

**ATTACHMENT C**  
**ACCESS TO VITAL EVENT DATA**  
**EXHIBIT 3**

**Checklist for Fetal Death Certificate Data**  
**2006 and beyond**

**Instructions:**

1. Since these data are confidential, all requested certificate items need to have brief justifications according to LHE project aims.
2. If a certificate item is used for linkage, then state how and whether it will be removed from the resulting linked analysis file. If the certificate item will be retained in the linked analysis file, please also provide a brief justification according to LHE project aims.
3. For certain sensitive data elements, such as certificate number or residence address, consider alternative means of accomplishing LHE project aims while using less sensitive data. Examples include creating a LHE unique identifier instead of requesting the certificate number and requesting geocoded census tracts instead of residence address.

**I. Fetal Death Certificate Items**

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>		Random Unique ID (unrelated to certificate number)	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
<input type="checkbox"/>		STATE FILE NUMBER (Certificate Number)	
<input checked="" type="checkbox"/>	1.	Fetus Name: First	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
<input checked="" type="checkbox"/>		Fetus Name: Middle	
<input checked="" type="checkbox"/>		Fetus Name: Last	
<input checked="" type="checkbox"/>		Fetus Name: Suffix	
<input checked="" type="checkbox"/>	2.	Date of Delivery	
<input checked="" type="checkbox"/>		Time of Delivery – 2012 forward	
<input checked="" type="checkbox"/>	4.	Sex	
<input checked="" type="checkbox"/>	5.	Place of Delivery - County	
<input checked="" type="checkbox"/>	6a.	Place of Delivery- City or Town	
<input checked="" type="checkbox"/>	7a.	Plurality - Single, Twin, etc.	
<input checked="" type="checkbox"/>	7b.	If Plural Birth, Born, 1st, 2nd, 3rd, etc.	
<input checked="" type="checkbox"/>	8a.	Place of Delivery - Clinic/Doctor's Office	
<input checked="" type="checkbox"/>		Licensed Birthing Center	
<input checked="" type="checkbox"/>		Hospital	
<input checked="" type="checkbox"/>		Home	
<input checked="" type="checkbox"/>		Other (Yes/No)	
<input checked="" type="checkbox"/>		Other (Specify):	
<input checked="" type="checkbox"/>	8b.	Name of Hospital or Birthing Center	
<input checked="" type="checkbox"/>	9.	Mother's Current Legal Name: First	
<input checked="" type="checkbox"/>		Mother's Current Legal Name: Middle	
<input checked="" type="checkbox"/>		Mother's Current Legal Name: Last	
<input checked="" type="checkbox"/>		Mother's Current Legal Name: Suffix - 2019 forward	
<input checked="" type="checkbox"/>	10.	Date of Birth (of mother)	
<input checked="" type="checkbox"/>	11.	Mother's Name Prior to First Marriage: Last (i.e., maiden name)	
<input checked="" type="checkbox"/>	12.	Mother's Birthplace (State or Foreign Country)	
<input checked="" type="checkbox"/>	13a.	Mother's Residence State	

