CHOOSE Type of Case (TICK)

☐ LATE FETAL LOSS: 20-23rd weeks’ gestation.

OR

☐ STILLBIRTH: A baby delivered without signs of life after 23rd 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 24th 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 7th 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:  

1.7 Ethnic group:

- **White:**
  - British
  - Irish
  - Any other White background, specify ____________________________

- **Mixed:**
  - White & Black Caribbean
  - White & Black African
  - White & Asian
  - Any other mixed

- **Asian or Asian British:**
  - Indian
  - Pakistani
  - Bangladeshi
  - Any other Asian

- **Black or Black British:**
  - Caribbean
  - African
  - Any other Black background

- **Other 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  
- No

1.12 Body Mass Index at booking (BMI):  

1.13 Smoking status:  

- Smoker  
- Non-smoker

If non-smoker:  

- Never  
- Gave up prior to pregnancy  
- Gave up in pregnancy  
- Smoking history not known

1.14 Was this woman known to abuse alcohol?  

- Yes  
- No

1.15 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  
- No

2.2 No. of completed pregnancies ≥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  

- 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

- [ ] Cardiac disease (congenital or acquired)
- [ ] Endocrine disorders e.g. hypo or hyperthyroidism
- [ ] Haematological disorders e.g. sickle cell disease
- [ ] Inflammatory disorders e.g. inflammatory bowel disease
- [ ] Diabetes
- [ ] Epilepsy
- [ ] Renal disease
- [ ] Psychiatric disorders
- [ ] Drug or substance abuse
- [ ] Other, specify

SECTION 4. THIS PREGNANCY

4.1 Final Estimated Date of Delivery (EDD):

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:

- [ ] Not booked

4.4 Intended place of delivery at booking:

- [ ] Undecided
- [ ] 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

- [ ] 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

- [ ] 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: __/__/____
Time: __:__

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Baby's surname: ________________________________________  First name: _____________________________</td>
</tr>
<tr>
<td>6.2</td>
<td>Baby's NHS number:</td>
</tr>
<tr>
<td>6.3</td>
<td>Sex of fetus/baby:</td>
</tr>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>Indeterminate</td>
</tr>
<tr>
<td>6.4</td>
<td>Number of fetuses/babies this delivery: (all identifiable including papyraceous)</td>
</tr>
<tr>
<td>6.5</td>
<td>Birth order of this fetus/baby: (0=singleton)</td>
</tr>
<tr>
<td>6.6</td>
<td>If from a multiple delivery, what was the chorionicity?</td>
</tr>
<tr>
<td></td>
<td>Dichorionic diamniotic</td>
</tr>
<tr>
<td></td>
<td>Monochorionic diamniotic</td>
</tr>
<tr>
<td></td>
<td>Monochorionic monoamniotic</td>
</tr>
<tr>
<td></td>
<td>Trichorionic</td>
</tr>
<tr>
<td></td>
<td>Not known</td>
</tr>
<tr>
<td>6.7</td>
<td>Birth weight (kg):</td>
</tr>
<tr>
<td>6.8</td>
<td>Gestation at delivery: ( weeks +  days )</td>
</tr>
<tr>
<td>6.9</td>
<td>Was this a termination of pregnancy?</td>
</tr>
<tr>
<td>6.10</td>
<td>Was the death due to an intrapartum event?</td>
</tr>
<tr>
<td>6.11</td>
<td>Was a local Hospital/Trust review of this case undertaken?</td>
</tr>
<tr>
<td>6.12</td>
<td>If no, please state why not:</td>
</tr>
<tr>
<td>6.13</td>
<td>If yes, what method was used?</td>
</tr>
<tr>
<td></td>
<td>Root cause analysis</td>
</tr>
<tr>
<td></td>
<td>Hospital/Trust review</td>
</tr>
<tr>
<td></td>
<td>Clinical governance review</td>
</tr>
<tr>
<td></td>
<td>Other, please specify</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.11</td>
<td>Was a local Hospital/Trust review of this case undertaken?</td>
</tr>
<tr>
<td>6.12</td>
<td>If no, please state why not:</td>
</tr>
<tr>
<td>6.13</td>
<td>If yes, what method was used?</td>
</tr>
<tr>
<td></td>
<td>Root cause analysis</td>
</tr>
<tr>
<td></td>
<td>Hospital/Trust review</td>
</tr>
<tr>
<td></td>
<td>Clinical governance review</td>
</tr>
<tr>
<td></td>
<td>Other, please specify</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>At what gestation was death confirmed to have occurred?</td>
</tr>
<tr>
<td></td>
<td>weeks +  days</td>
</tr>
<tr>
<td>7.2</td>
<td>Was the baby alive at  onset of care in labour?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Never in labour</td>
</tr>
<tr>
<td></td>
<td>Unattended</td>
</tr>
<tr>
<td></td>
<td>Not known</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1</td>
<td>Was spontaneous respiratory activity absent or ineffective at 5mins?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>8.2</td>
<td>Was the heart rate persistently &lt;100? (i.e. heart rate never rose above 100 before death)</td>
</tr>
<tr>
<td></td>
<td>Persistently &lt;100</td>
</tr>
<tr>
<td></td>
<td>Rose above 100</td>
</tr>
<tr>
<td>8.3</td>
<td>Was the baby admitted to a neonatal unit? (includes SCBU and ICU)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>8.4</td>
<td>Place of death:</td>
</tr>
<tr>
<td></td>
<td>Labour ward</td>
</tr>
<tr>
<td></td>
<td>Neonatal unit</td>
</tr>
<tr>
<td>8.5</td>
<td>Date &amp; time of death:</td>
</tr>
<tr>
<td></td>
<td>Date:  Day/ Month/ Year</td>
</tr>
<tr>
<td></td>
<td>Time:  Hour: Minute</td>
</tr>
<tr>
<td>8.6</td>
<td>Was the baby transferred to another unit after birth?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>8.7</td>
<td>Please briefly describe the obstetric and neonatal factors contributing to and associated with the death:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
  - Face
  - Compound
- Mal-presentation:
  - Breech
  - Transverse
  - Other, please specify

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
## SECTION 12. ANY OTHER RELEVANT DETAILS


\[\text{SECTION 13. DETAILS OF PERSON WHO COMPLETED THE FORM (personal information is not passed to central office)}\]

**Name:**

**Positions:**

**Addresses:**

**Tel number/email address:**

**Date of notification:**

## SECTION 14. REGIONAL OFFICE USE ONLY

Please code the causes of death that were given and the clinically derived single main cause of death (Refer to the coding sheet)

14.1 Cause of Death: Associated Maternal & Fetal Factors and Cause of Death - STILLBIRTH & NEONATES (section 9)

14.1.1 Single Main Cause

14.1.2 Other Cause(s) (no more than 3):

14.2 Cause of Death: Associated Neonatal Factors & Cause of Death – NEONATES ONLY (section 10)

14.2.1 Single Main Cause

14.2.2 Other Cause(s) (no more than 3):

14.3 Maternal death:

14.4 Was a copy of the Post Mortem report received?

If yes, was it a limited Post Mortem?  
- MRI scan
- X-Ray
- Other limited

If yes, was it a Coroners’ Post Mortem?

14.5 Was a copy of the placental histology report received?

14.6 Was cause of death coding completed using a Placental Histology or Post Mortem?

- Placental histology
- Post mortem
- No