User Guide to the 2024 Natality Public Use File



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Control Count of Records

2024 Natality

File / Data Characteristics

All Files:

Record format: Fixed Format

Code scheme: Numeric/Alphabetic/Blank

Record length: 1330

All Births:

	<u>United States</u>	<u>Territories</u>
Record count	3,638,436	22,662
By occurrence	3,638,436	22,662
By residence	3,628,934	22,588
To foreign residents	9,502	74

2024 Natality Public Use File Documentation

Position	Length	Field	Description	Values	Definition
1-8	8	FILLER	Filler	Blank	
9-12	4	DOB_YY	Birth Year	2024	Year of birth
13-14	2	DOB_MM	Birth Month	01 02 03 04 05 06 07 08 09 10 11	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	0000-23: 9999	59 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
24-31	8	FILLER	Filler	Blank	
32	1	BFACIL	Birth Place	1 2 3 4 5 6 7 9	Hospital Freestanding Birth Center Home (intended) Home (not intended) Home (unknown if intended) Clinic / Doctor's Office Other Unknown
33	1	F_BFACIL	Reporting Flag for Birth Place	0 1	Non-Reporting Reporting
34-49	16	FILLER	Filler	Blank	- -

Position	Length	Field	Description	Values	Definition
50	1	BFACIL3	Birth Place Recode	1 2 3	In Hospital Not in Hospital Unknown or Not Stated
51-72	22	FILLER	Filler	Blank	
73	1		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	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 39 years 40 years 41 years 42 years 43 years

Position	Length	Field	Description	Values	Definition
				44	44 years
				45	45 years
				46	46 years
				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
77-70	2	WINGLICIT	Mother sage Recode 14	03	15 years
				03	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
				9	50-54 years
80-83	4	FILLER	Filler	Blank	
84	1	MBSTATE REC	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
85-103	19	FILLER	Filler	Blank	
104	1	RESTATUS	Residence Status		
107	1	RESIMIUS	United States	1	RESIDENT: State and county of occurrence and residence
			Office States	1	are the same.
				2	INTRASTATE NONRESIDENT: State of occurrence and
				<i>L</i>	
					residence are the same but county is different.

Position	Length	Field	Descrip	tion	Values	Definition
					3	INTERSTATE NONRESIDENT: State of occurrence and residence are different but both are one of the 50 US states or District of Columbia.
					4	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	RESIDENT: Territory and county of occurrence and residence are the same. (Unique to Guam, all US residents
					2	are considered residents of Guam and thus are assigned 1.) INTRATERRITORY NONRESIDENT: Territory of occurrence and residence are the same but county is different.
					3	INTERTERRITORY RESIDENT: Territory of occurrence and residence are different but both are US Territories. FOREIGN RESIDENT: The residence is not a US Territory.
					4	POREIGN RESIDENT. The residence is not a US Tennory.
105-106	2	MRACE31	Mother'	's Race Recode 31	0.1	W1': (1) [1
				United States and all Outlying Areas of the United States except Puerto Rico	01 02	White (only) [only one race reported] Black (only)
				the Officed States except Fuerto Rico	03	AIAN (American Indian or Alaskan Native) (only)
					04	Asian (only)
					05	NHOPI (Native Hawaiian or Other Pacific Islander) (only)
					06	Black and White
					07	Black and AIAN
					08	Black and Asian
					09	Black and NHOPI
					10	AIAN and White
					11	AIAN and Asian
					12	AIAN and NHOPI
					13	Asian and White
					14	Asian and NHOPI
					15	NHOPI and White
					16	Black, AIAN, and White
					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

Position	Length	Field	Description	Values	Definition
				31	Black, AIAN, Asian, NHOPI, and White
107	1	MRACE6	Mother's Race Recode 6 United States and all Outlying Areas of the United States except Puerto Rico	1 2 3 4 5 6	White (only) Black (only) AIAN (only) Asian (only) NHOPI (only) More than one race
108-109	2	MRACE15	Mother's Race Recode 15 United States and all Outlying Areas of the United States except Puerto Rico	01 02 03 04 05 06 07 08 09 10 11 12 13 14	White (only) Black (only) AIAN (only) Asian Indian (only) Chinese (only) Filipino (only) Japanese (only) Korean (only) Vietnamese (only) Other Asian (only) Hawaiian (only) Guamanian (only) Samoan (only) Other Pacific Islander (only) More than one race
110	1	FILLER	Filler	Blank	
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	Non-Hispanic Mexican

Position	Length	Field	Description	Values	Definition
				2	Puerto Rican
				3	Cuban
				4	Central and South American
				5	Other and Unknown Hispanic origin
				9	Hispanic origin not stated
116	1	F_MHISP	Reporting Flag for Mother's Origin	0	Non-Reporting
				1	Reporting
117	1	MRACEHISP	Mother's Race/Hispanic Origin	1	Non-Hispanic White (only)
			Based on single/multiple-race (fields 105-106, 107, and	2	Non-Hispanic Black (only)
			108-109).	3	Non-Hispanic AIAN (only)
			,	4	Non-Hispanic Asian (only)
				5	Non-Hispanic NHOPI (only)
				6	Non-Hispanic more than one race
				7	Hispanic
				8	Origin unknown or not stated
118	1	FILLER	Filler	Blank	
119	1	MAR P	Paternity Acknowledged	Y	Yes
		_	,	N	No
				U	Unknown
				X	Not Applicable
120	1	DMAR	Marital Status		
			United States and all Outlying Areas of	1	Married
			the United States except Puerto Rico	2	Unmarried
			Puerto Rico	1	Yes
				2	Unmarried parents living together
				3	Unmarried parents not living together
				9	Unknown or not stated
121	1	MAR_IMP	Mother's Marital Status Imputed	Blank	Marital Status not imputed
				1	Marital Status imputed
122	1	FILLER	Filler	Blank	
123	1	F MAR P	Reporting Flag for Paternity Acknowledged	0	Non-Reporting
	-		-x	1	Reporting
124	1	MEDUC	Mother's Education	1	8 th grade or less
				2	9 th through 12 th grade with no diploma
				3	High school graduate or GED completed
				4	Some college credit, but not a degree.
					5 , 5

Position	Length	Field	Description	Values	Definition
				5 6 7 8	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	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
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	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 50-54 years Not stated
151-152	2	FRACE31	Father's Race Recode 31	01 02 03 04 05 06 07 08 09	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

Position	Length	Field	Description	Values	Definition
				11	AIAN and Asian
				12	AIAN and NHOPI
				13	Asian and White
				14	Asian and NHOPI
				15	NHOPI and White
				16	Black, AIAN, and White
				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
				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

Position	Length	Field	Description	Values	Definition
				99	Unknown or Not Stated
156-158	3	FILLER	Filler	Blank	
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
				9	Hispanic origin not stated
161	1	F_FHISP	Reporting Flag for Father's Origin	0	Non-Reporting
				1	Reporting
162	1	FRACEHISP	Father's Race/Hispanic Origin	1	Non-Hispanic White (only)
			Based on single/multiple-race (fields 151-152, 153, and	2	Non-Hispanic Black (only)
			154-155).	3	Non-Hispanic AIAN (only)
				4	Non-Hispanic Asian (only)
				5	Non-Hispanic NHOPI (only)
				6	Non-Hispanic more than one race
				7	Hispanic
				8	Origin unknown or not stated
				9	Race unknown or not stated (Non-Hispanic)
163	1	FEDUC	Father's Education	1	8th grade or less
			Use reporting flag in field 165	2	9 th through 12 th grade with no diploma
				3	High school graduate or GED completed
				4	Some college credit, but not a degree.
				5	Associate degree (AA,AS)
				6	Bachelor's degree (BA, AB, BS)
				7	Master's degree (MA, MS, MEng, MEd, MSW, MBA)
				8	Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, LLB, JD)
				9	Unknown
164	1	FILLER	Filler	Blank	

Position	Length	Field	Description	Values	Definition
165	1	f_FEDUC	Reporting Flag for Education of Father	0 1	Non-Reporting Reporting
166-170	5	FILLER	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	
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		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	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 (1st live birth)

Position	Length	Field	Description	Values	Definition
				99	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 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 (1st natality event) 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	Filler	Blank	
224-225	2	PRECARE	Month Prenatal Care Began	00 01-10	No prenatal care Month prenatal care began

Position	Length	Field	Description	Values	Definition
				99	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 02 03 04 05 06 07 08 09 10 11	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
244	1	F_TPCV	Reporting Flag for Total Prenatal Care Visits	0 1	Non-Reporting Reporting
245-250	6	FILLER	Filler	Blank	
251	1	WIC	WIC	Y N U	Yes No Unknown or not stated
252	1	F_WIC	Reporting Flag for WIC	0 1	Non-Reporting Reporting
253-254	2	CIG_0	Cigarettes Before Pregnancy	00-97	Number of cigarettes daily

Position	Length	Field	Description	Values	Definition
				98 99	98 or more cigarettes daily Unknown or not stated
255-256	2	CIG_1	Cigarettes 1st Trimester	00-97 98 99	Number of cigarettes daily 98 or more cigarettes daily Unknown or not stated
257-258	2	CIG_2	Cigarettes 2 nd Trimester	00-97 98 99	Number of cigarettes daily 98 or more cigarettes daily Unknown or not stated
259-260	2	CIG_3	Cigarettes 3 rd Trimester	00-97 98 99	Number of cigarettes daily 98 or more cigarettes daily Unknown or not stated
261	1	CIG0_R	Cigarettes Before Pregnancy Recode	0 1 2 3 4 5 6	Nonsmoker 1-5 6-10 11-20 21-40 41 or more Unknown or not stated
262	1	CIG1_R	Cigarettes 1 st Trimester Recode	0 1 2 3 4 5 6	Nonsmoker 1-5 6-10 11-20 21-40 41 or more Unknown or not stated
263	1	CIG2_R	Cigarettes 2 nd Trimester Recode	0 1 2 3 4 5 6	Nonsmoker 1-5 6-10 11-20 21-40 41 or more Unknown or not stated
264	1	CIG3_R	Cigarettes 3 rd Trimester Recode	0 1 2 3 4 5 6	Nonsmoker 1-5 6-10 11-20 21-40 41 or more Unknown or not stated

Position	Length	Field	Description	Values	Definition
265	1	F_CIGS_0	Reporting Flag for Cigarettes before Pregnancy	0 1	Non-Reporting Reporting
266	1	F_CIGS_1	Reporting Flag for Cigarettes 1st Trimester	0 1	Non-Reporting Reporting
267	1	F_CIGS_2	Reporting Flag for Cigarettes 2 nd Trimester	0 1	Non-Reporting Reporting
268	1	F_CIGS_3	Reporting Flag for Cigarettes 3 rd Trimester	0 1	Non-Reporting Reporting
269	1	CIG_REC	Cigarette Recode	Y N U	Yes No Unknown or not stated
270	1	F_TOBACO	Reporting Flag for Tobacco use	0 1	Non-Reporting Reporting
271-279	9	FILLER	Filler	Blank	
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

Position	Length	Field	Description	Values	Definition
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 2 3 4 5 9	Less than 11 pounds 11 to 20 pounds 21 to 30 pounds 31 to 40 pounds 41 to 98 pounds Unknown or not stated
307	1	F_WTGAIN	Reporting Flag for Weight Gain	0 1	Non-Reporting Reporting
308-312	5	FILLER	Filler	Blank	
313-342	30	Risk Factors			
313	1	RF_PDIAB	Pre-pregnancy Diabetes	Y N U	Yes No Unknown or not stated
314	1	RF_GDIAB	Gestational Diabetes	Y N U	Yes No Unknown or not stated
315	1	RF_PHYPE	Pre-pregnancy Hypertension	Y N U	Yes No Unknown or not stated

Position	Length	Field	Description	Values	Definition
316	1	RF_GHYPE	Gestational Hypertension	Y	Yes
				N	No
				U	Unknown or not stated
317	1	DE EHVDE	Hymoutoneion Folomosio	Y	Yes
317	1	RF_EHYPE	Hypertension Eclampsia	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
517	1	1_Id _1 D1/ID	reporting Fing for Fre pregnancy Diabetes	1	Reporting
				1	reporting
320	1	F_RF_GDIAB	Reporting Flag for Gestational Diabetes	0	Non-Reporting
			Transfer and trans	1	Reporting
321	1	F RF PHYPER	Reporting Flag for Pre-pregnancy Hypertension	0	Non-Reporting
321	1	r_Kr_rnirek	Reporting Flag for Fre-pregnancy Hypertension	1	Reporting
				1	Reporting
322	1	F RF GHYPER	Reporting Flag for Gestational Hypertension	0	Non-Reporting
				1	Reporting
222	1	E DE ECLAMD	Demonting Flor for Homenton sing Follows	0	N D
323	1	F_RF_ECLAMP	Reporting Flag for Hypertension Eclampsia	0 1	Non-Reporting
				1	Reporting
324	1	F_RF_PPB	Reporting Flag for Previous Preterm Birth	0	Non-Reporting
				1	Reporting
325	1	RF_INFTR	Infertility Treatment Used	Y	Yes
323	1	KI_IINI I K	interunty Treatment Oseu	N	No
				U	Unknown or not stated
				U	Clikilowii of flot stated
326	1	RF_FEDRG	Fertility Enhancing Drugs	Y	Yes
		_		N	No
				X	Not applicable
				U	Unknown or not stated
227	1	DE ADTEC	And Danie destine Technolis	V	V
327	1	RF_ARTEC	Asst. Reproductive Technology	Y	Yes
				N	No
				X	Not applicable
				U	Unknown or not stated
328	1	f RF INFT	Reporting Flag for Infertility Treatment	0	Non-Reporting
		_ _			

Position	l	Length	Field	Description	Values	Definition
					1	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 1	Non-Reporting 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	Filler	Blank	
343-358		15	Infections Present	<u>t</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

Position		Length	Field	Description	Values	Definition
	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 1	Non-Reporting Reporting
	352	1	F_IP_HEPATC	Reporting Flag for Hepatitis C	0 1	Non-Reporting Reporting
	353	1	NO_INFEC	No Infections Reported	1 0 9	True False Not Reported
	354-358	5	FILLER	Filler	Blank	
359-370		12	Obstetric Procedo	ures		
337 370	359	1	FILLER	Filler	Blank	
	360	1	OB_ECVS	Successful External Cephalic Version	Y N U	Yes No Unknown or not stated
	361	1	OB_ECVF	Failed External Cephalic Version	Y N U	Yes No Unknown or not stated
	362	1	FILLER	Filler	Blank	

Position	1	Length	Field	Description	Values	Definition
	363	1	F_OB_SUCC	Reporting Flag for Successful External Cephalic Version	n0 1	Non-Reporting Reporting
	364	1	F_OB_FAIL	Reporting Flag for Failed External Cephalic Version	0 1	Non-Reporting Reporting
	365-382	17	FILLER	Filler	Blank	
383-400		18	Characteristics of	f Labor and Delivery		
	383	1	LD_INDL	Induction of Labor	Y	Yes
	303	1	ED_INDE	induction of Labor	N	No
					U	Unknown or not stated
					O	Childwir of not stated
	384	1	LD_AUGM	Augmentation of Labor	Y	Yes
		•	22_110 01.1		N	No
					U	Unknown or not stated
					O	Child wit of not stated
	385	1	LD_STER	Steroids	Y	Yes
	505	•	LD_51LR	562 0145	N	No
					U	Unknown or not stated
					Ü	Child wit of not stated
	386	1	LD_ANTB	Antibiotics	Y	Yes
	500	•	EB_THVIB		N	No
					U	Unknown or not stated
					O	Child wit of not stated
	387	1	LD_CHOR	Chorioamnionitis	Y	Yes
	507	•	LD_crion		N	No
					Ü	Unknown or not stated
					Ü	Child wit of not stated
	388	1	LD_ANES	Anesthesia	Y	Yes
	300	-	ED_/IIIVES	Titostitosia	N	No
					U	Unknown or not stated
					C	Olikhowii of not stated
	389	1	F LD INDL	Reporting Flag for Induction of Labor	0	Non-Reporting
	307	1	I_ED_INDE	Reporting Fing for induction of Europi	1	Reporting
					1	responding
	390	1	F LD AUGM	Reporting Flag for Augmentation of Labor	0	Non-Reporting
	370	1	I_LD_NOOM	reporting ring for ringmentation of Danoi	1	Reporting
					•	responding.
	391	1	F_LD_STER	Reporting Flag for Steroids	0	Non-Reporting
	27.	•			1	Reporting
					*	reporting

Position	l	Length	Field	Description	Values	Definition
	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	Filler	Blank	
401-414		14	Method of Deliver	<u>rv</u>		
	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	Vaginal (excludes vaginal after previous C-section) Vaginal after previous c-section

Position	1	Length	Field	Description	Values	Definition
					3	Primary C-section
					4	Repeat C-section
					5	Vaginal (unknown if previous c-section)
					6	C-section (unknown if previous c-section)
					9	Not stated
	408	1	DMETH REC	Delivery Method Recode	1	Vaginal
			_	·	2	C-Section
					9	Unknown
	409	1	F DMETH REC	Reporting Flag for Method of Delivery Recode	0	Non-Reporting
				·	1	Reporting
	410-414	5	FILLER	Filler	Blank	
415-432		18	Maternal Morbid	lity		
	41.5		NO CAMED	M. IT. C.	3.7	V
	415	1	MM_MTR	Maternal Transfusion	Y	Yes
					N	No
					U	Unknown or not stated
	416	1	MM PLAC	Perineal Laceration	Y	Yes
					N	No
					U	Unknown or not stated
	417	1	MM_RUPT	Ruptured Uterus	Y	Yes
			_	•	N	No
					U	Unknown or not stated
	418	1	MM_UHYST	Unplanned Hysterectomy	Y	Yes
	110	1	MM_CHIST	Cupiannea Hysterectomy	N	No
					U	Unknown or not stated
					U	
	419	1	MM_AICU	Admit to Intensive Care	Y	Yes
					N	No
					U	Unknown or not stated
	420	1	FILLER	Filler	Blank	
	421	1	F_MM_MTR	Reporting Flag for Maternal Transfusion	0	Non-Reporting
				1 6 9	1	Reporting
	422	1	F_MM_ PLAC	Reporting Flag for Perineal Laceration	0	Non-Reporting
		•		Triporting and for a comment Entertainen	1	Reporting

