Birth Registration Data 2015

Selected State Respondents, including the CDC and the District of Columbia

Requested Data	CDC*	AL	AK	AZ	AR	CA	CO	CT	DC	DE	*** FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN
Mother's information																									
Current First Name	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Current Middle Name	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Current Last Name	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Name Before first marriage(first)	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Name Before first marriage (middle)	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Name before first marriage (last)	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Birthplace - State or Foreign Country	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Birthplace-city	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Date Of Birth	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Physical address of residence, city, zip code	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
County of Residence	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
If not within city limits, name of township	X					X			X		X	X		X	X	X	X		X		X	X		X	X
Social Security Number	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Mailing address	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
If you live on a tribal reservation, give name.				X																					
Primary Language spoken at Home												X					X								
If not born within the US, how many years have you been living in the United States																						X			
Occupation						X						X				X									
Date last worked						X						X				X									
Employer Name & Address												X				X									
Baby's Information																									
Baby's First Name	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Baby's Middle Name	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Baby's Last Name	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Suffix	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	
Date Of Birth	X			X		X			X		X	X		X	X	X	X		X			X		X	X
Time of Birth	X			X		X			X		X	X		X	X	X			X					X	
Sex	X			X		X			X		X	X		X	X	X	X		X			X		X	X
Do you want to get a social security number for your child?	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Is this child being put up for adoption?																X	X							X	
Consent obtained for Immunization Registry Enrollment														X											
"I hereby authorize the State to disclose names, residence, sex and date of birth to the Social Security Administration"																					X				
Marital Status																									
Married or Civil Union	X			X			X		X		X	X			X	X	X							X	X
Married but separated							X									X								X	
Was the mother legally married when she conceived this baby, when this baby was born or anytime between conception and giving birth?	X			X					X		X	X		X	X	X	X		X		X	X		X	X
Will the father/parent sign acknowledgement of paternity?	X			X			X		X		X	X		X	X	X	X		X		X	X		X	X
Divorced (Date)							X				X					X								X	
Never Married							X				X					X								X	
Widowed (Date)							X				X					X								X	
Is mother married to the father?												X			X	X	X		X			X		X	X
Father's Information																									
Current First Name	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Current Middle Name	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Current Last Name	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Date Of Birth	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Birthplace-state or foreign country	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Birthplace-city				X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Social Security Number	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
Mailing Address				X		X	X		X			X		X	X	X	X		X		X	X		X	X
"If the father was not born in the US, how many years has the father been living in the United States?"																						X			
Occupation						X						X				X									
Date last worked						X						X				X									
Employer Name & Address												X				X									
Mother's Female Partner's (Second Parent) Information																									
Current First Name									X						X						X				
Current Middle Name									X						X						X				
Current Last Name									X						X						X				
Last Name before Marriage or Civil Union															X						X				
Suffix									X						X						X				
Date Of Birth									X						X						X				
Birthplace-state or foreign country									X						X						X				
Social Security Number									X						X						X				
Mailing Address									X						X						X				
County									X						X						X				

