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Care Pathway For Management of Intrauterine Death and Stillbirth Over 24 weeks Gestation.

(Please use this Pathway in conjunction with the Policy for
the Management of Fetal Loss, Still Birth and Neonatal
Death)





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Gravida _____ Parity _____

Gestation _____

Addressograph

Part 1: to be completed prior to Birth of Baby

Questions/Documentation to be completed	Yes/No	Signature	Date
1 st USS Performed to confirm no fetal heart. Name of Clinician DateTime.....			
2 nd USS Performed to confirm no fetal heart. Name of Clinician DateTime.....			
Parents Sensitively told of Baby's death in a dignified manner in a private area if possible with support from Maternity Staff.			
Consultant on call informed. Name of on-call Consultant.....			
Discuss plan of care with parents and clear plan of care documented in notes by Consultant. Name of Consultant/Senior Registrar			
Consider taking bloods prior to readmission: FBC Coagulation Screen U+E CRP Group and Save			
Inform Labour Ward Co-ordinator and arrange re-admission in 48hours			
Provide contact numbers for CDS			
Inform parents of time and place to return following first stage management if they wish to return home. Offer option of staying on ward or going home and returning. Time: Date : Place:			
Medication Chart to be completed in line with stated regime to include; <ul style="list-style-type: none"> • Mifepristone 200mg (48 hours pre admission) • Misoprostol as regime • Analgesia • Anti-emetics • Carbergoline 1g 			



<p><u>Misoprostol Regime</u></p> <p><u>20 - 26+6 weeks</u></p> <p>Misoprostol: 100mcg to be given orally or vaginally 6 hourly for a total of 4 doses. (Decision on route of administration to be made following discussion with the woman)</p> <p>If the first dose does not lead to effective contractions, then the subsequent dose can be increased to 200mcg.</p> <p>The maximum dose should not exceed 800mcg in 24hrs.</p>			
<p><u>Over 27 weeks.</u></p> <p>Misoprostol: 50mcg orally or vaginally every 4 hours up to 6 doses (Decision on route of administration to be made following discussion with the woman)</p> <p>If the first dose does not lead to effective contractions, then the subsequent dose can be increased to 100mcg.</p> <p>The maximum dose should not exceed 600mcg in 24hrs.</p> <ul style="list-style-type: none">• If unsuccessful, repeat the cycle with misoprostol after 24 hours after discussion with the consultant obstetrician• Monitor hourly- uterine contractions, pulse, temperature, BP and symptoms• Give 6 hourly paracetamol 1gm (to control maternal temperature) <p>Misoprostol is available only as 200mcg tablets. Therefore:</p> <ul style="list-style-type: none">• 100mcg : break the tablet in half down the score line with the tablet cutter and give orally or vaginally• 50mcg: Either dissolve the 200mcg tablet in 20ml of water and give 5ml (drawn up in an oral syringe) to be taken orally by the patient. <p>Alternatively, this can be carefully divided into 4 with the tablet cutter if to be given vaginally. Discard any leftover tablet or solution.</p> <p>Midwives / Doctors who are, or may become pregnant should not handle the crushed or broken tablets.</p>			



Any Further Information Required:	
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Part 2: to be completed on admission to Labour Ward

