LIVE BIRTH

DATA ELEMENTS BEGINNING JANUARY 1, 2010

The following is a list of data items developed by the Missouri Department of Health and Senior Services (DHSS) that may be requested for administrative, statistical, or research use. Requests for these data items are reviewed for adequate justification and only the minimum necessary items will be provided. These data elements are obtained from the 2003 revision of the Certificate of Live Birth form for all **births occurring on or after January 1, 2010.**

State of Birth
Child Name *(First, Middle, Last, Surname Suffix)*
Date of Birth *(Month, Day, Year)*
Time of Birth
Sex
City/Town of Birth
County Where Birth Occurred
Place Where Birth Occurred *(Type)*
    If Home Birth, Planned Home Delivery *(Yes/No)*
Name of Facility of Birth
Mother Name *(First, Middle, Last, Surname Suffix)*
Mother Date of Birth *(Month, Day, Year)*
Mother Maiden Name *(First, Middle, Surname, Surname Suffix)*
Mother Birthplace State/Province
Mother Birthplace Country
Mother Residence State
Mother Residence Country
Mother Residence County
Mother Residence City/Town
Mother Residence Street Address
Mother Residence Zip Code
Mother Residence Inside City Limits *(Yes/No)*
Mother Mailing Address
Father Name *(First, Middle, Last, Surname Suffix)*
Father Date of Birth *(Month, Day, Year)*
Father Birthplace State/Province
Father Birthplace Country
Certifier Title/Type
Attendant Title/Type
Mother Married at Conception, at Birth, or any Time in Between
Paternity Acknowledgement Signed *(Yes/No)*
Mother Education
Mother Hispanic Origin *(Mexican, Puerto Rican, Cuban, Other)*[*]
Mother Race *(White, Black/African American, American Indian/Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian/Chamorro, Samoan, Other Pacific Islander, Other)*[*]
Father Education
Father Hispanic Origin *(Mexican, Puerto Rican, Cuban, Other)*[*]
Father Race *(White, Black/African American, American Indian/Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian/Chamorro, Samoan, Other Pacific Islander, Other)*[*]
Mother Transferred From Another Facility *(Yes/No)*
    Mother Transferred From Facility Name
Date of First Prenatal Care Visit *(Month, Day, Year)*
Date of Last Prenatal Care Visit *(Month, Day, Year)*
Total # of Prenatal Care Visits
Mother Height *(Feet & Inches)*
Mother Prepregnancy Weight
Mother Weight at Delivery
Principal source of Payment for this delivery[1]
Did Mother get WIC Food for Herself[1]
Participate in Food Stamp Program[1]
Previous Live Births Now Living
Previous Live Births Now Dead
Date of Last Live Birth *(Month/Year)*
Previous Other Pregnancy Outcomes
Date of Last Other Pregnancy Outcome *(Month/Year)*
# of Cigarettes Smoked in 3 months prior to Pregnancy
# of Cigarettes Smoked in 1st 3 months
# of Cigarettes Smoked in 2nd 3 months
# of Cigarettes Smoked in third trimester
Date Last Normal Menses *(Month, Day, Year)*

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Risk Factors –
- Prepregnancy Diabetes
- Gestational Diabetes
- Insulin Dependent (Diabetes)
- Hypertension Prepregnancy
- Hypertension Gestational
- Hypertension Eclampsia
- Previous Preterm Births
- Poor Pregnancy Outcomes
- Infertility Treatment
  - Infertility: Fertility Enhancing Drugs
  - Infertility: Asst. Rep. Technology
- Previous Cesarean
  - # Previous Cesareans

Obstetric Procedures –
- Cervical Cerclage
- Tocolysis
- Successful External Cephalic Version
- Failed External Cephalic Version

Onset of Labor –
- Premature Rupture of Membranes
- Precipitous Labor (<3 hours)
- Prolonged Labor (≥20 hours)

Characteristics of Labor & Delivery –
- Induction of Labor
- Augmentation of Labor
- Non-vertex Presentation
- Steroids
- Antibiotics
- Chorioamnionitis
- Meconium Staining
- Fetal Intolerance
- Anesthesia

Method of Delivery –
- Attempted Forceps
- Attempted Vacuum
- Fetal Presentation *(Cephalic, Breech, Other)*

Method of Delivery *(continued)* –
- Route and Method of Delivery *(Vaginal/Spontaneous, Vaginal/Forceps, Vaginal/Vacuum, Cesarean)*
- Trial of Labor Attempted

Infections Present and/or Treated During Pregnancy –
- Gonorrhea
- Syphilis
- Chlamydia
- HIV[2]
  - *If yes,* mother treated with anti-retroviral (Yes/No)[2]
  - *If yes,* infant treated with anti-retroviral (Yes/No)[2]
- Hepatitis C
- Hepatitis B
  - *If yes,* was mother positive for HBsAg (Yes/No)[2]
  - *If yes,* newborn rec'd HBIG within 12 hrs of birth (Yes/No)[2]

Maternal Morbidity –
- Maternal Transfusion
- Perineal Laceration
- Ruptured Uterus
- Unplanned Hysterectomy
- Admit to Intensive Care
- Unplanned Operation

Child Birth weight *(Grams)*

Obstetric Estimation of Gestation *(Weeks)*

APGAR Score at 5 Minutes

APGAR Score at 10 Minutes

Plurality
- *If not a single birth,* Order Born

# of Live Born

Abnormal Conditions of the Newborn –
- Assisted Ventilation
- Assisted Ventilation > 6 hours
- Admission to NICU
- Surfactant
- Antibiotics
- Seizures
- Birth Injury

Was Infant Transferred Within 24 Hours of Delivery *(Yes/No)*	Is Infant Living at Time of Report *(Yes/No)*
Infant Transferred To Facility Name	Is Infant Being Breastfed at discharge *(Yes/No)*
Congenital Anomalies of the Newborn –	Eye Drug Used *(Yes/No)*
Anencephaly	Newborn Received Hepatitis B Shot *(Yes/No)*
Meningomyelocele/Spina Bifida	
Cyanotic congenital heart disease	
Congenital diaphragmatic hernia	
Omphalocele	
Gastroschisis	
Limb Reduction Defect	
Cleft Lip with or without Cleft Palate	
Cleft Palate Alone	
Down Syndrome	
Suspected Chromosomal disorder	
Hypospadias	

** Multiple ethnic or race categories may be selected.*
[1]Not available for identified records.
[2]Only with appropriate justification for de-identified data

Live births through December 31, 2009

The following is a list of additional data elements **created** by the Missouri Department of Health and Senior Services for administrative, statistical, or research use. Requests for these additional data items are reviewed for adequate justification and will be provided on a case-by-case basis.

Residence Latitude *(Mother)*	Calculated Gestational Age *(Weeks)*
Residence Longitude *(Mother)*	Mother Age *(Calculated)*
Residence Census Tract *(Mother)*	Father Age *(Calculated)*
Public Services Participation Flag *(Yes/No)*	Mother Race *(NCHS Bridged Race)*
Delivery Paid by Private Insurance *(Yes/No)*	Father Race *(NCHS Bridged Race)*
Month of Pregnancy Prenatal Care Began	Child Race
Inadequate Prenatal Care *(MO Index)*	Child Deceased Flag *(Yes/No)*[2]
Length of Pregnancy *(Weeks)*	Child Date of Death *(Month/Day/Year)*[2]

[2]Birth/Death Match fields/requires additional file run and applicable fees