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All Parents Demographics-Education																									
Highest level of education (fill in blank)						X																			
8th grade or less	X			X			X		X		X	X		X	X	X	X		X		X	X		X	X
9th-12th grade, no diploma	X			X			X		X		X	X		X	X	X	X		X		X	X		X	X
High school graduate or GED completed	X			X			X		X		X	X		X	X	X	X		X		X	X		X	X
Some college credit, but no degree	X			X			X		X		X	X		X	X	X	X		X		X	X		X	X
Associate degree	X			X			X		X		X	X		X	X	X	X		X		X	X		X	X
Bachelor's degree	X			X			X		X		X	X		X	X	X	X		X		X	X		X	X
Master's degree	X			X			X		X		X	X		X	X	X	X		X		X	X		X	X
Doctorate or professional degree	X			X			X		X		X	X		X	X	X	X		X		X	X		X	X
All Parents' Demographics- Hispanic Origin																									
Hispanic or Non-Hispanic (fill in the blank)						X					X										X			X	
No, not Spanish/Hispanic/Latina/Latino	X			X			X		X			X		X	X	X	X		X		X	X			X
Yes, Mexican, Mexican American	X			X			X		X			X		X	X	X	X		X		X	X			X
Yes, Puerto Rican	X			X			X		X			X		X	X	X	X		X		X	X			X
Yes, Cuban	X			X			X		X			X		X	X	X	X		X		X	X			X
Yes, other Hispanic	X			X			X		X		X	X		X	X	X	X		X		X	X			X
All Parents' Demographics- Race/Ethnicity																									
Race or Ancestry (fill in blank)						X					X													X	
White	X			X			X		X			X		X	X	X	X		X		X	X			X
Black or African American	X			X			X		X			X		X	X	X	X		X		X	X			X
Somali																									X
Liberian																									X
Kenyan																									X
Nigerian																									X
Ethiopian																									X
Ghanaian																									X
Other African (specify)																									X
American Indian or Alaska Native	X			X			X		X			X		X	X	X	X		X		X	X			X
Primary or Enrolled Tribe				X			X		X			X		X	X	X	X		X		X	X			X
Additional Tribe				X																					
Asian																									X
Asian Indian	X			X			X		X			X		X	X	X	X		X		X	X			X
Chinese	X			X			X		X			X		X	X	X	X		X		X	X			X
Filipino	X			X			X		X			X		X	X	X	X		X		X	X			X
Japanese	X			X			X		X			X		X	X	X	X		X		X	X			X
Korean	X			X			X		X			X		X	X	X	X		X		X	X			X
Karen																									X
Hmong																									X
Cambodian																									X
Laotian																									X
Vietnamese	X			X			X		X			X		X	X	X	X		X		X	X			X
Other Asian(specify)	X			X			X		X			X		X	X	X	X		X		X	X			X
Native Hawaiian	X			X			X		X			X		X	X	X	X		X		X	X			X
Guamanian or Chamorro	X			X			X		X			X		X	X	X	X		X		X	X			X
Samoan	X			X			X		X			X		X	X	X	X		X		X	X			X
Other Pacific Islander(specify)	X			X			X		X			X		X	X	X	X		X		X	X			X
Other Race(specify)	X			X			X		X			X		X	X	X	X		X		X	X			X
Unknown				X							X	X									X				
Refused				X								X									X				
Is mother's residence in an AZ tribal community?				X																					
Ak Chin Indian Community				X																					
Fort Mojave Tribe				X																					
Hopi Tribe				X																					
Pasqua Yaqui				X																					
San Carlos Apache Tribe				X																					
White Mountain Apache Tribe(Fort Apache)				X																					
Camp Verde Yavapai Apache				X																					
Ft. McDowell Mohave Apache Community				X																					
Prescott Yavapai Indian Community				X																					
San Juan So. Paiute Band				X																					
Cocopah Tribe				X																					
Gila River Indian Community(Pima)				X																					
Kaibab Band Paiute Indian				X																					
Quechan Tribe				X																					
Tonto Apache				X																					
Colorado River Indian Tribes				X																					
Havasupai Tribe				X																					
Navajo Tribe				X																					
Salt River Indian Community(Pima)				X																					
Tohono O'dham Tribe(Papago)				X																					
Cheyenne River Sioux																									
Crow Creek Sioux																									
Lower Brule Sioux																									
Oglala Sioux																									
Rosebud Sioux																									
Santee Sioux																									
Sisseton-Wahpeton Sioux																									
Yankton Sioux																									
Standing Rock Sioux																									

