

2019 Restricted-Use Natality File Layout

Note: For information on files for earlier data years, go to https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm.

Position	Length	Field	Description	Values	Definition
1-8	6	FILLER	Filler	Blank	
9-12	4	DOB_YY	Birth Year	2019	Year of birth
13-14	2	DOB_MM	Birth Month	01 02 03 04 05 06 07 08 09 10 11 12	January February March April May June July August September October November December
15-18	4	FILLER	Filler	Blank	
19-22	4	DOB_TT	Time of Birth	0000-2359 9999	Time of Birth Not Stated
23	1	DOB_WK	Birth Day of Week	1 2 3 4 5 6 7	Sunday Monday Tuesday Wednesday Thursday Friday Saturday
24-25	2	OSTATE	Occurrence Postal State/Territory/Possession		
			<u>United States</u>	AK AL AR AZ CA CO CT DE DC FL GA HI ID IL	Alaska Alabama Arkansas Arizona California Colorado Connecticut Delaware District of Columbia Florida Georgia Hawaii Idaho Illinois
				MT NC ND NE NH NJ NM NV NY OH OK OR PA	Montana North Carolina North Dakota Nebraska New Hampshire New Jersey New Mexico Nevada New York Ohio Oklahoma Oregon Pennsylvania

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Position	Length	Field	Description	Values	Definition
				IN	Indiana
				IA	Iowa
				KS	Kansas
				KY	Kentucky
				LA	Louisiana
				MA	Massachusetts
				MD	Maryland
				ME	Maine
				MI	Michigan
				MN	Minnesota
				MO	Missouri
				MS	Mississippi
				RI	Rhode Island
				SC	South Carolina
				SD	South Dakota
				TN	Tennessee
				TX	Texas
				UT	Utah
				VA	Virginia
				VT	Vermont
				WA	Washington
				WI	Wisconsin
				WV	West Virginia
				WY	Wyoming
			<u>U.S. Territories</u>		
					<u>Outlying Areas of the United States</u>
				AS	American Samoa
				GU	Guam
				MP	Northern Marianas
				PR	Puerto Rico
				VI	Virgin Islands
				US	United States (births to residents of the 50 states or DC)
				XX	Not Applicable
				ZZ	Not Classifiable

26-27 2 XOSTATE **Expanded Occurrence Postal State/Territory/Possession**

United States

AK	Alaska	NC	North Carolina
AL	Alabama	ND	North Dakota
AR	Arkansas	NE	Nebraska
AZ	Arizona	NH	New Hampshire
CA	California	NJ	New Jersey
CO	Colorado	NM	New Mexico
CT	Connecticut	NV	Nevada
DE	Delaware	NY	New York
DC	District of Columbia		
FL	Florida	OH	Ohio
GA	Georgia	OK	Oklahoma
HI	Hawaii	OR	Oregon
ID	Idaho	PA	Pennsylvania
IL	Illinois	RI	Rhode Island
IN	Indiana	SC	South Carolina
IA	Iowa	SD	South Dakota
KS	Kansas	TN	Tennessee
KY	Kentucky	TX	Texas
LA	Louisiana	UT	Utah
MA	Massachusetts	VA	Virginia
MD	Maryland	VT	Vermont

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Position	Length	Field	Description	Values	Definition
				ME	Maine
				MI	Michigan
				MN	Minnesota
				MO	Missouri
				MS	Mississippi
				MT	Montana
				WA	Washington
				WI	Wisconsin
				WV	West Virginia
				WY	Wyoming
				YC	New York City
			<u>U.S. Territories</u>		
					<u>Outlying Areas of the United States</u>
				AS	American Samoa
				GU	Guam
				MP	Northern Marianas
				PR	Puerto Rico
				VI	Virgin Islands
				US	United States (births to residents of the 50 states or DC)
				XX	Not Applicable
				ZZ	Not Classifiable
28-30	3	OCNTYFIPS	Occurrence FIPS County	000-999	County of Occurrence
31	1	OCNTYPOP	Occurrence County Pop	0	County of 1,000,000 or more
				1	County of 500,000 to 1,000,000
				2	County of 250,000 to 500,000
				3	County of 100,000 to 250,000
				4	County of 50,000 to 100,000
				5	County of 25,000 to 50,000
				6	County of 10,000 to 25,000
				9	County less than 10,000
32	1	BFACIL	Birth Place	1	Hospital
				2	Freestanding Birth Center
				3	Home (intended)
				4	Home (not intended)
				5	Home (unknown if intended)
				6	Clinic / Doctor's Office
				7	Other
				9	Unknown
33	1	F_FACILITY	Reporting Flag for Birth Place	0	Non-Reporting
				1	Reporting
34-49	16	FILLER	Filler		Blank
50	1	BFACIL3	Facility Recode	1	In Hospital
				2	Not in Hospital
				3	Unknown or Not Stated

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Position	Length	Field	Description	Values	Definition
51-72	22	FILLER_B	Filler	Blank	
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73	1	MAGE_IMPFLG	Mother's Age Imputed Due to missing data, age imputed.	Blank 1	Age not imputed Age imputed
74	1	MAGE_REPFLG	Reported Age of Mother Used Flag Due to missing date of birth, reported age used.	Blank 1	Reported age not used Reported age used
75-76	2	MAGER	Mother's Single Years of Age	12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46	10 – 12 years 13 years 14 years 15 years 16 years 17 years 18 years 19 years 20 years 21 years 22 years 23 years 24 years 25 years 26 years 27 years 28 years 29 years 30 years 31 years 32 years 33 years 34 years 35 years 36 years 37 years 38 years 39 years 40 years 41 years 42 years 43 years 44 years 45 years 46 years

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Position	Length	Field	Description	Values	Definition
				47	47 years
				48	48 years
				49	49 years
				50	50 years and over
77-78	2	MAGER14	Mother's Age Recode 14	01	Under 15 Years
				03	15 years
				04	16 years
				05	17 years
				06	18 years
				07	19 years
				08	20-24 years
				09	25-29 years
				10	30-34 years
				11	35-39 years
				12	40-44 years
				13	45-49 years
				14	50-54 years
79	1	MAGER9	Mother's Age Recode 9	1	Under 15 years
				2	15-19 years
				3	20-24 years
				4	25-29 years
				5	30-34 years
				6	35-39 years
				7	40-44 years
				8	45-49 years
				9	50-54 years
80-81	2	MBCNTRY	Mother's Birth Country	AA-ZZ	See <i>NCHS Instruction Manual Part 8, Vital Records Geographic Classification, 2014</i> (https://www.cdc.gov/nchs/data/dvs/IMP8_2014.pdf).
82-83	2	MBSTATE	Mother's Postal Birth State/Territory/Possession		
			<u>United States</u>	AK	Alaska
				AL	Alabama
				AR	Arkansas
				AZ	Arizona
				CA	California
				CO	Colorado
				CT	Connecticut
				DE	Delaware
				DC	District of Columbia
				FL	Florida
				GA	Georgia
				MT	Montana
				NC	North Carolina
				ND	North Dakota
				NE	Nebraska
				NH	New Hampshire
				NJ	New Jersey
				NM	New Mexico
				NV	Nevada
				NY	New York
				OH	Ohio

