

The background of the page features a soft gradient from light purple at the top to a deeper blue at the bottom. Scattered across this background are several butterflies in various shades of purple and blue. Some butterflies are in sharp focus, showing detailed wing patterns, while others are faded or partially obscured, creating a sense of depth and movement.

Frequently Asked Questions

Frequently Asked Questions about Completing the Under 19 Mortality Form for the National Paediatric Mortality Register (NPMR)

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NPMR at a glance

- **Who:** All deaths of children and young people under 19 years old
- **What:** Complete the NPMR notification *and* the MCCD
- **When:** Within 5 days of the death of child or young person
- **If unsure:** Record best information available — it can be updated

What is the National Paediatric Mortality Register (NPMR)?

The NPMR Under 19 Mortality Form is the initial notification that a child or young person under 19 years of age has died. It is the first step in the NPMR notification process.

This early notification:

- Allows timely, high-level surveillance of child deaths
- Supports preliminary understanding of suspected causes and circumstances
- Informs learning, prevention, and public health planning

Final clinical details are not required at this stage.

Which deaths should be notified to NPMR?

A notification should be completed for all children and young people under 19 years of age who die while living in, or while present in, Ireland.

When must this form be completed?

The NPMR Under 19 Mortality form should be completed within 5 days of the death to align with the Civil Registration (Electronic Registration) Act 2024.

Who should complete the form?

In most cases, the consultant with primary clinical responsibility for the child is responsible for ensuring the NPMR notification is completed.

- **Hospital Consultant**
 - For deaths occurring under hospital care (including deaths outside hospital where the child is under hospital care e.g. children with life limiting condition or child sent overseas for medical treatment)
- **Consultant Pathologist**
 - For children who die unexpectedly outside hospital and are brought for post-mortem

Data may be completed with support from the multidisciplinary team (MDT), but overall responsibility remains with the designated consultant.

Figure 1 illustrates common scenarios and clarifies responsibilities within the healthcare system. Rare scenarios (e.g. deaths requiring a State post-mortem) are being reviewed and will be incorporated into future guidance.

Circumstance in which child or young person dies	In which setting	Data entry support	Data Entry (Responsible consultant)
 Child dies under the care of the hospital	In hospital (e.g. on a ward, in ICU, in ED)	MDT	Primary Team Consultant / ED Consultant as appropriate
	At home (e.g. child or young person with life limiting condition)	CNC LLC communicate with hospital primary care team as normal.	Primary Team Consultant
	In hospice (e.g. child or young person with life limiting condition)	Hospice personnel communicate with hospital primary care team as normal	Primary Team Consultant
	Overseas (e.g. sent overseas for care while under the care of an Irish hospital)	TBC	Primary Team Consultant
 Child dies unexpectedly outside of the hospital	Community (at home / school /other community location) but brought to the ED already deceased	Supported by Assistant Pathology Technician / Coroner	Hospital Consultant Pathologist
	Community (at home / school /other community location)	Supported by Assistant Pathology Technician / Coroner	Hospital Consultant Pathologist
	Overseas (e.g. while on holidays / medical tourism)	Supported by Coroner	TBC

If a child has been transferred from another hospital, which hospital has responsibility to notify NPMR?

The hospital in which the child dies or is received at time of death is responsible for submitting the NPMR notification.

Why is it important to submit this form?

Monitoring child deaths is essential to:

- Understand how and why children die
- Identify potentially preventable causes
- Improve the quality and safety of healthcare and services

What are the benefits of the NPMR?

The NPMR provides timely, national information on child deaths. This enables:

- Early identification of trends or emerging risks
- Local review of mortality patterns
- Development of quality improvement initiatives
- An evidence base to inform national policy aimed at reducing child deaths

How the information used?

The information entered in this notification supports a national, standardised approach to child death surveillance and review in Ireland.

What the data are used for?

- To build an accurate picture of when, where, and how children die
- To identify patterns, trends, and emerging risks
- To inform prevention strategies and public health action
- To help target quality improvement initiatives in healthcare and community settings
- To support child death review processes

What if I do not yet know the cause of death?

Information provided at the time of notification is often provisional. Doctors should record the suspected cause of death based on the best clinical information available at the time.

If further information becomes available following post-mortem examination or Coroner investigation, the cause of death can be updated and recorded as the final cause of death during Phase 2 of the NPMR process. Recording a suspected cause at this stage supports timely learning and surveillance and does not imply certainty or final determination.

Why are consultant contact details collected as part of the NPMR notification?

Consultant contact details are collected solely to support follow-up and data quality. This allows the NPMR team to:

- Clarify or verify information if needed
- Update records when new information becomes available

Contact details are not used for performance management, blame, or disciplinary purposes.

Where is this data collection taking place?

All hospitals and settings providing care to children and young people will be included on a phased basis.

Do doctors need to complete both the Medical Cause of Death Certificate and the NPMR notification?

Yes. Doctors must complete both:

- the Medical Certificate of Cause of Death (MCCD) (a legal requirement), and
- the NPMR notification, which collects timely information to support learning, quality improvement, and prevention.

The National Office of Clinical Audit (NOCA) is working with the HSE to improve alignment between these processes and reduce duplication in the future. Both must currently be completed.

How is NPMR governed?

The NPMR is overseen by the National Office of Clinical Audit (NOCA). Notifications are completed using standardised processes, with both local and national governance arrangements in place.

NOCA National Office of Clinical Audit

What is the National Office of Clinical Audit (NOCA)?

NOCA was established in 2012 to lead national clinical audit programmes in Ireland. It is an independent board and supports hospitals to learn from audit and improve care. NOCA is funded by the HSE's Office of the Chief Clinical Officer and operationally supported by the Royal College of Surgeons in Ireland.

How can I be sure that this information is kept confidential?

Strong safety and privacy rules are in place for the data entry and access to reports. Data is processed and stored in accordance with the information rules and oversight policies and the law.

How can I access information from NOCA?

You can access data about your hospital from your local contact person if it is appropriate. You can access national information by contacting NOCA. NOCA's data access and information governance policy can be accessed on the [NOCA website](#)

How can I find out more?

National Office of Clinical Audit

4th Floor, 118 St Stephen's Green, Dublin 2, D02 X0N1

Website: www.noca.ie

Email: auditinfo@nocai.ie

Telephone: +353 1 4028577

Local contact team

See Resource section 'Your local team' for your hospital local team