Guideline

Women and Babies: Stillbirth, Neonatal Death and Termination of Pregnancy ≥20 Weeks Gestation

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Functional Sub-Group: Clinical Governance
Corporate Governance

Summary: This document outlines the procedures, recommended investigations and care for women experiencing a pregnancy that results in stillbirth or neonatal death and for women experiencing termination of pregnancy ≥20 weeks gestation.

National Standard: Standard 2 Partnering with consumers
Standard 12 Provision of Care

Guideline Author: Obstetric Service Improvement and Policy Committee

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Note: Sydney Local Health District (LHD) and South Western Sydney LHD were established on 1 July 2011, with the dissolution of the former Sydney South West Area Health Service (SSWAHS) in January 2011. The former SSWAHS was established on 1 January 2005 with the amalgamation of the former Central Sydney Area Health Service (CSAHS) and the former South Western Sydney Area Health Service (SWSAHS).

In the interim period between 1 January 2011 and the release of specific LHN policies (dated after 1 January 2011) and SLHD (dated after July 2011), the former SSWAHS, CSAHS and SWSAHS policies are applicable to the LHDs as follows:

Where there is a relevant SSWAHS policy, that policy will apply.
Stillbirth, Neonatal Death & Termination of Pregnancy ≥20 Weeks Gestation

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Stillbirth, Neonatal Death & Termination of Pregnancy ≥20 Weeks Gestation

1. Introduction
The loss of a baby to a woman and her family, that being miscarriage, termination, stillbirth or neonatal death, can be a life changing experience. Parents will often experience a range of emotions such as shock, grief, disbelief, confusion and pain.

A sensitive, consistent and co-ordinated approach helps to minimise unnecessary trauma and provides the woman and her family to express emotions and seek clarity which will have a significant positive impact on their grief journey.

Stillbirth is one of the most common adverse pregnancy outcomes. In 2011 the rate of stillbirth in Australia was 7.4/1000 births. The loss of a child and family member is a devastating experience for families and caregivers who may continue to experience grief and loss for many years after the event. Investigation to determine the cause of death and identify contributing factors is important to assist with parental counselling and to inform future prevention strategies. 1,2

The risks addressed by this guideline:

<table>
<thead>
<tr>
<th>Risk Category</th>
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<td>Clinical Care / Patient Safety</td>
<td>Undue distress for family</td>
<td>Appropriate management of diagnosis &amp; care following stillbirth or neonatal death. Education via National IMPROVE program</td>
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<td>Legal &amp; Finance</td>
<td>Litigation</td>
<td>Hospital and legal requirements for documentation are met. Transparent and open communication with parents.</td>
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<td>Health &amp; Safety</td>
<td>Risk of infection</td>
<td>Safe appropriate disposal of all sharps Maintenance of standard precautions</td>
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<td>Staff</td>
<td>Emotional strain/trauma</td>
<td>Employee Assistance Program (EAP) Education via National IMPROVE program</td>
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The aims of this guideline:

- Women and their families experiencing perinatal loss are treated with dignity, respect and compassion
- Care is coordinated and sensitive, with transparent and open communication
- Hospital and legal requirements for documentation are met
- Health care personnel caring for those experiencing grief receive education, guidance and support

Compliance with this Guideline is recommended
2. Guideline Statement

This guideline outlines care for the woman and family experiencing perinatal loss including confirmation of diagnosis, admission procedures, induction/birth, postnatal care, recommended investigations, referral and follow up and, care of the baby's body.

**Note:** For pregnancy loss less than 20 weeks gestation, please refer to resources available from the Antenatal Ward (5E1) and/or [http://intranet.sswahs.nsw.gov.au/rpa/Emergency/policy/default.cfm](http://intranet.sswahs.nsw.gov.au/rpa/Emergency/policy/default.cfm) (Procedures for handling of all fetal tissue or placental tissue passes by women presenting to ED with miscarriage under 20 weeks).

3. Guidelines

- The provision of a safe and supportive environment in which to assist the parents and family is an important function of the multidisciplinary team.