Please Commence Stillbirth/IUD Partogram in Active Labour

Questions/Documentation to Be Completed	Yes/NO	Signature	Date
Parents greeted by Named Midwife and introductions made			
Midwife Orientates woman and family to the surroundings and ward. Accompanies parents to allocated room and shows where call bell is situated			
Ensure parents are cared for in a room that was appropriate to their needs away from other crying babies if possible			
Review by Consultant on call or Senior Registrar to discuss care plan and answer any questions parents may have.			
Review by Anaesthetist to discuss analgesia options			
Midwife to commence appropriate Care Bundles eg Waterlow, MEWS, PVC insertion, VTE score.			
Admission Bloods as discussed with Obstetric and Anaesthetic Team including FBC, Coagulation, Group and Save. (Please review the Blood Investigation Pathway)			
Discuss with Parents: Do parents wish to see or hold baby. Discuss how the baby may appear. Discuss use of cuddle cot and parents spending time with baby Discuss Memory Making and options available Discuss Memory Box and provide if parents wish Advise Parents that can change their mind at any given time on any decisions made			
Has the initial post mortem discussion has taken place and information booklet given and if have they received SANDS Parents Support Book. Offer if not given previously. Discussion of post mortem by appropriately trained staff. If no Post Mortem please discuss placental histology. Do not give time scale for decision for PM – parents can change their mind at any time. Name of staff who has discussion:			
Discussion regarding funeral arrangements and advise that they will be responsible for arranging funeral and will have to register their Baby's death. Guidance can be provided by Bereavement Midwife upon discharge if required.			
If the suspected cause of fetal demise is possibly caused by a placental abruption please consider a ROTEM test prior to delivery.			
Commence Still Birth/IUD Partogram once in active labour			





Name	Gestation	Gravida	Para
Labour induced/spontaneous (please circle)	Time of onset of labour	Time of spontaneous membrane rupture/ARM	
Birth partner	Birth preferences		
Significant medical or obstetric history			Blood group

[illegible]

[illegible][illegible]



Remember to commence a fluid balance chart when appropriate and complete MEOWS chart to assess score and appropriate management

Any Deviations please comment below:

[illegible]



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[illegible]

Investigations

All cases	<u>Unexplained</u> IUD	Specific to cause
<u>FBC, G&S:</u> <u>Coagulation</u> screen including fibrinogen; <u>Kleihauer:</u> Fetal post-mortem (full / limited); Cytogenetic analysis in relevant cases; Placental Histology – Sent to UHW Person who delivers the baby should document: <ul style="list-style-type: none"> degree of maceration of skin any obvious external abnormality of features or limbs baby's weight and overall impression - IUGR/normal/macrosomia gender and name given by parents, if known; <u>Fetal anomaly</u> CARIS form to be completed.	CRP; TORCH, Parvo virus, Rubella, Syphilis (particularly in presence of polyhydramnios and/or fetal hydrops); Thyroid Function Tests; Placental swab for microbiology; Placental Histology – Sent to UHW ; HbA1c; MSSU, HVS or LVS. * Blood for anti-platelet antibodies only required if autoimmune thrombocytopenia suspected *	<u>Placental abruption</u> – Placental histology, thrombophilia screen. <hr/> <u>Chorioamnionitis</u> Infection screen including blood cultures, placental swab, swabs from baby. <hr/> <u>If IUGR suspected</u> Lupus-anticoagulant; Anticardiolipin antibodies; Factor V Leiden Prothrombin gene mutation; *Repeat thrombophilia and APLA screen 6 weeks post delivery; Placental Histology; <u>If h/o itching or jaundice</u> LFT and bile acid. <hr/> <u>Parental karyotyping</u> Indicated if: <ul style="list-style-type: none"> - fetal unbalanced translocation; - other fetal aneuploidy, e.g. 45X; - fetal genetic testing fails and history; - Suggestive of aneuploidy (fetal abnormality on post-mortem, previous unexplained IUFD, recurrent miscarriage).

- An abnormal result might not be linked to the IUFD but rather be simply an incidental finding
- Comprehensive investigation can be important even though one cause is particularly suspected
- Parents should be advised that no specific cause is found in almost half of stillbirths
- Parents should be advised that when a cause is found it can crucially influence care in a future pregnancy

NB: An abnormal test result is not necessarily related to the IUFD; correlation between blood tests and post-mortem examination should be sought. Further tests might be indicated following the results of the post-mortem examination.

Investigations

All Cases

FBC – Purple bottle

Coagulation and Fibrinogen – Blue Bottle

Group and Save – Pink Bottle

Kleihaur – Pink

Placental Histology sent to Cardiff in a white tub with Histology form completed with all clinical information and addresses to Cardiff.

If Fetal anomaly please complete CARIS card.

