

Guide for Completing Iowa's Certificate of Fetal Death

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INTRODUCTION

Description This guidebook was developed to provide instructions for completing the Certificate of Fetal Death.

These guidelines are a combination of national standards as published by the National Center for Health Statistics (NCHS), a division of the Center for Disease Control and Prevention, and Iowa Code and regulations. Iowa's 2017 revision of the Certificate of Fetal Death is a reflection of the national standard developed by NCHS, as required by Iowa Code section 144.12 Forms Uniform.

For U.S. Standards, see www.cdc.gov/nchs/nvss/vital_certificate_revisions.

Legal Filing Pursuant to Iowa Code section 144.29, “a fetal death certificate for each fetal death which occurs in this state after a gestation period of twenty completed weeks or greater, or for a fetus with a weight of three hundred fifty grams or more, shall be filed as directed by the state registrar within three days after delivery and prior to final disposition of the fetus. The certificate shall be registered if it has been completed and filed in accordance with this chapter [Iowa Code 144].”

“The county in which a dead fetus is found is the county of death. The certificate shall be filed within three days after the fetus is found. If a fetal death occurs in a moving conveyance, the county in which the fetus was first removed from the conveyance is the county of death.”

Statistics The Certificate of Fetal Death provides valuable health and research data. The information is used to study the causes of poor pregnancy outcome. These data are also essential in planning and evaluating prenatal care services and obstetrical programs. They are also used to examine the consequences of possible environmental and occupational exposures of parents on the fetus.

Definitions For the purposes of the Certificate of Fetal Death, the following definitions shall apply:

- ❖ “*Fetal Death*” means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy. Death is indicated by the fact that after expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. In determining a fetal death, heartbeats shall be distinguished from transient cardiac contractions, and respirations shall be distinguished from fleeting respiratory efforts or gasps. (Iowa Code section 144.1(7)) Also known as “*stillborn*.”
- ❖ “*Filing*” means the presentation of a certificate, report, or other record “. . . of a fetal death for registration . . .” [i.e., *presented* for registration] (Iowa Code section 144.1(8))
- ❖ “*Final Disposition*” means the burial, interment, cremation, removal from the state, or other disposition of a dead body or fetus.” (Iowa Code section 144.1(9))

Introduction – Definitions (Continued)

- ❖ “*Registration*” means the process by which vital statistics records are completed, filed, and incorporated by the division in the division’s official records.” [i.e., *accepted*] (Iowa Code section 144.1(12))
- ❖ “*Viability*” is that stage of fetal development when the life of the unborn child may be continued indefinitely outside the womb by natural or artificial life support systems. The time when viability is achieved may vary with each pregnancy, and the determination of whether a particular fetus is viable is a matter of responsible medical judgment. (Iowa Code section 702.20)

Instructions Certificates of Death shall be prepared as permanent durable records according to the following guidelines.

- ❖ Use only the current form prescribed by the State Registrar of Iowa (144.12).
- ❖ A form generated by a funeral director’s computer program shall be pre-approved by the State registrar and produced on paper specified by the State registrar.
- ❖ Use the 2017 form for fetal deaths occurring within the State of Iowa on or after July 1, 2017.
- ❖ Complete or have completed each item, following the specific instructions for that item.
- ❖ Where signatures are required, obtain only original signatures; rubber stamps or other facsimile signatures are not acceptable
- ❖ Type all entries that do not require an original signature. Use a computer printer with high resolution or a typewriter with a good black ribbon and clean keys. Use a type size large enough to be legible after the form has been reduced to fit onto certified security paper, yet small enough to fit the space provided.
- ❖ Avoid using abbreviations except those recommended in the specific item instructions.
- ❖ Avoid alterations, erasures, strikethroughs, and whiteout.
- ❖ Do not provide photocopies of the Certificate of Fetal Death to any other person or entity.

“No person shall prepare or issue any certificate which purports to be an original, certified copy, or copy of a certificate of birth, death, fetal death, or marriage except as authorized by this chapter.” (Iowa Code 144.45)
- ❖ Ensure that a medical examiner has been notified and has conducted an inquiry for any “non-natural,” direct or indirect, cause of death. Fetal deaths that fall within their jurisdiction include any fetal death that was the result of an accident, suicide, or homicide, or the mother delivered the fetus without medical attendance.
- ❖ Certificates of Fetal Death shall be filed within three days after the fetal death and prior to final disposition (144.29).

Introduction – Instructions (Continued)

- ❖ If the attending physician or medical examiner is unable to complete the medical certification of cause of death, or if the funeral director (or person acting as such) is unable to obtain the personal information about the deceased within the statutory time-period, the Certificate of Fetal Death may be completed with all the information that is available.
 - ♦ A Certificate of Fetal Death filed in this manner shall be authority for the County Registrar to issue a burial-transit permit.
 - ♦ Within 15 days, a supplemental report shall be filed with the State vital records registrar to provide the missing data.
- ❖ An alternate physician, who relieves the attending physician while on vacation or is otherwise unavailable, may certify to the cause of death in any case where the associate physician has access to the medical history of the case, provided that the associate physician views the deceased at or after death occurs and the death is from ***natural*** causes (i.e., not in the jurisdiction of the medical examiner).
- ❖ Review the certificate for completeness and accuracy before filing the original record for registration with the state registrar in the county of death. The state registrar shall only register records for fetal deaths that occurred in Iowa and that have been completed and filed in accordance with vital records Code 144 (144.29).
 - ♦ Unless otherwise directed by the State registrar, a Certificate of Fetal Death shall **not** be accepted for registration that:
 - a. Does not have the names typed or printed legibly in the spaces provided for positive identification purposes;
 - b. Does not supply all items of information required or satisfactorily accounts for their omission;
 - c. Contains alterations, erasures, strikethroughs, or white-out that would make the certificate look altered or would affect the archivability of the paper;
 - d. Does not contain genuine signatures;
 - e. Is marked “copy” or “duplicate” or is a carbon or photo copy of the original form;
 - f. Is prepared on an improper form, on paper with improper specifications, or a reproduction of the original form;
 - g. Contains obviously improper or inconsistent data; or
 - h. Is not prepared in conformity with instructions issued by the State registrar.
- ❖ Refer problems not covered in these instructions to the State office of vital records.

LEGAL RESPONSIBILITIES

Iowa Code section 144.29 Fetal Deaths.

A fetal death certificate for each fetal death which occurs in this state after a gestation period of twenty completed weeks or greater, or for a fetus with a weight of three hundred fifty grams or more, shall be filed as directed by the state registrar within three days after delivery and prior to final disposition of the fetus. The certificate shall be registered if it has been completed and filed in accordance with this chapter [Iowa Code 144].

The county in which a dead fetus is found is the county of death. The certificate shall be filed within three days after the fetus is found. If a fetal death occurs in a moving conveyance, the county in which the fetus was first removed from the conveyance is the county of death.

Iowa Code section 144.30 Funeral Director's Duty—Fetal Death Certificate.

The funeral director who first assumes custody of a fetus shall file the fetal death certificate. In the absence of such a person, the physician or other person in attendance at or after the delivery shall file the certificate of fetal death. The person filing the certificate shall obtain the personal data from the next of kin or the best-qualified person or source available and shall obtain the medical certification of cause of death from the person responsible for completing the certification. When a person other than a funeral director assumes custody of a fetus, the person shall be responsible for carrying out the provisions of this section.

Iowa Code section 144.31 Medical Certification—Fetal Death.

The medical certification shall be completed within twenty-four hours after delivery by the physician in attendance at or after delivery except when inquiry is required by the county medical examiner.

When a fetal death occurs without medical attendance upon the mother at or after delivery or when inquiry is required by the county medical examiner, the medical examiner shall investigate the cause of fetal death and shall complete the medical certification within twenty-four hours after taking charge of the case. The person completing the medical certification of cause of fetal death shall attest to its accuracy either by signature or as authorized by rule.

Iowa Code section 144.32 Burial-Transit Permit.

If a person other than a funeral director, medical examiner, or emergency medical service assumes custody of a dead body or fetus, the person shall secure a burial-transit permit. To be valid, the burial-transit permit must be issued by the county medical examiner, funeral director, or the county registrar of the county where the certificate of death or fetal death was filed. The permit shall be obtained prior to the removal of the body or fetus from the place of death and the permit shall accompany the body or fetus to the place of final disposition.

To transfer a dead body or fetus outside of this state, the funeral director who first assumes custody of the dead body or fetus shall obtain a burial-transit permit prior to the transfer. The permit shall accompany the dead body or fetus to the place of final disposition.

A dead body or fetus brought into this state for final disposition shall be accompanied by a burial-transit permit under the law of the state in which the death occurred.

A burial-transit permit shall not be issued to a person other than a funeral director when the cause of death is or is suspected to be a communicable disease as defined by rule of the department.

Iowa Code section 144.33 Bodies Brought into State.

A burial-transit permit issued under the law of another state which accompanies a dead body or fetus brought into this state shall be authority for final disposition of the body or fetus in this state.

Iowa Code section 144.34 Disinterment—Permit.

Disinterment of a dead body or fetus shall be allowed for the purpose of autopsy or reburial only, and then only if accomplished by a funeral director. A permit for such disinterment and, thereafter, re-interment shall be issued by the state registrar according to rules adopted pursuant to chapter 17A or when ordered by the district court of the county in which such body is buried. The state registrar, without a court order, shall not issue a permit without the consent of the authorized to control the Fetus's remains under section 144C.5. Disinterment for the purpose of reburial may be allowed by court order only upon showing of substantial benefit to the public. Disinterment for the purpose of autopsy or reburial by court order shall be allowed only when reasonable cause is shown that someone is criminally or civilly responsible for such death, after hearing, upon reasonable notice prescribed by the court to the person authorized to control the Fetus's remains under section 144C.5. Due consideration shall be given to the public health, the dead, and the feelings of relatives.

Iowa Code section 144.35 Extensions of Time by Rules.

The department may, by regulation and upon such conditions as it may prescribe to assure compliance with the purposes of this chapter, provide for extension of the periods prescribed in sections 144.26, 144.28, 144.29, and 144.31, for filing of death certificates, fetal death certificates, and medical certifications of cause of death in cases in which compliance with the applicable prescribed period would result in undue hardship.

Iowa Code section 144.47 Persons Confined in Institutions.

Every person in charge of an institution shall keep a record of personal particulars and data concerning each person admitted or confined to the institution. This record shall include information required by the standard certificate of birth, death, and fetal death forms issued under the provisions of this chapter. The record shall be made at the time of admission from information provided by such person, but when it cannot be so obtained, the same shall be obtained from relatives or other person acquainted with the facts. The name and address of the person providing the information shall be a part of the record.

Iowa Code section Institutional Dead Persons.

When a dead human body is released or disposed of by an institution, the person in charge of the institution shall keep a record showing the name of the deceased, date of death, name and address of the person to whom the body is released, date of removal from the institution, or if finally disposed of by the institution, the date, place, and manner of disposition shall be recorded.

Iowa Code section 144.49 Additional Record by Funeral Director.

A funeral director or other person who removed from the place of death or transports or finally disposes of a dead body or fetus, in addition to filing any certificate or other form required by this chapter, shall keep a record which shall identify the body, and information pertaining to the funeral director's or other person's receipt, removal, and delivery of the body as prescribed by the department.

Iowa Code section 144.50 Length of time Records to be Kept.

Records maintained under sections 144.47 to 144.49 shall be retained for a period of not less than ten years and shall be made available for inspection by the state registrar or the state registrar's representative upon demand.

Iowa Code section 144.51 Information by Others Furnished on Demand.

Any person having knowledge of the facts shall furnish information the person possesses regarding any birth, death, fetal death, adoption, marriage, dissolution, or annulment, upon demand of the state registrar or the state registrar's representative.

Iowa Code section 144.52 Unlawful Acts—Punishment.

