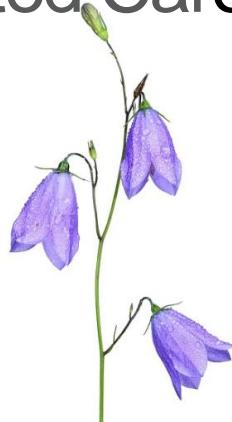




# Management of Second Trimester Pregnancy Loss

## Integrated Care Pathway



Ensuring optimal management for families who  
experience a second trimester pregnancy loss

**To be used from 13+0 weeks to 23+6 weeks gestation  
in association with the Second Trimester Pregnancy Loss  
Guideline**

March 2018  
Version 2

Woman's Name: .....

Hospital Number: .....



In honour of all the parents and families  
who have experienced a pregnancy loss

## Second Trimester Pregnancy Loss Integrated Care

### Pathway 13<sup>+0</sup> weeks to 23<sup>+6</sup> weeks gestation

Woman	Baby	Baby
Last name:	Last name:	Last name:
First name:	First name: (if applicable)	First name: (if applicable)
Hospital number:	Date of delivery:	Date of delivery:
DOB:	Gender:	Gender:
Address:	Weight:	Weight:
	Diagnosis:	Diagnosis:
	Gestation:	
Woman's contact details:	Partner's name and contact details:	
Consultant:	Named / allocated midwife:	
G.P: G.P Address:	Additional Information:	
Interpreter required: Yes/No	Language:	
Health Visitor:	Religion:	

**The purpose of this ICP to encourage care to the highest standards however women and families are individuals with their own needs and requirements, and variances from this pathway may occur in order to provide the best care to these women and their families.**

Woman's Name: .....
Hospital Number: .....

## Communication

- With parents
  - Answer questions openly and honestly
  - If you do not know the answer, say so and find someone who can answer the question
- With colleagues

## Principles

- Ensure privacy
- Involve both parents where appropriate
- Use empathetic but unambiguous language
- Respect religious / cultural beliefs
- Provide written information
- Allow time for decision making
- Use active listening
- Repeat information
- Promote continuity of care and carer
- Involve experienced staff
- Inform relevant care providers (e.g.G.P)
- Coordinate referrals
- Complete referrals
- Complete documentation

# Management

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## Accountability

Signature	Print	Designation / grade

Woman's Name: .....  
Hospital Number: .....

## Diagnosis and Immediate Care

Confirmed by ultrasound: Yes  No

1st practitioner's name:	Signature:	Date & Time:
2nd practitioner's name:	Signature:	Date & Time:

**Offer** Miscarriage Association patient information leaflet "Late Miscarriage: Second Trimester Loss"

Given:   
Declined:   
Not Applicable

**Offer to contact partner, relative or friend to offer support**

Offered and accepted   
Offered and declined   
Partner already present

### Immediate Care:

Investigations at diagnosis:	Yes	No	Results
FBC / Group & save if required.			
PT & APTT			
Consider Kleihauer at >20weeks, in RhD negative and if clinical suspicion or trauma to abdomen in RhD positive			
If Rh negative give appropriate dose of Anti-D			
Observations:			
BP	O2 saturation		
Temperature	Conscious level		
Pulse	Uterine activity		
Respiratory rate	Urinalysis		
Infection screen indicated?	Yes	No	Results
HVS and endocervical swabs			
MSU			
CRP			
Blood cultures			
<b>Antibiotics Indicated?</b> Broad spectrum			

### Additional information

Gravidity:	Parity:	Gestation:
Abdominal palpation:		Speculum:
Past obstetric history:		
No. of previous miscarriages:	1 <sup>st</sup> Trimester:	2 <sup>nd</sup> Trimester:
Past medical history:		
Special circumstances:		
Working diagnosis:	Date and Time:	

Woman's Name: .....
Hospital Number: .....