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Yearly Household Income																									
Less than $15,000							X																		
$15,000-$24,999							X																		
$25,000-$34,999							X																		
$35,000-$49,999							X																		
$50,000-$74,000							X																		
$75,000+							X																		
Facility Information																									
Facility ID (NPI)	X										X	X			X	X	X		X						
Place where birth occurred	X					X					X	X		X	X	X	X		X			X		X	
City, town, or location of birth	X					X					X	X				X									
Birth Attendant:						X					X	X													X
- NAME	X					X					X	X		X	X	X	X		X			X		X	
- MD	X										X	X		X	X	X	X		X					X	
- DO	X										X			X	X	X	X		X					X	
- CNM/CM	X										X			X	X	X	X		X					X	
- OTHER MIDWIFE	X										X			X	X	X	X		X					X	
- FATHER											X				X	X	X		X					X	
- OTHER	X										X				X	X	X		X					X	
Mother Transferred for Maternal or Fetal Delivery Indicators	X										X	X		X	X	X	X		X					X	X
Name of Facility transferred from	X										X	X		X	X	X	X		X					X	X
Type of birth																									
Born at Facility	X										X	X				X	X		X						
Born en-route to Facility											X					X	X		X						
Born at Non-Participating Facility											X					X									
Born en route to non participating facility											X					X									
Home Birth - PLANNED	X										X					X			X						
Home Birth - NOT PLANNED	X										X					X			X						
Foundling											X					X									
Newborn's Statistical Information																									
Newborn medical record number	X											X		X	X	X	X		X					X	X
Obstetric estimation of gestation	X					X					X	X		X	X	X	X		X						X
birth weight	X					X					X	X		X	X	X	X		X					X	X
Apgar score at 1 minute						X						X		X											X
Apgar score at 5 minutes	X					X					X	X		X	X	X	X		X					X	X
If score is less than 6, score at 10 minutes	X					X					X	X		X	X	X	X		X					X	X
Plurality	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
- Plurality Birth order	X					X					X	X		X	X	X	X		X					X	X
Was infant transferred within 24 hours of delivery?	X										X	X		X	X	X	X		X					X	
- Name of facility transferred to	X										X	X		X	X	X	X		X					X	
Is infant living at the time of report?	X										X	X		X	X	X	X		X					X	X
Is infant being breastfed at discharge?	X										X	X		X	X	X	X		X					X	X
Mother's Statistical Information																									
Mother's medical record number	X											X		X	X	X	X		X					X	X
Mother's prepregnancy weight	X			X		X			X		X	X		X	X	X	X		X			X		X	
Mother's height	X			X		X			X		X	X		X	X	X	X		X			X		X	
Mother's weight at delivery	X					X					X	X		X	X	X	X		X					X	X
Was mother transferred for maternal, medical or fetal indications for delivery?	X										X	X				X	X		X					X	X
Principal source of payment for this delivery	X					X			X		X	X		X	X	X	X		X		X			X	X
Date last normal menses began	X					X			X		X	X		X	X	X	X		X					X	X
Number of previous live births, Now Living	X					X					X	X		X	X	X	X		X					X	X
Number of previous live births, Now Dead	X					X					X	X		X	X	X	X		X					X	X
Number of other previous pregnancy outcomes	X					X					X	X		X	X	X	X		X					X	X
Date of last other pregnancy outcome	X					X					X	X		X	X	X	X		X					X	X
Date of last live birth	X					X					X	X		X	X	X	X		X					X	X
Date of first prenatal care visit	X					X					X			X	X	X	X		X					X	X
Date of last prenatal care visit	X					X			X		X	X		X	X	X	X		X					X	X
Total number of prenatal visits for this pregnancy	X					X			X		X	X		X	X	X	X		X					X	X
Prenatal care provider's name											X					X									
Vaccinations during Pregnancy												X													
Additional Information																									
Did you participate in the nutritional program during this pregnancy? (WIC)	X			X		X	X		X		X	X		X	X	X	X		X		X	X		X	X
If yes, what month of pregnancy did WIC begin?				X			X		X					X	X		X		X			X		X	X
Did you smoke cigarettes 3 months before or during this pregnancy?	X			X		X	X		X		X	X		X	X	X	X		X			X		X	X
If yes, indicate number of cigarettes or packs/day.	X			X		X	X		X		X	X		X	X	X	X		X			X		X	X
Alcohol use during pregnancy?									X		X	X			X				X					X	
Drug use during pregnancy																									

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Risk Factors in this Pregnancy																									
Complications and Procedures of Pregnancy and Concurrent Illnesses						X																			
Diabetes	X										X	X		X	X	X	X		X					X	X
- Prepregnancy	X										X	X		X	X	X	X		X					X	X
- Gestational	X										X	X		X	X	X	X		X					X	X
Hypertension	X										X	X		X	X	X	X		X					X	X
Previous pre-term births	X										X	X		X	X	X	X		X					X	X
Other previous poor pregnancy outcomes	X										X	X		X	X	X	X		X					X	X
Pregnancy resulted from infertility treatment	X										X	X		X	X	X	X		X			X		X	X
Mother had previous cesarean delivery	X										X	X		X	X	X	X		X					X	X
None of the above	X										X			X	X	X	X		X					X	X
Onset of Labor																									
Premature	X										X	X		X	X	X	X		X					X	X
Precipitous labor	X										X	X		X	X	X	X		X					X	X
Prolonged labor	X										X	X		X	X	X	X		X					X	X
None of the above	X										X	X		X	X	X	X		X					X	X
Group B Strep Status																									X
Negative																								X	
Positive																X								X	
Not Performed																								X	
Group B Strep Prophylaxas Status																									
No treatment																									
Greater than 4 hours before delivery																									
Less than or equal to 4 hours before delivery																									
Infections present and/or treated during pregnancy																									
Gonorrhea	X										X			X	X	X	X		X					X	X
Syphilis	X										X			X	X	X	X		X					X	X
Chlamydia	X										X			X	X	X	X		X					X	X
Hepatitis B	X										X			X	X	X	X		X					X	X
Hepatitis C	X										X			X	X	X	X		X					X	X
HIV positive											X			X		X								X	X
None of the above	X										X			X	X	X	X		X					X	X
Obstetric procedures																									
Were precautions taken against ophthalmia neonatorum?																X								X	
Was a Serological test for syphilis performed for the mother?												X		X		X	X		X					X	
None											X			X	X	X	X		X					X	
Cervical Cerclage	X										X	X		X	X	X	X		X					X	X
Tocolysis	X										X	X		X	X	X	X		X					X	X
External cephalic version											X					X	X		X					X	
Characteristics of labor and delivery																									
Complications & Procedures of labor & delivery (fill in blank)						X																			
None											X	X		X	X	X	X		X					X	X
Induction of labor	X										X	X		X	X	X	X		X					X	X
Augmentation of labor	X										X	X		X	X	X	X		X					X	X
Non-vertex presentation	X										X	X		X	X	X	X		X					X	X
Steroids	X										X	X		X	X	X	X		X					X	X
Antibiotics	X										X	X		X	X	X	X		X					X	X
Clinical chorioamnionitis	X										X	X		X	X	X	X		X					X	X
Moderate/heavy meconium staining of the amnioic fluid	X										X	X		X	X	X	X		X					X	X
Fetal intolerance of labor	X										X	X		X	X	X	X		X					X	X
Epidural or spinal anesthesia during labor	X										X	X		X	X	X	X		X					X	X
Abruptio placenta											X					X			X						
Other	X										X														X
Method of Delivery																									
Was delivery with forceps attempted but unsuccessful?	X										X	X		X	X	X	X		X					X	X
Was delivery with vacuum extraction attempted but unsuccessful?	X										X	X		X	X	X	X		X					X	X
Fetal presentation at birth?	X										X	X		X	X	X	X		X					X	X
Final route and method of delivery																									
Vaginal/spontaneous	X										X	X		X	X	X	X		X					X	X
Vaginal/forceps	X										X	X		X	X	X	X		X					X	X
Vaginal/vacuum	X										X	X		X	X	X	X		X					X	X
Cesarean	X										X	X		X	X	X	X		X					X	X