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>	13b.	Mother's Residence County	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
<input checked="" type="checkbox"/>	13c.	Mother's Residence City or Town	
<input checked="" type="checkbox"/>	13d.	Mother's Residence Street Address or Rural Location	
<input checked="" type="checkbox"/>	13e.	Mother's Residence apartment number	
<input checked="" type="checkbox"/>	13f.	Mother's Residence Zip Code	
<input checked="" type="checkbox"/>	13g.	Inside City Limits (mother's residence)	
<input checked="" type="checkbox"/>	14.	Father Name: First	
<input checked="" type="checkbox"/>		Father Name: Middle	
<input checked="" type="checkbox"/>		Father Name: Last	
<input checked="" type="checkbox"/>		Father Name: Suffix	
<input checked="" type="checkbox"/>	15.	Date of Birth (of father)	
<input checked="" type="checkbox"/>	16.	Father's Birthplace (State or Foreign Country)	
	17b.	Attendant Type	
<input checked="" type="checkbox"/>		MD	
<input checked="" type="checkbox"/>		DO	
<input checked="" type="checkbox"/>		CNM	
<input checked="" type="checkbox"/>		Midwife	
<input checked="" type="checkbox"/>		Other (Yes/No)	
<input checked="" type="checkbox"/>		Other (Specify):	
	18b.	Certifier	
<input checked="" type="checkbox"/>		Certifying Physician	
<input checked="" type="checkbox"/>		Medical Examiner /Justice of the Peace	
	19.	Method of Disposition	
<input checked="" type="checkbox"/>		Burial	
<input checked="" type="checkbox"/>		Cremation	
<input checked="" type="checkbox"/>		Removal from state	
<input checked="" type="checkbox"/>		Donation	
<input checked="" type="checkbox"/>		Entombment	
<input checked="" type="checkbox"/>		Other (Yes/No)	
<input checked="" type="checkbox"/>		Other (Specify):	
<input checked="" type="checkbox"/>	26a.	Initiating Cause/Condition Contributing to Fetal Death	
<input checked="" type="checkbox"/>		Rupture of Membranes	
<input checked="" type="checkbox"/>		Abruptio Placenta	
<input checked="" type="checkbox"/>		Placental Insufficiency	
<input checked="" type="checkbox"/>		Prolapsed Cord	
<input checked="" type="checkbox"/>		Chorioamnionitis	
<input checked="" type="checkbox"/>		Other (Yes/No)	
<input checked="" type="checkbox"/>		Other (Specify):	
<input checked="" type="checkbox"/>		Other Obstetrical or Pregnancy Complications (Specify)	
<input checked="" type="checkbox"/>		Fetal Anomaly (Specify)	
<input checked="" type="checkbox"/>		Fetal Injury (Specify)	
<input checked="" type="checkbox"/>		Fetal Infection (Specify)	
<input checked="" type="checkbox"/>		Other Fetal Conditions/Disorders (Specify)	
<input checked="" type="checkbox"/>		Unknown	
<input checked="" type="checkbox"/>	26b.	Other Significant Causes or Conditions Contributing to Fetal Death	
<input checked="" type="checkbox"/>		Rupture of Membranes	
<input checked="" type="checkbox"/>		Abruptio Placenta	
<input checked="" type="checkbox"/>		Placental Insufficiency	

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>		Prolapsed Cord	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
<input checked="" type="checkbox"/>		Chorioamnionitis	
<input checked="" type="checkbox"/>		Other (Yes/No)	
<input checked="" type="checkbox"/>		Other (Specify):	
<input checked="" type="checkbox"/>		Other Obstetrical or Pregnancy Complications (Specify)	
<input checked="" type="checkbox"/>		Fetal Anomaly (Specify)	
<input checked="" type="checkbox"/>		Fetal Injury (Specify)	
<input checked="" type="checkbox"/>		Fetal Infection (Specify)	
<input checked="" type="checkbox"/>		Other Fetal Conditions/Disorders (Specify)	
<input checked="" type="checkbox"/>		Unknown	
	27.	Weight of Fetus	
<input checked="" type="checkbox"/>		Grams	
<input checked="" type="checkbox"/>		LB	
<input checked="" type="checkbox"/>		OZ	
<input checked="" type="checkbox"/>	28.	Obstetric Estimate of Gestation (Weeks)	
	29.	Estimated Time of Fetal Death	
<input checked="" type="checkbox"/>		Dead at Time of First Assessment, No Labor Ongoing	
<input checked="" type="checkbox"/>		Dead at Time of First Assessment, Labor Ongoing	
<input checked="" type="checkbox"/>		Died During Labor, After First Assessment	
<input checked="" type="checkbox"/>		Unknown Time of Fetal Death	
	30.	Was an Autopsy Performed?	
<input checked="" type="checkbox"/>		Yes	
<input checked="" type="checkbox"/>		No	
<input checked="" type="checkbox"/>		Planned	
	31.	Was a Histological Placental Examination Performed?	
<input checked="" type="checkbox"/>		Yes	
<input checked="" type="checkbox"/>		No	
<input checked="" type="checkbox"/>		Planned	
	32.	Were Autopsy or Histological Placental Examination Results Used in Determining the Cause of Death?	
<input checked="" type="checkbox"/>		Yes	
<input checked="" type="checkbox"/>		No	
		<b>Items 34 through 53 are confidential information for medical and public health use.</b>	
	34.	Mother's Education	
<input checked="" type="checkbox"/>		8th Grade or Less	
<input checked="" type="checkbox"/>		9th - 12th Grade, No Diploma	
<input checked="" type="checkbox"/>		High School Graduate or GED	
<input checked="" type="checkbox"/>		Some College Credit, but No Degree	
<input checked="" type="checkbox"/>		Associate Degree (e.g., AA, AS)	
<input checked="" type="checkbox"/>		Bachelor's Degree (e.g., BA, AB, BS)	
<input checked="" type="checkbox"/>		Master's Degree (e.g., MA, MS, MEng, Med, MSW, MBA)	
<input checked="" type="checkbox"/>		Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)	
	35.	Mother of Hispanic Origin?	
<input checked="" type="checkbox"/>		No, Not Spanish, Hispanic/Latina	
<input checked="" type="checkbox"/>		Yes, Mexican, Mexican American, Chicana	
<input checked="" type="checkbox"/>		Yes, Puerto Rican	

