

Stillbirth Registration

Role(s): Medical Informant

Objective

This job aid provides the necessary steps to creating and certifying a Standard MCD to register a stillbirth. The steps include:

- Creating a new Stillbirth registration from the EDRN Home screen.
- Entering mandatory information required for the Standard MCD, including: decedent information, parental /non-parental informant information, stillbirth information.
- Certifying the case.

Scenario

A baby is born prematurely, meeting the stillbirth criteria. The mother is available to verify the information. Cause of death is known. A Standard MCD is used to complete the registration of the stillbirth.

Preconditions

To follow this lesson to completion the user must be logged in to the EDRN and at the Home screen.

NOTE: MANDATORY FIELDS

*Mandatory fields are displayed with an *asterisk next to their fieldname. All mandatory fields must be filled in prior to certification.*

If a Tab name, such as "General Information" or "Death Information", displays in red text, mandatory field information is missing on that tab. Once the information has been entered, the tab text will turn green.

*Fields stating "Enter Unknown, if not known", are also mandatory, though not designated with the *mandatory asterisk.*

Procedural Steps: Registering a Stillbirth

The creation of a Stillbirth Registration begins with the Stillbirth+ toolbar button found on the EDRN toolbar. When all mandatory information is known, including cause of death, a Standard MCD is created for the stillbirth. When mandatory information is missing, an Interim MCD is created until mandatory information can be verified. (See Creating an Interim MCD and Amending an Interim MCD to Standard MCD job aids).

During the completion of the Stillbirth Registration, the mother or father must provide their information and verify the death. If neither parent is available, the Non-Parental Informant tab must be completed. Stillbirth Information is documented on the Stillbirth tab.

Once the mandatory information has been entered for the Standard MCD, the case will be certified from the Certification tab, creating a digital signature for the document. This case will then display on the user's Submitted Cases tab of the Dashboard.

Home Screen

1. Click **+Stillbirth** icon from the left Navigation Toolbar. The following notice appears:

"Stillbirth" means the complete expulsion or extraction from the mother after at least 20 weeks of pregnancy, or after attaining a weight of 500 grams, or a product of conception in which, after the expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord or unmistakable movement of voluntary muscle. Within this definition, the stillbirth of every child in Saskatchewan must be registered within 15 days after the birth. If a stillbirth occurs in a hospital staff will require that the Registration of Stillbirth be completed before the mother leaves the hospital.

Please confirm this situation meets the stillbirth criteria before proceeding.

CancelContinue

NOTE: Before continuing, ensure "stillbirth" criteria is met.

2. Click **Continue**.

General Information Tab

Type of Registration



Registration of Stillbirth - BABY WILSON

General Information
Mother
Father
Non-Parental Informant
Stillbirth Information
Certification
Case Admin

Type of Registration

Is this a Standard or Interim Registration? *

☒ Standard

☐ Interim (only to be used when not all mandatory information is known)

3. **Is this a Standard or Interim Registration:** Click the **Standard** radio button *for this scenario*.

NOTE: "Interim" is used when not all mandatory information is known but a funeral home requires a Registration of Stillbirth for disposition/ burial.

General Information

General Information

Surname *

WILSON
✓

Given Names *

BABY
✓

Sex *

☐ Male

☒ Female

☐ Unknown

Date of Stillbirth *

03/27/2024
✓



Duration of Pregnancy *

29
✓

Weight at Stillbirth (grams) *

2600
✓

Kind of Birth (i.e. single or multiple) *

1
✓
▼

4. **Surname*:** Type the *surname*.
5. **Given Names*:** Type the *given names*.
6. **Sex *:** Click the *male, female, or unknown* radio button for this scenario.
7. **Date of Stillbirth:** Click *calendar icon* to select *date* or type directly (**MM/DD/YYYY**).

NOTE: All dates are displayed in MM/DD/YYYY format.

8. **Duration of Pregnancy*:** Type the **number of full weeks**.
9. **Weight at Stillbirth (grams) *:** Type the **weight** (in grams).
10. **Kind of Birth*:** Click the drop-down arrow and select the **number of children**.
11. Click **Save icon** from the toolbar found on the left-hand side of your screen.

NOTE: **SAVING THE MCD-CHECKING FOR DUPLICATES**

At this point, it is best practice to Save the MCD to force the system to check for potential duplicates. Prior to saving, the decedent Name, DOB, DOD and Sex must be completed.

If a duplicate is found during the Save process, the person assigned to the MCD will display. Use one of the following options:

- "Save Case" (after verifying it is not a duplicate),
- "Close" and cancel the death registration if the case is a duplicate.
- Request a transfer of the MCD to your facility by contacting the assigned party via email/phone, or
- Using the Case Administrator, assign the case to yourself **IF** the assigned party is a user at your facility.

