



Section 6b: Infant 1

NB: If more than one infant, for each additional infant, please photocopy the infant section of the form (before filling it in) and attach extra sheet(s) or download additional forms from the website.

6b.1 Date and time of delivery DD MM YY hh mm

OR tick if time not known

6b.2 Mode of delivery Spontaneous Vaginal breech Vacuum Forceps

Prelabour c-section C-section after onset of labour Perimortem c-section

6b.3 Birthweight (g)

6b.4 What was the infant's status at the time of the maternal death?

Live birth Perinatal death Perinatal injury or complication Unknown

If the infant died, please specify date of death DD MM YY

6b.5 What was the primary cause of death, as stated on the death certificate?

6b.6 Did any other major fetal/infant complications occur?^{6*} Yes No

If Yes, please specify _____