



# Management of Stillbirth

## Integrated Care Pathway



To be used in association with the  
Management of Stillbirth Guideline

**To be used from 24+0 weeks gestation**  
If less than this please see  
Second Trimester Pregnancy Loss Guideline and ICP

Version 3  
March 2018

Woman's Name: ..... Hospital Number: .....
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In honour of all the babies who are delivered stillborn  
and the parents and families who experience the  
unimaginable

# Intrauterine fetal death $\geq$ 24+0 weeks gestation

## Integrated Care Pathway (ICP)

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:
Maternal BMI:	Weight:	Weight:
Ethnicity:	Diagnosis:	Diagnosis:
Address:	Gestation:	

Woman's contact details:	Partner's name and contact details:
Consultant:	Named/allocated midwife:
G.P:	Additional information:
G.P address:	

Interpreter required: Yes/No	Language:
Health visitor:	Religion:

	<p>* If one baby in a multiple pregnancy has died ask parents if they wish to use the Butterfly logo to identify this (see <b>Stillbirth Guideline pages 8 and 9, Appendix 2</b>).</p>	Accepted <input type="checkbox"/>
		Declined <input type="checkbox"/>
		N/A <input type="checkbox"/>

In such cases where a fetus has died <24 weeks but expelled from its mother after 24 weeks (e.g. fetal reduction, fetus papyraceous, multiple pregnancy) and its gestation is either known or provable from the stage of development or ultrasound, then the fetus does not need to be registered as a stillbirth.

**The purpose of this ICP is 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: .....



## Diagnosis and Immediate Care

Confirmed by ultrasound: Yes  No

1st practitioner's name:	Signature:	Date and time:
2nd practitioner's name:	Signature:	Date and time:

<p><b>Offer the mother patient information leaflet</b> eg RCOG "When your baby dies before birth"?</p> <p>Given: <input type="checkbox"/></p> <p>Declined: <input type="checkbox"/></p> <p>Not applicable <input type="checkbox"/></p>	<p><b>Has the mother been informed of possible passive movements?</b></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Not applicable <input type="checkbox"/></p>	<p><b>Offer to contact partner, relative or friend to offer support</b></p> <p>Offered and accepted <input type="checkbox"/></p> <p>Offered and declined <input type="checkbox"/></p> <p>Partner already present <input type="checkbox"/></p>
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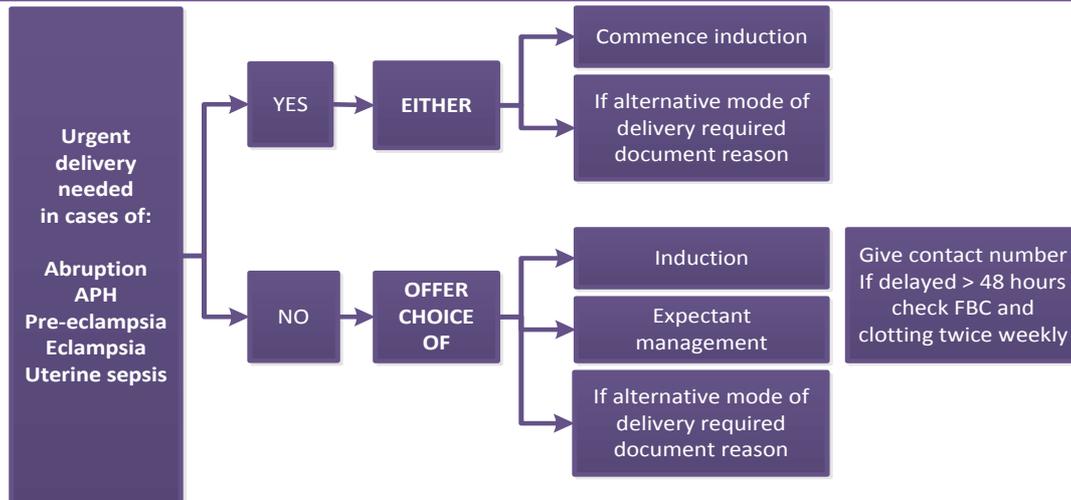
### Immediate Care

Investigations at diagnosis	Yes	No	Results
FBC			
PT & APTT			
U+E's			
LTF's			
<b>Kleihauer</b> in ALL women even if RhD positive			
If Rh negative give appropriate dose of Anti-D (may need further dose of anti-D after delivery)			
Group and save			
<b>Observations</b>		<b>Observations</b>	
Blood pressure		Conscious level	
Temperature		Uterine activity	
Pulse		Urinalysis	
O <sup>2</sup> saturation		Respiratory rate	

<b>Additional information</b>	
Parity:	Gestation:
Obstetric issues:	Past obstetric history:
Special circumstances:	
<b>Working diagnosis at presentation:</b>	Date and time:

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

# Timing of Delivery



Agreed management plan:

- If maternal cervix is favourable consider induction by forewater amniotomy followed by oxytocin.
- If maternal cervix is unfavourable use induction regimes indicated below – use Trust medication prescription method.

