*North Carolina State Center for Health Statistics*

**2006 NC State Birth File Description - NC Birth (n = 10000).JMP**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Position*** | ***Variable Description*** | Variable Name | ***Coding*** |
| 1 | Hospital Type Code | Institution type | See Table D |
| 2 - 6 | Place of Residence | Place of residence   mother | NOT USED |
| 8 - 10 | County of Residence | County of residence mother | 001 – 100 See Table B  999 Out of State |
| 13 | Plurality | Plurality of birth | 1 Singleton  2 Twins  3 Triplets  4 Quadruplets  5 Quintuplets or Higher |
|  | Birth Date | Date of birth | MM/DD/YY |
|  | Month of Birth | Month of birth | 1 - 12 |
|  | Day of Birth | Day of birth | 1 - 31 |
|  | Year of Birth | Year of birth | 2006 |
| 22 | Sex | Gender of child | 1 Male  2 Female |
| 23 | Race of Child | Race of Child | 0 Other Nonwhite  1 White  2 Black  3 American Indian  4 Chinese  5 Japanese  6 Hawaiian  7 Filipino  8 Other Asian or Pacific Islander |
| 24 - 25 | Age of Father | FAGE | 14 – 95 Years of age |
| 26 - 27 | Age of Mother | MAGE | 10 – 55 Years of age |
| 28 - 29 | Education of Father | Education of father (years) | Years of education |
| 30 - 31 | Education of Mother | Education of mother (years) | Years of education |
| 32 - 33 | Total Pregnancies (Including This One) | Total Preg | 01 – 25 Total Pregnancies |
| 34 - 35 | Number of Children Born Alive Now Dead | BDead | 00 – 25 Children |
| 36 - 37 | Number of Other Terminations | Terms | 00 – 25 Abortions and/or Fetal Deaths |
| 38 - 43 | Date of Last Live Birth | Date LBirth, Month LBirth, Year LBirth | MMYYYY Format  Year must be less than or equal to current year  00 in first 2 positions denotes unknown month/not applicable; 0000 in last four positions denotes unknown year/not applicable  000000 denotes No Prior Live Births or unknown  Can be equal to month/year of birth for 2nd and higher order births in multiple birth events |
| 44 | Outcome of Last Delivery | LOutcome | 1 Live Birth  2 Fetal Death  9 Not Applicable/Unknown |
| 45 - 46 | Completed Weeks of Gestation (calculated) | Gest Age | 18 – 45 Weeks |
| 47 - 48 | Month Prenatal Care Began | Prenatal | 0 No Prenatal Care  01 – 09 First – Ninth month of Pregnancy |
| 49 - 50 | Number of Prenatal Visits | Visits | 00 – 49 Visits  99 Unknown |
| 51 - 52 | Birth weight group | Birth weight group | 00 500 grams or less  01 501 – 1000 grams  02 1001 – 1500 grams  03 1501 – 2000 grams  04 2001 – 2500 grams  05 2501 – 3000 grams  06 3001 – 3500 grams  07 3501 – 4000 grams  08 4001 – 4500 grams  09 4501 grams or more  99 Unknown |
| 53 | Marital Status | Marital | 1 Married  2 Not Married |
| 54 | Attendant | Birth Attendant | 1 MD Physician  2 DO Physician  3 Certified Midwife  4 Other Midwife  5 Other |
| 56 - 57 | Number of Living Children | Numchild | 00 – 25 Children |
| 58 - 63 | Date of Last Termination | Date Term (mmyyyy), Month Term,  Year Term | MMYYYY Format  Year must be less than or equal to current year  00 in first 2 positions denotes unknown month/not applicable; 0000 in last four positions denotes unknown year/not applicable  000000 denotes No Prior Terminations or unknown |
| 64 - 65 | Pounds of Birthweight | Birth weight (lbs) | 00 – 14 Pounds  15 15 Pounds or Over (Ounces is 00) |
| 66 - 67 | Ounces of Birthweight | Birth weight (remainder oz.) | 00 – 15 Ounces |
|  | Birth weight (grams) | Birth weight (g) | Birth weight in grams |
|  | Low Birth Weight? | Low Birth | Birth weight < 2500 grams = Y  Birth weight > 2500 grams = N |
| 68 | Race of Mother | RaceMom | Same coding as Race of Child |
| 69 | Race of Father | RaceDad | Same coding as Race of Child |
|  | Minority Status of Mother | Mother Minority | White or Nonwhite |
|  | Minority Status of Father | Father Minority | White or Nonwhite |
| 70 | Hispanic Origin of Mother | HISPMOM | C Cuban  M Mexican  N Non-Hispanic  O Other Hispanic  P Puerto Rican  S Central/South American  U Unknown |
| 71 | Hispanic Origin of Father | HISPDAD | See values for position 70, above |
| 77 - 78 | Average # Cigarettes Used Daily | AveCig | 0 No Tobacco Use  01 – 97 Cigarettes per day |
