

INSTRUCTIONS FOR COMPLETING AND FILING THE REPORT OF FETAL DEATH

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GENERAL INFORMATION

DEFINITION

ORS 432.005 Definition (5) “Fetal death” means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy. The death is indicated by the fact that after such expulsion or extraction 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 the voluntary muscles.

REPORTING FETAL DEATH:

Fetal Death Reports – When a fetal death occurs as defined by ORS 432.005(5), a fetal death report must be completed and filed. If the birth weight of the fetus is 350 grams or more, a fetal death report must be filed. The gestation is used to determine if a report must be filed only if birth weight is unknown. If gestation is 20 weeks or more, a fetal death report must be filed.

If the birth weight is less than 350 grams or birth weight is unknown and gestation is less than 20 weeks, a fetal death report is optional. However, family members may want to have the report completed to get certified copies of the fetal death report from the Center for Health Statistics. A fetal death report needs be filed if family members wish to get a commemorative Certificate of Stillbirth from the Center for Health Statistics

TRANSPORT OF FETUS– Regardless of whether a fetal death report is required to be filed, the disposal-transit permit must be completed for any fetus removed from the medical facility. The disposal-transit permit is the second sheet of the fetal death report and is used by funeral directors, cemeteries, and crematoriums to document the receipt, transport and final disposition of the fetus.

A burial or cremation tag must also be used for fetal deaths if the fetus is removed from the delivery facility. The facility will need this information from the funeral director to complete the disposal-transit permit.

FILING FETAL DEATH REPORTS

The birth attendant or medical facility is responsible for filing the fetal death report. Effective January 1, 2008, completed reports should be sent to the Center for Health Statistic office for filing and registration.

INSTRUCTIONS FOR COMPLETING THE OREGON REPORT OF FETAL DEATH

Some items are formatted as check boxes. It has been demonstrated that this format produces higher quality and more complete information than open-ended items do. Please review each check box listed on the report form, and carefully check the appropriate box(es). Clearly mark an “X” or check the box. The mark should not overlap more than one box.

ITEM 1. NAME OF FETUS - Optional (*First, Middle, Last, Suffix*)

This item is optional, at the discretion of the parents.

Type or Print the First, Middle, and Last Names of the fetus, including suffix as provided to you by the parents. If the parents choose not to name the fetus, leave the item blank.

If the fetus is named, have the parents check the spelling and order of names before entering the name on the report.

If the parents indicate that the fetus is to have only a first initial followed by middle and last names, such as “E. Charles Jones,” enter the “E.” followed by a period, in the appropriate space. If the parents indicate two initials and a last name such as “H.S. Green,” determine if the initials are first and middle initials, or two first initials with no middle name or middle initial. Enter the initials in the appropriate spaces. Each initial should be followed by a period.

If the fetus has not been given a first or middle name, enter only a surname.

If the surname has a space or apostrophe following prefixes, such as “Mac Pherson” or “O’Toole,” enter as given with the space or apostrophe.

If more than one surname is given separated by a hyphen, enter exactly as given with the hyphen. If there is more than one last name and no hyphen, enter the two names with a space between them.

ITEM 2. TIME OF DELIVERY

Enter the exact time (hour and minute) the fetus was delivered, according to local time. If daylight saving time is the official prevailing time when delivery occurs, it should be used to record the time of delivery. Be sure to indicate whether the time of delivery is a.m. or p.m. You may also enter the time using a 24-hour clock (military time). Do not indicate PST or PDT.

Enter 12 noon as “12 noon” or 1200 in military time. One minute after 12 noon is entered as “12:01 p.m.” or 1201 in military time.

Enter 12 midnight as “12 mid.” or 0000 in military time. One minute after 12 midnight is entered as “12:01 a.m.” or 0001 in military time.

In cases of plural deliveries, the exact time that each fetus was delivered should be recorded as the hour and minute of delivery of each fetus.

ITEM 3 is used to measure fetal and perinatal mortality by sex. It helps identify differences in the impact of environmental and biological factors between the sexes.

ITEM 3. SEX

Enter “male,” “female,” or “undetermined.” DO NOT abbreviate or use other symbols. DO NOT leave this item blank.

Item 3a is used in conjunction with date last normal menses began to calculate length of gestation, which is an essential element in the study of fetal demise.

ITEM 3a. DATE OF DELIVERY (*Month, Day, Year*)

Enter the exact month, day, and year the fetus was delivered. Hospitals complete the Report of Fetal Death for on site and en route deliveries only. If no doctor was present at the delivery and the delivery did not occur at a facility, the Medical Examiner must complete the Report of Fetal Death.

Enter the full name of the month – “January,” “February,” “March,” etc. DO NOT use a number or abbreviation to designate the month.

Pay particular attention to the entry of month, day, or year when the delivery occurs around midnight or on December 31. Consider a delivery at midnight to have occurred at the end of one day rather than the beginning of the next day. Type or print the day as a one- or two-digit number, with a four-digit year of birth. Example: "January 1, 2008."

ITEMS 4a-4c identify the place of delivery, which is used to study relationships of hospital and non-hospital pregnancy terminations. It is also used to produce statistical data by specific facility. Information on place of delivery, together with residence information, provides data to evaluate the utilization and distribution of health services.

ITEM 4a. FACILITY - NAME (*If not an institution, give street and number*)

Enter the full name of the hospital, freestanding birthing center, or other facility where the delivery occurred.

