MDHHS Michigan Department of Health & Human Services | Vital Records and Health Statistics

Fetal Death Report Instructions – Revised July 9, 2026

Definition of a Reportable Fetal Death

Michigan law defines the criteria for fetal death (stillbirth) registration. The definition of a fetal death contained in section 333.2803(4) 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 the 20 weeks gestation or before reaching 400 grams need not be reported.
- Note that this definition does not apply to the proper disposition of a stillborn fetus. It is important to distinguish that this section relates to the reporting of a fetal death only. **A permit for the disposition of a dead fetus is required regardless of the gestational age or the weight of the fetus.**

While the development of the fetus is important to determining when to report a fetal death, it is first essential to determine that the fetus was delivered dead. What constitutes evidence of life is for the physician or other attendant to determine. To aid the attendant in determining the presence of life, the current definition of a live birth as defined in section 333.1071 of the Born Alive Infant Protection Act is:

- The complete expulsion or extraction of a product of conception from its mother, regardless of the duration of the pregnancy, that after expulsion or extraction, whether or not the umbilical cord has been cut or the placenta is attached, shows any evidence of life, including, but not limited to, one or more of the following: breathing, a heartbeat, umbilical cord pulsation or definite movement of voluntary muscles.

Note: **A birth certificate**, rather than a fetal death report, must be filed if the attendant determines that a live birth occurred. In addition, if the infant subsequently dies, **a death certificate must be filed for the child, irrespective of the duration of life or the viability of the live born.**

Responsibility for the Report

A fetal death report provides important information 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. These reports also serve to provide valuable information essential to the measurement of perinatal health, the development and evaluation of programs to improve pregnancy outcomes and other important uses. The usefulness of these reports in accomplishing these purposes relates directly to the completeness in reporting these significant events and to the care taken in collecting and reporting on each fetal death that occurs.

When it is determined that a fetal death has occurred, it is the responsibility of the facility where the delivery occurred to report the event to MDHHS Vital Records and Health Statistics within **5 days**.

- The facility also has the responsibility to report a fetal death should the delivery occur en route to the facility and be attended to shortly thereafter.

- If a fetal death occurs outside a facility, but is attended by a physician, the physician in attendance at the delivery is responsible for reporting the event.
- In instances where the attendant is **not** a physician, arrangements for the reporting of the fetal death must be made directly with the **medical examiner** of the county where the delivery occurred.
    - MCL - Section 333.2834 - Michigan Legislature (5) requires that if a fetal death occurs without medical attendance at or after the delivery, the attendant, the mother or other person having knowledge of the fetal death shall notify the medical examiner of the county where the delivery occurred.

Physician's responsibility—The physician's primary responsibility in completing the cause-of-death section is to report to the best of their knowledge, based upon available information, the initiating condition that most likely began the sequence of events resulting in the death of the fetus and other contributing causes or conditions.

Medical examiner's responsibility – When a death occurs without medical attendance at or immediately after the delivery, or when further investigation is otherwise indicated, a medical examiner shall investigate the fetal death. An unattended fetal death must be reported to the medical examiner as required by State law.

Completion of the Report of Fetal Death

Facilities – Fetal death reports should be completed using VERA (Vital Event Registration Application).

- If your hospital does not have a birthing center, contact a hospital in your network that does have a birthing center.
- If your network does not have a birthing center, call Vital Records Registration at 517-335-6506.

Medical Examiners and **Physicians Outside of a Facility** - Upon completion, fetal death reports are to be faxed immediately and directly to: Registration Unit, Vital Records and Health Statistics at 517-335-9964.

- Do not send fetal death reports to a local registrar's office.
- Upon receipt of the report, it will be reviewed for completeness, legibility, accuracy and conformity to these instructions. If the record is not acceptable for filing, it will be returned to you. You will be responsible for preparing an acceptable record and for filing the replacement record within 5 days of the returned record.
- **Note:** 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 originally reported.

Specific Instructions

Personal Information

Fetus (Child) – Name
If the parent or parents have chosen to name the fetus (child), enter the name given to the fetus by the parent(s) of the fetus. If the parent or parents have chosen not to name the fetus, enter the last name of the delivering parent only. Leave the spaces for the first and middle name blank. Do **not** enter the words BABY GIRL, BABY BOY, TWIN A OR TWIN B, etc.

The names of the individuals recorded on the document, including the fetus and the parents must be written in English alphabetic characters, except that surname suffixes may be entered as Roman or Arabic numerals.

Date of Delivery
Enter the exact month, day and year of the delivery. Deliveries occurring at midnight are considered as having occurred at the beginning of the day rather than the end of the day prior.

Time of Delivery
Enter the exact time (hour and minute) that the fetus was delivered.

Sex of Fetus
Record the sex of the fetus by indicating male, female or indeterminable.

Will Medical Facility Be Responsible For Disposition?
Yes – if the medical facility will be responsible. No – if a funeral home will be responsible.

Method of Disposition
Check the applicable box.

