

Appendix U.S. Model Vital Records

U.S. STANDARD REPORT OF FETAL DEATH

LOCAL FILE NO.	STATE FILE NUMBER:				
MOTHER	1. NAME OF FETUS (optional-at the discretion of the parents)	2. TIME OF DELIVERY (24hr)	3. SEX (M/F/Unk)	4. DATE OF DELIVERY (Mo/Day/Yr)	
	5a. CITY, TOWN, OR LOCATION OF DELIVERY	7. PLACE WHERE DELIVERY OCCURRED (Check one) <input type="checkbox"/> Hospital <input type="checkbox"/> Free-standing birthing center <input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Clinic/Doctor's office <input type="checkbox"/> Other (Specify) _____	8. FACILITY NAME (If not institution, give street and number)		
	5b. ZIP CODE OF DELIVERY	6. COUNTY OF DELIVERY	9. FACILITY ID. (NPI)		
	10a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	10b. DATE OF BIRTH (Mo/Day/Yr)	10c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)		
	10d. BIRTHPLACE (State, Territory, or Foreign Country)	11a. RESIDENCE OF MOTHER-STATE	11b. COUNTY	11c. CITY, TOWN, OR LOCATION	
	11d. STREET AND NUMBER	11e. APT. NO.	11f. ZIP CODE	11g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	12a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	12b. DATE OF BIRTH (Mo/Day/Yr)	12c. BIRTHPLACE (State, Territory, or Foreign Country)		
	13. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Hospital Disposition <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____				
	FATHER	14. ATTENDANT'S NAME, TITLE, AND NPI NAME: _____ NPI: _____ TITLE: <input type="checkbox"/> MID <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____	15. NAME AND TITLE OF PERSON COMPLETING REPORT Name _____ Title _____	16. DATE REPORT COMPLETED MM / DD / YYYY	17. DATE RECEIVED BY REGISTRAR MM / DD / YYYY
		DISPOSITION			
ATTENDANT AND REGISTRATION INFORMATION	18. CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH				
	18a. INITIATING CAUSE/CONDITION (AMONG THE CHOICES BELOW, PLEASE SELECT THE <u>ONE</u> 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 <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placentae <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____ Other Obstetrical or Pregnancy Complications (Specify) _____ Fetal Anomaly (Specify) _____ Fetal Injury (Specify) _____ Fetal Infection (Specify) _____ Other Fetal Conditions/Disorders (Specify) _____ <input type="checkbox"/> Unknown	18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS (SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18b) Maternal Conditions/Diseases (Specify) _____ Complications of Placenta, Cord, or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placentae <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____ Other Obstetrical or Pregnancy Complications (Specify) _____ Fetal Anomaly (Specify) _____ Fetal Injury (Specify) _____ Fetal Infection (Specify) _____ Other Fetal Conditions/Disorders (Specify) _____ <input type="checkbox"/> Unknown			
CAUSE OF FETAL DEATH	18c. WEIGHT OF FETUS (grams preferred, specify unit) <input type="checkbox"/> grams <input type="checkbox"/> lb/oz	18e. ESTIMATED TIME OF FETAL DEATH <input type="checkbox"/> Dead at time of first assessment, no labor ongoing <input type="checkbox"/> Dead at time of first assessment, labor ongoing <input type="checkbox"/> Died during labor, after first assessment <input type="checkbox"/> Unknown time of fetal death	18f. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned		
	18d. OBSTETRIC ESTIMATE OF GESTATION AT DELIVERY _____ (completed weeks)		18g. WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned	18h. WERE AUTOPSY OR HISTOLOGICAL PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Mother's Name

Mother's Medical Record No.

MOTHER	19. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery) <ul style="list-style-type: none"> •• 8th grade or less •• 9th - 12th grade, no diploma •• High school graduate or GED completed •• Some college credit but no 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) 		20. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina) <ul style="list-style-type: none"> •• No, not Spanish/Hispanic/Latina •• Yes, Mexican, Mexican American, Chicana •• Yes, Puerto Rican •• Yes, Cuban •• Yes, other Spanish/Hispanic/Latina (Specify) _____ 		21. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be) <ul style="list-style-type: none"> •• 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) _____ 																				
	22. MOTHER MARRIED? (At delivery, conception, or anytime between) <ul style="list-style-type: none"> •• Yes •• No 		23a. DATE OF FIRST PRENATAL CARE VISIT <ul style="list-style-type: none"> MM / DD / YYYY •• No Prenatal Care 		23b. DATE OF LAST PRENATAL CARE VISIT <ul style="list-style-type: none"> MM / DD / YYYY 																				
	25. MOTHER'S HEIGHT (feet/inches) _____		26. MOTHER'S PREPREGNANCY WEIGHT (pounds) _____		27. MOTHER'S WEIGHT AT DELIVERY (pounds) _____																				
	29. NUMBER OF PREVIOUS LIVE BIRTHS <ul style="list-style-type: none"> 29a. Now Living Number _____ 29b. Now Dead Number _____ •• None 		30. NUMBER OF OTHER PREGNANCY OUTCOMES (spontaneous or induced losses or ectopic pregnancies) <ul style="list-style-type: none"> 30a. Other Outcomes Number (Do not include this fetus) _____ •• None 		31. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY <p>For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. IF NONE, ENTER "0".</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Average number of cigarettes or packs of cigarettes smoked per day</td> <td style="text-align: center;"># of cigarettes</td> <td style="text-align: center;">OR</td> <td style="text-align: center;"># of packs</td> </tr> <tr> <td style="text-align: center;">Three Months Before Pregnancy</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">First Three Months of Pregnancy</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Second Three Months of Pregnancy</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Third Trimester of Pregnancy</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">_____</td> </tr> </table>		Average number of cigarettes or packs of cigarettes smoked per day	# of cigarettes	OR	# of packs	Three Months Before Pregnancy	_____	OR	_____	First Three Months of Pregnancy	_____	OR	_____	Second Three Months of Pregnancy	_____	OR	_____	Third Trimester of Pregnancy	_____	OR
Average number of cigarettes or packs of cigarettes smoked per day	# of cigarettes	OR	# of packs																						
Three Months Before Pregnancy	_____	OR	_____																						
First Three Months of Pregnancy	_____	OR	_____																						
Second Three Months of Pregnancy	_____	OR	_____																						
Third Trimester of Pregnancy	_____	OR	_____																						
29c. DATE OF LAST LIVE BIRTH MM / YY YY		30b. DATE OF LAST OTHER PREGNANCY OUTCOME MM / YY YY		32. DATE LAST NORMAL MENSES BEGAN MM / DD / YYYY																					
				33. PLURALITY - Single, Twin, Triplet, etc. (Specify) _____																					
				34. IF NOT SINGLE BIRTH - Born First, Second, Third, etc. (Specify) _____																					
35. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? •• Yes •• No IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM: _____																									
MEDICAL AND HEALTH INFORMATION		36. RISK FACTORS IN THIS PREGNANCY (Check all that apply): <ul style="list-style-type: none"> Diabetes <ul style="list-style-type: none"> •• Prepregnancy (Diagnosis prior to this pregnancy) •• Gestational (Diagnosis in this pregnancy) Hypertension <ul style="list-style-type: none"> •• Prepregnancy (Chronic) •• Gestational (PIH, preeclampsia) •• Eclampsia •• Previous preterm birth •• Other previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth) •• Pregnancy resulted from infertility treatment: If yes, check all that apply: <ul style="list-style-type: none"> •• Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination •• Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT)) •• Mother had a previous cesarean delivery <ul style="list-style-type: none"> If yes, how many _____ •• None of the above 				37. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply) <ul style="list-style-type: none"> •• Gonorrhea •• Syphilis •• Chlamydia •• Listeria •• Group B Streptococcus •• Cytomegalovirus •• Parvovirus •• Toxoplasmosis •• None of the above •• Other (Specify) _____ 																			
		38. METHOD OF DELIVERY <ul style="list-style-type: none"> A. Was delivery with forceps attempted but unsuccessful? <ul style="list-style-type: none"> •• Yes •• No B. Was delivery with vacuum extraction attempted but unsuccessful? <ul style="list-style-type: none"> •• Yes •• No C. Fetal presentation at delivery <ul style="list-style-type: none"> •• Cephalic •• Breech •• Other _____ D. Final route and method of delivery (Check one) <ul style="list-style-type: none"> •• Vaginal/Spontaneous •• Vaginal/Forceps •• Vaginal/Vacuum •• Cesarean <ul style="list-style-type: none"> If cesarean, was a trial of labor attempted? <ul style="list-style-type: none"> •• Yes •• No E. Hysterotomy/Hysterectomy <ul style="list-style-type: none"> •• Yes •• No 		39. MATERNAL MORBIDITY (Check all that apply) (Complications associated with labor and delivery) <ul style="list-style-type: none"> •• 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 		40. CONGENITAL ANOMALIES OF THE FETUS (Check all that apply) <ul style="list-style-type: none"> •• Anencephaly •• Meningocele/Spina bifida •• Cyanotic congenital heart disease •• Congenital diaphragmatic hernia •• Omphalocele •• Gastrochisis •• Limb reduction defect (excluding congenital amputation and dwarfing syndromes) •• Cleft Lip with or without Cleft Palate •• Cleft Palate alone •• Down Syndrome <ul style="list-style-type: none"> •• Karyotype confirmed •• Karyotype pending •• Suspected chromosomal disorder <ul style="list-style-type: none"> •• Karyotype confirmed •• Karyotype pending •• Hypospadias •• None of the anomalies listed above 																			

