NYC
Health

eVital Guide:
Electronic Birth Registration Module
for Medical Facility Users

New York City Department of Health and Mental Hygiene

Division of Epidemiology, Bureau of Vital Statistics

Table of Contents

1. Purpose

1. The eVital system allows users to electronically submit birth and death registrations with the New York City Health Department's Bureau of Vital Statistics (BVS).

2. Scope

1. This guide outlines the steps taken to register birth cases in eVital. You will also learn how to log in to and navigate the eVital application.
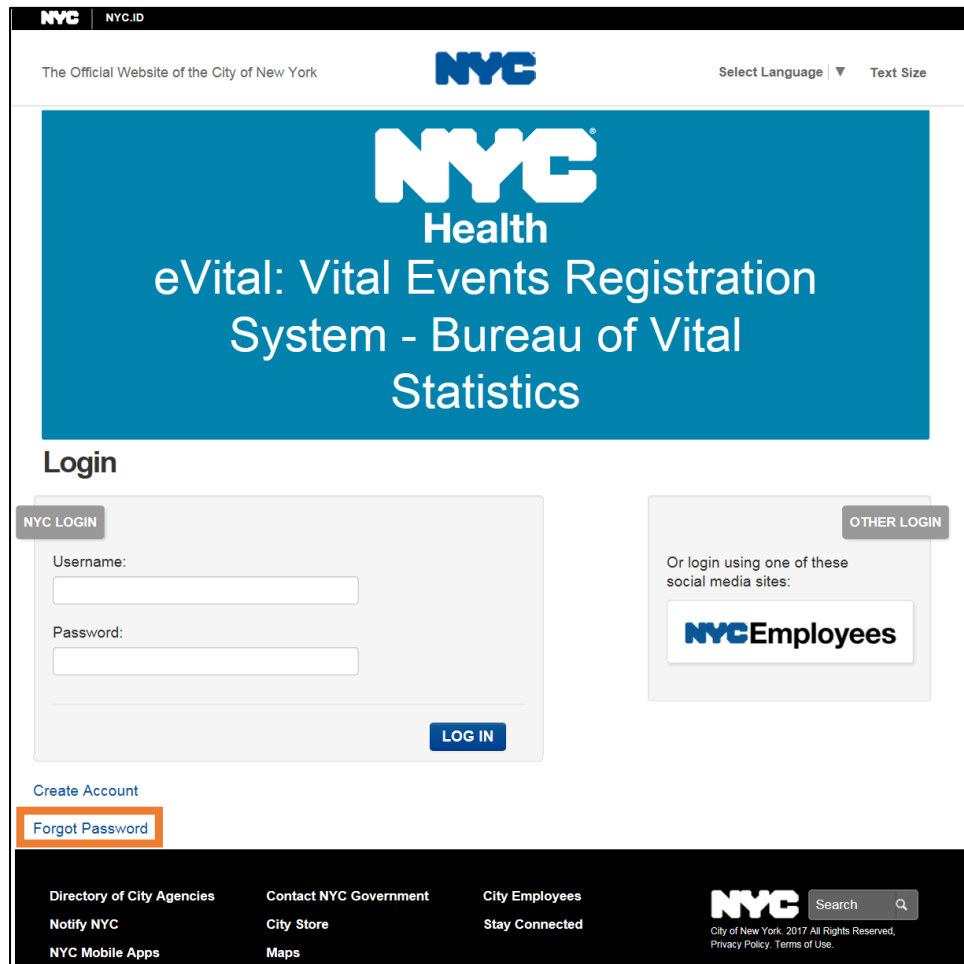
3. Logging in to and Navigating eVital

1. Logging In
   a. To access eVital, open an Internet Explorer browser and type the following URL in the address bar: https://a816-evital.nyc.gov/eVital.
   b. Type your NYCID email address and password and click **LOG IN**.

c. If you forgot your password, click the **Forgot Password** link located in the bottom left-hand corner.

d. Type the email address you used to sign up with eVital. Click **Submit**.
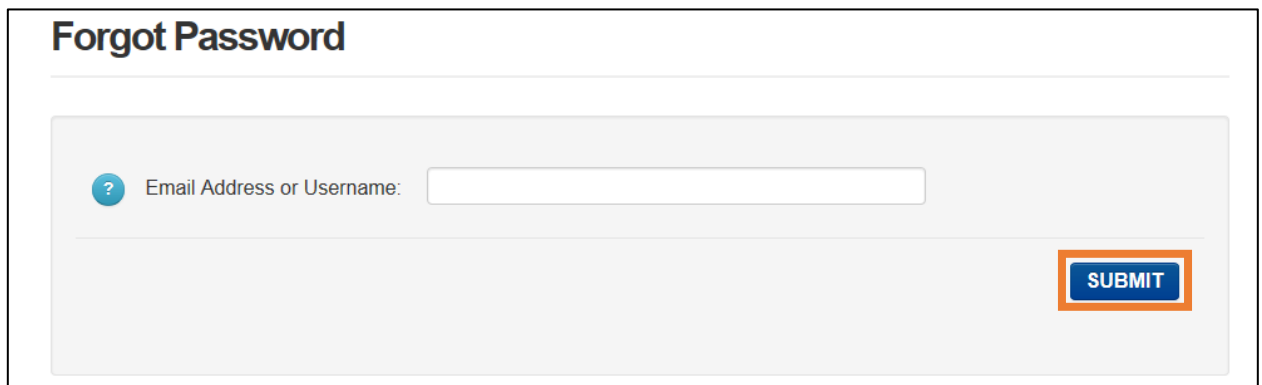
e. You may reset your password by email or by answering the security questions associated with your account. Choose the desired option. If you chose **Reset via email**, click **Continue** and proceed to Step g. If you chose **Reset via security questions**, proceed to Step h.

Reset Password: amyevers12@gmail.com

◉ Reset via email

○ Reset via security questions

Click "Continue" below to receive an email with instructions on how to reset your password.

CONTINUE

f. You will receive the following message. Log in to your email account for step-by-step instructions to continue changing your password.

Check Your Email

An email has been sent to the email address provided. Follow the instructions in the email to reset your password. If you have not received the email, check your spam/junk folder.

CONTINUE

g. Type the answers to your security questions, then select **Continue**. Follow the remaining instructions to continue changing your password.

|	
What is the name of your first pet?	
What is your favorite cartoon character?	

Display Answers: ◉ Show   ○ Hide

CONTINUE

2. Selecting a Facility

    a. If you are only associated with one facility, you will be taken directly to the **eVital Dashboard**.

    b. If you are associated with multiple facilities you will need to select the desired facility from the **Select Facility** drop-down list and then click **Go to Unit.**
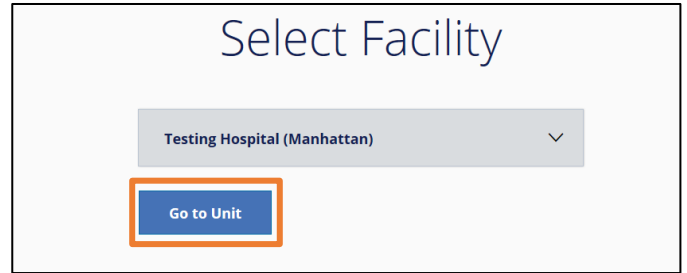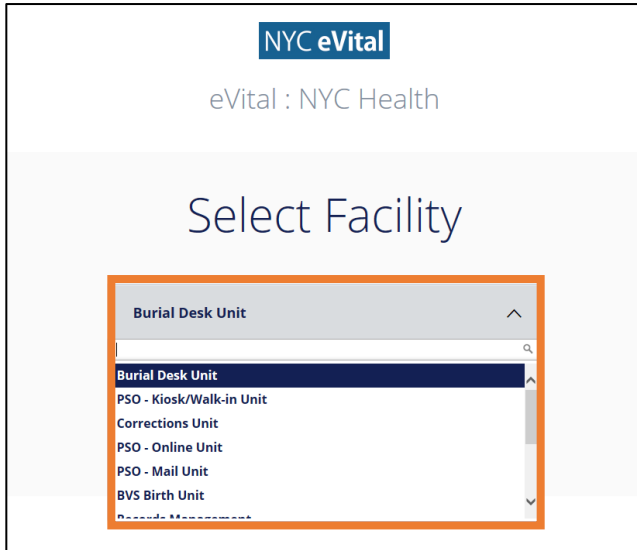
3. The eVital Dashboard

    a. The **eVital Dashboard**, also called the home page, displays your name, the name of your current facility and a drop-down menu.

    b. If you click the drop-down menu, a list of your available facilities will appear.
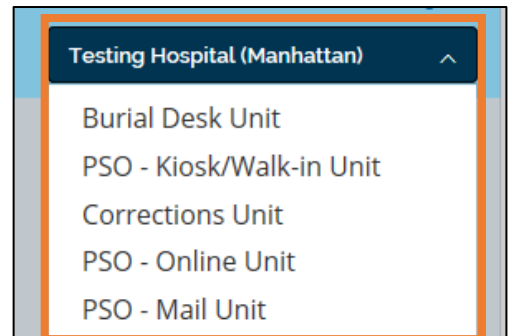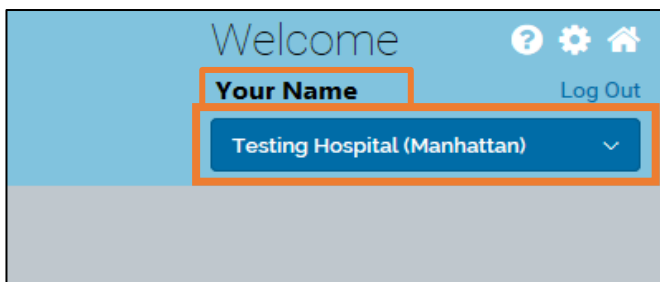
c. There are three icons located in the upper right-hand corner of the **eVital Dashboard**: **Help**, **My Profile** and **Home.**

- **Help** – Click this icon to search for answers to eVital questions.
- **My Profile** – Click this icon to view personal information, such as your email address.
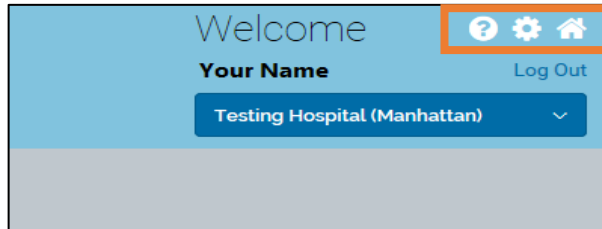- **Home** – Click this icon to return to the **eVital Dashboard**.

Note: Click the **NYC Health** icon at the top of any screen to return to the **eVital Dashboard**.

d. Also located on the upper right-hand corner of the **eVital Dashboard** is the **Log Out** feature. When you are done using the application, you can log out by clicking this link.
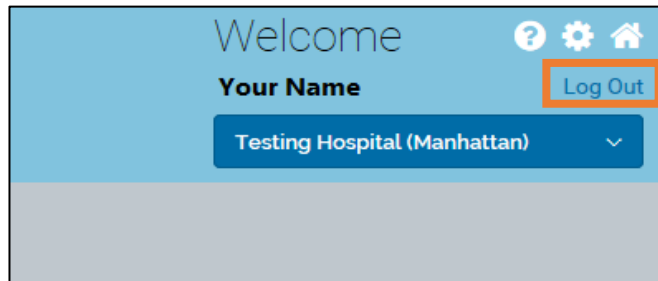
e. There is a black bar across the top of the **eVital Dashboard** with a **Profile** link in the right-hand corner. Click the **Profile** link to access and make changes to your NYCID profile.

f. On the **Profile** screen, you can change your email address and password, update your name, view your security questions or deactivate your account. To change your email address, type your new email address in the first field and then type it again in the second field to confirm. Click **Save Changes**.

| EMAIL ADDRESS | PASSWORD | NAME | SECURITY QUESTIONS | DEACTIVATE |

? New Email Address: [   ]

Confirm New Email Address: [   ]

SAVE CHANGES

g. You can make additional changes to your profile by selecting the **Password**, **Name**, **Security Questions** and **Deactivate** tabs. Click **Save Changes** to return to the dashboard.

| EMAIL ADDRESS | PASSWORD | NAME | SECURITY QUESTIONS | DEACTIVATE |

Current Password: [   ]

? New Password: [   ]

Confirm New Password: [   ]

SAVE CHANGES

h. On the **eVital Dashboard**, you can navigate to different areas of the application by clicking the **menu icon** located on the left-hand side of the page.
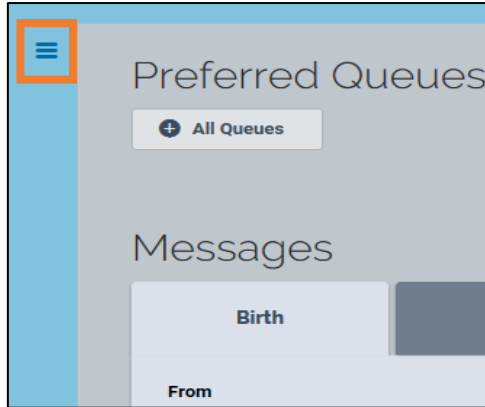
i. After clicking on the **menu icon**, the **All Categories** menu will open. Click **Main** to open the main menu. Available options include **Link EVERS Profile**, **New Facility Request** and **Facility Request Status**.
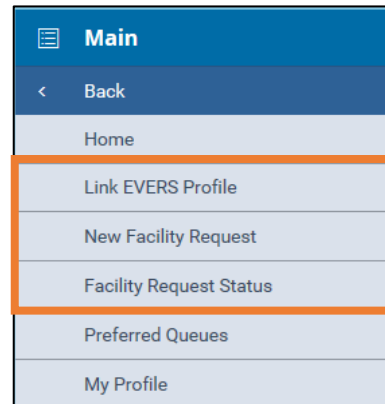

j. To link an existing EVERS profile to your eVital profile, select **Link EVERS Profile**. Type your **EVERS Username** and **Migration Key**, then click **Validate and Link Account**.

k. A message stating that the profile has been linked will appear.
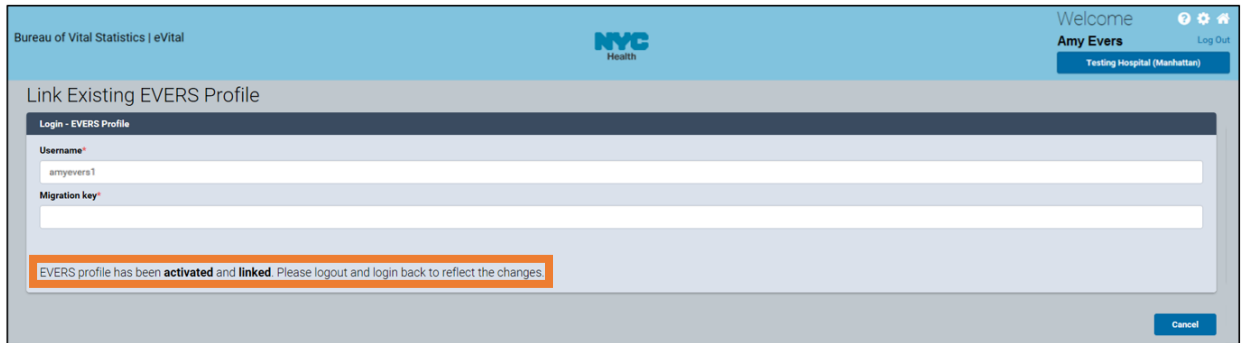
l. To add a new facility to your profile, select **New Facility Request** from the main menu. Click the **Look Up…** button to search for the new facility.
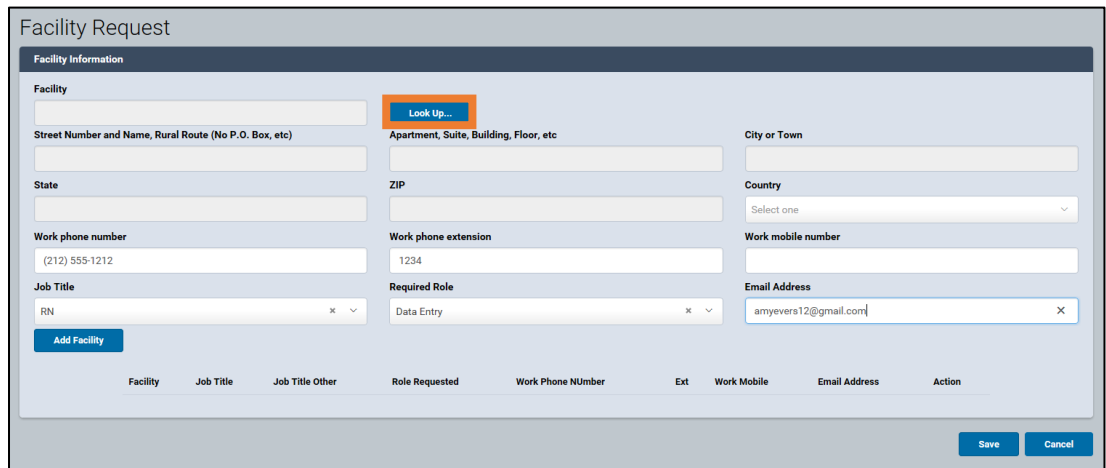
m. Type the **Facility Name** and click **Search** or type the first three characters of the facility name followed by a percent sign **(%)**.

