



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.mbrrace.ox.ac.uk)**

TYPE OF DEATH

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.

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.

Termination of pregnancy: Any late fetal loss, stillbirth or neonatal death resulting from a termination of pregnancy should be reported. Limited information is collected in the initial notification only. Items marked * are required in order to complete the notification.

Multiple pregnancies: For multiple pregnancies, please complete additional copies of pages 6 to 8 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.

Person completing notification

Date of notification

 / /

1.1 Woman's identifiers

Family name/surname*

Given name/first name*

Address*

Postcode*

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

 / /

NHS/CHI number*

☐ Tick if ineligible for NHS/CHI number

Hospital number*

1.2 Woman's details

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

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*

Age at leaving full-time education (years)

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 (e.g. teaching, nursing, accountancy)

☐ Other vocational or work-related qualifications

☐ Foreign qualifications

☐ Not known

Main support during pregnancy

☐ Partner (cohabiting)

☐ Family/friend

☐ Not known

☐ Partner (not cohabiting)

☐ None

1.2 Woman's details continued

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

Evidence of homelessness or living in temporary accommodation at any point during this pregnancy?

- ☐ Yes ☐ No

If Yes, accommodation types during this pregnancy (tick all that apply):

- ☐ Emergency accommodation to prevent or relieve homelessness – Bed and breakfast or hotel
☐ Hostel or night shelter to prevent or relieve homelessness
☐ House/flat where Local Authority has placed family under homelessness duty (Council owned, private landlord, housing association)
☐ Supported accommodation to relieve homelessness
☐ Rough sleeping/squatting
☐ Unspecified temporary accommodation

History of homelessness or living in temporary accommodation at any point prior to this pregnancy?

- ☐ Yes ☐ No

If Yes, accommodation types prior to this pregnancy (tick all that apply):

- ☐ Emergency accommodation to prevent or relieve homelessness – Bed and breakfast or hotel
☐ Hostel or night shelter to prevent or relieve homelessness
☐ House/flat where Local Authority has placed family under homelessness duty (Council owned, private landlord, housing association)
☐ Supported accommodation to relieve homelessness
☐ Rough sleeping/squatting
☐ Unspecified temporary accommodation

2.1 Woman's health

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

- ☐ Yes ☐ No ☐ Not known

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

- ☐ Yes (*specify below*) ☐ No ☐ Not known

- | | |
|---|---|
| <input type="checkbox"/> Asthma requiring an increase in treatment or admission to hospital | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Autoimmune disease e.g. lupus, scleroderma | <input type="checkbox"/> Inflammatory bowel disease |
| <input type="checkbox"/> Blood/clotting disorders | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Cardiac disease including dysrhythmia | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Psychological or mental health problems including eating disorders |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Renal disease |
| <input type="checkbox"/> Endocrine problem other than thyroid disease or diabetes | <input type="checkbox"/> Thrombosis |
| <input type="checkbox"/> Epilepsy treated with anti-convulsants | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Genetic/hereditary condition | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Haematological disorders/haemoglobinopathies | <input type="checkbox"/> Uterine or other significant surgery |
| <input type="checkbox"/> Hepatitis B or C | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> HIV | |

Tobacco smoking status

- ☐ Never used ☐ Gave up during pregnancy
☐ Non-user 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

2.1 Woman's health continued

Breath carbon monoxide (parts per million)

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)

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 (≥ 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 (≥ 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 (≥ 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 (≥ 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

- ☐ Abruptio
- ☐ 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

- ☐ Obstetric unit ☐ Other
- ☐ Alongside midwifery unit ☐ Undecided
- ☐ Freestanding midwifery unit ☐ Never booked
- ☐ Home ☐ Not known
- ☐ Freebirthing

Type of care

- ☐ Obstetrician led
- ☐ Midwifery led ☐ Collaborative
- ☐ Freebirthing ☐ Not known

