

**Fetal Death Edit Specifications for the 2003 Revision of the
U.S. Standard Report of Fetal Death**

Updated 9/2021

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

TABLE OF CONTENTS

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

Item 2	TIME OF DELIVERY
Item 3	SEX
Item 4	DATE OF DELIVERY
Items 5-9	CITY, TOWN OR LOCATION OF DELIVERY; ZIP CODE OF DELIVERY; COUNTY OF DELIVERY; PLACE WHERE DELIVERY OCCURRED; FACILITY NAME; FACILITY ID
Item 10b	DATE OF BIRTH (mother patient)
Item 10d	BIRTHPLACE (state territory, or foreign country)
Item 11a-g	RESIDENCE OF MOTHER/PATIENT; STATE; COUNTY; CITY, TOWN, OR LOCATION; STREET AND NUMBER; APT. NO.; ZIP CODE; INSIDE CITY LIMITS?
Item 12b	DATE OF BIRTH (father)
Item 14	ATTENDANT'S NAME, TITLE, AND NPI
Item 18a	INITIATING CAUSE/CONDITION
Item 18b	OTHER SIGNIFICANT CAUSES OR CONDITIONS
Item 18c	WEIGHT OF FETUS
Item 18d	OBSTETRIC ESTIMATION OF GESTATION AT DELIVERY
Item 18e	ESTIMATED TIME OF FETAL DEATH
Item 18f	WAS AN AUTOPSY PERFORMED
Item 18g	WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED
Item 18h	WERE AUTOPSY OR HISTOLOGICAL PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH
Item 19	MOTHER/PATIENT'S EDUCATION
Item 20	MOTHER/PATIENT OF HISPANIC ORIGIN?
Item 21	MOTHER/PATIENT'S RACE
Item 23a	DATES OF FIRST PRENATALCARE VISIT
Item 25	MOTHE/PATIENT'S HEIGHT
Item 26	MOTHER'PATIENT'S PREPREGNANCY WEIGHT
Item 28	DID MOTHER/PATIENT GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY?
Items 29a-c	NUMBER OF PREVIOUS LIVE BIRTHS-NOW LIVING, NOW DEAD; DATE OF LAST LIVE BIRTH
Item 31	CIGARETTE SMOKING BEFORE AND DURING PREGNANCY
Item 32	DATE LAST NORMAL MENSES BEGAN
Item 33, 34	PLURALITY; IF NOT SINGLE BIRTH-BORN FIRST, SECOND, THIRD, ETC. (specify)
Item 36	RISK FACTORS IN THIS PREGNANCY
Item 38	METHOD OF DELIVERY
Item 39	MATERNAL MORBIDITY

PLACE HOLDER FIELDS

FILE PROCESSING ITEMS

STATE OF DELIVERY

REPORT 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 DELIVERY (24hr)**

Item Number: **2 Report, 13 Facility Worksheet**

Description: Hour and minute fetus was delivered. 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, Mother/patient's admission history and physical

Other Source: Attendant (non-facility deliveries only)

INSTRUCTIONS

FOR A PAPER RECORD:

Print or type the hour and minute of delivery using a 24-hour clock. If the time of delivery 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 DELIVERY

_____ (24hr)

FOR AN ELECTRONIC RECORD:

EFDR Developer (*Instructions are in Italics*)

To report the "Time of Delivery" use a 24-hour clock and four-digit entry field.

Hour and minute of delivery_____

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
TD	Hour and minute of delivery	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 record 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>
TD	4	Numeric	0000-2359, 9999

Item Title: **SEX**

Item Number: **3 Report, 21 Facility Worksheet**

Description: The sex of the fetus. 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, Fetus's medical record

INSTRUCTIONS

FOR A PAPER RECORD:

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

SEX

FOR AN ELECTRONIC RECORD:

EFDR 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
- Unknown

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
FSEX	The sex of the fetus	M F U	Male Female Unknown

NCHS TRANSMISSION FILE**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
FSEX	1	Alpha character string	M, F, U

Item Title: **DATE OF DELIVERY (FETUS)**

Item Number: **4 Report, 12 Facility Worksheet**

Description: The fetus's date 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: Labor and delivery, mother/patient's admission history and physical

INSTRUCTIONS

FOR A PAPER RECORD:

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

DATE OF DELIVERY (Mo/Day/Year)

FOR AN ELECTRONIC RECORD:

EFDR Developer (*Instructions are in Italics*)

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

Month of fetus' delivery ____ ____

Day of fetus' delivery ____ ____

Year of fetus' delivery ____ ____ ____ ____

The following instruction should appear in the help function when the fetus' date of delivery is not known.

If the date of delivery of the fetus is not known, please ask the patient for the delivery date. If the patient is not available, enter the date the fetus was found as the date of delivery.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
FDOD_YR	Year of Delivery	4digit year	Must be equal to current data year
FDOD_MO	Month of Delivery	01	January
		02	February
		03	March
		04	April
		05	May
		06	June
		07	July
		08	August
		09	September
		10	October
		11	November
		12	December
FDOD_DY	Day of Delivery	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

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 fetus's date of delivery 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>
FDOD_YR	4	Numeric or “date type”	Must be equal to current data year
FDOD_MO	2	Numeric or “date type”	01-12
FDOD_DY	2	Numeric or “date type”	01-31 (based on month)

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

Item Numbers: **5a Report, 3 Facility Worksheet
6 Report, 4 Facility Worksheet
7 Report, 5 Facility Worksheet
8 Report, 1 Facility Worksheet
9 Report, 2 Facility Worksheet**

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

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 deliveries only)

INSTRUCTIONS

FOR A PAPER RECORD:

Item 5a.

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

CITY, TOWN, OR LOCATION OF DELIVERY

Item 6.

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

COUNTY OF DELIVERY

Item 7.

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

PLACE WHERE DELIVERY OCCURRED (Check one)

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

Item 8.

Type or print the name of the facility where the delivery occurred. If this delivery did not occur in a hospital or freestanding birthing center, please type or print the street and number of the place where the delivery occurred. If the delivery occurred enroute, that is in a moving conveyance, type or print the city, town, village, or location where the fetus was first removed from the conveyance. If the delivery occurred in international air space or waters enter "plane" or "boat."

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

Item 9.

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

FACILITY ID. (NPI)

FOR AN ELECTRONIC RECORD:

EFDR Developer: *(Instructions are in Italics)*

The initial question should ask if the delivery occurred in this facility, if the answer is “yes,” or “delivered enroute,” all the items (5,6,7,8,9) 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.

EFDR 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 delivery 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 delivery,” 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 delivery 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 delivery occurred in an airplane or boat enter boat (lake ___) or boat (international waters) etc.

City, town, or location _____

County _____

Location _____

<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 delivery occurred	Alpha character string	
CNTYO	County code	Numeric (Appendix C)	
DPLACE	Place of delivery		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 delivery. 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 Delivery 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 report 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 delivery occurred at home.

Please query either the attendant or the patient to determine if the patient intended to have a home delivery.

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 report item 8. 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 EFDR 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 report item 7, 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
DPLACE	1	Numeric	1-7, 9
FNPI	12	Alpha/numeric	
SFN	4	Alpha/numeric	

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

Item Number: **10b Certificate, 6 Patient's Worksheet**

Description: The mother/patient's date of birth

Source of Information:

Preferred Source: Mother/patient

(NOTE: The mother/patient is defined as the woman who delivered the fetus.)

INSTRUCTIONS

FOR A PAPER RECORD:

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

If the patient'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:

EFDR 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 Patient'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 patient is not known at this time, leave blank.

Month of patient's birth ____ ____

Day of patient's birth ____ ____

Year of patient'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 fetus's year of delivery
		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 fetus's date of delivery.

Calculated age must be >8 and < 65.