REV. 11/2003

NOTE: This recommended standard fetal death report is the result of an extensive evaluation process. Information on the process and resulting recommendations as well as plans for future activities is available on the Internet at: http://www.cdc.gov/nchs/vital_certs_rev.htm.

Mother's Name _____

Mother's Medical Record No. _____

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

LOCAL FILE NO.		BIRTH NUMBER:	
CHILD	1. CHILD'S NAME (First, Middle, Last, Suffix)		2. TIME OF BIRTH (24hr)
	5. FACILITY NAME (if not institution, give street and number)		3. SEX
		6. CITY, TOWN, OR LOCATION OF BIRTH	4. DATE OF BIRTH (Mo/Day/Yr)
MOTHER	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		8b. DATE OF BIRTH (Mo/Day/Yr)
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)		8d. BIRTH-PLACE (State, Territory, or Foreign Country)
	9a. RESIDENCE OF MOTHER-STATE	9b. COUNTY	9c. CITY, TOWN, OR LOCATION
	9d. STREET AND NUMBER		9e. APT. NO.
		9f. ZIP CODE	9g. INSIDE CITY LIMITS? ••Yes ••No
FATHER	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		10b. DATE OF BIRTH (Mo/Day/Yr)
			10c. BIRTH-PLACE (State, Territory, or Foreign Country)
CERTIFIER	11. CERTIFIER'S NAME: TITLE: ••MD ••DO ••HOSPITAL ADMIN. ••CNM/CM ••OTHER MIDWIFE ••OTHER (Specify)_____		12. DATE CERTIFIED MM / DD / YYYY
			13. DATE FILED BY REGISTRAR MM / DD / YYYY
INFORMATION FOR ADMINISTRATIVE USE			
MOTHER	14. MOTHER'S MAILING ADDRESS: ••Same as residence, or: State: _____		City, Town, or Location: _____
	Street & Number: _____		Apartment No.: _____ Zip Code: _____
15. MOTHER MARRIED? (At birth, conception, or any time between) ••Yes ••No		16. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD? ••Yes ••No	17. FACILITY ID. (NPI) _____
18. MOTHER'S SOCIAL SECURITY NUMBER: _____		19. FATHER'S SOCIAL SECURITY NUMBER: _____	
INFORMATION FOR MEDICAL AND HEALTH PURPOSES ONLY			
MOTHER	20. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)		21. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina)
	<ul style="list-style-type: none"> •• 8th grade or less •• 9th - 12th grade, no diploma •• High school graduate or GED completed •• Some college credit but no 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) 		<ul style="list-style-type: none"> •• No, not Spanish/Hispanic/Latina •• Yes, Mexican, Mexican American, Chicana •• Yes, Puerto Rican •• Yes, Cuban •• Yes, other Spanish/Hispanic/Latina (Specify)_____
		22. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be)	
		<ul style="list-style-type: none"> •• 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)_____ 	
FATHER	23. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)		24. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino)
	<ul style="list-style-type: none"> •• 8th grade or less •• 9th - 12th grade, no diploma •• High school graduate or GED completed •• Some college credit but no 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) 		<ul style="list-style-type: none"> •• No, not Spanish/Hispanic/Latino •• Yes, Mexican, Mexican American, Chicano •• Yes, Puerto Rican •• Yes, Cuban •• Yes, other Spanish/Hispanic/Latino (Specify)_____
		25. FATHER'S RACE (Check one or more races to indicate what the father considers himself to be)	
		<ul style="list-style-type: none"> •• 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)_____ 	
26. PLACE WHERE BIRTH OCCURRED (Check one)		27. ATTENDANT'S NAME, TITLE, AND NPI	
<ul style="list-style-type: none"> •• Hospital •• Freestanding birthing center •• Home Birth: Planned to deliver at home? ••Yes ••No •• Clinic/Doctor's office •• Other (Specify)_____ 		NAME: _____ NPI: _____ TITLE: ••MD ••DO ••CNM/CM ••OTHER MIDWIFE ••OTHER (Specify)_____	
		28. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? ••Yes ••No	
		IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM: _____	

