

Care Pathway for the Pregnancy Loss and Termination of Pregnancy for Fetal Abnormalities within Gynaecology Department within the First Trimester.

(Please use this Pathway in conjunction with the Management of Miscarriage Protocol)



To be completed in Antenatal clinic/ EPAU/clinical area where fetal demise has been diagnosed or MTOP for fetal anomaly is being discussed.

Addressograph	Gravida	Parity
	Gestation	

Part 1

Actions	Yes/No	Signature	Date
Name of Consultant/Registrar providing Consultation			
Print Name			
Signature			
Discuss plan of care with parents and plan of care clearly documented in notes.			
Complete Consent for Medical Management/Surgical Management			
Rhesus Status			
If Congenital Anomaly please refer to CARIS at Caris@SafehavenMailbox@wales.nhs.uk and include mothers name, mother's date of birth, mother's NHS number and the suspected diagnosis.			
Provide parents with patient information leaflet:			
Information Leaflet for Parents Experiencing Pregnancy Loss below 24 weeks			
Provide relevant contact numbers for the ward and EPAU including 24hour telephone number for Gynaecology			
Inform Parents of Time and Place to return following administration of Mifepristone.			
Medication Chart to be completed in line with stated regime to include;			
 Mifepristone 200mg (36-48hours hours before misoprostol or readmission) Misoprostol as regime Analgesia Anti-emetics 			
Misoprostol Regime- <9 weeks gestation Home or Hospital Management			
Prescribe 800mg Misoprostol			



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Misoprostol Regime- 9-12+6 weeks gestation		
Hospital Management		
800mcg Misoprostol.		
Can consider repeat course of Misoprostol following		
speculum examination if not complete		
Misoprostol Regime 13-17+6 weeks		
Hospital Management		
200mcg Misoprostol 6 hourly for 4 doses. Double dose if not effective. Maximum Dose 1600mcg		
in 24 hours.		
111 24 110013.		
Speculum examination after 3 doses. If incomplete give		
4 th dose		
For women with previous caesarean section:		
Misoprostol can be used for induction of labour in		
women with a single previous LSCS after		
discussion with Consultant Obstetrician		
A discussion of the safety and benefits of induction		
of labour should be undertaken by Consultant		
Obstetrician		
 Mifepristone can be used alone to increase the chance of labour significantly within 72 hours 		
(avoiding the use of prostaglandin) - 600mg daily		
for 2 consecutive days (BNF)		
Consider Propess Pessary for second part of		
induction of labour		
Avoid doubling of dose of misoprostol		
Provide Patient Information Leaflet, Miscarriage		
Association Information and CRADLE Information		





Part 2 - Upon Admission

Actions	Yes/No	Signature	Date
Orientate patient to the ward and provide call bell			
Commence appropriate Care Bundles eg Waterlow,			
MEWS, PVC insertion, VTE score.			
Has plan of care been discussed with parents and			
documented in notes by Consultant .			
Has Consent for Medical Management/Surgical			
Management been completed			
Has Medication been prescribed on medication Chart			
including analgesia and anti-emetics.			
Discuss Pain Relief with patient			
Discuss Memory Making if appropriate and offer a memory			
box			
Discussion regarding funeral/hospital disposal			
arrangements/private arrangements.			
Parent's choice for disposal of fetal products discussed:			
Hospital Cremation –Place products in the fridge on ward			
for transfer to mortuary or to histology if for further			
investigations if required but no Post Mortem			
Own Arrangements – Place fetal remains in an			
appropriate container for parents to take home with them or			
funeral director to collect and document in notes – ensure			
burial at home leaflet has been provided.			
Undecided – Place fetal remains in the fridge on ward - if			
for histology please send and advise to be returned to the			
ward following histology. Products transferred to Freezer			
after 1 week by Senior Member of Staff. Ward staff to			
contact family at 6 and 10 weeks as per protocol. If no			
decision after 12 weeks for Hospital Cremation as per			
guidelines.			
Consent from for disposal of fetal remains (MIS 1) signed.			
- One copy to stay with products of fetal remains			
- One copy in the notes			
Certificate of Medical Practitioner, Nurse or Midwife in			
respect of Disposal of Fetal Remains (MIS 3) been signed.			
-One copy to stay with products of fetal remains			
-One copy in the notes			
Discussion regarding histology and karyotyping with the			
parents if required and obtain consent.			
Name of person carrying out discussions			
MIS 1 and MIS 3 to stay with fetus/products of conception			
for transfer to mortuary or transfer to freezer if undecided			
and Ward Manager/Sister aware to send letters at 6 and 10			
weeks			
If undecided please place in communication diary for follow			
up by Ward Manager/Sister as appropriate			
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Flowchart for the management of pregnancy loss under 23+6 where there are no signs of life shown

Discussion to have taken place with parents regarding options available in relation to funeral/disposal of fetal remains in relation to individual situation and if Post Mortem is required.

