Aneurin Bevan University Health Board

Integrated Care Pathway

ABUHB Pathway for stillbirths, Intra Uterine Deaths (IUD's), Late Miscarriage over 20 weeks

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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Owner: Maternity Services ABUHB | Policy Number: ABUHB/F&T/0149

Contents:

Contents:

1. ICP Definition

This ICP is intended as a guide in providing care for the service user and their family. It is a multidisciplinary document.

2. Evidence Based

Royal College of Obstetricians and Gynaecologists (2010)
Late Intrauterine Fetal Death and Stillbirth Green Top Guidelines No 55

SANDS Stillbirth and Neonatal Death Charity (2007)
Pregnancy Loss and Death of a baby Guidelines for professionals

The use of Mifepristone and Misoprostol in the management of late intrauterine fetal death. Nzewi C, Araklitis G, Narvekar N. Journal of Obstetrics and Gynaecology 2014; 16(4):233-237

3. Objective of the ICP

To provide standard evidence-based guideline for patients following diagnosis of a stillbirth / IUD over 24 weeks, late miscarriage over 20 weeks.

To ensure appropriate bereavement care is delivered.

4. Criteria for Use – Eligibility Criteria

All women following diagnosis of a stillbirth, IUD >24 weeks and late miscarriage.

5. Instructions for Use

When using this document please ensure that you date, time and initial against each activity where indicated. If an activity in the ICP has not, for whatever reason been completed, then this must be documented in the case notes.

6. Signature Key Box

NAME	SIGNATURE	DESIGNATION	INITIALS

7. Demographics

<table>
<tr><td rowspan="6">Patient Addressograph</td><td colspan="3">Obstetrician</td></tr>
<tr><td colspan="3">Gravida</td></tr>
<tr><td colspan="3">Parity</td></tr>
<tr><td colspan="3">EDD</td></tr>
<tr><td colspan="3">Obstetric History</td></tr>
<tr><td colspan="3">Medical History</td></tr>
<tr><td>Tel Number</td><td colspan="3">First Language Spoken</td></tr>
<tr><td>Mobile Number</td><td>Interpreter/signer required
(Contact Switchboard)</td><td>Y</td><td>N</td></tr>
<tr><td>Next of Kin

Name</td><td colspan="3">Faith</td></tr>
<tr><td rowspan="2">Address</td><td colspan="3">Community Midwife</td></tr>
<tr><td colspan="3">GP</td></tr>
<tr><td>Post Code</td><td colspan="3">GP Address GP Tel Number</td></tr>
<tr><td>Tel Number</td><td colspan="3">GP Tel Number</td></tr>
</table>

8. Diagnosis of Still Birth/IUD, Late Miscarriage

Event	Date	Time	Signature
Death confirmed by real time USS and second observer (see Appendix 1)			
Patient informed of findings			
Family / support contacted			
Plan of care discussed and written in notes			
Obtain Bloods – (discuss with Obstetrician as may not all be necessary) (see Appendix 2)			
FBC/HBA1C	**Purple/EDTA x1**		
Group and Save	**Pink x 1**		
U+E's LFT, CRP, TFT, Bile Acids	**Yellow x 1**		
Kleihaur for Rhesus negative mothers	**Pink x1**		
Clotting Screen	**Blue x1**		
Parvo virus, Toxoplasma, Rubella, CMV, Varicella zoster virus (VZV) and syphilis	**Yellow x1**		
Random Glucose	**Grey x 1**		
Commence MEOWS Chart			
Thromboprophylaxis Risk Assessment			
Drugs Prescribed in line with plan of care (See Appendix 3)			

ALL medication prescribed on generic in-patient medication chart
NB Misoprostol [unlicensed] Guidelines of the RCOG (Sept 2004) include the regimen for inducing medical abortion. See ABUHB Medicines Management Policy 0010

Event	Date	Time	Signature
If >20 weeks Mifepristone 200mgs ORALLY see (Appendix 1)			
Patient to remain in the clinical area 1-2 hours in case of vomiting. Monitor BP every 30 minutes and record on the MEOWS chart.			
Home if requests and return in 48 hours			
Retain the All Wales Maternity Hand Held Records			
Provide delivery suite telephone number & SANDS leaflet: ***'When a baby dies before labour begins'*** ***Details of the Beresford Centre (Newport)*** ***Details of the Mariposa Trust***			

9. Induction and Intrapartum

Event	Date	Time	Signature
Explain Plan of Care/facilitate questions			
Review by Obstetric Team			
Anaesthetist informed of admission			
Drugs prescribed in line with plan of care (see Appendix 3)			
Venflon and commence PVC Bundle (ABUHB/Clinical 0603 Peripheral Intravenous Cannulation Policy)			
Continue MEOWS chart and observations			
Confirm patient's wishes regarding seeing baby following delivery.			

