

Perinatal death data collection form

This form is for internal use only, within the unit of care
Please DO NOT send to MBRRACE-UK

When ready, all data must be submitted to MBRRACE-UK using the electronic data collection system (www.mbrpace.ox.ac.uk)

TYPE OF CASE

Data should be submitted for the following types of death using information available in the maternal and/or baby case notes and discharge summary:

- **Late fetal loss** : a baby delivered between 22⁺⁰ and 23⁺⁶ weeks gestational age (or with a birthweight of 400g or more where an accurate estimate of gestation is not available) showing no signs of life, irrespective of when the death occurred.
- **Stillbirth**: a baby delivered at or after 24⁺⁰ weeks gestational age (or with a birthweight of 400g or more where an accurate estimate of gestation is not available) showing no signs of life, irrespective of when the death occurred.
- **Early neonatal death**: A live born baby (born at 20⁺⁰ weeks gestational age or later, or with a birthweight of 400g or more where an accurate estimate of gestation is not available) who died *before* 7 completed days after birth.
- **Late neonatal death**: A live born baby (born at 20⁺⁰ weeks gestational age or later, or with a birthweight of 400g or more where an accurate estimate of gestation is not available) who died *from* 7 completed days after birth but *before* 28 completed days after birth.

Termination of pregnancy: Any late fetal loss, stillbirth or neonatal death resulting from a termination of pregnancy should be reported.

Multiple pregnancies: Where two or more deaths are to be reported from a single pregnancy, please complete additional copies of pages 5 to 7 for each additional birth. Where the death of a baby is confirmed before 20⁺⁰ weeks gestation but the baby is delivered at 22⁺⁰ weeks gestation or later AND the birthweight is less than 200g, you will only be required to complete the initial notification for this baby.

IMPORTANT:

- **Births showing no signs of life (stillbirths and late fetal losses)** – all births delivered from 22⁺⁰ showing no signs of life must be reported to MBRRACE-UK, irrespective of when the death occurred. This is to ensure complete data collection in line with the WHO guidelines and to allow international comparisons. Please ensure that both the date of delivery and the date of confirmation of death are reported.
- **Terminations of pregnancy** – limited information is collected in the initial notification only. Items marked * are required in order to complete the notification

Person completing notification

Date of notification

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1.1 Woman's identifiers

Family name/surname*

Given name/first name*

Address*

Postcode*

NHS/CHI number*

Tick if ineligible for NHS/CHI number

Date of birth* (dd/mm/yyyy) or Age* (years)

 / / or

Hospital number*

1.2 Woman's details

Ethnic category

- | | |
|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Asian other |
| <input type="checkbox"/> White other | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> Mixed White and Black Caribbean | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Mixed White and Black African | <input type="checkbox"/> Black other |
| <input type="checkbox"/> Mixed White and Asian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Pakistani | |

Country of birth

Time resident in UK at booking

- < 1 year ≥ 1 year Not known

Documented communication difficulties?

- Yes No Not known

If yes, type of communication difficulties:

- Learning difficulties Language barrier Other*

* Please specify:

Age at leaving full-time education (years)

1.2 Woman's details (continued)

Woman's qualification attainment level (Select highest or closest)

- No qualifications
- 1 - 4 O Levels/GCSE's (any grade)/Entry Level/Foundation Diploma
- NVQ Level 1/Foundation GNVQ/Basic Skills
- 5+ O Levels (passes)/CSE (grade 1)/GCSE (grades A* - C)/School Certificate/1 A Level/2 - 3 AS Levels/VCE/Higher Diploma
- NVQ Level 2/Intermediate GNVQ/City and Guilds Craft/BTEC First or General Diploma/RSA Diploma
- 2+ A Levels or VCE's/4+ AS Levels/Higher School Certificate/Progression or Advanced Diploma
- NVQ Level 3/Advanced GNVQ/City and Guilds Advanced Craft/ONC/OND/BTEC National/RSA Advanced Diploma
- Degree (for example BA, BSc), Higher Degree (for example MA, PhD, PGCE)
- NVQ Level 4 - 5/HNC/HND/RSA Higher Diploma/BTEC Higher Level
- Professional Qualifications (for example teaching, nursing, accountancy)
- Other vocational or work-related qualifications
- Foreign qualifications
- Not known