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Position	Length	Field	Description	Values	Definition
				HI	Hawaii
				ID	Idaho
				IL	Illinois
				IN	Indiana
				IA	Iowa
				KS	Kansas
				KY	Kentucky
				LA	Louisiana
				MA	Massachusetts
				MD	Maryland
				ME	Maine
				MI	Michigan
				MN	Minnesota
				MO	Missouri
				MS	Mississippi
			<u>U.S. Territories</u>	AS	American Samoa
				GU	Guam
				MP	Northern Marianas
				PR	Puerto Rico
				VI	Virgin Islands
			<u>Canadian Provinces</u>	AB	Alberta
				BC	British Columbia
				MB	Manitoba
				NB	New Brunswick
				NF	Newfoundland
				NL	Newfoundland and Labrador
				NT	Northwest Territories
				NS	Nova Scotia
				NU	Nunavut
				ON	Ontario
				PE	Prince Edward Island
				QC	Quebec
				SK	Saskatchewan
				YT	Yukon Territory
			<u>Foreign</u>	CC	Canada
				CU	Cuba
				MX	Mexico
				YY	Rest of the World
				ZZ	Not Classifiable
84	1	MBSTATE_R	Mother's Nativity	1	Born in the U.S. (50 US States)
				2	Born outside the U.S. (includes possessions)
				3	Unknown or Not Stated

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Position	Length	Field	Description	Values	Definition
85-86	2	MRCNTRY	Mother's Residence Country	AA-ZZ	See <i>NCHS Instruction Manual Part 8, Vital Records Geographic Classification, 2014</i> (https://www.cdc.gov/nchs/data/dvs/IMP8_2014.pdf).
87-88	2	XMRSTATE	Expanded State/Territory/Possession of Residence of Mother		
			<u>United States</u>	AK	Alaska
				AL	Alabama
				AR	Arkansas
				AZ	Arizona
				CA	California
				CO	Colorado
				CT	Connecticut
				DE	Delaware
				DC	District of Columbia
				FL	Florida
				GA	Georgia
				HI	Hawaii
				ID	Idaho
				IL	Illinois
				IN	Indiana
				IA	Iowa
				KS	Kansas
				KY	Kentucky
				LA	Louisiana
				MA	Massachusetts
				MD	Maryland
				ME	Maine
				MI	Michigan
				MN	Minnesota
				MO	Missouri
				MS	Mississippi
				MT	Montana
				NC	North Carolina
				ND	North Dakota
				NE	Nebraska
				NH	New Hampshire
				NJ	New Jersey
				NM	New Mexico
				NV	Nevada
				NY	New York
				OH	Ohio
				OK	Oklahoma
				OR	Oregon
				PA	Pennsylvania
				RI	Rhode Island
				SC	South Carolina
				SD	South Dakota
				TN	Tennessee
				TX	Texas
				UT	Utah
				VA	Virginia
				VT	Vermont
				WA	Washington
				WI	Wisconsin
				WV	West Virginia
				WY	Wyoming
				YC	New York City
			<u>U.S. Territories</u>	AS	American Samoa

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Position	Length	Field	Description	Values	Definition
				GU	Guam
				MP	Northern Marianas
				PR	Puerto Rico
				VI	Virgin Islands
				US	United States (births to residents of the 50 states or DC)
			<u>Foreign</u>	CC	Canada
				CU	Cuba
				MX	Mexico
				XX	Not Applicable
				ZZ	Not Classifiable
89-90	2	MRSTATE	Mother's Residence Postal State/Territory/Possession		
			<u>United States</u>	AK	Alaska
				AL	Alabama
				AR	Arkansas
				AZ	Arizona
				CA	California
				CO	Colorado
				CT	Connecticut
				DE	Delaware
				DC	District of Columbia
				FL	Florida
				GA	Georgia
				HI	Hawaii
				ID	Idaho
				IL	Illinois
				IN	Indiana
				IA	Iowa
				KS	Kansas
				KY	Kentucky
				LA	Louisiana
				MA	Massachusetts
				MD	Maryland
				ME	Maine
				MI	Michigan
				MN	Minnesota
				MO	Missouri
				MS	Mississippi
				MT	Montana
				NC	North Carolina
				ND	North Dakota
				NE	Nebraska
				NH	New Hampshire
				NJ	New Jersey
				NM	New Mexico
				NV	Nevada
				NY	New York
				OH	Ohio
				OK	Oklahoma
				OR	Oregon
				PA	Pennsylvania
				RI	Rhode Island
				SC	South Carolina
				SD	South Dakota
				TN	Tennessee
				TX	Texas
				UT	Utah
				VA	Virginia
				VT	Vermont
				WA	Washington
				WI	Wisconsin
				WV	West Virginia
				WY	Wyoming
			<u>U.S. Territories</u>	AS	American Samoa
				GU	Guam
				MP	Northern Marianas
				PR	Puerto Rico
				VI	Virgin Islands

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Position	Length	Field	Description	Values	Definition
				US	United States (births to residents of the 50 states or DC)
			<u>Foreign</u>	CC	Canada
				CU	Cuba
				MX	Mexico
				XX	Not Applicable
				ZZ	Not Classifiable
91-93	3	MRCNTY	Mother's Residence FIPS County	001-998	See <i>NCHS Instruction Manual Part 8, Vital Records Geographic Classification, 2014</i> (https://www.cdc.gov/nchs/data/dvs/IMP8_2014.pdf).
				999	Foreign
					<u>Other Outlying Areas of the United States</u>
				000	No county level geography
				999	County of less than 100,000
94-98	5	MRCITY	Mother's Residence City FIPS Place	00000-99998	See <i>NCHS Instruction Manual Part 8, Vital Records Geographic Classification, 2014</i> (https://www.cdc.gov/nchs/data/dvs/IMP8_2014.pdf).
				99999	Foreign
99	1	RCNTY_POP	Population of Residence County	0	County of 1,000,000 or more
				1	County of 500,000 to 1,000,000
				2	County of 250,000 to 500,000
				3	County of 100,000 to 250,000
				4	County of 50,000 to 100,000
				5	County of 25,000 to 50,000
				6	County of 10,000 to 25,000
				9	County less than 10,000
				Z	Foreign resident
100	1	RCITY_POP	Population of Residence City	0	City of 1,000,000 or more
				1	City of 500,000 to 1,000,000
				2	City of 250,000 to 500,000
				3	City of 100,000 to 250,000
				4	City of 50,000 to 100,000
				5	City of 25,000 to 50,000
				6	City of 10,000 to 25,000
				9	All other areas in the US
				Z	Foreign resident
101-102	2	FILLER	Filler		Blank