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

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

The entry screen for the patient'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 patient" 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, <fetus’s year of delivery, 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: **10d Report, 7 Mother/patient's Worksheet**

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

Source of Information:

Preferred Source: Mother/patient 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 patient was born outside of the U.S., print or type the name of the country in which the patient was born. U.S. territories are: Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Marianas. If the patient'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:

EFDR 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)

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

OR

Patient's U.S. Territory of Birth _____

OR

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

 Patient's birthplace unknown

If unknown is recorded on the worksheet or if the informant does not know, check the "Patient'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 patient'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	Patient's state or Canadian Province/Territory of birth (literal)	Literal entry, blank
BPLACE_TER	Patient's territory of birth (literal)	Literal entry, blank
BPLACE_CNT	Patient's country of birth (literal)	Literal entry, blank
BPLACEC_ST_TER	Code for Patient's state or territory of birth	Appendix B
BPLACEC_CNT	Code for Patient'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/PATIENT: STATE
COUNTY
CITY, TOWN OR LOCATION
STREET AND NUMBER
APT. NO.
ZIP CODE
INSIDE CITY LIMITS?**

Item Number: **11a – 11g Report; 3, 4 Mother/patient’s
Worksheet**

Description: The geographic location of the mother/patient’s
residence

Source of Information:

 Preferred Source: Mother/patient or other informant

INSTRUCTIONS:

FOR A PAPER RECORD:

Items 11a-11g.

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

Item 11a.

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

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

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

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

RESIDENCE OF PATIENT-STATE

Item 11b & 11c.

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

COUNTY CITY, TOWN, OR LOCATION

Items 11d-11f.

Print the patient's street name and number, apartment or room number, and zip code. If the patient 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 11g.

Check whether the patient'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 patient is not a U.S. resident, leave this item blank.

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

Yes No

FOR AN ELECTRONIC RECORD:

EFDR Developer (*Instructions are in Italics*) *The collection of the patient'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.

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 patient is the place the patient 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 patients 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.**
- **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.

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 patient'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. Patient's country of residence _____

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

12. Is patient'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 patient'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 patient'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 patient 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 patient 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 patient 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 patient is not a resident of the U.S., its territories, or Canada, enter the name of the patient’s country of residence.

If the patient’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 patient’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. Patient’s country of residence _____

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

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

If the patient’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 N U	Yes No 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	See Appendix C
COUNTYC	County	3	Numeric	See Appendix C
STATEC	State/Province	2	Alpha	See Appendix B
COUNTRYC	State/Province	2	Alpha	See Appendix A
LIMITS (optional, if providing full address)	Inside city limits	1	Alpha	Y,N,U

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

Item Number: **12b Certificate, 12 Mother/patient's Worksheet**

Description: The father's date of birth

Source of Information:

 Preferred Source: Mother/patient 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:

EFDR 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 delivery 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 01-31 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 delivery date.

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 delivery.

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 delivery, 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: **ATTENDANT’S NAME, TITLE, AND NPI**

Item Number: **14 Certificate, 16 Facility Worksheet**

Description: The name of the attendant (the person responsible for delivering the fetus), 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 a fetus 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 delivery 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 delivery 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:

EFDR 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 delivery 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 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: **CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH**

Item Number: **18a Report; 26 facility worksheet
18b Report; 27 facility worksheet**

Description: Causes of death are diseases, abnormalities, injuries, or poisonings that contributed to fetus' death.

Source of Information:

Attending Physician or Medical Examiner/Coroner

INSTRUCTIONS

FOR A PAPER RECORD:

Physician/Medical Examiner

The cause-of-death section consists of two parts. The initiating cause/condition (18a) is for reporting a single condition that most likely began the sequence of events resulting in the death of the fetus. Other significant causes or conditions (18b) include all other conditions contributing to death. These conditions may be conditions that are triggered by the initiating cause (18a) or causes that are not among the sequence of events triggered by the initiating cause (18a).

The cause-of-death information should be your best medical opinion. Report a specific condition in the space most appropriate to the given situation. A condition can be listed as "probable" even if it has not been definitively diagnosed. In reporting the causes of fetal death, conditions in the fetus or patient, or of the placenta, cord, or membranes, should be reported if they are believed to have adversely affected the fetus.

Cause of fetal death should include information provided by the pathologist if tissue analysis, autopsy, or another type of postmortem exam was done. If microscopic exams for a fetal death are still pending at the time the report is filed, the additional information should be reported to the registrar as soon as it is available.

Cause of death is used for medical and epidemiological research on disease etiology and evaluating the effectiveness of diagnostic and therapeutic techniques. It is a measure of health status at local, state, national, and international levels.

When a death occurs without medical attendance at or immediately after the delivery, or when further investigation is required by State regulations, a medical examiner or coroner may investigate the fetal death. Report the death to the medical examiner or coroner as required by State law. The medical examiner or coroner will either complete the cause-of-death section of the fetal death report or waive that responsibility. If the medical examiner does not accept the case,

then the certifier will need to complete the fetal cause-of-death section.

General instructions for completing cause of fetal death

(For an expanded set of instructions, refer to the State vital statistics office, handbooks, and other resources at [NVSS - Training and Instructional Materials \(cdc.gov\)](https://www.cdc.gov/nvss/training/), or NCHS, Room 5360, 3311 Toledo Road, Hyattsville, Maryland 20782).

- ◆ Cause-of-death information should be your best medical opinion.
- ◆ Abbreviations and parentheses should be avoided in reporting causes of death.
- ◆ The original fetal death report should be amended if additional medical information or autopsy or histological placental findings become available that would change the cause of death originally reported.
- ◆ For unattended fetal deaths, report to the medical examiner or coroner in accordance with State regulations.
- ◆ The terminal event should not be used. You should report the initiating cause of the terminal event in 18a.
- ◆ If an organ system failure is listed as a cause of death, always report its etiology.
- ◆ Always report the fatal injury (e.g., stab wound of patient's abdomen), the trauma, and impairment of function.
- ◆ In 18b, report all diseases or conditions contributing to death that were not reported in 18a and that did not result in the initiating cause of death.
- ◆ If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in 18a the one that, in your opinion, most directly caused death. Report in 18b the other conditions or diseases.

FOR AN ELECTRONIC RECORD:

EDR Developer

When the cause-of-death section of the electronic fetal death report is opened or accessed, the first screen to appear should read as follows:

A fetal death report provides important information used for medical and epidemiological research on disease etiology and evaluating the effectiveness of diagnostic and therapeutic techniques. It is a measure of health status at local, state, national, and international levels.

The cause-of-death section consists of two parts. The initiating cause/condition (18a) is for reporting a single condition that most likely began the sequence of events resulting in the death of the fetus. Other significant causes or conditions (18b) include all other conditions contributing to death. These conditions may be conditions that are triggered by the initiating cause (18a) or causes that are not among the sequence of events triggered by the initiating cause (18a).

The cause-of-death information should be your best medical opinion. Report a specific condition in the space most appropriate to the given situation. A condition can be listed as "probable" even if it has not been definitively diagnosed. In reporting the causes of fetal death, conditions in the fetus or patient, or of the placenta, cord, or membranes, should be reported if they are believed to have adversely affected the fetus.

Cause of fetal death should include information provided by the pathologist if tissue analysis, autopsy, or another type of postmortem exam was done. If microscopic exams for a fetal death are still pending at the time the report is filed, the additional information should be reported to the registrar as soon as it is available.

Physician's responsibility

The physician's primary responsibility in completing the cause-of-death section is to report to the best of his or her knowledge, based upon available information, the initiating condition that most likely began the sequence of events resulting in the death of the fetus and other contributing causes or conditions.

Medical examiner or coroner's responsibility

When a death occurs without medical attendance at or immediately after the delivery, or when further investigation is required by State regulations, a medical examiner or coroner may investigate the fetal death. Report the death to the medical examiner or coroner as required by State law. The medical examiner or coroner will either complete the cause-of-death section of the fetal death report or waive that responsibility. If the medical examiner does not accept the case, then the attending physician will need to complete the fetal cause-of-death section.

