder, funis, transverse lie, compound)
- Unknown

D. Final route and method of delivery: (Check one)

- 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 application of obstetrical forceps to the fetal head.)
- Vaginal/Vacuum - (Delivery of the fetal head through the vagina by 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)

If cesarean, was a trial of labor attempted? - (Labor was allowed, augmented or induced with plans for a vaginal delivery.)

- Yes
- No
- Unknown

46. Maternal morbidity: (Serious complications experienced by the mother associated with labor and delivery)

(Check all that apply to this infant)

- Maternal transfusion - (Includes infusion of whole blood or packed red blood cells associated with labor and delivery.)
- Third- or fourth-degree perineal laceration - (3° laceration extends through the perineal skin, vaginal mucosa, perineal body and partially or completely through the anal sphincter. 4° laceration is all of the above with extension through the rectal mucosa.)
- Ruptured uterus - (Tearing of the uterine wall. A full-thickness disruption of the uterine wall that also involves the overlying visceral peritoneum (uterine serosa). Does not include uterine dehiscence in which the fetus, placenta, and umbilical cord remain contained with the uterine cavity. Does not include a silent or incomplete rupture or an asymptomatic separation.)
- Unplanned hysterectomy - (Surgical removal of the uterus that was not planned prior to the admission. Includes an anticipated, but not definitively planned, hysterectomy.)

- Admission to intensive care unit - (Any admission, planned or unplanned, of the mother to a facility/unit designated as providing intensive care.)
- Unplanned operating room procedure following delivery
- None of the above
- Unknown

NEWBORN INFORMATION

48. Birthweight: _____ (grams) (Do not convert lb./oz. to grams)

If weight in grams is not available, birthweight: _____ (lb./oz.)

49. Obstetric estimate of gestation at delivery (completed weeks): _____

(The best obstetric estimate of the infant's gestational age in completed weeks based on the clinician's final estimate of gestation.)

50. Apgar score: (A systematic measure for evaluating the physical condition of the infant at specific intervals at birth)

Score at 5 minutes _____

If 5 minute score is **less than 6**: Score at 10 minutes _____

53. Abnormal conditions of the newborn: (Disorders or significant morbidity experienced by the newborn.)

(Check all that apply to this infant)

- Assisted ventilation required immediately following delivery - (Infant given manual breaths for any duration with bag and mask or bag and endotracheal tube within the first several minutes from birth. Excludes free flow (blow-by) oxygen only, laryngoscopy for aspiration of meconium, nasal cannula, and bulb suction.)
- Assisted ventilation required for more than six hours - (Infant given mechanical ventilation (breathing assistance) by any method for more than six hours. Includes conventional, high frequency and/or continuous positive pressure (CPAP). Excludes free flow oxygen only, laryngoscopy for aspiration of meconium and nasal cannula.)
- NICU admission - (Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for a newborn.)
- Newborn given surfactant replacement therapy - (Endotracheal instillation of a surface-active suspension for the treatment of surfactant deficiency due to preterm birth or pulmonary injury resulting in respiratory distress. Includes both artificial and extracted natural surfactant.)
- Antibiotics received by the newborn for suspected neonatal sepsis - (Any antibacterial drug (e.g., penicillin, ampicillin, gentamicin, cefotaxime etc.) given systemically (intravenous or intramuscular). Does not include antibiotics given to infants who are NOT suspected of having neonatal sepsis.)
- Seizure or serious neurologic dysfunction - (Seizure is any involuntary repetitive, convulsive movement or behavior. Serious neurologic dysfunction is severe alteration of alertness. Excludes lethargy or hypotonia in the absence of other neurologic findings. Exclude symptoms associated with CNS congenital anomalies.)
- Significant birth injury (Skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
- None of the above
- Unknown

54. Congenital anomalies of the newborn: (Malformations of the newborn diagnosed prenatally or after delivery.) (Check all that apply to this infant)

- Anencephaly - (Partial or complete absence of the brain and skull. Also called anencephalus, acrania, or absent brain. Also includes infants with craniorachischisis (anencephaly with a contiguous spine defect).)
- Meningomyelocele/Spina bifida - (Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningomyelocele is herniation of meninges and spinal cord tissue. Meningocele (herniation of meninges without spinal cord tissue) should also be included in this category. Both open and closed (covered with skin) lesions should be included. Do not include Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges).)
- Congenital Heart Disease
 - Cyanotic congenital heart disease - (Congenital heart defects which cause cyanosis.)
 - Non-Cyanotic congenital heart disease - (Congenital heart defects which do not cause cyanosis.)
- Congenital diaphragmatic hernia - (Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.)
- Omphalocele - (A defect in the anterior abdominal wall in which the umbilical ring is widened, allowing herniation of abdominal organs into the umbilical cord. The herniating organs are covered by a nearly transparent membranous sac (different from gastroschisis, see below), although this sac may rupture. Also called exomphalos. Do not include umbilical hernia (completely covered by skin) in this category.)
- Gastroschisis - (An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and absence of a protective membrane.)
- Limb reduction defect (excluding congenital amputation and dwarfing syndromes) - (Complete or partial absence of a portion of an extremity associated with failure to develop)
- Cleft Lip with or without Cleft Palate - (Incomplete closure of the lip. May be unilateral, bilateral or median.)
- Cleft Palate alone - (Incomplete fusion of the palatal shelves. May be limited to the soft palate or may extend into the hard palate. Cleft palate in the presence of cleft lip should be included in the "Cleft Lip with or without Cleft Palate" category above.)

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- Down Syndrome - (Trisomy 21 – A chromosomal abnormality caused by the presence of all or part of a third copy of chromosome 21.)
 - Karyotype confirmed
 - Karyotype pending
- Suspected chromosomal disorder - (Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.)
 - Karyotype confirmed
 - Karyotype pending
- Hypospadias - (Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis. Includes first degree - on the glans ventral to the tip, second degree - in the coronal sulcus, and third degree - on the penile shaft.)
- None of the above
- Other (Specify) _____
- Unknown

55. Was infant transferred within 24 hours of delivery? (Check “yes” if the infant was transferred from this facility to another within 24 hours delivery. If transferred more than once, enter name of first facility to which the infant was transferred.)

- Yes No Unknown

If yes, name of facility infant transferred to: _____

56. Is infant living at time of report? (Infant is living at the time this birth certificate is being completed. Answer “Yes” if the infant has already been discharged to home care. Answer “no” if it is known that the infant has died. If the infant was transferred and the status is known, indicate known status.)

- Yes No Unknown

57. Is infant being breastfed at discharge? (Check “yes” if the infant was receiving breastmilk or colostrum during the period between birth and discharge from the hospital. Include any attempt to establish breastmilk production during the period between birth and discharge from the hospital. Include if the infant received formula in addition to being breastfed. Does not include the intent to breastfeed.)

- Yes No Unknown

*****MUST BE SIGNED BELOW*****

(Note: This portion of the worksheet must be signed by the person(s) who either attended or certified the delivery of the child.)

Certifier/Attendant Signature: _____	Date: _____
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All non-birthing facilities, midwives, and other attendants who cannot register this birth electronically through KY-CHILD must send this completed worksheet, with all required signatures, to:

**Kentucky Office of Vital Statistics
275 East Main, 1E-A
Frankfort, KY 40621**