

Fetal Death Registration in TxEVER



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Who can create a Fetal Death record?

- Funeral Homes and Medical Certifiers can start a record.
- A medical certifier can be a Justice of the Peace (JP), a Medical Examiner (ME), a Physician, a Physician Assistant (PA), or an Advance Practice Registered Nurse (APRN).
- Funeral homes, justices of the peace, and medical examiners automatically have access to fetal death records.

Fetal Death Registration in TxEVER

How to get Fetal Death Access in TxEVER:

Email the Help-TxEVER@dshs.Texas.gov with the following:

- Place of delivery name:
- Place of delivery address (street, city, zip code):
- Place of delivery county:
- Name of physician:
- Login TxEVER User ID of physician:
- Email address of physician:

Fetal Death Registration in TxEVER

Medical Certifiers can create and release Fetal Death records without the involvement of a Funeral Home.

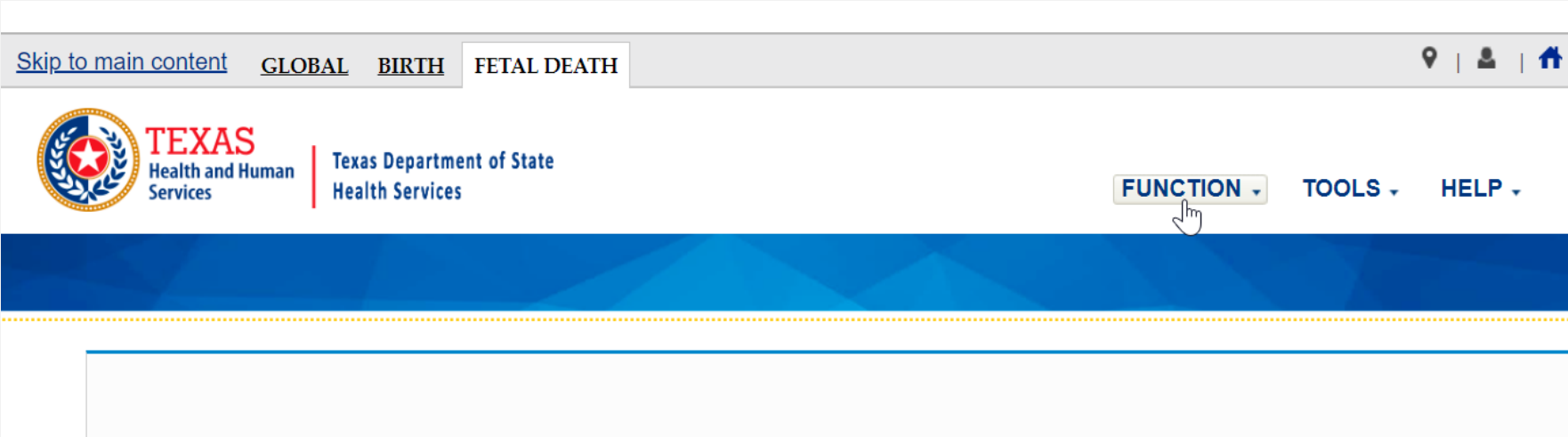
However

Funeral Homes cannot complete a Fetal Death record independent of a Medical Certifier.

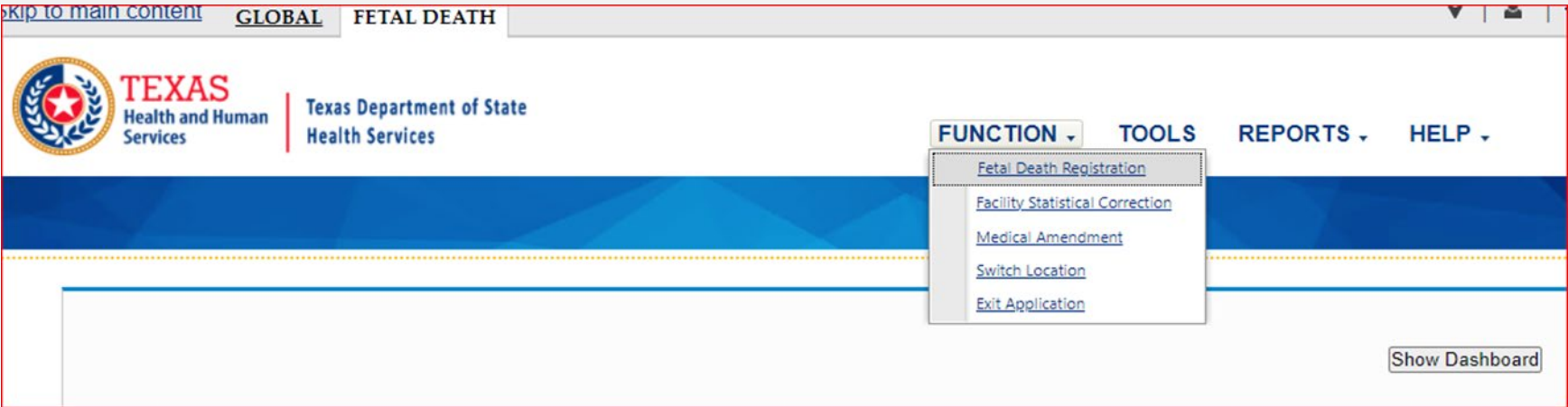
Medical Certifier Initiates the Fetal Death Record without involvement of Funeral Home



