

Supplementary Table S1 Data extraction Template

Case ID					
FROM DATA SURVEILLANCE FORM	Cause and place of death				
	Early or late maternal death	Pregnancy (gestation):			
		Postnatal (w/m PN):			
	Summary of case and care (only to be used as prompts to identify possible vignettes and demonstrate key findings)				
	Demographics	Age at death			
		Ethnicity			
		Country of birth			
		Socio-economic status (IMD quintile)			
		Employment status			
		Partner status e.g. single or has a partner/spouse			
		BMI at booking			
	Gestational age at booking				
	Medical/obstetric risk factors		Yes/No	Detail	
	Medical history	Gravidity & Parity			
		History of stillbirth/Neonatal death/SIDS			
Known medical conditions					
Known obstetric risk factors					
Known mental illness					
Complex social factors of multiple disadvantage*		Present (Y/N/NA)**	Actions taken/support offered/support in place		
Complex social risk factors	Domestic abuse (If possible provide information about perpetrator and type of abuse)				
	Substance misuse (please specify: alcohol/illicit drugs/over the counter or prescription drugs used in harmful way)				
	Mental Health issues				
	Criminal justice involvement				
	Homelessness/Insecure housing				
	Young (<20yrs)				
	Learning difficulties or disability				
	Physical disabilities				
	Absence of social support (partner/family)				
	Significant financial need				
	Recent migrant (<1yr)				
	Unable to speak or understand English				
	Care experienced (as child/adolescent)				
	Concerns re partner (such as paternal substance misuse/MH/CJS)				
Other					
Summary of social services involvement (current pregnancy and any previous contact)					
Social Services involvement	Circumstances of referral (if known) - Referrer - Time of referral - Main reason for referral - Length of time between referral and actual involvement from Social Services - Any referrals rejected				
	Involvement for: 1) Mother; 2) Baby; 3) Both				
	Involvement prior to death (Yes/No)				
	Highest level of involvement: (CIN/CP/PLO/ICO/PPO/s20/other)				
	Child taken into care (Yes/No) – if yes, please give details if this was prior or after maternal death				
	Previous involvement, incl. removals (Yes/No) – if yes, please give details				

Thematic Guidance for Case Note Review with prompts***
<p>1. Women should have access to all relevant services as early as possible, with clear communication between agencies (BC Charter Principle 1, 4 & 6)</p> <ul style="list-style-type: none"> - Was there a confident and skilled conversation about potential safeguarding concerns at booking? - Was there a prompt referral to LA as soon as safeguarding concerns were identified? - Was there evidence or clear documentation of thresholds when referrals were sent? - Was there a timely offer of specialist support (1st trim)? - Were professionals' concerns and plans shared with parents, while continually checking parents' understanding? - Was there consistent and frequent multi-agency communication? - Were services joined-up, co-located where possible? - Did the woman have access to all relevant universal and specialist services required? - Was the woman offered or signposted to antenatal education classes? - Was the woman excluded from any services/care on the grounds of social services involvement? If so, which services? - Was there any evidence of MDT safety planning prior to discharge for women subject to Domestic Abuse?
<p>2. Women should receive support that is specialist and continuous during pregnancy, birth and early motherhood (BC Charter principles 1)</p> <ul style="list-style-type: none"> - Was there involvement of staff with expertise in safeguarding? - Were there any perinatal mental health practitioners involved? - Was the woman seen in a specialist pathway for women with social services involvement? - Was there evidence of flexibility in appointments? - Was there evidence of professional understanding of risk, for instance re coercive control. - Was the woman prioritised for Continuity of Carer? - If fragmented care, give summary or examples - In case of domestic abuse, did she have access to appropriate support, such as an IDVA? - In case of substance misuse, did she have access to specialist addiction services? - Was there an assertive outreach approach taken to the woman's postnatal care? - Was the postnatal offer extended beyond 10days PN? - Was information shared clearly with GP, health visitors and other services involved?
<p>3. Women should receive support that is women-centred, holistic and culturally appropriate (BC Charter principle 2 & 9)</p> <ul style="list-style-type: none"> - Was there any consideration given to the woman's specific learning and communication needs or preferences (incl. interpreter requirements)? - Was there evidence of parental distrust of services? If so, what actions did maternity staff undertake to mitigate this? - Was care oriented towards the baby and not towards the mother? - Did the woman have opportunities to discuss issues without partner present? - Was the mother's privacy, dignity and confidentiality respected? - Was supervision proportionate to the level of risk and concern? - Was the mother supported to attend the court hearing, especially if still recovering in hospital?
<p>4. Women should receive support that is trauma-informed and trauma-responsive (BC Charter principles 3)</p> <ul style="list-style-type: none"> - Is there evidence that the impact of previous social services involvement or previous removals was considered? - Was the mother's history of trauma taken into account? - Was challenging or avoidant behaviour viewed through a lens of possible past trauma? - Did the woman experience any form of racism? - Did the woman experience any discrimination related to protected characteristics? - Were efforts made to minimise or mitigate the risk of re-triggering trauma? - In case of domestic abuse, was there evidence of victim-blaming (i.e. women being held accountable for partner's behaviour?) - Was sensitivity shown regarding the information shared with other professionals/in records and its potential impact on parents?
<p>5. Women should receive support that is responsive to their specific needs, including mental health support? (BC Charter principles 5, 7, 9 and 10)</p>