10. Post Delivery

Event							Date	Time	Signature
Complete examination of the baby									
Date of Birth									
Time									
Any Signs of Life?		**Y**		**N**					
Time of Death									
Sex (tick)	**Male**		**Female**		**Indeterminate**				
Gestation _____ **/40**									
Birth Weight _____ **kg**									
Head Circumference _____ **cm**									
Length _____ **cm**									
Abnormalities									

Gain consent for mementos to be taken (Ensure compliance with Recordings of patients-use and storage of audio recordings and images policy) ABUHB/IM&T/0405. Expiry July 2017

Photographs Offered	**Y**	**N**
Photographs taken and given to mother	**Y**	**N**
File in Notes (Mother may request later)	**Y**	**N**
Lock of Hair (if possible)	**Y**	**N**
Baby Bath offered	**Y**	**N**
Hand and Footprints offered	**Y**	**N**
Memory Box including support leaflets	**Y**	**N**
Inform of Local Groups SANDS / BERESFORD	**Y**	**N**
External Online MARIPOSA TRUST	**Y**	**N**

Event	Date	Time	Signature
Contact with relevant faith if required / blessing			
Complete CSC for all deliveries **Complete Birth Register > 24 weeks**			
Take Kleihauer if Rh Neg			
Administer Anti D / Rubella vaccination / iron supplementation if required.			
Placenta – if not for PM, send a small piece of placenta in formalin for histology. **If PM - Placenta to be in N/Saline for UHW**			

11. Postnatal Documentation

				Date	Time	Signature
ENCOURAGE FAMILLIES TO ARRANGE OWN FUNERAL						
Statutory Provisions see (Appendix 4)						
Post-mortem / Cytogenetics see (Appendix 5)						
Cremation See (Appendix 6)		**Other**				
Stillbirth Certificate Issued > 24 WEEKS						
Stillbirth Certificate Issued < 24 WEEKS **Please note certificates to be issued to all babies who show signs of life regardless of gestation-This also includes MTOP's- Please see appendix 4 for appropriate certificate**						
PHOTOCOPY ALL DOCUMENTATION – ORIGINALS WITH BABY, COPY IN THE NOTES						

12. Discharge

Event			Date	Time	Signature
Request discharge medication if appropriate					
Medication explained to mother					
Discuss pv loss, expected duration, volume, action to take					
Ask Mother if she would like a visit from the community Midwife	**Y**	**N**			
Inform mother that community midwife will be in contact within 24hrs					
Discuss and Advise re breast Discomfort/lactation					
Advise if any concerns in the interim to contact hospital and provide telephone numbers					
Discharge with All Wales Postnatal Notes for Mother					
Inform GP / HV (via Phone)					
Formal CSC Letter to GP					
Inform Community Midwife (Via Phone)					
Explain how OPD will be arranged ***i.e. re PM results, postnatal examination, Family Planning/ Genetic Counselling if appropriate***					
Cancel all antenatal follow up appointments					
Complete Bounty Form					
CARIS form completed if abnormality					
All Forms to be double checked					
Issue Review Letter: Not for MTOP					