Login -> Select location -> Click Fetal Death tab-> Function



Function -> Fetal Death Registration



Click new record icon in upper left-hand corner



Unresolved / Stakeholders

FETUS'S GENERAL INFORMATION

Record type: * --Select a value--
Plurality: * --Select a value--
Delivery Order: --Select a value--

FETUS'S INFORMATION

Is Fetus Unnamed?

First Name: Middle Name:
Last Name: Suffix: --Select a value--
Date Of Delivery: * Time of Delivery: --Select a value--
Sex: --Select a value--

MOTHER'S CURRENT LEGAL NAME

Title Preference: --Select a value-- First Name:
Middle Name: Last Name: *
Suffix: --Select a value-- Mothers Medical Record Number: *
Date of birth: * Age at Child's Birth:

FACILITY INFORMATION & PLACE OF DELIVERY

Answer questions 1-4 -> Enter gestational age -> Click OK

Health and Human Services | Health Services | FUNCTIONS | RECORD | HELP

FILING DEADLINE: Unresolved Work Queue Filter: FETAL DEATH REGISTRATION | Unresolved Work Queue:

Record Type: Fetus

New Record

Answer the questions below regardless of the calculated or estimated gestational age of the fetus:

1. Did the fetus take a breath? Yes No
2. Was there pulsation of the umbilical cord? Yes No
3. Was there definite movement of voluntary muscles? Yes No
4. Select APGAR score:

OK Close

GENERAL

Record Type:* Plurality:* Delivery Order:* Date Of Delivery:*

EFR Number: Mother's Medical Record Number:*

FETUS

First Name: Middle Name: Last Name:

MOTHER

First Name: Middle Name: Last Name:* Date Of Birth:*

FindRecord Close

Suffix: Mothers Medical Record Number: *

Date of birth: * Age at Child's Birth:

If data entered on top qualifies it as a fetal death, the bottom fields will open

New Record

Answer the questions below regardless of the calculated or estimated gestational age of the fetus:

1. Did the fetus take a breath? Yes No
2. Was there pulsation of the umbilical cord? Yes No
3. Was there definite movement of voluntary muscles? Yes No
4. Select APGAR score

Enter calculated or estimated gestational age

GENERAL

Record Type:*
Plurality:*
Delivery Order:*
Date Of Delivery:*
EFR Number:
Mother's Medical Record Number:*

FETUS

First Name:
Middle Name:
Last Name:

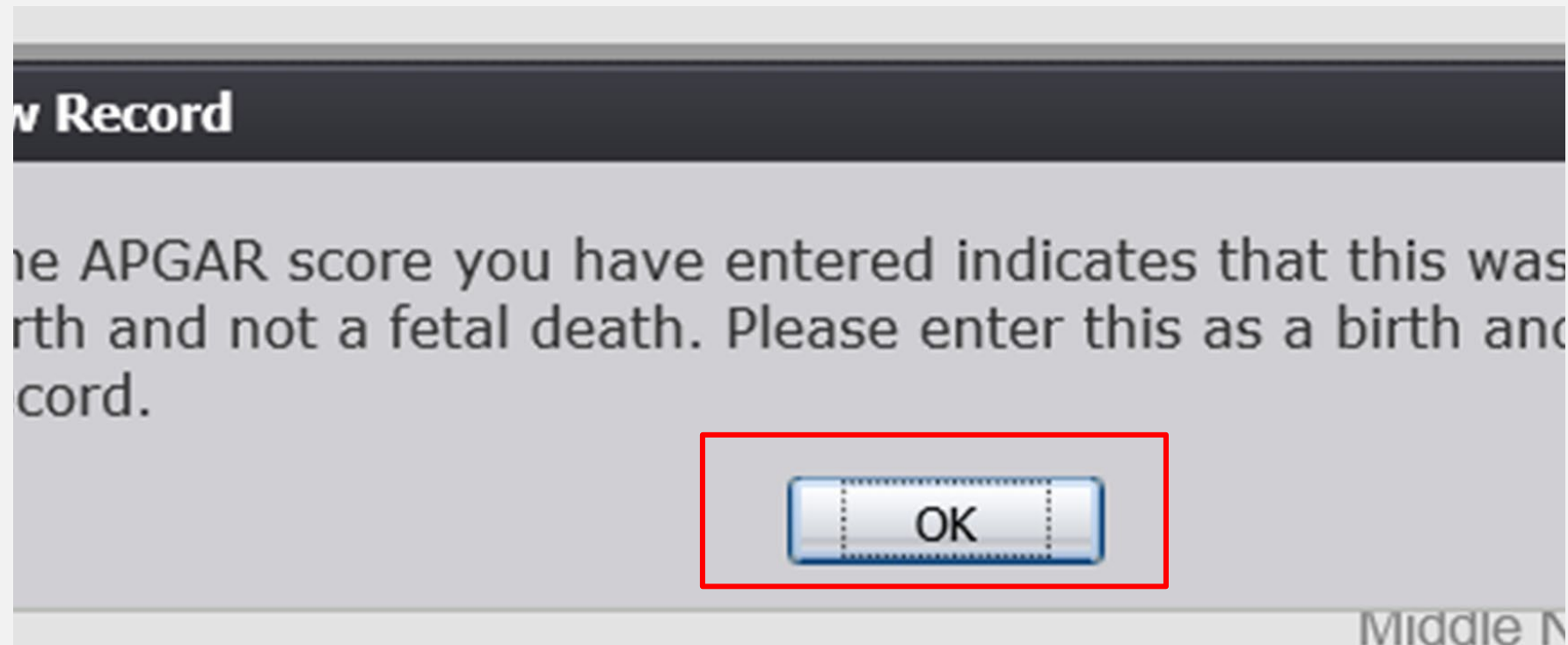
MOTHER

First Name:
Middle Name:
Last Name:*
Date Of Birth:*

MOTHER'S CURRENT LEGAL NAME

Title Preference
First Name:

If answers to questions 1-4 does not qualify it as a fetal death, you will receive this notice:



Enter required information -> Click “Find Record”

New Record

Answer the questions below regardless of the calculated or estimated gestational age of the fetus:

- 1. Did the fetus take a breath? Yes No
- 2. Was there pulsation of the umbilical cord? Yes No
- 3. Was there definite movement of voluntary muscles? Yes No
- 4. Select APGAR score:

Enter calculated or estimated gestational age:

GENERAL

Record Type:* Plurality:* Delivery Order:* Date Of Delivery:*

EFR Number: Mother's Medical Record Number:*

FETUS

First Name: Middle Name: Last Name:

MOTHER

First Name: Middle Name: Last Name:* Date Of Birth:*

Click "Ok"

FETAL DEATH REGISTRATION

Unresolved Work Queue Filter: All Unresolved

Unresolved Work Queue: --Select a value--

New Record

Answer the questions below regardless of the calculated or estimated gestational age of the fetus:

1. Did the fetus take a breath? Yes No

2. Was there pulsation of the umbilical cord? Yes No

3. Was there definite movement of voluntary muscles? Yes No

4. Select APGAR score: 0

Enter calculated or estimated gestational age: 9

OK Close

New Record

No matching record was found. Do you want to create a new record?

OK Cancel

GENERAL

Record Type:* FETAL DEATH AT THIS FACILITY

Date Of Delivery:* 11/01/2021

EFr Number:

FETUS

First Name: MIDDLE NAME: LAST NAME: WADE

MOTHER

First Name: MIDDLE NAME: LAST NAME:* DATE OF BIRTH:* EMILY WADE 11/01/1999

FindRecord Close

Fill out all tabs. A green checkmark signifies that you have completed the tab.