If the delivery occurred on a moving conveyance en route to, or on arrival at, a facility, enter the full name of the facility followed by "En Route." If the delivery occurred on a moving conveyance that was not en route to a facility, enter as the place of delivery the address where the fetus was first removed from the conveyance. If the delivery occurred in international air space or waters, enter "plane" or "boat."

If the delivery occurred at home, enter the house number and street name of the place where delivery occurred.

If the delivery occurred at some place other than those described above, enter the number and street name of the location.

ITEM 4b. CITY, TOWN, OR LOCATION OF DELIVERY

Enter the name of the city, town, or location where the delivery occurred. For deliveries occurring on a moving conveyance, enter the city, town, or location where the fetus was first removed from the conveyance. If the delivery occurred in international waters or air space, enter the location where the fetus was first removed from the plane or boat.

If a dead fetus is found in this State and the place of death is unknown, the fetal death should be reported by the Medical Examiner only. The place where the fetus was found should be considered the place of fetal death.

ITEM 4c. ZIP CODE

Enter the zip code of the location of delivery.

ITEM 4d. COUNTY OF DELIVERY

Enter the name of the county where the delivery occurred. For deliveries occurring on a moving conveyance, enter the county where the fetus was first removed from the conveyance. If the delivery occurred in international waters or air space, enter the name of the county where the fetus was first removed from the plane or boat.

ITEM 5a. MOTHER'S CURRENT LEGAL NAME (*First, Middle, Last, Suffix*)

Print or type the first, middle, and current last names of the mother, along with any suffix.

The first and middle names should be the names recorded on the mother's own birth record, not nicknames.

If only a first initial with last name, such as "J. Jones," is indicated, enter the "J" followed by a period. If the mother indicates two initials and a last name such as "J. S. Green," determine if the initials are first and middle initials, or two first initials with no middle name or middle initial. Enter the initials in the appropriate spaces. Each initial should be followed by a period.

If more than one last name is given separated by a hyphen, enter exactly as given with the hyphen. If there is more than one last name and no hyphen, enter the two names with a space between them.

If the last name has a space or apostrophe following prefixes, such as "Mac Pherson" or "O'Toole," enter as given with the space or apostrophe.

ITEM 5b is used to calculate the age of the mother, which is one of the most important factors in the study of childbearing and pregnancy outcomes.

ITEM 5b. (MOTHER’S) DATE OF BIRTH (*Month, Day, Year*)

Enter the month – “January,” “February,” “March,” etc. DO NOT abbreviate or use a number to designate the month. Type or print the day as a one- or two-digit number, with a four-digit year of birth. Example: “January 1, 2008.”

If the mother’s Date of Birth is unknown, type or print “unknown.” If part of Date of Birth is unknown, enter the known part(s) and leave the rest blank. For example, “January 1980” or “January 15.”

ITEM 5c. MOTHER’S NAME PRIOR TO FIRST MARRIAGE (*First, Middle, Last, Suffix*)

Print or type the full name of the mother as given at her birth or adoption, not a name acquired by marriage.

ITEM 5d. (MOTHER’S) BIRTHPLACE (*State, Territory, or Foreign Country*)

Type or print the name of the U.S. State or U.S. Territory in which the patient was born.

If the patient was born outside of the U.S., type or print the name of the country or territory in which the patient was born. U.S. territories are: American Samoa, Guam, the Northern Marianas, Puerto Rico, and the U.S. Virgin Islands. Canadian Provinces and Canadian Territories are not individually identified for mother’s place of birth.

If the mother’s birthplace is unknown, type or print “unknown” in the space.

ITEMS 5e – 6b: Statistics on fetal deaths are tabulated by place of residence of the mother. These data are used in planning for evaluating community services and facilities, including maternal health programs. “Inside City Limits?” is used to properly assign residence to either the city or the remainder of the county. Zip code information may also be used for environmental-impact studies for small geographic areas.

The mother’s residence is the place where her household is located. This is not necessarily the same as her “home state,” “voting residence,” “mailing address,” or “legal residence.” The state, county, city, and street address should be for the place where the mother actually lives. Do not use a post office box or rural route number. Never enter a temporary residence, such as one used during a visit, business trip, or vacation. Residence for a short time at the home of a relative,

friend, or homeless or battered women's shelter for the purpose of awaiting the delivery is considered temporary and should not be entered here. However, place of residence during a tour of military duty or during attendance at college is NOT considered temporary and should be entered on the report as the mother's place of residence.

If the mother has been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, this facility should be entered as the place of residence.

Enter all of the address that is known. For example, a homeless woman might only have a city, county and state entered.

ITEM 5e. RESIDENCE OF MOTHER - STATE

Enter the name of the state in which the mother lives. This may differ from the state in her mailing address. If the patient is a U.S. resident, type or print the U.S. state or territory where the patient lives.

If the mother is not a U.S. resident, enter the name of the country and the name of the unit of government that is the nearest equivalent of a state. If the patient is a Canadian resident, type or print the name of the province or territory, followed by "/Canada." If the patient is not a resident of the U.S., its territories, or Canada, type or print the name of the patient's country of residence.

ITEM 5f. (RESIDENCE OF MOTHER) COUNTY

Enter the name of the county in which the mother lives.

If the mother's residence is not in the U.S., leave this space blank.

ITEM 5g. (RESIDENCE OF MOTHER) CITY, TOWN, OR LOCATION

Enter the name of the city, town, or location where the mother lives. This may differ from the city, town, or location in her mailing address.