If Post Mortem is requested advise that fetus will go to Cardiff UHW and will return in approximately for 6 weeks. Consent for Post Mortem must be obtained and all paperwork to stay with fetus on transfer to mortuary. Fetus transferred to mortuary by Midwife and documentation completed upon transfer.

If chosen to make own funeral arrangements a post mortem will delay funeral taking place. Post Mortem results will be discussed with parents by a Consultant after results are available in 12weeks. Placenta to be sent to UHW for Histology regardless if Post Mortem is being carried out.

Own Arrangements

Obtain name of chosen funeral director if know. (Inform all funerals are free of charge as per Welsh Assembly Government Standards.

Home Burial: Provide information leaflet on home burial and requirements needed. Parents to contact chosen funeral director when able to make further arrangements. No registration of Birth/Death is required.

Hospital Arrangement

By communal cremation at Morriston Crematorium after 6 weeks. (MIS 3 Form Required).

Parents cannot attend and will not know when cremation is taking place. Ashes will be scattered at Morriston Children Garden of Remembrance.

Documentation Complete upon transfer to the mortuary in the register that is available.





Flowchart for Pregnancy Loss Storage and Sensitive Disposal

Documentation Complete upon transfer to the mortuary in the register that is available.

Undecided

Placed in fridge with all documentation completed and folder completed. Transfer to Freezer in 1 week if no histology or decision made Contact details in Communication Diary

If histology required send to histology as soon as possible.

Upon return from
Histology Ward
Manager/ Sister to
place in freezer with
documentation and
complete folder for
freezer storage.

Ward Manager/ Sister to follow up patient regarding decision at 6/10 weeks.

Own Arrangements

Placed in fridge with all documentation completed in folder and paperwork present

Discuss with parents' wishes and provided relevant information

Parents can take home with them from the ward. Placed Burial Boxes Available or choose to return to collect within 2 weeks. Hospital Arrangements

Placed in fridge with all documentation completed in folder

> Transferred to Mortuary within appropriate time frame

If for Hospital Cremation complete paperwork and transfer to Mortuary If for Parents
Own
Arrangements
Make
arrangements
for collection as
per parents'
wishes

Services Quality And Safety Meeting September 2022





Consent Form for Arrangements for the Disposal of Fetal Remains (MIS 1)

Consent Form for Arrangements for the Disposal of Fetal Remains (MIS 1)

Addressograph	
Hospital Responsibility	
I/We wish ABMU Health Board to accept hat this will be communal cremation (wi	ot responsibility for the sensitive disposal of fetal remains. I/We understand ith other fetal remains).
Signed	Date
I can confirm that the relatives have been	informed of the proposed cremation and have not expressed any objection.
Signed	
Qualified Doctor / Nurse /	Midwife
Print name	
Own arrangements	
I/We accept responsibility for making arr	rangements to dispose of fetal remains. This will be by:
Time frame to collect the feta In the event that foetal remains will be	ation / Burial (*please delete as appropriate) al remains when parents are making own arangements is 2 weeks. be left in the mortuary longer then 3 weeks they will be disposed of in line with hospital protocol (cremation).
My chosen Undertaker is:	
Signed	Date
Undecided	
	nts and agree to contact the Ward as soon as we have made a decision. The ks and again around 10 weeks if no decision has been given.
I/We understand the Health Board will your pregnancy loss unless you advise	l ensure sensitive disposal arrangements are made following 12 weeks of us otherwise
G: 1	
Signed	Date



Certificate of Medical Practitioner, Nurse or Midwife in respect of Disposal of Fetal Remains (MIS 3)

Cremation No (if applicable):

MORRISTON CREMATORIUM / SWANSEA BURIAL ONLY

Certificate of Medical Practitioner, Nurse or Midwife in respect of Disposal of Fetal Remains (MIS 3)

I, hereby certify that I have examined the fetal remains/products of conception of
(Mother's name):
(Address):
delivered/miscarried on:
I have no reason to suspect that the duration of the pregnancy was shortened by violence, poison or any unlawful act and I know of no reason why any other examination or enquiry should be made.
Signed by
Print name
Date
Address
Post Code Contact Tele No:
Registered Qualifications

NB: - If remains are to be cremated, this form <u>must</u> be accompanied by the following:

- 1. FORM A: Application for Cremation (White)
- 2. Preliminary Application for Cremation (Cream



Sensitive Disposal of Products of Conception

Undecided Regarding Sensitive Disposal of Products of Conception

(To be retained by Ward until completion and then filed in hospital notes)

Addressograph	Date products passed
Contact Telephone Number	
Patient to be contacted twice when no decis	ion made:-
Contact around 6 weeks	
Contact date:	Contact made by:(Sign and print)
Response:	
Contact around 10 weeks	
Contact date:	Contact made by:(Sign and print)
Response:	
	posal following 12 weeks of the pregnancy loss if no has been made.
Date Mortuary contacted by Gynaecology Staff made by parents	to inform of decision or to proceed if no decision
Mortuary Staff Member Contacted	
Date Paperwork taken to mortuary to accomdisposal to take place:	npany products of conception to allow sensitive
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Date:				
Dear				

Please accept my sincere condolences on the recent loss of your baby. We are very aware that this is a very distressing time for both you and your family and we do not want to cause any further distress at this difficult time.

