

In honour of all parents and families who have
experienced the death of their baby.

North West Management of Neonatal Death Integrated Care Pathway V1



**Ensuring optimal management for families who
experience a neonatal death**

**To be used AT ALL GESTATIONS in association with the North West
Management of Neonatal Death Guideline, Version 1**

Produced on behalf of The North West Regional Maternity Team
January 2025

Neonatal death ICP v1 Jan 25 FINAL 21.1.25.docx		Issue Date	Jan 2025	Version	V1
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The principles in this guideline and integrated care pathway are aligned with the National Bereavement Care Standards (Sands, 2018).

Principles

- Care should be parent-led
- Ensure privacy
- Involve both parents where appropriate
- Involve experienced staff
- Use empathetic, unambiguous language
- Answer questions openly and honestly
- Actively listen
- Repeat information
- Allow time for decision making
- Provide written information
- Respect religious/cultural beliefs
- Promote continuity of care and carer
- Inform relevant care providers
- Coordinate referrals
- Complete referrals
- Complete documentation

Management

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Signature	Print	Role/Grade

Neonatal Death Integrated Care Pathway (ICP)

Woman	Baby 1	Baby 2
Last name:	Last name:	Last name:
First name:	First name: (if applicable)	First name: (if applicable)
Hospital number:	Date of birth:	Date of birth:
DOB:	Sex (if known):	Sex (if known):
Address:	Gestation:	Gestation:

Woman's contact details:	Partner's name and contact details:
Lead Consultant:	Partner's ethnicity
Woman's ethnicity:	Language: Interpreter required: Yes/No
Religion:	Named / allocated midwife:
G.P: G.P address:	Additional information:

Additional information	
Gravidity:	Parity:
Past obstetric history:	
Past medical history:	
Special circumstances:	
Working diagnosis:	Date and Time:

The purpose of this ICP is to encourage the highest standards of care, however women and families have individual preferences, needs and requirements, therefore variances from this pathway may occur.

Confirmation of Neonatal Death

Legal Points

1	In England and Wales, a medical certificate of cause of death (MCCD) may only be signed by a registered medical practitioner, not by a midwife or nurse.
2	In the event of birth and subsequent neonatal death at extreme prematurity, a MCCD may be issued to the mother only if the baby was seen during life and after death by a doctor.
3	Where a doctor has not witnessed signs of life but signs of life have been observed by the midwife and/or the parents, the coroner must be notified before a MCCD can be issued.
4	The coroner must be notified of the death of all babies where the cause is unknown or circumstances suspicious.
5	The coroner must be notified of all live births and neonatal deaths following termination of pregnancy.
6	Neonatal deaths which do not fit the criteria for a coroner's referral must be reported to the Medical Examiner.
7	With the exception of termination of pregnancy, a Child Death Overview Panel (CDOP) notification must be completed for all neonatal deaths.

Confirmation of Death

Date and time of birth with signs of life:	Date and time of death:
Seen by doctor when signs of life Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Seen by doctor following death Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Death verified by doctor over 5 minutes (all steps may not be possible at early gestations) Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Dr.....	
<input type="checkbox"/> Check the absence of carotid, femoral and radial/brachial pulses for at least one minute.	
<input type="checkbox"/> Check the absence of respiratory movements and sounds and the absence of heart sounds using a stethoscope to listen to both sides of the chest, for a total of one minute.	
<input type="checkbox"/> Check the patient's pupil reaction with a pen torch. Pupils should be fixed, dilated and unresponsive to light. Both eyes should be checked.	
<input type="checkbox"/> Using a finger and thumb, perform a trapezius squeeze. No motor response should be observed.	
<input type="checkbox"/> If there is any uncertainty, this process should be repeated after a minimum of 5 minutes.	
<input type="checkbox"/> Confirm the death to persons important to the patient and offer appropriate support.	
<input type="checkbox"/> Document verification of death using appropriately in the patient's record. The time of verification is recorded as the actual time of death.	

Cause of death known

Yes ☐ No ☐ If yes and Coroner's referral **not** required, inform Medical Examiner

Medical Certificate of Cause of Death (MCCD)

APC 2 for neonatal deaths in the first 28 days of life, APC 1 for deaths after 28 days.

Ia Main disease or condition affecting the infant

Ib Other diseases or conditions affecting the infant.....

Ic Main maternal disease or condition affecting the infant.....

