	Indicator	Description	Why is this Important?	Numerator	Denominator	Do Not Include in Calculation if:
Children Under Age 5	Low birthweight (< 2500g)	An infant is considered to have low birthweight if their weight at birth is less than 2500 g (about 5.5 lb). This data is reported for infants born between January 1 and December 31 of the reporting year. Low birthweight is a risk factor for infant mortality	Low birthweight is the most important factor affecting neonatal mortality and is a determinant of post-neonatal mortality.	Number of infants with birthweight < 2500 g	Number of infants with a valid birthweight value who were born during the reporting period	The value is 0; 9999; blank The value is < 250 g - considered biologically implausible (BIV) Child is <= 12 months of age *If child's age is 1 month to < 6 months and birthweight is > weight* *If child's age is 1 day to < 1 month and weight is < 80% of birthweight*
	High birthweight (> 4000 g)	An infant is considered to have high birthweight if their weight at birth is greater than 4000 g (about 8.8 lb). This data is reported for infants born between January 1 and December 31 of the reporting year.	High birthweight puts infants at risk for birth injuries such as shoulder dystocia. Infant mortality rates for infants with birthweights greater than 4000 g are higher than infants with birthweights between 3000 and 4000 g.	Number of infants with birthweight > 4000 g	Number of infants with a valid reported birthweight value who were born during the reporting period	The value is 0; 9999; blank The value is > 6000 g - (BIV) Child is <= 12 months of age *If child's age is 1 month to < 6 months and birthweight is > weight* *If child's age is 1 day to < 1 month and weight is < 80% of birthweight*
	Short stature (< 5th percentile)	A child is considered to be of short stature when their length/height is less than the 5th percentile for their age based on the CDC gender- and age-specific stature reference. This data is reported for all children under age 5 who were examined between January 1 and December 31 of the reporting year.	Short stature is used as an indicator of chronic malnutrition. In addition, short stature may indicate a history of infections.	Number of children with length/height < 5th percentile for gender and age	Number of children with valid length/height data for the reporting period.	The value for weight is 0; 9999; blank The value for height is 0; 9999; blank Height for age z-score is < -5.0 Height for age z-score is > 3.0
	Underweight (< 5th percentile)	A child is considered to be underweight if their weight-to-length (used for children less than 2 years of age) or BMI-for-age (used for children who are 2 to 5 years of age) value is less than the 5th percentile. Underweight is used as an indicator for malnutrition. This data is reported for all children under age 5 who were examined between January 1 and December 31 of the reporting year.	Underweight is used as an indicator of acute malnutrition. In addition, underweight may indicate a history of diarrhea and/or starvation.	Number of children with weight-to-length or BMI-for-age < 5th percentile	Number of children with valid length/height and weight data for the reporting period.	The value for weight is 0; 9999; blank The value for height is 0; 9999; blank Weight-for-age z-score is < -5.0 - (BIV) Weight-for-age z-score is > 5.0 - (BIV) Weight-for-length (children aged < 2 years) z-score is < -4.0 - (BIV) Weight-for-length (children aged < 2 years) z-score is > 5.0 - (BIV) BMI-for-age (children aged >= 2 years) z-score is < -4.0 - (BIV) BMI-for-age (children aged >= 2 years) z-score is > 5.0 - (BIV)
	Obesity in children 0-5 (≥ 95th percentile)	A child is considered to be obese if their gender-specific weight-to-length (used for children less than 2 years of age) or BMI-for-age (used for children who are 2 to 5 years of age) value is greater than or equal to the 95th percentile. This data is reported for all children under age 5 who were examined between January 1 and December 31 of the reporting year.	Obesity may indicate low calorie expenditure and/or high calorie intake. Obesity in children over age two is associated with high blood pressure, high cholesterol, and glucose intolerance. In addition, obesity in children over age two is associated with overweight and obesity as an adult.	Number of children with weight-to-length or BMI-for-age >= 95th percentile	Number of children with valid length/height and weight data for the reporting period.	The value for weight is 0; 9999; blank The value for height is 0; 9999; blank Weight-for-age z-score is < -5.0 - (BIV) Weight-for-age z-score is > 5.0 - (BIV) Weight-for-length (children aged < 2 years) z-score is < -4.0 - (BIV) Weight-for-length (children aged < 2 years) z-score is > 5.0 - (BIV) BMI-for-age (children aged >= 2 years) z-score is < -4.0 - (BIV) BMI-for-age (children aged >= 2 years) z-score is > 5.0 - (BIV)