Mother's Name _____
 Mother's Medical Record No. _____

MOTHER	29a. DATE OF FIRST PRENATAL CARE VISIT MM / DD / YYYY • No Prenatal Care		29b. DATE OF LAST PRENATAL CARE VISIT MM / DD / YYYY		30. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY _____ (If none, enter '0')			
	31. MOTHER'S HEIGHT _____ (feet/inches)		32. MOTHER'S PREPREGNANCY WEIGHT _____ (pounds)		33. MOTHER'S WEIGHT AT DELIVERY _____ (pounds)			
35. NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child)		36. NUMBER OF OTHER PREGNANCY OUTCOMES (spontaneous or induced losses or ectopic pregnancies)		37. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. IF NONE, ENTER '0'. Average number of cigarettes or packs of cigarettes smoked per day.		38. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY • Private Insurance • Medicaid • Self-pay • Other (Specify) _____		
35a. Now Living Number _____ • None		35b. Now Dead Number _____ • None		36a. Other Outcomes Number _____ • None		Three Months Before Pregnancy _____ of cigarettes OR First Three Months of Pregnancy _____ OR Second Three Months of Pregnancy _____ OR Third Trimester of Pregnancy _____ OR		
35c. DATE OF LAST LIVE BIRTH MM / DD / YYYY		36b. DATE OF LAST OTHER PREGNANCY OUTCOME MM / DD / YYYY		39. DATE LAST NORMAL MENSES BEGAN MM / DD / YYYY		40. MOTHER'S MEDICAL RECORD NUMBER		
MEDICAL AND HEALTH INFORMATION	41. RISK FACTORS IN THIS PREGNANCY (Check all that apply) Diabetes • Prepregnancy (Diagnosis prior to this pregnancy) • Gestational (Diagnosis in this pregnancy) Hypertension • Prepregnancy (Chronic) • Gestational (PIH, preeclampsia) • Eclampsia • Previous preterm birth • Other previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth) • Pregnancy resulted from infertility treatment-If yes, check all that apply: • Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination • Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT)) • Mother had a previous cesarean delivery If yes, how many _____ • None of the above			43. OBSTETRIC PROCEDURES (Check all that apply) • Cervical cerclage • Tocolysis External cephalic version: • Successful • Failed • None of the above			46. METHOD OF DELIVERY A. Was delivery with forceps attempted but unsuccessful? • Yes • No B. Was delivery with vacuum extraction attempted but unsuccessful? • Yes • No C. Fetal presentation at birth • Cephalic • Breech • Other D. Final route and method of delivery (Check one) • Vaginal/Spontaneous • Vaginal/Forceps • Vaginal/Vacuum • Cesarean If cesarean, was a trial of labor attempted? • Yes • No	
	42. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply) • Gonorrhea • Syphilis • Chlamydia • Hepatitis B • Hepatitis C • None of the above			44. ONSET OF LABOR (Check all that apply) • Premature Rupture of the Membranes (prolonged, >12 hrs.) • Precipitous Labor (<3 hrs.) • Prolonged Labor (>20 hrs.) • None of the above			47. MATERNAL MORBIDITY (Check all that apply) (Complications associated with labor and delivery) • 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	
NEWBORN INFORMATION								
NEWBORN	48. NEWBORN MEDICAL RECORD NUMBER: _____		54. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply) • Assisted ventilation required immediately following delivery • Assisted ventilation required for more than six hours • NICU admission • Newborn given surfactant replacement therapy • Antibiotics received by the newborn for suspected neonatal sepsis • Seizure or serious neurologic dysfunction • Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention) • None of the above		55. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply) • Anencephaly • Meningocele/Spina bifida • Cyanotic congenital heart disease • Congenital diaphragmatic hernia • Omphalocele • Gastroschisis • Limb reduction defect (excluding congenital amputation and dwarfing syndromes) • Cleft Lip with or without Cleft Palate • Cleft Palate alone • Down Syndrome • Karyotype confirmed • Karyotype pending • Suspected chromosomal disorder • Karyotype confirmed • Karyotype pending • Hypopspadias • None of the anomalies listed above			
	49. BIRTHWEIGHT (grams preferred, specify unit if _____ • grams • lb/oz)		50. OBSTETRIC ESTIMATE OF GESTATION: _____ (completed weeks)		51. APGAR SCORE: Score at 5 minutes: _____ If 5 minute score is less than 6, _____ Score at 10 minutes: _____			
52. PLURALITY - Single, Twin, Triplet, etc. (Specify) _____		53. IF NOT SINGLE BIRTH - Born First, Second, Third, etc. (Specify) _____		56. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? • Yes • No IF YES, NAME OF FACILITY INFANT TRANSFERRED TO: _____				
Mother's Name _____		Mother's Medical Record No. _____		57. IS INFANT LIVING AT TIME OF REPORT? • Yes • No • Infant transferred, status unknown				
REV. 11/2003				58. IS THE INFANT BEING BREASTFED AT DISCHARGE? • Yes • No				

NOTE: This recommended standard birth certificate is the result of an extensive evaluation process. Information on the process and resulting recommendations as well as plans for future activities is available on the Internet at: http://www.cdc.gov/nchs/vital_certs_rev.htm.

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.				STATE FILE NO.			
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)				2. SEX		3. SOCIAL SECURITY NUMBER	
4a. AGE-Last Birthday (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (Mo/Day/Yr)	
6. BIRTHPLACE (City and State or Foreign Country)		7a. RESIDENCE-STATE		7b. COUNTY		7c. CITY OR TOWN	
7d. STREET AND NUMBER			7e. APT. NO.		7f. ZIP CODE		7g. INSIDE CITY LIMITS? • Yes • No
8. EVER IN US ARMED FORCES? • Yes • No		9. MARITAL STATUS AT TIME OF DEATH • Married • Married, but separated • Widowed • Divorced • Never Married • Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)			
11. FATHER'S NAME (First, Middle, Last)				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)			
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)			
14. PLACE OF DEATH (Check only one; see instructions) IF DEATH OCCURRED IN A HOSPITAL: • Hospital • Emergency Room/Outpatient • Dead on Arrival • Skipped facility • Nursing home/Long term care facility • Decedent's home • Other (Specify): IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: _____							
15. FACILITY NAME (if not institution, give street & number)				16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH	
18. METHOD OF DISPOSITION: • Burial • Cremation • Donation • Entombment • Removal from State • Other (Specify):				19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			
20. LOCATION-CITY, TOWN, AND STATE				21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT						23. LICENSE NUMBER (Of Licensee)	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH				24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)				27. LICENSE NUMBER		28. DATE SIGNED (Mo/Day/Yr)	
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month)			30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? • Yes • No		
CAUSE OF DEATH (See instructions and examples)							
32. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____							Approximate interval: Onset to death: _____
32. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						33. WAS AN AUTOPSY PERFORMED? • Yes • No	
35. DID TOBACCO USE CONTRIBUTE TO DEATH? • Yes • Probably • No • Unknown		36. IF FEMALE: • Not pregnant within past year • Pregnant at time of death • Not pregnant, but pregnant within 42 days of death • Not pregnant, but pregnant 43 days to 1 year before death • Unknown if pregnant within the past year		37. MANNER OF DEATH • Natural • Homicide • Accident • Pending Investigation • Suicide • Could not be determined			
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)		39. TIME OF INJURY		40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)		41. INJURY AT WORK? • Yes • No	
42. LOCATION OF INJURY: State: _____ City or Town: _____ Street & Number: _____ Apartment No.: _____ Zip Code: _____				43. DESCRIBE HOW INJURY OCCURRED: _____			
44. IF TRANSPORTATION INJURY, SPECIFY: • Driver/Operator • Passenger • Pedestrian • Other (Specify) _____							
45. CERTIFIER (Check only one): • Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. • Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. • Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: _____							
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) _____							
47. TITLE OF CERTIFIER		48. LICENSE NUMBER		49. DATE CERTIFIED (Mo/Day/Yr)		50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)	
51. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death. • 8th grade or less • 8th - 12th grade; no diploma • High school graduate or GED completed • Some college credit, but no 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, LL.D., JD)				52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. • No, not Spanish/Hispanic/Latino • Yes, Mexican, Mexican American, Chicano • Yes, Puerto Rican • Yes, Cuban • Yes, other Spanish/Hispanic/Latino (Specify) _____		53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) • 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) _____	
54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED).							
55. KIND OF BUSINESS/INDUSTRY							

NAME OF DECEDENT For use by physician or institution

To Be Completed By: FUNERAL DIRECTOR

To Be Completed By: MEDICAL CERTIFIER

To Be Completed By: FUNERAL DIRECTOR

MEDICAL CERTIFIER INSTRUCTIONS for selected items on U.S. Standard Certificate of Death

(See Physicians' Handbook or Medical Examiner/Coroner Handbook on Death Registration for instructions on all items)

ITEMS ON WHEN DEATH OCCURRED

Items 24-25 and 29-31 should always be completed. If the facility uses a separate pronouncer or other person to indicate that death has taken place with another person more familiar with the case completing the remainder of the medical portion of the death certificate, the pronouncer completes Items 24-28. If a certifier completes Items 24-25 as well as items 29-49, Items 26-28 may be left blank.

