PATHWAY FOR CARE

OF WOMEN EXPERIENCING FIRST TRIMESTER PREGNANCY LOSS

National Implementation Group,
HSE Standards for Bereavement Care following Pregnancy Loss and Perinatal Death
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FOREWORD TO PATHWAY

This pathway has been developed for use by Healthcare Professionals so the need for medical terminology is necessary.
Dealing with the loss of a baby or pregnancy can be a difficult and devastating time for parents and families.

Parents and families may need a range of immediate and longer term supports to help them with their bereavement. There are a range of health and other support services that can play a positive and helpful role for parents during this time.

Bereavement care needs to be integrated with the hospitals' overall medical and clinical response to parents. Parents and families who experience the loss of a baby or pregnancy need appropriate care delivered in a sensitive and supportive manner. It needs to be delivered by trained staff that can assess the parents' bereavement care needs.

The purpose of this pathway is to guide health care professionals working in the Maternity Hospitals providing the care to parents who have experienced First Trimester Pregnancy Loss. It is to be used to guide the healthcare professionals **what** to do for the parents- it is not intended to instruct them **how** to provide care. It is to be used to ensure that the care provided to bereaved parents is standardised throughout the country.

This pathway is intended for use in conjunction with the relevant current clinical guidelines, professional codes of practice, relevant legislation and the National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death.

BREAKING BAD NEWS TO PARENTS

	YES	COMMENTS	DATE	INITIALS
Use private room when speaking to Parents				
Arrange Interpreter if necessary – avoid using family members as interpreters				
Discuss care and decisions with both Parents and or a support person				
Midwife and Registrar should be present with consultant/registrar during discussion				
Ensure that other member of the multidisciplinary team are available to give Parents further information on diagnosis/ outcomes				
Document plan of care in notes as discussed with Parents				

DIAGNOSIS AND IMMEDIATE CARE

Miscarriage Confirmed by Ultrasound		
1st practitioner name:	Signature:	Date & Time:
2nd practitioner name:	Signature:	Date & Time:
Inform Bereavement specialist (CMS/CNS)	Signature:	Date & Time:
Offer direct admission card with contact numbers for Hospital and Bereavement team	Given: ☐ Declined: ☐	Signed by:
Give Patient advocacy group support information	Given: ☐ Declined: ☐	Signed by:
Enter Type of Miscarriage Diagnosis in Patient Chart	Yes ☐	Signed by:
Is this a recurrent miscarriage? (3 consecutive miscarriages)		

Immediate Care: Investigations at Diagnosis			
	Yes	**No**	**Results**
FBC:			
Kleihauer: (even if RhD positive)			
Other blood tests as clinically indicated			
Observations: to be done as per IMEWS			

Additional relevant clinical information			
Parity:		Gestation by dates:	Gestation by fetal size by ultrasound scan:
EDD:			
Obstetric or Medical Issues:			
Past Obstetric History:			
No: of previous miscarriages: 1st Trimester: 2nd Trimester:			
Signature:			
Vaginal Bleeding:			
Additional Information that may be relevant :			
Is this pregnancy being managed under the PLDP Act 2013		YES/NO	Signature:
Signature:		**Date & Time:**	

MANAGEMENT OF FIRST TRIMESTER MISCARRIAGE
Management may be conservative, medical or surgical

CONSERVATIVE MANAGEMENT

Conservative management is an effective and acceptable method to offer women who miscarry provided there are no signs of infection (vaginal discharge), excessive bleeding, pyrexia or abdominal pain. Women should be counselled on what to expect, the likely amount of blood loss and what analgesics to take. Use conservative management for women with a pregnancy of less than 6 weeks gestation who are bleeding but not in pain. Advise these women: to repeat a urine pregnancy test after 7–10 days and to return if it is positive; a negative pregnancy test indicates that the pregnancy has miscarried. They should be advised to return to the hospital if their symptoms continue or worsen. Use expectant management for 7–14 days as the first-line management strategy for women with a confirmed diagnosis of miscarriage (CLINICAL PRACTICE GUIDELINEMANAGEMENT OF EARLY PREGNANCY MISCARRIAGE, RCPI, 2012).

MEDICAL MANAGEMENT

Misoprostol is an effective and acceptable method to offer women who miscarry provided there are no signs of infection (vaginal discharge), excessive bleeding, pyrexia or abdominal pain. Women should be counselled on what to expect, the likely amount of blood loss and what analgesics to take. Women undertaking medical management need to be informed that in case of heavy bleeding an ERPC may be required and an information leaflet on medical management should be provided.

Medical management is an alternative technique that complements, but does not replace, surgical evacuation (CLINICAL PRACTICE GUIDELINEMANAGEMENT OF EARLY PREGNANCY MISCARRIAGE, RCPI, 2012).

SURGICAL MANAGEMENT

Surgical uterine evacuation (ERPC) should be offered to women that prefer that option. Clinical indications for offering ERPC include persistent excessive bleeding, haemodynamic instability, evidence of infected retained tissue and suspected gestational trophoblastic disease.
ERPC remains the treatment of choice if there is persistent bleeding, if vital signs are unstable or in the presence of retained infected tissue (CLINICAL PRACTICE GUIDELINEMANAGEMENT OF EARLY PREGNANCY MISCARRIAGE, RCPI, 2012).

