



REGIONAL MATERNITY SURVEY OFFICE

Regional Maternity Survey Office (PMS) & Local Safeguarding Children Boards in the North East – Rapid Report Form.

One form should be filled in for each fetus born after 20 weeks of pregnancy (or birthweight >300 grams if gestation not known) and each live birth dying before one year of life, including legal abortions.

Case Definition: Late Fetal Loss (20-23 wks) Stillbirth (24+ wks) Early Neonatal Death (age 0 – 6 days) Late Neonatal Death (age 7-27 days) PN death (>28 days)

MOTHER

NHS No. Hospital Record No. Surname First Name Address at Booking Post Code Mother's Date of Birth Or estimated age (if DoB not Known) Place First Booked for Delivery Expected Date of Delivery Actual Place of Delivery

Reason for Transfer:

Medical Before Labour Medical During Labour None Medical

Date of Delivery

Time of Delivery (24 hr clock)

Number of fetuses/babies Birth Order

Mode of Delivery:

Presentation: was this a breech Labour: None Spontaneous Induced Delivery: Spont.Vaginal Forceps Ventouse Breech Elective C.S. Other Section

BABY

NHS No. Hospital Record No. Surname First Name Address at Death (if different) Post Code

Sex of Fetus / Baby

Male Female Indeterminate

Birthweight (kg)

Gestation wks days

Was this a legal abortion yes no

Was fetocide undertaken yes no

When did death occur (late fetal loss/stillbirth)

Antepartum Intrapartum

Place of Death (live births only):

Date of Death

Time of Death (24 hour clock)

Postmortem / Autopsy

Held/ being held Not requested

Consent not given Coroner's PM

Limited post-mortem only

Person Completing Form:

Telephone No.