==Note==: The percent sign (%) can be used as a wildcard, substituting for any characters at the beginning, middle or end of names.
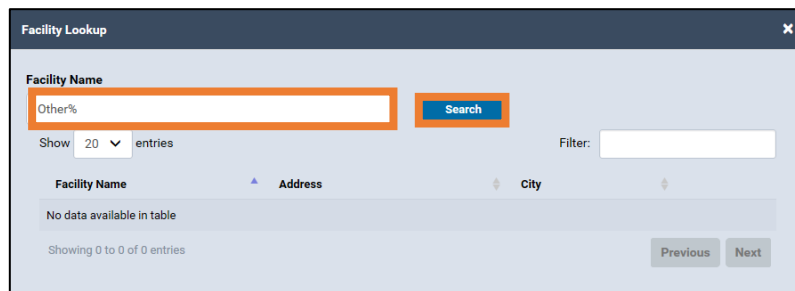
n. Click **Select** to select the facility.

Facility Lookup   ✖

Facility Name

Other%   [Search]   Filter: [   ]

Show [20 ▾] entries

Facility Name	Address	City	
Other Medical Facility	124 Worth St	New York	Select
Other Funeral Home	5628 Broadway	New York	Select

Showing 0 to 0 of 0 entries   [Previous] [Next]

o. The **Facility Information** will appear in the **Facility Request** window. Click **Add Facility**.

Facility Request

Facility Information

Facility
Other Medical Facility   [Look Up...]

Street Number and Name, Rural Route (No P.O. Box, etc) | **Apartment, Suite, Building, Floor, etc** | **City or Town**
124 Worth St | Ste 600 | New York

State | **ZIP** | **Country**
NY | 10013-4025 | Select one ▾

Work phone number | **Work phone extension** | **Work mobile number**
(212) 555-1212 | 1234 |

Job Title | **Required Role** | **Email Address**
RN   ✕ ▾ | Data Entry   ✕ ▾ | amyevers12@gmail.com

[Add Facility]

Facility	Job Title	Job Title Other	Role Requested	Work Phone NUmber	Ext	Work Mobile	Email Address	Action

[Save] [Cancel]

p. The facility information will appear at the bottom of the window. Click **Save**.

q. The **User Facility** information will appear. The **Status** will be **Pending** until the Facility Administrator approves the request. eVital users can cancel the request by clicking **Cancel Request** and view requests by selecting **Facility Request Status** from the main menu.
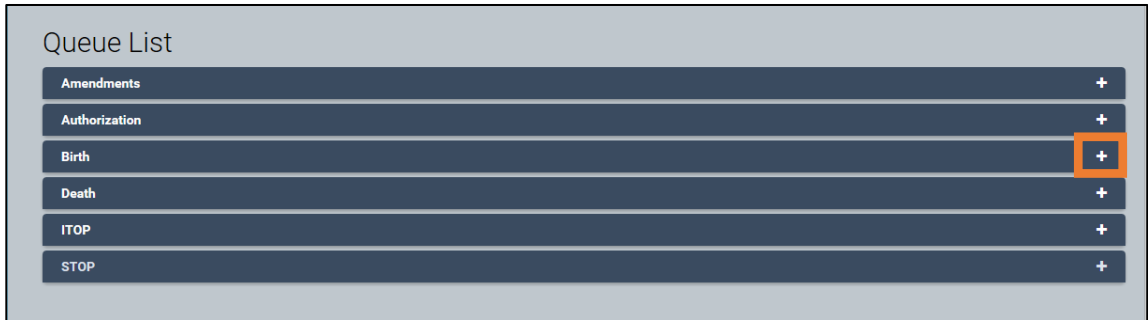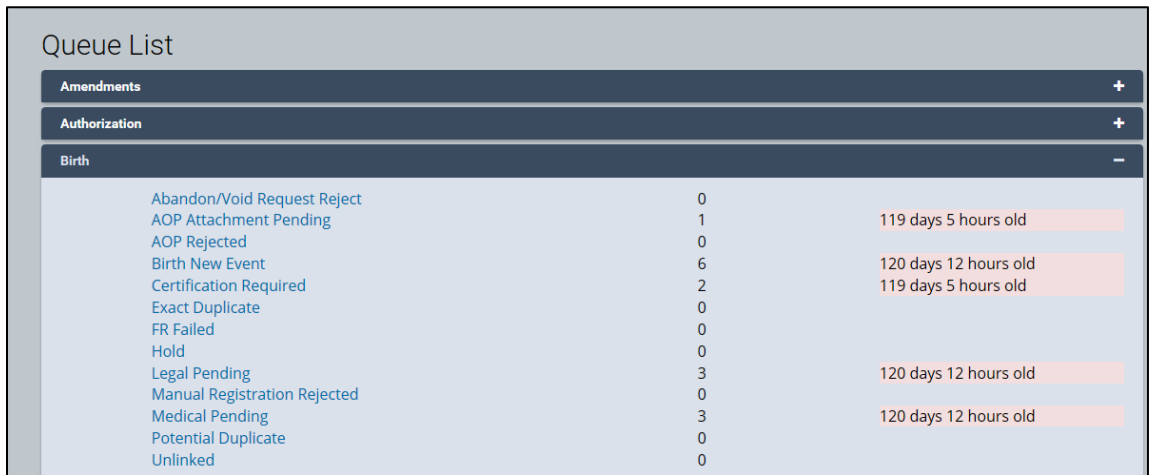

4. Queues

a. Near the **menu icon** on the **eVital Dashboard** is an **All Queues** button**.**
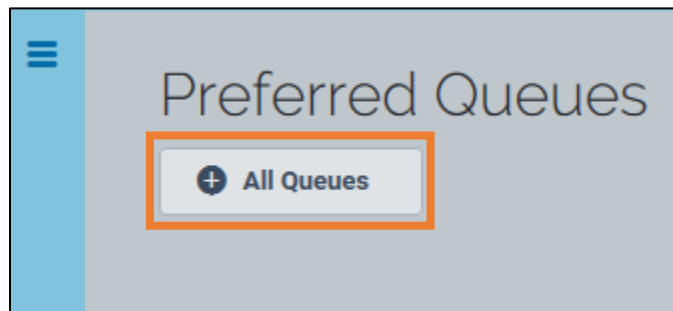
b. Clicking the **All Queues** button will open the **Queue List**. This list is categorized by module. The modules are based on the roles assigned to you in your facility profile.

Queue List	
Amendments	+
Authorization	+
Birth	+
Death	+
ITOP	+
STOP	+

c. Clicking the plus sign **(+)** next to the module name will expand the list and display queues associated with the module. Each queue has a count of the number of cases that require attention. If a queue has a zero (0) next to it, there are no cases in that queue and nothing that needs to be addressed. Click the queue name to see the actual cases in the queue.
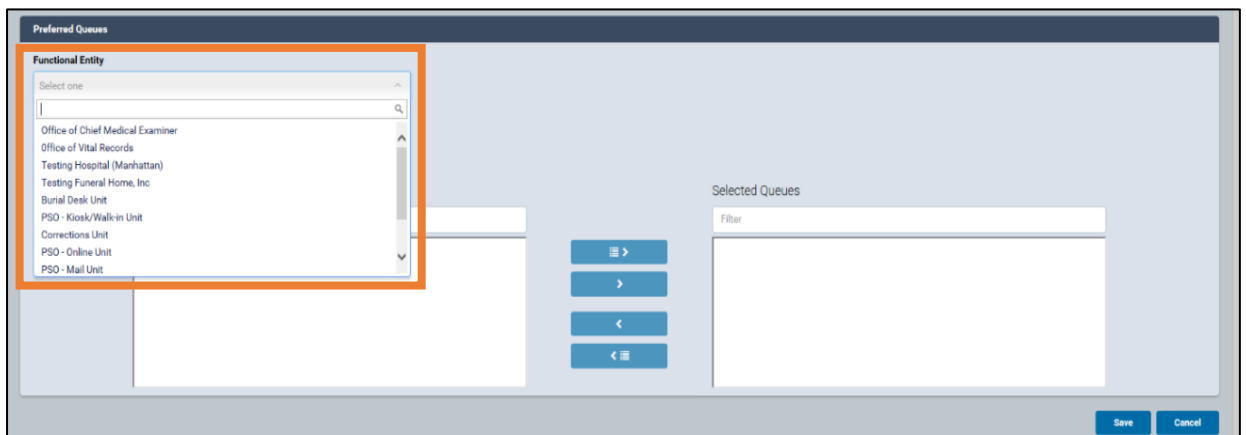
Queue List

| Amendments		
Authorization		
Birth		−
Abandon/Void Request Reject	0	
AOP Attachment Pending	1	119 days 5 hours old
AOP Rejected	0	
Birth New Event	6	120 days 12 hours old
Certification Required	2	119 days 5 hours old
Exact Duplicate	0	
FR Failed	0	
Hold	0	
Legal Pending	3	120 days 12 hours old
Manual Registration Rejected	0	
Medical Pending	3	120 days 12 hours old
Potential Duplicate	0	
Unlinked	0	

5. Preferred Queues

a. If you frequently use certain queues, you can choose to add them as **Preferred Queues**. To set up your **Preferred Queues**, go to your **eVital Dashboard**, click the **menu icon**, select **Main** and then select **Preferred Queues.**
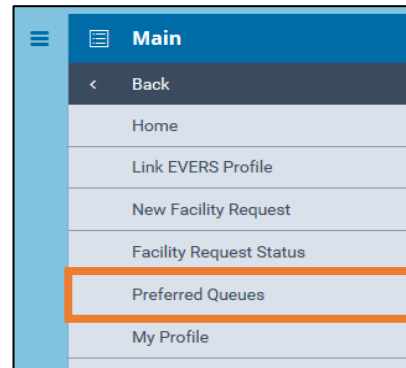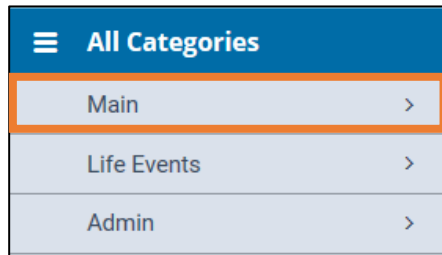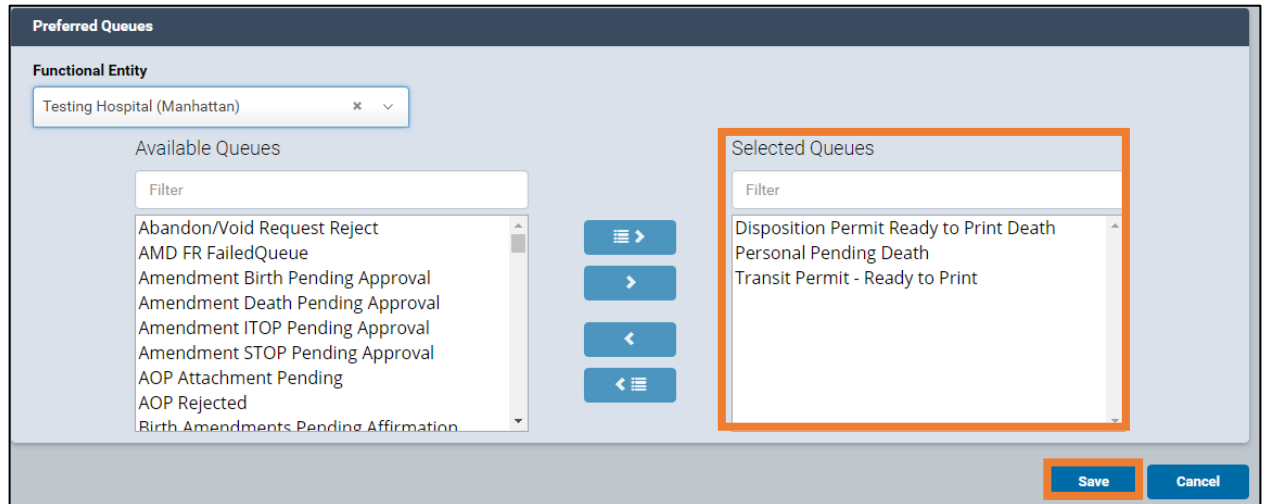

b. Select your facility from the **Functional Entity** drop-down list.

