

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 2003 revision of the Report of Fetal Death for all **fetal deaths occurring on or after January 1, 2011.**

<p>Fetal Death State File Number</p> <p>Fetus Name (<i>First, Middle, Last, Suffix</i>)</p> <p>Date of Delivery (<i>Month, Day, Year</i>)</p> <p>Time of Delivery</p> <p>Sex of Fetus</p> <p>City/Town of Delivery</p> <p>Zip Code of Delivery</p> <p>County Where Delivery Occurred</p> <p>Place Where Delivery Occurred (<i>Type</i>)</p> <p style="padding-left: 20px;"><i>If Home Birth, Planned Home Delivery (Yes/No)</i></p> <p>Name of Facility of Delivery</p> <p>Facility ID (NPI)</p> <p>Mother Current Legal Name (<i>First, Middle, Last, Suffix</i>)</p> <p>Mother Date of Birth (<i>Month, Day, Year</i>)</p> <p>Mother Name Prior to 1st Marriage (<i>First, Middle, Last, Suffix</i>)</p> <p>Mother Birthplace Country</p> <p>Mother Birthplace State/Territory/Province</p> <p>Mother Residence Country</p> <p>Mother Residence State/Territory/Province</p> <p>Mother Residence County</p> <p>Mother Residence City/Town</p> <p>Mother Residence Street and Number</p> <p>Mother Residence Zip Code</p> <p>Mother Residence Inside City Limits (<i>Yes/No</i>)</p> <p>Mother Mailing Address Same as Residence (<i>Yes/No</i>)</p> <p style="padding-left: 20px;"><i>If no, Mother Mailing Address Country</i></p> <p style="padding-left: 40px;">Mother Mailing Address State/Territory/Province</p> <p style="padding-left: 40px;">Mother Mailing Address City/Town</p> <p style="padding-left: 40px;">Mother Mailing Address Street and Number</p> <p style="padding-left: 40px;">Mother Mailing Address Zip Code</p> <p>Father Current Legal Name (<i>First, Middle, Last, Suffix</i>)</p> <p>Father Date of Birth (<i>Month, Day, Year</i>)</p> <p>Father Birthplace Country</p> <p>Father Birthplace State/Territory/Province</p> <p>Attendant Name and Title/Type</p> <p>Report Completion Date (<i>Month, Day, Year</i>)</p>	<p>Name and Title/Type of Person Completing Report</p> <p>Attendant MO License #</p> <p>Attendant's NPI #</p> <p>Informant</p> <p>Method of Disposition (<i>Specify</i>)</p> <p>Name of Cemetery or Crematory</p> <p>Disposition Location City/State</p> <p>Date of Disposition (<i>Month, Day, Year</i>)</p> <p>Name and Complete Address of Disposition Facility</p> <p>Initiating Cause/Condition –</p> <p style="padding-left: 20px;">Maternal Conditions/Diseases (<i>Specify</i>)</p> <p style="padding-left: 20px;">Complications of Placenta, Cord or Membranes</p> <p style="padding-left: 40px;">Rupture of membranes prior to onset of Labor</p> <p style="padding-left: 40px;">Abruptio placenta</p> <p style="padding-left: 40px;">Placental insufficiency</p> <p style="padding-left: 40px;">Prolapsed cord</p> <p style="padding-left: 40px;">Chorioamnionitis</p> <p style="padding-left: 40px;">Other (<i>Specify</i>)</p> <p style="padding-left: 20px;">Other Obstetrical or Pregnancy Complications (<i>Specify</i>)</p> <p style="padding-left: 20px;">Fetal Anomaly (<i>Specify</i>)</p> <p style="padding-left: 20px;">Fetal Injury (<i>Specify</i>)</p> <p style="padding-left: 20px;">Fetal Infection (<i>Specify</i>)</p> <p style="padding-left: 20px;">Other Fetal Conditions/Disorders (<i>Specify</i>)</p> <p style="padding-left: 20px;">Unknown</p> <p>Other Significant Causes/Conditions –</p> <p style="padding-left: 20px;">Maternal Conditions/Diseases (<i>Specify</i>)</p> <p style="padding-left: 20px;">Complications of Placenta, Cord or Membranes</p> <p style="padding-left: 40px;">Rupture of membranes prior to onset of labor</p> <p style="padding-left: 40px;">Abruptio placenta</p> <p style="padding-left: 40px;">Placental insufficiency</p> <p style="padding-left: 40px;">Prolapsed cord</p> <p style="padding-left: 40px;">Chorioamnionitis</p> <p style="padding-left: 40px;">Other (<i>Specify</i>)</p> <p style="padding-left: 20px;">Other Obstetrical or Pregnancy Complications</p> <p style="padding-left: 20px;">Fetal Anomaly (<i>Specify</i>)</p> <p style="padding-left: 20px;">Fetal Injury (<i>Specify</i>)</p>
