



Confidential Case Review Early Neonatal Death



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Ref :

Section A - Case Details

Case Summary	Age	Gravida	Para	BMI	Outcome	at	Gestation

Relevant Medical History

A1 Medical/surgical history

A2 Mother's obstetric history

A3 Family history

Comments

A4 Management plan following medical history taken at booking. Appropriate Yes No N/A
Comments

Section B - Social History at Booking

B1 Social summary

B2 Social circumstances

Marital Status Ethnic Group
Occupation
English speaking Yes No
Interpreter required Yes No
British Citizen Yes No Unknown
Asylum seeker Yes No Unknown
Traveller Yes No Unknown
Lives with partner Yes No Unknown
Social support:
within family home Yes No Unknown
outside family home Yes No Unknown

Care Appropriate Yes No N/A
Comments

B3 Smoking/alcohol/non-medicinal drug use

Smoking at booking Yes No No./day
If yes, referred to smoking cessation support worker Yes No Unknown
Alcohol at booking Yes No Units/wk
If yes, referred to substance misuse support agency Yes No Unknown
Drugs at booking Yes No Unknown
Details
If yes, referred to substance misuse support agency Yes No Unknown

Care Appropriate Yes No N/A
Comments

B4 Partners details

Father of the baby Yes No Unknown
Ethnic Group Age
Partners Occupation
Consanguineous union Yes No

Care Appropriate Yes No N/A
Comments

B5 Housing

Concerns about housing Yes No Unknown
Housing-acceptable standard Yes No Unknown

Care Appropriate Yes No N/A
Comments

B6 Social service involvement

Known to social services Yes No Unknown
Domestic violence reported Yes No Unknown
Child protection investigations Yes No Unknown

Care Appropriate Yes No N/A
Comments

B7 Finances

Any concerns about the family's financial situation Yes No Unknown
Did the family need advice about benefits or entitlements Yes No Unknown

Care Appropriate Yes No N/A
Comments

B8 Management plan following Social History taken at Booking Care Appropriate Yes No N/A
Comments

Section C - Antenatal Care

C1 Summary of care

C2 Information given

- Healthy diet Yes No Unknown
 If yes, when was this first discussed weeks
- Exercise Yes No Unknown
 If yes, when was this first discussed weeks
- Stress in pregnancy Yes No Unknown
 If yes, when was this first discussed weeks
- Pregnancy symptoms (headaches, itching, etc) Yes No Unknown
 If yes, when was this first discussed weeks
- Fetal movements Yes No Unknown
 If yes, when was this first discussed weeks

Care Appropriate Yes No N/A
 Comments

C3 Screen blood tests

- Blood screening tests Yes No
 If no, which ones were missed and reasons:
- A/N Screening for Down's Yes No
 If no, reason:
- Pre-natal Diagnosis Yes No
 Details:

Care Appropriate Yes No N/A
 Comments

C4 Fetal wellbeing

- Dating Ultrasound Yes No
 If no, why was it missed:
- Detailed anomaly scan? Yes No
 If no, why was it missed:
- Customised growth chart in handheld notes Yes No
- Regular FH measurements from 28 weeks Yes No
 If yes, measurements plotted correctly Yes No
- Was there evidence of IUGR on the chart Yes No
 If yes, was it recognised? Yes No
 Was the management appropriate? Yes No
- Referred for growth scan Yes No
- Time from referral to being seen weeks days
- IUGR diagnosed Yes No
- How was the diagnosis made
- Follow up Yes No

Care Appropriate Yes No N/A
 Comments

C5 General Comments

Section D - Pregnancy Related Complications

D1 Summary of pregnancy related complications

D2 Previous antenatal admissions

Presented with antenatal complications? Yes No

(e.g bleeding, anaemia, hyperemesis, UTI, ?prem labour, diminished fetal movement, IUGR)

Number of occasions

1	
2	
3	
4	
5	

Care Appropriate Yes No N/A
Comments

D3 Pregnancy Complication

Yes No

Condition	
Details	
Investigations/ Treatment	
Follow up	

Care Appropriate Yes No N/A
Comments

D4 Pregnancy Complication

Yes No

Condition	
Details	
Investigations/ Treatment	
Follow up	

Care Appropriate Yes No N/A
Comments

D5 Antenatal Steroids

Completed course of antenatal steroids Yes No

Details

--

Care Appropriate Yes No N/A
Comments

D6 General Comments

Section E - Social / Psychological Circumstances

E1 Summary

E2 Social Circumstances

- Changes to social situation since booking Yes No
- Midwife concerns about social issues (e.g. housing, finances, child protection) Yes No
- If yes, referred for social issues in pregnancy? (eg health visitor/social services) Yes No

