



North West Coast
Strategic Clinical Networks



Greater Manchester and Eastern Cheshire
Strategic Clinical Networks



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

**The North West Second Trimester Pregnancy Loss
Integrated Care Pathway**

To be used in association with the **Second Trimester Pregnancy
Loss Guideline**

March 2017

Woman's Name:

Hospital Number:



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

Second Trimester Pregnancy Loss Integrated Care Pathway 13⁺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 IS TO ENCOURAGE CARE TO THE HIGHEST STANDARDS. HOWEVER WOMEN AND FAMILIES ARE INDIVIDUALS WITH THEIR OWN NEEDS AND REQUIREMENTS, AND VARIANCES FROM THIS PATHWAY MAY OCCUR IN ORDER TO PROVIDE THE BEST CARE TO THESE WOMEN AND THEIR FAMILIES.

Woman's Name:

Hospital Number:



Communication	Principles	Management
<ul style="list-style-type: none"> • With parents <ul style="list-style-type: none"> • answer questions openly and honestly • If you do not know the answer, say so and find someone who can answer the question • With colleagues 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Diagnosis and Immediate Care 3 • Delivery at Threshold of Viability 4 • Management of Baby Born With Signs of Life Which Is Not For Resuscitation 4 • Timing of Delivery 5 • Care Around Diagnosis 6 • Care of Baby 8 • Clinical Examination of Baby 9 • Investigations After Delivery 10 • Registration 12 • MBRRACE 12 • Postnatal Care of Mother 13 • Transfer baby to the hospital mortuary 15 • Taking a baby home 15 • Funeral Arrangements 16 • Follow up Visit Prompt List 17 • Plan for Future Pregnancy 17 • Support Section and Contact Details 18 • Parking Permit 19

Accountability Sheet

Signature	Print	Designation / grade

Woman's Name:

Hospital Number:



Diagnosis and Immediate Care

Confirmed by ultrasound: Yes <input type="checkbox"/> No <input type="checkbox"/>	1 st practitioner: Signature _____	Date & Time: _____
Offer Miscarriage Association patient information leaflet "Late Miscarriage: Second Trimester Loss" Given: <input type="checkbox"/> Declined: <input type="checkbox"/>	2 nd practitioner Signature _____	Date & Time: _____
	Offer to contact partner, relative or friend to offer support: Offered and accepted <input type="checkbox"/> Offered and declined <input type="checkbox"/> Partner already present <input type="checkbox"/>	

Immediate Care:	Yes	No	Results
Investigations at diagnosis:			
FBC / Group & save if required.			
PT & APTT			
Consider Kleihauer at >20weeks, in RhD negative and if clinical suspicion or trauma to abdomen in <i>RhD positive</i>			
If Rh negative give appropriate dose of Anti-D			
Group and Save			

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: 1 st Trimester: _____	2 nd Trimester: _____
Past medical history:	
Special circumstances:	
Working diagnosis:	Date and Time:

Woman's Name:
 Hospital Number:



