ATTACHMENT C
ACCESS TO VITAL EVENT DATA
EXHIBIT 1

Checklist for Birth Certificate Data
2005 and beyond

Instructions:

1. Since these data are confidential, all requested certificate items need to have brief justifications according to LHE project aims.
2. If a certificate item is used for linkage, then state how and whether it will be removed from the resulting linked analysis file. If the certificate item will be retained in the linked analysis file, please also provide a brief justification according to LHE project aims.
3. For certain sensitive data elements, such as certificate number or residence address, consider alternative means of accomplishing LHE project aims while using less sensitive data. Examples include creating a LHE unique identifier instead of requesting the certificate number and requesting geocoded census tracts instead of residence address.

I. Birth Certificate Items Available Electronically

✓	Item Number	Item Descriptor	Justification
☒		Random Unique ID (unrelated to certificate number)	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
☐		Birth Number (Certificate Number)	
☒		Child's Birth State	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
☒	1.	Child's Name	
☒		First	
☒		Middle	
☒		Last	
☒		Suffix	
☒	2.	Date of Birth (mm/dd/yyyy)	
☒	3.	Sex	
☒	4a.	Place of Birth – County	
☒	4b.	City or Town	
☒ ☒	5.	Time of Birth AM/PM	
☒	6a.	Plurality - Single, Twin, Triplet, etc.	
☒	6b.	If Plural Birth, Born, 1st, 2nd, 3rd, etc.	
☒ ☒	7a.	Place of Birth: Clinic/Doctor's Office Licensed Birthing Center Hospital Home Birth (Planned to deliver at home? Yes/No) Other: Other (Specify) - *includes residential addresses for home births*	
☒	7b.	Name of Hospital or Birthing Center *(street address for not institution)*	
☒ ☒	8b.	Attendant Type: MD, DO, CNM, Midwife, Other Other (Specify):	
	10.	Mother's Name Prior to First Marriage	

☒		First	
☒		Middle	
☒		Last	
☒		Suffix	
☒	11	Date of Birth (mm/dd/yyyy)	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
☒	12	Birthplace (state, territory, or foreign country)	
☒	13a.	Residence State	
☒	13b.	County	
☒	13c.	City, Town or Location	
☒ ☒	13d.	Street Address or Rural Location Mother's residence apartment number	
☒	13e.	Zip Code	
☒	13f.	Inside City Limits (Yes/No)	
☒	14.	Mother's Mailing Address	
☒		Mother's Mailing Apartment Number	
☒		Mother's Mailing City	
☒		Mother's Mailing State	
✓	**Item Number**	**Item Descriptor**	
☒		Mother's Mailing Zip Code	
☒		Same as Residence, or:	
	15.	Father Name	
☒		First	
☒		Middle	
☒		Last	
☒		Suffix	
☒	16.	Date of Birth (mm/dd/yyyy)	
☒	17.	Birthplace (state, territory or foreign country)	

Items 19 through 65 are Confidential Information for medical and public health use.
Texas Health and Safety Code, Sec.192.002(b)

✓	Item Number	Item Descriptor	Justification
	19.	Mother's Current Legal Name	Provision of essential public health services per Health and Safety Code 1001.089 and 121.002, and as approved by program.
☒		First	
☒		Middle	
☒		Last	
☒	22.	Mother Married (Yes/No)	
☒ ☒ ☒ ☒ ☒	26	Father's Mailing Address Father's Mailing Apartment Number Father's Mailing City Father's Mailing State Father's Mailing Zip Code	
☒		Same as Mother	
☒	27.	Mother's Education	
		8th Grade or Less	
		9th - 12th Grade, No Diploma	
		High School Graduate or GED	
		Some College Credit, but No Degree	
		Associate Degree (e.g., AA, AS)	
		Bachelor's Degree (e.g., BA, AB, BS)	

