

Fetal Death Screening Tool

Fetal, Infant, Child, & Maternal Mortality Review & Prevention Team (FICMMR)

Purpose:

Facilitate the review process of fetal deaths by the local FICMMR leader and to determine whether a full, fetal team review is needed.

Process:

1. Local FICMMR leader will receive notice of a fetal death on the Vital Statistics monthly Death List.
2. CERTIFIED fetal death certificates will be sent from State FICMMR Coordinator to local FICMMR leader. Death certificates from the county clerk typically do not contain the medical information that you need for the tool.
3. Local FICMMR leader will screen **all** qualified fetal deaths that occur to county residents using the **Certified** Fetal Death Certificate and the Screening Tool (page 2 of this document). Based on screening results, the local FICMMR leader determines whether the fetal demise merits a FICMMR **team** review. This determination would be done on a case-by-case basis and at the professional discretion of the local FICMMR leader.
4. For complete fetal death reviews in counties where FICMMR team members do not have obstetric or neonatal experience, they should partner with counties who have this expertise on their FICMMR team for help. The screening tool will help identify major risk factors (both modifiable and non-modifiable) for preterm birth.
5. It is recommended that a full team review take place in deaths with any one of the following risk factors:
 - a. maternal smoking during pregnancy
 - b. maternal use of alcohol or illicit drugs during pregnancy
 - c. history of preterm delivery
 - d. late or no prenatal care
 - e. maternal pre-existing chronic conditions (hypertension, diabetes or obesity)
 - f. if after using screening tool the local FICMMR leader feels a full review is warranted due to lack of information or presence of risk factors

In these cases, a complete FICMMR review should help to determine whether interventions/services are present in the community to help reduce these risk factors. This can lead to discussion on prevention efforts at the local level, which is a major goal of FICMMR. Fetal cases that go on to a full team review need to be entered into the online, National Fatality Review System (NFR).

If a team review is **not** needed, please send completed Fetal Screening Tool to the Department by mail, email, or fax.

Definition of Terms

Fetal Death — stillborn birth of fetus weighing at least 350 grams. **Only if the weight is not known**, do you rely on 20 weeks gestation period or higher to qualify as a fetal death. **Example:** a fetus at 340 grams and 20 weeks does not qualify as a fetal death, thus, no need to use the screening tool.

Illicit Drug use — Maternal use of illicit drugs or any prescription-type psychotherapeutic (such as stimulants, sedatives, tranquilizers, and pain relievers) used non-medically during pregnancy.

Fetal Death Screening — Local FICMMR leader will use the Fetal Death Screening Tool to screen all qualified fetal deaths. Upon screening completion, the local leader determines if a team review is merited.

Full, Fetal Team Review — the review of a death by the local multidisciplinary FICMMR team using the CDR system.

Late Entry to Prenatal Care — maternal entry to prenatal care occurred after 12 completed weeks of pregnancy.

Fetal Death Screening Tool

Date of Death: _____ - _____ - _____ Death Certificate Number: _____
 MM DD YYYY

County of Maternal Residence: _____ County of Death: _____

Environmental Factors-Maternal	Please check best answer
1. Mother smoked/used tobacco products during pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2. Non-smoking mother exposed to second hand cigarette smoke during pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Maternal use of illicit drugs or any prescription-type psychotherapeutic medication used non-medically during pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
4. Maternal use of alcohol during pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
5. Homeless during pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
6. Mother experienced domestic violence during pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Prenatal or Maternal Medical History	Please check best answer
1. Maternal history of previous preterm delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2. Maternal history of difficulty conceiving	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Maternal history of previous fetal loss	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
4. Was labor induced in this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
5. Was this a C-section delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
6. Late entry or no prenatal care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
7. Maternal hypertension before pregnancy (chronic hypertension)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
8. Pregnancy induced maternal hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
9. Maternal diabetes before pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
10. Developed gestational diabetes with this pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
11. Maternal obesity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
12. Maternal age <19 or >35	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Pregnancy Outcome	Please check best answer
1. Multiple birth	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2. Congenital Anomaly not compatible with life	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Placental or cord problems	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
4. Fetal gestational age 20-24 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Fetal gestational age 25-31	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Fetal gestational age 32-37	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Fetal gestational age >37 weeks * (If 2 above, Congenital Anomaly, is Yes, then a Yes here does not require a team review.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Full FICMMR team review needed? Yes No

Note: A full team review is recommended if the answer to any of the bolded items is "Yes."

* Return only the completed screening tools **marked, 'No,'** to the state FICMMR Coordinator for approval. Please scan it and email it as an attachment.

* Keep completed screening tools marked Yes in your secure files for your upcoming mortality review.