Any person committing any of the following acts is guilty of a serious misdemeanor:

1. Willfully and knowingly makes any false statement in a report, record, or certificate required to be filed under this chapter, or in an application for an amendment thereof, or willfully and knowingly supplies false information intending that such information be used in the preparation of any such report, record, or certificate, or amendment thereof.
2. Without lawful authority and with the intent to deceive, makes, alters, amends, or mutilates any report, record, or certificate required to be filed under this chapter or a certified copy of such report, record, or certificate.
3. Willfully and knowingly uses or attempts to use or furnish to another for use for any purpose of deception, any certificate, record, report, or certified copy thereof so made, altered, amended, or mutilated.
4. Willfully, with the intent to deceive, uses or attempts to use any certificate of birth or certified copy of a record of birth knowing that such certificate or certified copy was issued upon a record which is false in whole or in part or which relates to the birth of another person.
5. Willfully and knowingly furnishes a certificate of birth or certified copy of a record of birth with the intention that it be used by a person other than the person whose birth the record relates.
6. Disinterring a body in violation of section 144.34.
7. Knowingly violates a provision of section 144.29A.

Iowa Code section 144.53 Misdemeanors.

Any person committing any of the following acts is guilty of a simple misdemeanor:

1. Knowingly transports or accepts for transportation, interment, or other disposition a dead body without an accompanying permit as provided in this chapter.
2. Refused to provide information required by this chapter.
3. Willfully violates any of the provisions of this chapter or refuses to perform any of the duties imposed upon the person by this chapter.

Iowa Code section 144.56 Autopsy.

1. An autopsy or post-mortem examination may be performed upon the body of a deceased person by a physician whenever the written consent to the examination or autopsy has been obtained from the person authorized to control the deceased person's remains under section 144C.5.
2. This section does not apply to any death investigated under the authority of sections 331.802 to 331.804.

ASSUMING CUSTODY

Description The funeral director who first assumes custody of a fetus shall file the fetal death certificate. In the absence of such a person, the physician or other person in attendance at or after the delivery shall file the certificate of fetal death. The person filing the certificate shall obtain the personal data from the next of kin or the best-qualified person or source available and shall obtain the medical certification of cause of death from the person responsible for completing the certification. When a person other than a funeral director assumes custody of a fetus, the person shall be responsible for carrying out the provisions of this section. (Iowa Code section 144.30).

Instructions Before assuming custody of the fetus contact the attending physician and receive assurance that the death is from natural causes and that the physician will assume responsibility for certifying to the cause of death.

If the case is within the jurisdiction of the medical examiner, contact the medical examiner and receive authorization to remove the fetus.

- ❖ *If a person other than a funeral director, medical examiner, or emergency medical service* assumes custody of the fetus, that person shall secure a burial-transit permit before assuming custody of a fetus. To be valid, the burial-transit permit shall be issued by the county medical examiner, a funeral director, or the County Registrar of the county of delivery where the completed certificate is being presented for filing. (144.32)
 - ♦ The Certificate of Fetal Death shall be presented for filing prior to the issuance of the burial-transit permit.
- ❖ A burial-transit permit shall be obtained prior to the removal of the fetus from the place of delivery and shall accompany the fetus to the place of final disposition. (144.32)
- ❖ A burial-transit permit shall not be issued to a person other than a licensed funeral director when the cause of fetal death is or is suspected to be by a communicable disease. (144.32)

Transferring a Body Out-of-State

- ❖ To transfer a dead fetus outside of Iowa, the funeral director who first assumes custody of the fetus shall obtain a burial-transit permit prior to the transfer. The permit shall accompany the body to the place of final disposition. (144.32)
- ❖ Similarly, a dead fetus brought into Iowa for final disposition shall be accompanied by a burial-transit permit under the law of the state in which the delivery occurred and shall be the authority for final disposition of the fetus in Iowa. (144.32, 144.33)

Transportation of a Body

- ❖ A dead human fetus shall be transported only after enclosure in a container for transfer that will control odor and prevent leakage of fluids, unless the fetus has been embalmed, or is being transported by a licensed funeral director, emergency medical service, or medical examiner.
- ❖ The transport of a dead fetus shall be in a manner that, applying community standards with respect to what is suitable, is respectful of the dead, the feelings of relatives, and the sensibilities of the community.

FETUS INFORMATION

Description The Certificate of Fetal Death is not registered at the local county registrar in the county of delivery, and, therefore, not open for public viewing and inspection. Data on the Certificate of Fetal Death is de-identified for research purposes and is not released to unauthorized individuals, agencies or entities.

Sources The funeral director, or person acting as such, shall obtain the personal information from the next of kin or the best-qualified person or source available. ***

In most cases, the best-qualified person to obtain the personal information is a parent. If the delivery occurred in a hospital, the mother may have also completed a patient's worksheet that can be made available to the funeral director and be used to complete the personal information on the Certificate of Fetal Death.

*** For the Certificate of Fetal Death, the hospital where the delivery occurred may communicate with the funeral director, and may initiate the certificate by gathering the information from the parent, completing the medical certification and other data, then forwarding the certificate to the funeral director to complete the disposition information.

Instructions Obtain the personal information.

- ❖ Verify the spellings of names, especially those that have different spellings for the same sound (e.g., Smith or Smyth, Gail or Gayle or Gale, etc.).
- ❖ Verify the information with hospital records, if necessary.
- ❖ Verify the parent's residence information.

NAME OF FETUS

1

Description The name fields include a first given name; middle given name, if any; last name (surname); and generational suffix, if any.

Instructions Enter the full name given to the fetus. If the parents chose not to name the fetus, leave the first and middle name fields blank. However, a surname (last name) is required to be acceptable for registration of the report and should be entered under the Last name heading.

- ❖ If a name such as “Baby Boy Jones” is obtained from medical records, check with the parents or other informant to see if the child had a given name. If not, leave the first and middle name fields blank – i.e., do not enter Baby Boy or Baby Girl as a name.
- ❖ Use the most common spelling if there appears to be more than one spelling of any name provided and the correct spelling cannot be verified.
- ❖ Use only English alphabetic characters and punctuation marks.
- ❖ Do not abbreviate.
- ❖ Use upper and lowercase letters, with sufficient spacing between names to distinguish between the first, middle, and surname(s).
- ❖ If the informant indicates multiple first or middle names, such as “Mary Jo Ann”, verify that “Jo” is part of the first name and is not a middle name.
- ❖ If more than one surname is given separated by a hyphen, enter exactly as given with the hyphen. If there is more than one last name and no hyphen, enter the two names with a space between.
- ❖ If the surname has a space or apostrophe following prefixes, such as McCall or O’Brien, enter as given with the space or apostrophe.
- ❖ If the fetus is a foundling, contact the state vital records office to determine the name to be entered on the record.
- ❖ Do not leave the Last name field unanswered.

Generational Suffixes:

- ❖ Standard generational titles (suffixes) traditionally appear after the surname and distinguish a child from his or her parent of the same name and vice versa. Traditional generational suffixes are: Jr., Sr., I, II, III, IV, and so forth, using capital letters for the Roman numerals.

Initials:

- ❖ If the parents indicate that the fetus is to have only a first initial, such as “E. Charles Jones,” enter the E followed by a period.
- ❖ If the parents indicate two initials and a last name, such as “H.S. Green,” determine if these are a first and middle initial, or two first initials with no middle name or initial. Enter the initials in the appropriate spaces followed by a period.

SEX OF FETUS

2

Description The sex of the fetus.

Purpose..... The sex of the fetus is used to measure fetal and perinatal mortality by sex. It helps identify differences in the impact of environmental and biological factors between the sexes.

Instructions Enter either Male or Female based on observation or verification with medical records.

- ❖ If the sex cannot be determined after verification with medical records, inspection of the body, or other sources, enter “Not Determined.”
- ❖ Do not abbreviate or use other symbols.
- ❖ Do not leave unanswered.

DELIVERY

Description This section identifies the date, time, and place of delivery where the event occurred. In addition it identifies the title of the attendant.

Purpose The name of the hospital (*or the street address if not a hospital*), the city of birth, and the county of birth will appear on the legal portion of the Certificate of Fetal Death. Also used for confidential statistical data to analyze the number and characteristics of births by type of facility to help determine the level of utilization and characteristics of these types of events. Helps ensure integrity of the evidence for the event and helps prove the event occurred in the State of Iowa, as required by law.

DATE OF DELIVERY

3

Description The date the fetus was delivered is used in conjunction with the date last normal menses began to calculate length of gestation, which is an essential element in the study of low-birth weight deliveries.

Purpose This information is used in conjunction with the date last normal menses began to calculate length of gestation, which is an essential element in the study of low-birthweight deliveries.

Instructions Enter the exact month, day, and 4-digit year that the fetus was delivered.

- ❖ Enter the full name of the month – January, February, March, etc. Do not use a number or abbreviation to designate the month.
- ❖ A delivery at midnight is considered a delivery occurring at the beginning of the day rather than the end of the previous day.
- ❖ If the fetus is a foundling, enter the date the fetus was found as the date of delivery.
- ❖ Do not leave unanswered.

TIME OF DELIVERY

4

Description The hour and minute of the delivery using a 24-hour clock.

Purpose The time of delivery documents the exact time for legal uses such as order of delivery in plural deliveries.

Instructions Enter the hour and minute of delivery using a 24-hour clock.

- ❖ If the time of delivery is not known, enter the word Unknown in the space.
- ❖ The new day begins at 0000 (midnight) and ends at 2359.
- ❖ If the fetus is a foundling, enter the time the fetus was found as the time of delivery.
- ❖ Do not leave unanswered.

Description The title of the individual physically present at the delivery who was responsible for the delivery.

Instructions Select the option that best describes the profession of the attendant or their relationship to the fetus.

- ❖ Select “☒ M.D.” if the attendant is licensed in Iowa as a doctor of medicine.
- ❖ Select “☒ D.O.” if the attendant is licensed in Iowa as a doctor of osteopathy.
- ❖ Select “☒ CNM/ARNP” if the attendant is licensed with the Iowa Board of Nursing as a certified nurse midwife.
- ❖ Select “☒ Other Midwife” if the attendant is other than a certified nurse midwife.
- ❖ Select “☒ Other” if the attendant does not meet any of the above categories. Also, specify their relationship to the fetus.

Examples: Nurse, Second parent, Mother, Police Officer, EMS technician, EMT, Grandmother, and so forth.

- ❖ Do not leave unanswered.

PLACE OF DELIVERY

6

Description The type of place where the delivery occurred.

Purpose The place of delivery is used to study relationships of hospitals and non-hospital pregnancy terminations. It may also be used to produce statistical data by specific facility. Information on place of delivery, together with residence information, provides data to evaluate the utilization and distribution of health services.

Instructions Select the place that best describes where delivery occurred. Do not leave unanswered.

If the delivery occurred in or on a moving conveyance, select the option that best describes where the fetus was first removed from the conveyance in Iowa.

☐ Hospital or En Route to Hospital

- ❖ Select Hospital or En Route to Hospital if the delivery occurred at a hospital, or in a moving conveyance and the fetus was first removed from the moving conveyance upon arrival at a hospital.

☐ Freestanding Birthing Center

- ❖ A “Freestanding Birthing Center” has no direct physical connection with an operative delivery center.

☐ Residence: Was this a planned “home” delivery? ☐ Yes ☐ No ☐ Unknown

- ❖ If Residence is selected, also indicate if a home delivery was planned.
- ❖ “Residence” or “Home Birth” indicates that the delivery occurred at a private residence.

☐ Clinic/Doctor’s Office

☐ Other (Specify) _____

- ❖ If Other is selected, also specify where the delivery occurred. If the type of place is not known, select Other and enter the word Unknown in the specify field.
- ❖ If the fetus is a foundling, select Other and enter the word Foundling in the specify field.

