

Appendix 1 – Procedure should Maternal Death Occur

1. If not already present, medical and senior nursing / midwives should be called.
2. The death should be verified (Refer to [269 - Verification of Death Policy](#) (opens in new tab)) and documented in the case notes by a qualified medical practitioner.
3. Patient's next of kin and relatives must be informed of the death, and appropriate and sensitive care should be offered:
 - The next of kin.
 - However, it is acceptable to inform whomever the deceased woman has documented as her next of kin in her Antenatal notes.
4. If relatives or next of kin are not present at the time of the woman's death they should be informed as soon as possible. They may wish to view the body before last offices are completed.
5. The Consultant on Call must be informed, if not already present, and should meet with the next of kin as soon as possible. The named consultant (if different) must also be informed when next on duty.
6. At an appropriate time in relation to next of kin last offices should be performed, and the body transferred to the mortuary.
7. It may be appropriate to inform other patients of the death, as they may be aware that a death has occurred. Support and reassurance can be offered and questions answered sensitively. This decision, however, must be taken in relation to individual circumstances at the time to the death and must not breach patient confidentiality.
8. Next of kin may wish their religious advisor to be notified. The hospital chaplain is also available for support if requested.
9. An experienced nurse or midwife should be nominated to act as supporter to the woman's family until the midwifery manager takes over the role. This person will also act as their main point of contact to prevent conflicting information being given. This must be documented in the case notes.
10. The on-call Midwifery Manager should be informed in all cases where a maternal death occurs. Contact numbers are kept on labour ward in GGH / Gwenllian ward BGH
11. The Head of Midwifery should be informed when a maternal death occurs on the Maternity Unit even if it is out of hours
12. Maternal Death checklist must be completed in all cases ([See Appendix 2](#)).

13. Infant bereavement notification / MBRRACE forms should be completed where necessary.
14. The Clinical Risk and Governance Lead Midwife should be informed as soon as possible.
15. The Community Midwife and General Practitioner should be informed as soon as possible.
16. Relevant professionals must be informed as soon as possible: Clinical Risk & Governance Lead Midwife, CMG Medical Lead, Head of Service and Head of Midwifery and Nursing. The Clinical Risk and Quality Team will inform the Management team, who escalate it to Board level where necessary via the Corporate Patient Safety Team.