

Birth Data File (2000 and forward) - Variable List

| Field Number | Field Name | Label | Values |
|---------------------------------|------------------------|---|---|
| <i>iPHD generated variables</i> | | | |
| | person_id_### | iPHD - Person level study ID | |
| | source_id | iPHD - Data Source ID (Name-Year) | |
| | source_year | iPHD - Data Source Year | |
| | match_jobid | iPHD - Record Matching Batch Job ID | |
| | numrecs | iPHD - Number of records a person is associated within match job (not study specific) | |
| <i>Source data variables</i> | | | |
| 4 | ebfMotherAdmissionDate | 4. MOTHER-DATE OF ADMISSION | MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year. |
| 10 | ebfSpcPrivate | 10. SOURCE OF PRENATAL CARE-PRIVATE | Blank = Unknown, 1 = Yes, 2 = No |
| 11 | ebfSpcHmoHp | 11. SOURCE OF PRENATAL CARE-HMO/HEALTH PLAN GROUP PRACTICE | Blank = Unknown, 1 = Yes, 2 = No |
| 12 | ebfSpcHealthStart | 12. SOURCE OF PRENATAL CARE-HEALTHSTART | Blank = Unknown, 1 = Yes, 2 = No |
| 13 | ebfSpcComHC | 13. SOURCE OF PRENATAL CARE-COMMUNITY HEALTH CENTER | Blank = Unknown, 1 = Yes, 2 = No |
| 14 | ebfSpcGSHP | 14. SOURCE OF PRENATAL CARE-GARDEN STATE HEALTH PLAN | Blank = Unknown, 1 = Yes, 2 = No |
| 15 | ebfSpcHospClinic | 15. SOURCE OF PRENATAL CARE-HOSPITAL CLINIC | Blank = Unknown, 1 = Yes, 2 = No |
| 16 | ebfSpcOtherClinic | 16. SOURCE OF PRENATAL CARE-OTHER CLINIC | Blank = Unknown, 1 = Yes, 2 = No |
| 17 | ebfSpcOther | 17. SOURCE OF PRENATAL CARE-OTHER | Blank = Unknown, 1 = Yes, 2 = No |
| 18 | ebfSpcNone | 18. SOURCE OF PRENATAL CARE-NONE | Blank = Unknown, 1 = Yes, 2 = No |
| 19 | ebfSpcUnknown | 19. SOURCE OF PRENATAL CARE-UNKNOWN | Blank = Unknown, 1 = Yes, 2 = No |
| 20 | ebfSpcOtherSpecify | 20. SOURCE OF PRENATAL CARE-OTHER SPECIFIED | Literal |
| 21 | ebfPrenatalBegan | 21. MONTH OF PREGNANCY PRENATAL CARE BEGAN | 1st month = 1, 2nd month = 2, 3rd month = 3, 4th month = 4, 5th month = 5, 6th month = 6, 7th month = 7, 8th month = 8, 9th month = 9, Unknown = - , None = 0 |
| 22 | ebfTotPreg | 22. TOTAL PREGNANCIES | 01-20, 99 = Unknown |
| 23 | ebfTotLiveBirths | 23. TOTAL NUMBER OF PREVIOUS LIVE BIRTHS | 00 = None, 01 - 30, 99 = Unknown |
| 24 | ebfLiveBirthNLiving | 24. NUMBER OF LIVE BIRTHS NOW LIVING | 00 = None, 01 - 30, 99 = Unknown |
| 25 | ebfLiveBirthNDead | 25. NUMBER OF LIVE BIRTHS NOW DEAD | 00 = None, 01 - 30, 99 = Unknown |

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|--------------|---------------------------------|--|--|
| 26 | ebfDateLastLiveBirth | 26. DATE OF LAST LIVE BIRTH | MMDDYYYY "99" in either the MM or DD position represent unknown month or date |
| 27 | ebfNumOtherPregOutcomes | 27. NUMBER OF OTHER PREGNANCY OUTCOMES | 00 = None, 01 - 30, 99 = Unknown |
| 28 | ebfDateofLastOtherPregOutcome | 28. DATE OF LAST OTHER PREGNANCY OUTCOME | MMDDYYYY "99" in either the MM or DD position represent unknown month or date |
| 29 | ebfHistCSect | 29. PRIOR HISTORY OF A CESAREAN SECTION | 1 = Yes, 2 = No, 9 = Unknown |
| 30 | ebfTobaccoUseNCHS | 30. TOBACCO USE (NCHS VERSION) | 1 = Yes, 2 = No, 9 = Unknown |
| 31 | ebfTobacco | 31. TOBACCO USAGE | 1 = Yes, 2 = No, 3 = Yes, but quit during this pregnancy, 4 = Yes, but cut down during this pregnancy, 9 = Unknown |
| 32 | ebfTobaccoNumDay | 32. AVERAGE NUMBER OF CIGS PER DAY | 00 - 97, 98 = 98 or more, 99 = Unknown |
| 33 | ebfAlcoholUseNCHS | 33. ALCOHOL USE (NCHS VERSION) | 1 = Yes, 2 = No, 9 = Unknown |
| 34 | ebfAlcohol | 34. ALCOHOL USE | 1 = Yes, 2 = No, 3 = Yes, but quit during this pregnancy, 4 = Yes, but cut down during this pregnancy, 9 = Unknown |
| 35 | ebfAlcoholNumWeek | 35. AVERAGE NUMBER OF DRINKS PER WEEK | 00 - 97, 98 = 98 or more, 99 = Unknown |
| 36 | ebfSubstanceUseNCHS | 36. DRUG USE (NCHS VERSION) | 1 = Yes, 2 = No, 9 = Unknown |
| 37 | ebfSubstanceUse | 37. SUBSTANCE USE DURING PREGNANCY | 1 = Yes, 2 = No, 3 = Yes, but quit during this pregnancy, 4 = Yes, but cut down during this pregnancy, 9 = Unknown |
| 38 | ebfHepBSerologyObtained | 38. HEPATITIS B SEROLOGY OBTAINED | 1 = Yes, 2 = No, 9 = Unknown |
| 39 | ebfSyphilisSerologyObtained | 39. SYPHILIS SEROLOGY OBTAINED | 1 = Yes, 2 = No, 9 = Unknown |
| 40 | ebfSyphilisSerologyDateObtained | 40. SYPHILIS SEROLOGY DATE | MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year. |

