

2

Guidelines

West Virginia

Perinatal Death Guidelines

This guide is for West Virginia hospitals and delivery facilities. For ease of use, it is strongly recommended that one staff member be responsible for sending online information to the state and be in charge of paperwork so forms are available at all times. The guide includes the forms required by the state. Please refer to your hospital policy for any and all other forms.

Nationally, the standard for reporting a fetal death is 20 weeks. West Virginia state documentation is based on weight (350 grams), NOT the gestational age. HOWEVER, if fetal weight is unknown at the time of delivery, then gestational age is used.

Table 2.1

West Virginia State Fetal Death Classification Summary Chart

	1st CLASSIFICATION WEIGHT AT BIRTH	IF WEIGHT IS UNKNOWN GESTATIONAL AGE	ADDITIONAL INFORMATION
MISCARRIAGE	<350 Grams	< 20 Weeks	IUFD See Section 2.1
STILLBIRTH	>350 Grams	>20 Weeks	IUFD See Section 2.1
LIVE BIRTH (Dies After Birth)	*	*	Live Birth See Section 2.2

*****SPECIAL CIRCUMSTANCES ALERT*****

If the baby is 20 weeks or greater by dates, but weighs less than 350 grams, two sets of statistics are needed. One for the state and one for the federal government. West Virginia changed their guidelines for documenting fetal deaths to greater than 350 grams. However, the National Standard for reporting documentation is still 20 weeks. Refer to your hospital procedure regarding reporting.

Definition and Classifications

As used in this manual, the following terms have the following meanings;
(Portions take from WV Code §16-5-1)

- [Authorization for Final Disposition](#) is a half sheet form that replaces the Burial Transit Permit. Fill out the top (parent) portion, making sure the parent signs it. This goes to the funeral home, or in the case of a home burial, with the parent. (See Forms Section 4)
- [Fetal death](#) means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy and which is not an induced termination of pregnancy, such death being indicated by the fact that after such expulsion or extraction 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.
- [Induced termination of pregnancy](#) means the purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant, and which does not result in live birth. The definition excludes management of prolonged retention of products of conception following fetal death.
- [Live birth](#) means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other 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.
- [Miscarriage](#) is any loss of a fetus of less than 350 grams or less than 20 completed weeks when weight is unknown.
- [Stillbirth](#) is a newborn born with no signs of life and a weight greater than 350 grams. If weight is unknown then gestation must be greater than 20 weeks (in accordance with the state code). However, national standards for reporting are based on gestation being greater than 20 weeks, not weight. If a baby is born <350 grams, but over 20 weeks gestation see Guidelines Section 2.1.