Care Appropriate Yes No N/A
Comments

E3 Psychological circumstances

- Any changes since booking Yes No
- Midwife concerned (e.g. anxiety, depression) Yes No
- If yes, referred to specialist (e.g. councillor, psychologist, psychiatrist) Yes No

Care Appropriate Yes No N/A
Comments

E4 General Comments (including whether consistent national and/or local guidelines were used)

Section F - Diagnosis of Congenital Anomaly

F1 Summary

F2 Diagnosis of anomaly

- Was there a congenital anomaly Yes No
- If yes, what was the anomaly
- When was it first suspected
- How was it diagnosed
- Grade of the most senior person involved in diagnosis
- When was the woman informed
- Was support offered Yes No
- Who by
- Was a management plan initiated Yes No
- Was the woman involved with decisions Yes No

Care Appropriate Yes No N/A
Comments

F3 General Comments (including whether consistent national and/or local guidelines were used)

Section G - Intrapartum Care

G1 Summary of Intrapartum care

G2 Management

If induced - reason

Management of Induction

Management of labour

Labour managed by
(most senior member during labour)

Place of Birth

Care Appropriate Yes No N/A
Comments

G3 Fetal Monitoring

N/A

Method

Problems

Management

Care Appropriate Yes No N/A
Comments

G4 In-Utero Transfer

N/A

Reason

Delays

Care Appropriate Yes No N/A
Comments

G5 Delivery Summary Management

Type of birth

Birthweight

Sex

Management of third stage

if active type of
oxytocin given

Time administered

Total blood loss

Any delivery complications

Care Appropriate Yes No N/A
Comments

G6 General Comments (including whether consistent national and/or local guidelines were used)

Section H - Initial neonatal support

H1 Summary of neonatal support

H2 Neonatologist assistance

Neonatologist aware prior to delivery Yes No N/A

Parents informed of possible neonatal complications Yes No

Time neonatologist called for birth

Time arrived

If delayed, reason

Care Appropriate Yes No N/A
 Comments

H3 Resuscitation

	Apgars			
	1 min	5 min	10 min	15 min
Heart Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
absent <100> 100	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breathing Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
absent gasp reg	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Was there any resuscitation required Yes No

Managed by
 (most senior member during resuscitation)

Length of resuscitation

Management

Cord Ph

Base excess/deficit

Care Appropriate Yes No N/A
 Comments

H4 Neonatal Unit admission

N/A

Age at transfer

Reason for admission

Condition

Temperature

Blood Pressure

Management

Care Appropriate Yes No N/A
 Comments

H5 Transfer

Transferred to another unit Yes no

Reason

if any delay, why

Care Appropriate Yes No N/A
 Comments

H6 General Comments (including whether consistent national and/or local guidelines were used)

Section I - Neonatal Care

I1 Summary of Care

I 2 Ventilation Support

 N/A

Time of intubation

Ventilation via tracheal intubation Yes No N/A

Details

CPAP Yes No N/A

Details

O2 therapy Yes No N/A

Details

First 12 hours minimum to maximum O₂

Care Appropriate Yes No N/A
Comments

I 3 Drug Given

 N/A

Surfactant therapy Yes No

Number of doses (details)

Infection/Prophalactic antibiotics Yes No

Treatment(details)

Other drug therapy Yes No

Number of doses (details)

Care Appropriate Yes No N/A
Comments

I 4 Other Conditions

 N/A

Condition

Details

Investigations/treatment

Management

Details

Care Appropriate Yes No N/A
Comments

I 5 Death of Baby

Team decision Yes No

Parental involvement Yes No

Religious / cultural rites Yes No

Mementos / photos Yes No

Cremation / burial discussed Yes No

Relevant professionals informed Yes No

Documentation Yes No

Age at Death

Care Appropriate Yes No N/A
Comments

I6 General Comments (including whether consistent national and/or local guidelines were used)