Transfer of Baby

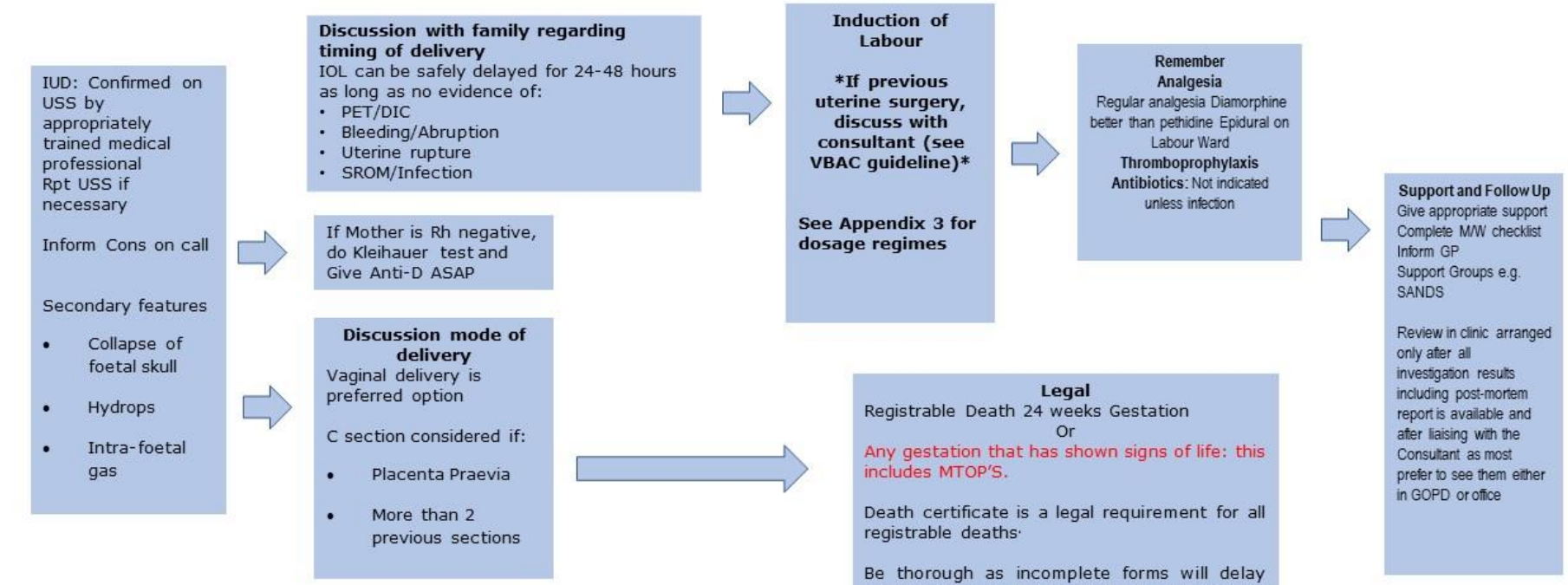
Nevill Hall Hospital
All gestation to the Hospital Mortuary

Royal Gwent Hospital
All gestation to the Hospital Mortuary

Clinical Notes:

13.Appendices

Appendix 1 - Process Flowchart



FBC, Kleihauer, Blood Group and antibody, Coag screen, Random glucose, HbA1c,U&E's, LFT's, CRP, Bile acids, MSU, Blood cultures, Parvo virus, Toxoplasma, Rubella, CMV, Varicella zoster virus (VZV) and syphilis serology, Parvo virus, Maternal and paternal blood for Karyotyping, Thrombophilia screen (at 12 weeks post natal), TFT's, Triple swabs, Placenta for histology and Karyotyping, Foetal blood and skin swabs for culture.

Inform patient of the reason for these tests and implications of the potential findings
[2] Informed consent should only be obtained by a trained and registered clinician
[3] Don't forget – date and sign, no abbreviations, do not guess at cause of death (difficult to change at a later date), write clearly, write GMC number and qualifications.

Appendix 2 - Blood Investigations for stillbirths, Intra Uterine Deaths (IUD's), Late Miscarriage over 20 weeks

With the patient and her partner discuss the reason for the blood investigations, the implications of the potential findings and obtain informed consent.

Obtain bloods for:

- FBC/HBA1C
- Blood Group and antibodies
- U+E's LFT, CRP, TFT, Bile Acids
- Kleihauer for Rhesus negative mothers
- Coagulation Screen
- Parvo virus, Toxoplasma, Rubella, CMV, Varicella zoster virus (VZV) and syphilis.
- Random Glucose
- Blood cultures
- Other investigations for infection as clinically relevant (eg. maternal illness in pregnancy, contact with chickenpox in non-immune patient visible abnormality of fetus/placenta at delivery – specify type of abnormality on request form).

(Discuss with Obstetrician as not all bloods maybe necessary)

Inform Laboratory that the above bloods are being sent for an IUD

The lead consultant obstetrician and antenatal screening co-ordinator will be informed of positive syphilis results which are confirmed by reference Laboratory to facilitate appropriate follow up and treatment if required.

