This form is used in the child death review process to gather detailed information about children who die on a neonatal unit, delivery suite or labour ward at any age. Its primary purpose is to enable CDOP to review all children's deaths in this category in their area in order to understand patterns and factors contributing to children's deaths. Please complete those questions on which you hold information. If you do not have information for a particular item, please tick “Not known”.

Information on this form will be shared with other professionals for the purposes of the child death review process. All professionals are entitled to share this information without contravening laws on data protection. All information gathered will be stored securely and statutory safeguards (s251) are in place to allow the legal transfer, storage, analysis of identifiable data.

**Identifying details** **- to be removed for the purposes of anonymisation prior to discussion at the CDOP:**

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| Name |  | Date of birth(dd/mm/yyyy) |  / /  |
| URN |  | Date and time of death | Date: / / Time: **:** (24hr) |
| Postcode |  |

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| **For All Deaths** |
| Please choose **ONE** of the following subcategories for the cause of this baby's death: | **Before the onset of labour**☐ Congenital Anomalies *(Please answer the*  *questions below and also complete the*  ***Chromosomal, Genetic or***  ***Congenital Anomaly (Excluding***  ***Cardiac Conditions)*** *Supplementary* *Reporting**Form)*☐ Congenital Anomalies: Cardiac *(Please*  *answer the questions below and also*  *complete the* ***Cardiac: Congenital*** ***or Acquired*** *Supplementary Reporting**Form)*☐ Antepartum/Congenital or early-onset  bacterial infection (onset of infection  before Day 3 of life) *(Please answer the*  *questions below and also* ***Additional*** ***Questions for Cases of Infection (onset***  ***<7 days of life)*** *below)*☐ Immaturity related conditions (e.g.  complications of pregnancy, low birth  weight, Respiratory Distress of the  Newborn, non-traumatic haemorrhage)  *(Please answer the questions below)***In or shortly after labour** ☐ Perinatal asphyxia/anoxia (all gestations) or  birth trauma *(Please answer the questions*  *below and also* ***Additional Questions for*** ***Perinatal asphyxia (all gestations) or***  ***birth trauma*** *below)**(Continued over page)* |

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|  | **Postnatal**☐ External conditions (e.g. maternal  disorders, aspiration of milk, hypothermia  of the newborn) *(Please answer the*  *questions below)*☐ Postnatally acquired infection (onset of  infection between Day 3 and Day 7 of life) *(Please answer the questions below and*  *also* ***Additional Questions for Cases of*** ***Infection (onset <7 days of life****) below)*☐ Malignant neoplasms *(Please answer the*  *questions below and also complete the* ***Death of a Child with an Oncology***  ***Condition*** *Supplementary Reporting Form)*☐ Acquired cardiac conditions (e.g.  cardiomyopathy) *(Please answer the*  *questions below and also complete the*  ***Cardiac: Congenital or Acquired*** *Supplementary Reporting Form)*☐ Sudden infant deaths *(Please answer the*  *questions below and also complete the* ***Sudden Unexpected Deaths*** *Supplementary Reporting Form)*☐ Other specific conditions (e.g. benign  neoplasms) *(Please answer the questions*  *below)*☐ Not known |
| Was this pregnancy conceived following assisted conception treatment? | ☐ Not assisted☐ Ovulation induction only☐ IV fertilisation☐ Intra-cytoplasmic sperm injection☐ Artificial insemination with or without ovulation induction☐ Not known |

