

NYC Birth File Layout, For Limited Use, 2008 - present

No. from Master File	Field	Value	Mode	Size	From	To
2	Borough of Report	1 Manhattan	N	1	4	4
		2 Bronx				
		3 Brooklyn				
		4 Queens				
		5 Staten Island				
6	Record Type	1 EBRS	N	1	30	30
		2 Paper				
9	Borough of Birth	1 Manhattan	N	1	43	43
		2 Bronx				
		3 Brooklyn				
		4 Queens				
		5 Staten Island				
10*	Institution Type	xxxx (Appendix A)	C	1	44	44
11	Attendant/Certifier Title	M Doctor of Medicine (M.D.)	C	1	48	48
		D Doctor of Osteopathy (D.O.)				
		C Certified (Nurse) Midwife (C.N.M./C.M.)				
		R Registered Nurse				
		W Other Midwife				
		O Other				
12	Type of Place	U Unknown				
		1 Hospital	N	1	79	79
		2 Freestanding Birth Center				
		3 Home (Intended)				
		4 Home (Not Intended)				
		5 Home (Unknown if Intended)				
		6 Clinic/Doctor's Office				
		7 Other				
		9 Unknown				
13	Mother's Usual Residence	1 Manhattan	N	1	110	110
		2 Bronx				
		3 Brooklyn				
		4 Queens				
		5 Staten Island				
		6 New York State Outside NYC				
		8 Outside New York State				
		9 Unknown				
14	Health Center District		N	1	111	111
16	Community District		N	3	116	118
19	Zip Code		N	5	129	133
21	School District		N	2	138	139
22	City Council District		N	2	140	141
27	FIPS, State		C	2	165	166
30	Mother's Ancestry Recode, Numeric (Appendix D)		N	2	172	173
31	Mother's Marital Status (Imputed)	1 Not Married	N	1	174	174
		2 Married				
		9 Unknown				
32*	Mother's Date of Birth, Year	9999 Unknown	N	4	179	182
33	Mother's Age at Last Birthday, Years (Computed)	99 Unknown, Not Stated	N	2	183	184

NYC Birth File Layout, For Limited Use, 2008 - present

No. from Master File	Field	Value	Mode	Size	From	To
34*	Mother's Birthplace, for Limited Use	1 NYC	C	1	185	185
		2 Rest of State				
		3 Other US States, territories, including Puerto Rico				
		4 Foreign Born				
		9 Unknown				
41	Mother's Education	1 8th Grade or Less; None	N	1	314	314
		2 9th-12th Grade; No Diploma				
		3 High School Graduate or GED				
		4 Some College Credit, But no Degree				
		5 Associate's Degree				
		6 Bachelor's Degree				
		7 Master's Degree				
		8 Doctorate or Professional Degree				
		9 Unknown				
42	Hispanic Ancestry (Mother)	1 Yes	N	1	315	315
		0 No				
44	Non-Hispanic Ancestry (Mother)	1 Yes	N	1	319	319
		0 No				
46	Ancestry Unknown (Mother)	1 Yes, 0 No	N	1	323	323
48	Mother's Race (1, 0)	White	N	1	327	327
		Black or African American	N	1	328	328
		American Indian or Alaska Native	N	1	329	329
		Asian Indian	N	1	330	330
		Chinese	N	1	331	331
		Filipino	N	1	332	332
		Japanese	N	1	333	333
		Korean	N	1	334	334
		Vietnamese	N	1	335	335
		Other Asian	N	1	336	336
		Native Hawaiian	N	1	337	337
		Guamanian or Chamorro	N	1	338	338
		Samoan	N	1	339	339
		Other Pacific Islander	N	1	340	340
		Other	N	1	341	341
		49	Mother's Race Recode	Unknown	N	1
1 White Alone	N			1	583	583
2 Black or African American Alone						
3 American Indian and Alaska Native Alone						
4 Asian Alone						
5 Native Hawaiian & Other Pacific Islander Alone						
6 Some Other Race Alone						
7 Two or More Races						
9 Race Unknown						
50	Mother's Ethnicity	1 Puerto Rican	N	1	584	584
		2 Other Hispanic				
		3 Asian and Pacific Islander				
		4 White Non-Hispanic				

