

Recommendations for Wording and Placement of COVID-19 Items on the Birth Certificate

Recommendation 1: Add an additional item to “Infections present and/or treated during this pregnancy” (item 15 on the U.S. Standard Certificate). Information in Recommendation 1(a) should be collected at a minimum; expanded information in Recommendation 1(b) should be collected if possible. **New information is highlighted.**

OR

Recommendation 2: Add a new data item to the birth certificate. **New information is highlighted.**

Recommendation 1(a) (add to item 15 of the Standard Certificate)

15. Infections present and/or treated during this pregnancy – (Present at the start of pregnancy or confirmed diagnosis during pregnancy with or without documentation of treatment. Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record.)

(Check all that apply):

- Gonorrhea – (a positive test or culture for *Neisseria gonorrhoeae*)
- Syphilis – (also called lues – a positive test for *Treponema pallidum*)
- Chlamydia – (a positive test for *Chlamydia trachomatis*)
- Hepatitis B – (HBV, serum hepatitis – a positive test for the hepatitis B virus)
- Hepatitis C – (non A, non B hepatitis, HCV – a positive test for the hepatitis C virus)
- COVID-19 – (SARS-CoV-2 virus) (confirmed or presumed)**
- None of the above

Recommendation 1(b) (add to item 15 of the Standard Certificate)

15. Infections present and/or treated during this pregnancy – (Present at the start of pregnancy or confirmed diagnosis during pregnancy with or without documentation of treatment. Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record.)

(Check all that apply):

- Gonorrhea – (a positive test or culture for *Neisseria gonorrhoeae*)
- Syphilis – (also called lues – a positive test for *Treponema pallidum*)
- Chlamydia – (a positive test for *Chlamydia trachomatis*)
- Hepatitis B – (HBV, serum hepatitis – a positive test for the hepatitis B virus)
- Hepatitis C – (non A, non B hepatitis, HCV – a positive test for the hepatitis C virus)
- COVID-19 – (SARS-CoV-2 virus) (confirmed or presumed)**

If checked, specify the period(s) during which a confirmed or presumed diagnosis of COVID-19 was present:

- First trimester**
- Second trimester**
- Third trimester**
- At delivery**
- Time of infection unknown**
- None of the above

OR

Recommendation 2 (add new item to Certificate)

Did the mother have confirmed or presumed COVID-19 (SARS-CoV-2 virus) at any time during this pregnancy?

yes no

If yes, specify the period(s) during which a confirmed or presumed diagnosis of COVID-19 was present:

- First trimester
- Second trimester
- Third trimester
- At delivery
- Time of infection unknown