

## Technical Notes

### Wisconsin Births and Infant Deaths, 2011 (P45364-11) and Births to Teens in Wisconsin, 2011 (P45365-11)

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#### National Data

Unless otherwise noted, national data used in this report were cited from Martin JA, Hamilton BE, Ventura SJ, et al. Births: Final data for 2011. *National Vital Statistics Reports*, Vol. 62, No. 1. Hyattsville, Maryland: National Center for Health Statistics, 2013. Principal source of payment data were cited from Curtin SC, Osterman MJK, Uddin SF, et al. Source of payment for the delivery: Births in a 33-state and District of Columbia reporting area, 2010. *National Vital Statistics Reports*, Vol. 65, No. 5. Hyattsville, Maryland. National Center for Health Statistics, 2013. National infant mortality data were drawn from Mathews TJ, MacDorman MF. Infant mortality statistics from the 2009 period linked birth/infant death data set. *National Vital Statistics Reports*, Vol. 61, No. 8. Hyattsville, Maryland: National Center for Health Statistics, 2013.

#### Calculations

$$\text{Crude Birth Rate} = \left( \frac{\text{Number of live births}}{\text{Total population}} \right) \times 1,000$$

$$\text{Fertility Rate} = \left( \frac{\text{Number of live births}}{\text{Number of female population aged 15-44}} \right) \times 1,000$$

$$\text{Age-Specific Birth Rate} = \left( \frac{\text{Number of live births to mothers in age group}}{\text{Number of female population in age group}} \right) \times 1,000$$

$$\text{Race-Specific Fertility Rate} = \left( \frac{\text{Number of live births to mothers in race group}}{\text{Number of female population aged 15-44 in race group}} \right) \times 1,000$$

$$\text{Infant Mortality Rate} = \left( \frac{\text{Number of infant deaths}}{\text{Number of live births}} \right) \times 1,000$$

$$\text{Neonatal Mortality Rate} = \left( \frac{\text{Number of neonatal deaths}}{\text{Number of live births}} \right) \times 1,000$$

$$\text{Postneonatal Mortality Rate} = \left( \frac{\text{Number of postneonatal deaths}}{\text{Number of live births}} \right) \times 1,000$$

$$\text{Fetal Death Rate} = \left( \frac{\text{Number of fetal deaths}}{\text{Number of fetal deaths} + \text{number of live births}} \right) \times 1,000$$

$$\text{Perinatal Mortality Rate} = \left( \frac{\text{Number of fetal} + \text{number of neonatal deaths}}{\text{Number of fetal deaths} + \text{number of live births}} \right) \times 1,000$$

$$\text{Maternal Mortality Rate} = \left( \frac{\text{Number of maternal deaths}}{\text{Number of live births}} \right) \times 10,000$$

$$\text{Black/White Disparity Ratio} = \left( \frac{\text{Black infant mortality rate}}{\text{White infant mortality rate}} \right)$$

$$\text{Body Mass Index} = \left( \frac{\text{Mother's prepregnancy weight in pounds}}{\left( \left( \text{Mother's height feet} \times 12 \right) + \text{mothers height inches} \right)^2 \times 703} \right)$$

Beginning with the publication of 2006 Wisconsin birth data, changes were made in the way birth rates at the youngest and oldest maternal ages are calculated. These changes made the rates comparable to national statistics.

Before 2006, Wisconsin teen birth rates (the rate of births to mothers aged 15-19, and the rate of births to mothers aged 15-17) included births to mothers under age 15 in the numerator. The rate was calculated as the number of births to mothers less than 20 (or less than 18) divided by the number of females aged 15-19 (or 15-17), multiplied by 1,000. Beginning with the 2006 data report, births to mothers aged 10-14 were placed in a separate category whenever birth rates were shown.

Similarly, births to mothers aged 45 and older were included in birth rates for women aged 40-44 prior to 2006. The result was then divided by the number of females aged 40-44 and multiplied by 1,000. Beginning with the 2006 data report, births to women 45 years of age and older were removed from the 40-44 birth rate calculations.

### **Population Estimates**

The Department of Health Services, Division of Public Health, Office of Health Informatics, produces mid-year population estimates for the counties and state of Wisconsin by age, sex, race, and Hispanic ethnicity for non-Census years. These estimates are used to calculate population-based health statistics, such as teen birth rates and other age-specific fertility rates.

### **Race/Ethnicity Classifications**

Prior to 2011, only one race and one ethnicity could be reported for each mother. Wisconsin birth reports included race/ethnicity categories of non-Hispanic white, non-Hispanic black, non-

Hispanic American Indian, Hispanic, non-Hispanic Laotian or Hmong, and non-Hispanic other Asian. For the 2011 infant death data, grouping mother's race/ethnicity the same way as in 2010 was attempted. The 2011 infant death file includes infants born in 2010 and infants born in 2011. The numbers were too small to report infant deaths for each birth year separately.

Beginning in 2011, the mother could indicate multiple races and multiple ethnicities. The race categories are listed below.

