RESET PRINT EMAIL SAVE AS

Report of Fetal Death Worksheet

We are truly sorry about the loss you have experienced. We understand that this is a difficult time for you and your loved ones. We need to ask you a few questions to assist in the completion of the official report of fetal death. State laws provide protection against the unauthorized release of identifying information from the report of fetal death to ensure confidentiality of the parents. This information may also help researchers understand some of the factors that are related to miscarriage and stillbirth. Your assistance in providing complete and accurate information is very important. We appreciate your help, especially during this very difficult time.

PLEASE PRINT CLEARLY

Please note: If delivery occurred in a hospital, nursing care institution, or hospice inpatient facility, the Human Remains Release Form (HRRF) must be completed (reference A.R.S. §36-326 and A.A.C. R9-19-301.)

Funeral Home/County Information Available for Disposition: ☐ Yes ☐ No

Fetus Information

Name of Fetus-- This is optional. ☐ Fetus Not Named

1A. FETUS FIRST NAME	1B. MIDDLE NAME	1C. LAST NAME	1D. SUFFIX (Jr, II, etc)

2. DATE OF DELIVERY (mm/dd/yyyy)	3. TIME OF DELIVERY	4. FETUS SEX	5. HRRF (Human Remains Release Form)
	☐ AM ☐ PM ☐ Military ☐ Unknown	☐ Male ☐ Female ☐ Unknown	☐ Yes ☐ No _____ (mm/dd/yyyy)

Mother's Information

6A. MOTHER'S CURRENT LEGAL NAME – FIRST NAME	6B. MIDDLE NAME	6C. LAST NAME	6D. SUFFIX (Jr, II, etc)
7A. MOTHER'S NAME PRIOR TO FIRST MARRIAGE – FIRST NAME	7B. MIDDLE NAME	7C. LAST NAME	7D. SUFFIX (Jr, II, etc)

8A. MOTHER'S DATE OF BIRTH (mm/dd/yyyy)	8B. MOTHER'S STATE OF BIRTH	8C. MOTHER'S COUNTRY OF BIRTH

Mother's Residence Address

9A. MOTHER'S ADDRESS	9B. Apt. # /Suite

9C. ZIP CODE	9D. CITY OR TOWN	9E. COUNTY	9F. STATE

9G. COUNTRY	9H. Inside City Limits? ☐ Yes ☐ No ☐ Unknown

9I. Is Mother's Residence in an Arizona Tribal Community? ☐ Yes ☐ No ☐ Unknown
If yes, identify the name of the tribal community _____
*(For a list of Native American tribes specific to Arizona, reference the*Arizona Tribal Addendum at the end of the worksheet)*

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Mother's Attributes

10. MOTHER'S EDUCATION
Select the Item that Best Describes the Highest Degree or Level of School Completed at the Time of Delivery

☐ 8th grade or less; none ☐ 9th – 12th grade; no diploma ☐ High school graduate or GED completed ☐ Some college credit, but not a degree
☐ Associate degree (e.g. AA, AS) ☐ Bachelor's degree (e.g. BA, AB, BS) ☐ Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
☒ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) ☐ Unknown ☐ Unknown due to mother has left the facility

11. MOTHER'S HISPANIC ORIGIN
Select the Item that Best Describes whether the Mother is Spanish/Hispanic/Latina; Select "No" if the Mother is not Spanish/Hispanic/Latina.

☐ No, Not Spanish/Hispanic/Latina ☐ Yes, Mexican, Mexican-American, Chicana ☐ Yes, Puerto Rican ☐ Yes, Cuban
☐ Unknown, if Spanish/Hispanic/Latina ☐ Yes, Other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Columbian) Specify _____

12. MOTHER'S RACE (Check all that apply) *(For a list of Native American tribes specific to Arizona, reference the *Arizona Tribal Addendum at the end of the worksheet)*

☐ White ☐ Asian Indian ☐ Other Asian (Specify) ☐ Other Pacific Islander (Specify) ☐ Unknown
☐ Black or African American ☐ Chinese _____ _____
☐ American Indian or Alaska Native ☐ Filipino _____ _____
(name of enrolled/principal tribe) ☐ Japanese ☐ Native Hawaiian ☐ Other (Specify)
_____ ☐ Korean ☐ Guamanian or Chamorro _____
_____ ☐ Vietnamese ☐ Samoan _____