If any other additional tests are performed by the Laboratory Services and abnormalities are identified, the Laboratory Services will inform the lead consultant obstetrician as per Laboratory Standard Operating Procedure.

Appendix 3 - Drugs Prescribed in-line with plan of care

20 - 24 weeks Gestation

1) **Mifepristone 200mcg po**

1) **48 hours later Misoprostol 100mcg p.v. 6 hourly to maximum of 5 doses**

If previous Caesarean Section or uterine scar then dose of Misoprostol can be halved.

Once the fetus has been delivered wait a minimum of 4 hours after last dose of Misoprostol before surgical removal of placenta is considered (unless bleeding or infection)

Over 24 weeks Gestation

Induction of Labour
If previous uterine surgery, discuss with consultant (see VBAC guideline)
Standard Regimen

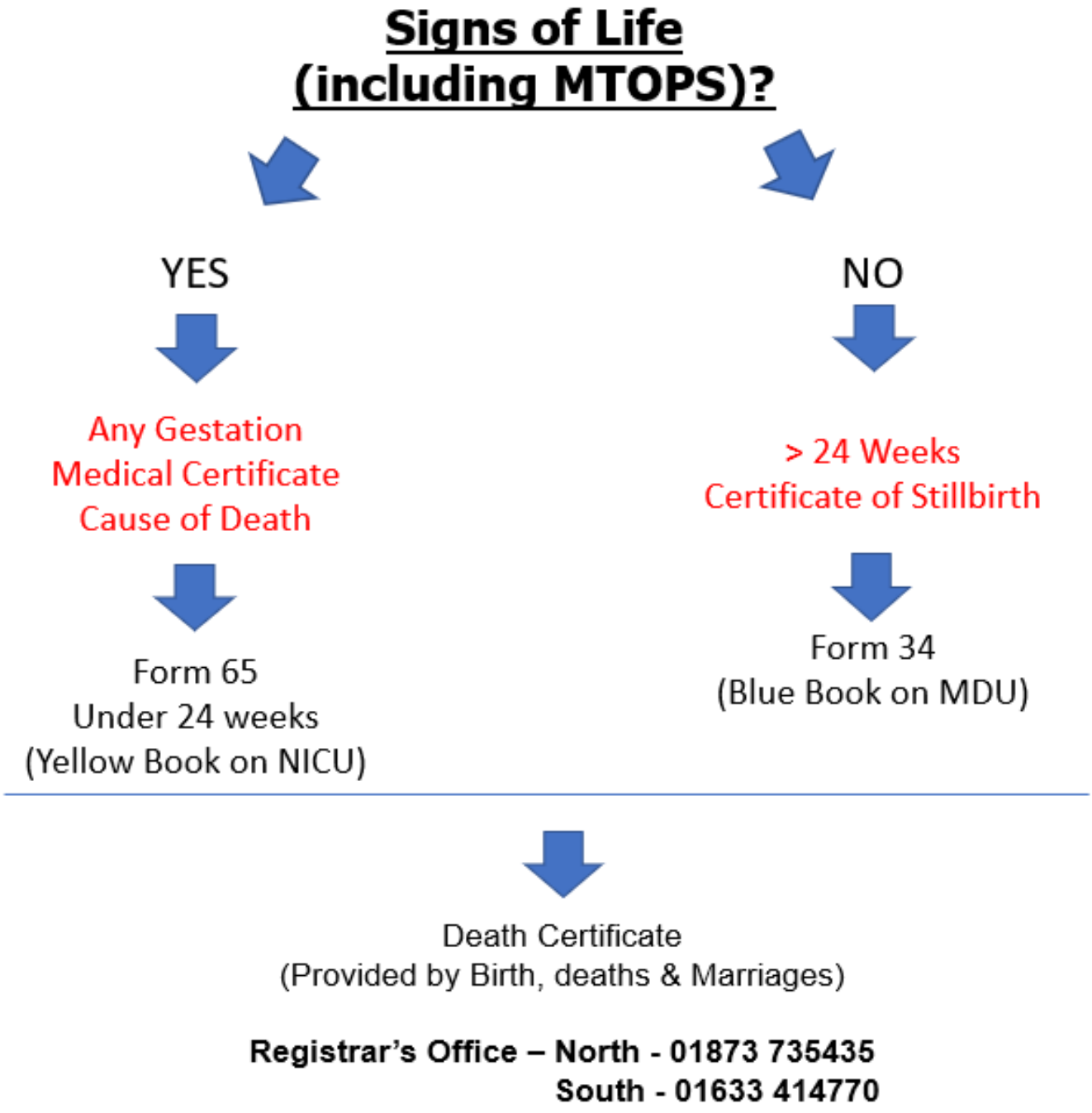
Day 1:200mg Mifepristone orally
Day 2: Rest day
Day 3: Admit to ward