General instructions for completing cause of fetal death (For an expanded set of instructions, click on help)

- ◆ Cause-of-death information should be your best medical opinion.
- ◆ Abbreviations and parentheses should be avoided in reporting causes of death.
- ◆ The original fetal death report should be amended if additional medical information or autopsy or histological placental findings become available that would change the cause of death originally reported.
- ◆ For unattended fetal deaths, report to the medical examiner or coroner in accordance with State regulations.
- ◆ The terminal event should not be used. You should report the initiating cause of the terminal event in 18a.
- ◆ If an organ system failure is listed as a cause of death, always report its etiology.
- ◆ Always report the fatal injury (e.g., stab wound of patient's abdomen), the trauma, and impairment of function.
- ◆ In 18b, report all diseases or conditions contributing to death that were not reported in 18a and that did not result in the initiating cause of death.
- ◆ If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in 18a the one that, in your opinion, most directly caused death. Report in 18b the other conditions or diseases.

On medical examiner (ME), coroner, and physician entry screens of the EFDR, it is imperative that the physician viewing the screen be able to see, at minimum, the same prompts and formatting as those physicians using the paper version of the 2003 revision of the U.S. Standard Report of Fetal Death (as shown below). These medical certifiers need to be able to see that they will be completing both 18a and 18b of the fetal death report. The EFDR provides the opportunity to provide additional space and instructions. Additional lines may be added.

18. CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH

<p>18a. INITIATING CAUSE/CONDITION</p> <p>(AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)</p> <p>Maternal Conditions/Diseases (Specify) _____</p> <p>Complications of Placenta, Cord or Membranes</p> <p><input type="checkbox"/> Rupture of membranes prior to onset of labor</p> <p><input type="checkbox"/> Abruptio placenta</p> <p><input type="checkbox"/> Placental insufficiency</p> <p><input type="checkbox"/> Prolapsed cord</p> <p><input type="checkbox"/> Chorioamnionitis</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>Other Obstetrical or Pregnancy Complications (Specify) _____</p> <p>Fetal Anomaly (Specify) _____</p> <p>Fetal Injury (Specify) _____</p> <p>Fetal Infection (Specify) _____</p> <p>Other Fetal Conditions/Disorders (Specify) _____</p> <p><input type="checkbox"/> Unknown</p>	<p>18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS</p> <p>(SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18b)</p> <p>Maternal Conditions/Diseases (Specify) _____</p> <p>Complications of Placenta, Cord or Membranes</p> <p><input type="checkbox"/> Rupture of membranes prior to onset of labor</p> <p><input type="checkbox"/> Abruptio placenta</p> <p><input type="checkbox"/> Placental insufficiency</p> <p><input type="checkbox"/> Prolapsed cord</p> <p><input type="checkbox"/> Chorioamnionitis</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>Other Obstetrical or Pregnancy Complications (Specify) _____</p> <p>Fetal Anomaly (Specify) _____</p> <p>Fetal Injury (Specify) _____</p> <p>Fetal Infection (Specify) _____</p> <p>Other Fetal Conditions/Disorders (Specify) _____</p> <p><input type="checkbox"/> Unknown</p>
---	--

Each page should include a context sensitive progress bar (or mouse-over or some alternative pop-up) that provides an instruction or definition as the cursor moves from item to item. When the cursor moves to the cause-of-death boxes representing 18a of the standard certificate of death, the progress bar or other alternative should have a status message that says:

Report the single initiating condition. Click on Help for examples and assistance.

When the cursor is on the entry box representing information collected on 18b of the fetal death report, the status message on the progress bar should read:

Report conditions that contributed to death, but were not reported in 18a, as reported above. Click on Help for examples and assistance.

INFORMATION THAT SHOULD BE INCLUDED IN THE HELP FUNCTION

The following shows the structure and content of the Help Section. When the user clicks on Help from an item, the Help screen that appears should show the section of Help that is relevant to that item as well as the index of the Help Section that would permit them to navigate elsewhere within the Help. This will provide assistance for the item in question as well as letting them know that the additional topics are addressed in Help.

[Certifier- Guidance on getting to help should be prominent on every screen; within the help section, the index should be prominent:]

Index of Help Section:

- Introduction to completing a cause-of-death statement
- Examples of properly completed cause-of-death statements
- Detailed instructions
- Glossary of terms
- 5/2004; 2/2005; 7/2012; Updated 9/2021

Possible solutions to common problems in death certification
 Uncertainty
 Avoid ambiguity
 References

Introduction to completing a cause-of-death statement

One purpose of the fetal death report is to obtain a simple description of the conditions contributing to death rather than a record describing all medical conditions present at death.

Causes of death on the fetal death report represent a medical opinion that might vary among individual physicians. In signing the fetal death report, the physician, medical examiner, or coroner certifies that, in his/her medical opinion, the individual died from the reported causes of death. The certifier’s opinion and confidence in that opinion are based upon his/her training, knowledge of medicine, available medical records, symptoms, diagnostic tests, and available autopsy or histological placental results for the fetus. Even if extensive information is available to the certifier, causes of death may be difficult to determine, so the certifier may indicate uncertainty by qualifying the causes on the fetal death report.

Cause-of-fetal-death data is important for surveillance, research, design of public health and medical interventions, and funding decisions for research and development.

Examples of properly completed cause-of-fetal-death statements

The following are examples of properly completed fetal death reports:

Example 1:

18. CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH	18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS
<p>18a. INITIATING CAUSE/CONDITION</p> <p>(AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)</p> <p>Maternal Conditions/Diseases (Specify) <u>Maternal drug abuse</u></p> <p>Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____</p> <p>Other Obstetrical or Pregnancy Complications (Specify), Fetal Anomaly (Specify) _____</p> <p>Fetal Injury (Specify) _____ Fetal Infection (Specify) _____</p> <p>Other Fetal Conditions/Disorders (Specify) _____</p> <p><input type="checkbox"/> Unknown</p>	<p>(SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18a)</p> <p>Maternal Conditions/Diseases (Specify) _____</p> <p>Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____</p> <p>Other Obstetrical or Pregnancy Complications (Specify), Fetal Anomaly (Specify) _____ <u>Anencephaly</u></p> <p>Fetal Injury (Specify) _____ Fetal Infection (Specify) _____</p> <p>Other Fetal Conditions/Disorders (Specify) _____</p> <p><input type="checkbox"/> Unknown</p>

Example 2:

18. CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH

<p>18a. INITIATING CAUSE/CONDITION</p> <p>(AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)</p> <p>Maternal Conditions/Diseases (Specify) _____</p> <p>Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____</p> <p>Other Obstetrical or Pregnancy Complications (Specify) _____ Fetal Anomaly (Specify) _____</p> <p>Fetal Injury (Specify) _____ Fetal Infection (Specify) _____</p> <p>Other Fetal Conditions/Disorders (Specify) <u>Asphyxia</u></p> <p><input type="checkbox"/> Unknown</p>	<p>18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS</p> <p>(SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18b)</p> <p>Maternal Conditions/Diseases (Specify) <u>Homicide by stabbing</u></p> <p>Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____</p> <p>Other Obstetrical or Pregnancy Complications (Specify) _____ Fetal Anomaly (Specify) _____</p> <p>Fetal Injury (Specify) _____ Fetal Infection (Specify) _____</p> <p>Other Fetal Conditions/Disorders (Specify) _____</p> <p><input type="checkbox"/> Unknown</p>
---	--

Example 3:

18. CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH

<p>18a. INITIATING CAUSE/CONDITION</p> <p>(AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)</p> <p>Maternal Conditions/Diseases (Specify) _____</p> <p>Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____</p> <p>Other Obstetrical or Pregnancy Complications (Specify) _____ Fetal Anomaly (Specify) <u>Triploidy syndrome, XXY</u></p> <p>Fetal Injury (Specify) _____ Fetal Infection (Specify) _____</p> <p>Other Fetal Conditions/Disorders (Specify) _____</p> <p><input type="checkbox"/> Unknown</p>	<p>18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS</p> <p>(SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18b)</p> <p>Maternal Conditions/Diseases (Specify) _____</p> <p>Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____</p> <p>Other Obstetrical or Pregnancy Complications (Specify) _____ Fetal Anomaly (Specify) _____</p> <p>Fetal Injury (Specify) _____ Fetal Infection (Specify) _____</p> <p>Other Fetal Conditions/Disorders (Specify) _____</p> <p><input type="checkbox"/> Unknown</p>
--	--

Detailed instructions

- ◆ Cause-of-death information should be your best medical opinion.
- ◆ List only one condition in 18a.
- ◆ Abbreviations and parentheses should be avoided in reporting causes of death.
- ◆ The original fetal death report should be amended by the certifying physician (if additional medical information or autopsy or histological placental findings become available that would change the cause of death originally reported) by immediately reporting the revised cause of death to the State Vital Records Office.

