

REPORTING OF SPONTANEOUS FETAL DEATHS

DEFINITION OF FETAL DEATH

“Fetal death” means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of duration of pregnancy; the death is indicated by the fact that after such 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.

The purpose of this manual is to assist each facility in completing the Report of Spontaneous Fetal Death available through our Electronic Fetal Death Registration system.

QUESTIONS

If clarification, additional information, or assistance is needed regarding the reporting of a fetal death, contact your Vital Records Field Representative, Vital Records Fetal Death Registration or the State Registrar.

REPORT OF SPONTANEOUS FETAL DEATH, FORM NO. 553

Supplies of this form may be obtained from:

Office of Vital Records
Mississippi State Department of Health
P. O. Box 1700
Jackson, Miss. 39215-1700
601-576-7981

REPORT OF SPONTANEOUS FETAL DEATH, FORM NO. 553, 01/01/2013

STATE FILE NUMBER 123-

Form containing sections: 1. RISK FACTORS IN THIS PREGNANCY, 2. CONGESTIONAL ANOMALIES OF THE FETUS, 20. OTHER SIGNIFICANT CAUSES OR CONDITIONS, 21. QUANTITATIVE BEFORE AND DURING PREGNANCY, 22. MATERNAL ADEQUACY, 23. DATE COMPLETED.

REPORT OF SPONTANEOUS FETAL DEATH IN MISSISSIPPI

Main form body with sections: 1. FILING DATE, 2. FETUS, 3. SEX, 4. WEIGHT, 5. PLACE WHERE DELIVERED, 6. PARENTS, 7. METHOD OF DELIVERY, 8. SOCIAL SECURITY NUMBER, 9. HISTORY OF PREGNANCY, 10. HISTORY OF PREVIOUS DELIVERIES, 11. HISTORY OF OTHER DELIVERIES, 12. HISTORY OF OTHER DELIVERIES, 13. HISTORY OF OTHER DELIVERIES.

| Item No. | Item Name |
|----------|------------------------------------|
| 1 | FETUS NAME – (FIRST, MIDDLE, LAST) |

If the parents did not select given names, enter “unnamed” and the legal last name only.

Entries of Jr, II, etc. following the last name are acceptable.

Last name (Surname):

If the mother was married at the time of delivery (13b answered “Yes”), enter the last name of the mother's husband. Note that a woman who is separated but not divorced is considered married.

If the mother was married at or after the time of conception but was widowed or divorced at the time of delivery (Item 13b answered “Yes”), enter the last name of the deceased or divorced husband.

For a child born to a mother who was not married at the time of conception or birth or at any time in between BUT there is an acknowledged father (Item 13b answered “No”), enter the last name of the acknowledged father.

If the mother was not married at the time of conception or delivery or at any time in between and there is no acknowledged father (Item 13b answered “No”), enter the last name of the mother.

| Item No. | Item Name |
|----------|-------------------------------------|
| 2a | DATE OF DELIVERY (Month, Day, Year) |

Enter the exact month, day and year the fetus was delivered.

Spell out or abbreviate the name of the month (Jan., Feb., etc.). Numbers can be entered, example: 01012013, leading zeros must be entered.

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

| Item No. | Item Name |
|----------|------------------|
| 2b | HOUR OF DELIVERY |

Enter the exact time (hour and minute) the fetus was delivered according to local time.

Enter 12 noon as “12:00 p.m.”. If the time was one minute after 12 noon, enter “12:01 p.m.”.

Enter 12 midnight as “12:00 a.m.”. If the time was one minute after 12 midnight, enter “12:01 a.m.”.

| Item No. | Item Name |
|----------|-----------|
| 3 | SEX |

Enter “Male” or “Female”.

If the sex could not be determined, enter “Unknown”.

PLURALITY AND BIRTH ORDER Items 4a-b.

