


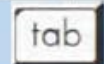


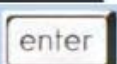











BASIC FETAL DEATH REGISTRATION FOR MEDICAL CERTIFIERS



Keyboard Shortcuts

Press T or 	Enters current date in any date field.
Press T and  or 	Enters the current date and you can populate a day before or after.
Tab or 	Moves forward from one box/field to another box/field.
Shift Tab or  + 	Moves backward from one box/field to another box/field.
Enter or 	Activates the next button on the page.
1st Letter of a Word	Enters selection from pick list of a dropdown list. Scroll through that letter.
Space Bar or 	Selects a radio button or check box.
Arrow Keys or  or 	Moves from one radio button to the next. Right to Left or Left to Right.
Down Arrow or 	Opens a dropdown list.
Escape or 	Closes a dropdown list.
Ctrl + S or  + 	Saves the current record.
State Abbreviations	Selects the associated State by typing the first letter.

Diacritical Marks

TxEVER will allow the use of Diacritical Marks. To insert a diacritical mark within a name, Press and Hold the "ALT" key and type the 3 or 4 digit code. Release the "ALT" key and the respective diacritical mark will appear. Example: **ALT+128 = Ç**

ALT Code	Name	ALT Code	Name
128	Ç Diacritical Mark	0200	È Diacritical Mark
142	Ä Diacritical Mark	0205	Í Diacritical Mark
144	É Diacritical Mark	0207	Ï Diacritical Mark
153	Ö Diacritical Mark	0204	Ì Diacritical Mark
154	Ü Diacritical Mark	0211	Ó Diacritical Mark
165	Ñ Diacritical Mark	0210	Ò Diacritical Mark
0193	Á Diacritical Mark	0213	Õ Diacritical Mark
0194	Â Diacritical Mark	0218	Ú Diacritical Mark
0192	À Diacritical Mark	0217	Ù Diacritical Mark
0195	Ã Diacritical Mark	0221	Ý Diacritical Mark
0235	Ë Diacritical Mark		

Login to TxEVER

Login to TxEVER via the web: <https://txever.dshs.texas.gov/TxEverUI/Welcome.htm>

The screenshot shows the TxEVER login page. At the top left is the Texas Health and Human Services logo. To its right is the text "Texas Department of State Health Services". At the top right is the TxEVER logo. Below the logos is a blue banner with the text "Welcome to the Texas Department of State Health Services!". Below the banner is a large image of a smiling woman holding a baby. Overlaid on the image is a yellow button that says "LOG IN to TxEVER". A red speech bubble points to this button with the text "Step 1: Click here to open the TxEVER log in". Below the image is a blue box containing text about TxEVER: "TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc. DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday. State vital records are considered to be private and confidential. Access to vital records is restricted by statute." Below this text is a section titled "Contacting the Texas Department of State Health Services(DSHS)". It contains a table of telephone numbers and a mailing address. At the bottom of the page are three buttons: "Log on to Texas Department of State Health Services" (yellow), "User Enrollment" (blue), and "Report TxEVER Issue(s)" (blue). A dashed line connects the "User Enrollment" button to a speech bubble that says "Click here to enroll OR update your user account". Another dashed line connects the "Report TxEVER Issue(s)" button to a speech bubble that says "Click here to report issues with TxEVER".

TEXAS
Health and Human
Services

Texas Department of State
Health Services

WELCOME

Welcome to the Texas Department of State Health Services!

Step 1: Click here to
open the TxEVER log in

LOG IN to TxEVER

TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc.
DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday.
State vital records are considered to be private and confidential. Access to vital records is restricted by statute.

Contacting the Texas Department of State Health Services(DSHS)

Telephone Numbers:			Mailing Address:
Description	Phone Number	Hours	
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	Texas Department of State Health Services State Office of Vital Records Address: 1100 West 49th Street, Austin, TX 78756 Ph. (512) 776-7111
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	

Log on to Texas Department of State Health Services

Click here to report
issues with TxEVER

User Enrollment
Report TxEVER Issue(s)

Click here to enroll OR
update your user account

TxEVER Terms of Use

WARNING: THIS IS A TEXAS HEALTH AND HUMAN SERVICES INFORMATION RESOURCES SYSTEM THAT CONTAINS STATE AND/OR U.S. GOVERNMENT INFORMATION. BY USING THIS SYSTEM YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE NO RIGHT OF PRIVACY IN CONNECTION WITH YOUR USE OF THE SYSTEM OR YOUR ACCESS TO THE INFORMATION CONTAINED WITHIN IT. BY ACCESSING AND USING THIS SYSTEM YOU ARE CONSENTING TO THE MONITORING OF YOUR USE OF THE SYSTEM, AND TO SECURITY ASSESSMENT AND AUDITING ACTIVITIES THAT MAY BE USED FOR LAW ENFORCEMENT OR OTHER LEGALLY PERMISSIBLE PURPOSES. ANY UNAUTHORIZED USE OR ACCESS, OR ANY UNAUTHORIZED ATTEMPTS TO USE OR ACCESS, THIS SYSTEM MAY SUBJECT YOU TO DISCIPLINARY ACTION, SANCTIONS, CIVIL PENALTIES, OR CRIMINAL PROSECUTION TO THE EXTENT PERMITTED UNDER APPLICABLE LAW.

