

|  |   |
|--|---|
| Parent's Name(s):  | Phone Number:   |
| Address:   |   |
| Baby's Name:   | <input type="checkbox"/> Male <input type="checkbox"/> Female      Weight |
| Date & Time of Birth:  | Gestational age:      Age (days, hrs, min)                                |
| Date & Time of Death:  | Other Children (Name, age)  |
| Type of loss: <input type="checkbox"/> Fetal loss <20 weeks <input type="checkbox"/> SB antepartum <input type="checkbox"/> SB intrapartum <input type="checkbox"/> Neonatal Death |   |
| History of previous losses: _____  |   |

| DATE           | CHECK TO INDICATE COMPLETION  | INITIAL          |
|----------------|---|------------------|
|                | Baby seen: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> grandparents <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> declined<br>Baby touched: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> grandparents <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> declined<br>Baby held: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> grandparents <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> declined<br>Comments: _____   |                  |
|                | <b>Notification of Death</b><br>Physician(s) Specify: _____ <input type="checkbox"/> Admitting <input type="checkbox"/> Medical   |                  |
|                | <b>Support Services</b><br>Social worker: <input type="checkbox"/> Notified <input type="checkbox"/> Visited: name _____<br>Clergy: <input type="checkbox"/> Notified <input type="checkbox"/> Visited: name _____ <input type="checkbox"/> Naming ceremony <input type="checkbox"/> Baptism<br>Parent support group: <input type="checkbox"/> Notified <input type="checkbox"/> Visited: name _____<br>Genetics Counsellor: <input type="checkbox"/> Notified <input type="checkbox"/> Visited: name _____ <input type="checkbox"/> Genetic testing requested and explained to parents.<br>Other: (specify) _____  |                  |
|                | <b>Memory and Keepsakes</b><br><input type="checkbox"/> Photographs, pictures taken by _____ <input type="checkbox"/> given to parents <input type="checkbox"/> on file<br><input type="checkbox"/> Identification bracelet <input type="checkbox"/> given to parents <input type="checkbox"/> on file<br><input type="checkbox"/> Foot and handprints (both hands and feet) <input type="checkbox"/> given to parents <input type="checkbox"/> on file<br><input type="checkbox"/> Lock of hair <input type="checkbox"/> given to parents <input type="checkbox"/> on file<br><input type="checkbox"/> Crib Card <input type="checkbox"/> given to parents <input type="checkbox"/> on file<br><input type="checkbox"/> Tape Measure <input type="checkbox"/> given to parents <input type="checkbox"/> on file<br><input type="checkbox"/> Clothes <input type="checkbox"/> Blanket/Quilt <input type="checkbox"/> given to parents <input type="checkbox"/> on file<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Indicate location of file: _____ |                  |
|                | <b>Funeral and Burial Arrangements</b><br><input type="checkbox"/> Options given to parents <input type="checkbox"/> Funeral Home contacted: Date _____ Time _____<br><input type="checkbox"/> Service arranged in hospital    Name of Funeral Home _____<br><input type="checkbox"/> Service out of hospital <input type="checkbox"/> Hospital Burial<br><input type="checkbox"/> Mother able to attend <input type="checkbox"/> Other: (specify) _____  |                  |
|                | <b>Forms</b> (as applicable for stillbirth or neonatal death)<br><input type="checkbox"/> Notice of Birth or Stillbirth <input type="checkbox"/> Autopsy Consent<br><input type="checkbox"/> Registration of Stillbirth REG 3218 <input type="checkbox"/> Clinical Photography request<br><input type="checkbox"/> Registration of Birth REG3216 <input type="checkbox"/> Burial Permit REG 3247<br><input type="checkbox"/> Medical Certificate of Stillbirth REG 3219/Death REG 3122 <input type="checkbox"/> Alberta Study of Perinatal and Neonatal Deaths<br><input type="checkbox"/> Registration of Death REG 3260 <input type="checkbox"/> Other: (specify) _____   |                  |
|                | <b>Follow-up</b><br><input type="checkbox"/> Physician Appointment: _____ <input type="checkbox"/> Social Worker - Name _____<br><input type="checkbox"/> Support Group <input type="checkbox"/> Public Health notified - Name _____<br><input type="checkbox"/> Other _____ <input type="checkbox"/> Discharge Information provided  |                  |
|                | Special requests by parents:  |                  |
| <b>INITIAL</b> | <b>SIGNATURE</b>  | <b>INITIAL</b>   |
|                |   |                  |
|                |   | <b>SIGNATURE</b> |
|                |   |                  |

## **DESIGNATIONS:**

**Part 1: Maternal Chart**

**Part 2: Physician/Midwife**

**Part 3: Social Services/Pastoral Care**

**Part 4: Community Health (Local Health Unit)**