FACILITY NAME

7A

Description The name of the facility where the delivery took place.

Instructions Enter the name of the hospital or freestanding birthing center where the delivery occurred.

- ❖ If the delivery did not occur in a hospital or freestanding birthing center, enter the street and number of the place where the fetal death occurred.
- ❖ If the fetal death occurred en route, that is, in a moving conveyance, enter where the fetus was first removed from the conveyance in Iowa.
- ❖ If the fetus is a foundling, enter the name of the facility, if a hospital, or the street and number of the location where the fetus was found.
- ❖ Do not abbreviate.
- ❖ Do not leave unanswered.

CITY, TOWN OR LOCATION

7B

Description The city, town or location of delivery.

Instructions Enter the name of the city, town or location where the fetal death occurred.

- ❖ Do not abbreviate.
- ❖ If the fetal death occurred en route, that is, in a moving conveyance, enter where the fetus was first removed from the conveyance in Iowa.
- ❖ If the fetus was found in Iowa, enter the location where the fetus was found.
- ❖ Do not leave unanswered.

PARENT 1

Description This section identifies the birth mother's information, which helps ensure integrity of the fetal death certificate by identifying the birth mother's legal name, birth date, marital status, birthplace, and residence.

MOTHER'S CURRENT LEGAL NAME

8A

Description The mother's full legal name at the time of the delivery.

Purpose The mother's name is important in identifying the record.

Instructions Enter the first, middle, and last (surname) name of the mother at the time of the delivery.

- ❖ This is the mother's current legal name.
- ❖ Use the most common spelling if there appears to be more than one spelling of any name provided and the correct spelling cannot be verified.
- ❖ Do not abbreviate any part of the name except for the generational suffix.
- ❖ If there is only an initial as her first or middle name, enter just the initial followed by a period.
- ❖ Use upper and lowercase letters, with sufficient spacing between names to distinguish between the first, middle, and surname(s).
- ❖ If the mother indicates multiple first or middle names, such as "Mary Jo Ann," verify that "Jo" is part of the first name and is not a middle name.
- ❖ If more than one surname is given separated by a hyphen, enter exactly as given with the hyphen. If there is more than one last name and no hyphen, enter the two names with a space between.
- ❖ If the surname has a space or apostrophe following prefixes, such as McCall or O'Brien, enter as given with the space or apostrophe.
- ❖ Use English alphabetic characters and punctuation marks.
- ❖ If there is a professional or courtesy title preceding the name, such as Dr. or Mrs., do not enter the title in any of the name fields or as the suffix.
- ❖ If there is an academic title following the name, such as PhD or M.D., do not enter the title in any of the name fields or as the suffix.
- ❖ If the fetus is a foundling, enter "Unknown" if the mother's name cannot be determined from a reliable source.
- ❖ Do not leave unanswered.

Generational Suffixes:

- ❖ Standard generational titles (suffixes) traditionally appear after the surname and distinguish a child from his or her parent of the same name and vice versa. Traditional generational suffixes are: Jr., Sr., I, II, III, IV, and so forth, using capital letters for the Roman numerals. Do not enter any initials, titles, nicknames, professional degrees, or surnames in the suffix field.

MOTHER'S DATE OF BIRTH

8B

Description The birthdate of the mother who delivered the fetus.

Purpose The mother's date of birth is used to calculate the age of the mother at the time of the delivery. It is one of the most important factors in the study of childbearing and pregnancy outcome. For example, it is used to study the association between congenital anomalies and children of older parents.

Instructions Enter the exact month, day, and 4-digit year that the mother was born.

- ❖ Enter the full name of the month – January, February, March, etc. Do not use a number or abbreviation to designate the month.
- ❖ If the mother's date of birth is unknown, enter the word Unknown. If part of the date is unknown, enter the known parts and leave the remaining parts blank. However, records no date or a partial date will be queried back to the person responsible for filing the certificate of fetal death.
- ❖ If the mother's calculated age is less than 8 or more than 65 the record will be queried back to the person responsible for filing the certificate of fetal death.
- ❖ Do not leave unanswered.

MOTHER'S NAME PRIOR TO ANY MARRIAGE

8C

Description The full maiden name of mother who delivered the fetus.

Purpose This item aides in identification of the record. The mother's name prior to any first marriage (i.e., maiden surname) is important for matching the record with other records because it remains constant throughout a lifetime in contrast with other names that may change because of marriage or divorce.

Instructions Enter the first, middle (if any), and last name of the mother that she used prior to any first marriage.

- ❖ Commonly known as the "maiden name."
- ❖ This is the name given at birth or adoption and appears on their birth certificate, not a name acquired by marriage.
- ❖ Use the same general instructions as for entering the mother's current legal name.
- ❖ Do not leave unanswered.

MOTHER'S BIRTHPLACE

8D

Description The U.S. state or territory or foreign country where the mother was born.

Purpose This item is useful in obtaining information on recent immigration groups. This item is also useful in studying the differences in childbearing patterns and differences of U.S.-born and foreign-born women.

Instructions Enter the place where the mother was born – the U.S. state or territory, Canada and the Canadian Province, or foreign county.

- ❖ Do not abbreviate.
- ❖ The United States includes the 50 states and the District of Columbia (DC).
 - ◆ Enter “District of Columbia,” not Washington, D.C.
 - ◆ U.S. Territories include:
 1. American Samoa
 2. Northern Marianas
 3. Puerto Rico
 4. Virgin Islands
 5. Guam
 - ◆ If the mother was born in the United States but the state is unknown, enter “U.S.—unknown.”
- ❖ If the mother was born somewhere other than in the United States or a U.S. Territory, enter the name of the foreign country of birth.
 - ◆ If the mother was born in Canada, enter “Canada” followed by a slash (/) and the name of the province. Do not abbreviate.
 - ◆ Canadian provinces include:
 1. Alberta
 2. British Columbia
 3. Great NW Territory
 4. Manitoba
 5. New Brunswick
 6. Newfoundland
 7. Nova Scotia
 8. Nunavut Territory
 9. Ontario
 10. Prince Ed Islands
 11. Quebec
 12. Saskatchewan
 13. Yukon Territory
 - ◆ If the mother was born in a foreign country but the country is unknown, enter “Foreign—Unknown.”
- ❖ If the fetus was a foundling and no information is available regarding the mother's place of birth, enter the word “Unknown.”
- ❖ Do not leave unanswered.

MOTHER'S RESIDENCE

9

Description The mother's residence is the place where her household is physically located.

Purpose Statistics on fetal deaths are tabulated by place of residence of the mother. These data are used in planning for and evaluating community services and facilities, including maternal health programs.

Instructions Enter the mother's residence at the time of the fetal death occurrence.

- ❖ The State, County, city, and street address should be for the place where the mother actually lived at the time the fetus was delivered.
- ❖ The place of residence may not necessarily be the same as the mother's home State, voting residence, mailing address, or legal residence.
- ❖ Place of residence is not a post office box.
- ❖ Place of residence is not a temporary residence, such as one used during a visit, business trip, or vacation. Residence for a short time at the home of a relative or friend is considered temporary and should not be entered here.
- ❖ Place of residence during a tour of military duty or during attendance at college is not considered temporary, however, and should be entered on the report as the mother's place of residence.
- ❖ If the mother had been living in a facility where an individual usually resides for a long period of time, enter the facility as her place of residence. These include:
 - ♦ group home,
 - ♦ mental institution,
 - ♦ nursing home,
 - ♦ penitentiary,
 - ♦ hospital for the chronically ill,
 - ♦ long-term care facility,
 - ♦ congregate care facility,
 - ♦ foster home, or
 - ♦ board and care home.
- ❖ If the fetus was a foundling and no information is available regarding the mother's residence, enter the word "Unknown" in the fields.
- ❖ Do not leave unanswered.

RESIDENCE – STATE

9A

Instructions Enter the name of the U.S. State or U.S. Territory where the mother lived at the time.
Enter only the name of the state or territory – i.e., do not follow up with “U.S.”

- ❖ The State of residence may differ from the mailing address.
- ❖ Spell out the name of the state or territory. Do not abbreviate.
- ❖ The United States includes the 50 states and the District of Columbia (DC).
 - ♦ Enter “District of Columbia,” not Washington, D.C.
 - ♦ U.S. Territories include:
 1. American Samoa
 2. Northern Marianas
 3. Puerto Rico
 4. Virgin Islands
 5. Guam
 - ♦ If the mother’s residence is in the United States but the state is unknown, enter “U.S.—unknown.”
- ❖ If the mother’s residence is somewhere other than in the United States or a U.S. Territory, enter the name of the foreign country instead of the State.
 - ♦ If the mother resides in Canada, enter “Canada” followed by a slash (/) and the name of the province. Do not abbreviate.
 - ♦ Canadian provinces include:
 1. Alberta
 2. British Columbia
 3. Great NW Territory
 4. Manitoba
 5. New Brunswick
 6. Newfoundland
 7. Nova Scotia
 8. Nunavut Territory
 9. Ontario
 10. Prince Ed Islands
 11. Quebec
 12. Saskatchewan
 13. Yukon Territory
 - ♦ If the mother resided in a foreign country but the country is unknown, enter “Foreign—Unknown.”
- ❖ If the fetus was a foundling and/or no information is available regarding the mother’s State of residence, enter the word “Unknown.”
- ❖ Do not leave unanswered.

RESIDENCE – COUNTY

9B

Instructions Enter the name of the County in which the mother lived at the time of the delivery.

- ❖ The County of residence may differ from her mailing address.
- ❖ If the fetus was a foundling and/or no information is available regarding the mother's County of residence, enter the word "Unknown."
- ❖ Do not leave unanswered unless the mother's residence is somewhere other than in the United States or a U.S. Territory.

RESIDENCE – CITY OR TOWN

9C

Instructions Enter the name of the city, town, or location where the mother's residence is located.

- ❖ The residence city, town, or location may differ from her mailing address.
- ❖ If the fetus was a foundling and/or no information is available regarding the mother's city of residence, enter the word "Unknown."
- ❖ Do not leave unanswered.

RESIDENCE – STREET, NUMBER & ZIP CODE

9D

Purpose Zip Code information may be used for environmental impact studies for small geographic areas.

Instructions Enter the street name, number, and zip code of the mother's residence.

- ❖ Obtain the actual street name and building number for the residence location. Avoid entering addresses that are post office boxes or rural route numbers.
- ❖ Enter a zip code that corresponds nearest to the residence address if the mother's residence address is different from her mailing address.
- ❖ Enter the prefix in front of the street name (e.g., S. Main St.) if the street name has a direction as a prefix. Enter the direction after the name (e.g., Iowa Ave. NW) if the street name has a direction after the name. Report the street designator (e.g., St., Rd., Ave., Crt, etc.).
- ❖ Include any apartment or room number associated with the residence address.
- ❖ Enter "Unknown" if the mother's street address cannot be determined from a reliable source.
- ❖ Do not leave unanswered unless the mother's residence is somewhere other than in the United States or a U.S. Territory.

RESIDENCE – INSIDE CITY LIMITS

9E

Purpose "Inside City Limits" is used to properly assign residence to either the city or the remainder of the county. This item is also an element in statistical data that evaluates community services.

Instructions Select the option that best describes the location of the mother's residence in relation to the geographic boundaries of an incorporated city or town.

- ❖ Select "☒ Yes" if the location is inside city/town limits.
- ❖ Select "☒ No" if the location is outside city/town limits.
- ❖ If unknown, select both "☒ Yes" and "☒ No".
- ❖ Do not leave unanswered unless the mother's residence is somewhere other than in the United States or a U.S. Territory.

PARENT 2

Description The second parents full current name if the mother was married at the time of delivery, conception, or any time between.

Purpose This information helps identify the record. The second parent's date of birth is also used to calculate the age of the second parent, which is important in the study of childbearing. For example, it is used to study the association between congenital anomalies and children of older parents.

