

## Annexure 2 - Request form for a feto-infant pathological post-mortem

Mother's/baby's name				BHT No.	
Age (mother)		Age (baby)		Date of admission	
Referred by				Time and date of delivery	
Hospital and ward				Full/ partial/ external only	
Contact details (mother/father) Tel:				Address:	

### Maternal history

Maternal age: ..... Consanguinity:.....

Blood group: .....

Family history of congenital malformations:.....

Relevant medical / surgical history:

.....

Relevant family history:

.....

Long-term drugs:.....

### Past obstetric history

Parity	Antenatal complications	Pregnancy outcome	Fetal/neonatal complications (malformations, IUGR, infections etc.)
P1			
P2			
P3			

### History of this pregnancy

Duration of pregnancy at delivery: by LMP .....by dating scan .....

EDD (estimated delivery date): .....

Pre-conception folic acid treatment: .....

Antenatal infection screen, including HIV:.....

Anomaly scan (done at.....POA) findings:

.....  
.....  
.....

Other investigations:

.....

Please tick off the encountered complications of antenatal period

- Hypertension ( pregnancy induced/ Chronic)
- Diabetes mellitus ( gestational / Type 1/ type 2)
- Bleeding ( T1....., T2....., T3.....)
- Maternal pyrexia ( T1....., T2....., T3.....)
- Pre labour membrane rupture – duration .....
- Antiphospholipid syndrome and other thrombophilic disorders

Any other (please specify): .....

Events leading up to intrauterine death and/or delivery

.....

### **Birth history**

Mode of delivery: NVD / LSCS / Vacuum extraction / Forceps

Birth weight: .....stillbirth / live birth: .....

Delivery complications : (prolonged labour/ meconium/ birth trauma/ cord prolapse / fetal distress, any other complications (specify)

.....)

### **In case of a live birth**

Apgar score: 1min ..... 5mnt..... 10 mnt .....

Clinical course following delivery

i) Methods of resuscitation

.....  
.....

ii) Intensive care

.....  
.....

### **Check list : Please tick off**

- Placenta is sent with the baby / Sent to the laboratory previously.  
If so the date of sending .....
- BHT of the mother
- BHT of the baby (in case of a live birth)
- Consent form