- ◆ Report each disease, abnormality, injury, or poisoning that you believe adversely affected the fetus including maternal conditions. A condition can be listed as “probable” even if it has not been definitively diagnosed.
- ◆ An initiating condition should be reported in 18a that explains why the fetus died. The initiating cause may result in an etiological or pathological sequence as well as a sequence in which an earlier condition is believed to have prepared the way for a subsequent cause by damage to tissues or impairment of function.
- ◆ If two or more possible sequences resulted in death, report in 18a the initiating condition triggering the sequence that, in your opinion, most directly caused death. Report in 18b the other conditions or diseases.
- ◆ A specific cause of death should be reported in 18a so there is no ambiguity about the etiology of this cause.
- ◆ Conditions or diseases in 18b should contribute to death.
- ◆ Mechanistic terminal events should not be the condition reported in 18a.
- ◆ Always report an etiology for organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure on the lines beneath it.
- ◆ If, in your opinion, the use of alcohol, tobacco, other substance by the patient, or a recent injury caused or contributed to death, then this condition should be reported.
- ◆ When indicating neoplasms as a cause of death, include the following: 1) primary site or that the primary site is unknown, 2) benign or malignant, 3) cell type or that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected.
- ◆ For unattended fetal deaths, report to the medical examiner or coroner in accordance with State regulations.
- ◆ For deaths resulting from injuries, always report the fatal injury event, the trauma, and the impairment of function.

Glossary of terms

Causes of death: The causes of death to be entered on the medical certificate of cause of death are all those diseases, morbid conditions or injuries which either initiated or contributed to death and the circumstances of the accident or violence which produced any such injuries.

Initiating cause of death: The disease or injury that most likely began the sequence of events resulting in the death of the fetus.

Possible solutions to common problems in death certification

Uncertainty:

Often several acceptable ways of writing a cause-of-death statement exist. Optimally, a certifier will be able to provide a simple description of the initiating cause and other contributing causes that is etiologically clear and to be confident that this is correct. However, realistically, description of the process is sometimes difficult because the certifier is not certain.

In this case, the certifier should think through the causes about which he/she is confident and what possible etiologies could have resulted in these conditions. The certifier should select the causes that are suspected to have been involved and use words such as “probable” or “presumed” to indicate that the description provided is not completely certain. Causes of death on the fetal death report should not include terms such as prematurity without explaining the etiology because they

have little value for public health or medical research. Reporting a cause of fetal death as unknown should be a last resort.

When a number of conditions or multiple organ/system failure resulted in death, the physician, medical examiner, or coroner should choose a single condition which most likely began the sequence of events resulting in the fetal death and list the other conditions in 18b of the certification section. “Multiple system failure” could be included as an “other significant cause or condition” but also specify the systems involved to ensure that the detailed information is captured. Maternal conditions may have initiated or affected the sequence that resulted in a fetal death. These maternal conditions should be reported in the cause-of-death statement in addition to the fetal causes.

Ambiguity:

Most certifiers will find themselves, at some point, in the circumstance in which they are unable to provide a simple description of the process of death. In this situation, the certifier should try to provide an initiating condition, qualify the causes about which he/she is uncertain, and be able to explain the certification chosen.

When conditions such as the following are reported, information about the etiology should be reported if possible:

Unknown	Low birth weight
Prematurity	Intrauterine
hypoxia	
Immaturity	

If the certifier is unable to determine the etiology of a process such as those shown above, the process must be qualified as being of an unknown, undetermined, probable, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently or carelessly omitted.

When indicating neoplasms as a cause of death indicate the following: 1) primary site or that the primary site is unknown, 2) benign or malignant, 3) cell type or that the cell type is unknown, 4) grade of a neoplasm, and 5) part or lobe of an organ affected.

References

For detailed information on how to complete the medical certification section of the fetal death report, you may refer to:

- ◆ State resources.
- ◆ NCHS’ Medical Examiners’ and Coroners’ Handbook on Death Registration and Fetal Death Reporting (available from NCHS or at http://www.cdc.gov/nchs/data/misc/hb_me.pdf).
- ◆ NCHS’ Training (available from NCHS or at [NVSS - Training \(cdc.gov\)](http://www.cdc.gov/nchs/training) [NVSS - Training \(cdc.gov\)](http://www.cdc.gov/nchs/training))

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITIONS</u>
<u>Initiating causes/conditions</u>			
COD18a1	Rupture of membranes prior to onset of labor	Y N	Rupture box checked Rupture box not checked
COD18a2	Abruptio placenta	Y N	Abruptio box checked Abruptio box not checked
COD18a3	Placental insufficiency	Y N	Placental box checked Placental box not checked
COD18a4	Prolapsed cord	Y N	Cord box checked Cord box not checked
COD18a5	Chorioamnionitis	Y N	Chorio box checked Chorio box not checked
COD18a6	Other complications of placenta, cord, or membranes	Y N	Other box checked Other box not checked
COD18a7	Unknown	Y N	Unknown box checked Unknown box not checked
COD18a8	Maternal conditions/diseases literal	Literal responses	
COD18a9	Other complications of placenta, cord, or membranes literal	Literal responses	
COD18a10	Other obstetrical or pregnancy complications literal	Literal responses	
COD18a11	Fetal anomaly literal	Literal responses	
COD18a12	Fetal injury literal	Literal responses	
COD18a13	Fetal infection literal	Literal responses	
COD18a14	Other fetal conditions/disorders literal	Literal responses	
<u>Contributing causes/conditions</u>			
COD18b1	Rupture of membranes prior to onset of labor	Y N	Rupture box checked Rupture box not checked
COD18b2	Abruptio placenta	Y N	Rupture box checked Rupture box not checked
COD18b3	Placental insufficiency	Y N	Abruptio box checked Abruptio box not checked

COD18b4	Prolapsed cord	Y N	Placental box checked Placental box not checked
COD18b5	Chorioamnionitis	Y N	Cord box checked Cord box not checked
COD18b6	Other complications of placenta, cord, or membranes	Y N	Chorio box checked Chorio box not checked
COD18b7	Unknown	Y N	Other box checked Other box not checked
COD18b8	Maternal conditions/diseases literal	Y N	Unknown box checked Unknown box not checked
COD18b9	Other complications of placenta, cord or membranes literal	Literal responses	
COD18b10	Other obstetrical or pregnancy complications literal	Literal responses	
COD18b11	Fetal anomaly literal	Literal responses	
COD18b12	Fetal injury literal	Literal responses	
COD18b13	Fetal infection literal	Literal responses	
COD18b14	Other fetal conditions/disorders literal	Literal responses	

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

The electronic fetal death report can be made more useful by providing some more immediate edit checks based on literal entries. Below are some specifications.

1) Unacceptable causes. *An edit that flags the following as unacceptable causes if they are the only cause reported or are reported on the lowest line of the certification: asystole, cardiac arrest, CAR, cardiac pul arrest, cardiac pulmonary arrest, cardiopulmonary arrest, CPAR, ventricular fibrillation, VF, electrical mechanical dissociation, EMD, and electromechanical dissociation.*

The edit message should be: Mechanistic terminal events such as the last entry preferably should not be either the initiating cause in a cause-of-death statement. Please enter the medical conditions that led to this terminal event.

