

INSTRUCTIONS for completing the CAUSE OF-DEATH SECTION of the FETAL DEATH certificate

Accurate information in the cause of fetal death is important to:

- The public health community in evaluating and improving future pregnancy outcomes;
- The family, now and in the future;

The **CAUSE OF FETAL DEATH** information should be **YOUR best medical OPINION** -- Section 382.008(3), Florida Statutes charges the physician to certify the cause of death "...to the best of his or her best knowledge and belief." Terms such as, "probable," "possible," etc. can be used when the certifier is not comfortable making an exact diagnosis. Fetal death records can be amended at any time should additional information become available after the record has been filed; see Changes in Cause of Fetal Death at the bottom of the back of this form.

In completing the CAUSE OF FETAL DEATH section:

- Type, using black ink. If a typewriter is unavailable, print *legibly* using permanent **black** ink.
- Report each CAUSE, CONDITION/DISEASE, COMPLICATION, ANOMALY, INJURY and/or INFECTION that you believe adversely affected the fetus. A condition can be listed as "probable" even if it has not been definitely diagnosed.
- If, in your opinion, the use of tobacco, alcohol, drugs, or other substance by the mother, or a recent maternal injury caused or contributed to fetal death, this condition should also be reported.
- The cause of fetal death section consists of 2 parts. Item **35a** is for reporting the one causes or condition which most likely began the sequence of events resulting in the death of the fetus. Item **35b** is for reporting all other significant causes or conditions that contributed to fetal death.

An example of a properly completed medical certification:

State of Florida, Department of Health, Vital Statistics MEDICAL CERTIFIER	24. CERTIFIER: <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place stated, and the fetus was born dead. (Check one) <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place stated, and the fetus was born dead.			
	25a. LICENSE NUMBER (of Certifier) 123456	25b. CERTIFIER'S NAME Marcus Welby, M.D.	25c. CERTIFIER'S TITLE <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> D.O.	
	26a. SIGNATURE OF CERTIFIER <i>Marcus Welby, M.D.</i>		26b. DATE SIGNED (mm/dd/yyyy) 12/27/05	27. MEDICAL EXAMINER'S CASE NUMBER _____
	26a. CERTIFIER'S MAILING - STATE FLORIDA	26b. CITY OR TOWN ANYTOWN	26c. STREET ADDRESS 123 MAIN ST.	26d. ZIP CODE 98765
	28a. LICENSE NUMBER (of Attendant)	28b. ATTENDANT'S NAME (Other than Certifier)	28c. ATTENDANT'S TITLE _____.C.N.M. _____.L.M. _____.Other (Specify)	
	30. SUBREGISTRAR - Signature and Date		31a. LOCAL REGISTRAR - Signature	
	30. SUBREGISTRAR - Signature and Date		31b. DATE FILED BY REGISTRAR (Mo., Day, Year)	
	32. REPORTED TO MEDICAL EXAMINER DUE TO CIRCUMSTANCES OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		33. ESTIMATED TIME OF FETAL DEATH _____.Before Labor _____.During Labor _____.During Delivery <input checked="" type="checkbox"/> Unknown time of fetal death	
	34a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34b. WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34c. WERE AUTOPSY OR HISTOLOGICAL PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	CAUSES/CONDITIONS CONTRIBUTING TO FETAL DEATH			
35a. INITIATING CAUSE OR CONDITION: Among the choices below, please select the <u>one</u> cause or condition which most likely began the sequence of events resulting in the death of the fetus.		35b. OTHER SIGNIFICANT CAUSES OR CONDITIONS: Select or specify all other causes or conditions contributing to death of the fetus as stated in 35a.		
<input type="checkbox"/> PENDING AUTOPSY OR HISTOLOGICAL RESULTS <input checked="" type="checkbox"/> MATERNAL CONDITIONS/DISEASES (Specify) Maternal history of STD in pregnancy <input type="checkbox"/> COMPLICATIONS OF PLACENTA, CORD, MEMBRANES Rupture of membranes prior to onset of labor _____ Abruptio Placentae Placental insufficiency _____ Prolapsed Cord _____ Chorioamnionitis Other (Specify) _____ <input type="checkbox"/> OTHER OBSTETRICAL OR PREGNANCY COMPLICATIONS (Specify) _____ <input type="checkbox"/> FETAL ANOMALY (Specify) _____ <input type="checkbox"/> FETAL INJURY (Specify) _____ <input type="checkbox"/> FETAL INFECTION (Specify) _____		<input type="checkbox"/> MATERNAL CONDITIONS/DISEASES (Specify) _____ <input type="checkbox"/> COMPLICATIONS OF PLACENTA, CORD, MEMBRANES <input checked="" type="checkbox"/> Rupture of membranes prior to onset of labor _____ Abruptio Placentae Placental insufficiency _____ Prolapsed Cord _____ Chorioamnionitis Other (Specify) _____ <input type="checkbox"/> OTHER OBSTETRICAL OR PREGNANCY COMPLICATIONS (Specify) _____ <input type="checkbox"/> FETAL ANOMALY (Specify) _____ <input type="checkbox"/> FETAL INJURY (Specify) _____ <input type="checkbox"/> FETAL INFECTION (Specify) _____		

