



GIG
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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

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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 This is to avoid the risk of out of date printed versions of the document.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.

Contents:

ICP Definition	3
Evidence Based	3
Objectives	3
Criteria.....	3
Instructions for use.....	3
Demographics.....	5
Disgnosis of Stillbirth	6
Induction and intrpartum.....	7
Post Delivery	8
Postnatal Documentation	9
Discharge	10
Appendicies.....	13

Addressograph

ICP Definition

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

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 Ocstetrics and Gynaecology 2014; 16(4):233-237

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.

Criteria for use – Eligibility criteria

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

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.

Demographics

Patient Addressograph	Obstetrician	
	Gravida	
	Parity	
	EDD	
	Obstetric History	
	Medical History	
	First Language Spoken	
	Interpreter or signer required <i>(Contact Switchboard)</i>	Y N
	Faith	
Tel Number	Community Midwife	
Mobile Number	GP	
Next of Kin	GP Address	
Name		
Address		
Post code	GP Tel Number	
Tel Number		

DIAGNOSIS OF STILLBIRTH/IUD, LATE MISCARRIAGE

Death	Date	Time	Signature
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)			
FBC/HBA1C	Purple/EDTA x1		
Group and Save	Pink x 1		
U+E's LFT, CRP, TFT, Bile Acids	Yellow x 1		
Kleihauer for Rhesus negative mothers	Pink x1		
Clotting Screen (only if having epidural)	Blue x1		
TORCH	Yellow x1		
Random Glucose	Grey x 1		
Commence MEOWS Chart			
Thromboprophylaxis Risk Assessment			
Drugs Prescribed in line with plan of care (See Appendix 2)			

**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**

	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)			

INDUCTION AND INTRPARTUM

Explain Plan of Care/facilitate questions	Date	Time	Signature
Review by Obstetric Team			
Anaesthetist informed of admission			
Drugs prescribed in line with plan of care (see Appendix 2)			
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.			

POST NATAL

	Date	Time	Signature
Complete examination of the baby			
Date of Birth			
Time			
Any Signs of life <input type="checkbox"/> Y <input type="checkbox"/> N			
Time of death			
Sex (tick) Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate			
Gestation /40			
Birth weight.....kg Head Circumference cms Length..... cms			
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**

	Yes	No
Photographs offered	<input type="checkbox"/>	<input type="checkbox"/>
Photographs taken and given to mother	<input type="checkbox"/>	<input type="checkbox"/>
File in notes (mother may request later)	<input type="checkbox"/>	<input type="checkbox"/>
Lock of hair (if possible)	<input type="checkbox"/>	<input type="checkbox"/>
Baby Bath offered	<input type="checkbox"/>	<input type="checkbox"/>
Hand and Footprints offered	<input type="checkbox"/>	<input type="checkbox"/>
Mother Informed of Memorial Service & Book of Remembrance	<input type="checkbox"/>	<input type="checkbox"/>
Chaplaincy Leaflet	<input type="checkbox"/>	<input type="checkbox"/>
Memory Box Including support leaflets/ Baby Mailing Preference Service information and financial help available	<input type="checkbox"/>	<input type="checkbox"/>
Inform of local SANDS groups	<input type="checkbox"/>	<input type="checkbox"/>

POST NATAL

	Date	Time	Signature
Contact with relevant faith if required / blessing			
Complete PROTOS for all deliveries Complete Birth Register > 24 weeks			
Take Kleihauer if Rh Neg			
Administer Anti D / Rubella vaccination / iron supplementation if required.			
Discuss use of Carbegolin ± Bromocriptine (see Appendix 1)			
Placenta – if not for PM, send a small piece of placenta in a dry pot for G&S and remainder of placenta in formalin for histology. If PM- small sample in Formalin for Histology, (size of a ten pence piece).			

