

SCHEDULE
(Subsection 6(1))

Form for Reporting Deaths Resulting from Pregnancy, required under
The Private Hospitals Act and the Regulations

- 1** Name _____ Date and Hour of Death _____
Residence _____ Place of Death _____
Married _____ Age _____
- 2** Was there a birth? _____ Live or Still? _____ Sex _____
Date and hour of birth _____ Period of Gestation _____
Has child survived? _____
- 3** Where did labour commence? _____
Where did birth occur? _____
If patient removed to hospital, why? _____
- 4** Did death occur before, during, or after labour? _____
If during labour, at what stage? _____
Duration of labour _____ Duration of 1st stage _____
2nd stage _____ 3rd stage _____
- 5** Who attended patient during labour? _____
- 6** Was labour induced? _____ If so how? _____
- 7** Was there any operative interference? _____
If so, what? _____ And why? _____
- 8** Was pituitary extract used and when? _____
Was blood, or blood substitute transfused? _____
Other treatment _____
- 9** Was there a temperature of 100 degrees or over, twice or oftener, between 2nd and 10th days? _____
If so, give course _____
- 10** Had deceased received prenatal care? _____
If so, from whom and how frequently? _____
When was she first seen by doctor? _____
Was any abnormal condition discovered? _____
Urine? _____ Blood pressure _____ Weight _____ Pelvis _____
- 11** Did patient follow advice? _____

12 Had deceased been pregnant previously? _____ How often? _____
How many children born alive? _____ Stillborn (28 weeks and over) _____
Abortions (Under 28 weeks) _____
How many children died within the first week? _____ first month? _____
Was there any abnormality connected with previous pregnancy or birth? _____

13 Was previous health good? If not, how? _____

14 Please give short notes on:
Diet of deceased _____
Habits of deceased _____
Home conditions _____
Financial condition _____
Work done by deceased _____
Attendants at birth _____
Digital exam, and findings _____

15 What was the cause of death? _____
How did the patient die? _____

Signed _____ Address _____ Date _____