

PATHWAY FOR CARE OF WOMEN EXPERIENCING STILLBIRTH

**National Implementation Group,
HSE Standards for Bereavement Care
following Pregnancy Loss and Perinatal
Death**

March 2019

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 experience Stillbirth. 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 OF INTRA-UTERINE FETAL DEATH

Fetal Demise 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: <input type="checkbox"/> Declined: <input type="checkbox"/>	Signed by:
Give Patient advocacy group support information	Given: <input type="checkbox"/> Declined: <input type="checkbox"/>	Signed by:
Enter IUFD Diagnosis in Patient Chart	Yes <input type="checkbox"/>	Signed by:

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:
Obstetric or Medical Issues:	
Past Obstetric History:	
Is this Fetal death to be notified to Coroner?	
Additional Information that may be relevant to cause of death:	

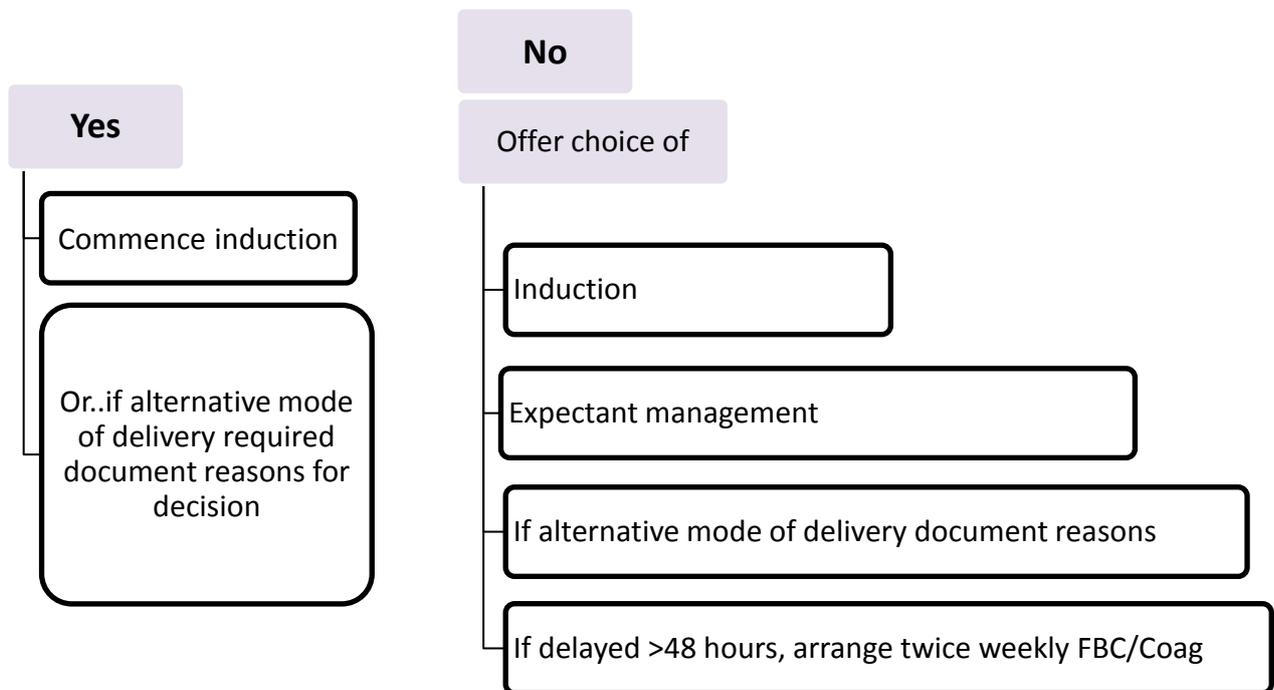
Signature:	Date & Time:
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TREATMENT PLAN: clearly document in chart in consultation with the Parents

Include their wishes with regard meeting members of the multidisciplinary team

Management may be expectant or involve medical induction of labour

Urgent delivery is needed in cases of Abruption/APH, Pre-eclampsia/Eclampsia, Sepsis/PROM



PLANNED TYPE OF DELIVERY

		Signature	Date
Delivery type	Comments		

MEDICAL INDUCTION REGIMEN

REFER TO: NATIONAL CLINICAL GUIDELINE ON INVESTIGATION AND MANAGEMENT OF LATE FETAL INTRAUTERINE DEATH AND STILLBIRTH OUTPATIENT CARE PATHWAY AFTER DIAGNOSIS

MEDICAL CARE				
	YES	COMMENTS	DATE	INITIALS
Document treatment plan				
Prescribe Induction Medication as per Clinical Guideline				
Inform GP				
Inform Consultant				

