Chapter

04

Stillbirth Reporting and Registration

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Why it is important:

Accurately counting the incidence and identifying the causes of stillbirths are an essential first step to reduce the estimated 2.6 million stillbirths that occur globally each year. Consistent information about the nature and cause of death for stillbirths is needed for health system planning, prioritizing resources, policy making, and improving the quality of care at the point of service delivery.[1] Data derived from stillbirth statistics can help guide the development of public health interventions focused on preventing or decreasing the incidence of stillbirths. In addition, official recognition and documentation that a stillbirth occurred can hold significance for families and facilitate the burial or cremation of the stillborn baby.[2]

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[1] *Making Every Baby Count: Audit and review of stillbirths and neonatal deaths*, World Health Organization, 2016, page 5, available at: https://www.who.int/publications/i/item/9789241511223

[2] *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, United Nations, 2019, at paragraph 309, available at: https://unstats.un.org/unsd/demographic-social/standards-and-methods/?topics=Civil%20Registration%20and%20Vital%20Statistics

Introduction

Reporting stillbirths is extremely important for statistical purposes. Statistics derived from stillbirth reporting can help guide the development of public health interventions focused on preventing or decreasing the incidence of stillbirths. Stillbirths are not the intended outcome of pregnancies, so their prevention is critical and should be informed by complete and accurate statistics. In addition, stillbirth reporting serves a legal and administrative function, as the right to bury a stillborn baby and access certain benefits for the parents, such as paid leave, may be tied to stillbirth reporting.

Birth and death registration, in addition to serving statistical and legal/administration functions, also serve an identity management function. Within the identity management system, birth registration establishes legal identity and death registration retires a legal identity.[3] Unlike birth and death registration, registration of stillbirths does not serve an identity management function. A stillbirth does not establish a legal identity and, therefore, stillbirths should not be entered into live birth and death registers.[4]

This chapter covers the following topics:

1. Definitions
2. Two Methods of Reporting Stillbirths: Civil Registration and the Health Sector
3. Which Foetal Deaths to Report: Stillbirths
4. Informant/Reporter
5. Time Period for Reporting a Stillbirth
6. Place of Registration
7. Cost of Registration
8. Medical Certification of Cause of Death for Stillbirths
9. Statistical Information Collected
10. Proof of Reporting Prior to Issuance of Burial Permits
11. Foetal Death Certificates and Commemorative Stillbirth Certificates
12. Compilation of Vital Statistics on Stillbirths

1. Definitions

Best Practice: Clear and consistent definitions are necessary to establish a system for collecting high-quality data. Aligning definitions with international standards will help countries track development progress and meet international reporting requirements. The definitions listed below are important to understand when discussing stillbirths. In addition to defining "stillbirth", definitions are provided for "foetal death", "live birth", "death", "neonatal death", and "perinatal death." It is important to understand the distinction between a stillbirth and these other events.

Foetal Death is defined by the World Health Organization (WHO) as:

> *Death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy. The death is indicated by the fact that after such separation the foetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles*.[5]

A foetal death is a distinct vital event and should be distinguished from "live birth" and "death," which the United Nations (UN) defines as follows:

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[3] *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 61-62.

[4] *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 309.

[5] *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 70.

Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or any definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.[6]

Death is the permanent disappearance of all evidence of life at any time after live birth has taken place (post-natal cessation of vital functions without capability of resuscitation).[7]

Note that the definition for "death" excludes foetal deaths.

Stillbirths are a subset of foetal deaths and can occur before the onset of labor (*antepartum*) or after the onset of labor but before birth (*intrapartum*).[8] The threshold criteria used to classify stillbirths varies across countries, creating challenges for international statistical comparison. For national statistical purposes, the WHO recommends using the following criteria to define a stillbirth: a foetus with weight greater than or equal to 500 grams, or gestational age greater than or equal to 22 completed weeks, or body length greater than or equal to 25 cm. However, in statistics for international comparison, inclusion of the extremely low-birth-weight group disrupts the validity of comparisons and is not recommended. Therefore, for international statistical purposes, the WHO recommends using the following criteria: a foetus weighing greater than or equal to 1000 grams; or gestational age greater than or equal to 28 completed weeks; or body length greater than or equal to 35 cm.[9] (For more on this topic see Section 3 below.)

A *miscarriage*, also called a spontaneous abortion in medical terminology, is a foetal death that occurs before the gestational threshold set as the national criteria for a stillbirth. For example, if a country uses 22 weeks as the national gestational criteria for a stillbirth, a miscarriage is any foetal death that occurs before 22 completed weeks gestation. If a country uses 20 weeks as the national gestational criteria, a miscarriage is any foetal death before that period.

Stillbirths and miscarriage (aka spontaneous abortion) should not be confused with *induced abortion*, defined as a pregnancy intentionally terminated by medication or a procedure that results in the death of the foetus.[10] In the case of stillbirth and miscarriage, the foetal death prior to expulsion is not intended.