2) Spellcheck. *Include an automatic spelling checker.*

3) Abbreviations and parentheses. *If there is an abbreviation or parentheses in the cause-of-death statement, provide a message that neither is good practice and please specify what is meant. It would be desirable to customize abbreviations so that the computer would ask if the certifier meant x,y, or specify. Providing possible terms using the same abbreviations would a) illustrate why using abbreviations is confusing and b) lessen the work the certifier needs to do to correct the entry. The abbreviations, shown in Appendix A, NCHS Instruction Manual Part 2b, Instructions for Classifying Multiple Causes of Death, 2000 (Instructions for Classifying Multiple Causes of Death, 2021 - Appendix (cdc.gov))*

The edit message should be: *Please do not use abbreviations to report cause of death. We think that the full term for (e.g., AAA) is (e.g., abdominal aortic aneurysm)? Indicate which term is correct if multiple meanings are possible, or specify what you meant by the abbreviation if we have not suggested the correct full term. Thank you.*

4) Rare cause. *If a rare cause of death is on the fetal death report:*

The automatic query should be: *The reported cause is one of the causes that State Health Departments always try to verify, either because the cause is rarely reported on a fetal death report or because it may present threats to public health in the United States. Then ask, Was this the cause of death that the certifier intended to enter?*

The diagnosis then needs to be confirmed by the certifier. It is strongly recommended by NCHS/CDC that the State vital statistics program notify, as soon as possible, the state health officer (or designee) and the state epidemiologist of validated rare causes of death. For all cases, a notation of confirmation should be recorded on a copy of the certificate that is sent to the NCHS, whether confirmed electronically or by traditional means. Correspondence between NCHS and the State will still be needed, so that we ensure that all appropriate parties are aware that a rare cause has been reported.

The following list of infrequent and rare causes is derived from NCHS Instruction Manual Part 2a, Instructions for classifying the underlying cause of death, 2021:

A00	Cholera
A01	Typhoid and paratyphoid fevers
A05.1	Botulism (botulism, infant botulism, wound botulism)
A20	Plague
A21	Tularemia

A22	Anthrax
A23	Brucellosis
A24.0	Glanders
A24.1-4	Melioidosis
A25	Rat-bite fever
A27	Leptospirosis
A30	Leprosy
A36	Diphtheria
A37	Whooping cough
A39	Meningococcal infection
A44	Bartonellosis
A65	Nonvenereal syphilis
A66	Yaws
A67	Pinta
A68	Relapsing fever
A69	Other spirochetal infection
A70	Chlamydia psittaci infection (ornithosis)
A75	Typhus fever
A77.1	Spotted fever due to Rickettsia conorii (Boutonneuse fever)
A77.2	Spotted fever due to Rickettsia siberica (North Asian tick fever)
A77.3	Spotted fever due to Rickettsia australis (Queensland tick typhus)
A77.8	Other spotted fevers (Other tick-born rickettsioses)
A77.9	Unspecified spotted fevers (Unspecified tick-born rickettsioses)
A78	Q fever
A79	Other Rickettsioses
A80	Acute poliomyelitis
A81	Atypical virus infections of central nervous system
A82	Rabies
A84	Tick-born viral encephalitis
A85.2	Arthropod-born viral encephalitis, unspecified (Viral encephalitis transmitted by other and unspecified arthropods)
A90	Dengue fever
A91	Dengue hemorrhagic fever
A92	Other mosquito-borne viral fevers
A93	Other arthropod-borne viral fevers including Oropouche fever, sandfly fever, Colorado tick fever and other specified
A94	Unspecified arthropod-borne viral fever
A95	Yellow fever
A96	Arenaviral hemorrhagic fever
A98-A99	Other viral hemorrhagic fevers including Crimean-Congo, Omsk, Kyasanur Forest, Ebola virus, Hanta virus
B01	Varicella (Chickenpox)
B03	Smallpox

B04	Monkeypox
B05	Measles
B08.0	Other orthopoxvirus (cowpox and paravaccinia)
B26	Mumps
B33.0	Epidemic myalgia (epidemic pleurodynia)
B50-B54	Malaria
B55	Leishmaniasis
B56	African trypanosomiasis (trypanosomiasis)
B57	Chagas disease (trypanosomiasis)
B65	Schistosomiasis
B66	Other fluke infections (Other trematode infection)
B67	Echinococcosis
B68	Taeniasis
B69	Cysticercosis
B70	Diphyllobothriasis and sparganosis
B71	Other cestode infections
B72	Dracunculiasis (Dracontiasis)
B73	Onchocerciasis
B74	Filariasis (Filarial infection)
P35.0	Congenital rubella syndrome
W88-W91	Exposure to radiation
Y36.5	War operation involving nuclear weapons

5) Specificity for cancer. *If words indicative of cancer appear on the fetal death report, ask, **Have you specified the site and cell type or if the condition had metastasized?** Thank you. The list is from Appendix F, Instruction manual part 2g, Data Entry Instructions for the Mortality Medical Indexing, Classification, and Retrieval System (MICAR), 2000 at 2gmanual.pdf (cdc.gov).*

6) Unlikely underlying causes. *Include an edit that flags the following as unlikely (nonspecific) underlying causes of death if reported on the lowest used line. The causes include:*

- Unknown
- Prematurity
- Immaturity
- Low birth weight
- Intrauterine hypoxia

*The flagged causes would generate either a generic message similar to the message for the first automatic query but giving the certifier more leeway in reporting these conditions. The message to the certifier is: **The condition you reported on 18a (“Prematurity”) usually develops as a complication of another more specific condition. Was there a specific initiating condition in this case? If so, please report it in 18a.** The appropriate term should be used where Prematurity is shown as an example.*

STATE FILE CONSIDERATIONS:

The outputs from the EFDR must allow manual coding now but be flexible for interfacing with future NCHS produced software for processing cause-of-death data. For the manual coders, they need to be able to know what was originally reported on the fetal death report and how it was reported.

The fields 2701-2740 listed in the transmission layout files capture information that manual coders have coded from the data described in this specification or directly from the fetal death report. Coding instructions for the multiple cause data and especially the initiating cause data have been posted at [Instructions for the Automated Classification of the Initiating and Multiple Causes of Fetal Deaths, 2021 \(cdc.gov\)](https://www.cdc.gov/nchs/data/infodiv/2021/Instructions_for_the_Automated_Classification_of_the_Initiating_and_Multiple_Causes_of_Fetal_Deaths_2021.pdf). NCHS processes the raw data, and NCHS stores multiple cause codes in fields 2608-2642 and the initiating cause at field location 2603-2607 in the historic file and the initiating cause in fields 2603-2607 in the public use file ([ftp.cdc.gov - /pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/fetaldeath/](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/fetaldeath/)).

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
COD18a1	1	Alpha character string	Y,N
COD18a2	1	Alpha character string	Y,N
COD18a3	1	Alpha character string	Y,N
COD18a4	1	Alpha character string	Y,N
COD18a5	1	Alpha character string	Y,N
COD18a6	1	Alpha character string	Y,N
COD18a7	1	Alpha character string	Y,N
COD18a8	60	Alpha character string	Literal, blank
COD18a9	60	Alpha character string	Literal, blank
COD18a10	60	Alpha character string	Literal, blank
COD18a11	60	Alpha character string	Literal, blank
COD18a12	60	Alpha character string	Literal, blank
COD18a13	60	Alpha character string	Literal, blank
COD18a14	60	Alpha character string	Literal, blank

COD18b1	1	Alpha character string	Y,N
COD18b2	1	Alpha character string	Y,N
COD18b3	1	Alpha character string	Y,N
COD18b4	1	Alpha character string	Y,N
COD18b5	1	Alpha character string	Y,N
COD18b6	1	Alpha character string	Y,N
COD18b7	1	Alpha character string	Y,N
COD18b8	240	Alpha character string	Literal, blank
COD18b9	240	Alpha character string	Literal, blank
COD18b10	240	Alpha character string	Literal, blank
COD18b11	240	Alpha character string	Literal, blank
COD18b12	240	Alpha character string	Literal, blank
COD18b13	240	Alpha character string	Literal, blank
COD18b14	240	Alpha character string	Literal, blank

Item Title: **WEIGHT OF FETUS**

Item Number: **18c Report, 19 Facility Worksheet**

Description: The weight of the fetus at 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, admission assessment

INSTRUCTIONS

FOR A PAPER RECORD:

Wherever possible, weigh and report the fetal weight 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 fetal weight is not known, print or type “Unknown” in the space.