When a plural delivery occurs, prepare a separate record for each child or fetus even if they are Siamese twins. File certificates relating to the same plural set at the same time. However, do not hold completed certificates while waiting for uncompleted ones if this will result in late filing. If any members of a plural set were born alive, write a note in “user notes” for members born specifying which members of the set were born alive. Similarly, if any members of a plural set were delivered in another county or state, write a note in “user notes” stating where the other members of the set were born.

| Item No. | Item Name |
|----------|--|
| 4a | THIS DELIVERY SINGLE, TWIN, TRIPLET, ETC (Specify) |

Specify whether this was a single birth, twin, triplet, quadruplet, etc.

| Item No. | Item Name |
|----------|---|
| 4b | IF NOT SINGLE DELIVERY, BORN FIRST, SECOND, ETC (Specify) |

If this was a plural delivery, specify the order in which this fetus was born – first, second, etc. System fills this in if a single delivery.

| Item No. | Item Name |
|----------|--|
| 5 | WEIGHT (ENTER ONLY IN THE TYPE OF MEASURE ON THE SCALES USED.) |

Enter the weight of the fetus as it is recorded in the hospital or clinic record or as measured by the attendant at a delivery not in a hospital or clinic.

Enter the weight either in the section for pounds and ounces or in the section for grams, depending on the scales used. Do not enter in both types of measurements and do not convert from one measure to the other.

If the fetus was not weighed, enter “99” in both pounds and ounces; enter “9999” in grams. Do not use a dash or other symbol which has no specific meaning to indicate that the fetus was not weighed.

If the weight is in pounds and ounces, make an entry in both pounds and ounces even if one of the entries is “0”.

PLACE OF DELIVERY Items 6a-c.

For deliveries occurring on a moving conveyance within the United States, enter the information for place of delivery as if the delivery had occurred at the place where the fetus was first removed from the conveyance. However, if the delivery occurred in international waters or airspace or in a foreign country and the fetus was first removed from the conveyance in this state, contact the Office of Vital Records for instructions.

| Item No. | Item Name |
|----------|--------------------|
| 6a | COUNTY OF DELIVERY |

Enter the name of the county where the delivery occurred. This should be the county in which the hospital, clinic, or other place where the delivery occurred is located.

| Item No. | Item Name |
|----------|--------------------------|
| 6b | CITY OR TOWN OF DELIVERY |

Enter the name of the city or town where the delivery occurred. This should be the city or town where the hospital, clinic, or other place where the delivery occurred is located.

| Item No. | Item Name |
|----------|-----------------------------------|
| 6c | PLACE WHERE THE DELIVERY OCCURRED |

Check the box that best describes the place where the delivery occurred.

| Item No. | Item Name |
|----------|---|
| 6d | FACILITY NAME (IF NOT INSTITUTION, GIVE STREET AND NUMBER AND ZIP CODE) |

If the delivery occurred in a hospital or clinic, enter the full name of the hospital or clinic and the hospital or clinic code.

If the delivery occurred enroute to a hospital or clinic, enter the name of the hospital or clinic, add the word "Enroute" and enter the hospital or clinic code.

If the delivery did not occur in or enroute to a hospital or clinic, enter the street address or other specific location of the place where the delivery occurred.

| Item No. | Item Name |
|----------|--|
| 6e | FACILITY ID (NPI - NATIONAL PROVIDER IDENTIFIER) |

Enter the ten digit number assigned to your hospital or facility.

If you do not know the National Provider Identifier, leave blank.

| Item No. | Item Name |
|----------|-----------------------|
| 7 | METHOD OF DISPOSITION |

Enter the method of disposition. Choose one method only.

| Item No. | Item Name |
|----------|---|
| 8a | FATHER LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) |

If the fetus was:

Delivered to a mother who was married at the time of delivery (Item 13b answered "Yes"), enter the name of her husband. Note that a woman who is separated but not divorced is considered to be still married.

Delivered to a mother who was married at or after the time of conception but was widowed or divorced at the time of delivery (Item 13b answered "Yes"), enter the name of the deceased or divorced husband.

Delivered to a mother who was not married at the time of conception or delivery or at any time in between BUT there is an acknowledged father (Item 13b answered "No"), enter the name of the acknowledged father.

Delivered to a mother who was not married at the time of conception or delivery or at any time in between

and no acknowledged father (Item 13b answered “No”), make no entry regarding the father’s name. Entries of Jr, Sr, II, etc. following the last name are acceptable.

| Item No. | Item Name |
|----------|---|
| 8b | FATHER’S DATE OF BIRTH (MONTH, DAY, YEAR) |

Enter the exact month, day and year the father was born.

