

# **2003 Fetal Death Data Set**

## **User's Guide**

**NOTE: THE RECORD LAYOUT OF THIS FILE HAS CHANGED SUBSTANTIALLY FROM 2002. USERS SHOULD REVIEW THE NEW LAYOUT CAREFULLY.**

This file documentation was prepared in the Division of Vital Statistics by Martha Munson and Joyce Martin of the Reproductive Statistics Branch (RSB), and by Steven Steimel of the Systems, Programming, and Statistical Resources Branch (SPSRB). Thomas Dunn of SPSRB was responsible for coordinating the documentation. The Registration Methods Section and the Data Acquisition and Evaluation Branch provided consultation to State Vital Statistics offices regarding collection of birth and death certificate data.

Questions on the documentation or substantive questions concerning the data should be directed to the Reproductive Statistics Branch, Division of Vital Statistics, NCHS, 3311 Toledo Road, Hyattsville, MD 20782-2003 (301-458-4111).

Department of Health and Human Services  
Centers for Disease Control and Prevention  
National Center for Health Statistics  
Division of Vital Statistics

## Notice of Error in the 2003 and 2004 Fetal Death Data Files and Reports, and Instructions for Correcting the Data File Error

Due to a programming error, the Tabulation Flag variable located in position 9 is incorrect in the 2003 and 2004 fetal death data files. This variable identifies fetal deaths of stated or presumed period of gestation of either <20 weeks, or 20 weeks or more. Most tabulations and reports of fetal death data include only fetal deaths of 20 weeks of gestation or more. Due to this error, some fetal death records with not stated gestational ages that should have been included in the 20 weeks or more group were erroneously assigned to the <20 week group. This led to a slight underestimate of fetal mortality rates published in the National Vital Statistics Reports: *Fetal and Perinatal Mortality, United States, 2003* and *Fetal and Perinatal Mortality, United States, 2004*. The documentation tables published in the Fetal Death User's Guides for 2003 and 2004 are also incorrect. Tables 1 and 2 below show the effect of correcting this error on fetal and perinatal mortality rates. It should be emphasized that although the corrected rates are a bit different from those originally published, they are not *statistically* different in that the statements about statistical significance or lack thereof made in the fetal and perinatal reports for 2003-2005 did not change. In other words, the US fetal mortality rate did not decline significantly from 2002-03, 2003-04, 2004-05, or 2003-05. There was a significant decline in the fetal mortality rate from 2002-04 and 2002-05. In the vast majority of the state, the corrected numbers differed from the originally reported numbers by less than 1.0 percent in each year (Tables 2 and 3).

When using the 2003 and 2004 fetal mortality data file, the data user can easily correct for this problem by adding the following SAS code to their program:

```
DATA work;  
  INFILE 'C:FET04US.DAT' LRECL=3350;  
  INPUT  
    TABFLAG 9  
    XOSTATE $32-33  
    COMBGEST 451-452;  
  
IF COMBGEST=99 and XOSTATE IN ('AL', 'AK', 'AZ', 'CA', 'CT', 'DE', 'DC', 'FL', 'ID',  
'IL', 'IN', 'IA', 'KS', 'KY', 'LA', 'ME', 'MD', 'MA', 'MI', 'MN', 'MS', 'MO', 'MT', 'NE', 'NV',  
'NH', 'NJ', 'NM', 'NC', 'ND', 'OH', 'OK', 'OR', 'SC', 'SD', 'TN', 'TX', 'UT', 'VT', 'WA',  
'WI', 'WV', 'WY') THEN TABFLG=2;
```

In this statement, COMBGEST in the Gestation – Detail in Weeks, XOSTATE is the Expanded State of Occurrence, and TABFLAG is the Tabulation Flag variable.

The 2003 and 2004 Fetal death data available through VitalStats (<http://www.cdc.gov/nchs/VitalStats.htm>) have been corrected, and can be used to provide control totals to verify your programming.

**Table 1. Corrected fetal and perinatal deaths and mortality rates, United States, 2003 and 2004**

	2003		2004	
	Corrected	Originally reported	Corrected	Originally reported
Number of fetal deaths <sup>1</sup>				
Total	26,004	25,653	26,001	25,655
20-27 weeks <sup>2</sup>	13,348	13,168	13,068	12,894
28 weeks or more <sup>2</sup>	12,656	12,485	12,933	12,761
Fetal mortality rate <sup>3</sup>				
Total	6.32	6.23	6.28	6.20
20-27 weeks <sup>2</sup>	3.25	3.21	3.17	3.13
28 weeks or more <sup>2</sup>	3.08	3.04	3.14	3.09
Number of perinatal deaths				
Definition I <sup>4</sup>	27,808	27,637	27,769	27,597
Definition II <sup>5</sup>	44,939	44,588	44,603	44,257
Perinatal mortality rate <sup>3</sup>				
Definition I <sup>4</sup>	6.78	6.74	6.73	6.69
Definition II <sup>5</sup>	10.92	10.83	10.78	10.70

1 Fetal deaths with stated or presumed period of gestation of 20 weeks or more.

2 Fetal deaths with not stated gestational age are proportionally distributed.

3 Rate per 1,000 live births and fetal deaths in specified group.

4 Infant deaths of less than 7 days and fetal deaths with stated or presumed period of gestation of 28 weeks or more.

5 Infant deaths of less than 28 days and fetal deaths with stated or presumed period of gestation of 20 weeks or more.

**Table 2. Corrected fetal deaths and mortality rates: United States and each state, 2003**

2004	Number of fetal deaths <sup>1</sup>			Fetal mortality rates <sup>2</sup>		
	Corrected	Originally reported	Births	Corrected	Originally reported	Percent difference
<b>United States</b>	<b>26,004</b>	<b>25,653</b>	<b>4,090,007</b>	6.32	6.23	1.4
Alabama	519	516	59,552	8.64	8.59	0.6
Alaska	65	60	10,086	6.40	5.91	8.3
Arizona	570	568	90,967	6.23	6.21	0.3
Arkansas	259	259	37,784	6.81	6.81	0.0
California	2,974	2,862	540,997	5.47	5.26	3.9
Colorado	394	394	69,339	5.65	5.65	0.0
Connecticut	241	241	42,873	5.59	5.59	0.0
Delaware	63	63	11,329	5.53	5.53	0.0
District of Columbia	68	65	7,619	8.85	8.46	4.6
Florida	1,562	1,549	212,250	7.31	7.25	0.8
Georgia	1,138	1,138	135,980	8.30	8.30	0.0
Hawaii	131	131	18,100	7.19	7.19	-0.1
Idaho	113	113	21,800	5.16	5.16	-0.1
Illinois	1,158	1,148	182,495	6.31	6.25	0.9
Indiana	507	496	86,434	5.83	5.71	2.1
Iowa	201	201	38,174	5.24	5.24	0.0
Kansas	208	208	39,476	5.24	5.24	0.0
Kentucky	339	338	55,238	6.10	6.08	0.3
Louisiana	479	463	65,047	7.31	7.07	3.4
Maine	50	50	13,855	3.60	3.60	-0.1
Maryland	629	629	74,930	8.32	8.32	0.1
Massachusetts	457	457	80,184	5.67	5.67	-0.1
Michigan	731	730	131,100	5.54	5.54	0.1
Minnesota	337	337	70,050	4.79	4.79	0.0
Mississippi	404	403	42,380	9.44	9.42	0.2
Missouri	488	488	77,045	6.29	6.29	0.1
Montana	55	55	11,422	4.79	4.79	0.0
Nebraska	151	151	25,917	5.79	5.79	0.0
Nevada	242	239	33,647	7.14	7.05	1.3
New Hampshire	68	68	14,393	4.70	4.70	0.0
New Jersey	769	768	116,984	6.54	6.52	0.3
New Mexico <sup>3</sup>	87	85	27,822	3.12	3.05	2.2
New York	2,146	2,146	253,714	8.39	8.39	0.0
North Carolina	843	832	118,323	7.07	6.98	1.3
North Dakota	41	41	7,972	5.12	5.12	-0.1
Ohio	937	929	149,691	6.22	6.17	0.8
Oklahoma	323	247	50,988	6.29	4.82	30.6
Oregon	204	203	45,953	4.42	4.40	0.4
Pennsylvania	956	956	145,960	6.51	6.51	0.0

Rhode Island	52	52	13,209	3.92	3.92	0.0
South Carolina	519	517	55,649	9.24	9.20	0.4
South Dakota <sup>3</sup>	40	39	11,027	3.61	3.52	2.7
Tennessee <sup>3</sup>	373	373	78,890	4.71	4.71	-0.1
Texas	2,124	2,063	377,495	5.60	5.44	2.9
Utah	241	241	49,860	4.81	4.81	0.0
Vermont	21	21	6,589	3.18	3.18	-0.1
Virginia	687	687	101,254	6.74	6.74	0.0
Washington	509	503	80,489	6.28	6.21	1.2
West Virginia	144	143	20,935	6.83	6.78	0.8
Wisconsin	356	356	70,040	5.06	5.06	-0.1
Wyoming	31	31	6,700	4.61	4.61	-0.1

<sup>1</sup>Fetal deaths with stated or presumed gestation of 20 weeks or more.

<sup>2</sup>Rate per 1,000 live births and fetal deaths in specified group.

<sup>3</sup>State reports only fetal deaths of 500 grams or more; data for fetal deaths and rates are not comparable to data from other states.

**Table 3. Corrected fetal deaths and mortality rates: United States, each state, 2004**

2004	Number of fetal deaths <sup>1</sup>			Fetal mortality rates <sup>2</sup>		
	Corrected	Originally reported	Births	Corrected	Originally reported	Percent difference
<b>United States</b>	<b>26,001</b>	<b>25,655</b>	<b>4,112,055</b>	<b>6.28</b>	<b>6.20</b>	<b>1.3</b>
Alabama	537	536	59,510	8.94	8.93	0.1
Alaska	54	53	10,338	5.20	5.10	1.9
Arizona	553	548	93,663	5.87	5.82	0.9
Arkansas	281	281	38,573	7.23	7.23	0.0
California	2,927	2,819	544,844	5.34	5.15	3.8
Colorado	388	388	68,503	5.63	5.63	0.0
Connecticut	254	254	42,095	6.00	6.00	0.0
Delaware	49	49	11,369	4.29	4.29	0.0
District of Columbia	59	59	7,933	7.38	7.38	0.0
Florida	1,669	1,649	218,053	7.60	7.51	1.1
Georgia	1,175	1,175	138,849	8.39	8.39	0.0
Hawaii	97	97	18,281	5.28	5.28	0.0
Idaho	129	129	22,532	5.69	5.69	0.0
Illinois	1,120	1,117	180,778	6.16	6.14	0.3
Indiana	531	523	87,142	6.06	5.97	1.5
Iowa	216	215	38,438	5.59	5.56	0.5
Kansas	194	193	39,669	4.87	4.84	0.6
Kentucky	362	361	55,720	6.45	6.44	0.2
Louisiana	486	459	65,370	7.38	6.97	5.9
Maine	67	67	13,944	4.78	4.78	0.0
Maryland	593	592	74,628	7.88	7.87	0.2
Massachusetts	421	420	78,484	5.34	5.32	0.3
Michigan	745	745	129,776	5.71	5.71	0.0
Minnesota	364	363	70,624	5.13	5.11	0.3
Mississippi	403	401	42,827	9.32	9.28	0.5
Missouri	463	463	77,765	5.92	5.92	0.0
Montana	42	42	11,519	3.63	3.63	0.1
Nebraska	163	163	26,332	6.15	6.15	0.0
Nevada	256	256	35,200	7.22	7.22	0.0
New Hampshire	67	67	14,565	4.58	4.58	0.0
New Jersey	753	751	115,253	6.49	6.47	0.3
New Mexico <sup>3</sup>	87	87	28,384	3.06	3.06	-0.1
New York	2,109	2,109	249,947	8.37	8.37	0.0
North Carolina	809	798	119,847	6.71	6.61	1.4
North Dakota	37	37	8,189	4.50	4.50	0.0
Ohio	978	970	148,955	6.52	6.47	0.8
Oklahoma	320	255	51,306	6.20	4.95	25.2
Oregon	196	195	45,678	4.27	4.25	0.5
Pennsylvania	903	903	144,748	6.20	6.20	0.0

Rhode Island	67	67	12,779	5.22	5.22	-0.1
South Carolina	479	479	56,590	8.39	8.39	0.0
South Dakota <sup>3</sup>	37	37	11,338	3.25	3.25	0.1
Tennessee <sup>3</sup>	384	384	79,642	4.80	4.80	0.0
Texas	2,139	2,070	381,293	5.58	5.40	3.3
Utah	281	279	50,670	5.52	5.48	0.6
Vermont	29	29	6,599	4.38	4.38	-0.1
Virginia	725	725	103,933	6.93	6.93	0.0
Washington	437	433	81,747	5.32	5.27	0.9
West Virginia	146	146	20,880	6.94	6.94	0.1
Wisconsin	362	359	70,146	5.13	5.09	0.9
Wyoming	58	58	6,807	8.45	8.45	0.0

<sup>1</sup>Fetal deaths with stated or presumed gestation of 20 weeks or more.

<sup>2</sup>Rate per 1,000 live births and fetal deaths in specified group.

<sup>3</sup>State reports only fetal deaths of 500 grams or more; data for fetal deaths and rates are not comparable to data from other states.

## **2003 Fetal Death Data Set**

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Fetal and Perinatal Mortality, United States, 2003

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## Introduction

Information on the US fetal death data tape file was abstracted from the Report of Fetal Death forms received in all the States and the District of Columbia, with a record on the data file for each report of a fetal death received. The data is provided to the National Center for Health Statistics (NCHS) through the Vital Statistics Cooperative Program by the registration offices of all States, the District of Columbia, and New York City. Fetal deaths for Puerto Rico and Guam are included a separate data set in the public-use file.

US Fetal death data are limited to deaths occurring within the United States to U.S. residents and nonresidents. Fetal deaths occurring to U.S. citizens outside the United States are not included in this data file. Fetal death data for Puerto Rico, and Guam are limited to deaths occurring within the respective territories.

In NCHS tabulations by place of residence, fetal deaths to nonresidents of the United States are excluded. The foreign resident records can be identified by code 4 in position 138 of the data file. In addition, the majority of fetal death tables published by NCHS include only those fetal deaths with stated or presumed gestation of 20 weeks or more (see the Technical Appendix). Those records identified with a code 2 in position 9 are included in these tabulations.

The geographic detail is restricted to counties and cities of 250,000 or more population based on the 2000 Census; metropolitan areas of 250,000 or more population based on the 2000 Census, are identified.

## SYMBOLS USED IN TABLES

### Symbol Explanation

- Data not available
- ... Category not applicable
- Quantity zero
- 0.0 Quantity more than 0 but less than 0.05
- \* Figure does not meet standards of reliability or precision

## Machine / File / Data Characteristics

### All Files:

Machine used:	IBM/3081/K
Language used:	C++ / SAS
File organization:	Multiple files
Record format:	Blocked, Fixed Format
Record mode:	IBM/EBCDIC 8-Bit Code
Code scheme:	Numeric/Alphabetic/Blank
Last block:	May be a short block
Record length:	3350
Block size:	26,800

U.S. Set record count: 54,497

All fetal deaths:	United States
Record count:	54,497
By occurrence:	54,497
By residence:	54,451
To foreign residence:	46

Counts of 20 weeks and over:	
Record count:	25,683
By occurrence:	25,683
By residence:	25,653
To foreign residence:	30

PR, VI, & GU Set record count: 601

All fetal deaths:	Puerto Rico	Virgin Islands	Guam
Record count:	548	15	38
By occurrence:	548	15	38
By residence:	546	15	38
To foreign residence:	2	0	0

Counts of 20 weeks and over:			
Record count:	548	13	36
By occurrence:	548	13	36
By residence:	546	13	36
To foreign residence:	2	0	0

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Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
1	6	FILLER	FILLER			Blank	
7	1	VERSION	<b>Version</b>		R,U	A S	State used the 2003 version of the US Standard Report of Fetal Death State used the 1989 version of the US Standard Report of Fetal Death
8	1	RECWT	<b>Record Weight</b>		R,U	1	
9	1	TABFLG	<b>Tabulation Flag</b>		R,U	1 2	Under 20 Weeks (exclude) 20 Weeks or more (include)
10-14	5	FILLER_C	<b>Filler</b>			Blank	
15-18	4	DOD_YY	<b>Delivery Year</b>		R,U	2003	Year of delivery
19-20	2	DOD_MM	<b>Delivery Month</b>		R,U	01 02 03 04 05 06 07 08 09 10 11 12	January February March April May June July August September October November December
21	1	IMP_DODMM	<b>Delivery Month Imputed</b>		R,U	Blank 1	Not imputed Imputed
22-28	7	FILLER	<b>FILLER</b>			Blank	
29	1	DOD_WK	<b>Weekday</b>		R,U	1 2 3 4 5 6	Sunday Monday Tuesday Wednesday Thursday Friday

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
30-31	2	OSTATE	<b>Occurrence Postal State</b> <u>United States</u>		R,U	7	Saturday
						AK	Alaska
						AL	Alabama
						AR	Arkansas
						AZ	Arizona
						CA	California
						CO	Colorado
						CT	Connecticut
						DE	Delaware
						DC	District of Columbia
						FL	Florida
						GA	Georgia
						HI	Hawaii
						ID	Idaho
						IL	Illinois
						IN	Indiana
						IA	Iowa
						KS	Kansas
						KY	Kentucky
						LA	Louisiana
						MA	Massachusetts
						MD	Maryland
						ME	Maine
						MI	Michigan
						MN	Minnesota
						MO	Missouri
						MS	Mississippi
						MT	Montana
						NC	North Carolina
						ND	North Dakota
						NE	Nebraska
						NH	New Hampshire
						NJ	New Jersey
						NM	New Mexico
						NV	Nevada
						NY	New York
						OH	Ohio
						OK	Oklahoma
						OR	Oregon

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						PA	Pennsylvania
						RI	Rhode Island
						SC	South Carolina
						SD	South Dakota
						TN	Tennessee
						TX	Texas
						UT	Utah
						VA	Virginia
						VT	Vermont
						WA	Washington
						WI	Wisconsin
						WV	West Virginia
						WY	Wyoming
			<u>Possessions</u>			AS	American Samoa
						GU	Guam
						MP	Northern Marianas
						PR	Puerto Rico
						VI	Virgin Islands
32-33	2	XOSTATE	<b>Expanded Occurrence Postal State</b> <u>United States</u>		R,U	AK	Alaska
						AL	Alabama
						AR	Arkansas
						AZ	Arizona
						CA	California
						CO	Colorado
						CT	Connecticut
						DE	Delaware
						DC	District of Columbia
						FL	Florida
						GA	Georgia
						HI	Hawaii
						ID	Idaho
						IL	Illinois
						IN	Indiana
						IA	Iowa
						KS	Kansas
						KY	Kentucky
						LA	Louisiana
						MA	Massachusetts

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						MD	Maryland
						ME	Maine
						MI	Michigan
						MN	Minnesota
						MO	Missouri
						MS	Mississippi
						MT	Montana
						NC	North Carolina
						ND	North Dakota
						NE	Nebraska
						NH	New Hampshire
						NJ	New Jersey
						NM	New Mexico
						NV	Nevada
						NY	New York
						OH	Ohio
						OK	Oklahoma
						OR	Oregon
						PA	Pennsylvania
						RI	Rhode Island
						SC	South Carolina
						SD	South Dakota
						TN	Tennessee
						TX	Texas
						UT	Utah
						VA	Virginia
						VT	Vermont
						WA	Washington
						WI	Wisconsin
						WV	West Virginia
						WY	Wyoming
						YC	New York City
			<u>Possessions</u>			AS	American Samoa
						GU	Guam
						MP	Northern Marianas
						PR	Puerto Rico
						VI	Virgin Islands
34-36	3	FILLER	FILLER			Blank	

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death



Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
37-39	3	OCNTYFIPS	<b>Occurrence FIPS County</b>		R,U	000-nnn	County of Occurrence
40	1	OCNTYPOP	<b>Occurrence County Pop</b>		R,U	0 1 2 9	County of 1,000,000 or more County of 500,000 to 1,000,000 County of 250,000 to 500,000 County less than 250,000
42	1	UBFACIL	<b>Delivery Place</b>		R,U	1 2 3 4 5 9	Hospital Freestanding Birthing Center Clinic / Doctor's Office Residence Other Unknown
43-58	16	FILLER	FILLER			Blank	
59	1	BFACIL3	<b>Place Recode</b>		R,U	1 2	In Hospital Not in Hospital
60	5	FILLER_B	<b>Filler</b>			Blank	
65-86	22	FILLER	FILLER			Blank	
87	1	MAGE_IMPFLG	<b>Mother's Age Imputed</b>		R,U	Blank 1	Age not imputed Age imputed
88	1	MAGE_REPFLG	<b>Reported Age of Mother Flag</b>		R,U	Blank 1	Reported age not used Reported age used
89-90	2	MAGER41	<b>Mother's Age Recode 41</b>		R,U	01 02 03 04 05 06 07 08 09	Under 15 years 15 years 16 years 17 years 18 years 19 years 20 years 21 years 22 years

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						10	23 years
						11	24 years
						12	25 years
						13	26 years
						14	27 years
						15	28 years
						16	29 years
						17	30 years
						18	31 years
						19	32 years
						20	33 years
						21	34 years
						22	35 years
						23	36 years
						24	37 years
						25	38 years
						26	39 years
						27	40 years
						28	41 years
						29	42 years
						30	43 years
						31	44 years
						32	45 years
						33	46 years
						34	47 years
						35	48 years
						36	49 years
						37	50 years
						38	51 years
						39	52 years
						40	53 years
						41	54 years
91-92	2	MAGER14	<b>Mother's Age Recode 14</b>		R,U	01	Under 15 Years
						03	15 years
						04	16 years
						05	17 years
						06	18 years
						07	19 years
						08	20-24 years
						09	25-29 years

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						10	30-34 years
						11	35-39 years
						12	40-44 years
						13	45-49 years
						14	50-54 years
93	1	MAGER9	<b>Mother's Age Recode 9</b>		R,U	1	Under 15 years
						2	15-19 years
						3	20-24 years
						4	25-29 years
						5	30-34 years
						6	35-39 years
						7	40-44 years
						8	45-49 years
						9	50-54 years
94-95	2	FILLER	FILLER				Blank
96-97	2	UMBSTATE	<b>Mother's Birth State (Unrevised)</b> <u>United States</u>		R,U	AK	Alaska
						AL	Alabama
						AR	Arkansas
						AZ	Arizona
						CA	California
						CO	Colorado
						CT	Connecticut
						DE	Delaware
						DC	District of Columbia
						FL	Florida
						GA	Georgia
						HI	Hawaii
						ID	Idaho
						IL	Illinois
						IN	Indiana
						IA	Iowa
						KS	Kansas
						KY	Kentucky
						LA	Louisiana
						MA	Massachusetts
						MD	Maryland

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						ME	Maine
						MI	Michigan
						MN	Minnesota
						MO	Missouri
						MS	Mississippi
						MT	Montana
						NC	North Carolina
						ND	North Dakota
						NE	Nebraska
						NH	New Hampshire
						NJ	New Jersey
						NM	New Mexico
						NV	Nevada
						NY	New York
						OH	Ohio
						OK	Oklahoma
						OR	Oregon
						PA	Pennsylvania
						RI	Rhode Island
						SC	South Carolina
						SD	South Dakota
						TN	Tennessee
						TX	Texas
						UT	Utah
						VA	Virginia
						VT	Vermont
						WA	Washington
						WI	Wisconsin
						WV	West Virginia
						WY	Wyoming
			<u>Possessions</u>			AS	American Samoa
						GU	Guam
						MP	Northern Marianas
						PR	Puerto Rico
						VI	Virgin Islands
			<u>Foreign</u>			CC	Canada
						CU	Cuba
						MX	Mexico
						YY	Rest of the World

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						ZZ	Not Classifiable
98-99	2	MBSTATE	<b>Mother's Birth State (Revised)</b> <u>United States</u>			R,U AK AL AR AZ CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ NM NV NY OH OK OR	Alaska Alabama Arkansas Arizona California Colorado Connecticut Delaware District of Columbia Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Massachusetts Maryland Maine Michigan Minnesota Missouri Mississippi Montana North Carolina North Dakota Nebraska New Hampshire New Jersey New Mexico Nevada New York Ohio Oklahoma Oregon

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						PA	Pennsylvania
						RI	Rhode Island
						SC	South Carolina
						SD	South Dakota
						TN	Tennessee
						TX	Texas
						UT	Utah
						VA	Virginia
						VT	Vermont
						WA	Washington
						WI	Wisconsin
						WV	West Virginia
						WY	Wyoming
			<u>Possessions</u>			AS	American Samoa
						GU	Guam
						MP	Northern Marianas
						PR	Puerto Rico
						VI	Virgin Islands
			<u>Canadian Provinces</u>			AB	Alberta
						BC	British Columbia
						MB	Manitoba
						NB	New Brunswick
						NF	Newfoundland
						NT	Northwest Territories
						NS	Nova Scotia
						NU	Nunavut
						ON	Ontario
						PE	Prince Edward Island
						QC	Quebec
						SK	Saskatchewan
						YT	Yukon Territory
			<u>Foreign</u>			CC	Canada
						CU	Cuba
						MX	Mexico
						YY	Rest of the World
						ZZ	Not Classifiable
100	1	MBSTATE_REC	<b>Mother's Birth State Recode</b>		R,U	1	Native born (50 US States)
			* For the Version column (Ver) the following codes apply:				
		R	2003 Version of US Standard Report of Fetal Death				
		U	1989 Version of US Standard Report of Fetal Death				

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						2	Foreign born (includes possessions)
						3	Unknown or Not Stated
101-106	6	FILLER_B	<b>Filler</b>			Blank	
107-108	2	XMRSTATE	<b>Expanded of Residence of Mother</b> <u>United States</u>	R,U		AK AL AR AZ CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ NM NV NY	Alaska Alabama Arkansas Arizona California Colorado Connecticut Delaware District of Columbia Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Massachusetts Maryland Maine Michigan Minnesota Missouri Mississippi Montana North Carolina North Dakota Nebraska New Hampshire New Jersey New Mexico Nevada New York

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						OH	Ohio
						OK	Oklahoma
						OR	Oregon
						PA	Pennsylvania
						RI	Rhode Island
						SC	South Carolina
						SD	South Dakota
						TN	Tennessee
						TX	Texas
						UT	Utah
						VA	Virginia
						VT	Vermont
						WA	Washington
						WI	Wisconsin
						WV	West Virginia
						WY	Wyoming
						YC	New York City
			<u>Possessions</u>			AS	American Samoa
						GU	Guam
						MP	Northern Marianas
						PR	Puerto Rico
						VI	Virgin Islands
			<u>Foreign</u>			CC	Canada
						CU	Cuba
						MX	Mexico
						XX	Not Applicable
						ZZ	Not Classifiable
109-110	2	MRSTATEPSTL	<b>Mother's Residence State</b> <u>United States</u>			R,U	
						AK	Alaska
						AL	Alabama
						AR	Arkansas
						AZ	Arizona
						CA	California
						CO	Colorado
						CT	Connecticut
						DE	Delaware
						DC	District of Columbia
						FL	Florida

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death



Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						GA	Georgia
						HI	Hawaii
						ID	Idaho
						IL	Illinois
						IN	Indiana
						IA	Iowa
						KS	Kansas
						KY	Kentucky
						LA	Louisiana
						MA	Massachusetts
						MD	Maryland
						ME	Maine
						MI	Michigan
						MN	Minnesota
						MO	Missouri
						MS	Mississippi
						MT	Montana
						NC	North Carolina
						ND	North Dakota
						NE	Nebraska
						NH	New Hampshire
						NJ	New Jersey
						NM	New Mexico
						NV	Nevada
						NY	New York
						OH	Ohio
						OK	Oklahoma
						OR	Oregon
						PA	Pennsylvania
						RI	Rhode Island
						SC	South Carolina
						SD	South Dakota
						TN	Tennessee
						TX	Texas
						UT	Utah
						VA	Virginia
						VT	Vermont
						WA	Washington
						WI	Wisconsin
						WV	West Virginia
						WY	Wyoming

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
			<u>Possessions</u>			AS GU MP PR VI	American Samoa Guam Northern Marianas Puerto Rico Virgin Islands
			<u>Foreign</u>			CC CU MX XX ZZ	Canada Cuba Mexico Not Applicable Not Classifiable
111-113	3	FILLER	FILLER			Blank	
114-116	3	MRCNTYFIPS	<b>Mother's FIPS County</b>		R,U	001-999 000	See Geographic Tables Foreign
117-119	3	FILLER	FILLER			Blank	
120-124	5	MRCITYFIPS	<b>Mother's Residence City</b>		R,U	00001-99999 00000	See Geographic Table Foreign
125-126	2	CMSA	<b>Metro Statistical Areas</b> <u>United States</u>		R,U	00 07 14 21 28 31 34 35 42 49 56 63 70 77 79	Not a CMSA Boston, Worcester, Lawrence, MA-NH-ME-CT, CMSA Chicago-Gary-Kenosha, IL-IN-WI, CMSA Cincinnati-Hamilton, OH-KY-IN, CMSA Cleveland-Akron, OH, CMSA Dallas-Fort Worth, TX, CMSA Denver-Boulder-Greeley, CO, CMSA Detroit-Ann Arbor-Flint, MI, CMSA Houston-Galveston-Brazoria, TX, CMSA Los Angeles-Riverside-Orange County, CA, CMSA Miami-Fort Lauderdale, FL, CMSA Milwaukee-Racine, WI, CMSA New York-Northern New Jersey-Long Island, NY-NJ-CT-PA, CMSA Philadelphia-Wilmington-Atlantic City, PA-NJ-DE-MD, CMSA Portland-Salem, OR-WA, CMSA

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						82	Sacramento-Yolo, CA, CMSA
						84	San Francisco-Oakland-San Jose, CA, CMSA
						91	Seattle-Tacoma-Bremerton, WA, CMSA
						97	Washington-Baltimore, DC-MD-VA-WV, CMSA
			<u>Possessions</u>			00	Not a CMSA
						87	San Juan-Caguas-Arecibo, PR, CMSA
127-130	4	MSA	<b>FIPS Statistical Areas</b>		R,U	0000	Nonmetropolitan counties or Foreign residence 0040-9360 Code Range
131	1	MSA_POP	<b>Population of Statistical Area</b>		R,U	1	Area of 250,000 or more
						9	Nonmetropolitan areas
						Z	Foreign resident
132	1	RCNTY_POP	<b>Population of Residence County</b>		R,U	0	County of 1,000,000 or more
						1	County of 500,000 to 1,000,000
						2	County of 250,000 to 500,000
						9	County less than 250,000
						Z	Foreign resident
133	1	RCITY_POP	<b>Population of Residence City</b>		R,U	0	City of 1,000,000 or more
						1	City of 500,000 to 1,000,000
						2	City of 250,000 to 500,000
						9	All other areas in the US
						Z	Foreign resident
134	1	FILLER	FILLER				Blank
135	1	METRORES	<b>Metropolitan Residence County</b>		R,U	1	Metropolitan County
						2	Nonmetropolitan County
						Z	Foreign resident
136	1	FILLER	FILLER				Blank
137	1	RECTYPE	<b>Record Type</b>		R,U	1	RESIDENT: State and county of occurrence and residence are the same.
						2	NONRESIDENT: State and county of occurrence and residence are different.
138	1	RESTATUS	<b>Residence Status</b>		R,U		

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
			<u>United States</u>			1	RESIDENT: State and county of occurrence and residence are the same.
						2	INTRASTATE NONRESIDENT: State of occurrence and residence are the same but county is different.
						3	INTERSTATE NONRESIDENT: State of occurrence and residence are different but both are one of the 50 US states or District of Columbia.
						4	FOREIGN RESIDENT: The state of residence is not one of the 50 US states or District of Columbia.
			<u>Possessions</u>			1	RESIDENT: State and county of occurrence and residence are the same. (Unique to Guam, all US residents are considered residents of Guam and thus are assigned 1.)
						2	INTRATERRITORY NONRESIDENT: Territory of occurrence and residence are the same but county is different.
						3	INTERTERRITORY RESIDENT: Territory of occurrence and residence are different but both are US Territories.
						4	FOREIGN RESIDENT: The residence is not a US Territory.
139-140	2	MBRACE	<b>Mother's Bridged Race</b>		R,U	01	White
						02	Black
						03	American Indian
						04	Asian Indian
						05	Chinese
						06	Filipino
						07	Japanese
						08	Korean
						09	Vietnamese
						10	Other Asian
						11	Hawaiian
						12	Guamanian
						13	Samoan
						14	Other Pacific Islander
						21	Bridged White
						22	Bridged Black
						23	Bridged American Indian or Alaskan Native
						24	Bridged Asian or Pacific Islander

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
141-142	2	MRACE	<b>Mother's Race</b>		U		
			<u>United States</u>	783		01 02 03 04 05 06 07 18 28 38 48 58 68 78	White Black American Indian or Alaskan Natives Chinese Japanese Hawaiian (includes part Hawaiian) Filipino Asian Indian Korean Samoan Vietnamese Guamanian Other Asian or Pacific Islander in areas reporting codes 18-58. Combined other Asian or Pacific Islander, includes 18-68 for areas that do not report them separately.
			<u>Puerto Rico</u>			01 02 00	White Black Other races
			<u>Guam</u>			01 02 03 04 05 06 07 08 58	White Black American Indian or Alaskan Natives Chinese Japanese Hawaiian (includes part Hawaiian) Filipino Other Asian or Pacific Islander Guamanian
			<u>All other Territories</u>			01 02 03 04 05 06	White Black American Indian or Alaskan Natives Chinese Japanese Hawaiian (includes part Hawaiian)

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						07	Filipino
						08	Other Asian or Pacific Islander
143	1	MRACEREC	<b>Mother's Race Recode</b> <u>United States and non-Puerto Rican Territories</u>	783	R,U	1	White
						2	Black
						3	American Indian or Alaskan Native
						4	Asian or Pacific Islander
			<u>Puerto Rico</u>			1	White
						2	Black
						0	Other (not classified as White or Black)
144	1	MRACEIMP	<b>Mother's Race Imputed</b>		R,U	Blank	Mother's race not imputed
						1	Unknown race imputed
						2	All other races, formerly coded 09, imputed.
145-147	3	MHISP	<b>Mother's Hispanic Origin (Revised)</b> 569		R	100-199	Non Hispanic
						200-209	Spaniard
						210-219	Mexican
						220	Central or South American
						221-230	Central American
						231-249	South American
						250-259	Latin American
						260-269	Puerto Rican
						270-274	Cuban
						275-279	Dominican
						280-299	Other Spanish/Hispanic
						996-999	Unknown or not stated
148	1	UMHISP	<b>Mother's Hispanic Origin</b> 781		R,U	0	Non-Hispanic
						1	Mexican
						2	Puerto Rican
						3	Cuban
						4	Central or South American
						5	Other and Unknown Hispanic
						9	Origin unknown or not stated

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
149	1	MRACEHISP	<b>Mother's Race/Hispanic Origin</b>	781	R,U	1 2 3 4 5 6 7 8 9	Mexican Puerto Rican Cuban Central or South American Other and Unknown Hispanic Non-Hispanic White Non-Hispanic Black Non-Hispanic Other Races Origin unknown or not stated
150-152	3	FILLER	<b>Filler</b>			Blank	
153	1	MAR	<b>Mother's Marital Status</b>	780	R,U	1 2 9  1 2 3 9	<u>United States &amp; all non-Puerto Rican Territories</u> Yes No Unknown or not Stated  <u>Puerto Rico</u> Yes Unmarried parents living together Unmarried parents not living together Unknown or not stated
154	1	MAR_IMP	<b>Mother's Marital Status Imputed</b>		R,U	Blank 1	Marital Status not imputed Marital Status imputed
155	1	MEDUC	<b>Mother's Educ –Revised</b>	571	R	1 2 3 4 5 6 7 8 9	8 <sup>th</sup> grade or less 9 <sup>th</sup> through 12 <sup>th</sup> grade with no diploma High school graduate or GED completed Some college credit, but not a degree. Associate degree (AA,AS) Bachelor's degree (BA, AB, BS) Master's degree (MA, MS, MEng, MEd, MSW, MBA) Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, LLB, JD) Unknown
156-157	2	UMEDUC	<b>Mother's Educ –Unrevised</b>	647	U	00 01-08 09 10	No formal education Years of elementary school 1 year of high school 2 years of high school

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						11	3 years of high school
						12	4 years of high school
						13	1 year of college
						14	2 years of college
						15	3 years of college
						16	4 years of college
						17	5 or more years of college
						99	Not stated
158	1	MEDUC_REC	<b>Mother's Education Recode</b>	647	U	1	0 – 8 years
						2	9 – 11 years
						3	12 years
						4	13 – 15 years
						5	16 years and over
						6	Not stated
159-174	16	FILLER_M	<b>Filler</b>			Blank	
175	1	FAGERPT_FLG	<b>Father's Reported Age Used</b>		R,U	Blank	Father's reported age not used
						1	Father's reported age used
176-185	10	FILLER	FILLER			Blank	
186-187	2	FAGEREC11	<b>Father's Age Recode 11</b>	786	R,U	01	Under 15 years
						02	15-19 years
						03	20-24 years
						04	25-29 years
						05	30-34 years
						06	35-39 years
						07	40-44 years
						08	45-49 years
						09	50-54 years
						10	55-98 years
						11	Not stated
188-189	2	FILLER	<b>Filler</b>			Blank	
190	1	FRACEIMP	<b>Father's Race Imputed</b>		U		(Unknown race of father is not imputed.)