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Position	Length	Field	Description	Values	Definition
103	1	RECTYPE	Record Type	1 2	RESIDENT: State and county of occurrence and residence are the same. NONRESIDENT: State and county of occurrence and residence are different.
104	1	RESTATUS	Residence Status <u>United States</u>	1 2 3 4	RESIDENT: State and county of occurrence and residence are the same. INTRASTATE NONRESIDENT: State of occurrence and residence are the same but county is different. INTERSTATE NONRESIDENT: State of occurrence and residence are different but both are one of the 50 US states or District of Columbia. FOREIGN RESIDENT: The state of residence is not one of the 50 US states or District of Columbia.
			<u>U.S. Territories</u> For detailed geography codes see addendum.	1 2 3 4	RESIDENT: State and county of occurrence and residence are the same. (Unique to Guam, all US residents are considered residents of Guam and thus are assigned 1.) INTRATERRITORY NONRESIDENT: Territory of occurrence and residence are the same but county is different. INTERTERRITORY RESIDENT: Territory of occurrence and residence are different but both are US Territories. FOREIGN RESIDENT: The residence is not a US Territory.
105-106	2	MRACE31	Mother's Race Recode 31 <u>United States and all Outlying Areas of the United States except Puerto Rico</u>	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	White (only) [only one race reported] Black (only) AIAN (American Indian or Alaskan Native) (only) Asian (only) NHOPI (Native Hawaiian or Other Pacific Islander) (only) Black and White Black and AIAN Black and Asian Black and NHOPI AIAN and White AIAN and Asian AIAN and NHOPI Asian and White Asian and NHOPI NHOPI and White Black, AIAN, and White

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Position	Length	Field	Description	Values	Definition
				17	Black, AIAN, and Asian
				18	Black, AIAN, and NHOPI
				19	Black, Asian, and White
				20	Black, Asian, and NHOPI
				21	Black, NHOPI, and White
				22	AIAN, Asian, and White
				23	AIAN, NHOPI, and White
				24	AIAN, Asian, and NHOPI
				25	Asian, NHOPI, and White
				26	Black, AIAN, Asian, and White
				27	Black, AIAN, Asian, and NHOPI
				28	Black, AIAN, NHOPI, and White
				29	Black, Asian, NHOPI, and White
				30	AIAN, Asian, NHOPI, and White
				31	Black, AIAN, Asian, NHOPI, and White
107	2	MRACE6	Mother's Race Recode 6 <u>United States and all Outlying Areas of the United States except Puerto Rico</u>	1	White (only)
				2	Black (only)
				3	AIAN (only)
				4	Asian (only)
				5	NHOPI (only)
				6	More than one race
108-109	2	MRACE15	Mother's Race Recode 15 <u>United States and all Outlying Areas of the United States except Puerto Rico</u>	01	White (only)
				02	Black (only)
				03	AIAN (only)
				04	Asian Indian (only)
				05	Chinese (only)
				06	Filipino (only)
				07	Japanese (only)
				08	Korean (only)
				09	Vietnamese (only)
				10	Other Asian (only)
				11	Hawaiian (only)
				12	Guamanian (only)
				13	Samoan (only)
				14	Other Pacific Islander (only)
				15	More than one race
110	1	MBRACE	Bridged Race Mother Includes individuals reporting only one race and individuals reporting more than one race bridged to a single race. <u>United States and all Outlying Areas of</u>	1	White

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Position	Length	Field	Description	Values	Definition
			<u>the United States except Puerto Rico</u>	2 3 4	Black American Indian or Alaskan Native Asian or Pacific Islander
			<u>Puerto Rico</u>	1 2 0	White Black Other (not classified as White or Black)
111	1	MRACEIMP	Mother's Race Imputed Flag	Blank 1 2	Mother's race not imputed Unknown race imputed All other races, formerly coded 09, imputed.
112	1	MHISPX	Mother's Hispanic Origin	0 1 2 3 4 5 6 9	Non-Hispanic Mexican Puerto Rican Cuban Central or South American Dominican Other and Unknown Hispanic Origin unknown or not stated
113-114	2	FILLER	Filler	Blank	
115	1	MHISP_R	Mother's Hispanic Origin Recode	0 1 2 3 4 5 9	Non-Hispanic Mexican Puerto Rican Cuban Central and South American Other and Unknown Hispanic origin Hispanic origin not stated
116	1	F_MHISP	Reporting Flag for Mother's Origin	0 1	Non-Reporting Reporting
117	1	MRACEHISP	Mother's Race/Hispanic Origin Based on single/multiple-race (fields 105-106, 107, and 108-109); for coding to create bridged-race categories (field 110) see "Coding for bridge-race and Hispanic origin categories" in the Detailed Technical Notes.	1 2 3 4 5 6 7 8	Non-Hispanic White (only) Non-Hispanic Black (only) Non-Hispanic AIAN (only) Non-Hispanic Asian (only) Non-Hispanic NHOPI (only) Non-Hispanic more than one race Hispanic Origin unknown or not stated
118	1	FILLER	Filler	Blank	

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Position	Length	Field	Description	Values	Definition
119	1	MAR_P	Paternity Acknowledged	Y N U X	Yes No Unknown Not Applicable
120	1	DMAR	Marital Status <u>United States and all Outlying Areas of the United States except Puerto Rico</u> <u>Puerto Rico</u>	1 2 1 2 3 9	Married Unmarried Yes Unmarried parents living together Unmarried parents not living together Unknown or not stated
121	1	MAR_IMP	Mother's Marital Status Imputed	Blank 1	Marital Status not imputed Marital Status imputed
122	1	FILLER	Filler	Blank	
123	1	F_MAR_P	Reporting Flag for Paternity Acknowledged	0 1	Non-Reporting Reporting
124	1	MEDUC	Mother's Education	1 2 3 4 5 6 7 8 9	8 th grade or less 9 th through 12 th grade with no diploma High school graduate or GED completed Some college credit, but not a degree. Associate degree (AA,AS) Bachelor's degree (BA, AB, BS) Master's degree (MA, MS, MEng, MEd, MSW, MBA) Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, LLB, JD) Unknown
125	1	FILLER	Filler	Blank	
126	1	F_MEDUC	Reporting Flag for Education of Mother	0 1	Non-Reporting Reporting
127-141	15	FILLER_M	Filler M	Blank	

