

Perinatal Loss (Miscarriages Stillbirth, Neonatal Death)

Site Applicability: SPH Maternity Centre

Related Documents and Resources:

1. [IDG1096](#) – Second Trimester Induction of Labour for Perinatal Loss

Skill Level:

Basic: Obstetricians, Family Practice Physicians, Paediatricians, Registered Midwives, RNs, LPNs, Social Workers, Laboratory staff, Unit Coordinators, Ward Aides

Need to Know:

St. Paul's Hospital will:

- Support parents with the loss of their baby(s) in the event of miscarriage, still birth, or neonatal death, by assisting in the grieving process.
- Care for the remains of the late stage miscarriage, stillborn, or deceased neonate following birth.
- Ensure that all the required official documents of the miscarried, stillborn, or deceased neonate are correctly completed and sent to the appropriate location (See [Appendix A](#)).
- Parents are provided with options regarding the disposition of their baby's remains:
 - Parents may request the cremation or burial of the late stage miscarried infant, stillborn infant, or deceased neonate's remains. Arrangements are made through the Social Worker dedicated to the unit where the loss occurs.
 - First Nations parents may take possession of their deceased neonate or stillborn infant's remains for private burial.

Definitions:

- a. **Miscarriage:** infant born less than 20 weeks gestation and/or less than 500 grams birth weight.
- b. **Stillbirth:** infant born 20 weeks or more gestation and/or 500 grams or more where there is no breathing, no heart beat, no pulsation of the umbilical cord, or mistakable movement of voluntary muscle after birth.
- c. **Neonatal death:** death of a live born infant, regardless of gestational age, during the first 28 days of life.

PRACTICE GUIDELINE

Equipment & Supplies:

1. Newborn Identification bracelets
2. Vital Statistics Forms:
 - Registration of stillbirth
 - Notice of A Live Birth or Stillbirth
 - Medical Certification of Death (Neonatal Death)
3. Purple butterfly emblem for Unit Chalk board at main Care Station and for the door of the patient's room – posted with family consent
4. Infant cot +/- cuddle cot apparatus
5. Memento items
 - Crib card
 - Foot print card
 - Beaded bracelet
 - Clothing for baby
 - Hair sample
 - Photos

Procedures:

N.B. Keep all forms together in an envelope on the patient's chart until they are complete.

Unit Coordinator

Gather all required forms, put in envelope, and place in front of chart with patient's label.

For miscarriage:

1. Process maternal order in SCM

1. ***For Stillbirth:***

Enter in SCM: Notification of *Stillbirth order*

1. Registration of Stillbirth and complete.
2. Print Maternity SPH 3MC Deceased Package for *Stillbirth*
3. Obtain Vital Statistics Forms:
 - a. Registration of Stillbirth - place on chart for RN and MD to complete and give to Social Worker. (Located in the paper supply area)
 - b. Notice of A Live birth or Stillbirth

For Neonatal Death:

1. Enter SCM Notification of *Death Order*.
2. Print Maternity SPH 3MC Deceased Package for *Neonatal Death*.
3. Obtain Vital Statistics Forms:
 - a. Medical Certification of Death (Located in the paper supply area.)
 - b. Notice of A Live birth or Stillbirth

Natural child deaths will be reported directly to the CDRU Child Death Coroner, The investigation in these cases will consist of a review of the Physicians Medical Certificate of Death and discussion with the reporting physician. If the Coroner is satisfied that the death is natural and the deceased was under the direct care of a medical or nurse practitioner no further investigation will be undertaken.

These deaths must be reported to the Coroners Service and are done by faxing a copy of the Physicians Medical Certificate of Death to the Child Death Coroner at (250) 356 0445 or by email to BCCS.CDRU@gov.bc.ca

4. If the physician has any uncertainty about the classification of the death they are to page the Coroner and they will help assess the classification. Pager 1-855-207-0637

BC Children's and Women's Embryopathology and Cytogenetics Forms may be obtained from: BC Women's and Children's [eLab Handbook](http://www.elabhandbook.info) (www.elabhandbook.info):

Choose your home lab: BC Children's & Women's Hospital lab

Search for Test: Embryopathology

Click "GO"

Click on "*Embryopathology < 20 weeks gestation*".

Scroll down to Requisition

Print

For Cytogenetics Requisition. Complete all the same steps as above.

Scroll to the bottom of the page.

Click on "*CW Cytogenetics Tissue Req*"

Print.

Interdisciplinary Team

1. Ensure that all forms stay with the chart in the envelope.
2. Provide appropriate interdisciplinary care through labour and birth. For second trimester intrauterine death (IUD), see [IDG1096](#).

INTERDISCIPLINARY GUIDELINE

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3. Discuss with parents their wish to see and hold their baby after delivery. Document parents' wishes.
4. When possible, prepare parents ahead of time, for the appearance of their baby – describe size, condition, discoloration of skin, any abnormalities. Identify the sex as soon as possible.
5. Handle and refer to the baby as their "baby," or by the name the parents have selected for their baby.

