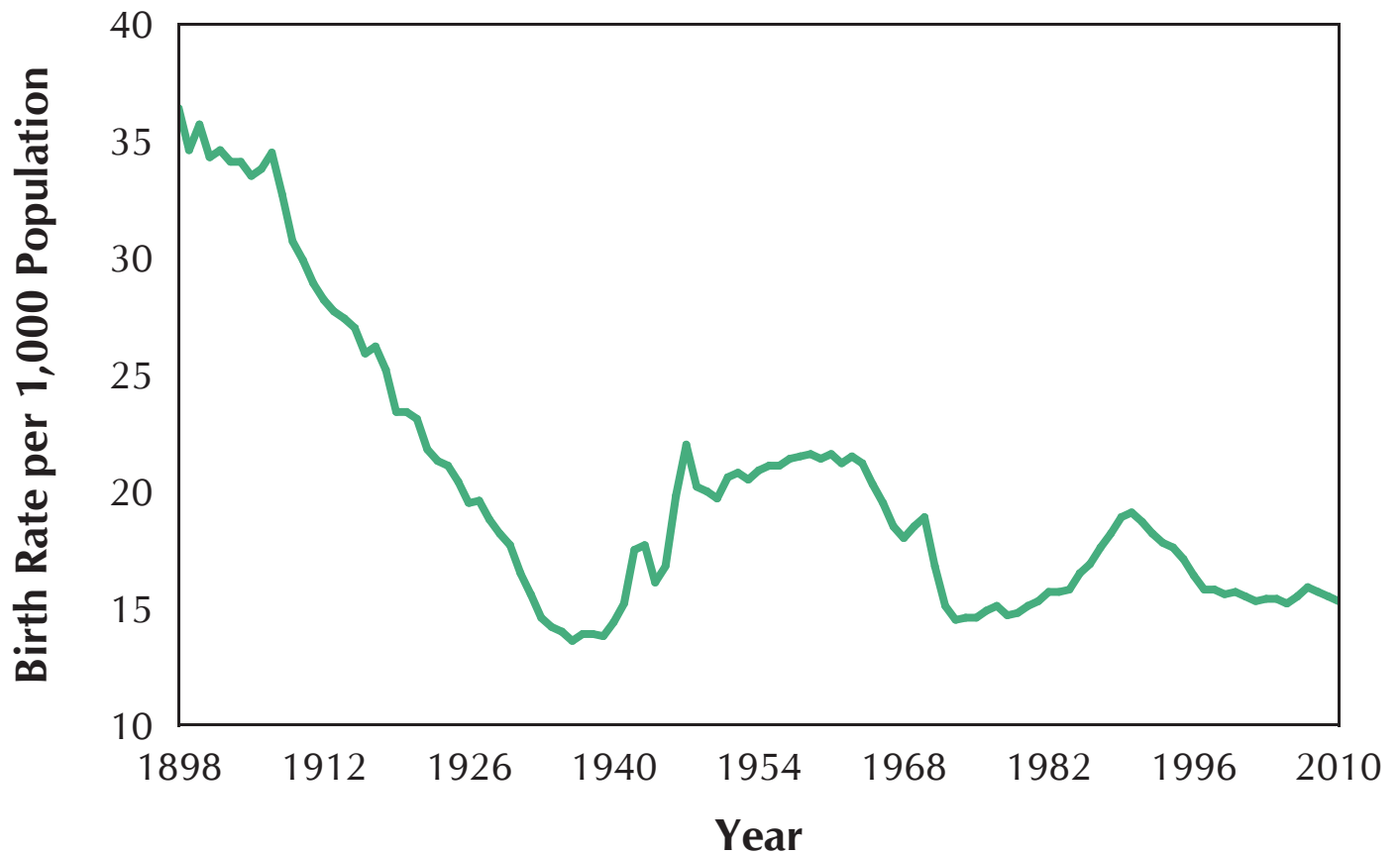


SUMMARY OF VITAL STATISTICS 2010 THE CITY OF NEW YORK

PREGNANCY OUTCOMES



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This publication is available online at <http://www.nyc.gov/vitalstats>.

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PREGNANCY OUTCOMES

All pregnancies are reportable in New York City, whether they result in a live birth or a spontaneous or induced termination. This report is a compilation of the information reported about these events and is prepared to monitor trends in the health of women and their infants in New York City.

Select Key Findings From This Report:

- Overall, 124,791 live births occurred citywide during 2010, down 1.6% from 126,774 in 2009 (Figure PO3).
- The number of live births has remained relatively stable from 2001 to 2010, ranging from a high of 128,961 in 2007 to a low of 122,937 in 2002 (Figure PO3).
- Births to all racial/ethnic groups have declined within the last 10 years, with the exception of Asians and Pacific Islanders and women of multiple races (Figure PO3).
- From 2001 to 2010, the percentage of live births to teenagers decreased 29.8%, from 8.4% to 5.9%. (Figure PO4).
- The number of induced terminations of pregnancy has been declining in the last three years, down 7.8% from 90,870 in 2007 to 83,750 in 2010 (Figure PO6).

Additional birth trend data are available in the New York City Birth and Infant Mortality Trend Report, available online at <http://nyc.gov/html/doh/html/ms/ms-bimt.shtml>.

**Table PO1. Live Births by Borough of Birth* and Institution,
New York City, 2010**

Borough and Institution	Births
Manhattan	
Allen Hospital	2,314
Bellevue Hospital Center	1,888
Beth Israel Medical Center	3,940
Columbia Presbyterian Medical Center	4,474
Harlem Hospital Center	1,146
Lenox Hill Hospital	3,970
Metropolitan Hospital Center	1,447
Mount Sinai Hospital	6,244
New York Downtown Hospital	2,428
New York Weill Cornell Medical Center	5,868
NYU Hospital Center - Tisch Hospital	4,558
St. Luke's - Roosevelt Hospital Center / Roosevelt Hospital Division	6,475
St. Vincent's Hospital Manhattan	453
Places other than a hospital or home**	22
Home†	139
Bronx	
Bronx Lebanon Hospital Center	2,541
Jack D. Weiler Hospital of the Albert Einstein College of Medicine	4,308
Jacobi Medical Center	2,229
Lincoln Medical and Mental Health Center	2,548
Montefiore Medical Center, Henry & Lucy Moses Division	4
Montefiore Medical Center, North Division	2,567
North Central Bronx Hospital	1,709
St. Barnabas Hospital	1,139
Women's Health & Birthing Pavilion	55
Places other than a hospital or home**	21
Home†	83
Brooklyn	
Beth Israel, Kings Highway Division	2
Brookdale University Hospital and Medical Center	1,608
Brooklyn Birthing Center	106
Brooklyn Hospital Center	2,330
Coney Island Hospital	1,289
Kings County Hospital Center	2,723
Kingsbrook Jewish Medical Center	1
Long Island College Hospital	1,641
Lutheran Medical Center	4,163
Maimonides Medical Center	7,753
New York Methodist Hospital	5,243
University Hospital of Brooklyn	1,585
Woodhull Medical and Mental Health Center	2,164
Wyckoff Heights Medical Center	1,498
Places other than a hospital or home**	32
Home†	375
Foundling‡	1
Queens	
Elmhurst Hospital Center	3,805
Flushing Hospital Medical Center	2,723
Forest Hills Hospital	2,284
Jamaica Hospital Medical Center	2,646
Long Island Jewish Medical Center	4,870
Peninsula Hospital Center	1
New York Hospital Medical Center of Queens	4,102
Queens Hospital Center	2,080
St. John's Episcopal Hospital	874
Places other than a hospital or home**	28
Home†	110
Staten Island	
Richmond University Medical Center	3,101
Staten Island University Hospital	3,064
Places other than a hospital or home**	7
Home†	12
New York City Total	124,791

* Live births are presented by borough of birth beginning 2010; in prior years they were reported by borough of report.

** Places other than a hospital or home include ambulances, taxis, and airplanes.

† See Technical Notes: Geographical Units, Place of Birth.

‡ Abandoned infant whose record of birth was filed by the Administration for Children's Services.

Table PO2. Live Births by Ancestry of Mother and Borough of Residence, New York City, 2010

Ancestry of Mother	Total	Borough of Residence						
		Manhattan	Bronx	Brooklyn	Queens	Staten Island	Non-Residents	Residence Unknown
Total	124,791	19,646	21,258	41,469	26,955	5,580	9,879	4
Hispanic								
Colombian	1,204	93	62	138	778	35	98	–
Cuban	281	66	44	73	50	4	44	–
Dominican	10,960	2,443	4,973	1,555	1,468	98	423	–
Ecuadorian	3,396	193	447	582	2,050	46	78	–
Mexican	8,294	912	1,871	2,602	2,353	482	74	–
Puerto Rican	9,581	1,175	3,987	2,324	1,205	502	387	1
Other Hispanic	5,629	603	1,250	1,352	1,864	221	339	–
North American and the Caribbean								
African American	15,721	1,594	3,806	6,706	2,415	526	673	1
American	9,333	2,120	267	3,577	1,098	946	1,325	–
Guyanese	1,587	26	141	464	881	6	69	–
Haitian	1,678	55	60	1,045	375	20	123	–
Jamaican	2,157	59	544	786	610	17	141	–
Trinidadian	923	15	55	427	371	12	43	–
Other North American and the Caribbean	1,839	212	275	892	301	31	128	–
European								
English	1,681	782	48	470	120	11	250	–
German	913	322	19	220	105	53	194	–
Irish	2,142	581	75	464	339	203	480	–
Italian	3,631	669	161	778	439	905	679	–
Polish	1,291	201	15	365	489	101	120	–
Russian	1,744	292	27	811	315	128	171	–
Other European	4,354	1,018	289	1,455	790	271	531	–
Asian								
Asian Indian	2,096	373	78	201	912	58	474	–
Bangladeshi	1,771	49	294	402	983	5	38	–
Chinese	8,058	1,425	75	3,515	2,468	136	438	1
Filipino	930	145	51	112	401	56	165	–
Korean	1,171	326	23	121	526	19	156	–
Pakistani	1,439	54	82	636	482	72	113	–
Other Asian	4,854	913	280	1,659	1,437	194	371	–
Other								
Jewish or Hebrew	6,732	599	65	5,115	291	94	568	–
Other or not stated	9,401	2,331	1,894	2,622	1,039	328	1,186	1

Note: See Technical Notes: Demographic Characteristics of Vital Events: Race, Ancestry, and Ethnic Group.

Table PO3. Live Births by Mother's Racial/Ethnic Group and Age, New York City, 2010

Ethnic Group	Total	Age of Mother (Years)								
		<15	15-17	18-19	20-24	25-29	30-34	35-39	≥40	Not Stated
Total	124,791	102	2,193	5,014	23,888	31,826	34,567	20,781	6,419	1
Puerto Rican	9,581	16	420	890	2,789	2,467	1,839	897	263	–
Other Hispanic	29,764	46	929	1,877	7,389	8,117	6,838	3,566	1,002	–
Asian and Pacific Islander	18,047	2	35	139	2,105	5,454	5,975	3,460	877	–
Non-Hispanic white	37,780	2	91	434	4,940	8,156	12,795	8,579	2,783	–
Non-Hispanic black	26,635	35	687	1,578	6,233	6,917	6,195	3,694	1,296	–
Non-Hispanic other	320	–	3	11	80	89	79	43	15	–
Non-Hispanic of two or more races	2,399	–	22	67	289	559	787	505	170	–
Not stated*	265	1	6	18	63	67	59	37	13	1

* See Technical Notes: Births, Birth Data Quality.

Table PO4. Selected Characteristics of Live Births, Overall and by Age of Mother, New York City, 2010

	Total	Age of Mother (Years)								Not Stated
		< 15	15-17	18-19	20-24	25-29	30-34	35-39	≥ 40	
Total Live Births	124,791	102	2,193	5,014	23,888	31,826	34,567	20,781	6,419	1
Sex										
Male	64,076	56	1,136	2,570	12,173	16,284	17,780	10,768	3,309	-
Female	60,715	46	1,057	2,444	11,715	15,542	16,787	10,013	3,110	1
First Live Birth*										
Yes	56,559	100	2,068	4,175	14,151	13,678	13,656	6,686	2,045	-
No	68,121	2	123	833	9,719	18,115	20,887	14,074	4,368	-
Unknown	111	-	2	6	18	33	24	21	6	1
Pre-pregnancy Body Mass Index (BMI)										
Underweight (BMI < 18.5)	6,542	10	160	323	1,519	1,790	1,665	892	183	-
Normal weight (18.5 ≤ BMI < 25)	66,186	61	1,173	2,602	12,075	16,400	19,008	11,471	3,396	-
Overweight (25 ≤ BMI < 30)	29,034	19	515	1,170	5,621	7,550	7,813	4,757	1,589	-
Obese (BMI ≥ 30)	20,738	10	283	785	4,139	5,513	5,558	3,308	1,142	-
Unknown	2,291	2	62	134	534	573	523	353	109	1
Birthweight at Delivery (Grams)										
< 1500	2,014	2	40	82	361	430	579	364	156	-
1500-2499	8,923	11	189	372	1,661	2,040	2,365	1,634	651	-
2500-3999	106,057	87	1,890	4,374	20,693	27,366	29,239	17,257	5,151	-
≥ 4000	7,795	2	74	186	1,173	1,989	2,384	1,526	461	-
Not stated	2	-	-	-	-	1	-	-	-	1
Gestational Age (Weeks)†										
< 32	2,144	1	49	91	407	441	631	375	149	-
32-36	9,807	12	181	368	1,688	2,242	2,658	1,881	777	-
≥ 37	112,791	89	1,962	4,551	21,782	29,126	31,269	18,519	5,493	-
Unknown	49	-	1	4	11	17	9	6	-	1
Plurality										
Single	119,822	100	2,169	4,909	23,284	30,773	33,075	19,611	5,901	-
Twin	4,754	2	21	99	589	1,012	1,424	1,116	491	-
Triplet	190	-	3	6	15	33	56	50	27	-
Quadruplet	22	-	-	-	-	7	11	4	-	-
Sextuplet	1	-	-	-	-	-	1	-	-	-
Unknown/not stated	2	-	-	-	-	1	-	-	-	1
Apgar Score at 5 Minutes										
≤ 6	995	1	25	64	198	210	274	163	60	-
7	943	2	18	50	191	210	254	153	65	-
8	4,942	2	116	211	1,029	1,139	1,271	825	349	-
9	114,938	94	1,972	4,566	21,867	29,484	31,992	19,150	5,813	-
10	2,677	3	56	114	538	697	702	449	118	-
Not stated	296	-	6	9	65	86	74	41	14	1
Method of Delivery										
Vaginal	81,368	86	1,748	3,869	17,545	21,626	21,755	11,787	2,952	-
Vaginal after any prior C-section	2,046	-	6	24	299	569	605	407	136	-
Primary C-section	26,066	16	416	975	4,401	6,046	7,299	4,874	2,039	-
Repeat C-section	14,918	-	15	132	1,568	3,472	4,815	3,643	1,273	-
Unknown	393	-	8	14	75	113	93	70	19	1
Place of Birth										
Home	719	-	5	9	79	180	240	146	60	-
Voluntary hospital	100,757	62	1,493	3,391	17,572	25,311	29,357	18,053	5,518	-
Municipal hospital	23,025	40	692	1,605	6,178	6,250	4,883	2,541	836	-
Birthing center	176	-	1	7	33	46	56	30	3	-
Other	114	-	2	2	26	39	31	11	2	1
Attendant										
Physician	112,835	82	1,858	4,212	20,725	28,546	31,920	19,459	6,033	-
Certified nurse midwife	11,493	20	325	783	3,058	3,150	2,525	1,268	364	-
Other	463	-	10	19	105	130	122	54	22	1
Primary Payer for this Birth‡										
Medicaid/Family Plus/Child Health Plus B/Other govt.	74,537	89	1,896	4,473	20,458	21,651	15,612	8,014	2,344	-
Private	46,715	6	169	311	2,628	9,278	18,112	12,294	3,917	-
Self-pay	1,868	3	74	131	480	476	400	230	74	-
Other	857	2	25	39	142	245	236	126	42	-
Not stated	814	2	29	60	180	176	207	117	42	1
First Visit for Prenatal Care										
First trimester (1-3 months)	85,578	33	932	2,568	14,443	21,657	25,632	15,606	4,707	-
Second trimester (4-6 months)	26,767	40	797	1,554	6,334	6,999	6,196	3,638	1,209	-
Late (7-9 months)	7,948	19	307	590	1,976	2,080	1,733	950	293	-
No care	823	1	39	73	214	204	151	100	41	-
Not stated	3,675	9	118	229	921	886	855	487	169	1
Marital Status of Mother§										
Not married	54,628	102	2,125	4,413	15,598	14,647	10,423	5,462	1,857	1
Married	70,163	-	68	601	8,290	17,179	24,144	15,319	4,562	-
Education Level										
11th grade or less/12th grade no diploma	29,726	102	1,963	2,577	7,729	7,839	5,574	3,008	934	-
High school graduate or GED	27,950	-	210	1,757	8,061	7,658	5,899	3,293	1,072	-
Some college/associate degree	26,610	-	7	644	6,391	7,945	6,726	3,740	1,157	-
Bachelor's degree	22,221	-	-	12	1,288	5,433	8,558	5,341	1,589	-
Master's degree or higher	17,770	-	-	-	300	2,821	7,691	5,316	1,642	-
Not stated	514	-	13	24	119	130	119	83	25	1
Birthplace of Mother										
United States, including its territories	61,410	75	1,628	3,472	13,478	13,860	16,114	9,757	3,025	1
Foreign	63,347	27	565	1,538	10,397	17,959	18,448	11,020	3,393	-
Not stated	34	-	-	4	13	7	5	4	1	-

* See Technical Notes: Births, Birth Data Quality.

