

# Appendix. Perinatal Mortality Confidential Case Summary

## Part A - Clinical summary

Form to be completed by Hospital of birth  
Please tick appropriate box and complete details as required

### STUDY ID

### Maternal details

Country of birth: ..... Ethnicity: .....

Education: <High school  High school completed  Tertiary completed

Occupation: Mother ..... Husband/Partner .....

Marital Status: Never married  Married  De facto  Widowed  Divorced  Separated

**Singleton**    **Multiple**    **Baby number.....** (e.g. Twin 1)

### Medical and obstetric history

(Details) (Details)

Family history    Venous thromboembolism  .....    Hypertension  .....

                          Congenital abnormalities  .....    Diabetes  .....

                          Other relevant  .....

Maternal medical history    Cervical surgery     Venous thromboembolism     Uterine abnormality

  Other  Details .....

Previous pregnancy outcomes (numbers) Miscarriages ..... Terminations ..... Stillbirths ..... Live births ..... Neonatal deaths ..... Postnatal deaths .....

Obstetric history

DOB	Baby number	Sex	GA	Birth weight	Delivery method	Baby outcome	Complications	(Include details of congenital abnormalities and cause of death)
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### Current pregnancy

Gravida ..... Parity .....

Plurality    Singleton  Multiple  (Number) .....

Charge status    Public  Private

Adverse social factors .....

Type of antenatal care    No antenatal care     Hospital clinic     General practitioner (GP)     Birth centre

  Home birth midwife     Obstetrician/Midwife (Private)     GP/Midwife     Other

Intended place of birth .....

Maternal transfer:

Antenatal     During labour     Postnatal

Date and time of transfer...../...../.....; .....

Hospital transferred from .....

Reason .....

Maternal height .....    Maternal weight at booking visit .....    BMI .....

Antenatal medications    Corticosteroids    - Not stated     - None     - < 24 hrs prior to baby's birth     - Complete     - > 7 days before baby's birth

  Tocolytics     Folic acid     Antibiotics     Methadone     - Dosing .....    Other     Please state .....

Diet    Normal     Vegetarian     Vegan     Dietary supplement     Please state .....

Substance use

Tobacco Smoking	Alcohol	Other
At first visit		
- Never smoked <input type="checkbox"/> Average number of cigs	Nil <input type="checkbox"/> Units per day .....	Cannabis <input type="checkbox"/> Amphetamines <input type="checkbox"/>
- Quit in last 12 months <input type="checkbox"/> Number per day .....		Heroin <input type="checkbox"/> Cocaine <input type="checkbox"/>

- Quit before 1st visit  Occasional smoker (<1 Per Day)  Units per week .....  
 - Smoker  Unknown  Hallucinogens  Ecstasy   
 - Unknown  *Smoking at time of birth* Yes  No  Unknown  Comments .....  
 .....

**Perinatal mortality confidential case summary**

STUDY ID

**Part A - Clinical summary *continued***

Please place  $\checkmark$  (Yes) or X (No) in boxes provided

**Antenatal (AN)**

EDC by USS ...../...../..... EDC by LMP ...../...../.....

Assisted conception  Type ..... Morphology USS  Gest  Total No. USS

Gestation at 1st antenatal visit ..... Total No. of antenatal visits.....

**Screening/Diagnostics/Monitoring**

- Chorionic villus sampling  - CTG  Glucose screen
- Nuchal translucency  - Doppler studies  Cervical suture
- Amniocentesis  - Group B strep screen  Other diagnostics/procedures.....
- Cordocentesis  - Vaginal culture (HVS)  .....