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>		Yes, Cuban	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
<input checked="" type="checkbox"/>		Yes, Other Spanish, Hispanic/Latina	
<input checked="" type="checkbox"/>		Yes, Other Spanish, Hispanic/Latina (Specify)	
	36.	Mother's Race	
<input checked="" type="checkbox"/>		White	
<input checked="" type="checkbox"/>		Black or African American	
<input checked="" type="checkbox"/>		American Indian or Alaska Native	
<input checked="" type="checkbox"/>		American Indian or Alaska Native (Name of the enrolled or principal tribe)	
<input checked="" type="checkbox"/>		Asian Indian	
<input checked="" type="checkbox"/>		Chinese	
<input checked="" type="checkbox"/>		Filipino	
<input checked="" type="checkbox"/>		Japanese	
<input checked="" type="checkbox"/>		Korean	
<input checked="" type="checkbox"/>		Vietnamese	
<input checked="" type="checkbox"/>		Other Asian	
<input checked="" type="checkbox"/>		Other Asian (Specify)	
<input checked="" type="checkbox"/>		Native Hawaiian	
<input checked="" type="checkbox"/>		Guamanian or Chamorro	
<input checked="" type="checkbox"/>		Samoan	
<input checked="" type="checkbox"/>		Other Pacific Islander	
<input checked="" type="checkbox"/>		Other Pacific Islander (Specify)	
		PREVIOUS LIVE BIRTHS	
	37a.	Now Living	
<input checked="" type="checkbox"/>		Number	
<input checked="" type="checkbox"/>		None	
	37b.	Now Dead	
<input checked="" type="checkbox"/>		Number	
<input checked="" type="checkbox"/>		None	
<input checked="" type="checkbox"/>	37c.	Date of Last Live Birth (mm/yyyy)	
	37d.	OTHER PREGNANCY OUTCOMES	
<input checked="" type="checkbox"/>		Number	
<input checked="" type="checkbox"/>		None	
<input checked="" type="checkbox"/>	37e.	Date Last Other Pregnancy Ended (mm/yyyy)	
	38.	Cigarette Smoking Before and During Pregnancy	
		Average Number of Cigarettes or Packs of Cigarettes Smoked per Day	
		Three Months Before Pregnancy	
<input checked="" type="checkbox"/>		# of Cigarettes	
<input checked="" type="checkbox"/>		# of Packs	
		First Three Months of Pregnancy	
<input checked="" type="checkbox"/>		# of Cigarettes	
<input checked="" type="checkbox"/>		# of Packs	
		Second Three Months of Pregnancy	
<input checked="" type="checkbox"/>		# of Cigarettes	
<input checked="" type="checkbox"/>		# of Packs	
		Third Trimester of Pregnancy	

