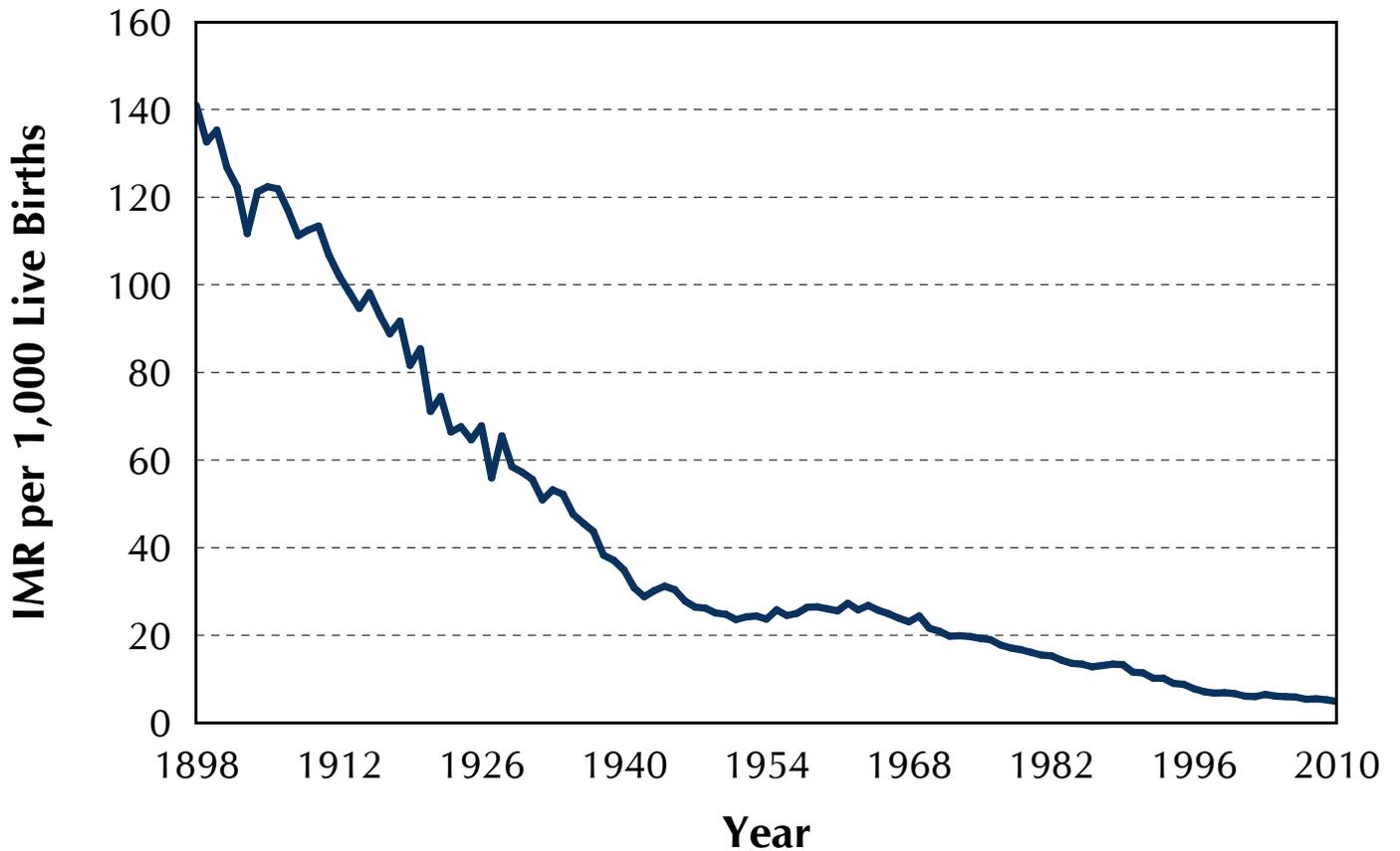


SUMMARY OF VITAL STATISTICS 2010

THE CITY OF NEW YORK

INFANT MORTALITY



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This publication is available online at <http://www.nyc.gov/vitalstats>.

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INFANT MORTALITY

Infant mortality is a key indicator of a population's overall health and is defined as the number of infant deaths, occurring within the first year of life, per 1,000 live births. To characterize infant mortality in New York City, the Bureau of Vital Statistics links the mother's demographic data from the child's birth certificate to data from the death certificate and confidential medical report of death.

Select Key Findings:

- The infant mortality rate continued to steadily decline. In 2010, 4.9 infants per 1,000 live births died within their first year of life (Figure I1). Therefore, the Take Care New York goal of a citywide infant mortality rate of 5.0 by 2012 has already been met.
- The leading causes of infant death are short gestation/low birth weight and congenital malformations (Table I1).
- Racial and ethnic disparities in infant mortality rates persist. Infant mortality rates were highest among infants born to non-Hispanic black and Puerto Rican mothers (Figure I3, Table I4).
- Mortality rates are highest among infants delivered at less than 28 weeks of gestation. Infants carried to term are more likely to survive across all ethnic groups (Figure I4, Table I2, Table I3).
- Infant mortality rates vary by borough. From 2001 to 2010, infant mortality decreased in Manhattan, Brooklyn, Queens, and the Bronx by 34%, 30%, 10%, and 3%, respectively, and fluctuated between a low of 3.0 and a high of 6.5 in Staten Island (Figure I5, Table I6).
- Healthcare access impacts many health outcomes, including infant mortality. In 2010, infants born to the uninsured were nearly twice as likely to die in their first year of life (11.2 deaths per 1,000 live births) than those covered by Medicaid (5.2 deaths per 1,000 live births) (Figure I8).

Figure I1. Infant Mortality Rate, New York City, 1898-2010

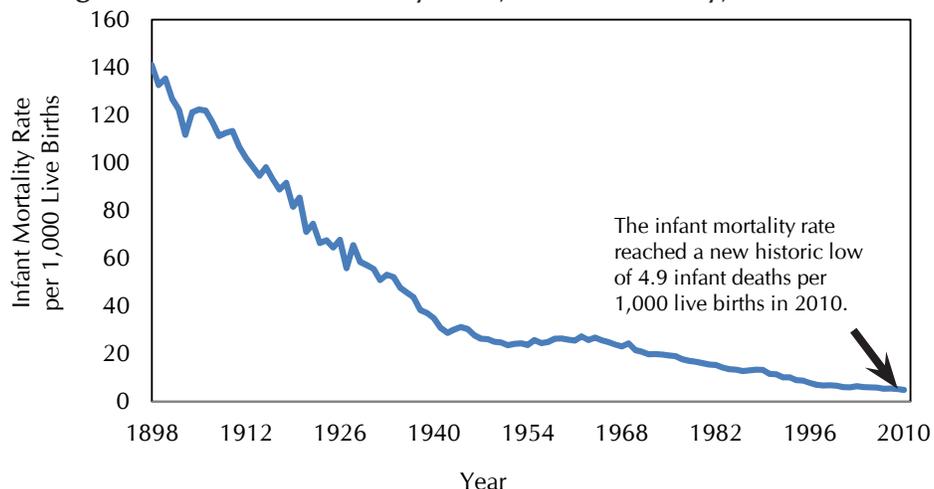
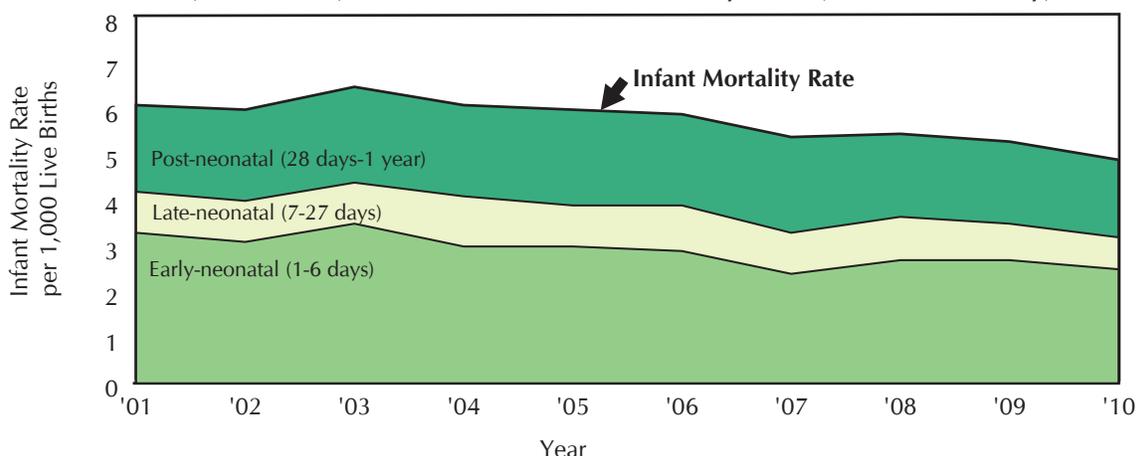


Figure 12. Infant, Neonatal, and Post-neonatal Mortality Rates, New York City, 2001-2010



- The majority of infant deaths (52%) occur within the early-neonatal period, which is the first 6 days of life. Post-neonatal mortality and late-neonatal mortality account for 34% and 14% of infant deaths.
- In the last 10 years, early-neonatal, late-neonatal, and post-neonatal mortality rates declined by 24%, 22%, and 11%, respectively.