POST NATAL DOCUMENTATION

	Date	Time	Signature
Funeral arrangement Co-ordinator to be informed: (Kerry Jeffries 01873 732123 – NHH) Kath Maguire –01633 234949 – Lead Midwife for Bereavement - RGH)			
Statutory Provisions see (Appendix 3)			
Post-mortem / Cytogenetics see (Appendix 4)			
Cremation <input type="checkbox"/> other <input type="checkbox"/> see (Appendix 5)			
If Hospital arrangement Funeral Directors T.J. Thomas (01495 303273) - North T.J. Davies (01633 0267402) - South If cremation Gwent Crematorium - Cwmbran If private arrangements / leaflet given <input type="checkbox"/> (write Funeral Directors details below) _____ _____			
PHOTOCOPY ALL DOCUMENTATION – ORIGINALS WITH BABY, COPY IN THE NOTES			

Checklist for Discharge Planning

Before Transfer home ensure the mother has passed urine

	Date	Time	Signature
Request discharge medication if appropriate			
Medication explained to mother			
Discuss pv loss, expected duration, volume, action to take			
Discuss and advise re breast discomfort/lactation			
Inform mother that community midwife will be in contact within 24hrs			
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>i.e re PM results, post natal examination, Family Planning/ Genetic Counselling if appropriate</i>			
Cancel all antenatal follow up appointments			
Complete Bounty Form			
CARIS form completed if abnormality			
MBRACE forms completed (over 22 weeks gestation) liaise with Lead Midwife			
Apply Sands Teardrop sticker to inside of maternal records (with consent)			

Transfer of Baby

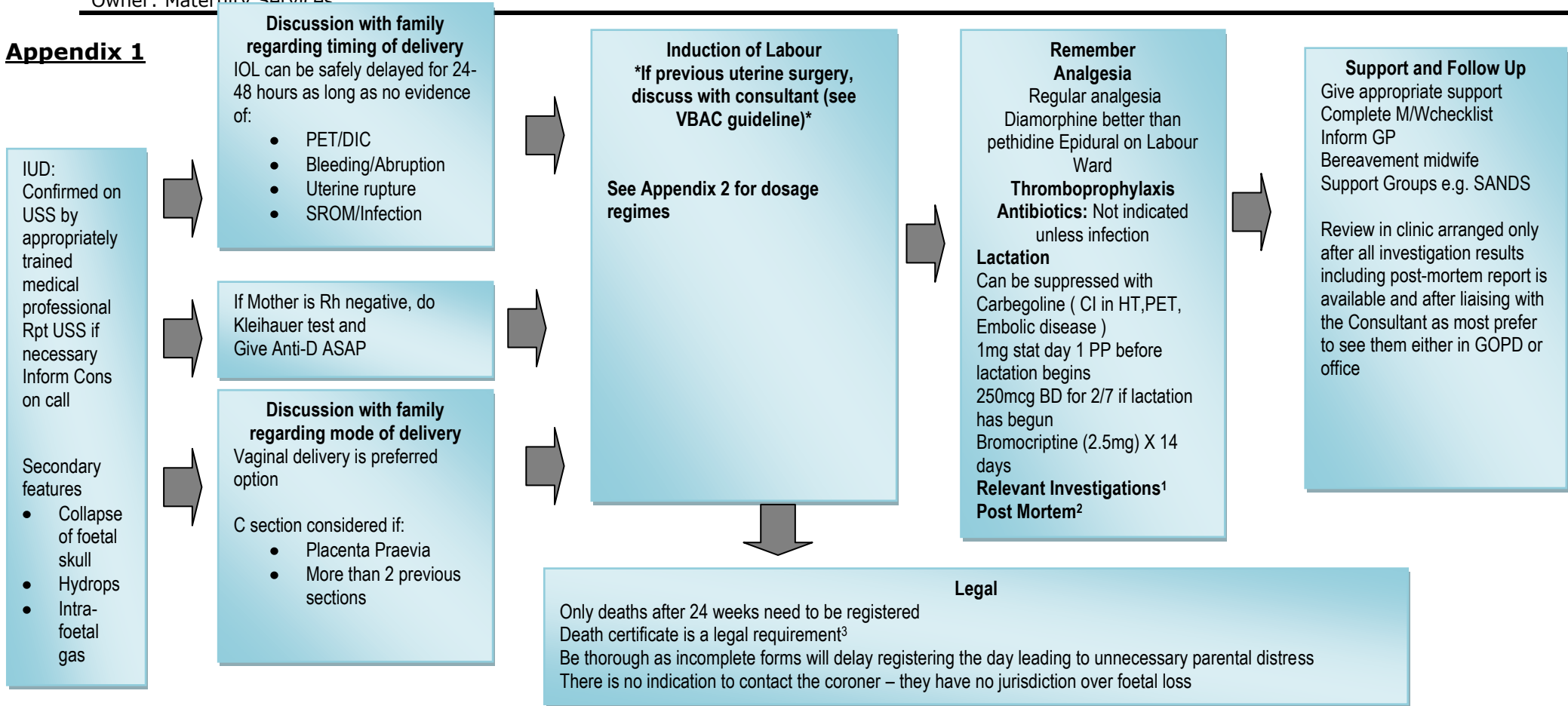
Nevill Hall Hospital
 All gestation to the Hospital Mortuary