RN:

1. Provide antepartum, intrapartum, and postpartum care as per protocol.
2. Complete Maternity Centre Interdisciplinary Checklist for Families Experiencing Perinatal Loss, Form No.OB099 – ensure that all forms are complete.
3. Contact Maternity Centre Social Worker local 68217 or pager 54015. After hours, contact ICU SW local 68232 or pager 34328.
4. Discuss whether or not parents would like to see Pastoral Care. If receptive, call Pastoral Care associate, local 68163..
5. Dress baby in clothing* provided by the parents or supplied by Maternity Centre.
6. Allow parents time alone with baby, if desired. Allow time for other family members and siblings to spend time with baby as needed.
7. Make up Identification bands* for baby and parents.
8. Complete the Registration of Stillbirth* and give to the Social Worker. Complete other Vital Statistics forms as appropriate – see checklist
9. Ensure purple butterfly emblem is placed on Unit Chalk Board and on the door of the patient's room (with family consent)
10. Obtain parental consent to collect mementos. Make parents aware that they have up to a year to accept the photos and/or other mementos if they decline to accept them at the present time, in which case they will be held by the social worker:
 - a. Ask parents if they would like photos taken of the baby. If so, call Noel MacDonald at Now I Lay Me Down to Sleep. Telephone number 604-377-8335. If Noel is not available, then photos can be taken by the nursing staff.
 - b. Take hand and footprints* of the baby.
 - c. Cut a lock of hair from the back of the baby's head.
 - d. Create Crib Card and beaded bracelet
 - e. Place photographs*, hand and foot prints, crib card, and bracelet in envelope.
11. Notify Community Health Liaison Nurse of perinatal loss.
12. Make 2 death tags for the stillborn infant – use mother's label. For neonatal death – use baby's label

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13. Carefully wrap body, attach one death tag to baby's wrist and other tag to the box the baby is placed in. Take body to morgue.
14. Provide anticipatory guidance regarding likelihood of lactation in next few days. Teach how to minimize discomfort and management.
15. Take specimens to the SPH lab. (Includes placenta and less than 20 week fetus).
16. Review Perinatal Loss Check List to ensure that all appropriate procedures are complete.

*** Call Maternity Centre for the following:**

- Identification bands, Crib card
- Clothing
- Footprints
- Vital Statistics Forms
- Social Worker replacement on Maternity
- Any questions or concerns

Social Worker:

1. Provide grief counseling and support
2. Refer parents to grieving support group.
3. Discuss with parents, information about burial and cremation options. Related funeral planning is facilitated by the social worker.
4. Ensure the Registration of Stillbirth documents are sent to Funeral Home.
5. Maintain up to date information about community support networks.
6. Liaise with the Funeral Home.
7. Provide parents with booklets related to Perinatal Loss.
8. Provide resource counseling for grief and loss

Physicians and/or Midwives:

1. Complete Pathology Surgical Requisitions. Send to Lab with placenta.
2. Complete appropriate Vital Statistics Forms.
3. Complete Anatomic Pathology Autopsy Consultation Form (2 sides). Send to Lab with placenta. Pathology lab needs to know what autopsy is requested. Pathologist will decide whether or not autopsy can be done at SPH or BCCH. Body goes to morgue.
4. Complete Embryopathology Consultation Request Form for less than 20 weeks only. Send to lab with Pathology Surgical Requisition, fetal parts and placenta.
5. Complete Cytogenetics Laboratory Requisition (stillbirth and neonatal death as required).

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- Send to requisition to lab with Pathology Surgical Requisition, Anatomic Pathology Autopsy Consultation Form, and placenta. Body goes to morgue.

Funeral Home:

1. Pick up baby from the morgue after autopsy, if done.

Patient/Family Education:

Provide patient and family with information about labour and delivery process

Provide teaching as outlined above.

Documentation:

- BC Perinatal Triage and Assessment Record
- BC Labour Partogram
- BC Labour and Birth Summary
- BC Newborn Record
- Interdisciplinary Progress Notes
- Vital Statistics Forms
- Other forms as required – autopsy, pathology etc. (See checklist)

References:

1. [Bereavement Support and Delivery of a Nonviable Fetus \(Maternal-Newborn\)](#). Elsevier Clinical Skills (February 2017). St. Louis, MO. Elsevier. Retrieved June 5, 2017 from <https://lms.elsevierperformancemanager.com> (search “bereavement support”)
2. Perinatal Services BC. (March 2017) Perinatal Services BC Perinatal Mortality Guideline. Vancouver: Author
3. British Columbia Vital Statistics Act. (2004). Chapter 479. Victoria: Queen’s Printer.

