

Form B - Agency Report Form

CDOP Identifier (Unique identifying number) **Child A**

Gender	Male	Date of birth	PD / 06 / 2015
NHS No.	PD	Date of death	08 / 06 / 2015

Information from agencies: GP, Hospital, Health, Midwifery

Details of the Death	
What is your understanding of the cause of death?	Neo natal death
What was the mode of death?	<input type="checkbox"/> Planned palliative care <input checked="" type="checkbox"/> Failed Cardiopulmonary resuscitation
Expected Unexpected	<input type="checkbox"/> <input checked="" type="checkbox"/>
Has a medical certificate of the cause of death been issued?	Yes
Was this death referred to the coroner?	Yes
Was a post-mortem examination carried out?	Yes conclusion: Unascertained
Has an inquest been held?	Yes Conclusion = Narrative
Registered cause of death if known (for neonatal deaths)	(a) main diseases or conditions in infant 1a unascertained

Where was the child at the time of the event or condition which led to the death?	<input checked="" type="checkbox"/> Acute Hospital	<input checked="" type="checkbox"/> Neonatal Unit
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Where was the child when the death was confirmed?	<input checked="" type="checkbox"/> Acute Hospital	<input checked="" type="checkbox"/> Neonatal Unit
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Were any of the following events known to have occurred?

<input checked="" type="checkbox"/>	Neonatal Death
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**Circumstances of Death:
Midwifery**

I&S

On **PD** 06/15 it was planned to perform an emergency caesarean section due deterioration in her blood results and B/P no longer responding to treatment, she was diagnosed with **I&S**. She was delivered later that day under general anaesthetic of twins at 20.30 and 20.31 hours, they were a boy and girl at 31+2 weeks gestation and were transferred immediately to NNU.

HV

The midwifery service had made a referral to the health visiting service as per policy. The health visitor had

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provide details below)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Were there any identified difficulties in family engagement with services? (if yes, please provide details below)	Y / N / NK / NA <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Factors in relation to Bereavement Services

Were Bereavement Services provided to the family? (if yes, please provide details below)	Y / N / NK / NA <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
If child was school aged were Bereavement Services offered to the children and staff at the school? (if yes, please provide details below)	Y / N / NK / NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Were Bereavement Services offered to the Professionals involved with the family? (if yes, please provide details below)	Y / N / NK / NA <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Details of Bereavement Services

For Family

Consider all positive/negative experiences in relation to bereavement care.

Health Visitor Team

As the health visitor had not met the family prior to the child death, direct follow up had not been arranged however there was robust liaison between midwifery, neonatal staff and health visiting service to ensure that the family are aware that support is available. Liaison from the neonatal unit has clearly indicated that the family have been supported well. As this child was a twin, his surviving twin will be discharged in to the community and health visiting support will be available in the community and the health visitor will visit the family in the neo natal unit prior to discharge allowing the opportunity for seamless support to be given to the family addressing both bereavement and support for the surviving twin.

GP

The family will be supported by the GP service and offered support .

For Schools

Consider all positive/negative experiences in relation to bereavement care.

For Professionals

Consider all positive/negative experiences in relation to bereavement care.

Factors in relation to service provision

Please complete any information known to you in relation to service provision that has not been covered elsewhere.

Consider any identified services both required and provided; the nature and timing of any services provided; any gaps between child's or family member's needs and service provision; any issues in relation to service provision or uptake.

Was there a formal Critical Incident investigation – if yes, please state which specific agency	Y / N / NK / NA <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Neonatal mortality review	