*See Dealing with Duplicate MCD job aid for additional information.

Total Children Born to this Mother

Total Children Born to this Mother	
Liveborn *	1 ✓
Stillborn *	1 ✓

12. **Liveborn*:** Type the **number of children** including the one currently being registered
13. **Stillborn*:** Type the **number of children** including the one currently being registered.

Place of Stillbirth

Place of Stillbirth	
Location of Stillbirth *	HOSPITAL ▼
Hospital *	TRAINING HOSPITAL ▼
City, town, village or other place (if rural give section, township, range and meridian)	
REGINA	

14. **Location of Stillbirth*:** Click the drop-down arrow and select **location**.

NOTE: Location of death will pre-populate to the system user's hospital or care home. This can be modified if required.

15. **Hospital***: Click the drop-down arrow and select the correct **hospital** if Location was set to “hospital”.
16. **City, town, village or other place**: This should automatically populate with **Regina** for this scenario.

NOTE: *If entering a rural address, provide section, township, range, and meridian OR as close to the location as possible.*

Handling of Remains

Handling of the Remains

Funeral home *

Training Funeral Home ✓ ▾

☐ Unknown

Continue >

17. **Funeral Home***: Click the drop-down arrow and select the **funeral home**.

NOTE: *When “Unknown” is selected, all funeral homes will be able to see the case. Once MCD is certified, a funeral home can then assign the case to their facility.*

When a funeral home has been selected in the MCD, that funeral home will see a view only summary to know the case is coming. Once certified, the funeral home can select the case to complete the Statement of Death (SOD).

18. Click **Continue button** to advance.

OR

Click **Mother tab**.

NOTE: *The “General Information” tab’s text color should be displayed in green to acknowledge that all mandatory fields have been completed in this section.*

If a mandatory field has been missed, the tab’s text color and the corresponding mandatory field name will display in red. All mandatory fields must be completed to certify the Standard Stillbirth Registration.

Mother Tab

Mother

Registration of Stillbirth - BABY WILSON

General Information
Mother
Father
Non-Parental Informant
Stillbirth Information
Certification
Case Admin



Mother

Current surname *

WILSON
✓

Surname at birth *

WILSON
✓

Given names *

THERESA JOY
✓

Date of birth *

03/06/2002

✓

📅

NOTE: *If mother's information is known, the "Father" and "Non-Parental Informant" tabs do not need to be completed. However, it is best practice to fill in all information known, such as the father's information.*

19. **Current surname*:** Type the *surname* or *Unknown*.
20. **Surname at birth*:** Type the *surname at birth* or *Unknown*.
21. **Given Names*:** Type the *given names* or *Unknown*.
22. **Date of Birth*:** Click *calendar icon* to select *date* or type directly (*MM/DD/YYYY*).

Place of Birth

Place of Birth

Country *

CANADA
✓
▼

Province *

SASKATCHEWAN
✓
▼

City, town, village or other place (if rural give section, township, range and meridian)

23. **Country *:** Click the drop-down arrow and select the *country*.
24. **Province*:** Click the drop-down arrow and select the *province*.

NOTE: *Province of Residence will default to "Saskatchewan". It can be modified if incorrect.*

25. **City, town, village or other place:** Type the *city*.

Usual Residence

Usual Residence

Country *

CANADA ✓ ▾

Province *

SASKATCHEWAN ✓ ▾

City, town, village or other place (if rural give section, township, range and meridian) *

REGINA ✓

Street address

Enter UNKNOWN if not known

Postal code

26. **Country*:** Click the drop-down arrow and select the *country*.
27. **Province*:** Click the drop-down arrow and select the *province*.
28. **City, town, village or other place*:** Type the *city*.
29. **Street Address:** Type the *street address*, or *Unknown*.
30. **Postal Code:** Type the *postal code*.

Mailing Address

Mailing Address	
Country *	CANADA
Province *	SASKATCHEWAN
City, town, village or other place (if rural give section, township, range and meridian) *	REGINA
Street address	1440 14 AVENUE
Postal code	S4P 0W5
Marital status	NEVER MARRIED
SK Health Card Number	UNKNOWN

31. **Country*:** Click the drop-down arrow and select the **country**.
32. **Province*:** Click the drop-down arrow and select the **province**.
33. **City, town, village or other place*:** Type the **city**.
34. **Street Address:** Type the **street address**, or **Unknown**.
35. **Postal Code:** Type the **postal code**.
36. **Marital Status:** Click the drop-down arrow and select the **Status**.
37. **SK Health Card Number:** Type the **health card number** or **Unknown**.

Aboriginal Status

Aboriginal Status	
Status	N/A

38. **Aboriginal Status:** Click the drop-down arrow and select the **Status**.

NOTE: If an Aboriginal status is selected, additional questions will appear to document the "Name of Band" and "Registry Number".

