NEW BIRTH AND DEATH REGISTRATION FORMS — A FOUNDATION FOR THE FUTURE, A CHALLENGE FOR HEALTH WORKERS?

Registration of births and deaths forms the backbone of the public health surveillance system. Key information such as infant mortality rates, causes of death, maternal death rates, teenage pregnancy rates, fertility rates, low-birth-weight rates and the variations between geographical regions all depends on a sound vital registration system. As our society goes through a profound health transition, it is critically important to have this information at hand. However, the South African vital registration system is currently inadequate and unable to provide these statistics.[1-3] While the Department of Health previously appeared to have reneged on its public health responsibility and not to have engaged with the process, it has now clearly committed itself to improving the situation.[4] In November 1996, the Directors General of the Departments of Home Affairs and of Health agreed to establish a joint technical committee to facilitate the vital registration process. These departments have been working with the Central Statistical Service to improve the system and make sure that the necessary data will be available in the future.

In the first phase, new death forms will be introduced and provincial task teams have been established to implement the new forms and ensure that all births and deaths are registered. The task teams will liaise between the Departments of Health and Home Affairs and the South African police to identify the local problems that need to be addressed and identify ways in which the Department of Health can facilitate the process.

The revision of the forms aims to bring our data in line with international standards, to ensure that additional information needed in the health information system is collected, and to accommodate the public health needs of the future. In particular, changes have been made so that statistics can be collected on maternal deaths, injuries and violent causes of death and so that more reliable information on AIDS and HIV-related deaths and tobacco can be obtained.

The details collected on the cause of death in the new death notification form will follow the convention proposed by the International Classification of Diseases and Deaths.[5] It will aim to obtain details about the direct cause of death as well as the chain of underlying causes of death. While medical practitioners and pathologists often focus on the direct cause of death, the underlying cause is particularly important from a public health point of view[6] and the new format aims to elucidate these details more clearly. Details regarding the underlying cause of death for the external causes, which were excluded when the Birth and Death Registration Act[7] was changed in 1992, will once again be collected.

Recent debate[8] about the confidentiality of HIV as a cause of death has resulted in a change in the structure of the notification form. In the belief that better quality information on the cause of death will be obtained if maximal confidentiality is attained, the form has been divided into two pages. The first page will have the basic particulars of the person who died and the second page personal details such as the cause of death. The *second* page will be completed by the medical practitioner, who will fold it, put it into an envelope and staple it to the first page. Thus the personal and medical details about the deceased will remain confidential. The doctor will be in a position to inform only those who s/he deems appropriate. It is argued that this will both ensure confidentiality and improve the quality of the details provided.

The new death notification form also contains questions on smoking status. Tobacco has clearly been identified as a health hazard which can be expected to take a heavy toll in South Africa. Owing to the length of time it takes for the impact to be felt, the extent of this toll is mostly unrecognised. Given that 34% of the population currently smokes[9] and that a proportion can be expected to die prematurely as a result of it,[10] crude estimates of the future burden resulting from the current smoking patterns in South Africa suggest that we could expect an average of 70 000 deaths per year which could be attributed to smoking. In the early 1990s the World Bank[11] pointed out that 'unless smoking behaviour changes, three decades from now premature deaths caused by tobacco in the developing world will exceed the expected deaths from AIDS, tuberculosis and complications of childbirth combined'. Clearly there will be regional variations in the relative importance of tobacco versus other preventable deaths, but no comprehensive data on tobacco-associated mortality exist for developing countries. This underlines the need to monitor the evolution of the tobacco epidemic in South Africa. Questions about the smoking status of the deceased and of the next of kin have therefore been included to measure the risks of premature death associated with smoking. The inclusion of two questions on the death notification form is arguably the most effective and cheapest way to monitor the overall impact of tobacco on mortality as well as the impact on specific causes. In addition, the questions will enable us to monitor other trends in diseases which will otherwise be dominated by the tobacco trend. For example, it will allow us to remove the impact of tobacco from the lung cancer trends in order to assess whether other factors play a role.