c. A list of available queues will appear. To move a queue to the **Selected Queues** window, click the desired queue name and click the right arrow **(>)**. You can include up to seven queues as **Preferred Queues**.
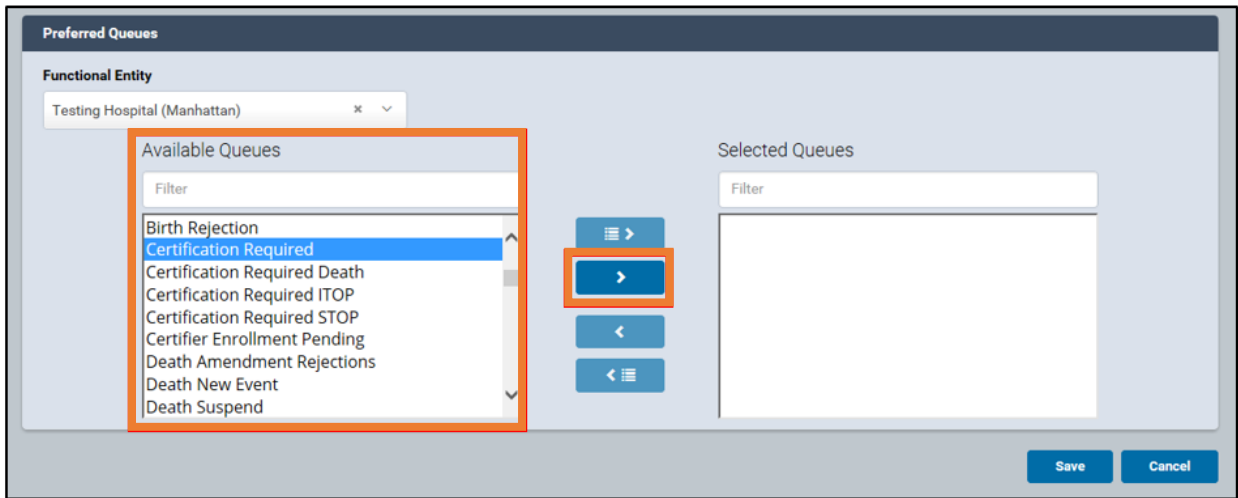
d. Once the desired queues are listed in the **Selected Queues** window, click **Save**.
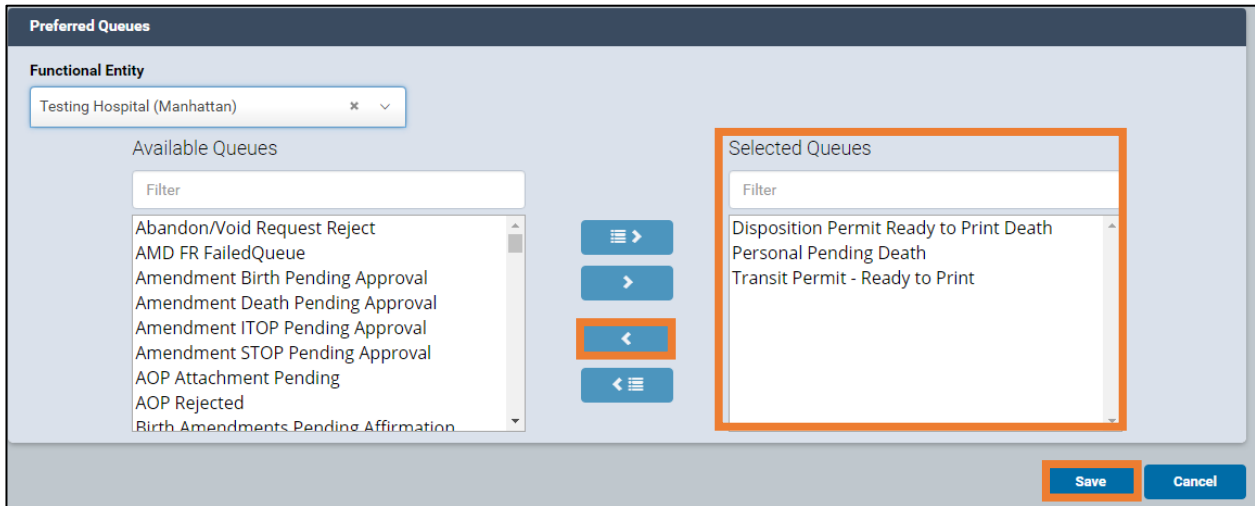
e. The selected queues will appear on your **eVital Dashboard**.
   Note: Queues are color coded as follows:
         Blue: Contains items less than **10** days old.
         Orange: Contains items **10 to 24** days old.
   Red: Contains items **25** days old or older.

Preferred Queues

⊕ All Queues

| 1 Transit Permit - Ready to
42 days 10 hours old | 2 Disposition Permit Ready to
15 days 19 hours old | 2 Personal Pending Death
5 days 20 hours old |

f. To remove a **Preferred Queue** from your **eVital Dashboard**, click the desired queue from the **Selected Queues** window and then click the left arrow **(<)** to move it back to the **Available Queues** window. Then click **Save**.
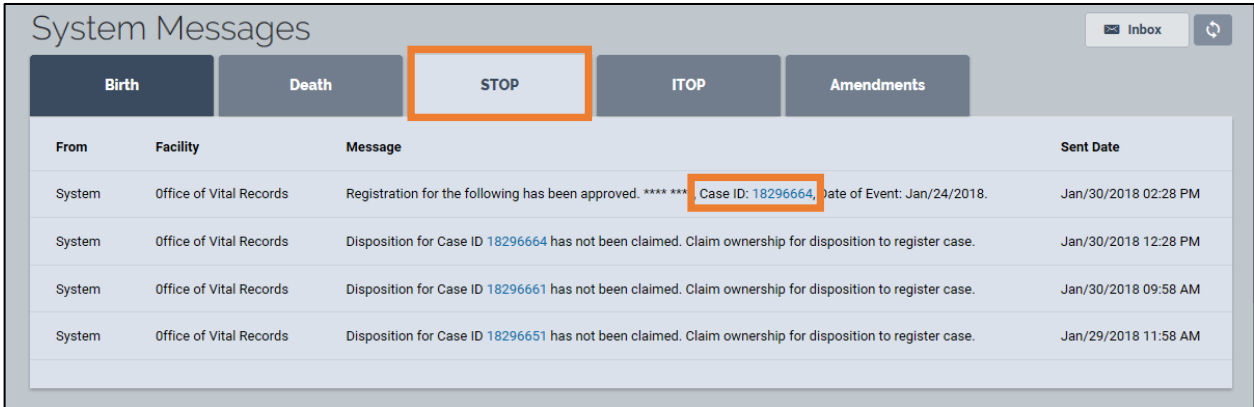
Preferred Queues

Functional Entity

Testing Hospital (Manhattan)   × ∨

Available Queues

Filter

Abandon/Void Request Reject
AMD FR FailedQueue
Amendment Birth Pending Approval
Amendment Death Pending Approval
Amendment ITOP Pending Approval
Amendment STOP Pending Approval
AOP Attachment Pending
AOP Rejected
Birth Amendments Pending Affirmation

Selected Queues

Filter

Disposition Permit Ready to Print Death
Personal Pending Death
Transit Permit - Ready to Print

Save   Cancel

6. System Messages

a. **System Messages** are displayed in tabs on the eVital home page. System message tabs are grouped by module (**Birth**, **Death**, **STOP**, **ITOP** and **Amendments**) and correspond to the roles you are assigned within your current facility.
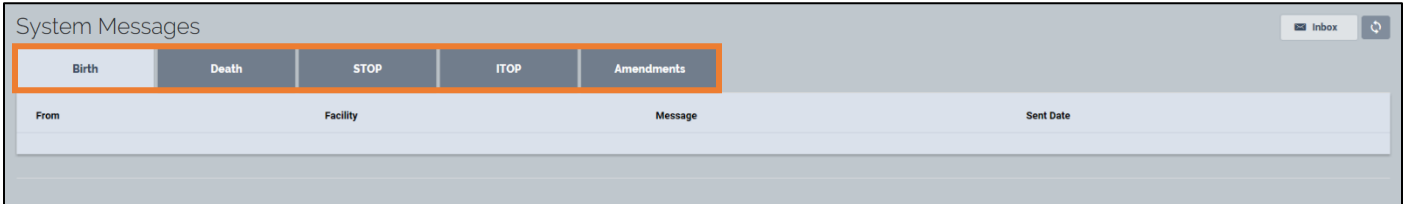
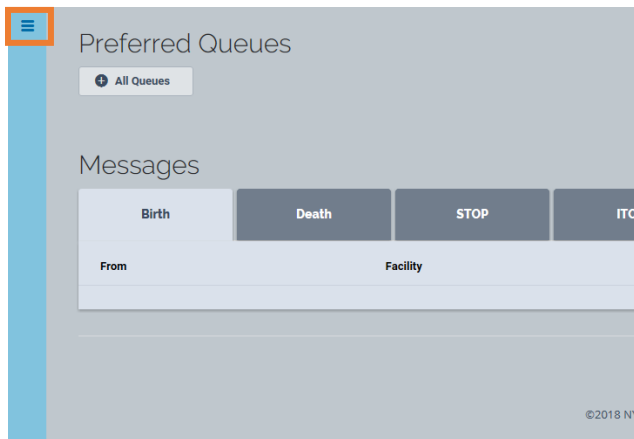b. Click a tab to see the associated messages. Click the **Case ID** link to view an entry in detail.

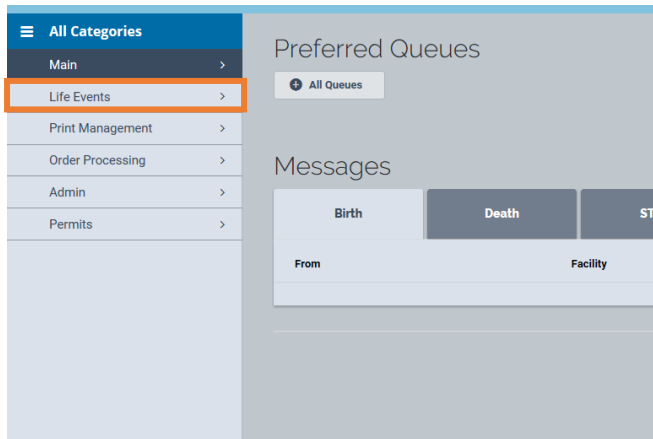c. System messages can also be viewed by clicking the **Inbox** button.
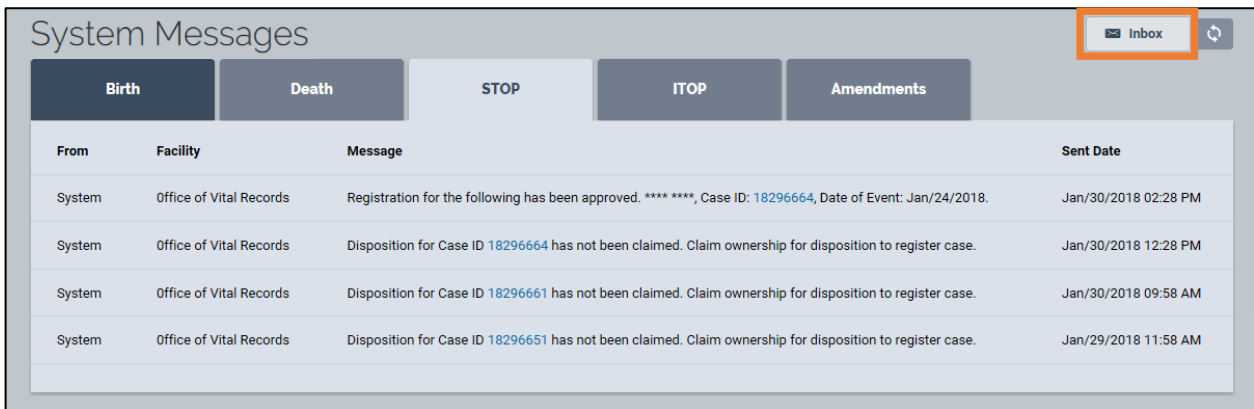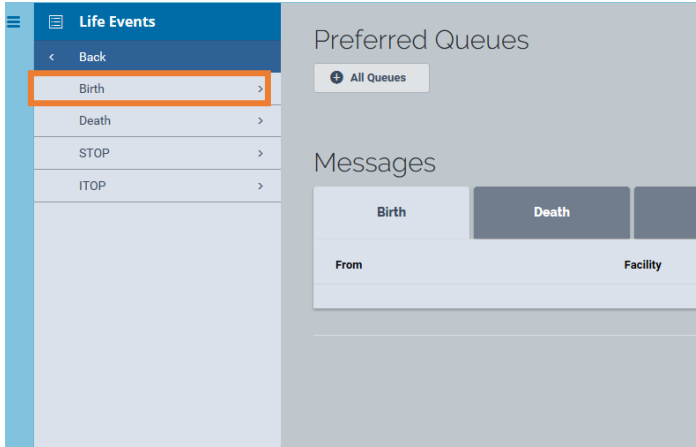
4. How Do I Create a New Birth Case?

1. From the **eVital Dashboard**, click the **menu icon** to the left of **Preferred Queues**.

2. In the **All Categories** menu, select **Life Events**.

3. In the **Life Events** menu, select **Birth**.

4. In the **Birth** menu, select **Start New Case**.
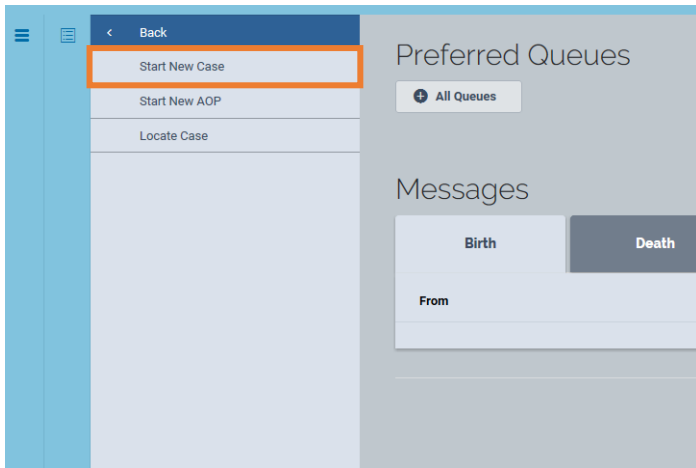
5. When the **Start New Birth Case** form opens, the **Foundling Baby** field will default to **No** and should remain that way. Type the date or click the **calendar icon** and select the **Date of Child's Birth**. Next, select the **Sex** from the drop-down list (**Male, Female, Undetermined, Unknown** or **Intersex**).

6. Type the **Child's Last Name** and the **Mother's Maiden Last Name (Prior to First Marriage)** in the corresponding fields. Type the **Child's Medical Record Number** and then retype the **record number** in the **Confirm Child's Medical Record** field. Type the **Mother's Medical Record Number** in the corresponding field. When you have completed all the fields, click **Search**.

Start new Birth Case	–
Foundling Baby* No	
Date of Child's Birth* Feb-05-2018	**Sex*** Male ✕ ⌄
Child's Last Name* Smith	**Mother's Maiden Last Name (Prior to first marriage)*** Daniels
Child's Medical Record Number* 1234567	**Confirm Child's Medical Record*** 1234567
Mother's Medical Record Number* 7654321	**Confirm Mother's Medical Record Number*** 7654321
	Search

7. If the case information is new, a notice will appear stating "There are no cases that match the criteria you have entered." Click the **Create New Case** button to create a new registration case.
   Note: If you receive a duplicate case notice, refer to the guide titled "How Do I Report a Duplicate Birth Case in eVital?"

Start new Birth Case	+
	Search ⊖ Create New Case
There are no cases that match the criteria you have entered.	

5. Child

1. After selecting **Create New Case**, the **Child** form will appear under **Parent Information**. The fields for last name, date of birth and sex will automatically populate with the information you previously entered. Type the child's **First** name and **Middle** name, if applicable, in the corresponding fields.
   *Note:* The **Middle** name, **Other Middle** and **Suffix** fields are not required.

