

# Maternal Mortality Review Local Obstetrician Report

## CONFIDENTIAL

*DO NOT RETAIN COPIES. DO NOT USE THE WOMAN'S NAME, THE NAMES OF STAFF, OR HOSPITAL IN THIS REPORT*

It is a professional obligation of all staff to participate in this confidential enquiry. The contents of this report should be regarded as highly confidential. No copies of material prepared specifically for this Enquiry should be retained by individuals or in any local authority/provincial health authority/hospital records.

Please include as full a description of the events surrounding the woman's death as possible to enable lessons learned to be used to improve care in the future. Confidentiality is assured, as all reports will be fully anonymized before final assessment, so please express your views fully and candidly and be as informative as possible.

Where there is not enough space on the form, you may append further individual sheets. Where junior members of staff were also involved, each is required to complete their own summary; please copy this form before completion or go to [WEBSITE](#) to download an additional copy. All staff should sign and date each contribution, providing each professional designation.

### 1.0: Antenatal care

1.1 Was this woman seen by an obstetrician antenatally?      Yes       No

If No, please explain why not (e.g. the woman was assessed as low risk) and proceed to section 2.

If Yes, continue



1.2 Please summarize antenatal care:

1.3 Are there any specific social or psychiatric circumstances surrounding this woman we need to know about? Yes  No

If Yes, please describe below:



## 2.0: Intrapartum care

2.1 Who provided the intrapartum care? \_\_\_\_\_

Was there a need for a consult with another care provider? Yes  No  Unknown

As there transfer of care to another care provider? Yes  No  Unknown

Who delivered the baby? \_\_\_\_\_

If No, please explain why not (e.g. the woman was assessed as low risk) and proceed to section 3

If Yes, continue

2.2 Please summarize intrapartum care



### 3.0: Postnatal care

3.1 Who provided postnatal care? \_\_\_\_\_

Was there a need for a consult with another care provider? Yes  No  Unknown

As there transfer of care to another care provider? Yes  No  Unknown

If No, please explain why not (e.g. the woman was assessed as low risk) and proceed to section 3.4

If Yes, continue

3.2 Please summarize postnatal care



#### 4.0: Lessons Learned

4.1 Were there any lessons learned from this case?

#### 5.0: Local Review

5.1 Was a local review of this case carried out? Yes  No  Unknown

If Not, why not?

Signature: \_\_\_\_\_ Designations(s): \_\_\_\_\_

Print name: \_\_\_\_\_

Date: dd/mm/yy \_\_\_\_\_