DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

Reg. Dist. No. _____

Primary Reg. Dist. No. _____

Registrar's No. _____

Ohio Department of Health

VITAL STATISTICS
CERTIFICATE OF FETAL DEATH

State File No.

TYPE OR PRINT IN PERMANENT BLACK INK

FETUS

1. FETUS - NAME (First, Middle, Last)
2a. DATE OF DELIVERY (Month, Day, Year)
2b. TIME OF DELIVERY
3. SEX OF FETUS
4. FACILITY NAME (If not institution, give street and number)
5a. CITY, VILLAGE OR LOCATION OF DELIVERY
5b. COUNTY OF DELIVERY

PARENTS

6a. MOTHER'S NAME (First, Middle, Last)
6b. MAIDEN SURNAME
7a. DATE OF BIRTH (Month, Day, Year)
7b. AGE
8a. RESIDENCE - STATE
8b. COUNTY
8c. CITY, TOWN, OR LOCATION
8d. STREET AND NUMBER
8e. INSIDE CITY LIMITS? (Yes or No)
8f. ZIP CODE
9. FATHER'S NAME (First, Middle, Last)
10a. DATE OF BIRTH (Month, Day, Year)
10b. AGE

DISPOSITION

11a. BURIAL, CREMATION, OTHER (Specify)
11b. DATE
11c. NAME OF CEMETERY OR CREMATORY
11d. LOCATION (City, village, or county) (Stat
12a. INFORMANT - NAME - ADDRESS
12b. SIGNATURE OF FUNERAL DIRECTOR OR OTHER PERSON (LIC. I
12c. FUNERAL FIRM AND ADDRESS (CITY) (STATE) (Zi

13a. DATE FILED BY LOCAL REG.
13b. REGISTRAR'S SIGNATURE ►
13c. DATE PERMIT ISSUED
13d. SIGNATURE OF PERSON ISSUING PERMIT (Dist. No

PHYSICIAN CERTIFIER

14a. I CERTIFY THAT THIS DELIVERY OCCURRED ON THE DATE STATED ABOVE AND THE FETUS WAS BORN DEAD
SIGNATURE ►
14b. DATE SIGNED
14c. ATTENDANT - M.D., D.O., or CORONER (Specify)
14d. ATTENDANT - NAME AND MAILING ADDRESS (Type or Print) (Street or R.F.D. No., city or village, state, zip)
15. AUTHORIZED OFFICIAL (If delivery not attended by physician)
SIGNATURE

CAUSE

16. PART I. FETAL DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

Fetal or maternal condition directly causing fetal death — IMMEDIATE CAUSE (a)

Fetal and/or maternal conditions, if any, giving rise to the immediate cause (a), stating the underlying cause last — DUE TO, OR AS A CONSEQUENCE OF: (b)

DUE TO, OR AS A CONSEQUENCE OF: (c)

SPECIFY FETAL OR MATER

PART II. Other significant conditions of fetus or mother contributing to fetal death but not resulting in the underlying cause given in Part I.

17. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNK. (Specify)
18. AUTOPSY PERFORMED ☐Yes ☐No

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

	19. OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	20. RACE — American Indian, Black, White, etc. (Specify below)	21. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)	22. OCCUPATION AND BUSINESS/INDUSTRY (Worked during last year) Occupation	Business/Industry
MOTHER	19a. ☐ No ☐ Yes Specify:	20a.	21a.		22a.	22b.
FATHER	19b. ☐ No ☐ Yes Specify:	20b.	21b.		22c.	22d.

23. PREGNANCY HISTORY (Complete each section)

LIVE BIRTHS		OTHER TERMINATIONS (Spontaneous and induced at anytime after conception)
23a. NOW LIVING Number _____ ☐ None	23b. NOW DEAD Number _____ ☐ None	23d. (Do not include this fetus) Number _____ ☐ None
23c. DATE OF LAST LIVE BIRTH (Month, Year)		23e. DATE OF LAST OTHER TERMINATION (Month, Year)

24. MOTHER MARRIED? (At birth, conception, or any time between) (Yes or no)
25. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)
26. MONTH OF PREGNANCY PRENATAL CARE BEGAN - First, Second, Third, etc. (Specify)
27. PRENATAL VISITS - Total Number (If none, so state)
28. WEIGHT OF FETUS IN GRAMS
29. CLINICAL ESTIMATE OF GESTATION (Weeks
30a. PLURALITY - Single, Twin, Triplet, etc. (Specify)
30b. IF NOT SINGLE BIRTH - Born First, Second, Thi etc. (Specify)

31a. MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)