Delivery at Threshold of Viability

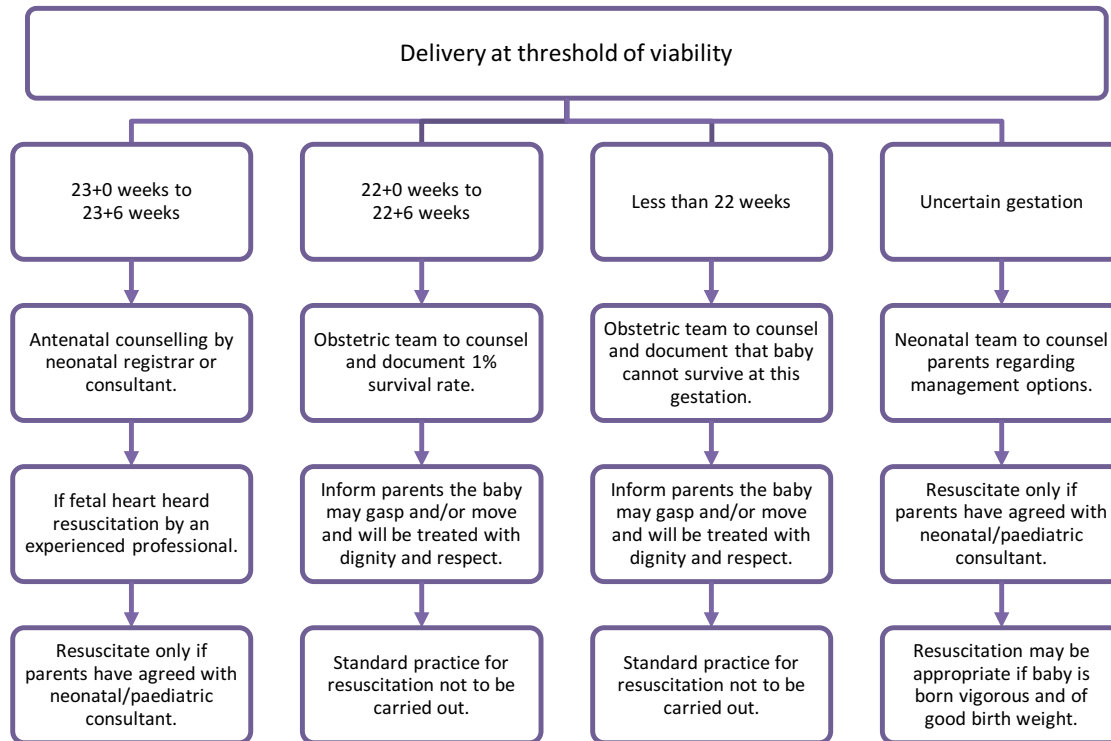


Figure 1: Care During Induction and Delivery

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

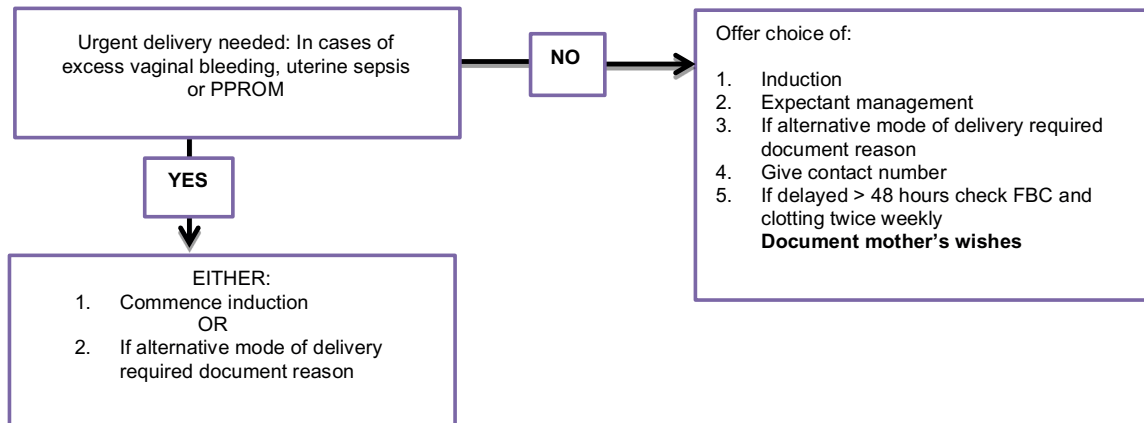
	Date & Time Offered	Not Applicable
Baby should be treated with dignity, respect and love		
Comfort care should be provided		
Wrap the baby to keep the baby warm and provide the option of family holding the baby		
If the family do not wish to see or hold the baby place the baby in an appropriate size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

Woman's Name:

Hospital Number:



Timing of Delivery



Induction regime table

	13+0 – 17+6 weeks	18+0 - 23+6 weeks	Termination of pregnancy, any gestation	
	Unscarred & scarred uterus	Unscarred & scarred uterus	Unscarred uterus	Scarred uterus
Pre-Induction	Mifepristone 200 milligrams once only		Mifepristone 200 milligrams once only	
<i>Normal interval between mifepristone and misoprostol is 24 hours to 48 hours though this can be shortened if clinically needed.</i>				
Induction	Misoprostol 200 micrograms, 6 hourly, for 4 doses	Misoprostol 100 micrograms, 6 hourly, for 4 doses	Misoprostol 400 micrograms, 3 hourly, for 5 doses	Misoprostol 200 micrograms, 3 hourly, for 5 doses
<i>Vaginal route preferable due to lower incidence of side effects</i>				
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.				