ITEM 6a. (RESIDENCE OF MOTHER) STREET AND NUMBER

Enter the number and street name of the place where the mother lives. If this location has no number and street name, enter the rural route number or a description of the place that will aid in identifying the precise location.

If the mother's residence is not in the U.S., leave this space blank.

ITEM 6b. (RESIDENCE OF MOTHER) ZIP CODE

Enter the zip code of the mother's residence address.

If the mother's residence is not in the U.S., leave this space blank.

ITEM 6cb. (RESIDENCE OF MOTHER) INSIDE CITY LIMITS?

Check "Yes" if the location entered in Item 6a is incorporated and mother's residence is inside its boundaries. Otherwise, check "No."

If it is unknown whether or not the residence is inside the city limits, type or print "unknown."

If the mother's residence is not in the U.S., leave this space blank.

ITEM 7a is used for identification and as documentary evidence of parentage. Unlike a birth certificate, this information does not establish any legal rights because the child was not born alive. Therefore, father's name and other information can be included even if mother was unmarried or married to another man at conception, during pregnancy or at delivery.

ITEM 7a. FATHER'S CURRENT LEGAL NAME (*First, Middle, Last, Suffix*)

Type or print the first, middle, and last names of the father's current legal name.

If only a first initial such as "J. Jones," is indicated enter the J. followed by a period. If the patient indicates two initials and a last name such as "J. S. Green," determine if these are a first and middle initial, or two first initials with no middle name or initial. Enter the initials in the appropriate spaces. Each initial should be followed by a period.

If more than one last name is given separated by a hyphen, enter exactly as given with the hyphen. If there is more than one last name and no hyphen, enter the two names with a space between them.

If the last name has a space or apostrophe following prefixes, such as Mac Pherson or O'Toole, enter as given with the space or apostrophe.

Do not use the acknowledgement of paternity form in cases of fetal death. Father's name can be included without additional documents.

Refer problems not covered in these instructions to the State Vital Records Registration office (971-673-1160).

ITEM 7b is used to calculate the age of the father, which is one of the most important factors in the study of childbearing and pregnancy outcome.

ITEM 7b. (FATHER'S) DATE OF BIRTH (*Month, Day, Year*)

Type or print the exact month, day, and four-digit year that the father was born. Enter the full name of the month – January, February, etc. DO NOT abbreviate or use a number to designate the month. Type or print the day as a one- or two-digit number, with a four-digit year of birth.

If the father's Date of Birth is unknown, type or print "unknown." If part of the Date of Birth is unknown, enter the known part(s) and leave the remaining parts blank. For example, "January 1980" or "January 15."

ITEM 7c. (FATHER'S) BIRTHPLACE (*State, Territory or Foreign Country*)

Type or print the name of the U.S. State or U.S. Territory in which the father was born. U.S. Territories are: American Samoa, Guam, the Northern Marianas, Puerto Rico, the U.S. Virgin Islands. If the father was born outside the U.S., type or print the name of the country in which the father was born. Canadian Provinces and Canadian Territories are not collected for father's place of birth. If the father's birthplace is not known, type or print "unknown" in the space.

ITEM 8a. DATE REPORT COMPLETED (*Month, Day, Year*)

Enter the month – "January," "February," "March," etc. DO NOT abbreviate or use a number to designate the month. Type or print the day as a one- or two-digit number, with a four-digit year. Example: "January 1, 2008."

ITEM 8b. NAME AND TITLE OF PERSON COMPLETING REPORT
(Type or Print.)

Print or type the name and title of the person completing the report.

ITEM 9. NAME AND TITLE OF ATTENDANT *(Type or Print.)*

Print or type the name and title of the attendant. Include full legal name (first, middle and last names) of the attendant. This field **MUST** be completed. Only one attendant may be listed.

The attendant is the person responsible for delivering the fetus. For example, if an intern or nurse-midwife delivers a fetus under the supervision of an obstetrician who is present in the delivery room, the obstetrician is to be reported as the attendant. A person who is not physically present at the delivery should not be reported as the attendant. For example, if the obstetrician is not physically present, the intern or nurse-midwife **MUST** be reported as the attendant.

Examples of titles are MD, DO, CNM/CM, midwife, nurse, father, police officer, EMS technician, etc.

ITEM 10. IF SERVICES: FUNERAL HOME NAME AND ADDRESS

Enter the name and address of the funeral home that is providing services or handling the final disposition of the fetal remains.

If no funeral home, enter the name of the facility that is handling the final disposition of the fetal remains.

If the fetus is removed from the facility, the transit permit must accompany the body.

ITEM 11a. DATE FILED BY REGISTRAR

Print, type, or stamp the month, day, and four-digit year that the Report of Fetal Death is received by the Registrar.

Date Filed by Registrar must be the same as, or later than, the Date of Delivery (Item 3a) and the same as, or later than, the Date Report Completed (Item 8a).

ITEM 11b. REGISTRAR - SIGNATURE

ITEMS 12a-12b causes of death are used for medical and epidemiological research on disease etiology and for evaluating the effectiveness of diagnostic and therapeutic techniques. They are a measure of health status on local, state, national, and international levels.

ITEM 12a. INITIATING CAUSES/CONDITION

The underlying cause of fetal death should be entered in Item 12a. The underlying cause of fetal death is the condition that started the sequence of events between normal health of the mother or fetus and the immediate cause of fetal death; it is the fetal or maternal disease or condition directly causing the fetal death. Causes of death are diseases, abnormalities, injuries, or poisonings that contributed to the death of a fetus. The immediate cause of fetal death must always be reported. It can be the sole entry in the cause-of-fetal-death section if that condition was the only condition causing the fetal death. A specific cause of death should be reported in Item 12a so that there is no ambiguity.