Section J - Postnatal support

J1 Summary of postnatal support

J2 Postnatal care - mother

Analgesia

Lactation suppression offered Yes No

Any other medication

When was the mother discharged from hospital

Visited at home by a community midwife Yes No

if yes, number of visits

Number by named midwife

Day of discharge from community care

If not visited, reason

Bereavement support Yes No

By whom

Additional Information

Care Appropriate Yes No N/A
Comments

J3 Investigations

Antenatal investigations Yes No

If yes, which ones

If no, reason

Maternal postnatal investigations Yes No

If yes, which ones

If no, reason

Examination of the baby Yes No

Birthweight grams

Birthweight centile calculated? Yes No

If yes, please state

Examination of the placenta Yes No

Placenta sent to histology Yes No

Post-mortem discussed Yes No

Post-mortem accepted Yes No

Postnatal consultant follow-up Yes No

Plan of care for next pregnancy Yes No

Additional information

Care Appropriate Yes No N/A
Comments

J4 General Comments (including whether consistent national and/or local guidelines were used)

Section K - Summary

Grade A - appropriate care; B - minor suboptimal care; C - significant suboptimal care; D - major suboptimal care

Grade A-D	
1. Standard of record keeping Comments.....	
2. Communication (between healthcare professionals, or with mother) Comments.....	
3. Organisation/staffing/resources Comments.....	
4. Social care Comments.....	
5. Mother's contribution to care Comments.....	

6. Policies/protocols Comments.....
7. Examples of good practice Comments.....
8. Examples of poor practice Comments.....

9. Overall Grade	Level of suboptimal/substandard care	✓
Grade 0	No suboptimal care	
Grade 1	Suboptimal care - different management would have made no difference in outcome	
Grade 2	Suboptimal care - different care MIGHT have made a difference (possibly avoid death)	
Grade 3	Suboptimal care - different care WOULD REASONABLY BE EXPECTED to have made a difference (probably avoid death)	

10. Summary panel comment

Appendix II

Social Assessment of Mothers who have Experienced a Loss

A woman under your care has recently experienced a pregnancy loss and fits the inclusion criteria to be part of the Perinatal Institute's Confidential Enquiry. Please complete this social assessment form and send it back to the Perinatal Institute as soon as possible in the FREEPOST envelope provided.

The Social Assessment is part of a focused Confidential Enquiry into perinatal deaths within Birmingham and Stoke, exploring the possible social/psychological factors that can contribute to adverse outcome alongside medical factors. The information you give will inform the Confidential Enquiry and **will be kept strictly confidential**. The aim of this assessment is to increase the understanding of social circumstances of mothers who have experienced a loss and their influencing factors on perinatal mortality. If you have any questions or concerns, please contact:

Fiona Cross-Sudworth, Project Co-ordinator, at the Perinatal Institute
Tel: 0121-687 3450/4 or Email: Fiona.cross-sudworth@pi.nhs.uk

1. Antenatal Attendance:

<p>i. Did the woman keep her community antenatal appointments? [Please circle answer] Always / Most of the time / Occasionally / Never / Can't remember</p> <p>Comments.....</p>
<p>ii. Did the woman keep her hospital antenatal appointments? [Please circle answer] Always / Most of the time / Occasionally / Never / Don't know</p> <p>Comments.....</p>
<p>iii. Was the woman referred to any other healthcare professional or support worker during her pregnancy? [e.g. Community Psychiatric Nurse, Pregnancy Outreach Worker, Smoking Cessation Advisor, Diabetic Clinic] Yes / No / Don't know / Can't remember</p> <p>Please specify all that are appropriate and give details</p> <p>If yes, did the woman attend appointments with them regularly? Yes / No / Sometimes / Don't know [please circle answer]</p> <p>Details.....</p>
<p>iv. Were there any special circumstances during the pregnancy that you know of, that may have influenced the standard of care? E.g. Building work at clinic, change of community midwife / GP etc [Please circle answer] Yes / No / Don't know</p> <p>Details.....</p>

2. Please describe the mother and baby's physical health during the pregnancy. Did you have any concerns about them?

E.g. Visits to other healthcare professionals (dietician, physiotherapist), chronic or acute conditions during the pregnancy (asthma, anaemia, PET), fetal complications (reduced fetal movements, suspected IUGR)

3. Please describe the mother's mental health during the pregnancy. Did you have any concerns about it?

E.g. Overall reaction/coping with pregnancy, depression/anxiety, alcohol/smoking/drug use, domestic abuse, self-harm, psychiatric referrals or medication.