Positio	n	Length	Field	Description	Values	Definition
	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	Filler	Blank	
433		1	ATTEND	Attendant at Birth	1 2 3 4 5	Doctor of Medicine (MD) Doctor of Osteopathy (DO) Certified Nurse Midwife/Certified Midwife (CNM/CM) 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

Position	Length	Field	Description	Values	Definition
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	Filler	Blank	
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
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	Single Twin Triplet Quadruplet 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	

Position	Length	Field	Description	Values	Definition
459	1	SETORDER_R	Set Order Recode Use reporting flag in field 126	1 2 3 4 5 9	1st 2nd 3rd 4th 5th to 16th 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 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
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

Position	Length	Field	Description	Values	Definition
492-493	2	GESTREC10	Combined Gestation Recode 10	01 02 03 04 05 06 07 08 09 10	Under 20 weeks 20-27 weeks 28-31 weeks 32-33 weeks 34-36 weeks 37-38 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	
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	Under 20 weeks 20-27 weeks 28-31 weeks 32-33 weeks 34-36 weeks 37-38 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)	0227-81 9999	65 Number of grams Not stated birth weight

Position	Length	Field	Description	Values	Definition
508	1	FILLER	Filler	Blank	
509-510	2	BWTR12	Birth Weight Recode 12	01 02 03 04 05 06 07 08 09 10 11	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 4	0227 - 1499 grams 1500 – 2499 grams 2500 - 8165 grams Unknown or not stated
512-516	5	FILLER	Filler	Blank	
517-536	20	Abnormal Cond	litions of the Newborn		
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

Position	ļ	Length	Field	Description	Values	Definition			
	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			
	528		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	Filler	blank				
537-566		30	Congenital Anom	alies of the Newborn					
	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	Yes No			

Position	Length	Field	Description	Values	Definition
				U	Unknown or not stated
540	1	CA CDH	Congenital Diaphragmatic Hernia	Y	Yes
		_		N	No
				U	Unknown or not stated
541	1	CA_OMPH	Omphalocele	Y	Yes
				N	No
				U	Unknown or not stated
542	1	CA_GAST	Gastroschisis	Y	Yes
		_		N	No
				U	Unknown or not stated
543	1	F_CA_ANEN	Reporting Flag for Anencephaly	0	Non-Reporting
				1	Reporting
544	1	F_CA_MENIN	Reporting Flag for Meningomyelocele/Spina Bifida	0	Non-Reporting
				1	Reporting
545	1	F CA HEART	Reporting Flag for Cyanotic Congenital Heart Disease	0	Non-Reporting
				1	Reporting
546	1	F CA HERNIA	Reporting Flag for Congenital Diaphragmatic Hernia	0	Non-Reporting
			are a great and are an are	1	Reporting
547	1	F_CA_OMPHA	Reporting Flag for Omphalocele	0	Non-Reporting
			Krand and a Language	1	Reporting
548	1	F CA GASTRO	Reporting Flag for Gastroschisis	0	Non-Reporting
2.10	-	1_0.1_0.151110	reporting rangitor constitution	1	Reporting
549	1	CA LIMB	Limb Reduction Defect	Y	Yes
3.17	1	eri_EniiB	Limb Reduction Defect	N	No
				U	Unknown or not stated
550	1	CA_CLEFT	Cleft Lip w/ or w/o Cleft Palate	Y	Yes
				N	No
				U	Unknown or not stated
551	1	CA CLPAL	Cleft Palate alone	Y	Yes
		_		N	No
				U	Unknown or not stated
552	1	CA_DOWN	Down Syndrome	С	Confirmed
		_	·	P	Pending

Position	Length	Field	Description	Values	Definition
				N U	No Unknown
553	1	CA_DISOR	Suspected Chromosomal Disorder	C P N	Confirmed Pending No
554	1	СА_НҮРО	Hypospadias	U Y N U	Unknown Yes, anomaly reported No, anomaly not reported Unknown
555	1	F_CA_LIMB	Reporting Flag for Limb Reduction Defect	0	Non-Reporting Reporting
556	1	F_CA_CLEFTLP	Reporting Flag for Cleft Lip with or without Cleft Pala	te 0	Non-Reporting Reporting
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
562-50	56 5	FILLER	Filler	Blank	
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

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
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	Filler	Blank	

Position Length Field Description Values Definition

ADDENDUM

Detailed geographic information for the territories.

24-25	2	OCTERR	Mother's Occurrence Territory/Possession	Outlyin	g Areas of the United States	
2123	_	OCILIA	Within a Occurrence Territory/1 ossession	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	
					1.00 0.000.000	
28-30	3	OCNTYFIPS	Occurrence FIPS County	Puerto I		
				021	Bayamo'n	
				025	Caguas	
				031	Carolina	
				113	Ponce	
				127	San Juan	
				999	County of less than 100,000	
				Other O	outlying Areas of the United States	
				000	No county level geography	
				999	County of less than 100,000	
				777	County of less than 100,000	
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	
					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	
80-81	2	MBCNTRY	Mother's Birth Country	AA-ZZ	See Geographic Documentation	
85-86	2	MRCNTRY	Mother's Residence Country	AA-ZZ	See Geographic Documentation	
89-90	2	MRTERR	Mother's Residence Territory	Outlyin	g Areas of the United States	
37 70	-	LIXI		AS	American Samoa	
				GU	Guam	
				MP	Northern Marianas	
				PR	Puerto Rico	
				VI	Virgin Islands	
D + C		· · · ·	'4 11 - D1 1 (% 4 4'C' 4'2) 4		viigii isiaids	

Position	Length	Field	Description	Values	Definition
				US	United States (births to residents of the 50 states or DC)
				XX	Not Applicable
				ZZ	Not Classifiable
91-93	3	RCNTY	Residence FIPS county	Puerto F	<u>Rico</u>
				021	Bayamo'n
				025	Caguas
				031	Carolina
				113	Ponce
				127	San Juan
				999	County of less than 100,000
				Other O	utlying Areas of the United States
				000	No county level geography
				999	County of less than 100,000
99	1	RCNTY POP	Population of Residence County	0	County of 1,000,000 or more
			- • F	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
100	1	Kerri_ror	1 opulation of Residence City	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
				Ž	Foreign resident
103	1	RECTYPE	Record Type	1	RESIDENT: Territory and county of occurrence and
•			V X -		residence are the same.
				2	NONRESIDENT: Territory and county of occurrence and
					residence are different.

DETAILED TECHNICAL NOTES UNITED STATES 2024 NATALITY

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL CENTER FOR HEALTH STATISTICS

Hyattsville, Maryland: 2025

Introduction

These Detailed Technical Notes, published by the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS), supplement the "Technical Notes" section of "Births: Final Data for 2024" [1], and are for use with the 2024 Natality public use data. The 2024 natality micro-data file may be downloaded at http://www.cdc.gov/nchs/data_access/VitalStatsOnline.htm [2]. The micro-data natality file does not include geographic detail (e.g., state or county of birth). Selected natality data, including some geographic data, are available in CDC WONDER (http://wonder.cdc.gov). CDC WONDER is an interactive online data access tool that provides selected natality data from 1995-2024. Beginning with the 2016 data, all items available in the public use file are available in CDC WONDER.

A review of 2003-based birth certificate revision items in 2014 and 2015 by a collaborative effort among representatives from several vital statistics jurisdictions: The National Association for Public Health Statistics and Information Systems (NAPHSIS), and NCHS, resulted in the decision to drop a number of items from the national birth certificate data file for reasons of poor data quality. For more information on this effort and for a full list of items that were dropped, see https://www.cdc.gov/nchs/nvss/deleted items from birth fetal death files.htm.

Key natality items are presented in "Births in the United States, 2024," which will accompany the release of the 2024 public use file [2,3]. Information on other items can be found in the upcoming 2024 final report [1]. Additional discussion of selected items (e.g., fertility trends, mean-age trends, gestational age, NICU admission, and cesarean delivery) is available in recent reports [4-8]. Assessments of the quality of many medical and health items are also available [9,10].

Table B presents a listing of items and the percentage of records that were not stated for all reporting areas: each state, New York City, the District of Columbia, plus Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the Northern Marianas.

Definition of Live Birth

Every product of conception that gives a sign of life after birth, regardless of the length of the pregnancy, is considered a live birth. This concept is included in the definition set forth by the World Health Organization in 1950 as described in a United Nation's Handbook [11]. A slightly expanded definition of live birth was recommended by the 1992 and 2011 revisions of the Model State Vital Statistics Act and Regulations [12,13], based on recommendations of a 1988 working group formed by

the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists [14] and is consistent with that currently used by the WHO in the ICD-10 [15] and the United Nations:

"Live birth" means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes, or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

This definition distinguishes a live birth from a fetal death in precise terms [16,17]. See **Figure 1** for a flowchart distinguishing the definitions of each event. The vast majority of registration areas use definitions of live births similar to this definition [16]. All states require the reporting of live births regardless of length of gestation or birth weight.

The Birth Registration Area

The birth registration system of the United States includes the 50 states, the District of Columbia, the independent registration area of New York City, and Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands (referred to as Northern Marianas). In statistical tabulations, "United States" refers only to the aggregate of the 50 states (including New York City) and the District of Columbia. Information on the history and development of the birth-registration area is available elsewhere [18].

Natality statistics for all states and the District of Columbia are based on information for all births registered in the reporting areas. The information is received on electronic files consisting of individual records processed by the states, the District of Columbia, New York City, Puerto Rico, American Samoa, the U.S. Virgin Islands, and the Northern Marianas. NCHS receives these files from the registration offices of all states, the two cities and four territories through the Vital Statistics Cooperative Program. Information for Guam for 2024 is obtained from images of original birth certificates, which are coded and keyed by NCHS. For historical information on the birth registration system, see the User Guide to the 2014 Natality Public Use File [19].

U.S. natality data are limited to births occurring within the United States, including those occurring to U.S. residents and nonresidents. Births to nonresidents of the United States have been excluded from most published tabulations by place of residence (for further discussion see "Classification by occurrence and residence"). Births occurring to U.S. citizens or residents outside the

United States are not included in the natality file. Data for Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Marianas are limited to births registered in these areas.

Classification of births by occurrence and residence

In tabulations by place of residence, births occurring within the United States to U.S. citizens and to residents who are not citizens are allocated to the usual place of residence of the mother in the United States, as reported on the birth certificate. Births to U.S. residents occurring outside this country are not included in tabulations by place of residence or place of occurrence.

The total count of births for the United States by place of residence and by place of occurrence will not be identical. Births to nonresidents of the United States are included in data by place of occurrence but excluded from data by place of residence, as previously indicated. See **Table A** for the number of births by residence and occurrence for the 50 states and the District of Columbia for 2024.

Residence error: According to a 1950 test (which has not been repeated), errors in residence reporting for the country as a whole tend to overstate the number of births to residents of urban areas and to understate the number of births to residents of other areas [20]. Recent experience, based on anecdotal evidence from the states, suggests that this is still a concern. This tendency has assumed special importance because of a concomitant development—the increased utilization of hospitals in cities by residents of nearby places—with the result that a number of births are erroneously reported as having occurred to residents of urban areas. Another factor that contributes to this overstatement of urban births is the customary practice of using city addresses for persons living outside the city limits. Residence error should be taken into particular consideration in interpreting tabulated data for small areas. Both birth and infant mortality patterns can be affected.

Population-based rates: One of the principal values of vital statistics data is realized through the presentation of rates that are computed by relating the vital events of a class to the population of a similarly defined class (e.g., 2024 births to women aged 20-24 years and the 2024 population of women aged 20-24). Vital statistics and population statistics, therefore, must be tabulated in comparable groups. Even when the variables common to both, such as geographic area, age, race, and sex, have been similarly classified and tabulated, significant discrepancies may result from differences between the enumeration method of obtaining population data and the registration method of obtaining vital statistics data [21].

Geographic classification: The geographic code structure for the 2024 natality file is given in the NCHS manual, "Vital Records Geographic Classification, 2014," and in the country, county, and place

geographic code files [22]. The geographic code structure on the 2024 file is based on results of the 2010 Census of Population. For other current and historic instruction manuals, see Instruction Manuals at http://www.cdc.gov/nchs/nvss/instruction_manuals.htm [23].

On June 6, 2022, the U.S. Census Bureau [24] adopted the nine planning regions of Connecticut as county-equivalent geographic units for the purposes of collecting, tabulating, and disseminating statistical data, replacing the previous eight counties which had ceased to function as governmental and administrative entities in 1960. This change was implemented for all Census Bureau statistical and geospatial data products starting in 2023. The 2024 natality file continued to categorize Connecticut births based on the eight counties and will categorize based on the new nine-county equivalent in future files.

Standard Certificates of Live Birth

The U.S. Standard Certificate of Live Birth, issued by the U.S. Department of Health and Human Services, has served for many years as the principal means for attaining uniformity in the content of the documents used to collect information on births in the United States. The U.S. Standard Certificate of Live Birth has historically been revised every 10-15 years. Most state certificates conform closely in content to the standard certificate, but are modified to the extent required by the particular state's needs or by special provisions of the state's vital statistics law.

The 2003 revision: In 2003, a revised U.S. Standard Certificate of Live Birth was adopted (Figure 2). For more information on the 2003 standard certificate and details regarding the certificate revision and links to the documents referenced below, see the NCHS website of the 2003 certificate revision at http://www.cdc.gov/nchs/nvss/vital_certificate_revisions.htm. The 2003 birth certificate replaces the previous 1989 U.S. Standard Certificate of Live Birth [25,26]. Implementation of the 2003 U.S. Standard Certificate of Live Birth (revised) by the states and independent reporting areas was phased in from 2003 through 2015. All states and the District of Columbia had implemented the revised birth certificate as of January 1, 2016. Guam, Puerto Rico, the U.S. Virgin Islands, and the Northern Marianas had implemented the revised birth certificate as of January 1, 2017, American Samoa had implemented the revised birth certificate as of January 1, 2019 (see User Guide to the 2015 Natality Public Use File [27] for a detailed implementation schedule).

The 2003 Revision of the U.S. Standard Certificate of Live Birth introduced substantial changes to data content and quality. Many key data items are common between revisions; however, a number of items were substantively modified. The 2003 revision also includes many new items never before

collected on the Standard Certificate [25,26]. For details on data items comparable between revisions, see the User Guide to the 2014 Natality Public Use File [19]. For a list of items that were dropped in 2014 for reasons of poor data quality, see

https://www.cdc.gov/nchs/nvss/deleted items from birth fetal death files.htm.

A key aspect of the 2003 revision of the U.S. Standard Certificate of Live Birth was the reengineering of the data collection and transmission system to improve data quality, speed of data collection and transmission, and to enhance standardization of data [25,28]. To encourage collection of data from the best sources, two worksheets were developed: the "Mother's Worksheet" (available at https://www.cdc.gov/nchs/data/dvs/moms-worksheet-2016-508.pdf) [29] and the "Facility Worksheet" (available at https://www.cdc.gov/nchs/data/dvs/facility-worksheet-2016.pdf) [30]. In the Mother's Worksheet, data are directly obtained from the mother and include items such as race, Hispanic origin and educational attainment. For the Facility Worksheet, data are obtained directly from the medical records of the mother and infant for items such as date of first prenatal care visit, pregnancy risk factors, and method of delivery. To assist hospital staff in completing the Facility Worksheet, a comprehensive instruction manual was developed: Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (2003 Revision) ("Guide to the Facility Worksheet"; available at https://www.cdc.gov/nchs/data/dvs/GuidetoCompleteFacilityWks.pdf) [31]. Detailed definitions and instructions for data items that are collected from the Facility Worksheet are in the "Guide to the Facility Worksheet".

Birth eLearning training: The first ever eLearning training, "Applying Best Practices for Reporting Medical and Health Information on Birth Certificates," on completing the medical and health information for the birth certificate was first launched in October 2016 and updated and re-launched in June 2021. The training emphasizes the importance and uses of birth certificate data and best practices for collecting specific birth medical and health items. The audience for the training includes birth information specialists, physicians, nurses, and hospital administrators. Continuing education credits for nurses, physicians, and non-clinical staff are also available. The training is internet-based and approximately 60 minutes in length. It is available at

www.cdc.gov/nchs/training/BirthCertificateElearning.

Detailed descriptions of editing and computation methods of the items described below are available [32,33].

Natality data files

Micro-data files: Natality micro-data files for data years 1968-2024 may be downloaded at http://www.cdc.gov/nchs/data_access/VitalStatsOnline.htm. The general rules used to classify characteristics of live births are presented in several NCHS manuals [22,23,28,32,33]. These instructions are for jurisdictions to use to collect and code the data items; they do not include NCHS edit recodes.

For information on the file for a specific data year (including the file layout), see the accompanying User Guide for that year (http://www.cdc.gov/nchs/data_access/VitalStatsOnline.htm). For information on the changes to the file related to the 2003 revision (including new items), see the 2003 User Guide [34]. Certain data items new to the 2003 revised certificate (e.g., maternal morbidity) are available beginning with data files 2009.

Beginning with the 2005 data year, the public release micro-data natality file no longer includes geographic detail (e.g., state or county of birth). Information on the data use policy is available at http://www.cdc.gov/nchs/nvss/dvs data release.htm [35].

Demographic Characteristics

Hispanic origin and race

Hispanic origin: Hispanic origin and race are reported separately on the birth certificate (**Figure 2**). It is recommended that this information be reported directly by the mother via the Mother's Worksheet [29].

From 1989 through 2017, data on the public use file and in NCHS reports for specified Hispanic groups are shown in most cases for five specified Hispanic groups: Mexican, Puerto Rican, Cuban, Central and South American, and "other and unknown Hispanic." Starting with 2018, data are presented for the additional Hispanic group, Dominican (see items MHISPX and FHISPX in file positions 112 and 159). This subgroup was previously included in "other and unknown Hispanic." Starting with 2023, data for "Central and South American" no longer include "Latin American," which has been moved to "Other and unknown Hispanic" to conform with the U.S. Census Bureau.

In tabulations of birth data by race and Hispanic origin, data for persons of Hispanic origin are not further classified by race because the vast majority of Hispanic women are reported as white. In tabulations that include Hispanic origin, data for non-Hispanic persons are classified according to the race of the mother, due to substantial differences in fertility and maternal and infant health

characteristics between Hispanic and non-Hispanic (single-race) white women. American Samoa does not currently collect information on Hispanic origin.

