Rapid report and surveillance form

1.0 Woman’s details

☐ Ethnic group: 1* (enter code, please see Definitions for codes)
☐ Race: 1* (enter code, please see Definitions for codes)

1.2 Was this woman born in Canada?  
Yes ☐ No ☐ Unknown ☐
If No, Country of birth:

1.3 Was this woman a Canadian citizen?  
Yes ☐ No ☐ Unknown ☐
If No,  
State country of citizenship:

How long in Canada before death:  
If <24 months, number of months ☐ ☐
If ≥24 months, number of years ☐ ☐
Unknown ☐
and please tick one of the following

Born in Canada ☐ Landed immigrant ☐ Other (Specify) ☐ Unknown ☐

1.4 Did the woman speak/understand English?  
Yes ☐ No ☐

1.5 Living arrangements: (Tick all that apply)

Own ☐ Rent ☐ Public Housing ☐
Living alone ☐ Living with partner ☐ Living with relative ☐
Homeless ☐ Other ☐ Unknown ☐

1.6 Maternal Height: ☐ ☐ cm Not known ☐
1.7  Maternal first recorded Weight: □□ kg  Unknown □

1.8  Pre-pregnancy BMI  □□ Unknown □

1.9  Smoking status:  Never □ Pre-pregnancy □ During Pregnancy □ Post-Partum □ Unknown □

1.10  Was this woman known to misuse alcohol or other substances?  Yes □ No □ Unknown □

1.11  Domestic Abuse:
Did this woman experience domestic abuse prior to pregnancy?  Yes □ No □ Unknown □
Was domestic abuse identified during pregnancy?  Yes □ No □ Unknown □
Was the woman asked about abuse during her antenatal visits?
Yes □ No □ Not documented □ No antenatal visits □ Unknown □

1.12  Mental Health:
Did this woman have a current mental health condition?  Yes □ No □ Unsure □ Unknown □
If Yes, please specify details:

1.13  Was the infant taken or to be taken into care?  Yes □ No □ Unknown □

2.0: Previous Obstetric History

2.1  Is the previous obstetric history known?  Yes □ No □
If No, please go to Section 3.
2.2 Previous pregnancies

Number of completed pregnancies beyond 22 weeks

Number of live births

Number of stillbirths/late fetal losses

Number of previous caesarean sections

If no previous pregnancies, please go to section 3.

2.3 Did the woman have any previous pregnancy problems?*

Yes ☐ No ☐ Unknown ☐

If Yes, please specify details:

3.0: Previous Medical History

3.1 Did the woman have any pre-existing or antenatal conditions?*

Yes ☐ No ☐ Unknown ☐

If Yes, please specify details:

3.2 Has this woman ever had a mental health diagnosis?

Yes ☐ No ☐ Unsure ☐ Unknown ☐

If Yes, please specify details:
Was this history identified at first appointment?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

4.0: This Pregnancy

4.1 Final Estimated Date of Birth (EDB**)?  

<table>
<thead>
<tr>
<th>MM</th>
<th>YY</th>
<th>Unknown</th>
</tr>
</thead>
</table>

4.2 Was this a multiple gestation?  

| Yes | No |

If Yes, please specify the number of fetuses, including this baby  

<p>| |</p>
<table>
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<tr>
<th></th>
</tr>
</thead>
</table>

4.3 Was this pregnancy the result of assisted reproduction/IVF?  

| Yes | No | Unknown |

4.4 Did the woman receive antenatal care?  

| Yes | No | Unknown |

4.5 What was the intended place of birth?  

<table>
<thead>
<tr>
<th>Level 1 Facility</th>
<th>Level 2 Facility</th>
<th>Level 3 Facility</th>
<th>Birth Centre</th>
<th>At home</th>
<th>Other (please specify)</th>
<th>Unknown</th>
</tr>
</thead>
</table>

4.6 Were there problems in this pregnancy**?  

| Yes | No | Unknown |

If Yes, please specify details:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

4.7 Were there post-partum problems following this pregnancy**?  

| Yes | No | Unknown |

If Yes, please specify details:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
5.0: Delivery

5.1  Was the woman undelivered at the time of death?  
Yes ☐ No ☐

If No, where did the woman deliver?

Level 1 Facility ☐ Level 2 Facility ☐ Level 3 Facility ☐ Birth Centre ☐
At home ☐ Ambulance ☐ Other (please specify) ________________

5.2  Was this delivery an early pregnancy loss?  
Yes ☐ No ☐

Best estimate of gestational age: ☐

If Yes, please state if loss was due to  Ectopic ☐ Miscarriage ☐ Termination ☐ Other ☐

If Other, please specify:  
__________________________________________________________________

5.3  Was labour induced?  
Yes ☐ No ☐

5.4  Did the woman labour?  
Yes ☐ No ☐

5.5  What was the mode of delivery?

Spontaneous ☐ Assisted Vaginal ☐ C-section ☐

If delivered by c-section, was it:

Pre-labour ☐ After onset of labour ☐ Perimortem ☐

5.6  Did the woman ever have anaesthesia?  
Yes ☐ No ☐

If Yes, what method(s) were used?  GA ☐ Epidural ☐ Spinal ☐ Combined Epidural/Spinal ☐

Other ________________
6.0: Outcomes
Section 6a: Woman

6a.1 Was the woman transferred to critical care?  Yes [ ] No [ ] Unknown [ ]
Or to a facility with a higher level of care? Yes [ ] No [ ] Unknown [ ]

6a.2 Was there any major maternal morbidity in this pregnancy? 5*
Yes [ ] No [ ] If Yes, please specify________________________________ Unknown [ ]

6a.3 Was the woman discharged from hospital after delivery and before death?
Yes [ ] No [ ] Unknown [ ] Never in hospital [ ]

6a.4 What was the date and time of death?  DD [ ] MM [ ] YY [ ] hh [ ] mm [ ]
OR tick if time not known [ ]

What was the initially presumed cause of death? ______________________________________________

What were the cause(s) of death stated on the death certificate?
______________________________________________________

Was autopsy performed?
Hospital [ ] Coroner/Medical Examiner [ ] Other [ ] No [ ]
If Yes, what was the diagnosis on the death certificate?
______________________________________________________

6a.5 Where did the woman die?
Hospital [ ] At home [ ] Other healthcare facility [ ] Ambulance [ ] Other ________________