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<p>Other Significant Causes/Conditions <i>(Continued)</i> –</p> <p style="padding-left: 20px;">Fetal Infection <i>(Specify)</i></p> <p style="padding-left: 20px;">Other Fetal Conditions/Disorders <i>(Specify)</i></p> <p style="padding-left: 20px;">Unknown</p> <p>Registrar Signature</p> <p>Date Filed <i>(Month, Day, Year)</i></p> <p>Mother Married at Conception, at Birth, or any Time in Between</p> <p>Mother Education</p> <p>Mother Hispanic Origin <i>(No, Mexican, Puerto Rican, Cuban, Other)*</i></p> <p>Mother Race <i>(White, Black/African American, American Indian/Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian/Chamorro, Samoan, Other Pacific Islander, Other, Unknown)*</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>Date of First Prenatal Care Visit <i>(Month, Day, Year)</i></p> <p>Date of Last Prenatal Care Visit <i>(Month, Day, Year)</i></p> <p>Total # of Prenatal Care Visits</p> <p>Mother Height <i>(feet/inches)</i></p> <p>Mother Prepregnancy Weight <i>(pounds)</i></p> <p>Mother Weight at Delivery <i>(pounds)</i></p> <p>Principal Source of Payment for this Delivery</p> <p>Did Mother get WIC Food for Herself</p> <p>Mother Participated in Food Stamp Program</p> <p>Previous Live Births –</p> <p style="padding-left: 20px;"># Previous Live Births Now Living or None</p> <p style="padding-left: 20px;"># Previous Live Births Now Dead or None</p> <p style="padding-left: 20px;">Date of Last Live Birth <i>(Month, Day, Year)</i></p> <p>Other Pregnancy Outcomes –</p> <p style="padding-left: 20px;"># Previous Other Pregnancy Outcomes or None</p> <p style="padding-left: 20px;">Date of Last Other Pregnancy Outcome <i>(Month, Year)</i></p> <p>Cigarettes Smoked Before and During Pregnancy –</p> <p style="padding-left: 20px;"># of Cigarettes OR # of Packs Smoked in 3 months prior</p> <p style="padding-left: 20px;"># of Cigarettes OR # of Packs Smoked in 1st 3 months</p> <p style="padding-left: 20px;"># of Cigarettes OR # of Packs Smoked in 2nd 3 months</p> <p style="padding-left: 20px;"># of Cigarettes OR # of Packs Smoked in 3rd trimester</p> <p>Date Last Normal Menses <i>(Month, Day, Year)</i></p> <p>Obstetric Estimate of Gestation <i>(weeks)</i></p> <p>Weight of Fetus <i>(grams)</i></p>	<p>Plurality</p> <p style="padding-left: 20px;"><i>If not single birth, Order Born</i></p> <p># of Fetal Deaths in this Delivery</p> <p>Estimated Time of Fetal Death –</p> <p style="padding-left: 20px;">Dead at time of first assessment, no labor ongoing</p> <p style="padding-left: 20px;">Dead at time of first assessment, labor ongoing</p> <p style="padding-left: 20px;">Died during labor, after first assessment</p> <p style="padding-left: 20px;">Unknown time of fetal death</p> <p>Autopsy Performed <i>(Yes/No/Planned)</i></p> <p>Histological Placental Exam Performed <i>(Yes/No/Planned)</i></p> <p>Autopsy/Histological Placental Exam Results Available <i>(Yes/No)</i></p> <p>Mother Medical Record #</p> <p>Mother SSN</p> <p>Characteristics of Labor & Delivery –</p> <p style="padding-left: 20px;">Induction of Labor</p> <p>Risk Factors in this Pregnancy –</p> <p style="padding-left: 20px;">Diabetes</p> <p style="padding-left: 40px;">Prepregnancy Diabetes</p> <p style="padding-left: 40px;">Gestational Diabetes</p> <p