RIVERS



2018 Rhode Island Vital Events Registration System (RIVERS) Resident Obstetrician Training June 21, 2018

Presented By

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Training Agenda:



- ➢ RIVERS: Overview
- ➤ Expectations
- ≻ Login
- Certification Process
- Labor & Delivery
 - \circ Overview
 - o Creating a New Record
- The Difference You Make
- > Assistance

RIVERS: Overview



RIVERS is a Web-based system

- o https://rivers.health.ri.gov/RIVERS/welcome.htm
- Access from any web enabled device

Supporting Browsers

- o Internet Explorer, Firefox and Safari supported
- Chrome browser not supported

Collaborative Effort

- o Physicians
- NB Screening staff
- Medical Records Staff

Data Collected

- Legal Data Used to register live births that occurred in the state of Rhode Island
- Statistical Data Shared with CDC/NCHS, various State health programs, as well as local, state and federal agencies

Expectations



Information Collected

- Medical Risk Factors
- Infections
- Method of Delivery
- Obstetric Procedures
- Gestational Age Calculation
- Onset of Labor
- Characteristics of Labor & Delivery
- Maternal Morbidity



RI General Law Section 23-3-10

- Physicians in attendance shall <u>certify to the facts of birth</u> and provide the <u>medical information</u> required on the birth certificate within three (3) days after the birth.
- Medical Records will file a certificate of birth for each live birth that occurs in this state with the State Registrar of vital records within four (4) days.

RIVERS Login



Login to the system by selecting login button or hyperlink



Initial Login



Enter User Name		LOGIN
Enter Temporary Password		User Name:
Select Log In or Enter Key		Password:
		Log In
	_	WARNING!
Old Password:		BY ACCESSING AND USING THE DEPARTMENT OF HEALTH REGISTRATION SYSTEM YOU ARE CONSENTING TO SYSTEM MONITORING FOR LAW ENFORCEMENT AND OTHER PURPOSES. UNAUTHORIZED USE OF OR ACCESS TO THIS COMPUTER SYSTEM MAY SUBJECT YOU TO STATE AND FEDERAL CRIMINAL PROSECUTION AND PENALTIES, AS WELL AS CIVIL PENALTIES.
New Password:		
Confirm New Password: Reset Save		Enter Temporary (Old) Password Create a New Password Must be at least 8 characters and contain a
WARNING! BY ACCESSING AND USING THE DEPARTMENT OF HEALTH REGISTRATION SYSTEM YOU ARE CONSENTING TO SYSTEM MONITORING FOR LAW ENFORCEMENT AND OTHER PURPOSES. UNAUTHORIZED USE OF OR ACCESS TO THIS COMPUTER SYSTEM MAY SUBJECT YOU TO STATE AND FEDERAL CRIMINAL PROSECUTION AND PENALTIES, AS WELL AS CIVIL PENALTIES.		capital letter, a number and a symbol (@\$%#!*) Select SAVE to save new password Select RESET to clear all fields

Select Location



Select the location where the birth occurred. Then, select OK or use ENTER key



Certification Certification Work Queue





From the Home Screen Select:

- Birth Module
- Functions
- Certification Work
 Queue

Certification Certification Work Queue



Select:

- Certifier Name
- Certifier Name may not appear if the Certifier is new and his/her name was not added
- Enter PIN (PIN is issued from Medical Records at WIH. It's different than RIVERS password)

GLOBAL BIRTH FE	TAL DEATH		
Functions * Process *			
BR:)	ELECTRONIC CERTIFICATION	Unresolved Work Queue
Help tips			
	Unresolved	Medical Risk Infections and Obstetric C Eactors Method of Delivery Procedures	haracteristics of Maternal Morbidity
		Please login	
N.	OB Medical Items	Diabetes (select one of the fc	HAT APPLY)
V Q	Delivery Information	Prepregnancy (diagi PIN:	
	ACTIVITY:	Gestational (diagnos	
	Field Name:	Hypertension (select one of the	
	Action:	Prepregnancy (chror	
-0,	Default Mode	Gestational (PIH, pre	
		Campsia	
		Other Previous poor pregnancy outcome (includes perinatal death,	smau-jor-gestational age/intrauterine growth restri
		Pregnancy resulted from intertility treatment(Check all that apply):	
		Fertility-enhancing drugs, artificial insemination, or intrauterine —	r insemination
		Assisted reproductive technology (e.g. In Vitro Fertilization (IV)	F), Gamete Intrafallopian Transfer(GIFT))
		Mother had a previous cesarean delivery	



