

December 24, 2003

Dear [individually addressed to State registrars and VSCP project officers]:

I am pleased to inform you that HHS Secretary Tommy G. Thompson has approved the 2003 revisions of the U.S. Standard Certificate of Live Birth, the U.S. Standard Certificate of Death, and the U.S. Standard Report of Fetal Death. Secretary Thompson is encouraging all states to now adopt these new standard certificates. I am including five copies of each of the revised forms.

To ensure that these documents meet health information and administrative needs, they are reviewed periodically. The current standard certificates and report have been used since 1989. A Panel of expert consultants evaluated the 1989 standard certificates and suggested revisions. The Panel included state vital registration and statistics executives as well as representatives of data provider and user organizations. Staff from NCHS' Division of Vital Statistics provided extensive resource support to the revision process. The Panel, which began its work in January 1998, was composed of a "Parent Group" that oversaw the process and four Subgroups that addressed the birth and death certificates, the fetal death report, and standards and design. The Panel was chaired by Patricia Potrzebowski (PA) and the chairs of the Subgroups were Dorothy S. Harshbarger (AL) (birth), Lorne A. Phillips (KS) and Michael R. Lavoie (GA) (fetal death), Alvin T. Onaka (HI) (death), and Steven Schwartz (NYC) (standards and design). This Panel contributed many hours of deliberations and study to the success of the evaluation process.

The following three questions guided the Panel's decisions about current items and proposed new or modified items:

- Is the item needed for legal, research, statistical, or public health programs?
- Is the item collectible with reasonable completeness and accuracy?
- Is the vital statistics system the best source for this information?

The Panel carefully reviewed all the current items to assess whether each met these standards. Many issues were considered by the Panel to be important to public health but were not included in the standard certificates since they could not be collected with reasonable completeness and accuracy or the vital statistics system was not the best source to obtain the information. This project represented a truly cooperative effort in every sense of the word. We in NCHS believe that the Panel and its Subgroups provided excellent suggestions. We feel confident that these documents will be very effective in serving the many legal and statistical uses of these records in the 21<sup>st</sup> century.

The expert Panel also focused on improving the information collection process to better meet the needs of the many users of vital records and vital statistics. The Panel looked beyond designing new paper documents and concentrated on developing an appropriate vital statistics data base grounded in the electronic transfer of information.

Much of the deliberation about certificate content was conducted in the Subgroups. The Birth, Death, Fetal Death, and Standards and Design Subgroups reviewed published literature, suggestions and recommendations; conducted detailed reviews of the then current (1989) certificates and report; and made suggestions to the Parent group. In addition to the practical expertise each brought to the meetings, the members reviewed the responses to questionnaires, heard testimony from a wide variety of professional associations and government agencies and other users of the data, and discussed in detail specific potential items.

The process of official HHS approval of the revised certificates and reports includes a review by all HHS agencies. During the review process, several small modifications were made to the original draft birth certificate and fetal death report revisions (initially released in 2001), as follows:

- The last response category for the item on cigarette smoking during pregnancy (#37 on the birth certificate and #31 on the fetal death report) has been modified to read “third trimester of pregnancy” instead of “last three months of pregnancy” to clarify the time period.
- Portions of the item “Risk Factors in this Pregnancy” (#41 on the birth certificate and #36 on the fetal death report) have been modified, as follows:
  - The Hypertension category now includes three checkboxes, “Prepregnancy (chronic); Gestational (PIH, preeclampsia); Eclampsia.
  - The checkbox for “vaginal bleeding during this pregnancy prior to the onset of labor” has been deleted because it is believed that it will not yield useful, reliable data.
  - The checkbox, “Pregnancy resulted from infertility treatment” has been modified to read “Pregnancy resulted from infertility treatment – if Yes, check all that apply  
--Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination  
--Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))”
- There was great concern raised regarding collection of data on herpes simplex virus because a positive test HSV-2 may not represent genital herpes, but infection posing no risk to perinatal health. As a result, this checkbox has been deleted from the item “Infections present and/or treated during this pregnancy” on the birth certificate (Item 42) and the fetal death report (Item 37).
- The item on breastfeeding (#58 on the birth certificate) has been reworded as follows: “Is the infant being breastfed at discharge?” to effectively address the HRSA Maternal and Child Health Bureau Performance Measure 09, for which there is no other national data source.