2. Complete the **Time of Birth** field. In the **Has Mother Approved Assignment of SSN for Child?** field, select **Yes, No** or **Unknown** from the drop-down list. In the **Number Delivered in This Pregnancy** field, select the appropriate number from the drop-down list. In the **Is Infant Living at Time of Report?** field, select **Yes** or **No** from the drop-down list.
   Note: Refer to section 35 for information on how to enter a plural delivery

3. In the **If Birth Occurred in Hospital, Has Mother Transferred in Before Giving Birth?** field, select **Yes, No** or **Unknown** from the drop-down list. In the **Infant Transferred** field, select the appropriate response from the drop-down list.
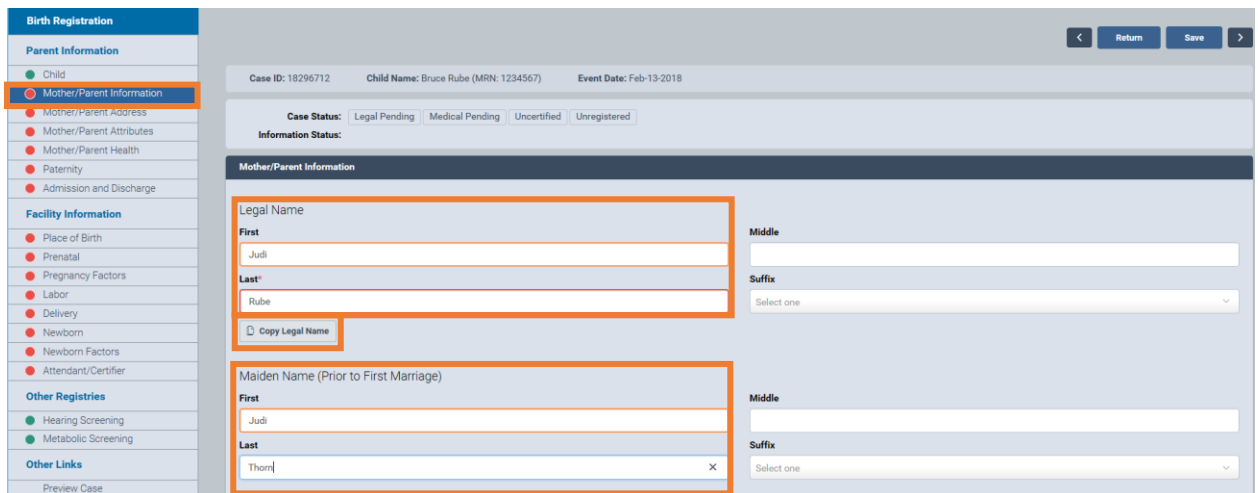
4. Click **Save**. If all the fields contain valid information, a "No Validation Error Found on This Page" notice will appear, while a **green dot** appears next to the **Child** tab.
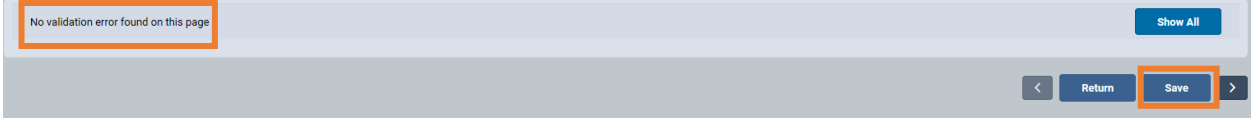
Note: If you receive a validation error notice, review and correct the information. There are two types of errors: hard edits appear in red and must be corrected to sign the certificate. Soft edits appear in orange and must be overridden to sign the certificate. To override soft edits, select the check box in the **Override** column, and click the **Save Overrides** button.

6. Mother/Parent Information

1. Under **Parent Information**, select the **Mother/Parent Information** tab. When the Mother/Parent form appears, type the mother/parent **Legal Name** – **First**, **Middle**, **Last** and **Suffix** (if applicable) and the mother/parent **Maiden Name (Prior to First Marriage)**. Use the **Copy Legal Name** button if the mother/parent current **Legal Name** is the same as the **Maiden Name**.

2. Type the **Mother/Parent's Date of Birth** (**Month, Day** and **Year**), **Age** and **Sex**. In the **SSN** field, select **Available**, **Unknown** or **None**. If you select **Available**, the **SSN Value** field will appear for you to type the number.
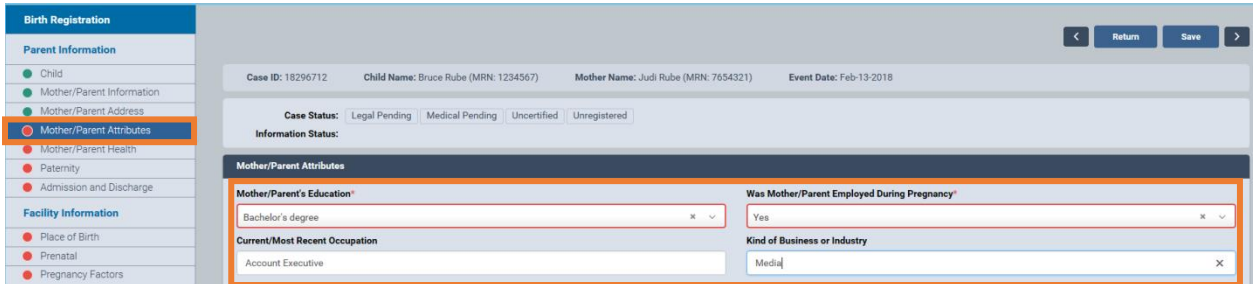

3. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear, while a **green dot** appears next to the **Mother/Parent Information** tab.

7. Mother/Parent Address

1. Under **Parent Information**, select the **Mother/Parent Address** tab. When the **Mother/Parent Address** form appears, select the mother/parent **Birth Country** from the drop-down list. If you select **United States,** the **Birthplace City or Town** and **Birthplace State/U.S. Territory** fields will appear. Type the city or town in the corresponding field and select the state from the drop-down list.

2. Next, complete the **Residence Address** information and click the **Verify Address** button.

3. In the **Matched Address** form, choose the correct address and click **Select**.

4. In the **Residence Address** section, confirm there is a **green button** titled **Verified** with a check mark next to it before proceeding.

5. The **Inside City Limits** field will automatically populate based on the **Resident Address**. Complete the **Mailing Address** fields.
==*Note*: Check the **Mailing Address Same as Residence** box if the two addresses are the same. The address information will appear.==

Inside City Limits*

Yes

Mailing Address

☑ Mailing Address Same As Residence

In Care Of

Street Number and Name, Rural Route (No P.O. Box, etc)

7 E 14th St

Apartment, Suite, Building, Floor, etc

Apt 720

City or Town — New York   **County** — New York

State — NY   **Country** — United States   **Zip Code** — 10003-3126

/BirthEvent/18838371/Common/ViewCaseHistory

✔ Verified   ⦿ Verify Address

6. In the **Contact Details** section, complete the **Daytime Telephone Number** field. If the daytime and evening numbers are the same, check the box and the information will appear. Otherwise, complete the **Evening Telephone Number** field.

Contact Details

Daytime Telephone Number

(646) 632-6870

Extension

☑ Evening Same As Daytime Telephone Number

Evening Telephone Number

(646) 632-6870

7. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear and a **green dot** will appear next to the **Mother/Parent Address** tab.

8. Mother/Parent Attributes
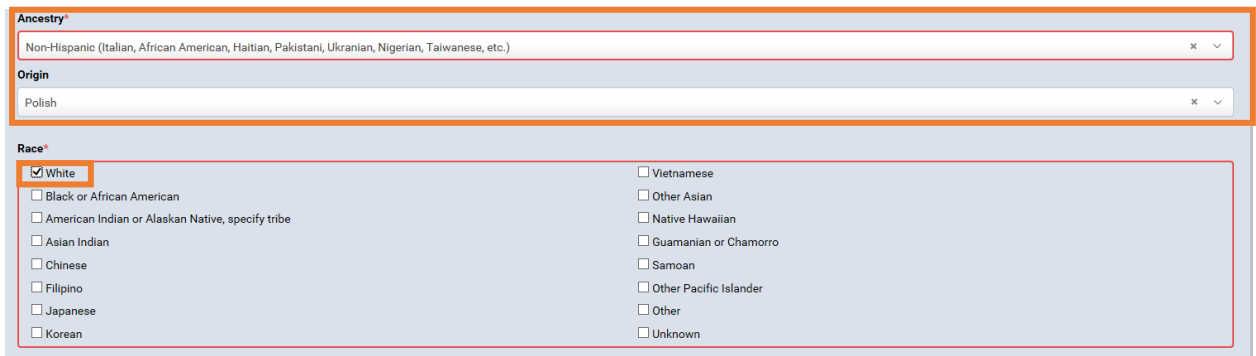
1. Under **Parent Information**, select the **Mother/Parent Attributes** tab and type the **Mother/Parent's Education** and **Occupation** information in the corresponding fields.

2. From the **Ancestry** drop-down list, select the mother/parent ancestry. If you select an option other than **Unknown**, you must also type the **Ancestry Origin**. Next, under **Race**, check the boxes that apply.

3. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear and a **green dot** will appear next to the **Mother/Parent Attributes** tab.

9. Mother/Parent Health

1. Under **Parent Information**, select the **Mother/Parent Health** tab. When the **Mother/Parent Health** form appears, click the **Did Mother/Parent Participate in WIC During This Pregnancy?** field and select **Yes**, **No** or **Unknown**.

2. Complete the **Mother/Parent's Height**, **Mother/Parent's Pre-Pregnancy Weight (lbs.)**, and **Mother/Parent's Weight at Delivery (lbs.)** fields.

3. Under the **Cigarette Smoking (per day) in the 3 Months Before or During Pregnancy?** field, select **Yes**, **No** or **Unknown**. If you selected **Yes**, additional fields will appear asking for information about the **Mother/Parent's Smoking Habits**. Complete the fields that apply.

4. In the **Alcohol Use During This Pregnancy**? field, select **Yes**, **No** or **Unknown**. Under the **Illicit and Other Drugs Used During This Pregnancy?** field, check the boxes next to all that apply.

5. In the **Did You Receive Prenatal Care?** field, select **Yes**, **No** or **Unknown**. If you selected **Yes**, an additional field appears asking for information about **Prenatal Care** visits, including a list of questions. Check the boxes next to all the questions that apply.

6. Complete the remaining mother/parent information: Enter how many times per week the mother/parent exercised for 30 minutes or more and if the mother/parent had any gum problems during pregnancy (**Yes**, **No** or **Unknown**). Select the appropriate answers from the drop-down lists under the **During Your Pregnancy, Would You Say That You Were:** and **Thinking Back to Just Before You Were Pregnant, How Did You Feel About Becoming Pregnant?** fields.


7. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear and a **green dot** will appear next to the **Mother/Parent Health** tab.
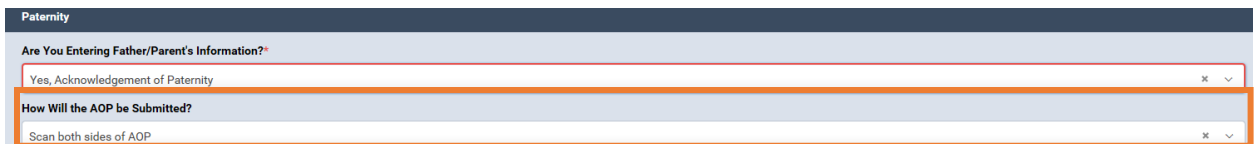
10.   Paternity

1. Under **Parent Information**, select the **Paternity** tab. When the **Paternity** form appears, in the field **Are You Entering the Father/Parent's Information?** field, select **Yes, Married**; **Yes, Acknowledgment of Paternity**; or **No**.
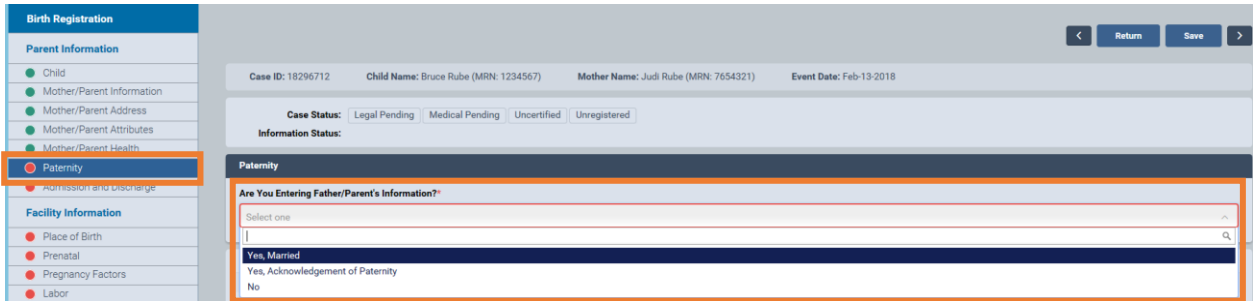
2. If you select **No**, an "Are you sure you want to remove the Father/Parent's information from this record?" notice will appear. Select **OK** to continue.
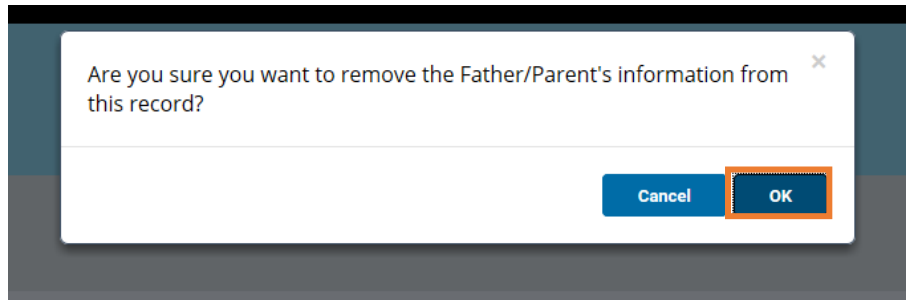
3. If you select **Yes, Acknowledgment of Paternity**, an additional field will appear asking **How Will the AOP be Submitted?** It will automatically populate with **Scan Both Sides of AOP**.

Note: If you select **Yes, Married** or **Yes, Acknowledgment of Paternity**, then additional tabs will appear under the **Birth Registration** menu, including **Father/Parent Information**, **Father/Parent Birthplace** and **Father/Parent Attributes**. An **Acknowledgment of Paternity** section will also appear with tabs titled **AOP-Child**, **AOP-Father/Parent**, **AOP-Mother/Parent** and **AOP-Print**. The **AOP-Child** and **AOP-Mother/Parent** tabs will automatically populate with the

information you previously entered. After entering additional father/parent information in the appropriate tabs and fields, a **green dot** will appear next to the **AOP-Father/Parent** tab.

4. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear.

   Note: A **red dot** will remain next to the **Paternity** tab until the **Documentary Evidence** tab is completed and the AOP is scanned. Information regarding Documentary Evidence is located in section 32.

11. Father/Parent Information

1. Under **Parent Information**, select the **Father/Parent Information** tab. When the **Father/Parent Information** form appears, enter the **Current Legal Name** (**First, Middle**, if applicable, and **Last** names) as well as the **Name (Prior to First Marriage)**. Use the **Copy Legal Name** button if the father/parent current **Legal Name** is the same as the **Name (Prior to First Marriage)**.

2. Enter the **Father/Parent's Date of Birth** (**Month**, **Day** and **Year**), **Age** and **Sex**. In the **SSN** field, select **Available**, **Unknown** or **None**. If you select **Available**, the **SSN Value** field will appear for you to enter the number.
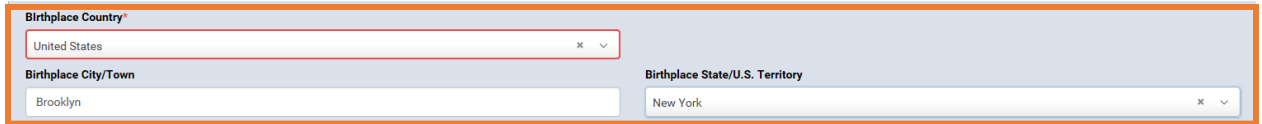
3. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear and a **green dot** will appear next to the **Father/Parent Information** tab.

12. Father/Parent Birthplace

1. Under **Parent Information**, select the **Father/Parent Birthplace** tab. When the **Father/Parent Birthplace** form appears, select the father/parent **Birth Country** from the drop-down list. If you select **United States**, the **Birthplace City or Town** and **Birthplace State/U.S. Territory** fields will appear. Enter the city or town in the corresponding field and select the state from the drop-down list.

2. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear and a **green dot** will appear next to the **Father/Parent Birthplace** tab.
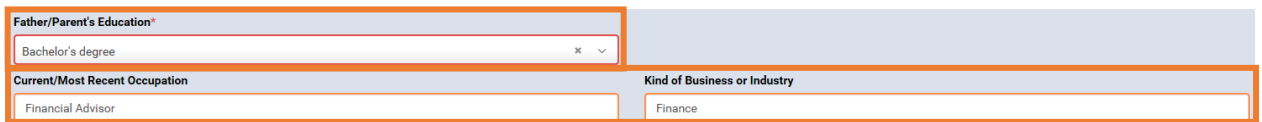
Birthplace Country*

| United States | × ∨ |

Birthplace City/Town

| Brooklyn |

Birthplace State/U.S. Territory

| New York | × ∨ |

13. Father/Parent Attributes

1. Under **Parent Information**, select the **Father/Parent Attributes** tab. When the **Father/Parent Attributes** form appears, complete the **Father/Parent's Education**, **Current/Most Recent Occupation** and **Kind of Business or Industry** fields.

Father/Parent's Education*

| Bachelor's degree | × ∨ |

Current/Most Recent Occupation

| Financial Advisor |

Kind of Business or Industry

| Finance |

2. From the drop-down list, select the father/parent **Ancestry**. If you select an option other than **Unknown**, you must also enter the **Ancestry Origin**. Next, under **Race**, check the boxes that apply.

Ancestry*

| Non-Hispanic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.) | ✕ ⌄ |

Origin

| Irish | ✕ ⌄ |

Race*

☑ White	☐ Vietnamese
☐ Black or African American	☐ Other Asian
☐ American Indian or Alaskan Native, specify tribe	☐ Native Hawaiian
☐ Asian Indian	☐ Guamanian or Chamorro
☐ Chinese	☐ Samoan
☐ Filipino	☐ Other Pacific Islander
☐ Japanese	☐ Other
☐ Korean	☐ Unknown

3. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear, while a **green dot** appears next to the **Father/Parent Attributes** tab.

14. Admission and Discharge

1. Under **Parent Information**, select the **Admission and Discharge** tab. When the **Admission and Discharge** form appears, complete the drop-down lists under the **Copy of Prenatal Record in Chart?**, **Was Formal Risk Assessment in Prenatal Chart?, Was MSAFP/Triple Screen Test Offered?** and **Was MSAFP/Triple Screen Test Done?** fields.

Admission

Copy of Prenatal Record in Chart?		Was Formal Risk Assessment in Prenatal Chart?	
Yes, Full Record	✕ ⌄	No	✕ ⌄
Was MSAFP / Triple Screen Test Offered?		**Was MSAFP/Triple Screen Done?**	
Yes	✕ ⌄	Yes	✕ ⌄

2. In the **How Many Times was the Mother Hospitalized During This Pregnancy, Not Including Hospitalization for Delivery?** field, enter the applicable number.

How Many Times Was the Mother Hospitalized During this Pregnancy, Not Including Hospitalization for Delivery?

| 1 | ✕ |

3. From the drop-down list, select the appropriate answer for the **Infant Discharge Status** field. If you select an answer other than **Infant Still in Hospital**, you must also enter an **Infant Discharge Date**.

4. Complete the **Mother/Parent Admission Date of Delivery** and **Mother/Parent Discharge Date** fields.

5. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear, while a **green dot** appears next to the **Admission and Discharge** tab.

15. Place of Birth

1. Under **Facility Information**, select the **Place of Birth** tab. When the **Place of Birth** form appears, the **Type of Place**, **Name of Hospital or Other Facility** and **Address** fields will automatically populate with the information you previously entered. Change or update any of the fields, as needed.

2. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear and a **green dot** will appear next to the **Place of Birth** tab.

16. Prenatal

1. Under **Facility Information**, select the **Prenatal** tab. When the **Prenatal** form appears, the **Mother/Parent's Medical Record Number** will automatically populate. Enter the **Mother/Parent's Medicaid Number** (if applicable). Select the appropriate answers from the drop-down list in the **Primary Payer** and **Is Mother/Parent Enrolled in an HMO or Other Managed Care Plan?** fields. Select the **Month**, **Day** and **Year** within the **Date Last Normal Menses Began** section.

2. In the **Did Mother Receive Prenatal Care?** field, select **Yes**, **No** or **Unknown** from the drop-down list. If you selected **Yes**, new fields will appear. Enter the **Date of First Prenatal Care Visit**, **Date of the Last Prenatal Care Visit**, **Total Number of Prenatal Visits for This Pregnancy** and **Primary Prenatal Care Provider Type** in the corresponding fields.

Prenatal Care		
Did the Mother Receive Prenatal Care? *		
Yes		

Date of First Prenatal Care Visit			Date of Last Prenatal Care Visit		
Month	**Day**	**Year**	**Month**	**Day**	**Year**
06 - Jun	01	2017	01 - Jan	26	2017

Total Number of Prenatal Visits for this Pregnancy	**Primary Prenatal Care Provider Type**
8	MD/DO

3. From the **Total Number of Previous Live Births** drop-down list, select the applicable number. If you select an option other than **None** or **Unknown**, you will have to complete the **Number Born Alive and Now Living**, **Number Born Alive and Now Dead**, **Date of the First Live Birth** and **Date of the Last Live Birth** fields. If applicable, enter the **Number Preterm** and **Number Low Birth Weight**.

Previous Births	
Total Number of Previous Live Births	
1	
Number Born Alive and Now Living	**Number Born Alive and Now Dead**
1	None

Date of First Live Birth		Date of Last Live Birth	
Month of First Live Birth	**Year of First Live Birth**	**Month of Last Live Birth**	**Year of Last Live Birth**
04 - Apr	2016	02 - Feb	2018

Those born alive may have been Preterm, Low Birth Weight or both. Please indicate.

Number Preterm (<37 weeks)	**Number Low Birth Weight (<2500 grams or 5lbs 8oz)**
Select one	Select one

4. Select a number from the **Total Number of Other Pregnancy Outcomes (Spontaneous or Induced Terminations)** drop-down lists. If you select an option other than **None** or **Unknown**, you must complete the **Date of Last Other Pregnancy Outcome**, **Number of Spontaneous Terminations of Pregnancy Less Than 20 Weeks**, **Number of Spontaneous Terminations of Pregnancy 20 Weeks or More** and **Number of Induced Terminations of Pregnancy** fields.

5. Click **Save**. An **orange dot** will appear, and you will receive this notice: "The difference between calculated gestation and clinical estimate gestation cannot be more than 4 weeks. Please verify clinical estimate of gestation and last menses on prenatal page." Once you enter a valid value for **Clinical Estimate of Gestation** on the **Newborn** tab, a "No Validation Error Found on This Page" notice will appear, while a **green dot** appears next to the **Prenatal** tab.

Rule ID	Message	Action Message	Override	Reason
BR0377	The difference between the Calculated Gestation and Clinical Estimated Gestation cannot be more than 4 weeks. Please verify clinical estimate of gestation and last menses on prenatal page.	Enter a valid value for Clinical Estimate of Gestation.	☐	

17. Pregnancy Factors

1. Under **Facility Information**, select the **Pregnancy Factors** tab. When the **Pregnancy Factors** form appears, check all the boxes for risk factors that apply in the **Risk Factors for This Pregnancy** section. If the applicable risk factor is not listed, check the box titled **Other Serious Chronic Illness**. If there were no risk factors, you may check the box titled **None of the Above**. In the **Infections Present and/or Treated During This Pregnancy** section, check all the boxes for infections that apply. If there were no infections, check the box titled **None of the Above**.

2. In the **Obstetric Procedures** section, check all the boxes for obstetric procedures that apply to the pregnancy. If the patient did not undergo any obstetric procedures, check the box titled **None of the Above**. In the **Was Fetal Genetic Testing Offered?** field, select **Yes**; **No, Too Late**; **No, Other Reason**; or **Unknown** from the drop-down list.

3. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear, while a **green dot** appears next to the **Pregnancy Factors** tab.

18. Labor

1. Under Facility Information, select the **Labor** tab. Review the **Onset of Labor** and **Characteristics of Labor and Delivery** sections in the **Labor** form. Check the boxes for all the descriptions that apply. You may check the box titled **None of the Above** if none of the conditions apply or **Unknown** if the conditions are not known.

2. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear, while a **green dot** appears next to the **Labor** tab.

19. Delivery

1. Under Facility Information, select the **Delivery** tab. The **Delivery** form will appear. Review the drop-down list under the **Was Delivery with Forceps Attempted but Unsuccessful?** field and select **Attempted and Successful**, **Attempted and Unsuccessful**, **Forceps Were Not Used** or **Unknown**. Next, review the drop-down list under the **Was Delivery with Vacuum Extraction Attempted but Unsuccessful?** field and select **Attempted and Successful**, **Attempted and Unsuccessful**, **Vacuum Extraction Was Not Used** or **Unknown**. If you select **Attempted and Successful** for either of these questions, you must then select and complete the **Indications for Forceps** and **Indications for Vacuum** sections.

2. In the **Fetal Presentation at Birth field,** select **Cephalic**, **Breech**, **Other** or **Unknown** from the drop-down list.

3. In the **Final Route and Method of Delivery** field, select **Vaginal/Spontaneous**, **Vaginal/Forceps**, **Vaginal/Vacuum**, **Cesarean** or **Unknown** from the drop-down list.

4. In the **Other Procedures Performed at Delivery** section, check the boxes for all the **Procedures** that apply. In the **Anesthesia** section, check the boxes for all that apply. If you selected any anesthesia options other than **None of the Above** or **Unknown**, the **Complications From Any of the Above?** field will appear. Complete the field by selecting **Yes**, **No** or **Unknown**.

Other Procedures Performed at Delivery*		
☐ Episiotomy & repair	☑ None of the above	☐ Unknown
☐ Sterilization		
☐ Repair of lacerations		

Anesthesia*		
☑ Epidural	☐ Spinal	☐ Local
☐ General Inhalation	☐ Paracervical	☐ None of the above
☐ General Intravenous	☐ Pudendal	☐ Unknown

Complications From Any of the Above?

Yes	✕ ∧
	🔍
Yes	
No	
Unknown	

		☐ Postpartum Transf
	dure following delivery	☐ None of the above
		☐ Unknown

5. In the section titled **Maternal Morbidity**, check the boxes for all that apply.

Maternal Morbidity (Check all that apply)		
☑ Maternal transfusion	☐ Admission to intensive care unit	☐ Postpartum Transfer to a higher level of care
☐ Third or fourth degree perineal laceration	☐ Unplanned operating room procedure following delivery	☐ None of the above
☐ Ruptured uterus	☐ Hemorrhage	☐ Unknown
☐ Unplanned hysterectomy		

6. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear, while a **green dot** appears next to the **Delivery** tab.

20. Newborn

1. Under **Facility Information**, select the **Newborn** tab. When the **Newborn** form appears, the **Child's Medical Record Number** and **Infant Birth Weight** fields will automatically populate.

2. Complete the **Gestation and Apgar** section by entering the **Clinical Estimate of Gestation (Completed Weeks)** and selecting the **Apgar Score One Minute** and **Apgar Score 5 Minutes** answers from the drop-down lists. If you enter a 5 or less in the **Apgar Score 5 Minutes** field, an **Apgar Score 10 Minutes** field will appear in which you must enter a number.

3. From the **How Is Infant Being Fed?** drop-down list, select **Breast Milk**, **Formula**, **Both**, **Neither** or **Unknown**.

4. In the **Immunization Administered?** field under **Hepatitis B Inoculation**, select **Unknown**, **Yes**, **No** or **Refused** from the drop-down list. If you select **Yes**, new fields will appear and you must enter the **Immunization Date**. From the **Immunoglobulin Administered?** field, select **Unknown**, **Yes**, **No** or **Refused**. If you select **Yes**, new fields will populate and you must enter the **Immunoglobulin Date**.

5. Click **Save**. If all the fields contain valid information, a "No Validation Error Found on This Page" notice will appear, while a **green dot** appears next to the **Newborn** tab.

21. Newborn Factors

1. Under **Facility Information**, select the **Newborn** tab. When the **Newborn** form appears, complete the **Abnormal Conditions of the Newborn** section by checking the boxes next to all the conditions that apply. You may check the box titled **None of the Above** if none of the conditions apply or **Unknown** if the conditions are not known.

2. Under **Congenital Anomalies**, select an option from the drop-down list. If you select an option other than **None of the Above Listed** or **Unknown**, a new field will appear (**Diagnosed Prenatally**). Select **Yes** or **No** from the drop-down list. If you select **Yes**, you must indicate the methods used to diagnose prenatally.

3. If you need to enter multiple congenital anomalies, click the **green button** titled **Add Congenital Anomaly**. If you need to remove a congenital anomaly, click the **red button** in the right-hand corner.

4. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice appears, while a **green dot** appears next to the **Newborn Factors** tab.

22. Attendant/Certifier

1. Under **Facility Information**, select the **Attendant/Certifier** tab. When the **Attendant/Certifier** form appears, click the **Look Up Attendants** button.

2. Enter the **Last** name of the attendant and click **Search**.
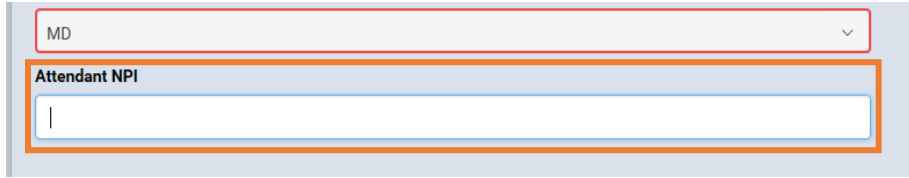
3. If the attendant you are searching for appears in the list of names matching the search criteria, click the **Select** button next to the right of the name.

4. Next, enter the attendant's **NPI** number in the corresponding field.

5. The certifier information will automatically populate based on the user logged in to the system. If you need to change the certifier information, click the **Look Up Certifier** button and proceed as listed in Steps 2 and 3 of this section for **Look Up Attendants**.

6. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear, while a **green dot** appears next to the **Attendant/Certifier** menu page.

23. Certify

1. Under **Facility Information**, select the **Certify** tab. When the **Certify Case** form appears, select the **Affirm** check box to state that the information you (the certifier) entered is true to the best of your knowledge.

2. After you select the **Affirm** check box, the Quick Response (QR) code appears. *Note*: You will have 60 seconds to scan the QR code using the **Certify App** on your mobile device.

