

| Response from review (Midwifery/Obstetrician/Neonatologist) | | | |
|---|--|--|--------------------------------|
| Data provided by ODN | | Drop-down box | Comments |
| 1 | Month of birth | | |
| 2 | AMS | | |
| 3 | Bodier ID | | |
| 4 | Gestation at birth | | |
| 5 | Maternity unit birthed at | | |
| Data provided by Maternity Unit | | | |
| Admission details: | | | |
| 6 | What is the mother's ethnicity? | | |
| 7 | Is this a multiple pregnancy? | | |
| 8 | Maternity unit booked to birth at | | |
| 9 | Date and time of admission of mother to local unit | | |
| 10 | From where was the mother referred? | | |
| 11 | Which location was the mother initially admitted to? | if other - please state: | |
| 12 | Was this the first time the mother had contacted maternity services? | if no - please provide details of: previous calls: 2nd call details: | Number of 1st call details: |
| 13 | Date and time of transfer to Labour Ward | | |
| Antenatal details and interventions: | | | |
| 14 | Was the mother on a continuity of carer pathway? | | |
| 14 | Was a Preterm Birth risk assessment undertaken at booking? | | |
| 15 | What level of risk was identified? | | |
| 16 | Was the antenatal care pathway appropriate to her risk assessment? | if no or not known - give details: | |
| 17 | Did the mother have a previous admission within 24 hours? | if yes - add details of previous admission(s): | |
| Labour management | | | |
| 18 | Was a predictive test used eg FPL, Actin Partus? | if yes - add result/value: no - give reason: | if |
| 19 | Date and time of first review of mother in local unit by a midwife | if delay provide detail: | |
| 20 | Date and time of first review of mother in local unit by an obstetrician | if delay provide detail: | |
| 21 | Initial diagnosis on admission | Other: | |
| 22 | Were antenatal steroids (AMS) given? | if no give details: | |
| 23 | AMS: Date and time of first dose given | | |
| 24 | AMS: Date and time of second dose given | | |
| 25 | AMS: Was there any delay in administration? | if yes - give details: | |
| 26 | Was Magnesium Sulphate given? | if no - give details: | |
| 27 | MgSO4: Date and time of loading dose | | |
| 28 | MgSO4: Was a maintenance dose commenced? | | |
| 29 | MgSO4: Date and time maintenance dose commenced | | |
| 29 | MgSO4: Was there any delay in administration? | if yes - give details: | |
| 30 | Date and time of birth | | |
| Transfer information: | | | |
| 30 | Was transfer required? | | |
| 31 | If the transfer was in-utero, do you consider there was an opportunity for an in-utero transfer? | Provide details: | |
| 32 | Date and time Embrace contacted | | |
| 33 | Were there any issues with the process of contacting Embrace? | if yes - give details: | |
| 34 | Date and time of transfer | | |
| 35 | Were there any barriers to transfer? | if yes - give details: | |
| 36 | Was the decision not to transfer regularly reviewed? | if yes - how often? By whom? | |
| 36 | What was the birth outcome? | | Check with ODN |
| MDT involvement: | | | |
| 37 | Was there an MDT care planning discussion? | | |
| 38 | Was a consultant obstetrician involved in the MDT discussion? | | |
| 39 | Was a neonatologist involved in the MDT discussion? | | |
| 40 | If yes, date and time of discussion | | |
| 41 | If yes, was the receiving unit involved in the discussion? | | |
| 42 | If extremely preterm, were the family involved in the discussion? | | |
| 43 | If extremely preterm, was the baby actively managed? | | |
| Learning Outcomes: | | | |
| 44 | Overall was this an avoidable/unavoidable off-pathway birth? | Provide details: | |
| 45 | What learning points can you gain from this review? | | |
| 46 | What actions and/or practice changes have been subsequently implemented or planned? | | |
| 47 | How have any learning points been shared within the unit/JMS? | | |
| 48 | Were there any good practice points to note? | if yes - give details: | |
| MDT members involved in this review | | | |
| 49 | Name of obstetrician | | |
| 50 | Name of midwife | | |
| 51 | Name of neonatologist | | |
| 52 | Name(s) and role(s) of others present | | |
| 53 | Date of review | | |
| 54 | Template completed by (name and role) | | |

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