

# 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 .....