† See Technical Notes: Gestational Age.

‡ See Technical Notes: Births, Birth Reporting.

§ See Technical Notes: Mother's Marital Status.

Table PO5. Selected Characteristics of Live Births by Mother's Racial/Ethnic Group, New York City, 2010

	Total	Racial/Ethnic Group of Mother*							Non-Hispanic, Two or More Races	Not Stated
		Puerto Rican	Other Hispanic	Asian	Non-Hispanic White	Non-Hispanic Black	Other			
Total Live Births	124,791	9,581	29,764	18,047	37,780	26,635	320	2,399	265	
Sex										
Male	64,076	4,912	15,103	9,387	19,478	13,658	153	1,240	145	
Female	60,715	4,669	14,661	8,660	18,302	12,977	167	1,159	120	
First Live Birth†										
Yes	56,559	4,255	12,487	9,090	17,581	11,632	144	1,271	99	
No	68,121	5,320	17,253	8,947	20,185	14,958	176	1,124	158	
Unknown	111	6	24	10	14	45	-	4	8	
Pre-pregnancy Body Mass Index (BMI)										
Underweight (BMI < 18.5)	6,542	336	859	2,085	2,219	869	26	140	8	
Normal weight (18.5 ≤ BMI < 25)	66,186	3,783	14,021	12,096	24,777	9,860	145	1,431	73	
Overweight (25 ≤ BMI < 30)	29,034	2,618	8,682	2,786	6,721	7,631	78	478	40	
Obese (BMI ≥ 30)	20,738	2,736	5,438	916	3,567	7,665	67	320	29	
Unknown	2,291	108	764	164	496	610	4	30	115	
Birthweight at Delivery (grams)										
< 1500	2,014	185	345	217	381	826	10	39	11	
1500-2499	8,923	799	1,752	1,318	2,223	2,566	36	209	20	
2500-3999	106,057	8,038	25,637	15,802	32,246	21,873	267	1,977	217	
≥ 4000	7,795	559	2,030	710	2,930	1,370	7	174	15	
Not stated	2	-	-	-	-	-	-	-	2	
Gestational Age (weeks)‡										
< 32	2,144	223	392	215	418	842	11	34	9	
32-36	9,807	925	2,150	1,272	2,471	2,717	49	201	22	
≥ 37	112,791	8,429	27,205	16,556	34,886	23,064	260	2,163	228	
Unknown	49	4	17	4	5	12	-	1	6	
Plurality										
Single	119,822	9,181	29,014	17,507	35,696	25,613	303	2,256	252	
Twin	4,754	382	730	511	1,988	975	17	140	11	
Triplet	190	18	20	29	81	39	-	3	-	
Quadruplet	22	-	-	-	14	8	-	-	-	
Sextuplet	1	-	-	-	1	-	-	-	-	
Unknown/not stated	2	-	-	-	-	-	-	-	2	
Apgar Score at 5 Minutes										
≤ 6	995	92	188	110	200	373	4	23	5	
7	943	87	164	95	233	335	5	23	1	
8	4,942	470	1,037	503	1,233	1,567	17	107	8	
9	114,938	8,661	27,585	16,875	35,343	23,759	284	2,194	237	
10	2,677	246	719	447	722	478	9	47	9	
Not stated	296	25	71	17	49	123	1	5	5	
Method of Delivery										
Vaginal	81,368	6,179	19,655	11,731	25,679	16,195	200	1,564	165	
Vaginal after any prior C-section	2,046	121	466	275	748	399	2	31	4	
Primary C-section	26,066	2,066	5,530	3,825	7,556	6,412	67	551	59	
Repeat C-section	14,918	1,182	4,023	2,093	3,741	3,551	48	249	31	
Unknown	393	33	90	123	56	78	3	4	6	
Place of Birth										
Home	719	38	78	36	376	156	2	29	4	
Voluntary hospital	100,757	7,515	20,260	15,467	36,100	18,905	282	1,998	230	
Municipal hospital	23,025	1,998	9,359	2,533	1,210	7,500	36	362	27	
Birthing center	176	21	36	4	66	39	-	8	2	
Other	114	9	31	7	28	35	-	2	2	
Attendant										
Physician	112,835	8,511	26,102	17,188	34,599	23,839	299	2,063	234	
Certified nurse midwife	11,493	1,022	3,547	828	3,098	2,627	20	326	25	
Other	463	48	115	31	83	169	1	10	6	
Primary Payer for this Birth§										
Medicaid/Family Plus/Child Health Plus B/Other govt.	74,537	6,828	24,008	10,835	12,766	18,806	176	942	176	
Private	46,715	2,449	4,887	6,934	24,422	6,423	133	1,405	62	
Self-pay	1,868	182	456	140	280	756	7	31	16	
Other	857	75	168	77	176	353	1	7	-	
Not stated	814	47	245	61	136	297	3	14	11	
First Visit for Prenatal Care										
First trimester (1-3 months)	85,578	6,129	19,135	12,709	29,601	15,801	190	1,887	126	
Second trimester (4-6 months)	26,767	2,334	7,370	3,970	6,084	6,546	97	307	59	
Late (7-9 months)	7,948	642	2,118	957	1,270	2,787	17	125	32	
No care	823	62	236	74	131	297	1	17	5	
Not stated	3,675	414	905	337	694	1,204	15	63	43	
Marital Status of Mother										
Not married	54,628	7,298	19,954	3,313	4,535	18,565	126	663	174	
Married	70,163	2,283	9,810	14,734	33,245	8,070	194	1,736	91	
Education Level										
11th grade or less/12th grade, no diploma	29,726	3,280	12,334	4,477	3,078	6,213	52	227	65	
High school graduate or GED	27,950	2,473	7,221	3,303	7,247	7,201	101	371	33	
Some college/associate degree	26,610	2,720	6,419	2,717	5,931	8,211	92	488	32	
Bachelor's degree	22,221	709	2,509	4,386	10,639	3,242	47	672	17	
Master's degree or higher	17,770	387	1,182	3,146	10,788	1,583	27	634	23	
Not stated	514	12	99	18	97	185	1	7	95	
Birthplace of Mother										
United States, including its territories	61,410	9,522	7,078	1,713	26,184	15,133	107	1,493	180	
Foreign	63,347	56	22,682	16,333	11,587	11,494	213	906	76	
Not stated	34	3	4	1	9	8	-	-	9	

* See Technical Notes: Demographic Characteristics of Vital Events, Birthplace.

† See Technical Notes: Births, Birth Data Quality.

‡ See Technical Notes: Births, Gestational Age.

§ See Technical Notes: Births, Birth Reporting.

|| See Technical Notes: Mother's Marital Status.

Table PO6. Live Births by Selected Characteristics and Mother's Ancestry, New York City, 2010

Ancestry of Mother	Live Births	Percent of Total Live Births with Specified Characteristics								
		Foreign-born* Mother	First Live Birth	Low Birth Weight (< 2,500 Grams)	Preterm Birth† (< 37 Weeks)	Late or No Prenatal Care	Mother Not Married	On Medicaid‡	Pre-pregnancy Obesity§	Teenage Mother (< 20 Years)
Total	124,791	50.8	45.4	8.8	9.6	7.2	43.8	60.1	16.9	5.9
Hispanic										
Colombian	1,204	70.2	54.4	6.3	8.0	6.1	49.5	58.7	14.1	6.6
Cuban	281	17.8	52.7	8.2	11.7	4.4	43.1	38.1	21.9	4.3
Dominican	10,960	70.5	48.4	7.8	8.7	8.6	68.0	79.3	19.2	10.4
Ecuadorian	3,396	84.8	36.5	5.1	7.3	9.4	58.0	84.7	15.3	7.5
Mexican	8,294	88.8	33.5	6.1	7.8	8.0	76.4	93.2	18.9	11.2
Puerto Rican	9,581	0.6	44.4	10.3	12.0	7.7	76.2	71.6	28.9	13.8
Other Hispanic	5,629	67.8	42.1	8.4	10.1	7.4	61.9	72.8	20.6	7.7
North America and the Caribbean										
African American	15,721	15.2	45.6	13.4	13.9	9.8	78.4	71.6	31.6	11.9
American	9,333	5.9	49.0	7.4	8.1	3.3	18.3	29.5	11.5	2.5
Guyanese	1,587	93.1	40.4	14.4	13.4	6.4	44.3	62.4	18.6	3.9
Haitian	1,678	82.7	45.0	12.2	14.7	15.1	46.7	68.2	25.2	2.3
Jamaican	2,157	93.2	41.6	12.3	14.2	14.3	65.4	66.2	28.2	4.5
Trinidadian	923	93.6	42.0	14.1	13.0	12.1	54.9	70.3	21.7	4.8
Other North America and the Caribbean	1,839	85.9	48.8	9.8	11.0	14.3	50.5	55.5	24.0	3.0
European										
English	1,681	27.6	62.4	6.6	7.1	2.3	10.2	6.0	4.1	0.1
German	913	21.0	59.8	7.6	8.1	1.6	10.7	9.0	6.7	0.7
Irish	2,142	10.9	57.4	7.0	8.0	2.6	14.8	12.0	9.1	0.7
Italian	3,631	7.0	52.6	8.2	10.1	2.7	16.6	14.5	15.7	1.3
Polish	1,291	68.6	53.7	7.8	7.8	2.7	17.3	38.4	7.3	0.6
Russian	1,744	80.3	52.3	7.5	7.7	4.3	20.9	37.6	6.4	0.7
Other European	4,354	63.6	52.3	6.4	7.3	4.6	15.1	33.4	8.1	1.0
Asian										
Asian Indian	2,096	83.9	55.4	11.7	9.0	5.3	9.6	34.5	7.4	0.6
Bangladeshi	1,771	98.3	37.8	13.4	10.2	9.6	9.0	83.6	10.3	1.2
Chinese	8,058	91.8	51.3	6.0	6.8	3.6	24.7	69.7	1.6	0.6
Filipino	930	77.4	55.8	12.2	11.8	6.0	21.3	24.0	6.8	1.9
Korean	1,171	84.1	62.8	5.6	6.1	4.2	10.8	36.2	2.2	0.2
Pakistani	1,439	94.5	40.5	9.8	10.6	10.9	5.6	80.1	13.1	1.8
Other Asian	4,854	88.1	45.8	7.4	7.3	9.0	13.8	54.2	7.5	2.8
Other										
Jewish or Hebrew	6,732	16.4	29.6	5.9	5.8	2.1	3.7	61.3	9.5	1.5
Other or Not Stated	9,401	51.3	41.6	9.3	10.2	11.5	30.9	51.0	17.0	2.4

Note: See Technical Notes: Demographic Characteristics of Vital Events: Race, Ancestry, and Ethnic Group.

* Beginning in 2006, US Virgin Islands and Guam are not included in the Foreign-born Mother category.

† Clinical gestational age <37 completed weeks.

‡ Due to revision of the birth certificate, since 2008 "On Medicaid" also includes Family Health Plus, Other government, and Child Health Plus B.

§ See Technical Notes: Births, Birth Data Quality.

Table PO7. Live Births by Selected Characteristics and Community District of Residence, New York City, 2010

Community District of Residence	Live Births	Rate*	Percent of Total Live Births With Specified Characteristics							
			Hispanic Mother	Foreign-Born Mother †	First Live Birth	Low Birthweight (<2,500 Grams)	Preterm Birth ‡ (<37 Weeks)	Late or No Prenatal Care	On Medicaid§	Pre-pregnancy Obesity
NEW YORK CITY	124,791	15.3	35.0	50.8	45.4	8.8	9.6	7.2	60.1	16.9
MANHATTAN	19,502	12.3	31.6	42.9	57.6	8.7	9.1	5.3	38.1	11.1
Battery Park, Tribeca (01)	1,086	17.8	8.8	41.3	62.4	8.5	8.1	2.7	5.8	2.4
Greenwich Village, SOHO (02)	814	9.0	6.3	41.5	64.3	6.0	5.8	3.1	14.1	1.5
Lower East Side (03)	1,807	11.1	24.5	56.8	52.2	6.5	7.6	4.7	68.6	11.2
Chelsea, Clinton (04)	921	8.9	17.2	39.6	66.1	8.9	9.7	5.3	23.7	6.2
Midtown Business District (05)	569	11.0	8.2	44.8	68.5	8.4	8.6	3.0	9.0	3.6
Murray Hill (06)	1,268	8.9	8.9	37.4	67.1	8.0	7.3	3.7	6.2	3.4
Upper West Side (07)	2,833	13.5	15.9	32.6	59.7	8.3	8.4	3.2	13.3	5.2
Upper East Side (08)	2,759	12.5	7.6	32.9	63.0	9.2	9.2	3.3	7.1	3.5
Manhattanville (09)	1,369	12.4	56.2	53.8	53.1	8.7	9.1	6.6	65.9	19.8
Central Harlem (10)	1,716	14.8	25.4	37.8	48.1	11.4	11.6	11.2	65.6	24.8
East Harlem (11)	1,708	14.2	59.3	38.9	45.6	10.7	12.5	8.2	71.6	26.0
Washington Heights (12)	2,652	14.0	81.8	59.4	55.4	8.1	8.8	6.5	69.8	16.3
BRONX	21,402	15.5	60.8	50.2	43.4	9.8	10.2	11.4	78.5	24.9
Mott Haven (01)	1,716	18.8	72.0	43.5	40.1	9.7	10.1	9.9	87.1	26.5
Hunts Point (02)	962	18.4	72.1	44.6	40.2	10.0	9.7	13.2	83.7	27.5
Morrisania (03)	1,476	18.5	56.2	40.3	41.8	9.6	9.8	12.5	84.7	27.8
Concourse, Highbridge (04)	2,774	18.9	64.6	61.2	41.9	9.8	10.2	11.1	82.7	27.0
University/Morris Heights (05)	2,430	19.0	68.5	56.3	43.8	9.8	10.8	11.2	82.8	24.3
East Tremont (06)	1,427	17.1	67.6	38.5	38.4	10.4	10.4	11.7	85.9	26.5
Fordham (07)	2,372	17.0	70.2	58.6	42.0	9.1	10.8	8.8	80.4	24.3
Riverdale (08)	1,247	12.3	64.8	49.5	48.0	8.1	8.2	6.6	54.5	16.1
Unionport, Soundview (09)	2,623	15.2	60.0	45.7	44.0	9.8	10.1	12.2	77.0	24.7
Throgs Neck (10)	1,006	8.4	51.8	37.3	48.6	10.4	11.3	10.3	60.8	23.3
Pelham Parkway (11)	1,343	11.9	52.5	52.8	47.4	8.3	10.0	11.3	70.2	19.7
Williamsbridge (12)	2,025	13.3	28.1	52.3	46.4	11.6	10.9	16.4	77.1	28.3
BROOKLYN	41,469	16.6	25.0	48.1	41.6	8.4	9.4	6.2	68.0	17.2
Williamsburg, Greenpoint (01)	3,314	19.1	27.4	21.1	36.4	4.9	5.2	3.8	67.2	12.1
Fort Greene, Brooklyn Heights (02)	1,580	15.9	15.0	27.9	60.9	8.6	9.2	3.4	25.6	10.6
Bedford Stuyvesant (03)	2,434	15.9	24.4	28.4	37.8	10.7	12.3	8.7	75.4	24.5
Bushwick (04)	1,934	17.2	76.8	57.2	41.8	7.7	9.8	7.2	84.1	23.8
East New York (05)	2,808	15.4	39.0	45.6	39.2	10.1	11.8	9.0	80.8	27.9
Park Slope (06)	1,806	17.2	18.7	24.2	57.4	8.4	8.7	2.9	19.5	9.5
Sunset Park (07)	2,926	23.2	38.1	76.4	45.9	6.0	7.1	3.3	80.2	9.3
Crown Heights North (08)	1,408	14.6	13.9	39.6	46.0	11.2	12.8	7.4	63.5	23.6
Crown Heights South (09)	1,678	17.0	9.8	49.3	44.0	8.3	9.3	7.6	71.5	20.3
Bay Ridge (10)	1,723	13.8	20.7	59.6	46.8	8.2	8.6	5.9	55.4	11.7
Bensonhurst (11)	2,322	12.8	21.8	74.2	44.6	7.5	8.1	4.7	67.4	11.7
Borough Park (12)	5,276	27.6	19.1	39.5	29.7	4.7	5.3	2.9	79.9	9.9
Coney Island (13)	1,234	11.8	28.8	60.7	42.9	9.7	11.3	8.2	72.7	18.2
Flatbush, Midwood (14)	2,728	17.0	22.8	59.1	40.7	9.3	10.2	6.7	68.5	16.8
Sheepshead Bay (15)	2,063	12.9	13.7	63.8	42.3	7.5	7.3	5.5	58.5	11.6
Brownsville (16)	1,445	16.7	20.8	31.1	38.5	14.6	15.7	10.5	81.6	29.6
East Flatbush (17)	2,205	14.2	8.0	63.7	42.1	12.7	14.4	13.0	74.7	29.5
Canarsie (18)	2,585	13.4	10.1	50.9	41.5	10.9	12.3	9.1	58.7	24.5
QUEENS	26,955	12.1	37.2	69.6	45.0	8.2	9.2	8.7	67.3	15.6
Astoria, Long Island City (01)	2,014	10.5	33.8	62.3	53.7	7.8	9.1	14.3	58.9	15.0
Sunnyside, Woodside (02)	1,583	14.0	39.2	73.8	53.9	7.1	8.3	10.4	60.3	10.4
Jackson Heights (03)	2,885	16.8	75.9	83.2	40.3	6.0	7.4	11.5	83.9	14.8
Elmhurst, Corona (04)	2,840	16.5	61.9	89.3	42.8	7.0	8.2	10.0	86.2	12.7
Ridgewood, Glendale (05)	2,065	12.2	46.5	63.2	45.7	6.8	7.3	7.4	62.6	14.1
Rego Park, Forest Hills (06)	1,257	11.1	14.6	71.9	53.0	6.6	6.1	4.2	34.3	7.5
Flushing (07)	2,499	10.1	20.5	82.2	48.0	6.2	8.1	4.5	70.1	6.4
Fresh Meadows, Briarwood (08)	1,699	11.2	19.5	67.8	44.6	9.1	10.3	6.3	55.3	13.1
Woodhaven (09)	1,927	13.4	48.2	69.0	42.0	8.6	9.5	6.3	71.5	17.8
Howard Beach (10)	1,345	11.0	29.6	64.8	43.1	10.0	10.3	6.8	63.3	18.6
Bayside (11)	691	5.9	15.0	66.4	43.6	6.9	7.7	3.7	44.2	9.6
Jamaica, St. Albans (12)	3,069	13.6	23.6	58.5	41.0	11.6	12.4	9.5	73.2	25.4
Queens Village (13)	1,721	9.1	12.9	61.0	44.2	11.6	10.9	9.1	59.5	22.0
The Rockaways (14)	1,352	11.8	27.0	35.1	39.3	10.0	11.8	12.4	68.5	25.9
STATEN ISLAND	5,580	11.9	25.9	35.4	40.4	8.4	9.7	3.8	43.0	20.9
Port Richmond (01)	2,602	14.8	37.9	40.0	38.6	9.2	9.9	4.9	58.0	24.1
Willowbrook, South Beach (02)	1,388	10.5	19.8	43.4	42.9	7.9	9.3	3.3	40.2	18.5
Tottenville (03)	1,577	9.8	10.9	20.7	41.3	7.6	10.0	2.6	21.2	17.8
NEW YORK CITY RESIDENTS	114,908	14.1	36.4	52.0	45.4	8.7	9.4	7.5	63.5	17.4
NON-RESIDENTS	9,879	-	17.4	36.2	45.4	10.0	11.1	4.7	20.5	11.5
RESIDENCE UNKNOWN	4	-	-	-	-	-	-	-	-	-

