

2005
Public Use –Natality File Record Layout

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
1-6	6	FILLER	Filler			Blank	
7	1	REVISION	Revision		U,R	A S	Data based on the 2003 revision of the US Standard Birth Certificate (Revised) Data based on the 1989 revision of the US Standard Birth Certificate (Unrevised)
8	1	RECWT	Record Weight		U,R	1	
9-14	6	FILLER	Filler			Blank	
15-18	4	DOB_YY	Birth Year		U,R	2004	Year of birth
19-20	2	DOB_MM	Birth Month		U,R	01 02 03 04 05 06 07 08 09 10 11 12	January February March April May June July August September October November December
21-28	8	FILLER	Filler			Blank	
29	1	DOB_WK	Weekday		U,R	1 2 3 4 5 6 7	Sunday Monday Tuesday Wednesday Thursday Friday Saturday
30-31	2	OTERR	Occurrence Territory/Possession <i>(This item is available in the territory/possession file only, geographic codes are not available in the U.S. file)</i>		U,R		

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						AS GU MP PR VI	American Samoa Guam Northern Marianas Puerto Rico Virgin Islands
			<u>Outlying Areas of the United States</u>				
32-36	5	FILLER	Filler			Blank	
37-39	3	OCNTY	Occurrence County <i>(This item is available in the territory/possession file only, geographic codes are not available in the U.S. file)</i>		U,R		
			<u>Puerto Rico</u>			021 025 031 097 113 127 999	Bayamo'n Caguas Carolina Mayaguez Ponce San Juan County of less than 100,000
			<u>Other Outlying Areas of the United States</u>			000 999	No county level geography County of less than 100,000
40	1	OCNTYPOP	Occurrence County Pop <i>(This item is available in the territory/possession file only, geographic codes are not available in the U.S. file)</i>		U,R	0 1 2 3 9	County of 1,000,000 or more County of 500,000 to 1,000,000 County of 250,000 to 500,000 County of 100,000 to 250,000 County less than 100,000
41	1	BFACIL	Birth Place		R	1 2 3 4 5 6 7 9 Blank	Hospital Freestanding Birthing Center Home (intended) Home (not intended) Home (unknown if intended) Clinic / Doctor's Office Other Unknown Not on certificate

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42	1	UBFACIL	Birth Place		U,R	1 2 3 4 5 9	Hospital Freestanding Birthing Center Clinic / Doctor's Office Residence Other Unknown
43-58	16	FILLER	Filler			Blank	
59	1	BFACIL3	Birth Place Recode		U,R	1 2 3	In Hospital Not in Hospital Unknown or Not Stated
60-86	27	FILLER	Filler			Blank	
87	1	MAGE_IMPFLG	Mother's Age Imputed		U,R	Blank 1	Age not imputed Age imputed
88	1	MAGE_REPFLG	Reported Age of Mother Flag		U,R	Blank 1	Reported age not used Reported age used
89-90	2	MAGER	Mother's Single Year of Age		U,R	12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	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

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						31	31 years
						32	32 years
						33	33 years
						34	34 years
						35	35 years
						36	36 years
						37	37 years
						38	38 years
						39	39 years
						40	40 years
						41	41 years
						42	42 years
						43	43 years
						44	44 years
						45	45 years
						46	46 years
						47	47 years
						48	48 years
						49	49 years
						50	50-54 years
91-92	2	MAGER14	Mother's Age Recode 14		U,R	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
93	1	MAGER9	Mother's Age Recode 9		U,R	1	Under 15 years
						2	15-19 years
						3	20-24 years
						4	25-29 years
						5	30-34 years

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						6	35-39 years
						7	40-44 years
						8	45-49 years
						9	50-54 years
94-95	2	MBCNTRY	Mother's Birth Country <i>(This item is available in the territory/possession file only, geographic codes are not available in the U.S. file)</i>		R**	AA-ZZ	A complete list of countries is shown in the Geographic Code Outline, which follows the record layout.
** Also includes unrevised territories/possessions that use new geographic coding							
96-108	13	FILLER	Filler				Blank
109-110	2	MRTERR	Mother's Residence Territory/Possession <i>(This item is available in the territory/possession file only, geographic codes are not available in the U.S. file)</i>		U,R		
			<u>Outlying Areas of the United States</u>			AS	American Samoa
						GU	Guam
						MP	Northern Marianas
						PR	Puerto Rico
						VI	Virgin Islands
			<u>Foreign</u>			CC	Canada
						CU	Cuba
						MX	Mexico
						XX	Not Applicable
						ZZ	Not Classifiable
111-113	3	FILLER	Filler				Blank
114-116	3	MRCNTY	Mother's County of Residence <i>(This item is available in the territory/possession file only, geographic codes are not available in the U.S. file)</i>		U,R		
			<u>Puerto Rico</u>			021	Bayamo'n
						025	Caguas
						031	Carolina
						097	Mayaguez

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						113	Ponce
						127	San Juan
						999	County of less than 100,000 population or foreign resident
			<u>Other Outlying Areas of the United States</u>			000	No county level geography
						999	County of less than 100,000 population or foreign resident
117-131	15	FILLER	Filler			Blank	
132	1	RCNTY_POP	Population of Residence County <i>(This item is available in the territory/possession file only, geographic codes are not available in the U.S. file)</i>		U,R	0 1 2 3 9 Z	County of 1,000,000 or more County of 500,000 to 1,000,000 County of 250,000 to 500,000 County of 100,000 to 250,000 County less than 100,000 Foreign resident
133-136	4	FILLER	Filler			Blank	
137	1	RECTYPE	Record Type <i>(This item is available in the territory/possession file only, geographic codes are not available in the U.S. file)</i>		U,R	1 2	RESIDENT: Territory/Possession and county of occurrence and residence are the same. NONRESIDENT: Territory/Possession and county of occurrence and residence are different.
138	1	RESTATUS	Residence Status <u>United States</u>		U,R	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>Outlying Areas of the United States</u>			1	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.)

