

Patient-s name _____

Patient-s medical record # _____

FACILITY WORKSHEET FOR THE REPORT OF FETAL DEATH

Complete this worksheet for pregnancies resulting in fetal death. Michigan law defines when the delivery of a stillbirth delivered dead is reportable. The definition of a fetal death contained in section 333.2803 of the Michigan Compiled Laws is:

The death of a fetus which has completed at least 20 weeks of gestation or weighs at least 400 grams.

The fetus must be separated from the mother, i.e., delivered, to be reportable. A fetus that dies in utero prior to the end of 20 weeks gestation and before reaching 400 grams need not be reported.

When properly completed, this work sheet attached to a completed "Patient's Worksheet for the Report of Fetal Death" can be submitted in lieu of a completed Report of Fetal Death.

For detailed definitions, instructions and abbreviations for many of the items included in the worksheet please see "Instructions for Completion of the 2003 Version of the Fetal Death Report."

1. **Date of delivery:**

2. **Time of delivery:** _____ (24 hour clock)

3. **Attendant-s name and title:** (The attendant at delivery is the individual physically present at the delivery who is responsible for the delivery. For example, if an intern or nurse-midwife delivers a fetus under the supervision of an obstetrician who is present in the delivery room, the obstetrician is to be reported as the attendant):

Attendant-s name

4. ***Facility name:** _____
(*If not institution, give street and number)

5. **City, Town or Location of delivery:** _____

6. **County of delivery:** _____

7. **Place of delivery:**

- Hospital
- Freestanding birthing center (Freestanding birthing center is defined as one which has no direct physical connection with an operative delivery center.)
- Home delivery
 - Planned to deliver at home 9 Yes 9 No
- Clinic/Doctor-s Office
- Other (specify, e.g., taxi cab, train, plane, etc.) _____

8. Name and title of person completing report:

(May be, but need not be, the same as the attendant at delivery.)

Name: _____
Title: _____

9. Date report completed:

____M____M____D____D____Y____Y____Y____Y

10. Expected source of payment for medical services: _____

(Private insurance, Medicaid, etc.)

Prenatal

Sources: Prenatal care records, patient's medical records, labor and delivery records

11. Date last normal menses began:

____M____M____D____D____Y____Y____Y____Y

12(a). Date of first prenatal care visit

(Prenatal care begins when a physician or other health professional first examines and/or

counsels the pregnant woman as part of an ongoing program of care for the pregnancy):

____M____M____D____D____Y____Y____Y____Y

No prenatal care (The mother did not receive prenatal care at any time during the pregnancy. If this box is checked, skip 12(b))

12(b). Date of last prenatal care visit

(Enter the date of the last visit recorded in the mother's prenatal records):

____M____M____D____D____Y____Y____Y____Y

13. Total number of prenatal care visits for this pregnancy

(Count only those visits recorded in the record. If none enter A0@): _____

14. Number of previous live births now living

(For multiple deliveries, includes live born infants born before this fetus in the multiple set.):

____ Number 9 None

15. Number of previous live births now dead

(For multiple deliveries, includes live born infants born before this fetus in the multiple set who subsequently died):

____ Number 9 None

16. Date of last live birth:

____M____M____D____D____Y____Y____Y____Y

17. Total number of other pregnancy outcomes

(Include fetal losses of any gestational age- spontaneous losses, induced losses, and/or ectopic pregnancies. If this was a multiple delivery, include all fetal losses delivered before this fetus in the pregnancy):

____ Number 9 None

18. Date of last other pregnancy outcome

(Date when last pregnancy which did not result in a live birth ended, if exact date is not available enter approximate month and year):

____M____M____D____D____Y____Y____Y____Y

19. Risk factors in this pregnancy (Check all that apply):

Diabetes - (Glucose intolerance requiring treatment)

- Prepregnancy - (Diagnosis prior to this pregnancy)
- Gestational - (Diagnosis during this pregnancy)

Hypertension - (Elevation of blood pressure above normal for age, gender, and physiological condition.)