## Delivery at Threshold of Viability

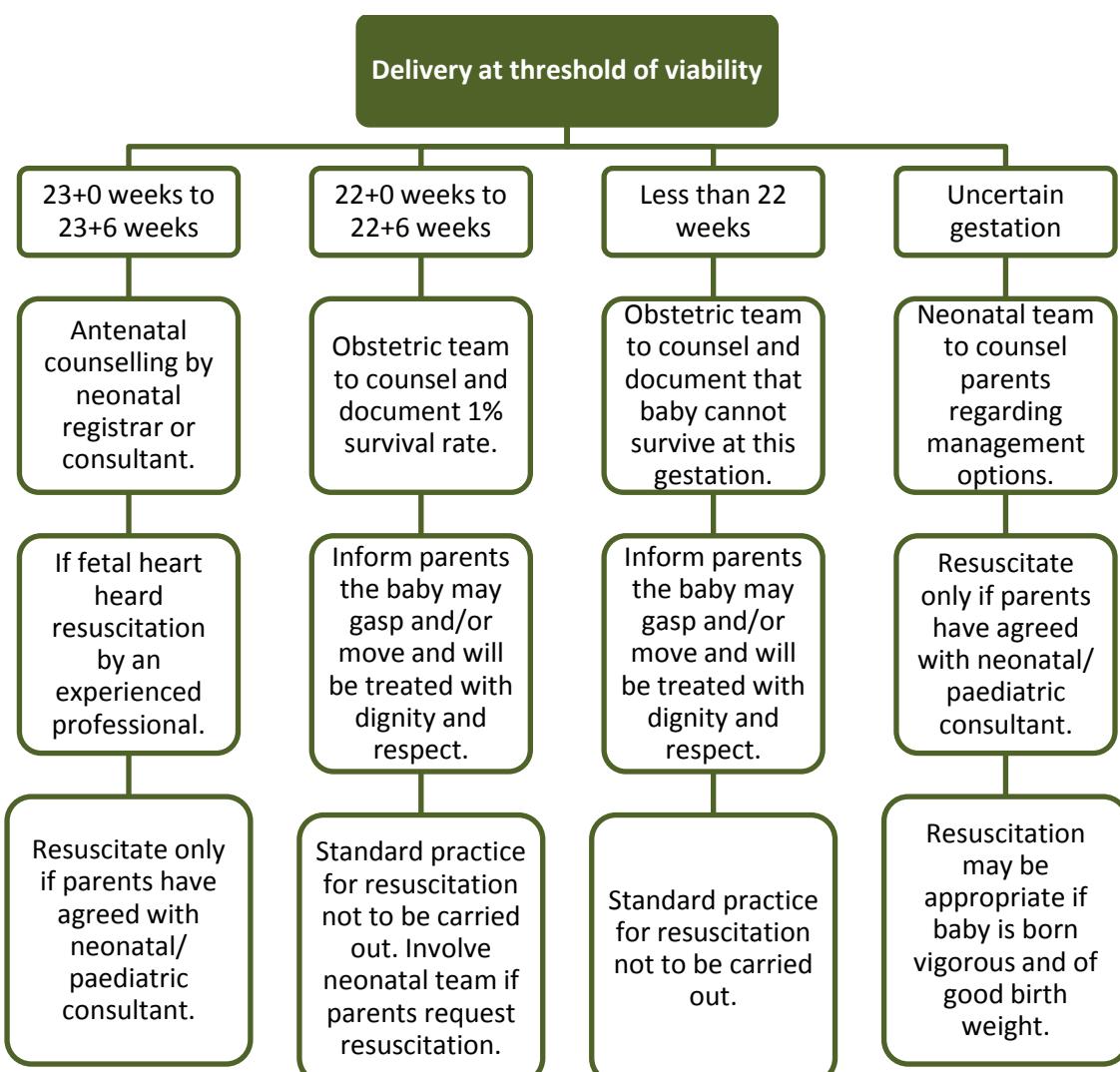


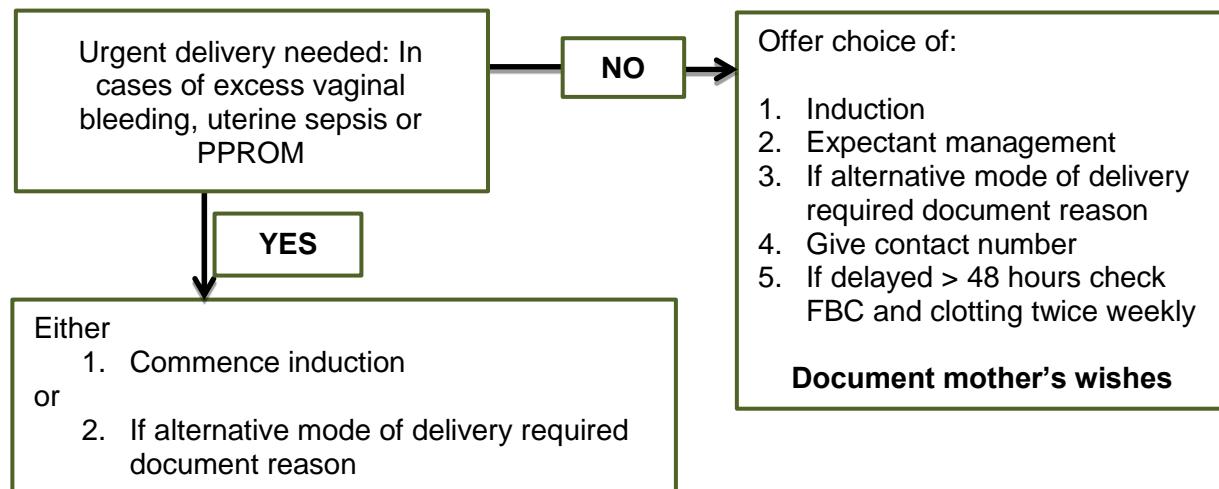
Figure 1: Care during Induction and Delivery

## Management of Baby Born With Signs of Life Which Is Not For Resuscitation

- Baby should be treated with dignity, respect and love
- Comfort care should be provided
- Wrap the baby to keep the baby warm and provide the option of family holding the baby
- If the family do not wish to see or hold the baby place the baby in an appropriate size Moses basket

Woman's Name: .....
Hospital Number: .....