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death



Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
							However, the all other races code is changed to Unknown.)
						Blank	Race is not changed
						3	All other races, formerly code 09, Is changed to code 99
191	1	FRACEREC	<b>Father's Race Recode</b>	784	U		
			<u>United States and non-Puerto Rican Territories</u>			1	White
						2	Black
						3	American Indian or Alaskan Native
						4	Asian or Pacific Islander
						9	Unknown or not stated
			<u>Puerto Rico</u>			1	White
						2	Black
						9	Unknown or not stated
						0	Other (not classified as White or Black)
192-194	3	FILLER	<b>Filler</b>		U	Blank	
195	1	UFHISP	<b>Father's Hispanic Origin-Unrevised</b>	782	U		
						0	Non-Hispanic
						1	Mexican
						2	Puerto Rican
						3	Cuban
						4	Central or South American
						5	Other and Unknown Hispanic
						9	Origin unknown or not stated
196	1	FRACEHISP	<b>Father's Race/Hisp Origin</b>	782	U		
						1	Mexican
						2	Puerto Rican
						3	Cuban
						4	Central or South American
						5	Other and Unknown Hispanic
						6	Non-Hispanic White
						7	Non-Hispanic Black
						8	Non-Hispanic Other Races
						9	Origin unknown or not stated
197-198	2	FEDUC	<b>Father's Education</b>	785	U	00	No formal education

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						01-08	Years of elementary school
						09	1 year of high school
						10	2 years of high school
						11	3 years of high school
						12	4 years of high school
						13	1 year of college
						14	2 years of college
						15	3 years of college
						16	4 years of college
						17	5 or more years of college
						99	Not stated
						Blank	Not on Report
199-200	2	UFRACE	<b>Father's Race (Unrevised)</b> <u>United States</u>	784	U	01	White
						02	Black
						03	American Indian & Alaskan Natives
						04	Chinese
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						18	Asian Indian
						28	Korean
						38	Samoan
						48	Vietnamese
						58	Guamanian
						68	Other Asian or Pacific Islander in areas reporting codes 18-58.
						78	Combined other Asian or Pacific Islander, includes 18-68 for areas that do not report them separately.
						99	Unknown or not stated
			<u>Puerto Rico</u>			01	White
						03	Black
						00	Other races not classified white or black
						99	Unknown or not stated

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
			<u>Guam</u>			01	White
						02	Black
						03	American Indian & Alaskan Natives
						04	Chinese
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						08	Other Asian or Pacific Islander
						58	Guamanian
						99	Unknown or not stated
			<u>All other Territories</u>			01	White
						02	Black
						03	American Indian & Alaskan Natives
						04	Chinese
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						08	Other Asian or Pacific Islander
						99	Unknown or not stated
201-203	3	FILLER_F	<b>Filler</b>			Blank	
204-205	2	PRIORLIVE	<b>Prior Births Now Living</b>		R,U	00-30	Number of children still living from previous live births.
						99	Unknown or not stated
206-207	2	PRIORDEAD	<b>Prior Births Now Dead</b>		R,U	00-30	Number of children dead from previous live births.
						99	Unknown or not stated
208-209	2	PRIORTERM	<b>Prior Other Terminations</b>		R,U	00-30	Number other terminations
						99	Unknown or not stated
210-211	2	LBO	<b>'Live Birth' Order</b>		R,U	00-31	Sum of all previous live births (now living and now dead)
						99	Unknown or not stated

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
212	1	LBO_REC	<b>'Live Birth' Order Recode</b>		R,U	0-7 8 9	Number of live birth order. 8 or more live births Unknown or not stated
213-214	2	FILLER	<b>Filler</b>			Blank	
215-216	2	TBO	<b>Total 'Birth' Order</b>		R,U	00-40 99	Sum of all previous pregnancies Unknown or not stated
217	1	TBO_REC	<b>Total 'Birth' Order Recode</b>		R,U	1-7 8 9	Number total pregnancies. 8 or more pregnancies Unknown or not stated
218-219	2	FILLER	FILLER			Blank	
220-221	2	DLLB_MM	<b>Date of Last Live Birth Month</b> 787		R,U	01 02 03 04 05 06 07 08 09 10 11 12 88 99	January February March April May June July August September October November December Not applicable Unknown or not stated
222-225	4	DLLB_YY	<b>Date of Last Live Birth Year</b> 788		R,U	nnnn 8888 9999	Year of last live birth Not applicable Unknown or not stated
226-244	19	FILLER_V	<b>Filler</b>			Blank	
245-246	2	PRECARE	<b>Month Prenatal Care Began (Revised)</b> 668		R	00 01-10	No prenatal care Month prenatal care began

\* For the Version column (Ver) the following codes apply:  
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U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						99	Unknown or not stated
247	1	PRECARE_REC	<b>Month Prenatal Care Began Recode (Revised)</b>	668	R	1 2 3 4 5	1 <sup>st</sup> to 3 <sup>rd</sup> month 4 <sup>th</sup> to 6 <sup>th</sup> month 7 <sup>th</sup> to final month No prenatal care Unknown or not stated
248-255	8	FILLER_V	<b>Filler</b>			Blank	
256-257	2	MPCB	<b>Month Prenatal Care Began (Unrevised)</b>	669	U	00 01-10 99	No prenatal care Month prenatal care began Unknown or not stated
258	1	MPCB_REC6	<b>Month Prenatal Care Began Recode 6 (Unrevised)</b>	669	U	1 2 3 4 5 6	1 <sup>st</sup> to 2 <sup>nd</sup> month 3 <sup>rd</sup> month 4 <sup>th</sup> to 6 <sup>th</sup> month 7 <sup>th</sup> to final month No prenatal care Unknown or not stated
259	1	MPCB_REC5	<b>Month Prenatal Care Began Recode 5 (Unrevised)</b>	669	U	1 2 3 4 5	1 <sup>st</sup> trimester (1 <sup>st</sup> to 3 <sup>rd</sup> month) 2 <sup>nd</sup> trimester (4 <sup>th</sup> to 6 <sup>th</sup> month) 3 <sup>rd</sup> trimester (7 <sup>th</sup> to final month) No prenatal care Unknown or not stated
260-269	10	FILLER	<b>Filler</b>			Blank	
270-271	2	UPREVIS	<b>Number of Prenatal Visits</b>	792	U	00-49 99	Number of prenatal visits Unknown or not stated
272-273	2	PREVIS_REC	<b>Number of Prenatal Visits Recode</b>	792	R,U	01 02 03 04 05	No visits 1 to 2 visits 3 to 4 visits 5 to 6 visits 7 to 8 visits

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Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						06	9 to 10 visits
						07	11 to 12 visits
						08	13 to 14 visits
						09	15 to 16 visits
						10	17 to 18 visits
						11	19 or more visits
						12	Unknown or not stated
274-275	2	FILLER	<b>Filler</b>			Blank	
276-277	2	WTGAIN	<b>Weight Gain</b>	648	R,U	00-97	Weight gain in pounds
						98	98 pounds and over
						99	Unknown or not stated
278	1	WTGAIN_REC	<b>Weight Gain Recode</b>	648	R,U	1	Less than 10 pounds
						2	10 to 14 pounds
						3	15 to 19 pounds
						4	20 to 24 pounds
						5	25 to 29 pounds
						6	30 to 34 pounds
						7	35 or more pounds
						8	Unknown or not stated
279-281	3	FILLER	<b>Filler</b>			Blank	
282-283	2	CIG_0	<b>Cigarettes Before Pregnancy</b> 672		R	00-97	Number of cigarettes daily
						98	98 or more cigarettes daily
						99	Unknown or not stated
284-285	2	CIG_1	<b>Cigarettes 1<sup>st</sup> Trimester</b> 673		R	00-97	Number of cigarettes daily
						98	98 or more cigarettes daily
						99	Unknown or not stated
286-287	2	CIG_2	<b>Cigarettes 2<sup>nd</sup> Trimester</b> 674		R	00-97	Number of cigarettes daily
						98	98 or more cigarettes daily
						99	Unknown or not stated
288-289	2	CIG_3	<b>Cigarettes 3<sup>rd</sup> Trimester</b> 675		R	00-97	Number of cigarettes daily
						98	98 or more cigarettes daily
						99	Unknown or not stated

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Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
290	1	TOBUSE	<b>Tobacco Use</b>	667	U	1 2 9	Yes No Unknown or not stated
291-292	2	CIGS	<b>Cigarettes per Day</b>	794	U	00-97 98 99	Number of cigarettes daily 98 or more cigarettes daily Unknown or not stated
293	1	UCIG_REC6	<b>Cigarette Recode (Unrevised)</b>	794	U	0 1 2 3 4 5 6	Non-smoker 1 to 5 cigarettes daily 6 to 10 cigarettes daily 11 to 20 cigarettes daily 21 to 40 cigarettes daily 41 or more cigarettes daily Unknown or not stated
294	1	CIG_REC	<b>Cigarette Recode (Revised)</b>	575	R	Y N U	Yes No Unknown or not stated
295	1	ALCOHOL	<b>Alcohol Use</b>	649	U	1 2 9	Yes No Unknown or not stated
296-297	2	DRINKS	<b>Drinks per Week</b>	796	U	00-97 98 99	Number of drinks weekly 98 or more drinks weekly Unknown or not stated
298	1	DRINKS_REC	<b>Drinks Recode</b>	796	U	0 1 2 3 4 5	Non drinker 1 drink per week 2 drinks per week 3-4 drinks per week 5 or more drinks per week Unknown or not stated
299-327	29	FILLER	<b>Filler</b>			Blank	
328-344	17	<b><u>Risk Factors (Unrevised)</u></b>			U		
			The checkbox items indented below follow this structure:			1	Yes
			The version is all 1989 Standard unless otherwise noted.			2	No

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Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						8	Not on report
						9	Unknown
328	1	URF_ANEMIA	Anemia	681			
329	1	URF_CARDC	Cardiac	682			
330	1	URF_LUNG	Acute or Chronic Lung Disease	683			
331	1	URF_DIAB	Diabetes	684	R,U		
332	1	URF_GEN	Genital Herpes	685			
333	1	URF_HYDR	Hydramnios / Oligohydramnios	686			
334	1	URF_HEMO	Hemoglobinopathy	687			
335	1	URF_CHYPER	Chronic Hypertension	688	R,U		
336	1	URF_PHYPER	Prepregnacy Associated Hypertension	689	R,U		
337	1	URF_ECLAM	Eclampsia	690	R,U		
338	1	URF_INCERV	Incompetent Cervix	691			
339	1	URF_PRE4000	Previous Infant 4000+ Grams	692			
340	1	URF_PRETERM	Previous Preterm Small for Gestation	693			
341	1	URF_RENAL	Renal Disease	694			
342	1	URF_RH	Rh Sensitization	695			
343	1	URF_UTERINE	Uterine Bleeding	696			
344	1	URF_OTHER	Other medical risk factors	697			
345-354	10	FILLER	<b>Filler</b>			Blank	
355-361	7	<b><u>Obstetric Procedures</u></b>			U		
		The checkbox items indented below follow this structure:				1	Yes
		The version is all 1989 Standard unless otherwise noted.				2	No
						8	Not on report
						9	Not stated
355	1	UOB_AMINO	Amniocentesis	701			
356	1	UOB_MONITOR	Electronic Fetal Monitoring	702			
357	1	UOB_INDUC	Induction of Labor	703			
358	1	UOB_STIMULA	Stimulation of Labor	704			
359	1	UOB_TOCOL	Tocolysis	705			
360	1	UOB_ULTRA	Ultrasound	706			
361	1	UOB_OTHER	Other Obstetric Procedures	707			
362-373	12	<b><u>Filler</u></b>	Filler			Blank	
374	16	<b><u>Complications of Labor &amp; Delivery</u></b>			U		

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Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
			The checkbox items indented below follow this structure: The version is all 1989 Standard unless otherwise noted.			1 2 8 9	Yes No Not on report Not stated
374	1	ULD_FEBR	Febrile	711			
375	1	ULD_MECON	Meconium	712	R,U		
376	1	ULD_RUPTURE	Premature Rupture of Membrane	713			
377	1	ULD_ABRUPTIO	Abruptio Placenta	714			
378	1	ULD_PREPLACE	Placenta Previa	715			
379	1	ULD_EXCEBLE	Other Excessive Bleeding	716			
380	1	ULD_SEIZURE	Seizures During Labor	717			
381	1	ULD_PRECIP	Precipitous Labor	718	R,U		
382	1	ULD_PROLONG	Prolonged Labor	719			
383	1	ULD_DYSFUN	Dysfunctional Labor	720			
384	1	ULD_BREECH	Breech	721	R,U		
385	1	ULD_CEPHALO	Cephalopelvic Disproportion	722			
386	1	ULD_CORD	Cord Prolapse	723			
387	1	ULD_ANESTHE	Anesthetic Complications	724			
388	1	ULD_DISTRESS	Fetal Distress	725			
389	1	ULD_OTHERLB	Other Complications of L&D	727			
390-395	6	FILLER	<b>Filler</b>			Blank	
396-402	6	<b><u>Method of Delivery (Unrevised)</u></b> The checkbox items indented below follow this structure:			U	1 2 8 9	Yes No Not on report Unknown or not stated
396	1	UME_VAG	Vaginal	730			
397	1	UME_VBAC	Vaginal after C-Section	731			
398	1	UME_PRIMC	Primary C-Section	732			
399	1	UME_REPEC	Repeat C-Section	733			
400	1	UME_FORCP	Forceps	734			
401	1	UME_VAC	Vacuum	735			
402	1	UME_HYSTER	Hysterectomy	797			
403	1	DMETH_REC	<b>Delivery Method Recode</b>		R,U	1 2	Vaginal (excludes vaginal after previous C-section) Vaginal after previous c-section

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Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						3	Primary C-section
						4	Repeat C-section
						5	Not stated
						6	Vaginal (unknown if previous c-section) (2003 report only)
						7	C-section (unknown if previous c-section) (2003 report only)
404-409	6	FILLER	<b>Filler</b>			Blank	
410	1	ATTEND	<b>Attendant</b>		R,U	1 2 3 4 5 9	Doctor of Medicine (MD) Doctor of Osteopathy (DO) Certified Nurse Midwife (CNM) Other Midwife Other Unknown or not stated
411-422	12	FILLER	<b>Filler</b>			Blank	
423	1	DPLURAL	<b>Plurality Recode</b>		R,U	1 2 3 4 5	Single Twin Triplet Quadruplet Quintuplet or higher
424	1	FILLER	<b>Filler</b>			Blank	
425	1	IMP_PLUR	<b>Plurality Imputed</b>		R,U	Blank 1	Plurality is imputed Plurality is not imputed
426-435	10	FILLER	<b>Filler</b>			Blank	
436	1	SEX	<b>Sex of fetus</b>		R,U	M F	Male Female
437	1	IMP_SEX	<b>Imputed Sex</b>		R,U	Blank 1	Fetus sex not imputed Fetus sex is imputed

**Note:** The sex variable is correct for fetal deaths of 20 weeks or more, but should not be used for fetal deaths of less than 20 weeks of gestation. Due to a programming error, not stated sex was imputed and not flagged for fetal deaths of less than 20 weeks of gestation in the 2003 and 2004 fetal death files.

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
438-439	2	DLMP_MM	<b>Last Normal Menses Month</b>	789	R,U	01 02 03 04 05 06 07 08 09 10 11 12 99	January February March April May June July August September October November December Unknown or not stated
440-441	2	DLMP_DO	<b>Last Normal Menses- Day</b>	790	R,U	01-31 99	As applicable to month of LMP Unknown, not stated
442-445	4	DLMP_YY	<b>Year of Last Normal Menses Began</b>	791	R,U	nnnn 9999	Year of last normal menses Unknown or not stated
446-447	2	OBGEST	<b>Obstetric Clinical Gestation Estimated</b>	793	R,U	02-47 99	0-98 Reported Obstetric estimate of gestation Accepted range of Clinical estimate of gestation Unknown or not stated
448-450	3	FILLER	<b>Filler</b>			Blank	
451-452	2	COMBGEST	<b>Gestation – Detail in Weeks</b>		R,U	02-47 99	2 <sup>nd</sup> through 47 <sup>th</sup> week of Gestation Unknown
453-454	2	GESTREC12	<b>Gestation Recode 12</b>		R,U	01 02 03 04 05 06 07 08 09 10 11	Under 16 weeks 16-19 weeks 20-23 weeks 24-27 weeks 28-31 weeks 32-35 weeks 36 weeks 37-39 weeks 40 weeks 41 weeks 42 weeks and over

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Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						12	Unknown
455	1	GESTREC5	<b>Gestation Recode 5</b>		R,U	1 2 3 4 5	Under 20 weeks 20-23 weeks 24-27 weeks 28 weeks and over Unknown
456	1	OBGEST_FLG	<b>Clinical Estimate of Gestation Used Flag</b>		R,U	Blank 1	Clinical Estimate is not used Clinical Estimate is used
457	1	GEST_IMP	<b>Gestation Imputed Flag</b>		R,U	Blank 1	Gestation is not imputed Gestation is imputed
458-462	4	FILLER	<b>Filler</b>			Blank	
463-466	4	DBWT	<b>Weight of Fetus – Detail in Grams (Edited)</b>		R,U	0001-8165 9999	Number of grams Not stated of fetus weight
467-470	4	FILLER	<b>Filler</b>			Blank	
471-472	2	BWTR14	<b>Weight of Fetus Recode 14</b>		R,U	01 02 03 04 05 06 07 08 09 10 11 12 13 14	0249 grams or less 0250 – 0349 grams 0350 – 0499 grams 0500 – 0999 grams 1000 – 1499 grams 1500 – 1999 grams 2000 – 2499 grams 2500 – 2999 grams 3000 – 3499 grams 3500 – 3999 grams 4000 – 4499 grams 4500 – 4999 grams 5000 – 8165 grams Unknown or Not Stated
473	1	BWTR4	<b>Weight of Fetus Recode 4</b>		R,U	1	1499 grams or less

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Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
						1	1500 – 2499 grams
						2	2500 - 8165 grams
						3	Unknown or not stated
474-503	30	FILLER	<b>Filler</b>			Blank	
504-525	22	<b><u>Congenital Anomalies of the Fetus (Unrevised)</u></b>			U		
		The checkbox items indented below follow this structure: The version is all 1989 Standard unless otherwise noted.				1	Anomaly reported
						2	Anomaly not reported
						8	Anomaly not on report
						9	Anomaly not classifiable
504	1	UCA_ANEN	Anencephalus	752	R,U		
505	1	UCA_SPINA	Spina Bifida / Meningocele	753	R,U		
506	1	UCA_HYDRO	Hydrocephalus	754			
507	1	UCA_MICRO	Microcephalus	755			
508	1	UCA_NERV	Other Central Nervous System Anomalies	756			
509	1	UCA_HEART	Heart Malformations	757			
510	1	UCA_CIRC	Other Circulatory / Respiration Anomalies	758			
511	1	UCA_RECTAL	Rectal Atresia / Stenosis	759			
512	1	UCA_TRACH	Tracheo-Esophageal Fistula	760			
513	1	UCA_OMPHA	Omphalocele / Gastroschisis	761	R,U		
514	1	UCA_GASTRO	Other Gastrointestinal Anomalies	762			
515	1	UCA_GENITAL	Malformed Genitalia	763			
516	1	UCA_RENAL	Renal Agenesis	764			
517	1	UCA_UROGEN	Other Urogenital Anomalies	765			
518	1	UCA_CLEFTLP	Cleft Lip / Palate	766	R,U		
519	1	UCA_ADACTY	Polydactyly / Syndactyly / Adactyly	767			
520	1	UCA_CLUBFT	Club Foot	768			
521	1	UCA_HERNIA	Diaphragmatic Hernia	769			
522	1	UCA_MUSCU	Other Musculoskeletal Anomalies	770			
523	1	UCA_DOWNS	Downs Syndrome	771	R,U		
524	1	UCA_CHROM	Other Chromosomal Anomalies	772			
525	1	UCA_OTHER	Other Congenital Anomalies	773			
526-568	43	FILLER	<b>Filler</b>			Blank	
		<b><u>Flag File for Reporting Flags</u></b>					
		The reporting flags indented below follow this coding structure:				0	Not reporting
						1	Reporting
569	1	F_MORIGIN	Origin of Mother		R		
570	1	FILLER	<b>Filler</b>			Blank	

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Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
571	1	F_MEDUC	Education of Mother (revised)		R		
572-574	3	FILLER	<b>Filler</b>			Blank	
575	1	F_TOBACO	Tobacco use (revised)		R		
576-646	71	FILLER	<b>Filler</b>			Blank	
647	1	F_MED	Mother's Education (unrevised)		U		
648	1	F_WTGAIN	Weight gain		R,U		
649	1	F_ALCOL	Alcohol Use (unrevised)		U		
650-666	17	FILLER	<b>Filler</b>			Blank	
667	1	F_TOBAC	Tobacco Use (Unrevised)		U		
668	1	F_MPCB	Month Prenatal Care Began (revised)		R		
669	1	F_MPCB_U	Month Prenatal Care Began (Unrevised)		U		
670-671	2	FILLER	<b>Filler</b>			Blank	
672	1	F_CIG-0	Cigarettes before pregnancy (revised)		R		
673	1	F_CIG-1	Cigarettes 1 <sup>st</sup> trimester (revised)		R		
674	1	F_CIG-2	Cigarettes 2 <sup>nd</sup> trimester (revised)		R		
675	1	F_CIG-3	Cigarettes 3 <sup>rd</sup> trimester (revised)		R		
676-680	5	FILLER_F1	<b>Filler</b>			Blank	
681	1	F_URF_ANEMIA	Anemia Flag		R,U		
682	1	F_URF_CARDIAC	Cardiac Flag		U		
683	1	F_URF_LUNG	Lungs Flag		U		
684	1	F_URF_DIABETES	Diabetes Flag		R,U		
685	1	F_URF_HERPES	Herpes Flag		U		
686	1	F_URF_HYDRA	Hydra Flag		U		
687	1	F_URF_HEMO	Hemo Flag		U		
688	1	F_URF_CHYPER	Chron Hyper Flag		R,U		
689	1	F_URF_PHYPER	Prep Hyper Flag		R,U		
690	1	F_URF_ECLAMP	Eclampsia Flag		R,U		
691	1	F_URF_INCERVIX	Incervix Flag		U		
692	1	F_URF_PRE4000	Prev Birth 4000+ Flag		U		
693	1	F_URF_PRETERM	Prev Birth Small Flag		U		
694	1	F_URF_RENAL	Renal Flag		U		
695	1	F_URF_RH	Rh Flag		U		
696	1	F_URF_UTERINE	Uterine Flag		U		
697	1	F_URF_OTHERMR	Other MR Flag		U		
698-700	3	FILLER_F2	<b>Filler</b>			Blank	
701	1	F_UOB_AMNIO	Amnio Flag		U		
702	1	F_UOB_MONITOR	Monitor Flag		U		
703	1	F_UOB_INDUCT	Induction Flag		U		
704	1	F_UOB_STIMUL	Stimulation Flag		U		
705	1	F_UOB_TOCOL	Tocolysis Flag		U		
706	1	F_UOB_ULTRAS	Ultrasound Flag 706		U		

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Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
707	1	F_UOB_OTHEROB	Other OB Flag 707		U		
708-10	3	FILLER_F3	<b>Filler</b>			Blank	
711	1	F_ULD_FEBRILE	Febrile Flag		U		
712	1	F_ULD_MECONIUM	Meconium Flag		R,U		
713	1	F_ULD_RUPTURE	Rupture Flag		U		
714	1	F_ULD_ABRUPTIO	Abruption Flag		U		
715	1	F_ULD_PREPLACE	Preplace Flag		U		
716	1	F_ULD_EXCEBLD	Exceblld Flag		U		
717	1	F_ULD_SEIZURE	Seizure Flag		U		
718	1	F_ULD_PRECIP	Precip Flag		R,U		
719	1	F_ULD_PROLONG	Prolong Flag		U		
720	1	F_ULD_DYSFUNC	Dysfunc Flag		U		
721	1	F_ULD_BREECH	Breech Flag		R,U		
722	1	F_ULD_CEPHALO	Cephalo Flag		U		
723	1	F_ULD_CORD	Cord Flag		U		
724	1	F_ULD_ANESTHE	Anesthesia Flag		U		
725	1	F_ULD_DISTRESS	Distress Flag		U		
726	1	F_ULD_OTHERLD	Other LD Flag		U		
727	3	FILLER_F4	<b>Filler</b>			Blank	
730	1	F_U_VAGINAL	Vaginal Flag		U		
731	1	F_U_VBAC	VBAC Flag		U		
732	1	F_U_PRIMAC	Primary C Flag		U		
733	1	F_U_REPEAC	Repeat C Flag		U		
734	1	F_U_FORCEP	Forceps Flag		U		
735	1	F_U_VACUUM	Vacuum Flag		U		
736-751	16	FILLER_F5	<b>Filler</b>			Blank	
752	1	F_UCA_ANEN	Anen Flag		R,U		
753	1	F_UCA_SPINA	Spina Bifita Flag		R,U		
754	1	F_UCA_HYDRO	Hydro Flag		U		
755	1	F_UCA_MICROCE	Microce Flag		U		
756	1	F_UCA_NERVOUS	Nervous Flag		U		
757	1	F_UCA_HEART	Heart Flag		U		
758	1	F_UCA_CIRCUL	Circul/Respir Flag		U		
759	1	F_UCA_RECTAL	Rectal Flag		U		
760	1	F_UCA_TRACHEO	Tracheo Flag		U		
761	1	F_UCA_OMPHALO	Omphalo Flag		R,U		
762	1	F_UCA_GASTRO	Gastrointestinal Flag		U		
763	1	F_UCA_GENITAL	Malformed Genital Flag		U		
764	1	F_UCA_RENALAG	Renal Agenesis Flag		U		
765	1	F_UCA_UROGEN	Urogenital Flag		U		
766	1	F_UCA_CLEFTLP	Cleft Lip Flag		R,U		

\* For the Version column (Ver) the following codes apply:

R 2003 Version of US Standard Report of Fetal Death

U 1989 Version of US Standard Report of Fetal Death

Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
767	1	F_UCA_ADACTYL	Adactyly Flag		U		
768	1	F_UCA_CLUB	Clubfoot Flag		U		
769	1	F_UCA_HERNIA	Hernia Flag		U		
770	1	F_UCA_MUSCULO	Musculoskeletal Flag		U		
771	1	F_UCA_DOWNS	Downs Syndrome Flag		R,U		
772	1	F_UCA_CHROMO	Other Chromosomal Flag		U		
773	1	F_UCA_OTHRCON	Other CA Flag		U		
774-779	6	FILLER	<b>Filler</b>			Blank	
780	1	F_MS_u	Mother's Marital Status		R,U		
781	1	F_MHISP_u	Mother's Hispanic Origin		R,U		
782	1	F_FHISP_u	Father's Hispanic Origin (Unrevised)		U		
783	1	F_MRACE_u	Mother's Race (Unrevised)		U		
784	1	F_FRACE_u	Father's Race (Unrevised)		R,U		
785	1	F_FEDUC_u	Father's Education (Unrevised)		U		
786	1	F_FAGE_u	Father's Age		R,U		
787	1	F_DLLB_MM_u	Last Live Birth Month (Unrevised)		U		
788	1	F_DLLB_YY_u	Last Live Birth Year (Unrevised)		U		
789	1	F_DLMP_MM_u	Last Menses Month		R,U		
790	1	F_DLMP_DD_u	Last Menses Day		R,U		
791	1	F_DLMP_YY_u	Last Menses Year		R,U		
792	1	F_TNPV_u	Total Number of Prenatal Visits		R,U		
793	1	F_CLINEST_u	Clinical Estimate of Gestation		R,U		
794	1	F_CIG/DAY_u	Cigarettes per Day		U		
795	1	FILLER	<b>Filler</b>			Blank	
796	1	F_DRINK/WK_u	Drinks per Week		U		
797	1	F_HYSTER_u	Hysterectomy		U		
798-832	35	FILLER	<b>Filler</b>			Blank	
833-1109		<b><u>MOTHER'S RACE</u></b>					
833-847	15	<b><u>Mother's Race Checkbox</u></b>			R,U		
		The checkbox items indented below follow this structure:				Y	Yes, box for race is checked
						N	No, box for race is not checked
833	1	MRACE1	White				
834	1	MRACE2	Black or African American				
835	1	MRACE3	American Indian or Alaska Native				
836	1	MRACE4	Asian Indian				
837	1	MRACE5	Chinese				

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death



Position	Len	Field	Description	Reporting Flag Position	Vers*	Values	Definition
838	1	MRACE6	Filipino				
839	1	MRACE7	Japanese				
840	1	MRACE8	Korean				
841	1	MRACE9	Vietnamese				
842	1	MRACE10	Other Asian				
843	1	MRACE11	Native Hawaiian				
844	1	MRACE12	Guamanian or Chamorro				
845	1	MRACE13	Samoan				
846	1	MRACE14	Other Pacific Islander				
847	1	MRACE15	Other				
848-1087	40	FILLER	Filler				Blank
1088-1109	24	<b><u>Mother's Race Edited</u></b>			R **	100-999	Mother's Race Edited Code A00-R99 (A complete list of race codes is available at <a href="http://www.cdc.gov/nchs/data/dvs/RaceCodeList.pdf">http://www.cdc.gov/nchs/data/dvs/RaceCodeList.pdf</a> )
							** Also includes unrevised states that are reporting multiple race
1088	3	MRACE1E					
1091	3	MRACE2E					
1094	3	MRACE3E					
1097	3	MRACE4E					
1100	3	MRACE5E					
1103	3	MRACE6E					
1106	3	MRACE7E					
1109	3	MRACE8E					
1112-3336	2262	FILLER	<b>Filler</b>				Blank
<b>3350</b>			<b>END OF RECORD</b>				

\* For the Version column (Ver) the following codes apply:  
R 2003 Version of US Standard Report of Fetal Death  
U 1989 Version of US Standard Report of Fetal Death

Listings of Counties Identified in the Fetal Death Data Set  
Vital Statistics Geographic Code Outline Effective With 2000 Data

State	County	State and County Name
01		Alabama
	073	Jefferson
	089	Madison
	097	Mobile
02		Alaska
		Anchorage, coext. with Anchorage city
04		Arizona
	013	Maricopa
	019	Pima
05		Arkansas
	119	Pulaski
06		California
	001	Alameda
	013	Contra Costa
	019	Fresno
	029	Kern
	037	Los Angeles
	053	Monterey
	059	Orange
	065	Riverside
	067	Sacramento
	071	San Bernardino
	073	San Diego
	075	San Francisco, coext. with San Francisco city
	077	San Joaquin
	081	San Mateo
	083	Santa Barbara
	085	Santa Clara
	087	Santa Cruz
	095	Solano
	097	Sonoma
	099	Stanislaus
	107	Tulare
	111	Ventura

Listings of Counties Identified in the Fetal Death Data Set  
Vital Statistics Geographic Code Outline Effective With 2000 Data

State	County	State and County Name
08		Colorado
	001	Adams
	005	Arapahoe
	013	Boulder
	031	Denver, coext. with Denver city
	041	El Paso
	059	Jefferson
	069	Larimer
09		Connecticut
	001	Fairfield
	003	Hartford
	009	New Haven
	011	New London
10		Delaware
	003	New Castle
11		District of Columbia
	001	District of Columbia
12		Florida
	009	Brevard
	011	Broward
	021	Collier
	031	Duval
	033	Escambia
	057	Hillsborough
	071	Lee
	081	Manatee
	083	Marion
	086	Miami-Dade
	095	Orange
	099	Palm Beach
	101	Pasco
	103	Pinellas
	105	Polk
	115	Sarasota
	117	Seminole
	127	Volusia

Listings of Counties Identified in the Fetal Death Data Set  
 Vital Statistics Geographic Code Outline Effective With 2000 Data

