



Louisiana Electronic Event Registration System

Fetal Death Module

Front Office User Guide



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Login Process

All **Users** are required to login to LEERS before they can start using the system.

The system verifies the **User ID** and **Password** of the User with the **User Profile** stored in the system.



The screenshot shows a login form titled "Login to LEERS". It contains two input fields: "User Id:" and "Password:". Below the "Password:" field is a yellow "Login" button. At the bottom of the form, there are two links: "[Forgot User Id?](#)" and "[Forgot Password?](#)".

If Password is invalid:

The System will prompt the User to try again. The User will have **five (5)** attempts before the system locks the **User ID**.

If System detects invalid attempt limit is reached:

The System will lock the **User ID** and display a message to contact the **System Administrator**, who can unlock your account and reset your password if necessary.

If you forget your User ID or Password:

If the User clicks on the ***Forgot User ID*** link, the System will prompt the user to enter the email on file for the User. If the User enters the correct email, the system sends the **User ID** to the email account of the User.

Please enter your E-mail address:

If the User clicks on the **Forgot Password** link, the System will prompt the User to enter the email on file for the User and then prompt the User for answers to the security questions preselected by the User. Upon successfully answering each of the Security questions correctly, the system redirects the User to the **My Account** page where the User can change the password.

Please enter your User Id:

Please answer the following Questions

What is your First Car?

What is the name of your childhood best friend?

What was your favorite teacher's name?

If the system detects user has logged in using a temporary password:

After being assigned a User ID for the first time, or after an administrator resets your password, you will be emailed a temporary password. After logging in with a temporary password, the System will redirect the User to the **My Account** page. The User will then be prompted to enter a new password.

LEERS Home

This page allows the User to select the Module to work with by clicking on the corresponding Module button in the **left column** of the page. The User will have access to only those Modules that the User is authorized to use.

This page is displayed after a successful User login:

The screenshot shows the LEERS Home page interface. At the top right, there are navigation links: "My Account", "Reports", and "Administrative" with a dropdown arrow. On the left side, there is a vertical column of seven blue buttons: "Birth", "Death", "Marriage", "Divorce", "Fetal Death", "ITOP", and "SAM". The main content area is divided into three sections. The top section is titled "MESSAGES" and contains a table with two columns: "Date" and "Message". The table has one row with the date "4/21/2010" and the message "Welcome to LEERS". To the right of the message is a red "X" icon. Below the messages section is a section titled "FAQ" with a downward arrow. At the bottom is a section titled "CONTACT INFORMATION" with a downward arrow.

The Messages section displays all the Messages for the LEERS users.

Click on the arrow in the FAQ section to refer to a list of Frequently Asked Questions in LEERS.

Click on the arrow in the Contact Information section to refer to a list of Contacts in LEERS.

The above sections can be expanded or collapsed by clicking on the arrow to the right of the respective sections.

If the User belongs to more than one facility, then the **Facility** drop-down list is visible in the **top left** portion of the screen. The User can select the facility to work with from this list and then proceed to the Module by clicking on the corresponding Module button. This list **will not** appear if the User is assigned to only one Facility.



If a module is unavailable to you as a user, the button will be grayed out on the bar to the right. In the above screenshot, the user has access to Birth, Death, ITOP and SAM modules, but does not have access to Marriage, Divorce, or Fetal Death modules.

This page also has menu buttons to view the following:

My Account

This option navigates to the **Account Information** page which displays the User contact information and also allows the User to change the Password and the Security questions. The User may also change their PIN on this page, if they have authorization to certify records.

Reports

This option navigates to the **Reports** page which displays a list of reports by Module for administration purposes. Only Users with relevant authorization can access this page.

Fetal Death Module

The **Fetal Death Module** is used to create, modify, and print Fetal Death Certificates in LEERS.

A Front Office Facility enters the details of the Fetal Death in LEERS. This Fetal Death is Certified/Approved, and then submitted to the Back Office.

The Registration Clerk at the Back Office reviews the Fetal Death Certificate. If the Fetal Death record fails the review, it is returned to the Facility for corrections.

If the review is successful, then the Fetal Death record is registered, and the Fetal Death Certificate can be printed, as required.

Fetal Death Module Home

This section describes the **Fetal Death Module Home** page in LEERS.

This screen appears when the User selects the **Fetal Death** Module option on the LEERS Home page.

The Fetal Death Home page displays status queues with record counts for each status, and menu options for various functions within the Fetal Death module, depending upon the Office type of the User who is logged in.

Status queues

Facility

If the User belongs to a Facility then the following Status queues are visible:

[Add New Record](#) [Search](#) [Reports](#) [Forms](#)

Status	Records
Incomplete	0
Ready to Certify	0
To be Approved	2
Returned from State	0
Open BTPs	0
All Records	

Last Name	Mother's Maiden Name	DOD	Sex	Parish of Delivery	Linked
Choose queue to view records.					
Total Count: 0					

- **Incomplete (Hospital or Coroner's Office only)**
 These are Fetal Death records that are initiated but Personal and Medical Information section is not completed or completed but pending Validations.
- **Ready to Certify (Hospital or Coroner's Office only)**
 These are Fetal Death records that have the Personal and Medical Information section validated and are pending Certification from a Physician.
- **To be Approved (Funeral Facility only)**
 These are Fetal Death records that are certified electronically and, are pending Disposition Information and approval from the Funeral Home Director.
- **Returned from State (Hospital, Coroner's Office or Funeral Facility)**
 These are Fetal Death records that have been submitted to the state but have been returned by the state for verification of certain data.

- **Open BTPs (Funeral Facility only)**

These are Burial Transit Permits (BTPs) belonging to or created at the Facility of the logged in User that were requested but do not have Fetal Death records initiated against them. This list will not show any closed out BTPs.

Back Office

If the User belongs to the Back Office then the following Status queues are visible:

[Add New Record](#) [Add New BTP](#) [Add Partial Record](#) [Search](#) [Out Of State Fetal Death](#) [Forms](#)

Status	Records
Incomplete	2
Pending MI/DI	0
Pending Registration	0
Return to Facility	0
Pending Abandon	24
Amendments	0
Open BTPs	1
All Records	

Scan Barcode and Press 'ENTER'

Last Name	Mother's Maiden Name	DOD	Sex	Parish of Delivery	Linked
Choose queue to view records.					
Total Count: 0					

- **Incomplete**

These are Fetal Death records that are initiated at the Back Office, but are not complete or are complete but pending Validations.

- **Pending MI/DI**
These are Fetal Death records that were submitted from Hospitals and are pending Medical Information or Disposition Information details. These records are 'Dropped to Paper' and are certified manually by the physician and funeral home directors.
- **Pending Registration**
These are Fetal Death records that have been completed, validated, and are pending Registration. This queue will not show records that are 'Dropped to Paper' and need to be scanned on receipt or records that have a 'Paternity Acknowledgement' which needs to be scanned on receipt.
- **Returned to Facility**
These are Fetal Death records that have been sent back to the Facility to verify certain data.
- **Pending Abandon**
These are Fetal Death records that have been requested to be abandoned.
- **Amendments**
These are Fetal Death records for that have been requested to be amended.
- **Open BTPs**
These are Burial Transit Permits that were requested and printed by Front Office facilities but do not have Fetal Death records linked to them. This list also includes all Burial Transit Permits that were created at the Back Office that do not have an associated Fetal Death record. This list will not show any closed out BTPs.

Note:

A User can choose to expand and view or collapse Fetal Death records by clicking on the respective arrows next to the Certificate type in the **Records Display Grid**.

The number next to the Status indicates the count of Death records for the respective Status. Clicking on the Status or Record Count will display the respective records in the **Records Display Grid** on the right side of the page.

Click on **All Records** in the Status queue to display all records in the grid, irrespective of Status.

Records Display Grid

This grid displays records according to required status. The grid displays *Last Name, Mother's Maiden Name, Date of Delivery, Sex, Parish of Delivery, and Linked (to a BTP/Fetal Death record)* for each record.

Click on the *Last Name* of a record to open the details of the record.

The Records Display Grid can be sorted by clicking on the header in each column. Subsequent clicks on a header will toggle the sort order between ascending and descending for that header.

Menu buttons

Facility

If the User belongs to a Facility then the following menu buttons are visible:

[Add New Record](#) (Hospitals and Coroner's office only)

[Add New BTP](#) (Funeral Facility only)

[Search](#)

[Reports](#)

[Forms](#)

Back Office

If the User belongs to a Back Office then the following menu buttons are visible:

[Add New Record](#)

[Add New BTP](#)

[Add Partial Fetal Death](#)

[Search](#)

[Out of State Fetal Death](#)

[Forms](#)

Click on the **Forms** button to view and download administrative forms relative to the Fetal Death module in LEERS.

The Back Office User can use the **Barcode** text box to scan documents related to Fetal Death records.

Scan Barcode textbox displays the barcode of scanned documents.

The Barcode has the format XXXXXXXXXX-V

Where "XXXXXXXXXX" = the Control Number of the record and "V" = the Version Number of the record.

The User must scan the document and press the "Enter" key to open the Fetal Death record linked to the scanned document.

Note:

The menu options are only visible if the User has the appropriate functionality.

Add New Fetal Death Record

This section describes the process of entering a new Fetal Death record in LEERS.

This screen appears when the **User** selects to **Add New Record** on the Fetal Death Module Home page. The User has to enter the minimum case identification data required to initiate a new Record. The system will display the Case Identification screen which is the minimum data required to initiate a Fetal Death record.

Fetus Last Name	<input type="text"/>	Date of Delivery	<input type="text"/> 	Plurality	<input type="text"/>
Mother's Maiden Name	<input type="text"/>	Facility	<input type="text"/>		
		<input type="button" value="Submit"/>	<input type="button" value="Clear Form"/>		

The User has to enter the minimum data required to initiate a new Fetal Death Record and click on the **Submit** button. The system will search for potential duplicates to determine if the record has already been initiated.

- Fetus Last Name
- Date of Delivery
- Plurality
- Mother's Maiden Name
- Facility (Back Office)

The System will search the Fetal Death Certificates in the Users facility for any potential duplicates and display them.

Scenarios:

a. *No duplicate record*

Fetus Last Name	<input type="text" value="Smith"/>	Date of Delivery	<input type="text" value="7/2/2012"/>	Plurality	SINGLE
Mother's Maiden Name	<input type="text" value="Jons"/>	Facility	<input type="text" value="ABC Hospital or clinic"/>		
		<input type="button" value="Submit"/>		<input type="button" value="Clear Result"/>	

Records Added

Fetus Name	Mother Name	DOD	TOD	Sex	Plurality	PlurMatchNo
SMITH, TARA	JONS,	07/02/2012	07:20 PM	F	1	null

System will display boxes to enter the First Name, Sex of Fetus and Time of delivery. User has to click on the **Save Records** to create the record. System will display the new record in the *Records Added* grid. User can click on the *Fetus Name* link to open the record.

b. If potential duplicate records are found

If a duplicate Fetal Death record is found, the System displays the list of duplicates. The User can click on the record link and open the existing Fetal Death record.

If the User wishes to create a new record, the User has to click on **Filter Records** button. System will display boxes to enter Basic Fetus data as mentioned above and create a new record.

Note:

If a Fetal Death record is linked to a Live Birth record, then, these records have to be created from the Birth module. For more information on this, please refer to the Add New Record screen in the Birth module. The Fetal Death record however will be accessed through the Fetal Death module only.

Add Partial Fetal Death Record

This section describes the process of Adding or Updating a Partial Fetal Death record in LEERS. A Partial Fetal Death record can be added through the Back Office Death module or it could be initiated through a Case in the SAM module.

This screen appears when the User selects to **Add Partial Record** on the Fetal Death Home page. The User has to enter the minimum case identification data required to initiate a Partial Fetal Death Record. The system will search for potential duplicates in the system to determine if the record has already been initiated.

State File Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Facility of Delivery:	<input type="text"/>
Fetus Last Name	<input type="text"/>				Fetus First Name	<input type="text"/>
Fetus Sex	<input type="text"/>				Date of Delivery	<input type="text"/> MM/DD/YYYY
Mother's Maiden Name (last name only)	<input type="text"/>				Mother's First Name	<input type="text"/>
Father's Last Name	<input type="text"/>				Father's First Name	<input type="text"/>
<input type="button" value="Clear Form"/> <input type="button" value="Create"/>						

The minimum data required for Adding Partial Fetal Death is:

- **State File Number (SFN)**
- **Date of Delivery**
- **Fetus Last Name**

The User must enter the data in the respective fields and click on the **Create** button.

If a record exists with the SFN entered then the system displays message '*Record with this State File Number already exists. Please enter a different State File Number*'.

If the system does not find the specified SFN then a new record is created with the data entered, and the system displays the **Partial Fetal Death** screen to enter the record details.

The *Suspended* flag will be set to 'Y' when a Partial record is created. On completion of Partial record, the User should click on the **Process Complete** button and the system will remove the *Suspended* flag on the record, so that a Fetal Death Certificate can be printed. A Certificate can be issued on a Partial record only when the record is completed, validated and the suspended status on the record is cleared. Partial records can be added or updated only by Users having appropriate functionality.

Fetal Death Module Search

This section describes the process of searching a Fetal Death record or BTP in LEERS.

This screen appears when the **User** selects to **Search** on the Fetal Death Home page.