The Hispanic origin question asks respondents to select only one response. Occasionally, however, more than one Hispanic origin response is given, that is, a specified Hispanic group (Mexican, Puerto Rican, Cuban, Dominican, or Central and South American) in combination with one or more other specified Hispanic group. From 2003 through 2012, respondents who selected more than one Hispanic origin on the birth certificate were classified as "other Hispanic." Beginning with the 2013 data year, respondents who select more than one Hispanic origin are randomly assigned to a single Hispanic origin. This change was implemented to be consistent with the coding methods of the American Community Survey [36], on which the rates for the specified Hispanic groups from 2010 on are based (see "Population estimates for the specific Hispanic groups.")

The percentage of records for which Hispanic origin of the parents was not reported in 2023 is presented by reporting area in **Table B**.

Race of mother and father: Reported separately from Hispanic origin, the instructions are to check one or more races to indicate what the mother/father considers her/himself to be. It is recommended that this information be reported directly by the mother via the Mother's Worksheet [29]. The 2003 revision of the U.S. Standard Certificate of Live Birth allows the reporting of the five race categories either alone (i.e., single-race) or in combination (i.e., more than one race or multiple races) for each parent [24], in accordance with the revised standards issued by the Office of Management and Budget (OMB) in 1997 [37]. The five categories for race specified in the revised standards are:

American Indian or Alaska Native (AIAN), Asian, Black or African American, Native Hawaiian or Other Pacific Islander (NHOPI), and White. Information on this change is presented elsewhere [38-40].

Starting in 2016, all states and the District of Columbia, in addition to Puerto Rico, the U.S. Virgin Islands, Guam and Northern Marianas, were reporting race according to the 1997 revised OMB standards, with 3.0% of mothers in the U.S. reporting more than one race in 2024 (**Documentation Table 1**).

Where race of the mother is not reported, if the race of the father is known, the race of the father is assigned to the mother. When information is not available for either parent, the race of the mother is imputed according to the specific race of the mother on the preceding record with a known race of mother. In 2024, race of mother was imputed for 8.4% of births (by occurrence).

Age of mother

The age of mother is derived from the reported month and year of birth. It is recommended that this information be reported directly by the mother via the Mother's Worksheet [29]. For American Samoa, exact age of mother was reported.

Imputation of age of mother: Age of mother is imputed for ages 8 years or under and 65 years and over (mother's age 9 years is recoded as 10 years and ages 55-64 years are recoded to an age from 50-54 years). A review and verification of unedited data for several years showed that the vast majority of births reported as occurring to women aged 50 years and older were to women aged 50-54 years.

Extreme values of age: Data for single year of age of mother 9-11 and 55-64 years are not shown in the public use data files. Births to mothers 9-11 years are collapsed into the categories "12 years or under;" births to mothers 50-64 years into the category "50-54 years."

Mean age of mother: Mean age is the arithmetic average of an age distribution. Trend data on the mean age of mother, derived directly from frequencies of births by age, are available at https://www.cdc.gov/nchs/products/vsus.htm#natab2003, [41] and for recent years, in **Table III** of the 2024 Final Report [1]. A recent report describes recent trends in mean age of mother in more detail [5]. For information on median age of mother, see User Guide for the 2014 Natality Public Use File [19].

Not stated age or date of birth of mother: Beginning in 1964, birth records with date of birth of mother and/or age of mother not stated have had age imputed (703 records; 0.02% for 2024) according to the age of mother from the previous birth record of the same race and total-birth order (total of fetal deaths and live births). (See NCHS Instruction Manuals, Part 12 [32,33,42]).

Age of father

Information on age of father is derived from the father's date of birth and is recommended to be reported directly by the mother. See the Mother's Worksheet [29]. Information on age of father is often missing for children born to unmarried mothers, greatly inflating the number in the "Not stated" category in all tabulations by age of father. If the age is under 10 years, it is considered not stated and grouped with those cases for which age is not stated on the certificate. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33] and **Table B** for the percent of records for which father's age is not stated.

Marital status

National estimates of births to unmarried women are based on two methods of determining marital status: 1) direct question; and 2) inferential procedures (described below). For more details on the history of the two methods, see the User Guide for the 2014 Natality Public Use File [19].

It is recommended that information on marital status be reported directly by the mother using the Mother's Worksheet [29]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33] and **Tables 9**, **10**, and **IV** of the 2024 Final Report [1].

Inferential procedures: Historical information on inferential procedures can be found in the 2014 User Guide [19]. In 2024, inferential procedures were used to compile birth statistics by marital status in full or in part for New York (excluding New York City). In New York, a birth is inferred as nonmarital if either of these factors, listed in priority-of-use order, is present: a paternity acknowledgment was received or the father's name is missing. In recent years, a number of states have extended their efforts to identify the fathers when the parents are not married in order to enforce child support obligations. The presence of a paternity acknowledgment, therefore, is the most reliable indicator that the birth is nonmarital in the states not reporting this information directly. Details of the changes in reporting procedures and the impact of the procedures on the data are described in previous reports [42-44].

Imputation of marital status: Mother's marital status was not reported in 2024 on 0.1% of the birth records where this information is obtained exclusively by a direct question (i.e., in the 49 states, the District of Columbia, and New York City; excludes California). For these records with unknown or not-reported marital status, marital status was imputed accordingly: if status was unknown and the father's age was known, then the mother was imputed as married; if the status was unknown, and the father's age unknown, then the mother was imputed as unmarried.

Beginning in 2017, NCHS cannot release record-level data on the marital status of the mother for births occurring in or to residents of California due to state statutory restrictions. Tabulated data on births by marital status for California were provided to NCHS by the state for the preparation of this User Guide and national and information is included in the 2024 Final Report [1].

Educational attainment

Mother: Educational attainment is based on the highest degree or level of school completed at the time of the delivery. It is recommended that information on educational attainment of the mother be reported directly by the mother using the <u>Mother's Worksheet</u> [29]. See also the NCHS manual for

detailed descriptions of editing and computation methods [32,33], **Table V** of the 2024 Final Report [1], and **Table B** for the percent of records for which mother's education is not stated.

Starting with the 2018 data, the following consistency checks for maternal age are applied to each level of educational attainment:

8th grade or less Minimum age 9 9th through 12th grade, no diploma Minimum age 13 High school graduate or GED completed Minimum age 15 Some college credit, but not a degree Minimum age 17 Associate degree Minimum age 18 Bachelor's degree Minimum age 20 Master's degree Minimum age 21 Doctorate Minimum age 23.

Where maternal age is not compatible with the level of educational attainment, educational attainment is edited to "Not stated."

Father: The question on educational attainment of the father is parallel to that for the mother. Information on education of father is often missing on birth certificates of children born to unmarried mothers, greatly inflating the number in the "Not stated" category. While the overall percentage of "Not stated" records for the United States was 12.6% (**Table B**) in 2024, this information was missing for more than one-third of records for Wisconsin.

Live-birth order and parity

Live-birth order and parity are determined from two items on the birth certificate, "Number of previous live births now living" and "Number of previous live births now dead." Live-birth order and parity classifications refer to the total number of live births the mother has had including the 2024 birth. Fetal deaths are excluded.

Live-birth order indicates what number the present birth represents; for example, a baby born to a mother who has had two previous live births (even if one or both are not now living) has a live-birth order of three. Parity indicates how many live births a mother has had. Before delivery, a mother having her first baby has a parity of zero, and a mother having her third baby has a parity of two. After delivery the mother of a baby who is a first live birth has a parity of one, and the mother of a baby who is a third live birth has a parity of three.

It is recommended that this information be collected directly from the prenatal care record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for these items are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33] and **Table B** for the percent of records for which live birth order is not stated.

In computing birth rates by live-birth order, births tabulated as birth order not stated are distributed in the same proportion as births of known live-birth order.

Birth interval

Birth intervals are computed for all births of second or higher order. The interval is computed from the infant's date of birth (month and year) and the date of the last live birth (month and year). In a plural delivery, the second and higher order birth within a set is classified at an interval of 0-3 months.

It is recommended that this information be collected directly from the prenatal care record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for these items are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33] and **Table B** for the percent of records for which birth interval is not stated.

Information on birth interval is not available for American Samoa in 2024 due to high unknowns for date of last live birth. A reporting flag should be used to generate accurate numbers by residence for birth interval. The reporting flag (the file position is specified in the file layout) will exclude births to residents of non-reporting jurisdictions. More information on the use of reporting flags can be found in the introduction to the User Guide for the 2014 Natality Public Use File [19].

Total-birth order

Total-birth order is determined from three items on the birth certificate, "Number of previous live births now living" and "Number of previous live births now dead," and "Number of previous other pregnancy outcomes." Total-birth order refers to the total number of pregnancies (regardless of outcome) the mother has had including the 2024 birth. Fetal deaths are included.

Live-birth order indicates what number the present birth represents in terms of the number of pregnancies; for example, a baby born to a mother who has had two previous pregnancies (even if one or both ended in fetal losses) has a total-birth order of three.

Like live-birth order, it is recommended that this information be collected directly from the prenatal care record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for these items are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33] and **Table B** for the percent of records for which live birth order is not stated.

Pregnancy interval

Pregnancy intervals are computed for all births of second or higher order. The interval is computed from the infant's date of birth (month and year) and the date of the last live birth or other pregnancy outcome (month and year); whichever was more recent. In a plural delivery, the second and higher order birth within a set is classified at an interval of 0-3 months.

It is recommended that this information be collected directly from the prenatal care record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for these items are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33] and **Table B** for the percent of records for which birth interval is not stated.

Information on pregnancy interval is not available for American Samoa in 2024 due to high unknowns for date of late live birth. A reporting flag should be used to generate accurate numbers by residence for pregnancy interval. The reporting flag (the file position is specified in the file layout) will exclude births to residents of non-reporting jurisdictions. More information on the use of reporting flags can be found in the introduction to the User Guide for the 2014 Natality Public Use File [19].

Medical and Public Services Utilization

Prenatal care

Information on the timing and number of prenatal care visits is collected from the items "Date of first prenatal visit" (with a checkbox for "No prenatal care") and "Total number of prenatal visits for this pregnancy." The public use file includes the month prenatal care began (ranging from months 1-10 of the pregnancy based on the obstetric estimate of gestation) as well as a recode for the trimester prenatal care began (1st, 2nd, or 3rd). "Date of the last prenatal care visit" is no longer available in the public use file due to concerns with data quality.

It is recommended that prenatal care information be collected directly from the prenatal care record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for these items are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33], **Table 16** of the 2024 Final Report [1], and **Table B** for the percent of records for which month prenatal care began and number of prenatal care visits is not stated.

In 2014, NCHS changed from the date of the last menstrual period (LMP) to the obstetric estimate (OE) to calculate gestational age [19]. Also in 2014, NCHS changed the way the month in which prenatal care began is calculated to use of the OE-based method. This change resulted in higher percentages of prenatal care beginning in the 1st trimester. For example, in 2014, the percentage of births with prenatal care beginning in the 1st trimester was 73.3% when based on LMP (data not available) compared with 76.6% when based on OE. By state, 1st trimester prenatal care based on OE was, on average, 5% higher than 1st trimester care based on LMP. Accordingly, prenatal care data based on the OE are not comparable with those based on the LMP.

WIC food during pregnancy

It is recommended that information on receipt of WIC (The Special Supplemental Nutrition Program for Women, Infants, and Children) food for the mother during this pregnancy be reported directly by the mother using the Mother's Worksheet [29]. WIC is a program intended to help low-income pregnant women, infants, and children through age 5 receive proper nutrition by providing vouchers for food, nutrition counseling, health care screenings and referrals; it is administered by the U.S. Department of Agriculture [45]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33], **Table VII** of the 2024 Final Report [1], and **Table B** for the percent of records for which receipt of WIC is not stated.

Obstetric procedures

Two obstetric procedures: 1) successful external cephalic version and 2) failed external cephalic version are available in the 2024 natality public use file. The choice "None of the above" is available if external cephalic version is not applicable. If the item is not completed (i.e. none of the boxes are checked), it is classified as "Not stated." Cervical cerclage and tocolysis are no longer available in the public use file due to concerns with data quality.

It is recommended that this information on obstetric procedures be collected directly from the medical record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33], **Table X** of the 2024 Final Report [1], and **Table B** for the percent of records for which obstetric procedures is not stated.

Characteristics of labor and delivery

Six characteristics of labor and delivery are separately identified in a checkbox format: 1) induction of labor; 2) augmentation of labor; 3) steroids; 4) antibiotics received by the mother during labor; 5) clinical chorioamnionitis or maternal temperature $\geq 38^{\circ}$ C; and 6) epidural or spinal anesthesia during labor. The characteristics of labor and delivery item allows for the reporting of more than one characteristic and includes a choice of "None of the above." If the item is not completed (i.e., none of the boxes are checked), it is classified as "Not stated." Due to concerns with data quality, non-vertex presentation, moderate/heavy meconium staining of the amniotic fluid, and fetal intolerance of labor are no longer available in the public use file.

It is recommended that this information be collected directly from the medical record using the Facility Worksheet [30]. Detailed instructions and definitions for the characteristics are presented in the Guide to the Facility Worksheet [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33], **Table XI** of the 2024 Final Report [1], and **Table B** for the percent of records for which characteristics of labor and delivery is not stated.

Place of birth

Five options for place of birth are identified in a checkbox format: 1) hospital; 2) freestanding birth center; 3) home birth (and a follow-up question "Planned to delivery at home? Yes/No,"); 4) clinic/doctor's office; and 5) other (must be specified). If the item is not completed (i.e., none of the boxes are checked), it is classified as "Not stated".

It is recommended that this information be collected directly from the medical record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for the characteristics are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33], **Tables I** and **II** of the 2024 Final Report [1], and **Table B** for the percent of records for which place of birth is not stated.

Planned home births: If the birth was a home birth (box checked) then the following question is asked in a checkbox format: Planned to deliver at home? Yes/ No. Beginning in 2021, information on whether the home birth was planned is reported by all 50 states and the District of Columbia. For years prior to 2021, a reporting flag should be used to generate accurate numbers by residence for planned home births. The reporting flag (the file position is specified in the file layout) will exclude births to residents of non-reporting states. More information on the use of reporting flags can be found in the introduction to the User Guide for the 2014 Natality Public Use File [19].

Time of birth

Time of birth is based on a 24-hour (military) clock. It is recommended that this information be collected directly from the medical record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for the characteristics are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33], and **Table B** for the percent of records for which time of birth is not stated.

Attendant at birth

Five options for title of attendant at birth are identified in a checkbox format: 1) MD (medical doctor); 2) DO (osteopath); 3) CNM/CM (certified nurse midwife/certified midwife); 4) other midwife; and 5) other (must be specified). If the item is not completed (i.e., none of the boxes are checked), it is classified as "Not stated".

It is recommended that this information be collected directly from the medical record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for the characteristics are presented in the <u>Guide to the Facility Worksheet</u> [30]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33], **Tables I** of the 2024 Final Report [1], and **Table B** for the percent of records for which attendant at birth is not stated.

CNM/CM-attended births: There is evidence that the number of live births attended by CNM/CM is understated [46], largely due to difficulty in correctly identifying the birth attendant when more than one provider is present at the birth. (Anecdotal evidence suggests that some hospitals require that a physician be reported as the attendant even when no physician is physically present at midwife-attended births.)

Method of delivery

Three options for fetal presentation at birth are identified in a checkbox format: 1) cephalic; 2) breech; and 3) other. Four options for final route and method of delivery are identified in a checkbox format: 1) vaginal/spontaneous; 2) vaginal/forceps; 3) vaginal/vacuum; and 4) cesarean. If either of the two items, fetal presentation at birth and final route and method of delivery, are not completed (i.e., none of the boxes are checked), they are classified as "Not stated". The checkboxes, stating whether delivery with forceps or vacuum extraction was unsuccessful are no longer included in the public use files due to concerns with data quality.

It is recommended that this information be collected directly from the medical record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for the characteristics are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33], **Table XII** of the 2024 Final Report [1], and **Table B** for the percent of records for which fetal presentation and final route and method of delivery is not stated.

Trial of labor: If the final route and method of delivery was cesarean (box checked) then the question "If cesarean, was a trial of labor attempted?" Yes/ No is asked. See **Table XIII** of the 2024 Final Report [1].

Total cesarean rate: The overall cesarean delivery rate or total cesarean rate is computed as the percent of all births delivered by cesarean. See **Tables 17, 18, XII** and **XIII** of the 2024 Final Report [1].

Low-risk cesarean rate: The low-risk cesarean delivery rate is the number of singleton, term (37 or more weeks of gestation based on obstetric estimate), cephalic, cesarean deliveries to women having a first birth per 100 women delivering singleton, term, cephalic, first births. Obstetric estimate and livebirth order are discussed in more detail elsewhere. See **Tables 17**, **18** and **XII** of the 2024 Final Report [1].

Primary cesarean and VBAC delivery rates: The primary cesarean and vaginal birth after previous cesarean (VBAC) delivery rates are computed by using the information on vaginal and cesarean deliveries from the "Method of delivery" item as well as information on whether the mother had a previous cesarean from the "Risk factors in this pregnancy" item. The primary cesarean rate is computed as the number of women having a first cesarean delivery divided by all women giving birth who have never had a cesarean delivery. The denominator for the primary cesarean rate includes the sum of primary cesareans and vaginal births without a previous cesarean. The rate of VBAC delivery is

computed by dividing all VBAC deliveries by the sum of VBAC and repeat cesarean deliveries, that is, women with a previous cesarean delivery. See **Tables 17** and **18** of the 2024 Final Report [1].

Payment source for the delivery

Four options for source of payment at delivery are identified in a checkbox format: 1) private insurance; 2) Medicaid; 3); self-pay; and 4) other (must be specified). If the item is not completed (i.e., none of the boxes are checked), it is classified as "Not stated". The instructions are to check the box that best describes the principal source of payment for this delivery. Note that for 2018-2024, for Rhode Island, "other" sources of payment for the delivery includes only CHAMPUS/TRICARE, whereas "other" for other reporting areas combines several sources.

It is recommended that this information be collected directly from the medical record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for the characteristics are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33], **Table 19** of the 2024 Final Report [1], and **Table B** for the percent of records for which source of payment is not stated.