State	County	State and County Name
13		Georgia
	067	Cobb
	089	De Kalb
	121	Fulton
	135	Gwinnett
15		Hawaii
	003	Honolulu
16		Idaho
	001	Ada
17		Illinois
	031	Cook
	043	Du Page
	089	Kane
	097	Lake
	111	McHenry
	119	Madison
	163	St. Clair
	197	Will
201	Winnebago	
18		Indiana
	003	Allen
	089	Lake
	097	Marion
	141	St. Joseph
19		Iowa
	153	Polk
20		Kansas
	091	Johnson
	173	Sedgwick
21		Kentucky
	067	Fayette, coext. with Lexington-Fayette
	111	Jefferson

Listings of Counties Identified in the Fetal Death Data Set  
 Vital Statistics Geographic Code Outline Effective With 2000 Data

State	County	State and County Name
22		Louisiana
	017	Caddo
	033	East Baton Rouge
	051	Jefferson
	071	Orleans, coext. with New Orleans city
23		Maine
	005	Cumberland
24		Maryland
	003	Anne Arundel
	005	Baltimore
	031	Montgomery
	033	Prince George's
	510	Baltimore city
25		Massachusetts
	005	Bristol
	009	Essex
	013	Hampden
	017	Middlesex
	021	Norfolk
	023	Plymouth
	027	Worcester
26		Michigan
	049	Genesee
	065	Ingham
	081	Kent
	099	Macomb
	125	Oakland
	161	Washtenaw
	163	Wayne
27		Minnesota
	003	Anoka
	037	Dakota
	053	Hennepin
	123	Ramsey
28		Mississippi
	049	Hinds

Listings of Counties Identified in the Fetal Death Data Set  
 Vital Statistics Geographic Code Outline Effective With 2000 Data

State	County	State and County Name
29		Missouri
	095	Jackson
	183	St. Charles
	189	St. Louis
	510	St. Louis city
30		Montana
31		Nebraska
	055	Douglas
	109	Lancaster
32		Nevada
	003	Clark
	031	Washoe
33		New Hampshire
	011	Hillsborough
	015	Rockingham
34		New Jersey
	001	Atlantic
	003	Bergen
	005	Burlington
	007	Camden
	013	Essex
	015	Gloucester
	017	Hudson
	021	Mercer
	023	Middlesex
	025	Monmouth
	027	Morris
	029	Ocean
	031	Passaic
	035	Somerset
039	Union	
35		New Mexico
	001	Bernalillo

Listings of Counties Identified in the Fetal Death Data Set  
 Vital Statistics Geographic Code Outline Effective With 2000 Data

State	County	State and County Name
36		New York
	001	Albany
	027	Dutchess
	029	Erie
	055	Monroe
	059	Nassau
	085	Staten Island borough, Richmond county
	081	Queens borough, Queens county
	061	Manhattan borough, New York county
	047	Brooklyn borough, Kings county
	005	Bronx borough, Bronx county
	067	Onondaga
	071	Orange
	087	Rockland
	103	Suffolk
	119	Westchester
37		North Carolina
	051	Cumberland
	067	Forsyth
	081	Guilford
	119	Mecklenburg
	183	Wake
38		North Dakota
39		Ohio
	017	Butler
	035	Cuyahoga
	049	Franklin
	061	Hamilton
	093	Lorain
	095	Lucas
	099	Mahoning
	113	Montgomery
	151	Stark
	153	Summit
40		Oklahoma
	109	Oklahoma
	143	Tulsa

Listings of Counties Identified in the Fetal Death Data Set  
 Vital Statistics Geographic Code Outline Effective With 2000 Data

State	County	State and County Name
41		Oregon
	005	Clackamas
	039	Lane
	047	Marion
	051	Multnomah
	067	Washington
42		Pennsylvania
	003	Allegheny
	011	Berks
	017	Bucks
	029	Chester
	043	Dauphin
	045	Delaware
	049	Erie
	071	Lancaster
	077	Lehigh
	079	Luzerne
	091	Montgomery
	095	Northampton
	101	Philadelphia, coext. with Philadelphia city
	129	Westmoreland
	133	York
44		Rhode Island
	007	Providence
45		South Carolina
	019	Charleston
	045	Greenville
	079	Richland
	083	Spartanburg
46		South Dakota
47		Tennessee
	037	Davidson
	065	Hamilton
	093	Knox
	157	Shelby



Listings of Counties Identified in the Fetal Death Data Set  
Vital Statistics Geographic Code Outline Effective With 2000 Data

State	County	State and County Name
48		Texas
	029	Bexar
	061	Cameron
	085	Collin
	113	Dallas
	121	Denton
	141	El Paso
	157	Fort Bend
	167	Galveston
	201	Harris
	215	Hidalgo
	245	Jefferson
	339	Montgomery
	355	Nueces
	439	Tarrant
	453	Travis
49		Utah
	035	Salt Lake
	049	Utah
51		Virginia
	041	Chesterfield
	059	Fairfax
	087	Henrico
	153	Prince William
	810	Virginia Beach city
53		Washington
	033	King
	053	Pierce
	061	Snohomish
	063	Spokane
55		Wisconsin
	025	Dane
	079	Milwaukee
	133	Waukesha

Listings of Counties Identified in the Fetal Death Data Set  
Vital Statistics Geographic Code Outline Effective With 2000 Data

State	County	State and County Name
72		Puerto Rico
	127	San Juan
78		Virgin Islands
66	010	Guam
00	000	Canada
00	000	Cuba
00	000	Mexico
00	000	Remainder of World

Listing of Cities/Places Identified in the Fetal Death Data Set  
 Vital Statistics Geographic Code Outline Effective With 2000 Data Page 1

State	FIPS Codes City/Place	State and City/Place Name
AK	03000	Alaska Anchorage
AZ	46000 55000 77000	Arizona Mesa Phoenix Tucson
AR		Arkansas
CA	02000 27000 43000 44000 53000 62000 64000 66000 67000 68000 69000	California Anaheim Fresno Long Beach Los Angeles Oakland Riverside Sacramento San Diego San Francisco San Jose Santa Ana
CO	04000 16000 20000	Colorado Aurora Colorado Springs Denver
CT		Connecticut
DE		Delaware
DC	50000	District of Columbia Washington
FL	35000 45000 71000	Florida Jacksonville Miami Tampa
GA	04000	Georgia Atlanta

Listing of Cities/Places Identified in the Fetal Death Data Set  
 Vital Statistics Geographic Code Outline Effective With 2000 Data Page 2

State	City/Place	State and City/Place Name
HI		Hawaii
	17000	Honolulu
ID		Idaho
IL		Illinois
	14000	Chicago
IN		Indiana
	36003	Indianapolis
KS		Kansas
	79000	Wichita
KY		Kentucky
	46027	Lexington-Fayette
	48000	Louisville
LA		Louisiana
	55000	New Orleans
MD		Maryland
	04000	Baltimore
MA		Massachusetts
	07000	Boston
MI		Michigan
	22000	Detroit
MN		Minnesota
	43000	Minneapolis
	58000	St. Paul
MO		Missouri
	38000	Kansas City
	65000	St. Louis
NB		Nebraska
	37000	Omaha
NV		Nevada
	40000	Las Vegas

of Cities/Places Identified in the Fetal Death DaFddFeta Set  
 Vital Statistics Geographic Code Outline Effective With 2000 Data Page 3

State	City/Place	State and City/Place Name
NJ		New Jersey
	51000	Newark
NM		New Mexico
	02000	Albuquerque
NY		New York
	51000	Brooklyn borough, Kings county
	51000	Bronx borough, Bronx county
	11000	Buffalo
	51000	Manhattan borough, New York county
	51000	Queens borough, Queens county
	51000	Staten Island borough, Richmond county
NC		North Carolina
	12000	Charlotte
	55000	Raleigh
OH		Ohio
	15000	Cincinnati
	16000	Cleveland
	18000	Columbus
	77000	Toledo
OK		Oklahoma
	55000	Oklahoma City
	75000	Tulsa, part
	75000	Tulsa, part
OR		Oregon
	59000	Portland
PA		Pennsylvania
	60000	Philadelphia
	61000	Pittsburgh
TN		Tennessee
	48000	Memphis
	52006	Nashville-Davidson

Listing of Cities/Places Identified in the Fetal Death Data Set  
 Vital Statistics Geographic Code Outline Effective With 2000 Data Page 4

State	City/Place	State and City/Place Name
TX		Texas
	04000	Arlington
	05000	Austin
	17000	Corpus Christ
	19000	Dallas
	24000	El Paso
	27000	Fort Worth
	35000	Houston
	65000	San Antonio
VA		Virginia
	82000	Virginia Beach
WA		Washington
	63000	Seattle
WI		Wisconsin
	53000	Milwaukee
WY		Wyoming
PR	00000	Puerto Rico
VI	00000	Virgin Islands
GU	00000	Guam
00	00000	Canada
00	00000	Cuba
00	00000	Mexico
00	00000	Remainder of the World

DOCUMENTATION TABLE 1. FETAL DEATHS BY PERIOD OF GESTATION AND STATE OF OCCURRENCE:  
 UNITED STATES AND EACH STATE, 2003  
 (FETAL DEATHS BY PLACE OF OCCURRENCE INCLUDE FETAL DEATHS THAT OCCUR  
 TO NONRESIDENTS OF THE UNITED STATES)

STATE OF OCCURRENCE	ALL FETAL DEATHS				Fetal Deaths with Stated or Presumed Gestation of 20 weeks or more			
	Total	Under 20 Weeks	20 Weeks And Over	Not Stated	Total	20-27 Weeks	28 Weeks And Over	Not Stated
United States	54,497	26,329	25,290	2,878	25,683	12,981	12,309	393
Alabama	527	21	502	4	503	266	236	1
Alaska	59	1	53	5	53	24	29	-
Arizona	704	132	568	4	569	280	288	1
Arkansas	256	5	251	-	251	110	141	-
California	3,042	69	2,645	328	2,862	1,189	1,456	217
Colorado	414	17	397	-	397	171	226	-
Connecticut	252	6	243	3	246	126	117	3
Delaware	71	4	67	-	67	29	38	-
District of Columbia	133	7	122	4	123	74	48	1
Florida	1,631	55	1,562	14	1,563	822	740	1
Georgia	1,291	134	1,149	8	1,157	684	465	8
Hawaii	890	668	138	84	138	91	47	-
Idaho	112	1	110	1	111	47	63	1
Illinois	1,154	28	1,115	11	1,115	598	517	-
Indiana	518	12	494	12	497	234	260	3
Iowa	216	14	202	-	202	102	100	-
Kansas	202	3	195	4	199	72	123	4
Kentucky	331	9	321	1	321	163	158	-
Louisiana	550	74	457	19	460	241	216	3
Maine	48	1	47	-	47	19	28	-
Maryland	612	18	592	2	594	341	251	2
Massachusetts	472	15	456	1	457	222	234	1
Michigan	754	31	715	8	722	366	349	7
Minnesota	350	6	343	1	344	161	182	1
Mississippi	422	13	402	7	408	225	177	6
Missouri	525	13	508	4	512	223	285	4
Montana	58	1	57	-	57	20	37	-
Nebraska	155	1	154	-	154	69	85	-
Nevada	268	22	243	3	243	130	113	-
New Hampshire	71	-	71	-	71	41	30	-
New Jersey	762	23	737	2	738	384	353	1
New Mexico	90	4	85	1	85	25	60	-
New York	7,516	5,673	797	1,046	808	446	351	11
New York City	12,175	10,769	1,332	74	1,345	886	446	13
North Carolina	867	31	821	15	825	419	402	4
North Dakota	50	1	49	-	49	23	26	-
Ohio	970	26	934	10	935	472	462	1
Oklahoma	319	8	196	115	235	79	117	39
Oregon	214	4	208	2	209	74	134	1
Pennsylvania	1,447	409	949	89	954	514	435	5
Rhode Island	1,319	1,218	59	42	59	39	20	-
South Carolina	525	20	501	4	503	273	228	2
South Dakota	41	-	40	1	40	7	33	-
Tennessee	409	4	399	6	405	110	289	6
Texas	2,297	155	2,049	93	2,080	1,034	1,015	31
Utah	280	33	247	-	247	127	120	-
Vermont	27	3	24	-	24	9	15	-
Virginia	8,065	6,557	672	836	680	398	274	8
Washington	513	5	498	10	502	274	224	4
West Virginia	144	-	143	1	143	71	72	-
Wisconsin	352	5	344	3	347	170	174	3
Wyoming	27	-	27	-	27	7	20	-

- Quantity zero.

## FETAL DEATH DOCUMENTATION TABLE 2

FETAL DEATHS BY SEX, RACE, AND HISPANIC ORIGIN OF MOTHER: UNITED STATES AND EACH STATE, 2003

(FETAL DEATHS INCLUDE ONLY THOSE WITH STATED OR PRESUMED PERIOD OF GESTATION OF 20 WEEKS OR MORE. NOT STATED SEX IMPUTED FOR FETAL DEATHS OF 20 WEEKS OR MORE GESTATION: SEE TECHNICAL APPENDIX.)

AREA AND RACE	Total	Male	Female
United States /1	25,653	13,713	11,940
Non-Hispanic white /2	11,350	5,991	5,359
Non-Hispanic black /2	6,685	3,596	3,089
Hispanic /2	4,970	2,718	2,252
Alabama /1	516	304	212
Non-Hispanic white	225	125	100
Non-Hispanic black	267	164	103
Hispanic	17	8	9
Alaska /1	60	35	25
Non-Hispanic white	40	21	19
Non-Hispanic black	1	-	1
Hispanic	4	3	1
Arizona /1	568	311	257
Non-Hispanic white	199	112	87
Non-Hispanic black	27	17	10
Hispanic	260	138	122
Arkansas /1	259	142	117
Non-Hispanic white	148	82	66
Non-Hispanic black	84	48	36
Hispanic	20	10	10
California /1	2,862	1,514	1,348
Non-Hispanic white	749	370	379
Non-Hispanic black	331	185	146
Hispanic	1,415	769	646
Colorado /1	394	225	169
Non-Hispanic white	213	124	89
Non-Hispanic black	29	15	14
Hispanic	123	72	51
Connecticut /1	241	114	127
Non-Hispanic white	90	37	53
Non-Hispanic black	48	19	29
Hispanic	66	38	28
Delaware /1	63	32	31
Non-Hispanic white	27	16	11
Non-Hispanic black	22	11	11
Hispanic	9	2	7
District of Columbia /1	65	44	21
Non-Hispanic white	6	4	2
Non-Hispanic black	50	34	16
Hispanic	4	3	1
Florida /1	1,549	824	725
Non-Hispanic white	596	320	276
Non-Hispanic black	548	288	260
Hispanic	254	128	126
Georgia /1	1,138	621	517
Non-Hispanic white	335	187	148
Non-Hispanic black	513	268	245
Hispanic	108	60	48
Hawaii /1	131	77	54
Non-Hispanic white	27	17	10
Non-Hispanic black	3	1	2
Hispanic	10	5	5
Idaho /1	113	60	53
Non-Hispanic white	87	45	42
Non-Hispanic black	2	1	1
Hispanic	18	12	6



FETAL DEATH DOCUMENTATION TABLE 2  
 FETAL DEATHS BY SEX, RACE, AND HISPANIC ORIGIN OF MOTHER: UNITED STATES AND EACH STATE, 2003

(FETAL DEATHS INCLUDE ONLY THOSE WITH STATED OR PRESUMED PERIOD OF GESTATION OF 20 WEEKS OR MORE. NOT STATED SEX IMPUTED FOR FETAL DEATHS OF 20 WEEKS OR MORE GESTATION: SEE TECHNICAL APPENDIX.)

AREA AND RACE	Total	Male	Female
Illinois /1	1,148	593	555
Non-Hispanic white	511	245	266
Non-Hispanic black	351	195	156
Hispanic	210	111	99
Indiana /1	496	286	210
Non-Hispanic white	344	196	148
Non-Hispanic black	87	52	35
Hispanic	33	17	16
Iowa /1	201	100	101
Non-Hispanic white	165	86	79
Non-Hispanic black	15	3	12
Hispanic	11	7	4
Kansas /1	208	106	102
Non-Hispanic white	147	78	69
Non-Hispanic black	24	13	11
Hispanic	26	13	13
Kentucky /1	338	174	164
Non-Hispanic white	276	142	134
Non-Hispanic black	47	25	22
Hispanic	12	5	7
Louisiana /1	463	249	214
Non-Hispanic white	183	93	90
Non-Hispanic black	264	147	117
Hispanic	8	5	3
Maine /1	50	32	18
Non-Hispanic white	38	25	13
Non-Hispanic black	1	-	1
Hispanic	-	-	-
Maryland /1	629	343	286
Non-Hispanic white	217	124	93
Non-Hispanic black	340	181	159
Hispanic	35	21	14
Massachusetts /1	457	254	203
Non-Hispanic white	198	109	89
Non-Hispanic black	75	45	30
Hispanic	56	35	21
Michigan /1	730	397	333
Non-Hispanic white	395	229	166
Non-Hispanic black	187	89	98
Hispanic	42	23	19
Minnesota /1	337	174	163
Non-Hispanic white	231	122	109
Non-Hispanic black	39	15	24
Hispanic	26	14	12
Mississippi /1	403	227	176
Non-Hispanic white	106	57	49
Non-Hispanic black	276	156	120
Hispanic	12	9	3
Missouri /1	488	266	222
Non-Hispanic white	309	160	149
Non-Hispanic black	137	79	58
Hispanic	27	17	10
Montana /1	55	27	28
Non-Hispanic white	43	20	23
Non-Hispanic black	1	-	1
Hispanic	-	-	-

## FETAL DEATH DOCUMENTATION TABLE 2

FETAL DEATHS BY SEX, RACE, AND HISPANIC ORIGIN OF MOTHER: UNITED STATES AND EACH STATE, 2003

(FETAL DEATHS INCLUDE ONLY THOSE WITH STATED OR PRESUMED PERIOD OF GESTATION OF 20 WEEKS OR MORE. NOT STATED SEX IMPUTED FOR FETAL DEATHS OF 20 WEEKS OR MORE GESTATION: SEE TECHNICAL APPENDIX.)

AREA AND RACE	Total	Male	Female
Nebraska /1	151	75	76
Non-Hispanic white	87	52	35
Non-Hispanic black	19	8	11
Hispanic	25	7	18
Nevada /1	239	113	126
Non-Hispanic white	114	57	57
Non-Hispanic black	31	13	18
Hispanic	67	28	39
New Hampshire /1	68	38	30
Non-Hispanic white	48	27	21
Non-Hispanic black	1	1	-
Hispanic	6	4	2
New Jersey /1	768	413	355
Non-Hispanic white	307	159	148
Non-Hispanic black	235	133	102
Hispanic	173	94	79
New Mexico /1	85	50	35
Non-Hispanic white	24	13	11
Non-Hispanic black	3	2	1
Hispanic	38	22	16
New York /1	2,146	1,208	938
Non-Hispanic white	814	445	369
Non-Hispanic black	653	369	284
Hispanic	444	272	172
North Carolina /1	832	425	407
Non-Hispanic white	345	183	162
Non-Hispanic black	349	176	173
Hispanic	100	52	48
North Dakota /1	41	23	18
Non-Hispanic white	24	12	12
Non-Hispanic black	1	1	-
Hispanic	2	2	-
Ohio /1	929	491	438
Non-Hispanic white	621	328	293
Non-Hispanic black	249	129	120
Hispanic	37	23	14
Oklahoma /1,2	247	139	108
Oregon /1	203	117	86
Non-Hispanic white	128	74	54
Non-Hispanic black	1	-	1
Hispanic	43	29	14
Pennsylvania /1	956	498	458
Non-Hispanic white	605	317	288
Non-Hispanic black	221	116	105
Hispanic	89	47	42
Rhode Island /1	52	22	30
Non-Hispanic white	3	3	-
Non-Hispanic black	-	-	-
Hispanic	2	-	2
South Carolina /1	517	289	228
Non-Hispanic white	188	108	80
Non-Hispanic black	292	161	131
Hispanic	24	13	11
South Dakota /1	39	15	24
Non-Hispanic white	26	11	15
Non-Hispanic black	-	-	-
Hispanic	1	-	1

FETAL DEATH DOCUMENTATION TABLE 2  
 FETAL DEATHS BY SEX, RACE, AND HISPANIC ORIGIN OF MOTHER: UNITED STATES AND EACH STATE, 2003

(FETAL DEATHS INCLUDE ONLY THOSE WITH STATED OR PRESUMED PERIOD OF GESTATION OF 20 WEEKS OR MORE. NOT STATED SEX IMPUTED FOR FETAL DEATHS OF 20 WEEKS OR MORE GESTATION: SEE TECHNICAL APPENDIX.)

AREA AND RACE	Total	Male	Female
Tennessee /1	373	180	193
Non-Hispanic white	217	105	112
Non-Hispanic black	118	57	61
Hispanic	21	10	11
Texas /1	2,063	1,074	989
Non-Hispanic white	653	333	320
Non-Hispanic black	414	213	201
Hispanic	905	483	422
Utah /1	241	120	121
Non-Hispanic white	191	91	100
Non-Hispanic black	-	-	-
Hispanic	42	24	18
Vermont /1	21	7	14
Non-Hispanic white	20	7	13
Non-Hispanic black	-	-	-
Hispanic	1	-	1
Virginia /1	687	349	338
Non-Hispanic white	334	172	162
Non-Hispanic black	228	108	120
Hispanic	50	28	22
Washington /1	503	257	246
Non-Hispanic white	282	139	143
Non-Hispanic black	32	17	15
Hispanic	69	39	30
West Virginia /1	143	75	68
Non-Hispanic white	133	71	62
Non-Hispanic black	9	4	5
Hispanic	-	-	-
Wisconsin /1	356	187	169
Non-Hispanic white	258	124	134
Non-Hispanic black	59	37	22
Hispanic	20	14	6
Wyoming /1	31	17	14
Non-Hispanic white	23	14	9
Non-Hispanic black	1	-	1
Hispanic	5	2	3

- Quantity zero.

1 Includes races other than white and black and origin not stated.

2 Excludes data for Oklahoma, which did not require reporting of Hispanic origin. Race and Hispanic origin are reported separately on fetal death reports. Race categories are consistent with the 1977 Office of Management and Budget standards. Data for fetal deaths are according to mother's Hispanic origin and reported race; see 'Technical Notes.'

FETAL DEATH DOCUMENTATION TABLE 3  
 FETAL DEATHS BY BIRTHWEIGHT, RACE AND HISPANIC ORIGIN OF MOTHER AND SEX: UNITED STATES, 2003

(FETAL DEATHS INCLUDE ONLY THOSE WITH STATED OR PRESUMED PERIOD OF GESTATION OF 20 WEEKS OR MORE. NOT STATED SEX IMPUTED FOR FETAL DEATHS OF 20 WEEKS OR MORE GESTATION: SEE TECHNICAL APPENDIX.)

RACE AND SEX	TOTAL	BIRTHWEIGHT												Not stated
		Under 350 grams	350-499 grams	500-999 grams	1,000-1,499 grams	1,500-1,999 grams	2,000-2,499 grams	2,500-2,999 grams	3,000-3,499 grams	3,500-3,999 grams	4,000-4,499 grams	4,500-4,999 grams	5,000 grams or more	
All races /1	25,653	4,016	3,946	5,044	2,158	1,923	1,864	1,704	1,359	742	251	97	66	2,483
Male	13,713	2,114	2,106	2,723	1,134	1,059	955	870	723	439	162	55	48	1,325
Female	11,940	1,902	1,840	2,321	1,024	864	909	834	636	303	89	42	18	1,158
Non-Hispanic white /2	11,350	1,830	1,551	2,162	934	826	828	844	691	380	133	37	20	1,114
Male	5,991	963	800	1,161	492	457	419	416	347	221	85	20	16	594
Female	5,359	867	751	1,001	442	369	409	428	344	159	48	17	4	520
Non-Hispanic black /2	6,685	1,120	1,298	1,376	558	497	471	342	229	122	41	20	20	591
Male	3,596	589	706	742	315	267	245	171	137	73	26	8	14	303
Female	3,089	531	592	634	243	230	226	171	92	49	15	12	6	288
Hispanic /2	4,970	717	706	992	455	401	376	353	288	161	56	29	19	417
Male	2,718	373	392	536	227	232	199	198	154	101	35	21	14	236
Female	2,252	344	314	456	228	169	177	155	134	60	21	8	5	181

- Quantity zero.

1 Includes races other than white and black and origin not stated.

2 Excludes data for Oklahoma, which did not require reporting of Hispanic origin. Race and Hispanic origin are reported separately on fetal death reports. Race categories are consistent with the 1977 Office of Management and Budget standards. Data for fetal deaths are according to mother's Hispanic origin and reported race; see 'Technical Notes.'

FETAL DEATH DOCUMENTATION TABLE 4  
 FETAL DEATHS BY AGE OF MOTHER, RACE AND HISPANIC ORIGIN OF MOTHER, AND SEX: UNITED STATES, 2003

(FETAL DEATHS INCLUDE ONLY THOSE WITH STATED OR PRESUMED PERIOD OF GESTATION OF 20 WEEKS OR MORE. NOT STATED SEX IMPUTED FOR  
 FETAL DEATHS OF 20 WEEKS OR MORE GESTATION: SEE TECHNICAL APPENDIX.)

RACE AND SEX /1	TOTAL	AGE OF MOTHER								
		Under 15 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years
All races	25,653	89	3,043	6,347	5,983	5,597	3,408	1,098	82	6
Male	13,713	51	1,640	3,390	3,211	2,991	1,816	570	40	4
Female	11,940	38	1,403	2,957	2,772	2,606	1,592	528	42	2
Non-Hispanic white /2	11,350	23	1,031	2,584	2,638	2,806	1,679	548	37	4
Male	5,991	12	531	1,369	1,414	1,479	898	272	14	2
Female	5,359	11	500	1,215	1,224	1,327	781	276	23	2
Non-Hispanic black /2	6,685	38	1,050	1,930	1,510	1,129	775	232	20	1
Male	3,596	20	593	1,039	811	597	391	134	10	1
Female	3,089	18	457	891	699	532	384	98	10	-
Hispanic /2	4,970	20	732	1,277	1,202	990	574	158	17	-
Male	2,718	15	387	671	643	569	336	86	11	-
Female	2,252	5	345	606	559	421	238	72	6	-

- Quantity zero.

1 Includes races other than white and black and origin not stated.

2 Excludes data for Oklahoma, which did not require reporting of Hispanic origin. Race and Hispanic origin are reported separately on fetal death reports. Race categories are consistent with the 1977 Office of Management and Budget standards. Data for fetal deaths are according to mother's Hispanic origin and reported race; see 'Technical Notes.'

Fetal Death Documentation Table 5. Fetal deaths with selected medical risk factors by age, race, and Hispanic origin of mother:  
 Total of 48 reporting states and the District of Columbia, 2003  
 (Fetal deaths include only those with stated or presumed period of gestation of 20 weeks or more; see Technical Appendix.)

Medical risk factor, race, and Hispanic origin of mother	All fetal deaths/1	Medical Risk Factor Reported								Medical risk factor not reported	Not stated/2
		Age of Mother									
		All ages	Under 20 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-54 years		
All races/3											
Anemia/5	24,042	734	105	224	174	132	72	25	2	21,365	1,943
Cardiac disease/5	24,042	211	9	26	38	24	24	11	79	21,891	1,940
Acute or chronic lung disease/5	24,042	252	28	71	60	42	35	14	2	21,847	1,943
Diabetes	25,275	1,062	45	194	246	297	212	64	4	22,146	2,067
Genital herpes/5,6	21,979	240	18	42	35	50	15	6	74	20,086	1,653
Hydramnios/oligohydramnios/5	24,042	989	108	250	234	227	134	35	1	21,110	1,943
Hemoglobinopathy/5	24,042	47	8	15	12	5	5	1	1	22,052	1,943
Hypertension, chronic	25,275	725	23	103	140	204	182	66	7	22,483	2,067
Hypertension, pregnancy-associated	25,275	1,171	113	270	289	270	170	49	10	22,037	2,067
Eclampsia	25,275	147	25	34	31	29	24	3	1	23,061	2,067
Incompetent cervix/5	24,026	857	92	173	211	215	125	39	2	21,242	1,927
Previous infant 4000+ grams/5	24,042	164	4	22	34	52	31	20	1	21,935	1,943
Previous preterm/small for gestation/5	24,026	718	38	173	199	156	115	34	3	21,381	1,927
Renal disease/5	24,042	129	11	35	42	27	7	5	2	21,970	1,943
RH sensitization/5	24,042	197	8	22	30	25	26	7	79	21,905	1,940
Uterine bleeding/5,6	21,979	714	94	185	173	155	80	26	1	19,609	1,656

Fetal Death Documentation Table 5. Fetal deaths with selected medical risk factors by age, race, and Hispanic origin of mother:

Total of 48 reporting states and the District of Columbia, 2003

(Fetal deaths include only those with stated or presumed period of gestation of 20 weeks or more; see Technical Appendix.)

Medical risk factor, race, and Hispanic origin of mother	All fetal deaths/1	Medical Risk Factor Reported								Medical risk factor not reported	Not stated/2
		Age of Mother									
		All ages	Under 20 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-54 years		
Non-Hispanic white/4											
Anemia/5	10,646	307	37	80	57	51	32	11	39	9,583	756
Cardiac disease/5	10,646	110	7	11	19	15	15	4	39	9,780	756
Acute or chronic lung disease/5	10,646	119	15	28	29	18	18	10	1	9,770	757
Diabetes	11,323	407	18	74	97	112	70	35	1	10,116	800
Genital herpes/5,6	9,993	122	9	18	18	28	8	4	37	9,179	692
Hydramnios/oligohydramnios/5	10,646	552	45	139	118	124	67	20	39	9,338	756
Hemoglobinopathy/5	10,646	4,362	1	2	2	2,420	1,446	490	1	5,849	435
Hypertension, chronic	11,323	259	6	32	59	72	60	29	1	10,264	800
Hypertension, pregnancy-associated	11,323	505	40	118	127	125	67	24	4	10,018	800
Eclampsia	11,323	101	12	16	12	12	8	1	40	10,423	799
Incompetent cervix/5	10,634	281	24	52	68	78	40	18	1	9,608	745
Previous infant 4000+ grams/5	10,646	101	1	11	18	34	18	18	1	9,788	757
Previous preterm/small for gestation/5	10,634	289	7	62	83	72	39	24	2	9,600	745
Renal disease/5	10,646	103	4	12	28	14	3	3	39	9,787	756
RH sensitization/5	10,646	120	5	19	12	22	17	6	39	9,770	756
Uterine bleeding/5,6	9,993	356	36	88	84	85	43	19	1	8,944	693

Fetal Death Documentation Table 5. Fetal deaths with selected medical risk factors by age, race, and Hispanic origin of mother:

Total of 48 reporting states and the District of Columbia, 2003

(Fetal deaths include only those with stated or presumed period of gestation of 20 weeks or more; see Technical Appendix.)

Medical risk factor, race, and Hispanic origin of mother	All fetal deaths/1	Medical Risk Factor Reported								Medical risk factor not reported	Not stated/2
		Age of Mother									
		All ages	Under 20 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-54 years		
Non-Hispanic black/4											
Anemia/5	6,463	304	44	92	74	55	25	12	2	5,646	513
Cardiac disease/5	6,463	56	1	10	13	5	5	4	18	5,895	512
Acute or chronic lung disease/5	6,463	98	9	26	21	10	12	2	18	5,853	512
Diabetes	6,682	334	17	65	76	91	68	15	2	5,823	525
Genital herpes/5,6	6,049	69	8	15	11	13	4	2	16	5,547	433
Hydramnios/oligohydramnios/5	6,463	237	35	52	56	50	22	4	18	5,714	512
Hemoglobinopathy/5	6,463	245	5	7	6	4	2	204	17	5,726	492
Hypertension, chronic	6,682	329	13	52	59	88	86	27	4	5,828	525
Hypertension, pregnancy-associated	6,682	409	45	106	106	75	62	13	2	5,748	525
Eclampsia	6,682	57	7	17	15	6	9	2	1	6,100	525
Incompetent cervix/5	6,463	375	44	77	91	84	49	12	18	5,576	512
Previous infant 4000+ grams/5	6,463	5,721	986	1,717	1,337	1,001	659	21	-	509	233
Previous preterm/small for gestation/5	6,463	266	16	72	64	48	45	3	18	5,685	512
Renal disease/5	6,463	49	3	11	7	8	1	1	18	5,902	512
RH sensitization/5	6,463	39	1	1	11	3	4	1	18	5,912	512
Uterine bleeding/5,6	6,049	215	39	65	42	30	19	4	16	5,401	433



Fetal Death Documentation Table 5. Fetal deaths with selected medical risk factors by age, race, and Hispanic origin of mother:  
 Total of 48 reporting states and the District of Columbia, 2003  
 (Fetal deaths include only those with stated or presumed period of gestation of 20 weeks or more; see Technical Appendix.)

Medical risk factor, race, and Hispanic origin of mother	Medical Risk Factor Reported										Medical risk factor not reported	Not stated/2
	All fetal deaths/1	Age of Mother								45-54 years		
		All ages	Under 20 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years				
Hispanic/4												
Anemia/5	4,774	126	19	38	31	13	6	2	17	4,280	368	
Cardiac disease/5	4,774	1,521	1	3	5	871	509	132	-	2,993	260	
Acute or chronic lung disease/5	4,774	36	3	14	6	8	3	1	1	4,370	368	
Diabetes	4,884	214	8	39	52	54	52	8	1	4,285	385	
Genital herpes/5,6	3,869	133	1	6	4	7	2	113	-	3,497	239	
Hydramnios/oligohydramnios/5	4,774	192	25	45	46	37	30	8	1	4,214	368	
Hemoglobinopathy/5	4,774	1,405	1	5	3	871	509	16	-	2,994	375	
Hypertension, chronic	4,884	88	1	13	15	28	24	6	1	4,411	385	
Hypertension, pregnancy-associated	4,960	186	19	38	43	53	26	4	3	4,383	391	
Eclampsia	4,884	3,674	6	1,158	1,093	879	521	17	-	1,002	208	
Incompetent cervix/5	4,773	130	22	22	33	30	19	3	1	4,276	367	
Previous infant 4000+ grams/5	4,774	38	2	4	3	7	4	1	17	4,368	368	
Previous preterm/small for gestation/5	4,773	122	11	26	41	24	16	3	1	4,284	367	
Renal disease/5	4,774	174	4	9	5	4	3	133	16	4,247	353	
RH sensitization/5	4,774	1,403	2	2	4	871	508	16	-	2,995	376	
Uterine bleeding/5,6	3,869	120	16	21	31	23	12	1	16	3,513	236	

- Quantity zero

1/ Total number of fetal deaths to residents of areas reporting specified medical risk factors.

2/ No response reported for the medical risk factor item.

3/ Includes races other than white and black.

4/ Excludes data for Oklahoma, which did not require reporting of Hispanic origin.