- Prepregnancy - (Chronic) (Diagnosis prior to this pregnancy)
- Gestational - (PIH, preeclampsia, eclampsia) (Diagnosis during this pregnancy)

- Previous preterm births - (History of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation)
- Other previous poor pregnancy outcome - (Includes perinatal death, small for gestational age/intrauterine growth restricted birth) - (History of pregnancies continuing into the 20th week of gestation and resulting in any of the listed outcomes. Perinatal death includes fetal and neonatal deaths.)
- Vaginal bleeding during this pregnancy prior to the onset of labor - (Any vaginal bleeding occurring any time in the pregnancy prior to the onset of labor.)
- Pregnancy resulted from infertility treatment - (Any assisted reproduction treatment whether artificial insemination, drugs (e.g., Clomid, Pergonal) or technical procedures (e.g., in-vitro fertilization) used to initiate the pregnancy.)
- Mother had a previous cesarean delivery - (Previous operative delivery by extraction of the fetus, placenta and membranes through an incision in the maternal abdominal and uterine walls.)
If Yes, how many_____
- Alcohol use during pregnancy - (The use of alcohol by the mother during this pregnancy constituted a potential or perceived risk to the pregnancy.)
- None of the above

20. Infections present and/or treated during this pregnancy - (Present at start of pregnancy or confirmed diagnosis during pregnancy with or without documentation of treatment.) (Check all that apply):

- Gonorrhea - (a diagnosis of or positive test for *Neisseria gonorrhoeae*)
- Syphilis - (also called lues - a diagnosis of or positive test for *Treponema pallidum*)
- Genital Herpes - (a diagnosis of or positive test for genital herpes simplex virus)
- Chlamydia - (a diagnosis of or 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)
- Cytomegalovirus (CMV) - (a diagnosis of or positive test for the *cytomegalovirus*)
- Parvovirus (B19) - (a diagnosis of or positive test for parvovirus B19)
- Toxoplasmosis (Toxo) - (a diagnosis of or positive test for *Toxoplasma gondii*)
- None of the above
- Other (specify)_____

Labor and Delivery
Sources: Labor and delivery records,
patient-s medical records

21. Was the mother transferred to this facility for maternal medical or fetal indications for delivery?

(Transfers include hospital to hospital, birth facility to hospital, etc.)

Yes No

If Yes, enter the name of the facility mother transferred from:

22. Attendant-s title:

- M.D.
- D.O.
- Nurse
- CNM - (Certified Nurse Midwife)
- CM - (Certified Midwife)
- Other Midwife - (Midwife other than CNM/CM)
- Other specify): _____

23. Mother-s weight at delivery (pounds): _____

24. Method of delivery (The physical process by which the complete delivery was effected)
(Complete A, B, C, D, and E):

A. Was delivery with forceps attempted but unsuccessful? - (Obstetric forceps were applied to the fetal head in an unsuccessful attempt at vaginal delivery.)

Yes No

B. Was delivery with vacuum extraction attempted but unsuccessful? - (Ventouse or vacuum cup was applied to the fetal head in an unsuccessful attempt at vaginal delivery.)

Yes No

C. Fetal presentation at delivery (Check one):

- Cephalic - (Presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP))
- Breech - (Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech)
- Other - (Any other presentation not listed above)

D. Final route and method of delivery (Check one):

- Vaginal/Spontaneous - (Delivery of the entire fetus through the vagina by the natural force of labor with or without manual assistance from the delivery attendant.)
- Vaginal/Forceps - (Delivery of the fetal head through the vagina by application of obstetrical forceps to the fetal head.)
- Vaginal/Vacuum - (Delivery of the fetal head through the vagina by application of a vacuum cup or ventouse to the fetal head.)
- Cesarean - (Extraction of the fetus, placenta and membranes through an incision in the maternal abdominal and uterine walls)

If cesarean, was a trial of labor attempted? - (Labor was allowed, augmented or induced with plans for a vaginal delivery.)