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| What level unit was this child delivered in? | ☐ Obstetric unit with a tertiary level NICU/Level 3  centre☐ Obstetric unit with a Local Neonatal Unit/Level 2  centre☐ Obstetric unit with a SCBU/Level 1 centre☐ Midwifery led unit co-located with Obstetric Service☐ Stand-alone Midwifery unit☐ Home☐ In transit☐ Other *(please specify)* |
| Was the baby delivered in an obstetric centre with a neonatal unit providing appropriate level of care? (As per BAPM service specification document)  | ☐ Yes☐ No *(please specify the reasons below)*☐ Precipitate delivery *(please specify)*☐ Maternal complications making it unsafe to  travel☐ Advanced stages of labour (concerns about delivery *en route*)☐ Logistical issues with arranging ambulance  transfer *(please specify)*☐ Unable to provide a midwife for transfer☐ Capacity issues in receiving obstetric unit(s)☐ Capacity issues in receiving neonatal  unit(s)☐ Advanced planning for palliative care after  delivery☐ Family declined in utero transfer☐ Other *(please specify)*☐ Not known ☐ Not known ☐ Not applicable |
| Please give the time between maternal admission and delivery: |  |
| Was there an attempt to perform an in-utero transfer? | ☐ Yes☐ No: Not indicated☐ No: Other *(please give reason)*☐ Not known |
| Considering what was known about the baby’s condition before birth, did the mother and baby follow the recommended care pathway specified for the neonatal Operational Delivery Network (ODN)? | ☐ Yes☐ No *(Please specify why the care pathway was*  *modified)* |
| Was the pregnancy complicated by any of the following? | ☐ Dichorionic Diamniotic Twin pregnancy☐ Monochorionic Diamniotic Twin pregnancy☐ Monochorionic Monoamniotic Twin pregnancy☐ Other multiple pregnancy☐ Twin to Twin Transfusion syndrome☐ Preterm and/or prolonged rupture of membranes ☐ Oligohydramnios☐ Anhydramnios☐ Polyhydramnios☐ Fetal growth restriction☐ Chorioamnionitis☐ Other infection |
| For mothers who had an infection: did they receive appropriate antibiotics? | ☐ Yes: managed following the national guidance☐ Yes: managed following the local but not national guideline although there is a national guideline for this condition☐ Yes: managed following the local guideline because there is no national guideline☐ Yes: managed appropriately no guideline to follow☐ No: she was not managed appropriately☐ Not known  |
| If the baby was born prematurely, what was the reason for the preterm delivery? | ☐ Spontaneous preterm labour☐ Planned preterm delivery☐ Maternal reasons☐ Fetal reasons  |
| For pre-term babies less than 36 weeks gestation, was the mother given antenatal corticosteroids for optimisation of the fetus as per NICE Guidance (NG25 section 1.9)? | ☐ Not applicable: antenatal steroids were not required☐ Yes: managed following the national guideline☐ Yes: managed following the local but not national guideline although there is a national guideline for this condition☐ No: the mother was not managed appropriately☐ Not known |
| If **yes**, please specify the date of the first dose of corticosteroids: |  |
| For pre-term babies less than 34 weeks gestation, was the mother given Magnesium Sulphate intra-partum for neuroprotection as per NICE Guidance (NG25 section 1.10)? | ☐ Not applicable: Magnesium Sulphate for Neuroprotection not required☐ Yes: managed following the national guideline☐ Yes: managed following the local but not national guideline although there is a national guideline for this condition☐ No: the mother was not managed appropriately☐ Not known |
| If Magnesium Sulphate was given, was delivery within 24 hours? | ☐ Yes☐ No☐ Not known |
| Given this mother and/or her baby’s clinical needs, was an intervention to induce labour or carry out a C-section indicated? | ☐ Yes: and this was carried out☐ Yes: but she declined the offer of intervention☐ Yes: intervention was indicated but was not offered/not carried out because the unit was too busy☐ Yes: intervention was indicated but was not offered/not carried out for other reasons☐ Yes: intervention was indicated but was not carried out and it is not clear from the notes why not☐ No: intervention was not indicated |