Instructions If the mother was married at the time of the delivery, conception, or any time between, enter her spouse's name and information.

- ❖ If the fetus was conceived in wedlock but delivered after a divorce was granted or after the spouse died, enter the name and other information of the mother's deceased or divorced spouse.
- ❖ If the fetus was conceived and delivered out of wedlock to a divorced, widowed, or never-married mother, leave all the second parent's information fields BLANK.
- ❖ Paternity establishment on a Certificate of Fetal Death is the same as for a birth certificate.
- ❖ Do not enter a second parent's name and personal data unless the conditions listed below under Paternity Establishment are met.
- ❖ Follow the same basic guidelines as for the mother's personal information if she is legally married.

* Paternity Establishment:

- ❖ If the mother was married at the time of conception, delivery, or at any time between, the name of her spouse shall be entered as the second parent of the child unless paternity has been determined otherwise by a court of competent jurisdiction. If the mother was not married, the name of the second parent shall not be entered on the certificate unless the parents have completed a Voluntary Paternity Affidavit or obtained a judgment determining paternity by a court of competent jurisdiction.

In either case when the spouse is not the biological second parent or the mother is not married to the biological second parent, the original certificate shall be filed without the second parent's information. After receipt of a properly completed Voluntary Paternity Affidavit or a court order determining paternity, the Iowa Department of Public Health shall enter the second parent's name and information on the certificate.

PARENT 2 CURRENT LEGAL NAME

10A

Description The second parent's full legal name at the time of the delivery.

Purpose The second parent's name is important in identifying the record.

Instructions Enter the first, middle, and last (surname) name of the second parent at the time of the delivery.

- ❖ This is the second parent's current legal name.
- ❖ Use the most common spelling if there appears to be more than one spelling of any name provided and the correct spelling cannot be verified.
- ❖ Do not abbreviate any part of the name except for the generational suffix.
- ❖ If there is only an initial as her first or middle name, enter just the initial followed by a period.
- ❖ Use upper and lowercase letters, with sufficient spacing between names to distinguish between the first, middle, and surname(s).
- ❖ If the second parent indicates multiple first or middle names, such as "Mary Jo Ann," verify that "Jo" is part of the first name and is not a middle name.
- ❖ If more than one surname is given separated by a hyphen, enter exactly as given with the hyphen. If there is more than one last name and no hyphen, enter the two names with a space between.
- ❖ If the surname has a space or apostrophe following prefixes, such as McCall or O'Brien, enter as given with the space or apostrophe.
- ❖ Use English alphabetic characters and punctuation marks.
- ❖ If there is a professional or courtesy title preceding the name, such as Dr. or Mrs., do not enter the title in any of the name fields or as the suffix.
- ❖ If there is an academic title following the name, such as PhD or M.D., do not enter the title in any of the name fields or as the suffix.
- ❖ If the fetus is a foundling, enter "Unknown" if the second parent's name cannot be determined from a reliable source.
- ❖ Do not leave unanswered.

Generational Suffixes:

- ❖ Standard generational titles (suffixes) traditionally appear after the surname and distinguish a child from his or her parent of the same name and vice versa. Traditional generational suffixes are: Jr., Sr., I, II, III, IV, and so forth, using capital letters for the Roman numerals. Do not enter any initials, titles, nicknames, professional degrees, or surnames in the suffix field.

PARENT 2 DATE OF BIRTH

10B

Description The birthdate of the second parent who delivered the fetus.

Purpose The second parent's date of birth is used to calculate the age of the second parent at the time of the delivery. It is one of the most important factors in the study of childbearing and pregnancy outcome. For example, it is used to study the association between congenital anomalies and children of older parents.

Instructions Enter the exact month, day, and 4-digit year that the second parent was born.

- ❖ Enter the full name of the month – January, February, March, etc. Do not use a number or abbreviation to designate the month.
- ❖ If the second parent's date of birth is unknown, enter the word Unknown. If part of the date is unknown, enter the known parts and leave the remaining parts blank. However, records no date or a partial date will be queried back to the person responsible for filing the certificate of fetal death.
- ❖ If the second parent's calculated age is less than 8 or more than 65 the record will be queried back to the person responsible for filing the certificate of fetal death.
- ❖ Do not leave unanswered.

PARENT 2 NAME PRIOR TO ANY MARRIAGE

10C

Description The full maiden name of second parent who delivered the fetus.

Purpose This item aides in identification of the record. The second parent's name prior to any first marriage (i.e., maiden surname) is important for matching the record with other records because it remains constant throughout a lifetime in contrast with other names that may change because of marriage or divorce.

Instructions Enter the first, middle (if any), and last name of the second parent that she used prior to any first marriage.

- ❖ Commonly known as the "maiden name."
- ❖ This is the name given at birth or adoption and appears on their birth certificate, not a name acquired by marriage.
- ❖ Use the same general instructions as for entering the second parent's current legal name.
- ❖ Do not leave unanswered.

PARENT 2 BIRTHPLACE

10D

Description The U.S. state or territory or foreign country where the second parent was born.

Purpose This item is useful in obtaining information on recent immigration groups. This item is also useful in studying the differences in childbearing patterns and differences of U.S.-born and foreign-born women.

Instructions Enter the place where the second parent was born – the U.S. state or territory, Canada and the Canadian Province, or foreign county.

- ❖ Do not abbreviate.
- ❖ The United States includes the 50 states and the District of Columbia (DC).
 - ♦ Enter “District of Columbia,” not Washington, D.C.
 - ♦ U.S. Territories include:
 - American Samoa
 - Northern Marianas
 - Puerto Rico
 - Virgin Islands
 - Virgin Islands
 - Prince Ed Islands
 - ♦ If the second parent was born in the United States but the state is unknown, enter “U.S.—unknown.”
- ❖ If the second parent was born somewhere other than in the United States or a U.S. Territory, enter the name of the foreign country of birth.
 - ♦ If the second parent was born in Canada, enter “Canada” followed by a slash (/) and the name of the province. Do not abbreviate.
 - ♦ Canadian provinces include:
 - Alberta
 - British Columbia
 - Great NW Territory
 - Manitoba
 - New Brunswick
 - Newfoundland
 - Nova Scotia
 - Nunavut Territory
 - Ontario
 - Prince Ed Islands
 - Quebec
 - Saskatchewan
 - Yukon Territory
 - ♦ If the second parent was born in a foreign country but the country is unknown, enter “Foreign—Unknown.”
- ❖ If the fetus was a foundling and no information is available regarding the second parent’s place of birth, enter the word “Unknown.”
- ❖ Do not leave unanswered.

DISPOSITION

Description Disposition information indicates whether the fetus was properly disposed of as required by law. The information also serves to locate the remains in the event that exhumation, autopsy, or transfer is required at a later date. In addition, this information assists family or genealogists in locating the place of disposition at a later date.

Items 15a—15c assist in quality control for completing and filing certificates. These items identify the person who first took custody of the fetus for disposition and who is legally responsible for filing the certificate with the state registrar.

Non-Natural Deaths

- ❖ Embalming. Without permission of a medical examiner, it is unlawful to embalm a body when the embalmer has reason to believe death occurred in a manner specified in section 331.802, subsection 3, when there is evidence sufficient to arouse suspicion of crime in connection with the cause of death of the deceased, or where it is the duty of a medical examiner to view the body and investigate the death of the deceased person. When feasible, the body shall be released to the funeral director for embalming within 24 hours of death (331.805(2)).
- ❖ Cremation, Burial, Removal from State. It is unlawful to cremate, bury, or send out of the state the body of a dead body or fetus when death occurred in a manner specified in [Code] section 331.802, subsection 3, until a medical examiner certifies in writing that the examiner has viewed the body, has made personal inquiry into the cause and manner of death, and all necessary autopsy or postmortem examinations have been completed. However, the dead body or fetus may be sent out of state for the purpose of an autopsy or postmortem examination if the county medical examiner certifies in writing that the out-of-state autopsy or postmortem examination is necessary or, in the case of a death which is not of public interest as specified in [Code] section 331.802, subsection 3, if the attending physician certifies to the county medical examiner that the performance of the autopsy out of state is proper (331.805(3)(a)).

Transporting a Body

- ❖ A dead body or fetus shall be transported only after enclosure in a container for transfer that will control odor and prevent leakage of body fluids, unless the body has been embalmed, or is being transported by a licensed funeral director, emergency medical service, or medical examiner.
- ❖ When a dead body or fetus is transported from the state, the burial-transit permit shall accompany the body. A burial-transit permit under the law of the state in which the death or delivery occurred shall accompany a dead body or fetus brought into this state.

METHOD OF DISPOSITION

11

Description Method of disposition information describes how the remains were disposed.

Purpose This information is useful in providing information about whether the fetus was disposed of as required by law. Also, this information assists families in locating the place of disposition at a later date.

Instructions Select the option(s) that correspond to the method of disposition of the fetus.

☐ Burial

- ♦ If the final disposition of a fetus is burial, interment or entombment, local ordinances of the political subdivision in which the final disposition site is located and any and all regulations of the cemetery, if appropriate, shall apply.
- ♦ In the absence of an appropriate local ordinance, the depth of the grave at its shallowest point shall be at least three feet from the top of the burial container.

☐ Cremation

- ♦ ***Medical Examiners are responsible for issuing all cremation permits*** through the State of Iowa. Cremation permits are legal documents authorizing funeral homes and crematories to cremate human remains following a medicolegal investigation of the medical history and circumstances surrounding death. See 331.805(3)(b).
- ♦ When the final disposition of a fetus is cremation at a licensed cremation establishment, scattering of cremated remains shall be subject to the local ordinances of the political subdivision, and any and all regulations of the cemetery, if appropriate, in which the scattered remains upon state property or upon private property without the property owner's consent.
- ♦ Cremation shall be considered final disposition and no further burial-transit permit is required.

☐ Donation

- ♦ If the fetus is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, select "Donation."
- ♦ Ensure that the institution will accept the body.
- ♦ "Donation" refers only to the entire fetus, not to individual organs or parts.
- ♦ Where donation of the remains of the deceased or a fetus to a medical school or similar institution equipped with facilities to perform autopsies is directed by the person authorized to control the fetus' remains under section 144C.5, any autopsy under this section shall be performed at the direction of the school or institution, and in such a manner as to further the purpose of the donation, while serving the public interest (331.802(8)).

Method of Disposition (Continued)

☐ Removal from State

- ♦ It is unlawful to cremate, bury or send out of the state a dead body or fetus when death occurred in a manner specified in [Code] section 331.802, subsection 3, until a medical examiner certifies in writing that the examiner has viewed the fetus, has made personal inquiry into the cause and manner of death, and all necessary autopsy or postmortem examinations have been completed. However, dead body or fetus may be sent out of state for the purpose of an autopsy or postmortem examination if the county medical examiner certifies in writing that the out-of-state autopsy or postmortem examination is necessary or, in the case of a death which is not of public interest as specified in [Code] section 331.802, subsection 3, if the attending physician certifies to the county medical examiner that the performance of the autopsy out of state is proper (331.805(3)(a)).
- ♦ A dead human body or fetus shall be transported only after enclosure in a container for transfer that will control odor and prevent leakage of body fluids, unless the body or fetus has been embalmed, or is being transported by a licensed funeral director, emergency medical service, or medical examiner.
- ♦ To transfer a dead body or fetus outside of Iowa, the funeral director who first assumes custody of the remains shall obtain a burial-transit permit prior to the transfer and ensure that the permit accompanies the fetus the place of final disposition.

☐ Hospital Disposition

- ♦ The final disposition of the fetus is handled by the hospital, medical institution or mortuary school.

☐ Other

- ♦ If “Other” is selected, enter the method of disposition on the line provided.
- ❖ The response reflects the wishes of the next of kin or informant.
- ❖ Do not leave unanswered.