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						2	INTRATERRITORY NONRESIDENT: Territory of occurrence and residence are the same but county is different.
						2	INTERTERRITORY RESIDENT: Territory of occurrence and residence are different but both are US Territories.
						3	FOREIGN RESIDENT: The residence is not a US Territory.
139-140	2	MBRACE	Mother's Bridged Race Includes only states reporting multiple race. Codes 01-14 used for individuals reporting only one race. Codes 21-24 used for individuals reporting more than one race that have been bridged to a single race. Code 24 also used for individuals reporting more than one Asian/Pacific Islander group; see "Technical Appendix." ** Also includes unrevised states that report multiple race.		R**	01 02 03 04 05 06 07 08 09 10 11 12 13 14 21 22 23 24 Blank	White – single race Black – single race American Indian / Alaskan Native – single race Asian Indian – single race Chinese – single race Filipino – single race Japanese – single race Korean – single race Vietnamese – single race Other Asian – single race Hawaiian – single race Guamanian – single race Samoan – single race Other Pacific Islander – single race White – bridged multiple race Black – bridged multiple race American Indian / Alaskan Native – bridged multiple race Asian / Pacific Islander – bridged multiple race Not on certificate
141-142	2	MRACE	Mother's Race Includes only states exclusively reporting single race. Some areas report additional Asian or Pacific Islander (API) codes for race. Codes 18-68 replace old code 08 for these areas. Code 78 replaces old code 08 for all other areas. See reporting flag at pos.650 for expanded API reporting area.		U		
			<u>United States</u>			01 02 03 04	White Black American Indian / Alaskan Native Chinese
*U,R			Includes data based on both the 1989 Revision of the U.S. Certificate of Live Birth (unrevised), and the 2003 Revision of the U.S. Certificate of Live Birth (revised).				
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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						18	Asian Indian
						28	Korean
						38	Samoan
						48	Vietnamese
						58	Guamanian
						68	Other Asian / Pacific Islander in areas reporting codes 18-58.
						78	Combined other Asian / Pacific Islander, includes 18-68 for areas that do not report them separately.
						Blank	Not on certificate
			<u>Puerto Rico</u>			01	White
						02	Black
						00	Other races
						Blank	Not on certificate
			<u>Guam</u>			01	White
						02	Black
						03	American Indian / Alaskan Native
						04	Chinese
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						08	Other Asian or Pacific Islander
						58	Gumanian
						Blank	Not on certificate
			<u>All other Outlying Areas of the United States</u>			01	White
						02	Black
						03	American Indian / Alaskan Native
						04	Chinese
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						08	Other Asian or Pacific Islander
						Blank	Not on certificate

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143	1	MRACEREC	Mother's Race Recode Includes individuals reporting only one race and individuals reporting more than one race bridged to a single race.		U,R		
			<u>United States and all Outlying Areas of the United States except Puerto Rico</u>			1 2 3 4	White Black American Indian / Alaskan Native Asian / Pacific Islander
			<u>Puerto Rico</u>			1 2 0	White Black Other (not classified as White or Black)
144	1	MRACEIMP	Mother's Race Imputed Flag		U,R	Blank 1 2	Mother's race not imputed Unknown race imputed All other races, formerly coded 09, imputed.
145-147	3	FILLER	Filler			Blank	
148	1	UMHISP	Mother's Hispanic Origin	569	U,R	0 1 2 3 4 5 9	Non-Hispanic Mexican Puerto Rican Cuban Central or South American Other and Unknown Hispanic Origin unknown or not stated
149	1	MRACEHISP	Mother's Race/Hispanic Origin	569	U,R	1 2 3 4 5 6 7 8 9	Mexican Puerto Rican Cuban Central or South American Other and Unknown Hispanic Non-Hispanic White Non-Hispanic Black Non-Hispanic Other Races Origin unknown or not stated

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150-152	3	FILLER	Filler			Blank	
153	1	MAR	Mother's Marital Status		U,R		
			<u>United States and all Outlying Areas of the United States except Puerto Rico</u>			1 2 9	Yes No Unknown or not Stated
			<u>Puerto Rico</u>			1 2 3 9	Yes Unmarried parents living together Unmarried parents not living together Unknown or not stated
154	1	MAR_IMP	Mother's Marital Status Imputed Flag		U,R	Blank 1	Marital Status not imputed Marital Status imputed
155	1	MEDUC	Mother's Education	571	R	1 2 3 4 5 6 7 8 9 Blank	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) Doctorate (PHD, EdD) or Professional Degree (MD, DDS, DVM, LLB, JD) Unknown Not on certificate
156-157	2	DMEDUC	Mother's Education	647	U	00 01-08 09 10 11 12 13 14 15 16 17 99	No formal education Years of elementary school 1 year of high school 2 years of high school 3 years of high school 4 years of high school 1 year of college 2 years of college 3 years of college 4 years of college 5 or more years of college Not stated

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						Blank	Not on certificate
158	1	MEDUC_REC	Mother's Education Recode	647	U	1 2 3 4 5 6 Blank	0 – 8 years 9 – 11 years 12 years 13 – 15 years 16 years and over Not stated Not on certificate
159-174	16	FILLER	Filler			Blank	
175	1	FAGERPT_FLG	Father's Reported Age Used		U,R	Blank 1	Father's reported age not used Father's reported age used
176-177	2	FAGERPT	Father's Reported Age		U,R	09-98 99	Father's reported age in years Unknown or not stated
178-181	4	FILLER	Filler			Blank	
182-183	2	FAGECOMB	Father's Combined Age (Revised)		R	09-98 99 Blank	Father's combined age in years Unknown or not stated Not on certificate
184-185	2	UFAGECOMB	Father's Combined Age		U,R	10-98 99	Father's combined age in years Unknown or not stated
186-187	2	FAGEREC11	Father's Age Recode 11		U,R	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

