

The Fragile Families and Child Wellbeing Study changed its name to The Future of Families and Child Wellbeing Study (FFCWS). Due to the issue date of this document, FFCWS will be referenced by its former name. Any further reference to FFCWS should kindly observe this name change.

Fragile Families and Child Health: Medical Record Data For FF Mothers and Focal Children

Updated February 2021

The Fragile Families Medical Records file contains medical records data (from the birth hospitalization) for Fragile Families (FF) mothers and focal children.

File overview

The file contains observations for all 4,898 births in the FF study. Medical record data are available for 3,684 births (mothers and focal children). The remaining cases lack medical record data for one of three reasons: (1) The hospital did not permit us to abstract records or there were too few cases for it to be financially feasible to collect data at that hospital (38%), (2) the mother refused consent (33%), or (3) the records could not be located in the hospital (29%).

The file includes hospital indicator variables but doesn't indicate the names of hospitals. Random noise has been introduced into the data to protect confidentiality. The noise should have no impact on statistical analyses.

The file contains both data taken directly from the abstraction form and constructed variables created by the research team. The [abstraction form](#) that was used to collect the medical record data is available on the [Restricted Use Contract Data page](#) under the Medical Records category. Some items marked with ** on the abstraction form, including names, dates, open-ended responses, notes, and ICD 9 billing codes, are not included in this data file and are marked accordingly on the abstraction form. For example, since it was not always clear from the medical records whether an abortion was induced or spontaneous, `che1` and `che6` were dropped from the file. Those two variables were combined into a single constructed variable, `chnumabr`.

Variable naming convention

Variable names are a maximum of nine characters long. The first two characters are the “ch” prefix, indicating that the variable is from the Fragile Families and Child Health study. The remaining characters are either the variable name as shown on the data abstraction form, or an abbreviated description of the constructed variable.

Examples:

`chc4` is question C4 on the data abstraction form, which notes whether the mother has a history of unwanted pregnancy
`chdrugp` is a constructed variable indicating whether the mother used illicit drugs during pregnancy

Constructed variables

A number of constructed variables have been included in the file for your convenience. (Researchers may also choose to create constructed variables using the raw data, based on their research interests.) These variables incorporate a variety of information, including open-ended responses, and ICD 9 billing codes that are not included in this data file. The following constructed variables are included:

Health care

chbstay Number of days infant stayed in the hospital (birth hospitalization)
 chmstay Number of days mother stayed in the hospital postpartum
 chtripnc Trimester when prenatal care began

Mother's reproductive history

chlstbth Number of months since mother's last live birth
 chdeliv Method of delivery—vaginal or C-section
 chprevpr Number of mother's previous pregnancies mother (EXCLUDES focal child)
 chprevd Number of mother's previous term and preterm deliveries (> 20 weeks gest. age)
 chstillb Number of mother's previous deliveries that were stillbirths
 chnolive Number of mother's previous pregnancies that ended as abortions, miscarriages, or stillbirths
 chprvabr Any previous induced/spontaneous/therapeutic abortions/miscarriages/stillbirths
 chnumabr Number of previous induced/spontaneous/therapeutic abortions/miscarriages/stillbirths

Anthropometric measures

chmhtcm Mother's height (cm)
 chppwtkg Mother's pre-pregnancy weight (kg)
 chadwtkg Mother's admission weight (kg)
 chwtgnkg Mother's weight gain during pregnancy (kg)
 chadqwtg Constructed: adequate weight gain during pregnancy
 chobese Diagnosed as obese (pre-pregnancy) in chart and/or by pre-pregnancy Body Mass Index (BMI)
 chwgtcat 5-level pre-pregnancy weight variable (underweight, normal weight, overweight, obese, morbidly obese)
 chbmi Mother's pre-pregnancy BMI
 chbthwtg Constructed: baby's birthweight (gm)
 chblen Baby's length (cm)
 chbhead Baby's head circumference (cm)
 chhighbw Birthweight > 4000 gm
 chlowbw Birthweight < 2500 gm (low birthweight, or LBW)
 chpondex Baby's ponderal index = w/h^3
 chpondcat Constructed: child's ponderal index (low, medium, high)
 chgstage Constructed: gestational age—using clinical assessment when available, pediatric assessment otherwise
 chpterm Constructed: baby was preterm (< 37 wks)
 chvpterm Constructed : baby was very preterm (< 32 wks)