Table 11. Infant Deaths by Cause, Sex, and Age, New York City, 2010

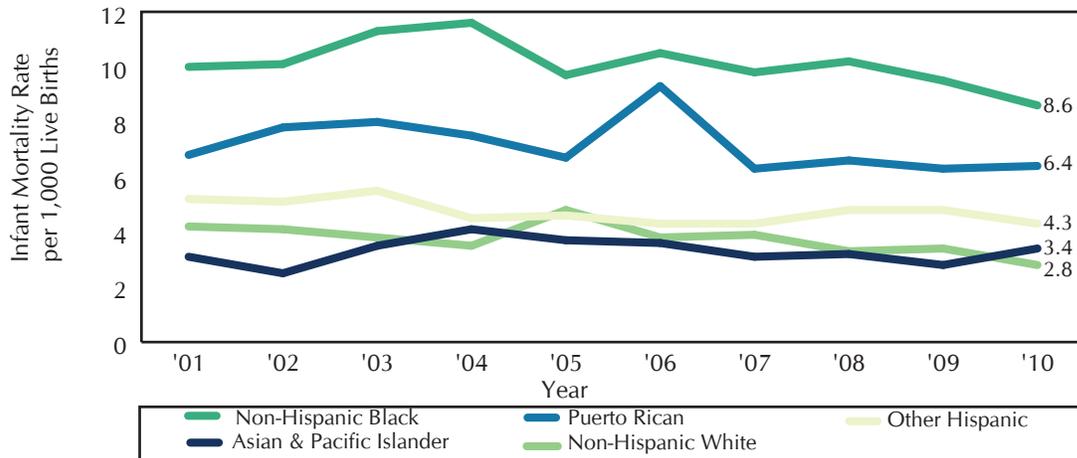
Cause of Death	Total	Male		Female	
		Neonatal (< 28 Days)	Post-neonatal (≥ 28 Days)	Neonatal (< 28 Days)	Post-neonatal (≥ 28 Days)
Total	609	214	114	189	92
1 Diseases of the Circulatory System (I00-I99)†	5	1	2	-	2
2 Influenza and Pneumonia (J10-J18)†	12	-	7	-	5
3 Newborn Affected by Maternal Complications of Pregnancy (P01)†	7	-	-	7	-
4 Newborn Affected by Complications of Placenta, Cord, and Membranes (P02)†	17	6	1	9	1
5 Short Gestation and Low Birthweight (P07)†	146	73	5	62	6
6 Intrauterine Hypoxia and Birth Asphyxia (P20-P21)†	5	2	-	3	-
7 Respiratory Distress of Newborn (P22)†	22	10	-	12	-
8 Pulmonary Hemorrhage Originating in the Perinatal Period (P26)†	4	2	-	2	-
9 Atelectasis (P28.0-P28.1)†	6	4	-	2	-
10 Other Respiratory Conditions Originating in the Perinatal Period (P23-P28)‡	11	6	-	4	1
11 Cardiovascular Disorders Originating in the Perinatal Period (P29)‡	69	42	-	27	-
12 Infections Specific to the Perinatal Period (P35-P39)‡	8	3	1	3	1
Bacterial sepsis of newborn (P36)	4	2	1	1	-
13 Neonatal Hemorrhage (P50-P52, P54)†	9	7	-	2	-
14 Necrotizing Enterocolitis of Newborn (P77)†	16	9	1	5	1
15 Remainder of Conditions Originating in the Perinatal Period (Rest of P00-P99)	20	6	4	10	-
16 Congenital Malformations, Deformations (Q00-Q99)†	118	35	23	38	22
Congenital malformations of heart (Q20-Q24)	50	13	14	11	12
17 Sudden Infant Death Syndrome (R95)†	4	-	3	-	1
18 All Other Diseases (Rest of A00-R99)	66	3	31	2	30
19 External Causes (V01-Y89)‡	64	5	36	1	22

‡ Contains causes eligible to be ranked as a leading cause nationally but infrequent in New York City. Including these groups permits recognition of important causes of infant death.

† Eligible to be ranked as leading causes nationally and in New York City.

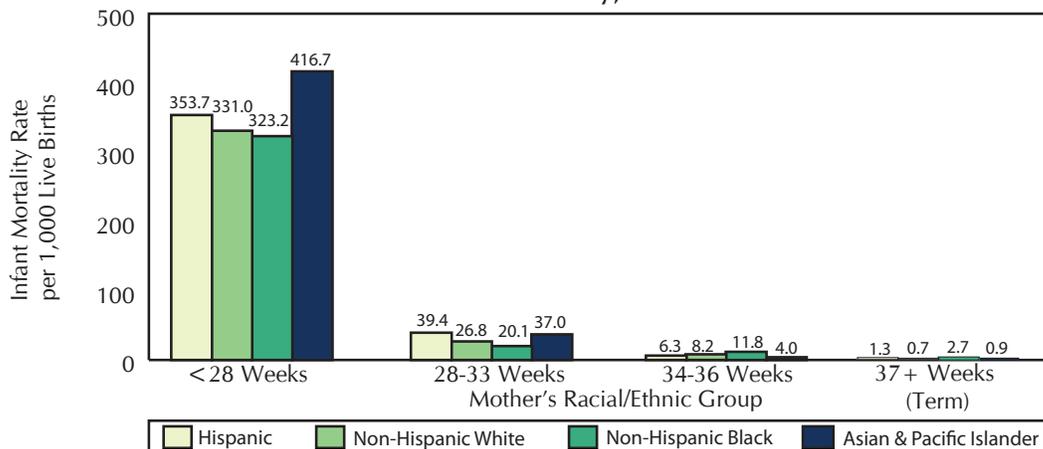
- The leading causes of infant death are congenital malformations and short gestation/ low birthweight.
- Deaths due to injury, homicide, and events of undetermined intent are classified as external causes and represent 11% of infant deaths.

Figure 13. Infant Mortality Rate by Mother's Racial/Ethnic Group, New York City, 2001-2010



- From 2001 to 2010, infant mortality rates declined among infants born to non-Hispanic whites (33%), other Hispanics (17%), non-Hispanic blacks (14%), and Puerto Ricans (6%).
- During the same time, the infant mortality rate for infants born to Asians and Pacific Islanders fluctuated between a low of 2.5 in 2002 and a high of 3.7 in 2005.
- Among all ethnic groups, infants born to non-Hispanic black mothers and Puerto Rican mothers in 2010 had higher risks of dying within their first year of life, with 8.6 and 6.4 infant deaths per 1,000 live births, respectively.

Figure 14. Infant Mortality by Gestational Age and Mother's Racial/Ethnic Group, New York City, 2010



- The highest risk of infant death occurs among infants born at less than 28 weeks of gestation.
- At every gestational stage, there are racial/ethnic differences in risk of death.
 - Extremely preterm infants (<28 weeks gestation) born to Asian and Pacific Islanders have the highest mortality rate at 416.7, but Asians and Pacific Islanders have a low proportion of infants born at this early gestational age (0.4%).
 - Extremely preterm infants born to non-Hispanic black mothers have the lowest mortality rate at 323.2, but non-Hispanic black mothers have the highest proportion of extremely preterm births (1.6%).

Table 12. Infant Deaths by Mother's Racial/Ethnic Group and Characteristics of Infant, New York City, 2010

Characteristics	Total					Early-neonatal					Neonatal					Post-neonatal				
	Total	Hispanic	Non-H White	Non-H Black	Asian & P.I.	Total	Hispanic	Non-H White	Non-H Black	Asian & P.I.	Total	Hispanic	Non-H White	Non-H Black	Asian & P.I.	Total	Hispanic	Non-H White	Non-H Black	Asian & P.I.
	Sex of Child	609	190	104	230	62	316	97	63	116	30	403	124	75	148	41	206	66	29	82
Male	328	100	57	123	36	164	51	34	59	16	214	65	40	78	24	114	35	17	45	12
Female	281	90	47	107	26	152	46	29	57	14	189	59	35	70	17	92	31	12	37	9
Birthweight at Delivery (Grams)	344	103	56	133	39	237	72	45	88	24	285	88	49	107	31	59	15	7	26	8
Very low birthweight (<1,500)	423	131	69	160	47	270	80	54	102	26	332	100	59	125	36	91	31	10	35	11
Low birthweight (<2,500)	147	45	25	57	13	38	12	8	12	4	55	18	11	18	5	92	27	14	39	8
2,500-4,000	6	1	-	5	-	1	1	-	-	-	2	1	-	1	-	4	-	-	4	-
Above 4,000	Not stated	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unmatched†	33	13	10	8	2	7	4	1	2	-	14	5	5	4	19	8	5	4	4	2
Gestational Age (Weeks)	351	105	58	138	36	242	75	46	92	21	292	90	51	111	29	59	15	7	27	7
Very premature (<32)	417	131	68	159	43	268	79	54	104	23	327	97	59	126	34	90	34	9	33	9
Premature (<37)	157	46	26	63	15	39	14	8	10	5	60	22	11	18	5	97	24	15	45	10
Full-term	2	-	-	2	-	2	-	-	-	-	2	-	-	-	-	2	-	-	-	-
Not stated	33	13	10	8	2	7	4	1	2	-	14	5	5	4	19	8	5	4	4	2
Unmatched†	484	152	67	193	54	248	73	44	99	26	315	96	49	122	37	169	56	18	71	17
Singletons	92	25	27	29	6	61	20	18	15	4	74	23	21	22	4	18	2	6	7	2
Multiples	33	13	10	8	2	7	4	1	2	0	14	5	5	4	4	19	8	5	4	2
Plurality unknown	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

† See Technical Notes: Infant Mortality.

Table 13. Infant Mortality Rate by Mother's Racial/Ethnic Group and Characteristics of Infant, New York City, 2010