PLACE OF DISPOSITION

12A

Description Place of disposition information indicates where the fetus was disposed.

Instructions Enter the name of the cemetery, crematory or other place of disposition.

- ❖ If the fetus is removed from the State, enter the name of the cemetery, crematory or other place of disposition to which the fetus is removed.
- ❖ If the fetus is to be donated to a hospital or medical or mortuary school for scientific or educational purposes, enter the name of that institution.
 - ♦ Ensure that the institution accepts the fetus for donation.
- ❖ Do not leave unanswered.

LOCATION OF DISPOSITION

12B

Description Location of disposition information indicates where the fetus was disposed.

Instructions Enter the name of the city, town or location and the State where the place of disposition is located.

- ❖ If the fetus is to be donated to a hospital or medical or mortuary school for scientific or educational purposes, enter the name of the city, town or location and the State where the institution is located.
- ❖ Contact the State office of vital records if there is any question about how to record the place of disposition.
- ❖ Do not leave unanswered.

PERSON RESPONSIBLE FOR DISPOSITION

13A

Description The funeral director who first assumes custody of a fetus shall file the fetal death certificate. In the absence of such a person, the physician or other person in attendance at or after the delivery shall file the certificate of fetal death. The person filing the certificate shall obtain the personal data from the next of kin or the best qualified person or source available and shall obtain the medical certification of cause of death from the person responsible for completing the certification. When a person other than a funeral director assumes custody of a fetus, the person shall be responsible for carrying out the provisions of this section. (Iowa Code section 144.30).

Instructions Enter the printed name of the funeral director or the unlicensed person carrying out these responsibilities.

- ❖ This individual is the funeral service licensee or other person first assuming custody of the body and charged with the responsibility for completing the Certificate of Fetal Death.
- ❖ Signatures on the 'paper' format of the Certificate of Fetal Death shall be original and in permanent black or dark blue ink. Rubber stamps or facsimile signatures are not acceptable.
- ❖ Do not leave unanswered.

FULL ADDRESS

13B

Description This information identifies the location of disposition.

Instructions Enter the complete address.

- ❖ Include the zip code in the address.
- ❖ If burial was not through a funeral facility, enter the address of the person responsible for handling the fetus for disposition and filing the Certificate of Fetal Death.
- ❖ Do not leave unanswered.

**SIGNATURE OF FUNERAL DIRECTOR OR
PERSON RESPONSIBLE FOR DISPOSITION**

13C

Description The funeral director who first assumes custody of a fetus shall file the fetal death certificate. In the absence of such a person, the physician or other person in attendance at or after the delivery shall file the certificate of fetal death. The person filing the certificate shall obtain the personal data from the next of kin or the best qualified person or source available and shall obtain the medical certification of cause of death from the person responsible for completing the certification. When a person other than a funeral director assumes custody of a fetus, the person shall be responsible for carrying out the provisions of this section. (Iowa Code section 144.30).

Instructions Enter the signature of the funeral director or the unlicensed person carrying out these responsibilities.

- ❖ This individual is the funeral service licensee or other person first assuming custody of the body and charged with the responsibility for completing the Certificate of Fetal Death.
- ❖ Signatures on the 'paper' format of the Certificate of Fetal Death shall be original and in permanent black or dark blue ink. Rubber stamps or facsimile signatures are not acceptable.
- ❖ Do not leave unanswered.

FUNERAL DIRECTOR/LICENSE NUMBER

13D

Description This information identifies the license number of the funeral service licensee.

Instructions Enter the personal State of Iowa license number of the funeral service licensee.

- ❖ If some other person who is not a licensed funeral director assumes custody of the body, enter the word "None."
- ❖ Do not leave unanswered.

CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH

Description Causes of death are diseases, abnormalities, injuries, or poisonings that contributed to the fetus' death.

Completion of the items in the cause of the fetal death section is the responsibility of the hospital, if the delivery occurred in a hospital. The person certifying to the cause of death shall be an MD, DO, PA (physician assistance), or ARNP (advanced registered nurse practitioner).

One purpose of the fetal death report is to obtain a simple description of the conditions contributing to the death of the fetus rather than a record describing all medical conditions present at the fetal death.

The cause-of-death section consists of two parts. The initiating cause/condition (item 14a) is for reporting a single condition that most likely began the sequence of events resulting in the death of the fetus. Other significant causes or conditions (item 14b) include all other conditions contributing to death. These conditions may be conditions that are triggered by the initiating cause (item 14a) or causes that are not among the sequence of events triggered by the initiating cause (item 14a).

Cause of fetal death is used for medical and epidemiological research on disease etiology and evaluating the effectiveness of diagnostic and therapeutic techniques. It is a measure of health status at local, state, national, and international levels. The data is also important for surveillance, research, design of public health and medical interventions, and funding decisions for research and development.

Causes of death on the fetal death report represent a medical opinion that might vary among individual medical providers. In signing the fetal death certificate, the physician, medical examiner, physician's assistant, or nurse practitioner certifies that, in his or her medical opinion, the fetus died from the reported causes of death. The certifier's opinion and confidence in that opinion are based upon his or her training, knowledge of medicine, available medical records, symptoms, diagnostic tests, and available autopsy or histological placental results for the fetus. Even if extensive information is available to the certifier, causes of death may be difficult to determine, so the certifier may indicate uncertainty by qualifying the causes on the fetal death report.

Glossary of terms:

Cause of death.....The causes of death to be entered on the medical certification of cause of death are all those diseases, morbid conditions, or injuries, which either initiated or contributed to death and the circumstances of the accident or violence which produced any such injuries.

Initiating cause

of death.....The disease or injury that most likely began the sequence of events resulting in the death of the fetus.

Cause/Conditions Contributing to Fetal Death (Continued)

Instructions Cause-of-death information should be the medical certifier's best medical opinion. Report a specific condition in the space most appropriate to the given situation. A condition can be listed as "probable" even if it has not been definitively diagnosed. In reporting the causes of fetal death, conditions in the fetus or patient, or of the placenta, cord, or membranes, should be reported if they are believed to have adversely affected the fetus.

Include information provided by the pathologist if tissue analysis, autopsy, or another type of postmortem exam was done. If microscopic exams for a fetal death are still pending at the time the report is filed, the additional information should be reported to the state registrar as soon as it is available.

Report the death to the county or state medical examiner as required by Iowa Code section 144.28 for all fetal deaths that are direct or indirect result of physical, chemical, thermal, or electrical trauma, or drug or alcohol intoxication or other poisoning. The medical examiner will either complete the cause-of-death section of the fetal death certificate or defer that responsibility to the attending physician.

Fetal deaths under the jurisdiction of a medical examiner are outlined in Iowa Code section 331.802(3) and generally include, but are not limited to:

- ♦ Occurs without medical attendance at or immediately after the delivery;
- ♦ Affects the public's interest including anything violent, suspicious or unattended;
- ♦ Caused by criminal abortion, including self-induced;
- ♦ Related to disease thought to be virulent or contagious that may constitute a public hazard; and
- ♦ Identity is not known or fetus is unclaimed (foundling).

Additional Instructions

- ❖ Avoid abbreviations and parentheses.
- ❖ Report unattended fetal deaths to the medical examiner pursuant to Iowa Code section 144.31. "Unattended" means no medical professional was present at the delivery.
- ❖ List only one condition in item 14a.
- ❖ Mechanistic terminal events should not be the condition reported in 14a.
- ❖ A specific cause of the fetal death should be reported in 14a so there is no ambiguity about the etiology of this cause.
- ❖ Report the initiating cause of the terminal event in item 14a that explains why the fetus died. The initiating cause may result in an etiological or pathological sequence as well as a sequence in which an earlier condition is believed to have prepared the way for a subsequent cause by damage to tissues or impairment of function.
- ❖ Always report an etiology for organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure on the lines beneath it.
- ❖ If an organ system failure is listed as a cause of the fetal death, always report its etiology.

Cause/Conditions Contributing to Fetal Death (Continued)

- ❖ Always report the fatal injury (e.g., stab wound of patient's abdomen), the trauma, and impairment of function.
- ❖ Report each disease, abnormality, injury, or poisoning that was believed to have adversely affected the fetus, including maternal conditions. A condition can be listed as "probable" even if it has not been definitely diagnosed.
- ❖ Report the use of alcohol, tobacco, other substance by the mother, or a recent injury if it is believed to have caused or contributed to the fetal death.
- ❖ In item 14b, report all diseases or conditions contributing to the fetal death that were not reported in 14a and that did not result in the initiating cause of death. Conditions or diseases in 14a should contribute to the fetal death.
- ❖ When indicating neoplasms as a cause of death, include the following: 1) primary site or that the primary site is unknown, 2) benign or malignant, 3) cell type or that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected.
- ❖ If two or more possible sequences resulted in the fetal death, or if two conditions seem to have added together, report in 14a the one that, in the certifier's best medical opinion, most directly caused the fetal death. Report in 14b the other conditions or diseases.
- ❖ If words indicative of cancer appear on the fetal death report, also specify the site and cell type or if the condition had metastasized.
- ❖ The original fetal death report should be amended if additional medical information or autopsy or histological placental findings become available that would change the cause of death as originally reported. Report the revised cause of death to the state vital records office immediately upon discovery of the new findings.

INITIATING CAUSE OR CONDITION

14A

Description This information identifies what began the sequence of the event resulting in the death of the fetus.

Instructions Select one that most likely began the sequence of event.

Options

☐ **Maternal Conditions/Diseases (*Specify*)** _____

Complications of Placenta, Cord, or Membrane:

☐ **Rupture of membranes prior to onset of labor**

☐ **Abruptio placenta**

☐ **Placental insufficiency**

☐ **Prolapsed cord**

☐ **Chorioamnionitis**

☐ **Other (*Specify*)** _____

☐ **Other Obstetrical or Pregnancy Complications (*Specify*)** _____

☐ **Fetal Anomaly (*Specify*)** _____

☐ **Fetal Injury (*Specify*)** _____

☐ **Fetal Infection (*Specify*)** _____

☐ **Other Fetal Conditions/Disorders (*Specify*)** _____

☐ **Unknown**

OTHER SIGNIFICANT CAUSES OR CONDITIONS

14B

Description This information identifies what conditions contributed to the death of the fetus.

Instructions Select all conditions that contributed to the death.

Options

☐ **Maternal Conditions/Diseases (*Specify*)** _____

Complications of Placenta, Cord, or Membrane:

☐ **Rupture of membranes prior to onset of labor**

☐ **Abruptio placenta**

☐ **Placental insufficiency**

☐ **Prolapsed cord**

☐ **Chorioamnionitis**

☐ **Other (*Specify*)** _____

☐ **Other Obstetrical or Pregnancy Complications (*Specify*)** _____

☐ **Fetal Anomaly (*Specify*)** _____

☐ **Fetal Injury (*Specify*)** _____

☐ **Fetal Infection (*Specify*)** _____

☐ **Other Fetal Conditions/Disorders (*Specify*)** _____

☐ **Unknown**

WEIGHT OF FETUS

14C

Description The weight of the fetus at the time of delivery (i.e., when the fetus was expelled or extracted).

Instructions Enter the weight of the fetus in the units in which it is measured – preferably grams.

- ❖ Select “☒ Grams” if the weight was measured in grams.
- ❖ Select “☒ Lb/Oz” if the weight was measured in pounds and ounces.
- ❖ Hospital staff should not convert from lbs./ozs to grams.
- ❖ Report weight in pounds and ounces only if the weight in grams is not available.
- ❖ Specify in the space provided the weight as measured.
- ❖ If the fetal weight is not known, select either grams or lb./oz. and enter “unknown” in the space.

OBSTETRIC ESTIMATE OF GESTATION AT DELIVERY

14D

Description The obstetric estimate of the infant’s gestation in completed weeks based on the delivery attendant’s final estimate of gestation, which should be determined by all perinatal factors and assessments such as ultrasound, but not the neonatal exam.