Royal Gwent Hospital
 All gestation to the Hospital Mortuary

Clinical Notes

Clinical Notes

Appendix 1



FBC, Kleihauer, Blood Group and antibody, Coag screen, Random glucose, HbA1c,U&E's, LFT's, CRP, Bile acids, MSU, Blood cultures, TORCH 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

²Informed 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

Drugs Prescribed in-line with plan of care

20 - 24 weeks Gestation

- 1) Mifepristone 200mcg po
- 2) 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 6 hourly p.v. (5 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)

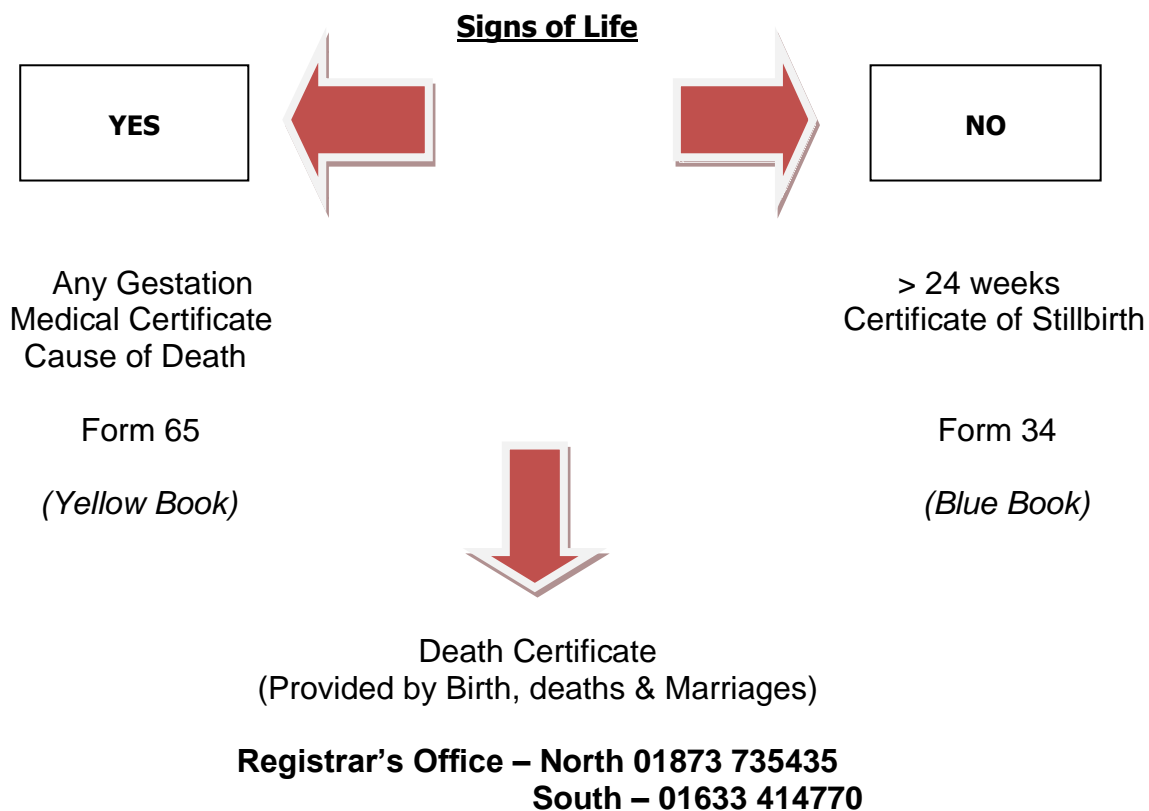
Retained placenta Complete full course of misoprostol as prescribed, unless significant bleeding