Are you in agreement with above stated terms & conditions?

Step 2: Click Yes to agree to the terms and conditions and gain access to TxEVER.



TEXAS
Health and Human
Services

Texas Department of State
Health Services



Login

User Name:

komieatty1

Password:

.....

[Forgot Password?](#)

Log In

Step 3: Type your
TxEVER user name and
password.

Forgot your password?
Click here to reset password.

Step 4: Click "Log In".

Location

Find important news and updates in the TxEVER broadcast message area.

Message By: VFARINELLI On 3/13/2018 10:53:11 AM

This message should be seen by ALL users

Select Location:

BEAUTIFUL BEGINNINGS - (BIRTH)

OK

Step 5: Select your user location.
Use dropdown if you have multiple
locations/offices.

Step 6: Click "OK."

[Skip to main content](#)

[GLOBAL](#)

[DEATH](#)

FETAL DEATH



[LogOut](#)



TEXAS
Health and Human
Services

Texas Department of State
Health Services



Step 7: Select Fetal
Death Module Tab

Step 8: Click the dropdown
arrow next to “FUNCTION”
to be taken to the Medical
Data Entry

FUNCTION ▾

TOOLS ▾

HELP ▾

[Fetal Death Registration](#)

[Facility Statistical Correction](#)

[Switch Location](#)

[Exit Application](#)

Step 9: Select “Fetal Death
Registration” to locate, start,
search, save or reject a record
from your work queue.

Show Dashboard

Helpful Tip: Click
“Show dashboard”
for a list of different
statuses regarding
existing records



Texas Department of State
Health Services



Helpful Tip: Click on Dashboard filters to see a dropdown of record options like “Records not filed within 5 days of birth”, “Record Returned for Correction from the Sate”, and “All Unresolved”.

Dashboard filters: RECORD NOT FILED WITHIN 5 DAYS OF BIRTH

EFR #	Fetus Med Rec #	Fetus DOD	Fetus First Name	Fetus Middle Name	Fetus Last Name	Medical Certifier	Funeral Home
00000000000185	EEEEEE	03/12/2018	JOSIE	THE	RIVETER	JOE SMITH	DALLAS COUNTY MEDIC
00000000000186	BLAH	03/16/2018	MINNI3	LOU.	MOUSE	ALICIA WILLIAMS-JONES	DALLAS COUNTY MEDIC
00000000000186		03/19/2018				ALICIA WILLIAMS-JONES	GOLDEN GATE FUNERA
00000000000189	03/29/2018	INFANT		INFANT		
00000000000190	99	03/29/2018	INFANT		INFANT	ALICIA WILLIAMS-JONES	GOLDEN GATE FUNERA
00000000000192		04/04/2018	INFANT		INFANT		
00000000000195	CHS123	04/10/2018	INFANT		INFANT	ALICIA WILLIAMS-JONES	DALLAS COUNTY MEDIC
00000000000195		03/25/2018	INFANT		INFANT		



EDIC:

Filing Deadline: Day(s)

Unresolved Work Queue Filter:

MEDICAL DATA ENTRY

Unresolved Work Queue: 0

Help tips

Search for a Record

Start NEW Record

Save Current Record

CANCEL current changes since last save

Navigation buttons for switching between records in queue

Navigation buttons for switching between registration tabs

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

State File Number

Birth State File Number

Record Type:

Generational ID:

Date of Death Type:

Date of Death:

Time Of Death Type:

Time Of Death:

Time Of Death Indicator:

Decedent's Sex

Sex: *

Maiden Last Name:

Decedent's Date Of Birth

Date Of Birth:

Age Units:

Age:

Decedent's Birthplace

State/Country: (Please click checkbox to filter countries only)

County Of Birth:

City Of Birth:

Decedent's SSN

SSN:

Social Security Missing Value Variable:













SSN Verification Status:



Texas Department of State
Health Services


[FUNCTIONS](#) ▾ [RECORD](#) ▾ [HELP](#) ▾



EF            

Filing Deadline: Day(s) Unresolved Work Queue Filter: ▾

FETAL DEATH REGISTRATION

Unresolved Work Queue: ▾  0

Step 10: Click new record icon
in upper left-hand corner

[Unresolved / StakeHolders](#)

[Fetus](#)

[Mother](#)

[Mother Dem](#)

[Mother Medical-1](#)

[Mother Medical-2](#)

[Mother Medical-3](#)

FETUS'S GENERAL INFORMATION

Record type: * ▾ Plurality: * ▾ Delivery Order: ▾

FETUS'S INFORMATION

☐ Is Fetus Unnamed?