Funeral Home or Medical Facility Responsibility for Disposition Name and Address
Complete as much information that is known at the time of filing. If parents have not selected a funeral home, leave blank.

Mother/Delivering Parent's Current Legal Name
Enter the current legal name of the mother.

Mother/Delivering Parent's Name Before First Married
Enter the full name, including the surname before first married of the person who delivered the fetus. If the person is married, widowed, or divorced, be sure to enter their surname before first being married.

Mother/Delivering Parent's Date of Birth
Enter the exact month, day and year that the mother was born.

Mother/Delivering Parent's Social Security Number
Optional. If unknown or parent does not want to provide, leave blank.

Mother/Delivering Parent's State of Birth
If the mother was born in the United States (U.S.), enter the name of the state.

- If not born in the U.S., enter the name of the country.
- If born in the United States, but the state is unknown, enter U.S. - unknown.

Residence And Mailing Address Of Mother/Delivering Parent
The mother's residence is their primary residence. Never enter a temporary residence such as one used during a visit, business trip or a vacation. However, place of residence during a tour of military duty or during attendance at college is not considered as temporary and may be used. Also enter the complete mailing address of the mother, if different from the residence.

Parent Attributes
Enter the education, race, ancestry and Hispanic origin of the mother/delivering parent and of the father/second parent as obtained from the parent(s) or other informant.

Did Mother Received WIC During This Pregnancy?
This item is to be completed based on information obtained from the mother.

Mother's Height
Enter the mother's height in feet and inches.

Mother's Pre-Pregnancy Weight and Mother's Weight at Delivery
Record weight in whole pounds only.

Did Mother Smoke Before or During Pregnancy?
Indicate whether mother smoked before or during pregnancy by entering "Yes", "No" or "Unknown".

- **If yes**, indicate number of cigarettes or packs of cigarettes for each period as indicated. At this time, data is not being collected on vaping products.

If Mother Quit Smoking, How Long Ago?

- **If yes**, indicate date they quit smoking.

Did Mother/Delivering Parent Use Alcohol During This Pregnancy?

- **If yes,** indicate average number of drinks per week and per period as indicated.

Marital Status
Enter current marital status and check appropriate box for if mother/delivering parent was married at conception, delivery or anytime between conception and delivery as reported by parent/informant.

Parental Description
Check appropriate box, based on parent/informant request.

Father/Second Parent Name (If Second Parent is Added.)
Enter the current legal name of the father/second parent if delivering parent indicates a second parent should be added to the record.

- A mother/delivering parent may name the father/second parent of a fetal death regardless of whether the child was conceived in wedlock.
- An acknowledgment of parentage may be filed for a stillbirth but is **not** required prior to listing a father/second parent on a Report of Fetal Death.

Father/Second Parent's Date of Birth
Enter the exact month, day and year that the father/second parent was born.

Father/Second Parent's State of Birth
If the second parent was born in the United States, enter the name of the state. If not in the U.S., enter the name of the country. If they were born in the United States, but the state is unknown, enter U.S. - unknown.

Place Where Delivery Occurred
For **type of place**, check appropriate box.

- A birthing center located in and operated by a hospital is considered part of the hospital and should be reported as occurring in the hospital.
- If the delivery occurred en route to the hospital and the fetus was not removed from the vehicle until they arrived at the hospital, enter the name of the hospital and check the hospital-en route box.
- If the delivery occurred en route to the hospital and the fetus was removed from the vehicle prior to arrival at the hospital, this is a home unplanned delivery. The address where they were removed from the vehicle should be used as the delivery address.
- Freestanding birthing centers include those facilities that are operated independently from hospitals (autonomously).
- The "clinic/doctor's office" category includes other non-hospital outpatient facilities.
- "Other" should only be used for a safe delivery/foundling. Deliveries occurring at a neighbor's house, a cabin, RV, parking lot, etc., are all considered home deliveries.

Facility Name and Address
Enter name of facility and physical address. If delivered en route, and the mother and fetus were not removed from the vehicle until they arrived at the facility, enter the facility address.

If the delivery occurred at home or at some other place outside a hospital and the mother and fetus were subsequently taken to a hospital, enter the address and zip code of the actual place of occurrence (for example, the home address or cross streets or highway description) as the place of delivery.

Medical Information

For more information, please see the Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death. This guide was developed to assist in completing the facility worksheets for the Certificate of Live Birth and Report of Fetal Death. It provides item numbers, definitions, instructions, best sources, and expected keywords and abbreviations.

A Note on Check Box Items
Some medical and health items are formatted into check boxes for ease of manual completion. It has been demonstrated that this format generally produces higher quality and more complete information than open-ended items. Please review each check box listed and carefully check the appropriate box(es). Clearly mark an "X" or check the box in VERA.

Mother/Delivering Medical Record Number
Enter the facility's medical record number used for the parent.

Primary Payor for Delivery
Enter the expected source of payment for the medical expenses associated with the delivery.

