

Previous neonatal death form for notes

Parent names

Multiple birth Surviving sibling(s)

Name of baby/ies

Date of loss/es

Gestational age at loss

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

Prenatal diagnosis Diagnosis received

Gestation of diagnosis

Issue identified at birth Issue identified days after birth

Level unit for care

Cause of death

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