Foreword

The National Vital Statistics System is the basis for the nation's official statistics on births, deaths, and fetal deaths. These data are provided through vital registration systems which are maintained and operated by the states and territories where the original certificates are filed. While the legal authority for vital registration rests with the states and territories, the Secretary, through the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS), is required to produce national vital statistics by compiling data from the central vital records offices in all of the 57 registration areas, including all territories. Therefore, CDC closely collaborates with the states to develop standard certificates and reports for data collection and administrative purposes, as well as standardized procedures for data preparation and processing to promote a uniform national database.

The enclosed standards are the result of an extensive and highly collaborative review process. They are intended to provide guidance to the individual states responsible for collecting vital statistics data. In addition, the standards are universally accepted as the primary mechanism for promoting uniformity in information upon which national vital statistics are based. The U.S. standard certificates and report are issued as models for the states to use in developing mechanisms for collecting vital statistics data.

Users of vital statistics will observe that these new standard certificates include a number of changes from the instruments currently in use in the states. Making these changes is in keeping with a long history of rigorous evaluation of the quality and usefulness of data generated by the vital statistics system and efforts to improve these data. Some items have been modified and others added. In a few instances, items or parts of items have not been included in the new certificates. For example, while it is widely recognized that alcohol use during pregnancy is linked to higher rates of negative outcomes for infant health and development including Fetal Alcohol Syndrome (FAS), one of the leading causes of preventable birth defects and developmental disabilities in the United States, birth certificate data currently available do not reflect the magnitude of the problem. HHS is currently initiating research on ways to more effectively obtain data on alcohol use through the birth certificate; once this research is completed, we will be encouraging states to implement this new item. In other instances, new items were suggested for adoption, but additional methodological work is needed first. Work in these areas is ongoing.

I encourage you to adpopt these new standard certificates and thank you for your interest in and support of this important public health activity.

Tommy G. Thompson

Secretary

Department of Health and Human Services