The second page will also include information regarding the race and socio-economic class of the person who died. Class differentials in death rates are increasingly being identified as important determinants of premature death.[12-13] Usual occupation and education level will be collected, as well as the race of the person who died. While the collection of

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REPUBLIC OF SOUTH AFRICA

NOTIFICATION / REGISTER OF DEATH / STILL BIRTH

in terms of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992)

Space for Bar Code

** Must be completed in black ink (please tick ✓ where applicable)*
** Please refer to instructions*

SERIAL No: A 00035001

FILE No: DATE:

A PARTICULARS OF DECEASED INDIVIDUAL ☐ / STILLBORN CHILD ☐

Identity number of deceased ☐ Date of death Y Y Y Y M M D D

Date of birth Y Y Y Y M M D D

Surname

Age at last birthday ☐ years

Maiden Name (If female)

Sex

Forenames

If death occurred within 24 hours after birth No. of hours alive

MARITAL STATUS OF DECEASED Single ☐ Married ☐ Living as married ☐ Widowed ☐ Religious Law ☐ Divorced ☐ Customary Union ☐

PLACE OF BIRTH (municipal district or country if abroad) ________

PLACE OF DEATH (City / Town / Village) ________

PLACE OF REGISTRATION OF DEATH ________

CITIZENSHIP OF DECEASED ________

Left thumb print of deceased

B PARTICULARS OF INFORMANT

Identity number

Initials and Surname

Relationship to deceased Parent ☐ Spouse ☐ Child ☐ Other kin ☐ Other (specify) ☐

Postal address

Left thumb print of informant

Postal Code Dialling Code

Was the next of kin of the deceased a smoker* during the past five years? Yes ☐ No ☐ Refuse to answer ☐ Telephone No.

Date .... Signature ....

C PARTICULARS OF FUNERAL UNDERTAKER

Initials and Surname

Office Stamp of Funeral Undertaker

Designation No. Place of burial / cremation ________

Date .... Signature ....

D CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

Postal Address

I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to NATURAL CAUSES specified in Section G ☐

I, the undersigned, am not in the position to certify that the deceased died exclusively due to natural causes ☐

Postal Code

SAMDC / SANC Reg. No.

.... INITIALS AND SURNAME .... SIGNATURE

Date signed Y Y Y Y M M D D

CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST

I, the undersigned, hereby certify that a medicolegal post-mortem examination has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is: Unnatural ☐ Under investigation ☐

Postal Address

Postal Code

Initials and Surname

Place of post-mortem .... Date Y Y Y Y M M D D

Mortuary Reference ....

Signature .... Date signed Y Y Y Y M M D D

SAMDC Reg. No.

E FOR OFFICIAL USE ONLY

Registration of death approved and burial order issued

Initials and Surname of Registrar

Office Stamp ▷

Address

Force No. / Designation No.

Persal No.

Date .... Signature ....

* Someone who smokes tobacco on most days

PARAGON (HB1489) 800

NOTIFICATION / REGISTER OF DEATH / STILL BIRTH

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INFORMATION FOR MEDICAL AND HEALTH USE ONLY
(After completion *seal* to ensure confidentiality)

Space for Bar Code

SERIAL No: A 00035[illegible]1

FILE No: DATE:

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased

Identity Number

Place of death 1. Hospital: (Inpatient ☐ ER/ Outpatient ☐ DOA ☐) 2. Nursing Home ☐ 3. Home ☐ 4. Other (Specify) ☐ ....

FACILITY NAME (If not institution, give street and number) ....

Usual residential address of deceased # .... Suburb

Town / Village

Name of Plot, Farm, etc. .... Census Enumerator Area

Street name and number .... Magist. Dist. ....

Deceased's Education (Specify ✓ only highest class completed/achieved)

None	Gr1	Gr2	Gr3	Gr4	Gr5	Gr6	Gr7	Gr8 Form 1	Gr9 Form 2	Gr10 Form 3 NTC1	Gr11 Form 4 NTC2	Gr12 Form 5 NTC3	Univ Tech	CODE

Postal Code

Province ....