The screenshot shows a software interface for 'FETAL DEATH REGISTRATION'. At the top, there are fields for 'EFR: 000000000004005', 'Filing Deadline: 0 Day(s)', 'Unresolved Work Queue Filter: --Select a value--', and 'Unresolved Work Queue: SMITH, INFANT, 2019/03/31'. Below this is a yellow header bar with an information icon and the text 'Fetus Date of Delivery'. The main content area is divided into several sections:

- Unresolved / Stakeholders:** A list of items, each with a green checkmark, indicating completion. The items are: Fetus, Mother, Mother Dem, Father, Demographic, Mother Medical-1, Mother Medical-2, Mother Medical-3, Mother Medical-4, Fetus Medical-1, Fetus Medical-2, Cause Of Death, and Certification. A red arrow points to this list.
- FETUS'S GENERAL INFORMATION:** Record type: FETAL DEATH AT THIS FACILITY; Plurality: SINGLE; Delivery Order: SINGLE.
- FETUS'S INFORMATION:** Is Fetus Unnamed? (checkbox); First Name: INFANT; Middle Name: ; Last Name: SMITH; Suffix: ; Date Of Delivery: 03/31/2019; Time of Delivery: 02:10; Sex: FEMALE.
- MOTHER'S CURRENT LEGAL NAME:** Title Preference: MOTHER; First Name: MARGARET; Middle Name: ; Last Name: SMITH; Suffix: ; Mothers Medical Record Number: 123456546798; Date of birth: 07/14/1989; Age at Child's Birth: 29.
- FACILITY INFORMATION & PLACE OF DELIVERY:** Name: A TRAINING HOSPITAL; Facility Name Other (Specify): ; Type: ; Type Other (Specify): .

Record -> Demographic Designation

The screenshot shows the Texas Health and Human Services web application interface for Fetal Death Registration. At the top left is the Texas state logo and the text 'TEXAS Health and Human Services | Texas Department of State Health Services'. On the top right, there are navigation menus for 'FUNCTIONS', 'RECORD', and 'HELP'. The 'RECORD' menu is open, showing options: 'New', 'Search', 'Save', 'Cancel', 'Abandon', 'Certify', 'De-Certify', 'Print', 'Release', and 'Demographic Designation'. The 'Demographic Designation' option is highlighted with a red box. Below the menu, the main content area is titled 'FETAL DEATH REGISTRATION' and includes a 'Fetus Date of Delivery' section. A sidebar on the left contains a list of checkboxes for various record types, with 'Demographic' checked. The main form area is divided into several sections: 'FETUS'S GENERAL INFORMATION', 'FETUS'S INFORMATION', 'MOTHER'S CURRENT LEGAL NAME', and 'FACILITY INFORMATION & PLACE OF DELIVERY'. Each section contains specific data fields for the fetus and mother.

| FETUS'S GENERAL INFORMATION | | |
|------------------------------|------------|-----------|
| Record type: | Plurality: | Delivery: |
| FETAL DEATH AT THIS FACILITY | SINGLE | SINGLE |

| FETUS'S INFORMATION | | |
|--|-------------------|--|
| <input type="checkbox"/> Is Fetus Unnamed? | | |
| First Name: | Middle Name: | |
| CHEVIBACCA | M | |
| Last Name: | Suffix: | |
| VADER | | |
| Date Of Delivery: | Time of Delivery: | |
| 05/04/2019 | 01:01 PM | |
| Sex: | | |
| UNKNOWN | | |

| MOTHER'S CURRENT LEGAL NAME | | |
|-----------------------------|--------------------------------|--|
| Title Preference | First Name: | |
| MOTHER | PRINCESS | |
| Middle Name: | Last Name: | |
| M | LEIA | |
| Suffix: | Mothers Medical Record Number: | |
| | 12345 | |
| Date of birth: | Age at Child's Birth: | |
| 05/04/1977 | 42 | |

| FACILITY INFORMATION & PLACE OF DELIVERY | |
|--|--------------------------------|
| Name: | Facility Name Other (Specify): |

Select verifier type, enter searchable data, click “Search”

Demographic Designation

Verifier Type: **FUNERAL DIRECTOR**

Facility Name:

And/Or

First Name: Middle Name: Last Name: License:

TABATHA ABERNATHY

Designate Search Cancel

| Facility Name | First Name | Middle Name | Last Name |
|--------------------------|------------|-------------|-----------|
| GOLDEN GATE FUNERAL HOME | TABATHA | | ABERNATHY |