Note: Borough totals may be higher than the sum of the community districts as they may include some live births whose community district could not be determined.

* Rate per 1,000 population. For population information, see Technical Notes: Geographical Units, Community District.

† See Technical Notes: Birthplace.

‡ Clinical gestational age < 37 completed weeks.

§ Due to revision of the birth certificate, since 2008 "On Medicaid" also includes Family Health Plus, Other government, and Child Health Plus B.

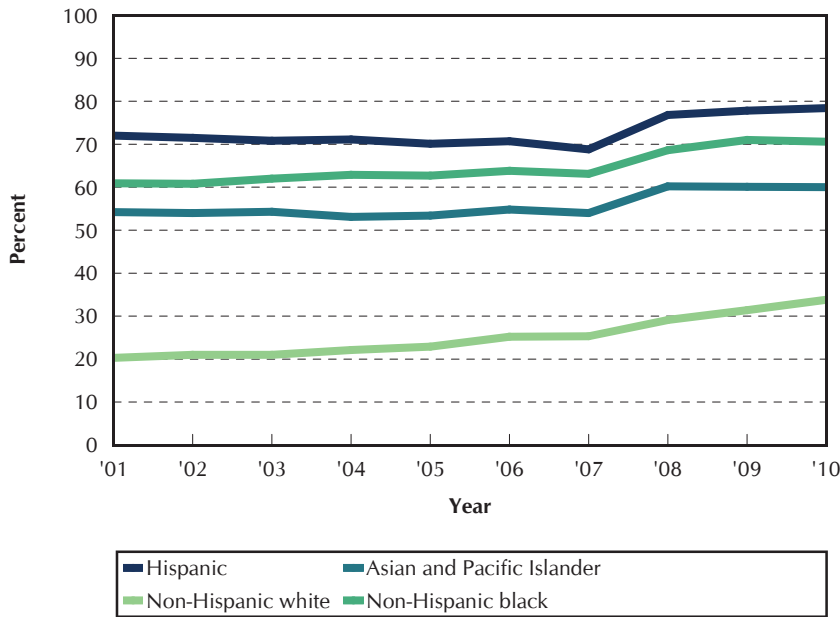
Table PO8. Live Births by Mother's Birthplace and Borough of Residence, New York City, 2010

Birthplace	Total	Borough of Residence					Non-Residents	Residence Unknown
		Manhattan	Bronx	Brooklyn	Queens	Staten Island		
United States.....	59,936	11,016	9,875	21,212	8,042	3,551	6,237	3
Dominican Republic.....	7,782	1,677	3,646	1,148	992	55	264	-
Mexico.....	7,407	797	1,648	2,289	2,174	448	51	-
China.....	6,893	1,129	58	3,190	2,141	90	285	-
Ecuador.....	2,910	148	360	490	1,847	28	37	-
Jamaica.....	2,862	65	729	1,098	766	26	178	-
Guyana.....	1,868	31	152	648	940	11	86	-
Bangladesh.....	1,762	51	295	406	973	6	31	-
Haiti.....	1,569	40	44	1,057	314	13	101	-
India.....	1,546	188	60	125	749	51	373	-
Puerto Rico.....	1,474	191	713	299	155	55	61	-
Trinidad and Tobago.....	1,438	32	77	786	467	26	50	-
Pakistan.....	1,334	49	77	595	451	67	95	-
Israel.....	1,032	201	13	546	128	31	113	-
Russia.....	972	144	19	480	167	77	85	-
Korea.....	952	234	19	85	482	15	117	-
Poland.....	889	66	8	254	449	69	43	-
Colombia.....	852	68	41	91	569	24	59	-
Ukraine.....	830	70	13	527	65	81	74	-
El Salvador.....	808	48	89	182	409	13	67	-
Honduras.....	786	40	362	172	170	23	19	-
Philippines.....	742	77	50	77	367	47	124	-
Ghana.....	687	28	502	67	39	25	26	-
Canada.....	646	246	12	252	48	4	84	-
Yemen Arab Republic.....	634	69	111	299	132	18	5	-
Other or Not Stated.....	16,180	2,941	2,285	5,094	3,919	726	1,214	1
Total.....	124,791	19,646	21,258	41,469	26,955	5,580	9,879	4

Table PO9. Live Births by Mother's Birthplace and Age, New York City, 2010

Birthplace	Total	Age of Mother (Years)						Unknown
		<20	20-24	25-29	30-34	35-39	≥40	
United States.....	59,936	5,016	13,107	13,492	15,775	9,578	2,967	1
Dominican Republic.....	7,782	568	1,874	2,138	1,894	983	325	-
Mexico.....	7,407	561	1,962	2,311	1,665	753	155	-
China.....	6,893	36	973	2,622	1,948	1,067	247	-
Ecuador.....	2,910	173	576	811	734	465	151	-
Jamaica.....	2,862	127	525	767	743	488	212	-
Guyana.....	1,868	59	328	502	549	330	100	-
Bangladesh.....	1,762	18	320	638	514	213	59	-
Haiti.....	1,569	24	167	365	508	382	123	-
India.....	1,546	4	145	490	631	232	44	-
Puerto Rico.....	1,474	159	371	368	339	179	58	-
Trinidad and Tobago.....	1,438	51	268	441	388	203	87	-
Pakistan.....	1,334	21	233	512	378	147	43	-
Israel.....	1,032	8	125	257	338	245	59	-
Russia.....	972	3	117	258	349	184	61	-
Korea.....	952	1	15	160	392	319	65	-
Poland.....	889	7	70	269	347	153	43	-
Colombia.....	852	43	127	202	253	172	55	-
Ukraine.....	830	10	76	249	297	165	33	-
El Salvador.....	808	41	156	237	224	121	29	-
Honduras.....	786	38	167	245	209	91	36	-
Philippines.....	742	13	41	154	267	192	75	-
Ghana.....	687	5	64	157	220	148	93	-
Canada.....	646	6	74	107	240	163	56	-
Yemen Arab Republic.....	634	67	184	158	124	56	45	-
Other or Not Stated.....	16,180	250	1,823	3,916	5,241	3,752	1,198	-
Total.....	124,791	7,309	23,888	31,826	34,567	20,781	6,419	1

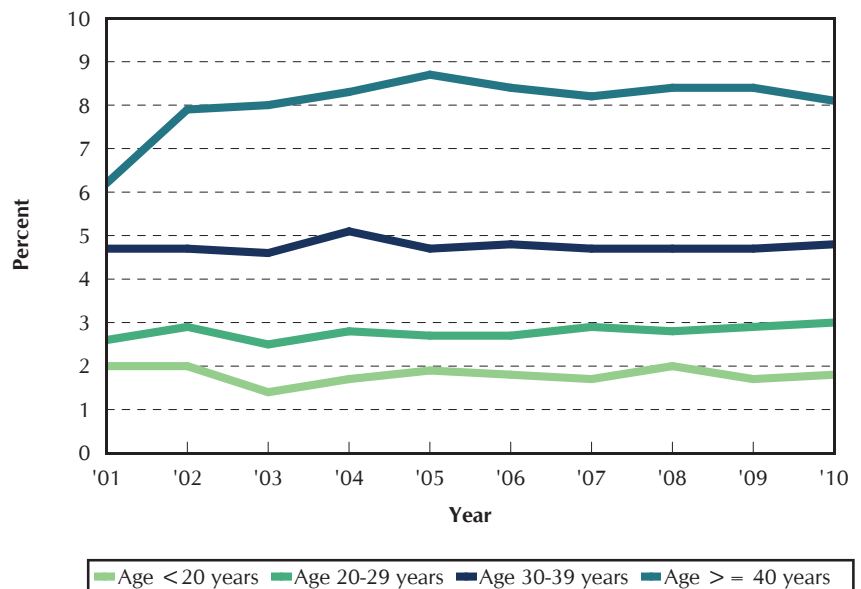
Figure PO1. Percent of Live Births Covered by Medicaid, New York City, 2001-2010



- Beginning 2008, percent of live births covered by Medicaid includes births covered by Family Health Plus, Child Health Plus B, and other government insurance as well as Medicaid enrollees because of a change in the way this information is collected on the birth certificate. This led to the appearance of a large increase in reported Medicaid coverage in 2008.

- From 2001 to 2010, the percentage of live births covered by Medicaid increased most in non-Hispanic whites. The percentage of live births covered by Medicaid increased 16% since the 2008 birth certificate change and 25% during the preceding seven years (2001 to 2007).

Figure PO2. Percent of Multiple Live Births by Mother's Age, New York City, 2001-2010



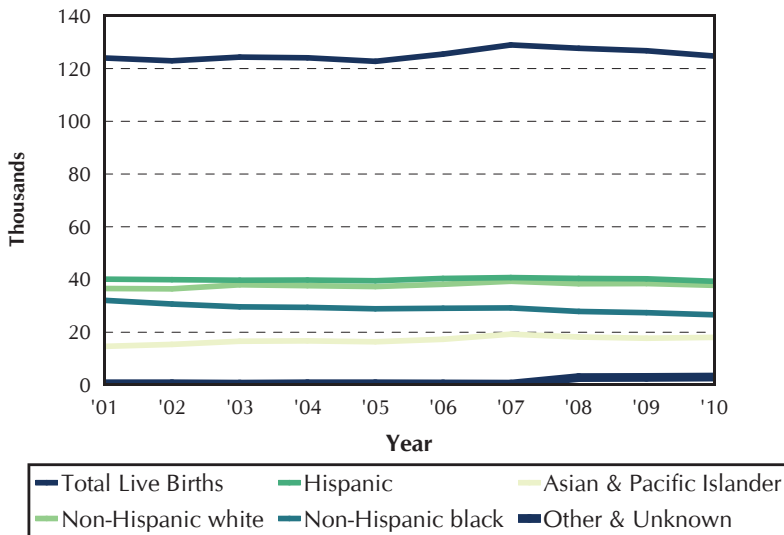
- Multiple births include twins, triplets, and higher order multiples.

- The percentage of multiple live births has remained relatively stable for women aged 40 years and older since 2002 in contrast to the sharp increase for this age group in the previous two decades due to advances in reproductive technology.

- The percentage of multiple live births increased in women aged 30-39 years (2%) and 20-29 years (15%) from 2001 to 2010.

- During the same time period, the percentage of multiple live births decreased slightly among women younger than 20 years.

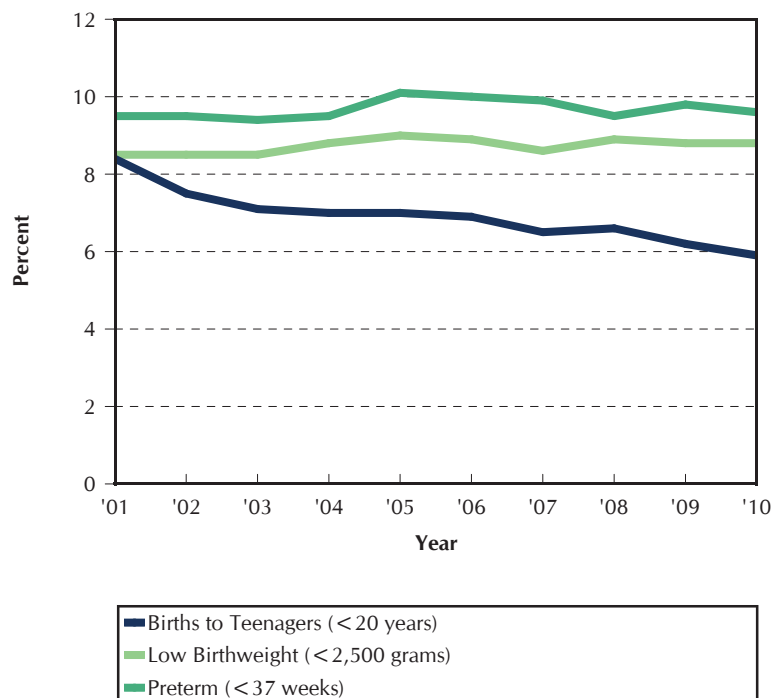
Figure PO3. Live Births by Mother's Racial/Ethnic Group, New York City, 2001-2010



- Overall, 124,791 live births occurred citywide during 2010, down 1.6% from 126,774 in 2009.
- The number of live births has remained relatively stable from 2001 to 2010, ranging from a high of 128,961 in 2007 to a low of 122,937 in 2002.
- Over the past decade, the number of live births to non-Hispanic blacks has decreased by 17%. Non-Hispanic black women accounted for 21.3% of all live births in New York City in 2010, down from 25.9% in 2001.
- From 2001 to 2010, the number of live births among Asian and Pacific Islanders increased by 23.1%. This racial/ethnic group accounted for 14.5% of all live births in 2010 versus 11.8% in 2001.

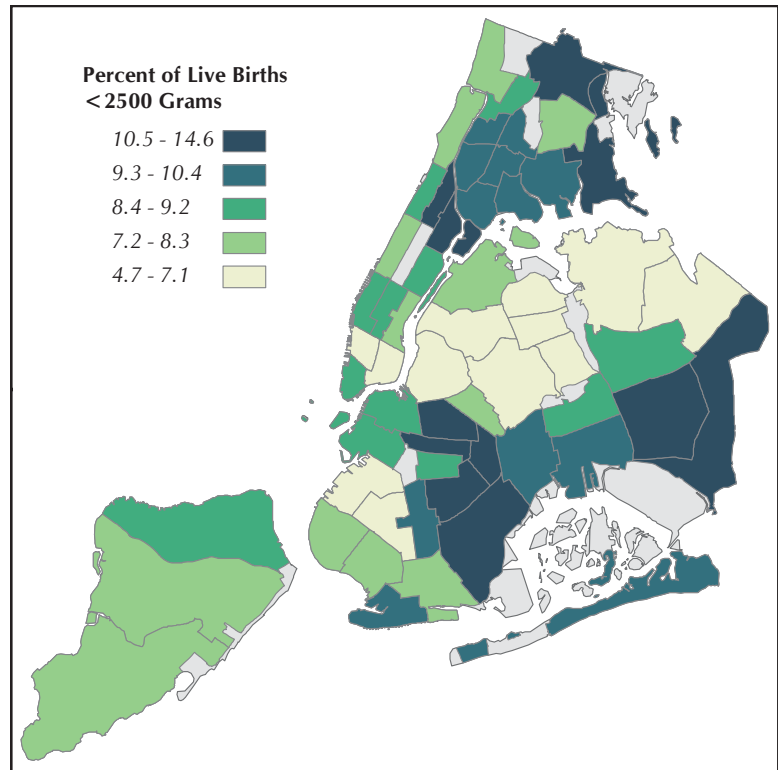
- From 2001 to 2010, the percentage of live births to teenagers decreased steadily and significantly, showing a 29.8% decline. Teenage mothers accounted for 5.9% of all live births in 2010, down from 8.4% in 2001.
- During the same period, the percentage of infants born at a low birthweight (<2,500 grams) was relatively stable and ranged slightly from 2001 (8.5%) to 2010 (8.8%).
- Similar to low birthweight births, the percentage of infants born preterm (<37 weeks) changed slightly between a high of 10.1% in 2005 and a low of 9.4% in 2003.