*Mifepristone contraindicated if: Uncontrolled or severe asthma, chronic adrenal failure, acute porphyria

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

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

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

Woman's Name:

Hospital Number:



Care Around Diagnosis

Location of care	Yes	No	N/A	Comments	Date	Signature
Book induction admission						
Arrange admission to avoid arrival with other parents having induction of labour						
Emergency telephone numbers provided:						
Discuss possibility of feeling passive movements if the mother had been feeling fetal movements before diagnosis						
Inform: 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						

Delivery Summary

Mode of Delivery:	Perineum:		EBL:	
Born with signs of life: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of death:		Time of death:	
Seen by doctor: <input type="checkbox"/> Yes <input type="checkbox"/> No	Death certified by:			
Cause of death:	Coroner informed:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional information (include any events that require discussion at post natal review):				

Woman's Name:

Hospital Number:



Umbilical Cord			
<p>I consent that a sample of umbilical cord is taken for extracting DNA in order for chromosomal analysis to be performed.</p> <p>I understand that the sample may be stored for future diagnostic tests.</p> <p>Parental signature _____</p> <p>Date _____</p>	<p>Sample needed:</p> <p>3 cm section of umbilical cord placed in saline</p>	<p>Sample destination:</p> <p>Cytogenetics</p>	<p>Offered:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/></p> <p>Accepted:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/></p>
<p>Placental tissue can be sent for chromosomal analysis if cord sample not available.</p> <p>Umbilical cord samples should not be sent for chromosome analysis routinely. Only send if fetal abnormality, if requested by the cytogenetic department or if a third consecutive miscarriage. See page 11 for more information.</p>	<p>Sample needed:</p> <p>2cm³ of placental tissue placed in saline</p>	<p>Sample destination:</p> <p>Cytogenetics</p>	<p>Offered:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/></p> <p>Accepted:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/></p>

Placenta				
Do not place in formalin until cord sample for chromosomal analysis (if indicated) and swabs for microbiology obtained (if required)				
Placental swabs obtained	Obtain as soon as possible	Separate swabs from both fetal and maternal surface of placenta	Microbiology	<p>Offered:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/></p> <p>Accepted:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/></p>
Surgical evacuation of placental tissue			Yes/ No	
			If yes, was it morbidly adherent?	Yes/ No
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 (if required).			<p>Placental pathology offered:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/></p> <p>If yes, <input type="checkbox"/> Accepted (ie gave verbal consent), or: <input type="checkbox"/> Declined</p>	
Placental weight _____g				

Woman's Name:

Hospital Number:



Care of Baby

should be individualised

	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 no / date and time of delivery and hospital.						
Does the mother wish to see / hold her baby immediately						
Photographs: Discuss and offer mementos/ photographs to be taken. Offer the parents the opportunity to take their own photographs If taken by Medical Illustration - consent will need to be obtained	1 st offer 2 nd offer					
Verbal consent obtained for initial examination				If consented to see sheet on next page		
Weigh the baby						
Discuss personal items: Hand and foot prints Name band Cord clamp Certificate	1 st offer 2 nd 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.						
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 and if they would like their baby to be blessed and inform the hospital chaplain or local minister if preferred.				Refer to baby with chosen name, if applicable		
In the event of delivery of a multiple pregnancy at the threshold of viability with one surviving baby consider Butterfly Project (page 18 in the guideline)						

Woman's Name:

Hospital Number:



Clinical Examination of Baby

if greater than 16 weeks

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

MEASUREMENTS

Crown-heel (stretched) _____ cms
 Head Circumference _____ cms
 Weight if ≥20 weeks _____ 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
 Excess / redundant skin
 Short
 Cystic mass (hygroma)
 If other describe _____

CHEST

Normal
 Long and narrow
 Short and broad
 Other, describe _____

ABDOMEN

Normal Flattened
 Distended Hernia
 Omphalocele Gastroschisis

BACK

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

LIMBS

Length
 Normal Short*
 Long
 *If short which segments seem short _____

LIMBS

Form
 Normal Asymmetric
 Missing Parts
 If abnormal describe _____

Position

Normal Clubfoot
 Other
 If abnormal describe _____

HEAD AND FACE

Head relatively normal
 Collapsed
 Anencephalic
 Hydrocephalic
 Abnormal shape
 If abnormal describe _____

EYES

Normal Prominent
 Sunken Straight
 Upslanting Downslanting
 Far apart Close together
 Eyelids fused Other
 If other describe _____

NOSE

Normal Abnormally small
 Asymmetric Abnormally large
 Nostrils Apparently patent
 If other describe _____

MOUTH

Normal size Large
 Small Upper lip
 Intact Cleft*
 If cleft, give location:
 Left Right
 Bilateral Midline

Mandible

Normal size Large
 Small Other

Any other abnormality _____

Examination performed by

Name _____ Designation: _____

Signature _____ Date: _____

Woman's Name:

Hospital Number:



Investigations After Delivery

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

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

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

Offer to all	Other information	What	Destination	Date	Yes	No
Fetal infection screening		Swab from baby's axilla	Microbiology			
		Swab from placenta fetal & maternal surfaces	Microbiology			
Maternal serology	TORCH Screen & Parvovirus B19	Maternal blood	Microbiology			
Thrombophilia screen	At delivery episode	Lupus anticoagulant Anticardiolipin antibodies	Haematology			
	At least 6 weeks postnatal	Factor V Leiden Protein C Protein S Antithrombin Prothrombin gene variants	Haematology			
	If positive on previous test repeat: At least 12 weeks postnatal	Lupus anticoagulant Anticardiolipin antibodies	Haematology			
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	Perinatal histopathology, St Mary's Hospital / Alder Hey Hospital			

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

Selective investigations	Other information	What	Destination	Date	Yes	No
<i>If greater than 20 weeks and history of bleeding in Rh negative or history of trauma in Rhesus positive women, Kleihauer test</i>	At diagnosis	Maternal blood	Blood Transfusion			
<i>if more than 16+0 weeks, External examination of baby</i>	To identify any major fetal abnormalities	External examination				
<i>If clinically</i>	If maternal flu like	Blood cultures, MSU, high	Microbiology			

Woman's Name:

Hospital Number:



Selective investigations	Other information	What	Destination	Date	Yes	No
suspected maternal infection	illness Abnormal coloured liquor; or prolonged ruptured membranes	vaginal swab, endocervical swab (inc for Chlamydia spp)				
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: • full depth skin sample 0.5cm ³	3cm of umbilical cord Do not send more than the required amount of tissue. (parents to sign box in umbilical cord section on page 7of 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		Blood Transfusion			
If intracranial haemorrhage (found at post mortem)	Maternal alloimmune antiplatelet antibodies		Immunology			
If there is no obvious cause apparent clinically	Maternal thyroid function tests HbA1c	At delivery	Chemical Pathology			

Parental chromosomes are not required routinely . See guideline page 21 for circumstances where these may be appropriate.

Miscarriage Certification

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

Woman's Name:

Hospital Number:



Registration

At gestations under 24 weeks only those babies born with signs of life who subsequently die need to be discussed with the coroner and registered as a birth and death. (see [Delivery Summary](#) 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 fetal loss 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			

See Coroner's referral form in the 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, needs reporting 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.						

Woman's Name:

Hospital Number:



Postnatal Care of Mother

	Yes	No	N/A	Comments	Date	Signature
Offer advice regarding expected emotional reactions and difficulties. Provide information leaflets with support groups and contact numbers in the back of the leaflets.				Leaflets given:		
VTE score / risk assessment as per Trust guideline				LMWH to be prescribed if necessary, based on risk factors		
Check FBC depending on blood loss prior to discharge				Review take home medication		
Check Rhesus status and check that Anti D has been given.				Check whether anti D was given at diagnosis of fetal loss		
Obtain the woman's consent to attach a tear drop sticker to the cover of the notes including the date of delivery				Verbal consent acceptable		
Complete the Bounty suppression form or activate local agreement						
Ensure a senior grade / consultant obstetrician or gynaecologist reviews the woman prior to discharge						
Discuss post natal recovery and expectations.						
Discuss and provide contraception of the woman's choice if possible						
Complete Postnatal Discharge Discharge women as per Trust policies						
Ensure the woman has any take home drugs she may require including analgesia and LMWH if required						
Follow Up – Community Midwife (CMW)						
1. Does the woman consent to a community midwife visit? (dependent on local policy)						
2. If a visit is declined, the community midwives, GP, health visitor, child health should still be notified of the fetal loss to avoid inappropriate contact.				Name of the GP/GP receptionist informed, with date and time.		
3. If CMW visit is declined, advise woman to see her own GP.						
Inform GP by telephone and send the discharge <u>by post</u> to the surgery, highlighting the fetal loss outcome.						
Discuss suppression of lactation if more than 18 weeks. If accepted give Cabergoline 1 milligram orally, as a single dose. If declined or contraindicated to discuss alternative methods				Cabergoline contraindicated if allergy to ergot alkaloids, history of puerperal psychosis, pulmonary/pericardial/retro-peritoneal fibrosis and cardiac valvulopathy. Caution hypertension and pre-eclampsia		

Woman's Name:

Hospital Number:



Post Natal Care of Mother

	Yes	No	N/A	Comments	Date	Signature
Ensure that the parents have all the relevant contact details if there are complications following discharge. Options are: <ul style="list-style-type: none"> ■ Community MW ■ 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 <i>natural changes may occur. This is influenced by the condition of the baby from delivery and the degree of maceration present.</i>		
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						
Arrange a postnatal follow-up appointment with Consultant Obstetrician / Gynaecologist after investigation results are anticipated to be received				It may take 8 weeks for a full post mortem report to be received, in the meanwhile remind the woman to make contact with her GP re: wellbeing.		