Spell out or abbreviate the name of the month (Jan., Feb., etc.). Numbers can be entered, example: 01012013, leading zeros must be entered.

Make no entry if the father’s name is not entered in 8a.

| Item No. | Item Name |
|----------|--|
| 8c. | FATHER’S BIRTHPLACE (State, Territory, or Foreign Country) |

If the father was born in the United States, enter the name of the state. If the father is known to have been born in the United States but the state is unknown, enter “Unknown”.

If the father was not born in the United States, enter the name of the country. If the father is known to have been born in a foreign country but the country is unknown, enter “Unknown”.

If no information is available as to whether the father was born in the United States or a foreign country, enter “Unknown”.

Make no entry if the father’s name is not entered in 8a (Item 13b answered “No”).

| Item No. | Item Name |
|----------|---------------|
| 8d | FATHER’S RACE |

Enter the race or races the father considers himself to be, as it is obtained from the father, mother or other informant.

If the father is an American Indian or Alaska Native, enter the name of the enrolled or principal tribe on the line provided.

Make no entry if the father’s name is not entered in 8a (Item 13b answered “No”).

| Item No. | Item Name |
|----------|---------------------------|
| 8e | FATHER OF HISPANIC ORIGIN |

Enter the best described origin of the father as it is obtained from the father, mother or other informant. Origin refers to the nationality group of the person or his ancestors before their arrival in the United States (except for American Indians and Alaska Natives). The entry is to reflect what the person considers himself to be, and is not based on percentages of ancestry.

If the father does not identify with any Hispanic origin, select “No, not Spanish/Hispanic/Latino”.
This item should be asked independently of the race item.

Make no entry if the father’s name is not entered in 8a (Item 13b answered “No”).

| Item No. | Item Name |
|----------|---------------------------------|
| 8f | FATHER’S SOCIAL SECURITY NUMBER |

Enter the Social Security number of the father listed on the certificate.

Enter “000-00-0000”, without hyphens, if the father does not have a Social Security number.

Enter “999-99-9999”, without hyphens, if the Social Security number is unknown.

| Item No. | Item Name |
|----------|--------------------|
| 8g | FATHER’S EDUCATION |

Check the highest grade or college year completed in “regular” schooling. Do not check any levels below the highest one completed.

Do not enter any other kind of schooling such as barber and beauty schools, business or trade schools, and the like. Although these are important, they are not considered “regular” schools for the purposes of this item.

Make no entry if the father’s name is not entered in Item 8a (Item 13b answered “No”).

| Item No. | Item Name |
|----------|---|
| 9a | MOTHER’S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) |

Enter the full maiden name of the mother. If mother’s maiden name is the same as her married name, please make a notation in the user notes.

Do not enter a last name acquired by marriage for maiden name.

Do not enter an assumed name for an unwed mother.

| Item No. | Item Name |
|----------|------------------------|
| 9b | MOTHER’S DATE OF BIRTH |

Enter the exact month, day, and year the mother was born.

Spell out or abbreviate the name of the month (Jan., Feb., etc.). Numbers can be entered, example: 01012013, leading zeros must be entered.

| Item No. | Item Name |
|----------|--|
| 9c | MOTHER'S BIRTHPLACE (State, Territory, or Foreign Country) |

If the mother was born in the United States, enter the name of the state. If the mother is known to have been born in the United States but the state is unknown, enter "Unknown".

If the mother was not born in the United States, enter the name of the country. If the mother is known to have been born in a foreign country but the country is unknown, enter "Unknown".

If no information is available as to whether the mother was born in the United States or a foreign country, enter "Unknown".

| Item No. | Item Name |
|----------|---------------|
| 9d | MOTHER'S RACE |

Enter the race or races the mother considers herself to be, as it is obtained from the mother, father, or other informant.

If the mother is an American Indian or Alaska Native, enter the name of the enrolled or principal tribe on the line provided.

| Item No. | Item Name |
|----------|---------------------------|
| 9e | MOTHER OF HISPANIC ORIGIN |

Enter the best described origin of the mother as it is obtained from the mother, father, or other informant. Origin refers to the nationality group of the person or her ancestors before their arrival in the United States (except for American Indians and Alaska Natives). The entry is to reflect what the person considers herself to be, and is not based on percentages of ancestry.