Marital Status

13. MARITAL INFORMATION

Was Mother Ever Married?	☐ Yes	☐ No	☐ Unknown
Was Mother Married At: Delivery, Conception, or anytime in between?	☐ Yes	☐ No	☐ Unknown
Will Father's information be collected on the Report?	☐ Yes	☐ No	

Father's Information

14A. FATHER'S CURRENT LEGAL NAME – FIRST NAME	14B. MIDDLE NAME	14C. LAST NAME	14D. SUFFIX (Jr, II, etc)

15A. FATHER'S DATE OF BIRTH (mm/dd/yyyy)	15B. FATHER'S STATE OF BIRTH	15C. FATHER'S COUNTRY OF BIRTH

Father's Attributes

16. FATHER'S EDUCATION
Select the Item that Best Describes the Highest Degree or Level of School Completed at the Time of Delivery

☐ 8th grade or less; none ☐ 9th – 12th grade; no diploma ☐ High school graduate or GED completed ☐ Some college credit, but not a degree
☐ Associate degree (e.g. AA, AS) ☐ Bachelor's degree (e.g. BA, AB, BS) ☐ Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) ☐ Unknown

17. FATHER'S HISPANIC ORIGIN
Select the Item that Best Describes whether the Father is Spanish/Hispanic/Latino; Select "No" if the Father is not Spanish/Hispanic/Latino.

☐ No, Not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban
☐ Unknown ☐ Yes, Other Spanish/Hispanic/Latino (e.g. Spaniard, Salvadoran, Columbian) Specify _____

18. FATHER'S RACE (Check all that apply) *(For a list of Native American tribes specific to Arizona, reference the *Arizona Tribal Addendum at the end of the worksheet)*

☐ White ☐ Asian Indian ☐ Other Asian (Specify) ☐ Other Pacific Islander (Specify) ☐ Unknown
☐ Black or African American ☐ Chinese _____ _____
☐ American Indian or Alaska Native ☐ Filipino _____ _____
(name of enrolled/principal tribe) ☐ Japanese ☐ Native Hawaiian ☐ Other (Specify)
_____ ☐ Korean ☐ Guamanian or Chamorro _____
_____ ☐ Vietnamese ☐ Samoan _____

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Disposition Information and Funeral Facility

19A. Method of Disposition

☐ Abortion Clinic ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Held ☐ Hospital

Removal: ☐ From Country ☐ From State ☐ Burial From State ☐ Burial From Country ☐ Donation From State ☐ Donation From Country ☐ Entombment From State ☐ Entombment From Country ☐ Hospital From State ☐ Hospital From Country

☐ Unknown

☐ Other Final Disposition (Specify)_____

19B. DATE OF DISPOSITION	19C. NAME OF FIRST DISPOSITION FACILITY

19D. NAME AND ADDRESS OF SECOND DISPOSITION FACILITY	19E. DATE OF DISPOSITION	20. IS THIS A FAMILY DISPOSITION? ☐ Yes ☐ No ☐ Unknown

21A. FUNERAL DIRECTOR LICENSE NUMBER	21B. NAME OF FUNERAL DIRECTOR (first, middle, last, suffix)	21C. NAME AND ADDRESS OF FUNERAL HOME

Mother's Health

22. Did Mother get WIC food for herself during this pregnancy? ☐ Yes ☐ No ☐ Unknown	23. Mother's Height _____(feet) _____(inches) ☐ Unknown	24. Mother's Pre-pregnancy Weight _____(Pounds) ☐ Unknown	25. Mother's Weight at Delivery _____(Pounds) ☐ Unknown

26. Cigarette Smoking per day Before and/or During Pregnancy

Tobacco use during this pregnancy: ☐ Yes ☐ No ☐ Unknown, If "yes," please answer for each time period the average number of cigarettes per day. (If none, enter "0." Note: 1 pack = 20 cigarettes)

