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2 Appendix S2: Confidential Report on Perinatal Death
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NSW MATERNAL AND PERINATAL COMMITTEE CONFIDENTIAL REPORT ON PERINATAL DEATH																																										
HOSPITAL: _____		Office use: Reference No.: _____																																								
MOTHER DETAILS: Mother's name: _____ Address: _____ Medical Record No.: <table border="1" style="display: inline-table; width: 100px; height: 15px; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					BABY DETAILS: Baby's name: _____ Type of perinatal death: Stillbirth <input type="checkbox"/> Neonatal death <input type="checkbox"/> Date of birth/ stillbirth: / / If liveborn: Date of death: / / Age at death: day(s) hour(s) Medical Record No.: <table border="1" style="display: inline-table; width: 100px; height: 15px; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					
For STILLBIRTHS complete Part A and for NEONATAL DEATHS complete Parts A and B																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">PART A</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"> 1. Was a postmortem examination carried out? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, please include a copy of the report. </td> </tr> <tr> <td style="padding: 2px;"> 2. Was histopathological examination of the placenta carried out? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, please include a copy of the report. If no: Placental weight: <table border="1" style="display: inline-table; width: 40px; height: 15px; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> grams Describe the placental appearance: _____ </td> </tr> <tr> <td style="padding: 2px;"> 3. Is this baby one of a multiple pregnancy (twin, triplet etc)? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes: Number of babies <table border="1" style="display: inline-table; width: 40px; height: 15px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> Birth order <table border="1" style="display: inline-table; width: 40px; height: 15px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td style="padding: 2px;"> 4. Bleeding during pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes: Threatened miscarriage <input type="checkbox"/> Placental abruption <input type="checkbox"/> Placenta praevia <input type="checkbox"/> Vasa praevia <input type="checkbox"/> Undetermined <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: _____ </td> </tr> </tbody> </table>	PART A	1. Was a postmortem examination carried out? 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Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes: Chronic hypertension: Essential <input type="checkbox"/> Secondary eg renal disease <input type="checkbox"/> Unspecified <input type="checkbox"/> Gestational hypertension <input type="checkbox"/> Pre-eclampsia <input type="checkbox"/> Chronic + superimposed pre-eclampsia <input type="checkbox"/> Unspecified <input type="checkbox"/> 6. Any other maternal diseases present in pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes: Maternal injury: Accidental <input type="checkbox"/> Non-accidental <input type="checkbox"/> Diabetes/gestational diabetes <input type="checkbox"/> Sepsis <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: _____	10. Was there spontaneous preterm delivery (less than 37 weeks)? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, what was the duration of rupture of membranes prior to delivery? Less than 24 hours <input type="checkbox"/> 24 hours or more <input type="checkbox"/> Unknown <input type="checkbox"/> 11. Was there intrapartum asphyxia? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> 12. Gestational age: <table border="1" style="display: inline-table; width: 40px; height: 15px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> weeks 13. Birthweight: <table border="1" style="display: inline-table; width: 60px; height: 15px; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> grams 14. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate <input type="checkbox"/> 15. Onset of labour: Spontaneous <input type="checkbox"/> Induced <input type="checkbox"/> No labour <input type="checkbox"/> 16. Type of delivery: Normal vaginal delivery <input type="checkbox"/> Breech delivery <input type="checkbox"/> Caesarean section <input type="checkbox"/> Forceps delivery <input type="checkbox"/> Ventouse delivery <input type="checkbox"/> Other delivery <input type="checkbox"/> If other delivery, specify: _____																											