Id Other maternal diseases or conditions affecting the infant.....

II Other relevant factors or circumstances.....

Coroner's referral required*

Yes ☐ by:

Dr.....

No ☐ NA ☐

Date:

Time:

Signed:

If yes, parents, bereavement lead and mortuary informed

Yes ☐ No ☐

Date:

Time:

Signed

Coroner's release form required

Yes ☐ No ☐

Date:

Time:

Signed

Coroner's inquest to be held

Yes ☐ No ☐

Date:

Time:

Signed

Medical Examiner informed (if coroner's referral not required)**

Yes ☐ No ☐ NA ☐

Date:

Time:

Signed:

*See criteria for referral to the coroner: <https://www.judiciary.uk/wp-content/uploads/2019/09/Guidance-No.-31-Death-Referrals-and-Medical-Examiners.pdf>

**See Coroner's Referral Form, North West Management of Neonatal Death guideline, appendix 2.

**See process for reporting to the Medical Examiner in the North West Management of Neonatal Death guideline, page 14. Letter to parents re role of medical examiner, appendix 2.

Labour and Birth Summary

Labour and Birth Summary			
Mode of birth:		Perineum:	Estimated blood loss:
Placental weight	g	Birth weight	g
		Birth weight centile:	

Umbilical Cord & Placenta

Umbilical Cord	
Number of vessels: 2 <input type="checkbox"/> or 3 <input type="checkbox"/> Knots in cord: Yes <input type="checkbox"/> No <input type="checkbox"/>	Cord insertion position: (e.g. central, velamentous etc) _____
Looped round neck? Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/>	Other comments:
Fetal chromosome analysis – only if fetal abnormality, or if requested by genetics. I consent that a sample of umbilical cord is taken for extracting DNA in order for chromosomal analysis to be performed. I understand 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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Accepted Yes <input type="checkbox"/> No <input type="checkbox"/>	
If cause of death is known then investigations may be omitted.	

Placenta	
Do not place in formalin or other preservative until cord sample for chromosomal analysis and swabs for microbiology have been obtained (if required).	
Placental swab (obtain from maternal surface of placenta only, as soon as possible) 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"/>	
Criteria met for histopathological examination of the placenta Offered Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, which criteria met: Accepted Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (<i>verbal consent</i>)	

Emotional & Psychological Care of the Mother

	Y	N	NA	Comments	Date	Initial
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.						
Offer refreshments to the family.						
Offer parents the opportunity to hold their baby, spend time with their baby and with parents' consent offer other family members to hold baby.				Refer to baby with chosen name, if applicable		
Offer the use of the cooling cot to maintain baby's skin condition.						
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 other appropriate religious leader if preferred.				Refer to baby with chosen name, if applicable		
In the event of birth of a multiple pregnancy with one surviving baby consider the Butterfly Project (page 18 in the Neonatal Death Guideline) https://www.neonatalbutterflyproject.org/ Provide the parents with the Twins Trust leaflet https://twinstrust.org/bereavement						



Accepted ☐

Declined ☐

Not applicable ☐

Communication Following Death

Location of care	Yes	No	N/A	Comments	Date	Signature
Orientate mother to her surroundings (e.g. the bereavement/delivery suite) and explain the use of the call bell system to reach staff.						
Inform & provide parents with details of the bereavement midwife/nurse, family support office or equivalent.						
Inform: <ul style="list-style-type: none"> • Consultant • Consultant's secretary • Bereavement midwife 				Who contacted		
Cancel future antenatal, ultrasound and/or any additional appointments at other units/ children centres.						
Inform other units if applicable: e.g. Fetal medicine unit and other specialities (diabetes/cardiology/ teenage pregnancy/safeguarding team).				Who contacted		
Inform any other agencies or professionals involved in the care of the family with their consent (e.g. school, social worker etc).						
Provide the parents with a compassionate car parking pass if required - detach back page of booklet (also has details of support groups for parents) or use the Trust's own car parking exemption form. If electronic / barrier parking, liaise with security / car parking office to waive parking charges / lift barrier on exit.						
If appropriate, discuss postnatal investigations and management.						
Complete an incident form for all neonatal deaths.						

Care of Baby

Individualised where appropriate.