Select the verifier's name in the table -> Click "Designate"

The screenshot shows a software window titled "Demographic Designation". It contains several input fields and a table. The "Verifier Type" dropdown is set to "FUNERAL DIRECTOR". The "Facility Name" field is empty. Below these are fields for "First Name" (TABATHA), "Middle Name" (empty), "Last Name" (ABERNATHY), and "License" (empty). A "Designate" button is highlighted with a red box. Below the form is a table with the following data:

| Facility Name | First Name | Middle Name | Last Name |
|--------------------------|------------|-------------|-----------|
| GOLDEN GATE FUNERAL HOME | TABATHA | | ABERNATHY |

Record -> Certify

TEXAS Health and Human Services | Texas Department of State Health Services

FUNCTIONS ▾ **RECORD ▾** HELP ▾

EFR: 000000000004290 | Filing Deadline: 0 Day(s) | Unresolved Work Queue Filter: --Select a value--

FETAL DEATH REGISTRATION

Fetus Date of Delivery

FETUS'S GENERAL INFORMATION

Record type: FETAL DEATH AT THIS FACILITY | Plurality: SINGLE | Delivery C: SINGLE

FETUS'S INFORMATION

Is Fetus Unnamed?

First Name: CHEWBACCA | Middle Name: M
Last Name: VADER | Suffix:
Date Of Delivery: 05/04/2019 | Time of Delivery: 01:01 PM
Sex: UNKNOWN

MOTHER'S CURRENT LEGAL NAME

Title Preference: MOTHER | First Name: PRINCESS
Middle Name: M | Last Name: LEIA
Suffix: | Mothers Medical Record Number: 12345
Date of birth: 05/04/1977 | Age at Child's Birth: 42

FACILITY INFORMATION & PLACE OF DELIVERY

Name: | Facility Name Other (Specify):

- Unresolved / Stakeholders
 - ✓ Fetus
 - ✓ Mother
 - ✓ Mother Dem
 - ✓ Father
 - ✓ Demographic
 - ✓ Mother Medical-1
 - ✓ Mother Medical-2
 - ✓ Mother Medical-3
 - ✓ Mother Medical-4
 - ✓ Fetus Medical-1
 - ✓ Fetus Medical-2
 - ✓ Cause Of Death
 - ✓ Certification
 - Comments

Click “Preview” to open a printable screen for the abstract of the fetal death record. Click “Certification” to move forward

Certification ✕

FETUS INFORMATION

First Name: BABY
Middle Name:
Last Name: WILSON
Suffix:
Date of Delivery: 11/01/2021
Time of Delivery: 01:00 AM
Sex: FEMALE
Place of Delivery: PARKLAND HEALTH & HOSPITAL SYSTEM

CERTIFIER INFORMATION

First Name: NANCY
Middle Name:
Last Name: ABERNATHY

Read and check box in lower left -> Enter PIN -> Click “OK”

The screenshot shows a 'Certification' window with the following sections:

- FETUS INFORMATION**
 - First Name: BABY
 - Middle Name:
 - Last Name: WILSON
 - Suffix:
 - Date of Delivery: 11/01/2021
 - Time of Delivery: 01:00 AM
 - Sex: FEMALE
 - Place of Delivery: PARKLAND HEALTH & HOSPITAL SYSTEM
- CERTIFIER INFORMATION**
 - First Name: NANCY
 - Middle Name:
 - Last Name: ABERNATHY
- PLEASE ENTER PIN**
 - I verify that a fetal death occurred at the location, date and time indicated on this fetal death record.
 - Certifier Pin: [masked input field]
 - Buttons: Preview, Close, Certification
 - Buttons: Forgot my PIN, Ok, Close

- Click “Yes”

The screenshot shows a software interface for certifying a fetal death record. The main window is titled "Certification" and contains a "FETUS INFORMATION" section with the following details:

| | |
|--------------------|------------|
| First Name: | BABY |
| Middle Name: | |
| Last Name: | WILSON |
| Suffix: | |
| Date of Delivery: | 11/01/2021 |
| Time of Delivery: | 01:00 AM |
| Sex: | |
| Place of Delivery: | |

Below this information are fields for "First Name:", "Middle Name:", and "Last Name:". A dialog box titled "Fetal Death Registration" is overlaid on the form, asking "Are you sure you are ready to certify the record?". It has two buttons: "Yes" (highlighted with a red box) and "No".

