NATIONAL CENTER Series 22 For HEALTH STATISTICS Number: 5

# **VITAL and HEALTH STATISTICS**

DATA FROM THE NATIONAL VITAL STATISTICS SYSTEM

# Medical X-ray Visits and Examinations During Pregnancy

# **United States 1963**

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Statistics on the number of medical X-ray visits and examinations during pregnancy for women having a live birth, by selected demographic characteristics of the women by trimester, previous pregnancy experience and type of examination, and by type of facility. Based on data collected in a survey of physicians and hospitals providing care to a sample of women having a live birth in 1963.

Washington, D.C.

June 1968

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Wilbur J. Cohen Secretary

Public Health Service William H. Stewart Surgeon General



Public Health Service Publication No. 1000-Series 22-No. 5

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> Public Health Service Publication No. 1000-Series 22-5 Library of Congress Catalog Card Number 68-60059

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IN THIS REPORT statistics are presented on the number of medical X-ray visits and examinations during pregnancy of women who had a live birth during 1963. Differences in the volume of medical X-ray care are shown by such demographic characteristics as color, age, income, geographic region, and residence in metropolitan or nonmetropolitan areas. Other variables include type of medical facility, type of examination, trimester of examination, and previous pregnancy experience. The data are based on a probability sample of 4,096 live births occurring in 1963.

About 900,000, or 23 percent, of the women giving birth in 1963 had 1,085,000 medical X-ray visits during pregnancy. A higher proportion of nonwhite mothers than white had medical X-ray visits. Nonwhite females making visits showed greater variability by age than white females. The visit rate was 27 visits per 100 pregnant women. Both visit rates and examination rates were higher for nonwhite females in each age group than for white. The greatest difference in visit rates was for mothers aged 25-29 years, and in examination rates it was for mothers aged 25-29 and 30-34 years. Mothers in the West Region had the highest visit and examination rates; those in the South and Northeast had the lowest. Mothers in metropolitan areas had higher visit and examination rates than those in nonmetropolitan areas. Both rates were fairly uniform in metropolitan areas by region, and quite variable in nonmetropolitan areas.

Almost 84 percent of the examinations reported during pregnancy were performed in such facilities as hospitals and clinics. The variation in type of facility according to type of examination shows that about onefourth of the examinations of the uterus and pelvic region were performed in physicians' offices: one-third of these were performed by general practitioners and one-third by obstetricians and gynecologists. About one-third of the examinations during the last trimester were for X-ray pelvimetry and 24 percent were examinations of the abdomen, which were related to pregnancy. Examinations during the first and second trimesters were predominantly of the chest. Rates for chest examinations were higher for nonwhite females than for white; those for examinations of the abdomen were about the same for white and nonwhite females, and for pelvimetry they were somewhat higher for white. The rate for pelvimetry was higher for primiparous than for multiparous women. Rates for other examinations of the abdomen were somewhat higher at higher parities. At each parity the medical X-ray examination rate was significantly higher for women who had had a prior fetal loss. Most of the differences here relate to examinations of the abdomen.

X-ray examination rates generally do not appear to be related to income.

# MEDICAL X-RAY VISITS AND EXAMINATIONS DURING PREGNANCY

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### INTRODUCTION

The importance of X-rays as a major source of radiation exposure has been recognized in recent years. The need to obtain reliable data on the extent of medical X-ray exposure to various segments of the population underlies the development of programs to promote the most efficient use of the X-ray. One segment of the population for which information is of particular significance is that represented by pregnant women, since exposure to this group may have implications not only for the woman herself but also for the developing fetus.

This report provides estimates of the extent of medical X-ray visits and examinations during pregnancy of women who had a live birth during 1963. It is based on data collected in the National Natality Survey for a probability sample of 4,096 women. Information about medical X-ray care received by these women was obtained from physicians, hospitals, clinics, and other institutions which provided the care. The data derived from this survey provide national estimates not previously available.

In this report data are presented describing the volume of medical X-ray care received by women during pregnancy in terms of the amount of such care and its relationship to selected characteristics.

### SELECTED FINDINGS

About 23 percent of all women having liveborn infants during 1963 had one medical X-ray visit

or more during pregnancy, with the proportion of nonwhite mothers (26 percent) being higher than that of white (22 percent). The rate for medical X-ray visits was more variable by age for nonwhite mothers than for white: this rate was somewhat higher for nonwhite mothers under 20 years of age and 25-29 years than for white.

The rate of medical X-ray visits for all mothers was 27 visits per 100 pregnant women. This rate was higher for nonwhite mothers than for white in each age group. For both white and nonwhite mothers the rate was fairly uniform for each age group except for the comparatively low rate for white mothers aged 25-29 years. The visit rate for nonwhite mothers was 58 percent above that for white mothers in this age group. For white and nonwhite mothers the examination rate was slightly above the visit rate at all ages except 25-29 and 30-34, where there was a substantially higher examination rate among nonwhite mothers.

Many of the mothers who made medical X-ray visits during pregnancy had more than one visit. When visit and examination rates are based on these mothers, the rates reached a peak for white mothers at ages 25-29 and a low point at ages 30-34. In contrast, rates were relatively high for nonwhite mothers aged 30-34 and relatively low for those 25-29.

Mothers in the West Region had the highest visit and examination rates; those in the South and Northeast had the lowest. Mothers in metropolitan areas had higher visit and examination rates than those in nonmetropolitan areas. The visit and examination rates by region in metro-

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politan areas were fairly uniform; those in nonmetropolitan areas were quite variable—visit rates ranged from a low of 17 per 100 mothers in the Northeast Region to 27 per 100 mothers in the West.

Visit and examination rates show little relationship to family income. However, higher rates were shown for nonwhite mothers than for white in families with income levels of \$2,000-\$3,999 and \$4,000-\$6,999.

Almost 84 percent of the medical X-ray examinations during pregnancy were performed in places other than physicians' private offices. Of the remaining 16 percent, one-fourth were performed by general practitioners, one-third by obstetricians or gynecologists, and the balance by other specialists, including radiologists. Almost one-fourth of the examinations of the uterus and pelvic region were performed in physicians' offices. Of these, approximately one-third were done by general practitioners and one-third by obstetricians and gynecologists.

More than one-half of the medical X-ray examinations during pregnancy were done during the third trimester. Approximately one-third of the examinations during the third trimester were for X-ray pelvimetry and one-fourth were for other examinations of the abdomen related to pregnancy. During the first and second trimesters a large proportion of the examinations were of the chest. Virtually all X-ray pelvimetry was done during the last trimester as were over nine-tenths of the other abdominal examinations related to pregnancy.

Nonwhite women had higher rates for chest examinations than did white women. Rates for examinations of the abdomen were about the same for white women as for nonwhite; however, the rate of X-ray pelvimetry for white mothers was higher than that for nonwhite. The rate of women having X-ray pelvimetry during pregnancy appeared generally to decline with increasing age, while the rate for other examinations related to pregnancy generally increased with age.

The rate of X-ray pelvimetry was significantly higher among primiparous women than among multiparous women. Correspondingly, other examinations of the abdomen had somewhat higher rates at high parities. At each parity the medical examination rate appeared to be significantly higher for women who had one fetal loss or more prior to the present pregnancy. Most of the difference in examination rates were for examinations of the abdomen.

Examination rates for X-ray pelvimetry and other examinations of the abdomen did not appear to be significantly related to income. However, the rate for chest examinations, particularly for white mothers, appeared to decline with increasing income.

# SOURCES AND

Statistics presented in this report are based on information obtained in a mail survey of mothers and physicians, hospitals, or other medical facilities identified in a representative sample of live births occurring during 1963. The sample of 4,096 live births was selected from among the more than 4 million events that occurred that year. Birth records were selected independently from within the file for each State and other independent registration areas at a rate of one record per 1,000 live births.

Data for the survey were obtained from five. sources: the birth record itself, the mother as identified on the birth record, physicians, dentists, and hospitals or other medical facilities providing care to the mother during the year prior to the birth. The birth record provided data on color and age of mother, mother's place of residence, and live-birth order of the child as well as the name of the attending physician and hospital (if any). The mother was questioned about selected socioeconomic characteristics and was asked to identify the physicians, dentists, and medical facilities which had provided her care. The sources named by the mother, those named on the birth certificate, and any additional sources named by these primary sources were questioned by mail concerning possible medical X-ray examination or treatment of the mother. Their responses represent the sole source of X-ray information, since the mother was not directly asked about her medical X-ray visits and examinations. Mothers of illegitimate children were not asked for information. However, medical sources identified on the birth record

were questioned about possible X-ray care given the mother, and referrals from their sources were also questioned.

Although the survey design included all uses of medical X-ray for diagnosis or therapy, it should be noted that all of the data reported in the survey related to diagnostic uses rather than to X-ray therapy. Facsimiles of the questionnaires sent to hospitals, physicians, dentists, and informants appear in Appendix III. A description of methods and procedures followed in the survey may be found in Appendix I along with a description of the estimation procedures. Terms used in this report are defined in Appendix II.

The data in this report are based on a sample and are therefore subject to sampling error. Tables of approximate sampling errors and instructions for their use are presented in Appendix I. Sources of error associated with nonresponse, with possible misunderstanding of questions in the survey, and with processing and compilation of data affect the quality of the data presented in this report and may create bias in the statistics. Nonsampling errors and some measures relating to bias in the survey are also discussed in Appendix I.

# MOTHERS WITH MEDICAL X-RAY VISITS

Over 900,000 mothers had one medical X-ray visit or more during pregnancy in 1963 (table 1). A higher proportion of nonwhite mothers than of white had medical X-ray visits during pregnancy (26 percent and 22 percent, respectively).

The proportion of mothers at different ages who had medical X-ray visits is shown in figure 1. The data for white mothers show little variation by age, except for a comparatively low proportion having X-ray visits at ages 25-29 years (17 percent). Among nonwhite mothers there was greater variability by age. The experience of nonwhite mothers was about the same as that of white mothers at ages 20-24 and 30-34; at ages under 20 and 25-29, however, nonwhite mothers had a considerably higher proportion of X-ray visits than did white mothers. A lower percent of nonwhite mothers than of white had medical X-ray visits at ages 35 and above.





# X-RAY VISITS AND EXAMINATIONS

A substantial proportion of mothers who had medical X-ray visits during pregnancy made more than one such visit. The total number of X-ray visits was 1,085,000, representing about 1.2 visits per woman having medical X-ray visits. The overall visit rate was 27 visits per 100 pregnant women (table 2).

#### Color and Age of Mother

The rate of visits for white mothers was about 22 percent below that for nonwhite mothers. Except for a comparatively low rate of 21 visits per 100 pregnancies for mothers 25-29 years of age, the visit rate for white mothers was fairly uniform at 26 to 28 visits per 100 pregnancies (fig. 2). For nonwhite mothers the visit rate showed even greater uniformity, varying from 31 to 35 visits per 100 mothers. The greatest difference in visit rates for white and nonwhite

3.



Figure 2. Rate per 100 mothers of medical X-ray visits during pregnancy, by age of mother and color.

mothers was in the age group 25-29 years, where the rate for nonwhite mothers was 58 percent above that for white.

The examination rates for all mothers were slightly above the visit rates for all mothers in each age group. This was also true of the examination and visit rates by age for white females. Among nonwhite females, the examination rate was substantially higher than the visit rate at ages 25-29 and 30-34.