Instructions Enter the obstetric estimate of the fetus’s gestation in completed weeks only. If the obstetric estimate of gestation is not known, enter “unknown” in the space provided.

_____ (Completed weeks)

ESTIMATED TIME OF FETAL DEATH

14E

Description This item indicates when the fetus died with respect to labor and assessment.

Instructions Select the most appropriate checkbox that best describes the estimated time of the fetal death in the medical opinion of the medical certifier.

- ☐ Dead at time of first assessment, no labor ongoing
 - ☐ Dead at time of first assessment, labor ongoing
 - ☐ Died during labor, after first assessment
 - ☐ Unknown time of fetal death
- ❖ Do not leave this item unanswered.

WAS AN AUTOPSY PERFORMED?

14F

Description Information on whether or not an autopsy was performed is used to determine the cause of death and to complete the medical portion of the fetal death report.

Instructions Select the appropriate checkbox to describe the status of an autopsy.

- ❖ Select “☒ Yes” if a partial or complete autopsy was performed.
- ❖ Select “☒ No” if neither a partial or complete autopsy was performed and none is planned.
- ❖ Select “☒ Planned” if either a partial or complete autopsy has not yet been performed at the time of the report, but is planned.
- ❖ Do not leave this item unanswered.

WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED?

14G

Description Information on whether or not a histological placental examination was performed is used to determine the cause of death and to complete the medical portion of the fetal death report.

Instructions Select the appropriate checkbox to describe the status of a histological placental examination.

- ❖ Select “☒ Yes” if any histological placental examination was performed.
- ❖ Select “☒ No” if no histological placental examination was performed and none is planned.
- ❖ Select “☒ Planned” if any histological placental examination is planned.
- ❖ Do not leave this item unanswered.

WERE AUTOPSY OR HISTOLOGICAL PLACENTA EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH?

14H

Description Information on whether or not an autopsy or a histological placental examination was performed and if the findings were used is necessary to determine the cause of death and to complete the medical portion of the fetal death report.

Instructions Complete this item only if “Yes” was indicated for either item 14f (Was an autopsy performed) or 14g (Was a histological placental examination performed).

- ❖ Select “☒ Yes” if results of an autopsy or histological placental examination were used in determining the cause of the fetal death.
- ❖ Select “☒ No” if results were not used from an autopsy or histological placental examination to determine the cause of the fetal death.

CERTIFIER/REGISTRATION

Description Information about the individual who is certifying the facts of the fetal death event. This individual is referred to as the “certifier.”

Instructions Provide the information regarding the person who is certifying the facts of the fetal death event.

MEDICAL CERTIFIER NAME

15A

Description Information about the individual who is certifying the facts of the fetal death event. This individual is referred to as the “certifier.” Provides integrity of the death record and validates the accuracy of the date, time, and place of death.

Instructions Provide the information regarding the person who is certifying the facts of the fetal death event. Legibly type or print the name of the medical certifier.

TITLE

15B

Description Information about the individual who is certifying the facts of the fetal death event. This individual is referred to as the “certifier.” Provides integrity of the death record and validates the accuracy of the date, time, and place of death.

Instructions Check the appropriate box of the person who is certifying the facts of the fetal death event.

Items

☐ **MD – DO – CNM/ARNP.** Select the appropriate title.

☐ **MD** Select if the certifier holds a doctor of medicine professional degree.

☐ **DO** Select if the certifier holds a doctor of osteopathy professional degree.

☐ **PA** Select if the certifier holds a physician assistant professional degree

☐ **ARNP** Select if the certifier holds an advanced registered nurse practitioner professional degree.

☐ **Medical Examiner** Select if the certifier holds a doctor of medicine or osteopathy professional degree.

COMPLETE MAILING ADDRESS**15C**

Description The mailing address of medical certifier.

Instructions Enter the street name, number, city, state and zip code of medical certifier.

LICENSE NUMBER**15C**

Description License of medical certifier.

Instructions Enter the Iowa license number of the medical certifier.

SIGNATURE OF MEDICAL CERTIFIER**15E**

Description Signature of the medical certifier

Instructions Enter the signature of the medical certifier.

DATE CERTIFIED**15F**

Description The date the medical certifier signed the certificate of fetal death.

Instructions Enter the month, day and year that the certifier signed the certificate of fetal death.

DATE FILED**16**

TO BE COMPLETED BY THE STATE REGISTRAR

CONFIDENTIAL – FOR STATISTICAL AND PUBLIC HEALTH RESEARCH PURPOSES ONLY

Description The statistical data includes additional items collected for statistical and public health research purposes only. The data shall be confidential and shall not appear on any legal certified copy of the Certificate of Fetal Death.

The Certificate of Fetal Death is not on file at the County level and, therefore, is not open for public inspection pursuant to Iowa Code section 144.43.

Some of the items may be completed by the funeral director based on interviews with the family, or by the person other than a funeral service licensee who first assumes custody of the body and is filing the Certificate of Fetal Death. However, the majority of data is medical related and shall be completed by the medical certifier.

This information is de-identified and used solely for confidential health research.

Education is highly related to fertility, health practices, and pregnancy outcome. The mother's educational data is used to study the relationship between mortality and education, which roughly corresponds with socioeconomic status. The data is valuable in medical studies of causes of death and in programs to prevent illness and death.

Hispanics make up the second largest minority in this country. This item provides data to measure differences in pregnancy outcome and variations in health care for people of Hispanic and non-Hispanic origin. This item is important because it provides a primary mechanism to obtain demographic and health information for the Hispanic community.

The birth mother's height and pre-pregnancy weight are used to calculate maternal body mass index (BMI), which gives more value to the birth mother's weight gain information. Maternal BMI alone and in combination with maternal weight gain during pregnancy is associated with pregnancy outcome and maternal morbidity and mortality.

Helps determine the level of birth mothers who received WIC benefits during their pregnancy. The information also is an indicator of socioeconomic status and helps provide data for the comparison of health services and pregnancy outcomes.

Smoking status collected by trimester contributes to a higher quality of data. The information helps evaluate smoking cessation programs, as well as the health impact of changes in smoking status at different points in the pregnancy.

Provides important research data used to study trends in health problems associated with infant and perinatal mortality and the relationship of various maternal characteristics and pregnancy outcomes. Also provides a means to measure known risk factors associated with the birth mother's previous pregnancies (e.g., prior fetal loss, short inter-pregnancy interval, high parity).

MOTHER'S EDUCATION

17

Description The highest degree or level of schooling completed by the mother at the time of this delivery.

Purpose Education is highly related to fertility, health practices, and pregnancy outcome. The mother's educational data is used to study the relationship between mortality and education, which roughly corresponds with socioeconomic status. The data is valuable in medical studies of causes of death and in programs to prevent illness and death.

The options are based on U.S. Census standards and are the same as used for birth registration.

Instructions Select the one option that corresponds with the highest level of education that the mother had completed at the time of delivery.

- ❖ Show the mother the categories of education and ask her to choose the one category that best describes the highest education level she has completed.
 - ☐ 8th grade or less
 - ☐ 9th – 12th grade; no diploma
 - ☐ High school graduate or GED completed
 - ☐ Some college credit, but no degree
 - ☐ Associate degree (e.g., AA, AS)
 - ☐ Bachelor's degree (e.g., BA, AB, BS)
 - ☐ Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)
 - ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD)
 - ☐ Unobtainable
- ❖ Select the previous grade or highest degree received if the mother was enrolled in school or college at the time of the delivery.
- ❖ Select the option "Unobtainable" only if the mother:
 - ◆ Has left the facility without answering this item;
 - ◆ Refuses to provide the education; or
 - ◆ Indicates she has a degree that is not listed.
- ❖ Do not leave unanswered.

MOTHER'S HISPANIC ORIGIN

18

Description The mother's Hispanic origin.

Purpose Hispanics make up the second largest minority in this country. This item provides data to measure differences in pregnancy outcome and variations in health care for people of Hispanic and non-Hispanic origin. This item is important because it provides a primary mechanism to obtain demographic and health information for the Hispanic community.

Instructions Select the option(s) that best correspond with the mother's ethnic identity.

- ❖ Show the informant the categories of Hispanic origin and ask them to choose the category that, to the best of his or her knowledge, corresponds with the mother's ethnic identity.
- ❖ The options include the major Hispanic groups, with other groups specified under "Other."
 - ☐ No, not Spanish/Hispanic/Latina
 - ☐ Yes, Mexican, Mexican American, Chicana
 - ☐ Yes, Puerto Rican
 - ☐ Yes, Cuban
 - ☐ Yes, other Spanish/Hispanic/Latina **AND** Specify _____
 - ☐ Unobtainable
- ❖ If the mother is not of Hispanic origin, select "No, not Spanish/Hispanic, Latina."
- ❖ If the informant indicates more than one category, check all that the mother identifies with – for example, if she indicates that she's both Mexican and Cuban, select both "Yes, Mexican, Mexican American, Chicana" and "Yes, Cuban."
- ❖ Although the options include the major Hispanic groups, other groups may be specified under "Yes, other Spanish/Hispanic/Latina."
 - ♦ If the mother's ethnic origin is not on the list, select "Yes, other Spanish/Hispanic/Latino" and enter the specific origin as provided by the informant. Enter the word "Unknown" if the specific origin is not known.
- ❖ Select the option "Unobtainable" only if the informant:
 - ♦ does not know or is not sure of the origin;
 - ♦ refuses to provide the origin; or
 - ♦ does not have reliable information.
- ❖ Do not leave unanswered.
- ❖ The Race and Hispanic origin questions should be answered independently.
- ❖ "Hispanic" is not a race, and a Fetus of Hispanic origin may be of any race.
- ❖ Origin can be viewed as ancestry, nationality, or country of birth of the person or person's parents or ancestors prior to their arrival in the United States.
- ❖ "Hispanic" is a self-designated classification for people whose origins are from:
 - ♦ Spain;
 - ♦ The Spanish-speaking countries of Central or South America;
 - ♦ The Caribbean; or
 - ♦ Those identifying themselves generally as Spanish or Spanish American.

MOTHER'S RACE

19

Description The race that the mother identifies with.

Purpose The mother's race is essential in producing data for minority groups and is an important variable in planning for and evaluating the effectiveness of health programs. It is also used to study racial variations in childbearing, access to health care, and pregnancy outcomes (perinatal mortality and birth weight).

The options are based on U.S. Census standards and are the same as used for birth registration. In 1997, the Office of Management and Budget mandated the use of specific guidelines in collecting information on race and ethnicity and provided an opportunity for individuals to choose more than one racial category if they wish to reflect multiple racial heritage.

Instructions Select one or more options that best identify the mother's race according to the informant.

- ❖ Show the informant the categories of Race and ask them to indicate, to the best of their knowledge, the race or races that the mother considers herself to be.
 - ☐ White
 - ☐ Black or African American
 - ☐ American Indian or Alaska Native **AND** enter the name of the enrolled or principle tribe
 - ♦ American Indian and Alaska Native refer only to those native to North and South America (including Central America) and do not include Asian Indian.
 - ♦ Specify the name of the enrolled or principal tribe. Enter the word "Unknown" if the informant does not know the specific tribe.
- ❖ For Asians, select the national origin of the mother:
 - ☐ Asian Indian
 - ☐ Chinese
 - ☐ Filipino
 - ☐ Japanese
 - ☐ Korean
 - ☐ Vietnamese
 - ☐ Other Asian **AND** enter the specific race
 - ♦ Enter the word "Unknown" if the informant does not know the specific Other Asian.

