

Arizona Department of Health Services
Office of Vital Records

Fetal Death Processing

Part IV: Medical and Health Data Section (Fields 39-58)

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“This section is to be completed by the medical staff”.

**All fields must be filled in, if field is unknown, you need to state “unk” in that field.
DO NOT LEAVE FIELDS BLANK.**

39. Race or Color - Specify White, Black, American Indian (Tribe) etc.

Father – If Father is listed; place his information in this field. If race is American Indian, be sure to list percentages such as $\frac{1}{4}$ Navajo, $\frac{3}{4}$ Apache. Percentages **need to equal** 100%.

Mother – If Mother is listed; place his information in this field. If race is American Indian, be sure to list percentages such as $\frac{1}{4}$ Navajo, $\frac{3}{4}$ Apache. Percentages **need to equal** 100%.

40. Hispanic Origin – Parents Specify Yes or No

A. Father - If yes, specify Mexican, Cuban, Puerto Rican, Etc.

B. Mother- If yes, specify Mexican, Cuban, Puerto Rican, Etc.

41. Education – Highest Grade Completed

Complete **either** 40A or 40B

A. Father – If 0-12, put answer in 40A, if College 1-4 or 5 put answer in 40B.

B. Mother - If 0-12, put answer in 40A, if College 1-4 or 5 put answer in 40B.

42. Usual Occupation – Kind of Business

A. Father – provide the father’s occupation and kind of business.

B. Mother- provide the mother’s occupation and kind of business.

43. Serology on Mother

Specify **yes, no, or unknown.**

44. Clinical Estimate of Gestation

Specify how many weeks gestation.

45. Birthweight

Specify birthweight here.

46. Fetus Died Before Labor, during labor, or delivery, or unknown.

Specify which is correct.

47. Date last Menses began (month, day, year)

State the correct date, if **unknown**, state “unk”.

48. Month of Pregnancy Prenatal Care Began (first, second, etc.)

State what month of pregnancy the prenatal care started.

Prenatal Visits total number (if none, so state)

Enter how many visits and if none, put none.

48. Mother Married? (At delivery conception or anytime between)

Enter yes or no for this field. Must be legally married, not common law.

49. Live Births

- a. Now Living
- b. Now Dead
- c. Date of Last Live Birth (Month, Year)
- d. Number
- e. Date of Last Other Termination (Month, Year)

50. Mother Transferred Prior to Delivery? If yes, Give name of Facility transferred from.

For 53-58, check the appropriate box for the question. If none, then check none. If other, then specify.