	Overweight in children 2-5 (85th-95th percentile)	A child 2 to 5 years of ages is considered to be overweight if their gender-specific BMI-for-age value is between the 85th and 95th percentile. This data is reported for children ages 2 to 5 who were examined between January 1 and December 31 of the reporting year.	Overweight may indicate low calorie expenditure and/or high calorie intake. Overweight in children over age two is associated with high blood pressure, high cholesterol, and glucose intolerance. In addition, overweight in children over age two is associated with overweight and obesity as an adult.	Number of childred aged >= 2 years with BMI-for-age > 85th percentile and < 95th percentile	Number of children aged >= 2 years with valid length/height and weight data for the reporting period.	The value for weight is 0; 9999; blank The value for height is 0; 9999; blank Weight-for-age z-score is < -5.0 - (BIV) Weight-for-age z-score is > 5.0 - (BIV) BMI-for-age (children aged >= 2 years) z-score is < -4.0 - (BIV) BMI-for-age (children aged >= 2 years) z-score is > 5.0 - (BIV)
	Obesity in children 2-5 (≥95th percentile)	A child 2 to 5 years of age is considered to be obese if their gender-specific BMI-for-age value is greater than or equal to the 95th percentile. This data is reported for children ages 2 to 5 who were examined between January 1 and December 31 of the reporting year.	Obesity may indicate low calorie expenditure and/or high calorie intake. Obesity in children over age two is associated with high blood pressure, high cholesterol, and glucose intolerance. In addition, obesity in children over age two is associated with overweight and obesity as an adult.	Number of childred aged >= 2 years with BMI-for-age >= 95th percentile	Number of children aged >= 2 years with valid length/height and weight data for the reporting period.	The value for weight is 0; 9999; blank The value for height is 0; 9999; blank Weight-for-age z-score is < -5.0 - (BIV) Weight-for-age z-score is > 5.0 - (BIV) BMI-for-age (children aged >= 2 years) z-score is < -4.0 - (BIV) BMI-for-age (children aged >= 2 years) z-score is > 5.0 - (BIV)
	Anemia in children (low hemoglobin)	A child 6 months to 5 years of age is considered anemic if their hemoglobin value is less than the 5th percentile for their gender and age. This data is reported for children ages 6 months to 5 years who were examined between January 1 and December 31 of the reporting year.	Anemia is used as an indicator of iron deficiency, which is a risk factor for developmental delays and behavioral disturbances in children.	Number of children aged >= 6 months with hemoglobin value < 5th percentile	Number of children aged >= 6 months with valid hemoglobin values for the reporting period.	The value is 0; 9999; blank Child is < 6 months of age The value is < 8.0 g/dL - BIV - (BIV) The value is > 17.0 g/dL - BIV - (BIV)
	Ever breastfed	A infant is considered to have ever been breastfed if they were reported to have been breastfed at one point in time, whether or not they are currently being breastfed. This data is reported for infants who were born between January 1 and December 31 of the reporting year.	Breastmilk is considered superior to alternative forms of infant nutrition. In addition, breastfeeding contributes to immunity to many viral and bacterial diseases and is associated with reduced risk of respiratory and diarrheal diseases.	Number of infants currently breastfed at date of visit + number of children ever breastfed	Number of infants with valid breastfeeding data for the reporting period	Currently breastfed is coded 1 (yes) **and** ever breastfed is not blank or 9 Currently Breastfed is coded blank or 9 (unknown) **and** Ever Breastfed is not coded blank or 9 (unknown or not applicable) Ever Breastfed is not coded 1 (yes) and Length of Time Breastfed is coded 00–96