5/ Excludes data for Michigan and Washington which implemented the 2003 Revision to the U.S. Standard of Fetal Death for Data year 2003. This change has resulted in a lack of comparability between data based on the 2003 Revision and data based on the 1989 Revision to the U.S. Standard Report of Fetal Death: see "Technical Notes".

6/ Texas does not report this risk factor.

NOTES: Race and Hispanic origin are reported separately on fetal death reports. Race categories are consistent with the 1977 Office of Management and Budget Standards.

Data for fetal deaths are according to mother's Hispanic origin and reported race; see "Technical Notes".

Excludes data for Hawaii and Oklahoma, which do not report medical risk factors.

Fetal Death Documentation Table 6. Fetal deaths by smoking status of mother and average number of cigarettes smoked by mother per day by age, race, and Hispanic origin of mother: Total of 45 reporting states and the District of Columbia, 2003  
(Fetal deaths include only those with stated or presumed period of gestation of 20 weeks or more; see Technical Appendix.)

Smoking status, average number of cigarettes per day, race and Hispanic origin of mother	All fetal deaths	Age of mother								
		Under 15 years	15-19 Years		20-24 years	25-29 years	30-34 years	35-39 years	40-54 years	
			Total	15-17 years						18-19 years
All races/1										
Total.....	23,427	79	2,934	1,003	1,931	6,092	5,436	4,850	2,990	1,046
Smoker.....	2,248	4	330	86	244	787	511	329	205	82
1-5 cigarettes.....	780	1	134	33	101	299	157	104	56	29
6-10 cigarettes.....	874	1	136	36	100	316	196	126	76	23
11-15 cigarettes.....	97	-	12	2	10	26	29	19	8	3
16-20 cigarettes.....	423	2	44	14	30	132	110	62	50	23
21-30 cigarettes.....	37	-	2	1	1	6	10	9	9	1
31-40 cigarettes.....	32	-	1	-	1	6	8	9	5	3
41+ cigarettes.....	5	-	1	-	1	2	1	-	1	-
Not stated.....	566	1	96	34	62	171	125	78	73	22
Non-smoker.....	15,943	56	1,931	713	1,218	3,798	3,731	3,573	2,125	729
Not stated.....	2,422	14	247	84	163	549	558	541	382	131

Fetal Death Documentation Table 6. Fetal deaths by smoking status of mother and average number of cigarettes smoked by mother per day by age, race, and Hispanic origin of mother: Total of 45 reporting states and the District of Columbia, 2003  
(Fetal deaths include only those with stated or presumed period of gestation of 20 weeks or more; see Technical Appendix.)

Smoking status, average number of cigarettes per day, race and Hispanic origin of mother	All fetal deaths	Age of mother								
		Under 15 years	15-19 Years		20-24 years	25-29 years	30-34 years	35-39 years	40-54 years	
			Total	15-17 years						18-19 years
Non-Hispanic white/2										
Total.....	11,417	26	1,174	360	814	2,833	2,645	2,625	1,559	555
Smoker.....	1,521	4	237	68	169	541	345	220	125	49
1-5 cigarettes.....	432	1	88	26	62	163	85	55	30	10
6-10 cigarettes.....	634	1	101	28	73	237	139	92	48	16
11-15 cigarettes.....	78	-	9	2	7	24	25	14	4	2
16-20 cigarettes.....	324	2	36	11	25	107	82	46	33	18
21-30 cigarettes.....	27	-	1	1	-	4	8	7	6	1
31-40 cigarettes.....	25	-	1	-	1	6	6	6	4	2
41+ cigarettes.....	1	-	1	-	1	-	-	-	-	-
Not stated.....	358	1	63	21	42	124	77	50	35	8
Non-smoker.....	6,878	11	557	180	377	1,401	1,612	1,854	1,062	381
Not stated.....	1,139	6	80	23	57	226	266	281	212	68

Fetal Death Documentation Table 6. Fetal deaths by smoking status of mother and average number of cigarettes smoked by mother per day by age, race, and Hispanic origin of mother: Total of 45 reporting states and the District of Columbia, 2003  
(Fetal deaths include only those with stated or presumed period of gestation of 20 weeks or more; see Technical Appendix.)

Smoking status, average number of cigarettes per day, race and Hispanic origin of mother	All fetal deaths	Age of mother								
		Under 15 years	15-19 Years		20-24 years	25-29 years	30-34 years	35-39 years	40-54 years	
			Total	15-17 years						18-19 years
Non-Hispanic black/2										
Total.....	6,672	35	1,059	375	684	1,956	1,495	1,099	770	258
Smoker.....	540	-	67	13	54	180	122	81	62	28
1-5 cigarettes.....	274	-	35	6	29	105	58	40	21	15
6-10 cigarettes.....	172	-	26	5	21	56	39	24	20	7
11-15 cigarettes.....	14	-	1	-	1	2	3	3	4	1
16-20 cigarettes.....	65	-	4	2	2	14	18	12	13	4
21-30 cigarettes.....	9	-	1	-	1	2	2	1	3	-
31-40 cigarettes.....	4	-	-	-	-	-	1	1	1	1
41+ cigarettes.....	2	-	-	-	-	1	1	-	-	-
Not stated.....	134	-	17	8	9	30	34	21	23	9
Non-smoker.....	4,838	29	817	311	506	1,395	1,083	805	536	173
Not stated.....	620	6	91	30	61	171	134	111	87	20

Fetal Death Documentation Table 6. Fetal deaths by smoking status of mother and average number of cigarettes smoked by mother per day by age, race, and Hispanic origin of mother: Total of 45 reporting states and the District of Columbia, 2003  
(Fetal deaths include only those with stated or presumed period of gestation of 20 weeks or more; see Technical Appendix.)

Smoking status, average number of cigarettes per day, race and Hispanic origin of mother	All fetal deaths	Age of mother								
		Under 15 years	15-19 Years			20-24 years	25-29 years	30-34 years	35-39 years	40-54 years
			Total	15-17 years	18-19 years					
Hispanic/2										
Total.....	3,456	17	540	218	322	891	824	666	404	114
Smoker.....	96	-	16	4	12	35	16	19	9	1
1-5 cigarettes.....	41	-	4	-	4	19	9	6	3	-
6-10 cigarettes.....	33	-	8	3	5	11	4	6	4	-
11-15 cigarettes.....	4	-	2	-	2	-	-	2	-	-
16-20 cigarettes.....	15	-	2	1	1	4	3	3	2	1
21-30 cigarettes.....	1	-	-	-	-	-	-	1	-	-
31-40 cigarettes.....	1	-	-	-	-	-	-	1	-	-
41+ cigarettes.....	1	-	-	-	-	1	-	-	-	-
Not stated.....	39	-	10	2	8	11	7	3	7	1
Non-smoker.....	2,931	16	462	197	265	737	717	566	339	94
Not stated.....	294	1	36	11	25	73	68	59	40	17

- Quantity zero.

1/ Includes races other than white and black.

2/ Excludes data for Oklahoma, which did not require reporting of Hispanic origin. Race and Hispanic origin are reported separately on fetal death reports. Race categories are consistent with the 1977 Office of Management and Budget standards. Data for fetal deaths are according to mother's Hispanic origin and reported race; see "Technical Notes"

Note: Excludes data for California, Hawaii and Oklahoma which do not report tobacco use. Also excludes data for Michigan and Washington, which implemented the 2003 Revision to the U.S. Standard Report of Fetal Death for data year 2003. This change resulted in a lack of comparability between data based on the 2003 Revision and data based on the 1989 Revision to the U.S. Standard Report of Fetal Death; see "Technical Notes."

## FETAL DEATH DOCUMENTATION TABLE 7

FETAL DEATHS BY DRINKING STATUS OF MOTHER AND BY MOTHERS AVERAGE NUMBER OF DRINKS PER WEEK, BY AGE, RACE AND HISPANIC  
 TOTAL OF 44 REPORTING STATES AND THE DISTRICT OF COLUMBIA, 2003  
 (FETAL DEATHS INCLUDE ONLY THOSE WITH STATED OR PRESUMED PERIOD OF GESTATION OF 20 WEEKS OR MORE: SEE TECHNICAL APPENDIX.)  
 (FOR A LISTING OF REPORTING AREAS: SEE TECHNICAL APPENDIX.)

DRINKING STATUS, AVERAGE NUMBER OF DRINKS PER WEEK, AGE, RACE AND HISPANIC ORIGIN OF MOTHER	AGE OF MOTHER									
	ALL AGES	UNDER 15 years	Total 15-19	15-17 Years	18-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-54 Years
All RACES(1).....	21180	75	2604	917	1687	5305	4925	4521	2786	964
DRINKER.....	378	.	45	14	31	92	77	73	67	24
I DRINK OR LESS....	74	65	4	2	2	15	20	15	13	7
2 DRINKS.....	44	10	8	3	5	17	7	4	6	2
3-4 DRINKS.....	32	.	3	1	2	6	6	8	8	1
5 DRINKS OR MORE...	44	.	5	9	5	11	8	6	8	6
NOT STATED.....	200	.	26	827	17	47	39	42	37	9
NON-DRINKER.....	18929	.	2331	75	1504	4732	4437	4075	2444	845
NOT STATED.....	1857	.	227	75	152	477	408	371	270	94
NON-HISPANIC WHITE.....	9897	22	937	292	645	2292	2300	2405	1435	506
DRINKER.....	164	.	21	7	14	52	31	26	24	10
I DRINK OR LESS....	38	21	2	1	1	9	9	8	6	4
2 DRINKS.....	25	1	6	3	3	10	3	1	4	1
3-4 DRINKS.....	8	.	14	4	10	2	1	1	3	1
5 DRINKS OR MORE...	18	.	836	261	575	8	2	2	3	3
NOT STATED.....	87	.	79	23	56	26	19	15	12	1
NON-DRINKER.....	9014	.	.	.	.	2074	2109	2220	1293	461
NOT STATED.....	707	.	.	.	.	163	157	158	114	35
NON-HISPANIC BLACK.....	6132	35	992	362	630	1776	1373	1018	708	230
DRINKER.....	142	.	13	4	9	24	30	33	32	10
I DRINK OR LESS....	29	.	2	1	1	4	7	7	6	3
2 DRINKS.....	16	.	2	.	2	5	3	3	2	1
3-4 DRINKS.....	17	.	2	.	2	1	5	5	4	.
5 DRINKS OR MORE...	12	.	1	.	1	1	3	2	4	1
NOT STATED.....	68	.	6	3	3	13	12	16	16	5
NON-DRINKER.....	5451	28	903	337	566	1589	1236	898	598	199
NOT STATED.....	539	7	76	21	55	163	107	87	78	21
HISPANIC.....	3434	17	529	216	313	866	827	666	408	121
DRINKER.....	36	.	9	2	7	7	6	6	5	3
I DRINK OR LESS....	2	.	.	.	.	1	1	.	.	.
2 DRINKS.....	2	.	1	1	.	.	.	1	.	.
3-4 DRINKS.....	10	.	4	.	4	.	1	2	1	2
5 DRINKS OR MORE...	23	.	4	1	3	6	4	4	4	1
NOT STATED.....	3127	16	484	202	282	783	761	611	367	105
NON-DRINKER.....	270	1	36	12	24	76	60	48	36	13

- Quantity zero.

1 Includes races other than white and black and origin not stated.

2 Excludes data for Oklahoma, which does not require reporting of Hispanic origin. Race and Hispanic origin are reported separately on the fetal death reports. Race categories are consistent with the 1977 Office of Management and Budget standards. Data for Hispanic origin are included in the data for each race group according to the mother's reported race; see Technical Notes.

NOTE: Excludes data for California, Hawaii, Michigan, Oklahoma, South Dakota, and Washington which did not report alcohol consumption.

## FETAL DEATH DOCUMENTATION TABLE 8

FETAL DEATHS BY WEIGHT GAIN DURING PREGNANCY, BY AGE, RACE AND HISPANIC ORIGIN OF MOTHER:  
 TOTAL OF 47 REPORTING STATES AND THE DISTRICT OF COLUMBIA, 2003  
 (FETAL DEATHS INCLUDE ONLY THOSE WITH STATED OR PRESUMED PERIOD OF GESTATION OF 20 WEEKS OR MORE: SEE TECHNICAL APPENDIX.)  
 (FOR A LISTING OF REPORTING AREAS: SEE TECHNICAL APPENDIX.)

WEIGHT GAIN DURING PREGNANCY									
AGE, RACE AND HISPANIC ORIGIN OF MOTHER	Total	Less than 10 pounds	10-14 pounds	15-19 pounds	20-24 pounds	25-29 pounds	30-34 pounds	35 pounds or more	NOT STATED
All races(1).....	21180	3472	2453	1859	2001	1203	1139	1832	7221
Under 20 years.....	2679	485	341	242	209	122	137	241	902
20-24 years.....	5305	914	621	439	494	296	273	509	1759
25-29 years.....	4925	773	560	447	514	286	272	426	1647
30-34 years.....	4521	725	528	406	440	270	269	375	1508
35-39 years.....	2786	438	304	250	252	165	143	211	1023
40-54 years.....	964	137	99	75	92	64	45	70	382
Non-Hispanic-White...	9897	1575	1191	908	1036	708	615	1075	2789
Under 20 years.....	959	158	111	90	92	59	61	117	271
20-24 years.....	2292	401	284	203	226	150	145	291	592
25-29 years.....	2300	350	277	215	261	168	145	250	634
30-34 years.....	2405	370	306	214	261	172	163	250	669
35-39 years.....	1435	227	161	138	133	114	81	126	455
40-54 years.....	506	69	52	48	63	45	20	41	168
Non-Hispanic-Black..	6132	1071	727	564	497	243	278	435	2317
Under 20 years.....	1027	193	153	94	61	35	45	78	368
20-24 years.....	1776	286	222	148	161	80	82	126	671
25-29 years.....	1373	239	140	146	128	53	60	114	493
30-34 years.....	1018	182	111	96	77	46	49	56	401
35-39 years.....	708	126	74	63	61	19	35	46	284
40-54 years.....	230	45	27	17	9	10	7	15	100
Hispanic.....	3434	606	367	272	319	185	169	228	1288
Under 20 years.....	546	116	69	46	41	26	26	37	185
20-24 years.....	866	166	91	64	74	48	33	69	321
25-29 years.....	827	132	99	60	79	46	47	37	327
30-34 years.....	666	116	52	61	72	37	36	46	246
35-39 years.....	408	63	46	35	40	22	16	27	159
40-54 years.....	121	13	10	6	13	6	11	12	50

1 Includes races other than white and black and origin not stated.

NOTE: Excludes data for California, Hawaii, and Oklahoma which did not report weight gain during pregnancy.

FETAL DEATH DOCUMENTATION TABLE 9

FETAL DEATHS WITH SELECTED OBSTERIC PROCEDURES BY AGE, RACE AND HISPANIC ORIGIN OF MOTHER:  
 TOTAL OF 48 REPORTING STATES AND THE DISTRICT OF COLUMBIA, 2003  
 (FETAL DEATHS INCLUDE ONLY THOSE WITH STATED OR PRESUMED PERIOD OF GESTATION OF 20 WEEKS OR MORE: SEE TECHNICAL APPENDIX.)  
 (FOR A LISTING OF REPORTING AREAS: SEE TECHNICAL APPENDIX.)

OBSTERIC PROCEDURE AND RACE OF MOTHER, AND HISPANIC ORIGIN	OBSTERIC PROCEDURES REPORTED AGE OF MOTHER							40-54 years	OBSTERIC PROCEDURE NOT REPORTED	NOT STATED(2)
	ALL FETAL DEATHS(1)	ALL AGES	UNDER 20 years	20-24 years	25-29 years	30-34 years	35-39 years			
All RACES(3)										
AMINOCENTESIS(4).....	24076	2639	1233	87	247	290	378	404	176	21261
ELECTRONIC FETAL MONITORING(4)	24076	7196	1233	808	1620	1475	1313	747	268	16612
INDUCTION OF LABOR.....	25275	8292	933	2116	1980	1816	1082	365	14837	2146
STIMULATION OF LABOR(4).....	24076	3137	1233	268	513	476	406	241	75	20864
TOCOLYSIS.....	25275	819	107	182	186	202	109	33	22310	2146
ULTRASOUND(4).....	24076	14420	1233	1659	3356	3260	3068	1844	636	9020
NON-HISPANIC WHITE										
AMINOCENTESIS(4).....	10900	1523	677	36	131	179	249	251	105	9272
ELECTRONIC FETAL MONITORING(4)	10900	3499	677	293	719	707	725	378	160	7241
INDUCTION OF LABOR.....	11323	4226	373	1033	1002	1049	583	186	6171	926
STIMULATION OF LABOR(4).....	10900	1527	677	92	220	204	220	114	39	9334
TOCOLYSIS.....	11323	386	36	79	80	114	57	20	10011	926
ULTRASOUND(4).....	10900	7027	677	611	1530	1575	1643	991	369	3504
NON-HISPANIC BLACK										
AMINOCENTESIS(4).....	6344	437	219	25	51	43	36	63	27	5880
ELECTRONIC FETAL MONITORING(4)	6344	2011	219	324	566	412	297	193	54	4279
INDUCTION OF LABOR.....	6682	1991	308	599	463	313	223	85	4198	493
STIMULATION OF LABOR(4).....	6344	754	219	92	154	131	94	64	16	5574
TOCOLYSIS.....	6682	218	34	60	52	39	26	7	5971	493
ULTRASOUND(4).....	6344	3766	219	593	1044	858	650	402	122	2456
HISPANIC										
AMINOCENTESIS(4).....	4754	340	111	24	52	44	58	51	23	4391
ELECTRONIC FETAL MONITORING(4)	4754	1071	111	159	245	237	199	120	36	3647
INDUCTION OF LABOR.....	4960	1434	210	363	343	275	187	56	3227	299
STIMULATION OF LABOR(4).....	4754	490	111	71	105	98	65	40	11	4253
TOCOLYSIS.....	4960	133	33	26	29	26	15	4	4528	299
ULTRASOUND(4).....	4754	2397	111	367	571	573	488	287	82	2275

1 Total number of fetal deaths to residents of reporting areas.

2 No response reported for the obsteric procedure item.

3 Includes races other than white and black and origin not stated.

4 Excludes data for Michigan and Washington which implemented the 2003 Revision to the U.S. Standard Report of Fetal Death data for data year 2003. This change has resulted in a lack of comparability between data based on the 2003 Revision and data based on the 1989 Revision to the U.S. Standard Report of Fetal Death. see Technical Notes.

NOTE: Excludes data for Hawaii and Oklahoma which did not report obsteric procedure. Race and Hispanic origin are reported separately on the fetal death reports. Race categories are consistent with the 1977 Office of Management and Budget standards.



FETAL DEATH DOCUMENTATION TABLE 10  
 FETAL DEATHS WITH SELECTED COMPLICATIONS OF LABOR AND/OR DELIVERY BY AGE AND RACE OF MOTHER:  
 TOTAL OF 48 REPORTING STATES AND THE DISTRICT OF COLUMBIA, 2003  
 (FETAL DEATHS INCLUDE ONLY THOSE WITH STATED OR PRESUMED PERIOD OF GESTATION OF 20 WEEKS OR MORE; SEE TECHNICAL APPENDIX.  
 FOR A LISTING OF REPORTING AREAS SEE TECHNICAL APPENDIX.)

COMPLICATION AND RACE OF MOTHER	COMPLICATION REPORTED										COMPLICATION NOT REPORTED	NOT STATED/2
	ALL FETAL DEATHS/1	AGE OF MOTHER								45-54 YEARS		
		ALL AGES	UNDER 20 YEARS	20-24 YEARS	25-29 YEARS	30-34 YEARS	35-39 YEARS	40-44 YEARS	45-54 YEARS			
ALL RACES/3												
FEBRILE/4.....	24,042	1,163	132	264	255	273	184	51	4	21,016	1,863	
MECONIUM MODERATE/HEAVY.....	25,275	1,133	114	307	287	236	148	39	2	21,333	2,809	
PREMATURE RUPTURE OF MEMBRANE/4	24,042	1,843	212	463	434	406	242	82	4	20,336	1,863	
ABRUPTIO PLACENTA/4.....	24,042	1,860	266	509	483	337	205	58	2	20,319	1,863	
PLACENTA PREVIA/4.....	24,042	166	22	26	36	46	27	8	1	22,013	1,863	
OTHER EXCESSIVE BLEEDING/4....	24,042	414	43	93	101	86	69	18	4	21,765	1,863	
SEIZURES DURING LABOR/4.....	24,042	30	6	7	9	4	4	-	-	22,149	1,863	
PRECIPITOUS LABOR.....	25,275	328	47	74	69	77	47	14	-	22,138	2,809	
PROLONGED LABOR/4.....	24,042	151	14	38	32	43	21	3	-	22,028	1,863	
DYSFUNCTIONAL LABOR/4.....	24,042	117	16	28	30	21	14	8	-	22,062	1,863	
BREECH/MALPRESENTATION.....	25,275	2,859	382	763	650	566	347	145	6	19,607	2,809	
CEPHALOPELVIC DISPROPORTION/4,5	21,979	47	8	11	9	13	6	-	-	20,110	1,822	
CORD PROLAPSE/4.....	24,042	388	50	76	91	80	72	19	-	21,791	1,863	
ANESTHETIC COMPLICATIONS/4,5...	21,979	23	3	6	5	3	4	2	-	20,134	1,822	
FETAL DISTRESS/4,5.....	21,979	416	56	100	100	83	60	16	1	19,741	1,822	

See footnotes at the end of table.

FETAL DEATH DOCUMENTATION TABLE 10  
 FETAL DEATHS WITH SELECTED COMPLICATIONS OF LABOR AND/OR DELIVERY BY AGE AND RACE OF MOTHER:  
 TOTAL OF 48 REPORTING STATES AND THE DISTRICT OF COLUMBIA, 2003  
 (FETAL DEATHS INCLUDE ONLY THOSE WITH STATED OR PRESUMED PERIOD OF GESTATION OF 20 WEEKS OR MORE; SEE TECHNICAL APPENDIX.  
 FOR A LISTING OF REPORTING AREAS SEE TECHNICAL APPENDIX.)

COMPLICATION AND RACE OF MOTHER	COMPLICATION REPORTED										COMPLICATION NOT REPORTED	NOT STATED/2
	ALL FETAL DEATHS/1	AGE OF MOTHER								45-54 YEARS		
		ALL AGES	UNDER 20 YEARS	20-24 YEARS	25-29 YEARS	30-34 YEARS	35-39 YEARS	40-44 YEARS				
WHITE												
FEBRILE/4.....	15,897	742	70	157	164	186	128	33	4	13,999	1,156	
MECONIUM MODERATE/HEAVY.....	16,794	816	70	210	199	186	117	32	2	14,141	1,837	
PREMATURE RUPTURE OF MEMBRANE/4	15,897	1,030	91	254	247	238	145	51	4	13,711	1,156	
ABRUPTIO PLACENTA/4.....	15,897	1,159	148	305	311	231	124	38	2	13,582	1,156	
PLACENTA PREVIA/4.....	15,897	111	8	16	25	33	22	6	1	14,630	1,156	
OTHER EXCESSIVE BLEEDING/4....	15,897	259	30	50	66	52	45	12	4	14,482	1,156	
SEIZURES DURING LABOR/4.....	15,897	19	5	4	5	3	2	-	-	14,722	1,156	
PRECIPITOUS LABOR.....	16,794	206	27	41	42	53	32	11	-	14,751	1,837	
PROLONGED LABOR/4.....	15,897	117	8	26	27	37	17	2	-	14,624	1,156	
DYSFUNCTIONAL LABOR/4.....	15,897	80	10	15	21	19	8	7	-	14,661	1,156	
BREECH/MALPRESENTATION.....	16,794	1,839	211	464	430	394	239	96	5	13,118	1,837	
CEPHALOPELVIC DISPROPORTION/4,5	14,331	30	5	9	6	7	3	-	-	13,173	1,128	
CORD PROLAPSE/4.....	15,897	251	28	45	61	52	53	12	-	14,490	1,156	
ANESTHETIC COMPLICATIONS/4,5...	14,331	18	3	5	3	2	3	2	-	13,185	1,128	
FETAL DISTRESS/4,5.....	14,331	269	29	62	68	59	40	11	-	12,934	1,128	

See footnotes at the end of table.

FETAL DEATH DOCUMENTATION TABLE 10  
 FETAL DEATHS WITH SELECTED COMPLICATIONS OF LABOR AND/OR DELIVERY BY AGE AND RACE OF MOTHER:  
 TOTAL OF 48 REPORTING STATES AND THE DISTRICT OF COLUMBIA, 2003  
 (FETAL DEATHS INCLUDE ONLY THOSE WITH STATED OR PRESUMED PERIOD OF GESTATION OF 20 WEEKS OR MORE; SEE TECHNICAL APPENDIX.  
 FOR A LISTING OF REPORTING AREAS SEE TECHNICAL APPENDIX.)

COMPLICATION AND RACE OF MOTHER	COMPLICATION REPORTED										COMPLICATION NOT REPORTED	NOT STATED/2
	ALL FETAL DEATHS/1	AGE OF MOTHER								45-54 YEARS		
		ALL AGES	UNDER 20 YEARS	20-24 YEARS	25-29 YEARS	30-34 YEARS	35-39 YEARS	40-44 YEARS				
BLACK												
FEBRILE/4.....	6,984	375	61	98	80	74	46	16	-	5,992	617	
MECONIUM MODERATE/HEAVY.....	7,229	260	40	83	64	39	28	6	-	6,172	797	
PREMATURE RUPTURE OF MEMBRANE/4	6,984	751	119	196	169	155	84	28	-	5,616	617	
ABRUPTIO PLACENTA/4.....	6,984	651	116	197	154	91	76	17	-	5,716	617	
PLACENTA PREVIA/4.....	6,984	46	13	9	8	10	4	2	-	6,321	617	
OTHER EXCESSIVE BLEEDING/4....	6,984	128	12	39	27	25	21	4	-	6,239	617	
SEIZURES DURING LABOR/4.....	6,984	9	1	3	2	1	2	-	-	6,358	617	
PRECIPITOUS LABOR.....	7,229	108	18	30	22	22	14	2	-	6,324	797	
PROLONGED LABOR/4.....	6,984	30	5	11	4	5	4	1	-	6,337	617	
DYSFUNCTIONAL LABOR/4.....	6,984	32	3	11	9	2	6	1	-	6,335	617	
BREECH/MALPRESENTATION.....	7,229	901	163	274	189	144	89	41	1	5,531	797	
CEPHALOPELVIC DISPROPORTION/4,5	6,555	11	2	1	2	5	1	-	-	5,939	605	
CORD PROLAPSE/4.....	6,984	128	21	30	29	23	19	6	-	6,239	617	
ANESTHETIC COMPLICATIONS/4,5...	6,555	5	-	1	2	1	1	-	-	5,945	605	
FETAL DISTRESS/4,5.....	6,555	129	25	36	30	17	15	5	1	5,821	605	

- Quantity zero.

1 Total number of fetal deaths to residents of areas reporting specified complication.

2 No response reported for the specified complication.

3 Includes races other than white and black and origin not stated.

4 Excludes data for Michigan and Washington which implemented the 2003 Revision to the U.S. Standard Report of Fetal Death for data year 2003. This change has resulted in a lack of comparability between data based on the 2003 Revision and data based on the 1989 Revision to the U.S. Standard Report of Fetal Death: see "Technical Notes."

5 Texas does not report this risk factor.

NOTES: Race and Hispanic origin are reported separately on fetal death reports. Race categories are consistent with the 1977 Office of Management and Budget standards. Data for fetal deaths are according to mother's Hispanic origin and reported race; see "Technical Notes."

Excludes data for Hawaii, and Oklahoma, which do not report complications of labor/delivery.

FETAL DEATH DOCUMENTATION TABLE 11  
 FETAL DEATHS BY METHOD OF DELIVERY BY AGE AND HISPANIC ORIGIN OF MOTHER: TOTAL OF 48 REPORTING STATES AND THE DISTRICT OF COLUMBIA, 2003  
 (FETAL DEATHS INCLUDE ONLY THOSE WITH STATED OR PRESUMED PERIOD OF GESTATION OF 20 WEEKS OR MORE: SEE TECHNICAL APPENDIX.  
 FOR A LISTING OF REPORTING AREAS SEE TECHNICAL APPENDIX.)

AGE, RACE AND HISPANIC ORIGIN OF MOTHER	ALL FETAL DEATHS	METHOD OF DELIVERY											
		VAGINAL							CESAREAN			HYSTER- OTOMY OR HYSTER- ECTOMY/2	NOT STATED
		TOTAL	VAGINAL BIRTH AFTER CESAREAN			OTHER VAGINAL			TOTAL	PRIMARY	REPEAT		
			ALL/1	FORCEPS	VACUUM	ALL	FORCEPS	VACUUM					
ALL RACES/3.....	25,275	20,734	770	5	5	19,964	238	192	3,018	1,845	1,173	15	234
UNDER 15 YEARS.....	88	75	-	-	-	75	-	-	6	6	-	-	-
15-19 YEARS.....	2,998	2,598	20	-	-	2,578	16	27	233	198	35	1	21
20-24 YEARS.....	6,246	5,291	125	-	1	5,166	46	44	630	425	205	4	52
25-29 YEARS.....	5,903	4,825	186	1	2	4,639	67	48	753	462	291	3	65
30-34 YEARS.....	5,511	4,433	228	3	-	4,205	55	38	739	408	331	4	51
35-39 YEARS.....	3,361	2,610	157	1	1	2,453	37	26	482	243	239	1	34
40-44 YEARS.....	1,081	835	51	-	1	784	14	9	162	96	66	1	9
45-54 YEARS.....	87	67	3	-	-	64	3	-	13	7	6	1	2
NON-HISPANIC WHITE..	11,323	9,198	335	3	2	8,863	135	106	1,503	938	565	4	111
UNDER 15 YEARS.....	23	20	-	-	-	20	-	-	1	1	-	-	-
15-19 YEARS.....	1,030	885	7	-	-	878	6	10	85	75	10	-	8
20-24 YEARS.....	2,576	2,188	31	-	-	2,157	27	20	275	193	82	1	25
25-29 YEARS.....	2,631	2,125	83	-	1	2,042	37	30	373	235	138	2	32
30-34 YEARS.....	2,799	2,241	113	2	-	2,128	28	23	406	237	169	-	27
35-39 YEARS.....	1,675	1,283	76	1	-	1,207	24	18	266	143	123	-	15
40-44 YEARS.....	548	425	23	-	1	402	11	5	89	51	38	1	4
45-54 YEARS.....	41	31	2	-	-	29	2	-	8	3	5	-	-
NON-HISPANIC BLACK...	6,682	5,630	220	2	1	5,410	39	34	687	399	288	3	31
UNDER 15 YEARS.....	38	33	-	-	-	33	-	-	3	3	-	-	-
15-19 YEARS.....	1,050	938	5	-	-	933	5	6	71	54	17	-	1
20-24 YEARS.....	1,927	1,650	55	-	1	1,595	6	14	179	104	75	-	12
25-29 YEARS.....	1,510	1,264	55	1	-	1,209	12	5	173	105	68	1	9
30-34 YEARS.....	1,129	928	53	1	-	875	11	5	128	61	67	1	6
35-39 YEARS.....	775	612	41	-	-	571	4	1	103	51	52	-	2
40-44 YEARS.....	232	188	10	-	-	178	1	3	28	20	8	-	-
45-54 YEARS.....	21	17	1	-	-	16	-	-	2	1	1	1	1
HISPANIC .....	4,960	4,116	161	-	1	3,955	43	33	597	366	231	4	31
UNDER 15 YEARS.....	20	17	-	-	-	17	-	-	2	2	-	-	-
15-19 YEARS.....	730	634	6	-	-	628	5	11	63	55	8	-	3
20-24 YEARS.....	1,274	1,083	32	-	-	1,051	11	6	128	94	34	2	5
25-29 YEARS.....	1,199	989	39	-	-	950	11	8	155	89	66	-	10
30-34 YEARS.....	988	802	42	-	-	760	9	4	139	72	67	1	7
35-39 YEARS.....	574	462	31	-	1	431	5	4	80	35	45	1	5
40-44 YEARS.....	158	116	11	-	-	105	2	-	27	16	11	-	1
45-54 YEARS.....	17	13	-	-	-	13	-	-	3	3	-	-	-

- Quantity zero.

1 Includes fetal deaths that were not delivered by forceps or vacuum extraction.

2 Excludes data for Alaska, California, Connecticut, New York, Oregon, and Wyoming which do not report hysterotomy or hysterectomy.

3 Includes races other than white and black and origin not stated. Race and Hispanic origin are reported separately on fetal death reports.

Race categories are consistent with the 1977 Office of Management and Budget standards. Data for fetal deaths are according to mother's Hispanic origin and reported race; see "Technical Notes."

NOTE: Excludes data for Hawaii and Oklahoma which do not report method of delivery; see "Technical Notes."

FETAL DEATH DOCUMENTATION TABLE 12

FETAL DEATHS WITH SELECTED CONGENITAL ANOMALIES BY PERIOD OF GESTATION AND RACE OF MOTHER: TOTAL OF 46 REPORTING STATES (EXCLUDING NEW YORK CITY) AND THE DISTRICT OF COLUMBIA; 2003  
 (FETAL DEATHS INCLUDE ONLY THOSE WITH STATED OR PRESUMED PERIOD OF GESTATION OF 20 WEEKS OR MORE; SEE TECHNICAL APPENDIX. FOR A LISTING OF REPORTING AREAS SEE TECHNICAL APPENDIX.)