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188-189	2	FBRACE	<p>Father's Bridged Race Includes only states reporting multiple race. Codes 01-14 used for individuals reporting only one race. Codes 21-24 used for individuals reporting more than one race that have been bridged to a single race. Code 24 also used for individuals reporting more than one Asian/Pacific Islander group; see "Technical Appendix."</p> <p>** Also includes unrevised states that report multiple race.</p>		R**	01 02 03 04 05 06 07 08 09 10 11 12 13 14 21 22 23 24 99 Blank	<p>White – single race Black – single race American Indian / Alaskan Native – single race Asian Indian – single race Chinese – single race Filipino – single race Japanese – single race Korean – single race Vietnamese – single race Other Asian – single race Hawaiian – single race Guamanian – single race Samoan – single race Other Pacific Islander – single race White – bridged multiple race Black – bridged multiple race American Indian / Alaskan Native – bridged multiple race Asian / Pacific Islander – bridged multiple race Unknown or not stated, also includes states not reporting multiple race. Not on certificate</p>
190	1	FILLER	Filler			Blank	Blank
191	1	FRACEREC	<p>Father's Race Recode Includes individuals reporting only one race and individuals reporting more than one race bridged to a single race.</p> <p style="text-align: center;"><u>United States and all Outlying Areas of the United States except Puerto Rico</u></p> <p style="text-align: center;"><u>Puerto Rico</u></p>		U,R	1 2 3 4 9 1 2 9 0	<p>White Black American Indian / Alaskan Native Asian / Pacific Islander Unknown or not stated White Black Unknown or not stated Other (not classified as White or Black)</p>

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192-194	3	FILLER	Filler			Blank	
195	1	UFHISP	Father's Hispanic Origin	570	U,R	0 1 2 3 4 5 9	Non-Hispanic Mexican Puerto Rican Cuban Central American Other and Unknown Hispanic Origin unknown or not stated
196	1	FRACEHISP	Father's Race/Hispanic Origin	570	U,R	1 2 3 4 5 6 7 8 9	Mexican Puerto Rican Cuban Central or South American Other and Unknown Hispanic Non-Hispanic White Non-Hispanic Black Non-Hispanic Other Races Origin unknown or not stated
197-198	2	FILLER	Filler			Blank	
199-200	2	FRACE	Father's Race <u>United States</u>		U	01 02 03 04 05 06 07 18 28 38 48 58 68 78	White Black American Indian / Alaskan Native Chinese Japanese Hawaiian (includes part Hawaiian) Filipino Asian Indian Korean Samoan Vietnamese Guamanian Other Asian / Pacific Islander in areas reporting codes 18-58. Combined other Asian / Pacific Islander, includes 18-68

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							for areas that do not report them separately.
						99	Unknown or not stated
						Blank	Not on certificate
			<u>Puerto Rico</u>			01	White
						02	Black
						00	Other races
						99	Unknown or not stated
						Blank	Not on certificate
			<u>Guam</u>			01	White
						02	Black
						03	American Indian / Alaskan Native
						04	Chinese
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						08	Other Asian or Pacific Islander
						58	Gumanian
						99	Unknown or not stated
						Blank	Not on certificate
			<u>All other Outlying Areas of the United States</u>			01	White
						02	Black
						03	American Indian / Alaskan Native
						04	Chinese
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						08	Other Asian or Pacific Islander
						99	Unknown or not stated
						Blank	Not on certificate
201-203	3	FILLER	Filler			Blank	
204-205	2	PRIORLIVE	Prior Births Now Living		U,R	00-30 99	Number of children still living Unknown or not stated
206-207	2	PRIORDEAD	Prior Births Now Dead		U,R	00-30 99	Number of children dead Unknown or not stated

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208-209	2	PRIORTERM	Prior Other Terminations		U,R	00-30 99	Number other terminations Unknown or not stated
210-211	2	LBO	Live Birth Order		U,R	01-31 99	Sum of all previous live births (now living and now dead) plus current birth Unknown or not stated
212	1	LBO_REC	Live Birth Order Recode		U,R	1-7 8 9	Live birth order Live birth order of 8 or more Unknown or not stated
213-214	2	FILLER	Filler			Blank	
215-216	2	TBO	Total Birth Order		U,R	01-40 99	Sum of all previous pregnancies plus current birth Unknown or not stated
217	1	TBO_REC	Total Birth Order Recode		U,R	1-7 8 9	Total birth order Total birth order of 8 or more Unknown or not stated
218-219	2	FILLER	Filler			Blank	
220-221	2	DLLB_MM	Date of Last Live Birth - Month		R	01 02 03 04 05 06 07 08 09 10 11 12 88 99	January February March April May June July August September October November December Not applicable Unknown or not stated

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222-225	4	DLLB_YY	Date of Last Live Birth - Year		R	nnnn 8888 9999	Year of last live birth Not applicable Unknown or not stated
226-244	19	FILLER	Filler			Blank	
245-246	2	PRECARE	Month Prenatal Care Began	668	R	00 01-10 99 Blank	No prenatal care Month prenatal care began Unknown or not stated Not on certificate
247	1	PRECARE_REC	Month Prenatal Care Began Recode	668	R	1 2 3 4 5 Blank	1 st to 3 rd month 4 th to 6 th month 7 th to final month No prenatal care Unknown or not stated Not on certificate
248-255	8	FILLER	Filler			Blank	
256-257	2	MPCB	Month Prenatal Care Began	669	U	00 01-10 99 Blank	No prenatal care Month prenatal care began Unknown or not stated Not on certificate
258	1	MPCB_REC6	Month Prenatal Care Began Recode 6	669	U	1 2 3 4 5 6 Blank	1 st to 2 nd month 3 rd month 4 th to 6 th month 7 th to final month No prenatal care Unknown or not stated Not on certificate
259	1	MPCB_REC5	Month Prenatal Care Began Recode 5	669	U	1 2	1 st trimester (1 st to 3 rd month) 2 nd trimester (4 th to 6 th month)

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						3	3 rd trimester (7 th to final month)
						4	No prenatal care
						5	Unknown or not stated
						Blank	Not on certificate
260-269	10	FILLER	Filler			Blank	
270-271	2	UPREVIS	Number of Prenatal Visits		U,R	00-49 99	Number of prenatal visits Unknown or not stated
272-273	2	PREVIS_REC	Number of Prenatal Visits Recode		U,R	01 02 03 04 05 06 07 08 09 10 11 12	No visits 1 to 2 visits 3 to 4 visits 5 to 6 visits 7 to 8 visits 9 to 10 visits 11 to 12 visits 13 to 14 visits 15 to 16 visits 17 to 18 visits 19 or more visits Unknown or not stated
274	1	FILLER	Filler			Blank	
275	1	APNCU	Adequacy of Prenatal Care Utilization Index	668	R	1 2 3 4 5 Blank	Inadequate Intermediate Adequate Adequate + Unknown Not on certificate
276-277	2	WTGAIN	Weight Gain	648	U,R	00-97 98 99	Weight gain in pounds 98 pounds and over Unknown or not stated
278	1	WTGAIN_REC	Weight Gain Recode	648	U,R	1 2 3	Less than 16 pounds 16 to 20 pounds 21 to 25 pounds

