

# Previous stillbirth form for notes

Woman's name .....

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 .....