- White
- Black/African American
- American Indian/Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Laotian
- Hmong
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Other

The Hispanic ethnicity categories are:

- Mexican, Mexican American, Chicana
- Puerto Rican
- Cuban
- Other

This changed how race and ethnicity were classified for 2011 birth and fetal death data. All live births and fetal deaths were classified by race and Hispanic origin of mother into one of nine categories for reporting purposes:

- Non-Hispanic white alone
- Non-Hispanic black/African American alone
- Non-Hispanic American Indian/Alaska Native alone
- Hispanic or Latina (Hispanics/Latinas may be of any race)
- Non-Hispanic Laotian or Hmong alone
- Non-Hispanic other Asian/Pacific Islander alone (includes Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian or Chamorro, Samoan, and Other Pacific Islander)
- Non-Hispanic Other race alone
- Non-Hispanic Unknown alone
- Non-Hispanic 2 or more races

When calculating birth rates or fertility rates by race/ethnicity, a different classification is used to match the categories available in the bridged-race population estimates published by the National Center for Health Statistics and modified by the Wisconsin Department of Health Services. Population estimates are used to calculate rates (see calculations above). The categories are:

- Non-Hispanic white alone
- Non-Hispanic black/African American alone
- Non-Hispanic American Indian/Alaska Native alone
- Non-Hispanic Asian alone (includes Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Laotian, Hmong, Other Asian, Native Hawaiian, Guamanian or Chamorro, Samoan, and Other Pacific Islander)
- Hispanic
- Other/unknown

### **Teens**

“Teens” are females under 20 years of age.

### **Prematurity**

Births were classified as premature (less than full term) if the gestational age was less than 37 weeks. To determine gestational age, a prematurity index is used; this is usually based on the computed estimate of gestational age, which is the difference between the date of last normal menses and the date of the infant’s birth. The clinical estimate of gestational age (reported by the physician directly on the birth certificate) is substituted when the date of last normal menses is unknown or invalid or the computed estimate of gestational age is less than 16 weeks or greater than 45 weeks. The use of this index decreases the number of records with unknown gestational age.

### **Mortality**

#### **Infant Deaths**

An infant death is the death of an infant who was born alive but died before its first birthday. The birth-death cohort is not completed until one full year after the end of the birth cohort calendar year. This publication reports mortality data on infants who died during 2011, rather than the mortality experience of the 2011 birth cohort, to allow more timely reporting on infant mortality.

#### **Neonatal Deaths**

A neonatal death is the death of an infant who was born alive but died within the first 27 days of life (aged <28 days).

#### **Postneonatal Deaths**

A postneonatal death is the death of an infant who was born alive but died sometime between 28 days to one year of life.

#### **Causes of Death**

Causes of death in this report have been coded according to the International Classification of Diseases (ICD), Tenth Edition. Before the 1999 data year, causes

of death were coded according to the ICD, Ninth Edition. This change does not affect comparability between years for four of the five leading causes of infant death shown in this report (Conditions Originating in the Perinatal Period; Congenital Malformations, Deformations and Chromosomal Anomalies; Sudden Infant Death Syndrome or SIDS; and Accidents).

### **Fetal Deaths**

A fetal death or stillbirth is “a fetus which, after complete expulsion or extraction from the woman, does not breathe or show other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of the voluntary muscles.” By Wisconsin statute, a stillbirth of at least 20 weeks’ gestation or 350 grams must be reported. (Note: A fetal death report is not used for induced abortions.) Some stillbirths (fetal deaths) to Wisconsin residents are not included in this publication because some were less than 20 weeks’ gestation, some occurred outside Wisconsin, and an unknown number that occurred within the state were not reported.

### **Perinatal Deaths**

Includes all reported fetal deaths of 20 or more weeks of gestation and all neonatal deaths (deaths of live-born infants occurring before 28 days of age).

### **Maternal Deaths**

Includes all deaths where the cause of death was medically related to the pregnancy. There are pregnancy-associated maternal deaths that are not included in this report.

### **Perinatal Regions**

These tables present birth information for each of the seven Perinatal Regions in Wisconsin (see Map 2). These regions were informally designated in the early 1970s by the Wisconsin Association for Perinatal Care, in cooperation with organizations representing public and private providers of perinatal services. Perinatal regions represent geographical boundaries within which arrangements exist among providers of perinatal services to facilitate optimal treatment for pregnant women and newborns. Within each region, selected hospitals with the capability to provide neonatal and maternal intensive care have been self-designated as perinatal centers. Women with high-risk pregnancies and deliveries are often referred to or transported to these perinatal centers, as are high-risk babies born outside perinatal centers. Health care providers within the regions also collaborate in other ways to address perinatal health care issues as they arise.

### **Birth Certificate Checklists**

Beginning in 2011, data on maternal risk factors, pregnancy, delivery, and some dimensions of birth outcomes are collected in the following birth certificate checklists:

- Risk factors in this pregnancy,
- Infections present and/or treated during this pregnancy,
- Obstetric procedures,
- Onset of labor,

- Characteristics of labor and delivery,
- Method of delivery,
- Maternal morbidity,
- Abnormal conditions of the newborn, and
- Congenital anomalies of newborn.