Facility users have the following fields to search for Fetal Death records:

Search for a Fetal Death Record	
<input checked="" type="radio"/> Search Fetal Death <input type="radio"/> Search BTP	
<input type="checkbox"/> Use Soundex?	
BTP Number	<input type="text"/>
Sex of the Fetus	<input type="text" value=""/>
Date of Delivery	<input type="text" value=""/> MM/DD/YYYY
Fetus Last Name	<input type="text"/>
Fetus First Name	<input type="text"/>
Mother's Maiden Name (Last Name)	<input type="text"/>
Mother's SSN	<input type="text" value=""/>
Certifying Facility	<input type="text" value="ABC Hospital or clinic"/>
Funeral Facility Director	<input type="text" value=""/>
Parish of Delivery	<input type="text" value=""/>
User ID Created	<input type="text"/>

The User has to choose an option to indicate whether the system should search Burial Transit Permits or Fetal Death Records.

The Facility field is locked to the User's facility and disabled.

Back Office users have the following additional fields to search Fetal Death records:

Search for a Fetal Death Record

Search Fetal Death Search BTP

NOTE: Date of Delivery Year is required for all multiple search criteria, except Mother's SSN/Father's SSN/ State File #/ BTP #/ Complete Date of Delivery.

Use Soundex?

BTP Number	<input type="text"/>	State File Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex of the Fetus	<input type="text"/>	Date of Delivery	<input type="text" value="07/01/2012"/>	MM/DD/YYYY	
Fetus Last Name	<input type="text" value="shawn"/>	Fetus First Name	<input type="text"/>		
Mother's Maiden Name (Last Name)	<input type="text"/>	Mother's SSN	<input type="text"/>		
Funeral Facility	<input type="text"/>	Funeral Facility Director	<input type="text"/>		
Parish of Delivery	<input type="text"/>	User ID Created	<input type="text"/>		

[Advanced Search](#)

Submit

Clear form

The User can click on the **Advanced Search** link to expand the Search options for Back Office. Click on **Normal Search** to go back to regular Search options.

Search for a Fetal Death Record

Search Fetal Death Search BTP

NOTE: Date of Delivery Year is required for all multiple search criteria, except Mother's SSN/Father's SSN/ State File #/ BTP #/ Complete Date of Delivery.

Use Soundex?

BTP Number	<input type="text"/>	State File Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sex of the Fetus	<input type="text"/>	Date of Delivery	<input type="text"/> MM/DD/YYYY
Fetus Last Name	<input type="text"/>	Fetus First Name	<input type="text"/>
Mother's Maiden Name (Last Name)	<input type="text"/>	Mother's SSN	<input type="text"/>
Funeral Facility	<input type="text"/>	Funeral Facility Director	<input type="text"/>
Parish of Delivery	<input type="text"/>	User ID Created	<input type="text"/>
Father's Last Name	<input type="text"/>	Father's SSN	<input type="text"/>
Registration Date	<input type="text"/>	User ID Registered	<input type="text"/>
Registration Status	<input type="text"/>	<input type="checkbox"/> View Sealed Records	

[Normal Search](#)

Submit

Clear form

The *View Sealed Records* option is only available to Users with the appropriate permissions.

Select whether the system needs to search for through Fetal Death records or BTPs.

Soundex is a tool through which names can be searched phonetically, by indexing names according to sound, as pronounced in English. This aids in searching for names with an unfamiliar spelling, so that they can be matched despite minor differences in spelling. For searching using the Soundex functionality, check the *Use Soundex* box.

The User has to enter Date of Delivery Year for all multiple search criteria, except Mother's and Father's SSN, State File #, BTP # and Complete Date of Delivery

Front Office Users will only be able to search for records created within the past year. While searching for Date of Delivery, the system will search by +/- 2 years of the year of Death.

Enter the required criteria in the respective Search fields and click on the **Submit** button.

The results of the Search are displayed in the Search grid.

SFN	Fetus Name	Sex	Mother's Maiden Name	Date of Delivery	Parish of Delivery	
201200000003	SHAWN, DAVID	M	SMITH	07/01/2012	JEFFERSON	 

Click on the Data View icon  to open the record in the data screen. Click on the Report icon  to view the Administrative report of the Death record.

Out of State Fetal Death Records

This section describes the process of entering an **Out of State Fetal Death Record** in LEERS.

This screen appears when the User clicks on **Out of State Fetal Death** button on the Fetal Death Module Home page. The User has to enter the minimum case identification data required to initiate a new Out of State Fetal Death Record. The system will search for potential duplicates in the system to determine if the record has already been initiated.

Add/Search Out of State Record

State File Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex	<input type="text"/>
Fetus Last Name	<input type="text"/>				Fetus First Name	<input type="text"/>
Date of Delivery	<input type="text"/>	MM/DD/YYYY				
				<input type="button" value="Search"/>	<input type="button" value="Clear"/>	

If any duplicates are found, the records are displayed in the Search grid. The User can choose to update the existing record or create a New Record. User can click on the **Create** button to create a new record. The *State File Number* and *Date of Delivery* are the minimum criteria required to initiate a New Out of State Record.

Click on the Data View icon  at the end of the record on the Search grid to Update an existing Out of State record.

On completion of data entry for an Out of State record, the User has to click on the **Complete** button on the Assignment tab. This will indicate that the data entry

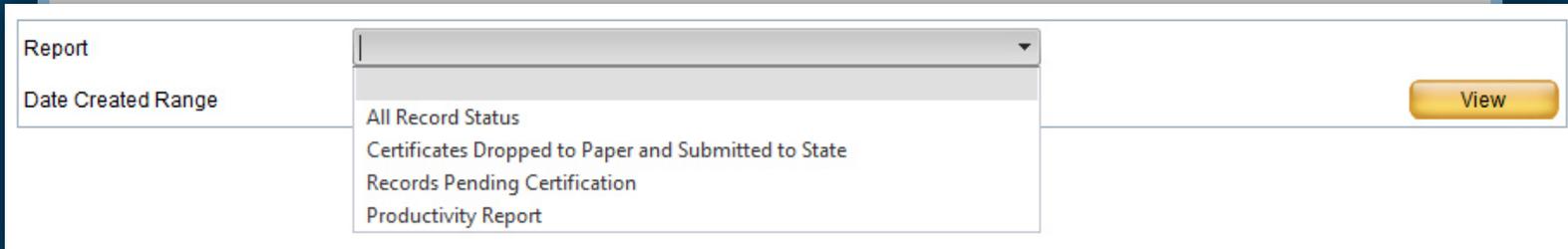
is completed and on subsequent searches the record will appear in blue color in the Search grid.

Note: The Out of State record is entered similar to the Fetal Death Data. However, the system will not validate the record on saving or on completing record. The User can click on the **Validate** button at any time to check any Validations on the screen.

Fetal Death Module Reports

This section describes the process of generating Facility reports in LEERS.

This screen appears when the **User** selects **Reports** on the Fetal Death Home page. This button is visible to a Facility User only.



The screenshot shows a web interface for generating reports. On the left, there are two input fields: "Report" and "Date Created Range". The "Report" field has a dropdown menu open, displaying four options: "All Record Status", "Certificates Dropped to Paper and Submitted to State", "Records Pending Certification", and "Productivity Report". To the right of these fields is a yellow button labeled "View".

The following Reports are available to a Facility User:

- **All Record Status**
- **Certificates Dropped to Paper and Submitted to State**
- **Records Pending Certification**
- **Productivity Report**

To generate a report:

1. Select the desired report from the drop-down list.
2. Enter the Date Range for the report.
3. Click on the **View** button to View/Print/Export the report.

Fetal Death Module Forms

This section describes the process of viewing, printing, and saving Forms pertaining to the Fetal Death Module in LEERS.

This screen appears when the **User** selects **Forms** on the Fetal Death Home page. This button is visible to both Facility and Back Office Users.

To View/Print/Save a Form:

1. Click on the desired Form from the menu on the left.
2. Click on the **Print** icon  on the top left side of the form window to print the selected form.
3. Click on the **Save** icon  on the top left side of the form window to save the selected form.

Fetal Death Record Entry Screen

This section describes the process of entering a new Fetal Death record in LEERS.

There are **3 sections** in the Fetal Death Record:

- **Section 1** which contains ***Personal Information (PI)*** of the Fetus and needs to be approved by the Funeral Home Director.
- **Section 2** which contains ***Medical Information (MI)*** regarding the Fetal delivery and needs to be certified by a Physician at the Delivery Facility or a Coroner.
- **Section 3** which contains the ***Disposition Information (DI)*** needs to be completed by the Funeral home and approved by the Funeral Director.

The PI,MI and the DI section can be completed only by Users with appropriate functionality to do so.

A Fetal Death record can be initiated at a Hospital, Coroner's Office or at the Back Office.

1. Hospital will start a Fetal Death that occurred at their Facility.
2. Coroner's Office will start a Fetal Death that was referred to their Facility.
3. The Back Office will start a Fetal Death record that is completed manually on paper.

Case 1: ***The Hospital starts the Fetal Death record.***

The Personal and Medical Information are completed at the Hospital and then, the record is sent to the Certifier belonging to the Hospital to certify the Cause of Fetal Death(COD). Once the record is *Certified*, the record is sent to the Funeral Home Facility on record to complete the Disposition Information. At this time, the Funeral Home may make changes if required,

to the PI section of the record. The Funeral Director *Approves* the PI and the record is then *Submitted to State* for registration.

Case 2: *The Coroner starts the Fetal Death record.*

The Personal and Medical Information are completed at the Coroner's Facility and then, the record is sent to the Coroner to certify the Cause of Fetal Death(COD). Once the record is *Certified*, the record is sent to the Funeral Home Facility on record to complete the Disposition Information. At this time, the Funeral Home may make changes as required to the PI section of the record. The Funeral Director *Approves* the PI and the record is then *Submitted to State* for registration.

Case 3: *The Back Office starts the record.*

Back Office starts the record and completes PI, MI and DI portions and registers the record. There is no Approval or Certification for the record electronically.

If the record was created at a Hospital or Coroner's Office, and if the Certifier cannot certify the record electronically, or if the Funeral Home Facility is 'Not in Table' and cannot approve the record electronically, the record is *Dropped to Paper*. The electronic version of the record is then *Submitted to State*. When the Back Office receives the paper copy of the Fetal Death certificate, a Back Office User has to scan the barcode on the certificate to pull it up on the screen and complete the DI and Certification details (if the record was certified manually). The record is then sent to the *Pending Registration* queue for registration.

The following common buttons appear on all data entry screens:

Print

Click on the Print button to print an administrative report of the Death record. Click the topic on Printer setup to know more about printing reports.

Save

Click on the Save button to save the details on the current tab.

Validate

Click on the Validate button to validate the details on the current tab. Any validation errors appear on top of the tab. All soft-edits (edits that need the User to verify the data) will appear with a *Verify* checkbox next to the error. Click on the checkbox to accept the data as entered or correct the data in the respective fields and run the validations again. All the soft-edits that are verified will have a **bypass** flag set, so that the data can be reviewed during the Registration process

Abandon

Click on the Abandon button to abandon an **Incomplete** record. This action will send the record to the Back Office, and mark the record as **Pending Abandon**. A Back Office User with appropriate privileges can then review the record and Abandon it or Return it back to the Facility.

Note:

The Fetal Death record will save automatically when the User moves from tab to tab only if the status on the Fetal Death record is Incomplete.

Validating a Fetal Death Record

This section describes the process of validating a Fetal Death Record in LEERS.

Any validation errors appear on top of the current Data Entry screen. All soft-edits (edits that need the User to verify the data) will appear with a Verify checkbox next to the error. Click on the checkbox to accept the data as entered or correct the data in the respective fields and run the validations again. All the soft-edits that are verified will have a **bypass** flag set so that the data can be reviewed during the Registration process. All hard-edits (edits that need the User to modify the data) will have to be corrected for the validation error to disappear.

Validations can be done at different stages for a record:

- **Page Validations**

Click on the **Validate** button on top of Fetal Death Record Entry Screen to validate the details on the current tab. This **only** validates the current Data Entry tab. The validations are lost if the User navigates to another tab of the Fetal Death Record Entry Screen

Example: If User runs page validations on Fetus tab, then these validations will not be visible when the User navigates to or clicks on the Parents tab.

- **Final PI Validations(including DI validations for Funeral Home)**

The PI validations take place at 2 instances during the lifecycle of the record at the Front Office.

- Hospital or Coroner's Office User clicks on **Send to Certify** (for records being electronically certified) or **Drop to Paper**(for records being manually certified) button on the Attendant tab
- Funeral Home User clicks on **Approve** (for records being electronically approved) or **Drop to Paper** (for records being manually approved) button on the Disposition tab . At this time the system also validates the DI information on the Disposition tab.

When the User runs final validations, and navigates to a Data tab, only validations relevant to that data tab will be seen.

Example: If the User runs final PI validations and then navigates to the Decedent tab then only those validations that are relevant to the Decedent tab will be seen.

- **Final MI Validations**

Click on the **Certify** button (for records being electronically certified) on the COD tab to validate the MI section of the Fetal Death record, and show the final MI validations. When the User runs final validations and navigates to a Data tab, only validations relevant to that data tab will be seen.

Example: If User runs final MI validations and then navigates to the Health Info tab, then only those validations that are relevant to the Health Info tab will be seen.

Note:

For a record that is entered at the Back Office, Final validations for PI, MI and DI are run at the same time by clicking on the **Send to Register** on the Disposition tab.

Personal Information Section of a Fetal Death Record

This section describes the Personal Information Section of a Fetal Death record in LEERS.

The Personal Information Section consists of the following tabs:

Fetus

Parents

A Fetal Death record can be initiated at a Hospital, Coroner's Office or at the Back Office.

If the Certifier on the record can enter the Medical information and Certify the record electronically then the Fetal Death record is sent to the Certifier on record, after the Personal Information section is completed and validated.

If the Certifier on the record cannot enter the Medical information and Certify the record electronically then the Fetal Death record is '**Dropped to Paper**,' after the Personal Information section is completed and validated.