Only one cause is to be entered in this section.

Do not use abbreviations or parentheses when reporting cause of death.

The cause-of-death information should be your best medical opinion. Report a specific condition in the space most appropriate to the given situation. A condition can be listed as “probable” even if it has not been definitively diagnosed. In reporting the cause of fetal death, conditions in the fetus or patient, or of the placenta, cord, or membranes, should be reported if they are believed to have adversely affected the fetus.

Cause of fetal death should include information provided by the pathologist if tissue analysis, autopsy, or another type of postmortem exam was done. If microscopic exams for a fetal death are still pending at the time the report is filed, the additional information should be reported to the State Registrar as soon as it is available.

When a death occurs without a physician in attendance at, or immediately after, the delivery, a medical examiner or coroner should investigate the fetal death. Report the death to the medical examiner or coroner, as required by state law.

The original Report of Fetal Death should be amended if additional medical information, or autopsy or histological placental findings, become available that would change the cause of death originally reported.

If an organ system failure, such as “congestive heart failure,” “hepatic failure,” “renal failure,” or “respiratory failure” is listed as a cause of death, always report all the causes or conditions leading to death.

Always report the fatal injury (*e.g.*, stab wound to patient’s abdomen), the trauma, and the impairment of function.

An initiating condition should be reported in Item 12a that explains why the fetus died. The initiating cause may have prepared the way for a subsequent cause by damaging tissues or impairing function. If two or more possible sequences resulted in death, report in Item 12a the initiating condition that triggered the sequence which, in your opinion, most directly caused death. Report in Item 12b the other conditions or disorders.

Mechanistic terminal events should not be the condition reported in Item 12a.

ITEM 12b. OTHER SIGNIFICANT CAUSES OR CONDITIONS

Other significant causes or conditions include all other conditions contributing to death. These conditions may be conditions that are triggered by the initiating cause (Item 12a) or causes that are not among the sequence of events triggered by the initiating cause.

Report all diseases or conditions contributing to death that were not reported in Item 12a and that did not result in the initiating cause of death. If two or more possible sequences resulted in death, or if two conditions seem to have combined to result in fetal death, report in Item 12a the one that, in your opinion, most directly caused death. Report in Item 12b the other conditions or diseases.

Always report an etiology for organ system failure, such as “congestive heart failure,” “hepatic failure,” “renal failure,” or “respiratory failure” on the lines beneath it.

When indicating neoplasms as a cause of death, include the following: 1) primary site, or that the primary site is unknown, 2) “benign” or “malignant,” 3) cell type, or that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of affected organ.

If an accident, poisoning, or violence to the mother caused death to the fetus, the medical attendant must remember to comply with any local regulations for the referral of deaths due to accidents, poisoning, or violence to the medical examiner.

For deaths resulting from injuries, always report the fatal injury event, the trauma, and the impairment of function.

If, in your opinion, the use of alcohol, tobacco, other substance by the patient, and/or a recent injury caused or contributed to death, then any such condition should be reported.

ITEM 13c is used as a check to ensure that the delivery was properly reported as a fetal death and was not a live birth.

ITEM 13c. ESTIMATED TIME OF FETAL DEATH

Check the appropriate box to indicate when the fetus died with respect to labor:

Dead at time of first assessment, no labor ongoing;
Dead at time of first assessment, labor ongoing ;
Died during labor, after first assessment; or,
Unknown time of fetal death

ITEM 13b. WAS AN AUTOPSY PERFORMED?

Check “Yes”, “No,” or “Planned”. Check “Yes” if a partial or complete autopsy was performed.

ITEM 13c. WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED?

Check “Yes”, “No,” or “Planned”. Select “Yes” if any histological placental examination was performed.

ITEM 13d. WERE AUTOPSY OR HISTOLOGICAL PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH?

Check “Yes” or “No”. If Items 13b and 113c are both checked “No”, leave this section blank. If “Yes” is checked for either Item 13b or 13c, complete this item.

DATE OF DISPOSITION/SEXTON’S SIGNATURE

The date-of-disposition and sexton’s-signature lines appear at the bottom of the second sheet of the Report of Fetal Death.

The person in charge of the place of final disposition shall date and sign as indicated and return the Report of Fetal Death to the County Registrar of the county where delivery of the fetus occurred within 10 days after the date of final disposition.

**THE BACK PORTION OF THE REPORT OF FETAL DEATH
(INFORMATION FOR MEDICAL AND HEALTH USE ONLY)**

Items 14 – 41 (third sheet) contain information that is used for medical and health studies only. Items 14 - 41 are excluded from certified copies of the record. The information is used for a wide range of health research and medical purposes.

If the mother is not married, but the medical and health information about the father is available, we would like that information provided in Items 17b, 18b, and 19b.

Item 14 is used to monitor the substantial differences in health and fertility between married and unmarried women. It enables the study of health problems encountered during and after pregnancies of unmarried women. Unmarried women are likely to require additional health services.

ITEM 14. MOTHER MARRIED (at birth, conception, or any time between)?

If the mother is currently married or was married at the time of fetal conception or any time between fetal conception and delivery, check the “Yes” box.