Other important medical terms relevant in the context of infant death and foetal death are *early neonatal death*, *neonatal death*, and *perinatal death*.

The neonatal period refers to the first 28 days of life. The early neonatal period is the first 7 days after birth, and the late neonatal period extends from 7 days to 28 completed days. The first day of life, the 24 hours following the birth, is typically considered "day 1" in clinical practice, but "day 0" in surveys and vital registration. In this chapter we refer to the first day of life as "day 1"; therefore, days 1–7 constitute the *early neonatal period*, days 8–28 are the *late neonatal period*, and days 1–28 are the *full neonatal period*.[11] As such, a *neonatal death* is the death of an infant during the first 28 days of life; an *early neonatal death* is the death of an infant during the first 7 days of life; and a *late neonatal death* is the death of an infant during days 8 through 28.

The perinatal period covers the time period after 28 weeks completed gestation through the first 7 days after birth. Therefore, *perinatal deaths* include stillbirths and all early neonatal deaths (1-7 days).[12]

Studies have revealed misclassification of early neonatal deaths and stillbirths, which can impact a country's vital statistics as misclassification may result in the over or under reporting of stillbirths, live births, and deaths. Clear

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[6] *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 68.

[7] *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 69.

[8] *Making Every Baby Count: Audit and review of stillbirths and neonatal deaths*, page 18.

[9] *International statistical classification of diseases and related health problem, 5th edition,* World Health Organization, 2016, Volume *2*, sections 5.7.2, 5.7.3 and 5.14, available at https://icd.who.int/browse10/Content/statichtml/ICD10Volume2_en_2019.pdf

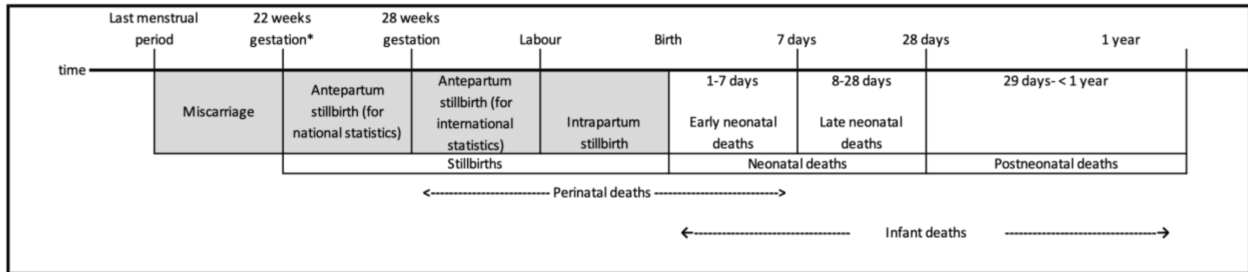
[10] *Standard Terminology for Fetal, Infant, and Perinatal Deaths*, Pediatrics, Vol. 128, Issue 1, 1 Jul 2011, available at: https://pediatrics.aappublications.org/content/128/1/177

[11] *Making Every Baby Count: Audit and review of stillbirths and neonatal deaths*, page 19.

[12] Some definitions of perinatal mortality also include the late neonatal period; however, this is a less common practice. See *Making Every Baby Count: Audit and review of stillbirths and neonatal deaths*, page 20.

definitions of these events should be included in the law and disseminated among providers and informants to help ensure that vital events are accurately captured.

Figure 1 shows the timeline for distinguishing miscarriage, stillbirth, neonatal death, and perinatal death.



*Note: This figure is based on a national threshold criteria of 22 weeks gestation for stillbirths. If the national threshold criteria for stillbirths is less than 22 weeks, the time periods for "miscarriage" and "stillbirths for national statistics" should be adjusted accordingly.

Guidance: State whether the terms below are defined in the legal framework. If so, provide the definition and the citation to the definition. For purposes of stillbirth reporting, the law should define, at a minimum, live birth, death, foetal death, and stillbirth. Other important terms may be defined, but may not be necessary, depending on the focus and structure of the law. In the comments sections, analyze whether the definitions (if any) align with the UN/WHO definitions listed above.

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a. Live Birth: Defined: _____ Yes _______ No

Definition:

Citations:

Comments:

b. Death: Defined: _____ Yes _______ No

Definition:

Citations:

Comments:

c. Foetal Death: Defined: _____ Yes _______ No

Definition:

Citations:

Comments:

d. Stillbirth: Defined: _____ Yes _______ No

Definition:

Citations:

Comments:

e. Other important terms

Definition:

Citations:

Comments:

2. Two Methods of Reporting Stillbirths: Civil Registration and the Health Sector

Best Practice: There are two methods of reporting[13] stillbirths for statistical purposes. One method is reporting through the civil registration system and the other method is reporting by the health sector to the Ministry of Health. Both methods are considered international good practice.

a. Reporting Through Civil Registration

In this method, a stillbirth is registered through the civil registration system, usually in a separate register called a "foetal death register" or a "stillbirth register". The UN recommends that a stillbirth should not be registered in the "live birth register" or the "death register", as a stillbirth does not establish a legal identity or affect civil status.[14] However, some countries include stillbirths in a "birth register", which includes both live births and still births. If a country follows this practice, it should ensure that the birth register clearly notes the birth as a stillbirth in order to facilitate the separation of these different vital events for correct calculation of live birth and stillbirth statistics. This is more easily done in digitized registers, and should be discouraged in paper systems. In addition, a stillbirth should never be entered into the death register, as this would interfere with correct calculation of death statistics.