Yes No

E. Hysterotomy/Hysterectomy

Yes No

25. Maternal morbidity (Serious complications experienced by the patient associated with labor and delivery)
(Check all that apply):

- Maternal transfusion - (Includes infusion of whole blood or packed red blood cells associated with labor and delivery.)
- Third or fourth degree perineal laceration - (3° laceration extends completely through the perineal skin, vaginal mucosa, perineal body and anal sphincter. 4° 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 the admission. Includes anticipated but not definitively planned hysterectomy.)
- Admission to intensive care unit - (Any admission of the mother 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.)
- None of the above

26. Sex of the child (Male, Female, or Indeterminate): _____

27. Weight of child: _____ (grams) (Do not convert lb/oz to grams)

If weight in grams is not available, weight of fetus: _____ (lb/oz)

28. Obstetric estimate of gestation at delivery (completed weeks): _____
(The delivery attendant's final estimate of gestation based on all perinatal factors and assessments. Do not compute based on date of the last menstrual period and the date of delivery.)

29. Plurality (Specify single, twin, triplet, quadruplet, quintuplet, sextuplet, septuplet, etc.)
(Include all live births and fetal losses resulting from this pregnancy.): _____

30. If not single delivery (Order delivered in the pregnancy, specify 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, etc.) (Include all live births and fetal losses resulting from this pregnancy): _____

31. Congenital anomalies of the fetus (Malformations of the fetus diagnosed prenatally or after delivery.)
(Check all that apply):

- Anencephalus - (Partial or complete absence of the brain and skull. Also called anencephalus, acrania, or absent brain. Also includes fetuses with craniorachischisis (anencephaly with a contiguous spine defect).)
- Meningocele/Spina bifida - (Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningocele is herniation of meninges and spinal cord tissue. Meningocele (herniation of meninges without spinal cord tissue) should also be included in this category. Both open and closed (covered with skin) lesions should be included. Do not include spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges).)
- Congenital heart disease - (Any congenital heart condition prenatally or postnatally diagnosed.)
- Cyanotic congenital heart disease - (Congenital heart defects which cause cyanosis. Includes but is not limited to: transposition of the great arteries (vessels), tetralogy 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. Do not include umbilical hernia (completely covered by skin) 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 associated with failure to develop.)
- Cleft Lip with or without Cleft Palate** - (Incomplete closure of the lip. May be unilateral, bilateral or median.)
- Cleft Palate alone** - (Incomplete fusion of the palatal shelves. May be limited to the soft palate or may 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 above.)
- Down Syndrome** - (Trisomy 21)
 - 9 Karyotype confirmed
 - 9 Karyotype pending
- Suspected chromosomal disorder** - (Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure. Examples include Turner's syndrome, Trisomy 13 or Patau's syndrome, Trisomy 18 or Edward's syndrome and autosomal deletion syndromes.)
 - 9 Karyotype confirmed
 - 9 Karyotype pending
- 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.)
- Other (specify)** _____
- None of the anomalies listed above**

Cause-of-Death Section

Causes/Conditions Contributing to Fetal Death

Previous questions collected details on anomalies, morbidities, and risk factors known to be present for this patient and the fetus. The purpose of the next section is to get a description of those conditions that, in your opinion, contributed to the fetal death. Please report any condition judged to be a cause of death even if it has been reported elsewhere on the worksheet.

32. Initiating Cause/Condition

Among the choices below, please select the ONE which most likely began the sequence of events resulting in the death of the fetus. If it is not clear to you where to report a condition, write it on the A(Specify)@ line that seems most appropriate.

Maternal Conditions/Diseases
(Specify)_____

Complications of Placenta, Cord or Membranes

- ' 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)_____

9 Unknown

33. Other Significant Causes or Conditions

Maternal Conditions/Diseases
(Specify)_____

Complications of Placenta, Cord or Membranes

- ' 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)_____

9 Unknown

34. Was an autopsy performed?

- Yes No Planned

35. Was a histological placental examination performed?

- Yes No Planned

36. Were autopsy or histological placental examination results used in determining the cause of fetal death?

- Yes No

37. Estimated time of fetal death

- ' 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