

Section: Division of Nursing  
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**GUIDELINE**  
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HACKETTSTOWN REGIONAL MEDICAL CENTER

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**MATERNAL SERVICES**  
(Scope)

**TITLE: CERTIFICATE OF FETAL DEATH (NJ STATE DEPARTMENT OF HEALTH) - GUIDELINE TO COMPLETING**

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- PURPOSE:** To clarify and assist in the accurate completion of Fetal Death Certificate.
- SUPPORTIVE DATA:** This permanent form is to be utilized by the nursing staff (OB and/or house supervisory staff) to assist the medical provider in the accurate and timely completion of the Certificate of Fetal Death form (NJ State Department of Health.)
- POPULATION:** A Certificate of Fetal Death needs to be completed on all fetal demises of 20 weeks gestation or greater or may be issued under 20 weeks if parents request burial or cremation.
- PLACEMENT:** Completed Certificate of Fetal Death accompanies the fetus/demised infant to the funeral home and autopsy (if so desired.)
- CONTENT:** **Instruction:**
1. The Certificate of Fetal Death (issued November, 2002), is buff colored and printed on both sides. A fetal death certificate worksheet/parent information is to be completed by parents to be used to create certificate. Worksheet is available in both English and Spanish.
  2. Both sides of fetal death certificate must be filled out.
  3. The items numbered 1 through 10b are completed by the Nursing staff
  4. The items 11a-15c and 22-39 (front and back) are completed by the attending medical provider.
  5. The items 16-21b are completed by representative of Funeral Home.
  - 6.. The form can be hand-written but must be clearly legible, **no cross-outs allowed**. A new form must be started if an error is made.
  7. All blanks/ questions must be filled in/answered; i.e., under cause of the fetal death, medical provider may state cause "probable pending autopsy report."
  8. Complete Fetal Death Certificate in Electronic Birth Certificate Computer.