Visit rates which are based on all mothers do not adequately measure the impact of the relatively small numbers of mothers who had more than one X-ray visit. For this reason, rates per 100 mothers with one medical X-ray visit or more were also calculated and are shown in table 2. A comparison of these rates by age shows some differences from the rates based on all mothers in the survey. In particular, white females had a higher visit rate at ages 25-29; nonwhite females showed a greater variability in rates, with low rates for ages under 20 and for 25-29 years. Examination rates by age present somewhat the same picture as visit rates. In addition the examination rates for white females were substantially higher than the visit rates except for age groups 20-24 and 30-34 years. For nonwhite females they were substantially higher for ages 25-29 and 30-34.

#### Geographic Region and Metropolitan Status

Mothers in the West Region had the highest visit rate, and those in the South and Northeast had the lowest (table 3 and fig. 3). The examination rates followed about the same pattern as the visit rates. The visit rate for mothers with one X-ray visit or more differed from the visit rates for all mothers in that both the South and West Regions had high rates. The examination rates for mothers with one X-ray visit or more were highest in the South Region and lowest in the North Central.

Mothers in metropolitan areas had higher visit rates and examination rates than those in nonmetropolitan areas. This was true for each region. In regional comparisons both visit and examination rates were fairly uniform for metropolitan areas but quite variable for nonmetropolitan areas. The visit rates for nonmetropolitan areas varied from a low of 17 visits per 100 mothers for the Northeast to a high of 27 visits per 100 mothers for the West. The examination rates followed about the same pattern.

When the rates are based on the number of mothers with one X-ray visit or more, there is greater variability in both visit and examination rates and a changing relationship between metropolitan and nonmetropolitan areas. Both visit rates and examination rates for metropolitan areas were highest in the South and lowest in the North Central. In nonmetropolitan areas the visit rate was highest for the West and lowest for the Northeast. The examination rates for nonmetropolitan areas were lower than those for metropolitan areas in each region except the West, where the rate for nonmetropolitan areas was higher than that for metropolitan areas.





#### Color and Family Income

Visit and examination rates do not show much relationship to family income for either white or nonwhite mothers (table 4 and fig. 4). Rates were lower for nonwhite mothers in families with income less than \$2,000 than for those with income levels of \$2,000-\$3,999 and \$4,000-\$6,999. However, the same was not true for white mothers. Comparison of white and nonwhite mothers by income levels showed higher rates among nonwhite mothers in families with incomes of \$2,000-\$3,999 and \$4,000-\$6,999 than among white mothers in these same income groups. This difference may reflect relatively greater use by nonwhite women of medical care provided by public clinics and hospitals. The rates for visits and for examinations for mothers with one X-ray visit or more showed about the same relationship to income as that shown above. Also, a comparison of rates for white and nonwhite mothers with one visit or more showed about the same relationship to income as did the rates for all mothers.

# TYPE OF EXAMINATION

#### Type of Facility by Type of Examination

Almost 84 percent of the examinations reported during pregnancy were not performed in physicians' private offices (tables 5 and A). Of the 16 percent done in physicians' offices, about onefourth were performed by general practitioners,



Figure 4. Rate per 100 mothers of medical X-ray visits during pregnancy, by color and family income.

			Type of f	acility	· · ·	$\searrow$
Turne of eveningtion			Physician'	s office	 `)	
Type of examination	All facil- ities	Total	General prac- titioner	Obste- trician- gynecol- ogist	Other	other places
			Percent dis	tribution	<b>.</b>	
Tota1	100.0	16.3	4.3	5.2	6.8	83.7
Examination of the abdomen: Pelvimetry Other related to pregnancy Lower abdomen not related to pregnancy	100.0 100.0 100.0 100.0	21.6 23.5 15.2 16.7	7.7 7.6 -	6.2 7.6 9.1 16.7	7.7 8.3 6.1	78.4 76.5 84.8 83.3
Examination of: Chest Extremities Head and neck	100.0 100.0 100.0	12.2 22.9 26.3	2.9 2.9 -	4.2 2.9 -	5.1 17.1 26.3	87.8 77.1 73.7

Table A. Percent distribution of X-ray examinations during pregnancycility according to type of examination: United States, 1

almost one-third by obstetricians and gynecologists, and the balance by other specialists, including radiologists. The variation in type of facility according to type of examination shows that almost one-fourth of the examinations of the uterus and pelvic region were performed in physicians' offices; approximately one-third of these were done by general practitioners and one-third by obstetricians and gynecologists. Only 12 percent of the radiographic chest examinations and only 10 percent of photofluorographic chest films (mass miniature screening films) were performed in physicians' offices.

#### Trimester of Examination

Approximately one-third of the examinations done during the last trimester of pregnancy were for X-ray pelvimetry, while an additional 24 percent were other examinations of the abdomen related to pregnancy (tables 6 and B). Less than 40 percent of the examinations during the last trimester were of the chest; however, the first and second trimesters were more heavily weighted by such examinations. Chest examinations amounted to 77 percent of the examinations during the first trimester, and over 85 percent of those during the second trimester (table B).

Virtually all X-ray pelvimetry was done during the last trimester, as were over 90 percent of the other abdominal examinations related to pregnancy (table C). Over half of the abdominal examinations not related to pregnancy were done during the first trimester; about one-fourth were done during the third trimester. Most of the photofluorographic (mass miniature screening) examinations were done during the third trimester, many on admission for delivery. However, other chest examinations (primarily radiographic) were more evenly distributed over the three trimesters.

Table B. Percent distribution of X-ray examinations during pregnancy, by type of examination according to trimester of examination: United States, 1963

			Abdomen		Ches	st	
Trimester	Total medical exami- nations	Pel- vimetry	Other related to preg- nancy	Other not related to preg- nancy	Photo- fluoro- graphic	Other chest	All other exami- nations
		Percent distribution					
Total	100.0	18.7	14.1	4.2	7.5	50.4	5.1
First trimester Second trimester Third trimester	100.0 100.0 100.0	0.4 1.4 33.7	1.4 3.1 24.1	11.5 2.8 2.1	6.5 8.6 7.4	70.6 77.3 30.2	9.6 6.8 2.5

#### Color and Age of Mother

Number of examinations and rates per 100 women by type of examination and by color and age of mother are presented in tables 7 and 8. The overall rates for nonwhite mothers were significantly higher than those for white mothers at every age. However, this differential was largely accounted for by the higher rates of chest examinations for nonwhite women. It is probable that this difference may reflect a higher incidence of tuberculosis and other chest diseases among nonwhite women. Rates for examinations of the abdomen appear not to vary significantly between the two groups. There is some evidence, however, that the rate of X-ray pelvimetry is somewhat higher for white women than for nonwhite.

The rate of women having X-ray pelvimetry during pregnancy appears to decline generally with increasing age (table D). This is undoubt-

Table C. Percent distribution of X-ray examinations during pregnancy, by trimester of examination according to type of examination: United States, 1963

			Abdomen		Ches	st	
Trimester	Total medical exami- nations	Pel- vimetry	Other related to preg- nancy	Other not related to preg- nancy	Photo- fluoro- graphic	Other chest	All other exami- nations
			Percent distribution				
Tota1	100.0	100.0	100.0	100.0	100.0	100.0	100.0
First trimester Second trimester Third trimester	20.8 25.1 54.1	0.5 1.9 97.6	2.0 5.6 92.4	56.9 16.4 26.7	17.9 28.6 53.5	29.1 38.4 32.5	39.7 33.8 26.5

Table D. Percent distribution of X-ray examinations during pregnancy, by age of mother according to type of examination: United States, 1963

				Abdomen		Ches	it .	
Age of mother	A11 mothers	Total medical exami- nations	Pel- vimetry	Other related to preg- nancy	Other not related to preg- nancy	Photo- fluoro- graphic	Other chest	All other exami- nations
		Percent distribution						
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 20 years- 20-24 years 25-29 years 30-34 years 35+ years	14.4 35.4 25.0 14.9 10.1	15.0 37.2 21.7 15.1 11.0	20.0 42.1 16.6 14.0 7.3	6.7 37.8 22.3 19.5 13.7	13.9 23.4 27.9 11.2 23.6	20.9 35.6 17.8 13.7 12.0	14.5 37.6 23.4 13.9 10.6	16.5 26.6 23.0 24.9 9.0

edly a function of the relationship between higher parity and increasing age. The rate for other examinations of the abdomen related to pregnancy appears generally to rise with age. The rates for examinations of the chest appear not to be related to age (table 8).

#### **Previous Pregnancy Experience**

As might be expected, the rate of X-ray pelvimetry for primiparous women was significantly higher than that for multiparous women (table E). Eleven women per 100 with no previous

Table E.	Medical X-ray	examination rates live-birth order:	during	pregnancy, by	type	of	examination and
	-	live-birth order:	United	States, 1963			,

	Total	Abdomen			· ·	A11	
Live-birth order	medical exami- nations	Total	Pel- vimetry	Other	Chest	other exami- nations	
		R	ate per 10	10 women	L	·····	
Tota1	27	10	5	5	16	1	
First live birth Second live birth Third or fourth live birth Fifth live birth or more	35 23 23 27	16 7 7 10	11 3 2 3	5 4 5 7	18 15 15 15	1 1 1 2	

pregnancy had X-ray pelvimetry as compared with only 2 per 100 with third or fourth order births. There is some evidence to suggest that other examinations of the abdomen have somewhat higher rates at high parities. It should be kept in mind that these are older women who may experience a different pattern of morbidity than those at low parities. The rate of chest examinations appears to be unrelated to birth order (tables E and 9). At each parity, the medical X-ray examination rate seems significantly higher for women who have had one fetal loss or more prior to the present pregnancy (table F). For women having a first live birth, the examination rate for those with a previous fetal loss was 42 per 100 compared with only 35 per 100 women with no previous pregnancy. Similar differentials were observed at each of the other parities. Again, most of the difference is represented by examinations of the

Table F.	Medical X-ray	examination rates	during pregnancy	, Ъу	type	of	examination	and
		pregnancy history	: United States,	1963				

Pregnancy history	Total medical exami- nations	Exami- nation of abdomen	Exami- nation of chest	A11 other exami- nations
All live births		Rate per 1	00 women	
Total	27	10	16	1
No fetal death prior to this live birth One fetal death or more prior to this live birth	27 31	10 13	16 16	13
First live birth				
Total	35	16	18	1
No fetal death prior to this live birth One fetal death or more prior to this live birth	35 42	1 <u>5</u> 27	- 18	1 *
Second live birth				
Total-	23	7	15	1
No fetal death prior to this live birth One fetal death or more prior to this live birth	23 29	6 13	15 15	1 *
Third or fourth live birth				-
Total	23	7	15	1
No fetal death prior to this live birth One fetal death or more prior to this live birth	23 25	7 8	14 16	1 *
Fifth live birth or more				
Total	27	10	15	2
No fetal death prior to this live birth One fetal death or more prior to this live birth	25 37	10 13	15 18	*

abdomen. Examinations of the chest do not appear to be significantly related to previous history of fetal loss during pregnancy.

#### Color and Family Income

The rate of medical X-ray examinations during pregnancy does not generally appear to be related to income (tables 10 and 11). However, the data do suggest that the rate of chest examinations, particularly for white mothers, declines with increasing income. This differential may reflect the concentration of chest screening programs among the lower income segments of the population.