142	1	FAGERPT_FLG	Father's Reported Age Used	Blank 1	Father's reported age not used Father's reported age used

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Position	Length	Field	Description	Values	Definition
143-146	4	FILLER	Filler	Blank	
147-148	2	FAGECOMB	Father's Combined Age	09-98 99	Father's combined age in years Unknown or not stated
149-150	2	FAGEREC11	Father's Age Recode 11	01 02 03 04 05 06 07 08 09 10 11	Under 15 years 15-19 years 20-24 years 25-29 years 30-34 years 35-39 years 40-44 years 45-49 years 50-54 years 55-98 years Not stated
151-152	2	FRACE31	Father's Race Recode 31	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	White (only) [only one race reported] Black (only) AIAN (American Indian or Alaskan Native) (only) Asian (only) NHOPI (Native Hawaiian or Other Pacific Islander) (only) Black and White Black and AIAN Black and Asian Black and NHOPI AIAN and White AIAN and Asian AIAN and NHOPI Asian and White Asian and NHOPI NHOPI and White Black, AIAN, and White Black, AIAN, and Asian Black, AIAN, and NHOPI Black, Asian, and White Black, Asian, and NHOPI Black, NHOPI, and White AIAN, Asian, and White AIAN, NHOPI, and White AIAN, Asian, and NHOPI Asian, NHOPI, and White Black, AIAN, Asian, and White Black, AIAN, Asian, and NHOPI Black, AIAN, NHOPI, and White Black, Asian, NHOPI, and White

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Position	Length	Field	Description	Values	Definition
				30	AIAN, Asian, NHOPI, and White
				31	Black, AIAN, Asian, NHOPI, and White
				99	Unknown or Not Stated
153	1	FRACE6	Father's Race Recode 6	1	White (only)
				2	Black (only)
				3	AIAN (only)
				4	Asian (only)
				5	NHOPI (only)
				6	More than one race
				9	Unknown or Not Stated
154-155	2	FRACE15	Father's Race Recode 15	01	White (only)
				02	Black (only)
				03	AIAN (only)
				04	Asian Indian (only)
				05	Chinese (only)
				06	Filipino (only)
				07	Japanese (only)
				08	Korean (only)
				09	Vietnamese (only)
				10	Other Asian (only)
				11	Hawaiian (only)
				12	Guamanian (only)
				13	Samoan (only)
				14	Other Pacific Islander (only)
				15	More than one race
				99	Unknown or Not Stated
156-158	3	FILLER	Filler		
159	1	FHISPX	Father's Hispanic Origin	0	Non-Hispanic
				1	Mexican
				2	Puerto Rican
				3	Cuban
				4	Central or South American
				5	Dominican
				6	Other and Unknown Hispanic
				9	Origin unknown or not stated
160	1	FHISP_R	Father's Hispanic Origin Recode	0	Non-Hispanic
				1	Mexican
				2	Puerto Rican
				3	Cuban
				4	Central and South American
				5	Other and Unknown Hispanic origin

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Position	Length	Field	Description	Values	Definition
				9	Hispanic origin not stated
161	1	F_FHISP	Reporting Flag for Father's Origin	0 1	Non-Reporting Reporting
162	1	FRACEHISP	Father's Race/Hispanic Origin Based on single/multiple-race (fields 151-152, 153, and 154-155).	1 2 3 4 5 6 7 8 9	Non-Hispanic White (only) Non-Hispanic Black (only) Non-Hispanic AIAN (only) Non-Hispanic Asian (only) Non-Hispanic NHOPI (only) Non-Hispanic more than one race Hispanic Origin unknown or not stated Race unknown or not stated (Non-Hispanic)
163	1	FEDUC	Father's Education Use reporting flag in field 165	1 2 3 4 5 6 7 8 9	8 th grade or less 9 th through 12 th grade with no diploma High school graduate or GED completed Some college credit, but not a degree. Associate degree (AA,AS) Bachelor's degree (BA, AB, BS) Master's degree (MA, MS, MEng, MEd, MSW, MBA) Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, LLB, JD) Unknown
164	1	FILLER	Filler	Blank	
165	1	f_FEDUC	Reporting Flag for Education of Father	0 1	Non-Reporting Reporting
166-170	5	FILLER_F	Filler	Blank	

171-172	2	PRIORLIVE	Prior Births Now Living	00-30 99	Number of children still living from previous live births. Unknown or not stated
173-174	2	PRIORDEAD	Prior Births Now Dead	00-30 99	Number of children dead from previous live births. Unknown or not stated
175-176	2	PRIORTERM	Prior Other Terminations	00-30 99	Number other terminations Unknown or not stated
177-178	2	FILLER	Filler	Blank	

Data from non-reporting areas for an item are represented by Blanks ("not on certificate") that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
179	1	LBO_REC	Live Birth Order Recode	1-7 8 9	Number of live birth order. 8 or more live births Unknown or not stated
180-181	2	FILLER	Filler	Blank	
182	1	TBO_REC	Total Birth Order Recode	1-7 8 9	Number of total birth order. 8 or more total births Unknown or not stated
183-197	15	FILLER	Filler	Blank	
198-200	3	ILLB_R	Interval Since Last Live Birth Recode Use reporting flag in field 126	000-003 004-300 888 999	Plural delivery Months since last live birth Not applicable / 1 st live birth Unknown or not stated
201-202	2	ILLB_R11	Interval Since Last Live Birth Recode 11 Use reporting flag in field 126	00 01 02 03 04 05 06 07 08 88 99	Zero to 3 months (plural delivery) 4 to 11 months 12 to 17 months 18 to 23 months 24 to 35 months 36 to 47 months 48 to 59 months 60 to 71 months 72 months and over Not applicable (1 st live birth) Unknown or not stated
203-205	3	FILLER	Filler	Blank	
206-208	3	ILOP_R	Interval Since Last Other Pregnancy Recode Use reporting flag in field 126	000-003 004-300 888 999	Plural delivery Months since last live birth Not applicable / 1 st natality event Unknown or not stated
209-210	2	ILOP_R11	Interval Since Last Other Pregnancy Recode 11 Use reporting flag in field 126	00 01 02 03 04 05 06 07 08 88	Zero to 3 months (plural delivery) 4 to 11 months 12 to 17 months 18 to 23 months 24 to 35 months 36 to 47 months 48 to 59 months 60 to 71 months 72 months and over Not applicable (1 st natality event)

