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**NEVADA COUNTY  
SHERIFF'S OFFICE**



**CORONER'S DIRECTIVE**

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**Effective Date 05/30/99**

**2/6/18**

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**SUBJECT**                      **FETAL DEATH**

**POLICY**                      Deaths of fetuses having a gestational age equal to or greater than 20 weeks or having a weight of over 500 grams may require investigation and certification by the coroner's division

**PURPOSE**                      To provide the investigator with general guidelines for the investigation of fetal deaths.

**CODE REFERENCE**

**CASE LAW**

**DEFINITIONS**

**PROCEDURE**

A.      General

Deaths of fetuses having a gestational age equal to or greater than 20 weeks or having a weight of over 500 grams may require investigation and certification by the coroner's division.

1. In most instances, the death of the immature fetus will be related to unknown or uncertain natural causes which result in intrauterine fetal death or preterm labor with the birth of a nonviable premature infant. Older fetuses (those born between 24 and 37 weeks gestational age) may fail to survive because of one or more complications related to prematurity.

B.      Contributing Conditions

The following is a list of conditions which may contribute to fetal death:

### **Maternal**

- Prolonged pregnancy (>42wks)
- Diabetes (poorly controlled)
- Systemic lupus erythematosus
- Antiphospholipid syndrome
- Infection
- Hypertension
- Preeclampsia
- Eclampsia
- Hemoglobinopathy
- Advanced maternal age
- Rh Disease
- Uterine rupture
- Maternal trauma or death
- Inherited thrombophilias

### **Fetal**

- Multiple gestations
- Intrauterine growth restriction
- Congenital abnormality
- Genetic abnormality
- Infection (ie. Parvovirus B19, CMV, Listeria)

### **Placental**

- Cord accident
- Abruption
- Premature rupture of membranes
- Vasa previa
- Fetomaternal hemorrhage
- Placental insufficiency

### **Risk factors** (weak predictive value)

- African American Race
- Advanced Maternal Age
- History of fetal demise
- Maternal infertility
- History of small for gestational age infant
- Obesity
- Paternal age

C. Investigation

1. **Be sure to obtain the placenta if possible.** The placenta may provide vital information for the pathologist; it is to be sent to the morgue with the fetus.
2. In all cases it is of critical importance for the investigator to exclude any significant bodily injury to the mother or fetus by traumatic or toxic means which might have contributed to the death or premature delivery of the fetus.
3. For obvious reasons, the mother may want to hide a self-induced or drug-induced fetal demise, whether intentional or not. She may also not think the vehicle accident she was in a week ago, or a recent fall she sustained was connected to this event.
4. Contact **must** be made with the mother's physician to determine if there were any known problems with this pregnancy and to obtain background information on the mother.
5. Contact must also be made with family and or friends to determine the mother's lifestyle and state of mind about this pregnancy.

D. Postmortem Examination

If an injury or toxic insult to the mother or fetus is believed to have contributed to death, an autopsy of the remains must be performed. Without any indication of such, an autopsy is unnecessary for the purpose of the coroner. An autopsy may be desirable to answer medical questions regarding issues of infection or congenital diseases which might be important to the family members or physicians involved. Such questions are best answered by postmortem examination and testing performed in the hospital by its pathology staff.