ITEMS 24-25, 29-30 – DATE AND TIME OF DEATH

Spell out the name of the month. If the exact date of death is unknown, enter the **approximate** date. If the date cannot be approximated, enter the date the body is found and identify as **date found**. Date pronounced and actual date may be the same. Enter the exact hour and minutes according to a 24-hour clock; estimates may be provided with "Approx." placed before the time.

ITEM 32 – CAUSE OF DEATH (See attached examples)

Take care to make the entry legible. Use a computer printer with high resolution, typewriter with good black ribbon and clean keys, or print legibly using permanent **black ink** in completing the CAUSE OF DEATH Section. **Do not abbreviate** conditions entered in section.

Part I (Chain of events leading directly to death)

•Only one cause should be entered on each line. **Line (a) MUST ALWAYS** have an entry. **DO NOT** leave blank. Additional lines may be added if necessary.

•If the condition on Line (a) resulted from an underlying condition, put the underlying condition on **Line (b)**, and so on, until the full sequence is reported. **ALWAYS** enter the **underlying cause of death** on the lowest used line in Part I.

•For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.

•The terminal event (for example, cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (for example, cardiac arrest **due** to coronary artery atherosclerosis or cardiac arrest **due** to blunt impact to chest).

•If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (for example, renal failure **due** to Type I diabetes mellitus).

•When indicating neoplasms as a cause of death, include the following: 1) primary site or that the primary site is unknown, 2) benign or malignant, 3) cell type or that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (For example, a primary well-differentiated squamous cell carcinoma, lung, left upper lobe.)

•Always report the fatal injury (for example, stab wound of chest), the trauma (for example, transection of subclavian vein), and impairment of function (for example, air embolism).

Part II (Other significant conditions)

•Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**. See attached examples.

•If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

CHANGES TO CAUSE OF DEATH

Should additional medical information or autopsy findings become available that would change the cause of death originally reported, the original death certificate should be amended by the certifying physician by **immediately** reporting the revised cause of death to the State Vital Records Office.

ITEMS 33-34 - AUTOPSY

•33 - Enter "Yes" if either a partial or full autopsy was performed. Otherwise enter "No."

•34 - Enter "Yes" if autopsy findings were available to complete the cause of death; otherwise enter "No". Leave item blank if no autopsy was performed.

ITEM 35 - DID TOBACCO USE CONTRIBUTE TO DEATH?

Check "yes" if, in your opinion, the use of tobacco contributed to death. Tobacco use may contribute to deaths due to a wide variety of diseases; for example, tobacco use contributes to many deaths due to emphysema or lung cancer and some heart disease and cancers of the head and neck. Check "no" if, in your clinical judgment, tobacco use did not contribute to this particular death.

ITEM 36 - IF FEMALE, WAS DECEDED PREGNANT AT TIME OF DEATH OR WITHIN PAST YEAR?

This information is important in determining pregnancy-related mortality.

ITEM 37 - MANNER OF DEATH

•Always check Manner of Death, which is important: 1) in determining accurate causes of death; 2) in processing insurance claims; and 3) in statistical studies of injuries and death.

•Indicate "Pending investigation" if the manner of death cannot be determined whether due to an accident, suicide, or homicide within the statutory time limit for filing the death certificate. This should be changed later to one of the other terms.

•Indicate "Could not be Determined" **ONLY** when it is impossible to determine the manner of death.

ITEMS 38-44 - ACCIDENT OR INJURY – to be filled out in all cases of deaths due to injury or poisoning.

•38 - Enter the exact month, day, and year of injury. Spell out the name of the month. **DO NOT** use a number for the month. (Remember, the date of injury may differ from the date of death.) Estimates may be provided with "Approx." placed before the date.

•39 - Enter the exact hour and minutes of injury or use your best estimate. Use a 24-hour clock.

•40 - Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names. (For example, enter "factory," not "Standard Manufacturing, Inc.")

•41 - Complete if anything other than natural disease is mentioned in Part I or Part II of the medical certification, including homicides, suicides, and accidents. This includes all motor vehicle deaths. The item **must** be completed for decedents ages 14 years or over and may be completed for those less than 14 years of age if warranted. Enter "Yes" if the injury occurred at work. Otherwise enter "No". An injury may occur at work regardless of whether the injury occurred in the course of the decedent's "usual" occupation. Examples of injury at work and injury not at work follow:

Injury at work

Injury while working or in vocational training on job premises
Injury while on break or at lunch or in parking lot on job premises
Injury while working for pay or compensation, including at home
Injury while working as a volunteer law enforcement official etc.
Injury while traveling on business, including to/from business contacts

Injury not at work

Injury while engaged in personal recreational activity on job premises
Injury while a visitor (not on official work business) to job premises
Homemaker working at homemaking activities
Student in school
Working for self for no profit (mowing yard, repairing own roof, hobby)
Commuting to or from work

•42 - Enter the complete address where the injury occurred including zip code.

•43 - Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. Specify **type of gun or type of vehicle** (e.g., car, bulldozer, train, etc.) when relevant to circumstances. Indicate if more than one vehicle involved; specify type of vehicle decedent was in.

•44 - Specify role of decedent (e.g. driver, passenger). Driver/operator and passenger should be designated for modes other than motor vehicles such as bicycles. Other applies to watercraft, aircraft, animal, or people attached to outside of vehicles (e.g. surfers).

Rationale: Motor vehicle accidents are a major cause of unintentional deaths; details will help determine effectiveness of current safety features and laws.

REFERENCES

For more information on how to complete the medical certification section of the death certificate, refer to tutorial at <http://www.TheNAME.org> and resources including instructions and handbooks available by request from NCHS, Room 7318, 3311 Toledo Road, Hyattsville, Maryland 20782-2003 or at www.cdc.gov/nchs/about/major/dvs/handbk.htm

Cause-of-death – Background, Examples, and Common Problems

Accurate cause of death information is important to the public health community in evaluating and improving the health of all citizens, and to the family, now and in the future, and to the person settling the decedent's estate.

The cause-of-death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause of death** (the final disease, injury, or complication directly causing death) on line a and the **underlying cause of death** (the disease or injury that initiated the chain of events that led directly and inevitably to death) on the lowest listed line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. The **cause-of-death information should be YOUR best medical OPINION**. A condition can be listed as "probable" even if it has not been definitively diagnosed.