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						4	26 to 30 pounds
						5	31 to 35 pounds
						6	36 to 40 pounds
						7	41 to 45 pounds
						8	46 or more pounds
						9	Unknown or not stated
279	1	U_APNCU	Adequacy of Prenatal Care Utilization Index	669	U	1	Inadequate
						2	Intermediate
						3	Adequate
						4	Adequate +
						5	Unknown
						Blank	Not on certificate
280	1	DFPC_IMP	Day of Date First Prenatal Care Imputed		R	Blank	Day of date first prenatal care not imputed
						1	Day of date first prenatal care imputed
281-283	3	FILLER	Filler			Blank	
284-285	2	CIG_1	Cigarettes 1st Trimester	575	R	00-97	Number of cigarettes daily
						98	98 or more cigarettes daily
						99	Unknown or not stated
						Blank	Not on certificate
286-287	2	CIG_2	Cigarettes 2nd Trimester	575	R	00-97	Number of cigarettes daily
						98	98 or more cigarettes daily
						99	Unknown or not stated
						Blank	Not on certificate
288-289	2	CIG_3	Cigarettes 3rd Trimester	575	R	00-97	Number of cigarettes daily
						98	98 or more cigarettes daily
						99	Unknown or not stated
						Blank	Not on certificate
290	1	TOBUSE	Tobacco Use	667	U	1	Yes
						2	No
						9	Unknown or not stated
						Blank	Not on certificate

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291-292	2	CIGS	Cigarettes per Day		U	00-97 98 99 Blank	Number of cigarettes daily 98 or more cigarettes daily Unknown or not stated Not on certificate
293	1	CIG_REC6	Cigarette Recode		U	0 1 2 3 4 5 6 Blank	Non-smoker 1 to 5 cigarettes daily 6 to 10 cigarettes daily 11 to 20 cigarettes daily 21 to 40 cigarettes daily 41 or more cigarettes daily Unknown or not stated Not on certificate
294	1	CIG_REC	Cigarette Recode	575	R	Y N U Blank	Yes No Unknown or not stated Not on certificate
295	1	ALCOHOL	Alcohol Use	649	U	1 2 9 Blank	Yes No Unknown or not stated Not on certificate
296-297	2	DRINKS	Drinks per Week	649	U	00-97 98 99 Blank	Number of drinks weekly 98 or more drinks weekly Unknown or not stated Not on certificate
298	1	DRINKS_REC	Drinks Recode	649	U	0 1 2 3 4 5 Blank	Non drinker 1 drink per week 2 drinks per week 3-4 drinks per week 5 or more drinks per week Unknown or not stated Not on certificate
299-312	14	FILLER	Filler			Blank	

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313-319	9	<u>Risk Factors (Revised)</u> The checkbox items below follow this code structure:				Y N U Blank	Yes No Unknown or not stated Not on certificate
313	1	RF_DIAB	Prepregnancy Diabetes	582	R		
314	1	RF_GEST	Gestational Diabetes	583	R		
315	1	RF_PHYP	Prepregnancy Hypertension	584	R		
316	1	RF_GHYP	Gestational Hypertension	585	R		
317	1	RF_ECLAM	Eclampsia	586	R		
318	1	RF_PPTERM	Previous Preterm Birth	587	R		
319	1	RF_PPOUTC	Poor Pregnancy Outcome	588	R		
320-323	4	FILLER	Filler			Blank	
324	1	RF_CESAR	Previous Cesarean Deliveries	593	R	Y N U Blank	Yes No Unknown or not stated Not on certificate
325-326	2	RF_CESARN	Number of Previous Cesarean Deliveries	594	R	00 01-30 99 Blank	None Number of previous cesareans Unknown or not stated Not on certificate
327	1	FILLER	Filler			Blank	
328-344	17	<u>Risk Factors</u> The checkbox items below follow this structure: The version is all 1989 Standard unless otherwise noted.				1 2 9 Blank	Yes No Unknown Not on certificate
328	1	URF_ANEMIA	Anemia	681	U		
329	1	URF_CARDC	Cardiac	682	U		
330	1	URF_LUNG	Acute or Chronic Lung Disease				

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
				683	U		
331	1	URF_DIAB	Diabetes	684	U,R		
332	1	URF_GEN	Genital Herpes	685	U		
333	1	URF_HYDR	Hydramnios / Oligohydramnios	686	U		
334	1	URF_HEMO	Hemoglobinopathy	687	U		
335	1	URF_CHYPER	Chronic Hypertension	688	U,R		
336	1	URF_PHYPER	Pregnancy Associated Hypertension	689	U,R		
337	1	URF_ECLAM	Eclampsia	690	U,R		
338	1	URF_INCERV	Incompetent Cervix	691	U		
339	1	URF_PRE4000	Previous Infant 4000+ Grams	692	U		
340	1	URF_PRETERM	Previous Preterm Small for Gestation	693	U		
341	1	URF_RENAL	Renal Disease	694	U		
342	1	URF_RH	Rh Sensitization	695	U		
343	1	URF_UTERINE	Uterine Bleeding	696	U		
344	1	URF_OTHER	Other medical risk factors	697	U		
345-350	6	FILLER	Filler			Blank	
351-354	4	<u>Obstetric Procedures (Revised)</u> The checkbox items below follow this structure:				Y N U Blank	Yes No Unknown or not stated Not on certificate
351	1	OP_CERV	Cervical Cerclage	601	R		
352	1	OP_TOCOL	Tocolysis	602	R		
353	1	OP_ECVS	Successful External Cephalic Version	603	R		
354	1	OP_ECVF	Failed External Cephalic Version	604	R		
355-361	7	<u>Obstetric Procedures</u> The checkbox items below follow this structure: The version is all 1989 Standard unless otherwise noted.				1 2 9	Yes No Unknown or not stated