# COMPARISON WITH RATES FOR WOMEN IN GENERAL POPULATION

Medical X-ray visit rates derived from the 1963 National Natality Survey were compared with similar data for women aged 15-44 years in the general population. The latter data were derived from the 1960-61 Household Interview Survey of the National Health Survey.<sup>1</sup> To facilitate the comparison, X-ray visit rates during pregnancy have been adjusted oh an annual basis.

The annual medical X-ray visit rate of 59 per 100 women estimated for the general population is significantly higher than the estimate of 35 per 100 pregnant women. A comparison of visit rates by age group, color, geographic region, and type of examination (table G) indicates that for all of these characteristics the estimated annual visit rates applicable to pregnant women are significantly lower than those found for women aged 15-44 in the general population. It is likely that the lower rates for pregnant women result both from a generally better health status enjoyed by women who deliver a live birth than by women in the general population and from the increasing attention given by physicians to the possible risks of X-ray examination of pregnant women.

Table G. Comparison of medical visit rates for women during pregn with those for women in the gener, population, by selected characteristics

Characteristic	General popula- tion	During preg- nancy
	Rate pe wome	er 100 en <sup>a</sup>
Total	59	35
Age		
15-29 years 30-44 years	56 61	35 36
Color		
White Nonwhite	57 74	33 43
Geographic region		
Northeast North Central South West	53 57 59 70	33 36 32 40
Type of examination		
Chest Other medical	38 24	20 16

<sup>a</sup>Pregnancy data are based on X-ray examinations reported during pregnancy, expressed as annual visit rates per 100 pregnant women. General population data are based on National Health Survey estimates for women aged 15-44 years only; rates are estimated per 100 women in the civilian, noninstitutional population.

### REFERENCES

<sup>1</sup>U.S. National Health Survey: Volume of X-ray visits. *Health Statistics*. PHS Pub. No. 584-B38. Public Health Service. Washington. U.S. Government Printing Office, Oct. 1962.

<sup>2</sup>National Center for Health Statistics: Methods and response characteristics, National Natality Survey, United States, 1963. Vital and Health Statistics. PHS Pub. No. 1000-Series 22-No. 3. Public Health Service. Washington. U.S. Government Printing Office, Sept. 1966.

<sup>3</sup>National Center for Health Statistics: Replication, an approach to the analysis of data from complex surveys. *Vital* and Health Statistics. PHS Pub. No. 1000-Series 2-No. 14. Public Health Service. Washington. U.S. Government Printing Office, Apr. 1966.

<sup>4</sup>National Center for Health Statistics: Episodes and duration of hospitalization in the last year of life, United States, 1961. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 22-No. 2. Public Health Service. Washington. U.S. Government Printing Office, June 1966.

<sup>5</sup>U.S. Bureau of the Census: U.S. Census of Population, 1960. Vol I, Characteristics of the Population. Part I, United States Summary. Washington. U.S. Government Printing Office, 1964. pp. XXXI and XXXII.

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Color and age of mother	All mothers in	Mothers with one medical X-ray visit or more during pregnancy		
	thousands	Number in thousands	Percent of all mothers	
Total				
A11 ages	4,071	915	22.5	
Under 20 years	588	142	24.1	
20-24 years	1,442	347	24.1	
25-29 years	1,018	189	18.6	
30-34 years	608	140	23.0	
35 years and over	412	94	22.8	
White				
All ages	3,414	744	21.8	
Under 20 years	451	101	22.4	
20-24 years	1,228	294	23.9	
25-29 years	871	148	17.0	
30-34 years	515	118	22.9	
35 years and over	347	81	23.3	
Nonwhite				
All ages	656	170	25.9	
Under 20 years	137	40	29.2	
20-24 years	214	52	24.3	
25-29 years	147	41	27.9	
30-34 years	92	22	23.9	
35 years and over	63	13	20.6	

Table 1. Number of all mothers and number and percent of all mothers with one medical X-ray visit or more during pregnancy, by color and age of mother: United States, 1963

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Table 2. Number and rate per 100 mothers of medical X-ray visits and examinations during pregnancy for all mothers, and visit and examination rates for mothers with one medical X-ray visit or more, by color and age of mother: United States, 1963

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	A11	Med examin	ical X-ra ations du	y visits ring pre	and gnancy	One medical X-ray visit or more		
Color and age of mother	mothers	Visits	Exami- nations	Visits	Exami- nations	Number of mothers	Visits	Exami- nations
Total	Number	in thousands		Rate per 100 mothers		Number in thousands	Rate per 100 mothers	
All ages	4,071	1,085	1,120	26.7	27.5	915	118.6	122.4
Under 20 years	588	162	167	27.6	28.4	142	114.1	117.6
20-24 years	1,442	409	418	28.4	29.0	347	117.9	120.5
25-29 years	1,018	228	242	22.4	23.8	189	120.6	128.0
30-34 years	608	164	169	27.0	27.8	140	117.1	120.7
35 years and over	412	118	122	28.6	29.6	94	125.5	129.8
White								
All ages	3,414	870	893	25.5	26.2	744	116.9	120.0
Under 20 years	451	119	123	26.4	27.3	101	117.8	121.8
20-24 years	1,228	339	346	27.6	28.2	294	115.3	117.7
25-29 years	871	180	188	20.7	21.6	148	121.6	127.0
30-34 years	515	132	133	25.6	25.8	118	111.9	112.7
35 years and over	347	97	101	28.0	29.1	81	119.8	124.7
Nonwhite								
All ages	656	214	227	32.6	34.6	170	125.9	133,5
Under 20 years	137	43	43	31.4	31.4	40	107.5	107.5
20-24 years	214	70	72	32.7	33.6	52	134.6	138.5
25-29 years	147	48	54	32.7	36.7	41	117.1	131.7
30-34 years	92	32	35	34.8	38.0	22	145.5	159.1
35 years and over	63	20	20	31.7	31.7	13	153.8	153.8

Table 3. Number and rate per 100 mothers of medical X-ray visits and examinations during pregnancy for all mothers, and visit and examination rates for mothers with one medical X-ray visit or more, by geographic region and metropolitan and nonmetropolitan area: United States, 1963

Geographic region and	 A11	Med examin	lical X-ra ations du	y visits ring pre	One medical X-ray visit or more			
metropolitan status	mothers	Visits	Exami- nations	Visits	Exami- nations	Number of mothers	Visits	Exami- nations
All regions	Number	in thou	isands	Rate p mot	er 100 hers	Number in thousands		er 100 hers
Tota1	4,071	1,085	1,120	26.7	27.5	915	118.6	122.4
Metropolitan	2,639	775	801	29.4	30.4	650	119.2	123.2
Nonmetropolitan	1,431	310	319	21.7	22.3	265	117.0	120.4
Northeast								
Total	936	237	245	25.3	26.2	201	117.9	121.9
Metropolitan	750	205	212	27.3	28.3	171	119.9	124.0
Nonmetropolitan	186	32	33	17.2	17.7	29	110.3	113.8
North Central						i		
Total	1,133	315	325	27.8	28.7	279	112.9	116.5
Metropolitan	711	219	227	30.8	31.9	193	113.5	117.6
Nonmetropolitan	422	96	97	22.7	23.0	85	112.9	114.1
South								
Total	1,316	323	337	24.5	25.6	264	122.3	127.7
Metropolitan	670	189	198	28.2	29.6	152	124.3	130.3
Nonmetropolitan	645	133	139	20.6	21.6	112	118.8	124.1
West								
Total	684	208	212	30.4	31.0	170	122.4	124.7
Metropolitan	507	160	163	31.6	32.1	132	121.2	123.5
Nonmetropolitan	176	47	49	26.7	27.8	37	127.0	132.4

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Table 4. Number and rate per 100 mothers of medical X-ray visits and examinations during pregnancy for all mothers, and visit and examination rates for mothers with one medical X-ray visit or more, by color and family income: United States, 1963

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Color and family	A11		ical X-ra ations du			One medic o	al X-ray r more	visit
income	mothers	Visits	Exami- nations	Visits	Exami- nations	Number of mothers	Visits	Exami- nations
Total	Number	in thousands			er 100 hers	Number in thousands		er 100 hers
All incomes	4,071	1,085	1,120	26.7	27.5	915	118.6	122.4
Under \$2,000 \$2,000-\$3,999 \$4,000-\$6,999 \$7,000 and over Not ascertained	458 838 1,473 973 327	131 259 382 224 85	134 271 397 227 88	28.6 30.9 25.9 23.0 26.0	29.3 32.3 27.0 23.3 26.9	114 209 322 197 71	114.9 123.9 118.6 113.7 119.7	117.5 129.7 123.3 115.2 123.9
White					•			
All incomes	3,414	870	893	25.5	26.2	744	116.9	120.0
Under \$2,000 \$2,000-\$3,999 \$4,000-\$6,999 \$7,000 and over Not ascertained	274 686 1,363 939 149	79 199 343 220 25	80 209 352 223 25	28.8 29.0 25.2 23.4 16.8	29.2 30.5 25.8 23.7 16.8	68 167 290 193 23	116.2 119.2 118.3 114.0 108.7	117.6 125.1 121.4 115.5 108.7
Nonwhite								
All incomes	656	214	227	32.6	34.6	170	125.9	133.5
Under \$2,000 \$2,000-\$3,999 \$4,000-\$6,999 \$7,000 and over Not ascertained	183 151 109 33 177	51 59 39 3 59	53 62 45 3 62	27.9 39.1 35.8 9.1 33.3	29.0 41.1 41.3 9.1 35.0	46 41 31 3 47	110.9 143.9 125.8 100.0 125.5	115.2 151.2 145.2 100.0 131.9

Table 5. Number of X-ray examinations during pregnancy, by type of examination and type of facility: United States, 1963

			Abdomen			
Type of facility	Total medical exami- nations Pel- vimetry preg- nancy		Other not related to preg- nancy	Chest	All other exami- nations	
		Number	of X-ray	examinati	lons	
All facilities	1,117,000	209,000	158,000	47,000	648,000	56,000
Physicians' offices	182,000	45,000	37,000	7,000	79,000	14,000
General practitioners Obstetricians and gynecologists Others	48,000 58,000 76,000	16,000 13,000 16,000	12,000 12,000 13,000	5,000 2,000	19,000 27,000 33,000	1,000 1,000 12,000
All other places	935,000	163,000	121,000	40,000	569,000	42,000

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Table 6. Number of X-ray examinations during pregnancy, by type of examination, trimester of examination, and age of mother: United States, 1963