		Master's Degree (e.g. MA, MS, MEng, Med, MSW, MBA)	
		Doctorate (e.g., PhD. EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)	
	28.	Mother of Hispanic Origin?	Provision of essential public health services per Health and Safety Code 1001.089 and 121.002, and as approved by program.
☒		No, Not Spanish, Hispanic/Latina	
☒		Yes, Mexican, Mexican American, Chicana	
☒		Yes, Puerto Rican	
☒		Yes, Cuban	
☒		Yes, Other Spanish, Hispanic/Latina	
☒		Yes, Other Spanish, Hispanic/Latina (Specify)	
☒		Mother of Hispanic Origin: Unknown	
	29.	Mother's Race	
☒		White	
☒		Black or African American	
✓	**Item Number**	**Item Descriptor**	
☒		American Indian or Alaska Native	
☒		American Indian or Alaska Native (Name of the enrolled or principal tribe)	
☒		Asian Indian	
☒		Chinese	
☒		Filipino	
☒		Japanese	
☒		Korean	
☒		Vietnamese	
☒		Other Asian	
☒		Other Asian (Specify)	
☒		Native Hawaiian	
☒		Guamanian or Chamorro	
☒		Samoan	
☒		Other Pacific Islander	
☒		Other Pacific Islander (Specify)	
☒		Other	
☒		Other (Specify)	
☒		Mother's Race: Unknown	
☒	30.	Father's Education	
		8th Grade or Less	
		9th - 12th Grade, No Diploma	
		High School Graduate or GED	
		Some College Credit, but No Degree	
		Associates Degree (e.g., AA, AS)	
		Bachelor's Degree (e.g., BA, AB, BS)	
		Master's Degree (e.g., MA, MS, MEng, Med, MSW, MBA)	
		Doctorate (e.g., PhD. EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)	
	31.	Father of Hispanic Origin?	
☒		No, not Spanish, Hispanic/Latino	
☒		Yes, Mexican, Mexican American, Chicana	
☒		Yes, Puerto Rican	
☒		Yes, Cuban	
☒		Yes, Other Spanish, Hispanic/Latino	

☒		Yes, Other Spanish, Hispanic/Latino (Specify)	
☒		Father of Hispanic Origin: Unknown	
	32.	Father's Race	Provision of essential public health services per Health and Safety Code1001.089 and 121.002, and as approved by program.
☒		White	
☒		Black or African American	
☒		American Indian or Alaska Native	
☒		American Indian or Alaska Native (Name of the enrolled or principal tribe)	
☒		Asian Indian	
☒		Chinese	
☒		Filipino	
☒		Japanese	
☒		Korean	
✓	**Item Number**	**Item Descriptor**	
☒		Vietnamese	
☒		Other Asian	
☒		Other Asian (Specify)	
☒		Native Hawaiian	
☒		Guamanian or Chamorro	
☒		Samoan	
☒		Other Pacific Islander	
☒		Other Pacific Islander (Specify)	
☒		Other	
☒		Other (Specify)	
☒		Father's Race: Unknown	
	33.	Mother	
☒		Usual Occupation	
	34.	Father	
☒		Usual Occupation	
	35.	Mother	
☒		Type of Business/Industry	
	36.	Father	
☒		Type of Business/Industry	
		Pregnancy History	
		PREVIOUS LIVE BIRTHS (Do not include this child)	
☒	37a.	Now Living	
		Number	
		None	
☒	37b.	Now Dead	
		Number	
		None	
☒	37c.	Date of Last Live Birth (mm/yyyy)	
☒	37d.	OTHER PREGNANCY OUTCOMES	
		Number	
		None	
☒	37e.	Date Last Other Pregnancy Ended (mm/yyyy)	
	38.	SOURCE OF PRENATAL CARE (check all that apply)	
☒		Hospital Clinic	
☒		Public Health Clinic	

☒		Private Physician	
☒		Midwife	
☒		None	Provision of essential public health services per Health and Safety Code 1001.089 and 121.002, and as approved by program.
☒		Unknown	
☒		Other	
☒		Other (Specify)	
☒	39.	Mother's Medicaid Number	
☒	40.	Mother's Prepregnancy Weight (pounds)	
☒	41.	Mother's Weight at Delivery (pounds)	
✓	**Item Number**	**Item Descriptor**	
☒	42.	Mother's Height (feet/inches)	
☒	43.	Date Last Normal Menses Began (mm/dd/yyyy)	
		PRENATAL CARE	
☒		No Prenatal Care	
☒	44a.	Date of First Visit (mm/dd/yyyy)	
☒	44b.	Date of Last Visit (mm/dd/yyyy)	
☒	44c.	Number of Prenatal Visits	
☒	45.	Cigarette Smoking Before and During Pregnancy Average Number of Cigarettes or Packs of Cigarettes Smoked per Day	
		Three Months Before Pregnancy	
☒		# of Cigarettes	
☒		# of Packs	
		First Three Months of Pregnancy	
☒		# of Cigarettes	
☒		# of Packs	
		Second Three Months of Pregnancy	
☒		# of Cigarettes	
☒		# of Packs	
		Third Trimester of Pregnancy	
☒		# of Cigarettes	
☒		# of Packs	
☒	46.	Principal Source of Payment for this Delivery	
		Private Insurance	
		Medicaid	
		Self-pay	
☒		Other (Specify)	
☒	47.	Did Mother get WIC Food for Herself During this Pregnancy? (Yes/No)	
☒	48.	Mother Transferred for Maternal Medical or Fetus Indications for this Delivery? (Yes/No)	
☒		If Yes, Enter the Name of Facility Mother Transferred From:	
	49.	Risk Factors in this Pregnancy (check all that apply)	
		Diabetes	
☒		Prepregnancy (diagnosis prior to this pregnancy)	
☒		Gestational (diagnosis in this pregnancy)	
		Hypertension	
☒		Prepregnancy (chronic)	
☒		Gestational (PIH preeclampsia)	
☒		Eclampsia	