4. Please describe the mother's social circumstances. Did you have any concerns about them?

E.g. housing (condition, tenancy, duration, destitution, asylum seeker, traveller), financial issues (income, benefits, debt, poverty), Involvement with other agencies (e.g. police, social services, child protection).

5. Please describe the family and home circumstances. Did you have any concerns about them?

E.g. Family members with physical or mental disability or other special needs, addictive behaviour patterns or mental illness, domestic abuse, chaotic lifestyles

Study No:

6. What support did the mother have? Did you have any concerns about it?

E.g. Support from family and friends, roles within the family,

7. Any other comments, observations or impressions (please continue on the back of this sheet as necessary)

Thank you for completing the form. Please return it in the pre-paid envelope provided.

Appendix III

Telephone: 0121 687 3450
 Facsimile: 0121 687 3401
 E-mail: fiona.cross-sudworth@pi.nhs.uk



Study No:

Community Midwifery Survey

How long have you been working as a midwife?yrs Community midwife?yrs

Section A - workload: Please answer the following questions in the context of your working life within the last month

1. How many hours **a week** are you contracted to work?hrs **Average** actually worked?hrs
2. Please describe any regular extra duties or responsibilities at work you have and how long on average **per week**, you spend on them? (e.g. Rotas -1 hr, management meetings -2 hrs)

.....(duties) (number of hours)
.....(duties) (number of hours)
3. Please give information about support staff you regularly work with: (e.g. AN clinic or home visit and for how long on average **per week**)

Linkworkers (number of hours)
Maternity Support Workers (number of hours)
Pregnancy Outreach Workers (POWs)..... (number of hours)
Interpreters (number of hours)
Breastfeeding buddy/peer support..... (number of hours)
Other (please specify) (number of hours)
4. On **average**, how many AN appointments in total, do you provide for a low-risk pregnant woman?
 Number.....
5. Are you happy about the number of **antenatal** appointments you provide, or would you prefer:

Fewer appointments Number about right More appointments
6. On **average**, how many PN appointments in total, do you provide for low-risk women?
 Number.....
7. Are you happy about the number of **postnatal** appointments you provide, or would you prefer:

Fewer appointments Number about right More appointments
8. Please give the average time spent on each type of appointment where applicable (in minutes):

At Home:	Mins	NA	In Clinic:	Mins	NA
Bookings (primip)			Bookings (primip)		
Bookings (multip)			Bookings (multip)		
Birth-plan appointment			Normal AN appointment		
Post-natal visit (primip)			28/40 AN appointment		
Post-natal visit (multip)			Birth-plan appointment		
Breastfeeding support (1 st time B/F mum)			PN appointment (primip)		
Breastfeeding support (Mum who has previously B/F)			PN appointment (multip)		

Section B - Knowledge and training of Care Pathways: Please circle the appropriate options as well as complete other sections of the chart: documenting your knowledge, confidence and training needs on aspects of your public health role

Questions:	Smokers	Drugs / alcohol / substance misusers	Obese (BMI>30)
Do you know what support there is for women who are..?	Yes / No / Unsure	Yes / No / Unsure	Yes / No / Unsure
Are you confident managing this issue?	Yes / No / Unsure	Yes / No / Unsure	Yes / No / Unsure
Is there a care pathway / protocol for women who are..?	Yes / No / Unsure	Yes / No / Unsure	Yes / No / Unsure
Have you ever made a referral?	Often / Sometimes / Never	Often / Sometimes / Never	Often / Sometimes / Never
If yes, who to?			
If never, why?			
Would training be helpful?	Yes / No / Unsure	Yes / No / Unsure	Yes / No / Unsure
Comments			
Questions:	Difficulty claiming benefits	Inadequate housing	Mental health issues
Do you know what support there is for women who have..?	Yes / No / Unsure	Yes / No / Unsure	Yes / No / Unsure
Are you confident managing this issue?	Yes / No / Unsure	Yes / No / Unsure	Yes / No / Unsure
Is there a care pathway / protocol for women who have..?	Yes / No / Unsure	Yes / No / Unsure	Yes / No / Unsure
Have you ever made a referral?	Often / Sometimes / Never	Often / Sometimes / Never	Often / Sometimes / Never
If yes, who to?			
If never, why?			
Would training be helpful?	Yes / No / Unsure	Yes / No / Unsure	Yes / No / Unsure
Comments			

