



## Form B2 – Neonatal Death

MSCB Reference

CD11/12 xxxx

### Form B2 – Neonatal Death

This form is to be completed for all deaths of infants aged less than 28 days. **It supplements the information collected on the CMACE form which will be used to inform both the CMACE study and LSCB/CDOP functions.**

1. **Was the death Sudden or Unexpected?** (see definition of unexpected deaths in *Working Together to Safeguard Children*)

Yes – **please institute your local Rapid Response process immediately, if not already commenced. Go to question 2**

No – go to Question 2

2. **For the midwifery, obstetric or paediatric team involved in the perinatal care of the baby only:** Please complete the CMACE perinatal death notification form if not already completed, and send a copy to both:

- i. your regional CMACE office and
- ii. your local Child Death Overview Panel (CDOP) co-ordinator

3. For all professionals: **Had the baby left hospital after birth (or not been born in hospital)?**

Yes – **please complete** standard Form B (**complete all *relevant* questions**)

No - please **complete** questions 4 – 12 below.

4. Do you know of any history (past and/or current) of domestic violence in the family?

Y / N / NK

If so please give information

5. Do you know of any (past and/or current) child protection concerns in the family?

Y / N / NK

If so please give information

6. Any history (past and/or current) of drug or alcohol abuse in the family?

Y / N / NK

If so please give information

7. Any social factors (past and/or current) of note?

Y / N / NK

If so please give information

8. Is the mother or father an asylum seeker?

Y / N / NK

If so please give information

9. Do any family members have mental health problems?

Y / N / NK

If so please give information

10. Do any family members have learning disabilities?

Y / N / NK

If so please give information

11. Any known involvement (past and/or current) of other agencies?

Police Y  N  NK

Social Care Y  N  NK

Probation Y  N  NK

Drug/alcohol services Y  N  NK

Other (specify)

12. Any additional information not already included in the CMACE form or given above that you think is of relevance or may be of value to the CDOP.