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						Blank	Not on certificate
355	1	UOP_AMNIO	Amniocentesis	701	U		
356	1	UOP_MONIT	Electronic Fetal Monitoring	702	U		
357	1	UOP_INDUC	Induction of Labor	703	U,R		
358	1	UOP_STIML	Stimulation of Labor	704	U		
359	1	UOP_TOCOL	Tocolysis	705	U,R		
360	1	UOP_ULTRA	Ultrasound	706	U		
361	1	UOP_OTHER	Other Obstetric Procedures	707	U		
362-364	3	<u>Onset of Labor</u> The checkbox items below follow this structure:				Y N U Blank	Yes No Unknown or not stated Not on certificate
362	1	ON_RUPTR	Premature Rupture of Membrane	605	R		
363	1	ON_PRECIP	Precipitous Labor	606	R		
364	1	ON_PROL	Prolonged Labor	607	R		
365-373	9	<u>Characteristics of Labor and Delivery (Revised)</u> The checkbox items below follow this structure:				Y N U Blank	Yes No Unknown or not stated Not on certificate
365	1	LD_INDL	Induction of Labor	608	R		
366	1	LD_AUGM	Augmentation of Labor	609	R		
367	1	LD_NVPR	Non-Vertex Presentation	610	R		
368	1	LD_STER	Steroids	611	R		
369	1	LD_ANTI	Antibiotics	612	R		
370	1	LD_CHOR	Chorioamnionitis	613	R		
371	1	LD_MECS	Meconium Staining	614	R		
372	1	LD_FINT	Fetal Intolerance	615	R		
373	1	LD_ANES	Anesthesia	616	R		
374-389	16	<u>Complications of Labor and Delivery</u> The checkbox items below follow this structure: The version is all 1989 Standard unless otherwise noted.				1 2 9	Yes No Unknown or not stated

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						Blank	Not on certificate
374	1	ULD_FEBR	Febrile	711	U		
375	1	ULD_MECO	Meconium	712	U,R		
376	1	ULD_RUPTR	Premature Rupture of Membrane	713	U		
377	1	ULD_ABRUP	Abruptio Placenta	714	U		
378	1	ULD_PREPLA	Placenta Previa	715	U		
379	1	ULD_EXCBL	Other Excessive Bleeding	716	U		
380	1	ULD_SEIZ	Seizures During Labor	717	U		
381	1	ULD_PRECIP	Precipitous Labor	718	U,R		
382	1	ULD_PROLG	Prolonged Labor	719	U		
383	1	ULD_DYSFN	Dysfunctional Labor	720	U		
384	1	ULD_BREECH	Breech	721	U,R		
385	1	ULD_CEPHAL	Cephalopelvic Disproportion	722	U		
386	1	ULD_CORD	Cord Prolapse	723	U		
387	1	ULD_ANEST	Anesthetic Complications	724	U		
388	1	ULD_DISTR	Fetal Distress	725	U		
389	1	ULD_OTHER	Other Complications	726	U		
390-394	5	<u>Method of Delivery (Revised)</u>					
390	1	ME_ATTf	Attempted Forceps	617	R	Y N U Blank	Yes No Unknown Not on certificate
391	1	ME_ATTv	Attempted Vacuum	618	R	Y N U Blank	Yes No Unknown Not on certificate
392	1	ME_PRES	Fetal Presentation	619	R	1 2 3 9 Blank	Cephalic Breech Other Unknown or not stated Not on certificate
393	1	ME_ROUT	Route & Method of Delivery	620	R	1 2	Spontaneous Forceps

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						3	Vacuum
						4	Cesarean
						9	Unknown or not stated
						Blank	Not on certificate
394	1	ME_TRIAL	Trial of Labor Attempted	621	R	Y	Yes
						N	No
						X	Not applicable
						U	Unknown or not stated
						Blank	Not on certificate
395-400	6	<u>Method of Delivery (Unrevised)</u>					
		The checkbox items indented below follow this structure:					
						1	Yes
						2	No
						9	Unknown or not stated
395	1	UME_VAG	Vaginal	730	U		
396	1	UME_VBAC	Vaginal after C-Section	731	U		
397	1	UME_PRIMC	Primary C-Section	732	U		
398	1	UME_REPEC	Repeat C-Section	733	U		
399	1	UME_FORCP	Forceps	734	U,R		
400	1	UME_VAC	Vacuum	735	U,R		
401	1	RDMETH_REC	Delivery Method Recode (Revised)		R	1	Vaginal (excludes vaginal after previous C-section)
						2	Vaginal after previous c-section
						3	Primary C-section
						4	Repeat C-section
						5	Vaginal (unknown if previous c-section) (2003 Standard only)
						6	C-section (unknown if previous c-section) (2003 Standard Only)
						9	Not stated
402	1	UDMETH_REC	Delivery Method Recode (Unrevised)		U	1	Vaginal (excludes vaginal after previous C-section)
						2	Vaginal after previous c-section
						3	Primary C-section
						4	Repeat C-section
						9	Not stated

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
403	1	DMETH_REC			U,R	1 2 9	Vaginal C-Section Unknown
404-409	6	FILLER	Filler			Blank	
410	1	ATTEND	Attendant		U,R	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
411-414	4	FILLER	Filler			Blank	
415-416	2	APGAR5	Five Minute APGAR Score	574	U,R	00-10 99	A score of 0-10 Unknown or not stated
417	1	APGAR5R	Five Minute APGAR Recode	574	U,R	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
418-422	5	FILLER	Filler			Blank	
423	1	DPLURAL	Plurality Recode		U,R	1 2 3 4 5	Single Twin Triplet Quadruplet Quintuplet or higher
424	1	FILLER	Filler			Blank	
425	1	IMP_PLUR	Plurality Imputed		U,R	Blank 1	Plurality is not imputed Plurality is imputed

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426-435	10	FILLER	Filler			Blank	
436	1	SEX	Sex of Infant		U,R	M F	Male Female
437	1	IMP_SEX	Imputed Sex		U,R	Blank 1	Infant Sex not Imputed Infant Sex is Imputed
438-439	2	DLMP_MM	Last Normal Menses - Month		U,R	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 or not stated
440-441	2	DLMP_DD	Last Normal Menses - Day		U,R	01-31 99	As applicable to month of LMP Unknown or not stated
442-445	4	DLMP_YY	Last Normal Menses - Year		U,R	nnnn 9999	Year of last normal menses Unknown or not stated
446-447	2	ESTGEST	Obstetric/Clinical Gestation Est. 573		U,R	00-98 99	0 through 98 th week of gestation Unknown or not stated
448-450	3	FILLER	Filler			Blank	
451-452	2	COMBGEST	Gestation – Detail in Weeks		U,R	17-47 99	17 th through 47 th week of Gestation Unknown
453-454	2	GESTREC10	Gestation Recode 10		U,R	01 02 03 04	Under 20 weeks 20-27 weeks 28-31 weeks 32-35 weeks