	Yes	No	N/A	Comments	Date	Signature
Identify baby. Use 2 name bands. Attach 1 name band around the baby's ankle. Second identity band alongside baby. State "Baby of [mother's name/mother's hospital number/date, time of birth and hospital].						
Photographs: Discuss and offer memento photographs to be taken. Offer the parents the opportunity to take their own photographs. If taken by Medical Illustration written consent will need to be obtained.	1 st offer 2 nd offer					
Verbal consent obtained for initial examination for above 16+0 weeks gestation.				If consented to see sheet on next page		
Weigh the baby (undressed, uncovered, at all gestations).						
Calculate birth weight centile (if 22+0 weeks or more).						
Discuss personal items: <ul style="list-style-type: none"> • Hand and foot prints • Name band • Cord clamp • Casts if possible • Lock of hair if possible • Any other items the parents wish 	1 st offer 2 nd offer					
Provide the parents with the opportunity to choose clothes and blankets for the baby and to offer to start a memory box with them.						
Ask parents if they would like to dress the baby themselves. Dress baby, if gestation appropriate, in appropriately sized clothes. Carefully and respectfully lay the baby in as natural position as possible in a Moses basket.				If for religious or personal reasons, parents do not wish their baby to be dressed use plain white sheets.		

Clinical Examination of Baby

Verbal consent obtained and documented for external examination of baby ☐

MEASUREMENTS

Weight _____g

Birth Weight Centile _____

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 _____

PERINEUM/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 ☐

BACK

Normal ☐ Spina bifida ☐

If spina bifida, level of defect _____

Scoliosis ☐ Kyphosis ☐ Other ☐

If other describe _____

Clinical Examination of Baby

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: _____

Investigations

If the cause of death is 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 or the Fetal Medicine Unit where appropriate.

Further investigations required? Yes ☐ No ☐ If no, reason: _____

Maternal Investigations required?	Yes	No	Results
FBC / group & save / antibody screen / clotting			
Kleihauer in all RhD negative women and if clinical suspicion of feto-maternal haemorrhage in RhD positive women			
If Rh negative give appropriate dose of Anti-D within 72hrs of birth if fetal genotype Rh positive or unknown			

Maternal infection screen indicated?	Yes	No	Results
HVS and endocervical swabs			
Throat swabs (influenza and coronavirus)			
MSSU			
CRP			
Lactate			
Blood cultures			
Antibiotics Indicated? Broad spectrum			

Consider:	Other information	What	Destination	Date	Yes	No
Placental pathology (only if RCPATH 2022 referral criteria met)	Take swabs and cord samples (if indicated, based on clinical picture) prior to placing placenta in formalin.	Whole placenta and membranes	Paediatric histopathology, Saint Mary's Hospital for GMEC. Alder Hey Hospital for Cheshire and Mersey.			
Post mortem	Consent should be taken by a midwife or doctor with appropriate training. The 4 forms in the next column should be sent. The reason for PM should be clear.	1. Completed perinatal hospital PM referral form (maternal details, history, reason for PM) 2. Copy of neonatal discharge/death summary 3. MCCD as provided by clinician 4. Completed hospital PM consent form				

Fetal infection screening		Swab from baby's axilla	Microbiology			
		Swab from placenta	Microbiology			
Maternal serology	<p>Viral screen (toxoplasmosis, rubella, cytomegalovirus, herpes and syphilis)</p> <p>Parvovirus B19 especially if fetal hydrops</p>	Maternal blood	Microbiology			
Maternal blood	HbA1C					
If fetal anomaly diagnosed or chromosomal anomaly suspected	<p>Fetal chromosomes</p> <p>3cm of umbilical cord in saline (not formalin) for transport. If no identifiable/retrievable umbilical cord: send 2cm³ of placenta</p>	<p>3cm of umbilical cord</p> <p>Do not send more than the required amount of tissue.</p> <p>(Parents to sign box in umbilical cord section on page 6)</p>	North West Genomic Laboratory Hub			
If fetal abnormality suspected (except isolated neural tube defects - unlikely to have a genetic cause)	Discuss with clinical genetics, whether fetal genetic examination appropriate	Baby transferred via mortuary	<p>Clinical Genetics, St Mary's Hospital 0161 276 6506</p> <p>Liverpool Women's Hospital 0151 702 4229</p>			
If hydrops fetalis	<p>Anti Ro/La (ssA and ssB)</p> <p>Red cell antibody screen</p>		<p>Immunology</p> <p>Blood Transfusion</p>			

Registration

	Yes	No	N/A	Comments	Date	Signature
Advise parents that when a baby is born with signs of life who subsequently dies, two registrations are required regardless of gestation; a live birth and neonatal death						
Give parents the information on how to do this (follow local guidance).						