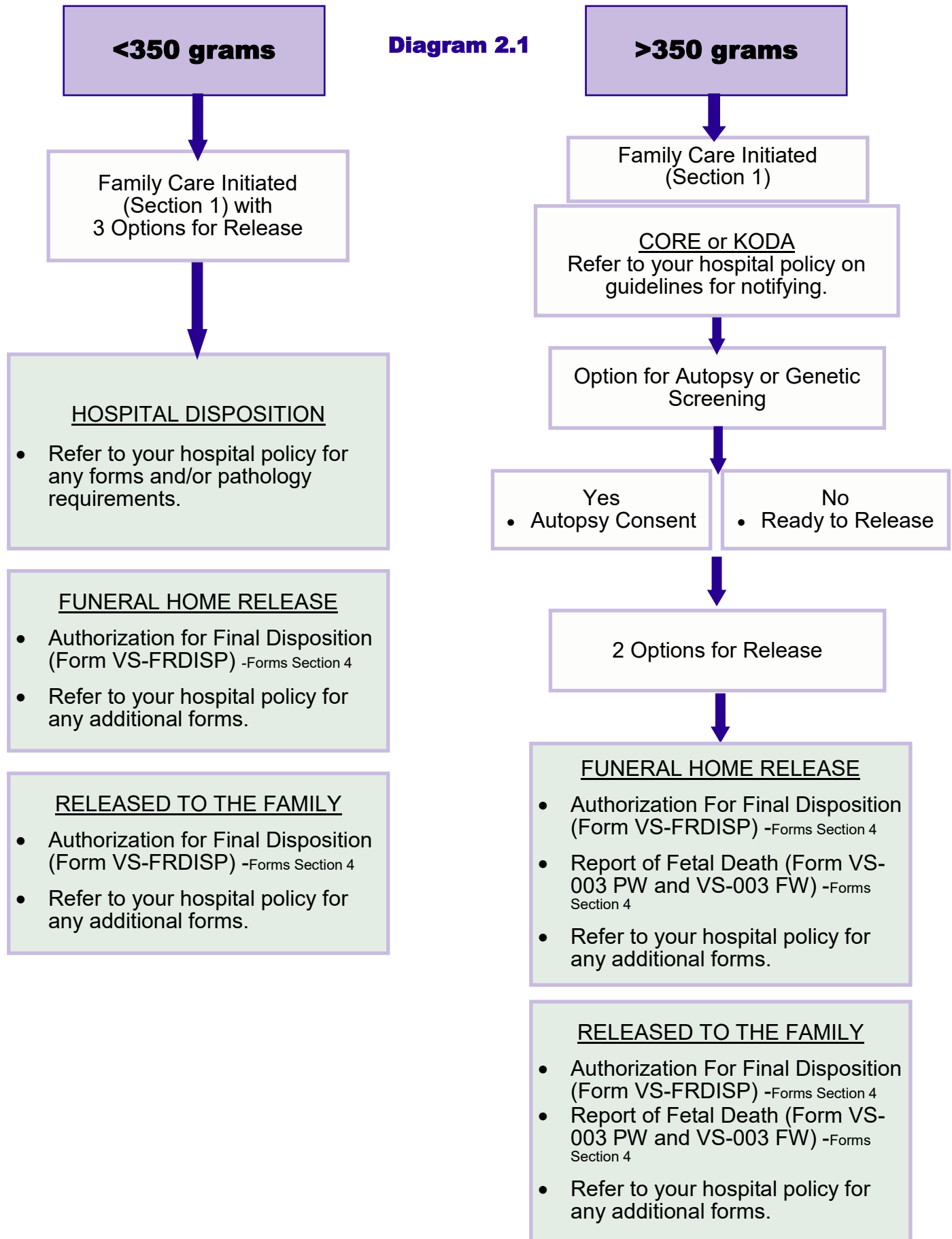
Definition and Classifications (Continued)

- [Noah's Law](#) allows a parent to obtain a birth certificate for a delivery resulting in stillbirth. Typically birth certificates are not issued to stillbirths. The certificate is issued by the State Registrar and only the parents can request and obtain the certificate. (For the request form see Forms Section 4 & for the contact information for the State Registrar see Resources Section 5.6.)

For Definition and Classifications Please Refer To:
WEST VIRGINIA CODE
CHAPTER 16. PUBLIC HEALTH.
ARTICLE 5.
VITAL STATISTICS.