At the bottom of the main window, there are buttons for "Preview", "Close", and "Certification". Below these is a section titled "PLEASE ENTER PIN" with a checked checkbox and the text "I verify that a fetal death occurred at the location, date and time indicated on this fetal death record." Below this is a "Certifier Pin:" field with a masked input box (*****). At the very bottom, there is a "Forgot my PIN" button on the left and "Ok" and "Close" buttons on the right.

Funeral home side: Funeral home will need to accept or reject designation



Funeral Home:

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FUNCTIONS ▾ **RECORD** ▾ HELP ▾

Unresolved Work Queue Filter: 099999940928687 --Select a value--

FETAL DEATH REGISTRATION

Help tips

Unresolved / StakeHolders

- ✓ Fetus
- ✓ Mother
- ✓ Mother Dem
- ✓ Father
- ✓ Mother Medical-1
- ✓ Mother Medical-2
- ✓ Mother Medical-3

FETUS'S GENERAL INFORMATION

| | | |
|---|-----------------------------|------------------------------|
| Record type: FETAL DEATH AT THIS FACILITY | Plurality: SINGLE | Delivery C: SINGLE |
|---|-----------------------------|------------------------------|

FETUS'S INFORMATION

Is Fetus Unnamed?

| | |
|--|--------------------------------------|
| First Name: BABY | Middle Name: |
| Last Name: WILSON | Suffix: |
| Date Of Delivery: 11/01/2021 | Time of Delivery: 01:00 AM |
| Sex: FEMALE | |

Funeral Home:

The screenshot shows a web application interface for the Texas Department of State Health Services. At the top left is the Texas Health and Human Services logo. The top right contains navigation links: FUNCTIONS, RECORD, and HELP. A 'Verification' window is open, displaying the following information:

| FETUS INFORMATION | |
|-------------------|------------|
| First Name: | BABY |
| Middle Name: | |
| Last Name: | WILSON |
| Suffix: | |
| Date of Delivery: | 11/01/2021 |

| VERIFIER INFORMATION | |
|----------------------|--------------------------|
| Funeral Home: | GOLDEN GATE FUNERAL HOME |
| First Name: | TABATHA |
| Middle Name: | |
| Last Name: | ABERNATHY |

At the bottom right of the window, there are three buttons: 'Preview', 'Close', and 'Verification'. The 'Verification' button is highlighted with a red box. On the left side of the interface, there is a sidebar with a 'Help tips' button and a list of items, each with a green checkmark, including 'Fetu', 'Mothe', 'Mothe', 'Father', 'Mothe', 'Mothe', 'Mothe', and 'Mothe'.

Funeral Home: Use your same PIN # used for death registration

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FUNCTIONS ▾ RECORD ▾ HELP ▾

9999940928687

Help tips

Unresolved

✓ Fetu

✓ Mothe

✓ Mothe

✓ Father

✓ Mothe

✓ Mothe

✓ Mothe

✓ Mothe

✓ Mothe

Verification

FETUS INFORMATION

First Name: BABY

Middle Name:

Last Name: WILSON

Suffix:

Date of Delivery: 11/01/2021

VERIFIER INFORMATION

Funeral Home: GOLDEN GATE FUNERAL HOME

First Name: TABATHA

Middle Name:

Last Name: ABERNATHY

Preview Close Verification

PLEASE ENTER PIN

I verify that to the best of my knowledge the demographic information on this record is complete and accurate.

Verifier Pin:

Forgot my PIN

Ok Close

Medical Certifier: Record → Release

GLOBAL FETAL DEATH LogOut

TEXAS Health and Human Services Texas Department of State Health Services

FUNCTIONS RECORD HELP

FR: 999999940928687 Filing Deadline: 0 Day(s) Unresolved Work Queue Filter: --Select a value--

FETAL DEATH REGISTRATION

Help tips

Unresolved / Stakeholders

- ✓ Fetus
- ✓ Mother
- ✓ Mother Dem
- ✓ Father
- ✓ Mother Medical-1
- ✓ Mother Medical-2
- ✓ Mother Medical-3
- ✓ Mother Medical-4

FETUS'S GENERAL INFORMATION

Record type: FETAL DEATH AT THIS FACILITY Plurality: SINGLE Delivery C: SINGLE

FETUS'S INFORMATION

Is Fetus Unnamed?