CONGENITAL ANOMALY AND RACE OF MOTHER	CONGENITAL ANOMALY REPORTED								CONGENITAL ANOMALY NOT REPORTED	NOT STATED/2
	ALL FETAL DEATHS/1	Period of gestation						40 WEEKS OR MORE		
		TOTAL/2	20-27 WEEKS	28-31 WEEKS	32-36 WEEKS	37-39 WEEKS	20,918			
ALL RACES/3										
ANENCEPHALUS.....	23,044	295	154	40	52	31	18	20,918	1,825	
SPINA BIFIDA/MENINGOCELE.....	23,044	119	74	14	21	8	2	21,100	1,825	
HYDROCEPHALUS/4.....	21,811	190	110	27	32	17	4	19,923	1,695	
MICROCEPHALUS/4.....	21,811	32	14	4	5	7	2	20,084	1,695	
OTHER CENTRAL NERVOUS SYSTEM ANOMALIES/4.....	21,811	191	126	16	29	18	2	19,925	1,695	
HEART MALFORMATIONS/4.....	21,811	428	232	69	66	48	13	19,687	1,695	
OTHER CIRCULATORY/RESPIRATORY ANOMALIES/4.....	21,811	172	87	32	26	22	5	19,944	1,695	
RECTAL ATRESIA/STENOSIS/4.....	21,811	18	8	4	2	4	-	20,098	1,695	
TRACHEO-ESOPHAGEAL FISTULA/ESOPHAGEAL ATRESIA/4	21,811	26	9	2	10	1	4	20,084	1,695	
OMPHALOCELE/GASTROSCHISIS.....	23,044	191	98	34	42	12	5	21,027	1,825	
OTHER GASTROINTESTINAL ANOMALIES/4.....	21,811	102	56	16	19	6	5	20,014	1,695	
MALFORMED GENITALIA/4.....	21,811	89	35	17	15	18	4	20,027	1,695	
RENAL AGENESIS/4.....	21,811	103	55	13	16	13	6	20,013	1,695	
OTHER UROGENITAL ANOMALIES/4.....	21,811	136	86	22	15	11	2	19,979	1,695	
CLEFT LIP/PALATE.....	23,044	204	92	31	48	23	10	21,012	1,825	
POLYDACTYLY/SYNDACTYLY/ADACTYLY/4.....	21,811	124	57	17	30	13	7	19,992	1,695	
CLUB FOOT/4.....	21,811	193	88	31	45	26	3	19,923	1,695	
DIAPHRAGMATIC HERNIA/4.....	21,811	49	26	8	8	5	2	20,067	1,695	
OTHER MUSCULOSKELETAL/INTEGUMENTAL ANOMALIES/4	21,811	271	152	38	45	26	10	19,843	1,695	
DOWN'S SYNDROME.....	23,044	241	131	30	48	27	5	20,978	1,825	
OTHER CHROMOSOMAL ANOMALIES/4.....	21,811	597	348	64	106	56	23	19,516	1,695	

See footnotes at the end of table.

FETAL DEATH DOCUMENTATION TABLE 12

FETAL DEATHS WITH SELECTED CONGENITAL ANOMALIES BY PERIOD OF GESTATION AND RACE OF MOTHER: TOTAL OF 46 REPORTING STATES (EXCLUDING NEW YORK CITY) AND THE DISTRICT OF COLUMBIA; 2003  
 (FETAL DEATHS INCLUDE ONLY THOSE WITH STATED OR PRESUMED PERIOD OF GESTATION OF 20 WEEKS OR MORE; SEE TECHNICAL APPENDIX.  
 FOR A LISTING OF REPORTING AREAS SEE TECHNICAL APPENDIX.)

CONGENITAL ANOMALY AND RACE OF MOTHER	CONGENITAL ANOMALY REPORTED								CONGENITAL ANOMALY NOT REPORTED	NOT STATED/2
	ALL FETAL DEATHS/1	Period of gestation						40 WEEKS OR MORE		
		TOTAL/2	20-27 WEEKS	28-31 WEEKS	32-36 WEEKS	37-39 WEEKS				
WHITE										
ANENCEPHALUS.....	15,443	240	127	31	42	23	17	14,009	1,188	
SPINA BIFIDA/MENINGOCELE.....	15,443	96	59	11	16	8	2	14,159	1,188	
HYDROCEPHALUS/4.....	14,546	142	85	17	23	15	2	13,308	1,094	
MICROCEPHALUS/4.....	14,546	23	9	2	4	6	2	13,429	1,094	
OTHER CENTRAL NERVOUS SYSTEM ANOMALIES/4.....	14,546	151	99	15	21	14	2	13,301	1,094	
HEART MALFORMATIONS/4.....	14,546	336	184	54	51	37	10	13,115	1,094	
OTHER CIRCULATORY/RESPIRATORY ANOMALIES/4.....	14,546	133	69	24	22	15	3	13,319	1,094	
RECTAL ATRESIA/STENOSIS/4.....	14,546	14	7	4	1	2	-	13,438	1,094	
TRACHEO-ESOPHAGEAL FISTULA/ESOPHAGEAL ATRESIA/4	14,546	25	9	2	10	1	3	13,422	1,094	
OMPHALOCELE/GASTROSCHISIS.....	15,443	140	72	24	30	10	4	14,114	1,188	
OTHER GASTROINTESTINAL ANOMALIES/4.....	14,546	80	45	14	14	3	4	13,372	1,094	
MALFORMED GENITALIA/4.....	14,546	69	25	14	11	15	4	13,383	1,094	
RENAL AGENESIS/4.....	14,546	86	48	12	10	12	4	13,366	1,094	
OTHER UROGENITAL ANOMALIES/4.....	14,546	113	72	20	12	7	2	13,338	1,094	
CLEFT LIP/PALATE.....	15,443	157	74	24	35	17	7	14,096	1,188	
POLYDACTYLY/SYNDACTYLY/ADACTYLY/4.....	14,546	94	43	14	23	8	6	13,358	1,094	
CLUB FOOT/4.....	14,546	155	69	24	38	22	2	13,297	1,094	
DIAPHRAGMATIC HERNIA/4.....	14,546	40	20	6	8	4	2	13,412	1,094	
OTHER MUSCULOSKELETAL/INTEGUMENTAL ANOMALIES/4	14,546	202	111	30	34	18	9	13,248	1,094	
DOWN'S SYNDROME.....	15,443	193	104	23	39	22	5	14,062	1,188	
OTHER CHROMOSOMAL ANOMALIES/4.....	14,546	467	269	51	83	46	18	12,985	1,094	

See footnotes at the end of table.

FETAL DEATH DOCUMENTATION TABLE 12  
 FETAL DEATHS WITH SELECTED CONGENITAL ANOMALIES BY PERIOD OF GESTATION AND RACE OF MOTHER: TOTAL OF 46 REPORTING  
 STATES (EXCLUDING NEW YORK CITY) AND THE DISTRICT OF COLUMBIA; 2003  
 (FETAL DEATHS INCLUDE ONLY THOSE WITH STATED OR PRESUMED PERIOD OF GESTATION OF 20 WEEKS OR MORE; SEE TECHNICAL APPENDIX.  
 FOR A LISTING OF REPORTING AREAS SEE TECHNICAL APPENDIX.)

CONGENITAL ANOMALY AND RACE OF MOTHER	CONGENITAL ANOMALY REPORTED								CONGENITAL ANOMALY NOT REPORTED	NOT STATED/2
	ALL FETAL DEATHS/1	Period of gestation						40 WEEKS OR MORE		
		TOTAL/2	20-27 WEEKS	28-31 WEEKS	32-36 WEEKS	37-39 WEEKS				
BLACK										
ANENCEPHALUS.....	6,478	42	19	7	8	7	1	5,898	538	
SPINA BIFIDA/MENINGOCELE.....	6,478	18	11	3	4	-	-	5,922	538	
HYDROCEPHALUS/4.....	6,233	38	20	8	7	2	1	5,666	528	
MICROCEPHALUS/4.....	6,233	7	3	2	1	1	-	5,698	528	
OTHER CENTRAL NERVOUS SYSTEM ANOMALIES/4.....	6,233	33	21	1	8	3	-	5,672	528	
HEART MALFORMATIONS/4.....	6,233	65	31	13	13	6	2	5,640	528	
OTHER CIRCULATORY/RESPIRATORY ANOMALIES/4.....	6,233	29	13	7	3	5	1	5,676	528	
RECTAL ATRESIA/STENOSIS/4.....	6,233	2	-	-	-	2	-	5,703	528	
TRACHEO-ESOPHAGEAL FISTULA/ESOPHAGEAL ATRESIA/4	6,233	-	-	-	-	-	-	5,705	528	
OMPHALOCELE/GASTROSCHISIS.....	6,478	41	21	7	10	2	1	5,899	538	
OTHER GASTROINTESTINAL ANOMALIES/4.....	6,233	17	10	1	3	3	-	5,688	528	
MALFORMED GENITALIA/4.....	6,233	16	9	2	2	3	-	5,689	528	
RENAL AGENESIS/4.....	6,233	15	6	1	5	1	2	5,690	528	
OTHER UROGENITAL ANOMALIES/4.....	6,233	16	9	1	2	4	-	5,689	528	
CLEFT LIP/PALATE.....	6,478	36	16	5	9	4	2	5,903	538	
POLYDACTYLY/SYNDACTYLY/ADACTYLY/4.....	6,233	25	12	2	7	3	1	5,680	528	
CLUB FOOT/4.....	6,233	32	16	6	6	4	-	5,673	528	
DIAPHRAGMATIC HERNIA/4.....	6,233	7	6	1	-	-	-	5,698	528	
OTHER MUSCULOSKELETAL/INTEGUMENTAL ANOMALIES/4	6,233	59	36	5	10	7	1	5,646	528	
DOWN'S SYNDROME.....	6,478	36	20	4	7	5	-	5,904	538	
OTHER CHROMOSOMAL ANOMALIES/4.....	6,233	82	52	8	13	5	4	5,620	528	

- Quantity zero.

1 Total number of fetal deaths to residents of reporting areas.

2 No response reported.

3 Includes races other than white and black and origin not stated.

4 Excludes data for Michigan and Washington which implemented the 2003 Revision to the U.S. Standard Report of Fetal Death for data year 2003. This change has resulted in a lack of comparability between data based on the 2003 Revision and data based on the 1989 Revision to the U.S. Standard Report of Fetal Death: see "Technical Notes."

NOTES: Race and Hispanic origin are reported separately on fetal death reports. Race categories are consistent with the 1977 Office of Management and Budget standards. Data for fetal deaths are according to mother's reported race; see "Technical Notes."

Excludes data for Hawaii, New Mexico, New York and Oklahoma, which do not report congenital anomalies.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
UNITED STATES.....	54,497			25,683		
GESTATION						
CLINICAL ESTIMATE/1.....		3,022	5.5		238	0.9
AS COMPUTED.....		9,753	17.9		4,058	15.8
COMBINED.....		2,878	5.3		393	1.5
PLACE OF DELIVERY.....		28	0.1		13	0.1
PRENATAL CARE						
MONTH BEGAN/2.....		27,561	50.6		3,378	13.2
NUMBER OF VISITS.....		27,925	51.2		3,804	14.8
FETUS						
SEX/3.....		0	0.0		0	0.0
BIRTH WEIGHT.....		28,750	52.8		2,486	9.7
MOTHER						
MARITAL STATUS/4.....		2,009	3.7		591	2.3
EDUCATION/2.....		19,376	35.6		3,384	13.2
HISPANIC ORIGIN/5.....		6,139	11.3		1,177	4.6
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		6,570	12.1		998	3.9
BORN LIVE,NOW DEAD.....		6,962	12.8		1,281	5.0
OTHER TERMINATIONS.....		6,996	12.8		1,298	5.1
FATHER						
RACE/6.....		18,622	34.2		5,915	23.0
AGE/7.....		22,551	41.4		6,940	27.0
EDUCATION/6.....		22,919	42.1		7,724	30.1
HISPANIC ORIGIN/8.....		18,966	34.8		6,034	23.5
MEDICAL RISK FACTORS/9.....		23,874	43.8		2,063	8.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY/10.....		27,207	49.9		2,420	9.4
ALCOHOL USE DURING PREGNANCY/10.....		20,367	37.4		1,855	7.2
WEIGHT GAIN DURING PREGNANCY/11.....		32,335	59.3		7,628	29.7
OBSTETRIC PROCEDURES/12.....		21,711	39.8		1,179	4.6
COMPLICATIONS OF LABOR AND/OR DELIVERY/12.		22,946	42.1		1,843	7.2
CONGENITAL ANOMALIES OF FETUS/13.....		9,154	16.8		1,787	7.0

1. Excludes data for California and Oklahoma.
2. Excludes data for Michigan and Washington.
3. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.
4. Excludes data for California, Michigan, Nevada, New York and Texas.
5. Excludes data for Oklahoma.
6. Excludes data for Michigan, Virginia and Washington.
7. Excludes data for Virginia.
8. Excludes data for Michigan, Oklahoma, Virginia and Washington.
9. Excludes data for Hawaii and Oklahoma.
10. Excludes data for California, Hawaii, Michigan, Oklahoma and Washington.
11. Excludes data for California, Hawaii and Oklahoma.
12. Excludes data Hawaii, Michigan, Oklahoma and Washington.
13. Excludes data for Hawaii, New Mexico, New York and Oklahoma.

NOTES: Items on educational attainment, prenatal care, tobacco use, and a number of specific checkbox items are not comparable between the 1989 and the 2003 U.S. Reports of Fetal Death. Data for these items for the two states, Michigan and Washington, which implemented the 2003 U.S. Report of Fetal Death in 2003, are excluded from the U.S. totals where applicable. See Technical Appendix, Table B.



FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
ALABAMA.....	527			503		
GESTATION						
CLINICAL ESTIMATE.....		6	1.1		3	0.6
AS COMPUTED.....		82	15.6		79	15.7
COMBINED.....		4	0.8		1	0.2
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		23	4.4		22	4.4
NUMBER OF VISITS.....		30	5.7		28	5.6
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		28	5.3		22	4.4
MOTHER						
MARITAL STATUS.....		0	0.0		0	0.0
EDUCATION.....		60	11.4		57	11.3
HISPANIC ORIGIN.....		3	0.6		3	0.6
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		5	0.9		5	1.0
BORN LIVE,NOW DEAD.....		5	0.9		5	1.0
OTHER TERMINATIONS.....		6	1.1		6	1.2
FATHER						
RACE.....		300	56.9		286	56.9
AGE.....		313	59.4		298	59.2
EDUCATION.....		330	62.6		315	62.6
HISPANIC ORIGIN.....		300	56.9		286	56.9
MEDICAL RISK FACTORS.....		18	3.4		18	3.6
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		19	3.6		18	3.6
ALCOHOL USE DURING PREGNANCY.....		25	4.7		23	4.6
WEIGHT GAIN DURING PREGNANCY.....		134	25.4		128	25.4
OBSTETRIC PROCEDURES.....		14	2.7		14	2.8
COMPLICATIONS OF LABOR AND/OR DELIVERY....		28	5.3		27	5.4
CONGENITAL ANOMALIES OF FETUS.....		20	3.8		18	3.6

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
ALASKA.....	59			53		
GESTATION						
CLINICAL ESTIMATE.....		5	8.5		0	0.0
AS COMPUTED.....		9	15.3		4	7.5
COMBINED.....		5	8.5		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		2	3.4		1	1.9
NUMBER OF VISITS.....		9	15.3		4	7.5
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		11	18.6		6	11.3
MOTHER						
MARITAL STATUS.....		0	0.0		0	0.0
EDUCATION.....		11	18.6		6	11.3
HISPANIC ORIGIN.....		6	10.2		2	3.8
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		5	8.5		0	0.0
BORN LIVE,NOW DEAD.....		5	8.5		0	0.0
OTHER TERMINATIONS.....		5	8.5		0	0.0
FATHER						
RACE.....		18	30.5		14	26.4
AGE.....		16	27.1		14	26.4
EDUCATION.....		21	35.6		16	30.2
HISPANIC ORIGIN.....		19	32.2		15	28.3
MEDICAL RISK FACTORS.....		3	5.1		1	1.9
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		6	10.2		3	5.7
ALCOHOL USE DURING PREGNANCY.....		11	18.6		8	15.1
WEIGHT GAIN DURING PREGNANCY.....		21	35.6		17	32.1
OBSTETRIC PROCEDURES.....		6	10.2		3	5.7
COMPLICATIONS OF LABOR AND/OR DELIVERY....		10	16.9		7	13.2
CONGENITAL ANOMALIES OF FETUS.....		10	16.9		7	13.2

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
ARIZONA.....	704			569		
GESTATION						
CLINICAL ESTIMATE.....		8	1.1		4	0.7
AS COMPUTED.....		123	17.5		79	13.9
COMBINED.....		4	0.6		1	0.2
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		32	4.5		23	4.0
NUMBER OF VISITS.....		41	5.8		30	5.3
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		40	5.7		21	3.7
MOTHER						
MARITAL STATUS.....		9	1.3		6	1.1
EDUCATION.....		21	3.0		17	3.0
HISPANIC ORIGIN.....		42	6.0		35	6.2
PREGNANCY HISTORY						
BORN LIVE, NOW LIVING.....		7	1.0		3	0.5
BORN LIVE, NOW DEAD.....		12	1.7		7	1.2
OTHER TERMINATIONS.....		17	2.4		10	1.8
FATHER						
RACE.....		67	9.5		54	9.5
AGE.....		73	10.4		59	10.4
EDUCATION.....		87	12.4		70	12.3
HISPANIC ORIGIN.....		96	13.6		78	13.7
MEDICAL RISK FACTORS.....		20	2.8		17	3.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		39	5.5		33	5.8
ALCOHOL USE DURING PREGNANCY.....		38	5.4		32	5.6
WEIGHT GAIN DURING PREGNANCY.....		235	33.4		189	33.2
OBSTETRIC PROCEDURES.....		15	2.1		11	1.9
COMPLICATIONS OF LABOR AND/OR DELIVERY....		31	4.4		29	5.1
CONGENITAL ANOMALIES OF FETUS.....		32	4.5		25	4.4

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
ARKANSAS.....	256			251		
GESTATION						
CLINICAL ESTIMATE.....		1	0.4		1	0.4
AS COMPUTED.....		30	11.7		29	11.6
COMBINED.....		0	0.0		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		14	5.5		14	5.6
NUMBER OF VISITS.....		11	4.3		11	4.4
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		6	2.3		6	2.4
MOTHER						
MARITAL STATUS.....		1	0.4		1	0.4
EDUCATION.....		5	2.0		5	2.0
HISPANIC ORIGIN.....		0	0.0		0	0.0
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		0	0.0		0	0.0
BORN LIVE,NOW DEAD.....		2	0.8		2	0.8
OTHER TERMINATIONS.....		2	0.8		2	0.8
FATHER						
RACE.....		104	40.6		102	40.6
AGE.....		109	42.6		107	42.6
EDUCATION.....		109	42.6		107	42.6
HISPANIC ORIGIN.....		104	40.6		102	40.6
MEDICAL RISK FACTORS.....		0	0.0		0	0.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		4	1.6		4	1.6
ALCOHOL USE DURING PREGNANCY.....		7	2.7		7	2.8
WEIGHT GAIN DURING PREGNANCY.....		81	31.6		81	32.3
OBSTETRIC PROCEDURES.....		1	0.4		1	0.4
COMPLICATIONS OF LABOR AND/OR DELIVERY....		2	0.8		2	0.8
CONGENITAL ANOMALIES OF FETUS.....		0	0.0		0	0.0

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
CALIFORNIA.....	3,042			2,862		
GESTATION						
CLINICAL ESTIMATE.....		3,042	100.0		2,862	100.0
AS COMPUTED.....		288	9.5		192	6.7
COMBINED.....		328	10.8		217	7.6
PLACE OF DELIVERY.....		1	0.0		1	0.0
PRENATAL CARE						
MONTH BEGAN.....		162	5.3		123	4.3
NUMBER OF VISITS.....		226	7.4		183	6.4
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		47	1.5		30	1.0
MOTHER						
MARITAL STATUS.....		3,042	100.0		2,862	100.0
EDUCATION.....		226	7.4		190	6.6
HISPANIC ORIGIN.....		48	1.6		38	1.3
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		98	3.2		73	2.6
BORN LIVE,NOW DEAD.....		101	3.3		75	2.6
OTHER TERMINATIONS.....		130	4.3		101	3.5
FATHER						
RACE.....		202	6.6		174	6.1
AGE.....		301	9.9		260	9.1
EDUCATION.....		357	11.7		314	11.0
HISPANIC ORIGIN.....		198	6.5		170	5.9
MEDICAL RISK FACTORS.....		77	2.5		67	2.3
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		3,042	100.0		2,862	100.0
ALCOHOL USE DURING PREGNANCY.....		3,042	100.0		2,862	100.0
WEIGHT GAIN DURING PREGNANCY.....		3,042	100.0		2,862	100.0
OBSTETRIC PROCEDURES.....		82	2.7		72	2.5
COMPLICATIONS OF LABOR AND/OR DELIVERY....		91	3.0		80	2.8
CONGENITAL ANOMALIES OF FETUS.....		127	4.2		111	3.9

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
COLORADO.....	414			397		
GESTATION						
CLINICAL ESTIMATE.....		0	0.0		0	0.0
AS COMPUTED.....		57	13.8		57	14.4
COMBINED.....		0	0.0		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		12	2.9		12	3.0
NUMBER OF VISITS.....		32	7.7		31	7.8
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		42	10.1		41	10.3
MOTHER						
MARITAL STATUS.....		6	1.4		6	1.5
EDUCATION.....		46	11.1		44	11.1
HISPANIC ORIGIN.....		13	3.1		12	3.0
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		6	1.4		6	1.5
BORN LIVE,NOW DEAD.....		9	2.2		9	2.3
OTHER TERMINATIONS.....		12	2.9		12	3.0
FATHER						
RACE.....		28	6.8		27	6.8
AGE.....		53	12.8		51	12.8
EDUCATION.....		58	14.0		55	13.9
HISPANIC ORIGIN.....		30	7.2		29	7.3
MEDICAL RISK FACTORS.....		2	0.5		2	0.5
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		33	8.0		33	8.3
ALCOHOL USE DURING PREGNANCY.....		33	8.0		33	8.3
WEIGHT GAIN DURING PREGNANCY.....		126	30.4		121	30.5
OBSTETRIC PROCEDURES.....		3	0.7		3	0.8
COMPLICATIONS OF LABOR AND/OR DELIVERY....		2	0.5		2	0.5
CONGENITAL ANOMALIES OF FETUS.....		3	0.7		3	0.8

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
CONNECTICUT.....	252			246		
GESTATION						
CLINICAL ESTIMATE.....		2	0.8		2	0.8
AS COMPUTED.....		62	24.6		62	25.2
COMBINED.....		3	1.2		3	1.2
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		40	15.9		40	16.3
NUMBER OF VISITS.....		41	16.3		41	16.7
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		11	4.4		10	4.1
MOTHER						
MARITAL STATUS.....		3	1.2		3	1.2
EDUCATION.....		85	33.7		84	34.1
HISPANIC ORIGIN.....		32	12.7		30	12.2
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		17	6.7		17	6.9
BORN LIVE,NOW DEAD.....		37	14.7		36	14.6
OTHER TERMINATIONS.....		31	12.3		31	12.6
FATHER						
RACE.....		46	18.3		44	17.9
AGE.....		35	13.9		33	13.4
EDUCATION.....		113	44.8		109	44.3
HISPANIC ORIGIN.....		54	21.4		52	21.1
MEDICAL RISK FACTORS.....		19	7.5		19	7.7
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		17	6.7		17	6.9
ALCOHOL USE DURING PREGNANCY.....		20	7.9		20	8.1
WEIGHT GAIN DURING PREGNANCY.....		93	36.9		93	37.8
OBSTETRIC PROCEDURES.....		0	0.0		0	0.0
COMPLICATIONS OF LABOR AND/OR DELIVERY....		21	8.3		21	8.5
CONGENITAL ANOMALIES OF FETUS.....		48	19.0		46	18.7

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
DELAWARE.....	71			67		
GESTATION						
CLINICAL ESTIMATE.....		0	0.0		0	0.0
AS COMPUTED.....		7	9.9		7	10.4
COMBINED.....		0	0.0		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		8	11.3		8	11.9
NUMBER OF VISITS.....		10	14.1		10	14.9
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		1	1.4		1	1.5
MOTHER						
MARITAL STATUS.....		4	5.6		4	6.0
EDUCATION.....		10	14.1		9	13.4
HISPANIC ORIGIN.....		3	4.2		3	4.5
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		6	8.5		6	9.0
BORN LIVE,NOW DEAD.....		6	8.5		6	9.0
OTHER TERMINATIONS.....		7	9.9		7	10.4
FATHER						
RACE.....		26	36.6		25	37.3
AGE.....		25	35.2		24	35.8
EDUCATION.....		32	45.1		30	44.8
HISPANIC ORIGIN.....		26	36.6		25	37.3
MEDICAL RISK FACTORS.....		12	16.9		12	17.9
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		14	19.7		14	20.9
ALCOHOL USE DURING PREGNANCY.....		15	21.1		15	22.4
WEIGHT GAIN DURING PREGNANCY.....		21	29.6		20	29.9
OBSTETRIC PROCEDURES.....		14	19.7		14	20.9
COMPLICATIONS OF LABOR AND/OR DELIVERY....		15	21.1		15	22.4
CONGENITAL ANOMALIES OF FETUS.....		22	31.0		22	32.8

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.



FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
DISTRICT OF COLUMBIA.....	133			123		
GESTATION						
CLINICAL ESTIMATE.....		5	3.8		1	0.8
AS COMPUTED.....		34	25.6		31	25.2
COMBINED.....		4	3.0		1	0.8
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		35	26.3		32	26.0
NUMBER OF VISITS.....		39	29.3		35	28.5
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		8	6.0		6	4.9
MOTHER						
MARITAL STATUS.....		20	15.0		18	14.6
EDUCATION.....		47	35.3		44	35.8
HISPANIC ORIGIN.....		7	5.3		5	4.1
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		3	2.3		2	1.6
BORN LIVE,NOW DEAD.....		6	4.5		5	4.1
OTHER TERMINATIONS.....		7	5.3		6	4.9
FATHER						
RACE.....		55	41.4		49	39.8
AGE.....		73	54.9		67	54.5
EDUCATION.....		74	55.6		68	55.3
HISPANIC ORIGIN.....		57	42.9		51	41.5
MEDICAL RISK FACTORS.....		16	12.0		15	12.2
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		13	9.8		11	8.9
ALCOHOL USE DURING PREGNANCY.....		18	13.5		16	13.0
WEIGHT GAIN DURING PREGNANCY.....		98	73.7		90	73.2
OBSTETRIC PROCEDURES.....		12	9.0		11	8.9
COMPLICATIONS OF LABOR AND/OR DELIVERY....		25	18.8		22	17.9
CONGENITAL ANOMALIES OF FETUS.....		44	33.1		42	34.1

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FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
FLORIDA.....	1,631			1,563		
GESTATION						
CLINICAL ESTIMATE.....		18	1.1		6	0.4
AS COMPUTED.....		327	20.0		314	20.1
COMBINED.....		14	0.9		1	0.1
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		276	16.9		264	16.9
NUMBER OF VISITS.....		309	18.9		295	18.9
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		133	8.2		117	7.5
MOTHER						
MARITAL STATUS.....		88	5.4		83	5.3
EDUCATION.....		221	13.5		215	13.8
HISPANIC ORIGIN.....		122	7.5		118	7.5
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		177	10.9		172	11.0
BORN LIVE,NOW DEAD.....		182	11.2		177	11.3
OTHER TERMINATIONS.....		189	11.6		182	11.6
FATHER						
RACE.....		242	14.8		235	15.0
AGE.....		263	16.1		256	16.4
EDUCATION.....		321	19.7		311	19.9
HISPANIC ORIGIN.....		268	16.4		261	16.7
MEDICAL RISK FACTORS.....		74	4.5		68	4.4
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		97	5.9		86	5.5
ALCOHOL USE DURING PREGNANCY.....		104	6.4		93	6.0
WEIGHT GAIN DURING PREGNANCY.....		562	34.5		533	34.1
OBSTETRIC PROCEDURES.....		60	3.7		57	3.6
COMPLICATIONS OF LABOR AND/OR DELIVERY....		70	4.3		65	4.2
CONGENITAL ANOMALIES OF FETUS.....		107	6.6		100	6.4

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
GEORGIA.....	1,291			1,157		
GESTATION						
CLINICAL ESTIMATE.....		11	0.9		10	0.9
AS COMPUTED.....		53	4.1		44	3.8
COMBINED.....		8	0.6		8	0.7
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		325	25.2		272	23.5
NUMBER OF VISITS.....		347	26.9		294	25.4
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		167	12.9		124	10.7
MOTHER						
MARITAL STATUS.....		2	0.2		2	0.2
EDUCATION.....		473	36.6		420	36.3
HISPANIC ORIGIN.....		200	15.5		171	14.8
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		75	5.8		61	5.3
BORN LIVE,NOW DEAD.....		78	6.0		63	5.4
OTHER TERMINATIONS.....		98	7.6		81	7.0
FATHER						
RACE.....		815	63.1		719	62.1
AGE.....		856	66.3		757	65.4
EDUCATION.....		946	73.3		840	72.6
HISPANIC ORIGIN.....		860	66.6		759	65.6
MEDICAL RISK FACTORS.....		136	10.5		115	9.9
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		202	15.6		181	15.6
ALCOHOL USE DURING PREGNANCY.....		218	16.9		194	16.8
WEIGHT GAIN DURING PREGNANCY.....		727	56.3		631	54.5
OBSTETRIC PROCEDURES.....		62	4.8		53	4.6
COMPLICATIONS OF LABOR AND/OR DELIVERY....		130	10.1		110	9.5
CONGENITAL ANOMALIES OF FETUS.....		149	11.5		124	10.7

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FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
HAWAII.....	890			138		
GESTATION						
CLINICAL ESTIMATE.....		121	13.6		2	1.4
AS COMPUTED.....		464	52.1		44	31.9
COMBINED.....		84	9.4		0	0.0
PLACE OF DELIVERY.....		5	0.6		4	2.9
PRENATAL CARE						
MONTH BEGAN.....		421	47.3		60	43.5
NUMBER OF VISITS.....		414	46.5		53	38.4
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		422	47.4		47	34.1
MOTHER						
MARITAL STATUS.....		13	1.5		4	2.9
EDUCATION.....		656	73.7		44	31.9
HISPANIC ORIGIN.....		276	31.0		27	19.6
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		63	7.1		26	18.8
BORN LIVE,NOW DEAD.....		88	9.9		37	26.8
OTHER TERMINATIONS.....		83	9.3		34	24.6
FATHER						
RACE.....		677	76.1		58	42.0
AGE.....		693	77.9		56	40.6
EDUCATION.....		743	83.5		59	42.8
HISPANIC ORIGIN.....		714	80.2		61	44.2
MEDICAL RISK FACTORS.....		890	100.0		138	100.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		890	100.0		138	100.0
ALCOHOL USE DURING PREGNANCY.....		890	100.0		138	100.0
WEIGHT GAIN DURING PREGNANCY.....		890	100.0		138	100.0
OBSTETRIC PROCEDURES.....		890	100.0		138	100.0
COMPLICATIONS OF LABOR AND/OR DELIVERY....		890	100.0		138	100.0
CONGENITAL ANOMALIES OF FETUS.....		890	100.0		138	100.0

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
IDAHO.....	112			111		
GESTATION						
CLINICAL ESTIMATE.....		4	3.6		4	3.6
AS COMPUTED.....		14	12.5		14	12.6
COMBINED.....		1	0.9		1	0.9
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		13	11.6		13	11.7
NUMBER OF VISITS.....		13	11.6		13	11.7
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		2	1.8		2	1.8
MOTHER						
MARITAL STATUS.....		0	0.0		0	0.0
EDUCATION.....		8	7.1		7	6.3
HISPANIC ORIGIN.....		3	2.7		3	2.7
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		1	0.9		1	0.9
BORN LIVE,NOW DEAD.....		2	1.8		2	1.8
OTHER TERMINATIONS.....		1	0.9		1	0.9
FATHER						
RACE.....		19	17.0		18	16.2
AGE.....		20	17.9		19	17.1
EDUCATION.....		26	23.2		25	22.5
HISPANIC ORIGIN.....		18	16.1		17	15.3
MEDICAL RISK FACTORS.....		2	1.8		2	1.8
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		2	1.8		2	1.8
ALCOHOL USE DURING PREGNANCY.....		2	1.8		2	1.8
WEIGHT GAIN DURING PREGNANCY.....		37	33.0		36	32.4
OBSTETRIC PROCEDURES.....		2	1.8		2	1.8
COMPLICATIONS OF LABOR AND/OR DELIVERY....		3	2.7		3	2.7
CONGENITAL ANOMALIES OF FETUS.....		3	2.7		3	2.7

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
ILLINOIS.....	1,154			1,115		
GESTATION						
CLINICAL ESTIMATE.....		9	0.8		1	0.1
AS COMPUTED.....		196	17.0		185	16.6
COMBINED.....		11	1.0		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		125	10.8		119	10.7
NUMBER OF VISITS.....		139	12.0		130	11.7
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		98	8.5		89	8.0
MOTHER						
MARITAL STATUS.....		72	6.2		66	5.9
EDUCATION.....		102	8.8		98	8.8
HISPANIC ORIGIN.....		39	3.4		37	3.3
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		62	5.4		54	4.8
BORN LIVE,NOW DEAD.....		66	5.7		58	5.2
OTHER TERMINATIONS.....		70	6.1		62	5.6
FATHER						
RACE.....		252	21.8		245	22.0
AGE.....		261	22.6		249	22.3
EDUCATION.....		303	26.3		292	26.2
HISPANIC ORIGIN.....		261	22.6		254	22.8
MEDICAL RISK FACTORS.....		169	14.6		154	13.8
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		127	11.0		117	10.5
ALCOHOL USE DURING PREGNANCY.....		165	14.3		155	13.9
WEIGHT GAIN DURING PREGNANCY.....		415	36.0		395	35.4
OBSTETRIC PROCEDURES.....		103	8.9		95	8.5
COMPLICATIONS OF LABOR AND/OR DELIVERY....		197	17.1		185	16.6
CONGENITAL ANOMALIES OF FETUS.....		214	18.5		199	17.8

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
INDIANA.....	518			497		
GESTATION						
CLINICAL ESTIMATE.....		29	5.6		17	3.4
AS COMPUTED.....		124	23.9		115	23.1
COMBINED.....		12	2.3		3	0.6
PLACE OF DELIVERY.....		2	0.4		2	0.4
PRENATAL CARE						
MONTH BEGAN.....		88	17.0		81	16.3
NUMBER OF VISITS.....		115	22.2		109	21.9
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		89	17.2		78	15.7
MOTHER						
MARITAL STATUS.....		20	3.9		15	3.0
EDUCATION.....		64	12.4		61	12.3
HISPANIC ORIGIN.....		30	5.8		28	5.6
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		31	6.0		25	5.0
BORN LIVE,NOW DEAD.....		33	6.4		27	5.4
OTHER TERMINATIONS.....		34	6.6		28	5.6
FATHER						
RACE.....		70	13.5		68	13.7
AGE.....		64	12.4		61	12.3
EDUCATION.....		108	20.8		102	20.5
HISPANIC ORIGIN.....		80	15.4		78	15.7
MEDICAL RISK FACTORS.....		62	12.0		54	10.9
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		45	8.7		42	8.5
ALCOHOL USE DURING PREGNANCY.....		59	11.4		55	11.1
WEIGHT GAIN DURING PREGNANCY.....		110	21.2		105	21.1
OBSTETRIC PROCEDURES.....		50	9.7		43	8.7
COMPLICATIONS OF LABOR AND/OR DELIVERY....		40	7.7		37	7.4
CONGENITAL ANOMALIES OF FETUS.....		61	11.8		56	11.3

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
IOWA.....	216			202		
GESTATION						
CLINICAL ESTIMATE.....		0	0.0		0	0.0
AS COMPUTED.....		17	7.9		13	6.4
COMBINED.....		0	0.0		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		9	4.2		8	4.0
NUMBER OF VISITS.....		12	5.6		11	5.4
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		9	4.2		9	4.5
MOTHER						
MARITAL STATUS.....		4	1.9		4	2.0
EDUCATION.....		9	4.2		8	4.0
HISPANIC ORIGIN.....		2	0.9		1	0.5
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		0	0.0		0	0.0
BORN LIVE,NOW DEAD.....		1	0.5		1	0.5
OTHER TERMINATIONS.....		1	0.5		1	0.5
FATHER						
RACE.....		32	14.8		31	15.3
AGE.....		36	16.7		35	17.3
EDUCATION.....		39	18.1		37	18.3
HISPANIC ORIGIN.....		33	15.3		32	15.8
MEDICAL RISK FACTORS.....		2	0.9		2	1.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		4	1.9		4	2.0
ALCOHOL USE DURING PREGNANCY.....		5	2.3		5	2.5
WEIGHT GAIN DURING PREGNANCY.....		38	17.6		38	18.8
OBSTETRIC PROCEDURES.....		1	0.5		1	0.5
COMPLICATIONS OF LABOR AND/OR DELIVERY....		2	0.9		2	1.0
CONGENITAL ANOMALIES OF FETUS.....		5	2.3		5	2.5

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.



FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
KANSAS.....	202			199		
GESTATION						
CLINICAL ESTIMATE.....		6	3.0		6	3.0
AS COMPUTED.....		32	15.8		32	16.1
COMBINED.....		4	2.0		4	2.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		8	4.0		8	4.0
NUMBER OF VISITS.....		18	8.9		18	9.0
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		0	0.0		0	0.0
MOTHER						
MARITAL STATUS.....		1	0.5		1	0.5
EDUCATION.....		4	2.0		4	2.0
HISPANIC ORIGIN.....		4	2.0		4	2.0
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		0	0.0		0	0.0
BORN LIVE,NOW DEAD.....		0	0.0		0	0.0
OTHER TERMINATIONS.....		0	0.0		0	0.0
FATHER						
RACE.....		15	7.4		15	7.5
AGE.....		14	6.9		14	7.0
EDUCATION.....		21	10.4		21	10.6
HISPANIC ORIGIN.....		18	8.9		18	9.0
MEDICAL RISK FACTORS.....		12	5.9		12	6.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		12	5.9		12	6.0
ALCOHOL USE DURING PREGNANCY.....		12	5.9		12	6.0
WEIGHT GAIN DURING PREGNANCY.....		1	0.5		1	0.5
OBSTETRIC PROCEDURES.....		15	7.4		15	7.5
COMPLICATIONS OF LABOR AND/OR DELIVERY....		13	6.4		13	6.5
CONGENITAL ANOMALIES OF FETUS.....		16	7.9		16	8.0

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
KENTUCKY.....	331			321		
GESTATION						
CLINICAL ESTIMATE.....		2	0.6		1	0.3
AS COMPUTED.....		32	9.7		31	9.7
COMBINED.....		1	0.3		0	0.0
PLACE OF DELIVERY.....		3	0.9		3	0.9
PRENATAL CARE						
MONTH BEGAN.....		4	1.2		4	1.2
NUMBER OF VISITS.....		17	5.1		16	5.0
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		6	1.8		6	1.9
MOTHER						
MARITAL STATUS.....		5	1.5		5	1.6
EDUCATION.....		8	2.4		7	2.2
HISPANIC ORIGIN.....		1	0.3		1	0.3
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		1	0.3		1	0.3
BORN LIVE,NOW DEAD.....		1	0.3		1	0.3
OTHER TERMINATIONS.....		3	0.9		2	0.6
FATHER						
RACE.....		144	43.5		139	43.3
AGE.....		147	44.4		143	44.5
EDUCATION.....		146	44.1		141	43.9
HISPANIC ORIGIN.....		142	42.9		137	42.7
MEDICAL RISK FACTORS.....		73	22.1		67	20.9
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		63	19.0		57	17.8
ALCOHOL USE DURING PREGNANCY.....		65	19.6		59	18.4
WEIGHT GAIN DURING PREGNANCY.....		125	37.8		118	36.8
OBSTETRIC PROCEDURES.....		69	20.8		63	19.6
COMPLICATIONS OF LABOR AND/OR DELIVERY....		76	23.0		70	21.8
CONGENITAL ANOMALIES OF FETUS.....		86	26.0		80	24.9

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
LOUISIANA.....	550			460		
GESTATION						
CLINICAL ESTIMATE.....		21	3.8		3	0.7
AS COMPUTED.....		112	20.4		79	17.2
COMBINED.....		19	3.5		3	0.7
PLACE OF DELIVERY.....		5	0.9		1	0.2
PRENATAL CARE						
MONTH BEGAN.....		33	6.0		16	3.5
NUMBER OF VISITS.....		44	8.0		28	6.1
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		62	11.3		36	7.8
MOTHER						
MARITAL STATUS.....		10	1.8		2	0.4
EDUCATION.....		28	5.1		18	3.9
HISPANIC ORIGIN.....		5	0.9		1	0.2
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		28	5.1		18	3.9
BORN LIVE,NOW DEAD.....		60	10.9		45	9.8
OTHER TERMINATIONS.....		40	7.3		31	6.7
FATHER						
RACE.....		288	52.4		241	52.4
AGE.....		291	52.9		244	53.0
EDUCATION.....		294	53.5		247	53.7
HISPANIC ORIGIN.....		290	52.7		243	52.8
MEDICAL RISK FACTORS.....		19	3.5		11	2.4
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		54	9.8		38	8.3
ALCOHOL USE DURING PREGNANCY.....		63	11.5		47	10.2
WEIGHT GAIN DURING PREGNANCY.....		157	28.5		123	26.7
OBSTETRIC PROCEDURES.....		13	2.4		6	1.3
COMPLICATIONS OF LABOR AND/OR DELIVERY....		33	6.0		26	5.7
CONGENITAL ANOMALIES OF FETUS.....		21	3.8		13	2.8

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
MAINE.....	48			47		
GESTATION						
CLINICAL ESTIMATE.....		0	0.0		0	0.0
AS COMPUTED.....		22	45.8		22	46.8
COMBINED.....		0	0.0		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		8	16.7		8	17.0
NUMBER OF VISITS.....		9	18.8		9	19.1
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		10	20.8		10	21.3
MOTHER						
MARITAL STATUS.....		5	10.4		5	10.6
EDUCATION.....		9	18.8		9	19.1
HISPANIC ORIGIN.....		9	18.8		9	19.1
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		4	8.3		4	8.5
BORN LIVE,NOW DEAD.....		4	8.3		4	8.5
OTHER TERMINATIONS.....		4	8.3		4	8.5
FATHER						
RACE.....		12	25.0		12	25.5
AGE.....		5	10.4		5	10.6
EDUCATION.....		12	25.0		12	25.5
HISPANIC ORIGIN.....		12	25.0		12	25.5
MEDICAL RISK FACTORS.....		9	18.8		9	19.1
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		6	12.5		6	12.8
ALCOHOL USE DURING PREGNANCY.....		11	22.9		11	23.4
WEIGHT GAIN DURING PREGNANCY.....		28	58.3		28	59.6
OBSTETRIC PROCEDURES.....		5	10.4		5	10.6
COMPLICATIONS OF LABOR AND/OR DELIVERY....		5	10.4		5	10.6
CONGENITAL ANOMALIES OF FETUS.....		10	20.8		10	21.3

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
MARYLAND.....	612			594		
GESTATION						
CLINICAL ESTIMATE.....		1	0.2		1	0.2
AS COMPUTED.....		95	15.5		93	15.7
COMBINED.....		2	0.3		2	0.3
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		47	7.7		44	7.4
NUMBER OF VISITS.....		62	10.1		58	9.8
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		26	4.2		24	4.0
MOTHER						
MARITAL STATUS.....		2	0.3		2	0.3
EDUCATION.....		80	13.1		75	12.6
HISPANIC ORIGIN.....		12	2.0		12	2.0
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		12	2.0		12	2.0
BORN LIVE,NOW DEAD.....		31	5.1		30	5.1
OTHER TERMINATIONS.....		51	8.3		51	8.6
FATHER						
RACE.....		66	10.8		65	10.9
AGE.....		82	13.4		79	13.3
EDUCATION.....		134	21.9		128	21.5
HISPANIC ORIGIN.....		61	10.0		60	10.1
MEDICAL RISK FACTORS.....		30	4.9		30	5.1
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		12	2.0		12	2.0
ALCOHOL USE DURING PREGNANCY.....		13	2.1		12	2.0
WEIGHT GAIN DURING PREGNANCY.....		171	27.9		165	27.8
OBSTETRIC PROCEDURES.....		11	1.8		10	1.7
COMPLICATIONS OF LABOR AND/OR DELIVERY....		27	4.4		27	4.5
CONGENITAL ANOMALIES OF FETUS.....		58	9.5		57	9.6

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
MASSACHUSETTS.....	472			457		
GESTATION						
CLINICAL ESTIMATE.....		1	0.2		1	0.2
AS COMPUTED.....		77	16.3		75	16.4
COMBINED.....		1	0.2		1	0.2
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		97	20.6		94	20.6
NUMBER OF VISITS.....		77	16.3		75	16.4
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		14	3.0		13	2.8
MOTHER						
MARITAL STATUS.....		21	4.4		21	4.6
EDUCATION.....		100	21.2		96	21.0
HISPANIC ORIGIN.....		106	22.5		103	22.5
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		28	5.9		28	6.1
BORN LIVE,NOW DEAD.....		29	6.1		29	6.3
OTHER TERMINATIONS.....		28	5.9		28	6.1
FATHER						
RACE.....		180	38.1		171	37.4
AGE.....		144	30.5		137	30.0
EDUCATION.....		178	37.7		171	37.4
HISPANIC ORIGIN.....		178	37.7		170	37.2
MEDICAL RISK FACTORS.....		87	18.4		87	19.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		68	14.4		67	14.7
ALCOHOL USE DURING PREGNANCY.....		59	12.5		58	12.7
WEIGHT GAIN DURING PREGNANCY.....		138	29.2		130	28.4
OBSTETRIC PROCEDURES.....		38	8.1		37	8.1
COMPLICATIONS OF LABOR AND/OR DELIVERY....		99	21.0		97	21.2
CONGENITAL ANOMALIES OF FETUS.....		99	21.0		99	21.7

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
MICHIGAN.....	754			722		
GESTATION						
CLINICAL ESTIMATE.....		5	0.7		4	0.6
AS COMPUTED.....		146	19.4		140	19.4
COMBINED.....		8	1.1		7	1.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN/1.....		754	100.0		722	100.0
NUMBER OF VISITS.....		35	4.6		33	4.6
FETUS						
SEX/2.....		0	0.0		0	0.0
BIRTH WEIGHT.....		68	9.0		60	8.3
MOTHER						
MARITAL STATUS.....		754	100.0		722	100.0
EDUCATION/1.....		530	70.3		508	70.4
HISPANIC ORIGIN.....		90	11.9		83	11.5
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		7	0.9		7	1.0
BORN LIVE,NOW DEAD.....		53	7.0		50	6.9
OTHER TERMINATIONS.....		32	4.2		32	4.4
FATHER						
RACE.....		754	100.0		722	100.0
AGE.....		287	38.1		269	37.3
EDUCATION.....		754	100.0		722	100.0
HISPANIC ORIGIN.....		754	100.0		722	100.0
MEDICAL RISK FACTORS/3.....		18	2.4		17	2.4
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY/1.....		754	100.0		722	100.0
ALCOHOL USE DURING PREGNANCY.....		754	100.0		722	100.0
WEIGHT GAIN DURING PREGNANCY.....		245	32.5		231	32.0
OBSTETRIC PROCEDURES/4.....		754	100.0		722	100.0
COMPLICATIONS OF LABOR AND/OR DELIVERY/4..		754	100.0		722	100.0
CONGENITAL ANOMALIES OF FETUS/3.....		3	0.4		2	0.3

1. Items on educational attainment, prenatal care, and tobacco use are not comparable between the 1989 and the 2003 U.S. Reports of Fetal Death. Michigan implemented the 2003 Report of Fetal Death in 2003 but after January 1; annual data are not available for this item. See Technical Appendix, Table B.  
 2. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.  
 3. A number of specific checkbox items are not comparable between the 1989 and the 2003 U.S. Reports of Fetal Death.  
 4. These items are not included on the 2003 U.S. Report of Fetal Death.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
MINNESOTA.....	350			344		
GESTATION						
CLINICAL ESTIMATE.....		1	0.3		1	0.3
AS COMPUTED.....		60	17.1		60	17.4
COMBINED.....		1	0.3		1	0.3
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		4	1.1		4	1.2
NUMBER OF VISITS.....		9	2.6		9	2.6
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		17	4.9		17	4.9
MOTHER						
MARITAL STATUS.....		3	0.9		3	0.9
EDUCATION.....		35	10.0		35	10.2
HISPANIC ORIGIN.....		11	3.1		11	3.2
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		2	0.6		2	0.6
BORN LIVE,NOW DEAD.....		3	0.9		3	0.9
OTHER TERMINATIONS.....		3	0.9		3	0.9
FATHER						
RACE.....		69	19.7		69	20.1
AGE.....		71	20.3		71	20.6
EDUCATION.....		96	27.4		96	27.9
HISPANIC ORIGIN.....		73	20.9		73	21.2
MEDICAL RISK FACTORS.....		18	5.1		18	5.2
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		17	4.9		17	4.9
ALCOHOL USE DURING PREGNANCY.....		19	5.4		19	5.5
WEIGHT GAIN DURING PREGNANCY.....		97	27.7		94	27.3
OBSTETRIC PROCEDURES.....		12	3.4		10	2.9
COMPLICATIONS OF LABOR AND/OR DELIVERY....		9	2.6		9	2.6
CONGENITAL ANOMALIES OF FETUS.....		49	14.0		47	13.7

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.



FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
MISSISSIPPI.....	422			408		
GESTATION						
CLINICAL ESTIMATE.....		8	1.9		6	1.5
AS COMPUTED.....		120	28.4		119	29.2
COMBINED.....		7	1.7		6	1.5
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		52	12.3		49	12.0
NUMBER OF VISITS.....		78	18.5		77	18.9
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		12	2.8		10	2.5
MOTHER						
MARITAL STATUS.....		4	0.9		4	1.0
EDUCATION.....		90	21.3		88	21.6
HISPANIC ORIGIN.....		4	0.9		4	1.0
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		12	2.8		11	2.7
BORN LIVE,NOW DEAD.....		20	4.7		17	4.2
OTHER TERMINATIONS.....		12	2.8		11	2.7
FATHER						
RACE.....		259	61.4		249	61.0
AGE.....		267	63.3		257	63.0
EDUCATION.....		266	63.0		256	62.7
HISPANIC ORIGIN.....		260	61.6		250	61.3
MEDICAL RISK FACTORS.....		10	2.4		9	2.2
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		19	4.5		17	4.2
ALCOHOL USE DURING PREGNANCY.....		21	5.0		19	4.7
WEIGHT GAIN DURING PREGNANCY.....		106	25.1		100	24.5
OBSTETRIC PROCEDURES.....		7	1.7		6	1.5
COMPLICATIONS OF LABOR AND/OR DELIVERY....		16	3.8		14	3.4
CONGENITAL ANOMALIES OF FETUS.....		13	3.1		11	2.7

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
MISSOURI.....	525			512		
GESTATION						
CLINICAL ESTIMATE.....		9	1.7		9	1.8
AS COMPUTED.....		90	17.1		89	17.4
COMBINED.....		4	0.8		4	0.8
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		34	6.5		34	6.6
NUMBER OF VISITS.....		41	7.8		39	7.6
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		25	4.8		23	4.5
MOTHER						
MARITAL STATUS.....		1	0.2		1	0.2
EDUCATION.....		44	8.4		44	8.6
HISPANIC ORIGIN.....		6	1.1		6	1.2
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		18	3.4		17	3.3
BORN LIVE,NOW DEAD.....		28	5.3		27	5.3
OTHER TERMINATIONS.....		24	4.6		24	4.7
FATHER						
RACE.....		172	32.8		165	32.2
AGE.....		190	36.2		183	35.7
EDUCATION.....		525	100.0		512	100.0
HISPANIC ORIGIN.....		172	32.8		165	32.2
MEDICAL RISK FACTORS.....		4	0.8		4	0.8
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		29	5.5		29	5.7
ALCOHOL USE DURING PREGNANCY.....		27	5.1		27	5.3
WEIGHT GAIN DURING PREGNANCY.....		87	16.6		84	16.4
OBSTETRIC PROCEDURES.....		9	1.7		9	1.8
COMPLICATIONS OF LABOR AND/OR DELIVERY....		11	2.1		11	2.1
CONGENITAL ANOMALIES OF FETUS.....		27	5.1		27	5.3

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
MONTANA.....	58			57		
GESTATION						
CLINICAL ESTIMATE.....		0	0.0		0	0.0
AS COMPUTED.....		7	12.1		7	12.3
COMBINED.....		0	0.0		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		3	5.2		2	3.5
NUMBER OF VISITS.....		7	12.1		6	10.5
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		5	8.6		5	8.8
MOTHER						
MARITAL STATUS.....		2	3.4		2	3.5
EDUCATION.....		4	6.9		4	7.0
HISPANIC ORIGIN.....		5	8.6		5	8.8
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		2	3.4		2	3.5
BORN LIVE,NOW DEAD.....		2	3.4		2	3.5
OTHER TERMINATIONS.....		3	5.2		3	5.3
FATHER						
RACE.....		8	13.8		8	14.0
AGE.....		6	10.3		6	10.5
EDUCATION.....		9	15.5		9	15.8
HISPANIC ORIGIN.....		9	15.5		9	15.8
MEDICAL RISK FACTORS.....		2	3.4		2	3.5
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		3	5.2		3	5.3
ALCOHOL USE DURING PREGNANCY.....		2	3.4		2	3.5
WEIGHT GAIN DURING PREGNANCY.....		9	15.5		9	15.8
OBSTETRIC PROCEDURES.....		2	3.4		2	3.5
COMPLICATIONS OF LABOR AND/OR DELIVERY....		2	3.4		2	3.5
CONGENITAL ANOMALIES OF FETUS.....		3	5.2		3	5.3

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
NEBRASKA.....	155			154		
GESTATION						
CLINICAL ESTIMATE.....		0	0.0		0	0.0
AS COMPUTED.....		18	11.6		18	11.7
COMBINED.....		0	0.0		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		2	1.3		2	1.3
NUMBER OF VISITS.....		2	1.3		2	1.3
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		4	2.6		4	2.6
MOTHER						
MARITAL STATUS.....		0	0.0		0	0.0
EDUCATION.....		8	5.2		8	5.2
HISPANIC ORIGIN.....		12	7.7		12	7.8
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		0	0.0		0	0.0
BORN LIVE,NOW DEAD.....		0	0.0		0	0.0
OTHER TERMINATIONS.....		0	0.0		0	0.0
FATHER						
RACE.....		21	13.5		21	13.6
AGE.....		19	12.3		19	12.3
EDUCATION.....		25	16.1		25	16.2
HISPANIC ORIGIN.....		26	16.8		26	16.9
MEDICAL RISK FACTORS.....		1	0.6		1	0.6
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		1	0.6		1	0.6
ALCOHOL USE DURING PREGNANCY.....		1	0.6		1	0.6
WEIGHT GAIN DURING PREGNANCY.....		11	7.1		11	7.1
OBSTETRIC PROCEDURES.....		1	0.6		1	0.6
COMPLICATIONS OF LABOR AND/OR DELIVERY....		1	0.6		1	0.6
CONGENITAL ANOMALIES OF FETUS.....		3	1.9		3	1.9

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
NEVADA.....	268			243		
GESTATION						
CLINICAL ESTIMATE.....		5	1.9		2	0.8
AS COMPUTED.....		43	16.0		33	13.6
COMBINED.....		3	1.1		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		0	0.0		0	0.0
NUMBER OF VISITS.....		20	7.5		16	6.6
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		38	14.2		30	12.3
MOTHER						
MARITAL STATUS.....		268	100.0		243	100.0
EDUCATION.....		13	4.9		11	4.5
HISPANIC ORIGIN.....		3	1.1		2	0.8
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		6	2.2		4	1.6
BORN LIVE,NOW DEAD.....		6	2.2		4	1.6
OTHER TERMINATIONS.....		6	2.2		4	1.6
FATHER						
RACE.....		22	8.2		20	8.2
AGE.....		23	8.6		20	8.2
EDUCATION.....		30	11.2		25	10.3
HISPANIC ORIGIN.....		22	8.2		20	8.2
MEDICAL RISK FACTORS.....		27	10.1		23	9.5
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		29	10.8		24	9.9
ALCOHOL USE DURING PREGNANCY.....		30	11.2		24	9.9
WEIGHT GAIN DURING PREGNANCY.....		169	63.1		148	60.9
OBSTETRIC PROCEDURES.....		25	9.3		23	9.5
COMPLICATIONS OF LABOR AND/OR DELIVERY....		37	13.8		32	13.2
CONGENITAL ANOMALIES OF FETUS.....		26	9.7		21	8.6

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FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
NEW HAMPSHIRE.....	71			71		
GESTATION						
CLINICAL ESTIMATE.....		0	0.0		0	0.0
AS COMPUTED.....		11	15.5		11	15.5
COMBINED.....		0	0.0		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		2	2.8		2	2.8
NUMBER OF VISITS.....		3	4.2		3	4.2
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		3	4.2		3	4.2
MOTHER						
MARITAL STATUS.....		0	0.0		0	0.0
EDUCATION.....		5	7.0		5	7.0
HISPANIC ORIGIN.....		10	14.1		10	14.1
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		1	1.4		1	1.4
BORN LIVE,NOW DEAD.....		1	1.4		1	1.4
OTHER TERMINATIONS.....		1	1.4		1	1.4
FATHER						
RACE.....		23	32.4		23	32.4
AGE.....		23	32.4		23	32.4
EDUCATION.....		24	33.8		24	33.8
HISPANIC ORIGIN.....		28	39.4		28	39.4
MEDICAL RISK FACTORS.....		0	0.0		0	0.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		3	4.2		3	4.2
ALCOHOL USE DURING PREGNANCY.....		2	2.8		2	2.8
WEIGHT GAIN DURING PREGNANCY.....		5	7.0		5	7.0
OBSTETRIC PROCEDURES.....		0	0.0		0	0.0
COMPLICATIONS OF LABOR AND/OR DELIVERY....		0	0.0		0	0.0
CONGENITAL ANOMALIES OF FETUS.....		0	0.0		0	0.0

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
NEW JERSEY.....	762			738		
GESTATION						
CLINICAL ESTIMATE.....		2	0.3		1	0.1
AS COMPUTED.....		80	10.5		79	10.7
COMBINED.....		2	0.3		1	0.1
PLACE OF DELIVERY.....		1	0.1		1	0.1
PRENATAL CARE						
MONTH BEGAN.....		25	3.3		22	3.0
NUMBER OF VISITS.....		48	6.3		44	6.0
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		26	3.4		24	3.3
MOTHER						
MARITAL STATUS.....		10	1.3		10	1.4
EDUCATION.....		77	10.1		75	10.2
HISPANIC ORIGIN.....		4	0.5		4	0.5
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		6	0.8		5	0.7
BORN LIVE,NOW DEAD.....		7	0.9		6	0.8
OTHER TERMINATIONS.....		12	1.6		11	1.5
FATHER						
RACE.....		61	8.0		56	7.6
AGE.....		74	9.7		71	9.6
EDUCATION.....		123	16.1		118	16.0
HISPANIC ORIGIN.....		50	6.6		45	6.1
MEDICAL RISK FACTORS.....		25	3.3		22	3.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		17	2.2		16	2.2
ALCOHOL USE DURING PREGNANCY.....		25	3.3		23	3.1
WEIGHT GAIN DURING PREGNANCY.....		228	29.9		217	29.4
OBSTETRIC PROCEDURES.....		11	1.4		11	1.5
COMPLICATIONS OF LABOR AND/OR DELIVERY....		146	19.2		137	18.6
CONGENITAL ANOMALIES OF FETUS.....		55	7.2		53	7.2

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
NEW MEXICO.....	90			85		
GESTATION						
CLINICAL ESTIMATE.....		1	1.1		0	0.0
AS COMPUTED.....		15	16.7		12	14.1
COMBINED.....		1	1.1		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		6	6.7		6	7.1
NUMBER OF VISITS.....		16	17.8		16	18.8
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		6	6.7		4	4.7
MOTHER						
MARITAL STATUS.....		0	0.0		0	0.0
EDUCATION.....		24	26.7		24	28.2
HISPANIC ORIGIN.....		8	8.9		8	9.4
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		0	0.0		0	0.0
BORN LIVE,NOW DEAD.....		1	1.1		1	1.2
OTHER TERMINATIONS.....		2	2.2		2	2.4
FATHER						
RACE.....		28	31.1		25	29.4
AGE.....		33	36.7		30	35.3
EDUCATION.....		46	51.1		43	50.6
HISPANIC ORIGIN.....		30	33.3		27	31.8
MEDICAL RISK FACTORS.....		0	0.0		0	0.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		1	1.1		1	1.2
ALCOHOL USE DURING PREGNANCY.....		1	1.1		1	1.2
WEIGHT GAIN DURING PREGNANCY.....		22	24.4		19	22.4
OBSTETRIC PROCEDURES.....		0	0.0		0	0.0
COMPLICATIONS OF LABOR AND/OR DELIVERY....		0	0.0		0	0.0
CONGENITAL ANOMALIES OF FETUS.....		90	100.0		85	100.0

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.



FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
NEW YORK.....	7,516			808		
GESTATION						
CLINICAL ESTIMATE.....		1,441	19.2		37	4.6
AS COMPUTED.....		1,886	25.1		144	17.8
COMBINED.....		1,046	13.9		11	1.4
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		4,469	59.5		289	35.8
NUMBER OF VISITS.....		4,363	58.0		292	36.1
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		6,872	91.4		316	39.1
MOTHER						
MARITAL STATUS.....		7,516	100.0		808	100.0
EDUCATION.....		4,268	56.8		364	45.0
HISPANIC ORIGIN.....		100	1.3		18	2.2
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		2,228	29.6		126	15.6
BORN LIVE,NOW DEAD.....		2,228	29.6		126	15.6
OTHER TERMINATIONS.....		2,228	29.6		126	15.6
FATHER						
RACE.....		3,240	43.1		244	30.2
AGE.....		5,356	71.3		435	53.8
EDUCATION.....		5,004	66.6		433	53.6
HISPANIC ORIGIN.....		3,221	42.9		240	29.7
MEDICAL RISK FACTORS.....		3,943	52.5		249	30.8
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		7,516	100.0		808	100.0
ALCOHOL USE DURING PREGNANCY.....		414	5.5		22	2.7
WEIGHT GAIN DURING PREGNANCY.....		5,220	69.5		340	42.1
OBSTETRIC PROCEDURES.....		2,655	35.3		110	13.6
COMPLICATIONS OF LABOR AND/OR DELIVERY....		3,165	42.1		160	19.8
CONGENITAL ANOMALIES OF FETUS.....		7,516	100.0		808	100.0

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FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
NEW YORK CITY.....	12,175			1,345		
GESTATION						
CLINICAL ESTIMATE.....		115	0.9		9	0.7
AS COMPUTED.....		1,028	8.4		149	11.1
COMBINED.....		74	0.6		13	1.0
PLACE OF DELIVERY.....		11	0.1		1	0.1
PRENATAL CARE						
MONTH BEGAN.....		11,364	93.3		570	42.4
NUMBER OF VISITS.....		11,336	93.1		540	40.1
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		10,880	89.4		442	32.9
MOTHER						
MARITAL STATUS.....		12,175	100.0		1,345	100.0
EDUCATION.....		4,952	40.7		292	21.7
HISPANIC ORIGIN.....		1,997	16.4		109	8.1
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		3	0.0		3	0.2
BORN LIVE,NOW DEAD.....		3	0.0		3	0.2
OTHER TERMINATIONS.....		65	0.5		9	0.7
FATHER						
RACE.....		8,018	65.9		666	49.5
AGE.....		8,970	73.7		713	53.0
EDUCATION.....		8,834	72.6		763	56.7
HISPANIC ORIGIN.....		8,285	68.0		692	51.4
MEDICAL RISK FACTORS.....		11,070	90.9		287	21.3
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		11,090	91.1		306	22.8
ALCOHOL USE DURING PREGNANCY.....		11,103	91.2		319	23.7
WEIGHT GAIN DURING PREGNANCY.....		11,609	95.4		800	59.5
OBSTETRIC PROCEDURES.....		11,000	90.3		268	19.9
COMPLICATIONS OF LABOR AND/OR DELIVERY....		11,096	91.1		311	23.1
CONGENITAL ANOMALIES OF FETUS.....		12,175	100.0		1,345	100.0

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
NORTH CAROLINA.....	867			825		
GESTATION						
CLINICAL ESTIMATE.....		20	2.3		9	1.1
AS COMPUTED.....		143	16.5		132	16.0
COMBINED.....		15	1.7		4	0.5
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		49	5.7		41	5.0
NUMBER OF VISITS.....		57	6.6		49	5.9
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		49	5.7		38	4.6
MOTHER						
MARITAL STATUS.....		4	0.5		2	0.2
EDUCATION.....		51	5.9		43	5.2
HISPANIC ORIGIN.....		7	0.8		4	0.5
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		18	2.1		11	1.3
BORN LIVE,NOW DEAD.....		25	2.9		18	2.2
OTHER TERMINATIONS.....		23	2.7		17	2.1
FATHER						
RACE.....		374	43.1		352	42.7
AGE.....		386	44.5		363	44.0
EDUCATION.....		393	45.3		370	44.8
HISPANIC ORIGIN.....		374	43.1		352	42.7
MEDICAL RISK FACTORS.....		10	1.2		6	0.7
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		22	2.5		14	1.7
ALCOHOL USE DURING PREGNANCY.....		28	3.2		20	2.4
WEIGHT GAIN DURING PREGNANCY.....		146	16.8		130	15.8
OBSTETRIC PROCEDURES.....		7	0.8		3	0.4
COMPLICATIONS OF LABOR AND/OR DELIVERY....		9	1.0		5	0.6
CONGENITAL ANOMALIES OF FETUS.....		12	1.4		8	1.0

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
NORTH DAKOTA.....	50			49		
GESTATION						
CLINICAL ESTIMATE.....		0	0.0		0	0.0
AS COMPUTED.....		8	16.0		7	14.3
COMBINED.....		0	0.0		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		4	8.0		4	8.2
NUMBER OF VISITS.....		6	12.0		6	12.2
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		3	6.0		3	6.1
MOTHER						
MARITAL STATUS.....		1	2.0		1	2.0
EDUCATION.....		2	4.0		2	4.1
HISPANIC ORIGIN.....		3	6.0		3	6.1
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		2	4.0		2	4.1
BORN LIVE,NOW DEAD.....		3	6.0		3	6.1
OTHER TERMINATIONS.....		2	4.0		2	4.1
FATHER						
RACE.....		7	14.0		7	14.3
AGE.....		6	12.0		6	12.2
EDUCATION.....		7	14.0		7	14.3
HISPANIC ORIGIN.....		8	16.0		8	16.3
MEDICAL RISK FACTORS.....		2	4.0		2	4.1
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		3	6.0		3	6.1
ALCOHOL USE DURING PREGNANCY.....		3	6.0		3	6.1
WEIGHT GAIN DURING PREGNANCY.....		12	24.0		12	24.5
OBSTETRIC PROCEDURES.....		1	2.0		1	2.0
COMPLICATIONS OF LABOR AND/OR DELIVERY....		2	4.0		2	4.1
CONGENITAL ANOMALIES OF FETUS.....		4	8.0		4	8.2

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
OHIO.....	970			935		
GESTATION						
CLINICAL ESTIMATE.....		10	1.0		2	0.2
AS COMPUTED.....		204	21.0		194	20.7
COMBINED.....		10	1.0		1	0.1
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		79	8.1		72	7.7
NUMBER OF VISITS.....		94	9.7		86	9.2
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		70	7.2		61	6.5
MOTHER						
MARITAL STATUS.....		122	12.6		113	12.1
EDUCATION.....		52	5.4		49	5.2
HISPANIC ORIGIN.....		6	0.6		6	0.6
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		25	2.6		21	2.2
BORN LIVE,NOW DEAD.....		26	2.7		22	2.4
OTHER TERMINATIONS.....		31	3.2		27	2.9
FATHER						
RACE.....		92	9.5		86	9.2
AGE.....		103	10.6		96	10.3
EDUCATION.....		135	13.9		127	13.6
HISPANIC ORIGIN.....		95	9.8		90	9.6
MEDICAL RISK FACTORS.....		56	5.8		48	5.1
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		75	7.7		69	7.4
ALCOHOL USE DURING PREGNANCY.....		95	9.8		86	9.2
WEIGHT GAIN DURING PREGNANCY.....		320	33.0		306	32.7
OBSTETRIC PROCEDURES.....		57	5.9		50	5.3
COMPLICATIONS OF LABOR AND/OR DELIVERY....		79	8.1		71	7.6
CONGENITAL ANOMALIES OF FETUS.....		93	9.6		86	9.2

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
OKLAHOMA.....	319			235		
GESTATION						
CLINICAL ESTIMATE.....		319	100.0		235	100.0
AS COMPUTED.....		114	35.7		39	16.6
COMBINED.....		115	36.1		39	16.6
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		121	37.9		55	23.4
NUMBER OF VISITS.....		121	37.9		55	23.4
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		67	21.0		14	6.0
MOTHER						
MARITAL STATUS.....		69	21.6		20	8.5
EDUCATION.....		113	35.4		59	25.1
HISPANIC ORIGIN.....		319	100.0		235	100.0
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		91	28.5		36	15.3
BORN LIVE,NOW DEAD.....		91	28.5		36	15.3
OTHER TERMINATIONS.....		91	28.5		36	15.3
FATHER						
RACE.....		103	32.3		52	22.1
AGE.....		80	25.1		59	25.1
EDUCATION.....		129	40.4		72	30.6
HISPANIC ORIGIN.....		319	100.0		235	100.0
MEDICAL RISK FACTORS.....		319	100.0		235	100.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		319	100.0		235	100.0
ALCOHOL USE DURING PREGNANCY.....		319	100.0		235	100.0
WEIGHT GAIN DURING PREGNANCY.....		319	100.0		235	100.0
OBSTETRIC PROCEDURES.....		319	100.0		235	100.0
COMPLICATIONS OF LABOR AND/OR DELIVERY....		319	100.0		235	100.0
CONGENITAL ANOMALIES OF FETUS.....		319	100.0		235	100.0

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
OREGON.....	214			209		
GESTATION						
CLINICAL ESTIMATE.....		3	1.4		2	1.0
AS COMPUTED.....		36	16.8		34	16.3
COMBINED.....		2	0.9		1	0.5
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		12	5.6		11	5.3
NUMBER OF VISITS.....		18	8.4		16	7.7
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		6	2.8		5	2.4
MOTHER						
MARITAL STATUS.....		0	0.0		0	0.0
EDUCATION.....		31	14.5		30	14.4
HISPANIC ORIGIN.....		1	0.5		0	0.0
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		1	0.5		1	0.5
BORN LIVE,NOW DEAD.....		2	0.9		2	1.0
OTHER TERMINATIONS.....		1	0.5		1	0.5
FATHER						
RACE.....		24	11.2		23	11.0
AGE.....		51	23.8		50	23.9
EDUCATION.....		61	28.5		59	28.2
HISPANIC ORIGIN.....		24	11.2		23	11.0
MEDICAL RISK FACTORS.....		0	0.0		0	0.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		8	3.7		8	3.8
ALCOHOL USE DURING PREGNANCY.....		9	4.2		9	4.3
WEIGHT GAIN DURING PREGNANCY.....		64	29.9		63	30.1
OBSTETRIC PROCEDURES.....		0	0.0		0	0.0
COMPLICATIONS OF LABOR AND/OR DELIVERY....		0	0.0		0	0.0
CONGENITAL ANOMALIES OF FETUS.....		0	0.0		0	0.0

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
PENNSYLVANIA.....	1,447			954		
GESTATION						
CLINICAL ESTIMATE.....		103	7.1		12	1.3
AS COMPUTED.....		472	32.6		247	25.9
COMBINED.....		89	6.2		5	0.5
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		342	23.6		176	18.4
NUMBER OF VISITS.....		349	24.1		182	19.1
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		271	18.7		112	11.7
MOTHER						
MARITAL STATUS.....		139	9.6		46	4.8
EDUCATION.....		216	14.9		125	13.1
HISPANIC ORIGIN.....		30	2.1		19	2.0
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		95	6.6		20	2.1
BORN LIVE,NOW DEAD.....		209	14.4		91	9.5
OTHER TERMINATIONS.....		157	10.9		56	5.9
FATHER						
RACE.....		201	13.9		121	12.7
AGE.....		287	19.8		170	17.8
EDUCATION.....		324	22.4		196	20.5
HISPANIC ORIGIN.....		209	14.4		125	13.1
MEDICAL RISK FACTORS.....		204	14.1		105	11.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		206	14.2		98	10.3
ALCOHOL USE DURING PREGNANCY.....		246	17.0		127	13.3
WEIGHT GAIN DURING PREGNANCY.....		758	52.4		451	47.3
OBSTETRIC PROCEDURES.....		145	10.0		57	6.0
COMPLICATIONS OF LABOR AND/OR DELIVERY....		214	14.8		105	11.0
CONGENITAL ANOMALIES OF FETUS.....		326	22.5		186	19.5

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.



FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
RHODE ISLAND.....	1,319			59		
GESTATION						
CLINICAL ESTIMATE.....		47	3.6		0	0.0
AS COMPUTED.....		993	75.3		51	86.4
COMBINED.....		42	3.2		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		1,319	100.0		59	100.0
NUMBER OF VISITS.....		1,318	99.9		59	100.0
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		1,278	96.9		18	30.5
MOTHER						
MARITAL STATUS.....		234	17.7		30	50.8
EDUCATION.....		1,317	99.8		57	96.6
HISPANIC ORIGIN.....		1,276	96.7		55	93.2
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		1,264	95.8		53	89.8
BORN LIVE,NOW DEAD.....		1,302	98.7		58	98.3
OTHER TERMINATIONS.....		1,282	97.2		55	93.2
FATHER						
RACE.....		1,315	99.7		56	94.9
AGE.....		1,279	97.0		30	50.8
EDUCATION.....		1,318	99.9		58	98.3
HISPANIC ORIGIN.....		1,318	99.9		58	98.3
MEDICAL RISK FACTORS.....		1,248	94.6		40	67.8
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		1,242	94.2		47	79.7
ALCOHOL USE DURING PREGNANCY.....		1,254	95.1		47	79.7
WEIGHT GAIN DURING PREGNANCY.....		1,308	99.2		54	91.5
OBSTETRIC PROCEDURES.....		1,263	95.8		44	74.6
COMPLICATIONS OF LABOR AND/OR DELIVERY....		1,265	95.9		42	71.2
CONGENITAL ANOMALIES OF FETUS.....		1,287	97.6		49	83.1

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
SOUTH CAROLINA.....	525			503		
GESTATION						
CLINICAL ESTIMATE.....		5	1.0		3	0.6
AS COMPUTED.....		79	15.0		75	14.9
COMBINED.....		4	0.8		2	0.4
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		40	7.6		38	7.6
NUMBER OF VISITS.....		43	8.2		42	8.3
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		10	1.9		8	1.6
MOTHER						
MARITAL STATUS.....		2	0.4		2	0.4
EDUCATION.....		36	6.9		35	7.0
HISPANIC ORIGIN.....		3	0.6		3	0.6
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		2	0.4		2	0.4
BORN LIVE,NOW DEAD.....		5	1.0		4	0.8
OTHER TERMINATIONS.....		3	0.6		3	0.6
FATHER						
RACE.....		291	55.4		277	55.1
AGE.....		315	60.0		300	59.6
EDUCATION.....		310	59.0		296	58.8
HISPANIC ORIGIN.....		288	54.9		274	54.5
MEDICAL RISK FACTORS.....		5	1.0		4	0.8
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		7	1.3		6	1.2
ALCOHOL USE DURING PREGNANCY.....		8	1.5		7	1.4
WEIGHT GAIN DURING PREGNANCY.....		103	19.6		98	19.5
OBSTETRIC PROCEDURES.....		2	0.4		2	0.4
COMPLICATIONS OF LABOR AND/OR DELIVERY....		2	0.4		2	0.4
CONGENITAL ANOMALIES OF FETUS.....		2	0.4		2	0.4

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
SOUTH DAKOTA.....	41			40		
GESTATION						
CLINICAL ESTIMATE.....		0	0.0		0	0.0
AS COMPUTED.....		1	2.4		0	0.0
COMBINED.....		1	2.4		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		0	0.0		0	0.0
NUMBER OF VISITS.....		0	0.0		0	0.0
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		12	29.3		12	30.0
MOTHER						
MARITAL STATUS.....		0	0.0		0	0.0
EDUCATION.....		0	0.0		0	0.0
HISPANIC ORIGIN.....		0	0.0		0	0.0
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		0	0.0		0	0.0
BORN LIVE,NOW DEAD.....		0	0.0		0	0.0
OTHER TERMINATIONS.....		0	0.0		0	0.0
FATHER						
RACE.....		6	14.6		6	15.0
AGE.....		7	17.1		6	15.0
EDUCATION.....		2	4.9		2	5.0
HISPANIC ORIGIN.....		6	14.6		6	15.0
MEDICAL RISK FACTORS.....		0	0.0		0	0.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		41	100.0		40	100.0
ALCOHOL USE DURING PREGNANCY.....		41	100.0		40	100.0
WEIGHT GAIN DURING PREGNANCY.....		1	2.4		0	0.0
OBSTETRIC PROCEDURES.....		0	0.0		0	0.0
COMPLICATIONS OF LABOR AND/OR DELIVERY....		1	2.4		0	0.0
CONGENITAL ANOMALIES OF FETUS.....		0	0.0		0	0.0

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
TENNESSEE.....	409			405		
GESTATION						
CLINICAL ESTIMATE.....		9	2.2		9	2.2
AS COMPUTED.....		87	21.3		87	21.5
COMBINED.....		6	1.5		6	1.5
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		38	9.3		38	9.4
NUMBER OF VISITS.....		48	11.7		47	11.6
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		0	0.0		0	0.0
MOTHER						
MARITAL STATUS.....		19	4.6		19	4.7
EDUCATION.....		49	12.0		49	12.1
HISPANIC ORIGIN.....		16	3.9		16	4.0
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		6	1.5		6	1.5
BORN LIVE,NOW DEAD.....		18	4.4		18	4.4
OTHER TERMINATIONS.....		11	2.7		11	2.7
FATHER						
RACE.....		203	49.6		201	49.6
AGE.....		224	54.8		222	54.8
EDUCATION.....		224	54.8		222	54.8
HISPANIC ORIGIN.....		213	52.1		211	52.1
MEDICAL RISK FACTORS.....		13	3.2		13	3.2
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		29	7.1		29	7.2
ALCOHOL USE DURING PREGNANCY.....		38	9.3		38	9.4
WEIGHT GAIN DURING PREGNANCY.....		136	33.3		135	33.3
OBSTETRIC PROCEDURES.....		15	3.7		14	3.5
COMPLICATIONS OF LABOR AND/OR DELIVERY....		24	5.9		24	5.9
CONGENITAL ANOMALIES OF FETUS.....		31	7.6		30	7.4

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
TEXAS.....	2,297			2,080		
GESTATION						
CLINICAL ESTIMATE.....		106	4.6		43	2.1
AS COMPUTED.....		504	21.9		407	19.6
COMBINED.....		93	4.0		31	1.5
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		342	14.9		272	13.1
NUMBER OF VISITS.....		387	16.8		313	15.0
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		281	12.2		193	9.3
MOTHER						
MARITAL STATUS.....		2,297	100.0		2,080	100.0
EDUCATION.....		153	6.7		133	6.4
HISPANIC ORIGIN.....		35	1.5		27	1.3
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		25	1.1		11	0.5
BORN LIVE,NOW DEAD.....		31	1.3		15	0.7
OTHER TERMINATIONS.....		42	1.8		25	1.2
FATHER						
RACE.....		194	8.4		172	8.3
AGE.....		281	12.2		248	11.9
EDUCATION.....		324	14.1		292	14.0
HISPANIC ORIGIN.....		201	8.8		176	8.5
MEDICAL RISK FACTORS/2.....		345	15.0		287	13.8
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		101	4.4		78	3.8
ALCOHOL USE DURING PREGNANCY.....		140	6.1		111	5.3
WEIGHT GAIN DURING PREGNANCY.....		766	33.3		646	31.1
OBSTETRIC PROCEDURES.....		31	1.3		22	1.1
COMPLICATIONS OF LABOR AND/OR DELIVERY/3..		51	2.2		38	1.8
CONGENITAL ANOMALIES OF FETUS.....		0	0.0		0	0.0

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.  
 2. Texas does not report genital herpes or uterine bleeding.  
 3. Texas does not report cephalopelvic disproportion, anesthetic complications, fetal distress.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
UTAH.....	280			247		
GESTATION						
CLINICAL ESTIMATE.....		0	0.0		0	0.0
AS COMPUTED.....		48	17.1		36	14.6
COMBINED.....		0	0.0		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		25	8.9		17	6.9
NUMBER OF VISITS.....		29	10.4		21	8.5
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		29	10.4		17	6.9
MOTHER						
MARITAL STATUS.....		4	1.4		4	1.6
EDUCATION.....		6	2.1		6	2.4
HISPANIC ORIGIN.....		0	0.0		0	0.0
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		2	0.7		2	0.8
BORN LIVE,NOW DEAD.....		1	0.4		1	0.4
OTHER TERMINATIONS.....		2	0.7		1	0.4
FATHER						
RACE.....		59	21.1		56	22.7
AGE.....		52	18.6		49	19.8
EDUCATION.....		54	19.3		51	20.6
HISPANIC ORIGIN.....		57	20.4		54	21.9
MEDICAL RISK FACTORS.....		11	3.9		10	4.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		4	1.4		3	1.2
ALCOHOL USE DURING PREGNANCY.....		5	1.8		4	1.6
WEIGHT GAIN DURING PREGNANCY.....		15	5.4		13	5.3
OBSTETRIC PROCEDURES.....		0	0.0		0	0.0
COMPLICATIONS OF LABOR AND/OR DELIVERY....		3	1.1		1	0.4
CONGENITAL ANOMALIES OF FETUS.....		0	0.0		0	0.0

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
VERMONT.....	27			24		
GESTATION						
CLINICAL ESTIMATE.....		0	0.0		0	0.0
AS COMPUTED.....		4	14.8		4	16.7
COMBINED.....		0	0.0		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		6	22.2		5	20.8
NUMBER OF VISITS.....		4	14.8		3	12.5
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		3	11.1		3	12.5
MOTHER						
MARITAL STATUS.....		0	0.0		0	0.0
EDUCATION.....		0	0.0		0	0.0
HISPANIC ORIGIN.....		0	0.0		0	0.0
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		1	3.7		1	4.2
BORN LIVE,NOW DEAD.....		2	7.4		1	4.2
OTHER TERMINATIONS.....		2	7.4		1	4.2
FATHER						
RACE.....		1	3.7		0	0.0
AGE.....		2	7.4		0	0.0
EDUCATION.....		1	3.7		0	0.0
HISPANIC ORIGIN.....		1	3.7		0	0.0
MEDICAL RISK FACTORS.....		2	7.4		2	8.3
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		5	18.5		3	12.5
ALCOHOL USE DURING PREGNANCY.....		6	22.2		3	12.5
WEIGHT GAIN DURING PREGNANCY.....		14	51.9		11	45.8
OBSTETRIC PROCEDURES.....		1	3.7		1	4.2
COMPLICATIONS OF LABOR AND/OR DELIVERY....		1	3.7		1	4.2
CONGENITAL ANOMALIES OF FETUS.....		8	29.6		8	33.3

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
VIRGINIA.....	8,065			680		
GESTATION						
CLINICAL ESTIMATE.....		856	10.6		7	1.0
AS COMPUTED.....		1,044	12.9		35	5.1
COMBINED.....		836	10.4		8	1.2
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		7,399	91.7		303	44.6
NUMBER OF VISITS.....		7,434	92.2		324	47.6
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		7,364	91.3		254	37.4
MOTHER						
MARITAL STATUS.....		1,066	13.2		47	6.9
EDUCATION.....		5,506	68.3		278	40.9
HISPANIC ORIGIN.....		1,466	18.2		50	7.4
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		2,056	25.5		76	11.2
BORN LIVE,NOW DEAD.....		2,056	25.5		76	11.2
OTHER TERMINATIONS.....		2,056	25.5		76	11.2
FATHER						
RACE.....		8,065	100.0		680	100.0
AGE.....		8,065	100.0		680	100.0
EDUCATION.....		8,065	100.0		680	100.0
HISPANIC ORIGIN.....		8,065	100.0		680	100.0
MEDICAL RISK FACTORS.....		5,889	73.0		27	4.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		5,889	73.0		27	4.0
ALCOHOL USE DURING PREGNANCY.....		5,889	73.0		27	4.0
WEIGHT GAIN DURING PREGNANCY.....		7,281	90.3		332	48.8
OBSTETRIC PROCEDURES.....		5,889	73.0		27	4.0
COMPLICATIONS OF LABOR AND/OR DELIVERY....		5,889	73.0		27	4.0
CONGENITAL ANOMALIES OF FETUS.....		5,889	73.0		27	4.0

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.



FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
WASHINGTON.....	513			502		
GESTATION						
CLINICAL ESTIMATE.....		22	4.3		16	3.2
AS COMPUTED.....		183	35.7		177	35.3
COMBINED.....		10	1.9		4	0.8
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN/1.....		208	40.5		201	40.0
NUMBER OF VISITS.....		179	34.9		173	34.5
FETUS						
SEX/2.....		0	0.0		0	0.0
BIRTH WEIGHT.....		102	19.9		96	19.1
MOTHER						
MARITAL STATUS.....		43	8.4		39	7.8
EDUCATION/1.....		121	23.6		117	23.3
HISPANIC ORIGIN.....		75	14.6		71	14.1
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		54	10.5		50	10.0
BORN LIVE,NOW DEAD.....		59	11.5		55	11.0
OTHER TERMINATIONS.....		66	12.9		62	12.4
FATHER						
RACE.....		513	100.0		502	100.0
AGE.....		81	15.8		77	15.3
EDUCATION.....		513	100.0		502	100.0
HISPANIC ORIGIN.....		513	100.0		502	100.0
MEDICAL RISK FACTORS/3.....		126	24.6		122	24.3
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY/1.....		60	11.7		58	11.6
ALCOHOL USE DURING PREGNANCY.....		513	100.0		502	100.0
WEIGHT GAIN DURING PREGNANCY.....		172	33.5		166	33.1
OBSTETRIC PROCEDURES/4.....		513	100.0		502	100.0
COMPLICATIONS OF LABOR AND/OR DELIVERY/4..		513	100.0		502	100.0
CONGENITAL ANOMALIES OF FETUS/3.....		148	28.8		144	28.7

1. Items on educational attainment, prenatal care, and tobacco use are not comparable between the 1989 and the 2003 U.S. Reports of Fetal Death. See Technical Appendix. Table B.  
 2. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.  
 3. A number of specific checkbox items are not comparable between the 1989 and the 2003 U.S. Reports of Fetal Death.  
 4. These items are not included on the 2003 U.S. Report of Fetal Death.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
WEST VIRGINIA.....	144			143		
GESTATION						
CLINICAL ESTIMATE.....		1	0.7		0	0.0
AS COMPUTED.....		22	15.3		21	14.7
COMBINED.....		1	0.7		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		14	9.7		13	9.1
NUMBER OF VISITS.....		15	10.4		14	9.8
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		7	4.9		6	4.2
MOTHER						
MARITAL STATUS.....		0	0.0		0	0.0
EDUCATION.....		14	9.7		13	9.1
HISPANIC ORIGIN.....		1	0.7		1	0.7
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		0	0.0		0	0.0
BORN LIVE,NOW DEAD.....		2	1.4		2	1.4
OTHER TERMINATIONS.....		2	1.4		1	0.7
FATHER						
RACE.....		21	14.6		20	14.0
AGE.....		25	17.4		24	16.8
EDUCATION.....		36	25.0		35	24.5
HISPANIC ORIGIN.....		21	14.6		20	14.0
MEDICAL RISK FACTORS.....		1	0.7		1	0.7
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		10	6.9		10	7.0
ALCOHOL USE DURING PREGNANCY.....		14	9.7		14	9.8
WEIGHT GAIN DURING PREGNANCY.....		52	36.1		52	36.4
OBSTETRIC PROCEDURES.....		0	0.0		0	0.0
COMPLICATIONS OF LABOR AND/OR DELIVERY....		0	0.0		0	0.0
CONGENITAL ANOMALIES OF FETUS.....		1	0.7		1	0.7

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
WISCONSIN.....	352			347		
GESTATION						
CLINICAL ESTIMATE.....		3	0.9		3	0.9
AS COMPUTED.....		50	14.2		50	14.4
COMBINED.....		3	0.9		3	0.9
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		28	8.0		28	8.1
NUMBER OF VISITS.....		29	8.2		28	8.1
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		10	2.8		10	2.9
MOTHER						
MARITAL STATUS.....		0	0.0		0	0.0
EDUCATION.....		37	10.5		37	10.7
HISPANIC ORIGIN.....		7	2.0		7	2.0
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		14	4.0		14	4.0
BORN LIVE,NOW DEAD.....		19	5.4		19	5.5
OTHER TERMINATIONS.....		18	5.1		18	5.2
FATHER						
RACE.....		148	42.0		144	41.5
AGE.....		175	49.7		171	49.3
EDUCATION.....		163	46.3		159	45.8
HISPANIC ORIGIN.....		152	43.2		148	42.7
MEDICAL RISK FACTORS.....		2	0.6		2	0.6
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		3	0.9		3	0.9
ALCOHOL USE DURING PREGNANCY.....		3	0.9		3	0.9
WEIGHT GAIN DURING PREGNANCY.....		58	16.5		56	16.1
OBSTETRIC PROCEDURES.....		2	0.6		2	0.6
COMPLICATIONS OF LABOR AND/OR DELIVERY....		3	0.9		3	0.9
CONGENITAL ANOMALIES OF FETUS.....		39	11.1		39	11.2

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

FETAL DEATH DOCUMENTATION TABLE 13  
 NUMBER AND PERCENT OF FETAL DEATHS WITH UNKNOWN RESPONSES BY OCCURRENCE: UNITED STATES AND EACH STATE,  
 2003 (UNKNOWN RESPONSES INCLUDE NOT STATED AND NOT ON REPORTING FORM)

	ALL FETAL DEATHS			20 WEEKS OR MORE		
	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN	TOTAL DEATHS	NUMBER UNKNOWN	PERCENT UNKNOWN
WYOMING.....	27			27		
GESTATION						
CLINICAL ESTIMATE.....		0	0.0		0	0.0
AS COMPUTED.....		0	0.0		0	0.0
COMBINED.....		0	0.0		0	0.0
PLACE OF DELIVERY.....		0	0.0		0	0.0
PRENATAL CARE						
MONTH BEGAN.....		0	0.0		0	0.0
NUMBER OF VISITS.....		0	0.0		0	0.0
FETUS						
SEX/1.....		0	0.0		0	0.0
BIRTH WEIGHT.....		0	0.0		0	0.0
MOTHER						
MARITAL STATUS.....		0	0.0		0	0.0
EDUCATION.....		0	0.0		0	0.0
HISPANIC ORIGIN.....		0	0.0		0	0.0
PREGNANCY HISTORY						
BORN LIVE,NOW LIVING.....		0	0.0		0	0.0
BORN LIVE,NOW DEAD.....		1	3.7		1	3.7
OTHER TERMINATIONS.....		0	0.0		0	0.0
FATHER						
RACE.....		4	14.8		4	14.8
AGE.....		4	14.8		4	14.8
EDUCATION.....		4	14.8		4	14.8
HISPANIC ORIGIN.....		4	14.8		4	14.8
MEDICAL RISK FACTORS.....		0	0.0		0	0.0
OTHER RISK FACTORS						
TOBACCO USE DURING PREGNANCY.....		0	0.0		0	0.0
ALCOHOL USE DURING PREGNANCY.....		0	0.0		0	0.0
WEIGHT GAIN DURING PREGNANCY.....		3	11.1		3	11.1
OBSTETRIC PROCEDURES.....		0	0.0		0	0.0
COMPLICATIONS OF LABOR AND/OR DELIVERY....		0	0.0		0	0.0
CONGENITAL ANOMALIES OF FETUS.....		0	0.0		0	0.0

1. Not stated sex is imputed for fetal deaths of 20 weeks or more gestation.

Fetal Death Documentation Table 14 (Revised States). Number of fetal deaths by mother's education, and by by race and Hispanic origin of mother:  
Total of reporting areas: Washington, 2003

Race and Hispanic origin of mother	All fetal deaths	8th grade or less	9th - 12th grade no diploma	12th grade grad or GED	Some college no degree	Assoc. degree	Bachelor degree	Master degree	PhD or Prof.	Unknown
All races/1	503	19	60	108	84	24	49	26	2	131
Non-Hispanic white	282	1	26	78	57	18	41	22	1	38
Non-Hispanic black	32	-	7	6	9	-	1	-	-	9
Hispanic	69	18	18	14	6	2	1	1	-	9

- Quantity zero

1/ Includes races other than black and white and origin not stated.

NOTES: Includes data for Washington State which implemented the 2003 Revision of the US Report of Fetal Death during 2003: see "Technical Notes." Race and Hispanic origin are reported separately on fetal death reports. Race categories are consistent with the 1977 Office of Management and Budget standards. Data for fetal deaths are according to mother's reported race; see "Technical Notes."

Fetal Death Documentation Table 15 (Revised States). Smoking status of mother and average number of cigarettes smoked per day before pregnancy, during the first three months, during the second three months, and during the third trimester of pregnancy by age of mother: Total of reporting areas: Washington, 2003

Average number of cigarettes smoked per day	All fetal deaths	Smoking status reported							Not Stated
		All ages	Under 20 years	20-24 years	25-29 years	30-34 years	35-39 years	40-54 years	
Three months before pregnancy									
Total	503	425	-	101	123	92	50	59	78
Smoker	48	48	-	22	13	4	1	8	-
1-5	18	18	-	9	5	1	-	3	-
6-10	15	15	-	6	2	3	1	3	-
11-15	3	3	-	2	1	-	-	-	-
16-20	11	11	-	4	5	-	-	2	-
21-30	1	1	-	1	-	-	-	-	-
31-40	-	-	-	-	-	-	-	-	-
Greater than 41	-	-	-	-	-	-	-	-	-
Non-smoker	377	377	-	79	110	88	49	51	-
Not stated	78	-	-	-	-	-	-	-	78
First three months of pregnancy									
Total	503	425	-	101	123	92	50	59	78
Smoker	38	38	-	14	12	2	1	9	-
1-5	16	16	-	7	6	-	-	3	-
6-10	15	15	-	5	3	2	1	4	-
11-15	1	1	-	1	-	-	-	-	-
16-20	6	6	-	1	3	-	-	2	-
21-30	-	-	-	-	-	-	-	-	-
31-40	-	-	-	-	-	-	-	-	-
Greater than 41	-	-	-	-	-	-	-	-	-
Non-smoker	387	387	-	87	111	90	49	50	-
Not stated	78	-	-	-	-	-	-	-	78
Second three months of pregnancy									
Total	503	425	-	101	123	92	50	59	78
Smoker	33	33	-	11	11	2	1	8	-
1-5	14	14	-	6	5	-	-	3	-
6-10	15	15	-	5	3	2	1	4	-
11-15	-	-	-	-	-	-	-	-	-
16-20	4	4	-	-	3	-	-	1	-
21-30	-	-	-	-	-	-	-	-	-
31-40	-	-	-	-	-	-	-	-	-
Greater than 41	-	-	-	-	-	-	-	-	-
Non-smoker	391	391	-	89	112	90	49	51	-
Not stated	79	1	-	1	-	-	-	-	78
Third trimester of pregnancy									
Total	503	425	-	101	123	92	50	59	78
Smoker	25	25	-	8	8	1	1	7	-
1-5	11	11	-	4	3	-	-	4	-
6-10	9	9	-	4	1	1	1	2	-
11-15	-	-	-	-	-	-	-	-	-
16-20	4	4	-	-	3	-	-	1	-
21-30	1	1	-	-	1	-	-	-	-
31-40	-	-	-	-	-	-	-	-	-
Greater than 41	-	-	-	-	-	-	-	-	-
Non-smoker	398	398	-	92	114	91	49	52	-
Not stated	80	2	-	1	1	-	-	-	78

- Quantity zero

## ***Technical Appendix-Fetal Death 2003***

The U.S. Standard Report of Fetal Death closely resembles the U.S. Certificate of Live Birth in both format and content. The majority of items on the Fetal Death Report are the same as those on the birth certificate. For fetal death information not found in the following discussion on the fetal death data file, please see *The Technical Appendix from the Vital Statistics of the United States, 2003 Volume 1- Natality*.

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## Introduction

This appendix, published by the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS), focuses on information for the 2003 fetal death data file. Reference is made to the birth file's "2003 Technical Appendix" for historical context and a more lengthy discussion of some variables, and the quality and completeness of the vital registry data (1). The majority of items on the Fetal Death Report are the same as those on the birth certificate. The Natality Technical Appendix supplements the "Technical Notes" section of "Births: Final data for 2003" (2) and is recommended for use with the public-use file for 2003 births, available on CD-ROM from NCHS, and the tabulated data of "Vital Statistics of the United States, 2003 Volume I, Natality" (3).

## Fetal death definition

The *1992 Revision of the Model State Vital Statistics Act and Regulations* recommends the following definition of fetal death. This definition is based on that promulgated by the World Health Organization in 1950.

"Fetal death" means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy and which is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps (4).

The term "fetal death" is defined on an all-inclusive basis to avoid confusion arising from the use of such terms as stillbirth, spontaneous abortion, and miscarriage. This definition has been adopted by NCHS as the nationally recommended standard. All 57 registration areas except Puerto Rico and Wisconsin have definitions similar to the standard definition (5,6). Puerto Rico and Wisconsin have no formal definition. Fetal deaths do not include induced terminations of pregnancy.

As another step toward increasing comparability of data on fetal deaths for different countries, WHO recommends that for statistical purposes fetal deaths be classified as early, intermediate, and late. These groups are defined as follows:

Less than 20 completed weeks of gestation  
(early fetal deaths).....Group I  
20 completed weeks of gestation but less than 28

(intermediate fetal deaths).....	Group II
28 completed weeks of gestation and over	
(late fetal deaths).....	Group III
Gestation period not classifiable in groups I, II, and III.....	Group IV

Group IV consists of fetal deaths with gestation not stated but presumed to be 20 weeks or more.

Until 1939 the nationally recommended procedure for registration of a fetal death required the filing of a live-birth certificate and a death certificate. In 1939 a separate Standard Certificate of Stillbirth (fetal death) was created to replace the former procedure. This certificate was revised in 1949, 1956, 1968, 1978, and 1989. The 1989 U.S. Standard Report of Fetal Death is shown as Figure 1.

The 1977 revision of the *Model State Vital Statistics Act and Model State Vital Statistics Regulations* (7) recommended that spontaneous fetal deaths at a gestation of 20 weeks or more or a weight of 350 grams or more be reported. The Model Law also recommended that the form for reporting fetal deaths be changed from a certificate to a legally required statistical report. The 1992 revision of the *Model State Vital Statistics Act and Regulations* (4) changed the recommended reporting requirement to all spontaneous fetal deaths weighing 350 grams or more, or if weight is unknown, fetal deaths of 20 completed weeks of gestation.

Beginning with fetal deaths reported in 1970, procedures were implemented that attempted to separate reports of spontaneous fetal deaths from those of induced terminations of pregnancy. These procedures were implemented because the health implications of spontaneous fetal deaths are different from those of induced terminations of pregnancy. These procedures are still used (8).

## Reporting requirements and completeness

All states have adopted laws requiring the reporting of fetal deaths. Responsibility for completing the report rests with either the hospital or funeral director, depending on state requirements. Registration area requirements for reporting fetal deaths vary (6). Most of the areas require reporting of fetal death at gestations of 20 weeks or more. Table A shows the minimum period of gestation required by each state to report a fetal death in 2003. Substantial evidence exists that indicates some fetal deaths for which reporting is required are not reported (9–12).

Under reporting of fetal deaths is most likely to occur in the earlier part of the required reporting period for each state (10). Thus, for states requiring reporting of all periods of gestation, fetal deaths occurring under 20 weeks of gestation are less completely reported; for states requiring reporting of fetal deaths of 20 weeks or more, fetal deaths occurring at 20–23 weeks are less completely reported. Thus, reporting of fetal deaths at 20–23 weeks of gestation may be more complete for those states that report fetal deaths at all periods of gestation than for others.

To maximize the comparability of data by year and by state, most of the tables on fetal deaths published by NCHS are based on fetal deaths occurring at gestations of 20 weeks or more. These tabulations also include fetal deaths for which gestation is not stated for those states

requiring reporting at 20 weeks of gestation or more only. Beginning with 1969, fetal deaths of not stated gestation were excluded for states requiring reporting of all products of conception except for those with a stated birthweight of 500 grams or more. In 2003 this rule was applied to the following states: Hawaii, New York (including New York City), Rhode Island, and Virginia.

### **Item completeness**

Interpretation of fetal death data must include evaluation of the item completeness of reporting. The percent “not stated” is another measure of the quality of the data. Completeness of reporting varies among items and states. See Table B for the percent of fetal death records on which specified items were not stated.

## **Sources of data**

### **Fetal-death statistics**

Fetal-death statistical files for every year are based on all reports of fetal death received by NCHS. The fetal-death reporting system of the United States encompasses the 50 states, the District of Columbia, New York City (which is independent of New York State for the purpose of fetal death registration), Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. In statistical tabulations, United States refers only to the aggregate of the 50 states (including New York City) and the District of Columbia. Data for the territories are presented separately from data for the United States.

Procedures used by NCHS to collect fetal death statistics have changed over the years. Before 1971 tabulations of fetal deaths were based solely on information obtained by NCHS from copies of the original certificates. The information from these copies was edited, coded, and tabulated. Between 1971 and 2003, individual states made the transition from paper to electronic systems, and by 2003, 46 states, New York City, the District of Columbia, Puerto Rico, American Samoa, and the Virgin Islands provided NCHS, via the Vital Statistics Cooperative Program, electronic data files of fetal-death data coded according to NCHS specifications. The remaining four states—Arizona, California, Illinois, and Ohio—and Guam, and the Northern Mariana Islands submitted photocopies of original reports of fetal deaths and the data were coded by NCHS.

### **Standard report of fetal death**

For many years, the U.S. Standard Report of Fetal Death, issued by the Public Health Service, has been used as the principal means to attain uniformity in the contents of documents used to collect information on these events (13,14). It has been modified in each state to the extent required by the particular needs of the state or by special provisions of the state vital statistics law. However, the reports or certificates of most states conform closely in content and arrangement to the standard.

Statistics on fetal deaths were first published for the birth-registration area in 1918 and then every year beginning with 1922. The first issue of the U.S. Standard Certificate of Fetal

Death appeared in 1939. Since then, it has been revised periodically by the national vital statistics agency through consultation with state health officers and registrars; Federal agencies concerned with vital statistics; national, state, and county medical societies; and others working in such fields as public health, social welfare, demography, and insurance. This revision procedure has ensured careful evaluation of each item in terms of its current and future usefulness for legal, medical and health, demographic, and research purposes. New items have been added when necessary, and old items have been modified to ensure better reporting; or in some cases, items have been dropped when their usefulness appeared to be limited.

The 1989 version of the U.S. Standard Report of Fetal Death is currently in use by the majority of reporting areas: see Figure 1 (15). New items were added to the U.S. Standard Report of Fetal Death for 1989, including Hispanic origin of the mother and father, medical and other risk factors of pregnancy, obstetric procedures, and method of delivery (16).

*2003 revision.* In 2003, a revised U.S. Standard Report of Fetal Death was adopted, with initial implementation in two states (Washington and Michigan, which revised mid-year). Full implementation in all states will be phased in over several years. A key aspect of the 2003 Revision of the United States Standard Report of Fetal Death has been the re-engineering of the data collection and transmission system. The intent of the re-engineering is to improve data quality, to speed data collection and transmission, and to enhance standardization of the 2003 Revision. This effort is described in a document (17) available on the Internet at: <http://www.cdc.gov/nchs/data/dvs/FDEATH11-03finalACC.pdf>. Data to complete the report will be obtained from two sources: the Patient's Worksheet and the Facility Worksheet. In the Patient's Worksheet, data are directly obtained from the patient and include such data as race, Hispanic origin, educational attainment, etc. In the Facility Worksheet, data are obtained directly from medical records of the patient with items such as date of last menstrual period, prenatal care, risk factors, etc. To assist hospital staff in completing the Facility Worksheet, a comprehensive instruction manual was developed: *Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (2003 Revision)* (18).