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
				99	Unknown or not stated
211-213	3	FILLER	Filler	Blank	
214-216	3	ILP_R	Interval Since Last Pregnancy Recode Use reporting flag in field 126	000-003 004-300 888 999	Plural delivery Months since last live birth Not applicable / no previous pregnancy Unknown or not stated
217-218	2	ILP_R11	Interval Since Last Pregnancy Recode 11 Use reporting flag in field 126	00 01 00 01 02 03 04 05 06 88 99	Zero to 3 months (plural delivery) 4 to 11 months 12 to 17 months 18 to 23 months 24 to 35 months 36 to 47 months 48 to 59 months 60 to 71 months 72 months and over Not applicable (no previous pregnancy) Unknown or not stated
219-223	5	FILLER_P		Blank	

224-225	2	PRECARE	Month Prenatal Care Began	00 01-10 99	No prenatal care Month prenatal care began Unknown or not stated
226	1	F_MPCB	Reporting Flag for Month Prenatal Care Began	0 1	Non-Reporting Reporting
227	1	PRECARE5	Month Prenatal Care Began Recode	1 2 3 4 5	1 st to 3 rd month 4 th to 6 th month 7 th to final month No prenatal care Unknown or not stated
228-237	10	FILLER	Filler	Blank	
238-239	2	PREVIS	Number of Prenatal Visits	00-98 99	Number of prenatal visits Unknown or not stated
240-241	2	FILLER	Filler	Blank	
242-243	2	PREVIS_REC	Number of Prenatal Visits Recode	01	No visits

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
				02	1 to 2 visits
				03	3 to 4 visits
				04	5 to 6 visits
				05	7 to 8 visits
				06	9 to 10 visits
				07	11 to 12 visits
				08	13 to 14 visits
				09	15 to 16 visits
				10	17 to 18 visits
				11	19 or more visits
				12	Unknown or not stated
244	1	F_TPCV	Reporting Flag for Total Prenatal Care Visits	0	Non-Reporting
				1	Reporting
245-250	6	FILLER	Filler	Blank	

251	1	WIC	WIC	Y	Yes
				N	No
				U	Unknown or not stated
252	1	F_WIC	Reporting Flag for WIC	0	Non-Reporting
				1	Reporting
253-254	2	CIG_0	Cigarettes Before Pregnancy	00-97	Number of cigarettes daily
				98	98 or more cigarettes daily
				99	Unknown or not stated
255-256	2	CIG_1	Cigarettes 1st Trimester	00-97	Number of cigarettes daily
				98	98 or more cigarettes daily
				99	Unknown or not stated
257-258	2	CIG_2	Cigarettes 2nd Trimester	00-97	Number of cigarettes daily
				98	98 or more cigarettes daily
				99	Unknown or not stated
259-260	2	CIG_3	Cigarettes 3rd Trimester	00-97	Number of cigarettes daily
				98	98 or more cigarettes daily
				99	Unknown or not stated
261	1	CIG0_R	Cigarettes Before Pregnancy Recode	0	Nonsmoker
				1	1-5
				2	6-10
				3	11-20

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
				4	21-40
				5	41 or more
				6	Unknown or not stated
262	1	CIG1_R	Cigarettes 1st Trimester Recode	0	Nonsmoker
				1	1-5
				2	6-10
				3	11-20
				4	21-40
				5	41 or more
				6	Unknown or not stated
263	1	CIG2_R	Cigarettes 2nd Trimester Recode	0	Nonsmoker
				1	1-5
				2	6-10
				3	11-20
				4	21-40
				5	41 or more
				6	Unknown or not stated
264	1	CIG3_R	Cigarettes 3rd Trimester Recode	0	Nonsmoker
				1	1-5
				2	6-10
				3	11-20
				4	21-40
				5	41 or more
				6	Unknown or not stated
265	1	F_CIGS_0	Reporting Flag for Cigarettes before Pregnancy	0	Non-Reporting
				1	Reporting
266	1	F_CIGS_1	Reporting Flag for Cigarettes 1st Trimester	0	Non-Reporting
				1	Reporting
267	1	F_CIGS_2	Reporting Flag for Cigarettes 2nd Trimester	0	Non-Reporting
				1	Reporting
268	1	F_CIGS_3	Reporting Flag for Cigarettes 3rd Trimester	0	Non-Reporting
				1	Reporting
269	1	CIG_REC	Cigarette Recode	Y	Yes
				N	No
				U	Unknown or not stated
270	1	F_TOBACO	Reporting Flag for Tobacco use	0	Non-Reporting
				1	Reporting

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
271-279	9	FILLER_R	Filler	Blank	
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280-281	2	M_Ht_In	Mother's Height in Total Inches	30-78 99	Height in inches Unknown or not stated
282	1	F_M_HT	Reporting Flag for Mother's Height	0 1	Non-Reporting Reporting
283-286	4	BMI	Body Mass Index Use reporting flag in field 282	13.0-69.9 99.9	Body Mass Index Unknown or not stated
287	1	BMI_R	Body Mass Index Recode Use reporting flag in field 282	1 2 3 4 5 6 9	Underweight <18.5 Normal 18.5-24.9 Overweight 25.0-29.9 Obesity I 35.0-34.9 Obesity II 35.0-39.9 Extreme Obesity III ≥ 40.0 Unknown or not stated
288-291	4	FILLER	Filler	Blank	
292-294	3	PWgt_R	Pre-pregnancy Weight Recode	075-375 999	Weight in pounds Unknown or not stated
295	1	F_PWGT	Reporting Flag for Pre-pregnancy Weight	0 1	Non-Reporting Reporting
296-298	3	FILLER	Filler	Blank	
299-301	3	DWgt_R	Delivery Weight Recode	100-400 999	Weight in pounds Unknown or not stated
302	1	FILLER	Filler	Blank	
303	1	F_DWGT	Reporting Flag for Delivery Weight	0 1	Non-Reporting Reporting
304-305	2	WTGAIN	Weight Gain	00-97 98 99	Weight gain in pounds 98 pounds and over Unknown or not stated
306	1	WTGAIN_REC	Weight Gain Recode	1	Less than 11 pounds

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
				2	11 to 20 pounds
				3	21 to 30 pounds
				4	31 to 40 pounds
				5	41 to 98 pounds
				9	Unknown or not stated
307	1	F_WTGAIN	Reporting Flag for Weight Gain	0	Non-Reporting
				1	Reporting
308-312	5	FILLER_W	Filler	Blank	