☒		Previous Preterm Birth	
☒		Other Previous Poor Pregnancy Outcome (includes perinatal death, small-for-gestational age/intrauterine growth restricted growth)	Provision of essential public health services per Health and Safety Code 1001.089 and 121.002, and as approved by program.
☒		Pregnancy Resulted from Infertility Treatment	
☒		Fertility-enhancing Drugs, Artificial Insemination, or Intrauterine Insemination	
☒		Assisted Reproductive Technology (e.g., IVF, GIFT)	
☒ ☒		Mother had Previous Cesarean Delivery If yes, how many	
✓	**Item Number**	**Item Descriptor**	
☒		Antiretrovirals Administered During Pregnancy or at Delivery *(*Variables which provide or imply HIV or STD infection status cannot be provided to agencies outside of DSHS*)*	
☒		None of the Above	
	50.	Infections Present and/or Treated During this Pregnancy *(*Variables which provide or imply HIV or STD infection status cannot be provided to agencies outside of DSHS*)*	
☒		Gonorrhea	
☒		Syphilis	
☒		Chlamydia	
☒		Hepatitis B	
☒		Hepatitis C	
☒		None of the Above	
☒	51a.	HIV Test Done Prenatally (Yes/No) - *available for 2011 onwards*	
☒		First Trimester	
☒		Second Trimester	
☒		Third Trimester	
☒		Unknown	
☒		None	
☒	51b.	HIV Test Done at Delivery (Yes/No)	
☒		Infant Tested for HIV at Birth (Yes/No) - *available for 2011 onwards*	
	52.	Obstetric Procedures	
☒		Cervical Cerclage	
☒		Tocolysis	
		External Cephalic Version:	
☒		Successful	
☒		Failed	
☒		None of the Above	
	53.	Onset of Labor	
☒		Premature Rupture of the Membranes (prolonged ≥ 12 hrs.)	
☒		Precipitous Labor (< 3 hrs.)	
☒		Prolonged Labor (≥ 20 hrs.)	
☒		None of the Above	
	54.	Characteristics of Labor and Delivery	
☒		Induction of Labor	
☒		Augmentation of Labor	
☒		Non-Vertex of Labor	
☒		Steroids (glucocorticoids) for Fetal Lung Maturation Received by the Mother Prior to Delivery	