The Personal Information Section has to be **Approved** by a Funeral Director at a Funeral Home.

Personal Information can be edited when the record has **Incomplete** by the Hospital or Coroner's office or in the **To be Approved** status by the Funeral Home Director. The Medical Information section will be visible but disabled at this time.

Note: A Fetal Death record entered at the Back Office will skip the Certification and Approval process, and will directly be sent for Registration. The Personal Information , Medical Information and the Disposition Information sections will be enabled at the same time, for data entry.

Fetus Tab

This section is part of **Personal Information** related to Delivery of the Fetus. The data in this section is completed by the Hospital or Coroner's Office. The Funeral Facility may modify this information when the record is in the *'To be Approved'* status prior to approval by the Funeral Director.

Fetus Information			
Last Name	First Name	Middle Name	Suffix
<input type="text" value="SHAWN"/>	<input type="text" value="DAVID"/>	<input type="text"/>	<input type="text"/>
Date of Delivery	Time of Delivery	Sex	
<input type="text" value="07/01/2012"/> MM/DD/YYYY	<input type="text" value="01"/> : <input type="text" value="00"/> <input type="text" value="AM"/>	<input type="text" value="M"/>	
Place of Delivery			
<input checked="" type="radio"/> Hospital <input type="radio"/> Born En Route <input type="radio"/> Home Birth Planned <input type="radio"/> Home Birth UnPlanned <input type="radio"/> Clinic/Doctor's Office <input type="radio"/> Other			
<input type="text" value="ABC Hospital or clinic"/>			
House #: 6745 Street: MADISON St. Designator: ST			
Country: UNITED STATES State: LOUISIANA County/Parish: JEFFERSON City: METAIRIE ZIP Code: 70002			
Funeral Facility Information			
Funeral Facility Name: <input type="text" value="abc funeral home"/>			
Address			
House #: 13 Street: ELMWOOD St. Designator: ST			
Country: UNITED STATES State: LOUISIANA County/Parish: JEFFERSON City: METAIRIE ZIP Code: 70006			

Name of Fetus

Enter the Last Name of the Fetus. The First Name and Middle Name can be blank if the Fetus does not have a name.

The first character must be a letter from A to Z. The remaining characters must be a letter from 'A' through 'Z', the single quote mark('), dash(-) or space().

Select the suffix from the Suffix list (if applicable).

Last Name cannot be blank.

Sex

Select the Sex of the Fetus from the drop-down list. The list has values M (Male), F (Female), and U (Unknown).

A selection of 'U' will need to be verified during validation.

Time of Delivery

Enter the **Time of Delivery** using a 12-hour clock.

A 12-hour clock with the range of 12:00 a.m. to 11:59 a.m. and 12:00 p.m. to 11:59 p.m. is to be used to report the **Time of Delivery**.

The hour list has values ranging from 00-12, and 99 for 'UNKNOWN.'

The minute list has values ranging from 00-59, and 99 for 'UNKNOWN.'

The **AM/PM** option should also be chosen from a list if the Time of Delivery is known.

Time of Delivery cannot be blank. An Unknown time will need to be verified during validation.

Date of Delivery

Enter the Child's **Date of Delivery**.

The **Date of Delivery** is a three-section entry with the *month*, *day*, and *year* entered in different sections of the field, separated by “/”.

The Date of delivery must be earlier than or the same as the current date.

Place where Delivery occurred

Select an option from the list shown to indicate where the delivery took place. The options shown in this list will differ depending upon the type of Facility the User belongs to.

If the User belongs to a **Hospital** then the following options will be seen:

- Hospital
- Born En Route
- Home Birth Planned
- Home Birth Unplanned
- Clinic/Doctor's Office
- Other

If the User belongs to a **Birthing Center** then the following options will be seen:

- Birthing Center
- Born En Route
- Other

If the User is a **Midwife** then the following options will be seen:

- Home Birth Planned
- Home Birth Unplanned
- Other

If the User belongs to **Back Office** or the **Coroner's office** then the following options will be seen:

- Hospital
- Freestanding Birthing center
- Home Birth Planned
- Home Birth Unplanned
- Clinic/Doctor's Office
- Other

If the option chosen is *Birth occurred at Facility* or *En Route to the Facility*, then the User's **Facility Name** and **Address** is automatically populated in the respective fields.

If the option chosen is *Clinic/Doctor's office* or if Back Office User chooses *Hospital* or *Freestanding Birthing Center*, then the User must select **Facility Name** from the drop-down list. The **Address** will be populated automatically.

For any other option, enter the Address for **Place of Delivery** by clicking on the **Update Address** link. If the option chosen is *Other*, then specify the **Place of Delivery**.

Funeral Facility Information

Select the Funeral Facility that has permission to dispose the body.

The System will display the address of the Funeral facility if the Facility is selected from the list. If the Facility is 'Not in Table', User has to enter the complete address of the Funeral facility.

Funeral Facility information must be completed.

Parents Tab

This section is part of **Personal Information** related to Parental Information. The data in this section is completed by the Hospital or Coroner's Office. The Funeral Facility may modify this information when the record is in the *'To be Approved'* status prior to approval by the Funeral Director.

Father's Information				
Last Name	First Name	Middle Name	Suffix	SSN
SHAWN	JARED			999-99-9999
Date of Birth	Place of Birth			
01/01/1980	Country: UNITED STATES State: LOUISIANA City: METAIRIE			
MM/DD/YYYY		Update POB		

Mother's Information				
Mother's Current Legal Name:				
Last Name	First Name	Middle Name	Suffix	Mother's SSN
SMITH	LINDA			999-99-9999
Mother's Name PRIOR to First Marriage: <input checked="" type="checkbox"/> Same as Mother's Current Legal Name?				
Last Name	First Name	Middle Name	Suffix	Date of Birth
SMITH	LINDA			01/01/1985
				MM/DD/YYYY
Place of Birth	Country: UNITED STATES State: LOUISIANA City: METAIRIE			Update POB

Mother's Residence Address				
House #: 12	Street: GREEN ACRES	St. Designator: ST		
Country: UNITED STATES	State: LOUISIANA	County/Parish: JEFFERSON	City: METAIRIE	ZIP Code: 70008
Update Address				
Within City Limits?				
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				

Mailing Address	<input checked="" type="checkbox"/> Same as Residence?			
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Mother Married?		
Was mother EVER married?	Married at Conception or any time between?	Was AOP signed at the Facility?
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Issue Discrepancy Letter?		3-Party AOP

Mother's Education

Check the box that best describes the highest degree or level of school completed at the time of delivery.

- 8TH GRADE OR LESS
- 9TH THROUGH 12TH, NO DIPLOMA
- HIGH SCHOOL GRADUATE, OR GED COMPLETED
- SOME COLLEGE CREDIT, BUT NO DEGREE
- ASSOCIATE DEGREE (E.G. AS, AA)
- BACHELOR'S DEGREE (E.G. BS, AB, BA)
- MASTER'S DEGREE (E.G. MS, MA, MENG, MED, MSW, MBA)
- DOCTORATE (E.G. PHD, EDD) OR PROFESSIONAL DEGREE (E.G. MD, DDS, DVM, LLB, JD)
- UNKNOWN

Mother of Hispanic Origin?

Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the 'No' box if mother is not of Hispanic origin.

- YES, MEXICAN, MEXICAN AMERICAN, CHICANO
- YES, PUERTO RICAN
- YES, CUBAN
- YES, OTHER SPANISH/HISPANIC/LATINO Specify
- UNKNOWN IF SPANISH/HISPANIC/LATINO
- NO, NOT SPANISH/HISPANIC/LATINO

Mother's Race

Check one or more races to indicate what the mother considers herself to be.

- WHITE
- BLACK OR AFRICAN AMERICAN
- AMERICAN INDIAN OR ALASKAN NATIVE Specify
- ASIAN INDIAN
- CHINESE
- FILIPINO
- JAPANESE
- KOREAN
- VIETNAMESE
- OTHER ASIAN Specify
- NATIVE HAWAIIAN
- GUAMANIAN OR CHARMORRO
- SAMOAN
- OTHER PACIFIC ISLANDER Specify
- OTHER Specify
- UNKNOWN

Father's Name

Enter the Father's Last Name, First Name, and Middle Name, and select the Suffix from the drop-down list.

The first character must be a letter from A to Z. The remaining characters must be a letter from 'A' through 'Z,' the single quote mark ('), dash (-), or space().

If the Last name has not been entered, no validations will take place.

If the Last name has been entered, the system will validate the First name, Date of Birth, Place of Birth, and SSN.

If the Last name has been entered and *Issue Discrepancy Letter* box on the Mother tab is checked, the system will not validate any other fields.

SSN

Enter the Father's Social Security Number.

Enter the values 888-88-8888 if not applicable or 999-99-9999 if unknown.

Father's SSN is a mandatory field. An N/A or Unknown value will have to be verified during validation.

Father's Date of Birth

Enter the Father's Date of Birth.

The Date of Birth is a three-section entry with the *month*, *day*, and *year* entered in different sections of the field, separated by “/”.

Father's Date of Birth must be completed. If the Father's age is less than 8 years or greater than 75 years at the time of delivery, then the Date of Birth will need to be verified during validation.

Father's Place of Birth

Click on the **Update Place of Birth** link.

Select the Country of Birth from the drop-down list. If the selected Country is *United States* or *Canada* then the State/Territory/Province list is populated with

values related to the chosen Country. For any other Country, enter the State/Territory/Province in the box if applicable.

Select the State/Territory/Province from the drop-down list.

Enter the City of Birth in the respective box.

If the Place of Birth is within the *United States* or *Canada*, the State/Territory/Province and City fields are mandatory.

For any other Place of Birth only Country and City are mandatory.

If Father's Place of Birth is not known, type the word '*Unknown*' in the City box.

This item is mandatory.

Mother's Current Legal Name

Enter the Mother's Current Legal Last Name, First Name, and Middle Name, and select the Suffix from the drop-down list.

The first character must be a letter from A to Z. The remaining characters must be a letter from 'A' through 'Z,' the single quote mark ('), dash (-), or space ().

The First Name and the Last Name cannot be blank.

Mother's Name PRIOR to First Marriage

Enter the Mother's Maiden Last Name, First Name, and Middle Name, and select the Suffix from the drop-down list. If the Mother's Name PRIOR to First Marriage is the same as the Current Legal Name, then check the box to copy the legal name over to the maiden name.

The first character must be a letter from A to Z. The remaining characters must be a letter from 'A' through 'Z,' the single quote mark ('), dash (-), or space ().

The First Name and the Last Name cannot be blank.

Mother's Date of Birth

Enter the Mother's Date of Birth.

The **Date of Birth** is a three-section entry with the *month*, *day*, and *year* entered in different sections of the field, separated by “/”.

Mother's Date of Birth must be completed. If the Mother's age is less than 8 years or greater than 65 years at the time of delivery, then the Date of Birth will need to be verified during validation.

Place of Birth

Click on the **Update Place of Birth** link.

Select the **Country** of Birth from the drop-down list. If the selected Country is *United States* or *Canada* then the **State/Territory/Province** list is populated with values related to the chosen Country. For any other Country, enter the **State/Territory/Province** in the box if applicable.

Select the **State/Territory/Province** from the drop-down list.

Enter the **City** of Birth in the respective box.

If the Place of Birth is within the *United States* or *Canada*, the **State/Territory/Province** and **City** fields are mandatory.

For any other Place of Birth only **Country** and **City** are mandatory.

If Mother's Place of Birth is not known, type the word '*Unknown*' in the **City** box.

This item is mandatory.

Residence Address

Click on the **Update Address** link. Enter the Mother's Residence Address.

Select 'Yes,' 'No,' or 'Unknown' to indicate whether Mother's Residence Address is within City Limits.

Residence of the mother is the place the mother actually resides. Do not report temporary residences such as on a visit, business trip, or vacation. Place of residence during a tour of military duty or attendance at college should be entered as the place of residence.

For mothers who live in a group home, mental institution, penitentiary, or hospital for the chronically ill, report the location of the facility as the place of residence.

This item is mandatory.

Mailing Address

Click on the **Update Address** link.

Enter the Mother's Mailing Address.

If the Mailing Address is the same as the **Residence Address** then check the box Mailing Address *Same as Residence*. The Residence Address will be automatically populated in the Mailing Address fields.

This item is mandatory.

Mother Married

Select an option to indicate whether the Mother was ever married.

If the option selected is *Yes* then select an option to indicate whether the Mother was married at the time of conception or anytime in between.

If the option selected is *Yes* then select an option to indicate whether Mother wants to complete the Acknowledgement of Paternity (AOP)

If the option selected is *Yes* then select an option to indicate whether the AOP will be signed at the hospital.

If the option selected is *Yes* then click on link for 2-party or 3-party AOP to complete the AOP details.

If the Mother was not Married ever or if the Mother was not married at the time of conception or anytime in between, and if she does not wish to complete the AOP then the system will display the message *'No Acknowledgement of Paternity! Father's information will be deleted. Do you wish to continue?'*

If the option selected is *Yes* then any information entered in Father's section is deleted, and the section is disabled and not validated.

If there is a discrepancy in the above details and a letter needs to be issued, then check the box next to **Issue Discrepancy Letter**. The link to *Print Discrepancy Letter* will be visible. If this box is checked then any information entered for the Father will not be validated.

SSN

Enter the Mother's Social Security Number.

Enter the values 888-88-8888 if not applicable or 999-99-9999 if unknown.

Mother's SSN is a mandatory field. An N/A or Unknown value will have to be verified during validation.

Education

Select the option that best describes the highest degree or level of school completed at the time of delivery.

If Age/Education match indicates a discrepancy, the Education information will need to be verified during validation.