Examples of properly completed medical certifications:

CAUSE OF DEATH (See instructions and examples)		Approximate Interval Onset to death
<p>32. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p>		
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death) →</p> <p>a. <u>Rupture of myocardium</u> Due to (or as a consequence of): _____</p>		Minutes
<p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p> <p>b. <u>Acute myocardial infarction</u> Due to (or as a consequence of): _____</p>		6 days
	c. <u>Coronary artery thrombosis</u> Due to (or as a consequence of): _____	5 years
	d. <u>Atherosclerotic coronary artery disease</u>	7 years
<p>PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.</p> <p>Diabetes, Chronic obstructive pulmonary disease, smoking</p>		
<p>33. WAS AN AUTOPSY PERFORMED?</p> <p>• Yes • No</p>		
<p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? • Yes • No</p>		
<p>35. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p>• Yes •• Probably</p> <p>• No •• Unknown</p>	<p>36. IF FEMALE:</p> <p>• Not pregnant within past year</p> <p>• Pregnant at time of death</p> <p>• Not pregnant, but pregnant within 42 days of death</p> <p>• Not pregnant, but pregnant 43 days to 1 year before death</p> <p>• Unknown if pregnant within the past year</p>	<p>37. MANNER OF DEATH</p> <p>• Natural •• Homicide</p> <p>• Accident •• Pending investigation</p> <p>• Suicide •• Could not be determined</p>

CAUSE OF DEATH (See instructions and examples)		Approximate Interval Onset to death
<p>32. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p>		
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death) →</p> <p>a. <u>Aspiration pneumonia</u> Due to (or as a consequence of): _____</p>		2 Days
<p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p> <p>b. <u>Complications of coma</u> Due to (or as a consequence of): _____</p>		7 weeks
	c. <u>Blunt force injuries</u> Due to (or as a consequence of): _____	7 weeks
	d. <u>Motor vehicle accident</u>	7 weeks
<p>PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.</p>		
<p>33. WAS AN AUTOPSY PERFORMED?</p> <p>• Yes • No</p>		
<p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? • Yes • No</p>		
<p>35. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p>• Yes •• Probably</p> <p>• No •• Unknown</p>	<p>36. IF FEMALE:</p> <p>• Not pregnant within past year</p> <p>• Pregnant at time of death</p> <p>• Not pregnant, but pregnant within 42 days of death</p> <p>• Not pregnant, but pregnant 43 days to 1 year before death</p> <p>• Unknown if pregnant within the past year</p>	<p>37. MANNER OF DEATH</p> <p>• Natural •• Homicide</p> <p>• Accident •• Pending investigation</p> <p>• Suicide •• Could not be determined</p>
<p>38. DATE OF INJURY (MM/DD/YY) (Specify Month)</p> <p>August 15, 2003</p>	<p>39. TIME OF INJURY</p> <p>Approx. 2320</p>	<p>40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)</p> <p>road side near state highway</p>
<p>42. LOCATION OF INJURY: State: Missouri City or Town: near Alexandria</p> <p>Street & Number: mile marker 17 on state route 46a Apartment No.: _____ Zip Code: _____</p>		<p>41. INJURY AT WORK?</p> <p>• Yes •• No</p>
<p>43. DESCRIBE HOW INJURY OCCURRED:</p> <p>Decedent driver of van, ran off road into tree</p>		
<p>44. IF TRANSPORTATION INJURY, SPECIFY:</p> <p>• Driver/Operator</p> <p>• Passenger</p> <p>• Pedestrian</p> <p>• Other (Specify)</p>		

Common problems in death certification

The **elderly decedent** should have a clear and distinct etiological sequence for cause of death, if possible. Terms such as senescence, infirmity, old age, and advanced age have little value for public health or medical research. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that, in his or her opinion, best describes the process leading to death, and place any other pertinent conditions in Part II. If after careful consideration the physician cannot determine a sequence that ends in death, then the medical examiner or coroner should be consulted about conducting an investigation or providing assistance in completing the cause of death.

The **infant decedent** should have a clear and distinct etiological sequence for cause of death, if possible. "Prematurity" should not be entered without explaining the etiology of prematurity. Maternal conditions may have initiated or affected the sequence that resulted in infant death, and such maternal causes should be reported in addition to the infant causes on the infant's death certificate (e.g., Hyaline membrane disease due to prematurity, 28 weeks due to placental abruption due to blunt trauma to mother's abdomen).

When **SIDS** is suspected, a complete investigation should be conducted, typically by a medical examiner or coroner. If the infant is under 1 year of age, no cause of death is determined after scene investigation, clinical history is reviewed, and a complete autopsy is performed, then the death can be reported as Sudden Infant Death Syndrome.

When processes such as the following are reported, additional information about the etiology should be reported:

Abscess	Carcinomatosis	Disseminated intra vascular coagulopathy	Hypothermia	Pulmonary arrest
Abdominal hemorrhage	Cardiac arrest	Dysrhythmia	Immunosuppression	Pulmonary edema
Adhesions	Cardiac dysrhythmia	End-stage liver disease	Increased intra cranial pressure	Pulmonary embolism
Adult respiratory distress syndrome	Cardiomyopathy	End-stage renal disease	Intra cranial hemorrhage	Pulmonary insufficiency
Acute myocardial infarction	Cerebellar/brainstem herniation	Cellulitis	Malnutrition	Renal failure
Altered mental status	Chronic bedridden state	Cerebral edema	Metabolic encephalopathy	Respiratory arrest
Anemia	Cirrhosis	Cerebrovascular accident	Multi-organ failure	Seizures
Anoxia	Coagulopathy	Cerebellar tonsillar herniation	Multi-system organ failure	Sepsis
Anoxic encephalopathy	Compression fracture	Chronic bedridden state	Myocardial infarction	Septic shock
Arrhythmia	Conjunctivitis	Chronic bedridden state	Necrotizing soft-tissue infection	Shock
Ascites	Diarrhea	Cirrhosis	Open (or closed) head injury	Starvation
Aspiration	Dementia (when not otherwise specified)	Cerebral artery aneurysm	Paralysis	Subdural hematoma
Atrial fibrillation	Diarrhea	Chronic bedridden state	Pancreatitis	Subarachnoid hemorrhage
Bacteremia	Diarrhea	Chronic bedridden state	Perforated gallbladder	Sudden death
Bedridden	Diarrhea	Chronic bedridden state	Pneumonia	Thrombocytopenia
Biliary obstruction	Diarrhea	Chronic bedridden state	Pneumonia	Uncal herniation
Bowel obstruction	Diarrhea	Chronic bedridden state	Pneumonia	Urinary tract infection
Brain injury	Diarrhea	Chronic bedridden state	Pneumonia	Ventricular fibrillation
Brain stem herniation	Diarrhea	Chronic bedridden state	Pneumonia	Ventricular tachycardia
Carcinogenesis	Diarrhea	Chronic bedridden state	Pneumonia	Volume depletion

If the certifier is unable to determine the etiology of a process such as those shown above, the process must be qualified as being of an unknown, undetermined, probable, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently or carelessly omitted.

The following conditions and types of death might seem to be specific or natural but when the medical history is examined further may be found to be complications of an injury or poisoning (possibly occurring long ago). Such cases should be reported to the medical examiner/coroner.

