


NHS no

Maternity Unit

Postnatal summary for bereaved mothers

First Name Surname 

Address

Postcode Email

Date of birth Unit No

Community midwife Consultant GP

Faith/religion Other specialists

Follow up Date Time Coroner informed Yes No

Post mortem consented Yes Declined Funeral

Baby's Name Partner's Name Other children's Names

Parity Nature of loss

Early fetal loss Late fetal loss Antepartum SB Intrapartum SB
 TOP Early neonatal Late neonatal Post neonatal death Congenital Anomaly

Details (e.g. other losses, communication needs)

Summary	Baby 1	Baby 2	Comments (e.g. abnormal appearance of placenta, cord, baby)
DOB	<input type="text"/>	<input type="text"/>	<p>Explanation of death given and any comments</p>
Time	<input type="text"/>	<input type="text"/>	
Sex	<input type="text"/>	<input type="text"/>	
Labour onset	<input type="text"/>	<input type="text"/>	
Mode of birth	<input type="text"/>	<input type="text"/>	
Gestation	<input type="text"/>	<input type="text"/>	
Birth weight	<input type="text"/>	<input type="text"/>	
Birth weight centile	<input type="text"/>	<input type="text"/>	
Unit number	<input type="text"/>	<input type="text"/>	
NHS number	<input type="text"/>	<input type="text"/>	
Date of death	<input type="text"/>	<input type="text"/>	

Investigations	Date taken	Result	Documentation	Date	Signed
Placental examination	<input type="text"/>			<input type="text"/>	
Placental histology	<input type="text"/>			<input type="text"/>	
	<input type="text"/>			<input type="text"/>	
	<input type="text"/>			<input type="text"/>	
	<input type="text"/>			<input type="text"/>	
	<input type="text"/>			<input type="text"/>	

*Anyone writing in these notes should record their name and signature overleaf