OUTPATIENT CARE PATHWAY AFTER DIAGNOSIS

MIDWIFERY CARE				
	YES	COMMENTS	DATE	INITIALS
Book admission				
Give Mother direct admission card with explanation				
Provide Parents with emergency telephone numbers				
Inform Bereavement specialist CMS/CNS				
Provide Parents with details of the bereavement specialist CMS/CNS				
Inform members of MDT teams involved in care				
Provide the Parents with a complimentary car parking pass if required				
Give Parents information leaflets relevant to clinical care and Bereavement support				
Give Parents age appropriate information for siblings who are aware of pregnancy				
Activate Bereavement Symbol/Alert in Patient Records				
Cancel antenatal clinics and ultrasound appointments				
Cancel antenatal classes				
Complete an incident form – ALL Stillbirths to be reported to CIS				

CARE AT ADMISSION TO HOSPITAL

	YES	COMMENTS	DATE	INITIALS
Welcome to ward and expedite admission process				
Explain and display Hospital Pregnancy Loss symbol on door of room				
Orientate to room, call bell, facilities				
Introduce allocated Midwife to the Family				
Explain facilities (quiet room, prayer room)				
Discuss open visiting times (for Family etc.)				
Explain process around medical induction and/or delivery				
Inform Bereavement specialist CMS/CNS				
Offer all bereavement support services (e.g. pastoral care, MSW)				
Offer voluntary support services (NILMDTS etc.)				
Check treatment plan is documented				
Ensure induction medications are prescribed				
Send FBC, Group & Hold sample and Coagulation Screen to laboratory				
Check IUDF Diagnosis is entered in Patient Chart	Signed by:			

CARE IN LABOUR

	YES	COMMENTS	DATE	INITIALS
Accommodate Parents in a room on their own				
Explain the specific symbol for Pregnancy Loss to Parents				
Explain and display Hospital Pregnancy Loss symbol on door of room and on delivery suite whiteboard				
Allocate an individual named Midwife to the Family - this Midwife will provide Intrapartum care				
Discuss and agree Birth plan – facilitate parent’s wishes				
Prepare Parents for appearance of Baby after birth				
Discuss and agree Parents preferences around seeing and holding the Baby after birth				
Check that a FBC, Group and hold and Coagulation Screen has been done in the last 24 hours (anaesthetic request)				
Provide routine care of the Mother in labour as per local Hospital policy/guideline				
Use the Partogram during labour				

CARE OF THE STILLBORN BABY IN THE DELIVERY SUITE

BABY'S NAME	
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	YES	COMMENTS	DATE	INITIALS
Identify Baby / Apply name bands as per local policy				
Generate Medical Record Number (MRN) for Baby				
Document Baby as Deceased on patient management system /MN-CMS				
Get verbal consent for initial examination				
Weigh and measure length of Baby and document same in Mother and Baby notes				
Offer Pastoral care for Blessing/Naming/Ritual				
Dress Baby- Offer Parents opportunity to do same				
Assist Parents in taking photographs of Baby				
Give Parents time to see and hold Baby				
Support first visit of siblings to visit Mother and Baby				
Place Baby in basket for transfer to postnatal ward				

MANAGEMENT OF PLACENTA

Placenta and Umbilical Cord Examination

PROCESS AS PER LOCAL LABORATORY POLICY

If Placenta to be placed in Formalin do not place in formalin until samples for cytogenetics & swabs for microbiology obtained. In monochorionic multiple pregnancy send Placenta to laboratory as per local laboratory guidelines.

Findings	
Send cord blood if Rh Negative	Yes <input type="checkbox"/>
Number of vessels	
Knots in Cord	
Looped round Baby	Yes <input type="checkbox"/>
	Where
	Number of times
	Tight or Loose
Cord Insertion position	
Sample of Placenta and/or cord for Cytogenetic testing as per local protocol	Yes <input type="checkbox"/>
General appearance of placenta, cord and membranes	
Manual removal of Placenta	
Placental weight (g)	
Placental swabs obtained from fetal and maternal surfaces	
Placenta sent to Histology with appropriate request forms	Yes <input type="checkbox"/>
Other comments:	
Signature:	Date:

POSTNATAL CARE OF MOTHER

	YES	COMMENTS	DATE	INITIALS
Use Hospital postnatal care pathway for Maternal care				
Inform Bereavement CMS/CNS of Mother's admission on ward				
Offer all bereavement support services to Parents and siblings where applicable (e.g. pastoral care, MSW)				
Check Maternal blood group				
Follow guidelines for Anti-D prophylaxis if Mother RhD Negative				
Discuss suppression of lactation				
Consult lactation Consultant (as needed)				
Arrange Maternal Blood tests for investigation of stillbirth as per National Clinical Guideline (hyperlink to same)				
Give Memory box to Parents				
Complete Memories booklet give/hold for Parents				
Complete discharge summary and check all information regarding the death is correct				
Inform GP by faxing a copy of the discharge summary and posting the original to the GP practice				
Inform Public Health Nurse				
Ensure that the Parents have all the relevant contact details for the bereavement team on discharge				