MBRRACE Reporting

	Yes	No	N/A	Comments	Date	Signature
<p>Notify the person responsible for completing MBRRACE Perinatal Death Surveillance form online within 2 working days.</p> <p>From 8th January 2025, the relevant CDOP will automatically be notified when the MBRRACE notification is completed. The CDOP reporting form then needs to be completed. https://www.ecdop.co.uk/GMCDOPS/live/public A CDOP notification should be completed separately for neonatal deaths which are not reportable to MBRRACE.</p>						
<p>Early neonatal death: a live born baby (born at 20+0 weeks gestational age or later, or with a weight of 400g or more where an accurate estimate of gestation is not available) who died before 7 completed days after birth.</p>						
<p>Late neonatal deaths: death of a live born baby (born at 20 weeks gestation or later or weighing 400g or more where an accurate estimate of gestation is not available) occurring between 7 and 28 completed days after birth.</p>						
<p>Termination of pregnancy: from 20⁺⁰ weeks which resulted in a live birth and neonatal death.</p>						

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Perinatal Mortality Review Tool (PMRT)

For neonatal deaths over 22 weeks (**excludes TOP, excludes birthweight under 500g where gestation unknown**), explain the Perinatal Mortality Review Tool (PMRT) review process to the parents and record parents' questions in the box below.

	Yes	No	N/A	Comments	Date	Signature
Give PMRT leaflet to parents (local or national)						
Inform PMRT lead to ensure MBRRACE Perinatal Death Surveillance form is completed and a PMRT review is scheduled within 4 months						
Arrange a postnatal debrief appointment to discuss the PMRT review once investigation results have been received and the review is complete				It may take up to 6 months to complete the PMRT review. In the meantime, support may be provided by the bereavement team and the woman's GP.		

Parent questions for Perinatal Mortality Review Tool review:

Please note parents have 28 days to submit questions. If there are no immediate questions, the bereavement midwife should make contact within 28 days to ask parents again.

Date asked:.....

Date asked again:.....

Care of the Mother

	Yes	No	N/A	Comments	Date	Signature
Mother reviewed by bereavement midwife/nurse						
Offer advice regarding expected emotional reactions and difficulties.						
Provide information about support groups (page 25).						
VTE score/risk assessment as per Trust guideline.				LMWH to be prescribed if necessary, based on risk assessment		
Check Rhesus status and check that anti D has been given if required.				Check whether anti D was given after the birth		

Lactation	Yes	No	N/A	Comments	Date	Signature
Discuss suppression of lactation if more than 18 weeks or if symptomatic. If accepted give Cabergoline 1 milligram orally (contraindicated in hypertension). If declined or contraindicated discuss alternative methods.						
Discuss donation of milk if lactation has been established www.milkbankatchester/donationafterloss						

	Yes	No	N/A	Comments	Date	Signature
If paper medical notes are in use, obtain consent to attach a tear drop sticker (or other bereavement logo) to the cover of the notes – include the date of death.				Verbal consent acceptable		
Give parents the Bounty suppression link						
Discuss postnatal recovery and expectations.						
Discuss and provide contraception of the mother's choice if possible.						
Ensure that the parents have all the relevant contact details if there are complications. Following discharge options are: <ul style="list-style-type: none"> • Bereavement Team • Community Midwife • Maternity Triage 						

Inform the mother that she is able to come back to spend time with her baby if she wishes. Advise that she should phone the relevant department to arrange to visit 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 birth and the degree of maceration present.		
Ensure a consultant / senior obstetrician review prior to discharge.						
Arrange a postnatal follow-up appointment with a Consultant Obstetrician +/- Consultant Neonatologist after investigation results are received.				It may take more than 12 weeks for a full post mortem report to be received. In the meantime, remind the woman to make contact with her GP regarding wellbeing.		
Offer a community midwife visit.						
If a visit is declined, the community midwives, GP, health visitor, child health should still be notified of the death to avoid inappropriate contact.				Date and time CMW, GP, HV, CH informed:		
Ensure the mother has any take home medication she may require including analgesia or low molecular weight heparin.						
Discharge the mother as per Trust policy.						
If the mother booked at another Trust, inform their Bereavement Midwife/Nurse of the neonatal death.						
Ensure any outstanding screening results are communicated sensitively to the mother.						