Country ....

USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use retired)
....

TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming) refer to instructions
....

Was the deceased a smoker* five years ago? (✓) : Yes ☐ No ☐ Do not know ☐ Not applicable (minor) ☐

G MEDICAL CERTIFICATE OF CAUSE OF DEATH

FOR OFFICE USE ONLY
ICD-10

PART 1. Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Approximate interval between onset and Death (Days/Months/Years)

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. ________________ ....
Due to (or as a consequence of)

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)
b. ________________ ....
Due to (or as a consequence of)
c. ________________ ....
Due to (or as a consequence of)
d. ________________ ....
Due to (or as a consequence of)

PART 2. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. ________________ ....

If a **female**, was she pregnant 42 days prior to death? (✓) : Yes ☐ No ☐

If **stillborn**, please write mass in grams

Do you consider the deceased to be: African ☐ White ☐ Indian ☐ Coloured ☐ Other ☐ (Specify) ________________

Method of ascertainment of cause of death:

1. Autopsy ☐
2. Opinion of attending medical practitioner ☐
3. Opinion of attending medical practitioner on duty ☐
4. Opinion of registered professional nurse ☐
5. Interview of family member ☐
6. Other ☐ (Specify) ________________

\# Where someone lived on most days

* Someone who smokes tobacco on most days

information about the race of a person is controversial,[14] it will be critically important to be able to monitor whether any progress is made in eliminating the differences in mortality rates between the race groups resulting from the systematic discrimination of apartheid. Furthermore, these details will be collected on the *second* page for statistical purposes only and will not form part of the registration.

In terms of birth registration, the emphasis will be on ensuring that all births are registered timeously. At the time of antenatal care, mothers will be encouraged to obtain their own identity documents if they do not already have them. At the time of delivery, the necessary forms for registering a birth will be made available. In the second phase of this initiative, a second page will be added to the birth registration form to collect additional health-related information such as birth weight.

Enormous challenges lie ahead in order to improve vital registration. Our health workers need to be informed about how the system works. Research in the Eastern Cape (L S Bitalo and M Nkalane — unpublished data, 1996, and Woods and Jewkes[15]) has revealed extensive confusion among health workers regarding birth and death registration. The Department of Health has developed guidelines on birth and death registration and has also initiated a process of training health workers in all the provinces.

Incentives to register births need to be created. Currently, there is little incentive for parents to register a birth until the child enters school or even later. Interviews with women in a rural area indicated lack of reasons for a woman to register the birth of her child.[15] While access to the Home Affairs offices remains difficult (as regards both time and distance), it is not feasible to insist that a birth is registered before free health services are provided. However, as the system evolves, and the health services provide assistance to the parents, birth registration should become an integral part of registration for health services.

Turck[16] has argued that doctors often perceive the medical certification of the cause of death as time-wasting paperwork and that they need to view it as sound documentation which should be seen in ethical terms as part of the doctor/patient service as well as a means of promoting public health. The co-operation of the medical doctor in providing relevant detailed medical information and personal details of the deceased is critical. Determining the underlying cause of death requires careful interpretation of specific medical information. The success of the system therefore depends on the certifier making a special effort to provide adequate information and avoid general and unspecific terms such as 'natural causes' and 'multiple organ failure'. Training doctors will play an important role, but Turck[16] has pointed out that the timing of training with regard to the legal responsibilities of medical certification of death is very important. He recommends that all registrars and interns need to show by the end of their tenure that they have a practical understanding of the issues surrounding death certification as well as its epidemiological importance. In the meanwhile, the Department of Health has developed a handbook which will be made available with the introduction of the new death form.

The health services also face the challenge of developing the systems and expertise to utilise the information generated by the forms. In particular, the emerging district health services need to ensure that they utilise this information in their management and health information system. The challenge remains to ensure that districts can access these data and transform them into information for managing the district.

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