

Perinatal Loss Checklist & Follow up

Upon admission:

- _____ Place Dove card on door upon arrival
 - _____ Refer to Perinatal Loss Binder
 - _____ Discuss plan of care with patient and family
 - _____ Complete admission in computer as usual
 - _____ Initiate care plan, apply "perinatal loss" template
 - _____ Notify spiritual care @ 1781
 - _____ Notify social work & place order in EPIC
 - _____ Allow parents time to grieve
 - _____ Provide appropriate literature (found in Perinatal loss crib in nursery)
 - _____ Discuss disposition options with parents when appropriate
 - _____ **Notify Verheyden Funeral Home @ 313-881-8500 following delivery
(If family chooses a private funeral home, they must notify the chosen funeral home and make arrangements for disposition and transportation)
- **This process may take some time and must be addressed as soon as possible to avoid a delay in the discharge process.*

Following Delivery:

***PNL items for the memory box are locked in the top drawer the Perinatal loss crib located in the nursery. The key is kept at the HUC desk.*

- _____ Allow private time for parents to view baby as appropriate
- _____ Call Gift of Life if signs of life present at birth
- _____ Consent for Bereavement Photography & Momentos signed
- _____ Offer photography & notify Bella Baby photographer
- _____ Include gold ring, bracelet, blanket, teddy bear.... etc in photos when possible.
(All items used, are to be given to the parents to keep)
- _____ Choose appropriate memory box (located in nursery storage room)
- _____ Make clay molds of foot/hand if possible (before ink on feet)
- _____ Make several foot/hand prints (one for frame)
- _____ Personalize photo frame with baby's name (using letter stamps)
- _____ Collect wisp of hair if possible (place in small bag)
- _____ Complete crib card as appropriate
- _____ Complete and Fax Tomorrow's Child form
- _____ Complete all paperwork including ALL required signatures (refer to samples)
- _____ Deliver completed paperwork to pathology or admitting (refer to forms checklist)
- _____ Encourage all caregivers to sign the sympathy card
- _____ Use Smart Phrase .dcperinatalloss for specific PNL discharge instructions

***For Staff use only, NOT part of medical record.*

Contact information

Delivery Date/Time _____
Mother _____
Father _____
Siblings _____

Caregivers:

Physician(s): _____
Admitting Nurse(s): _____
L & D nurse(s): _____

Social History: Pertinent Information:

Support Network _____
Religious/Spiritual Practices _____

Medical History: Pertinent Information:

G _____ P _____

Blood Type _____

Rhogam N/A Ordered Given

History: _____

Address: _____
Phone Number _____
Alternate Phone Number _____

Follow up phone call Date(s) _____

Notes _____

**For Staff use only, NOT part of medical record.

Mother's MRN (affix sticker):

Perinatal Loss Identification/Disposition

Last Name: _____

Pathology Exam? Yes _____ No _____

Autopsy Ordered? Yes _____ No _____

Child Remembered Program? Yes _____ No _____

Funeral Home for Final Disposition: _____

Current Location of Baby/Fetus:

- Morgue _____ (call security at # 1728)
- Family Birth Center _____ (call charge nurse at # 6055)
- Other (specify) _____

* Make a copy of completed form

1 copy remains with baby/fetus (in morgue)

1 copy remains with paperwork (pathology or security)

**For Staff use only, NOT part of medical record.

Preparing Baby/Fetus for Final Disposition

Pathology Examination/Autopsy:

Deliver baby to Morgue:

- 1) Place order in EPIC
- 2) Place one ID band on baby (*extremity or around body if too small*)
- 3) Wrap in blue pad (*secure with mother's ID stickers*)
- 4) Print soft labels (place all labels in biohazard bag & tape to outside of blue pad)
- 5) Finally wrap a blanket around the baby/blue pad
- 6) Call security at #1728 to unlock morgue
- 7) Place wrapped baby in refrigerator with **a copy** of the Perinatal Loss ID/Disposition form secured to blanket
- 8) Sign baby into "Morgue Sign-Out Log" as Baby of.....with Mother's MRN
- 9) Deliver the following paper work to pathology:

Stillbirths

- **Final disposition of stillbirth (State of MI ½ sheet)** *MUST have parent(s) signature (*father if possible*)
- **Perinatal Loss Disposition Document***MUST have mothers signature x 2 locations
- **Perinatal Loss ID/Disposition** (*indicate location of baby*)

Live Births

- **Decedent Disposition Form** *MUST have mothers signature x 2
- **Autopsy Request Form (Clinical Summary)** *If consent obtained
- **Perinatal Loss ID/Disposition** (*indicate location of baby*)

Preparing Baby/Fetus for Final Disposition

NO Pathology Examination/Autopsy requested and baby is ready to be picked up by the funeral home:

Deliver baby to Morgue:

- 1) Place one ID band on baby (*extremity or around body if too small*)
- 2) Wrap in blue pad (*secure with mother's ID stickers*)
- 3) Finally wrap a blanket around the baby/blue pad
- 4) Call security at #1728 to unlock morgue
- 5) Place wrapped baby in refrigerator with a copy of the Perinatal Loss ID/Disposition form secured to blanket
- 6) Sign baby into "Morgue Sign-Out Log" as Baby of.....with Mother's MRN #
- 7) Deliver the following completed paper work to Admitting:

Stillbirths

- **Final disposition of stillbirth (State of MI ½ sheet)** *MUST have parent(s) signature (*father if possible*)
- **Perinatal Loss Disposition Document***MUST have mothers signature x 2 locations
- **Perinatal Loss ID/Disposition** (*indicate location of baby*)

Live Births

- **Decedent Disposition Form** *MUST have mothers signature x 2
- **Perinatal Loss ID/Disposition** (*indicate location of baby*)

If baby remains with parents:

Deliver the following completed paper work to Admitting:

Stillbirths

- **Final disposition of stillbirth (State of MI ½ sheet)** *MUST have parent(s) signature (*father if possible*)
- **Perinatal Loss Disposition Document***MUST have mothers signature x 2 locations
- **Perinatal Loss ID/Disposition** (*indicate location of baby*)

Live Births

- **Decedent Disposition Form** *MUST have mothers signature x 2
- **Perinatal Loss ID/Disposition** (*indicate location of baby*)

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Content Expert/Coordinating Department(s) FAMILY BIRTH CENTER ANM(S)/CNS	Prior Issue Date 11/15	Issue Date 12/15

Policy

Perinatal loss is defined as intrauterine death, stillbirth, infant death, or spontaneous abortion. Medical management, optimal emotional support, and nursing care will be provided for the family experiencing perinatal loss.

Antepartum Care:

1. Place a White Dove magnet on the patient's door to notify staff members of a loss before they enter the room (available at the unit secretary desk).
2. Refer to Perinatal Loss Binder & Policy
3. Support grieving parent(s)/family, encourage them to ask questions and verbalize their feelings.
4. Review the grieving process to parent(s)/family. Helping them to understand that everyone experiences grief in their own unique way.
5. Be an active listener. Allow parents to verbalize their feelings and impressions.
6. **Notify Spiritual Care @ 1718**
7. Initiate perinatal loss forms.
8. Provide consistency in nursing staff, when possible.
9. Review the plan of care, including what to anticipate upon delivery:
 - a. Appearance of the fetus/infant, including cool temperature, skin condition... etc.
 - b. Encourage parent(s) to see and hold their baby to facilitate the grieving process.
 - c. Discuss why photos & mementos are offered and significant for some parents.
10. Offer and explain the options available to the parent(s):
 - a. Naming their baby
 - b. Options for family/friends to see and/or hold the baby
 - c. Photos of the baby may be taken by our staff or Bella Baby if requested
 - d. Other mementos may include the baby's clothing, blanket, foot/hand prints, lock of hair or moldings as appropriate

Postpartum Care:

1. Treat infant with dignity at all times....ie, wrap in a blanket, bring attention to identifiable & fully formed features such as feet, hands, nose....etc.
2. Bathe/clean infant; allow parents to assist if they wish.
3. Offer opportunity for family members to hold infant if parent wishes.
4. Photos, take **ASAP after delivery. A signed consent form must be completed prior to taking photos.
5. Take several different poses, with emphasis on the infant's best features - i.e., hands, feet, etc. **These will be their ONLY memories.
6. Prepare mementos (locket of hair, foot molding, footprint, etc.)
7. The digital camera is stored in the pyxis & photos may be printed on the unit.
8. Give all photographs/memorabilia to parent(s) prior to discharge. We cannot store them.