Woman's Name:

Hospital Number:



Transfer 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.				<i>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.</i>		
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 (no legal requirement).						
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						
Following neonatal death coroners approval and a coroners release form needs to be obtained (see page 12).				<i>Following neonatal death the baby cannot be released without coroners approval and a coroners release form.</i>		

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/Hospice%20Information%252Edocx>

Woman's Name:

Hospital Number:



Funeral Arrangements

as per local arrangements and gestation

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

Funeral arrangements

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

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

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

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

Woman's Name:

Hospital Number:



Follow up Visit Prompt List

Visit Date: _____

Baby's name _____ Gestation _____ Date of pregnancy loss _____

Prior to Consultation: 1. Ensure all results are available
2. Notes of any case review are available

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

Observations

Blood pressure _____ BMI _____ LMP _____

Investigation Results: TORCH Parvovirus B19 antibodies

Post mortem

Placental pathology

Placental swab

Other significant positive results :

Final Diagnosis:

Plan for Future Pregnancy

Who to contact when pregnant _____

At Consultation:

Pre-pregnancy advice for next pregnancy regarding:

Folic acid smoking cessation drinking alcohol optimizing BMI

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

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

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

Consultation performed by

Name _____ Designation: _____

Signature _____ Date: _____

Woman's Name:

Hospital Number:



Support Section and Contact Details

Below are listed some support groups. This list is also found in Support Organisations and Groups in the Guideline for the Management of Second Trimester Pregnancy Loss.

<p>ARC Antenatal Results & Choices <i>Support for parents whose baby is diagnosed with a fetal abnormality in pregnancy</i> Helpline: 0845 077 2290 or 0207 713 7486 via mobile http://www.arc-uk.org/</p>	<p>Lullaby Trust <i>Sudden infant death bereavement support:</i> Telephone: 0808 802 6868 http://www.lullabytrust.org.uk</p>
<p>Bliss for babies born sick or premature <i>Family support helpline offering guidance and support for premature and sick babies</i> Helpline: 0808 801 0322 http://www.bliss.org.uk/</p>	<p>MIND <i>Promoting and supporting people with mental health problems</i> Freephone : 0161 272 8205 http://www.mind.org.uk/</p>
<p>Child Bereavement UK <i>Supports families and educates professionals when a baby or child of any age dies or is dying, or when a child is facing bereavement</i> Helpline: 0800 028 8840 www.childbereavementuk.org</p>	<p>Samaritans <i>Confidential emotional support in times of despair</i> Telephone: 116 123 http://www.samaritans.org/</p>
<p>Child Death Helpline <i>For all those affected by the death of a child</i> Freephone: 0800 282 986 or 0808 800 6019 via mobile http://childdeathhelpline.org.uk/</p>	<p>Sands Stillbirth & Neonatal Death Charity <i>Support for families affected by the death of a baby before, during or shortly after birth.</i> Telephone: 0207 436 5881 http://www.uk-sands.org</p>
<p>Children of Jannah <i>Support for bereaved Muslim families in the UK</i> Telephone: 0161 480 5156 www.childrenofjannah.com</p>	<p>Saneline <i>Emotional support and information for people with mental health problems</i> Telephone: 0845 7678000 http://www.sane.org.uk/</p>
<p>Contact a Family <i>Support and information about specific conditions</i> Telephone: 0808 808 3555 http://www.cafamily.org.uk/</p>	<p>TAMBA (Twins & Multiple Birth Association) <i>Bereavement and special needs support groups</i> Telephone: 01252 332344 http://www.tamba.org.uk/bereavement</p>
<p>Cruse Bereavement Care <i>For adults and children who are grieving</i> Telephone: 0808 808 1677 http://www.cruse.org.uk/bereavement-services/</p>	<p>The Miscarriage Association <i>Support for parents who have experienced miscarriage</i> Telephone: 01924 200 799 http://www.miscarriageassociation.org.uk/</p>
<p>Listening Ear <i>Free self referral counselling to help deal with anxiety, bereavement and depression</i> Telephone: 0151 487 9177 http://listening-ear.co.uk/</p>	<p>The Compassionate Friends UK <i>Offering support after the death of a child at any age.</i> Helpline: 0845 123 2304 www.tcf.org.uk</p>

Other Contacts:

Consultant:	Community Midwife:
Name:	Name:
Secretary:	Tel:
Tel:	
Bereavement support / lead:	
Name:	Tel:

Woman's Name:

Hospital Number:



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 _____

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North West Coast Strategic Clinical Network
Vanguard House | Sci-Tech Daresbury | Keckwick Lane | Daresbury | Halton | WA4 4AB

