

**Birth Edit Specifications for the 2003 Revision of the
U.S. Standard Certificate of Birth**

Updated 6/2021

*Note: This document replaces Instruction Manual Part 3a,
“Classification and Coding Instructions for Live Birth Records”
and
“Birth Edit Specifications for the 2003 Proposed Revision of the
U.S. Standard Certificate of Birth,” 7/2012 update*

TABLE OF CONTENTS

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

Item 2	TIME OF BIRTH
Item 3	SEX
Item 4	DATE OF BIRTH (INFANT)
Items 5-7, 17, 26	FACILITY NAME; CITY, TOWN OR LOCATION OF BIRTH; COUNTY OF BIRTH; FACILITY ID; PLACE WHERE BIRTH OCCURRED
Item 8b	DATE OF BIRTH (MOTHER)
Item 8d	BIRTHPLACE (STATE, TERRITORY, OR FOREIGN COUNTRY)
Items 9a-g	RESIDENCE OF MOTHER: STATE; COUNTY; CITY, TOWN OR LOCATION; STREET AND NUMBER; APT. NO.; ZIP CODE; INSIDE CITY LIMITS?
Item 10b	DATE OF BIRTH (FATHER)
Item 15	MOTHER MARRIED?
Item 20	MOTHER'S EDUCATION
Item 21	MOTHER OF HISPANIC ORIGIN?
Item 22	MOTHER'S RACE
Item 23	FATHER'S EDUCATION
Item 24	FATHER OF HISPANIC ORIGIN?
Item 25	FATHER'S RACE
Item 27	ATTENDANT'S NAME, TITLE, AND NPI
Item 28	MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY
Items 29a-b	DATE OF FIRST PRENATAL CARE VISIT
Item 30	TOTAL NUMBER OF PRENATAL CARE VISITS FOR THIS PREGNANCY
Item 31	MOTHER'S HEIGHT
Item 32	MOTHER'S PREPREGNANCY WEIGHT
Item 33	MOTHER'S WEIGHT AT DELIVERY
Item 34	DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY?
Items 35a-c,36a-b	NUMBER OF PREVIOUS LIVE BIRTHS-NOW LIVING, NOW DEAD; DATE OF LAST LIVE BIRTH; NUMBER OF OTHER PREGNANCY OUTCOMES; DATE OF LAST OTHER PREGNANCY OUTCOME
Item 37	CIGARETTE SMOKING BEFORE AND DURING PREGNANCY
Item 38	PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY
Item 39	DATE LAST NORMAL MENSES BEGAN
Item 41	RISK FACTORS IN THIS PREGNANCY
Item 42	INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY
Item 43	OBSTETRIC PROCEDURES
Item 45	CHARACTERISTICS OF LABOR AND DELIVERY
Item 46	METHOD OF DELIVERY
Item 47	MATERNAL MORBIDITY
Item 49	BIRTHWEIGHT
Item 50	OBSTETRIC ESTIMATION OF GESTATION

Item 51	APGAR SCORE
Items 52,53	PLURALITY, SET ORDER
Item 54	ABNORMAL CONDITIONS OF THE NEWBORN
Item 55	CONGENITAL ANOMALIES OF THE NEWBORN
Item 56	WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? IF YES, NAME OF FACILITY TO WHICH INFANT TRANSFERRED
Item 57	IS INFANT LIVING AT THE TIME OF REPORT?
Item 58	IS INFANT BEING BREASTFED?

PLACEHOLDER FIELDS

FILE PROCESSING ITEMS

STATE OF BIRTH
 CERTIFICATE NUMBER
 VOID FLAG
 AUXILIARY STATE FILE NUMBER

APPENDICES

APPENDIX A	COUNTRY CODES
APPENDIX B	STATE, TERRITORY, AND CANADIAN PROVINCE CODES
APPENDIX C	CITY AND COUNTY CODES
APPENDIX D	HISPANIC ORIGIN LOOK-UP TABLE
APPENDIX E	RACE CODES

Item Title: **TIME OF BIRTH (24hr)**

Item Number: **2 Certificate, 19 Facility Worksheet**

Description: Hour and minute infant was born. For a detailed definition and instructions see:
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Labor and delivery, newborn admission history and physical

Other Source: Attendant (non-facility births only)

INSTRUCTIONS

FOR A PAPER RECORD:

Print or type the hour and minute of birth using a 24-hour clock. If the time of birth is not known, enter “Unknown” in the space.

Based on the recommendation of the National Institute of Standards and Technology it is strongly recommended that the 24-hour clock with the range of 0000-2359 be used. 0000 is considered the start of the new day.

TIME OF BIRTH

_____ (24hr)

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

To report the “Time of Birth” use a 24-hour clock and four-digit entry field.

Hour and minute of birth _____

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
TB	Hour and minute of birth	0000-2359, 9999	Unknown OR
		0001-2400, 9999	(See Edits) Unknown

EDITS:

Based on the recommendation of the National Institute of Standards and Technology it is strongly recommended that the 24-hour clock with the range of 0000-2359 be used. However, some facilities may use a 0001-2400 range in lieu of the 0000-2359 range. The only difference between these systems is in how the beginning of the new day, midnight (or 12:00 am using the 12-hour clock) to 59 seconds after midnight (12:00:59 am) is represented. For medical facilities the commonly used sequence is:

2359 (11:59 pm)
0000 (12:00 am)
0001 (12:01 am).

However, for the military (but not necessarily military medical institutions) the sequence is:

2359(11:59 pm)
2400 (12:00 am)
0001 (12:01 am).

The new day begins at 0000 or 2400 (midnight) (0001 = 1 minute after midnight, etc.). These latter systems should convert 2400 to 0000 for transmission to NCHS purposes.

ELECTRONIC RECORD

Before the record is transmitted to the State

Values must be in the range 0000-2359, 9999 or 0001-2400, 9999. If the value is outside the range, an error message should appear showing the invalid value and asking that a new value be entered.

STATE FILE CONSIDERATIONS

The hour should be recorded using a 24-hour clock. However, States may wish to convert the recorded time on the electronic record to the standard 12-hour clock when printing paper copies of the certificate for families.

- For 0000 to 0059 add 1200 hours and “a.m.”
- For 0100 to 1159 add “a.m.”
- For 1200 to 1259 add “p.m.”
- For 1300 to 2359 subtract 1200 hours and add “p.m.”

If states elect to use a database system that has an option of storing dates as “date type variables,” the system must meet the criteria listed under transmission.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
TB	4	Numeric	0000-2359, 9999

Item Title: **SEX**

Item Number: **3 Certificate, 32 Facility Worksheet**

Description: The sex of the infant. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Delivery record, Infant's medical record

INSTRUCTIONS

FOR A PAPER RECORD:

Print or type whether the infant is male, female or if the sex of the infant is not yet determined.

SEX

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

When the item is to be completed, the following menu should be used to select one response:

Sex

- Male
- Female
- Not yet determined

A response of "Not yet determined" on the initial entry screen should be verified at the final review screen.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
ISEX	The sex of the infant	M	Male
		F	Female

Item must be completed. If the record is filed with an N code, send the record to NCHS but query the hospital until a determination of the infant's sex is made. Send the updated record to NCHS with the update file

PAPER RECORD

Records filed with this field blank or with "not yet determined" are queried. If there is no response to the query, retain the "Not yet determined" code. Send the record to NCHS on the data file but continue to query until a determination of the infant's sex is made. The revised record should then be sent to NCHS with the updated file.

STATE FILE CONSIDERATIONS

An N code for "not yet determined" should not be allowed for any record in the file at the time the file is closed. NCHS will query states to obtain the sex of the infant for all records still retaining the N code at the time the file is closed.

NCHS TRANSMISSION FILE**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
ISEX	1	Alpha character string	M, F, N

Item Title: **DATE OF BIRTH (INFANT)**

Item Number: **4 Certificate, 18 Facility Worksheet**

Description: The infant's date of birth. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Labor and delivery, newborn admission history and physical

INSTRUCTIONS

FOR A PAPER RECORD:

Print or type the month, day, and four-digit year of birth. Please spell out the month of birth. Numeric abbreviations are acceptable for the day and year of birth.

DATE OF BIRTH (Mo/Day/Year)

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

The Date of Birth is a three-field entry with the month, day, and year entered in separate fields.

Month of infant's birth ____ ____

Day of infant's birth ____ ____

Year of infant's birth ____ ____ ____ ____

The following instruction should appear in the help function when the infant's date of birth is not known (foundlings).

If the date of birth of the infant is not known because the infant is a foundling, enter the date the infant was found as the date of birth.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
IDOB_YR	Year of Birth	4digit year	Must be equal to current data year
IDOB_MO	Month of Birth	01 02 03 04 05 06 07 08 09 10 11 12	January February March April May June July August September October November December
IDOB_DY	Day of Birth	01-31 01-29 01-31 01-30 01-31 01-30 01-31 01-31 01-30 01-31 01-30 01-31	January February March April May June July August September October November December

EDITS:**ELECTRONIC RECORD****Before the record is transmitted to the State**

If month is February and day = 29, year of birth should be a leap year. If not, an error message should appear and ask that the date be corrected.

The infant's date of birth must be earlier than or the same as the date the record is filed.

PAPER RECORD

For paper records, the same edits are applied at the State level. Edits failed after re-entry through the edit screens will result in a listing of items to be queried and the item will be given a pending query status.

STATE FILE CONSIDERATIONS

While the paper document does not have separate fields for each element of the date, it is recommended that the date be entered and stored as three separate fields.

If states elect to use a database system that has an option of storing dates as "date type variables," then the system must meet the criteria listed under transmission standards.

NCHS TRANSMISSION FILE**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
IDOB_YR	4	Numeric or "date type"	Must be equal to current data year
IDOB_MO	2	Numeric or "date type"	01-12
IDOB_DY	2	Numeric or "date type"	01-31 (based on month)

Item Titles: **FACILITY NAME**
 CITY, TOWN OR LOCATION OF BIRTH
 COUNTY OF BIRTH
 FACILITY ID (NPI)
 PLACE WHERE BIRTH OCCURRED

Item Numbers: **5 Certificate, 1 Facility Worksheet**
 6 Certificate, 3 Facility Worksheet
 7 Certificate, 4 Facility Worksheet
 17 Certificate, 2 Facility Worksheet
 26 Certificate, 5 Facility Worksheet

Descriptions: The name of the facility where the delivery took place
 The city, town or location of birth
 The county of birth
 The facility's National Provider Identification (NPI) or if
 no NPI, the state hospital code
 The type of place where the birth occurred

For a detailed definitions and instructions see:
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Admission history and physical, delivery record,
 basic admission data, progress notes
Other Source: Attendant (non-facility births only)

INSTRUCTIONS

FOR A PAPER RECORD:

Item 5.

Type or print the name of the facility where the birth occurred. If this birth did not occur in a hospital or freestanding birthing center, please type or print the street and number of the place where the birth occurred. If the birth occurred enroute, that is in a moving

conveyance, type or print the city, town, village, or location where the child was first removed from the conveyance. If the birth occurred in international air space or waters enter "plane" or "boat."

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

Item 6.

Type or print the name of the city, town, township, village or other location where the birth occurred. If the birth occurred in international waters or air space, enter the location where the infant was first removed from the boat or plane.

CITY, TOWN, OR LOCATION OF BIRTH

Item 7.

Type or print the name of the county where the birth occurred. If the birth occurred in international waters or air space, enter the name of the county where the infant was first removed from the boat or plane.

COUNTY OF BIRTH

Item 17.

Print the facility's National Provider Identification Number (NPI) or, if no NPI, the state hospital code.

FACILITY ID. (NPI)

Item 26.

Please check the box that best describes the type of place where the birth occurred. If the type of place is not known, type or print "Unknown" in the space.

PLACE WHERE BIRTH OCCURRED (Check one)

- Hospital
- Freestanding birthing center
- Home Birth: Planned to deliver at home? Yes No
- Clinic/Doctor's office
- Other (Specify)_____

FOR AN ELECTRONIC RECORD:

EBR Developer: *(Instructions are in Italics)*

The initial question should ask if the birth occurred in this facility, if the answer is “yes,” or “born enroute,” all the items (5,6,7,26) and the state facility code should be automatically completed from a table look up allowing the keyer to skip these items and move to the next item.

EBR software should have a table for each facility that contains information about the facility, as well as a roster of attendants and certifiers. A mechanism for updating the information such as a change in name, status, and the roster is needed. In addition, a mechanism for adding and deleting NPI numbers is necessary.

If the answer is “no,” the following will appear:

Please check the box below that best describes the type of place where the birth occurred.

- Hospital
- Freestanding birthing center
- Home Birth:
 - Planned to deliver at home?
 - Yes
 - No
 - Unknown
- Clinic/Doctor’s office
- Other (Specify) _____ e.g. taxi, train, plane
- Unknown place of birth
-

If “Hospital” or “Freestanding birthing center” is checked, the following will appear:

Name of the facility: _____

If “Home Birth,” or “Clinic/Doctor’s office” is checked, the following will appear:

Street and Number _____

City, town, or location _____

County _____

If “Unknown” is checked, all the fields will be filled with the “Unknown” code.

If the birth occurred enroute, that is in a moving conveyance, enter the city, town, village, or location where the child was first removed from the conveyance. If the birth occurred in an airplane or boat enter boat (lake ___) or boat (international waters) etc.

City, town, or location _____

County _____

Location _____

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
FNAME	Name of facility	Alpha/numeric	
FNPI	Facility NPI number	Alpha/numeric	
SFN	State facility number	Alpha/numeric	
FLOC	City town or location of birth	Alpha/numeric	
CNAME	County name where birth occurred	Alpha character string	
CNTYO	County code	Numeric (Appendix C)	
BPLACE	Birthplace	1	Hospital
		2	Freestanding Birthing Center
		3	Home (intended)
		4	Home (not intended)
		5	Home (unknown if intended)
		6	Clinic/Doctor's Office
		7	Other
		9	Unknown

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

Valid FIPS codes are assigned to county of birth. If county cannot be located in the facility information table, a message should appear indicating the county is not a valid county. The message should ask that the spelling be checked and the item re-entered. Or a drop-down list of counties to choose from could be offered. It is recommended to reenter the county rather than having a drop-down menu.

Place of Birth Item:

If item is not completed and clerk proceeds to the next item, the item is flagged to be put on the list of items needed for completion before the certificate can be filed or printed (final review screen).

Must be a valid code as indicated above. If “home” is checked and none of the subcategories are checked, or “Unknown” is checked, the item is assigned the “home unknown” code and the following message should appear.

The record indicates that this birth occurred at home.

Please query either the attendant or the mother to determine if the mother intended to have a home birth.

Item will be flagged for completion at a later time or at the final review screen.

Both the home (intended) and home (not intended) boxes cannot be checked.

PAPER RECORD

Query if item is not completed. If no response to query, assign the “Unknown” code.

If home delivery is checked but neither the planned at home “Yes” or “No” box is checked, query. If no response to query, assign the “home (unknown if intended)” code.

STATE FILE CONSIDERATIONS

It is recommended that states have an adequate character field length (e.g. 55-character field length) to maintain the literal entries to certificate item 5. In addition, they will need fields for city, town, or location; county, and the type of place codes. Only the county codes and type of place codes will be transmitted to NCHS. County codes will be assigned immediately by table look up when an EBR is completed. City, town and location codes can be handled similarly. For paper records it is suggested that the literals be keyed and table look-ups be used for coding.

For certificate item 26, states may elect to code the “Other (specify)” responses. An adequate character field length (e.g., 15-character field) to capture the literals and an adequate digit field length (e.g., 2-digit field) for codes, if the state elects to code will be needed.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
CNTYO	3	Numeric	Appendix C
BPLACE	1	Numeric	1-7, 9
FNPI	12	Alpha/numeric	
SFN	4	Alpha/numeric	

Item Title: **DATE OF BIRTH (MOTHER)**

Item Number: **8b Certificate, 6 Mother's Worksheet**

Description: The mother's date of birth

Source of Information:

Preferred Source: Mother

(NOTE: The mother is defined as the woman who gave birth to or delivered the infant.)

INSTRUCTIONS

FOR A PAPER RECORD:

Print or type the month (spelled out), day, and four-digit year of birth.

If the mother's Date of Birth is unknown, then print "Unknown." If part of Date of Birth is unknown, enter the known parts and leave the remaining parts blank.

DATE OF BIRTH (Mo/Day/Year)

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

The Date of Birth item is a three-field entry with the month, day, and year entered in separate fields.

When the item is to be completed, the following message should appear at the top of the screen and remain on the screen until the last field of the date is completed:

If only part of the Mother's date of birth is known, enter all parts that are known and leave the unknown parts blank.

If the date of birth of the mother is not known at this time, leave blank.

Month of mother's birth ____ ____

Day of mother's birth ____ ____

Year of mother's birth ____ ____ ____ ____

If the date of birth is not known at this time, the item will be pended and will appear on the final review screen.

Any fields left blank will be filled with 9s. (Alternatively, "hot keys" for unknown numeric values may be used in place of leaving values blank.)

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
MDOB_YR	Year of Birth	4-digit year	Must be less than child's year of birth
		9999	Unknown
MDOB_MO	Month of Birth	01	January
		02	February
		03	March
		04	April
		05	May
		06	June
		07	July
		08	August
		09	September
		10	October
		11	November
		12	December
		99	Unknown
MDOB_DY	Day of Birth	01-31	January
		01-29	February
		01-31	March
		01-30	April
		01-31	May
		01-30	June
		01-31	July

	01-31	August
	01-30	September
	01-31	October
	01-30	November
	01-31	December
	99	Unknown
MAGE_CALC Calculated age	00-98	
	99	Unknown
MAGE_BYPASS	0	Off
	1	On (data queried)

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

All blank fields will be converted to all 9s.

If month is February and day = 29, year of birth should be a leap year. If not, an error message should appear and ask that the date be corrected.

Age is calculated using mother's date of birth (completed dates only) and the child's date of birth.

Calculated age must be >8 and < 65.

If age is outside this range a message appears that reads:

Mother's age is out of acceptable limits, please check the mother's date of birth and re-enter the date.

The entry screen for the mother's date of birth appears.

Age is recalculated and if still outside the acceptable limits the MAGE_BYPASS variable is set to ON-1

PAPER RECORD

Records filed with no age of mother are queried. For those records with stated "age of mother" the same edits described above are applied. Failed edits are to be queried.

STATE FILE CONSIDERATIONS

While the paper document does not have separate fields for each element of the date, it is recommended that the date be entered and stored as three separate fields.

If states elect to use a database system that has an option of storing dates as “date type variables,” then the system must meet the criteria listed under transmission standards.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
MDOB_YR	4	Numeric or “date type”	4-digit year, <child’s year of birth, 9999
MDOB_MO	2	Numeric or “date type”	01-12, 99
MDOB_DY	2	Numeric or “date type”	01-31 (based on month), 99
MAGE_BYPASS	1	Numeric	0,1

Item Title: **BIRTHPLACE (STATE, TERRITORY, OR FOREIGN COUNTRY)**

Item Number: **8d Certificate, 7 Mother's Worksheet**

Description: The geographic location of the mother's place of birth.

Source of Information:

 Preferred Source: Mother or other informant

INSTRUCTIONS

FOR A PAPER RECORD:

Print or type the name of the U.S. State or U.S. Territory in which the mother was born. If the mother was born outside of the U.S., print or type the name of the country in which the mother was born. U.S. territories are: Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Marianas. If the mother's birthplace is not known, print or type "Unknown" in the space.

BIRTHPLACE (U.S. State or Canadian Province/Territory, U.S. Territory, or Foreign Country)

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

There should be a screen with separate entry spaces each for state, territory, and country of birth. The series of items to be captured with instructions is suggested below.

Birthplace of Mother
(Please enter for only one field)

Mother's U.S. State or Canadian Province/Territory of Birth

OR

Mother's U.S. Territory of Birth _____

OR

Mother's Country of Birth _____ (if born outside the U.S.)

 Mother's birthplace unknown

If unknown is recorded on the worksheet or if the informant does not know, check the "Mother's birthplace unknown" box.

As soon as an acceptable entry is made in any one of the fields, the screen moves on to the next item on the worksheet to avoid entries in more than one birthplace field.

"Incremental browsing" may be used to facilitate quicker selection of the mother's birthplace. Incremental browsing refers to the process in which the keyer enters the first or so letter of the state, territory or country and the system automatically presents the list of places beginning with that letter(s). The keyer then can more readily select the correct locale without typing in the rest of the word. For example, for the Mother's country of birth, when the keyer enters the letter "C" the system would automatically go to where "Cambodia" is on the list. If the keyer enters the letters "Ch," the system would automatically go to where "Chad" is on the list.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>
BPLACE_ST	Mother's state or Canadian Province/Territory of birth (literal)	Literal entry, blank
BPLACE_TER	Mother's territory of birth (literal)	Literal entry, blank
BPLACE_CNT	Mother's country of birth (literal)	Literal entry, blank
BPLACEC_ST_TER	Code for Mother's state or territory of birth	Appendix B
BPLACEC_CNT	Code for Mother's country of birth	Appendix A

TRANSLATIONS:

Literal entries for U.S. States, U.S. Territories, and Canadian province/Territory must be converted to FIPS 5-2, two-character codes (Appendix B).

Literal entries for U.S. States, U.S. Territories, and Canadian province/Territory must be combined to a single field (BPLACEC_ST_TER) when coded.

Literal entries for countries must be coded two-character FIPS10-4 codes for countries (Appendix A).

If the “unknown” box is checked, the value ZZ is assigned to all fields.

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

Entries in all fields transmitted to NCHS must be valid FIPS codes or ZZ (Appendix A and B).

If there is an entry in the U.S. State/Territory field other than ZZ, country and unknown fields must be blank.

If there is an entry in the country field other than ZZ, the U.S State/Territory and unknown fields must be blank.

If there is an entry in either field other than ZZ, the unknown field must be blank.

STATE FILE CONSIDERATIONS

Suggested field names are:

State of birth	BPLACE_ST_TER
Country of birth	BPLACE_CNT

A field length of 30 characters for each field is suggested.

States may also opt to retain coded fields as well as the literal entries. If coded fields are maintained as well, there are HISSB standards that should be used. Literals for countries should be assigned codes using two-character FIPS 10-4 codes (Appendix A).

NCHS TRANSMISSION FILE**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
BPLACEC_ST_TER	2	Alphabetic	Appendix B
BPLACEC_CNT	2	Alphabetic	Appendix A

Item Title: **RESIDENCE OF MOTHER:
STATE
COUNTY
CITY, TOWN OR LOCATION
STREET AND NUMBER
APT. NO.
ZIP CODE
INSIDE CITY LIMITS?**

Item Number: **9a – 9g Certificate; 3, 4 Mother’s Worksheet**

Description: The geographic location of the mother’s residence

Source of Information:

 Preferred Source: Mother or other informant

INSTRUCTIONS:

FOR A PAPER RECORD:

Items 9a-9g.