IUGR or below 10th centile

Thrombophilia Screen – 2 purple bottles, 6 Blue Bottles, 1 Gold Bottle

TORCH/Parvovirus – Gold Bottle

Lupus- 2 Blue Bottles

Factor V Leiden – Purple

Anti- CardioLipin Antibodies– Gold Bottle

Infection

Blood Cultures – Blood Culture Bottles

CRP – Yellow

HVS- Black Charcoal Swab

Placental Swabs (fetal and maternal) – Black Charcoal Swabs

Hydrops

Anti Ro/La – Gold Bottle

Parvovirus – Gold

Anti Red Cell Antibodies – 2 Purple Bottles

Hypertension/PET

PCR, U + E, LFT, Urate – Yellow Bottle

Thrombophilia Screen - 2 purple bottles, 6 Blue Bottles, 1 Gold Bottle

Diabetes

HbA1c- Purple

Abruption

Thrombophilillia Screen - 2 purple bottles, 6 Blue Bottles, 1 Gold Bottle

History of Itching or Jaundice

LFT and Bile Acids – Gold Bottle

No Obvious Cause

Bile Acid – Gold Bottle

HbA1c – Purple Bottle

TORCH & Parvovirus – Gold bottle

Thyroid Function - Gold Bottle

Thrombophilia Screen - 2 purple bottles, 6 Blue Bottles, 1 Gold Bottles



Part 3 : To Be Completed Following the Birth of the Baby

Questions/Documentation to Be Completed	Yes/no	Signature	Date
Parents offered the opportunity to see/hold their baby if they wish.			
Cuddle Cot/Cooling Plates used			
Discuss and offer: -Memory Box -Photographs using Digital Camera on CDS and Memory Card in Memory Boxes. Remember my Baby Photography available. - Please Use the Camera on CDS & provide the parents with the memory card for them to keep. If parents do not wish to see their baby or make memories, please offer to take photographs and hand and footprints and place in an envelope in Maternal Notes clearly labelled in case parents change their mind at a later date - Hand and Footprints - Clay Impressions - Ibrahim's Gift - Heart in my Hand - Towel - Lock of hair if possible - Offer Chaplaincy Blessing - Weight/Length of Baby (offer tape measure to keep.) - Bathing the Baby - Dressing the Baby - Offer a set of name bands to keep - Offer to take baby home if appropriate and liaise with Safeguarding Team			
Family members given the opportunity to see / hold the baby (parents' wishes)			
Religious and cultural beliefs discussed and respected. Hospital Chaplain or own religious leader contacted to offer blessings, naming ceremony. Please ring switch for On Call Chaplaincy Team			
Does Coroner need to be informed? (suspicious/unusual circumstances, unsure of cause of death/documentation) If so for what reasons?			
WPAS Complete and Baby Registered as a Stillbirth – NHS number allocated			
Place Identity Bands with own Hospital Number on Baby			
Place Birth in Birth Register			
Offer Cabergoline 1mg to suppress Lactation as discussed previously			
Sensitively discuss Contraception and offer if appropriate prior to discharge home			
Doctor / Midwife to complete the stillbirth certificate.			



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<p>Stillbirth Certificate - Stillbirth Certificates not to be given to parents. Certificate scanned and emailed to Deathregistrations@swansea.gov.uk. Original certificate then sent to Registry Office by recorded delivery.</p>			
<p>Examine the Placenta and obtain placental swabs fetal and maternal surface Ensure Placenta is placed in white pot and labelled with mother's details on the outside of pot with Histology form. Placenta to be taken to the mortuary within 8 hours of delivery.</p>			
<p>Complete: - Identity Bands - Birth Register - WPAS - DATIX complete and Incident Number - MBRACE Lead informed - If Congenital Anomaly suspected 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.</p>			
<p>If Post Mortem accepted: Please use new All Wales Fetal Post Mortem Consent Form that can be found in the Bereavement Drawer on CDS All Wales PM consent form completed and signed: -</p> <ul style="list-style-type: none"> - One copy to be given to parents - One copy filed in maternal medical records - One copy to be sent to pathology department with the baby - Examine placenta, take swabs for C&S. Transport to the mortuary within 8 hours of delivery. Baby can follow if parents memory making - Fetal Examination Form completed - Photocopy obstetric/maternal notes and scans to go with baby in envelope to the mortuary - Complete request form for examination of fetus from Dept of Pathology (UHW) which can be found on the Z drive: Maternity: service wide communications: Bereavement: Paediatric PM referral form. UHW will not accept transfer of baby without completion of above form 			
<p>Ensure that the Name of Person Obtaining Post Mortem Consent and is within training compliance. Database of those able to obtain Fetal Post Mortem Consent available on Z Drive.</p>			



