

# FETAL DEATH

## DATA ELEMENTS BEGINNING JANUARY 1, 2011

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 on or after January 1, 2011.**

<p>State of Delivery</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>County Where Delivery Occurred</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, Suffix</i>)</p> <p>Mother Date of Birth (<i>Month, Day, Year</i>)</p> <p>Mother Maiden Name (<i>First, Middle, Surname, Suffix</i>)</p> <p>Mother Birthplace Country</p> <p>Mother Birthplace State</p> <p>Mother Residence Country</p> <p>Mother Residence State</p> <p>Mother Residence 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 Mailing Address</p> <p>Father 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</p> <p>Attendant Title/Type</p> <p>Reporter Title/Type</p> <p>Method of Disposition</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: 20px;">Other Obstetrical or Pregnancy Complications</p> <p style="padding-left: 20px;">Fetal Anomaly (<i>Specify</i>)</p>	<p>Initiating Cause/Condition (<i>continued</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>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: 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> <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>Mother Married at Conception, at Birth, or any Time in Between</p> <p>Mother Education</p> <p>Mother Hispanic Origin (<i>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*</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 &amp; Inches</i>)</p> <p>Mother Prepregnancy Weight</p> <p>Mother Weight at Delivery</p> <p>Principal Source of Payment for Delivery<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 Pregnancy Outcomes</p> <p>Date of Last Other Pregnancy Outcome (<i>Month/Year</i>)</p>
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<p># of Cigarettes Smoked in 3 months prior to Pregnancy</p> <p># of Cigarettes Smoked in 1st 3 months</p> <p># of Cigarettes Smoked in 2nd 3 months</p> <p># of Cigarettes Smoked in third 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 a single birth, Order Born</i></p> <p># of Fetal Deaths this Delivery</p> <p>Estimated Time of Fetal Death</p> <p>Autopsy Performed (<i>Yes/No</i>)</p> <p>Histological Placental Exam Performed (<i>Yes/No</i>)</p> <p>Autopsy/Histological Placental Exam Results Available (<i>Yes/No</i>)</p> <p>Characteristics of Labor &amp; Delivery –</p> <p style="padding-left: 20px;">Induction of Labor</p> <p>Risk Factors –</p> <p style="padding-left: 20px;">Pregnancy Diabetes</p> <p style="padding-left: 20px;">Gestational Diabetes</p> <p style="padding-left: 20px;">Insulin Dependent Diabetes</p> <p style="padding-left: 20px;">Pregnancy Hypertension</p> <p style="padding-left: 20px;">Gestational Hypertension</p> <p style="padding-left: 20px;">Eclampsia Hypertension</p> <p style="padding-left: 20px;">Previous Preterm Birth</p> <p style="padding-left: 20px;">Poor Pregnancy Outcomes</p> <p style="padding-left: 20px;">Infertility Treatment</p> <p style="padding-left: 40px;"><i>If yes, Infertility: Fertility Enhancing Drugs</i></p> <p style="padding-left: 40px;"><i>If yes, Infertility: Asst. Rep. Technology</i></p> <p style="padding-left: 20px;"># of Previous Cesarean Deliveries</p> <p>Method of Delivery –</p> <p style="padding-left: 20px;">Attempted Forceps</p> <p style="padding-left: 20px;">Attempted Vacuum</p> <p style="padding-left: 20px;">Fetal Presentation (<i>Cephalic, Breech, Other</i>)</p> <p style="padding-left: 20px;">Route and Method of Delivery (<i>Vaginal/Spontaneous, Vaginal/Forceps, Vaginal/Vacuum, Cesarean</i>)</p> <p style="padding-left: 20px;">Trial of Labor Attempted</p> <p style="padding-left: 20px;">Hysterotomy/Hysterectomy</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<sup>1</sup></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>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>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: 20px;">Suspected Chromosomal disorder</p> <p style="padding-left: 20px;">Hypospadias</p>
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\*Multiple ethnic or race categories may be selected.

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

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

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