Hispanic Origin

Based on the mother's response to the worksheet or the interview, select all the corresponding checkboxes on the certificate and fill in any literal (written) responses. If mother has chosen more than one response, check all that she selected; for example if both *Mexican* and *Cuban* are checked, select both responses. If the mother indicates an ethnic origin not on the list, record it in the **Specify** space. Enter the mother's response in this space even if it is not of Hispanic origin.

Race

Based on the mother's response, select all the corresponding boxes and fill in any literal responses exactly as written on the worksheet regardless of whether or not any checkboxes are marked. If more than one race has been chosen, check all selected; for example if both *Black* and *Chinese* are marked, select both responses. If there is no response, check *Unknown*.

Copy Marriage/Father/AOP Information to all Linked Records

Mother Married?

Was mother EVER married?

Yes No

Married at Conception or any time between?

Yes No

Was AOP signed at the Facility?

Yes No

Issue Discrepancy Letter?

[3-Party AOP](#)

Copy Marriage/Father/AOP Information to all Linked Records?

Mother's Marriage, Father's information and AOP information will be copied to all linked records.

If the record is one of a set of plural births then a checkbox will appear with the option to *Copy Marriage/Father/AOP Information to all Linked Records*. The User must check this box before entering additional data, in order for the information to copy successfully to linked current Birth Records, and then click the **Save** button on the AOP after completing the necessary fields, if this option is selected.

Acknowledgement of Paternity

This section describes the Acknowledgement of Paternity (AOP) in Fetal Death Data Entry.

The AOP is generated when the User clicks on the AOP link on the **Parents** tab.

[Back](#) [Print](#) [Save](#) [Validate](#)

Acknowledgment of Paternity Affidavit - Child Born of Marriage

Section I - Child's Information

(Child's name as parents want it to appear on the Birth Certificate)

Child's Last Name	First Name	Middle Name	Suffix	Date of Birth
<input type="text" value="SMITH"/>	<input type="text" value="GABRIEL"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="5/17/2011"/>

Place of Birth
Facility Name:
Country: UNITED STATES State: LOUISIANA

Section II - Mother's Information

Mother's Current Legal Name

Last Name	First Name	Middle Name	Suffix
<input type="text" value="SMITH"/>	<input type="text" value="LISA"/>	<input type="text"/>	<input type="text"/>

Mother's Maiden Name

Last Name	First Name	Middle Name	Suffix
<input type="text" value="JONES"/>	<input type="text" value="LISA"/>	<input type="text"/>	<input type="text"/>

Date of Birth:
Social Security Number:

Mother's Place of Birth

Mother's Race

Mother's Address

Mother's Employment Information

Mother's Occupation	Name of Employer	Mother(s) Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mother's Employer Address
 [Update Address](#)

Was Mother married at Conception or any time between? Yes No
If Yes, Give Husband's name and address below.

Husband's Information

Husband's Last Name	Husband's First Name	Husband's Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Husband's address info here
 [Update Address](#)

Mother's Insurance Information

Does Mother Have Health Insurance?

 Yes No

If yes, Insurer's Name

Policy Number

State Medicaid:

 Yes No**Section III - Father's Information**

Last Name

First Name

Middle Name

Suffix

Date of Birth

Social Security Number

Father's Place of Birth

Father's Race

Father's Address

[Update Address](#)**Father's Employment Information**

Father's Occupation

Name of Employer

Father(s) Phone Number

Father's Employer Address

[Update Address](#)Is Father Under age 18? Yes No**Father's Insurance Information**

Does Father Have Health Insurance?

 Yes No

If yes, Insurer's Name

Policy Number

Child's Information

This section is read-only and the information entered on Fetus tab in the Fetal Death Data Entry Screen is copied over to the AOP.

Mother's Information

This section is read-only and the information entered on Parents tab in the Fetal Death Data Entry Screen is copied over to the AOP.

Mother's Employment Information

Enter the Mother's Occupation, Name of Employer, Phone Number and Address of Employer in the respective boxes.

The Mother's Occupation cannot be left blank.

Husband's Information

This information is necessary only for a 3-party AOP. Enter the Husband's Name and Address.

The Husband's Last and First names cannot be left blank.

Mother's Insurance Information

Select an option to indicate whether the Mother has Health Insurance. If the option selected is 'Yes,' enter the name of the Insurer and Policy Number. Select an option to indicate whether the Mother has State Medicaid.

The Mother's Insurance information must be completed.

Father's Information

This section is read-only and the information entered on the Parents tab in the Fetal Death Data Entry Screen is copied over to the AOP.

Father's Employment Information

Enter the Father's Occupation, Name of Employer, Phone Number and Address of Employer in the respective boxes.

The Father's Occupation cannot be left blank.

Guardian's Information

This information is necessary only if the Father is under age 18. Enter the Guardian's Name and Address.

The Guardian's Last and First names, and Address cannot be left blank.

Father's Insurance Information

Select an option to indicate whether the Father has Health Insurance. If the option selected is 'Yes,' enter the name of the Insurer and Policy number.

The Father's Insurance information must be completed.

Fetal Death - Medical Information Section

This section describes the **Medical Information Section** of a Fetal Death record in LEERS.

This section contains Medical Information regarding the Fetus including the Cause of Death (COD).

The Medical Information Section consists of the following tabs:

Health Info

Mother's Medical Info

Attendant

COD

The Medical Information section is completed by the Certifier on record. If the Certifier on the record can enter the Medical information and Certify the record electronically then the Fetal Death record is sent to the Certifier on record, after the Personal Information section is completed and validated.

If the Certifier on the record cannot enter the Medical information and Certify the record electronically then this section and the DI is completed at the Back Office, after the record is *Submitted to State*.

The Medical Information Section has to be **Certified** by the Certifier on record.

Medical Information can be edited when the record has **Ready to Certify** status. The Personal Information section and the Disposition Information section will be visible, but disabled at this time.

Note: A Death record entered at the Back Office will skip the Certification and Approval process, and will directly be sent for Registration. The Personal Information, Medical Information and the Disposition Information sections will be enabled at the same time for data entry.

Health Info Tab

This section is part of **Medical Information** related to delivery of the Fetus. The data in this section is completed by the Hospital or Coroner's Office. The Funeral Facility can view this information but cannot make any changes to it.

Congenital Anomalies of the Fetus (Check all that apply)

- ANENCEPHALY
- MENINGOMYELOCELE/SPINA BIFIDA
- CYANOTIC CONGENITAL HEART DISEASE
- CONGENITAL DIAPHRAGMATIC HERNIA
- OMPHALOCELE
- GASTROSCHISIS
- LIMB REDUCTION DEFECT (EXCLUDING CONGENITAL AMPUTATION AND DWARFING SYNDROMES)
- CLEFT LIP WITH OR WITHOUT CLEFT PALATE
- CLEFT PALATE ALONE

DOWN SYNDROME

- KARYOTYPE CONFIRMED
- KARYOTYPE PENDING

SUSPECTED CHROMOSOMAL DISORDER

- KARYOTYPE CONFIRMED
- KARYOTYPE PENDING
- HYPOSPADIAS
- NONE OF THE ABOVE

Risk Factors in this Pregnancy (Check all that Apply)

DIABETES

- PRE-PREGNANCY (DIAGNOSIS PRIOR TO PREGNANCY)
- GESTATIONAL (DIAGNOSIS IN THIS PREGNANCY)

HYPERTENSION

- PREPREGNANCY (CHRONIC)
- GESTATIONAL (PIH, PRECLAMPSIA)
- ECLAMPSIA

- PREVIOUS PRETERM BIRTH
- OTHER PREVIOUS POOR PREGANANCY OUTCOME (INCLUDES PERINATAL DEATH, SMALL-FOR-GESTATIONAL AGE/INTRAUTERINE GROWTH RESTRICTED BIRTH)
- PREGNANCY RESULTED FROM INFERTILITY TREATMENT
- FERTILITY-ENHANCING DRUGS. ARTIFICIAL INSEMINATION OR INTRAUTERINE INSEMINATION
- ASSISTED REPRODUCTIVE TECHONOLOGY (E.G. INVITRO FERTILIZATION (IVF), GAMETE INTRAFALLOPIAN TRANSFER (GIFT))
- MOTHER HAD A PREVIOUS CESAREAN DELIVERY
Specify
- NONE OF THE ABOVE

Method of delivery

A. WAS DELIVERY WITH FORCEPS ATTEMPTED BUT UNSUCCESSFUL?

- YES
- NO

B. WAS DELIVERY WITH VACUUM EXTRACTION ATTEMPTED BUT UNSUCCESSFUL ?

- YES
- NO

C. FETAL PRESENTATION AT BIRTH ?

- CEPHALIC
- BREECH
- OTHER Specify

D. FINAL ROUTE AND METHOD OF DELIVERY ?

- VAGINAL/SPONTANEOUS
- VAGINAL/FORCEPS
- VAGINAL/VACUUM
- CESAREAN

(IF CESAREAN, WAS TRIAL OF LABOR ATTEMPTED?)

- YES
- NO

E. HYSTEROTOMY/HYSTERECTOMY

- YES
- NO

Infections Present and/or Treated During this Pregnancy (Check all that apply)

- GONORRHEA
- SYPHILIS
- CHLAMYDIA
- HEPATITIS B
- HEPATITIS C
- CMV
- HERPES SIMPLEX VIRUS
- RUBELLA
- TOXOPLASMOSIS
- NONE OF THE ABOVE

Maternal Morbidity (Check all that apply)

- MATERNAL TRANSFUSION
- THIRD OR FOURTH DEGREE PERINEAL LACERATION
- RUPTURED UTERUS
- UNPLANNED HYSTERECTOMY
- ADMISSION TO INTENSIVE CARE UNIT
- UNPLANNED OPERATING ROOM PROCEDURE FOLLOWING DELIVERY
- NONE OF THE ABOVE

Congenital Anomalies of Newborn

Check all boxes that apply. If none of the abnormal conditions of the newborn are indicated, check “None of the above.”

The definitions for Congenital Anomalies are as follows:

Anencephaly: partial or complete absence of the brain and skull. Also called anencephalus, acrania, or absent brain. Babies with craniorachischisis (anencephaly with contiguous spine defect) should also be included in this category.

Meningomyelocele / Spina Bifida: spina bifida refers to herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningomyelocele refers to herniation of meninges and spinal cord tissue. Babies with meningocele (herniation of meninges without spinal cord tissue) should also be included in the category. Both open and closed (covered with skin) lesions should be included. Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges) should not be included in this category.

Cyanotic Congenital Heart Disease: congenital heart defects which cause cyanosis. Includes but is not limited to transposition of the great arteries (vessels),

tetralogy of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, total/partial anomalous pulmonary venous return with or without obstruction.

Congenital Diaphragmatic Hernia: defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.

Omphalocele: defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. The defect is covered by a membrane, (different from gastroschisis, see below), although this sac may rupture; also called Exomphalos. Umbilical hernia (completely covered by skin) should not be included in this category.

Gastroschisis: an abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and absence of a protective membrane.

Limb Reduction Defect: (excluding congenital amputation and dwarfing syndromes) Complete or partial absence of a portion of an extremity secondary to failure to develop.

Cleft Lip With or Without Cleft Palate: cleft lip with or without cleft palate refers to incomplete closure of the lip. Cleft lip may be unilateral, bilateral or median; all should be included in this category.

Cleft Palate Alone: cleft palate refers to incomplete fusion of the palatal shelves. This may be limited to the soft palate or may also extend into the hard palate. Cleft palate in the presence of cleft lip should be included in the “Cleft Lip with or without Cleft Palate” category, rather than here.

Down Syndrome: Trisomy 21

Suspected Chromosomal Disorder: includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.

Hypospadias: incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis. Includes first degree: on the glans ventral to the tip, second degree: in the coronal sulcus, and third degree: on the penile shaft.

This item needs to be completed.

Risk Factors in this Pregnancy

Check all boxes that apply. If none of the risk factors are indicated, check “None of the above.”

The definitions for Risk Factors are as follows:

Diabetes (prepregnancy): glucose intolerance requiring treatment diagnosed prior to this pregnancy.

Diabetes (gestational): glucose intolerance requiring treatment diagnosed during this pregnancy.

Hypertension (prepregnancy): (chronic) elevation of blood pressure above normal for age, gender, and physiological condition diagnosed prior to the onset of this pregnancy.

Hypertension (gestational): (PIH, Preeclampsia) elevation of blood pressure above normal for age, gender, and physiological condition diagnosed during this pregnancy. May include proteinuria (protein in the urine) without seizures or coma and pathologic edema (generalized swelling, including swelling of the hands, legs, and face).

Hypertension (eclampsia): pregnancy induced hypertension with proteinuria with generalized seizures or coma. May include pathologic edema.

Previous Preterm Births: history of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation.

Other Previous Poor Pregnancy Outcome: (includes perinatal death, small for gestational age/intrauterine growth restricted birth) History of pregnancies continuing into the 20th week of gestation (post menstrual age) and resulting in any of the listed outcomes. Perinatal death includes fetal and neonatal deaths.

Pregnancy Resulted From Infertility Treatment: any assisted reproduction technique used to initiate the pregnancy. Includes fertility-enhancing drugs (e.g., Clomid, Pergonal), artificial insemination or intrauterine insemination, and assisted reproduction technology (ART) procedures (e.g., IVF, GIFT and ZIFT).

Fertility-Enhancing Drugs: any fertility-enhancing drugs (e.g., Clomid, Pergonal), artificial insemination, or intrauterine insemination used to initiate the pregnancy.

Assisted Reproductive Technology: any assisted reproduction technology (ART)/technical procedures (e.g., IVF, GIFT, ZIFT) used to initiate the pregnancy.

Previous Cesarean Delivery: previous operative delivery in which the fetus is extracted through an incision in the maternal abdominal and uterine walls.

