



Michigan VERA Birth How-to Enter a Safe Delivery

Safe Delivery is a law which allows a parent or parents to safely and legally surrender their newborn, no more than 3 days old to an emergency services provider. Unless otherwise addressed below, fields will be completed as directed in the instruction letter titled: *Completing the 2007 Version of Live Birth*.

When entering a birth surrendered under the Safe Delivery Law, use this information to complete the record.

- Child Name: Enter Baby as the first name and Doe as the last name. Do not add a middle name or any other identifiers in the Child Name fields.
- Date of Birth: Enter the approximate birth date of the child, or exact date if born within the facility. If date cannot be approximated, enter the date surrendered.
- Time of birth: Enter the time of birth. Enter Unknown if the time of birth cannot be determined.
- Select Yes for Is infant a safe delivery/*foundling baby*?
- Select **Yes** for *Is infant to be adopted*?

865010 :Baby Doe NOV-29-2024
/Legal Invalid/Medical Valid/Uncertified/Not Registered/Legal Pending

Child

Child's Name

First: Baby Middle: Last: Doe Suffix:

Date of Birth: NOV-29-2024 Time of Birth: 06 : 00 AM Sex: Male

MMM-dd-yyyy

Social Security Registration Requested? No, parent does not want a card issued

Is infant a safe delivery/founding baby? Yes

Is infant to be adopted? Yes

Was home birth intended? Did mother go into labor intending to deliver at home or freestanding birthing center?

What was the primary attendant type at onset of labor?

Is this a Surrogate Pregnancy? No

Validate Page Next Clear Save Return

Validation Results List All Errors Save Overrides Hide

Error Message Override Goto Field Popup

BR0617: Please verify that this is a safe haven /founding infant. Please contact the State Vital Records Office once this record is ready for certification to request an override. Fix Fix

- When ready, save the page and click on **Validate Page**. There will be an error message in the Validation Results. Complete the rest of the record per the How-to Enter a Safe Delivery Instructions and contact the State Vital Records office at 517-335-6506 for an override.



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- **Mother Name / Info** - Enter **Unknown**.
- **Mother Address** - Enter the address of the Adoption Agency assuming custody of the child in the residence and mailing address fields.
- **Mother Attributes** – Complete as **Unknown**.
- **Mother Health** – Enter **99** and **99** for height and **999** for pre-pregnancy weight and post-pregnancy weight.
- **Marital Status** - Complete as **Unknown**.
 - **Paternity Information** – Complete Court Rule question as **Not Applicable** and Affidavit of Parentage question as **No**.
- **Informant:**
 1. Set *Relationship of Informant* as **Other**
 2. Enter **Adoption Agency Representative** in *Other Specify* fields
 3. Enter name of Adoption Agency Representative in *Informant Name* fields

FACILITY INFORMATION (Includes Place of Birth, Prenatal, Pregnancy Factors, Labor, Delivery, Newborn, Newborn Factors and Attendant/Certifier pages)

All fields must be completed unless they can be used to identify the mother (i.e. – Mother Medical Record # and Mother Medicaid #.) Most fields cannot be used to identify the parents.

- **Place of Birth page:** For facility deliveries, the name of the hospital will automatically populate.

If not a facility delivery, enter the address where the child was surrendered. Set Type of Place of Birth as **Other (Specify)** and complete with location type (hospital, fire station, etc.) Address should include:

Street number and name
City, village or township
County

- **Newborn page - Plurality:** Complete plurality if known, otherwise enter unknown.
- **Attendant/Certifier page:** If the child was surrendered outside of the hospital, the physician that treated the child should be listed as the **Attendant**.