Form Approved

OMB No. 0920-1175

Exp. Date 04/30/2020

| **Data Dictionary for Data Submission****Birth Defects****National Environmental Public Health Tracking Network** |
| --- |
| **Characteristic** | **Description** |
| Data Source | State Birth Defects Registries |
| Purpose | This data set will be used to calculate the nationally consistent data and measures (5 year rolling prevalence counts and rates) for birth defects for use on the national public portal. |
| Geographic Level | **The smallest geographic unit to be represented in this data set is the county.** |
| Restrictions | **This is a restricted access data set.**Data will be displayed via the national public portal only when sufficient conditions have been met to protect data privacy. |
| Instruction for Use | This data dictionary is a reference for creating the Radon data for submission. Refer to the Radon schema for the order of variables and final data structure. |

CDC estimates the average public reporting burden for this collection of information as 80 hours per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0853).

| **Data Dictionary for Data Submission****Birth Defects****National Environmental Public Health Tracking Network** |
| --- |
| **Field Name** | **Field Description** | **Data Type** | **Code Scheme** | **Legal Values** | **Field Length** | **Optionality** |
| BirthDefect | Birth defect category. | Integer | 21 = Anencephaly22 = Cleft lip with cleft palate23 = Cleft lip w/o cleft palate24 = Cleft palate w/o cleft lip25 = Gastroschisis26 = Hypoplastic left heart syndrome27 = Hypospadias28 = Limb deficiencies combined29 = Spina bifida (w/o anencephaly)30 = Tetralogy of Fallot31 = Transposition of the great arteries (vessels)32 = Trisomy 21 | 21 – 32 | 2 | Required |
| StateFIPSCode(*For Header section only; Not a data element*)  | State FIPS code. | String | FIPS | A valid state FIPS code. | 2 | Not specified in schema |
| County *(Maternal residential county. Preferred data includes only births and defects among residents. Please specify in metadata if you are unable to exclude births and defects among nonresidents or births and defects to residents occurring outside the state).*  | County FIPS code over which birth defect cases and underlying birth populations are counted. | String | FIPSU = Unknown | A valid county FIPS code for the state, or ‘U’. | 5 | Required |
| StartDate | Date on which data aggregation begins. | Date | yyyymmdd |  | 8 | Required |
| EndDate | Date on which data aggregation ends.  | Date | yyyymmdd |  | 8 | Required |
| MaternalAgeGroup | Five-year maternal age intervals for which cases and underlying birth populations are counted. | Integer | 1 = <20 years2 = 20-24 years3 = 25-294 = 30-345 = 35-396 = ≥409 = Unknown | 1 – 6, 9 | 1 | Required |
| MaternalEthnicity | Maternal Hispanic ethnicity for which cases and underlying birth populations are counted. | Text | H = HispanicNH = non-HispanicU = Unknown | H, NH, U | 2 | Required |
| MaternalRace | Maternal race group for which cases and underlying birth populations are counted. | Text | W = WhiteB = BlackO = OtherU = UnknownNS = Not submitted**Note:** The code ‘NS’ is intended to allow the maternal race field to be selectively collapsed, for example, when maternal ethnicity and race are not collected separately. **This code is not intended to indicate unknown race.** | W, B, O, U, NS | 2 | Required |
| InfantSex | Infant sex for which cases and underlying birth populations are counted. | Text | M = MaleF = FemaleU = Unknown | M, F, U | 1 | Required |
| TLB | Total number of live births. | Integer | -999 = Unknown**Note:** The missing value code -999 is appropriate when the number of birth defects is known for a demographic classification, but the number of live births is unknown. For example, when you have birth defects but county is unknown. | 0 to nnnnnnn | 7 | Required |
| LBWBD | Number of cases with the specified birth defect that were a live birth. | Integer | -999 = Unknown**Note:** The missing value code -999 is appropriate when a birth count is known for a demographic classification, but the birth defect count is unknown. For example, when you have live births but county is unknown. | 0 to nnnn-999 | 4 | Required |
| LBFDTWD | Number of cases with the specified birth defect that were a live birth, fetal death or pregnancy termination. Only include this variable if your state collects these birth outcomes. | Integer | -999 = Unknown**Note:** The missing value code -999 is appropriate when a birth count is known for a demographic classification, but the birth defect count is unknown. For example, when you have live births but county is unknown. | 0 to nnnn-999 | 4 | Optional |

**Example tables:**

This table represents all rows for birthdefect = 1, county = 01001, StartDate = 20000101, EndDate = 20001231, and maternalagegroup = 1. This table would be repeated for each additional maternal age group to represent all rows of data for the combination of birth defect = 1, county 01001, and year 2000.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BIRTH DEFECT | COUNTY | START DATE | END DATE | MATERNAL AGE GROUP | MATERNALETHNICITY | MATERNAL RACE  | INFANT SEX | TLB | LBWBD | LBFDTWD |
| 1 | 01001 | 20000101 | 20001231 | 1 | H | W | M |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | H | W | F |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | H | B | M |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | H | B | F |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | H | O | M |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | H | O | F |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | H | U | M |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | H | U | F |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | NH | W | M |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | NH | W | F |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | NH | B | M |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | NH | B | F |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | NH | O | M |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | NH | O | F |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | NH | U | M |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | NH | U | F |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | U | W | M |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | U | W | F |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | U | B | M |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | U | B | F |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | U | O | M |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | U | O | F |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | U | U | M |  |  |  |
| 1 | 01001 | 20000101 | 20001231 | 1 | U | U | F |  |  |  |

This table illustrates which rows you should include in your data based on the number of live births or number of cases for that row. In this example, you are reporting ‘LBWBD’ and not using the optional variable ‘LBFDTWD’. Please submit all rows of data for the combination of birth defect = 1, county 01001, and year 2000 where TLB > 0 even if LBWBD or LBFDTWD = 0 (meaning that row or combination had live births but did not have any defects). Note that LBFDTWD is optional. In this example, maternal ethnicity and race are both specified.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BIRTH DEFECT | COUNTY | START DATE | END DATE | MATERNAL AGE GROUP | MATERNALETHNICITY | MATERNAL RACE | INFANT SEX | TLB | LBWBD | LBFDTWD | **INCLUDE in DATA SUBMISSION** |
| 1 | 01001 | 20000101 | 20001231 | 1 | H | W | M | > 0 |  > 0 | (not used) | YES |
| 1 | 01001 | 20000101 | 20001231 | 1 | H | W | F | > 0 |  0 | (not used) | YES |
| 1 | 01001 | 20000101 | 20001231 | 1 | H | B | M | 0 | *NA* | (not used) | NO |
| 1 | U | 20000101 | 20001231 | 1 | H | B | F | -999 | > 0 | (not used) | YES |
| 1 | U | 20000101 | 20001231 | 1 | H | W | M | > 0 | -999 | (not used) | YES |