- Anemia (Hct. < 30/Hgb. < 10) ..... 01 ☐
- Cardiac disease ..... 02 ☐
- Acute or chronic lung disease ..... 03 ☐
- Diabetes ..... 04 ☐
- Genital herpes ..... 05 ☐
- Hydramnios/Oligohydramnios ..... 06 ☐
- Hemoglobinopathy ..... 07 ☐
- Hypertension, chronic ..... 08 ☐
- Hypertension, pregnancy-associated ..... 09 ☐
- Eclampsia ..... 10 ☐
- Incompetent cervix ..... 11 ☐
- Previous infant 4000+ grams ..... 12 ☐
- Previous preterm or small-for-gestational-age infant ..... 13 ☐
- Renal disease ..... 14 ☐
- Rh sensitization ..... 15 ☐
- Uterine bleeding ..... 16 ☐
- None ..... 00 ☐
- Other _____ 17 ☐ (Specify)

31b. OTHER RISK FACTORS FOR THIS PREGNANCY (Complete all items)

- Tobacco use during pregnancy ..... Yes ☐ No ☐
  - Average number cigarettes per day _____
- Alcohol use during pregnancy ..... Yes ☐ No ☐
  - Average number drinks per week _____
- Weight gained during pregnancy _____ lbs.
- Pre-Pregnancy weight _____ lbs.

32. OBSTETRIC PROCEDURES (Check all that apply)

- Amniocentesis ..... 01 ☐
- Electronic fetal monitoring ..... 02 ☐
- Induction of labor ..... 03 ☐
- Stimulation of labor ..... 04 ☐
- Tocolysis ..... 05 ☐
- Ultrasound ..... 06 ☐
- None ..... 00 ☐
- Other ..... 07 ☐

33. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)

- Febrile (>100°F. or 38°C.) ..... 01 ☐
- Meconium, moderate/heavy ..... 02 ☐
- Premature rupture of membrane (>12 hours) ..... 03 ☐
- Abruptio placenta ..... 04 ☐
- Placenta previa ..... 05 ☐
- Other excessive bleeding ..... 06 ☐
- Seizures during labor ..... 07 ☐
- Precipitous labor (< 3 hours) ..... 08 ☐
- Prolonged labor (>20 hours) ..... 09 ☐
- Dysfunctional labor ..... 10 ☐
- Breech/Malpresentation ..... 11 ☐
- Cephalopelvic disproportion ..... 12 ☐
- Cord prolapse ..... 13 ☐
- Anesthetic complications ..... 14 ☐
- Fetal distress ..... 15 ☐
- None ..... 00 ☐
- Other _____ 16 ☐ (Specify)

34. METHOD OF DELIVERY (Check all that apply)

- Vaginal ..... 01 ☐
- Vaginal birth after previous C-section ..... 02 ☐
- Primary C-section ..... 03 ☐
- Repeat C-section ..... 04 ☐
- Forceps ..... 05 ☐
- Vacuum ..... 06 ☐
- Hysterotomy/Hysterectomy ..... 07 ☐

35. DATE OF APPROVED TESTS. (If none, state reason)

35a. TEST FOR SYPHILIS
35b. TEST FOR GONORRHEA

36. CONGENITAL ANOMALIES OF FETUS (Check all that apply)

- Anencephalus 01
- Spina bifida/Meningocele 02
- Hydrocephalus 03
- Microcephalus 04
- Other central nervous system anomalies (Specify) _____ 05
- Heart malformations 06
- Other circulatory/respiratory anomalies (Specify) _____ 07
- Rectal atresia/stenosis 08
- Tracheo esophageal fistula/Esophageal atresia 09
- Omphalocele/Gastroschisis 10
- Other gastrointestinal anomalies (Specify) _____ 11
- Malformed genitalia 12
- Renal agenesis 13
- Other urogenital anomalies (Specify) _____ 14
- Cleft lip/palate 15
- Polydactyly/Syndactyly/Adactyly 16
- Club foot 17
- Diaphragmatic hernia 18
- Other musculoskeletal/integumental anomalies (Specify) _____ 19
- Down's syndrome 20
- Other chromosomal anomalies (Specify) _____ 21
- None 00
- Other _____ 22 (Specify)

MULTIPLE BIRTHS Enter State File Number for Mate(s) LIVE BIRTH(S)

FETAL DEATH(S)

706
6 (REV. 11/91)

APPENDIX C

Recommended Terms

Examples of Causes of Fetal Death

- Fetal malformations
- Birth injury
- Fetal anoxia;
  - Cord complications
  - Hemorrhage: placenta previa
  - Hemorrhage: abruptio placentae (*or)
  - Hemorrhage: cause uncertain
  - *Premature placental detachment
  - Complicated mechanics of labor (specify)
  - Placental insufficiency
- Intrauterine infection
- Erythroblastosis
- Maternal disease:
  - Toxemia of pregnancy
  - Diabetes mellitus
- Other (specify)
- Undetermined