These items refer to the mother’s residence address, not her postal address. Do not include post office boxes or rural route numbers.

Item 9a.

This item is where the U.S. States and territories, and the provinces of Canada are recorded.

If the mother is a U.S. resident, print the U.S. State or territory where the mother lives. If the mother is a U.S. resident do not record “U.S.”

If the mother is a Canadian resident, print the name of the province or territory followed by “ / Canada.”

If the mother is not a resident of the U.S., its territories, or Canada, print the name of the mother’s country of residence.

RESIDENCE OF MOTHER-STATE

Item 9b & 9c.

Print the county, city or town or location where the mother lives. If the mother is not a U.S. resident, leave these items blank.

COUNTY CITY, TOWN, OR LOCATION

Items 9d-9f.

Print the mother's street name and number, apartment or room number, and zip code. If the mother is not a U.S. resident, leave these items blank.

For the street name, be sure to include any prefixes, directions and apartment numbers.

Examples: South Main Street
 Walker Street NW

STREET AND NUMBER APT. NO. ZIP CODE

Item 9g.

Check whether the mother's residence is inside of city or town limits. If it is not known if the residence is inside the city limits, print "Unknown." If the mother is not a U.S. resident, leave this item blank.

INSIDE CITY LIMITS? (This item is optional if GIS codes for the mother's residence have been provided to NCHS.)

Yes No

FOR AN ELECTRONIC RECORD:

EBR Developer *(Instructions are in Italics)* The collection of the mother's residence data should be set up to maximize the efficient use of GIS coding technology in order to improve the geographic allocation of these events. Two options for recording the street address are provided. In the second option, the street address will have to be parsed to separate out the pre- and post-directionals. Space in the State data files for the extended zip codes, latitude and longitude coordinates and centroids will have to be allowed.

PREFERRED METHOD:

If the “street” name has a direction as a prefix, enter the prefix in the space labeled “pre-directional”. If the “street” name has a direction after the name, enter the suffix in the space labeled “post-directional.”

Examples: South Main Street. Enter the name as Main and the pre-direction as South.

Walker Street NW. Enter the name as Walker and NW in the post-directional space.

If there are no pre- or post-directions, leave these spaces blank.

- **Enter all parts of the address that are known. For example, a homeless woman could only have a city, county and state entered.**

Data entry should be set up in the order identified below. When each item is to be completed specific instructions will appear. These are listed below.

OPTIONAL ACCEPTABLE METHOD I:

If the “street” name has a direction as a prefix, enter the prefix in front of the street name. If the “street” name has a direction after the name, enter the direction after the name.

Examples: South Main Street. Enter the name as South Main.

Walker Street NW. Enter the name as Walker NW.

While all the residence fields are being completed, the following general instructions should be on the screen.

- **Residence of the mother is the place the mother actually resides.**
- **Do not report temporary residences such as on a visit, business trip, or vacation.**
- **Place of residence during a tour of military duty or attendance at college should be entered as the place of residence.**
- **For mothers who live in a group home, mental institution, penitentiary, or hospital for the chronically ill, report the location of the facility as the place of residence.**

1. Building number _____
2. Pre-directional _____
3. Name of the “street” _____
4. Street designator e.g., street, avenue, etc. _____
5. Post-directional _____
6. Apartment or room number _____

7. Name of the city, town, or other place of residence _____
8. County of the mother's residence _____
9. U.S. State, U.S. Territory, or Canadian Province of the residence _____
10. Zip code of the above address (either 5 or 9 digits) _____
11. Mother's country of residence _____

The inside city limits question will appear only if the "Mother's country of residence" is USA, and "Name of city, town, or other place of residence is not "Unknown."

12. Is mother's place of residence inside the city or town limits?

- Yes
- No
- Unknown

When item 1 "Building number" is to be completed, the following instructions should appear:

**Enter the building number assigned to the mother's residence. .
Do not record a R.R. number or P.O. box.
If the number is unknown, enter "Unknown."**

When item 2 "Pre-directional" is to be completed, the following instructions should appear.

If the "street" name has a direction as a prefix, enter the prefix in the space labeled "pre-directional."

Example: South Main Street. Enter the pre-direction as South.

If there is no pre-direction, leave this space blank.

When item 3 "Street name" is to be completed, the following instructions should appear.

**Enter the "street" name of the mother's residence.
Do not enter a R.R. number.**

When item 4 "Street designator" is to be completed, the following instruction should appear.

**Enter the street designator.
Examples of the street designators are words like Street, Avenue, Road,
Circle, Court etc.**

When item 5 “Post directional” is to be completed, the following instructions should appear.

If the “street” name has a direction after the name, enter the suffix in the space labeled “post-directional.”

Example: Walker Street N.W. Enter N.W in the post-directional space.

If there is no post-direction, leave this space blank.

When item 6 “Apartment number” is to be completed, the following instruction should appear.

If there is no apartment or room number associated with this residence, leave the item blank.

When item 7 “Name of city or town” is to be completed, no instructions are needed.

When item 8. “County of residence” is to be completed, the following instruction should appear.

If the mother resides in any country other than the U.S. or its Territories, leave this item blank.

When item 9. “U. S. State, U.S. territory, Canadian province, or Canadian Territory” is to be completed, the following instructions should appear.

Enter the U.S. State or U.S. territory.

If the mother resides in a Canadian province or Canadian territory, enter the name of the province or territory.

When item 10 “Zip code” is to be completed, the following instruction should appear.

If only the 5-digit Zip code is known, report that.

If the mother is not a resident of the U.S. or its territories, leave this item blank.

When item 11 “Country of residence” is to be completed, the following instructions should appear.

If a valid U.S. State or U.S. territory was entered in the previous item, “United States” will automatically be entered.

If a valid Canadian province or Canadian territory was entered in the previous item, “Canada” will automatically be entered.

If the mother is not a resident of the U.S., its territories, or Canada, enter the name of the mother’s country of residence.

If the mother’s country of residence is unknown, enter “Unknown.”

When item 12. “Inside city limits” is to be completed, the following instruction should appear.

If uncertain if the residence is inside the city or town limits, check the “Unknown” box.

OR (Alternate Format II)

1. Building number _____
2. Name of the “street” _____
3. Street designator e.g., street, avenue, etc. _____
4. Apartment or room number _____
5. Name of the city, town, or other place of residence _____

6. County of the mother’s residence _____
7. U.S. State, U.S. Territory, or Canadian Province of the residence _____
8. Zip code of the above address (either 5 or 9 digits) _____
9. Mother’s country of residence _____

The inside city limits question will appear only if the “Mother’s country of residence” is USA, and “Name of city, town, or other place of residence is not “Unknown.”

10. Is mother’s place of residence inside the city or town limits?

- Yes
- No
- Unknown

Instructions for the optional method:

When item 1 “Building” is to be completed, the following instructions should appear.

**Enter the street number assigned to the mother’s residence.
Do not record a R.R. number or P.O. box.
If the number is unknown, enter “Unknown.”**

When item 2 “Name of street” is to be completed, the following instructions should appear.

**Enter the “street” name of the mother’s residence.
Do not enter a R.R. number.**

If the “street” name has a direction as a prefix, enter the prefix in front of the street name. If the “street” name has a direction after the name, enter the direction after the name.

**Examples: South Main Street. Enter the name as South Main.
Walker Street N.W. Enter the name as Walker N.W.**

When item 3 “Street designator” is to be completed, the following instruction should appear.

**Enter the street designator.
Examples of the street designator are words like Street, Avenue, Road,
Circle, Court, etc.**

When item 4 “Apartment number” is to be completed, the following instruction should appear.

If there is no apartment or room number associated with this residence, leave the item blank.

When item 5 “City or town” is to be completed, no instructions are needed.

When item 6 “County of residence” is to be completed, the following instruction should appear.

If the mother resides in any country other than the U.S. or its territories, leave this item blank.

When item 7 “State, U.S. territory, or Canadian province” is to be completed, the following instructions should appear.

Enter the U.S. State or U.S. territory.

If the mother resides in a Canadian province or Canadian territory, enter the name of the province or territory.

When item 8 “Zip code” is to be completed, the following instruction should appear.

If only the 5-digit Zip code is known, report that.

If the mother is not a resident of the U.S. or its territories, leave this item blank.

When item 9 “Country of residence” is to be completed, the following instructions should appear.

If a valid U.S. State or U.S. territory was entered in the previous item, “United States” will automatically be entered.

If a valid Canadian province or Canadian territory was entered in the previous item, “Canada” will automatically be entered.

If the mother is not a resident of the U.S., its territories, or Canada, enter the name of the mother’s country of residence.

If the mother’s country of residence is unknown, enter “Unknown.”

When item 10 “Inside city limits” is to be completed, the following instruction should appear.

If uncertain if the residence is inside the city or town limits, check the “Unknown” box.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
STNUM	Street number		
PREDIR	Pre-directional		
STNAME	Street name		
STDESIG	Street designator		
POSTDIR	Post-directional		
UNUM	Unit or apartment number		
CITY	City or Town name		
CITYC	City or Town code		See Appendix C

ZIP	Zip Code		
COUNTY	County		
COUNTYC	County code		See Appendix C
STATE	State/Province		
STATEC	State/Province code		See Appendix B
COUNTRY	Country		
COUNTRYC	Country code		See Appendix A
LIMITS	Inside city limits	Y	Yes
		N	No
		U	Unknown

TRANSLATIONS

Response Mapping (examples)

Response	Maps to values
Country Name	Appendix A
State/Province Name	Appendix B
City/Town Name	Appendix C
County Name	Appendix C

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

1. *If country is unknown, then city, county and State may also be unknown. Do not run any table look-ups for city, county or State.*
2. *If country is known and is not the U.S. or Canada, then city, county, and State/Province may be blank.*
3. *If country is Canada, city and county may be blank, but run table look-ups for State/Province.*

The Province is checked against Canadian Postal Codes (Appendix B). If not in table and if it is an electronic record, a message should appear asking that the name be checked. Enter revised data; if edit fails again, code Province to "Unknown." Keep literal. For a paper record, automatically reject and follow-up with the hospital. If rejected a second time, code Province to "Unknown."

4. *If country is the U.S., run table look-ups for State/Province, County, and city.*

State is checked in FIPS 5-2. If not in table and if it is an electronic record, a message should appear asking that the name be checked. Enter revised data; if edit fails again, code State to “Unknown.” Keep literal. For a paper record, automatically reject and follow-up with the hospital. If rejected a second time, code State to “Unknown.”

The city name is checked in FIPS 55-3 name table. If not in table and if it is an electronic record, a message should appear asking that the name be checked. Enter revised data; if edit fails again, code city to “Unknown.” Keep the literals. For a paper record, automatically reject and follow-up with the hospital. If rejected a second time, code city to “Unknown.”

Code County using FIPS 6-4. If not in table, then reject record for review and/or follow-up. If electronic record, reject at hospital. Error message should indicate that the county is not listed, please check and re-enter. Record cannot be printed or filed without a county entered.

STATE FILE CONSIDERATIONS

If all components of residence are unknown, use place of occurrence as place of residence for statistical purposes. States may wish to keep the record unknown for legal files. It is recommended that States keep this information in as detailed a format as possible. See the recommended electronic format below. For data collected on paper records, keying instructions need to reflect the detail of the electronic record. If States elect to use GIS on these data then space in the State data file will be needed for the derived variables of latitude, longitude, centroid and extended nine-digit zip code.

ELECTRONIC RECORD

For the purpose of recording and printing certified copies from the electronic file and for geo-coding the record, it is recommended that the address field be separated into fields as described below. These fields generally correspond to the CDC, HISSB recommendations. However, the field lengths do not correspond to the recommendations because the literal entries need to be captured. If a State desires, the literal entries can be transposed to abbreviations for purposes of compacting the file using standard abbreviations as recommended in the HISSB standards. States may wish to collect Zip code to the ninth digit when known rather than just five.

Suggested field names are:

<u>DESCRIPTION</u>	<u>NAME</u>	<u>LENGTH</u>
Street number	STNUM	10
Pre-directional	PREDIR	10
Street name	STNAME	28
Street designator	STDESIG	10
Post-directional	POSTDIR	10
Unit or apartment number	UNUM	7
City or Town name	CITY	28
Zip Code	ZIP	9
County	COUNTY	28
State/Province	STATE	28
Country	COUNTRY	28

States may also opt to retain coded fields as well as the literal entries. If coded fields are maintained as well, there are HISSB standards that should be used. Literals for countries should be assigned codes using FIPS 10-4 using the two-character codes for nations (Appendix A). County should be coded using three-digit FIPS 6-4 codes (Appendix C). City of residence should be transmitted to NCHS using FIPS 55-3 five-digit codes (Appendix C). State/Province should be coded using two-character codes and Canadian postal codes, see Appendix B).

Note that new FIPS 10-4 tables are issued regularly. As new FIPS 10-4 tables are issued, new codes should be added, but do not replace existing codes. The old codes are needed for consistency.

NCHS TRANSMISSION FILE

States that elect to use a GIS coding process prior to submission of data to NCHS shall replace the codes for city, town, or other place as well as county codes with those derived from the GIS process.

VARIABLES:

<u>NAME</u>		<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
STNUM	Street number	10	Alpha/numeric	
PREDIR	Pre-directional	10	Alpha/numeric	
STNAME	Street name	28	Alpha/numeric	
STDESIG	Street designator	10	Alpha/numeric	
POSTDIR	Post-directional	10	Alpha/numeric	
UNUM	Unit or apartment number	7	Alpha/numeric	
CITY	City or Town name	28	Alpha/numeric	
ZIP	Zip code	9	Alpha/numeric	
COUNTY	County	28	Alpha/numeric	
STATE	State/Province	28	Alpha/numeric	
COUNTRY	Country	28	Alpha numeric	
CITYC	City/Town	5	Numeric	Appendix C
COUNTYC	County	3	Numeric	Appendix C
STATEC	State/Province	2	Alpha	Appendix B
COUNTRYC	Country	2	Alpha	Appendix A
LIMITS (optional, if providing full address)		1	Alpha	Y,N,U

Item Title: **DATE OF BIRTH (FATHER)**

Item Number: **10b Certificate, 19 Mother's Worksheet**

Description: The father's date of birth

Source of Information:

 Preferred Source: Mother or father

INSTRUCTIONS

FOR A PAPER RECORD:

Print or type the month, day, and four-digit year of birth.

If the father's Date of Birth is unknown, print "Unknown." If part of the Date of Birth is unknown, enter the known parts and leave the remaining parts blank.

DATE OF BIRTH (Mo/Day/Year)

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

The Date of Birth item is a three-field entry with the month, day, and year entered in separate fields.

When the item is to be completed, the following message should appear at the top of the screen and remain on the screen until the last field of the date is completed:

Enter all parts of the father's date of birth that are known. Leave the unknown parts blank. If the entire date of birth of the father is not known, leave all fields blank.

The date of birth is a three-field entry.

Month of father's birth ____ ____

Day of father's birth ____ ____

Year of father's birth ____ ____ ____ ____

As an alternative to leaving unknown values blank, "hot keys" may be used.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
FDOB_YR	Year of Birth	4-digit year 9999	Must be less than the child's year of birth Unknown
FDOB_MO	Month of Birth	01 02 03 04 05 06 07 08 09 10 11 12 99	January February March April May June July August September October November December Unknown
FDOB_DY	Day of Birth	01-31 01-29 01-31 01-30 01-31 01-30 01-31 01-31 01-30 01-31 01-30 01-31 99	January February March April May June July August September October November December Unknown

FAGE_CALC Calculated age	00-98 99	Unknown
FAGE_BYPASS	0 1	Off On (data queried)

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

All blank fields will be converted to all 9s.

If month is February and day = 29, year of birth should be a leap year. If not, an error message should appear and ask that the date be corrected.

Age is calculated using father's date of birth (completed dates only) and the child's date of birth.

Calculated age must be >8 and <75 .

If age is outside this range a message appears that reads:

Father's age is out of acceptable limits, please check the father's date of birth and re-enter the date of birth.

The entry screen for the father's date of birth appears.

Age is recalculated and if still outside the acceptable limits the FAGE_BYPASS variable is set to ON-1

PAPER RECORD

For paper records, the same edits are applied.

STATE FILE CONSIDERATIONS

While the paper document does not have separate fields for each element of the date, it is recommended that the date be entered and stored as three separate fields.

If states elect to use a database system that has an option of storing dates as "date type variables," then the system must meet the criteria listed under transmission standards.

NCHS TRANSMISSION FILE**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
FDOB_YR	4	Numeric or “date type”	4-digit year <Year of birth, 9999
FDOB_MO	2	Numeric or “date type”	01-12, 99
FDOB_DY	2	Numeric or “date type”	01-31 (based on month), 99
FAGE_BYPASS	1	Numeric	0,1

Item Title: **MOTHER MARRIED?**

Item Number: **15 Certificate; 15, 17 Mother's Worksheet**

Description: The marital status of the mother at birth, conception or any time in between.

Source of Information:

Preferred Source: Mother

Other Source: Informant

INSTRUCTIONS

FOR A PAPER RECORD:

If the mother is currently married or married at the time of conception or any time between conception and birth, check the "Yes" box.

If the mother is not currently married or was not married at the time of conception or any time between conception and birth, check the "No" box.

If the "No" box is checked, and an acknowledgement of paternity has been signed in the hospital, check the "Yes" box for the acknowledgement of paternity. Otherwise check the "No" box.

MOTHER MARRIED? (At birth, conception, or any time between)

Yes No

IF NO, HAS PATERNITY ACKNOWLEDGEMENT BEEN SIGNED IN THE HOSPITAL?

Yes No

FOR AN ELECTRONIC RECORD:

EBR developer: *(Instructions are in italics)*

There are a series of questions required by this item:

A. Was the mother married at the time she conceived this child, at the time of birth, or at any time between conception and giving birth?

Yes No

If the “Yes” box is checked, the EBR should then request the information about the father (items 10a, 10b, 10c, 19, 23, 24, 25).

If the no box is checked question C appears,

B. Have the mother and father signed a form (*Insert name of the State acknowledgement of paternity form*) in which the father accepted legal responsibility for the child?

- Yes, a paternity acknowledgement has been completed
- No, a paternity acknowledgement has not been completed.

If the “Yes” box is checked, the EBR must request the information about the father (items 10a, 10b, 10c, 19, 23, 34, 25).

If the “No” box is checked, all items about the father (items 10a, 10b, 10c, 19, 23, 24, 25) are skipped.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
MARN	Mother married at conception, at birth or any time in between	Y	Yes
		N	No
		U	Unknown
ACKN	Acknowledgement of paternity signed	Y	Yes
		N	No
		X	Not applicable
		U	Unknown

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

Each variable must have a response.

If the variable MARN has value “Y,” the variable ACKN is assigned “X,” unless state law allows an acknowledgement in such cases.

If the variable MARN has value “Y” or the variable ACKN has value “Y” items 10a, 10b, 10c, 19, 23 24 and 25 should have entries.

If the variable MARN has value “N” and the variable ACKN has value “N,” items 10a, 10b, 10c, 19, 23 24, and 25 must be blank.

PAPER RECORD

Records filed with the “Mother married” item blank should be queried. If no response to query, assign the “Unknown” code to all variables.

If the “Yes” box for married now, at conception, or any time in between is checked, the acknowledgement of paternity box must be blank or checked “No.” (Specific state law may change this specification; for example, court orders prior to the birth of the child to a married woman.)

State Edits of data file prior to NCHS transmission

See above edits for electronic records.

STATE FILE CONSIDERATIONS

States may need to adjust this item to meet State legal requirements. If states have an electronic paternity acknowledgement, the answers to these questions can be used to drive the creation of the acknowledgement and data from the birth record used to populate the acknowledgement. If an electronic acknowledgement is created and signed first, these data can be used to populate the birth record(s).

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
MARN	1	Alpha character string	Y, N, U
ACKN	1	Alpha character string	Y, N, X, U

Item Title: **MOTHER'S EDUCATION**

Item Number: **20 Certificate; 8 Mother's Worksheet**

Description: The highest degree or level of schooling completed by the mother at the time of this delivery

Source of Information:

Preferred Source: Mother or other informant

INSTRUCTIONS

FOR A PAPER RECORD:

Based on the mother's response to the worksheet or interview, check the appropriate box on the certificate. If the mother leaves the item blank on the worksheet and she is still in the facility, query. If the mother has left the facility write "Unknown" in the space.

MOTHER'S EDUCATION

(Check the box that best describes the highest degree or level of school completed at the time of delivery)

- 8th grade or less
- 9th-12th grade; no diploma
- High school graduate or GED completed
- Some college credit, but not a degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

Mother's education level is chosen from the list below and the instructions should appear when the item is to be completed.

Mother's Education

Based on the mother's response to the worksheet or interview, check the category that best describes the highest degree or level of school completed.

- 8th grade or less
- 9th-12th grade; no diploma
- High school graduate or GED completed
- Some college credit, but not a degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree
(e.g. MD, DDS, DVM, LLB, JD)
- Unknown

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
MEDUC		1	8 th grade or less
		2	9 th through 12 th grade; no diploma
		3	High school graduate or GED completed
		4	Some college credit, but not a degree
		5	Associate degree (e.g., AA, AS)
		6	Bachelor's degree (e.g., BA, AB, BS)
		7	Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)
		8	Doctorate degree (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)
		9	Unknown
MEDUC_BYPASS		0	OFF (default value, edit passed)
		1	ON (edit failed, data queried and verified)
		2	ON (edit failed, data queried and not verified)

EDITS:**ELECTRONIC RECORD****Before the record is transmitted to the State**

If the “Unknown” box is checked the following message should appear:

If the mother is still in the facility, please obtain her education level. If the mother has left the facility, please check the box below.

- Mother has left the facility**

If the box is checked the item is not pended and will not appear on the final review screen.

At the time of input to an EBR or electronic work sheet, Mother’s date of birth will have been entered and edited. Mother’s age at the time the worksheet is completed will be calculated and stored as a variable for the purposes of this edit.

If age/education edit indicates a discrepancy, the education information needs to be reviewed.

Valid codes 1-9 (See processing variables for detail)

Values	Minimum Age
1	None
2	9
3	16
4	17
5	18
6	20
7	21
8	23
9	None

SAMPLE ERROR MESSAGE AND QUERY SCREENS

The data entered in the electronic certificate indicates an unlikely level of education for the mother at her age.

Mother’s education level is: _____

Please check one of the boxes below.

- Incorrect
 Correct
 Not able to verify

If the correct box is checked, the following message and query appears:

Mother's date of birth as entered is _____

Please check one of the boxes below.

- Incorrect
- Correct
- Not able to verify

If the "Correct" button for both education and age is checked, the bypass flag is set to ON-1.

If the "Not able to verify" button is checked, the bypass flag is set to ON-2.

