

**HB**

**2**

ALASKA STATE LEGISLATURE  
Rep. Carl Gatto



**MEMORANDUM**

TO: Representative Wes Keller Co-Chair Health and Social Services and  
Representative Bob Herron Co-Chair Health and Social Services  
FROM: Rep. Carl Gatto  
DATE: January 22, 2009  
RE: Request for Hearing

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Enclosed is the committee packet for HB 2 "*An Act relating to the issuance of a certificate of birth resulting in stillbirth.*" I have included a sponsor statement, the most recent version of the bill, and other supplemental material.

Please schedule a committee hearing before the House Health and Social Services Committee at your earliest convenience. I appreciate your time and look forward to reviewing this bill.

Please contact my staff member Sandra Wilson at 465-3163 with any questions or comments regarding this request.

Thank you

# Alaska State Legislature

**Interim:**

600 E. Railroad Ave  
Wasilla, AK 99654

Phone: (907) 376-3725  
Fax: (907) 376-4768

**Session:**

Alaska State Capitol, Rm 108  
Juneau, AK 99801-1182

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Rep\_Carl\_Gatto@legis.state.ak.us

## **Representative Carl Gatto**

Chair, House Military and Veteran Affairs Committee  
District 13 - Palmer

### **SPONSOR STATEMENT**

#### **HB 2**

*"An Act relating to the issuance of a certificate of birth resulting in stillbirth."*

HB 2 brings closure to parents who have suffered the loss of a stillborn child by giving them a Birth Certificate reflecting that they had a child who was stillborn. To paraphrase one parent of a stillborn child: being able to receive a Birth Certificate for my daughter would make me feel complete in that it would acknowledge that my daughter existed, even if it was only for a short while. This is true not only for her but also heard from other parents that have suffered this loss.

Under current law parents of stillborn children receive a fetal death certificate. HB 2 allows parents the option of requesting a certificate of birth for their stillborn child. This birth certificate is optional, and if the parents choose to receive a Birth Certificate they have the option of naming their child.

There are twenty-five states that now offer parents of stillborns the option of obtaining a Birth Certificate for their child. I urge your support for HB 2.

26-LS0003\R  
Mischel  
1/29/09

**CS FOR HOUSE BILL NO. 2( )**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**TWENTY-SIXTH LEGISLATURE - FIRST SESSION**

**BY**

**Offered:**  
**Referred:**

**Sponsor(s): REPRESENTATIVES GATTO, Gruenberg, Dahlstrom, Lynn**

**A BILL**  
**FOR AN ACT ENTITLED**

1 **"An Act relating to the issuance of a certificate of birth resulting in a stillbirth."**

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 **\* Section 1.** AS 18.50 is amended by adding a new section to read:

4 **Sec. 18.50.235. Certificate of birth resulting in stillbirth.** (a) The person  
5 required to file a fetal death registration under AS 18.50.240(b) shall advise the  
6 mother and, if the father is present, the father of a stillborn child

7 (1) that the parent may request the preparation of a certificate of birth  
8 resulting in stillbirth;

9 (2) that the parent may obtain a certificate of birth resulting in stillbirth  
10 by contacting the bureau; and

11 (3) of the contact information for the bureau.

12 (b) The parent of a stillborn child who requests a certificate of birth resulting  
13 in stillbirth may provide a name of a stillborn child for placement on the certificate. If  
14 a name is not provided, the bureau shall cause the certificate to show either "baby  
15 boy" or "baby girl," as appropriate, and the last name of the parent who requested the

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certificate. The name of the stillborn child provided on the certificate of birth resulting in stillbirth must be the same name as the name on the fetal death certificate.

(c) A certificate of birth resulting in stillbirth must include the state file number of the corresponding fetal death certificate.

(d) The department shall prescribe the form and content of a certificate of birth resulting in stillbirth to record the birth of a stillborn child and specify the information required to prepare the certificate.

(e) A certificate issued under this section is not proof of a live birth, and the certificate must contain the phrase "not proof of live birth." The bureau may not use a certificate of birth resulting in stillbirth to calculate live birth statistics.

(f) A parent may request that the bureau issue a certificate of birth resulting in still birth regardless of the date on which the certificate of fetal death was issued.

(g) The department may adopt regulations needed to implement this section.

(h) In this section, "stillbirth" or "stillborn" refers to an unintended, intrauterine fetal death occurring in the state after a gestational age of 20 completed weeks.

AMENDMENT

TO: HB 2 (26-LS0003\R)

BY REPRESENTATIVE HOLMES

1 Page 2, line 14

2 After ""stillbirth" or "stillborn":

3 Insert "child"

26-LS0003\S  
Mischel  
3/5/09

**CS FOR HOUSE BILL NO. 2( )**

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6 AS 18.50.240(b) shall advise the mother and, if the father is present, the father

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12 (b) A parent who requests a certificate of birth resulting in stillbirth may  
13 provide a name for placement on the certificate. If a name is not provided, the bureau  
14 shall cause the certificate to show either "baby boy" or "baby girl," as appropriate, and  
15 the last name of the parent who requested the certificate. The name provided on the

1 certificate of birth resulting in stillbirth must be the same name as the name on the  
2 fetal death certificate.

3 (c) A certificate of birth resulting in stillbirth must include the state file  
4 number of the corresponding fetal death certificate.

5 (d) The department shall prescribe the form and content of a certificate of  
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10 certificate of birth resulting in stillbirth to calculate live birth statistics.

11 (f) A parent may request that the bureau issue a certificate of birth resulting in  
12 stillbirth regardless of the date on which the certificate of fetal death was issued.

13 (g) The department may adopt regulations needed to implement this section.

14 (h) In this section,

15 (1) "stillbirth" means a fetal death that resulted in the issuance of a  
16 fetal death certificate under AS 18.50.240;

17 (2) "fetal death" has the meaning given in AS 18.50.950.

# LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES  
LEGISLATIVE AFFAIRS AGENCY  
STATE OF ALASKA

(907) 465-3867 or 465-2450  
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Mail Stop 3101


State Capitol  
Juneau, Alaska 99801-1182  
Deliveries to: 129 6th St., Rm. 329

## MEMORANDUM

March 3, 2009

**SUBJECT:** Definition of "stillbirth" and "stillborn child"  
(CS HB 2( ); Work Order No. 26-LS0003/E)

**TO:** Representative Wes Keller  
Attn: John Davies

**FROM:** Jean M. Mischel  
Legislative Counsel 

A blank CS for the above referenced bill is provided, as requested, to add a definition of "stillborn child" and delete the word "stillborn" from the definition at page 2, line 18. In my opinion, these changes do not alter the meaning of the words defined.

If I may be of further assistance, please advise.

JMM:med  
09-017.med

Enclosure

26-LS0003\E  
Mischel  
3/3/09

**CS FOR HOUSE BILL NO. 2( )**

**IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTY-SIXTH LEGISLATURE - FIRST SESSION**

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7 information required to prepare the certificate.

8 (e) A certificate issued under this section is not proof of a live birth, and the  
9 certificate must contain the phrase "not proof of live birth." The bureau may not use a  
10 certificate of birth resulting in stillbirth to calculate live birth statistics.

11 (f) A certificate of birth resulting in stillbirth that is issued by the bureau shall  
12 be filed with the local registrar of the registration district in which the delivery  
13 occurred within five days after issuance. The local registrar shall file the certificate of  
14 birth resulting in stillbirth with the fetal death certificate.

15 (g) A parent may request that the bureau issue a certificate of birth resulting in  
16 still birth regardless of the date on which the certificate of fetal death was issued.

17 (h) The department may adopt regulations needed to implement this section.

18 (i) In this section,

19 (1) "stillbirth" means an unintended, intrauterine fetal death occurring  
20 in the state after a gestational age of 20 completed weeks;

21 (2) "stillborn child" means a fetus that is the product of a stillbirth.

# FISCAL NOTE

**STATE OF ALASKA**  
**2009 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: HB 002  
 () Publish Date: \_\_\_\_\_

Identifier (file name): HB002-DHSS-BVS-02-18-09 Dept. Affected: Health & Social Services  
 Title: Birth Certificate for Stillbirth RDU: Public Health  
 Component: Bureau of Vital Statistics  
 Sponsor: Gatto  
 Requester: House HSS Component Number: 961

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information						
		FY 2010	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
<b>OPERATING EXPENDITURES</b>								
Personal Services								
Travel								
Contractual								
Supplies								
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
<b>TOTAL OPERATING</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

<b>CAPITAL EXPENDITURES</b>								
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<b>CHANGE IN REVENUES (</b>								
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts								
1003 GF Match								
1004 GF								
1005 GF/Program Receipts								
1037 GF/Mental Health								
Other Interagency Receipts								
<b>TOTAL</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY2009) cost: \_\_\_\_\_

**POSITIONS**

Full-time								
Part-time								
Temporary								

**ANALYSIS:** (Attach a separate page if necessary)

HB002 would require the Bureau of Vital Statistics (BVS) to issue, upon the request of a parent, a "certificate of birth resulting in a stillbirth" for an intrauterine fetal death occurring after 20 complete gestational weeks. These certificates would cost \$20 each. Approximately 50 stillbirths are recorded in Alaska annually. Based on response in other states passing similar legislation, it is expected most families would request such a certificate. The division has adequate budget authorization to receive these additional receipts, resulting in a zero fiscal note - even though there will be a cost to the requestor similar to other certificates. (Continued on P. 2)

Prepared by: Beverly Wooley, Director Phone 269-8126  
 Division: Public Health Date/Time 1/23/09 12:00 AM

Approved by: Alison Elgee, Assistant Commissioner Date 2/18/2009  
DHSS Finance & Management Services

**FISCAL NOTE**

**STATE OF ALASKA  
2009 LEGISLATIVE SESSION**

**BILL NO. HB002** \_\_\_\_\_

**ANALYSIS CONTINUATION**

Minimal programming and administrative time will be necessary to issue such certificates - amounting to an estimated \$1,000 annually. Assuming 50 certificates are issued each year at \$20 each, costs will be covered by the fee. The BVS budget is funded primarily by receipt supported services; all certificates issued - birth, death, fetal death - require a \$20 fee.

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Rep\_Carl\_Gatto@legis.state.ak.us

## **Representative Carl Gatto**

Chair, House Military and Veteran Affairs Committee  
District 13 - Palmer

### Witness list:

- Michelle Hoyt (Palmer)
- Rhonda Crawford (Soldotna)
- Joanne Cacciatore (Arizona) Will be calling in from off net.
- Mayme Ohnemus (Cooper Landing) Will be in the room to testify
- Deedra Hollowell (Palmer)
- Mitchell Phillips (Vital Statistics)

# LEGAL SERVICES

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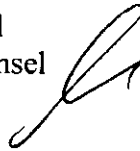
## MEMORANDUM

January 22, 2009

**SUBJECT:** Sectional Summary (HB 2 (Work Order No. 26-LS0003\A))

**TO:** Representative Carl Gatto  
Attn: Sandra Wilson

**FROM:** Jean M. Mischel  
Legislative Counsel



You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

**Section 1.** Establishes a process for the bureau of vital statistics to issue a certificate of birth resulting in a stillbirth at the request of a parent of the stillborn child. Requires the bureau to transmit the certificate to the local registrar for filing with the fetal death certificate.

JMM:lmb  
09-002.lmb

January 20, 2009

To the Alaska Legislature

In Support of HB 2

This is the Story of Daniel Gavin Sheppard,

My name is Chauna and in 2002, I became pregnant for the first time in my life at the age of 32. We were overjoyed and considered this a miracle baby after being diagnosed with Fertility problems.

I walked on air with happiness, eating healthier, drinking extra water and taking every breath with my precious baby in mind. That summer we purchased a larger car, a crib and swing, stocked up on diapers of various sizes, and dozens of outfits. We went to child birth classes and even did relaxation exercises at home to prepare for labor. I never missed a doctor appointment and even switched doctors so I could get higher quality care. We got ultrasound videos and pictures. I really enjoyed feeling his regular kicking, rolling and occasional hic ups.

Daniel was due on November 26<sup>th</sup> 2002. It was that morning that after a bit of poking and juice drinking that I couldn't seem to wake my son. My doctor sent me to the maternity ward where using a Doppler speaker they couldn't hear a heartbeat. At that point we had an ultrasound where we could not see any heart movement in those tiny, clearly visible, ribs on the tv screen. It was the most painful reality of my life to know my baby had died.

I was induced at apx 2:30pm that day. We went through 17 hours of labor that including an epidural, pain and nausea medication, IV's and 2 hours of pushing. Daniel Gavin was born weighing 7lb 14oz and 19 inches long at 7:30am on November 27, 2002. His warm, soft, beautiful body was placed on my chest where my husband and I cuddled and kissed and loved him even more than the day before. The nurse bathed him. We dressed him and friends and family came to hold him as well. I distinctly remember one dear friend rocking him just like he was any other baby. The hospital took foot prints and cut a lock of hair for us to keep. They also gave us two camera's to take pictures of our beautiful boy. We were so lucky to be able to keep him with us for 12 hours. We sang to him and prayed before we had to let him go and begin the long painful journey of grief.

The next day the hospital gave us a generic card with his name and birthday on it written in marker and told us that we won't get a birth certificate because he never took a breath. This was a harsh blow after all we had been through. After all, I had given birth to Daniel and he was certainly born.

We drove home from the hospital on Thanksgiving Day with an empty car seat, empty arms and broken hearts.

As sad as this was, we still love Daniel so much, he will always be a part of our family. We do things on his birthday and other times of the year to show him our love. Though we never saw his eyes or heard him cry, my son Daniel is such a gift and we are so thankful for him. There never has been a day when I thought I wasted 9 months carrying him or a time when I wish he never existed. Never, ever... I wish the State of Alaska would not treat him as such.

In 1892 American Author Mark Twin said, "Favored above Kings and Emperors is the stillborn child." I wish stillbirth and the experience of having to deliver a dead baby was respected in this manner today.

This tragedy strikes everywhere. According to the Center for Positive Outcomes in Pregnancy in Washington DC, there are more than 39,000 stillbirths in the U.S. every year.

Historically, we share this horrific experience with John Quincy Adams, Rutherford Hayes, Ernest and Pauline Hemingway, and John and Jackie Kennedy, whose stillborn daughter is buried with her parents and siblings.

Ask any woman why she would endure the pain and agony of giving birth and she will tell you because of the 'reward' at the end...it is 'all worth it' we frequently hear. But what about the silent births- the women who get no reward for all their hard work...

I am writing this today asking you for your support...Please pass HB 2.

Sincerely,

Chauna Sheppard  
4032 Reka Drive #K-1  
Anchorage, AK 99508  
(907) 333-7650  
[chauna18@hotmail.com](mailto:chauna18@hotmail.com)

**Sandra Wilson**

---

**From:** Hoyt Family [mehoyt@mtaonline.net]  
**Sent:** Tuesday, January 20, 2009 7:30 PM  
**To:** Sandra Wilson  
**Subject:** RE: Hello

Sandra,

HB 2, to create a 'Birth Certificate resulting in a Still Birth' would make me and a lot of people feel complete. My daughter was still born at 36 weeks and we had a large funeral for her. The idea that the state will only accept the fact that she died is so heart breaking. How can a person die with out being born? Having that piece of paper in my hand would bring closure to the entire grieving process. This would validate that my little girl was once here and apart of our lives.

Thanks so much for bringing this bill forward.

*Michelle Hoyt  
Project Linus - Alaska Chapter  
Providing Security thru Blankets*

-----Original Message-----

**From:** Sandra Wilson [mailto:Sandra\_Wilson@legis.state.ak.us]  
**Sent:** Tuesday, January 20, 2009 4:44 PM  
**To:** Carletta Gemmell; Chauna Sheppard; Colleen; Dayna Murphy; Dina Banez; Gretchen Mangrobang; Kaylene Johnson; Lynnette Haas; Michelle Hoyt; Rhonda Crawford; Sandy Thomas; WesCin Yuill  
**Subject:** Hello

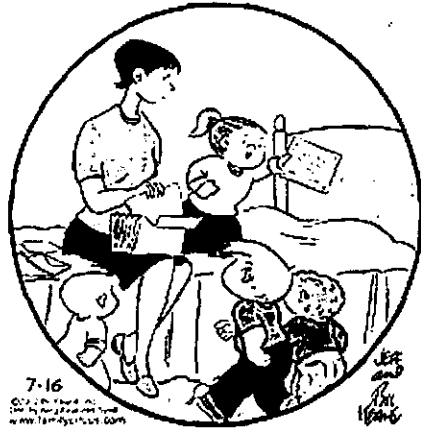
Hello everyone. Today was the first day of session and I am preparing the packet that will accompany our request for hearing. I need updated letters of support. You can either write new ones or use the same ones as last year but I need them to reflect the new bill number for this bill which is HB 2. The sooner you can get these to me the sooner I will get a request in. Again I thank everyone for being willing to take the time and send me these letters.

Sincerely,

Sandra Wilson  
Staff to Rep. Carl Gatto  
907-465-3163  
Sandra\_wilson@legis.state.ak.us

# Why We Need a Certificate of Still Birth

Haven't we all at one time been in a movie theater when the film broke? One moment we're caught up in the action and suddenly, there is no story on the screen. Time out while the projectionist rethreads the rest of the reel. If only life were like that. If only sudden interruptions in life could pick up where they left off.



"Mommy has birth certificates for all of us. They prove that we were born."

The birth of a dead baby is a break in the action. The story is over. We get to say hello and goodbye in the same breath. Instead of a bright future, all we're left with is the shattered dreams of what might have been. When a movie breaks we get our money back. In real life when the "film" breaks we're given a fetal death certificate. No baby to take home. No reward for the months of waiting. No acknowledgement for having given birth.

When we discover that what once lived within us is dead we want to run away. But we can't. First we must deliver our baby, just like mothers of live babies do. We must endure the pain. Just like mothers of live babies. And when it's over we hold our baby, just like mothers of live babies do. But then we have to give our baby back, and go home to an empty nursery.

Contrary to what the pundits say, it is possible to fool Mother Nature. She doesn't know our baby died, and so she dutifully produces milk to nourish and protect that, which is no longer. She knows we gave birth. We know we gave birth. But the state says not. Stillbirth mothers are not yet acknowledged as mothers by most states, but we're working to change that.

"We will recognize your baby's death, but not its birth" is the message.

But how can that die which has not been born? How did it come into being? Did it ride a space ship to earth? Or did it arrive the way every other baby arrived, from the womb of a mother who conceived and delivered it?

Birth is a process that all mothers endure; live or "still" is the outcome of that process. If we recognize a live birth, why would the state not recognize a stillbirth? Is it to punish the mother whose baby is born dead? Is she somehow not worthy? Did she fail? That's what she thinks. If we give a the mother of a live birth a "Certificate of Live Birth" why would we not give the mother of a stillborn baby a Certificate of Still Birth? That's the reality of what happened.

All mothers give birth; only the outcomes of those births differ.

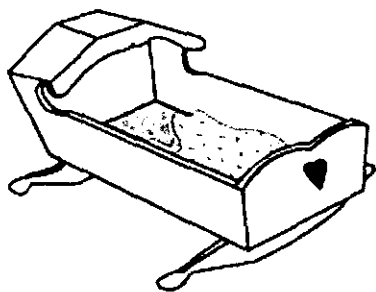
To deny a woman a "Certificate of Still Birth", when she fails to produce a living child, is to say that she did not give birth, which is not true. To deny a woman recognition for this seminal event in her life is to deny the event occurred. To deny a woman recognition is to tell her she is a failure. It is an open wound upon her soul that will never heal unless and until her sacrifice is recognized; just as live birth mothers are recognized.

On August 9, 2001 in Phoenix, Arizona, Sharon Arnold, wife of NSS Founder Richard K. Olsen, along with Joanne Cacciatore-Garard, NSS National Director and founder of the MISS Foundation, were given the first Certificates of Birth Resulting in Still Birth to be issued in the United States. Arizona has led the way by acknowledging that these brave women gave birth and that their daughters, Camille and Cheyenne, though born still, did for one brief and glorious moment pass through this world. Your state should recognize you and your babies too, because all our children matter.

*The National Stillbirth Society*

## When Your Baby Is Stillborn

W I S S P



*When your baby is stillborn, expectations, hopes and dreams are cruelly shattered and lives are changed. Many parents have initial feelings of shock and confusion when told that their baby has died. What happened? Why you? Babies are not supposed to die. When they do, it can be devastating, overwhelming, and painful. We are very sorry that your baby died. No one can take away the pain, but we hope the following information will answer some questions, provide reassurance, and help you.*

### *What Is Stillbirth?*

You may not have heard of stillbirth until you experienced it. When a baby dies before delivery, many people commonly think of miscarriage. Both stillbirth and miscarriage are types of pregnancy loss, but they differ by when the loss occurs. A *miscarriage* (sometimes called a spontaneous abortion) is when a baby dies *before* the 20th week of pregnancy. *Stillbirth* is the death of a baby *after* the 20th week of pregnancy but before delivery. Whenever parents deal with the death of their baby, whether it be early in pregnancy, late in pregnancy, or sometime after birth, there can be a great sense of disappointment, loss, and suffering. Stillbirth and miscarriage are separately defined not because one or the other is an easier or more difficult loss with which to deal, but because they differ in many ways. Stillbirth and miscarriage have different causes, need different evaluations, and differ medically and in the ways that parents and families can best be helped.

Stillbirth is common. It may affect anyone. There is no way to predict when stillbirth will happen or who will experience it. Stillbirth occurs in families of all races, religions, and income levels. Each year in the United States

about 25,000 babies, or 68 babies every day, are born still. This is about 1 stillbirth in every 115 births. Most often a stillbirth is detected while the baby is in the mother's uterus, sometimes not until labor is underway.

### *Why Was Your Baby Stillborn?*

Following a stillbirth, parents frequently ask, "Why did this happen?" Sometimes a reason is found; other times a specific cause remains unknown. Extensive and careful evaluation of the baby and placenta following delivery may help identify a reason in about 40%-50% of stillbirths. When a specific cause is not identified, evaluation may still be helpful by at least ruling out potential high risks for recurrence.

Identifiable causes of stillbirth generally fall into one of three different categories: birth defects in the baby, problems with the placenta or umbilical cord, or maternal illnesses or conditions which may sometimes affect pregnancy.

- *Birth defects* are common but often overlooked causes for stillbirth. About one-fourth of babies who are stillborn have one or more birth defects that are responsible for their death.

- The *placenta and umbilical cord* are the baby's "lifeline" for oxygen and nutrients. Problems in either one may completely cut off or severely interfere with the needed flow of blood, oxygen, and nutrients to the baby. Although commonly pointed to as the likely cause for death of a baby, problems with the placenta or umbilical cord actually account for only a moderate number of stillbirths.

- Although uncommon, *maternal conditions* may be responsible for stillbirth. Certain illnesses in the mother, such as diabetes or hypertension, and their treatments, sometimes cause stillbirths. An increased risk for stillbirth is also associated with the use of certain recreational drugs, particularly cocaine.

In addition, there are many other rare causes of

stillbirth. Whether or not a specific cause for your baby's death is identified, it is most important to remember that *stillbirths most often are not caused by something you did or did not do.*

### *What Is Involved In An Extensive Evaluation Of The Baby?*

Following delivery of a stillborn, parents may be asked to provide consent for extensive evaluation of their baby. This evaluation involves many different studies, including an internal post-mortem examination (autopsy), a physical examination, photographs of the baby's face, body, and any unusual features, X-rays, and genetic testing of some of the baby's tissues. If permission is given, evaluations are started soon after the baby's delivery. Detailed results are usually available and communicated to parents in a few weeks to a few months.

These studies can be helpful for many reasons. They may provide answers or insight to some of your questions including the frequently asked, "Why did it happen?" and "Will it happen again?", as well as those about management and care in future pregnancies. Even if some questions remain unanswered, there may be comfort in knowing that as much as possible was learned about the baby and that important information may be added to medical knowledge which could help other babies in the future. The baby is treated respectfully at all times. Agreeing to a comprehensive evaluation does not prevent a family from spending time with their baby or choosing to have a funeral, memorial service, cremation, or burial.

Such evaluation is valuable to most parents as they try to deal with the full impact of their loss. In fact, very few parents express regret for having the suggested evaluations done. Nevertheless, some may think that such assessment violates their baby and intrudes upon their grief. Parents must choose what is best for them. Whatever the decision, it is respected.

### *What About Future*

Generally one stillbirth does not predict

*Pregnancies? Will  
Stillbirth Happen  
Again?*

another. On average, there is approximately a 3% chance for stillbirth to happen again in the next pregnancy—or approximately a 97% chance that a future pregnancy would *not* end in stillbirth. Extensive evaluation of the baby may provide information that allows a geneticist, genetics counselor, or your doctor to determine more accurately what the chances are that stillbirth could happen again. Finding a specific cause may imply a much higher or lower risk than this average one. Specific causes, when discovered, more often result in a decrease in the estimated risk that stillbirth may happen again and less often in an increase in that estimated risk. In almost all circumstances, subsequent healthy pregnancies *are* possible.

*Making Sense Of What  
Happened*

In the natural course of life events, babies are least of all expected to die. The loss of a baby through stillbirth can be overwhelming and devastating. Although surprising to some, the stillbirth of a baby is a great loss, as great as that of an older child or any loved one.

When stillbirth occurs, parents who were anxiously awaiting a baby suddenly are not. It is natural for you to grieve deeply for your baby who has died and for the hopes, dreams, and wishes that will never be; hopes, dreams, and wishes that, for you, were real long before the anticipated birth of your baby. You may feel a strong sense of sadness, anger, or maybe bitterness at the unfairness of this tragedy. You may experience feelings of loneliness and longing, helplessness, or, because of the intensity of your emotions, confusion. Many parents also feel guilt. They often wonder if they did something to cause their baby's death; this is rarely true.

These intense emotions are real and a normal part of grieving. Grieving is a process of making meaning out of your loss and of life without your baby. Grieving is not easy. It is long, unpredictable, and requires a lot of energy. But you *need* time to grieve since grieving is necessary to work through pain toward healing.