313-342	30	<u>Risk Factors</u>			
313	1	RF_PDIAB	Pre-pregnancy Diabetes	Y	Yes
				N	No
				U	Unknown or not stated
314	1	RF_GDIAB	Gestational Diabetes	Y	Yes
				N	No
				U	Unknown or not stated
315	1	RF_PHYPE	Pre-pregnancy Hypertension	Y	Yes
				N	No
				U	Unknown or not stated
316	1	RF_GHYPE	Gestational Hypertension	Y	Yes
				N	No
				U	Unknown or not stated
317	1	RF_EHYPE	Hypertension Eclampsia	Y	Yes
				N	No
				U	Unknown or not stated
318	1	RF_PPTERM	Previous Preterm Birth	Y	Yes
				N	No
				U	Unknown or not stated
319	1	F_RF_PDIAB	Reporting Flag for Pre-pregnancy Diabetes	0	Non-Reporting
				1	Reporting
320	1	F_RF_GDIAB	Reporting Flag for Gestational Diabetes	0	Non-Reporting
				1	Reporting

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
321	1	F_RF_PHYPER	Reporting Flag for Pre-pregnancy Hypertension	0 1	Non-Reporting Reporting
322	1	F_RF_GHYPER	Reporting Flag for Gestational Hypertension	0 1	Non-Reporting Reporting
323	1	F_RF_ECLAMP	Reporting Flag for Hypertension Eclampsia	0 1	Non-Reporting Reporting
324	1	F_RF_PPB	Reporting Flag for Previous Preterm Birth	0 1	Non-Reporting Reporting
325	1	RF_INFTR	Infertility Treatment Used	Y N U	Yes No Unknown or not stated
326	1	RF_FEDRG	Fertility Enhancing Drugs	Y N X U	Yes No Not applicable Unknown or not stated
327	1	RF_ARTEC	Asst. Reproductive Technology	Y N X U	Yes No Not applicable Unknown or not stated
328	1	f_RF_INFT	Reporting Flag for Infertility Treatment	0 1	Non-Reporting Reporting
329	1	F_RF_INF_DRG	Reporting Flag for Fertility Enhance Drugs	0 1	Non-Reporting Reporting
330	1	F_RF_INF_ART	Reporting Flag for Reproductive Technology	0 1	Non-Reporting Reporting
331	1	RF_CESAR	Previous Cesarean	Y N U	Yes No Unknown or not stated
332-333	2	RF_CESARN	Number of Previous Cesareans	00 01-30 99	None Number of previous cesareans Unknown or not stated
334	1	FILLER	Filler	Blank	
335	1	F_RF_CESAR	Reporting Flag for Previous Cesarean	0	Non-Reporting

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
				1	Reporting
336	1	F_RF_NCESAR	Reporting Flag for Number of Previous Cesareans	0 1	Non-Reporting Reporting
337	1	NO_RISKS	No Risk Factors Reported	1 0 9	True False Not Reported
338-342	5	FILLER_RF	Filler	Blank	

343-358	15	<u>Infections Present</u>			
343	1	IP_GON	Gonorrhea	Y N U	Yes No Unknown or not stated
344	1	IP_SYPH	Syphilis	Y N U	Yes No Unknown or not stated
345	1	IP_CHLAM	Chlamydia	Y N U	Yes No Unknown or not stated
346	1	IP_HEPB	Hepatitis B	Y N U	Yes No Unknown or not stated
347	1	IP_HEPC	Hepatitis C	Y N U	Yes No Unknown or not stated
348	1	F_IP_GONOR	Reporting Flag for Gonorrhea	0 1	Non-Reporting Reporting
349	1	F_IP_SYPH	Reporting Flag for Syphilis	0 1	Non-Reporting Reporting
350	1	F_IP_CHLAM	Reporting Flag for Chlamydia	0 1	Non-Reporting Reporting
351	1	F_IP_HEPATB	Reporting Flag for Hepatitis B	0	Non-Reporting

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
				1	Reporting
352	1	F_IP_HEPATC	Reporting Flag for Hepatitis C	0	Non-Reporting
				1	Reporting
353	1	NO_INFEC	No Infections Reported	1	True
				0	False
				9	Not Reported
354-358	5	FILLER_IP	Filler_IP	Blank	
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359-370	12	<u>Obstetric Procedures</u>			
359	1	FILLER	Filler	Blank	
360	1	OB_ECVS	Successful External Cephalic Version	Y	Yes
				N	No
				U	Unknown or not stated
361	1	OB_ECVF	Failed External Cephalic Version	Y	Yes
				N	No
				U	Unknown or not stated
362	1	FILLER	Filler	Blank	
363	1	F_OB_SUCC	Reporting Flag for Successful External Cephalic Version	0	Non-Reporting
				1	Reporting
364	1	F_OB_FAIL	Reporting Flag for Failed External Cephalic Version	0	Non-Reporting
				1	Reporting
365-382	17	FILLER_OB	Filler_OB	Blank	
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383-400	18	<u>Characteristics of Labor and Delivery</u>			
383	1	LD_INDL	Induction of Labor	Y	Yes
				N	No
				U	Unknown or not stated
384	1	LD_AUGM	Augmentation of Labor	Y	Yes
				N	No

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
				U	Unknown or not stated
385	1	LD_STER	Steroids	Y N U	Yes No Unknown or not stated
386	1	LD_ANTB	Antibiotics	Y N U	Yes No Unknown or not stated
387	1	LD_CHOR	Chorioamnionitis	Y N U	Yes No Unknown or not stated
388	1	LD_ANES	Anesthesia	Y N U	Yes No Unknown or not stated
389	1	F_LD_INDL	Reporting Flag for Induction of Labor	0 1	Non-Reporting Reporting
390	1	F_LD_AUGM	Reporting Flag for Augmentation of Labor	0 1	Non-Reporting Reporting
391	1	F_LD_STER	Reporting Flag for Steroids	0 1	Non-Reporting Reporting
392	1	F_LD_ANTB	Reporting Flag for Antibiotics	0 1	Non-Reporting Reporting
393	1	F_LD_CHOR	Reporting Flag for Chorioamnionitis	0 1	Non-Reporting Reporting
394	1	F_LD_ANES	Reporting Flag for Anesthesia	0 1	Non-Reporting Reporting
395	1	NO_LBRDLV	No Characteristics of Labor Reported	1 0 9	True False Not Reported
396-400	5	FILLER_LD	Filler	Blank	