Taking a Baby Home

	Yes	No	N/A	Comments	Date	Signature
Following coroner's referral, a coroner's release form needs to be obtained before the baby can be taken home.				The baby cannot be taken home without discussion with the coroner if a coroner's post mortem is to be held.		
Parents should be given the option to take their baby home.				If the baby is to have a hospital post mortem examination the parents must be informed that taking their baby home may affect the post mortem examination on their baby. Liaise with mortuary lead 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 they wish.						
The means of transport home must be appropriate i.e. private not public transport.						
Complete appropriate documentation as per local policy for releasing baby from ward and refer to local guidance.						

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. Please check your local arrangements. 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
Discuss 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 the preferred arrangements.						
Inform the parents about the child funeral fund. Information leaflets can be downloaded from the website and should be given to families. https://www.gov.uk/child-funeral-costs						
Complete the paperwork for cremation or burial.						
If the family choose a hospital burial or cremation the relevant paperwork 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 paperwork for cremation or burial is usually given to the family to give to their funeral director of choice, however check your local Trust policy.						
If the parents choose to have a hospital cremation or a private cremation the paperwork for Cremation or Burial must be sent to the mortuary with the baby.						

Transfer of Baby to the Hospital Mortuary

Inform parents as to where the baby will be taken once they go home.

	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 effects 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.						
If paper notes in use ensure that the relevant information is sent to the pathologist performing the post mortem (as per local policy. This could involve completion of a form or a copy of the maternity notes).						
Prepare baby for transfer, for example in a pram or Moses basket.						
Ask parents if they wish to be accompanied and if they wish to carry the baby or to have baby carried by a health professional.						
All appropriate funeral documentation should be clearly identified and accompany the baby.						
Telephone the mortuary to inform them of the transfer.						

Follow Up Visit Prompt List

Prior to Consultation

Ensure notes, results, case review / PMRT report are available.

Visit date: _____

Ensure the woman has appropriate support (partner, friend, translator, other special need)

Date of NND _____ Baby's name _____ Gestation _____

Counselling offered Yes ☐ No ☐ Already receiving ☐ Other _____

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

Cause of death
Any other issues to be addressed / referrals / further investigations
<p>Consider:</p> <p>Antiphospholipid antibody screen if severe maternal vascular malperfusion on placental histopathology.</p> <p>Maternal anti-Ro/SSA and anti-La/SSB antibodies if hydrops fetalis and post mortem shows endomyocardial fibroelastosis or AV node calcification.</p> <p>Maternal alloimmune anti-platelet antibodies (blood samples required from mother and father) if fetal intracranial haemorrhage is demonstrated on post mortem examination.</p>

Follow Up Visit Prompt List

General Points Discussed

Pre-pregnancy advice for next pregnancy:

- | | |
|---|--|
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Contraception |
| <input type="checkbox"/> Safe alcohol consumption | <input type="checkbox"/> BMI / maintaining a healthy weight |
| <input type="checkbox"/> Substance use | <input type="checkbox"/> Psychological wellbeing |
| <input type="checkbox"/> Folic acid supplementation | <input type="checkbox"/> Medication review / advice (e.g. aspirin) |

Other medical issues / conditions

Plan for next pregnancy

- ☐ Who to contact when pregnant
- ☐ Booking under Consultant Obstetrician
- ☐ Consider whether medication is indicated e.g. aspirin, LMWH
- ☐ Offer extra ultrasound scans for reassurance
- ☐ Consider extra mental health support and precautions for postnatal depression
- ☐ Consider referral to preterm labour clinic for cervical length scans depending on gestation of birth and neonatal death
- ☐ If chronic histiocytic intervillitis (CHI) on placental histology discuss with Rainbow Clinic at Saint Mary's Hospital for commencement of aspirin, LMWH, prednisolone and hydroxychloroquine at 7 weeks gestation after an early viability scan, followed by close ultrasound surveillance
- ☐ Individualised plan for birth

Following the consultation

Write a letter to the parents summarising the meeting, results and the PMRT report, with a copy of the letter to the GP ☐