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| Field Number | Field Name | Label | Values |
|--------------|----------------------------------|--|--|
| 41 | ebfMothersBloodType | 41. MOTHER'S BLOOD TYPE | A = A, B = B, C = AB, O = O, U = Unknown |
| 42 | ebfMothersBloodTypeRh | 42. MOTHER'S RH BLOOD GROUP | P = Positive, N = Negative, U = Unknown |
| 43 | ebfObProcsCVS | 43. OBSTETRIC PROCEDURES-CHORIONIC VILLUS SAMPLING (CVS) | Blank = Unknown, 1 = Yes, 2 = No |
| 44 | ebfObProcsUltrasoundPerformed | 44. OBSTETRIC PROCEDURES-ULTRASOUND PERFORMED | Blank = Unknown, 1 = Yes, 2 = No |
| 45 | ebfObProcsAmnioGeneticScreening | 45. OBSTETRIC PROCEDURES-AMNIO GENETIC SCREENING | Blank = Unknown, 1 = Yes, 2 = No |
| 46 | ebfObProcsAmniocentesis | 46. OBSTETRIC PROCEDURES-AMNIOCENTESIS | Blank = Unknown, 1 = Yes, 2 = No |
| 47 | ebfObProcsTocolysisPrior | 47. OBSTETRIC PROCEDURES-TOCOLYSIS PRIOR TO CURRENT LABOR | Blank = Unknown, 1 = Yes, 2 = No |
| 48 | ebfObProcsAuscultation | 48. OBSTETRIC PROCEDURES-AUSCULTATION | Blank = Unknown, 1 = Yes, 2 = No |
| 49 | ebfObProcsElectronicFetalMonExt | 49. OBSTETRIC PROCEDURES-EXTERNAL ELECTRONIC FETAL MONITORING | Blank = Unknown, 1 = Yes, 2 = No |
| 50 | ebfObProcsElectronicFetalMonInt | 50. OBSTETRIC PROCEDURES-INTERNAL ELECTRONIC FETAL MONITORING | Blank = Unknown, 1 = Yes, 2 = No |
| 51 | ebfObProcsTocolysisCurrent | 51. OBSTETRIC PROCEDURES-TOCOLYSIS FOR CURRENT LABOR | Blank = Unknown, 1 = Yes, 2 = No |
| 52 | ebfObProcsStimulationLabor | 52. OBSTETRIC PROCEDURES-STIMULATION OF LABOR | Blank = Unknown, 1 = Yes, 2 = No |
| 53 | ebfObProcsInductionLabor | 53. OBSTETRIC PROCEDURES-INDUCTION OF LABOR | Blank = Unknown, 1 = Yes, 2 = No |
| 54 | ebfObProcsEpisiotomy | 54. OBSTETRIC PROCEDURES-EPISIOTOMY | Blank = Unknown, 1 = Yes, 2 = No |
| 55 | ebfObProcsOther | 55. OBSTETRIC PROCEDURES-OTHER | Blank = Unknown, 1 = Yes, 2 = No |
| 56 | ebfObProcsObstetricProcsNone | 56. OBSTETRIC PROCEDURES-NO OBSTETRIC PROCEDURES | Blank = Unknown, 1 = Yes, 2 = No |
| 57 | ebfObProcsOtherSpecify | 57. OBSTETRIC PROCEDURES-OTHER SPECIFY | Literal |
| 58 | ebfMRFAemia | 58. MATERNAL RISK FACTORS-ANEMIA | Blank = Unknown, 1 = Yes, 2 = No |
| 59 | ebfMRFCardiacDisease | 59. MATERNAL RISK FACTORS-CARDIAC DISEASE | Blank = Unknown, 1 = Yes, 2 = No |
| 60 | ebfMRFComa | 60. MATERNAL RISK FACTORS-COMA | Blank = Unknown, 1 = Yes, 2 = No |
| 61 | ebfMRFDiabPrepregnancyInsulin | 61. MATERNAL RISK FACTORS-DIABETES-PREEXISTING INSULIN DEPENDENT | Blank = Unknown, 1 = Yes, 2 = No |
| 62 | ebfMRFDiabPrepregnancyNonInsulin | 62. MATERNAL RISK FACTORS-DIABETES-PREEXISTING NON-INSULIN DEPENDENT | Blank = Unknown, 1 = Yes, 2 = No |
| 63 | ebfMRFDiabetes | 63. MATERNAL RISK FACTORS-DIABETES-GESTATIONAL | Blank = Unknown, 1 = Yes, 2 = No |
| 64 | ebfMRFHypEclampsia | 64. MATERNAL RISK FACTORS-ECLAMPSIA | Blank = Unknown, 1 = Yes, 2 = No |
| 65 | ebfMRFGenitalHerpes | 65. MATERNAL RISK FACTORS-GENITAL HERPES | Blank = Unknown, 1 = Yes, 2 = No |
| 66 | ebfMRFHemoglobinopathy | 66. MATERNAL RISK FACTORS-HEMOGLOBINOPATHY | Blank = Unknown, 1 = Yes, 2 = No |
| 67 | ebfMRFInfectHepB | 67. MATERNAL RISK FACTORS-HEPATITIS B SURFACE ANTIGEN POSITIVE | Blank = Unknown, 1 = Yes, 2 = No |
| 68 | ebfMRFHDRAMNIOS | 68. MATERNAL RISK FACTORS-HYDRAMNIOS/OLIGOHYDRAMNIOS | Blank = Unknown, 1 = Yes, 2 = No |
| 69 | ebfMRFHypHypertension | 69. MATERNAL RISK FACTORS-HYPERTENSION CHRONIC | Blank = Unknown, 1 = Yes, 2 = No |
| 70 | ebfMRFHypHypertensionPreg | 70. MATERNAL RISK FACTORS-HYPERTENSION PREGNANCY RELATED | Blank = Unknown, 1 = Yes, 2 = No |
| 71 | ebfMRFINcompetentCervix | 71. MATERNAL RISK FACTORS-INCOMPETENT CERVIX | Blank = Unknown, 1 = Yes, 2 = No |
| 72 | ebfMRFChronicLungDisease | 72. MATERNAL RISK FACTORS-LUNG DISEASE ACUTE OR CHRONIC | Blank = Unknown, 1 = Yes, 2 = No |
| 73 | ebfMRFHypPreeclampsia | 73. MATERNAL RISK FACTORS-PREECLAMPSIA | Blank = Unknown, 1 = Yes, 2 = No |
| 74 | ebfMRFPREVInfantGrams | 74. MATERNAL RISK FACTORS-PREVIOUS INFANT 4000+ GRAMS | Blank = Unknown, 1 = Yes, 2 = No |

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|--------------|-----------------------------|---|---|
| 75 | ebfMRFUterineSurgery | 75. MATERNAL RISK FACTORS-PREVIOUS MAJOR UTERINE SURGERY | Blank = Unknown, 1 = Yes, 2 = No |
| 76 | ebfMRFPreviousPretermBirth | 76. MATERNAL RISK FACTORS-PREVIOUS PRETERM OR SMALL-FOR-GESTATIONAL AGE INF | Blank = Unknown, 1 = Yes, 2 = No |
| 77 | ebfMRFRenalDisease | 77. MATERNAL RISK FACTORS-RENAL DISEASE | Blank = Unknown, 1 = Yes, 2 = No |
| 78 | ebfMRFRhSensitization | 78. MATERNAL RISK FACTORS-RH SENSITIZATION | Blank = Unknown, 1 = Yes, 2 = No |
| 79 | ebfMRFOtherIsoimmunization | 79. MATERNAL RISK FACTORS-OTHER ISOIMMUNIZATION | Blank = Unknown, 1 = Yes, 2 = No |
| 80 | ebfMRFSeizures | 80. MATERNAL RISK FACTORS-SEIZURES | Blank = Unknown, 1 = Yes, 2 = No |
| 81 | ebfMRFOtherSTD | 81. MATERNAL RISK FACTORS-OTHER SEXUALLY TRANSMITTED DISEASES | Blank = Unknown, 1 = Yes, 2 = No |
| 82 | ebfMRFInfectSyphilis | 82. MATERNAL RISK FACTORS-SYPHILIS SEROLOGY POSITIVE | Blank = Unknown, 1 = Yes, 2 = No |
| 83 | ebfMRFUterineBleeding | 83. MATERNAL RISK FACTORS-UTERINE BLEEDING | Blank = Unknown, 1 = Yes, 2 = No |
| 84 | ebfMRFOther | 84. MATERNAL RISK FACTORS-OTHER | Blank = Unknown, 1 = Yes, 2 = No |
| 85 | ebfMRFRFNone | 85. MATERNAL RISK FACTORS-NONE | Blank = Unknown, 1 = Yes, 2 = No |
| 86 | ebfMRFRFUnknown | 86. MATERNAL RISK FACTORS-UNKNOWN | Blank = Unknown, 1 = Yes, 2 = No |
| 87 | ebfMRFOtherSTDSpecify | 87. MATERNAL RISK FACTORS-OTHER STD SPECIFY | Literal |
| 88 | ebfMRFOtherSpecify | 88. MATERNAL RISK FACTORS-OTHER MEDICAL RISK SPECIFY | Literal |
| 89 | ebfNumPrenatalVisits | 89. TOTAL NUMBER OF PRENATAL VISITS | 00 = None, 01 - 49, 99 = Unknown |
| 90 | ebfWeightGainPreg | 90. WEIGHT GAIN DURING PREGNANCY IN POUNDS | 00 = None, 01 - 49, 99 = Unknown |
| 91 | ebfPrenatalCareInfoReviewed | 91. PRENATAL CARE INFO REVIEWED BY HOSPITAL | 1 = Yes, 2 = No, 9 = Unknown |
| 92 | ebfPrenatalCareInfoChanges | 92. CHANGES MADE TO PRENATAL CARE INFO | 1 = Yes, 2 = No, 9 = Unknown |
| 93 | ebfPrenatalCareRecAvail | 93. PRENATAL CARE RECORD AVAILABLE | 1 = Yes, 2 = No, 9 = Unknown |
| 94 | ebfMotherTransferredFrom | 94. MOTHER TRANSFERRED FROM ANOTHER FACILITY | 1 = Yes, 2 = No, 9 = Unknown |
| 95 | ebfMotherFacTransFromCode | 95. FACILITY MOTHER TRANSFERRED FROM-FACILITY CODE | 3-digit VS hospital code Blank = Unknown/not transferred |
| 98 | ebfMotherFacTransFromState | 98. FACILITY MOTHER TRANSFERRED FROM-STATE | Refer to values in 1. STATE FILE NUMBER. |
| 99 | ebfAnestheticInhalation | 99. TYPE OF ANESTHETIC-INHALATION | Blank = Unknown, 1 = Yes, 2 = No |
| 100 | ebfAnestheticEpidural | 100. TYPE OF ANESTHETIC-EPIDURAL | Blank = Unknown, 1 = Yes, 2 = No |
| 101 | ebfAnestheticSpinal | 101. TYPE OF ANESTHETIC-SPINAL | Blank = Unknown, 1 = Yes, 2 = No |
| 102 | ebfAnestheticLocal | 102. TYPE OF ANESTHETIC-LOCAL | Blank = Unknown, 1 = Yes, 2 = No |
| 103 | ebfAnestheticPudendal | 103. TYPE OF ANESTHETIC-PUDENDAL | Blank = Unknown, 1 = Yes, 2 = No |
| 104 | ebfAnestheticOther | 104. TYPE OF ANESTHETIC-OTHER | Blank = Unknown, 1 = Yes, 2 = No |
| 105 | ebfAnestheticNone | 105. TYPE OF ANESTHETIC-NONE | Blank = Unknown, 1 = Yes, 2 = No |
| 106 | ebfAnestheticOtherSpecify | 106. TYPE OF ANESTHETIC-OTHER SPECIFY | Literal |
| 107 | ebfLDPlacentaAbruptio | 107. CHARS OF L&D-PLACENTA ABRUPTIO | Blank = Unknown, 1 = Yes, 2 = No |
| 108 | ebfLDAnestheticComplication | 108. CHARS OF L&D-ANESTHETIC COMPLICATION | Blank = Unknown, 1 = Yes, 2 = No |
| 109 | ebfLDArrestedProgress | 109. CHARS OF L&D-ARRESTED PROGRESS | Blank = Unknown, 1 = Yes, 2 = No |
| 110 | ebfLDBreech | 110. CHARS OF L&D-BREECH/MALPRESENTATION | Blank = Unknown, 1 = Yes, 2 = No |

