



# Fetal Demise Examination and Suggested Testing



Birth person's full name: \_\_\_\_\_

Birth person's DOB: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Previous pregnancies:**

G: \_\_\_\_\_ P: \_\_\_\_\_

	Date	Gestation	Labor	Sex	Outcome
1.					
2.					
3.					
4.					
5.					
6.					
7.					

**This pregnancy:**

LMP: \_\_\_\_\_ EDD: \_\_\_\_\_

Gestation: \_\_\_\_\_ Blood type: \_\_\_\_\_

Rubella status:

Immune \_\_\_\_\_ Equivocal \_\_\_\_\_ Not Immune \_\_\_\_\_

TPHA: pos/neg      HBsAg: pos/neg      HIV: pos/neg

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prenatal history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ultrasound findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Antenatal diagnostic procedures and results:**

amniocentesis: \_\_\_\_\_  
\_\_\_\_\_

CVS: \_\_\_\_\_  
\_\_\_\_\_

Karyotype: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_



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**Labor:**

onset: spont/medical/surg      IOL for: IUD/other      last evidence of fetal life: \_\_\_\_\_

Presentation: vertex/breech/other

ROM:

date: \_\_\_\_\_ time: \_\_\_\_\_

**Delivery:**

spont/assisted/CS (elective/emergency)    date: \_\_\_\_\_ time: \_\_\_\_\_

Resuscitation efforts: N/A / other:

**Fetus physical exam:**

weight: \_\_\_\_\_ length: \_\_\_\_\_ head circumference: \_\_\_\_\_

degree of maceration: \_\_\_\_\_

any odor noted: no/yes, if yes, describe: \_\_\_\_\_

*visible abnormalities:*anterior: \_\_\_\_\_  
\_\_\_\_\_posterior: \_\_\_\_\_  
\_\_\_\_\_*head:*

sutures: \_\_\_\_\_      cleft lip and palate: yes/no      eyelids fused: yes/no

appearance of eyes: \_\_\_\_\_

appearance of ears: \_\_\_\_\_

nostrils patent: yes/no

upper extremities: \_\_\_\_\_

number of fingers: right: \_\_\_\_\_ left: \_\_\_\_\_

lower extremities: \_\_\_\_\_

number of toes: right: \_\_\_\_\_ left: \_\_\_\_\_

musculoskeletal abnormalities: \_\_\_\_\_  
\_\_\_\_\_appearance of genitals: \_\_\_\_\_  
\_\_\_\_\_

anus patent: yes/no

any other abnormalities noted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Autopsy: yes/no

Genetic testing: yes/no



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Suspected cause(s) of death:

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**Suggested maternal testing:**

- CBC with differential
- Lupus Anticoagulant Panel
- ANA Screen
- Syphilis Antibody
- ABORh Type and AB screen
- TSH level
- Rubella IgG antibody
- HSV 1 & 2 Glycoprotein G-Specific Antibody, IgG
- HSV type 1 & 2 combined IgM antibodies
- Anticardiolipin IgG/IgM antibodies
- Toxoplasma IgG/IgM antibodies
- CMV IgG/IgM AB levels
- UDS/UA
- Strep B
- antiphospholipid antibody testing
- maternal/fetal hemorrhage testing
- karotype
- microarray

**\*\*Placental pathology\*\***