Three Months Before Pregnancy_____ First Three Months of Pregnancy_____

Second Three Months of Pregnancy_____ Last Trimester of Pregnancy_____

Place of Delivery

27A. PLACE WHERE DELIVERY OCCURRED

☐ Hospital ☐ Birthing Center ☐ Home Delivery, Intended ☐ Home Delivery, Unintended ☐ Home Delivery, Unknown if Intended

☐ Clinic/Doctor's Office ☐ Enroute ☐ Unknown ☐ Other (Specify) _____

27B. NAME OF DELIVERY FACILITY OR SPECIFY LOCATION, STREET AND NUMBER	27C. ZIP CODE OF DELIVERY

27D. CITY, TOWN OR LOCATION OF DELIVERY	27E. COUNTY OF DELIVERY	27F. STATE OF DELIVERY	27G. COUNTRY OF DELIVERY

Prenatal Care

28. MOTHER'S MEDICAL RECORD #	29. PRINCIPAL SOURCE OF PAYMENT ☐ AHCCCS ☐ Indian Health Services (IHS) ☐ Private Insurance ☐ Self-Pay ☐ Unknown ☐ Other (specify)_____	30. DATE LAST MENSES BEGAN _____(mm/dd/yyyy)

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31. Date of First Prenatal Care Visit	32. Number of Now Living_____	33. Number of Other Pregnancy Outcomes (Spontaneous, Induced Losses or Ectopic Pregnancies) (Do Not Include This Fetus.) If none, enter "0" or check the None box
_____ (mm/dd/yyyy) ☐ No Prenatal Care	☐ None ☐ Unknown	_____ ☐ None ☐ Unknown
Date of Last Prenatal Care Visit _____ (mm/dd/yyyy)	Number Now Dead_____ ☐ None ☐ Unknown	Date of Last Other Pregnancy Outcome (mm/yyyy)_____
Total Number of Prenatal Visits for this Pregnancy; If None, Enter "0" _____	Date of Last Live Birth _____(mm/dd/yyyy)	Was the Prenatal Record Available for Completion of the Fetal Death Report? ☐ Yes ☐ No ☐ Unknown

Pregnancy Factors

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

- ☐ Diabetes - Pre-pregnancy (Diagnosis prior to this pregnancy)
- ☐ Diabetes - Gestational (Diagnosis in this pregnancy)
- ☐ Hypertension - Pre-pregnancy (Chronic)
- ☐ Hypertension - Gestational (PIH, pre-eclampsia)
- ☐ Hypertension – Eclampsia
- ☐ Previous Preterm Birth
- ☐ Other Previous Poor Pregnancy Outcome (Includes Perinatal Death, Small for Gestational Age/Intrauterine Growth Restricted Birth)
- ☐ Vaginal bleeding during this pregnancy prior to the onset of labor
- ☐ Pregnancy Resulted from Infertility Treatment – Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination
- ☐ Pregnancy Resulted from Infertility Treatment – Assisted Reproductive Technology (e.g., in vitro fertilization (IVF), gamete, Intrafallopian transfer (GIFT))
- ☐ Mother had a Previous Cesarean Delivery – If Yes, how many? _____
- ☐ Autoimmune Disorder
- ☐ Hemoglobinopathy
- ☐ Uterine Anomaly
- ☐ Blood Antigen Isoimmunization
- ☐ Motor Vehicle Accident
- ☐ Other Traumatic Injury
- ☐ Acute Drug Effect/Toxicity/Reaction
- ☐ Prior Incision of the Uterine Wall
- ☐ Fetal Death Prior to 20 Weeks
- ☐ Fetal Death at 20 Weeks or More
- ☐ Fetus/Infant with Congenital Anomaly
- ☐ Neonatal Death
- ☐ Other (Specify):_____
- ☐ Unknown _____
- ☐ None of the Above

35. Infections Present and/or Treated During This Pregnancy (Check all that apply)

- ☐ Gonorrhea
- ☐ Syphilis
- ☐ Chlamydia
- ☐ Listeria
- ☐ Group B Streptococcus
- ☐ Cytomegalovirus
- ☐ Parvovirus
- ☐ Toxoplasmosis
- ☐ Unknown
- ☐ None of the Above
- ☐ Other (Specify)