The HHS review also resulted in some changes in the instruction portion of the revised death certificate, as follows:

- The sentence "Residence refers to decedent's home" was deleted from the funeral director instructions for item 14 because the term "residence" does not appear in item 14.
- The medical certifier instructions about the tobacco use item (item 35) were modified to focus on diseases attributed to tobacco use but exclude some of the broad or vague diseases. The instruction now reads: "Check 'yes' if, in your opinion, the use of tobacco contributed to death. Tobacco use may contribute to deaths due to a wide variety of diseases; for example, tobacco use contributes to many deaths due to emphysema or lung cancer and some heart disease and cancers of the head and neck. Check 'no' if, in your clinical judgment, tobacco use did not contribute to this particular death."

As Secretary Thompson notes in his Foreword, making changes to the standard certificates "is in keeping with a long history of rigorous evaluation of the quality and usefulness of data generated by the vital statistics system and efforts to improve these data." As mentioned, the Panel carefully reviewed all the current items to assess whether each met the rigorous evaluation criteria. One current item on the birth certificate is not included on the revised certificate, that is, the item on alcohol use during pregnancy. It is of course widely recognized that alcohol use is linked to higher rates of various negative outcomes for infant health and development, including Fetal Alcohol Syndrome (FAS), one of the leading causes of preventable birth defects and developmental disabilities. The Panel reviewed evidence documenting the severe underreporting of alcohol use on the birth certificate and the incompatible trends in alcohol use according to birth certificate data as compared with specialized surveys, and concluded that the data served to communicate misinformation about the prevalence and trends in drinking during pregnancy. The Panel thus suggested that the current question on alcohol use be deleted from the birth certificate and fetal death report. However, HHS will soon be initiating research to determine if a valid question on alcohol use can be developed for use in vital records, and if so, to develop a question for the birth certificate (and fetal death report) that we will encourage the states to implement.

NCHS, together with the National Association for Public Health Statistics and Information Systems (NAPHSIS) and the Social Security Administration (SSA), is involved in an intensive effort to fundamentally re-engineer the processes through which vital statistics are collected and produced in the U.S. The primary objectives of this effort are to improve the timeliness, quality, and sustainability of the decentralized vital statistics system by adopting a technologically sophisticated, cost-effective model electronic system based on nationally developed standards and models. The production of usable national vital statistics relies heavily on uniformity of data from the individual registration areas. In addition comparisons among states and between states and the nation as a whole can only be done if the data are comparable.

The Division of Vital Statistics (DVS) has made available to all states the file layouts for each data set, which indicate the recommended minimum basic data sets. The specifications for coding the items are also available. To assist you in your re-engineering activities and in implementing the new certificates, NCHS has made available a wide array of documents and technical reference materials. These documents are all available on our revision website, at:

[http://www.cdc.gov/nchs/vital\\_certs\\_rev.htm](http://www.cdc.gov/nchs/vital_certs_rev.htm) We are continuing to update the website and will continue to inform you of the availability of new materials and changes to current materials. The coding specifications for the data items and the file layouts are now being revised to incorporate the changes in data items mentioned above, and will be available very soon.

Rather than expecting that all states will implement the revised certificates at the same time, as has been the case with previous revisions, we believe we can be more efficient and effective by focusing our limited resources on a linked re-engineering and certificate implementation. Thus, implementation will be phased in state-by-state over the next several years. We expect that this process will be completed within five years.

If you are in need of any technical assistance or have any questions, please contact my staff in the Division of Vital Statistics. We welcome any suggestions that you may have for facilitating the timely implementation of the new documents.

With best wishes.

Sincerely,

Edward J. Sondik, Ph.D.  
Director

Enclosures