Discharge Planning:

1. If mother is Rh negative, obtain order for Rhogam studies & administration if needed. Give within 72 hours of the loss
2. Refer to Perinatal Loss Binder & Policies regarding the Final Disposition, required forms and signatures.
3. Provide parents with perinatal loss resources and contact information including Tomorrow's Child. Inform parents of follow-up phone calls by member of Perinatal Loss Team.
4. Provide Perinatal Loss Specific Discharge Instructions using the PNL "smart phrase" in EPIC.
5. Give all photographs/memorabilia to parent(s) prior to discharge.
6. Document all pertinent data, including teaching and final disposition decision.

GROSSE POINTE – FAMILY BIRTH CENTER POLICY MANUAL

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Disposition and Final Arrangements:		
Parent(s) have the choice of the following three options available for final disposition		
<ol style="list-style-type: none"> 1. Private Funeral Home: Parent(s) must contact a private funeral home of their choice for the burial or cremation of the fetus/baby. 2. WBH – A Child Remembered Program individual niche: (cost approximately \$250.00) 3. WBH – A Child Remembered Program community interment: (Free of charge) 		
** Indicate the parent(s) choice and obtain signatures on appropriate Disposition Form(s).		
CARE OF THE FETAL REMAINS/STILLBORN FETUS:		
<ul style="list-style-type: none"> ❖ Refer to the appropriate gestational age for procedure and necessary paperwork. ❖ See Perinatal Loss Binder for guidelines and examples 		
CARE AFTER A LOSS FROM CONCEPTION TO 12 6/7 WEEKS GESTATION		
<ul style="list-style-type: none"> ❖ Orders for pathology exams or cytogenetics are placed in EPIC through the mothers chart ❖ Place POC in container with lid ❖ Print soft labels ❖ Send labeled specimen to Surgical pathology ❖ If Cytogenetics are ordered (see laboratory policy for preparation) *tissue viability 72 hours ❖ This gestation is treated as a surgical specimen unless parents request an alternate disposition ❖ Notify Surgical Pathology of ordered exam & location of baby @ 1615 (8:30am-5:00pm) After hours, contact the pathologist "on-call" via the hospital operator or the Beaumont Smartweb paging system. ❖ Contact pathology with any questions. ❖ If the parents have a request for disposition , deliver the following paper work to pathology: <ul style="list-style-type: none"> ➢ Final disposition of stillbirth (State of MI ½ sheet) *MUST have parent(s) signature ➢ The Child Remembered Program is available for any gestation if requested by the parent(s). ➢ Refer to the Perinatal Loss Binder. 		
CARE OF FETUS 13 – 19 6/7 WEEKS GESTATION		
<ul style="list-style-type: none"> ❖ Orders for pathology exams or cytogenetics are placed in EPIC through the mothers chart ❖ Send placenta in covered container with soft labels attached ❖ Obtain weight and measurements of the baby and record in Delivery Summary ❖ Take photos of the baby as soon as possible with the parent(s) consent. The baby's appearance will deteriorate rapidly. (refer to Perinatal Loss Binder for guidance) ❖ When and if the parent(s) have finished viewing/holding their baby, prepare the baby for final disposition as decided by parent(s). (see below) 		
Preparing baby when a pathology exam/autopsy is ordered: <ul style="list-style-type: none"> • Place order in EPIC through the mothers chart • Place one ID band on baby (<i>extremity or around body if too small</i>) • Wrap in blue pad (<i>secure with mother's ID sticker</i>) • Print soft labels (place all labels in biohazard bag & tape to outside of blue pad) • Finally wrap a blanket around the baby/blue pad (<i>secure with mothers ID sticker</i>) • Call security at #3911 for an escort to the morgue • Place wrapped baby in refrigerator with a copy of the Perinatal Loss ID/Disposition form secured to blanket • Sign the baby into "Morgue Sign-Out Log" as Baby of _____ with Mother's MRN • Notify Surgical Pathology of ordered exam & location of baby @ 1615 (8:30am-5:00pm) After hours, contact the pathologist "on-call" via the hospital operator or the Beaumont Smartweb paging system. • Contact pathology with any questions. • Deliver the following paper work to pathology: <ul style="list-style-type: none"> ➢ Final disposition of stillbirth (State of MI ½ sheet) *MUST have parent(s) signature ➢ Perinatal Loss Disposition Document *MUST have mothers signature x 2 ➢ Perinatal Loss ID/Disposition (indicate location of baby) 		

