NATIONAL VITAL Statistics System

Division of Vital Statistics | Newsletter

Notable Publications/Data Briefs

Release of national maternal mortality data

The National Center for Health Statistics released 2018 maternal mortality data on January 30, 2020. This marks the first time since 2007 that national maternal mortality data has been released. In response to the problem of underreporting of maternal deaths on death certificates, the U.S. Standard Certificate of Death was revised in 2003 to include a checkbox to collect information on pregnancy status in the year preceding death. The staggered implementation of the revised death certificate by the jurisdictions over an extended number of years made the assessment of trends in maternal mortality very challenging. As a result, national maternal mortality rates have not been published since 2007.

Although the maternal mortality rate was found to be more than double the rate before the checkbox was added to death certificates, rigorous evaluations confirmed that the increase in reported rates was almost entirely due to changes in reporting methods. These evaluations also identified instances where use of the checkbox resulted in the misclassification of maternal deaths, leading NCHS to make changes in coding rules and reporting to improve the accuracy of the data.

Information related to maternal mortality data, reports, and public use data files recently released by NCHS is available on the NCHS website at https://www.cdc.gov/nchs/maternal-mortality/.

<u>Report showing infant mortality rates attributable to</u> <u>birth defects declined</u>

An MMWR co-authored by Danielle Ely from the Reproductive Statistics Branch Birth Team was released on January 17 to coincide with National Birth Defects Awareness/ National Birth Defects Prevention Month. This report showed that during 2003– 2017, rates of infant mortality attributable to birth defects declined 10% overall, with declining trends among infants of Hispanic women, non-Hispanic black women, and non-Hispanic white women; however, racial/ethnic disparities persisted over time. Mortality attributable to birth defects decreased for extremely preterm infants (20–27 completed gestational weeks) and late term/postterm infants (32–36 weeks). Mortality rates declined for infants of women aged 20 and over, both male and female infants, and during both the neonatal and postneonatal periods.

QuickStats showing eight-decade long trend in the total fertility rate

To commemorate the 15th anniversary of QuickStats, Brady Hamilton, Statistician, National Center for Health Statistics, prepared a chart presenting a nearly eight-decade long trend in the total fertility rate for the United States. The chart below shows the decline in the expected number of births since 1940, with selected birth cohorts shown for reference. This QuickStat, which can be found at this <u>link</u>, received news coverage by ABC News/Good Morning America, the Washington Post, the Insider, Deseret News, and the New York Daily News.

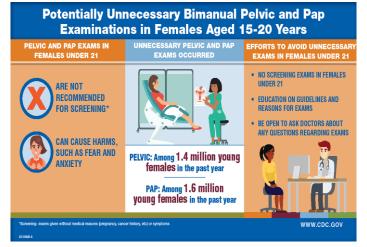




Questions regarding this QuickStat should go to Brady Hamilton (<u>bhamilton@cdc.gov</u>).

Data from NCHS's National Survey of Family Growth highlighted in the Journal of the American Medical Association Internal Medicine

On January 6, 2020 the Journal of the American Medical Association Internal Medicine published an article entitled "Prevalence of Potentially Unnecessary Bimanual Pelvic Examinations and Papanicolaou Tests Among Adolescent Girls and Young Women Aged 15-20 Years in the United States." The study estimates that, in a single year, about 1.4 million bimanual pelvic examinations and 1.6 million Pap tests performed on girls and young women 15 to 20 years old may have been medically unnecessary. The study used data from NCHS's National Survey of Family Growth (NSFG) and was co-authored by Gladys Martinez also from NSFG. The findings were covered in 100 news outlets and over 250 tweets. Below is a visual abstract summarizing the results.



Cooperative Agreement Corner: Upcoming Training Opportunities

Our Cooperative Agreement with the National Association of Public Health Statistics and Information Systems (NAPHSIS) supports several training opportunities for jurisdictions throughout the year. Below are a few that may be of interest.

Two interest groups are holding regular calls to discuss common issues and share best practices for the following topics: Field Services and Electronic Systems.

A series of Vital Records and Health Statistics Accreditation webinars are underway to provide information about the accreditation standards and measures. The next webinar topic is on Security and is scheduled for February 26 at 3:00 p.m. EDT.

If you are interested in these or other training opportunities, please contact <u>hq@naphsis.org</u>.

2019 Data Year Close-out Dates

By the time of this publication, all jurisdictions should have completed correction of any errors for the provisional 2019 birth file. As a reminder, the table below includes the 2019 contract closeout and 2019 file release dates. Note that to include a jurisdiction's most current information in the file release, all corrections and final file deliverables are due no later than the target dates listed. The target dates are highlighted in red, as are the contract closeout dates and the dates for final updates. The dates for final updates are subject to change and may be earlier, depending on the quality of the national file.

2019 Birth File

(DACEB) Release provisional 2019 birth data to Hyattsville	February 13, 2020
(States) Contract closeout for 2019 birth data	March 1, 2020
(States) Last date 2019 birth file updates accepted	April 10, 2020
(DACEB) Release of final 2019 birth data to Hyattsville	May 7, 2020

2019 Death File

(States) Contract closeout for 2019 deaths	May 1, 2020
(States) Last date 2019 death file updates accepted	June 15, 2020
(DACEB) Release final 2019 death file to Hyattsville	October 1, 2020

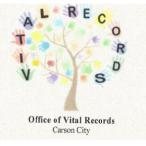
2019 Fetal Death File

(States) Contract closeout for	May 1, 2020
2019 fetal deaths	
(States) Last date 2019 fetal	June 26, 2020
death file updates accepted	
(DACEB) Release final 2019 fetal	August 27, 2020
death file to Hyattsville	

As the 2019 files are closed, jurisdictions are encouraged to contact their assigned Data Acquisition, Classification and Evaluation Branch (DACEB) staff with any questions or feedback on the file closeout process.

Innovations

<u>Nevada's Office of Vital Records (OVR) has developed a</u> <u>"What to Expect" style brochure for grieving families</u>



In an effort to de-mystify the death certificate process and to hold funeral homes more accountable, the Battle Born State – Nevada has developed a "what to expect" style brochure for grieving families. The "What I Need to Know" brochure is currently available for funeral

homes to pass out to families. The brochure covers the general death certificate process, who does what part, what has to happen before the certificate is registered, legal confidentiality requirements, burial permits (in state, out of state and out of country), ordering certificates, and the corrections process.

Nevada also has plans to develop a funeral home report card and have it available sometime in the next couple of months. For questions regarding Nevada's "What I Need to Know" brochure you can e-mail Stephanie Morgan, OVR Program Manager at <u>s.morgan@health.nv.gov</u>.

Have a topic to share with the monthly newsletter audience? We want to hear from you and feature your segments! Please send us your initiatives from the broader community, questions, or lessons learned. Send it to George Tolson at gct1@cdc.gov today!

State Updates

Jean Hreczan retired and has departed her position as VSCP Project Director in Delaware.

Jurisdictions may add as many names as they would like to our NCHS Newsletter mailing list! Just send a note to George Tolson at gct1@cdc.gov today.

This newsletter is a publication of the NVSS, intended to enhance the community of vital records and vital statistics practice, to provide useful information for vital statistics and vital records professionals, and to inform the broader community of interested stakeholders.