- The circumstances surrounding the perinatal loss and any discussions should be thoroughly documented in the woman's clinical record.

- Interpreter services should be utilised for women who do not speak fluent English.

- The woman and her family should receive appropriate counselling and information regarding suggested investigations following the diagnosis of a perinatal death. Any investigations which the parents have consented to (or specifically declined) should be documented in the woman's clinical progress notes.

- Specific cultural or religious rituals and practices around death should be acknowledged and respected.

- The baby should be treated with the same respect and dignity as a live infant and the term 'fetus' should not be used.

- Information regarding birth options should be provided and discussed, appropriate to the clinical circumstances and facility capabilities.

- All stillbirths and neonatal deaths, regardless of whether the cause of death is known or not, require an IIMS to be entered and a Severity Assessment Code (SAC) determined. If sufficient information is not available, the IIMS may be completed without an initial SAC. Record the IIMS reference number should be on the *Perinatal Loss Checklist* where indicated and place an IIMS sticker in the maternal clinical progress notes.

4. Procedures

4.1 Confirmation of Death In Utero (DIU)

- If Fetal Heart (FH) sounds are unable to be heard by Pinard's stethoscope or doppler, notify the I/C Midwife immediately.

- I/C Midwife will assess the situation and notify the Obstetric Registrar or the Consultant/VMO using the appropriate escalation plan.
• Inform the woman and her partner that the FH is unable to be auscultated and that a bedside ultrasound scan is required to assess the presence or absence of FH motion.

• Bedside ultrasound to be performed by Obstetric Registrar and Consultant/VMO on call notified of result.

• Formal ultrasound should be performed at the earliest opportunity in order to confirm fetal death, exclude fetal anomalies and measure amniotic fluid index (AFI). This is performed in the Fetal Medicine Unit (FMU) by an appropriate sonographer / obstetrician. A Registered Midwife (RM) should accompany the woman to FMU and available during the procedure for support.

• Amniocentesis may be offered in most cases if karyotyping is unknown and for microbiological testing. ³,⁴

4.2 Post confirmation of DIU

• Do not delay breaking the news once diagnosis is confirmed- use a private, quiet room.

• Ensure a support person is present for the woman or offer to call one for her (e.g. partner/family member) and/or the midwife caring for her. Be aware that men and women may respond and grieve differently.

• Use empathetic but unambiguous language (e.g. “your baby has died”). Express sorrow for what has happened- offering sympathy is not an admission of guilt or error.

• Allow time for parents to ask questions. Reassure parents that every attempt will be made to find a cause of death in a medical review. Up to 76% of deaths can be explained if a detailed review is performed.

• Avoid speculation regarding the cause of death until investigations are complete unless there is an obvious event such as massive abruption, fetal maternal haemorrhage, etc.

• Reassure the mother when appropriate that the death was not due to anything she did or did not do (consider special circumstances e.g. previous stillbirth or multiple pregnancy).

• Notify the maternity social worker (after hours, notify the social worker on call) regarding counselling and support services.

• Discuss management options with the woman, her partner or family (in accordance with the woman’s wishes) and include obstetric and midwifery staff in discussion.

• If clinically appropriate, the woman may choose to go home to await spontaneous labour (term pregnancy) or Induction of Labour (IOL) organised at a later date. Hasty intervention may not be in the best long-term interests of the parents as there is generally no need to expedite induction.

• Commence the Perinatal Loss Midwifery Checklist form and refer to the DW ‘Perinatal Loss Resource’ folder for further information.