This item needs to be completed.

Only one option may be selected for Prepregnancy or Gestational Hypertension.

If the option '*Pregnancy Resulted From Infertility Treatment*' is selected, *Fertility-Enhancing Drugs* and/or *Assisted Reproductive Technology* must also be checked.

If *Previous Cesarean Delivery* is selected, a number must be entered into the text box. A value of greater than 10 will have to be verified.

Infections present and/or treated during this Pregnancy

Check all boxes that apply. If mother had none of the listed infections, check “None of the above.”

The definitions for Infections are as follows:

Infections present at the time of pregnancy diagnosis or confirmed diagnosis during the pregnancy with or without documentation of treatment.

Documentation of treatment is adequate if a definitive diagnosis is not present in the available record.

Gonorrhea: a positive test for *Neisseria gonorrhoeae*.

Syphilis: (also called lues) a positive test for *Treponema pallidum*.

Chlamydia: a positive test for *Chlamydia trachomatis*.

Hepatitis B: (HBV, serum hepatitis) a positive test for the hepatitis B virus.

Hepatitis C: (non A, non B hepatitis; HCV) a positive test for the hepatitis C virus.

CMV: a positive test for *cytomegalovirus*

Herpes Simplex: a positive test for *herpesvirus* type one or two.

Rubella: a positive test for *rubivirus*.

Toxoplasmosis: a positive test for *Toxoplasma gondii*.

This item needs to be completed.

Method of Delivery

Complete each section by checking the appropriate boxes.

The definitions for Method of Delivery are as follows:

Attempted Forceps or Vacuum: obstetric forceps, ventouse, or vacuum cup was applied to the fetal head in an unsuccessful attempt to effect delivery of the head through the vagina.

Cephalic Presentation: presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP).

Breech Presentation: presenting part of the fetus listed as breech, complete breech, frank breech, footling breech.

Other Presentation: any other presentation or presenting part not listed above.

Spontaneous Delivery: delivery of the entire fetus through the vagina by the natural forces of labor with or without manual assistance from the delivery attendant.

Forceps Delivery: delivery of the fetal head through the vagina by application of obstetrical forceps to the fetal head.

Vacuum Delivery: delivery of the fetal head through the vagina by application of a vacuum cup or ventouse to the fetal head.

Cesarean Delivery: extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls.

Sections C (*Fetal Presentation*) and D (*Final Route*) must be completed.

If *Vaginal/Forceps* was selected as the Final Route, one option only must be selected in Section A (*Was Delivery With Forceps Attempted But Unsuccessful*).

If *Vaginal/Vacuum* was selected as the Final Route, one option only must be selected in Section B (*Was Delivery With Vacuum Extraction Attempted But Unsuccessful*).

If *Cesarian* was selected as the Final Route, one option only must be selected for *If Cesarean, Was Trial of Labor Attempted*.

If *Cesarian* was not selected as the Final Route, *If Cesarean, Was Trial of Labor Attempted* must remain blank.

Maternal Morbidity

Check all boxes that apply. If none are indicated, check “None of the above.”

The definitions for the items listed are as follows:

Maternal Transfusion: includes infusion of whole blood or packed red blood cells within the period specified.

Third or Fourth Degree Perineal Laceration: 3rd degree laceration extends completely through the perineal skin, vaginal mucosa, perineal body, and anal sphincter. 4th degree laceration is all of the above with extension through the rectal mucosa.

Ruptured Uterus: tearing of the uterine wall.

Unplanned Hysterectomy: surgical removal of the uterus that was not planned prior to admission for delivery. Includes an anticipated or possible but not definitively planned procedure.

Admission to Intensive Care Unit: any admission, planned or unplanned, of the mother to a facility/unit designated as providing intensive care.

Unplanned Operating Room Procedure Following Delivery: any transfer of the mother back to a surgical area for an operative procedure that was not planned prior to the admission for delivery. Excludes postpartum tubal ligations.

This item needs to be completed.

Mother's Medical Info Tab

This section is part of Medical Information related to delivery of the Fetus. The data in this section is completed by the Hospital or Coroner's Office. The Funeral Facility can view this information but cannot make any changes to it.

Did Mother receive prenatal care? Yes No

Date of First Prenatal Care Visit MM/DD/YYYY

Date of Last Prenatal Care Visit MM/DD/YYYY

Total Number of Prenatal Visits for this Pregnancy

Mother's Height

(feet/inches)

Mother's Prepregnancy Weight

(pounds)

Mother's Weight at Delivery

(pounds)

Weight gained during Pregnancy: 50

Did Mother get WIC food for herself during this pregnancy?

Yes No Unknown

Number of Previous Live Births

(Do NOT include this child)

Now Living

Now Dead

Date of Last Live Birth

MM/YYYY

Number of Other Pregnancy Outcomes

(spontaneous or induced losses or ectopic Pregnancies)

Other Outcomes (Number)

Date of Last Pregnancy Outcome

MM/YYYY

Cigarette Smoking Before and During Pregnancy

For each time period, enter the number of cigarettes or the number of packs of cigarettes smoked per day. If none, enter '0'.

Never smoked during pregnancy.

All Sources of Payment for this Delivery

Medicaid - Medicaid ID # or Card Control # Specify

Private Insurance

Self Pay

CHAMPUS/TRICARE

Other Specify

Alcohol use during pregnancy? Yes No Unknown

Date Last Normal Menses Began

MM/DD/YYYY

Mother transferred for maternal medical or fetal indications for delivery?

Yes No Unknown

Prenatal Care

Select option to indicate whether Mother received prenatal care.

If the option selected is *Yes*, then the fields for entering Prenatal Care Dates and number of visits will appear.

Information for this and the following items should come from the mother's prenatal care record and from other medical reports in the mother's chart, as well as the Child's medical record. If the mother's prenatal care record is not in her hospital chart, please contact her prenatal care provider to obtain the record, or a copy of the prenatal care information. Preferred and acceptable sources for each item are listed in worksheets. Please do not provide information from sources other than the medical records.

The **First** and **Last Prenatal Care Dates** are three-section entries with the *month*, *day*, and *year* entered in different sections of the field, separated by *"/"*. If any part of the date is not known, enter *99* for day or month, and *9999* for year. Enter the total number of **Prenatal Care Visits** listed in the Mother's records. Enter *99* if the total number of **Prenatal Care Visits** is not known.

The Prenatal Care dates must be completed if the answer to *Did Mother Receive Prenatal Care* is *Yes*.

The Date of First Visit must be earlier or the same as the date of the Last Visit.

The Difference between First Visit and Child's DOB cannot be more than 10 months.

The Date of Last Visit cannot be greater than Child's DOB.

Prenatal Care visits greater than 49 will need to be verified during validation.

Mother's Height

Enter height in feet and inches (for example, 5 feet 6 inches). If no inches (for example, 5 feet even) enter the number of feet and "0" for inches.

If the Mother's height is unknown, type 9 the feet field, and 99 in the inches field.

If the Mother's height is not between 3 and 8 feet, the Height will need to be verified during validation.

Mother's Pre-pregnancy Weight

Enter the Mother's pre-pregnancy weight. If the Mother's weight is unknown, enter 999.

The Mother's pre-pregnancy weight should be recorded in whole pounds only: truncate, do not include fractions (for example, 120 ½ pounds should be entered as 120 pounds)

If the Mother's pre-pregnancy weight is a known value not between 75 and 300 pounds, the Pre-pregnancy weight will need to be verified during validation.

Mother's Weight at Delivery

Enter the Mother's weight at delivery. If the Mother's weight is unknown, enter 999.

The Mother's weight at delivery should be recorded in whole pounds only: truncate, do not include fractions (for example, 170 ½ pounds should be entered as 170 pounds)

If the Mother's weight at delivery is a known value not between 75 and 350 pounds, the weight at delivery will need to be verified during validation.

Did Mother Receive WIC Assistance for Herself During this Pregnancy?

Select an option of *Yes*, *No*, or *Unknown* to indicate whether the Mother received WIC assistance for herself during this pregnancy.

An option must be selected.

Number of Previous Live Births, Now Living/Now Dead

Date of Last Live Birth

Number of Previous Pregnancy Outcomes

Date of Last Pregnancy Outcome

Please check the Mother's prenatal care record and/or hospital record to obtain the number of previous live births and other pregnancy outcomes.

When completing this item, do not include this birth. Do include any previous live born infants. If this was a multiple delivery, include all live born infants who preceded the live born infant in this delivery. If first born, do not include this infant.

If second born, include the first born. Also include all live born infants in previous deliveries.

If there are any previous live born infants enter the Month and Year of the last live birth. If the Date is unknown, enter *99* for Month and *9999* for Year.

If there are any other pregnancy outcomes, enter the Month and Year of the last other pregnancy outcome. If the Date is unknown, enter *99* for Month, and *9999* for Year.

If the Number of Previous Live Births (Living or Dead) or Number of Previous Pregnancy Outcomes is a known value greater than 12, then those values will need to be verified during validation.

If the Difference between the Mother's age in Years and number of Previous Live Births (Living and Dead) is less than 9, then those values will need to be verified during validation.

Cigarette Smoking Before and During Pregnancy

Select whether the Mother smoked Cigarettes before or during Pregnancy, reported in Cigarettes or Packs. If both Cigarettes and Packs are given, enter in Packs.

Enter the average number of Cigarettes or Packs of Cigarettes smoked per day, for each time period. If none, enter "0."

If the number is unknown for some but not all of the time periods, enter "99" in the Cigarettes field for that period.

If no part of the item is completed, check "Unknown number of cigarettes smoked by Mother during Pregnancy." If a range is given enter the highest number.

If the Mother never smoked, check the 'Never Smoked during Pregnancy' box.

This item must be completed.

Alcohol Use During Pregnancy

Select an option to indicate whether the Mother consumed alcohol during pregnancy.

If the option chosen is 'Yes', enter the average number of drinks consumed per week (1 - 98). Enter '99' if the Mother used alcohol, but average number of drinks per week is unknown.

This item must be completed.

All Sources of Payment for this Delivery

Select all applicable Sources of Payment for the pregnancy.

If '*Medicaid*' is selected, enter the 13 or 16-digit Medicaid ID or Card Control number in the box provided.

If the Source is not listed, select '*Other*' and specify the Source in the box provided.

This item must be completed.

Date Last Normal Menses Began

Enter the Date that the Mother's Last Normal Menses began. The Last Normal Menses Date is a three-section entry with the *month*, *day*, and *year* entered in different sections of the field, separated by *"/*". If the date is not known, enter *99* for Day and Month, and *9999* for Year.

This item must be completed.

The date must be less than the Child's Date of Birth.

If the date entered is out of the acceptable range for this pregnancy, then the values will need to be verified during validation.

Mother Transferred for Maternal Medical or Fetal Indications for Delivery

Select an option to indicate whether the Mother transferred to this facility for Maternal Medical or Fetal Indications prior to Delivery. Transfers include hospital to hospital, birthing facility to hospital, etc. If the option selected is 'Yes', enter the name of the facility the mother transferred from. If the name of the facility is not known, enter "unknown."

The transfer status cannot be blank.

If the transfer status is "Yes," then the *Name of Facility* field must have an entry. "Unknown" is acceptable if facility name is not known.

Attendant Tab

This section is part of Medical Information related to delivery of the Fetus. The data in this section is completed by the Hospital or Coroner's Office. The Funeral Facility can view this information but cannot make any changes to it.

The Attendant at delivery is defined as the individual who is responsible for the delivery. For example, if an intern or nurse-midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician is to be reported as the attendant. However, a person who is not physically present at the delivery should not be reported as the attendant. For example, if the obstetrician is not physically present, the intern or nurse-midwife **MUST** be reported as the attendant.

Title: MD DO CNM/CM OTHER MIDWIFE OTHER (SPECIFY)

Attendant's Name

Certifier same as Attendant

Send To Certify

Title

Select an option to indicate the Attendant's title. If the Attendant's title is not listed in the options, select '*Other*' and specify the title in the box provided.

Unless the delivery of the Fetus is 'Unattended', a title must be selected from the list. If the title of the Attendant is not in the list then select the option 'Other' and specify the type of Attendant.

Attendant's Name

Select the Attendant's Name from the dropdown list. The list contains all the attendants belonging to the Facility of Delivery. If the Attendant is not listed select the value '*Not in Table*'.

This will make the Attendant Details screen appear. Enter the Attendants details in the respective boxes. If the Attendant does not have an NPI number enter '99' or 'NA'.

If there was no Attendant present during the delivery, select the option 'Unattended'.

Unless the delivery of the Fetus is 'Unattended', an Attendant's Name must be selected from the list. If the Attendant is '*Not in Table*', the Attendant's Last and First names, and NPI number must be entered.

Attendant Details							
Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Name	<input type="text"/>	Suffix	<input type="button" value="v"/>
Attendant NPI	<input type="text"/>						
Address					Update Address		

Certifier same as Attendant

Check this option if the Attendant at Delivery will be certifying the record. If the box is unchecked, the Certifier details will need to be entered.

If the Attendant is not available to certify the Fetal Death record, uncheck the box 'Certifier same as Attendant,' and choose the name of the Certifier from the list of Certifiers on the roster of the facility.

If this box is not checked, then the Certifier details must be entered.

Certifier's Name

Select the Certifier's Name from the dropdown list. The list contains all the Certifiers belonging to the Facility of Delivery. If the record is being completed at the coroner's office, the list contains all the Certifiers belonging to Coroner's office.

If the Certifier is not listed select the value '*Not in Table*'.

This will make the Certifier Details screen appear. Enter the Certifier details in the respective boxes.

If there was no Attendant present during the delivery, select the option 'Unattended'.

