Definition

For the purposes of the stillbirth risk factor research activities described in FOA DD14-004, the following definitions apply:

- a) A stillbirth is an intrauterine fetal death that occurs at a gestational age of 20 weeks or greater or if the gestational age is unknown then fetal death weighing 500 grams or more at delivery.
- b) A fetal death is defined as death before the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation, the fetus 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. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.
- c) A live birth means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes, or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.
- d) An induced termination of pregnancy means the purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live born infant and which does not result in a live birth. This definition excludes management of prolonged retention of products of conception following fetal death.

Inclusions

To be included in the study as a stillbirth without a major birth defect, the delivery outcome must meet the definition described for a stillbirth as stated above. A fetus may be included if they have birth defects classified as minor according to the Guidelines for Case Classification for the National Birth Defects Prevention Study (Rasmussen et al., Birth Defects Res A Clin Mol Teratol. 2003 Mar;67(3):193-201). Furthermore a stillbirth resulting after labor is induced for a maternal pregnancy complication such as chorioamnionitis or pregnancy related hypertensive complication may also be included.

Exclusions

Pregnancy outcomes that meet the definition for an induced termination of pregnancy will not be included, nor will terminations of pregnancy because of the presence of birth defect, unless the birth defects meets criteria for BD-STEPS. These cases will be ascertained; however, they will not be included as cases in the stillbirth risk factor research supplemental portion of BD-STEPS.

ICD-9-CM Codes

The following codes may be used to assist in identifying cases of stillbirths.

V codes:

V27.1 Single stillborn
V27.3 Twins, one liveborn and one stillborn
V27.4 Twins, both stillborn
V27.6 Other multiple birth, some liveborn
V27.7 Other multiple birth, all stillborn
V31 Twin, mate stillborn
V32 Twin, mate stillborn
V33 Twin, unspecified
V34 Other multiple, mates all liveborn
V35 Other multiple, mates all stillborn
V36 Other multiple, mates live- and stillborn
V37 Other multiple, unspecified
V39 Unspecified

Procedure codes:

- 69.01 Dilation and curettage for termination of pregnancy
- 69.02 Dilation and curettage following delivery or abortion
- 69.51 Aspiration curettage of uterus for termination of pregnancy; Therapeutic abortion NOS
- 69.52 Aspiration curettage following delivery or abortion
- 74.91 Hysterotomy to terminate pregnancy; Therapeutic abortion by hysterotomy
- 75.00 Intra-amniotic injection for abortion