24-27 weeks: 100mcg Misoprostol 4 hourly p.v. (4 doses max)
>27 weeks: 50mcg 6 hourly pv (5 doses max)

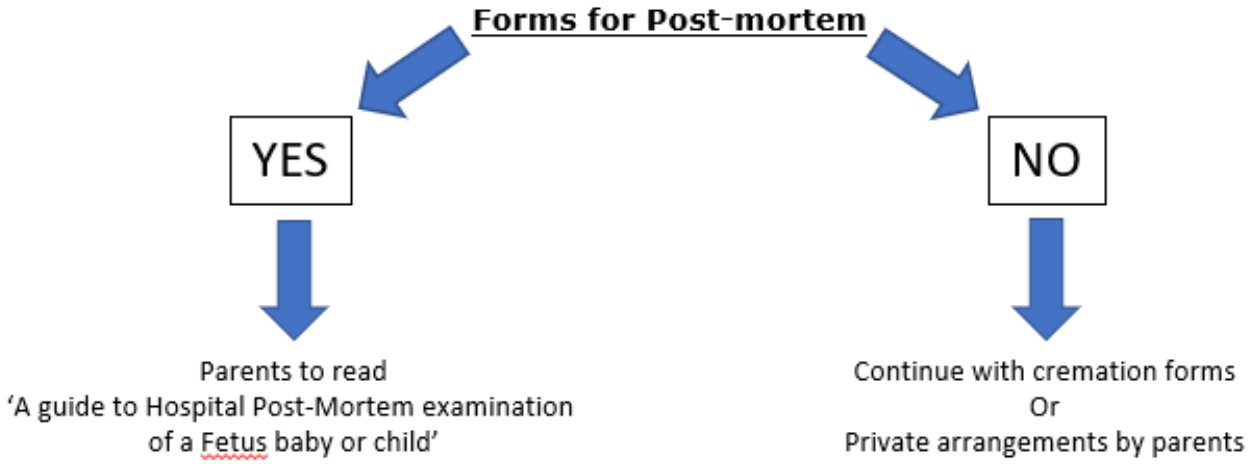
Total misoprostol dose not to exceed 1000 microgm for gestation 24–27 weeks, and
not to exceed 500 microgm for gestation >28 weeks (i.e. maximum of 2 full courses)
Retained placenta Complete full course of misoprostol as prescribed, unless significant bleeding

Prev LSCS: Mifepristone 200mg tds for 2 days, then misoprostol 25 mcg PV 4th hourly maximum 5 doses
In event of infection or patient too distressed to wait, Misoprostol can be given after the first dose of Mifepristone
Vaginal route helps to reduce the side effects and should be the first choice.
In the event of bleeding sublingual or oral tablets can be given.

Appendix 4 - Forms for Statutory Provisions – Section 11 of the Births and Deaths Registrations Act 1953



Appendix 5 - Post-mortem or Tissue sampling for Cytogenetics



Forms required

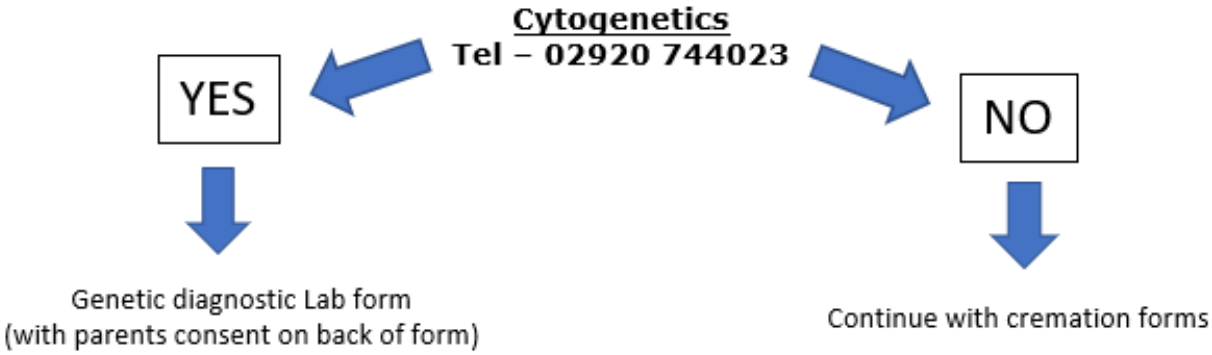
1) Request for Fetal perinatal Or infant PM examination