Main support during pregnancy

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Partner (cohabiting) | <input type="checkbox"/> None |
| <input type="checkbox"/> Partner (not cohabiting) | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Family/friend | |

Employment status at booking

- Employed or self-employed (full or part-time)
- Unemployed (looking for work)
- Retired
- Student (full or part-time)
- Looking after home/family
- Permanently sick/disabled
- Other Not known

Did woman have a partner?

- Yes No Not known

Partner's employment status at booking

- Employed or self-employed (full or part-time)
- Unemployed (looking for work)
- Retired
- Student (full or part-time)
- Looking after home/family
- Permanently sick/disabled
- Other Not known

Parents' blood relationship

- Unrelated Other relation
- First cousins or closer Not known

Was woman refugee or asylum seeker?

- Yes No Not known

2.1 Woman's health

Did woman have pre-existing medical problems?

- Yes (*specify*) No Not known

Tobacco smoking status

- Never smoked Gave up during pregnancy
 Non-smoker at booking (history unknown) Smoker
 Gave up before pregnancy Not known

Electronic cigarette use

- Never used Gave up during pregnancy
 Non-user at booking (history unknown) Electronic cigarette user
 Gave up before pregnancy Not known

Breath carbon monoxide (*parts per million*)

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Was there documented alcohol abuse?

- Yes No Not known

Was there documented substance abuse?

- Yes No Not known

3.1 Previous pregnancies

Number of previous pregnancies (*Please copy this sheet if more than 5 previous pregnancy outcomes*)

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For each previous pregnancy, please list all fetuses and babies and their outcomes.

For stillbirths and live births, please also state birth weight; for live births, please also indicate whether an infant death occurred.

Pregnancy number	Fetus number	Outcome (all births)	Year (all births)	Gestation (weeks) (all births)	Birth weight (grams) (SB & LB only)	Fetal anomaly? (all births)	Infant death? (LB only)														
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3.2 Obstetric History

Did this woman have any previous pregnancy complications?

- Yes (*specify*) No Not known

5.1 Delivery and outcomes summary

Note: If reporting more than one death from this pregnancy, please complete an additional copy of pages 5 to 7 for each additional birth.

Case definition*

- Late fetal loss (a baby delivered between 22⁺⁰ and 23⁺⁶ weeks gestational age[†] showing no signs of life, irrespective of when the death occurred)
- Stillbirth (a baby delivered at or after 24⁺⁰ weeks gestational age[†] showing no signs of life, irrespective of when the death occurred)
- Fetal loss before 22 weeks (as part of a multiple pregnancy)
- Early neonatal death (a live born baby [born at 20⁺⁰ gestational age or later[†]] who died before 7 completed days after birth)
- Late neonatal death (a live born baby [born at 20⁺⁰ weeks gestational age or later[†]] who died from 7 completed days after birth but before 28 completed days after birth)
- Currently alive

† Or from 400g where an accurate estimate of gestation is not available

Termination of pregnancy*

- Yes
- No

Reason for termination of pregnancy*

- Congenital anomaly
- Maternal health
- Fetal reduction
- Other
- Not known

5.1A Labour and delivery

Onset of labour

- Spontaneous
- Induced
- Never in labour
- Not known

Date and time of onset of care in labour, or start of induction (dd/mm/yyyy hh:mm)

/ / 2 0 :

Prolonged rupture of membranes (>24 hours)

- Yes (state date of rupture)
- No
- Not known
- / / 2 0

Presentation at delivery

- Vertex
- Breech
- Brow/Face
- Other
- Not known

Attempted modes of delivery (tick all that apply)