WEIGHT OF FETUS (grams preferred, specify unit)

grams

lb/oz

FOR AN ELECTRONIC RECORD:

EFDR Developer: *(Instructions are in italics).*

The weight of the fetus 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 fetal weight item is to be completed.

Please check one box below.

Note: Hospitals which only use one unit to measure fetal weight 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.

- Weight of fetus is measured in grams
- Weight of fetus is measured in pounds and ounces

When the box for grams is checked, the following appears:

Weight of fetus _____ grams.

When the pounds and ounces box is checked, the following appears:

Weight of fetus _____ lbs. _____ ozs.

The following instruction should appear in the help menu:

Unknown fetal weight: If the weight of the fetus 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>
FWG	Fetus’s weight	0000-9998 9999	Fetal weight in grams Unknown
FWP	Fetus’s weight	00-20	Fetal weight pounds
FWO	Fetus’s weight	00-15 99 99	Fetal weight ounces Fetal weight pounds Fetal weight ounces
FW_BYPASS	Bypass flag	0 1 2	OFF Queried data correct, but out of range Queried, failed fetal weight/gestation edit.

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

Fetal weights in pounds and ounces are converted to grams and assigned to the FWG field for editing and tabulation purposes. (Do not convert unknown (99, 99) values for pounds and ounces.) The conversion algorithm is:

$$FWG = ((FWP * 16) + FWO) * 28.35$$

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 fetal weight is ≤ 227 or ≥ 8165 but not 9999, the following message should appear:

The weight of the fetus is _____ grams (or lbs/oz).

Please check the box or enter a new weight.

Weight is correct

Fetal weight is _____ grams.

If the "Fetal weight correct" box is checked the FW_BYPASS variable is set to ON-1.

If a new fetal weight is entered the edit is rerun. If the edit fails, the FW_BYPASS variable is set to ON-1. If the edit passes, the FW_BYPASS variable is set to OFF-0.

FETAL WEIGHT/GESTATION CONSISTENCY CHECK

The following edit is done if: the BW_BYPASS flag is 0, the fetal weight value is not 9999, and the OWGEST (obstetric estimate of gestation, see item 18d“) is 02-47:

If OWGEST is <20 and plurality is any valid value, FW <1,000 grams

If OWGEST is 20-23 and plurality is any valid value, FW < 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, FW ≥ 1,000 grams.

If these edits fail, an error message appears that reads as follows:

The record indicates that the fetus has a gestation of _____ months/weeks and a fetal weight of _____ grams.

Please check the correct box or enter a new fetal weight.

Fetal weight correct

Fetal weight _____ grams

If the “Fetal weight correct” box is checked, the FW_BYPASS flag is set to ON-2

If a new fetal weight is entered, the edit is rerun. If the edit fails, the FW_BYPASS variable is set to ON-2. If the edit passes, the FW_BYPASS variable is set to OFF-0.

PAPER RECORD

Records filed with the fetal weight 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>
FWG	4	Numeric	0000-9999
FW_BYPASS	1	Numeric	0,1,2

Item Title: **OBSTETRIC ESTIMATION OF GESTATION**

Item Number: **18d Report, 20 Facility Worksheet**

Description: The best estimate of the fetus's gestation age (OE) in completed weeks based on the delivery 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 fetus'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 fetus's date of delivery and the patient's date of LMP.

OBSTETRIC ESTIMATE OF GESTATION:

_____ (completed weeks)

FOR AN ELECTRONIC RECORD:

EFDR Developer (*Instructions are in Italics*)

The obstetric estimate of the fetus'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 fetus's gestation is not known, enter 99. Do not complete this item based on the fetus's date of birth and the patient'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 <02 or >47 but not 99, the following message should appear:

The obstetric estimate of the fetus'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 Titles: **ESTIMATED TIME OF FETAL DEATH**

Item Number: **18e Report; 31 Facility Worksheet**

Description: Item to indicate when the fetus died with respect to labor and assessment.

Source of Information:

Preferred Source: Certifying Physician, Medical Examiner, or Coroner

INSTRUCTIONS

FOR A PAPER RECORD:

Certifying Physician, Medical Examiner, or Coroner

Check the most appropriate box in item 18e. Estimated time of fetal death.

- Dead at time of first assessment, no labor ongoing
- Dead at time of first assessment, labor ongoing
- Died during labor, after first assessment
- Unknown time of fetal death

FOR AN ELECTRONIC RECORD:

EFDR Developer

Select the most appropriate box from the list for item 18e.

Estimated time of fetal death.

- Dead at time of first assessment, no labor ongoing
- Dead at time of first assessment, labor ongoing
- Died during labor, after first assessment
- Unknown time of fetal death

After a selection is made, go to the next item.

PROCESSING VARIABLES

<u>NAME DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
ETIME Estimated time of fetal death	N	At assessment, no labor
	L	At assessment, labor
	A	Labor, no assessment
	U	Unknown

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

Electronic record for item 18e must contain one of the valid responses. They cannot be left blank. If items are left blank and certifier tries to move to the next item, a screen will appear asking that the item be completed at this time. Record cannot be printed or filed until this is complete.

PAPER RECORDS

Records filed with this field blank are queried. If no response to query, assign the “Unknown” code to 18e.

State edits of data file prior to NCHS transmission**STATE FILE CONSIDERATIONS**

No special considerations.

NCHS TRANSMISSION FILE**VARIABLES:**

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
ETIME	1	Alpha character string	N,L,A,U

Item Titles: **WAS AN AUTOPSY PERFORMED?**
WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED?
WERE AUTOPSY OR HISTOLOGICAL PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH?

Item Number: **18f Report; 28 Facility Worksheet**
18g Report; 29 Facility Worksheet
18h Report; 30 Facility Worksheet

Description: Information on whether or not an autopsy or histological placental examination was performed and if the findings of the autopsy or histological placental examination were used in completing the medical portion of the fetal death report.

Source of Information:

Preferred Source: Certifying Physician, Medical Examiner, or Coroner

INSTRUCTIONS

FOR A PAPER RECORD:

Certifying Physician, Medical Examiner, or Coroner

Check the appropriate box in item 18f. Was an autopsy performed?

- Yes
- No
- Planned

Select "Yes" if a partial or complete autopsy was performed.

Check the appropriate box in item 18g. Was a histological placental examination performed?

- Yes
- No
- Planned

Select “Yes” if any histological placental examination was performed. If “no” is checked for both 18f and 18g, leave item 18h blank.

If yes is checked for either 18f or 18g, complete item 18h (Were autopsy or histological placental examination results used in determining the cause of fetal death?)

- Yes
- No

FOR AN ELECTRONIC RECORD:

EFDR Developer

Selection of “Yes” or “No” to be made from list.

Was an autopsy performed?

- Yes
- No
- Planned

Instructions for help screen on this item

Select “Yes” if a partial or complete autopsy was performed.

Selection of “Yes” or “No” to be made from list.

Was a histological placental examination performed?

- Yes
- No
- Planned

Instructions for help screen on this item

Select “Yes” if a partial or complete histological placental examination was performed.

If the response is no to both 18f and 18g, the next item will be skipped and the code for “Not applicable” automatically entered in the data field for item 18h.

If the response is yes to 18f or 18g, the yes/no list for item 18h appears:

Were the results of the autopsy or histological placental examination results used in determining the cause of fetal death?

- Yes
 No

After a selection is made, go to the next item.

PROCESSING VARIABLES

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
AUTOP	Autopsy performed?	Y N P	Yes No Planned
HISTOP	Histological placental examination performed?	Y N P	Yes No Planned
AUTOPF	Autopsy or histological results used?	Y N P	Yes No Not applicable

EDITS:

ELECTRONIC RECORDS

Before the record is transmitted to the State

Electronic record for item 18f and 18g must contain one of the valid responses (yes or no). They cannot be left blank. If items are left blank and certifier tries to move to the next item, a screen will appear asking that the item be completed at this time. Record cannot be printed or filed until this is complete. If the response to item 18f or 18g is "no," item 18h will be coded to "Not applicable."