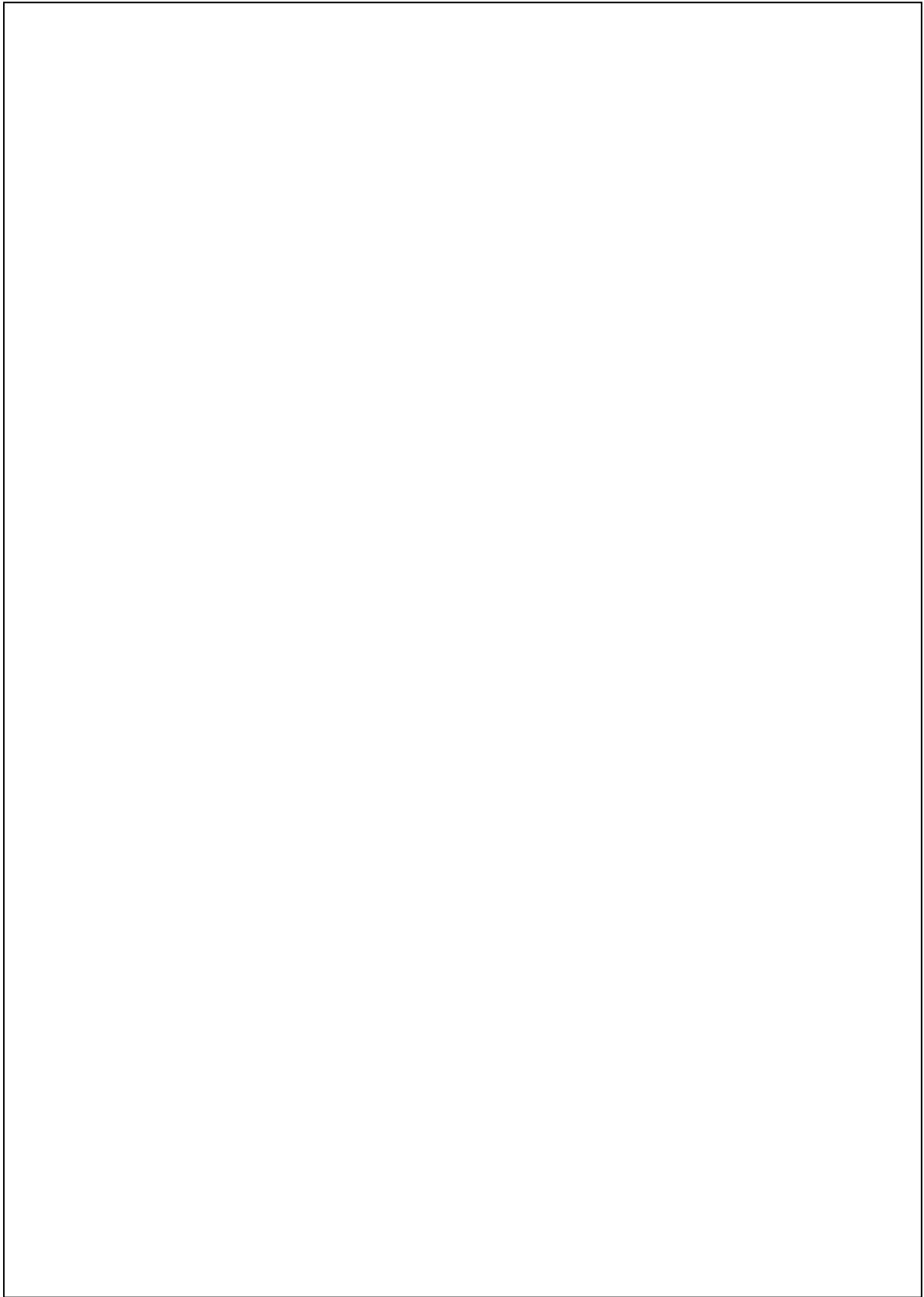
Consultation performed by (consultant obstetrician and/or consultant neonatologist with support from bereavement midwife recommended)

Name _____ Role : _____

Name _____ Role: _____

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Notes



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Support Organisations and Groups

National

ARC Antenatal Results & Choices

Support for parents whose baby is diagnosed with a fetal abnormality in pregnancy.

Helpline: 0207 713 7356 (available Tuesday & Thursday evenings 8pm to 10pm).