First Name: Middle Name:

Last Name: Suffix: ▾

Date Of Delivery: * Time of Delivery:

New Record

Answer the questions below regardless of the calculated or estimated gestational age of the fetus:

1. Did the fetus take a breath?
☐ Yes ☐ No
2. Was there pulsation of the umbilical cord?
☐ Yes ☐ No
3. Was there definite movement of voluntary muscles?
☐ Yes ☐ No
4. Select APGAR score

OK

Close

Step 11: Answer
questions 1-4

GENERAL

Record Type:*

--Select a value--

Plurality:*

--Select a value--

Delivery Order:*

--Select a value--

Date Of Delivery:*

__/__/__

EFR Number:

Mother's Medical Record Number:

FETUS

First Name:

Middle Name:

Last Name:

MOTHER

First Name:

Middle Name:

Last Name:*

Date Of Birth:*

__/__/__

FindRecord

Close

New Record

Answer the questions below regardless of the calculated or estimated gestational age of the fetus:

1. Did the fetus take a breath? ☐ Yes ☒ No
2. Was there pulsation of the umbilical cord? ☐ Yes ☒ No
3. Was there definite movement of voluntary muscles? ☐ Yes ☒ No
4. Select APGAR score

Enter calculated or estimated gestational age

OK

Close

Step 13:
Click "OK"

Step 12: Enter calculated or estimated gestational age. This field will only appear if questions 1-3 are answered "no" and the APGAR score is 0.

GENERAL

Record Type:*

--Select a value--

Plurality:*

--Select a value--

Delivery Order:*

--Select a value--

Date Of Delivery:*

__/__/__

EFR Number:

Mother's Medical Record Number:*

FETUS

First Name:

Middle Name:

Last Name:

MOTHER

First Name:

Middle Name:

Last Name:*

Date Of Birth:*

__/__/__

FindRecord

Close

New Record

Answer the questions below regardless of the calculated or estimated gestational age of the fetus:

1. Did the fetus take a breath? ☐ Yes ☒ No
2. Was there pulsation of the umbilical cord? ☐ Yes ☒ No
3. Was there definite movement of voluntary muscles?
4. Select APGAR score

Enter calculated or estimated gestational age

OK

Close

Helpful Tip: If answers to questions 1-4 on top qualifies it as a fetal death, the bottom fields will open: white -> yellow, once you click "OK".

GENERAL

Record Type:*

Plurality:*

Delivery Order:*

Date Of Delivery:*

EFR Number:

Mother's Medical Record Number:*

FETUS

First Name:

Middle Name:

Last Name:

MOTHER

First Name:

Middle Name:

Last Name:*

Date Of Birth:*

FindRecord

Close

New Record



The APGAR score you have entered indicates that this was a "live" birth and not a fetal death. Please enter this as a birth and death record.

OK

Helpful Tip: If answers to questions 1-4 does not qualify it as a fetal death, you will receive this notice. A birth and death record will need to be filed for the deceased infant.

New Record

Answer the questions below regardless of the calculated or estimated gestational age of the fetus:

1. Did the fetus take a breath? ☐ Yes ☒ No
2. Was there pulsation of the umbilical cord? ☐ Yes ☒ No
3. Was there definite movement of voluntary muscles? ☐ Yes ☒ No
4. Select APGAR score

0

Enter calculated or estimated gestational age

15

OK

Close

Step 14: Fill-out General, Fetus and Mother Fields. Fields with a red asterisk are required.

GENERAL

Record Type:*

BORN AT THIS FACILITY

Plurality:*

SINGLE

Delivery Order:*

SINGLE

Date Of Delivery:*

05/04/2019

EFR Number:

54321

Mother's Medical Record Number:*

12345

FETUS

First Name:

CHEWBACCA

Middle Name:

Last Name:

VADER

MOTHER

First Name:

PRINCESS

Middle Name:

Last Name:*

LEIA

Date Of Birth:*

05/04/1977

Step 15: Click "Find Record"

FindRecord

Close

New Record

Answer the questions below regardless of the calculated or estimated gestational age of the fetus:

1. Did the fetus take a breath? ☐ Yes ☒ No
2. Was there pulsation of the umbilical cord? ☐ Yes ☒ No
3. Was there definite movement of voluntary muscles? ☐ Yes ☒ No
4. Select APGAR score

0

Enter calculated or estimated gestational age

15

OK

Close

New Record

No matching record was found. Do you want to create a new record?

Ok

Cancel

FETUS

Record Type:*

BORN AT THIS FACILITY

EFR Number:

54321

First Name:

CHEWBACCA

Middle Name:

First Name:

PRINCESS

Middle Name:

Date:

Date Of Birth:*

05/04/1977

FindRecord

Close

Step 16: Click "OK" to create a new record

✓ Fetus

Mother

Mother Dem

Mother Medical-1

Mother Medical-2

Mother Medical-3

Mother Medical-4

Fetus Medical-1

Fetus Medical-2

Cause Of Death

Certification

Demographic

Comments

FETUS'S GENERAL INFORMATION

Record type: *

BORN AT THIS FACILITY

Plurality: *

SINGLE

Delivery Order:

SINGLE

FETUS'S INFORMATION

☐ Is Fetus Unnamed?