- Spontaneous vaginal
- Ventouse
- Non-rotational forceps
- Rotational forceps
- Assisted breech
- Breech extraction
- Destructive operative delivery
- Pre-labour caesarean section
- Caesarean section after onset of labour
- Perimortem caesarean section

Final mode of delivery

- Spontaneous vaginal
- Ventouse
- Non-rotational forceps
- Rotational forceps
- Assisted breech
- Breech extraction
- Destructive operative delivery
- Pre-labour caesarean section
- Caesarean section after onset of labour
- Perimortem caesarean section
- Not known

5.1A Labour and delivery (continued)

Type of caesarean section

- Immediate threat to life of mother or fetus
- Maternal compromise that is not immediately life threatening
- No maternal or fetal compromise but needs early delivery
- Delivery timed to suit woman or staff (elective)
- Not known

Primary indication for caesarean section

- Abnormal presentation
- Previous caesarean section
- Fetal compromise
- Maternal compromise
- Slow progress
- Other
- Not known

Was the baby born in water

- Yes
- No
- Not known

Delivery complications (tick all that apply)

- None
- Shoulder dystocia
- Cord prolapse
- Cord accident
- Antepartum haemorrhage
- Other
- Not known

Date and time of delivery/birth* (dd/mm/yyyy hh:mm)

/ / 2 0 :

Were blood gases done?

- Yes
- No
- Not known
- Tick if source not known (and record measurements as arterial)

	Arterial	Venous
Cord pH	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
Base excess (mmol/L)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
Lactate (mmol/L)	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>

5.1B Baby/fetus outcomes (all deaths)

NHS/CHI number* (if stillbirth or live birth)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Tick if baby ineligible for NHS/CHI number
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Baby's hospital number*

Baby's given/first name*

Sex of fetus or baby*

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Indeterminate |
| <input type="checkbox"/> Female | <input type="checkbox"/> Not known |

Ethnic category*

- | | |
|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Asian other |
| <input type="checkbox"/> White other | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> Mixed White and Black Caribbean | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Mixed White and Black African | <input type="checkbox"/> Black other |
| <input type="checkbox"/> Mixed White and Asian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Pakistani | |

Birth order / Number of babies at delivery

 of

Birth weight* (grams)

Gestation at delivery* (weeks + days)

 +

Signs of life in first minute (include any signs, even if stillbirth or late fetal loss)

Heart beat

- | | | |
|--|--|---|
| <input type="checkbox"/> Yes (select rate band from below) | <input type="checkbox"/> < 100 bpm (< 60 bpm) | <input type="checkbox"/> ≥ 100 bpm |
| | <input type="checkbox"/> < 100 bpm (60 – 99 bpm) | <input type="checkbox"/> Not known |
| | <input type="checkbox"/> < 100 bpm (unspecified) | |
| <input type="checkbox"/> No | <input type="checkbox"/> Not known | |

Cord pulse

- | | | |
|--|--|---|
| <input type="checkbox"/> Yes (select rate band from below) | <input type="checkbox"/> < 100 bpm (< 60 bpm) | <input type="checkbox"/> ≥ 100 bpm |
| | <input type="checkbox"/> < 100 bpm (60 – 99 bpm) | <input type="checkbox"/> Not known |
| | <input type="checkbox"/> < 100 bpm (unspecified) | |
| <input type="checkbox"/> No | <input type="checkbox"/> Not known | |

Active body movement

- | | | |
|------------------------------|-----------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known |
|------------------------------|-----------------------------|------------------------------------|

Respiratory activity

- | | | |
|------------------------------|-----------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known |
|------------------------------|-----------------------------|------------------------------------|

Apgar score

At 1 minute At 5 minutes

Resuscitation at birth

Was active respiratory support provided?