These checklists include data that were not previously collected on the birth certificate and do not include all of the data that was collected prior to 2011.

Definitions for these groups were adapted from the 2003 revision of the U.S. Standard Certificate of Live Birth. See Specification for items on the birth certificate at [http://www.cdc.gov/nchs/nvss/vital\\_certificate\\_revisions.htm](http://www.cdc.gov/nchs/nvss/vital_certificate_revisions.htm).

### **Risk Factors in this Pregnancy**

<i>Diabetes Prepregnancy</i>	Glucose intolerance requiring treatment diagnosed prior to this pregnancy.
<i>Diabetes Gestational</i>	Glucose intolerance requiring treatment diagnosed during this pregnancy.
<i>Hypertension Prepregnancy</i>	Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed prior to the onset of this pregnancy.
<i>Hypertension Gestational</i>	Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed during this pregnancy. May include proteinuria (protein in the urine) without seizures or coma and pathologic edema (generalized swelling, including swelling of the hands, legs and face). (PIH, Preeclampsia)
<i>Eclampsia</i>	Gestational hypertension with proteinuria with generalized seizures or coma. May include pathologic edema.
<i>Previous Preterm Birth</i>	History of pregnancy(ies) resulting in a live birth of less than 37 completed weeks of gestation.
<i>Other Previous Poor Pregnancy Outcome</i>	History of pregnancies continuing into the 20 <sup>th</sup> week of gestation (post menstrual age) and resulting in perinatal death (including fetal and neonatal deaths), small-for-gestational age, intrauterine growth-restricted birth.
<i>Pregnancy Resulted from Infertility Treatment</i>	Any assisted reproduction technique used to initiate the pregnancy.
<i>Infertility Treatment – Fertility-enhancing drugs, artificial insemination or intrauterine insemination</i>	Any fertility-enhancing drugs (e.g., Clomid, Pergonal), artificial insemination, or intrauterine insemination used to initiate the pregnancy.
<i>Infertility Treatment – Assisted Reproductive Technology</i>	Any assisted reproduction technology (ART)/technical procedures (e.g., IVF, GIFT, ZIFT) used to initiate the pregnancy.
<i>Mother had a Previous Cesarean Delivery</i>	Previous operative birth in which the infant is extracted through an incision in the maternal abdominal and uterine walls.

### Infections Present and/or Treated During this Pregnancy

<i>Gonorrhoea</i>	A positive test for <i>Neisseria gonorrhoeae</i> present at the time of pregnancy diagnosis or confirmed diagnosis during the pregnancy with or without documentation of treatment. Documentation of treatment is adequate if a definitive diagnosis is not present in the available record.
<i>Syphilis</i>	A positive test for <i>Treponema pallidum</i> present at the time of pregnancy diagnosis or confirmed diagnosis during the pregnancy with or without documentation of treatment. Documentation of treatment is adequate if a definitive diagnosis is not present in the available record.
<i>Chlamydia</i>	A positive test for <i>Chlamydia trachomatis</i> present at the time of pregnancy diagnosis or confirmed diagnosis during the pregnancy with or without documentation of treatment. Documentation of treatment is adequate if a definitive diagnosis is not present in the available record.
<i>Hepatitis B</i>	A positive test for hepatitis B virus present at the time of pregnancy diagnosis or confirmed diagnosis during the pregnancy with or without documentation of treatment. Documentation of treatment is adequate if a definitive diagnosis is not present in the available record.
<i>Hepatitis C</i>	A positive test for hepatitis C virus present at the time of pregnancy diagnosis or confirmed diagnosis during the pregnancy with or without documentation of treatment. Documentation of treatment is adequate if a definitive diagnosis is not present in the available record.

### Obstetric Procedures

<i>Cervical Cerclage</i>	Circumferential banding or suture of the cervix to prevent or treat passive dilation.
<i>Tocolysis</i>	Administration of any agent with the intent to inhibit pre-term uterine contractions to extend the length of the pregnancy.
<i>External Cephalic Version</i>	Attempted conversion of a fetus from a non-vertex presentation to a vertex presentation by external manipulation.
<i>External Cephalic Version Successful</i>	Successful attempted conversion of a fetus from a non-vertex presentation to a vertex presentation by external manipulation.
<i>External Cephalic Version Failed</i>	Failed attempted conversion of a fetus from a non-vertex presentation to a vertex presentation by external manipulation.

## Onset of Labor

<i>Premature Rupture of the Membranes</i>	Spontaneous tearing of the amniotic sac (natural breaking of the “bag of waters”), 12 hours or more before labor begins.
<i>Precipitous Labor</i>	Labor that progresses rapidly and lasts for less than 3 hours.
<i>Prolonged Labor</i>	Labor that progresses slowly and lasts for 20 hours or more.

