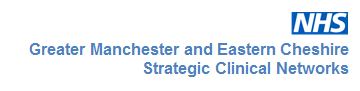
****

Management of Second

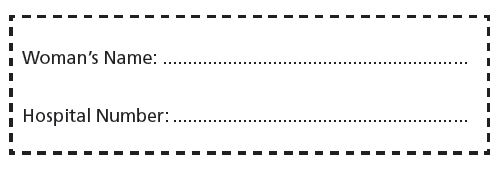
Trimester Pregnancy Loss

**** Integrated Care \_Pathway-.;

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

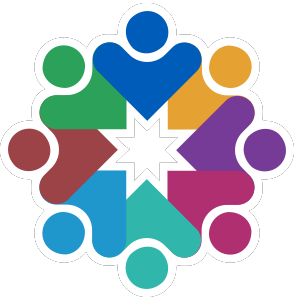
**To be used from 13+0 weeks to 23+6 weeks gestation**

**in association with the Second Trimester Pregnancy Loss Guideline**



March 2018

Version 2



In honour of all the parents and families

who have experienced a pregnancy loss

**Second Trimester Pregnancy Loss Integrated Care Pathway 13+0 weeks to 23+6 weeks gestation**

Care Pathwa+0-23+6 Weeks

|  |  |  |  |
| --- | --- | --- | --- |
| **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.**

**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

**Management**

**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

[Diagnosis and Immediate Care 3](#_Toc505256806)

[Delivery at Threshold of Viability 4](#_Toc505256807)

[Management of Baby Born With Signs of Life Which Is Not For Resuscitation 4](#_Toc505256808)

[Timing of Delivery 5](#_Toc505256809)

[Care Around Diagnosis 6](#_Toc505256810)

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[Clinical Examination of Baby 11](#_Toc505256813)

[Investigations After Delivery 13](#_Toc505256814)

[Postnatal Care of Mother 17](#_Toc505256815)

[Transfer baby to the hospital mortuary 20](#_Toc505256816)

[Taking a baby home 21](#_Toc505256817)

[Funeral Arrangements 22](#_Toc505256818)

[Support Section and Contact Details 26](#_Toc505256819)

[Parking Permit 27](#_Toc505256820)

**Accountability**

|  |  |  |
| --- | --- | --- |
| **Signature** | **Print** | **Designation / grade** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

# 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 | | |  | |  | | |  | |
| **Antibiotics Indicated?** Broad spectrum | | |  | |  | | |  | |

|  |  |
| --- | --- |
| Additional information | |
| Gravidity: Parity: | Gestation: |
| Abdominal palpation: | Speculum: |
| Past obstetric history: | |
| No. of previous miscarriages: 1st Trimester: 2nd Trimester: | |
| Past medical history: | |
| Special circumstances: | |
| Working diagnosis: | Date and Time: |

# 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

# Timing of Delivery

Urgent delivery needed: In cases of excess vaginal bleeding, uterine sepsis or PPROM

Offer choice of:

1. Induction
2. Expectant management
3. If alternative mode of delivery required document reason
4. Give contact number
5. If delayed > 48 hours check FBC and clotting twice weekly

**Document mother’s wishes**

**NO**

**YES**

Either

1. Commence induction

or

1. If alternative mode of delivery required document reason

**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 micrograms3 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 3rd 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.

# 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:   * 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:  Eg. 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 (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 |  |  |  | |  | |  | |  |

# 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 🞎 No 🞎 Date of death: Time of death: |
| Seen by doctor when signs of life Yes 🞎 No 🞎  Seen by same doctor following death  Yes 🞎 No 🞎 |
| Death certified by doctor Yes 🞎 No 🞎 Doctor’s name: |
| Cause of death: |
| Coroner informed Yes🞎 No 🞎 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: | Sample needed  3cm section of umbilical cord placed in saline | Sample destination:  Cytogenetics | Offered  Yes 🞎  No 🞎  NA 🞎  Accepted  Yes 🞎  No 🞎 |
| If cause for stillbirth is known then investigations may be omitted. | | | | |

**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 3rd consecutive miscarriage | Sample needed:  2cm3 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 🞎  No 🞎  N/A 🞎  Accepted:  Yes 🞎  No 🞎  N/A 🞎 |
| Surgical evacuation of placental tissue | | | Yes 🞎  No 🞎  If yes, was it morbidly adherent?  Yes 🞎  No 🞎 | |
| 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 🞎  No 🞎  N/A 🞎  If yes  Accepted (ie gave verbal consent) 🞎 or  Declined 🞎 | |
| Placental weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_g | | | | |

# **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. | 1st offer  2nd 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 | 1st offer  2nd 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. |  |  |  |  |  |  |

**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 multiplepregnancy at the threshold of viability with one surviving baby consider butterfly project (page 18 in the STPL Guideline) |  |  |  |  |  |  |