Name of unit/hospital intended to provide care

4.1 Booking continued

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

 / /

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

 / /

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

- ☐ Higher level of maternal care required
☐ Higher level of neonatal care required
☐ Higher level of maternal & neonatal care required
☐ Organisational
☐ Other
☐ Return to home unit
☐ Not known

Intended place of birth at onset of care in labour*

Name of unit/hospital providing care at onset of labour

Type of unit

- ☐ Obstetric unit ☐ Freebirthing
☐ Alongside midwifery unit ☐ Other
☐ Freestanding midwifery unit ☐ Undecided
☐ Home ☐ Not known

Type of care

- ☐ Obstetrician led ☐ Shared (obstetric & midwifery co-care)
☐ Midwifery led ☐ Collaborative
☐ Freebirthing ☐ Not known

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

- ☐ Yes ☐ No

Reason if there was transfer of care

- ☐ Higher level of maternal care required
☐ Higher level of neonatal care required
☐ Higher level of maternal & neonatal care required
☐ Organisational
☐ Other
☐ Return to home unit
☐ Not known

Actual place of birth*

Name of unit/hospital providing care at birth

4.2 Antenatal care provision continued

Type of unit

- ☐ Obstetric unit
☐ Alongside midwifery unit
☐ Freestanding midwifery unit
- ☐ In transit
☐ Home
☐ Other

Type of care

- ☐ Obstetrician led
☐ Midwifery led
☐ Freebirthing
☐ Unattended
- ☐ Shared (obstetric & midwifery co-care)
☐ Collaborative
☐ Other
☐ 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 6 to 8 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
☐ Fetal reduction
☐ Not known
☐ Maternal health
☐ Other

5.1A Labour and delivery

Onset of labour

- ☐ Spontaneous
☐ Induced
☐ Never in labour
☐ Not known

Presentation at delivery

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

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

/ / :

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

Type of caesarean section (if applicable)

- ☐ 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

Was the baby born in water?

- ☐ Yes
☐ No
☐ Not known

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

/ / :

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

Primary indication for caesarean section

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

Delivery complications (tick all that apply)

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

5.1B Baby/fetus outcomes (all deaths)**Baby's given name/first name*****Sex of fetus or baby***☐ Male☐ Indeterminate☐ Female☐ Not known**NHS/CHI number*** (if stillbirth or livebirth)☐ Tick if ineligible for NHS/CHI number**Hospital number*****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☐ < 100 bpm (60 – 99 bpm)☐ Not known☐ < 100 bpm (unspecified)☐ No☐ Not known**Active body movement**☐ Yes☐ No☐ Not known**Respiratory activity**☐ Yes☐ No☐ Not known**Cord pulse**☐ Yes (select rate band from below)☐ < 100 bpm (< 60 bpm)☐ ≥ 100 bpm☐ < 100 bpm (60 – 99 bpm)☐ Not known☐ < 100 bpm (unspecified)☐ No☐ Not known**Apgar score**At 1 minute At 5 minutes **Resuscitation at birth**

Was active respiratory support provided?

☐ Yes (select active respiratory support outcome):☐ Condition stabilised and neonatal care provided☐ Attempts to sustain life were stoppedNumber of minutes after which attempts were stopped ☐ Not known☐ 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**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

<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/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 and time of death* (dd/mm/yyyy 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)

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?

<input type="checkbox"/> Full	<input type="checkbox"/> None
<input type="checkbox"/> Limited	<input type="checkbox"/> Not known

Consented procedures (tick all that apply)
☐ MRI

☐ X-ray

☐ Other (please specify)

Was a post-mortem undertaken?

<input type="checkbox"/> Full	<input type="checkbox"/> None
<input type="checkbox"/> Limited	<input type="checkbox"/> 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

Comments

Once this form is complete, all data must be transferred to the MBRRACE-UK online data entry system: www.mbrance.ox.ac.uk