

September 2015

# Montana Office of Vital Records Newsletter

## Changes to Montana Statute About Release of Original Birth Certificates to Adoptees

In the 2015 Legislative Session, lawmakers passed a revision to § 42-6-109 of the Montana Code Annotated pertaining to the release of original birth certificates for adoptees under certain circumstances without a court order.

Previously, only an individual adopted before July 1, 1967 could formally request that the Office of Vital Records issue a copy of their original birth certificate.

The amended law, effective October 1, 2015 expands the class of people who can receive an original copy of a birth certificate without a court order to any “person who was adopted before October 1, 1985, or 30 years or more ago, whichever date is later....”

Access to any other documents within sealed files will still require a court order.

As always, if you have any questions about this modification to the statutes or any other issues, please do not hesitate to get in touch with the staff of the Registrar’s Office. Our contact information is in the sidebar to the right. We are here to help.

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You can find copies of earlier newsletters at our website:

<http://dphhs.mt.gov/publichealth/Epidemiology/OESS-VS#223953339-registrars-newsletters>

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## Meet the New State Medical Officer



Dr. Greg Holzman has recently joined the Montana Department of Public Health and Human Services as the agency's State Medical Officer. He holds an undergraduate degree from Michigan State University, attended medical school at the University of Florida College of Medicine, and earned a Master's Degree in Public Health from the University of Washington.

Dr. Holzman comes to Montana from Michigan State University, where he headed the school's Healthy Campus Initiative and was an Associate Chair of Preventive Medicine in the Department of Family Medicine.

Dr. Holman's connection to Montana goes back to 1998 when he worked as a staff physician at the Blackfeet Community Hospital as a physician with the Indian Health Service in Browning. Over the years, he has also been a consultant to the DPHHS Tobacco Use Prevention Program and the Maternal and Child Health Program. He has also worked with federal and other state governments as the Deputy Director of the Office of State, Tribal, Local and Territorial Support at the Centers for Disease Control and Prevention in Atlanta; and as the Chief Medical Executive for the state of Michigan.

Dr. Holzman looks forward to working on various public health and clinical initiatives already being implemented in Montana. He will provide leadership for statewide public health programs, monitor emerging public health issues, represent DPHHS as the medical spokesperson and point of contact with the Centers for Disease Control and Prevention, and provide consultation and technical assistance to state, local, and tribal agencies in response to public health emergencies.

## The Pregnancy Check Box on the Death Certificate

Field 36 on the Death Certificate asks

IF FEMALE;

- Not pregnant within the past year
- Pregnant at time of death
- Not pregnant but pregnant within 42 days of death
- Not pregnant but pregnant 43 days to 1 year before death
- Unknown if pregnant within past year

Montana submits data to the National Center for Health Statistics' National Vital Statistics System (NVSS) for the surveillance of maternal mortality nationwide. Montana was among the five earliest adopters of the standard pregnancy ascertainment questions in 2003.

About 20% of women who were pregnant within the past year have either Not Pregnant or Unknown checked on their death certificates. The Vital Statistics Analysis Unit staff finds these cases by linkage with birth certificates. More puzzling is the fact that we have recently processed several death certificates with one of the recently pregnant boxes checked when in fact the decedents had not been pregnant. We discover these because when we send the death certificates to local Fetal, Infant, Child, and Maternal Review teams, who review the women's complete medical records.

When we discover an error in the checkboxes, we must send a correction to the NVSS. In addition, missed maternal deaths and incorrectly identified maternal deaths adversely affect the maternal mortality review process.

Please pay special attention to these boxes and when in doubt, please try to tactfully ask a family member.

## Birth Registration Gold Star for Excellence Recipients

The state average for on-time registration in the 2nd quarter of 2015 was 94%. This is a substantial increase over 85% on-time registration that we reported in our first newsletter letter for the 1st quarter of 2014. The following facilities received birth registration Gold Stars for Excellence for the quarter: 94% or more of their births were registered within 10 days. Thanks to all of you who work hard to achieve this goal!



\* indicates 100% on-time filing

Anaconda Community Hospital  
 Barrett Hospital \*  
 Billings Clinic \*  
 Cabinet Peaks Medical Center \*  
 Central Montana Hospital \*  
 Frances Mahon Deaconess  
 Glendive Medical Center \*  
 Great Falls Family Birth Center \*  
 Holy Rosary Healthcare

Kalispell Regional Medical Center  
 Missoula Community Medical Center  
 NEMHS –Trinity Hospital  
 North Valley Hospital  
 Northern Rockies Medical Center  
 Sidney Health Center \*  
 St. Joseph Hospital  
 St. Luke Community Hospital  
 St. Peter's Community Hospital

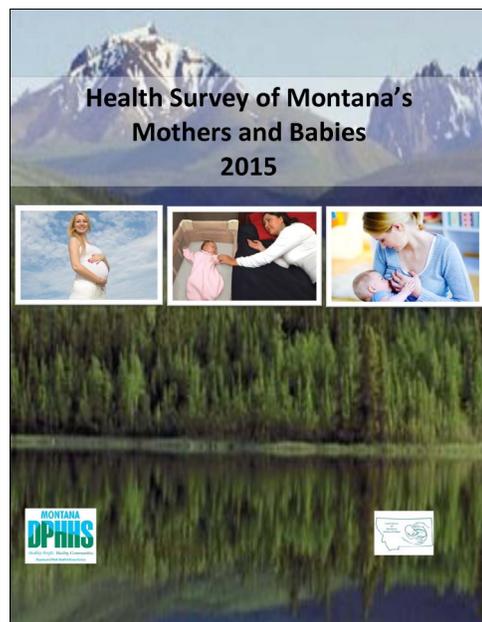
## Health Survey of Montana's Mothers and Babies, 2015

The Montana Office of Vital Statistics is supporting the Family and Community Health Bureau of the Public Health and Safety Division in conducting **The Health Survey of Montana's Mothers and Babies**.

The survey is mailed to a random sample of 30% of women age 18 years and older who give birth in Montana each month. It is the only source of state-wide, population-based information about mothers' attitudes, behavior, and experiences before, during, and immediately after pregnancy.

The information collected by the Survey is used to identify health problems experienced by mothers and their babies; to assign priorities to interventions to improve maternal and infant health and especially to reduce infant morbidity and mortality; and to evaluate those interventions.

Birth certificates are essential to create the sample for the Survey. Each month, we select a random sample from all certificates filed, plus a random oversample of American Indian and low income mothers. Prompt filing of birth certificates helps the project team mail surveys to mothers soon after they return home with their infants. Close attention to including correct mailing addresses on birth certificates ensures that the surveys reach the chosen participants and reduces the delays and costs associated with searching for alternative addresses and re-mailing materials. Race and Medicaid as payer for the delivery are also essential to the selection of a representative sample of Montana mothers.



Montana's Survey is modeled on the Centers for Disease Control and Prevention's [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#), which has been ongoing in many states since 1987. The national PRAMS survey consists of core questions asked by all participating states, plus optional questions that states may add to meet their own needs. We have designed Montana's Survey so the core is comparable to national PRAMS data, allowing us to put Montana in a national context.

**The Health Survey of Montana's Mothers and Babies 2015** is supported by a generous grant from **The Montana Healthcare Foundation**. Learn more about the Foundation at <http://www.mthcf.org>.

200 copies of this newsletter were printed at a cost of \$1.33 per newsletter for printing and 0 for distribution. Alternative accessible formats will be provide upon request.