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FAMILY BIRTH CENTER ANM(S)/CNS	11/15	12/15
<p>If NO Pathology Examination/Autopsy is ordered: Prepare the baby to be picked up by the designated funeral home:</p> <ul style="list-style-type: none"> • Place one ID band on baby (<i>extremity or around body if too small</i>) • Wrap in blue pad (<i>secure with mother's ID sticker</i>) • Finally wrap a blanket around the baby/blue pad (<i>secure with mothers ID sticker</i>) • Call security at #3911 for an escort to the morgue • Place wrapped baby in refrigerator with a copy of the Perinatal Loss ID/Disposition form • Sign baby into "Morgue Sign-Out Log" as Baby of.....with Mother's MRN # • Deliver the following paper work to pathology: <ul style="list-style-type: none"> ➢ Final disposition of stillbirth (State of MI ½ sheet) *MUST have parent(s) signature ➢ Perinatal Loss Disposition Document *MUST have mothers signature x 2 ➢ Perinatal Loss ID/Disposition (<i>indicate location of baby</i>) <p>If the parents prefer that the baby remains with them until the funeral home arrives:</p> <ul style="list-style-type: none"> • Place one ID band on baby • Wrap in blanket (the funeral home representative will arrive with an appropriate basket/container) • Deliver the following paper work to pathology: <ul style="list-style-type: none"> ➢ Final disposition of stillbirth (State of MI ½ sheet) *MUST have parent(s) signature ➢ Perinatal Loss Disposition Document *MUST have mothers signature x 2 ➢ Perinatal Loss ID/Disposition (<i>indicate location of baby</i>) <p>*IN ALL CASES SECURITY WILL CALL THE FUNERAL HOME WHEN PAPERWORK IS RECEIVED!</p> <p>CARE OF FETUS GREATER THAN 20 WEEKS AND/OR OVER 400 GRAMS</p> <ul style="list-style-type: none"> ❖ All stillborn babies greater than 20 weeks or over 400 grams MUST be buried or cremated ❖ Orders for pathology exams or cytogenetics are placed in EPIC through the mothers chart ❖ Send placenta in covered container with soft labels attached ❖ Obtain weight and measurements of the baby and record in Delivery Summary ❖ Take photos of the baby as soon as possible with the parent(s) consent. The baby's appearance will deteriorate rapidly (refer to Perinatal Loss Binder for guidance) ❖ When and if the parent(s) have finished viewing/holding their baby, prepare the baby for final disposition as decided by parent(s). (see below) <p>Preparing baby when a pathology exam'autopsy is ordered:</p> <ul style="list-style-type: none"> • Place order in EPIC through the mothers chart • Place one ID band on baby (<i>extremity or around body if too small</i>) • Wrap in blue pad (<i>secure with mother's ID sticker</i>) • Print soft labels (place all labels in biohazard bag & tape to outside of blue pad) • Finally wrap a blanket around the baby/blue pad (<i>secure with mothers ID sticker</i>) • Call security at #3911 for an escort to the morgue • Place wrapped baby in refrigerator with a copy of the Perinatal Loss ID/Disposition form • Sign the baby into "Morgue Sign-Out Log" as Baby of.....with Mother's MRN • Notify Surgical Pathology of ordered exam & location of baby @ 1615 (8:30am-5:00pm) After hours, contact the pathologist "on-call" via the hospital operator or the Beaumont Smartweb paging system. • Contact pathology with any questions. • Deliver the following paper work to pathology: <ul style="list-style-type: none"> ➢ Final disposition of stillbirth (State of MI ½ sheet) *MUST have parent(s) signature ➢ Perinatal Loss Disposition Document *MUST have mothers signature x 2 ➢ Perinatal Loss ID/Disposition (<i>indicate location of baby</i>) 		