NYC Birth File Layout, For Limited Use, 2008 - present

No. from Master File	Field	Value	Mode	Size	From	To
		5 Black Non-Hispanic				
		6 Other Non-Hispanic				
		7 Non-Hispanic of Two or More Races				
		9 Unknown				
51	Mother's Length of Time in US (If Born outside of the US)	Years (0 if less than one year); 77 N/A, 99 Unknown	N	2	585	586
		Months (0-11); 77 N/A, 99 Unknown	N	2	587	588
52	Work During the Pregnancy	1 Yes, 0 No, 9 Unknown	N	1	589	589
58	Father's Ancestry Recode, Numeric (Appendix D)		N	2	660	661
59*	Father's Date of Birth, Year	9999 unknown	N	4	666	669
60	Father's Age at Last Birthday, Years (Computed)	99 Unknown, Not Stated	N	2	670	671
61*	Father's Birthplace, for Limited Use	1 NYC	C	1	672	672
		2 Rest of State				
		3 Other US States, territories, including Puerto Rico				
		4 Foreign Born				
		9 Unknown				
63	FIPS, Father's Birthplace, State (USA)		C	2	677	678
68	Father's Education	1 8th Grade or Less; None	N	1	801	801
		2 9th-12th Grade; No Diploma				
		3 High School Graduate or GED				
		4 Some College Credit, But no Degree				
		5 Associate's Degree				
		6 Bachelor's Degree				
		7 Master's Degree				
		8 Doctorate or Professional Degree				
		9 Unknown				
69	Hispanic Ancestry (Father)	1 Yes	N	1	802	802
		0 No				
71	Non-Hispanic Ancestry (Father)	1 Yes	N	1	806	806
		0 No				
73	Ancestry Unknown (Father)	1 Yes, 0 No	N	1	810	810
75	Father's Race (1, 0)	White	N	1	814	814
		Black or African American	N	1	815	815
		American Indian or Alaska Native	N	1	816	816
		Asian Indian	N	1	817	817
		Chinese	N	1	818	818
		Filipino	N	1	819	819
		Japanese	N	1	820	820
		Korean	N	1	821	821
		Vietnamese	N	1	822	822
		Other Asian	N	1	823	823
		Native Hawaiian	N	1	824	824
		Guamanian or Chamorro	N	1	825	825
		Samoan	N	1	826	826
		Other Pacific Islander	N	1	827	827
		Other	N	1	828	828
		Unknown	N	1	829	829
76	Father's Race Recode	1 White Alone	N	1	1070	1070

