

Completing the Certificate of Fetal Death

General Instructions

- Complete only one original certificate and file the original with the local registrar. Reproductions or duplicates are not acceptable.
- Use the current form designated by the Texas Department of State Health Services, Vital Statistics Unit.
- All information except signatures should be typed. Manually printed certificates are discouraged, but if it is not possible to type the information, print legibly using permanent blue or black ink. [HSC 191.025(d)]
- All signatures must be written in permanent blue or black ink. Rubber stamp or other facsimile signatures are not acceptable.
- Complete each item, following the specific instructions for that item. Do not leave blanks unless specifically authorized.
- Do not use correction fluid or making alterations, erasures or strike-overs. Obvious changes could affect the validity of a certificate and altered certificates may be rejected by the local registrar or the State Vital Statistics Office.
- Avoid abbreviations, except those recommended in the specific item instructions.
- Verify with the informant the spelling of all names. Be especially careful with names that sound the same but may have different spellings, for example, Wolf and Wolfe, or Smith and Smyth.
- Refer problems not covered in these instructions to the State Vital Statistics Unit or to the local registrar.

Item-by-item Instructions

1. Name of Fetus (Optional – at the discretion of the parent(s))

Print or type the first, middle, and last names of the fetus including suffix. If the parent(s) do not provide a first or middle name, leave these items blank; however, a last name *must* be provided. If a middle name is not provided, do not enter NMI, NMN, etc.

- If the fetal remains are unidentified, enter the medical examiner case number.

NOTE: The parent(s) may give any name they desire as long as it will fit in the space provided on the certificate. No numerical names, obscenities, or non-alphabetic characters are permitted.

2. Date of Delivery (mm/dd/yyyy)

Enter the exact month, day and year that the fetus was delivered. You may use a number or abbreviation to designate the month, e.g., 01/01/2007.

- If the fetus is found in this state, enter the word “found” and the date as the date of delivery.

NOTE: Pay particular attention to the entry of the month, day, or year when the delivery occurs around midnight or on December 31. Consider a delivery at midnight to have occurred at the end of the day rather than at the beginning of the next day.

3. Time of Delivery

Enter the exact time (hour and minute) the fetus was delivered according to local time. If daylight saving time was the official prevailing time when the delivery occurred, it should be used to record the time of delivery. Be sure to indicate whether the time of delivery is A.M. or P.M. One minute after 12 noon is entered as “12:01 pm”, and one minute after midnight is entered as “12:01 am”.

Time can also be entered using 24- hour clock. Based on the recommendation the National Center for Health Statistics received from the National Institute of Standards and Technology, it is strongly recommended that the 24-hour clock with the range of 00:00-23:59 be used. 00:00 is considered the start of the new day.

In cases of plural deliveries, the exact time that the fetus was delivered should be recorded as the hour and minute of delivery.

- If the fetus is found in this state, enter the word “found” and the time as the date of delivery.

4. Sex

Enter Male or Female. *Do not abbreviate or use other symbols.*

If sex and name are inconsistent, verify both entries. If the sex cannot be determined after verification with medical records, mother, or other sources, enter “Undetermined”.

NOTE: This item aids in identification of the fetus. It is also used to measure fetal and perinatal mortality by sex. It helps identify differences in the impact of environmental and biological factors between the sexes.

5. Place of Delivery - County

Enter the name of the county in which the delivery occurred.

- If the fetus is found in this state and the place of delivery is not known, the fetal death should be registered in this state. The county where the fetus was found should be considered the place of delivery.

6a. City or Town (If outside city limits, give precinct no.)/ 6b. Zip Code:

Enter the name of the city and zip code in which the delivery occurred. If outside the city limits, enter the justice of the peace precinct number. Spell out the word "Precinct"; do not abbreviate.

- If the delivery occurred in a moving vehicle in the United States and the fetus was first removed in Texas, complete a fetal death certificate showing Texas as the place of delivery. The location of the facility of destination should be used in completing items 6a, 6b, 8a and 8b. "En Route" should be entered in field 8b, followed by the name of the facility.
- For a delivery occurring at sea, Item 6a should show the place of event as "At Sea", and give the name of the vessel, along with the latitude and longitude where the delivery occurred. It is important that the certificate contain some citation of the page and volume number of the ship's log. For a delivery occurring in international airspace, complete a Certificate of Fetal Death, but enter the actual place of delivery insofar as it can be determined.
- If a fetus is found in this state and the place of delivery is not known, the city where the fetus was found should be considered the place of delivery.