First Name:

CHEWBACCA

Middle Name:

Last Name:

VADER

Suffix:

Date Of Delivery: *

05/04/2019

Time of Delivery:

01:01

PM

Sex:

UNKNOWN

MOTHER'S CURRENT LEGAL NAME

Title Preference

MOTHER

First Name:

PRINCESS

Middle Name:

Last Name: *

LEIA

Suffix:

Mothers Medical Record Number: *

12345

Date of birth: *

05/04/1977

Age at Child's Birth:

42

FACILITY INFORMATION & PLACE OF DELIVERY

Name:

BAYLOR SCOTT AND WHITE MEDICAL CEI



Type:

HOSPITAL

Facility Name Other (Specify):

Type Other (Specify):

Apt:

County:

DALLAS

Address:

1901 MACARTHUR BOULEVARD

State:

TEXAS



EFR:

009999035593768

Filing Deadline:

0

Day(s)

Unresolved Work Queue Filter:

All Unresolved

FETAL DEATH REGISTRATION

Unresolved Work Queue:

VADER, CHEWBACCA, 2019/05/04



Mother's Residence Zip

Unresolved / StakeHolders

✓ Fetus

✓ Mother

Mother Dem

Mother Medical-1

Mother Medical-2

Mother Medical-3

Mother Medical-4

Fetus Medical-1

Fetus Medical-2

Cause Of Death

Certification

Demographic

Comments

MOTHER'S NAME PRIOR TO FIRST MARRIAGE

☒ Same as Mother's Legal Name?

First Name:

PRINCESS

Middle Name:

Last Name:

LEIA

Suffix:

--Select a value--

MOTHER'S INFORMATION

Birth place (State in US, or Country if not US):

☐ OREGON

Marital status:

NEVER MARRIED

MOTHER'S RESIDENCE ADDRESS INFORMATION

Address:

2090 TANNER CREEK LN

Apt:

State/Country:

☐ OREGON

County:

CLACKAMAS

City/Town:

WEST LINN

City(Other):

Zip:

97068

Zip Ext:

Inside City Limits:

YES

Unresolved / StakeHolders Fetus Mother Mother Dem

Mother Medical-1

Mother Medical-2

Mother Medical-3

Mother Medical-4

Fetus Medical-1

Fetus Medical-2

Cause Of Death


Certification

Demographic

Comments

ACTIVITY:Mother's Race - White:
trueField Status:
ResolvedAction:
Updating Record**MOTHER'S MISCELLANEOUS INFORMATION**

Education:

DOCTORATE OR PROFESSIONAL DEGREE (E.G., PHD, EDD, MD, **MOTHER'S ETHNICITY**

- ☒ No, Not Spanish/Hispanic/Latino
- ☐ Yes, Mexican/Mexican-American/Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Other Hispanic (Specify)
- ☐ Unknown

MOTHER'S RACE?

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

Unresolved / StakeHolders Fetus Mother Mother Dem Mother Medical-1

Mother Medical-2

Mother Medical-3

Mother Medical-4

Fetus Medical-1

Fetus Medical-2

Cause Of Death

Certification

Demographic

Comments

GENERAL

Mothers Pre-Pregnancy weight (lbs):

137

Mothers weight at delivery (lbs):

149

Mother's height (Feet/Inches):

6

0

Did Mother receive WIC during this pregnancy?

NO

CIGARETTES/ALCOHOL INFORMATION

Did mother smoke cigarettes before or During Pregnancy?

NO

Did mother report in Packs?

☐

Did mother report in Cigarettes?

☐

of Cigarettes per day # of Packs per day

Three months before pregnancy

First Trimester

Second Trimester

Third Trimester

Unresolved / StakeHolders

✔ Fetus

✔ Mother

✔ Mother Dem

✔ Mother Medical-1

✔ Mother Medical-2

Mother Medical-3

Mother Medical-4

Fetus Medical-1

Fetus Medical-2

Cause Of Death

Certification

Demographic

Comments

ACTMITY:Source of Prenatal Care - Private Physician:
trueField Status:
ResolvedAction:
Updating Record**PREGNANCY HISTORY**

Is this the mother's first pregnancy?

YES

Number of previous live births now living (Do not include this child):

Number of previous live births now dead:

Number of other pregnancy outcomes:

Date of last live birth:

Date of last other pregnancy outcome:

PRENATAL

Did Mother Receive Prenatal Care?

YES

Date of First Prenatal Care Visit:

02/14/2019

Date of Last Prenatal Care Visit:

04/30/2019

Total Number of Prenatal Care Visits If none, enter '0':

5

Date last normal menses began:

01/26/2019

Source of Prenatal Care

☐ Hospital☐ Public Health Clinic☒ Private Physician☐ Midwife☐ Other

Specify

☐ None☐ Unknown**MOTHER'S TRANSFER STATUS**

Mother transferred for delivery?

If yes, from what location:

Unresolved / StakeHolders	EXPOSURE/INFECTIONS PRESENT/ TREATED DURING PREGNANCY	RISK FACTOR IN THIS PREGNANCY (CHECK ALL THAT APPLY)
<div><div>✓ Fetus</div><div>✓ Mother</div><div>✓ Mother Dem</div><div>✓ Mother Medical-1</div><div>✓ Mother Medical-2</div></div>	Exposure/Infections present/ treated during pregnancy (check all that apply): <div><div><input type="checkbox"/> Gonorrhea</div><div><input type="checkbox"/> Syphilis</div><div><input type="checkbox"/> Chlamydia</div><div><input type="checkbox"/> Listeria</div><div><input type="checkbox"/> Group B Streptococcus</div><div><input type="checkbox"/> Cytomegalovirus</div><div><input type="checkbox"/> Parvovirus</div><div><input type="checkbox"/> Congenital Toxoplasmosis</div><div><input type="checkbox"/> Other<div>Specify</div></div><div><input type="checkbox"/> None of the above</div><div><input checked="" type="checkbox"/> Unknown<div>MVR<div>SOUGHT BUT NOT OBT.</div></div></div></div>	Risk Factor in this pregnancy (check all that apply): <div><div><input type="checkbox"/> Diabetes (select one of the following)<div><div><input type="radio"/> Pre-pregnancy (diagnosis prior to this pregnancy)</div><div><input type="radio"/> Gestational (diagnosis in this pregnancy)</div></div></div><div><input type="checkbox"/> Hypertension (select one of the following)<div><div><input type="radio"/> Pre-pregnancy (chronic)</div><div><input type="radio"/> Gestational (PIH, preeclampsia)</div><div><input type="radio"/> Eclampsia</div></div></div><div><input type="checkbox"/> Previous preterm birth</div><div><input type="checkbox"/> Other Previous poor pregnancy outcome (select one of the following)<div><div><input type="checkbox"/> Perinatal death</div><div><input type="checkbox"/> Small for gestational age</div><div><input type="checkbox"/> Intrauterine growth restriction</div><div><input type="checkbox"/> Other<div>Specify</div></div></div></div><div><input type="checkbox"/> Pregnancy resulted from infertility treatment(Check all that apply):<div><div><input type="checkbox"/> Fertility enhancing drugs</div><div><input type="checkbox"/> Artificial insemination</div><div><input type="checkbox"/> Intrauterine insemination</div><div><input type="checkbox"/> Assisted reproductive technology - vitro fertilization (IVF)</div><div><input type="checkbox"/> Assisted reproductive technology - gamete intrafallopian transfer (GIFT)</div><div><input type="checkbox"/> Other<div>Specify</div></div></div></div><div><input type="checkbox"/> Mother had a previous cesarean delivery<div>If selected, how many?<div></div></div></div><div><input type="checkbox"/> Antiretrovirals Administered during pregnancy or at delivery</div></div>
<div><div>Mother Medical-4</div><div>Fetus Medical-1</div><div>Fetus Medical-2</div><div>Cause Of Death</div><div>Certification</div><div>Demographic</div><div>Comments</div></div>		
<div><div>ACTIVITY:</div><div>(HIV) First Trimester:<div>true</div></div><div>Field Status:<div>Resolved</div></div><div>Action:<div>Updating Record</div></div></div>		

Unresolved / StakeHolders

✓ Fetus

✓ Mother

✓ Mother Dem

✓ Mother Medical-1

✓ Mother Medical-2

✓ Mother Medical-3

✓ Mother Medical-4

Fetus Medical-1

Fetus Medical-2

Cause Of Death

Certification

Demographic

MATERNAL MORBIDITY

Complication associated with labor and delivery (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

Previous

Save

Next

Unresolved / StakeHolders

- ✓ Fetus
- ✓ Mother
- ✓ Mother Dem
- ✓ Mother Medical-1
- ✓ Mother Medical-2
- ✓ Mother Medical-3
- ✓ Mother Medical-4

✓ Fetus Medical-1

Fetus Medical-2

Cause Of Death

Certification

Demographic

GENERAL

Fetus's Medical Record Number:

12345

Obstetric Estimated Gestation (completed weeks):

15

FETUS'S WEIGHT INFORMATION

Grams:

615

Pounds:

1

Ounces:

6

Previous

Save

Next

✓ Fetus

✓ Mother

✓ Mother Dem

✓ Mother Medical-1

✓ Mother Medical-2

✓ Mother Medical-3

✓ Mother Medical-4

✓ Fetus Medical-1

✓ Fetus Medical-2

Cause Of Death

Certification

Demographic

Comments

ACTIVITY:

(Congenital Anomalies) None of the above:
true

Field Status:
Resolved

Action:
Updating Record

- ☐ Anencephaly
- ☐ Meningomyelocele/Spina bifida
- ☐ Cyanotic congenital heart disease
- ☐ Congenital diaphragmatic hernia
- ☐ Omphalocele
- ☐ Gastroschisis
- ☐ Limb reduction defect
- ☐ Cleft lip with cleft palate
- ☐ Cleft palate alone
- ☐ Down syndrome:
 - ☐ Karyotype confirmed
 - ☐ Karyotype pending
- ☐ Suspected Chromosomal disorder:
 - ☐ Karyotype confirmed
 - ☐ Karyotype pending
- ☐ Hypospadias
- ☒ None of the above
- ☐ Unknown

- Unresolved / StakeHolders
- ✓ Fetus

✓ Mother

✓ Mother Dem

✓ Mother Medical-1

✓ Mother Medical-2

✓ Mother Medical-3

✓ Mother Medical-4

✓ Fetus Medical-1

✓ Fetus Medical-2

✓ Cause Of Death

- Certification
- Demographic
- Comments

ACTIVITY:

Other Cause Unknown:
true

Field Status:
Resolved

Action:
Updating Record

INITIATING CAUSE/CONDITION

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

UNKNOWN

If Other (Specify)

OTHER SIGNIFICANT CAUSES OR CONDITIONS

☐ 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

☐ Other (Specify)

☐ Other Obstetrical or Pregnancy Complications

Specify:

☐ Fetal Anomaly

Specify:

☐ Fetal Injury

Specify:

☐ Fetal Infection

Specify:

☐ Other Fetal Conditions/Disorders

Specify:

☒ Unknown

CAUSES/CONDITIONS CONTRIBUTING TO FETAL DEATH

Estimated Time of Fetal Death

DIED DURING LABOR, AFTER FIRST ASSESMENT

Was an Autopsy Performed?

