


NHS no

Maternity Unit

Postnatal summary for bereaved mothers

First Name Surname 

Address

Postcode

Date of birth Unit No

Community midwife Consultant GP

Other specialists Other specialists

Follow up Date Time Coroner informed Yes No 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)

	Baby 1	Baby 2
DOB	<input type="text"/>	<input type="text"/>
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"/>
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"/>

Summary (EBL, prolonged rupture of membranes, perineum, 3rd stage management)

Explanation of death given and any comments

Investigations	Date taken	Result	Documentation	Date	Signed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signatures* Anyone writing in these notes should record their name and signature here

Name (print clearly)	Post	Signature
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Name (print clearly)	Post	Signature
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