## *Coping With Your Loss*

Dealing with the death of your baby may be one of the most painful experiences in your life. Everyone copes and mourns differently. Perhaps a few of the following suggestions can help you survive some of the difficult times.

- *Take care of yourself.* Eat well. Get plenty of rest. Stay well physically so that you can continue to heal emotionally.

- *Express yourself.* Talk about your baby, your feelings, your fears, your grief. Or keep a diary, write a journal, create, start a flower garden. This may help you to see things more clearly.

- *Read written resources.* There are many books, articles, poems, and videos that can provide information, guidance, and support.

- *Find a support network.* Such a network may be your family, your friends, or your faith community. You may want to contact a support group for parents who have experienced the death of a baby, to share your story and feelings and to learn from others who have also "been there".

Above all, give yourself *time*. Be patient. You will never forget your baby, but you will heal. Healing is an ongoing process; it does not happen overnight. But it *will* happen.

### *For More Help:*

#### Support:

**Share.** National Office, St. Joseph Health Center, 300 First Capitol Dr., St. Charles, MO 63301-2893; 800-821-6819.

**Pen Parents, Inc.** P.O. Box 8738, Reno, NV 89507-8738; 702-826-7332

#### Suggested Reading Material:

**Empty Cradle, Broken Heart,** by Deborah L. Davis, Ph.D., Fulcrum Press, 1996 (second edition).

*Department of Health and Social Services  
Alaska Bureau of Vital Statistics*

*Certificate of Birth Resulting in Stillbirth*

*According to Alaska State Records*

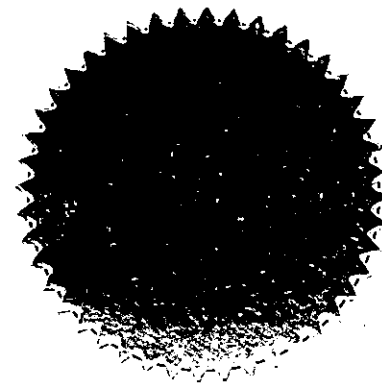
*Bump Nevels Was Delivered on August 1, 2002*

*In Cicely, Alaska*

*To Carolyn Anne Puckett and John Earl Nevels*

*Date Issued: 11/29/2005*

*FD Number: 2002999999*



*This certificate is not proof of live birth*

Fetal Deaths  
Alaska 2000-2004

	deaths	rate*
2000	45	4.5
2001	41	4.1
2002	50	5.0
2003	59	5.8
2004	57	5.5

Note: Fetal deaths are calculated if gestation is at least 20 weeks  
\* rates are per 1,000 live births.

Source: Alaska Bureau of Vital Statistics, March 2007

Fetal deaths  
From: Walden, Stephanie [Stephanie\_Walden@health.state.ak.us]  
Sent: Thursday, March 01, 2007 5:14 PM  
To: Sandra Wilson  
Subject: Fetal deaths

National Fetal Death rates:

2000	6.6
2001	6.5
2002	6.4
2003	6.2

Rates are per 1,000 live births in the U.S. for pregnancies lasting at least 20 weeks.

I couldn't find data for 2004.

Sorry about the delay in responding. I just received your email at 4:20, and it looks like you sent it this morning. Must be having problems with our system again.

Let me know if you need anything else.

Stephanie

# Alaska State Legislature

**Interim:**

600 E. Railroad Ave  
Wasilla, AK 99654

Phone: (907) 376-3725

Fax: (907) 376-4768

**Session:**

Alaska State Capitol, Rm 108  
Juneau, AK 99801-1182

Phone: (907) 465-3743

Fax: (907) 465-2381

Toll Free: (800) 565-3743

Rep\_Carl\_Gatto@legis.state.ak.us

## **Representative Carl Gatto**

Chair, House Military and Veteran Affairs Committee

District 13 - Palmer

### **Departments affected by HB 2:**

Vital statistics is the only department affected by HB 2

### **Witness list:**

I am unable to provide a witness list until the hearing date is schedule due to the schedules of those who may or may not be able to testify.

A **stillbirth** occurs when a fetus which has died in the uterus or during labor or delivery exits a woman's body. The term is often used in distinction to live birth or miscarriage. Most stillbirths occur in full term pregnancies.

Some sources reserve the term "stillbirth" for a fetus which has died after reaching mid-second trimester to full term gestational age. For example, in the United Kingdom, "stillbirth" is used to describe an infant delivered without life after 24 weeks gestation. The sources that use this definition tend to use the term "miscarriage" if the death occurs earlier in development. In contrast, other sources use the term "stillbirth" regardless of the stage of fetal development.

### Sec. 18.50.950. Definitions.

In this chapter,

- (1) "adoptive parent" means a person who has adopted another person under AS 25.23;
- (2) "biological parent" means a parent named on the original certificate of birth of an adopted person;
- (3) "bureau" means the Bureau of Vital Statistics;
- (4) *[Repealed, 88 ch 56 SLA 2005.]*
- (5) "commissioner" means the commissioner of health and social services;
- (6) "dead body" means a lifeless human body or parts or bones of it from the state of which it reasonably may be concluded that death recently occurred;
- (7) "department" means the Department of Health and Social Services;
- (8) "fetal death" means death before the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, where
  - (A) the death is indicated by the fact that, after expulsion or extraction, the fetus does not breathe or show evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles; and
  - (B) the expulsion or extraction is not caused by an induced termination of pregnancy;
- (9) "filing" means the presentation of a certificate, report, or other record provided for in this chapter, of a birth, death, fetal death, adoption, marriage, or divorce for registration by the bureau;
- (10) "final disposition" means the burial, interment, cremation, or other disposition of a dead body or fetus;
- (11) "induced termination of pregnancy" means the purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant, and that does not result in a live birth, except that "induced termination of pregnancy" does not include management of prolonged retention of products of conception following fetal death;
- (12) "institution" means a public or private establishment that provides in-patient medical, surgical, or diagnostic care or treatment, or nursing, custodial, or domiciliary care to two or more unrelated individuals, or to which persons are committed by law;
- (13) "live birth" means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, that, after expulsion or extraction, breathes or shows 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;
- (14) "medical history" includes information relating to a person's medical conditions and treatment, immunization records, and other medical information about the person that could be important to the health care of the adopted person;
- (15) "physician" means a person authorized or licensed to practice medicine under the laws of the state;
- (16) "registration" means the acceptance by the bureau and the incorporation in its official records of certificates, reports, or other records provided for in this chapter, of births, deaths, fetal deaths, adoptions, marriages, or divorces;
- (17) "state registrar" means the state registrar of vital statistics;

(18) "system of vital statistics" includes the registration, collection, preservation, amendment, and certification of vital statistics records, and related activities including the tabulation, analysis, and publication of statistical data derived from them;

(19) "vital statistics" means records of birth, death, fetal death, induced termination of pregnancy, marriage, divorce, adoption, and related data.

## What is the legal definition of a stillbirth?

A stillborn child is legally defined as a child born after the 24th week of pregnancy who did not show any signs of life after being born. UK

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### United Kingdom

In the **United Kingdom**, stillbirths must be **registered by law**. The Stillbirth Definition Act (**1992**) requires that any 'child' expelled or issued forth from its mother after the 24th week of pregnancy that did not breathe or show any other signs of life be registered as a stillbirth. This must be done within 42 days and a Stillbirth **Certificate** is issued to the parent(s).<sup>[1]</sup>

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### United States

In the **United States**, there is no standard definition of the term 'stillbirth'.<sup>[4]</sup> The **Centers for Disease Control and Prevention** collects statistical information on "live births, fetal deaths, and induced termination of pregnancy" from 57 reporting areas in the United States. Each reporting area has different guidelines and definitions for what is being reported; many do not use the term "stillbirth" at all. The federal guidelines suggests (at page 1) that fetal death and stillbirth can be interchangeable terms. The CDC definition of "fetal death" is based on the definition promulgated by the World Health Organization in 1950 (see **section above on Canada**).

The federal guidelines recommend reporting those fetal deaths whose birth weight is over 350g, or those over 19 weeks gestation. Forty-one areas use a definition very similar to the federal definition, thirteen areas use a shortened definition of fetal death, and three areas have no formal definition of fetal death. Only 11 areas specifically use the term 'stillbirth', oftentimes synonymously with fetal death, however they are split between whether stillbirths are "irrespective of the duration of pregnancy", or whether some age or weight constraint is applied.

# Alaska State Legislature

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Rep\_Carl\_Gatto@legis.state.ak.us

## **Representative Carl Gatto**

Chair, House Military and Veteran Affairs Committee

District 13 - Palmer

### Witness list:

- Michelle Hoyt (Palmer)
- Rhonda Crawford (Soldotna)
- Carletta Gemmell (Kenai)
- Joanne Cacciatore (Arizona)
- Mayme Ohnemus (Cooper Landing)
- Amber Ohnemus
- Chauna Sheppard (Anchorage)
- Daryl Logullo

**John Davies**

---

**From:** Mitchell, Phillip L (HSS) [phillip.mitchell@alaska.gov]  
**Sent:** Friday, March 06, 2009 9:12 AM  
**To:** John Davies  
**Subject:** RE: Stillbirth definition

John,

I think your first alternative is fine, since if the bill is adopted the Bureau will be required to include the state file number from the corresponding fetal death certificate on the certificate of birth resulting in stillbirth under section (C). We can only do this if we have a fetal death record on record.

The only change I would suggest is to change "is issued" to "has been registered". We have many records (fetal death and otherwise) that have been registered but never issued. As (h) is currently written a stillbirth could meet the fetal death definition of 18.50.950 but not be considered a stillbirth since the fetal death certificate had never been issued. If I haven't explained this well let me know; it may be easier if we talked.

Phillip

---

**From:** John Davies [mailto:John\_Davies@legis.state.ak.us]  
**Sent:** Wednesday, March 04, 2009 9:13 AM  
**To:** nss@cox.net  
**Cc:** Mitchell, Phillip L (HSS); Wilson, Sandra (LAA)  
**Subject:** RE: Stillbirth definition

Dear Richard Olsen,

Thank you for your prompt response. I have done significant research since my previous email to you. I have learned that a number of states have adopted laws providing birth certificates resulting in stillbirth, and that there is a split on the use of a specific gestation period.

Alaska Statutes presently defines "fetal death" at AS 18.50.950 (8), which definition is the same as the WHO definition. Alaska Dept. of Vital Statistics issues a fetal death certificate for stillborns at or beyond 20 weeks gestation, and it is optional to issue a fetal death certificate for a stillborn prior to 20 weeks.

So as to keep our stillbirth certificate law consistent with our fetal death and fetal abuse laws we are thinking that the definition in the propose law ought to be something such as follows:

- (h) In this section, "stillbirth" or "stillborn child" refers to a fetal death occurring in the state as defined in AS 18.50.950 (8) (A) and (B), and for which a fetal death certificate is issued.

Or alternatively:

- (h) In this section, "stillbirth" or "stillborn child" refers to a fetal death occurring in the state as defined in AS 18.50.950 (8) (A) and (B).
- (i) A certificate of birth resulting in stillbirth may only be issued if a certificate of fetal death has been issued.

I would appreciate your thoughts.

Thank you for your time and attention to this matter.

Regards,

John Davies

---

**From:** National Stillbirth [mailto:nss@cox.net]  
**Sent:** Tuesday, March 03, 2009 6:17 PM  
**To:** John Davies  
**Subject:** RE: Stillbirth definition

TO: John Davies

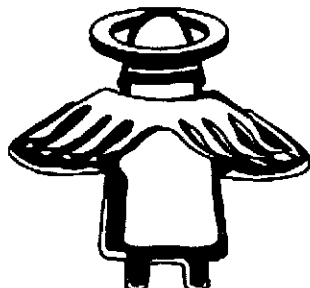
Birth is an event. The majority of babies are delivered "live". In fact, what we commonly refer to as a "birth certificate" to memorialize the event is more properly described as a "Certificate of Live Birth". Have a look at [http://www.cdc.gov/nchs/vital\\_certs\\_rev.htm](http://www.cdc.gov/nchs/vital_certs_rev.htm) for more information.

If there is a Certificate of Live Birth, does it not make a prima facie case for the issuance of a "Certificate of Stillbirth". As stated above, "birth" is an event. Live or still is an outcome.

A stillbirth is the delivery of a baby, that has completed 20 weeks or more of gestation, vaginally or by cesarean that is not live at time of birth. That means 1) there is no beating heart, 2) no pulsating umbilical cord, 3) no respiration and 4) no voluntary movement. If any of these signs are present and the baby subsequently dies it is deemed to be a fetal death.

Fetal deaths prior to 20 weeks gestation are deemed to be "miscarriages", not "stillbirths". The foregoing refers to involuntary fetal death that is not the product of an elective termination for medical or personal reasons.

See attached, "Why we Need a Certificate of Stillbirth" and Open Letter to Alaska Legislature sent last session.



### *National Stillbirth Society*

Richard K. Olsen, Founder  
 Post Office Box 10273  
 Phoenix, AZ 85064  
 TEL: 602-216-6600  
 FAX: 602-861-8090  
 nss@cox.net

---

**From:** John Davies [mailto:John\_Davies@legis.state.ak.us]  
**Sent:** Tuesday, March 03, 2009 4:27 PM  
**To:** nss@cox.net  
**Cc:** Rep. Wes Keller  
**Subject:** Stillbirth definition

Dear National Stillborn Society,

I am working for the Alaska State Legislature, and we are in the process of drafting a law that would allow parents

of a stillborn child to obtain a birth certificate for the stillborn. We are struggling with a definition for "stillbirth" and "stillborn" and "stillborn child". Is there a model definition that we could use that would be acceptable to both the pro life and pro choice camps that would stand up to legal challenge? Any input would be greatly appreciated.

Thank You,

John Davies  
Chief of Staff to  
Rep. Wes Keller

**John Davies**

---

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 3:01 PM  
**To:** John Davies  
**Subject:** RE: HB 2

I am well aware of that fact. And yes I have seen that video and it is an excellent one. My concern has been that by holding up the bill drastically decreases the chances of it passing this year strictly due to time constraints. The bill was modeled off of another bill and the definition was taken directly from what other states had used.

Sandra Wilson  
Staff to Rep. Gatto  
465-3163

---

**From:** John Davies  
**Sent:** Tuesday, March 03, 2009 2:58 PM  
**To:** Sandra Wilson  
**Subject:** RE: HB 2

Thanks, I just came from that website before I wrote to you. I also went on the MISS website and viewed an excellent video. Will you carry the bill? Will you show the video? Yes, I read the definition in the Arizona materials. I don't mean to be reinventing the wheel, I was asked to weigh in on the definition and am doing my due diligence. You probably know all this already. In my view the more your bill looks like other existing legislation the better chance it has of passing without any "hitches". JD

---

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 2:52 PM  
**To:** John Davies  
**Subject:** RE: HB 2

Yes I am Familiar with the National stillbirth Society. The definition that is currently in the bill is one that is also in many versions around the country. I have spoken with the founder of this society and he actually testified on the bill last year. The lady whose name I mentioned is the founder of the M.I.S.S. Foundation. The national stillbirth society describes stillbirth as the intrauterine death and subsequent delivery of a developing infant that occurs beyond 20 completed weeks of gestation. (A loss prior to 20 weeks is termed a miscarriage or "pregnancy loss".) this is found on their website. <http://www.stillnomore.org/main.htm>

Sandra Wilson  
Staff to Rep. Gatto  
465-3163

---

**From:** John Davies  
**Sent:** Tuesday, March 03, 2009 2:45 PM  
**To:** Sandra Wilson  
**Subject:** RE: HB 2

Sandra, Are you familiar with the National Stillbirth Society? I have been researching this issue and sent a request to them about a model definition. I see that the lady that you named is prominent in the Stillbirth educational community. JD

---

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 1:16 PM  
**To:** John Davies  
**Subject:** RE: HB 2

Is there a specific committee member who has a problem with the bill that is holding it up? Or is it just details on the language?

Sandra Wilson  
Staff to Rep. Gatto  
465-3163

---

**From:** John Davies  
**Sent:** Tuesday, March 03, 2009 1:14 PM  
**To:** Sandra Wilson  
**Subject:** RE: HB 2

Good thoughts Sandra. JD

---

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 12:15 PM  
**To:** John Davies  
**Subject:** RE: HB 2

The suggestions would be as follows and this is based off of the CS that was heard in committee:

On page 1 line 6 following "of" delete "a stillborn child" and insert "the stillbirth"

On page 1 line 12 following "of" delete "a stillborn child" and insert "the stillbirth"

On page 1 line 13 following "name" delete "of a stillborn child"

On page 2 line 1 following "name" delete "of the stillborn child"

On page 2 line 6 following "birth" delete "of a stillborn child"

On page 2 line 14 remove everything following "stillbirth" and insert "is that as defined in AS 18.50.950(8)."

If you were to make those changes there would be no reference to a child and take away any concerns that have been raised.

Sandra Wilson  
Staff to Rep. Gatto  
465-3163

---

**From:** John Davies  
**Sent:** Tuesday, March 03, 2009 11:58 AM  
**To:** Sandra Wilson  
**Subject:** RE: HB 2

Yes, I had the word fetus in my first draft, but changed it to follow the referred to statute. I am glad that you have been talking to others with experience. That's a great help. Based on your conversations do you have any new draft language? Thanks JD

---

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 10:27 AM  
**To:** John Davies  
**Subject:** RE: HB 2

I understand. I have been talking with those who have worked on this in other states. And in states where this issue has come up what they have done to quash any belief that this would in any way give rights to or somehow do what we did not want it to do was delete the word child and insert the word fetus. By doing this we take away any reference to a child.

Sandra Wilson  
Staff to Rep. Gatto  
465-3163

---

**From:** John Davies  
**Sent:** Tuesday, March 03, 2009 10:00 AM  
**To:** Sandra Wilson  
**Subject:** RE: HB 2

Let's talk to Jean about this tomorrow and look to get the bill out of committee next week. It would be better to get it right now to insure its passage later. JD

---

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 9:52 AM  
**To:** John Davies  
**Subject:** RE: HB 2

You could make it simpler by saying that in this section "stillbirth" or "stillborn child" is that as defined in AS 18.56.950 (8)

I do not have a problem meeting with the two of you tomorrow. I was just hoping that we would be able to get this heard and passed out today because the hope that both myself and Rep. Gatto is that we could pass this bill through this year. This is more and more unlikely as it takes longer to get it out of committee. I guess I don't completely understand the issue at hand because it states very clearly in the bill that the issuance of the birth certificate is not proof of live birth.

Sandra Wilson  
Staff to Rep. Gatto  
465-3163

---

**From:** John Davies  
**Sent:** Tuesday, March 03, 2009 9:35 AM  
**To:** Sandra Wilson  
**Subject:** HB 2

Dear Sandra,

This email is a heads up for your to keep you apprised of the movement on your bill. Here is the proposed definition of "stillborn child" that we propose:

- (h) In this section, "stillbirth" or "stillborn child" refers to the unintended death of a product of human conception as defined in AS18.50.950 (8)(A) and (B).

Give this some thought. We have an appointment to meet with Jean Mischal, Leg Legal, tomorrow at 9am at her office in the TMOB. I would like you to attend with Matt and I so that you can have your input heard on this.

We are trying to make sure that the definition is tight enough so as not to cause the bill to fail or run into problems with legal challenges.

Jean was working on a drafting job today and couldn't see us until tomorrow.

Regards,  
John Davies

**John Davies**

---

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Give this some thought. We have an appointment to meet with Jean Mischal, Leg Legal, tomorrow at 9am at her office in the TMOB. I would like you to attend with Matt and I so that you can have your input heard on this.

We are trying to make sure that the definition is tight enough so as not to cause the bill to fail or run into problems with legal challenges.

Jean was working on a drafting job today and couldn't see us until tomorrow.

Regards,  
John Davies

**Matthew Johnson**

---

**From:** Jim Pound  
**Sent:** Thursday, March 05, 2009 1:58 PM  
**To:** Matthew Johnson  
**Subject:** 07 aac

**7 AAC 05.450. Fetal deaths**

Any product of gestation of less than 20 weeks duration of pregnancy, showing no evidence of life, may have a fetal death certificate prepared, filed, recorded, and registered as required above, at the option of the parents or others concerned; such certificate is not mandatory for fetal deaths with a duration of pregnancy of less than 20 weeks. However, this regulation does not release anyone from the duty of reporting any suspicion of foul play or illegal act; nor does it except such cases from any existing burial requirements or restrictions, or other health requirements, either state or local.

**History: In effect before 7/28/59; am 7/25/60, Register 2**

**John Davies**

**From:** John Davies  
**Sent:** Wednesday, March 04, 2009 9:13 AM  
**To:** 'nss@cox.net'  
**Cc:** 'phillip.mitchell@alaska.gov'; Sandra Wilson  
**Subject:** RE: Stillbirth definition

Dear Richard Olsen,

Thank you for your prompt response. I have done significant research since my previous email to you. I have learned that a number of states have adopted laws providing birth certificates resulting in stillbirth, and that there is a split on the use of a specific gestation period.

Alaska Statutes presently defines "fetal death" at AS 18.50.950 (8), which definition is the same as the WHO definition. Alaska Dept. of Vital Statistics issues a fetal death certificate for stillborns at or beyond 20 weeks gestation, and it is optional to issue a fetal death certificate for a stillborn prior to 20 weeks.

So as to keep our stillbirth certificate law consistent with our fetal death and fetal abuse laws we are thinking the definition in the propose law ought to be something such as follows:

- (h) In this section, "stillbirth" or "stillborn child" refers to a fetal death occurring in the state as defined in AS 18.50.950 (8) (A) and (B), <sup>the death of a fetus</sup> and for which a fetal death certificate <sup>is issued</sup>.

Or alternatively:

- (h) In this section, "stillbirth" or "stillborn child" refers to a fetal death occurring in the state as defined in AS 18.50.950 (8) (A) and (B).  
 (i) A certificate of birth resulting in stillbirth may only be issued if a certificate of fetal death has been issued.

I would appreciate your thoughts.

Thank you for your time and attention to this matter.

Regards,  
 John Davies

---

**From:** National Stillbirth [mailto:nss@cox.net]  
**Sent:** Tuesday, March 03, 2009 6:17 PM  
**To:** John Davies  
**Subject:** RE: Stillbirth definition

TO: John Davies

Birth is an event. The majority of babies are delivered "live". In fact, what we commonly refer to as a "birth certificate" to memorialize the event is more properly described as a "Certificate of Live Birth". Have a look at [http://www.cdc.gov/nchs/vital\\_certs\\_rev.htm](http://www.cdc.gov/nchs/vital_certs_rev.htm) for more information.

If there is a Certificate of Live Birth, does it not make a prima facie case for the issuance of a "Certificate of Stillbirth". As stated above, "birth" is an event. Live or still is an outcome.

A stillbirth is the delivery of a baby, that has completed 20 weeks or more of gestation, vaginally or by cesarean that is not live at time of birth. That means 1) there is no beating heart, 2) no pulsating umbilical cord, 3) no respiration and 4) no voluntary movement. If any of these signs are present and the baby subsequently dies it is

deemed to be a fetal death.

Fetal deaths prior to 20 weeks gestation are deemed to be "miscarriages", not "stillbirths". The foregoing refers to involuntary fetal death that is not the product of an elective termination for medical or personal reasons.

See attached, "Why we Need a Certificate of Stillbirth" and Open Letter to Alaska Legislature sent last session.



*National Stillbirth Society*

Richard K. Olsen, Founder  
Post Office Box 10273  
Phoenix, AZ 85064  
TEL: 602-216-6600  
FAX: 602-861-8090  
nss@cox.net

---

**From:** John Davies [mailto:John\_Davies@legis.state.ak.us]  
**Sent:** Tuesday, March 03, 2009 4:27 PM  
**To:** nss@cox.net  
**Cc:** Rep. Wes Keller  
**Subject:** Stillbirth definition

Dear National Stillborn Society,

I am working for the Alaska State Legislature, and we are in the process of drafting a law that would allow parents of a stillborn child to obtain a birth certificate for the stillborn. We are struggling with a definition for "stillbirth" and "stillborn" and "stillborn child". Is there a model definition that we could use that would be acceptable to both the pro life and pro choice camps that would stand up to legal challenge? Any input would be greatly appreciated.

Thank You,

John Davies  
Chief of Staff to  
Rep. Wes Keller

**Subject:** Stillbirth definition

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Thank You,

John Davies  
Chief of Staff to  
Rep. Wes Keller

**John Davies**


---

**From:** National Stillbirth [nss@cox.net]  
**Sent:** Tuesday, March 03, 2009 6:17 PM  
**To:** John Davies  
**Subject:** RE: Stillbirth definition  
**Attachments:** MAIL TO Legislators2.pdf; GENERIC.FOOTPRINTS.pdf; GENERIC.WHY WE NEED.pdf

TO: John Davies

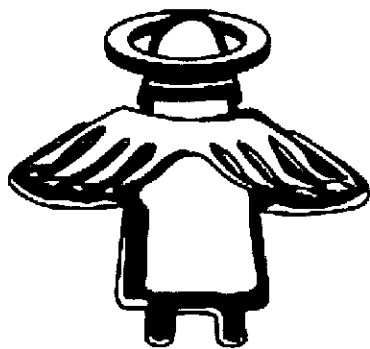
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Fetal deaths prior to 20 weeks gestation are deemed to be "miscarriages", not "stillbirths". The foregoing refers to involuntary fetal death that is not the product of an elective termination for medical or personal reasons.

See attached, "Why we Need a Certificate of Stillbirth" and Open Letter to Alaska Legislature sent last session.