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If NO Pathology Examination/Autopsy is ordered: Prepare the baby to be picked up by the designated funeral home:		
<ul style="list-style-type: none"> • Place one ID band on baby (<i>extremity or around body if too small</i>) • Wrap in blue pad (<i>secure with mother's ID stickers</i>) • Finally wrap a blanket around the baby/blue pad (<i>secure with mothers ID sticker</i>) • Call security at #3911 for an escort to the morgue • Place wrapped baby in refrigerator with a copy of the Perinatal Loss ID/Disposition form • Sign baby into "Morgue Sign-Out Log" as Baby of.....with Mother's MRN # • Deliver the following completed paper work to Security: <ul style="list-style-type: none"> ➢ Final disposition of stillbirth (<i>State of MI ½ sheet</i>) *MUST have parent(s) signature ➢ Perinatal Loss Disposition Document *MUST have mothers signature x 2 ➢ Perinatal Loss ID/Disposition (<i>indicate location of baby</i>) 		
If the parents prefer that the baby remains with them until the funeral home arrives:		
<ul style="list-style-type: none"> • Place one ID band on baby • Wrap in blanket (the funeral home representative will arrive with an appropriate transport basket/container) • Deliver the following completed paperwork to Security: <ul style="list-style-type: none"> ➢ Final disposition of stillbirth (<i>State of MI ½ sheet</i>) *MUST have parent(s) signature ➢ Perinatal Loss Disposition Document *MUST have mothers signature x 2 ➢ Perinatal Loss ID/Disposition (<i>indicate location of baby</i>) 		
*IN ALL CASES SECURITY WILL CALL THE FUNERAL HOME WHEN PAPERWORK IS RECEIVED!		
<p>CARE OF NEONATE/INFANT BORN ALIVE AND THEN EXPIRES</p> <ul style="list-style-type: none"> ❖ If an infant shows any signs of life at birth he/she is admitted and a chart is created ❖ Place ID bands on baby as usual ❖ An infant is considered Non-Viable if less than 23 weeks gestation. ❖ A Non-Viable Infant born alive will be evaluated by the pediatric affiliate. ❖ Parent(s)/Families are encouraged to spend time with their infant while he/she is alive, if desired. ❖ Offer to take photos of infant with parent(s)/family while alive ❖ Infants may remain with the parent(s) until there are no further signs of life. ❖ The infant must be assessed and pronounced dead by a pediatrician ❖ Orders for a pathology exam/autopsy or cytogenetics are placed in EPIC through Baby's chart ❖ Send placenta in covered container with soft labels attached ❖ Obtain weight and measurements of the baby record in Delivery Summary & Baby's chart (as usual) ❖ Take photos of the expired baby as soon as possible with the parent(s) consent. ❖ Prepare the parent(s) regarding the baby's appearance and the rapid changes that will occur ❖ When and if the parent(s) have finished viewing/holding their baby, prepare the baby for final disposition as decided by parent(s). (see below) 		
<p>Preparing baby when a pathology exam/autopsy is ordered:</p> <ul style="list-style-type: none"> • Place order in EPIC • The ID band without the baby label may be removed and given to parent(s) • Wrap in blue pad • Print soft labels (place all labels in biohazard bag & tape to outside of blue pad) • Finally wrap a blanket around the baby/blue pad (<i>secure with baby's ID sticker</i>) • Call security at #3911 for an escort to the morgue • Place wrapped baby in refrigerator with a copy of the Perinatal Loss ID/Disposition form • Sign the baby into "Morgue Sign-Out Log" • Notify Surgical Pathology of ordered exam & location of baby @ 1615 (8:30am-5:00pm) After hours, contact the pathologist "on-call" via the hospital operator or Smartweb. • Contact pathology with any questions. 		