At the time of your pregnancy loss we appreciate that you were unable to make the decision on how to proceed with how to manage the next stage of your loss. Whilst you were in the hospital we would have discussed options of making your own arrangements or for the hospital to make arrangements for Communal Cremation to take place. Communal Cremation will take place at Morriston Crematorium where the ashes will be scattered in the Babies Garden of Remembrance along with other parents who have experienced a pregnancy loss. It is with much regret that I have to make contact with yourself in regards to a very difficult decision of how to proceed.

Please be reassured that Swansea Bay University Health Board manages pregnancy loss in a sensitive manner but we must adhere to time scales in order to ensure a high standard of care is provided. You would have been advised that we would make contact with yourself at 6 and 10 weeks following your pregnancy loss to ensure an appropriate amount of time has passed for you to consider what you feel is the most appropriate option for you and your family.

We would be grateful if you would make contact at your soonest possible convenience to discuss your wishes and we will be happy to discuss any questions you may have.

Yours Sincerely

Ward Manager - 1 & 2

01792 205666 ext 35205

Monday – Friday 08.00 until 16.00





Date:	
Dear	

We are contacting you following on from our previous correspondence dated on ______ in relation to your pregnancy loss. As per Swansea Bay University Health Board Protocol we are contacting you in relation to the next stage of your pregnancy loss. As explained in our previous letter we appreciate that this is a difficult decision to make but we have to ensure patient safety and that a high standard of care is maintained. If we do not hear from yourself within 2 weeks from the date stated on the letter as per Health Board Protocol, we will proceed to carry out Cremation arranged by the Hospital. The cremation as advised in the previous letter will be a communal cremation with others who have experienced a pregnancy loss and will take place at Morriston Crematorium. Following cremation, the ashes will then be scattered at the Babies Garden of Remembrance where you can visit if you wish to do so.

Please accept our sincere condolences at this difficult time and we apologise if receiving this letter has caused any further distress.

Yours sincerely

Ward Manager – 1 & 2

01792 205666 ext 35205

Monday – Friday 08.00 til 16.00





Referral Criteria to Specialist Bereavement Midwife

Pregnancy Loss,
Miscarriage,
Medical
Termination for
Fetal Anomalies

Below 16 weeks Gestation Pregnancy Loss,
Miscarriage,
Medical
Termination for
Fetal Anomalies &
Neonatal Death.
16-21+6 week's
Gestation

Intrauterine Death,
Still Birth, Medical
Termination for
Fetal Anomalies &
Neonatal Death

Over 22 weeks Gestation **Neonatal Death**

Where infant is born showing signs of life to 28 days of life



Inform of
Swansea Bay
Baby Loss
Support Group

Provide
Support
available
information
leaflet and
Miscarriage
Association
support
resources



Offer referral to
parents to
Bereavement
Midwife for
telephone
support, advice
and
information.

Provide Support
available
information
leaflet and
SANDS
Bereavement
support
resources



Offer referral to
parents to
Bereavement
Midwife for
telephone
support,
information and
home visits

Provide Support
available
information
leaflet and
SANDS
Bereavement
support
resources



Offer referral to
parents to
Bereavement
Midwife for
telephone support,
information and
home visits

Provide Support
available
information leaflet
and SANDS
Bereavement
support resources

Consider referral to 2 wish upon a star

Please complete appropriate referral form with patient information and email to Christie-Ann.Lang@wales.nhs.uk

For all enquiries, please telephone Christie-Ann Lang Specialist Bereavement Midwife on 07766466896





Babies Book of Remembrance

I wish to enter my child's name into the Babies Book of Remembrance at Singleton Hospital:

Name of Baby	
Date of Birth	
Date of Death	
Names of Parents	
Name of Any Siblings	
Message or Verse of your Choice to be included	

Please return to:

Christie-Ann Lang, Specialist Bereavement Midwife, Antenatal Clinic, Singleton Hospital, Sketty Lane, SA2 8QA





Notification to General Practitioner/Health Visitor

Please send this form to the GP and Health Visitor (if applicable) to inform of late miscarriage, medical termination of pregnancy for fetal anomaly, Intrauterine Death, Still Birth or Neonatal Death.