Unresolved Work Queue

LogOut Welcome, ritester 1 & Location: WOMEN AND INFANTS HOSPITAL OF RI		
Unresolved Work Queue Filter: Unresolved Work Queue: 3 Uncertified Select a value × • D'ANGELO (M), DE LEON SPACE (, D'ANGELO (M), DE LEON SPACE (, • WHITE (M), WHITE HAPPY (C), 0 • •		 Filter defaults to Uncertified
Unresolved Medical Risk Infections and weight of Delivery Obstetric weight of Delivery Characteristics of weight of Labor & Delivery Maternal Morbidity weight of Delivery OB Medical Items Risk FACTOR IN THIS PREGNANCY (CHECK ALL THAT APPLY) Diabetes (select one of the following): Diabetes (select one of the following):		 Select mother From drop down
Delivery Information Prepregnancy (diagnosis prior to this pregnancy) ACITVITY: Gestational (diagnosis in this pregnancy) Hypertension (select one of the following): Prepregnancy (chronic) Field Status: Prepregnancy (chronic) Action: Gestational (PIH, preeclampsia) Eclampsia Previous preterm birth Other Previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)	>	Record may not appear if the record was not created prior to certifier review.
Pregnancy resulted from Infertility treatment(Check all that apply): Fertility-enhancing drugs, artificial insemination, or intrauterine insemination Assisted reproductive technology (e.g. In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer(GIFT)) Mother had a previous cesarean delivery If selected, how many? None		

OB Medical Items

- Be sure to enter data for all
 5 tabs (Check all that apply)
 - 1. Medical Risk Factors
 - 2. Infections and Method of Delivery
 - 3. Obstetric Procedures
 - 4. Characteristics of Labor and Delivery
 - 5. Maternal Morbidity
- Press **"Tab Key**" after all entries

Unresolved	Medical Risk FactorsInfections and Method of DeliveryObstetric ProceduresCharacteristics of Labor & DeliveryMaternal MorbidityMethod of DeliveryProceduresCharacteristics of Labor & DeliveryMaternal Morbidity
	RISK FACTOR IN THIS PREGNANCY (CHECK ALL THAT APPLY)
OB Medical Items	Diabetes (select one of the following):
Delivery Information	Prepregnancy (diagnosis prior to this pregnancy)
ACTIVITY:	Gestational (diagnosis in this pregnancy)
Field Name:	Hypertension (select one of the following):
Field Status:	Prepregnancy (chronic)
Action: Updating Record	Gestational (PIH, preeclampsia)
	Previous preterm birth
	Other Previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)
	Pregnancy resulted from infertility treatment(Check all that apply):
	Fertility-enhancing drugs, artificial insemination, or intrauterine insemination
	Assisted reproductive technology (e.g. In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer(GIFT))
	Mother had a previous cesarean delivery
	If selected, how many?
	INVIC
	← Previous Save Next →

Medical Risk Factors



Medical Risk Factors	Infections and Obstetric Characteristics of Maternal Morbidity Method of Delivery Procedures Labor & Delivery			
	RISK FACTOR IN THIS PREGNANCY (CHECK ALL THAT APPLY)			
Diabetes (select	: one of the following):			
Prepre	gnancy (diagnosis prior to this pregnancy)			
Gestati	ional (diagnosis in this pregnancy)			
Hypertension (s	elect one of the following):			
Prepre	gnancy (chronic)			
Gestational (PIH, preeclampsia)				
Eclamp	osia			
Previous preterm birth				
Other Previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)				
Pregnancy resulted from infertility treatment(Check all that apply):				
Fertility-enhancing drugs, artificial insemination, or intrauterine insemination				
Assisted reproductive technology (e.g. In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer(GIFT))				
Mother had	a previous cesarean delivery			
If selected, I	how many?			
None				

Infections and Method of Delivery





Obstetric Procedures, Gestational Age Calculation and Onset of Labor



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Characteristics of Labor & Delivery



Unresolved	Medical Risk Infections and Obstetric Characteristics of Maternal Morbidity Factors Method of Delivery Procedures Characteristics of Maternal Morbidity
OB Medical Items	CHARACTERISTICS OF LABOR & DELIVERY
	Induction of labor
Delivery Information	Augmentation of labor
Астіліту:	Steroids(<i>glucocorticoids</i>) for fetal lung maturation received by the mother prior to delivery
Induction of Labor: false	Antibiotics received by mother during labor
Field Status: Unresolved	Clinical chorioamnionitis diagnosed during labor or maternal temperature is greater than or equal to $38^{\circ}C(100.4^{\circ}F)$
Action: Updating Record	Eatal intelerance of labor such that one or more of the following action was taken: in-utere resuscitative measures, further fetal
	assessment, or operative delivery
	Epidural or spinal anesthesia during labor
	None of the above