2.1 IUFD (Intrauterine Fetal Demise)

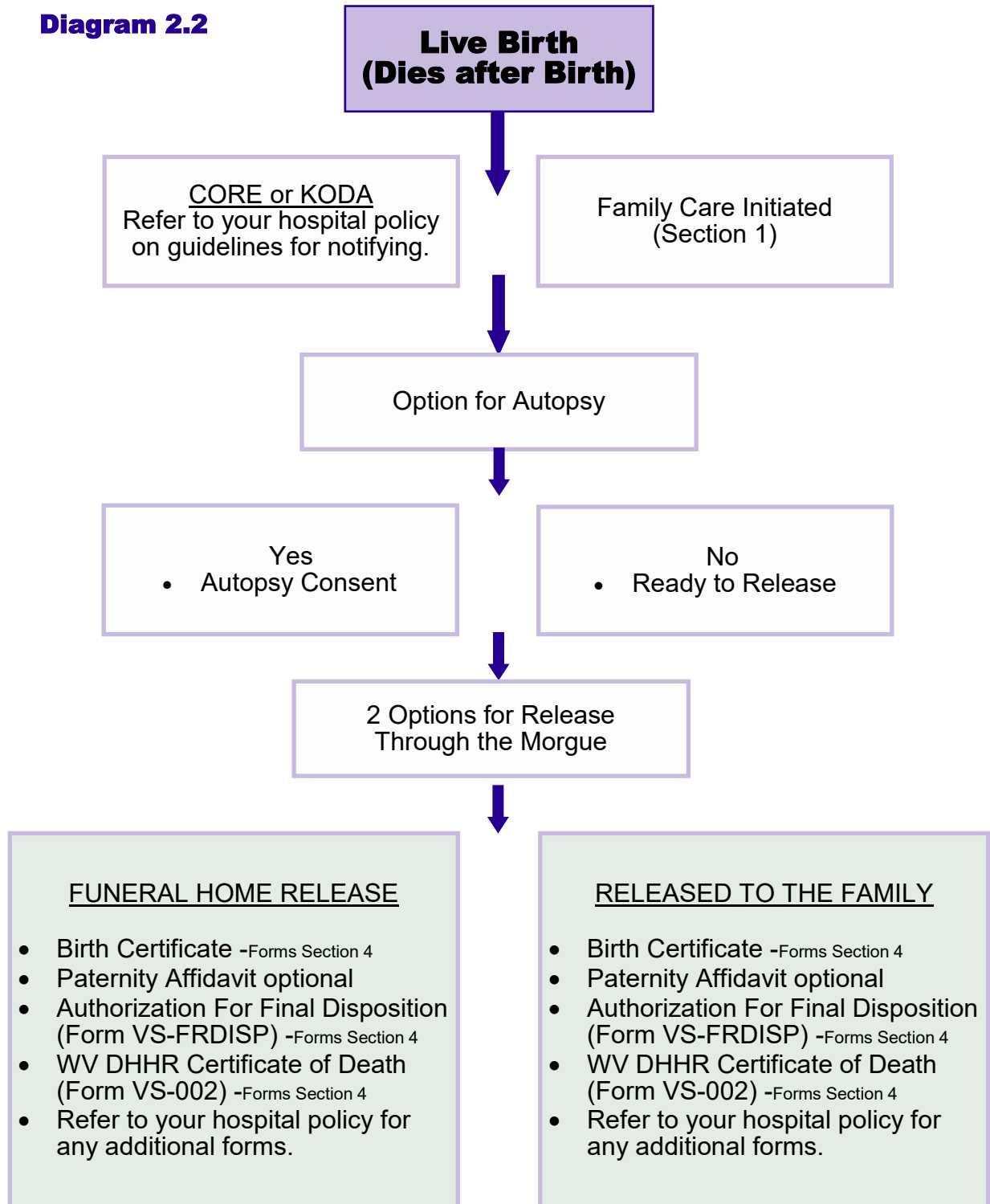
Diagram 2.1



2.2 Live Birth (Regardless of Weight or Gestational Age)

WV 16-5-1 (13) "Live birth" means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other 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

Diagram 2.2



2.3 ITOP (Induced Termination of Pregnancy)

Diagram 2.3

****Report of Induced Termination of Pregnancy—ITOP Form (VS-ITOP), must be sent to vital registration by the institution regardless of gestation.**

****If ITOP is a live birth, refer to diagram 2.2 for live birth guide.**

**<350 grams
(Surgical D&E or Induction)**

Family Care Initiated
(Section 1)
With 3 Options for Release

HOSPITAL DISPOSITION

- Refer to your hospital policy for any forms.

FUNERAL HOME RELEASE

- Authorization For Final Disposition (Form VS-FRDISP) -Forms Section 4
- Refer to your hospital policy for any additional forms.

RELEASED TO THE FAMILY

- Authorization For Final Disposition (Form VS-FRDISP) -Forms Section 4
- Refer to your hospital policy for any additional forms.

**>350 grams
(Induction)**

Family Care Initiated
(Section 1)

CORE or KODA
Refer to your hospital policy on
guidelines for notifying

Option for Autopsy or
Genetic Screening

- | | |
|-------------------|--------------------|
| Yes | No |
| • Autopsy Consent | • Ready to release |

2 Options for Release

FUNERAL HOME RELEASE

- Authorization For Final Disposition (Form VS-FRDISP) -Forms Section 4
- Report of Fetal Death (Form VS-003 PW and VS-003 FW) -Forms Section 4
- Refer to your hospital policy for any additional forms.

