

British Columbia Perinatal Mortality Form

Directions for use:

- This form is designed for use by Committees performing Perinatal Mortality Reviews.
- Definitions for Group Classification (Part I) and Preventability (Part IV) are on reverse of form.
- The form may be photocopied.
- One form should be completed for each perinatal mortality case.

Mother's Surname _____ Baby's Surname _____

Institution Name _____

Chart Number _____ Baby Mother PHN _____ Baby Mother

Date of Birth _____ Gestational Age _____ If Multiple, delivery sequence _____ of _____

Male Female Ambiguous Autopsy: Full Partial No Autopsy

Part I. Group Classification

(see back of form)

Group 1

- A
 B

Group 2

- A
 B
 C

Group 3

- A
 B

Group 4

- A

Evidence of Asphyxia: Yes No Unknown

Part II. Cause(s) of Death

Antecedent causes, if any, giving rise to the primary causes (a) above, stating the underlying causes last.

- (a) _____
Primary Cause of Death due to, or as a consequence of
- (b) _____
due to, or as a consequence of
- (c) _____
due to, or as a consequence of
- (d) _____
due to, or as a consequence of

Part III. Other Significant Conditions Contributing to the Death

- Maternal _____
- Placental/Cord _____
- Fetal _____
- Neonatal _____
- Socio-economic _____
- Unexplained _____
- Other _____

Part IV. Specify Preventability

1. Not Preventable 2. Possibly Preventable 3. Ideally Preventable

Comments _____

Name (print) _____ Signature _____ Date _____

Place of Review _____

DEFINITIONS

Part I. Group Classification

Group 1: Lethal Congenital Anomaly (LCA)

- A. Stillbirth \geq 500 g. or \geq 20 wks gestation
- B. Neonatal Death

Note: terminations of pregnancy > 20 weeks GA are considered Group 1.

Group 2: Stillbirth \geq 500 g. or \geq 20 wks gestation

- A. None – no signs of maceration, fresh stillbirth, implying intrapartum death.
- B. Mild to Moderate – discolouration of umbilical cord, signs of skin slippage and bullae formation only. These cases have likely been dead in utero at least 6 hours, and in more extensive cases, over 24 hours.
- C. Severe – bones are loosening and cranium collapsed. These cases have likely been retained in utero for days to weeks.

Group 3: Premature Deaths

- A. 20–33^{6/7} weeks (early preterm)
- B. 34–36^{6/7} weeks (late preterm)

Group 4: Term Deaths

- A. 37–41^{6/7}

Part IV. Specify Preventability

1. Not Preventable

All the following criteria have to apply for a death to be classified as non-preventable.

- Prenatal care and fetal surveillance were adequate and appropriate
- Intervention was available, accessible, appropriate and timely
- Circumstances surrounding a death were not preventable
- All standards of care were met

2. Possibly Preventable

- Unrecognized, but detectable fetal or newborn compromise which was not detected or not appreciated
- Inappropriate, inadequate or untimely intervention
- One or more standards of care may not have been met

3. Ideally Preventable

- A sudden, compromising event for the fetus or newborn where intervention was not possible on this occasion
- Geographic isolation where resources necessary for management were not available
- Patient choice to decline necessary treatment or intervention
- All standards of care were met