## Characteristics of Labor and Delivery

<i>Induction of Labor</i>	Initiation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor.
<i>Augmentation of Labor</i>	Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time to delivery.
<i>Non-vertex Presentation</i>	Includes any non-vertex fetal presentation, e.g., breech, shoulder, brow, face presentations, and transverse lie in the active phase of labor or at delivery other than vertex.
<i>Steroids for Fetal Lung Maturation Received by the Mother Prior to Delivery</i>	Steroids (glucosteroids) for fetal lung maturation received by the mother prior to delivery. Includes betamethasone, dexamethasone, or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery.
<i>Antibiotics Received by the Mother During Labor</i>	Antibiotics received by the mother during labor. Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery (Ampicillin, Penicillin, Clindamycin, Erythromycin, Gentamicin, Cefataxime, Ceftriaxone, vancomycin).
<i>Clinical Chorioamnionitis Diagnosed During Labor or Maternal Temperature <math>\geq 38^{\circ} C (100.4^{\circ} F)</math></i>	Clinical chorioamnionitis diagnosed during labor or maternal temperature $\geq 38^{\circ} C (100.4^{\circ} F)$ . A clinical diagnosis of chorioamnionitis during labor made by the delivery attendant. Usually includes more than one of the following: fever, uterine tenderness and/or irritability, leukocytosis, and fetal tachycardia. Any recorded maternal temperature at or above $38^{\circ} C (100.4^{\circ} F)$ .
<i>Moderate/Heavy Meconium Staining of the Amniotic Fluid</i>	Moderate/heavy meconium staining of the amniotic fluid. Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or delivery which is more than enough to cause a greenish color change of an otherwise thin fluid.

## Characteristics of Labor and Delivery

<i>Fetal Intolerance of Labor</i>	Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitation measures, further fetal assessment, or operative delivery. In-utero resuscitative measures such as any of the following: maternal position change, oxygen administration to the mother, intravenous fluid administered to the mother, amnioinfusion, support of maternal blood pressure, and administration of uterine relaxing agents. Further fetal assessment includes any of the following: scalp pH, scalp stimulation, acoustic stimulation. Operative delivery: operative intervention to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery.
<i>Epidural or Spinal Anesthesia During Labor</i>	Epidural or spinal anesthesia during labor. Administration to the mother of a regional anesthetic for control of the pain of labor, i.e., delivery of the agent into a limited space with the distribution of the analgesic effect limited to the lower body.

## Maternal Morbidity

<i>Maternal Transfusion</i>	Includes infusion of whole blood or packed red blood cells within the period specified.
<i>Third or Fourth Degree Perineal Laceration</i>	Third degree laceration extends completely through the perineal skin, vaginal mucosa, perineal body and anal sphincter. Fourth degree laceration is all of the above with extension through the rectal mucosa.
<i>Ruptured Uterus</i>	Tearing of the uterine wall.
<i>Unplanned Hysterectomy</i>	Surgical removal of the uterus that was not planned prior to admission for delivery. Includes an anticipated or possible but not definitively planned procedure.
<i>Admission to Intensive Care Unit</i>	Any admission, planned or unplanned, of the mother to a facility/unit designated as providing intensive care.
<i>Unplanned Operating Room Procedure Following Delivery</i>	Any transfer of the mother back to a surgical area for an operative procedure that was not planned prior to the admission for delivery.

## Abnormal Conditions of the Newborn

<i>Assisted Ventilation Required Immediately Following Delivery</i>	Infant given manual breaths with bag and mask or bag and endotracheal tube within the first several minutes from birth for any duration. Excludes free flow oxygen only and laryngoscopy for aspiration of meconium.
<i>Assisted Ventilation Required for More Than Six Hours</i>	Infant given mechanical ventilation (breathing assistance) by any method for more than six hours. Includes conventional, high frequency and/or continuous positive pressure (CPAP).

## Abnormal Conditions of the Newborn

<i>NICU Admission</i>	Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for the newborn.
<i>Newborn Given Surfactant Replacement Therapy</i>	Infant given endotracheal instillation of a surface active suspension for the treatment of surfactant deficiency either due to preterm birth or pulmonary injury resulting in decreased lung compliance (respiratory distress). Includes both artificial and extracted natural surfactant.
<i>Antibiotics Received by the Newborn for Suspected Neonatal Sepsis</i>	Any antibacterial drug, received by the newborn for suspected neonatal sepsis, given systemically (intravenous or intramuscular) (e.g., penicillin, ampicillin, gentamicin, cefotaxime, etc.).
<i>Seizure or Serious Neurologic Dysfunction</i>	Seizure defined as any involuntary repetitive convulsive movement or behavior. Serious neurologic dysfunction defined as severe alteration of alertness such as obtundation, stupor, or coma, i.e., hypoxic-ischemic encephalopathy. Excludes lethargy or hypotonia in the absence of other neurologic findings. Exclude symptoms associated with central nervous system (CNS) congenital anomalies.
<i>Significant Birth Injury</i>	Skeletal fractures(s), peripheral nerve injury and/or soft tissue/solid organ hemorrhage which requires intervention. Present immediately following delivery or manifesting soon after delivery. Includes any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy. Soft tissue hemorrhage requiring evaluation and/or treatment includes sub-galeal (progressive extravasation within the scalp) hemorrhage, giant cephalohematoma, extensive truncal, facial and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and or hypotension. Solid organ hemorrhage includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma. All require confirmation by diagnostic imaging or exploratory laparotomy.