If the mother is not currently married and was not married at the time of fetal conception or any time between conception and delivery, check the “No” box.

If it is unknown whether mother was married at fetal conception, delivery, or any time between, type or print “unknown”.

The father’s name can be entered even if the mother is not married to him. A woman is legally married even if she is separated. A person is no longer legally married when the divorce papers are signed by the judge.

ITEM 15. FACILITY’S NPI

Type or print the facility’s National Provider Identification Number (NPI) or, if no NPI, leave blank.

ITEM 16. MOTHER’S MEDICAL RECORD NUMBER

Type or print the mother’s medical record number.

Item 17 is NOT a part of ITEM 16 - RACE. A person of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.

Hispanics comprise the second largest ethnic minority in this country. This item provides data to measure differences in fertility and pregnancy outcomes as well as variations in health care for people of Hispanic and non-Hispanic origin. Without collection of data on persons of Hispanic origin, it is impossible to obtain valid demographic and health information on this important group of Americans.

ITEM 17. OF HISPANIC ORIGIN? (Check “Yes” or “No.”) (If “Yes,” specify all that apply; e.g., Cuban, Mexican, Puerto Rican, etc.)

ITEM 17a. Mother Yes No If Yes, specify _____

ITEM 17b. Father Yes No If Yes, specify _____

Check “Yes” or “No.” If “Yes” is checked, enter the specific Hispanic group(s) as obtained from the parent(s) or other source. The entry in this item should reflect the response of the informant. DO NOT leave this item blank.

For the purposes of this item, “Hispanic” refers to those people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person, or his or her ancestors, were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person may report Hispanic origin based on the country of origin of a parent, grandparent, or some far-removed ancestor. The response should reflect what the person considers himself or herself to be and is not based on percentages of ancestry. Although the sample options include the major Hispanic groups of Cuban, Mexican, and Puerto Rican, other Hispanic groups should also be identified in the space provided.

If a person indicated that he or she is of multiple Hispanic origins, enter origins as reported (*e.g.*, Mexican-Puerto Rican.)

If a person indicated that he or she is Mexican-American or Cuban-American, enter the Hispanic origin as stated.

ITEM 18 is used to determine the race of the fetus. Information on race is essential in producing data for minority groups. It is used to study racial variations in childbearing, access to health care, and pregnancy outcomes (perinatal mortality and birth weight). Race is an important variable for evaluating the effectiveness of health programs.

ITEM 18. RACE (*e.g.*, *White, Black, American Indian, etc.*) (*Specify all that apply below.*)

ITEM 18a. Mother _____

ITEM 18b. Father _____

- White
- Black or African American
- American Indian or Alaska Native
 - Name of the enrolled or principal tribe
- Asian Indian

- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (Specify) _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (Specify) _____
- Other (Specify)

Enter the race of the mother and father as obtained from the parent(s) or other informant. The entry in this item should reflect the response of the informant.

For Asians and Pacific Islanders, enter national origin of the mother and father, such as Chinese, Japanese, Korean, Filipino, or Hawaiian.

If the informant indicates that the mother and/or father are of “mixed race,” enter all races or ancestries.

If race is unknown, type or print “unknown”.

ITEM 19 is highly related to fertility and to birth outcomes and it is used as an indicator of socioeconomic status. It is used to measure the effect of education and socioeconomic status on health, childbearing, and perinatal mortality.

ITEM 19. EDUCATION (*Highest grade completed*)

ITEM 19a. Mother _____

ITEM 19b. Father _____

- 8th grade or less
- 9th – 12th grade; no diploma
- High school graduate, or, GED completed
- Some college credit, but not a degree
- Associate degree (*e.g.*, AA, AS)

- Bachelor's degree (*e.g.*, BA, AB, BS)
- Master's degree (*e.g.*, MA, MS, MEng, Med, MSW, MBA)
- Doctorate (*e.g.*, PhD, EdD) or Professional degree (*e.g.*, MD, DDS, DVM, LLB, JD)

Enter the highest grade completed by the mother and father. Report only those years of school that were completed. A person who enrolls in college but does not complete one full year should not be identified with any college education in this item.

Count formal schooling. DO NOT include beauty, barber, trade, business, technical, or other special schools when determining the highest grade completed.

If unknown, type or print "unknown".

ITEM 20a. DATE OF FIRST PRENATAL CARE VISIT? (*Month, day, year*)

Enter the date when the mother first received care from a physician or other health professional or attended a clinic. Complete only those parts of the date that are available; leave the rest blank. Prenatal care begins when a physician or other health professional first examines and/or counsels the pregnant woman.

If no prenatal care was received, check the box for "No Prenatal Care." If Item 20c is reported as "0," this item should be completed as "No Prenatal Care." If it is not known whether the mother had prenatal care, or if she had care but the date of the last visit is not known, type or print "unknown." DO NOT leave this item blank.

ITEM 20b. DATE OF LAST PRENATAL CARE VISIT? (*Month, Day, Year*)

Enter the date when the mother last received care from a physician or other health professional, or attended a clinic. If the box for "No Prenatal Care" is checked in 20a, leave this item blank. If it is not known whether the mother had prenatal care, or if she had care but the date of the last visit is not known, type or print "unknown."

Item 20c is used to determine the relationship of prenatal care to the outcome of the pregnancy. The number of prenatal visits can be used in conjunction with month of pregnancy prenatal care began to assess the adequacy of prenatal care.

