



Maternity Clinical Event Trigger Form (MATF057)

Insert patient label

LMC: _____

MATERNAL EVENTS	√	FETAL EVENTS	√
Eclamptic Fit		Unexpected Intrapartum Death	
Maternal Collapse (including Amniotic Fluid Embolism)		Abnormal Lactate level > 7+	
Uterine Rupture		Seizure within first 24 hours of birth	
Post Caesarean Section complications		Unexpected admission to SCBU	
Peripartum Hysterectomy		CYFS Uplift	
Cord Prolapse		Undiagnosed IUGR < 2.5kg at term	
Abruption resulting in adverse fetal or maternal outcome		Birth before arrival at hospital with complications	
Unexpected outcome following birth		Stillbirth (> 20 weeks gestation)	
Maternal transfer to ICU / HDU		Other	
G.A. for Category 1 C/S			
Uterine inversion			
Primary or Secondary PPH > 1000 mls.		SYSTEMS EVENTS	√
Unplanned re-admission of mother within 6 weeks of birth event		Inability to provide Secondary Care	
Attempted instrumental delivery converting to C/S		C- Section	
Other e.g. P.E., DVT, wound dehiscence, etc.		Instrumental	
Blood Transfusion		Trial in OT	

**Events in this section only: need to be reported as a Health Care Event in Concerto.
Ensure CMM, ACMM or Afterhours Manager has been advised**

MATERNAL EVENTS	√	FETAL EVENTS	√
Maternal Death		Unexpected Neonatal Death	
4 th degree tears		Physical trauma to baby during birth e.g. Brachial Plexus injury, # Clavicle	
Medication Errors (Maternal or Fetal)		Shoulder Dystocia requiring manoeuvres	
		Abduction or baby given to wrong parents	
		Adverse event after administration of opioids	

Date of Event:

Time:

(PTO)

Who was present?

Brief Description of Event:

Comments: e.g. (Working night shift next 5 days, on leave until ...)

Name and Signature: _____
(Of person completing form)

FOR Trigger Review Group use:

Date trigger form reviewed: __/ __/ __

OUTCOME	YES	NO	DATE COMPLETED
Closed – nil further action			
Event Report required			
Systems review required			
Case review required			
Referred to Review Steering Group			