NO

Was a Histological Placental Examination Performed?

NO

Unresolved / StakeHolders☒ Fetus☒ Mother☒ Mother Dem☒ Mother Medical-1☒ Mother Medical-2☒ Mother Medical-3☒ Mother Medical-4☒ Fetus Medical-1☒ Fetus Medical-2☒ Cause Of Death☒ Certification

Demographic

Comments

ACTIVITY:Attendant's Address:
12221 Mopac Expy**ATTENDANT INFORMATION**

Attendant



Other

First Name

CAROLINE

Middle Name

Last Name

ZANOT

Title

CERTIFYING PHYSICIAN

Other

Address:

12221 MOPAC EXPY

Apt:

State:

TEXAS

County:

TRAVIS

City/Town:

AUSTIN

Zip:

78758

Zip Ext:

1234

NPI

1234

License Number

Y9990

CERTIFIER INFORMATION☒ Certifier same as Attendant?

Certifier

Other

First Name

CAROLINE

Middle Name

Last Name

ZANOT

Title

CERTIFYING PHYSICIAN

Other

Address:

12221 MOPAC EXPY

Apt:

State:

--Select a value--

County:

--Select a value--

City/Town:

AUSTIN

Zip:

78758

Zip Ext:

1234

Date Certified:

//_

Previous

Save

Next

Unresolved / StakeHolders

- ✓ Fetus
- ✓ Mother
- ✓ Mother Dem
- ✓ Mother Medical-1
- ✓ Mother Medical-2
- ✓ Mother Medical-3
- ✓ Mother Medical-4
- ✓ Fetus Medical-1
- ✓ Fetus Medical-2
- ✓ Cause Of Death
- ✓ Certification

Demographic

Comments

ACTIVITY:(Demo) Is Fetus Unnamed?:
falseField Status:
ResolvedAction:
Updating Record

Helpful Tip:
Medical
certifier or
funeral home
can fill-out
demographic
tab

FETUS'S INFORMATION☐ **Is Fetus Unnamed?**

First Name:

CHEWBACCA

Middle Name:

Last Name:

VADER

Suffix:

--Select a value--

Date Of Delivery:

05/04/2019

MOTHER'S INFORMATION

Title Preference

MOTHER

First Name:

PRINCESS

Middle Name:

Last Name:

LEIA

Suffix:

--Select a value--

Date of birth:

05/04/1977

METHOD OF DISPOSITION

Method of Disposition:

--Select a value--

if Other (Specify):

BURIAL DETAILS

Unknown Section/Block/Lot/Space Number:

☐

Section Number:

Block Number:

Lot Number:

Space Number:

PLACE OF DISPOSITION

Place of Disposition Type:

--Select a value--

Place of Disposition (Specify):

Place of Disposition:

--Select a value--

Street Address:

State/Country: (Please click checkbox to filter countries only)

☐

--Select a value--

County:

--Select a value--

City(Other):

Helpful Tip: If the family of the deceased fetus opts out of involving a funeral home, the medical certifier will fill-out the demographic tab. If the family opts to involve a funeral home, then the funeral homes fills out the demographic tab and verifies the record.

FETAL DEATH REGISTRATION

Step 18: Once all tabs are completed, the medical certifier will click the Record drop-down menu, followed by "Certify."

FUNCTIONS ▾

RECORD ▾

HELP ▾

[New](#)

[Search](#)

[Save](#)

[Cancel](#)

[Abandon](#)

[Certify](#)

[De-Certify](#)

[Release](#)

[Demographic Designation](#)

Unresolved / StakeHolders

✓ Fetus

✓ Mother

✓ Mother Dem

✓ Mother Medical-1

✓ Mother Medical-2

✓ Mother Medical-3

✓ Mother Medical-4

✓ Fetus Medical-1

✓ Fetus Medical-2

✓ Cause Of Death

✓ Certification

✓ Demographic

Comments

☐ Is Fetus Unnamed?

First Name:

CHEWBACCA

Last Name:

VADER

Date Of Delivery:

05/04/2019

Middle Name:

Suffix:

MOTHER'S INFORMATION

Title Preference

MOTHER

Middle Name:

Suffix:

First Name:

PRINCESS

Last Name:

LEIA

Date of birth:

05/04/1977

METHOD OF DISPOSITION

Method of Disposition:

BURIAL

if Other (Specify):

BURIAL DETAILS

Helpful Tip: If a funeral home is verifying the record, the medical certifier must demographically designate the funeral home by clicking "demographic designation" and wait for funeral home to accept prior to certification.