Affix Addressograph of Patient of	or insert details:
Hospital Number	
Name	
Address	
Date of Birth	
GP	
Surgery Address	
General Practitioner □	Health Visitor □
The above patient has expe	arienced:
	menoed.
A Late Miscarriage	
Medical Termination for Fe	etal
Abnormality	
Intrauterine Death	
Stillbirth	
Neonatal Death	
The above accurred at	wooks gostation
The above occurred at	weeks gestation
Name of Consultant	
Named Consultant	
Date of Admission	
Date of Discharge	
Ward where care	
provided	
Relevant Medical	
Clinical History	
Name of Discharging	
Midwife/Nurse/Doctor	
Signature	
Date	
Date	



Notification to Ante Natal Clinic

Please send this form Ante Natal Clinic (if applicable) to inform of late miscarriage, medical termination of pregnancy for fetal anomaly, Intrauterine Death, Still Birth or Neonatal Death.

Affix Addressograph of Patient or insert details:
Hospital Number
Name
Address
Date of Birth
GP
The above notices has experienced.

The above patient has experienced:

A Late Miscarriage	
Medical Termination for Fetal	
Abnormality	
Intrauterine Death	
Stillbirth	
Neonatal Death	

The above occurred at weeks gestation

Named Consultant	
Date of Admission	
Date of Discharge	
Ward where care	
provided	
Relevant Medical	
Clinical History	
Name of Discharging	
Midwife/Nurse/Doctor	
Signature	
Date	





<u>Swansea Bay Baby Loss Support Group -</u> A local support group for anyone who has experienced a pregnancy loss, death of a child or requires support during subsequent pregnancies. A safe and confidential space to meet other parents and support one another the closed group on Facebook: Swansea Bay Baby Loss Support Group.

<u>Swansea Bay Care After Death Centre</u> – The care after death centre team can offer support and guidance following a bereavement. Morriston 01792 703114 Singleton 01792 285818 or email the team on SBU.CADC@wales.nhs.uk

<u>ARC (Antenatal Results & Choices –</u> Support for parents whose baby is diagnosed with a fetal abnormality in pregnancy. Helpline- 0845 077 2290 or 02077237486. www.arc-uk.org

<u>MIND</u> – Promoting and Supporting people with mental health problems.

Freephone – 0161 272 8205. www.mind.org.uk

<u>The Bent not Broken Traumas Counselling Project</u>—A locally based project that helps support individuals who have experienced trauma, anxiety and depressions. Specialising in Birth Related Trauma. Telephone 07768688487. Email: bentnotbrokenproject@gmail.com.

www.bentnotbrokenproject.co.uk

<u>Samaritans -</u> Confidential, emotional support in times of despair. Telephone 116 123 www.samaritans.org

<u>SANDS – Stillbirth and Neonatal Death Charity –</u> Support for families affected by the death of a baby before, during or shortly after birth. Telephone 0207 436 5881. <u>www.uk-sands.org</u>

<u>Child Death Helpline –</u> For all those affected by the death of a child.

Freephone – 0800 282 986/0808 80 6019. www.childdeathhelpline.org.uk

<u>Cruse Bereavement Care</u> – For adults and children who are grieving. Telephone 0808 808 1677. <u>www.cruse.org.uk/bereavement-services</u>

<u>Contact a Family – Support and information about specific conditions.</u> Telephone 0808 808 355.www.cafamiy.org.uk

<u>4 Louis</u> - 4Louis is a UK charity that works across the country to support anyone affected by Ratified By Maternity Services Quality And Safety Meeting September 2022





miscarriage, stillbirth and the death of a baby or child. www.4louis.co.uk

<u>Daddies with Angels</u> – Advice and support to male family members following the loss of a child/children. Telephone 07513 655134. <u>www.daddyswithangels.org</u>

Twins Trust -Twins & Multiple Birth Association - Bereavement and special needs support groups.

Telephone – 01252 332344. www.twinstrust.org

The Miscarriage Association – Support for parents who have experienced miscarriage.

Telephone 01924 200 799. www.miscarriageassociation.org.uk

<u>Tommys</u> – The largest charity in the UK carrying out research into the causes of miscarriage, stillbirth and premature birth. Bereavement trained midwives available Monday to Friday 9am to 5pm. Helpline – 0800 0147 800. <u>www.tommys.org.uk</u>

<u>The Key Hope Centre</u> – Local Support for pre/post termination of pregnancy, miscarriage and stillbirth. Telephone 01792 773800. Email- Info.Keyhope@btconnect.com

<u>TFMR Mamas – Termination for Medical Reasons Mamas offers support Groups and resources to help parents feel supported and not alone. www.trmrmamas.com</u>