Plurality—Delivery Order

7a. Number delivered:

Specify the delivery as single, twin, triplet, quadruplet, etc.

7b. Sequence:

Specify the order in which the infant being reported was delivered: first, second, etc.

- When a plural delivery occurs, prepare and file a separate certificate for each infant or fetus. File certificates relating to the same plural delivery at the same time. However, if holding the completed certificates while waiting for incomplete ones would result in late filing, the completed certificates should be filed first.

NOTE: These items are related to other items on the certificate (for example, period of gestation and birth weight) that have important health implications.

Place of Delivery

8a. Place of Delivery:

Check the place where the delivery occurred. Delivery in places of business or public places are examples of "Other". If "Other" is marked, enter the name of the other place.

If the delivery occurred in a moving vehicle, mark the box corresponding to the type of place where the fetus was first removed from the vehicle.

- If a fetus is found in this state and the place of delivery is not known, the place where the fetus was found should be considered the place of delivery.
- A birthing center located in and operated by a hospital is considered part of the hospital and events should be reported as occurring in the hospital. Licensed birthing

centers include those facilities that are operated independently from hospitals (autonomously). The “Clinic/Doctor’s Office” category includes other non-hospital outpatient facilities where deliveries occasionally occur.

NOTE: This item identifies home deliveries, deliveries in licensed birthing centers, and deliveries in non-hospital clinics or physician’s offices.

8b. Name of Hospital or Birthing Center (If not in hospital, give street address):

Enter the full name of the hospital in which the delivery occurred. It is very important to always be consistent in entering the hospital name, there should be no variations. If the delivery occurred in a vehicle en route to or upon arrival at a hospital, enter “En Route”, followed by the name of the hospital.

- If the delivery occurred at home, enter the house number and street name of the place where the delivery occurred. If the delivery occurred at some place other than those described above, enter the number and street name of the location.
- If the delivery occurred in a vehicle that was not en route to a facility, enter as the place of delivery the address where the fetus was first removed from the vehicle.
- If a fetus is found in this state, enter the place where the fetus was found should be considered the place of delivery.

9. Mother’s Current Legal Name

First Name:

Enter the mother’s first name.

Middle Name:

Enter the mother’s middle name. If there is no middle name, leave this item blank, do not enter NMI, NMN, etc.

Last Name:

Enter the mother’s current last name. This item will still need to be completed even if the name is the same as in Item 11.

- If a fetus is found in this state and the mother’s legal name is not known, enter “Unknown”.

10. Mother’s Date of Birth

Enter the exact month, day and year that the mother was born. Use numbers (mm/dd/yyyy). If not known, enter “Unknown”; if exact day is not known enter the month and year only, e.g. mm/yyyy.

11. Mother’s Name Prior to First Marriage

First Name:

Enter the mother’s first name. **If the fetus was found, enter “Unknown”.**

Middle Name:

Enter the mother's middle name. If there is no middle name, leave this item blank, do not enter NMI, NMN, etc.

Last Name:

Enter the mother's maiden surname name. This would be the name that is listed on her birth certificate. This item will still need to be completed even if the name is the same as in Item 9.

- If a fetus is found in this state and the mother's name prior to first marriage is not known, enter "Unknown".

NOTE: The mother's maiden surname is important because it remains constant throughout her life, in contrast to other names, which may change because of marriage or divorce.

12. Birthplace

Enter the mother's place of birth. If the mother was born in the United States, enter the name of the state. If the mother was born in a foreign country or a U.S. territory, enter the name of the country or territory.

- If the mother's place of birth is not known, enter "Unknown".
- If the mother was born in the United States or a U.S. Territory, but the exact state or territory is unknown, enter "United States".
- If the mother was born in a foreign country but the country is not known, enter "Foreign".

NOTE: This item provides information on recent immigrant groups, such as Asian and Pacific Islanders, and is used for tracing family histories. It is also used to compare the childbearing characteristics of women who were born in the United States with those of foreign-born women.