ITEM 20c. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY

Enter the number of visits made for medical supervision of the pregnancy by a physician or other health professional during the pregnancy. If no prenatal care was received, enter “0.” If Item 20a is reported as “No Prenatal Care,” this item should be completed as “0.” DO NOT leave this item blank.

If “No Prenatal Care” is entered in Item 20a and any number besides “0” is reported in Item 20c, check to determine whether or not a mistake has been made.

ITEM 21. MOTHER’S HEIGHT?

Indicate mother’s height in feet and inches. If the record includes height in fractions, such as “5 feet 6½ inches,” truncate and enter “5 feet 6 inches.” If the mother’s height is unknown, type or print “unknown.”

ITEM 22. MOTHER’S PRE-PREGNANCY WEIGHT?

Indicate mother’s pre-pregnancy weight in pounds. Record weight in whole pounds only; do not include fractions. If mother’s pre-pregnancy weight is not between 75 and 300 pounds, weight should be verified. If mother’s pre-pregnancy weight is unknown, type or print “unknown.”

ITEM 23. MOTHER’S WEIGHT AT DELIVERY? (s)

Indicate mother’s weight at delivery in pounds. Record weight in whole pounds only; do not include fractions. If mother’s weight at delivery is not between 75 and 350 pounds, weight should be verified. If the mother’s weight at delivery is unknown, type or print “unknown.”

Item 24 is trying to determine if the MOTHER was on the Women, Infants and Children (WIC) program during this pregnancy. When asking this question of the mother, make sure she knows we are asking only about herself, and not about her other children that may be enrolled with WIC.

ITEM 24. DID MOTHER GET WIC FOOD FOR HERSELF?

If mother was on the WIC program during this pregnancy, check “Yes.” If mother was not on the WIC program during this pregnancy, check “No.”

ITEM 25. NUMBER OF PREVIOUS LIVE BIRTHS (*Do not include this child.*)

When completing this item (both 25a and 25b), include all previous live-born infants. For multiple deliveries, include all live-born infants preceding delivery of this fetus. If deceased fetus is second-born in a multiple delivery, include the first-born. On the certificate or Report of Fetal Death of the second-born, this item should include information about the first-born of the plural delivery. Similarly, for the third-born, these items should include information about the first- and second-born, and so on.

ITEM 25a. Number Now Living

Enter the number of children previously born alive to this mother who are still living at the time of this delivery. Do not include children by adoption. Check “None” if mother has no children currently living.

ITEM 25b. Number Now Dead

Enter the number of children previously born alive to this mother who are no longer living. Do not include any children by adoption.

Check “None” if all previously born children are still living.

ITEM 26. NUMBER OF OTHER PREGNANCY OUTCOMES (Spontaneous or induced losses or ectopic pregnancies)

Enter the number of fetuses that were delivered dead regardless of the length of gestation. Include each recognized loss of a product of conception, such as ectopic pregnancy, miscarriage, stillbirth, and/or spontaneous or induced abortion.

Check “None” if this is the first pregnancy for this mother or if all previous pregnancies resulted in live-born infants.

Item 27 is used to evaluate the relationship between certain lifestyle factors and pregnancy outcome and to determine at what levels these factors clearly begin to affect pregnancy outcome.

ITEM 27. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY

Enter the number of cigarettes or the number of packs of cigarettes smoked per day for each time period listed. If a range is given, use the higher number. If both cigarettes and packs are given, use packs. If none, enter “0”. Account for all time periods listed on the form.

ITEM 28a. DATE OF LAST LIVE BIRTH (*Month, Year*)

Enter the date (month and year) of birth of last live-born child of the mother. Enter the full name of the month – “January,” “February,” “March,” etc. DO NOT use a number to designate the month.

If this Report of Fetal Death is for the second delivery of a twin set, enter the date of birth for the first baby of the set, if it was born alive. Similarly, for triplets or other multiple births; enter the date of birth of the previous live birth of the set. If all previously born members of a multiple set were born dead, enter the date of the mother’s last delivery that resulted in a live birth.

Enter “none” if the mother has not had a previous live birth. DO NOT leave this item blank.

ITEM 28b. DATE OF LAST OTHER PREGNANCY OUTCOME

Enter the month and year of delivery of the last other pregnancy outcome in item 26. Enter the full name of the month – January, February, March, etc. DO NOT use a number to designate the month.

ITEM 28c. DATE LAST NORMAL MENSES BEGAN (*Month, Day, Year*)

Item 28c is used in conjunction with the date of delivery to determine the length of gestation. Gestational age is related to fetal morbidity and mortality. Length of gestation is linked with the weight of the fetus to determine the maturity of the fetus.

Enter the exact date (month, day, year) of the first day of the mother’s last normal menstrual period, as obtained from the physician or hospital record. If the information is unavailable from these sources, obtain it from the mother.

Enter the full name of the month – “January,” “February,” “March,” etc. or the alpha abbreviation. DO NOT use a number to designate the month.

If the exact day is unknown, but the month and year are known, obtain an estimate of the day from the mother, her physician, or the medical record. If an estimate of the day cannot be obtained, enter month and year only.

Enter “unknown” if the date cannot be determined. DO NOT leave this item blank.

ITEM 29. PLACE WHERE THIS DELIVERY OCCURRED (*Check one.*)

- Hospital
- Freestanding birthing center
- Home Birth
Planned to deliver at home? Yes No
- Clinic/Doctor’s Office
- Other (*Specify*)

Check the box that best describes the place where the delivery occurred.