Characteristics	Total					Early-neonatal					Neonatal					Post-neonatal				
	Total	Hispanic	Non-H White	Non-H Black	Asian & P.I.	Total	Hispanic	Non-H White	Non-H Black	Asian & P.I.	Total	Hispanic	Non-H White	Non-H Black	Asian & P.I.	Total	Hispanic	Non-H White	Non-H Black	Asian & P.I.
	Sex of Child	4.9	4.8	2.8	8.6	3.4	2.5	2.5	1.7	4.4	1.7	3.2	3.2	2.0	5.6	2.3	1.7	1.7	0.8	3.1
Male	5.1	5.0	2.9	9.0	3.8	2.6	2.5	1.7	4.3	1.7	3.3	3.2	2.1	5.7	2.6	1.8	1.7	0.9	3.3	1.3
Female	4.6	4.7	2.6	8.2	3.0	2.5	2.4	1.6	4.4	1.6	3.1	3.1	1.9	5.4	2.0	1.5	1.6	0.7	2.9	1.0
Birthweight at Delivery (Grams)	170.8	194.3	147.0	161.0	179.7	117.7	135.8	118.1	106.5	110.6	141.5	166.0	128.6	129.5	142.9	29.3	28.3	18.4	31.5	36.9
Very low birthweight (<1,500)	38.7	42.5	26.5	47.2	30.6	24.7	26.0	20.7	30.1	16.9	30.4	32.5	22.7	36.9	23.5	8.3	10.1	3.8	10.3	7.2
Low birthweight (<2,500)	1.4	1.3	0.8	2.6	0.8	0.4	0.4	0.2	0.5	0.3	0.5	0.5	0.3	0.8	0.3	0.9	0.8	0.4	1.8	0.5
2,500-4,000	0.8	0.4	-	3.7	-	0.1	0.4	-	-	-	0.3	0.4	-	0.7	-	0.5	-	-	3.0	-
Above 4,000	163.7	170.7	138.8	163.9	167.4	112.9	122.0	110.0	109.3	97.7	136.2	146.3	122.0	131.8	134.9	27.5	24.4	16.7	32.1	32.6
Gestational Age (Weeks)	34.9	35.5	23.5	44.7	28.9	22.4	21.4	18.7	29.2	15.5	27.4	26.3	20.4	35.4	22.9	7.5	9.2	3.1	9.3	6.1
Very preterm (<32)	1.4	1.3	0.7	2.7	0.9	0.3	0.4	0.2	0.4	0.3	0.5	0.6	0.3	0.8	0.3	0.9	0.7	0.4	2.0	0.6
Premature (<37)	4.0	4.0	1.9	7.5	3.1	2.1	1.9	1.2	3.9	1.5	2.6	2.5	1.4	4.8	2.1	1.4	1.5	0.5	2.8	1.0
Full-term	18.5	21.7	13.0	28.4	11.1	12.3	17.4	8.6	14.7	7.4	14.9	20.0	10.1	21.5	7.4	3.6	1.7	2.9	6.8	3.7
Singletons	4.0	4.0	1.9	7.5	3.1	2.1	1.9	1.2	3.9	1.5	2.6	2.5	1.4	4.8	2.1	1.4	1.5	0.5	2.8	1.0
Multiples	18.5	21.7	13.0	28.4	11.1	12.3	17.4	8.6	14.7	7.4	14.9	20.0	10.1	21.5	7.4	3.6	1.7	2.9	6.8	3.7

Note: Categories for gestational age in Table 12 and Table 13 differ from those in Figure 14. Different categories are used in Table 12 and Table 13 due to the small number of events.

**Table 14. Live Births, Infant Deaths, and Infant Mortality Rates
by Mother's Racial/Ethnic Group, New York City, 2006-2010**

Mother's Ethnic Group*	2006	2007	2008	2009	2010
Live Births, Total	125,506	128,961	127,680	126,774	124,791
Puerto Rican	10,111	10,229	10,351	9,958	9,581
Other Hispanic	30,300	30,483	30,029	30,328	29,764
Asian and Pacific Islander	17,356	19,291	18,204	17,729	18,047
Non-Hispanic white	38,231	39,351	38,383	38,438	37,780
Non-Hispanic black	29,077	29,268	27,917	27,405	26,635
Other or Unknown	431	339	2,796	2,916	2,984
Infant Deaths (< 1 year)‡, Total	740	697	698	668	609
Puerto Rican	94	64	68	63	61
Other Hispanic	129	130	143	147	129
Asian and Pacific Islander	62	59	59	50	62
Non-Hispanic white	145	155	125	131	104
Non-Hispanic black	304	287	284	259	230
Other or Unknown	6	2	19	18	23
Infant Mortality Rate, Total	5.9	5.4	5.5	5.3	4.9
Puerto Rican	9.3	6.3	6.6	6.3	6.4
Other Hispanic	4.3	4.3	4.8	4.8	4.3
Asian and Pacific Islander	3.6	3.1	3.2	2.8	3.4
Non-Hispanic white	3.8	3.9	3.3	3.4	2.8
Non-Hispanic black	10.5	9.8	10.2	9.5	8.6
Neonatal Deaths (< 28 days), Total	484	430	466	444	403
Puerto Rican	54	37	43	44	43
Other Hispanic	91	82	99	97	81
Asian and Pacific Islander	41	39	44	36	41
Non-Hispanic white	105	93	82	97	75
Non-Hispanic black	190	177	182	158	148
Neonatal Mortality Rate, Total	3.9	3.3	3.6	3.5	3.2
Puerto Rican	5.3	3.6	4.2	4.4	4.5
Other Hispanic	3.0	2.7	3.3	3.2	2.7
Asian and Pacific Islander	2.4	2.0	2.4	2.0	2.3
Non-Hispanic white	2.7	2.4	2.1	2.5	2.0
Non-Hispanic black	6.5	6.0	6.5	5.8	5.6

* See Technical Notes: Race, Ancestry, and Ethnic Group.

‡ See Technical Notes: Deaths, Infant Mortality.

Table 15. Infant Mortality Rate by Mother's Birthplace[†], New York City, 2006-2010

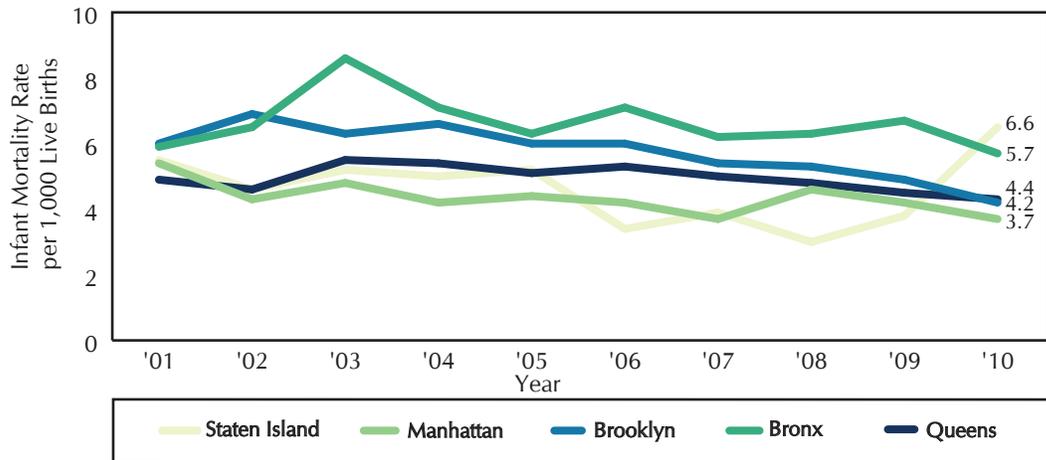
Birthplace	2006	2007	2008	2009	2010
Total, New York City	5.9	5.4	5.5	5.3	4.9
Guatemala	1.8	5.4	5.1	3.2	9.9
Puerto Rico ‡	12.0	6.6	6.9	7.3	9.5
Honduras	3.6	1.1	4.6	7.0	8.9
Guyana	8.2	7.5	10.7	4.2	8.0
Philippines	3.7	2.4	1.3	1.2	6.7
Haiti	8.9	5.3	8.0	3.9	6.4
Jamaica	9.4	5.1	7.2	5.1	6.3
Trinidad and Tobago	9.5	4.8	7.7	1.3	6.3
Yemen Arab Republic	†	†	2.0	†	6.3
Ghana	5.9	10.0	4.4	4.1	5.8
Nigeria	7.9	3.5	5.2	11.6	4.8
Pakistan	8.6	6.8	7.1	4.7	4.5
Ecuador	3.5	5.2	3.0	1.7	4.5
Bangladesh	2.4	4.2	1.8	5.7	4.0
El Salvador	8.2	3.8	2.5	2.5	3.7
Dominican Republic	4.1	3.4	3.8	5.4	3.6
Mexico	3.7	3.5	5.0	2.9	3.5
United Kingdom	6.3	1.6	3.4	0.0	3.5
Russia	4.3	0.0	1.1	4.1	3.1
China	2.1	1.6	2.2	2.1	2.6
India	4.4	3.1	2.3	1.9	2.6
Egypt	†	†	†	†	2.0
Uzbekistan	†	†	†	0.0	1.7
Ukraine	0.0	3.8	3.8	1.3	1.2
Korea	2.1	2.6	1.0	0.0	1.1
Canada	3.3	0.0	3.5	3.2	0.0
Colombia	3.8	0.0	1.0	3.5	0.0
Israel	2.6	2.4	0.0	1.7	0.0
Poland	0.0	2.0	4.1	1.0	0.0
Peru	7.2	5.5	†	3.8	†
United States ‡	6.3	6.2	6.1	6.5	5.3

Note: Foreign countries are listed by the descending order of infant mortality rates in most current year.

† Less than 500 live births. The rate is listed for only countries with 500 or more live births per year.

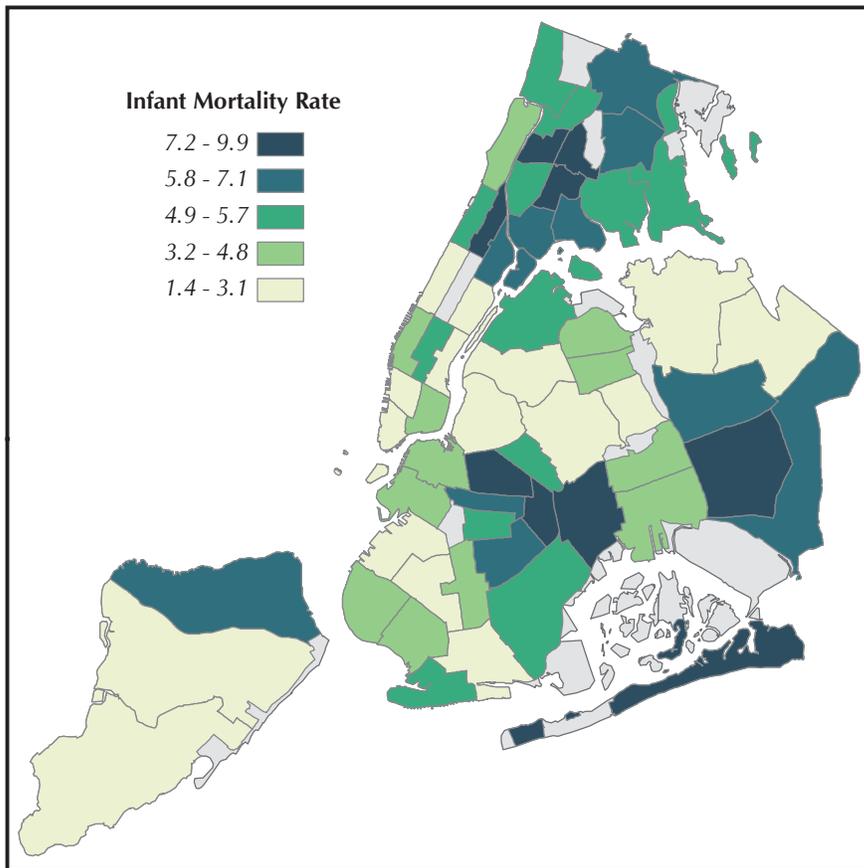
‡ As of 2006, the US Virgin Islands and Guam are included in the United States.