**Medical conditions and pregnancy complications**

- |   |  |   |  |
|---|--|---|--|
| Diabetes                                  | Hypertension   | Antepartum haemorrhage                                | Twin twin transfusion                              |
| - Pre-existing <input type="checkbox"/>   | - Chronic hypertension: essential <input type="checkbox"/>   | - Placental abruption <input type="checkbox"/>        | Threatened preterm labour <input type="checkbox"/> |
| - Gestational <input type="checkbox"/>    | - Chronic hypertension: secondary <input type="checkbox"/>   | - Placenta praevia <input type="checkbox"/>           | Oligohydramnios <input type="checkbox"/>           |
| SLE <input type="checkbox"/>              | - Chronic hypertension: unspecified <input type="checkbox"/> | - Vasa praevia <input type="checkbox"/>               | Polyhydramnios <input type="checkbox"/>            |
| Cardiac disease <input type="checkbox"/>  | - Gestational hypertension <input type="checkbox"/>          | - Other APH <input type="checkbox"/>                  | Anaemia <input type="checkbox"/>                   |
| Renal disease <input type="checkbox"/>    | - Pre-eclampsia <input type="checkbox"/>                     | - APH or undetermined origin <input type="checkbox"/> | Urinary tract infection <input type="checkbox"/>   |
| Asthma <input type="checkbox"/>           | - Pre-eclampsia superimposed <input type="checkbox"/>        | Cervical incompetence <input type="checkbox"/>        | Asymptomatic bacteriuria <input type="checkbox"/>  |
| Epilepsy <input type="checkbox"/>         | on chronic hypertension <input type="checkbox"/>             | Bleeding <20 wks <input type="checkbox"/>             | GBS vag culture positive <input type="checkbox"/>  |
| Maternal injury <input type="checkbox"/>  | - Unspecified hypertension <input type="checkbox"/>          | Prelabour ROM <input type="checkbox"/>                | Fetal growth restriction <input type="checkbox"/>  |
| Cervical surgery <input type="checkbox"/> | - Max systolic ..... Max diastolic.....                      | Duration MR Wks..... Days .....                       | Other fetal abnormalities <input type="checkbox"/> |
| Other.....                                | Hrs ..... Unknown .....                                      | .....   | .....  |

**Labour and Delivery**

- Labour onset Spont  Induced  No labour  Labour duration (hrs/mins) 1st stage ...../..... 2nd stage ...../.....
- Induction reason ..... Amniotic fluid Clear  Meconium  Nil
- Induction method Oxytocin  Prostaglandis  ARM  Other  .....
- Method of delivery ..... Labour complications
- Spont vag  Vacuum  Fetal distress  Chorioamnionitis
- Forceps  C.S. emerg  C.S. elect.  PPH  - Clinical signs
- Reason for Operative Delivery..... Other  - Placental pathol
- Presentation Cephalic  Breech  Other  Please state .....
- Analgesia None  Nitrous oxide  IMI narcotic  Epidural  Spinal  Other .....
- Anaesthesia None  General  Spinal  Epidural  Pudendal  Other  .....

**Relevant obstetric events summary**

Date	Gestation	Event
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<p><b>STUDY ID</b></p>
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**Part A - Clinical summary *continued***

*Please complete Clinical Examination of Baby Form (Appendix 1.4)*

**Baby Details**

UR number: ..... Birth order ..... Sex Male  Female  Undetermined   
 Gestational age ..... wk ..... days Birthweight ..... gms Date & Time of birth: ...../...../.....; .....:.....  
 Place of birth .....  
 Type of death: Fetal  Antepartum death Unknown  No  Yes  → If yes estimated date of death ...../...../.....  
 Neonatal (NND)  → NND date & time of death: ...../...../.....; .....:.....

**Resuscitation:**

Apgars 1 min ..... 5 min ..... 10 min ..... 15 min .....  
 Resuscitation None  Suction  Oxygen therapy  IPPV - bag and mask  IPPV - intubation  External cardiac massage   
 Who performed resuscitation? Not done  Neonatologist  Paediatrician  Obstetrician  Neonatal nurse   
 Neonatal Registrar  Paediatric Registrar  Obstetric Registrar  Midwife  Other  .....  
 Resuscitation medications None  Narcotic antagonist  Sodium bicarbonate  Adrenaline  Other  .....

**Neonatal death:**

Admitted to SCN Yes  No  Admitted to NICU Yes  No  Mech. Vent Yes  No   
 Main reason for admission .....  
 Other morbidity .....  
 Postnatal transfer Yes  No  Hospital transferred to: ..... Date & time of transfer: ...../...../.....; .....:.....  
 Place of death ..... Date & time of death: ...../...../.....; .....:.....  
 Active life supporting measures withdrawn Yes  No  If yes, date & time of withdrawal: ...../...../.....; .....:.....

**Relevant neonatal events summary**

Date	Time	Postnatal age	Event
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