401-414	14	<u>Method of Delivery</u>			

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
401	1	ME_PRES	Fetal Presentation at Delivery	1 2 3 9	Cephalic Breech Other Unknown or not stated
402	1	ME_ROUT	Final Route & Method of Delivery	1 2 3 4 9	Spontaneous Forceps Vacuum Cesarean Unknown or not stated
403	1	ME_TRIAL	Trial of Labor Attempted (if cesarean)	Y N X U	Yes No Not applicable Unknown or not stated
404	1	F_ME_PRES	Reporting Flag for Fetal Presentation	0 1	Non-Reporting Reporting
405	1	F_ME_ROUT	Reporting Flag for Final Route and Method of Deliver	0 1	Non-Reporting Reporting
406	1	F_ME_TRIAL	Reporting Flag for Trial of Labor Attempted	0 1	Non-Reporting Reporting
407	1	RDMETH_REC	Delivery Method Recode	1 2 3 4 5 6 9	Vaginal (excludes vaginal after previous C-section) Vaginal after previous c-section Primary C-section Repeat C-section Vaginal (unknown if previous c-section) C-section (unknown if previous c-section) Not stated
408	1	DMETH_REC	Delivery Method Recode	1 2 9	Vaginal C-Section Unknown
409	1	F_DMETH_REC	Reporting Flag for Method of Delivery Recode	0 1	Non-Reporting Reporting
410-414	5	FILLER_ME	Filler	Blank	
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415-432	18	<u>Maternal Morbidity</u>			

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
415	1	MM_MTR	Maternal Transfusion	Y N U	Yes No Unknown or not stated
416	1	MM_PLAC	Perineal Laceration	Y N U	Yes No Unknown or not stated
417	1	MM_RUPT	Ruptured Uterus	Y N U	Yes No Unknown or not stated
418	1	MM_UHYST	Unplanned Hysterectomy	Y N U	Yes No Unknown or not stated
419	1	MM_AICU	Admit to Intensive Care	Y N U	Yes No Unknown or not stated
420	1	FILLER	Filler	Blank	
421	1	F_MM_MTR	Reporting Flag for Maternal Transfusion	0 1	Non-Reporting Reporting
422	1	F_MM_PLAC	Reporting Flag for Perineal Laceration	0 1	Non-Reporting Reporting
423	1	F_MM_RUPT	Reporting Flag for Ruptured Uterus	0 1	Non-Reporting Reporting
424	1	F_MM_UHYST	Reporting Flag for Unplanned Hysterectomy	0 1	Non-Reporting Reporting
425	1	F_MM_AICU	Reporting Flag for Admission to Intensive Care	0 1	Non-Reporting Reporting
426	1	FILLER	Filler	Blank	
427	1	NO_MMORB	No Maternal Morbidity Reported	1 0 9	True False Not Reported
428-432	5	FILLER_MM	Filler	Blank	

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
433	1	ATTEND	Attendant at Birth	1 2 3 4 5 9	Doctor of Medicine (MD) Doctor of Osteopathy (DO) Certified Nurse Midwife (CNM) Other Midwife Other Unknown or not stated
434	1	MTRAN	Mother Transferred Use reporting flag in field 126	Y N U	Yes No Unknown
435	1	PAY	Payment Source for Delivery	1 2 3 4 5 6 8 9	Medicaid Private Insurance Self-Pay Indian Health Service CHAMPUS/TRICARE Other Government (Federal, State, Local) Other Unknown
436	1	PAY_REC	Payment Recode	1 2 3 4 9	Medicaid Private Insurance Self Pay Other Unknown
437	1	F_PAY	Reporting Flag for Source of Payment	0 1	Non-Reporting Reporting
438	1	F_PAY_REC	Reporting Flag for Payment Recode	0 1	Non-Reporting Reporting
439-443	5	FILLER_A	Filler	Blank	
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444-445	2	APGAR5	Five Minute APGAR Score	00-10 99	A score of 0-10 Unknown or not stated
446	1	APGAR5R	Five Minute APGAR Recode	1 2 3 4 5	A score of 0-3 A score of 4-6 A score of 7-8 A score of 9-10 Unknown or not stated

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
447	1	F_APGAR5	Reporting Flag for Five minute APGAR	0 1	Non-Reporting Reporting
448-449	2	APGAR10	Ten Minute APGAR Score Use reporting flag in field 126	00-10 88 99	A score of 0-10 Not applicable Unknown or not stated
450	1	APGAR10R	Ten Minute APGAR Recode Use reporting flag in field 126	1 2 3 4 5	A score of 0-3 A score of 4-6 A score of 7-8 A score of 9-10 Not stated/not applicable
451-453	3	FILLER	Filler	Blank	
454	1	DPLURAL	Plurality Recode	1 2 3 4 5	Single Twin Triplet Quadruplet Quintuplet or higher
455	1	FILLER	Filler	Blank	
456	1	IMP_PLUR	Plurality Imputed	Blank 1	Plurality is not imputed Plurality is imputed
457-458	2	FILLER	Filler	Blank	
459	1	SETORDER_R	Set Order Recode Use reporting flag in field 126	1 2 3 4 5 9	1 st 2 nd 3 rd 4 th 5 th to 16 th Unknown or not stated
460-474	15	FILLER	Filler	Blank	

475	1	SEX	Sex of Infant	M F	Male Female
476	1	IMP_SEX	Imputed Sex	Blank 1	Infant Sex not Imputed Infant Sex is Imputed
477-478	2	DLMP_MM	Last Normal Menses Month	01	January

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
				02	February
				03	March
				04	April
				05	May
				06	June
				07	July
				08	August
				09	September
				10	October
				11	November
				12	December
				99	Unknown or not stated
479-480	2	FILLER	Filler	Blank	
481-484	4	DLMP_YY	Last Normal Menses Year	nnnn 9999	Year of last normal menses Unknown or not stated
485-487	3	FILLER	Filler	Blank	
488	1	COMPGST_IMP	Combined Gestation Imputation Flag	Blank 1	Combined Gestation is not imputed Combined Gestation is imputed
489	1	OBGEST_FLG	Obstetric Estimate of Gestation Used Flag	Blank 1	Obstetric Estimate is not used Obstetric Estimate is used
490-491	2	COMBGEST	Combined Gestation – Detail in Weeks	17-47 99	17 th through 47 th week of Gestation Unknown
492-493	2	GESTREC10	Combined Gestation Recode 10	01 02 03 04 05 06 07 08 09 10 99	Under 20 weeks 20-27 weeks 28-31 weeks 32-33 weeks 34-36 weeks 37-38 weeks 39 weeks 40 weeks 41 weeks 42 weeks and over Unknown
494	1	GESTREC3	Combined Gestation Recode 3	1 2 3	Under 37 weeks 37 weeks and over Not stated
495-497	3	FILLER	Filler	Blank	

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
498	1	LMPUSED	Combined Gestation Used Flag	Blank 1	Combined gestation not used Combined gestation used
499-500	2	OEGest_Comb	Obstetric Estimate Edited (NCHS standard item)	17-47 99	Weeks of gestation Not stated
501-502	2	OEGest_R10	Obstetric Estimate Recode10 (NCHS standard item)	01 02 03 04 05 06 07 08 09 10 99	Under 20 weeks 20-27 weeks 28-31 weeks 32-33 weeks 34-36 weeks 37-38 weeks 39 weeks 40 weeks 41 weeks 42 weeks and over Unknown
503	1	OEGest_R3	Obstetric Estimate Recode 3 (NCHS Standard Item)	1 2 3	Under 37 weeks 37 weeks and over Not stated