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7. Was the death an unexplained antepartum death? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> 8. When did the death occur? Before the onset of labour <input type="checkbox"/> During labour <input type="checkbox"/> Before birth, unknown time <input type="checkbox"/> After birth <input type="checkbox"/> 9. Was there fetal growth restriction (weight less than 10th percentile)? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Note: for stillbirths who died before the onset of labour, serial U/S evidence of FGR is required.																																										

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PART A (continued)	PART B (Neonatal deaths only)	MAIN CAUSE OF DEATH AND RELEVANT FACTORS																																																																										
<p>17. Were there cord complications? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, describe: _____</p> <p>18. Was a major fetal abnormality present? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, describe: _____</p> <p>19. Was chorioamnionitis present? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, diagnosis was: Pathological <input type="checkbox"/> Clinical <input type="checkbox"/> If yes, specify organism: _____</p> <p>20. Infant/ fetal infection? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes: Streptococcus Group B <input type="checkbox"/> E Coli <input type="checkbox"/> Listeria monocytogenes <input type="checkbox"/> Cytomegalovirus <input type="checkbox"/> Parvovirus <input type="checkbox"/> Herpes simplex virus <input type="checkbox"/> Rubella virus <input type="checkbox"/> Toxoplasma <input type="checkbox"/> Syphilis <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: _____</p> <p>21. Other conditions? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes: Twin-to-twin transfusion <input type="checkbox"/> Fetomaternal haemorrhage <input type="checkbox"/> Uterine abnormality <input type="checkbox"/> Birth trauma <input type="checkbox"/> Haemolytic disease <input type="checkbox"/> Idiopathic hydrops <input type="checkbox"/> Drug dependence/abuse <input type="checkbox"/> Termination of pregnancy <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: _____</p> <p>22. Classification of obstetric cause of death (see Attachment) _____</p>	<p>THE MAIN CAUSE OF DEATH (tick one):</p> <p>1. Congenital abnormality <input type="checkbox"/></p> <p>2. Extreme prematurity <input type="checkbox"/> If yes, was resuscitation carried out? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p> <p>3. Cardio-respiratory</p> <p>Hyaline membrane disease <input type="checkbox"/> Meconium aspiration syndrome <input type="checkbox"/> Primary persistent pulmonary hypertension <input type="checkbox"/> Pulmonary hypoplasia <input type="checkbox"/> Chronic neonatal lung disease <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: _____</p> <p>4. Infection</p> <p>Congenital bacterial <input type="checkbox"/> Acquired bacterial <input type="checkbox"/> Congenital viral <input type="checkbox"/> Acquired viral <input type="checkbox"/> Protozoal eg Toxoplasma <input type="checkbox"/> Spirochaetal eg Syphilis <input type="checkbox"/> Fungal <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: _____</p> <p>5. Neurological</p> <p>Hypoxic ischaemic encephalopathy/ perinatal asphyxia <input type="checkbox"/> Intracranial haemorrhage <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: _____</p> <p>6. Gastrointestinal</p> <p>Necrotising enterocolitis <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: _____</p> <p>7. Other</p> <p>SIDS: <input type="checkbox"/></p> <p> Consistent with SIDS <input type="checkbox"/> Possible SIDS <input type="checkbox"/></p> <p>Multisystem failure (only if unknown primary cause or trigger event) <input type="checkbox"/> Trauma <input type="checkbox"/> Undetermined <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: _____</p>	<p>Main cause of death as determined by hospital perinatal death review committee</p> <p>_____</p> <p>_____</p> <p>Relevant factors:</p> <p><i>Antenatal:</i> _____</p> <p>_____</p> <p><i>Intrapartum:</i> _____</p> <p>_____</p> <p><i>Postpartum:</i> _____</p> <p>_____</p> <p>Form completed by: Name: _____</p> <p>Date: / /</p> <p>DEFINITION: FETAL GROWTH RESTRICTION</p> <p>Less than the 10th percentile for gestation.</p> <table border="1" data-bbox="959 1115 1287 1570"> <thead> <tr> <th rowspan="2">Gestation (weeks)</th> <th colspan="2">Weight (grams) 10th percentile</th> </tr> <tr> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr><td>22</td><td>400</td><td>400</td></tr> <tr><td>23</td><td>500</td><td>470</td></tr> <tr><td>24</td><td>520</td><td>540</td></tr> <tr><td>25</td><td>620</td><td>620</td></tr> <tr><td>26</td><td>720</td><td>680</td></tr> <tr><td>27</td><td>740</td><td>730</td></tr> <tr><td>28</td><td>850</td><td>760</td></tr> <tr><td>29</td><td>950</td><td>890</td></tr> <tr><td>30</td><td>1080</td><td>1045</td></tr> <tr><td>31</td><td>1310</td><td>1140</td></tr> <tr><td>32</td><td>1400</td><td>1340</td></tr> <tr><td>33</td><td>1640</td><td>1520</td></tr> <tr><td>34</td><td>1840</td><td>1760</td></tr> <tr><td>35</td><td>2110</td><td>2030</td></tr> <tr><td>36</td><td>2320</td><td>2220</td></tr> <tr><td>37</td><td>2550</td><td>2430</td></tr> <tr><td>38</td><td>2780</td><td>2660</td></tr> <tr><td>39</td><td>2940</td><td>2820</td></tr> <tr><td>40</td><td>3070</td><td>2950</td></tr> <tr><td>41</td><td>3180</td><td>3050</td></tr> <tr><td>42</td><td>3210</td><td>3080</td></tr> <tr><td>43</td><td>3080</td><td>2950</td></tr> <tr><td>44</td><td>3050</td><td>2930</td></tr> </tbody> </table> <p>Source: Roberts CL, Lancaster PAL. Australian national birthweight percentiles by gestational age. <i>Med J Aust</i> 1999; 170: 114-118.