First Name: MIDDLE NAME: BABY
Last Name: SUFFIX: WILSON
Date Of Delivery: 11/01/2021 Time of Delivery: 01:00 AM
Sex: FEMALE

MOTHER'S CURRENT LEGAL NAME

Title Preference First Name:

Click “Yes” if you are ready to release the record

The screenshot displays the Texas Department of State Health Services Fetal Death Registration interface. At the top left is the Texas Health and Human Services logo. The header includes navigation links for FUNCTIONS, RECORD, and HELP. Below the header is a toolbar with various icons and a search bar. The main content area shows a record for 'WILSON, BABY (C), 2021/11/01'. A modal dialog box titled 'Fetal Death Registration' is open, asking 'Are you sure you want to release the record?' with 'Yes' and 'No' buttons. The 'Yes' button is highlighted with a red box. The background record details include 'Record type: FETAL DEATH AT THIS FA...', 'Delivery Order: SINGLE', and 'First Name: BABY'.

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FUNCTIONS RECORD HELP

FR: 099999940928687 Filing Deadline: 0 Day(s) Unresolved Work Queue Filter: --Select a value-- FETAL DEATH REGISTRATION Unresolved Work Queue: WILSON, BABY (C), 2021/11/01 1

Help tips

Unresolved / StakeHolders

Record type: FETAL DEATH AT THIS FA... Delivery Order: SINGLE

Is Fetus Unnamed

First Name: BABY

Are you sure you want to release the record?

Yes No

REVIEW:

Basic Fetal Death Registration if Medical Certifier starts record with involvement of Funeral Home

- MC starts record and performs data entry
- MC demographically designates FH
- MC cannot click “demographic designation” if they have already medically certified
- MC certifies record
- FH accepts and verifies record
- MC releases record

Funeral Home starts Fetal Death record

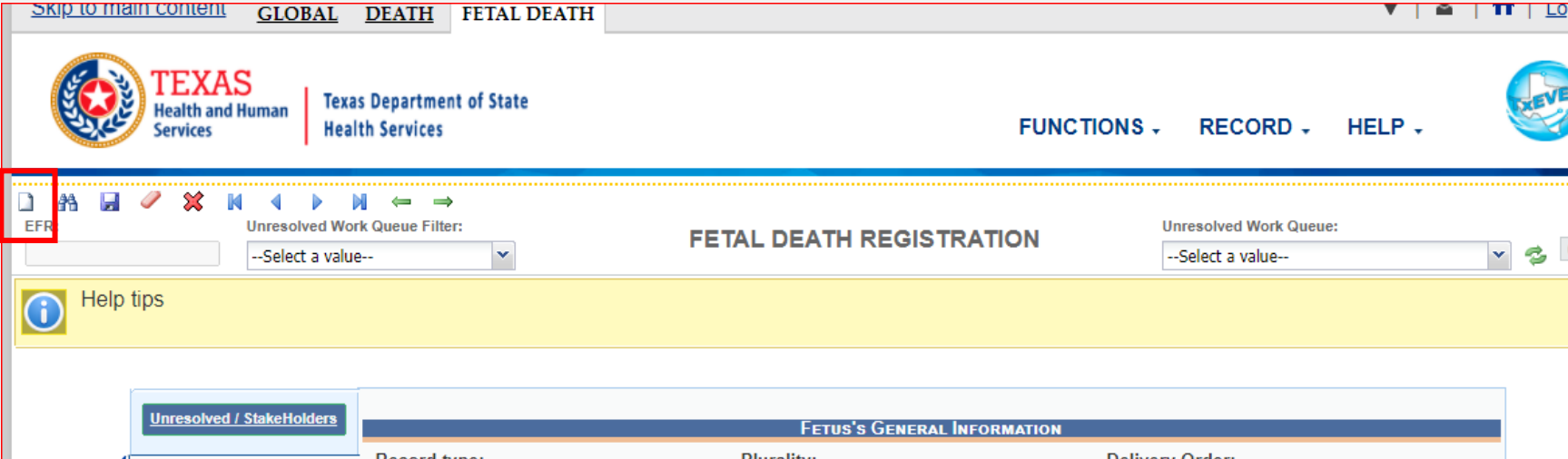


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Health Services

Fetal death tab -> function -> demographic data entry

Click new record icon:



Once FH clicks the new record icon the screen below will appear.