| 79 - 80 | Average # Drinks Consumed Weekly | AveDrink | 0 No Alcohol Use  01 – 97 Drinks per week |
| 81 - 82 | Weight Gained | Wt Gain | 0 Weight Loss or No Gain  01 – 97 Pounds Gained |
| 83 - 99  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99 | Medical History  Anemia  Cardiac disease  Acute or chronic lung disease  Diabetes  Genital Herpes  Hydramnios/Oligohydramnios  Hemoglobinopathy  Hypertension, Chronic  Hypertension, Pregnancy  Eclampsia  Incompetent Cervix  Previous infant 4000+ grams  Previous preterm /small infant  Renal disease  Rh sensitization  Uterine Bleeding  Other | ANEMIA  CARDIAC  ACLUNG  DIABETES  HERPES  HYDRAM  HEMOGLOB  HYPERCH HYPERPR  ECLAMP  CERVIX  PINFANT  PRETERM  RENAL  RHSEN  UTERINE  OTHMED | 0 Condition not present  1 Condition present |
| 100 - 106  100  101  102  103  104  105  106 | Obstetric Procedures  Amniocentesis  Electronic fetal monitoring  Induction of labor  Stimulation of labor  Tocolysis  Ultrasound  Other | AMNIO  MONITOR  INDUCT  STIMULA  TOCOLY  ULTRA  OTHPROC | 0 Condition not present  1 Condition present |
| 107 - 122  107  108  109  110  111  112  113  114  115  116  117  118  119  120  121  122 | Events of Labor and/or Delivery  Febrile (> 100°F or 38°C)  Meconium, moderate/heavy  Premature rupture of membrane Abruptio placenta  Placenta previa  Other excessive bleeding  Seizures during labor  Precipitous labor (<3 hours)  Prolonged labor (> 20 hours) Dysfunctional labor  Breech/Malpresentation  Cephalopelvic disproportion  Cord prolapse  Anesthetic complications  Fetal distress  Other | FEBRILE  MECONIUM  RUPTURE  ABRUPTIO  PREVIA  BLEEDING  SEIZURES  PRECLAB  PROLAB  DYSLAB  BREECH  CEPHALO  PROLAPSE  ANESTH  DISTRESS  OTHLABOR | 0 Condition not present  1 Condition present |
| 123 - 128  123  124  125  126  127  128 | Method of Delivery  Vaginal  Vaginal after C-sectionPrimary C-section  Repeat C-section  Forceps  Vacuum | VAGINAL  VAGCSECT  PRCSECT  RECSECT  FORCEPS  VACUUM | 0 Condition not present  1 Condition present |
| 129 | Kotelchuck Index of the Adequacy of PrenatalCare | Kotelchuck Index | 0 Missing Information  1 Inadequate  2 Intermediate  3 Adequate  4 Adequate Plus |
| 130 - 151  130  131  132  133  134  135  136  137  138  139  140  141  142  143  144  145  146  147  148  149  150  151 | Congenital Anomalies  Anencephalus  Spina bifida/Meningocele  Hydrocephalus  Microcephalus  Other central nervous system  Heart malformations  Other circulatory/respiratory  Rectal atresia/stenosis  Tracheo-esophageal/fistula  Omphalocele/Gastroschisis  Other gastro anomalies  Malformed genitalia  Renal agenesis  Other urogenital anomalies  Cleft lip/palate  Polydactyly/Syndactyly/Adactyly  Club foot  Diaphragmatic hernia  Other musculoskeletal/integumental  Down’s Syndrome  Other chromosomal anomalies  Other | ANENCEPH  SPINABIF  HYDROCEP  MICROCEP  OTHCNS  HEARTMAL  OTHCIRC  RECTALAT  FISTULA OMPHALAC  OTHGAST  MALGEN  RANGENE  OTHURO  CLEFT  POLYDACT  CLUBFOOT  DHERNIA  OTHMS  DOWNS  OTHCHROM  OTHER | 0 Condition not present  1 Condition present  9 Unknown |
| 152 - 153 | Weeks gestation as reported on birth certificate | Gest Age (BC) | Gestational age reported on birth certificate |
| 162 - 163 | Apgar Score 1 Minute | APGAR Score  (1 minute) | 00 – 10 Apgar Points |
| 164 - 165 | Apgar Score 5 Minutes | APGAR Score (5 minute) | 00 – 10 Apgar Points |
| 166 | Kessner Index | Kessner Index | 1 Adequate  2 Intermediate  3 Inadequate |
| 167 | Infant Transfer Status | InfantTran | 1 Infant Transferred to other facility After delivery  2 No Transfer |
| 168 | Mother Transfer Status | MomTran | 1 Mother Transferred to other facility BEFORE delivery  2 No Transfer |
| 169 - 177  169  170  171  172  173  174  175  176  177 | Conditions of the Newborn  Anemia  Birth injury  Fetal alcohol syndrome  Hyaline membrane disease/RDS  Meconium aspiration syndrome  Assisted ventilation < 30 min  Assisted ventilation ≥ 30 min  Seizures  Other | IANEMIA  BINJURY  FAS  HYALINE  ASPIRATE  VENTLESS  VENTMORE ISEIZURE  OTHINF | 0 Condition not present  1 Condition present |

