NORTH Dakota | Health & Human Services
Be Legendary.

VITAL RECORDS

Electronic Vital Event Registration System (EVERS)

Handbook for Fetal Death Registration

Version 1.0

Last Updated 1/1/2026

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Overview

The EVERS fetal death registration system was implemented on January 1, 2008, by the North Dakota Department of Health, Division of Vital Records. This implementation gave the opportunity to take the step forward to electronic registration of fetal deaths and advancing to the 2003 US Standard Certificate of Fetal Death.

Vital Records provides fetal death facilities two worksheets for fetal death data collection. The first worksheet is called the parent's worksheet and should be given to the mother prior to delivery, if she is able, to complete. The parent's worksheet is used to collect demographic information about the mother, father, and the baby. The primary importance of this data worksheet is to accurately collect the full names of mother, father, and baby and the paternity of the baby. All the data on this worksheet is required to be completed based on state law NDCC 23-02.1-20 to properly register the fetal death record. The second worksheet is called the certifier's worksheet, and it can be gleaned from the medical record or from the medical provider who certifies the fetal death. Again, all the data on these worksheets is required.

This handbook provides instruction and guidance on completing the North Dakota Certificate of Fetal Death within the Electronic Vital Event Registration System called EVERS. As a fetal death record is a legal document, accuracy is important. Pictures of the data entry screens are provided for reference.

PARENT'S WORKSHEET FOR COMPLETING THE ND FETAL DEATH CERTIFICATE

The Parent's Worksheet for Completing the North Dakota Certificate of Fetal Death is to be provided to the mother of the baby to complete. Fetal death facility staff may assist in this process and must verify that all questions on the worksheet have been completed. All the information you provide below is required by ND State Law (ND Century Code 23-02.1-20) and will be used to create a fetal death record. It is very important that you provide complete and accurate information to all of the questions. This worksheet must be completed before they leave the hospital and signed by either the mother or father. All items should be printed clearly. Please make sure it is understood by the mother that this information is being used to create a legal record for her baby.

The Parent's Worksheet must be signed by the mother or father who completes this record. It is to certify the information given is correct to the best of this person's knowledge. In the case of either of the parents being unable to sign the worksheet, only a person acting as their personal representative should.
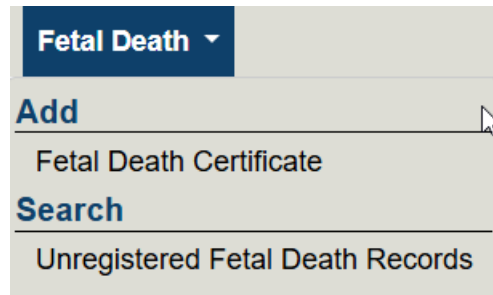

CERTIFIER'S WORKSHEET FOR COMPLETING THE ND FETAL DEATH CERTIFICATE

This Certifier's worksheet is to be completed by the facility using the prenatal record, mother's medical records and the labor and delivery records. If the mother's prenatal care record is not in her hospital chart, please contact her prenatal care provider to obtain the record or a copy of the prenatal care information. Please do not provide information from sources other than those listed.

This worksheet should not be completed by the parents except in the case of a home delivery. In the case of a home delivery, this worksheet should be completed by the certifier (person delivering the baby) or the mother.
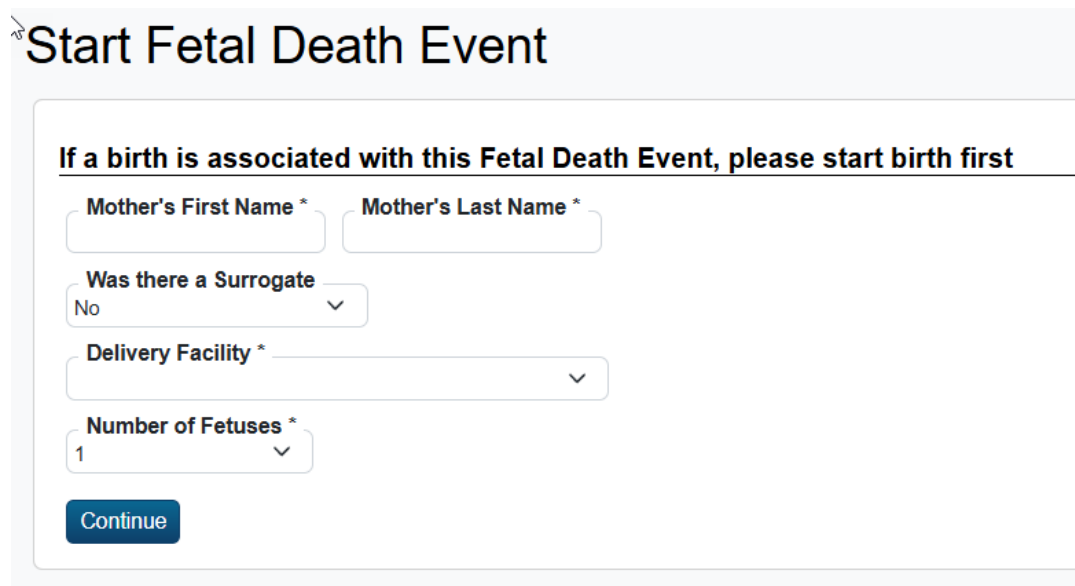
Starting a Fetal Death Record

