

NSW Perinatal Post Mortem Service:

Request for clinical information to inform post mortem examination

Please complete the content of this proforma when requesting a post mortem examination or histopathology on a placenta. Attach relevant investigations or eMaternity summary to support request.

Maternal ID label	Baby ID label (if registered birth)
What clinical questions need to be answered by the post mortem examination	
Baby information (please include copies of reports) Date of birth: __/__/__ Time of birth: __:____ Date of death: __/__/__ Time of death: __:____ if unknown best estimate: __/__/__ __:____ Estimated gestation at birth: _____ weeks _____ days Place of birth (hospital/ward/unit/location): Birth weight: _____ grams	
Birth Liveborn/Stillborn: Apgars:	Neonatal course Resuscitation: Neonatal problems: Investigations or procedures:
Maternal information (please include copies of reports) Maternal medical history (including diabetes, hypertension, medications etc.): Maternal past obstetric history (including course and outcome of previous pregnancies):	

<p>Present pregnancy</p> <p>LMP ___/___/___ EDD (Dates) ___/___/___ EDD (ultrasound) ___/___/___</p> <p>Multiple pregnancy: No If Yes: Chorionicity (if known): Complications:</p> <p>Antenatal course (including PROM/bleeding/fever/hypertension etc.):</p>	
<p>Antenatal screen Blood group & Rh: Other antenatal screen results:</p> <p>Other maternal investigation results (including NIPT, amniocentesis etc.)</p> <p>Examination: Date: Sample processed by (site/lab): Result:</p>	<p>Antenatal ultrasound please include copies of reports Date ___/___/___ Findings:</p>
<p>Labour course Onset: Duration: Complications:</p>	<p>Placenta Placenta for examination: Yes/No</p> <p>Placenta delivery: spontaneous/operative Comment:</p>
<p>Delivery course Mode: Presentation: Rupture of membranes: Liquor: Complications:</p>	<p>Was the placenta intact: Yes/No Comment:</p> <p>Have placental swabs been taken: Yes/No</p>
<p>Additional information</p>	
<p>Referring clinician name: Date of referral: ___/___/___ Contact details/facility:</p>	