☒		Antibiotics Received by the Mother During Labor	
☒		Chorioamnionitis or Maternal Temperature ≥38°C (100.4°F)	Provision of essential public health services per Health and Safety Code 1001.089 and 121.002, and as approved by program.
☒		Moderate/Heavy Meconium Staining of the Amniotic Fluid	
☒		Fetal Intolerance of Labor Such That One or More of the Following Actions was Taken: In-Utero Resuscitative Measures, Further Fetal Assessment or Operative Delivery	
☒		Epidural or Spinal Anesthesia During Labor	
☒		None of the Above	
	55.	Method of Delivery	
☒	55a.	Was Delivery with Forceps Attempted but Unsuccessful? (Yes/No)	
✓	**Item Number**	**Item Descriptor**	
☒	55b.	Was Delivery with Vacuum Extraction Attempted but Unsuccessful? (Yes/No)	
☒	55c.	Fetal Presentation at Birth	
		Cephalic	
		Breech	
		Other	
☒	55d.	Final Route and Method of Delivery (check one)	
		Vaginal/Spontaneous	
		Vaginal/Forceps	
		Vaginal/Vacuum	
☒		Cesarean If Cesarean, was a Trial of Labor Attempted: (Yes/No)	
	56.	Maternal Morbidity - Complications Associated with Labor and Delivery (Check All That Apply)	
☒		Maternal Transfusion	
☒		Third- or Fourth-Degree Perineal Laceration	
☒		Ruptured Uterus	
☒		Unplanned Hysterectomy	
☒		Admission to Intensive Care Unit	
☒		Unplanned Operating Room Procedure Following Delivery	
☒		None of the Above	
		Newborn Information	
☒	57.	Hepatitis B Immunization Given? (Yes/No)	
	58.	Birthweight (G or LB. OZ.)	
☒		G	
☒		LB	
☒		OZ	
☒	59.	Obstetric Estimate of Gestation (completed weeks)	
☒	60a.	Apgar Score at 5 Minutes	
☒	60b.	If 5 Minute Score is Less Than 6, Apgar Score at 10 Minutes	
☒	61.	Is the Infant Living at the Time of the Report? (Yes/No)	
☒	62.	Is the Infant Being Breastfed at the Time of Discharge?	
		Yes	
		No	
		Infant Transferred, Status Unknown	
	63.	Abnormal Conditions of the Newborn (check all that apply)	

☒		Assisted Ventilation Required Immediately Following Delivery	
☒		Assisted Ventilation Required for More Than 6 Hours	Provision of essential public health services per Health and Safety Code 1001.089 and 121.002, and as approved by program.
☒		NICU Admission	
☒		Newborn Given Surfactant Replacement Therapy	
☒		Antibiotics Received by the Newborn for Suspected Neonatal Sepsis	
☒		Seizure or Serious Neurologic Dysfunction	
☒		Significant Birth Injury (Skeletal Fracture(s), Peripheral Nerve Injury, and/or Soft Tissue/Solid Organ Hemorrhage Which Requires Intervention)	
✓	**Item Number**	**Item Descriptor**	
☒		None of the Above	
	64.	Congenital Anomalies of the Newborn (check all that apply)	
☒		Anencephaly	
☒		Meningomyelocele/Spina Bifida	
☒		Cyanotic Congenital Heart Disease	
☒		Congenital Diaphragmatic Hernia	
☒		Omphalocele	
☒		Gastroschisis	
☒		Limb Reduction Defect (excluding congenital amputation and dwarfing syndromes)	
☒		Cleft Lip with or Without Cleft Palate	
☒		Cleft Palate Alone	
☒		Down Syndrome	
☒		Karyotype Confirmed	
☒		Karyotype Pending	
☒		Suspected Chromosomal Disorder	
☒		Karyotype Confirmed	
☒		Karyotype Pending	
☒		Hypospadias	
☒		None of the Anomalies Listed Above	
☒	65.	Was Infant Transferred Within 24 Hours of Delivery? (Yes/No)	
☒		If Yes, Name of Facility Infant Transferred to:	

II. Variables Calculated Based on the Certificate Information

✓	**Item Number**	**Item Descriptor**	**Justification**
☒		Father's Age	Provision of essential public health services per Health and Safety Code 1001.089 and 121.002, and as approved by program.
☒		Mother's Age	
☒		Mother's Combined Race / Ethnicity	
☒		Mother's Bridged Race Code *(determined by NCHS)*	
☒		Father's Bridged Race Code *(determined by NCHS)*	
☒		Birth Weight Group	
☒		Birth Weight Calculated in Grams	
☒		Birth Weight Priority (2005-2017)	
☒		Calculated Gestation or Length of Pregnancy	
☒		Month Prenatal Care Began	
☒		Number of Live Births at this Delivery (2005-2018)	
☒		Longitude *(based on mother's street address)*	
☒		Latitude *(based on mother's street address)*	

☒		GIS Match Code	Provision of essential public health services per Health and Safety Code 1001.089 and 121.002, and as approved by program.
☒		GIS Location Code	
☒		Geocoding Accuracy	
☒		GIS Mother's Residence County Name (from 2014 data on)	
☒		GIS Mother's Residence County FIPS Code (from 2014 data on)	
☒		Zip Code Tabulation Area (ZCTA) (from 2013 data on)	
☒		1990 Census Tract *(based on mother's street address)*	
☒		2000 Census Tract *(based on mother's street address)*	
☒		2010 Census Tract (*based on mother's street address) - from 2010 data*	
☒		2020 Census Tract (based on mother's street address) – from 2020 data	

Last updated: December 7, 2023