If the Certifier is not the same as the Attendant, the Certifier's Name must be selected from the list. If the Certifier is '*Not in Table*', the Certifier's details must be entered.

Certifier's Name

Certifier Details

Last Name First Name Middle Name Suffix

Date Certified MM/DD/YYYY

The record will then need to be '**Dropped to Paper**' and the MI and DI will be completed by the Back Office after the record is Submitted to State.

Note:

If the Fetal Death record is entered at a Facility then it will need to be certified. To do this, click on the Send to Certify button on the Attendant tab. This will validate the record and change status on the record to Ready to Certify.

If the Fetal Death record is entered at the Back Office then it does not need to be certified or approved electronically.

COD Tab

This section is part of Medical Information related to delivery of the Fetus. The data in this section is completed by the Hospital or Coroner's Office. The Funeral Facility can view this information but cannot make any changes to it.

Enter PIN To Certify

Fetus Information

Estimated Time of Fetal Death

Dead at time of first assessment, no labor ongoing Dead at time of first assessment, labor ongoing Died during labor, after first assessment
 Unknown time of fetal death

Was an Autopsy Performed? Was a Histological Placental Examination Performed? Were Autopsy or Histological Placental Examination results used in determining the cause of Fetal Death?

Yes No Planned Yes No Planned Yes No Not Applicable

Fetal Weight (Specify Grams/Ounces. Grams preferred) Obstetric Estimate of Gestation Plurality Set Order

Grams lbs/oz 7 Pounds 4 Ounces 39 (completed weeks) 1 1

Cause/Conditions Contributing to Fetal Death

INITIATING CAUSE/CONDITION (AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)	OTHER SIGNIFICANT CAUSES OR CONDITIONS (SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH OF THE FETUS)
<input checked="" type="checkbox"/> RUPTURE OF MEMBRANES PRIOR TO ONSET OF LABOR	<input type="checkbox"/> RUPTURE OF MEMBRANES PRIOR TO ONSET OF LABOR
<input type="checkbox"/> ABRUPTIO PLACENTA	<input type="checkbox"/> ABRUPTIO PLACENTA
<input type="checkbox"/> PLACENTAL INSUFFICIENCY	<input type="checkbox"/> PLACENTAL INSUFFICIENCY
<input type="checkbox"/> PROLAPSED CORD	<input type="checkbox"/> PROLAPSED CORD
<input type="checkbox"/> CHORIOAMNIONITIS	<input type="checkbox"/> CHORIOAMNIONITIS
<input type="checkbox"/> OTHER COMPLICATIONS OF PLACENTA, CORD OR MEMBRANES	<input type="checkbox"/> OTHER COMPLICATIONS OF PLACENTA, CORD OR MEMBRANES
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> MATERNAL CONDITIONS/ DISEASES Specify <input type="text"/>	<input type="checkbox"/> MATERNAL CONDITIONS/ DISEASES Specify <input type="text"/>
<input type="checkbox"/> OTHER COMPLICATIONS OF PLACENTA, CORD OR MEMBRANES Specify <input type="text"/>	<input type="checkbox"/> OTHER COMPLICATIONS OF PLACENTA, CORD OR MEMBRANES Specify <input type="text"/>
<input type="checkbox"/> OTHER OBSTETRICAL OR PREGNANCY COMPLICATIONS Specify <input type="text"/>	<input type="checkbox"/> OTHER OBSTETRICAL OR PREGNANCY COMPLICATIONS Specify <input type="text"/>
<input type="checkbox"/> FETAL ANAMOLY Specify <input type="text"/>	<input type="checkbox"/> FETAL ANAMOLY Specify <input type="text"/>
<input type="checkbox"/> FETAL INJURY Specify <input type="text"/>	<input type="checkbox"/> FETAL INJURY Specify <input type="text"/>
<input type="checkbox"/> FETAL INFECTION Specify <input type="text"/>	<input type="checkbox"/> FETAL INFECTION Specify <input type="text"/>
<input type="checkbox"/> OTHER FETAL CONDITIONS/ DISORDERS Specify <input type="text"/>	<input type="checkbox"/> OTHER FETAL CONDITIONS/ DISORDERS Specify <input type="text"/>

Estimated Time of Fetal Death

Select an option from the list displayed.

An option must be selected.

Was Autopsy Performed?

Was Histological Placental Examination Performed?

Were Autopsy or Histological Placental Examination results used in determining Cause of Fetal Death?

Select an option to indicate if an Autopsy was performed or not.
Select an option to indicate if Histological Placental Examination was performed or not.

If the response is 'Yes' to either of the above questions then select an option to indicate whether *Autopsy Findings* or *Histological Placental examination* results were used in determining cause of fetal death.

Fetal weight

Select whether the fetalweight will be entered in Grams or in Pounds/Ounces.
Enter the weight of the Fetus in the box provided in the denomination chosen.

If the weight of the Fetus is not known, select the grams option and enter 9999, or the pounds and ounces box and select 99, 99.

Fetal weight must be completed. If the Fetalweight is less than 228 grams or greater than 8164 grams, then the Fetalweight will need to be verified during validation. Also unknown values (9999 or 99, 99) will need to be verified during validation.

Obstetric Estimate of Gestation

Enter the Obstetric estimate of the Fetus's gestation in completed weeks.

If the Obstetric estimate of the Fetus's gestation is not known enter 99. This item should not be completed based on the Fetus's Date of Delivery or the Mother's Last Menstrual Date.

If the Obstetric Estimate of Gestation is less than 18 weeks or greater than 46 weeks, then the estimate will need to be verified during validation.

Initiating Cause/Condition of Fetal Death

Select one option to indicate the initiating cause/condition of Fetal Death. If 'Other' is selected, specify the cause/condition that caused the Fetal death.

Initiating Cause/Condition of Fetal Death must be selected.

Other Significant Causes or Conditions(if any)

If there was no other significant cause or condition contributing to the Fetal Death, then, this list can be left blank. If more than one significant cause or condition was identified, check all that apply.

Do not choose the option that was selected in the Initiating Cause/Condition.

Note for Front Office Users

Enter the PIN and click on the **Certify** button to run the Final validations on the Medical Information section and Certify the MI section if there are no validations.

The record will then proceed to the **To be Approved** queue at the Funeral Facility where the Approver on record will Approve the PI and DI sections.

Disposition Information Section of a Fetal Death Record

This section describes the Disposition Information Section of a Fetal Death record in LEERS.

This section contains Disposition Information regarding the Fetus.

A Fetal Death record can be initiated at a Hospital, Coroner's Office or at the Back Office.

If the Certifier on the record can enter the Medical information and Certify the record electronically then the Fetal Death record is sent to the Funeral Home on record electronically after certification, for Disposition Information and Approval by Funeral Home Director.

If the Certifier on the record cannot enter the Medical information and Certify the record electronically then the Fetal Death record is '**Dropped to Paper,**' after the Personal Information section is completed and validated and MI and DI sections are completed at the Back Office, after the record is *Submitted to State*.

The Personal Information and the Disposition Information sections have to be **Approved** by a Funeral Director at a Funeral Home.

Personal Information can be edited when the record has ***Incomplete*** by the Hospital or Coroner's office or in the ***To be Approved*** status by the Funeral Home Director. The Medical Information section will be visible but disabled at this time.

Note: A Fetal Death record entered at the Back Office will skip the Certification and Approval process, and will directly be sent for Registration. The Personal Information, Medical Information and the Disposition Information sections will be enabled at the same time, for data entry.

Disposition Info Tab

This section is part of **Disposition Information** related to the Fetus. The data in this section is completed by the Funeral Facility. The Funeral Facility enters Disposition Information when the record is in the *'To be Approved'* status prior to approval by the Funeral Director.

[Initiate BTP](#)

Disposition Information

Method of Disposition

Burial Cremation Donation Entombment Removal from State Other

Approver Information

Approver:

Last Name	First Name	Middle Name	Suffix	License #
<input type="text"/>				

Approver Address

[Enter PIN To Approve](#)

If a BTP exists for the Fetal Death record the BTP can be viewed or printed from this screen.

A BTP can be initiated from this screen, if it does not exist for the Fetal Death record.

When the User clicks on the **Initiate BTP** link, the system will try and search for all matching open BTPs and display them in a grid. User has to review the displayed BTPs and see if there is a match. If there is a matching BTP, the User has to select the record and click on **Link** to link this BTP to the Fetal Death record.

If there is no matching BTP then the User can click on the **Create New BTP** button to initiate a linked BTP.

If the system did not find any matches, then the screen will automatically navigate to BTP data entry screen to create a new linked BTP.

Disposition Information

Select an option to indicate the Method of Disposition.

If 'Other' is selected, a place to enter the 'Other Method of Disposition' appears. Specify the other type of disposition in this space.

Disposition Information must be completed.

Approver Information

Select the Approver (Funeral Director, or any user with Approval functionality) from the pre-populated list. This list displays all the approvers for the Funeral Facility selected in the Fetus tab. If the Name of the Funeral Director is not in the list, select '*Not in Table*' and enter the Name, Address, and License Number of the Funeral Director in the appropriate fields.

If the Approver is 'Not in Table' the record will be **Dropped to Paper** and the Funeral Home Director will have to manually approve the Record.

Approver information must be completed.

Dates Certified and Approved

The Date of Certification and the Date of Approval is a three-section entry with the month, day, and year entered in separate sections of the field, separated by “/” . These are populated by the system if the record is electronically certified and approved at the Front Office.

However, if a record is 'Dropped to Paper' or if a record is entered by a Back Office User, then the Back Office User has to enter the above dates before sending the record to register.

These dates are mandatory for Back Office Users.

The Date Certified must be later than or the same as the Date the Fetal Death and must be earlier than or the same as the current date.

The Date Approved must be later than or the same as the Date the Fetal Death and must be earlier than or the same as the current date.

Front Office Users

Enter the PIN and click on the **Approve** button to run the Final validations on the PI and Di sections and approve them if there are no validations.

The record will then be submitted to the State for registration.

Back Office Users

Enter the Date Certified and the Date Approved from the physical documents, and click on **Send to Register**. This will run Final validations on the entire record, and send it for registration, if there are no validations.

Burial Transit Permit

This section describes the **Burial Transit Permit** record in LEERS.

A BTP record can be initiated at a Funeral Facility or the Back Office.

A BTP can be initiated from 2 screens:

- Fetal Death Module Home Page
- Disposition tab

Note:

If the BTP is initiated from a Fetal Death record, the Fetal Death record data is carried over to the BTP.

The following buttons appear on BTP screen:

Print

Click on the Print button to print the BTP. The BTP will be validated when it is printed for the first time. Click the topic on Printer setup to know more about printing reports.

Save

Click on the Save button to save the BTP.

Validate

Click on the Validate button to validate the details of the BTP. Any validation errors appear on top of the tab.

Abandon

Click on the Abandon button to abandon an Incomplete BTP.

Close Out

Click on the Close Out button to close the BTP without linking it to any Fetal Death record.

A BTP has the status **Incomplete** until it is printed. It is also considered an **Open BTP** as long as it is not linked to a Fetal Death record.

Once printed initially, the BTP cannot be edited, but can be printed again as required. The BTP version will be incremented every time it is printed.

Note:

If the BTP is linked to a Fetal Death record, the **View Fetal Death Record** link will be visible. Click on this link to navigate to the associated Fetal Death record.

Status and Version Control of BTP

When the BTP is first initiated, it has the status 'Incomplete.' The User can save an Incomplete BTP by clicking on the **Save** button. The User can click on the **Validate** button to validate the data on the BTP form. When the User is ready to print the BTP, the user can click on the **Print** button.

Printing BTP

When the User clicks on the **Print** button for the first time, the System runs validations to make sure the data is correct. If there are no errors on the form, the System marks the BTP as 'Complete' and System prints out a BTP form with version number for the Facility. The version number increases on each print of the BTP. Once the BTP is marked 'Complete,' the System will not allow any data changes on the BTP.

Note:

Back Office users cannot access BTPs that are created at the Front Office and are not printed or completed.

The Back Office can search for all **complete** BTPs created at a Front Office Facility and all BTPs created at the Back Office.

Close out a BTP

A User with 'Close out' functionality can close-out a completed but Open BTP that is not linked to any Fetal Death record. The Close out button is visible on screen only if the BTP is complete and not associated with a Fetal Death record.

When the User clicks this button, the System marks the BTP as *Closed-Out* and it does not show up in the Open BTP queue.

BTP Data Entry Screen

This section describes the process of entering a BTP record in LEERS.

Burial Transit Permit

Fetus Name: PHILIPS, KIRA Mother's Maiden Name: Record Status: **Open BTP**
Date of Delivery Jul-01-2012 Date BTP Requested: 8/2/2012 Version #: 0

Transfer Record to: [Transfer](#)

Fetus Information

Last Name <input type="text" value="PHILIPS"/>	First Name <input type="text" value="KIRA"/>	Middle Name <input type="text"/>	Suffix <input type="text"/>
Sex: <input type="text" value="F"/>	Date of Delivery <input type="text" value="07/01/2012"/> MM/DD/YYYY		

Place of Delivery

Hospital Freestanding Birthing Center Home Birth Planned Home Birth UnPlanned Clinic/Doctor's Office Other

House #: 6745 Street: MADISON St. Designator: ST
Country: UNITED STATES State: LOUISIANA County/Parish: JEFFERSON City: METAIRIE ZIP Code: 70002

Funeral Facility Information

Permission to dispose the body of the above named fetus, is hereby granted to:

Facility:

Name of Funeral Director or other such person:

Last Name <input type="text" value="ABC"/>	First Name <input type="text" value="APPROVER"/>	Middle Name <input type="text"/>	Suffix <input type="text"/>	License # <input type="text"/>
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Address of Funeral Facility

To be removed from the continental U.S.