GLOBAL FETAL DEATH

TEX Health Services

New Record

Answer the questions below regardless of the calculated or estimated gestational age of the fetus:

- 1. Did the fetus take a breath? Yes No
- 2. Was there pulsation of the umbilical cord? Yes No
- 3. Was there definite movement of voluntary muscles? Yes No
- 4. Select APGAR score

OK Close

GENERAL

Record Type: Plurality: Delivery Order: Date Of Delivery:*

EFR Number: Mother's Medical Record Number:

FETUS

First Name: Middle Name: Last Name:

MOTHER

First Name: Middle Name: Last Name:* Date Of Birth:*

FindRecord Close

Mother Medical-2 Sex:

Once FH clicks “Find Record” the screen below will appear. Click “OK”

The screenshot shows a 'New Record' dialog box with the following content:

Answer the questions below regardless of the calculated or estimated gestational age of the fetus:

1. Did the fetus take a breath? Yes No
2. Was there pulsation of the umbilical cord? Yes No
3. Was there definite movement of voluntary muscles? Yes No
4. Select APGAR score: 0

Enter calculated or estimated gestational age: 9

Buttons: OK, Close

New Record

No matching record was found. Do you want to create a new record?

Buttons: Ok, Cancel

GENERAL

Record Type: FETAL DEATH AT THIS FACILITY

EFR Number: [Redacted]

FETUS

First Name: [Redacted] Middle Name: [Redacted] Last Name: GIRL

MOTHER

First Name: MOTHER Middle Name: [Redacted] Last Name: GIRL Date Of Birth: 01/02/1983

Buttons: FindRecord, Close

Once FH clicks “OK” they will be taken to this screen.

EFR: 00000000004171 Unresolved Work Queue Filter: Awaiting Demographic Verification **FETAL DEATH REGISTRATION** Unresolved Work Queue: TEST, [REDACTED] 2019/06/12 1

FETUS'S GENERAL INFORMATION

Record type: FETAL DEATH AT THIS FACILITY Plurality: SINGLE Delivery Order: SINGLE

FETUS'S INFORMATION

Is Fetus Unnamed?

First Name: JOHN Middle Name: [REDACTED]

Last Name: TEST Suffix: --Select a value--

Date Of Delivery: 06/12/2019 Time of Delivery: 05:00 AM

Sex: UNKNOWN

MOTHER'S CURRENT LEGAL NAME

Title Preference: MOTHER First Name: WONDER

Middle Name: [REDACTED] Last Name: * SMITH

Suffix: --Select a value--

Mothers Medical Record Number: 123

Date of birth: * 06/12/2000 Age at Child's Birth: 19

FACILITY INFORMATION & PLACE OF DELIVERY

Name: PARKLAND HOSPITAL Facility Name Other (Specify):

Type: HOSPITAL Type Other (Specify):

Address: 5200 HARRY HINES BLVD Apt: ASD

Unresolved / Stakeholders

- ✓ Fetus
- ✓ Mother
- ✓ Mother Dem
- ✓ Father
- ✓ Demographic
- ✓ Mother Medical-1
- ✓ Mother Medical-2
- ✓ Mother Medical-3
- ✓ Mother Medical-4
- ✓ Fetus Medical-1
- ✓ Fetus Medical-2
- ✓ Cause Of Death
- ✓ Certification
- Comments

Activity:

Fetus First Name: TARA

Field Status: Resolved

Unknown Allowed: Yes

Action: Updating Record

Once the Funeral Home has a green check mark by the demographic tab:

- Record drop-down menu
- Medical Designation



Once FH clicks “medical designation” the screen below will appear.

Medical Certifier Designation

Certifier Type:

Facility Name:

And/Or

First Name: Middle Name: Last Name: License:

| Facility Name | Type | First Name | Middle Name |
|----------------------------|-----------------------|------------|-------------|
| PARKLAND MEMORIAL HOSPITAL | BOTH ATTENDANT AND CE | NANCY | |

State: State:

Once the record is certified by the medical certifier, the funeral home will verify the record then release the record.

- Record drop-down menu — Verify
- Record drop-down menu — Release

REVIEW:

Basic Fetal Death Registration if Funeral Home Starts Record

- Funeral home starts record
- Funeral home fills-out demographic tab
- Funeral home designates a medical certifier
- Medical certifier performs data entry and certifies record
- Funeral home verifies record
- Funeral home releases record