NYC Birth File Layout, For Limited Use, 2008 - present

No. from Master File	Field	Value	Mode	Size	From	To
		2 Black or African American Alone				
		3 American Indian and Alaska Native Alone				
		4 Asian Alone				
		5 Native Hawaiian & Other Pacific Islander Alone				
		6 Some Other Race Alone				
		7 Two or More Races				
		9 Race Unknown				
77	Father's Ethnicity	1 Puerto Rican	N	1	1071	1071
		2 Other Hispanic				
		3 Asian and Pacific Islander				
		4 White Non-Hispanic				
		5 Black Non-Hispanic				
		6 Other Non-Hispanic				
		7 Non-Hispanic of Two or More Races				
		9 Unknown				
78	Father's Length of Time in US (If Born outside of the US)	Years (0 if less than one year); 77 N/A, 99 Unknown	N	2	1072	1073
		Months (0-11); 77 N/A, 99 Unknown	N	2	1074	1075
84	Total Number of Previous Live Births	0 None, 1-30, 99 Unknown	N	2	1148	1149
85	Number Born Alive and Now Living	0 None, 1-20, 99 Unknown	N	2	1150	1151
86	Number Born Alive and Now Dead	0 None, 1-20, 99 Unknown	N	2	1152	1153
87	Number of Previous Preterm (< 37 Weeks)	0 None, 1-20, 99 Unknown	N	2	1154	1155
88	No. of Previous Low Birthweight (<2500 grams or 5 lbs. 8 oz)	0 None, 1-20, 99 Unknown	N	2	1156	1157
89	Total Number of Previous Other Pregnancy Outcome (Spontaneous or Induced Terminations)	0 None, 1-30, 99 Unknown	N	2	1158	1159
90	Spontaneous Terminations, Less Than 20 Weeks	0 None, 1-20, 99 Unknown	N	2	1160	1161
91	Spontaneous Terminations, 20 Weeks or More	0 None, 1-20, 99 Unknown	N	2	1162	1163
92	Induced Terminations	0 None, 1-20, 99 Unknown	N	2	1164	1165
94*	First Live Birth, Number of Years since prior live birth (Rounded to Nearest Quarter of a Year)	00.00 No Previous Live Birth, 99.99 Unknown, Not Stated	C	6	1171	1176
95*	Last Live Birth, Number of Years since prior live birth (Rounded to Nearest Quarter of a Year)	00.00 No Previous Live Birth, 99.99 Unknown, Not Stated	C	6	1177	1182
96*	Last Other Pregnancy Outcomes, Number of Years (Rounded to Nearest Quarter of a Year)	00.00 No Previous Other Pregnancy, 99.99 Unknown, Not Stated	C	6	1183	1188
97	Date of Last Normal Menses Began, Year	9999 Unknown	N	4	1193	1196
98	Gestational Interval, Days (Computed)	119-329, 999 Unknown	N	3	1197	1199
100	Date of First Prenatal Care Visit, Year	9999 Unknown	N	4	1206	1209
101	First Prenatal Visit Interval, Days (Computed)	000 No Prenatal Care, 999 Unknown	N	3	1210	1212
102	Trimester of First Prenatal Visit (Computed)	0 No Prenatal Care	N	1	1213	1213
		1 <91 Days				
		2 91-180 Days				
		3 181-304 Days				
		9 Unknown, Not Stated, Uncodable				
103*	Date of Last Prenatal Care Visit, Year	9999 Unknown	N	4	1218	1221
104	Primary Prenatal Care Provider Type	0 No Provider	N	1	1222	1222
		1 MD/DO				
		2 C(N)M/NP/PA/Other Midwife				
		3 Clinic				
		4 Other				
		9 No Information				
105	Risk Factors in This Pregnancy	Pre-Pregnancy Diabetes	N	1	1223	1223
	(1, 0, Except Numbers)	Gestational Diabetes	N	1	1224	1224