	Breastfed at least 6 months	Infants who have been breastfed for at least 6 months, whether or not they are currently being breastfed. This data is reported for infants who turned 6 months of age by/at their date of visit between January 1 and December 31 of the reporting period.	Breastmilk is considered superior to alternative forms of infant nutrition. In addition, breastfeeding contributes to immunity to many viral and bacterial diseases and is associated with reduced risk of respiratory and diarrheal diseases.	Number of infants at least 6 months old and currently breastfed at date of visit + number of infants not currently breastfed but breastfed at least 6 months	Number of infants aged >=6 months with valid breastfeeding data for the reporting period.	Currently breastfed is not coded 2 (no) **and** length of time breastfed is coded 00–96 Ever breastfed is not coded 1 (yes) **and** length of time breastfed is coded 1–96
	Breastfed at least 12 months	Infants who have been breastfed for at least 12 months, whether or not they are currently being breastfed. This data is reported for infants who turned 12 months of age by/at their date of visit between January 1 and December 31 of the reporting period.	Breastmilk is considered superior to alternative forms of infant nutrition. In addition, breastfeeding contributes to immunity to many viral and bacterial diseases and is associated with reduced risk of respiratory and diarrheal diseases.	Number of children at least 12 months old and currently breastfed at date of visit + number of children not currently breastfed but breastfed at least 12 months	Number of infants aged >= 12 months with valid breastfeeding data for the reporting period.	Currently breastfed is not coded 2 (no) **and** length of time breastfed is coded 00–96 Ever breastfed is not coded 1 (yes) **and** length of time breastfed is coded 1–96
	Exclusive breastfeeding at least 3 months	Infants are considered to be exclusively breastfed at least 3 months if they turned 3 months by/at their date of visit and consumed only breastmilk during that time.	Breastmilk is considered superior to alternative forms of infant nutrition. In addition, breastfeeding contributes to immunity to many viral and bacterial diseases and is associated with reduced risk of respiratory and diarrheal diseases.	Number of children at >= 3 months old and currently breastfed at date of visit + number of children not currently breastfed but breastfed >= 3 months whose value for introduction to supplementary feeding is > 3 months.	Number of infants aged >= 3 months with valid breastfeeding data for the reporting period.	Currently breastfed is not coded 2 (no) **and** length of time breastfed is coded 00–96 Ever breastfed is not coded 1 (yes) **and** length of time breastfed is coded 1–96
	Exclusive breastfeeding at least 6 months	Infants are considered to be exclusively breastfed at least 6 months if they turned 6 months by/at their date of visit and consumed only breastmilk during that time.	Breastmilk is considered superior to alternative forms of infant nutrition. In addition, breastfeeding contributes to immunity to many viral and bacterial diseases and is associated with reduced risk of respiratory and diarrheal diseases.	Number of children at >= 6 months old and currently breastfed at date of visit + number of children not currently breastfed but breastfed >= 6 months whose value for introduction to supplementary feeding is > 6 months.	Number of infants aged >= 6 months with valid breastfeeding data for the reporting period.	Currently breastfed is not coded 2 (no) **and** length of time breastfed is coded 00–96 Ever breastfed is not coded 1 (yes) **and** length of time breastfed is coded 1–96
	Smoking in the household	A child is considered to live in a household with smoking if anyone in the household currently smokes inside the house at the time of the child's visit.	Second hand smoke is associated with poor growth in children. Children exposed to environmental smoke have higher rates of lower respiratory illnesses and sudden infant death syndrome. In addition, children with asthma whose parents smoke have more severe symptoms and more frequent asthmatic episodes.	Number of children living in a household where anyone currently smokes	Number of children with valid smoking data for the reporting period	The value is 0; 9; blank