| Please state the baby’s presentation | ☐ Vertex☐ Breech☐ Brow or face☐ Other☐ Not known |
| What was the mode of delivery?  | ☐ Spontaneous vaginal delivery☐ Ventouse☐ Non-rotational forceps☐ Rotational Forceps☐ Assisted Breech☐ Breech extraction☐ Caesarean Section: Category 1 (Emergency)☐ Caesarean Section: Category 2 (Urgent)☐ Caesarean Section: Category 3 (Scheduled)☐ Caesarean Section: Category 4 (Elective)☐ Not known |
| How many staff of each specialism were present at the birth? | **Specialty** | **Number present** |
| Midwife |  |
| Neonatal Nurse |  |
| Advanced Neonatal Nurse Practitioner |  |
| Tier 1 Paediatric/Neonatal trainee doctor |  |
| Tier 2 Paediatric/Neonatal trainee doctor |  |
| Consultant Paediatrician |  |
| Consultant Neonatologist |  |
| Other *(please specify)* |  |
| Which staff were allocated to care for the baby? *(Tick* ***ALL*** *that apply)* | ☐ Midwife☐ Neonatal Nurse☐ Advanced Neonatal Nurse Practitioner☐ Tier 1 Paediatric/Neonatal trainee doctor☐ Tier 2 Paediatric/Neonatal trainee doctor☐ Consultant Paediatrician☐ Consultant Neonatologist☐ Other *(please specify)*  |
| If applicable, how many staff of each specialism were present during the resuscitation / stabilisation of the baby?  | **Specialty** | **Number present** |
| Midwife |  |
| Neonatal Nurse |  |
| Advanced Neonatal Nurse Practitioner |  |
| Tier 1 Paediatric/Neonatal trainee doctor |  |
| Tier 2 Paediatric/Neonatal trainee doctor |  |
| Consultant Paediatrician |  |
| Consultant Neonatologist |  |
| Other *(please specify)* |  |
| During resuscitation/stabilisation which staff were allocated to care for the baby? *(Tick* ***ALL*** *that apply)* | ☐ Midwife☐ Neonatal Nurse☐ Advanced Neonatal Nurse Practitioner☐ Tier 1 Paediatric/Neonatal trainee doctor☐ Tier 2 Paediatric/Neonatal trainee doctor☐ Consultant Paediatrician☐ Consultant Neonatologist☐ Other *(please specify)*  |
| What were the baby’s Apgar scores following birth? | At 1 minute:At 5 minutes:At 10 minutes: |
| Please give the Cord pH: | Arterial:Venous:☐ Not performed |
| Please give the Cord BE:  | Arterial:Venous:☐ Not performed |
| Was Surfactant given? | ☐ No: surfactant was not indicated☐ Yes: surfactant was indicated and was given at the appropriate dose☐ Yes: surfactant was indicated and given, but it was not given at the appropriate dose☐ Yes: surfactant was indicated but it was not given☐ It is not possible to tell from the notes |
| Please give details of the thermal management of the baby at the delivery: |  |
| Were any of the following interventions performed at stabilisation / resuscitation? *(Tick* ***ALL*** *that apply)* | ☐ Mask ventilation☐ CPAP☐ Endotracheal Intubation *(if* ***yes****, please specify how* *many attempts at intubation)*☐ Chest compressions☐ Venous access☐ Resuscitation drugs *(please specify)* |
| If there was histological examination of the placenta what were the findings? *(Tick* ***ALL*** *that apply)* | ☐ Normal☐ Chorioamnionitis☐ Funisitis/Evidence of fetal inflammation ☐ Infarction☐ Abruption☐ Other *(please specify)*☐ No histological examination of the placenta☐ Not known |
| Did this baby have evidence of brain injury*? (If you select any answer other than* ***No*** *or* ***Not known****, please answer the* ***Additional Questions for Perinatal Asphyxia (All Gestations) or Birth Trauma*** *questions below)* | ☐ Intraventricular Haemorrhage☐ Grade 1☐ Grade 2☐ Grade 3☐ Grade 4 ☐ Cystic Periventricular Leukomalacia☐ Hypoxic Ischaemic Encephalopathy☐ Other☐ No☐ Not known |
| **Additional Questions for Perinatal Asphyxia (All Gestations) or Birth Trauma** |
| What was the baby’s first blood glucose measurement? |  |
| What was the Grade of Encephalopathy (Modified Sarnat 0-3)? |  |
| Did the baby receive active therapeutic hypothermia? | ☐ Yes☐ No |
| If yes, was the core temperature below 34 degrees by 6 hours of age?  | ☐ Yes☐ No☐ Not known |