NYC Birth File Layout, For Limited Use, 2008 - present

No. from Master File	Field	Value	Mode	Size	From	To
		Pre-Pregnancy Hypertension	N	1	1225	1225
		Gestational Hypertension	N	1	1226	1226
		Cardiac Disease: Structural Defect	N	1	1227	1227
		Cardiac Disease: Functional Defect	N	1	1228	1228
		Other Serious Chronic Illness	N	1	1229	1229
		Anemia (Hct.<30/Hgb.<10)	N	1	1230	1230
		Asthma/Acute or Chronic Lung Disease	N	1	1231	1231
		Rh Sensitization	N	1	1232	1232
		Polyhydramnios	N	1	1233	1233
		Oligohydramnios	N	1	1234	1234
		Hemoglobinopathy	N	1	1235	1235
		Abruptio Placenta	N	1	1236	1236
		Eclampsia	N	1	1237	1237
		Other Previous Poor Pregnancy Outcome	N	1	1238	1238
		Prelabor Referral for High Risk Care	N	1	1239	1239
		Other Vaginal Bleeding	N	1	1240	1240
		Number of Previous Cesarean Sections (1-30, 77 (no previous c-section), 99(unknown))	N	2	1241	1242
		Infertility Treatment: Fertility Drugs, Artificial/Intrauterine Insemination	N	1	1243	1243
		Infertility Treatment: Assisted Reproductive Technology (e.g., IVF, GIFT)	N	1	1244	1244
		Fetal Reduction	N	1	1245	1245
		Number of Embryos Implanted (If Applicable) (Q.I.) (0-5, 6-8 with verification of values, 77 N/A, 99 unknown)	N	2	1688	1689
		None of the Above	N	1	1246	1246
		Unknown	N	1	1247	1247
106	Infections Present and/or Treated During Pregnancy (1, 0)	Gonorrhea	N	1	1248	1248
		Syphilis	N	1	1249	1249
		Herpes Simplex (HSV)	N	1	1250	1250
		Chlamydia	N	1	1251	1251
		Hepatitis B	N	1	1252	1252
		Hepatitis C	N	1	1253	1253
		Tuberculosis	N	1	1254	1254
		Rubella	N	1	1255	1255
		Bacterial Vaginosis	N	1	1256	1256
		None of the Above	N	1	1257	1257
		Unknown	N	1	1258	1258
107	Cigarette Smoking in the 3 Months Before or During Pregnancy	1 Yes, 0 No, 9 Unknown	N	1	1259	1259
	No. of Cigarettes/Day Smoked in 3 Months Prior to Pregnancy	0 None, 1-98, 99 Unknown	N	2	1260	1261
	No. of Cigarettes/Day Smoked in First 3 Months of Pregnancy	0 None, 1-98, 99 Unknown	N	2	1263	1264
	No. of Cigarettes/Day Smoked in Second 3 Months of Pregnancy	0 None, 1-98, 99 Unknown	N	2	1266	1267
	No. of Cigarettes/Day Smoked in 3rd Trimester of Pregnancy	0 None, 1-98, 99 Unknown	N	2	1269	1270
108	Alcohol Used During This Pregnancy	1 Yes, 0 No, 9 Unknown	N	1	1272	1272
109	Illicit and Other Drugs Used During This Pregnancy	1 Yes, 0 No, 9 Unknown	N	1	1273	1273
	Drug Used If Yes (1, 0)	Heroin	N	1	1274	1274
		Cocaine	N	1	1275	1275

NYC Birth File Layout, For Limited Use, 2008 - present

No. from Master File	Field	Value	Mode	Size	From	To
		Methadone	N	1	1276	1276
		Methamphetamine	N	1	1277	1277
		Marijuana	N	1	1278	1278
		Sedatives	N	1	1279	1279
		Tranquilizers	N	1	1280	1280
		Anticonvulsants	N	1	1281	1281
		Other Illicit Drugs not Listed	N	1	1282	1282
		Unknown	N	1	1283	1283
110	Mother's Pre-Pregnancy Weight in Pounds	50-400, 999 Unknown	N	3	1284	1286
111	Mother's Height	Feet (1-8, 9 Unknown)	N	1	1287	1287
		Inches (0-11, 99 Unknown)	N	2	1288	1289
112	Obstetric Procedures (1, 0)	Cervical Cerclage	N	1	1290	1290
		Tocolysis	N	1	1291	1291
		External Cephalic Version: Successful	N	1	1292	1292
		External Cephalic Version: Failed	N	1	1293	1293
		Fetal Genetic testing (Q.I.)	N	1	1690	1690
		None of the Above	N	1	1294	1294
		Unknown	N	1	1295	1295
113	Primary Payer (1, 0)	Medicaid/Family Health Plus	N	1	1296	1296
		Private Insurance	N	1	1297	1297
		Other Government/CHPlusB	N	1	1298	1298
		Champus/Tricare	N	1	1299	1299
		Other	N	1	1300	1300
		Self-pay	N	1	1301	1301
		Unknown	N	1	1302	1302
114	Mother Enrolled in an HMO or Other Managed Care Plan	1 Yes, 0 No, 9 Unknown	N	1	1303	1303
115	Mother Participated in WIC	1 Yes, 0 No, 9 Unknown	N	1	1304	1304
116	Maternal Morbidity (1, 0)	Maternal Transfusion	N	1	1305	1305
		Perineal Laceration (3rd or 4th Degree)	N	1	1306	1306
		Ruptured Uterus	N	1	1307	1307
		Unplanned Hysterectomy	N	1	1308	1308
		Admit to ICU	N	1	1309	1309
		Unplanned Operating Room Procedure Following Delivery	N	1	1310	1310
		Hemorrhage	N	1	1311	1311
		Postpartum transfer to higher level of care (Q.I.)	N	1	1687	1687
		None of the Above	N	1	1312	1312
		Unknown	N	1	1313	1313
117	Was Mother Transferred in Before Giving Birth	1 Yes, 0 No, 9 Unknown	N	1	1314	1314
119	Mother's Weight at Delivery	50-400, 999 Unknown	N	3	1365	1367
120	Onset of Labor (1, 0)	Prolonged Rupture of Membranes (12 Hours or More)	N	1	1368	1368
		Premature Rupture of Membranes (Prior to Labor)	N	1	1369	1369
		Precipitous Labor (Less Than 3 Hours)	N	1	1370	1370
		Prolonged Labor (20 Hours or More)	N	1	1371	1371
		None of the Above	N	1	1372	1372
		Unknown	N	1	1373	1373
121	Characteristics of Labor & Delivery (1, 0)	Induction of Labor-AROM	N	1	1374	1374
		Induction of Labor-Medicinal	N	1	1375	1375

