**CHECKLIST FOLLOWING A NEONATAL DEATH OF ANY GESTATION**

**Name: Unit Number:**

|  |  |  |  |
| --- | --- | --- | --- |
| Notify: | | Comments/Tick | Signature |
| Bleep Holder (722) | |  |  |
| Community Midwife via x 2369/ or letter | |  |  |
| Parent Education Team x2424 | |  |  |
| Woman’s GP Surgery | |  |  |
| Smoking Cessation Service | |  |  |
| Bounty Notification (with woman’s consent) | |  |  |
| Bereavement Midwife (07803 187888) who will arrange follow up appointment | |  |  |
| Inform child health 01206 587471  Out of hours please email  [Provide.childhealth@nhs.net](mailto:Provide.childhealth@nhs.net)  (Give all details, birth, death, mothers name and address, NHS number etc.) | |  |  |
| All Neonatal Deaths are to be referred to the Essex coroner’s office regardless of Gestation. | | | |
| Please use the form entitled **Report of death** and take this over to the Mortuary along with the Neonatal Death Certificate and fax over to the Coroner  Essex Coroner : 033301350000  Out of hours: 03330132888 | | | |
| **Outcome of Coroners referral** | | | |
| **Can the Neonatal Death certificate be issued by the Doctor, having sent referral to the Coroner**  If YES, Doctor to complete and issue, ensuring Name of Doctor is printed and copy placed in notes.  Doctor who issued **………………………………………………….** | | | |
|  | | Comments/ Tick | Signature |
| **Medical Certificate-Cremation4.**  Part 1 to be signed by Dr if parents requesting a cremation |  | |  |
| **Baby Labelled with own hospital number/ NHS number and DOB** |  | |  |
| **Complete Medway Maternity Record and Inform IT Midwife** | |  |  |
| **Rosemary Register Completed** | |  |  |
| **MBRRACE notification completed and sent to Risk Management Midwife** | |  |  |
| **Complete DATIX report online** | | Datix number: |  |
| **Consent for Post-Mortem (if not a coroners case)**  **Addenbrooke’s Check List**  **Addenbrooke’s Clinical Details Form**  **Property Form**  Original copy of PM consent to go with baby  Copy of PM consent to be given to the women  Copy of PM consent to be filed in notes  Copy of PM consent to be scanned and uploaded onto Medway | |  |  |
| **Copy Antenatal and labour record, Scans, baby notes, Copy of Death Certificate and Medical certificate and send with baby.** | |  |  |
|  | | Comments/ Tick | Signature |
| **Placenta:**  **If Post Mortem**- placenta must be sent in a **DRY POT( no formalin)** clearly labelled with the baby to the mortuary  **If NO Post Mortem**: - placenta should be placed in formalin and sent to histology with the pot clearly labelled and the histology form completed | |  |  |
| **Placental biopsy at cord insertion site**  Place in Universal container (Dry Pot) send dry on the same day. If delay is anticipated sterile normal saline should be added.  **DO NOT USE FORMALIN**  **Completed Cytogenetics form to be included**  Request haematology to dispatch and place in green bag | |  |  |
| **Mortuary/ Bereavement Suite Form:**  Take with baby to mortuary | |  |  |
| **Receipt of baby and property form to be completed by Mortuary staff and filed in Maternal notes** | |  |  |
| **If not a coroners case and parents wish to take baby home then please complete SANDS taking baby home letter**  **Women takes the original**  **Copy placed in notes** | |  |  |
| **Electronic Discharge Summary to be completed by Doctor** | |  |  |

**Information and Memories checklist**

|  |  |  |
| --- | --- | --- |
| **SANDS wallet- given complete to parents** |  |  |
| **Inform parents that their details will be used to inform national reports: PMRT - MBRRACE** |  |  |
| **Offer a Baby Blessing**  **Call the chaplain via switch board** | Accepted / Declined |  |
| **Photographs (**camera /Memory cards/ printer/ paper/ ink cartridge in Rosemary cupboard)   * Memory card given to Parents * Photographs given to Parents * Filed in notes at parents Request | Accepted / Declined  Accepted / Declined  Yes / No |  |
| **Handprint and Footprints taken ( Ink )**  **Handprint and Footprints, if allows ( Clay )**  **Hair Lock taken if allows** | Yes / No  Yes / No  Yes / No |  |
| **Offer Aching Arms Teddy** | Accepted / Declined |  |
| **Memory Box Given** | Accepted / Declined |  |
| **Offer of Remember My Baby**  Cheryl Johnson - 07515357326 | Accepted / Declined |  |
| **Offer Forever Finley Casting service**  Robert and Charlotte Smith -07875001130 | Accepted/ Declined |  |