## Congenital Anomalies of the Newborn

<i>Anencephaly</i>	Partial or complete absence of the brain and skull. Also called anencephalus, acrania, or absent brain. Babies with craniorachischisis (anencephaly with contiguous spine defect) should also be included in this category.
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## Congenital Anomalies of the Newborn

<i>Meningomyelocele/Spina Bifida</i>	Spina bifida refers to herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningomyelocele refers to herniation of meninges and spinal cord tissue. Babies with meningocele (herniation of meninges without spinal cord tissue) should also be included in this category. Both open and closed (covered with skin) lesions should be included. Do not include Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges).
<i>Cyanotic Congenital Heart Disease</i>	Congenital heart defects which cause cyanosis. Includes but is not limited to TGA – transposition of the great arteries (vessels), TOF – tetralogy of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, TAPVR – total/partial anomalous pulmonary venous return with or without obstruction.
<i>Congenital Diaphragmatic Hernia</i>	Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.
<i>Omphalocele</i>	A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. The defect is covered by a membrane, (different from gastroschisis, see below), although this sac may rupture. Also called exomphalos. Do not include umbilical hernia (completely covered by skin) in this category.
<i>Gastroschisis</i>	An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and absence of a protective membrane.
<i>Limb Reduction Defect</i>	Complete or partial absence of a portion of an extremity secondary to failure to develop. Excluding congenital amputation and dwarfing syndromes.
<i>Cleft Lip With or Without Cleft Palate</i>	Cleft lip with or without cleft palate is defined as incomplete closure of the lip. May be unilateral, bilateral or median; all should be included in this category.
<i>Cleft Palate Alone</i>	Cleft palate is defined as incomplete fusion of the palatal shelves. This may be limited to the soft palate or may also extend into the hard palate. Cleft palate in the presence of cleft lip should be included in the “Cleft Lip with or without cleft palate” category, rather than here.
<i>Down Syndrome</i>	Trisomy 21
<i>Down Syndrome – Karyotype Confirmed</i>	Karyotype confirmed for Trisomy 21
<i>Down Syndrome – Karyotype Pending</i>	Karyotype pending for Trisomy 21
<i>Suspected Chromosomal Disorder</i>	Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.
<i>Suspected Chromosomal Disorder – Karyotype Confirmed</i>	Karyotype confirmed for suspected chromosomal disorder.

## Congenital Anomalies of the Newborn

<i>Suspected Chromosomal Disorder – Karyotype Pending</i>	Karyotype pending for suspected chromosomal disorder
<i>Hypospadias</i>	Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis.

### Limitations of the Data

Vital records information has some limitations related to completeness, accuracy, and quality control procedures. The reporting of live births and infant deaths is considered to be essentially complete for births occurring in Wisconsin. A cooperative exchange program between all states has been in operation for several decades to allocate birth and death certificates to the state of residence. Although this exchange program is not totally complete, the incompleteness is not of sufficient magnitude to seriously affect statistics on natality and infant mortality.

### Changes Beginning with 2011 Births

On January 1, 2011, the Wisconsin State Vital Records Office began collecting birth certificate information based on the 2003 U.S. Standard Certificate of Live Birth using a new electronic system. The new electronic system performs edit checks as hospital and Vital Records staff enters birth certificate information. Staff in the Office of Health Informatics performs an annual review of birth certificates and death certificates for inconsistencies and outlying values. Previous to January 1, 2011, Wisconsin had been collecting birth certificate information based on the 1989 U.S. Standard Certificate of Live Birth.

There were many changes made to birth data collection when Wisconsin began using the 2003 U.S. Standard Certificate of Live Birth. Extreme caution should be used when analyzing data based on new data fields that have not been previously collected. Wisconsin has no trend data to validate these data. Wisconsin Vital Records analysts have compared this new data to national data, but because many states are new to collect this information, the data quality is in question. For example, according to the Wisconsin Department of Health Services, Division of Health Care Access and Accountability, almost 50% of births in 2011 were paid for by Wisconsin Medicaid/BadgerCare, but Medicaid/BadgerCare was indicated as the principal payer source on only 38% of 2011 birth certificates. Also, Wisconsin birth hospitals in some cases are reporting private insurance and some Medicaid/BadgerCare under the Other category and then naming the actual insurance carrier. Wisconsin appears to be the only state in the nation that is having difficulty in collecting principal source of payer on the birth certificate.

**New Data Fields.** New fields include but are not limited to: date of first prenatal care visit, date of last prenatal care visit, mother married at any time in her life, mother's height, mother's prepregnancy weight, mother's weight at delivery, mother received WIC food for herself during the pregnancy, principal source of payment for this delivery, APGAR score at 10 minutes, infant breastfed at discharge, mother lives with someone who smokes.