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|--------------|-----------------------------------|--|--|
| 111 | ebfLDCephalopelvicDispro | 111. CHARS OF L&D-CEPHALOPELVIC DISPROPORTION | Blank = Unknown, 1 = Yes, 2 = No |
| 112 | ebfLDCordComplication | 112. CHARS OF L&D-CORD COMPLICATIONS | Blank = Unknown, 1 = Yes, 2 = No |
| 113 | ebfLDCordProlapse | 113. CHARS OF L&D-CORD PROLAPSE | Blank = Unknown, 1 = Yes, 2 = No |
| 114 | ebfLDDysfunctionalLabor | 114. CHARS OF L&D-DYSFUNCTIONAL LABOR | Blank = Unknown, 1 = Yes, 2 = No |
| 115 | ebfLDExcessiveBloodLoss | 115. CHARS OF L&D-EXCESSIVE BLOOD LOSS | Blank = Unknown, 1 = Yes, 2 = No |
| 116 | ebfLDFetalDistress | 116. CHARS OF L&D-FETAL DISTRESS | Blank = Unknown, 1 = Yes, 2 = No |
| 117 | ebfLDFever | 117. CHARS OF L&D-FEBRILE | Blank = Unknown, 1 = Yes, 2 = No |
| 118 | ebfLDIntrapartumInfection | 118. CHARS OF L&D-INTRAPARTUM INFECTION | Blank = Unknown, 1 = Yes, 2 = No |
| 119 | ebfLDLacerationsWithHemorrhage | 119. CHARS OF L&D-LACERATIONS WITH HEMORRHAGE | Blank = Unknown, 1 = Yes, 2 = No |
| 120 | ebfLDLacerationsWithOutHemorrhage | 120. CHARS OF L&D-LACERATIONS WITHOUT HEMORRHAGE | Blank = Unknown, 1 = Yes, 2 = No |
| 121 | ebfLDMaternalDeath | 121. CHARS OF L&D-MATERNAL DEATH | Blank = Unknown, 1 = Yes, 2 = No |
| 122 | ebfLDModHeavyMeconium | 122. CHARS OF L&D-MODERATE/HEAVY MECONIUM STAINING | Blank = Unknown, 1 = Yes, 2 = No |
| 123 | ebfLDNRFHeartPattern | 123. CHARS OF L&D-NON-REASSURING FETAL HEART PATTERN | Blank = Unknown, 1 = Yes, 2 = No |
| 124 | ebfLDPlacentaPrevia | 124. CHARS OF L&D-PLACENTA PREVIA | Blank = Unknown, 1 = Yes, 2 = No |
| 125 | ebfLDPrecipitousLabor | 125. CHARS OF L&D-PRECIPITOUS LABOR | Blank = Unknown, 1 = Yes, 2 = No |
| 126 | ebfLDPrematureRupture | 126. CHARS OF L&D-PREMATURE RUPTURE OF MEMBRANE | Blank = Unknown, 1 = Yes, 2 = No |
| 127 | ebfLDPretermRupture | 127. CHARS OF L&D-PRETERM RUPTURE OF MEMBRANES | Blank = Unknown, 1 = Yes, 2 = No |
| 128 | ebfLDProlongedLabor | 128. CHARS OF L&D-PROLONGED LABOR | Blank = Unknown, 1 = Yes, 2 = No |
| 129 | ebfLDRuptureGt24 | 129. CHARS OF L&D-RUPTURE OF MEMBRANES (>24 HOURS) | Blank = Unknown, 1 = Yes, 2 = No |
| 130 | ebfLDRupturedUterus | 130. CHARS OF L&D-RUPTURED UTERUS | Blank = Unknown, 1 = Yes, 2 = No |
| 131 | ebfLDSeizure | 131. CHARS OF L&D-SEIZURE DURING LABOR | Blank = Unknown, 1 = Yes, 2 = No |
| 132 | ebfLDShoulderDystocia | 132. CHARS OF L&D-SHOULDER DYSTOCIA | Blank = Unknown, 1 = Yes, 2 = No |
| 133 | ebfLDUterineAtony | 133. CHARS OF L&D-UTERINE ATONY | Blank = Unknown, 1 = Yes, 2 = No |
| 134 | ebfLDOther | 134. CHARS OF L&D-OTHER | Blank = Unknown, 1 = Yes, 2 = No |
| 135 | ebfLDNone | 135. CHARS OF L&D-NO COMPLICATIONS | Blank = Unknown, 1 = Yes, 2 = No |
| 136 | ebfLDOtherSpecify | 136. CHARS OF L&D-OTHER SPECIFY | Literal |
| 137 | ebfLengthLabor | 137. LENGTH OF LABOR | 00 - 48, 99 = Unknown |
| 138 | ebfHysterectomy | 138. HYSTERECTOMY PERFORMED DURING DELIVERY | 1 = Yes, 2 = No. 9 = Unknown |
| 139 | ebfMaternalBloodLoss | 139. MATERNAL BLOOD LOSS | 0000 - 9998, Blank = unknown |
| 141 | ebfNbHearScreenMethodRight | 141. NEWBORN HEARING SCREEN METHOD RIGHT EAR | 1 = DPOAE, 2 = TEOAE, 3 = Conventional ABR, 4 = Automated ABR, |
| 142 | ebfNbHearScreenResultRight | 142. NEWBORN HEARING SCREEN RESULT RIGHT EAR | 1 = Passed, 2 = Referred, 3 = Inconclusive, 4 = Test Not Done, 9 = Unknown |
| 143 | ebfNbHearScreenSequenceRight | 143. NEWBORN HEARING SCREEN SEQUENCE RIGHT EAR | Blank = Screen type unknown, 1 = Initial, 2 = Repeat screen |

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|--------------|-----------------------------|---|--|
| 144 | ebfNbHearScreenMethodLeft | 144. NEWBORN HEARING SCREEN METHOD LEFT EAR | 1 = DPOAE, 2 = TEOAE, 3 = Conventional ABR, 4 = Automated ABR, 5 = Both OAE and ABR, 6 = Other/Not Listed, 7 = Test Not Done, 9 = Unknown |
| 145 | ebfNbHearScreenResultLeft | 145. NEWBORN HEARING SCREEN RESULT LEFT EAR | 1 = Passed, 2 = Referred, 3 = Inconclusive, 4 = Test Not Done, 9 = Unknown |
| 146 | ebfNbHearScreenSequenceLeft | 146. NEWBORN HEARING SCREEN SEQUENCE LEFT EAR | Blank = Screen type unknown, 1 = Initial, 2 = Repeat screen |
| 147 | ebfNbHearScreenReferred | 147. NEWBORN HEARING SCREEN REFERRED TO PHYSICIAN/AUDIOLOGIST | Blank = Unknown, 1 = Yes, 2 = No |
| 148 | ebfTransmissionReceiptDate | 148. TRANSMISSION RECEIPT DATE | MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year. |
| 150 | ebfChDoB | 150. CHILD DATE OF BIRTH | MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year. |
| 152 | ebfDlvrOutcome | 152. DELIVERY OUTCOME | Blank = Unknown 1 = Live Birth 2 = Fetal Death Before Labor (Antepartum Fetal Death) 3 = Fetal Death During Labor (Intrapartum Fetal Death) |
| 153 | ebfMDForcepsOutlet | 153. METHOD OF DELIVERY-OUTLET FORCEPS | Blank = Unknown, 1 = Yes, 2 = No |
| 154 | ebfMDForcepsLow | 154. METHOD OF DELIVERY-LOW FORCEPS | Blank = Unknown, 1 = Yes, 2 = No |
| 155 | ebfMDForcepsMid | 155. METHOD OF DELIVERY-MID FORCEPS | Blank = Unknown, 1 = Yes, 2 = No |
| 156 | ebfMDForcepsOther | 156. METHOD OF DELIVERY-OTHER FORCEPS | Blank = Unknown, 1 = Yes, 2 = No |
| 157 | ebfMDVacuum | 157. METHOD OF DELIVERY-VACUUM | Blank = Unknown, 1 = Yes, 2 = No |
| 158 | ebfMDSpontaneousBreech | 158. METHOD OF DELIVERY-SPONTANEOUS/ASSISTED BREECH | Blank = Unknown, 1 = Yes, 2 = No |
| 159 | ebfMDVersionExtraction | 159. METHOD OF DELIVERY-VERSION/EXTRACTION | Blank = Unknown, 1 = Yes, 2 = No |