## Timing of Delivery



### Induction regime table

		Pregnancy loss 13+0 weeks to 23+6 weeks		Termination of pregnancy 13+0 weeks to 23+6 weeks	
		Unscarred & scarred uterus	Unscarred uterus	Scarred uterus	
Pre-Induction	Mifepristone 200 milligrams once only			Mifepristone 200 milligrams once only	
Normal interval between mifepristone and misoprostol is 24 hours to 48 hours though this can be shortened if clinically needed.					
Induction	Misoprostol 200 micrograms 6 hourly for 4 doses		Misoprostol 400 micrograms 3 hourly for 5 doses	Misoprostol 200 micrograms 3 hourly for 5 doses	
Vaginal route preferable due to lower incidence of side effects. (Avoid vaginal route if bleeding or signs of infection) Misoprostol can be given per oral, sublingual (under the tongue) or buccal (in the cheek)					
If delivery not achieved after the recommended doses above, discuss with Consultant. A second course of misoprostol can be given after a 12 hour interval.					
If delay in delivery of the placenta more than 30 minutes after the fetus, an additional dose of misoprostol can be given. If 3 <sup>rd</sup> stage not complete by 1 hour, empty bladder and consider surgical intervention.					

\* Mifepristone contraindicated if uncontrolled or severe asthma, chronic adrenal failure, acute porphyria.

\*\* Misoprostol caution with conditions that are exacerbated by hypotension (cerebrovascular or cardiovascular disease) and inflammatory bowel disease.

If membranes ruptured consider oxytocin infusion as the method of induction.

If membranes intact use induction regimes indicated above – use Trust drugs prescription sheet.

Woman's Name: .....
Hospital Number: .....

## Care Around Diagnosis

Location of care	Yes	No	N/A	Comments	Date	Signature
Book induction admission						
Arrange admission to avoid arrival with other parents having induction of labour						
Emergency telephone numbers provided:						
Discuss possibility of feeling passive movements if the mother had been feeling fetal movements before diagnosis						
Inform: <ul style="list-style-type: none"> <li>• GP</li> <li>• Consultant</li> <li>• Consultant's secretary</li> <li>• Community midwife</li> </ul>				Who contacted		
Cancel antenatal, ultrasound and/or any additional appointments at other units/ children centres						
Inform other units if applicable: <p>Eg. Fetal medicine unit</p> <p>Other specialities (diabetic team/cardiology/ teenage pregnancy/safeguarding team).</p>				Who contacted		
Provide the parents with a compassionate car parking pass if required. See back page of booklet.						
Orientate mother to her surroundings (eg the bereavement/delivery suite/gynae ward) and explain call bell system.						
Inform & provide parents with details of the bereavement midwife/family support office or equivalent lead.						
If appropriate discuss delivery postnatal investigation and management.						
Offer emotional support and be sensitive. Parents will be distressed and frightened. Answer questions honestly. If you do not know the answer, say so, and find someone to assist you.						
Complete an incident form if more than 22 weeks						

Woman's Name: .....
Hospital Number: .....

## Care in Labour

This should be the same as normal care of labour as per trust policy including use of partogram and observations.

### Additional Information

Include any events in labour which require further discussion at postnatal review

### Labour and Delivery Summary

Mode of Delivery	Perineum:	Estimated Blood Loss:
Born with signs of life: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of death: Time of death:
Seen by doctor when signs of life Yes <input type="checkbox"/> No <input type="checkbox"/>		
Seen by same doctor following death Yes <input type="checkbox"/> No <input type="checkbox"/>		
Death certified by doctor Yes <input type="checkbox"/> No <input type="checkbox"/>		Doctor's name:
Cause of death:		
Coroner informed Yes <input type="checkbox"/> No <input type="checkbox"/>		

### Umbilical Cord

Fetal chromosome analysis	I consent that a sample of umbilical cord is taken for extracting DNA in order for chromosomal analysis to be performed.  I understand that the sample may be stored for future diagnostic tests.  Parental signature: <hr/> Date: <hr/>	Sample needed 3cm section of umbilical cord placed in saline	Sample destination: Cytogenetics	Offered Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>  Accepted Yes <input type="checkbox"/> No <input type="checkbox"/>
If cause for stillbirth is known then investigations may be omitted.				

Woman's Name: .....

Hospital Number: .....

## Care in Labour

### Umbilical Cord

Placental tissue can be sent for chromosomal analysis if cord sample not available.

Only send sample of umbilical cord or placental tissue if fetal abnormality, or if requested by cytogenetic dept or if 3<sup>rd</sup> consecutive miscarriage

Sample needed:  
2cm<sup>3</sup> of placental tissue

Sample destination:  
Cytogenetics

Offered:  
Yes   
No   
N/A

Accepted:  
Yes   
No   
N/A

\*If cause for stillbirth is known then investigations may be omitted.

### Placenta

Do not place in formalin until cord sample for chromosomal analysis and swabs for microbiology obtained.

Placental swabs obtained	Obtain as soon as possible	Swab from maternal surface of placenta only	Microbiology	Offered: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Surgical evacuation of placental tissue			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, was it morbidly adherent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Verbal consent for histopathological examination of the placenta obtained.  Preserve in formalin (or other preservative as per local policy) whilst awaiting transport to laboratory ONLY after taking swabs and segment of cord for fetal chromosomal analysis			Placental pathology offered: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  If yes Accepted (ie gave verbal consent) <input type="checkbox"/> or Declined <input type="checkbox"/>	
Placental weight _____ g				

Woman's Name: .....
Hospital Number: .....