Questions:	Non-English speaking	Asylum seekers/newly arrived in the UK (<1yr)	Pregnant teenagers (<18 yrs)
Do you know what support there is for women who are..?	Yes / No / Unsure	Yes / No / Unsure	Yes / No / Unsure
Are you confident managing this issue?	Yes / No / Unsure	Yes / No / Unsure	Yes / No / Unsure
Is there a care pathway / protocol for women who are..?	Yes / No / Unsure	Yes / No / Unsure	Yes / No / Unsure
Have you ever made a referral?	Often / Sometimes / Never	Often / Sometimes / Never	Often / Sometimes / Never
If yes, who to?			
If never, why?			
Would training be helpful?	Yes / No / Unsure	Yes / No / Unsure	Yes / No / Unsure
Comments			
Questions:	Child protection issues	Domestic abuse	Physical / learning disabilities
Do you know what support there is for women who have..?	Yes / No / Unsure	Yes / No / Unsure	Yes / No / Unsure
Are you confident managing this issue?	Yes / No / Unsure	Yes / No / Unsure	Yes / No / Unsure
Is there a care pathway / protocol for women who have..?	Yes / No / Unsure	Yes / No / Unsure	Yes / No / Unsure
Have you ever made a referral?	Often / Sometimes / Never	Often / Sometimes / Never	Often / Sometimes / Never
If yes, who to?			
If never, why?			
Would training be helpful?	Yes / No / Unsure	Yes / No / Unsure	Yes / No / Unsure
Comments			

Section C – Aspects of care: (Please document what aspects of care you are able to provide well and which you are not. Please state what helps as well as what barriers there are to providing this care)

Aspect of care:	Options: 1) Provide/carry out well 2) Provide/carry out reasonably well 3) Do not provide/carry out well	If you consider that the care you provide is good – what assists you? If not, please suggest what would help to improve the care you provide?
Direct access to women on confirmation of pregnancy (ie. Not via the GP)		
Early booking (<12 weeks)		
Advice on lifestyle issues (e.g. diet, exercise)		
Direct access to obtaining blood results		
Fetal growth surveillance		
Individualised plan of care for antenatal women		
Good continuity of carer antenatally (>75% of visits with one midwife)		
Individualised support and preparation for labour		
Home births		
Parenting support and advice		
Support for breastfeeding mothers		
Individualised plan of care for postnatal women		
Good continuity of carer postnatally (>75% of visits with one midwife)		
Comprehensive and appropriate documentation of care		
Communicating with the multi-disciplinary team		
Other (please specify)		

Section D - Job satisfaction

1. How do you rate your job satisfaction overall?

- Very low* *Low* *Indifferent* *High* *Very high*

2. How satisfied are you with the support you receive from the Trust?

- Very satisfied* *Somewhat satisfied* *Somewhat dissatisfied* *Very dissatisfied*

3. How satisfied are you with the support you receive from your colleagues?

- Very satisfied* *Somewhat satisfied* *Somewhat dissatisfied* *Very dissatisfied*

4. Would you recommend community midwifery to colleagues?

- Yes* *Unsure* *No*

5. How would you rate your current work stress level? (*Circle an appropriate number on the following Likert Scale with 1 being no stress and 10 being extremely stressed*).

No stress.....Extremely stressed
1 2 3 4 5 6 7 8 9 10

6. Do you see yourself being a community midwife in 3 years time?

- Yes* *Unsure* *No*

7. If you are considering leaving your job, please indicate why this would be:

- Career development* *Unhappy with current job* *Don't want to work in the NHS*
 Change of career *Family or personal reasons* *Retirement*
 Would like more pay *Entering full-time education* *Too much work pressure / stress*
 Other (please specify)

8. Please add any further comments that you would like to share: (Use blank sheet overleaf, if you need more space)

Thank you for completing the survey