

# Previous stillbirth form for notes

Parent names .....

Multiple birth  Surviving sibling(s)

Name of baby/ies .....

Date of loss/es .....

Gestational age at birth ..... Gestational age at death .....

Care received at (name booked hospital and referral centre if relevant)

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Prenatal diagnosis                      Diagnosis received

.....

Gestation of diagnosis .....

Issue identified at birth                       Issue identified  days after birth

Level  unit for care

Cause of death (if known) .....

## Notes .....

.....

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 .....