If response to item 18f or 18g is yes, then item 18h must have a valid response (yes or no). It cannot be left blank. If certifier tries to move to the next item, a screen will appear that indicates an autopsy had been performed and asks that a response be chosen from the menu.

- *If item 18f and 18g are N, item 18h must be X.*
- *If item 18f or 18g is Y, item 18h must be Y or N.*
- *Items 18f, 18g, and 18h cannot be blank.*

PAPER RECORDS

Records filed with this field blank are queried. If no response to query, assign the “No” code to 18f and 18g and the “Not applicable” code to item 18h.

State edits of data file prior to NCHS transmission

STATE FILE CONSIDERATIONS

No special considerations.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
AUTOP	1	Alpha character string	Y, N, P
HISTOP	1	Alpha character string	Y, N, P
AUTOPF	1	Alpha character string	Y, N, X

Item Title: **MOTHER/PATIENT'S EDUCATION**

Item Number: **19 Report; 8 Mother's Worksheet**

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

Source of Information:

Preferred Source: Mother/patient or other informant

INSTRUCTIONS

FOR A PAPER RECORD:

Based on the patient's response to the worksheet or interview, check the appropriate box on the Report. If the patient leaves the item blank on the worksheet and she is still in the facility, query. If the patient 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:

EFDR Developer (*Instructions are in Italics*)

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

Patient's Education

Based on the patient'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 patient is still in the facility, please obtain her education level. If the patient 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 EFDR or electronic work sheet, Patient’s date of birth will have been entered and edited. Patient’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 Report indicates an unlikely level of education for the patient at her age.

Patient’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:

Patient'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 patient's date of birth, the patient's date of birth screen appears.
Please enter the correct date of birth*

Month of patient's birth ____ ____

Day of patient's birth ____ ____

Year of patient'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/PATIENT OF HISPANIC ORIGIN?**

Item Number: **20 Report, 9 Mother/patient's Worksheet**

Description: The Hispanic origin of the mother/patient.

Source of Information:

Preferred Source: Mother/patient 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 Report and fill in any literal (written) responses. If patient 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 patient indicates an ethnic origin not on the list, record it in the "Specify" space. Enter the patient's response in this space even if it is not a Hispanic origin. If the patient did not respond, type or print "Unknown."

Patient OF HISPANIC ORIGIN? (Check the box that best describes whether the patient is Spanish/Hispanic/Latina. Check the "No" box if patient 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:

EFDR 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 patient'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 patient 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 patient indicates an ethnic origin not on the list, record it in the “Specify” space. Enter the patient’s response in this space even if it is not a Hispanic origin. If the patient did not respond, check “Unknown if Spanish/Hispanic/Latina.”

PATIENT 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 H U	No, not Puerto Rican Yes, Puerto Rican Unknown
METHNIC3	Cuban	N H U	No, not Cuban Yes, Cuban Unknown
METHNIC4	Other	N H U	No, not Other Hisp Yes, Other Hisp Unknown
METHNIC5	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/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/PATIENT'S RACE**

Item Number: **21 Certificate, 10 Mother/Patient's Worksheet**

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

Source of Information:

Preferred Source: The mother/patient

INSTRUCTIONS

PAPER RECORD

Based on the patient's response to the worksheet or interview, select all the corresponding checkboxes on the Report 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."

PATIENT'S RACE (Check one or more races to indicate what the patient 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:

EFDR 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 patient’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.”

PATIENT’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
MRACE8	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 Patient 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: **DATE OF FIRST PRENATAL CARE VISIT**

Item Number: **23a Certificate, 6 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 patient'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 patient's prenatal care record. The paragraph should also appear on an electronic worksheet just before the section of information to be obtained from the patient's prenatal care record.

“Information for this and the following items should come from the patient's prenatal care record, other medical reports in the patient's chart, and the fetus's medical record. If the patient'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 patient 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 patient had no prenatal care, check the “no prenatal care” box and leave the date blank.

No Prenatal Care

FOR AN ELECTRONIC RECORD:

EFDR 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

EFDR 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.

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. 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 fetus’s delivery or year fetus’s delivery –1,
		8888	No prenatal care
		9999	Unknown
DNA29	Pending flag	0	OFF
		1	ON
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 fetus’s date of delivery) 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 fetus’s delivery 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 Delivery.

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 Delivery. (NOTE: The interval in days between Date of First Prenatal Visit and Date of Delivery 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: **MOTHER/PATIENT'S HEIGHT**

Item Number: **25 Report, 15 Mother/patient's Worksheet**

Description: The mother/patient's height.

Source of Information:

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

INSTRUCTIONS

FOR A PAPER RECORD:

If the patient'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.

PATIENT'S HEIGHT _____(feet/inches)

FOR AN ELECTRONIC RECORD:

EFDR 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	Patient's height feet	1-8	Feet
		9	Unknown
HIN	Patient'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 patient'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/PATIENT'S PREPREGNANCY WEIGHT**

Item Number: **26 Certificate, 16 Mother/Patient's Worksheet**

Description: The mother/patient's prepregnancy weight

Source of Information:

Preferred Source: Mother/patient

Other Source: Mother/patient's prenatal care record

INSTRUCTIONS

FOR A PAPER RECORD:

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

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

PATIENT'S PREPREGNANCY WEIGHT _____(pounds).

FOR AN ELECTRONIC RECORD:

EFDR Developer (*Instructions are in Italics*)

The patient'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.

EFDR 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	Patient'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 patient's prepregnancy weight is not between 75 and 300 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: **DID MOTHER/PATIENT GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY?**

Item Number: **28 Report, 14 Mother/patient's Worksheet**

Description: Use of the Women, Infants and Children (WIC) nutritional program by the mother/patient during the pregnancy

Source of Information:

Preferred Source: Mother/patient

INSTRUCTIONS

FOR A PAPER RECORD:

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

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

DID MOTHER GET WIC FOR HERSELF DURING THIS PREGNANCY?

Yes No

FOR AN ELECTRONIC RECORD:

EFDR Developer (*Instructions are in Italics*)

The item should be completed by keying the response recorded on the patient'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

Item Numbers: **29 a-c Report; 8, 9, 10 Facility Worksheet**

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

For a detailed definition and instructions see:
[https://www.cdc.gov/nchs/nvss/facility-worksheets-
guide.htm?Sort=URL%3A%3Aasc](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 fetal death; include all previous live born infants. For multiple deliveries, include all live born infants preceding this fetus in the delivery. If first born in a multiple delivery, do not include this fetus. If second born, include the first born, etc.

Please type or print the number of previous live born infants still living in item 29a and the number born alive now dead in item 29b. 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

(Do not include this fetus)

29a. Now Living

29b. Now Dead

Number _____

Number _____

None

None

If applicable, type or print the month and year of birth of the last live born infant in item 29c.

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

29c. DATE OF LAST LIVE BIRTH

_____/_____
MM YYYY

FOR AN ELECTRONIC RECORD:

EFDR 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

EFDR 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 patient's prenatal care record and/or hospital record to obtain the number of previous live births.

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

Allow only 2-digit fields for entering responses to each of the two items: the number of previous live births now living and the number of previous live births now dead. If the “unknown” box is checked for any of the variables the value 99 is assigned to the variable.

The following message should appear.

When completing this item, do not include this fetal death. Do include any previous live born infants. If this was a multiple delivery, include all live born infants who preceded the fetal death in this delivery. If first born, do not include this fetus. 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

In lieu of the checkbox for “Unknown” the EFDR 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 patient’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>DEFINTION</u>
PLBL	Previous live births now living	00-30,99	Number
PLBD	Previous live births now dead	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)
LBO	Live birth order	00-30,99	Number
C_AGEM	Patient'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 no previous live births.

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. _____

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: $LBO = PLBL + PLBD$

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

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

$C_AGEM - LBO$ must be ≥ 8 .

If this value is < 8 , the following message appears

The patient 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 variable LBO. If this edit fails, the following check is not done.

