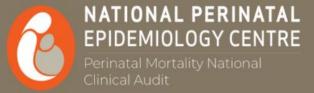
## Perinatal Mortality National Clinical Audit Glossary

Chorioamnionitis	An infection of the placenta and amniotic fluid. It is commonly associated with prolonged rupture of the membranes, or more simply, when the amniotic fluid or 'waters' have been broken for too long before the baby is born.
Corrected Perinatal Mortality Rate	The rate of perinatal deaths excluding deaths due to major congenital abnormalities.
Early Neonatal Death	Death of a live born baby occurring within 7 completed days of birth.
In Utero Transfer	A woman with a high-risk pregnancy who may be transferred to the care of tertiary maternity units with facilities for specialist fetal medicine and high-level neonatal intensive care.
Infant Characteristics	The variables that can influence perinatal loss including the sex of the child, multiple births, gestation, and birthweight.
Late Neonatal Death	The death of a live born baby between the 7th and 28th completed days after of birth.
Live Birth	Live birth refers to a baby born who shows signs of life e.g. beating of the heart, pulsation of the cord, and movement.
Major Obstetric Hemorrhage (MOH)	For the purpose of this audit, MOH is defined as a woman experiencing an estimated blood loss (EBL) ≥ 2500ml and/or transfused 5 or more units of blood. This also includes miscarriage, ectopic pregnancy or termination of pregnancy meeting these criteria.
Maternal Characteristics	Several variables that can influence the health outcome of mothers and babies including the age, parity, BMI, ethnicity, and employment status.
Parity	A term that is used indicate the number of times that a woman has given birth. A nulliparous woman is a woman who has never given birth. A primiparous woman is a woman who is giving birth for the first time, and a multiparous woman has given birth at least once before.
Placenta	An organ that forms in the uterus during pregnancy and is naturally expelled upon the baby's birth. It maintains a crucial connection to the mother through the umbilical cord and serves a dual role, supplying vital oxygen and nutrients to the growing fetus while simultaneously removing waste products. This organ is sometimes called the 'afterbirth.'
Placental Abruption	All or part of the placenta separates from the womb (uterus) before delivery. The abruption can cause pain and



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	bleeding, and potentially decrease the baby's oxygen and
	nutrient supply.
Placental Pathology	In simple terms, placental pathology refers to problems or abnormalities that can occur in the placenta and umbilical during pregnancy. These can affect the nutrient supply to the fetus.
Placenta Previa	Placenta previa or 'low-lying placenta' is a condition that occurs in term pregnancies. The placenta partially or completely covers the cervix, blocking the baby's path for delivery. This condition can cause extensive bleeding and may require medical intervention.
Postpartum Hemorrhage (PPH)	Blood loss greater than or equal to 500 mls. This can be called 'primary' (within the first 24 hours postpartum); or secondary (occurring after 24 hours or within 42 days of pregnancy end).
Pre-eclampsia	A condition that typically begins after 20+ weeks of pregnancy. It is characterized by high blood pressure and is sometimes referred to as a hypertensive disorder. Being in a pre-eclamptic state can result in damage to organs such as the liver and kidneys. It can lead to complications for both the mother and baby if left untreated and, in severe cases, can progress to eclampsia.
Primigravida	A woman who is pregnant for the first time.
Robson Ten Group Classification System	A classification system by which all perinatal events and outcomes can be compared.
Stillbirth	A baby delivered without signs of life from 24 weeks gestation or with a birthweight ≥500g
Uterine Rupture	When the wall of the uterus tears during pregnancy or labour, potentially causing severe bleeding and endangering the life of the mother and baby. It is a rare but serious complication that requires emergency medical intervention.