	Indicator	Description	Why is this Important?	Numerator	Denominator	Do Not Include in Calculation if:
regnant and PostPartum Women	Pre-pregnancy BMI underweight	A woman is considered to be underweight prior to pregnancy if her pre-pregnancy BMI was less than 18.5.	Low pre-pregnancy weight is a risk factor for having an underweight infant, fetal growth problems, and pregnancy complications. In addition, low pre-pregancy weight may indicate malnourishment in the mother.	Number of women with BMI < 18.5	Number of women with valid weight and height data	The value for height is 0; blank; 9990-9998 The value for height is < 101.6 cm - (BIV) The value for height is > 212.9 cm - (BIV) The value for pre-pregnancy weight estimate is 0; blank The value for pre-pregnancy weight estimate is < 75 lb. - (BIV) The value for pre-preganancy weight estimate is > 350 lb. - (BIV)
	Pre-pregnancy BMI overweight	A woman is considered to be overweight prior to pregnancy if her pre-pregnancy BMI was between 25.0 and 29.9.	Being overweight pre-pregnancy is a risk factor for prenatal weight gain and postpartum weight retention.	Number of women with BMI >= 25.0 and <=29.9	Number of women with valid weight and height data	The value for height is 0; blank; 9990-9998 The value for height is < 101.6 cm - (BIV) The value for height is > 212.9 cm - (BIV) The value for pre-pregnancy weight estimate is 0; blank The value for pre-pregnancy weight estimate is < 75 lb. - (BIV) The value for pre-preganancy weight estimate is > 350 lb. - (BIV)
	Pre-pregnancy BMI obese	A woman is considered to be obese prior to pregnancy if her pre-pregnancy BMI was greater than or equal to 30.0.	Obesity prior to pregnancy is a risk factor for developing gestational diabetes. In addition, women who are obese prior to pregnancy may experience problems during birth such as shoulder dystocia.	Number of women with BMI >=30.0	Number of women with valid weight and height data	The value for height is 0; blank; 9990-9998 The value for height is < 101.6 cm - (BIV) The value for height is > 212.9 cm - (BIV) The value for pre-pregnancy weight estimate is 0; blank The value for pre-pregnancy weight estimate is < 75 lb. - (BIV) The value for pre-preganancy weight estimate is > 350 lb. - (BIV)
	Less than ideal maternal weight gain	A woman is considered to have less than ideal maternal weight gain if the total weight gain during pregnancy is less than the recommended amount based on her pre-pregnancy weight status. Women considered to be underweight pre-pregnancy are recommended to gain 28 - 40 lbs. Women considered to be normal weight pre-pregnancy are receommended to gain 25 - 35 lbs. Women considered to be overweight pre-pregnancy are recommended to gain 15 - 25 lbs. Women considered to be obese pre-pregnancy are recommended to gain 11 - 20 lbs.	Low maternal weight gain is a determinant of fetal growth and is associated with low birthweight and increased risk of delivering an infant with fetal growth restriction.	Number of women with less than the ideal amount of weight gain for their pre-pregnancy BMI	Number of women with valid weight, height, and maternal weight gain data	The value for height is 0; blank; 9990-9998 The value for height is < 101.6 cm - (BIV) The value for height is > 212.9 cm - (BIV) The value for pre-pregnancy weight estimate is 0; blank The value for pre-pregnancy weight estimate is < 75 lb. - (BIV) The value for pre-preganancy weight estimate is > 350 lb. - (BIV) The value for total weight gain is blank The value for total weight gain is < -30 lbs - (BIV) The value for total weight gain is > 97 lbs - (BIV)