13a-g Mother's Residence

The mother's residence is the place where her household is located. This is not necessarily the same as her home state, voting residence, mailing address, or legal residence. The state, county, city and street address should be for the place where the mother actually lives. Never enter 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, friend, or home for unwed mothers for the purpose of awaiting the birth of the child is considered temporary and should not be entered here. However, place of residence during a tour of military duty or during attendance at a college is not considered temporary and should be entered on the certificate as the mother's place of residence.

13a. Mother's Residence—State:

If the mother is a U.S. resident, enter the U.S. state or territory where the mother lives. If the state is not known, enter "Unknown". Do not put "U.S.", "United States", etc.

If the mother is a Canadian resident, enter the name of the province or territory followed by "Canada". (exp. "British Columbia/Canada")

If the mother is not a resident of the U.S., enter the name of the county of residence.

13b. County:

Enter the name of the county in which the mother lives. Leave this blank if the mother is not a U.S. resident.

13c. City, Town, or Location:

Enter the city, town, or location in which the mother resides. Enter precinct number if no city is available.

13d. Street Address or Rural Location:

Enter the number and street name of the mother's residence, rural route number, or description that will aid in identifying the location.

13e. Apt No.

Enter the apartment or room number of the mother's residence. Leave this blank if not applicable.

13f. Zip Code

Enter the zip code for the mother's residence. If not known, enter "Unknown".

13g. Inside City Limits?

Mark "Yes" if the location entered in 10c is incorporated and if the mother's residence is inside its boundaries; otherwise mark "No."

NOTE: Statistics on fetal deaths are tabulated by place of residence of the mother. This makes it possible to compute fetal and perinatal death rates based on the population residing in that area. These data are used in planning for and evaluating community services and facilities, including maternal and child health programs. "Inside City Limits" is used to properly assign residence to either the city or the remainder of the county.

14. Father's Name

Enter the father's name if one is provided; otherwise leave blank.

- No Acknowledgement of Paternity form (VS-159.1) is needed or required to list the father. Completing this item does not reflect or establish paternity.

First Name:

Enter the father's first name.

Middle Name:

Enter the father's middle name. If there is no middle name leave this item blank, do not enter NMI, NMN, etc.

Last Name:

Enter the father's last name. Enter any suffixes following the last name.

- If a fetus is found in this state, leave the father's name blank.

15. Father's Date of Birth

Enter the exact month, day and year that the father was born. Use numbers or abbreviations, e.g., MM-DD-YY. If not known, enter "Unknown"; if exact day is not known enter the month and year only, e.g., mm/yyyy.

16. Birthplace (State, Territory, or Foreign County)

Enter the father's place of birth. If the father was born in the United States, enter the name of the state. If the father was born in a foreign country or a U.S. territory, enter the name of the country or territory.

- If the father's place of birth is not known, enter "Unknown".
- If the father was born in the United States or a U.S. Territory, but the exact state or territory is unknown, enter "United States".
- If the father was born in a foreign country, but the country is unknown, enter "Foreign".

NOTE: This item provides information on recent immigrant groups, such as Asian and Pacific Islanders, and is used for tracing family histories.

17a-b. Attendant Information

17a. Attendant's Name and Mailing Address

Print the full name and mailing address of the person in attendance at the delivery. Enter the street and number, city or town, state and zip code.

- Emergency room physicians are considered to be the attending physician when a fetus is delivered "En Route" to the facility if no other attendant can be identified or located for signature.
- If a fetus is found in this state, enter the name of the certifier in item 18 as the attendant.

17b. Type of Attendant

Mark the appropriate box to identify the attendant's title: M.D. (Doctor of Medicine), D.O. (Doctor of Osteopathy), C.N.M. (Certified Nurse-Midwife), Midwife, or Other. If "Other" is marked, enter the title of the attendant to the right of the "Other (Specify)" box. Examples of "Other" are father, mother, grandmother, aunt, paramedic, Emergency Medical Technician, policeman.

