



## Spontaneous Terminations of Pregnancy (STOP) Cause of Death Quick Guide

Health care providers are responsible for reporting spontaneous terminations of pregnancy (STOPs), also referred to as fetal deaths or miscarriages, in New York City (NYC) using the electronic registration system, eVital (for more information about eVital, visit [nyc.gov/health/evital](http://nyc.gov/health/evital)). The eVital system includes a question on fetal cause of death. This guide is intended to provide health care providers with more information to help them determine fetal cause of death.

### Determining Fetal Cause of Death

When reporting fetal cause of death, consider **all possible conditions** that may have played a role in the fetal death. Ask yourself:

- Did the fetus have any anomalies, infections or injuries?
- Did the birth parent have any medical conditions that impacted the pregnancy?
- Were there any complications with the pregnancy, placenta, cord or membranes?

While a fetal cause of death can be reported as “unknown,” this should only be done when no other causes were present or could be determined to have contributed to the death. Any external (nonnatural) causes must be reported to the NYC Office of the Chief Medical Examiner (OCME).

Resources such as an autopsy or a histological placental examination, when available, can help determine the causes and conditions that contributed to fetal death. If the results of these reports are pending at the time of the report, you can always submit a “Medical/QI – STOP” amendment to update the fetal cause of death once the results are received.

### Initiating Cause or Condition

Once you determine all possible causes, use your clinical judgment to select the **one cause or condition** you know or suspect was the most likely to have started the sequence of events that resulted in the fetal death.

### Other Significant Causes or Conditions

Report **all other conditions** that may have played a role in the fetal death from among those shown in **Causes and Conditions That Contributed to the Fetal Death** (see Page 2).

## Causes and Conditions That Contributed to the Fetal Death

The image below (taken from the Confidential Medical Report of Spontaneous Termination of Pregnancy [VR 17] and provided for reference) is for the section you will complete in eVital to report the cause of fetal death. Definitions of the following causes and conditions can be found in the next section of this guide, **Definitions of Fetal Death Causes and Conditions**.

28. CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH	
<p>a. Initiating Cause/Condition</p> <p>(Among the choices below, please select the one that most likely began the sequence of events resulting in the death of the fetus).</p> <p><input type="checkbox"/> Maternal Conditions/Diseases (Specify) _____</p> <hr/> <p><input type="checkbox"/> Complications of Placenta, Cord, or Membranes</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rupture of membranes prior to onset of labor</li> <li><input type="checkbox"/> Abruptio placenta</li> <li><input type="checkbox"/> Placental insufficiency</li> <li><input type="checkbox"/> Prolapsed cord</li> <li><input type="checkbox"/> Chorioamnionitis</li> <li><input type="checkbox"/> Other (Specify) _____</li> </ul> <p><input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) _____</p> <hr/> <p><input type="checkbox"/> Fetal Anomaly (Specify) _____</p> <hr/> <p><input type="checkbox"/> Fetal Injury (Please consult with OCME) _____</p> <p><input type="checkbox"/> Fetal Infection (Specify) _____</p> <p><input type="checkbox"/> Other Fetal Conditions/Disorders (Specify) _____</p> <hr/> <p><input type="checkbox"/> Unknown</p>	<p>b. Other Significant Causes or Conditions</p> <p>(Select or specify all other conditions contributing to death).</p> <p><input type="checkbox"/> Maternal Conditions/Diseases (Specify) _____</p> <hr/> <p><input type="checkbox"/> Complications of Placenta, Cord, or Membranes</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rupture of membranes prior to onset of labor</li> <li><input type="checkbox"/> Abruptio placenta</li> <li><input type="checkbox"/> Placental insufficiency</li> <li><input type="checkbox"/> Prolapsed cord</li> <li><input type="checkbox"/> Chorioamnionitis</li> <li><input type="checkbox"/> Other (Specify) _____</li> </ul> <p><input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) _____</p> <hr/> <p><input type="checkbox"/> Fetal Anomaly (Specify) _____</p> <hr/> <p><input type="checkbox"/> Fetal Injury (Please consult with OCME) _____</p> <p><input type="checkbox"/> Fetal Infection (Specify) _____</p> <p><input type="checkbox"/> Other Fetal Conditions/Disorders (Specify) _____</p> <hr/> <p><input type="checkbox"/> Unknown</p>

## Definitions of Fetal Death Causes and Conditions

- **Maternal conditions or diseases:** The birth parent’s conditions or diseases, such as maternal drug use, COVID-19 or an autoimmune disease. (**Note:** Use the text field to specify in your own words.)
- **Complications with the placenta, cord or membranes:**
  - **Rupture of the membranes prior to onset of labor:** The amniotic sac breaking open before the beginning of labor.
  - **Abruptio placenta:** The partial or complete detachment of the placenta from the uterus.
  - **Placental insufficiency:** Improper or damaged development of the placenta.
  - **Prolapsed cord:** The cord slips through the cervix into the vagina after the water breaks and before the fetus descends into the birth canal.
  - **Chorioamnionitis:** Acute inflammation of the placenta, cord or membranes.