*National Stillbirth Society*

Richard K. Olsen, Founder  
 Post Office Box 10273  
 Phoenix, AZ 85064  
 TEL: 602-216-6600  
 FAX: 602-861-8090  
[nss@cox.net](mailto:nss@cox.net)

---

**From:** John Davies [mailto:John\_Davies@legis.state.ak.us]  
**Sent:** Tuesday, March 03, 2009 4:27 PM  
**To:** nss@cox.net  
**Cc:** Rep. Wes Keller

**John Davies**

---

**From:** Sandra Wilson  
**Sent:** Wednesday, March 04, 2009 8:47 AM  
**To:** John Davies  
**Subject:** RE: HB 2

I believe that a fetal death certificate is issued after the 20<sup>th</sup> week. All parents are required to fill out a fetal death certificate but they do not have to request a copy from VS. From the information I have been given by VS it indicates a fetal death is a death that occurs after 20 weeks gestation. The wording you have there is fine with me. The meeting today is at 9 at the terry miller building right?

Sandra Wilson  
Staff to Rep. Gatto  
465-3163

---

**From:** John Davies  
**Sent:** Wednesday, March 04, 2009 8:31 AM  
**To:** Sandra Wilson  
**Subject:** HB 2

Dear Sandra,

In your research for HB 2 have you had the opportunity to talk to Vital Statistics? Do you know the circumstances under which a fetal death certificate is issued? I did some research on the VS website and found a report called "Fetal and Infant Deaths" 1995 Annual Report. That report says a fetal death certificate is required if fetal death occurs at at least twenty weeks. It goes on to say the a fetal death certificate is optional for "fetal deaths which occur prior to the twentieth week of pregnancy. It also says that a "fetal death is defined as the death of a fetus after the eighth week of gestation and before delivery." That definition is different from the statute. Do you know if the statute was changed since 1995 regarding the definition?

I have a call in to Phillip Mitchell of VS to ask him about the mechanics of issuing the fetal death certificate.

Also I have taken a look at other jurisdictions and there is a split on whether a gestation period is used. The state of Maryland simple permits the issuance of the birth certificate if a fetal death certificate is issued which seems appropriate. Since in Alaska it appears that a fetal death certificate may be issued for a stillborn prior to 20 weeks I suggest that the definition of stillborn child be consistent with what the VS Dept is now doing with the fetal death certificates.

What do you think of this?

(h) In this section, "stillbirth" or "stillborn child" refers to an unintended fetal death occurring in the state as defined in AS 18.50.950 (8) (A) and (B) and for which a fetal death certificate is issued.

Good to be working with you on this.

Regards,  
John Davies

**John Davies**

---

**From:** John Davies  
**Sent:** Wednesday, March 04, 2009 8:31 AM  
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What do you think of this?

(h) In this section, "stillbirth" or "stillborn child" refers to an unintended fetal death occurring in the state as defined in AS 18.50.950 (8) (A) and (B) and for which a fetal death certificate is issued.

Good to be working with you on this.

Regards,  
John Davies

**John Davies**

---

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 2:52 PM  
**To:** John Davies  
**Subject:** RE: HB 2

Yes I am Familiar with the National stillbirth Society. The definition that is currently in the bill is one that is also in many versions around the country. I have spoken with the founder of this society and he actually testified on the bill last year. The lady whose name I mentioned is the founder of the M.I.S.S. Foundation. The national stillbirth society describes stillbirth as the intrauterine death and subsequent delivery of a developing infant that occurs beyond 20 completed weeks of gestation. (A loss prior to 20 weeks is termed a miscarriage or "pregnancy loss".) this is found on their website. <http://www.stillnomore.org/main.htm>

Sandra Wilson  
 Staff to Rep. Gatto  
 465-3163

---

**From:** John Davies  
**Sent:** Tuesday, March 03, 2009 2:45 PM  
**To:** Sandra Wilson  
**Subject:** RE: HB 2

Sandra, Are you familiar with the National Stillbirth Society? I have been researching this issue and sent a request to them about a model definition. I see that the lady that you named is prominent in the Stillbirth educational community. JD

---

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 1:16 PM  
**To:** John Davies  
**Subject:** RE: HB 2

Is there a specific committee member who has a problem with the bill that is holding it up? Or is it just details on the language?

Sandra Wilson  
 Staff to Rep. Gatto  
 465-3163

---

**From:** John Davies  
**Sent:** Tuesday, March 03, 2009 1:14 PM  
**To:** Sandra Wilson  
**Subject:** RE: HB 2

Good thoughts Sandra. JD

---

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 12:15 PM  
**To:** John Davies  
**Subject:** RE: HB 2

*Initial Statute*  
*Philly Mitchell*  
*465 8643*

The suggestions would be as follows and this is based off of the CS that was heard in committee:

On page 1 line 6 following "of" delete "a stillborn child" and insert "the stillbirth"

On page 1 line 12 following "of" delete "a stillborn child" and insert "the stillbirth"

On page 1 line 13 following "name" delete "of a stillborn child"

On page 2 line 1 following "name" delete "of the stillborn child"

On page 2 line 6 following "birth" delete "of a stillborn child"

On page 2 line 14 remove everything following "stillbirth" and insert "is that as defined in AS 18.50.950(8).

If you were to make those changes there would be no reference to a child and take away any concerns that have been raised.

Sandra Wilson  
Staff to Rep. Gatto  
465-3163

---

**From:** John Davies  
**Sent:** Tuesday, March 03, 2009 11:58 AM  
**To:** Sandra Wilson  
**Subject:** RE: HB 2

Yes, I had the word fetus in my first draft, but changed it to follow the referred to statute. I am glad that you have been talking to others with experience. That's a great help. Based on your conversations do you have any new draft language? Thanks JD

---

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 10:27 AM  
**To:** John Davies  
**Subject:** RE: HB 2

I understand. I have been talking with those who have worked on this in other states. And in states where this issue has come up what they have done to quash any belief that this would in any way give rights to or somehow do what we did not want it to do was delete the word child and insert the word fetus. By doing this we take away any reference to a child.

Sandra Wilson  
Staff to Rep. Gatto  
465-3163

---

**From:** John Davies  
**Sent:** Tuesday, March 03, 2009 10:00 AM  
**To:** Sandra Wilson  
**Subject:** RE: HB 2

Let's talk to Jean about this tomorrow and look to get the bill out of committee next week. It would be better to get it right now to insure its passage later. JD

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 9:52 AM  
**To:** John Davies  
**Subject:** RE: HB 2

You could make it simpler by saying that in this section "stillbirth" or "stillborn child" is that as defined in AS 18.56.950 (8)

I do not have a problem meeting with the two of you tomorrow. I was just hoping that we would be able to get this heard and passed out today because the hope that both myself and Rep. Gatto is that we could pass this bill through this year. This is more and more unlikely as it takes longer to get it out of committee. I guess I don't completely understand the issue at hand because it states very clearly in the bill that the issuance of the birth certificate is not proof of live birth.

Sandra Wilson  
Staff to Rep. Gatto  
465-3163

---

**From:** John Davies  
**Sent:** Tuesday, March 03, 2009 9:35 AM  
**To:** Sandra Wilson  
**Subject:** HB 2

Dear Sandra,

This email is a heads up for your to keep you apprised of the movement on your bill. Here is the proposed definition of "stillborn child" that we propose:

- (h) In this section, "stillbirth" or "stillborn child" refers to the unintended death of a product of human conception as defined in AS18.50.950 (8)(A) and (B).

Give this some thought. We have an appointment to meet with Jean Mischal, Leg Legal, tomorrow at 9am at her office in the TMOB. I would like you to attend with Matt and I so that you can have your input heard on this.

We are trying to make sure that the definition is tight enough so as not to cause the bill to fail or run into problems with legal challenges.

Jean was working on a drafting job today and couldn't see us until tomorrow.

Regards,  
John Davies

# MISSING ANGELS FOUNDATION

## MISSING ANGELS BILL FACT SHEET

- I. The bill establishes a "Certificate of Birth Resulting in Stillbirth" as an *optional* document for families requesting and paying for it in our state;
- II. There is already a *death certificate* issued and *legislated final disposition at families' expense* for all stillborn babies in our state;
- III. Stillbirth is the unintentional death of an unborn baby who has *passed 20 completed gestational weeks* as defined by the NICHD. These are not early losses or abortions. Rather these are the births of dead babies;
- IV. Between 25,000-30,000 babies are stillborn in the U.S. each year, one in 100 pregnancies. Most occur at or near full term to otherwise apparently healthy babies;
- V. Other countries including the United Kingdom, Australia, and Ireland already issue certificates of birth for stillborn babies;
- VI. The bill has been passed in 15 U.S. states, and legislation is pending in more than five states;
- VII. A baby born at 19 weeks gestation, pre-viability, but who takes one breath is issued a Certificate of Live Birth and is counted in infant mortality rates. Conversely, a baby born at 40 weeks gestation and past viability can die just one second prior to birth, will only receive a death certificate, and is not counted in infant mortality statistics;
- VIII. It is not only about dignity and validation, but also about maternal health and newborn well-being, epidemiology, and research. It is the right thing to do for women in our state and their families.

For more information visit [www.missingangelsbill.org](http://www.missingangelsbill.org)  
Or contact your local representative of the MISS Foundation

Contact \_\_\_\_\_ SB/HB Number \_\_\_\_\_

"It is always the right time to do the right thing."  
Martin Luther King, Jr.

**Journal Entries:**

- June 9, 2005
- May 13, 2005
- March 15, 2005
- March 14, 2005
- March 11, 2005
- March 10, 2005
- March 9, 2005
- March 7, 2005
- March 4, 2005
- February 26, 2005
- February 24, 2005
- February 16, 2005
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- September, 2003
- June, 2003
- May, 2003
- April, 2003
- March, 2003

National Institutes of Health  
 Eunice Kennedy Shriver  
 National Institute of Child  
 Health and Human Development



<a href="#">Health Information</a>	<a href="#">Research</a>	<a href="#">Funding</a>	<a href="#">News &amp; Media</a>	<a href="#">About NICHD</a>
<input type="text"/>	<input type="button" value="Search"/>			

Last Update: 12/09/2008

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## Research on Miscarriage and Stillbirth

### Miscarriage

Miscarriage is the term health care providers use to describe the loss of pregnancy from natural causes before the 20th week of pregnancy. Most miscarriages occur very early in pregnancy, in some cases before a woman even knows she is pregnant. Researchers estimate that, among women who already know they are pregnant, nearly 15 percent will have a miscarriage.

There are many different causes for miscarriage, some of them known and others unknown. In most cases, there is nothing a woman can do to prevent a miscarriage. Having a miscarriage does not mean that a woman won't become pregnant again, or that she will not have normal pregnancies in the future. And, for most women, miscarriage is not a sign of a larger health problem.

Having a miscarriage can be devastating to a woman and her family. A woman or family who is having trouble coping with the loss of a miscarriage should ask a health care provider.

### NICHD Research on Miscarriage

The NICHD supports and conducts research on the causes of miscarriage in hopes of finding ways to prevent women from having them. For instance, NICHD-supported researchers recently found that women with a disorder called Polycystic Ovary Syndrome (PCOS) are three times more likely to miscarry during the early months of pregnancy than women who don't have PCOS. Women with PCOS often have great difficulty getting pregnant naturally.

Research has found that women with PCOS also tend to have a condition called insulin resistance, which means their bodies have trouble using the insulin they make to get energy from their cells. Insulin resistance often occurs before someone develops diabetes. To treat this insulin resistance, researchers had been prescribing a drug called *metformin*. What they found was that metformin not only reduced insulin resistance, but it also brought about changes to the uterine lining that could help women with PCOS get pregnant and reduce the risk of miscarriage during their first trimester (the first three months) of pregnancy.

Studies are now underway to confirm the positive effects of the using metformin in women with PCOS, and to evaluate the safety of taking the drug throughout pregnancy. The NICHD's Reproductive Sciences Branch, through its Reproductive Medicine Network (RMN) is currently conducting a clinical trial for the treatment of infertility related to PCOS, using metformin. The RMN Web site provides more information on this trial and on the RNM itself.

Other NICHD-supported research is trying to learn more about repeated miscarriage. Researchers estimate that between 1 percent and 2 percent of women in the United States has more than one miscarriage without a known cause. Women who experience repeated miscarriages may undergo expensive and lengthy tests to try to identify a cause, but often get no answers. NICHD researchers, examining the vuva of these women, have found that many of them share a genetic mutation, or change. This mutation, on one of the X chromosomes, was found in nearly 15 percent of women who had a history of repeated, unexplained miscarriage. If this genetic mutation is confirmed as a cause of repeated miscarriages, researchers may be able to develop a simple blood test that could predict a

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woman's chances of having a miscarriage in future pregnancies.

For more information on NICHD-supported research on miscarriage, read the Institute's [news releases on miscarriage](#). The National Library of Medicine provides additional information on [pregnancy loss](#), which includes miscarriage. For more information, visit the [Medem™ Website](#) and do a search for "recurrent miscarriage" in the medical library.

### Stillbirth

Stillbirth is the term health care providers use to describe the loss of a pregnancy after the 20th week of pregnancy, due to natural causes. According to national statistics, stillbirths occur in nearly one in 200 pregnancies in the United States every year.

Stillbirth can occur before delivery, or as a result of complications during labor and delivery. In at least half of all cases, researchers can find no cause for the pregnancy loss.

In some cases of stillbirth, the mother may notice a decrease in the movement or kicking of the fetus. In these cases, the health care provider uses an ultrasound, a machine that uses sound waves to create a picture of the fetus, to learn more about its health. If you are pregnant and have concerns about stillbirth, ask your health care provider if there are special ways he or she wants you to track movement.

Stillbirth can be devastating to a woman and her family. If you or your family are having trouble coping with the loss of a stillbirth, please talk to your health care provider.

In spite of how often stillbirth occurs, and how emotionally painful it can be, little research has been done on this type of pregnancy loss. To encourage more research on stillbirth, the NICHD is supporting a new research initiative, *Research on the Scope and Causes of Stillbirth in the United States*. Through this effort, the NICHD will create a network of research sites whose sole focus will be on understanding stillbirth, its features, its causes, and its effects on a woman's uterus. Patients in this network will include women from a variety of ethnic and economic backgrounds, to provide a clearer picture of this problem. Through this initiative, the NICHD hopes to support work that may some day be able to predict and prevent stillbirths.

The March of Dimes Birth Defects Foundation offers some patient information about stillbirth.

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This journal has been organized in 'blog' fashion, with the most recent entry on top. These pages are maintained by John Nevels - please let me know if you have any questions.

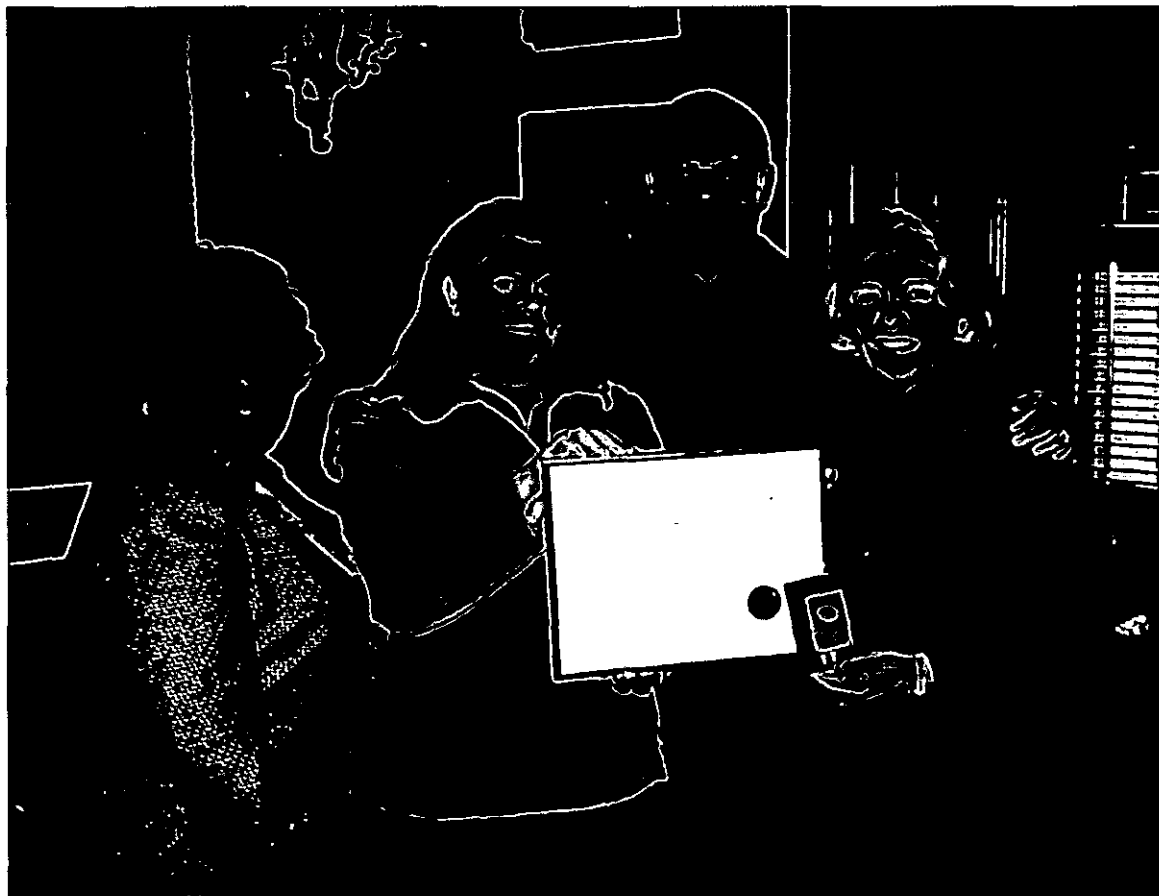
---

Today is **December 15, 2005**.

On December 12, Carolyn and I were invited to Senator Zaffirini's office at the state capitol building in Austin.

We attended an informal ceremony there - and we were given Bump's Certificate of Birth Resulting in Stillbirth.

A picture (or two) is worth a thousand words:



Department of State of Health Services  
Texas Vital Statistics

*Certificate of Birth Resulting in Stillbirth*

*According to State Records Bump Nevels*

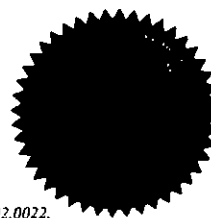
*Was Delivered on August 1, 2002*

*In Weatherford, Parker County, Texas*

*To Carolyn Anne Puckett and John Earl Nevels II*

*Date Issued: 11/29/2005*

*FD Number: 001682-2002*



*This certificate is not proof of live birth.*

*This certificate has been issued in accordance to Texas Health and Safety Code Sec. §192.0022.*

VS-300 9/2005

You can get a CBRS for your child by visiting: <http://www.dshs.state.tx.us/vs/field/stillbirth.shtm>

On **June 9, 2005**, Governor Rick Perry signed Senator Judith Zaffirini's Senate Bill 271 (The Texas MISSING Angels Bill) into law.

Starting on September 1, 2005, parents of stillborn children in the state of Texas will be able to request and receive a Certificate of Birth Resulting in Stillbirth for any stillborn child they have had, regardless of the date of stillbirth.

Words cannot convey how thankful we are to Senator Zaffirini and her Legislative Director, Mr. Larkin Tackett, for their tireless support and hard work.

If you have a moment - please take the time to thank them - for they are truly worthy of our praise.

You can send an e-mail to Senator Zaffirini **HERE**.

Representative Lon Burnam sponsored the bill on the House side.. you can send him an e-mail **HERE**.

The official History of Senate Bill 271 can be found here:  
SB 271 - Legislative Session: 79(R)

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At present time, we are waiting to hear from Austin on if (and when) a public bill-signing ceremony will take place. As soon as we hear - we'll get the word out!

---

On **May 13, 2005** - Senate Bill 271 was heard by the House Committee on Public Health.

Testimony in favor of the measure was given by Becky Ellis, John Nevels, and Brenda Nevels. Carolyn Nevels acted as a witness in support of the measure.

Of the committee members present (two were absent), a unanimous decision was made to favorably report the bill to the LOCAL & CONSENT CALENDERS committee. This is considered good news because passage from this committee will most likely mean that SB 271 will go to the House floor for a full vote within a few days.

If you'd like to see the public hearing, it's available on the internet. Make sure you have RealPlayer installed (it's free and easy to find on the internet if you don't already have it) and then click here: <http://www.house.state.tx.us/fx/av/committee79/50513p33.ram>.

NOTE: There were 3 bills heard before Senate Bill 271. This clip is only about 1 hour and 15 minutes in length.

---

On **March 15, 2005** - Senate Bill 271 was heard by the Senate Health and Human Services Committee. Upon stating the intent of the legislation, Senator Zaffirini also stated that a committee substitute was being offered that would only be technical in nature and would not impact the original intent of the bill.

Along with my oral testimony, the committee heard from stillbirth mother Amanda Turner, and two other stillbirth parents, Kristi & Howard Davis.

Also testifying on the bill was a young lady named Candice Lewis from the Austin branch of the ACLU. Her position was that she felt it was unfair that a woman who might have to give birth to a dead infant at 19 weeks and 5 days would not be able to receive a CBRS. She wanted 'viability language' written into the legislation.

In 1987, a Texas statute defined viability as follows: "Viable means the stage of fetal development when, in the medical judgment of the attending physician based on the particular fact of the case, an unborn child possesses the capacity to live outside its mother's womb after its premature birth resulting from any cause."

The 1987 bill and current statute also uses "good faith according to the physician's best medical judgment."

So, her suggestion was that the state consider offering a bill that replaces the 20 week gestational age with

"viability", as defined in the Medical Practice Act, determined by the attending physician acting in good faith and using his/her best medical judgement.

One of the Senators on the panel agreed with her and offered to submit an admendment that would redefine stillbirth as a doctor's decision of viability alone.

Senator Zaffirini came out against the admendment stating that the families who have had stillborn children have been waiting long enough, that she and her staff had made every effort to have the legislation be controversy-free, and that while she would accept language that made a compromise - such as "a doctor's determination of viability OR 20 weeks", she would not accept viability language alone.

The Senator with the viability language then withdrew his proposed amendment.

All of the Senators present then voted that the committee substitute for Senate Bill 271 be reported favorably to the Senate.

Afterwards, many of the Senators on the panel met with us, expressed their sympathy, and told us they would do whatever they could do to make the CBRS happen for us.

If you'd like to see the public hearing, it's available on the internet. Make sure you have RealPlayer installed (it's free and easy to find on the internet if you don't already have it) and then click here: <http://www.senate.state.tx.us/avarchive/ram.php?ram=00002175>.

NOTE: Once you get the clip up and running, the part regarding Senate Bill 271 starts at about 1:40:00 on the 2:14:13 length clip.

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On **March 14, 2005** - Larkin sent me an email with one question:  
Why does the bill define a stillbirth at twenty weeks?

I responded:

The bill specifies 20 weeks because that's the criteria that is used when a Certificate of Fetal Death is issued.....

Texas Administrative Code Title 25 Chapter 181.7

(a) A certificate of fetal death shall be filed for any fetus weighing 350 grams or more, or if the weight is unknown, a fetus aged 20 weeks or more as calculated from the start date of the last normal menstrual period to the date of delivery.

(b) A certificate of fetal death shall be considered properly filed:

(1) when all of the items thereon have been satisfactorily and definitely answered; and

(2) when the certificate has been presented for filing to the local registrar of the registration district in which the fetal death (stillbirth) occurred or the fetus was found. A certificate of fetal death (stillbirth) shall be filed with the local registrar within five days after the date of fetal death (stillbirth).

So.....the state should also offer the parents the opportunity to receive a CBRS based on the same '20 week' criteria.

Also on March 14, Larkin asked:

1. Why not replace the "20 weeks" definition with "after viability?"
2. Why not issue a seperate "Certificate of Birth Resulting in a Miscarriage?"

I responded:

1. Because we have a 'Certificate of Fetal Death' based on 20 weeks. We don't need to get doctors involved in making viability decisions when the state has already made it clear that our child has died and has issued us a 'Certificate of Fetal Death'. We want recognition of the birth event.
2. Stillbirth and Miscarriage are two different events entirely. There is no vital records registration required when a child is miscarried. Our issue is that whenever a 'Certificate of Fetal Death' is issued - a CBRS should be offered.

On **March 11, 2005** - Larkin sent an e-mail with 2 questions.

1. Why not have the fetal death certificate and CBRS be one certificate?
2. Will there be problems with fraud for a CBRS that is left blank?

I responded:

1. Why not have the fetal death certificate and CBRS be one certificate?  
Currently, the specific cause of death data placed on Fetal Death Certificate is collected by the state in order to meet CDC/National Center for Health Statistics requirements. It wouldn't be a positive recognition of the birth of a child (whether 'live' or 'stillborn') if the parent had to look at the cause of death (or the contributing factors to that cause of death) on the combination certificate. It makes sense that if the state is mandated to issue a 'death certificate' that the state should issue a 'birth certificate' as well.
2. Will there be problems with fraud for a CBRS that is left blank?  
There shouldn't be. The Certificate of Fetal Death is a document containing a serialized number. That number should also be used on the CBRS so that an effective match can be made. In the vast majority of cases.. the parent that does not wish to name a stillborn child will not order a CBRS. Since the CBRS is not proof of a live birth - there should be little if any chance that it would be used in a fraudulent manner.

On **March 10, 2005** - I heard from Larkin that Senator Van de Putte was interested in signing on to SB 271 as a co-author. Also, we heard on this date that the public hearing might be on March 15th (later in the day, it was confirmed, we were set for the 15th).

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On **March 9, 2005** - Larkin asked if I could provide him with the full article from the Indianapolis Star that I had previously cited - so I did. A copy of it can be found here.

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On **March 7, 2005** - In thinking more about the 'issue' that Planned Parenthood had created I did some research and emailed Larkin with an idea:

Larkin,  
The Indianapolis Star ran an article titled "Bill allowing birth certificates for stillbirths advances" on January 22, 2002.

In that article, Dinah Farrington, vice president of public policy for Planned Parenthood of Great Indiana, said her group would not oppose Indiana's legislation because...

"The proposed certificate would not be proof of a live birth."

If we added the language similar to that into Senate Bill 271 - would it be enough to keep them happy?

Larkin then asked if I could provide him a copy of Indiana's law - so I did:

**Indiana Code 16-37-1-8.5**

Certificate of birth resulting in stillbirth; required contents of certificate

Sec. 8.5.