	Greater than ideal maternal weight gain	A woman is considered to have greater than ideal maternal weight gain if the total weight gain during pregnancy is greater than the recommended amount based on her pre-pregnancy weight status. Women considered to be underweight pre-pregnancy are recommended to gain 28 - 40 lbs. Women considered to be normal weight pre-pregnancy are receommended to gain 25 - 35 lbs. Women considered to be overweight pre-pregnancy are recommended to gain 15 - 25 lbs. Women considered to be obese pre-pregnancy are recommended to gain 11 - 20 lbs.	Greater than ideal weight gain is associated with higher rates of cesarean deliveries and neonatal complications.	Number of women with more than the ideal amount of weight gain for their pre-pregnancy BMI	Number of women with valid weight, height, and maternal weight gain data	The value for height is 0; blank; 9990-9998 The value for height is < 101.6 cm - (BIV) The value for height is > 212.9 cm - (BIV) The value for pre-pregnancy weight estimate is 0; blank The value for pre-pregnancy weight estimate is < 75 lb. - (BIV) The value for pre-preganancy weight estimate is > 350 lb. - (BIV) The value for total weight gain is blank The value for total weight gain is < -30 lbs - (BIV) The value for total weight gain is > 97 lbs - (BIV)
	Anemia in the 3rd trimester	A woman is considered to have anemia during her third trimester if her hemoglobin value is less than the 5th percentile (< 11.0 g/dL)	Anemia during pregnancy increases the risk of preterm delivery and delivery of a low birthweight infant.	Number of women with valid Hb, LMP or EDC data, and prenatal visit date data who are between 27-32 weeks gestation and hemoglobin value is < 5th percentile.	Number of women with valid Hb, and LMP or EDC data who are between 27-32 weeks gestation.	0; blank; 990-998 The value for hemoglobin is < 8.0 g/dL - (BIV) The value for hemoglobin is > 17.0 g/dL - (BIV) *do I need to add all of the valid date checks for LMP??
	Postpartum anemia	A postpartum woman is considered to have anemia if she is at least 28 days postpartum and her hemoglobin is less than 12.0 g/dL. If the woman is less than 15 years old, she is considered to have anemia if her hemoglobin is less than 11.8 g/dL.		Number of women with valid postpartum Hb, infant date of birth, and PP visit date data, who are at least 4 weeks postpartum and whose Hb is < 12.0 g/dL for those >= 15 years of age. For women < 15 years of age, Hb value is < 11.8 g/dL.	Number of women who are at least 4 weeks postpartum with valid Hb data.	0; blank; 990-998 The value for hemoglobin is < 8.0 g/dL - (BIV) The value for hemoglobin is > 17.0 g/dL - (BIV) *do I need to add all of the valid date checks for LMP?? *do I need to add the valid age checks?
	No previous pregnancies	A woman is considered to have no previous pregnancies if she has never been pregnant for 20 or more weeks prior to the current pregnancy.	The number of previous pregnancies has been shown to impact the health status of women and infant birthweight in some groups. In addition, some studies have shown that first born children have a lower average birthweight than subsequent children.	Number of women with no previous pregnancies.	Number of women with valid pregnancy data (parity).	blank; 99
	One previous pregnancy	A woman is considered to have one previous pregnancy if she was pregnant once for 20 or more weeks prior to the current pregnancy.	The number of previous pregnancies has been shown to impact the health status of women and infant birthweight in some groups.	Number of women with one previous pregnancy (parity = 01)	Number of women with valid pregnancy data (parity).	blank; 99
	Two previous pregnancies	A woman is considered to have two previous pregnancies if she was pregnant twice for 20 or more weeks prior to the current pregnancy.	The number of previous pregnancies has been shown to impact the health status of women and infant birthweight in some groups.	Number of women with two previous pregnancies (parity = 02)	Number of women with valid pregnancy data (parity).	blank; 99
	Three or more previous pregnancies	A woman is considered to have three or more previous pregnancies if she was pregnant three or more times for 20 or more weeks prior to the current pregnancy.	The number of previous pregnancies has been shown to impact the health status of women and infant birthweight in some groups.	Number of women with >= 3 previous pregancies (parity >= 3)	Number of women with valid pregnancy data (parity).	blank; 99