3. From your mobile device, tap the **red** square to start the camera.
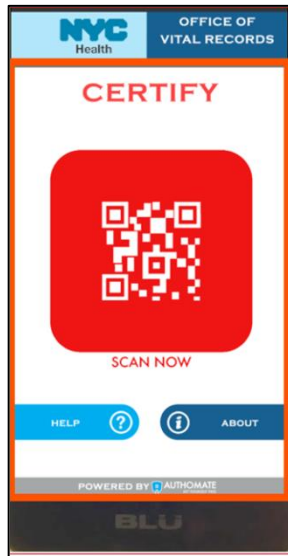
4. To synchronize your identity, point your mobile device camera to the QR code on your computer monitor and hold the mobile device steady until it scans the QR code.
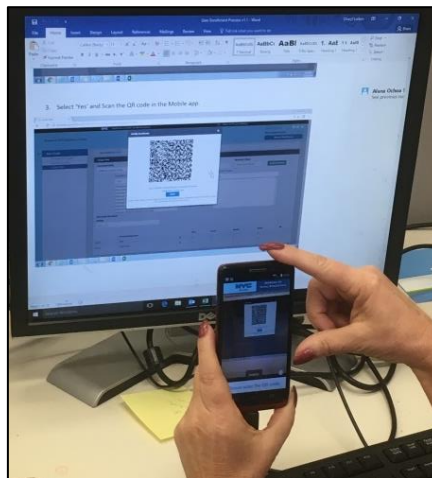
5. When the certification screen appears on your mobile device, align your face inside the **yellow frame**. When your image has been registered, you will receive two **messages** on your mobile device: "Certifying User…Please Wait" (first message) and "Certification Successful Certification Completed" (second message). Tap **OK** on your mobile device. View the **Case Status** section to confirm that you successfully submitted and signed the case/event.
    Note: There is a one-hour hold until the case is officially registered
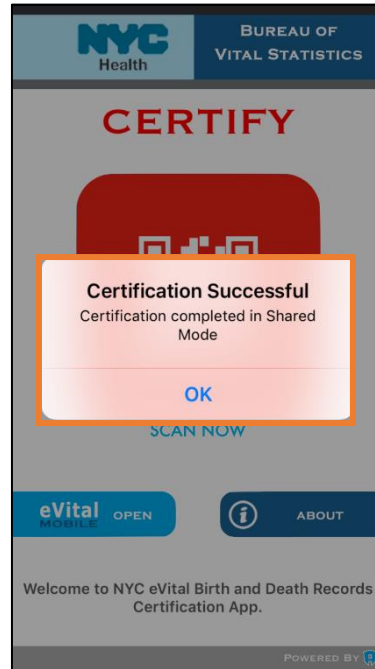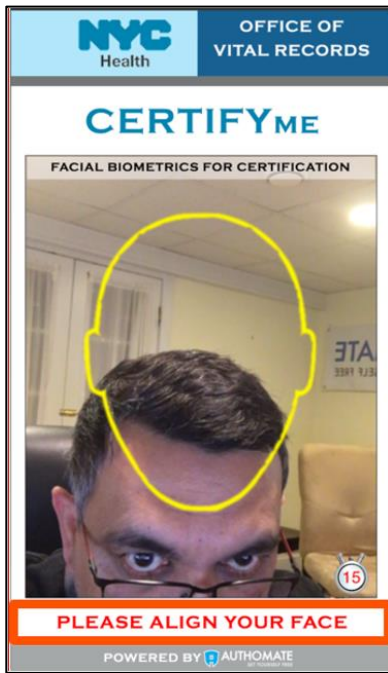
6. When the certification is finalized, a **green dot** with a check mark will appear next to the **Certify** tab. To make modifications to the case, click the **Unaffirm** button, make any necessary changes to the case and recertify the case.

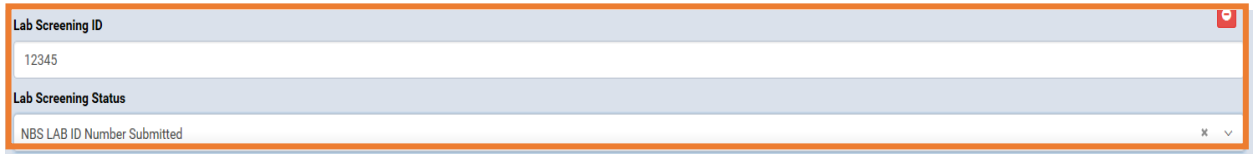## 24.   Hearing Screening

1. Under **Other Registries**, select the **Hearing Screening** tab. When the **Hearing Screening** form appears, select the **Add Hearing Screening** button.
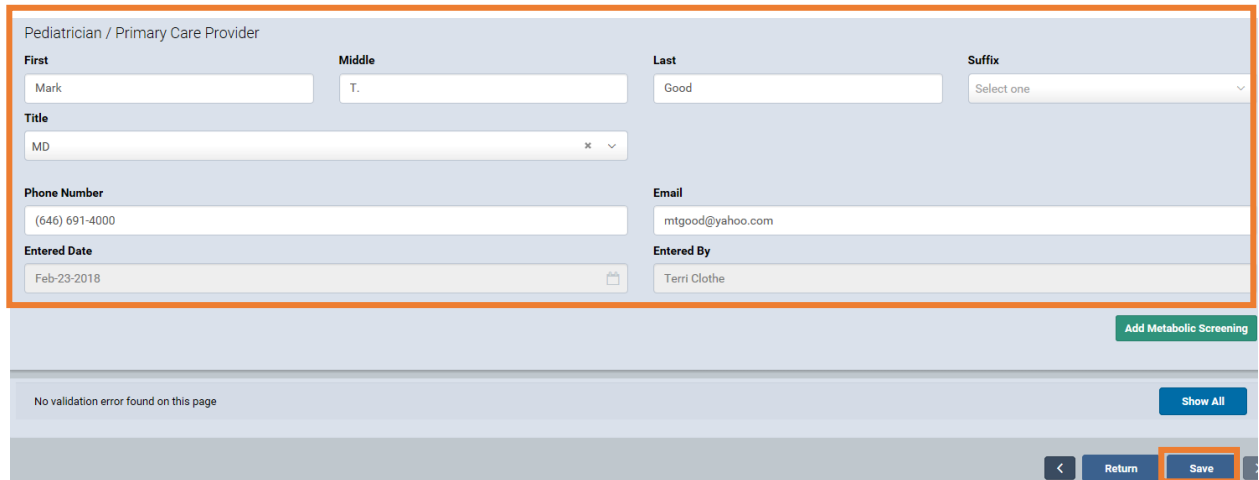   *Note:* The **Hearing Screening** tab will automatically be green, as this screening is not required in eVital.

2. From the **Hearing Screening** drop-down list, select the applicable answer.
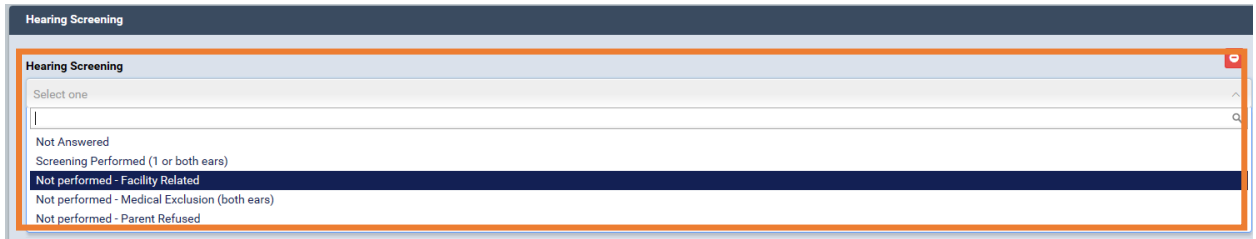
3. If you select **Screening Performed**, new fields will appear. Complete **Date Hearing Screen Conducted**, **Equipment Type**, and results for **Left Ear** and **Right Ear** fields using the drop-down lists.

4. Enter the appropriate responses in the **Entered By**, **Entered Date** and **Entering Facility** fields.

Entered By	Entered Date
Terri Clothe, MD	Feb-13-2018

Entering Facility

Testing Hospital (Manhattan)

5. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear, while a **green dot** appears next to the **Hearing Screening** tab.

25. Metabolic Screening

1. Under **Other Registries**, select the **Metabolic Screening** tab. When the **Metabolic Screening** form appears, click the **Add Metabolic Screening** button.
   Note: The **Metabolic Screening** tab will automatically be green, as this screening is not required in eVital.

2. Enter the **Lab Screening ID**, then select an answer from the **Lab Screening Status** drop-down list.

Lab Screening ID
12345

Lab Screening Status
NBS LAB ID Number Submitted   x ⌄

3. Enter the **Pediatrician/Primary Care Provider** information. Click **Save**.
    ==*Note:* The **Entered Date** and **Entered By** will automatically populate.==

Pediatrician / Primary Care Provider

First	Middle	Last	Suffix
Mark	T.	Good	Select one

Title
MD   x ⌄

Phone Number	Email
(646) 691-4000	mtgood@yahoo.com

Entered Date	Entered By
Feb-23-2018	Terri Clothe

Add Metabolic Screening

No validation error found on this page   Show All

‹   Return   Save

4. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear, while a **green dot** appears next to the **Metabolic Screening** tab.

26.   Preview Case

1. Under **Other Links**, select the **Preview Case** tab. When the **Preview Case** form appears, you can preview a case and its identifying information.

27.   Documentary Evidence

1. Under **Other Links**, select the **Documentary Evidence** tab. When the **Documentary Evidence** form appears, click the **Add Documentary Evidence** button.
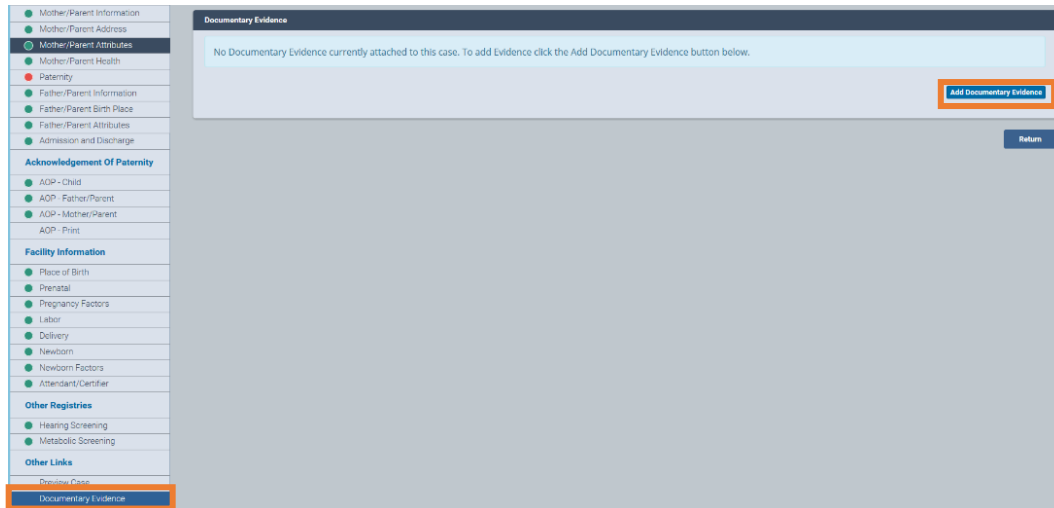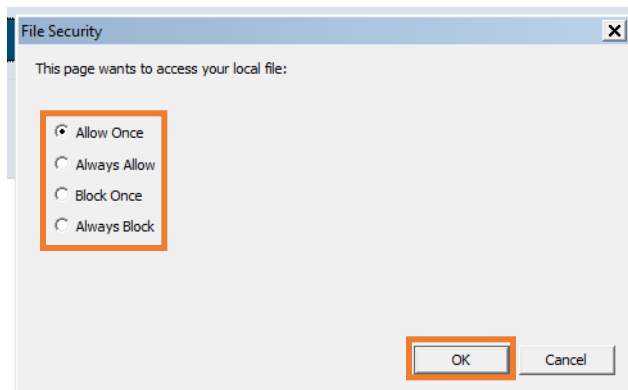
2. Select **Acknowledgement of Paternity** from the drop-down list, then click **Browse and Upload**. Only files in TIF format can be uploaded.
   Note: You may also choose **Scan New Image** if you have a compatible eVital scanner.
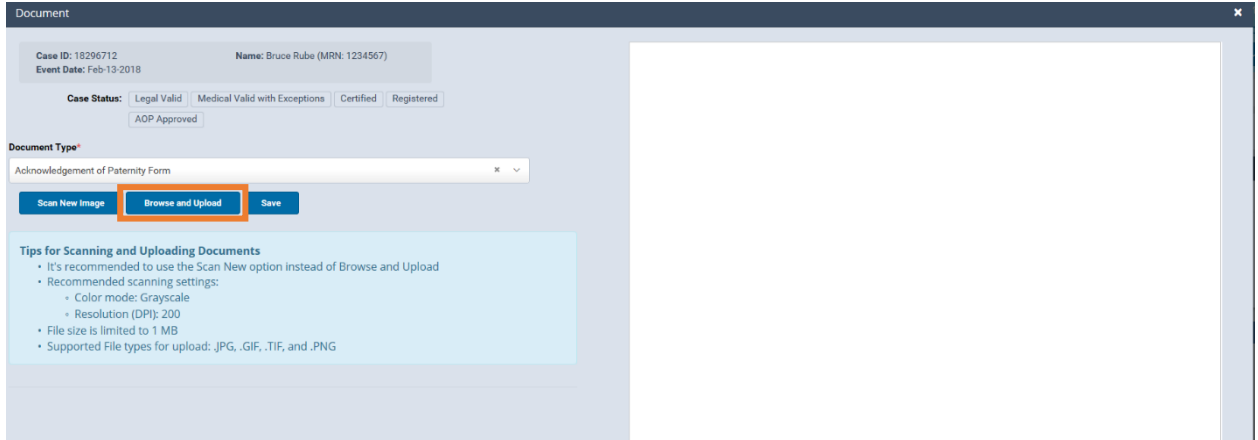
3. Choose the security setting you prefer and click **OK**.
   Note: If you select **Allow Once**, you will receive a **File Security** message each time you attempt to upload something. If you select **Always Allow**, you will not receive a message again when attempting to upload an AOP.

4. Select the **Acknowledgement of Paternity** form and click **Open**.
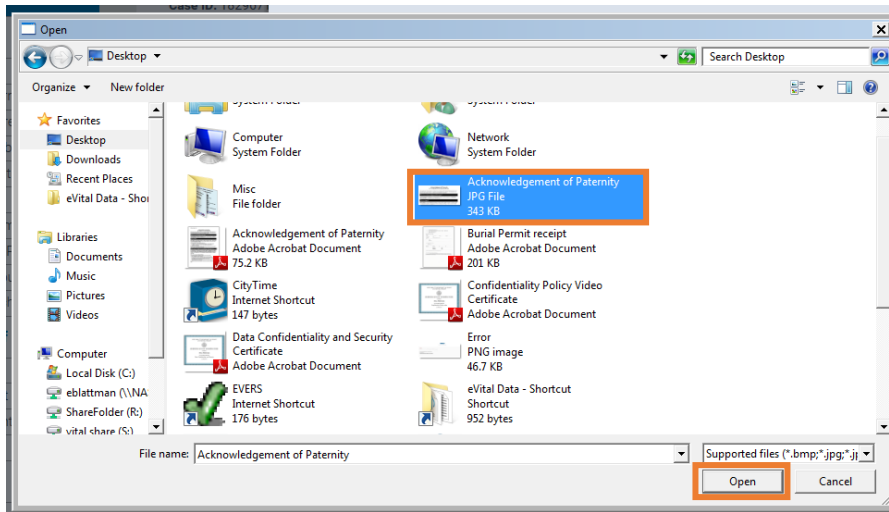
5. When the **Acknowledgement of Paternity** form appears in the **Document Type** window, click **Save**.
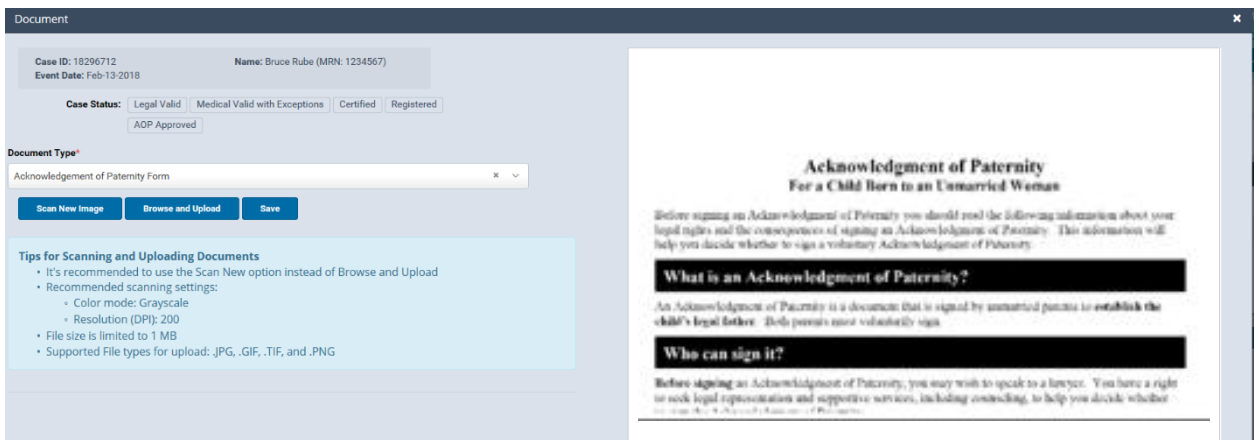
6. Once you click **Save**, you will see the **Acknowledgement of Paternity** form listed under the **Document Type** as well as who entered it (**Uploaded By**) and the **Upload Date**. You can also click **View**, **Edit** or **Delete** from this screen.