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			Abdomen		Che	st	
Trimester and age of mother	Total medical exami- nations	Pel- vimetry	Other related to preg- nancy	Other not related to preg- nancy	Photo- fluoro- graphic	Other chest	All other exami- nations
Total		Num	ber of X-	ray exami	nations		
All ages	1,117,000	209,000	158,000	47,000	84,000	564,000	56,000
Under 20 years	167,000	42,000	11,000	7,000	18,000	82,000	9,000
20-24 years	415,000	88,000	60,000	11,000	30,000	212,000	15,000
25-29 years	243,000	35,000	35,000	13,000	15,000	132,000	13,000
30-34 years	169,000	29,000	31,000	5,000	12,000	78,000	14,000
35 years and over	123,000	15,000	22,000	11,000	10,000	60,000	5,000
First trimester							
All ages	232,000	1,000	3,000	27,000	15,000	164,000	22,000
Under 20 years	28,000	1,000	-	4,000	2,000	17,000	4,000
20-24 years	84,000	-	1,000	6,000	5,000	64,000	8,000
25-29 years	55,000	-	1,000	8,000	3,000	35,000	7,000
30-34 years	30,000	-	· _	1,000	2,000	25,000	2,000
35 years and over	35,000	-	1,000	8,000	2,000	22,000	2,000
Second trimester							
A11 ages	280,000	4,000	9,000	8,000	24,000	217,000	19,000
Under 20 years	48,000	-	-	1,000	8,000	36,000	3,000
20-24 years	97,000	-	2,000	2,000	7,000	81,000	4,000
25-29 years	63,000	1,000	3,000	3,000	6,000	48,000	3,000
30-34 years	48,000	1,000	3,000	1,000	1,000	33,000	8,000
35 years and over	25,000	2,000	1,000	1,000	1,000	19,000	1,000
Third trimester							
All ages	605,000	204,000	146,000	13,000	45,000	183,000	15,000
Under 20 years	92,000	41,000	11,000	2,000	7,000	29,000	3,000
20-24 years	234,000	88,000	56,000	3,000	17,000	66,000	3,000
25-29 years	125,000	34,000	31,000	3,000	5,000	49,000	3,000
30-34 years	91,000	28,000	28,000	3,000	8,000	20,000	4,000
35 years and over	63,000	13,000	20,000	2,000	7,000	19,000	2,000

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Table 7. Number of X-ray examinations during pregnancy, by type of examination, color, and age of mother: United States, 1963

			Abdomen		Che	st	
Color and age of mother	Total medical exami- nations	Pe1- vimetry	Other related to preg- nancy	Other not related to preg- nancy	Photo- fluoro- graphic	Other chest	All other exami- nations
Total		Num	ber of X-	ray exami	nations		
All ages	1,117,000	209,000	158,000	47,000	84,000	564,000	56,000
Under 20 years	167,000	42,000	11,000	7,000	18,000	82,000	9,000
20-24 years	415,000	88,000	60,000	11,000	30,000	212,000	15,000
25-29 years	243,000	35,000	35,000	13,000	15,000	132,000	13,000
30-34 years	169,000	29,000	31,000	5,000	12,000	78,000	14,000
35 years and over	123,000	15,000	22,000	11,000	10,000	60,000	5,000
White							
All ages	893,000	182,000	136,000	30,000	60,000	438,000	47,000
Under 20 years	123,000	34,000	6,000	7,000	8,000	61,000	9,000
20-24 years	346,000	79,000	55,000	7,000	22,000	170,000	13,000
25-29 years	188,000	30,000	27,000	9,000	10,000	99,000	12,000
30-34 years	133,000	25,000	29,000	4,000	11,000	58,000	7,000
35 years and over	102,000	14,000	19,000	3,000	10,000	51,000	5,000
Nonwhite							
All ages	224,000	27,000	22,000	17,000	24,000	125,000	9,000
Under 20 years	44,000	8,000	5,000	-	10,000	21,000	-
20-24 years	69,000	9,000	5,000	4,000	8,000	42,000	2,000
25-29 years	55,000	4,000	8,000	4,000	5,000	32,000	1,000
30-34 years	36,000	5,000	2,000	1,000	1,000	21,000	7,000
35 years and over	21,000	1,000	2,000	8,000	-	9,000	-

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Table 8. Rate of X-ray examinations per 100 women during pregnancy, by type of examination, color, and age of mother: United States, 1963

			Abdomen		Che	est	<u> </u>
Color and age of mother	Total medical exami- nations	Pe1- vimetry	Other related to preg- nancy	Other not related to preg- nancy	Photo- fluoro- graphic	Other chest	All other exami- nations
Total			Rate	per 100 w	omen		l
All ages	27.4	5.1	3.9	1.2	2.1	13.8	1.4
Under 20 years	28.5	7.1	1.8	1.1	3.0	14.0	1.6
20-24 years	28.8	6.1	4.1	0.8	2.1	14.7	1.0
25-29 years	23.8	3.4	3.4	1.3	1.5	12.9	1.3
30-34 years	27.8	4.8	5.0	0.9	1.9	12.8	2.3
35 years and over	29.8	3.7	5.3	2.7	2.5	14.5	1.2
White							
All ages	26.1	5.3	4.0	0.9	1,8	12.8	1.4
Under 20 years	27.4	7.5	1.3	1.4	1.7	13.5	2.1
20-24 years	28.2	6.5	4.5	0.6	1.8	13.8	1.0
25-29 years	21.6	3.5	3.1	1.0	1.1	11.4	1.4
30-34 years	25.8	4.8	5.6	0.8	2.0	11.2	1.4
35 years and over	29.3	4.0	- 5.6	0.9	2.9	14.5	1.5
Nonwhite							
All ages	34.2	4.1	3.3	2.6	3.7	19.1	1.4
Under 20 years	32.1	5.9	3.6	-	7.3	15.3	-
20-24 years	32.2	4.0	2.2	1.7	3.8	19.5	1.0
25-29 years	37.1	3.0	5.4	2.8	3.4	22.1	0.5
30-34 years	38.5	5.1	2.0	1.0	1.0	22.3	7.1
35 years and over	32.6	1.8	3.6	12.7	-	14.5	-

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Table 9. Number of X-ray examinations during pregnancy, by type of examination and pregnancy history: United States, 1963

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Pregnancy history	Total		Abdomen			Chest		
Pregnancy history	medical exami- nations	Pel- vimetry	Other related to preg- nancy	Other not related to preg- nancy	Photo- fluoro- graphic	Other chest	A11 other exami- nations	
		Nu	mber of X	-ray exam	inations			
Total live births	1,117,000	209,000	158,000	47,000	84,000	564,000	56,000	
No fetal death prior to this live birth	996,000 100,000	188,000	137,000 17,000 4,000	40,000 6,000 1,000	78,000 6,000	507,000 45,000 11,000	47,000 10,000	
to this live birth	22,000	5,000 128,000	38,000	15,000	- 29,000	179,000	15,000	
No fetal death prior to this live birth One fetal death prior to this live birth Two fetal deaths or more prior to this live birth	388,000 12,000 *	124,000 3,000 *	33,000 3,000 *	12,000 2,000 ×	28,000 1,000 *	175,000 3,000 *	15,000 - *	
Second live birth	224,000	33,000	27,000	6,000	15,000	131,000	12,000	
No fetal death prior to this live birth	199,000 22,000 *	26,000 7,000 *	23,000 4,000 *	6,000 - *	14,000 1,000 *	119,000 9,000 *	11,000 1,000 *	
Third live birth	186,000	16,000	41,000	4,000	17,000	102,000	7,000	
No fetal death prior to this live birth One fetal death prior to this live birth	168,000 17,000 *	15,000 1,000 <i>*</i>	35,000 5,000 *	4,000 - *	17,000 - *	91,000 9,000 *	6,000 1,000 *	
Fourth live birth	105,000	9,000	17,000	6,000	3,000	61,000	8,000	
No fetal death prior to this live birth One fetal death prior to this live birth Two fetal deaths or more prior to this live birth	89,000 13,000 *	7,000 1,000 *	15,000 1,000 *	6,000 - *	3,000	50,000 10,000 *	8,000 - *	
Fifth live birth	199,000	23,000	36,000	17,000	19,000	90,000	14,000	
No fetal death prior to this live birth	151,000 36,000 12,000	16,000 4,000 3,000	31,000 3,000 2,000	12,000 4,000 1,000	15,000 4,000	72,000 13,000 5,000	6,000 8,000	

Table 10. Number of X-ray examinations during pregnancy, by type of examination, color, and family income: United States, 1963

			Abdomen		Che	est	
Color and family income	Total medical exami- nations	Pel- vimetry	Other related to preg- nancy	Other not related to preg- nancy	Photo- fluoro- graphic	Other chest	All other exami- nations
Total		Num	ber of X-	ray exami	nations	• • • • • • • • • • • • • • • • • • •	
All incomes	1,117,000	209,000	158,000	47,000	84,000	564,000	56,000
Under \$2,000	134,000	24,000	16,000	5,000	12,000	74,000	3,000
\$2,000-\$3,999	271,000	46,000	38,000	16,000	16,000	141,000	13,000
\$4,000-\$6,999	398,000	79,000	66,000	17,000	25,000	191,000	20,000
\$7,000 and over	229,000	49,000	32,000	8,000	15,000	109,000	17,000
Not ascertained	85,000	11,000	6,000	1,000	17,000	48,000	3,000
White							
All incomes	893,000	182,000	136,000	30,000	60,000	438,000	47,000
Under \$2,000	81,000	16,000	10,000	4,000	5,000	42,000	3,000
\$2,000-\$3,999	209,000	41,000	32,000	7,000	13,000	107,000	9,000
\$4,000-\$6,999	353,000	72,000	61,000	12,000	23,000	167,000	18,000
\$7,000 and over	225,000	49,000	32,000	8,000	14,000	106,000	17,000
Not ascertained	25,000	3,000	1,000	-	5,000	16,000	-
Nonwhite							
All incomes	224,000	27,000	22,000	17,000	24,000	125,000	9,000
Under \$2,000	54,000	8,000	5,000	2,000	6,000	32,000	-
\$2,000-\$3,999	61,000	4,000	6,000	9,000	4,000	34,000	5,000
\$4,000-\$6,999	45,000	7,000	6,000	5,000	2,000	24,000	2,000
\$7,000 and over	*	*	*	*	*	*	*
Not ascertained	60,000	8,000	5,000	1,000	12,000	32,000	3,000

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Table 11. Rate of X-ray examinations per 100 women during pregnancy, by type of examination, color, and family income: United States, 1963

			Abdomen		Che	st	
Color and family income	Total medical exami- nations	Pe1- vimetry	Other related to preg- nancy	Other not related to preg- nancy	Photo- fluoro- graphic	Other chest	All other exami- nations
Total		Augusta (1999) - 2002 (1999) - 1997 - 1997	Rate	per 100 w	omen		,
All incomes	27.4	5.1	3.9	1.2	2.1	13.8	1.4
Under \$2,000	29.3	5.3	3.4	1.2	2.5	16.2	0.7
\$2,000-\$3,999	32.3	5.5	4.5	1.9	2.0	16.8	1.6
\$4,000-\$6,999	27.0	5.4	4.5	1.1	1.7	13.0	1.3
\$7,000 and over	21.3	4.5	2.9	0.7	1.4	10.2	1,6
Not ascertained	26.1	3.3	1.9	0.3	5.1	14.7	0.9
White							
All incomes	26.2	5.3	4.0	0.9	1.8	12.8	1.4
Under \$2,000	29.4	6.0	3.8	1.4	1.9	15.3	1.2
\$2,000-\$3,999	30.5	6.0	4.7	1.0	1.9	15.6	1.3
\$4,000-\$6,999	25.9	5.3	4.4	0.9	1.7	12.3	1.3
\$7,000 and over	24.0	5.2	3.4	0.8	1.5	11.3	1.8
Not ascertained	17.1	2.1	0.6	-	3.4	11.0	-
Nonwhite							
All incomes	34.2	4.1	3.3	2.6	3.7	19.1	1.4
Under \$2,000	29.2	4.3	2.8	0.9	3.5	17.6	-
\$2,000-\$3,999	40.6	2.9	3.9	6.1	2.3	22.4	3.0
\$4,000-\$6,999	41.6	6.4	5.1	4.5	1.6	22.1	1.8
\$7,000 and over	*	*	*	*	*	*	*
Not ascertained	33.9	4.2	3.0	0.5	6.5	18.0	1.7

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## APPENDIX I

### TECHNICAL NOTES ON METHODS

#### Statistical Design of National Natality Survey

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Survey procedures. —The procedures used for the National Natality Survey may be viewed as an extension of the birth registration system of the United States. The birth record was used as the sampling unit, and births to be included in the survey were selected from the frame of records representing all registered births. The survey was conducted both with primary sources of information identified on the birth record (mother of child, attending physician, institution of birth) and with referral or secondary sources reported by a primary source (other physicians who saw or treated the mother, other institutions at which the mother received care, and dentists from whom the mother received care).