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|--------------|---------------------------|--|--|
| 160 | ebfMDBreechExtraction | 160. METHOD OF DELIVERY-BREECH EXTRACTION | Blank = Unknown, 1 = Yes, 2 = No |
| 161 | ebfMDVaginal | 161. METHOD OF DELIVERY-VAGINAL | Blank = Unknown, 1 = Yes, 2 = No |
| 162 | ebfMDCSectFailTrial | 162. METHOD OF DELIVERY-C-SECTION FAILED TRIAL LABOR | Blank = Unknown, 1 = Yes, 2 = No |
| 163 | ebfMDCSectNoTrial | 163. METHOD OF DELIVERY-C-SECTION NO TRIAL LABOR | Blank = Unknown, 1 = Yes, 2 = No |
| 164 | ebfPluralityCode | 164. BIRTH PLURALITY CODE | 1 = Single, 2 = Twin, 3 = Triplet, 4 = Quadruplet, 5 = Quintuplet, 6 = Sextuplet, 7 = Septuplet, 8 = Octuplet, 9 = Nonuplet, Blank = Unknown |
| 165 | ebfPluralitySeq | 165. BIRTH PLURALITY SEQUENCE | 1 = 1st, 2 = 2nd, 3 = 3rd, 4 = 4th, 5 = 5th, 6 = 6th, 7 = 7th, 8 = 8th, 9 = 9th, Blank = Unknown |
| 166 | ebfNumLiveBirthPregnancy | 166. NUMBER OF LIVE BIRTHS IN THIS PREGNANCY | Set as Blank |
| 167 | ebfNumFetalDeathPregnancy | 167. NUMBER OF FETAL DEATHS IN THIS PREGNANCY | Set as Blank |
| 168 | ebfChGender | 168. CHILD GENDER | Blank = Unknown, 1 = Male, 2 = Female |
| 169 | ebfApgar1Minute | 169. APGAR-SCORE AT 1 MINUTE | 00 - 10, 99 = Unknown |
| 170 | ebfApgar5Minute | 170. APGAR-SCORE AT 5 MINUTES | 00 - 10, 99 = Unknown |
| 171 | ebfChBirthWeightUOM | 171. CHILD UNITS OF BIRTH WEIGHT | Blank = Unknown, 1 = Gram |
| 172 | ebfChBirthWeight | 172. CHILD BIRTH WEIGHT | Blank = Not Classifiable or Unknown, 0100 - 8000 |
| 173 | ebfEstGestationWeeks | 173. ESTIMATED GESTATION WEEKS | 00 - 44, 99 = Unknown |
| 174 | ebfAttendantType | 174. PRIMARY ATTENDANT TYPE | 1 = M.D., 2 = D.O., 3 = C.N.M., 4 = Other Midwife, 5 = Other (specify), 9 = Unknown |
| 175 | ebfAttendantTypeSpec | 175. PRIMARY ATTENDANT TYPE-SPECIFY | Literal |
| 180 | ebfPlaceBirth | 180. PLACE OF BIRTH TYPE | 1 = Hospital, 2 = Freestanding birth center, 3 = Clinic/Doctor's office, 4 = Residence, 5 = Other (specify), 9 = Unknown |
| 181 | ebfPlaceBirthSpecify | 181. PLACE OF BIRTH-SPECIFY | Four-digit BVS Code Blank = Unknown |
| 182 | ebfDlvryFacilityCode | 182. DELIVERY FACILITY CODE | Four-digit BVS Code Blank = Unknown |
| 185 | ebfDlvryFacilityState | 185. DELIVERY FACILITY STATE | Two-character state abbreviations. |
| 186 | ebfCaAnencephalus | 186. CONGENITAL ANOMALIES-ANENCEPHALUS | Blank = Unknown 1 = Yes 2 = No |

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|--------------|----------------------------------|--|--------------------------------|
| 187 | ebfCaMeningomyelocele | 187. CONGENITAL ANOMALIES-MENINGOMYELOCELE/SPINA BIFIDA | Blank = Unknown 1 = Yes 2 = No |
| 188 | ebfCaHydrocephalus | 188. CONGENITAL ANOMALIES-HYDROCEPHALUS | Blank = Unknown 1 = Yes 2 = No |
| 189 | ebfCaMicrocephalus | 189. CONGENITAL ANOMALIES-MIROCEPHALUS | Blank = Unknown 1 = Yes 2 = No |
| 190 | ebfCaOtherCNS | 190. CONGENITAL ANOMALIES-OTHER CENTRAL NERVOUS SYSTEM ANOMALIES | Blank = Unknown 1 = Yes 2 = No |
| 191 | ebfCaOtherCNSSpecify | 191. CONGENITAL ANOMALIES-OTHER CNS-SPECIFY | Literal |
| 192 | ebfCaHeartMalformation | 192. CONGENITAL ANOMALIES-HEART MALFORMATIONS | Blank = Unknown 1 = Yes 2 = No |
| 193 | ebfCaOtherCircResp | 193. CONGENITAL ANOMALIES-OTHER CIRCULATORY/RESPIRATORY ANOMALIES | Blank = Unknown 1 = Yes 2 = No |
| 194 | ebfCaOtherCircRespSpecify | 194. CONGENITAL ANOMALIES-OTHER CIRCULATORY/RESPIRATORY ANOMALIES-SPECIFY | Literal |
| 195 | ebfCaRectalAtresia | 195. CONGENITAL ANOMALIES-RECTAL ATRESIA/STENOSIS | Blank = Unknown 1 = Yes 2 = No |
| 196 | ebfCaEsophagealAtresia | 196. CONGENITAL ANOMALIES-TRACHEO-ESOPHAGEAL FISTULA/ESOPHAGEAL ATRESIA | Blank = Unknown 1 = Yes 2 = No |
| 197 | ebfCaOmphalocele | 197. CONGENITAL ANOMALIES-OMPHALOCELE/GASTROSCHISIS | Blank = Unknown 1 = Yes 2 = No |
| 198 | ebfCaOtherGatroidintestinal | 198. CONGENITAL ANOMALIES-OTHER GASTROINTESTINAL ANOMALIES | Blank = Unknown 1 = Yes 2 = No |
| 199 | ebfCaOtherGatroSpecify | 199. CONGENITAL ANOMALIES-OTHER GASTROINTESTINAL ANOMALIES-SPECIFY | Literal |
| 200 | ebfCaMalformedGenitalia | 200. CONGENITAL ANOMALIES-MALFORMED GENITALIA | Blank = Unknown 1 = Yes 2 = No |
| 201 | ebfCaRenalAgenesis | 201. CONGENITAL ANOMALIES-RENAL AGENESIS | Blank = Unknown 1 = Yes 2 = No |
| 202 | ebfCaOtherUrogenital | 202. CONGENITAL ANOMALIES-OTHER UROGENITAL ANOMALIES | Blank = Unknown 1 = Yes 2 = No |
| 203 | ebfCaOtherUrogenitalSpecify | 203. CONGENITAL ANOMALIES-OTHER UROGENITAL ANOMALIES-SPECIFY | Literal |
| 204 | ebfCaCleftLipWorWOCleftPalate | 204. CONGENITAL ANOMALIES-CLEFT LIP/PALATE | Blank = Unknown 1 = Yes 2 = No |
| 205 | ebfCaPolydactyly | 205. CONGENITAL ANOMALIES-POLYDACTYLY/SYNDACTYLY/ADACTYLY | Blank = Unknown 1 = Yes 2 = No |
| 206 | ebfCaClubFoot | 206. CONGENITAL ANOMALIES-CLUB FOOT | Blank = Unknown 1 = Yes 2 = No |
| 207 | ebfCaDiaphragmaticHernia | 207. CONGENITAL ANOMALIES-DIAPHRAGMATIC HERNIA | Blank = Unknown 1 = Yes 2 = No |
| 208 | ebfCaOtherMusculoskeletal | 208. CONGENITAL ANOMALIES-OTHER MUSCULOSKELETAL/INTEGUMENTAL ANOMALIES | Blank = Unknown 1 = Yes 2 = No |
| 209 | ebfCaOtherMusculoskeletalSpecify | 209. CONGENITAL ANOMALIES-OTHER MUSCULOSKELETAL/INTEGUMENTAL ANOMALIES-SPECIFY | Literal |
| 210 | ebfCaDownSyndrome | 210. CONGENITAL ANOMALIES-DOWN'S SYNDROME | Blank = Unknown 1 = Yes 2 = No |
| 211 | ebfCaOtherChromosomal | 211. CONGENITAL ANOMALIES-OTHER CHROMOSOMAL ANOMALIES | Blank = Unknown 1 = Yes 2 = No |
| 212 | ebfCaOtherChromosomalSpecify | 212. CONGENITAL ANOMALIES-OTHER CHROMOSOMAL ANOMALIES -SPECIFY | Literal |
| 213 | ebfCaOther | 213. CONGENITAL ANOMALIES-OTHER | Blank = Unknown 1 = Yes 2 = No |
| 214 | ebfCaOtherSpecify | 214. CONGENITAL ANOMALIES-OTHER ANOMALIES-SPECIFY | Literal |
| 215 | ebfCaNone | 215. CONGENITAL ANOMALIES-NO CONGENITAL ANOMALIES | Blank = Unknown 1 = Yes 2 = No |
| 216 | ebfAcPharmacologic | 216. ABNORMAL CONDITIONS OF THE NEWBORN-PHARMACOLOGIC | Blank = Unknown 1 = Yes 2 = No |
| 217 | ebfAcIntubation | 217. ABNORMAL CONDITIONS OF THE NEWBORN-INTUBATION | Blank = Unknown 1 = Yes 2 = No |
| 218 | ebfAcOxygen | 218. ABNORMAL CONDITIONS OF THE NEWBORN-OXYGEN | Blank = Unknown 1 = Yes 2 = No |
| 219 | ebfAcOxygenPositivePressure | 219. ABNORMAL CONDITIONS OF THE NEWBORN-OXYGEN+POSITIVE PRESSURE | Blank = Unknown 1 = Yes 2 = No |
| 220 | ebfAcCordPH | 220. ABNORMAL CONDITIONS OF THE NEWBORN-CORD PH OBTAINED | Blank = Unknown 1 = Yes 2 = No |
| 221 | ebfAcAnemia | 221. ABNORMAL CONDITIONS-ANEMIA | Blank = Unknown 1 = Yes 2 = No |
| 222 | ebfAcSignificantBirthInjury | 222. ABNORMAL CONDITIONS-SIGNIFICANT BIRTH INJURY | Blank = Unknown 1 = Yes 2 = No |