It is important to differentiate between a stillbirth and a neonatal death. A neonatal death is a live birth followed by a death within the first 28 days of life. A neonatal death is registered in both the "live birth register" and the "death register", even if these events occur within a short time span; however, a stillbirth should be recorded in a separate stillbirth register (or in a "birth register", which includes live births and stillbirths, as noted above).

As with births and deaths, the Registrar General is responsible for submitting anonymized stillbirth statistical information (see section 10, below) to the national statistics agency for compilation of vital statistics on stillbirths.

b. Reporting by the Health Sector

In this method the health sector, including public and private health facilities, are responsible for reporting stillbirths to the Ministry of Health (MoH). In some countries, the MoH is responsible for sending anonymized stillbirth information to the national statistics agency, which then compiles statistics on stillbirths. In other countries, the MoH itself is responsible for compiling statistics on stillbirths. Either is good practice.

[13] Countries vary in their use of 'registration' and 'reporting' in describing the process to capture stillbirths in vital statistics. In this chapter, reporting will be used to describe the process for both methods- health sector and civil registration. Registration will be used when describing the process only for the civil registration system.

[14] *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 309.

c. Hybrid Systems

Some countries follow a hybrid practice, reporting late stillbirths (28 or more weeks completed gestation) through civil registration system and early stillbirths (22 to 28 weeks completed gestation) through the health sector to MOH. This is also considered international good practice. In a hybrid system, the MOH or the national statistics agency may be responsible for compilation of early stillbirth (22-28 weeks gestation) statistics, and the national statistics agency is generally responsible for compilation of late stillbirth (greater than 28 weeks gestation) statistics.

Guidance: Describe whether stillbirths are reported through the civil registration system, the health sector, or a combination of the two. If a hybrid system is used, be sure to answer all questions below. Provide citations to the relevant laws or documents. In the comments section, note whether the law is clear as to which reporting method is followed.

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a. Are stillbirths registered in the civil registration system? _____ Yes _____ No

Citations:

Comments:

b. If yes, is a separate register used for the registration of stillbirths or are stillbirths recorded in a birth register that include both live births and stillbirths?

_____ Separate stillbirth register _____ Birth Register with both live births and stillbirths

Citations:

Comments:

c. Are stillbirths reported through the health sector? _____ Yes _____ No

Citations:

Comments:

3. Which Foetal Deaths to Report: Stillbirths

Best Practice: Regardless of whether stillbirths are reported through the civil registration system or by the health sector to MoH, there should be clear threshold criteria for reporting stillbirths.

The WHO recommends that all foetal deaths involving foetuses weighing at least 500 grams should be reported and included in *national statistics*. When information on weight is unavailable, a gestational age of 22 completed weeks or a body length of 25 cm from crown to heel should be used. The inclusion of fetuses weighing between 500 and 1000 grams in *national* statistics is recommended, both because of its statistical value and because it improves the coverage of reporting at 1000 grams and over.[15]

Given the variability in foetal size across countries, inclusion of the extremely low-birth-weight group in statistics for *international comparison* disrupts the validity of comparisons and is not recommended. Therefore, for

[15] ICD-10 volume, sections 5.14, available at https://icd.who.int/browse10/Content/statichtml/ICD10Volume2_en_2019.pdf

international statistics, countries should report and include foetuses weighing 1000 grams or more. Where information on birth weight is not available, a gestational age of 28 completed weeks or body length of 35 cm crown to heel should be used.[16]

The WHO in version 10 of the International Classification of Diseases (ICD) recommends that the criteria for deciding whether a foetal death has taken place should be applied in the order: (1) birth weight; (2) gestational age; (3) crown–heel length.[17] However, in other WHO publications, the WHO recognizes that in many countries and settings, weight or length of the foetus may not be available. In those settings, if a single threshold parameter is used, the WHO recommends using gestational age, as it is a better predictor of viability than birth weight and information about gestational age is more likely to be available.[18]

With neonatal care improvements and increases in survivability of preterm deliveries, some countries use a lower gestational age threshold for national statistics purposes. Some countries, for example, define and record stillbirths as early as 20 weeks gestation, and likewise track outcomes for babies born alive as early as 20 weeks gestation. Most live-born babies in countries with well-resourced neonatal intensive care units can survive even if born as early as 20 weeks of gestation. Thus, while the WHO's recommends a threshold of 28 completed weeks of gestation for international reporting, and a threshold of 22 completed weeks of gestation for national reporting, it is important to note that these thresholds might miss earlier stillbirths, thus undercounting the true burden.[19]

Guidance: State which stillbirths are reported through the civil registration system and/or the health sector. Note the threshold parameters for reporting stillbirths and provide citations to the relevant laws or documents. If a hybrid system is in place, note the thresholds for reporting to both MOH and the civil registration system. In the comments section, analyze and describe whether the current practice aligns with best practice.

