

A. Fetus	<ol style="list-style-type: none"> 1. Lethal congenital anomaly 2. Infection <ol style="list-style-type: none"> 2.1 Chronic – e.g. TORCH 2.2 Acute 3. Non-immune hydrops 4. Iso-immunisation 5. Fetomaternal haemorrhage 6. Twin-twin transfusion 7. Fetal growth restriction ¹ 8. Other
B. Umbilical Cord	<ol style="list-style-type: none"> 1. Prolapse 2. Constricting loop or knot ² 3. Velamentous insertion 4. Other
C. Placenta	<ol style="list-style-type: none"> 1. Abruptio 2. Praevia 3. Vasa Praevia 4. Placental insufficiency /infarction ³ 5. Other
D. Amniotic fluid	<ol style="list-style-type: none"> 1. Chorioamnionitis 2. Oligohydramnios ² 3. Polyhydramnios ² 4. Other
E. Uterus	<ol style="list-style-type: none"> 1. Rupture 2. Other
F. Mother	<ol style="list-style-type: none"> 1. Diabetes 2. Thyroid diseases 3. Essential Hypertension 4. Hypertensive diseases in pregnancy 5. Lupus/Antiphospholipid Syndrome 6. Cholestasis 7. Drug abuse 8. Other
G. Intrapartum	<ol style="list-style-type: none"> 1. Asphyxia 2. Birth Trauma
H. Trauma	<ol style="list-style-type: none"> 1. External 2. Iatrogenic
I. Unclassified	<ol style="list-style-type: none"> 1. No relevant condition identified 2. No information available

ReCoDe

Classification of stillbirth by Relevant Condition at Death

This system seeks to identify the condition(s) which existed at the time of death in-utero. The classification is based on the following principles:

1. Stillbirths are distinct from neonatal deaths and warrant their own classification.
2. There is hence no need for a sub-classification according to gestation, as 'prematurity' is not a relevant cause or condition for stillbirths.
3. There is no subclassification according to weight, but one related to fetal growth status, based on weight-for-gestation.
4. The classification emphasises what went wrong, not necessarily 'why'. Hence, more than one category can be coded.
5. The hierarchy starts from conditions affecting the fetus and moves outwards, in simple anatomical categories (A-F) which are subdivided into pathophysiological conditions.
6. The primary condition should be the highest on the list that is applicable to a case.

Footnotes in table:

1. Defined as < 10th customised weight-for-gestation percentile (centile calculator is available at www.gestation.net/centile)
2. If severe enough to be considered relevant
3. Histological diagnosis

www.perinatal.nhs.uk/recode