Website: www.arc-uk.org/

Bliss for babies born sick or premature

Family support helpline offering guidance and support for premature and sick babies.

Website: www.bliss.org.uk/

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

Website: www.childbereavementuk.org

Child Death Helpline

For all those affected by the death of a child.

Helpline: 0800 282 986 or 0808 800 6019

Website: <http://childdeathhelpline.org.uk/>

Cruse Bereavement Care

For adults and children who are grieving.

Helpline: 0808 808 1677

Website: <https://www.cruse.org.uk/get-help>

Daddies with Angels

Advice and support to male family members following the loss of a child/children.

Website: <https://www.daddyswithangels.org/>

Finding Rainbows

Support for parents who have experienced child loss

Helpline: 07340 799387

Email: finding.rainbows@outlook.com

Website: <https://findingrainbows.org/>

Jewish Bereavement Counselling Service

Supporting Jewish individuals through loss and bereavement

Helpline: 020 8951 3881

Email: enquiries@jbcs.org.uk

Website: www.jbcs.org.uk

Lullaby Trust

Bereavement support to anyone affected by the sudden and unexpected death of a baby.

Helpline: 0808 802 6868

Website: <http://www.lullabytrust.org.uk>

Petals Baby Loss Counselling Charity

Free counselling service to support women, men and couples through the devastation of baby loss.

Helpline: 0300 688 0068

Website: www.petalscharity.org

Sands Stillbirth & Neonatal Death Charity

Support for families affected by the death of a baby before, during or shortly after birth.

Helpline: 0808 164 332

Website: <http://www.uk-sands.org>

Twins Trust

Bereavement and special needs support groups

Email: enquiries@twinstrust.org

Website: www.twinstrust.org/bereavement

The Compassionate Friends UK

Offering support to bereaved parents and their families

Helpline: 0845 123 2304

Email: info@tcf.org.uk

Website: www.tcf.org.uk

Tommy's

Information and support for parents on coping with baby loss.

Bereavement-trained midwives available Monday to Friday, 9am to 5pm

Helpline: 0800 0147 800

Website: <https://www.tommys.org/>

Winston's Wish

Support for bereaved children, families and professionals.

Helpline: 08088 020021

Website: <https://www.winstonswish.org/>

Regional

Children of Jannah

Support for bereaved Muslim families in the UK, based in Manchester.

Helpline: 0161 480 5156

Email: info@childrenofjannah.com

Website: www.childrenofjannah.com

Lighthouse Therapy Service

Post Infant Loss Support Service covering Merseyside

Website: <https://www.lighthousetherapy.co.uk/>

Listening Ear

Free self-referral counselling to help deal with anxiety, bereavement and depression.

Helpline: 0151 488 6648

Email: enquiries@listening-ear.co.uk

Website: <http://listening-ear.co.uk/>

North West Forget Me Not's & Rainbows

Support any member of the family who has been affected by the loss of a baby, during pregnancy, at birth or afterwards.

Facebook: [nwforgetmenotsandrainbows](https://www.facebook.com/nwforgetmenotsandrainbows)

Once Upon A Smile

Children's bereavement support

Phone: 0161 711 0339

Website: www.onceuponasmile.org.uk

SPACE

A Liverpool-based peer support network for those facing miscarriage or infertility

Website: www.thereisspaceforyouhere.com

Liverpool Bereavement Services

Provide 1:1 counselling for people who are struggling to cope with a loss.

Website: <https://liverpoolbereavement.com/>

Love Jasmine

Supports for families directly affected by the loss of a child providing provide practical, emotional and respite support and promote self-care to improve the emotional wellbeing of the whole family.

Phone 0151 459 4779 (Mon-Fri 930 – 1700)

Or call/text 07566 225 253

Website: <https://www.lovejasmine.org.uk/>

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Parking Permit

If electronic / barrier parking liaise with security / car parking office to waive parking charges / lift barrier on exit

Authorised by (PRINT NAME) _____ Authoriser's signature _____

Authoriser's 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 Network

Greater Manchester Integrated Care Partnership
4th Floor | 3 Piccadilly Place | Manchester | M1 3BN
www.england.nhs.uk/north-west/gmec-clinical-networks/
www.gmintegratedcare.org.uk

North West Regional Maternity Team

<https://www.england.nhs.uk/north-west/north-west-services/north-west-maternity-services/meet-the-team/>

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