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a. Which stillbirths (if any) are reported to the civil registration system and/or the MOH? Note the threshold parameters.

Citations:

Comments:

4. Informant/Reporter

Best Practice:

a. Registering Stillbirths through Civil Registration

Registration records should be completed as soon as possible after the vital event occurs. The simplest and quickest method to achieve this is to require an "informant" to provide the needed information soon after the event occurs.[20] The informant is "the individual or institution whose responsibility, designated by law, is to report to the registrar the fact of the occurrence of a vital event and to provide all the information on and all the characteristics of the event. Based on such a report, the event may be legally registered by the registrar."[21] The

[16] ICD-10 volume, sections 5.14, available at https://icd.who.int/browse10/Content/statichtml/ICD10Volume2_en_2019.pdf

[17] ICD-10 volume, sections 5.14, available at https://icd.who.int/browse10/Content/statichtml/ICD10Volume2_en_2019.pdf

[18] *Making Every Baby Count: Audit and review of stillbirths and neonatal deaths*, World Health Organization, 2016, page 18.

[19] *Making Every Baby Count: Audit and review of stillbirths and neonatal deaths*, World Health Organization, 2016, page 18.

[20] Principles and Recommendations for a Vital Statistics System, Revision 3, United Nations, New York, 2014, paragraph 281, available at: https://www.un.org/development/desa/capacity-development/tools/tool/principles-and-recommendations-for-a-vital-statistics-system-revision-3/

[21] *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 224.

role of an informant is important because the registrar can only register a vital event on the basis of the informant's declaration, either verbally or in writing.[22]

The UN recommends the following as the primary informant for a stillbirth, in order of priority: 1) the head of the health facility (for a stillbirth that occurred in a health facility) or the birth attendant or other medical professional (for a stillbirth that occurred outside a health facility with medical supervision), 2) the mother, 3) the father, 4) the nearest relative of the mother, 5) any other adult person having knowledge of the facts.[23]

When vital events occur in health institutions, the most effective approach is to designate the head of the institution as the primary informant for the event.[24] This ensures that complete and accurate information is provided to the registrar within a short time period after the event. Similarly, when a vital event occurs at home under the care of a health professional (e.g., midwife, birth attendant, nurse, physician), many countries find it effective to designate the health professional as the primary informant for the event.[25] As the informant, the head of the health facility or the attending health professional should be required to provide to the registrar *all* the legal and statistical information necessary to register the stillbirth. Based on this information, the registrar registers the stillbirth. The family is not required to take any additional steps. This is a one-step process.

Some countries follow a two-step process. In this process, the head of the health facility or the attending medical professional submits a notification of stillbirth to the registrar and provides a copy to the parent(s). To complete the registration process, the parent must then submit the copy of the notification of stillbirth, together with any other required information, to the registrar. The registrar cannot register the stillbirth until the parent provides this information. Therefore, the parents are the informant in this process and the health facility/health professional is the notifier. This two-step process may result in lower registration rates because parents may fail to complete registration.

b. Reporting Stillbirths Through the Health System

We do not use the term "informant" if stillbirths are tracked only through the health sector. Nonetheless, the same institutions and personnel are involved in reporting stillbirths under this method. For stillbirths that occur in a health facility, the head of the health facility (or their designee) is responsible for reporting stillbirths to the MoH. For a stillbirth that occurs at home, the birth attendant or other medical professional that attends the stillbirth is responsible for reporting this information. In some countries, these birth attendants/medical professionals report the stillbirth to the local health facility, which is then responsible for reporting to MoH. In other countries, the birth attendant/medical professional reports the stillbirth directly to MoH.[26]

c. Stillbirths Occurring Without Medical Supervision

In many countries, home births are common. Therefore, many stillbirths also occur at home. At-home stillbirths that occur without medical attention are harder to track. However, even in this scenario, the health sector has an important role to play. For example, if an at-home stillbirth was not attended by a medical professional, the mother may have had contact with a community health worker during her pregnancy and may seek medical care after the stillbirth occurs. In some countries, if a woman seeks medical care after a stillbirth, the health facility or medical professional that cares for the woman is responsible for reporting the stillbirth to the registrar or through the health system (depending on which tracking method is used). If a woman does not seek medical care, but a community health worker becomes aware of a stillbirth that occurred at home without medical supervision, that community health worker may be responsible for following up with the woman and reporting the stillbirth to the registrar or through the health sector (depending on which tracking method is followed).

Guidance: If your country registers stillbirths through the civil registration system, follow the guidance for Section (a) and complete the questions. If your country reports stillbirths through the health sector, follow the guidance

[22] Principles and Recommendations for a Vital Statistics System, paragraph 351.

[23] *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 312.