(a) Upon request by a parent of a stillborn child, a local health officer shall provide to the parent a certificate of birth resulting in stillbirth.

(b) A certificate of birth resulting in stillbirth provided under subsection (a) must contain the following:

(1) The caption "Certificate of Birth Resulting in Stillbirth".

(2) A space for the name of the stillborn child.

(c) A certificate provided under this section is in addition to a certificate of stillbirth registration provided under section 8 of this chapter.

**(d) For purposes of federal, state, and local taxes, the certificate provided under this section is not proof of a live birth.**

(e) A local health department may charge the same fee for a certificate provided under this section as the fee charged for a certificate of birth registration provided under section 8 of this chapter.

(f) A certificate of birth resulting in stillbirth must be issued on tamper resistant paper.

As added by P.L.13-2002, SEC.1.

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On **March 4, 2005** - I received word from Larkin that Planned Parenthood had some issues with the language in Senate Bill 271 and they were proposing changes.

Here is the language proposal I received from Planned Parenthood folks.  
Your thoughts?

Thanks,  
Larkin

-----Original Message-----

In 1987, Texas passed a ban on third trimester abortions if the fetus was viable. The bill amended the Medical Practice Act of Vernon's Texas Civil Statutes. Sen. Zaffirini was already a member of the Texas Senate then.

You may want to look up the entire statute, but we generally concluded yesterday that it would be best to use some of the language from that existing statute to frame the stillborn birth certificate bill. Specifically, instead of using 20 weeks or any other number, we suggest that "after viability" be used. The 1987 statute defined viability as follows:

"Viable means the stage of fetal development when, in the medical judgment of the attending physician based on the particular fact of the case, an unborn child possesses the capacity of live outside its mother's womb after its premature birth resulting from any cause. However, the term does not apply to a fetus whose biparietal diameter is less than 60 millimeters."

The 1987 bill and current statute also uses "good faith according to the physician's best medical judgment."

Our suggestion is that you consider offering a bill with that replaces the 20 week gestational age with "viability", as defined in the Medical Practice Act, determined by the attending physician acting in good faith and using his/her best medical judgement.

Carolyn and I were both shocked. After a lot of thought (and after receiving some guidance from folks I really trusted) I responded to Larkin on Saturday, March 5, 2005:

Larkin,

I've given this a lot more thought - and I'm willing to provide you alternate definitions of "stillbirth" but I am not willing to muddy our legislation with definitions of "viability".

It is certainly not my desire to put you in the awkward position of placing Senator Zaffirini in the middle of a controversial firestorm.

I have to believe my son would have wanted me to stand up for him.

Let us not hinge the availability of this certificate - a certificate that can provide comfort and help heal grieving hearts - on a doctor's decision of viability.

In looking at the law Maryland passed (link:

<http://198.187.128.12/maryland/lpext.dll/Infobase/2b8ca/2bae3/2bb38/2bc4e?fn=document-frame.htm&f=templates#LPTOC1> ) I found language that I would be willing to use as a substitute:

"The Department shall make available a certificate of birth resulting in stillbirth to the parent or parents of a stillborn child for whom a fetal death was registered."

Maryland (link:

<http://198.187.128.12/maryland/lpext.dll/Infobase/2b8ca/2bae3/2bb38/2bb39?fn=document-frame.htm&f=templates#LPTOC1> ), defines "fetal death" as:

"Fetal death" means death of a product of human conception, before its complete expulsion or extraction from the mother, regardless of the duration of the pregnancy, as indicated by the fact that, after the expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as heart beat, pulsation of the umbilical cord, or definite movement of voluntary muscle."

Iowa (link: <http://www.legis.state.ia.us/IACODE/2003SUPPLEMENT/144/1.html> ) defines "fetal death" as:

"Fetal death" means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy. Death is indicated by the fact that after expulsion or extraction 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. In determining a fetal death, heartbeats shall be distinguished from transient cardiac contractions, and respirations shall be distinguished from fleeting respiratory efforts or gasps."

Minnesota (link: <http://ww2.revisor.leg.state.mn.us/arule/4601/0100.html> ) defines "fetal death" as:

"Fetal death. "Fetal death" means death of a product of human conception before the complete expulsion or extraction from its mother, irrespective of the duration of pregnancy, that is not an induced termination of pregnancy. The death is indicated by the fact that after expulsion or extraction, the fetus does not breathe or show any other evidence of life, including beating of the heart, pulsation of the umbilical cord, or definite movement of the voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions. Respirations are to be distinguished from fleeting respiratory efforts

or gasps."

Could any of these definitions be used for "stillbirth" in our Senate Bill 271 - and therefore keep everyone happy? There's no mention of gestational age.

Larkin, even though my wife Carolyn spent 18 hours in pain to bring our son into this world, there was no acknowledgement of the birth of my son. The vast majority of the people I have told that to were absolutely shocked.

In working out how a parent would receive the CBRS if the stillbirth occurred before the law was enacted, we talked about the fact that having the Certificate of Fetal Death is the key - it would most likely be the 'qualifying criteria' that the state is going ask for when a parent requests a CBRS. What more would 'Planned Parenthood' ask a grieving parent to do? Track down a doctor and get his opinion on viability? What if the doctor is no longer in practice, no longer living, etc? How much more difficult must this be made to appease them? How much more grief would they have us endure?

We have come too far to have this thing turned upside-down on us now. Please - let's stay the course and try to make this happen the way we have worked so hard to have it happen. Let's leave viability out of it and make sure there's nothing 'commemorative' about it.

It's just too important to let it get screwed up.

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On **February 26, 2005** - Adel, our precious daughter, died.

We learned that we were pregnant in January 2005.

We found out on February 18 that the HcG level in Carolyn's blood was rapidly falling.

We had already chosen names for this baby - and her name is Adel. It's short for Carolyn's hometown of Adelaide. Carolyn had had dreams about Adel - and she thought they were a positive sign because she had never dreamt about our other children before or after their deaths. In the last dream Carolyn had, Adel was about 8 or 9 years old, she had beautiful blonde hair, was dressed in denim overalls and she was playing outside. She looked so happy.

Adel left us at 12:15 in the morning on February 26.

We'll miss you always, Adel.

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On **February 24, 2005**, Larkin sent me an email stating that Senator Zaffirini was going to request to hear SB271 (in committee) on March 8, 2005.

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On **February 16, 2005**, I began reaching out to the membership of the MISS Foundation, my family, friends, and co-workers. I created a web page that included a sample letter (much like the one dated February 10 above) and the mailing address of all of the members of the Senate Committee on Health and Human Services. The money we spent on postage was well worth it. I wanted to make sure that the members of the committee were aware that there was, indeed, public support for the bill.

At this point in time - Senate Bill 271 had already been...  
Received by the Secretary of the Senate (on 01/25/2005), Filed (on 01/25/2005), Read first time (on 02/03/2005), and Referred to Health & Human Services (on 02/03/2005).

It was rapidly approaching the time when a public hearing would take place - and Carolyn and I wanted to be there.

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On **February 11, 2005** - Larkin responded to my February 10 email:

John,  
Where does the reference in your letter to twenty weeks in other state regulations come from?

Thanks,  
Larkin

I responded on the same day:

Larkin,  
I'm glad you asked!  
See: <http://www.cdc.gov/nchs/data/misc/itop97.pdf>

It's slightly different from state to state (and reporting area to reporting area), but the most widely accepted definition of 'Stillbirth' (a/k/a Fetal Death) is:

"Fetal death" means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy and which is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction, 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.

Forty-one areas use a definition very similar to this definition, thirteen areas use a shortened definition of fetal death, and three areas have no formal definition of fetal death.

Current fetal death reporting requirements The 1992 Revision of the Model State Vital Statistics Act and Regulations (1) recommends the following reporting requirement for

fetal death:

"Each fetal death of 350 grams or more, or if weight is unknown, of 20 completed weeks gestation or more, calculated from the date last normal menstrual period began to the date of delivery, which occurs in this state shall be reported within 5 days after delivery to the (Office of Vital Statistics) or as otherwise directed by the State Registrar."

Eleven areas report all periods of gestation as a fetal death; 25 areas report gestation periods of 20 weeks or more; 13 areas specify birthweight of 350 grams or more or 20 weeks of gestation or more; 1 area specifies 20 weeks or more or birthweight of 400 grams or more; 1 area specifies 20 weeks or more or birthweight of 500 grams or more; 1 area specifies birthweight of 350 grams or more; 3 areas specify birthweight of 500 grams or more; 1 area specifies 16 weeks of gestation or more; and 1 area specifies 5 months of gestation or more.

Also on February 11, 2005 - I responded to Colin's February 9 email:

Colin,  
Sorry not to have gotten back with you sooner.

If you'll give me about 2 weeks advance notice, I can pretty much be wherever you need me to be.

I'm very happy that Rep. Burnam has filed HB335, and that he has agreed to become the House sponsor for SB271 - but I'm a little concerned that the language is not quite the same.

SB271 will make it the state's responsibility to offer the Certificate of Birth Resulting in Stillbirth (instead of relying on the parent to know that it's available before the event occurs). SB271 also provides that a parent who has had a stillborn child prior to the enactment of the legislation will be able to request the certificate upon providing sufficient documentary evidence of the event.

Please let me know your thoughts.

Subsequently, I was told by Colin that any differences between House Bill 335 and Senate Bill 271 would be changed with what is known as a "Committee Substitute".

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On **February 10, 2005** - I sent the following message to Larkin:

Larkin,  
Per our recent telephone conversation, attached is the letter I intend to send to the Senate Committee Chairs and Members. Please review and let me know your thoughts. If something needs changing - please just let me know, okay? I just want your opinion on

how I can get this done the right way so we can be successful.  
Thanks,  
John

Here is the text from the letter that was attached to the e-mail:

**A letter to the Senate Committee on Health and Human Services in support of SB-271, which requires the State of Texas to issue Certificates of Birth Resulting in Stillbirth (CBRS) to the parent of a stillborn child if the parent so requests.**

February 10, 2005

The Honorable Jane Nelson  
P.O. Box 12068  
Capitol Station  
Austin, Texas 78711

The Honorable Kyle Janek  
P.O. Box 12068  
Capitol Station  
Austin, Texas 78711

Dear Committee Chair Nelson and Committee Vice Chair Janek,

We write today to urge your support for Senate Bill 271 (SB-271), introduced by Senator Judith Zaffirini (D-Laredo). Under this bill, parents whose children are stillborn would be given the option to receive a "Certificate of Birth Resulting in Stillbirth".

Your consideration of this legislation sends a message of hope and compassion for bereaved parents who suffer the devastating loss of a child by stillbirth. Current state policies mandate that when a woman loses a child after 20 weeks of gestation, even though in the vast majority of cases she will have to endure the physical and emotional pains of childbirth, the only certificate available to the parents is a "Certificate of Fetal Death".

By officially acknowledging our stillborn children in a positive manner, our state will provide a level of comfort and support that has been missing. However briefly, our state's stillborn children lived and died. Even in death, all of these children very much matter to all those who continue to love them, continue to grieve for their loss, and continue to wish to honor their memory.

We respectfully request your "YES" vote on SB-271.

Sincerely,

John & Carolyn Nevels

cc: Members, Senate Committee on Health and Human Services

On **February 9, 2005** - I received this message from Colin Leyden (Representative Burnam's aide):

As you are probably aware, Senator Zaffirini and Rep. Burnam have both filed the same legislation to establish a certificate of birth resulting in stillbirth. Our bill has been referred to the Public Health committee in the House of Representatives. We will request a hearing, and need to line up our witnesses to testify for the bill. What is your availability for testifying on behalf of the bill?

Senator Zaffirini will also be moving her bill through the Senate process. Rep. Burnam has agreed to defer to the Senator's bill, at which time he would become the House Sponsor for her bill, if and when it makes it over to the House. We feel it is important to keep the separate bills moving through both chambers, just to be sure. Please call when you get the chance so we can discuss further.

Thanks,  
Colin Leyden

---

On **January 25, 2005** - I received this message from Larkin:

Today, Senator Zaffirini filed SB 271, which requires the State of Texas to issue Certificates of Birth Resulting in Stillbirth (CBRS) to the parents of a stillborn child if the parents so requests.

I'll be in touch.

Thanks,

Larkin Tackett  
Legislative Director  
Senator Judith Zaffirini

A copy of Senate Bill 271 - as it was first introduced - can be found **HERE**. (Adobe Acrobat Reader may be required).

Subsequently, I asked Larkin what I should be doing next. He suggested that I send a brief letter to each of the Senate Health & Human Services Committee members - asking them for their support on Senate Bill 271. It was also suggested that I have friends and colleagues do the same.

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On **January 24, 2005** - after discussing some of the above issues with Joanne Cacciatore, I sent Larkin the following:

Here's something I just learned this from the founder of the MISS Foundation in Arizona (Joanne Cacciatore - who pioneered this legislation there) and wanted to pass it to you: "we've never experienced a circumstance in Arizona where a parent requested a CBRS and did NOT name their child at time of birth. **Never.** Never since 2001 and more than 2,000 CBRS issued."

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On **January 21, 2005** - I sent the following comments to Larkin so that he could work with the DSHS and reach a consensus before filing:

Define it however it needs to be defined - but the certificate should remain titled "CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH". It is of paramount importance that the words "Certificate of Birth" are in the title of this certificate. Anything else (or anything less) is a Death Certificate - and that is *\*not\** what I want.

If they give it the title "Certificate of Stillbirth" - that's a definite deal-breaker (as stated above). Moving on to the certificate 'name amending' thing... Make no mistake; the birth of my son - the event itself - was tremendously emotional and difficult. I can fully appreciate and understand why parents may not want to name their child at the time of the birth. My opinion is that if a parent did not have the desire (or emotional wherewithal) to name his or her child at the time of the birth, but now, months or years later they wish to do so, (regardless of whether or not they are trying to obtain a CBRS), the state should do *\*whatever it takes\** to make it possible for a parent to name their heretofore un-named child. I'm relatively confident that the beneficial psychological aspects of naming a child are documented.

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On **January 19, 2005** - Larkin sent me the following from the DSHS:

Here are the agency comments:

Sec. 192.0022 (b) (2) and (3) - References to Bureau of Vital Statistics - should be changed to reflect the new name under the Texas Department of State Health Services as "Texas Department of State Health Services Vital Statistics Unit."

Sec. 192.0022 (a) - Definitions on "stillbirth" - the definition in the draft bill may conflict with the National Center for Health Statistics (NCHS) definitions for "live birth" versus "fetal death or stillbirth." These NCHS definitions have been adopted by the World Health Assembly and are recommended for use in the United States. I have a copy of these definitions and will fax them to you separately. As Senator Zaffirini moves forward on this bill, DSHS staff will continue to research the definitions.

Sec. 192.0022 (c) - Name on Certificate of Stillbirth - because it would be necessary to corroborate prior stillborn deaths through existing fetal death certificates, any name placed on the "certificate of birth resulting in stillbirth" would need to be the same name

indicated on the fetal death record. According to the Vital Statistics staff, many of the past fetal death registrations do not have names listed. If the requesting parents want a name listed where no name currently exists, then The fetal death record would have to be amended. It is important that the "certificate" be linked to the fetal death record so there can not be different names on both documents. Parents should only be able to supply a name at the time of the fetal death or if no exists on a previously filed fetal death record.

On **January 7, 2005** - Representative Lon Burnam filed House Bill 335. I found this strange and interesting. It was an almost identical copy to the first draft that Larkin had sent to me back in November - but no other changes had been made to it. I was later told by Larkin that this would be okay - and we had little to worry about.

On **January 6, 2005** - I was sent yet another draft to review and comment on. The text is transcribed below - but you can also access it by clicking **HERE**. (Microsoft Word may be required).

A BILL TO BE ENTITLED  
AN ACT

relating to the issuance of a certificate of birth resulting in stillbirth on request of a parent.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 192, Health and Safety Code, is amended by adding Section 192.0022 to read as follows:

Sec. 192.0022. CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH.

(a) In this section:

- (1) "Stillbirth" means an unintended, intrauterine fetal death occurring in this state after a gestational age of not less than twenty completed weeks.
- (2) "Certificate of birth resulting in stillbirth" means a birth certificate issued to record the birth of a stillborn child.

(b) The person who is required to file a fetal death certificate under Section 193.002 shall advise the parent or parents of a stillborn child:

- (1) that a parent may, but is not required to, request the preparation of a certificate of birth resulting in stillbirth;
- (2) that a parent may obtain a certificate of birth resulting in stillbirth by contacting the bureau of vital statistics to request the certificate and paying the required fee; and
- (3) regarding the way or ways in which a parent may contact the bureau of vital statistics to request the certificate.

(c) A parent may provide a name for a stillborn child on the request for a certificate of birth resulting in stillbirth. The person who prepares the certificate shall leave blank any references to the stillborn child's name if the requesting parent does not wish to provide a name.

(d) The department shall prescribe the form and content of a certificate of birth resulting

in stillbirth and shall specify the information necessary to prepare the certificate.

(e) A parent may request the bureau of vital statistics to issue a certificate of birth resulting in stillbirth without regard to the date on which the fetal death certificate was issued.

(f) The executive commissioner of the Health and Human Services Commission may adopt rules necessary to administer this section.

SECTION 2. Not later than the 60th day following the effective date of this Act, the bureau of vital statistics of the Department of State Health Services shall prescribe the form and content of a certificate of birth resulting in stillbirth and specify the information necessary to prepare the certificate as required by Section 192.0022, Health and Safety Code, as added by this Act.

SECTION 3. A parent may request the bureau of vital statistics of the Department of State Health Services to prepare and issue a certificate of birth resulting in stillbirth without regard to whether the fetal death occurred on, before, or after the effective date of this Act.

SECTION 4. This Act takes effect September 1, 2005.

It was perfect. The only thing was - Larkin wanted to make sure that the DSHS completely agreed with the language in the bill before it would be filed in the Senate.

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On **January 4, 2005** - Larkin wanted to make sure that I was okay with the renaming of the certificate from "Birth Certificates for Birth Resulting in Still Birth" (BCBRS) to "Certificates of Birth Resulting in Stillbirth" (CBRS). My response was affirmative - but I reminded him that anything less would not be acceptable.

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On **January 3, 2005** - I was send a another draft to review and comment on. The text is transcribed below - but you can also access it by clicking **HERE**. (Microsoft Word may be required).

A BILL TO BE ENTITLED  
AN ACT

relating to the issuance of a birth certificate for a birth resulting in stillbirth on request of a parent.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 192, Health and Safety Code, is amended by adding Section 192.0022 to read as follows:

Sec. 192.0022. BIRTH CERTIFICATE FOR A BIRTH RESULTING IN STILLBIRTH.

(a) In this section, "stillbirth" means an unintended, intrauterine fetal death occurring in

this state after a gestational age of not less than twenty completed weeks.

(b) The party responsible for filing the fetal death certificate pursuant to Sec. XX shall advise the parent or parents of the stillbirth of all of the following:

(1) That they may request preparation of a birth certificate for a birth resulting in stillbirth.

(2) That preparation of the certificate is optional.

(3) How to obtain a certified copy of the certificate if one is requested and prepared.

~~) A parent may request the bureau of vital statistics to issue a birth certificate for a birth resulting in stillbirth.~~

(c) A parent may provide a name for a stillborn child on the request for a birth certificate for a birth resulting in stillbirth submitted under Subsection (b). The person who prepares the certificate shall leave blank any references to the stillborn child's name if the requesting parent does not wish to provide a name.

(d) The department shall prescribe the form and content of a birth certificate for a birth resulting in stillbirth and shall specify the information necessary to prepare the certificate.

(e) Any parent in possession of a fetal death certificate issued prior to the effective date of this Act may request a birth certificate for a birth resulting in stillbirth pursuant to this section.

(e) The executive commissioner of the Health and Human Services Commission may adopt rules necessary to administer this section.

SECTION 2. Not later than the 60th day following the effective date of this Act, the bureau of vital statistics of the Department of State Health Services shall prescribe the form and content of a birth certificate for a birth resulting in stillbirth as required by Section 192.0022, Health and Safety Code, as added by this Act.

SECTION 3. This Act takes effect September 1, 2005.

It met every expectation.

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On **December 20, 2004** - I heard back from Larkin - he had feedback from DSHS and wanted to know if I had any questions:

Here are the initial thoughts from DSHS staff:

Basically, there is not any concern about giving parents information about the availability of a certificate at the time of stillbirth from the time of enactment of such legislation. This would be conducted by the hospital and/or funeral home staff as part of the other information the parents receive about the stillborn fetal death certificate. Information could be included in the training materials and process that are conducted by DSHS. Giving them information about the availability of a special certificate may, in fact, provide some measure of solace. However, there is concern that going back to parents whose stillbirth occurred five years ago is not the same situation at all.

As for the retroactive availability of the certificate or "grandfathering"...The grandfathering concept sounds good in principle, but program and legal staff view this as potentially problematic and recommend against inclusion in the bill language. How will parents of stillborn children know about this after the fact? If DSHS is mandated to contact them, there is concern that this would likely result in the reopening of old wounds and a lot of unintended heartache. This could create some unneeded ill will between the

State and these parents. Yet, we understand that there are some parents who would want this certificate regardless of the time that has passed.

And if DSHS is required to do a mass notification, it would obviously increase our short-term expenses and effort. Due to the nature of how records of fetal death certificates have been kept in Texas over time...if this bill is retroactive, it will be labor intensive and time consuming to produce a certificate of birth that resulted in a stillbirth if there was a large demand from years past. There is concern that requiring an affirmative notification of a parent of the availability of a certificate who experienced a stillborn birth prior to the enactment of the law could present some logistical and resources burdens, not to mention potential heartache for the parents. In addition, many of the fetal death registrations do not have names; and would also have to be amended for names to be added. If a fetal death certificate indicates a name, such as "Baby Smith," then program staff recommends that the name be the one used on a still birth certificate. It would be necessary to corroborate prior stillborn deaths through existing records. Please note the interesting facts regarding the registration of Texas fetal death certificates:

- \* Fetal death registration begin in 1924 to the present
- \* Years 1925, 1928 through 1931-no records located
- \* From 1924 through 1988 (213,589 records)-no indices for retrieval (have to manually search each record) and no microfilm or electronic images
- \* From 1989 to present (36,995 records as of December 2, 2004) These records also have not been imaged or microfilmed and there is only an limited abstracted database for these.

If Sen. Zaffirini wants to accommodate this request, we think the safest course of action is to simply create within the legislation the right of a parent to request a stillborn certificate for a stillborn event prior to the effective date of the bill, but not impose any obligation on the State or anyone else to affirmatively publicize this option beyond putting the information on our website. This is, of course, assuming we can corroborate a prior stillborn death.

On the same day - I sent the following response to Larkin:

Overall, I believe their feedback is positive. I'm pleased that the parents will be told of the availability of the certificate at the time of the stillbirth (this is still something that I want 'written' into the legislation, though, it's too important to leave out).

I fully understand their concerns with regards to 'grandfathering'. I absolutely agree with the last paragraph where they state that the best course of action is to "simply create within the legislation the right of a parent to request a stillborn certificate for a stillborn event prior to the effective date of the bill, but not impose any obligation on the State or anyone else to affirmatively publicize this option beyond putting the information on our website."

By the way - do we have any idea what the DSHS will require from the parents to corroborate the stillbirth of their child in order to receive the 'BIRTH CERTIFICATE FOR A BIRTH RESULTING IN STILLBIRTH'? All we have from the state is our son's Certificate of Fetal Death.. will that be enough?

Okay... what's next?

On **November 29, 2004** - I received by e-mail the first draft of the legislation for my personal review. It had not been made public - and it had not yet been filed. The text is transcribed below - but you can also access it by clicking **HERE**. (Microsoft Word may be required).

A BILL TO BE ENTITLED  
AN ACT

relating to the issuance of a birth certificate for a birth resulting in stillbirth on request of a parent.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 192, Health and Safety Code, is amended by adding Section 192.0022 to read as follows:

Sec. 192.0022. BIRTH CERTIFICATE FOR A BIRTH RESULTING IN STILLBIRTH.

(a) In this section, "stillbirth" means an unintended, intrauterine fetal death occurring in this state after a gestational age of not less than twenty completed weeks.

(b) A parent may request the bureau of vital statistics to issue a birth certificate for a birth resulting in stillbirth.

(c) A parent may provide a name for a stillborn child on the request for a birth certificate for a birth resulting in stillbirth submitted under Subsection (b). The person who prepares the certificate shall leave blank any references to the stillborn child's name if the requesting parent does not wish to provide a name.

(d) The department shall prescribe the form and content of a birth certificate for a birth resulting in stillbirth and shall specify the information necessary to prepare the certificate.

(e) The executive commissioner of the Health and Human Services Commission may adopt rules necessary to administer this section.

SECTION 2. Not later than the 60th day following the effective date of this Act, the bureau of vital statistics of the Department of State Health Services shall prescribe the form and content of a birth certificate for a birth resulting in stillbirth as required by Section 192.0022, Health and Safety Code, as added by this Act.

SECTION 3. This Act takes effect September 1, 2005.

Later that evening - after having had some time to review - I sent my concerns to Larkin Tackett:

Thanks for allowing me the opportunity to look this over. The language in this bill draft is a huge step in the right direction, but I think something is missing. Unless parents know that the certificate exists - they will not ask for it. Somewhere in the chain of events that occurs when a parent's baby dies to stillbirth - the parent needs to be told that this certificate has been made available for them. Somehow we need to mandate that hospitals (and/or funeral directors) educate their employees in order to ensure compliance with this new law. In some states where the education hasn't been mandated, the parents don't know that the state has made the certificate available to them until they find the information on a website somewhere.

Changes:

1. Let's strike the whole 'on request of a parent' thing. Lines 11 and 12 on Page 1 bug me. I would like it to be made MANDATORY that the parent be offered the opportunity to receive the Certificate of Birth Resulting in Stillbirth (BCBRS). The parent or parents should be offered the option to receive the BCBRS at the same time that the information for the Fetal Death Certificate is being gathered (presumably by the "person in charge of interment or in charge of removal of a body from a registration district for disposition" - because in the state of Texas, that's who is responsible for obtaining and filing a fetal death certificate).

