

Previous pregnancy loss form for notes

(ensure consent received)

Woman's name

Multiple birth Surviving sibling(s)

Name of baby/ies

Date of loss/procedure Gestational age at loss

Care received at (name hospital/GP/clinic)

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Miscarriage Date of diagnosis

Molar Pregnancy Date of diagnosis

Ectopic pregnancy Date of diagnosis

Termination for fetal anomaly Date of diagnosis

Diagnosis MTOP STOP

Notes

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Living children None

Name Age

Name Age

Who has been informed of the baby's/ies death/s, with the parent's consent?

- | | | |
|--|--|---|
| <input type="checkbox"/> Antenatal clinic/midwifery team | <input type="checkbox"/> Community midwives | <input type="checkbox"/> Chaplaincy |
| <input type="checkbox"/> Gynaecology | <input type="checkbox"/> Bereavement midwife | <input type="checkbox"/> Specialist nurse |
| <input type="checkbox"/> Assisted fertility team | <input type="checkbox"/> Bereavement lead | <input type="checkbox"/> Early Pregnancy Unit |
| <input type="checkbox"/> GP | <input type="checkbox"/> Screening midwife | <input type="checkbox"/> Paediatrics |
| <input type="checkbox"/> Health Visitors | <input type="checkbox"/> Fetal medicine team | |

Other

Other