Certification

FETUS INFORMATION

First Name: CHEWBACCA
Middle Name:
Last Name: VADER
Suffix:
Date of Delivery: 05/04/2019
Time of Delivery: 01:01 PM
Sex: UNKNOWN
Place of Delivery: BAYLOR SCOTT AND WHITE MEDICAL CENTER - IRVING

CERTIFIER INFORMATION

First Name: CAROLINE
Middle Name:
Last Name: ZANOT

Recommended: Click
“Preview” to open a
printable screen for
the abstract of the
fetal death record.

Preview

Close

Certification

Step 19: Click
“certification” when
you are ready to
certify the record.

Certification

FETUS INFORMATION

First Name: CHEWBACCA
Middle Name:
Last Name: VADER
Suffix:
Date of Delivery: 05/04/2019
Time of Delivery: 01:01 PM
Sex: UNKNOWN
Place of Delivery: BAYLOR SCOTT AND WHITE MEDICAL CENTER - IRVING

CERTIFIER INFORMATION

First Name: CAROLINE
Middle Name: ZANOT

Step 20: Read and
check box

PLEASE ENTER PIN

☒ I verify that a fetal death occurred at the location, date and time indicated on this fetal death record.

Certifier Pin:

.....

[Forgot my PIN](#)

Step 22:
Click "Ok"

Ok

Close

Step 21: Enter pin
number. (Same pin
number used for death
registration)

Certification

FETUS INFORMATION

First Name: CHEWBACCA

Middle Name:

Last Name: VADER

Suffix:

Date of Delivery: 05/04/2019

Time of Delivery: 01:01 PM

Sex:

Place of Delivery:

IRVING

First Name:

Middle Name:

Last Name:

Fetal Death Registration

Are you sure you are ready to certify the record?

Yes

No

**Step 23: Click
"Yes"**

Preview

Close

Certification

ENTER PIN

☒ I verify that a fetal death occurred at the location, date and time indicated on this fetal death record.

Certifier Pin:

.....

Forgot my PIN

Ok

Close

The image shows a software interface for fetal death registration. A modal dialog box titled "Fetal Death Registration" is centered on the screen. The dialog contains the text "Record Successfully Certified." and an "OK" button at the bottom center. A red callout box points to the "OK" button with the text "Step 24: Click 'OK'".

Fetal Death Registration [X]

Record Successfully Certified.

OK

Step 24: Click "OK"

Background Form Fields:

- Record type: *
BORN AT THIS FACILITY
- Delivery Order:
SINGLE
- ☐ Is Fetus Unnamed
- First Name:
CHEWBACCA
- Middle Name:



EFR:

009999035593768

Filing Deadline:

0

Day(s)

Unresolved Work Queue Filter:

--Select a value--

FETAL DEATH REGISTRATION



Record Type

Step 25: Click the
record drop-down
menu, then click
“Release.”

[New](#)

[Search](#)

[Save](#)

[Cancel](#)

[Abandon](#)

[Certify](#)

[De-Certify](#)

[Release](#)

[Demographic Designation](#)

Unresolved / Stakeholders

- ✓ Fetus
- ✓ Mother
- ✓ Mother Dem
- ✓ Mother Medical-1
- ✓ Mother Medical-2
- ✓ Mother Medical-3
- ✓ Mother Medical-4
- ✓ Fetus Medical-1
- ✓ Fetus Medical-2
- ✓ Cause Of Death

ATTENDANT INFORMATION

Attendant Other

First Name CAROLINE

Middle Name

Last Name ZANOT

Title CERTIFYING PHYSICIAN

Other

Address: 12221 MOPAC EXPY

Apt:

State: TEXAS

County: TRAVIS

AUSTIN

78758

1234

1234

Y9990

☒ Certifier same as Attendant?

Certifier Other

First Name CAROLINE

Middle Name

Last Name ZANOT

Title CERTIFYING PHYSICIAN

Other

Address: 12221 MOPAC EXPY

Apt:

State:

County:

City/Town: AUSTIN

Zip: 78758

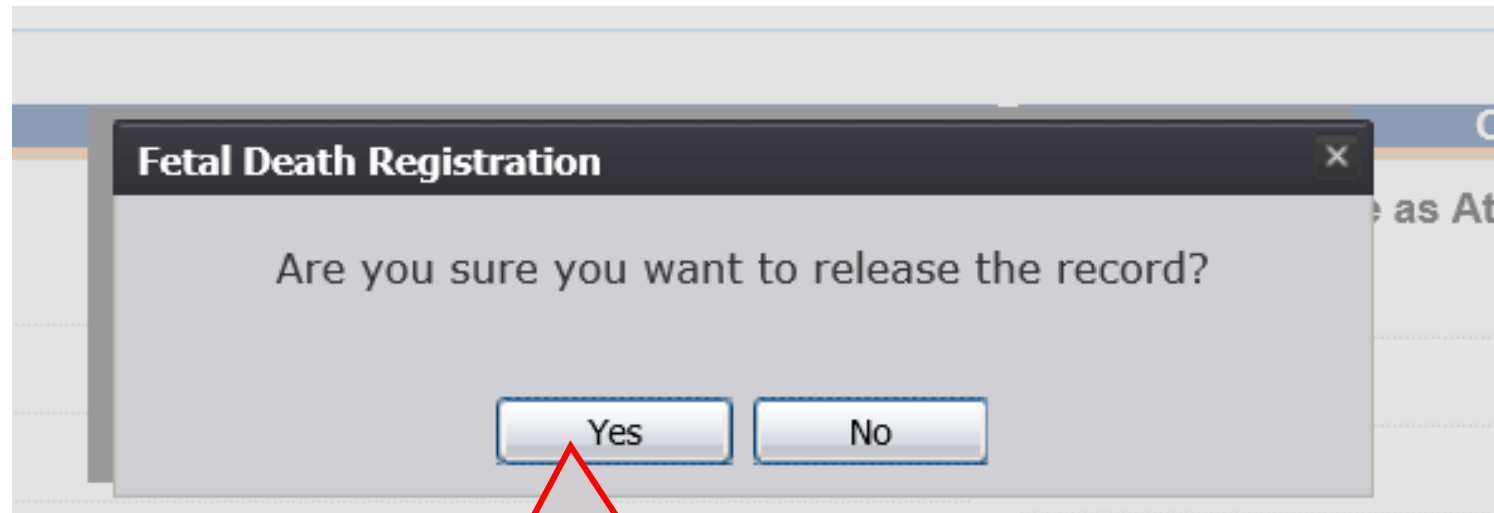
Zip Ext: 1234

Date Certified: 05/31/2019

Helpful Tip: Make sure to review all of
your inputs before releasing. The only
way to make a correction after
releasing is through an amendment.

Comments

License Number



Step 26: Click "Yes"

Basic Fetal Death Registration for Medical Certifiers and Funeral Homes

- Medical certifiers can create and release fetal death records start to finish without involvement of a funeral home.
- Funeral homes cannot complete fetal death records independent of Medical certifiers.
 - Funeral homes can start fetal death records, but they are limited in what they can do.

Basic Fetal Death Registration if Medical Certifier Starts Fetal Death Record without involvement of Funeral Home

1. Medical Certifier starts record and performs data entry
2. Medical certifier certifies record
3. Medical certifier releases record

Basic Fetal Death Registration if Medical Certifier starts record with involvement of Funeral Home

1. Medical Certifier starts record and performs data entry
2. Medical Certifier demographically designates Funeral Home
 - Note: Medical certifier cannot click “demographic designation” if they have already medically certified
3. Medical certifier certifies record
4. Funeral home accepts and verifies record
5. Medical certifier releases record

Basic Fetal Death Registration if Funeral Home Starts Record

1. Funeral home starts record
2. Funeral home fills-out demographic tab
3. Funeral home designates a medical certifier
4. Medical certifier performs data entry and certifies record
5. Funeral home verifies record (FH cannot verify until MC certifies record)
6. Funeral home releases record (Medical certifier can also release record as long as the funeral home has completed verification).

Who can order fetal death records?

The family of the deceased fetus or the funeral home can order the certificate from:

- The state (form on DSHS website that family can mail-in)
- The local registrar in the county where the death occurred

Statutes and Codes

Live birth -- The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born.

Statutes and Codes

Fetal death (stillbirth) -- Death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation, 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.

APGAR Score: The acronym for “Appearance, Pulse, Grimace, Activity, and Respiration” score. This score (from 0 to 10) is determined by evaluating the condition of the newborn baby based on the five criteria above.

Statutes and Codes

Rule §181.7 - Fetal Death (Stillbirth)

- (a) A certificate of fetal death shall be filed for any fetus weighing 350 grams or more, or if the weight is unknown, a fetus aged 20 weeks or more as calculated from the start date of the last normal menstrual period to the date of delivery.
- (b) A certificate of fetal death shall be considered properly filed:
 - (1) when all of the items thereon have been satisfactorily and definitely answered; and
 - (2) when the certificate has been presented for filing to the local registrar of the registration district in which the fetal death (stillbirth) occurred or the fetus was found. A certificate of fetal death (stillbirth) shall be filed with the local registrar within five days after the date of fetal death (stillbirth).

Statutes and Codes

Let's break that down...

- Need to file a fetal death certificate if: fetus weighs 350 grams or more, or, **IF** the weight is unknown and the fetus is aged 20 or more weeks.
- Up to the parents if fetal death certificate is filed if gestational age and weight fall below marks

Statutes and Codes

CHAPTER 674. FETAL AND INFANT MORTALITY REVIEW

Sec. 674.001. Definitions

In this chapter:

- (1) "Decedent" means:
 - (A) a person for whom a fetal death certificate must be filed; or
 - (B) a deceased infant.
- (2) "Fetal death certificate" means a death certificate filed for any fetus weighing 350 grams or more or, if the weight is unknown, a fetus age 20 weeks or more as calculated from the start date of the last normal menstrual period to the date of delivery.
- (3) "Health care provider" means any health care practitioner or facility that provides medical evaluation or treatment, including mental health evaluation or treatment.
- (4) "Infant" means a child younger than one year of age.
- (5) "Local health authority" means:
 - (A) a municipal or county health authority;
 - (B) a director of a local health department or public health district; or
 - (C) a regional director of a public health region.
- (6) "Review" means a reexamination of information regarding a decedent from relevant agencies, professionals, health care providers, and the family of the decedent.
- (7) "Review team" means the fetal and infant mortality review team.