

**Appendix 10**

**NEONATAL DEATH CHECKLIST**

Mother's name	Baby's name
Address	Gestation
Date of birth	Date of birth
Hospital No	Date of death
Father's name	Hospital No
Mother's phone no	NHS No
Father's phone no	Weight

**Before Delivery;**

**Please give out leaflet; When your baby dies.**

Are there any language difficulties	Yes/No
Has an interpreter been arranged	Yes/No

**After Delivery;**

Provide a memory box if the parents would like one (Small for < 24 weeks & large for >24 weeks)	Yes/No
Provide any knitted items of clothing if required and blankets etc	

Offer naming and blessing or baptism ceremony (Contact the chaplains on ext 4217)	Yes/No
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Offer the use of the unit camera	Yes/No
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Put in a new memory card for each family (The memory card is to be given to the parents to keep before they leave)	Yes/No
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For more formal photographs please contact medical photography by phone (Please complete the yellow request card and phone through the request on ext 3195 DO NOT SEND THROUGH THE INTERNAL POST)	Yes/No
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Hand and foot prints can be made using the inkless ink pack (There are some packs in some of the large memory boxes or more spare packs in the office cupboard if needed)	Yes/No
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Lock of hair taken	Yes/No
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Weigh the baby and apply 2 completed baby name bracelets	Yes/No
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Complete a separate baby name bracelet and put in the memory box	Yes/No
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Complete 2 beige cot cards, put 1 in the memory box or beige folder (The second cot card will be taped to the coffin box)	Yes/No
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Anything to accompany the baby must have a baby name bracelet applied (Please list any items on the Notification plan)	Yes/No
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Are foot castings required	Yes/No
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Please note that foot castings can be taken. Please phone the mortuary on ext 2283 leave a message asking for them.

**Forms, Certificates, Leaflets;**

Post mortem discussed by a Consultant and documented in the notes	Yes/No
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(In the absence of a consultant a registrar may have this discussion and document in the notes)	
If Post mortem requested consent to be completed by Consultant or registrar with the parents	Yes/No
Pathologist form completed by Consultant or registrar	Yes/No
A copy of the consent form is to be photocopied and given to the parents (If the parents don't want to have a copy please file in the notes)	Yes/No
Give parents the SANDS' guide to post mortem booklet	Yes/No
Photocopy the white obstetric notes and put with the pathologist form (Please phone the mortuary on ext 2283 and inform them of a request for a post mortem, leave a message if outside office hours)	Yes/No
Photocopy the death certificate and put with the pathologist form	Yes/No
Genetics requested (If a post mortem is requested, a solid tissues form must be completed For genetics to be carried out, the genetic testing is carried out in Salisbury)	Yes/No
Histology requested (Please check with the consultant or registrar if histology is required)	Yes/No
Neonatal death certificate must be completed by one doctor (Please note there are individual certificate books for each type of loss)	Yes/No
Give to parents in envelope provided and explain the registration process (Parents must phone through to the number on the envelope to make an appointment)	Yes/No
Discuss if appropriate the option of burial or cremation	Yes/No
If burial; parents must sign a burial request (These are white consent forms for any gestation)	Yes/No
If cremation; parents must sign a yellow or green consent form (Green is for less than 23 +6 weeks gestation and yellow for 24 weeks and above)	Yes/No
If cremation; the pink cremation booklet must be completed by 2 doctors (The doctors must be of at least 5 years registration)	Yes/No
Please complete 3 notification plans	Yes/No
Complete the fetal loss register	Yes/No
Complete all computer records	Yes/No
Please complete and send the Bounty suppression request	Yes/No
Complete an adverse incident form and send to Louise Jones (Maternity risk manager)	Yes/No
Complete a white request for a follow up appointment and stick it to the front of the notes	Yes/No
Complete a "Child death notification form A"	Yes/No
Send this form to the address on the front	Yes/No
Leave a message on the phone number provided	Yes/No

**The Baby;  
When the parents have said their goodbyes;**

Confirm that the baby has 2 baby name bracelets on (Use any clothing provided by the parents or ourselves) (Wrap baby in a sheet or blanket)	Yes/No
Place in the appropriate size compacta coffin (There are 2 sizes, please use the appropriate size, it is better to be too big than too small)	Yes/No

The second completed beige colored cot card must be taped to the top of the coffin	Yes/No
Place the coffin in the black transport bag	Yes/No
Ensure the placenta is in a placenta pot	Yes/No
Complete a histology form and tape it to the pot	Yes/No
Place the placenta pot in the black transport bag with the baby	Yes/No
Teletrack/Call the porters to take the baby and placenta to the mortuary	Yes/No

**The Parents;**

Is Cabergoline required (will need prescribing)	Yes/No
Ensure that the parents have their memory box	Yes/No
Please remove the memory card from the camera and give to the parents	Yes/No
Please give the beige folder to the parents containing;	Yes/No
Card giving details of how to contact a midwife	
Relevant SANDS' leaflets (Please remove any irrelevant ones)	
Post mortem booklet if applicable	
Copy of post mortem consent form	
Book of remembrance form	
Notice of service of remembrance	
Contact phone number for the Benson suite	

**Please inform;**

Consultant Obstetrician's secretary by e-mail	Yes
Consultant Paediatrician (if applicable)	Yes/NA
Community Midwife	Yes
G.P.	Yes
Health Visitor	Yes
Child Health	Yes
Dr Phil Ridley by e-mail (Consultant paediatrician for child death review)	Yes
Please ensure that a maternal sticky label has been put in the diary in the office with brief details of delivery and outcome	Yes

**Once all paperwork has been completed, please pass obstetric notes and medical notes to reception.**