Please use letters A-Z (?) and (-) for all Text Boxes in the form.

Name of the Fetus

Enter the Fetus's Last Name, First Name, and Middle Name, and select the Suffix from the drop-down list.

If the First and/or Last Name of the Fetus is not known, type the value "Unknown" in the field(s).

If present, the name must begin in position 1. The first character must be a letter from A to Z. The remaining characters must be a letter from 'A' through 'Z', the single quote mark ('), dash (-), or space ().

The Last Name cannot be blank.

Date of Delivery

Enter the Fetus's **Date of Delivery**

The **Date of Delivery** is a three-section entry with the *month*, *day*, and *year* entered in different sections of the field, separated by *"/"*.

The Fetus's Date of Delivery cannot be greater than the current date.

Sex

Select the Sex of the Fetus from the drop-down list. The list has values M (Male), F (Female), and U (Unknown).

A value must be selected from the list.

Place where Delivery occurred

Select an option from the list shown to indicate where the delivery took place. The options shown in this list are:

- Hospital
- Freestanding Birthing center
- Home Birth Planned
- Home Birth Unplanned
- Clinic/Doctor's Office
- Other

If User chooses *Hospital* , *Freestanding Birthing Center* or *Clinic/Doctor's office* , then the User must select Facility Name from the drop-down list. The Address will be populated automatically.

For any other option, enter the Address for Place of Delivery by clicking on the Update Address link. If the option chosen is *Other*, then specify the Place of Delivery.

Funeral Facility Information

Select the Funeral Facility that has permission to dispose of the body.

The System will display the address of the Funeral facility if the Facility is selected from the list. If the Facility is 'Not in Table', User has to enter the complete address of the Funeral facility.

Funeral Facility information must be completed.

To Be Removed from Continental U.S.

To indicate that the remains of the decedent will be removed from the Continental United States.

The user has to check this item if the decedent's body is to be removed from the Continental U.S.

Life Cycle of a Fetal Death Record

There are 3 sections in the Fetal Death Record:

- **Section 1** which contains **Personal Information (PI)** of the Fetus and needs to be approved by the Funeral Home Director.
- **Section 2** which contains **Medical Information (MI)** regarding the Fetal delivery and needs to be certified by a Physician at the Delivery Facility or a Coroner.
- **Section 3** which contains the **Disposition Information (DI)** needs to be completed by the Funeral home and approved by the Funeral Director.

The PI, MI and the DI section can be completed only by Users with appropriate functionality to do so.

A Fetal Death record can be initiated at a Hospital, Coroner's Office or at the Back Office.

1. Hospital will start a Fetal Death that occurred at their Facility.
2. Coroner's Office will start a Fetal Death that was referred to their Facility.
3. The Back Office will start a Fetal Death record that is completed manually on paper.

Case 1 *The Hospital starts the Fetal Death record.*

The Personal and Medical Information are completed at the Hospital and then, the record is sent to the Certifier belonging to the Hospital to certify the Cause of Fetal Death(COD). Once the record is *Certified*, the record is sent to the Funeral Home Facility on record to complete the Disposition Information. At this time, the Funeral Home may make changes if required, to the PI section of the record. The Funeral Director *Approves* the PI/DI and the record is then *Submitted to State* for registration.

Case 2 The Coroner starts the Fetal Death record.

The Personal and Medical Information are completed at the Coroner's Facility and then, the record is sent to the Coroner to certify the Cause of Fetal Death(COD). Once the record is *Certified*, the record is sent to the Funeral Home Facility on record to complete the Disposition Information. At this time, the Funeral Home may make changes as required to the PI section of the record. The Funeral Director *Approves* the PI/DI and the record is then *Submitted to State* for registration.

Case 3 The Back Office starts the record.

Back Office starts the record and completes PI, MI and DI portions and registers the record. There is no Approval or Certification for the record electronically.

If the record was created at a Hospital or Coroner's Office, and if the Certifier cannot certify the record electronically, or if the Funeral Home Facility is 'Not in Table' and cannot approve the record electronically, the record is *Dropped to Paper*. The electronic version of the record is then *Submitted to State*. When the Back Office receives the paper copy of the Fetal Death certificate, a Back Office User has to scan the barcode on the certificate to pull it up on the screen and complete the DI and Certification details (if the record was certified manually). The record is then sent to the *Pending Registration* queue for registration.

When the Fetal Death record is *Submitted* to the Back Office, it has the status *Pending Registration* in the Back office database. If the Back Office Registration Clerk needs further information or clarification about specific items on the Fetal Death record, then the record is **Returned back to Facility**. The Facility clerk then either modifies the record or enters comments related to the items requested and re-submits the record to the Back Office for registration.

An *Incomplete* Fetal Death Record that is not **Certified** or **Approved**, can also be requested to be *Abandoned*. Only a Back Office User with appropriate privileges can however approve the *Abandon* request on a Fetal Death record.

Once the Fetal Death record is *Registered*, a Back Office user can browse through Record details and *History*. The record can be *Updated* or *Amended* if required. *Indicators* can be Set/Reset on the Fetal Death record by a User with appropriate privileges.

A Fetal Death record can be sealed and *Voided*. Once *Voided*, the Fetal Death Record can only be viewed by User with appropriate privileges.

Abandoning a Fetal Death Record

This section describes the process of **Abandoning** a Fetal Death record in LEERS.

A Fetal Death record entered at a Hospital, Coroner's Office or at the Back Office can be abandoned, only if it has 'Incomplete' status.

The process of Abandoning a record is a two-step process.

The record is first marked to be Abandoned by the User. To request for Abandoning a Death record click on the **Abandon** button on the Fetal Death Record Entry Screen. This changes the status on the record to **Pending Abandon**.

A Back Office User with appropriate privileges can review these records Pending Abandon. To **Abandon** a record:

The screenshot displays the LEERS system interface for a Fetal Death Record. At the top right, there are two buttons: 'Abandon' and 'Return to Facility'. The record details are as follows:

- Fetus Name: SPEARS, LINDA
- Date of Delivery: 06/01/2012
- Record Status: PENDING ABANDON

The interface includes a navigation bar with 'Fetal Death Report' and 'Comments' tabs. Below this is a search and navigation area with a page indicator '1 of 2', a '100%' zoom level, and buttons for 'Find | Next', 'Select a format', and 'Export'. The main content area is titled 'Certificate of Fetal Death' and contains a table with the following data:

Fetus			
Name of Fetus (optional at the discretion of the parents)	Time of Delivery	Gender	Date of Delivery
SPEARS, LINDA	01:00 AM	F	6/1/2012
Place where Delivery occurred	Facility Name	Facility NPI	

1. Select the record to be Abandoned from the **Pending Abandon** queue on the Fetal Death Home page.
2. Review the record details and click on the **Abandon** button if the request is to be approved. The system will mark the Fetal Death record as Abandoned, and the Fetal Death record will not show up anytime in LEERS.
3. Click on the **Return to Facility** button if the request is not approved. The system will mark the Fetal Death record as Incomplete, and return the record back to the Facility that recorded the Fetal Death.

Certifying a Fetal Death Record

This section describes the process of **Certifying** a Fetal Death record in LEERS. A Fetal Death record entered at a Hospital or Coroner's Office has to be Certified before it can be submitted to the Back Office for Registration. If the Certifier on record is *'Not in Table'* then, the record has to be *Dropped to Paper* and the MI is entered by a Back Office clerk.

A Fetal Death Record has to have the status **Ready to Certify** before the Certifier can certify the record.

To move a Fetal Death Record from **Incomplete** to **Ready to Certify** status:

1. Click on the Attendant tab. User has to search and select the Certifier.
2. Click on the **Send to Certify** button. The system will perform final Validations on the PI section of the Fetal Death record to verify all the values and any errors will be displayed on top of the record in the error box.
3. Correct all the listed errors in the corresponding sections.
4. Click on the Attendant tab again and then click on the **Send to Certify** button.
5. If the Validations are successful, the system will change the status on the record to **Ready to Certify** and send an e-mail notification requesting the Certifier on record to complete the MI section, and certify the MI.

Note:

For a Fetal Death record created at the Coroner's office, the Certifier is a User with Certification functionality from the Coroner's Office.

A Fetal Death record entered at the Back Office will not be Certified. The Certification information will be entered manually by the Back Office User.

A Fetal Death Record with **Ready to Certify** status is assigned to the **Certifier** chosen on the Attendant tab. The Certifier on record has to log into LEERS and navigate to the record to complete the MI portion and certify it.

Certifying the Fetal Death record electronically

A Fetal Death Record with **Ready to Certify** status is assigned to the Certifier chosen on the Attendant tab.

The Certifier on record has to log into LEERS and navigate to the record to enter MI and Certify it. To **Certify** a Fetal Death Record electronically:

Enter PIN To Certify

Fetus Information

Estimated Time of Fetal Death

Dead at time of first assessment, no labor ongoing Dead at time of first assessment, labor ongoing Died during labor, after first assessment
 Unknown time of fetal death

Was an Autopsy Performed? Was a Histological Placental Examination Performed? Were Autopsy or Histological Placental Examination results used in determining the cause of Fetal Death?

Yes No Planned Yes No Planned Yes No Not Applicable

Fetal Weight (Specify Grams/Ounces. Grams preferred) Obstetric Estimate of Gestation Plurality Set Order

Grams lbs/oz Pounds Ounces (completed weeks)

Cause/Conditions Contributing to Fetal Death

INITIATING CAUSE/CONDITION

(AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

- RUPTURE OF MEMBRANES PRIOR TO ONSET OF LABOR
- ABRUPTIO PLACENTA
- PLACENTAL INSUFFICIENCY
- PROLAPSED CORD
- CHORIOAMNIONITIS
- OTHER COMPLICATIONS OF PLACENTA, CORD OR MEMBRANES
- UNKNOWN
- MATERNAL CONDITIONS/ DISEASES Specify
- OTHER COMPLICATIONS OF PLACENTA, CORD OR MEMBRANES Specify
- OTHER OBSTETRICAL OR PREGNANCY COMPLICATIONS Specify
- FETAL ANAMOLY Specify
- FETAL INJURY Specify
- FETAL INFECTION Specify
- OTHER FETAL CONDITIONS/ DISORDERS Specify

OTHER SIGNIFICANT CAUSES OR CONDITIONS

(SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH OF THE FETUS)

- RUPTURE OF MEMBRANES PRIOR TO ONSET OF LABOR
- ABRUPTIO PLACENTA
- PLACENTAL INSUFFICIENCY
- PROLAPSED CORD
- CHORIOAMNIONITIS
- OTHER COMPLICATIONS OF PLACENTA, CORD OR MEMBRANES
- UNKNOWN
- MATERNAL CONDITIONS/ DISEASES Specify
- OTHER COMPLICATIONS OF PLACENTA, CORD OR MEMBRANES Specify
- OTHER OBSTETRICAL OR PREGNANCY COMPLICATIONS Specify
- FETAL ANAMOLY Specify
- FETAL INJURY Specify
- FETAL INFECTION Specify
- OTHER FETAL CONDITIONS/ DISORDERS Specify

1. Click on the Fetus's Name of the record in the Record Display grid on the Fetal Death Home page to open the details of the record.
2. Complete the Medical Information section of the Fetal Death record.
3. Click on the COD tab. Enter the **PIN** in the box.
4. Click on the **Certify** button. After verifying the **PIN**, the system will Certify the Fetal Death record and change the status of the record to *To be Approved*.

Certifying the Death record manually

If the Certifier on the record is '*Not in Table*,' i.e., not listed in the database, then the record is 'Dropped to Paper', and the Certifier has to manually complete the MI section and Certify the record. The Funeral Home has to then approve the record manually. This record is *Submitted to State* electronically with only the PI section, and the MI section and the Di section are completed by the Back Office User from the physical documents sent in by the Facility, before the record can be sent for Registration.

To **Certify** a Fetal Death Record manually:

1. Click on the Fetus's Name of the record in the Record Display grid on the Fetal Death Home page to access the details of the record.
2. Complete the Personal Information section of the Fetal Death record.
3. Click on the Attendant tab. Select 'Not in Table' from the Certifier dropdown list.
4. Enter the details of the Certifier.
5. Click on the '**Drop to Paper**' button. The system will electronically submit the record to the State and let the User print a copy for the Certifier and Approver to manually certify and approve the Fetal Death record respectively.

Approving a Fetal Death Record

This section describes the process of **Approving** a Fetal Death record in **LEERS**.

A Fetal Death record entered at a Hospital or Coroner's office has to be Approved before it can be submitted to the Back Office for Registration. If the Approver on record is '*Not in Table*' or if the record cannot be approved electronically because the Funeral Facility is '*Not in table*', then, the record has to be *Dropped to Paper*.

A Fetal Death Record has to have the status **Ready to Approve** before the Funeral Director can approve the record. A Fetal Death record moves to **Ready to Approve** status from **Ready to Certify** status when the Certifier is listed and can certify the record electronically.

An Approver will see all the records assigned to the Approver's facility that are in the status **To be Approved**. However, the Approver will only be able to electronically approve those records that have been assigned to the Approver.

Note: If the Certifier is '*Not in Table*' then, the Fetal Death record is dropped to paper and the Funeral Director has to approve manually. The Fetal Death record will be *Submitted to State* with only the PI section completed. The MI and DI section will be entered by the Back Office clerk prior to the record being registered.

To move a Fetal Death Record from **Ready to Certify** to **Ready to Approve** status if Certifier is entering the Cause of Death electronically and certifying the record:

1. Certifier has to enter the MI details in the COD tab.
2. Certifier has to enter the **PIN** and click on the **Certify** button. The system will perform final MI Validations on the Fetal Death record to verify all the values and any errors in MI will be displayed on top of the record in the validation message window.
3. Certifier has to correct all the listed errors in the corresponding sections.