The principal method of data collection for the National Natality Survey was by mail questionnaire. Mailing addresses for primary sources were almost always reported on the birth certificate or were readily ascertained by consulting available directory sources. Mailing addresses of referral or secondary sources were usually reported by the primary sources identifying these reporters. Provision was also made for collecting data by means other than mail, including telephone and personal interviews.

In order to facilitate sampling of births, the sample was selected from the file of microfilmed birth records which were received at approximately monthly intervals by the National Center for Health Statistics (NCHS) from the 54 birth-registration areas of the United States. As a general rule, these microfilm images are assigned a number prior to or during filming of the birth record by each of the registration areas. Each thousand consecutively numbered images are defined as a "reel" and are assigned an identifying reel number starting with zero. Within each reel, the images were numbered from 1 to 1,000.

The sampling for the survey was based on a probability design which used these preassigned reel and image numbers on the birth records. Each reel was considered a primary sampling unit; within each reel, one record was chosen on a random basis. Thus a sample of 1 out of every 1,000 births was selected from the monthly shipment of records from the registration areas. This procedure produced a sample of 4,096 births for the year 1963.

As copies of the selected birth certificates were received in NCHS, they were reviewed to ascertain which sources would be queried and at what addresses. For all births occurring in institutions (primarily hospitals) a questionnaire as shown in Appendix III was prepared for mailing. Information was requested about care received during the 1-year period preceding the date of birth, in particular, care involving X-ray examinations or treatments. The attendant at birth was also queried for similar information, except for those cases where the attendant signing the certificate was an intern at the hospital where the birth occurred. With the exception of births reported as illegitimate or inferred to be illegitimate on the basis of indirect evidence from the birth certificate, a questionnaire was also prepared for mailing to the mother (Appendix III). This questionnaire was devised to obtain the names of physicians, dentists, clinics, and hospitals from which the mother had received care during the year prior to the birth of her child and also to obtain such information as education, family income, and employment during pregnancy.

Any physicians, clinics, hospitals, or dentists identified by the mother as having provided care during the 1-year period who had not already been queried were subsequently queried for information on X-ray treatments or examinations received by the mother.

Followup mailings were routinely sent to all sources not responding to the original questionnaire. Additional mailings were also made to obtain complete and consistent information on questionnaires rejected as "inadequate" by a concurrent editing procedure. A more detailed description of survey procedures used in the National Natality Survey can be found in another report in this series.<sup>2</sup>

*Estimating methods.*—The statistics shown in this report are estimates prepared by means of a post-

stratified ratio estimation procedure. This procedure was used for each of the following groups:

Group	Age of mother	Color	Live-birth order
Group		Color White White White White White White White White White White White White Nonwhite Nonwhite	
18 19 20 21 23 24	20-24 years 25-29 years 25-29 years 25-29 years 25-29 years 30-34 years 30-34 years 35+ years	Nonwhite Nonwhite Nonwhite Nonwhite Nonwhite Nonwhite	3+ 1-2 3-4 5+ 1-4 5+ A11

The national count of births was obtained for each of the 24 groups, and the ratio of this count to the sample count was determined. Each birth in the group was then assigned a constant weight so that the sum of the weights equalled the national total for that group.

Rounding of numbers.— The tabulations on which the tables in this report were based show figures to the nearest unit, except for selected tables in which figures were truncated to the nearest thousand in tabulation. The tables in this report have all been rounded or truncated to the nearest thousand. Neither numbers nor derived figures such as percents, rates, and averages are necessarily accurate in the detail shown.

#### **Reliability of Estimates**

The errors to which a survey such as the National Natality Survey is subject may be conveniently grouped into two classes. On the one hand, the statistics derived from the survey are estimates based on a sample rather than on a complete enumeration. Such estimates are subject to variability from the figure which might have been obtained had a survey covering all births been conducted using the same questionnaires and procedures. Apart from sampling errors, the results of such a survey are also subject to errors of measurement, which may include those errors which arise from formation of concepts, ambiguities in definition, construction of the questionnaire, nonresponses or incomplete responses, and problems associated with the processing of survey data (such as coding errors, editing mistakes, and tabulation errors).

Sampling error.—The standard error is primarily a measure of the sampling variations that occur by chance because only a sample rather than an entire population is surveyed. The chances are about 68 out of 100 that an estimate from the sample differs from the value obtained from a survey of the entire population by less than the standard error. The chances are about 95 out of 100 that the difference is less than twice the standard error.

The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself; it is expressed as a percentage of the estimate.

The variance of a statistic depends not only on the design of the sample, but also on the distribution of the statistic itself; the variance is greater for measurements which are highly variable from one individual to another and lower for measurements which are less variable. Since the estimates of the sampling error are obtained from the sample data, they are themselves subject to sampling error, which may be large in some instances.

Estimates of sampling variability for the statistics derived from this survey were based on 20 random half-sample replications. This technique yields overall estimates of variability through observation of variability among random subsamples of the total sample. It reflects both the error that arises from sampling and a part of the measurement error; it does not, however, measure any systematic biases in the data. A general discussion of the development and evaluation of a replication technique for estimating variance has been published.<sup>3</sup> The procedures and computations used to estimate variances by this method in the 1963 National Natality Survey are briefly described below.

For the survey each record from the entire file of records was assigned systematically to a random group between I and 40. Twenty pairs of random groups were created from these 40 groups. A half sample was formed by randomly selecting one group from each of the 20 pairs. This process was repeated until 20 replicate half samples were formed from which variance estimates were derived. The composition of the 20 half samples shown in table I was determined by an orthogonal plan.

After the composition of each of the half samples was determined, the estimation procedures used to produce the final estimates from the entire sample were applied separately to each of the resulting half samples. An estimated variance  $S_x^2$  of an estimated statistic  $x^1$  of the parameter X is obtained by applying the following formula:

$$S_x^2 = \frac{1}{20} \sum_{i=1}^{20} (x^{i}_i - x^i)^2$$

Table I.	Composition	of	the	20	half-sample	replicates
----------	-------------	----	-----	----	-------------	------------

Half-sample replicates								Ra	indon	ı grc	oups	incl	uded							
1	$ \begin{array}{c} 1\\1\\2\\2\\1\\1\\1\\2\\1\\2\\2\\2\\2\\1\\1\\2\\2\\2\\2\\1\\1\\2\\2\\2\\2\\1\\1\\2\\2\\2\\2\\1\\1\\2\\2\\2\\2\\2\\1\\1\\2$	34433334343444433434	66555565656666556556	8777787878888778878888778878888778878888	9 9 9 10 9 10 10 10 10 10 9 9 10 10 10	11 11 12 11 12 12 12 12 12 12 12 12 12 1	13 13 14 13 14 13 14 14 14 13 13 14 14 13 14 14 13 14	15 165 166 166 165 166 155 166 155 166 155 166 155 166 155 166	18 17 18 18 18 18 18 17 17 18 17 17 18 17 17 17 17	19 20 20 20 20 19 20 20 19 20 20 19 19 20 20 20 20 20	22 21 22 22 22 21 22 21 22 21 22 21 22 21 21	23 24 24 23 23 24 23 24 23 23 24 23 23 24 23 23 24 23 24 23 24 24 23 24 24 24 24 24 24 24 24 24 24 24 24 24	266 225 225 225 225 225 225 225 225 225	28 28 27 27 27 28 27 27 28 27 27 28 27 27 28 27 27 28 27 27 28 27 27 28 27 27 28 27 27 28 27 27 28 27 27 28 27 27 28 27 28 27 27 28 27 27 28 27 27 28 27 27 28 27 28 27 27 28 27 27 28 27 27 28 27 27 28 27 28 27 27 28 27 27 28 27 28 27 28 27 28 27 27 28 28 27 28 28 28 27 28 28 27 28 28 28 27 28 28 27 28 28 27 28 28 27 28 28 28 27 28 28 28 27 28 28 28 27 28 28 28 27 28 28 28 27 28 27 28 28 28 28 28 27 28 27 28 28 28 28 28 27 28 28 28 28 28 28 28 27 28 28 28 28 28 28 28 28 28 28 28 28 28	30 30 29 30 29 30 29 30 29 29 29 30 29 30 29 30 30 30 30	32 31 32 31 32 31 32 31 31 31 32 31 32 31 32 32 32 32 32 32 32 32 32 32 32 32 32	33 33 33 33 33 33 33 33 33 33 33 33 33	35 35 35 35 35 35 35 35 35 35 35 36 35 36 36 36 36 35 36 36 36 36 36 35 36 35 35 35 35 35 35 35 35 35 35 35 35 35	38 37 38 37 37 37 37 37 37 37 38 38 38 38 38 38 37 38 38 37 38 38 37 38 38 37 38 38 37 38 38 37 37 37 37 37 37 37 37 37 37 37 37 37	$\begin{array}{c} 40\\ 40\\ 40\\ 40\\ 40\\ 40\\ 40\\ 40\\ 40\\ 40\\$

where

x' is the estimate of X based on the e	ntire sample, and
$x^{i_i}$ is the estimate of X based on the	<i>i</i> th half sample.

Estimates of standard errors.—Approximate relative standard errors and corresponding standard errors of estimated numbers are shown in table II. Table III contains the approximate standard errors for the estimated percentages. Relative standard errors of number of medical X-ray examinations or visits are given in table IV. Table V presents estimates of relative standard errors of medical X-ray visit or examination rates by the size of the base on which the rate was calculated.

Difference between two sample estimates.—The standard error of a difference is approximately the square root of the sum of the squares of each standard

Table II. Approximate standard errors for estimated numbers shown in this report

Size of estimate	Relative standard error in percent	Standard error
25,000	16.8 12.0 9.8 8.5 5.0 3.3 2.5 2.0 1.5	4,200 6,000 7,350 8,500 12,500 16,500 18,750 20,000 22,500

Table III. Approximate standard errors for estimated percentages shown in this report

	_	Est	Estimated percent								
Base of percentage	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	50					
		S	tandar	d erro	r						
30,000 50,000 250,000 500,000 1,000,000 2,000,000 3,000,000 4,000,000	2.0 1.5 1.1 0.7 0.5 0.3 0.2 0.2 0.2	3.1 2.4 1.7 1.1 0.7 0.5 0.4 0.3 0.3	4.2 3.3 2.3 1.5 1.0 0.7 0.5 0.4 0.4	5.6 4.3 3.1 1.9 1.4 1.0 0.7 0.6 0.5	6.4 5.0 3.5 2.2 1.6 1.1 0.8 0.6 0.5	7.0 5.4 3.8 2.4 1.7 1.2 0.9 0.7 0.6					

error considered separately. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics although it is in fact only an approximation.