Wisconsin's legislation includes this:

"...the party responsible for filing the fetal death report under s. 69.18(1)(e)1. shall advise the parent or parents of the stillbirth of all of the following:

- (a) That they may request preparation of a certificate of birth resulting in stillbirth.
- (b) That preparation of the certificate is optional.
- (c) How to obtain a certified copy of the certificate if one is requested and prepared."

Arizona's legislation includes the sentence:

"THIS CERTIFICATE SHALL BE OFFERED TO THE PARENT OR PARENTS OF A STILLBORN CHILD."

It's all about the word 'shall' - and I think it makes a huge difference.

2. I would like the Certificate of Birth Resulting in Stillbirth to be "grand-fathered" and made available to all the parents of stillborn children whose birth/death occurred BEFORE this legislation becomes law.

Wisconsin's legislation includes this:

"...if a birth that occurred in this state at any time resulted in a stillbirth for which a fetal death report was required under s. 69.18 (1)(e) 1. but a certificate of birth resulting in stillbirth was not prepared under sub. (2), a parent of the stillbirth may, on or after August 1, 2004, submit to the state registrar a written request for preparation of a certificate of birth resulting in stillbirth and evidence of the facts of the stillbirth that is satisfactory to the state registrar. The state registrar shall prepare and file the certificate of birth resulting in stillbirth within 30 days after receiving satisfactory evidence of the facts of the stillbirth."

3. With regards to lines 19 through 21 on Page 1 and lines 4 through 9 on Page 2, I know that there have been some issues in other states, most notably in South Carolina, where the form and content of the certificate was completely left to the discretion of the state (without input from parents, the true stakeholders) and in those cases, the parents were extremely disappointed when they received something that looked more akin to a fast-food receipt than a state-issued birth certificate. I'd like it very much if we could work together to provide parents what they would like.

Please let me know if you have any questions regarding the changes I'm asking for.

---

On **November 17, 2004** - I received official word that Senator Zaffirini had agreed to carry the bill.

---

Today is **November 3, 2004**. In the month of October, we made some significant progress. I've been in contact with hundreds of folks here in Texas - and I have asked them to tell their legislators that they fully support the 'MISSing Angels' legislation that Representative Burnam and Senator Zaffirini are considering.

By the way, if you live in Texas, and would like your legislators to know what's on your mind - regarding the MISSING Angels legislation or anything else - find out who represents you by clicking on the link below:

Who Represents Me? -- Districts By Address

Mr. Tackett and I have been in constant contact. I've also kept Mr. Colin Leyden (Representative Burnam's Legislative Aide) informed of the progress that is being made.

Yesterday, on a conference call with representatives from Department of State Health Services, Mr. Tackett gave me the opportunity to speak on why I was proposing the legislation. I can't say that all of the DSHS participants in the conference call really understood what it was I was asking for.

We are asking that Texas do something more - and that 'something more' is simply this: Under Texas Law, when a certificate of fetal death is required to be filed - and the child was stillborn - the parents will be offered the opportunity to receive (and subsequently pay for) a 'Certificate of Birth - Resulting in Stillbirth'. It really is that simple.

I'm confident that we're making steps in the right direction.

I'd like to say "THANKS!!" to everyone for hanging in there - and helping me to do this. I should have some more news to report in the days ahead.

---

On **September 24, 2004**, Mr. Tackett and I spoke on the phone. I was told that Senator Zaffairini was very interested in the legislation. Saturday evening, Carolyn and I spent a few hours putting together a packet of information for the Senator, and we'll be mailing it out to Austin on Monday morning, September the 27th.

---

On **September 23, 2004**, I received the following e-mail:

John & Carolyn,

My name is Larkin Tackett and I'm the Legislative Director for State Senator Judith Zaffirini. I've just recently joined Senator Zaffirini's staff and came across your work on the MISSING Angels bill. I would very much appreciate the opportunity to discuss this issue with you as we are currently compiling our legislative package for the 2005 Session.

Please give me a call or email at your earliest convenience.

Thanks,

Larkin Tackett  
Legislative Director  
Office of Senator Judith Zaffirini, 21st District  
512.463.0121 (o)  
512.475.3738 (f)  
larkin.tackett@senate.state.tx.us

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Today is **March 19, 2004.**

It's been a long time since my last update - sorry about that.

I've since met with the State Representative who represents the district I've worked in for the past 5 years. His name is Lon Burnam.

His Legislative Director in Austin, Colin Leyden, recently wrote:

*"At this point it is on track to be part of our legislative package for the 79th session. All ideas for legislation will still be reviewed for final approval by our District 90 Legislative Committee."*

*"The legislature does not convene until January of 2005. Our final decisions for our legislative package will not happen until probably towards the end of this summer into early fall. You have been an effective advocate for the legislation. At this point, I don't see any reason why it won't end up as part of our final package. However, I will certainly let you know ASAP if it did not - to allow you time to "shop" the bill elsewhere. Please keep me updated with any developments of similar bills across the nation."*

During our meeting, Representative Burnam seemed genuinely interested in introducing this legislation - and doing so in a manner that would make it clearly bipartisan.

As his Legislative Director requested, I've been keeping them updated on Missing Angels legislation across the country.

---

Today is **October 10, 2003.**

I've received an e-mail from my Representative's office - and the news isn't good.

The Representative's Chief of Staff wrote:

"In all truth, I can not offer you a lot of encouragement at this time as to her offering legislation in this regard. Her opinion seems to be that birth certificates are to be used for statistics and not memorials. She understands and certainly sympathizes with you and your wife."

The hope that Representative Anna Mowery had been giving us - was crushed.

So,... now I'm 'shopping' for a better, "kinder gentler" bill author - and I hope to know something soon. With Texas' continuing redistricting mess - and the next regular legislative session being so far away - I understand that this is going to be a slow, arduous process.

Keep checking back. This is Texas.. you never know what might happen.

---

Today is **October 2, 2003**.

So much has happened with our personal lives - and - in so short a time.

At the end of July (right around the time I last updated this site) Carolyn and I found out that we were pregnant. Cautiously optimistic, we began to prepare for the arrival of Bump's little brother or sister. On September 3rd, during a routine ultrasound examination, Carolyn and I learned that at just shy of 11 weeks gestational age, our baby's heart was no longer beating.

Although it was actually too early in the pregnancy to determine gender, we'd always thought of this baby as a girl and we decided to name her Skye. We're doing better day by day. Slowly, we're learning to deal with this new kind of grief. The messages of sympathy and support that we have received have been awesome. It means so much to us that so many kind people have kept us - and our children - in their thoughts.

From the bottom of our hearts - thank you all.

---

On **September 9, 2003**, the Governor issued yet another proclamation.

Yep, Congressional Redistricting is back on the agenda again (among other important topics). I haven't been in contact with Representative Mowery's aides in quite awhile. With all this "redistricting stuff" going on, it just seems a little pointless. Once this third special session is over (and it looks like Representative Mowery might be spending some amount of time in her district office) then I will be in contact.

---

Here we go again... today is **July 30, 2003**.

On July 28, Texas Governor Rick Perry issued yet another proclamation calling for a second special session to consider congressional redistricting.

The "very partisan environment" continues to unfold - and there is no end in sight.

I am still in regular contact with Representative Mowery's aides in Austin and Fort Worth. They have assured me that I will have a chance to speak with the Representative at the earliest possible moment.

I can only speculate that our meeting will take place sometime in later part of August.

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Silently, our son came into this world on August 1, 2002. For me, it's hard to believe that nearly one year has passed... we'll always remember and miss you, Bump.

---

Today is **June 27th, 2003**.

On June 21, Texas Governor Rick Perry issued a proclamation calling the legislators back to Austin (starting June 30th) for a special session to "consider legislation relating to congressional redistricting."

I've since been in contact with Representative Mowery's office. Upon the completion of the special session (which has no set 'completion date') and prior to the Representative taking a leave of absence for a much-needed vacation, they have promised to set aside a block of time for us to visit her in the district office (in Fort Worth) and talk about a MISSING Angels Bill for Texas.

I think we're on the right track.

---

On **June 6, 2003**, I e-mailed (in part) the following to Representative Mowery's aide:

Once upon a time, you wrote: "If for some reason we are not able to get it passed this session, please contact us well before the next session starts and we can begin to work on it before the session starts."

I have a couple of questions. How soon can we begin working on this legislation, and, is Representative Mowery still interested in authoring and sponsoring it?

Thanks and Best Regards,

John Nevels, II  
Proud Father to Bump Nevels  
{Born Sleeping 8/1/2002}

Long story short, Representative Mowery is expecting to be called back to Austin for a special session.

I truly believe that her aide is NOT going to let her forget about the Texas MISSING Angels Bill.

This is due, in part, to that fact that I'm not going to let her aide forget about the Texas MISSING Angels Bill!

I'll keep you posted.

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On **June 2, 2003**, the 78th Legislature 'Regular Session' ended. Not at all surprising to those familiar with the very partisan environment that unfolded during this session, the 'MISSing Angels Bill' was not formally introduced.

Indeed, we 'came to the table' too late.

Some may see this as a defeat, but this 'battle' has only just begun. With 'courageous patience', I assure you, this will be done.

---

On **May 22nd through the 24th 2003**, Carolyn and I attended The M.I.S.S. Foundation's annual "Passages" conference for 2003. "Fulfilling",... "thought-provoking",... "healing",... "refreshing". These are the words that come instantly to our minds when thinking of how much the conference meant to us. A special "THANK YOU!" goes out from us to all those who sponsored, attended, and publicized this event.

Kara L.C. Jones (writer, poet, publisher and friend) posted her account of the event, "A Bereaved Parent in Context: "Rising from the Ashes..." on The M.I.S.S. Foundation's Seattle Chapter's website.

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On **May 1, 2003**, through e-mail correspondence, I learned from an aide in Representative Mowery's office that one of the Senators had expressed an interest and had planned to offer this as an amendment to one of the existing bills; however, when the bill came out, it did not have the amendment on it."

Subsequently, when I asked the aide if I had any "real" chance this session, I was told:

*"As much as I'd like to say yes, there is not much of a chance this session. We got started too late and they are debating budget, ethics, etc. which is of primary interest to all of them now and they don't seem to be making much headway. I wish I could be more positive."*

---

On **April 21, 2003**, I wrote a brief letter to each of the above asking for their support. The text of the letter follows:

Senator/Representative \_\_\_\_\_,

My name is John Nevels, II - I am the father of Bump Nevels, my only child, who was stillborn on August 1, 2002.

Recently, Representative Anna Mowery contacted your office with regards to adding a "Missing Angels" amendment to Senate/House Bill \_\_\_\_\_.

This amendment would allow for the issuance of a "Certificate of Birth Resulting in Stillbirth".

Please give the "Missing Angels" amendment proposal a close look - and then, please help to give our mothers in the State of Texas the recognition that they deserve.

Respectfully,

John Nevels, II  
Proud Father of Bump Nevels  
(Born Sleeping on August 1, 2002)

---

On **April 9, 2003**, Representative Mowery wrote me the following response:

Dear Mr. Nevels:

Thank you for your fax with bill numbers of possible germane legislation now pending. This was of tremendous help.

I have sent a copy of your original letter to each of the bill authors with a suggestion they offer an amendment to the bill which they have authored in the respective Houses.

I will let you hear from me as soon as I receive a reply from them.

Sincerely,  
Anna Mowery

For the record:

House Bill No. 1353 was authored by State Representative Carlos Uresti,  
House Bill No. 2990 was authored by State Representative Jaime Capelo,  
Senate Bill No. 1553 was authored by Senator Kyle Janek, and,  
Senate Bill No. 1744 was authored by Senator Judith Zaffirini.

---

On **March 31, 2003**, I received a phone call from Representative Mowery during which she informed me that in Texas, we were more than halfway through our current legislative session (which only meets once

every two years). We 'came to the table' too late to author and submit a "MISSing Angels Bill" all by itself. Representative Mowery assured me that she would look for existing legislation that might be germane (related to) the "MISSing Angels Bill". The idea is that the language contained in Arizona's "MISSing Angels Bill" could be written as an amendment and attached to the pre-existing and somewhat relative legislation.

After consulting with some well-respected colleagues, I did a little research on pending legislation and faxed Representative Mowery the following:

April 4, 2003

State Representative Anna Mowery  
Texas House of Representatives  
Capitol Office  
Room CAP 1N.05  
P.O. Box 2910  
Austin, TX 78768

Representative Mowery,

Once again, thank you for your phone call last Monday afternoon.

I hope I'm not being too forward, but after doing some research, I believe that I may have found some bills that are germane to the "Missing Angels" legislation that I am requesting.

The bills that I've found are:

House Bill No. 1353  
House Bill No. 2990  
Senate Bill No. 1553  
and  
Senate Bill No. 1744

Please let me know what your thoughts are to amending one of these bills to include the "Missing Angels" language.

Respectfully,

John Nevels, II  
Proud Father of Bump Nevels  
(Born Sleeping on August 1, 2002)

---

On **March 24, 2003**, I sent a written letter to Texas State Representative Anna Mowery. The following is the text of that letter:

The Honorable Representative Anna Mowery  
Texas House of Representatives

6421 Camp Bowie Blvd. #310  
Fort Worth, Texas 76116

Dear Representative Mowery,

Texas' mothers, parents and families are in need of your help. As a registered voter and a constituent in your district, I ask that you please take a little time and consider what I am about to share with you.

Let me start by telling you about my wife Carolyn, and the birth of our son, Bump Nevels.

In mid-January 2002, Carolyn and I were overjoyed to learn that we were pregnant with our first child. Although having a child is meant to be one of the happiest things that can happen in one's life, our pregnancy ended abruptly in complete devastation. On July 30th, during a routine prenatal non-stress test, we discovered that our son's heart was no longer beating. He was no longer alive. It's important for me to convey to you that during our pregnancy Carolyn never drank alcohol, she didn't smoke, and she didn't endanger our son in any 'way, shape or form'. We followed our doctor's advice at every turn and regardless of our doing the 'right things', our son was dead. Our doctor prescribed medication that would induce labor on the 31st of July and after Carolyn endured natural childbirth for 18 long hours - she delivered our son on August 1, 2002.

'Stillbirth protocols' at hospitals, or the lack of them, dictate if the parents will be given mementos such as the 'crib-card' or the wrist and ankle bands associated with the birth of their baby. Parents of stillborn babies go home with empty arms and broken hearts. It's easy to understand how any 'tangible item' from these tragic events can be considered important in the bereavement process.

In those mind-numbing and surreal hours in the labor and delivery room after our son was born, we were asked what official name we'd like to give our son. We were then told that we would have to make a decision - our son would have to be buried or cremated. Within a few days of his delivery, we received an official 'Certificate of Fetal Death' along with our son's cremains (ashes) from the funeral home.

The most perfect and natural case of 'adding insult to injury' has to be this: Carolyn's body was still producing milk for our son nearly a full month after we had him cremated.

The second most perfect case of 'adding insult to injury' has to be this: Shortly after picking up Bump's ashes from the funeral home, we were shocked to learn that there would be no 'Birth Certificate' from the State of Texas - since there are no provisions for them 'by law', it's simply 'not done'.

Carolyn endured the physical pain of natural childbirth alone - as all mothers must do. I would have suffered that pain for her if it were scientifically possible - but it's not. Together, my wife and I have learned to live with the emotional trauma of our son's death. I think we've come a long way, but we still don't understand why the State of Texas, by omission, refuses to officially acknowledge the birth of our son.

I am asking you to support a 'Missing Angels Bill' for the State of Texas. Under this bill, parents who lose a child after 20 weeks of gestation would be given the option to receive a "Certificate of Birth Resulting in Stillbirth". As of this letter, Texas would be the 6th state to adopt such meaningful legislation as Arizona, Utah, Indiana, Massachusetts, and Michigan have already enacted 'Missing Angels Bills' into law.

According to The Texas Department of Health, Bureau of Vital Statistics 2001 Annual Report Summary, the number of fetal deaths (stillbirths) increased from 2,150 in 2000 to

2,315 in 2001. It is my hope that Texas will quickly rise to the occasion, follow Arizona's lead, and meet the expectations of bereaved parents who suffer such devastating losses. Perhaps one day the state will deem it appropriate to acknowledge my son Bump, and all of Texas' stillborn children. The fact is: they lived, they died, and that - even in death, all of these children very much matter.

I have enclosed four pages of information regarding Arizona's "Missing Angels Bill" for your review. I will contact your office for an appointment to meet with you regarding this, or if you have any further questions prior, you may contact me at either of the above phone numbers. Thanks for all that you do to help Texas families and we appreciate your attention to this important issue.

Respectfully,

John Nevels, II  
Proud Father of Bump Nevels  
(Born Sleeping on August 1, 2002)

P.S. A great number of people, at home and abroad, have shown their support in getting a Missing Angels Bill passed in Texas (and beyond). I encourage you to view two online petitions that I've created. They are located at:  
[www.PetitionOnline.com/bn812002](http://www.PetitionOnline.com/bn812002) and [www.PetitionOnline.com/4ourkids](http://www.PetitionOnline.com/4ourkids)  
I hope you will allow me some 'latitude' if you feel that the language on these petitions seems hostile towards legislators in general. Anger has often been identified as one of the many stages of grief; please be assured that I'm learning to better deal with it.  
Thanks again.

## Arizona House Bill 2416 – Certificate of Stillbirth Fact Sheet

### What is the definition of “stillbirth?”

Stillbirth is the intrauterine death of an infant that occurs after the 20<sup>th</sup> week of pregnancy. (A miscarriage is an intrauterine death prior to 20 completed weeks.) Following its death the mother **must still deliver her baby**. Most stillbirths occur at or near full term.

### How are stillbirths recorded in Arizona?

Prior to HB 2416 the Registrar of Vital Records issued only a “*Certificate of Fetal Death*”. This is the only record of the birth the family was able to receive. At the behest of The MISS Foundation the Arizona Legislature in 2001 enacted “The Missing Angels Bill”. It requires the Arizona Department of Health and Human Services to issue a “*Certificate of Birth, Resulting in Stillbirth*”.

### How many stillbirths occur every year?

According to the ADHS website, in 1999 there were 682 stillbirths in Arizona. It is estimated 26,000 stillbirths occur nationwide every year, almost as many as there are highway fatalities! Accurate numbers are unknown due to the manner in which stillbirths are recorded. For one, **stillbirths are not included in infant mortality rates**, thereby substantially understating the extent of the problem. As a consequence of this lack of information neither couples nor the general public are aware of the true risks involved. If they were we believe there would be a hue and outcry for medical research to find the answers.

### Why do stillbirths occur?

Only 40% of all stillbirths can be attributed to a specific cause such as a cord “accident”, placental problem, malformation, etc. The remainder are said to be due to “undetermined medical reasons”. Crack mothers can have normal babies and Norman Rockwell mothers can have stillborn babies. There is no identifiable socio-economic, ethnic, lifestyle or behavioral predictor that can be identified at this point. Stillbirth is truly an “Equal Opportunity” destroyer of dreams. Every woman who conceives is at risk when one considers that **1 in every 115 births is a stillbirth**.

### House Bill 2416 benefits Arizona families in the following ways:

1. **Standardized statistical benefits:** Issuing Birth Certificates for stillbirths will allow clear definitions for accurate statistical analysis and enhanced understanding of stillbirth. It will also allow for better clarity in classification.
2. **Heightened sensitivity:** Feelings of inadequacy among women who experience the simultaneous death and birth of their stillborn infant can be devastating. Issuance of a Certificate of Stillbirth recognizes the reality that a physical birthing occurred and validates their “motherhood”.
3. **Consistency in the law:** The family of a stillborn infant is required by law to bury or cremate their child, despite the fact there was no acknowledgement by the state prior to HB 2416 that this infant they were obliged to dispose of had even been “born”.
4. **Common Sense:** Parents of a baby delivered prematurely at 21 weeks who takes just one breath before dying, are given a Certificate of Birth. Parents of a 10-pound baby whose heart stopped beating just minutes prior to delivery, do not receive a Certificate. This inequity has now been remedied by the passage of HB 2416. It is the first step toward solving the mystery of why babies unexpectedly die in their mother’s womb, by simply recognizing the event. “*Passing HB2416 was the right thing to do and long overdue*”, according to Governor Hull, who spoke those words at the Bill signing earlier

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Medically speaking, stillbirth is the death of a baby in it's mother's womb, after 20 weeks gestational age up to the moment of delivery.

Stillbirth is unpredictable and random, and often strikes like lightning in a thunderstorm. There is no way to know if or when or where it will strike next. The reason it is unpredictable is because half to two-thirds of all stillbirths occur for indeterminable reasons, and cannot be attributed to a specific identifiable medical cause.

Because of it's randomness, and the lack of any warning, stillbirth is said to be "an equal opportunity destroyer of dreams". It cuts across socio-economic classes, races, religions, body types and maternal age groups. No woman is immune from this "last great mystery of obstetrics." Even women who have had several successful prior births can experience a subsequent stillbirth.

That so many stillbirths occur at or near late term- when the developing baby is well beyond the point of viability and could survive outside the womb- is especially devastating, leading mothers and their doctors to speculate what might have been had their baby been delivered earlier.

Autopsies, when performed, rarely uncover any cause of stillbirth not already apparent from physical examination of the baby and placenta. There is no uniform stillbirth post-mortem (autopsy) protocol in use today anywhere in America. Every autopsy is done according to local practice. Because of that there is no uniform data available for analysis. When a post-mortem procedure is performed, it is rare for the mother to be interviewed, in spite of the fact she may have vital clues to her baby's cause of death. A uniform protocol would address this shortcoming.

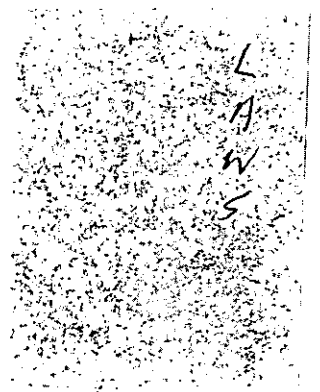
Mothers who suffer a stillbirth do not receive recognition in 44 of 50 states. Only Arizona, Utah, Indiana, Iowa, Kentucky and Massachusetts give these mothers a Certificate of Birth Resulting in Stillbirth. Birth is a process, live or dead is a result. Why would any state issue a "Certificate of Live Birth" to one mother, and not a "Certificate of Stillbirth" to the other? Both mothers did the same work, only the outcomes differed.

A mother of identical twins, who delivers one "still" is given a Certificate of Live Birth for the surviving twin, but nothing for the stillborn twin, rendering the birth of that child all but "invisible", and a non-event!

(From The National Stillbirth Society Website: <http://www.stillnomore.org>)

Stillborn info

<http://www.missingangelsbill.org/stchart.html>



HOUSE BILL 272

Unofficial Copy  
J1

2003 Regular Session  
(31r0237)

**ENROLLED BILL**  
*-- Health and Government Operations/Education, Health, and  
Environmental Affairs --*

Introduced by **Delegates Sophocleus, Boschert, Boteler, Cadden, Carter,  
Costa, Dwyer, Impallaria, Menes, Murray, Parrott, and Rzepkowski**  
**Rzepkowski, Boutin, McDonough, Elliott, Smigiel, Donoghue, and Kach**

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

\_\_\_\_\_  
Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this  
\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.

\_\_\_\_\_  
Speaker.

CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Vital Statistics - Certificate of Birth Resulting in Stillbirth**

3 FOR the purpose of requiring the Secretary of Health and Mental Hygiene to  
4 establish procedures for the issuance of a certificate of birth resulting in  
5 stillbirth for each fetal death occurring after a certain gestation period;  
6 requiring the Secretary to collect, index, and safeguard from certain damage  
7 each certificate of birth resulting in stillbirth; requiring certain format and  
8 filing requirements for each certificate of birth resulting in stillbirth; requiring  
9 the Secretary to adopt certain regulations; requiring the Secretary to provide a  
10 copy of a certificate of birth resulting in stillbirth upon request and to collect a  
11 certain fee for a copy of a certificate of birth resulting in stillbirth; providing for  
12 certain prohibited acts related to a certificate of birth resulting in stillbirth;  
13 defining certain terms; requiring the Department of Health and Mental Hygiene  
14 to offer make available a certificate of birth resulting in stillbirth to certain

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1 parents; requiring the Department to establish procedures for the issuance of a  
 2 certificate of birth resulting in stillbirth upon the request of certain parents who  
 3 had a stillborn child prior to the effective date of this Act; requiring the  
 4 Department to implement certain procedures by a certain date; requiring the  
 5 Department to make a certain report to certain committees of the General  
 6 Assembly on or before a certain date; and generally relating to a certificate of  
 7 birth resulting in stillbirth.

8 ~~BY repealing and reenacting, without amendments,~~

9 ~~Article - Health - General~~

10 ~~Section 4-201(a) and (e), 4-203, and 4-213(a) and (b)~~

11 ~~Annotated Code of Maryland~~

12 ~~(2000 Replacement Volume and 2002 Supplement)~~

13 ~~BY repealing and reenacting, with amendments,~~

14 ~~Article - Health - General~~

15 ~~Section 4-201(f), (m), (n), and (o), 4-204, 4-207, 4-217(a)(1) and (c)(1), and~~

16 ~~4-226~~

17 ~~Annotated Code of Maryland~~

18 ~~(2000 Replacement Volume and 2002 Supplement)~~

19 BY adding to

20 Article - Health - General

21 Section 4-213.1 and 4-213.2

22 Annotated Code of Maryland

23 (2000 Replacement Volume and 2002 Supplement)

24 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
 25 MARYLAND, That the Laws of Maryland read as follows:

26 **Article - Health - General**

27 ~~4-201.~~

28 ~~(a) In this subtitle the following words have the meanings indicated.~~

29 ~~(e) "Fetal death" means death of a product of human conception, before its~~  
 30 ~~complete expulsion or extraction from the mother, regardless of the duration of the~~  
 31 ~~pregnancy, as indicated by the fact that, after the expulsion or extraction, the fetus~~  
 32 ~~does not breathe or show any other evidence of life, such as heart beat, pulsation of~~  
 33 ~~the umbilical cord, or definite movement of voluntary muscle.~~

34 ~~(f) "File" means to present for registration any certificate, report, or other~~  
 35 ~~record including records transmitted by approved electronic media, including~~  
 36 ~~facsimile, of birth, BIRTH RESULTING IN STILLBIRTH, death, fetal death, adoption,~~  
 37 ~~marriage, or divorce for which this subtitle provides and to have the Secretary accept~~  
 38 ~~the record.~~

1 (m) "Registration" means acceptance by the Secretary and incorporation in the  
2 records of the Department of any certificate, report, or other record of birth, BIRTH  
3 RESULTING IN STILLBIRTH, death, fetal death, adoption, marriage, divorce, or  
4 dissolution or annulment of marriage for which this subtitle provides.