</p>	Gestation (weeks)	Weight (grams) 10th percentile		Male	Female	22	400	400	23	500	470	24	520	540	25	620	620	26	720	680	27	740	730	28	850	760	29	950	890	30	1080	1045	31	1310	1140	32	1400	1340	33	1640	1520	34	1840	1760	35	2110	2030	36	2320	2220	37	2550	2430	38	2780	2660	39	2940	2820	40	3070	2950	41	3180	3050	42	3210	3080	43	3080	2950	44	3050	2930
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Australia and New Zealand Antecedent Classification of Perinatal Mortality	
<p>1. Congenital abnormality (including termination of pregnancy for congenital abnormality)</p> <p>1.1 Central nervous system 1.2 Cardiovascular system 1.3 Urinary tract 1.4 Gastrointestinal tract 1.5 Chromosomal 1.6 Metabolic 1.7 Multiple 1.8 Other 1.9 Unspecified</p> <p>2. Perinatal infection</p> <p>2.1 Bacterial 2.11 Group B Streptococcus 2.12 E Coli 2.13 Listeria Monocytogenes 2.18 Other bacterial 2.19 Unspecified bacterial</p> <p>2.2 Viral 2.21 Cytomegalovirus 2.22 Parvovirus 2.23 Herpes simplex virus 2.24 Rubella virus 2.28 Other viral 2.29 Unspecified viral</p> <p>2.3 Protozoal eg Toxoplasma 2.4 Spirochaetal eg Syphilis 2.5 Fungal 2.6 Other 2.7 Unspecified organism</p> <p>3. Hypertension</p> <p>3.1 Chronic hypertension: essential 3.2 Chronic hypertension: secondary eg renal disease 3.3 Chronic hypertension: unspecified 3.4 Gestational hypertension 3.5 Pre-eclampsia 3.6 Pre-eclampsia superimposed on pre-existing hypertension 3.7 Unspecified hypertension</p> <p>4. Antepartum haemorrhage</p> <p>4.1 Placental abruption 4.2 Placenta praevia 4.3 Vasa praevia 4.8 Other APH 4.9 APH of undetermined origin</p> <p>5. Maternal disease</p> <p>5.1 Termination of pregnancy (other than for fetal abnormality) 5.2 Diabetes / gestational diabetes 5.3 Maternal injury 5.31 Accidental 5.32 Non-accidental 5.4 Maternal sepsis 5.5 Other maternal conditions eg Lupus obstetric syndrome</p> <p>6. Specific perinatal conditions</p> <p>6.1 Twin-to-twin transfusion 6.2 Fetomaternal haemorrhage 6.3 Antepartum cord complications 6.4 Uterine abnormality 6.5 Birth trauma (typically >24 weeks or > 600 grams) 6.6 Haemolytic disease 6.7 Idiopathic hydrops 6.8 Other</p>	<p>7. Hypoxic peripartum death (typically > 24 weeks or > 600 grams)</p> <p>7.1 With intrapartum complications 7.11 Uterine rupture 7.12 Cord prolapse 7.13 Shoulder dystocia 7.18 Other 7.2 No intrapartum complications 7.9 Unspecified hypoxic peripartum death</p> <p>8. Fetal growth restriction (FGR)</p> <p>8.1 With evidence of uteroplacental insufficiency eg significant infarction, acute atherosclerosis, maternal vascular thrombosis or maternal floor infarction 8.2 With chronic villitis 8.3 Without the above placental pathology 8.4 No examination of placenta 8.9 Unspecified FGR or not known whether placenta examined</p> <p>9. Spontaneous preterm</p> <p>9.1 Spontaneous preterm with intact membranes, or membrane rupture less than 24 hours before delivery, 9.11 with chorioamnionitis 9.12 without chorioamnionitis 9.13 no examination of the placenta 9.19 unspecified or not known whether placenta examined</p> <p>9.2 Spontaneous preterm with membrane rupture >= 24 hours before delivery, 9.21 with chorioamnionitis 9.22 without chorioamnionitis 9.23 no examination of the placenta 9.29 unspecified or not known whether placenta examined</p> <p>9.3 Spontaneous preterm with membrane rupture of unknown duration before delivery, 9.31 with chorioamnionitis 9.32 without chorioamnionitis 9.33 no examination of the placenta 9.39 unspecified or not known whether placenta examined</p> <p>10. Unexplained antepartum death</p> <p>10.1 With evidence of uteroplacental insufficiency eg significant infarction, acute atherosclerosis, maternal vascular thrombosis or maternal floor infarction. 10.2 With chronic villitis 10.3 Without the above placental pathology 10.4 No examination of placenta 10.9 Unspecified unexplained antepartum death or not known whether placenta examined.</p> <p>11. No obstetric antecedent</p> <p>11.1 SIDS 11.11 Consistent with SIDS 11.12 Possible SIDS 11.2 Postnatally acquired infection 11.3 Accidental asphyxiation 11.4 Other accident, poisoning or violence (postnatal) 11.8 Other 11.9 Unknown / Unexplained</p>