More detailed information for the "other" category is available for 37 states and the District of Columbia, representing 62.6 percent of all U.S. births in 2024. For these states, the "Other" category is further delineated into the following groups: 1) Indian Health Service; 2) CHAMPUS/TRICARE; 3) Other government; and 4) other (must be specified). A reporting flag should be used to generate accurate numbers by residence for more detailed source of payment at delivery. The reporting flag (the file position is specified in the file layout) will exclude births to residents of non-reporting states (Arkansas, California, Florida, Illinois, Minnesota, Mississippi, Missouri, New Hampshire, New Jersey, North Carolina, Pennsylvania, Rhode Island, and Vermont). More information on the use of reporting flags can be found in the introduction to the User Guide for the 2014 Natality Public Use File [19].

Maternal Behavior and Health Characteristics

Mother's pre-pregnancy body mass index (BMI)

BMI provides an indication of the mother's body fat based on her height and pre-pregnancy weight (see below). Mother's height and pre-pregnancy weight are discussed in more detail below. Mother's pre-pregnancy BMI is calculated as:

(mother's pre-pregnancy weight (lb) / [mother's height (in)]²) x 703

The currently used categories for BMI were established by the National Health, Lung and Blood Institute (NHBL) in the late 1990s [47]. See the NCHS manual for detailed descriptions of editing and computation methods [32,33], **Table VI** of the 2024 Final Report [1].

Mother's height

Mother's height is one of the measurements used to compute mother's pre-pregnancy BMI (see above). The range of acceptable values for this item is 1-8 feet and 1-11 inches.

It is recommended that information on the mother's height (in feet/inches) come from the Mother's Worksheet [29]. See the NCHS manual for detailed descriptions of editing and computation methods [32,33] and **Table B** for the percent of records for which mother's height is not stated.

Mother's pre-pregnancy weight

Mother's pre-pregnancy weight is one of the measurements used to compute mother's pre-pregnancy BMI (see above). Mother's pre-pregnancy weight, along with mother's weight at delivery, is used to compute the mother's weight gain during delivery (see below). The range of values accepted for mother's pre-pregnancy weight is 50-400 pounds. All other values are edited to "Not stated".

It is recommended that information on the mother's pre-pregnancy weight (in pounds) be reported directly by the mother via the <u>Mother's Worksheet</u> [29]. See the NCHS manual for detailed descriptions of editing and computation methods [32,33] and **Table B** for the percent of records for which mother's pre-pregnancy weight is not stated.

Mother's weight at delivery

Mother's weight at delivery, along with mother's pre-pregnancy weight, is used to compute the mother's weight gain during pregnancy (see below). The range of values accepted for mother's weight at delivery is 100-450 pounds.

It is recommended that this information be collected directly from the medical record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for the characteristics are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33] and **Table B** for the percent of records for which mother's weight at delivery is not stated.

Weight gain during pregnancy

Information on weight gain during pregnancy is derived from mother's pre-pregnancy weight and mother's weight at delivery (see above). Mother's weight gain during pregnancy is calculated by subtracting the mother's pre-pregnancy weight from her weight at delivery. Weight gain during pregnancy is reported in pounds. A reported loss of weight is recorded as zero gain. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33].

Cigarette smoking before and during pregnancy

The question asks for the number of cigarettes (or packs) smoked in the three months prior to becoming pregnant and in each trimester. All entries reporting packs of cigarettes are converted to the corresponding number of cigarettes (1 pack = 20 cigarettes). If the mother reports smoking in any of the three trimesters of pregnancy she is classified as a smoker (smoked anytime during pregnancy). Women with unknown smoking status for any trimester (except for births with gestational ages less than 27 weeks; see below) who report not smoking in other trimesters are classified as "Unknown smoking status."

For women whose pregnancies end prior to the 3rd trimester of pregnancy (less than 27 completed weeks), but for whom cigarette smoking is reported in the 3rd trimester of pregnancy, smoking status during the 3rd trimester of pregnancy is changed/edited to "Unknown." Women who give birth prior to the 3rd trimester who report smoking in the 1st or 2nd trimester are classified as smokers. Women who give birth prior to the 3rd trimester of pregnancy who report no cigarettes in the 1st or 2nd trimester are classified as non-smokers.

Quitting smoking before or during pregnancy: Women who report smoking in the three months prior to pregnancy but report no smoking during all three trimesters are considered to have quit smoking before pregnancy. Women who smoked in the three months prior to pregnancy and during any trimester are considered to have not quit smoking before pregnancy. If a woman reported smoking in the three months prior to pregnancy, and reported not smoking during one or more trimesters, but smoking status was unknown for any of the other trimesters, quitting before pregnancy status is classified as "Unknown". Women who report smoking only in the first trimester and/or second trimesters, but not the third trimester, are considered to have quit smoking during pregnancy. If smoking status during the third trimester of pregnancy is unknown, quitting status is tabulated as "Unknown" [33].

It is recommended that information on smoking before and during pregnancy be reported directly by the mother via the Mother's Worksheet [29]. See also the NCHS manual for detailed descriptions of

editing and computation methods [32,33], **Table 15** of the 2024 Final Report [1], and **Table B** for the percent of records for which cigarette smoking before and during pregnancy is not stated.

Risk factors in this pregnancy

Six risk factors are separately identified in a checkbox format: 1) diabetes (pre-pregnancy or gestational); 2) hypertension (pre-pregnancy or gestational); 3) eclampsia; 4) previous preterm births; 5) pregnancy resulted from infertility treatment; and 6) mother had a previous cesarean delivery. This item allows for the reporting of more than one risk factor and includes a choice of "None of the above". If the item is not completed (i.e., none of the boxes are checked), it is classified as "Not stated". The checkbox "Other previous poor pregnancy outcome" is no longer available in the public use files because of concerns with data quality.

It is recommended that this information be collected directly from the medical record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for the characteristics are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33], **Table VIII** of the 2024 Final Report [1], and **Table B** for the percent of records for which risk factors is not stated.

Eclampsia: Beginning in 2022, information on eclampsia is available for all 50 states and the District of Columbia. For years prior to 2022, a reporting flag should be used to generate accurate numbers by residence for eclampsia. The reporting flag (the file position is specified in the file layout) will exclude births to residents of non-reporting states. More information on the use of reporting flags can be found in the introduction to the User Guide for the 2014 Natality Public Use File [19].

Pregnancy resulted from infertility treatment: There is a general checkbox question about whether the pregnancy resulted from infertility treatment. If the answer is "Yes" (box checked) then the infertility treatments are grouped into two separate categories:

- Fertility enhancing drugs, artificial insemination, or intrauterine insemination
- Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT)).

The instructions are to check all that apply, meaning that one or both of these responses can be reported for the same birth. ART procedures are those in which both egg and sperm are handled in the laboratory.

Beginning in 2022, information on type of infertility is available for all 50 states and the District of Columbia; however, for 2024, system issues for Georgia and North Carolina resulted in incorrect

reporting for all infertility items (type and overall), which have been flagged as not reported (data are available for 93.1% of 2024 U.S. births). For 2024 and years prior to 2022, a reporting flag should be used to generate accurate numbers by residence for type of infertility treatment used; for 2024, a reporting flag should be used to generate accurate numbers by residence for overall infertility treatment. The reporting flag (the file position is specified in the file layout) will exclude births to residents of non-reporting states. More information on the use of reporting flags can be found in the introduction to the User Guide for the 2014 Natality Public Use File [19].

Infections present and/or treated during this pregnancy

Five infections are separately identified in a checkbox format: 1) gonorrhea; 2) syphilis; 3) chlamydia; 4) hepatitis B; and 5) hepatitis C. This is a checkbox item allowing for the reporting of more than one infection and includes a choice of "None of the above". If the item is not completed (i.e., none of the boxes are checked), it is classified as "Not stated".

It is recommended that this information be collected directly from the medical record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for the characteristics are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33], **Table IX** of the 2024 Final Report [1], and **Table B** for the percent of records for which infections present and/or treated during this pregnancy is not stated.

Maternal morbidity

Five maternal morbidities are separately identified in a checkbox format: 1) maternal transfusion; 2) third or fourth degree perineal laceration; 3) ruptured uterus; 4) unplanned hysterectomy; and 5) admission to intensive care unit. This item allows for the reporting of more than one morbidity and includes a choice of "None of the above". If the item is not completed (i.e., none of the boxes are checked), it is classified as "Not stated". The checkbox item "unplanned operating room procedure following delivery" is no longer included in the public use file because of concerns with data quality.

It is recommended that this information be collected directly from the medical record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for the characteristics are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33], **Table XIV** of the 2024 Final Report [1], and **Table B** for the percent of records for which maternal morbidities is not stated.

Infant Health Characteristics

Period of gestation

Beginning with the 2014 data year, NCHS transitioned to a new standard for estimating the gestational age of the newborn. The new measure – the obstetric estimate of gestation at delivery (OE) replaced the measure based on the date of the last normal menses (LMP) [48]. Accordingly, gestational age data in standard reports are based on the OE. However, LMP-based data are also available. National data based on the OE are available only from data year 2007 forward. Gestational age estimates differ somewhat between the OE- and LMP-based measures. For example, the 2024 OE-based preterm birth rate is 10.41% compared with the LMP-based rate of 12.10%. Of note, both preterm birth rates declined from 2007 to 2014 but rose from 2015 to 2019. Discussion of the reasons for the change, and a detailed comparison of the two measures, are presented elsewhere [48].

Births occurring before 37 completed weeks of gestation are considered to be preterm for purposes of classification consistent with the ICD-9 and ICD-10 definitions [15]. NCHS further categorizes births at less than 34 weeks as early preterm and births at 34-36 weeks as late preterm. Births occurring between 37 and 38 completed weeks are considered early term, between 39 and 40 completed weeks as full term, 41 completed weeks as late term, and at 42 completed weeks and over as post-term. These distinctions are consistent with the revised American College of Obstetrics and Gynecology revised term definitions [49].

It is recommended that this information be collected directly from the medical record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for the characteristics are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33], **Tables 20**, **21**, **XV**, and **XVI** of the 2024 Final Report [1], and **Table B** for the percent of records for which period of gestation is not stated.

Birthweight

Birthweight is reported in some areas in pounds and ounces and in other areas as grams. However, the metric system is used to tabulate and present the statistics to facilitate comparison with data published by other groups. The categories for birthweight are consistent with the recommendations in the International Statistical Classification of Diseases, Ninth Revision (ICD–9) and the International Statistical Classification of Diseases, Tenth Revision (ICD–10) [15,50]. The categories in gram intervals and their equivalents in pounds and ounces are as follows:

```
Less than 500 grams = 1 lb 1 oz or less

500–999 grams = 1 lb 2 oz–2 lb 3 oz

1,000–1,499 grams = 2 lb 4 oz–3 lb 4 oz

1,500–1,999 grams = 3 lb 5 oz–4 lb 6 oz

2,000–2,499 grams = 4 lb 7 oz–5 lb 8 oz

2,500–2,999 grams = 5 lb 9 oz–6 lb 9 oz

3,000–3,499 grams = 6 lb 10 oz–7 lb 11 oz

3,500–3,999 grams = 7 lb 12 oz–8 lb 13 oz

4,000–4,499 grams = 8 lb 14 oz–9 lb 14 oz

4,500–4,999 grams = 9 lb 15 oz–11 lb 0 oz

5,000 grams or more = 11 lb 1 oz or more
```

ICD-9 and ICD-10 define low birthweight as less than 2,500 grams. Very low birthweight is defined as less than 1,500 grams.

To establish the continuity of class intervals needed to convert pounds and ounces to grams, the end points of these intervals are assumed to be half an ounce less at the lower end and half an ounce more at the upper end. For example, 2 lb 4 oz–3 lb 4 oz is interpreted as 2 lb 3 ½ oz–3 lb 4 ½ oz.

It is recommended that this information be collected directly from the medical record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for the characteristics are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33], **Tables 22**, **23**, **XVII**, and **XVIII** of the 2024 Final Report [1], and **Table B** for the percent of records for which birthweight is not stated.

Apgar score

5-minute score: The Apgar score is a measure of the need for resuscitation and a predictor of the infant's chances of surviving the first year of life. It is a summary measure of the infant's condition based on heart rate, respiratory effort, muscle tone, reflex irritability, and color. Each of these factors is given a score of 0, 1, or 2; the sum of these 5 values is the Apgar score, which ranges from 0 to 10. A score of 0 to 3 indicates an infant in need of resuscitation; a score of 4 to 6 is considered intermediate; a score of 7 or greater indicates that the neonate is in good to excellent physical condition. The 5-minute score means that these factors were assessed at 5 minutes after delivery.

10-minute Apgar score: The 2003 revised certificate asks for a 10-minute Apgar score if the 5-minute score is less than 6. Ten-minute Apgar score was reported for 1.3 percent (47,692) of births in 2024; 5.4 percent (2,562) of these births had "Not stated" 10-minute Apgar score for infants whose 5-minute score was less than 6.

It is recommended that this information be collected directly from the medical record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for the characteristics are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33] and **Table B** for the percent of records for which 5-minute and 10-minute Apgar score is not stated.

Abnormal conditions of the newborn

Six abnormal conditions of the newborn are separately identified in a checkbox format: 1) assisted ventilation required immediately following delivery; 2) assisted ventilation required for more than six hours; 3) NICU admission; 4) newborn given surfactant replacement therapy; 5) antibiotics received by the newborn for suspected neonatal sepsis; and 6) seizure or serious neurological dysfunction. This item allows for the reporting of more than one condition and includes a choice of "None of the above". If the item is not completed (i.e., none of the boxes are checked), it is classified as "Not stated". The checkbox item significant birth injury is no longer included in the public use file because of concerns with data quality.

It is recommended that this information be collected directly from the medical record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for the characteristics are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33], **Table XX** of the 2024 Final Report [1], and **Table B** for the percent of records for which abnormal conditions of the newborn is not stated.

Congenital anomalies of the newborn

Twelve congenital anomalies are separately identified in a checkbox format: 1) anencephaly; 2) meningomyelocele/spina bifida; 3) cyanotic congenital heart disease; 4) congenital diaphragmatic hernia; 5) omphalocele; 6) gastrochisis; 7) limb reduction defect; 8) cleft lip with or without cleft palate; 9) cleft palate alone; 10) Down syndrome; 11) suspected chromosomal disorder; and 12) hypospadias. This item allows for the reporting of more than one anomaly and includes a choice of "None of the above". If the item is not completed (i.e. none of the boxes are checked), it is classified as "Not stated".

Data for the congenital anomaly "Hypospadias" are edited to exclude this condition where the infant is a female.

Information on meningomyelocele/spina bifida is available for 49 states and the District of Columbia, (excludes Virginia) representing 97.4% of all U.S. births in 2024. A reporting flag should be

used to generate accurate numbers by residence for meningomyelocele/spina bifida (in 2024, Virginia was flagged as not reported because no cases have been reported since 2014). The reporting flag (the file position is specified in the file layout) will exclude births to residents of non-reporting states. More information on the use of reporting flags can be found in the introduction to the User Guide for the 2014 Natality Public Use File [19].

It is recommended that this information be collected directly from the medical record using the Facility Worksheet [30]. Detailed instructions and definitions for the characteristics are presented in the Guide to the Facility Worksheet [310]. See also the NCHS manual for detailed descriptions of editing and computation methods [32,33], **Table XXI** of the 2024 Final Report [1], and **Table B** for the percent of records for which congenital anomalies is not stated. See the Quality of Data section below for discuss of quality concerns with rarely occurring events.

Down Syndrome and suspected chromosomal disorder: The item includes a general checkbox question about whether Down Syndrome and suspected chromosomal disorder are present. If "Yes" (box checked), the following question is asked: karyotype pending or karyotype confirmed. These responses are combined for a "Yes" response.

Plurality

Plurality is classified as single, twin, triplet, and quadruplet and higher order births. Each record in the public use natality file represents an individual birth. For example, a record coded as a twin represents one birth in a twin delivery; note that a twin delivery may include 2 live births or 1 live birth and 1 fetal death. Pairs or sets of twins or higher order multiple births are not identified in this file but are available for 2016-2020 in the Matched Multiple Birth and Fetal Death Data Sets at https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm. Records for which plurality is unknown are imputed as singletons. This occurred for 0.05% (1,694) of all records for 2024.

It is recommended that this information be collected directly from the medical record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for the characteristics are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also NCHS manuals for detailed descriptions of editing and computation methods [32,33], **Tables 24**, **25**, and **XIX** in the 2024 Final Report [1].

Infant breastfed

Information on whether the infant was being breastfed during the period from birth to discharge from the hospital is available for 49 states and the District of Columbia (excludes California),

representing 88.9% of all U.S. births in 2024. The item asks the question: Is the infant being breastfed at discharge? Yes/No. The intent to breastfeed, without having initiated it by the time of hospital discharge, is not considered a "Yes" response.

It is recommended that this information be collected directly from the medical record using the <u>Facility Worksheet</u> [30]. Detailed instructions and definitions for the characteristics are presented in the <u>Guide to the Facility Worksheet</u> [31]. See also NCHS manuals for detailed descriptions of editing and computation methods [32,33], **Table VII** in the 2024 Final Report [1], and **Table B** for the percent of records for which infant breastfed at discharge is not stated.

A reporting flag should be used to generate accurate numbers by residence for infant breastfed. The reporting flag (the file position is specified in the file layout) will exclude births to residents of non-reporting states. More information on the use of reporting flags can be found in the introduction to the User Guide for the 2014 Natality Public Use File [19].

Definitions of medical terms

For definitions and discussion of the maternal and infant health characteristics, see the <u>Guide to</u> the <u>Facility Worksheet</u> [31].

Quality of Data

Although vital statistics data are useful for a variety of administrative and scientific purposes, they cannot be correctly interpreted unless various qualifying factors and methods of classification are taken into account. The factors to be considered depend on the specific purposes for which the data are to be used. It is not feasible to discuss all the pertinent factors in the use of vital statistics tabulations, but some of the more important ones should be mentioned.

Most of the factors limiting the use of data arise from imperfections (missing or misclassified) in the original records or from the impracticability of tabulating these data in very detailed categories. Underreporting of certain medical and health items should also be noted (see below). These limitations should not be ignored, but their existence does not lessen the value of the data for most general purposes.

Completeness of registration: It is estimated that more than 99% of all births occurring in the United States in 2024 were registered.

Completeness of reporting: Interpretation of birth certificate data must include evaluation of item completeness. The "Not stated" percentage is one measure of the quality of the data. Completeness of

reporting varies among items and states. See **Table B** for the percentage of birth records on which specified items were not stated. Items with high percentages of "Not stated" should be interpreted with caution.