2) Fetal Pathology Unit Tissue Transfer Chain of Custody form

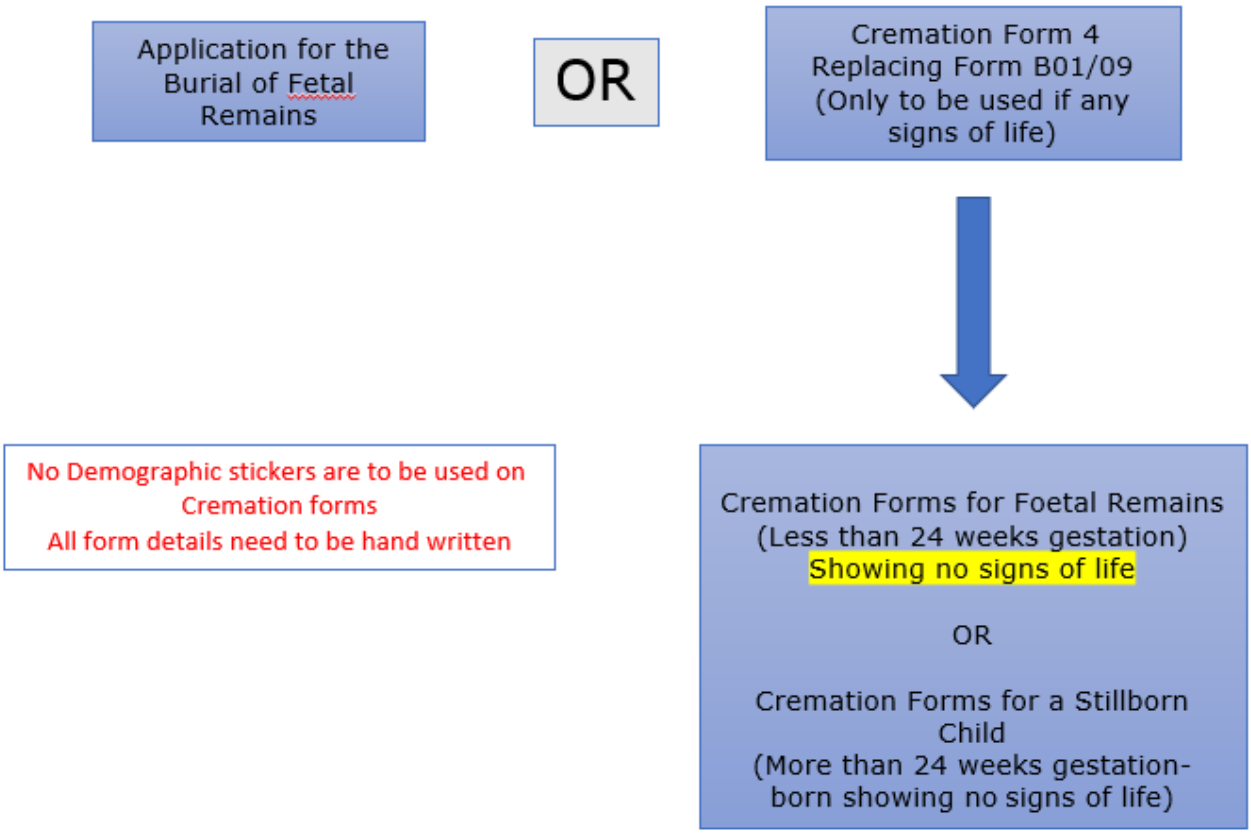
3) Consent for PM

4) Any copies of scans or blood reports if high risk

<24 weeks contact Fetal Pathology at UHW on 02920 744025
>24 weeks contact mortuary at UHW on 02920 744269
If PM placenta (in Saline) to accompany baby.