If the mother does not identify with any Hispanic origin, select "No, not Spanish/Hispanic/Latino".

This item should be asked independently of the race item.

| Item No. | Item Name |
|----------|---------------------------------|
| 9f | MOTHER'S SOCIAL SECURITY NUMBER |

Enter the complete Social Security number of the mother.

Enter "000-00-0000", without hyphens, if the mother does not have a Social Security number.

Enter "999-99-9999", without hyphens, if the Social Security number is unknown.

| Item No. | Item Name |
|----------|----------------------------------|
| 9g | Mother's Current Legal Last Name |

Enter the current legal last name of the mother.

| Item No. | Item Name |
|----------|--------------------------------|
| 9h | Mother's Medical Record Number |

Enter the medical record number of the mother provided by the facility.

| Item No. | Item Name |
|----------|--------------------|
| 9i | MOTHER'S EDUCATION |

Check the highest grade or college year completed in "regular" schooling. Do not check any levels below the highest one completed.

Do not enter any other kind of schooling such as barber and beauty schools, business or trade schools, and the like. Although these are important, they are not considered "regular" schools for the purposes of this item.

| Item No. | Item Name |
|----------|--------------------------|
| 10a | MOTHER'S RESIDENCE STATE |

Enter the name of the state in which the mother's place of residence is actually located. This may differ from the state used in her mailing address.

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

| Item No. | Item Name |
|----------|---------------------------|
| 10b | MOTHERS' RESIDENCE COUNTY |

Enter the name of the county in which the mother's place of residence is actually located.

| Item No. | Item Name |
|----------|---------------------------------|
| 10c | MOTHER'S RESIDENCE CITY OR TOWN |

Enter the name of the city or town in or near which the mother's place of residence is actually located. This may differ from the city or town used in her mailing address.

| Item No. | Item Name |
|----------|---------------------------------------|
| 10d | MOTHER'S RESIDENCE INSIDE CITY LIMITS |

Enter "Yes" if the place where the mother lives is located inside the city limits of an incorporated town named in 10c.

Enter "No" if the place where the mother lives is located outside the city limits of an incorporated town named in 10c or is in an unincorporated place.

| Item No. | Item Name |
|----------|--|
| 10e | MOTHER'S RESIDENCE STREET AND NUMBER OR RURAL LOCATION |

Enter the number and street name of the place where the mother lives. Do not use punctuation in this item.

If the place where the mother lives has no number and street name, enter the County Road and number, showing which of these kinds of numbers was used.

Do not enter "General Delivery" or "P.O. Box" in this item. If the street the mother lives on has no name or route number or highway number, enter "No named street".

| Item No. | Item Name |
|----------|-----------------------------|
| 10f | MOTHER'S RESIDENCE ZIP CODE |

Enter the ZIP Code of the place where the mother lives.

| Item No. | Item Name |
|----------|--|
| 11a | MOTHER'S MAILING ADDRESS STREET AND NUMBER OR ROUTE AND BOX NUMBER |

Do not use punctuation in this item.

Enter the street and number or other specific information needed for addressing mail to the mother. If the mother lives in an apartment complex or other location that requires an apartment or suite number be sure to include it in the mailing address. This may be different from the location information in item 10e.

| Item No. | Item Name |
|----------|---------------------------------------|
| 11b | MOTHER'S MAILING ADDRESS CITY OR TOWN |

Enter the city or town used in addressing mail to the mother. This may be different from the city or town of location in item 10c.

If same as residence, enter "Same" in street address and it will auto fill.

| Item No. | Item Name |
|----------|---|
| 11c | MOTHER'S MAILING ADDRESS STATE AND ZIP CODE |

Enter the state and ZIP code used in addressing mail to the mother. This may be different from the state of location entered in item 10a-e.

PREGNANCY HISTORY OF THE MOTHER

| Item No. | Item Name |
|----------|------------------------|
| 12a | LIVE BIRTHS NOW LIVING |

Enter the number of children born alive to this mother who were still living at the time this fetus was delivered. Do not include children the mother has adopted.

Check "None" if this was the first delivery to this mother or if all previous children who were born alive were dead when this fetus was delivered.

