

Stillbirth Registration

Role(s): Coroners– Provincial, Full Time, and Community

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, an autopsy performed, requiring a Registration of Stillbirth. The mother is available to verify the information. The autopsy revealed the cause of death to complete a Standard MCD for registering the stillbirth.

NOTE:	CORONER RIGHTS BY ROLE:
	<i>The Provincial Coroner can see, assign, certify, and amend any coroner case.</i>
	<i>Full Time Coroners (FTC) can see any cases in their region and work on cases assigned to them.</i>
	<i>Community Coroners can only see and work on cases assigned to them (including starting and certifying cases).</i>
	<i>*All coroners can assign an MCD to a Medical Informant (MI). MIs cannot assign an MCD to a coroner.</i>

Preconditions

The user must be logged in to EDRN and at the Home screen to perform the functionality discussed in this job aid.

NOTE:	MANDATORY FIELDS
	<i>Mandatory fields are displayed with an *asterisk next to their fieldname. All mandatory fields <u>must</u> be filled in prior to certification.</i>
	<i>Fields stating “Enter Unknown, if not known”, are also mandatory, though not designated with the *mandatory asterisk.</i>
	<i>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.</i>

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.


[Cancel](#)[Continue](#)

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

2. Click **Continue**.

General Information Tab

Type of Registration


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 Full Time Coroner
 South Coroner's Office

Registration of Stillbirth - BABY SMITH

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 or an autopsy must be performed.

General Information

General Information

Surname *

SMITH
✓

Given Names *

BABY
✓

Sex *

☒ Male

☐ Female

☐ Unknown

Date of Stillbirth *

08/18/2023
✓
📅

Duration of Pregnancy *

32
✓

Weight at Stillbirth (grams) *

2900
✓

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.
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 TO-CHECK 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.
- If the case is assigned to another coroner, request a reassignment from the provincial coroner, OR
- If the case is assigned to a Medical Informant (MI), "Save Case", and contact the MI to cancel their case. (MIs cannot reassign a case to a coroner).

* 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 *

REGINA PUBLIC 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 *

Regina Funeral Home and Cel  

☐ 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 on the **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

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Registration of Stillbirth - BABY SMITH

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

Mother

Current surname *

SMITH
✓

Surname at birth *

SMITH
✓

Given names *

ELISHA
✓

Date of birth *

01/01/2004
✓
📅

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 *

12/23/2023
☒
☐ N/A

< Previous
Continue >

NOTE: For this job aid scenario, the mother will certify.

If the 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.

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

Click **Continue**.

OR

Click on the **Father** tab.

Father Tab

Father

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Registration of Stillbirth - BABY SMITH

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 to be filled in 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.

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

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

Place of Birth

Place of Birth	
Country	<input type="text"/>
Province	<input type="text"/>
City, town, village or other place (if rural give section, township, range and meridian)	<input type="text"/>

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

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

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

Mailing Address

Mailing Address	
Country	<input type="text"/>
Province	<input type="text"/>
City, town, village or other place (if rural give section, township, range and meridian)	<input type="text"/>
Street address	<input type="text"/>
Postal code	<input type="text"/>
Marital status	<input type="text"/>
SK Health Card Number	<input type="text"/>

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

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

Aboriginal Status

Aboriginal Status

Status

N/A ✓ ▾

53. **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.

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

Non-Parental Informant Tab

Non-Parental Informant

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Registration of Stillbirth - BABY SMITH

[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.*

The "Non-Parental Informant" tab will only be enabled if neither the mother or father is able to certify the registration.

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


57. Click **Continue**.

OR

Click **Stillbirth Information** tab.

Stillbirth Information Tab

Cause of Stillbirth



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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

58. Immediate cause of death:

- a. **Part 1c*:** Type *the immediate case of death*, a mandatory field for a Standard MCD.
- b. **Fetal/Maternal:** Click the *Fetal* check box.

59. 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

Does the cause of death take into account the autopsy findings? *

☒ Yes

☐ No

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

☐ Yes

☒ No

60. **Autopsy being held*:** Click **Yes** radio button for this scenario.

NOTE: When "Yes" is chosen for "Autopsy being held?", two additional questions appear that must be completed.

61. **Does the cause of death take into account the autopsy findings?***: Click the **Yes** or **No** radio button.

62. **May further information relating to the cause of death be available later? ***: Click the **Yes** or **No** radio button.

Manipulative, instrumental or other operative procedure for delivery? *

☒ Yes

☐ No

Specify *

ENTER NECESSARY DATA

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

63. **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.

64. **Specify*:** Type in **procedure**.

65. **Was the fetus dead before such procedure? ***: Click the **Yes or No** radio button.
66. **Did death occur before labour? ***: Click the **Yes or No** radio button.
67. **During labour? ***: Click the **Yes or No** radio button.
68. **Labour induced? ***: Click the **Yes or No** radio button.

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

69. **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.

70. **Congenital Malformation? ***: Click the **Yes or No** radio button.
71. **Specify***: Type in **details**.
72. **Birth injuries? ***: Click the **Yes or No** radio button.
73. **Specify***: Type in **details**.
74. **Pregnancy complications? ***: Click the **Yes or No** radio button.
75. **Specify***: Type in **details**.
76. Click **Continue**
- OR**
- Click **Certification** tab.

Certification Tab

Medical Certification

Registration of Stillbirth - BABY SMITH

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General Information

Mother

Father

Non-Parental Informant

Stillbirth Information

Certification

Case Admin

Medical Certification

Certifier Type *

Coroner

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

Certify Case

77. **Certifier Type*:** Click the drop-down menu and select **Coroner**.

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.

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

79. Click **I Confirm**.

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

80. **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.

Registration of Stillbirth - BABY SMITH

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South Coroner's Office

General Information

Mother

Father

Non-Parental Informant

Stillbirth Information

Certification

Case Admin

Medical Certification

Name of physician, prescribed practitioner, or coroner

FTC TRAINING

Street Address

2010 12TH AVE

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

REGINA

Province

SASKATCHEWAN

Postal code

S4P 0M3

Certifier Type *

Coroner

Date of signature

12/30/2023

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.