5 (n) "Vital record" means a certificate or report of birth, BIRTH RESULTING IN  
6 STILLBIRTH, death, fetal death, marriage, divorce, dissolution or annulment of  
7 marriage, adoption, or adjudication of paternity that is required by law to be filed  
8 with the Secretary.

9 (o) "Vital statistics" means the data derived from certificates and reports of  
10 birth, BIRTH RESULTING IN STILLBIRTH, death, fetal death, marriage, divorce,  
11 dissolution or annulment of marriage, and reports related to any of these certificates  
12 and reports.

13 4-203.

14 (a) The Secretary is charged with administering efficiently and uniformly this  
15 subtitle throughout this State.

16 (b) (1) The Secretary shall establish appropriate methods and the necessary  
17 forms for accurate registration of vital records.

18 (2) The forms shall provide for the information that the Secretary needs  
19 for proper registration and use of these vital records.

20 4-204.

21 (a) The Secretary shall collect, index, and safeguard from fire, loss, or damage  
22 each certificate of birth, BIRTH RESULTING IN STILLBIRTH, death, and fetal death.

23 (b) After registration of a completed death or fetal death certificate, the  
24 Secretary shall send a copy of the original certificate to the county registrar for the  
25 county where the event occurred. The copy may be photographic or electronic or  
26 produced by other means as prescribed by the Secretary.

27 4-207.

28 (a) (1) Each certificate of birth, BIRTH RESULTING IN STILLBIRTH, death, or  
29 fetal death shall be typed or printed legibly in unfading black ink, or stored on  
30 electronic media approved by the Secretary.

31 (2) The person who is required to complete the record shall attest to its  
32 accuracy either by signature or by approved electronic process.

33 (b) A certificate is not complete or correct if it does not give each item of  
34 required information to the extent the information is obtainable.

1 ~~4-213.~~

2 (a) ~~If a fetal death occurs after a gestation period of 20 weeks or more, then~~  
3 ~~within 72 hours after delivery, a certificate of fetal death shall be filed by:~~

4 (1) ~~The mortician who first takes custody of a fetus;~~

5 (2) ~~The person in charge of the institution or the person's designated~~  
6 ~~representative when a fetus is delivered in an institution;~~

7 (3) ~~The physician in attendance at or immediately after delivery when a~~  
8 ~~fetus is delivered outside an institution; or~~

9 (4) ~~The medical examiner when a fetal death occurs without medical~~  
10 ~~attendance at or immediately after the delivery when a medical examiner's inquiry is~~  
11 ~~required.~~

12 (b) ~~The person who files the fetal death certificate shall obtain:~~

13 (1) ~~The personal information from the next of kin or the best qualified~~  
14 ~~individual or source available; and~~

15 (2) ~~The medical certification of cause of death:~~

16 (i) ~~From the medical examiner, within 24 hours after the medical~~  
17 ~~examiner takes charge of the fetus; or~~

18 (ii) ~~If the medical examiner does not take charge of the fetus, from~~  
19 ~~the attending physician within 24 hours after delivery.~~

20 ~~4-213.1.~~

21 (A) ~~IN ADDITION TO THE REQUIREMENTS OF § 4-213 OF THIS SUBTITLE, THE~~  
22 ~~SECRETARY SHALL ESTABLISH PROCEDURES FOR THE ISSUANCE OF A CERTIFICATE~~  
23 ~~OF BIRTH RESULTING IN STILLBIRTH FOR EACH FETAL DEATH OCCURRING IN THE~~  
24 ~~STATE AFTER A GESTATION PERIOD OF 20 WEEKS OR MORE.~~

25 (B) ~~THE CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH SHALL:~~

26 (1) ~~BE OFFERED TO THE PARENT OR PARENTS OF A STILLBORN CHILD;~~

27 (2) ~~BE FILED WITHIN 72 HOURS AFTER DELIVERY; AND~~

28 (3) ~~MEET ALL OF THE FORMAT AND FILING REQUIREMENTS OF § 4-208~~  
29 ~~OF THIS SUBTITLE, RELATING TO A LIVE BIRTH.~~

30 (B) THE DEPARTMENT SHALL OFFER MAKE AVAILABLE A CERTIFICATE OF  
31 BIRTH RESULTING IN STILLBIRTH TO THE PARENT OR PARENTS OF A STILLBORN  
32 CHILD FOR WHOM A FETAL DEATH WAS REGISTERED.

1 (C) THE INDIVIDUAL PREPARING THE CERTIFICATE OF BIRTH RESULTING IN  
 2 STILLBIRTH SHALL NOT INCLUDE ANY REFERENCES TO THE STILLBORN CHILD'S  
 3 FIRST NAME IF THE STILLBORN CHILD'S PARENT OR PARENTS DO NOT WISH TO  
 4 PROVIDE A FIRST NAME FOR THE STILLBORN CHILD.

5 ~~4-213.2.~~

6 (A) ~~THE SECRETARY SHALL ADOPT REGULATIONS TO GOVERN THE FILING OF~~  
 7 ~~A RECORD OF BIRTH RESULTING IN STILLBIRTH IF A CERTIFICATE OF BIRTH~~  
 8 ~~RESULTING IN STILLBIRTH IS NOT FILED WITHIN THE TIME REQUIRED BY § 4-213.1~~  
 9 ~~OF THIS SUBTITLE.~~

10 (B) ~~THE REGULATIONS ADOPTED UNDER SUBSECTION (A) OF THIS SECTION~~  
 11 ~~SHALL BE CONSISTENT WITH REGULATIONS ADOPTED UNDER § 4-210 OF THIS~~  
 12 ~~SUBTITLE REGARDING DELAYED BIRTH REGISTRATION.~~

13 ~~4-217.~~

14 (a) (1) ~~Except as provided in subsection (b) of this section, the Secretary~~  
 15 ~~shall provide, on request, any person authorized by regulations adopted under this~~  
 16 ~~subtitle with a certified or abridged copy of a birth, BIRTH RESULTING IN~~  
 17 ~~STILLBIRTH, death, or fetal death certificate registered under this subtitle or of the~~  
 18 ~~certificate of a marriage performed after June 1, 1951.~~

19 (e) (1) ~~Except as otherwise provided by law, the Department shall collect a~~  
 20 ~~\$6 fee for each certified or abridged copy of a birth, BIRTH RESULTING IN STILLBIRTH,~~  
 21 ~~death, fetal death, or marriage certificate or for a report that a search of the files was~~  
 22 ~~made and the requested record is not on file.~~

23 ~~4-226.~~

24 (a) ~~A person may not fail or refuse to execute and deliver a certificate of birth,~~  
 25 ~~BIRTH RESULTING IN STILLBIRTH, death, or fetal death required by this subtitle.~~

26 (b) (1) ~~A person may not willfully provide false information for entry or~~  
 27 ~~willfully enter false information on a certificate of birth, BIRTH RESULTING IN~~  
 28 ~~STILLBIRTH, death, or fetal death.~~

29 (2) ~~A person may not fail to provide a Social Security number or willfully~~  
 30 ~~provide a false Social Security number to the clerk of court under § 4-208(g) of this~~  
 31 ~~subtitle.~~

32 (e) ~~Except as authorized by this subtitle, a person may not willfully alter any~~  
 33 ~~certificate, certified copy of a certificate, or other certified statement that relates to a~~  
 34 ~~birth, BIRTH RESULTING IN STILLBIRTH, death, fetal death, or marriage registered~~  
 35 ~~under this subtitle.~~

36 (d) (1) ~~A person may not willfully use or attempt to use, with the intention to~~  
 37 ~~deceive, any certificate of birth or certified copy of a record of birth knowing that the~~  
 38 ~~certificate or certified copy:~~

1 (i) Was issued on a record that is wholly or partly false; or

2 (ii) Relates to the birth of another individual.

3 (2) A person may not willfully and knowingly provide a certificate of  
4 birth or a certified copy of a record of birth to another person with the intention that  
5 it be used by that person to deceive.

6 (e) Without authorization, a person may not produce, reproduce, or distribute  
7 a blank certificate or other form that the Secretary uses to register or certify facts  
8 that relate to a birth, BIRTH RESULTING IN STILLBIRTH, death, fetal death, or  
9 marriage.

10 (f) A person may not willfully use or attempt to use a photocopy of a birth,  
11 BIRTH RESULTING IN STILLBIRTH, death, fetal death, or marriage certificate for any  
12 fraudulent or deceptive purpose.

13 (g) A person who has access to the birth, BIRTH RESULTING IN STILLBIRTH,  
14 death, or fetal death records in the custody of the Secretary or an agent of the  
15 Secretary may not willfully communicate to anyone known to the person to be  
16 unauthorized any fact recorded on any birth, BIRTH RESULTING IN STILLBIRTH,  
17 death, or fetal death certificate.

18 (h) A person may not willfully transport or accept for transportation,  
19 dissection, or other disposition a body without a burial transit permit, as provided in  
20 this subtitle.

21 (i) A person may not willfully:

22 (1) Violate any provision of this subtitle;

23 (2) Neglect to perform any duty imposed by this subtitle; or

24 (3) Violate any rule or regulation adopted under this subtitle.

25 ~~SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect~~  
26 ~~October 1, 2003.~~

27 SECTION 2. AND BE IT FURTHER ENACTED, That the Department of  
28 Health and Mental Hygiene shall establish procedures for the issuance of a certificate  
29 of birth resulting in stillbirth upon the request of a parent or parents who have  
30 received a certificate of fetal death prior to the effective date of this Act.

31 SECTION 3. AND BE IT FURTHER ENACTED, That:

32 (a) The Department of Health and Mental Hygiene shall adopt and implement  
33 the procedures required by this Act on or before January 1, 2004; and

34 (b) On or before October 1, 2005, the Department of Health and Mental  
35 Hygiene shall report to the Governor, and in accordance with § 2-1246 of the State  
36 Government Article, to the Senate Education, Health, and Environmental Affairs

1 Committee and the House Health and Government Operations Committee, on the  
2 implementation of this Act, including the number of certificates of births resulting in  
3 stillbirth issued in the State and the procedures implemented by the Department.

4 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take  
5 effect ~~October 1, 2003~~ June 1, 2003.

this summer. HB 2416 took effect August 9<sup>th</sup> 2001 and is available for all stillbirths, prospective and past alike.

[Go To Actual Text of HB2416](#)

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## *The National Stillbirth Society*

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# Stillbirth

From Wikipedia, the free encyclopedia


A **stillbirth** occurs when a fetus which has died in the uterus or during labor or delivery exits a woman's body. The term is often used in distinction to live birth or miscarriage. Most stillbirths occur in full term pregnancies.

Some sources reserve the term "stillbirth" for a fetus which has died after reaching mid-second trimester to full term gestational age. For example, in the United Kingdom, "stillbirth" is used to describe an infant delivered without life after 24 weeks gestation. The sources that use this definition tend to use the term "miscarriage" if the death occurs earlier in development. In contrast, other sources use the term "stillbirth" regardless of the stage of fetal development.

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**Stillbirth**  
*Classification and external resources*



Ultrasonography is often used to diagnose stillbirth.

<b>ICD-10</b>	P95.
<b>MedlinePlus</b>	002304
<b>eMedicine</b>	topic list

## Human stillbirth

### Causes

The causes of a large percentage of human stillbirths remain unknown, even in cases where extensive testing and autopsy have been performed. A rarely used term to describe these is **sudden antenatal death syndrome** or SADS.<sup>[1]</sup>

In cases where the cause is known, some possibilities of the cause of death are:

- bacterial infection

- birth defects
- chromosomal aberrations
- growth retardation
- Intrahepatic Cholestasis of Pregnancy
- maternal diabetes
- high blood pressure, including preeclampsia
- maternal consumption of nicotine, alcohol, recreational drugs (excluding cannabis<sup>[2]</sup>), or pharmaceutical drugs contraindicated in pregnancy
- postdate pregnancy
- placental abruptions
- physical trauma
- radiation poisoning
- Rh disease
- umbilical cord accidents

Sometimes a pregnancy is terminated deliberately during a late phase, for example for congenital anomaly. UK law requires these procedures to be registered as "stillbirths".<sup>[3]</sup> If a fetus is aborted late during pregnancy this is called feticide.

### **Prenatal diagnosis**

A decrease or cessation of fetal activity may be an indication of fetal distress or death, though it is not entirely uncommon for a healthy fetus to exhibit such changes, particularly near the end of a pregnancy when there is considerably little space in the uterus for the fetus to move about. Still, medical examination, including a nonstress test, is recommended in the event of any change in the strength or frequency of fetal movement, especially a complete cease; most midwives and obstetricians recommend the use of a kick chart to assist in detecting any changes. Fetal distress or death can be confirmed or ruled out via fetoscopy/doptone, ultrasound, and/or electronic fetal monitoring. If the fetus is alive but inactive, extra attention will be given to the placenta and umbilical cord during ultrasound examination to ensure that there is no compromise of oxygen and nutrient delivery.

### **Prenatal maternal treatment**

An in utero stillbirth does not usually present an immediate health risk to the woman and labour will usually begin spontaneously after two weeks, so the woman may choose to wait and deliver vaginally. After two weeks, the woman is at risk of developing blood clotting problems, and induction is recommended at this point. In many cases, the woman will find the idea of carrying the dead baby emotionally traumatizing and will elect to be induced. Cesarean birth is not recommended unless complications develop during vaginal birth.

### **Prevalence**

Stillbirth is a relatively common, but often random, occurrence. The mean stillbirth rate in the United States is approximately 1 in 115 births, which is roughly 26,000 stillbirths each year, or on an average one every 20 minutes. In Australia,<sup>[4]</sup> England, Wales, and Northern Ireland, the rate is approximately 1 in every 200 births, in Scotland 1 in 167. (From The National Statistical Office and other sources.) Many stillbirths occur at fullterm to apparently healthy mothers, and a postmortem evaluation reveals a cause of death in only about 40% of autopsied cases.<sup>[5]</sup>

In developing countries, where medical care can be of low quality or unavailable, the stillbirth rate is much higher.

## Legal definitions of stillbirth

### Australia

In Australia any stillborn baby weighing more than 400 grams, or more than 20 weeks in gestation, must have its birth registered.<sup>[6]</sup>

### Canada

Beginning in 1959, "the definition of a stillbirth was revised to conform, in substance, to the definition of fetal death recommended by the World Health Organization." <sup>[7]</sup> The definition of "fetal death" promulgated by the World Health Organization in 1950 is as follows:

*"Fetal death" means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy and which is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction, 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.*<sup>[8]</sup>

### United Kingdom

Throughout the United Kingdom, stillbirths must be registered by law. The Stillbirth Definition Act (1992) states: *"any 'child' expelled or issued forth from its mother after the 24th week of pregnancy that did not breathe or show any other signs of life should be registered as a stillbirth."*<sup>[9]</sup> In England and Wales, this must be done within 42 days and a Stillbirth Certificate is issued to the parent(s).<sup>[10]</sup> In Scotland, this must be done within 21 days.<sup>[11]</sup>

### United States

In the United States, there is no standard definition of the term 'stillbirth'.<sup>[8]</sup> The Centers for Disease Control and Prevention collects statistical information on "live births, fetal deaths, and induced termination of pregnancy" from 57 reporting areas in the United States. Each reporting area has different guidelines and definitions for what is being reported; many do not use the term "stillbirth" at all. The federal guidelines suggests (at page 1) that fetal death and stillbirth can be interchangeable terms. The CDC definition of "fetal death" is based on the definition promulgated by the World Health Organization in 1950 (see section above on Canada).

The federal guidelines recommend reporting those fetal deaths whose birth weight is over 350g, or those more than 20 weeks gestation. Forty-one areas use a definition very similar to the federal definition, thirteen areas use a shortened definition of fetal death, and three areas have no formal definition of fetal death. Only 11 areas specifically use the term 'stillbirth', often synonymously with late fetal death, however they are split between whether stillbirths are "irrespective of the duration of pregnancy", or

whether some age or weight constraint is applied.

## See also

### Childbirth

- Live birth
- Perinatal death
  - Intrapartum death
  - Neonatal death
    - Sudden infant death syndrome
- Abortion
  - Elective abortion
    - Anomalous pregnancy
      - Ectopic pregnancy
      - Molar pregnancy
  - Spontaneous abortion
- Maternal death

## References

1. ^ Collins JH (February 2002). "Umbilical cord accidents: human studies". *Semin. Perinatol.* **26** (1): 79–82. PMID 11876571.
2. ^ Fried, P.A. (2002). The consequences of marijuana use during pregnancy: a review of the human literature.
3. ^ Bythell M, et al. (2008) The contribution of late termination of pregnancy to stillbirth rates in Northern England, 1994-2005. *The British Journal of Obstetrics and Gynaecology*, 115(5):664-666
4. ^ Gordon, Adrienne (Dr). "Department of Neonatal Medicine Protocol Book: Royal Prince Alfred Hospital". <http://www.cs.nsw.gov.au/rpa/neonatal/html/newprot/stillbirths.htm>. Retrieved on 2006-09-13.
5. ^ Cacciatore, J. (2007). A phenomenological exploration of stillbirth and the effects of ritualization on maternal anxiety and depression, University of Nebraska-Lincoln Press, Digital Commons ; Froen, J.F. (2005).
6. ^ Lahra MM, Gordon A, Jeffery HE (2007). "Chorioamnionitis and fetal response in stillbirth". *Am. J. Obstet. Gynecol.* **196** (3): 229.e1–4. doi:10.1016/j.ajog.2006.10.900. PMID 17346531. "Stillbirth is defined within Australia as fetal death (no signs of life), whether antepartum or intrapartum, at  $\geq 20$  weeks of gestation or  $\geq 400$  g birthweight, if gestational age is unknown."
7. ^ Statistics Canada ("Canada's National Statistical Agency"), History, Vital Statistics - Stillbirth Database, in Vital Statistics – Stillbirth Database.
8. ^ <sup>a</sup> <sup>b</sup> Centers for Disease Control and Prevention. *State Definitions and Reporting Requirements* (1997 Revision ed.). National Center for Health Statistics. <http://www.cdc.gov/nchs/data/misc/itop97.pdf>.
9. ^ "Registration of Stillbirths and Certification for Pregnancy Loss before 24 Weeks Gestation" *Royal College of Midwives*. Retrieved September 27, 2007
10. ^ Guide to registering stillbirths in the UK
11. ^ Registering a stillbirth General Register Office for Scotland

## External links

### Grieving resources

- MISSing Angels Bill Legislation for Stillbirth Grassroots movement of bereaved stillbirth families, a program of the MISS Foundation
- The Forgotten Grief: Miscarriage, Stillbirth and Neo-natal Death

- MISS Foundation support site for those bereaved of a child and advice for professionals on their support.
- SANDS AUSTRALIA providing support, information & counselling for bereaved parents & families
- First Candle First Candle promotes safe pregnancies and the survival of babies through the first years of life. With programs of research, education and advocacy, they are working toward a future where all babies are provided the best possible chance to reach not only their first birthday, but many happy birthdays beyond. Until this goal is reached, they remain committed to providing compassionate grief support to all those affected by the death of a baby.
- Stillbirth Support Providing support, other's stories and ways to remember for families.

### Activism/Prevention

- MISS Foundation an activist site of the MISS Foundation for parents of stillborn infants.
- National Stillbirth Society an activist group of parents for stillbirth education.
- Preferred Pregnancy Protocol for minimizing the risk of stillbirth due to cord accidents.
- Dr. Joanne Cacciatore Arizona State University researcher who specializes in stillbirth and traumatic loss.
- International Stillbirth Alliance is a non-profit coalition of organizations dedicated to understanding the causes and prevention of stillbirth.
- First Candle First Candle promotes safe pregnancies and the survival of babies through the first years of life. With programs of research, education and advocacy, they are working toward a future where all babies are provided the best possible chance to reach not only their first birthday, but many happy birthdays beyond. Until this goal is reached, they remain committed to providing compassionate grief support to all those affected by the death of a baby.

### Factual/Reference

- The Wisconsin Stillbirth Service Program (WiSSP), a branch of the University of Wisconsin-Madison's Clinical Genetics Center. One of the foremost authorities on the causes of stillbirth and responsible for many stillbirth evaluation protocols, including the widespread use of the Kleihauer-Betke test in deciding whether Rh disease is to blame for a stillbirth.
- Pregnancy Institute founded by Dr. Jason H. Collins, OB/GYN specializes in umbilical cord research
- Investigating perinatal death: a review of the options when autopsy consent is refused.

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## Contact Us

<b>National Stillbirth Society</b> P.O. Box 10273 Phoenix, AZ 85064	
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*The National Stillbirth Society*

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**INFORMATION FOR  
STATE DIRECTORS**

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Dear National Stillborn Society,

I am working for the Alaska State Legislature, and we are in the process of drafting a law that would allow parents of a stillborn child to obtain a birth certificate for the stillborn. We are struggling with a definition for "stillbirth" and "stillborn" and "stillborn child". Is there a model definition that we could use that would be acceptable to both the pro life and pro choice camps that would stand up to legal challenge? Any input would be greatly appreciated.

Thank You,

John Davies  
Chief of Staff to  
Rep. Wes Keller

-----  
House Engrossed  
-----

State of Arizona  
House of Representatives  
Forty-fifth Legislature  
First Regular Session  
2001  
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HOUSE BILL 2416  
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AN ACT

AMENDING TITLE 36, CHAPTER 3, ARTICLE 2, ARIZONA REVISED STATUTES, BY ADDING SECTIONS 36-329.01 AND 36-329.02; RELATING TO VITAL STATISTICS CERTIFICATES.

Be it enacted by the Legislature of the State of Arizona:

Section 1. Title 36, chapter 3, article 2, Arizona Revised Statutes, is amended by adding sections 36-329.01 and 36-329.02, to read:

**36-329.01. Certificate of birth resulting in stillbirth; requirements**

A. IN ADDITION TO THE REQUIREMENTS OF SECTION 36-329, THE STATE REGISTRAR OF VITAL STATISTICS SHALL ESTABLISH A CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH ON A FORM APPROVED BY THE STATE REGISTRAR FOR EACH FETAL DEATH OCCURRING IN THIS STATE AFTER A GESTATIONAL PERIOD OF AT LEAST TWENTY COMPLETED WEEKS. THIS CERTIFICATE SHALL BE OFFERED TO THE PARENT OR PARENTS OF A STILLBORN CHILD.

B. THE CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH SHALL MEET ALL OF THE FORMAT AND FILING REQUIREMENTS OF SECTION 36-322, RELATING TO A LIVE BIRTH.

C. THE PERSON WHO PREPARES A CERTIFICATE PURSUANT TO THIS SECTION SHALL LEAVE BLANK ANY REFERENCES TO THE STILLBORN CHILD'S NAME IF THE STILLBORN CHILD'S PARENT OR PARENTS DO NOT WISH TO PROVIDE A NAME FOR THE STILLBORN CHILD.

D. NOTWITHSTANDING SUBSECTIONS A AND B OF THIS SECTION, THE CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH SHALL BE FILED WITH THE DESIGNATED REGISTRAR WITHIN THREE DAYS FOLLOWING THE DELIVERY AND PRIOR TO CREMATION OR REMOVAL OF THE FETUS FROM THE REGISTRATION DISTRICT.

**36-329.02. Delayed registration of birth resulting in stillbirth**

WHEN A BIRTH RESULTING IN STILLBIRTH OCCURRING IN THIS STATE HAS NOT BEEN REGISTERED WITHIN ONE YEAR AFTER THE DATE OF DELIVERY, A CERTIFICATE

MARKED "DELAYED" MAY BE FILED AND REGISTERED IN ACCORDANCE WITH REGULATIONS OF THE DIRECTOR OF THE DEPARTMENT OF HEALTH SERVICES RELATING TO EVIDENTIARY AND OTHER REQUIREMENTS SUFFICIENT TO SUBSTANTIATE THE ALLEGED FACTS OF BIRTH RESULTING IN STILLBIRTH.

Sec. 2. Short title

Section 36-329.01, Arizona Revised Statutes, as added by this act, may be cited as the "Missing Angels Act".

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*The National Stillbirth Society*

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**FETAL AND INFANT DEATHS**

**FETAL AND  
INFANT DEATHS**



*Phillips Mitchell*  
465 8643

**42 FETAL DEATHS  
80 INFANT DEATHS**

*Al Jeter*  
*Death Statute*  
*no gestation period*  
*18.50.95D 8 A1B*

*20<sup>th</sup> week must*  
*7 20<sup>th</sup> - no report*  
**FETAL DEATHS**

A fetal death is defined as the death of a fetus after the eighth week of gestation and before delivery. Alaska Statute 18.50.240 requires the filing of a certificate for each fetal death that occurs in the state when the pregnancy has lasted at least 20 weeks. The filing of certificates for fetal deaths which occur prior to the twentieth week of pregnancy is optional. This report includes information only for fetal deaths in which either the estimated gestation or the calculated gestation (last menstrual date subtracted from the date of delivery) is at least twenty weeks.