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>		# of Cigarettes	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
<input checked="" type="checkbox"/>		# of Packs	
	39.	SOURCE OF PRENATAL CARE (check all that apply)	
<input checked="" type="checkbox"/>		Hospital Clinic	
<input checked="" type="checkbox"/>		Public Health Clinic	
<input checked="" type="checkbox"/>		Private Physician	
<input checked="" type="checkbox"/>		Midwife	
<input checked="" type="checkbox"/>		None	
<input checked="" type="checkbox"/>		Unknown	
<input checked="" type="checkbox"/>		Other (Yes/No)	
<input checked="" type="checkbox"/>		Other (Specify):	
<input checked="" type="checkbox"/>	40.	Mother's Height (feet/inches)	
<input checked="" type="checkbox"/>	41.	Mother's Prepregnancy Weight (pounds)	
<input checked="" type="checkbox"/>	42.	Mother's Weight at Delivery (pounds)	
		PRENATAL CARE	
<input checked="" type="checkbox"/>		No Prenatal Care	
<input checked="" type="checkbox"/>	43a.	Date of First Visit (mm/dd/yyyy)	
<input checked="" type="checkbox"/>	43b.	Date of Last Visit (mm/dd/yyyy)	
<input checked="" type="checkbox"/>	43c.	Number of Prenatal Visits	
<input checked="" type="checkbox"/>	44.	Date Last Normal Menses Began (mm/dd/yyyy)	
	45.	Did Mother get WIC Food for Herself During this Pregnancy?	
<input checked="" type="checkbox"/>		Yes	
<input checked="" type="checkbox"/>		No	
	46.	Mother Married?	
<input checked="" type="checkbox"/>		Yes	
<input checked="" type="checkbox"/>		No	
	47.	Mother Transferred for Maternal Medical or Fetus Indications for this Delivery?	
<input checked="" type="checkbox"/>		Yes	
<input checked="" type="checkbox"/>		No	
<input checked="" type="checkbox"/>		If Yes, Enter the Name of Facility Mother Transferred From:	
	48.	Risk Factors in this Pregnancy (check all that apply)	
		Diabetes	
<input checked="" type="checkbox"/>		Prepregnancy (Diagnosis prior to this pregnancy)	
<input checked="" type="checkbox"/>		Gestational (Diagnosis in this pregnancy)	
		Hypertension	
<input checked="" type="checkbox"/>		Prepregnancy (Chronic)	
<input checked="" type="checkbox"/>		Gestational (PIH preeclampsia)	
<input checked="" type="checkbox"/>		Eclampsia	
<input checked="" type="checkbox"/>		Previous Preterm Birth	
<input checked="" type="checkbox"/>		Other Previous Poor Pregnancy Outcome (includes perinatal death, small-for-gestational age/intrauterine growth restricted growth)	
<input checked="" type="checkbox"/>		Pregnancy Resulted from Infertility Treatment (if yes, check all that apply)	
<input checked="" type="checkbox"/>		Fertility-enhancing Drugs, Artificial Insemination, or Intrauterine Insemination	
<input checked="" type="checkbox"/>		Assisted reproductive technology (e.g., IVF, GIFT)	

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>		Mother had Previous Cesarean Delivery.	
<input checked="" type="checkbox"/>		If yes, how many	
<input checked="" type="checkbox"/>		Antiretrovirals Administered During Pregnancy or at Delivery ( <i>Variables which provide or imply HIV or STD infection status cannot be provided to agencies outside of DSHS. These data elements should normally be left unchecked</i> )	
<input checked="" type="checkbox"/>		None of the Above	
	49.	Infections Present and/or Treated During this Pregnancy (check all that apply) ( <i>Variables which provide or imply HIV or STD infection status cannot be provided to agencies outside of DSHS. These data elements should normally be left unchecked</i> )	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
<input checked="" type="checkbox"/>		Gonorrhea	
<input checked="" type="checkbox"/>		Syphilis	
<input checked="" type="checkbox"/>		Chlamydia	
<input checked="" type="checkbox"/>		Listeria	
<input checked="" type="checkbox"/>		Group B Streptococcus	
<input checked="" type="checkbox"/>		Cytomegalovirus	
<input checked="" type="checkbox"/>		Parvovirus	
<input checked="" type="checkbox"/>		Toxoplasmosis	
<input checked="" type="checkbox"/>		None of the above	
<input checked="" type="checkbox"/>		Other (Yes/No)	
<input checked="" type="checkbox"/>		Other (Specify):	
	50a.	HIV Test Done Prenatally	
<input checked="" type="checkbox"/>		Yes	
<input checked="" type="checkbox"/>		No	
	50b.	HIV Test Done at Delivery	
<input checked="" type="checkbox"/>		Yes	
<input checked="" type="checkbox"/>		No	
	51.	Method of Delivery	
	51A.	Was Delivery with Forceps Attempted but Unsuccessful?	
<input checked="" type="checkbox"/>		Yes	
<input checked="" type="checkbox"/>		No	
	51B.	Was Delivery with Vacuum Extraction Attempted but Unsuccessful?	
<input checked="" type="checkbox"/>		Yes	
<input checked="" type="checkbox"/>		No	
	51C.	Fetal Presentation at Birth	
<input checked="" type="checkbox"/>		Cephalic	
<input checked="" type="checkbox"/>		Breech	
<input checked="" type="checkbox"/>		Other	
<input checked="" type="checkbox"/>	51D.	Final Route and Method of Delivery (Check One)	
		Vaginal/Spontaneous	
		Vaginal/Forceps	
		Vaginal/Vacuum	
		Cesarean	
<input checked="" type="checkbox"/>		If cesarean, was a trial of labor attempted:	
		Yes	