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Maternal morbidity																									
None	X										X	X		X	X	X	X		X					X	X
Maternal transfusion	X										X	X		X	X	X	X		X					X	X
Ruptured uterus	X										X	X		X	X	X	X		X					X	X
Unplanned hysterectomy	X										X	X		X	X	X	X		X					X	X
Admission to ICU	X										X	X		X	X	X	X		X					X	X
Unplanned operation room procedure following delivery	X										X	X		X	X	X	X		X					X	X
Third or fourth degree perineal laceration	X										X	X		X	X	X	X							X	X
Newborn Screening:																									
Was metabolic screening performed for this infant												X					X								
Newborn Metabolic screening number												X				X									
Hearing Screening:																									
Pass (both ears)						X						X												X	
Refer (one ear)						X						X												X	
Results Pending						X						X												X	
Waived; Not Medically Indicated, Not Available						X						X													
Did any member of the mother's or father's family permanantly lose their hearing as a child?												X													
Immunizations given to the Newborn																									
Hepatitis B																								X	X
Hepatitis B Immune Globulin																								X	X
Abnormal Conditions of the Newborn																									
Abnormal Conditions and clinical procedures related to newborn						X																			
Assisted ventilation required immediately following delivery	X										X	X		X	X	X	X		X					X	X
Assisted ventilation required for more than 6 hours	X										X	X		X	X	X	X		X					X	X
NICU admission	X										X	X		X	X	X	X		X					X	X
Newborn given surfactant replacement therapy	X										X	X		X	X	X	X		X					X	X
Seizure or serious neurologic dysfunction	X										X	X		X	X	X	X		X					X	X
Significant birth injury	X										X	X		X	X	X	X		X					X	X
None of the above	X										X	X		X	X	X	X		X					X	X
Unknown											X	X												X	
Congenital Anomalies of the Newborn																									
Anencephaly	X										X	X		X		X	X		X					X	X
Meningomyelocele/Spina Bifida	X										X	X		X		X	X		X					X	X
Congenital Heart Disease											X	X		X		X	X		X					X	X
Cyanotic congenital heart disease	X										X	X		X		X	X		X					X	X
Congenital diaphragmatic hernia	X										X	X		X		X	X		X					X	X
Omphalocolo	X										X	X		X		X	X		X					X	X
Gastroachisis	X										X	X		X		X	X		X					X	X
Limb reduction defect	X										X	X		X		X	X		X					X	X
Cleft lip with or without cleft palate	X										X	X		X		X	X		X					X	X
Cleft palate stone	X										X	X		X		X	X		X					X	X
Down syndrome	X										X	X		X		X	X		X					X	X
Suspected chromosomal disorder	X										X	X		X		X	X		X					X	X
Hypoasadias	X										X	X		X		X	X		X					X	X
None of the above	X										X	X		X		X	X		X					X	X
Unknown											X													X	
Other Exposures/conditions Present in Utero or postnatal																									
Caregiver concern related to hearing loss												X													
Congenital Hypothyroidism												X													
Drug Withdrawal Syndrom in Newborn												X													
Encephalitis												X													
Exposure to ototoxic medication or loop diuretics												X													
Extracorporeal Membrane Oxygenation												X													
Fetal Growth Restriction												X													
Head Trauma												X													
History of Positive Drug Screen (newborn)												X													
HIV Present in infant												X													
Hydrocephaly												X													
Hyperbillirubenemia requiring exchange transfusion												X													
Intraventicular hemorrhage (IVH) Grade III or IV												X													
Neonatal Intesive care of >5 days												X													
Neurodegenerative disorders												X													
Neuromuscular distorder												X													
Prenatal Jaundice												X													
Stage III necrotizing enterocolitis in Newborn												X													
None of the above												X													
Other												X													