18a-b. Certifier Information

18a. Certifier

Obtain the signature of the individual accepting the responsibility of certifying that "to the best of my knowledge, the fetus was delivered at the time, date, and place as shown and fetal death was due to the cause(s) as stated:" on the certificate. The certifier may be either the attending physician at the time of delivery or the medical examiner/justice of the peace. Signatures must be written in permanent blue or black ink. [HSC §191.025(d)]

- A midwife or certified nurse-midwife may be listed as an attendant on the fetal death certificate; however they may **not** be listed as the certifier. Only a physician, medical examiner, or justice of the peace may be listed as the certifier on the fetal death certificate. In some cases the county judge may certify the delivery and when the justice of the peace is not available to conduct an inquest. The county judge should be notified only in cases that require an inquest. [CCP Art. 49.07(C)]

18b. Type of Certifier

Mark the appropriate box indicating whether the certifier is a physician, a medical examiner, or a justice of the peace (acting as coroner).

19–24. Disposition

19. Method of Disposition

Check the box(es) corresponding to the method of disposition of the fetus. Removal from state indicates the body was removed or shipped out of Texas for burial or other disposition. Only one box should be marked.

If the fetus is to be used by a hospital, medical or mortuary school for scientific or educational purposes, check “Donation” and specify the name and location of the institution in items 22, 23, 24 and 25. “Donation” refers only to the entire fetus, not to individual organs.

- The remains are to be handled under the provisions of special or pathological wastes, mark “Other” and enter “Hospital Disposition”.

20. Signature and License Number of Funeral Director or Person Acting as Such

The funeral service licensee or other person first assuming custody of the fetus and charged with the responsibility for completing the fetal death certificate must sign in permanent blue or black ink. Rubber stamps or facsimile signatures are not permitted. [HSC §191.025(d)]

21. Unknown, Section, Block, Lot, Space:

Enter the appropriate information for Section, Block, Lot and Space (niche) to indicate the location of the burial plot. If the cemetery has no designation of the actual location, mark "Unknown". Do not leave this item incomplete.

- If the cemetery has some designation such as Section, but no Block, Lot, or Space, enter the Section information and leave the other items blank.
- When designating the location of cremains that are placed in a columbarium, use the spaces in this item that most closely match. The columbarium may not designate specific locations in the same manner described on the death certificate, for example, wing, section, row, lot, space, niche, etc.
- If the cremains are given to the family for disposition, mark "Unknown".
- If the fetus is to be used by a hospital, medical or mortuary school for scientific or educational purposes, mark "Unknown".

22. Place of Disposition (Name of Cemetery, Crematory, or Other Place):

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

- If the body is cremated and the cremains are to be permanently entombed or buried, enter the name of the crematory and the name of the cemetery, mausoleum, columbarium, or location where the cremains will be permanently placed.
- If the cremains are given to the family for disposition, enter only the name of the crematory.
- If the body is being shipped to a foreign country and the location (city or town) is known, but no information is available regarding the name of the cemetery, enter only the name of the city or town.
- If the fetus is to be used by a hospital, medical or mortuary school for scientific or educational purposes, enter the name of that institution.
- If the disposition of the fetus is handled by the hospital under the provisions of special or pathological wastes, enter the name of the institution as the place of disposition.

23. Location (City/Town, State)

Enter the name of the city, town, or village and the state (if out of state), or foreign country where the place of disposition is located.

- If the body is to be used by a hospital, medical or mortuary school for scientific or educational purposes, enter the location of that institution.

NOTE: This information indicates whether the fetus was properly disposed of as required by law. It also serves to locate the fetal remains in case of exhumation, autopsy, or transfer.

24. Name of Funeral Facility [PROBLEM WITH FORMATTING]

Enter the name of the funeral facility or the name of the person acting as funeral director.

- If the body is to be used by a hospital, medical, or mortuary school for scientific or educational purposes, enter the name of that institution.
- If the disposition of the fetus is handled by the hospital under the provisions of special or pathological wastes, enter the name of that institution.
- If the person named in item 20 is not a funeral director, enter the name of that person.

25. Complete Address of Funeral Facility (Street and Number, City, State, Zip Code)

Enter the complete address of the funeral facility.

- If the body is to be used by a hospital, medical, or mortuary school for scientific or educational purposes, enter the address of that institution.
- If the disposition of the fetus is handled by the hospital under the provisions of special or pathological wastes, enter the address of that institution.
- If the person named in item 20 is not a funeral director, enter the address of that person.

