

# 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](http://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<sup>+0</sup> and 23<sup>+6</sup> 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<sup>+0</sup> 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<sup>+0</sup> 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<sup>+0</sup> 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<sup>+0</sup> weeks gestation but the baby is delivered at 22<sup>+0</sup> 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<sup>+0</sup> 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

- |  |   |
|--|---|
| <input type="checkbox"/> Unrelated               | <input type="checkbox"/> Other relation |
| <input type="checkbox"/> First cousins or closer | <input type="checkbox"/> Not known      |

Was woman refugee or asylum seeker?

- Yes     No     Not known

Did woman have a confirmed positive test for COVID-19 infection?\*

- Yes     No     Not known

## 2.1 Woman's health

### Did this woman have any of the following pre-existing medical problems?

Yes (specify below)  No  Not known

- Asthma requiring an increase in treatment or admission to hospital  
 Autoimmune disease e.g. lupus, scleroderma  
 Blood/clotting disorders  
 Cancer  
 Cardiac disease including dysrhythmia  
 Cystic fibrosis  
 Diabetes  
 Endocrine problem other than thyroid disease or diabetes  
 Epilepsy treated with anti-convulsants  
 Genetic/hereditary condition  
 Haematological disorders/haemoglobinopathies  
 Hepatitis B or C  
 HIV

#### Tobacco smoking status

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

#### Breath carbon monoxide (parts per million)

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- Hypertension  
 Inflammatory bowel disease  
 Learning disability  
 Liver disease  
 Physical disability  
 Psychological or mental health problems including eating disorders  
 Renal disease  
 Thrombosis  
 Thyroid disease  
 Transplant  
 Uterine or other significant surgery  
 Other: \_\_\_\_\_

#### Electronic cigarette use

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

#### 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 4 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)	Infant death? (LB only)
<input type="text"/>	<input type="text"/> of <input type="text"/>	<input type="checkbox"/> TOP <input type="checkbox"/> Fetal loss (0-23 w) <input type="checkbox"/> Stillbirth ( $\geq 24$ w) <input type="checkbox"/> Live birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<input type="text"/>	<input type="text"/> of <input type="text"/>	<input type="checkbox"/> TOP <input type="checkbox"/> Fetal loss (0-23 w) <input type="checkbox"/> Stillbirth ( $\geq 24$ w) <input type="checkbox"/> Live birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<input type="text"/>	<input type="text"/> of <input type="text"/>	<input type="checkbox"/> TOP <input type="checkbox"/> Fetal loss (0-23 w) <input type="checkbox"/> Stillbirth ( $\geq 24$ w) <input type="checkbox"/> Live birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<input type="text"/>	<input type="text"/> of <input type="text"/>	<input type="checkbox"/> TOP <input type="checkbox"/> Fetal loss (0-23 w) <input type="checkbox"/> Stillbirth ( $\geq 24$ w) <input type="checkbox"/> Live birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

## 3.2 Obstetric History

### Did this woman have any of the following previous pregnancy complications?

Yes (specify below)  No  Not known

- Abruption  
 Baby with a birthweight >4.5kg  
 Caesarean section in any past pregnancy  
 Excessive gestational weight gain  
 Gestational diabetes  
 Group B Strep infection in a previous baby  
 Growth restricted baby/small for gestational age baby  
 Placenta accreta/increta/percreta  
 Pregnancy induced hypertension  
 Pregnancy related mental health problems  
 Pre-term birth <34 wks gestation  
 Rhesus or other incompatibility disease  
 Severe pre-eclampsia/HELLP/eclampsia  
 Shoulder dystocia  
 Three or more miscarriages (<24/40)  
 Thromboembolic disease  
 Uterine abnormality e.g. bicornuate uterus  
 Uterine surgery or related surgery (other than CS) including surgery for uterine rupture

Other: \_\_\_\_\_

## 4.1 Booking

**Intended place of birth at booking\***

Type of unit

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Obstetric unit              | <input type="checkbox"/> Other        |
| <input type="checkbox"/> Alongside midwifery unit    | <input type="checkbox"/> Undecided    |
| <input type="checkbox"/> Freestanding midwifery unit | <input type="checkbox"/> Never booked |
| <input type="checkbox"/> Home                        | <input type="checkbox"/> Not known    |
| <input type="checkbox"/> Freebirthing                |                                       |

Type of care

- |   |   |
|---|---|
| <input type="checkbox"/> Obstetrician led | <input type="checkbox"/> Shared (obstetric & midwifery co-care) |
| <input type="checkbox"/> Midwifery led    | <input type="checkbox"/> Collaborative                          |
| <input type="checkbox"/> Freebirthing     | <input type="checkbox"/> Not known                              |

Name of unit/hospital intended to provide care

Date of first booking appointment (dd/mm/yyyy)

 /  / 20

Final estimated date of delivery (EDD) (dd/mm/yyyy)

 /  / 20

Basis of final EDD

- Dating ultrasound scan  
 Last menstrual period  
 Not known

Number of babies present at the dating scan

Chorionicity

- Dichorionic, diamniotic  
 Monochorionic, diamniotic  
 Monochorionic, monoamniotic  
 Trichorionic, triamniotic  
 Other triplet or higher order multiples chorionicity  
 Not known

Assisted conception

- Not assisted  
 Ovulation induction only (e.g. clomiphene)  
 In-vitro fertilisation (IVF) including egg donation  
 Intra-cytoplasmic sperm injection (ICSI)  
 Artificial insemination with/without ovulation induction  
 Not known

Height (cm)

First recorded weight (kg)

First recorded BMI (if either height or weight unavailable)

 . 