- | | |
|--|---|
| <input type="checkbox"/> No (state reason active respiratory support <u>not</u> provided): | <input type="checkbox"/> Condition stable, resuscitation not required |
| | <input type="checkbox"/> Decision made prior to birth |
| | <input type="checkbox"/> Decision made following review of care at delivery |
| <input type="checkbox"/> Yes (select active respiratory support outcome): | <input type="checkbox"/> Condition stabilised and neonatal care provided |
| | <input type="checkbox"/> Attempts to sustain life were stopped |
| | Number of minutes after which attempts were stopped <input type="text"/> |
| <input type="checkbox"/> Not known | |

5.1B Baby/fetus outcomes (all deaths - continued)

Other issues

Documented child protection issues

- | | | |
|------------------------------|-----------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known |
|------------------------------|-----------------------------|------------------------------------|

Documented history of domestic violence

- | | | |
|------------------------------|-----------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known |
|------------------------------|-----------------------------|------------------------------------|

5.1B Baby/fetus outcomes

(late fetal losses & stillbirths only)

Gestation at confirmation of death (weeks + days)

 +

Date death confirmed*

 / / 20

Baby alive at onset of care process that led to delivery

- | |
|------------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |
| <input type="checkbox"/> Not known |

5.1B Baby/fetus outcomes (live births only)

Was baby admitted to a neonatal unit?

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

Was baby transferred to another organisation after birth?

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

Primary reason for the first transfer (transferred babies only)

- | |
|---|
| <input type="checkbox"/> Higher level of maternal care required |
| <input type="checkbox"/> Higher level of neonatal care required |
| <input type="checkbox"/> Organisational |
| <input type="checkbox"/> Return to home unit |
| <input type="checkbox"/> Other |
| <input type="checkbox"/> Not known |

Number of transfers (transferred babies only)

Place of death*

Type of unit

- | | | |
|--|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Labour ward | <input type="checkbox"/> PICU | <input type="checkbox"/> In transit |
| <input type="checkbox"/> Neonatal unit | <input type="checkbox"/> A&E | <input type="checkbox"/> Other |
| <input type="checkbox"/> Paediatric unit | <input type="checkbox"/> Home | <input type="checkbox"/> Not known |

Name of unit/hospital providing care at time of death

Was the death unattended?

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

Date of death* (dd/mm/yyyy)

 / / 20

Time of death (hh:mm)

 :

5.1C Cause of death

Sources of information used to determine cause of death (tick all that apply)

- Hospital post mortem
- Coroner's/procurator fiscal's post mortem
- Limited post mortem examination
- Placental histology
- Clinical assessment

Was a mortality review undertaken for this case?

- Yes (tick all that apply):
- Multidisciplinary review involving local staff only
- Single local reviewer
- Multidisciplinary review by outside staff
- Single outside reviewer
- No
- Not known

Baby/fetus primary cause of death (as written in notes or on the Death Certificate)

Further details of primary cause of death (if appropriate)

Baby/fetus associated condition (maximum 2)

1.
2.

Is this the final agreed cause of death following results of any inquest and all requested investigations (e.g. post-mortem, placental histology, blood and genetic tests, perinatal mortality review)?

- Yes
- No – awaiting results

5.1D Post-mortem

Was a post-mortem offered?

- Yes
- No
- Not known

Was consent given for a post-mortem?

- Full None
- Limited Not known

Consented procedures (tick all that apply)

- MRI
- X-ray
- Other (please specify)

Was a post-mortem undertaken?

- Full None
- Limited Not known

Undertaken procedures (tick all that apply)

- MRI
- X-ray
- Other (please specify)

Was placenta sent for histology

- Yes
- No
- Not known

Was the case discussed with a coroner/procurator fiscal?

- Yes
- No
- Not known

Was the case accepted as a coroner/procurator fiscal's case?

- Yes
- No
- Not known

6.1 Add Clinicians

Obstetrician responsible for care

Neonatologist/paediatrician responsible for care

Comments

Thank You For Completing This Form

Please now transfer the data to the MBRRACE-UK online data entry system at www.mbrrace.ox.ac.uk