7. A **green dot** with a check mark will appear next to the **Documentary Evidence** tab.
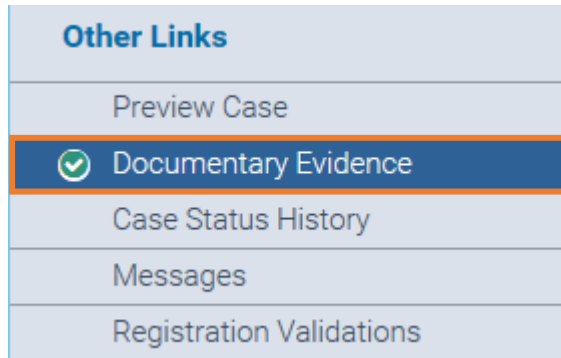
8. Now that you have uploaded the **Documentary Evidence**, navigate back to the **Paternity** tab and click **Save**.
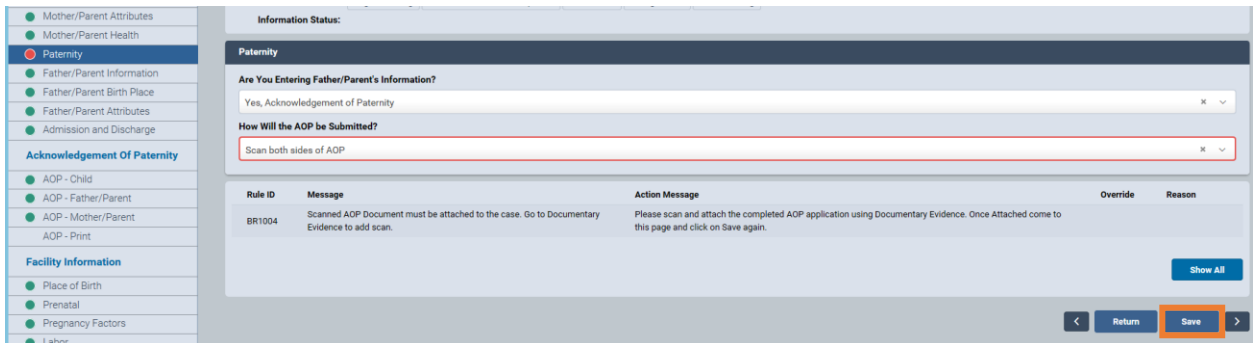
9. The **red dot** next to the **Paternity** tab will become **green** and a "No validation error found on this page" notice will appear.
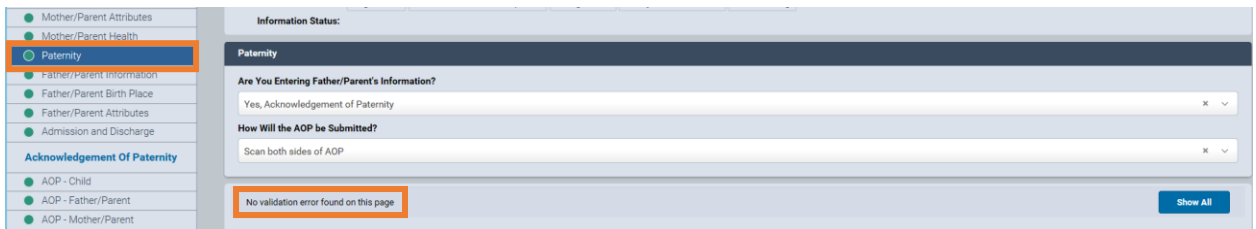
28. Case Status History

1. Under **Other Links**, select the **Case Status History** tab. On the **Case Status History** form, you can see the entire history of a case, including **Edits** and **Signatures**, who entered the information (**Status Name**), the time and date they entered it (**Status Date**), and their location (**Associated Facility Name**).

29. Messages (Case)

1. Select the **Messages** tab to see the **Messages** page. You can view any messages about the case from this tab.

30. Registration Validations

1. Select the **Registration Validations** tab. The **Registration Validation** page shows any validation errors for a case. If there are no errors a "No validation errors found" notice will appear.
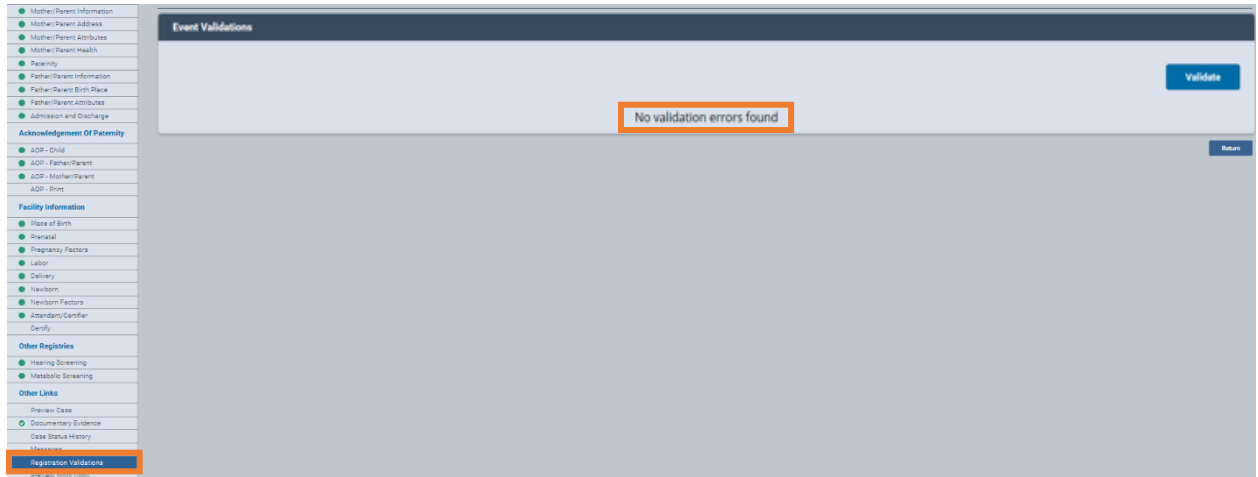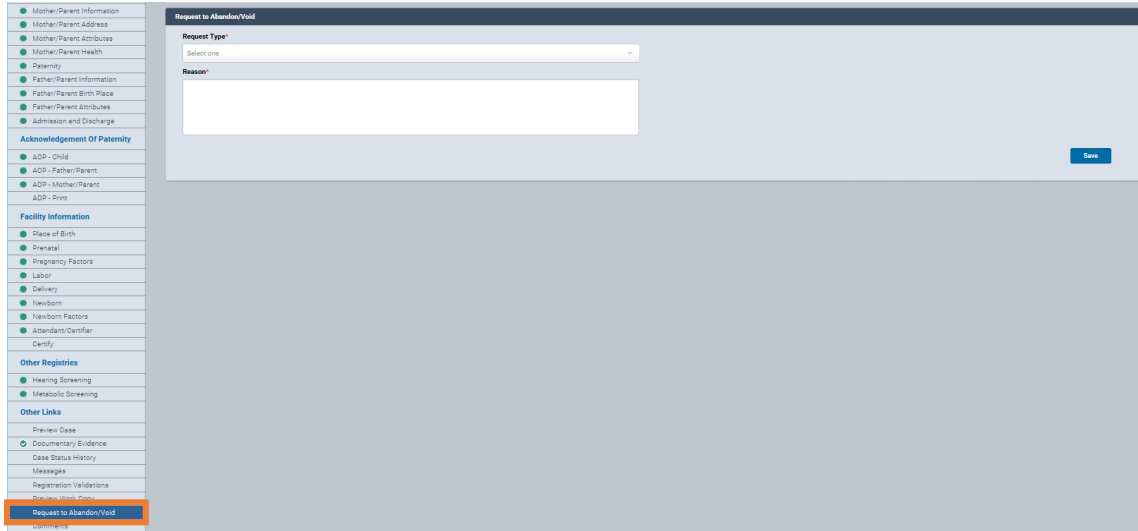

31. Preview Work Copy

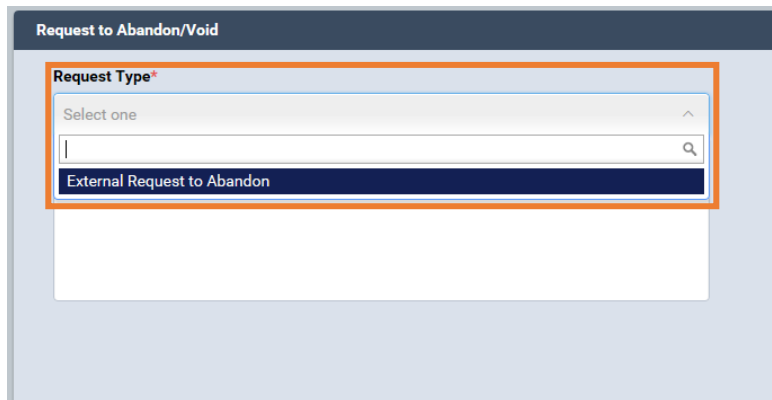1. Under Other Links, select the **Preview Work Copy** tab, where you can view the **Birth Certificate Work Copy**.
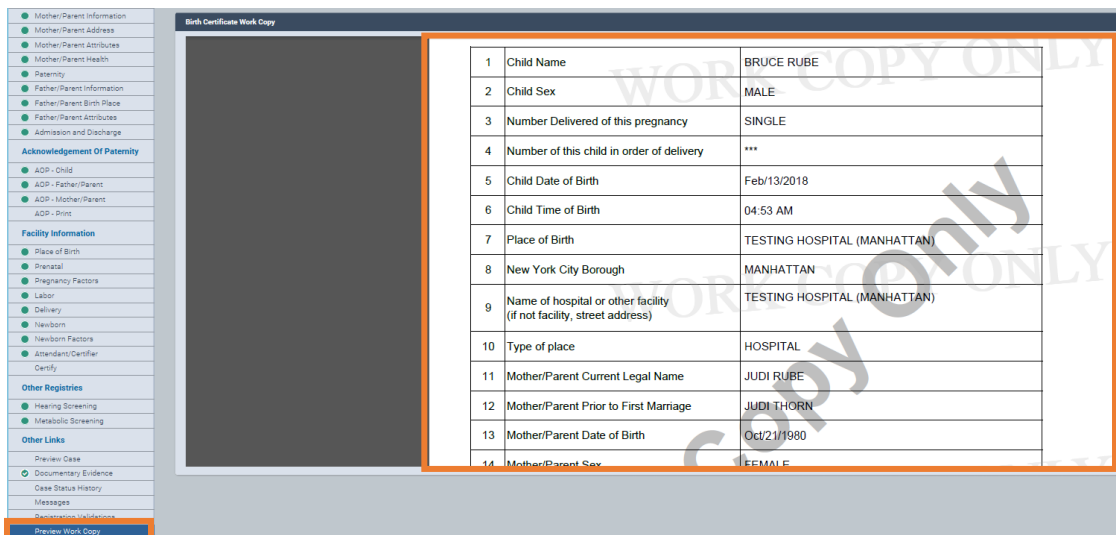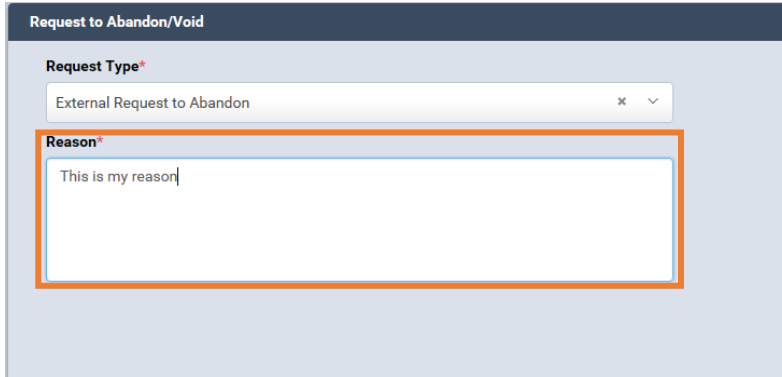
32. Request to Abandon/Void

1. Select the **Request to Abandon/Void** tab to void a birth registration case.

2. To void a birth registration case, select **External Request to Abandon** from the **Request Type** drop-down list.
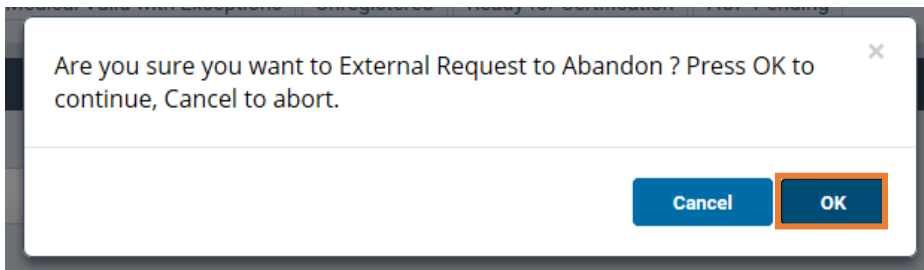
3. Complete the **Reason** field and click **Save.**

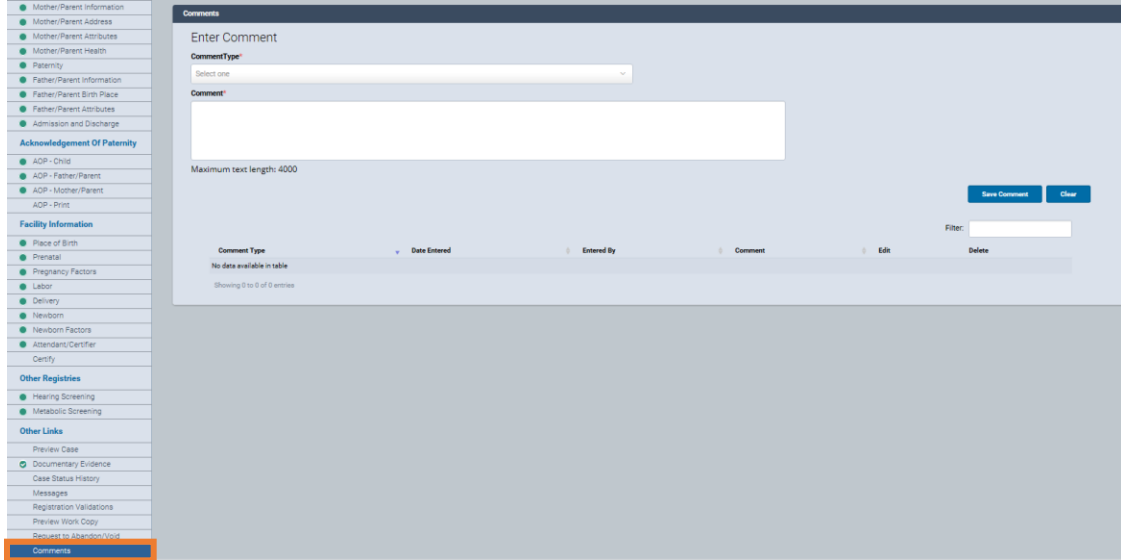
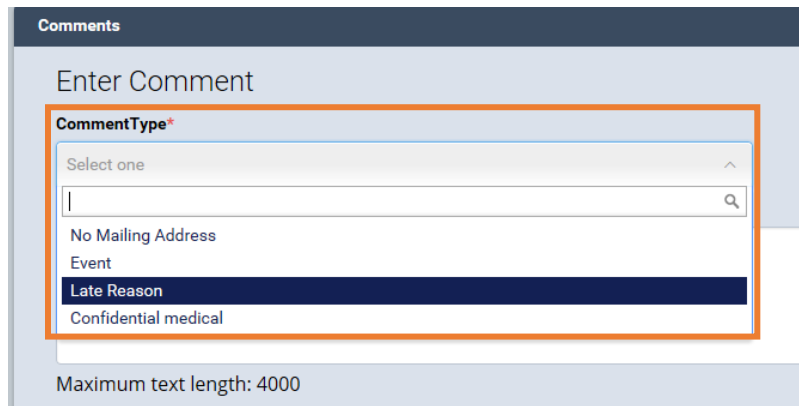4. When the window appears to confirm the **Request to Abandon**, click **OK** to continue or **Cancel** to cancel.