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Birth Registration Data 2015

Selected State Respondents, including the CDC and the District of Columbia

Requested Data	CDC*	AL	AK	AZ	AR	CA	CO	CT	DC	DE	*** FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN
Fitness Assesment**																									
How many times per week during your current pregnancy did you exercise																									
for 30 minutes or more, above your usual activities?																									
Did you have any problems with your gums at any time during pregnancy?																									
During your pregnancy ,would you say that you were:																									
not depressed at all																									
a little depressed																									
moderately depressed																									
very depressed and did not receive help																									
very depressed and did receive help																									
Thinking back to just before you were pregnant, how did you feel about becoming pregnant?																									
you wanted to be pregnant sooner																									
you wanted to be pregnant later																									
you wanted to be pregnant then																									
you didn't want to be pregnant then or at any time in the future																									

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Requested Data	CDC*	MS	MO	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	WA	WV	WI	WY
Mother's information																											
Current First Name	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Current Middle Name	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Current Last Name	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Name Before first marriage(first)	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Name Before first marriage (middle)	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Name before first marriage (last)	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Birthplace - State or Foreign Country	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Birthplace-city	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Date Of Birth	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Physical address of residence, city, zip code	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
County of Residence	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
If not within city limits, name of township	X			X	X	X	X	X		X	X	X			X	X			X		X		X	X			
Social Security Number	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Mailing address	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
If you live on a tribal reservation, give name.																							X	X			
Primary Language spoken at Home																											
If not born within the US, how many years have you been living in the United States										X																	
Occupation						X	X	X		X											X						
Date last worked							X	X		X																	
Employer Name & Address																											
Baby's Information																											
Baby's First Name	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Baby's Middle Name	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Baby's Last Name	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Suffix	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Date Of Birth	X			X			X	X	X	X	X				X	X			X		X		X	X			
Time of Birth	X			X			X		X		X					X					X		X	X			
Sex	X			X			X	X	X		X				X	X			X				X	X			
Do you want to get a social security number for your child?	X			X	X	X	X	X	X	X	X	X			X	X					X		X	X			
Is this child being put up for adoption?																X					X						
Consent obtained for Immunization Registry Enrollment				X					X												X						
"I hereby authorize the State to disclose names, residence, sex and date of birth to the Social Security Administration"																											
Marital Status																											
Married or Civil Union	X			X	X		X	X	X		X				X	X					X						
Married but separated				X							X										X						
Was the mother legally married when she conceived this baby, when this baby was born or anytime between conception and giving birth?	X			X	X	X	X	X	X	X	X	X			X				X		X		X	X			
Will the father/parent sign acknowledgement of paternity?	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Divorced (Date)				X							X										X						
Never Married				X							X										X						
Widowed (Date)				X							X										X						
Is mother married to the father?				X	X	X	X	X			X	X			X	X			X		X		X	X			
Father's Information																											
Current First Name	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Current Middle Name	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Current Last Name	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Date Of Birth	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Birthplace-state or foreign country	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Birthplace-city				X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Social Security Number	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Mailing Address				X	X		X	X	X	X	X	X			X	X			X		X		X	X			
"If the father was not born in the US, how many years has the father been living in the United States?"										X																	
Occupation					X		X	X		X														X			
Date last worked								X		X																	
Employer Name & Address																											
Mother's Female Partner's (Second Parent) Information																											
Current First Name							X	X		X					X												
Current Middle Name							X	X		X					X												
Current Last Name							X	X		X					X												
Last Name before Marriage or Civil Union							X	X		X					X												
Suffix							X	X		X					X												
Date Of Birth							X	X		X					X												
Birthplace-state or foreign country							X	X		X					X												
Social Security Number							X	X		X					X												
Mailing Address							X	X		X					X												
County							X	X		X					X												

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St. Paul, MN
www.cchfreedom.org