- **Other:** Complications with the placenta, cord or membranes, such as placenta previa or vasa previa, that are not listed elsewhere. (**Note:** Use the text field to specify in your own words.)
- **Other obstetrical or pregnancy complications:** Complications with the pregnancy, such as preeclampsia, ectopic pregnancy or cervical insufficiency, that are not listed elsewhere. (**Note:** Use the text field to specify in your own words.)
- **Fetal anomaly:** A structural change to one or more parts of the fetus, such as a heart defect, trisomy 18 (Edwards syndrome) or hydrops fetalis. (**Note:** Use the text field to specify in your own words.)
- **Fetal injury:** Trauma to the fetus, such as the birth parent falling or being involved in a motor vehicle accident. (**Note:** Fetal injuries **must** be reported to the NYC OCME. Use the text field to specify in your own words.)
- **Fetal infection:** An infection of the fetus, such as cytomegalovirus. (**Note:** Use the text field to specify in your own words.)
- **Other fetal conditions or disorders:** Conditions or disorders of the fetus, such as subchorionic hematoma or monoamniotic monochorionic twins, that are not listed elsewhere. (**Note:** Use the text field to specify in your own words.)
- **Unknown:** The cause or condition that contributed to the fetal death cannot be determined.

#### When To Refer to the NYC OCME

Any suspicion of an external cause of fetal death and all fetal injuries must be reported to the NYC OCME at 212-447-2030. If the case was referred to the NYC OCME, the case number and medical examiner's name should be entered in the eVital system.

#### Examples

**Example 1:** A 29-year-old patient, with one previous pregnancy that resulted in fetal death before 20 weeks of gestation, reported to the emergency room. The patient's current pregnancy had been normal until 28 weeks of gestation, when hydramnios was noted. Ultrasonography suggested anencephaly. No fetal movement was noted and fetal heart sounds were not audible. Labor was induced and a stillborn anencephalic fetus weighing 1,100 grams was delivered.<sup>1</sup>

**Initiating cause or condition:** Fetal anomaly — anencephaly

**Other significant causes or conditions:** Other obstetrical or pregnancy complications — intrauterine anoxia

**Example 2:** A 30-year-old patient with a history of gestational hypertension and six previous pregnancies, five of which resulted in live-born infants or died during a pregnancy that was

<sup>1</sup> Adapted from: Centers for Disease Control and Prevention. *Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting*. 2003 Revision. Department of Health and Human Services. DHHS Publication No. (PHS) 2003-1110; 2003. [https://www.cdc.gov/nchs/data/misc/hb\\_me.pdf](https://www.cdc.gov/nchs/data/misc/hb_me.pdf)

after 20 weeks of gestation, reported to the emergency room. The patient was at 36 weeks of gestation and complained of abdominal cramping and light vaginal bleeding in the past 12 hours. At the time of the first assessment, fetal heart tones were detected. The uterus was tense, irritable and tender. The patient was hypotensive with tachycardia. A presumptive diagnosis of abruptio placenta was made and an emergency cesarean section was performed under general anesthesia. The fetus was stillborn.<sup>2</sup>

**Initiating cause or condition:** Complications with the placenta, cord or membranes — abruptio placenta

**Other significant causes or conditions:** Maternal conditions or diseases — gestational hypertension

For additional guidance on determining fetal cause of death, contact the NYC Department of Health and Mental Hygiene's Quality Improvement Unit at **646-632-6300** or **vitalqi@health.nyc.gov**.

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<sup>2</sup> Adapted from: Centers for Disease Control and Prevention. *Physicians' Handbook on Medical Certification of Death*. 2003 Revision. Department of Health and Human Services. DHHS Publication No. (PHS) 2003-1108; 2003. [https://www.cdc.gov/nchs/data/misc/hb\\_cod.pdf](https://www.cdc.gov/nchs/data/misc/hb_cod.pdf)