Birth Data File (2000 and forward) - Variable List

| Field Number | Field Name | Label | Values |
|--------------|---------------------------------|---|---|
| 223 | ebfAcFetalAlcoholSyndrom | 223. ABNORMAL CONDITIONS-FETAL ALCOHOL SYNDROME | Blank = Unknown 1 = Yes 2 = No |
| 224 | ebfAcHyalineMembrane | 224. ABNORMAL CONDITIONS-HYALINE MEMBRANE DISEASE | Blank = Unknown 1 = Yes 2 = No |
| 225 | ebfAcMeconiumAspSyndrom | 225. ABNORMAL CONDITIONS-MECONIUM ASPIRATION SYNDROME | Blank = Unknown 1 = Yes 2 = No |
| 226 | ebfAcAssistedVentilationLt30Min | 226. ABNORMAL CONDITIONS-ASSISTED VENTILATION < 30 MIN | Blank = Unknown 1 = Yes 2 = No |
| 227 | ebfAcAssistedVentilationGe30Min | 227. ABNORMAL CONDITIONS-ASSISTED VENTILATION >= 30 MIN | Blank = Unknown 1 = Yes 2 = No |
| 228 | ebfAcSeizure | 228. ABNORMAL CONDITIONS-SEIZURE | Blank = Unknown 1 = Yes 2 = No |
| 229 | ebfAcOther | 229. ABNORMAL CONDITIONS-OTHER | Blank = Unknown 1 = Yes 2 = No |
| 230 | ebfAcNone | 230. ABNORMAL CONDITIONS-NO ABNORMAL CONDITIONS | Blank = Unknown 1 = Yes 2 = No |
| 231 | ebfAcOtherSpecify | 231. ABNORMAL CONDITIONS-OTHER SPECIFY | Literal |
| 232 | ebfChBloodType | 232. CHILD'S BLOOD TYPE | A = A, B = B, C = AB, O = O, U = Unknown |
| 233 | ebfChBloodTypeRh | 233. CHILD'S RH BLOOD GROUP | P = Positive N = Negative U = Unknown |
| 238 | ebfChildsSSNRequested | 238. SSN REQUESTED FOR CHILD | 1 = Yes 2 = No 9 = Unknown |
| 245 | ebfMothersBirthPl | 245. MOTHER'S BIRTHPLACE | 2 digit state code or other. See dictionary for full list |
| 247 | ebfMothersAgeYrs | 247. MOTHER'S AGE IN YEARS | Numeric |
| 255 | ebfMothersResCountyName | 255. MOTHER'S RESIDENCE-COUNTY NAME | Literal |
| 256 | ebfMotherCOPSigned | 256. MOTHER SIGN CERTIFICATE OF PARENTAGE | 1 = Yes, 2 = No, 9 = Unknown |
| 257 | ebfMotherGuardCOPSigned | 257. MOTHER/GUARDIAN SIGN COP | 1 = Yes, 2 = No, 9 = Unknown |
| 258 | ebfFatherGuardCOPSigned | 258. FATHER/GUARDIAN SIGN COP | 1 = Yes, 2 = No, 9 = Unknown |
| 259 | ebfMotherPADenialSigned | 259. SIGNATURE OF MOTHER ON AFFIDAVIT OF DENIAL OF PATERNITY | 1 = Yes, 2 = No, 9 = Unknown |
| 260 | ebfFatherPADenialSigned | 260. SIGNATURE OF HUSBAND ON AFFIDAVIT OF DENIAL OF PATERNITY | 1 = Yes, 2 = No, 9 = Unknown |
| 262 | ebfMothersStateAlpha | 262. MOTHER'S STATE/COUNTRY CODE | 2-digit state/country code |
| 263 | ebfMotherStateName | 263. MOTHER'S RESIDENCE-STATE/COUNTRY NAME | Literal |
| 264 | ebfInCityLimits | 264. INSIDE CITY LIMITS | 1 = Yes, 2 = No, 9 = Unknown |
| 272 | ebfMothersMailStateAbbr | 272. MOTHER'S MAILING ADDRESS-STATE/COUNTRY CODE | 2-digit state/country code |
| 273 | ebfMothersMailStateName | 273. MOTHER'S MAILING ADDRESS-STATE/COUNTRY NAME | Literal |
| 274 | ebfMothersMailZip | 274. MOTHER'S MAILING ADDRESS-ZIPCODE | Literal |
| 275 | ebfMotherMarried | 275. MOTHER MARRIED AT TIME | 1 = Yes, 2 = No, 9 = Unknown |
| 280 | ebfFatherNameCert | 280. FATHER'S NAME ON BIRTH CERTIFICATE | Blank = Unknown, 1 = Yes, 2 = No |
| 282 | ebfFatherAgeYrs | 282. FATHER'S AGE IN YEARS | numeric |
| 285 | ebfFatherBirthPlName | 285. FATHER'S BIRTHPLACE NAME | Literal |
| 290 | ebfFathersMailStateAbbr | 290. FATHER'S MAILING ADDRESS-STATE/COUNTRY CODE | Literal |
| 291 | ebfFathersMailStateName | 291. FATHER'S MAILING ADDRESS-STATE/COUNTRY NAME | Literal |

Birth Data File (2000 and forward) - Variable List

| Field Number | Field Name | Label | Values |
|--------------|-----------------------|---------------------------------------|--|
| 292 | ebfFathersMailZip | 292. FATHER'S MAILING ADDRESS-ZIPCODE | Literal |
| 294 | ebfMotherRaceCode | 294. MOTHER'S RACE CODE | 0 = Other race specified in race literal 1 = White (include Mexican, Puerto Rican and other Caucasian, Cajun, Creole) 2 = Black 3 = Indian (North American, Central American, South American, Eskimo and Aleut) 4 = Chinese 5 = Japanese 6 = Hawaiian (including part Hawaiian) 7 = Filipino 8 = Other Asian or Pacific Islander (e.g., Pakistani, Bangladeshi, Cambodian, Thai) 9 = Unknown A = Asian Indian B = Korean C = Samoan D = Vietnamese E = Guamian |
| 295 | ebfMotherRace | 295. MOTHER'S RACE | Literal |
| 296 | ebfMotherEthnic | 296. MOTHER'S ETHNIC CODE | 0 = Non-Hispanic 1 = Mexican 2 = Puerto Rican 3 = Cuban 4 = Central or South American 5 = Other Hispanic 9 = Unknown/Not classifiable |
| 297 | ebfMotherEthnicOrigin | 297. MOTHER'S HISPANIC ORIGIN | Literal |