[24] Principles and Recommendations for a Vital Statistics System, paragraph 350.

[25] Guidelines on the Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, paragraphs 257, 312, 318.

[26] *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 313.

for Section (b) and complete the questions. If your country reports stillbirths through both methods, complete all questions.

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a. Registering through Civil Registration

If your country reports stillbirths through the civil registration system, answer the following questions and provide citations to the relevant laws or documents. In the comments section, analyze and describe whether the current practice aligns with best practice.

i. Who is the informant for a stillbirth that occurs in a health facility? Describe the process, including any actions required by the health facility and/or any actions required by the family to notify or inform the registrar of the stillbirth.

Citations:

Comments:

ii. Who is the informant for a stillbirth that occurs at home with a birth attendant or medical professional? Describe the process, including any actions required by the birth attendant or medical professional and any actions required by the family to notify or inform the registrar of the stillbirth.

Citations:

Comments:

iii. Who is the informant for a stillbirth that occurs at home without a birth attendant or medical professional? Describe the process, including any actions required by health professionals and/or any actions required by the family to notify or inform the registrar of the stillbirth.

Citations:

Comments:

b. Reporting by the health sector

If your country reports stillbirths through the health sector, answer the following questions and provide citations to the relevant laws or documents. In the comments section, analyze and describe whether the current practice aligns with best practice.

i. Who is responsible for reporting a stillbirth that occurs in a health facility? Describe the reporting process.

Citations:

Comments:

ii. Who is responsible for reporting a stillbirth that occurs at home with a birth attendant or medical professional? Describe the reporting process.

Citations:

Comments:

iii. Who is responsible for reporting a stillbirth that occurs at home without a birth attendant or medical professional? Describe the reporting process.

Citations:

Comments:

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5. Time Period for Reporting a Stillbirth

Best Practice: If stillbirths are reported through the civil registration system, the law should specify the timeframe within which the informant must report to the registrar.[27] For countries with a two-step process, the law should specify the timeframes for notification from the health sector and reporting by the informant. Country practices vary, with some countries requiring reporting within the same timeframe for a death, and other countries requiring reporting within the same timeframe for a live birth.[28] Thus, these time periods can vary, but are usually within 3 – 30 days.

If stillbirths are tracked through the health sector, health facilities and health professionals should be required to report stillbirths to the MoH on a regular and timely basis. Again, these practices vary from country to country, but timeframes are usually within 3 – 30 days.

Given the public health importance of stillbirth statistics to inform prevention programs, stillbirth reporting should be timely and should not exceed the recommended 30-day period.

Guidance: Describe the timeframe for reporting stillbirths. For countries that track stillbirths through the civil registration system, note any timeframes that apply to actions by the health facility/health professional and any timeframes that apply to actions by the family. For countries that track stillbirths through the health sector, note any timeframes that apply to health facility/health professional reporting. Provide citations to the relevant laws or documents. In the comments section, analyze and describe whether the current practice aligns with best practice.

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a. Time periods:

Citations:

Comments:

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6. Place of Registration [Complete this section only if your country tracks stillbirths through civil registration]

Best Practice: Traditionally, legislation has limited registration of vital events to a primary registration area in a certain location. The place of registration of a vital event can be the place of occurrence, or the place of usual residence, or either. Allowing registration at the place of the event's occurrence, rather than requiring that it occur

[27] *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 313.
[28] *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 313.

at the place of residence, should facilitate and accelerate registration of vital events. If registration at both place of residence and place of occurrence is not practical, it is preferable to require vital events to be registered at the place of occurrence.[29] If stillbirths are registered at place of occurrence, the place of mother's usual residence should still be recorded for statistical and legal purposes.[30] (See Section 9 – Statistical Information Collected).

As CRVSID systems become more networked within countries, it may be possible to register a vital event at any point where the informant can access the system, as the information would go directly to a central database.[31]

Guidance: Describe where registration of a stillbirth must occur (i.e., place of residence vs. place of occurrence vs. either, or anywhere the system may be accessed). Provide citations to the relevant laws or documents. In the comments section, analyze and describe whether the current practice aligns with best practice.

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a. Where must a stillbirth be registered?

Citations:

Comments:

7. Cost of Registration [Complete this section only if your country tracks stillbirths through civil registration]

Best Practice: The UN recommends that there be no charge for registering a stillbirth,[32] as a fee to register a stillbirth before the statutory deadline can act as a disincentive to timely registration. While some countries impose a fee if an event is registered after the deadline, this too may act as a disincentive to registration.

Guidance: State whether a fee is charged for timely registration of a stillbirth. State any fees for late or delayed registration. (Note: the cost of receiving a stillbirth certificate is discussed in Section 10.) Provide citations to the relevant laws or documents. In the comments section, analyze and describe whether the current practice aligns with best practice.

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a. State any fees charged for on-time, late and delayed registration of a stillbirth:

Citations:

Comments:

8. Medical Certification of Cause of Death for Stillbirths

[29] United Nations, Handbook of Vital Statistics Systems and Methods Volume I: Legal, Organizational, and Technical Aspects, New York, 1991. p. 20, paras. 177-179.