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

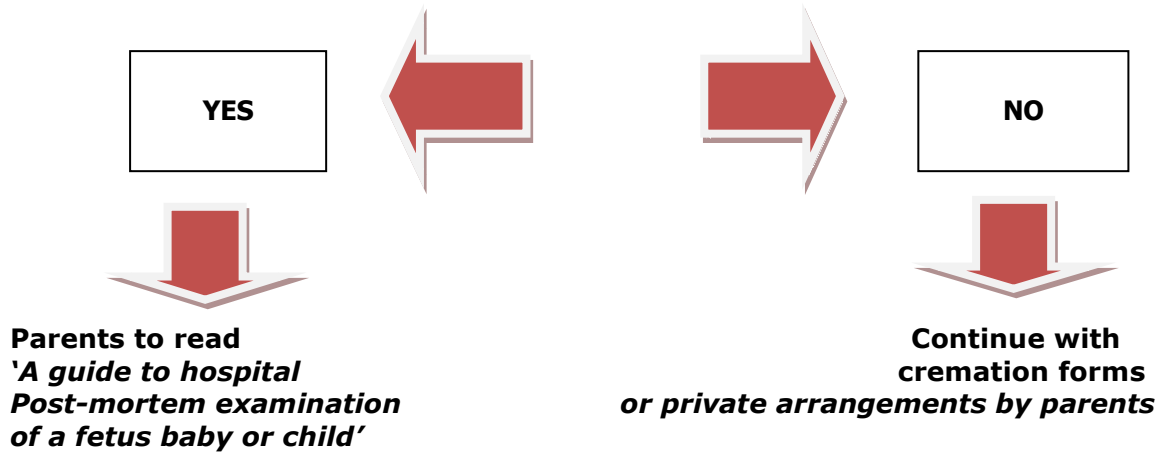
Appendix 3
Forms for
Statutory Provisions – Section 11 of the Births and Deaths Registrations Act 1953



Appendix 4

Post-mortem or Tissue sampling for Cytogenetics

Forms for Post-mortem

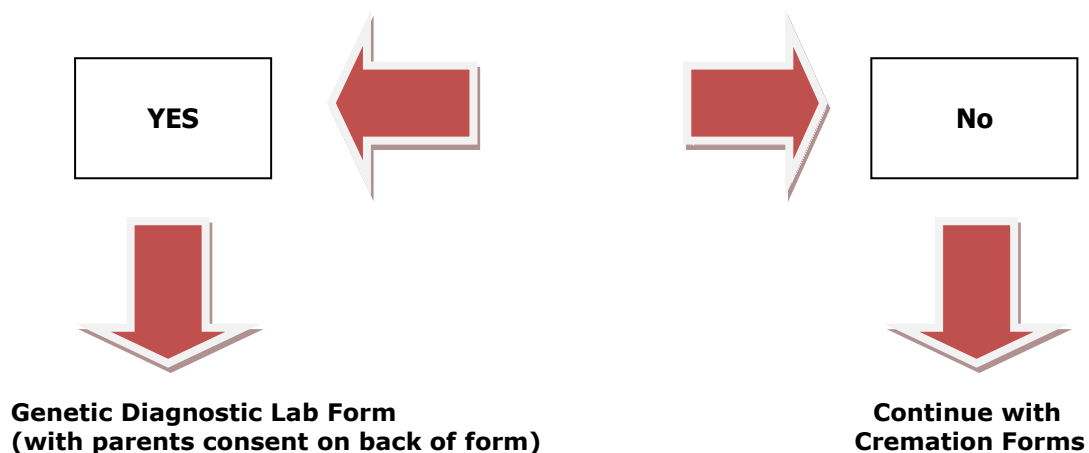


Forms required

- 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 dry bucket) to accompany baby.

Cytogenetics
Tel – 02920 744023



Appendix 5

Forms for Burial or Cremation