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						05	36 weeks
						06	37-39 weeks
						07	40 weeks
						08	41 weeks
						09	42 weeks and over
						10	Unknown
455	1	GESTREC3	Gestation Recode 3		U,R	1	Under 37 weeks
						2	37 weeks and over
						3	Not stated
456	1	OBGEST_FLG	Clinical Estimate of Gestation Used Flag		U,R	Blank	Clinical Estimate is not used
						1	Clinical Estimate is used
457	1	GEST_IMP	Gestation Imputed Flag		U,R	Blank	Gestation is not imputed
						1	Gestation is imputed
458-462	5	FILLER	Filler			Blank	
463-466	4	DBWT	Birth Weight – Detail in Grams		U,R	0227-8165	Number of grams
467-470	4	FILLER	Filler			Blank	
471-472	2	BWTR12	Birth Weight Recode 12		U,R	01	499 grams or less
						02	500 – 999 grams
						03	1000 - 1499 grams
						04	1500 – 1999 grams
						05	2000 – 2499 grams
						06	2500 – 2999 grams
						07	3000 – 3400 grams
						08	3500 – 3999 grams
						09	4000 – 4499 grams
						10	4500 – 4999 grams
						11	5000 – 8165 grams
						12	Not Stated
473	1	BWTR4	Birth Weight Recode 4		U,R	1	1499 grams or less
						2	1500 – 2499 grams
						3	2500 grams or more
						4	Unknown or not stated

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
474-475	2	FILLER	Filler			Blank	
476-482	7	<u>Abnormal Conditions of the Newborn (Revised)</u> The checkbox items below follow this structure:				Y N U Blank	Yes, Complication reported No Complication reported Unknown or not stated Not on certificate
476	1	AB_AVEN1	Assisted Ventilation	628	R		
477	1	AB_AVEN6	Assisted Ventilation > 6 hrs	629	R		
478	1	AB_NICU	Admission to NICU	630	R		
479	1	AB_SURF	Surfactant	631	R		
480	1	AB_ANTI	Antibiotics	632	R		
481	1	AB_SEIZ	Seizures	633	R		
482	1	AB_BINJ	Birth Injury	634	R		
483-491	9	<u>Abnormal Conditions of the Newborn</u> The checkbox items below follow this structure:				1 2 9 Blank	Complication reported Complication not reported Complication not classifiable Not on certificate
483	1	UAB_ANEM	Anemia	740	U		
484	1	UAB_INJURY	Birth Injury	741	U		
485	1	UAB_ALCOH	Fetal Alcohol Syndrome	742	U		
486	1	UAB_HYAL	Hyaline Membrane Disease	743	U		
487	1	UAB_MECON	Meconium Aspiration Syndrome	744	U		
488	1	UAB_VENL30	Assisted Ventilation < 30 min	745	U		
489	1	UAB_VEN30M	Assisted Ventilation >= 30 min	746	U		
490	1	UAB_NSEIZ	Seizures	747	U		
491	1	UAB_OTHER	Other Abnormal Cond.	748	U		
492-503	12	<u>Congenital Anomalies of the Newborn (Revised)</u> The checkbox items below follow this structure:				Y N U Blank	Yes, anomaly reported No, anomaly not reported Unknown Not on certificate
492	1	CA_ANEN	Anencephaly	635	R		
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493	1	CA_MNSB	Meningomyelocele / Spina Bifida	636	R		
494	1	CA_CCHD	Cyanotic Congenital Heart Disease	637	R		
495	1	CA_CDH	Congenital Diaphragmatic Hernia	638	R		
496	1	CA_OMP	Omphalocele	639	R		
497	1	CA_GAST	Gastroschisis	640	R		
498	1	CA_LIMB	Limb Reduction Defect	641	R		
499	1	CA_CLEFT	Cleft Lip w/ or w/o Cleft Palate	642	R		
500	1	CA_CLPAL	Cleft Palate alone	643	R		
501	1	CA_DOWN	Downs Syndrome	644	R	C P N U Blank	Confirmed Pending No Unknown Not on certificate
502	1	CA_DISOR	Suspected Chromosomal Disorder	645	R	C P N U Blank	Confirmed Pending No Unknown Not on certificate
503	1	CA_HYPO	Hypospadias	646	R	Y N U Blank	Yes, anomaly reported No, anomaly not reported Unknown Not on certificate
504-525	22	<u>Congenital Anomalies of the Newborn</u> The checkbox items below follow this structure: The version is all 1989 Standard unless otherwise noted.			1	Anomaly reported 2 9 Blank	Anomaly not reported Anomaly not classifiable Not on certificate
504	1	UCA_ANEN	Anencephalus	752	U,R		
505	1	UCA_SPINA	Spina Bifida / Meningocele	753	U,R		
506	1	UCA_HYDRO	Hydrocephalus	754	U		
507	1	UCA_MICRO	Microcephalus	755	U		