Birth Data File (2000 and forward) - Variable List

| Field Number | Field Name | Label | Values |
|--------------|-----------------------|-------------------------------|--|
| 298 | ebfFatherRaceCode | 298. FATHER'S RACE CODE | 0 = Other race specified in race literal 1 = White (include Mexican, Puerto Rican and other Caucasian, Cajun, Creole) 2 = Black 3 = Indian (North American, Central American, South American, Eskimo and Aleut) 4 = Chinese 5 = Japanese 6 = Hawaiian (including part Hawaiian) 7 = Filipino 8 = Other Asian or Pacific Islander (e.g., Pakistani, Bangladeshi, Cambodian, Thai) 9 = Unknown A = Asian Indian B = Korean C = Samoan D = Vietnamese E = Guamian |
| 299 | ebfFatherRace | 299. FATHER'S RACE | Literal |
| 300 | ebfFatherEthnic | 300. FATHER'S ETHNIC CODE | 0 = Non-Hispanic 1 = Mexican 2 = Puerto Rican 3 = Cuban 4 = Central or South American 5 = Other Hispanic 9 = Unknown/Not classifiable |
| 301 | ebfFatherEthnicOrigin | 301. FATHER'S HISPANIC ORIGIN | Literal |

Birth Data File (2000 and forward) - Variable List

| Field Number | Field Name | Label | Values |
|--------------|-----------------------------|---|---|
| 302 | ebfMotherEdu | 302. MOTHER'S EDUCATION-YEARS | Blank = Unknown 00 – 12 = Elementary or secondary school 13 – 16 = College 17 = Post graduate |
| 303 | ebfFatherEdu | 303. FATHER'S EDUCATION-YEARS | Blank = Unknown 00 – 12 = Elementary or secondary school 13 – 16 = College 17 = Post graduate |
| 304 | ebfMotherEmployed | 304. MOTHER EMPLOYED DURING THE PAST YEAR | Blank = Unknown, 1 = Yes, 2 = No |
| 307 | ebfMotherInds | 307. MOTHER'S INDUSTRY | Numeric |
| 315 | ebfFatherEmployed | 315. FATHER EMPLOYED DURING THE PAST YEAR | Blank = Unknown, 1 = Yes, 2 = No |
| 316 | ebfFatherOccup | 316. FATHER'S OCCUPATION | numeric |
| 318 | ebfFatherInds | 318. FATHER'S INDUSTRY | numeric |
| 326 | ebfInformantRelationToChild | 326. INFORMANT RELATIONSHIP TO CHILD | Literal |
| 335 | ebfSignatureInformant | 335. SIGNATURE OF MOTHER/INFORMANT | Blank = Unknown, 1 = Yes, 2 = No |
| 338 | ebfDateImmunizationRegistry | 338. DATE CONSENT GIVEN FOR IMMUNIZATION REGISTRY | Blank = Unknown MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year. |
| 340 | ebfDateReview | 340. DATE OF REVIEW | Blank = Unknown MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year. |
| 341 | ebfFatherPaternityAcknow | 341. FATHER ACKNOWLEDGES PATERNITY | Blank = Unknown, 1 = Yes, 2 = No |
| 353 | ebfFatherPaternityAffSigned | 353. FATHER SIGNED PATERNITY AFFIDAVIT/COP | Blank = Unknown, 1 = Yes, 2 = No |
| 373 | ebfCertifierSignature | 373. SIGNATURE OF CERTIFIER | Blank = Unknown, 0 = No, 1 = Yes |
| 374 | ebfCertifierElecSignature | 374. ELECTRONIC SIGNATURE OF CERTIFIER | numeric |
| 375 | ebfMotherBirthCertSigned | 375. SIGNATURE OF MOTHER ON BIRTH CERTIFICATE | Blank = Unknown, 1 = Yes, 2 = No |

Birth Data File (2000 and forward) - Variable List

| Field Number | Field Name | Label | Values |
|--------------|------------------------------|---|---|
| 378 | ebfChFinalStatus | 378. FINAL STATUS OF CHILD (IF BEFORE BIRTH CERT ISSUED) | Blank = Unknown 1 = Discharged to parent/guardian 2 = Transferred 3 = Died 4 = Other |
| 379 | ebfDateofDischargeTransDeath | 379. INFANT'S DISCHARGE/TRANSFER/DEATH-DATE | Blank = Unknown MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year. |
| 380 | ebfInfantFacTransTo | 380. CHILD FACILITY TRANSFERRED TO | 3-digit VS hospital code Blank = Unknown/not transferred |
| 381 | ebfInfantNameTransTo | 381. CHILD FACILITY NAME TRANSFERRED TO | Literal |
| 383 | ebfInfantStateTransTo | 383. CHILD STATE TRANSFERRED TO | Literal |
| 386 | ebfInfantTransferredFrom | 386. CHILD TRANSFERRED FROM ANOTHER FACILITY | Blank = Unknown, 1 = Yes, 2 = No |
| 390 | ebfInfantStateTransFrom | 390. INFANT STATE TRANSFERRED FROM | Literal |
| 391 | ebfPIIVAntibiotics | 391. PROCEDURES AND INTERVENTION-IV ANTIBIOTICS | Blank = Unknown, 1 = Yes, 2 = No |
| 392 | ebfPIBloodTransfusion | 392. PROCEDURES AND INTERVENTION-BLOOD TRANSFUSION | Blank = Unknown, 1 = Yes, 2 = No |
| 393 | ebfPIExchangeTranfusion | 393. PROCEDURES AND INTERVENTION-EXCHANGE TRANSFUSION | Blank = Unknown, 1 = Yes, 2 = No |
| 394 | ebfPIParenteralAlimentation | 394. PROCEDURES AND INTERVENTION-PARENTERAL ALIMENTATION | Blank = Unknown, 1 = Yes, 2 = No |
| 395 | ebfPIOtotoxicDrugs | 395. PROCEDURES AND INTERVENTION-OTOTOXIC DRUGS | Blank = Unknown, 1 = Yes, 2 = No |
| 396 | ebfPICircumcision | 396. PROCEDURES AND INTERVENTION-CIRCUMCISION | Blank = Unknown, 1 = Yes, 2 = No |
| 397 | ebfPIOtherSurgery | 397. PROCEDURES AND INTERVENTION-OTHER SURGERY | Blank = Unknown, 1 = Yes, 2 = No |
| 398 | ebfPIUmbilicalArteryCatheter | 398. PROCEDURES AND INTERVENTION-UMBILICAL ARTERY CATHETERIZATION | Blank = Unknown, 1 = Yes, 2 = No |
| 399 | ebfPIUmbilicalVeinCatheter | 399. PROCEDURES AND INTERVENTION-UMBILICAL VEIN CATHETERIZATION | Blank = Unknown, 1 = Yes, 2 = No |
| 400 | ebfPIOxygenTherapy | 400. PROCEDURES AND INTERVENTION-OXYGEN THERAPY | Blank = Unknown, 1 = Yes, 2 = No |
| 401 | ebfPIOxygenTherapyDuration | 401. PROCEDURES AND INTERVENTION-OXYGEN THERAPY DURATION (DAYS) | Blank = Unknown, 00 = less than 12 hours, 01 – 96, 97 = 97 or more days |
| 402 | ebfPIContPosAirwayPressure | 402. PROCEDURES AND INTERVENTION-CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) | Blank = Unknown, 1 = Yes, 2 = No |
| 403 | ebfPICpapDuration | 403. PROCEDURES AND INTERVENTION-CPAP DURATION (DAYS) | Blank = Unknown, 00 = less than 12 hours, 01 – 96, 97 = 97 or more days |
| 404 | ebfPIMechanicalVentilation | 404. PROCEDURES AND INTERVENTION-MECHANICAL VENTILATION | Blank = Unknown, 1 = Yes, 2 = No |
| 405 | ebfPIMechVentilationDuration | 405. PROCEDURES AND INTERVENTION-MECHANICAL VENTILATION DURATION (DAYS) | Blank = Unknown, 00 = less than 12 hours, 01 – 96, 97 = 97 or more days |

