



Georgia Birth Defects Registry

Codebook

Line List File (.csv) Layout and Format

Missing Data: Alphanumeric field = Blank fill

Numeric field = Blank fill

Justification: Alphanumeric field = Left-justified

Numeric field = Right-justified, with leading 0 if needed

Required: Field cannot be blank when uploading to the SendSS FTP

Code Book for Electronic (.csv) Line List File Submission to SendSS FTP

Variable Name	Field Description	Field Type	Definition and Logic
Bhosp (required)	Full name of birthing hospital	Character	Birthing hospital full name <ul style="list-style-type: none"> • This field should not be missing. • If the hospital reporting the case is not the birthing facility and the birthing facility is unknown, provide the name of the reporting facility.

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Variable Name	Field Description	Field Type	Definition and Logic
CMRN	Child medical record number	Alphanumeric	Child's medical record number <ul style="list-style-type: none"> • The case must have at least one medical record number. • Multiple medical record numbers are possible. Medical record numbers should be different for different sources. All case medical record numbers must be different from all mother's medical record numbers. The mother's medical record number may be used by the source to identify a fetal death, but would not be allowable in this field.
eBC	Birth certificate ID number	Numeric, 6 digits, at least 2 leading zeroes	Electronic birth certificate number (six digits, including at least two leading zeroes)
DOB (required)	Child's date of birth	Date (MM/DD/YYYY)	Child's date of birth <ul style="list-style-type: none"> • This field should not be missing. • Every live birth must have a date of birth. • The date should include valid month, day, and year. If any of the three parts is unknown, all known date elements should be recorded in separate fields. • The date of delivery for a live birth should be after the date of last menstrual period (LMP) and date of conception.

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Variable Name	Field Description	Field Type	Definition and Logic
CLName (required)	Child last name	Character	Child's last name <ul style="list-style-type: none"> This field should not be missing. If child's name is hyphenated, avoid spaces before/after the hyphen.
CFName (required)	Child first name	Character	Child's first name <ul style="list-style-type: none"> This field should not be missing.
CMI	Child middle initial	Character (1 letter)	Child's middle name initial
Caltlast1	Child alternate last name	Character	Child's alternate last name
Sex (required)	Child sex	Numeric	Child's sex (choose one): <ul style="list-style-type: none"> This field should not be missing. 1=Male 2=Female 9= Ambiguous or unknown
MMRN	Mother medical record number	Alphanumeric	Mother's medical record number <ul style="list-style-type: none"> The case should have at least one medical record number. Multiple medical record numbers are possible. Medical record numbers should be different for different sources. All maternal medical record numbers must be different from all child's medical record numbers. The mother's medical record number may be used by the source to identify a fetal death, but would not be allowable in this field.

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Variable Name	Field Description	Field Type	Definition and Logic
MDOB (required)	Mother date of birth	Date (MM/DD/YYYY)	Mother's date of birth <ul style="list-style-type: none"> This field should not be missing. If any parts are missing, all known date elements should be recorded in separate fields. The date should include month, day, and year. Maternal age calculated outside of the range of 12 to 49 years suggests the need for verification. If the mother's date of birth is the same as the father's date of birth, the birth defects program should double-check to ensure this is true.
MLName (required)	Mother last name	Character	Mother's last name <ul style="list-style-type: none"> This field should not be missing. Every record must have at least one name for the mother and should have first and last names. To establish the existence of missing names, there should be separate fields. If the mother's last name is hyphenated, both names should be in the last name field, no space around the hyphen.
MFName (required)	Mother first name	Character	Mother's first name <ul style="list-style-type: none"> This field should not be missing.
MMI	Mother middle initial	Character (1 letter)	Mother's middle name initial
Mmaiden	Mother maiden name	Character	Mother's maiden name

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Variable Name	Field Description	Field Type	Definition and Logic
Mrace	Mother race/ethnicity	Numeric	Mother's race/ethnicity (choose one): <ul style="list-style-type: none"> • 1=White • 2=Black/African-American • 3=Asian • 4=Native Hawaiian/Pacific Islander • 5=American Indian/Alaskan Native • 6=Other • 7=Multiple • 9=Unknown • Every record should have mother's race recorded except when the mother's identity is unknown (e.g., baby was left at a safe haven or abandoned) • Racial categories should be compatible with the federal standards in current use for race
Methnicity	Mother's ethnicity	Numeric	Mother's ethnicity <ul style="list-style-type: none"> • 0=Not Hispanic • 1=Hispanic/Latino • 9=Unknown • Every record should have mother's ethnicity recorded except when the mother's identity is unknown (e.g., baby was left at a safe haven or abandoned) • Ethnicity categories should be compatible with the federal standards in current use for ethnicity
Street_Address	Mother street address	Alphanumeric	Mother's street address
City	Mother city	Character	Mother's city
County	Mother county	Character	Mother's county
State	Mother state	Character (2 letters)	Mother's state