Figure PO4. Percent of Live Births With Specified Characteristics, New York City, 2001-2010

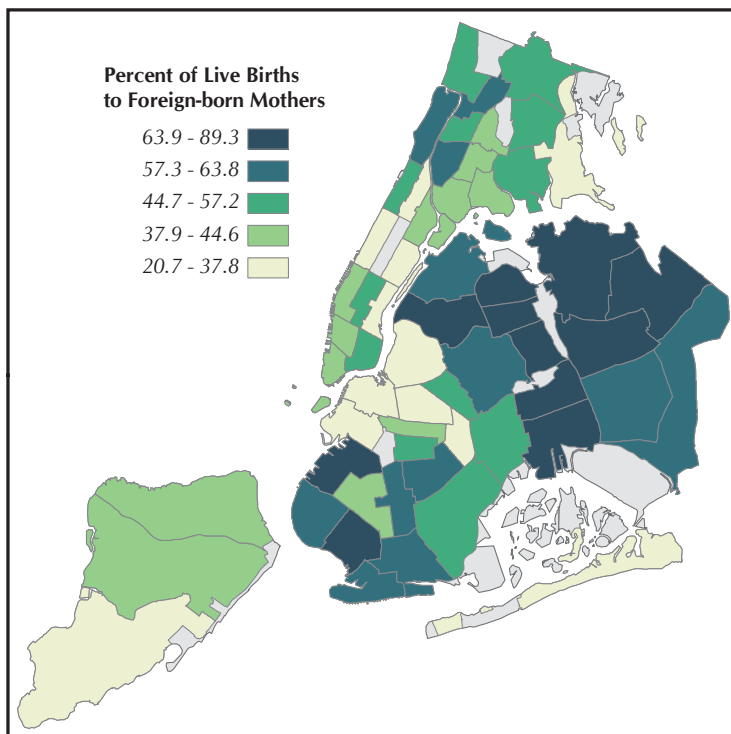


Map PO1. Percent of Low Birthweight (<2,500 Grams) Live Births by Community District of Residence, New York City, 2010

- Citywide, 8.8% of all infants born in 2010 were low birthweight (<2,500 grams).
- The community districts with the highest percentage of low birthweights included: Brownsville (14.6%), East Flatbush (12.7%), Williamsbridge (11.6%), Jamaica, St. Albans (11.6%), and Queens Village (11.6%).
- The five community districts with the lowest percentage of low-weight births were Williamsburg, Greenpoint (4.9%), Greenwich Village, SoHo (6.0%), Sunset Park (6.0%), Jackson Heights (6.0%), and Flushing (6.2%).
- See Table P7 for additional percentages.

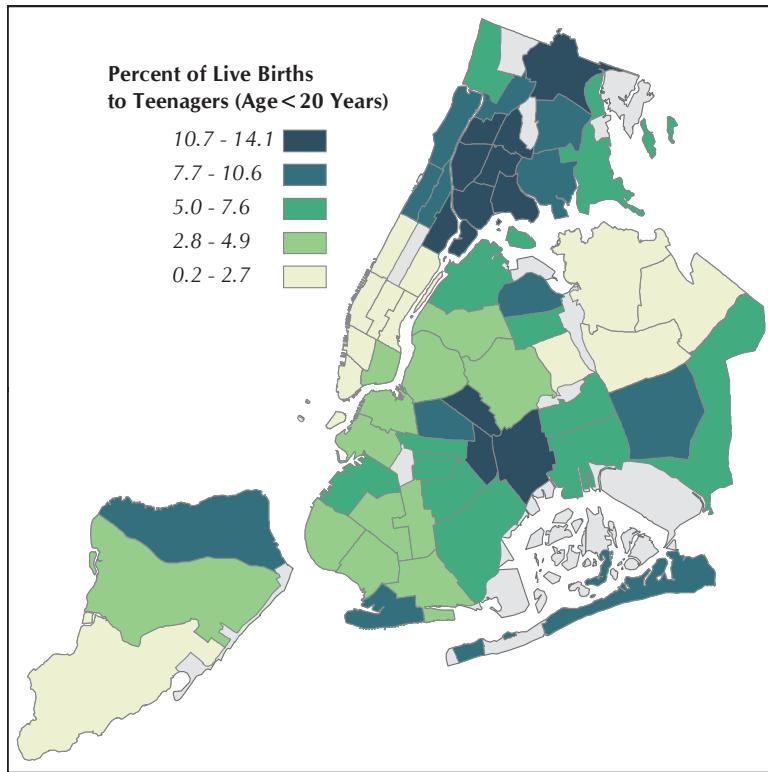


Map PO2. Percent of Live Births to Foreign-born Mothers by Community District of Residence, New York City, 2010



- Nearly 51% of live births in New York City in 2010 were to foreign-born women.
- The five community districts with the highest percentage of births to foreign-born women were Elmhurst, Corona (89.3%), Jackson Heights (89.2%), Flushing (82.2%), Sunset Park (76.4%), and Bensonhurst (74.2%).
- The five community districts that had less than 30% of their births to foreign-born women included: Tottenville (20.7%), Williamsburg, Greenpoint (21.1%), Park Slope (24.2%), Fort Greene, Brooklyn Heights (27.9%), and Bedford Stuyvesant (28.4%).
- See Table P7 for additional percentages.

Map PO3. Percent of Live Births to Teenagers (Age < 20 Years) (Rolling Three-year Averages) by Community District of Residence, New York City, 2008-2010



- The five community districts with the highest percentage of births to teenagers were Mott Haven (14.1%), East Tremont (14.0%), Morrisania (13.3%), Brownsville (13.3%), and Hunts Point (12.6%).
- In the following community districts, births to teenagers accounted for less than 1% of all live births: Battery Park/Tribeca, Greenwich Village/SoHo, Murray Hill, the Upper East Side, and Rego Park/Forest Hills.
- See Table P12 for additional percentages.

Note: Three-year averages were used in this map because of the small number of births annually to teenage mothers in some community districts.

Map PO4. Percent of Pre-pregnancy Obesity by Community District of Residence, New York City, 2010

- More than 25% of mothers were obese in 12 of New York City's community districts; those community districts with the highest pre-pregnancy obesity were Brownsville (29.6%), followed by East Flatbush (29.5%), Williamsbridge (28.3%), East New York (27.9%), and Concourse/Highbridge (27.8%).
- The community district with the lowest percent of pre-pregnancy obesity was Greenwich Village/SoHo (1.5%). Other community districts with less than 4% pre-pregnancy obesity included: Battery Park/Tribeca, Murray Hill, the Upper East Side, and Midtown Business District.
- See Table P7 for additional percentages.

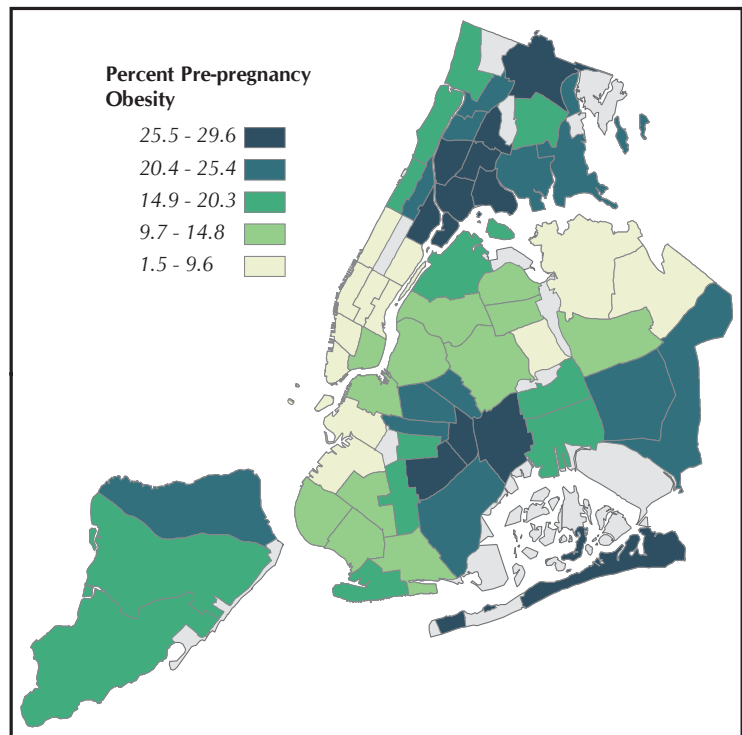


Table PO10. Live Births, Spontaneous Terminations, Induced Terminations, and Pregnancy Rates* to Teenagers (Age 15-19 Years) by Racial/Ethnic Group and Borough of Residence, New York City, 2010

	Age of Woman (Years)	Live Births	Spontaneous Terminations	Induced Terminations	Population (Women)	Birth Rate per 1,000 Women	Pregnancy Rate per 1,000 Women
New York City †	15-17	2,193	273	4,561	151,723	14.5	46.3
	18-19	5,014	574	7,578	112,295	44.7	117.2
	Age 15-19	7,207	847	12,139	264,018	27.3	76.5
Ethnic Group †							
Hispanic	15-17	1,349	119	1,756	55,002	24.5	58.6
	18-19	2,767	208	2,843	38,721	71.5	150.3
	Age 15-19	4,116	327	4,599	93,723	43.9	96.5
Asian and Pacific Islander	15-17	35	3	105	16,545	2.1	8.6
	18-19	139	16	270	12,941	10.7	32.8
	Age 15-19	174	19	375	29,486	5.9	19.3
Non-Hispanic White	15-17	91	15	237	32,058	2.8	10.7
	18-19	434	47	522	27,413	15.8	36.6
	Age 15-19	525	62	759	59,471	8.8	22.6
Non-Hispanic Black	15-17	687	88	2,335	43,204	15.9	72.0
	18-19	1,578	224	3,621	29,626	53.3	183.0
	Age 15-19	2,265	312	5,956	72,830	31.1	117.2
NYC Events to NYC Residents ‡							
	15-17	2,158	270	4,228	151,723	14.2	43.9
	18-19	4,874	561	6,989	112,295	43.4	110.6
	Age 15-19	7,032	831	11,217	264,018	26.6	72.3
Ethnic Group ‡							
Hispanic	15-17	1,335	118	1,643	55,002	24.3	56.3
	18-19	2,718	207	2,704	38,721	70.2	145.4
	Age 15-19	4,053	325	4,347	93,723	43.2	93.1
Asian and Pacific Islander	15-17	34	3	97	16,545	2.1	8.1
	18-19	138	15	239	12,941	10.7	30.3
	Age 15-19	172	18	336	29,486	5.8	17.8
Non-Hispanic White	15-17	88	14	185	32,058	2.7	9.0
	18-19	393	43	422	27,413	14.3	31.3
	Age 15-19	481	57	607	59,471	8.1	19.3
Non-Hispanic Black	15-17	672	87	2,191	43,204	15.6	68.3
	18-19	1,534	218	3,356	29,626	51.8	172.4
	Age 15-19	2,206	305	5,547	72,830	30.3	110.6
Borough of Residence							
Manhattan	15-17	250	35	571	18,966	13.2	45.1
	18-19	619	83	1,014	21,579	28.7	79.5
	Age 15-19	869	118	1,585	40,545	21.4	63.4
Bronx	15-17	716	69	1,243	33,081	21.6	61.3
	18-19	1,496	139	1,922	23,130	64.7	153.8
	Age 15-19	2,212	208	3,165	56,211	39.4	99.4
Brooklyn	15-17	678	96	1,388	49,866	13.6	43.4
	18-19	1,583	200	2,262	34,102	46.4	118.6
	Age 15-19	2,261	296	3,650	83,968	26.9	73.9
Queens	15-17	416	55	861	40,062	10.4	33.2
	18-19	995	114	1,531	27,188	36.6	97.1
	Age 15-19	1,411	169	2,392	67,250	21.0	59.1
Staten Island	15-17	98	15	165	9,748	10.1	28.5
	18-19	181	25	260	6,296	28.7	74.0
	Age 15-19	279	40	425	16,044	17.4	46.4
NYC Events to Non-NYC Residents	15-17	35	3	314	–	N.A.	N.A.
	18-19	140	12	540	–	N.A.	N.A.
	Age 15-19	175	15	854	–	N.A.	N.A.

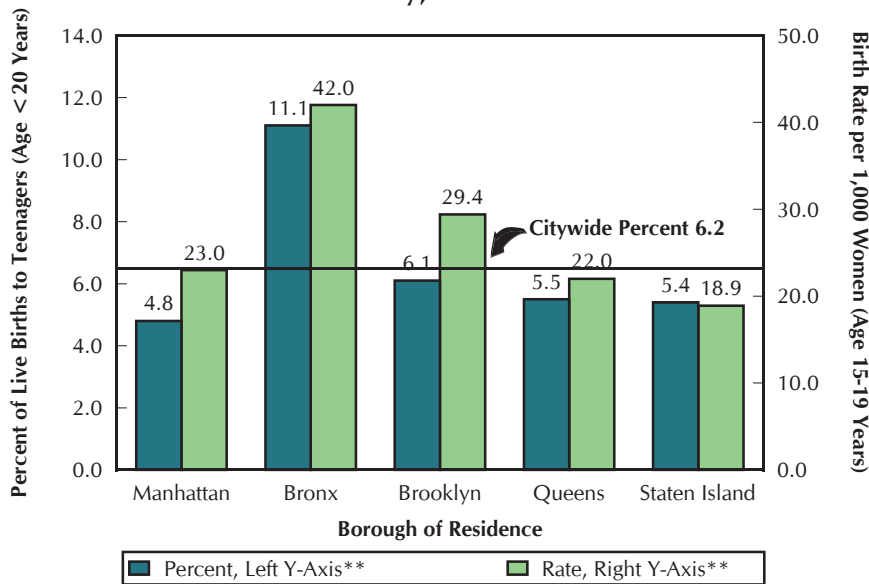
* Population data used to calculate rates are from 2010 Census. See Technical Notes: Population.

† Includes all events occurring in NYC regardless of residence; other/unknown ethnicities are not presented.

‡ Numbers and rates are limited to events occurring in NYC to NYC residents only; other/unknown ethnicities are not presented.

N.A. Not applicable.

Figure PO5. Percent and Rate of Live Births to Teenagers by Borough of Residence, New York City, 2008-2010*



- Citywide, the percent of all live births to teenagers (age < 20 years) was 6.2% in 2008-2010.
- The three-year 2008 to 2010 average percentage of births to teenagers was highest in the Bronx (11.1%). This was almost twice as high as the percent of live births to teenagers in Brooklyn (6.1%) and approximately twice as high as Queens (5.5%) and Staten Island (5.4%). The percent of live births to teens in Manhattan was 4.8% during this period.
- The teenage (age 15-19 years) birth rate followed a different pattern. The rate was highest in the Bronx (42.0), followed by Brooklyn (29.4), Manhattan (23.0), Queens (22.0), and Staten Island (18.9).

* Three years of data were combined due to the relatively small number of live births to teenage mothers.

**Computation of birth rate requires a population denominator appropriate for teenage years; this coincides with the census population age category of 15-19.

Table PO11. Live Births to Teenagers (Age < 20 Years), Overall and by Selected Characteristics, New York City, 2006-2010

	Year				
	2006	2007	2008	2009	2010
Total Live Births	125,506	128,961	127,680	126,774	124,791
Percent to Teenagers	6.9	6.6	6.6	6.2	5.9
Population* (Female Age 15-19)	262,407	264,464	265,935	265,904	262,878
Birth Rate† (Age 15-19)	32.7	32.1	31.2	28.9	27.4
Births to Teenagers	8,695	8,569	8,423	7,806	7,309
Percent of Births with Specified Characteristics:					
Hispanic	56.9	58.1	59.6	59.7	59.4
Foreign-born Mother	34.0	33.2	31.2	29.2	29.2
First Live Birth	85.8	85.7	86.2	86.2	86.9
< 2,500 grams	10.5	10.2	10.6	9.8	9.5
Preterm‡	10.4	10.2	10.4	10.0	9.6
Prenatal Care in First or Second Trimester of Pregnancy	88.2	88.7	§	§	85.2
Not Married	89.0	89.5	90.1	90.6	90.8
On Medicaid 	80.8	80.1	87.4	88.8	89.5
Pre-pregnancy Obesity	N/A	N/A	14.7	15.5	15.2
Infant Mortality Rate¶	7.4	6.8	7.6	8.5	8.1

* For denominator information, see Technical Notes: Population.

