



For Office use only: PDN CODE FOR CASE   1 0

SURNAME \_\_\_\_\_

PLACE OF DEATH \_\_\_\_\_

DATE OF DELIVERY   /   /

**Centre for Maternal and Child Enquiries**  
*Improving the health of mothers, babies and children*

# PERINATAL DEATH NOTIFICATION FORM 2010

**CHOOSE Type of Case (TICK)**

**LATE FETAL LOSS:** 20-23<sup>+6</sup> weeks' gestation.

**OR**

**STILLBIRTH:** A baby delivered without signs of life **after** 23<sup>+6</sup> weeks of pregnancy.

If the birth occurred unattended and there was no lung aeration seen at Post Mortem (PM) and no other circumstantial evidence of life at birth, it should be assumed that the baby was stillborn.

In all cases where there is evidence that the fetus has died prior to the 24<sup>th</sup> week of pregnancy, the death **should not** be notified as a stillbirth. Where there is any doubt about the gestational age at which the fetus died, the default position would be to notify as a stillbirth.

**OR**

**EARLY NEONATAL DEATH:** Death of a live born baby occurring before 7 completed days after birth.

**OR**

**LATE NEONATAL DEATH:** Death of a live born baby occurring from the 7<sup>th</sup> day and before 28 completed days after birth.

**OR**

**POST NEONATAL DEATH:** Death of a live born baby occurring between 28 and 365 days.

If a baby born at <22 completed weeks is being registered as a neonatal death, please also report it to CMACE.

## Brief Instructions and Guidance

1. Fill in the form using the information available in the maternity case notes and discharge summary.
2. Guidance for completing Sections 9 & 10 on Cause of Death is found on the folder enclosing this form.
3. There are no "not known" codes as all the information should be contained in the notes. ***If you do not know the answer to a question please indicate this in Section 12.***
4. Please complete all dates in the format DD/MM/YY, and all times using the 24hr clock e.g. 17:45.
5. Please **DO NOT** wait for the PM details to complete and return this form.

**SECTION 1. WOMAN'S DETAILS**1.1 NHS number:   

1.2 Surname: \_\_\_\_\_ First name: \_\_\_\_\_

1.3 Hospital number: 1.4 Usual residential address at time of delivery/birth: \_\_\_\_\_  
\_\_\_\_\_1.5 Postcode:  1.6 Woman's date of birth: // or estimated age 

## 1.7 Ethnic group:

White:  British  Irish  Any other White background, specify \_\_\_\_\_Mixed:  White & Black Caribbean  White & Black African  White & Asian  Any other mixedAsian or Asian British:  Indian  Pakistani  Bangladeshi  Any other AsianBlack or Black British:  Caribbean  African  Any other Black backgroundOther ethnic groups:  Chinese  Any other, specify \_\_\_\_\_Not stated: 1.8 Was the woman in paid employment at booking?  Yes  No

If yes, what is her occupation? (Transcribe exactly what is in notes) \_\_\_\_\_

1.9 Was the woman's partner in paid employment at booking?  Yes  No  Not known

If yes, what is the partner's occupation? (Transcribe exactly what is in notes) \_\_\_\_\_

1.10 Height at booking (round up to the nearest cm): 1.11 Weight at booking (round up to the nearest kg): 

If weight is unavailable, was there evidence that the woman was too heavy for hospital scales?

 Yes  No1.12 Body Mass Index at booking (BMI): 

## 1.13 Smoking status:

 Smoker  Non-smokerIf non-smoker:  Never  Gave up prior to pregnancy  Gave up in pregnancy  Smoking history not known1.14 Was this woman known to abuse alcohol?  Yes  No1.15 Was this woman known to be a substance user?  Yes  No**SECTION 2. PREVIOUS PREGNANCIES**2.1 Did the woman have any previous pregnancies? If yes, complete questions 2.2-2.4  Yes  No2.2 No. of completed pregnancies  $\geq 24$  weeks (all live & stillbirths): 2.3 No. of pregnancies <24 weeks: 2.4 Were there any previous pregnancy problems? If yes, tick all that apply below  Yes  No Three or more miscarriages  Pre-term birth or mid trimester loss  Stillbirth Neonatal death  Baby with congenital anomaly  Infant requiring intensive care Previous caesarean section  Placenta praevia  Placental abruption Pre-eclampsia (hypertension & proteinuria)  Post-partum haemorrhage requiring transfusion Other, specify \_\_\_\_\_