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| Did this baby die on a neonatal unit? | ☐ Yes *(please answer the* ***Deaths on a Neonatal*** ***Unit*** *questions below)*☐ No |
| **For Deaths on a Neonatal Unit** |
| Why was the decision made to transfer the baby to another unit for neonatal or other specialist care? | ☐ The baby required a higher level of neonatal care than is available in house ☐ The baby required specialist care e.g. cardiology / cardiac surgery, not provided in house ☐ This was part of the normal network flow ☐ There were internal organisational problems or  other issues and care could not be provided in house e.g. lack of cots and/or staff capacity☐ Not known |
| If the baby was transferred, was there any delay in the transfer? | ☐ Yes *(please specify)*☐ No: but didn't affect outcome☐ No: but did affect outcome☐ Not known |
| How was the transfer organised? | ☐ The designated neonatal transport team was called out and came ☐ The designated neonatal transport team was not available so an ad hoc neonatal accompanied transfer had to be organised☐ The designated neonatal transport team was not available so a paramedic ambulance was called☐ A paramedic ambulance was called and this was appropriate in the circumstances☐ A paramedic ambulance was called but this was not appropriate in the circumstances☐ An air ambulance was called and this was appropriate in the circumstances☐ An air ambulance was called but this was not appropriate in the circumstances☐ Not known |
| Considering the diagnosis / condition of the baby after birth, was there a deviation from the care pathway specified by their Operational Delivery Network?  | ☐ No☐ Yes *(please give details)*  |
| What was the first temperature of the baby on admission to the neonatal unit? |  |
| Did the respiratory management follow recommendations in the NICE guidance? | ☐ Yes☐ No *(please specify)*  |
| **Additional Questions for Cases of Infection (Onset <7 Days of Life)** ***(please only answer these questions if the baby had an infection)*** |
| Which infection sub-category does this baby’s death fall into? *(Tick* ***ALL*** *that apply)* | ☐ Septicaemia☐ Pneumonia☐ Meningitis☐ Other location of infection☐ Group B Streptococcus☐ Group A Streptococcus☐ Gram negative infection☐ Other gram positive infection☐ Viral infection☐ Neonatal herpes☐ Other *(please specify)* |
| Were any of the following risk factors for sepsis present? *(Tick* ***ALL*** *that apply)* | ☐ Invasive group B streptococcal infection in a  previous baby☐ Maternal group B streptococcal colonisation,  bacteriuria or infection in the current pregnancy ☐ Pre-labour rupture of membranes ☐ Pre-term birth following spontaneous labour  (before 37 weeks’ gestation) ☐ Suspected or confirmed rupture of membranes for  more than 18 hours in a preterm birth ☐ Intrapartum fever higher than 38°C, or confirmed  or suspected chorioamnionitis☐ Parenteral antibiotic treatment given to the mother  for confirmed or suspected invasive bacterial  infection at any time during labour, or in the  24-hour periods before and after the birth (this  does not refer to intrapartum antibiotic prophylaxis)☐ Suspected or confirmed infection in another baby in the case of a multiple pregnancy☐ Receiving Parenteral Nutrition |
| Had the mother received appropriate vaccine during pregnancy at the right time? | ☐ Received at the appropriate time☐ Received not at the appropriate time☐ Not received☐ Not applicable☐ Not known |
| Where did the baby first present with signs suggestive of sepsis? | ☐ Maternity Unit☐ Neonatal Unit☐ Home☐ Other *(please specify)* |
| Which investigations were carried out? *(Tick* ***ALL*** *that apply)* | ☐ Blood gas☐ Serum Lactate☐ Serum Glucose☐ Blood cultures☐ CRP☐ FBC☐ Clotting☐ No investigations carried out *(please give reason)*☐ Not known  |
| Were appropriate broad spectrum IV antibiotics given within 1 hour of decision to treat for sepsis?  | ☐ Yes☐ No *(please give details)*☐ Not known |
| What was the time between initial recognition of illness and delivery of antibiotics? |  |
| Were serial CRPs appropriately used to guide further treatment? |  |
| Did the child receive appropriate monitoring using an early warning risk score to guide escalation of care?  | ☐ Yes☐ No *(please give details)*☐ Not known |
| Were serial serum lactate measurements used to guide the need for fluid boluses and escalation of circulatory support? | ☐ Yes☐ No *(please give details)*☐ Not known |
| Were management decisions made by a clinician of appropriate seniority (ST4+)? | ☐ Yes☐ No *(please give details)*☐ Not known |
| Was the attending consultant made aware of the severity of the child’s illness?  | ☐ Yes☐ No *(please give details)*☐ Not known |
| Was the additional acute management appropriate (oxygen, fluid boluses, inotropes, treatment of coagulopathy)? | ☐ Yes☐ No *(please give details)*☐ Not known |
| Was there appropriate referral and escalation to critical care (HDU/ICU)? | ☐ Yes☐ No *(please give details)*☐ Not known |
| Was the pathogen identified? | ☐ Yes☐ No |
| What was the category of the pathogen?  | ☐ Bacterial☐ Viral☐ Fungal |
| Was there a central line in situ? | ☐ Yes☐ No |
| Were they treated with an appropriate anti-microbial drug? | ☐ Yes☐ No☐ Not applicable☐ Not known |
| Was it a multi-resistant organism? If so, please specify organism: | ☐ Yes *(please specify organism and anti-microbial*  *sensitivities)*☐ No☐ Not known |