† Per 1,000 women age 15-19 years.

‡ Clinical gestational age < 37 completed weeks.

§ Due to data quality issue, no prenatal care variables are available for the years of 2008-2009.

|| See Technical Notes: Births, Birth Reporting.

¶ Infant mortality rate per 1,000 live births to teenagers.

Table PO12. Live Births to Teenagers (Age < 20 Years) by Selected Characteristics and Community District of Residence, New York City, 2008-2010*

Community District of Residence	Live Births	Percent of Total Live Births	Percent of Total Live Births with Specified Characteristics						
			Mother's Ancestry Hispanic	Foreign Born Mother	First Live Birth†	Low Birth Weight (< 2,500 Grams)	Preterm Birth (< 37 Weeks)	Mother Not Married	On Medicaid‡
NEW YORK CITY	23,538	6.2	59.6	29.9	86.6	10.0	10.0	90.5	88.5
MANHATTAN	2,830	4.8	70.7	29.6	86.9	9.9	10.7	94.4	90.7
Battery Park, Tribeca (01)	7	0.2	33.3	42.9	85.7	14.3	14.3	100.0	71.4
Greenwich Village, SoHo (02)	9	0.3	62.5	44.4	100.0	0.0	11.1	100.0	88.9
Lower East Side (03)	251	4.1	66.7	18.4	86.1	8.0	9.2	93.2	92.7
Chelsea, Clinton (04)	74	2.7	59.7	13.5	89.2	4.1	8.1	97.3	87.7
Midtown Business District (05)	29	1.7	44.8	20.7	79.3	3.4	3.4	93.1	86.2
Murray Hill (06)	20	0.5	50.0	10.0	85.0	20.0	10.0	90.0	83.3
Upper West Side (07)	148	1.8	67.6	15.5	87.2	9.5	12.2	97.3	91.0
Upper East Side (08)	75	0.9	47.1	18.7	88.0	10.7	6.7	97.3	90.7
Manhattanville (09)	383	9.1	74.5	37.3	86.9	9.4	9.2	93.7	90.6
Central Harlem (10)	488	9.4	39.8	18.1	86.7	11.1	12.3	94.3	88.5
East Harlem (11)	593	11.5	70.3	20.6	85.0	12.8	12.8	94.9	90.5
Washington Heights (12)	753	9.4	95.7	49.9	88.7	8.4	9.8	93.6	92.7
BRONX	7,220	11.1	71.6	25.6	86.1	10.4	9.4	94.6	89.1
Mott Haven (01)	733	14.1	76.2	23.0	84.0	10.0	9.5	96.9	91.6
Hunts Point (02)	371	12.6	78.4	24.0	82.7	11.6	9.4	96.5	90.5
Morrisania (03)	580	13.3	68.0	16.6	86.4	11.4	10.2	95.2	88.9
Concourse, Highbridge (04)	913	10.8	76.5	33.6	85.9	9.9	10.2	94.6	87.4
University/Morris Heights (05)	913	12.4	77.2	31.3	84.5	9.3	8.8	95.0	89.1
East Tremont (06)	623	14.0	74.5	20.9	85.5	11.7	11.4	95.5	89.5
Fordham (07)	715	9.9	83.8	31.0	83.8	10.5	8.8	93.4	88.7
Riverdale (08)	207	5.6	87.2	26.7	89.9	9.7	7.2	92.8	87.1
Unionport, Soundview (09)	858	10.6	71.7	21.8	87.3	10.6	8.5	94.5	91.1
Throgs Neck (10)	233	7.6	61.6	20.3	93.1	10.7	9.4	91.0	87.5
Pelham Parkway (11)	357	8.3	64.8	24.9	89.9	9.2	8.7	89.9	90.2
Williamsbridge (12)	716	11.7	40.1	23.8	88.5	10.8	8.9	95.1	86.6
BROOKLYN	7,558	6.1	45.0	28.4	86.6	9.9	10.3	86.9	90.5
Williamsburg, Greenpoint (01)	429	4.3	65.5	13.1	88.8	7.7	6.8	69.9	90.2
Fort Greene, Brooklyn Heights (02)	178	4.1	40.9	15.7	84.8	7.3	8.5	92.1	90.9
Bedford Stuyvesant (03)	773	10.5	35.7	14.1	84.9	11.5	12.8	91.8	89.6
Bushwick (04)	656	11.2	82.5	36.9	82.5	11.0	9.9	94.7	92.9
East New York (05)	1,010	11.7	42.2	22.7	86.8	10.1	10.2	95.1	88.4
Park Slope (06)	165	3.2	58.5	12.7	91.5	7.3	9.1	92.7	86.0
Sunset Park (07)	487	5.4	85.2	48.7	85.0	7.8	8.8	85.6	93.0
Crown Heights North (08)	307	7.1	16.4	20.2	86.1	11.7	10.4	93.5	88.8
Crown Heights South (09)	264	5.2	17.0	33.0	90.5	9.5	11.7	96.6	89.8
Bay Ridge (10)	152	2.9	51.4	47.3	83.4	11.8	6.6	66.4	92.7
Bensonhurst (11)	232	3.3	57.6	50.9	85.8	12.5	12.5	75.0	92.7
Borough Park (12)	462	2.9	60.9	39.0	88.5	5.6	6.5	47.8	90.9
Coney Island (13)	316	8.6	56.1	26.9	86.1	8.5	9.5	87.7	93.7
Flatbush, Midwood (14)	387	4.7	50.3	47.8	87.9	9.8	11.9	86.6	89.2
Sheepshead Bay (15)	238	3.9	32.2	43.9	85.3	8.4	6.7	62.6	89.0
Brownsville (16)	593	13.3	23.1	13.3	86.3	10.8	10.8	97.3	90.8
East Flatbush (17)	482	7.1	12.5	33.6	90.2	12.9	13.5	96.7	91.4
Canarsie (18)	427	5.5	16.5	21.8	87.3	10.8	13.3	93.2	89.5
QUEENS	4,500	5.5	60.1	41.6	87.2	9.1	9.5	89.2	87.3
Astoria, Long Island City (01)	319	5.2	65.3	34.6	87.1	9.7	9.1	90.9	88.0
Sunnyside, Woodside (02)	147	3.2	86.2	59.2	92.5	5.4	6.1	83.7	91.0
Jackson Heights (03)	667	7.8	92.7	65.2	85.8	6.9	8.1	89.1	92.9
Elmhurst, Corona (04)	528	6.1	88.7	58.7	86.7	5.1	8.1	91.9	93.1
Ridgewood, Glendale (05)	312	4.9	77.7	38.1	89.4	9.0	8.7	84.6	88.7
Rego Park, Forest Hills (06)	35	0.9	45.2	57.1	94.3	5.7	8.6	62.9	80.0
Flushing (07)	192	2.4	67.6	53.1	87.5	5.7	8.9	88.5	88.5
Fresh Meadows, Briarwood (08)	144	2.7	50.4	33.3	91.0	11.8	10.4	79.2	79.1
Woodhaven (09)	387	6.6	73.1	44.0	88.6	8.8	7.8	84.8	87.0
Howard Beach (10)	221	5.1	42.2	39.8	89.1	10.4	10.0	81.4	80.2
Bayside (11)	22	1.1	38.1	31.8	86.4	4.5	9.1	77.3	63.6
Jamaica, St. Albans (12)	783	8.5	29.0	27.7	85.2	10.7	10.5	92.6	85.4
Queens Village (13)	299	5.7	17.2	30.5	87.6	11.4	10.0	94.6	82.3
The Rockaways (14)	444	10.4	32.1	15.5	86.0	14.2	14.2	94.1	83.2
STATEN ISLAND	923	5.4	52.5	26.1	84.0	11.4	11.5	91.0	76.9
Port Richmond (01)	701	9.0	55.1	27.2	83.2	12.4	12.1	93.3	78.0
Willowbrook, South Beach (02)	154	3.5	50.3	27.9	85.7	9.1	11.7	83.8	73.2
Tottenville (03)	67	1.4	28.6	10.4	88.1	6.0	4.5	85.1	74.2
NEW YORK CITY RESIDENTS	23,031	6.6	59.9	30.2	86.5	10.0	9.9	90.8	88.9
NON-RESIDENTS	506	1.6	43.3	18.0	89.9	11.5	13.0	74.7	69.4
RESIDENCE UNKNOWN	1	-	-	-	-	-	-	-	-

Note: Borough totals may be higher than the sum of the community districts, as they may include some live births whose community district could not be determined.

Map of percent of live births to teenagers by community district of residence is presented on page 14 (Map PO3).

*Three years of data were combined because of the relatively small number of live births per year for teenage mothers.

† See Technical Notes: Birth Data Quality.

‡ Due to revision of the birth certificate, since 2008, "On Medicaid" also includes Family Health Plus, Other government, and Child Health Plus B.

Figure PO6. Number of Live Births, Induced Terminations, and Spontaneous Terminations of Pregnancy, New York City, 2001-2010

- The total number of reported New York City pregnancies (the sum of all live births and spontaneous and induced terminations) decreased by 2.7% from 2001 to 2010.
- The number of induced terminations of pregnancy has been declining in the last three years, down 7.8% from 90,870 in 2007 to 83,750 in 2010.
- Spontaneous terminations increased 21.0% from 2009 to 2010 due, in part, to the New York City Health Department's increased outreach to reporters of these events.

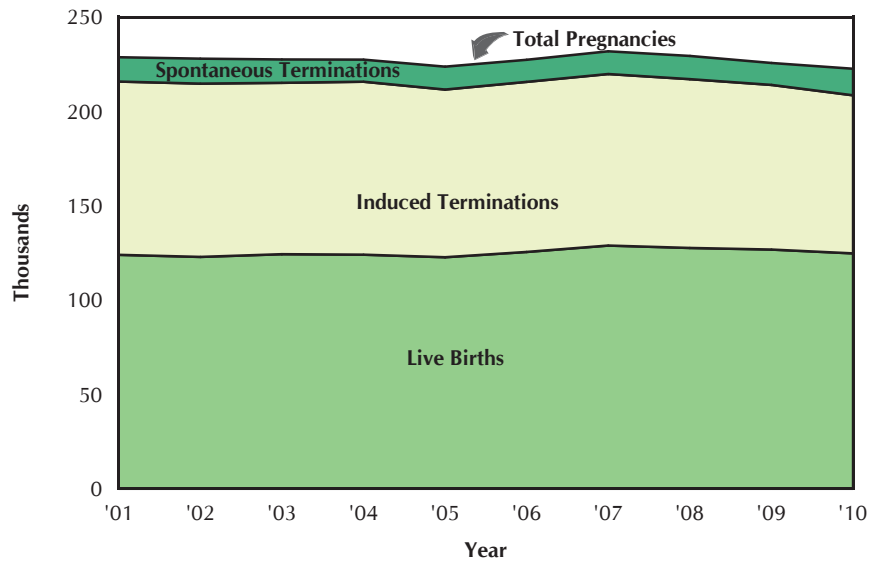
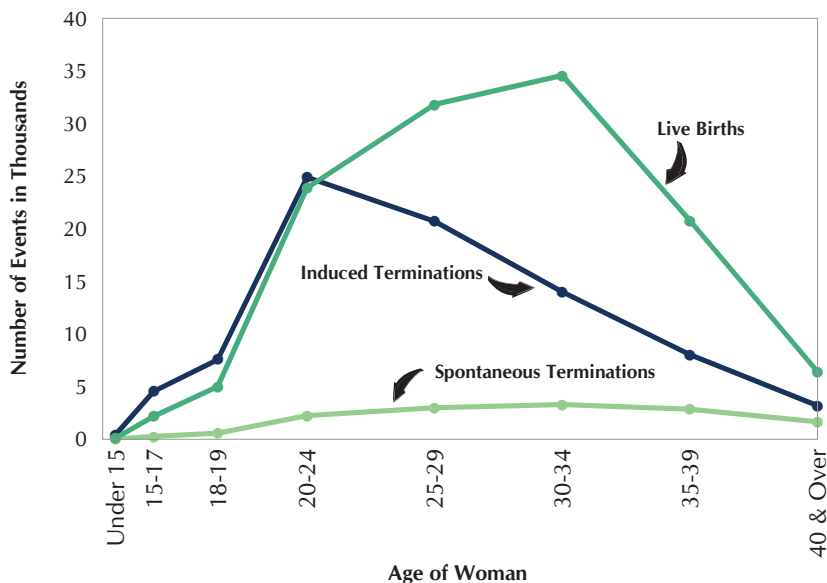


Figure PO7. Live Births, Induced Terminations, and Spontaneous Terminations of Pregnancy by Age of Woman, New York City, 2010



- Over 220,000 pregnancy outcomes were reported in New York City in 2010. Approximately 56% were live births, 38% were induced terminations, and 6% were spontaneous terminations.
- For women aged 25 years and older, more pregnancies resulted in a live birth rather than induced or spontaneous terminations.
- For younger women (<25 years), 52.2% of pregnancies ended in induced terminations, 43.5% resulted in live births, and 4.4% concluded in spontaneous terminations.

Table PO13. Live Births, Spontaneous Terminations, and Induced Terminations of Pregnancy, Overall and by Borough of Residence and Age of Woman, New York City, 2010

Borough of Residence / Pregnancy Outcome	Total	Age of Woman (Years)								Unknown or Not Stated
		< 15	15-17	18-19	20-24	25-29	30-34	35-39	≥ 40	
NEW YORK CITY	222,598	559	7,027	13,166	51,037	55,521	51,871	31,683	11,276	458
Live Births	124,791	102	2,193	5,014	23,888	31,826	34,567	20,781	6,419	1
Spontaneous Terminations	14,057	26	273	574	2,251	2,988	3,295	2,855	1,658	137
Induced Terminations	83,750	431	4,561	7,578	24,898	20,707	14,009	8,047	3,199	320
MANHATTAN	33,017	52	856	1,716	6,119	6,816	8,913	6,170	2,301	74
Live Births	19,646	9	250	619	2,412	3,662	6,542	4,601	1,551	-
Spontaneous Terminations	2,040	4	35	83	257	329	497	499	320	16
Induced Terminations	11,331	39	571	1,014	3,450	2,825	1,874	1,070	430	58
BRONX	43,082	155	2,028	3,557	11,963	11,221	8,216	4,302	1,550	90
Live Births	21,258	37	716	1,496	5,567	5,785	4,574	2,350	733	-
Spontaneous Terminations	2,377	4	69	139	456	569	520	377	218	25
Induced Terminations	19,447	114	1,243	1,922	5,940	4,867	3,122	1,575	599	65
BROOKLYN	72,147	181	2,162	4,045	17,607	19,008	16,027	9,600	3,350	167
Live Births	41,469	31	678	1,583	9,272	11,380	10,493	6,190	1,842	-
Spontaneous Terminations	4,729	10	96	200	841	1,056	1,071	890	515	50
Induced Terminations	25,949	140	1,388	2,262	7,494	6,572	4,463	2,520	993	117
QUEENS	47,472	108	1,332	2,640	10,635	12,584	11,278	6,541	2,285	69
Live Births	26,955	18	416	995	4,976	7,630	7,563	4,148	1,209	-
Spontaneous Terminations	3,238	6	55	114	530	750	782	638	338	25
Induced Terminations	17,279	84	861	1,531	5,129	4,204	2,933	1,755	738	44
STATEN ISLAND	8,892	27	278	466	1,713	2,283	2,358	1,328	421	18
Live Births	5,580	4	98	181	805	1,552	1,786	903	251	-
Spontaneous Terminations	704	1	15	25	88	139	170	163	93	10
Induced Terminations	2,608	22	165	260	820	592	402	262	77	8
NON-RESIDENTS	17,446	35	352	692	2,796	3,480	5,009	3,692	1,352	38
Live Births	9,879	3	35	140	854	1,816	3,609	2,588	833	1
Spontaneous Terminations	959	1	3	12	77	142	254	286	174	10
Induced Terminations	6,608	31	314	540	1,865	1,522	1,146	818	345	27
RESIDENCE UNKNOWN	542	1	19	50	204	129	70	50	17	2
Live Births	4	-	-	-	2	1	-	1	-	-
Spontaneous Terminations	10	-	-	1	2	3	1	2	-	1
Induced Terminations	528	1	19	49	200	125	69	47	17	1

Note: See Technical Notes: Induced and Spontaneous Terminations of Pregnancy.

Table PO14. Spontaneous Terminations of Pregnancy by Gestational Age and Age of Woman, New York City, 2010

Gestational Age (Weeks)	Total	Age of Woman (Years)								Unknown or Not Stated
		< 15	15-17	18-19	20-24	25-29	30-34	35-39	≥ 40	
Total	14,057	26	273	574	2,251	2,988	3,295	2,855	1,658	137
< 13	11,014	21	209	430	1,729	2,265	2,576	2,276	1,405	103
13-15	843	2	24	33	136	193	183	174	96	2
16-19	932	1	12	31	153	237	246	186	64	2
20-27	726	1	17	44	138	172	173	137	42	2
≥ 28	373	1	7	19	73	90	93	62	26	2
Not stated	169	-	4	17	22	31	24	20	25	26

Note: See Technical Notes: Induced and Spontaneous Terminations of Pregnancy.