Mental health and drug use

chdrugp Constructed: mother used drugs during pregnancy, from all possible sources in the medical record
 chsmkp Constructed: mother smoked cigarettes during pregnancy, from all possible sources in the medical record
 chalcp Constructed: mother used alcohol during pregnancy, from all possible sources in the medical record
 chmhprob Constructed: mother had pre-pregnancy diagnosis of mental illness, from all possible sources in medical record

Abnormal infant health conditions (variables `chinfco1` through `chinfco16`)

The coding of infants' abnormal health conditions was conducted by an outside pediatric consultant, who was directed to glean information from all relevant sections of the medical record abstraction form, as well as from one-year maternal reports of child disability, to identify infant health conditions and to assign to all conditions a number between 1 and 16 according to the grid below. The rows in the grid indicate how likely it is, based on current medical knowledge, that the mother's prenatal behavior caused the condition. The columns indicate the severity of the condition (i.e., how disabling and long-term the condition is thought to be). Many infants had more than one condition, and are thus assigned multiple codes. Each of the variables `chinfco1` through `chinfco16` is a binary variable that is a yes (1) if the infant had a condition in the corresponding cell. For example, if `chinfco5` has a value of 1, then the infant had a condition that would fall under cell 5. If `chinfco5` has a value of 0, the infant lacked any conditions that fall under cell 5.

Coding Grid for Infant Health Conditions

	Severity			
	High	Medium	Low	Unknown
Not Behavior Related	1	2	3	4
Possibly Behavior Related	5	6	7	8
Likely Behavior Related	9	10	11	12
Not Enough Information To Determine if Behavior Related	13	14	15	16

Missing values

Some mothers and children were missing information for items in the data abstraction form because the information could not be found in the charts. Most missing values of this type are represented with Stata's internal missing code, but some variables use 999 (unknown) or 997 (not applicable). For variables that specify the # of times a condition occurred (e.g., che5a - # of previous LBW, preterm, or small for gestational age infants) a -8 (N/A) value is used when it is known from a previous variable that the mother never had the condition.

A special note about gravidity and parity

Gravidity and parity are characterized by the variables chd4g, chd4p, chd5t, chd5p, chd5l, and constructed variables chprevpr, chdeliv, and chstillb.

Gravidity refers to the number of times a woman has been pregnant, and *parity* refers to the number of pregnancies that led to a birth beyond 20 weeks gestational age.

A more specific designation of pregnancy outcomes divides them into term and preterm deliveries, abortuses, and living children. This is known as the TPAL (**T**erm-**P**reterm-**A**abortus-**L**iving) designation. Abortuses include spontaneous, induced, and therapeutic abortions. A multiple gestation counts as one pregnancy and one delivery, but may increase the number of living children by more than one.

Example: A (hypothetical) woman in the Fragile Families study has just given birth. In her medical record, the gravidity, parity and TPAL history are recorded prior to the birth of the FF focal child. Thus, the FF focal child counts as a pregnancy, but not as a term or preterm delivery; it is a pregnancy without outcome at the time the reproductive history was recorded in the chart. Supposing this hypothetical FF mother has previously given birth to one set of preterm twins and one term infant, and has had two miscarriages, her reproductive history would be recorded as follows:

Gravidity	5 (includes the FF focal child, so gravidity = T + P + A + 1)
Parity	2 (equals T + P)
T	1
P	1
A	2
L	3 (includes the twin)