	Interpregnancy interval of less than 6 months	The interpregnancy interval is the amount of time between pregnancies. A woman is considered to have an interpregnancy interval of less than 6 months if her last pregnancy of at least 20 weeks ended less than six months before her current pregnancy.	Women with a short interpregnancy interval are at nutritional risk and have a greater chance for adverse birth outcomes. Women with a interpregnancy interval less than 18 months have a greater chance of delivering a full term small for gestational age infant compared to women with interpregnacy intervals of 24 - 36 months.	Number of women whose date of last pregnancy ended is <6 months from their date of last menstrual period (LMP).	Number of women with valid data on date last pregnancy ended and date of LMP	0; blank Year of Date last pregnancy ended field is < 41 years of computer date Year of Date last pregnancy ended field is > than computer date Parity = 0 or unknown
	Interpregnancy interval of 6 to less than 18 months	The interpregnancy interval is the amount of time between pregnancies. A woman is considered to have an interpregnancy interval of 6 to less than 18 months if her last pregnancy of at least 20 weeks ended six months to less than 18 months before her current pregnancy.	Women with a short interpregnancy interval are at nutritional risk and have a greater chance for adverse birth outcomes. Women with a interpregnancy interval less than 18 months have a greater chance of delivering a full term small for gestational age infant compared to women with interpregnacy intervals of 24 - 36 months.	Number of women whose date of last pregnancy ended is >=6 months and < 18 months from their date of last menstrual period (LMP).	Number of women with valid data on date last pregnancy ended and date of LMP	0; blank Year of Date last pregnancy ended field is < 41 years of computer date Year of Date last pregnancy ended field is > than computer date Parity is 0 or unknown
	Interpregnancy interval of 18 months or greater	The interpregnancy interval is the amount of time between pregnancies. A woman is considered to have an interpregnancy interval of 18 months or greater if her last pregnancy of at least 20 weeks ended 18 or more months before her current pregnancy.	Women with a short interpregnancy interval are at nutritional risk and have a greater chance for adverse birth outcomes. Women with a interpregnancy interval less than 18 months have a greater chance of delivering a full term small for gestational age infant compared to women with interpregnacy intervals of 24 - 36 months.	Number of women whose date of last pregnancy ended is >= 18 months from their date of last menstrual period (LMP).	Number of women with valid data on date last pregnancy ended and date of LMP	0; blank Year of Date last pregnancy ended field is < 41 years of computer date Year of Date last pregnancy ended field is > than computer date Parity is 0 or unknown
	Gestational diabetes during pregnancy	This value indicates whether a woman has been informed by her doctor that she has gestational diabetes with her current pregnancy.	Gestational diabetes increases the risks of complications during pregnancy. In addition, gestational diabetes is a risk factor for developing Type II diabetes later in life and delivering a macrosomic (?) infant.	Number of women with gestational diabetes	Number of women with valid gestational diabetes data for the reporting period	0; 9; blank
	Hypertension during pregnancy	This value indicates whether a woman has been informed by her doctor that she has hypertension during her pregnancy. An adult is considered to have hypertension when their systolic pressure is greater than 140 mm Hg and their diastolic pressure is above 90 mm Hg.	Hypertension during pregnancy can lead to preeclampsia, eclampsia, preterm delivery and other fetal complications.	Number of women with chronic and gestational high blood pressure	Number of women with valid data on high blood pressure during pregnancy	0; 9; blank

Indicator	Description	Why is this Important?	Numerator	Denominator	Do Not Include in Calculation if:
Medical care in the 1st trimester	Medical care in the 1st trimester indicates if the woman received prenatal care within the first 3 months of her current (or most current if postpartum) pregnancy. Not having prenatal care in the first trimester is a risk factor for poor infant outcomes.	Women whose prenatal care starts after the first trimester are at risk for poor pregnancy outcomes such as premature or low birthweight infants.	Number of women who began prenatal care in their 1st, 2nd or 3rd months of their current or most current pregnancy. (Medical care began <= 3 months)	Number of women with valid data on prenatal care (including those who did not receive prenatal care).	9; blank