## Care of Baby

Individualised where appropriate

	Yes	No	N/A	Comments	Date	Signature
Identify baby. Use 2 name bands.  Attach 1 name band around fetal abdomen if unable to place around limbs. Second identity band alongside baby.  State baby of: mothers name/ mothers hosp number/date and time of delivery and hospital.						
Does the mother wish to see/hold her baby immediately?						
Photographs: Discuss and offer memento photographs to be taken. Offer the parents the opportunity to take their own photographs. If taken by Medical Illustration - consent will need to be obtained.	1 <sup>st</sup> offer  2 <sup>nd</sup> offer					
Verbal consent obtained for initial examination.				If consented to see sheet on next page		
Weigh the baby.						
Discuss personal items: • Hand and foot prints • Name band • Cord clamp • Certificate	1 <sup>st</sup> offer  2 <sup>nd</sup> offer					
Dress baby, if gestation appropriate, and carefully and respectfully lay the baby in as natural position as possible in a Moses basket. Ask parents if they would like to dress the baby themselves. Use appropriate sized clothes.				If for religious or personal reasons, parents do not wish their baby to be dressed use plain white sheets.		
Provide the parents with the opportunity to choose clothes and blankets for the baby and to offer to start a memory box with them or equivalent.						

Woman's Name: .....

Hospital Number: .....

## Care of Baby

	Yes	No	N/A	Comments	Date	Signature
Offer opportunity to hold their baby, spend time with their baby and offer the use of the cooling cot (if available) to maintain baby's skin condition. With parents' consent offer other family members to hold baby with their permission.						
Offer parents the opportunity to make an entry into the remembrance book						
Offer spiritual pastoral care ask if they would like their baby to be blessed and inform the hospital chaplain or local minister if preferred.				Refer to baby with chosen name, if applicable		
In the event of delivery of a multiple pregnancy at the threshold of viability with one surviving baby consider butterfly project (page 18 in the STPL Guideline)						

Woman's Name: .....
Hospital Number: .....

# Clinical Examination of Baby

If greater than 16 weeks

Verbal consent obtained and documented for external examination of baby (page 9)

## MEASUREMENTS

Weight \_\_\_\_\_ g

## MACERATION

*Fresh*: no skin peeling   
*Slight*: focal minimal skin slippage   
*Mild*: some skin sloughing, moderate skin slippage   
*Moderate*: much skin sloughing but no secondary compressive changes or decomposition   
*Marked*: advanced maceration

## HANDS

Normal appearance   
Abnormal appearance   
If abnormal describe \_\_\_\_\_

## FINGERS

Number present \_\_\_\_\_  
If not 4+4 please describe \_\_\_\_\_  
  
Abnormal webbing or syndactyly   
If abnormal describe \_\_\_\_\_

## THUMBS

Number present \_\_\_\_\_  
If not 1+1 please describe \_\_\_\_\_  
  
Unusual position of fingers   
Looks like a finger   
If abnormal describe \_\_\_\_\_

## FEET

Normal appearance   
Abnormal appearance   
If abnormal describe \_\_\_\_\_

## TOES

Number present \_\_\_\_\_

If not 5+5 please describe \_\_\_\_\_

Abnormal spacing

If abnormal describe \_\_\_\_\_

## GENITALIA

Anus  Normal   
Imperforate  Other   
If other please describe \_\_\_\_\_

## SEX

Male  Female   
Ambiguous

## EARS

Normal  Low set   
Pre-auricular tags  Pre-auricular pits   
Posteriorly rotated  If other describe \_\_\_\_\_

## NECK

Normal  Short   
Excess  Cystic mass   
/redundant skin (hygroma)  
If other describe \_\_\_\_\_

## CHEST

Normal  Long/narrow   
Short and broad  Other   
Describe \_\_\_\_\_

## ABDOMEN

Normal  Flattened   
Distended  Hernia   
Omphalocele  Gastroschisis

Woman's Name: .....

Hospital Number: .....

## Clinical Examination of Stillborn Baby continued

### BACK

Normal  Spina bifida   
 If spina bifida, level of defect  
 Scoliosis  Kyphosis   
 Other  If other describe \_\_\_\_\_

### LIMBS

Length  
 Normal  Long  Short\*   
 \*If short, which segments seem short

### Form

Normal  Asymmetric   
 Missing Parts   
 If abnormal describe \_\_\_\_\_

### Position

Normal  Clubfoot   
 Other   
 If abnormal describe \_\_\_\_\_

### HEAD AND FACE

Head relatively normal   
 Collapsed  Anencephalic   
 Hydrocephalic  Abnormal shape   
 If abnormal describe \_\_\_\_\_

### EYES

Normal  Prominent   
 Sunken  Straight   
 Uplplanting  Downslanting   
 Far apart  Close together   
 Eyelids fused  Other   
 If other describe \_\_\_\_\_

### NOSE

Normal  Abnormally small   
 Asymmetric  Abnormally large   
 Nostrils  Apparently patent   
 If other describe \_\_\_\_\_

### MOUTH

Normal size  Large  Small   
 Upper lip  Intact  Cleft\*

If cleft, give location: \_\_\_\_\_

Left  Right   
 Bilateral  Midline

### Mandible

Normal size  Large   
 Small  Other

Any other abnormality \_\_\_\_\_

### Examination performed by

Name \_\_\_\_\_

Designation: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Woman's Name: \_\_\_\_\_

Hospital Number: \_\_\_\_\_

## Investigations After Delivery

If cause of fetal loss known (e.g. fetal aneuploidy or lethal malformation), further investigations may not be required. This should be discussed with the consultant who has managed the woman antenatally.

Further investigations required? Yes  No

If no, state reason: \_\_\_\_\_

**Offer to All\*** unless cause known eg fetal aneuploidy, lethal malformation or lead clinician customises further investigations.