Birth Registration Data 2015

Selected State Respondents, including the CDC and the District of Columbia

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All Parents Demographics-Education																											
Highest level of education (fill in blank)																											
8th grade or less	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
9th-12th grade, no diploma	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
High school graduate or GED completed	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Some college credit, but no degree	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Associate degree	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Bachelor's degree	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Master's degree	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Doctorate or professional degree	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
All Parents' Demographics- Hispanic Origin																											
Hispanic or Non-Hispanic (fill in the blank)										X																	
No, not Spanish/Hispanic/Latina/Latino	X			X	X	X	X	X	X		X	X			X	X			X		X		X	X			
Yes, Mexican, Mexican American	X			X	X	X	X	X	X		X	X			X	X			X		X		X	X			
Yes, Puerto Rican	X			X	X	X	X	X	X		X	X			X	X			X		X		X	X			
Yes, Cuban	X			X	X	X	X	X	X		X	X			X	X			X		X		X	X			
Yes, other Hispanic	X			X	X	X	X	X	X		X	X			X	X			X		X		X	X			
All Parents' Demographics- Race/Ethnicity																											
Race or Ancestry (fill in blank)												X															
White	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Black or African American	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Somali																											
Liberian																											
Kenyan																											
Nigerian																											
Ethiopian																											
Ghanaian																											
Other African (specify)																											
American Indian or Alaska Native	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Primary or Enrolled Tribe				X	X	X	X		X	X	X	X			X						X		X	X			
Additional Tribe																											
Asian									X																		
Asian Indian	X			X	X	X	X	X		X	X	X			X	X			X		X		X	X			
Chinese	X			X	X	X	X	X		X	X	X			X	X			X		X		X	X			
Filipino	X			X	X	X	X	X		X	X	X			X	X			X		X		X	X			
Japanese	X			X	X	X	X	X		X	X	X			X	X			X		X		X	X			
Korean	X			X	X	X	X	X		X	X	X			X	X			X		X		X	X			
Karen																											
Hmong																											
Cambodian																											
Laotian																											
Vietnamese	X			X	X	X	X	X		X	X	X			X	X			X		X		X	X			
Other Asian(specify)	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Native Hawaiian	X			X	X	X	X	X		X	X	X			X	X			X		X		X	X			
Guamanian or Chamorro	X			X	X	X	X	X		X	X	X			X	X			X		X		X	X			
Samoan	X			X	X	X	X	X		X	X	X			X	X			X		X		X	X			
Other Pacific Islander(specify)	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Other Race(specify)	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
Unknown							X					X				X					X						
Refused												X				X											
Is mother's residence in an AZ tribal community?																											
Ak Chin Indian Community																											
Fort Mojave Tribe																											
Hopi Tribe																											
Pasqua Yaqui																											
San Carlos Apache Tribe																											
White Mountain Apache Tribe(Fort Apache)																											
Camp Verde Yavapai Apache																											
Ft. McDowell Mohave Apache Community																											
Prescott Yavapai Indian Community																											
San Juan So. Paiute Band																											
Cocopah Tribe																											
Gila River Indian Community(Pima)																											
Kaibab Band Paiute Indian																											
Quechan Tribe																											
Tonto Apache																											
Colorado River Indian Tribes																											
Havasupai Tribe																											
Navajo Tribe																											
Salt River Indian Community(Pima)																											
Tohono O'dham Tribe(Papago)																											
Cheyenne River Sioux																			X								
Crow Creek Sioux																			X								
Lower Brule Sioux																			X								
Oglala Sioux																			X								
Rosebud Sioux																			X								
Santee Sioux																			X								
Sisseton-Wahpeton Sioux																			X								
Yankton Sioux																			X								
Standing Rock Sioux																			X								