If the "Incorrect" button is selected for education, the education selection screen appears.

The message asks that an education level be selected. If the edit fails, the bypass flag is set to ON-1. If the edit passes, reset bypass flag to OFF-0.

If the "Incorrect" button is selected for mother's date of birth, the mother's date of birth screen appears. Please enter the correct date of birth

Month of mother's birth ____ ____

Day of mother's birth ____ ____

Year of mother's birth ____ ____ ____ ____

If the edit fails, the bypass flag is set to ON-1. If the edit passes, reset the bypass flag to OFF-0

PAPER RECORD

The same edits are run on data entered through the State system. The initial edit will catch only keying errors. If the edit fails, a message appears indicating a discrepancy between age and education. The keyer is asked to re-enter the data. If the edit passes, the bypass flag is set to OFF-0. If the data still fail the edit, the bypass flag is set to ON-2.

NCHS TRANSMISSION FILE**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
MEDUC	1	Numeric	1, 2, 3, 4, 5, 6, 7, 8, 9
MEDUC_BYPASS	1	Numeric	0, 1, 2

Item Title: **MOTHER OF HISPANIC ORIGIN?**

Item Number: **21 Certificate, 9 Mother's Worksheet**

Description: The Hispanic origin of the mother.

Source of Information:

Preferred Source: Mother or other informant

INSTRUCTIONS

FOR A PAPER RECORD:

Based on the mother's response to the worksheet or the interview, select all the corresponding checkboxes on the certificate and fill in any literal (written) responses. If mother has chosen more than one response, check all that she selected; for example, if both Mexican and Cuban are checked, select both responses. If the mother indicates an ethnic origin not on the list, record it in the "Specify" space. Enter the mother's response in this space even if it is not a Hispanic origin. If the mother did not respond, type or print "Unknown."

MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina)

- No, not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latina
(Specify)_____

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

Hispanic origin will be selected from a menu list (below). The instructions should appear with the menu list.

Based on the mother's response, select all the corresponding boxes from the menu below and fill in any literal responses exactly as written on the worksheet regardless

of whether or not any checkboxes are marked. If the mother has chosen more than one response, check all that she has selected; for example, if both Mexican and Cuban are checked, select both responses. If the mother indicates an ethnic origin not on the list, record it in the “Specify” space. Enter the mother’s response in this space even if it is not a Hispanic origin. If the mother did not respond, check “Unknown if Spanish/Hispanic/Latina.”

MOTHER OF HISPANIC ORIGIN?

- No, not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Colombian)
(Specify) _____
- Unknown if Spanish/Hispanic/Latina

If the “Yes, Other Spanish/Hispanic/Latina” button is selected, the following message will appear:

Please enter the specified “Other Hispanic origin.”

Other: _____

States may give examples of the largest “Other Hispanic origin” groups for that State.

Because more than one ethnicity may be reported, there should be a separate field for each of the 4 categories plus a 20-character field in which to enter the “Other (specify)” response.

When the “No, not Spanish/Hispanic/Latina” response is chosen, each of the Hispanic origin fields will be automatically coded with the “No, not Hispanic” code. When the keyer moves to another item and at least one Hispanic category is selected, all the Hispanic selections that were not chosen will be automatically coded with the “No, not Hispanic” code.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
METHNIC1	Mexican, Mexican American or Chicana	N H U	No, not Mexican Yes, Mexican Unknown

METHNIC2	Puerto Rican	N	No, not Puerto Rican
		H	Yes, Puerto Rican
		U	Unknown
METHNIC3	Cuban	N	No, not Cuban
		H	Yes, Cuban
		U	Unknown
METHNIC4	Other	N	No, not Other Hisp
		H	Yes, Other Hisp
		U	Unknown
METHNIC5	Other literal entry	literal (blank)	

Before the record is transmitted to the State

*Electronic record must contain one or more valid responses indicated above. If not, a query message appears before the record can be printed or filed. A replica of the entry screen appears and indicates that one of the categories below must be selected. If states elect to use a missing value variable (*_MVR) for this item, it must have a valid missing value code when the ethnicity values are coded to "Unknown."*

*If the "Unknown if Spanish/Hispanic/Latina origin" box is checked, assign the value "S" to the ***_MVR variable and "U" to all other variables*

Any of the Hispanic variables may have an H code. If the mother is not Hispanic, all codes must be N's. If the response is "Unknown," all coded fields must contain a U and the literal field blank.

PAPER RECORD

Records filed with no entry are queried. If no response to query, code to "Unknown."

State edits of data file prior to NCHS transmission

Records with more than one category of Hispanic checked will be transmitted with all codes to NCHS.

Must be valid codes (see above).

STATE FILE CONSIDERATIONS

Because of the possibility of “Unknown,” responses, a missing value variable is recommended to keep track of these responses for intervention, or for follow-up training. All these codes will result in an “Unknown” code for each of the ethnicity fields. The recommended variable name is METHNIC_MVR.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
METHNIC1	1	Alpha character string	N, H, U
METHNIC2	1	Alpha character string	N, H, U
METHNIC3	1	Alpha character string	N, H, U
METHNIC4	1	Alpha character string	N, H, U
METHNIC5	20	Alpha character string	literal, blank

As a coding service, NCHS provides the coded Hispanic Origin literals. See <https://www.cdc.gov/nchs/nvss/revisions-of-the-us-standard-certificates-and-reports.htm> and Appendix D for current codes.

Item Title: **MOTHER'S RACE**

Item Number: **22 Certificate, 10 Mother's Worksheet**

Description: The race(s) that best describes what the mother considers herself to be.

Source of Information:

Preferred Source: The mother

INSTRUCTIONS

PAPER RECORD

Based on the mother's response to the worksheet or interview, select all the corresponding checkboxes on the certificate and fill in any literal (written) responses exactly as given regardless of whether or not any checkboxes are marked. If more than one response has been chosen, check all selected; for example, if both "Black" and "Chinese" are checked, select both responses. If there is no response, type or print "Unknown."

MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be)

- White
- Black or African American
- American Indian or Alaska Native
(Name of the enrolled or principal tribe)_____
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (Specify)_____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (Specify)_____
- Other (Specify)_____

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

The item is completed by selecting one or more races from the menu and/or completing any literal responses. The instructions should appear when the item is to be completed.

Based on the mother’s response, select all the corresponding boxes from the menu below and fill in any literal responses exactly as written on the worksheet regardless of whether or not any checkboxes are marked. If more than one race has been chosen, check all selected; for example, if both “Black” and “Chinese” are marked, select both responses. If there is no response, check “Unknown.”

MOTHER’S RACE

- White
- Black or African American
- American Indian or Alaska Native
Tribe(s) _____
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
Specify _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
Specify _____
- Other
Specify _____
- Unknown

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
MRACE1	White checkbox	Y N	Box for race checked Box for race not checked
MRACE2	Black or African American checkbox	Y N	Box for race checked Box for race not checked
MRACE3	American Indian or Alaska Native checkbox	Y N	Box for race checked Box for race not checked
MRACE4	Asian Indian checkbox	Y N	Box for race checked Box for race not checked
MRACE5	Chinese checkbox	Y N	Box for race checked Box for race not checked
MRACE6	Filipino checkbox	Y N	Box for race checked Box for race not checked
MRACE7	Japanese checkbox	Y N	Box for race checked Box for race not checked
FRACE8	Korean checkbox	Y N	Box for race checked Box for race not checked
MRACE9	Vietnamese checkbox	Y N	Box for race checked Box for race not checked
MRACE10	Other Asian checkbox	Y N	Box for race checked Box for race not checked
MRACE 11	Native Hawaiian checkbox	Y N	Box for race checked Box for race not checked
MRACE 12	Guamanian or Chamorro checkbox	Y N	Box for race checked Box for race not checked

MRACE 13	Samoan checkbox	Y N	Box for race checked Box for race not checked
MRACE14	Other Pacific Islander checkbox	Y N	Box for race checked Box for race not checked
MRACE15	Other checkbox	Y N	Box for race checked Box for race not checked
MRACE16	First American Indian or Alaska Native literal	Literal responses, blank	
MRACE17	Second American Indian or Alaska Native literal	Literal responses, blank	
MRACE18	First Other Asian literal	Literal responses, blank	
MRACE19	Second Other Asian literal	Literal responses, blank	
MRACE20	First Other Pacific Islander literal	Literal responses, blank	
MRACE21	Second Other Pacific Islander literal	Literal responses, blank	
MRACE22	First Other literal	Literal responses, blank	
MRACE23	Second Other literal	Literal responses, blank	

EDITS:**Before the record is transmitted to the State****ELECTRONIC RECORD**

An entry must be made before another entry field can appear. If the keyer tries to move to another item, a message should appear asking that the Race of the Mother be completed. If the "unknown" box is checked, no other boxes checked and there are no literal entries, each race checkbox variable is assigned the "N" code, and all literals are filled with Ns.

Record cannot be filed or printed unless at least one box is checked.

If the "Unknown," box is checked, and one or more specific race items are checked, ignore the "Unknown."

When a specific race box is selected (checked), the value Y is assigned to that variable.

PAPER RECORD

Records filed with this field blank are queried. If no response to query, assign the “N” code.

If the response is “Unknown,” all fields must contain N.

STATE FILE CONSIDERATIONS

After the record is transmitted to NCHS, the responses on the race item are processed through the coding and editing algorithms developed and operated by NCHS. The coding algorithm assigns a three-digit code to each race processing-variable with an initial positive response, either directly for check-box races or through a table lookup using a table developed and maintained by NCHS. If the race is not found in the table, the code for “Other” is assigned. NCHS has also developed an imputation procedure for use when race is unknown.

Initial responses on the standard certificate race format are handled with 15 single-digit fields for checkboxes (MRACE1-MRACE15) and up to eight 30-character fields for literal entries, two for each of the four write-in lines (MRACE16-MRACE23). Three-digit codes assigned by the coding algorithm to the literal positive responses are stored in MRACE16C-MRACE23C.

The set of three-digit codes assigned to the initial race responses are run through an edit and reduction algorithm consistent with the basic year 2000 census edits, also developed and operated by NCHS. This algorithm eliminates redundant responses and adjusts inconsistent responses to determine the best set of codes for the responses. If a Hispanic response is entered in the “Other” field, an allocation of race is made at the same time that the edit and reduction algorithm is run.

Output from the edit and reduction algorithm includes up to eight possible race codes stored in variables MRACE1E thru MRACE8E. These eight race output variables are the ones to be used for tabulation purposes. To save States from the effort of duplicating this complicated process, NCHS will transmit the edited race codes to the States. In addition, NCHS will transmit back to the States all the processing variables as initially recorded, including all the literal entries as well as the pre-edit codes NCHS assigns to these literal entries.

States may, of course, elect to code these data internally. However, only uncoded data will be transmitted to NCHS to ensure that these data are processed in a comparable fashion.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
MRACE1	1	Alpha character string	Y, N
MRACE2	1	Alpha character string	Y, N
MRACE3	1	Alpha character string	Y, N
MRACE4	1	Alpha character string	Y, N
MRACE5	1	Alpha character string	Y, N
MRACE6	1	Alpha character string	Y, N
MRACE7	1	Alpha character string	Y, N
MRACE8	1	Alpha character string	Y, N
MRACE9	1	Alpha character string	Y, N
MRACE10	1	Alpha character string	Y, N
MRACE11	1	Alpha character string	Y, N
MRACE12	1	Alpha character string	Y, N
MRACE13	1	Alpha character string	Y, N
MRACE14	1	Alpha character string	Y, N
MRACE15	1	Alpha character string	Y, N
MRACE16	30	Alpha character string	Literal, blank
MRACE17	30	Alpha character string	Literal, blank
MRACE18	30	Alpha character string	Literal, blank
MRACE19	30	Alpha character string	Literal, blank
MRACE20	30	Alpha character string	Literal, blank
MRACE21	30	Alpha character string	Literal, blank
MRACE22	30	Alpha character string	Literal, blank
MRACE23	30	Alpha character string	Literal, blank

TO BE PRODUCED BY THE NCHS EDITING ALGORITHM

MRACE1E	3	Alpha-numeric character string	Appendix E
MRACE2E	3	Alpha-numeric character string	Appendix E
MRACE3E	3	Alpha-numeric character string	Appendix E
MRACE4E	3	Alpha-numeric character string	Appendix E
MRACE5E	3	Alpha-numeric character string	Appendix E
MRACE6E	3	Alpha-numeric character string	Appendix E
MRACE7E	3	Alpha-numeric character string	Appendix E
MRACE8E	3	Alpha-numeric character string	Appendix E

TO BE PRODUCED BY THE NCHS CODING ALGORITHM

MRACE16C	3	Alpha-numeric character string	Appendix E
MRACE17C	3	Alpha-numeric character string	Appendix E
MRACE18C	3	Alpha-numeric character string	Appendix E
MRACE19C	3	Alpha-numeric character string	Appendix E
MRACE20C	3	Alpha-numeric character string	Appendix E
MRACE21C	3	Alpha-numeric character string	Appendix E
MRACE22C	3	Alpha-numeric character string	Appendix E
MRACE23C	3	Alpha-numeric character string	Appendix E

Item Title: **FATHER'S EDUCATION**

Item Number: **23 Certificate, 21 Mother's Worksheet**

Description: The highest degree or level of schooling completed by the father at the time of this delivery

Source of Information:

Preferred Source: Mother or father

INSTRUCTIONS

FOR A PAPER RECORD:

Based on the mother's or father's response to the worksheet or interview, check the appropriate box in the listing on the certificate. If the item is blank and either parent is still in the facility, query. If the parents have left the facility write in "Unknown" in the space.

FATHER'S EDUCATION

(Check the box that best describes the highest degree or level of school completed at the time of delivery)

- 8th grade or less
- 9th-12th grade; no diploma
- High school graduate or GED completed
- Some college credit, but not a degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

Father's education level is chosen from the list below and the instructions should appear when the item is to be completed.

Father's Education

Based on the response to the worksheet or interview, check the category that best describes the highest degree or level of school completed.

- 8th grade or less
- 9th-12th grade; no diploma
- High school graduate or GED completed
- Some college credit, but not a degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)
- Unknown

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
FEDUC		1	8 th grade or less
		2	9 th through 12 th grade; no diploma
		3	High school graduate or GED completed
		4	Some college credit, but not a degree
		5	Associate degree (e.g., AA, AS)
		6	Bachelor's degree (e.g., BA, AB, BS)
		7	Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)
		8	Doctorate degree (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)
		9	Unknown
FEDUC_BYPASS		0	OFF (default value, edit passed)
		1	ON (edit failed, data queried and verified)
		2	ON (edit failed, data queried and not verified)

EDITS:**ELECTRONIC RECORD****Before the record is transmitted to the State**

If the "Unknown" box is checked the following message should appear:

If the parents are still in the facility, please obtain the father's education level. If they have left the facility, please check the box below.

Parents have left the facility

If the box is checked the item is not pended and will not appear on the final review screen.

At the time of input to an EBR or electronic work sheet, Father's date of birth will have been entered and edited. Father's age at the time the worksheet is completed will be calculated and stored as a variable for the purposes of this edit

If age/education edit indicates a discrepancy, the education information needs to be reviewed.

Valid codes 1-9 (See processing variables for detail)

Values	Minimum Age
1	None
2	9
3	16
4	17
5	18
6	20
7	21
8	23
9	None

SAMPLE ERROR MESSAGE AND QUERY SCREENS

The data entered in the electronic certificate indicates an unlikely level of education for the father for his age.

Father's education level is: _____

Please check one of the boxes below.

- Incorrect
- Correct
- Not able to verify

If the “Correct” button is checked, the bypass flag is set to ON-1.

If the “Not able to verify” button is checked, the bypass flag is set to ON-2.

If the “Incorrect” button is selected, the education selection list appears. The message asks that an education level be selected. If the edit fails, the bypass flag is set to ON-1. If the edit passes, reset bypass flag to OFF-0.

PAPER RECORD

The same edits are run on data entered through the State system. The initial edit will catch only keying errors. If the edit fails, a message appears indicating a discrepancy between age and education. The keyer is asked to re-enter the data. If the edit passes, the bypass flag is set to OFF-0. If the data still fail, the edit the bypass flag is set to ON-2.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
FEDUC	1	Numeric	1, 2, 3, 4, 5, 6, 7, 8, 9
FEDUC_BYPASS	1	Numeric	0, 1, 2

Item Title: **FATHER OF HISPANIC ORIGIN?**

Item Number: **24 Certificate, 22 Mother's Worksheet**

Description: The Hispanic origin of the father.

Source of Information:

Preferred Source: Mother or father

INSTRUCTIONS

FOR A PAPER RECORD:

Based on the mother's or father's response to the worksheet or the interview, select all the corresponding checkboxes on the certificate and fill in any literal (written) responses. If more than one response has been chosen, check all selected; for example, if both Mexican and Cuban are checked, select both responses. If an ethnic origin not on the list is indicated, record it in the "Specify" space. Enter the response in this space even if it is not a Hispanic origin. If no response, type or print "Unknown."

FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino)

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino
(Specify) _____

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

Hispanic origin will be selected from a menu list (below). The instructions should appear with the menu list.

Based on the mother's or father's response, select all the corresponding boxes from the menu below and fill in any literal responses exactly as written on the

worksheet regardless of whether or not any checkboxes are marked. If more than one response is chosen, check all selected; for example, if both Mexican and Cuban are checked, select both responses. If an ethnic origin not on the list is indicated, record it in the “Specify” space. Enter the response in this space even if it is not a Hispanic origin. If no response, check “Unknown if Spanish/Hispanic/Latino.”

FATHER OF HISPANIC ORIGIN?

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino ((e.g. Spaniard, Salvadoran, Colombian)
(Specify) _____
- Unknown if Spanish/Hispanic/Latino

If the “Yes, Other Spanish/Hispanic/Latino” button is selected, the following message will appear:

Please enter the specified “Other Hispanic origin.”

Other: _____

States may give examples of the largest “Other Hispanic origin” groups for that State.

Because more than one ethnicity may be reported, there should be a separate field for each of the 4 categories plus a 20-character field in which to enter the “Other (specify)” response.

When the “No, not Spanish/Hispanic/Latino” response is chosen, each of the Hispanic origin fields will be automatically coded with the “No, not Hispanic” code. When the keyer moves to another item and at least one Hispanic category is selected, all the Hispanic selections that were not chosen will be automatically coded with the “No, not Hispanic” code.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
FETHNIC1	Mexican, Mexican American or Chicano	N H U	No, not Mexican Yes, Mexican Unknown

FETHNIC2	Puerto Rican	N	No, not Puerto Rican
		H	Yes, Puerto Rican
		U	Unknown
FETHNIC3	Cuban	N	No, not Cuban
		H	Yes, Cuban
		U	Unknown
FETHNIC4	Other	N	No, not Other Hisp
		H	Yes, Other Hisp
		U	Unknown
FETHNIC5	Other literal entry	literal (blank)	

EDITS:**ELECTRONIC RECORD****Before the record is transmitted to the State**

*Electronic record must contain one or more valid responses indicated above. If not, a query message appears before the record can be printed or filed. A replica of the entry screen appears and indicates that one of the categories below must be selected. If states elect to use a missing value variable (*_MVR) for this item, it must have a valid missing value code when the ethnicity values are coded to "Unknown."*

*If the "Unknown if Spanish/Hispanic/Latino origin" box is checked, assign the value "S" to the ***_MVR variable and "U" to all other variables
Any of the Hispanic variables may have an H code. If the father is not Hispanic, all codes must be N's. If the response is "Unknown," all coded fields must contain a U and the literal field blank.*

PAPER RECORD

Records filed with no entry are queried. If no response to query, code to "Unknown."

State edits of data file prior to NCHS transmission

Records with more than one category of Hispanic checked will be transmitted with all codes to NCHS.

Must be valid codes (see above).

STATE FILE CONSIDERATIONS

Because of the possibility “Unknown,” responses, a missing value variable is recommended to keep track of these responses for intervention, or for follow-up training. All these codes will result in an “Unknown” code for each of the ethnicity fields. The recommended variable name is FETHNIC_MVR.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
FETHNIC1	1	Alpha character string	N, H, U
FETHNIC2	1	Alpha character string	N, H, U
FETHNIC3	1	Alpha character string	N, H, U
FETHNIC4	1	Alpha character string	N, H, U
FETHNIC5	20	Alpha character string	literal, blank

As a coding service, NCHS provides the coded Hispanic Origin literals. See Appendix D for current codes.

Item Title: **FATHER’S RACE**

Item Number: **25 Certificate, 23 Mother’s Worksheet**

Description: The race(s) that best describes what the father considers himself to be.

Source of Information:

Preferred Source: The father

INSTRUCTIONS

PAPER RECORD

Based on the response to the worksheet or interview, select all the corresponding checkboxes on the certificate and fill in any literal (written) responses exactly as given regardless of whether or not any checkboxes are marked. If more than one response has been chosen, check all selected; for example, if both “Black” and “Chinese” are checked, select both responses. If there is no response, type or print “Unknown.”

FATHER’S RACE (Check one or more races to indicate what the father considers himself to be)

- White
- Black or African American
- American Indian or Alaska Native
(Name of the enrolled or principal tribe)_____
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (Specify)_____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (Specify)_____
- Other (Specify)_____

FOR AN ELECTRONIC RECORD:**EBR Developer** (*Instructions are in Italics*)

The item is completed by selecting one or more races from the menu and/or completing any literal responses. The instructions should appear when the item is to be completed.

Based on the response to the worksheet, select all the corresponding boxes from the menu below and fill in any literal responses exactly as written on the worksheet regardless of whether or not any checkboxes are marked. If more than one race has been chosen, check all selected; for example, if both “Black” and “Chinese” are marked, select both responses. If there is no response, check “Unknown.”