26a & 26b. Cause of Fetal Death

Physician/Medical Examiner

The cause-of-death section consists of two parts. The initiating cause/condition (26a) 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 (26b) include all other conditions contributing to death. These conditions may be conditions that are triggered by the initiating cause (26a) or causes that are not among the sequence of events triggered by the initiating cause (26a).

The cause-of-death information should be your 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.

Cause of fetal death should 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 registrar as soon as it is available.

Cause-of-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.

Possible Solutions to Common Problems in Death Certification

Uncertainty:

Often several acceptable ways of writing a cause-of-death statement exist. Optimally, a certifier will be able to provide a simple description of the initiating cause and other contributing causes that is etiologically clear and to be confident that this is correct. However, realistically, description of the process is sometimes difficult because the certifier is not certain.

In this case, the certifier should think through the causes about which he/she is confident and what possible etiologies could have resulted in these conditions. The certifier should select the causes that are suspected to have been involved and use words such as “probable” or “presumed” to indicate that the description provided is not completely certain. Causes of death on the fetal death report should not include terms such as prematurity without

explaining the etiology because they have little value for public health or medical research. Reporting a cause of fetal death as unknown should be a last resort.

When a number of conditions or multiple organ/system failure resulted in death, the physician, medical examiner, or justice of the peace should choose a single condition which most likely began the sequence of events resulting in the fetal death and list the other conditions in 26b of the certification section. "Multiple system failure" could be included as an "other significant cause or condition" but also specify the systems involved to ensure that the detailed information is captured. Maternal conditions may have initiated or affected the sequence that resulted in a fetal death. These maternal conditions should be reported in the cause-of-death statement in addition to the fetal causes.

Avoid ambiguity:

Most certifiers will find themselves, at some point, in the circumstance in which they are unable to provide a simple description of the process of death. In this situation, the certifier should try to provide an initiating condition, qualify the causes about which he/she is uncertain, and be able to explain the certification chosen.

27. Weight of Fetus (Grams Preferred, Specify Units)

Whenever possible, weigh and report the fetal weight in grams. Report weight in pounds and ounces (lb/oz) only if weight in grams is not available. Do not convert from one measure to the other. Please specify whether weight is in grams or lb/oz. Round fractional grams to the nearest gram, and fractional ounces to the nearest ounce.

NOTE: This is the single most important characteristic associated with perinatal mortality. It is also related to prenatal care, socioeconomic status, marital status, and other factors surrounding the birth. Consequently, it is used with other information to plan for and evaluate the effectiveness of health care.

28. Obstetric Estimate of Gestation at Delivery

Enter the obstetric estimate of the gestation of the fetus. If obstetric estimate of gestation is not known, enter "Unknown". Do not complete this item based on the date of delivery of the fetus and the patient's date of last menstrual period. It should be based on all parinatal factors and assessments such as ultra sound, but not the neonatal exam.

29. Estimated Time of Fetal Death

Mark the most appropriate box.

30. Was An Autopsy Performed?

Mark "Yes" if a partial or complete autopsy was performed or is being performed at the time of filing or the fetal death record. Mark "Planned" if an autopsy is not being performed at the time of the filing of the fetal death record but one is going to be performed. Enter "No" if no autopsy has been performed and no autopsy is planned.

NOTE: An autopsy is important in giving additional insight into the conditions that led to death. This additional information is particularly important in arriving at the immediate and underlying causes in violent deaths.

31. Was a Histological Placental Examination Performed?

Mark “Yes” if a Histological Placental Examination was performed or is being performed at the time of filing. Mark “Planned” if a Histological Placental Examination is not being performed at the time of the filing of the fetal death record but one is going to be performed. Enter “No” if no Histological Placental Examination has been performed and no Histological Placental Examination is planned.

32. Were Autopsy or Histological Placental Examination Results Used in Determining the Cause of Death?

If items 30 and 31 are both “No”, this item does not have to be completed.

33 a-c. Registrar Information

The proper registrar is determined according to the place of death, not by place of disposition or location of the funeral home.