[30] Principles and Recommendations for a Vital Statistics System, paragraph 358.

[31] *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 270.

[32] Principles and Recommendations for a Vital Statistics System, paragraph 364.

Best Practice: Understanding the cause of death ("COD") for all deaths is critical to ensuring that usable mortality data is available in a country. Medical certification of COD is "all those diseases, morbid conditions or injuries, which either resulted in or contributed to death and the circumstances of the accident or violence which produced such injuries."[33] Ideally, all stillbirths should have a medically certified cause of death assigned by a physician. However, the inability to medically certify a cause of death should not prevent the registration or reporting of a stillbirth.

The WHO recommends using the International form of Medical Certification of Cause of Death (MCCD) for the medical certification of stillbirths.[34] This is the same form used for medical certification of cause of death for all deaths and replaces the previously recommended perinatal death certificate. This MCCD form may be a separate form from the Notice of Stillbirth Form (see Section 4 above), or embedded into the Notice of Birth Form, or a bifurcated form may be developed in which the MCCD is one portion of the form and the Notice of Birth is another portion of the form.

A certifier of COD is the person authorized by law to medically certify the underlying and contributory causes of death, and other facts related to the death, for submission to the local registrar or other appropriate authority.[35] Only trained physicians should certify cause of death. For stillbirths that occur with physician supervision (whether in or outside a health facility), the physician who attended the stillbirth or cared for the mother should be responsible for certifying the cause of death.

The WHO application of the mortality codes in the International Classification of Diseases to deaths during the perinatal period (ICD-PM) should be used to code medically certified stillbirths. ICD-PM aims to link stillbirths and neonatal deaths to contributing maternal conditions, where applicable, in a way that is consistent across all settings. This will help standardize and increase the amount of available information on causes of stillbirths and neonatal deaths around the critical time of childbirth.[36] (For more on ICD coding, see Chapter 5, Section 3). Countries that maintain a separate medical certification form for the certification of perinatal deaths should include in the form the data fields recommended by the WHO in the ICD.[37] (See Annex 1 for a list of these WHO recommended variables).

In countries with high rates of institutionalized deliveries, medically unattended stillbirths should be treated like a medically unattended death and referred to the medicolegal death investigation system (MLDI) for medical certification of cause of death. (See Chapter 11 for more on MLDI). In countries with low rates of institutionalized deliveries, it may not be feasible to refer medically unattended stillbirths to the MLDI system. In those countries, a local health worker should determine whether the stillbirth might be due to unnatural or external causes, and if so, to refer the case to MLDI.

In countries that register stillbirths through the civil registration system, the health facility, medical practitioner, MLDI authority, or medical personnel working with the MLDI authority that completed the MCCD should be responsible for submitting the MCCD to the registrar or directly to the statistics agency. In countries that report stillbirths through the health sector, the health facility, medical practitioner, MLDI authority, or medical personnel working with the MLDI authority that completed the MCCD should be responsible for submitting the MCCD to the MoH. (See Section 12 below for more on Compilation of Vital Statistics on Stillbirths).

Guidance: Answer the following questions regarding medical certification of cause of death for stillbirths. Provide citations to the relevant laws or documents. In the comments section, analyze and describe whether the current practice aligns with best practice.

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[33] *International statistical classification of diseases and related health problem, 5th edition, Volume 2;* See also *Health Topics*, World Health Organization website, available at: *https://www.who.int/bulletin/volumes/84/3/mortality_glossary/en/*

[34] *International statistical classification of diseases and related health problem, 5th edition,* Volume 2, page 140.

[35] Principles and Recommendations for a Vital Statistics System, page 202.

[36] *Making Every Baby Count: Audit and review of stillbirths and neonatal deaths*, pages 17, 21.

[37] *International statistical classification of diseases and related health problem, 5th edition,* Volume *2,* page 141.

a. Are stillbirths required to have a medically certified cause of death in order to be reported or registered?

_______ Yes   ______ No

Citations:

Comments:

b. What form is used to medically certify cause of death for a stillbirth?

Citations:

Comments:

c. Who is responsible for medically certifying cause of death for a stillbirth? Specify the certifier for medically supervised and non-medically supervised stillbirths.

Citations:

Comments:

d. State which agency is responsible for ICD coding for medically certified stillbirths.

Citations:

Comments:

e. To what agency must the certifier submit the MCCD in the case of stillbirths? (e.g., registrar, statistics agency, MoH)?

Citations:

Comments:

9. Statistical Information Collected

Best Practice: The UN recommends specific topics that should be recorded during civil registration in order to generate vital statistics. These topics are divided into high priority topics, which should be collected by all countries, and lower priority topics, which countries should strive to collect as their systems evolve over time. The UN recommended statistical topics for foetal deaths, shown in the chart below,[38] should be recorded regardless of whether stillbirths are reported through the civil registration system or through the health sector.