Offer to all	Other information	What	Destination	Date	Yes	No
<b>Fetal infection screening</b>		Swab from baby's axilla	Microbiology			
		Swab from maternal surface of placenta	Microbiology			
<b>Maternal serology</b>	TORCH Screen & Parvovirus B19	Maternal blood	Microbiology			
<b>Placental pathology</b>	Recommended even if post mortem examination is declined. Send in formalin.	Whole placenta and membranes	If less than 16 weeks and no PM – local hospital  If greater than 16 weeks Paediatric histopathology, St Mary's Hospital / Alder Hey Hospital			
<b>Post mortem</b>	Take swabs and cord samples (if required) prior to placing placenta in formalin	Baby, placenta and copy of maternity notes				

Woman's Name: .....

Hospital Number: .....

**Selective Investigation** (perform only if there is a clinical indication)

Selective investigations	Other information	What	Destination	Date	Yes	No
<b>If greater than 20 weeks and history of bleeding in Rh negative or history of trauma in Rhesus positive women, Kleihauer test</b>	At diagnosis	Maternal blood	Blood Transfusion			
<b>if more than 16+0 weeks, External examination of baby</b>	To identify any major fetal abnormalities	External examination				
<b>If clinically suspected maternal infection</b>	If maternal flu like illness Abnormal coloured liquor; or prolonged ruptured membranes	Blood cultures, MSU, high vaginal swab, endocervical swab (inc for Chlamydia spp)	Microbiology			
<b>If fetal anomaly diagnosed or chromosomal anomaly suspected, or if 3<sup>rd</sup> consecutive miscarriage (with the exception of isolated neural tube defect which are unlikely to have a genetic cause)</b>	Fetal chromosomes Take 3cm of umbilical cord and place in saline ( <b>not formalin</b> ) for transport. If no identifiable/retrievable umbilical cord: send 2cm <sup>3</sup> of placenta	3cm of umbilical cord  <b>Do not send more than the required amount of tissue.</b>  (Parents to sign box in umbilical cord section on page 7 of STPL ICP)	Cytogenetics, St Mary's Hospital/ Liverpool Women's Hospital			
<b>If fetal abnormality suspected (with the exception of isolated neural tube defect which are unlikely to have a genetic cause)</b>	Discuss with local clinical genetics, whether fetal genetic examination appropriate	Whole fetus transferred via mortuary	Clinical Genetics, St Mary's Hospital 0161 276 6506/Liverpool Women's Hospital 0151 702 4229			

Woman's Name: .....

Hospital Number: .....

Selective investigations	Other information	What	Destination	Date	Yes	No
<b>If suspected maternal substance abuse</b>	Needs maternal consent	Urine for cocaine metabolites	Chemical Pathology			
<b>If hydrops fetalis</b>	Anti Ro and La Red cell antibody screen		Immunology Blood Transfusion			
<b>If intracranial haemorrhage (found at post mortem)</b>	Maternal alloimmune antiplatelet antibodies	Blood test from mother and father	Immunology			
<b>If there is no obvious cause</b>	Maternal thyroid function tests HbA1c	At delivery	Chemical Pathology			
<b>If late fetal loss without PPROM or preterm labour</b>	Lupus anticoagulant Anticardiolipin antibodies	At delivery episode	Immunology			
<b>If fetal growth restriction</b>	Thrombophilia screen	At least 6 weeks postnatal	Haematology			
<b>If abruption</b>	Lupus anticoagulant Anticardiolipin antibodies	<b>If positive on previous test:</b> repeat at least 12 weeks postnatal	Immunology			

**Parental chromosomes are not required routinely. See Second Trimester Pregnancy Loss Guideline page 21 for circumstances where these may be appropriate.**

## Miscarriage Certification

	Yes	No	Signature
MBRRACE notifying officer informed of fetal loss			
Certificate accepted by parents			
Certificate offered to parents			
Documentation relating to under 24 weeks fetal loss completed and sent to the relevant department as per local policy			

Woman's Name: .....
Hospital Number: .....

# Registration

At gestations under 24 weeks only those babies born with signs of life who subsequently die need to be discussed with the coroner and registered as a birth and death. (see Mode of Delivery on page 6)

In such cases where a fetus has died before 24 weeks, but is expelled from its mother after 24 weeks, e.g. delay between diagnosed miscarriage and delivery, fetal reduction, fetus papyraceus, multiple pregnancy) and its gestation is either known or provable from the stage of development or ultrasound, then the fetus does not have to be registered (RCOG, 2005).

	Yes	No	Signature
Coroner referral required			
Coroner approval obtained			
Coroner's release form required			
Open and close inquest held by Coroners			

See Coroner's Referral Form in the Second Trimester Pregnancy Loss Guideline Appendix 1

## MBRRACE

Deaths to be reported to MBRRACE-UK since 1 January 2013 through the secure online reporting system:

	Yes	No	N/A	Comments	Date	Signature
Notify person responsible for completing MBRRACE form. Nominated individual to complete national Perinatal notification (currently MBRRACE Perinatal Death Surveillance) for :						
<b>All late fetal losses</b> from 22+0 to 23+6 weeks showing <b>no</b> signs of life, irrespective of when the death occurred. Both date of delivery and date of confirmation of death should be reported for these cases.						
<b>Early neonatal death:</b> a live born baby (born at 20+0 weeks gestational age or later, or with a weight of 400 gms or more where an accurate estimate of gestation is not available) who died before 7 completed days after birth, should be reported to MBRRACE.						
<b>Terminations of pregnancy</b> - resulting in a pregnancy outcome from 22 <sup>+0</sup> weeks gestation onwards, <b>plus</b> any terminations of pregnancy from 20 <sup>+0</sup> weeks which resulted in a live birth ending in neonatal death.						