Certification of Mother

Certification of Mother

Date *

03/27/2024
☒
☐ N/A

< Previous
Continue >

39. **Certification of Mother:*** Click the **calendar button** and select the **date**, or type directly (MM/DD/YYYY).

NOTE: For this Job Aid scenario, we will have the Mother certify.

If Mother is not able to certify, proceed to the "Father" tab for the father to certify. If neither parent is able to certify, proceed to the "Non-Parental Informant" tab to certify.

If "N/A" is chosen, another field will appear requiring a reason for confirming that certification is not required.

40. Click **Continue**
OR
 Click **Father tab**.

Father Tab

Father

MI TRAINING
Medical Informant
Training Hospital

Registration of Stillbirth - BABY WILSON

General Information
Mother
Father
Non-Parental Informant
Stillbirth Information
Certification
Case Admin

Father

Current surname

Enter UNKNOWN if not known.

Given names

Enter UNKNOWN if not known.

Date of birth

MM/DD/YYYY

NOTE: This information is not required when the mother's information has been entered, though best practice to do so, if known.

If the mother's information cannot be completed, the father's information is mandatory.

If neither the mother or father can complete this information, then a non-parental informant must provide the information about the stillbirth.

41. **Current surname:** Type the **surname** or **Unknown**.

42. **Given Names:** Type the *given names* or *Unknown*.
43. **Date of Birth:** Click *calendar icon* to select *date* or type directly (*MM/DD/YYYY*).

Place of Birth

Place of Birth	
Country	
Province	
City, town, village or other place (if rural give section, township, range and meridian)	

44. **Country *:** Click the drop-down arrow and select the *country*.
45. **Province*:** Click the drop-down arrow and select the *province*.

NOTE: Province of Residence will default to "Saskatchewan". It can be modified if incorrect.

46. **City, town, village or other place:** Type the *city*.

Mailing Address

Mailing Address	
Country	
Province	
City, town, village or other place (if rural give section, township, range and meridian)	
Street address	
Postal code	
Marital status	
SK Health Card Number	

47. **Country:** Click the drop-down arrow and select the *country*.

48. **Province:** Click the drop-down arrow and select the **province**.
49. **City, town, village or other place:** Type the **city**.
50. **Street Address:** Type the **street address**, or **Unknown**.
51. **Postal Code:** Type the **postal code**.
52. **Marital Status:** Click the drop-down arrow and select the **Status**.
53. **SK Health Card Number:** Type the **health card number** or **Unknown**.

Aboriginal Status

Aboriginal Status

Status

N/A ✓ ▾

54. **Aboriginal Status:** Click the drop-down arrow and select the **Status**.

NOTE: If an Aboriginal status is selected, additional questions will appear to document the "Name of Band" and "Registry Number".

Certification of Father

NOTE: For this Job Aid scenario, the mother will certify. If neither parent is able to certify, proceed to the "Non-Parental Informant" tab to certify.

55. **Certification of Father:** Click the **calendar button** and select the **date**, or type directly (**MM/DD/YYYY**).
56. Click **Continue**
OR
Click on the **Non-Parental Informant tab**.

Non-Parental Informant Tab

Non-Parental Informant

MI TRAINING
Medical Informant
Training Hospital

Registration of Stillbirth - BABY WILSON

[General Information](#) [Mother](#) [Father](#) **Non-Parental Informant** [Stillbirth Information](#) [Certification](#) [Case Admin](#)

Non-Parental Informant

To be completed if both parents are unable to certify the registration.

Is the non-parental informant known? *

☐ Yes

☐ No

Surname *

Given names *

Date signed

NOTE: The "Non-Parental Informant" tab will have editing disabled if the mother or father is able to certify the registration.

57. **Is the non-parental informant known?***: Click the **No** radio button.

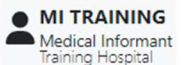
58. Click **Continue**

OR

Click **Stillbirth Information tab**.

Stillbirth Information Tab

Cause of Stillbirth



Registration of Stillbirth - BABY WILSON

General Information
Mother
Father
Non-Parental Informant
Stillbirth Information
Certification
Case Admin

Cause of Stillbirth

Immediate cause - Fetal disease or condition directly leading to stillbirth.

Part 1 a

☐ Fetal
 ☐ Maternal

Antecedent causes - Fetal and/or maternal conditions, if any, giving rise to the immediate cause (a) above, *stating the underlying cause last*.

Part 1 b

☐ Fetal
 ☐ Maternal

Part 1 c *

OBSTETRIC COMPLICATIONS
✓

☒ Fetal
 ☐ Maternal

Other significant conditions of fetus or mother which may have contributed to the stillbirth but were not casually related to the immediate cause (a) above.