# 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 🞎

**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 🞎 Asymetric 🞎

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 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 knowneg fetal aneuploidy, lethal malformation or lead clinician customises further investigations.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Offer to all** | **Other information** | **What** | **Destination** | **Date** | **Yes** | **No** |
| **Fetal infection**  **screening** |  | Swab from baby’s axilla | Microbiology |  |  |  |
| Swab from maternal surface of placenta | Microbiology |  |  |  |
| **Maternal serology** | TORCH Screen & Parvovirus B19 | Maternal blood | Microbiology |  |  |  |
| **Placental pathology** | 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 |  |  |  |
| **Post mortem** | Take swabs and cord samples (if required) prior to placing placenta in formalin | Baby, placenta and copy of maternity notes |  |  |  |  |

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

| **Selective investigations** | **Other information** | **What** | **Destination** | **Date** | **Yes** | **No** |
| --- | --- | --- | --- | --- | --- | --- |
| **If greater than 20 weeks and history of bleeding in Rh negative or history of trauma in Rhesus positive women, Kleihauer test** | At diagnosis | Maternal blood | Blood Transfusion |  |  |  |
| **if more than 16+0 weeks, External examination of baby** | To identify any major fetal abnormalities | External examination |  |  |  |  |
| **If clinically suspected maternal infection** | 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 |  |  |  |
| **If fetal anomaly diagnosed or chromosomal anomaly suspected, or if 3rd consecutive miscarriage**  **(with the exception of isolated neural tube defect which are unlikely to have a genetic cause)** | Fetal chromosomes  Take 3cm of umbilical cord and place in saline (**not formalin**) for transport.  If no identifiable/ retrievable umbilical cord:  send 2cm3  of placenta | 3cm of umbilical cord  **Do not send more than the required amount of tissue.**  (Parents to sign box in umbilical cord section on page 7 of STPL ICP) | Cytogenetics, St Mary’s Hospital/ Liverpool Women’s Hospital |  |  |  |
| **If fetal abnormality suspected (with the exception of isolated neural tube defect which are unlikely to have a genetic cause)** | 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 |  |  |  |
| **If suspected maternal substance abuse** | Needs maternal consent | Urine for cocaine metabolites | Chemical Pathology |  |  |  |
| **If hydrops fetalis** | Anti Ro and La  Red cell antibody screen |  | Immunology  Blood Transfusion |  |  |  |
| **If intracranial haemorrhage** (found at post mortem) | Maternal alloimmune antiplatelet antibodies | Blood test from mother and father | Immunology |  |  |  |
| **If there is no obvious cause**  **If late fetal loss without PPROM or preterm labour**  **If fetal growth restriction**  **If abruption** | Maternal thyroid function tests  HbA1c | At delivery | Chemical Pathology |  |  |  |
| Lupus anticoagulant  Anticardiolipin antibodies | At delivery episode | Immunology |  |  |  |
| Thrombophilia screen | At least 6 weeks postnatal | Haematology |  |  |  |
| Lupus anticoagulant  Anticardiolipin antibodies | **If positive on previous test:** 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 |  |  |  |

**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](#ModeofDelivery) 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 : |  |  |  |  |  |  |
| **All late fetal losses** from 22+0 to 23+6 weeks showing **no** 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. |  |  |  |  |  |  |
| **Early neonatal death:** 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. |  |  |  |  |  |  |
| **Terminations of pregnancy** - resulting in a pregnancy outcome from 22+0 weeks gestation onwards, **plus** any terminations of pregnancy from 20+0 weeks which resulted in a live birth ending in neonatal death. |  |  |  |  |  |  |

# 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 |  |  |  |  |  |  |

**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) |  |  |  |  |  |  |
| 1. 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. |  |  |
| 1. If CMW visit is declined, advise woman to see her own GP. |  |  |  |  |  |  |

**GP**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** | **Comments** | **Date** | **Signature** |
| **Inform GP by telephone** and send the discharge by post to the surgery, **highlighting the fetal loss outcome**. |  |  |  |  |  |  |

**Suppression of Lactation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** | **Comments** | **Date** | **Signature** |
| **Discuss suppression of lactation** if more than 18 weeks.  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 |  |  |

Postnatal Care of Mother

**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:   * Community Midwife * Gynae Assessment Unit * Delivery Suite * Consultant’s Secretary |  |  |  |  |  |  |
| 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. |  |  |  | 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. |  |  |
| 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 |  |  |  | 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. |  |  |

# 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. |  |  |  |  |  |  |

# 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>

# **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.

**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

# 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** |
|  |

|  |
| --- |
| **Any other issues to be addressed / referrals / further investigations** |
|  |

**Plan for future pregnancy**

|  |  |
| --- | --- |
| Who to contact when pregnant |  |
| Antenatal plan of delivery |  |

**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)

🞎 Smoking 🞎 Contraception

🞎 Safe alcohol consumption 🞎 BMI

🞎 Folic acid prophylaxis 🞎 Other medication (eg aspirin)

|  |
| --- |
| **Other medical issues, medications, pre pregnancy medical conditions** |
|  |

|  |
| --- |
| **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 Intervillositis on placental histology discuss with Rainbow Clinic at  St Mary’s Hospital or Wythenshawe for commencement of asprin, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Support Section and Contact Details

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

**Other Contacts:**

|  |  |
| --- | --- |
| **Consultant:** | **Community Midwife:** |
| Name: | Name: |
| Secretary: | Tel: |
| Tel: |  |
| **Bereavement support / lead:** | |
| 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

4th 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.nwcscnsenate.nhs.uk/>