Persons/Groups Consulted:

Staff Nurse, Maternity Centre

Unit Coordinator, Maternity Centre

Maternity Safety and Quality Committee

Revised By:

Maternity Safety and Quality Committee

Patient Care Manager, Maternity Centre



INTERDISCIPLINARY GUIDELINE

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Date of Creation/Review/Revision:

February 2011

Revised: November 2013

October 2017

June 2018

INTERDISCIPLINARY GUIDELINE

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Appendix A



MATERNITY CENTRE INTERDISCIPLINARY CHECKLIST FOR FAMILIES EXPERIENCING PERINATAL LOSS

Date (D/M/Y)	FAMILY (Check appropriate box and initial when complete)	Initials	Comments
	Saw newborn at birth or afterward <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Declined		
	Touched and/or held baby <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Declined		
	Name given: _____ <input type="checkbox"/> No name given		
	Photographs <input type="checkbox"/> Accepted <input type="checkbox"/> To Social Worker		
	Footprints/handprints <input type="checkbox"/> Accepted <input type="checkbox"/> To Social Worker		
	Lock of hair <input type="checkbox"/> Accepted <input type="checkbox"/> To Social Worker		
	ID Bands/Beads <input type="checkbox"/> Accepted <input type="checkbox"/> To Social Worker		
	Social Work Referral – Seen by: _____ <input type="checkbox"/> Counseling and support provided <input type="checkbox"/> Literature provided		
	Cremation by: <input type="checkbox"/> Privately <input type="checkbox"/> Undecided		
	Funeral arrangements made by: <input type="checkbox"/> Mother/Father <input type="checkbox"/> Undecided <input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Autopsy explained <input type="checkbox"/> Autopsy Consent signed (PHC-MR095)		
	Community Health Liaison Nurse Referral <input type="checkbox"/> Accepted <input type="checkbox"/> Declined		
	Pastoral Care Referral: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined		
	Newborn baptized: <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No		
	Follow-up arranged: _____		

STILLBIRTH (20 weeks or more and/or 500 grams or more)			
Completed by	ALL FORMS listed must be completed.	Initial when complete	Initials
RN/MD/RM	British Columbia Labour and Birth Summary Record (PSBC)		Chart
RN/MD/RM	British Columbia Newborn Record Part 1 (PSBC)		Chart
RN/MD/RM	Notice of A Live birth or Stillbirth (Vital Statistics) – obtain from 3MC		UC mail to Vital Statistics
MD/RM	Anatomic Pathology Autopsy Consultation Form (PHC-LA193)		Pathology, body to morgue
RN/UC	Notify Patient Placement of autopsy, using SCM function: Notification of Stillborn		SCM
MD/RM	Pathology Surgical Requisition (placenta) (PHC-LA124)		Pathology with placenta
RN/MD/RM	Registration of Stillbirth (Vital Statistics) – obtain from 3MC		Social Worker
MD/RM	Cytogenetics Laboratory Requisition (BC Children's & Women's – obtain form at www.elabhandbook.inf)		Pathology with Surgical Pathology requisition

NEONATAL DEATH			
Completed by	ALL FORMS listed must be completed.	Initial when complete	Initials
RN/MD/RM	British Columbia Labour and Birth Summary Record (PSBC)		Chart
RN/MD/RM	British Columbia Newborn Record Part 1 and 2 (PSBC)		Chart
RN/MD/RM	Notice of A Live birth or Stillbirth (Vital Statistics) – obtain from 3MC		UC mail to Vital Statistics
MD	Medical Certification of Death (Vital statistics) – obtain from 3MC		
MD/RM	Anatomic Pathology Autopsy Consultation (PHC-LA193)		Pathology, body to morgue
RN/UC	Notify Patient Placement of autopsy, using SCM function: Notification of Death		SCM
MD/RM	Pathology Surgical Requisition (placenta, if available) (PHC-LA124)		Pathology with placenta
MD/RM	Cytogenetics Laboratory Requisition (BC Children's & Women's – obtain form at www.elabhandbook.inf)		Pathology with Surgical Pathology requisition

SPONTANEOUS ABORTION (miscarriage, less than 20 weeks and/or under 500 grams)			
Completed by	ALL FORMS listed must be completed.	Initial when complete	Initials
MD/MW	Pathology Surgical Requisition (placenta and body) (PHC-LA124)		Pathology
RN/MD/RM/SW	Documentation of Fetal Demise (OB112) – obtain from 3MC		Social Worker
RN/UC	Notify Patient Placement using SCM function: Miscarriage Communication Order		SCM
MD/RM	Embryopathology consultation Request (BC Children's & Women's – obtain form at www.elabhandbook.inf) (For less than 20 weeks only)		Pathology with placenta and body

If you initial this form, you must complete the Interdisciplinary Signature Sheet at the front of the chart.

Form No. OB099 (R. Nov 15-13)