Date Last Normal Menses Began
Enter the month, day and year of the mother's last normal menses. If unknown, enter 9s for any unknown values. (i.e. if month and year are known, but date is not, enter 12/99/2023).

Prenatal Care Received? (Yes/No Response)

> **Date of First and Last Prenatal Care Visit**
> Prenatal care begins when a physician or other health professional first examines and/or counsels the pregnant woman. If no prenatal care was received, select the box indicating none.
>
> **Prenatal Visits - Total Number**
> Enter the number of visits made for medical supervision of the pregnancy by a physician or other health care provider during the prenatal period.

Previous Live Births Now Living
Enter the number of prior children born alive to this mother who are still living at the time of this delivery.

Previous Live Births Now Dead
Enter the number of prior children born alive to this mother who are no longer living at the time of this delivery.

Date of Last Live Birth
Enter the month and year of birth of the last live-born child of the delivering parent.

Other Pregnancy Outcomes
Enter the number of fetuses that were delivered dead regardless of the length of gestation. Include each recognized loss of a product of conception, such as ectopic pregnancy, miscarriage, fetal death and spontaneous or induced abortion. Do not include this fetus.

Date of Last Other Pregnancy Outcome
Enter the date of the last termination of pregnancy that was not a live birth regardless of the length of gestation. 9s should be used for unknown parts of dates. For example, if year is known, but month is not, type or write 99/YYYY.

Risk Factors – Check all that apply.

Infections Present and/or Treated during Pregnancy – Check all that apply.

Delivery Questions – Check all that apply.

Maternal Morbidity – Check all that apply.

Mother Transferred for Maternal Medical or Fetal Indications for Delivery?
Select "Yes" if the mother was transferred from one facility to another facility before the fetus was delivered. Select "No" if this is the first facility the mother was admitted to for delivery.

- If the mother was transferred before delivery, **enter the name of the facility** that transferred her.

Fetal Attributes - Birthweight of Fetus
Enter weight of the fetus as it is recorded in the hospital records. Entries should be made in either grams or pounds and ounces depending on the scales used. Weight in grams is preferred.

Fetal Attributes - Obstetric Estimate of Gestation
Enter gestation in weeks as best determined by a physician or a qualified nurse.

Plurality
When a plural delivery occurs, prepare and file a separate certificate of live birth or report of fetal death for each child or fetus depending upon the status of each child or fetus in the set. Check the appropriate box—Single, Twin, Triplet or Other (Specify).

If Not Single Birth, Delivery Order
For multiple births, specify the order in which the fetus being reported was delivered - first, second, third, Other (Specify).

Congenital Anomalies of the Newborn – Check all that apply.

Cause/Conditions Contributing to Fetal Death – Overview

The cause-of-death section consists of two parts. 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.

Abbreviations **should be avoided** in reporting causes of death.

1. The initiating cause/condition is for reporting a single condition that most likely began the sequence of events resulting in the death of the fetus. It is important to report the underlying cause of death. If an organ system failure is listed as a cause of death, its etiology should be reported. If an external cause of death, the fatal injury (e.g., stab wound of mother's abdomen), the trauma, and impairment of function should always be reported.

2. Other significant causes or conditions include all other conditions contributing to death. These conditions may be conditions that are triggered by the initiating cause or causes that are not among the sequence of events triggered by the initiating cause. The terminal event which led to death should not be used unless providing the etiology.

Estimated Time of Fetal Death – Select the most appropriate option.

Was An Autopsy Performed?
Item to indicate whether an autopsy was performed. If a partial or complete autopsy was performed, 'Yes' should be selected. If an autopsy has been ordered but not yet performed, check "Planned". If planned is checked, an amendment should be submitted when the body has been autopsied.

Was A Histological Placental Examination Performed?
Item to indicate whether a histological placental examination was performed. If any histological placental examination was performed, 'Yes' should be selected. If a placental examination has been ordered but not yet performed, check "Planned". If planned is checked, an amendment should be submitted when the placental examination has been performed.

Were Autopsy or Histological Placental Examination Results Used in Determining the Cause of Fetal Death? – Select the appropriate option.

Name And Title Of Attendant
Enter the name and title (MD, DO, etc.) of the individual who attended the delivery.

Name and Title of Person Completing Form
Enter the name and title of the person completing the form, as well as the signature and date of signature.

Additional Information

Questions regarding the completion of the fetal death reports may be addressed to the Registration Unit at (517) 335-6506.

From 1978 until June, 2003, the fetal death reports were reports used only for medical and health purposes and were not retained nor made available as official records of these events. Fetal death certificates that were registered prior to 1978 and after June 1, 2003 are permanent records of the events and are available to family members as certified copies.

Certified copies of a Certificate of Stillbirth for still births reported on and after June 1, 2003, can be obtained by the parents directly from the State of Michigan Division of Vital Records and Health Statistics. An Application for a Certified Copy -- Michigan Stillbirth Record may be completed as directed. Inquiries about the certificate may be directed to Customer Service at 517-335-8666.