Any value for the LBO > 30, 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 EFDR. 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 calculated variable in their files for tabulation purposes. Numeric fields of 2 digits each should be reserved for this variable.

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
MLLB	Month last live birth	2	Numeric	01-12, 88, 99
YLLB	Year last live birth	4	Numeric	4-digit year (Patient'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: **31 Report, 17 Mother/patient's Worksheet**

Description: The number of cigarettes* the mother/patient 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/patient. 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 patient. If the delivery did not occur in a facility, it is to be completed by the attendant or certifier based on information obtained from the patient. If information is not available directly from the mother, consult her medical records.

If the patient'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 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:**EFDR Developer** (*Instructions are in Italics*)

The item should be completed by keying the response recorded on the patient's worksheet. If information is not available from the patient directly, consult the patient'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	_____
<input type="checkbox"/> Unknown	

If the "unknown" box is checked, assign "99" to the four variables:

CIGPN, CIGFN, CIGSN, CIGLN.

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: DATE LAST NORMAL MENSES BEGAN

Item Number: 32 Report, 7 Facility Worksheet

Description: Date that the mother/patient's last normal menses began. This item is used to compute the gestational age of the fetus 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/patient'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 patient'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:

EFDR 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.

EFDR 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 are "Unknown" codes.
DLMP_MO	Month of last menstrual period	01-12, 99	
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 fetus’s year of delivery 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 fetus’s date of delivery. 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_DOD - CM_DLNM. If either or both CM_DOD or CM_DLNM is "88888" 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 DOD 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 fetus's gestational age still is less than 0, please check and re-enter the fetus's date of delivery.

If 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 DLNR_YR greater than 2 years different from fetus's date of delivery 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.

STATE 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, fetus's year of delivery or 1 or 2 years less, 9999
DLMP_MO	2	Numeric	01-12, 99
DLMP_DY	2	Numeric	01-31, 99

Item Titles: **PLURALITY
IF NOT SINGLE BIRTH – Born First, Second,
Third, etc. (Specify)**

Item Numbers: **33 Report; 22 Facility Worksheet

34 Report; 23 Facility Worksheet
N/A Report; 24 Facility Worksheet**

Description: Plurality – The number of live births and fetal deaths delivered at any time in the pregnancy regardless of gestational age or if the live births or fetal deaths were delivered at different dates in the pregnancy. (“Reabsorbed” fetuses, those which are not “delivered” (expulsed or extracted from the mother/patient) should not be counted.)

If not singleton, specify delivered 1st, 2nd, etc. – For multiple deliveries, the order this fetal death was delivered in the set. Include all live births and fetal losses.

If not singleton, specify the number of fetal deaths in this delivery -- For multiple deliveries, the number of fetal deaths delivered 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 33, 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 34, Set Order.

If this is a singleton delivery, leave this item blank. For multiple deliveries, print the order that this fetal death 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:

EFDR Developer: *(Instructions are in italics)*

Plurality

Enter the number of live births and fetal deaths 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 live births and fetal deaths delivered in the pregnancy)_____

If plurality = 99, assign “99” to “Set Order” (SORD) and to “Number of fetal deaths” (FDTH).

If plurality = 1, assign the “not applicable” code “88” to variables “Set Order” and “Number of fetal deaths.”

If plurality > 1 and not “99” the following question is asked:

Enter the order this fetal death 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 fetal death _____

If plurality is >1 and not “99” the following question is asked:

Enter the total number of fetal deaths in the delivery _____

If “fetal deaths” > 1, an identification number unique to each multiple set delivered in the State for that year is generated. Each live birth and fetal death member of the set (if the fetal death system is integrated with the birth) is assigned the same identification number. If the delivery includes a live birth the number may be generated from either the birth or fetal death systems. This number is entered for the variable “MATCH. The identification number may be the patient’s medical record number, or any other identifying number which would be unique to the multiple set for that State.

Example:

*Twin set A—1st born #345671 (live born)
2nd born #345671 (fetal death)*

*Twin set B – 1st born #567897 (fetal death)
2nd born #567897 (fetal death)*

*Triplet set A –1st born #789014 (fetal death)
2nd born #789014 (fetal death)
3rd born #789014 (live born)*

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., patient’s demographic and prenatal care information) is copied for each additional death. Only information potentially unique to the individual set member (e.g., method of delivery, weight at delivery) need be entered. (See “Attachment to the Facility Worksheet for the Live Birth Certificate for Multiple Births” which can be modified to use for fetal deaths.)

The purpose of generating identification numbers for multiple birth/delivery 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
FDTH	Number of fetal deaths	01-12	Number of fetal deaths delivered
		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 live births and fetal deaths in this delivery is recorded as _____.

Please indicate whether this number is “correct” or enter a new number.

Correct

Number of live births and fetal deaths 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 _____ live births and fetal deaths in this delivery but the set order of this fetal death was _____.

Please enter a new value for each of these items:

Total number of live births and fetal deaths in this delivery _____ Set
order of this fetal death _____

The edit is re-run and if it fails the bypass flag is set to ON-2.

The number of fetal deaths 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 EFDR system should make sure that the correct number of records is completed for each fetal death in the multiple delivery by comparing the number for which the same identification number (MATCH) has been generated with the number reported as “fetal deaths” (FDTH).

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 FDTH 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

For multiple deliveries where there are one or more live births and one or more fetal deaths, obtain the match numbers from the live birth system.

Otherwise, assign matching numbers and key enter the numbers for each fetal death in the multiple delivery.

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
FDTH	2	Numeric	01-12, 99
MATCH	6	Numeric	000001- 999999
PLUR_BYPASS	1	Numeric	0,1,2

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

Item Number: **36 Report, 11 Facility Worksheet**

Description: Selected medical risk factors of the mother/patient 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/patient'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 patient may have more than one risk factor, check all that apply.

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

If it is unknown if the patient 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

- 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))
- Patient had a previous cesarean delivery If yes, how many _____
- None of the above

FOR AN ELECTRONIC RECORD:

EFDR 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**

EFDR 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 patient 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
- 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))
- Patient 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	Pregpregnancy diabetes	Y	Yes
		N	No
		U	Unknown
GDIAB	Gestational diabetes	Y, N, U	
PHYPE	Pregpregnancy hypertension	Y, N, U	
GHYPE	Gestational hypertension	Y, N, U	
EHYPE	Eclampsia	Y, N, U	
INFT	Infertility treatment	Y, N, U	
INFT_DRG	Infertility: Fertility Enhancing Drugs	Y	Yes
		N	No
		X	Not Applicable
		U	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	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 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 prepregnancy diabetes and gestational diabetes choices cannot both be checked. If both boxes are checked, a message should appear that reads:

Both the prepregnancy and gestational diabetes boxes are checked. Please review the records and choose the correct response.

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 “Pregpregnancy diabetes” and “Gestational diabetes” boxes are checked, query.

If both the “Pregpregnancy 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 “Patient 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
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: **METHOD OF DELIVERY**

Item Number: **38 Report, 17 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

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 and section E on hysterotomy/hysterectomy 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:

EFDR 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	Y----Yes
			N----No
			X----Not applicable
			U----Unknown
DNAL	Follow up flag trial of labor	0	Off
		1	On

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.”

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: **39 Report, 18 Facility Worksheet**

Description: Serious complications experienced by the mother/patient 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)

- Ruptured uterus
- Admission to intensive care unit
- None of the above

FOR AN ELECTRONIC RECORD:

EFDR 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.

- Ruptured uterus
- 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>
RUT	Ruptured uterus	Y, N, U	Y--Yes, N—No,
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>
RUT (Ruptured uterus)	1	Alpha character string	Y, N, U
AINT (Admit to intensive care)	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 delivery**

File Layout Location: **5-6**

Description: Information about the State of occurrence of the delivery.

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).

EFDR Developer

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
DSTATE	State of delivery	Alpha	Appendix B

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
DSTATE	2	Alpha character string	Appendix B

File Processing Item: **Report 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:

EFDR 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:

EFDR 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	Flag indicating void	0	Valid record
(default)		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:

EFDR 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