RELEASED TO THE FAMILY

- Authorization For Final Disposition (Form VS-FRDISP) -Forms Section 4
- Report of Fetal Death (Form VS-003 PW and VS-003 FW) -Forms Section 4
- Refer to your hospital policy for any additional forms.

2.4 Induced Termination of Pregnancy

- If elective, the woman must be counseled at least 24 hours prior to the procedure. (Per the West Virginia Right to Know Act see Forms Section 4.)
- WV Right to Know Act Form must be signed by; the patient, a witness and the doctor. This certifies that she has had counseling prior to the procedure. (For the corresponding form see Forms Section 4.)
- If the ITOP is a “live birth”, refer to the live birth guidelines (Guidelines Section 2.2).
- **Exception:** For a medical emergency that necessitates a termination, the 24 hour wait can be waived. However, the bottom of the form still must be signed by the patient, a witness, and the physician.

2.5 Testing

Determination of the cause of death is helpful to professionals who will need to counsel patients regarding future pregnancies and to help families understand the medical reasons for the death. This also provides a correct diagnosis for statistical reporting of perinatal outcomes (*Guidelines for Perinatal Care*, 8th ed. (2017) American Academy of Pediatrics and the American College of Obstetricians and Gynecologists).

- * **Contact your hospital’s lab provider for specific information regarding collection of tissue samples and body fluids for microbial culture.**

Recommended Lab Testing: Many proposed lists of various tests have been made, but an evidence-based and complete recommendation has not been forthcoming according to Grunebaum (2018). The approach to diagnosis should be guided by clinical, sonographic and histopathologic findings and could include the following:

Blood culture

Complete blood count, platelets

Fasting glucose or glycated hemoglobin level (A1C) if history of poor glycemic control

Genetic analysis

HIV testing

Histopathologic evaluation of the placenta, membranes and umbilical cord

Kleihauer-Betke test or flow cytometry to detect a large fetomaternal hemorrhage

[2.5 Recommended Lab Testing Continues on the Next Page](#)

2.5 Testing Continued

Recommended Lab Testing:

Parvovirus B19

Serological testing for syphilis if mother has a history of sexually transmitted infections

Thrombophilia Panel with Factor V Leiden and D-dimer

Thyroid function tests

TORCH Panel (**T**oxoplasmosis, **R**ubella, **C**ytomegalovirus, and **H**erpes simplex virus)

Toxicology

CBC, D-dimer, pt/ptt, fibrinogen, thrombophilia panel, TORCH titers, syphilis, parvovirus, listeria, TSH, PIH panel, blood glucose, A1C, factor V Leiden, HIV, UDS with gabapentin, chromosomes

2.5.1 Autopsy (If Parent Requested)

- ⇒ Autopsy consent needs signed. Make sure to inform the family they will be responsible for the cost.
- ⇒ Follow your hospital policy for appropriate autopsy form.

2.6 Home Burial—Released to the Family

- West Virginia permits home burial.
- The family needs to contact their county health department, county commission, or a funeral home for instructions.
- The Authorization for Final Disposition (See Forms Section 4) **MUST** be sent to a funeral home or the State Registrar within 5 days of burial. **To refuse is a criminal offense!**
- Contact funeral home for guidelines if crossing state lines.

2.7 Cremation

- The funeral director can access stillborn information after it has been sent to Vital Statistics. They can not perform a cremation without this.
- Be aware there was a change in state law in July 2016. If the state coroner needs information, request proof of identification of the coroner and then provide information as requested. Let them know if the baby has already gone to the funeral home.
- If a funeral is a financial hardship please see Guidelines Section 2.8.

2.8 Financial Assistance for Funeral

- The WV DHHR provides money towards burial expenses.
- A family member needs to go to the DHHR office (for locations and contact information see Resources Section 5.6) and sign the mother up after the funeral home picks up the baby.
- After the burial is done, the mother can sign the papers at DHHR. Social Services can assist with this.
- Butterfly Angels: The McKinley Anne Foundation also provides assistance. See Resources Section 5.3 for contact information.
- If military with FSGLI benefits, please refer to:
www.military.com/paycheck-chronicles/2016/01/12/fsgli-stillborn-children