(See reverse for instructions on the completion of each item)

ITEMS 24–28d – MEDICAL CERTIFIER

The physician/medical examiner's signature, 26a; date signed, 26b; medical examiner's case #, 27, if applicable; and name and address of certifier, 28a-d, are all part of the certifier's responsibility in the certification process. These items identify and verify the certifying physician and when the record was signed.

ITEM 32 – CASE REPORTED TO THE MEDICAL EXAMINER DUE TO CIRCUMSTANCES OF DEATH

Deaths in which the cause of fetal death was due to an accident, homicide, or other circumstance outlined in s. 406.11, F.S., come under the jurisdiction of the medical examiner and **MUST** be reported to the medical examiner

- Check "Yes" if this case was or will be reported to the medical examiner due to the cause of fetal death or circumstances of death. *
- Check "No" if no report will be made to the medical examiner.

ITEM 33 – ESTIMATED TIME OF FETAL DEATH

In the physician's best opinion, did the fetal death occur before labor began, during labor, during the delivery of the fetus, or is the time of fetal death unknown. The certifier should check the appropriate box.

ITEM 34a-b – WAS AN AUTOPSY PERFORMED/WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED?

Check "yes" or "no" for each of these questions.

ITEM 34c – WERE AUTOPSY OR HISTOLOGICAL EXAMINATION RESULTS USED IN DETERMINING CAUSE OF FETAL DEATH?

This item should be left blank if there was no autopsy or histological exam done. If the answer is Yes in item 34a or 34b, Yes or No, as appropriate, must be checked.

ITEM 35a – INITIATING CAUSE OR CONDITION

From the choices provided, select the one cause or condition that most likely began the sequence of events resulting in the fetal death. If there is a cause, condition, or disorder not listed as a choice, select the Other Fetal Conditions/Disorders category and specify as appropriate. If the cause is unknown or undetermined, that can typed/written in under the Other Fetal Conditions/Disorders category. If there is more than one condition you wish to include, you should enter the initiating cause or condition in 35a, and all others in item 35b.

ITEM 35b -- OTHER SIGNIFICANT CAUSES OR CONDITIONS

- Select or specify all other causes or conditions contributing to the death of the fetus that were not listed in 35a.
- If two or more possible sequences resulted in fetal death, report in 35a the one that, *in your opinion*, most directly caused fetal death. Report in 35b the other conditions or diseases.

CHANGES IN CAUSE OF FETAL DEATH – ITEM 35a-b

After filing the fetal death certificate, if additional medical information or autopsy findings become available that would change the cause of fetal death originally reported, the original fetal death certificate should be amended by the certifying physician. Immediately report the revised cause of fetal death to the State Office of Vital Statistics by using form DH 434B, Affidavit of Amendment to Medical Certification of Fetal Death.

*Section 406.11, Florida Statutes, lists those cases that fall under the medical examiner's jurisdiction, e.g., accident, homicide, in police custody, etc.