Part 2 d *

☐ Fetal
 ☐ Maternal

Part 2 e *

☐ Fetal
 ☐ Maternal

59. Immediate cause of death:

- a. **Part 1c*:** Type *the immediate case of death*.
- b. **Fetal/Maternal:** Click the *Fetal* check box.

60. Other significant conditions contributing to the death but not causally related to the immediate cause (a) above:

- a. **Part 2 d*:** Type *significant condition*.
- b. **Fetal/Maternal:** Click the *Fetal* check box for this scenario.
- c. **Part 2 e*:** Type *significant condition*.
- d. **Fetal/Maternal:** Click the *Fetal* check box for this scenario.

Autopsy being held? *

☐ Yes

☒ No

May further information relating to the cause of death be available later? *

☐ Yes

☒ No

Manipulative, instrumental or other operative procedure for delivery? *

☒ Yes

☐ No

Specify *

61. **Autopsy being held*:** Click **No** radio button for this scenario.

NOTE: When "Yes" is chosen for "Autopsy being held?", two additional mandatory questions appear.

Was fetus dead before such procedure? *

☒ Yes

☐ No

Did death occur before labour? *

☐ Yes

☒ No

During Labour? *

☒ Yes

☐ No

Labour Induced? *

☒ Yes

☐ No

Specify method *

ENTER NECESSARY DATA

62. **Manipulative, instrumental or other operative procedure for delivery? *:** Click the **Yes** radio button for this scenario.

NOTE: When "Yes" is chosen, "Specify*" becomes a mandatory field.

63. **Specify*:** Type in **procedure**.

64. **Was the fetus dead before such procedure? *:** Click the **Yes or No** radio button.

65. **Did death occur before labour? *:** Click the **Yes or No** radio button.

66. **During labour? *:** Click the **Yes or No** radio button.

67. **Labour induced? *:** Click the **Yes or No** radio button.

NOTE: When "Yes" is chosen, "Specify method*" becomes a mandatory field.

68. **Specify method***: Type in *method*.

Congenital malformation? *

☒ Yes

☐ No

Specify *

Birth injuries? *

☒ Yes

☐ No

Specify *

Pregnancy complication? *

☒ Yes

☐ No

Specify *

[< Previous](#) [Continue >](#)

NOTE: When "Yes" is chosen for any of the next three questions, the associated "Specify" field becomes mandatory and must be completed.

69. **Congenital Malformation? ***: Click the **Yes or No** radio button.

70. **Specify***: Type in **details**.

71. **Birth injuries? ***: Click the **Yes or No** radio button.

72. **Specify***: Type in *details*.

73. **Pregnancy complications? ***: Click the **Yes or No** radio button.

74. **Specify***: Type in **details**.

75. Click **Continue**

OR

Click **Certification tab**.

Certification Tab

Medical Certification

Registration of Stillbirth - BABY WILSON



General Information
Mother
Father
Non-Parental Informant
Stillbirth Information
Certification
Case Admin

Medical Certification

Certifier Type *

Attending physician
✓ ▾

I hereby affirm that the information being submitted is accurate and correct to the best of my knowledge.

Certify Case

76. **Certifier Type*:** Click the drop-down arrow and select the **Attending physician**.

77. **I hereby affirm that the information being submitted is accurate and correct to the best of my knowledge:** Click **Certify Case**.

NOTE: If the “Certify Case” button is not available, mandatory information is missing. The “General Information”, “Mother”, “Father”, or “Stillbirth Information” tab’s text color and corresponding mandatory field name(s) within the tab will display in red text, pointing to the missing mandatory information. Complete the mandatory fields of information to certify.

⚠ As MI TRAINING I confirm I am certifying the stillbirth of BABY WILSON.

Cancel
I Confirm

78. Click **I Confirm**.

NOTE: The certification process is a digital signature for this document.

⚠ Case certified.

Ok

79. **Case Certified:** click the **OK** button. The Medical Certification screen will display.

NOTE: A paper copy of the MCD is not required to go with the Decedent to the funeral home.

MI TRAINING
Medical Informant
Training Hospital

Registration of Stillbirth - BABY WILSON

[General Information](#) [Mother](#) [Father](#) [Non-Parental Informant](#) [Stillbirth Information](#) [Certification](#) [Case Admin](#)

Case Admin

Case number	Record status	Certification status	
SBEDR579	SUBMITTED	CERTIFIED	Amend Case

Assigned To Facility

Medical facility
TRAINING HOSPITAL 

Funeral home
TRAINING FUNERAL HOME 

Assigned To Users

Hospital clerk


Medical informant
MI TRAINING 

Coroner


NOTE: The "Case Admin" tab has been updated to reflect the "Submitted" Record Status and "Certified" MCD Certification Status. This MCD will display on the "Submitted Cases" tab of the user's Dashboard.

End of Procedure.