33a. Registrar’s File Number

The local registrar will enter the appropriate file number. The number will consist of the registrar’s unique two-digit number (registration location number) and the file number, separated by dashes. The year may also be used if desired, and must be shown after the file number and preceded by a dash. The local registrar shall consecutively number certificates in separate series, beginning with the number “1” for the first certificate of each type in each calendar year. For example, a registrar assigned the number “02” would enter the following number for the first fetal death certificate completed in a year: “02-1”. The use of leading zeros in the file number section is also permitted, e.g., “02-001.” If the registrar wishes to use the year in the file number, it would read: “02-001-2007”.

33b. Date Received by Local Registrar

The local registrar will enter the date that the certificate is accepted and filed.

NOTE: This item documents whether the certificate was filed within the time period specified by law.

33c. Signature of Local Registrar

The local registrar for the district in which the event occurred will sign the certificate when it is accepted and filed. The signature may be either handwritten or a facsimile stamp, and must be written or stamped with blue or black ink. If the certificate is signed by a deputy registrar, the registrar’s name (typed, printed, or facsimile stamp) should be followed by the deputy’s signature and title: *Registrar’s name*—by *Deputy’s signature*, Deputy Registrar.

Confidential Information for Medical and Public Health Use

Section 192.002 of the Texas Health and Safety Code states that the information and records held under the section entitled “For Medical and Health Use Only” are confidential and are not considered open records for the purpose of the open records law. That information may not be released or made public on subpoena or otherwise, except that release may be made for statistical purpose only, so that no person, patient, or facility is identified.

A person commits an offense, a Class A misdemeanor, if the person knowingly discloses the medical or health information, or knowingly induces or causes another to disclose information.

34. Mother's Education

mark the box that best describes the highest degree of level of school completed at the time of delivery.

35. Is Mother of Hispanic Origin?

Mark the box that best describes whether the mother is Spanish/Hispanic/Latina. Mark the "No" box if decedent is not Spanish/Hispanic/Latina. Please check only one box.

36. Mother's Race

Mark the box(es) that best describes the race(s) of the mother as she considers herself to be.

37a-e Pregnancy History

NOTE: These items are used to determine pregnancy frequencies and rates, which are important in studying trends in childbearing and child spacing. They are also useful in studying health problems associated with birth order; for example, first births to older women, and determining the relationship of delivery order to infant and perinatal mortality.

Please give consideration to the mother's right to privacy on issues related to previous pregnancies.

37a-c Live Births

37a Now Living

Enter the number of children born alive to this mother who are still living. If the mother has not had any live births, or if all live-born children have died, mark "None". Children who have been adopted or who have been given up for adoption may be reported or not reported according to the mother's wishes.

37b Now Dead

Enter the number of children born alive to this mother who are no longer living. If the mother has not had any live births, or if all live-born children are currently living, mark "None". Children who have been adopted or who have been given up for adoption may be reported or not reported according to the mother's wishes.

37c Date of Last Live Birth (mm/yyyy)

Enter the date of the last live birth for this mother in month and year format. If the answers to both items 37a and 37b are "None", leave this item blank.

- If this certificate is for the second delivery of a twin set, enter the date of birth for the first baby of the set, if it was born alive. Similarly for triplets or other multiple births, enter the date of birth of the previous live birth of the set. If all previously born members of a multiple set were born dead, enter the date of the mother's last delivery that resulted in live birth.

37d-e Other Pregnancies Outcomes

37d. Number

Enter the number of previous pregnancies that did not result in a live birth, regardless of the length of gestation. Include all previous ectopic pregnancies, miscarriages, stillbirths, and spontaneous or induced abortions.

- Do not include this fetal death. Mark “None” if this is the first pregnancy for this mother or if all previous pregnancies have resulted in live births.

37e. Date Last Other Pregnancy Ended (mm/yyyy)

Enter the ending date of the last pregnancy that did not result in a live birth, in month and year format (mm/yyyy). If the answer to 37d is “None”, leave this item blank. If the answer to 37d is other than “None”, but the date is not known, enter “Unknown”.

- If this certificate is for the second birth of a twin set and the first was born dead, enter the date of delivery of that fetus. Similarly, for other multiple births, if any previous member of the set was born dead, enter the date of delivery of that fetus.

