

# FETAL DEATH

## DATA ELEMENTS THROUGH DECEMBER 31, 2010

The following is a list of data items developed by the Missouri Department of Health and Senior Services (DHSS) that may be requested for administrative, statistical, or research use. Requests for these data items are reviewed for adequate justification and only the minimum necessary items will be provided. These data elements are obtained from the Report of Fetal Death for all **fetal deaths occurring through December 31, 2010.**

<p>State of Delivery</p> <p>Fetus Name (<i>First, Middle, Last</i>)</p> <p>City/Town of Delivery</p> <p>County Where Delivery Occurred</p> <p>Date of Delivery (<i>Month, Day, Year</i>)</p> <p>Sex of Fetus</p> <p>Place Where Delivery Occurred (<i>Type</i>)</p> <p style="padding-left: 20px;"><i>If Residence, Planned Home Delivery (Yes/No)</i></p> <p>Name of Facility of Delivery</p> <p>Mother Name (<i>First, Middle, Last</i>)</p> <p>Mother Maiden Surname</p> <p>Mother Date of Birth (<i>Month, Day, Year</i>)</p> <p>Mother Residence State</p> <p>Mother Resident County</p> <p>Mother Residence City/Town</p> <p>Mother Residence Street Address</p> <p>Mother Residence Zip Code</p> <p>Mother Residence Inside City Limits (<i>Yes/No</i>)</p> <p>Mother Years at Present Address</p> <p>Father Name (<i>First, Middle, Last</i>)</p> <p>Father Date of Birth (<i>Month, Day, Year</i>)</p> <p>Cause(s) of Fetal Death</p> <p>Fetus Died Before Labor or During Delivery</p> <p>Attendant Title/Type</p> <p>Mother of Hispanic Origin (<i>Yes/No</i>)</p> <p style="padding-left: 20px;">Mother Hispanic Origin (<i>Specify</i>)</p> <p>Father of Hispanic Origin (<i>Yes/No</i>)</p> <p style="padding-left: 20px;">Father Hispanic Origin (<i>Specify</i>)</p> <p>Mother Race</p> <p>Father Race</p> <p>Mother Education</p> <p>Father Education</p> <p>Mother Participated in Medicaid<sup>1</sup></p> <p>Mother Participated in WIC<sup>1</sup></p> <p>Mother Participated in Food Stamp Program<sup>1</sup></p>	<p># Previous Live Births Now Living</p> <p># Previous Live Births Now Dead</p> <p>Date of Last Live Birth (<i>Month/Year</i>)</p> <p># Previous Other Terminations</p> <p>Date of Last Other Termination (<i>Month/Year</i>)</p> <p>Mother Married at Conception, at Birth, or any Time in Between</p> <p>Date Last Normal Menses (<i>Month, Day, Year</i>)</p> <p>Month of Pregnancy Prenatal Care Began</p> <p>Total # of Prenatal Care Visits</p> <p>Weight of Fetus (<i>Grams</i>)</p> <p>Crown Heel Length</p> <p>Clinical Estimate of Gestation (<i>Weeks</i>)</p> <p>Plurality</p> <p style="padding-left: 20px;"><i>If not a single birth, Order Born</i></p> <p>Mother Transferred From Another Facility? (<i>Yes/No</i>)</p> <p style="padding-left: 20px;">Mother Transferred From Facility Name</p> <p>Medical Risk Factors –</p> <p style="padding-left: 20px;">Anemia</p> <p style="padding-left: 20px;">Cardiac disease</p> <p style="padding-left: 20px;">Acute or chronic lung disease</p> <p style="padding-left: 20px;">Diabetes (insulin dependent)</p> <p style="padding-left: 20px;">Diabetes (other diabetes)</p> <p style="padding-left: 20px;">Genital herpes</p> <p style="padding-left: 20px;">Hydramnios/Oligohydramnios</p> <p style="padding-left: 20px;">Hemoglobinopathy</p> <p style="padding-left: 20px;">Hypertension, chronic</p> <p style="padding-left: 20px;">Hypertension, pregnancy-induced (pre-eclampsia)</p> <p style="padding-left: 20px;">Eclampsia</p> <p style="padding-left: 20px;">Incompetent cervix</p> <p style="padding-left: 20px;">Previous infant 4000 + grams</p> <p style="padding-left: 20px;">Previous preterm or small-for-gestational-age infant</p> <p style="padding-left: 20px;">Renal disease</p> <p style="padding-left: 20px;">Rh sensitization</p> <p style="padding-left: 20px;">Uterine bleeding</p>
--	---

# FETAL DEATH

## DATA ELEMENTS THROUGH DECEMBER 31, 2010

<p>Other Risk Factors–</p> <ul style="list-style-type: none"> <li>Tobacco Use During Pregnancy (<i>Yes/No</i>) <ul style="list-style-type: none"> <li>Average # of Cigarettes Per Day</li> </ul> </li> <li>Alcohol Use During Pregnancy (<i>Yes/No</i>) <ul style="list-style-type: none"> <li>Average # of Drinks Per Week</li> </ul> </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> <li>Tocolysis</li> <li>Ultrasound</li> <li>Chorionic villus sampling (CVS)</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> </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 Child –</p> <ul style="list-style-type: none"> <li>Anencephalus</li> <li>Spina bifida/Meningocele</li> <li>Hydrocephalus</li> <li>Microcephalus</li> <li>Other central nervous system anomalies</li> <li>Heart malformations</li> <li>Other circulatory/respiratory anomalies</li> <li>Rectal atresia/stenosis</li> <li>Tracheo-esophageal fistula/esophageal atresia</li> <li>Omphalocele/Gastroschisis</li> <li>Other gastrointestinal anomalies</li> <li>Malformed genitalia</li> <li>Renal agenesis</li> <li>Other urogenital anomalies</li> <li>Cleft lip/palate</li> <li>Polydactyly/Syndactyly/Adactyly</li> <li>Club foot</li> <li>Diaphragmatic hernia</li> <li>Other musculoskeletal/integumental anomalies</li> <li>Down Syndrome</li> <li>Other chromosomal anomalies</li> </ul>
---	---

<sup>1</sup>Not available for identified records.

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

# FETAL DEATH

## DATA ELEMENTS THROUGH DECEMBER 31, 2010

The following is a list of additional data elements **created** by the Missouri Department of Health and Senior Services for administrative, statistical, or research use. Requests for these additional data items are reviewed for adequate justification and will be provided on a case-by-case basis.

Residence Latitude ( <i>Mother</i> )	Length of Pregnancy ( <i>Weeks</i> )
Residence Longitude ( <i>Mother</i> )	Calculated Gestational Age ( <i>Weeks</i> )
Residence Census Tract ( <i>Mother</i> )	Mother Age ( <i>Calculated</i> )
Public Services Participation Flag ( <i>Yes/No</i> )	Father Age ( <i>Calculated</i> )
Inadequate Prenatal Care ( <i>MO Index</i> )	Fetus Race