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508	1	UCA_NERV	Other Central Nervous System Anomalies	756	U		
509	1	UCA_HEART	Heart Malformations	757	U		
510	1	UCA_CIRC	Other Circulatory / Respiration Anomalies	758	U		
511	1	UCA_RECTAL	Rectal Atrseia / Stenosis	759	U		
512	1	UCA_TRACH	Tracheo-Esophageal Fistula	760	U		
513	1	UCA_OMPHA	Omphalocele / Gastroschisis	761	U,R		
514	1	UCA_GASTRO	Other Gastrointestinal Anomalies	762	U		
515	1	UCA_GENITAL	Malformed Genitalia	763	U		
516	1	UCA_RENAL	Renal Agenesis	764	U		
517	1	UCA_UROGEN	Other Urogenital Anomalies	765	U		
518	1	UCA_CELFTLP	Cleft Lip / Palate	766	U,R		
519	1	UCA_ADACTY	Polydactyly / Syndactyly / Adactyly	767	U		
520	1	UCA_CLUBFT	Club Foot	768	U		
521	1	UCA_HERNIA	Diaphramatic Hernia	769	U		
522	1	UCA_MUSCU	Other Musculoskeletal Anomalies	770	U		
523	1	UCA_DOWNS	Down Syndrome	771	U,R		
524	1	UCA_CHROM	Other Chromosomal Anomalies	772	U		
525	1	UCA_OTHER	Other Congenital Anomalies	773	U		
526-568	43	FILLER	Filler			Blank	
569-773	101	<u>Flag File for Reporting Flags</u> The reporting flags below follow this coding structure:				0	Not reporting
						1	Reporting
569	1	F_MORIGIN	Origin of Mother		U,R		
570	1	F_FORIGIN	Origin of Father		U,R		
571	1	F_MEDUC	Education of Mother		R		
572	1	FILLER	Filler			Blank	
573	1	F_CLINEST	Clinical Estimate of Gestation		U,R		
574	1	F_APGAR5	Five minute APGAR		U,R		

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575	1	F_TOBACO	Tobacco use		R		
576-581	6	FILLER	Filler			Blank	
582	1	F_RF_PDIAB	Prepregnancy Diabetes		R		
583	1	F_RF_GDIAB	Gestational Diabetes		R		
584	1	F_RF_PHYPER	Prepregnancy Hypertension		R		
585	1	F_RF_GHYPER	Gestational Hypertension		R		
586	1	F_RF_ECLAMP	Eclampsia		R		
587	1	F_RF_PPB	Previous Preterm Birth		R		
588	1	F_RF_PPO	Poor Pregnancy outcomes		R		
589-592	4	FILLER	Filler			Blank	
593	1	F_RF_CESAR	Previous Cesarean		R		
594	1	F_RF_NCESAR	Number of Previous Cesareans		R		
595-600	6	FILLER	Filler			Blank	
601	1	F_OB_CERVIC	Cervical Cerclage		R		
602	1	F_OB_TOCO	Tocolysis		R		
603	1	F_OB_SUCC	Successful External Cephalic Version		R		
604	1	F_OB_FAIL	Failed External Cephalic Version		R		
605	1	F_OL_RUPTURE	Premature Rupture of the Membranes		R		
606	1	F_OL_PRECIP	Precipitous Labor		R		
607	1	F_OL_PROLONG	Prolonged Labor		R		
608	1	F_LD_INDUCT	Induction of Labor		R		
609	1	F_LD_AUGMENT	Augmentation of Labor		R		
610	1	F_LD_NVRTX	Non-Vertex Presentation		R		
611	1	F_LD_STERIODS	Steroids		R		
612	1	F_LD_ANTIBIO	Antibiotics		R		
613	1	F_LD_CHORIO	Chorioamnionitis		R		
614	1	F_LD_MECON	Meconium Staining		R		
615	1	F_LD_FINTOL	Fetal Intolerance		R		
616	1	F_LD_ANESTH	Anesthesia		R		
617	1	F_MD_ATTFOR	Attempted Forceps		R		
618	1	F_MD_ATTVAC	Attempted Vacuum		R		
619	1	F_MD_PRESENT	Fetal Presentation		R		
620	1	F_MD_ROUTE	Final Route and Method of Delivery		R		
621	1	F_MD_TRIAL	Trial of Labor Attempted		R		
622-627	6	FILLER	Filler			Blank	
628	1	F_AB_VENT	Assisted Ventilation		R		
629	1	F_AB_VENT6	Assisted Ventilation >6 hrs		R		
630	1	F_AB_NIUC	Admission to NICU		R		
631	1	F_AB_SURFAC	Surfactant		R		
632	1	F_AB_ANTIBIO	Antibiotics		R		

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633	1	F_AB_SEIZ	Seizures		R		
634	1	F_AB_INJ	Birth Injury		R		
635	1	F_CA_ANEN	Anencephaly		R		
636	1	F_CA_MENIN	Meningomyelocele/Spina Bifida		R		
637	1	F_CA_HEART	Cyanotic Congenital Heart Disease		R		
638	1	F_CA_HERNIA	Congenital Diaphragmatic Hernia		R		
639	1	F_CA_OMPHA	Omphalocele		R		
640	1	F_CA_GASTRO	Gastroschisis		R		
641	1	F_CA_LIMB	Limb Reduction Defect		R		
642	1	F_CA_CLEFTLP	Cleft Lip with or without Cleft Palate		R		
643	1	F_CA_CLEFT	Cleft Plate Alone		R		
644	1	F_CA_DOWNS	Down Syndrome		R		
645	1	F_CA_CHROM	Suspected Chromosomal Disorder		R		
646	1	F_CA_HYPOS	Hypospadias		R		
647	1	F_MED	Mother's Education		U		
648	1	F_WTGAIN	Weight Gain		U,R		
649	1	F_ALCOL	Alcohol use		U		
650	1	F_API	API Codes		U		
651-666	16	FILLER	Filler			Blank	
667	1	F_TOBAC	Tobacco Use		U		
668	1	F_MPCB	Month Prenatal Care Began		R		
669	1	F_MPCB_U	Month Prenatal Care Began		U		
670-680	11	FILLER	Filler			Blank	
681	1	F_URF_ANEMIA	Anemia		U		
682	1	F_URF_CARDIAC	Cardiac		U		
683	1	F_URF_LUNG	Acute or Chronic Lung Disease		U		
684	1	F_URF_DIABETES	Diabetes		U		
685	1	F_URF_HERPES	Genital Herpes		U		
686	1	F_URF_HYDRA	Hydramnios / Oligohydramnios		U		
687	1	F_URF_HEMO	Hemoglobinopathy		U		
688	1	F_URF_CHYPER	Chronic Hypertension		U		
689	1	F_URF_PHYPER	Pregnancy Associated Hypertension		U		
690	1	F_URF_ECLAMP	Eclampsia		U		
691	1	F_URF_INCERVIX	Incompetent Cervix		U		
692	1	F_URF_PRE4000	Previous Infant 4000+ Grams		U		
693	1	F_URF_PRETERM	Previous Preterm Small for Gestation		U		
694	1	F_URF_RENAL	Renal Disease		U		
695	1	F_URF_RH	Rh Sensitization		U		
696	1	F_URF_UTERINE	Uterine Bleeding		U		
697	1	F_URF_OTHERMR	Other Medical Risk Factors		U		