If the report is for the first-born member of a plural set, do not include the other members of the set who were born after this fetus was delivered. However, if the report is for the second-born member of a plural set, include the first-born member of the set in the count if it was born alive and was still alive when the second-born member was delivered. Similarly, if the report is for the third-born member of a plural set, include information about the first-and second-born members if applicable; continue in the same manner for

quadruplets, etc.

| Item No. | Item Name |
|----------|----------------------|
| 12b | LIVE BIRTHS NOW DEAD |

Enter the number of children born alive to this mother who were no longer living at the time this fetus was delivered. Do not include children the mother has adopted.

Check "None" if this was the first delivery for this mother or if all previous children who were born alive were still living when this fetus was delivered.

If the report is for the first-born member of a plural set, do not include the other members of the set who were born after this fetus was delivered. However, if the report is for the second-born member of a plural set, include the first-born member of the set in the count if it was born alive and was still alive when the second-born member was delivered. Similarly, if the report is for the third-born member of a plural set, include information about the first-and second-born members if applicable; continue in the same manner for quadruplets, etc.

| Item No. | Item Name |
|----------|--|
| 12c | DATE OF LAST LIVE BIRTH (Month, Day, Year) |

Enter the month, day and year of the mother's last live birth which was included in either items 12a or 12b.

Spell out or abbreviate the name of the month (Jan., Feb., etc.). Numbers can be entered, example: 01012013, leading zeros must be entered.

Leave blank if the mother has not had a live birth before this fetus was delivered and both item 12a and 12b were checked "None".

If the report is for the second-born of a plural set and the first-born member was born alive, enter the date the first-born member was delivered. Similarly, if the record is for the third-born, etc. member of a plural set, enter the date of delivery of the last previous member of the set who was born alive. If all previously born members of a plural set were born dead, enter the date of the mother's last delivery that did result in a live birth.

PREGNANCY HISTORY OF THE MOTHER-PREVIOUS OTHER PREGNANCY OUTCOMES (Spontaneous and induced terminations, miscarriages, stillbirths, fetal deaths). Do not include this fetus. Items 12d-12e.

| Item No. | Item Name |
|----------|------------------------------------|
| 12d | NUMBER OF OTHER PREGNANCY OUTCOMES |

Enter the number of fetuses or products of conception that were previously delivered dead, regardless of length of gestation, after the last normal menstrual period began. (Use calculated length of gestation rather than estimated length).

Check "None" if this was the first delivery for this mother, or if all previous deliveries resulted in live-born infants.

If the report is for the first-born member of a plural set, do not include the other members of the set born after this fetus was delivered. However, if the report is for the second-born member of a plural set, and the first-born member was born dead, include the first-born member of the set in this count. Continue in the same manner for third-born, etc. members of plural sets.

| Item No. | Item Name |
|----------|---|
| 12e | DATE OF LAST OTHER PREGNANCY OUTCOME (Month, Day, Year) |

Enter the date of the last previous delivery which did not result in a live birth and was included in item 12d.

Spell out or abbreviate the name of the month (Jan., Feb., etc.). Numbers can be entered, example: 01012013, leading zeros have to be entered.

Leave blank if the mother has never previously had a delivery which did not result in a live birth and 12d was checked "None".

If the report is for the second born member of a plural set and the first-born member was born dead, enter the date the first-born member was delivered. Similarly, if the report is for the third-born, etc. member or a plural set, enter the date of delivery of the last previous member of the set born dead, if any. If all previously born members of a plural set were born alive, enter the date of the mother's last delivery that did not result in a live birth.

| Item No. | Item Name |
|----------|--|
| 13a | DATE LAST NORMAL MENSES BEGAN (Month, Day, Year) |

Enter the exact date (Month, Day, Year) of the beginning of the mother's last normal menstrual period as obtained from the physician or hospital record. If the date is not available from these sources, obtain it from the mother.

Numbers must be entered, example: 01012013, leading zeros must be entered.

If the exact day is unknown, but the month and year are known, obtain an estimate of the day from the mother or her physician. If an estimate of the day cannot be obtained, enter only the month and year. Enter Unknown ("99") for the day.

See Chart on following page-Summary of Instructions for Item 13b. Is Mother Married? And for Related Items (Exceptions to these rules can be made only upon court order.)