**Table B**

***County of Occurrence***

***County of Residence***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 001 | Alamance |  | 021 | Chowan |  | 041 | Guilford |  | 061 | Mitchell |  | 081 | Rutherford |
| 002 | Alexander |  | 022 | Clay |  | 042 | Halifax |  | 062 | Montgomery |  | 082 | Sampson |
| 003 | Alleghany |  | 023 | Cleveland |  | 043 | Harnett |  | 063 | Moore |  | 083 | Scotland |
| 004 | Anson |  | 024 | Columbus |  | 044 | Haywood |  | 064 | Nash |  | 084 | Stanly |
| 005 | Ashe |  | 025 | Craven |  | 045 | Henderson |  | 065 | New Hanover |  | 085 | Stokes |
| 006 | Avery |  | 026 | Cumberland |  | 046 | Hertford |  | 066 | Northampton |  | 086 | Surry |
| 007 | Beaufort |  | 027 | Currituck |  | 047 | Hoke |  | 067 | Onslow |  | 087 | Swain |
| 008 | Bertie |  | 028 | Dare |  | 048 | Hyde |  | 068 | Orange |  | 088 | Transylvania |
| 009 | Bladen |  | 029 | Davidson |  | 049 | Iredell |  | 069 | Pamlico |  | 089 | Tyrrell |
| 010 | Brunswick |  | 030 | Davie |  | 050 | Jackson |  | 070 | Pasquotank |  | 090 | Union |
| 011 | Buncombe |  | 031 | Duplin |  | 051 | Johnston |  | 071 | Pender |  | 091 | Vance |
| 012 | Burke |  | 032 | Durham |  | 052 | Jones |  | 072 | Perquimans |  | 092 | Wake |
| 013 | Cabarrus |  | 033 | Edgecombe |  | 053 | Lee |  | 073 | Person |  | 093 | Warren |
| 014 | Caldwell |  | 034 | Forsyth |  | 054 | Lenoir |  | 074 | Pitt |  | 094 | Washington |
| 015 | Camden |  | 035 | Franklin |  | 055 | Lincoln |  | 075 | Polk |  | 095 | Watauga |
| 016 | Carteret |  | 036 | Gaston |  | 056 | McDowell |  | 076 | Randolph |  | 096 | Wayne |
| 017 | Caswell |  | 037 | Gates |  | 057 | Macon |  | 077 | Richmond |  | 097 | Wilkes |
| 018 | Catawba |  | 038 | Graham |  | 058 | Madison |  | 078 | Robeson |  | 098 | Wilson |
| 019 | Chatham |  | 039 | Granville |  | 059 | Martin |  | 079 | Rockingham |  | 099 | Yadkin |
| 020 | Cherokee |  | 040 | Greene |  | 060 | Mecklenburg |  | 080 | Rowan |  | 100 | Yancey |

**Table D**

***Hospital Type Code***

|  |  |
| --- | --- |
| – | En Route to Facility |
| 0 | Home or Non-Institution |
| 1 | General Hospital |
| 2 | TB Hospital |
| 3 | Mental Hospital |
| 4 | Chronic Hospital |
| 5 | Penal Hospital |
| 6 | Veterans Hospital |
| 7 | Nursing & Rest Home |
| 8 | Clinic & Doctor’s Office |
| 9 | Other Institution |
| ~ | Other Institution |

**Table F**

***Race***

|  |  |
| --- | --- |
| 0 | Other non-White |
| 1 | White |
| 2 | Black |
| 3 | American Indian |
| 4 | Chinese |
| 5 | Japanese |
| 6 | Hawaiian |
| 7 | Filipino |
| 8 | Other Asian |
| 9 | Unknown |