Asphyxia	Epidural hematoma	Hip fracture	Pulmonary emboli	
Blebs	Exsanguination	Hypothermia	Seizure disorder	Subdural hematoma
Choking	Fall	Hypothermia	Sepsis	Surgery
Drug or alcohol overdose/drug or alcohol abuse	Fracture	Open reduction of fracture	Subarachnoid hemorrhage	Thermal burns/chemical burns

FUNERAL DIRECTOR INSTRUCTIONS for selected items on U.S.

Standard Certificate of Death (For additional information concerning all items on certificate see Funeral Directors' Handbook on Death Registration)

ITEM 1. DECEDENT'S LEGAL NAME

Include any other names used by decedent, if substantially different from the legal name, after the abbreviation AKA (also known as) e.g. Samuel Langhorne Clemens AKA Mark Twain, **but not** Jonathon Doe AKA John Doe

ITEM 5. DATE OF BIRTH

Enter the full name of the month (January, February, March etc.) Do not use a number or abbreviation to designate the month.

ITEM 7A-G. RESIDENCE OF DECEDENT (information divided into seven categories)

Residence of decedent is the place where the decedent actually resided. The place of residence is not necessarily the same as "home state" or "legal residence". Never enter a temporary residence such as one used during a visit, business trip, or vacation. Place of residence during a tour of military duty or during attendance at college is considered permanent and should be entered as the place of residence. If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility in item 7. If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. **Never** use an acute care hospital's location as the place of residence for any infant. If Canadian residence, please specify Province instead of State.

ITEM 10. SURVIVING SPOUSE'S NAME

If the decedent was married at the time of death, enter the full name of the surviving spouse. If the surviving spouse is the wife, enter her name prior to first marriage. This item is used in establishing proper insurance settlements and other survivor benefits.

ITEM 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE

Enter the name used prior to first marriage, commonly known as the maiden name. This name is useful because it remains constant throughout life.

ITEM 14. PLACE OF DEATH

The place where death is pronounced should be considered the place where death occurred. If the place of death is unknown but the body is found in your State, the certificate of death should be completed and filed in accordance with the laws of your State. Enter the place where the body is found as the place of death.

ITEM 51. DECEDENT'S EDUCATION (Check appropriate box on death certificate)

Check the box that corresponds to the highest level of education that the decedent completed. **Information in this section will not appear on the certified copy of the death certificate. This information is used to study the relationship between mortality and education (which roughly corresponds with socioeconomic status). This information is valuable in medical studies of causes of death and in programs to prevent illness and death.**

ITEM 52. WAS DECEDENT OF HISPANIC ORIGIN? (Check "No" or appropriate "Yes" box)

Check "No" or check the "Yes" box that best corresponds with the decedent's ethnic Spanish identity as given by the informant. Note that "Hispanic" is not a race and item 53 must also be completed. Do not leave this item blank. With respect to this item, "Hispanic" refers to people whose origins are from Spain, Mexico, or the Spanish-speaking Caribbean Islands or countries of Central or South America. Origin includes ancestry, nationality, and lineage. There is no set rule about how many generations are to be taken into account in determining Hispanic origin; it may be based on the country of origin of a parent, grandparent, or some far-removed ancestor. Although the prompts include the major Hispanic groups, other groups may be specified under "other". "Other" may also be used for decedents of multiple Hispanic origin (e.g. Mexican-Puerto Rican). **Information in this section will not appear on the certified copy of the death certificate. This information is needed to identify health problems in a large minority population in the United States. Identifying health problems will make it possible to target public health resources to this important segment of our population.**

ITEM 53. RACE (Check appropriate box or boxes on death certificate)

Enter the race of the decedent as stated by the informant. Hispanic is not a race; information on Hispanic ethnicity is collected separately in item 52. American Indian and Alaska Native refer only to those native to North and South America (including Central America) and does not include Asian Indian. Please specify the name of enrolled or principal tribe (e.g., Navajo, Cheyenne, etc.) for the American Indian or Alaska Native. For Asians check Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or specify other Asian group; for Pacific Islanders check Guamanian or Chamorro, Samoan, or specify other Pacific Island group. If the decedent was of mixed race, enter each race (e.g., Samoan-Chinese-Filipino or White, American Indian). **Information in this section will not appear on the certified copy of the death certificate. Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine if specific health programs are needed in particular areas and to make population estimates.**

ITEMS 54 AND 55. OCCUPATION AND INDUSTRY

Questions concerning occupation and industry must be completed for all decedents 14 years of age or older. This information is useful in studying deaths related to jobs and in identifying any new risks. For example, the link between lung disease and lung cancer and asbestos exposure in jobs such as shipbuilding or construction was made possible by this sort of information on death certificates. **Information in this section will not appear on the certified copy of the death certificate.**

ITEM 54. DECEDENT'S USUAL OCCUPATION

Enter the usual occupation of the decedent. This is not necessarily the last occupation of the decedent. Never enter "retired". Give kind of work decedent did during most of his or her working life, such as claim adjuster, farmhand, coal miner, janitor, store manager, college professor, or civil engineer. If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter "homemaker". Enter "student" if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life. **Information in this section will not appear on the certified copy of the death certificate.**

ITEM 55. KIND OF BUSINESS/INDUSTRY

Kind of business to which occupation in item 54 is related, such as insurance, farming, coal mining, hardware store, retail clothing, university, or government. DO NOT enter firm or organization names. If decedent was a homemaker as indicated in item 54, then enter either "own home" or "someone else's home" as appropriate. If decedent was a student as indicated in item 54, then enter type of school, such as high school or college, in item 55. **Information in this section will not appear on the certified copy of the death certificate.**

NOTE: This recommended standard death certificate is the result of an extensive evaluation process. Information on the process and resulting recommendations as well as plans for future activities is available on the Internet at: http://www.cdc.gov/nchs/vital_certs_rev.htm.

Glossary

Adverse event (outcome) Any disease, injury, or death.

Age-specific fertility rate The rate of fertility among women of a specific age.

Antepartum fetal death Fetal death occurring before the initiation of labor.

ART Assisted reproductive technology refers to interventions to assist couples to conceive.

Association A term signifying a relationship between two or more events or variables. Events are said to be associated when they occur more frequently together than one would expect by chance. Association does not imply a causal relationship. Statistical significance testing enables a researcher to determine the likelihood of observing the sample relationship by chance if in fact no association exists in the population that was sampled. The terms *association* and *relationship* are often used interchangeably.

Birth certificate Official, legal document recording details of a live birth, usually comprising name, date, place, identity of parents, and sometimes additional information such as birth weight. It provides the basis for the vital statistics of birth and birthrates in a political or administrative jurisdiction and the denominator for infant mortality and certain other vital statistics.

Birth cohort prevalence rate In developmental disabilities surveillance, the prevalence of a specific disorder in a geographic area, among children of a specific age who were born in that geographic area, within a specified time interval.

Birth defect A structural abnormality present at birth.

Birth interval The length of time between termination of one pregnancy and the termination of a second.

Birth order The ordinal number of a given live birth in relation to all previous live births of the same woman.

Birth rate A summary rate based on the number of live births in a population over a given time period, usually one year.

Birth weight Infant's weight recorded at birth, and in some countries, entered on the birth certificate.

Birth weight-specific mortality rate The number of infant deaths that occurred among live births in a specific birth weight category in a calendar year divided by the total number of live births that occurred in that category in that year. To express the rate per 1,000 live births, multiply the result by 1,000.