No medical care during pregnancy	No medical care during pregnancy indicates that the woman received no prenatal care during her current pregnacy (or most current if postpartum). Not having prenatal care is a risk factor for poor infant outcomes.	Women whose prenatal care starts after the first trimester are at risk for poor pregnancy outcomes such as premature or low birthweight infants.	Number of women who received no medical care during their current or most current pregnancy. (Medical care began = 0)	Number of women with valid data on prenatal care (including those who did not receive prenatal care).	blank; 9
WIC enrollment in 1st trimester	This value indicates whether a pregnant woman enrolled in WIC during her first trimester of her current pregnancy.	Studies have shown that WIC enrollment within the first trimester is associated with improved infant birthweights and a reduction in preterm delivery.	Number of women whose date enrolled in WIC value is 0-13 weeks greater than their date of LMP	Number of women with valid data on WIC enrollment and date of LMP	blank; 999 Year of WIC enrollment date is 3 years less than the computer date Year of WIC enrollment date is > computer date Date of LMP does not precede WIC enrollment date
Multivitamin consumption during pregnancy	This value indicates whether a pregnant woman was taking a multivitamin within the past month.	Multivitamins contain the recommended amount of folic acid and iron. The consumption of an adequate amount of folic acid during pregnancy has been shown to reduce neural tube defects such as spina bifida. Iron consumption reduces the risk of anemia during pregnancy.	Number of women who indicated they were taking a multivitamin	Number of women with valid multivitamin data.	0; 9; blank
Smoking in 3 months prior to pregnancy	This value indicates whether a pregnant woman was smoking any number of cigarettes in the 3 months prior to her pregnancy. This value is used to determine smoking cessation.	Smoking during pregnancy is associated with increased rates of low birthweight delivery, spontaneous abortion, sudden infant death syndrome and long-term negative effects on growth, development, behavior, and cognition.	Number of women who smoked prior to pregnancy	Number of women with valid data on smoking before pregnancy.	blank; 99
Smoking during last 3 months of pregnancy	This value indicates whether a woman was smoking any number of cigarettes in the last 3 months of her pregancy. Smoking during pregnancy is a risk factor for low infant birthweight.	Smoking during pregnancy is associated with increased rates of low birthweight delivery, spontaneous abortion, sudden infant death syndrome and long-term negative effects on growth, development, behavior, and cognition.	Number of women who smoked during the last 3 months of pregnancy	Number of women with valid data on smoking during the last 3 months of pregnancy.	blank; 99
Quit smoking by first prenatal visit & stayed off cigarettes	This value indicates whether a woman who smoked in the three months prior to her pregnancy who had quit smoking by their first prenatal or initial program visit.	Women who quit smoking prior to pregnancy have no greater risk of having a preterm or low birthweight infant than women who did not smoke prior to pregnancy.	Number of women who smoked 3 months prior to pregnancy, who quit smoking before their first prenatal visit and were not smoking during the last 3 months of their pregnancy	Number of women who were smoking 3 months before pregnancy	blank; 99
Smoking in the household in prenatal period	This value indicates whether anyone in the home besides the pregnant woman smoked cigarettes at the time of her first prenatal visit.	Mothers exposed to environmental smoke are more likely to have low birthweight or small-for-gestational age infants than mothers who are not exposed to secondhand smoke.	Number of women exposed to smoking in the home at the time of their prenatal visit.	Number of women with valid data on household smoking at the initial prenatal visit.	blank; 9
