

Appendix 3

NOTIFICATION PLAN

**This form will be sent to the Bereavement Suite and the Funeral Directors.
It is essential that all parts are completed**

<p style="text-align: center;">CATEGORY OF LOSS</p> <p>Fetal Loss <24 / 40 (<input type="checkbox"/>) Therapeutic TOP (<input type="checkbox"/>) Stillbirth (<input type="checkbox"/>) Neonatal Death (<input type="checkbox"/>) Gestation</p> <p>Baby's name (if given) _____ Hospital number (if given) _____ Date and Time of Delivery _____ Date and Time of Death _____</p>	<p>Mother's Name, Address and Hospital Number</p> <p>Father's Name:</p> <p>Home Telephone number _____ Mobile number (mum) _____ Mobile number (dad) _____ Consultant _____</p>
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Please indicate yes or no

Post Mortem consent completed yes / no If undecided please state who
will follow up:

Sent to mortuary yes / no

Genetics card completed yes / no
(must be completed if post mortem requested)

Sent to mortuary yes / no

Histology request completed yes / no

Sent to mortuary yes / no If paperwork not completed and
sent to the mortuary, please explain;

Please tick

Stillbirth certificate issued ()

Neonatal death certificate issued ()

No certificate issued <24 / 40 ()

No certificate issued - coroners case ()

Please indicate yes or no

Have the Chaplains been involved yes / no

Burial yes / no

Application for burial completed yes / no

Cremation yes / no

Cremation forms completed yes / no

Sent to the Mortuary yes / no

Undecided yes / no If undecided please state who

will follow up:

Parents to make their own funeral arrangements yes / no

Hospital to make funeral arrangements yes / no

Do parents wish to attend yes / no

Do parents want to be informed of yes / no
date and time if not attending

Please list anything that is with the
Baby (clothing worn, blankets, toys etc).

Form completed by;

Print name;

Signature;

3 copies required;

Notes x 1 copy

Bereavement suite x 2 copies (who will forward 1 on to the funeral
director).