Birth Data File (2000 and forward) - Variable List

| Field Number | Field Name | Label | Values |
|--------------|----------------------------------|---|----------------------------------|
| 406 | ebfPIECMOxygenation | 406. PROCEDURES AND INTERVENTION-EXTRACORPOREAL MEMBRANE OXYGENATION (E | Blank = Unknown, 1 = Yes, 2 = No |
| 407 | ebfPIPhototherapy | 407. PROCEDURES AND INTERVENTION-PHOTOTHERAPY | Blank = Unknown, 1 = Yes, 2 = No |
| 408 | ebfPISurfactantTherapy | 408. PROCEDURES AND INTERVENTION-SURFACTANT THERAPY | Blank = Unknown, 1 = Yes, 2 = No |
| 409 | ebfPIOther | 409. PROCEDURES AND INTERVENTION-OTHER | Blank = Unknown, 1 = Yes, 2 = No |
| 410 | ebfPIOtherSpecify | 410. PROCEDURES AND INTERVENTION-OTHER SPECIFY | Literal |
| 411 | ebfPINone | 411. PROCEDURES AND INTERVENTION-NONE | Blank = Unknown, 1 = Yes, 2 = No |
| 412 | ebfDOINormalNewborn | 412. DIAGNOSIS OF INFANT-NORMAL NEWBORN | Blank = Unknown 1 = Yes 2 = No |
| 413 | ebfDOIAbnormalNeurologicExam | 413. DIAGNOSIS OF INFANT-ABNORMAL NEUROLOGIC EXAMINATION | Blank = Unknown 1 = Yes 2 = No |
| 414 | ebfDOISeizures | 414. DIAGNOSIS OF INFANT-SEIZURES | Blank = Unknown 1 = Yes 2 = No |
| 415 | ebfDOIContrNervSysHemorrhage | 415. DIAGNOSIS OF INFANT-CENTRAL NERVOUS SYSTEM HEMORRHAGE | Blank = Unknown 1 = Yes 2 = No |
| 416 | ebfDOIPalsy | 416. DIAGNOSIS OF INFANT-PALSY | Blank = Unknown 1 = Yes 2 = No |
| 417 | ebfDOIBrachioPlexisInjury | 417. DIAGNOSIS OF INFANT-BRACHIOPLEXIS INJURY | Blank = Unknown 1 = Yes 2 = No |
| 418 | ebfDOIReportableBirthDefect | 418. DIAGNOSIS OF INFANT-REPORTABLE BIRTH DEFECT | Blank = Unknown 1 = Yes 2 = No |
| 419 | ebfDOICoombsPositive | 419. DIAGNOSIS OF INFANT-COOMBS POSITIVE | Blank = Unknown 1 = Yes 2 = No |
| 420 | ebfDOIRhHemolytic | 420. DIAGNOSIS OF INFANT-RH HEMOLYTIC | Blank = Unknown 1 = Yes 2 = No |
| 421 | ebfDOIHyperbilirubinemia | 421. DIAGNOSIS OF INFANT-HYPERBILIRUBINEMIA | Blank = Unknown 1 = Yes 2 = No |
| 422 | ebfDOIPolycythemia | 422. DIAGNOSIS OF INFANT-POLYCYTHEMIA | Blank = Unknown 1 = Yes 2 = No |
| 423 | ebfDOIOtherHematologic | 423. DIAGNOSIS OF INFANT-OTHER HEMATOLOGIC | Blank = Unknown 1 = Yes 2 = No |
| 424 | ebfDOIMeningitis | 424. DIAGNOSIS OF INFANT-MENINGITIS | Blank = Unknown 1 = Yes 2 = No |
| 425 | ebfDOIProvenSepsis | 425. DIAGNOSIS OF INFANT-PROVEN SEPSIS | Blank = Unknown 1 = Yes 2 = No |
| 426 | ebfDOIInUteroInfection | 426. DIAGNOSIS OF INFANT-IN UTERO INFECTION (TORCH) | Blank = Unknown 1 = Yes 2 = No |
| 427 | ebfDOISyphilisSerologyPos | 427. DIAGNOSIS OF INFANT-SYPHILIS SEROLOGY POSITIVE | Blank = Unknown 1 = Yes 2 = No |
| 428 | ebfDOIHomeMonitoring | 428. DIAGNOSIS OF INFANT-HOME MONITORING | Blank = Unknown 1 = Yes 2 = No |
| 429 | ebfDOI BronchopulmonaryDysplasia | 429. DIAGNOSIS OF INFANT-BRONCHOPULMONARY DYSPLASIA (BPD) | Blank = Unknown 1 = Yes 2 = No |
| 430 | ebfDOI MeconiumAspirationSynd | 430. DIAGNOSIS OF INFANT-MECONIUM ASPIRATION SYNDROME | Blank = Unknown 1 = Yes 2 = No |
| 431 | ebfDOI Pneumonia | 431. DIAGNOSIS OF INFANT-PNEUMONIA | Blank = Unknown 1 = Yes 2 = No |
| 432 | ebfDOI AirLeakSyndrome | 432. DIAGNOSIS OF INFANT-AIR LEAK SYNDROME | Blank = Unknown 1 = Yes 2 = No |
| 433 | ebfDOI HomeOxygen | 433. DIAGNOSIS OF INFANT-HOME ON OXYGEN | Blank = Unknown 1 = Yes 2 = No |
| 434 | ebfDOI RespiratoryDistressRds | 434. DIAGNOSIS OF INFANT-RESPIRATORY DISTRESS SYNDROME/HYALINE MEMBRANE DIS | Blank = Unknown 1 = Yes 2 = No |
| 435 | ebfDOI TransTachypneaNb | 435. DIAGNOSIS OF INFANT-TRANSIENT TACHYPNEA OF NEWBORN | Blank = Unknown 1 = Yes 2 = No |
| 436 | ebfDOI PersPulmonaryHypertension | 436. DIAGNOSIS OF INFANT-PERSISTENT PULMONARY HYPERTENSION | Blank = Unknown 1 = Yes 2 = No |
| 437 | ebfDOI DrugDependency | 437. DIAGNOSIS OF INFANT-DRUG DEPENDENCY | Blank = Unknown 1 = Yes 2 = No |
| 438 | ebfDOI FetalAlcoholSyndrome | 438. DIAGNOSIS OF INFANT-FETAL ALCOHOL SYNDROME | Blank = Unknown 1 = Yes 2 = No |
| 439 | ebfDOI Fracture | 439. DIAGNOSIS OF INFANT-FRACTURE/DISLOCATION | Blank = Unknown 1 = Yes 2 = No |
| 440 | ebfDOI NecrotEnterocolitis | 440. DIAGNOSIS OF INFANT-NECROTIZING ENTEROCOLITIS | Blank = Unknown 1 = Yes 2 = No |
| 441 | ebfDOI CephalicMolding | 441. DIAGNOSIS OF INFANT-CEPHALIC MOLDING | Blank = Unknown 1 = Yes 2 = No |

Birth Data File (2000 and forward) - Variable List

| Field Number | Field Name | Label | Values |
|--------------|--------------------------------|--|--|
| 442 | ebfDOISymptHypoglycemia | 442. DIAGNOSIS OF INFANT-SYMPTOMATIC HYPOGLYCEMIA | Blank = Unknown 1 = Yes 2 = No |
| 443 | ebfDOISigmataHearingLoss | 443. DIAGNOSIS OF INFANT-STIGMATA/ANOMALIES ASSOCIATED WITH HEARING LOSS | Blank = Unknown 1 = Yes 2 = No |
| 444 | ebfDOIOther | 444. DIAGNOSIS OF INFANT-OTHER | Blank = Unknown 1 = Yes 2 = No |
| 445 | ebfDOIOtherSpecify | 445. DIAGNOSIS OF INFANT-OTHER - SPECIFY | Literal |
| 446 | ebfHearImpairment | 446. CHILD AT RISK OF HEARING IMPAIRMENT | 1 = Yes, 2 = No, 9 = Unknown |
| 447 | ebfAbrOae | 447. ABR/BAER AND/OR OAE DONE | 1 = Yes, 2 = No, 9 = Unknown |
| 448 | ebfAbrOaeFailed | 448. ABR/BAER AND/OR OAE FAILED | 1 = Yes, 2 = No, 9 = Unknown |
| 449 | ebfHepatitisBVaccination | 449. HEPATITIS B VACCINE GIVEN | 1 = Yes, 2 = No, 9 = Unknown |
| 450 | ebfHepatitisBVaccinationDate | 450. HEPATITIS B VACCINE DATE | Blank = Unknown/not given MMDDYYYY |
| 451 | ebfHepatitisBIGVaccinationDate | 451. HEPATITIS B IMMUNOGLOBULIN DATE | Blank = Unknown/not given MMDDYYYY "99" in either the MM or DD position represent unknown month or date |
| 452 | ebfFeedingDisch | 452. FEEDING AT DISCHARGE | 1 = Breast feeding, 2 = Formula feeding, 3 = Combination, 4 = Other, 9 = Unknown |
| 453 | ebfNicuDisposition | 453. NICU DISPOSITION | Blank = Unknown, 1 = Admitted to a NICU in this hospital, 2 = Not admitted to a NICU, 3 = Transferred to a NICU in another hospital |
| 454 | ebfNicuAdmissionDate | 454. NICU ADMISSION DATE | Blank = Unknown/not given MMDDYYYY "99" in either the MM or DD position represent unknown month or date |
| 455 | ebfNicuDischargeDate | 455. NICU DISCHARGE DATE | Blank = Unknown/not given MMDDYYYY "99" in either the MM or DD position represent unknown month or date |
| 456 | ebfAdmIntermediateCare | 456. ADMISSION TO AN INTERMEDIATE CARE UNIT | Blank = Unknown 1 = Yes 2 = No |
| 457 | ebfFinalStatusInfant | 457. FINAL STATUS OF INFANT | Blank = Unknown, 1 = Discharged to parent/guardian, 2 = Transferred, 3 = Died, 4 = Other |
| 458 | ebfFinalStatusOther | 458. FINAL STATUS-OTHER | Literal |
| 460 | ebfRelationGuardianCh | 460. RELATIONSHIP OF GUARDIAN TO CHILD | Blank = Unknown, 1 = Mother, 2 = Father, 3 = Other Guardian |