Figure 15. Infant Mortality Rate by Borough of Residence, New York City, 2001-2010



- From 2001 to 2010, infant mortality decreased in Manhattan, Brooklyn, Queens, and the Bronx by 34%, 30%, 10%, and 3%, respectively.
- From 2001 to 2010, the infant mortality rate in Staten Island fluctuated between a low of 3.0 (17 infant deaths) in 2008 and a high of 6.6 (36 infant deaths) in 2010.

Figure 16. Infant Mortality Rate (Rolling Three-year Averages) by Community District of Residence, New York City, 2008-2010



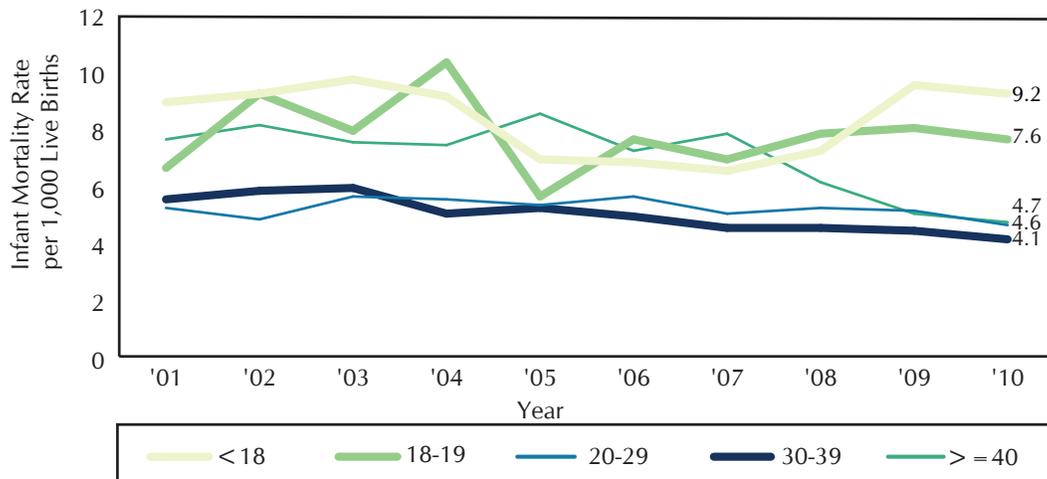
- The three community districts with the highest infant mortality rates from 2008 to 2010 were Brownsville (9.9), East New York (8.7), and Bedford-Stuyvesant (8.5) (Table I6).
- The community districts with the lowest infant mortality rates from 2008 to 2010 were Greenwich Village/SOHO (1.4), Upper West Side (2.0), and Rego Park, Forest Hills (2.1) (Table I6).

**Table I6. Infant and Neonatal Mortality Rates by Community District
of Residence, New York City, 2006-2010**

Community District		2006-2008*		2007-2009*		2008-2010*	
		Infant Mortality Rate	Neonatal Mortality Rate	Infant Mortality Rate	Neonatal Mortality Rate	Infant Mortality Rate	Neonatal Mortality Rate
	NEW YORK CITY	5.6	3.6	5.4	3.5	5.2	3.5
	MANHATTAN	4.2	2.8	4.2	2.8	4.1	2.8
101	Battery Park, Tribeca	2.8	2.4	2.2	1.9	1.4	1.0
102	Greenwich Village, SOHO	4.4	3.7	4.1	3.3	3.1	2.7
103	Lower East Side	3.7	2.7	3.7	2.1	4.4	2.3
104	Chelsea, Clinton	1.1	0.8	2.9	2.2	3.2	2.5
105	Midtown Business District	4.5	2.6	4.9	3.0	5.3	3.6
106	Murray Hill	3.1	2.1	2.8	2.5	3.1	3.1
107	Upper West Side	3.2	2.0	2.5	1.6	2.0	1.3
108	Upper East Side	2.3	1.7	2.5	1.8	2.7	1.9
109	Manhattanville	7.2	4.7	7.0	4.7	5.7	4.3
110	Central Harlem	8.6	4.6	7.9	4.6	7.5	4.6
111	East Harlem	6.4	4.3	7.6	4.6	6.6	4.1
112	Washington Heights	3.4	2.5	3.5	2.7	4.7	3.1
	BRONX	6.5	4.3	6.4	4.2	6.3	4.3
201	Mott Haven	10.1	7.4	7.6	5.0	7.1	4.6
202	Hunts Point	5.4	4.7	5.5	3.8	6.4	4.1
203	Morrisania	8.2	4.1	7.0	4.0	7.8	5.0
204	Concourse, Highbridge	6.3	3.9	6.2	4.0	5.7	3.7
205	University/Morris Heights	5.4	3.4	6.4	3.9	7.5	5.1
206	East Tremont	6.5	4.2	6.5	3.8	7.4	5.2
207	Fordham	6.9	5.8	6.7	5.3	5.5	4.4
208	Riverdale	4.2	2.0	5.3	3.3	5.2	4.3
209	Unionport, Soundview	5.6	3.8	5.0	3.7	4.9	3.2
210	Throgs Neck	4.6	2.6	5.7	4.1	4.9	3.6
211	Pelham Parkway	4.2	3.8	7.1	6.2	6.3	5.4
212	Williamsbridge	8.9	4.4	7.2	3.6	7.0	3.9
	BROOKLYN	5.6	3.5	5.2	3.3	4.8	3.1
301	Williamsburg, Greenpoint	3.9	2.4	3.0	2.0	2.5	1.8
302	Fort Greene, Brooklyn Heights	5.0	2.6	3.5	1.7	4.8	2.7
303	Bedford Stuyvesant	8.9	4.9	8.7	5.2	8.5	5.3
304	Bushwick	5.8	4.2	5.8	4.1	5.0	3.8
305	East New York	9.5	5.3	9.5	5.3	8.7	4.6
306	Park Slope	5.9	4.1	4.7	3.6	3.3	1.9
307	Sunset Park	2.4	1.8	2.6	1.7	3.1	2.0
308	Crown Heights North	7.0	5.2	4.9	3.8	5.8	4.2
309	Crown Heights South	5.1	3.5	5.5	3.9	5.1	3.2
310	Bay Ridge	3.9	2.9	3.8	2.3	4.0	2.7
311	Bensonhurst	3.5	2.8	3.2	2.6	3.7	2.9
312	Borough Park	2.7	1.7	3.6	2.1	2.7	1.7
313	Coney Island	5.6	4.2	5.0	3.6	4.9	3.0
314	Flatbush, Midwood	6.2	3.8	4.9	2.6	4.3	2.2
315	Sheepshead Bay	5.0	3.7	4.3	3.3	3.1	2.0
316	Brownsville	10.3	5.9	11.3	6.3	9.9	6.5
317	East Flatbush	7.2	4.0	6.2	4.0	6.4	4.4
318	Canarsie	7.2	4.5	6.3	4.1	5.3	3.2
	QUEENS	5.0	3.4	4.7	3.1	4.5	2.9
401	Astoria, Long Island City	4.5	3.9	4.5	3.7	5.3	3.8
402	Sunnyside, Woodside	3.3	2.4	3.3	2.6	2.8	2.2
403	Jackson Heights	4.9	3.0	3.6	2.4	3.6	2.2
404	Elmhurst, Corona	3.7	2.9	3.2	2.2	3.7	2.4
405	Ridgewood, Glendale	3.2	2.6	3.2	2.3	3.0	2.0
406	Rego Park, Forest Hills	2.9	1.6	2.1	1.1	2.1	1.3
407	Flushing	3.4	2.3	2.9	1.7	2.8	1.9
408	Fresh Meadows, Briarwood	7.3	5.2	7.4	5.2	6.1	3.8
409	Woodhaven	5.3	3.1	4.3	2.0	4.1	1.7
410	Howard Beach	5.3	3.3	5.2	3.2	4.8	2.8
411	Bayside	3.8	2.4	3.8	2.4	2.5	2.0
412	Jamaica, St. Albans	8.0	5.7	8.4	5.6	7.3	4.3
413	Queens Village	6.9	4.1	6.7	3.7	5.9	4.0
414	The Rockaways	6.7	3.8	6.2	3.7	7.5	4.9
	STATEN ISLAND	3.5	1.7	3.5	2.0	4.4	3.5
501	Port Richmond	4.8	2.3	5.0	3.0	5.9	4.5
502	Willowbrook, South Beach	2.5	1.1	1.8	0.7	3.0	2.5
503	Tottenville	2.3	1.3	2.6	1.6	3.1	2.5

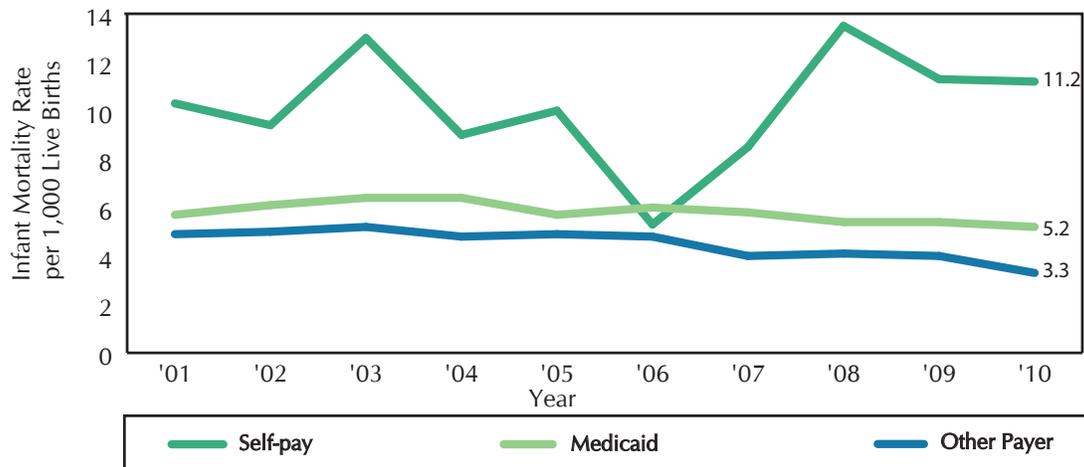
* Due to instability of the infant mortality rate by small geographic area (community district), the infant mortality rate is presented in rolling three-year averages. Figure I6 provides single-year infant mortality rate by borough.