Mother's Race (Continued)

- ❖ For Pacific Islanders, select the national origin of the mother:
 - ☐ Native Hawaiian
 - ☐ Guamanian or Chamorro
 - ☐ Samoan
 - ☐ Other Pacific Islander AND enter the specific race
- ♦ Enter the word “Unknown” if the informant does not know the specific Other Pacific Islander.
- ❖ If there is no option for the informant’s response for one or more race, select “Other”:
 - ☐ Other AND enter the specific race
- ❖ If the race(s) cannot be determined, select:
 - ☐ Unobtainable
 - ♦ Select the option “Unobtainable” only if the informant:
 - ♦ does not know or is not sure of the race(s);
 - ♦ refuses to provide the race(s); or
 - ♦ does not have reliable information.
- ❖ For multiple races (i.e., mixed races), select each race the mother identifies with according to the informant.
- ❖ Do not leave unanswered.
- ❖ The Race and Hispanic origin questions should be answered independently.
- ❖ “Hispanic” is not a race, and a Fetus of Hispanic origin may be of any race. However, if the informant insists on putting “Hispanic” as the race then the person completing the Certificate of Fetal Death should select “Other” and enter the word “Hispanic” on the line provided.

MOTHER'S MARITAL STATUS

20

Description The mother's marital status in relation to the time of delivery, conception, or any time between.

Purpose The information on marital status is used to monitor the substantial differences in fertility patterns and pregnancy outcomes for married and unmarried women. This information can help to identify the need for additional supportive public health and other services.

The marital status is used to help establish "paternity" (i.e., the second parent).

MOTHER EVER MARRIED?

20A

Description This item establishes whether the mother is now legally married or has ever been legally married.

Instructions Select the marital status as reported by the mother.

- ❖ Select "☒ Yes" if the mother has ever been legally married.
- ❖ Select "☒ No" if the mother has not ever been legally married.
 - ♦ If "No" is selected, the second parent's information should not be completed. The mother and the alleged second parent submit either a completed Voluntary Paternity Affidavit form or a court order determining paternity with the Iowa Department of Public Health, Bureau of Vital Statistics.
- ❖ Select "☒ Unknown" if it cannot be determined if the mother has ever been legally married.
 - ♦ If "Unknown" is selected, the second parent's information should not be completed.

MOTHER MARRIED AT DELIVERY, CONCEPTION, OR ANY TIME BETWEEN

20B

Description This item establishes the mother's marital status at the time of the delivery of the fetus, at the time of conception of the fetus, or any time between conception and delivery.

Instructions Select the option that describes the mother's marital status at the time of the delivery, conception, or any time between conception and delivery of the fetus.

- ❖ Select "☒ Yes" if the mother was legally married at any of the times listed above.
- ❖ Select "☒ No" if the mother was not legally married at any other times listed above.
- ♦ If "No" is selected, the second parent's information should not be completed. The mother and the alleged second parent submit either a completed Voluntary Paternity Affidavit form or a court order determining paternity with the Iowa Department of Public Health, Bureau of Vital Statistics.

DATE OF FIRST PRENATAL CARE VISIT

21A

Description Identifies the birth mother's participation in prenatal care and when in the pregnancy it was initiated and sustained. The date of the first visit must be earlier than the date of delivery.

Instructions If birth mother received prenatal care enter the month/date/year (00/00/0000).

If birth mother did not receive any prenatal care at any time during the pregnancy.

- ❖ Select ☒ No Prenatal Care.

DATE OF LAST PRENATAL CARE VISIT

21B

Description Identifies the date of the birth mother's last prenatal care visit

Instructions Provide date of the last prenatal care (PNC) visit recorded. Do not estimate the date of the last visit. Enter the month/date/year (00/00/0000) of last prenatal care. Must be no later than the date of delivery.

NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY

22

Description Provide the total number of prenatal care visits recorded in the most current record available that were made for medical supervision of the pregnancy by a physician or other health care provider during the pregnancy.

Instructions Do not estimate additional visits when the prenatal record is not current. If none, enter "0"

MOTHER'S HEIGHT

23

Description The birth mother's height in feet and inches. De-identified for public health research purposes. The birth mother's height and pre-pregnancy weight are used to calculate maternal body mass index (BMI), which gives more value to the birth mother's weight gain information. Maternal BMI alone and in combination with maternal weight gain during pregnancy is associated with pregnancy outcome and maternal morbidity and mortality.

Instructions Enter height in both feet and inches.

MOTHER'S PRE-PREGNANCY WEIGHT

24

Description The birth mother's approximate pre-pregnancy weight in pounds. De-identified for public health research purposes. The birth mother's height and pre-pregnancy weight are used to calculate maternal body mass index (BMI), which gives more value to the birth mother's weight gain information. Maternal BMI alone and in combination with maternal weight gain during pregnancy is associated with pregnancy outcome and maternal morbidity and mortality.

Instructions Advise the birth mother to indicate her approximate pre-pregnancy weight in whole pounds.

- May be a good-guestimate of what the birth mother thinks she weighed at the time she first became pregnant. May also be obtained from prenatal records.

MOTHER'S WEIGHT AT DELIVERY

25

Description The birth mother's approximate pre-pregnancy weight in pounds. De-identified for public health research purposes. The birth mother's height and pre-pregnancy weight are used to calculate maternal body mass index (BMI), which gives more value to the birth mother's weight gain information. Maternal BMI alone and in combination with maternal weight gain during pregnancy is associated with pregnancy outcome and maternal morbidity and mortality.

Instructions Advise the birth mother to indicate her approximate pre-pregnancy weight in whole pounds.

- May be a good-guestimate of what the birth mother thinks she weighed at the time she first became pregnant. May also be obtained from prenatal records.

DID MOTHER GET WIC FOOD FOR THIS PREGNANCY?

26

Description The birth mother's participation in the WIC program that provides benefits to low-income pregnant women. 'WIC' is a Department of Agriculture nutrition program for women, infants, and children. WIC gives pregnant women and/or their children food, checks, or vouchers for food. De-identified for public health research purposes. Helps determine the level of birth mothers who received WIC benefits during their pregnancy. The information also is an indicator of socioeconomic status and helps provide data for the comparison of health services and pregnancy outcomes.

Instructions Advise the birth mother to select the one option that best describes her participation in the WIC program.

Options

☐ **Yes**

▶ Advise the birth mother to select 'Yes' if she received WIC food for herself during this pregnancy.

☐ **No**

▶ Advise the birth mother to select 'No' if she did not receive WIC food for herself during this pregnancy.

☐ **Don't know**

▶ Advise the birth mother to select 'Don't Know' if she is unsure if she was participating in the WIC program or not.

Description Total number of infants previously delivered by the birthing mother that were born alive, and the date of the most recent live birth. De-identified and used solely for confidential health research. Provides a means to determine live-birth order and total-birth order – important research data used to study trends in childbearing and child spacing; health problems associated with birth order; the relationship of birth order to infant and perinatal mortality; and the relationship of various maternal characteristics and pregnancy outcomes with birth and pregnancy intervals. Also provides a means to measure known risk factors associated with the birth mother’s previous pregnancies (e.g., prior fetal loss, short inter-pregnancy interval, high parity).

Instructions Respond to items 27a. through 27c unless no previous live births.

Items

☐ **No Previous Live Births**

- ▶ Select if the birth mother has not been pregnant before or has not had a previous pregnancy outcome resulting in a live birth.
 - Excludes this child.
- ◆ **For multiple deliveries:**
 - If this is the primary (first live-born) infant, excludes this child.
 - If this is the second live-born, etc., includes all live-born infants delivered before this infant in the pregnancy.
- ◆ Excludes children not delivered by this birth mother (*i.e., adoption, foster, surrogate*).

27a. Number Now Living

- ▶ Provide an amount for the number of previous infants that this birth mother delivered who were born alive and are still living at the time of this birth.
 - Excludes this child.
- ◆ **For multiple deliveries:**
 - If this is the primary (first live-born) infant, excludes this child.
 - If this is the second live-born, etc., includes all live-born infants delivered before this infant in the pregnancy.
- ◆ Excludes children not delivered by this birth mother (*i.e., adoption, foster, surrogate*).

Number of Previous Live Births (Continued)

27b. Number Now Dead

- ▶ Provide an amount for the number of previous infants that this birth mother delivered who were born alive, but are deceased at the time of this birth.
 - Excludes this child.
- ♦ **For multiple deliveries:**
 - If this is the primary (first live-born) infant, excludes this child.
 - If this is the second live-born, etc., includes all live-born infants delivered before this infant in the pregnancy.
- ♦ Excludes children not delivered by this birth mother (*i.e., adoption, foster, surrogate*).

27c. Date of Last Live Birth (Month/Year)

- ▶ Provide the month and year the most recent previous live birth was delivered to this birth mother.
 - Include all previous live-born infants now living and now dead.
- ♦ **For multiple deliveries:**
 - If this is the primary (first live-born) infant, excludes this child.
 - If this is the second live-born, etc., includes all live-born infants delivered before this infant in the pregnancy.
- ♦ Excludes children not delivered by this birth mother (*i.e., adoption, foster, surrogate*).
- ♦ Enter “9’s” for unknown parts of a date. Exception: if only the day of the month is unknown, enter “15” for the day of the month.

NUMBER OF OTHER PREGNANCY OUTCOMES NOT RESULTING IN A LIVE BIRTH

28

Description Fetal losses of any gestational age that did not result in a live birth, including spontaneous losses, induced losses, and ectopic pregnancies. De-identified and used exclusively for confidential health research. Provides a means to determine live-birth order and total-birth order – important research data used to monitor and evaluate trends in childbearing and child spacing; health problems associated with birth order; the relationship of birth order to infant and perinatal mortality; and the relationship of various maternal characteristics and pregnancy outcomes with birth and pregnancy intervals. Helps measure known risk factors associated with the birth mother’s previous pregnancies, such as prior fetal loss, short intervals between pregnancies, and high parity.

Instructions Select ‘*No Other Pregnancy Outcomes*,’ if appropriate, OR respond to items 28a. and 28b.

Items

☐ No Other Pregnancy Outcomes

- ▶ Select if the birth mother has not been pregnant before or has not had a pregnancy outcome that did not result in a live birth.
- ♦ Excludes this child.
- ♦ If this is a multiple delivery, consider other fetal losses, miscarriages, or stillborns delivered in this birth event.

28a. Number of other outcomes. Provide the total number of previous pregnancy outcomes that did not result in a live birth.

- ▶ Includes any fetus delivered dead regardless of the length of gestation.
- ▶ Includes each recognized loss of a product of conception that was completely expelled or extracted from the birth mother, such as ectopic pregnancy, miscarriage, stillbirth, and spontaneous or induced termination.
- ▶ Excludes any fetus that was “re-absorbed” (i.e., not completely expelled or extracted from the birth mother).
- ♦ **For multiple deliveries:** Includes all previous pregnancy losses before this infant in this pregnancy and in previous pregnancies.

28b. Date of last other outcome. Provide the ending month, day and year of the last pregnancy that did not result in a live birth

- ♦ Excludes the approximate date that a fetus may have been “re-absorbed” (i.e., not completely expelled or extracted from the birth mother).
- ♦ **For multiple deliveries:** Includes all previous pregnancy losses before this infant in this pregnancy and in previous pregnancies.
- ♦ The date is the date the fetus was completely expelled or extracted, not any approximate date of intrauterine death.
- ♦ Enter “9’s” for any part of the date that is unknown. Exception: if the month and the year are known, but not the exact day, enter the “15th” for the day.

NUMBER OF CIGARETTES MOTHER SMOKED ON AN AVERAGE DAY BEFORE AND DURING THIS PREGNANCY

29

Description The birth mother's tobacco usage immediately before and during this pregnancy. De-identified for public health research purposes. Smoking status collected by trimester contributes to a higher quality of data. The information helps evaluate smoking cessation programs, as well as the health impact of changes in smoking status at different points in the pregnancy.

Instructions Advise the birth mother to indicate her tobacco usage during specific time periods before and during her pregnancy. A response is required for each time period.