Table PO15. Selected Characteristics of Spontaneous Terminations of Pregnancy, ≥ 28 Weeks Gestation, Overall and by Age of Woman, New York City, 2010

	Total	Age of Woman (Years)								Not Stated
		<15	15-17	18-19	20-24	25-29	30-34	35-39	≥ 40	
Total	373	1	7	19	73	90	93	62	26	2
Sex										
Male	184	–	4	10	32	51	51	28	8	–
Female	176	1	2	8	40	37	37	33	17	1
Undetermined	13	–	1	1	1	2	5	1	1	1
Weight at Delivery (grams)										
<500	9	–	–	2	1	–	3	1	2	–
500-999	30	–	1	2	6	8	4	7	2	–
1,000-1,499	49	1	–	2	16	11	11	4	4	–
1,500-1,999	60	–	1	1	13	15	13	13	4	–
2,000-2,499	66	–	–	4	11	18	18	10	5	–
$\geq 2,500$	127	–	4	8	22	31	35	19	8	–
Not stated	32	–	1	–	4	7	9	8	1	2

Note: See Technical Notes: Induced and Spontaneous Terminations of Pregnancy.

Table PO16. Selected Characteristics of Spontaneous Terminations of Pregnancy, ≥ 28 Weeks Gestation, Overall and by Racial/Ethnic Group of Woman, New York City, 2010

	Total	Racial/Ethnic Group of Woman						Not Stated
		Puerto Rican	Other Hispanic	Asian and Pacific Islander	Non-Hispanic White	Non-Hispanic Black	Other	
Total	373	19	88	41	96	115	2	12
Sex								
Male	184	10	44	21	46	60	–	3
Female	176	9	41	19	47	50	2	8
Undetermined	13	–	3	1	3	5	–	1
Weight at Delivery (grams)								
<500	9	1	2	–	2	4	–	–
500-999	30	1	6	2	10	10	–	1
1,000-1,499	49	2	8	7	11	17	–	4
1,500-1,999	60	3	17	9	14	17	–	–
2,000-2,499	66	2	12	5	22	22	–	3
$\geq 2,500$	127	9	38	12	26	40	2	–
Not stated	32	1	5	6	11	5	–	4

Note: See Technical Notes: Induced and Spontaneous Terminations of Pregnancy.

Table PO17. Live Births, Spontaneous Terminations of ≥ 28 Weeks Gestation, and Induced Terminations of Pregnancy, by Borough of Residence and Occurrence, New York City, 2010

Borough of Residence / Pregnancy Outcome	Total	Borough of Occurrence				
		Manhattan	Bronx	Brooklyn	Queens	Staten Island
NEW YORK CITY	208,914	74,506	30,511	55,324	42,146	6,427
Live Births	124,791	45,403	17,196	32,546	23,465	6,181
Spontaneous Terminations	373	128	62	94	69	20
Induced Terminations	83,750	28,975	13,253	22,684	18,612	226
MANHATTAN	31,030	27,872	1,282	1,290	571	15
Live Births	19,646	18,824	400	269	139	14
Spontaneous Terminations	53	50	1	–	1	1
Induced Terminations	11,331	8,998	881	1,021	431	–
BRONX	40,776	12,207	26,998	742	816	13
Live Births	21,258	5,243	15,661	163	179	12
Spontaneous Terminations	71	11	60	–	–	–
Induced Terminations	19,447	6,953	11,277	579	637	1
BROOKLYN	67,546	16,277	397	46,083	3,580	1,209
Live Births	41,469	9,765	135	29,160	1,214	1,195
Spontaneous Terminations	128	29	–	91	2	6
Induced Terminations	25,949	6,483	262	16,832	2,364	8
QUEENS	44,303	8,125	321	3,660	32,158	39
Live Births	26,955	5,206	125	1,858	19,728	38
Spontaneous Terminations	69	13	–	2	54	–
Induced Terminations	17,279	2,906	196	1,800	12,376	1
STATEN ISLAND	8,203	1,258	58	1,870	133	4,884
Live Births	5,580	316	15	565	22	4,662
Spontaneous Terminations	15	2	–	–	–	13
Induced Terminations	2,608	940	43	1,305	111	209
NON-RESIDENTS	16,524	8,655	1,433	1,632	4,537	267
Live Births	9,879	6,048	859	529	2,183	260
Spontaneous Terminations	37	23	1	1	12	–
Induced Terminations	6,608	2,584	573	1,102	2,342	7
RESIDENCE UNKNOWN	532	112	22	47	351	–
Live Births	4	1	1	2	–	–
Spontaneous Terminations	–	–	–	–	–	–
Induced Terminations	528	111	21	45	351	–

Note: See Technical Notes: Induced and Spontaneous Terminations of Pregnancy.

Table PO18. Induced Terminations of Pregnancy by Selected Characteristics and Age of Woman, New York City, 2010

	Total	Age of Woman (Years)								Not Stated
		< 15	15-17	18-19	20-24	25-29	30-34	35-39	≥ 40	
Induced Termination of Pregnancy, All	83,750	431	4,561	7,578	24,898	20,707	14,009	8,047	3,199	320
Racial/Ethnic Group										
Hispanic	27,112	169	1,756	2,843	8,738	6,592	4,156	2,075	679	104
Asian and Pacific Islander	4,761	11	105	270	1,037	1,193	1,020	746	355	24
Non-Hispanic white	9,220	26	237	522	2,451	2,430	1,684	1,230	592	48
Non-Hispanic black	38,574	218	2,335	3,621	11,349	9,502	6,447	3,580	1,392	130
Other	607	4	40	46	182	127	105	71	31	1
Unknown	3,476	3	88	276	1,141	863	597	345	150	13
Marital Status										
Married	11,391	11	47	173	1,583	2,782	3,146	2,422	1,175	52
Not married	69,106	410	4,446	7,128	22,225	17,106	10,363	5,316	1,900	212
Unknown	3,253	10	68	277	1,090	819	500	309	124	56
Gestational Age (weeks)										
≤ 6	28,850	88	1,050	2,059	8,086	7,820	5,326	2,993	1,306	122
7 - 8	24,921	104	1,227	2,144	7,165	6,319	4,389	2,561	932	80
9 - 10	13,321	61	807	1,358	4,301	3,102	2,047	1,189	401	55
11 - 12	6,000	41	501	714	1,970	1,261	834	448	212	19
13 - 15	3,889	28	337	466	1,313	797	501	316	115	16
16 - 20	4,137	58	405	552	1,306	839	542	289	134	12
≥ 21	1,857	48	205	229	560	376	234	144	50	11
Unknown	775	3	29	56	197	193	136	107	49	5
Type of Termination Procedure										
Suction curettage	61,473	275	3,190	5,353	17,993	15,313	10,551	6,141	2,442	215
Sharp curettage / D+C	1,643	4	76	99	380	363	350	227	125	19
Dilatation and evacuation	9,097	126	880	1,143	2,925	1,840	1,186	672	294	31
Intrauterine instillation	19	–	1	1	7	3	4	1	2	–
Hysterotomy / hysterectomy	2	–	–	1	–	–	1	–	–	–
Medical (non-surgical)	11,154	25	388	957	3,475	3,092	1,870	971	322	54
Other	7	–	1	–	1	–	1	3	1	–
Unknown	355	1	25	24	117	96	46	32	13	1

Note: See Technical Notes: Induced and Spontaneous Terminations of Pregnancy.

Table PO19. Induced Terminations of Pregnancy by Woman's Marital Status, Age, and Racial/Ethnic Group, New York City, 2006-2010

	2006	2007	2008	2009	2010
Marital Status (Percent)					
Married	14.2	13.9	14.2	14.2	13.6
Not married	83.6	83.6	83.3	83.6	82.5
Unknown	2.2	2.5	2.6	2.2	3.9
Age of Woman (Years)					
< 15	472	470	457	461	431
15 - 19	15,058	14,844	14,276	13,577	12,139
20 - 24	26,105	26,529	25,998	25,365	24,898
25 - 29	22,303	22,389	21,949	21,702	20,707
30 - 34	14,183	14,171	14,459	14,330	14,009
35 - 39	8,538	8,802	8,665	8,324	8,047
≥ 40	3,119	3,242	3,247	3,176	3,199
Unknown	379	423	418	338	320
Ethnic Group					
Hispanic	29,678	28,896	28,921	28,364	27,112
Asian and Pacific Islander	4,959	5,444	5,557	5,212	4,761
Non-Hispanic white	9,781	10,221	10,451	9,853	9,220
Non-Hispanic black	42,289	42,814	41,857	40,798	38,574
Other	635	518	396	349	607
Unknown	2,815	2,977	2,287	2,697	3,476
Total	90,157	90,870	89,469	87,273	83,750

Note: See Technical Notes: Induced and Spontaneous Terminations of Pregnancy.

Rates and Ratios Defined

The numerators of the rates in these tables are events occurring in New York City and reported during the year, unless otherwise specified. The denominator is the resident population figure, including all ages and both sexes, unless otherwise specified.

Live Birth Rate - The number of live births per 1,000 population.

$$\frac{\text{Live Births} \times 1,000}{\text{Population}}$$

Marriage Rate - The number of marriages per 1,000 population.

$$\frac{\text{Marriages} \times 1,000}{\text{Population}}$$

Infant Mortality Rate - The number of infant (under one year of age) deaths per 1,000 live births.

Neonatal Mortality Rate - The number of neonatal (under 28 days) deaths per 1,000 live births.

Post-neonatal Mortality Rate - The number of post-neonatal (28 days to under one year of age) deaths per 1,000 live births.

$$\frac{\text{Infant Deaths} \times 1,000}{\text{Live Births}}$$

Fetal Death Ratio - The number of fetal deaths of 28 weeks gestation and over per 1,000 live births.

$$\frac{\text{Fetal Deaths 28 Weeks and Over} \times 1,000}{\text{Live Births}}$$

Fertility Rate - Live births per 1,000 women aged 15-44 years.

$$\frac{\text{Live Births} \times 1,000}{\text{Female Population Aged 15-44}}$$

Perinatal Mortality Ratio - The number of fetal deaths of 28 weeks gestation and greater plus the number of early neonatal (under seven days) deaths per 1,000 fetal deaths of 28 weeks gestation and greater plus live births.

$$\frac{(\text{Fetal Deaths 28 Weeks and Over} + \text{Infant Deaths Under 7 Days}) \times 1,000}{\text{Fetal Deaths 28 Weeks and Over} + \text{Live Births}}$$

Death Rate, all causes - The number of deaths per 1,000 population.

$$\frac{\text{Deaths All Causes} \times 1,000}{\text{Population}}$$

Death Rate, specified causes The number of deaths due to a specified cause per 100,000 population.

Death Rate, age and sex specific The number of deaths of persons of specified age and sex per 1,000 population of the specified age and sex.

Death Rate, age, sex and race adjusted - The number of deaths per 100,000 standard population. Age, sex and race specific death rates are applied to a standard population eliminating the effect of differences in population composition, and allowing comparisons over time or between geographic areas.

Maternal Mortality Ratio - The number of deaths due to complications of pregnancy, childbirth and the puerperium occurring within 42 days of delivery per 100,000 live births.

Fetal-infant Mortality Rate The number of fetal deaths of 24 weeks gestation and greater plus infant deaths per 1,000 live births and fetal deaths, excluding weight at delivery less than 500 grams.

$$\frac{(\text{Fetal Deaths 24 Weeks and Over} + \text{Infant Deaths}) \times 1,000}{(\text{Fetal Deaths 24 Weeks and Over} + \text{Live Births})}$$

PREGNANCY OUTCOMES, TECHNICAL NOTES, 2010

VITAL EVENT REPORTING

Data on births and induced and spontaneous terminations of pregnancy are based on certificates filed with the New York City Department of Health and Mental Hygiene (DOHMH). In 2010, most (99.6%) birth certificates were filed electronically through the Electronic Vital Events Registration System (EVERS). All induced and spontaneous terminations, regardless of gestational age or weight, are reported and filed on paper. Vital event data are based on the year they occurred in New York City to both residents and non-residents. Any events registered after file closure are excluded from this report. Such late registrations are rare.

POPULATION

CITYWIDE

The New York City Department of City Planning (DCP) provides the Bureau of Vital Statistics with Census Data based on the United States Census as of April 1, 2010 and updated intercensal population estimates as of July 1 for 2001-2010. The US Census population count for New York City is 8,175,133 in 2010. Smaller geographical areas and demographic groups are derived by DCP using population data files from the 2010 Census. In the 2010 Summary of Vital Statistics, tables or figures with single-year data use the 2010 Census population count; tables and figures with trend data use updated intercensal population estimates. See the 2010 Annual Summary Historical Technical Notes table for population data used before 2010.

RACE/ETHNICITY CATEGORIES

Beginning with the 2000 Census, respondents could describe themselves and household members as being of more than one race, selecting at least one of six race categories: white, black, American Indian and Alaska Native, Asian, Native Hawaiian and other Pacific Islander, and some other race(s). These categories yield 63 possible combinations. Respondents also were asked if they were of Hispanic origin. The resulting responses could be organized into 64 groups. DCP collapses these groups into seven categories: Hispanic origin, non-Hispanic white, non-Hispanic black, non-Hispanic Asian or Pacific Islander, non-Hispanic American Indian and Alaska Native, non-Hispanic of some other race, and non-Hispanic of two or more races, which the DCP refers to as “mutually exclusive race and Hispanic categories. The first four of these categories are reflected in the Vital Statistics Summary variable “ethnic group,” with a 5th that combines non-Hispanic American Indian and Alaska Native, non-Hispanic of some other race, non-Hispanic of two or more races, and other or multiple race. For more information, see “Race, Ancestry, and Ethnic Group.”

COMMUNITY DISTRICT

In 2010, Community District population data are provided by DCP. In 2008-2009, Community District population estimates used the United States (US) Census Bureau Population Estimate Program and housing unit data from DCP. The “housing unit method” of estimation allocates the population to Community Districts. The method multiplies the estimated number of households in a given area by an estimate of the population per household. In the intercensal context, housing unit growth, measured by housing permit data, determines the locations of growth. Because these estimates are calibrated to equal US Census-borough-specific population totals, the borough population per household is fixed. New population estimates are derived using the iterative proportional fitting procedure (IPFP) implemented in SAS® version 9.2. The validity of these estimates depends on vacancy rates, housing unit loss rates, percentage of permits actually constructed, and time to complete construction, which is assumed consistent at the borough level and thus has no effect on the allocation of growth. The method is sensitive to the quality of the housing permit data, which does not identify residential conversions to multiple units. Demographic characteristics are allocated assuming those at the location of growth. Therefore, this approach does not capture intercensal demographic change at the neighborhood level, including change due to migration.

AGE CATEGORIES

Before 2010, in order to calculate the rates of teen events, population estimates are derived for each intercensal year using the housing unit method of estimation (see Community District, above) for 22 age groups, as opposed to the standard 18 age groups. In 2010, rates of teen events are calculated by using 2010 Census single-year population data.

DEMOGRAPHIC CHARACTERISTICS OF VITAL EVENTS

RACE, ANCESTRY, AND ETHNIC GROUP

Race and ancestry are two separate items on the certificates. Parents report this information on the birth certificate. As of 2008, the birth certificate allows for the selection of multiples races. Responses are coded following rules from the National Center for Health Statistics (NCHS). The ordered selection rules for defining ethnic group first assign Puerto Rican or other Hispanic ethnicities based on ancestry, regardless of race. Then, those of other or unknown ancestries are classified by race as Asian, non-Hispanic white, non-Hispanic black, and other/multiple race/unknown.

Ancestry is defined by NCHS as the nationality, lineage, or country where the subject’s ancestors were born before their arrival in the US. If a religious group is reported, NCHS instructions are to ask for the country of origin or nationality. New York City receives enough certificates with ancestry reported as Jewish or Hebrew to warrant inclusion in these tables, notwithstanding the religious meaning of the terms. Persons whose race is black and whose ancestry is American are classified as being of African American ancestry.

PREGNANCY OUTCOMES, TECHNICAL NOTES, 2010 (CONTINUED)

BIRTHPLACE

Starting in 2007, mother's birthplace is categorized as: "United States, including its territories," "Foreign," and "Not stated." "United States, including its territories" includes Puerto Rico, the US Virgin Islands, and Guam. If mother's birthplace is classified by country-specific categories, Puerto Rico is categorized apart from the US.

GEOGRAPHICAL UNITS

DATA PRESENTATION

Tables that stratify by location of residence (e.g., borough) separate data for non-residents and residence-unknown categories. Tables that do not stratify by location of residence combine all vital events registered in New York City, regardless of residence.

Vital events that occurred to New York City residents while outside of New York City are not included in this report.

PLACE OF BIRTH

Since 1996, home births in Tables PO4 and PO5 include all events for which "Home" was selected as the "Type of Place" regardless of whether the certificate was filed through a hospital. Home births in Table PO1 include events for which "home" was selected as "Type of Place" and the certificate was not filed by an institution; typically, these events were filed by the person who attended to the birth at home.

