

CODE FOR CASE MDE Office Use Only



Confidential Maternal Death Enquiry Ireland

Maternal Death Notification Form

Date of Notification:

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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

2.8. 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:

Ms E. Manning

Coordinator

Maternal Death Enquiry (MDE), Ireland

5th floor, Cork University Maternity Hospital

Wilton, Cork

Tel: 021 4205042