4. Certifier has to click on the COD tab again and repeat step 2.
5. After the Certifier certifies the record, the system will change the status on the record to **Ready to Approve**.

Note: A Death record entered at the Back Office will not be Approved. A Death Record with **Ready to Approve** status is assigned to the **Funeral Facility** chosen on the Fetus tab. The Funeral Facility User has to log into LEERS and navigate to the record to enter the DI and then approve the PI and DI section of the Fetal Death record.

[Initiate BTP](#)

Disposition Information

Method of Disposition

Burial
 Cremation
 Donation
 Entombment
 Removal from State
 Other

Approver Information

Approver:

Last Name	First Name	Middle Name	Suffix	License #
<input type="text"/>				

Approver Address

To Approve a Fetal Death Record electronically:

1. Click on the Fetus's Name of the record in the Record Display grid on the Fetal Death Home page to open the details of the record.
2. Navigate to the Disposition tab and enter the details.
3. Enter the **PIN** in the box.
4. Click on the **Approve** button. After verifying the PIN, the system will Approve the Fetal Death record and submit the record to the Back Office for Registration.

To Approve a Fetal Death Record manually:

1. Click on the Fetus's Name of the record in the Record Display grid on the Fetal Death Home page to open the details of the record.
2. Navigate to the Disposition tab and enter the details. If the Funeral Home facility is 'Not in Table', then this tab is disabled.
3. Click on the **Drop to Paper** button.
4. The system will display a message 'This action will print the record for Approval and Submit the record to the State. Do you wish to continue?' Click the **Yes** button to continue.
5. Send the Certificate that gets printed to the Approver to sign and approve the certificate. After the certificate is approved, send the completed certificate to the Back Office, to be scanned and attached to the record. The system will submit the record for subsequent registration.
6. The version of the Approved copy and the version of the record Submitted to the State have to match for registration.

Note:

The Funeral Facility is responsible for the Personal and Disposition Information sections of the Fetal Death record. The Funeral Facility user can modify the PI section completed by the Hospital or Coroner's Office before approving the Fetal Death record. The system will run final validations on both these sections before the Approval process.

Registering a Fetal Death Record

This section describes the process of **Registering** a Fetal Death record in LEERS.

A User has to have specific permission to register Fetal Death records.

A Fetal Death record entered at a Hospital, Coroner's Office, or at the Back Office has to be submitted for Registration.

A Fetal Death record is auto-registered on Approval when Submitted to the State, except in the following cases:

- The Fetal Death record has exceptions or out-of-range values set on some items.
- The Fetal Death record is **Dropped to Paper**.

If a Fetal Death record is not auto-registered, it has the status **Pending Registration** and these records will be reviewed by a Back Office User with Registration privileges.

To **Register** a Fetal Death record:

Register
Return to Facility

Fetus Name: SHAWN, DAVID Date of Delivery: 07/01/2012 Record Status: **PENDING REGISTRATION**

Fetal Death Report
Comments
Attachments

1 of 2 100% Find | Next Select a format Export

Certificate of Fetal Death

Fetus

Name of Fetus (optional at the discretion of the parents) SHAWN, DAVID	Time of Delivery 01:00 AM	Gender M	Date of Delivery 7/1/2012
Place where Delivery occurred Hospital	Facility Name ABC HOSPITAL OR CLINIC	Facility NPI 5678	
Address of Delivery 6745 MADISON. ST , METAIRIE, LA 70002 UNITED STATES			Parish of Delivery JEFFERSON

Mother

Mother's Current Legal Name SMITH, LINDA	Date of Birth 01/01/1985	Age 27
Mother's Name Prior to First Marriage SMITH, LINDA	Birth Place METAIRIE, LA UNITED STATES	
Was mother ever married? YES	Married at conception or anytime in between? YES	Was AOP signed at the facility? YES

Mother Residence

Country UNITED STATES	State LA	Parish JEFFERSON	City METAIRIE
Address	Apartment No.	ZIP Code	Inside City Limits?

- The User has to select the record to be Registered from the **Pending Registration** queue on the Fetal Death Home page.
- If this record was **Dropped to Paper**, the system will display message to barcode scan the paper copy of the corresponding document.
- The User has to barcode scan the appropriate documents. The version of the scanned document should match the version of the record submitted to state.
- The User has to review the record details.

- The User has to click on the **Register** button to register the record. The system will assign a State File Number to the record.
- If the review process fails, the User has to enter appropriate Comments for the record and click on the **Return to Facility** button if more data or clarification is required on items in the record. The system will display a message *'This record will be Returned back to the Facility. Do you wish to continue?'* The User has to click the **OK** button to continue. The system will then return the record to the Facility that recorded the Fetal Death.

Re-submitting a Fetal Death Record

This section describes the process of **Re-Submitting** a Fetal Death record Returned from State in LEERS.

A Fetal Death record entered at a Hospital, a Coroner's office, or at the Back Office can be **Returned from State** if the record fails the review process.

A Fetal Death record can be returned for corrections or clarifications on some items in the record.

A record returned from the State appears in the **Returned from State** queue on the Facility Fetal Death Home page.

The same record is also seen in the **Returned to Facility** queue on the Back Office Fetal Death Home page.

Note:

If the Fetal Death record was created at the Back Office and was returned failing the Registration review process then the record status changes to Incomplete,

and the record will be seen in the **Incomplete** queue on the Back Office Fetal Death Home page.

To Re-submit a record Returned from State:

1. Click on the Fetus's Name of the record in the Record Display grid on the Fetal Death Home page to open the details of the record. Browse through any comments that were entered for the record during the Registration review process explaining the reasons that the record was returned.
2. If any clarifications were asked, save the comments in the Comments section, and then click on the **Submit** button to re-submit the record to the State.
3. If any modifications are required to the record, select the option to *Return PI/DI*, *Return MI* or *Return All* and then click on the **Return to Facility** button. The system will display a message 'The record will be returned. Do you wish to Continue?' Click on the **OK** button. The system will change the status on the record to **Incomplete** or **Ready to Certify** depending upon whether the PI section or MI section is being returned respectively, and this will allow the record to open up in the Fetal Death Record Entry Screen for any data modifications. After the necessary changes have been made to the record, the record will have to be Certified /Approved again, and this will re-submit the record to the State.

If the PI/DI section is being returned, then the MI section and Certification information remains unchanged, and the record changes status to **To be Approved** prior to subsequent Approval and re-submission to the State.

If the MI section is being returned, then the PI section and Approval information remains unchanged and the record changes status to **Ready to Certify** prior to subsequent Certification and re-submission to the State.

If all the sections are being returned, the Certification and Approval information is deleted, and the record has to be Certified and Approved prior to subsequent re-submission.

Note:

The Fetal Death record version is incremented on every modification of the record, post initial Approval. If the Fetal Death record is certified/approved manually by the **Drop to Paper** process, the version of the Certified document mailed to the State has to match the version of the record that is Submitted to the State.

Address Information

The **Address Information** is collected in a standard format in LEERS.

House #	Apt #	Pre-Dir	Street Name	Designator	Post-Dir
12			Division	ST	

Country	State	County/Parish	City	ZipCode
UNITED STATES	LOUISIANA	JEFFERSON	METAIRIE	70001

Update Cancel Clear

Enter the **House #** assigned to the Address. Do not record a R.R. Number or P.O. box.

Enter the **Apartment #** if applicable. If there is no apartment or room number associated with this Address, leave the item blank.

If the Street name has a direction as a prefix, select the prefix in the list labeled **Pre-directional**.

Example: South Main Street. Select the pre-direction as S.

If there is no pre-direction, leave this space blank.

Enter the **Street name** of the Address.

If only available address is a P.O. Box, enter it here.

For Street Name, only the characters 'A' through 'Z','0' through '9', the diagonal (/), Space () and the dash (-) may be entered.

Select the **Street Designator** from the provided list.

If the Street name has a direction after the name, select the suffix in the list labeled **Post-directional**.

Example: Walker Street NW. Select NW in the post-directional space.

If there is no post-direction, leave this space blank.

Select the **Country** from the drop-down list. If the selected Country is *United States* or *Canada*, then, the **State/Territory/Province** list is populated with values related to the chosen Country. For any other Country, enter the **State/Territory/Province** in the box if applicable.

Select the **State/Territory/Province** from the drop-down list. If the selection is a State or Territory belonging to *United States*, the **Parish/County** list is populated with appropriate values related to the chosen State or Territory. For any other State, Territory or Province, enter the **Parish/County** in the box if applicable.

Select the **Parish/County** from the drop-down list. For a value selected from the **Parish/County** list, the **City** list is populated with appropriate values related to the chosen **Parish/County**. For any other **Parish/County**, enter the **City** in the respective box.

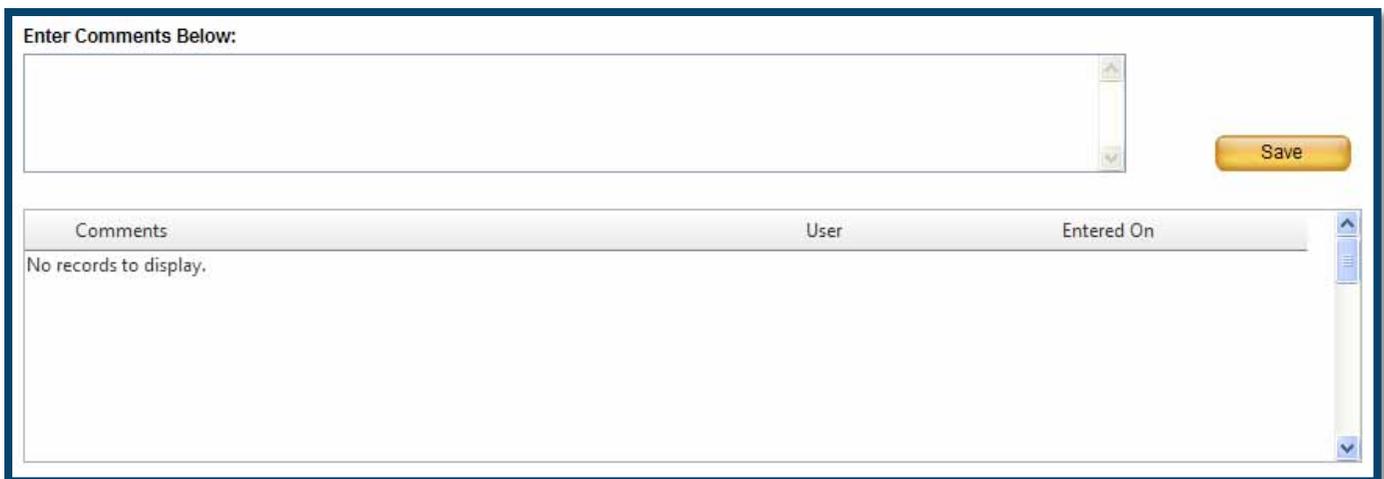
Enter the **Zip Code** in the respective box. If the **Country** selected is *United States*, the **Zip code** has to be 5 numeric characters.

If the Address is within *United States*, the State/Territory, Parish/County, City and Zip code fields are mandatory.

If the Address is within *Canada*, the **Province** and **City** fields are mandatory. For any other Address outside *United States* and *Canada*, only the **City** field is mandatory.

Comments Tab

This section describes the process of entering **Comments** in LEERS.



The screenshot displays a web interface for entering comments. At the top, there is a text input field labeled "Enter Comments Below:" with a vertical scrollbar on the right. To the right of this field is a yellow "Save" button. Below the input field is a table with three columns: "Comments", "User", and "Entered On". The table currently shows "No records to display." and has a vertical scrollbar on the right side.

For entering a New Comment:

1. Enter the text of the Comment in the box 'Enter the Comments Below'.
2. Click on the **Save** button.

All the **Comments** entered for the record are visible in the Comments grid in descending order on the bottom portion of the screen.

Attachments Tab

This section describes the process of uploading **Attachments** in LEERS.



Delete	Attachments	Type	Issued By	Date Issued	Entry Date	Uploaded By	Date Created	Updated By	Comments	Update
	TEST.DOCX	SCHOOL RECORD	AJH	04/02/2010	04/01/2010	Jordan, Michael .	5/3/2010 9:27:26 AM	Jordan, Michael .	PLS REVIEW	

For uploading a new Attachment:

1. Select the Type of Document that needs to be uploaded. Enter the details of the document in the boxes provided.
2. Click on Browse to browse to the attachment file that needs to be uploaded.
3. Enter any Comments that need to be appended to the attachment.
4. Click on the **Upload** button.

All the **Attachments uploaded** for the record are visible in the Attachments grid. Click on the Attachment Name to open the Attachment at any time.

To delete an existing Attachment, click on the **Delete** symbol  next to the Attachment name.

Printer Setup

The Report Viewer provides an ActiveX print control that downloads automatically the first time the Print command on the Report Viewer toolbar is clicked, and is installed on the client computer. If the user does not install the control, or if support for the print control is disabled on the report server, the Print command cannot be used. After the control is installed, users can use the print control to print reports configured to run in the Report Viewer .

Depending on browser settings, each user might need to configure the browser to enable an ActiveX control download. To configure Internet Explorer to allow ActiveX control downloads, follow these steps:

1. In Microsoft Internet Explorer, from the Tools menu, choose Internet Options, and then click the Security tab.
2. Select the Trusted sites Web content zone, and then click Sites.
3. Type the LEERS website URL.
4. Click Add, and then click OK.
5. Click the Custom Level button. Scroll to the ActiveX controls and plug-ins node.
6. Click Enable for Download signed ActiveX controls, and then click OK.