Delivery

36. Method of Delivery

Was Delivery With Forceps Attempted, But Unsuccessful?
☐ Yes ☐ No ☐ Unknown

Was Delivery with Vacuum Extraction Attempted, But Unsuccessful?
☐ Yes ☐ No ☐ Unknown

Fetal Presentation at Delivery
☐ Cephalic ☐ Breech ☐ Other ☐ Unknown

37. Final Route and Method of Delivery – (Check One)
☐ Vaginal/Spontaneous ☐ Vaginal/Forceps ☐ Vaginal/Vacuum ☐ Cesarean
☐ Unknown

If cesarean, was a trial of labor attempted? ☐ Yes ☐ No ☐ Unknown
☐ Not Applicable

Hysterotomy or Hysterectomy ☐ Yes ☐ No ☐ Unknown

38. Maternal Morbidity (Check all that apply)

- ☐ Maternal Transfusion
- ☐ Third or Fourth Degree Perineal Laceration
- ☐ Ruptured Uterus
- ☐ Unplanned Hysterectomy
- ☐ Admission to Intensive Care Unit
- ☐ Unplanned Operating Room Procedure Following Delivery
- ☐ None of the Above
- ☐ Unknown

39. Characteristics of Labor and Delivery (Check all that apply)

- ☐ Induction of Labor
- ☐ Augmentation of Labor
- ☐ Non-Vertex Presentation
- ☐ Antibiotics Received by Mother During Labor
- ☐ Moderate/Heavy Meconium Staining of the Amniotic Fluid
- ☐ Epidural or Spinal Anesthesia During Labor
- ☐ Steroids (glucocorticoids) for Fetal Lung Maturation Received by the Mother Prior to Delivery
- ☐ Unknown

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40. Was Mother Transferred for Maternal Medical or Fetal Indications Prior to Delivery?

☐ Yes ☐ No

If Yes, Name of Facility Mother Transferred From _____

Enter Facility Address _____

41. Obstetric Procedures (Check all that apply)

Yes	No	Unknown	
☐	☐	☐	Cervical Cerclage
☐	☐	☐	Tocolysis
☐	☐	☐	Successful External Cephalic Version

☐ None of the Above

Fetal Attributes

42. WEIGHT OF FETUS	43. OBSTETRIC ESTIMATE OF GESTATION	44A. PLURALITY (Specify Single, Twins, Triplets, etc.)	44B. IF NOT SINGLE BIRTH, SPECIFY BIRTH ORDER (First, Second, Third, etc.)
_____Gram	_____Weeks		

45. Congenital Anomalies of Child (Check all that apply)

☐ Unknown
☐ Anencephaly
☐ Congenital Diaphragmatic Hernia
☐ Meningomyelocele/Spina Bifida
☐ Omphalocele
☐ Cyanotic Congenital Heart Disease
☐ Gastroschisis
☐ Limb Reduction Defect (Excluding Congenital Amputation and Dwarfing Syndromes)
☐ Cleft Lip with or without Cleft Palate
☐ Cleft Palate Alone
☐ Hypospadias
☐ Congenital Heart Disease/Defect
☐ Anterior Abdominal Wall Defect
☐ Down Syndrome
☐ None of the Anomalies Listed Above

Cause/Conditions Contributing to Fetal Death

46. Initiating Cause or Conditions (Check all that apply)

Among the choices below, please select the one which most likely began the sequence of events resulting in the death of the Fetus.

☐ 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 ☐ True Knot in Cord

☐ Other (Specify) _____
☐ Other Obstetrical or Pregnancy Complications (Specify) _____
☐ Fetal Anomaly (Specify) _____
☐ Fetal Injury (Specify) _____
☐ Fetal Infection (Specify) _____
☐ Other Fetal Conditions/Disorders (Specify) _____
☐ Elective Abortion
☐ Unknown

47. Other Significant Causes or Conditions (Check all that apply)

Select or Specify all other conditions contributing to death.