FATHER’S RACE

- White
- Black or African American
- American Indian or Alaska Native
Tribe(s) _____
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
Specify _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
Specify _____
- Other
Specify _____
- Unknown

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
FRACE1	White checkbox	Y N	Box for race checked Box for race not checked
FRACE2	Black or African American checkbox	Y N	Box for race checked Box for race not checked
FRACE3	American Indian or Alaska Native checkbox	Y N	Box for race checked Box for race not checked
FRACE4	Asian Indian checkbox	Y N	Box for race checked Box for race not checked
FRACE5	Chinese checkbox	Y N	Box for race checked Box for race not checked
FRACE6	Filipino checkbox	Y N	Box for race checked Box for race not checked
FRACE7	Japanese checkbox	Y N	Box for race checked Box for race not checked
FRACE8	Korean checkbox	Y N	Box for race checked Box for race not checked
FRACE9	Vietnamese checkbox	Y N	Box for race checked Box for race not checked
FRACE10	Other Asian checkbox	Y N	Box for race checked Box for race not checked
FRACE 11	Native Hawaiian checkbox	Y N	Box for race checked Box for race not checked
FRACE 12	Guamanian or Chamorro checkbox	Y N	Box for race checked Box for race not checked

FRACE13	Samoan checkbox	Y N	Box for race checked Box for race not checked
FRACE14	Other Pacific Islander checkbox	Y N	Box for race checked Box for race not checked
FRACE15	Other checkbox	Y N	Box for race checked Box for race not checked
FRACE16	First American Indian or Alaska Native literal	Literal responses, blank	
FRACE17	Second American Indian or Alaska Native literal	Literal responses, blank	
FRACE18	First Other Asian literal	Literal responses, blank	
FRACE19	Second Other Asian literal	Literal responses, blank	
FRACE20	First Other Pacific Islander literal	Literal responses, blank	
FRACE21	Second Other Pacific Islander literal	Literal responses, blank	
FRACE22	First Other literal	Literal responses, blank	
FRACE23	Second Other literal	Literal responses, blank	

EDITS:**Before the record is transmitted to the State**

ELECTRONIC RECORD

An entry must be made before another entry field can appear. If the keyer tries to move to another item, a message should appear asking that the Race of the Father be completed. If the "unknown" box is checked, no other boxes checked and there are no literal entries, each race checkbox variable is assigned the "N" code, and all literals are filled with Ns.

Record cannot be filed or printed unless at least one box is checked.

If the "Unknown," box is checked, and one or more specific race items are checked, ignore the "Unknown."

When a specific race box is selected (checked), the value Y is assigned to that variable.

PAPER RECORD

Records filed with this field blank are queried. If no response to query, assign the “N” code.

If the response is “Unknown,” all fields must contain N.

STATE FILE CONSIDERATIONS

After the record is transmitted to NCHS, the responses on the race item are processed through the coding and editing algorithms developed and operated by NCHS. The coding algorithm assigns a three-digit code to each race processing-variable with an initial positive response, either directly for check-box races or through a table lookup using a table developed and maintained by NCHS. * If the race is not found in the table, the code for “Other” is assigned. NCHS has also developed an imputation procedure for use when race is unknown.

Initial responses on the standard certificate race format are handled with 15 single-digit fields for checkboxes (MRACE1-MRACE15) and up to eight 30-character fields for literal entries, two for each of the four write-in lines (MRACE16-MRACE23). Three-digit codes assigned by the coding algorithm to the literal positive responses are stored in MRACE16C-MRACE23C.

The set of three-digit codes assigned to the initial race responses are run through an edit and reduction algorithm consistent with the basic year 2000 census edits, also developed and operated by NCHS. This algorithm eliminates redundant responses and adjusts inconsistent responses to determine the best set of codes for the responses. If a Hispanic response is entered in the “Other” field, an allocation of race is made at the same time that the edit and reduction algorithm is run.

Output from the edit and reduction algorithm includes up to eight possible race codes stored in variables MRACE1E thru MRACE8E. These eight race output variables are the ones to be used for tabulation purposes. To save States from the effort of duplicating this complicated process, NCHS will transmit the edited race codes to the States. In addition, NCHS will transmit back to the States all the processing variables as initially recorded, including all the literal entries as well as the pre-edit codes NCHS assigns to these literal entries.

States may, of course, elect to code these data internally. However, only uncoded data will be transmitted to NCHS to assure that these data are processed in a comparable fashion.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
FRACE1	1	Alpha character string	Y, N
FRACE2	1	Alpha character string	Y, N
FRACE3	1	Alpha character string	Y, N
FRACE4	1	Alpha character string	Y, N
FRACE5	1	Alpha character string	Y, N
FRACE6	1	Alpha character string	Y, N
FRACE7	1	Alpha character string	Y, N
FRACE8	1	Alpha character string	Y, N
FRACE9	1	Alpha character string	Y, N
FRACE10	1	Alpha character string	Y, N
FRACE11	1	Alpha character string	Y, N
FRACE12	1	Alpha character string	Y, N
FRACE13	1	Alpha character string	Y, N
FRACE14	1	Alpha character string	Y, N
FRACE15	1	Alpha character string	Y, N
FRACE16	30	Alpha character string	Literal, blank
FRACE17	30	Alpha character string	Literal, blank
FRACE18	30	Alpha character string	Literal, blank
FRACE19	30	Alpha character string	Literal, blank
FRACE20	30	Alpha character string	Literal, blank
FRACE21	30	Alpha character string	Literal, blank
FRACE22	30	Alpha character string	Literal, blank
FRACE23	30	Alpha character string	Literal, blank

TO BE PRODUCED BY THE NCHS EDITING ALGORITHM

FRACE1E	3	Alpha-numeric character string	Appendix E
FRACE2E	3	Alpha-numeric character string	Appendix E
FRACE3E	3	Alpha-numeric character string	Appendix E
FRACE4E	3	Alpha-numeric character string	Appendix E
FRACE5E	3	Alpha-numeric character string	Appendix E
FRACE6E	3	Alpha-numeric character string	Appendix E
FRACE7E	3	Alpha-numeric character string	Appendix E
FRACE8E	3	Alpha-numeric character string	Appendix E

TO BE PRODUCED BY THE NCHS CODING ALGORITHM

FRACE16C	3	Alpha-numeric character string	Appendix E
FRACE17C	3	Alpha-numeric character string	Appendix E
FRACE18C	3	Alpha-numeric character string	Appendix E
FRACE19C	3	Alpha-numeric character string	Appendix E
FRACE20C	3	Alpha-numeric character string	Appendix E
FRACE21C	3	Alpha-numeric character string	Appendix E
FRACE22C	3	Alpha-numeric character string	Appendix E
FRACE23C	3	Alpha-numeric character string	Appendix E

Item Title: **ATTENDANT’S NAME, TITLE, AND NPI**

Item Number: **27 Certificate, 25 Facility Worksheet**

Description: The name of the attendant (the person responsible for delivering the child), title, and National Provider Identification (NPI) Number.

The attendant at birth is defined as the individual physically present at the delivery who is responsible for the delivery. For example, if an intern or nurse-midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician is to be reported as the attendant. However, a person who is not physically present at the delivery should not be reported as the attendant. For example, if the obstetrician is not physically present, the intern or nurse-midwife **MUST** be reported as the attendant.

For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Delivery record

Other Source: Attendant

INSTRUCTIONS

FOR A PAPER RECORD:

This item is to be completed by the facility. If the birth did not occur in a facility, it is to be completed by the attendant or certifier.

Please print or type the name of the person who attended the birth and their National Provider Identification (NPI) number:

NAME: _____ NPI _____

If attendant does not have an NPI number, type or print “None.” If the attendant should have an NPI number but it is unknown, type or print “Unknown.”

Please check one box below to specify the attendant's title. If the "Other (specify)" box is checked, please print or type the title of the attendant. Examples include: nurse, father, police officer, EMS technician, etc.

- MD
- DO
- CNM/CM
- Other midwife
- Other (specify)_____

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in italics*)

This item is to be completed by the facility. Data are to be keyed from the facility worksheet or from information obtained from the attendant. If the birth did not occur in a facility, it is to be completed by the attendant or certifier.

Attendant's Name, Title and NPI

The attendant's name should be three fields (last name, first name, middle name or initial).

When the attendant's name is entered the software should automatically examine a roster of attendants to see if the name is on the roster for the facility. If it is on the roster, the attendant's title and NPI number are automatically completed. Note the software can be set up to bring up a name after only a few letters are entered.

NOTE: This process can also be constructed as a drop-down list of possible attendants. But, this approach could easily lead to errors that cannot be caught or edited.

If the name is not on the roster, the following screens will appear:

Attendant's National Provider Identification Number

The instructions below should appear when the NPI is to be entered.

If attendant does not have an NPI number, enter "none." If the attendant should have an NPI number but it is unknown, enter "Unknown."

Attendant's Title

The attendant's title is to be selected from the list below.

- MD
- DO
- CNM/CM
- Other midwife
- Other(specify)
- Unknown

The system should be designed to allow only one box to be checked.

If the "Other" box is checked, the following message appears:

Please specify the title of the "Other" attendant. Examples include: nurse, father, police officer, EMS technician, etc.

After the above items are completed, an option of adding the attendant information to the facility roster of attendants is offered.

Roster of Attendants

Do you wish this information to be added to your facility's roster of attendants?

- Yes No

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
ATTENDN	Attendant's name	Alpha character string	
NPI	National provider ID number	Alpha/numeric	
ATTEND	Type of attendant	1 2 3 4 5 9	MD DO CNM/CM Other midwife Other (specify) Unknown
ATTENDS	Other specified attendant	Alpha character string	

EDITS:

ELECTRONIC RECORD

Before the record is submitted to the State

Record must have a name of an attendant. Only one attendant is allowed. If more than one box is checked the following message appears:

More than one attendant was selected. Please choose one attendant from the menu below.

Original menu appears:

If “Type of attendant” is blank, the record cannot be filed or printed until item is complete.

All “Other (specify)” –“Unknown” responses will be automatically coded to the “Not classifiable” code.

PAPER RECORD

Records filed with the type of attendant blank or unknown should be queried. If no response to query, enter “Unknown” in the other specify location.

All “Other (specify)” –“Unknown” responses will be automatically be coded to the “not classifiable” code.

If more than one attendant is selected, choose the first listed attendant.

State edits of data file prior to NCHS transmission

Must be a valid code (see below).

STATE FILE CONSIDERATIONS

State offices will have to design their software to handle the names of attendants and their NPI numbers. States may want to maintain only the NPI numbers and a reference list roster of names and other information about attendants. States may also want to code the “Other (specify)” attendants.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
ATTEND	1	Numeric	1,2,3,4,5,9

Item Title: **MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY?**

Item Number: **28 Certificate, 24 Facility Worksheet**

Description: Information on the transfer status of the mother prior to delivery. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Labor and delivery nursing admission triage form, admission history and physical, labor and delivery

INSTRUCTIONS

FOR A PAPER RECORD:

This item is to be completed by the facility. If the birth did not occur in a facility, it is to be completed by the attendant or certifier and the response must be “no.”

MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY?

Yes No

IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM:

If the name of the facility is not known, enter “Unknown.”

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

If the response to certificate item 26 is any response but hospital, this item is automatically completed with the “No” response and will not appear on the EBR screen.

Was the mother transferred to this facility for maternal medical or fetal indications prior to delivery? Transfers include hospital to hospital, birthing facility to hospital etc.

- Yes
- No
- Unknown

If the yes box is checked, the following appears:

Please enter the name of the facility the mother was transferred from. If the name of the facility is not known, enter “Unknown.”

Facility name: _____

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
TRAN	Mother transferred	Y N U	Yes No Unknown
NFACL	Name of facility	Alpha/Numeric	

EDITS:

ELECTRONIC RECORD

Before the record is transferred to the State

The transfer status cannot be blank.

If transfer status is left blank, the item will reappear at the final review screen. Record cannot be printed or transferred to the state until item is complete.

If transfer status is “No,” the name of facility field must be blank.

If the transfer status is “Yes,” the name of facility field must have an entry. “Unknown” is an acceptable entry.

If the name of the facility field has any entry except “Unknown” and the transfer status is “No,” a query message should appear indicating the inconsistency and asking that it be corrected.

If transfer status is “Yes,” the response to item 26 must be “Hospital.” If any response but “Hospital,” a query message should appear. Either certificate item 26 must be changed to “Hospital” or certificate item 28 changed to “no.”

PAPER RECORD

Records filed with the transfer status blank shall be queried. If no response to query, enter response of “no.”

If transfer status is “No,” the name of facility field must be blank.

If the transfer status is “Yes,” the name of facility field must have an entry. “Unknown” is an acceptable entry.

If the name of the facility field has any entry except “Unknown” and the transfer status is “no,” query the inconsistency and resolve.

If transfer status is “Yes,” then the response to certificate item 26 must be “Hospital.” If not, query. Either certificate item 26 must be changed to “Hospital” or certificate item 28 changed to “no.”

State Edits of data file prior to NCHS transmission

Must be a valid code (see below)

STATE FILE CONSIDERATIONS

States will need to have a field for the literal entry of facility names. They may also want to collect the facility NPI number or assign their own facility code.

NCHS TRANSMISSION FILE

VARIABLES:

NAME:	LENGTH	TYPE	VALUES
TRAN	1	Alpha character string	Y, N, U

Item Title: **DATE OF FIRST PRENATAL CARE VISIT**

Item Number: **29a Certificate, 6a Facility Worksheet**

Description: The date a physician or other health care professional first examined or counseled the pregnant woman for the pregnancy.
For a detailed definition and instructions see:
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Prenatal care record

Other Source: Initial physical exam

INSTRUCTIONS

If the information is not in the mother's file, please contact the prenatal care provider and obtain a copy of the prenatal care record.

DATA COLLECTION:

The following paragraph appears on the paper worksheet provided by NCHS before the section of data to be obtained from the mother's prenatal care record. The paragraph should also appear on an electronic worksheet just before the section of information to be obtained from the mother's prenatal care record.

“Information for this and the following items should come from the mother's prenatal care record, other medical reports in the mother's chart, and the infant's medical record. If the mother's prenatal care record is not in her hospital chart, please contact her prenatal care provider to obtain the record, or a copy of the prenatal care information. Preferred and acceptable sources for each item are listed in worksheets. Please do not provide information from sources other than the medical records.”

FOR A PAPER RECORD:

Print or type the month, day, and year of the first prenatal care visit.
Complete all parts of the date that are available; leave the rest blank.

If it is not known whether the mother had prenatal care, or if she had care but the date of the first visit is not known, write in “Unknown.”

DATE OF FIRST PRENATAL CARE VISIT

_____/_____/_____
MM DD YYYY

If the mother had no prenatal care, check the “no prenatal care” box and leave the date blank.

No Prenatal Care

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

When the date of first prenatal care visit is to be entered, it is critical that the recommended message screens appear when appropriate.

The following message should appear first:

Check this button if the information needed to complete the date of first prenatal care visit is currently not available, but an effort is being made to obtain it.

Information not currently available

EBR developers may wish to use “?” or a hot key for unknowns and for responding to the above rather than a specific button. For example, the instruction could read:

Press the _____ key if the information needed to complete this item is currently not available, but an effort is being made to obtain it.

When this button is checked, the item is skipped and placed in pending status for completion at a later time. See “Final Review Screen.”

Each part of the three-part date field must be entered independently so that all parts of the date that are known are captured.

**Complete ALL PARTS of the date that are available.
Leave blank any parts of the date that are not known.**

Month of the first visit _____
Day of the first visit _____
Year of the first visit _____

Did the mother receive any prenatal care?

- Yes
 No

If the “No prenatal care” button is checked, the date fields are automatically completed with the “no prenatal care” codes. However, the final review screen will include a query for the clerk, asking if this information is correct. The number of prenatal care visits is set to value “0” and the item is skipped.

If the “No” box is checked on a paper record and entry is through the state data entry system, the date fields are automatically completed with the “no prenatal care” codes. Item 30 “Number of prenatal care visits” is set to value “0” and the item skipped. The “no prenatal care” code is assigned to the derived variable “Month prenatal care began.”

If the “Yes” box is checked, the date fields are automatically completed with the “Unknown” codes. Also, a message should appear that reads:

Please obtain the mother’s prenatal care record or other hospital record in order to enter the date of the mother’s first prenatal care visit before the record is filed.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
DOFP_MO	Month of first prenatal care visit	01-12	Month
		88	No prenatal care
		99	Unknown
DOFP_DY	Day of first prenatal care visit	01-31	Day of month (depending on month)
		88	No prenatal care
		99	Unknown
DOFP_YR	Year of first prenatal care visit	Year of child’s birth or year of child’s birth –1, 8888	No prenatal care
		9999	Unknown
DNA29	Pending flag	0	OFF
PNC	Prenatal care	Y	Yes
		N	No

EDITS:**ELECTRONIC RECORD****Before the record is transmitted to the State**

New data entered at the time of an edit replaces any data currently in the data file.

If the “Data not available at this time” box is checked, the pending flag is set to ON-1, the date variables are assigned the “Unknown” codes and the edits are skipped. The item will appear on the final review screen.

The date is checked for validity (a proper combination of month day and year). If any of the fields are not valid a message should appear and ask that the value be re-entered. Edits are re-run until valid values are entered.

The date of the first prenatal visit is compared to the date of delivery. The date of the first visit must be earlier than the date of delivery but no more than 10 months earlier. The comparison is run only if a complete date is entered. If the date does not meet the edit criteria the following message appears:

The date of ___ ___ _____ is not a valid date for this woman’s first prenatal care visit. Please check the date and re-enter:

A date entry, even if it is the same date as currently entered, must be made on this screen. The entry operator cannot tab past this screen. The comparison is rerun with the newly entered date. If the edit still fails, the date is accepted.

PAPER RECORD

The same edits as above are run when data are key entered through the state system. This should be done at the time of key entry for the state entry system. After a new date is entered, the edit must be rerun. If the edit still fails, a message should appear that the item is to be queried. A date entered after query is edited but accepted and will be transmitted to NCHS.

STATE FILE CONSIDERATIONS

While the paper document does not have separate fields for each element of the date of first prenatal care visit, the date must be entered and stored as three separate fields.

If states elect to use a data base system that has an option of storing dates as “date type variables,” then the system must meet the criteria listed under transmission standards.

Dates that fail the edit criteria (that is, are more than one year earlier than the child’s date of birth) shall be changed to “unknown” before transmission to NCHS.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
DOFP_MO	2	Numeric	01-12, 88, 99
DOFP_DY	2	Numeric	01-31, 88, 99
DOFP_YR	4	Numeric	4-digit year, year of child’s birth or year-1, 8888, 9999

DERIVED VARIABLES:

Outlined below is the calculation for the derived variable “Month Prenatal Care Began.” States should not keep or use the derived variable “Month Prenatal Care Began” as calculated below for any purpose other than editing. This variable is a crude calculation to be used only for editing.

Upon request, NCHS will provide the method used by NCHS to impute the missing “day” for records for which the day of the date of the first visit is unknown. Although the imputed day and the derived variable will not be transmitted to NCHS, **use of these standardized edits, and imputation and calculation methods will help to ensure that the variable is reported as comparably as possible across reporting areas.**

CALCULATION OF “MONTH PRENATAL CARE BEGAN”

The month of prenatal care is calculated using the “Obstetric Estimate of Gestational Age” (where available), the “Date of First Prenatal Care Visit” item, and Date of Birth.

The following algorithm is used to calculate the item “Month Prenatal Care Began.” 1. Multiply the Obstetric Estimate in weeks by 7 (to provide an estimate of number of days in pregnancy) and subtract the interval in days between Date of the First Prenatal Visit and Date of Birth. (NOTE: The interval in days between Date of First Prenatal Visit and Date of Birth should be calculated using system date functions.)

2. Convert days to months of pregnancy.

Use the following table, which is based on the assumption that each month has 31.1 days (280 days in pregnancy/9 months in pregnancy) :

Days	Month
1-31	1 st
32-62	2 nd
63-93	3 rd
94-124	4 th
125-156	5 th
157-187	6 th
188-218	7 th
219-249	8 th
250-280	9 th
281-311	10 th
312+	99 (unknown)

In this example the “Month Prenatal Care Began would be the 2nd month and assigned the value “2”.

If the Obstetric estimate is missing :

1. Convert to century dates the Date Last Menstrual Period Began (CDLMP) and Date of the First Prenatal Visit (CDPV) as follows:

$$\text{CDPV} = (365 * \text{YYYY}) + \text{DY}$$

Where YYYY is the four-digit year of the first prenatal care visit.

DY is the number of days in the year prior to the beginning of the month of the date of first prenatal care visit + the day of the first prenatal care visit. (If the day is not known it will be imputed according to a method to be provided).

Month	#Prior Days*	Month	#Prior Days*
January	0	July	181
February	31	August	212

March	59	September	243
April	90	October	273
May	120	November	304
June	151	December	334

* In leap years add 1 to all numbers March-December

Example

Date of first prenatal care visit: April 10, 2003

Date of LMP is March 1, 2003

$$\text{CDPV}=(365*2003)+(90+10)=731195$$

$$\text{CDLMP}=(365*2003)+(59+1)=731155$$

- Obtain the number of days between date of last LMP and date of first prenatal care visit.

$$\text{Days}=\text{CDPV}-\text{CDLMP}$$

$$\text{Days}=731195-731155$$

$$\text{Days}=40$$

- Convert days to months of pregnancy.

Use the following table, which is based on the assumption that each month has 31.1 days (280 days in pregnancy/9 months in pregnancy) :

Days	Month
1-31	1 st
32-62	2 nd
63-93	3 rd
94-124	4 th
125-156	5 th
157-187	6 th
188-218	7 th
219-249	8 th

250-280	9 th
281-311	10 th
312+	99 (unknown)

In this example the “Month Prenatal Care Began would be the 2nd month and assigned the value “2”.

In this situation if date of LMP is unknown, assign the “Unknown” code 99. In all cases:

If the year of first prenatal care visit is unknown, assign the “Unknown” code 99 for this derived variable.

If the mother had no prenatal care, assign the “no prenatal care” code 88 for this derived variable.

If the computed Month Prenatal Care Began is greater than 10, assign code 10

Item Title: **TOTAL NUMBER OF PRENATAL CARE VISITS FOR THIS PREGNANCY**

Item Number: **30 Certificate, 7 Facility Worksheet**

Description: The total number of visits recorded in the record. A prenatal visit is one in which the physician or other health care professional examines or counsels the pregnant woman for her pregnancy. Do not include visits for laboratory and other testing in which a physician or health care professional did not examine or counsel the pregnant woman. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Prenatal care record

INSTRUCTIONS

FOR A PAPER RECORD:

If the mother had no prenatal care, type or print "0" in the space. Note: the "no prenatal care" box should also be checked in item 29.

If the mother had prenatal care but the number of visits is not known, type or print "Unknown" in the space.

Type or print the total number of prenatal care visits for this pregnancy in the space.

TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY

_____ (If none, enter "0")

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

When the number of prenatal care visits is to be entered, it is critical that the recommended message screens also appear.

Please enter the total number of prenatal care visits listed in the mother's records.

Total number of prenatal care visits _____

The following message should also appear:

Check this box if the information needed to complete the number of prenatal care visits is currently not available, but an effort is being made to obtain it.

Information not currently available

EBR developers may wish to use a hot key for responding to the above rather than a specific button. For example, the instruction could read:

Press the _____ key if the information needed to complete this item is currently not available, but an effort is being made to obtain it.

When this button is checked, the item is skipped and placed in pending status for completion at a later time. The following message will appear.

Please check the mother's prenatal care record and/or facility records to obtain the number of prenatal care visits.