**SECTION 3. PREVIOUS MEDICAL HISTORY****3.1 Were there any pre-existing medical problems? If yes, tick all that apply below** Yes  No Cardiac disease (congenital or acquired) Epilepsy Endocrine disorders e.g. hypo or hyperthyroidism Renal disease Haematological disorders e.g. sickle cell disease Psychiatric disorders Inflammatory disorders e.g. inflammatory bowel disease Drug or substance abuse Diabetes Other, specify \_\_\_\_\_**SECTION 4. THIS PREGNANCY****4.1 Final Estimated Date of Delivery (EDD):**

DD/MM/YY

Use best estimate (ultrasound scan or date of last menstrual period) based on a 40 week gestation. Or the final date agreed in the notes.

**4.2 Was this a multiple pregnancy at the onset of pregnancy?** Yes  No**4.3 Date of first booking appointment:**

DD/MM/YY

 Not booked**4.4 Intended place of delivery at booking:** Undecided

Name of unit/place \_\_\_\_\_

Please specify the type of unit

 Obstetric unit Alongside midwifery unit Freestanding midwifery unit Home Other**4.5 What was the intended type of delivery care at booking?** Obstetric led care Midwifery led care**SECTION 5. DELIVERY****5.1 Onset of labour:** Spontaneous Induced Never in labour**5.2 Intended place of delivery at onset of labour:**

Name of unit/place \_\_\_\_\_

Please specify type of unit

 Obstetric unit Alongside midwifery unit Freestanding midwifery unit Home Other**5.3 What was the intended type of delivery at onset of labour?** Obstetric led care Midwifery led care Free birthing Other

Free birthing is where the woman chose to have no midwifery/obstetric involvement during labour and delivery.

**5.4 Was the intended mode of delivery a planned caesarean section?** Yes  No**5.5 Actual place of delivery:**

Name of unit/place \_\_\_\_\_

Please specify type of unit

 Obstetric unit Alongside midwifery unit Freestanding midwifery unit Home Other**5.6 What was the type of care at delivery?** Obstetric led care Midwifery led care Unattended Free birthing Other

Free birthing is where the woman chose to have no midwifery/obstetric involvement during labour and delivery.

**5.7 Date & time of delivery/birth:**

Date: DD/MM/YY

Time: HH:MM

**5.8 What was the presentation at delivery?** Vertex Breech Compound (includes transverse and shoulder presentations) Brow Face**5.9 What was the FINAL mode of delivery?** Spontaneous vaginal Ventouse Lift-out forceps Mid cavity forceps Rotational forceps Assisted breech Breech extraction Pre-labour caesarean section Caesarean section after onset of labour**CAESAREAN SECTIONS ONLY (non-Caesarean Sections go to Section 6)****5.10 What was the type of caesarean section?** Elective - At a time to suit woman or maternity team Scheduled - Needing early delivery but no maternal or fetal compromise Urgent - Maternal or fetal compromise which is not immediately life threatening Emergency - Immediate threat to life of woman or fetus

**SECTION 6. ALL BABY OUTCOMES**

- 6.1 Baby's surname: \_\_\_\_\_ First name: \_\_\_\_\_
- 6.2 Baby's NHS number:
- 6.3 Sex of fetus/baby:  Male  Female  Indeterminate
- 6.4 Number of fetuses/babies this delivery: (all identifiable including papyraceous)
- 6.5 Birth order of this fetus/baby: (0=singleton)
- 6.6 If from a multiple delivery, what was the chorionicity?  
 Dichorionic diamniotic  Monochorionic diamniotic  Monochorionic monoamniotic  Trichorionic  Not known
- 6.7 Birth weight (kg):  .
- 6.8 Gestation at delivery:  weeks +  days
- 6.9 Was this a termination of pregnancy?  Yes  No
- 6.10 Was the death due to an intrapartum event?  Yes  No