38. Cigarette Smoking Before and During Pregnancy

For each time period, enter the number of cigarettes or the number of packs of cigarettes smoked. If none, enter “0”.

39. Source of Prenatal Care

Mark the appropriate box(es) to indicate all sources of prenatal care during this pregnancy. If the “Other” box is marked, enter the other source of prenatal care.

40. Mother’s Height.

If the mother’s height is not known, enter “Unknown”. Enter the patient’s height in feet and inches. If the record indicates height in fractions such as 5 feet 6 ½ inches, truncate and enter 5 feet, 6 inches.

41. Mother’s Prepregnancy Weight

If the mother’s prepregnancy weight is not known, enter “Unknown”. Record weight in whole pounds only, do not include fractions.

42. Mother’s Weight at Delivery

If the mother’s delivery weight is not known, enter “Unknown”. Record weight in whole pounds only, do not include fractions.

43a-c Prenatal Care

Enter the month, day, and year (mm/dd/yyyy) of the first prenatal visit, last prenatal visit, and number of prenatal visits.

Complete all parts of the date that are available. If it is not known whether the patient had prenatal care, or if she had care but the date of the first visit is not known, enter “Unknown”.

If there was no prenatal care you must check the box stating “No Prenatal Care”.

44. Date Last Normal Menses Began

Enter the date of the mother’s last normal menstrual period in mm/dd/yyyy format. If the day is unknown, enter only the month and year. If the entire date is not known, enter “Unknown”.

NOTE: This item, in conjunction with the date of birth, is used to determine length of gestation. A record with a plausible date that the Last Normal Menses Began provides a cross-check with length of gestation based on ultrasound or other techniques.

45. Did Mother get WIC food for herself during this pregnancy?

This item is to be completed based on information obtained from the patient. Either the “Yes” or “No” box must be marked.

46. Mother Married (At delivery, conception, or anytime between?)

If the mother is currently married or married at the time of conception or any time between conception and delivery, mark the “Yes” box.

If the mother is not currently married or was not married at the time of conception or any time between conception and delivery, mark the “No” box.

47. Mother Transferred For Maternal Medical Or Fetal Indications For Delivery?

Mark the “No” box if this is the first facility the mother was admitted to for delivery. Mark the “Yes” box if the mother was transferred from one facility to another facility before the child was delivered and enter the name of the facility from which the mother was transferred.

If the mother was transferred during labor from the care of a documented midwife, mark the “Yes” box and type or print the word “Midwife”, followed by the midwife’s name.

If the mother was transferred more than once, enter the name of the last facility from which she was transferred.

Transfer information is important in identifying high-risk deliveries and follow up on maternal and infant deaths.

48. Risk Factors in This Pregnancy (Check all that apply)

The mother may have more than one risk factor, check all boxes that apply.

If the mother had none of the risk factors, check the “None of the above” box.

If it is not known if the patient had any of the risk factors, enter “Unknown”.

49. Infections Present And/Or Treated During This Pregnancy (Check all that apply)

If the prenatal care record is not available and the information is not available from other medical records, write or type "Unknown". More than one infection may be checked.

- **Gonorrhea** – a positive test for *Neisseria gonorrhoeae*.
- **Syphilis** (also called lues) B. a positive test for *Treponema pallidum*.
- **Chlamydia** – a positive test for *Chlamydia trachomatis*.
- **Listeria (LM)** – a diagnosis of or positive test for *Listeria monocytogenes*.
- **Group B Streptococcus (GBS)** – a diagnosis of or positive test for *Streptococcus agalactiae* or group B streptococcus.
- **Cytomeglovirus (CMV)** – a diagnosis of or positive test for Cytomeglovirus.
- **Parvovirus (B19)** – a diagnosis of or positive test for Parvovirus B19.
- **Toxoplasmosis (Toxo)** – a diagnosis of or positive test for *Toxoplasmosis gondii*.

50a HIV Test Done Prematally

Mark the box that applies.

50b HIV Test Done at Delivery

Mark the box that applies.

51. Method Of Delivery

A response to each section is required.

If any of the information for an individual section is not known at this time, print or type unknown in the space for the particular section.

The definitions below are available to assist in completing "method of delivery."