If the record indicates that this was a home delivery, query the attendant or mother to determine if the mother intended to have a home delivery. Home delivery planned (“Yyes”) and unplanned (“Nno”) cannot both be checked.

If the delivery did not occur in any of the locations indicated, check “Other” and specify where the delivery occurred. Do not leave this item blank.

ITEM 30. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY?

This item is to be completed by the facility. If “Yes”, enter the name of the facility from which mother transferred.

If the delivery did not occur in a facility, it is to be completed by the attendant or certifier and the response must be “No.”

ITEM 31. ATTENDANT'S NPI

Enter the attendant's National Provider Identification (NPI) number. If the attendant does not have an NPI number, enter "None." If the attendant does have an NPI number, but it is unknown, enter "unknown."

Item 9 identifies the person to be contacted for clarification of cause of death. Additionally, the type of attendant is used to assess the service rendered and quality of care.

ITEM 32. RISK FACTORS IN THIS PREGNANCY (*Check all that apply.*)

- Diabetes
 - Pre-Pregnancy (*Diagnosis prior to this pregnancy*)
 - Gestational (*Diagnosis in this pregnancy*)
- Hypertension
 - Pre-Pregnancy (*Chronic*)
 - Gestational (*PIH, pre-eclampsia*)
 - Eclampsia
- Previous pre-term birth
- Other previous poor pregnancy outcome (includes perinatal death, small-for gestational age/intrauterine growth restricted birth)
- Pre-Pregnancy resulted from infertility treatment – if yes, check all that apply:
 - Fertility-enhancing drugs, artificial insemination or intrauterine insemination
 - Assisted reproductive technology (*e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT)*)
- Mother had a previous Cesarean delivery
If yes, how many?
- Alcohol use during pregnancy
If yes, average number of drinks per week?
- None of the above

The eclampsia and either pre-pregnancy or gestational hypertension boxes may be checked. However, pre-pregnancy and gestational hypertension boxes cannot both be checked.

Previous pre-term births should be checked if there is a history of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation.

Other previous poor pregnancy outcomes include a history of pregnancy(ies) continuing into the 20th week of gestation (post menstrual age) and resulting in any of the listed outcomes. Perinatal deaths includes fetal and neonatal deaths.

Check each of the medical risks that the mother experienced during this pregnancy. If the mother experienced medical risks not identified in the list, check “None of the above.” Medical risks should be identified from the hospital or physician record. If there were no medical risks for this pregnancy, check “None of the above.” If no prenatal history is available, indicate “None of the above.” DO NOT leave this item blank.

ITEM 33. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (*Check all that apply.*)

- Gonorrhea
- Syphilis
- Chlamydia
- Listeria
- Group B Streptococcus
- Cytomegalovirus
- Parvovirus
- Toxoplasmosis
- None of the above
- Other (Specify)

Check appropriate boxes for infections present at the time of pregnancy diagnosis or confirmed diagnosis during the pregnancy, with or without documentation of treatment. Documentation of treatment is adequate if a definitive diagnosis is not present in the available record. If the prenatal care record is not available and the information is not available from other medical records, check “None of the above.” DO NOT leave this item blank.

Item 34 is used to relate method of delivery to birth outcome, to monitor changing trends in obstetric practice, and to determine which groups of women are most likely to have cesarean deliveries.

The method of delivery is relevant to the health of mothers, especially if it is by cesarean section. Information from this item can be used to monitor delivery trends across the United States.

ITEM 34. METHOD OF DELIVERY

- A. Fetal presentation at delivery
- Cephalic
 - Breech
 - Other
- B. Final route and method of delivery (*Check one.*)
- Vaginal/Spontaneous
 - Vaginal/Forceps
 - Vaginal/Vacuum
 - Cesarean; If Cesarean, was a trial of labor attempted? Yes
No
- C. Was delivery with forceps attempted, but unsuccessful? Yes
No
- D. Was delivery with vacuum extraction attempted, but unsuccessful?
Yes No

Check the method of delivery of the fetus. If more than one method was used, check all methods that apply to this delivery. DO NOT leave this item blank. This information should be obtained from the mother's medical chart or the attendant.

ITEM 35. MATERNAL MORBIDITY (*Check all that apply.*) (*Complications associated with labor and delivery*)

- Maternal transfusion
- Third- or fourth-degree perineal laceration
- Ruptured uterus
- Unplanned hysterectomy
- Admission to intensive care unit
- Unplanned operating room procedure following delivery

- None of the above

An unplanned operating room procedure includes any transfer of the mother back to a surgical area for an operative procedure that was not planned prior to the admission for delivery. It excludes postpartum tubal ligations.

If no condition applies, select “None of the above.” If the data are not available, select “None of the above.” DO NOT leave this item blank.

ITEM 36. METHOD OF DISPOSITION

Select the appropriate method of disposition. Response is based on wishes of the next of kin or informant. Only one method can be checked.

If “Other” is used, describe the other type of disposition.

- Burial
- Cremation
- Hospital Disposition
- Donation
- Removal from State
- Other (Specify) _____

Item 37 is the single most important characteristic associated with the viability of the fetus. It is also related to prenatal care, socioeconomic status, marital status, and other factors surrounding the delivery. Consequently, it is used with other information to plan for and evaluate the effectiveness of health care.

ITEM 37. WEIGHT OF FETUS (*grams preferred; specify unit*)

Wherever possible, weigh the fetus and report the fetal weight in grams. Report weight in pounds and ounces (lb/oz) only if weight in grams is not available. DO NOT convert weight from lb/oz to grams. Specify whether grams or lb/oz are used.