*Errors associated with nonresponse.*—Approximately 14 percent of the forms mailed to mothers were either not returned or were returned with the needed information incomplete. The corresponding nonresponse rate was about 7 percent for physicians and about 2 percent for medical facilities. A more complete discussion of nonresponse and response characteristics in this survey will be found in another report in this series.<sup>4</sup> Of primary concern in the design of the National Natality Survey was the probable impact of nonresponse on the completeness of coverage of the X-ray

Table IV. Relative standard error of number of X-ray examinations or visits

Number of examinations in thousands	Relative standard error in percent	Number of examinations in thousands	Relative standard error in percent
10         20         30         50         75         100         125         150         175         200         250	28.0 19.8 16.0 14.0 12.4 10.2 8.8 7.2 6.6 6.2 5.6	300 350 400 500 600 800 900 1,000 2,000	5.1 4.7 4.4 3.9 3.6 3.3 3.1 2.9 2.8 2.2 1.9

experience of women during pregnancy. Since this information was collected from the medical sources for each mother, nonresponse rates from physicians and medical facilities may have a significant impact on the completeness of coverage of the survey. The extent of undercoverage is dependent both on the magnitude of nonresponse and on the relative proportion of examinations reported by a single source and those reported by two sources or more. For methodological purposes it may be assumed that if a response is received from any of the sources questioned, all relevant examinations will, in fact, be reported. Thus for examinations reported only by one source, the estimated

Table V. Relative standard errors of medical X-ray visit rates, by size of base for rate

X-ray visit rate	Relativ		d error i se of	n percent
per 100 women	100,000 women	250,000 women	500,000 women	1,000,000 women
5 10 25 25 30 30 30 40 40 40 60 70 80 90	46.0 33.0 27.0 23.0 17.6 16.5 15.5 14.7 13.4 12.4 11.6 11.0 10.4	26.0 18.0 15.0 13.0 11.6 9.8 9.2 8.6 8.2 7.5 6.9 6.5 6.1 5.8	$ \begin{array}{c} 16.0\\ 11.3\\ 9.3\\ 8.0\\ 7.1\\ 6.6\\ 6.1\\ 5.7\\ 5.4\\ 5.1\\ 4.7\\ 4.3\\ 4.0\\ 3.8\\ 3.6\end{array} $	$ \begin{array}{r}     13.0\\     9.0\\     7.5\\     6.5\\     5.8\\     5.3\\     4.9\\     4.6\\     4.3\\     4.1\\     3.7\\     3.5\\     3.2\\     3.1\\     2.9 \end{array} $

value of the total number of examinations which would have been reported had there been no nonresponse is equal to the number of such examinations reported weighted by the inverse of the response rates from each type of reporting source. Thus for examinations reported only by a physician, the estimated total number of such examinations would be equal to 100/93 multiplied by the actual number of reported examinations. For examinations which were reported by more than one source (which amounted to about 30 percent of all examinations), it may be shown that the joint probability of nonresponse from two sources is virtually zero.

Table VI presents estimates of the number of examinations reported in the survey and the estimated number including adjustment for nonresponse.

*Error associated with incomplete response.*—Nonresponse to items on questionnaires returned by the mothers was minimal in most instances and amounted to no more than 3.1 percent for any single item.

Table VII shows the percent not ascertained for specific socioeconomic items by age of mother and by live-birth order. In order to reduce the effect of such incomplete reporting on survey estimates, statistics derived from querying the mother were adjusted for incomplete reporting by imputing to those who did not respond the characteristics of similar respondents. The procedure used is described in greater detail in another report in this series.<sup>4</sup>

Virtually all items on the questionnaire sent to medical sources were satisfactorily completed. The few cases for which information was missing were mainly imputed by consulting a staff radiologist.

Table VI.	Unadjusted	and ad	justed (	estimates	of
X-ray exa	minations r	eceived	during	pregnancy	7

Class of examination	Number of exami- nations reported in survey	Adjust- ment factor for non- response	Adjusted number of exami- nations
Total	1,370	• • •	1,407
Reported by 1 physician Reported by 1	263	100/93.1	282
hospital	732	100/97.6	750
Reported by 2 sources Reported by 3	297	•••	297
or more sources-	78	•••	78

Table VII. Percent of respondents for whom specified items were not ascertained, by age of mother and live-birth order: 1963 National Natality Survey

Age of mother and live-birth order	Total number of respondents	Family income	Education of mother		Mother's employment status	Father's employment status
			Perc	ent not asc	ertained	
Total	3,218	3.1	0.2	0.8	0.1	0.7
Age of mother						
Under 20 years 20-24 years 25-29 years	373 1,074 948 486 337	6.2 3.0 1.8 3.3 3.9	0.1 0.3 0.6 0.3	0.3 0.6 0.8 1.0 1.2	0.1 0.4	0.8 0.8 0.3 1.4 0.3
Live-birth order First Second Third Fourth Fifth birth and over	864 777 595 409 573	4.2 2.1 2.4 2.2 4.5	- - 0.2 0.5 0.9	0.2 0.4 1.3 1.0 1.4	- - - 0.5	0.6 0.4 1.0 0.7 1.0

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#### APPENDIX II

#### DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Age of mother.—Age of mother is recorded or derived from entries on the birth certificate.

*Color*.—Color is recorded or derived from entries on the birth certificate for color or race as white or nonwhite. Nonwhite includes persons classified as Negro, American Indian, Chinese, Japanese, Aleut, Eskimo, Hawaiian, or part-Hawaiian. The category white includes all other persons. Persons stated to<sup>6</sup> be Mexican or Puerto Rican are included with white.

Fetal loss.—This term is used synonomously with fetal death. A fetal death is death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy. The death is indicated by the fact that after such separation the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Variation in the registration requirements in regard to completed weeks of gestation has an important bearing on this definition. Many States require the registration of fetal deaths of 20 or more completed weeks of gestation, while some require the registration of all products of conception irrespective of the duration of pregnancy.

*Live-birth order*.—Live-birth order is derived from entries on the birth certificate and refers to the number of children born alive to the mother, including the sample child.

Legitimacy status.—For States reporting legitimacy data on the birth record, legitimacy status of a birth is recorded from entries on the birth certificate; for States not reporting legitimacy on the birth record, it is inferred from other evidence on the birth certificate. The following 16 States did not report legitimacy statistics on the birth record in 1963: Arizona, Arkansas, California, Colorado, Connecticut, Georgia, Idaho, Maryland, Massachusetts, Montana, Nebraska, New Hampshire, New Mexico, New York, Oklahoma, and Vermont.

Family income.—Family income refers to the total of all income received during the preceding year by all persons related to each other by blood, marriage, or adoption and living in the same house-hold when the baby was born. Income from all sources is included, such as wages, salaries, unemployment compensation, and help from relatives.

*Metropolitan status.*—Usual residence of mother was classified by location inside or outside counties falling in standard metropolitan statistical areas (metropolitan State economic areas in New England) as delineated by the Office of Statistical Standards, U.S. Bureau of the Budget, for the 1960 census.<sup>5</sup> Although metropolitan status does not correspond exactly to the conventional urban-rural differentiation, it may be useful in classifying the population into those living in or near metropolitan areas and those living elsewhere. ł

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*Region.*—State of usual residence of mothers is classified according to four regions which correspond to the regions used by the U.S. Bureau of the Census. These are comprised as follows:

Region	States Included
Northeast	Connecticut, Maine, Massachusetts,
	New Hampshire, New Jersey,
	New York, Pennsylvania,
	Rhode Island, Vermont
North Central	Illinois, Indiana, Iowa, Kansas,
	Michigan, Minnesota, Missouri,
	Nebraska, North Dakota, Ohio,
	South Dakota, Wisconsin
South	Alabama, Arkansas, Delaware,
	District of Columbia, Florida,
	Georgia, Kentucky, Louisiana,
	Maryland, Mississippi, North
	Carolina, Oklahoma, South Carolina,
	Tennessee, Texas, Virginia,
	West Virginia
West	Alaska, Arizona, California,
	Colorado, Hawaii, Idaho, Montana,
	Nevada, New Mexico, Oregon, Utah,
	Washington, Wyoming

Medical X-ray visit.—A medical X-ray visit is defined as a visit to a physician's office, hospital, mobile X-ray unit, Public Health Department, and so forth, during the course of which X-ray equipment is used for diagnosis or treatment. X-ray includes X-ray film photography and X-ray emission for treatment and fluoroscopy but excludes the use of radioisotopes. Only one visit is counted for any single day, regardless of the number of X-ray examinations made. Medical X-ray visits exclude dental examinations taken for the primary purpose of studying the condition or formation of the teeth.

Medical X-ray examination.—A medical X-ray examination is defined as the use of X-ray or fluoroscopic procedures to determine the presence, absence, or state of a disease or condition. For the purposes of this report, examinations also include the use of X-rays for treatment of a condition which has already been diagnosed. An X-ray visit may include several X-ray examinations.

*Radiographic examination.*—A radiographic examination is one in which the X-ray beam is passed through the patient's body and is recorded on X-ray film.

*Photofluorographic examination.*—A photofluorographic examination (usually of the chest) is one in which the X-ray beam is passed through the patient's body and excites a fluorescing screen, which is then photographed by a miniature format camera using photographic film.

Type of examination.—For the purposes of this report, examinations were classified into major groups, based primarily on the part of the body toward which the X-rays were directed. Examinations of the uterus and pelvic region related to pregnancy include pri-

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marily X-ray pelvimetry (measurement of fetal size and pelvic proportions), fetography (direct examination of the fetus), placentography (examination of the placental structure), and a small number of other examinations of the pelvic area. In the tables showing this data, this category has been subdivided into two subcategories: (a) pelvimetry, and (b) other examinations of the abdomen related to pregnancy.

Type of facility.—Type of facility is a classification of the types of places at which an X-ray visit or examination took place. The definitions of the two categories are as follows:

- 1. *Physician's office* is defined as the office of any doctor who has his own X-ray equipment; these may be subdivided according to the medical speciality of the physician's practice.
- 2. Other places is defined as including hospitals (both inpatient and outpatient services) as well as other places at which X-ray services are provided, including private clinics, schools, mobile units, Public Health Departments, and so forth.

# APPENDIX III

# SOURCE FORMS

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# Standard Certificate of Live Birth

Form approved. Budget Bureau No. 68-R374.2.