	Unscarred uterus 24+0 to 27+6 weeks gestation	Unscarred uterus 27+6 to 42 weeks gestation	Scarred uterus 24+0 to 42+0 weeks IUFD or TOP
<b>Pre-Induction</b>	Mifepristone 200milligrams once only	Mifepristone 200milligrams once only	Mifepristone 600mg day 1
	Normal interval between mifepristone and misoprostol is 0-48 hours	Normal interval between mifepristone and misoprostol is 0-48 hours	Mifepristone 600mg day 2
<b>Induction</b>	24+0 to 26+6 misoprostol 200micrograms 6 hourly PV/SL/PO 5 doses  27+0 to 27+6 Misoprostol 100micrograms 6 hourly PV/SL/PO 5 doses	Misoprostol 50micrograms 6 hourly PV/SL/PO for 5 doses	Misoprostol 50micrograms 6 hourly PV/SL/PO for 5 doses OR <b>Cervical Ripening Balloon (advised)</b>
<b>Vaginal route for misoprostol has lower incidence of side effects and shorter induction to delivery time</b>			

- 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 undelivered after a course of 5 doses, then a 2nd course can be given after a 12 hour interval. Discuss with Consultant about further management prior to a 2nd course.

## Termination of pregnancy – unscarred uterus (scarred uterus see above)

Mifepristone 200mg 24 to 48 hours prior to misoprostol			
24 to 27+6 weeks	Misoprostol	200micrograms	PO/SL/PV 4 hourly
28 to 42 weeks	Misoprostol	100micrograms	PO/SL/PV 6 hourly

Woman's Name: .....

Hospital Number: .....

## Care around Diagnosis

Location of care	Yes	No	N/A	Comments	Date	Signature
<b>Book induction admission</b>						
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: GP Consultant Consultant's secretary Community midwife				Who contacted		
Cancel antenatal, ultrasound and/or any additional appointments at other units/ children centres						
Inform other units if applicable e.g. fetal medicine unit  Other specialities (diabetic team/cardiology/ teenage pregnancy/safeguarding team)				Who contacted		
Provide the parents with a compassionate car parking pass if required. See back page of booklet						
Orientate mother to her surroundings (e.g. the bereavement/delivery suite/gynaecology 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						

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 that need discussion at postnatal review:

### Labour and delivery summary

Mode of Delivery:	Perineum:	Estimated blood loss:
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### 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.	Sample needed  3cm section of umbilical cord placed in saline	Sample destination: Cytogenetics  If baby does not have malformations for PCR only. If malformations noted then full microarray.	Offered Yes <input type="checkbox"/>
	I understand that the sample may be stored for future diagnostic tests.			No <input type="checkbox"/>
	Parental signature: _____			N/A <input type="checkbox"/>
	Date: _____			Accepted Yes <input type="checkbox"/>
Number of vessels: 2 <input type="checkbox"/> or 3		Cord insertion position: _____		
Knots in cord: Yes / No		(e.g. central, velamentous etc.)		
Looped round neck? Yes <input type="checkbox"/> No <input type="checkbox"/>		Other comments:		
If yes number of times _____				
Tight around neck? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Loose? Yes <input type="checkbox"/> No <input type="checkbox"/>				

### Placenta

**Do not place in formalin until cord sample for chromosomal analysis (if indicated) and swabs for microbiology obtained (if required)**

<b>Placental swabs obtained</b> Obtain as soon as possible	Swabs from maternal surface of placenta only	<b>Microbiology</b> 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"/>
Manual 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"/>	<b>Placental Pathology</b> Offered: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Accepted <input type="checkbox"/> (i.e. gave verbal consent) Declined <input type="checkbox"/>	
<b>Verbal consent</b> for histopathological examination of the placenta obtained Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>NB If cause for stillbirth is known then investigations may be omitted</b>
Preserve in formalin whilst awaiting transport to laboratory or other preservative as per local unit policy ONLY after taking swabs and segment of cord for fetal karyotyping Form for Pathology (see Appendix 4 in Management of Stillbirth Guideline)		
Placental weight _____g		