4.2.1 Investigations ¹
• Can be attended by the midwife assigned or the MO

• Maternal blood samples required for investigation are:
  - HbA1C
  - FBC, Blood Group & Antibody Screen
  - Fetal Maternal Haemorrhage HbF
  - Electrolyte Urea Creatinine
  - Liver Function Tests
  - Anti Cardiolipin Antibodies
  - Lupus Anticoagulant Antibodies
  - Activated Protein C Resistance
  - Toxoplasmosis Serology Immune Status
  - Rubella Serology Immune Status
  - Syphilis Antibody Screen EIA
  - CMV – IgG & IgM
  - Parvovirus Serology

• Low vaginal and peri-anal swab

• Mid Stream Urine

4.3 Labour and birth management

• Vaginal birth is generally preferable to caesarean section with minimisation of maternal risk being the most important factor

• Promote continuity of carer during labour, birth and the immediate postpartum period for women experiencing stillbirth

• If labour has commenced, the care of the woman in labour is the same as for vaginal birth with the exception that FH sounds are not auscultated.

• Adequate analgesia is particularly important when requested by women with perinatal loss however, it is not uncommon for women to decline or not request analgesia in labour. See RPAH_PD2013_075.pdf Pain Relief in Labour.

• Active management of the third stage is recommended as per RPAH_PD2012_051.pdf Postpartum Haemorrhage

• Provide information to women and their families on how the baby may appear at birth. Parent’s fears are often worse than the reality- be honest and use sensitive but unambiguous language.

• Support requests to normalise the birth experience (e.g. cutting the umbilical cord)

• Handle the baby with care in case of skin slippage

• Management of placenta and membranes as per RPAH_GL2015_013.pdf Placental Histopathology
4.3.1 Induction of labour (IOL)

- IOL is often required following fetal death. Suggested methods of IOL are outlined in table 1 with links to appropriate guidelines.

- Once labour has established care is the same as for a vaginal birth with the exception that FH sounds are not auscultated.

| Table 1. Suggested methods for induction of labour following fetal death in utero |
|---------------------------------|-------------------------------|---------------------------------------------------------------------------------|
| Gestation                       | 13-27 weeks                  | Greater than 28 weeks                                                          |
| Induction - no previous         | Mifepristone and Misoprostol | Dinoprostone ([RPAH_PD2014_005.pdf](#)) and/or Transcervical catheter [RPAH_PD2014_004.pdf](#) |
| Induction - previous            | Mifepristone and Misoprostol | Transcervical catheter [RPAH_PD2014_004.pdf](#) may be followed by:            |
| uterine surgery                 | [RPAH_PD2015_012.pdf](#)     | Oxytocin infusion [RPAH_PD2014_030.pdf](#) and/or ARM (at the discretion of the obstetrician) |
|                                 | (at the discretion of the obstetrician) |                                                                                 |

**Note:** not all Visiting Medical Officers (VMO) have prescribing rights for Mifepristone - refer to link on previous page for prescribing rights.

- For administration of Cervagem refer to the Cervagem guideline located in DW Policy and Procedure Manual).

4.4 Management following a stillbirth or neonatal death

Guidelines includes a baby born with signs of life who is not able to be resuscitated or, a baby who dies within the immediate postnatal period.

- Notify the maternity social worker (after-hours notify the on call social worker (if not yet involved) in accordance with woman's wishes

- After-hours, in the absence of the Midwifery Unit Manager, notify the birth to the Nurse Manager

- Follow the Perinatal Loss Midwifery Checklist for guidance regarding administration and documentation

- The Newborn Screening Test (NBST) Card should be completed with baby's details, writing 'Stillborn' or 'NND'. This is then forwarded to the NBST laboratory as notification of perinatal death. Do NOT attempt to take a blood sample, just fill the card out with appropriate details.

4.4.1 Care of the baby and emotional needs of the family
• Parent’s wishes should be respected and fulfilled wherever possible; continue to provide support by listening, providing open and honest communication, respecting the spiritual and cultural needs of the family

• Offer the parents the opportunity to participate in the care provided to their baby; they may be uncertain whether or not to see and hold their baby. If they are willing, they should be encouraged to do so for as long as they choose.