An entry for this item is required if the "no prenatal care" check box in item 29 is not marked. If the "no prenatal care" check box was marked in item 29, this screen is skipped and "0" automatically entered.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
NPREV	Number of prenatal care visits	0-98,99	Number within range
NPREV_BYPASS	Edit flag	0 1 2	OFF (edit passed) ON (edit failed, number verified) ON (edit failed, number not verified)
DNA30	Pending flag	0 1	OFF ON

EDITS:**ELECTRONIC RECORD****Before the record is transmitted to the State**

If the data not available at this time box is checked, the pending flag is set to ON-1, the number of visits is assigned the "Unknown" code and the edits are skipped. The data item will appear on the final review screen.

If number of visits is "0," the box for "no prenatal care" in item 29 must be checked. If the box is not checked and there is a date in the "Date of first prenatal care visit" field, a message should appear indicating the inconsistency and asking that it be resolved.

See example below:

Item 29 indicates that the mother did have prenatal care. Therefore, the number of prenatal care visits must be greater than "0." Please enter the correct total below:

Number of prenatal visits _____

Check this box if mother did not have any prenatal care.

If this box is checked, a message should appear indicating that this response is inconsistent with the entry for item 29. A review screen for item 29 then appears.

If the number of prenatal visits is greater than 49 and not "99," a query message should appear indicating that the number of visits is greater than 49.

The record shows the number of prenatal care visits is _____

- Please check this box if this number is correct.

If this box is checked, the edit bypass flag is set to ON-1

If the number is incorrect, please enter the correct number _____

The edit is rerun with the new number. If the edit fails, the bypass flag is set to ON-2

PAPER RECORD

If the field is blank and item 29 indicates that there was prenatal care, query. If item 29 indicates there was no prenatal care, assign the "0" code.

After data entry, run the same edits as above for the electronic record.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
NPREV	2	Numeric	0-98,99
NPREV_BYPASS	1	Numeric	0,1,2

Item Title: **MOTHER'S HEIGHT**

Item Number: **31 Certificate, 12 Mother's Worksheet**

Description: The mother's height.

Source of Information:

Preferred Source: The mother
Other Source: The mother's medical record

INSTRUCTIONS

FOR A PAPER RECORD:

If the mother's height is unknown, print or type "Unknown" in the space.

Enter the mother's height in feet and inches. If the record indicates height in fractions such as 5 feet 6 ½ inches, truncate and enter 5 feet, 6 inches.

MOTHER'S HEIGHT _____ (feet/inches)

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

Height should be recorded in feet and inches. Enter whole inches only; truncate fractions of inches. The following instruction should appear when the item is to be completed.

Mother's height _____ (feet) and
_____ (inches)

Unknown

Please enter height in feet and inches (for example, 5 feet, 6 inches). If no inches (for example, 5 feet only) enter the number of feet and "0" for inches. If the unknown box is checked, fill the feet field with 9 and the inches field with 99.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUE</u>	<u>DEFINITION</u>
HFT	Mother's height feet	1-8	Feet
		9	Unknown
HIN	Mother's height inches	0-11	Inches
		99	Unknown
HGT_BYPASS	Edit flag for height	0	OFF
		1	ON (verified)
		2	ON (not verified)

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

Values of 1,2 and 8 will be soft-edited. If the mother's height in feet is not between 3 and 7, the following message should appear:

You have entered a height of _____ feet. Check the box below if this is correct, or re-enter height.

Height is correct

Height _____ (feet)
 _____ (inches)

Entries of 1 - 9 will be accepted as valid values if the keyer indicates that the height is correct.

If the correct box is checked, the bypass flag is set to ON-1.

If a new value is entered, the edit is rerun and, if it fails, the bypass flag is set to ON-2

The number of inches must be between 0 and 11 or 99. Entries greater than 11 inches, except 99, will not be accepted (hard edit).

If systems allow initial entries >11 the following message should appear:

Please re-enter the number of inches. Inches must be between 0 and 11.

_____ (inches)

PAPER RECORD

Records filed with the item blank shall be queried.

If there is no response to the query, assign the “Unknown” code.

If the item indicates “Unknown,” assign the “Unknown” code.

If the response gives a range, enter the highest value.

If the response gives a fraction such as 5 feet 6 ½ inches, enter only the whole number (6 inches).

State Edits of data file prior to NCHS transmission

Must be valid codes and values.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
HFT	1	Numeric	1-8,9
HIN	2	Numeric	0-11,99
HGT_BYPASS	1	Numeric	0,1,2

Item Title: **MOTHER'S PREPREGNANCY WEIGHT**

Item Number: **32 Certificate, 13 Mother's Worksheet**

Description: The mother's prepregnancy weight

Source of Information:

Preferred Source: Mother

Other Source: Mother's prenatal care record

INSTRUCTIONS

FOR A PAPER RECORD:

If the mother's prepregnancy weight is unknown, print or type "Unknown" in the item's space.

Record weight in whole pounds only, do not include fractions.

MOTHER'S PREPREGNANCY WEIGHT _____(pounds).

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

The mother's prepregnancy weight should be recorded in whole pounds only, truncate, do not include fractions (e.g., 120 ½ pounds should be entered as 120 pounds). The following item and instruction should appear:

Mother's prepregnancy weight _____pounds.

If weight is unknown, enter 999.

EBR developers may wish to use "?" or a hot key for unknowns.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
PWGT	Mother's prepregnancy weight	50-400 999	unknown
PWGT_BYPASS	Edit flag for prepregnancy weight	0 1 2	OFF ON (verified) ON (not verified)

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

If mother's prepregnancy weight is not between 75 and 400 pounds, or 999, a message should appear that asks that the prepregnancy weight be verified.

Please check the box or enter correct weight.

Weight is correct

Weight _____

If the correct box is checked, the bypass flag is set to ON-1.

If a new value is entered, the edit is rerun and, if it fails, the bypass flag is set to ON-2.

Values less than 50 and greater than 400 should be converted to unknown (999).

PAPER RECORD

Records filed with the item blank shall be queried.

If there is no response to the query, assign the "Unknown" code.

If the item indicates "Unknown," assign the "Unknown" code.

If a response gives a range, enter the highest value given.

If a response gives a fraction, truncate and enter only the whole number (e.g., 120 ½ pounds should be reported as 120 pounds.)

State Edits of data file prior to NCHS transmission

Must be valid codes and values.

NCHS TRANSMISSION FILE**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
PWGT	3	Numeric	50-400, 999
PWGT_BYPASS	1	Numeric	0,1,2

Item Title: **MOTHER'S WEIGHT AT DELIVERY**

Item Number: **33 Certificate, 26 Facility Worksheet**

Description: The mother's weight at the time of delivery.
For a detailed definition and instructions see:
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Sources: Labor and delivery records, admission history and physical

INSTRUCTIONS

FOR A PAPER RECORD:

If the mother's delivery weight is unknown, print or type "Unknown" in the item's space.

Record weight in whole pounds only, do not include fractions.

MOTHER'S WEIGHT AT DELIVERY _____ (pounds)

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

Weight should be recorded in whole pounds only, truncate, do not include fractions (e.g. 140 ½ pounds should be entered as 140 pounds). The following item and instruction should appear:

Mother's weight at delivery _____ pounds.

If weight is unknown, enter 999.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
DWGT	Mother's weight at delivery	50-450 999	Unknown
DWGT_BYPASS	Edit flag for delivery weight	0 1 2	OFF ON (verified) ON (not verified)

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

If mother's weight at delivery is not between 75 and 350 pounds (or 999), a message should appear asking that the delivery weight be verified.

Please check the box or enter correct weight.

Weight is correct

Weight _____

If the correct box is checked, the bypass flag is set to ON-1.

*If a new value is entered, the edit is rerun and, if it fails, the bypass flag is set to ON-2
Values less than 50 and greater than 450 should be converted to unknown (999).*

PAPER RECORD

Records filed with the item blank shall be queried.

If there is no response to the query, assign the "Unknown" code.

If the item indicates "Unknown," assign the "Unknown" code.

If the response gives a range, enter the highest value given.

If a response gives a fraction of a pound, enter only the whole number (e.g., 140 1/2 pounds should be reported as 140 pounds.)

State Edits of data file prior to NCHS transmission

Must be valid codes and values.

NCHS TRANSMISSION FILE**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
DWGT	3	Numeric	50-450,999
DWGT_BYPASS	1	Numeric	0,1,2

Item Title: **DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY?**

Item Number: **34 Certificate, 11 Mother's Worksheet**

Description: Use of the Women, Infant's and Children (WIC) nutritional program by the mother during the pregnancy

Source of Information:

Preferred Source: Mother

INSTRUCTIONS

FOR A PAPER RECORD:

This item is to be completed based on information obtained from the mother. Either the "Yes" or "No" box must be checked.

If the mother's work sheet indicates "Unknown," print or type "Unknown."

DID MOTHER GET WIC FOR HERSELF DURING THIS PREGNANCY?

Yes No

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

The item should be completed by keying the response recorded on the mother's work sheet. The following list of choices should be provided.

- Yes
- No
- Unknown

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
WIC	Mother's use of the WIC program	Y N U	Yes No Unknown

EDITS:**ELECTRONIC RECORD**

The field cannot be blank.

PAPER RECORD

Records filed with this item blank shall not be queried unless the record is being queried for another item.

If the item is blank and not queried, the "Not classifiable" code shall be assigned.

If the item indicates "Unknown," assign the "Not classifiable" code.

State Edits of data file prior to NCHS transmission

Must be valid codes.

NCHS TRANSMISSION FILE**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
WIC	1	Alpha character string	Y, N, U

Item Titles: **NUMBER OF PREVIOUS LIVE BIRTHS
NOW LIVING
NUMBER OF PREVIOUS LIVE BIRTHS
NOW DEAD
DATE OF LAST LIVE BIRTH
NUMBER OF OTHER PREGNANCY
OUTCOMES
DATE OF LAST OTHER PREGNANCY
OUTCOME**

Item Numbers: **35 a-c, 36 a-b Certificate;
9, 10, 11, 12, 13 Facility Worksheet**

Description: The pregnancy history of the mother with respect to
previous children born alive.

The pregnancy history of the mother with respect to other
pregnancy outcomes (includes pregnancy losses of any
gestational age, e.g., spontaneous or induced losses or
ectopic pregnancies). For a detailed definition and
instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Prenatal care record

Other Source: Labor and delivery nursing admission triage
form, admission history and physical

INSTRUCTIONS

FOR A PAPER RECORD:

When completing this item, do not include this birth; include all previous live born infants. For multiple deliveries, include all live born infants preceding this infant in the delivery. If first born in a multiple delivery, do not include this infant. If second born, include the first born, etc.

Please type or print the number of previous live born infants still living in item 35a, the number born alive now dead in item 35b, and the number of other pregnancy outcomes in item 36a. If there were none check the “none” boxes. If the number is unknown, type or print “Unknown” in the space.

NUMBER OF PREVIOUS LIVE BIRTHS / OTHER PREGNANCY OUTCOMES
(Do not include this child)

35a. Now Living	35b. Now Dead	36a. Other Outcomes
Number _____	Number _____	Number _____
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None

If applicable, type or print the month and year of birth of the last live born infant in item 35c.

If the date of birth is not known, type or print “Unknown” in the space.

35c. DATE OF LAST LIVE BIRTH

_____/_____
MM YYYY

If applicable, type or print the month and year of delivery of the last other pregnancy outcome in item 36b.

If the date of delivery is not known, type or print “Unknown” in the space.

36b. DATE OF LAST OTHER PREGNANCY OUTCOME

_____/_____
MM YYYY

FOR AN ELECTRONIC RECORD:

EBR Developer: *(Instructions are in Italics)*

When the pregnancy history items are to be entered, it is critical that the recommended message screens appear when appropriate.

The following message should appear first:

Check this box if the information needed to complete the pregnancy history items is currently not available, but an effort is being made to obtain it.

Information not currently available

EBR developers may wish to use a hot key for responding to the above rather than a specific button. For example, the instruction could read:

Press the _____ key if the information needed to complete this item is currently not available, but an effort is being made to obtain it.

When this button is checked, the item is skipped and placed in pending status for completion at a later time. The following message will appear.

Please check the mother's prenatal care record and/or hospital record to obtain the number of previous live births and other pregnancy outcomes.

This item is to be completed by the facility. If the birth did not occur in a facility, it is to be completed by the attendant or certifier.

Allow only 2digit fields for entering responses to each of the three items: the number of previous live births now living, number of previous live births now dead, and number of other previous pregnancy outcomes.

The following message should appear.

When completing this item, do not include this birth. Do include any previous live born infants. If this was a multiple delivery, include all live born infants who preceded this infant in this delivery. If first born, do not include this infant. If second born, include the first born. Also include all live born infants in previous deliveries.

Number of previous live births now living _____

- None
- Unknown

Number of previous live births now dead _____

- None
- Unknown

Number of other pregnancy outcomes _____

- None
- Unknown

In lieu of the checkbox for “Unknown” the EBR developer may choose to use “hot keys” or other symbols for unknown values.

If there are any previous live born infants the following message should appear.

Month and year of the last live birth.

Month ____ ____

Year ____ ____ ____ ____

- Unknown

If there were no previous live born infants the message above will not appear nor will the entry screen. The field will automatically be completed with the “not applicable” code.

The year must be at least the mother’s year of birth plus 10 years.

If there are any other pregnancy outcomes, the following message should appear.

Month and year of the last other pregnancy outcome.

Month ____ ____

Year ____ ____ ____ ____

- Unknown

If there were no other pregnancy outcomes, the message above will not appear, nor will the entry screen. The field will automatically be completed with the “not applicable” code.

The year must be at least the mother’s year of birth plus 10 years. Values outside of this range should be converted to unknown (9999).

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
PLBL	Previous live births now living	00-30,99	Number
PLBD	Previous live births now dead	00-30,99	Number
POPO	Previous other pregnancy outcomes	00-30,99	Number
MLLB	Month last live birth	01-12,88,99	Month number
YLLB	Year last live birth	4digit year, 8888,9999	Year number (Mother's year of birth plus 10, through child's year of birth)
MOPO	Month last other pregnancy outcome	01-12,88,99	Month number
YOPO	Year other pregnancy outcome	4digit year, 8888,9999	Year number (Mother's year of birth plus 10, through child's year of birth)
LBO	Live birth order	00-30,99	Number
TBO	Total birth order	00-40,99	Number
C_AGEM	Mother's calculated age	10-64	Number
DNA	Pending flag	0	OFF
		1	ON
		88,8888	Not applicable
		99,9999	Unknown

The not applicable codes are used in the date fields when there were either no previous live births or no previous other pregnancy outcomes.

EDITS:**ELECTRONIC RECORD****Before the record is transmitted to the State**

If the data are not available at the time box is checked, the pending flag is set to ON-1, all the other variables are assigned the "Unknown" codes and the edits are skipped. The data item will appear on the final review screen.

Once an entry is made in each item, the next field appears. This prevents both a box being checked and a number being entered.

If any of the “none” boxes are checked, fill the appropriate number field(s) with 00.

If any of the “Unknown” boxes are checked, fill the number field(s) with 99 (“Unknown”).

*If a “none” box is not checked and the “Unknown” box is not checked and there is no number in the number field, the original entry screen with the message, **Please complete this item** should appear.*

If “00” is entered or assigned for any of these fields the date fields must contain the “not applicable” codes.

Once these edits are done the fields are further edited.

If value of the field(s) is not 99 but >12, the following message should appear:

The record indicates that the number of previous born children still living is _____.

Correct

If incorrect, enter the correct number. _____

The record indicates that the number of previous live born children now dead is _____.

Correct

If incorrect, enter the correct number. _____

The record indicates that the number of other pregnancy outcomes is _____.

Correct

If incorrect, enter the correct number. _____

If the correct box is checked and the number is greater than 30, assign 99 to the appropriate variable.

Compute the live birth order as follows: $LBO = PLBL + PLBD + 1$

If the value is 99 for either PLBL or PLBD assign 99 to the variable LBO.

Compute the total birth order as follows: $TBO=LBO+POPO$

If the value is 99 for the POPO or LBO, assign 99 to variable TBO.

Check for consistency of live birth order and calculated age of mother as follows:

$C_AGEM-LBO$ must be ≥ 8 .

If this value is < 8 , the following message appears

The mother is _____ years of age and the record indicates:

_____ **Previous live births living**
 _____ **Previous live births now dead**

Correct

If incorrect, enter the correct number(s)

Previous live births living _____
 Previous live births now dead _____

The calculation is redone, and if the edit fails, assign the value 99 to the variables LBO and TBO. If this edit fails, the following check is not done.

Check for consistency of total birth order and calculated age of mother as follows:

$C_AGEM-TBO$ must be ≥ 8 .

If this value is less than 8, the following message appears:

The mother is _____ years of age and the record indicates:

_____ **Previous live births living**
 _____ **Previous live births now dead**
 _____ **Previous other pregnancy outcomes**

Correct

If incorrect, enter the correct number(s)

Previous live births living _____
 Previous live births now dead _____
 Previous other pregnancy outcomes _____

The calculation is redone, and if the edit fails, assign the value 99 to the variable TBO. Any value for the $LBO > 30$, except 99, is changed to 99.

Any value for the $TBO > 40$, except 99, is changed to 99

Date fields must be checked for valid values. In addition, year must be less than or equal to year of current event. If the record indicates that any of the number fields contains a value other than 00, 99, and the date field “Unknown” box is not checked and both parts of the date field are blank, a message should appear that reads:

Please enter the date or check the “Unknown” box.

The appropriate entry screen should appear.

PAPER RECORD

If the fields are blank, query. If no response to query, assign 99 to the field.

Same edits are run as above. If edits fail, record is queried. If response to query contains new values that fail the edit, set values as indicated above for the EBR. If the response indicates the values are correct set the values to 99 for any values that are greater than 30. If there are numbers for any of the three events and no date entered and unknown is not written in the space, query. If no response to query, set date fields to “99” and “9999.”

State Edits of data file prior to NCHS transmission

See above edits for electronic records.

Must have valid codes (see below).

STATE DATA FILE CONSIDERATIONS

States should keep the LBO and TBO calculated variables in their files for tabulation purposes. Numeric fields of 2 digits each should be reserved for these variables.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>		<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
PLBL	Previous live births now living	2	Numeric	00-30,99
PLBD	Previous live births now dead	2	Numeric	00-30,99
POPO	Previous other pregnancy outcomes	2	Numeric	00-30,99
MLLB	Month last live birth	2	Numeric	01-12, 88, 99

YLLB	Year last live birth	4	Numeric 4-digit year (Mother's year of birth plus 10 years through child's year of birth), 8888,9999
MOPO	Month last other pregnancy outcome	2	Numeric 01-12 88, 99
YOPO	Year other pregnancy outcome	4	Numeric 4-digit year (Mother's year of birth plus 10 years through child's year of birth), 8888,9999

Item Title: **CIGARETTE SMOKING BEFORE AND DURING PREGNANCY**

Item Number: **37 Certificate, 14 Mother's Worksheet**

Description: The number of cigarettes* the mother smoked 3 months before and at various intervals during the pregnancy
*Refers to tobacco products only, NOT e-cigarettes/vaping.

Source of Information:

Preferred Source: Mother. The mother's medical records may be consulted if information is not available directly from the mother.

FOR A PAPER RECORD:

This item is to be completed by the facility based on information obtained from the mother. If the birth did not occur in a facility, it is to be completed by the attendant or certifier based on information obtained from the mother. If information is not available directly from the mother, consult her medical records.

If the mother's work sheet indicates "Unknown," or "Refused" print or type "Unknown." Enter the average number of cigarettes smoked for each time period.

CIGARETTE SMOKING BEFORE AND DURING PREGNANCY

For each time period enter either the number of cigarettes smoked. If none enter "0."

Average number of cigarettes smoked per day.

of cigarettes

Three Months Before Pregnancy	_____
First three Months of Pregnancy	_____
Second three Months of Pregnancy	_____
Third Trimester of Pregnancy	_____

FOR AN ELECTRONIC RECORD:**EBR Developer** (*Instructions are in Italics*)

The item should be completed by keying the response recorded on the mother's worksheet. If information is not available from the mother directly, consult the mother's medical records. The following message and screen format is suggested:

Enter the average number of cigarettes smoked per day for each time period. If none enter "0." If no part of the item is completed, check "Unknown." If a range is given enter the highest number.

If the number of cigarettes is checked the following screen will appear:

Enter the number of cigarettes shown on the worksheet.

Number of cigarettes

Three months before pregnancy _____
 First three months of pregnancy _____
 Second three months of pregnancy _____
 Third Trimester of Pregnancy _____

Unknown

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUE</u>
CIGPN	Number cigarettes smoked prior to pregnancy	0-98, 99
CIGFN	Number of cigarettes smoked in 1 st three months	0-98, 99
CIGSN	Number of cigarettes smoked in 2 nd three months	0-98, 99
CIGLN	Number of cigarettes smoked in third trimester	0-98, 99
	Unknown (all variables)	99

EDITS:**ELECTRONIC RECORD**

The variables CIGPN, CIGFN, CIGSN, CIGLN must have valid entries of 00-98, 99.

PAPER RECORD

Records filed with this item blank shall be queried.

If the item is blank and not queried, the “Unknown” code shall be assigned.

If the item indicates “Unknown,” assign the “Unknown” code to each of the “number variables.”

If the item indicates “refused,” assign the “Unknown” code to each of the “number variables.”

State Edits of data file prior to NCHS transmission:

Must be valid codes.

STATE FILE CONSIDERATIONS

States may elect to add a “Never smoked” checkbox to this item. If so, this checkbox should be placed at the very end of the question. States should note that the inclusion of a “Never smoked” checkbox may result in data which is not comparable to national data or to that of other States which do not include this checkbox.

NCHS TRANSMISSION FILE VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
CIGPN	2	Numeric	0-98, 99
CIGFN	2	Numeric	0-98, 99
CIGSN	2	Numeric	0-98, 99
CIGLN	2	Numeric	0-98, 99

Item Title: **PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY**

Item Number: **38 Certificate, 22 Facility Worksheet**

Description: The principal source of payment for the delivery at the time of delivery. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Hospital face sheet, admitting office face sheet

INSTRUCTIONS

FOR A PAPER RECORD:

This item is to be completed by the facility. If the birth did not occur in a facility, it is to be completed by the attendant or certifier.

Please check the one box that best describes the principal source of payment for this delivery. If the “Other (Specify)” box is selected, please specify the payer. If the principal source of payment is not known, print or type “Unknown” in the space.

PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY

- Private Insurance
- Medicaid
- Self-pay
- Other (Specify) _____

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in italics*)

This item is to be completed by the facility. If the birth did not occur in a facility, it is to be completed by the attendant or certifier.

The principal source of payment for this delivery is to be selected from the following:

- Medicaid
- Private Insurance (Blue Cross/ Blue Shield, Aetna, etc.)
- Self-pay
- Other (Specify) _____
- Unknown

State may also choose to expand this item to include common payment sources such as those listed below in addition to State-specific sources. If any of these additional sources listed below are captured, please assign values as shown under “processing variables.”