33. Comments

1. Under **Other Links**, select the **Comments** tab.

2. When the **Comments** page appears, select a **Comment Type** from the drop-down list. The choices are **No Mailing Address**, **Late Reason**, **Event** or **Confidential Medical**.

3. Enter a comment of up to 4000 characters in the **Comment** field. Click **Save Comment**.

4. A "Comment saved" notice will appear**.** You can see all the comments regarding a case at the bottom of the screen, including an option to **Edit** or **Delete** comments.

34.   Locating an Existing Birth Case

1. Click the **menu icon** to the left of **Preferred Queues**.
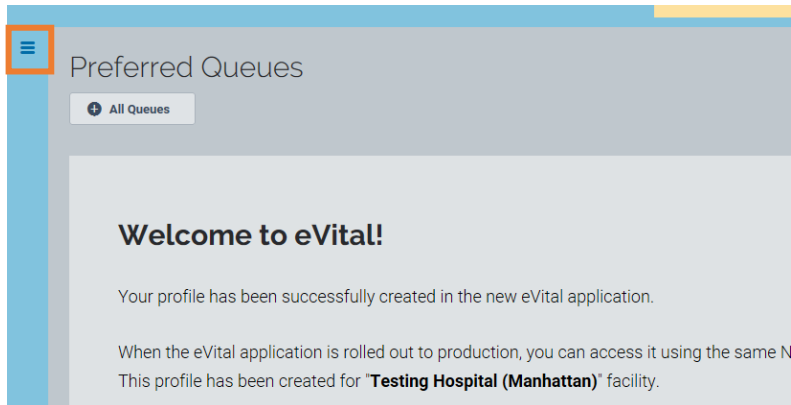
2. From the **All Categories** menu, select **Life Events.**
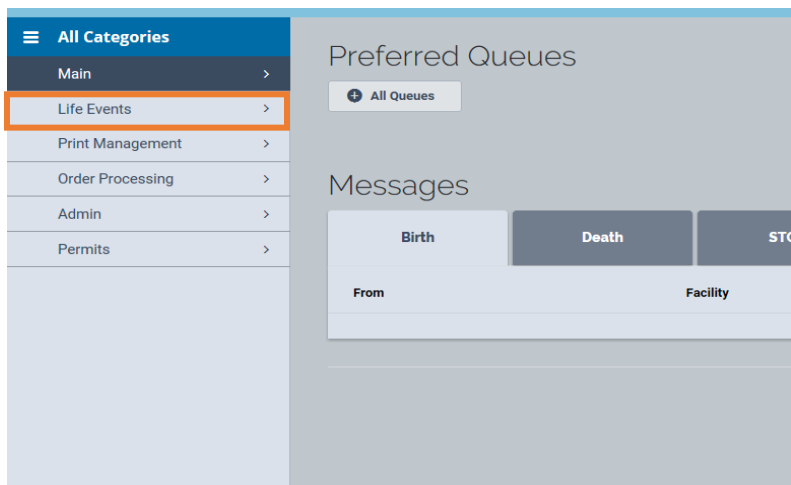
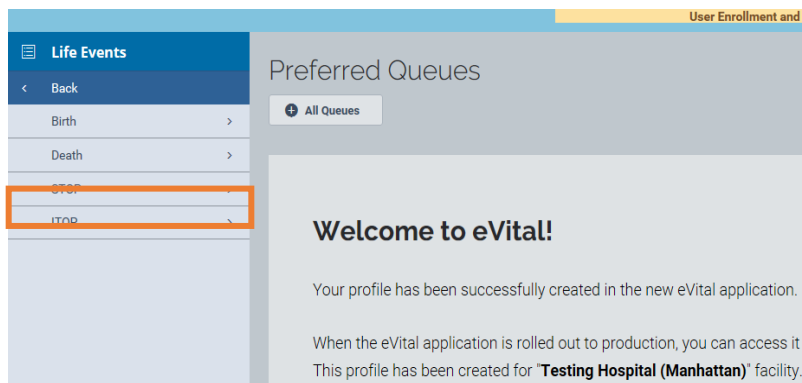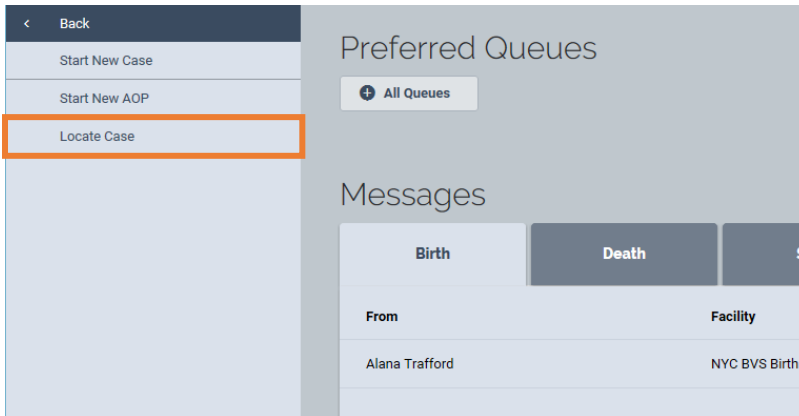

3. From the **Life Events** menu, select **Birth**.

4. From the **Birth** menu, select **Locate Case**.

5. Enter the available information in the corresponding fields of the **Locate Birth Case** form and click **Search**.
    Note: Enter as little or as much information as you wish in order to search for a case.


6. A list of matching **Birth** cases will appear. You can click any **Case ID** to open a case or click the **Preview** button to preview the details of a case.

Case ID	Child's Name	Mother's Medical Record Number	Child's Medical Record Number	Date of Birth	Sex	Birth Location	Registration Status	
18296714	Rube,	87654321	12345678	Feb/13/2018	Male		Unregistered	Q Preview
18296712	Rube, Bruce	7654321	1234567	Feb/13/2018	Male	Manhattan	Unregistered	Q Preview

35.   Plural Deliveries

1. Under **Parent Information**, select the **Child** tab. Enter all necessary information. In the **Number Delivered in This Pregnancy** field, select **Twin** from the drop-down list.
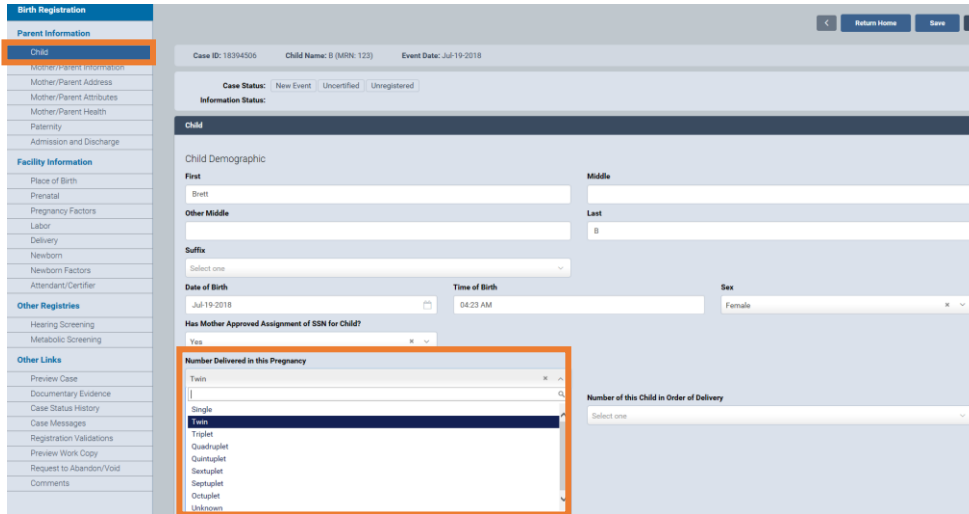
2. Enter the **Number of Infants in this Delivery Born Alive** and the **Number of this Child in Order of Delivery**.
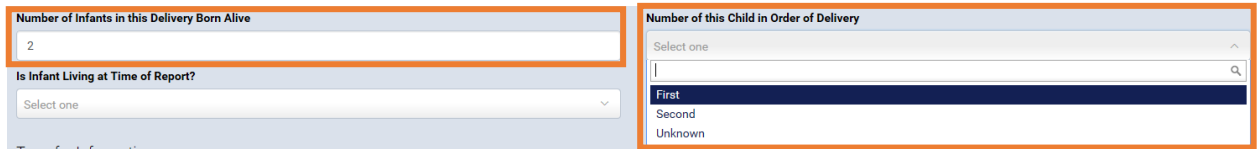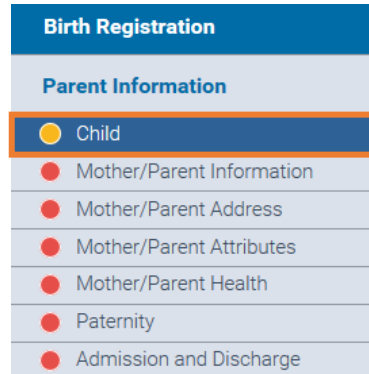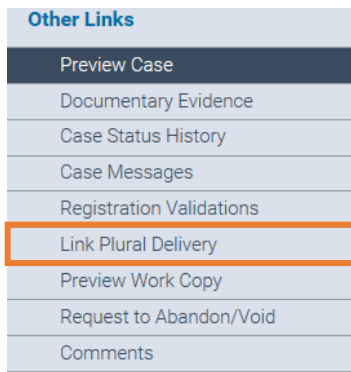

3. In the **Is Infant Living at Time of Report?** field, select **Yes**, **No** or **Unknown** from the drop-down list. Click **Save**.
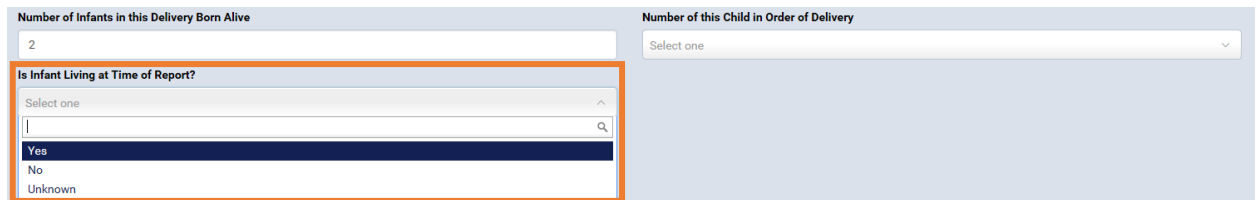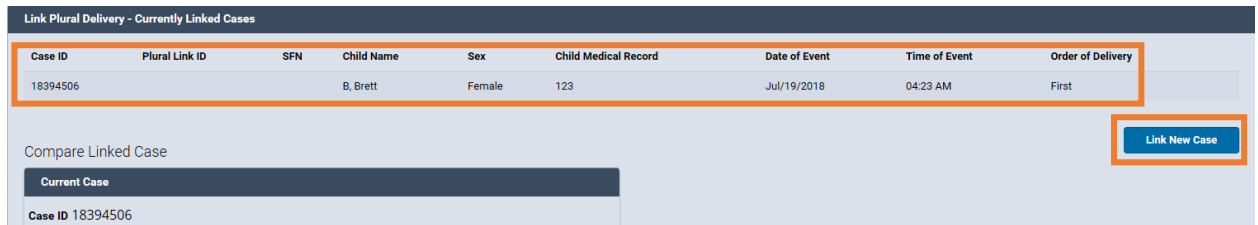
4. On the **Birth Registration Menu**, within the **Other Links** section, a new tab will appear titled **Link Plural Delivery**. Click this tab.

==*Note:* Linking cases can be done at any point during the registration process. Upon linking, any information entered on the first case that is applicable to the second case will copy over. If new information is added to the first case *after* clicking **Link New Case**, it will not copy over to the second case, so it is recommended to wait until all tabs under **Parent Information** and **Facility Information** are complete before linking the cases. The **Child** tab will appear orange until the cases are properly linked.==

Other Links

Preview Case
Documentary Evidence
Case Status History
Case Messages
Registration Validations
Link Plural Delivery
Preview Work Copy
Request to Abandon/Void
Comments

Birth Registration

Parent Information

- ⬤ Child
- ⬤ Mother/Parent Information
- ⬤ Mother/Parent Address
- ⬤ Mother/Parent Attributes
- ⬤ Mother/Parent Health
- ⬤ Paternity
- ⬤ Admission and Discharge

5. The current case information will appear at the top of the screen. Click **Link New Case**.

Link Plural Delivery - Currently Linked Cases

Case ID	Plural Link ID	SFN	Child Name	Sex	Child Medical Record	Date of Event	Time of Event	Order of Delivery
18394506			B, Brett	Female	123	Jul/19/2018	04:23 AM	First

Compare Linked Case

Link New Case

Current Case

Case ID 18394506

6. Fill out the required informtion. **Event Type** will always default to **Birth**. Click **Search**.

==*Note:* If only one child was born alive and the other was a stillborn, you must manually change the **Event Type** to **Fetal Death** when linking cases. This will create a **STOP** registration instead of a **Birth** registration.==

7. Click **Create New Case**.

8. The second case will now appear on the **Link Plural Delivery** screen. Click **Compare** to compare the two cases side by side. Click **Unlink** to disassociate these two cases.

9. Once you return to the original case, the **Child** tab will turn green after clicking **Save**.