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Yearly Household Income																											
Less than $15,000																											
$15,000-$24,999																											
$25,000-$34,999																											
$35,000-$49,999																											
$50,000-$74,000																											
$75,000+																											
Facility Information																											
Facility ID (NPI)	X			X			X														X		X				
Place where birth occurred	X			X			X	X													X		X	X			
City, town, or location of birth	X			X			X														X		X				
Birth Attendant:				X																	X		X				
- NAME	X			X			X	X	X												X		X				
- MD	X			X			X														X		X				
- DO	X			X			X														X		X				
- CNM/CM	X			X			X														X		X				
- OTHER MIDWIFE	X			X			X														X		X				
- FATHER				X			X														X		X				
- OTHER	X			X			X														X		X				
Mother Transferred for Maternal or Fetal Delivery Indicators	X			X																			X				
Name of Facility transferred from	X			X																			X				
Type of birth																											
Born at Facility	X			X			X				X										X		X	X			
Born en-route to Facility				X			X														X		X	X			
Born at Non-Participating Facility				X			X														X			X			
Born en route to non participating facility				X			X														X			X			
Home Birth - PLANNED	X			X			X														X			X			
Home Birth - NOT PLANNED	X			X																	X						
Foundling							X														X						
Newborn's Statistical Information																											
Newborn medical record number	X						X			X	X										X		X	X			
Obstetric estimation of gestation	X			X			X				X												X	X			
birth weight	X			X			X				X												X	X			
Apgar score at 1 minute											X												X	X			
Apgar score at 5 minutes	X			X			X				X												X	X			
If score is less than 6, score at 10 minutes	X			X			X				X												X	X			
Plurality	X			X			X			X	X										X		X	X			
- Plurality Birth order	X			X			X			X	X										X		X	X			
Was infant transferred within 24 hours of delivery?	X			X			X				X												X				
- Name of facility transferred to	X			X			X				X												X	X			
Is infant living at the time of report?	X			X			X				X												X				
Is infant being breastfed at discharge?	X			X			X		X		X												X	X			
Mother's Statistical Information																											
Mother's medical record number	X						X			X	X										X		X	X			
Mother's prepregnancy weight	X			X	X	X	X		X	X	X				X	X			X		X		X	X			
Mother's height	X			X	X	X	X		X	X	X				X	X			X		X		X	X			
Mother's weight at delivery	X			X			X		X	X	X										X		X	X			
Was mother transferred for maternal, medical or fetal indications for delivery?	X			X			X														X		X	X			
Principal source of payment for this delivery	X			X			X				X	X			X	X					X		X	X			
Date last normal menses began	X			X			X		X		X				X	X					X		X	X			
Number of previous live births, Now Living	X			X			X		X		X				X	X					X		X	X			
Number of previous live births, Now Dead	X			X			X		X		X				X						X		X	X			
Number of other previous pregnancy outcomes	X			X			X		X		X				X	X					X		X				
Date of last other pregnancy outcome	X			X			X		X		X				X	X					X		X	X			
Date of last live birth	X			X			X		X		X				X	X					X		X	X			
Date of first prenatal care visit	X			X			X		X		X				X	X					X		X	X			
Date of last prenatal care visit	X			X			X				X				X	X					X		X	X			
Total number of prenatal visits for this pregnancy	X			X			X		X	X	X				X	X					X		X	X			
Prenatal care provider's name				X																			X	X			
Vaccinations during Pregnancy																					X						
Additional Information																											
Did you participate in the nutritional program during this pregnancy? (WIC)	X	X		X	X	X	X	X			X	X			X	X			X		X		X	X			
If yes, what month of pregnancy did WIC begin?		X		X	X	X	X	X			X	X			X	X			X		X		X	X			
Did you smoke cigarettes 3 months before or during this pregnancy?	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X	X			
If yes, indicate number of cigarettes or packs/day.	X			X	X	X	X	X	X	X	X	X			X	X			X		X		X				
Alcohol use during pregnancy?				X	X	X	X		X	X		X			X												
Drug use during pregnancy					X	X		X											X		X			X			

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Risk Factors in this Pregnancy																											
Complications and Procedures of Pregnancy and Concurrent Illnesses																											
Diabetes	X			X			X														X		X	X			
- Prepregnancy	X			X			X				X										X		X	X			
- Gestational	X			X			X				X										X		X				
Hypertension	X			X			X				X										X		X				
Previous pre-term births	X			X			X				X										X		X	X			
Other previous poor pregnancy outcomes	X			X			X				X										X		X	X			
Pregnancy resulted from infertility treatment	X			X			X				X										X		X	X			
Mother had previous cesarean delivery	X			X			X				X										X		X	X			
None of the above	X			X			X				X										X		X	X			
Onset of Labor																											
Premature	X			X			X				X												X	X			
Precipitous labor	X			X			X				X												X	X			
Prolonged labor	X			X			X				X												X	X			
None of the above	X			X			X				X												X	X			
Group B Strep Status																											
Negative											X												X	X			
Positive							X				X												X	X			
Not Performed											X												X	X			
Group B Strep Prophylaxas Status																											
No treatment																							X	X			
Greater than 4 hours before delivery																							X	X			
Less than or equal to 4 hours before delivery																							X	X			
Infections present and/or treated during pregnancy																											
Gonorrhea	X			X			X				X										X		X	X			
Syphilis	X			X			X				X										X		X	X			
Chlamydia	X			X			X				X										X		X	X			
Hepatitis B	X			X			X				X										X		X	X			
Hepatitis C	X			X			X				X										X		X	X			
HIV positive																					X						
None of the above	X			X			X				X										X		X	X			
Obstetric procedures																											
Were precautions taken against ophthalmia neonatorum?																											
Was a Serological test for syphilis performed for the mother?				X			X				X												X	X			
None				X			X				X												X	X			
Cervical Cerclage	X			X			X				X												X	X			
Tocolysis	X			X			X				X												X	X			
External cephalic version				X			X				X												X	X			
Characteristics of labor and delivery																											
Complications & Procedures of labor & delivery (fill in blank)																											
None				X			X				X												X	X			
Induction of labor	X			X			X				X												X	X			
Augmentation of labor	X			X			X				X												X	X			
Non-vertex presentation	X			X			X				X												X	X			
Steroids	X			X			X				X												X	X			
Antibiotics	X			X			X				X												X	X			
Clinical chorioamnionitis	X			X			X				X												X	X			
Moderate/heavy meconium staining of the amnioic fluid	X			X			X				X												X	X			
Fetal intolerance of labor	X			X			X				X												X	X			
Epidural or spinal anesthesia during labor	X			X			X				X												X	X			
Abruptio placenta																											
Other	X			X			X				X												X	X			
Method of Delivery																											
Was delivery with forceps attempted but unsuccessful?	X			X			X				X												X	X			
Was delivery with vacuum extraction attempted but unsuccessful?	X			X			X				X												X	X			
Fetal presentation at birth?	X			X			X				X												X	X			
Final route and method of delivery																											
Vaginal/spontaneous	X			X			X				X												X	X			
Vaginal/forceps	X			X			X				X												X	X			
Vaginal/vacuum	X			X			X				X												X	X			
Cesarean	X			X			X				X												X	X			