style="padding-left: 40px;">Insulin Dependent</p> <p style="padding-left: 20px;">Hypertension</p> <p style="padding-left: 40px;">Prepregnancy</p> <p style="padding-left: 40px;">Gestational</p> <p style="padding-left: 40px;">Eclampsia</p> <p>Previous Preterm Births</p> <p>Poor Pregnancy Outcomes</p> <p>Infertility Treatment</p> <p style="padding-left: 20px;"><i>If yes, Fertility Enhancing Drugs</i></p> <p style="padding-left: 20px;"><i>If yes, Assisted Reproductive Technology</i></p> <p>Previous Cesarean</p> <p style="padding-left: 20px;"><i>If yes, # of Previous Cesareans</i></p> <p>None of the above</p> <p>Method of Delivery –</p> <p style="padding-left: 20px;">Attempted Forceps <i>(Yes/No)</i></p> <p style="padding-left: 20px;">Attempted Vacuum <i>(Yes/No)</i></p> <p>Fetal Presentation</p> <p style="padding-left: 20px;">Cephalic</p> <p style="padding-left: 20px;">Breech</p> <p style="padding-left: 20px;">Other</p>
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<p>Method of Delivery (<i>Continued</i>) –</p> <p>Route and Method of Delivery</p> <p style="padding-left: 20px;">Vaginal/Spontaneous</p> <p style="padding-left: 20px;">Vaginal/Forceps</p> <p style="padding-left: 20px;">Vaginal/Vacuum</p> <p style="padding-left: 20px;">Cesarean</p> <p style="padding-left: 40px;"><i>If cesarean, Trial of Labor Attempted (Yes/No)</i></p> <p>Hysterotomy/Hysterectomy (<i>Yes/No</i>)</p> <p>Infections Present and/or Treated During Pregnancy –</p> <p style="padding-left: 20px;">Gonorrhea</p> <p style="padding-left: 20px;">Syphilis</p> <p style="padding-left: 20px;">Chlamydia</p> <p style="padding-left: 20px;">HIV</p> <p style="padding-left: 20px;">Hepatitis C</p> <p style="padding-left: 20px;">Hepatitis B</p> <p style="padding-left: 20px;">Listeria</p> <p style="padding-left: 20px;">Group B Streptococcus</p> <p style="padding-left: 20px;">Cytomegalovirus</p> <p style="padding-left: 20px;">Parvovirus</p> <p style="padding-left: 20px;">Toxoplasmosis</p> <p style="padding-left: 20px;">None</p> <p style="padding-left: 20px;">Other (<i>Specify</i>)</p>	<p>Maternal Morbidity –</p> <p style="padding-left: 20px;">Maternal Transfusion</p> <p style="padding-left: 20px;">Perineal Laceration</p> <p style="padding-left: 20px;">Ruptured Uterus</p> <p style="padding-left: 20px;">Unplanned Hysterectomy</p> <p style="padding-left: 20px;">Admit to Intensive Care</p> <p style="padding-left: 20px;">Unplanned Operation</p> <p style="padding-left: 20px;">None of the above</p> <p>Congenital Anomalies of the Newborn –</p> <p style="padding-left: 20px;">Anencephaly</p> <p style="padding-left: 20px;">Meningomyelocele/Spina bifida</p> <p style="padding-left: 20px;">Cyanotic congenital heart disease</p> <p style="padding-left: 20px;">Congenital diaphragmatic hernia</p> <p style="padding-left: 20px;">Omphalocele</p> <p style="padding-left: 20px;">Gastroschisis</p> <p style="padding-left: 20px;">Limb reduction defect</p> <p style="padding-left: 20px;">Cleft Lip with or without Cleft Palate</p> <p style="padding-left: 20px;">Cleft Palate alone</p> <p style="padding-left: 20px;">Down Syndrome</p> <p style="padding-left: 40px;">Karyotype confirmed</p> <p style="padding-left: 40px;">Karyotype pending</p> <p style="padding-left: 20px;">Suspected chromosomal disorder</p> <p style="padding-left: 40px;">Karyotype confirmed</p> <p style="padding-left: 40px;">Karyotype pending</p> <p style="padding-left: 20px;">Hypospadias</p> <p style="padding-left: 20px;">None</p> <p style="padding-left: 20px;">Other (<i>Specify</i>)</p>
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*Multiple ethnic or race categories may be selected.

[Fetal Deaths through December 31, 2010](#)