<ul style="list-style-type: none"> - Were referrals due to MH concerns made at the earliest opportunity? - Was the woman supported by MH professionals to understand any MH diagnoses? - Did she have access to appropriate MH provisions? - Were transitions between MH services based on need? - Was there a protected postpartum period immediately after birth to allow for recovery and bonding? - If baby was on NICU, was access to baby equivalent to other mothers without SSI? - Were the immediate basic and emotional needs of the mother prior to hospital discharge checked? - Was community support put in place prior to hospital discharge? - Was there access to services and professional support post-removal? - If no longer eligible post-removal, was there timely alternative support made available? - Was the woman prioritised to ensure timely offer of MH support post separation?
<p>6. Women should be having their birth preferences and parenting choices respected (BC Charter Principles 8 and 10)</p> <ul style="list-style-type: none"> - Were LA plans re birth arrangements and plan for baby shared by 30w gestation? - Were parents involved in producing the birth arrangements, incl. choice of birthing partner? - Were women's preferences around birth and early PN period discussed and documented? - Were women's preferences around birth and early PN period followed? - Was she supported by a birth partner? - Was the mother given maximum opportunities to parent her baby, in the way she preferred (e.g. feeding choices, skin-to-skin)? - Was there any consideration given that the woman needed space and time to prepare emotionally and practically for a possible separation? - Was there any consideration for continuing post-separation bonding (eg. creating mementos etc)? <p>Was mother given clear information about future contact arrangements prior to separation?</p>
<p>7. Women should have their rights upheld through clear ways to express concerns, challenge inaccuracies and make complaints about unfair or poor practice (BC Charter Principle 14)</p> <ul style="list-style-type: none"> - Did the woman challenge any information collected or presented due to inaccuracy? - Was there any information shared re complaints procedures? - Was she supported by maternity staff to raise concerns with other members of the multi-professional team around her? <p>Did the woman have access to an advocate or some independent support</p>
<p>8. Additional: Was there any evidence of judgement or bias in care or support received?</p> <p>Please provide any examples of language indicative of judgement or bias related to social services involvement or complex social factors</p>

* Cosstick et al., 2022: doi: 10.1016/j.eclinm.2022.101587; Birth Companions 2019 report

** Yes: asked and present / No: asked but not present / NA: not asked or no information available

*** Guidance taken from Birth Companions Charter for women with involvement from children's social care (2023) and Born Into Care best practice guidance for when the state intervenes at birth (2023)