-	-	EOF						TIFICATE (				_	TH NO.				
		COUNTY	RISTH						,2. USL a, S	JAL	RESIDENCE (	DF M	DTHER (V	COUNTY	mothe	r live?)	
6	5.	CITY, TOU	VN, OR L	OCATION					C. CITY, TOWN, OR LOCATION								
6	с.	NAME OF HOSPITAL	. OR 🍈	( not in höspita	l, give s	treet address)			d. 5	TRE	ET ADDRESS						
(	đ.	IS PLACE	OF BIRT	H INSIDE CITY	LIMITS	,			e, 15	S RES	SIDENCE INSIDE	CITY	LIMITS?		f. 15	RESIDENCE C	ON A FAR
	_	YE	s 🗋 🔄	NO 🗌						YES	s 🗌 но [	<u> </u>				YES	но [
٦		3. NAME (Type o print)	or	First			м	liddle			Last						
E	4. SEX 5a. THIS BIRTH 5b.							. IF TWIN OR TRI	PLET, W	AS CH	HILD BORN		6. DAT	Мо	nth	Day	Ye
			SING	י 🗋 🗉	WIN 📋			ізт 🔲	20		30		BIRTI	4			
VTHER		7. NAME		First			M	fiddle			Last			8. COLOR	OR RA	CE	
FATH	1	9. AGE (A	t time of	( this birth) YEARS		10. BIRTHPLACE	(State	or foreign countr	ו (ער	11a.	USUAL OCCUPA	TION		116. KIND	. KIND OF BUSINESS OR INDUSTRY		
	Ī	12. MAIDER	NAME	First			3	Middle	Last 13.				13. COLOR	RORR	ACE		
MOTHER	1	4. AGE (A	t time o	f this birth)		15. BIRTHPLACE	(State	or foreign countr	y)		16. PREVIOUS	DELIV	ERIES TO N	OTHER (D	NOT	include this	birth)
Ĺ				YEARS							a. How man; OTHER childr		. How ma	orn alive bu	chil-	c. How man (feluses born	y fetal de
17.	1	NFORMA	NT								are now livingt		f now deadf			lime after conception)†	
	, 1	MOTHER'S	MAILING	ADDRESS										-			
				18a. SIGNA	TURE						186. ATTENDA	NT AT	BIRTH				
-	ı	hereby ce hat this d	child										D. O. 🔲 MIDWIFE 🔲 OTHER (Specify)				
	٥	vas born in the tated above	date	18c, ADDRES	S								d. DATE SIGNED				
	6	DATE RECD	. BY LOC	CAL REG.	20. R	EGISTRAR'S SIGN	ATURE					21, 0	ATE ON W	HICH GIVEN	NAME	E ADDED	
														BY			(Registra
<b>F</b>							FOR	MEDICAL AND	HEALT	ΉU	SE ONLY						
L					_ <b>_</b>			(This section M	usr be fi	illed	out)						
220	2.	LENGTH O	F PREGN	ANCY COMPLETE		. WEIGHT AT BIRT		23. LEGITIMAT	_		1						
				WEEKS	-	LB.	OZ.	YES 🗌			J						
						(SPACE FOR AI	DITIO	N OF MEDICAL AN	D HEALTI	H ITE	MS BY INDIVID	UAL S	TATES)				

# DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON 25, D. C. Г The U.S. Public Health Service is doing a national study to find out how much and what kinds of medical and dental care women are receiving during the year before the birth of a child. Nothing is known about the extent of the care received by expectant mothers, even though such care is of the greatest importance for the future health of both mother and baby. A knowledge of what is actually happening throughout the Nation will go a long way in helping to improve the health of mothers and babies. The information needed for this study will be based on the experience of the mothers of 4,000 babies out of the 4 million born during 1963. These mothers were selected as a random sample of all mothers who have a baby, and you are one of those so selected. We are therefore asking you to answer the questions on the following pages of this form, and to return it to us in the enclosed envelope which requires no postage. Please notice that in the first part of the form the questions ask about every doctor, dentist, hospital, or clinic from which you received any care during the entire year before your baby was born. Your answers should not be just for the care connected with pregnancy, but for any and all medical and dental care or checkups during these 12 months. All information about you and your baby will be kept completely confidential. Your answers will be used for health research only and for no other purpose. As you might expect, it is particularly important that we receive your answers and those of all the other 4,000 mothers, since each of you really represents 1,000 mothers. Your cooperation in this study is deeply appreciated. Sincerely yours O. K. Sagen, Ph. D., Chief National Vital Statistics Division National Center for Health Statistics Name of Child File Number Date of Birth M

# Survey Questionnaire for Mothers

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CONFIDENTIALITY has been assured the individual as published in the Federal Register May 20, 1959

FORM APPROVED Budget Bureau no 68-R823

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# SURVEY OF MEDICAL AND DENTAL CARE

	PART I. SOURCES OF MEDICAL AND DENTAL CA	ARE DURING ONE	YEAR PERIOD BEFORE CHILDBIRTH			
below a midwife	provide the information requested about the physician, chiropractor or e who attended you at the recent of your child.		u seen by a dentist during this r period? S			
Nem	e		molete a section below			
Add	ress	Complete a section below for each dentist.				
City	(town) and State	-	Name			
			Address			
	many times were you seen by this	Т				
doc	tor during the one-year period?	<sup>1</sup>	City (town) and State			
	ou seen by any other physician					
	ropractor during the one-year		How many times were you seen by this			
period your c	before the recent birth of hild?		dentist during the one-year period?			
ים	ES [10 (Go on to Question 3)		Name			
			Address			
	omplete a section below for	II				
	ach doctor or chiropractor.		City (town) and State			
	Namo		Now many times were you seen by this dentist during the one-year period?			
	Address					
	City (town) and State	or exam reporte	this one-year period, were you treated nined in a clinic or hospital not ed above? (Include health checkups at			
	How many times were you seen by this doctor during the one-year period?	work, v.	isits to mobile health units, etc.)			
		ا ¥ [	ES 🔤 🖬 Go on to next page)			
	Name	· · ·	*			
		ca	emplete a section below for each			
П	Address		lace where you were treated or examined.			
	City (town) and State		Name			
	How many times were you seen by this doctor during the one-year period?		Address			
	doctor during the one-year period:		City (town) and State			
1	Name		L			
			Name			
III	Address					
	City (town) and State	п	Address			
	How many times were you seen by this doctor during the one-year period?		City (town) and State			
L						

PLEASE GO ON TO PART II

	ED INFORMA	TION						
<ol> <li>Were you employed outside your home at any time during your recent pregnancy?</li> </ol>				child	's birth	17		time of your
YES (Anawer a and b below)	YES (Anawer a and WO (Go on to b below) Question 2)			-	YES	Was he w (check d)		PART-TINET
a. Did you work full your recent pregn		during						
[YE\$ []¥0 ↓ When did you stop working full-time?			5. What kind of work was your husband doing at the time of your child's birth? (If he was not working then, please give information for his last job) GIVE FULL DESCRIPTION (For example: grocery			he was not tion for his		
	Honth	Day	Year	clerk	, auto m	echanic, el	ementary a	chool teacher)
			19		<del></del>	<u>.                                    </u>		
b. Did you work part your recent pregn		during				<u> </u>	<u></u>	
□YES ↓	0 11 0					<u></u>		·····
When did you	stop working	g part-t	ime?	C 17 4			-	· · · · · · · · · · · · · · · · · · ·
	Nonth	Day	Year_	1962? unemp	(Inclue loyment	de all inco compensatio	me such as n, help fi	r family during wages, salaries, rom relatives, the family living
2. What was the highest grade	(on year) of	. nemila				your baby		
school that you ever atten	ded?	Loguro	-		NONE		[754.00	0 - \$4,999
(Circle highest grade atten	ded)				UNDER \$1	.000	_	0 - \$6,999
NONE 0					\$1,000 -	\$1.999		0 - \$9,999
ELENENTARY SCHOOL 1	2 3 4 5 (	578			\$2,000 -	\$2,999		00 - \$14,999
NIGN SCHOOL 1	2 3 4				\$3,000 -	\$3.999		GO OR OVER
COLLEGE 1	2 3 4 5 6	<b>6</b> +		_			_	
Did you COMPLETE this grade? []YES []#0			7. Where (Plea	did you se give ;	l live when your home a	your baby ddress)	y was born?	
3. What was the highest grade			ır	Nu	mber and	Street	<u></u>	. <u> </u>
school that your hugband ever attended? (Circle highest grade attended)			Cit	ty (town) a	nd State			
NONE 0	NO#E 0				unty		·····	
ELENERTARY SCHOOL 1	2 3 4 5 (	57.5						
NIGN SCHOOL 1	2 3 4			Is th	is place	on a city	lot (or i	in an
COLLEGE 1	2 3 4 5 6	6+			ment bui			<b></b>
Did he COMPLETE this grade	? []¥E3	• [	]#0		YES	<b>0</b> #0		
PHE-4425-19 (page 3) 4-63								

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(Name and address of person completing this form)

PLEASE USE BACK PAGE FOR COMMENTS

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	PUBLIC HEALTH SERVICE	w	ASHINGTON 25, D. C.
VARIA USA BUSA			
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	unce is needed in a small but i		
by the U.S. Department.	Public Health Service with the The primary purpose of this a	survey is to estim	nate how often
mothers are	exposed to ionizing radiation	in the year prece	ding a birth.
	rill also provide useful data ( .1 themselves of medical care.		
	ted were identified from a ran		
out of the 4	million occurring in the Unit	ted States during	1963.
According to	our records, the mother named	l below was seen o	or treated by
you at some	time during the year prior to	the recent birth	of her child.
	cooperation in answering the operation in answering the operation is a compared to the medical care she received		
preceding ch	ildbirth. The exact dates con	vered by this peri	od are shown
	prmation is needed on each expo	-	
•	enced during this period, irre		
to pregnancy	· · · · ·	Spective of 105 1	
		-	_
Since the su	r. nrvey is based on only a small ant that we obtain full inform	sample of mothers	, it is particu-
Since the su larly import envelope is	rvey is based on only a small ant that we obtain full inform enclosed for your convenience	sample of mothers mation on each. A in replying. You	, it is particu- a postage-free a may be assured
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Since the su larly import envelope is that your re statistical	urvey is based on only a small ant that we obtain full inform enclosed for your convenience port will be held in strictest research. Ation in this study is deeply a Sind O. H Nati	sample of mothers nation on each. A in replying. You t confidence and u appreciated. cerely yours, C.K. Sagen, Ph. D., lonal Vital Statis	s, it is particu- A postage-free a may be assured used only for Chief stics Division
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Since the su larly import envelope is that your re statistical	urvey is based on only a small cant that we obtain full inform enclosed for your convenience port will be held in strictest research. Ation in this study is deeply a Sind O. H Nat: Nat: Nat:	sample of mothers nation on each. A in replying. You t confidence and w appreciated. cerely yours, A. Sagen, Ph D., lonal Vital Statis lonal Center for H	s, it is particu- A postage-free a may be assured used only for Chief stics Division Health Statistics

CONFIDENTIALITY has been assured the individual as published in the Federal Register May 20, 1959

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FORM APPROVED. Budget Burrau no. 68-r823