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

## Care of the Stillborn Baby

	Yes	No	N/A	Comments	Date	Signature
Identify baby. Attach 2 name bands						
Weigh and measure baby						
Does the mother wish to see her baby immediately	1 <sup>st</sup> offer			Should ask parents twice if not accepted 1st time		
	2 <sup>nd</sup> offer					
Discuss the care of the baby with mother/parents						
Swab from baby's axilla						
Photographs: Discuss and offer memento photographs to be taken.  Offer the parents the opportunity to take their own photographs.  If photographs taken by Medical Illustration - verbal or written consent will need to be obtained as per Trust policy	1 <sup>st</sup> offer			Should ask parents twice if not accepted 1 <sup>st</sup> time		
	2 <sup>nd</sup> offer					
Verbal consent for initial examination				If consented to see sheet on page 10		
Discuss personal items: • Hand and foot prints (if feasible) • Lock of hair • Name band • Cord clamp	1 <sup>st</sup> offer			Should ask parents twice if not accepted 1 <sup>st</sup> time		
	2 <sup>nd</sup> offer					
Naming and blessing or other				Write name on pages 2 and 25 of this ICP and refer to baby with chosen name		

Woman's Name: .....

Hospital Number: .....

## Care of the Stillborn Baby

	Yes	No	N/A	Comments	Date	Signature
<p>Dress baby, and carefully and respectfully lay the baby in as natural position as possible in a Moses basket/cold cot</p> <p>Ask parents if they would like to dress the baby themselves</p> <p>Use appropriately sized clothes</p>				Some parents may wish to wash their baby. If for religious or personal reasons, parents do not wish their baby to be washed, 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						
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 opportunity if they would like to make an entry into the Remembrance Book						

Woman's Name: .....

Hospital Number: .....

# Clinical Examination of Stillborn Baby

Verbal consent obtained and documented (page 8) for external examination of baby

## 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 \_\_\_\_\_

## NAILS

- All present   
If not, 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

## MALE

- Penis  Normal   
Hypospadias  Very small   
Chordee   
If hypospadias describe level of opening \_\_\_\_\_  
Scrotum  Normal   
Abnormal  If abnormal describe \_\_\_\_\_

- Testes  Descended   
Undescended  Other   
If other describe \_\_\_\_\_

## FEMALE

- Urethral opening  
Present  Absent/unidentifiable   
Vaginal introitus  
Present  Absent/unidentifiable   
Clitoris  
Present  Absent/unidentifiable   
Other  If other describe \_\_\_\_\_  
Ambiguous sex  Please describe \_\_\_\_\_

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

# Clinical Examination of Stillborn Baby continued

## 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

## 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   
 Upslanting  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: .....

# Perinatal Death Certification

## General points

- The Medical Certificate of Stillbirth is a legal document and must be accurate. Accurate determination of the cause of stillbirth is important for understanding the causes of, and preventing, stillbirth.
- The ReCoDe classification should be used to guide the classification of stillbirth and to write the certificate (see Box 1; colour coding indicates suggested placement on the Medical Certificate of Stillbirth).
- An MDT rapid case review within <24 hours in all cases of stillbirth with senior obstetric involvement (Consultant or senior registrar) can aid in identifying the cause. It is essential that the predisposing factors, pregnancy chronology, presentation and postnatal events are reviewed.
- See the “4Ps of perinatal death certification” as a structure for considering which items should be reviewed. Colour coding indicates ReCoDe examples.

Stillbirth notification completed as per NMC standards 2012	<b>Date:</b>
Stillbirth certificate completed	<b>Date:</b>
Stillbirth certificate given to parents	Yes <input type="checkbox"/> No <input type="checkbox"/>

Certification must be performed by a fully registered doctor who

- was present at the birth
- or who has examined the baby after birth

If doubt about status of birth – Inform the Coroner

If there is suspicion of a deliberate action – Inform Police

If death clearly occurred before 24 weeks but delivered after 24 weeks certification and registration is not necessary.

Signature:	Name:
Designation:	
Registration Number (PIN/GMC):	

(A midwife present at the birth or who has examined the baby may complete this form if there is no registered doctor available to do so)

<b>Cause of stillbirth recorded on certificate:</b>	(if no obvious case state “No obvious cause, awaiting further investigation”)
(A) Main diseases or conditions in fetus	
(B) Other diseases or conditions in fetus	
(C) Main maternal diseases or conditions affecting fetus	
(D) Other maternal diseases or conditions affecting fetus	
(E) Other relevant causes	

Woman's Name: .....