Case ascertainment Identification of cases of an exposure or health outcome in public health surveillance, usually according to a specific case definition.

Causality Relating causes to the effects they produce. Most of epidemiology concerns causality, and several types of causes can be distinguished. A cause is termed *necessary* when a particular variable must always precede an effect. This effect need not be the sole result of the one variable. A cause is termed "sufficient" when a particular variable inevitably initiates or produces an effect. Any given cause may be necessary, sufficient, neither, or both.

Cause-of-death Defined by the World Health Organization as the underlying cause of death, which is recorded on the death certificate. The cause of death is (a) the disease or injury that initiated the train of morbid events leading directly to death or (b) the circumstances of the accident or violence that produced the fatal injury.

Cohort fertility The fertility of cohort of women who were born during a specified interval and followed through their reproductive years.

Cohort infant mortality rate The number of infant deaths that occurred among live births in a calendar year, divided by the total number of live births that year. To express the rate per 1,000 infants per year, multiply the result by 1,000.

Confidence interval A range of values for a variable of interest, constructed statistically so that this range has a specified probability of including the true value of the variable (1).

Contraceptive failure rate The average probability of having an unintended pregnancy during a year of using a specific contraceptive method.

Crude birth rate The rate of live births in a defined population during 1 year. The denominator is the average or mid-year population during that year.

Crude fertility rate Rate of live births during 1 year in a defined population of women aged 15–44 years. The denominator is the mid-year female population aged 15–44 years.

Cumulative birth rate The total number of births to women who were born during a specified interval until they reach a specified age.

Death certificate A vital record signed by a licensed physician or by another designated health worker that includes cause of death, decedent's name, sex, birth data, places of residence and of death, and whether the deceased had been medically attended before death. Occupation, birthplace, and other information may be included. Immediate cause of death is recorded on the first line, followed by conditions giving rise to the immediate cause; the underlying cause is entered last.

Death rate An estimate of the proportion of a population that dies during a specified period. The numerator is the number of persons dying during the period; the denominator is the number in the population. For the death rate per year, the denominator often is estimated as mid-year population.

Disease May be defined as a failure of the adaptive mechanisms of an organism to counteract adequately, normally, or appropriately noxious stimuli or infectious pathogen, to which it is subjected, resulting in a disturbance in the function or structure of some part of the organism. This definition emphasizes that disease is multifactorial and may be prevented or treated by changing any factor or a combination of the factors. Disease is a very elusive and difficult concept to define, being largely socially defined. Thus, criminality and drug dependence are presently seen by some as diseases, when they were previously considered to be moral or legal problems.

Epidemiology The study of the patterns of determinants and antecedents of disease in human populations. Epidemiology utilizes biology, clinical medicine, and statistics in an effort to understand the etiology (causes) of illness and/or disease. The ultimate goal of the epidemiologist is not merely to identify underlying causes of a disease but to apply findings to disease prevention and health promotion.

Exposure A general term used to describe contact with a risk factor. An exposure can be a physical agent (e.g., radiation) or a behavior (e.g., excessive drinking).

Fertility The actual production of live offspring. Stillbirths, fetal deaths, and abortions are not included in the measurement of fertility.

Fertility rate The rate of live births per 1,000 women aged 15–44 years.

Fertility ratio The rate of children aged <5 years per 1,000 women aged 15–44 years.

Fetal death Defined by the World Health Organization as “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.” This definition includes the following as fetal deaths: stillbirths, spontaneous abortions, and miscarriages.

Fetal mortality rate The number of fetal deaths divided by the sum of the number of live births plus the number of fetal deaths in a specified time period. To express the rate per 1,000 births per year, multiply the result by 1,000.

Fetal mortality ratio The ratio of the number of fetal deaths to live births in a specified period. To express the rate per 1,000 live births per year, multiply the result by 1,000.

Final data Complete data from vital records (such as birth and death certificates and fetal death reports) that have been reviewed by the National Center for Health Statistics for validity and consistency. Usually available by 2 years after the close of a data year.

General fertility rate The rate of live births during a year in a defined population of women aged 15–44 years during that year.

Gestational age The gestational age of a fetus is the elapsed time since conception. However, the moment when conception occurred is rarely known precisely, the duration of gestation is measured from the first day of the last normal menstrual period. Gestational age is measured in completed days or completed weeks.

Gestational weight gain Maternal weight gain during pregnancy.

Gross reproduction rate A hypothetical rate that represents the average number of daughters born to a cohort of women if the following conditions apply: (a) women in the cohort experienced the age-specific birthrates observed in a given year and (b) none of the cohort died during her childbearing years.

Health The state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Health has many dimensions (anatomical, physiological, and mental) and is largely culturally defined. The relative importance of various disabilities will differ depending upon the cultural milieu

and the role of the affected individual in that culture. Most attempts at measurement have been assessed in terms of morbidity and mortality.

HP2010 Healthy People 2010. It refers to health objectives for the United States.

Impaired fecundity In the National Survey of Family Growth, the status of a woman who (a) is part of an infertile couple or (b) reports that it is physically difficult or impossible to conceive or deliver a baby, or (c) has been told by a physician that pregnancy would pose a danger to her or the baby.

Incidence In epidemiology, the number of cases of disease, infection, or some other event having their onset during a prescribed period of time in relation to the unit of population in which they occur. Incidence measures morbidity or other events as they happen during an interval of time. Examples include the number of accidents occurring in a manufacturing plant during a year in relation to the number of employees in the plant, or the number of cases of mumps occurring in a school during a month in relation to the number of pupils enrolled in the school. It usually refers only to the number of new cases, particularly of chronic diseases.

Infant mortality The death of a live-born infant before its first birthday.

Infertile The status of a married couple who is not surgically sterilized, has not used contraception, and has not become pregnant after at least 12 months of intercourse.

Intrapartum fetal death Fetal death occurring after the initiation of labor and before delivery.

IVF In vitro fertilization: A reproductive technology that refers to fertilization of an embryo outside of the mother's body.

Kessner index A classification of prenatal care developed by the Institute of Medicine in 1973 that adjusts the timing and quantity of prenatal care for the length of gestation to determine levels of adequate, inadequate, and intermediate prenatal care. David Kessner was the first author of the Institute of Medicine's report on use of prenatal care.

Legal induced abortion An abortion conducted by a licensed health provider under conditions consistent with the legal requirements of the state.

Live birth "...the complete expulsion or extraction from its mother of a product of conception, regardless of the duration of pregnancy, which, after such separation, breathes or shows any 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 liveborn.” (1)

Low birth weight Birth weight less than 2,500 g.

Maternal death Death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Maternal mortality The risk of dying from causes associated with childbirth. The numerator is the deaths arising during pregnancy or from puerperal causes, i.e., deaths occurring because of deliveries, complications of pregnancy, childbirth, and the puerperium.

Mistimed pregnancy According to questions included in the National Survey of Family Growth, a pregnancy that was intended but occurred sooner than the mother would have liked.

Morbidity The extent of illness, injury, or disability in a defined population. It is usually expressed in general or cause-specific rates of incidence or prevalence.

Mortality Death. Used to describe the relation of deaths to the population in which they occur. The mortality rate (death rate) expresses the number of deaths in a unit of population within a prescribed time and may be expressed as crude death rates (e.g., total deaths in relation to total population during a year) or as death rates specific for diseases and, sometimes, for age, sex, or other attributes (e.g., number of deaths from cancer in White males in relation to the White male population during a given year).