• If parents decide to name their baby, staff should use the name to refer to the baby

• Assistance may be requested by the primary midwife for a second midwife to attend to the baby
  - Bathing the baby (if requested and appropriate) should be done gently, especially if fetal death has occurred as skin integrity may already be compromised.
  - Record the weight, length and head circumference. If appropriate assess body composition via the PEAPOD (refer to RPAH_GL2013_019.pdf Neonatal Early Assessment Program)
  - Examine the baby and note any obvious abnormalities present
  - Attach 2 identity bands to the ankles (or an appropriate area depending on the baby’s size) and complete a cot card
  - Dress and wrap the baby in a sheet or blanket. Avoid using textured blankets as this may mark the skin. Baby clothes provided by the parents or use those provided by the hospital

  **Note:** it should be explained that clothes on a macerated baby might become stained

• Mementos are helpful for long-term grief outcomes:
  - Obtain verbal consent from the parents to collect the following mementos and place in the Memory Booklet:
    - Photographs
    - Hand and foot prints
    - A lock of hair
    - Baby identification band and cot card
  - If parents do not wish to have the photographs or the Memory Book at the time of birth, label photos with maternal and neonatal addressograph stickers. Place photos in an envelope, label with maternal addressograph sticker and write ‘Photos of stillborn infant’. Place the envelope in the mother’s clinical notes for future access. Parents may contact the Maternity Social Worker at a later date should they want the mementos

• Baptism or blessing can be arranged through the hospital Pastoral Services

• Provide and discuss information about expectations for their grief. Refer to the resource folder for handouts and reading packages for the family.

4.4.2 Procedure for transferring the baby for cooling in Consult 3 (DW)
• Check two (2) Identification bracelets are completed and attached to the ankles of the baby.

• Complete 3 Mortuary labels (examples are available in Consult 3):
  - attach 1 to the outside of wrapped baby (cotton sheet)
  - attach 1 to the outside of the blue body bag (zipper)
  - attach 1 to the outside of the cooling drawer of the fridge

• Place baby in appropriate size body bag:
  - take care not to compress the head and neck (keep in mind that the parents may want to see their baby again)
  - wrap the dressed baby in a blue under pad and then a linen cot sheet before placing in the body bag.

• Transfer the baby to the mortuary at the appropriate time by contacting the Porter:
  - the transfer request should be referred to as a 'Red Cross' transfer
  - this is only attended when the parents have finished spending time with the baby and are ready for the baby to be transferred. If unsure- confirm before transfer.

  **Note:** if baby not for autopsy, ensure an X-ray request form for a Skeletal Survey has been completed by a MO prior to transfer to Mortuary. (see 4.7)

### 4.4.3 Parental Contact with their Baby

• Parents should be offered the opportunity to spend time with their baby at any time and/or the baby may stay in the woman's room whilst she is an inpatient. The following processes have been established in order to assist the parents and staff

  **Cold Cot** (available from the postnatal ward):
  - allows parents to have their baby with them in the ward for extended periods of time
  - there is currently only one cold cot on the postnatal ward, ensure it is not already in use by another family before offering it.
  - if the cold cot is in already in use or the parents do not wish to hold their baby then the baby should be kept cool in Consult 3 (DW).

  **Collection from Consult 3 (DW):**
  - ward midwife phones DW to relay that the parents wish to view their baby
  - the baby is prepared for contact with the parents- can be the DW or ward midwife who prepares the baby
  - when the parents request their baby to be returned, ensure the baby is returned to Consult Room 3 at the appropriate time.

• Following discharge the parents may spend time with their baby in the Viewing Room in the Mortuary or in the Counselling Room in DW. This is arranged via the Social Work Department
4.5 Medical Officers’ responsibilities

- Paediatric Registrar:
  - Clinical examination of the baby and completion of *Clinical Examination of Stillborn Baby and Placenta form* (available from DW resource folder).
  - Surface swabs from baby's ear and throat for microbiological cultures.
  - Clinical photos of the baby if considered beneficial- following consent by the parents.
  - Blood sample via cardiac puncture for bacterial culture (if no previous amniocentesis sample obtained prior to birth) with the knowledge of the family.
  - X-ray request form for Skeletal Survey (if autopsy declined) prior to transfer to the mortuary (Paediatric or Obstetric MO).