Hospital Number: .....

## Registration

- Parents must be informed that legally their baby's stillbirth must be registered (on rare occasions by next of kin).
- Please note: If the mother is remaining an inpatient but husband (married only) is registering the stillbirth at the Registrar's Office send him with the stillbirth certificate and instructions on what to do.
- If the parents are unmarried but want to have the father's surname entered, the couple must present together.
- If same sex couple notify Registrar prior to appointment.

Registered in hospital before discharge	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Went home prior to registration with instructions on how to register	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have parents delegated responsibility for registration to hospital	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (if N/A state why)
Send parents' home with Stillbirth Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (if N/A state why)

Before writing certificate note the following:

- The gestation should be recorded as the gestation at which fetal death *in utero* was diagnosed (e.g. by scan) regardless of the date of delivery
- If post-mortem is being held indicate this.
- Whilst parents cannot legally influence what is included on the Medical Certificate of Stillbirth it is good practice to discuss what will be included on the certificate with the parents prior to issue.
- If a medical termination of pregnancy has occurred (even if for lethal fetal anomaly), the direct cause of death is iatrogenic if the fetus had a heartbeat at the commencement of the procedure.
- The sequence of recorded events should reflect the most likely sequence to result in stillbirth on the basis of available evidence
- Whilst the ReCoDe classification provides a category of 'I' for unexplained cases, this should only be used if there are no other potential causes identified after judicious MDT case review.

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

## ReCoDe Classification of Stillbirth

(A)	Fetus	<ol style="list-style-type: none"> <li>1. Lethal congenital anomaly</li> <li>2. Infection               <ol style="list-style-type: none"> <li>2.1 Chronic – e.g. TORCH</li> <li>2.2 Acute</li> </ol> </li> <li>3. Non-immune hydrops</li> <li>4. Iso-immunisation</li> <li>5. Fetomaternal haemorrhage</li> <li>6. Twin-twin transfusion</li> <li>7. Fetal growth restriction</li> <li>8. Other</li> </ol>	Usually fetal direct (A) Consider fetal indirect (B) and other contributory (E)
(B)	Umbilical cord	<ol style="list-style-type: none"> <li>1. Prolapse</li> <li>2. Constricting loop or knot</li> <li>3. Velamentous insertion</li> <li>4. Other</li> </ol>	Usually fetal direct (A)
			Usually fetal indirect (B)
			May be fetal direct (A) or indirect (B)
(C)	Placenta	<ol style="list-style-type: none"> <li>1. Abruption</li> <li>2. Praevia</li> <li>3. Vasa praevia</li> <li>4. Placental insufficiency/infarction</li> <li>5. Other</li> </ol>	Usually fetal direct (A)
			May be fetal direct (A) or indirect (B)
			Usually fetal direct (A)
(D)	Amniotic fluid	<ol style="list-style-type: none"> <li>1. Chorioamnionitis</li> <li>2. Oligohydramnios</li> <li>3. Polyhydramnios</li> <li>4. Other</li> </ol>	May be fetal direct (A) or indirect (B)
(E)	Uterus	<ol style="list-style-type: none"> <li>1. Rupture</li> <li>2. Other</li> </ol>	Often maternal direct (C)
(F)	Mother	<ol style="list-style-type: none"> <li>1. Diabetes</li> <li>2. Thyroid disease</li> <li>3. Essential hypertension</li> <li>4. Hypertensive disease in pregnancy</li> <li>5. Lupus/antiphospholipid syndrome</li> <li>6. Cholestasis</li> <li>7. Drug abuse</li> <li>8. Other</li> </ol>	May be maternal direct (C) Consider maternal indirect (d) and other contributory (E)
(G)	Intrapartum	<ol style="list-style-type: none"> <li>1. Asphyxia</li> <li>2. Birth trauma</li> </ol>	Usually fetal direct (A)
(H)	Trauma	<ol style="list-style-type: none"> <li>1. External</li> <li>2. Latrogenic (e.g. MTOP in case of lethal congenital anomaly)</li> </ol>	Usually fetal direct (A) Consider maternal direct (C) or indirect (D)
(I)	Unclassified	<ol style="list-style-type: none"> <li>1. No relevant condition identified</li> <li>2. No information available</li> </ol>	Usually fetal direct

# Perinatal Death Certification – the 4 Ps

## Predisposing factors

### Risk factors

Any identifiable maternal risk factors?