If the fetal weight is not known, type or print “unknown” in the space.

Item 38 provides information on gestational age when 28c(date last normal menses began) contains invalid or missing information. This measure is the basis for

reporting fetal deaths in this state. For a record with a plausible date that last normal menses began, this item provides a crosscheck with length of gestation based on ultrasound or other techniques.

ITEM 38. OBSTETRIC ESTIMATE OF GESTATION AT DELIVERY

Enter the length of fetal gestation as estimated by the attendant. Enter the obstetric estimate of the length of gestation in weeks. If the attendant has not done a clinical estimate of gestation, enter “None.” DO NOT compute this information from the date of mother’s last normal menses and fetus’s date of delivery. If length of gestation is unknown, enter “unknown.” DO NOT leave this item blank.

PREGNANCY HISTORY

Items 47 and 48 are used to determine total birth order, which is important in studying trends in childbearing and child spacing. They are also useful in studying health problems associated with birth order – for example, first births to older women – and determining the relationship of birth order to perinatal mortality.

In studying child spacing, the dates of last live birth and other termination are used to compute the intervals between live births and fetal deaths and between pregnancies. This information allows researchers to measure know risk factors associated with the mother’s previous pregnancies, such as prior fetal loss, short inter-pregnancy interval, and high parity.

When certificates or reports are prepared for a plural delivery, items 27 and 28 on the certificate or report of the first-delivered should not include any of the other deliveries. On the certificate or report of the second delivery, these items should include information about the first delivery of the plural delivery. Similarly, for the third delivery, these Items should include information about the first and second deliveries, and so on.

Item 39 is used to determine live birth order and total birth order, which are important in studying trends in childbearing and child spacing. They are also useful in studying health problems associated with birth order – for example, first births to older women and determining the relationship of birth order to infant and perinatal mortality.

In studying child spacing, the date(s) of last live birth(s) and termination(s) are used to compute the intervals between live births and fetal deaths and between pregnancies. This information allows researchers to measure known risk factors associated with the mother’s previous pregnancies, such as prior fetal loss, short inter-pregnancy interval, and high parity.

ITEM 39. PLURALITY - *Single, Twins, Triplets, etc.*

Specify the fetal delivery as single, twins, triplets, quadruplets, etc. “Reabsorbed” fetuses, those which are not “delivered” (expulsed or extracted from the mother) should not be counted. Include all live births and fetal deaths delivered at any point in the pregnancy regardless of gestational age. Example: if one infant is born alive and two are delivered dead, enter “triplets.”

When a plural delivery occurs, prepare and file a separate Certificate of Live Birth or Report of Fetal Death for each living child or deceased fetus, as applicable. Include all live births and fetal deaths. File Certificates of Live Birth or Reports of Fetal Death relating to the same plural delivery at the same time. However, if holding the completed certificates or reports while waiting for incomplete ones would result in late filing, the completed certificates or reports should be filed first.

If this Report of Fetal Death is for a delivery of a twin set and the first was born dead, enter the date of delivery of the deceased fetus. Similarly, for other multiple births, if any previous member of the set was born dead, enter the date of delivery of that fetus. If all previously born members of a multiple set were born alive, enter the date of the mother’s last delivery that resulted in a fetal death.

Item 40 is related to other items on the Report of Fetal Death (example.g., period of gestation and birth weight) that have important health implications. This information is also used to study twin deliveries and high-risk infants who may require additional medical attention.

ITEM 40. IF NOT SINGLE BIRTH (*Delivered First, Second, Third, etc.*)

Specify the order within the set in which the fetus being reported was delivered - first, second, etc. For multiple deliveries, type or print the order in which this fetus was delivered in the set; *e.g.*, first, second, third, etc. Count all live births and fetal deaths delivered at any point in the pregnancy.

If this is a single delivery, leave the item blank.

Item 41 is used to identify health problems that require medical care and monitor the incidence of the stated conditions. It is also used to study unusual clusters of selected anomalies, to track trends among different segments of the population, and relate the prevalence of anomalies to other characteristics of the mother, fetus, and the environment. Information on congenital anomalies of the fetus helps measure the extent to which developing fetuses experience medical problems and can be used to plan for health care needs of newborns. This item also provides a source of information on abnormal outcome in addition to congenital anomaly or fetal death. These data allows researchers to estimate the number of high-risk infants who may benefit from special medical services.

ITEM 41. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply)

- Anencephaly
- Meningomyelocele/Spina bifida
- Cyanotic congenital heart disease
- Congenital diaphragmatic hernia
- Omphalocele
- Gastroschisis
- Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- Cleft Lip with or without Cleft Palate
- Cleft Palate alone
- Down Syndrome
 - Karyotype confirmed
 - Karyotype pending
- Suspected chromosomal disorder
 - Karyotype confirmed
 - Karyotype pending
- Hypospadias
- None of the anomalies listed above

Check each condition associated with the fetus. Do not include delivery injuries. If more than one abnormal condition exists, check each condition. If an anomaly is present that is not identified in the list, check "None of the anomalies listed above." DO NOT leave this item blank. This information should be obtained from the mother's physician(s) or the medical records (obstetric and pediatric).

For “Down Syndrome” and Suspected chromosomal disorder,” if karyotype status is unknown leave both the “Karyotype confirmed” and “Karyotype pending” boxes blank.