NYC Birth File Layout, For Limited Use, 2008 - present

No. from Master File	Field	Value	Mode	Size	From	To
		Augmentation of Labor	N	1	1376	1376
		Placenta Previa	N	1	1377	1377
		Other Excessive Bleeding	N	1	1378	1378
		Steroids	N	1	1379	1379
		Antibiotics	N	1	1380	1380
		Chorioamnionitis	N	1	1381	1381
		Febrile (>100.4 o F or 38 o C)	N	1	1382	1382
		Meconium Staining	N	1	1383	1383
		Fetal Intolerance	N	1	1384	1384
		External Electronic Fetal Monitor	N	1	1385	1385
		Internal Electronic Fetal Monitor	N	1	1386	1386
		None of the Above	N	1	1387	1387
		Unknown	N	1	1388	1388
122	Anesthesia (1, 0)	Epidural	N	1	1389	1389
		General Inhalation	N	1	1390	1390
		General Intravenous	N	1	1391	1391
		Spinal	N	1	1392	1392
		Paracervical	N	1	1393	1393
		Pudendal	N	1	1394	1394
		Local	N	1	1395	1395
		None or None of the Above	N	1	1396	1396
		Unknown	N	1	1397	1397
123	Complications From Any of the Above	1 Yes, 0 No, 7 N/A, 9 Unknown	N	1	1398	1398
124	Method of Delivery					
	Fetal Presentation at Birth (1, 0)	Cephalic	N	1	1399	1399
		Breech	N	1	1400	1400
		Other	N	1	1401	1401
		Unknown	N	1	1402	1402
	Final Route and Method of Delivery (1, 0)	Vaginal/Spontaneous	N	1	1403	1403
		Vaginal/Forceps	N	1	1404	1404
		Vaginal/Vacuum	N	1	1405	1405
		Cesarean	N	1	1406	1406
		Unknown	N	1	1407	1407
125	If Cesarean, Was Trial of Labor Attempted	1 Yes, 0 No, 7 N/A, 9 Unknown	N	1	1408	1408
126	Was delivery with forceps attempted but unsuccessful	1 Attempted but unsuccessful (Yes)	N	1	1409	1409
		2 Attempted and successful (No)				
		0 Forceps were not used				
		9 Unknown				
127	Was delivery with vacuum attempted but unsuccessful	1 Attempted but unsuccessful (Yes)	N	1	1410	1410
		2 Attempted and successful (No)				
		0 Vacuum were not used				
		9 Unknown				
128	Other Procedures Performed at Delivery (1, 0)	Episiotomy & repair	N	1	1411	1411
		Sterilization	N	1	1412	1412
		Repair of lacerations	N	1	1413	1413
		None of the Above	N	1	1414	1414
		Unknown	N	1	1415	1415