- e.g morbid obesity, smoking, hypertension
- If YES likely contributory (E) but if direct consider (C) / indirect (D)

## Pregnancy Course

### Evidence of FGR or placental insufficiency?

- Review customised centile chart and calculate IBC

FGR implicated by:

- IBC <10th centile
- Static ↓ growth trajectory on scans
- IBC compared to scan reveals static growth pattern
- Static SFH measurements in absence of any other data

If FGR present consider (A)

Is there abnormal liquor volume (without SROM history)?

- If YES may implicate placental insufficiency. If both present consider FGR in (A) and placental insufficiency in (B)

If FGR not present then consider placental insufficiency in (A)

### Was termination of pregnancy conducted?

- Direct cause of death consider (A)
- If medical termination of pregnancy conducted this should be recorded in (A) with consideration of reason for termination in “b” (fetal abnormality/fetal reduction or (C) (maternal health condition)

### Multiple pregnancy?

- Usually (B) with direct cause (e.g. TTTS / FGR etc in (A))

## Presentation

### At labour/delivery

- Abnormal bleeding? Consider abruption/praevia in (A)
- Stillbirth following bleeding vasa praevia at ARM should be considered iatrogenic (A) but vasa praevia itself would be (B) in this instance
- Cord prolapse? Consider (A)
- Chorioamnionitis? Consider (A)
- Birth trauma e.g. shoulder dystocia, consider (A) but acknowledge underlying cause (e.g. diabetes) in (B)
- Terminal CTG with no identifiable underlying cause may imply birth asphyxia in (A)

## Postnatal events

### Placental examination:

- Placental abnormality (e.g infarction, ruptured vessel in membranes (i.e vasa praevia) or significant retroplacental clot)? Consider (A)
- Small placenta may indicate placental insufficiency. Consider in (A) if direct, or (B) if indirect
- Tight true knot in cord? If YES consider cord factors in (A)

### Neonatal examination:

- Congenital abnormality confirmed by paediatric examination? If YES and direct consider (A), indirect (B) and contributory (E)
- Cord marks tight enough to leave mark? If YES consider cord factors in (A)

