 Department of Health Government of Nunavut		<b>NURSING POLICY, PROCEDURE AND PROTOCOLS</b> <b>Community Health Nursing</b>	
<b>TITLE:</b>		<b>SECTION:</b>	<b>POLICY NUMBER:</b>
Stillbirth		Nursing Practice	07-015-00
<b>EFFECTIVE DATE:</b>	<b>REVIEW DUE:</b>	<b>REPLACES NUMBER:</b>	<b>NUMBER OF PAGES:</b>
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<b>APPLIES TO:</b>			
Community Health Nurse, Supervisor of Community Health Program, Nurse Practitioner, Registered Midwife, Acute Care and Primary Care Paramedic			

### 1. BACKGROUND:

Both the *Vital Statistics R.S.N.W.T. 1988, c.C-20*, as amended by Nunavut Statutes s.NU.2007, c.15, s.177 and the *Coroners Act R.S.N.W.T. 1988, c.C-20* as amended by Nunavut Statutes s.NU.2007, c/15, s.177 govern the disposition of stillbirths in Nunavut. Stillbirths must be registered with the *Registrar General of Vital Statistics* and are a reportable death under the *Coroners Act*.

### 2. POLICY:

- 2.1 The Supervisor of Community Health Programs (SCHP), Community Health Nurse (CHN), Nurse Practitioner (NP) or Registered Midwife (RM) must report and document a stillbirth that occurs in the community to the coroner as soon as feasible as required by the *Coroners Act*.
- 2.2 The CHN, NP, RM or on site on-call physician or coroner must complete the *Registration of Stillbirth* in a timely fashion and within a 30-day period in accordance with the *Vital Statistics Act*.
- 2.3 During periods of Health Centre closure, and no CHN, NP or RM is available, Advanced Care (ACP) or Primary Care (PCP) paramedics must report and document stillbirth to the coroner; the *Registration of Stillbirth* in this situation is completed as in 2.2

### 3. PRINCIPLES:

- 3.1 The requirement to report and document a stillbirth is mandated by the *Vital Statistics Act* and the *Coroners Act*.

### 4. DEFINITIONS:

- 4.1 Stillbirth: refers to “the complete expulsion or extraction from its mother, either after at least 20 weeks pregnancy or after attaining a weight of 500 grams of a product of conception in which after the expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord or movement of voluntary muscle”. *Vital Statistics Act*.

### 5. GUIDELINE REPORTING STILLBIRTH

- 5.1 The birth of a stillborn baby is a devastating event for the parents and their families. Families experiencing a stillbirth benefit from having the enormity of their loss acknowledged, provided with time to talk about their hopes for the baby and referred to additional supports when they are ready.
- 5.2 Caring for a family with a stillborn baby is emotionally upsetting for health care providers, particularly if they have unresolved grief in their own lives. An opportunity to debrief with their supervisor, colleagues and a mental health professional helps the provider to accept that they

also need support.

- 5.3 When a stillbirth occurs in the community, the SCHP, CHN, NP, or RM will immediately notify the on-call physician or NP; **and** the SCHP or delegate; **and** the coroner.
- 5.4 The SCHP will notify the Regional Director of Health Programs and the Supervisor of Family Services in the community or the regional Manager of Family Services if there is no supervisor available.
- 5.5 The health care provider attending the birth will offer support to the parents/caregivers and facilitate access to other family members, a spiritual adviser, Family Services Worker or Mental Health staff in the community as requested by the parents.
- 5.6 If the parents or caregivers request keepsakes (footprint, lock of hair etc.), obtain the coroner's consent before collection.
- 5.7 If the parents or caregivers wish to see the baby wrap in warm blankets and carefully frame the blanket around the baby's face. NB: The placenta and cord are separated from the baby before the baby is shown to the parents.
- 5.8 The attending healthcare provider will document the assessment of the stillborn baby, i.e., cardiac, respiratory, and voluntary muscle assessment as well as palpation of the umbilical cord at birth, and any obvious anomalies seen in the baby, cord and/or placenta, on the mother's health record.
- 5.9 Consult the on-call or on-site physician or RM regarding care of the postpartum woman.
- 5.10 The Coroner will assume responsibility for completing required paperwork and arranging transportation of the baby's body if an autopsy is required.
- 5.11 Send the placenta and cord to pathology (as per laboratory policy and procedure 008-004-00) if an autopsy is ordered.
- 5.12 An incident report must be submitted to the MEDITECH QRM module as soon as reasonably possible and no later than the end of the working shift.
- 5.13 The *Registration of Stillbirth* form will be completed by the health care provider attending the mother of the deceased or by the Coroner if the stillbirth occurred outside of the health centre without the presence of a healthcare provider.
- 5.14 Regardless of who completes the *Registration of Stillbirth* form:
  - i. The original form is sent to the office of the *Registrar General of Vital Statistics*.
  - ii. A copy of the form is placed on the mother's medical record.
- 5.15 The healthcare provider in attendance will complete Part 1 and 2 of the *Labour and Delivery Record* and Part 2 of the *Newborn Record*.
- 5.16 The Burial Permit is completed and issued by the Hamlet.
- 5.17 If an autopsy is ordered, it is the coroner's responsibility to disclose the report to the family. Should the report become available to the SCHP, the SCHP shall contact both the coroner and the community physician to confirm that the coroner will disclose the results to the family and to offer assistance in providing support or information if requested.
- 5.18 The SHP will provide access to Critical Incident Stress Debriefing for health care providers as per Policy 05-005-00 *Critical Incident Stress Management*.

## **6. RELATED POLICIES, PROTOCOLS AND LEGISLATION:**

Policy 05-011-00 Reduction and Suspension of Core Community Health Nursing Services

Policy 07-012-00 Certification of Death


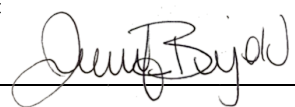
Policy 07-013-00 Pronouncing Death

Policy 07-014-00 Reporting a Death to the Coroner

Policy 08-004-00 Postmortem Samples

**7. REFERENCES:**

*Coroners Act* R.S.N.W.T. 1988, c.C-20, as amended by Nunavut Statutes s.NU.2007, c.15, s.177.  
*Vital Statistics Act* (R.S.N.W.T. 1998, c.17, s.29 as amended by Nunavut Statutes: S.NU. 2012, c.17, s.29

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