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Discussion regarding funeral options. Burial/Cremation, Baby Gardens available for Burial. Funeral is funded by WGA and parents are also able to apply for £500 Grant upon registering Baby – Bereavement Midwife can support			
Discuss with Consultant postnatal blood tests that will be required (investigation blood chart within pathway). Ensure Blood Forms are written and given to the mother for 6 weeks blood test for Thrombophilia and APLA Screening.			
Cremation Form 9 signed and completed. Original to go with baby. (photocopy and place in notes) (Cremation form 9 found on CDS)			
Bounty Suppression Form .Email Bounty at bereavements@bounty.com to suppress contact.			
Email Bereavement Midwife to inform of Bereavement using referral form.			



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**Transfer of Infant to Mortuary following Late Miscarriage, Medical Termination of Pregnancy,
Intrauterine Death or Neonatal Death**

**In All Cases Placenta Must be sent to Cardiff UHW Pathology Department for Histology
Investigation**

Placenta placed in a placenta bucket with Mums Information labels present and Histology form completed to go to Cardiff Pathology.

Placenta to be refrigerated in Mortuary within 8 hours of delivery. Placenta can be taken separately if parents are memory making with infant.

Ensure Infant/Fetus/Placenta have correct identifiable labels/ ID bands in situ (If NND or Stillbirth Infant/fetus will have own hospital number)

If post mortem is requested all appropriate paperwork present and antenatal notes photocopied and kept with infant at all times upon transfer. Paperwork place with infant at all times

**If no post mortem requested appropriate paperwork for gestation completed including cremation forms, chosen funeral arrangements of parents' wishes or sensitive disposal if below 24 weeks gestation.
PLACENTA TO BE SENT TO CARDIFF UHW FOR HITOLOGY INVESTIGATION. MUST BE TAKEN TO MORTUARY AND SIGNED INTO THE ALLOCATED AREA BY MIDWIFE**

Infant wrapped appropriately to maintain dignity and respect and placed in Cot. Transferred to Mortuary with Midwife and porter.

If Mortuary Technician present inform of transfer between 1pm-3pm Monday-Friday. If out of these hours please document all information in the register held in the allocated storage area.

On arrival the porter will direct you to the allocated area where you will place the infant. Please complete the Register situated within the allocated Storage area with all relevant details.

Place details on white board on the front of allocated area and state if Post Mortem requested



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Examination of Baby Examination of Baby if Appropriate

Examination of Baby and Placenta if Appropriate

Weight	
Head Circumference	
Maceration present	
Hands and Fingers Normal/Abnormal Anything of significance to note	
Feet Normal/Abnormal Anything of significance to note	
Genitalia Female/Male Anus- Normal/Imperforate/Other Anything of any significance to note in relation to genitalia	
Placenta Anything significant in relation to Placenta to note (Offensive, membranes complete, any noticeable infarctions) Anything significant in relation to cord to note (True Knots, number of vessels present)	
Any Further Relevant Information to note	



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Certificate of stillbirth

Cremation 9
introduced in 2009

01.09

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 The stillborn child

Full name of child or description

Sex
Date of

stillbirth

☐ Male

☐ Female

		/			/				
--	--	---	--	--	---	--	--	--	--

Part 2 Certificate of stillbirth

I am a registered

☐ medical practitioner midwife

I certify ☐ that I have examined the body of the stillborn child and can certify that the child was stillborn.

I certify that the information I have given above is true and accurate to the best of my knowledge and belief.

I am aware that it is an offence to wilfully make a false statement with a view to procuring a cremation.

