

Appendix 2 – Flowchart to be Completed in the Event of a Maternal Death



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Patient name:
DOB:
Address.

Date

GGH/ BGH/ Other

Ward.....

Tasks to be completed & personnel to be notified	Completed by Date and initials	Comments
Ensure on call Consultant Obstetrician is informed.		
Inform Head of Midwifery/Midwifery Manager on call.		
On call Consultant Obstetrician:- <ul style="list-style-type: none"> • To meet/speak to relatives as soon as possible • To discuss Post Mortem and request consent • To Inform the Pathologist on call • Advise that Coroner's Office will be informed if cause of death is unknown or within 24 hours of surgery. 		
If suspicious circumstances are suspected the police should be informed immediately and access to the deceased should be restricted.		
Advice from Home Office Pathologist states that in the event of an unexpected death, any items or medication used prior to the death and during resuscitation (e.g tubes, IV Infusions and/or drains) must be left in-situ.		
If recently delivered the placenta should be labelled and accompany the body to the mortuary.		
In the event of the birth of a live baby, it is important that parental responsibility be established at the earliest opportunity.		
Inform Social Services if required for baby.		
Ensure the procedure for performing Last Offices is adhered to (as per HDUHB Policy), respecting any religious beliefs.		

Ensure whenever possible that the death certificate (and certificate of stillbirth if applicable) is issued to the next of kin. This should be completed accurately and promptly and a follow up meeting arranged to discuss the investigation and findings of the review.		
Advise the relatives on when the body can be viewed in the Chapel of Rest.		
Ensure Clinical Lead Obstetrician / Labour ward lead is informed.		
Appoint a Midwifery Matron/Manager as point of contact for the family.		
Local MBRRACE Co-ordinator (bereavement midwives) to be informed next working day to report case.		
Inform: <ul style="list-style-type: none"> • Coroner's office or • Complete Medical Examiners pathway • General Practitioner • Community Midwife if death occurs while pregnant or within 4 weeks of birth • Health Visitor. 		
Clinical Supervisor for Midwives to be informed to provide support to the midwives.		
Advise individuals involved that witness statements will be required.		
If a health care student (student midwife, medical student, student paramedic) has been involved in any aspect of care, relevant University to be informed.		
Photocopy complete set of medical records including all antenatal records and pathology reports.		
Report incident on Risk Management System (DATIX).		
Notification to the Delivery Unit must be completed (Nationally Reportable Incident notification form)		
If the deceased woman has been admitted having been treated or booked in another Health Board then the manager on call and consultant on call in that area should be informed.		

<p>Ensure the deceased is marked as so on the Hospital Administration system and Welsh PAS system and all future appointments cancelled. Bounty and associated pregnancy teams will need to be informed that the mother will need to be removed from their mailing lists.</p>		
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