Appendix 6 - Forms for Burial or Cremation



Appendix 7 - Thromboprophylaxis Risk Assessment for Pregnant Women

Patient addressograph	GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**COMPLETE AND FILE IN PATIENT'S NOTES PRESCRIBE PROPHYLAXIS ON DRUG CHART**

THROMBOPROPHYLAXIS RISK ASSESSMENT FOR PREGNANT WOMEN

Assess all Women at their first Hospital visit and at each antenatal admission

Indications for outpatient antenatal thromboprophylaxis (continue through any inpatient admission)

Tick if no risk factors identified ☐ Date ……/……../…….. Signature ……

	Tick if Present		Tick if Present
Previous DVT/PE Refer to joint Haem Clinic		**Antithrombin deficiency** Refer to joint Haem Clinic	
Systemic Lupus Erythematosis Refer to joint Haem Clinic		**Sickle cell disease** Refer to joint Haem Clinic	
Anthiphospholipid Syndrome Refer to joint Haem Clinic		**Myeloproliferative disorder** Refer to joint Haem Clinic	
BMI > 46 kg/m² Consider AN thromboprophylaxis and refer to anaesthetic clinic at 32/40		**Assessed by**	**Date**

Consider postnatal thromboprophylaxis for 6 weeks if there is a strong family history of venous thromboembolism, particularly related to pregnancy

Indications for thromboprophylaxis whilst antenatal inpatient
(IF one criteria is ticked – Patient requires thromboprophylaxis)

Date				
Indication	Tick if present	Tick if present	Tick if present	Tick if present
Hyperemesis				
BMI ≥35				
Dehydration haematocrit >45				
Sepsis				
Immobility - >3 days bed rest				
Acute/Chronic disease -Rh Arthritis Nephrotic syndrome				
Varicose veins with phlebitis				
Active cancer/cancer treatment				
Ongoing antenatal thromboprophylaxis				
Signature				

Booking Weight	**Dose of Dalteparin**
< 50 Kg	2500 units once daily
50 – 100 Kg	5000 units once daily
>100 Kg (BMI >40)	7500 units once daily

Contraindications to pharmacological thromboprophylaxis?	
Birth anticipated within 12 hrs	Spinal or epidural anaesthesia is to be performed within 12 hrs of administration
Platelet count < 70 x 10^{-9} /l	Epidural Catheter has been removed within 4 hrs
Active bleeding	DIC
Already having therapeutic anticoagulation	Sever Liver disease
Renal Impairment – if e GFR <30 min l/min or evidence of acute renal failure please use unfractionated heparin 5000 u bd	Previous heparin induced thrombocytopenia (discuss with haematologist)
Consider TED stockings if LMWH is contraindicated Avoid stockings if pedal pulses are impalpable, peripheral vascular disease, sever dermatitis, peripheral neuropathy, recent skin graft	

Postnatal Thromboprophylaxis

Indications for 10 days of thromboprophylaxis following birth	Tick if present
PPH > 1500 mls	
Red cell transfusion or transfusion of coagulation factors (FFP)	
Caesarean section (elective or emergency)	
Stillbirth	
BMI > 40 Kg/m^2	
Sepsis	
Complex vaginal delivery	
Antenatal thromboprophylaxis for recurrent miscarriage in absence of personal history of VTE	
SIGNED	

If any indication ticked, then please prescribe Dalteparin on the drug chart and TTH

Indications for 6 weeks of thromboprophylaxis following birth	Tick if present
Previous antenatal thromboprophylaxis for VTE prevention	
Family history of VTE particularly pregnancy or hormone related VTE	
All inherited thrombophilia's - including Factor V Leiden, Protein C and S deficiency, Antithrombin deficiency	
SIGNED	

If any indication ticked then please prescribe Dalteparin on the drug chart and TTH

Booking Weight	Dose of Dalteparin
< 50 Kg	2500 units once daily
50 – 90 Kg	5000 units once daily
91 – 130 Kg	7500 units once daily
> 130 Kg	10,000 units once daily

Delay starting Dalteparin:

- Until 12 hrs post epidural catheter withdrawal
- If DIC present
- If there is a need for spiral anaesthesia

Encourage early mobilisation, hydration and awareness of symptoms of VTE in all women

Appendix 8 Intrauterine death/late miscarriage/stillbirth Request Form

Intrauterine death/late miscarriage/stillbirth Request Form

Sample Collection Instructions

Please complete the form in full and indicate which tests are required from the list below. Samples required for each test(s) are indicated. If a tick box is left unticked then it is assumed this test is not needed and will not be analysed.