## **The 2003 Fetal Death File**

The 2003 Fetal Death Data File consists of data items from the 1989 Revision of the U.S. Standard Report of Fetal Death used by 48 states and the District of Columbia. It also includes selected data from two states, Michigan and Washington, which implemented the 2003 revision of the U. S. Standard Report of Fetal Death. Where comparable, data from Michigan and Washington are combined with data from the remaining 48 states and the District of Columbia. Data for items which are reported for both the 1989 and the 2003 fetal death reports, but which are not comparable between revisions, such as educational attainment, month prenatal care began and tobacco use, are included in this data set. However, data for new items such as maternal morbidity are not included in this data set. It should also be noted that cause-of-death data are not currently available in the public use Fetal Death file.

The general rules used to classify fetal deaths by maternal characteristics are set forth in "Vital Statistics Classification and Coding Instructions for Fetal Death Records, 1999–2001," *NCHS Instruction Manual*, Part 3b (19). Comparable information for the 2003 revised data can

be found at: <http://www.cdc.gov/nchs/data/dvs/FinalFetalDeathSpecs2-22-05.pdf>.

The instruction materials are for states to use in coding the data items; they do not include any NCHS recodes. Therefore, the file layout is a better source of information on the code structure because it provides the exact codes and recodes that are available. Classification of certain important items is discussed in the following pages. Information on the completeness of reporting of fetal death record data is shown in Table B, which presents a listing of items and the percentage of records that were not stated for each state, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Marianas.

For information on the data items not discussed in this section, see *The Technical Appendix from the Vital Statistics of the United States, 2003 Volume 1- Natality* (1).

## Data Items

### Period of gestation

The period of gestation is the number of completed weeks elapsed between the first day of the last normal menstrual period (LMP) and the date of delivery. The first day of the LMP is used as the initial date because it can be more accurately determined than the date of conception, which usually occurs 2 weeks after LMP. Data on period of gestation are computed from information on “date of delivery” and “date last normal menses began.” If “date last normal menses began” is not on the record or if the calculated gestation falls beyond a duration considered biologically plausible, the “Clinical estimate of gestation” is used.

To improve data quality, beginning with data for 1989, NCHS instituted a new computer edit to check for consistency between gestation and birthweight (19). Briefly, if LMP gestation is inconsistent with birthweight, and the clinical estimate is consistent, the clinical estimate is used; if both are inconsistent with birthweight but are consistent with each other, LMP gestation is used, and birthweight is assigned to unknown. All areas reported LMP in 2003, and all areas except California reported the clinical or obstetric estimate of gestation.

*Not stated gestational age*—Fetal deaths with gestational age not stated are presumed to be of 20 weeks of gestation or more if the state requires reporting of all fetal deaths at a gestational age of 20 weeks or more or the fetus weighed 500 grams or more in those states requiring reporting of all fetal deaths, regardless of gestational age.

### Birthweight

Most of the 57 registration areas do not specify how weight should be given, that is, in pounds and ounces or in grams. In the tabulation and presentation of birthweight data, the metric system (grams) has been used to facilitate comparison with other data published in the United States and internationally. Birthweight specified in pounds and ounces is assigned the equivalent of the gram intervals, as follows:

Less than 350 grams = 0 lb 12 oz or less

350–499 grams = 0 lb 13 oz–1 lb 1 oz

500–999 grams = 1 lb 2 oz–2 lb 3 oz  
1,000–1,499 grams = 2 lb 4 oz–3 lb 4 oz  
1,500–1,999 grams = 3 lb 5 oz–4 lb 6 oz  
2,000–2,499 grams = 4 lb 7 oz–5 lb 8 oz  
2,500–2,999 grams = 5 lb 9 oz–6 lb 9 oz  
3,000–3,499 grams = 6 lb 10 oz–7 lb 11 oz  
3,500–3,999 grams = 7 lb 12 oz–8 lb 13 oz  
4,000–4,499 grams = 8 lb 14 oz–9 lb 14 oz  
4,500–4,999 grams = 9 lb 15 oz–11 lb 0 oz  
5,000 grams or more = 11 lb 1 oz or more

### **Hispanic origin and race of mother**

Race and Hispanic origin are reported independently on the fetal death report. In tabulations of fetal death data by race and Hispanic origin, data for Hispanic persons are not further classified by race because the majority of women of Hispanic origin are reported as white.

In 1997, the Office of Management and Budget (OMB) issued “Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity (20,21). The 1997 revised standards incorporated two major changes designed to reflect the changing racial and ethnic profile of the United States. First, the revision increased from four to five the minimum set of categories to be used by federal agencies for identification of race. The 1977 standards required federal agencies to report race-specific tabulations using a minimum set of four single-race categories: American Indian or Alaska Native (AIAN), Asian or Pacific Islander (API), black, and white. The revised standards called for reporting of Asians separately from Native Hawaiians or Other Pacific Islanders. The revised standards also require federal data collection programs to allow respondents to select *one or more race categories*.

Beginning with the 2003 data year, multiple-race was reported for fetal deaths by the revising states only: Michigan and Washington. Data from the vital records of the remaining 48 states and the District of Columbia followed the 1977 OMB standards in which a single race is reported (20,21). In addition, these areas also report the minimum set of four races as stipulated in the 1977 standards, compared with the minimum of five races for the 1997 standards.

To provide uniformity and comparability of the data during the transition period, before multiple-race data are available for all reporting areas, it is necessary to “bridge” the responses of those who reported more than one race to a single-race. Multiple-race is imputed to a single race (one of the following: AIAN, API, black, or white) according to the combination of races, Hispanic origin, sex, and age indicated on the fetal death report of the mother or father. The bridging procedure imputes multiple-race of mothers as reported on the fetal death report to one of the four minimum races stipulated in the 1977 OMB standards, that is, AIAN, API, black, or white.

Beginning with data for 1989, NCHS is tabulating fetal death, perinatal, and live birth data by race of mother. When the race of the mother is unknown, the mother is assigned the father's race; when information for both parents is missing, the race of the mother is assigned to the specific race of the mother of the preceding record with known race. In 1988 and prior years, births were tabulated by the race of the child, which was determined from the race of the parents

as entered on the report (22).

### **Age of mother**

Beginning with data for 1989, the U.S. Standard Report of Fetal Death asks for the mother's date of birth. Age of mother is computed from the mother's date of birth and the date of delivery. For those states whose certificates do not contain an item for the mother's date of birth, reported age of the mother (in years) is used. The age of the mother is edited in NCHS for upper and lower limits. When mothers are reported to be under 10 years of age or 55 years of age and over, the age of the mother is considered not stated and is assigned as follows: Age on all fetal-death records with age of mother not stated is assigned according to the age appearing on the record previously processed for a mother of identical race and having the same total-birth order (total of live births and other terminations).

### **Sex of fetus**

Beginning with data for 1989, for all fetal deaths of 20 weeks of gestation or more, not-stated sex of fetus is assigned the sex of the fetus from the previous record. Before 1989, no such assignment was made.

### **Total-birth order**

Total-birth order refers to the sum of live births and other terminations (including spontaneous fetal deaths and induced terminations of pregnancy) a woman has had, including the fetal death being recorded. For example, if a woman has given birth to two live babies and to one born dead, the next fetal death to occur is counted as number four in total-birth order.

Beginning with implementation of the 1989 revision of the U.S. Standard Report of Fetal Death, total-birth order is calculated from three items on pregnancy history: Number of previous live births now living; number of previous live births now dead; and number of other terminations (spontaneous and induced at anytime after conception). For prior years, total-birth order was calculated from four items, see the Technical Appendix from *Vital Statistics of the United States*, 1988.

Although all registration areas use the two standard items pertaining to number of previous live births, registration areas phrase the item pertaining to other terminations of pregnancy differently. Total-birth order for all areas is calculated from the sum of available information. Thus, information on total-birth order may not be completely comparable among the registration areas. In addition, there may be substantial under-reporting of other terminations of pregnancy on the fetal-death report.

### **Computation of rates and ratios**

*Rates and ratios based on live births*—Fetal-death and perinatal mortality ratios, such as shown in *Health, United States, 2005* (23) and *Fetal and Perinatal Mortality, United States, 2003* (24), are computed on the basis of the number of live births. Fetal-death and perinatal



mortality *rates* are computed on the basis of the number of live births and fetal deaths. Counts of live births are published annually in *Births: Final Data* (2).

## **Perinatal mortality**

Perinatal definitions—Beginning with data year 1979, perinatal mortality data have been published for the United States. In ICD–10 (25), WHO recommends that national perinatal statistics should include all fetuses and infants delivered weighing at least 500 grams (or when birthweight is unavailable, the corresponding gestational age (22 weeks) or body length (25 cm crown-heel)), whether alive or dead. It further recommends that countries should present, solely for international comparisons, standard perinatal statistics in which both the numerator and denominator of all rates are restricted to fetuses and infants weighing 1,000 grams or more (or, where birthweight is unavailable, the corresponding gestational age (28 weeks) or body length (35 cm crown-heel)). The international recommendation is intended to capture statistics that are comparable and well-measured whereas countries are encouraged to capture earlier events because of the importance of the earlier events and because it improves reporting of later events.

Three definitions of perinatal mortality were developed for use by NCHS: Perinatal Definition I, generally used for international comparisons, which includes fetal deaths of 28 weeks of gestation or more and infant deaths under 7 days; Perinatal Definition II, which includes fetal deaths of 20 weeks of gestation or more and infant deaths under 28 days; and Perinatal Definition III, which includes fetal deaths of 20 weeks of gestation or more and infant deaths under 7 days. Because birthweight and gestational age are not reported on the death certificate in the United States, NCHS was not initially able to produce statistics by birthweight and gestational age. Perinatal statistics can now be produced by birthweight or gestational age by using NCHS' linked birth and infant death data set for the infant death component of the perinatal events.

Variations in fetal death reporting requirements and practices have implications for comparing perinatal rates among states. Because reporting is generally sporadic near the lower limit of the reporting requirement, states that require reporting of all products of pregnancy, regardless of gestation, are likely to have more complete reporting of fetal deaths at 20 weeks or more than those states that do not. The larger number of fetal deaths reported for these “all periods” states may result in higher perinatal mortality rates than those rates reported for states whose reporting is less complete. Accordingly, reporting completeness may account, in part, for differences among the state perinatal rates, particularly differences for Definitions II and III, which use data for fetal deaths at 20–27 weeks (24).

*Not stated*—Fetal deaths with gestational age not stated are presumed to be of 20 weeks of gestation or more if the state requires reporting of all fetal deaths at a gestational age of 20 weeks or more or the fetus weighed 500 grams or more in those states requiring reporting of all fetal deaths, regardless of gestational age. For Definition I, fetal deaths at a gestation not stated but presumed to have been of 20 weeks or more are allocated to the category 28 weeks or more, according to the proportion of fetal deaths with stated gestational age that falls into that category. For Definitions II and III, fetal deaths at a presumed gestation of 20 weeks or more are included with those at a stated gestation of 20 weeks or more.

The allocation of not-stated gestational age for fetal deaths is made individually for each state, for metropolitan and nonmetropolitan areas, and separately for the entire United States.

Accordingly, the sum of perinatal deaths for the areas according to Definition I may not equal the total number of perinatal deaths for the United States.

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**SYMBOLS USED IN TABLES**

Data not available.....	---
Category not applicable.....	...
Quantity zero.....	—
Quantity more than 0 but less than 0.05.....	0.0
Figure does not meet standards of reliability or precision.....	*

Figure 1

U.S. STANDARD REPORT OF FETAL DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. FACILITY NAME (If not institution, give street and number)
2. CITY, TOWN, OR LOCATION OF DELIVERY
3. COUNTY OF DELIVERY
4. DATE OF DELIVERY (Month, Day, Year)
5. SEX OF FETUS

PARENTS

6a. MOTHER'S NAME (First, Middle, Last)
6b. MAIDEN SURNAME
7. DATE OF BIRTH (Month, Day, Year)
8a. RESIDENCE STATE
8b. COUNTY
8c. CITY, TOWN, OR LOCATION
8d. STREET AND NUMBER
8e. INSIDE CITY LIMITS? (Yes or no)
8f. ZIP CODE
9. FATHER'S NAME (First, Middle, Last)
10. DATE OF BIRTH (Month, Day, Year)

MOTHER

11. OF HISPANIC ORIGIN? (Specify No or Yes—If yes, specify Cuban, Mexican, Puerto Rican, etc.)
12. RACE—American Indian, Black, White, etc. (Specify below)
13. EDUCATION (Specify only highest grade completed)
14. OCCUPATION AND BUSINESS/INDUSTRY (Worked during last year)

FATHER

11a. No Yes Specify:
11b. No Yes Specify:
12a.
12b.
13a.
13b.
14a.
14b.
14c.
14d.

MULTIPLE BIRTHS Enter State File Number for Mate(s) LIVE BIRTH(S)

15. PREGNANCY HISTORY (Complete each section)
16. MOTHER MARRIED? (At delivery, conception, or any time between) (Yes or no)
17. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)
18. MONTH OF PREGNANCY PRENATAL CARE BEGAN—First, Second, Third, etc. (Specify)
19. PRENATAL VISITS—Total Number (If none, so state)
20. WEIGHT OF FETUS (Specify Unit)
21. CLINICAL ESTIMATE OF GESTATION (Weeks)
22a. PLURALITY—Single, Twin, Triplet, etc. (Specify)
22b. IF NOT SINGLE BIRTH—Born First, Second, Third, etc. (Specify)

FETAL DEATH(S)

23a. MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)
24. OBSTETRIC PROCEDURES (Check all that apply)
25. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)
26. METHOD OF DELIVERY (Check all that apply)
27. CONGENITAL ANOMALIES OF FETUS (Check all that apply)

MEDICAL AND HEALTH INFORMATION

23b. OTHER RISK FACTORS FOR THIS PREGNANCY (Complete all items)
Tobacco use during pregnancy Yes No
Average number cigarettes per day
Alcohol use during pregnancy Yes No
Average number drinks per week
Weight gained during pregnancy lbs.

MENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH SERVICE - NATIONAL CENTER FOR HEALTH STATISTICS - 1989 REVISION

CAUSE OF FETAL DEATH

28. **PART I.** Fetal or maternal condition directly causing fetal death. } IMMEDIATE CAUSE Enter only one cause per line for a, b, and c.

a. \_\_\_\_\_ Specify Fetal or Maternal  
DUE TO (OR AS A CONSEQUENCE OF):

b. \_\_\_\_\_ Specify Fetal or Maternal  
DUE TO (OR AS A CONSEQUENCE OF):

c. \_\_\_\_\_ Specify Fetal or Maternal

Fetal and/or maternal conditions, if any, giving rise to the immediate cause(s), stating the underlying cause last. }

**PART II.** Other significant conditions of fetus or mother contributing to fetal death but not resulting in the underlying cause given in Part I.

\_\_\_\_\_

\_\_\_\_\_

29. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (Specify)

30. ATTENDANT'S NAME AND TITLE (Type/Print)

Name \_\_\_\_\_

M.D.  D.O.  C.N.M.  Other Midwife

Other (Specify) \_\_\_\_\_

31. NAME AND TITLE OF PERSON COMPLETING REPORT (Type/Print)

Name \_\_\_\_\_

Title \_\_\_\_\_

MOTHER	1. NAME OF FETUS (optional-at the discretion of the parents )		2. TIME OF DELIVERY (24hr)	3. SEX (M/F/Unk)	4. DATE OF DELIVERY (Mo/Day/Yr)	
	5a. CITY, TOWN, OR LOCATION OF DELIVERY	7. PLACE WHERE DELIVERY OCCURRED (Check one) <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding birthing center <input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Clinic/Doctor's office <input type="checkbox"/> Other (Specify) _____		8. FACILITY NAME (If not institution, give street and number)		
	5b. ZIP CODE OF DELIVERY					
	6. COUNTY OF DELIVERY					
	9. FACILITY ID. (NPI)	10a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	10b. DATE OF BIRTH (Mo/Day/Yr)			
	10c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	10d. BIRTHPLACE (State, Territory, or Foreign Country)				
	11a. RESIDENCE OF MOTHER-STATE	11b. COUNTY		11c. CITY, TOWN, OR LOCATION		
	11d. STREET AND NUMBER		11e. APT. NO.	11f. ZIP CODE	11g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	12a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		12b. DATE OF BIRTH (Mo/Day/Yr)	12c. BIRTHPLACE (State, Territory, or Foreign Country)		
	13. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Hospital Disposition <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____					
DISPOSITION	14. ATTENDANT'S NAME, TITLE, AND NPI NAME: _____ NPI: _____ TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____	15. NAME AND TITLE OF PERSON COMPLETING REPORT Name _____ Title _____	16. DATE REPORT COMPLETED ____/____/____ MM DD YYYY	17. DATE RECEIVED BY REGISTRAR ____/____/____ MM DD YYYY		
	18. CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH					
CAUSE OF FETAL DEATH	18a. INITIATING CAUSE/CONDITION (AMONG THE CHOICES BELOW, PLEASE SELECT THE <u>ONE</u> WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS) Maternal Conditions/Diseases (Specify) _____  Complications of Placenta, Cord, or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____ Other Obstetrical or Pregnancy Complications (Specify) _____ Fetal Anomaly (Specify) _____ Fetal Injury (Specify) _____ Fetal Infection (Specify) _____ Other Fetal Conditions/Disorders (Specify) _____ <input type="checkbox"/> Unknown		18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS (SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18b) Maternal Conditions/Diseases (Specify) _____  Complications of Placenta, Cord, or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____ Other Obstetrical or Pregnancy Complications (Specify) _____ Fetal Anomaly (Specify) _____ Fetal Injury (Specify) _____ Fetal Infection (Specify) _____ Other Fetal Conditions/Disorders (Specify) _____ <input type="checkbox"/> Unknown			
	18c. WEIGHT OF FETUS (grams preferred, specify unit) _____ <input type="checkbox"/> grams <input type="checkbox"/> lb/oz		18e. ESTIMATED TIME OF FETAL DEATH <input type="checkbox"/> Dead at time of first assessment, no labor ongoing <input type="checkbox"/> Dead at time of first assessment, labor ongoing <input type="checkbox"/> Died during labor, after first assessment <input type="checkbox"/> Unknown time of fetal death	18f. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned	18g. WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned	
	18d. OBSTETRIC ESTIMATE OF GESTATION AT DELIVERY _____ (completed weeks)	18h. WERE AUTOPSY OR HISTOLOGICAL PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Mother's Name \_\_\_\_\_  
Mother's Medical Record No. \_\_\_\_\_

# MOTHER

<b>19. MOTHER'S EDUCATION</b> (Check the box that best describes the highest degree or level of school completed at the time of delivery)		<b>20. MOTHER OF HISPANIC ORIGIN?</b> (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina)		<b>21. MOTHER'S RACE</b> (Check one or more races to indicate what the mother considers herself to be)	
<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		<input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) _____		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____	
<b>22. MOTHER MARRIED?</b> (At delivery, conception, or anytime between) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>23a. DATE OF FIRST PRENATAL CARE VISIT</b> ____/____/____ <input type="checkbox"/> No Prenatal Care MM / DD / YYYY		<b>23b. DATE OF LAST PRENATAL CARE VISIT</b> ____/____/____ MM / DD / YYYY	
<b>25. MOTHER'S HEIGHT</b> _____ (feet/inches)		<b>26. MOTHER'S PREPREGNANCY WEIGHT</b> _____ (pounds)		<b>27. MOTHER'S WEIGHT AT DELIVERY</b> _____ (pounds)	
<b>29. NUMBER OF PREVIOUS LIVE BIRTHS</b>		<b>30. NUMBER OF OTHER PREGNANCY OUTCOMES</b> (spontaneous or induced losses or ectopic pregnancies)		<b>31. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY</b> For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. IF NONE, ENTER "0".	
29a. Now Living Number _____ <input type="checkbox"/> None		29b. Now Dead Number _____ <input type="checkbox"/> None		30a. Other Outcomes Number (Do not include this fetus) _____ <input type="checkbox"/> None	
29c. DATE OF LAST LIVE BIRTH ____/____/____ MM / Y Y Y Y		30b. DATE OF LAST OTHER PREGNANCY OUTCOME ____/____/____ MM / Y Y Y Y		32. DATE LAST NORMAL MENSES BEGAN ____/____/____ MM / DD / Y Y Y Y	
33. PLURALITY - Single, Twin, Triplet, etc. (Specify) _____		34. IF NOT SINGLE BIRTH- Born First, Second, Third, etc. (Specify) _____		<b>28. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>35. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM: _____					

# MEDICAL AND HEALTH INFORMATION

<b>36. RISK FACTORS IN THIS PREGNANCY</b> (Check all that apply):		<b>37. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY</b> (Check all that apply)	
Diabetes <input type="checkbox"/> Prepregnancy (Diagnosis prior to this pregnancy) <input type="checkbox"/> Gestational (Diagnosis in this pregnancy)		<input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> Chlamydia <input type="checkbox"/> Listeria <input type="checkbox"/> Group B Streptococcus <input type="checkbox"/> Cytomegalovirus <input type="checkbox"/> Parvovirus <input type="checkbox"/> Toxoplasmosis <input type="checkbox"/> None of the above <input type="checkbox"/> Other (Specify) _____	
Hypertension <input type="checkbox"/> Prepregnancy (Chronic) <input type="checkbox"/> Gestational (PIH, preeclampsia) <input type="checkbox"/> Eclampsia		<input type="checkbox"/> None of the above	
<input type="checkbox"/> Previous preterm birth		<input type="checkbox"/> Other (Specify) _____	
<input type="checkbox"/> Other previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)		<input type="checkbox"/> None of the above	
<input type="checkbox"/> Pregnancy resulted from infertility treatment-If yes, check all that apply:		<input type="checkbox"/> None of the above	
<input type="checkbox"/> Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination		<input type="checkbox"/> None of the above	
<input type="checkbox"/> Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))		<input type="checkbox"/> None of the above	
<input type="checkbox"/> Mother had a previous cesarean delivery If yes, how many _____		<input type="checkbox"/> None of the above	
<input type="checkbox"/> None of the above		<input type="checkbox"/> None of the above	
<b>38. METHOD OF DELIVERY</b>		<b>39. MATERNAL MORBIDITY</b> (Check all that apply) (Complications associated with labor and delivery)	
A. Was delivery with forceps attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Maternal transfusion	
B. Was delivery with vacuum extraction attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Third or fourth degree perineal laceration	
C. Fetal presentation at delivery <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other		<input type="checkbox"/> Ruptured uterus	
D. Final route and method of delivery (Check one) <input type="checkbox"/> Vaginal/Spontaneous <input type="checkbox"/> Vaginal/Forceps <input type="checkbox"/> Vaginal/Vacuum <input type="checkbox"/> Cesarean If cesarean, was a trial of labor attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Unplanned hysterectomy	
E. Hysterotomy/Hysterectomy <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Admission to intensive care unit	
<input type="checkbox"/> None of the above		<input type="checkbox"/> Unplanned operating room procedure following delivery	
<input type="checkbox"/> None of the above		<input type="checkbox"/> None of the above	
<input type="checkbox"/> None of the above		<b>40. CONGENITAL ANOMALIES OF THE FETUS</b> (Check all that apply)	
<input type="checkbox"/> None of the above		<input type="checkbox"/> Anencephaly <input type="checkbox"/> Meningocele/Spina bifida <input type="checkbox"/> Cyanotic congenital heart disease <input type="checkbox"/> Congenital diaphragmatic hernia <input type="checkbox"/> Omphalocele <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Limb reduction defect (excluding congenital amputation and dwarfing syndromes) <input type="checkbox"/> Cleft Lip with or without Cleft Palate <input type="checkbox"/> Cleft Palate alone <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <input type="checkbox"/> Suspected chromosomal disorder <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <input type="checkbox"/> Hypospadias <input type="checkbox"/> None of the anomalies listed above	



Table A. Period of gestation at which fetal-death reporting is required: Each reporting area, 2003

Area	All periods of gestation	16 weeks	20 weeks	20 weeks or 350 grams	20 weeks or 400 grams	20 weeks or 500 grams	5 months	350 grams	500grams
Alabama			X						
Alaska			X						
Arizona				X					
Arkansas	<sup>1</sup> X								
California			X						
Colorado	<sup>1</sup> X								
Connecticut			X						
Delaware								<sup>2</sup> X	
District of Columbia						X			
Florida			X						
Georgia	<sup>1</sup> X								
Hawaii	X								
Idaho				X					
Illinois			X						
Indiana			X						
Iowa			X						
Kansas								X	
Kentucky				X					
Louisiana				X					
Maine			X						
Maryland			<sup>3</sup> X						
Massachusetts				X					
Michigan					X				
Minnesota			X						
Mississippi				X					
Missouri				X					
Montana								<sup>2</sup> X	
Nebraska			X						
Nevada			X						
New Hampshire				X					
New Jersey			X						
New Mexico									X
New York	X								
New York excluding New York City	X								
New York City	X								
North Carolina			X						
North Dakota			X						
Ohio			X						
Oklahoma			X						
Oregon			X						
Pennsylvania		X							
Rhode Island	X								
South Carolina				X					
South Dakota									X
Tennessee									<sup>4</sup> X
Texas			X						
Utah			X						
Vermont			<sup>5</sup> X						
Virginia	X								
Washington			X						
West Virginia			X						
Wisconsin				X					
Wyoming			X						
Puerto Rico							X		
Virgin Islands	X								
Guam				X					

1/ Although State law requires the reporting of fetal deaths of all periods of gestation, only data for fetal deaths of 20 weeks of gestation or more are provided to NCHS.

2/ If weight is unknown, 20 completed weeks of gestation or more.

3/ If gestational age is unknown, weight of 500 grams or more.

4/ If weight is unknown, 22 completed weeks of gestation or more.

5/ If gestational age is unknown, weight of 400 grams or more, 15 ounces or more.

Table B. Percent of fetal death records on which specified items were not stated: Each state, 2003  
 [By place of residence. Records include only those with stated or presumed period of gestation of 20 weeks or more.]

Area	Length of gestation <sup>1</sup>	Marital status	Place of delivery	Birth weight	Month prenatal care began	Number of prenatal visits	Hispanic origin of mother	Mother's educational attainment	Medical risk factors	Tobacco Use	Alcohol Use	Obstetric procedures	Complications of labor & delivery	Congenital anomalies
Total of reporting areas <sup>2</sup>	1.5	3.6	0.0	9.7	<sup>3</sup> 13.8	18.5	4.6	<sup>3</sup> 13.8	8.2	<sup>3</sup> 11.4	<sup>4</sup> 10.7	<sup>4</sup> 5.0	<sup>4</sup> 11.1	7.9
Alabama	0.2	—	—	4.7	4.5	5.6	1.0	12.2	3.9	3.9	4.8	2.7	5.2	3.5
Alaska	—	—	—	15.0	11.7	16.7	5.0	10.0	3.3	5.0	23.3	15.0	21.7	15.0
Arizona	0.2	1.6	—	3.9	4.2	5.5	6.3	3.0	3.2	6.0	6.0	2.3	5.3	4.4
Arkansas	—	3.9	—	2.3	5.4	4.3	1.2	2.3	0.8	2.7	3.5	1.2	1.5	0.4
California	7.6	---	0.0	1.1	4.3	6.4	1.3	6.6	2.4	---	---	2.6	2.9	4.0
Colorado	—	1.5	—	10.4	3.1	7.9	3.1	11.2	0.5	8.4	8.4	0.8	0.5	0.8
Connecticut	1.2	1.7	—	4.6	17.0	17.0	12.5	34.4	8.3	7.9	8.7	0.4	9.1	19.1
Delaware	—	6.4	—	1.6	11.1	15.9	4.8	12.7	17.5	19.1	20.6	20.6	22.2	33.3
District of Columbia	1.5	16.9	—	9.2	32.3	35.4	6.2	47.7	12.3	9.2	15.4	10.8	23.1	35.4
Florida	0.1	5.6	—	7.4	17.0	18.9	7.6	13.9	4.3	5.5	5.8	3.7	4.1	6.4
Georgia	0.7	0.4	—	10.7	23.4	25.5	14.4	36.0	9.8	15.7	16.9	4.6	9.6	10.8
Hawaii	—	3.1	0.8	35.1	43.5	38.2	19.1	32.8	---	---	---	---	---	---
Idaho	0.9	0.0	—	1.8	15.0	14.2	2.7	6.2	2.7	1.8	5.3	5.3	6.2	3.5
Illinois	—	5.8	—	7.8	10.9	12.0	3.2	8.6	13.5	10.4	13.6	8.5	15.9	17.6
Indiana	0.6	2.6	0.4	15.5	14.5	19.4	5.2	11.5	10.5	<sup>5</sup> 8.5	11.1	7.9	8.7	11.5
Iowa	—	2.0	—	4.5	4.0	6.5	—	3.5	1.0	2.5	2.5	—	0.5	2.5
Kansas	1.9	1.0	—	0.5	3.9	8.2	1.9	2.9	<sup>6</sup> 5.8	6.3	6.7	7.7	6.3	9.1
Kentucky	—	1.8	0.6	1.8	3.0	6.5	0.6	3.3	19.2	16.6	17.2	18.1	19.8	22.8
Louisiana	0.7	1.5	0.2	7.8	3.5	5.8	0.2	3.9	2.6	8.2	10.2	1.3	5.6	2.8
Maine	0.0	12.0	—	18.0	14.0	16.0	16.0	16.0	18.0	12.0	22.0	10.0	10.0	22.0
Maryland	0.3	1.8	—	4.6	9.2	11.8	2.1	14.0	5.4	2.5	2.7	2.1	5.3	11.5
Massachusetts	0.2	5.9	—	3.5	21.4	17.3	23.6	22.3	20.1	16.0	14.0	9.2	22.8	23.4
Michigan	1.0	---	—	8.5	---	68.0	11.5	---	2.5	---	---	---	---	0.4
Minnesota	0.3	0.9	—	4.5	1.8	2.7	3.6	10.4	4.5	5.0	5.6	2.7	2.1	13.4
Mississippi	1.5	1.2	—	2.2	12.2	19.1	1.0	21.6	2.0	4.2	4.7	1.0	3.2	2.7
Missouri	0.8	0.2	0.2	4.3	6.4	7.8	1.2	8.2	1.0	5.7	5.5	1.8	2.3	4.9
Montana	—	1.8	—	7.3	3.6	7.3	5.5	3.6	3.6	3.6	1.8	1.8	1.8	3.6
Nebraska	—	—	—	2.7	1.3	0.7	8.0	5.3	0.7	2.0	2.0	0.7	0.7	2.0
Nevada	—	---	—	12.1	0.8	7.1	0.8	5.0	9.2	9.6	9.6	8.4	13.0	8.0
New Hampshire	—	—	—	4.4	5.9	7.4	17.7	8.8	1.5	5.9	4.4	1.5	0.0	—
New Jersey	0.1	5.2	0.1	4.7	5.9	8.1	0.8	11.1	3.7	3.5	4.2	2.1	18.5	10.6
New Mexico	—	1.2	—	4.7	7.1	18.8	9.4	28.2	—	1.2	1.2	—	—	---
New York	1.1	---	0.1	34.9	39.5	38.5	5.9	30.4	24.7	<sup>5</sup> 1.2	15.7	17.3	21.6	---
North Carolina	0.5	0.4	—	4.9	5.5	6.6	0.7	5.5	0.8	1.6	2.3	0.5	0.6	1.2
North Dakota	—	4.9	—	9.8	7.3	14.6	7.3	4.9	12.2	9.8	12.2	7.3	12.2	14.6
Ohio	0.1	12.0	—	6.6	8.1	9.5	0.7	5.3	5.5	7.3	9.2	5.7	7.9	9.5

Oklahoma	15.8	10.1	—	6.1	23.5	24.3	---	23.9	---	---	---	---	---	---
Oregon	0.5	0.5	—	3.0	7.4	10.3	0.5	14.8	0.5	3.9	6.4	2.0	2.0	0.5
Pennsylvania	0.5	5.1	—	11.5	17.4	18.2	1.9	12.9	11.2	10.7	13.2	6.1	11.2	19.7
Rhode Island	—	48.1	—	28.9	---	---	90.4	94.2	63.5	75.0	75.0	71.2	65.4	78.9
South Carolina	0.4	0.4	—	1.7	7.7	8.7	1.0	7.5	0.8	1.4	1.6	0.4	0.6	0.6
South Dakota	—	—	—	30.8	0.0	—	—	2.6	<sup>6</sup> —	<sup>7</sup> 89.7	89.7	—	—	0.0
Tennessee	1.6	3.5	—	0.3	9.9	12.1	4.0	12.6	3.2	7.5	9.9	3.8	6.2	7.5
Texas	1.5	---	0.1	9.3	13.0	15.0	1.4	6.4	<sup>8</sup> 13.9	3.8	5.4	1.2	<sup>9</sup> 2.0	0.1
Utah	—	1.7	—	7.1	6.2	7.5	—	2.5	3.3	1.2	1.7	—	—	—
Vermont	—	—	—	9.5	14.3	4.8	—	—	9.5	9.5	9.5	4.8	4.8	38.1
Virginia	1.2	7.3	—	35.4	42.1	44.7	7.4	39.2	4.1	4.4	4.4	4.1	3.9	4.4
Washington	0.6	---	—	18.3	41.9	36.4	14.1	26.0	23.7	---	---	---	---	27.6
West Virginia	—	0.7	—	6.3	11.2	11.9	0.7	12.6	2.1	7.7	9.8	1.4	1.4	2.8
Wisconsin	0.8	0.3	—	3.1	7.9	8.2	2.0	11.0	0.8	1.1	1.1	0.6	0.8	11.5
Wyoming	—	—	—	—	—	—	—	—	3.2	3.2	3.2	—	3.2	—

0.0 Quantity more than zero but less than 0.05.

— Quantity zero.

--- Data not available.

<sup>1/</sup> California and Oklahoma report date last normal menses began but do not report clinical estimate of gestation.

<sup>2/</sup> Excludes data for Puerto Rico, Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Marianas.

<sup>3/</sup> Excludes data for Michigan and Washington, which implemented the 2003 Revision to the U.S. Report of Fetal Death for 2003. These data are not comparable with data based on the 1989 U.S. Report of Fetal Death. Annual data for Michigan are not available for this item; Michigan implemented the 2003 Revision in 2003, but after January 1.

<sup>4/</sup> Excludes data for Michigan and Washington, which implemented the 2003 Revision to the U.S. Report of Fetal Death for 2003, which does not include this item.

<sup>5/</sup> Indiana and New York State report tobacco use but do not report the average number of cigarettes smoked per day in standard categories; data for New York City are reported in standard categories.

<sup>6/</sup> Kansas and South Dakota do not report Rh sensitization.

<sup>7/</sup> South Dakota reports tobacco and alcohol use but does not report the average number of cigarettes smoked per day or the average number of drinks per week.

<sup>8/</sup> Texas does not report genital herpes or uterine bleeding.

<sup>9/</sup> Texas does not report cephalopelvic disproportion, anesthetic complications, and fetal distress.