

RAPID REPORTING FORM FOR A PERINATAL DEATH - BABY

Please use the "Guidelines for the completion of the mother and baby forms following a perinatal death March 2016 Version 10" to help completion of this form. You can obtain these guidelines from www.otago.ac.nz/pmmrc

Both the PMMRC mother and baby forms need to be completed by the Lead Maternity Carer or other clinician for any baby dying from 20 weeks gestation (i.e.: $\geq 20^0$, or if **gestation is unknown** a birth weight $\geq 400\text{gm}$) including all terminations, to before 28 completed days of life (i.e.: up to midnight on the 27th day).

This Baby Form can be submitted electronically after submitting the Mother form.
(If sending in written forms please send this in with the Mother form) address and fax number at end of form.

PLEASE COMPLETE WITHIN 48 HOURS OF THE BABY'S DEATH IF POSSIBLE

Personally identifiable information (of the mother, baby or lead maternity carer) collected on this form will be kept confidential. The information included in reports by the PMMRC is grouped and non-identifiable.

1. Mother's NHI:

2. Baby's NHI:

3. Mother's first name(s): Surname:

Mother's other name(s):

4. Baby's first name(s): Surname:

Baby's other name(s):

5. Sex:

Male Female Indeterminate Unknown

6. Baby's ethnicity (*Select all relevant*)

New Zealand European

Māori

Samoan

Cook Island Māori

Tongan

Niuean

Chinese

Indian

Other (such as Dutch, Japanese, Tokelauan), Please state:

Source of ethnicity information: *(Select all relevant)*

Parents

Family/Whanau

DHB Patient Registration Form

Other please state: _____

LMC notes

Clinical notes

NHI details

7. Live or still birth *(Select one of the following)*

Stillbirth

Live birth

Unknown

8. Was this birth the result of a termination of pregnancy?

Yes

No

Unknown

9. Date and time of birth:

Date: // (DD/MM/YYYY)

Time: : hrs (24hour Clock)

10. Gestation at birth:

week's days

Unknown

Best estimate of gestational age based on:

Ultrasound in first trimester

Ultrasound \leq 20 weeks gestation

Ultrasound > 20 weeks gestation

Last menstrual period

Clinical examination at birth

11. Baby's Birthweight:

gm

Unknown

12. If this was multiple pregnancy birth order of the deceased fetus/baby:

First

Second

Other

13. When did death occur?

Antepartum

Intrapartum – first stage

Intrapartum – second stage

Intrapartum - Unknown

Neonatal

Unknown

(Answer Question 14 if stillbirth, if not go to Question 15)

14. Estimated gestational age at time of fetal death

week's days

Unknown

(If live birth or unknown answer Question 15)

15. Place of death for live born babies:

Home

Hospital

Other

If other please state:

(If "Hospital" selected in Question 15 answer the below)

Area of hospital where baby died

Delivery suite

Postnatal ward

Neonatal unit

Children's ward

Operating theatre

Antenatal ward

Emergency department

PICU

Other

If other please state:

16. Baby Examination:

Were there any external abnormalities noted on external examination of the baby?

Yes

No

If yes, please specify _____

17. Post-mortem examination:

Parents offered a post-mortem examination?

Yes

No

Unknown

If yes, who discussed/offered the post-mortem? *(Please select all relevant)*

Fetal Medicine Specialist

Paediatric/Neonatal SMO

Perinatal Pathologist

Paediatric Registrar

Obstetric SMO

Paediatric SHO

Obstetric Registrar

Midwife LMC

Obstetric SHO

Midwife Core

Other

If other please state:

Yes

No

Unknown

If yes, did the Parents consent to a post-mortem?

Death referred to the Coroner?

18. If neonatal death date and time of death:

Date: / / (DD/MM/YYYY)

Time: : Hrs (24hour Clock)

19. Apgar scores:

1 minute
5 minutes
10 minutes
15 minutes
20 minutes

(If the score for 5 minutes is less than 9 then answer the 3 below)

20. Cord gases: Not taken

	Arterial	Venous
pH	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> . <input type="text"/> <input type="text"/>
Base deficit	+ / - <input type="text"/> <input type="text"/> . <input type="text"/>	+ / - <input type="text"/> <input type="text"/> . <input type="text"/>
CO ₂	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
Lactate	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>

21. Was the baby resuscitated at birth? Yes No Unknown

(If "Yes" for Question 21 select one of the below)

Baby resuscitated and transferred to another clinical care area

Baby unable to be resuscitated

22. Were maternal corticosteroids given antenatally? Yes No Unknown

(If "Yes" is selected answer the below)

Course of corticosteroids started at what gestation? week's days

Was course of corticosteroids completed?

23. Was the baby transferred from their place of birth prior to death? Yes No Unknown

(If "Yes" is selected for Question 23 answer the below)

24. Where was the baby transferred to? (Select one)

NICU/SCU* *Neonatal Intensive Care Unit/Special Care Unit

SCBU** **Special Care Baby Unit

Post natal ward

Home

Died in transfer

Tertiary Services

Other

If other please state:

(If baby not transferred after birth answer the below)

25. Why wasn't the baby transferred?

Died at place of birth

Died in birthing unit/theatre

Other If other please state:

26. Summary

Please provide any information you think relevant, that was not covered in the previous questions, which you consider may have contributed to the outcome.

Form completed by:

Name:

Designation:

**Contact details: Phone -
Email -**

Date:

Please send (mail or fax) the completed form to:

National Coordination Service
Perinatal and Maternal Mortality Review Committee (PMMRC)
Department of Obstetrics and Gynaecology
University of Auckland
Private Bag 92019
Auckland 1142
Phone: 09 923 4440 Fax: 09 305 59
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