Figure 17. Infant Mortality Rate by Age of Mother, New York City, 2001-2010



- In the past decade, infant mortality rates have declined for infants born to mothers 20 years of age or older. Specifically, mortality rates for infants born to women aged 20-29, 30-39, and 40 and older decreased by 10%, 16%, and 38%, respectively.
- Infant mortality for young teenage mothers (< 18 years of age) fluctuated between a low of 6.5 in 2007 and a high of 9.7 in 2003.
- During the same time period, the infant mortality rates for children born to mothers in their late teens (18-19) vacillated between 5.6 in 2005 and 10.3 in 2004.

Figure 18. Infant Mortality Rate by Primary Payer for Birth, New York City, 2001-2010



*Number of Infant deaths in 2006 for self-pay was too small and therefore the rate is not reliable.

- From 2001 to 2010, infant mortality rates decreased by 9% for deliveries covered by Medicaid and 33% for deliveries covered by other insurance.
- In 2010, infants born to the uninsured were nearly twice as likely to die in their first year of life (11.2) than those covered by Medicaid (5.2) and more than 3 times more likely to die than those covered by other insurance (3.3).
- Beginning 2008, the Medicaid group includes Family Health Plus, Child Health Plus B, and other government insurance as well as Medicaid enrollees because of a change in the way this information is collected on the birth certificate.

Table 17. Live Births and Infant Mortality Rate by Characteristics of Mother, New York City, 2010

Characteristics	Live Births		Infant Mortality Rate (IMR) per 1,000 Live Births					
	Number	Percent	All		Neonatal		Post-neonatal	
			Deaths	Rate	Deaths	Rate	Deaths	Rate
Total	124,791	100.0	609	4.9	403	3.2	206	1.7
Race/Ethnicity*								
Puerto Rican	9,581	7.7	61	6.4	43	4.5	18	1.9
Other Hispanic	29,764	23.9	129	4.3	81	2.7	48	1.6
Asian and Pacific Islander	18,047	14.5	62	3.4	41	2.3	21	1.2
Non-Hispanic white	37,780	30.3	104	2.8	75	2.0	29	0.8
Non-Hispanic black	26,635	21.3	230	8.6	148	5.6	82	3.1
Other and unknown	2,984	2.4	23	–	15	–	8	–
Age of Mother								
Age < 18	2,295	1.8	21	9.2	12	5.2	9	3.9
Age 18-19	5,014	4.0	38	7.6	29	5.8	9	1.8
Age 20-29	55,714	44.6	258	4.6	163	2.9	95	1.7
Age 30-39	55,348	44.4	229	4.1	162	2.9	67	1.2
Age ≥ 40	6,419	5.1	30	4.7	23	3.6	7	1.1
Age unknown	1	0.0	–	–	–	–	–	–
Mother's Education								
11th grade or less/12th grade, no diploma	29,726	23.8	182	6.1	118	4.0	64	2.2
High school graduate or GED	27,950	22.4	162	5.8	106	3.8	56	2.0
Some college/associate degree	26,610	21.3	119	4.5	75	2.8	44	1.7
Bachelor's degree	22,221	17.8	56	2.5	43	1.9	13	0.6
Master's degree or higher	17,770	14.2	42	2.4	34	1.9	8	0.5
Mother's education unknown	514	0.4	15	–	13	–	2	–
Marital Status of Mother†								
Not married	54,628	43.8	346	6.3	231	4.2	115	2.1
Married	70,163	56.2	230	3.3	158	2.3	72	1.0
Mother's Birthplace								
US born, including territories	61,410	49.2	334	5.4	232	3.8	102	1.7
Foreign born	63,347	50.8	240	3.8	155	2.4	85	1.3
Birthplace unknown	34	0.0	2	–	2	–	0	–
Primary Payer for This Birth‡								
Medicaid/Family Plus/Child PlusB/other govt	74,537	59.7	388	5.2	250	3.4	138	1.9
Other	49,440	39.6	180	3.6	135	2.7	45	0.9
Coverage unknown	814	0.7	8	–	4	–	4	–
Parity								
First birth	56,559	45.3	233	4.1	164	2.9	69	1.2
Second birth or higher	68,121	54.6	340	5.0	222	3.3	118	1.7
Unknown	111	0.1	36	–	17	–	19	–
First Prenatal Care Visit								
No prenatal care	823	0.7	39	47.4	32	38.9	7	8.5
First trimester (1-3 months)	85,578	68.6	336	3.9	229	2.7	107	1.3
Second trimester (4-6 months)	26,767	21.4	121	4.5	76	2.8	45	1.7
Late (7-9 months)	7,948	6.4	35	4.4	17	2.1	18	2.3
Prenatal care unknown	3,675	2.9	45	–	35	–	10	–
Pre-pregnancy Body Mass Index (BMI)								
Underweight (BMI < 18.5)	6,542	5.2	15	2.3	10	1.5	5	0.8
Normal weight (18.5 ≤ BMI < 25)	66,186	53.0	233	3.5	149	2.3	84	1.3
Overweight (25 ≤ BMI < 30)	29,034	23.3	171	5.9	119	4.1	52	1.8
Obese (BMI ≥ 30)	20,738	16.6	126	6.1	88	4.2	38	1.8
Pre-pregnancy BMI unknown	2,291	1.8	64	–	37	–	27	–

* See Technical Notes: Demographic Characteristics of Vital Events: Race, Ancestry, and Ethnic Group.

† See Technical Notes: Births, Mother's Marital Status.

‡ See Technical Notes: Births, Birth Reporting.

INFANT MORTALITY, TECHNICAL NOTES, 2010

INFANT MORTALITY

The infant mortality rate is the number of infant deaths in New York City in a specified year divided by the number of live births in the city in the same year. Some infants counted in the numerator were born in the preceding year, and some counted in the denominator will die in the following year. The same definition applies to geographic subdivisions included in some tables.

All characteristics of infant deaths are drawn from the death certificate, except mother's demographic, pregnancy, prenatal care, birth weight, and gestational age information, which derive from the child's birth certificate. Infants who died in New York City who were born elsewhere are classified as unmatched in Table I2.

VITAL EVENT REPORTING

Data on births and deaths are based on certificates filed with the New York City Department of Health and Mental Hygiene (DOHMH). In 2010, the vast majority of birth and death certificates were filed electronically through the Electronic Vital Events Registration System (EVERS). Vital event data are based on the year they occurred in New York City to both residents and non-residents. Any events registered after file closure are excluded from this report. Such late registrations are rare.

DEMOGRAPHIC CHARACTERISTICS OF VITAL EVENTS

RACE, ANCESTRY, AND ETHNIC GROUP

Mother's ethnic group is determined from mother's ancestry and race reported on the infant's birth certificate. In the absence of corresponding birth certificate for an infant death, the infant's race and ancestry information on the infant's death certificate is used to assign an ethnic group.

Race and ancestry are two separate items on the certificates. Parents report this information on the birth certificate, while a relative of the decedent usually reports this information to the funeral director on the death certificate. Prior to June 1993, race and ancestry information was provided by the certifying physician.

As of 2003 and 2008, the death and birth certificates respectively allow for the selection of multiples race. Responses are coded following rules from the National Center for Health Statistics (NCHS). The ordered selection rules for defining ethnic group first assign Puerto Rican or other Hispanic ethnicities based on ancestry, regardless of race. Then, those of other or unknown ancestries are classified by race as Asian and Pacific Islander, non-Hispanic white, non-Hispanic black, and other/multiple race/unknown.

Ancestry is defined by NCHS as the nationality, lineage, or country where the subject's ancestors were born before their arrival in the United States. If a religious group is reported, NCHS instructions are to ask for the country of origin or nationality. New York City receives enough certificates with ancestry reported as Jewish or Hebrew to warrant inclusion in these tables, notwithstanding the religious meaning of the terms. Persons whose race is black and whose ancestry is American are classified as being of African American ancestry.

BIRTHPLACE

Starting in 2007, mother's birthplace is categorized as: "United States, including its territories," "Foreign," and "Not Stated." "United States, including its territories" includes Puerto Rico, the US Virgin Islands, and Guam. If mother's birthplace is classified by country-specific categories, Puerto Rico is categorized apart from the United States.

GEOGRAPHICAL UNITS

BOROUGH OF RESIDENCE

Borough of residence and other geographic classifications are based on the usual residence reported on the certificate.

COMMUNITY DISTRICT (CD)

Community districts were established by City Charter in 1969 for the delivery of city services. The sum of the community district populations in each borough may not equal the borough population or the citywide population because community districts may cross borough boundaries. Since 1985, assignments to geographic areas smaller than borough, such as community district, are made through the Geosupport Program, which is developed and maintained by the Department of City Planning. Additional information on community district geography can be found at www.nyc.gov/dcp.

INFANT MORTALITY, TECHNICAL NOTES, 2010 (CONTINUED)

DEATHS

DEATH REPORTING

Death certificates must be filed within 72 hours of death or finding the body. In 2010, 83% of death certificates were submitted through the Electronic Death Registration System (EDRS). Additional information on EDRS is available at: www.nyc.gov/evers.

CAUSE OF DEATH REPORTING

The cause of death on the death certificate is provided by a physician or medical examiner. The physician is required to report the complete sequence of events and/or medical conditions leading to the death. These include the following:

immediate cause – the specific condition that directly preceded the death;

intermediate cause(s) – the significant condition(s) that preceded and gave rise to the immediate cause of death and

underlying cause – the disease or condition that set off the chain of events leading to death.

For further information on how cause of death should be documented, visit www.nyc.gov/evers.

CAUSE OF DEATH CODING

Since 2007, most reported causes of death are coded using the NCHS automated coding software package SuperMICAR, which classifies conditions according to the International Classification of Diseases (ICD) published by the World Health Organization. Select external causes are manually coded by a nosologist trained to code according to the ICD system. Whether automated or manual, a single underlying cause is assigned based on the reported chain of events leading to death. Standardized codes allow for national and international comparisons. Any causes of death that cannot go through SuperMICAR are coded by nosologists.

