

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

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Gestation of diagnosis

Issue identified at birth Issue identified days after birth

Level unit for care

Cause of death (if known)

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?

- Antenatal clinic/ midwifery team Community midwives Chaplaincy
- Gynaecology Bereavement midwife Specialist nurse
- Assisted fertility team Bereavement lead Early Pregnancy Unit
- GP Screening midwife Paediatrics
- Health Visitors Fetal medicine team

Other

Other