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698-700	3	FILLER	Filler			Blank	
701	1	F_UOB_AMNIO	Amniocentesis		U		
702	1	F_UOB_MONITOR	Electronic Fetal Monitor		U		
703	1	F_UOB_INDUCT	Induction of Labor		U		
704	1	F_UOB_STIMUL	Stimulation of Labor		U		
705	1	F_UOB_TOCOL	Tocolysis		U		
706	1	F_UOB_ULTRAS	Ultrasound		U		
707	1	F_UOB_OTHEROB	Other Obstetric Procedures		U		
708-710	3	FILLER	Filler			Blank	
711	1	F_ULD_FEVRILE	Febrile		U		
712	1	F_ULD_MECONIUM	Meconium		U		
713	1	F_ULD_RUPTURE	Premature Rupture of Membrane		U		
714	1	F_ULD_ABRUPTIO	Abruption Placenta		U		
715	1	F_ULD_PREPLACE	Placenta Previa		U		
716	1	F_ULD_EXCEBLD	Other Excessive Bleeding		U		
717	1	F_ULD_SEIZURE	Seizures During Labor		U		
718	1	F_ULD_PRECIP	Precipitous Labor		U		
719	1	F_ULD_PROLONG	Prolonged Labor		U		
720	1	F_ULD_DYSFUNC	Dysfunctional Labor		U		
721	1	F_ULD_BREECH	Breech		U		
722	1	F_ULD_CEPHALO	Cephalopelvic Disproportion		U		
723	1	F_ULD_CORD	Cord Prolapse		U		
724	1	F_ULD_ANESTHE	Anesthetic Complications		U		
725	1	F_ULD_DISTRESS	Fetal Distress		U		
726	1	F_ULD_OTHERLD	Other Complications		U		
727-729	3	FILLER	Filler			Blank	
730	1	F_U_VAGINAL	Vaginal		U		
731	1	F_U_VBAC	Vaginal after C-Section		U		
732	1	F_U_PRIMAC	Primary C-Section		U		
733	1	F_U_REPEAC	Repeat C-Section		U		
734	1	F_U_FORCEP	Forceps		U		
735	1	F_U_VACUUM	Vacuum		U		
736-739	4	FILLER	Filler			Blank	
740	1	F_UAB_ANEMIA	Anemia		U		
741	1	F_UAB_INJURY	Birth Injury		U		
742	1	F_UAB_ALCOSYN	Fetal Alcohol Syndrome		U		
743	1	F_UAB_HYALINE	Hyaline Membrane Disease		U		
744	1	F_UAB_MECONSYN	Meconium Aspiration Syndrome		U		
745	1	F_UAB_VENL30	Assisted Ventilation < 30 min		U		
746	1	F_UAB_VEN30M	Assisted Ventilation >= 30 min		U		

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747	1	F_UAB_NSEIZ	Seizures		U		
748	1	F_UAB_OTHERAB	Other Abnormal Conditions		U		
749-751	3	FILLER	Filler			Blank	
752	1	F_UCA_ANEN	Anencephalus		U		
753	1	F_UCA_SPINA	Spina Bifida / Meningocele		U		
754	1	F_UCA_HYDRO	Hydrocephalus		U		
755	1	F_UCA_MICROCE	Microcephalus		U		
756	1	F_UCA_NERVOUS	Other Central Nervous System Anomalies		U		
757	1	F_UCA_HEART	Heart Malformations		U		
758	1	F_UCA_CIRCUL	Other Circulatory / Respiration Anomalies		U		
759	1	F_UCA_RECTAL	Rectal Atrseia / Stenosis		U		
760	1	F_UCA_TRACHEO	Tracheo-Esophageal Fistula		U		
761	1	F_UCA_OMPHALO	Omphalocele / Gastroschisis		U		
762	1	F_UCA_GASTRO	Other Gastrointestinal Anomalies		U		
763	1	F_UCA_GENITAL	Malformed Genitalia		U		
764	1	F_UCA_RENALAG	Renal Agenesis		U		
765	1	F_UCA_UROGEN	Other Urogenital Anomalies		U		
766	1	F_UCA_CLEFTLP	Cleft Lip / Palate		U		
767	1	F_UCA_ADACTYL	Polydactyly / Syndactyly / Adactyly		U		
768	1	F_UCA_CLUB	Club Foot		U		
769	1	F_UCA_HERNIA	Diaphramatic Hernia		U		
770	1	F_UCA_MUSCULO	Other Musculoskeletal Anomalies		U		
771	1	F_UCA_DOWNS	Downs Syndrome		U		
772	1	F_UCA_CHROMO	Other Chromosomal Anomalies		U		
773	1	F_UCA_OTHRCON	Other Congenital Anomalies		U		
774-1087	314	FILLER	Filler			Blank	
1088-1111	24	<u>Mother's Race Edited</u>			R**	100-999	Mother's Race Edited Code
1088	3	MRACE1E				A00-R99	(A complete list of race codes is available further
1091	3	MRACE2E					back in this document and at
1094	3	MRACE3E					http://www.cdc.gov/nchs/data/dvs/RaceCodeList.pdf .)
1097	3	MRACE4E					
1100	3	MRACE5E					
1103	3	MRACE6E					
1106	3	MRACE7E					
1109	3	MRACE8E					

** Also includes unrevised states that are reporting multiple race

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1112-1421	310	FILLER	Filler			Blank		
1422-1445	24	<u>Father's Race Edited</u>			R**	100-999	Father's Race Edited Code A00-R99 (A complete list of race codes is available further back in this document and at http://www.cdc.gov/nchs/data/dvs/RaceCodeList.pdf .)	
1422	3	FRACE1E						
1425	3	FRACE2E						
1428	3	FRACE3E						
1431	3	FRACE4E						
1434	3	FRACE5E						
1437	3	FRACE6E						
1440	3	FRACE7E						
1443	3	FRACE8E						
			** Also includes unrevised states that are reporting multiple race					
1446-1500	55	FILLER	Filler			Blank		

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