- ▶ Advise the birth mother to enter zero (0) in each time period that she never smoked, including if she's never smoked at all.
- ▶ Advise the birth mother to enter the average number of cigarettes smoked per day for each time period, with one pack equaling 20 cigarettes.
- ▶ Advise the birth mother to enter the highest number smoked if she gives a range or an estimate, with one pack equaling 20 cigarettes.

Items

1. Three months before pregnancy _____
2. First three months of pregnancy _____
3. Second three months of pregnancy _____
4. Last three months of pregnancy _____

DATE LAST NORMAL MENSES BEGAN

30

Description The date the birth mother's last normal menstrual period began. De-identified and used exclusively for confidential health research.

Instructions Provide all known parts of the month, day and year that the birth mother's last normal menstrual period began.

- ▶ Enter the "15th" for the day if the medical charts indicate a month and year but not an exact day of the month.
- ▶ Do not enter the same date as the first prenatal visit.
- ▶ Enter "9's" for the unknown parts of the date, with the exception if only the 'day' of the month is unknown as noted above.

PLURALITY

31

Description The number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age, or if the fetuses were delivered at different dates in the pregnancy, as well as the order born in the delivery, live-born or fetal death (i.e., stillborn).

Instructions Complete the items for '*Plurality*,' '*Birth Order if not a single birth*,' and '*Number of infants born alive in this birth event*.'

Items

_____ **Plurality.** Enter the appropriate total number of fetuses in this pregnancy:
01 = single; 02 = twin; 03 = triplet; 04 = quadruplet, and so forth.

- ▶ Includes all live births, miscarriages, and fetal deaths (stillborn) delivered at any point in this pregnancy, regardless of gestational age.
- ▶ Excludes “re-absorbed” fetuses that were not delivered (expulsed or extracted from the birth mother).

IF NOT SINGLE BIRTH

32

Description The number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age, or if the fetuses were delivered at different dates in the pregnancy, as well as the order born in the delivery, live-born or fetal death (i.e., stillborn).

Instructions Complete the items for '*Plurality*,' '*Birth Order if not a single birth*,' and '*Number of infants born alive in this birth event*.'

_____ **If not single birth – Birth Order.** If this is a multiple birth, enter the appropriate order this live-born infant was delivered in the pregnancy or set – 1st = 01, 2nd = 02, 3rd = 03, 4th = 04, and so forth.

- ▶ When calculating the birth order, include all previous live births, miscarriages, and fetal deaths (stillborn) delivered (i.e., expelled or extracted) at any point in this pregnancy, regardless of gestational age.
- ▶ It is not necessary to answer this item if this is a single birth.

MOTHER TRANSFERRED FROM MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY

33

Description A maternal transfer from another hospital to this hospital for the purpose of delivery.
Excludes from home, doctor's office, freestanding birthing center, or other location to this hospital.

Instructions Select 'Yes' or 'No' and provide the additional information as required for 'Yes.'

Options

- ☐ **No.** Select if the birth mother was not transferred from another hospital for delivery.
- Includes if this is the only hospital that the birth mother was admitted to for the delivery of this infant.
 - Includes if the birth occurred while in a moving conveyance "en route" to this hospital.
- ☐ **Yes.** Select if the birth mother was transferred from another hospital before delivery.
- Excludes if the delivery occurred while in a moving conveyance "en route" to this hospital.
 - Provide the information about the hospital from which the birth mother was transferred.
 - ☐ Provide the name of the hospital, include the city and state.

RISK FACTORS IN THIS PREGNANCY

34

Description Selected medical risk factors of the birthing mother during this pregnancy.

Instructions Select each of the medical risk factors in the list that the birth mother experienced during this pregnancy. If the birth mother had more than one risk factor, select all that apply. If none of the risk factors are documented in her records, select '*None of the above*' located at the end of the list.

Items

- ☐ **Diabetes.** Select either '*Pre-pregnancy*' or '*Gestational*' if the birth mother experienced a glucose intolerance requiring treatment during this pregnancy. *If yes, check one (Do not check both).*
 - ☐ **Pre-pregnancy.** Select if the diagnosis was made prior to this pregnancy.
 - ☐ **Gestational.** Select if the diagnosis was made until during this pregnancy.
- ☐ **Hypertension.** Select either '*Pre-pregnancy*' or '*Gestational*' if the birth mother's blood pressure was elevated above normal for her age, sex, and physiological condition. These options do not include *Eclampsia*. *If yes, check one (Do not check both).*
 - ☐ **Pre-pregnancy (Chronic).** Select if the diagnosis was made prior to the onset of this pregnancy.
 - ☐ **Gestational (PIH, pre-eclampsia).** Select if the diagnosis was not made during this pregnancy.
 - ☐ **Eclampsia.** Select if the birth mother had hypertension with proteinuria with generalized seizures or coma.
- ☐ **Previous preterm births.** Select if the birth mother has a history of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation.
- ☐ **Other previous poor pregnancy outcome.** (Perinatal Death, small for gestational age/interuterine growth restriction)
- ☐ **Pregnancy resulted from infertility treatment.** Select one or both of the therapy and/or treatments as applicable if any assisted reproduction treatment or fertility therapy was used to initiate this pregnancy.
 - ☐ **Fertility enhancing drugs, artificial insemination, or intrauterine insemination.** Select if specific therapy (drugs or insemination) was used.
 - ☐ **Assisted reproductive technology.** Select if an ART/technical procedure was used.
 - ▶ Includes any ART/technical procedure, such as In vitro fertilization (IVF), Gamete intrafallopian transfer (GIFT), or Zygote intrafallopian transfer (ZIFT)
- ☐ **Mother had a previous cesarean delivery.** Select if the birth mother has had a previous operative delivery by extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls.
 - ▶ If yes, specify the number of previous cesarean deliveries she has had. **If yes, how many**_____
- ☐ **None of the above.** Select if none of the risk factors listed above apply to this pregnancy as documented in the birth mother's prenatal medical records.

INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY

35

Description Selected infections the birth mother had or was treated for during the course of this pregnancy known to potentially cause concomitant fetal and/or subsequent neonatal infection.

Instructions Select all applicable maternal infections that were present at the time of the pregnancy diagnosis or were a confirmed diagnosis during this pregnancy, with or without documentation of treatment. Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record.

Options

- ☐ **Gonorrhea.** Select if the birth mother had a positive test or culture for *Neisseria gonorrhoeae*.
- ☐ **Syphilis (a.k.a lues).** Select if the birth mother had a positive test for *Treponema pallidum*.
- ☐ **Chlamydia.** Select if the birth mother had a positive test for *Chlamydia trachomatis*.
- ☐ **Listeria (LM).** Select if the birth mother had a positive test for *listeria monocytogenes*.
- ☐ **Group B Streptococcus (GBS).** Select if the birth mother had a positive test for *Group B. Streptococcus agalactiae*.
- ☐ **Cytomegalovirus.** Select if the birth mother had a positive test for the *Cytomegalovirus* infection.
- ☐ **Parvovirus (B19).** Select if the birth mother had a positive test for the *Parvovirus* B19.
- ☐ **Toxoplasmosis (Toxo).** Select if the birth mother had a positive test for the *Toxoplasmosis gondii*.
- ☐ **None of the above.** Select if none of the infections listed apply to this pregnancy as documented in the birth mother's prenatal medical records.
- ☐ **Other (Specify)** _____

Description The physical process by which the complete delivery of the infant was effected. These data elements represent common current practices and generally can be readily analyzed with birth outcomes.

Instructions Respond to items 36a. through 36c.

Items

36a. Fetal presentation at delivery. Select the one that best describes the presentation of the fetus at birth – either Cephalic, Breech, or Other.

- ☐ **Cephalic.** Select if the presenting part of the infant is listed as vertex, occiput anterior (OA), or occiput posterior (OP).
- ☐ **Breech.** Select if the presenting part of the infant is listed as breech, complete breech, frank breech, or footling breech.
- ☐ **Other.** Select if there was any presentation other than those listed above, without specifying.

36b. Final route and method of delivery. Select the final route and method for vaginal or cesarean delivery, but do not select both. Provide the additional information in each sub-section.

- ☐ **Vaginal.** Select if the final route of delivery was vaginal (**select only final one**).
 - ☐ **Spontaneous.** Select if delivery of the entire fetus was through the vagina by the natural force of labor with or without manual assistance from the delivery attendant.
 - ☐ **Forceps.** Select if delivery of the fetal head was through the vagina by the application of obstetrical forceps to the fetal head.
 - ☐ **Vacuum.** Select if delivery of the fetal head was through the vagina by the application of a vacuum cup or ventouse to the fetal head.
- ☐ **Cesarean.** Select if extraction of the fetus, placenta, and membranes was through an incision in the maternal abdominal and uterine walls. **If yes, did mother experience labor?**
 - ☐ **Yes**
 - ☐ **No**

36c. Hysterotomy or Hysterectomy?

Select the final route and method for vaginal or cesarean delivery, but do not select both. Provide the additional information in each sub-section.

- ☐ **Yes**
- ☐ **No**

Description Serious complications that the birthing mother may have experienced in association with labor and delivery, the collection of which allows a mechanism for correlating pregnancy factors on a national basis. Some of the data elements are used as clinical quality indicators in various accreditation systems.

Instructions Select all options that apply to this labor and/or delivery.

Options

- ☐ **Maternal transfusion.** Select if the birth mother received an infusion of whole blood or packed red blood cells in association with labor and/or delivery.
- ☐ **Third or fourth degree perineal laceration.** Select if the birth mother had a 3° laceration that extended completely through the perineal skin, vaginal mucosa, perineal body, and anal sphincter.
- ☐ **Ruptured uterus.** Select if the birth mother had a tearing of the uterine wall.
- ☐ **Unplanned hysterectomy.** Select if there was a surgical removal of the uterus that was not planned before admission for this delivery.
- ☐ **Admission to intensive care unit.** Select if the birth mother was admitted, planned or unplanned, to a facility or unit designated as providing intensive care.
- ☐ **Unplanned operating room procedure following delivery.** Select if the birth mother was transferred to a surgical area for an operative procedure that was not planned before the admission for delivery. Excludes postpartum tubal ligations.
- ☐ **None of the above.** Select if the complications listed above do not apply to this labor and delivery or cannot be documented for this labor and delivery.

CONGENITAL ANOMALIES OF THE FETUS

38

Description Malformations of the newborn diagnosed during prenatal care or within the first 24 hours following birth using conventional diagnostic techniques.

Instructions Select all the conditions that apply as observed within 24 hours of delivery.

Options

- ☐ **Anencephaly.** Select if there is partial or complete absence of the brain and skull.
- ☐ **Meningomyelocele / Spina bifida.** Select if the infant has Meningomyelocele or Spina bifida.
- ☐ **Cyanotic congenital heart disease.** Select if the infant has a congenital heart defect that causes cyanosis.
- ☐ **Congenital diaphragmatic hernia.** Select if the infant has a defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.
- ☐ **Omphalocele.** Select if the infant has a defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk.
- ☐ **Gastroschisis.** Select if the infant has an abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity.
- ☐ **Limb reduction defect.** Select if the infant has a complete or partial absence of a portion of an extremity associated with failure to develop.
- ☐ **Cleft lip with or without cleft palate.** Select if the infant has an incomplete closure of the lip.
- ☐ **Cleft palate alone.** Select if the infant has an incomplete fusion of the palatal shelves.
- ☐ **Down Syndrome.** Select if a diagnosis of Down Syndrome (Trisomy 21) is confirmed or pending.
 - ☐ **Karyotype confirmed**
 - ☐ **Karyotype pending**
- ☐ **Suspected chromosomal disorder**
 - ☐ **Karyotype confirmed**
 - ☐ **Karyotype pending**
- ☐ **Hypospadias**
- ☐ **None of the above.** Select if the complications listed above do not apply to this labor and delivery or cannot be documented for this labor and delivery.

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