Smoking in the household in postpartum period	This value indicates whether anyone in the home besides the pregnant woman smoked cigarettes at the time of her postpartum visit.	Exposure to environmental smoke is associated with lower and upper respiratory diseases and asthma in children.	Number of women exposed to smoking in the home at the time of their postpartum visit.	Number of women with valid data on household smoking at the postpartum visit.	blank; 9
Drinking in 3 months prior to pregnancy	This value indicates whether the woman used alcohol in the 3 months prior to pregnancy.	Because women don't know they're pregnant sometime well into their first trimester, the value for drinking in 3 months prior to pregnancy is considered a more accurate depiction of the amount of alcoholic beverages the woman drank into the first trimester. Alcohol consumption of more than 6 oz. a day while pregnant is associated with a 20% chance of having a baby with fetal alcohol syndrome (FAS). Other physical and neurological conditions are associated with alcohol consumption as well.	Number of women who indicated they used alcohol during the 3 months prior to pregnancy.	Number of women with valid data on alcohol use before pregnancy.	blank; 99
Drinking in last 3 months of pregnancy	This value indicates whether the woman used alcohol during the last 3 months of pregnancy.	Alcohol consumption of more than 6 oz. a day while pregnant is associated with a 20% chance of having a baby with fetal alcohol syndrome (FAS). Other physical and neurological conditions are associated with alcohol consumption as well. In addition, women who continue to drink throughout pregnancy are at higher risk for poor pregnancy outcomes.	Number of women who indicated they used alcohol during the last 3 months of pregnancy.	Number of women with valid data on alcohol use during the last three months of pregnancy.	blank; 99
Low birthweight	This value indicates whether the woman's infant was born with low birthweight, defined as a weight at birth of less than 2500 g (about 5.5 lb).	Low birthweight is the most important factor affecting neonatal mortality and is a determinant of post-neonatal mortality.	Number of infants with birthweight < 2500 g	Number of live born infants with data on birth weight	blank; 9999 birthweight < 250 g - (BIV) birthweight > 6000 g - (BIV)
High birthweight	This value indicates whether the woman's infant was born with high birthweight, defined as a weight at birth of more than 4000 g (about 8.8 lb).	High birthweight puts infants at risk for birth injuries such as shoulder dystocia. Infant mortality rates for infants with birthweights greater than 4000 g are higher than infants with birthweights between 3000 and 4000 g.	Number of infants with birthweight > 4000 g	Number of live born infants with data on birth weight	blank; 9999 birthweight < 250 g - (BIV) birthweight > 6000 g - (BIV)
Preterm birth	This value indicates whether the woman's infant was born before 37 weeks gestation.	Preterm births are the largest contributer to neonatal, infant, and perinatal mortality in the U.S.	Number of live preterm infants	Number of live born infants with data on gestational age at delivery	all zeroes or blank Year is 3 years < computer date Year is > computer date Initial visit date does not precede infant's date of birth Infant's date of birth does not precede postpartum visit date Date of LMP does not precede infant's date of birth
Full term low birthweight	This value indicates whether the infant was full term and low birthweight. Full term is defined as a gestational age of 37 or more weeks. Low birthweight is defined as weight at birth of less than 2500 g (about 5.5 lb).	Low birthweight at full term may indicated poor maternal nutrition and is associated with higher risk for respiratory distress and hypoglycemia in infants.	Number of live full term infants with birthweight < 2500 g	Number of live full term infants	blank; 9999 birthweight < 250 g - (BIV) birthweight > 6000 g - (BIV)
Ever breastfed	This value indicates whether the infant was ever breastfed or fed breastmilk.	Breastmilk is considered superior to alternative forms of infant nutrition. In addition, breastfeeding contributes to immunity to many viral and bacterial diseases and is associated with reduced risk of respiratory and diarrheal diseases.	Number of women giving birth to live infants who report currently or ever breastfeeding.	Number of live full term infants born to women with data on currently or ever breastfed	0; 9; blank