Quality control procedures: As electronic files are received at NCHS, they are automatically checked for completeness, individual item code validity, and unacceptable inconsistencies between data items. The registration area is notified of any problems. In addition, NCHS staff review the files on an ongoing basis to detect problems in overall quality such as inadequate reporting for certain items, failure to follow NCHS coding rules, and systems and software errors. Traditionally, quality assurance procedures were limited to the review and analysis of differences between NCHS and registration area code assignments for a small sample of records. As electronic birth registration became prevalent, this procedure was augmented by analyses of year-to-year and area-to-area variations in the data. These analyses are based on preliminary tabulations of the data that are cumulated by state on a year-to-date basis. NCHS investigates all differences judged to have consequences for quality and completeness. In the review process, statistical tests are used to call initial attention to differences for possible follow-up. As necessary, registration areas are informed of differences encountered in the tables and asked to verify the counts or to determine the nature of the differences. Missing records (except those permanently voided) and other problems detected by NCHS are resolved, and corrections are transmitted to NCHS.

Comparison with medical records: Two reports based on studies in two states and New York City showed that the quality of data items on the 2003 revised birth certificate varied widely. That is, some items are collected in such a manner that exact agreement with the medical records (considered the "gold standard") for non-check box items and sensitivity for checkbox items was high, whereas some health and medical condition items on the birth certificate are likely underreported [9,10].

Rarely occurring events: There were not enough cases of some of the rarer conditions listed on the birth certificate to assess data quality in the study mentioned above. Examples are maternal morbidities, such as ruptured uterus and unplanned hysterectomy. These may be underreported on the birth certificate compared with results from large multi-center studies and nationally representative survey data. For example, the rate of uterine rupture for women with a previous cesarean who delivered singletons at term (37 or more weeks of completed gestation) was 0.32% in 1999-2002 in a National Institute for Child Health and Development (NICHD) 19-institution cohort study [51] compared with 0.08 percent for comparable birth certificate data in 2014. Although there are other reasons for the differences in the rates, such as the differing time periods under study, these findings suggest that the birth certificate data likely underreport these morbidities.

It is well documented that congenital anomalies, except for the most visible and most severe, have historically been under-reported on birth certificates [52]. This has been attributable, at least in part, to the fact that certain anomalies may be difficult to detect within the short period between birth and completion of the child's birth certificate. The 2003 revision of the U.S. Standard Certificate attempted to improve reporting of congenital anomalies by including only those diagnosable within 24 hours of birth using conventional, widely available diagnostic techniques [53]. However, it is not clear whether these efforts were successful because the instances of the anomalies were too few to be included in the quality study above and there have yet to be other quality studies assessing these data.

State-specific data quality issues for 2024

The state-specific data quality issues noted below are of particular concern due to documented evidence of underreporting and/or inaccurate reporting for 2024. *These data should be used with caution.*

Father's information: Changes in delivery room/hospital policy in response to the COVID-19 pandemic (2020-2023), may have influenced a general increase in unknown information for fathers and an increase in a "No" response for paternity acknowledgements.

Alabama:

• *Obstetric procedures* – Successful, Failed external cephalic version

Colorado:

• Place where birth occurred

District of Columbia:

- *Interval since last other pregnancy outcome* Month of date of last other pregnancy outcome (unknowns exceed 15% of records)
- *Risk Factors in this Pregnancy* Eclampsia (more than 25% of births occurred in facilities that reported no cases)

Guam:

• **Date of last menstrual period** – Day, Month, and Year of date of last menstrual period (unknowns exceed 15% of records)

Hawaii:

• *Interval since last other pregnancy outcome* – Month of date of last other pregnancy outcome (unknowns exceed 15% of records)

• *Date of last menstrual period* – Day, Month, and Year of date of last menstrual period (unknowns exceed 15% of records)

Indiana:

• Attendant at delivery

Louisiana:

- Abnormal Conditions of the Newborn Assisted ventilation for 6 or more hours
- Fetal presentation

Maryland:

• *Interval since last other pregnancy outcome* – Month of date of last other pregnancy outcome (unknowns exceed 15% of records)

Nevada:

- *Abnormal Conditions of the Newborn* Antibiotics (more than 25% of births occurred in facilities that reported no cases), Surfactant
- Maternal Morbidity Maternal transfusion

New Mexico:

- *Abnormal Conditions of the Newborn* Antibiotics, Surfactant (more than 25% of births occurred in facilities that reported no cases)
- Maternal Morbidity Maternal transfusion (more than 25% of births occurred in facilities that reported no cases)

New York State:

• *Interval since last other pregnancy outcome* – Month of date of last other pregnancy outcome (unknowns exceed 15% of records)

New York City:

• *Interval since last other pregnancy outcome* – Month of date of last other pregnancy outcome (unknowns exceed 15% of records)

Northern Marianas Islands:

• Date of last menstrual period – Day, Month, and Year of date of last menstrual period (unknowns exceed 15% of records)

Puerto Rico:

• Characteristics of Labor & Delivery – Epidural or spinal anesthesia, Induction of labor

Tennessee:

• Abnormal Conditions of the Newborn – Antibiotics

Virgin Islands:

- *Interval since last other pregnancy outcome* Month and year of date of last other pregnancy outcome (unknowns exceed 15% of records)
- *WIC* (unknowns exceed 15% of records)
- Date of last menstrual period Day, Month, and Year of date of last menstrual period (unknowns exceed 15% of records)

Virginia:

- *Prenatal care items* Number prenatal care visits
- *Obstetric procedures* Successful, Failed external cephalic version
- Congenital Anomalies of the Newborn Meningomyelocele/Spina Bifida

Washington:

• Obstetric procedures – Successful External cephalic version

The following reporting areas have been flagged as not reported for the following items for 2024 due to quality concerns; a reporting flag should be used to generate accurate numbers by residence (the file position is specified in the file layout). More information on the use of reporting flags can be found in the introduction to the User Guide for the 2014 Natality Public Use File [19]. See item-specific sections for more information.

American Samoa:

- Birth interval unknowns for date of last live birth exceed 25%
- *Pregnancy interval* unknowns for data of last live birth exceed 25%

Georgia:

- Pregnancy resulted from infertility treatment system error resulted in inaccurate reporting
- Assisted reproductive technology system error resulted in incorrect reporting
- Fertility enhancing drugs, artificial insemination, or intrauterine insemination system error resulted in incorrect reporting

North Carolina:

- Pregnancy resulted from infertility treatment system error resulted in incorrect reporting
- Assisted reproductive technology system error resulted in incorrect reporting

• Fertility enhancing drugs, artificial insemination, or intrauterine insemination – system error resulted in incorrect reporting

Virginia:

• Meningomyelocele/Spina bifida – no cases reported since 2014

Computation of Rates and Other Measures

Population denominators

2024 population estimates: Birth and fertility rates for 2024 shown in the 2024 Final Report [1] are estimated as of July 1, 2024 based on the Blended Base population estimates produced by the US Census Bureau in lieu of the April 1, 2020 decennial population count. The Blended Base consists of the blend of 2020 Census Data, 2020 Demographic Analysis estimates, and Vintage 2020 estimates [54,55]. These populations are shown in **Tables 1-3**. The population estimates are provided by the U.S. Census Bureau [56] and are presented by age, race (consistent with the revised 1997 OMB standards), and sex [36].

Birth and fertility rates by state shown in the 2024 Final Report [1] are based on state-level population estimates provided by the U.S. Census Bureau [56]. Birth and fertility rates for the territories except Puerto Rico are based on population estimates available from the U.S. Census Bureau's International Data Base [57]. Rates for Puerto Rico are based on population estimates available from the U.S. Census Bureau [58].

The population-based rates shown in the 2024 Final Report [1] may differ from rates computed on the basis of other population estimates; rates for smaller population subgroups such as those for teen mothers may be particularly affected by differences in population estimates. Rates for unmarried women are based on distributions of the population by marital status averaged over a 2-year period for 2023–2024 as reported by the U.S. Census Bureau in the March Current Population Survey (CPS) for each year [59,60], which have been adjusted to July 1, 2024 (Blended Base) population levels [56] by NCHS' Division of Vital Statistics [43,44].

The distributions of the population by marital status were based on a 2-year average of 2023 and 2024. For earlier years, rates for unmarried women are based on distributions of the population by marital status averaged over a 3-year period. As of the preparation of this User Guide, data from the March CPS for 2025 were not available.

Population estimates for the specific Hispanic groups

Beginning in 2011, birth and fertility rates for the specific Hispanic population groups (Mexican, Puerto Rican, Cuban, Central and South American, and Other Hispanic populations, and Dominican, starting in 2016) are based on population estimates derived from the 1-year American Community Survey (ACS) [61] and adjusted to the U.S. resident population control totals by the U.S. Census Bureau. For detailed information on the population estimates for the specific Hispanic groups, see the User Guide for the 2016 Natality Public Use File [62].

The 2024 population estimates for the specific Hispanic population groups were not available as of the preparation of the 2024 final report, Births: Final Data for 2024. Once available, birth and fertility rates for the specified Hispanic population groups will be published.

Revised population estimates

Residential population base: Birth rates for the United States and individual states are based on the total resident populations of the respective areas (**Table 2**). These populations exclude the Armed Forces abroad but include the Armed Forces stationed in each area. The residential population as well as the population including Armed Forces abroad for the United States for 2010–2024 are shown in **Table 3** [63]. A detailed discussion of historical population bases is presented elsewhere [64].

Net census undercounts and overcounts: Studies conducted by the U.S. Census Bureau indicate that some age, race, and sex groups are more completely enumerated than others. Census miscounts can have consequences for vital statistics measures. For example, an adjustment to increase the population denominator would result in a smaller rate compared to the unadjusted population. A more detailed discussion of census undercounts and overcounts can be found in the "1999 Technical Appendix" [64]. Adjusted rates for 2024 can be computed by multiplying the reported rates by ratios from the 2024 census-level population adjusted for the estimated age-specific census over- and undercounts.

Cohort fertility tables

Various fertility measures for cohorts of women are computed from births adjusted for underregistration and population estimates corrected for under enumeration and misstatement of age. Cohort fertility tables are available through 2009 and have recently been revised and updated to incorporate new rates for black women [65-68]. A detailed description of the methods used in deriving these measures is available in an earlier publication as well as detailed data for earlier years [69].

Total fertility rates

The total fertility rate is the sum of the birth rates by age of mother (in 5–year age groups) multiplied by 5. It is an age—adjusted rate because it is based on the assumption that there is the same number of women in each age group. The rate of 1,599.5 in 2024, for example, means that if a hypothetical group of 1,000 women were to have the same birth rates in each age group that were observed in the actual childbearing population in 2024, they would have a total of 1,599.5 children by the time they reached the end of the reproductive period (taken here to be age 50 years), assuming that all of the women survived to that age.

Computation of percentages, percentage distributions, and means

Births for which a particular characteristic is unknown were subtracted from the figures for total births that were used as denominators before percentages, percentage distributions, and means were computed. The percentage of records with missing information for each item is shown by state in **Table**B. The mean age of mother is the arithmetic average of the age of mothers at the time of birth, computed directly from the frequency of births by age of mother.

An asterisk (*) indicates that the figure does not meet standards of reliability or precision. Two separate criteria are used to determine whether a figure – either the number of events, a rate, or proportion – meets these standards.

New criteria for showing the number of events and rates were adopted by NCHS beginning with the 2023 data [70]. Rates published for data years prior to 2023, based on a population denominator from a decennial census or postcensal and/or intercensal population estimate, were represented by an asterisk when the numerator was fewer than 20 births; the number of births was shown regardless of the count. Beginning with 2023 data, whether the number of births or a rate is shown depends on the count of births (by itself or as the numerator of the rate) and on the relative width of the confidence interval of the count, based on a gamma distribution. For rates based on population estimates from the Current Population Survey (CPS) or the American Community Survey (ACS), whether a rate was shown depends on the count for the numerator and on the relative width of the confidence interval of the numerator of the rate based on a Student's t interval for the logarithm of the rate (with the variance estimated using a method supplied with the CPS data). For detailed information on the new criteria see "National Center for Health Statistics Data Presentation Standards for Rates and Counts" [70].

For a proportion (or percentage), new criteria was adopted by NCHS beginning with the 2017 data [71]. For proportion or percentages published prior to the 2017 data year, an asterisk was shown in

place of a proportion or percentage based on fewer than 20 births in the numerator. For 2017 and later, whether a proportion (percentage) is shown is based on denominator size and on the absolute or relative widths of the confidence interval of the proportion or percentage calculated using the Clopper–Pearson method. For detailed information on these criteria, see "National Center for Health Statistics Data Presentation Standards for Proportions" [71]. Starting in 2023, an additional criterion was added; proportion or percentage were represented with and asterisk when the numerator was fewer than 10 births.

Computation of Measures of Variability

Random variation and significance testing for natality data

For information and discussion on random variation and significance testing for natality data, with the exception of specified Hispanic groups (see below), see the User Guide to the 2010 Natality Public Use File [72].

Specified Hispanic population groups

For information and discussion on random variation and significance testing of birth and fertility rates for the specified Hispanic groups, see the User Guide to the 2016 Natality Public Use File [62].

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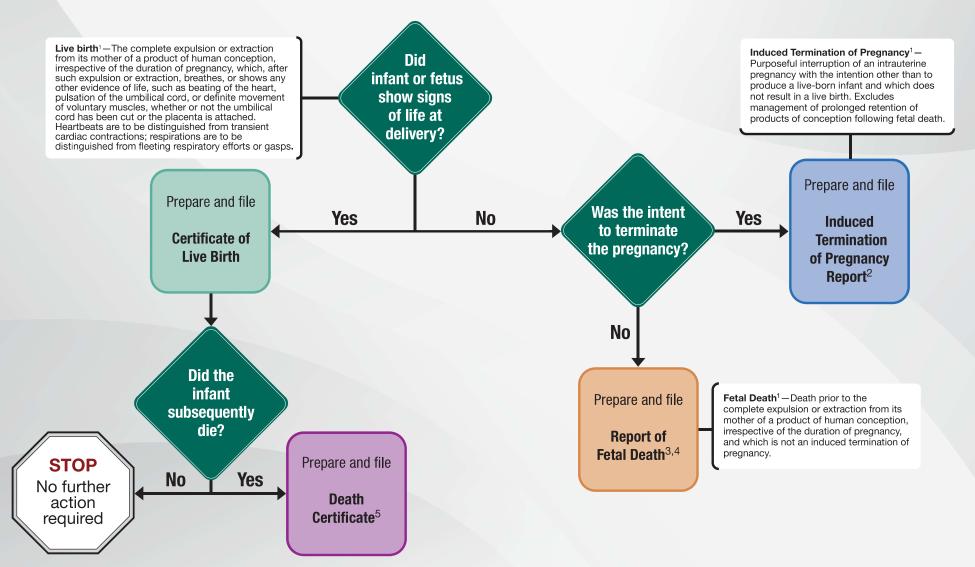
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Guidelines for Reporting Live Births, Infant Deaths, Fetal Deaths, and Induced Terminations of Pregnancy



¹See: National Center for Health Statistics. Model State Vital Statistics Act and Regulations, 1992 revision. 1994. Available from: https://www.cdc.gov/nchs/data/misc/mvsact92b.pdf.



²Refer to jurisdictional reporting requirements.

³If birthweight ≥ 350 grams or gestational age 20+ weeks (see "Model State Vital Statistics Act and Regulations, 1992 revision"); however, reporting requirements vary by jurisdiction as to the birthweight or gestational age at which a Report of Fetal Death is required. Refer to jurisdiction-specific requirements.

⁴See disposal of remains requirements for your state.

⁵Whether the hospital or the funeral home prepares and files the death certificate is determined by which disposes of remains.

Figure 1. U.S. Standard Certificate of Live Birth, 2003 Revision **U.S. STANDARD CERTIFICATE OF LIVE BIRTH** LOCAL FILE NO. **BIRTH NUMBER** 4. DATE OF BIRTH (Mo/Day/Yr) 1. CHILD'S NAME (First, Middle, Last, Suffix) 2. TIME OF BIRTH 3 SEX H I LD (24 hr) 5. FACILITY NAME (If not institution, give street and number) 6. CITY, TOWN, OR LOCATION OF BIRTH 7 COUNTY OF BIRTH 8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) 8b. DATE OF BIRTH (Mo/Day/Yr) MOTHER 8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) 8d. BIRTHPLACE (State, Territory, or Foreign Country) 9a. RESIDENCE OF MOTHER-STATE 9b. COUNTY 9c. CITY, TOWN, OR LOCATION 9d. STREET AND NUMBER 9e. APT. NO. 9f. ZIP CODE INSIDE CIT LIMITS? □ Yes □ No 10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) 10b. DATE OF BIRTH (Mo/Day/Yr) 10c. BIRTHPLACE (State, Territory, or Foreign Country) FATHER 12. DATE CERTIFIED 13. DATE FILED BY REGISTRAR 11 CERTIFIER'S NAME: CERTIFIER TITLE:

MD DO HOSPITAL ADMIN.

