

# Previous neonatal death form for notes

Woman's name .....

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?

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

Other .....

Other .....