- Indian Health Service
- CHAMPUS/TRICARE
- Other government (federal, state, local)

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
PAY	Principal source of payment for delivery	1	Medicaid
		2	Private Insurance
		3	Self-pay
		4	Indian Health Service
		5	CHAMPUS/ TRICARE
		6	Other government (federal, state, local)
		8	Other
		9	Unknown

EDITS:

ELECTRONIC RECORD

Only one source of payment may be selected. This item may not be blank; the record cannot be filed or printed until the item is completed.

PAPER RECORD

Records filed with the source of payment blank should be queried. If no response to query, enter “Unknown” in the “Other specify” location.

If the “Other specify” item indicates any of those listed, code as shown above. All other entries code to “Other.”

States can develop a coding scheme for responses other than those listed, but all responses except “Unknown” should be converted to the “Other” code for transmission to NCHS.

State Edits of data file prior to NCHS transmission

See above edits for electronic records.

STATE FILE CONSIDERATIONS

State offices can design their software to maintain the other specified response codes and expand the list to meet their needs.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
PAY	1	Numeric	1,2,3,8,9 (4,5,6 if States elect to collect the expanded list)

Item Title: DATE LAST NORMAL MENSES BEGAN

Item Number: 39 Certificate, 8 Facility Worksheet

Description: Date that the mother's last normal menses began. This item is used to compute the gestational age of the infant when the obstetric estimate of gestational age is unknown or inconsistent with birthweight. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Mother's prenatal care record

Other Source: Admission history and physical

INSTRUCTIONS

FOR A PAPER RECORD:

Print or type all parts of the date that the mother's last normal menses began.

If no parts of the date are known, write in "Unknown."

DATE LAST NORMAL MENSES BEGAN

____/____/____
MM DD YYYY

FOR AN ELECTRONIC RECORD:

EBR Developer: *(Instructions are in Italics)*

The date last normal menses began must be a three-field entry with month, day, and year being entered in separate fields.

The following message should appear first:

Check this button if the information is not yet available from one of the source documents. *(This should be indicated on the facility worksheet)*

Information not currently available

If this button is checked, the item is skipped and placed in a pending status for completion at a later time. See final review screen.

EBR developers may wish to use a hot key for responding to the above rather than a specific button. For example, the message could read:

Press the ____ key if the information needed to complete this item is currently not available, but an effort is being made to obtain it.

Each part of the three-part date field should be entered independently so any part of the date that is known is captured. The instructions below should appear when the date is to be completed:

**Complete ALL PARTS of the date that are available.
Key all 9s for any parts of the date that are not known.**

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
DLMP_YR	Year of last menstrual period	4-digit year 9999	Values of 99, and 9999
DLMP_MO	Month of last menstrual period	01-12, 99	are "Unknown" codes.
DLMP_DY	Day of last menstrual period	01-31, 99	All other numeric values represent 4-digit years, or standard month and day numbers.

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

If the "data are not available at this time" button is checked, all the date fields are set to the "Unknown" code "99,9999" and the item is put on the pending list for completion at a later time. No further edits are done.

If one or more of the date fields are completed they are checked against the values below.

Entry	Values
Month	01,02,03,04,05,06,07,08, 09,10,11,12, 99
Day	01 1-31, 99 02 1-29, 99 03 1-31, 99 04 1-30, 99 05 1-31, 99 06 1-30, 99 07 1-31, 99 08 1-31, 99 09 1-30, 99 10 1-31, 99 11 1-30, 99 12 1-31, 99
Year	Must be equal to the child's year of birth or 1-2 years less, or 9999.

Any blanks will be automatically converted to the appropriate "Unknown" codes; "99" or "9999."

If any of the edits fail, error messages and instructions will appear that show all the date information entered and a comment on invalid entries. These errors must be corrected before the record can be filed or printed. If the edit on DLMP_YR still fails the edit after reentry then set all values of the date field to the unknown codes.

If February (02) day =29, year should be a leap year. The date of birth field must be compared with the date last normal menses began to be sure the date last normal menses began is earlier than the child's date of birth. If not, a message should appear and request that the inconsistency be resolved.

Derived Variable for Editing Purposes

The century month of the date last normal menses began should be computed and stored as a five-digit numeric field (CM_DLNM) as follows:

If either the month or year of date last normal menses began is invalid or unknown, assign "88888" to the CM_DLNM variable.

*Otherwise, compute CM_DLNM as: ((12 * year last normal menses) + month of last normal menses).*

Compute the period of gestation in months as follows: C_GESTM= CM_DOB - CM_DLNM. If either or both CM_DOB or CM_DLNM is "8888" set the C_GESTM (computed gestation, months)= "88." If the computed interval is negative subtract 12 from CM_DLNM and re-compute. This could occur if the month of DLNM is greater than the month DOB and the years are the same. This error should have been caught in the previous edit. But if it occurs subtract 1 year from the DLNM and replace with the new value.

If C_GESTM is <0, (after the re-computation above) a message should appear that reads:

The date of the last normal menses does not agree with other items. Please check and re-enter.

The edit is rerun and if the edit still indicates that the interval is less than 0, the following message should appear.

The infant's gestational age still is less than 0, please check and re-enter the child's date of birth.

The edit is rerun and fails again, assign "88" to C_GESTM.

If the computed gestation is < 4 or >11, one of the following messages appears:

Date of last normal menses as keyed does not agree with other items. Please check the dates listed below to be sure they were entered correctly. If there are errors, please re-enter the date(s).

The computation is re-run and if it still fails the edit, C_GESTM variable is assigned the value of "88."

If the final edit screen indicates that all of the date of last normal menses is unknown, assign "99" to the day and month fields, and "9999" to the year field. Assign "88" to the computed gestation field and "8888" to the Century month of last normal menses.

Values for DLMR_YR greater than 2 years different from child's date of birth should be converted to unknown.

PAPER RECORD

If date of last normal menses field is blank, query. If there is no response to query or response is "Unknown," assign the "Not classifiable" code to each field.

Carry out the above edits for a paper record after data entry.

TATE FILE CONSIDERATIONS

State data files must contain space for the computed gestation in months although these data are not transmitted to NCHS. **This is not the computed gestation to be used for statistical purposes.**

If states elect to use a data base system that has an option of storing dates as “date type variables,” the system must meet the criteria listed under transmission standards.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
DLMP_YR	4	Numeric	4-digit year, child's year of birth or 1 or 2 years less, 9999
DLMP_MO	2	Numeric	01-12, 99
DLMP_DY	2	Numeric	01-31, 99

Item Title: **RISK FACTORS IN THIS PREGNANCY**

Item Number: **41 Certificate, 14 Facility Worksheet**

Description: Selected medical risk factors of the mother during this pregnancy. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred source: Mother's prenatal care record

Other sources: Labor and delivery nursing admission triage form, admission history and physical, delivery record

INSTRUCTIONS

FOR A PAPER RECORD:

The mother may have more than one risk factor, check all that apply.

If the mother had none of the risk factors, check the "None of the above" box.

If it is unknown if the mother had any of the risk factors, type or print unknown.

RISK FACTORS IN THIS PREGNANCY (Check all that apply):

Diabetes

- Prepregnancy (Diagnosis prior to this pregnancy)
- Gestational (Diagnosis in this pregnancy)

Hypertension

- Prepregnancy (Chronic)
- Gestational (PIH, preeclampsia)
- Eclampsia
- Previous preterm births

- Pregnancy resulted from infertility treatment – If Yes, check all that apply:
 - Fertility-enhancing drugs, artificial insemination or intrauterine insemination
 - Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))
- Mother had a previous cesarean delivery If yes, how many _____
- None of the above

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

Definitions given in the “Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death” (see link above) should appear in the help function.

When this item is to be completed, it is critical that the recommended message screens appear when appropriate.

The following message should appear first:

Check this button if the information needed to complete item “Risk factors in this pregnancy” is currently not available, but an effort is being made to obtain it.

- Information not currently available**

EBR developers may wish to use a hot key for responding to the above rather than a specific button. For example, the instruction could read:

Press the _____ key if the information needed to complete this item is currently not available, but an effort is being made to obtain it.

When this button is checked, the item is skipped and placed in pending status for completion at a later time on the final review screen. The final review screen for this item will be a replica of the initial entry screen with the addition of a box to check “Unknown.”

The following instruction should appear when the item is to be completed:

Please check all the boxes that apply. If the mother had none of the listed risk factors, please check the “None of the above” box. DO NOT LEAVE THE ITEM BLANK.

Risk Factors in this Pregnancy:

Diabetes

- Prepregnancy (Diagnosis prior to this pregnancy)
- Gestational (Diagnosis in this pregnancy)

Hypertension

- Prepregnancy (Chronic)
- Gestational (PIH, preeclampsia)
- Eclampsia
- Previous preterm births (<37 completed weeks gestation)
- Pregnancy resulted from infertility treatment. If Yes, check all that apply:
 - Fertility-enhancing drugs, artificial insemination or intrauterine insemination
 - Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))
- Mother had a previous cesarean delivery. If yes, how many _____
- None of the above

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
PDIAB	Prepregnancy diabetes	Y N U	Yes No Unknown
GDIAB	Gestational diabetes	Y, N, U	
PHYPE	Prepregnancy hypertension	Y, N, U	
GHYPE	Gestational hypertension	Y, N, U	
EHYPE	Eclampsia	Y, N, U	
PPB	Previous preterm births	Y, N, U	
INFT	Infertility treatment	Y, N, U	
INFT_DRG	Infertility: Fertility Enhancing Drugs	Y N X U	Yes No Not Applicable Unknown
INFT_ART	Infertility: Asst. Rep. Technology	Y, N, X, U	
PCES	Previous cesarean	Y, N, U	
NPCES	Number of previous cesareans	0-10, 99	
NPCES_BYPASS		0, 1	
NOA01	None of the above	Y, N, U	
DNA01	Pending flag	0 1	OFF ON

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

If no boxes are checked, the following message will appear:

The item has not been completed. If there are risk factors, check the appropriate box(es). If there are no risk factors, check “None of the above.”

If the “Data not available at this time” button is checked, the following message shall appear:

Please obtain the information necessary to complete this item. The item will be on the final review screen prior to submission to the state.

The pending flag shall be set to “ON” and all other variables assigned the “Unknown” code.

The final review screen shall be a replica of the initial entry screen. If the “Unknown” box is checked on the final review screen, the pending flag is set to “OFF” and the record is accepted.

If the “None of the above” box is checked and at least one other box is checked, assign the “No” code to the “None of the above” variable and continue edits.

If the “None of the above” box is checked and no other box checked, assign all other items the “No” code.

If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to all blank boxes.

The eclampsia and either prepregnancy or gestational hypertension boxes may be checked. However, prepregnancy and gestational hypertension cannot both be checked. If both boxes are checked, a message should appear that reads:

“Both the prepregnancy and gestational hypertension boxes are checked. Please review the records and choose the correct response.”

If the “Pregnancy resulted from infertility treatment” (INFT) box is not checked, assign “X”s to both “Fertility-enhancing drugs” (INFT_DRG) and “Assisted reproductive technology” (INFT_ART).

If the “Pregnancy resulted from infertility treatment” (INFT) box is checked, but neither types of treatment, “fertility-enhancing drugs” (INFT_DRG) nor “assisted

reproductive technology” (INFT_ART) is checked, assign “U”s to both INFT_DRG and INFT_ART. If only the INFT_DRG box is checked, assign “N” to INFT_ART. If only the INFT_ART box is checked, assign “N” to INFT_DRG.

Both the INFT_DRG and INFT_ART boxes may be checked. If one or both of INFT_DRG or INFT_ART are checked, but INFT is not checked, assign “Y” to INFT.

If the “Previous cesarean delivery” box is not checked, a value of 0 will be assigned to the variable for the number of previous cesarean deliveries.

If the “Previous cesarean delivery” box is checked, the following screen will immediately appear:

Enter the number of previous cesarean deliveries _____.
If unknown, enter “99.”

If “0” or no entry is given from the number of previous cesareans, a message should appear asking that a number be entered, or 99 if the number is unknown

The number entered must be between >0 and <11. If the number is greater than 10, but not 99, the following message appears:

The record indicates that the number of previous cesarean deliveries is _____.
Please check “correct” or enter the correct number.

Correct

Number of previous cesarean deliveries _____

If the value given is still greater than 10, the NPCES_BYPASS is set to “ON-1. If the value is greater than 30, it should be changed to “Unknown.”

PAPER RECORD

Records filed with this field blank are queried. If no response to query, assign each choice the “Unknown” code.

If “Unknown” is printed in the box, assign each choice the “Unknown” code.

If the “None of the above” box is checked and at least one other box is checked, assign the “None of the above” variable the “No” code and continue edits.

If the “None of the above” box is checked and no other box checked, assign all other items the “No” code.

If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to all blank boxes.

If both the “Prepregnancy diabetes” and “Gestational diabetes” boxes are checked, query.

If both the “Prepregnancy hypertension” and “Gestational hypertension” boxes are checked, query.

If the “Pregnancy resulted from infertility treatment” box is checked” but neither types of treatment, “fertility-enhancing drugs” or “assisted reproductive technology” is checked, query.

If the “Mother had a previous cesarean delivery” box is checked but the number of previous cesareans is not given, query.

State Edits of data file prior to NCHS transmission.

Must be valid codes (see below).

See electronic records section (above) for state processing of electronic records.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
PDIAB	1	Alpha character string	Y, N, U
GDIAB	1	Alpha character string	Y, N, U
PHYPE	1	Alpha character string	Y, N, U
GHYPE	1	Alpha character string	Y, N, U
EHYPE	1	Alpha character string	Y, N, U
PPB	1	Alpha character string	Y, N, U
INFT	1	Alpha character string	Y, N, U
INFT_DRG	1	Alpha character string	Y, N, X, U
INFT_ART	1	Alpha character string	Y, N, X, U
PCES	1	Alpha character string	Y, N, U
NPCES	2	Numeric	00-30,99
NPCES_BYPASS	1	Numeric	0,1

Item Title: **INFECTIONS PRESENT AND/OR
TREATED DURING THIS PREGNANCY**

Item Number: **42 Certificate, 15 Facility Worksheet**

Description: Selected infections present at the time of the pregnancy diagnosis or a 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. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Mother's prenatal care record

Other Sources: Labor and delivery nursing admission triage form, admission history and physical, delivery record

INSTRUCTIONS

FOR A PAPER RECORD:

If the prenatal care record is not available and the information is not available from other medical records, write "Unknown" in the space. More than one infection may be checked.

INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY

(Check all that apply)

- Gonorrhea
- Syphilis
- Chlamydia
- Hepatitis B
- Hepatitis C
- None of the above

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

Definitions shown in the Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (see link above) should appear in the help function.

When this item is to be completed, it is critical that the recommended message screens appear.

The following message should appear first:

Check this button if the information needed to complete item “Infections present and /or treated during this pregnancy” is currently not available, but an effort is being made to obtain it.

Information not currently available

EBR developers may wish to use a hot key for responding to the above rather than a specific button. For example, the instruction could read:

Press the _____ key if the information needed to complete this item is currently not available, but an effort is being made to obtain it.

When this button is checked, the item is skipped and placed in pending status for completion at a later time on the final review screen. The final review screen for this item will be a replica of the initial entry screen with the addition of a box to check “Unknown.”

The following instruction should appear when the item is to be completed:

Please check all the boxes that apply. If the mother had none of the listed infections please check “None of the above.” DO NOT LEAVE THE ITEM BLANK.

INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY
(Check all that apply)

- Gonorrhea
- Syphilis
- Chlamydia
- Hepatitis B
- Hepatitis C
- None of the above

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
GON	Gonorrhea	Y, N, U	Y—Yes, N—No,
SYPH	Syphilis	Y, N, U	U--Unknown
CHAM	Chlamydia	Y, N, U	
HEPB	Hepatitis B	Y, N, U	
HEPC	Hepatitis C	Y, N, U	
NOA02	None of the above	Y, N, U	
DNA02	Pending flag	0	OFF
		1	ON

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

If the “Data not available at this time” button is checked and no specific infections are identified, assign the “Unknown” codes to each data element and set the pending flag to “ON.” If the pending flag is “ON,” the item will appear on the final review screen.

*If the item is left blank and the keyer tabs to the next item, the following message will appear. **This item must be completed.** The entry screen will appear.*

If the “None of the above” box is checked and at least one other box is checked, assign the “None of the above” variable the “No” code and continue edits.

If the “None of the above” box is checked and no other box checked, assign all other items the “No” code.

If one or more boxes are checked, all boxes not checked are assigned the “No” code.

PAPER RECORD

Records filed with this field blank are queried. If no response to query, code each item to the “Unknown” code.

If “Unknown” is printed or typed in the box, assign each variable the “Unknown” code.

If the “None of the above” box is checked and at least one other box is checked, assign the “None of the above” variable the “No” code and continue edits.

If the “None of the above” box is checked and no other box checked, assign all other items the “No” code.

If one or more boxes are checked, all infections not checked will be assigned the “No” code.

State Edits of data file prior to NCHS transmission.

Must be valid codes (see below).

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
GON	1	Alpha character string	Y,N,U
SYPH	1	Alpha character string	Y,N,U
CHAM	1	Alpha character string	Y,N,U
HEPB	1	Alpha character string	Y,N,U
HEPC	1	Alpha character string	Y,N,U

Item Title: **OBSTETRIC PROCEDURES**

Item Number: **43 Certificate, 16 Facility Worksheet**

Description: Selected medical treatments or invasive/manipulative procedures performed during this pregnancy specifically for management of labor and/or delivery. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Prenatal care record

Other Source: Labor and delivery nursing admission triage form, admission history and physical, delivery record

INSTRUCTIONS

FOR A PAPER RECORD:

If the medical records are not available at this time, print or type “Unknown” in the space

OBSTETRIC PROCEDURES (check all that apply)

External cephalic version

- Successful
- Failed

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

The following message should appear first:

Check this button if the information needed to complete item “Obstetric procedures” is currently not available, but an effort is being made to obtain it.

Information not currently available

EBR developers may wish to use a hot key for responding to the above rather than a specific button. For example, the instruction could read:

Press the _____ key if the information needed to complete this item is currently not available, but an effort is being made to obtain it.

When this button is checked, the item is skipped and placed in pending status for completion at a later time on the final review screen. The final review screen for this item will be a replica of the initial entry screen with the addition of a box to check “Unknown.”

External cephalic version

- Successful
- Failed

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
ECVS	Successful External cephalic version	Y, N, U	U--Unknown
ECVF	Failed External cephalic version	Y, N, U	
NOA03	None of the above	Y, N, U	
DNA03	Pending flag	0	OFF
		1	ON

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

If no boxes are checked, the item entry screen will appear with the following message:

This item has not been completed. Check the appropriate procedures or check “None of the above.”

If the “Data not available at this time” box is selected, the following message will appear:

Please obtain the information necessary to complete this item. The item will be on the final review screen prior to submission to the state.

The pending flag will be set to “ON” and all other variables assigned the “Unknown” code.

The final review screen for this item will be a replica of the initial entry screen. If the “Unknown” box is checked on the final review screen, the pending flag is set to “OFF” and the record is accepted.

If the “None of the above” box is checked and at least one other box is checked, assign the “No” code to the “None of the above” variable and continue edits.

If the “None of the above” box is checked and no other boxes are checked, assign all other items the “No” code.

If one or more boxes are checked, all procedures not checked will be assigned the “No” code.

“Successful external cephalic version” and “Failed external cephalic version” procedures cannot both be selected. If both are checked, a message should appear that reads:

Both “Successful external cephalic version” and “Failed external cephalic version” boxes are checked. Please review the records and choose the correct response.

PAPER RECORD

Records filed with this field blank are queried. If no response to query, assign the “Unknown” code to each procedure variable.

If “Unknown” is printed in the box, assign each procedure variable the “Unknown” code

If the “None of the above” box is checked and at least one other box is checked, assign the “No” code to the “None or the above” variable and continue edits.

If the “None of the above” box is checked and no other box checked, assign all other items the “No” code.

If one or more boxes are checked, all procedures not checked will be assigned the “No” code.

The “Successful external cephalic version” and the “Failed external cephalic version” boxes cannot both be checked. If both are checked, query.

State Edits of data file prior to NCHS transmission.

Must be valid codes (see below).

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
ECVS	1	Alpha character string	Y, N, U
ECVF	1	Alpha character string	Y, N, U

Item Title: **CHARACTERISTICS OF LABOR AND DELIVERY**

Item Number: **45 Certificate; 27 Facility Worksheet**

Description: Information about the course of labor and delivery. For a detailed definition and instructions see:
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of information:

Preferred Source: Delivery record, physician progress note, newborn admission history and physical

INSTRUCTIONS

FOR A PAPER RECORD:

More than one characteristic may be checked.

If the characteristics of the labor and delivery are not known at this time, print or type “Unknown” in the space.

CHARACTERISITCS OF LABOR AND DELIVERY

(Check all that apply)

- Induction of labor
- Augmentation of labor
- Steroids (glucosteroids) for fetal lung maturation received by the mother prior to delivery
- Antibiotics received by the mother during labor
- Clinical chorioaminionitis diagnosed during labor or maternal temperature ≥ 38 C (100.4 F)
- Epidural or spinal anesthesia during labor
- None of the above

FOR AN ELECTRONIC RECORD:

EBR developer (*Instructions are in Italics*)

Definitions shown in the Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (see link above) should appear in the help function.

The following instruction should appear for this item:

Please check all characteristics that apply. If information on the labor and delivery are not available at this time check “Unknown at this time.” If none of the characteristics of labor and delivery apply to this delivery, check “None of the above.” DO NOT LEAVE THIS ITEM BLANK.

- Induction of labor
- Augmentation of labor
- Steroids (glucosteroids) for fetal lung maturation received by the mother prior to delivery
- Antibiotics received by the mother during labor
- Clinical chorioaminionitis diagnosed during labor or maternal temperature ≥ 38 degrees C (100.4 F)
- Epidural or spinal anesthesia during labor
- None of the above
- Unknown at this time

VARIABLES:

NAMES	DESCRIPTION	VALUES	DEFINTIONS
INDL	Induction of labor	Y, N, U	Y—Yes, N--No
AUGL	Augmentation of labor	Y, N, U	U--Unknown
STER	Steroids	Y, N, U	
ANTB	Antibiotics	Y, N, U	
CHOR	Chorioamnionitis	Y, N, U	
ESAN	Anesthesia	Y, N, U	
NOA04	None of the above	Y, N, U	
DNA04	Pending flag	0	Off
		1	On

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the state

If no boxes are checked, the following message will appear:

The item has not been completed. Please check “Unknown at this time” if the data are not available at this time. If any of the characteristics listed in the menu are

indicated, check the appropriate box(s). Please check the “None of the above” box if none of the listed characteristics of labor and delivery are indicated.