CNM/CM DOTHER MIDWIFE MM DD YYYY □ OTHER (Specify) MM DD INFORMATION FOR ADMINISTRATIVE USE 14. MOTHER'S MAILING ADDRESS: MOTHER 9 Same as residence, or: State: City, Town, or Location: Street & Number Apartment No.: Zip Code: 16. SOCIAL SECURITY NUMBER REQUESTED 17. FACILITY ID. (NPI) 15. MOTHER MARRIED? (At birth, conception, or any time between) □ Yes □ No FOR CHILD? $\quad \square \ \mathsf{No}$ □ Yes □ No IF NO, HAS PATERNITY ACKNOWLEDGEMENT BEEN SIGNED IN THE HOSPITAL? $\ \square$ Yes 18. MOTHER'S SOCIAL SECURITY NUMBER: 19. FATHER'S SOCIAL SECURITY NUMBER: INFORMATION FOR MEDICAL AND HEALTH PURPOSES ONLY 20. MOTHER'S EDUCATION (Check the 21. MOTHER OF HISPANIC ORIGIN? (Check 22. MOTHER'S RACE (Check one or more races to indicate MOTHER box that best describes the highest the box that best describes whether the what the mother considers herself to be) degree or level of school completed at mother is Spanish/Hispanic/Latina. Check the □ White "No" box if mother is not Spanish/Hispanic/Latina) the time of delivery) Black or African American American Indian or Alaska Native No. not Spanish/Hispanic/Latina □ 8th grade or less (Name of the enrolled or principal tribe) □ Yes, Mexican, Mexican American, Chicana □ Asian Indian □ 9th - 12th grade, no diploma □ Chinese □ Yes, Puerto Rican □ High school graduate or GED □ Filipino ☐ Yes, Cuban □ Japanese □ Korean ☐ Some college credit but no degree □ Yes, other Spanish/Hispanic/Latina □ Vietnamese □ Associate degree (e.g., AA, AS) □ Other Asian (Specify) (Specify) □ Native Hawaiian $\hfill\Box$ Bachelor's degree (e.g., BA, AB, BS) □ Guamanian or Chamorro Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) □ Other Pacific Islander (Specify)_ □ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, □ Other (Specify) DVM, LLB, JD) 23. FATHER'S EDUCATION (Check the 24. FATHER OF HISPANIC ORIGIN? (Check 25. FATHER'S RACE (Check one or more races to indicate FATHER box that best describes the highest the box that best describes whether the what the father considers himself to be) degree or level of school completed at father is Spanish/Hispanic/Latino. Check the the time of delivery) "No" box if father is not Spanish/Hispanic/Latino) □ White □ Black or African American □ No. not Spanish/Hispanic/Latino □ 8th grade or less American Indian or Alaska Native □ Yes, Mexican, Mexican American, Chicano (Name of the enrolled or principal tribe) □ 9th - 12th grade, no diploma □ Asian Indian Mother's Medical Record ☐ Yes. Puerto Rican □ High school graduate or GED □ Chinese completed □ Yes. Cuban □ Filipino □ Some college credit but no degree □ Japanese □ Yes, other Spanish/Hispanic/Latino □ Korean □ Associate degree (e.g., AA, AS) □ Vietnamese Mother's Name □ Other Asian (Specify) □ Bachelor's degree (e.g., BA, AB, BS) □ Native Hawaiian □ Master's degree (e.g., MA, MS,

MEng, MEd, MSW, MBA) Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS,		Samoan Other Pacific Islander (Specify)
DVM, LLB, JD)		Other (Specify)
,,		
26. PLACE WHERE BIRTH OCCURRED (Check one)	27. ATTENDANT'S NAME, TITLE, AND NPI	28. MOTHER TRANSFERRED FOR MATERNAL
□ Hospital	NAME NO.	MEDICAL OR FETAL INDICATIONS FOR
□ Freestanding birthing center□ Home Birth: Planned to deliver at home? 9 Yes 9 No.	NAME: NPI: TITLE:	DELIVERY? □ Yes □ No IF YES, ENTER NAME OF FACILITY MOTHER WIFE TRANSFERRED FROM:

□ OTHER (Specify)_

□ Clinic/Doctor's office

□ Other (Specify)

МОТ	HER	29a. DATE OF FI	RST PRENATAL CA		29b. DATE O	F LAST PRE	ENATAL CARE VISIT	30. TOTAL NUM	MBER OF PRENA	TAL VISITS FOR THIS PREGNANCY	
		/	_/	No Prenatal Care	MM	DD '	YYYY			(If none, enter A0".)	
		31. MOTHER'S HI	EIGHT	32. MOTHER'S P	REPREGNANCY	WEIGHT 3	3. MOTHER'S WEIGH	I IT AT DELIVERY	34. DID MOTHE	R GET WIC FOOD FOR HERSELF	
		(fee			(pounds)		(pound	-		IIS PREGNANCY? Yes No	
		35. NUMBER OF LIVE BIRTHS	PREVIOUS (Do not include	36. NUMBER OF PREGNANC	OTHER Y OUTCOMES		ETTE SMOKING BEFO			38. PRINCIPAL SOURCE OF PAYMENT FOR THIS	
		this child)		(spontaneous			er of packs of cigarettes			DELIVERY	
		35a. Now Living	35b. Now Dead	36a. Other Outco		Average	number of cigarettes or			_ : :::=::=::=::=:	
		Number	Number	Number			onths Before Pregnand		or # of packs OR	☐ Medicaid ☐ Self-pay	
		□ None	□ None	□ None		First Thr Second	ee Months of Pregnan Three Months of Pregn	cy ancv	OR	□ Other	
		□ None	□ None	□ None		Third Tri	mester of Pregnancy		OR	(Specify)	
		35c. DATE OF LA	AST LIVE BIDTH	36b. DATE OF L	A QT OTHED	30 DATE	LAST NORMAL MEN	SES BEGAN	40 MOTHED'S	MEDICAL RECORD NUMBER	
					CY OUTCOME				40. WOTTLING	WEDICAL RECORD NOWBER	
		MM Y	YYY	MM /	YYYY	M M	I DD YYY	Y			
М	EDICAL		RS IN THIS PREGN	ANCY	43. OBSTET	RIC PROCE	EDURES (Check all tha	at apply)	46. METHOD O	F DELIVERY	
IVII	AND	(Check a	all that apply)		□ Cervical	cerclage			A. Was delivery	with forceps attempted but	
ш	EALTH	□ Prepregnar	ncy (Diagnosis prio			-			unsuccessfu	11?	
		□ Gestationa	l (Diagnosis in th	is pregnancy)	External ce	ohalic versio	n:		□ Yes		
INFO	RMATION	Hypertension □ Prepregnar	nov (Chronio)		□ Succes				B. Was delivery but unsucce	with vacuum extraction attempted ssful?	
			il (PIH, preeclampsi	a)	□ Failed				□ Yes		
		□ Eclampsia			□ None of	the above			C. Fetal preser	tation at birth	
		□ Previous prete	rm birth		44. ONSET	OF LABOR	(Check all that apply)		□ Cephali □ Breech		
		□ Other previous	poor pregnancy ou	tcome (Includes	□ Prematur	e Runture of	f the Membranes (prolo	nged 312 hrs)	□ Other		
			n, small-for-gestation			·		gea, ⊒ 12 1110./	D. Final route a	nd method of delivery (Check one)	
			·		□ Precipitou	is Labor (<3	hrs.)		_	Spontaneous	
		 Pregnancy res check all that 	sulted from infertility apply:	treatment-If yes,	□ Prolonge	d Labor (∃ 20	0 hrs.)		□ Vaginal/ □ Vaginal/		
		□ Fertility-en	hancing drugs, Artif	ficial insemination o	r 🛮 🗆 None of t	ne above			□ Cesarea	n	
			e insemination productive technolo	gy (e.g., in vitro	45 CHADAC	TEDISTICS	OF LABOR AND DELI	APOR AND DELIVERY		If cesarean, was a trial of labor attempted? □ Yes	
			(IVF), gamete intraf		45. CHARAC		that apply)	VERI	□ No 47. MATERNAL MORBIDITY (Check all that apply) (Complications associated with labor and		
		,	,,		□ Induction	of labor					
			previous cesarean of many	delivery	 Augmentation of labor Non-vertex presentation Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery 			delivery)			
								 Maternal transfusion Third or fourth degree perineal laceration Ruptured uterus Unplanned hysterectomy Admission to intensive care unit Unplanned operating room procedure 			
			S PRESENT AND/C								
		DURING THI	IS PREGNANCY (C	Check all that apply							
		□ Gonorrhea									
		□ Syphilis□ Chlamydia						following None of tl			
		□ Hepatitis B					s taken: in-utero resuso al assessment, or oper				
		 □ Hepatitis C □ None of the 	above		□ Epidural o	r spinal ane	sthesia during labor	,			
					□ None of the	ne above					
					NEWBORN	INFORMA	TION				
NE	WBORN	48. NEWBORN M	EDICAL RECORD	NUMBER 54	1. ABNORMAL C	ONDITIONS	OF THE NEWBORN	55. CO		MALIES OF THE NEWBORN	
IN E	VBOKI	49 BIRTHWEIGH	T (grams preferred,	specify unit)	(C	heck all that	apply)	□ An	(Check all encephaly	that apply)	
			(3o p. 510110d,		Assisted ventila		d immediately	□ Me	ningomyelocele/S		
		9 gram	s 9 lb/oz		following delive	•			anotic congenital f ngenital diaphragr		
		50 OPSTETDIO	ESTIMATE OF GES		Assisted ventila six hours	tion required	d for more than	□ Om	phalocele		
		DU. OBSTETRICE				_			stroschisis ob reduction defec	t (excluding congenital	
			(completed v	veeks)	NICU admissio	1		am	putation and dwar	fing syndromes)	
					Newborn given therapy	surfactant re	eplacement		ft Lip with or without the service of the service o	out Cleft Palate	
	1	 APGAR SCOR Score at 5 minutes 						□ Do	wn Syndrome		
	<u>.</u>	If 5 minute score			Antibiotics rece suspected neo		newborn for		Karyotype confin Karyotype pendi		
	0.00	Score at 10 minute	es:		•		ic duefunction	□ Su	spected chromoso	omal disorder	
) 	52 PHIRALITY	Single, Twin, Triplet,	etc	Seizure or serio		•	п	Karyotype confin Karyotype pendi		
	<u> </u>		og.o, rwin, riipiet,				etal fracture(s), periphe sue/solid organ hemori	rai □ Hy	pospadias		
<u>ə</u>	<u><u>ٽ</u> </u>	(Specify)	LE BIRTH - Born Fir	ret Second	which requires			□ No	ne of the anomali	es listed above	
lan l	/lec										
8	S	i nira, etc. (Sp	pecify)	9	None of the abo	/e					
Mother's Name	Mother's Medical Record No.	FO 14/4 O 13: = : : : =	TDANGEES	UTLUM CALLCON	OF DEL " (E.S. (*	2 V	EZ IOINEANT:	(INC AT TIME CO	DEDODTO	EQ. IO THE INICANT DEING	
t d	Moth No.	IF YES, NAME	TRANSFERRED W OF FACILITY INFA			y yes 9 No	57. IS INFANT LIV			58. IS THE INFANT BEING BREASTFED AT DISCHARGE?	
Σ	ΣZ	TO:								□ Yes □ No	

Table A. Births by place of occurrence and residence for births occurring in the 50 states, the District of Columbia, and U.S. territories, 2024

Number live births						
Area	Occurrence ¹	Residence ^{1,2}				
United States	3,638,436	3,628,934				
011200 20000	0,000,100	0,020,301				
Alabama	56,546	57,934				
Alaska	8,862	8,943				
Arizona	79,904	78,711				
Arkansas	34,434	35 , 395				
California	402,966	402,075				
Colorado	65 , 002	64,268				
Connecticut	35 , 574	34,599				
Delaware	10,917	10,550				
District of Columbia	11,020	7,616				
Florida	224,707	224,389				
Georgia	127,137	126,437				
Hawaii	14,945	14,917				
Idaho	22,981	23,276				
Illinois	121,828	125,731				
Indiana	80,069	80 , 257				
Iowa	36,718	36,436				
Kansas	35,940	33,984				
Kentucky	51,754	52,913				
Louisiana	53,746					
Maine	11,046	11,601				
Maryland	62,489	65 , 797				
Massachusetts	69,038	68,184				
Michigan	98,544	99,525				
Minnesota	61,130	62,110				
Mississippi	32,213	33,473				
Missouri	68,441	67 , 998				
Montana	11,525	11,331				
Nebraska	24,927	24,785				
Nevada	32,019	32,381				
New Hampshire	12,182	11,770				
New Jersey	98,158	101,372				
New Mexico	19,284	21,328				
New York	206,766	205,489				
North Carolina	125,163	122,856				
North Dakota	11,076	9,634				
Ohio	127,692	126,795				
Oklahoma	46,180	47,962				
Oregon	39,594	38,963				
Pennsylvania	126,477	127,299				
Rhode Island	10,380	10,009				

South Carolina	54 , 752	58 , 768
South Dakota	12,396	11,451
Tennessee	89,341	83,833
Texas	400,171	390,828
Utah	48,111	46,664
Vermont	4,847	5,023
Virginia	94,465	94,054
Washington	82,829	83,118
West Virginia	17,355	17,022
Wisconsin	59,513	59,686
Wyoming	5,282	6,089

Births occurring to US territorial res	sidents
Puerto Rico 18	,150 18,128
Virgin Islands	817 803
Guam 2	,374 2,340
American Samoa	763 760
Northern Marianas	558 557

¹ Excludes data for the territories.

² Excludes data for foreign residents.

Table B. Percent of birth records on which specified items were not stated: United States and each state and territory, New York City, and the District of Columbia, 2024

Reporting area	All births	Time of birth	Mother's birthplace	Education of mother	Education of father
Total of reporting areas ¹	3,628,934	0.0	0.2	1.9	12.6
Alabama	57,934	0.0	0.0	0.2	14.6
Alaska	8,943	0.0	0.1	1.8	13.1
Arizona	78,711	0.0	0.1	0.7	11.0
Arkansas	35,395	0.0	0.6	1.4	20.4
California	402,075	0.0	0.2	8.7	14.8
Colorado	64,268	0.0	0.1	1.1	6.9
Connecticut	34,599	0.0	0.1	0.2	7.5
Delaware	10,550	0.0	0.8	1.8	32.1
District of Columbia	7,616	0.0	1.8	1.8	20.9
Florida	224,389	0.0	0.4	2.2	12.3
	126,437	0.0	0.4	0.5	17.5
Georgia					
Hawaii	14,917	-	0.4	1.6	7.7
Idaho	23,276	0.0	0.5	0.9	10.0
Illinois	125,731	0.0	0.1	1.5	11.3
Indiana	80,257	0.0	0.3	0.3	10.6
Iowa	36,436	0.0	0.0	0.3	12.9
Kansas	33,984	0.0	0.2	0.5	8.2
Kentucky	52,913	0.0	0.3	0.5	20.4
Louisiana	53,305	0.0	0.0	1.0	14.9
Maine	11,601	0.1	0.0	0.4	8.0
Maryland	65,797	0.0	0.4	0.8	12.6
Massachusetts	68,184	0.0	0.0	4.3	10.7
Michigan	99,525	0.0	0.3	0.6	9.8
Minnesota	62,110	0.0	0.2	0.7	12.1
		0.0	0.2	0.7	15.1
Mississippi	33,473				
Missouri	67,998	0.0	0.9	0.4	16.0
Montana	11,331	-	0.0	0.1	6.6
Nebraska	24,785	0.0	0.0	0.2	10.6
Nevada	32,381	0.0	0.1	4.3	13.8
New Hampshire	11,770	-	0.1	0.6	5.7
New Jersey	101,372	0.0	0.0	0.9	6.4
New Mexico	21,328	0.0	0.3	0.6	16.4
New York (excluding NYC)	112,306	-	0.0	1.1	9.1
New York City	93,183	0.0	0.1	1.1	9.9
North Carolina	122,856	0.0	0.2	0.4	12.2
North Dakota	9,634	<u>-</u>	0.9	2.1	12.5
Ohio	126,795	0.0	0.2	0.3	12.1
Oklahoma	47,962	0.0	0.1	0.3	10.9
Oregon	38,963	0.0	0.1	1.0	9.2
=		0.0			
Pennsylvania	127,299		0.8	0.7	12.2
Rhode Island	10,009	-	0.5	0.8	9.2
South Carolina	58,768	0.0	0.0	0.5	15.6
South Dakota	11,451	-	0.0	0.6	12.0
Tennessee	83,833	0.0	0.1	0.5	12.0
Texas	390,828	-	0.1	0.9	10.9
Utah	46,664	-	0.1	1.3	7.7
Vermont	5,023	0.1	0.0	0.4	32.1
Virginia	94,054	-	0.2	1.4	9.5
Washington	83,118	0.0	0.6	3.7	13.8
West Virginia	17,022	0.0	0.1	0.5	12.2
Wisconsin	59,686	0.1	0.1	0.8	36.7
Wyoming	6,089	-	0.1	1.9	14.0
Puerto Rico	18,128	-	-	0.1	5.7
Virgin Islands	803	0.1	3.6	9.6	36.1
Guam	2,340	0.1	1.3	2.7	25.7
American Samoa	760	-	1.0	2.5	41.4
Northern Marianas	557	-	0.2	2.5	10.1
See footnotes at end of table.	337	<u> </u>	0.2	<u>-</u>	10.1

Table B. Percent of birth records on which specified items were not stated: United States and each state and territory, New York City, and the District of Columbia, 2024--Con.

Reporting area	Father's age	Father's race —	Hispanic Ori		 Place of birth
			Mother	Father	
Total of reporting areas ¹	10.0	18.4	1.0	11.5	0.0
Alabama	14.3	17.2	0.0	14.3	0.0
Alaska	8.7	13.1	3.1	14.1	0.0
Arizona	10.5	13.5	0.8	11.5	0.0
Arkansas	17.7	24.9	0.1	17.6	0.0
California	6.2	17.7	3.6	9.7	
Colorado	5.1	12.5	1.2	6.7	0.0
Connecticut					0.0
	7.4	13.7	0.1	7.5	•
Delaware	21.9	34.0	0.4	22.1	•
District of Columbia	19.3	29.6	0.7	20.1	-
Florida	9.2	22.3	0.4	9.8	0.1
Georgia	13.7	20.1	0.4	14.2	0.0
Hawaii	7.2	7.9	0.5	7.3	0.0
Idaho	6.8	14.1	0.5	9.6	0.0
Illinois	8.9	13.2	0.6	10.4	0.0
Indiana	10.2	13.8	0.2	10.2	0.0
lowa	11.5	17.2	0.0	11.9	
Kansas	7.5	11.7	0.3	7.8	-
Kentucky	18.3	24.3	0.6	19.3	0.0
Louisiana	13.4	21.9	0.1	13.9	0.0
Maine	7.3	9.3	2.7	10.3	
Maryland	9.5	24.6	0.4	11.5	0.0
Massachusetts	6.4	12.7	2.5	6.0	0.0
Michigan	9.3	12.3	0.6	9.7	0.0
Minnesota	10.1	15.6	0.3	10.5	0.0
Mississippi	14.7	20.3	0.1	14.8	0.0
Missouri	15.2	19.8	0.6	17.4	0.0
Montana	6.2		0.3	6.4	0.0
		8.1			-
Nebraska	9.5	21.9	0.1	10.3	0.0
Nevada	9.6	14.3	0.8	10.4	•
New Hampshire	4.1	9.2	0.7	5.6	•
New Jersey	5.2	20.6	1.5	7.3	
New Mexico	16.2	17.3	0.5	16.4	0.0
New York (excluding NYC)	7.1	17.5	0.7	8.1	
New York City	8.5	23.0	0.8	9.7	•
North Carolina	12.2	23.9	0.0	12.1	0.0
North Dakota	10.2	16.0	2.4	12.8	0.1
Ohio	11.6	15.2	0.2	11.8	0.0
Oklahoma	9.8	18.0	0.2	10.7	-
Oregon	8.1	26.8	2.3	10.7	
Pennsylvania	9.8	20.2	1.2	12.2	
Rhode Island	7.9	24.4	0.5	8.8	
South Carolina	14.3	22.6	0.2	15.9	
South Dakota	10.0	14.2	0.2	10.2	
Tennessee	10.5	20.4	0.1	11.3	0.0
Texas	9.7	15.7	0.3	11.8	0.0
Utah	5.5	13.9	0.9	6.7	0.0
Vermont	5.8	32.8	0.3	32.3	•
Virginia	7.8	32.6 18.3	0.3	8.3	0.0
Washington	7.8 7.8	21.7	3.9	0.3 14.1	0.0
					0.0
West Virginia	12.1	13.5	0.2	12.3	•
Wisconsin Wyoming	32.9 7.4	37.1 17.4	0.9 2.8	36.9 13.8	0.0
Puerto Rico	5.3	9.9	0.0	6.1	0.0
Virgin Islands	16.9	28.6	1.7	32.0	
Guam	21.2	28.1	0.5	10.4	0.2
American Samoa	36.7	40.4	-	38.3	-
Northern Marianas	9.7	10.4	-	9.9	-

Table B. Percent of birth records on which specified items were not stated: United States and each state and territory, New York City, and the District of Columbia, 2024--Con.