**TABLE 2.1A FETAL DEATHS BY CENSUS AREA OF MOTHER'S RESIDENCE, ALASKA, 1995**

CENSUS AREA OF MOTHER'S RESIDENCE	DEATHS
ANCHORAGE BOROUGH	19
BETHEL	2
FAIRBANKS NORTH STAR BOROUGH	3
JUNEAU BOROUGH	1
KENAI PENINSULA BOROUGH	3
KETCHIKAN GATEWAY BOROUGH	1
KODIAK ISLAND BOROUGH	3
MATANUSKA-SUSITNA BOROUGH	2
NOME	4
NORTH SLOPE BOROUGH	1
NORTHWEST ARCTIC BOROUGH	1
VALDEZ-CORDOVA	1
WADE HAMPTON	1
TOTAL	42

**FETAL AND INFANT DEATHS (continued) Alaska Bureau of Vital Statistics**

**TABLE 2.1B FETAL DEATHS BY NATIVE REGIONAL CORPORATION OF MOTHER'S RESIDENCE, ALASKA, 1995**

CENSUS AREA OF MOTHER'S RESIDENCE	DEATHS
ARCTIC SLOPE CORP.	1
BERING STRAITS CORP.	4
CALISTA CORP.	3
CHUGACH NATIVES INC.	2
COOK INLET REG. CORP.	23
DOYON LTD.	3
KONIAG INC.	3
NANA REGIONAL CORP.	1
SEALASKA CORP.	2
TOTAL	42

**TABLE 2.1C FETAL DEATHS AND FETAL DEATH RATE BY MOTHER'S RACE, ALASKA, 1991-1995**

MOTHER'S RACE	FETAL DEATHS						TOTAL BIRTHS	1991-1995 RATE
	1991	1992	1993	1994	1995	TOTAL		
WHITE	44	40	33	30	24	171	37,541	4.6
NATIVE	17	12	10	9	12	60	12,584	4.8
BLACK	3	3	2	4	5	17	2,577	6.6
ASIAN/PI	4	4	2	1		11	2,505	4.4
UNKNOWN	1				1	2	199	
TOTAL	69	59	47	44	42	261	55,406	4.7

**TABLE 2.2 FETAL DEATHS BY AGE AND RACE OF MOTHER, ALASKA, 1995**

MOTHER'S AGE	MOTHER'S RACE				
	WHITE	NATIVE	BLACK	UNKN	TOTAL
15-17	1	1			2
18-19		1			1
20-24	9	4	1	1	15
25-29	6		1		7
30-34	7	4	2		13
35-39	1	2	1		4
TOTAL	24	12	5	1	42

**Alaska Bureau of Vital Statistics (continued) FETAL AND INFANT DEATHS**

**TABLE 2.3 FETAL DEATHS BY LENGTH OF GESTATION AND WEIGHT, ALASKA, 1995**

GESTATION	WEIGHT IN GRAMS						UNK	TOTAL
	<500	500-999	1000-1499	1500-1999	2000-2499	2500-4000		
20-24 WEEKS	7	4						11
25-28 WEEKS		3	3					6
29-32 WEEKS	1		1	1				3
33-36 WEEKS			2	3	3	3	1	12
37-41 WEEKS					3	6	1	10
TOTAL	8	7	6	4	6	9	2	42

**INFANT DEATHS**

Infant deaths are defined as deaths which occur before an individual's first birthday. Infant mortality may be calculated by either of two methods: *birth cohort* or *death cohort*. The *birth cohort* method considers all babies born in one year and determines the number of those babies who die before reaching their first birthday, either in that year or the next. The *death cohort* method groups together infants who die in the same year.

The birth cohort method is more reliable for calculating infant mortality rates because it calculates a rate for a specific group of infants, whereas the death cohort method calculates a rate based on comparing deaths in one year against births in that same year. The flaw in using the death cohort is that some of the infants who died in that year were born in the previous year, and some of the infants born in that year will die in the next year. When using the birth cohort method in this report, all infants born in 1994 are considered, whether the death occurred in 1994 or 1995, if the infant died before its first birthday. Birth cohort calculations are not included for 1995 in this report because not all 1996 death records were complete at the time this report was compiled.

The death cohort method is used in this report for calendar year 1995. This method compares the number of deaths to infants who died during 1995 prior to their first birthday with the number of infants who were born in 1995.

**Infant Mortality Rates**

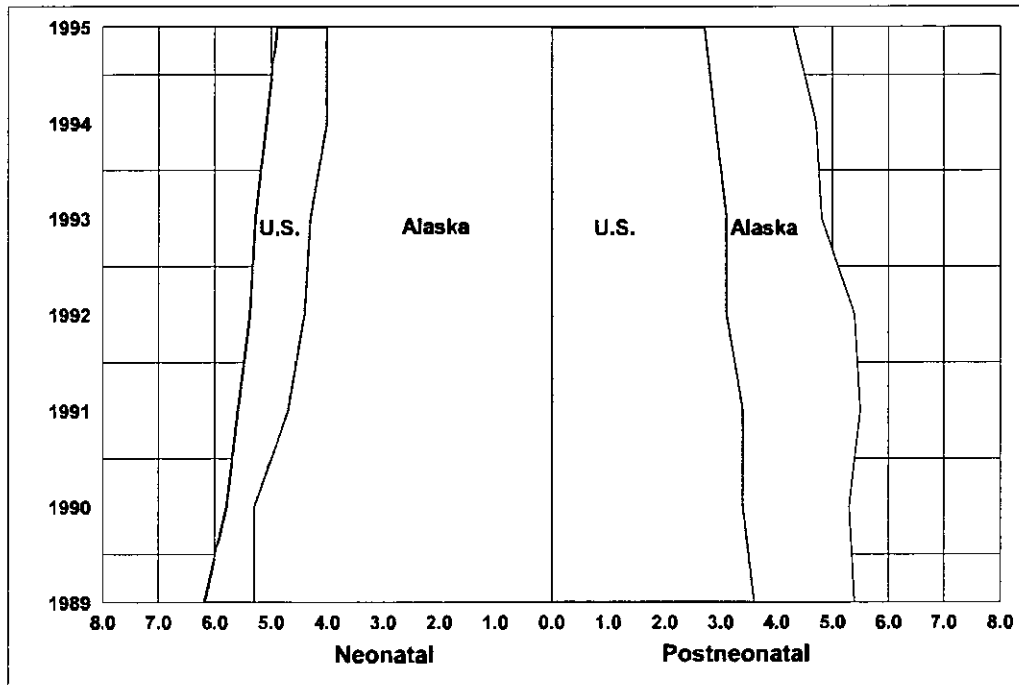
Using the death cohort, the total number of infant deaths during 1995 was 80. This is a 1.2 percent decrease from 82 infant deaths during 1994.<sup>1</sup> Since relatively small changes in infant deaths can cause large fluctuations in the infant mortality rate (IMR) from one year to the next, Alaska's annual IMR is calculated on a five-year moving average. The 1991-1995 five-year average infant mortality rate was 8.3 deaths per 1,000 live births, down from 8.8 deaths per 1,000 live births for 1990-1994. The U.S. infant mortality rate of 7.6 deaths per 1,000 live births in 1995 reflects a 5% decrease from 8.0 infant deaths per 1,000 live births in 1994.<sup>2</sup> Both the U.S. and Alaska infant mortality rates have been steadily decreasing in recent years, and both are now at the lowest rates ever recorded.

In discussing infant mortality, a distinction is made between neonatal mortality (deaths prior to the 28th day of life) and postneonatal mortality (deaths from the 28th day up to one year). Neonatal deaths are frequently associated with circumstances related to pregnancy and delivery while postneonatal deaths are associated with living conditions. Alaska's neonatal mortality rate has generally been lower than the neonatal mortality rate for the United States, while its postneonatal mortality rate has been higher. Chart 2.1 provides a graphic comparison of the neonatal and postneonatal rates for Alaska and the United States.

1 Crondahl, J., Mitchell, P., Zenk, A.E., Anderson, C., Walden, S. and Juan, I. Department of Health and Social Services, Division of Public Health, *Alaska Bureau of Vital Statistics 1994 Annual Report*, Juneau, Alaska, June 1996, p.47.  
 2 National Center for Health Statistics, U.S. Department of Health and Human Services, "Report of Final Mortality Statistics, 1995," *Monthly Vital Statistics Report*, Vol. 45, No. 11(S2), June 12, 1997, p. 11.

**FETAL AND INFANT DEATHS (continued) Alaska Bureau of Vital Statistics**

**CHART 2.1 NEONATAL AND POSTNEONATAL MORTALITY RATES PER 1,000 LIVE BIRTHS, ALASKA AND THE UNITED STATES, 1989-1995 (DEATH COHORT METHOD)**



United States rates are single year rates and are provided by the National Center for Health Statistics.<sup>3</sup> Alaska infant mortality rates are calculated using five-year moving averages per 1,000 live births, based on death-cohort.

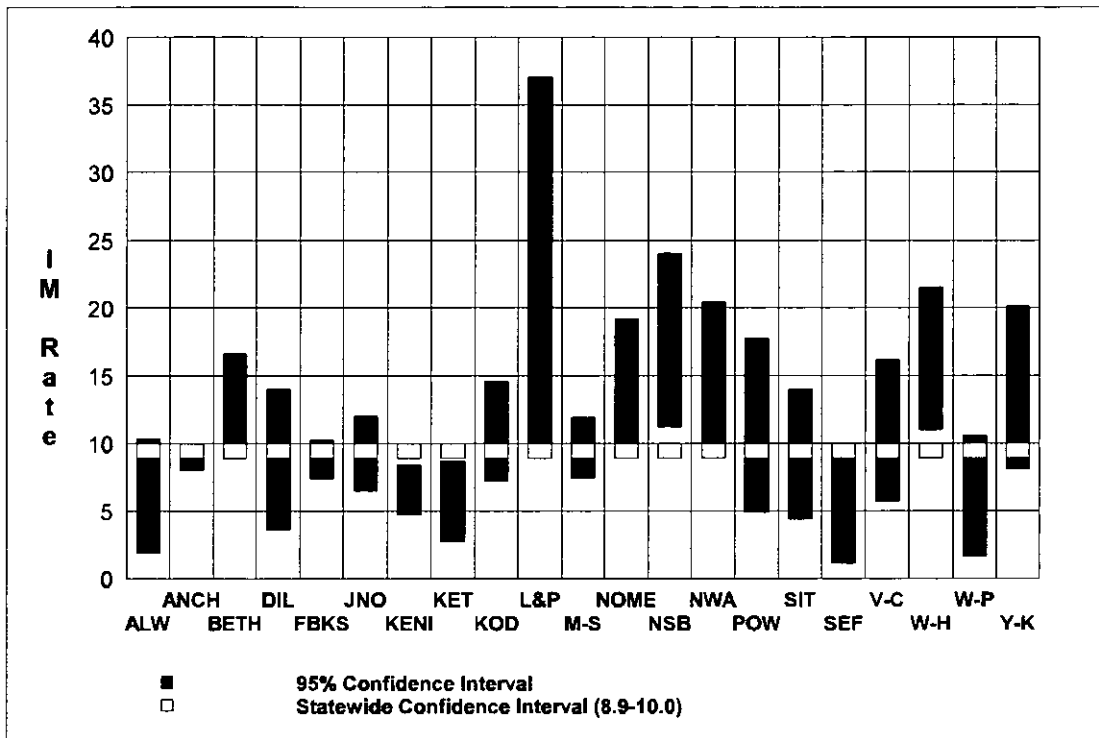
Chart 2.2 compares confidence intervals for infant mortality in individual census areas against the statewide average. When smaller populations, such as individual census areas, are analyzed, ten-year averages and 95 percent confidence intervals are used. The calculated infant mortality rate occurs at the midpoint of the confidence interval. The smaller the population, the larger the confidence interval. (For a detailed discussion of confidence intervals and statistical significance, refer to Appendix B.)

Several census areas (Aleutians East, Angoon-Hoonah-Skagway, Bristol Bay, Denali, Haines Borough, and Yakutat) have been omitted from Chart 2.2 because occurrences of infant mortality are too few for rates to be reliable. Those census areas which have infant mortality rates significantly above the statewide 95% confidence interval of 8.9-10.0 deaths per 1,000 live births are North Slope and Wade Hampton. Kenai Peninsula and Ketchikan are the only census areas with rates below the statewide 95% confidence interval. The confidence intervals for all other areas fell at least partly within the range of the statewide average.

<sup>3</sup> Ibid., Table 25, pp. 66-67.

**Alaska Bureau of Vital Statistics (continued) FETAL AND INFANT DEATHS**

**CHART 2.2 95% CONFIDENCE INTERVALS FOR INFANT MORTALITY BY CENSUS AREA, ALASKA, 1986-1995 (DEATH COHORT)**



**FETAL AND INFANT DEATHS (continued) Alaska Bureau of Vital Statistics**

**Infant Deaths by Age**

**TABLE 2.4A INFANT DEATHS BY CENSUS AREA OF DECEDENT'S RESIDENCE AND AGE, ALASKA, 1995 (DEATH COHORT METHOD)**

CENSUS AREA OF DECEDENT'S RESIDENCE	DECEDENT'S AGE		TOTAL
	NEONATAL	POST-NEONATAL	
ANCHORAGE BOROUGH	25	13	38
BETHEL	4	1	5
DILLINGHAM	2		2
FAIRBANKS NORTH STAR BOROUGH	6	7	13
JUNEAU BOROUGH	2		2
KENAI PENINSULA BOROUGH	1		1
KETCHIKAN GATEWAY BOROUGH		1	1
KODIAK ISLAND BOROUGH	1		1
MATANUSKA-SUSITNA BOROUGH	3	2	5
NORTH SLOPE BOROUGH		3	3
NORTHWEST ARCTIC BOROUGH		1	1
PRINCE OF WALES-OUTER KETCHIKAN	1		1
VALDEZ-CORDOVA	2	1	3
WADE HAMPTON		1	1
WRANGELL-PETERSBURG		1	1
YUKON-KOYUKUK	1	1	2
<b>TOTAL</b>	<b>48</b>	<b>32</b>	<b>80</b>

**TABLE 2.4B INFANT DEATHS BY NATIVE REGIONAL CORPORATION OF DECEDENT'S RESIDENCE AND AGE, ALASKA, 1995 (DEATH COHORT METHOD)**

N R C OF DECEDENT'S RESIDENCE	DECEDENT'S AGE		TOTAL
	NEONATAL	POST-NEONATAL	
AHTNA INC.	1		1
ARCTIC SLOPE CORP.		3	3
BRISTOL BAY CORP.	2		2
CALISTA CORP.	4	2	6
CHUGACH NATIVES INC.	1	1	2
COOK INLET REG CORP.	29	15	44
DOYON LTD.	7	8	15
KONIAG INC.	1		1
NANA REGIONAL CORP.		1	1
SEALASKA CORP.	3	2	5
<b>TOTAL</b>	<b>48</b>	<b>32</b>	<b>80</b>

**Alaska Bureau of Vital Statistics (continued) FETAL AND INFANT DEATHS**

**TABLE 2.4C INFANT DEATHS BY RACE, SEX, AND AGE OF DECEDENT, ALASKA, 1995 (DEATH COHORT METHOD)**

DECEDENT'S RACE	DECEDENT'S AGE		TOTAL
	NEONATAL	POST-NEONATAL	
WHITE	25	17	42
NATIVE	14	10	24
BLACK	3	3	6
ASIAN/PI	6	2	8
TOTAL	48	32	80
<b>SEX</b>			
MALE	27	19	46
FEMALE	21	13	34
TOTAL	48	32	80

**TABLE 2.5A INFANT DEATHS BY CENSUS AREA OF DECEDENT'S RESIDENCE AND AGE, ALASKA, BIRTH YEAR 1994 (BIRTH COHORT METHOD)**

CENSUS AREA OF DECEDENT'S RESIDENCE	DECEDENT'S AGE		TOTAL
	NEONATAL	POST-NEONATAL	
ALEUTIANS WEST	1		1
ANCHORAGE BOROUGH	19	14	33
BETHEL	2	1	3
DILLINGHAM		1	1
FAIRBANKS NORTH STAR BOROUGH	1	4	5
JUNEAU BOROUGH	1	2	3
KENAI PENINSULA BOROUGH	2	2	4
KETCHIKAN GATEWAY BOROUGH		1	1
KODIAK ISLAND BOROUGH	2	1	3
LAKE AND PENINSULA	1		1
MATANUSKA-SUSITNA BOROUGH	1	2	3
NOME	1		1
NORTH SLOPE BOROUGH	2	2	4
NORTHWEST ARCTIC BOROUGH		2	2
PRINCE OF WALES-OUTER KETCHIKAN		2	2
SITKA BOROUGH		1	1
VALDEZ-CORDOVA		2	2
WADE HAMPTON		2	2
YUKON-KOYUKUK	1	1	2
TOTAL	34	40	74

**FETAL AND INFANT DEATHS (continued) Alaska Bureau of Vital Statistics**

**TABLE 2.5B INFANT DEATHS BY NATIVE REGIONAL CORPORATION OF DECEDENT'S RESIDENCE AND AGE, ALASKA, BIRTH YEAR 1994 (BIRTH COHORT METHOD)**

N R C OF DECEDENT'S RESIDENCE	DECEDENT'S AGE		TOTAL
	NEONATAL	POST-NEONATAL	
AHTNA INC.		1	1
ALEUT CORP.	1		1
ARCTIC SLOPE CORP.	2	2	4
BERING STRAITS CORP.	1		1
BRISTOL BAY CORP.	1	1	2
CALISTA CORP.	2	3	5
CHUGACH NATIVES INC.		1	1
COOK INLET REG CORP.	22	18	40
DOYON LTD.	2	5	7
KONIAG INC.	2	1	3
NANA REGIONAL CORP.		2	2
SEALASKA CORP.	1	6	7
<b>TOTAL</b>	<b>34</b>	<b>40</b>	<b>74</b>

**TABLE 2.5C INFANT DEATHS BY RACE, SEX, AND AGE OF DECEDENT, ALASKA, BIRTH YEAR 1994 (BIRTH COHORT METHOD)**

DECEDENT'S RACE	DECEDENT'S AGE		TOTAL
	NEONATAL	POST-NEONATAL	
WHITE	17	21	38
NATIVE	13	15	28
BLACK	1	3	4
ASIAN/PI	3	1	4
<b>TOTAL</b>	<b>34</b>	<b>40</b>	<b>74</b>
SEX			
MALE	16	18	34
FEMALE	18	22	40
<b>TOTAL</b>	<b>34</b>	<b>40</b>	<b>74</b>

**Infant Mortality Rates by Race**

Table 2.6 shows 5-year moving average infant mortality rates by race for the years 1991 through 1995. In the process of preparing this report, it was discovered that while the child's race at birth is reported to be the same as the mother's, the child's race on the death certificate may be reported differently. To ensure consistent reporting and calculation of rates, a new procedure was used in this report. All death certificates for decedents who were born in Alaska in 1989 or later are matched with the birth certificate and the child's race at birth is used for calculating deaths and death rates by race.

## Alaska Bureau of Vital Statistics (continued) FETAL AND INFANT DEATHS

**TABLE 2.6 BIRTHS AND INFANT DEATHS (DEATH COHORT METHOD) BY DEATH YEAR AND FIVE-YEAR MOVING AVERAGE INFANT MORTALITY RATES BY RACE, ALASKA, 1991-1995**

RACE	BIRTHS, INFANT DEATHS, AND 5-YEAR MOVING RATES BY YEAR														
	1991			1992			1993			1994			1995		
	BTHS	DTHS	5-YR RATE	BTHS	DTHS	5-YR RATE	BTHS	DTHS	5-YR RATE	BTHS	DTHS	5-YR RATE	BTHS	DTHS	5-YR RATE
			1987-1991			1988-1992			1989-1993			1990-1995			1991-1995
WHITE	7,875	59	7.8	7,910	59	7.8	7,506	44	7.1	7,282	44	6.9	6,968	42	6.6
NATIVE	2,785	39	16.7	2,695	33	15.7	2,459	34	15.3	2,345	28	14.1	2,300	24	12.6
BLACK	518	5	13.9	537	5	13.0	584	7	10.4	491	5	10.5	447	6	10.9
ASIAN/PI	489	3	8.1	553	3	6.3	516	5	6.9	462	5	8.9	485	8	9.6
UNKNOWN	21		11.1	31			24			101			22		
TOTAL	11,688	106	10.2	11,726	100	9.8	11,089	90	9.1	10,681	82	8.8	10,222	80	8.3

### Infant Deaths by Cause of Death

Although the same coding system (ICD9) is used in reporting causes of death for infants and the general population, the codes are grouped differently since causes of death for infants up to one year generally differ from those in the general population. For specific causes of death for infant mortality refer to Appendix C, Table C.2.

Certain causes of death are associated with factors such as age and birth weight. For instance, Sudden Infant Death Syndrome (SIDS) almost always occurs in the postneonatal period. Respiratory Distress Syndrome generally occurs only in low birth weight infants. The single greatest cause of infant death is Sudden Infant Death Syndrome. In the five-year period from 1991 through 1995, 120 infants were reported to have died of SIDS, a rate of 2.2 per thousand live births. This compares with a rate of 0.9 per thousand live births for the United States in 1995.<sup>4</sup> The United States rate for SIDS deaths dropped 28% since 1994 when the rate was 1.1 deaths per thousand live births.

Because of its mysterious nature, Sudden Infant Death Syndrome can never be positively determined; rather, it is a diagnosis which occurs after other causes of death have been ruled out. What we can say about SIDS is that it affects normally healthy, sleeping infants under one year of age. One potential risk factor for SIDS is putting infants to sleep on their stomachs (the prone position).<sup>5</sup>

The Alaska Maternal and Infant Mortality Review Committee (MIMR) is composed of representatives from the medical professions including obstetricians and gynecologists, pediatricians, neonatologists, and representatives of the Indian Health Service. The work of the committee is coordinated by staff from the Section of Maternal, Child and Family Health in the Division of Public Health. This committee reviews medical records and, in some cases, police records for each infant death and either concurs with the cause of death as stated on the death certificate or determines a different cause of death. The committee reviewed 39 cases in 1993 and 1994 in which SIDS was the reported cause of death. In 33 of those cases they concurred that SIDS was the cause of death; in six cases they believed the cause of death to be other than SIDS.

In 1995, there were six SIDS deaths reported in the neonatal period (less than 28 days old). SIDS is extremely rare in this age group; there were only five SIDS deaths in this age group in the previous nine years.

4 National Center for Health Statistics, U.S. Department of Health and Human Services, "Report of Final Mortality Statistics, 1995," *Monthly Vital Statistics Report*, Vol. 45, No. 11(S2), June 12, 1997, Table 27, p.68.

5 Willinger, Marian, Ph.D., Hoffman, H., M.A., and Hartford, R., Ph.D., "Infant Sleep Position and Risk for Sudden Infant Death Syndrome: Report of Meeting Held January 13 and 14, 1994, National Institutes of Health, Bethesda, MD," *Pediatrics*, Vol. 93, No. 5, May 1994, p. 814.

**FETAL AND INFANT DEATHS (continued) Alaska Bureau of Vital Statistics**

**TABLE 2.7 INFANT DEATHS BY SELECTED CAUSES OF DEATH AND AGE, ALASKA, 1995 (DEATH COHORT METHOD)**

CAUSE OF DEATH	AGE AT DEATH		
	NEONATAL	POST-NEONATAL	TOTAL
PNEUMONIA & INFLUENZA		1	1
HERNIA OF ABDOMINAL CAVITY AND INTESTINAL OBSTRUCTIONS		1	1
CONGENITAL ANOMALIES	11		11
MATERNAL COMPLICATIONS OF PREGNANCY	2		2
PLACENTA, CORD, AND MEMBRANE COMPLICATIONS	6		6
LABOR & DELIVERY: OTHER COMPLICATIONS	2		2
SHORT GESTATION & LOW BIRTHWEIGHT RELATED DISORDERS	7	1	8
INTRAUTERINE HYPOXIA & BIRTH ASPHYXIA	1		1
RESPIRATORY DISTRESS SYNDROME	4		4
PERINATAL PERIOD INFECTIONS	2		2
SIDS	6	16	22
ACCIDENTS & ADVERSE EFFECTS	1	3	4
HOMICIDE		1	1
ALL OTHER CAUSES	6	9	15
<b>TOTAL</b>	<b>48</b>	<b>32</b>	<b>80</b>

**TABLE 2.8 INFANT DEATHS BY SELECTED CAUSES OF DEATH AND RACE, ALASKA, 1995 (DEATH COHORT METHOD)**

CAUSE OF DEATH	RACE				TOTAL
	WHITE	NATIVE	BLACK	AS/PI	
PNEUMONIA & INFLUENZA		1			1
HERNIA OF ABDOMINAL CAVITY AND INTESTINAL OBSTRUCTIONS		1			1
CONGENITAL ANOMALIES	7	4			11
MATERNAL COMPLICATIONS OF PREGNANCY	1			1	2
PLACENTA, CORD, AND MEMBRANE COMPLICATIONS	3	1		2	6
LABOR & DELIVERY: OTHER COMPLICATIONS	2				2
SHORT GESTATION & LOW BIRTHWEIGHT RELATED DISORDERS	3	3	2		8
INTRAUTERINE HYPOXIA & BIRTH ASPHYXIA		1			1
RESPIRATORY DISTRESS SYNDROME	2	1	1		4
PERINATAL PERIOD INFECTIONS	2				2
SIDS	9	8	3	2	22
ACCIDENTS & ADVERSE EFFECTS	2	2			4
HOMICIDE	1				1
ALL OTHER CAUSES	10	2		3	15
<b>TOTAL</b>	<b>42</b>	<b>24</b>	<b>6</b>	<b>8</b>	<b>80</b>

**John Davies**

---

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 12:15 PM  
**To:** John Davies  
**Subject:** RE: HB 2

The suggestions would be as follows and this is based off of the CS that was heard in committee:

On page 1 line 6 following "of" delete "a stillborn child" and insert "the stillbirth"

On page 1 line 12 following "of" delete "a stillborn child" and insert "the stillbirth"

On page 1 line 13 following "name" delete "of a stillborn child"

On page 2 line 1 following "name" delete "of the stillborn child"

On page 2 line 6 following "birth" delete "of a stillborn child"

On page 2 line 14 remove everything following "stillbirth" and insert "is that as defined in AS 18.50.950(8)."