Two topics deserve added explanation. First, the place of usual residence of the mother is a high priority topic. It is important to collect the usual residence of the mother regardless of whether reporting is through civil registration

[38] UN Principles and Recommendations for a Vital Statistics System, Revision 3, at paragraph 66, Table III.1.

or the health sector, or reported at place of occurrence or place of residence (see Section 6). Place of mother's residence enables data analysts and policymakers to discern if the rate of occurrence of stillbirths in certain areas of the country displays unexpected trends. However, while usual place of residence of the mother is collected, due to the sensitive nature of stillbirth reporting, it is important not to record any identifying information of the mother or father as this creates privacy concerns. This differs from live birth registration, where the name of the mother and father are recorded in the register. Second, the UN recommends recording the date of the last menstrual period of the mother, which is used to calculate gestational age, as a lower priority topic. However, given that the WHO recommends reporting stillbirths using gestational age as a threshold criteria, in practice this is treated like a high priority topic.

Guidance: To compare the various requirements against best practices, complete the worksheet below. In the comments section, analyze and describe whether the current practice aligns with best practice.

	Best Practice: Foetal Death	Actual Practice: Foetal Death
Characteristic of Event [●=High Priority, ○= Lower Priority]		
Date and Place of Registration	●	
Date and Place of Occurrence	●	
Attendant at birth	○	
Type of Birth (twin, triplet, etc.)	○	
Type of place of occurrence (hospital, home, etc.)	○	
Cause of Death	○	
Certifier	○	
Characteristics of Foetus [●= High Priority, ○= Lower Priority]		
Sex	●	
Weight at stillbirth	○	
Delivered in wedlock	○	
Date of last menstrual period of mother (gestational age is derived from this)*	○	
Characteristics of Mother/Father [▼=Mother ▲=Father; ▼/▲= high priority, ▽/△ = Lower Priority]		
Date of birth	▼/▲	
Educational Attainment	▽/△	
Literacy status	▽/△	
Ethnic and/or national group	▽/△	
Citizenship	▽/△	
Economic activity status	▽/△	
Usual occupation	▽/△	
Place of usual residence	▼/▲	
Duration of residence in usual place	▽/△	
Place of previous residence	▽/△	
Ethnic and/or national group	▽/△	
Citizenship	▽/△	
Place of birth	▽/△	
Number of prenatal visits	▽	
Month of pregnancy prenatal care began	▽	
Children born alive to mother during her entire lifetime	▼	
Children born to mother during her entire lifetime and still living	▽	

	Best Practice: Foetal Death	Actual Practice: Foetal Death
Foetal deaths to mother during her entire lifetime	▼	
Date of last previous life birth	▼	
Date of marriage	▼	

*Note: Although the UN designates "date of last menstrual period of mother" as lower priority, in practice this is treated like a high priority topic because stillbirths are reported using gestational age as a threshold criteria (see guidance above).

Citations:

Comments:

10. Proof of Reporting Prior to Issuance of Burial Permits

Best Practice: In most countries, when a stillbirth occurs in a health facility, the family is offered the option of the health facility carrying out disposal of the stillborn baby or releasing the stillborn baby to the family for burial or cremation. If the family choses to bury or cremate the stillborn baby, the provider of the funeral, burial or cremation service should be required to request proof that the stillbirth was reported to the registrar or the health system before final disposition.[39] This helps ensure that stillbirths are registered or reported.

The type of proof required varies by type of system. Generally, in systems where the health facility is the informant for stillbirth registration (in a one-step process) or responsible for reporting to the MoH, the health facility or medical professional that attended the stillbirth provides a copy of a document, such as a stillbirth notification or medical record of stillbirth, to the family. This document provides the family proof that the health sector has fulfilled its reporting function and allows the family to bury or cremate their stillborn baby. In countries where the family is the informant, the registrar provides the family a certificate of stillbirth registration (also called a certificate of foetal death registration) or some other document proving that the family reported the stillbirth. Note that in some countries it may not be possible to immediately issue a stillbirth registration certificate, as the process of verifying and officially entering the information into the register can takes days or longer. Therefore, a document that demonstrates the stillbirth has been reported is sufficient. Regardless of the type of proof required for final disposition, this proof should be provided free of charge.

Guidance: Answer the questions below regarding any documentation required to prove the reporting of a stillbirth prior to burial or cremation of a stillborn baby. Provide citations to the relevant laws or documents. In the comments section, analyze and describe whether the current practice aligns with best practice.

---

a. [For systems where the health sector is the informant for registration or reports to the MoH]: Is the health facility or medical professional that attended the stillbirth required to issue a document to the family that proves that the stillbirth was reported? If yes, is this document provided free of charge?

Citations:

Comments:

[39] *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, United Nations, 2019, at paragraph 315.

b. [For systems where the family is the informant for stillbirth registration]: Is the registrar required to issue to the family a stillbirth registration certificate or some other document proving that the family fulfilled its duty to report the stillbirth? Is this document issued free of charge?

