

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

**The principles in this guideline and integrated care pathway are aligned with the National Bereavement Care Standards (Sands, 2018).**

**Principles Management**

* 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

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|  |  |  |
| --- | --- | --- |
| Signature  | Print | Role/Grade |
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**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 completed **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 completed.  |
| 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. |

|  |
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| Confirmation of Death |
| Date and time of birth with signs of life:……………………………………………………  | **Date and time of death:****………………………………………………….** |
| Seen by doctor when signs of lifeYes 🞎 No 🞎 NA 🞎  | Seen by doctor following deathYes 🞎 No 🞎 NA 🞎  |
| Death verified by doctor over 5 minutes (all steps may not be possible at early gestations) Yes 🞎 No 🞎 NA 🞎 Dr………………………………….......................................🞎 Check the absence of carotid, femoral and radial/brachial pulses for at least one minute. 🞎 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. 🞎 Check the patient’s pupil reaction with a pen torch. Pupils should be fixed, dilated and unresponsive to light. Both eyes should be checked. 🞎 Using a finger and thumb, perform a trapezius squeeze. No motor response should be observed. 🞎 If there is any uncertainty, this process should be repeated after a minimum of 5 minutes. 🞎 Confirm the death to persons important to the patient and offer appropriate support. 🞎 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 knownYes 🞎 No 🞎 If yes and Coroner’s referral not required, inform Medical ExaminerMedical 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 requiredYes 🞎 No 🞎 | Date:Time:Signed |
| Coroner’s inquest to be heldYes 🞎 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>

\*\*Refer to local Coroner reporting process.

\*\*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 ⬜ or 3 ⬜Knots in cord: Yes ⬜ No ⬜ | Cord insertion position: (e.g. central, velamentous etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Looped round neck? Yes ⬜ No ⬜If yes number of times \_\_\_\_\_\_\_\_\_\_\_Tight around neck? Yes ⬜ No ⬜Loose? Yes ⬜ No ⬜  | 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 salineSample destination: CytogeneticsOffered Yes ⬜ No ⬜ N/A ⬜ Accepted Yes ⬜ No ⬜ |
| 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 ⬜ No ⬜ N/A ⬜Accepted Yes ⬜ No ⬜ N/A ⬜ |
| Criteria met for histopathological examination of the placenta Offered Yes ⬜ No ⬜ N/A ⬜ If yes, which criteria met: ..……..…………………….Accepted Yes ⬜ No ⬜ N/A ⬜ *(verbal consent)*  |

# 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:* 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.  | 1st offer2nd 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:* Hand and foot prints
* Name band
* Cord clamp
* Casts if possible
* Lock of hair if possible
* Any other items the parents wish
 | 1st offer2nd 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 / 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 summary3. MCCD as provided by clinician4. Completed hospital PM consent form |  |  |  |  |
| **Fetal infection** **screening** |  | Swab from baby’s axilla | Microbiology |  |  |  |
| Swab from placenta | Microbiology |  |  |  |
| **Maternal serology** | Viral screen (toxoplasmosis, rubella, cytomegalovirus, herpes and syphilis) Parvovirus B19 especially if fetal hydrops | Maternal blood | Microbiology |  |  |  |
| **Maternal blood** | HbA1C |  |  |  |  |  |
| **If fetal anomaly diagnosed or chromosomal anomaly suspected** | Fetal chromosomes3cm of umbilical cord 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 6) | North West GenomicLaboratory 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 if genetic examination / post mortem taking place at a different hospital  | Clinical Genetics, St Mary’s Hospital 0161 276 6506Liverpool Women’s Hospital 0151 702 4229 |  |  |  |
| **If hydrops fetalis** | Anti Ro/La (ssA and ssB)Red cell antibody screen |  | Immunology Blood Transfusion |  |  |  |

# 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**  |
| Notify the person responsible for completing MBRRACE Perinatal Death Surveillance form online within 2 working days. 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.** |  |  |  |  |  |  |
| **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. |  |  |  |  |  |  |
| **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. |  |  |  |  |  |  |
| **Termination of pregnancy:** from 20+0 weeks which resulted in a live birth and neonatal death. |  |  |  |  |  |  |

**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](http://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: * 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. |  |  |  |  |  |  |

 Other

# 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** |
| **Thrombophilia screen** if placental histopathology shows maternal vascular malperfusion (MVM) / villitis of unknown (a)etiology (VUE) / fetal vascular malperfusion (FVM). **Anti-cardiolipin and anti-phospholipid antibody screen** if placental histopathology shows chronic histiocytic intervillositis or massive perivillous fibrin deposition.**Anti-Ro/SSA and anti-La/SSB antibodies** if hydrops fetalis and post mortem shows endomyocardial fibroelastosis or AV node calcification.**Maternal alloimmune anti-platelet antibodies** (blood samples required from mother and father) if fetal intracranial haemorrhage is demonstrated on post mortem examination. |

**Follow Up Visit Prompt List**

**General Points Discussed**

Pre-pregnancy advice for next pregnancy:

🞎 Smoking 🞎 Contraception

🞎 Safe alcohol consumption 🞎 BMI / maintaining a healthy weight

🞎 Substance use 🞎 Psychological wellbeing

🞎 Folic acid supplementation 🞎 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 intervillositis (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

# Notes

# 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/](http://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/](http://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](http://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](http://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](http://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](http://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](http://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:** [t](https://www.tommys.org/pregnancy-information/pregnancy-complications/pregnancy-loss/stillbirth-information-and-support)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](http://www.childrenofjannah.com) |
| **Lighthouse Therapy Service** |
| Post Infant Loss Support Service covering Merseyside**Website:** https://www.lighthousestherapyservices.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 |
| **Once Upon A Smile** |
| Children’s bereavement support**Phone:** 0161 711 0339 **Website:** [www.onceuponasmile.org.uk](http://www.onceuponasmile.org.uk) |
| **SPACE** |
| A Liverpool-based peer support network for those facing miscarriage or infertility**Website:** [www.thereisspaceforyouhere.com](http://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/> |

# 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/](http://www.england.nhs.uk/north-west/gmec-clinical-networks/)

[www.gmintegratedcare.org.uk](http://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/>