Summary of Instructions for Item 13b.

| Situation | Mother Married (Item 13b) | Father's name (Item 8a), Race (8d), Date of Birth (8b), Father of Hispanic Origin (8e), Birthplace (8c) and Education (8g) | Child's Last Name (Item 1) |
|---|--|--|--|
| Mother legally married at time of child's birth (includes mothers who are separated, regardless of length of separation) | Yes | Name, etc. of mother's legal husband (regardless of who the real father of the child is) | Same as last name of mother's legal husband. |
| Mother not legally married at time of child's birth but legally married at time of conception of child (for practical purposes, consider this to be the date last normal menses began, Item 13a) Examples: (a) mother widowed, but husband died on or between date last normal menses began and date of birth of child, (b) mother divorced, but divorce granted on or between date last normal menses began and date of birth of child | Yes (and state whether widowed or divorced and give date of death of husband or date of divorce) | Name, etc. of mother's former legal husband (regardless of who the real father of the child is) | Same as last name of mother's legal husband. |
| Mother formerly legally married but not legally married at time of conception or birth of child or at any time between conception and birth – Examples: (a) mother widowed and husband died before conception of child (date last normal menses, Item 13a), | No (and state whether widowed or divorced and give date of death of husband or date of divorce) | All Items blank | Legal last name of mother at time of birth of child. |
| Mother never legally married and no acknowledged father* | No | All Items blank | Legal last name of mother (maiden name). |
| Mother never legally or formerly legally married but not legally married at time of conception (date last menses began, Item 13a) or birth of child or at any time between conception and birth and acknowledged father* | No (and if applicable, state whether widowed or divorced and give date of death of husband or date of divorce) | Name, etc. of acknowledged father | Same as last name of acknowledged father* |

Note: Any type of legal termination of marriage other than divorce – for example, annulment – is to be considered the same as divorce.

| Item No. | Item Name |
|----------|--|
| 13b | MOTHER MARRIED (Or was she married at any time between conception and delivery of fetus) |

Enter "Yes" if mother was legally married at the time of conception, at the time of delivery, or at any time between conception and delivery even though she may have been widowed or divorced at the time of delivery.

If the mother was separated but not divorced, enter "Yes" because she was still legally married.

Enter "No" if the mother was not legally married at the time of conception, at the time of delivery, or at

some time in between conception and delivery.

| Item No. | Item Name |
|----------|--|
| 14a | TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY |

Enter the total number of all visits made for medical supervision from a physician and/or clinic during the prenatal period. Do not write in such terms as “Monthly” or “Weekly”.

If there were no prenatal visits, enter “00” (double zero).

| Item No. | Item Name |
|----------|--|
| 14b | DATE OF FIRST PRENATAL CARE VISIT (Month, Day, Year) |

Enter the month, day and year of the first prenatal care visit. Complete all parts of the date that are available. If any part of the date is unknown, enter “99” for the month or day and “9999” for the year if unknown.

Numbers must be entered, example: 01012013, leading zeros must be entered.

| Item No. | Item Name |
|----------|---|
| 14c | DATE OF LAST PRENATAL CARE VISIT (Month, Day, Year) |

Enter the month, day and year of the last prenatal care visit recorded in the records. Complete all parts of the date that are available. If any part is unknown, enter “99” for month and day and “9999” for the year if unknown.

Numbers must be entered, example: 01012013, leading zeros must be entered.

| Item No. | Item Name |
|----------|-----------------|
| 15a | MOTHER’S HEIGHT |

Enter the mother’s height at time of delivery of the fetus.

| Item No. | Item Name |
|----------|------------------------------|
| 15b | MOTHER’S PREPREGNANCY WEIGHT |

Enter the mother’s weight prior to conception based on the information/records provided. Weight should be entered in pounds only.

| Item No. | Item Name |
|----------|-----------------------------|
| 15c | MOTHER’S WEIGHT AT DELIVERY |

Enter the mother’s weight at delivery based on information/records provided. Weight should be entered in pounds only.

| Item No. | Item Name |
|----------|---|
| 15d | DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY |

Check “Yes” if the mother received WIC food at any time during this pregnancy.