Death trends across ICD code revision years may partially reflect artifacts of changes in ICD codes or coding rules. The ICD codes need to be adjusted by comparability ratios between revisions or should be interpreted with caution.

EXTERNAL CAUSES OF DEATH

External causes of death include accidents, suicide, assault, legal intervention, events of undetermined intent, operations of war and their sequelae, and complications of medical and surgical care. The Office of the Chief Medical Examiner determines the cause and manner of death in such cases. For the purpose of statistical analysis, whether a cause is defined as external depends on the ICD code assigned as the underlying cause of death and may not agree with the manner of death reported.

Sometimes a cause of death has not been established when the statistical file is closed. Such deaths are classified as “pending final determination” and may later be classified.

Deaths classified as “events of undetermined intent” are considered due to external causes for the purpose of statistical analysis.

BIRTHS

BIRTH REPORTING

All births must be filed within five business days of the event. Data are generally collected using two worksheets: mother/parent and facility worksheet. Guides for the completion of the birth certificate and data entry can be found at <http://www.nyc.gov/evers>. Effective January 2008, the Bureau of Vital Statistics requires all hospitals registering more than 100 births per year to use the Electronic Birth Registration System (EBRS); in 2010, 99.6% of all births were registered electronically.

MOTHER'S MARITAL STATUS

The New York City DOHMH is prohibited by local law from recording mother's marital status on the record or report of birth. For this summary, these data are estimated and should be interpreted with caution. Since 1997, marital status is computed using the following algorithm: certificates without the father's name and those with the father's name that are accompanied by an Acknowledgement of Paternity are categorized as non-married; all others are categorized as married.

TEEN BIRTHS

Teen birth counts include all births occurring to women under the age of 20.

GESTATIONAL AGE

Gestational age, or clinical estimate of gestation, is defined as the best obstetric estimate of the infant's gestation in completed weeks based on the birth attendant's final estimate. Characteristics of live births and/or infant deaths in the tables include either gestational age categories or a dichotomous indicator of preterm (< 37 weeks gestation) birth. In 2007, the range for valid gestational age was changed from 20-44 weeks to 17-47 weeks.

NEW YORK CITY CERTIFICATES OF BIRTH AND DEATH

New York City data on births, deaths, and spontaneous and induced terminations of pregnancy are derived from vital event certificates filed with the New York City Department of Health and Mental Hygiene. Samples are displayed on the pages that follow. For all pregnancies, a birth or termination of pregnancy certificate must be filed, regardless of gestational age.

BIRTH CERTIFICATE

Birth certificates must be filed within five business days of the event. More than 99% of New York City births occur in hospitals and birthing facilities. The birth certificate comprises two parts: the certificate of birth and the confidential medical report of birth. On January 1, 2008, the Bureau of Vital Statistics launched the Electronic Birth Registration System (EBRS), a new component of the web-based Electronic Vital Events Registration System (EVERS). All hospitals registering more than 100 births per year were mandated to provide birth certificate data using this new electronic system. With this launch came the revised birth certificate based on the recommended 2003 US Standard Certificate of Live Birth (<http://www.cdc.gov/nchs/data/dvs/birth11-03final-ACC.pdf>).

- The certificate of birth is the legal record. Hard copy certificates are signed and electronic certificates are biometrically authenticated by the medical provider (physician or midwife) or an official representing the medical provider and filed with the New York City Department of Health and Mental Hygiene.
- The confidential medical report, used for the compilation of public health statistics and scientific purposes, collects parents' demographic information, mother's prenatal history and care, information on financial coverage, maternal morbidity, labor and delivery, and condition and treatment of the infant during, and immediately after, birth. These data are collected from the mother, the mother's and infant's medical records, and medical providers.

DEATH CERTIFICATE

Death certificates must be filed within 72 hours of death or finding the body. There are two forms, one for natural causes and one for medical examiner cases. For natural cause certificates, the Electronic Vital Events Registration System's (EVERS) Electronic Death Registration System (EDRS) became available for voluntary use by hospitals in 2005. In January 2010, EDRS reporting became mandatory for medical examiner certificates. In April 2010, EDRS reporting became mandatory for hospitals reporting > 25 deaths per year.

- Natural cause practitioner certificates - Most deaths (85%) are due to natural causes.
- Medical examiner certificate of death - When the cause of death is an accident, homicide, suicide, or is unattended or due to certain other circumstances (approximately 15% of deaths), the New York City Office of Chief Medical Examiner (OCME) completes the medical examiner certificate of death and supplementary report.

The two forms are similar. Both collect important information pertaining to the fact of death (person, place, and time of death). Both collect "personal particulars" which include items such as decedent's Social Security number, address, birth place, education, marital status, informant's information, and place of disposition. The personal particulars are typically provided by the family of the decedent through the funeral home. Both collect cause of death, which is completed by the physician or a medical examiner. On the natural cause certificate, the cause of death is entered on the confidential medical report, the OCME certificate, and on the death certificate itself. In addition to cause of death, the OCME certificate collects information on the circumstances of external causes of death. The OCME certificate indicates manner of death: natural, accident, homicide, suicide, or undetermined. The confidential medical report information is for the compilation of public health statistics and scientific purposes.

DATE FILED

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF BIRTH

CERTIFICATE NO.

THIS CERTIFICATE NOT VALID UNLESS FILED IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Type/write or print with black line point ink. Certificates containing alterations or omissions are unacceptable.

Please complete the following:

Has parent approved assignment of SSN for child? YES NO

Mother/Parent's SSN: _____

Father/Parent's SSN: _____

Cert. No. _____

Place: _____

Died: Date: _____

1. NAME OF CHILD (First, Middle, Last)					
2. SEX	3a. NUMBER DELIVERED of this pregnancy	4a. DATE OF CHILD'S BIRTH (Month) (Day) (Year - yyyy)		4b. TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
	3b. If more than one, number of this child in order of delivery				
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH	5b. Name of Hospital or other facility (if not facility, street address)			
5c. TYPE OF PLACE	<input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Delivery:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Planned to deliver at home?		
6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX <input type="checkbox"/> M <input type="checkbox"/> F		6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)		6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country	
7. MOTHER/PARENT'S USUAL RESIDENCE		7c. City or town	7d. Street and number	Apt. No.	ZIP Code
a. State b. County		7e. Inside city limits of 7c? Yes <input type="checkbox"/> No <input type="checkbox"/>			
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX <input type="checkbox"/> M <input type="checkbox"/> F		8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)		8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country	
9a. NAME OF ATTENDANT AT DELIVERY		<input type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____			
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN		<input type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input type="checkbox"/> Hosp. Admin. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____			
Signed _____					
Name of Signer _____ (Type or Print)					
Address _____					
Date Signed _____, Year - yyyy _____					
Mother/Parent's Current (First, Middle, Last)					
Legal Name _____					
Address _____ Apt. _____					
City _____ State _____ ZIP _____					

CONFIDENTIAL MEDICAL REPORT OF BIRTH (1 of 2)

Only for scientific purposes approved by the Commissioner. Not open to inspection or subject to compelled disclosure.

NAME OF CHILD _____ CHILD'S MEDICAL RECORD NO. _____ CERTIFICATE NO. _____
MOTHER'S/PARENT'S MEDICAL RECORD NO. _____ MOTHER'S/PARENT'S TELEPHONE NUMBERS: Day () Evening ()

10. PARENT'S RACE
Race as defined by the U.S. Census (Check one or more to indicate what the parent considers her/himself to be)
a. Mother/Parent b. Father/Parent
White Black or African American American Indian or Alaska Native
Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian
Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander
Other

14. PARENT'S OCCUPATION
a. Was mother/parent employed during pregnancy? Yes No
1. Current/most recent occupation 2. Kind of business or industry
b. Mother/Parent c. Father/Parent
15. PRENATAL HISTORY
a. 1. Total Number of Previous Live Births 2. Number Born Alive and Now Living 3. Number Born Alive and Now Dead
b. Those born alive may have been Preterm, Low Birth Weight or both. Please indicate:
1. Number Preterm (< 37 wks.) 2. Number Low Birth Weight (< 2500 grams or 5 lbs. 8 oz.)
c. 1. Total Number of other Pregnancy Outcomes (Spontaneous or Induced Terminations): 2. Number of Spontaneous Terminations of Pregnancy less than 20 Weeks 3. Number of Spontaneous Terminations of Pregnancy 20 Weeks or More 4. Number of Induced Terminations of Pregnancy
d. Date of First Live Birth (mm/yyyy) / /
e. Date of Last Live Birth (mm/yyyy) / /
f. Date of Last other Pregnancy Outcome (mm/yyyy) / /
g. Date Last Normal Menses began (mm/dd/yyyy) / / /

f. Infections Present and/or Treated During Pregnancy (Check all that apply)
Gonorrhea Syphilis Herpes Simplex (HSV) Chlamydia Hepatitis B Hepatitis C Tuberculosis Rubella Bacterial Vaginosis None of the above
g. 1. Cigarette Smoking in the 3 Months Before or During Pregnancy?
Yes No
If Yes, Average Number of Cigarettes or Packs/Day (enter 0 if None)
Cigarettes or Packs/Day
2. 3 mo. before pregnancy or
3. First 3 mo. of pregnancy or
4. Second 3 mo. of pregnancy or
5. Third trimester of pregnancy or
h. Alcohol Use During This Pregnancy?
Yes No
i. Illicit and other Drugs Used During This Pregnancy?
Yes No
If yes, check all that apply
Heroin Cocaine Methadone Methamphetamine Marijuana Sedatives Tranquilizers Anticonvulsants

11. PARENT'S ANCESTRY
(Check one box and specify what the parent considers her/himself to be)
a. Mother/Parent b. Father/Parent
Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.)
NOT Hispanic (Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.)
Specify