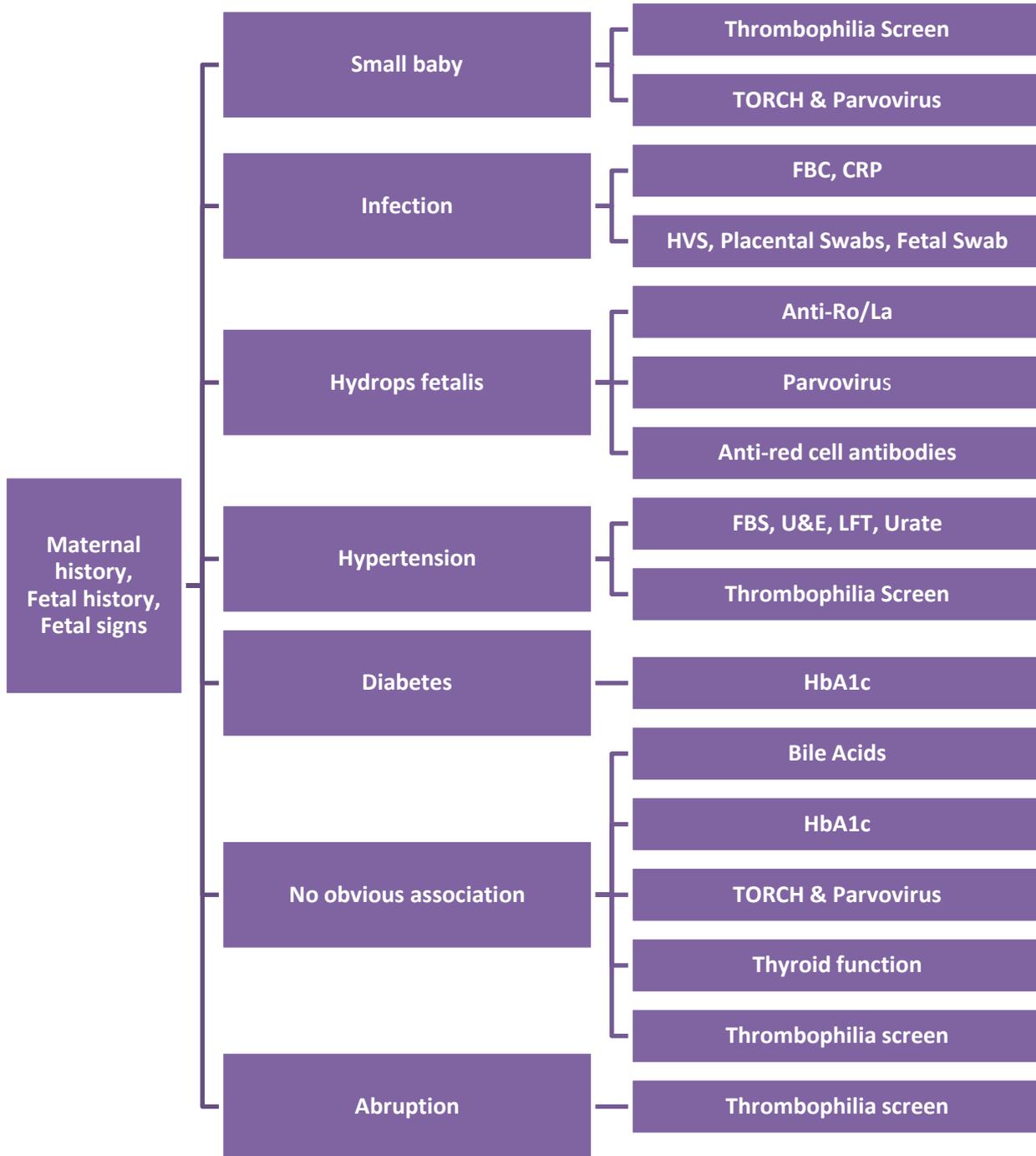
### Maternal symptoms

- Have new medical conditions developed? E.g. hypertension ± proteinuria, raised bile acids. If YES and direct consider (C), indirect (D) and contributory (E)
- Positive Kleihauer? If YES consider (A)

# Investigations after delivery - flowchart

Further investigations needed? Yes  No

If no state reason \_\_\_\_\_



## Investigations after delivery – in detail

	Other information	What	Destination	Date	Yes	No
<b>Offer to All*</b>	<b>Unless cause known and lead clinician customises further investigations</b>					
Post mortem	<p>Prior to consent parents should be given written patient information about a post mortem.</p> <p><b>Leaflet offered</b>  <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>  <b>Accepted</b> <input type="checkbox"/> <b>Declined</b> <input type="checkbox"/></p> <p>See Stillbirth Guideline for information on Sands patient information and parent support group</p> <p>Parents need consenting by an experienced practitioner, limited post-mortem may be performed</p> <p><b>Consent obtained</b>  <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>  <b>Accepted</b> <input type="checkbox"/> <b>Declined</b> <input type="checkbox"/></p>	Use consent form found in Appendix 3 of the Stillbirth Guideline.				
Maternal serology	Toxoplasma, Rubella, CMV, Herpes Simplex & Parvovirus B19	Maternal Blood	Microbiology			
<b>If clinically suspected maternal infection</b>						
Maternal infection screen	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			

Woman's Name: .....

Hospital Number: .....

**If birthweight < 10th centile on customised chart or suspected fetal growth restriction/  
placental abruption/placental insufficiency/pre-eclampsia**

	Other information	What	Destination	Date	Yes	No
Thrombophilia screen	At delivery episode	Lupus Anticoagulant Anticardiolipin Antibodies	Haematology			
	If positive on previous test repeat: At least 12 weeks postnatal	Lupus Anticoagulant Anticardiolipin Antibodies	Haematology			
Urine for cocaine metabolites	Only if suspected maternal substance abuse. <b>Needs maternal consent</b>	Urine for cocaine metabolites	Chemical pathology			
<b>Other Presentations</b>						
If hydrops fetalis	Anti Ro and La Red cell antibody screen		Blood transfusion			
If fetal intracranial Haemorrhage (at post mortem)	Maternal alloimmune antiplatelet antibodies		Immunology			
If there is no obvious cause apparent clinically	Maternal thyroid function tests HBA1c Bile acids Thrombophilia screen (see above)		Chemical pathology			
Parental chromosomes	Only needed if 1. Unbalanced fetal karyotype found 2. Fetal karyotype fails and there is a) Fetal abnormality on USS or PM b) Previous unexplained stillbirth c) Recurrent miscarriages		Cytogenetics			
Other investigations						

Woman's Name: .....

Hospital Number: .....

