Oregon Health Authority
Center for Health Statistics

FETAL DEATH REPORT

PARENT WORKSHEET

We recognize that this is a difficult time for you and your family. This sheet provides important information about reporting requirements and services available to you. Please complete the parent worksheet and return it to the hospital staff before you leave the hospital. **Please answer every question to the best of your knowledge.**

Requirements to report

Oregon law requires that every fetal death be reported to the Center for Health Statistics (Oregon's vital records office) if the delivery weight is 350 grams or more. If the delivery weight is not known, the hospital will report the fetal death if gestation was 20 weeks or longer. Since there are fewer than 300 fetal deaths reported each year, information from every mother is important. Each report helps us understand why fetal deaths occur and what services or programs may help prevent fetal deaths in the future.

Commemorative Certificate of Stillbirth

While the fetal death report is available to order by the parents that are listed on the report, some parents prefer the Commemorative Certificate of Stillbirth. Both documents are available only if the hospital files a fetal death report. **If you think you might want a certificate at any time in the future, you can ask the hospital to file the report even if the delivery weight is under 350 grams**.

Completing the report

Most of the information you report will not appear on the fetal death vital record or the commemorative certificate. Your information is used in combination with other fetal death reports to tell us what problems women are having during pregnancy and which health services were used. We ask about education, race, ethnicity, and place of birth of the parents because this information helps identify health disparities and determine what services are needed.

Personal and medical information gathered through fetal death reports is highly confidential. The fetal death vital record can be ordered by immediate family and their representatives only. Public health researchers might receive a data file rather than individual reports. These researchers have strict requirements for confidentiality and cannot release the information to any other person or group.

This is very important information and each question has a purpose. Please answer every question to the best of your knowledge.

Thank you for your help.

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FETAL DEATH REPORT
PARENT WORKSHEET

Please print neatly

FETUS *(Page 1 of 2)*

Fetus Name

First	Middle	Other Middle	Last	Suffix

METHOD OF DISPOSITION – Parents' selection

Disposition method: ☐ Burial ☐ Cremation ☐ Hospital disposition ☐ Donation ☐ Removal from state

☐ Hospital to release fetus to funeral home Name of Funeral facility: _____

☐ Hospital to release fetus to parents

If the facility is releasing the fetus for Final Disposition, facility must provide a disposition permit for transporting remains.

MOTHER *(PERSON WHO DELIVERED)*

Mother's Current Legal Name

First	Middle	Last	Suffix

Mother's Legal Name prior to first marriage/as it appears on your birth certificate ☐ Check if same as current Legal Name

First	Middle	Last	Suffix

Mother's Date of Birth ____/____/____ (MM DD YYYY)

Birthplace State or Canadian Province COUNTRY

MOTHER'S ADDRESS

Mother's Resident Address No. & Street City County State ZIP

Inside City Limits? ☐ Yes ☐ No

MOTHER'S ATTRIBUTES

Education: What is the highest level of education you have completed?

☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school diploma or GED
☐ Some college credit but no degree
☐ Associate's degree
☐ Bachelor's degree
☐ Master's degree
☐ Doctorate or Professional degree

Hispanic Origin (Check all that apply. Do not leave blank.)

☐ No, not Spanish/Hispanic/Latina
☐ Yes, Mexican, Mexican-American, Chicana
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Hispanic Origin (specify):_____
☐ Unknown

Race: Which one or more of the following is your race? (Check all that apply. Do not leave blank.)

☐ White
☐ Black or African American
☐ American Indian or Alaska Native (specify tribe(s))_____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (specify)_____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (specify)_____
☐ Other (specify)_____

MOTHER'S HEALTH

Did you get WIC food for yourself during pregnancy?
☐ Yes ☐ No

Height ft._____in._____ Weight (Pre-pregnancy) lbs. _____

Cigarettes Smoked Per Day ☐ Check if none

3 months before pregnancy #_____Cigarettes
1st 3 months of pregnancy #_____ Cigarettes
2nd 3 months of pregnancy #_____ Cigarettes
3rd 3 months of pregnancy #_____ Cigarettes

Did you go into labor planning to deliver at home or at freestanding birthing center (excludes hospital birthing center)?
☐ Yes ☐ No

If yes, the planned primary attendant type at onset to labor was:

☐ Traditional Midwife
☐ Naturopathic Doctor
☐ Licensed Direct Entry Midwife
☐ Certified Nurse Midwife
☐ Medical Doctor

LEGAL RELATIONSHIP OF PARENTS *(Page 2 of 2)*

Did you have a legal spouse or Oregon Registered Domestic (same-sex) Partner at conception, at delivery, or within 300 days prior to delivery? ☐ Yes ☐ **NO**

If so, were you married? ☐ Yes ☐ **NO**
If not married, were you in an Oregon Registered Domestic (same-sex) Partnership? ☐ Yes ☐ **NO**
Will father/second parent information be provided? ☐ Yes ☐ **NO**

FATHER/SECOND PARENT

Father/Second Parent's Name

First	Middle	Last	Suffix

Date of Birth ____/____/____ (MM DD YYYY)

Birthplace — State or Canadian Province — **COUNTRY**

FATHER/SECOND PARENT'S ATTRIBUTES

Education: What is the highest level of education you have completed?

- ☐ 8th grade or less
- ☐ 9th – 12th grade; no diploma
- ☐ High school diploma or GED
- ☐ Some college credit but no degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate or Professional degree

Hispanic Origin (Check all that apply. Do not leave blank.)

- ☐ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican-American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Unknown
- ☐ Yes, other Hispanic Origin (specify)_____

Race: Which one or more of the following is your race? (Check all that apply. Do not leave blank.)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (specify tribe(s))_____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (specify)_____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (specify)_____
- ☐ Other (specify)_____

PRENATAL

Date of last menses (Date of last period) ____/____/____ (MM DD YYYY)

Prenatal Care
No prenatal care ☐
or
Date of 1st visit ____/____/____ (MM DD YYYY)

Previous live births
now living _____
now deceased _____
Date of last live birth ____/____ (MM YYYY)

I certify that the information provided on this form for the purpose of registering the fetal death is correct to the best of my knowledge.

X _____ Date signed: _____
Informant's signature