## 4.2 Antenatal care provision

Documented poor appointment attender (two or more missed appointments)?

- Yes  No  Not known

Was there a transfer of care between booking and onset of labour?

- Yes  No

Reason if there was transfer of care

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

Intended place of birth at onset of care in labour\*

Name of unit/hospital providing care at onset of labour

Type of unit

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Obstetric unit              | <input type="checkbox"/> Home      |
| <input type="checkbox"/> Alongside midwifery unit    | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Freestanding midwifery unit | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Freebirthing                | <input type="checkbox"/> Not known |

Type of care

- |   |   |
|---|---|
| <input type="checkbox"/> Obstetrician led | <input type="checkbox"/> Shared (obstetric & midwifery co-care) |
| <input type="checkbox"/> Midwifery led    | <input type="checkbox"/> Collaborative                          |
| <input type="checkbox"/> Freebirthing     | <input type="checkbox"/> Not known                              |

Was there a transfer of care between onset of labour and birth?

- Yes  No

Reason if there was transfer of care

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

Actual place of birth\*

Name of unit/hospital providing care at birth

Type of unit

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Obstetric unit              | <input type="checkbox"/> In transit |
| <input type="checkbox"/> Alongside midwifery unit    | <input type="checkbox"/> Home       |
| <input type="checkbox"/> Freestanding midwifery unit | <input type="checkbox"/> Other      |

Type of care

- |   |   |
|---|---|
| <input type="checkbox"/> Obstetrician led | <input type="checkbox"/> Shared (obstetric & midwifery co-care) |
| <input type="checkbox"/> Midwifery led    | <input type="checkbox"/> Collaborative                          |
| <input type="checkbox"/> Freebirthing     | <input type="checkbox"/> Other                                  |
| <input type="checkbox"/> Unattended       | <input type="checkbox"/> 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<sup>+0</sup> and 23<sup>+6</sup> weeks gestational age<sup>†</sup> showing no signs of life, irrespective of when the death occurred)
- Stillbirth (a baby delivered at or after 24<sup>+0</sup> weeks gestational age<sup>†</sup> 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<sup>+0</sup> gestational age or later<sup>†</sup>] who died before 7 completed days after birth)
- Late neonatal death (a live born baby [born at 20<sup>+0</sup> weeks gestational age or later<sup>†</sup>] who died from 7 completed days after birth but before 28 completed days after birth)
- Currently alive

<sup>†</sup> 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)

/  /  20   :

### 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)

/  /  20   :

## 5.1B Baby/fetus outcomes (all deaths)

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

Tick if baby ineligible for NHS/CHI number

### Baby's hospital number\*

### Baby's given/first name\*

### Sex of fetus or baby\*

- Male
- Female
- Indeterminate
- Not known

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

#### Ethnic category\*

- White British
- White Irish
- White other
- Mixed White and Black Caribbean
- Mixed White and Black African
- Mixed White and Asian
- Mixed other
- Indian
- Pakistani
- Bangladeshi
- Asian other
- Black Caribbean
- Black African
- Black other
- Chinese
- Other
- Not known

#### 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

- Yes (select rate band from below)
  - < 100 bpm (< 60 bpm)
  - < 100 bpm (60 – 99 bpm)
  - < 100 bpm (unspecified)
- No
- Not known
- ≥100 bpm
- Not known

##### Cord pulse

- Yes (select rate band from below)
  - < 100 bpm (< 60 bpm)
  - < 100 bpm (60 – 99 bpm)
  - < 100 bpm (unspecified)
- No
- Not known
- ≥100 bpm
- Not known

##### Active body movement

- Yes
- No
- Not known

##### Respiratory activity

- Yes
- No
- Not known

#### Apgar score

At 1 minute  At 5 minutes

#### Resuscitation at birth

##### Was active respiratory support provided?

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

#### Did baby have a confirmed positive test for COVID-19 infection?\*

- Yes
- No
- Not known

#### Other issues

##### Documented child protection issues

- Yes
- No
- Not known

##### Documented history of domestic violence

- Yes
- No
- Not known

### 5.1B Baby/fetus outcomes

#### (late fetal losses & stillbirths only)

#### Gestation at confirmation of death (weeks + days)

+

#### Date death confirmed\*

/  /

#### Baby alive at onset of care process that led to delivery

- Yes
- No
- Not known

### 5.1B Baby/fetus outcomes (live births only)

#### Was baby admitted to a neonatal unit?

- Yes
- No

#### Place of death\*

##### Type of unit

- Labour ward
- Neonatal unit
- Paediatric unit
- PICU
- A&E
- Home
- In transit
- Other
- Not known

#### Name of unit/hospital/hospice providing care at time of death

#### If the baby did not die in hospital what was the reason for the transfer?\*

- Baby transferred here for palliative care
- Baby was discharged home
- Baby was never in hospital

#### Unit of care prior to transfer for palliative care/discharge

#### Was the death unattended?

- Yes
- No

#### Date of death\* (dd/mm/yyyy)

/  /

#### 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

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

**5.1C Cause of death (continued)****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 (continued)****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

**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)

**Comments**


**Thank You For Completing This Form**

**Please now transfer the data to the MBRRACE-UK online data entry system at  
[www.mbrance.ox.ac.uk](http://www.mbrance.ox.ac.uk)**