☐ 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 ☐ True Knot in Cord

☐ Other (Specify) _____
☐ Other Obstetrical or Pregnancy Complications (Specify) _____
☐ Fetal Anomaly (Specify) _____
☐ Fetal Injury (Specify) _____
☐ Fetal Infection (Specify) _____
☐ Other Fetal Conditions/Disorders (Specify) _____
☐ Elective Abortion
☐ Unknown

48. Estimated Time of Fetal Death (Check one)

☐ 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

Autopsy Performed? ☐ Yes ☐ No ☐ Planned
Histological Placental Examination Performed? ☐ Yes ☐ No ☐ Planned
Autopsy or Histological Placental Examination Results used in Determining Cause of Fetal Death?
☐ Yes ☐ No ☐ Not Applicable
Was Medical Examiner Contacted? ☐ Yes ☐ No ME Case #:

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49. Placenta Appearance (Check One)	50. Fetal Appearance (Check One)
☐ Normal Placenta Appearance ☐ Unknown Placenta Appearance ☐ Abnormal Placenta Appearance (Specify) _____	☐ Fetus Structure and Appearance Normal ☐ Obvious Dysmorphic Value ☐ Unknown Fetal Appearance at Delivery ☐ Minimal to Mild Desquamation/Maceration ☐ Moderate to Severe Desquamation/Maceration ☐ Hydrops Fetalis ☐ Mummification ☐ Other; Specify _____

Name of Person Completing Report

51A. FIRST NAME	51B. MIDDLE NAME	51C. LAST NAME	51D. SUFFIX (Jr, II, etc)

51E. TITLE/OFFICE LOCATION ***(NOT FOR HOSPITAL USE)***	52. DATE WORKSHEET COMPLETED (mm/dd/yyyy)	53. PHONE NUMBER

Attendant Information

54A. ATTENDANT'S NAME	54B. ATTENDANT NPI ☐ None ☐ Unknown

54C. ATTENDANT'S TITLE

☐ M.D. ☐ Registered Nurse (RN) ☐ D.O. ☐ C.N.M./C.M ☐ Neonatal Nurse Practitioner (NNP) ☐ Midwife
☐ Nurse Midwife ☐ Other Midwife ☐ Student Nurse Midwife (SNM) ☐ Physician's Assistant (PA) ☐ Other (Specify) _____

54D. ATTENDANT'S ADDRESS	44E. ATTENDANT'S ZIP CODE

54F. ATTENDANT'S CITY, TOWN OR LOCATION	54G. ATTENDANT'S STATE	54H. ATTENDANT'S COUNTRY

Certifier Information

55A. CERTIFIER'S NAME	55B. DATE CERTIFIED

55C. CERTIFIER'S TITLE

☐ M.D. ☐ Registered Nurse (RN) ☐ D.O. ☐ C.N.M./C.M ☐ Neonatal Nurse Practitioner (NNP) ☐ Midwife
☐ Nurse Midwife ☐ Other Midwife ☐ Student Nurse Midwife (SNM) ☐ Physician's Assistant (PA) ☐ Other (Specify) _____

Informant

56A. FIRST NAME	56B. MIDDLE NAME	56C. LAST NAME	56D. SUFFIX (Jr, II, etc)

56E. PHONE NUMBER	56F. EMAIL ADDRESS

56G. I attest the information provided on this form is accurate, true and valid to the best of my knowledge. SIGNATURE	56H. DATE

Certification Review (For The Office of Medical Examiner Use Only)

57A. NAME OF MEDICAL EXAMINER	57B. LICENSE NUMBER	57C. DATE APPROVED	57D. ME CASE NUMBER

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*Arizona Tribal Addendum

Ak-Chin Indian Community
Cocopah Indian Reservation
Colorado River Indian Reservation
Fort McDowell Mohave-Apache Community
Fort McDowell Yavapai Nation
Fort Mohave Reservation
Fort Yuma – Quechan Reservation
Gila River Indian Community
Havasupai Reservation
Hopi Reservation
Hualapai Reservation
Kaibab-Paiute Reservation
Navajo Nation
Pascua Yaqui Reservation
Pueblo of Zuni
Salt River Pima-Maricopa Indian Community
San Carlos Apache Nation
San Juan Southern Paiute
Tohono O'Odham Nation
Tonto Apache Nation
White Mountain Apache Nation
Yavapai-Apache Nation
Yavapai-Prescott Reservation

Thank you for completing this worksheet at this very difficult time. The information you have provided is very important; it will be used by researchers to better understand factors related to miscarriage and stillbirth and lead to improved prevention strategies for the future.