- **Attempted forceps or vacuum:** Obstetric forceps, ventouse or vacuum cup was applied to the fetal head in an unsuccessful attempt to effect delivery of the head through the vagina.
- **Cephalic presentation:** Presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP).
- **Breech presentation:** Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech.
- **Other presentation:** Any other presentation or presenting part not listed above.
- **Spontaneous delivery:** Delivery of the entire fetus through the vagina by the natural
- **Forceps delivery:** Delivery of the fetal head through the vagina by application of obstetrical forceps to the fetal head.
- **Vacuum delivery:** Delivery of the fetal head through the vagina by application of a vacuum cup or ventouse to the fetal head.
- **Cesarean delivery:** Extraction of the fetus, placenta and membranes through an incision in the maternal abdominal and uterine walls.
- **Hysterotomy/Hysterectomy:** Hysterotomy – the incision into the uterus extending into the uterine cavity. May be performed vaginally or transabdominally. Hysterectomy – the surgical removal of the uterus. May be performed abdominally or vaginally.

52. Maternal Morbidity

Mark all boxes that apply.

- **Maternal transfusion:** Includes infusion of whole blood or packed red blood cells within the period specified.
- **Third or fourth degree perineal laceration:** 3rd degree laceration extends completely through the perineal skin, vaginal mucosa, perineal body and anal sphincter. 4th degree laceration is all of the above with extension through the rectal mucosa.
- **Ruptured Uterus:** Tearing of the uterine wall.
- **Unplanned hysterectomy:** Surgical removal of the uterus that was not planned prior to admission for delivery. Includes an anticipated or possible but not definitively planned procedure.
- **Admission to intensive care unit:** Any admission, planned or unplanned, of the patient to a facility/unit designated as providing intensive care.
- **Unplanned operating room procedure following delivery:** Any transfer of the patient back to a surgical area for an operative procedure that was not planned prior to the admission for delivery. Excludes postpartum tubal ligations.

53. Congenital Anomalies Of The Newborn (Check all that apply)

Mark all boxes that apply to this fetus. For “Downs Syndrome” and Suspected Chromosomal disorder”, if karyotype status is unknown leave both the “Karyotype confirmed” and “Karyotype pending” boxes blank.

- **Anencephaly:** Partial or complete absence of the brain and skull. Also called anencephalus, acrania, or absent brain. Babies with craniorachischisis (anencephaly with contiguous spine defect) should also be included in this category.
- **Meningomyelocele / Spina Bifida:** Spina bifida refers to herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningomyelocele refers to herniation of meninges and spinal cord tissue. Babies with meningocele (herniation of meninges without spinal cord tissue) should also be included in the category. Both open and closed (covered with skin) lesions should be included. Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges) should not be included in this category.
- **Cyanotic congenital heart disease:** Congenital heart defects which cause cyanosis. Includes but is not limited to transposition of the great arteries (vessels), teratology of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, total/partial anomalous pulmonary venous return with or without obstruction.
- **Congenital diaphragmatic hernia:** Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.
- **Omphalocele:** A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. The defect is covered by a membrane, (different from gastroschisis, see below), although this sac may rupture. Also called exomphalos. Umbilical hernia (completely covered by skin) should not be included in this category.
- **Gastroschisis:** An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity.

Differentiated from omphalocele by the location of the defect and absence of a protective membrane.

- **Limb reduction defect:** (excluding congenital amputation and dwarfing syndromes) Complete or partial absence of a portion of an extremity secondary to failure to develop.
- **Cleft Lip with or without Cleft Palate:** Cleft lip with or without cleft palate refers to incomplete closure of the lip. Cleft lip may be unilateral, bilateral or median; all should be included in this category.
- **Cleft Palate alone:** Cleft palate refers to incomplete fusion of the palatal shelves. This may be limited to the soft palate or may also extend into the hard palate. Cleft palate in the presence of cleft lip should be included in the “Cleft Lip with or without cleft Palate” category, rather than here.
- **Down Syndrome:** Trisomy 21.
- **Suspected chromosomal disorder:** Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.
- **Hypospadias:** Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis. Includes first degree – on the glans ventral to the tip, second degree – in the coronal sulcus, and third degree – on the penile shaft.