Reporting area	Attendant at birth	Month prenatal care began	Number of prenatal care visits	Mother's height	Mother's pre-pregnancy weight
Total of reporting areas ¹	0.1	1.9	1.9	0.6	2.′
Alabama	0.0	0.3	0.4	0.1	0.7
Alaska	-	2.1	3.0	0.7	3.9
Arizona	0.0	1.9	1.0	0.2	1.3
Arkansas	0.0	1.2	0.6	0.1	2.0
California	0.1	2.3	2.6	0.4	3.7
Colorado	0.0	2.6	2.9	0.7	6.3
Connecticut	0.0	0.5	0.5	0.1	0.2
Delaware	0.0	2.4	1.7	0.3	1.5
District of Columbia	-	3.6		1.2	
Florida	0.5	3.5		1.5	
Georgia	0.0	0.8		0.2	
Hawaii	0.4	6.7	7.3	1.2	
Idaho	0.0	0.7	0.5	0.3	
Illinois	0.0	1.5		0.2	
Indiana					
lowa	0.0 0.0	0.3 0.2		0.3 0.1	3.0 0.3
				0.1	
Kansas	-	0.3			
Kentucky	0.0	0.4		0.0	0.3
Louisiana	0.2	1.6		0.3	
Maine	-	0.9	1.2	0.4	3.4
Maryland	0.2	3.7	3.0	1.1	5.1
Massachusetts	0.0	1.2		0.4	2.9
Michigan	0.0	1.7	1.1	0.3	1.9
Minnesota	0.1	0.8	1.2	0.3	1.3
Mississippi	-	1.9	0.4	0.1	0.6
Missouri	0.0	1.2	1.5	0.9	1.7
Montana	_	0.1	0.1	0.0	0.2
Nebraska	-	1.0	1.3	0.2	0.8
Nevada	-	2.4		0.1	1.2
New Hampshire	_	0.4		1.5	2.9
New Jersey	_	0.6	0.1	0.2	
New Mexico	0.1	3.9	3.7	0.5	
New York (excluding NYC)	0.1	2.9	4.0	1.7	4.6
New York City	0.0	2.1	1.8	0.1	0.6
North Carolina	0.0	0.4	0.4	0.1	0.9
North Dakota	0.4	1.8		0.3	
Ohio					
	0.0	0.7	0.8	0.2	
Oklahoma	0.0	1.8	1.8	0.2	
Oregon	0.0	0.9	1.1	0.3	
Pennsylvania	0.0	2.0	2.2	0.9	
Rhode Island	-	0.5		0.2	
South Carolina	0.0	0.2		0.4	1.0
South Dakota	-	0.7	0.6	0.1	1.0
Tennessee	0.0	0.9	0.9	0.4	0.8
Texas	0.1	2.9	2.3	0.7	1.0
Utah	0.0	2.1	2.2	0.3	0.7
Vermont	-	0.3	0.3	0.3	1.2
Virginia	0.0	1.5	0.7	0.7	2.5
Washington	0.3	7.0		3.5	
West Virginia	-	1.1		0.1	
Wisconsin	0.0	1.9		0.8	
Wyoming	0.0	2.3		0.4	
Puerto Rico	0.0	0.3	0.3	0.0	
Virgin Islands	-	12.8	13.4	4.7	9.5
Guam	0.3	14.3		3.8	7.4
American Samoa	-	0.4		2.5	
Northern Marianas	0.4	0.4		_	

Table B. Percent of birth records on which specified items were not stated: United States and each state and territory, New York City, and the District of Columbia, 2024--Con.

Reporting area	Weight gain	Did mother get WIC food for herself during this pregnancy	Live-birth order	Total-birth order	Birth interval
Total of reporting areas ¹	3.0	1.2	0.4	0.6	2.9
Alabama	1.3		0.0	0.0	1.1
Alaska	8.6		4.6	5.4	3.0
Arizona	1.5		0.0	0.1	0.5
Arkansas	2.8		0.1	0.1	2.5
California	4.2		0.1	0.2	0.8
Colorado	6.8	1.7	0.3	0.3	5.6
Connecticut	0.6	0.2	0.0	0.0	1.8
Delaware	1.8	3.6	0.5	0.6	3.8
District of Columbia	7.5	1.3	0.8	1.3	8.5
Florida	3.3	1.8	1.7	1.9	2.9
Georgia	0.9	0.7	0.4	0.4	2.5
Hawaii	6.3	10.2	-	-	2.2
Idaho	1.9	0.6	0.3	0.7	1.4
Illinois	3.6		0.3	0.4	1.6
Indiana	3.3		0.3	0.7	2.2
lowa	1.3		0.1	0.1	2.1
Kansas	1.5		0.0	0.0	1.2
Kentucky	0.6		0.0	0.0	1.2
Louisiana	2.6		0.3	0.3	2.5
Maine	4.5		0.1	0.4	2.9
			0.1	0.4	
Maryland	6.3				5.5
Massachusetts Mishigan	3.3		0.3	0.3	3.6
Michigan	3.0		0.4	0.7	3.0
Minnesota	2.1		0.1	0.2	1.9
Mississippi	1.0		0.0	0.0	0.8
Missouri	2.8		0.1	0.2	4.1
Montana	0.4		0.1	0.1	0.9
Nebraska	1.9		0.0	0.1	1.4
Nevada	1.4		2.3	4.6	3.6
New Hampshire	4.3		0.3	1.0	2.0
New Jersey	2.2	1.6	0.0	0.0	1.9
New Mexico	2.3	0.7	0.2	0.3	6.0
New York (excluding NYC)	5.7	2.4	0.7	0.7	5.6
New York City	0.9	1.2	0.4	0.7	5.2
North Carolina	1.7	8.0	1.1	2.3	2.4
North Dakota	7.2	2.5	0.5	0.6	2.6
Ohio	1.9	0.3	1.2	1.5	2.7
Oklahoma	1.8		0.1	0.2	3.3
Oregon	2.4		0.5	0.8	2.3
Pennsylvania	4.7		0.2	0.6	5.5
Rhode Island	1.8		0.1	0.3	1.8
South Carolina	1.5		0.1	0.1	2.7
South Dakota	1.8		0.5	0.6	2.2
Tennessee	1.4	0.7	0.1	0.1	4.4
Texas	1.3		0.0	0.0	4.4
Utah					
Vermont	2.5		0.1	0.1	2.7
	2.3		0.1	0.1	2.0
Virginia	3.0		0.2	0.3	1.2
Washington	11.3		2.5	2.8	4.8
West Virginia	7.8		0.5	0.8	3.4
Wisconsin Wyoming	4.2 1.7		0.2 0.1	0.4 0.1	2.3 2.5
Puerto Rico	0.5	0.1	0.4	1.2	1.2
Virgin Islands	16.3		1.4	2.1	9.3
Guam	11.1		-		9.1
American Samoa	11.7		_	4.2	40.4
	8.4		_	٦.٤	0.5

Table B. Percent of birth records on which specified items were not stated: United States and each state and territory, New York City, and the District of Columbia, 2024--Con.

Reporting areas	Pregnancy interval	Cigarette smoking before and during pregnancy	Source of payment ²	Risk Factors in this Pregnancy	Infections present
Total of reporting areas	10.6	0.5	0.8	0.2	0.4
Alabama	7.1	0.2	0.0	0.0	0.0
Alaska	13.6	2.6	2.5	0.7	0.9
Arizona	3.5	0.1	0.1	0.0	0.0
Arkansas	8.9	0.1	0.7	0.0	0.0
California	7.1	0.3	0.5	0.0	0.3
Colorado	14.7		0.4	0.0	0.1
Connecticut	10.5		0.0	0.1	0.1
Delaware	12.2		0.5	0.5	1.3
District of Columbia	21.4		0.5	0.0	0.0
Florida	9.8		1.0	1.0	0.1
Georgia	6.5		0.1	0.1	0.3
=					
Hawaii	17.5		0.4	-	-
Idaho	5.0		0.6	0.1	0.3
Illinois	9.8		0.2	0.1	0.1
Indiana	6.6		1.0	0.7	1.6
Iowa	9.1		0.0	0.0	0.0
Kansas	4.6	0.6	1.4	0.0	0.0
Kentucky	6.1	0.5	1.3	0.2	1.5
Louisiana	9.5	1.1	0.0	-	0.0
Maine	12.8	0.2	0.2	0.1	0.4
Maryland	19.0	0.5	0.2	0.0	0.2
Massachusetts	14.8	0.0	0.3	0.3	0.3
Michigan	12.7		0.9	0.3	1.5
Minnesota	8.5		0.3	0.1	0.2
Mississippi	5.6		0.1	0.0	0.0
Missouri	13.3		1.0	0.0	0.0
Montana	1.4		0.1	-	0.0
Nebraska			0.1		
	8.9			0.1	0.1
Nevada	11.6		0.1	0.0	0.0
New Hampshire	11.1		0.4	0.3	0.3
New Jersey	10.0		0.3	0.0	0.5
New Mexico	14.1		0.5	0.0	0.4
New York (excluding NYC)	18.6		0.7	0.3	1.0
New York City	21.3		0.5	0.1	0.4
North Carolina	8.9		0.4	0.4	0.0
North Dakota	11.0	1.2	1.6	0.0	-
Ohio ⁹	12.8	0.1	0.4	0.0	0.1
Oklahoma	12.3	0.1	0.5	0.0	0.0
Oregon	11.9	0.8	0.6	0.0	-
Pennsylvania	18.4	0.1	2.8	0.4	1.6
Rhode Island	9.0	0.3	0.1	0.1	0.1
South Carolina	10.3		0.1	0.1	0.4
South Dakota	8.5		0.1	0.2	0.2
Tennessee	9.6		0.9	0.0	0.0
Texas	9.0		2.2	0.0	0.6
Utah			0.2	0.0	0.0
	12.1				0.0
Vermont	10.2		-	-	-
Virginia	8.6		0.2	0.0	0.0
Washington	16.8		2.9	0.4	0.3
West Virginia	11.4		1.1	0.0	0.0
Wyoming	9.8 12.3		1.0 1.0	0.5 0.0	0.7 0.0
Wyoming	12.3	1.1	1.0	0.0	0.0
Puerto Rico	2.2		0.6	0.3	0.5
Virgin Islands	29.3		4.4	0.1	0.2
Guam	11.5	11.9	6.1	2.3	1.5
American Samoa	50.0	5.3	0.9	-	-
Northern Marianas	9.2	0.2	-	-	0.2

Table B. Percent of birth records on which specified items were not stated: United States and each state and territory, New York City, and the District of Columbia, 2024--Con.

		Characteristics of labor	Method of d		
Reporting areas	Obstetric Procedures	Characteristics of labor and delivery	Fetal presentation F	Final route and method of delivery	Maternal morbidity
Total of reporting areas ¹	0.2	0.1	0.3	0.1	0.3
Alabama	0.0	0.0	0.0	0.0	0.0
Alaska	0.6	0.3	0.0	0.0	0.3
Arizona	0.0	0.0	0.1	0.0	0.0
Arkansas	0.0	0.0	0.1	0.0	0.0
California	0.3	0.2	0.1	0.0	0.2
Colorado	0.1	0.0	0.2	0.1	0.0
Connecticut	0.1	0.0	0.0	0.0	0.0
Delaware	0.1	0.1	0.1	0.1	0.2
District of Columbia	0.0	0.1	0.5	0.0	0.1
Florida	1.1	0.0	1.5	1.1	1.5
Georgia	0.1	0.0	0.1	0.5	0.0
Hawaii	· · ·	-	0.2	0.0	-
Idaho	0.1	0.0	0.3	0.1	0.1
Illinois	0.1	0.0	0.1	0.0	0.1
Indiana			0.1	0.0	
	0.2				0.3
lowa	0.0		0.0	0.0	0.0
Kansas	0.0		0.0	0.0	0.0
Kentucky	0.2		0.3	0.0	0.2
Louisiana	-		-	_ -	-
Maine	0.0		0.2	0.0	0.1
Maryland	0.3		0.4	0.0	0.1
Massachusetts	0.3		0.3	0.3	0.3
Michigan	0.3	0.2	0.5	0.1	3.7
Minnesota	0.1	0.1	0.5	0.1	0.1
Mississippi	0.0	0.0	0.0	0.0	0.0
Missouri	0.0	0.0	0.3	0.1	0.0
Montana	-	0.0	0.0	0.0	0.1
Nebraska	0.1	0.1	0.0	-	0.1
Nevada	0.0	0.0	0.1	0.0	0.0
New Hampshire	0.3	0.1	0.0	-	0.2
New Jersey	0.2	<u>-</u>	0.2	0.0	0.3
New Mexico	0.0		0.2	0.0	_
New York (excluding NYC)	0.8		0.5	0.4	0.7
New York City	0.1	0.1	0.1	0.0	0.3
North Carolina	0.0	0.0	0.4	0.0	0.0
North Dakota	0.0	0.0	-	0.0	0.0
Ohio 9	0.0		0.3	0.1	0.0
Oklahoma	0.0	0.0	0.0	0.0	
		0.1			0.1
Oregon	- 0.1	0.1	0.5 0.5	0.0 0.0	0.7
Pennsylvania					0.5
Rhode Island	0.1	0.0	0.0	0.0	0.0
South Carolina	0.0	0.0	0.2	0.0	0.2
South Dakota	0.1	0.1	0.1	0.0	0.1
Tennessee	0.0	0.0	0.0	0.0	0.0
Texas	0.0	0.0	0.0	0.0	0.0
Utah	0.0		0.0	0.0	0.0
Vermont	0.0		0.0	-	-
Virginia	0.0		0.2	0.0	0.0
Washington	0.6	0.2	0.8	0.2	0.4
West Virginia	-	0.1	0.5	-	0.0
Wisconsin	0.4	0.2	0.6	0.5	0.4
Wyoming	0.0		0.0	0.0	0.0
Puerto Rico	1.3	2.0	0.4	0.0	1.4
Virgin Islands	0.1	-	0.9	0.6	-
Guam	0.6	4.4	2.4	0.6	0.6
American Samoa	-		0.8	0.4	-
Northern Marianas	-	-	-	-	-

Table B. Percent of birth records on which specified items were not stated: United States and each state and territory, New York City, and the District of Columbia, 2024--Con.

Reporting area	Birthweight	Obstetric estimate of	Apgar sco		Abnormal conditions
		gestation	5-minute	10-minute	
Total of reporting areas	0.1	0.1	0.5	0.6	0.2
Alabama	0.1	0.0	0.3	0.4	0.0
Alaska	0.0	0.1	0.5	0.5	0.4
Arizona	0.1	0.1	0.3	0.4	0.0
Arkansas	0.1	0.1	0.5	0.5	0.0
California	0.0	0.1	0.6	0.9	0.2
Colorado	0.3	0.1	0.7	0.7	0.1
Connecticut	0.0	0.0	0.2	0.2	-
Delaware	0.1	0.0	0.3	0.5	0.0
District of Columbia	0.0	0.0	0.4	0.4	0.0
Florida	0.1	0.9	1.9	1.9	1.3
Georgia	0.1	0.0	0.4	0.4	0.0
Hawaii	0.0	0.1	0.5	0.5	-
Idaho	0.1	0.0	0.6	0.7	0.1
Illinois	0.0	0.0	0.2	0.2	0.0
Indiana	0.1	0.0	0.3	0.3	0.0
Iowa	0.0	0.1	0.5	0.5	0.0
Kansas	0.1	0.0	0.4	0.4	-
Kentucky	0.0	0.0	0.4	0.4	0.1
Louisiana	0.1	0.1	0.2	0.3	-
Maine	0.1	0.1	0.3	0.4	0.1
Maryland	0.0	0.0	0.3	0.4	0.0
Massachusetts	0.4	0.3	0.5	0.5	0.3
Michigan	0.1	0.1	0.3	0.3	0.2
Minnesota	0.1	0.1	0.4	0.4	0.1
Mississippi	0.1	0.1	1.0	1.0	0.0
Missouri	0.1	0.1	0.5	0.6	-
Montana	0.0	0.0	0.4	0.5	0.1
Nebraska	0.0	0.0	0.7	0.7	0.1
Nevada	0.0	0.0	0.2	0.2	0.0
New Hampshire	0.2	0.1	0.4	0.4	0.3
New Jersey	0.0	0.0	0.3	0.4	0.0
New Mexico	0.1	0.1	0.3	0.3	
New York (excluding NYC)	0.3	0.4	0.8	0.8	0.5
New York City	0.0	0.0	0.3	0.4	0.1
North Carolina	0.0	0.0	0.2	0.2	0.2
North Dakota	0.1	0.1	0.3	0.4	-
Ohio	0.1	0.1	0.3	0.4	0.0
Oklahoma	0.1	0.1	0.3	0.4	0.1
Oregon	0.0	0.0	0.4	0.4	0.0
Pennsylvania	0.1	0.1	0.5	0.6	0.4
Rhode Island	0.0	0.0	0.2	0.2	0.2
South Carolina	0.0	0.0	0.4	0.4	0.0
South Dakota	0.1	0.1	0.4	0.4	0.0
Tennessee	0.0	0.1	0.4	0.4	0.0
Texas	0.1	0.0	0.2	0.3	0.0
Utah	0.0	0.0	0.5	0.5	0.0
Vermont	0.0	0.1	0.7	0.7	-
Virginia	0.1	0.0	0.3	0.5	0.0
Washington	0.3	0.2	0.8	0.8	0.7
West Virginia	0.0	0.0	0.3	0.3	0.0
Wisconsin	0.1	0.2	0.7	0.8	0.4
Wyoming	0.0	0.0	0.5	0.5	0.0
Puerto Rico	-	-	0.1	0.2	0.2
Virgin Islands	-	2.2	0.9	0.9	-
Guam	0.4	0.4	1.0	1.5	0.7
American Samoa	-	0.5	0.5	1.2	-
		0.2	0.4	0.5	

Table B. Percent of birth records on which specified items were not stated: United States and each state and territory, New York City, and the District of Columbia, 2024--Con.