- Obstetric Registrar/Consultant:
  - Ensure a comprehensive maternal and family history documented in the woman's clinical progress notes.
  - Complete medico-legal documents:
    - Medical Certificate of Cause of Perinatal Death- this form is in triplicate; white and green for Medico-Legal Office; blue copy for DW folder *Stillbirth Completed Paperwork*.
    - NSW Health Attending Practitioner’s Cremation certificate
    - Notification of Death form (if NND)
    - Autopsy Consent Form (if the baby is for autopsy - see section 4.8.1)
    - Medicare Form (if the baby is for autopsy)

4.6 Autopsy

- Ideally an autopsy (post mortem) should take place within 48 hours of birth

- A senior MO or the attending midwife (if accredited) should discuss the need for autopsy at the appropriate time.

- Provide parents with the pamphlet *Information for parents about the post mortem examination of a Stillborn Baby*.

- The clinician approaching the parents should discuss:
  - The value of post-mortem examination
  - Options for a full, limited or stepwise post-mortem examination
  - The issue of retained tissue samples by the laboratory
  - The possibility that the information gained may not benefit them but may be of benefit to others

- Written consent for autopsy must be obtained from both parents and documented in the maternal clinical progress notes

- There is no charge to a parent where the hospital requests the post-mortem
• It is the responsibility of the referring hospital to arrange transfer of the baby to the CHW and back or, to a funeral home. CHW will telephone staff coordinating the transfer when the post mortem is completed. Written authorisation is required from an RPA Hospital Designated Officer (e.g. Director of Medical Services or Director of Nursing and Midwifery) during office hours or, the Nurse Manager after hours. The Obstetric or Paediatric RMO can assist if necessary.

When consent to autopsy is given

• The X-ray for Skeletal Survey will be performed at the CHW

• Place the following completed documents in the designated folder for the coordinating midwife and Medico-legal Office:
  - Autopsy Consent and Written Authorisation from the Designated Officer
  - Information required for autopsies (Fetus & Perinatal Request Form)
  - Photocopies of relevant maternal medical notes (clinical/obstetric history, ultrasounds, amniocentesis etc).
  - Medical Certificate of Cause of Perinatal Death (white and green copies)
  - NSW Health Attending Practitioner’s Cremation Certificate

• Photocopy front page of Request for Post Mortem form and place in DW folder labelled Stillbirth Completed Paperwork together with blue copy of Medical Certificate of Cause of Perinatal Death

• Double bag, label and place placenta and membranes in a large sealable specimen container (no chemicals added), for transfer with the baby as per guideline: RPAH_GL2015_013.pdf Placental Histopathology.

  Note: if there is NO post mortem, the placenta should be sent for histopathology at RPAH- see previous point

• Transfer of the baby, placenta and all documentation to the CHW takes place between Monday- Friday 0800-1730hrs only.

• After hours and over the weekend: the baby and placenta are to be stored together in the fridge in Consult 3 DW:
  - notification to Anatomical Pathology will be made by MUM or I/C Midwife on the morning of the next working day.
  - ensure the placenta remains in the consult 3 fridge with the baby until transfer has been arranged.

  Note: If the baby is considered infectious, i.e. if the mother has Acute Viral Hepatitis (unspecified) or is positive for HIV / AIDS, Hepatitis B, Hepatitis C or Hepatitis D, document the following in black on the body bag in large print: “INFECTIOUS DISEASE – HANDLE WITH CARE”

4.7 Postnatal Considerations

• Postnatal care as per RPAH_GL2014_011.pdf (Routine Postnatal):
  o Mothers with mental illness or risk factors for psychological disturbances must have an appropriate mental health referral
For suppression of lactation, Carbergoline (Dostinex) as per the 1mg, single dose in the first 24 hours can be offered as per RPAH_PD2014_031.pdf (Breast Feeding Policy)

Information about fertility and contraception should be offered before returning home.