NYC Birth File Layout, For Limited Use, 2008 - present

No. from Master File	Field	Value	Mode	Size	From	To
130	Sex of Child	1 Male	N	1	1426	1426
		2 Female				
		8 Undetermined				
		9 Unknown				
131	Number Delivered of This Pregnancy	1 - 8 Live or dead delivered, 9 Unknown	N	1	1427	1427
132	Number of This Child in Order of Delivery	0 Singleton birth	N	1	1428	1428
		1 - 8 Number of this child in multiple delivery, 9 Unknown				
133	Number of infants in this delivery born alive if more than one	Blank-Singleton, 1 - 8 Live delivered, 9 Unknown	N	1	1429	1429
134*	Date of Birth, Month	99 Unkooown	N	2	1430	1437
134*	Date of Birth, Year	9999 Unknown	N	4	1434	1437
136*	Birthweight in Grams (in 10s)		N	4	1443	1446
137	Birthweight in Grams, Recode	0 Under 500	N	2	1447	1448
		1 500-999				
		2 1000-1499				
		3 1500-1999				
		4 2000-2499				
		5 2500-2999				
		6 3000-3499				
		7 3500-3999				
		8 4000-4499				
		9 4500-4999				
		10 5000 and Over				
		99 Unknown, Not Stated				
138	Apgar Score at	1 minute: 0-10, 99 Unknown/Not Stated	N	2	1449	1450
		5 minutes: 0-10, 99 Unknown/Not Stated	N	2	1451	1452
		10 minutes: 0-10, 99 Unknown/Not Stated	N	2	1453	1454
139	Calculated Gestational Age in Weeks	17-47, 99 Unknown/Not Stated	N	2	1455	1456
140	Clinical Estimated of Gestation in Weeks	17-47, 99 Unknown/Not Stated	N	2	1457	1458
141	Infant Transferred	0 Not Transferred	N	1	1459	1459
		1 Within 24 Hours of Delivery				
		2 After 24 Hours				
		9 Unknown				
143	Abnormal Conditions of the Newborn	Assisted Ventilation Required Immediately Following Delivery	N	1	1510	1510
		Assisted Ventilation Required for More Than Six Hours	N	1	1511	1511
		NICU Admission	N	1	1512	1512
		Newborn Given Surfactant Replacement Therapy	N	1	1513	1513
		Antibiotics Received by the Newborn for Suspected Neonatal Sepsis	N	1	1514	1514
		Seizure or Serious Neurologic Dysfunction	N	1	1515	1515
		Significant Birth Injury	N	1	1516	1516
		None of the Above	N	1	1517	1517
		Unknown	N	1	1518	1518
144	Hepatitis B Inoculation					
	Immunization Administered	1 Yes, 0 No, 9 Unknown	N	1	1519	1519
	Immunoglobulin Administered	1 Yes, 0 No, 9 Unknown	N	1	1528	1528
145	Is Infant Living at Time of Report	1 Yes, 0 No, 9 Unknown	N	1	1537	1537
146	How is Infant Being Fed (1, 0)	Breast Milk	N	1	1538	1538

NYC Birth File Layout, For Limited Use, 2008 - present

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		Formula	N	1	1539	1539
		Both	N	1	1540	1540
		Neither	N	1	1541	1541
		Unknown	N	1	1542	1542
147	Congenital Anomalies (1, 0)	Anencephaly	N	1	1543	1543
		Meningomyelocele/Spina Bifida	N	1	1544	1544
		Cyanotic Congenital Heart Disease	N	1	1545	1545
		Congenital Diaphragmatic Hernia	N	1	1546	1546
		Omphalocele	N	1	1547	1547
		Gastroschisis	N	1	1548	1548
		Limb Reduction Defect	N	1	1549	1549
		Cleft Lip With or Without Cleft Palate	N	1	1550	1550
		Cleft Palate Alone	N	1	1551	1551
		Down Syndrome Karyotype	N	1	1552	1552
		1 Confirmed				
		0 Not Confirmed				
		9 Pending				
		Other Chromosomal Disorder	N	1	1553	1553
		1 Confirmed				
		0 Not Confirmed				
		9 Pending				
		Hypospadias	N	1	1554	1554
		None of the Above	N	1	1555	1555
		Unknown	N	1	1556	1556
196	Title of Certifier	M Doctor of Medicine (M.D.)	C	1	3318	3318

* variable derived from Masterfile