NCHS National Center for Health Statistics.

Neonatal death Death of a live-born infant from birth to 27 days after delivery.

Net pregnancy weight gain Total weight gain of the mother during pregnancy after the birth weight of the infant is subtracted.

NSFG National Survey of Family Growth.

Nulligravida A woman who has never been pregnant.

Obstetrics The branch of medicine dealing with pregnancy and the delivery of babies.

Parity The total number of times a woman delivered a living baby.

Periconceptional Occurring around the time of conception.

Perinatal period Defined by the ICD-10 as the period from 22 weeks of gestation through 7 completed days after delivery.

Perinatal mortality rate The numerator is the number of stillbirths and neonatal deaths in a specified time period. The denominator is the number of live births and stillbirths in the same time period. The WHO's definition, more appropriate in nations with less-well-established systems for vital records, is the number of stillbirths after 22 or more completed weeks of gestation and infant deaths occurring during 7 days after delivery divided by the number of live births and stillbirths in the same time period.

Period infant mortality rates The number of infant deaths occurring in a calendar year per the number of live births occurring during the same period. To express the rate per 1,000 live births per year, multiply the result by 1,000.

Postneonatal death Death of a live-born infant from 28 through 365 days after delivery.

Postterm Forty-two or more completed weeks of gestation

Preterm Less than 37 completed weeks of gestation

PRAMS Pregnancy Risk Assessment Monitoring System: A population-based surveillance program in the United States that collects information from new mothers about their pregnancies and the first few months after their deliveries.

Preconception care An organized and comprehensive program of health care that identifies and reduces a woman's risk before conception through risk assessment, health promotion, and interventions. Preconception care programs may be designed to include the male partner by providing counseling and educational information in preparation for fatherhood, such as genetic counseling and testing, financial and family planning, etc. May refer to prospective father or mother.

Pregnancy-associated mortality The death of a woman from any cause while pregnant or within 12 months after the termination of pregnancy, regardless of the duration and site of pregnancy.

Pregnancy mortality rate The number of pregnancy-related maternal deaths per 100,000 pregnancies, usually expressed per year.

Pregnancy mortality ratio The number of pregnancy-related deaths per 100,000 live births.

Pregnancy-related mortality A pregnancy-associated death resulting from (1) complications of the pregnancy itself, (2) the chain of events initiated by the pregnancy, that led to death, or (3) aggravation of an unrelated condition by the physiologic or pharmacologic effects of the pregnancy that subsequently caused death.

Pregnancy intention The desirability of conception.

Prenatal care Monitoring and management of the woman during pregnancy to prevent complications of pregnancy and to promote a healthy outcome for the mother and infant.

Preterm delivery Termination of pregnancy before the 37th completed week of gestation.

Prevalence The number of persons with a health condition in a specified population at a designated time.

Prevention (primary, secondary, tertiary)

Primary prevention: Implementing an intervention before the evidence of a disease or injury. This strategy can reduce or eliminate causative risk factors (risk reduction).

Secondary prevention: Implementing an intervention after a disease has begun, but before it is symptomatic (screening and treatment).

Tertiary prevention: Implementing an intervention after a disease or injury is established. This strategy can prevent sequelae.

Primary infertility The status of an infertile couple who has not previously conceived.

Probability (*p* value) The likelihood that an event will occur. When looking at differences between data samples, statistical techniques are used to determine if the differences are likely to reflect real differences in the whole group from which the sample is drawn or if they are simply the result of random variation in the samples. For example, a probability (or *p* value) of 0.01 indicates that the differences observed would have occurred by chance in one out of a hundred samples drawn from the same data.

Provisional data Limited, early data from filed death certificates. Provisional data on infant mortality are provided by the National Center for Health Statistics 3–4

months after the death certificates are filed in the states. These data include estimates of the number of infant deaths and selected causes of death.

Public health

1. The science dealing with the protection and improvement of community health by organized community effort. Public health activities are generally those that are less amenable to being undertaken by individuals or that are less effective when undertaken on an individual basis. Public health activities and typically do not include direct personal health services. Public health activities include immunizations; sanitation; preventive medicine, quarantine, and other disease control activities; occupational health and safety programs; assurance of the healthfulness of air, water, and food; health education; epidemiology; and others.
2. Application of scientific and technical knowledge to address community health needs, thereby preventing disease and promoting health. Core functions include collecting and analyzing data, developing comprehensive policies for entire populations, and assuring that appropriate services are delivered to all.

Rate A measure of the frequency of occurrence of an event during a defined time interval. For example, the annual mortality rate equals the number who die in 1 year divided by the number at risk of dying during that year. Rates are usually expressed using a standard denominator such as 1,000 or 100,000 persons.

Rate ratio The ratio of two rates expressed in epidemiology as the ratio of the rate of a health outcome in an exposed population to the rate in the unexposed population.

Risk or risk factor Risk is a term used by epidemiologists to quantify the likelihood that something will occur. A risk factor is something that either increases or decreases an individual's likelihood of developing a disease.

Screening The use of quick procedures to differentiate apparently well persons who have a disease or a high risk of disease from those who probably do not have the disease. It is used to identify high-risk individuals for more definitive study or follow-up. Multiple screening (or multiphasic screening) is the combination of a battery of screening tests for specific diseases. This screening is performed by technicians under medical direction and applied to large groups of apparently well persons.

Secondary infertility The status of an infertile couple who has had one or more previous conceptions.

Specialist A physician, dentist, or other health professional who is specially trained in a certain branch of medicine or dentistry related to specific services or procedures (e.g., surgery, radiology, pathology); certain age categories of patients (e.g., pediatrics, geriatrics); certain body systems (e.g., dermatology, orthopedics, cardiology); or certain types of diseases (e.g., allergy, psychiatry, periodontics). Specialists usually have advanced education and training related to their specialties.

Spontaneous abortion Spontaneous death prior to the complete expulsion or extraction from its mother of a product of conception. In some surveillance systems, this term indicates such deaths at gestational age less than 20 weeks.

Stillbirth Death prior to the complete expulsion or extraction from its mother of a product of conception. In some surveillance systems, this term indicates such deaths at gestational age of 20 weeks or more.

Survey An investigation in which information is collected systematically. A population survey may be conducted by face-to-face inquiry, by self-completed questionnaires, by telephone, by postal service, or in some other way. Each method has its advantages and disadvantages. The generalizability of results depends upon the extent to which those surveyed are representative of the entire population.

Teratogen An exposure that causes birth defects.

Term From 37 through less than 42 weeks completed gestation.

Total fertility rate A hypothetical rate computed by summing the age-specific fertility rates in a given period for a hypothetical cohort of women. It shows the potential impact of current fertility patterns on the total rate of births delivered by a cohort of women.

Unintended pregnancy According to questions included in the National Survey of Family Growth, a pregnancy identified as either unwanted or mistimed.

Unwanted pregnancy According to questions included in the National Survey of Family Growth, a pregnancy occurring when the mother reported that she did not want a child at the time of conception or any time in the future.

Vital statistics Statistics relating to births (natality), deaths (mortality), marriages, health, and disease (morbidity). Vital statistics for the United States are published by the National Center for Health Statistics.

WHO

World Health Organization.

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