**Data Fields with Changed Values.** Fields that continue to be collected, but with different values, include but are not limited to: mother's education, mother's race and ethnicity, maternal smoking, infant transferred following delivery. Specific changes for some of these fields are listed below:

- Prior to 2011, the number of years of education completed was reported. Beginning in 2011, education was collected using the following categories:

8<sup>th</sup> Grade or Less

9<sup>th</sup>-12<sup>th</sup> Grade, No Diploma

High School Graduate or GED Completed

Some College Credit, 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 or Professional Degree (e.g., PhD, EdD, MD, DDS, DVM, LLB, JD)

- For race changes, see Race/Ethnicity Classifications.
- Prior to 2011, mothers were asked if they smoked during pregnancy and the average number of cigarettes smoked per day. Beginning in 2011, the average number of cigarettes per day was collected using the following categories:

Three Months Before Pregnancy

First Three Months of Pregnancy

Second Three Months of Pregnancy

Third Trimester of Pregnancy

- Beginning in 2011, the infant transferred field includes only infants that were transferred externally within 24 hours of the delivery. Neonatal Intensive Care Unit (NICU) admission is collected under the Abnormal Conditions of the Newborn checklist. Conversely, before 2011, this field was used to indicate whether an infant was transferred and to which facility the infant was transferred. This included transfers to high-risk nurseries internally or to external facilities.
- Beginning in 2011, month prenatal care began is calculated using the date of last normal menses and the date of the first prenatal care visit. If either of these fields is unknown, the date of birth and the clinician's estimate of gestational age are used to calculate month prenatal care began. This change has caused a drop in the reported number of mothers with first-trimester prenatal care. In previous years, the month prenatal care began was self-reported.
- "Method of delivery" categories changed in 2011. The categories are vaginal/spontaneous, vaginal/forceps, vaginal/vacuum, cesarean, and unknown. Additional fields collected under the Risk Factors checklist, asking if the mother had any previous cesarean deliveries and, if so, how many. The field for previous cesarean deliveries had to be combined with the field for final route and method of delivery to

calculate vaginal birth after cesarean (VBAC), primary c-section, and repeat c-section. However, there are birth records for which the previous cesarean deliveries item was unknown and cesarean was indicated as the final route and method of delivery. Those records were categorized as c-section. Previous to 2011, the categories for method of delivery were: spontaneous, VBAC, forceps, primary c-section, repeat c-section, other, and unknown.

Extreme caution should be used when comparing data from these fields over time as they are not directly comparable to their pre-2011 counterparts. Wisconsin Vital Records staff recommends that no attempt be made to compare data over time based on these fields.

**Data Fields Eliminated.** Fields that were removed include but are not limited to: APGAR score at one minute, alcohol use during pregnancy, and the birth checklist fields listed below.

- Anemia
- Cardiac Disease
- Acute or Chronic Lung Disease
- Genital Herpes
- Other STD
- Hydramnios/Oligohydramnios
- Hemoglobinopathy
- Incompetent Cervix
- Previous Infant 4000+ Grams
- Renal Disease
- Rh Sensitization
- Uterine Bleeding
- Other Medical Risk Factor (Specify)
- Amniocentesis
- Electronic Fetal Monitoring
- Ultrasound
- Postpartum Sterilization
- Other Obstetric Procedures (Specify)
- Abruption Placenta
- Placenta Previa
- Seizures During Labor
- Dysfunctional Labor
- Cord Prolapse
- Anesthetic Complications
- Other Events of Labor and/or Delivery (Specify)
- Newborn Anemia
- Hyaline Membrane Disease (RDS)
- Meconium Aspiration Syndrome
- Seizures
- Other Abnormal Conditions of the Newborn (Specify)
- Hydrocephalus
- Microcephalus
- Other Central Nervous System Anomalies (Specify)
- Heart Malformations
- Other Circulatory/Respiratory Anomalies (Specify)
- Rectal Atresia/Stenosis
- Tracheo-esophageal Fistula/Esophageal Atresia
- Other Gastrointestinal Anomalies (Specify)
- Malformed Genitalia
- Renal Agensis
- Other Urogenital Anomalies (Specify)
- Polydactyly/Syndactyly/Adactyly
- Club Foot
- Other Musculoskeletal/Integumental Anomalies (Specify)
- Other Chromosomal Anomalies (Specify)
- Other Congenital Anomalies (Specify)

## Survey Instrument (Birth Certificate Worksheet) Data Elements

Below is a list of data elements collected on the birth certificate worksheet. Wisconsin does not publish the actual survey instrument in order to safeguard the data. Note: On this list, “n” means it was a new field in 2011, and “r” means the field was revised in 2011.