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Content Expert/Coordinating Department(s) FAMILY BIRTH CENTER ANM(S)/CNS	Prior Issue Date 11/15	Issue Date 12/15
<ul style="list-style-type: none"> • Deliver the following paper work to pathology: <ul style="list-style-type: none"> ➢ Decedent Disposition Document *MUST have mothers signature x 2 locations ➢ Autopsy Request Form (clinical summary) ➢ Perinatal Loss ID/Disposition (indicate location of baby) 		
<p>If NO Pathology Examination/Autopsy is ordered: Prepare the baby to be picked up by the designated funeral home:</p> <ul style="list-style-type: none"> • One of the ID bands (without the baby label) may be removed and given to parent(s) • Wrap in blue pad (<i>secure with baby's ID stickers</i>) • Finally wrap a blanket around the baby/blue pad (<i>secure with baby's ID stickers</i>) • Call security at #3911 for an escort to the morgue • Place wrapped baby in refrigerator with a copy of the Perinatal Loss ID/Disposition form • Sign baby into "Morgue Sign-Out Log" • Deliver the following completed paper work to Security: <ul style="list-style-type: none"> ➢ Decedent Disposition Document *MUST have mothers signature x 2 locations ➢ Perinatal Loss ID/Disposition (indicate location of baby) 		
<p>If the parents prefer that the baby remains with them until the funeral home arrives:</p> <ul style="list-style-type: none"> • One of the ID bands may be removed and given to parent(s) • Wrap in blanket (the funeral home representative will arrive with an appropriate transport basket/container) • Deliver the following completed paperwork to Security: <ul style="list-style-type: none"> ➢ Decedent Disposition Document *MUST have mothers signature x 2 locations ➢ Perinatal Loss ID/Disposition (indicate location of baby) 		
<p>*IN ALL CASES SECURITY WILL CALL THE FUNERAL HOME WHEN PAPERWORK IS RECEIVED!</p>		

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PERINATAL LOSS IDENTIFICATION/DISPOSITION FORM (SAMPLE)

Last Name: _____

Mother's MRN/CSN (affix sticker): _____

Pathology Exam Ordered? Yes _____ No _____

Autopsy Ordered? Yes _____ No _____

Child Remembered Program? Yes _____ No _____

Funeral Home for Final Disposition: _____

Current Location of Baby/Fetus:

- Morgue _____ (call security at # 3911)
- Family Birth Center _____ (call charge nurse at # 6055)
- Other (specify) _____

* Make a copy of completed form

1 copy remains with baby/fetus
 1 copy remains with paperwork

POPULATION SPECIFIC CONSIDERATIONS:

Women of childbearing age.