Woman's Name: .....

Hospital Number: .....

## Postnatal Care of Mother

	Yes	No	N/A	Comments	Date	Signature
Offer advice regarding expected emotional reactions and difficulties. Provide information leaflets with support groups and contact numbers in the back of the leaflets.				Leaflets given:		
VTE score/risk assessment as per Trust guideline				LMWH to be prescribed if necessary, based on risk factors		
Check FBC depending on blood loss prior to discharge				Review take home medication		
Check Rhesus status and check that anti D has been given.				Check whether anti D was given at diagnosis of fetal loss		
Obtain the woman's consent to attach a tear drop sticker to the cover of the notes including the date of delivery				Verbal consent acceptable		
Complete the Bounty suppression form or activate local agreement						
Ensure a senior grade/consultant obstetrician or gynaecologist reviews the woman prior to discharge						
Discuss post natal recovery and expectations. Advice given:						
Discuss and provide contraception of the woman's choice if possible						

### Complete Postnatal Discharge

	Yes	No	N/A	Comments	Date	Signature
Discharge women as per Trust policies						
Ensure the woman has any take home drugs she may require including analgesia and LMWH if required						

Woman's Name: .....
Hospital Number: .....

## Postnatal Care of Mother

### Follow Up – Community Midwife

	Yes	No	N/A	Comments	Date	Signature
1. Does the woman consent to a community midwife visit? (dependent on local policy)						
2. If a visit is declined, the community midwives, GP, health visitor, child health should still be notified of the miscarriage to avoid inappropriate contact.				Name of the GP/GP receptionist informed, with date and time.		
3. If CMW visit is declined, advise woman to see her own GP.						

### GP

	Yes	No	N/A	Comments	Date	Signature
<b>Inform GP by telephone and send the discharge <u>by post</u> to the surgery, highlighting the fetal loss outcome.</b>						

### Suppression of Lactation

	Yes	No	N/A	Comments	Date	Signature
<b>Discuss suppression of lactation if more than 18 weeks.</b> If accepted give Cabergoline 1 milligram orally. If declined or contraindicated to discuss alternative methods review				Cabergoline contraindicated if allergy to ergot alkaloids, history of puerperal psychosis, pulmonary/pericardial/retro-peritoneal fibrosis and cardiac valvulopathy. Caution hypertension and pre-eclampsia		

Woman's Name: .....

Hospital Number: .....

## Postnatal Care of Mother

	Yes	No	N/A	Comments	Date	Signature
Ensure that the parents have all the relevant contact details if there are complications. Following discharge options are: <ul style="list-style-type: none"> <li>• Community Midwife</li> <li>• Gynae Assessment Unit</li> <li>• Delivery Suite</li> <li>• Consultant's Secretary</li> </ul>						
Inform the mother that she is able to come back to spend time with her baby if she wishes. Advise that she should phone to arrange in advance.				<p>Advise where viewing would take place.</p> <p>Inform parents sensitively that natural changes may occur. This is influenced by the condition of the baby from delivery and the degree of maceration present.</p>		
Track the medical notes for all women not consenting to a post mortem to the relevant department (as per local policy)						
Communication of outstanding screening results to patient by screening midwife				See Appendix 10, page 35 of STPL guideline		
Arrange a postnatal follow-up appointment with Consultant Obstetrician/ Gynaecologist after investigation results are anticipated to be received				<p>It may take 12 weeks for a full post mortem report to be received, in the meanwhile remind the woman to make contact with her GP regarding wellbeing.</p>		

Woman's Name: .....

Hospital Number: .....

## Transfer of Baby to the Hospital Mortuary

	Yes	No	N/A	Comments	Date	Signature
Check baby's identity labels.						
Complete the relevant labels/ documentation for your unit, these must be placed with the baby.						
Toys and personal affects may be placed with the baby for transfer.						
The baby can remain dressed if the parents wish, for transfer to the mortuary.						
The copy of the post-mortem form must travel securely with the baby if to be performed.						
The maternal case notes (original or copy case notes) must be sent with the baby if the parents have requested a post mortem (PM) examination.						
It is recommended to put baby in an appropriate container for transfer (e.g. body bag) and label container as appropriate.						
Attach one name band to the transport container.						
All appropriate funeral documentation should be clearly identified and accompany the baby.						
Telephone the mortuary to inform them of the transfer.						

Woman's Name: .....

Hospital Number: .....

## Taking a baby home

	Yes	No	N/A	Comments	Date	Signature
There is no legal reason why the parents may not take their baby home.				If the baby is to have a post-mortem examination the parents must be informed that by taking their baby home it may affect the post-mortem examination on their baby. Liaise with mortuary on the process to be agreed.		
The baby must be taken home in an appropriate casket or Moses basket.  The parents then take responsibility for arranging the funeral if the baby was born with no signs of life, if they wish.						
The means of transport home must be appropriate i.e. private not public transport.						
Completed appropriate documentation as per local policy for releasing baby from ward and refer to local guidance						
Following neonatal death coroners approval and a coroners release form needs to be obtained.				Following neonatal death the baby cannot be released without coroners approval and a coroners release form.		

