

Ohio Administrative Code Rule 3701-70-04 Reporting.

Effective: September 2, 2024

(A) When applicable and available, each FIMR board will use the director's data collection tool or
the national fetal-infant death review database to record the following information:
(1) Demographic information that includes:
(a) Age of the child;
(b) Sex of the child, identified as male or female;
(c) Race of the child, identified as black, white, American Indian, Asian, Alaskan native, native
Hawaiian, Pacific islander, unknown or multiple; and
(d) Ethnicity of the child, identified as Hispanic or Latino origin.
(2) Infant death information that includes:
(a) Gestational age;
(a) destational age,
(b) Birth weight;
(c) Multiple gestation;
(d) Mother's number of pregnancies;
(a) Mother's number of live higher
(e) Mother's number of live births;
(f) Mother's number of living children;
-

(g) Prenatal care provided during pregnancy of deceased infant;
(h) Access or compliance issues related to prenatal care;
(i) Medical conditions/complications during pregnancy;
(j) Medical complications in previous pregnancies;
(k) Medication, drug or substance use during pregnancy;
(1) Infant born drug exposed;
(m) Infant neonatal abstinence syndrome (NAS);
(n) Level of birth hospital;
(o) At hospital discharge, was a case manager assigned;
(p) Whether mother attended postpartum visit;
(q) Did the infant stay in NICU more than one day;
(r) Did mother smoke in 3 months before pregnancy;
(s) Did mother smoke any time during pregnancy;
(t) Was mother injured during pregnancy;
(u) Did mother have postpartum depression;
(v) Was infant ever breastfed;
(w) Did infant have abnormal metabolic newborn screening results; and

(x) Prior to last 72 hours of life, did infant have history of medical conditions, symptoms, injury, vaccine administration, medications, feeding.
(3) Fetal/infant death information that includes:
(a) Was mother using birth control in 3 months prior to this pregnancy;
(b) Where was prenatal care most frequently provided for this pregnancy;
(c) Which type of provider most frequently provided prenatal care for this pregnancy;
(d) Were there any signs of fetal distress;
(e) Were any birth defects noted; and
(f) Maternal interview completed.
(4) Death related information that includes:
(a) Year of child's death;
(b) Geographic location of death; and
(c) Cause of death.
(5) Contributing factors to death that includes death related to sleeping environment:
(a) Was death related to sleeping/sleep environment;
(b) Incident sleep space;
(c) Position of child when put to sleep;

(d) Position of child when found;
(e) Usual sleep position;
(f) Availability of suitable sleep location;
(g) Usual sleep space;
(h) Child in new or different environment;
(i) Child placed to sleep with pacifier;
(j) Child wrapped or swaddled in blanket;
(k) Child overheated;
(l) Child exposed to second-hand smoke;
(m) Position of child's face when found;
(n) Position of child's neck when found;
(o) Status of child's airway;
(p) Objects in child's environment and relation to airway obstruction;
(q) Caregiver/Supervisor fell asleep when feeding child;
(r) Child sleeping in same room as caregiver/supervisor;
(s) Child sharing sleep surface with person(s) or animal(s);



(t) Reasons for sharing sleep surface; and
(u) Scene re-creation photo available.
(6) Data Quality information that includes:
(a) Was a home interview conducted;
(b) Data entry completed for the case; and
(c) Preventability of the death.
(B) By April first of each year, each FIMR board will prepare and submit an annual report to the department of health in a manner and format that is prescribed by the director. The report will include all of the following with respect to the fetal or infant deaths in the calendar year specified by the director.
(1) The total number of fetal and infant deaths in the county or region, whichever is applicable to the FIMR board submitting the report;
(2) The total number of fetal death reviews completed by the FIMR board;
(3) The total number of infant death reviews completed by the FIMR board;
(4) The total number of fetal and/or infant death reviews not completed by the FIMR board; and
(5) A summary of the demographic and death related information as specified in paragraph (A) of this rule.
(C) The annual report may include recommendations on how to decrease the incidence of preventable fetal and infant deaths in the board's jurisdiction and the state, as well as any other information the board determines should be included.