**INTRAPARTUM RELATED EVENTS ONLY (non-intrapartum go to section 7)**

- 6.11 Was a local Hospital/Trust review of this case undertaken?  Yes  No
- 6.12 If no, please state why not:
- 6.13 If yes, what method was used?  
 Root cause analysis  Hospital/Trust review  Clinical governance review  
 Other, please specify \_\_\_\_\_

**SECTION 7. STILLBIRTHS (if not stillbirth go to section 8)**

- 7.1 At what gestation was death confirmed to have occurred?  weeks +  days  
 If known, what date was death confirmed? / / / / /
- 7.2 Was the baby alive at onset of care in labour?  
 Yes  No  Never in labour  Unattended  Not known

**SECTION 8. NEONATAL DEATHS (if not neonatal go to section 9)**

- 8.1 Was spontaneous respiratory activity absent or ineffective at 5mins?  Yes  No  
 If a baby is receiving any artificial ventilation at 5 mins assumption is absent/ineffective activity, a 0 Apgar score indicates absent activity.
- 8.2 Was the heart rate persistently <100? (i.e. heart rate never rose above 100 before death)  
 Persistently <100  Rose above 100
- 8.3 Was the baby admitted to a neonatal unit? (includes SCBU and ICU)  Yes  No
- 8.4 Place of death:  Labour ward  Neonatal unit  
 Name of unit/place \_\_\_\_\_  
 This is where the baby actually died, e.g. 'name of unit', 'at home', 'in transit'. This includes babies who are brought to hospital, but are either declared dead on arrival or show no subsequent signs of life, despite attempted resuscitation.
- 8.5 Date & time of death: Date: / / / / /  Time: : :
- 8.6 Was the baby transferred to another unit after birth?  Yes  No
- 8.7 Please briefly describe the obstetric and neonatal factors contributing to and associated with the death:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 9. ASSOCIATED FACTORS & CAUSE OF DEATH - STILLBIRTH and NEONATES**

**9.1 Which condition, indicated in 9.2 as being present, was the MAIN condition causing or associated with the death? (NB 'non-MAIN' conditions are best described as the 'Other clinically relevant maternal or fetal conditions/factors that were associated with but not necessarily causing the death'). Please give the MAIN condition:**

**9.2 Please TICK ALL the maternal or fetal conditions that were present during pregnancy or were associated with the death - PLEASE REFER TO SEPARATE CAUSE OF DEATH GUIDANCE ON THE ENCLOSING FOLDER.**

**9.2.1 MAJOR CONGENITAL ANOMALY:**

- Central nervous system     Cardiovascular system     Respiratory system     Gastro-intestinal system  
 Musculo-skeletal anomalies     Multiple anomalies     Chromosomal disorders     Metabolic diseases  
 Urinary tract     Other, specify \_\_\_\_\_

**9.2.2 HYPERTENSIVE DISORDERS OF PREGNANCY:**

- Pregnancy induced hypertension     Pre-eclampsia     HELLP syndrome     Eclampsia

**9.2.3 ANTEPARTUM or INTRAPARTUM HAEMORRHAGE:**

- Praevia     Abruption     Cause uncertain

**9.2.4 MECHANICAL:**

- Cord compression:**     Prolapse cord     Cord around neck     Other cord entanglement or knot  
**Uterine rupture:**     Before labour     During labour  
**Mal-presentation:**     Breech     Face     Compound  
     Transverse     Other, please specify \_\_\_\_\_  
**Shoulder dystocia:**

**9.2.5 MATERNAL DISORDER:**

- Pre-existing hypertensive disease     Diabetes     Other endocrine conditions (excluding diabetes)  
 Thrombophilias     Obstetric cholestasis     Drug misuse     Uterine anomalies  
 Other, please specify \_\_\_\_\_

**9.2.6 INFECTION:**

- Maternal infection:**     Bacterial     Syphilis     Viral diseases  
     Protozoal     Other, specify \_\_\_\_\_  
     Specify organism if known \_\_\_\_\_  
**Ascending infection:**     Chorioamnionitis     Other, specify \_\_\_\_\_