Some hospices offer the use of a cold room facility. This allows the family to stay with the baby and say goodbye in a supportive environment. This is a place where babies can lay at rest after their death until the day of their funeral.

See <http://www.neonatalnetwork.co.uk/hospice-care/file/HospiceInformation>

Woman's Name: .....

Hospital Number: .....

## Funeral Arrangements

As per local arrangements and gestation	Yes	No	N/A	Comments	Date	Signature
Go through the options available for burial/cremation of their baby. If the parents would like the hospital to help them with the funeral arrangements, refer the parents as per local hospital arrangements. Document arrangements.						
Complete the certificate for burial or cremation (sensitive disposal of fetal remains).						
If the family choose a hospital burial this certificate must be given to the dedicated individual in your Trust ie mortuary or bereavement centre.						
If the family choose to arrange their own funeral the certificate of disposal is usually given to the family to give to their funeral director of choice, however check your local Trust policy.						
If the baby is to be cremated local documentation must be completed and signed.						
If the parents choose to have a hospital cremation or a private cremation the form/notification must be sent to the mortuary with the baby.						

### Funeral arrangements

Whilst there is no legal requirement to bury or cremate babies who are miscarried <24 weeks gestation, many families will wish to. Parents should be given details of the options available, which may depend on gestation and the contract held with the funeral director and the crematorium, but include hospital cremation, private burial or private cremation. Some hospitals offer both individual cremation and shared cremation. In a shared cremation, several babies are cremated at the same time.

If the parents would like the hospital to help them with the funeral arrangements, refer to local hospital policy. Document what arrangements are likely to be carried out. Complete a certificate for burial or cremation (disposal) and send to the dedicated individuals in your trust i.e. mortuary or bereavement centre. If the family are arranging their own funeral the certificate of disposal should be sent with the family who should be advised to give it to their funeral director.

Woman's Name: .....
Hospital Number: .....

## Funeral Arrangements

If the parents choose to have a hospital cremation or a private cremation the form / notification must be sent to the mortuary with the baby. If a hospital cremation is chosen ask the parents what they wish to do with the ashes. If they wish to collect them advise when and where this will occur. If they do not, or if the trust policy is to scatter ashes in a designated place eg baby garden, ask the parents if they wish to know when this will occur. At very early gestations, or if the hospital offers shared cremation only then the parents should be informed that there will not be any individual ashes to collect.

Further advice and information on sensitive disposal of fetal remains can be found in the frequently asked questions section of the Human Tissue Authority website:  
<https://www.hta.gov.uk/faqs/disposal-pregnancy-remains-faqs> or from guideline

Woman's Name: .....
Hospital Number: .....

## Follow Up Visit Prompt List

### Prior to Consultation

1. Ensure all results are available
2. Notes of any case review are available

Visit date: \_\_\_\_\_

Ensure woman has appropriate support (e.g. partner, friend, translator, other special need)

Date of pregnancy loss \_\_\_\_\_ Baby's name \_\_\_\_\_ Gestation \_\_\_\_\_

Counselling offered Yes  No  Already receiving  Other \_\_\_\_\_

### Observations

Blood pressure \_\_\_\_\_ BMI \_\_\_\_\_ Pulse \_\_\_\_\_ LMP \_\_\_\_\_

Investigations	Performed		Result
	Yes	No	
Post mortem			
Placental pathology			
Fetal chromosome analysis			
Fetal axillary swab			
Placental swabs			
Kleihauer			
TORCH and Parvovirus B19			
Thrombophilia screen			
Other investigations as per clinical presentation			

### Final Diagnosis

Final Diagnosis

### Any other issues to be addressed / referrals / further investigations

Any other issues to be addressed / referrals / further investigations

### Plan for future pregnancy

Who to contact when pregnant	
Antenatal plan of delivery	

Woman's Name: .....

Hospital Number: .....

## Follow Up Visit Prompt List

### General Points Discussed

Pre-pregnancy advice for next pregnancy ((see page 7 for items that occurred at delivery for discussion)

<input type="checkbox"/> Smoking	<input type="checkbox"/> Contraception
<input type="checkbox"/> Safe alcohol consumption	<input type="checkbox"/> BMI
<input type="checkbox"/> Folic acid prophylaxis	<input type="checkbox"/> Other medication (eg aspirin)

### Other medical issues, medications, pre pregnancy medical conditions

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### Plan for next pregnancy

- Booking under Consultant Obstetrician
- Consider whether aspirin or LMWH are indicated
- Consider cervical length scans depending on presentation and likely cause of miscarriage
- Offer extra ultrasound scans for reassurance
- Consider extra precautions for post natal depression

If chronic histiocytic Intervilllositis on placental histology discuss with Rainbow Clinic at St Mary's Hospital or Wythenshawe for commencement of aspirin, LMWH, prednisolone and hydroxychloroquine at 7 weeks gestation after an early viability scan, followed by close ultrasound surveillance.

### Following the consultation

Write a letter to the parents with a copy to the GP following this consultation

### Consultation performed by

Name \_\_\_\_\_ Designation: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Woman's Name: .....
Hospital Number: .....

