**Fetal Death Report**

**FACILITY WORKSHEET**

*Only use this form to report a Fetal Death*

Do **NOT** file a fetal death report if the delivery resulted in a live birth, regardless of duration. A fetal death is indicated by the fact that after delivery, the fetus does not breathe or show any other evidence of life. If after delivery the fetus showed any evidence of life, you are required to complete **BOTH** a certificate of live birth and death. A fetal disposition permit can only be used for a fetal death. A planned induced termination of pregnancy is **NOT** a fetal death.

### Fetus

<table>
<thead>
<tr>
<th>Fetus Name</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Date of Delivery</th>
<th>Time of Delivery</th>
<th>Sex</th>
</tr>
</thead>
</table>

### Method of Disposition (Select one)

- Hospital released fetus to parents
- Hospital released fetus to funeral home (name)

### Mother's Health

**Prenatal**

- Did she get WIC food for herself during pregnancy? Yes/No
- Cigarettes Smoked Per Day
  - 3 months before pregnancy
  - 1st 3 months of pregnancy
  - 2nd 3 months of pregnancy
  - 3rd 3 months of pregnancy
- Date of Last Menses
- Previous Live Births
- Date of last live birth

**Delivery**

- Method of Delivery
- Maternal Morbidity (check all that apply)
  - Ruptured uterus
  - Admission to intensive care unit
  - None of the above
- If Cesarean, was a Trial of Labor Attempted? Yes/No
- Mother transferred for maternal or fetal indication prior to delivery Yes/No

### Fetal Attributes

- Weight of Fetus
- Obstetric Estimate of Gestation (weeks)
- Plurality (Single, Twin, Triplet, etc.)
- Delivery Order (1st, 2nd, 3rd, 4th, etc.)

### Causes/Conditions Contributing to Fetal Death

- Initiating Cause/Conditioning (enter one condition or cause only)
- Maternal Conditions/Disease (specify)
- Complications of placenta, cord or membranes:
  - Rupture of membranes
  - Prolapsed cord
  - Abruptio placenta
  - Chorioamnionitis
  - Placental insufficiency
  - Other
- Other obstetrical or pregnancy complications (specify)
- Fetal Anomaly (specify)
- Fetal Injury (specify)
- Fetal Infection (specify)
- Other fetal conditions/disorders (specify)

**Facility to obtain ID tag number from funeral home where remains released to:**

**ID TAG NUMBER**