## Postnatal Care of Mother

	Yes	No	N/A	Comments	Date	Signature
Discuss suppression of lactation. If accepted give cabergoline 1mg. If declined or contraindicated to discuss alternative methods				Cabergoline contraindicated if allergy to ergot alkaloids, history of puerperal psychosis, pulmonary/pericardial/retroperitoneal fibrosis and cardiac valvulopathy. Caution with hypertension and pre-eclampsia		
Check FBC and check result is reviewed during admission						
If RhD negative discuss with transfusion about dose of anti D required for further prophylaxis				Note that a further dose is usually needed even when given at time of diagnosis		
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 Consultant Obstetrician reviews the woman during admission						
Weigh and measure the baby						
Discuss postnatal recovery and expectations Advice given						

### Complete Postnatal Discharge

Discharge women as per Trust policies						
Ensure the woman has any take home drugs she may require including analgesia						

Woman's Name: .....

Hospital Number: .....

# Postnatal Care of Mother

## Follow Up – Community Midwife arrangements

	Yes	No	N/A	Comments	Date	Signature
Does the woman consent to a community midwife visit?						
If a visit is declined: Still notify the community midwife about the stillbirth event to make midwife aware and avoid inappropriate contact						
Does the woman consent to a health visitor visit?						
Inform GP by faxing a copy of the discharge summary and posting the original to the surgery, highlighting the stillbirth outcome. If community midwife visit is declined, advise woman to see her own GP						
Inform health visitor						
Ensure that the parents have all the relevant contact details if there are complications following discharge options are: Community midwife Delivery suite Consultant's secretary						
Offer advice regarding expected emotional reactions and difficulties. Provide information leaflets with support groups and contact numbers in the back of the leaflets				Document leaflets given		
Inform the parents that they are able to come back to spend time with their baby if they wish. Advise that they should phone to arrange this in advance				Advise where viewing would take place. 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.		

Woman's Name: .....

Hospital Number: .....

# Postnatal Care of Mother

## Follow Up – Community Midwife Arrangements

	Yes	No	N/A	Comments	Date	Signature
Leave the medical notes for all women not consenting to a post mortem for the bereavement midwife or nominated individual to complete national Perinatal notification (currently MBRRACE Perinatal Death Surveillance) Notify person responsible for completing MBRRACE form						
Inform parents of annual Service of Remembrance						
Arrange a postnatal debrief appointment				It may take between 8 and 12 weeks for all investigations results to be received. In the meantime remind the woman to make contact with her G.P. regarding her wellbeing		

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 items 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 examination						
Prepare baby for transfer. For example, pram or moses basket						
If parents wish, make arrangements to accompany parents who may wish to carry or carry baby for them						
All appropriate funeral documentation should be clearly identified and accompany the baby						
Telephone the mortuary to inform them of the transfer						
If baby is going home inform mortuary						

Woman's Name: .....

Hospital Number: .....

## Taking a Stillborn Baby Home

	Yes	No	N/A	Comments	Date	Signature
There is no legal reason why the parents may not take their stillborn baby home/directly to funeral directors				However, 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 have legal responsibility for arranging baby's funeral						
The means of transport home must be appropriate i.e. private and not public transport				How intend to transport?		
Ensure parents have relevant document before transporting baby				Documents given		
Complete appropriate documentation for releasing baby from the ward and refer to local guidance						

Woman's Name: .....

Hospital Number: .....

# Funeral Arrangements

	Yes	No	N/A	Comments	Date	Signature
Go through the options available for burial/cremation of their baby. If they would like the hospital to help them with the funeral arrangements, refer the parents as per local hospital arrangements. Document what arrangements are likely to be carried out						
Once the stillbirth has been registered they will issue a certificate for burial or cremation (disposal)						
If the family are choosing to have hospital burial or cremation the certificate of disposal should be given to the dedicated individuals as highlighted in your trust policy, i.e. mortuary or bereavement centre						
If the family are arranging their own funeral the certificate of disposal should be sent with the family and advise them to give to their funeral director						
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				If hospital cremation ask parents what they wish to do with the ashes. If they wish to collect them advise when and where this will occur. If ashes to be retained follow local guidance		

Woman's Name: .....

Hospital Number: .....

# De-brief Visit Prompt List

Date: .....

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

Date of stillbirth: ..... Baby's name: .....

Counselling offered Yes  No  Already receiving  Other .....

## **General Points Discussed**

- Smoking and safe alcohol consumption     Contraception
- BMI                       Emotional needs
- Folic acid prophylaxis             Other medication (eg aspirin)

## **Investigation Results**

	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**

Any other issues to be addressed/referrals/further investigations

## **Plan for future pregnancy**

Who to contact when pregnant	
Antenatal plan of delivery	
Timing of delivery	
Place of delivery	
Mode of delivery	

Best practice is to write a letter to the parents with a copy to the GP following this consultation. If the mother declines write to the GP only.

Woman's Name: .....