TREATMENT PLAN: clearly document in woman's chart the chosen method of management. Explanation for chosen method of management must be clearly explained to the woman. Document the plan for review of progress in her chart.

CONSERVATIVE MANAGEMENT (WHERE APPLICABLE)			
	YES	**COMMENTS**	**DATE**
Decision for conservative management agreed			
Inform Patient of what to expect when at home			
Inform Patient of possible complications and of reasons to attend hospital			
Ensure that the Patient has all the relevant contact details for hospital on discharge			
Give Patient information leaflet with emergency numbers included on it			
Offer bereavement support services (e.g. pastoral care, MSW)			
Advise Patient on disposal of Products of Conception (if POC passed at home)			
Give Patient the relevant information and support leaflets			
Cancel antenatal clinics and ultrasound appointments			
Cancel antenatal classes			
Ensure the Patients medical notes are updated and correct			
Inform GP by emailing a copy of the discharge summary and posting the original to the surgery			
Ensure that the Patient has all the relevant contact details for the bereavement team on discharge			
Provide information for patient advocacy support group			
Refer for postnatal review appointment (as per Hospital policy)			

MEDICAL MANAGEMENT (WHERE APPLICABLE)			
	YES	**COMMENTS**	**DATE**
Decision for medical management agreed			
Inform Patient of what to expect			
Inform Patient of possible complications and of possibility of failure			
Advise Patient on disposal of Products of Conception (if POC passed at home)			
Provide Patient with emergency telephone numbers, where applicable			
Give Patient the relevant information and support leaflets			
Cancel antenatal clinics and ultrasound appointments			
Cancel antenatal classes			
Ensure the Patients medical notes are updated and correct			
Inform GP by emailing a copy of the discharge summary and posting the original to the surgery			
Inform members of MDT teams involved in care (where applicable)			
Provide information for patient advocacy support group			
Refer for postnatal review appointment (as per Hospital policy)			

SURGICAL MANAGEMENT (WHERE APPLICABLE)			
	YES	**COMMENTS**	**DATE**
Decision for surgical management agreed			
Inform Patient of what to expect			
Book admission to ward and for theatre			
Give Patient the relevant information and support leaflets			
Provide Patient with emergency telephone numbers			
Cancel antenatal clinics and ultrasound appointments			
Cancel antenatal classes			
Ensure the Patients medical notes are updated and correct			
Inform GP by emailing a copy of the discharge summary and posting the original to the surgery			
Inform members of MDT teams involved in care (where applicable)			
Provide information for patient advocacy support group			
Refer for postnatal review appointment (as per Hospital policy)			

CARE IN HOSPITAL (WHERE APPLICABLE)				
	YES	**COMMENTS**	**DATE**	**INITIALS**
Welcome to ward and expedite admission process				
Orientate to room, call bell, facilities				
Introduce allocated Midwife to the Family				
Explain facilities				
Check treatment plan is documented				
Explain process around management method				
Ensure surgical care plan is completed for surgical management				
Ensure consent is signed for surgical management				
Inform Bereavement specialist CMS/CNS				
Offer bereavement support services (e.g. pastoral care, MSW)				
Ensure adequate analgesia is prescribed for the Mother				
Follow local guideline for providing information concerning for Pathology processing of tissue and completing forms/orders				
Products of conception (POC) obtained sent for pathological examination				

CARE OF PRODUCTS OF CONCEPTION (POC) ON THE WARD (WHERE APPLICABLE)				
	YES	**COMMENTS**	**DATE**	**INITIALS**
Offer Pastoral care for Blessing/ Ritual				
Blessing/Ritual performed				
Name of person who performed Blessing/Ritual:				
Offer Parents opportunity to include their Baby in the Hospital Book of Remembrance				
POC labelled with Patients details				
POC placed in quiet room				

PRODUCTS OF CONCEPTION (POC) TO LABORATORY				
	YES	**COMMENTS**	**DATE**	**INITIALS**
POC to laboratory		**Date:**		
Explanation that fetal tissue may not be identified in POC should be given				
Does patient wish to be contacted if macroscopic fetal tissue (visible by naked eye) is identified on Pathological examination	**YES**	**NO**		
Macroscopic fetal tissue (visible by naked eye) identified on Pathological examination	**YES**	**NO**		
Patient contacted if that is indicated (from above)	**YES**	**Arrangement to collect POC**		
POC collected by Patient	**YES**			
Other patient specific requests for management of POC tissue				

FUNERAL ARRANGEMENTS				
	YES	**COMMENTS**	**DATE**	**INITIALS**
Discuss the options available for burial or cremation				
Document the arrangements decided upon				
Provide the coffin by the undertaker on contract with the Hospital				
If the Family choose to have Hospital burial Organise as per local policy				
If the Family choose Hospital burial (& wish to be present) Inform them of the date and time of burial and offer them the option to attend				
If the Family are arranging their own burial Give advice and support re same				
If the fetal tissue is to be cremated Complete and sign local documentation				

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Clinical Practice Guideline for the Diagnosis and Management of Early Pregnancy Miscarriage. Clinical Practice Guideline. Institute of Obstetrics and Gynaecology, Royal College of Physicians Ireland; 2012: Version 1; Guideline number 10. https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/05/9.-Management-of-Early-Pregnancy-Miscarriage.pdf

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