16. PRENATAL CARE
a. Total Number of Prenatal Visits for this Pregnancy None
b. Date of First Prenatal Care Visit (mm/dd/yyyy) / /
c. Date of Last Prenatal Care Visit (mm/dd/yyyy) / /
d. Primary Prenatal Care Provider Type (Check one)
MD/DO No Provider C(N)/M/NP/PA/Other Midwife No Information Clinic Other
e. Risk Factors in this Pregnancy (Check all that apply)
Pre-pregnancy diabetes Gestational diabetes Pre-pregnancy hypertension Gestational hypertension Cardiac disease: Structural defect Functional defect Other serious chronic illness Anemia (Hct.<30/Hgb.<10) Asthma/Acute or chronic lung disease Rh sensitization Polyhydramnios Oligohydramnios Hemoglobinopathy Abruptio placenta Eclampsia Other previous poor pregnancy outcome Prelabor referral for high risk care Other vaginal bleeding Previous cesarean section: Number Infertility treatment: Fertility drugs, artificial/intrauterine insemination Assisted reproductive technology (e.g., IVF, GIFT) Number of embryos implanted (if applicable) Fetal reduction None of the above

j. Mother/Parent Pre-Pregnancy Weight _____ pounds
k. Mother/Parent Height _____ feet _____ inches
l. Obstetric Procedures (Check all that apply)
Cervical cerclage Tocolysis External cephalic version: Successful Failed Fetal genetic testing None of the above
m. If woman was 35 or over, was fetal genetic testing offered?
Yes No, Too Late No, Other Reason

12. PARENT'S LENGTH OF TIME IN US
a. Mother/Parent: If born outside of the United States, how long lived in U.S.? years or if < 1 yr, months
b. Father/Parent: If born outside of the United States, how long lived in U.S.? years or if < 1 yr, months

17. FINANCIAL COVERAGE
a. Primary Payor (Check one)
Medicaid/Family Health Plus Private Insurance Other gov't/CHPlusB CHAMPUS/TRICARE Other Self-pay Unknown
b. Is the mother/parent enrolled in an HMO or other managed care plan?
Yes No
c. Did mother/parent participate in WIC?
Yes No

18. MATERNAL MORBIDITY
(Check all that apply)
Maternal transfusion Perineal laceration (3rd or 4th degree) Ruptured uterus Unplanned hysterectomy Admit to ICU Unplanned operating room procedure following delivery Hemorrhage Postpartum transfer to a higher level of care None of the above

13. PARENT'S EDUCATION
(Check the box that best describes the highest degree or level of school completed at time of delivery)
a. Mother/Parent b. Father/Parent
8th grade or less; none 9th-12th grade, no diploma High school graduate or GED Some college credit, but no degree Associate degree (e.g., AA, AS) Bachelor's degree (e.g., BA, AB, BS) Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

CONFIDENTIAL MEDICAL REPORT OF BIRTH (2 of 2)

Only for scientific purposes approved by the Commissioner. Not open to inspection or subject to compelled disclosure.

NAME _____
OF CHILD _____

CERTIFICATE
NO. _____

19. LABOR AND DELIVERY	20. INFANT																																															
<p>a. If birth occurred in hospital, was mother/parent transferred in before giving birth? If yes, name of facility transferred from _____</p> <p><input type="checkbox"/> Yes _____ <input type="checkbox"/> No</p> <p>b. Mother/Parent Weight at Delivery _____ pounds</p> <p>c. Onset of Labor (Check all that apply)</p> <p><input type="checkbox"/> Prolonged rupture of membranes (12 hours or more) <input type="checkbox"/> Prolonged labor (20 hours or more) <input type="checkbox"/> Premature rupture of membranes (prior to labor) <input type="checkbox"/> None of the above <input type="checkbox"/> Precipitous labor (less than 3 hours)</p> <p>d. Characteristics of Labor & Delivery (Check all that apply)</p> <p><input type="checkbox"/> Induction of Labor-AROM <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Induction of Labor-Medicinal <input type="checkbox"/> Febrile (>100.4F or 38C) <input type="checkbox"/> Augmentation of Labor <input type="checkbox"/> Meconium staining <input type="checkbox"/> Placenta previa <input type="checkbox"/> Fetal intolerance <input type="checkbox"/> Other excessive bleeding <input type="checkbox"/> External electronic fetal monitor <input type="checkbox"/> Steroids <input type="checkbox"/> Internal electronic fetal monitor <input type="checkbox"/> Antibiotics <input type="checkbox"/> None of the above</p> <p>e. 1. Anesthesia (Check all that apply)</p> <p><input type="checkbox"/> Epidural <input type="checkbox"/> Paracervical <input type="checkbox"/> General inhalation <input type="checkbox"/> Pudendal <input type="checkbox"/> General intravenous <input type="checkbox"/> Local <input type="checkbox"/> Spinal <input type="checkbox"/> None of the above</p> <p>2. Complications from any of the above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Method of Delivery</p> <p>f. Fetal Presentation at Birth</p> <p><input type="checkbox"/> Cephalic <input type="checkbox"/> Other <input type="checkbox"/> Breech</p> <p>g. Final route and method of delivery (Check one)</p> <p><input type="checkbox"/> Vaginal/Spontaneous <input type="checkbox"/> Vaginal/Vacuum <input type="checkbox"/> Vaginal/Forceps <input type="checkbox"/> Cesarean</p> <p>1. If cesarean, was trial of labor attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Indications for C-Section <input type="checkbox"/> Unknown (Select all that apply) <input type="checkbox"/> Maternal condition-not pregnancy related <input type="checkbox"/> Failure to progress <input type="checkbox"/> Maternal condition-pregnancy related <input type="checkbox"/> Malpresentation <input type="checkbox"/> Refused VBAC <input type="checkbox"/> Previous C-Section <input type="checkbox"/> Elective <input type="checkbox"/> Fetus at risk/NFS <input type="checkbox"/> Other</p> <p>3. Was delivery with forceps attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Indications for Forceps <input type="checkbox"/> Unknown (Select all that apply) <input type="checkbox"/> Fetus at Risk <input type="checkbox"/> Failure to progress <input type="checkbox"/> Other</p> <p>5. Was delivery with vacuum extraction attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Indications for Vacuum <input type="checkbox"/> Unknown (Select all that apply) <input type="checkbox"/> Fetus at Risk <input type="checkbox"/> Failure to progress <input type="checkbox"/> Other</p> <p>h. Other Procedures Performed at Delivery (Check all that apply)</p> <p><input type="checkbox"/> Episiotomy & repair <input type="checkbox"/> Repair of lacerations <input type="checkbox"/> Sterilization <input type="checkbox"/> None of the above</p>	<p>a. Birthweight _____ Pounds _____ Ounces or _____ Grams</p> <p>b. If birth weight < 1250 grams (2 lbs. 12 oz.), reason(s) for delivery at a less than level III hospital: (Only if applicable) <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time (Select all that apply) <input type="checkbox"/> Rapid/Advanced Labor <input type="checkbox"/> Severe pre-eclampsia <input type="checkbox"/> Bleeding <input type="checkbox"/> Woman Refused Transfer <input type="checkbox"/> Fetus at Risk <input type="checkbox"/> Other-specify _____</p> <p>c. Apgar Score at 1. 1 minute 2. 5 minutes 3. 10 minutes _____ _____ _____</p> <p>d. Clinical Estimate of Gestation Completed Weeks: _____</p> <p>e. Infant Transferred Within 24 hours of Delivery After 24 hours Not Transferred <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>f. If transferred, name of facility transferred to: _____</p> <p>g. Abnormal Conditions of the Newborn (Check all that apply)</p> <p><input type="checkbox"/> Assisted ventilation required immediately following delivery <input type="checkbox"/> Assisted ventilation required for more than six hours <input type="checkbox"/> NICU admission <input type="checkbox"/> Newborn given surfactant replacement therapy <input type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis <input type="checkbox"/> Seizure or serious neurologic dysfunction <input type="checkbox"/> Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention) <input type="checkbox"/> None of the above</p> <p>h. Hepatitis B Inoculation 1. Immunization administered? <input type="checkbox"/> Yes Date: (mm/dd/yyyy) ____/____/____ <input type="checkbox"/> No 2. Immunoglobulin administered? <input type="checkbox"/> Yes Date: (mm/dd/yyyy) ____/____/____ <input type="checkbox"/> No</p> <p>i. Is infant living at time of report? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>j. How is infant being fed? (Check one) <input type="checkbox"/> Breast milk <input type="checkbox"/> Both <input type="checkbox"/> Formula <input type="checkbox"/> Neither</p> <p>Congenital Anomalies</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">k. Select all that apply</th> <th style="width: 10%;">I. Diagnosed Prenatally?</th> <th style="width: 40%;">m. If Yes, please indicate all methods used:</th> </tr> <tr> <th></th> <th>Yes No</th> <th></th> </tr> </thead> <tbody> <tr> <td>1. Anencephaly</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> Level II Ultrasound <input type="checkbox"/> MSAFP/Triple Screen <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Other <input type="checkbox"/> Unknown</td> </tr> <tr> <td>2. 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CERTIFICATE OF DEATH Certificate No. _____

1. DECEDENT'S LEGAL NAME _____
(First, Middle, Last)

DOHMH USE ONLY

THIS CERTIFICATE NOT VALID UNLESS FILED IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BOR	Place Of Death	2a. New York City	2c. Type of Place		4 <input type="checkbox"/> Nursing Home/Long Term Care Facility	2d. Any Hospice care in last 30 days		2e. Name of hospital or other facility (if not facility, street address)	
		2b. Borough	1 <input type="checkbox"/> Hospital Inpatient	5 <input type="checkbox"/> Hospice Facility	1 <input type="checkbox"/> Yes				
INST	Date and Time of Death	3a. (Month)	(Day)	(Year-yyyy)	3b. Time	<input type="checkbox"/> AM	<input type="checkbox"/> PM	4. Sex	
MANNER	6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.								
RESIDENCE	Name of Physician _____ (Type or Print)				Signature _____				D.O. M.D.
CODE	Address _____				License No. _____				Date _____
BP	7a. Usual Residence State	7b. County	7c. City or Town		7d. Street and Number		Apt. No.	ZIP Code	7e. Inside City Limits? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
LDIS	8. Date of Birth (Month) (Day) (Year-yyyy)		9. Age at last birthday (years)		Under 1 Year		Under 1 Day		10. Social Security No.
H			1		Months	Days	Hours	Minutes	2, 3, 4, 5
ANC	11a. Usual Occupation (Type of work done during most of working life. Do not use "retired")			11b. Kind of business or industry		12. Aliases or AKAs			
NH	13. Birthplace (City & State or Foreign Country)		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death)						
AUT			1 <input type="checkbox"/> 8th grade or less; none		4 <input type="checkbox"/> Some college credit, but no degree		7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)		
	15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		16. Marital/Partnership Status at time of death			17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage)(First, Middle, Last)			
			1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced						
			4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed						
			7 <input type="checkbox"/> Other, Specify _____			8 <input type="checkbox"/> Unknown			
	18. Father's Name (First, Middle, Last)				19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)				
	20a. Informant's Name			20b. Relationship to Decedent		20c. Address (Street and Number Apt. No. City & State ZIP Code)			
	21a. Method of Disposition				21b. Place of Disposition (Name of cemetery, crematory, other place)				
	1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery								
	5 <input type="checkbox"/> Other Specify _____								
	21c. Location of Disposition (City & State or Foreign Country)						21d. Date of Disposition mm dd yyyy		
	22a. Funeral Establishment				22b. Address (Street and Number City & State ZIP Code)				