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Variable Name	Field Description	Field Type	Definition and Logic
Zip	Mother zip code	Numeric (5 digits)	Mother's zip code
Home_Phone	Mother phone number	Numeric (10 digits)	Mother's contact number
Alt_Phone	Alternate phone number	Numeric (10 digits)	Alternate phone number
Gest_Age_w	Gestational age, weeks	Numeric (2 digits)	<p>Gestational age, weeks</p> <ul style="list-style-type: none"> Completed weeks of gestation at the time of delivery, as derived from prenatal ultrasound, last menstrual period, postnatal exam, etc. Any value less than 9 or greater than 44 should be checked. Birth defects occurring in fetal losses of at least 20 weeks are reportable to the Georgia Birth Defects Registry. If pregnancy outcome is live birth, gestational age less than 20 weeks should be checked. Program may want to check for consistency with birth weight.
Gest_Age_d	Gestational age, days	Numeric (1 digit)	<p>Gestational age, days:</p> <ul style="list-style-type: none"> Completed days of gestation at the time of delivery, as derived from prenatal ultrasound, last menstrual period, postnatal exam, etc. Minimum 0 Maximum 6

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Variable Name	Field Description	Field Type	Definition and Logic
BStatus	Birth status	Numeric	Outcome of the index pregnancy (choose one): <ul style="list-style-type: none"> • 1=Live birth • 2=Stillbirth (≥20 weeks gestation) • 3=Fetal death (<20 weeks gestation) • 4=Termination • 5=Unspecified non-live birth • 6=Multiple live birth • 7=Multiple birth, intrauterine fetal demise of twin • 9=Unknown
Dt_Exp	Date of fetal/infant demise	Date (MM/DD/YYYY)	Date of demise after a live birth <ul style="list-style-type: none"> • This field should only be filled out if the pregnancy outcome is “live birth” and the child is known to have died. If any of the three parts is missing, all known date elements should be recorded in separate fields. • The date should include month, day, and year. • The date of death should be on or after the date of delivery and on or after any date of prenatal diagnostic procedure or prenatal ultrasound.

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Variable Name	Field Description	Field Type	Definition and Logic
BWt	Birth weight	Numeric	Weight in grams of the infant or fetus at delivery <ul style="list-style-type: none"> • Missing values are possible. Attention is needed to ensure the value used for missing, such as 999, is considered when converting between metrics. • If the weight is less than or equal to 227 grams or greater than or equal to 5,000 grams, the weight should be verified.
Diagdt	Diagnosis date	Date (MM/DD/YYYY)	Date of birth defect(s) diagnosis, if known <ul style="list-style-type: none"> • If multiple diagnoses, report earliest date.

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Variable Name	Field Description	Field Type	Definition and Logic
<p>ICD1 – ICD37 (at least 1 required)</p>	<p>ICD-10-CM diagnosis codes</p>	<p>Alphanumeric (single letter with 2 digits, decimal point, and up to 3 digits to the right of the decimal point)</p>	<p>Reportable birth defect ICD-10-CM diagnosis codes (alphanumeric)</p> <ul style="list-style-type: none"> • This field should not be missing. Every row in the line list must have at least one ICD-10-CM code. • If exported ICD-10-CM codes do not include the decimal point, please contact the Georgia Birth Defects Registry staff at birthdefects@dph.ga.gov. • Only reportable birth defects should be included in these fields. See Appendix D on page [] for the full list of major birth defects that are reportable to the Georgia Birth Defects Registry. • Each condition should be in its own column • No verbatim or description should be included in this field. If specific verbatim are given, please list in corresponding columns (e.g., ICDverbatim1). • Include up to 37 different conditions. • Create new column(s) if more than 37 conditions need to be reported. • Please contact the Birth Defects Registry staff with any ICD code export issues or changes.

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Variable Name	Field Description	Field Type	Definition and Logic
Repfacility	Full name of reporting hospital	Character	Reporting hospital full name <ul style="list-style-type: none"> • This field should not be missing. • May match Bhosp because case was reported at birth or true Bhosp was unknown.
PCFLName	Person reporting case, last name	Character	Last name of the person reporting case
PCFFName	Person reporting case, first name	Character	First name of the person reporting case
PCFPhone	Person reporting case, phone number	Numeric (10 digits)	Phone number for the person reporting case
ReportDt (required)	Report date	Date (MM/DD/YYYY)	Date case is being reported