Blood Sciences

Patient Details/Addressograph Label: **NHS No.** ..... **Unit No.** ..... **Surname** ..... **DOB** ..... **Forename** ..... **Sex M / F** **Address**..... .....**Postcode**			**Hospital** **Ward** **Consultant** **Date** ..... **Time**	
Requester (*print*) ..... **Bleep no.**				
1x 4mL EDTA plasma sample (**Purple top**)	FBC (Full Blood Count)	☐	HbA1c	☐
1x 4mL K3-EDTA sample (Pink top)	Blood Group and Antibodies	☐	Kleihauer (if Rhesus negative)	☐
1x 4mL Serum sample (Yellow top)	UE, LFT, CRP, TFT, Bile Acid	☐		
1x 4mL Fluoride Oxalate sample (Grey top)	Random Glucose	☐		
1x Na-Citrate sample (**Light Blue top**) *Filled to marked line (do not over/under fill)*	Coagulation Screen	☐		

Microbiology – Intrauterine death/late miscarriage/stillbirth Request Form

Patient Details/Addressograph Label: **NHS No.** ..... **Unit No.** ..... **Surname** ..... **DOB** ..... **Forename** ..... **Sex M / F** **Address**..... .....**Postcode**			**Hospital** **Ward** **Consultant** **Date** ..... **Time**	
Requester (*print*) ..... **Bleep no.**				
3x 4mL Serum samples (Yellow top)	Parvo Virus Rubella	☐ ☐	Toxoplasma CMV	☐ ☐
	Syphilis	☐	Has patient consent been given? **Y/N**	
1x Aerobic Bottle (**Blue Cap**) 1x Anaerobic Bottle (**Purple Cap**) If on **antibiotics** substitute the Aerobic Bottle for 1x FAN Bottle (**Green Cap**) 1x Pediabact Bottle (Yellow Cap)	Blood Cultures Maternal Blood Cultures Fetus	☐ ☐		
Other Investigations for Infections as clinically indicated *(Details in box below please)*	E.g. maternal illness in pregnancy (*specify date and clinical presentation*), contact with chickenpox in non-immune patient (*specify date and whether became ill*), visible abnormality of foetus/placenta at delivery (*specify type of abnormality*).			
If microbiology tests requested other than those with tick boxes as above, please phone to discuss with Microbiologist before sending specimen(s).				

Dated: / /20

Dear:

Re: Understanding what happened – Hospital review

We are sorry that your baby has died. We understand that this is a difficult time to be reading new information.

It is important to understand as much as we can about what happened and why your baby died. In order to do this, in the coming weeks a multi-disciplinary team at Aneurin Bevan University Health Board will hold a meeting and review your and your baby's care.

The review will:

- look at medical records, tests and results, including post mortem results if you have consented to one
- answer any questions you may have and address any concerns
- talk to staff involved
- look at guidance and policies to ensure the care you received was appropriate

The review may tell us that we need to change the way we do things or that good and appropriate care was given to your family.

Involving you

Your views are important, and it would be helpful if you could share your feelings and thoughts about your care, or any questions you have with us before we carry out the review. To support you in doing this, we have provided you with a key contacts available Monday to Friday 08:00am to 16:00hrs

Senior Midwifery Manager Sian Bailey **01633 234947** **Email sian.bailey@wales.nhs.uk**	**Midwifery Secretary Sharon Deacon** **01633 234763** **Email: sharon.deacon@wales.nhs.uk**

Your key contact will:

- call you to talk to you about the review process
- ask if you would like to ask any questions or give your perspective of your care to the review team

- give you choices about how you might do this

Keeping you informed

It may take up to 12 or more weeks to gather all the information required for a review meeting.

We understand that this is a long time to wait and if you would like to meet with a consultant before the review takes place, you can arrange this through your key contact.

We may, however, not have any further information about what happened and why your baby died by then.

Once the review report is completed, a consultant will discuss its findings with you. We can also send you the review report by post or email if you prefer.

If you have any questions about this information, please ask a member of staff before you leave hospital. Once you are home our key contact will be in touch with you within 10 days.

With sympathy

Aneurin Bevan University Health Board

Maternity Team