504-507	4	DBWT	Birth Weight – Detail in Grams (Edited)	0227-8165 9999	Number of grams Not stated birth weight
508	1	FILLER	Filler	Blank	
509-510	2	BWTR12	Birth Weight Recode 12	01 02 03 04 05 06 07 08 09 10 11 12	0227 - 0499 grams 0500 – 0999 grams 1000 - 1499 grams 1500 – 1999 grams 2000 – 2499 grams 2500 – 2999 grams 3000 – 3499 grams 3500 – 3999 grams 4000 – 4499 grams 4500 – 4999 grams 5000 – 8165 grams Not Stated
511	1	BWTR4	Birth Weight Recode 4	1 2 3	0227 - 1499 grams 1500 – 2499 grams 2500 - 8165 grams

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Position	Length	Field	Description	Values	Definition
				4	Unknown or not stated
512-516	5	FILLER_G	Filler	Blank	

517-536	20	<u>Abnormal Conditions of the Newborn</u>			
517	1	AB_AVEN1	Assisted Ventilation (immediately)	Y N U	Yes No Unknown or not stated
518	1	AB_AVEN6	Assisted Ventilation > 6 hrs	Y N U	Yes No Unknown or not stated
519	1	AB_NICU	Admission to NICU	Y N U	Yes No Unknown or not stated
520	1	AB_SURF	Surfactant	Y N U	Yes No Unknown or not stated
521	1	AB_ANTI	Antibiotics for Newborn	Y N U	Yes No Unknown or not stated
522	1	AB_SEIZ	Seizures	Y N U	Yes No Unknown or not stated
523	1	FILLER	Filler	Blank	
524	1	F_AB_VENT	Reporting Flag for Assisted Ventilation (immediately)	0 1	Non-Reporting Reporting
525	1	F_AB_VENT6	Reporting Flag for Assisted Ventilation >6 hrs	0 1	Non-Reporting Reporting
526	1	F_AB_NIUC	Reporting Flag for Admission to NICU	0 1	Non-Reporting Reporting
527	1	F_AB_SURFAC	Reporting Flag for Surfactant	0 1	Non-Reporting Reporting

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
528	1	F_AB_ANTIBIO	Reporting Flag for Antibiotics	0 1	Non-Reporting Reporting
529	1	F_AB_SEIZ	Reporting Flag for Seizures	0 1	Non-Reporting Reporting
530	1	FILLER	Filler	Blank	
531	1	NO_ABNORM	No Abnormal Conditions Checked	1 0 9	True False Not Reported
532-536	5	FILLER_AB	Filler	blank	
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537-566	30	<u>Congenital Anomalies of the Newborn</u>			
537	1	CA_ANEN	Anencephaly	Y N U	Yes No Unknown or not stated
538	1	CA_MNSB	Meningomyelocele / Spina Bifida	Y N U	Yes No Unknown or not stated
539	1	CA_CCHD	Cyanotic Congenital Heart Disease	Y N U	Yes No Unknown or not stated
540	1	CA_CDH	Congenital Diaphragmatic Hernia	Y N U	Yes No Unknown or not stated
541	1	CA_OMP	Omphalocele	Y N U	Yes No Unknown or not stated
542	1	CA_GAST	Gastroschisis	Y N U	Yes No Unknown or not stated
543	1	F_CA_ANEN	Reporting Flag for Anencephaly	0 1	Non-Reporting Reporting
544	1	F_CA_MENIN	Reporting Flag for Meningomyelocele/Spina Bifida	0	Non-Reporting

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
				1	Reporting
545	1	F_CA_HEART	Reporting Flag for Cyanotic Congenital Heart Disease	0 1	Non-Reporting Reporting
546	1	F_CA_HERNIA	Reporting Flag for Congenital Diaphragmatic Hernia	0 1	Non-Reporting Reporting
547	1	F_CA_OMPHA	Reporting Flag for Omphalocele	0 1	Non-Reporting Reporting
548	1	F_CA_GASTRO	Reporting Flag for Gastroschisis	0 1	Non-Reporting Reporting
549	1	CA_LIMB	Limb Reduction Defect	Y N U	Yes No Unknown or not stated
550	1	CA_CLEFT	Cleft Lip w/ or w/o Cleft Palate	Y N U	Yes No Unknown or not stated
551	1	CA_CLPAL	Cleft Palate alone	Y N U	Yes No Unknown or not stated
552	1	CA_DOWN	Down Syndrome	C P N U	Confirmed Pending No Unknown
553	1	CA_DISOR	Suspected Chromosomal Disorder	C P N U	Confirmed Pending No Unknown
554	1	CA_HYPO	Hypospadias	Y N U	Yes, anomaly reported No, anomaly not reported Unknown
555	1	F_CA_LIMB	Reporting Flag for Limb Reduction Defect	0 1	Non-Reporting Reporting
556	1	F_CA_CLEFTLP	Reporting Flag for Cleft Lip with or without Cleft Palate	0 1	Non-Reporting Reporting

Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.

Position	Length	Field	Description	Values	Definition
557	1	F_CA_CLEFT	Reporting Flag for Cleft Palate Alone	0 1	Non-Reporting Reporting
558	1	F_CA_DOWNS	Reporting Flag for Down Syndrome	0 1	Non-Reporting Reporting
559	1	F_CA_CHROM	Reporting Flag for Suspected Chromosomal Disorder	0 1	Non-Reporting Reporting
560	1	F_CA_HYPOS	Reporting Flag for Hypospadias	0 1	Non-Reporting Reporting
561	1	NO_CONGEN	No Congenital Anomalies Checked	1 0 9	True False Not Reported
562-566	5	FILLER_CA	Filler	Blank	
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567	1	ITRAN	Infant Transferred Use reporting flag in field 126	Y N U	Yes No Unknown or not stated
568	1	ILIVE	Infant Living at Time of Report Use reporting flag in field 126	Y N U	Yes No Unknown or not stated
569	1	BFED	Infant Breastfed at Discharge	Y N U	Yes No Unknown or not stated
570	1	F_BFED	Reporting Flag for Breastfed at Discharge	0 1	Non-Reporting Reporting
571-1330	760	FILLER_X	Filler	Blank	
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Data from non-reporting areas for an item are represented by Blanks (“not on certificate”) that are not otherwise indicated in the Values and Definitions.