Birth Data File (2000 and forward) - Variable List

| Field Number | Field Name | Label | Values |
|--------------|--------------------------------|---|---|
| 468 | ebfGuardMailStateAbbr | 468. MAILING ADDRESS OF GUARDIAN-STATE/COUNTRY CODE | Literal |
| 469 | ebfGuardMailStateName | 469. MAILING ADDRESS OF GUARDIAN-STATE/COUNTRY NAME | Literal |
| 470 | ebfGuardMailZip | 470. MAILING ADDRESS OF GUARDIAN-ZIP CODE | Literal |
| 472 | ebfTypeFutureCare | 472. TYPE OF PROVIDER FOR FUTURE PEDIATRIC CARE | numeric |
| 473 | ebfTypeFutureCareOther | 473. TYPE OF PROVIDER FOR FUTURE PEDIATRIC CARE- OTHER SPECIFY | Literal |
| 475 | ebfConsentImmunizationRegistry | 475. CONSENT GIVEN TO PARTICIPATE IN IMMUNIZATION REGISTRY | Blank = Unknown 1 = Yes 2 = No |
| 476 | ebfFamilyHistHearingLoss | 476. FAMILY HISTORY OF CHILDHOOD HEARING LOSS | Blank = Unknown 1 = Yes 2 = No |
| 477 | ebfNbHearScreenRefusal | 477. REFUSAL FOR NEWBORN HEARING PROGRAM FOR RELIGIOUS | Blank = Unknown, 1 = Parent refused testing, 2 = Parent allowed testing |
| 481 | ebfNbHearScreenConsentRelatn | 481. PERSON SIGNING HEARING PROGRAM CONSENT-RELATIONSHIP TO CHILD | Blank = Unknown, 1 = Mother, 2 = Father, 3 = Guardian, 4 = Other |
| 482 | ebfMotherDischargeDate | 482. DATE OF MOTHER'S DISCHARGE | Blank = Unknown MMDDYYYY "99" in either the MM or DD position represent unknown month or date |
| 483 | ebfMotherMaritalStat | 483. CURRENT MARITAL STATUS | 1 = Single, 2 = Married, 3 = Legally Separated, 4 = Divorced, 5 = Widowed, 6 = Unknown |
| 484 | ebfMotherRecWIC | 484. PARTICIPATION IN WIC DURING PREGNANCY | Blank = Unknown, 1 = Yes, 2 = No |
| 486 | ebfMotherMEDICAIDParticipant | 486. MOTHER PARTICIPATION IN MEDICAID DURING PREGNANCY | Blank = Unknown, 1 = Yes, 2 = No |
| 487 | ebfMotherGivenRHImmuneGlobulin | 487. RH IMMUNE GLOBULIN GIVEN TO THE MOTHER | Blank = Unknown, 1 = Yes, 2 = No, 3 = Refused |
| 488 | ebfPPPArteryLigation | 488. POST-PARTUM PROCEDURES-ARTERY LIGATION | Blank = Unknown, 1 = Yes, 2 = No |
| 489 | ebfPPPDC | 489. POST-PARTUM PROCEDURES-DILATION AND CURETTAGE (D&C) | Blank = Unknown 1 = Yes 2 = No |
| 490 | ebfPPPHysterectomy | 490. POST-PARTUM PROCEDURES-HYSTERECTOMY | Blank = Unknown 1 = Yes 2 = No |
| 491 | ebfPPPMaternalTransfusion | 491. POST-PARTUM PROCEDURES-MATERNAL TRANSFUSION | Blank = Unknown 1 = Yes 2 = No |
| 492 | ebfPPPTubalLigation | 492. POST-PARTUM PROCEDURES-TUBAL LIGATION | Blank = Unknown 1 = Yes 2 = No |
| 493 | ebfPPPOther | 493. POST-PARTUM PROCEDURES-OTHER | Blank = Unknown 1 = Yes 2 = No |
| 494 | ebfPPPNone | 494. POST-PARTUM PROCEDURES-NONE | Blank = Unknown 1 = Yes 2 = No |
| 495 | ebfPPPOtherSpecify | 495. POST-PARTUM PROCEDURES-OTHER SPECIFY | literal |
| 496 | ebfMCExcessiveBleeding | 496. MATERNAL COMPLICATIONS-EXCESSIVE BLEEDING | Blank = Unknown 1 = Yes 2 = No |
| 497 | ebfMCMaternalDeath | 497. MATERNAL COMPLICATIONS-MATERNAL DEATH | Blank = Unknown 1 = Yes 2 = No |
| 498 | ebfMCPostpartumInfection | 498. MATERNAL COMPLICATIONS-POSTPARTUM INFECTION | Blank = Unknown 1 = Yes 2 = No |
| 499 | ebfMCOther | 499. MATERNAL COMPLICATIONS-OTHER | Blank = Unknown 1 = Yes 2 = No |
| 500 | ebfMCNone | 500. MATERNAL COMPLICATIONS-NONE | Blank = Unknown 1 = Yes 2 = No |

Birth Data File (2000 and forward) - Variable List

| Field Number | Field Name | Label | Values |
|--------------|-----------------------|---|---|
| 501 | ebfMCOtherSpecify | 501. MATERNAL COMPLICATIONS-OTHER SPECIFY | Literal |
| 512 | ebfMotherStateAbbrGeo | 512. MOTHER'S STATE ABBREVIATION | Literal |
| 513 | ebfMotherZipGeo | 513. MOTHER'S ZIP CODE | Literal |
| 514 | ebfMotherExtZipGeo | 514. MOTHER'S EXTENDED ZIP CODE | Literal |
| 524 | ebfOosBirth | 524. OUT OF STATE BIRTH | 0 = No 1 = Yes |
| 525 | ebfMotherCountyVS | 525. MOTHER'S COUNTY CODE | 01 = Atlantic 02 = Bergen 03 = Burlington 04 = Camden 05 = Cape May 06 = Cumberland 07 = Essex 08 = Gloucester 09 = Hudson 10 = Hunterdon 11 = Mercer 12 = Middlesex 13 = Monmouth 14 = Morris 15 = Ocean 16 = Passaic 17 = Salem 18 = Somerset 19 = Sussex 20 = Union 21 = Warren 22 = Institution Birth 23 = Military Base Birth 91 = Out-of-State Birth |
| 526 | ebfSourceOfPayment | 526. PRINCIPAL SOURCE OF PAYMENT | 1 = Private Insurance 2 = Medicaid/NJ Family Care 3 = Other 4 = Self Pay/Charity Care 9 = Unknown |

Birth Data File (2000 and forward) - Variable List

| Field Number | Field Name | Label | Values |
|--------------|---------------------|------------------------------------|---|
| 527 | ebfMothersEducation | 527. MOTHER'S EDUCATION-CATEGORIES | 1 = 8th Grade or Less 2 = 9th – 12th Grade, but no Diploma 3 = High School Graduate or GED Completed 4 = Some College Credit, but no Degree 5 = Associate Degree 6 = Bachelor's Degree 7 = Master's Degree 8 = Doctorate or Professional Degree 9 = Unknown |
| 528 | ebfFathersEducation | 528. FATHER'S EDUCATION-CATEGORIES | 1 = 8th Grade or Less 2 = 9th – 12th Grade, but no Diploma 3 = High School Graduate or GED Completed 4 = Some College Credit, but no Degree 5 = Associate Degree 6 = Bachelor's Degree 7 = Master's Degree 8 = Doctorate or Professional Degree 9 = Unknown |
| 529 | ebfSourceCode | 529. SOURCE CODE | 1 = OEB & SBF Data, , 2 = OEB Data Only, 3 = SBF Data Only, 4 = SBF & VIP, 5 = VIP Data Only |