If you were to make those changes there would be no reference to a child and take away any concerns that have been raised.

Sandra Wilson  
 Staff to Rep. Gatto  
 465-3163

---

**From:** John Davies  
**Sent:** Tuesday, March 03, 2009 11:58 AM  
**To:** Sandra Wilson  
**Subject:** RE: HB 2

Yes, I had the word fetus in my first draft, but changed it to follow the referred to statute. I am glad that you have been talking to others with experience. That's a great help. Based on your conversations do you have any new draft language? Thanks JD

---

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 10:27 AM  
**To:** John Davies  
**Subject:** RE: HB 2

I understand. I have been talking with those who have worked on this in other states. And in states where this issue has come up what they have done to quash any belief that this would in any way give rights to or somehow do what we did not want it to do was delete the word child and insert the word fetus. By doing this we take away any reference to a child.

Sandra Wilson  
 Staff to Rep. Gatto  
 465-3163

---

**From:** John Davies

**Sent:** Tuesday, March 03, 2009 10:00 AM  
**To:** Sandra Wilson  
**Subject:** RE: HB 2

Let's talk to Jean about this tomorrow and look to get the bill out of committee next week. It would be better to get it right now to insure its passage later. JD

---

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 9:52 AM  
**To:** John Davies  
**Subject:** RE: HB 2

You could make it simpler by saying that in this section "stillbirth" or "stillborn child" is that as defined in AS 18.56.950 (8)

I do not have a problem meeting with the two of you tomorrow. I was just hoping that we would be able to get this heard and passed out today because the hope that both myself and Rep. Gatto is that we could pass this bill through this year. This is more and more unlikely as it takes longer to get it out of committee. I guess I don't completely understand the issue at hand because it states very clearly in the bill that the issuance of the birth certificate is not proof of live birth.

Sandra Wilson  
Staff to Rep. Gatto  
465-3163

---

**From:** John Davies  
**Sent:** Tuesday, March 03, 2009 9:35 AM  
**To:** Sandra Wilson  
**Subject:** HB 2

Dear Sandra,

This email is a heads up for your to keep you apprised of the movement on your bill. Here is the proposed definition of "stillborn child" that we propose:

- (h) In this section, "stillbirth" or "stillborn child" refers to the unintended death of a product of human conception as defined in AS18.50.950 (8)(A) and (B).

Give this some thought. We have an appointment to meet with Jean Mischal, Leg Legal, tomorrow at 9am at her office in the TMOB. I would like you to attend with Matt and I so that you can have your input heard on this.

We are trying to make sure that the definition is tight enough so as not to cause the bill to fail or run into problems with legal challenges.

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Regards,  
John Davies

**John Davies**

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**From:** John Davies  
**Sent:** Tuesday, March 03, 2009 11:58 AM  
**To:** Sandra Wilson  
**Subject:** RE: HB 2

Yes, I had the word fetus in my first draft, but changed it to follow the referred to statute. I am glad that you have been talking to others with experience. That's a great help. Based on your conversations do you have any new draft language? Thanks JD

---

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 10:27 AM  
**To:** John Davies  
**Subject:** RE: HB 2

I understand. I have been talking with those who have worked on this in other states. And in states where this issue has come up what they have done to quash any belief that this would in any way give rights to or somehow do what we did not want it to do was delete the word child and insert the word fetus. By doing this we take away any reference to a child.

Sandra Wilson  
Staff to Rep. Gatto  
465-3163

---

**From:** John Davies  
**Sent:** Tuesday, March 03, 2009 10:00 AM  
**To:** Sandra Wilson  
**Subject:** RE: HB 2

Let's talk to Jean about this tomorrow and look to get the bill out of committee next week. It would be better to get it right now to insure its passage later. JD

---

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 9:52 AM  
**To:** John Davies  
**Subject:** RE: HB 2

You could make it simpler by saying that in this section "stillbirth" or "stillborn child" is that as defined in AS 18.56.950 (8)

I do not have a problem meeting with the two of you tomorrow. I was just hoping that we would be able to get this heard and passed out today because the hope that both myself and Rep. Gatto is that we could pass this bill through this year. This is more and more unlikely as it takes longer to get it out of committee. I guess I don't completely understand the issue at hand because it states very clearly in the bill that the issuance of the birth certificate is not proof of live birth.

Sandra Wilson  
Staff to Rep. Gatto  
465-3163

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**From:** John Davies  
**Sent:** Tuesday, March 03, 2009 9:35 AM  
**To:** Sandra Wilson  
**Subject:** HB 2

Dear Sandra,

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---

**From:** Sandra Wilson  
**Sent:** Tuesday, March 03, 2009 11:29 AM  
**To:** John Davies  
**Subject:** HB 2

Just a little more information, I talked with Joanne Cacciatore and she told me that no state has ever had anyone challenge their stillbirth laws. This includes states such as California which had strong opposition to the bill. Just wanted to make you aware of that.

Sandra Wilson  
Staff to Rep. Carl Gatto  
907-465-3163  
Sandra\_wilson@legis.state.ak.us

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*gestational period?  
necessary?*

**John Davies**

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Regards,  
John Davies

To: KEVIN CLARKSON

WORK DRAFT

WORK DRAFT

WORK DRAFT

26-LS0003'R  
Mischel  
1/29/09

**CS FOR HOUSE BILL NO. 2( )**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**TWENTY-SIXTH LEGISLATURE - FIRST SESSION**

**BY**

**Offered:**  
**Referred:**

**Sponsor(s): REPRESENTATIVES GATTO, Gruenberg, Dahlstrom, Lynn**

**A BILL**  
**FOR AN ACT ENTITLED**

**"An Act relating to the issuance of a certificate of birth resulting in a stillbirth."**

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

**\* Section 1.** AS 18.50 is amended by adding a new section to read:

**Sec. 18.50.235. Certificate of birth resulting in stillbirth.** (a) The person required to file a fetal death registration under AS 18.50.240(b) shall advise the mother and, if the father is present, the father of a stillborn child

(1) that the parent may request the preparation of a certificate of birth resulting in stillbirth;

(2) that the parent may obtain a certificate of birth resulting in stillbirth by contacting the bureau; and

(3) of the contact information for the bureau.

(b) The parent of a stillborn child who requests a certificate of birth resulting in stillbirth may provide a name of a stillborn child for placement on the certificate. If a name is not provided, the bureau shall cause the certificate to show either "baby boy" or "baby girl," as appropriate, and the last name of the parent who requested the

1 certificate. The name of the stillborn child provided on the certificate of birth resulting  
2 in stillbirth must be the same name as the name on the fetal death certificate.

3 (c) A certificate of birth resulting in stillbirth must include the state file  
4 number of the corresponding fetal death certificate.

5 (d) The department shall prescribe the form and content of a certificate of  
6 birth resulting in stillbirth to record the birth of a stillborn child and specify the  
7 information required to prepare the certificate.

8 (e) A certificate issued under this section is not proof of a live birth, and the  
9 certificate must contain the phrase "not proof of live birth." The bureau may not use a  
10 certificate of birth resulting in stillbirth to calculate live birth statistics.

11 (f) A parent may request that the bureau issue a certificate of birth resulting in  
12 still birth regardless of the date on which the certificate of fetal death was issued.

13 (g) The department may adopt regulations needed to implement this section.

14 (h) In this section, "stillbirth" or "stillborn" refers to an unintended,  
15 intrauterine fetal death occurring in the state after a gestational age of 20 completed  
16 weeks.

AMENDMENT

TO: HB 2 (26-LS0003\R)

BY REPRESENTATIVE HOLMES

1 Page 2, line 14

2 After ""stillbirth" or "stillborn":

3 Insert "child"

3/2/09  
abortion driver's  
definition -  
no BL for abortion

Mischel  
Jean Michelle - attorney ← rewrite definition  
465-2450

Why definition on blocks not used - / old  
here more restrictive definition  
keep abortion

Violated Statute - ~~Jan~~ birth cert  
for live birth  
not visible

no definition of stillborn child

National Right to Life -

- 258 2000 Kevin Clarkson

258 2001 Jay

**Sec. 18.50.950. Definitions.**

In this chapter,

- (1) "adoptive parent" means a person who has adopted another person under AS 25.23;
- (2) "biological parent" means a parent named on the original certificate of birth of an adopted person;
- (3) "bureau" means the Bureau of Vital Statistics;
- (4) *[Repealed, 88 ch 56 SLA 2005.]*
- (5) "commissioner" means the commissioner of health and social services;
- (6) "dead body" means a lifeless human body or parts or bones of it from the state of which it reasonably may be concluded that death recently occurred;
- (7) "department" means the Department of Health and Social Services;
- (8) "fetal death" means death before the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, where
  - (A) the death is indicated by the fact that, after expulsion or extraction, the fetus does not breathe or show evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles; and
  - (B) the expulsion or extraction is not caused by an induced termination of pregnancy;
- (9) "filing" means the presentation of a certificate, report, or other record provided for in this chapter, of a birth, death, fetal death, adoption, marriage, or divorce for registration by the bureau;
- (10) "final disposition" means the burial, interment, cremation, or other disposition of a dead body or fetus;
- (11) "induced termination of pregnancy" means the purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant, and that does not result in a live birth, except that "induced termination of pregnancy" does not include management of prolonged retention of products of conception following fetal death;
- (12) "institution" means a public or private establishment that provides in-patient medical, surgical, or diagnostic care or treatment, or nursing, custodial, or domiciliary care to two or more unrelated individuals, or to which persons are committed by law;
- (13) "**live birth**" means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, that, after expulsion or extraction, breathes or shows 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;
- (14) "medical history" includes information relating to a person's medical conditions and treatment, immunization records, and other medical information about the person that could be important to the health care of the adopted person;
- (15) "physician" means a person authorized or licensed to practice medicine under the laws of the state;
- (16) "registration" means the acceptance by the bureau and the incorporation in its official records of certificates, reports, or other records provided for in this chapter, of births, deaths, fetal deaths, adoptions, marriages, or divorces;
- (17) "state registrar" means the state registrar of vital statistics;

(18) "system of vital statistics" includes the registration, collection, preservation, amendment, and certification of vital statistics records, and related activities including the tabulation, analysis, and publication of statistical data derived from them;

(19) "vital statistics" means records of birth, death, fetal death, induced termination of pregnancy, marriage, divorce, adoption, and related data.

A **stillbirth** occurs when a fetus which has died in the uterus or during labor or delivery exits a woman's body. The term is often used in distinction to live birth or miscarriage. Most stillbirths occur in full term pregnancies.

Some sources reserve the term "stillbirth" for a fetus which has died after reaching mid-second trimester to full term gestational age. For example, in the United Kingdom, "stillbirth" is used to describe an infant delivered without life after 24 weeks gestation. The sources that use this definition tend to use the term "miscarriage" if the death occurs earlier in development. In contrast, other sources use the term "stillbirth" regardless of the stage of fetal development.

parent's second marriage and has not been adopted by that parent.

**Step-down in basis.** A reduction in the income tax basis of property. See also **Step-up in basis**.

**Step-father.** The husband of one's mother by virtue of a marriage subsequent to that of which the person spoken of is the offspring.

**Step-in-the-dark rule.** Such rule of contributory negligence is that one who enters a totally unfamiliar area in the darkness is not justified, in the absence of any special stress, in proceeding without first ascertaining whether there are any obstacles to his safe progress. *Yoder v. Greenwald, Fla.App., 246 So.2d 148, 150.*

**Step-mother.** The wife of one's father by virtue of a marriage subsequent to that of which the person spoken of is the offspring.

**Step-parent.** The mother or father of a child born during a previous marriage of the other parent and hence, not the natural parent of such child.

**Step-son.** The son of one's wife by a former husband, or of one's husband by a former wife.

**Step-up in basis.** An increase in the income tax basis of property.

**Sterbreche, or strebrich.** The breaking, obstructing, or straitening of a way.

**Stère /stír/stéhr/. A French measure of solidity, used in measuring wood. It is a cubic meter.**

**Sterility /stérilidí/. Barrenness; unfruitfulness; incapacity to germinate or reproduce.**

**Sterilization.** The act or process by which one is rendered incapable of procreation as, for example, the act of tying the female Fallopian tubes or a vasectomy. Also, the act or process by which an article or instrument is rendered free of germs.

**Sterling.** In English law, current or standard coin, especially silver coin; a standard of coinage.

**Stet processus /stét prasésás/. An entry on the roll in the nature of a judgment of a direction that all further proceedings shall be stayed (i.e., that the process may stand), and it is one of the ways by which a suit may be terminated by an act of the party, as distinguished from a termination of it by judgment, which is the act of the court. It was used by the plaintiff when he wished to suspend the action without suffering a nonsuit.**

**Stevadore.** A person employed in loading and unloading vessels.

**Steward.** A man appointed in the place or stead of another. A union official who represents other union employees in grievances with management and who oversees the carrying out of the union contract.

**Steward of all England.** In old English law, an officer who was invested with various powers; among others, to preside on the trial of peers.

**Steward of a Manor.** In old English law, an important officer who had the general management of all

forensic matters connected with the manor of which he was steward. He stood in much the same relation to the lord of the manor as an under-sheriff did to the sheriff.

**Stews.** Certain brothels anciently permitted in England, suppressed by Henry VIII. Also, breeding places for tame pheasants.

**Stickler.** An arbitrator. An obstinate contender about anything.

**Stick up.** Rob at the point of a gun.

**Stifling a prosecution.** Agreeing, in consideration of receiving a pecuniary or other advantage, to abstain from prosecuting a person for an offense not giving rise to a civil remedy.

**Still.** Any device used for separating alcoholic spirits from fermented substances. The word is sometimes applied to the whole apparatus for evaporation and condensation used in the manufacture of ardent spirits, but in the description of the parts of the apparatus it is applied merely to the vessel or retort used for boiling and evaporation of the liquid.

**Stillborn child.** A child born dead or in such an early stage of pregnancy as to be incapable of living, though not actually dead at the time of birth.

**Stillicidium /stilísíd(i)yám/. Lat. In the civil law, the drip of water from the eaves of a house. The servitude stillicidii consists in the right to have the water drip from one's eaves upon the house or ground of another. The term "flumen" designated the rain-water collected from the roof, and carried off by the gutters, and there is a similar easement of having it discharged upon the adjoining estate.**

**Stint.** In English law, limit; a limited number. Used as descriptive of a species of common. See *Common sans nombre*.

**Stipend /stáypénd/. A salary; settled pay; fixed or regular payment. Offering made to clergyman.**

**Stipendiary estates /stápénd(i)yéhriy/. Estates granted in return for services, generally of a military kind.**

**Stipendiary magistrates.** In English law, paid magistrates; appointed in London and some other cities and boroughs, and having in general the powers and jurisdiction of justices of the peace.

**Stipendium /stápénd(i)yám/. Lat. In the civil law, the pay of a soldier; wages; stipend.**

**Stipes /stáypiyz/. Lat. In old English law, stock; a source of descent or title. *Communis stipes* the common stock.**

**Stipital /stípédal/. Relating to stirpes, roots, or stock. "Stipital distribution" of property, is distribution per stirpes; that is, by right of representation.**

**Stipulate.** Arrange or settle definitely, as an agreement or covenant. See *Stipulation*.

**Stipulated damage.** Liquidated damage (q.v.).

**Stipulatio /stípyaléysh(i)yow/. Lat. In the Roman law, stipulatio was the verbal contract (verbal contract).**

tio), and was the most solemn contracts in that system entered into by question thereto, by the parties, at some time, and usually by *spondeo*, "promittis?" *pro*

**Stipulatio aquillana /stípyaléy/ particular application of t used to collect together in the liabilities of every kind with a view to their being an *acceptilatio*, that mode ble only to the verbal contr**

**Stipulatio juris /stípyaléysh(i)y or agreement beforehand or applicability, though a cour of erroneous law. F contract may stipulate as t law of a particular state or**

**Stipulation.** A material condi cle in an agreement.

The name given to any attorneys engaged on opposi ally if in writing), regulat to the proceedings or trial jurisdiction. Voluntary agre counsel concerning dispositi so as to obviate need for pr litigable issues. *Arrington 634, 636.* An agreement, made in a judicial procedi or their attorneys. *Bourne v Co., 209 Kan. 511, 497 P.2d*

Stipulations made during involve jury of less than tw master's findings (Rule 53(e) (Rule 41(a)), or discovery (s

A recognition of certain law "fide jussors") in the appearance of a defendant.

See also *Admission; Provi*

**Discovery.** Unless the cou parties may by written stip depositions may be taken b time or place, upon any no and when so taken may be tions, and (2) modify the these rules for other metho that stipulations extending th 33, 34, and 36 for respons made only with the approval UP, 29.

**Stipulator.** In the civil law, t question in the contract of party or he who answered, l for. But, in a more gene applied to both the parties.

**Stipes /stárpíyz/. Lat. Desc stock of a tree. Figuratively person from whom a family the kindred or family. Tak representation is called "su opposition to taking in on**



**John Davies**

---

**From:** Rep. Wes Keller  
**Sent:** Friday, February 27, 2009 5:24 AM  
**To:** John Davies  
**Cc:** kclarkson@brenalaw.com; Jim Pound; Matthew Johnson  
**Subject:** advice please

Good Morning John,

I think we need all the help and brains we can get focused on a pending amendment by Rep Holmes for HB 2. It is very possible that my concerns are exaggerated and unrealistic, but I need you, Kevin Clarkson, and Jim Pound and Matt to assure me that is so before we get to our next HSS meeting (March 3). Research to confirm that I am being over-cautious may be easy to come by, but frankly I don't have enough time or confidence in my legal abilities to make that assumption on my own.

Matt will help you with the bill (HB 2), the pending amendment language, and questions you may have of the Sponsor of HB 2.

The amendment simply adds the word "child" to 'stillborn'. My concern is the potential for a passionate, distracting, and maybe destructive debate about the definition of "child". AK statute establishing crimes against unborn children has a good definition of an "unborn child" but I do not remember what other definitions of 'child' there may be in statute. I am concerned that using the word 'child' in HB 2 will be the catalyst to enable someone to ask a legal question about whether a certificate would need to be issued for an aborted child... Maybe that is a good discussion to have, but I do not believe the sponsor of the bill is prepared for that ---and we need to ask ourselves if this is a battle we want right now. If my concern is appropriate the entire Committee needs to know the potential before we take on the amendment. It is possible that the maker of the amendment is being used (advised) by the pro-death lobby and would choose to withdraw her amendment if she gets a glimpse of the 'black hole'?--- It is possible that it is an innocent attempt to be helpful. It is also believable that she is fully aware and this is a first step to a 'full court press' ---- Either way, we need to proceed with both eyes open.

I recommend checking with National Right to Life to see what other states have done so we don't proceed without the advantage of any vetting that has already happened.

Clearly, the level of legal advice that we need at this point is probably not available from our own legal services. After we compare notes and either confirm or refute my concerns --- we can consider getting an official response from legal services on specific questions we want confirmed.

I am asking you to engage the group I am copying (if they are available and willing) --- divide the job up between you if appropriate, and take whatever action you feel is appropriate to get some consensus on the advice I am asking for. Maybe a teleconference and/or meeting @ our condo if my concerns are confirmed to have some validity.

Again --- I am asking for consideration regarding the wisdom or potential consequences of the amendment to HB 2 being proposed by Representative Lindsey Holmes. Your response will guide the 'next step/s'.

Thanks

Wes

*258 2001 Jak*

# When they pass through they often leave nothing behind but footprints.



Cheyenne Cacciatore July 27, 1994

Over 26,000 times a year in the United States a mother delivers a "still" baby. For many footprints on paper are the only memento they have to show they once had a baby who passed through this world. The lucky ones find out why their baby died. But for two-thirds of mothers no answer can be given them to explain why their "normal" baby was delivered dead. Not knowing a cause leaves them blaming themselves, and searching for answers.

Far from being a rare event, Sudden Antenatal Death Syndrome (SADS) – as it's referred to in medical circles - **was 12 times as prevalent as S.I.D.S. or crib death last year.** And yet one neither hears nor reads much about it. Until the National Stillbirth Society was founded last year by a bereaved stillbirth father, there was no organization fighting to defeat stillbirth.

One reason there's so little SADS awareness is because the birth of a "still" baby, rather than being acknowledged in official state records, has been swept under the carpet. The death of the baby is acknowledged, but not the birth. A woman who delivers a live baby receives a **Certificate of Live Birth.** But let the same mother give birth to a "still" baby and she doesn't get a certificate of birth for that baby.... as if that birth never happened!

**Birth is a process;** live or "still" is only a result. A mother of twins, who delivers one twin live and one "still", is now given a certificate for the live birth only in 38 states. We believe a mother should receive a **Certificate of Birth Resulting in Stillbirth** in recognition of having delivered her dead baby too, as should all stillbirth mothers. That's the reality of what happened. They all gave birth!

Arizona, the first state to pass legislation, named it "**The Missing Angel Act**". Since then states across the nation have introduced their own version of the Bill and as of February 1, 2004 there were 12 states that issue a Certificate of Birth Resulting in Stillbirth. It's a simple bill that seeks only to provide closure for mothers who suffered the pains and joys of pregnancy and childbirth, without getting to take home their reward.

**The Missing Angel Act does not impact on or involve in any way "elective terminations of pregnancies".** That is not our issue and never will be our issue! We are fighting solely for the rights of stillbirth mothers – and there are more than a million living in this country today – who carried a child, in some cases to full term, and having lost that child to stillbirth, were denied a certificate that says they tried. The right to receive a Certificate that acknowledges they went through a birthing process.

PLEASE SUPPORT OUR LEGISLATION IN YOUR STATE



*The National Stillbirth Society*  
[www.stillnomore.org](http://www.stillnomore.org)

Richard K. Olsen, Executive Director E-mail: [stillnomore@cox.net](mailto:stillnomore@cox.net)



Sudden Antenatal Death Syndrome

## *The National Stillbirth Society Inc.*

"Because all our Children Matter"

### **TO: An Open Letter to Members of the Alaska Legislature**

#### **Please enact HB 159 to create Certificates of Birth Resulting in Stillbirth**

The written record of life usually begins with a Certificate of Birth and ends with a Certificate of Death, but not for all babies. Last year 30,000 babies were "stillborn", victims of Sudden Antenatal Death Syndrome. These babies, past 20 weeks and for the most part viable, often died mysteriously in their mothers' wombs for no discernable reason. For them there is no Certificate of Birth. They are issued Certificates of Fetal Death that record their passing, but not Certificates of Birth that acknowledge their delivery. Why Not? Should not two certificates be issued, one to mark their death, the other to record their birth?

**Birth is a process all mothers go through, regardless of the outcome. Mother's of stillborn babies "give birth", they just don't give life.** The piece of paper we routinely refer to as a Certificate of Birth is actually titled, "Certificate of Live Birth". Doesn't this wording suggest there is another kind of birth? The answer is an obvious "Yes". There's "live birth" and then there's "stillbirth". Both qualify as "births".

Stillbirth mothers deserve to have their motherhood recognized and validated by the issuance of a Certificate of Birth Resulting in Stillbirth, just as live birth mothers have their birth event recognized. They are mothers; that their baby died before its birth does not take that reality away from them. And stillbirth fathers are no less fathers because of their loss.

**I am a father. My daughter Camille died in utero on the eve of her delivery at 41 weeks!**

Arizona recognized the inequality of how stillbirths were being treated and in 2001 passed HB2416, mandating that the Bureau of Vital Statistics offer parents of all stillborn babies a "Certificate of Birth Resulting in Stillbirth". This certificate is in addition to - and separate from - the Certificate of Fetal Death which is **not affected in any way by the legislation**. One document recognizes the brave act of the mother who bore a "still" baby, while the other recognizes the death of that child prior to birth. (For a recap of current legislative activity in all states and specimen bills see <http://www.missingangelsbill.org>.)

**Both past and current stillbirths in Arizona are eligible to be issued such a Certificate.**

The issuance of a Certificate of Birth Resulting in Stillbirth does not impact in any way a woman's right to choose to terminate her pregnancy. Such certificates are issued only for deliveries following naturally occurring fetal deaths. Women who choose an elective termination of their pregnancy would neither be required to obtain a Certificate of Birth Resulting in Stillbirth, nor would they even be eligible for the reason elective terminations don't fall within the definition of a "stillbirth".

Also important to note is that this measure is not about taxes or financial relief or gain of any type. Stillbirth parents are not seeking a dependent deduction, though one must ask whether it would not be appropriate to offer stillbirth parents the same tax benefit as live birth parents, since they bear the added cost of burial. But for the present, we want to focus solely on the societal issue of equal treatment for all birth mothers.

At present the mothers and fathers of stillborn babies suffer not only the loss of their baby but also the loss of societal acknowledgement that they are parents. Our country has historically been silent about stillbirth, preferring not to discuss this uncomfortable topic. Because of that silence there has been little done in the way of research or prevention. Stillbirth is a phenomenon that cuts across every strata of society; no one is immune. It strikes women as randomly as lightening bolts come to ground in a thunderstorm, making it all the more terrifying.

**One in every 116 births is a stillbirth! Eighty eventy babies a day are born still every day in America; over five hundred every week.**

The National Stillbirth Society, founded in 2001 by this stillbirth father, is sponsoring a nationwide drive to draw attention to the devastation caused to families worldwide by stillbirth. We will achieve this goal in part by getting state legislatures to enact legislation to acknowledge that mothers of stillborn babies are entitled to receive recognition for the child that they conceived and nurtured, but lost at birth..

When she signed the enabling legislation, Arizona's Governor Jane Dee Hull commented, "This is a step long overdue". She must have been right because legislators in every state where it has been enacted into law have done so on unanimous votes! That's because dead babies and bereaved parents are deemed to deserve more respect than they have been given up to now. It passed in Massachusetts – a liberal state – as easily as it did in Utah. This is truly a non-partisan issue, non-controversial issue. Thank you.



Richard K. Olsen, Founder & Executive Director