CODE FOR CASE ☐☐ ☐☐ ☐☐☐☐ MDE Office Use Only

Confidential Maternal Death Enquiry Ireland

Maternal Death Notification Form

Date of Notification: ☐☐/☐☐/☐☐

SECTION 1. INFORMANTS' DETAILS

1.1. Name: _____

1.2. Position: _____

1.3. Work address: _____

_____

1.4. Telephone number: _____

1.5. Email address: _____

SECTION 2. WOMANS' DETAILS

2.1. Surname: _____ **2.2. First name:** _____

Date of birth: ☐☐/☐☐/☐☐

2.3. Usual residential address at time of death: _____

_____

_____

2.4. Date & time of death: Date: ☐☐/☐☐/☐☐ Time: ☐☐:☐☐

2.5. Place of mother's death: Name of unit/place _____

2.6. Was this woman pregnant at the time of death? ☐ Yes ☐ No

2.7. Did this woman deliver? ☐ Yes ☐ No

2.7 (b) Place of delivery if applicable Name of unit _____

2.8. Days between delivery and death? ☐☐

2.9. Did this woman have a TOP or ectopic pregnancy? ☐ Yes ☐ No

2.10. What was the gestation at delivery (or death if undelivered)? ☐☐ weeks + ☐ days

2.11. Was an Autopsy performed? ☐ Yes ☐ No

2.12. Was this case referred to a coroner? ☐ Yes ☐ No

2.13. What, at notification, was the provisional or suspected cause of death?

_____

_____

_____

Please return this completed form by registered post to:

Coordinator
Maternal Death Enquiry (MDE), Ireland
5th floor, Cork University Maternity Hospital
Wilton, Cork
Tel: 021 4205053