Your full name

Address

Registered qualifications

GMC reference number / Nursing and Midwifery Council Personal Identification number (PIN)

Signed

Dated

		/			/				
--	--	---	--	--	---	--	--	--	--



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Paediatric Pathology Service for Wales

Department of Pathology, University Hospital of Wales, Heath Park, Cardiff CF14 4XW

Dr Sergey Popov, Consultant Paediatric Pathologist, 029 20742703, Sergey.Popov@wales.nhs.uk

Dr Delyth Badder, Paediatric and Perinatal Pathology Specialty Registrar, 029 207448952, Delyth.A.Badder@wales.nhs.uk

Paediatric Pathology
Secretary Tel 029 2074 8490

Fax 029 2074 2701

Fetal Pathology Unit
Tel 029 20 744025

Fax 029 20 744074

Request for fetal, perinatal or infant post mortem examination

Please complete all relevant sections of this form to ensure appropriate examination and avoid delay

Form completed by

Name.....

Signature.....

Hospital / tel no. / bleep no.....

Contact for discussion or further information

Name.....

Signature.....

Hospital / tel no. / bleep no.....

Mother details

Addressograph

Name.....

Address.....

Postcode.....

Hospital No..... Date of Birth.....

Date of delivery.....

Consultant; referring hospital & ward.....

Fetus / infant details

Surname.....

First name.....

Date/time of birth.....

Date/time of death.....

Hospital number.....

Consultant.....

Infection risk

This is required information. See "Safe working and the prevention of infection in the mortuary and post-mortem room", HSE, 2003.

Is there any danger of infection (HIV, viral hepatitis, TB, etc) from the baby or placenta?

Y / N

Specify:.....

Any special points of interest?

Mother's medical history

Blood group.....

Past obstetric history

Date; gestation; weight; details of pregnancy, labour and deliver

Details of current pregnancy

Gestational age LMP..... EDD..... Gest (by dates)..... Gest (by scan).....

Non-viable fetus	<input type="checkbox"/>	Stillbirth	<input type="checkbox"/>	Neonatal death	<input type="checkbox"/>
Spontaneous miscarriage	<input type="checkbox"/>	Antepartum	<input type="checkbox"/>	Premature	<input type="checkbox"/>
Intrauterine death	<input type="checkbox"/>	Intrapartum	<input type="checkbox"/>	Term	<input type="checkbox"/>
Termination	<input type="checkbox"/>				

Reason for termination.....

Fetal anomaly? Y / N

Please give **full** details & US findings (attach copy of report)

Amniocentesis?	Y / N	Poly / oligohydramnios?	Y / N	Maternal pyrexia?	Y / N
Threatened miscarriage?	Y / N	Hypertension or PET?	Y / N	Glycosuria / diabetes?	Y / N
Antepartum haemorrhage?	Y / N	IUGR?	Y / N	Other problems?	Y / N

Details

Labour & delivery

Last evidence of fetal life Date & time.....Duration of: First stage..... Second stage.....

Rupture of membranes Date & time.....Liquor: **Normal / Meconium / Blood / Poly / Oligo**

Labour: **Spontaneous / induced** Why?..... Presentation: **Vertex / breech / other**

Delivery: **Spontaneous / forceps / ventouse / EICS / EmCS** Indication for operative delivery.....

Fetal distress **Y / N** Details:

Other complications:

Fetus / infant details

Birth wt..... Sex..... Gest..... Apgar 1 min.....

Resuscitation? 2 min.....

Other.....

