

West of Scotland Hospital Authorised Perinatal Postmortem Examination Request Form

For advice with PM authorisation form tel: 01413549487 (8:30am-4pm Mon-Fri)

email: paediatricpathologistpa@nhs.scot

Name of Baby _____

CHI of baby (Liveborn) _____

Name of Mother _____

CHI of mother _____

Ref. Hospital & Ward _____

Ref. Consultant (s) _____

Blood borne infection risk Specify _____

Date and time of delivery _____

Date and time of death diagnosis _____

Gestation _____ **Birthweight** _____

Assisted conception specify _____

Addressograph label

Mother's addressograph label if not liveborn

Previous pregnancies

Gravidity _____ Parity _____

Year Gestation Birthweight Outcome

1 _____

2 _____

3 _____

Category of Loss

IUFD <24 weeks

Spontaneous miscarriage/

Preterm labour

MTOP

Feticide

Antepartum stillbirth

Intrapartum stillbirth

Early neonatal death

Late neonatal death

Other _____

Mode of delivery

SVD ELCS

Induced EMCS

Other _____

Complications (maternal)

None

PPROM

Pre-eclampsia

HELLP

Significant APH

(circle) Abruptio /

Placenta previa /

vasa previa / unknown

Cord prolapse

Cord knot

Maternal sepsis

Sepsis date & time of

onset: _____

Complications (fetal)

None

Meconium exposure

Loss fetal movements

Abnormal CTG

Other _____

Maternal History

BMI _____ specify _____

Consanguinity Smoker specify _____

Diabetes (1,2,GDM) Specify _____

Epilepsy Drugs Specify _____

Pre-existing hypertension

Hepatitis / Syphilis / HIV specify _____

Medication specify _____

Anti-Ro Abs Other _____

Other significant maternal history and medications _____

Family History

Genetic abnormalities Cardiac abnormality

Renal abnormality Neural tube defects

Antenatal investigations

CUBS / NIPT or 2nd trimester screening findings _____

Booking scan findings _____

Anomaly USS findings _____

Please attach copies of antenatal USS / imaging reports from fetal medicine

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Relevant blood tests including (TORCHS etc), CVS /
amnio. & scan findings _____

Antenatal monitoring / Intervention therapy

Concerns about fetal growth specify _____

Abnormal umbilical dopplers

Oligohydramnios Polyhydramnios

Antenatal steroids

Intrauterine transfusion

Other (specify e.g. laser TTTS) _____

Neonate

Apgar 1min ____ 5min ____ 10min ____

Cord pH _____

Jaundice phototherapy

hypoglycaemia hypothermia

RDS Surfactant

Minimal resus only specify _____

Ongoing ventilation details _____

Cardiac massage

PDA treatment specify _____

Surgery specify _____

IVH (specify grade) _____

HIE duration _____

NEC

Congenital anomalies specify _____

Genetic abnormalities specify _____

Sepsis specify _____

Other treatment / interventions specify _____

Suspected cause of death (as written on the Stillbirth or Death Certificate)

1a: _____

1b: _____

1c: _____

2: _____

Problems / Points of Special Interest / Clinical Questions

1 _____

2 _____

3 _____

Cases to be referred to the Procurator Fiscal include:

Sudden, unexpected and unexplained perinatal death (includes hypoxic ischaemic encephalopathy with unknown cause)

Death which arises following concealed pregnancy

Where family or medical team are unhappy with the care received.

Person completing the form:

Name (CAPITALS) _____

Signature _____

Date _____

Full contact tel. no /pager _____

Email address _____

For additional information