Reporting area	Congenital anomalies of the newborn	Infant breastfed ³
Total of reporting areas ¹	0.3	0.9
Alabama	0.0	0.1
Alaska	0.0	0.7
Arizona	0.0	0.6
Arkansas	0.0	0.4
California	0.2	
Colorado	0.0	0.1
Connecticut	0.0	0.7
Delaware	0.3	0.5
District of Columbia	0.0	0.1
Florida	1.4	1.6
Georgia	0.0	0.4
Hawaii	0.0 -	0.4
Idaho	0.1	0.7
Illinois	0.1	0.3
Indiana	0.9	1.8
Iowa	0.0	0.2
Kansas	-	0.3
Kentucky	0.2	0.5
Louisiana	-	2.7
Maine	0.1	0.6
Maryland	0.1	0.1
Massachusetts	0.3	0.5
Michigan	0.8	1.5
Minnesota	0.1	0.4
Mississippi	0.0	0.4
Missouri	0.0 -	0.9
Montana	0.0	0.2
Nebraska	0.1	0.3
Nevada	0.0	1.7
New Hampshire	0.5	0.9
New Jersey	0.1	0.7
New Mexico	-	0.5
New York (excluding NYC)	0.6	0.9
New York City	0.4	0.3
North Carolina	0.4	1.3
North Dakota	-	3.7
Ohio	0.0	0.5
Oklahoma	0.1	0.9
Oregon	0.0	1.1
Pennsylvania	0.3	3.5
Rhode Island	0.0	0.2
South Carolina	0.0	0.2
South Dakota	-	0.5
Tennessee	0.0	0.7
Texas	0.0	0.0
Utah	0.0	4.3
Vermont	-	0.5
Virginia		0.7
Washington	0.7	1.6
West Virginia	0.0	5.6
Wisconsin	0.8	1.8
Wyoming	0.0	0.5
Puerto Rico	0.3	0.4
Virgin Islands	0.5	13.0
Guam	0.5	9.4
	5.0	0.1
American Samoa		-

^{0.0} Quantity more than zero but less than 0.05.

⁻⁻⁻Data not available.

⁻ Quantity zero.

¹ Excludes data for Puerto Rico, Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Marianas.

² Expanded source of payment categories reported by 35 states and the District of Columbia; see Detailed technical notes.

³ California does not report infant breastfed. See Detailed technical notes.

Table 1. Estimated total population, by race and Hispanic origin and estimated female population, by age and race and Hispanic origin of woman: United States, 2024
[Populations estimated as of July 1]

		Female population										
	Total				15-19 years							
Race and Hispanic origin	population	15-44 years	10-14 years	Total	15-17 years	18-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years
All races and origins\1	340,110,988	67,402,866	10,200,006	10,914,056	6,551,158	4,362,898	10,970,121	11,069,140	11,866,273	11,467,859	11,115,417	10,164,244
Non-Hispanic, single-race\2												
White	195,433,224	35,072,280	4,913,516	5,348,267	3,190,166	2,158,101	5,544,671	5,667,723	6,174,067	6,217,226	6,120,326	5,629,026
Black	42,951,595	9,400,806	1,412,252	1,508,026	913,859	594,167	1,502,679	1,554,965	1,767,522	1,588,508	1,479,106	1,350,343
American Indian or Alaska	2,442,428	522,788	81,305	88,853	53,445	35,408	86,973	87,542	95,449	85,241	78,730	70,304
Asian	22,080,844	5,032,518	591,551	610,202	354,031	256,171	716,979	834,093	964,269	983,599	923,376	824,931
Native Hawaiian or Pacific	674,821	148,421	22,179	23,389	13,754	9,635	23,518	23,117	26,575	26,699	25,123	21,003
Hispanic\3 Total	68,086,153	15,306,608	2,697,489	2,881,462	1,744,001	1,137,461	2,709,430	2,562,128	2,538,196	2,329,337	2,286,055	2,102,779

⁻⁻⁻ Data not available.

NOTES: Populations are based on estimates derived from a base that incorporates the 2020 Census, Vintage 2020 estimates, and 2020 Demographic Analysis estimates; see "Technical Notes." SOURCE: U.S. Census Bureau. See reference 53.

¹ Includes population estimates of race and origin groups not shown separately, such as Hispanic single-race white, Hispanic single-race black, and non-Hispanic multiple-race people. reported.

³ Includes all persons of Hispanic origin of any race.

Table 2. Estimated total population, female population aged 15-44 years, and age-specific female population: United States, each state, and territory: July 1, 2024

Geographic Area United States Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware	Total population 340,110,988 5,157,699 740,133 7,582,384 3,088,354 39,431,263 5,957,493 3,675,069	15-44 years 67,402,866 1,012,010 147,049 1,480,594 601,558	10-14 years	Total 10,914,056	15-19 years 15-17 years 6,551,158	18-19 years 4,362,898	20-24 years 10,970,121	25-29 years 11,069,140	30-34 years 11,866,273	35-39 years 11,467,859	40-44 years 11,115,417	45-49 years
Alabama Alaska Arizona Arkansas California Colorado Connecticut	5,157,699 740,133 7,582,384 3,088,354 39,431,263 5,957,493 3,675,069	1,012,010 147,049 1,480,594	156,025 24,652				10.970.121	11.069.140	11 066 272	11 467 050	11 115 /17	10 164 044
Alaska Arizona Arkansas California Colorado Connecticut	740,133 7,582,384 3,088,354 39,431,263 5,957,493 3,675,069	147,049 1,480,594	24,652	172 263			10,3.0,121	11,003,110	11,000,273	11,407,039	11,113,417	10,164,244
Arizona Arkansas California Colorado Connecticut	7,582,384 3,088,354 39,431,263 5,957,493 3,675,069	1,480,594			101,463	70,800	171,656	163,140	174,537	166,426	163,988	155,842
Arkansas California Colorado Connecticut	3,088,354 39,431,263 5,957,493 3,675,069			21,860	14,173	7,687	21,602	24,424	27,587	27,307	24,269	19,622
California Colorado Connecticut	39,431,263 5,957,493 3,675,069	601,558	223,801	245,135	145,855	99,280	251,722	251,681	257,745	240,976	233,335	215,166
Colorado Connecticut	5,957,493 3,675,069		96,641	102,497	62,923	39,574	100,977	98,570	102,873	98,383	98,258	90,695
Connecticut	3,675,069	8,069,975	1,191,462	1,288,221	765,095	523,126	1,258,246	1,329,995	1,469,564	1,398,325	1,325,624	1,208,591
		1,246,655	169,006	183,794	108,993	74,801	188,929	216,681	233,185	218,542	205,524	178,031
Delaware		707,135	101,776	119,543	68,019	51,524	119,409	110,121	117,833	121,481	118,748	109,191
	1,051,917	196,461	29,955	33,484	19,333	14,151	30,877	30,678	34,719	34,509	32,194	29,544
District of Columbia Florida	702,250 23372215	191,552 4298661	16,868 625521	20,394 660819	9,158 399637	11,236 261182	27,521 670048	41,734 694212	40,718 764920	34,105 765154	27,080 743508	20,264 696226
Georgia	11,180,878	2,312,690	357,768	381,924	234,010	147,914	374,600	375,696	406,270	389,980	384,220	359,811
Hawaii	1,446,146	2,312,690	41,073	381,924	234,010	147,914	374,600	42,677	406,270	389,980 48,784	384,220 47,625	42,621
Idaho	2,001,619	397,415	41,073 66,544	77,198	43,321	33,877	64,953	42,677 61,590	64,646	48,784 64,120	47,625 64,908	42,621 58,152
Illinois	12,710,158	2,529,339	379,007	407,966	249,447	158,519	415,635	420,384	441,530	423,220	420,604	389,305
Indiana	6,924,275	1,357,920	219,417	230,875	141,571	89,304	237,164	219,121	231,305	220,376	219,079	203,383
Iowa	3,241,488	620,022	100,894	111,078	65,337	45,741	112,340	97,256	100,898	97,269	101,181	90,307
Kansas	2,970,606	582,555	97,571	102,945	62,569	40,376	104,578	92,997	93,389	93,593	95,053	83,131
Kentucky	4,588,372	878,135	140,295	145,792	90,673	55,119	147,584	144,908	152,964	142,750	144,137	137,749
Louisiana	4,597,740	916,223	146,000	152,429	93,961	58,468	150,782	143,006	157,922	156,791	155,293	135,583
Maine	1,405,012	250,580	34,440	39,587	22,953	16,634	38,125	39,331	44,658	45,578	43,301	40,203
Maryland	6,263,220	1,234,343	191,322	198,463	121,751	76,712	186,755	192,204	216,276	223,713	216,932	194,920
Massachusetts	7,136,171	1,457,200	188,156	229,075	122,196	106,879	253,697	246,307	249,806	249,272	229,043	209,677
Michigan	10,140,459	1,931,212	294,879	315,567	190,296	125,271	333,118	316,127	343,523	315,027	307,850	289,734
Minnesota	5,793,151	1,125,639	182,350	189,953	116,808	73,145	182,059	177,125	189,006	193,725	193,771	165,880
Mississippi	2,943,045	583,680	92,798	104,896	63,370	41,526	99,411	91,628	98,590	93,548	95,607	90,034
Missouri	6,245,466	1,216,492	190,315	199,233	122,252	76,981	202,827	197,665	211,007	203,812	201,948	181,199
Montana	1,137,233	212,783	33,029	33,581	20,932	12,649	35,596	34,429	36,865	36,110	36,202	31,951
Nebraska	2,005,465	394,057	67,106	69,468	42,261	27,207	70,925	62,724	63,338	62,880	64,722	55,919
Nevada	3,267,467	645,940	96,812	96,886	62,531	34,355	92,553	108,967	121,394	115,567	110,573	99,135
New Hampshire	1,409,032	256,262	35,049	40,384	23,282	17,102	41,746	40,478	45,759	45,277	42,618	39,230
New Jersey	9,500,851	1,820,898	283,438	289,377	181,104	108,273	285,347	293,443	320,865	317,974	313,892	297,190
New Mexico	2,130,256	411,281	64,719	70,961	42,749	28,212	69,660	65,545	69,924	68,064	67,127	59,712
New York	19,867,248	3,947,256	550,085	592,619	342,581	250,038	642,850	692,410	715,586	673,723	630,068	588,470
North Carolina	11,046,024	2,203,253	324,918	361,264	211,732	149,532	363,466	361,800	389,384	371,432	355,907	339,304
North Dakota	796,568	159,549	25,415	27,671	15,381	12,290	30,605	26,094	26,289	25,064	23,826	19,671
Ohio	11,883,304	2,281,292	356,606	374,990	229,254	145,736	371,098	376,188	403,603	383,844	371,569	342,359
Oklahoma	4,095,393	821,935	135,922	140,158	85,730	54,428	139,993	132,307	139,176	134,988	135,313	117,887
Oregon	4,272,371	845,890	117,676	125,913	76,686	49,227	129,955	137,411	153,956	150,787	147,868	132,890
Pennsylvania	13,078,751	2,486,412	368,099	416,257	235,111	181,146	405,043	392,609	432,996	433,233	406,274	369,257
Rhode Island	1,112,308	222,282	27,878	36,309	18,398	17,911	38,357	35,443	39,490	37,615	35,068	31,344
South Carolina	5,478,831	1,059,353	160,595	176,964	105,723	71,241	172,215	168,829	186,316	180,416	174,613	162,568
South Dakota	924,669	171,607	30,361	30,660	18,978	11,682	29,433	27,054	28,047	28,230	28,183	24,558
Tennessee	7,227,750	1,433,656	216,005	225,606	139,959	85,647	232,836	245,812	257,426	240,580	231,396	217,665
Texas	31,290,831	6,593,801	1,068,217	1,094,181	674,161	420,020	1,071,824	1,092,157	1,145,834	1,111,078	1,078,727	969,094
Utah	3,503,613	779,083	131,643	141,300	85,802	55,498	150,004	132,270	124,714	113,641	117,154	107,276
Vermont	648,493	120,548	15,971	20,158	10,655	9,503	21,593	17,940	20,032	20,382	20,443	18,495
Virginia	8,811,195	1,751,319	260,080	279,766	165,739	114,027	283,226	281,800	303,417	305,203	297,907	270,191
Washington	7,958,180	1,621,310	230,015	233,078	144,948	88,130	236,942	275,748	309,363	293,270	272,909	235,781
West Virginia	1,769,979	313,645	49,548	52,731	32,138	20,593	54,188	50,193	53,582	50,017	52,934	53,415
Wisconsin Wyoming	5,960,975 587,618	1,129,895 111,024	174,123 18,160	191,373 19,587	114,256 12,126	77,117 7,461	199,088 18,214	181,352 16,879	187,243 18,421	183,054 18,664	187,785 19,259	169,519 16,502
Puerto Rico	3,203,295	610,039	78,698	91,246	53,608	37,638	100,172	108,853	111,500	96,995	101,273	106,258
Virgin Islands	104,377	18,495	3,310	3,069	1,964	1,105	2,460	2,703	3,252	3,514	3,497	3,034
Guam	169,532	32,881	7,048	6,462	4,037	2,425	6,092	5,690	5,571	4,846	4,220	4,115
American Samoa	43,895	9,718	1,858	1,913	1,062	851	1,856	1,643	1,831	1,284	1,191	1,174
Northern Marianas SOURCE: U.S. Census Burea	51,118	9,079	1,859	2,308	1,431	877	1,872	1,663	1,325	870	1,041	1,584

Table 3. Population of the United States, 2010-2024

[Population enumerated as of April 1 for 2010 and estimated as of April 1 for 2020 and July 1 for all other years]

	United States						
Year	Population including Armed Forces abroad	Population residing in area					
2024	342,279,364	342,034,432					
2023	335,160,938	334,914,895					
2022	333,537,250	333,287,557					
2021	332,140,523	331,893,745					
2020	331,693,822	331,449,281					
2019	328,475,998	328,239,523					
2018	327,403,909	327,167,434					
2017	325,939,372	325,719,178					
2016	323,348,770	323,127,513					
2015	321,654,360	321,418,820					
2014	319,133,003	318,857,056					
2013	316,432,767	316,128,839					
2012	314,250,437	313,914,040					
2011	312,008,762	311,591,917					
2010	309,178,489	308,745,538					

SOURCE: Published data from the U.S. Census Bureau; see reference 60.

Documentation Table 1. Number and percentage of live births by race and Hispanic origin of mother: United States, 2024

Paga	Num	ber	Percentage		
Race	Total	Non-Hispanic	Total\1	Non-Hispanic	
All races\2	3,628,934	2,609,390	100.0	100.0	
One race	3,519,323	2,517,789	97.0	96.5	
White	2,690,057	1,783,156	74.1	68.3	
Black	538,235	473,377	14.8	18.1	
American Indian and Alaska Native (AIAN)	35,265	24,021	1.0	0.9	
Asian	241,408	226,860	6.7	8.7	
Native Hawaiian and Other Pacific Islander (NHOPI)	14,358	10,375	0.4	0.4	
More than one race	109,611	91,601	3.0	3.5	
Two races	100,430	84,764	2.8	3.2	
Black and White	46,604	39,522	1.3	1.5	
Black and AIAN	2,993	2,490	0.1	0.1	
Black and Asian	2,732	2,425	0.1	0.1	
Black and NHOPI	672	573	0.0	0.0	
AIAN and White	16,653	12,963	0.5	0.5	
AIAN and Asian	401	304	0.0	0.0	
AIAN and NHOPI	165	117	0.0	0.0	
Asian and White	25,101	22,147	0.7	0.8	
Asian and NHOPI	2,171		0.1	0.1	
NHOPI and White	2,938	2,244	0.1	0.1	
Three races	8,699	6,545	0.2	0.3	
Black, AIAN and White	2,626	2,037	0.1	0.1	
Black AIAN and Asian	127	96	0.0	0.0	
Black, AIAN and NHOPI	34	24	0.0	0.0	
Black, Asian and White	1,288	1,055	0.0	0.0	
Black, Asian and NHOPI	145	124	0.0	0.0	
Black, NHOPI, and White	226	177	0.0	0.0	
AIAN, Asian and White	519	345	0.0	0.0	
AIAN, NHOPI and White	141	94	0.0	0.0	
AIAN, Asian and NHOPI	42	28	0.0	0.0	
Asian, NHOPI and White	3,551	2,565	0.1	0.1	
Four races	454	278	0.0	0.0	
Black, AIAN, Asian and White	121	89	0.0	0.0	
Black, AIAN, Asian, and NHOPI	6	2	*	*	
Black, AIAN, NHOPI and White	28	24	0.0	0.0	
Black, Asian, NHOPI and White	98	65	0.0	0.0	
AIAN, Asian, NHOPI and White	201	98	0.0	0.0	
Five races					
Black, AIAN, Asian, NHOPI and White	28	14	0.0	*	

^{0.0} Quantity more than zero but less than 0.5.

NOTE: Race categories are consistent with the 1997 Office of Management and Budget standards.

^{*} Estimate does not meet NCHS standards of reliability.

^{\1} Includes births to race and origin groups not shown separately, such as Hispanic, single-race white, Hispanic, single-race black, non-Hispanic, multiple-race women, and births with origin not stated.

^{\2} Race and Hispanic origin are reported separately on birth certificates. Persons of Hispanic origin may be of any race. In this table, non-Hispanic women are classified by race. Race categories are consistent with the 1997 Office of Management and Budget standards.