

# FETAL DEATH

The following is a complete list of data items **reported** to the Missouri Department of Health and Senior Services during registration of a fetal death. These data elements are obtained from the 1989 revision of the Report of Fetal Death for all **fetal deaths occurring through December 31, 2010.**

Registration District No. Registrar No. Fetal Death State File Number Fetus Name ( <i>First, Middle, Last</i> ) City/Town of Delivery County Where Delivery Occurred Date of Delivery ( <i>Month, Day, Year</i> ) Sex of Fetus Place Where Delivery Occurred ( <i>Type</i> ) <i>If Residence, Planned Home Delivery (Yes/No)</i> Name of Facility of Delivery Mother Name ( <i>First, Middle, Last</i> ) Mother Maiden Surname Mother Date of Birth ( <i>Month, Day, Year</i> ) Mother Residence State Mother Resident County Mother Residence City/Town Mother Residence Zip Code Mother Residence Street and Number Mother Residence Inside City Limits ( <i>Yes/No</i> ) Mother Years at Present Address Father Name ( <i>First, Middle, Last</i> ) Father Date of Birth ( <i>Month, Day, Year</i> ) Cause(s) of Fetal Death Specify Fetal or Maternal Cause(s) Other Significant Conditions Fetus Died Before Labor or During Delivery ( <i>Specify</i> ) Attendant Name and Title/Type Attendant MO License # Name and Title of Person Completing Report Date ( <i>Month, Day, Year</i> ) Method of Disposition ( <i>Specify</i> ) Name of Cemetery or Crematory Disposition Location City/State	Date of Disposition ( <i>Month, Day, Year</i> ) Name and Complete Address of Disposition Facility Informant Registrar Signature Date Received by Local Registrar Hispanic Origin ( <i>Yes/No</i> ) – Mother <i>If yes, Specify Hispanic Origin</i> Father <i>If yes, Specify Hispanic Origin</i> Race ( <i>American Indian, Black, White, etc.</i> ) – Mother Father Education ( <i>highest grade completed</i> ) – Mother Father Mother Participated During Pregnancy – Medicaid WIC Food Stamp Program None of the above Previous Live Births – # Previous Live Births Now Living or None # Previous Live Births Now Dead or None Date of Last Live Birth ( <i>Month, Year</i> ) Other Pregnancy Outcomes – # Previous Other Pregnancy Outcomes or None Date of Last Other Pregnancy Outcome ( <i>Month, Year</i> ) Mother Married at Conception, at Birth, or any Time in Between Date Last Normal Menses ( <i>Month, Day, Year</i> ) Month of Pregnancy Prenatal Care Began Total # of Prenatal Care Visits Weight of Fetus ( <i>grams</i> ) Crown Heel Length
--	---

# FETAL DEATH

<p>Clinical Estimate of Gestation (<i>weeks</i>)</p> <p>Plurality <i>If not single birth</i>, Order Born</p> <p>Mother Transferred From Another Facility? (<i>Yes/No</i>) Mother Transferred From Facility Name</p> <p>Medical Risk Factors for this Pregnancy –</p> <ul style="list-style-type: none"> <li>Anemia</li> <li>Cardiac disease</li> <li>Acute or chronic lung disease</li> <li>Diabetes (insulin dependent)</li> <li>Diabetes (other diabetes)</li> <li>Genital herpes</li> <li>Hydramnios/Oligohydramnios</li> <li>Hemoglobinopathy</li> <li>Hypertension, chronic</li> <li>Hypertension, pregnancy-induced (pre-eclampsia)</li> <li>Eclampsia</li> <li>Incompetent cervix</li> <li>Previous infant 4000 + grams</li> <li>Previous preterm or small-for-gestational-age infant</li> <li>Renal disease</li> <li>Rh sensitization</li> <li>Uterine bleeding</li> <li>None</li> <li>Other (<i>Specify</i>)</li> </ul> <p>Other Risk Factors for this Pregnancy –</p> <ul style="list-style-type: none"> <li>Tobacco Use During Pregnancy (<i>Yes/No</i>) Average # of Cigarettes Per Day</li> <li>Alcohol Use During Pregnancy (<i>Yes/No</i>) Average # of Drinks Per Week</li> <li>Mother Height</li> <li>Mother Prepregnancy Weight</li> <li>Mother Weight Gained During Pregnancy</li> </ul> <p>Obstetric Procedures –</p> <ul style="list-style-type: none"> <li>Amniocentesis</li> <li>Electronic fetal monitoring</li> <li>Induction of labor</li> <li>Stimulation of labor</li> </ul>	<p>Obstetric Procedures (<i>Continued</i>) –</p> <ul style="list-style-type: none"> <li>Tocolysis</li> <li>Ultrasound</li> <li>Chorionic villus sampling (CVS)</li> <li>None</li> <li>Other (<i>Specify</i>)</li> </ul> <p>Complications of Labor &amp; Delivery –</p> <ul style="list-style-type: none"> <li>Febrile</li> <li>Meconium, moderate/heavy</li> <li>Premature rupture of membrane</li> <li>Abruptio placenta</li> <li>Placenta previa</li> <li>Other excessive bleeding</li> <li>Seizures during labor</li> <li>Precipitous labor (&lt;3 hours)</li> <li>Prolonged labor (&gt;20 hours)</li> <li>Dysfunctional labor</li> <li>Breech</li> <li>Other Malpresentation</li> <li>Cephalopelvic disproportion</li> <li>Cord Prolapse</li> <li>Anesthetic complications</li> <li>Fetal distress</li> <li>None</li> <li>Other (<i>Specify</i>)</li> </ul> <p>Method of Delivery –</p> <ul style="list-style-type: none"> <li>Vaginal</li> <li>Vaginal birth after previous C-Section</li> <li>Primary elective C-Section</li> <li>Primary emergency C-Section</li> <li>Repeat C-Section</li> <li>Outlet or low forceps</li> <li>Mid or high forceps</li> <li>Vacuum extraction</li> <li>Hysterotomy/hysterectomy</li> </ul> <p>Congenital Anomalies of the Newborn –</p> <ul style="list-style-type: none"> <li>Anencephalus</li> <li>Spina bifida/Meningocele</li> </ul>
--	---

# FETAL DEATH

<p>Congenital Anomalies of the Child (<i>Continued</i>) –</p> <ul style="list-style-type: none"><li>Hydrocephalus</li><li>Microcephalus</li><li>Other central nervous system anomalies (<i>Specify</i>)</li><li>Heart malformations</li><li>Other circulatory/respiratory anomalies (<i>Specify</i>)</li><li>Rectal atresia/stenosis</li><li>Tracheo-esophageal fistula/esophageal atresia</li><li>Omphalocele/Gastroschisis</li><li>Other gastrointestinal anomalies (<i>Specify</i>)</li><li>Malformed genitalia</li><li>Renal agenesis</li></ul>	<p>Congenital Anomalies of the Child (<i>Continued</i>) –</p> <ul style="list-style-type: none"><li>Other urogenital anomalies (<i>Specify</i>)</li><li>Cleft lip/palate</li><li>Polydactyly/Syndactyly/Adactyly</li><li>Club foot</li><li>Diaphragmatic hernia</li><li>Other musculoskeletal/integumental anomalies (<i>Specify</i>)</li><li>Down Syndrome</li><li>Other chromosomal anomalies (<i>Specify</i>)</li><li>None</li><li>Other (<i>Specify</i>)</li></ul>
---	--

[Fetal Deaths beginning January 1, 2011](#)