✓	Item Number	Item Descriptor	Justification
		No	
	51E.	Hysterotomy/Hysterectomy	
<input checked="" type="checkbox"/>		Yes	
<input checked="" type="checkbox"/>		No	
	52.	Maternal Morbidity - Complications Associated with Labor and Delivery (Check All That Apply)	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
<input checked="" type="checkbox"/>		Maternal Transfusion	
<input checked="" type="checkbox"/>		Third- or Fourth-Degree Perineal Laceration	
<input checked="" type="checkbox"/>		Ruptured Uterus	
<input checked="" type="checkbox"/>		Unplanned Hysterectomy	
<input checked="" type="checkbox"/>		Admission to Intensive Care Unit	
<input checked="" type="checkbox"/>		Unplanned Operating Room Procedure Following Delivery	
<input checked="" type="checkbox"/>		None of the Above	
	53.	Congenital Anomalies of the Newborn (check all that apply)	
<input checked="" type="checkbox"/>		Anencephaly	
<input checked="" type="checkbox"/>		Meningomyelocele/Spina Bifida	
<input checked="" type="checkbox"/>		Cyanotic Congenital Heart Disease	
<input checked="" type="checkbox"/>		Congenital Diaphragmatic Hernia	
<input checked="" type="checkbox"/>		Omphalocele	
<input checked="" type="checkbox"/>		Gastroschisis	
<input checked="" type="checkbox"/>		Limb Reduction Defect (excluding congenital amputation and dwarfing syndromes)	
<input checked="" type="checkbox"/>		Cleft Lip With or Without Cleft Palate	
<input checked="" type="checkbox"/>		Cleft Palate Alone	
<input checked="" type="checkbox"/>		Down Syndrome	
<input checked="" type="checkbox"/>		Karyotype Confirmed	
<input checked="" type="checkbox"/>		Karyotype Pending	
<input checked="" type="checkbox"/>		Suspected Chromosomal Disorder	
<input checked="" type="checkbox"/>		Karyotype Confirmed	
<input checked="" type="checkbox"/>		Karyotype Pending	
<input checked="" type="checkbox"/>		Hypospadias	
<input checked="" type="checkbox"/>		None of the Anomalies Listed Above	

**II. Other Commonly Used Variables (Not on the Fetal Death Certificate)**  
**Available for selected years**

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>		Underlying Cause of Death ( <i>ICD codes</i> )	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
<input checked="" type="checkbox"/>		Causes of Death (multiple, including underlying) – ICD-10 codes	
<input checked="" type="checkbox"/>		CDC 124 Selected Causes of Fetal Death (ICD-10)	
<input checked="" type="checkbox"/>		CDC 45 Rankable Causes of Fetal Death (ICD-10)	
<input checked="" type="checkbox"/>		Mother's Combined Race / Ethnicity Field	
<input checked="" type="checkbox"/>		Calculated Weeks of Gestation	
<input checked="" type="checkbox"/>		Weight of Fetus Calculated in Grams	
<input checked="" type="checkbox"/>		Mother's Age	
<input checked="" type="checkbox"/>		Father's Age	
<input checked="" type="checkbox"/>		Longitude - Decimal Degrees (based on mother's street	

✓	Item Number	Item Descriptor	Justification
		address)	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
<input checked="" type="checkbox"/>		Latitude - Decimal Degrees (based on mother's street address)	
<input checked="" type="checkbox"/>		GIS Match Code (not available prior to 2004)	
<input checked="" type="checkbox"/>		GIS Location Code (not available prior to 2004)	
<input checked="" type="checkbox"/>		Geocoding Accuracy	
<input checked="" type="checkbox"/>		1990 Census Tract (based on mother's street address)	
<input checked="" type="checkbox"/>		2000 Census Tract (based on mother's street address)	
<input checked="" type="checkbox"/>		2010 Census Tract (based on mother's street address)	
<input checked="" type="checkbox"/>		2020 Census Tract (based on mother's street address) – 2020 forward	

*Last updated: December 7, 2023*