If the “Unknown at this time” box is checked, all other variables are assigned the “Unknown” code and the flag is set to “ON.” A message will appear that reads:

Please obtain the records necessary to complete this item. The item will be on the final review screen.

If the “None of the above” box is checked and at least one other box checked, assign the “No” code to the “None of above” variable and continue edits.

If the “None of the above” box is checked and no other boxes checked, assign all other items the “No” code.

If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to all blank boxes.

PAPER RECORD

Records filed with this item incomplete will be queried. If no response to query, assign each item the “Unknown” code.

If “Unknown” is printed in the box, assign each choice the “Unknown” code.

If the “None of the above” box is checked and at least one other box checked, assign the “No” code to the “None of above” variable and continue edits.

If the “None of the above” box is checked and no other boxes checked, assign all other items the “No” code.

If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to all blank boxes.

State Edits of data file prior to NCHS transmission.

Must be valid codes (see below).

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
INDL (Induction of labor)	1	alpha character string	Y, N, U
AUGL (Augmentation of labor)	1	alpha character string	Y, N, U
STER (Steroids)	1	alpha character string	Y, N, U
ANTB (Antibiotics)	1	alpha character string	Y, N, U
CHOR (Chorioamnionitis)	1	alpha character string	Y, N, U
ESAN (Anesthesia)	1	alpha character string	Y, N, U

Item Title: **METHOD OF DELIVERY**

Item Number: **46 certificate, 28 facility Worksheet**

Description: The physical process by which the complete delivery of the fetus was effected. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred source: Delivery record, physician delivery summary, recovery room record, newborn admission history and physical

INSTRUCTIONS

FOR A PAPER RECORD:

A response to each section is required.

If any of the information for an individual section is not known at this time, print or type unknown in the space for the particular section. (Note that sections A and B on forceps and vacuum delivery have been dropped from national reporting).

C. Fetal presentation at birth

- Cephalic
- Breech
- Other

D. Final route and method of delivery (Check one)

- Vaginal/Spontaneous
- Vaginal/Forceps
- Vaginal/Vacuum Cesarean

If cesarean, was a trial of labor attempted?

- Yes
- No

FOR AN ELECTRONIC RECORD:

EBR developer (*Instructions are in Italics*)

Definitions shown in the Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (see link above) should appear in the help function.

The following instruction should appear when the item is to be completed:

Please complete each section by checking the appropriate boxes. If the data are not available for completing an individual section, check the “Unknown at this time” box. DO NOT LEAVE ANY SECTION BLANK.

Each section should appear individually. As soon as one box is checked in section A, section B should then appear. As soon section B is completed, section C should appear, etc. This is to prevent both “Yes” and “No” being checked.

C. Fetal presentation at birth (Check one)

- Cephalic
- Breech
- Other

- Unknown at this time

D. Final route and method of delivery (Check one)

- Vaginal/Spontaneous
- Vaginal/Forceps
- Vaginal/Vacuum
- Cesarean

- Unknown at this time

If the Cesarean box is checked the following question appears:

If cesarean, was a trial of labor attempted?

- Yes
- No

- Unknown at this time

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
PRES	Fetal presentation	1	Cephalic
		2	Breech
		3	Other
		9	Unknown
DNAC	Follow up flag section C	0	Off
		1	On
ROUT	Route and method of delivery	1	Spontaneous
		2	Forceps
		3	Vacuum
		4	Cesarean
		9	Unknown
DNAD	Follow up flag section D	0	Off
		1	On
TLAB	Trial of labor attempted	Y, N, X, U	
DNAL	Follow up flag trial of labor	0	Off
		1	On

Y----Yes
N----No
X----Not applicable
U----Unknown

EDITS:**ELECTRONIC RECORD****Before the record is transmitted to the State**

If any of the "Unknown at this time" boxes are checked, the following message appears:

Please obtain the information necessary to complete this section. The section will appear on the final review screen

If any of the "Unknown at this time" boxes are checked the flag for that section is set to "ON" and the variables are assigned "Unknown" codes

SECTION C: FETAL PRESENTATION AT BIRTH

If none of the boxes are checked, the following message shall appear:

Please choose one of the choices from the menu. The menu of choices shall appear:

If more than one box is checked, the following message shall appear:

More than one choice from the menu was selected. Please review and pick only one menu item. The menu list shall appear:

SECTION D: FINAL ROUTE AND METHOD OF DELIVERY

If none of the boxes are checked, the following message shall appear:

Please choose one of the choices from the menu. The menu of choices shall appear:

If more than one box is checked, the following message shall appear:

More than one choice from the menu was selected. Please review and pick only one menu item. The menu list shall appear:

If “Cesarean” is checked, a response to the question on the attempted trial of labor is required. If neither the “Yes” or “No” box is checked, the following message appears:

A response to the question concerning a trial of labor was not entered. Please choose the appropriate box.

If the “Cesarean” box is not checked, the “not applicable” code shall be assigned to the variable “Attempted trial of labor.”

If the final route and method chosen is “forceps,” the variable for “Attempted forceps” must be assigned the “No” code.

If the final route and method chosen is “vacuum,” the variable “Attempted vacuum” must be assigned the “No” code.

PAPER RECORD

Records filed with any of the sections for this item are queried. If no response to query, code each item to the “Unknown” code.

The edits listed under electronic records apply after data entry of this item.

State Edits of data file prior to NCHS transmission.

Must be valid codes (see below).

NCHS TRANSMISSION FILE**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
PRES	1	Numeric	1,2,3,9
ROUT	1	Numeric	1,2,3,4,9
TLAB	1	Alpha character string	Y, N, U, X

Item Title: **MATERNAL MORBIDITY**

Item Number: **47 Certificate, 29 Facility Worksheet**

Description: Serious complications experienced by the mother associated with labor and delivery. For a detailed definition and instructions see:
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Delivery record, recovery room record, operative note, physician progress note, transfer note, intake and output form

INSTRUCTIONS

FOR A PAPER RECORD:

Check all boxes that apply.

If unknown, print or type "Unknown" in the space.

MATERNAL MORBIDITY (Check all that apply)
(Complications associated with labor and delivery)

- Maternal transfusion
- Third- or fourth-degree perineal laceration
- Ruptured uterus
- Unplanned hysterectomy
- Admission to intensive care unit
- None of the above

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

Definitions shown in the Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (see link above) should appear in the help function.

The following instruction should appear on the screen with the menu:

Please check all boxes that apply. If none are indicated, check “None of the above.” If the data are not available at this time, check “Unknown at this time.” DO NOT LEAVE THIS ITEM BLANK.

- Maternal transfusion
- Third- or fourth-degree perineal laceration
- Ruptured uterus
- Unplanned hysterectomy
- Admission to intensive care unit
- None of the above
- Unknown at this time

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
MTR	Maternal transfusion	Y, N, U	Y--Yes, N—No,
PLAC	Perineal laceration	Y, N, U	U--Unknown
RUT	Ruptured uterus	Y, N, U	
UHYS	Unplanned hysterectomy	Y, N, U	
AINT	Admission to intensive care	Y, N, U	
NOA05	None of the above	Y, N, U	
DNA05	Pending flag	0	OFF
		1	ON

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

If no boxes are checked, the following message will appear:

The item has not been completed. Please check “Unknown at this time” if the data are not available. If any of the choices listed in the menu are indicated, check the appropriate box(s). Please check the “None of the above” box if none of the listed maternal morbidity items are indicated.

If the “None of the above” box is checked and at least one other box checked, assign the “None of above box” variable the “No” code and continue edits.

If the “None of the above” box is checked and no other boxes checked, assign all other items the “No” code.

If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to items not checked.

PAPER RECORD

Records filed with all the items in the menu left blank are queried. If no response to query, code each item to the “Unknown” code.

If “Unknown” is printed in the box, assign each choice the “Unknown” code.

If the “None of the above” box is checked and at least one other box checked, change the “None of above box” response to the “No” code and continue edits.

If the “None of the above” box is checked and no other boxes checked, assign all other items the “No” code.

If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to all blank boxes.

State Edits of data file prior to NCHS transmission.

Must be valid codes (see below).

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
MTR (Maternal transfusion)	1	Alpha character string	Y, N, U
PLAC (Perineal laceration)	1	Alpha character string	Y, N, U
RUT (Ruptured uterus)	1	Alpha character string	Y, N, U
UHYS (Unp. hysterectomy)	1	Alpha character string	Y, N, U
AINI (Admit to intensive care)	1	Alpha character string	Y, N, U

Item Title: **BIRTHWEIGHT**

Item Number: **49 Certificate, 30 Facility Worksheet**

Description: The weight of the infant at birth. For a detailed definition and instructions see:
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Delivery record, admission assessment

INSTRUCTIONS

FOR A PAPER RECORD:

Wherever possible, weigh and report the infant's birthweight in grams. Report weight in pounds and ounces (lb/oz) only if weight in grams is not available.

DO NOT convert weight from lb/oz to grams.

Please specify whether grams or lb/oz are used.

If the birthweight is not known, print or type "Unknown" in the space.

BIRTHWEIGHT (grams preferred, specify unit)

grams lb/oz

FOR AN ELECTRONIC RECORD:

EBR Developer: *(Instructions are in italics).*

The birthweight of the child is to be entered in the units in which it is measured (preferably grams). Hospital staff should not convert from lbs/oz to grams.

The following instruction should appear when the birthweight item is to be completed.

Please check one box below.

Note: Hospitals which only use one unit to measure birthweight may choose to preset their systems to either grams or pounds and ounces. For hospitals which do so, the following two check boxes need not appear.

- Birthweight is measured in grams
- Birthweight is measured in pounds and ounces

When the box for grams is checked, the following appears:

Birthweight of infant _____ grams.

When the pounds and ounces box is checked, the following appears:

Birthweight of infant _____ lbs. _____ ozs.

The following instruction should appear in the help menu:

Unknown Birthweight: If the birthweight of the infant is not known, check the grams box and enter 9999, or the pounds and ounces box and enter 99, 99. States may elect to use a “hot key” or other symbols (e.g., “?”) for unknowns. These will be converted to numeric values of 9999 or 99, 99.

If unknown values are entered the following message will appear:

Please obtain the records needed to complete this item. The item will appear on the final review screen.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
BWG	Infant's birthweight	0000-9998 9999	Birthweight in grams Unknown
BWP	Infant's birthweight	00-20	Birthweight pounds
BWO	Infant's birthweight	00-15 99 99	Birthweight ounces Birthweight pounds Birthweight ounces
BW_BYPASS	Bypass flag	0 1 2	OFF Queried data correct, but out of range Queried, failed birthweight/gestation edit.

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

Birthweights in pounds and ounces are converted to grams and assigned to the BWG field for editing and tabulation purposes. (Do not convert unknown (99, 99) values for pounds and ounces.) The conversion algorithm is:

$$BWG = ((BWP * 16) + BWO) * 28.35$$

Round the result as follows: If the result is not a whole number and the fraction is 0.5 or greater, round to the next higher whole gram. If the fraction is <0.5, round to the lower whole gram.

The item must have a value of 0000-9999.

If 9999 is entered the following message appears:

Please obtain the records to complete this item. The item will appear on the final review screen.

If birthweight is ≤ 227 or ≥ 8165 but not 9999, the following message should appear:

The birthweight of the infant is _____ grams (or lbs/oz).

Please check the box or enter a new weight.

Weight is correct

Birthweight is _____ grams.

If the "Birthweight correct" box is checked the BW_BYPASS variable is set to ON-1.

If a new birthweight is entered the edit is rerun. If the edit fails, the BW_BYPASS variable is set to ON-1. If the edit passes, the BW_BYPASS variable is set to OFF-0.

BIRTHWEIGHT/GESTATION CONSISTENCY CHECK

The following edit is done if: the BW_BYPASS flag is 0, the birthweight value is not 9999, and the OWGEST (obstetric estimate of gestation, see item 50“) is 20-47:

If OWGEST is <20 and plurality is any valid value, BW <1,000 grams

If OWGEST is 20-23 and plurality is any valid value, BW < 2,000 grams

If OWGEST is 24-27 and plurality is any valid value, BW < 3,000 grams

If OWGEST is 28-31 and plurality is any valid value, BW <4,000 grams

If OWGEST is ≥ 32 and plurality is value 1, BW $\geq 1,000$ grams.

If these edits fail, an error message appears that reads as follows:

The record indicates that the infant has a gestation of _____ months/weeks and a birthweight of _____ grams.

Please check the correct box or enter a new birthweight.

Birthweight correct

Birthweight _____ grams

If the “Birthweight correct” box is checked, the BW_BYPASS flag is set to ON-2

If a new birthweight is entered, the edit is rerun. If the edit fails, the BW_BYPASS variable is set to ON-2. If the edit passes, the BW_BYPASS variable is set to OFF-0.

PAPER RECORD

Records filed with the birthweight blank should be queried. If no response to query, assign 9999 to the birthweight grams variable.

State Edits of data file prior to NCHS transmission

See above edits for electronic records.

STATE FILE CONSIDERATIONS

States may want to keep all the processing variables.

NCHS TRANSMISSION FILE**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
BWG	4	Numeric	0000-9999
BW_BYPASS	1	Numeric	0,1,2

Item Title: **OBSTETRIC ESTIMATION OF GESTATION**

Item Number: **50 Certificate, 31 Facility Worksheet**

Description: The best estimate of the infant's gestation age (OE) in completed weeks based on the birth attendant's final estimate of gestation. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: OB admission history and physical

INSTRUCTIONS

FOR A PAPER RECORD:

Please enter the obstetric estimate of the infant's gestation.

If the obstetric estimate of gestation is not known, print or type "Unknown" in the space.

Do not complete this item based on the infant's date of birth and the mother's date of LMP.

OBSTETRIC ESTIMATE OF GESTATION:

_____ (completed weeks)

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

The obstetric estimate of the infant's gestation is to be entered in completed weeks.

Obstetric estimate of gestation _____ completed weeks.

The following instruction should appear in the help menu.

Unknown Obstetric Estimate of Gestation: If the obstetric estimate of the infant's gestation is not known, enter 99. Do not complete this item based on the infant's date of birth and the mother's date of LMP.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
OWGEST	Obstetric estimate of gestation	00-98 99	Gestation in weeks Unknown
OWGEST_BYPASS	Bypass flag	0 1	OFF Queried data correct, but out of range

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

The item must have a value in the range 00-99.

If 99 is entered, the following message shall appear:

Please obtain the records needed to complete this item. The item will appear on the final review screen.

If gestation is <17 or >47 but not 99, the following message should appear:

The obstetric estimate of the infant's gestation is _____ weeks.

Please check "Correct" or enter a new gestation.

Correct

Gestation is _____ weeks.

If "Correct" is checked the OWGEST_BYPASS variable is set to ON-1.

If a new gestation is entered the edit is rerun. If the edit fails, the OWGEST_BYPASS variable is set to ON-1. If the edit passes, the OWGEST_BYPASS variable is set to OFF0.

PAPER RECORD

Records filed with the “Obstetric estimate of gestation” blank should be queried. If no response to query, enter 99.

State Edits of data file prior to NCHS transmission

See above edits for electronic records.

NCHS TRANSMISSION FILE**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
OWGEST	2	Numeric	00-98,99
OWGEST_BYPASS	1	Numeric	0,1

Item Title: **APGAR SCORE**

Item Number: **51 Certificate, 33 Facility Worksheet**

Description: The Apgar Score for the child at 5 and 10 minutes. For a detailed definition and instructions see:
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Delivery record (infant data)

INSTRUCTIONS

FOR A PAPER RECORD:

Enter the infant's Apgar score at 5 minutes, and if the score at 5 minutes is less than 6, enter the infant's Apgar score at 10 minutes.

APGAR SCORE

Score at 5 minutes: _____

If 5-minute score is less than 6,

Score at 10 minutes: _____

If the infant's Apgar score is not known or was not taken at 5 minutes or ten minutes, print or type "Unknown" in the space.

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in italics*)

The following instruction should appear:

Enter the infant's Apgar score taken at 5 minutes

If the infant's Apgar score is not known or was not taken at 5 minutes, enter 99.

Apgar score at 5 minutes _____.

If the score entered is 6 or greater, the variable for the Apgar score at 10 minutes is assigned the value “88.”

If the score entered is less than 6 or 99, a request for the Apgar score at 10 minutes appears with the following instruction:

Enter the infant’s Apgar score taken at 10 minutes.

If the infant’s Apgar score is not known or was not taken at 10 minutes, enter 99.

Apgar score at 10 minutes_____.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
APGAR5	Apgar score at 5 minutes	00-10 99	Apgar score Unknown
APGAR10	Apgar score at 10 minutes	00-10 88 99	Apgar score Not applicable Unknown

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

The variable APGAR5 must have a value in the range 00-10, 99.

The variable APGAR10 must have a value in the range 00-10, 88, 99

If either variable’s value is greater than 10 but not 88 or 99, the following message should appear:

The infant’s Apgar score is recorded as _____.

Please re-enter the infant’s Apgar score_____.

If the new Apgar score is greater than 10, assign “99” to the appropriate variable.

PAPER RECORD

Records filed with the “Apgar score(s)” blank should be queried. If no response to query, enter “99” for each variable.

State Edits of data file prior to NCHS transmission

See above edits for electronic records.

NCHS TRANSMISSION FILE**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
APGAR5	2	Numeric	00-10, 99
APGAR10	2	Numeric	00-10, 88, 99

Item Titles: **PLURALITY
IF NOT SINGLE BIRTH – Born First,
Second, Third, etc. (Specify)**

Item Numbers: **52 Certificate; 34 Facility Worksheet

53 Certificate; 35 Facility Worksheet
N/A certificate; 36 Facility Worksheet**

Description: Plurality – The number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age or if the fetuses were delivered at different dates in the pregnancy. (“Reabsorbed” fetuses, those which are not “delivered” (expulsed or extracted from the mother) should not be counted.)

If not single birth, specify born 1st, 2nd, etc. – For multiple deliveries, the order this infant was delivered in the set. Include all live births and fetal losses.

If not single birth, specify the number of infants in this delivery born alive -- For multiple deliveries, the number of infants born alive at any point in the pregnancy.

For a detailed definition and instructions see:
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Admission history and physical, delivery record

INSTRUCTIONS

FOR A PAPER RECORD:

Item 52, Plurality.

Print or type the plurality of this pregnancy e.g., single, twin, triplet, etc. Include all products of the pregnancy, that is, all live births and fetal deaths delivered at any point during the pregnancy.

PLURALITY - Single, Twin, Triplet, etc.
(Specify)_____

Item 53, Set Order.

If this is a singleton delivery, leave this item blank. For multiple deliveries, print the order that this infant was delivered in the set, e.g., first, second, third, etc. Count all live births and fetal deaths delivered at any point in the pregnancy.

IF NOT SINGLE BIRTH – Born First, Second, Third, etc. (Specify)_____

FOR AN ELECTRONIC RECORD:

EBR Developer: (*Instructions are in italics*)

Plurality

Enter the number of fetuses delivered (1,2,3,4,5,6,7,8,9, etc.) in the pregnancy.
(Twins=2, Triplets=3 etc.)

Include all live births and fetal deaths delivered at any point in the pregnancy regardless of gestational age.

Example: If one infant is born alive and two are born dead enter “3.”

If plurality is unknown enter “99.”

Plurality (number of fetuses delivered)_____

If plurality = 99, assign “99” to “Set Order” (SORD) and to “Live born” (LIVEB).

If plurality = 1, assign the “not applicable” code “88” to variables “Set Order” and “Live Born.”

If plurality > 1 and not “99” the following question is asked:

Enter the order this infant was delivered in the pregnancy or set (1,2,3,4,5,6,7,8,9, etc.) Include all live births and fetal deaths delivered at any point in the pregnancy regardless of gestational age.

If the order is unknown enter "99."

Set order of this infant _____

If plurality is >1 and not "99" the following question is asked:

Enter the total number of infants born alive in the delivery _____

If "Live Born" > 1, an identification number unique to each multiple set born in the State for that year is generated. Each live born member of the set (and each fetal death, if the fetal death system is integrated with the birth) is assigned the same identification number. This number is entered for the variable "MATCH. The identification number may be the mother's medical record number, or any other identifying number which would be unique to the multiple set for that State.

Example: (Assuming all born live)

*Twin set A—1st born #345671
2nd born #345671*

*Twin set B – 1st born #567897
2nd born #567897*

*Triplet set A –1st born #789014
2nd born #789014
3rd born #789014*

When a number is assigned, a new record for each member of the set except the 1st born is created. Information common to all set members (e.g., mother's demographic and prenatal care information) is copied for each additional infant. Only information potentially unique to the individual set member (e.g., method of delivery, abnormal conditions, birthweight) need be entered. (See "Attachment to the Facility Worksheet for the Live Birth Certificate for Multiple Births.")

The purpose of generating identification numbers for multiple birth sets is to enhance quality control and to allow NCHS to more readily match members of multiple birth sets for data analysis.

The default MATCH number is 000000 (single delivery).

If the fetal death reporting system is integrated with the EBR system, sequence numbers can be assigned to fetal deaths delivered in multiple deliveries and fetal death reports initiated.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
PLUR	Plurality	01-12	Number of fetuses delivered
		99	Unknown
SORD	Set order	01-12	Order this infant was delivered in the set
		88	Not applicable
		99	Unknown
LIVEB	Number of Live born	01-12	Number of infants delivered alive
		88	Not applicable
		99	Unknown
MATCH	Matching number	000001 to 999999	An ID number unique to multiple birth sets. Each set member has the same ID number.
PLUR_BYPASS	edit flag	0	OFF
		1	ON, queried and correct
		2	ON, Plurality/Set Order queried and inconsistent

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

Plurality must be in the range 1-12, 99.

If plurality is >9 but not 99, the following message should appear:

The number of fetuses in this delivery is recorded as _____.

Please indicate whether this number is “correct” or enter a new number.

Correct

Number of fetuses (born live or dead) in this delivery_____

If “Correct” is checked the PLUR_BYPASS variable is set to ON-1.

If a new number is entered the edit is rerun. If the edit fails, the PLUR_BYPASS variable is set to ON-1. If the edit passes, the PLUR_BYPASS variable is set to OFF-0.

If plurality > 12 after the edit is run, change the value to 12.

If plurality = “99,” “set order” must = “99.”

If plurality = “1,” “set order” must = “88.”

If plurality > 1 but not “99,” “set order” must be \leq plurality.

If this edit fails the following message occurs:

The record indicates that there were _____ fetuses in this delivery but the set order of the infant was_____.

Please enter a new value for each of these items:

Total number of fetuses (born live and dead) in this delivery_____

Set order of this infant _____

The edit is re-run and if it fails the bypass flag is set to ON-2.

The number of infants born alive in this delivery must be \leq the plurality. If it is not, a message should appear showing the discrepancy and asking that it be resolved by reentering “plurality” and “set order.”

