

**OLIVE VIEW-UCLA MEDICAL CENTER
DEPARTMENT OF EMERGENCY MEDICINE
POLICY & PROCEDURE**

**NUMBER: 3289
VERSION: 2**

SUBJECT/TITLE: FETAL DEATH REPORTING

POLICY: Reporting fetal death greater than 20 weeks EGA

PURPOSE: To provide a mechanism for uniform reporting of fetal death.
To provide definitions of Fetal Death and Live Birth for reporting purposes.
To provide alternate methods of determining gestation when menstrual history is unclear or unknown.

DEPARTMENTS: DEPARTMENT OF EMERGENCY MEDICINE (DEM)

DEFINITIONS: Fetal Death: A death prior to complete expulsion or extraction from its mother, a product of conception.
The death is indicated by the fact that after such separation, the fetus does not breathe or show any evidence of life such as a beating heart, pulsation of umbilical cord or definite movement of voluntary muscles.
Live Birth: A complete expulsion or extraction from its mother, a product of conception, breathes or shows any other evidence of life such as heartbeat, pulsation of umbilical cord or definite movement of voluntary muscles.

PROCEDURE: Criteria for filing Certificate of Fetal Death by gestation, weight and length:

- a. If the gestation is greater than 20 weeks.
 - b. Weighs over 400 grams.
 - c. Length of 28 cm. from crown to heel.
- I. Determination
- A. If a fetus is delivered and meets the criteria for fetal death (no sign of life), gestation will be determined by the physician from the first day of the last menstrual period.
 - B. If the menstrual history is unclear or unknown, fetal weight or crown to

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heel length may be used to determine if a certificate of fetal death is required.

C. After menstrual history, weight is usually the most readily obtained:

1. The fetus should be weighed on an accurate gram scale.
2. The container, if used, should be weighed first and subtracted from total weight.

D. If length is the determining factor, cm. tape measure is used. Place the tape at heel and measure to crown.

E. The method of determination will be reflected in the documentation on the treatment record.

If the fetus does not meet the gestation, weight or length criteria, it is considered a specimen and may be placed in formalin and sent to the laboratory with completed pathology slip (blue).

If the fetus meets the criteria for filing a Fetal Death Certificate, the primary nurse will instruct the parent's on the options for burial (no formalin):

1. Disposition at County expense.
2. Private funeral arranged by family at their expense. If so, a Release of Remains form must be completed.

II. Notification

A. Primary nurse will notify the Nurse Administrator.

B. Contact the Coroner's office giving details of the incident. The Coroner's office advises the death will be a Coroner's Case. If the death is a Coroner's Case, the Coroner's Office will give direction on handling the remains.

The fetus and placenta (in a container) then will be transported to the morgue. Documentation of procedure will be reflected on the chart.

III. Flow of Forms

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- A. Fetus that meets criteria for Fetal Death Certificate must have a complete DEM chart, patient number and I.D. Band.
- B. Obtain the Fetal Death Certificate packet.
 - 1. Fetal Death Certificate (see attached)
 - 2. Fetal Death Certificate Worksheet
 - 3. List of anomalies
 - 4. Release of Remains (see attached)
 - 5. Notification of Death OV696 (see attached)
- C. Fill out the Fetal Death Worksheet, Notification of Death (OV696).
- D. Have the physician sign the Fetal Death Certificate.
- E. Forward DEM patient record to the morgue with the remains. During after-hours and holidays, DEM record will go to the Administrative Nursing Office.

Keypoints

- 1. No formalin on the fetus that meets criteria for Fetal Death Certificate.
- 2. Parents are given the option of disposal at the County's expense or private funeral at their expense.
- 3. Notify the Coroner's Office.
- 4. A Certificate of Live Birth must be filed if the fetus exhibits any sign of life or resuscitative measures are instituted.
- 5. If the fetus meets the criteria for Fetal Death Certificate, placenta (in a container) and fetus are sent to the morgue.
- 6. Contact Social Services.

NOTE: If a stillborn is brought to the ED it becomes a Coroner's Case

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References: <i>Fetal Death Registration, Section 10175, 10180, 10185, 10186 Health Safety Code</i>	
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