Table PO1 described the live births according to the borough in which the birth occurred. Prior to 2010, Table PO1 reported births according to the borough in which the reporting office was located. This primarily affects the frequency of "places other than a hospital or home" and "home births," which occur citywide but are frequently reported by the Bureau of Vital Statistics in Manhattan.

BOROUGH OF RESIDENCE

Borough of residence and other geographic classifications are based on the usual residence reported on the certificate.

COMMUNITY DISTRICT (CD)

Community districts were established by City Charter in 1969 for the delivery of city services. Population figures for these districts are compiled by DCP from census tract and census block data. The sum of the community district populations in each borough may not equal the borough population or the citywide population because Community Districts may cross borough boundaries. Since 1985, assignments to geographic areas smaller than borough, such as community district, are made through the Geosupport Program, which is developed and maintained by the DCP. Additional information on community district geography can be found at www.nyc.gov/dcp.

BIRTHS

BIRTH REPORTING

All births must be filed within five business days of the event. Data are generally collected using two worksheets: mother/parent and facility worksheets. Guides for the completion of the birth certificate and data entry can be found at <http://www.nyc.gov/evers>. Effective January 2008, BVS requires all hospitals registering more than 100 births per year to use the Electronic Birth Registration System (EBRS); in 2010, 99.6% of all births were registered electronically.

DATA PRESENTATION

Starting with the 2007 summary, items with unknown/not stated values are excluded from the denominator when calculating percentages. This affects Tables PO6, PO7, PO11, PO12 and Maps: PO1, PO2, PO3, and PO4.

BIRTH DATA QUALITY

Data quality improved in 2010, allowing 'Late or No Prenatal Care' to be reported for the first time since 2007.

The increasing number of women reporting "unknown" race is reflected in the ethnicity "not stated" categories in Tables PO3 and PO5. This increase began with electronically filed records. In Tables PO2 and PO6, the number of women categorized as reporting "other" ancestry has increased due to data entry errors. This slightly affected the overall distribution of live births by ancestry. In Figure PO3, "Other or Unknown" includes "two or more races."

MOTHER'S MARITAL STATUS

The New York City DOHMH is prohibited by local law from recording mother's marital status on the record or report of birth. For this Summary of Vital Statistics, these data are estimated and should be interpreted with caution. Since 1997, marital status is computed using the following algorithm: certificates without the father's name and those with the father's name that are accompanied by an Acknowledgment of Paternity are categorized as non-married; all others are categorized as married.

TEEN BIRTHS

Teen birth counts include all births occurring to women under the age of 20 years (see Tables PO11 and PO12). Teen birth rates are limited to teens aged 15 to 19 years (Tables PO10 and PO11) for whom population denominators can be applied to compute a reliable rate.

GESTATIONAL AGE

Gestational age, or clinical estimate of gestation, is defined as the best obstetric estimate of the infant's gestation in completed weeks based on the birth attendant's final estimate of gestation. Characteristics of live births and/or infant deaths in the Tables PO4-PO7, PO11, PO12, and Figure PO4, respectively, include either gestational age categories or a dichotomous indicator of preterm (< 37 weeks gestation) birth. In 2007, the range for valid gestational age was changed from 20-44 weeks to 17-47 weeks.

INDUCED AND SPONTANEOUS TERMINATIONS OF PREGNANCY**INDUCED AND SPONTANEOUS TERMINATIONS OF PREGNANCY REPORTING**

By law, all terminations must be reported. However, the number of induced and spontaneous terminations filed depends to some extent on the outreach conducted by BVS. Spontaneous and induced terminations reported for a given year include events occurring in the year of report and registered prior to the official closing date for that year of report.

NEW YORK CITY CERTIFICATES OF BIRTH, SPONTANEOUS TERMINATION AND INDUCED TERMINATION OF PREGNANCY

The paper Birth, Spontaneous Termination, and Induced Termination Certificate forms are shown below. A birth or termination of pregnancy certificate must be filed for each pregnancy, regardless of gestational age attained.

BIRTH CERTIFICATE

The birth certificate comprises two parts: the certificate of birth and the confidential medical report of birth. The current revision of the birth certificate, implemented in 2008, is based on the recommended 2003 US Standard Certificate of Live Birth (<http://www.cdc.gov/nchs/data/dvs/birth11-03final-ACC.pdf>). The 2008 revision coincided with the January 2008 electronic filing requirement. For detailed information on birth certificate revisions, please see Technical Notes from the 2008 Summary of Vital Statistics (<http://www.nyc.gov/html/doh/downloads/pdf/vs/2008sum.pdf>).

The certificate of birth is the legal record. Each certificate is authenticated by the medical provider (physician or midwife) or his or her representative and filed with the New York City Department of Health and Mental Hygiene.

The confidential medical report, used for the compilation of public health statistics and scientific purposes, includes parents' demographic information, mother's prenatal history and care, information on financial coverage, maternal morbidity, labor and delivery, and condition and treatment of the infant during, and immediately after, birth. These data are collected from the mother, the mother's and infant's medical records, and medical providers.

SPONTANEOUS TERMINATION OF PREGNANCY CERTIFICATE

Like the birth certificate, the spontaneous termination of pregnancy certificate has two parts, the certificate and the confidential medical report. The certificate is available to the mother. The confidential medical report information is collected for the compilation of public health statistics and scientific purposes.

INDUCED TERMINATION OF PREGNANCY CERTIFICATE

Induced certificate of pregnancy certificates are not issued. Data are collected for the compilation of public health statistics and scientific purposes.

DATE FILED

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF BIRTH

CERTIFICATE NO. _____

THIS CERTIFICATE NOT VALID UNLESS FILED IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Typewrite or print with black ink. Certificates containing alterations or omissions are unacceptable.

Please complete the following:

Has parent approved assignment of SSN for child? YES NO

Mother/Parent's SSN: _____

Father/Parent's SSN: _____

Died: Date: _____ Place: _____ Cert. No. _____

1. NAME OF CHILD (First, Middle, Last)			
2. SEX	3a. NUMBER DELIVERED of this pregnancy	4a. DATE OF CHILD'S BIRTH (Month) (Day) (Year - yyyy)	4b. TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
	3b. If more than one, number of this child in order of delivery		
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH	5b. Name of Hospital or other facility (if not facility, street address)	
5c. TYPE OF PLACE	<input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other-specify: _____		
6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX ___M___F		6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)	6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country
7. MOTHER/PARENT'S USUAL RESIDENCE a. State b. County		7c. City or town	7d. Street and number Apt. No. ZIP Code
		7e. Inside city limits of 7c? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX ___M___F		8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)	8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country
9a. NAME OF ATTENDANT AT DELIVERY		<input type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____	
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN		<input type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input type="checkbox"/> Hosp. Admin. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____	
Signed _____			
Name of Signer _____ (Type or Print)			
Address _____			
Date Signed _____, Year - yyyy _____			
Mother/Parent's Current (First, Middle, Last)			
Legal Name _____			
Address _____ Apt. _____			
City _____ State _____ ZIP _____			

CONFIDENTIAL MEDICAL REPORT OF BIRTH (1 of 2)

Only for scientific purposes approved by the Commissioner. Not open to inspection or subject to compelled disclosure.

NAME OF CHILD _____ CHILD'S MEDICAL RECORD NO. _____ CERTIFICATE NO. _____
MOTHER'S/PARENT'S MEDICAL RECORD NO. _____ MOTHER'S/PARENT'S TELEPHONE NUMBERS: Day () Evening ()

10. PARENT'S RACE
Race as defined by the U.S. Census (Check one or more to indicate what the parent considers her/himself to be)
a. Mother/Parent b. Father/Parent
White Black or African American American Indian or Alaska Native
Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian
Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander
Other

14. PARENT'S OCCUPATION
a. Was mother/parent employed during pregnancy? Yes No
1. Current/most recent occupation 2. Kind of business or industry
b. Mother/Parent c. Father/Parent
15. PRENATAL HISTORY
a. 1. Total Number of Previous Live Births 2. Number Born Alive and Now Living 3. Number Born Alive and Now Dead
b. Those born alive may have been Preterm, Low Birth Weight or both. Please indicate:
1. Number Preterm (< 37 wks.) 2. Number Low Birth Weight (< 2500 grams or 5 lbs. 8 oz.)
c. 1. Total Number of other Pregnancy Outcomes (Spontaneous or Induced Terminations): 2. Number of Spontaneous Terminations of Pregnancy less than 20 Weeks 3. Number of Spontaneous Terminations of Pregnancy 20 Weeks or More 4. Number of Induced Terminations of Pregnancy
d. Date of First Live Birth (mm/yyyy) / /
e. Date of Last Live Birth (mm/yyyy) / /
f. Date of Last other Pregnancy Outcome (mm/yyyy) / /
g. Date Last Normal Menses began (mm/dd/yyyy) / / /

f. Infections Present and/or Treated During Pregnancy (Check all that apply)
Gonorrhea Syphilis Herpes Simplex (HSV) Chlamydia Hepatitis B Hepatitis C Tuberculosis Rubella Bacterial Vaginosis None of the above
g. 1. Cigarette Smoking in the 3 Months Before or During Pregnancy?
Yes No
If Yes, Average Number of Cigarettes or Packs/Day (enter 0 if None)
Cigarettes or Packs/Day
2. 3 mo. before pregnancy or
3. First 3 mo. of pregnancy or
4. Second 3 mo. of pregnancy or
5. Third trimester of pregnancy or
h. Alcohol Use During This Pregnancy?
Yes No
i. Illicit and other Drugs Used During This Pregnancy?
Yes No
If yes, check all that apply
Heroin Cocaine Methadone Methamphetamine Marijuana Sedatives Tranquilizers Anticonvulsants

11. PARENT'S ANCESTRY
(Check one box and specify what the parent considers her/himself to be)
a. Mother/Parent b. Father/Parent
Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.)
NOT Hispanic (Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.)
Other

16. PRENATAL CARE
a. Total Number of Prenatal Visits for this Pregnancy None
b. Date of First Prenatal Care Visit (mm/dd/yyyy) / /
c. Date of Last Prenatal Care Visit (mm/dd/yyyy) / /
d. Primary Prenatal Care Provider Type (Check one)
MD/DO C(N)M/NP/PA/Other Midwife Clinic No Provider No Information Other
e. Risk Factors in this Pregnancy (Check all that apply)
Pre-pregnancy diabetes Gestational diabetes Pre-pregnancy hypertension Gestational hypertension Cardiac disease: Structural defect Functional defect Other serious chronic illness Anemia (Hct.<30/Hgb.<10) Asthma/Acute or chronic lung disease Rh sensitization Polyhydramnios Oligohydramnios Hemoglobinopathy Abruptio placenta Eclampsia Other previous poor pregnancy outcome Prelabor referral for high risk care Other vaginal bleeding Previous cesarean section: Number Infertility treatment: Fertility drugs, artificial/intrauterine insemination Assisted reproductive technology (e.g., IVF, GIFT) Number of embryos implanted (if applicable) Fetal reduction None of the above

j. Mother/Parent Pre-Pregnancy Weight _____ pounds
k. Mother/Parent Height _____ feet _____ inches
l. Obstetric Procedures (Check all that apply)
Cervical cerclage Tocolysis External cephalic version: Successful Failed Fetal genetic testing None of the above
m. If woman was 35 or over, was fetal genetic testing offered?
Yes No, Too Late No, Other Reason

12. PARENT'S LENGTH OF TIME IN US
a. Mother/Parent: If born outside of the United States, how long lived in U.S.? years or if < 1 yr, months
b. Father/Parent: If born outside of the United States, how long lived in U.S.? years or if < 1 yr, months

17. FINANCIAL COVERAGE
a. Primary Payor (Check one)
Medicaid/Family Health Plus Private Insurance Other gov't/CHPlusB CHAMPUS/TRICARE Other Self-pay Unknown
b. Is the mother/parent enrolled in an HMO or other managed care plan?
Yes No
c. Did mother/parent participate in WIC?
Yes No

18. MATERNAL MORBIDITY
(Check all that apply)
Maternal transfusion Perineal laceration (3rd or 4th degree) Ruptured uterus Unplanned hysterectomy Admit to ICU Unplanned operating room procedure following delivery Hemorrhage Postpartum transfer to a higher level of care None of the above

13. PARENT'S EDUCATION
(Check the box that best describes the highest degree or level of school completed at time of delivery)
a. Mother/Parent b. Father/Parent
8th grade or less; none 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, MEd, MEd, MSW, MBA) Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

CONFIDENTIAL MEDICAL REPORT OF BIRTH (2 of 2)

Only for scientific purposes approved by the Commissioner. Not open to inspection or subject to compelled disclosure.

NAME OF CHILD _____

CERTIFICATE NO. _____

19. LABOR AND DELIVERY	20. INFANT		
<p>a. If birth occurred in hospital, was mother/parent transferred in before giving birth? If yes, name of facility transferred from _____ <input type="checkbox"/> Yes _____ <input type="checkbox"/> No</p> <p>b. Mother/Parent Weight at Delivery _____ pounds</p> <p>c. Onset of Labor (Check all that apply) <input type="checkbox"/> Prolonged rupture of membranes (12 hours or more) <input type="checkbox"/> Prolonged labor (20 hours or more) <input type="checkbox"/> Premature rupture of membranes (prior to labor) <input type="checkbox"/> None of the above <input type="checkbox"/> Precipitous labor (less than 3 hours)</p> <p>d. Characteristics of Labor & Delivery (Check all that apply) <input type="checkbox"/> Induction of Labor-AROM <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Induction of Labor-Medicinal <input type="checkbox"/> Febrile (>100.4F or 38C) <input type="checkbox"/> Augmentation of Labor <input type="checkbox"/> Meconium staining <input type="checkbox"/> Placenta previa <input type="checkbox"/> Fetal intolerance <input type="checkbox"/> Other excessive bleeding <input type="checkbox"/> External electronic fetal monitor <input type="checkbox"/> Steroids <input type="checkbox"/> Internal electronic fetal monitor <input type="checkbox"/> Antibiotics <input type="checkbox"/> None of the above</p> <p>e. 1. Anesthesia (Check all that apply) <input type="checkbox"/> Epidural <input type="checkbox"/> Paracervical <input type="checkbox"/> General inhalation <input type="checkbox"/> Pudendal <input type="checkbox"/> General intravenous <input type="checkbox"/> Local <input type="checkbox"/> Spinal <input type="checkbox"/> None of the above</p> <p>2. Complications from any of the above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Method of Delivery</p> <p>f. Fetal Presentation at Birth <input type="checkbox"/> Cephalic <input type="checkbox"/> Other <input type="checkbox"/> Breech</p> <p>g. Final route and method of delivery (Check one) <input type="checkbox"/> Vaginal/Spontaneous <input type="checkbox"/> Vaginal/Vacuum <input type="checkbox"/> Vaginal/Forceps <input type="checkbox"/> Cesarean</p> <p>1. If cesarean, was trial of labor attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Indications for C-Section <input type="checkbox"/> Unknown (Select all that apply) <input type="checkbox"/> Maternal condition-not pregnancy related <input type="checkbox"/> Failure to progress <input type="checkbox"/> Maternal condition-pregnancy related <input type="checkbox"/> Malpresentation <input type="checkbox"/> Refused VBAC <input type="checkbox"/> Previous C-Section <input type="checkbox"/> Elective <input type="checkbox"/> Fetus at risk/NFS <input type="checkbox"/> Other</p> <p>3. Was delivery with forceps attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Indications for Forceps <input type="checkbox"/> Unknown (Select all that apply) <input type="checkbox"/> Fetus at Risk <input type="checkbox"/> Failure to progress <input type="checkbox"/> Other</p> <p>5. Was delivery with vacuum extraction attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Indications for Vacuum <input type="checkbox"/> Unknown (Select all that apply) <input type="checkbox"/> Fetus at Risk <input type="checkbox"/> Failure to progress <input type="checkbox"/> Other</p> <p>h. Other Procedures Performed at Delivery (Check all that apply) <input type="checkbox"/> Episiotomy & repair <input type="checkbox"/> Repair of lacerations <input type="checkbox"/> Sterilization <input type="checkbox"/> None of the above</p>	<p>a. Birthweight _____ Pounds _____ Ounces or _____ Grams</p> <p>b. If birth weight < 1250 grams (2 lbs. 12 oz.), reason(s) for delivery at a less than level III hospital: (Only if applicable) <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time (Select all that apply) <input type="checkbox"/> Rapid/Advanced Labor <input type="checkbox"/> Severe pre-eclampsia <input type="checkbox"/> Bleeding <input type="checkbox"/> Woman Refused Transfer <input type="checkbox"/> Fetus at Risk <input type="checkbox"/> Other-specify _____</p> <p>c. Apgar Score at 1. 1 minute 2. 5 minutes 3. 10 minutes _____ _____ _____</p> <p>d. Clinical Estimate of Gestation Completed Weeks: _____</p> <p>e. Infant Transferred Within 24 hours of Delivery After 24 hours Not Transferred <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>f. If transferred, name of facility transferred to: _____</p>	<p>g. Abnormal Conditions of the Newborn (Check all that apply) <input type="checkbox"/> Assisted ventilation required immediately following delivery <input type="checkbox"/> Assisted ventilation required for more than six hours <input type="checkbox"/> NICU admission <input type="checkbox"/> Newborn given surfactant replacement therapy <input type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis <input type="checkbox"/> Seizure or serious neurologic dysfunction <input type="checkbox"/> Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention) <input type="checkbox"/> None of the above</p> <p>h. Hepatitis B Inoculation 1. Immunization administered? <input type="checkbox"/> Yes Date: (mm/dd/yyyy) ____/____/____ <input type="checkbox"/> No 2. Immunoglobulin administered? <input type="checkbox"/> Yes Date: (mm/dd/yyyy) ____/____/____ <input type="checkbox"/> No</p> <p>i. Is infant living at time of report? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>j. How is infant being fed? (Check one) <input type="checkbox"/> Breast milk <input type="checkbox"/> Both <input type="checkbox"/> Formula <input type="checkbox"/> Neither</p>	
Congenital Anomalies			
k. Select all that apply		l. Diagnosed Prenatally?	m. If Yes, please indicate all methods used:
1. Anencephaly		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
2. Meningocele/Spina Bifida		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
3. Cyanotic Congenital Heart Disease		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
4. Congenital Diaphragmatic Hernia		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
5. Omphalocele		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
6. Gastroschisis		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
7. Limb Reduction Defect		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
8. Cleft lip with or without Cleft Palate		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
9. Cleft Palate alone		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
10. Down Syndrome <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
11. Other Chromosomal Disorder <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
12. Hypospadias		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
13. None of those listed above <input type="checkbox"/>			