Citations:

Comments:

c. Are funeral, burial and cremation services required to request proof that a stillbirth was reported to the health sector or the civil registration system prior to final disposition of a stillborn baby?

Citations:

Comments:

11. Foetal Death Certificates and Commemorative Stillbirth Certificates

Best Practice: In systems where stillbirths are registered through the civil registration system with a two-step process, the civil registrar issues a foetal death certificate to the parents after registration of the event. In civil registration systems with a one-step process, this document is issued only upon request, because the health facility issues the family a copy of the notice of stillbirth for burial purposes (see above). This foetal death certificate is an official government document.

Because a stillbirth is not a live birth, the registrar must not issue a certificate of live birth. Yet, many parents wish to have something other than a foetal death certificate to commemorate their stillborn baby. Recognition of the event and the loss can provide comfort to parents, and parents often wish to have some form of a "birth certificate". To accommodate the wishes of parents, many countries and jurisdictions offer parents the opportunity to receive a commemorative document acknowledging the stillbirth. This document - often called "stillbirth certificate", "certificate of stillbirth," or "certificate of stillbirth registration" – usually contains the name of the stillborn baby, the date and place of the delivery, and the parents' names. The document cannot be used to prove identity, or for any other legal purpose. Note: commemorative certificates are a good practice, but are not a required best practice.

Guidance: Answer the questions below regarding foetal death certificates and commemorative stillbirth certificates. Provide citations to the relevant laws or documents. In the comments section, note any observations regarding certificates.

---

a. After registration of a stillbirth, is the registrar required to issue a foetal death certificate? May the registrar issue a foetal death certificate upon request by the parents?

Citations:

Comments:

b. Does the civil registrar offer a commemorative stillbirth certificate or other commemorative document acknowledging the stillbirth? If yes, is the commemorative document provided free of charge?

Citations:

Comments:

12. Compilation of Vital Statistics on Stillbirths

Best Practice: If stillbirths are tracked through the civil registration system, statistics on stillbirths are usually compiled by the national statistics agency. In this case, the national civil registrar should be required to submit anonymized stillbirth registration information (including an MCCD, if available) to the national statistics agency on a regular and periodic basis, for example monthly, or quarterly. (See Chapter 7 on Vital Statistics for more detail).

If stillbirths are tracked through the health sector, the MoH might be responsible for compiling statistics on stillbirths, or the MoH might submit anonymized stillbirth information to the national statistics agency for compilation of stillbirth statistics.

Guidance: Answer the following questions regarding compilation of stillbirth statistics. Provide citations to the relevant laws or documents. In the comments section, analyze and describe whether the current practice aligns with best practice.

---

a. State which agency is responsible for compiling statistics on stillbirths.

Citations:

Comments:

b. Describe the process by which stillbirth information reaches the agency responsible for compiling stillbirth statistics, including:

   i. Who is responsible for submitting the stillbirth information to the agency responsible for compiling stillbirth statistics?

   ii. Is stillbirth information anonymized?

   iii. Time periods for submission of information?

Citations:

Comments:

Annex 1: WHO Recommended Data Fields for Perinatal Cause of Death Certification

The WHO recommends using the International form of Medical Certification of Cause of Death (MCCD) for the medical certification of stillbirths. However, if, due to legal or other constraints, a separate medical cause of death form must be used for stillbirths and other perinatal deaths, the WHO recommends that the following data fields be included in the perinatal medical certification of cause of death form:[40]

Causes of death for the classification that apply

- Main disease or condition in foetus or infant
- Other diseases or conditions in foetus or infant
- Main maternal disease or condition affecting foetus or infant
- Other maternal diseases or conditions affecting foetus or infant
- Other relevant circumstances

- Relevant dates and times
- Statement on whether the baby was born alive or dead (stillborn)
- Autopsy details
- Details about the mother
    - Date of birth
    - Number of previous pregnancies: live births/stillbirths/abortions
    - Date and outcome of last previous pregnancy: live birth/stillbirth/abortion
    - Present pregnancy
        - First day of last menstrual period (if unknown, then estimated duration of pregnancy in completed weeks)
        - Antenatal care- two or more visits: yes/no/not known
        - Delivery: normal spontaneous vertex/other (specify)
- Details about the Child
    - Birth weight in grams
    - Sex: boy/girl/indeterminate
    - Single birth/first twin/second twin/other multiple birth
    - If stillborn, when death occurred: before labour/during labour/not known
- Birth attendant: physician/trained midwife/other trained person (specify)/other (specify)

Note that, in accordance with UN recommendations, other statistical information should also be collected, such as usual place of residence of the mother, date of birth of the father, and date of marriage. (See Section 9 for a complete list of UN recommended higher priority and lower priority topics). However, such information may be collected in a separate Notice of Stillbirth Form. Alternatively, some countries embed the MCCD into the Notice of Stillbirth Form, or use a bifurcated form in which the MCCD is one portion of the form and the Notice of Birth is another portion of the form.

[40] World Health Organization, *International statistical classification of diseases and related health problem, 5th edition,* 2016, Volume *2,* page 141.