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Birth Registration Data 2015

Selected State Respondents, including the CDC and the District of Columbia

Requested Data	CDC*	MS	MO	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	WA	WV	WI	WY
Maternal morbidity																											
None	X			X			X				X																
Maternal transfusion	X			X			X				X												X	X			
Ruptured uterus	X			X			X				X												X	X			
Unplanned hysterectomy	X			X			X				X												X	X			
Admission to ICU	X			X			X				X												X	X			
Unplanned operation room procedure following delivery	X			X			X				X												X	X			
Third or fourth degree perineal laceration	X			X			X				X												X	X			
Newborn Screening:																											
Was metabolic screening performed for this infant																											
Newborn Metabolic screening number																											
Hearing Screening:																											
Pass (both ears)				X																							
Refer (one ear)				X																							
Results Pending				X																							
Waived; Not Medically Indicated, Not Available				X																							
Did any member of the mother's or father's family permanantly lose their hearing as a child?																							X				
Immunizations given to the Newborn																											
Hepatitis B				X							X																
Hepatitis B Immune Globulin				X																							
Abnormal Conditions of the Newborn				X																							
Abnormal Conditions and clinical procedures related to newborn																											
Assisted ventilation required immediately following delivery	X			X			X				X												X	X			
Assisted ventilation required for more than 6 hours	X			X			X				X												X	X			
NICU admission	X			X			X				X												X	X			
Newborn given surfactant replacement therapy	X			X			X				X												X	X			
Seizure or serious neurologic dysfunction	X			X			X				X												X	X			
Significant birth injury	X			X			X				X												X	X			
None of the above	X			X			X				X												X	X			
Unknown							X																X	X			
Congenital Anomalies of the Newborn																											
Anencephaly	X			X			X				X												X	X			
Meningomyelocele/Spina Bifida	X			X			X				X												X	X			
Congenital Heart Disease				X			X				X												X	X			
Cyanotic congenital heart disease	X			X			X				X												X	X			
Congenital diaphragmatic hernia	X			X			X				X												X	X			
Omphalocolo	X			X			X				X												X	X			
Gastroachisis	X			X			X				X												X	X			
Limb reduction defect	X			X			X				X												X	X			
Cleft lip with or without cleft palate	X			X			X				X												X	X			
Cleft palate stone	X			X			X				X												X	X			
Down syndrome	X			X			X				X												X	X			
Suspected chromosomal disorder	X			X			X				X												X	X			
Hypoasadias	X			X			X				X												X	X			
None of the above	X			X			X				X												X	X			
Unknown							X				X												X	X			
Other Exposures/conditions Present in Utero or postnatal																											
Caregiver concern related to hearing loss																											
Congenital Hypothyroidism																											
Drug Withdrawal Syndrom in Newborn																											
Encephalitis																											
Exposure to ototoxic medication or loop diuretics																											
Extracorporeal Membrane Oxygenation																											
Fetal Growth Restriction																											
Head Trauma																											
History of Positive Drug Screen (newborn)																											
HIV Present in infant																											
Hydrocephaly																											
Hyperbillirubenemia requiring exchange transfusion																											
Intraventicular hemorrhage (IVH) Grade III or IV																											
Neonatal Intesive care of >5 days																											
Neurodegenerative disorders																											
Neuromuscular distorder																											
Prenatal Jaundice																											
Stage III necrotizing enterocolitis in Newborn																											
None of the above																											
Other																											

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Fitness Assesment**																											
How many times per week during your current pregnancy did you exercise										X																	
for 30 minutes or more, above your usual activities?										X																	
Did you have any problems with your gums at any time during pregnancy?										X																	
During your pregnancy ,would you say that you were:																											
not depressed at all										X																	
a little depressed										X																	
moderately depressed										X																	
very depressed and did not receive help										X																	
very depressed and did receive help										X																	
Thinking back to just before you were pregnant, how did you feel about becoming pregnant?																											
you wanted to be pregnant sooner										X																	
you wanted to be pregnant later										X																	
you wanted to be pregnant then										X																	
you didn't want to be pregnant then or at any time in the future										X																	

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