Maternal Morbidity



Unresolved	Medical Risk Infections and Obstetric Characteristics of Maternal Morbidity Factors Method of Delivery Procedures Labor & Delivery Maternal Morbidity
OB Medical Items	MATERNAL MORBIDITY
Delivery Information	Maternal transfusion
Астилту:	Third or fourth degree perineal laceration Ruptured uterus
Maternal transfusion: false	Unplanned hysterectomy
Field Status: Unresolved	Admission to intensive care unit
Action: Updating Record	Unplanned operating room procedure following delivery
	None of the above
	← Previous Save Next →

Delivery Information



	Unresolved		CHILD'S INFORMATION	
"Unresolved fields	OB Medical Items	*Plurality: SINGLE	Birth Order: SINGLE DELIVE	RY
marked in YELLOW '	Delivery Information	First Name: SPACE	*Last Name: DE LEON	
,	Αςτινιτγ:	Suffix:	*Date Of Birth: 04/20/2015	
	(Maternal Morbidity) None of the above: true	Time of Birth: 11:11 MILITARY	Sex: FEMALE	
	Field Status: Resolved	Place of Birth: WOMEN AND INFANTS HOSPITAL OF RI		
Verify/Complete	Updating Record	Pounds:	Ounces:	Grams:
Delivery Information			MOTHER'S INFORMATION	
Select Save		*Medical Record Number: 000468465168	Mother's First Name (Delivery): BARBARA	*Mother's Last Name (Delivery): D'ANGELO
			CERTIFIER INFORMATION	
Select Certify		First Name BOTH	Middle Name	Last Name CERT ATTEND
·		Certify		Exit
		Previous	Save	Next

Certify the Record



Certification CHILD'S INFORMATION SINGLE **Plurality:** Birth Order: SINGLE DELIVERY First Name: SPACE Middle Name: Last Name: DE LEON Suffix: Date of Birth: 04/20/2015 Time of Birth: 11:11 FEMALE Sexc WOMEN AND INFANTS HOSPITAL OF RI Place of Birth: Child's Weight (Grams): 3856 **MOTHER'S INFORMATION** Medical Record Number: 000468465168 First Name (Delivery): BARBARA Last Name (Delivery): D'ANGELO **CERTIFIER INFORMATION** First Name: BOTH Middle Name: Last Name: CERT ATTEND Cancel Certification

Certification Screen will appear

- Verify information
- Select 'Certification' button

Certify the Record



		CERTIFIER INFORMATION		
	First Name:	BOTH		
	Middle Name:			
	Last Name:	CERT ATTEND		
> Check			Cancel	Certification
attestation		PLEASE ENTER PIN		
checkbox	To the best of my knowledge, birth	occurred at the time, date, and place, and due to the cause(s) and manner stated.		
> Enter Din	Current Certifier Pin:	••••		<u>^</u>
> Select OK				k Cancel

After certification, answer 'yes' to prompt: "Are you sure?" and Wait for prompt: "Record Successfully Certified"

Labor & Delivery Screen: Overview

DEPARTARENT OF HERE

From Home screen:

- Select Functions
- Labor and Delivery
- Similar Screen to Certification Work Queue
- Has the ability to certify as well as to start a new record
- Attendant/Certifier fields

Functions * Tools * Help *	GLOBAL BIRTH Functions * Tools *	t of Health, Office of Vital Records
Labor and Delivery Certification Work Queue Switch Location Exit Application	Labor and Delivery Certification Work Queue Switch Location Exit Application	DE ISLAND EPRODE ISLAND FT MENTOF Vital Records System-Office of Vital Records!



Obtaining Existing Patient Record



Data Entry & Certification





Certification Screen:

- o Record
- o Certify
- > Verify/Complete:
 - o OB Information
 - Delivery
 Information

Create New Record



Search Record to ensure it has not been created

Select New icon OR go to Functions, then Select New



- ➢ Fill in all OB items and Delivery Information
- Select Attendant & Certifier
- ➢ Select SAVE
- Proceed to certification
- Items required to save DOB, MRN, Record Type, Mom's last name, Plurality & # of births

Why Birth Certificate?















Why Birth Data?



> For Your State and Government (National & Local):

- Safety, Health and Welfare of The Public
- National Center for Health Statistics (NCHS) & Center for Disease Control (CDC)
- RI Health Department & Partners:
 - Newborn Screening
 - Brown University Infant Speech Program
 - Pregnancy Risk Assessment Program (PRAMS)
 - Pre-maturity Task Force (DOH, DHS, CNE, Brown University,...)
 - Low Birth Weight Review
- o Funding Grants & Research







Electronic Birth Registration Help Contact *The Office of Vital Records*: (401) 222-2813 M-F 7:30-3:30



Questions?



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Thank You