**9.2.7 SPECIFIC FETAL CONDITIONS:**

- Twin-twin transfusion     Feto-maternal haemorrhage     Non-immune hydrops     Iso-immunisation  
 Other, specify \_\_\_\_\_

**9.2.8 SPECIFIC PLACENTAL CONDITIONS:**

- Placental infarction     Massive perivillous fibrin deposition     Vasa praevia     Velamentous insertion  
 Other, specify \_\_\_\_\_

**9.2.9 INTRA-UTERINE GROWTH RESTRICTION DIAGNOSIS MADE:** 

What was this based on? tick all that apply

- Suspected antenatally     Observed at delivery     Observed at post mortem

**9.2.10 ASSOCIATED OBSTETRIC FACTORS:**

- Birth trauma:**     Intracranial haemorrhage     Birth injury to scalp     Fracture, specify \_\_\_\_\_  
     Other, specify \_\_\_\_\_  
**Intrapartum asphyxia:**   
**Other:**     Polyhydramnios     Oligohydramnios     Premature rupture of membranes  
     Spontaneous premature labour     Other, specify \_\_\_\_\_

**9.2.11 NO ANTECEDENT OR ASSOCIATED OBSTETRIC FACTORS:** **9.2.12 UNCLASSIFIED: (Use this category as sparingly as possible)**

**SECTION 10. CAUSE OF DEATH - NEONATES ONLY (Stillbirths go to Section 11)**

**10.1 Which condition, indicated in 10.2 as being present, was the MAIN condition causing or associated with the death?** (NB 'non-MAIN' conditions are best described as the 'Other clinically relevant conditions/factors that were associated with but not necessarily causing the death'). Please give the MAIN condition:

**10.2 Please TICK ALL the neonatal conditions causing and associated with the death - PLEASE REFER TO SEPARATE CAUSE OF DEATH GUIDANCE ON THE ENCLOSING FOLDER**

**10.2.1 MAJOR CONGENITAL ANOMALY:**

- Central nervous system     Cardiovascular system     Respiratory system     Gastro-intestinal system  
 Musculo-skeletal anomalies     Multiple anomalies     Chromosomal disorders     Metabolic disease  
 Urinary tract     Other, specify \_\_\_\_\_

**10.2.2 PRE-VIABLE (less than 22 weeks):**

**10.2.3 RESPIRATORY DISORDERS:**

- Severe pulmonary immaturity     Surfactant deficiency lung disease     Pulmonary hypoplasia     Meconium aspiration syndrome  
 Primary persistent pulmonary hypertension     Chronic lung disease/Bronchopulmonary dysplasia (BPD)  
 Other (includes pulmonary haemorrhage), specify \_\_\_\_\_

**10.2.4 GASTRO-INTESTINAL DISEASE:**

- Necrotising enterocolitis (NEC)     Other, specify \_\_\_\_\_

**10.2.5 NEUROLOGICAL DISORDER:**

- Hypoxic-ischaemic encephalopathy (HIE)     Intraventricular/Periventricular haemorrhage  
 Other, specify \_\_\_\_\_

**10.2.6 INFECTION:**

- Generalised (sepsis)     Pneumonia     Meningitis     Other, specify \_\_\_\_\_

**10.2.7 INJURY/TRAUMA (postnatal):**

Specify \_\_\_\_\_

**10.2.8 OTHER SPECIFIC CAUSES:**

- Malignancies/Tumours     Specific conditions \_\_\_\_\_

**10.2.9 SUDDEN UNEXPECTED DEATHS:**

- Sudden Infant Death Syndrome (SIDS)     Infant deaths – cause unascertained

**10.2.10 UNCLASSIFIED (Use this category as sparingly as possible):**

**SECTION 11. POST MORTEM (Please do not wait for post mortem results before sending in this form)**

**11.1 Was a Post Mortem offered?**  Yes  No

**11.2 Was consent given for a Post Mortem?**  Yes, full  Yes, limited  No consent

11.2.1 If PM was limited what was consent given for?

- MRI     X-Ray     Other, specify \_\_\_\_\_

**11.3 Was the placenta sent for histology?**  Yes  No

**11.4 Was this a Coroners' Case?**  Yes  No