THIS CERTIFICATE NOT VALID UNLESS FILED IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 1. Typewrite or print with black fine point ink.
 2. Certificates containing alterations or omissions are unacceptable.
 3. Items "Date filed," "Certificate No." and this space, reserved for Department of Health and Mental Hygiene use only.
 I CERTIFY THAT I HAVE IN MY POSSESSION AN AFFIDAVIT OF AUTHORIZATION FOR CREMATION

DATE FILED		CERTIFICATE OF SPONTANEOUS TERMINATION OF PREGNANCY			Certificate No. _____	
Did heart beat after delivery? _____ Was there movement of voluntary muscle? _____ Such cases must be reported by filing a certificate of birth and a certificate of death						
1. SEX OF FETUS <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undetermined		2a. NUMBER DELIVERED this pregnancy 2b. If more than one, number in order of delivery		3. DATE OF DELIVERY OR OPERATION FOR DELIVERY (Month) (Day) (Year-yyyy)		3a. Hour <input type="checkbox"/> AM <input type="checkbox"/> PM
4. PLACE OF DELIVERY	4a. NEW YORK CITY BOROUGH OF _____	4b. Name of HOSPITAL (if not in institution street address)			4c. TYPE OF PLACE <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Birthing Center <input type="checkbox"/> Other	
5a. MOTHER'S FULL MAIDEN NAME			5b. MOTHER'S DATE OF BIRTH (Month) (Day) (Year-yyyy)		5c. MOTHER'S BIRTHPLACE City & State or foreign country	
6. MOTHER'S USUAL RESIDENCE a. State b. County c. City, town, or location			d. Street and house number Apt. Zip		e. Inside city limits of 6c? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7a. FATHER'S FULL NAME			7b. FATHER'S DATE OF BIRTH (Month) (Day) (Year-yyyy)		7c. FATHER'S BIRTHPLACE City & State or foreign country	
8. I HEREBY CERTIFY THAT THIS DELIVERY OCCURRED AT THE HOUR AND ON THE DATE STATED ABOVE, THAT ALL THE FACTS STATED IN THIS CERTIFICATE ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.						
9. NAME OF ATTENDANT (AT) (AFTER) DELIVERY			R.N. C.N.M. Other Midwife D.O. M.D. Signature _____ Name of Physician _____ (Type or Print)			
Date _____, Year-yyyy _____ Address _____						

FUNERAL DIRECTOR'S CERTIFICATE	
I hereby certify that I have been employed as Funeral Director herein by _____	
of _____ (Address)	This statement is made to obtain a permit for the
disposition of this fetus _____ (Signature of Funeral Director)	(State License No.) _____
Funeral Establishment _____	Registration No. _____ Address _____
PLACE OF BURIAL OR CREMATION _____	DATE OF BURIAL OR CREMATION _____

CONFIDENTIAL MEDICAL REPORT

Only for scientific purposes approved by the Commissioner. Not open to inspection or subject to subpoena

SURNAME OF MOTHER: _____

CERTIFICATE NO. _____

	10. Race-White, Black, American Indian, Chinese, Asian Indian, Other <i>specify</i>	11. Ancestry (African -American, Chinese, Cuban, German Italian, Puerto Rican etc.)	12. Education (Record highest year completed) Elem/Secondary 0 - 12 College 1-4 or 5 +	13. Occupation: Mother, most recent Father, usual	14. Kind of business or industry	15. Employed During This Pregnancy
MOTHER	10a.	11a.	12a.	13a.	14a.	15a. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
FATHER	10b.	11b.	12b.	13b.	14b.	

16. Last Normal Menses Began Mo./Day/Yr-yyyy	17. Previous Pregnancies (Complete all sections)								
	a. Total Previous Pregnancies Number _____ None <input type="checkbox"/>	Born Alive		Spontaneous Terminations			Induced Terminations		
	b. Now Living Number _____ None <input type="checkbox"/>	c. Now Dead Number _____ None <input type="checkbox"/>	d. Under 13 Wks Number _____ None <input type="checkbox"/>	e. 13 to 19 Wks Number _____ None <input type="checkbox"/>	f. 20 Wks or more Number _____ None <input type="checkbox"/>	g. Under 13 Wks Number _____ None <input type="checkbox"/>	h. 13 to 19 Wks Number _____ None <input type="checkbox"/>	i. 20 Wks or more Number _____ None <input type="checkbox"/>	
18. Weight at Delivery _____ lbs _____ ozs (1) OR _____ grams (2) <input type="checkbox"/> Not Weighed (3)	20. Clinical Estimate of Gestation _____ Weeks		22. This Termination of Pregnancy was caused by P A R T 1 a. Immediate Cause _____ b. Due to _____ c. Due to _____						Fetal or Maternal
19. Autopsy performed 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	21. Fetus Died: Before Labor During Labor At Delivery Unknown 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		PART 2. Other significant conditions of conceptus or mother _____						

FOR GESTATION OF 20 WEEKS OR MORE REMAINDER OF CERTIFICATE MUST BE COMPLETED

23. Pregnancy History	Date Month Year-yyyy	24. Prenatal Care			25. Mother's Blood Group and Rh	26. Congenital Anomalies <i>Specify</i>
a. First Live Birth		a. Date First Visit To Any Provider Month Day Year-yyyy	b. Providers <i>Check all that apply</i> 1 <input type="checkbox"/> Hosp. 4 <input type="checkbox"/> SHF 2 <input type="checkbox"/> MIC 5 <input type="checkbox"/> Pvt Phy 6 <input type="checkbox"/> Other 3 <input type="checkbox"/> Other Clinic	c. Total Number Of Visits to All Providers 0 <input type="checkbox"/> NONE		27a. Type of Anesthesia <i>Specify</i> b. Type of Analgesia <i>Specify</i>
b. Last Live Birth						
c. Last Other Termination						
28. Primary Financial Coverage This Pregnancy 1 <input type="checkbox"/> Medicaid 2 <input type="checkbox"/> HMO 3 <input type="checkbox"/> Other 3rd Party 4 <input type="checkbox"/> Self	29. During This Pregnancy Did Mother Participate in: 1 <input type="checkbox"/> WIC 4 <input type="checkbox"/> AFDC 2 <input type="checkbox"/> PCAP 5 <input type="checkbox"/> Other 3 <input type="checkbox"/> MOMS 0 <input type="checkbox"/> None		30. Mother Was 1 <input type="checkbox"/> Private Physician's Patient 2 <input type="checkbox"/> General Services Patient		31. Was Hospital Of This Delivery a: 1 <input type="checkbox"/> Prelabor Referral for High Risk 2 <input type="checkbox"/> Emergency Transfer Prior To Delivery Specify Transfer From _____ 0 <input type="checkbox"/> Neither	
32. MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)	33. OTHER RISK FACTORS FOR THIS PREGNANCY (Check all that apply)			35. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)		37. Indication for C-section <i>Specify</i>
01 <input type="checkbox"/> Anemia (Hct. < 30/Hgb. < 10) 02 <input type="checkbox"/> Cardiac disease 03 <input type="checkbox"/> Acute or chronic lung disease 04 <input type="checkbox"/> Diabetes 04 <input type="checkbox"/> Gestational 05 <input type="checkbox"/> Chronic 06 <input type="checkbox"/> Genital herpes 07 <input type="checkbox"/> Other STD 08 <input type="checkbox"/> Hydramnios/Oligohydramnios 09 <input type="checkbox"/> Hemoglobinopathy 10 <input type="checkbox"/> Hepatitis Hypertension 11 <input type="checkbox"/> Chronic 12 <input type="checkbox"/> Pregnancy-associated 13 <input type="checkbox"/> Preeclampsia 14 <input type="checkbox"/> Eclampsia 15 <input type="checkbox"/> Incompetent cervix 16 <input type="checkbox"/> Previous infant 4000 + grams 17 <input type="checkbox"/> Previous preterm or small-for-gestational-age infant 18 <input type="checkbox"/> Renal disease 19 <input type="checkbox"/> Rh sensitization Uterine bleeding 21 <input type="checkbox"/> Trimester - 1 22 <input type="checkbox"/> Trimester - 2 23 <input type="checkbox"/> Trimester - 3 00 <input type="checkbox"/> None 24 <input type="checkbox"/> Other _____	a. Tobacco use during pregnancy 1 <input type="checkbox"/> Yes <input type="checkbox"/> No Average number of cigarettes per day _____ Alcohol use during pregnancy 2 <input type="checkbox"/> Yes <input type="checkbox"/> No Average number of drinks per week _____ Heroin 3 <input type="checkbox"/> Yes <input type="checkbox"/> No Cocaine 4 <input type="checkbox"/> Yes <input type="checkbox"/> No Methadone 5 <input type="checkbox"/> Yes <input type="checkbox"/> No Marijuana 6 <input type="checkbox"/> Yes <input type="checkbox"/> No Sedatives, Tranquilizers, Anticonvulsants Specify _____ 7 Other Drugs Specify _____ 8 0 <input type="checkbox"/> None of the above b. Weight Prepregnancy Weight _____ Weight gained during pregnancy _____ c. Radiation exposure during pregnancy? 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes If yes specify Trimester and Type 34. Prior C-section 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes			01 <input type="checkbox"/> Anesthetic complications 02 <input type="checkbox"/> Abruptio placenta 03 <input type="checkbox"/> Placenta previa 04 <input type="checkbox"/> Other excessive bleeding 05 <input type="checkbox"/> Cord Prolapse 06 <input type="checkbox"/> Conditions of Cord 07 <input type="checkbox"/> Fetal distress 08 <input type="checkbox"/> Cephalopelvic disproportion 09 <input type="checkbox"/> Chorioamnionitis 10 <input type="checkbox"/> Meconium staining 11 <input type="checkbox"/> Premature rupture of membranes (> 12 hours) 12 <input type="checkbox"/> Seizures during labor 13 <input type="checkbox"/> Precipitous labor (< 3 hours) 14 <input type="checkbox"/> Prolonged labor (> 20 hours) 15 <input type="checkbox"/> Failure to Progress 16 <input type="checkbox"/> Breech/Malpresentation 17 <input type="checkbox"/> Febrile (> 100°F. or > 38°C) 00 <input type="checkbox"/> None 18 <input type="checkbox"/> Other _____ Specify 36. METHOD OF DELIVERY (Check all that apply) 01 <input type="checkbox"/> Vaginal 02 <input type="checkbox"/> Vaginal after any prior C-section 03 <input type="checkbox"/> Primary C-section 04 <input type="checkbox"/> Repeat C-section 05 <input type="checkbox"/> Breech Extraction 06 <input type="checkbox"/> Mid Forceps 07 <input type="checkbox"/> Low Forceps 08 <input type="checkbox"/> Vacuum 09 <input type="checkbox"/> Other, <i>Specify</i>		38. OBSTETRIC PROCEDURES (Check all that apply) a. Amniocentesis 01 <input type="checkbox"/> Genetic 02 <input type="checkbox"/> Maturity 03 <input type="checkbox"/> Stress Test 04 <input type="checkbox"/> Non Stress Test Electronic Fetal Monitoring 05 <input type="checkbox"/> Internal 06 <input type="checkbox"/> External 07 <input type="checkbox"/> Scalp Sampling 08 <input type="checkbox"/> Tocolysis 09 <input type="checkbox"/> Other Specify _____ 00 <input type="checkbox"/> None b. Induction 01 <input type="checkbox"/> Stimulation 02 <input type="checkbox"/> Both 03 <input type="checkbox"/> Neither Indication for Induction or Stimulation Specify _____ c. Ultrasonography exams Number _____ 0 <input type="checkbox"/> None 39. Other Procedures Performed at Delivery Specify _____ 0 <input type="checkbox"/> None

DATE FILED
(For Health Dept. Use Only)

CERTIFICATE OF INDUCED TERMINATION OF PREGNANCY
Use this form **ONLY** for induced terminations whether surgical or medical

Only for scientific purposes approved by the Commissioner of Health and Mental Hygiene:
not open to inspection or subject to subpoena

1. PLACE OF TERMINATION (Name and address of doctor's office, hospital, or other facility) 1 <input type="checkbox"/> In-Patient 2 <input type="checkbox"/> Out-Patient	CERTIFICATE NO. (For Health Dept. Use Only) 156 - 2. DATE OF PROCEDURE FOR TERMINATION Month _____ Day _____ Year-yyyy _____
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INST.	3a. LAST NAME First Two Letters 	b. FIRST NAME First Two Letters 	4. PATIENT'S DATE OF BIRTH Month _____ Day _____ Year-yyyy _____			5. MARRIED 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6. PATIENT'S USUAL RESIDENCE (Check only one)						
B	a. NEW YORK CITY (Check one) 1 <input type="checkbox"/> Manhattan Patient's Zip Code _____ 2 <input type="checkbox"/> Bronx 3 <input type="checkbox"/> Brooklyn 4 <input type="checkbox"/> Queens 5 <input type="checkbox"/> Staten Island		b. NEW YORK STATE OUTSIDE NEW YORK CITY (Including Nassau, Suffolk, Westchester) 6 <input type="checkbox"/> Specify County _____ Specify City, Town, or Location _____		c. OUTSIDE NEW YORK STATE US City and State (Specify) 8 <input type="checkbox"/> _____ OR Foreign Country (Specify) 8 <input type="checkbox"/> _____	
R	7. PATIENT'S BIRTHPLACE (City & State OR Foreign Country)		8. PATIENT'S RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian } <input type="checkbox"/> Other }		9. ANCESTRY (African-American, Chinese, Cuban, German, Italian, Puerto Rican, etc.)	
A	10. EDUCATION (Record ONLY highest year completed)		11. PREVIOUS PREGNANCIES (Complete all sections)			
E	Elem/Secondary 0-12	College 1-4 or 5+	Previous Pregnancies	BORN ALIVE	OTHER TERMINATIONS	
				NOW LIVING	NOW DEAD	
			a. None <input type="checkbox"/>	b. Number _____ None <input type="checkbox"/>	c. Number _____ None <input type="checkbox"/>	
				d. Number _____ None <input type="checkbox"/>	e. Number _____ None <input type="checkbox"/>	

PRESENT TERMINATION

12. DATE LAST NORMAL MENSES BEGAN Month _____ Day _____ Year-yyyy _____	13. CLINICAL ESTIMATE OF GESTATION Weeks _____	14. SONOGRAM PERFORMED 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	15. PRIMARY FINANCIAL COVERAGE THIS TERMINATION (Check only one) 1 <input type="checkbox"/> Medicaid 2 <input type="checkbox"/> Other Insurance 3 <input type="checkbox"/> Patient Pay
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16. TYPE OF TERMINATION PROCEDURES (Check only one) 10 <input type="checkbox"/> Suction Curettage 20 <input type="checkbox"/> Sharp Curettage (D&C) 30 <input type="checkbox"/> Dilation and Evacuation (D&E) 40 <input type="checkbox"/> Intra-Uterine Instillation (Saline or Prostaglandin) 50 <input type="checkbox"/> Hysterotomy/Hysterectomy 65 <input type="checkbox"/> Medical (Nonsurgical) Specify Medication(s) _____ 80 <input type="checkbox"/> Other (Specify) _____	<p>I HEREBY CERTIFY THAT I ATTENDED THIS PATIENT (AT) (AFTER) THIS TERMINATION AND THAT ALL THE FACTS STATED IN THIS CERTIFICATE ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.</p> PHYSICIAN'S NAME, ADDRESS (Type, Print, Stamp) _____ <div style="text-align: right;"> <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. </div> PHYSICIAN'S SIGNATURE _____ DATE _____ <div style="text-align: center;">(Month/Day/Year-yyyy)</div>
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