# SURVEY OF RADIOLOGICAL EXAMINATIONS

PART	I. RADIOLOGICAL EXAMINATIONS	S OR TREATMENTS DURING ONE-YEAR PERIOD BEFORE CHILDBIRTH		
		xamined or treated by X-ray or fluoroscope at any time during th as specified at the bottom of the preceding page?		
	HO (Skip to Part II on la	nat pago)		
	□YES → How many radi did she recei	ological examinations or treatments- ve during this one-year period?		
	(num	ber) (Complete section(s) below, then go on to last page)		
Complete the ONE-Y	a separate section below fo EAR PERIOD, whether or not	or EACH radiological examination or treatment performed during related to pregnancy.		
► If the SA	WE TYPE of procedure was pe	rformed NORE THAN ONCE, please report EACH SEPARATELY.		
		ormed on the SAME DATE, please report EACH SEPARATELY.		
In report unsatisfa	ing NUMBER OF EXPOSURES, pl	ease include those which may have been technically		
	ary, continue on a separate	sheet.		
	······································			
	SECTION 1. FIRST RADIOLOGICA	AL EXAMINATION OR TREATMENT DURING ONE-YEAR PERIOD		
Date of	<pre>1. Type of radiological     equipment used?         (check one)</pre>	Diagnostic radiography     Diagnostic fluoroscopy       Diagnostic photofluorography     X-ray therapy		
examination or treatment?	<ol> <li>Primary area of body exposed?</li> </ol>			
	3. Type of service rendered to mother?	DPELVIMETRY DINTRAVENOUS PYELOGRAM		
(month)	(month)       rendered to mother?       PLACENTOGRAPHY       OTHER (specify)         (check one)       ROUTINE CHEST         (day)       4. Number of exposures?       (include those technically unsatisfactory)			
(day)				
(year)	5. Place where examination or	DONE AT HY OWN OFFICE		
treatment was performed?				
				1

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	SECTION 2. SECOND RADIOLOGICAL E	XAMINATION OR TREATMENT DURING ONE-YEAR PERIOD	
		☐ DIAGNOSTIC RADIOGRAPHY ☐ DIAGNOSTIC FLUOROSCOPY ] DIAGNOSTIC PHOTOFLUOROGRAPHY ☐ X-RAY THERAPY	
Date of examination or treatment?	2. Frimary area of body exposed?		
(month)	rendered to mother? (check one)	PELVIMETRY     INTRAVENOUS PYELOGRAM       PLACENTOGRAPHY     OTHER (specify)	
(dey)	4. Number of exposures?	(include those technically unsatisfactory)	
(year)	5. Place where examination or treatment was performed?	DONE AT MY OWN OFFICE  OR Address City-State	
	SECTION 3. THIRD RADIOLOGICAL EX	XAMINATION OR TREATMENT DURING ONE-YEAR PERIOD	
Date of	aquipment used?	DIAGHOSTIC RADIOGRAPHY DIAGHOSTIC FLUOROSCOPY	
examination or treatment?	2. Primary area of body exposed?		
(month)	rendered to mother? (check one)	PELVIMETRY       INTRAVENOUS PYELOGRAM         PLACENTOGRAPHY       OTHER (specify)         ROUTINE CHEST	
(day)	4. Number of exposures?	(include those technically unsatisfactory)	
(year)	5. Place where examination or treatment was performed?	DONE AT MY OWN OFFICE  OR Address City-State	
	SECTION 4. FOURTH RADIOLOGICAL E	EXAMINATION OR TREATMENT DURING ONE-YEAR PERIOD	
<b>P</b>	couinmont used?	DIAGNOSTIC RADIOGRAPHY DIAGNOSTIC FLUOROSCOPY	
Date of examination or treatment?	2. Primary area of body exposed?		
(month)	rendered to mother? (check one)	PELVIMETRY     INTRAVENOUS PYELOGRAM       PLACENTOGRAPHY     OTHER (specify)       ROUTINE CHEST	
(day)	) 4. Number of exposures? (include those technically unsatisfactory)		
(year)	5. Place where examination or treatment was performed?	DONE AT MY OWN OFFICE OR Address City-State	

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PA	RT II. MEDICAL CARE REC	CEIVED	BY MOTHER	DURING ONE-YE	AR PERIOD BEFORE CHILDBIRTH
	did you see this patien ? (If exact number not estimate)	known,	ng the	or to a l	eferred this patient to another physician, hospital or clinic, please give names and s of physicians or institutions to which
2. On what date di during the one-	· ·			Address City-Sta	te
ł	Month	Day	Үеаг	L	
	l		19	Name	
	3. On what date did you see her for the last time during the one-year period?			Address City-Sta	te
	Month	Day	Year	L	
			19		
4. If this patient names and addre or hospitals.	was referred to you, p sses of referring physi	lease g cians,	give clinics	one-year or clinic	batient was seen or treated during the period by any other physician, hospital and reported above or on the previous ase give names and addresses.
Name	Name				
Address	<del>. " </del>			Address	
City-State			·	City-Sta	to
				·	
Name	Name				
Addsess	*******	·······		Address	
City-State	City-State				······································

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(Name of person completing this form)

COMMENTS

# Survey Questionnaire for Medical Facilities

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PUBLIC HEALTH SERVIC	E	WASHINGTON 25, D. C.
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Your assistance is needed in a s	mall but important samp	le survey conducted
by the U. S. Public Health Servi Department. The primary purpose		
mothers are exposed to ionizing	radiation in the year p	preceding a birth.
The survey will also provide use mothers avail themselves of medi		
being collected were identified	from a random sample of	about 4,000 births
out of the 4 million occurring i	n the United States dur	ing 1963.
According to our records, the mo		
your institution at some time du her child. We ask your cooperat		
following pages, which relate to		
one-year period preceding childb	irth. The exact dates	covered by this
period are shown below. Informa radiation this woman experienced		
relationship to pregnancy.	0 1 /	-
Since the survey is based on onl	y a small sample of mot	hers, it is particu-
larly important that we obtain f		
envelope is enclosed for your co that your report will be held in		
statistical research.		-
Your cooperation in this study i	в deeply appreciated.	
	Sincerely yours,	
	O.K.	and
	0. K. Sagen, Ph	D., Chief
	NSCIONSI VICSI DI	STISTICS DIVISION
	National Center f	for Health Statistics
e of Nother	Maiden Name	
ress	Place of Birth of C	hild
y-State	Date of Birth	File Numbe
	Date of BICLII	rile Numbe.

CONFIDENTIALITY has been assured the individual as published in the Federal Register May 20, 1959

FORM APPROVED. Budget Burgau no. 68-2823

# SURVEY OF RADIOLOGICAL EXAMINATIONS

PAR	T I. RADIOLOGICAL EXAMINATION	S OR TREATMENTS DURING ONE-YEAR PERIOD BEFORE CHILDBIRTH				
To y the	our knowledge, was the mother e one-year period before childbin	examined or treated by X-ray or fluoroscope at any time during the specified at the bottom of the preceding page?				
	□ NO (Skip to Part II on la	at page)				
	□YES → How many radi did she recei	ological examinations or treatments. ve during this one-year period?				
	(num	ber) (Complete section(s) below, then go on to last page)				
Complete	a separate section below fo KEAR PERIOD, whether or not	r EACH radiological examination or treatment performed during related to pregnancy.				
► If the SA	AME TYPE of procedure was pe	rformed WORE THAN ONCE, please report EACH SEPARATELY.				
		rmed on the SAWE DATE, please report EACH SEPARATELY.				
In report unsatisfa	ting NUMBER OF EXPOSURES, pl actory.	ease include those which may have been technically				
	sary, continue on a separate	sheet.				
	SECTION 1 FIRST RADIOLOGICA	L EXAMINATION OR TREATMENT DURING ONE-YEAR PERIOD				
······		:				
Date of	<pre>1. Type of radiological     equipment used?         (check one)</pre>	☐ DIAGNOSTIC RADIOGRAPHY ☐ DIAGNOSTIC FLUDROSCOPY ☐ DIAGNOSTIC PHOTOFLUOROGRAPHY ☐ X-RAY THERAPY				
examination or treatment?	2. Primary area of body exposed?					
(month)	PELVIMETRY     INTRAVENOUS PYELOGRAM     PLACENTOGRAPHY     OTHER (specify)					
ROUTINE CHEST						
(day) 4. Number of exposures? (include those technically unsatisfactory)						
examination or		DONE AT THIS INSTITUTION OR Name of physician, hospital or clinic				
treatment was performed?						
	Address					
		City-State				

	SECTION 2. SECOND RADIOLOGIC	AL EXAMINATION OR TREATMENT DURING	ONE-YEAR PERIOD
	<pre>1. Type of radiological     equipment used?         (check one)</pre>	☐ DIAGNOSTIC RADIOGRAPHY ☐ DIAGNOSTIC PHOTOFLUOROGRAPHY	☐ DIAGNOSTIC FLUOROSCOPY ☐ X-RAY THERAPY
Date of examination or treatment?	<ol> <li>Primary area of body exposed?</li> </ol>		
(month)	3. Type of service rendered to mother? (check one)	:	US PYELOGRAM
(day)	4. Number of exposures?	(include those technical	ly unsatisfactory)
(year)	5. Place where examination or treatment was performed?	DONE AT THIS INSTITUTION OR Address City-State	al or clinic
	SECTION 3. THIRD RADIOLOGICAL	EXAMINATION OR TREATMENT DURING O	NE-YEAR PERIOD
	<ol> <li>Type of radiological equipment used? (check one)</li> </ol>	☐ DIAGHOSTIC RADIOGRAPHY ☐ DIAGNOSTIC PHOTOFLUOROGRAPHY	☐ DIAGNOSTIC FLUOROSCOPY ☐ X-RAY THERAPY
Date of examination r treatment?	<ol> <li>Primary area of body exposed?</li> </ol>		
(month)	3. Type of service rendered to mother? (check one)	:	US PYELOGRAM
(day)	4. Number of exposures?	(include those technical	ly unsatisfactory)
(year)	5. Place where examination or treatment was performed?	DOHE AT THIS INSTITUTION OR Address City-State	
S	ECTION 4. FOURTH RADIOLOGICA	L EXAMINATION OR TREATMENT DURING	ONE-YEAR PERIOD
Data of	<pre>l. Type of radiological     equipment used?         (check one)</pre>	☐ DIAGNOSTIC RADIOGRAPHY ☐ DIAGNOSTIC PHOTOFLUOROGRAPHY	DIAGNOSTIC FLUOROSCOPY
Date of examination or treatment?	2. Primary area of body exposed?		
(month)	3. Type of service rendered to mother? (check one)		US PYELOGRAM pecify)
(day)	4. Number of exposures?	(include those technical	ly unsatisfactory)
(year)	5. Place where examination or treatment was	DONE AT THIS INSTITUTION OR Name of physician, hospit	al or clinic

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PART II. MEDICAL CARE RECEIVED BY MOTHER	DURING ONE-YEAR PERIOD BEFORE CHILDBIRTH					
<ol> <li>How many times was the patient seen at your institution during the one-year period? (If exact number not known, please give best estimate)</li></ol>	5. If your institution referred this patient to another hospital or clinic or to a private physician, please give names and addresses of physicians or institutions to which referred.           Name           Address           City-State					
Wonth Day Year						
	Нате					
3. On what date was she seen for the last time	Address					
during the one-year period?						
	City-State					
Month Day Year	/ L					
<ul> <li>4. If this patient was referred to your institution, please give names and addresses of referring hospitals, clinics or private physicians.</li> </ul>	6. If this patient was seen or treated during the one-year period by any other hospital, clinic or physician not reported above or on the previous page, please give names and addresses.					
Name	Nanc					
Address	Address					
City-State	City-State					
Name	Ивте					
Address	Address					
City-State	City-State					

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(Name of person completing this form)

COMMENTS

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# OUTLINE OF REPORT SERIES FOR VITAL AND HEALTH STATISTICS Public Health Service Publication No. 1000

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