Check “No” if the mother did not receive WIC food during this pregnancy.

| Item No. | Item Name |
|----------|---|
| 16 | MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY |

Check "Yes" if mother was transferred from a different facility.

Check "No" if mother was not transferred from a different facility.

| Item No. | Item Name |
|----------|---------------------------------|
| 17 | RISK FACTORS FOR THIS PREGNANCY |

Check each of the medical risk factors the mother experienced during this pregnancy.

If Diabetes – check only one.

If Hypertension – check only one.

If there were no medical risk factors to the mother, check "None" of the above.

| Item No. | Item Name |
|----------|---|
| 18 | INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY |

Infections present at the time of pregnancy diagnosis or a confirmed diagnosis during the 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.

Check all boxes that apply. More than one infection may be present during pregnancy.

If the mother has not had any infections during this pregnancy, check "None of the above".

| Item No. | Item Name |
|----------|--------------------|
| 19 | MATERNAL MORBIDITY |

Serious complications experienced by the mother associated with labor and delivery.

Check all boxes that apply. If the mother had none of the complications, check "None of the above".

| Item No. | Item Name |
|----------|--------------------|
| 20 | METHOD OF DELIVERY |

The physical process by which the complete delivery of the fetus was affected.

Complete every section: A, B, C, and D.

| Item No. | Item Name |
|----------|-----------------------------------|
| 21 | CONGENITAL ANOMALIES OF THE FETUS |

Malformations of the newborn diagnosed prenatally or after delivery.

Check all boxes that apply.

If none of the anomalies apply, check "None of the above".

CAUSE OF DEATH Items 22a-b.

| Item No. | Item Name |
|----------|----------------------------|
| 22a | INITIATING CAUSE/CONDITION |

Among the choices, please select the ONE which most likely began the sequence of events resulting in the death of the fetus.

| Item No. | Item Name |
|----------|--|
| 22b | OTHER SIGNIFICANT CAUSES OR CONDITIONS |

Select or specify all other conditions contributing to death in item 22a.

| Item No. | Item Name |
|----------|---|
| 22c | OBSTETRIC ESTIMATE OF GESTATION AT DELIVERY |

Enter the best obstetric estimate of the infant's gestation in completed weeks.

If unknown, enter "Unknown" in the space provided.

Do not complete this item based solely on the infant's date of delivery and mother's date of last menstrual period.

| Item No. | Item Name |
|----------|-------------------------------|
| 22d | ESTIMATED TIME OF FETAL DEATH |

Select the one that best describes the time of fetal death.

| Item No. | Item Name |
|----------|-----------------------|
| 22e | WAS AUTOPSY PERFORMED |

Select "Yes" if an autopsy was performed.

Select "No" if an autopsy was not performed.

Select "Pending" if an autopsy was performed but results are not available at the time of this report.

| Item No. | Item Name |
|----------|--|
| 22f | WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED |

Select "Yes" if a histological placental examination was performed.

Select "No" if a histological placental examination was not performed.

Select "Pending" if a histological placental examination was performed but the results are not available at the time of this report.

| Item No. | Item Name |
|----------|---|
| 22g | WERE AUTOPSY OR HISTOLOGICAL PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH |

Select either "Yes" or "No".

| Item No. | Item Name |
|----------|---|
| 22h | CIGARETTE SMOKING BEFORE AND DURING PREGNANCY |

Enter the number of cigarettes smoked, actual number of cigarettes or packs (not both), during the different times listed.

| Item No. | Item Name |
|----------|----------------------------|
| 23 | ATTENDANT'S NAME AND TITLE |

Enter the name, title and NPI (National Provider Identifier) of the attendant.

| Item No. | Item Name |
|----------|---------------------------|
| 24a | PERSON FILING REPORT NAME |

Give name of person completing this report.

| Item No. | Item Name |
|----------|----------------------------|
| 24b | PERSON FILING REPORT TITLE |

Give title of person completing this report.

| Item No. | Item Name |
|----------|-------------------------------------|
| 24c | PERSON FILING REPORT DATE COMPLETED |

Give the date report was completed (Month, Day, Year).

| Item No. | Item Name |
|----------|--------------------------------|
| | MOTHER'S MEDICAL RECORD NUMBER |

Provide the mother's medical record number on file with the facility.