# 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
**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