Mother’s Medical Record Number<sup>n</sup>

Newborn’s Medical Record Number<sup>n</sup>

Child’s Name

First

Middle

Last

Suffix

Mother’s Current Legal Name

First

Middle

Last

Suffix

Mother’s Name Prior to First Marriage

First

Middle

Last

Suffix

Mother’s Birthplace

Country<sup>f</sup>

US State/US territory

Mother’s Date of Birth

Mother’s Hispanic Origin<sup>f</sup>

Not Spanish/Hispanic/Latina

Mexican, Mexican American, Chicana

Puerto Rican

Cuban

Other

Other Specify

Unknown

Mother’s Race<sup>f</sup>

White

Black or African American

American Indian or Alaska Native

American Indian or Alaska Native Specify Tribe 1

American Indian or Alaska Native Specify Tribe 2

Asian Indian

Chinese

Filipino

Japanese

Korean

- Vietnamese
- Laotian
- Hmong
- Other Asian
  - Other Asian Specify 1
  - Other Asian Specify 2
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
  - Other Pacific Islander Specify 1
  - Other Pacific Islander Specify 2
- Other
  - Other Specify 1
  - Other Specify 2
- Unknown
- Mother's Height
  - Feet<sup>n</sup>
  - Inches<sup>n</sup>
- Mother's Prepregnancy Weight<sup>n</sup>
- Mother's Education<sup>r</sup>
- Cigarette Smoking Before and During Pregnancy<sup>r</sup>
  - Three Months Prior to Pregnancy
  - First Three Months of Pregnancy
  - Second Three Months of Pregnancy
  - Third Trimester of Pregnancy
- Does the Mother Live with Someone who Smokes<sup>n</sup>
- Did Mother get WIC Food for Herself<sup>n</sup>
- Mother's Marital Status
  - Has the Mother Ever Been Legally Married<sup>n</sup>
  - Was the Mother Married at Any Time During this Pregnancy
  - Paternity Acknowledgement Completed in Hospital<sup>n</sup>
- Mother's SSN
- SSN Requested for Child
- Mother's Country of Residence<sup>r</sup>
- Mother's State of Residence
- Mother's County of Residence
- Mother's City/Village/Township of Residence
  - City/Village/Township Indicator
- Mother's Residence Address
  - Street Name and Number<sup>n</sup>
  - Type of Apartment<sup>n</sup>
  - Apartment Number<sup>n</sup>
  - Zip Code<sup>n</sup>
- Mother's Mailing Address
  - In Care of Indicator<sup>n</sup>

In Care of Text<sup>n</sup>  
Address  
Type of Apartment  
Apartment Number  
City  
State  
Zip Code  
Mother's Phone Number<sup>n</sup>  
Mother's Type of Phone<sup>n</sup>  
Husband's Current Legal Name  
First  
Middle  
Last  
Suffix  
Husband's Birth Name  
First<sup>n</sup>  
Middle<sup>n</sup>  
Last<sup>n</sup>  
Suffix<sup>n</sup>  
Husband's Birthplace  
Country<sup>r</sup>  
US State/US territory  
Husband's Date of Birth  
Husband's Hispanic Origin<sup>r</sup>  
Not Spanish/Hispanic/Latino  
Mexican, Mexican American, Chicano  
Puerto Rican  
Cuban  
Other  
Other Specify  
Unknown  
Husband's Race<sup>r</sup>  
White  
Black or African American  
American Indian or Alaska Native  
    American Indian or Alaska Native Specify Tribe 1  
    American Indian or Alaska Native Specify Tribe 2  
Asian Indian  
Chinese  
Filipino  
Japanese  
Korean  
Vietnamese  
Laotian  
Hmong  
Other Asian

Other Asian Specify 1  
 Other Asian Specify 2  
 Native Hawaiian  
 Guamanian or Chamorro  
 Samoan  
 Other Pacific Islander  
     Other Pacific Islander Specify 1  
     Other Pacific Islander Specify 2  
 Other  
     Other Specify 1  
     Other Specify 2  
 Unknown  
 Husband's Education<sup>r</sup>  
 Husband's SSN  
 Type of Birth Facility  
 Facility Name  
 State of Birth  
 County of Birth  
 City/Village/Township of Birth  
 City/Village/Township Indicator of Birth  
 Address of Birth  
 Zip Code of Birth  
 Facility NPI<sup>n</sup>  
 Did Mother Receive Prenatal Care  
 Date of First Prenatal Care Visit<sup>n</sup>  
 Date of Last Prenatal Care Visit<sup>n</sup>  
 Total Number of Prenatal Visits for this Pregnancy  
 Date of Last Normal Menses  
 Number of Previous Live Births Now Living  
 Number of Previous Live Births Now Dead  
 Date of Last Live Birth  
 Number of Other Pregnancy Outcomes – spontaneous or induced losses or ectopic pregnancies<sup>n</sup>  
 Date of Last Other Pregnancy Outcome<sup>n</sup>  
 Risk Factors In this Pregnancy  
     None  
     Diabetes  
         prepregnancy  
         gestational  
     Hypertension  
         prepregnancy  
         gestational  
     Eclampsia  
     Previous Preterm Birth<sup>r</sup>  
     Other Previous Poor Pregnancy Outcome<sup>n</sup>  
     Pregnancy resulted from infertility treatment<sup>n</sup>  
         Fertility Enhancing Drugs, AI or Intrauterine Insemination<sup>n</sup>