Congenital Abnormalities

Neonatal Course

Brief summary of major problems, investigations and treatment

Suspected Cause (s) of Death

Part 3: Prior to Discharge Home

ACTIONS	Yes/No	Signature	Date
Community Midwifery Team as well as Named Midwife informed of Baby's Death and first visit arranged.			
General Practitioner informed			
Health Visitor informed			
Antenatal Clinic informed and all Antenatal Appointments Cancelled			
Bounty Suppression form completed and emailed. Bereavements@bounty.com			
Bereavement Specialist Midwife emailed using referral form.			
Stillbirth Certificate - During COVID 19 Original Stillbirth Certificate scanned and emailed to Deathregistrations@swansea.gov.uk . Do not give certificate to parents. Original certificate then sent to Registry Office by recorded delivery			
All belongings given to parents prior to discharge			
Foot/Hand prints and Clay Print Set in Bereavement Box offered to parents			
All memory making items given to parents prior to discharge			
Has the leaflet - Information for Breast Care following the loss of your Baby) If Mum wishes for Lactation Suppression been provided and discussion around lactation. Please ensure Carbergoline 1mg has been administered if mum has chosen for assistance with lactation suppression.			
Offer parents the option to take baby home if appropriate – consider CFC, social issues. Liaise with Safeguarding Team if necessary. Please inform on call mortuary staff, Bereavement Midwife and Community Midwifery Team if parents taking baby home. Advise that parents can return baby to Singleton Mortuary and discuss with mortuary staff arrangements or can contact chosen funeral director to collect Baby when they are ready. Please complete Release Forms. *			
Contact details for the Bereavement Specialist midwife given to parents and referral emailed.			
Advise of available support: Community midwife, bereavement midwife, support groups, counselling.			
Take home medication provided if required. If parents need to return to collect medication, please arrange appropriate time and location. Consider parents feelings if having to return to collect.			
12-week appointment with named Consultant or Consultant on call (if MLC) arranged through secretary. Explain maybe delay in results due to national delays but aim for 12 weeks. Please send notes to Obstetricians Secretary.			
Provide Information regarding review process and Discharge Paperwork for Bereaved Parents for Community Midwife and Contact number for CDS and Midwifery Team			

Taking Baby Home

- Parents who wish to take their baby home If the cause of death has been established (i.e. Medical staff are happy to issue the death certificate) and the death is not for Coroner investigation, the family should be offered the opportunity to take their baby home. The Release forms within the pathway have to be completed. One copy placed in the medical notes, one copy sent to the mortuary and one copy to the Patient Services Officer.
- The mortuary has to be informed of all deaths, however, they can be contacted in working hours and the family can take the deceased home without attending the mortuary. A mortuary technician is on call out of hours and can be contacted via switch to advise if parents are taking their baby home from CDS/NICU.
- If the family have agreed to a post mortem, the deceased can still be taken home but the family would need to bring the deceased back to the mortuary within around 24hrs.
- A cold cot should be provided to the family with instructions for its use.
- The police are to be contacted via 101 and the registration of the car supplied in the event there is an accident. The baby can be transported in a car seat.
- A member of staff is to accompany the parents to the car.
- The Matron is to be advised of the situation if within office hours. If out of hours the on call manager for Women and Child Health is to be informed.
- Please inform Specialist Bereavement Midwife and Community Midwifery Team in order to ensure support is offered when parents leave the hospital with their baby
- The stillbirth/death certificate is completed by a senior medical staff member and is emailed to the Registry Office as per protocol. Death Certificate is scanned and emailed to Deathregistrations@swansea.gov.uk and original copy send by recorded delivery).
- Parents should be informed that they will be required to register the birth and death at County Hall as soon as possible and will be contacted by a Registrar by telephone to arrange.
- Following death, a discussion should be had with family by a senior member of the team regarding any questions they may have concerning their care.
- As part of each review we endeavour to answer parent questions and feedback at a bereavement appointment.
- Offer referral to Specialist Bereavement Midwife and complete referral form and provide contact details should parent's wish to contact

Release of Baby/Child's Body to parents prior to funeral

Please complete this form if parents choose to take their baby home following their death

Release of Baby/Child's Body (any gestation where there have been signs of life (neonatal death)) to parents prior to funeral

Baby/Child's Name		
Hospital Number		
Ward		
Date of death		
Mother's Name		
Father's Name		
Address where Baby/Child will be residing until funeral		
Funeral Home telephone number		
Bereavement Midwife		
Community Midwife		
General Practitioner		
Health Visitor		
Name of Doctor Administering Death Certificate		
Name of Funeral Director to be contacted for collection of Baby		
Registration of Vehicle Transporting Baby Home		
Contact Police on 101 to advise of discharge		

We/I accept full responsibility to ensure safe keeping of our Baby/Child
Signed:

.....

Witnessed by:

.....

Designation:

.....

Date:

.....

Please give copy of form: 1) Mortuary 2)Patients medical notes 3)Copy to parents if wish

Please complete and give this form to parents who take their baby's body home and may need to provide information to appropriate persons such as emergency services in the event of an accident /emergency

TO WHOM IT MAY CONCERN,

This is to confirm that (name(s) of parent(s))

Of(address) _____

Have taken their baby's body from (name and address of hospital)

on Date _____

I / We, the parent(s), hereby take full responsibility for our baby whilst they are in our care.

We will (tick as appropriate):

- Return our baby to the hospital on (date) _____
- Make our own arrangements for our chosen funeral director to arrange a funeral

Parent(s) Name(s) (please print):

Signature _____ Signature _____

Name of staff member (please print) _____

Position (please print) _____

In case of advice or concern please contact:

Staff member's name _____

Job Title _____

24-hour phone contact of Labour Ward 01792 53086

Bereavement Midwife Christie-Ann Lang Telephone 07766466896
Email Christie-Ann.Lang@wales.nhs.uk

Bereavement Support Following Pregnancy Loss or Neonatal Death Referral Form

Patients Name	
Hospital Number	
Date Of Birth	
Contact Telephone Number	
Address	
G.P	
Named Consultant	
Family Members	
Date of Bereavement	
Name of Baby if relevant	
Gestation	
Post Mortem	Accepted <input type="checkbox"/> Declined <input type="checkbox"/>
CFC	
Reason for Referral	
Relevant Medical History	
Previous Obstetric History	
Referred By	

Please return completed forms to:

Christie-Ann Lang Specialist Bereavement Midwife.
Christie-Ann.Lang@wales.nhs.uk. Telephone 0776646896.
 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 or insert details:

Hospital Number

Name

Address

Date of Birth

General Practitioner ☐

Health Visitor ☐

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	

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

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	

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

Understanding what happened – hospital review

We are really 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 hospital team at Swansea Bay University Health Board will hold a meeting and will be reviewing the care of you and your baby.

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 contact:

Specialist Bereavement Midwife
Christie-Ann Lang
Telephone – 07766 466896.
Email - christie-Ann.Lang@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

Please note, your point of contact will not be reviewing your care. They are an independent contact for you to be able to engage in any feedback you would like included and to keep you up to date with the review process.

Keeping you informed

It may take up 3-6 months to gather all the information required for a review meeting and this can sometimes be longer while waiting for results such as post-mortem and placental histology investigations. We understand that this is a long time to wait. Therefore, if you would like to meet with a consultant before the review meeting takes 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 but can discuss your clinical care.

Once the review report is completed, the Governance team will write to you and an appointment will be offered with the team to discuss the findings with you. We can also send you the review report by post 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 the Governance team will write to you with our contact details and your key contact will be in touch with you within 10 days.

Once again please accept our sincere condolences at the sad loss of your baby and if there is anything we can do to offer support at this difficult time please do not hesitate to contact your named Key Contact above.

Post Natal Discharge Records



Addressograph

Community Team: _____ **Contact Number** _____

Named Midwife: _____ **Contact Number** _____

Labour Ward: 01792 530862

Specialist Bereavement Midwife: Christie-Ann Lang

Contact Number: 07766466896

Mothers Name..... Father/Partners Name

Gravida Parity..... Blood Group..... Rhesus Status

Anti D Required: Y/N. Anti D Administered Y/N. Date Administered

Carbagoline Offered to suppress Lactation Y/N. Carbagoline Administered Y/N

Date of Birth..... Time of Birth.....

Delivery Type: NVD/Ventouse/Forceps/C-Section. MBL:.....

Perineum: Intact/1st Degree/2nd Degree/3rd Degree. Perineum Sutured: Y/N

Post Mortem Accepted/Declined. Memory Box Provided: Y/N

Photographs/Handprints Given to Parents/Kept in Notes

Gestation at Birth.....

Sex of Baby Baby's Weight

Baby's Name

Discharge Medication:

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Further relevant information:

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