Hospital Number: .....

# Notes

Woman's Name: .....

Hospital Number: .....

## Support Organisations and Groups

National	
<p><b>ARC Antenatal Results &amp; Choices</b> Support for parents whose baby is diagnosed with a fetal abnormality in pregnancy. Helpline: 0845 077 2290 or 0207 713 7486 <a href="http://www.arc-uk.org/">http://www.arc-uk.org/</a></p>	<p><b>MIND</b> Promoting and supporting people with mental health problems. Freephone : 0161 272 8205 <a href="http://www.mind.org.uk/">http://www.mind.org.uk/</a></p>
<p><b>Bliss for babies born sick or premature</b> Family support helpline offering guidance and support for premature and sick babies. Helpline: 0808 801 0322 <a href="http://www.bliss.org.uk/">http://www.bliss.org.uk/</a></p>	<p><b>Samaritans</b> Confidential emotional support in times of despair. Telephone: 116 123 <a href="http://www.samaritans.org/">http://www.samaritans.org/</a></p>
<p><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. Helpline: 0800 028 8840 <a href="http://www.childbereavementuk.org">www.childbereavementuk.org</a></p>	<p><b>Sands Stillbirth &amp; Neonatal Death Charity</b> Support for families affected by the death of a baby before, during or shortly after birth. Telephone: 0207 436 5881 <a href="http://www.uk-sands.org">http://www.uk-sands.org</a></p>
<p><b>Child Death Helpline</b> For all those affected by the death of a child. Freephone: 0800 282 986 0808 800 6019 <a href="http://childdeathhelpline.org.uk/">http://childdeathhelpline.org.uk/</a></p>	<p><b>Saneline</b> Emotional support and information for people with mental health problems Telephone: 0845 7678000 <a href="http://www.sane.org.uk/">http://www.sane.org.uk/</a></p>
<p><b>Contact a Family</b> Support and information about specific conditions. Telephone: 0808 808 3555 <a href="http://www.cafamily.org.uk/">http://www.cafamily.org.uk/</a></p>	<p><b>TAMBA (Twins &amp; Multiple Birth Association)</b> Bereavement and special needs support groups Telephone: 01252 332344 <a href="http://www.tamba.org.uk/bereavement">http://www.tamba.org.uk/bereavement</a></p>
<p><b>Cruse Bereavement Care</b> For adults and children who are grieving. Telephone: 0808 808 1677 <a href="http://www.cruse.org.uk/bereavement-services/">http://www.cruse.org.uk/bereavement-services/</a></p>	<p><b>The Miscarriage Association</b> Support for parents who have experienced miscarriage Telephone: 01924 200 799 <a href="http://www.miscarriageassociation.org.uk/">http://www.miscarriageassociation.org.uk/</a></p>
<p><b>Daddies With Angels</b> Advice and support to male family members following the loss of a child/children. Telephone: 007513 655134 <a href="http://www.daddyswithangels.org">http://www.daddyswithangels.org</a></p>	<p><b>The Compassionate Friends UK</b> Offering support after the death of a child at any age. Helpline: 0845 123 2304 <a href="http://www.tcf.org.uk">www.tcf.org.uk</a></p>
<p><b>Lullaby Trust</b> Sudden infant death bereavement support: Telephone: 0808 802 6868 <a href="http://www.lullabytrust.org.uk">http://www.lullabytrust.org.uk</a></p>	<p><b>Tommys</b> Bereavement-trained midwives available Monday to Friday, 9am to 5pm Helpline: 0800 0147 800 <a href="http://tommys.org/stillbirth-information-and-support">tommys.org/stillbirth-information-and-support</a></p>
Regional	
<p><b>Children of Jannah</b> Support for bereaved Muslim families in the UK, based in Manchester. Telephone: 0161 480 5156 <a href="http://www.childrenofjannah.com">www.childrenofjannah.com</a></p>	<p><b>Once Upon A Smile</b> Provides emotional and practical support to bereaved families. Telephone: 0161 711 0339 <a href="http://www.samaritans.org/">http://www.samaritans.org/</a></p>
<p><b>Listening Ear</b> Free self-referral counselling to help deal with anxiety, bereavement and depression. Telephone: 0151 487 9177 <a href="http://listening-ear.co.uk/">http://listening-ear.co.uk/</a></p>	

# Parking Permit

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

Authorisers contact phone number \_\_\_\_\_ 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 Networks**

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 Networks**

Vanguard House | Sci-Tech Daresbury | Keckwick Lane | Daresbury | Halton | WA4 4AB

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