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CONFIDENTIAL MEDICAL REPORT

VR 15 (Rev. 12/09)

Certificate No. _____

To be filled in by FUNERAL DIRECTOR or, in case of City Burial, by Physician		Certificate No. _____							
23. Ancestry (Check one box and specify) <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.) Specify _____ <input type="checkbox"/> NOT Hispanic (Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.) Specify _____	24. Race as defined by the U.S. Census (Check one or more to indicate what the decedent considered himself or herself to be) 01 <input type="checkbox"/> White 02 <input type="checkbox"/> Black or African American 03 <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____ 04 <input type="checkbox"/> Asian Indian 05 <input type="checkbox"/> Chinese 06 <input type="checkbox"/> Filipino 07 <input type="checkbox"/> Japanese 08 <input type="checkbox"/> Korean 09 <input type="checkbox"/> Vietnamese 10 <input type="checkbox"/> Other Asian—Specify _____ 11 <input type="checkbox"/> Native Hawaiian 12 <input type="checkbox"/> Guamanian or Chamorro 13 <input type="checkbox"/> Samoan 14 <input type="checkbox"/> Other Pacific Islander—Specify _____ 15 <input type="checkbox"/> Other—Specify _____	_____ DECEDENT'S LEGAL NAME (Type or Print)							
25. CAUSE OF DEATH – List only one cause on each line. DO NOT ABBREVIATE.									
PART I	a. IMMEDIATE CAUSE	APPROXIMATE INTERVAL: ONSET TO DEATH							
	b. DUE TO OR AS A CONSEQUENCE OF								
	c. DUE TO OR AS A CONSEQUENCE OF								
	d. DUE TO OR AS A CONSEQUENCE OF								
PART II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given in Part I. Include operation information.								
26a. Was an autopsy performed? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	27a. If Female 1 <input type="checkbox"/> Not pregnant within 1 year of death 2 <input type="checkbox"/> Pregnant at time of death 3 <input type="checkbox"/> Not pregnant at death, but pregnant within 42 days of death 4 <input type="checkbox"/> Not pregnant at death, but pregnant 43 days to 1 year before death 5 <input type="checkbox"/> Unknown if pregnant within 1 year of death	27b. If pregnant within one year of death, outcome of pregnancy 1 <input type="checkbox"/> Live Birth 2 <input type="checkbox"/> Spontaneous Termination/ Ectopic Pregnancy 3 <input type="checkbox"/> Induced Termination 4 <input type="checkbox"/> None	27c. Date of Outcome <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">mm</td> <td style="width:33%; text-align: center;">dd</td> <td style="width:33%; text-align: center;">yyyy</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	mm	dd	yyyy			
mm	dd	yyyy							
26b. Were autopsy findings available to complete the cause of death? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	28. Was this case referred to OCME? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
29. Did tobacco use contribute to death? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Probably 4 <input type="checkbox"/> Unknown	30. For infant under one year: Name and address of hospital or other place of birth _____								
I am submitting herewith a confidential report of the cause of death.									
SIGNATURE _____	D.O. M.D.	ADDRESS _____	LICENSE NO. _____						

CAUSE OF DEATH—Enter the chain of events—diseases, complications or abnormalities—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology.

IMMEDIATE CAUSE → FINAL disease or condition resulting in death.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease that initiated the events resulting in death) LAST.

OPERATION—Enter in Part II information on operation or procedure related to disease or conditions listed in Part I.

SUBSTANCE USE—Include the use of tobacco, alcohol or other substance if this caused or contributed to death. SPECIFY IN PART I or PART II.

CERTIFICATE OF DEATH Certificate No. _____

- New
- Corr/Amend
- Replacement

**DOHMH
USE ONLY**

**1. DECEDENT'S
LEGAL NAME**

(First Name) (Middle Name) (Last Name)

THIS CERTIFICATE NOT VALID UNLESS FILED IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BOR	
INST	
MANNER	
RESIDENCE	
CODE	
BP	
LDIS	
H	
ANC	
NH	
ANC	
ICD	
AUT	

MEDICAL CERTIFICATE OF DEATH <small>(To be filled in by the OCME)</small>	Place Of Death	2a. New York City 2b. Borough	2c. Type of Place 1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____	2d. Name of hospital or other facility (if not facility, street address)		
	Date and Time of Death or Found Dead		3a. (Month) (Day) (Year-yyyy)	3b. Time <input type="checkbox"/> AM <input type="checkbox"/> PM	4. Sex	5. OCME Case No.	
	6. CAUSE OF DEATH	PART I	a. Immediate cause				<small>APPROXIMATE INTERVAL ONSET TO DEATH</small>
			b. Due to or as a consequence of				
			c. Due to or as a consequence of				
	PART II		Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Include operation information.				
	7a. Injury Date (mm dd yyyy)		7b. Time <input type="checkbox"/> AM <input type="checkbox"/> PM	7c. At Work 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7d. Place of Injury – At home, factory, street, etc.		7e. Location
	7f. How Injury Occurred						
	7g. If Transportation Injury Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other Specify _____		8. Manner of Death <input type="checkbox"/> Pending further study <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined		9. Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No Autopsy Pursuant to Law <input type="checkbox"/> No Autopsy		10. On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated: Certifier Signature _____ M.D. Date _____ Certifier Name (Print) _____ (Medical Investigator) (Deputy Chief) (Chief) (Medical Examiner)
	11a. Usual Residence State	11b. County	11c. City or Town		11d. Street and Number Apt. No. ZIP Code	11e. Inside City Limits? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
12. Date of Birth (Month) (Day) (Year-yyyy)		13. Age at last birthday (years)		Under 1 Year Months 2 Days 3 Hours 4 Minutes 5	14. Social Security No.		
15a. Usual Occupation (Type of work done during most of working life. Do not use "retired")			15b. Kind of business or industry	16. Aliases or AKAs			
17. Birthplace (City & State or Foreign Country)		18. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less; none 4 <input type="checkbox"/> Some college credit, but no degree 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA) 2 <input type="checkbox"/> 9th – 12th grade; no diploma 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or 3 <input type="checkbox"/> High school graduate or GED 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) Professional degree (e.g., MD, DDS, DVM, LLB, JD)					
19. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		20. Marital Status at Time of Death 1 <input type="checkbox"/> Married 3 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Widowed 2 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Never married 6 <input type="checkbox"/> Unknown		21. Surviving Spouse's Name (If wife, name prior to first marriage) (First, Middle, Last)			
22. Father's Name (First, Middle, Last)			23. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)				
24a. Informant's Name		24b. Relationship to Decedent		24c. Address (Street and Number Apt. No. City & State ZIP Code)			
25a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify _____			25b. Place of Disposition (Name of cemetery, crematory, other place)				
25c. Location of Disposition (City & State or Foreign Country)				25d. Date of Disposition mm dd yyyy			
26a. Funeral Establishment			26b. Address (Street and Number City & State ZIP Code)				

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S SUPPLEMENTARY REPORT

VR 16 (Rev. 01/03)

Certificate No. _____

To be filled in by FUNERAL DIRECTOR or, in case of City Burial, by OCME		DECEDENT'S LEGAL NAME (Type or Print) _____							
27. Ancestry (Check one box and specify) <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.) Specify _____ <input type="checkbox"/> NOT Hispanic (Italian, African American, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.) Specify _____	28. Race as defined by the U.S. Census (Check one or more to indicate what the decedent considered himself or herself to be) 01 <input type="checkbox"/> White 02 <input type="checkbox"/> Black or African American 03 <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____ 04 <input type="checkbox"/> Asian Indian 05 <input type="checkbox"/> Chinese 06 <input type="checkbox"/> Filipino 07 <input type="checkbox"/> Japanese 08 <input type="checkbox"/> Korean 09 <input type="checkbox"/> Vietnamese 10 <input type="checkbox"/> Other Asian—Specify _____ 11 <input type="checkbox"/> Native Hawaiian 12 <input type="checkbox"/> Guamanian or Chamorro 13 <input type="checkbox"/> Samoan 14 <input type="checkbox"/> Other Pacific Islander—Specify _____ 15 <input type="checkbox"/> Other—Specify _____	29b. If pregnant within one year of death, outcome of pregnancy 1 <input type="checkbox"/> Live Birth 2 <input type="checkbox"/> Spontaneous Termination / Ectopic Pregnancy 3 <input type="checkbox"/> Induced Termination 4 <input type="checkbox"/> None	29c. Date of Outcome <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:33%;">mm</td> <td style="width:33%;">dd</td> <td style="width:33%;">yyyy</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table>	mm	dd	yyyy			
mm	dd	yyyy							
29a. If Female 1 <input type="checkbox"/> Not pregnant within 1 year of death 2 <input type="checkbox"/> Pregnant at time of death 3 <input type="checkbox"/> Not pregnant at death, but pregnant within 42 days of death 4 <input type="checkbox"/> Not pregnant at death, but pregnant 43 days to 1 year before death 5 <input type="checkbox"/> Unknown if pregnant within 1 year of death		31. For infant under one year: Name and address of hospital or other place of birth _____ _____							
30. Did tobacco use contribute to death? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Probably 4 <input type="checkbox"/> Unknown									

Cleared For Cremation
If Family Requests

M.E. Signature

I certify that I personally examined the body on _____ at _____
 (Date) (Location)

SIGNATURE: _____
 (Medical Investigator) (Deputy Chief) (Chief) (Medical Examiner)

or

I did not personally examine the body after death.

SIGNATURE: _____
 (Deputy Chief) (Chief) (Medical Examiner)