For quality control, the EBR system should make sure that the correct number of records is completed for each live born infant in the multiple delivery by comparing the number for which the same identification number (MATCH) has been generated with the number reported as “Live born” (LIVEB).

PAPER RECORD

Records filed with the “Plurality” item blank are to be queried. If no response to query, assign “99” to the “Plurality” and “Set order” variables.

If “Plurality” is > 1 and the “set order” is blank, query. If no response to query, assign “99” to the set order variable.

STATE DATA FILE CONSIDERATIONS

If states key literals for plurality (single, twin, etc.) and first, second etc. for “Set order,” on paper records, they will have to be translated to the corresponding numerical value for editing and transmission to NCHS.

NCHS TRANSMISSION FILE

Values of “88” for the SORD and LIVEB variables are changed to “99” for transmission to NCHS.

Any values greater than “12” other than “99” for the PLUR and ORDER variables are assigned the value “12” for transmission to NCHS

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
PLUR	2	Numeric	01-12, 99
SORD	2	Numeric	01-12, 99
LIVEB	2	Numeric	01-12, 99
MATCH	6	Numeric	000001- 999999
PLUR_BYPASS	1	Numeric	0,1,2

Item Title: **ABNORMAL CONDITIONS OF THE NEWBORN**

Item Number: **54 Certificate; 37 Facility Worksheet**

Description: Disorders or significant morbidity experienced by the newborn infant. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Labor and delivery summary, newborn history and physical, newborn medical admission record

INSTRUCTIONS

FOR A PAPER RECORD:

Check all boxes that apply to this child.

ABNORMAL CONDITIONS OF THE NEWBORN

- Assisted ventilation required immediately after delivery
- Assisted ventilation required for more than 6 hours
- NICU admission
- Newborn given surfactant replacement therapy
- Antibiotics received by the newborn for suspected neonatal sepsis
- Seizure or serious neurologic dysfunction
- None of the above

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

Definitions shown in the Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (see link above) should appear in the help function.

The following instruction should appear with the menu.

Please check all boxes that apply. If none of the abnormal conditions of the newborn are indicated, check “None of the above.” DO NOT LEAVE THIS ITEM BLANK.

- Assisted ventilation required immediately after delivery
- Assisted ventilation required for more than 6 hours
- NICU admission
- Newborn given surfactant replacement therapy
- Antibiotics received by the newborn for suspected neonatal sepsis
- Seizure or serious neurologic dysfunction
- None of the above

- Unknown at this time

PROCESSING VARIABLES:

NAMES	DESCRIPTION	VALUES	DEFINITION
AVEN1	Assisted ventilation	Y, N, U	Y--Yes, N—No,
AVEN6	Assisted ventilation for 6 or more hours	Y, N, U	U--Unknown
NICU	Admission to NICU	Y, N, U	
SURF	Surfactant replacement therapy	Y, N, U	
ANTI	Antibiotics	Y, N, U	
SEIZ	Seizure or serious neurologic dysfunction	Y, N, U	
NOA54	None of the above	Y, N, U	
DNA54	Pending flag	0	OFF
		1	ON

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

If no boxes are checked, the following message will appear:

The item has not been completed. If the data are not available at this time please check “Unknown at this time.” If any of the abnormal conditions listed in the menu are indicated, check the appropriate box. Check “None of the above” if none of the listed abnormal conditions are indicated.

If the unknown at this time box is checked all variables are assigned the “Unknown” code and the pending flag is set to “ON.” A message will appear that reads:

Please obtain the records needed to complete this item. The item will appear on the final review screen.

If the “None of the above” box is checked and at least one other box checked, assign the “None of above” variable the “No” code and continue edits.

If the “None of the above” box is checked and no other boxes checked, assign all other items the “No” code.

If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to items not checked.

PAPER RECORD

Records filed with all the items in the menu left blank are queried. If no response to query, assign each item to the “Unknown” code.

If “Unknown” is printed in the box, assign each choice in the menu the “Unknown” code.

If the “None of the above” box is checked and at least one other box checked, change the “None of above” response to the “No” code and continue edits.

If the “None of the above” box is checked and no other boxes checked, assign all items the “No” code.

If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to all blank boxes.

State Edits of data file prior to NCHS transmission.

Must be valid codes (see below).

NCHS TRANSMISSION FILE**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
AVEN1 (Assisted ventilation)	1	Alpha character string	Y, N, U
AVEN6 (Assisted ventilation 6)	1	Alpha character string	Y, N, U
NICU (Admission to NICU)	1	Alpha character string	Y, N, U
SURF (Surfactant)	1	Alpha character string	Y, N, U
ANTI (Antibiotics)	1	Alpha character string	Y, N, U
SEIZ (Seizures)	1	Alpha character string	Y, N, U

Item Title: **CONGENITAL ANOMALIES OF THE NEWBORN**

Item Number: **55 Certificate, 38 Facility Worksheet**

Description: Malformations of the newborn diagnosed prenatally or after delivery. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Labor and delivery summary, infant history and physical, physician progress notes, newborn admission history and physical

INSTRUCTIONS

FOR A PAPER RECORD:

CONGENITAL ANOMALIES OF THE NEWBORN

Check all boxes that apply to this child. For “Down Syndrome” and Suspected chromosomal disorder” if karyotype status is unknown leave both the “Karyotype confirmed” and “Karyotype pending” boxes blank.

- Anencephaly
- Meningomyelocele / Spina Bifida
- Cyanotic congenital heart disease
- Congenital diaphragmatic hernia
- Omphalocele
- Gastroschisis
- Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- Cleft Lip with or without Cleft Palate
- Cleft Palate alone
- Down Syndrome
 - Karyotype confirmed
 - Karyotype pending
- Suspected chromosomal disorder
 - Karyotype confirmed
 - Karyotype pending
- Hypospadias
- None of the anomalies listed above

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

Definitions shown in the Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (see link above) should appear in the help function.

The following menu of congenital anomalies of the newborn should be used. The following instruction should appear on the screen with the menu.

Please check all boxes that apply. If the information needed to complete this item is not available at this time please check the “Unknown at this time” box. If none of the congenital anomalies of the newborn are indicated, check the “None of the above” box. DO NOT LEAVE THIS ITEM BLANK.

CONGENITAL ANOMALIES OF THE NEWBORN

Check all boxes that apply:

- Anencephaly
- Meningomyelocele / Spina Bifida
- Cyanotic congenital heart disease
- Congenital diaphragmatic hernia
- Omphalocele
- Gastroschisis
- Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- Cleft Lip with or without Cleft Palate
- Cleft Palate alone
- Down Syndrome
 - Karyotype confirmed
 - Karyotype pending
- Suspected chromosomal disorder
 - Karyotype confirmed
 - Karyotype pending
- Hypospadias
- None of the anomalies listed above

- Unknown at this time

Systems should be designed so that “Karyotype pending” or “Karyotype confirmed” can only be selected if “Down Syndrome” and/or “Suspected chromosomal disorder anomalies” are checked.

The following instruction should appear with the “Karyotype confirmed” / “Karyotype pending” item:

If karyotype status is unknown, leave both “Karyotype confirmed” and “Karyotype pending” boxes blank.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINTION</u>
ANEN	Anencephaly	Y, N, U	Y--Yes, N—No,
MNSB	Meningomyelocele/ Spina Bifida	Y, N, U	U--Unknown
CCHD	Cyanotic congenital heart disease	Y, N, U	
CDH	Congenital diaphragmatic hernia	Y, N, U	
OMPH	Omphalocele	Y, N, U	
GAST	Gastroschisis	Y, N, U	
LIMB	Limb reduction defect	Y, N, U	
CL	Cleft Lip with or without Cleft Palate	Y, N, U	
CP	Cleft Palate alone	Y, N, U	
DOWN	Down Syndrome	Y, N, U	
DOWC	Down Karyotype confirmed	Y, N, U	
DOWP	Down Karyotype pending	Y, N, U	
CDIS	Suspected chromosomal disorder	Y, N, U	
CDIC	Suspected chromosomal disorder karyotype confirmed	Y, N, U	
CDIP	Suspected chromosomal disorder karyotype pending	Y, N, U	
HYPO	Hypospadias	Y, N, U	
NOA55	None of the above	Y, N, U	
DNA55	Follow up flag	0 1	OFF ON

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

If no boxes are checked, the following message will appear:

The item has not been completed. Please check the “Unknown at this time” box if the data are not available to complete this item at this time. Check the “None of the above” box if none of the listed anomalies are indicated. If any of the anomalies listed in the menu are indicated, check the appropriate box(s).

If the “Unknown at this time” box is checked, all variables are assigned the “Unknown” code and the pending flag is set to “ON.” A message will appear that reads:

Please obtain the records needed to complete this item. The item will appear on the final review screen.

If the “None of the above” box is checked and at least one other box checked, assign the “No” code to the “None of above” variable and continue edits.

If the “None of the above” box is checked and no other boxes checked, assign all other items the “No” code.

If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to all blank boxes.

If the “Down syndrome” and/or “Suspected chromosomal disorder” boxes are checked, but it is unknown whether the karyotype is “Confirmed” or “Pending,” leave both the “Confirmed” and “Pending” boxes blank. Processing variables DOWC AND DOWP, CDIC and CDIP are assigned the value “U.”

PAPER RECORD

Records filed with all the items in the menu left blank are queried. If no response to query, code each item to the “Unknown” code.

If the “None of the above” box is checked and at least one other box checked, change the “None of above box” response to the “No” code and continue edits.

If the “None of the above” box is checked and no other boxes checked, assign all other items the “No” code.

If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to all blank boxes.

If the “Down Syndrome” box is checked and no boxes for the “Karyotype confirmed or pending” are checked, assign the unknown or “U” response to “Karyotype pending” and the “U” response to “Karyotype confirmed.” If both boxes are checked, assign the “Y” response to “Karyotype confirmed” and the “N” response to “Karyotype” pending.

If the “Suspected chromosomal disorder” box is checked and no boxes for the “Karyotype confirmed or pending” are checked, assign the unknown or “U” response to “karyotype pending” and the “U” response to “karyotype confirmed.” If both boxes are checked, assign the “Y” response to “karyotype confirmed” and “N” response to the “karyotype pending.”

If a “karyotype confirmed or pending” box is checked and the corresponding anomaly is not checked, query. If no response to query assign all variables the “U” code.

State Edits of data file prior to NCHS transmission.

Must be valid codes (see below).

The processing variables DOWN, DOWC, and DOWP are combined into one variable “DOWT” for transmission as follows:

If the processing variable DOWN is assigned the “Y” code and DOWC is assigned the “Y” code, assign DOWT the value “C.”

If the processing variable DOWN is assigned the “Y” code and DWOP is assigned the “Y” code, assign DOWT the value “P.”

If the processing variable DOWN is assigned the “Y” code and both processing variables DOWC and DOWP are assigned the “U” code, assign DOWT the value “P.”

If the processing variable DOWN is assigned the “N” code, assign DOWT the value “N”

If the processing variable DOWN is assigned the “U” code, assign DOWT the value “U.”

The processing variables CDIS, CDIC, and CDIP are combined into one variable called CDIT for transmission as follows:

If the processing variable CDIS is assigned the “Y” code and CDIC is assigned the “Y” code, assign CDIT the value “C.”

If the processing variable CDIS is assigned the “Y” code and CDIP is assigned the “Y” code, assign CDIT the value “P.”

If the processing variable CDIS is assigned the “Y” code and both processing variables CDIC and CDIP are assigned the “U” code, assign CDIT the value “P.”

If the processing variable CDIS is assigned the “N” code, assign CDIT the value “N”

If the processing variable CDIS is assigned the “U” code, assign CDIT the value “U.”

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
ANEN (Anencephaly)	1	Alpha character string	Y, N, U
MNSB (Meningomyelocele/Spina Bifida)	1	Alpha character string	Y, N, U
CCHD (Cyanotic congenital heart disease)	1	Alpha character string	Y, N, U
CDH (Congenital diaphragmatic hernia)	1	Alpha character string	Y, N, U
OMPH (Omphalocele)	1	Alpha character string	Y, N,U
GAST (Gastroschisis)	1	Alpha character string	Y, N,U
LIMB (Limb reduction defect)	1	Alpha character string	Y, N, U
CL (Cleft Lip with or without Cleft Palate)	1	Alpha character string	Y, N, U
CP (Cleft Palate alone)	1	Alpha character string	Y, N, U
DOWT (Down Syndrome)	1	Alpha character string	C, P, N, U
CDIT (Suspected chromosomal disorder)	1	Alpha character string	C, P, N, U
HYPO (Hypospadias)	1	Alpha character string	Y, N, U

Item Title: **WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY?**

Item Number: **56 Certificate, 39 Facility Worksheet**

Description: Transfer status of the infant from this facility to another within 24 hours after delivery. For a detailed definition and instructions see:
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred source: Infant progress notes, transfer form

INSTRUCTIONS

FOR A PAPER RECORD:

Check “Yes” if the infant was transferred from this facility to another within 24 hours of delivery and enter the name of the facility to which the infant was transferred.

If the name of the facility is not known, print or type “Unknown.”

If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.

WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? Yes No
IF YES, PRINT OR TYPE THE NAME OF THE FACILITY THE INFANT WAS
TRANSFERRED TO: _____

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

Was the infant transferred to a different facility within 24 hours of delivery?

- Yes
- No
- Unknown

If the yes box is checked, the following appears:

Please enter the name of the facility to which the infant was transferred.

If the name of the facility is not known, enter “Unknown.”

If the infant was transferred more than once enter the name of the first facility to which the infant was transferred.

Facility name: _____

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
ITRAN	Infant transferred	Y N U	Yes No Unknown
FTRAN	Name of facility to which transferred	Alpha character string	

EDITS:

ELECTRONIC RECORD

The transfer status cannot be blank.

If transfer status is left blank, the item will reappear at the final review screen.

If transfer status is “No,” the name of facility field must be blank.

If the transfer status is “Yes,” the name of facility field must have an entry. “Unknown” is an acceptable entry.

If the name of the facility field has any entry except “Unknown” and the transfer status is “no,” a query message should appear asking that the inconsistency be corrected.

PAPER RECORD

Records filed with the transfer status blank shall be queried. If no response to query, enter response of “Unknown.”

If transfer status is “no,” the name of facility field must be blank.

If the transfer status is “yes,” the name of facility field must have an entry. “Unknown” is an acceptable entry.

If the name of the facility field has any entry except “Unknown” and the transfer status is “no,” query the inconsistency and resolve.

State Edits of data file prior to NCHS transmission

Must be a valid code (see below)

STATE FILE CONSIDERATIONS

States will need to have a field for the literal entry of facility names and/or NPI numbers or state facility codes.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
ITRAN	1	Alpha character string	Y, N, U

Item Title: **IS INFANT LIVING AT THE TIME OF REPORT?**

Item Number: **57 Certificate, 40 Facility Worksheet**

Description: Information on the infant's survival. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Infant progress notes

INSTRUCTIONS

FOR A PAPER RECORD:

Check "Yes" if the infant is living.

Check "Yes" if the infant has already been discharged to home care.

Check "No" if it is known that the infant has died.

If the infant was transferred but the status is known, indicate the known status.

IS INFANT LIVING AT TIME OF REPORT?

- Yes
- No
- Infant transferred, status unknown

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

The following instructions should appear when this item is to be completed:

Check "Yes" if the infant is living.

Check "Yes" if the infant has already been discharged to home care.

Check "No" if it is known that the infant has died.

If the infant was transferred but the status is known, please indicate the known status.

Is the infant living at the time of this report?

- Yes
- No
- Infant transferred, status unknown

If the "No" box is checked states may want to consider a pop-up window that appears which reminds the facility that a death record must also be completed by the infant's physician.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
ILIV	Infant living	Y N U	Yes No Infant transferred, status unknown

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

The living status cannot be blank.

PAPER RECORD

Records filed with the item "Is infant living at the time of report" blank shall be queried. If no response to query, enter response of "yes."

State Edits of data file prior to NCHS transmission

Must be a valid code (see below)

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
ILIV	1	Alpha character string	Y, N, U

Item Title: **IS INFANT BEING BREASTFED AT DISCHARGE?**

Item Number: **58 Certificate; 41 Facility Worksheet**

Description: Information on whether the infant was receiving breastmilk or colostrum during the period between birth and discharge from the hospital. For a detailed definition and instructions see:
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Labor and delivery summary, maternal progress note, newborn flow record, lactation consult

INSTRUCTIONS

FOR A PAPER RECORD:

Check “Yes” if the infant was breastfed at any time before discharge from the hospital. Check “No” if the infant was not breastfed at any time before discharge from the hospital.

If it is not known if the infant was breastfed at any time before discharge, print or type “Unknown” in the space.

IS INFANT BEING BREASTFED AT DISCHARGE? Yes No

FOR AN ELECTRONIC RECORD:

EBR Developer (*Instructions are in Italics*)

Is the infant being breastfed at discharge?

- Yes
- No
- Unknown at this time

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
BFED	Infant breastfed at discharge	Y N U	Yes No Unknown

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

If the “Unknown at this time” box is checked assign the unknown code and the following message should appear.

Please obtain the records needed to complete this item. The item will appear on the final review screen.

The item cannot be blank.

PAPER RECORD

Records filed with the item “Is infant being breastfed at discharge?” blank shall be queried. If no response to query, enter response of “Unknown.”

State Edits of data file prior to NCHS transmission

Must be a valid code (see below)

NCHS TRANSMISSION FILE**VARIABLES:**

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
BFED	1	Alpha character string	Y, N, U

PLACEHOLDER FIELDS

These fields are intended to collect data to address ad hoc needs, such as testing of proposed fields or response to emerging public health threats. More detailed specifications will be developed and communicated as the need arises.

NCHS Transmission file

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
To Be Determined	1	Alpha character string	To be Determined
To Be Determined	1	Alpha character string	To be Determined
To Be Determined	1	Alpha character string	To be Determined
To Be Determined	1	Alpha character string	To be Determined
To Be Determined	1	Alpha character string	To be Determined
To Be Determined	1	Alpha character string	To be Determined
To Be Determined	8	Numeric character string	00000001-99999999
To Be Determined	8	Numeric character string	00000001-99999999
To Be Determined	8	Numeric character string	00000001-99999999
To Be Determined	20	Alpha character string	Literal, blank

FILE PROCESSING ITEMS

File Processing Item: **State of birth**

File Layout Location: **5-6**

Description: Information about the State of occurrence of the birth.

Source of Information:

Preferred Source: System generated or State vital statistics staff

INSTRUCTIONS

FOR A PAPER RECORD:

State vital statistics staff:

Use the 2- character alpha State code from Appendix B to be superseded by NCHS Part 8 (from Section 3B).

Part 8-Geographic Classification, 2014 is available at

https://www.cdc.gov/nchs/data/dvs/IMP8_2014.pdf

FOR AN ELECTRONIC RECORD:

Use the 2- character alpha State code from Appendix B to be superseded by NCHS Part 8 (from Section 3B).

EDR Developer

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
BSTATE	State of birth	Alpha	Appendix B

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
BSTATE	2	Alpha character string	Appendix B

File Processing Item: **Certificate number (State file number)**

File Layout Location: **7-12**

Description: Information about the record used for quality control, management, and evaluation.

Source of Information:

Preferred Source: System generated or State vital statistics staff

INSTRUCTIONS

FOR A PAPER RECORD:

State vital statistics staff

To be used for administrative and management purposes. Left fill with zeros if the State file number has fewer than 6 digits.

FOR AN ELECTRONIC RECORD:

EDR Developer

To be used for administrative and management purposes. Left fill with zeros if the State file number has fewer than 6 digits.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
FILENO	State file number	6-digit	Left fill zero if not 6 digits

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
FILENO	6	Numeric character string	000001-999999

File Processing Item: **Void flag**

File Layout Location: **13-13**

Description: Information about the record used for quality control, management, and evaluation.

Source of Information:

Preferred Source: System generated or State vital statistics staff

INSTRUCTIONS

FOR A PAPER RECORD:

State vital statistics staff

To identify records that have been voided from the data file.

FOR AN ELECTRONIC RECORD:

EDR Developer

To identify records that have been voided from the data file.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
VOID (default)	Flag indicating void	0	Valid record
		1	Voided record

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
VOID	1	Numeric character string	0,1

File Processing Item: **Auxiliary state file number**

File Layout Location: **14-25**

Description: Information about the record used for quality control, management, and evaluation.

Source of Information:

Preferred Source: System generated or State vital statistics staff

INSTRUCTIONS

FOR A PAPER RECORD:

State vital statistics staff

To be used for administrative and management purposes. Left fill with zeros if the auxiliary State file number has fewer than 12 digits.

FOR AN ELECTRONIC RECORD:

EDR Developer

To be used for administrative and management purposes. Left fill with zeros if the auxiliary State file number has fewer than 12 digits.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
AUXNO	Auxiliary State file number	12-digit	Left fill zero if not 12 digits, blank

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
AUXNO	12	Numeric character string	000000000001-999999999999, blank

APPENDIX A

COUNTRY CODES

Country coding information has been incorporated into the revised NCHS geographic coding manual (Instruction Manual Part 8), available at:

Part 8-Geographic Classification, 2014:

https://www.cdc.gov/nchs/data/dvs/IMP8_2014.pdf

APPENDIX B

STATE, TERRITORY, AND CANADIAN PROVINCE CODES

U.S. State and Territory coding information included in this appendix has been incorporated into the revised NCHS geographic coding manual (Instruction Manual Part 8), available at:

https://www.cdc.gov/nchs/data/dvs/IMP8_2014.pdf.

APPENDIX C

CITY & COUNTY CODES

City and County coding information included in this appendix has been incorporated into the revised NCHS geographic coding manual (Instruction Manual Part 8), available at:

Part 8-Geographic Classification, 2014:

https://www.cdc.gov/nchs/data/dvs/IMP8_2014.pdf

APPENDIX D

HISPANIC ORIGIN CODE LOOK-UP TABLE

Available on the Revision Website

<https://www.cdc.gov/nchs/nvss/revisions-of-the-us-standard-certificates-and-reports.htm>

**Code List – Hispanic Code Titles
(PDF file and Excel table)**

https://www.cdc.gov/nchs/data/dvs/Appendix_D_Accessible_Hispanic_Origin_Code_List_Update_2011.pdf

https://www.cdc.gov/nchs/data/dvs/Appendix_D_Excel_Hispanic_Origin_Code_List_Update_2011.xls

APPENDIX E

TABLE OF RACE CODES

Available on the Revision Website

<https://www.cdc.gov/nchs/nvss/revisions-of-the-us-standard-certificates-and-reports.htm>

**Code List – Race Code Titles
(PDF file and Excel table)**

https://www.cdc.gov/nchs/data/dvs/Appendix_E_Accessible_Race_Code_List_Update_2011.pdf

https://www.cdc.gov/nchs/data/dvs/Appendix_E_Excel_Race_Code_List_Update_2011.xls