Provide information for patient advocacy support groups				
Ensure the Mothers medical notes are updated and correct				
Refer for postnatal review appointment (as per Hospital policy) with Consultant Obstetrician	Signature:		Date:	

CARE OF THE STILLBORN BABY ON THE POSTNATAL WARD

BABY'S NAME				
	YES	COMMENTS	DATE	INITIALS
Offer Pastoral care for Blessing/Naming/Ritual				
Blessing/Naming/Ritual performed				
Name of person who performed Blessing/Naming/Ritual:				
Give Parents time to see and hold Baby				
Offer Parents opportunity to bathe Baby				
Facilitate open visiting with Family members				
Use cold cot on postnatal ward if Parents wish to have Baby with them				
Take / offer mementoes:	Yes <input type="checkbox"/>			
	Hand & foot prints			
	Lock of hair			
	Name Band			
	Cord Clamp			
	Memory box			
	Photographs - NILMDTS			
	Signature:		Date:	
If this is a multiple pregnancy with a surviving Baby/Babies give Parents the memento making opportunities with all Babies				

Prepare Baby for post mortem examination i.e. paperwork/transport				
Offer Parents opportunity to include their Baby in the Hospital Book of Remembrance				

POST MORTEM EXAMINATION

If a post mortem examination is directed by Law at the request of the Coroner, **no consent is required** but written information is provided to the Parents and explained sensitively.

CORONIAL POST MORTEM EXAMINATION

	YES	NO	Signature
Case discussed with Coroner			
If YES- Coroners Direction			
If YES- Case Pathologist Informed			

CONSENTED/HOSPITAL/NON CORONIAL POST MORTEM EXAMINATION

	YES	COMMENTS	DATE	INITIALS
Offer post mortem examination to all Parents				
Give post mortem examination information				
IF PARENTS AGREE TO POST MORTEM EXAMINATION - CARE AS BELOW				
Consent:	Consent form complete			
	Signed by Parents			
	Signed by witness			
	Parents requests explicitly indicated on form			

FOR ALL POST MORTEM EXAMINATIONS

Liaise with Pathology department re post mortem examination scheduling				
Book post mortem examination				
Date and time of post mortem examination	Date/Time:			
Place of post mortem examination	Location:			
If post mortem examination off site: name and contact number of responsible person in Pathology department	Details:			
Arrange Transport				
Transport – type				
Book Skeletal X-rays				
Skeletal X-rays completed				
Parents informed of post mortem examination arrangements				
Send Consent Forms to Pathology department				
Ensure original clinical request form completed and sent				
Mother’s notes to accompany Baby				
Addressograph labels for Mother				
Addressograph labels for Baby				
Placenta to laboratory as per local policy				

FOR ALL POST MORTEM EXAMINATIONS				
Accompanying person to post mortem examination laboratory	Name:			
Location of Baby: Time Baby left ward for post mortem examination	Time:			
Location of Baby: Time Baby returned to ward following post mortem examination	Time:			
IF PARENTS DECLINE POST MORTEM EXAMINATION - CARE AS BELOW				
If post mortem examination declined: Offer full examination by Neonatologist/Paediatrician/Pathologist				
Obtain consent for external examination				
Obtain consent for clinical photographs				

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 Hospital burial Organise as per local policy				
If the Family choose Hospital burial Inform them of the date and time of burial and offer them the option to attend		Date: Time: Place of service: Place of burial:		
If the Family are arranging their own burial Give advice re same				
If the Baby is to be cremated Complete and sign local documentation				
Explain the registration and certification process (as per local guidelines)				

STILLBIRTH CERTIFICATION AND REGISTRATION

Complete Birth (Stillbirth) notification as per the Registration of Births Act, 1996

Complete Medical Certificate of Stillbirth when all results of investigations are available

	YES	COMMENTS	DATE	INITIALS
Inform Parents that legally their Baby's Stillbirth must be registered				
Hospital notify the registration office of the birth (Stillbirth)				
In case of multiple births, with surviving infant ensure registration office are aware of situation				
Complete Medical certificate of Stillbirth once cause of death agreed at PM-MDT Meeting and/or at postnatal review meeting				
Inform Parents, once medical certificate is completed that they can attend their local registration office to register their Baby's Stillbirth				
Give Parents contact details of local registration office (Stillbirth can be registered by parents up to one year)				
Bereavement CMS/CNS responsible for above arrangements	Signature			

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REVIEWERS

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