In order to start a new fetal record, under the fetal death menu drop down, you simply select Add Fetal Death Certificate. There is also an "Add Fetal Death" button on the Fetal Death work queue.

The user is starting the record with limited information, including the Mother's Current Legal First and Last Name, whether this fetal death event involves a Surrogate, the name of the facility should default based on your user account and then in a multiple event, the number of fetuses for this delivery.

Once this limited information is entered, hit "CONTINUE" to access the Edit Fetal Death Record screen.

Edit Fetal Death Record

The data entry is driven through the labeled tabs on the left of the screen. Each tab section contains information related to the fetal death record and all tabs must be completed and show a green checkmark to indicate that all required fields are completed on that tab.

Mother's Information

The information on the mother tab pertains to the mother alone and all the questions are required to be answered.

Mother's Names

Mother's current legal name – The mother's legal name on the first line below could be her current married name, her previous married name after divorce, her legal name based on a court order name change, but typically it is her current legal name presently on her driver's license or other legal form of ID.

Mother's full name prior to first marriage – The name we are attempting to collect on the second line below is the mother's maiden full name, which in most cases is the mother's full name when she was born or the name on her own birth record.

Mother's Addresses

The mother's current resident address follows her name. This process is completed by clicking on the SEARCH FOR ADDRESS button which opens a window to add, search and verify the address supplied.

After the address has been searched and the verified address is displayed, you simply hit the SELECT VERIFIED button to add the address to the record. You will be given the option to SELECT AS ENTERED if you don't accept the verified address. If the mailing address is the same, you simply need to click on the "Auto fill with residential address" link and it will copy the residential address information into the mailing address fields. If that answer is No, then the mailing address must be entered separately using the same process as the residential address.

Mother's Personal Information

The information in this section is relatively straightforward. Again, all fields are required with the exception of the mother's email address and phone number.

The question regarding the mother's marital status pertains to the paternity tab. This is her marital status at the time of fetal death, at the time of conception or at any time during the pregnancy.

Mother's Ethnicity and Ancestry

These two sections are simply check-box fields based on the mother's answers regarding her race and ancestry. It also includes the question related to her Hispanic Origin.

Mother's Alcohol and Tobacco Use

Alcohol and tobacco use questions are related to the mother's use during her pregnancy. **Note: If alcohol use is marked No, the number of drinks will be set to zero (0). If it is Yes, the number of drinks must be added between 1 and 99.**

Tobacco and E-Nicotine usage must be entered as the number of cigarettes or the number of times the mother used a vaping product each day

General

This section is sort of a catch all for the more general questions we need answered by the mother. The insurance payment and WIC questions are additional selections the mother must provide an answer for.

Surrogate

If a surrogate mother is delivering the baby, the "SURROGATE MOTHER" tab will appear on the left side of the data entry screen. In these cases, the tab is completed from the Surrogate Birth Worksheet, the same way the Mother's information is completed for non-surrogate fetal deaths. The Surrogate Worksheet would be required to be uploaded.

Father/Parent's Information

The information on the father/parent tab pertains to the father or second parent if the parents are same sex. All the questions are required to be answered and are basically the same questions we ask of the mother, as it pertains to their name, SSN, date of fetal death, fetal deathplace, education level, race, ethnicity and Hispanic origin. If the father is not known, simply check the Unknown/Not Provided box and save the page.

Baby's Information

This is the legal name the parents give to the baby, as well as all the medical facts of fetal death as it relates to the baby.