## Support Section and Contact Details

<b>National</b>	
<b>ARC Antenatal Results &amp; Choices</b> Support for parents whose baby is diagnosed with a fetal abnormality in pregnancy. <b>Helpline: 0845 077 2290 or 0207 713 7486</b> <a href="http://www.arc-uk.org/">http://www.arc-uk.org/</a>	<b>Samaritans</b> Confidential emotional support in times of despair. <b>Telephone: 116 123</b> <a href="http://www.samaritans.org/">http://www.samaritans.org/</a>
<b>Bliss for babies born sick or premature</b> Family support helpline offering guidance and support for premature and sick babies. <b>Helpline: 0808 801 0322</b> <a href="http://www.bliss.org.uk/">http://www.bliss.org.uk/</a>	<b>Sands</b> Stillbirth & Neonatal Death Charity Support for families affected by the death of a baby before, during or shortly after birth. <b>Telephone: 0207 436 5881</b> <a href="http://www.uk-sands.org">http://www.uk-sands.org</a>
<b>Child Bereavement UK</b> Supports families and educates professionals when a baby or child of any age dies or is dying, or when a child is facing bereavement. <b>Helpline: 0800 028 8840</b> <a href="http://childbereavementuk.org">www.childbereavementuk.org</a>	<b>Saneline</b> Emotional support and information for people with mental health problems <b>Telephone: 0845 7678000</b> <a href="http://www.sane.org.uk/">http://www.sane.org.uk/</a>
<b>Child Death Helpline</b> For all those affected by the death of a child. <b>Freephone: 0800 282 986 0808 800 6019</b> <a href="http://childdeathhelpline.org.uk/">http://childdeathhelpline.org.uk/</a>	<b>TAMBA</b> (Twins & Multiple Birth Association) Bereavement and special needs support groups <b>Telephone: 01252 332344</b> <a href="http://www.tamba.org.uk/bereavement">http://www.tamba.org.uk/bereavement</a>
<b>Contact a Family</b> Support and information about specific conditions. <b>Telephone: 0808 808 3555</b> <a href="http://www.cafamily.org.uk/">http://www.cafamily.org.uk/</a>	<b>The Miscarriage Association</b> Support for parents who have experienced miscarriage <b>Telephone: 01924 200 799</b> <a href="http://www.miscarriageassociation.org.uk/">http://www.miscarriageassociation.org.uk/</a>
<b>Cruse Bereavement Care</b> For adults and children who are grieving. <b>Telephone: 0808 808 1677</b> <a href="http://www.cruse.org.uk/bereavement-services/">http://www.cruse.org.uk/bereavement-services/</a>	<b>The Compassionate Friends UK</b> Offering support after the death of a child at any age. <b>Helpline: 0845 123 2304</b> <a href="http://www.tcf.org.uk">www.tcf.org.uk</a>
<b>Daddies With Angels</b> Advice and support to male family members following the loss of a child/children. <b>Telephone: 007513 655134</b> <a href="http://www.daddyswithangels.org">http://www.daddyswithangels.org</a>	<b>Tommys</b> Bereavement-trained midwives available Monday to Friday, 9am to 5pm <b>Helpline: 0800 0147 800</b> <a href="http://tommys.org/stillbirth-information-and-support">tommys.org/stillbirth-information-and-support</a>
<b>Lullaby Trust</b> Sudden infant death bereavement support: <b>Telephone: 0808 802 6868</b> <a href="http://www.lullabytrust.org.uk">http://www.lullabytrust.org.uk</a>	<b>Listening Ear</b> Free self-referral counselling to help deal with anxiety, bereavement and depression. <b>Telephone: 0151 487 9177</b> <a href="http://listening-ear.co.uk/">http://listening-ear.co.uk/</a>
<b>Regional</b>	
<b>Children of Jannah</b> Support for bereaved Muslim families in the UK, based in Manchester. <b>Telephone: 0161 480 5156</b> <a href="http://www.childrenofjannah.com">www.childrenofjannah.com</a>	<b>Once Upon A Smile</b> Provides emotional and practical support to bereaved families. <b>Telephone: 0161 711 0339</b> <a href="https://www.onceuponasmile.org.uk/">https://www.onceuponasmile.org.uk/</a>

### Other Contacts:

<b>Consultant:</b>	<b>Community Midwife:</b>
Name:	Name:
Secretary:	Tel:
Tel:	
<b>Bereavement support / lead:</b>	
Name:	Tel:

## Parking Permit

Authorised by (PRINT NAME) \_\_\_\_\_ Authorisor's signature \_\_\_\_\_

Authorisers contact etxn no. \_\_\_\_\_ Date of issue \_\_\_\_\_

This permit (to be displayed on the dashboard) has been issued for exceptional circumstances and entitles the user to free parking at the hospital site for 1 week.

Start date \_\_\_\_\_

End date \_\_\_\_\_

### **Greater Manchester and Eastern Cheshire Strategic Clinical Network**

Greater Manchester Health and Social Care Partnership

4<sup>th</sup> Floor | 3 Piccadilly Place | Manchester | M1 3BN

<http://www.gmhsc.org.uk> <http://www.gmecscn.nhs.uk/>

### **North West Coast Strategic Clinical Network**

Vanguard House | Sci-Tech Daresbury | Keckwick Lane | Daresbury | Halton

Warrington | WA4 4AB

<https://www.nwcscnseate.nhs.uk/>