Assisted Reproductive Technology<sup>n</sup>  
Mother had a previous cesarean delivery<sup>n</sup>  
Number of Previous C-sections<sup>n</sup>  
Unknown  
Infections Present and/or Treated During This Pregnancy  
None  
Gonorrhea<sup>f</sup>  
Syphilis<sup>f</sup>  
Chlamydia<sup>f</sup>  
Hep B<sup>n</sup>  
Hep C<sup>n</sup>  
Unknown  
Obstetric Procedures  
None  
Cervical Cerclage<sup>n</sup>  
Tocolysis  
External Cephalic Version<sup>n</sup>  
    Successful<sup>n</sup>  
    Failed<sup>n</sup>  
Unknown  
Onset of Labor  
None  
PROM  
Precipitous Labor  
Prolonged Labor  
Unknown  
Child's Date of Birth  
Time of Birth  
Principal Source of Payment for this Delivery<sup>n</sup>  
Mother Transferred for Maternal Medical or Fetal Indications for Delivery  
Mother Transferred From Facility Name<sup>n</sup>  
Attendant's Name  
    First  
    Last  
Attendant's Title  
Attendant's License Number  
Attendant's NPI<sup>n</sup>  
Mother's Weight at Delivery<sup>n</sup>  
Characteristics of Labor and Delivery  
None  
Induction of labor  
Augmentation of labor  
Non-Vertex Presentation<sup>f</sup>  
Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery<sup>n</sup>  
Antibiotics received by the mother during labor<sup>n</sup>

Clinical Chorioamnionitis diagnosed during labor or maternal temperature  
 $\geq 38^{\circ}C(100.4^{\circ}F)$   
 Moderate/Heavy Meconium Staining of the Amniotic Fluid  
 Fetal intolerance of labor such that one or more of the following actions was taken:  
 in-utero resuscitative measures, further fetal assessment, or operative delivery<sup>f</sup>  
 Epidural or Spinal Anesthesia During Labor<sup>n</sup>  
 Unknown  
 Method of Delivery  
     Was Delivery with Forceps Attempted but Unsuccessful<sup>n</sup>  
     Was Delivery with Vacuum Extraction Attempted but Unsuccessful<sup>n</sup>  
 Fetal Presentation at Birth  
 Final Route and Method of Delivery  
     If cesarean, was a trial of labor attempted<sup>n</sup>  
 Maternal Morbidity  
     None  
     Maternal Transfusion<sup>n</sup>  
     Third or Fourth Degree Perineal Laceration<sup>n</sup>  
     Ruptured Uterus<sup>n</sup>  
     Unplanned Hysterectomy<sup>n</sup>  
     Admission to Intensive Care Unit<sup>n</sup>  
     Unplanned Operating Room Procedure Following Delivery<sup>n</sup>  
     Unknown  
 Birthweight  
 Length at Birth  
 Infant's Sex  
 Obstetric Estimate of Gestation  
 APGAR at 5 Minutes  
 APGAR at 10 Minutes (if APGAR at 5 minutes is less than 6)<sup>n</sup>  
 Plurality  
 If Not Single Birth, Order  
 Number of Infants Born Alive (multiple births only)<sup>n</sup>  
 Abnormal Conditions of the Newborn  
     None  
     Assisted Ventilation Required Immediately Following Delivery<sup>n</sup>  
     Assisted Ventilation Required for More Than 6 Hours<sup>n</sup>  
     NICU Admission<sup>n</sup>  
     Newborn Given Surfactant Replacement Therapy<sup>n</sup>  
     Antibiotics Received by the Newborn for Suspected Neonatal Sepsis<sup>n</sup>  
     Seizure or Serious Neurologic Dysfunction  
     Significant Birth Injury (Skeletal Fracture(s), Peripheral Nerve Injury, and/or Soft  
     Tissue/Solid Organ Hemorrhage Which Requires Intervention)  
     Unknown  
 Congenital Anomalies of the Newborn  
     None  
     Anencephaly  
     Meningomyelocele/Spina bifida

Cyanotic Congenital Heart Disease<sup>n</sup>  
Congenital Diaphragmatic Hernia  
Omphalocele<sup>r</sup>  
Gastroschisis<sup>r</sup>  
Limb Reduction Defect<sup>n</sup>  
Cleft Lip with or without Cleft Palate<sup>r</sup>  
Cleft Palate alone<sup>n</sup>  
Down Syndrome  
    Karyotype Confirmed<sup>n</sup>  
    Karyotype Pending<sup>n</sup>  
Suspected Chromosomal Disorder<sup>r</sup>  
    Karyotype Confirmed<sup>n</sup>  
    Karyotype Pending<sup>n</sup>  
Hypospadias<sup>n</sup>  
Unknown  
Is the Infant Being Breastfed at Discharge<sup>n</sup>  
Newborn Screening Blood Card Number<sup>n</sup>  
Vaccine Administered to Infant 1<sup>n</sup>  
Date Vaccine Administered to Infant 1<sup>n</sup>  
Vaccine Administered to Infant 2<sup>n</sup>  
Date Vaccine Administered to Infant 2<sup>n</sup>  
Was Infant Transferred Within 24 Hours of Delivery<sup>r</sup>  
If Infant Transferred Name of Facility Transferred To<sup>r</sup>  
Infant Died  
Infant's Date of Death

<sup>n</sup> = New field in 2011

<sup>r</sup> = Revised field in 2011



**Map 2. Wisconsin Perinatal Regions, 2011**



Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics.