Australian Perinatal Mortality Clinical Audit Tool

Stillbirth CENTRE OF RESEARCH EXCELLENCE

PERINATAL SOCIETY of Australia & New Zealand PSANZ | SANDA Stillbirth And Neonatal Death Alliance

Type of Perinatal Death

☐STILLBIRTH (Fetal death):

Death prior to the complete expulsion or extraction from its mother of a product of conception of 20 or more completed weeks of gestation or of 400 g or more birthweight where gestation is not known. The death is indicated by the fact that after such separation the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

Please select type:

☐Antepartum fetal death

☐Intrapartum fetal death

☐Termination of pregnancy

☐Unknown

☐ NEONATAL DEATH

Death of a liveborn infant occurring before 28 completed days after birth.

Please select type:

☐Non-admitted neonatal death

☐Neonatal death in hospital

☐Unknown

Please follow the instructions and answer all questions as directed. You may not know the answer to some of the questions but please provide as much detail as possible. Personally identifiable information collected on this form will be kept confidential. Information included in reports will be grouped and non-identifiable.

Section 1: CLINICAL DATA RELEVANT TO PERINATAL DEATH

PLEASE COMPLETE THIS SECTION WITHIN 48 HOURS OF THE STILLBIRTH OR NEONATAL DEATH

Baby Details

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1) Case Number______________________

2) Was this a multiple pregnancy

☐Yes ☐No ***(go to Question 3)*** ☐Unknown ***(go to Question 3)***

a) Plurality of pregnancy

☐Twin ☐Triplet ☐Quadruplet
☐Quintuplet ☐Sextuplet ☐Unknown
☐Other__________________________

b) Birth Order

☐First ☐Second ☐Third
☐Other *(please specify)*___________________________________

c) Chorionicity

☐Dichorionic Diamniotic (DCDA) ☐Monochorionic diamniotic (MCDA) ☐Monamniotic (MA)
☐Unknown ☐Other *(please specify):*___________________________________

3) Baby Urn____

4) Type of Death

☐Undetermined
☐Stillbirth (fetal death)
If yes, please specify the timing of the fetal death:
☐Antepartum fetal death
☐Intrapartum fetal death
☐Unknown
☐Neonatal death
If yes, please specify the hospital episode for neonatal/post neonatal death
☐Hospital other
☐Hospital of birth
☐Home
☐Unknown
☐Postneonatal Death
If yes, please specify the hospital episode for neonatal/postneonatal death
☐Hospital other
☐ Hospital of birth
☐Home
☐Unknown

5) Was this perinatal death a result of a termination of pregnancy

☐Yes ☐No ***(go to Question 6)*** ☐Unknown ***(go to Question 6)***

a) What was the reason for termination of the pregnancy?

☐Congenital abnormality ☐Medical/pregnancy condition ☐Psychosocial reason
☐Unknown

b) If medical/pregnancy conditions, what was the pregnancy or medical condition requiring termination of pregnancy?

☐Fetal growth restriction ☐Pre-eclampsia ☐Preterm PROM
☐Other:____

6) Date of baby's birth____________________________

7) Time of baby's birth_______________________________

8) Gender

☐Male ☐Female ☐Intersex or indeterminate
☐Unknown

9) Indigenous status

☐ Aboriginal but not Torres Strait Islander origin
☐ Torres Strait Islander but not Aboriginal origin
☐ Both Aboriginal and Torres Strait Islander origin
☐ Neither Aboriginal nor Torres Strait Islander origin
☐Not stated/unknown

10) Calculated gestation of pregnancy at birth____

11) Birth weight (g)____

12) Did this baby have a major congenital abnormality

☐Yes ☐No ☐Unknown

13) Was this death unexpected

☐Yes ☐No ☐Unknown
☐Cannot be determined

Mother's Details

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14) Mother

Surname:____

Given name(s): ____

Other(s): ____

15) Mother's Unit Record No:____

16) Mother's Date of Birth: ____

17) Usual residential address of mother at time of birth

Country: ____

Town/City/Locality: ____

State: ____

Post Code: ____

18) Indigenous status

☐ Aboriginal but not Torres Strait Islander origin
☐ Torres Strait Islander but not Aboriginal origin
☐ Both Aboriginal and Torres Strait Islander origin
☐ Neither Aboriginal nor Torres Strait Islander origin
☐Not stated/Unknown

19) Mother's understanding of spoken English

☐Very well ☐ Well (help with medical terminology) ☐ Not well (help with everyday English)
☐Not at all ☐Unknown

Previous Pregnancies

20) Number of mother's previous pregnancies: __________ ☐Unknown

21) Mother's parity (Do not include current pregnancy): __________ ☐Unknown

	Date of Birth	Place of birth *(see options below)*	Gestation *(weeks)*	Pregnancy Outcome *(codes below)*	Type of birth *(codes below)*	Birth weight *(grams)*	Complications (e.g. FGR) *(codes below)*
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Place of birth: Home, Birth Centre, Public Hospital, Private Hospital, Unattended / Free birth, Born before arrival (in transit), Other, Unknown.

Pregnancy Outcome: **LB** = live birth; **SM** = spontaneous miscarriage; **TOP** = termination of pregnancy; **E** = ectopic pregnancy; **SB** = stillbirth; **NNDE** = early neonatal death (<7 days age); **NNDL** = late neonatal death (7 days – 28 days); **INFD** = infant death (28 days – 1 year); **U** = unknown.

Type of Birth: **NVB** = normal vaginal birth; **OVD** = operative vaginal delivery; **VB** = vaginal breech; **CS** = caesarean section; **U** = unknown.

Complications: **NIL** = no complications; **HE** = hyperemesis; **APH** = ante partum haemorrhage/abruption; **CxS** = cervical stitch; **FGR** = fetal growth restriction; **GDM** = gestational diabetes mellitus; **GH** = gestational hypertension; **U** = unknown; **Other** = please comment in summary section.

Current Pregnancies

(This section is not required for terminations of pregnancy for maternal psychological reasons)

22) Mother's height: ______________cm

23) Mother's weight :

Current (around time of birth):_______________kg

At booking (antenatal visit):_________________ kg

24) Artificial reproductive technology in this pregnancy?

☐Yes ☐No ***(go to Question 25)*** ☐Unknown ***(go to Question 25)***

If yes, please specify fertility treatment

☐Ovulation induction agents ☐Donor insemination ☐Embryo transfer to fallopian tubes (TEST) (ZIFT)
☐Embryo transfer to uterus (GIFT) ☐In vitro fertilisation other/unspecified ☐Intracytoplasmic sperm injection (ICSI)
☐Other____

25) What was the mother's smoking status and history during pregnancy?
☐ Smoking during pregnancy ☐ Never smoked ☐ Stopped before this pregnancy
☐ Stopped smoking during the first 20 weeks of pregnancy ☐ Stopped smoking after the first 20 weeks of pregnancy ☐ Unknown

26) Did the mother drink alcohol during this pregnancy?
☐Yes ☐No ***(go to Question 27)*** ☐Unknown ***(go to question 27)***

If yes, specify the average number of standard alcoholic drinks per week
First trimester: __________ standard drinks per week or ☐Unknown
Month prior to birth: ________ standard drinks per week or ☐Unknown

27) Did the mother use illicit drugs during this pregnancy
☐Yes ☐No ***(go to Question 28)*** ☐Unknown ***(go to Question 28)***

Please specify

	First trimester	Month prior to birth
Heroin	☐	☐
Cannabis	☐	☐
Amphetamines	☐	☐
Ecstasy	☐	☐
Hallucinogens	☐	☐
Cocaine	☐	☐
Chroming/Petrol/Paint	☐	☐
Methadone	☐	☐
Herbal Highs	☐	☐
Unknown	☐	☐
Other: __________________________	☐	☐

28) Has the mother suffered family violence during this pregnancy
☐Yes ☐No ☐Not Asked ☐Unknown

29) Place of birth
Please select from both columns

	Intended place of birth before labour	Actual place of birth
Hospital, excluding birth centre	☐	☐
Birth centre, attached to hospital	☐	☐
Birth centre, free standing	☐	☐
Home (other)	☐	☐
Home- private midwife care	☐	☐
Home- public homebirth program	☐	☐
In transit	☐	☐
Unknown	☐	☐
Other	☐ ___________________________	☐ ____________________________

30) Model of antenatal maternity care

	Booking	At birth
Private obstetrician (specialist care)	☐	☐
Private midwifery care	☐	☐
General Practitioner obstetrician care	☐	☐
Shared care	☐	☐
Combined care	☐	☐
Public hospital maternity care	☐	☐
Public hospital high risk maternity care	☐	☐
Team midwifery care	☐	☐

Midwifery group practice caseload care	☐	☐
Remote area maternity care	☐	☐
Private obstetrician and privately practicing midwife joint care	☐	☐
No antenatal care provider	☐	☐
If other, please specify	☐ ____________________	☐ ____________________

31) Maternal outcome

☐Alive and generally well ☐Alive but serious morbidity ☐Died

Mothers Medical History

32) Does the mother have any pre-existing medical conditions

☐Yes ☐No ***(go to Question 33)*** ☐Unknown ***(go to Question 33)***

If yes, please specify:

		Yes	No	Unknown
a)	Asthma	☐	☐	☐
b)	Diabetes pre pregnancy (type 1 or 2)	☐	☐	☐
	i) If yes, is the diabetes well controlled	☐	☐	☐
	ii) How is the diabetes managed			
	☐ Insulin			
	☐ Oral hypoglycaemic			
	☐ Diet and exercise			
	☐ Unknown			
	☐ Other *(please specify)*____________________			
c)	Epilepsy	☐	☐	☐
d)	Heart condition (congenital or acquired)	☐	☐	☐
e)	Hypertension	☐	☐	☐
f)	Thyroid abnormality	☐	☐	☐
	i) *If yes, please specify*			
	☐ Hyperthyroidism			
	☐ Hypothyroidism			
	☐ Unknown			
g)	Inflammatory bowel disease	☐	☐	☐
h)	Systemic lupus erythematosus	☐	☐	☐
i)	Other autoimmune disorder	☐	☐	☐
j)	Mental health disorder	☐	☐	☐
	i) If yes, please specify			
	☐Depression			
	☐Psychotic disorder			
	☐Other *(please specify)*____________________			
k)	Renal disease	☐	☐	☐
l)	Venous thromboembolism	☐	☐	☐
m)	Haematological disorders	☐	☐	☐
	i) *If yes, please specify*			
	☐Anaemia			
	☐Thalassaemia trait			
	☐Thrombophilia			
	☐Other*(please specify)*____________________			
n)	Cervical surgery	☐	☐	☐
o)	Uterine surgery	☐	☐	☐
p)	Urinary tract infection	☐	☐	☐
q)	Uterine abnormality	☐	☐	☐
r)	Other: ____________________	☐	☐	☐

Further medical conditions:____

____

____

33) Family history of thrombosis?

☐Yes ☐No ☐Unknown

Obstetric Conditions

34) Obstetric complications during this pregnancy and obstetric consultation

Indicate all conditions known to be present during this pregnancy

a) Hypertension ☐Yes ☐No ☐Unknown

i) *If yes, please specify type of hypertension*
- ☐ Eclampsia
- ☐ Preeclampsia
- ☐ Gestational hypertension
- ☐ Chronic hypertension
- ☐ Unknown

ii) *Was there consultation with an obstetrician for hypertension*
- ☐ Yes
- ☐ No
- ☐ Already under obstetric care
- ☐ Unknown

b) HELLP Syndrome ☐Yes ☐No ☐Unknown

i) *If yes, was there consultation with an obstetrician for HELLP syndrome*
- ☐ Yes
- ☐ No
- ☐ Already under obstetric care
- ☐ Unknown

c) Preterm labour ☐Yes ☐No ☐Unknown

i) *If yes, was there consultation with an obstetrician for preterm labour*
- ☐ Yes
- ☐ No
- ☐ Already under obstetric care
- ☐ Unknown

d) Pre-labour rupture of membranes ☐Yes ☐No ☐Unknown

i) *If yes, please specify the gestation of the membrane rupture* ________________ *or* ☐Unknown

ii) *Was there consultation with an obstetrician for pre-labour rupture or membranes*
- ☐ Yes
- ☐ No
- ☐ Already under obstetric care
- ☐ Unknown

e) Obstetric cholestasis ☐Yes ☐No ☐Unknown

i) *If yes, was there consultation with an obstetrician for obstetric cholestasis*
- ☐ Yes
- ☐ No
- ☐ Already under obstetric care
- ☐ Unknown

f) Vaginal bleeding ☐Yes ☐No ☐Unknown

i) *If yes, what gestation did vaginal bleeding occur*
- ☐ Before 20 weeks
- ☐ At or after 20 weeks
- ☐Unknown

ii) *Reasons for vaginal bleeding*
- ☐ Abruption
- ☐ Placenta praevia
- ☐ Vasa praevia
- ☐ Uterine rupture
- ☐ Cervical cause
- ☐ Unknown
- ☐ Other *(please specify):* ______________________________

iii) *Was there consultation with an obstetrician for vaginal bleeding*
- ☐ Yes
- ☐ No
- ☐ Already under obstetric care
- ☐ Unknown

g) Placental praevia without haemorrhage ☐Yes ☐No ☐Unknown

i) *If yes, was there consultation with an obstetrician for placental praevia without haemorrhage*
- ☐ Yes
- ☐ No
- ☐ Already under obstetric care
- ☐ Unknown

h) Gestational diabetes ☐Yes ☐No ☐Unknown

i) *If yes, please indicate*

First HbA1C measure during pregnancy ____________________

Last HbA1C measured during pregnancy ____________________

ii) *How was the diabetes managed*
- ☐ Insulin
- ☐ Oral hypoglycaemic
- ☐ Diet and exercise
- ☐ Unknown
- ☐ Other *(please specify):* ______________________________________

iii) *Was there consultation with an obstetrician for gestational diabetes*
- ☐ Yes
- ☐ No
- ☐ Already under obstetric care
- ☐ Unknown

i) Multiple pregnancy ☐Yes ☐No ☐Unknown

i) *If yes, was there consultation with an obstetrician for multiple pregnancy*
- ☐ Yes
- ☐ No
- ☐ Already under obstetric care
- ☐ Unknown

j) Prolonged pregnancy (<41 weeks) ☐Yes ☐No ☐Unknown

i) *If yes, was there consultation with an obstetrician for prolonged pregnancy*
- ☐ Yes
- ☐ No
- ☐ Already under obstetric care

☐ Unknown

k) Breech presentation ☐Yes ☐No ☐Unknown

i) *If yes, was there consultation with an obstetrician for breech presentation*
☐ Yes
☐ No
☐ Already under obstetric care
☐ Unknown

l) Unstable lie ☐Yes ☐No ☐Unknown

i) *If yes, was there consultation with an obstetrician for unstable lie*
☐ Yes
☐ No
☐ Already under obstetric care
☐ Unknown

m) Size of fetus ☐Yes ☐No ☐Unknown

i) *If yes, please specify the size of the fetus*
☐ Large
☐ Small
☐Unknown

ii) *Was there consultation with an obstetrician for size of fetus*
☐ Yes
☐ No
☐ Already under obstetric care
☐ Unknown

n) Decreased fetal movements ☐Yes ☐No ☐Unknown

i) *If yes, was there consultation with an obstetrician for decreased fetal movements*
☐ Yes
☐ No
☐ Already under obstetric care
☐ Unknown

o) Polyhydramnios ☐Yes ☐No ☐Unknown

i) *If yes, was there consultation with an obstetrician for polyhydramnios*
☐ Yes
☐ No
☐ Already under obstetric care
☐ Unknown

p) Oligohydramnios ☐Yes ☐No ☐Unknown

i) *If yes, was there consultation with an obstetrician for oligohydramnios*
☐ Yes
☐ No
☐ Already under obstetric care
☐ Unknown

q) Non-reassuring CTG ☐Yes ☐No ☐Unknown

i) *If yes, was there consultation with an obstetrician for non-reassuring CTG*
☐ Yes
☐ No
☐ Already under obstetric care
☐ Unknown

r) Fetal abnormality ☐Yes ☐No ☐Unknown

i) *If yes, was there consultation with an obstetrician for fetal abnormality*
- ☐ Yes
- ☐ No
- ☐ Already under obstetric care
- ☐ Unknown

s) Other obstetric conditions ☐Yes ☐No ☐Unknown
*Please specify:*________________________
i) *If yes, was there consultation with an obstetrician for other obstetric conditions*
- ☐ Yes
- ☐ No
- ☐ Already under obstetric care
- ☐ Unknown

35) Were there any medical complications during this pregnancy
☐Yes ☐No ***(go to Question 36)*** ☐Unknown ***(go to Question 36)***

If yes, indicate all medical complications known to be present during this pregnancy:
a) Confirmed maternal infection ☐Yes ☐No ☐Unknown

i) *If yes, what type of infection*
- ☐ Pyelonephritis
- ☐ Lower urinary tract infection
- ☐ Unknown
- ☐ Other *(please specify:)* ____________________________

ii) *Was there consultation with an obstetrician for confirmed maternal infection*
- ☐ Yes
- ☐ No
- ☐ Already under obstetric care
- ☐ Unknown

b) Trauma ☐Yes ☐No ☐Unknown

i) *If yes, what type of infection*
- ☐ Vehicular
- ☐ Fall
- ☐ Violent personal injury
- ☐ Unknown
- ☐ Other *(please specify):* ____________________________

ii) *Was there consultation with an obstetrician for trauma*
- ☐ Yes
- ☐ No
- ☐ Already under obstetric care
- ☐ Unknown

c) Renal ☐Yes ☐No ☐Unknown

i) *Was there consultation with an obstetrician for renal complications*
- ☐ Yes
- ☐ No
- ☐ Already under obstetric care
- ☐ Unknown

d) Cardiac ☐Yes ☐No ☐Unknown

i) *Was there consultation with an obstetrician for cardiac complications*
- ☐ Yes
- ☐ No
- ☐ Already under obstetric care

☐ Unknown

36) Were there other reason for obstetric consultations

☐Yes ☐No ***(go to Question 37)*** ☐Unknown ***(go to Question 37)***

If yes, what was/were the reason(s) for the obstetric consultation? Please select all that applicable:

☐ Mother's request
☐ Previous perinatal death
☐ Recurrent miscarriage
☐ Previous intrauterine growth restriction
☐ Previous pre-term birth
☐ Previous caesarean section
☐ Other poor obstetric history
☐ Mother's age >=35 years
☐Raised BMI
☐Surgery
☐Unknown
☐Other: ______________________________ ______________________________

37) Was the mother referred to another healthcare service during pregnancy

☐Yes ☐No ***(go to Question 38)*** ☐Unknown ***(go to Question 38)***

If yes, what healthcare service was the mother referred to? Please select all that applicable:

☐ Medical service (please specify reason for referral to medical services)

____

☐ Mental health
☐ Drug and alcohol
☐ Social Worker
☐Other: ____
☐ Previous caesarean section
☐ Other poor obstetric history
☐ Mother's age >=35 years
☐ Surgery
☐Unknown

Antenatal Procedures

38) Antenatal visits

☐Yes ☐No ***(go to Question 39)*** ☐Unknown ***(go to Question 39)***

If yes, please indicate:

a) Total number of visits recorded: _______________

b) Gestation at first antenatal visit: ______ weeks ______ days or ☐Unknown

39) Antenatal procedures

Please indicate all procedures undertaken in pregnancy excluding those after fetal death in utero

a) First trimester screening ultrasound scan ☐Yes ☐No ☐Unknown

b) Morphology/anomaly ultrasound scan at 18-20 weeks' gestation ☐Yes ☐No ☐Unknown

c) Total Number of antenatal ultrasound scans (exclude those performed after fetal death) Number of ultrasounds __________ ☐Unknown

d) Chorion villus sampling ☐Yes ☐No ☐Unknown

If yes, what were the CV results?

☐ Normal
☐ Abnormal
☐Uncertain
☐Unknown

What was the chromosomal microarray results?

☐ Not performed
☐ Normal
☐ Abnormal
☐ Uncertain
☐ Unknown

e) Cervical suture (vaginal or transabdominal) ☐Yes ☐No ☐Unknown

If yes, what was the dates of cervical suture: ______________________________ or ☐Unknown

f) Amniocentesis ☐Yes ☐No ☐Unknown

If yes, what were the Amniocentesis results?

☐ Normal
☐ Abnormal
☐ Uncertain
☐ Unknown

What were the chromosomal microarray results?

☐ Not performed
☐ Normal
☐ Abnormal
☐ Uncertain
☐ Unknown

g)	Doppler studies	☐Yes	☐No	☐Unknown
	If yes, what were the studies performed?			
	☐ Umbilical artery doppler	☐ Normal	☐ Abnormal	☐Unknown
	☐ Uterine artery doppler	☐ Normal	☐ Abnormal	☐Unknown
	☐Middle-cerebral artery doppler	☐ Normal	☐ Abnormal	☐Unknown
	☐ Other: _______________	☐ Normal	☐ Abnormal	☐Unknown
	☐Unknown			
h)	External cephalic version	☐Yes	☐No	☐Unknown
	If yes, what was the dates this was performed: ___________________________		or	☐Unknown
i)	Fetocide	☐Yes	☐No	☐Unknown
j)	Amnioreduction	☐Yes	☐No	☐Unknown
k)	Laser treatment	☐Yes	☐No	☐Unknown
l)	Intrauterine fetal blood transfusion	☐Yes	☐No	☐Unknown
m)	Ligation of vessels for twin to twin transfusion	☐Yes	☐No	☐Unknown
n)	Other: _______________________	☐Yes	☐No	☐Unknown

40) Were maternal corticosteroids given in pregnancy

☐Yes ☐No ***(go to Question 41)*** ☐Unknown ***(go to Question 41)***

If yes, please indicate:

a) Course of corticosteroids started at what gestation: ___________ weeks _______ days or ☐Unknown

b) Was course of corticosteroids completed ☐Yes ☐No ☐Unknown

Mothers Medications

41) Were medications and supplements taken in this pregnancy

Please indicate all over the counter and traditional medicines taken in the pregnancy

☐Yes ☐No ***(go to Question 42)*** ☐Unknown ***(go to Question 42)***

If yes, please select medications:

☐ACE inhibitor	☐Antihypertensives	☐Magnesium sulphate
☐Glyceryl trinitrate	☐Nifedepine	☐Salbutamol
☐Ritodrine	☐Other tocolytic	☐Steroids other than fetal lung maturation
☐Valproate	☐Anticonvulsant/other	☐Infertility treatment
☐Antiemetics	☐Antibiotics	☐Antidepressants
☐Sedatives or anxiolytics	☐Indomethacin	☐NSAID/other
☐Aspirin	☐Clexane	☐Heparin
☐Warfarin	☐Narcotics	☐Non-narcotic analgesia

☐Other *Please indicate:* ____

42) Was folic acid taken pre pregnancy?

☐Yes ☐No ☐Unknown

43) Was folic acid taken during the first trimester

☐Yes ☐No ☐Unknown

Labour and Birth

(This section is not required for terminations of pregnancy for maternal psychological reasons)

44) Date of admission to hospital for birth episode

Date: ________________________________ ☐Unknown

Time: ________________________________ ☐Unknown

45) Primary caregiver at onset of labour

☐Obstetrician ☐Midwife ☐General Practitioner
☐No intrapartum care provider ☐Unknown
☐Other: ________________________________

46) Onset of labour

☐ Spontaneous ***(go to Question 47)*** ☐Induced ☐No labour (***go to Question 50)*** ☐Unknown (***go to Question 47)***

If induced, please provide the following information:

a) Date of induction of labour: ______________________ ☐Unknown

b) Time of induction of labour: ______________________ ☐Unknown

c) Specify methods used to induce labour

☐Oxytocin ☐Prostaglandins ☐Artificial rupture of membranes (ARM)
☐Balloon ☐Unknown
☐Other: ________________________________

d) Main indication for induction

☐Prolonged pregnancy
☐Hypertensive disorders
☐Cholestasis of pregnancy
☐Body Mass Index (BMI)
☐Other maternal obstetric or medical indication
☐Fetal macrosomia (includes suspected)
☐Administrative or geographical indication
☐Prelabour rupture of membranes
☐Multiple pregnancy
☐Antepartum haemorrhage
☐Maternal mental health indication
☐Fetal compromise (includes suspected)
☐Fetal death
☐Maternal choice in the absence of any obstetric, medical, fetal, administrative, or geographical indication
☐Diabetes
☐Chorioamnionitis (includes suspected)
☐Maternal age
☐Previous adverse perinatal outcome
☐ Fetal growth restriction (includes suspected)
☐Fetal congenital anomaly
☐Unknown
☐Other: ________________________________

47) Labour augmentation ☐Yes ☐No ***(go to Question 48)*** ☐Unknown ***(go to Question 48)***

If yes, please select method used to augment labour

☐Oxytocin ☐Prostaglandins ☐Artificial rupture of membranes (ARM)
Please specify the day of ARM
Date: ________________

☐Unknown ☐Other: ____________________________

48) Analgesia during labour ☐Yes ☐No ***(go to Question 49)*** ☐Unknown ***(go to Question 49)***

If yes, please indicate type of analgesia administered

☐Nitrous oxide ☐Systemic opioids ☐Epidural or caudal
☐Spinal ☐Combined spinal/epidural ☐Unknown
☐Other: ________________________________

49) Did part of labour occur in bath/pool ☐Yes ☐No ***(go to Question 50)*** ☐Unknown ***(go to Question 50)***

If yes, was the baby born in the bath/pool? ☐Yes ☐No ☐Unknown

50) Was there fetal monitoring during the labour ☐Yes ☐No ***(go to Question 51)*** ☐Unknown ***(go to Question 51)***

If yes, what was the method of fetal monitoring

☐Intermittent auscultation ☐Admission cardiotocography ☐ Intermittent cardiotocography
☐Continuous external cardiotocography ☐Internal cardiotocography (scalp electrode) ☐Fetal blood sampling
☐Unknown ☐Other: ____________________________________

51) What was the method of birth of this baby

☐ Vaginal- non-instrumental ***(go to Question 52)***
☐ Vaginal- forceps ***(go to Question 51a)***
☐ Vaginal- vacuum extraction ***(go to Question 51a)***
☐ Vaginal- forceps and vacuum extraction ***(go to Question 51a)***
☐ Planned caesarean- no labour ***(go to Question 51b)***
☐ Planned caesarean- labour ***(go to Question 51b)***
☐ Unplanned caesarean- labour ***(go to Question 51b)***
☐ Unplanned caesarean- no labour ***(go to Question 51b)***
☐ Unknown ***(go to Question 52)***

a) Was anaesthetics administered? ☐Yes ☐No ☐Unknown

If yes, please select which method

☐Local anaesthetic to perineum ☐Pudendal block ☐Epidural or caudal block
☐Spinal block ☐General anaesthesia ☐Combined spinal-epidural block
☐Unknown ☐Other: ______________________________________

b) What was the main indication for caesarean

☐Fetal compromise ☐Suspected fetal macrosomia ☐Malpresentation
☐Lack of progress; less than or equal to 3cm cervical dilatation ☐Lack of progress in the first stage; greater than 3cm to less that 10cm cervical dilatation ☐Lack of progress in the second stage
☐Placenta praevia ☐Placental abruption ☐Vasa praevia
☐Antepartum/intrapartum haemorrhage ☐Multiple pregnancy ☐Unsuccessful attempt at assisted delivery
☐Cord prolapse ☐Previous adverse perinatal outcome ☐Previous caesarean section
☐Previous severe perineal trauma ☐Previous shoulder dystocia ☐Maternal choice in the absence of any obstetric, medical, surgical, psychological indications
☐Other: ________________________________

i) Were forceps or vacuum tried first?

☐Forceps ☐Vacuum ☐Forceps and vacuum
☐No instrumental attempted before caesarean ☐Unknown

ii) Was anaesthetics administered? ☐Yes ☐No ☐Unknown

If yes, please select which method

☐Local anaesthetic to perineum ☐Pudendal block ☐Epidural or caudal block
☐Spinal block ☐General anaesthesia ☐Combined spinal-epidural block
☐Unknown ☐Other: ______________________________

52) What was the birth presentation

☐Vertex ☐Breech ☐Face
☐Brow ☐Unknown ☐Other: ____________________

53) Complications in labour/birth ☐Yes ☐No ***(go to Question 54)*** ☐Unknown ***(go to Question 54)***

If yes, please indicate relevant option

☐APH ☐Cord entanglement/prolapse ☐Meconium stained liquor
☐Shoulder dystocia ☐Fetal bradycardia ☐Failure to progress/dystocia
☐Non-reassuring CTG ☐Unknown ☐Other: ____________________

54) Labour and membrane rupture duration

a) First stage of labour duration: ______ hours ________ minutes ☐Unknown

b) Second stage of labour duration known: ______ hours ________ minutes ☐Unknown

c) Duration of membrane rupture prior to birth: ______ days ______ hours _______ minutes ☐Unknown

55) Were antibiotics given in labour ☐Yes ☐No ***(go to Question 56)*** ☐Unknown ***(go to Question 56)***

a) If yes, what was the indication?

☐Group B streptococcus ☐Prolonged rupture of membranes ☐Clinical chorioamnionitis
☐Suspected or confirmed infection ☐Unknown ☐Other _________________

b) Date antibiotics given: ______________________ ☐Unknown

Baby Resuscitation at Birth

(This section is not required for terminations of pregnancy for maternal psychological reasons)

---

56) Apgar scores

Please indicate a score between 1-10 with no decimals

a) 1 min: __________________ ☐Unknown

b) 5 min: __________________ ☐Unknown

c) 10 min: __________________ ☐Unknown

d) 15 min: __________________ ☐Unknown

57) Did the baby receive any resuscitation at birth? ☐Yes ☐No ***(go to Question 58)*** ☐Unknown ***(go to Question 58)***

a) If yes, what was the outcome of the resuscitation?

☐Baby resuscitated and stayed with mother ☐Baby resuscitated and transferred to neonatal special or intensive care nursing ☐Baby was no able to be resuscitated
☐Unknown

b) What was the method of resuscitation at birth?

☐Continuous positive airway pressure with air ☐CPAP with oxygen ☐Endotracheal intubation and IPPR with oxygen
☐Endotracheal intubation and IPPR with air ☐External cardiac massage and ventilation ☐Intermittent positive pressure respiration bag and mask with air

☐Intermittent positive pressure respiration bag and mask with oxygen
☐Oxygen therapy
☐Suction
☐Medications
Which medications?
☐Adrenalin
☐Narcotic antagonist
☐Sodium bicarbonate
☐Volume expander
☐Unknown
☐Other: ____________________
☐Unknown
☐Other: ___________________________

c) What was the professional category of the most senior staff member at the resuscitation?

☐Student ☐Midwife ☐Paediatric resident
☐Paediatric registrar ☐Obstetric registrar ☐Obstetric consultant
☐Consultant paediatrician ☐Neonatal consultant ☐Unknown

58) Were cord gases taken at birth? ☐Yes ☐No ***(go to Question 59)*** ☐Unknown ***(go to Question 59)***

If yes, please indicate:

a) ph- arterial: ____________________________ ☐Unknown
b) Base deficit- arterial: ____________________ ☐Unknown
c) Lactate- arterial: ________________________ ☐Unknown
d) CO2- arterial: ___________________________ ☐Unknown
e) ph- venous: _____________________________ ☐Unknown
f) Base deficit- venous: _____________________ ☐Unknown
g) Lactate- venous: _________________________ ☐Unknown
h) CO2- venous: ___________________________ ☐Unknown

Neonatal/Post Neonatal Care

59) Was the baby transferred from place of birth (e.g. via NETS) prior to death to a higher level of care? ☐Yes ☐No ***(go to Question 60)*** ☐Unknown ***(go to Question 60)***

a) If yes, what was the main reason for the transfer?
☐Prematurity
If yes, please specify
☐ Less than 28 weeks gestation
☐28-31 weeks gestation
☐32-36 weeks
☐ Unknown
☐Respiratory
If yes, please specify
☐Hyaline membrane disease (respiratory distress syndrome)
☐Meconium aspiration
☐PPHN
☐Pneumothorax
☐Congenital adenomatoid lesion of the lung
☐Tracheoesophageal fistula
☐Other: ______________________________
☐Unknown
☐Cardiac
If yes, please specify
☐Coarctation of the aorta

☐Transposition of the great arteries
☐Tetralogy of Fallot
☐Hypoplastic left heart
☐Atrioventricular septal defect
☐Other: ______________________________
☐Unknown

☐Gastrointestinal
If yes, please specify
☐Necrotising enterocolitis
☐Pyloric stenosis
☐Other: ______________________________
☐Unknown

☐Neurological
If yes, please specify
☐HIE
☐Seizures
☐Intraventricular haemorrhage
☐Other intracranial haemorrhage
☐Neuromuscular disorder
☐Other: ______________________________
☐Unknown

☐Musculoskeletal
If yes, please specify
☐Congenital diaphragmatic hernia
☐Gastroschisis
☐Omphalocele
☐Other: ______________________________
☐Unknown

☐Sepsis
If yes, please specify
☐GBS
☐E. Coli
☐Other: ______________________________
☐Unknown

☐Metabolic
If yes, please specify
☐Hypoglycaemia
☐Hyponatraemia
☐Other: ______________________________
☐Unknown

☐Haematology
If yes, please specify
☐Rh isoimmunisation
☐ABO isoimmunisation
☐Alloimmune thrombocytopenia
☐Other: ______________________________
☐Unknown

☐Other: ______________________________
☐Unknown

b) On what date was the baby transferred: ________________________________ ☐Unknown

60) Neonatal Diagnosis (select all applicable)

☐Prematurity
If yes, please specify
☐ Less than 28 weeks gestation
☐28-31 weeks gestation
☐32-36 weeks
☐ Unknown

☐Respiratory

If yes, please specify

☐Hyaline membrane disease (respiratory distress syndrome)
☐Meconium aspiration
☐PPHN
☐Pneumothorax
☐Congenital adenomatoid lesion of the lung
☐Tracheoesophageal fistula
☐Other: ______________________________
☐Unknown

☐Cardiac

If yes, please specify

☐Coarctation of the aorta
☐Transposition of the great arteries
☐Tetralogy of Fallot
☐Hypoplastic left heart
☐Atrioventricular septal defect
☐Other: ______________________________
☐Unknown

☐Gastrointestinal

If yes, please specify

☐Necrotising enterocolitis
☐Pyloric stenosis
☐Other: ______________________________
☐Unknown

☐Neurological

If yes, please specify

☐HIE
☐Seizures
☐Intraventricular haemorrhage
☐Other intracranial haemorrhage
☐Neuromuscular disorder
☐Other: ______________________________
☐Unknown

☐Musculoskeletal

If yes, please specify

☐Congenital diaphragmatic hernia
☐Gastroschisis
☐Omphalocele
☐Other: ______________________________
☐Unknown

☐Sepsis

If yes, please specify

☐GBS
☐E. Coli
☐Other: ______________________________
☐Unknown

☐Metabolic

If yes, please specify

☐Hypoglycaemia
☐Hyponatraemia
☐Other: ______________________________
☐Unknown

☐Haematology

If yes, please specify

☐Rh isoimmunisation
☐ABO isoimmunisation
☐Alloimmune thrombocytopenia

☐Other: ______________________________
☐Unknown
☐Other: ______________________________
☐Unknown

61) Did the baby receive any neonatal treatment ☐Yes ☐No ***(go to Question 62)*** ☐Unknown ***(go to Question 62)***

If yes, please specify

☐IV therapy ☐Antibiotics ☐Nitric Oxide
☐Inotropes ☐Mechanical ventilation ☐Phototherapy
☐Extracorporeal membrane oxygenation ☐Therapeutic hypothermia ☐Unknown
☐Other: ______________________________

62) Were active life supporting measures withdrawn? ☐Yes ☐No ***(go to Question 63)*** ☐Unknown ***(go to Question 63)***

a) If yes, on what date were the measures withdrawn: ______________________________ ☐Unknown

b) At what time were the measures withdrawn: ______________________________ ☐Unknown

63) Please provide summary of significant neonatal events

____
____
____
____
____
____
____
____
____

64) Place of neonatal/post neonatal death

☐Home ☐Emergency department ☐NICU
☐PICU ☐SCN ☐Paediatric ward
☐Unknown ☐Other: ______________________________

Maternal Investigations after Stillbirth or Neonatal Death

(This section is not required for terminations of pregnancy for maternal psychological reasons)

65) Maternal blood tests

a) Was a full blood count performed? ☐Yes ☐No ☐Unknown

If yes, please indicate:

i) Hb: ______________________________ g/L ☐Unknown
ii) WCC: ______________________________x10^9 ☐Unknown
iii) Platelets: ______________________________x10^9 ☐Unknown

b) Was a blood group and antibody screen performed? ☐Yes ☐No ☐Unknown

i) If yes, what was the blood group?

☐A positive ☐A negative ☐AB positive
☐AB negative ☐B positive ☐B negative
☐O positive ☐O negative ☐Unknown

ii) What was the antibody screen?

☐Positive ☐Negative ☐Unknown

Please specific antibody:

☐D RHESUS
☐C (LITTLE C) RHESUS
☐K- KELL
☐C (BIG C) REHSUS
☐E (LITTLE E) RHESUS
☐E (BIG E) RHESUS
☐JKA- KDD
☐JKB- KDD
☐FYA- DUFFY
☐FYB- DUFFY
☐Other: ______________________

Please note, Question **c)** is a core test for all stillbirths

c) Was testing for maternal fetal haemorrhage performed? ☐Yes ☐No ☐Unknown

If yes, please indicate:

i) Date tests performed: ______________________________ ☐Unknown

ii) What was the results of testing for maternal fetal haemorrhage? ☐Positive ☐Negative ☐Unknown

iii) Please state which test was performed to detect maternal fetal haemorrhage

☐Kleinhauer-Betke ☐Flow cytometry ☐Unknown

☐Other: ________________________

iv) Was the estimated fetal to maternal transfusion volume more than 1 ml? ☐Yes ☐No ☐Unknown

If yes, what was the estimated volume of maternal transfusion?: ________________________________

d) Renal function tests? ☐Yes ☐No ☐Unknown

If yes, please indicate:

i) Creatinine: ______________________________________ umol/L ☐Unknown

ii) Uric acid (Urate): __________________________________ mmol/L ☐Unknown

iii) Urea: ____ mmol/L ☐Unknown

e) Liver function test ☐Yes ☐No ☐Unknown

If yes, please indicate:

i) AST: ____ umol/L ☐Unknown

ii) ALT: ____ U/L ☐Unknown

iii) Bilirubin Total: __________________________________ umol/L ☐Unknown

f) HBA1c? ☐Yes ☐No ☐Unknown

If yes, what was the result: ____________________________ *mmol/mol or % or* ☐Unknown

g) Thyroid function test? ☐Yes ☐No ☐Unknown

If yes, please indicate:

i) TSH: ____ mU/L ☐Unknown

ii) Free T4: ____ pmol/L ☐Unknown

h) Bile acids? ☐Yes ☐No ☐Unknown

If yes, please indicate:

i) Results: ____ umol/L ☐Unknown

ii) Type of test ☐Fasting ☐Non-fasting ☐Unknown

i) CMV ☐Yes ☐No ☐Unknown

If yes, please indicate:

i) CMV-IgM result ☐Reactive ☐Non-reactive ☐Unknown

ii) CMV-IgG result ☐Reactive ☐Non-reactive ☐Unknown

iii) CMV avidity testing ☐Yes ☐No ☐Unknown
If yes, result?: ______________________________________

j) Toxoplasma ☐Yes ☐No ☐Unknown
If yes, please indicate:
i) Toxoplasma- IgM result ☐Reactive ☐Non-reactive ☐Unknown
ii) Toxoplasma- IgG result ☐Reactive ☐Non-reactive ☐Unknown
iii) Toxoplasma avidity testing ☐Yes ☐No ☐Unknown
If yes, result?: __________________

k) Parvovirus B19 ☐Yes ☐No ☐Unknown
If yes, please indicate:
i) Parvovirus B19- IgM result ☐Reactive ☐Non-reactive ☐Unknown
ii) Parvovirus B19-IgG result ☐Reactive ☐Non-reactive ☐Unknown
iii) Parvovirus B19 avidity testing ☐Yes ☐No ☐Unknown
If yes, result?: ______________________________________

l) Rubella
☐Performed at routine antenatal screen ☐Yes ☐No ☐Unknown

If yes or performed at routine antenatal screen, please indicate result:
☐Immune ☐Not immune ☐Indeterminate ☐Unknown

m) Syphilis serology
☐Performed at routine antenatal screen ☐Yes ☐No ☐Unknown

If yes or performed at routine antenatal screen, please indicate result:
☐Positive ☐Negative ☐Unknown

n) Thrombophilia tests at time of birth ☐Yes ☐No ☐Unknown
If yes, please indicate:
i) ☐ Anticardiolipin antibodies ☐Positive ☐Negative ☐Unknown
ii) ☐ Lupus anticoagulant ☐Positive ☐Negative ☐Unknown
iii) ☐ APC resistance ☐Positive ☐Negative ☐Unknown
If positive, Factor V Leiden?
☐Yes
Result?
☐Positive
☐Negative
☐Unknown
☐No
☐Unknown
iv) ☐ AntiB2 glycoprotein-1antibodies ☐Positive ☐Negative ☐Unknown
If yes, result?: ______________________________________

66) Was Thrombophilia testing undertaken around the time of the follow-up visit ☐Yes ☐No ***(go to Question 67)*** ☐Unknown ***(go to Question 67)***
If yes, please indicate:
a) Anticardiolipin antibodies ☐Yes ☐No ☐Unknown

If yes, please indicate:
i) Date : __________________________________ ☐Unknown
ii) Results ☐Positive ☐Negative ☐Unknown
iii) AntiB2 glycoprotein-1antibodies ☐Yes ☐No ☐Unknown
If yes, please indicate:
(1) Date: ______________________________ ☐Unknown
(2) Results ☐Positive ☐Negative ☐Unknown

67) Were there any other maternal investigations performed to investigate the cause of death ☐Yes ☐No ***(go to Question 68)*** ☐Unknown ***(go to Question 68)***

a) If yes, please specify other investigations: ______________________________

b) If yes, please specify the results: ______________________________

External Examination of the Baby, Cord, Placenta and Membranes by Clinician

(Core tests required for all stillbirths)

68) Was an external examination of the baby performed? ☐Yes ☐No ***(go to Question 71)*** ☐Unknown ***(go to Question 71)***

If yes, please indicate:

a) Were any external abnormalities identified on external examination of the baby? ☐Yes ☐No ☐Unknown

If yes, please specify: ______________________________

b) Length: ______________________________cm ☐Unknown

c) Head circumference: ______________________________cm ☐Unknown

69) Was an examination of the placenta, cord and membrane performed? ☐Yes ☐No ***(go to Question 72)*** ☐Unknown ***(go to Question 72)***

If yes, please indicate:

a) Placenta weight: ______________________________gm ☐Unknown

b) Cord length: ______________________________cm ☐Unknown

c) Were any placental abnormalities noted on external examination ☐Yes ☐No ☐Unknown

If yes, please specify

☐Incomplete ☐Retroplacental clot ☐Gritty/Calcified
☐Ragged membranes ☐Offensive odour ☐Vasa praevia
☐Succenturiate lobe/bi-lobed ☐Circumvallate ☐Bipartite
☐Unknown ☐Other: ______________________________

d) Were any features apparent in the umbilical cord? ☐Yes ☐No ☐Unknown

If yes, please specify

☐Hyper-coiled appearance ☐Hypo-coiled appearance ☐Marginal cord insertion
☐Velamentous cord insertion ☐Abnormal cord length- short ☐Abnormal cord length- long
☐Unusual cord thickness- thin ☐Unusual cord thickness- thick ☐Meconium stained
☐Two vessels in the cord ☐True knot- loose ☐True knot- tight
☐Unknown ☐Other: ______________________________

e) Was the cord wrapped around the neck or other structure?

☐No ☐Nuchal cord ☐Unknown ☐Other: ________________

If yes to nuchal cord, how many times was the cord wrapped around the neck? ____________ *or* ☐Unknown

f) Were there any membrane abnormalities identified? ☐Yes ☐No ☐Unknown

If yes, please specify

☐Abnormal colour- green ☐Malodour ☐Retro-membranous blood- fresh
☐Retro-membranous blood- old ☐Spotty (e.g. Amnion nodosum) ☐Unknown

☐Other: ____

70) External examination of the baby by expert in addition to clinician at birth? ☐Yes ☐No ***(go to Question 73)*** ☐Unknown ***(go to Question 73)***

If yes, please indicate

a) External examination performed by

☐Perinatal/Paediatric pathologist ☐Pathologist other ☐Pathologist unspecified
☐Clinical geneticist ☐Paediatrician ☐Neonatologist
☐Unknown ☐Other: ____

b) Were abnormalities identified ☐Yes ☐No ☐Unknown

If yes, please specify: ____

Placental Histopathology and Autopsy

(This section is not required for terminations of pregnancy for maternal psychological reasons)

(Core tests required for all stillbirths)

---

71) Placental and cord histopathology

a) Placental histopathology

☐Not performed ☐Normal ☐Abnormal
☐Uncertain ☐Unknown

If abnormal, please specify

☐Funisitis ☐Chorioamnionitis ☐Acute villitis
☐Placental abscesses ☐Infarct- single ☐Infarct- multiple
☐Massive perivillous fibrin ☐Histiocytic intervillositis ☐Maternal floor infarction
☐Villitis of unknown aetiology ☐Fetal thrombotic vasculopathy ☐Retroplacental haemorrhage
☐Chorioangioma ☐Metastatic tumour ☐Haemosiderin laden macrophages
☐Unknown ☐Other : ____

b) Placental swab for culture

☐Not performed ☐No pathogen ☐Pathogen
☐Uncertain ☐Unknown

If pathogen found, please specify

☐Group B Streptococcus ☐Group A Streptococcus ☐Other Streptococcus
☐E coli ☐Trichomonas Vaginalis ☐Gardbnerella Vaginalis
☐Chlamydia Trachomatis ☐Ureaplasma Urealyticum ☐Mycoplasma Hominis
☐Candida ☐Neisseria Gonorrhoea ☐Herpes
☐Pseudomonas ☐Klebsiella ☐Clostridium
☐Proteus ☐Bacteroids ☐Enterococcus
☐Fusobacterium ☐Enterobacterium ☐Hep A
☐Hep B ☐Hep C ☐HIV
☐Syphilis- Treponema Pallidum ☐Rubella ☐CMV
☐Toxoplasma Gondii ☐Parvovirus ☐Listeria
☐Varicella ☐Malaria ☐Echovirus
☐Chlamydia Psittaci ☐Haemophilus ☐Unknown
☐Other:_____________________________________

c) Other site culture taken by pathologist ☐Yes ☐No ☐Unknown

If yes, please specify

i) Site of other culture taken: ____

ii) Results of other culture taken

☐No pathogen ☐Pathogen ☐Uncertain ☐Unknown

If pathogen, please specify

☐Group B Streptococcus ☐Group A Streptococcus ☐Other Streptococcus
☐E coli ☐Trichomonas Vaginalis ☐Gardbnerella Vaginalis
☐Chlamydia Trachomatis ☐Ureaplasma Urealyticum ☐Mycoplasma Hominis
☐Candida ☐Neisseria Gonorrhoea ☐Herpes
☐Pseudomonas ☐Klebsiella ☐Clostridium
☐Proteus ☐Bacteroids ☐Enterococcus
☐Fusobacterium ☐Enterobacterium ☐Hep A
☐Hep B ☐Hep C ☐HIV
☐Syphilis- Treponema Pallidum ☐Rubella ☐CMV
☐Toxoplasma Gondii ☐Parvovirus ☐Listeria
☐Varicella ☐Malaria ☐Echovirus
☐Chlamydia Psittaci ☐Haemophilus ☐Unknown
☐Other:____

d) Genetic testing ☐Yes ☐No ☐Unknown

If yes, please specify the following

i) Culture karyotype

☐Not performed ☐Normal ☐Abnormal ☐Uncertain ☐Unknown

Please specify abnormal or uncertain results: ____

ii) Chromosomal microarray

☐Not performed ☐Normal ☐Abnormal ☐Uncertain ☐Unknown

Please specify abnormal or uncertain results: ____

iii) Other genetic testing (please specify): ____

☐Not performed ☐Normal ☐Abnormal ☐Uncertain ☐Unknown

Please specify abnormal or uncertain results: ____

72) Autopsy

a) Were parents offered the option of an autopsy examination

☐Yes ***(go to Question 74ai-ii)***
☐No ***(go to Question 74aiii-iv)***
☐Unknown ***(go to Question 74b)***

i) Parental consent for an autopsy examination

☐Yes- full ***(go to Question (1))***
☐Yes- limited (*please describe autopsy limitations)**(go to Question (1) and (3))**:*
____
☐No ***(go to Question (2) and (3))***
☐Unknown ***(go to Question 74b)***

(1) If yes-full or yes-limited, please specify the following

1. What were the autopsy results

☐No abnormality ☐Abnormal ☐Inconclusive ☐Unknown

If abnormal or inconclusive, please describe: ____

2. What was the autopsy examination and clinical diagnosis

☐Confirms clinical diagnosis (no change in counselling for future pregnancies	☐Changes clinical diagnosis (diagnosis changed enough to alter counselling for future pregnancies)	☐Additional information (clinical diagnosis not altered but additional	☐Additional information (clinical diagnosis not altered but additional clinical findings e.g.	☐Unknown

from Pm information) clinical findings e.g. Abnormalities) Abnormalities)

(2) If no, please specify the following

1. What was the most relevant reason why the parents did not consent to an autopsy examination

☐Inexperience of staff in counselling about autopsy ☐Lack of rapport with the parents ☐ Lack of diagnostic value in this case ☐Staff workload ☐Parent emotional distress

☐Religious or cultural beliefs ☐Time to receive results ☐Negative perceptions in general about autopsy ☐Multiple pregnancy fetocide ☐Unknown

☐Other: ____

(3) If yes-limited or no, please provide comments on the barriers to approach and consent for autopsy in this case :

____

____

ii) Who sought consent for autopsy

☐Junior medical staff ☐Midwife ☐Nurse ☐Obstetric specialist

☐Obstetric registrar ☐GP ☐Paediatrician ☐Unknown

☐Other: ____

If yes-limited or no, please provide comments on the barriers to approach and consent for autopsy in this case :

____

____

iii) Please indicate the most relevant reason from the clinical staff perspective why the option of an autopsy was not offered in this case

☐Inexperience of staff in counselling about autopsy ☐Lack of rapport with the parents ☐ Lack of diagnostic value in this case ☐Staff workload ☐Parent emotional distress

☐Religious or cultural beliefs ☐Time to receive results ☐Negative perceptions in general about autopsy ☐Multiple pregnancy fetocide ☐Unknown

☐Other: ____

iv) Please provide comments on the barriers to approach and consent for autopsy in this case:

____

b) Was a Babygram (skeletal survey) performed?

☐Not performed
☐Yes- No abnormality
☐Yes- Abnormal
☐Yes- Inconclusive
☐Unknown

If yes-abnormal or yes-inconclusive, please specify results:

____

Baby Pathology and Imaging

(This section is not required for terminations of pregnancy for maternal psychological reasons)

Please note, Question **73** is a core test for all stillbirths

73) What were the clinical photographs?

☐Not taken ☐Normal ☐Abnormal ☐Unknown

If abnormal, please specify: ____

74) Swabs of ear and throat taken for culture?

☐No ***(go to Question 77)*** ☐Yes, no pathogens ***(go to Question 77)*** ☐Yes, pathogen isolated

☐Uncertain ***(go to Question 77)*** ☐Unknown ***(go to Question 77)***

If yes, pathogens isolated, please specify:

☐Group B Streptococcus ☐Group A Streptococcus ☐Other Streptococcus
☐E coli ☐Trichomonas Vaginalis ☐Gardbnerella Vaginalis
☐Chlamydia Trachomatis ☐Ureaplasma Urealyticum ☐Mycoplasma Hominis
☐Candida ☐Neisseria Gonorrhoea ☐Herpes
☐Pseudomonas ☐Klebsiella ☐Clostridium
☐Proteus ☐Bacteroids ☐Enterococcus
☐Fusobacterium ☐Enterobacterium ☐Hep A
☐Hep B ☐Hep C ☐HIV
☐Syphilis- Treponema Pallidum ☐Rubella ☐CMV
☐Toxoplasma Gondii ☐Parvovirus ☐Listeria
☐Varicella ☐Malaria ☐Echovirus
☐Chlamydia Psittaci ☐Haemophilus ☐Unknown
☐Other:____

75) Magnetic resonance imaging?

☐Not performed ***(go to Question 78)*** ☐Normal ***(go to Question 78)*** ☐Abnormal
☐Inconclusive ☐Unknown ***(go to Question 78)***

If abnormal or inconclusive, please specify:

____

76) Were cord and cardiac blood samples taken?

☐Yes, cord ☐Yes, cardiac ☐No ***(go to Question 79)*** ☐Unknown ***(go to Question 79)***

If cord or cardiac blood samples were taken, was a full blood count with smear done (nucleated red count)?

☐Yes ☐No ☐Unknown

If yes, please specify:

a) Hb: _____________________________________ g/L ☐Unknown

b) WCC: ____________________________________x10^9 ☐Unknown

c) Platelets: _________________________________x10^9 ☐Unknown

77) Genetic testing of the baby- tissue or blood?

☐Yes ☐No ***(go to Question 80)*** ☐Unknown ***(go to Question 80)***

If yes, please specify:

a) Specimen from the baby for the genetic testing

☐Cord ☐Blood ☐Skin
☐Cartilage ☐Unknown ☐Other: ______________________

b) Type of genetic testing

☐Karyotype ☐Chromosomal microarray ☐Unknown ☐Other: ________________________

What were the results of the testing?

☐Normal ☐Abnormal ☐Uncertain ☐Unknown

*If abnormal or uncertain, please describe:*____

78) Were any other investigations performed?

☐Yes ☐No ***(go to Question 81)*** ☐Unknown ***(go to Question 81)***

If yes, please specify investigations and results:

____
____

____
____

Case Documents

79) Please attach an autopsy, placental pathology and other relevant pathology results

Case Summary

80) Please provide a brief summary of key clinical events including factors which you consider may have contributed to the death. Please also provide any information you think relevant that was not covered in the previous questions, which you consider may have contributed to the outcome.

____
____
____
____
____
____
____
____
____

Hospital Review Details

81) Was this case referred to the coroner?

☐Yes ☐No ***(go to Question 84)*** ☐Unknown ***(go to Question 84)***

If yes, was this the coroner's case?

☐Yes ☐No ☐Unknown

*Please provide details:*____

82) Sentinel event report

☐Yes ☐No ***(go to Question 85)*** ☐Unknown ***(go to Question 85)***

*If yes, please provide details:*____
____

83) Root cause analysis report

☐Yes ☐No ***(go to Question 86)*** ☐Unknown ***(go to Question 86)***

*If yes, please provide details:*____
____

84) Date scheduled for hospital committee review:____ ☐Unknown

85) Responsibility for the completion of the data

a) Name:____

b) Designation:____

c) Date completed:____

Section 2: MATERNITY SERVICE REPORT

COMPLETE THIS SECTION AT PERINATAL MORTALITY COMMITTEE REVIEW

Mothers Surname: (*If multiple birth, indicate birth number of this baby)*	
Date of perinatal death	
Gestation	
Facility reporting	

Death certificate details:

1) Main disease or condition in fetus or infant:______________________________

____

2) Other diseases or conditions in fetus or infant: ______________________________

____

3) Main maternal disease or condition affecting fetus or infant: ______________________________

____

4) Other maternal diseases or conditions affecting fetus or infant: ______________________________

____

5) Other relevant circumstances: ______________________________

____

Classification of Cause of Death

6) **PSANZ Perinatal Death Classification** – Primary condition. Presumed at time of death (PSANZ-PDC)

Category classification

Please insert full numerical code ______________________________

Please insert full text ______________________________

NB. If stillbirth, go to question 8.

7) **PSANZ Neonatal Death Classification – Primary condition.** Presumed at time of death (PSANZ-NDC)

Category classification

Please insert full numerical code ______________________________

Please insert full text ______________________________

____

8) **Level of understanding of the diagnosis at time of death** (rated by clinician completing the death certificate)

☐ Well understood ☐Poorly understood ☐Not understood

☐ Not recorded ☐Unknown

9) **PSANZ Perinatal Death Classification – Primary condition.** (PSANZ-PDC)

Category classification

Please insert full numerical code ____

Please insert full text____

____

10) Were any associated conditions present according to PSANZ-PDC which contributed to the death?

☐ Nil ☐One ☐Two

☐ Three ☐Not Recorded ☐Unknown

a) PSANZ Perinatal Death Classification (PSANZ-PDC) – Associated condition 1

Category classification

Please insert full numerical code ____

Please insert full text____

____

b) PSANZ Perinatal Death Classification (PSANZ-PDC) – Associated condition 2

Category classification

Please insert full numerical code ____

Please insert full text____

____

c) PSANZ Perinatal Death Classification (PSANZ-PDC) – Associated condition 3

Category classification

Please insert full numerical code ____

Please insert full text____

____

NB. If stillbirth, go to question 13.

11) PSANZ Neonatal Death Classification – Primary condition. (PSANZ-NDC)

Category classification

Please insert full numerical code ____

Please insert full text____

____

12) Were any associated conditions present according to PSANZ-NDC which contributed to the death?

☐ Nil ☐One ☐Two

☐ Three ☐Not Recorded ☐Unknown

a) PSANZ Neonatal Death Classification (PSANZ-NDC) – Associated condition 1

Category classification

Please insert full numerical code ____

Please insert full text____

____

b) PSANZ Neonatal Death Classification (PSANZ-NDC) – Associated condition 2

Category classification

Please insert full numerical code ____

Please insert full text____

____

c) PSANZ Neonatal Death Classification (PSANZ-NDC) – Associated condition 3

Category classification

Please insert full numerical code ____

Please insert full text____

____

13) Was the perinatal death referred to the coroner?

☐ Yes ☐No ☐Unknown

14) Please list any associated conditions present according to the PSANZ-NDC which contributed to the death (following the outline in question 2 including the sub classifications)

____
____
____
____

Factors Related to Care

1) Were factors relating to organisational and/or management identified? (e.g. inadequate supervision of staff, lack of appropriate clinical management protocols, lack of communication between services)

☐Yes ☐No ***(go to Question 5)*** ☐Unknown ***(go to question 5)***

If yes, please specify each question based on the following rates:
1- Insignificant. Sub-optimal factors identified but unlikely to have contributed to the outcome
2- Possible- Sub-optimal factors identified might have contributed to the outcome
3- Significant. Sub-optimal factors identified were likely to have contributed to the outcome
4- Undetermined. Insufficient information available
5- Unknown

	Please rate	Please state the specific factors and include any relevant comments
☐Poor organisational arrangements of staff		______________________________
☐Inadequate education and training		______________________________
☐Lack of policies, protocols or guidelines		______________________________
☐Inadequate number of staff		______________________________

☐Poor access to senior clinical staff		___
☐Failure or delay in emergency response		___
☐Delay in procedure (e.g. Caesarean section)		___
☐Inadequate systems/process for sharing of clinical information between services		___
☐Delayed access to test results or inaccurate results		___
☐Equipment (e.g. faulty equipment, inadequate maintenance or lack of equipment)		___
☐Building and design functionality (e.g. space, privacy, ease of access, lighting, noise, power failure, operating theatre in distant location)		___
☐Other: _________		___
☐Unknown		

2) Were factors relating to personnel identified? (staff factors relating to professional care and service provision)

☐Yes ☐No ***(go to Question 6)*** ☐Unknown ***(go to question 6)***

If yes, please specify each question based on the following rates:
1- Insignificant. Sub-optimal factors identified but unlikely to have contributed to the outcome
2- Possible- Sub-optimal factors identified might have contributed to the outcome
3- Significant. Sub-optimal factors identified were likely to have contributed to the outcome
4- Undetermined. Insufficient information available
5- Unknown

	Please rate	Please state the specific factors and include any relevant comments
☐Knowledge and skills of staff were lacking		___
☐Delayed emergency response by staff		___
☐Failure to maintain competence		___
☐Communication between staff was inadequate		___

		___
☐Failure to seek help/supervision		___
☐Failure to follow recommended best practise		___
☐Lack of recognition of complexity or seriousness of condition by care giver		___
☐Other: ___		___
☐Unknown		

3) Were barriers to accessing/engaging with care identified? (e.g. no, infrequent or late booking for antenatal care, women decline treatment/advice)

☐Yes ☐No ***(go to Question 7)*** ☐Unknown ***(go to Question 7)***

If yes, please specify each question based on the following rates:
1- Insignificant. Sub-optimal factors identified but unlikely to have contributed to the outcome
2- Possible- Sub-optimal factors identified might have contributed to the outcome
3- Significant. Sub-optimal factors identified were likely to have contributed to the outcome
4- Undetermined. Insufficient information available

	Please rate	Please state the specific factors and include any relevant comments
☐No antenatal care		___
☐Infrequent or late booking		___
☐Declined treatment or advice		___
☐Obesity impacted on delivery of optimal care (e.g. USS)		___
☐Substance use		___
☐Family violence		___

☐Lack of recognition by the woman or family of the complexity or seriousness of the condition		____________________ ____________________ ____________________
☐Maternal mental illness		____________________ ____________________ ____________________
☐Cultural barriers		____________________ ____________________ ____________________
☐Language barriers		____________________ ____________________ ____________________
☐Not eligible to access free care		____________________ ____________________ ____________________
☐Environmental (e.g. isolated, long transfer, weather prevented transport)		____________________ ____________________ ____________________
☐Other: ____________________ ____________________ ____________________ ________		____________________ ____________________ ____________________
☐Unknown		

Recommendations for Improvement

4) How many recommendations resulted from the review meeting: ______________________________

5) Please list the recommendations and the action required

____
____
____
____
____
____
____
____
____
____

6) Has the action/s been completed?

☐Yes ☐No ☐Unknown

If yes, please specify the action taken and the date the action was taken:

____
____
____
____

If no, why has this action not been completed:

____

____
____
____
____

Further Comment

7) **Please provide any further comments on factors which you consider may have contributed to the death:**

____
____
____
____
____
____
____
____

Perinatal Mortality Review Administration Details

8) **Location of perinatal mortality review:** ______________________________

9) **Date of review:** ____

10) **Have the [parents been provided with an update on results as required?**

11) **Has the GP and other relevant care providers been sent a case summary?**

12) **Responsibility for completion of data**

Name: ____

Designation: ____

Date completed: _______________________________________

Please forward a copy of this completed form to:

1.
CONFIDENTIAL
Statistical Services Branch
Qld Department of Health
Attention: Perinatal Data Collection
GPO Box 48
Brisbane Qld 4001
or via email - Perimail@health.qld.gov.au

and
2.
QMPQC@health.qld.gov.au