**Discharge home as per RPAH_GL2014_020.pdf (Postnatal Discharge):**

- In the majority of situations women will go home within 24 - 48 hours of the birth and may be accepted on to the Midwifery Discharge Support Programme (MDSP)
- Some women choose to go home immediately, if their clinical situation is stable i.e. within 6 hours of birth. The Obstetric Registrar or Consultant should reassess the woman’s clinical situation prior to discharge from hospital.
- Consultation between the woman, her family and the Maternity Social Worker (or on-call Social Worker) should occur prior to discharge.

**Follow up in iSAIL clinic in 6 -8 weeks:**

- Discuss expectations of this consultation- ensure awareness that there may be other babies/children present.

**Postnatal discharge documentation as per RPAH_GL2014_020.pdf (Postnatal Discharge of Mother):**

- Give and discuss information regarding the Bereavement Package and Birth Registration process (if not ready before discharge it can be mailed to the parents)
- For correct GP notification- a copy of the Notification of Stillbirth form will be faxed to the Women and Babies Executive Unit for review by a Staff Specialist. The Staff Specialist will then make contact with the GP Share Care Midwife in order to notify the appropriate GP.

### 4.8 Considerations and support for staff

The diagnosis of a DIU, the birth of a stillborn baby or a neonatal death can be a traumatic and challenging event for the health professionals involved. This may be intensified depending on the circumstances associated with the death of the baby.

- At all times the Delivery Ward MUM is available to provide support to staff.
- Employees Assistance Programme (EAP) counsellors are on-call for staff 24 hours per day. Contact details are located in the RPA telephone directory.
- Debriefing sessions may be organised a few days after the event, to allow staff to consolidate their experiences, emotions and feelings surrounding the event or, the MUM may co-ordinate a group debriefing session with staff members who have been directly involved together with an EAP counsellor.

### 5. Performance Measures

Monitoring of all incidents and accidents via IIMs.
Case review via RPA Women and Babies Perinatal Morbidity and Mortality Meetings.
Periodic audit of staff satisfaction.
Audit of documentation processes at appropriate intervals.

6. Definitions / Abbreviations

Legal Definitions:
Miscarriage: loss of a fetus less than 20 weeks gestation. If the gestation cannot be reliably determined, then the weight of the fetus is less than 400 grams at birth.¹

Stillbirth: a stillbirth is the complete expulsion or extraction from the mother of a product of conception of at least 20 weeks gestation or 400 grams birth weight that did not, at any time after delivery, breathe or show any evidence of life such as a heartbeat. In the case of a stillbirth where it is unclear whether the gestational age is less than 20 weeks at the time of delivery the fetus is to be weighed. If the weight is 400 grams or greater the fetus must be registered as a stillbirth.¹

Neonatal Death (NND): death before the age of 28 completed days following live birth.²

Live Birth: refers to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life – e.g. beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles – whether or not the umbilical cord has been cut or the placenta is attached. Each product of such a birth is considered live born.²

iSail Clinic: integrated Support After Infant Loss clinic which provides families with a one hour consultation at around 6-8 weeks after the loss of their baby. At the appointment they will have access to their attending obstetric or neonatal clinician as well as a midwife/neonatal nurse, a social worker, geneticist and bereavement counsellor. The clinic is situated in a setting away from general antenatal clinics and will allow families to discuss results and answer questions, discuss physical and emotional health, organise ongoing referral and support, as appropriate, for up to a period of one year.

ARM: Artificial Rupture of Membranes
CCIS: Computerised Clinical Information System
CHW: Children’s Hospital Westmead
I/C: In Charge
IIMS: Incident Information Management System
MRN: Medical Record Number
MO: Medical Officer
MUM: Midwifery Unit Manager
VMO: Visiting Medical Officer

7. References and links


10. Cunningham K. Holding a stillborn baby: does the existing evidence help us provide guidance? MJA 196 (9) ian & New Zea

- Legislative Compliance: Organisation, Management and Staff Obligations – Governing Body and Management manual, Policy Number 2.7.1
- Code of Conduct – Governing Body and Management Manual, Policy Number 1.1