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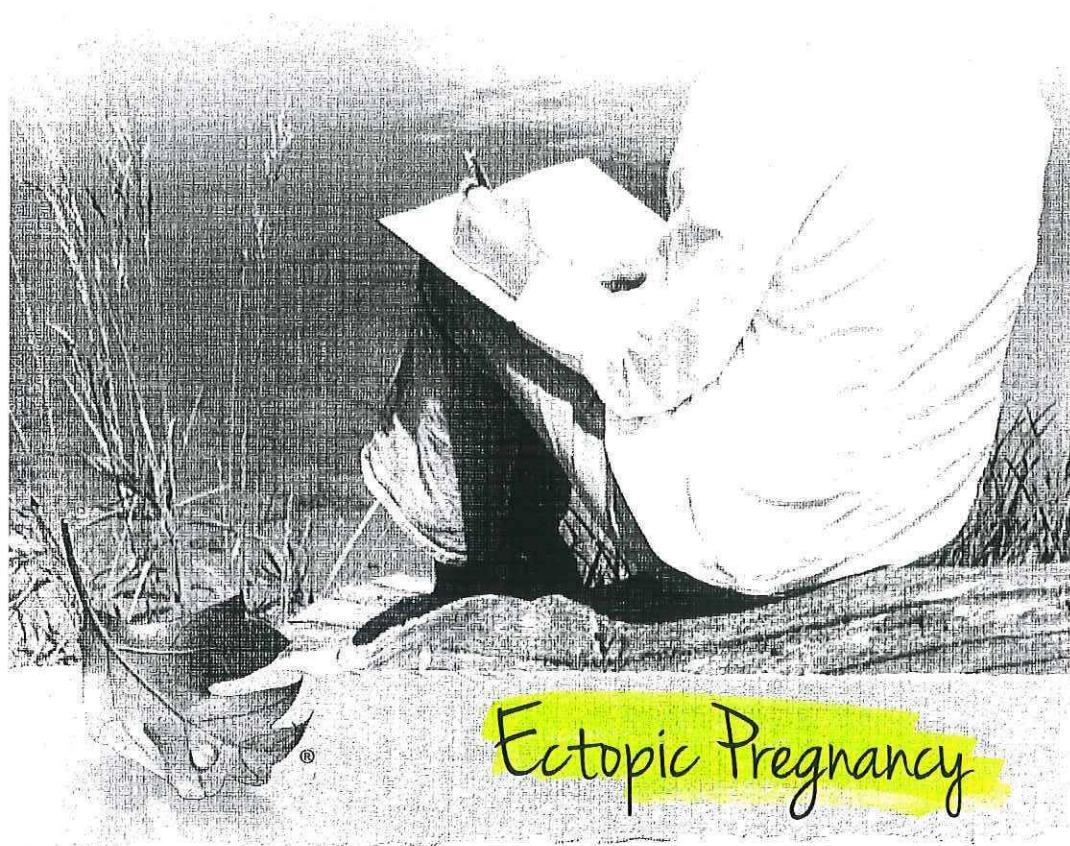


Resolve Through Sharing® BEREAVEMENT SERVICES

It has to be the most terrible thing a family has to go through.

I felt people made a "big deal" out of it. I was not so sad and people reacted as if I had lost something. I did not think of it as a loss, but rather a learning experience.

There are many ways to react to a miscarriage. You may be devastated by it, or you may feel it is an experience that you just have to live through. You may mourn for a lost child—deeply, a little, or somewhere in between. You may bounce back and forth between emotions. Some people who initially mourn little may find grief sneaking up on them months or even years later, and some may never grieve at all. It is as normal not to grieve as it is to be devastated by the miscarriage. Feelings are not right or wrong. They just are.



Ectopic Pregnancy

Resolve Through Sharing®
BEREAVEMENT SERVICES

With a tubal pregnancy, there may be a greater feeling of loss because you worry about being able to conceive again.

A loss of any pregnancy is difficult at best. With an ectopic pregnancy, you may be mourning other losses as well.

There is no right way to react to any kind of loss, including an ectopic pregnancy. You may be devastated by it, or you may feel it is an experience you just have to live through. You may mourn deeply for a lost child, or you may feel relieved that you are no longer pregnant. You may be somewhere in between.



Grief Support Referral Form

The Michigan Department of Health and Human Services (MDHHS) is dedicated to supporting families after miscarriage, stillbirth, and infant death. Through contracted services, we provide written materials, phone support, and connection with community resources and support groups. All services are free.

Date: _____
Mother's Name: _____
Father's Name: _____
Address: _____
Apt/ Unit: _____
City: _____ Zip Code: _____
County: _____
Email: _____
Cell Phone: _____
Home Phone: _____
Number of other children: _____
Number of previous losses: _____
Primary Spoken Language: _____
Additional Information: _____ _____

Infant's Name: _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race: _____	
Ethnicity: _____	
Gestation: _____	
Date of Birth: _____	
Date of Death: _____	
Cause of Death: _____	
Hospital Where Born: _____	
REFERRAL SOURCE	
Name: _____	
Title: _____	
Organization/Agency: _____	
Phone: _____	
Email: _____	

<u>CONSENT AND CONFIDENTIALITY</u>
Completion and submission of this form indicates that the above individuals accept this referral for grief services. The information received is only shared with local health departments and organizations who offer grief support services.

<u>CONTACT</u>
Initial referrals are handled by Dr. John Canine at Maximum Living; Inc. Please fax this completed form to 248-814-0710. You can also call 248-814-0706.
For questions about bereavement and grief services through MDHHS, contact the Infant Health Unit at 517-335-8955.