NOTE: If the mother is unmarried between conception and fetal death, or if the mother refuses to provide the father's information, the child must be given the mother's legal surname at the time of fetal death unless an acknowledgement of paternity is completed.

Medical Information

After selecting the Certifier and Attendant from the drop-down list of facility doctors or manually entering a doctor that is not in the drop down, you will begin adding all of the required medical information as it pertains to the child. This information is either collected on the certifier's worksheet or some other form used by your facility and is shown in the image on the following page:

Medical

Date of Delivery *

Time *

Sex *

Weight of Fetus *

pounds

ounces

OR

grams

Obstetric estimate of gestation *

Facility *

City, County, State of Delivery *

Bismarck, Burleigh County, North Dakota   Search

Place where delivery occurred *

If other, specify

Delivery Order *

Number of live births during this delivery *

Number of fetal deaths during this delivery (including this one) *

Fetal Presentation at delivery *

Final route and method of delivery *

Congenital anomalies of the newborn *

- ☐ **Acyanotic congenital heart disease**
- ☐ **Microcephaly**
- ☐ **None of the anomalies listed above**

Cause of Death - Initiating Cause/Condition

Maternal Conditions/Diseases

Complications of Placenta, Cord or Membranes

Other obstetrical or pregnancy complications

Fetal Anomaly

Fetal Injury

Fetal Infection

Other fetal conditions/disorders

Cause of Death - Other Significant Causes or Conditions

Maternal Conditions/Diseases

Complications of Placenta, Cord or Membranes

Other obstetrical or pregnancy complications

Fetal Anomaly

Fetal Injury

Fetal Infection

Other fetal conditions/disorders

Medical Exam

Was autopsy performed? *

Was a histological placental examination performed? *

Were autopsy or histological placental examination results used in determining the cause of death? *

Estimated time of fetal death *

Disposition

Funeral Home

Some additional notes from the Baby's information:

1) Time of fetal death must be entered in military time or a 24-hour clock. The pop-up clock allows the user to select time in hours and minutes and is a very handy alternative to entering this manually. If it is entered manually, you must separate the hour and minute with a colon (:).
2) Fetal death weight can be entered as pounds and ounces **OR** grams. The system will calculate the other value.
3) Place where fetal death occurred must be selected as Hospital or Clinic/Doctor's Office. Default is Hospital.
4) Fetal death order is usually one (1) for most deliveries, except when entering for twins, triplets, etc.
5) If the APGAR score at 5 minutes is 7 or higher, the 10-minute score is not required.

Mother Prenatal

Mother Prenatal

Medical Record Number *

Date of first prenatal care visit *

☐ Unknown   ☐ No Care

📅

Total number of prenatal visits for this pregnancy *

Height *

Feet   Inches

Pre-Pregnancy Weight *

Weight at delivery *   (pounds)

Number of previous live births now living *

Number of previous live births now dead *

Date of last live birth *   (mm/yyyy)

Date last normal menses began *   (mm/dd/yyyy) (Enter 99 for unknown portion of date, 9999 for unknown year)

Discard Changes   Save

The information on the Mother's Prenatal tab is related to prenatal care and information prior to the delivery of the baby. It is straightforward, with a few exceptions:

1) If there was prenatal care but the details are unknown, check the UNKNOWN box next to the date field. If there was no prenatal care, the NO CARE box.
2) Previous live fetal deaths now living (living children the mother currently has) and Previous live fetal deaths now dead (children that this mother delivered but are now deceased) do not include the current fetal death child. If these are both zero (0), the date of last live fetal death will force 88/8888.
3) Other pregnancy outcomes are miscarriages, fetal loss, abortions, or ectopic pregnancies. If this is zero (0), the date of last other pregnancy outcome will force 88/8888.
4) Date of last known menses may have portions of the date entered as unknown. For example, the mother may remember the month and year which would be entered as 05/99/2024 or she might only remember the year entered as 99/99/2024 or it might be 99/99/9999 if it is all unknown.
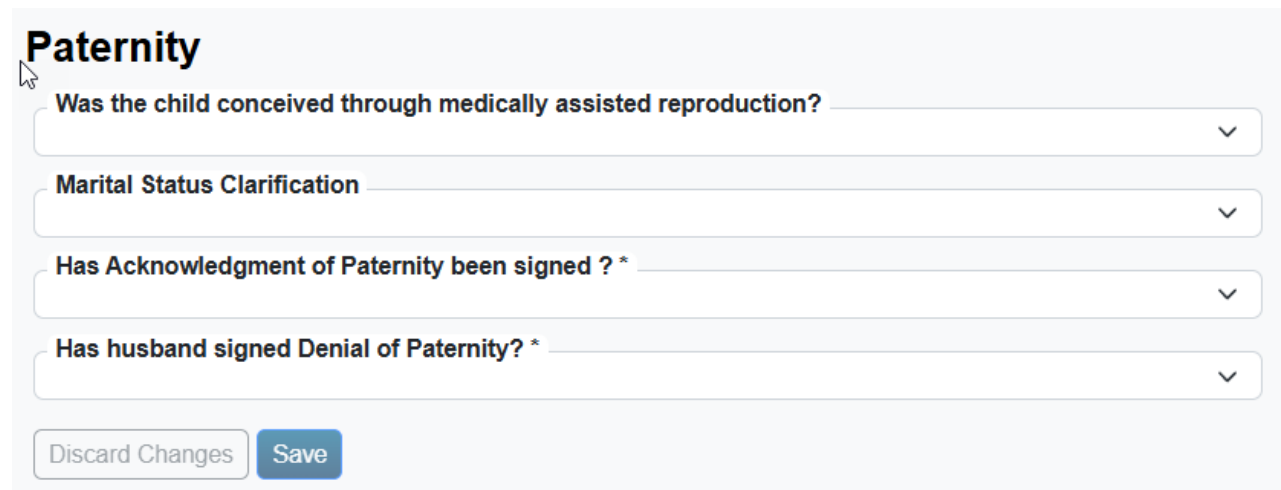
Mother Labor and Delivery

The information on this tab relates to the risk factors, infections, obstetric procedures, maternal morbidity and characteristics of the labor and delivery related to the current fetal death.

Each section within this tab must be reviewed and completed and only the checkbox options on this tab are required. There is no OTHER option for any section, so, if none of the choices are applicable in a section, select None of the Above for that section.

Paternity

The **NEW** paternity tab for each fetal death, asks more specific questions related to the paternity of the baby. If the baby was conceived through assisted reproduction, you will answer YES, if not, then enter NO.

The marital status clarification options are related to the married question from the mother's tab.

- If Yes, the mother is married, you will clarify her status from the available option:
  - For a heterosexual couple, it will be:
    - Husband is the Father of the child.
    - No paternity acknowledgement is needed.
    - Entry should follow as:

Paternity

Was the child conceived through medically assisted reproduction?
No ⌄

Marital Status Clarification
Husband is the Father of Child ⌄

Has Acknowledgment of Paternity been signed ? *
Not Applicable ⌄

Has husband signed Denial of Paternity? *
Not Applicable ⌄

- Mother Married, but not to the Father
- Mother, Father and Husband of the Mother need to complete the SFN 8195 – ND Acknowledgment of Paternity form. All three must sign for the form to be valid.
- Entry should follow as:

Paternity

Was the child conceived through medically assisted reproduction?
No ⌄

Marital Status Clarification
Mother is not Married to Father ⌄

Has Acknowledgment of Paternity been signed ? *
Yes ⌄

Has husband signed Denial of Paternity? *
Yes ⌄

For a same-sex couple, you would select Same-Sex Couple,

- Mother is married to another female
- Parents must complete will complete form SFN 62275 – ND Assisted Reproduction Consent
- Both questions related to the Acknowledgement will be Not Applicable
- Entry should follow as:

Paternity

Was the child conceived through medically assisted reproduction?
Yes

Marital Status Clarification
Same-Sex Couple

Has Acknowledgment of Paternity been signed ? *
Not Applicable

Has husband signed Denial of Paternity? *
Not Applicable

- If <u>No, the mother is not married</u>, it is presumed that the Mother is single and the Mother and Father will need to complete a ND Acknowledgement of Paternity Form (SFN 8195).
    - o If Mother and Father complete the form, then the data entry should be as follows:

Paternity

Was the child conceived through medically assisted reproduction?
No

Marital Status Clarification
Mother is Single

Has Acknowledgment of Paternity been signed ? *
Yes

Has husband signed Denial of Paternity? *
Not Applicable

    - o If Mother and Father do not complete the form, then the data entry should be as follows:

Paternity

Was the child conceived through medically assisted reproduction?
No

Marital Status Clarification
Mother is Single

Has Acknowledgment of Paternity been signed ? *
No

Has husband signed Denial of Paternity? *
Not Applicable

Documents

This new tab requires each fetal death facility to upload the paper documents that relate to each fetal death. These documents vary from fetal death to fetal death, but are listed below:

1) Parent's Worksheet – Every parent must complete this document, and it is the only document that must be uploaded for every fetal death.
2) Acknowledgement of Paternity (SFN 8195) – The paternity document should be uploaded for every fetal death where the parents are not married or when a husband is not the father of the child. (**This original of this document must still be mailed to the Vital Records office after delivery.**)
3) Assisted Reproduction (SFN 62275) – The assisted reproduction document must be uploaded when a fetal death involved some form of assisted reproduction.
4) Surrogate Worksheet – Similar to the parent's worksheet, this document records the information normally collected for the mother, including all medical information. It should only be uploaded if the fetal death involves a surrogate mother.
5) Court Orders – These documents are typically used when a same-sex couple is having a surrogate mother carry and deliver the child. These order direct who should be listed on the fetal death records as the parents and should be uploaded only in these specific situations. (**The original certified copy of the court order must still be mailed to the Vital Records office after delivery.**)

Submitting Fetal Death Records

The EVERS Fetal Death Registration module always requires at least two hospital employees to enter and submit a fetal death record to Vital Records. Typically, staff are assigned security roles as a data entry person or a submitter. Staff can have both data entry and submitter security roles, but the system still requires two separate employees to process a single record. Normally, a data entry person completes the record and submits it for review. Next, a submitter reviews each record in the fetal death work queue for completeness and submits the record to Vital Records.
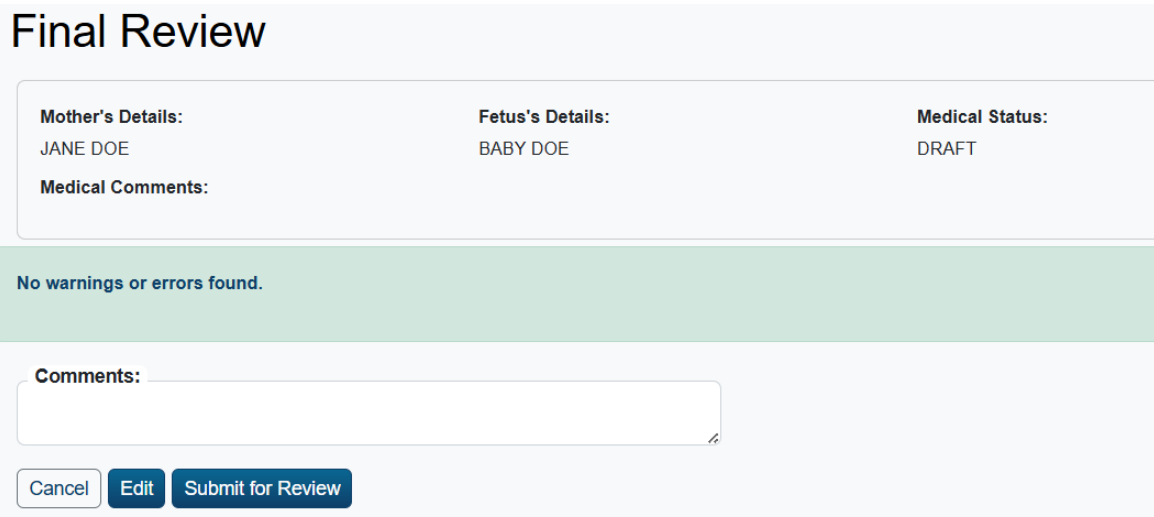
Data Entry – Submit for Review

Once the data entry person has completed each tab on the fetal death and received all green checkmarks on each tab, they are ready to submit the record for review by another staff member. The left side of the screen should display like this; then you should click on the "Continue to Final Review" button.

The data entry final review will appear and give the user the option to add comments, if necessary, and then click on "Submit for Review" to place the record back in the work queue for the Submitter.

Submitter – Submit to Vital Records

Once the data entry person has submitted the fetal death record for review, the submitter can review each record on the fetal death queue that is ready for Final Review. Simply click on the "VIEW", ensure all the green checkmarks are on each tab. You should see a screen that looks like this:

If the record is ready, the submitter would then click on the "Continue to Final Review" button to be taken to this last "Final Review" page below.

The submitter can type any noteworthy comments in the comments field if necessary, and then click on the "Submit to Vital Records" button for final submission. Once the record is submitted to Vital Records, the newly submitted record should now appear in the "Submitted during the last 30 days queue", and the record should be complete.