Care Pathway for Management of Neonatal Death on Central Delivery Suite

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

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Approved by: Maternity Services Quality and Safety Meeting September 2022

Date approved: September 2022

Review Date: September 2025

Disclaimer: The term woman is used through this guideline, but covers people identifying as any gender who are pregnant.

Amendment – March 2026 Page 6 - Determination of Signs of Life following spontaneous birth before 24+0 weeks of gestational age where, following discussion with parents' active survival focused care is not appropriate Page 8 – Death Certification Process in Swansea Bay University Health Board Page 10 – Release of Deceased June 2026 Page 4 – Completion of Death Certificate

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Addressograph	*Gravida*_____ *Parity* _____ *Gestation* _____

Neonatal Death when cared for on CDS Clinical Pathway

Actions	Yes/No	Date/Time	Signature of Clinician
Birth Details Time…….. Date ……..			
Time of Death Time…….. Date…….. Confirmed by ……..			
Sensitively inform parents of their baby's death & parents appropriately supported by staff.			
Consultant Obstetrician Informed (If not already Present)			
Consultation between Parents and Senior Registrar/Consultant at appropriate time following death			
Allow Parents the privacy to spend time with their baby			
Referral to Medical Examiner must be completed by Senior Doctor. Referral please include Care After Death Centre Team SBU.CADC@wales.nhs.uk and Bereavement Midwife Christie-Ann.Lang@wales.nhs.uk			
All Neonatal deaths should be referred to the Medical Examiner Services prior to Death certificate being issued: Please email referral to midandwestwales.medicalexaminersoffice@wales.nhs.uk and include Care after Death Team SBU.CADR@Wales.nhs.uk and Bereavement Midwife Christie-Ann.Lang@Wales.nhs.uk. For support from Medical Examiners please ring 01554 781049			
Discuss Lactation Process with parents. If Mum wishes for Lactation Suppression, please ensure Carbergoline 1mg prescribed on Medication Chart. **Caution should be taken if history of pre-eclampsia when prescribing Carbergoline.**			

	Yes/No	Signature	Date

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Sensitively discuss Contraception and offer if appropriate prior to discharge home			
Offer family the opportunity to create memories: **-**Use items within memory box -If appropriate obtain hand and foot prints. -Offer parents opportunity to take photographs. **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.** -Weigh baby -Offer parents opportunity to dress their baby and provide options of clothing available i.e angel pockets, angel gowns, small clothes available if they do not have their own items -Hand and Footprints - 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 please consider if CFC and liaise with safeguarding team and inform Mortuary Staff			
-Offer details to be completed in Babies Book of Remembrance (paperwork within pathway)			
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.			
Use Cuddle Cot/Cooling Plate			

Religious and cultural beliefs discussed and respected. Please use Switch for on-call Chaplin or contact families own Chaplin if preferred			

Complete WPAS. NHS Number should be generated when completing WPAS when a baby is born showing signs of life and registered as a live birth.			
Where a baby is born and dies on Labour ward and support and a plan of care has been implemented by the Neonatal Team a set of notes will be generated by the Neonatal Team and a summary of care will be generated by the Neonatal Team.			
Place Identity Bands on Baby with own Hospital Number			
Place Birth in the Birth Register as live birth			
Doctor not to complete Death Certificate and refer to Medical Examiner for review and decision on cause of death or if Referral to Coroner is required.			
Examine the Placenta and obtain placental swabs if still available in time frame of delivery. 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.**			
Complete: - Identity Bands -Birth Register - WPAS -DATIX complete and Incident Number - 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.			
Post Mortem accepted: All Wales PM consent form completed and signed: - **Please use the New All Wales Fetal Post Mortem Consent Form that can be found on CDS** - **Original Copy parents have written on to go with baby to mortuary with all other documentation** - One copy to be given to parents - One copy filed in maternal medical records - Examine placenta, take swabs for C&S. **Transport to the mortuary within 8 hours of delivery**. Baby can follow if parent's memory making - Fetal Examination Form completed - **Complete request form for examination of fetus from Dpt of Pathology (UHW)** which can be found on the Z drive: Maternity: service wide communications: Bereavement: Paediatric PM referral form.			
Name of Person Obtaining Post Mortem Consent and ensure is appropriately trained.			

……			
Notify Both New Born Screening Wales and Child Health of Death via email: NBHSWSwanseaScreeners@wales.nhs.uk SBU.CommunitychildhealthSwanseaNPT@wales.nhs.uk			
Discussion regarding funeral options available as parents will have to make own arrangements as neonatal death regardless of gestation. Discuss Burial or Cremation, Baby Gardens that are available at Margam, Bridgend and Morriston. Funeral will be funded by WGA but some costs may occur such as casket, flowers and order of service. A £500 grant will also be offered when registering baby.			
Discuss with Consultant if post-natal Maternal Bloods are required (investigation blood chart within pathway)			
Discuss If Mum wishes for Lactation Suppression and information has been provided regarding lactation. Please ensure Carbergoline 1mg has been administered if mum has chosen for assistance with lactation suppression.			
Cremation/burial form signed and completed. If Cremation, please use Cremation form 4 that can be found on CDS. Original to go with baby. (photocopy and place in notes)			
Email Bounty at bereavements@bounty.com to prevent contact with family.			
Notify Both New Born Screening Wales and Child Health of Death via email: NBHSWSwanseaScreeners@wales.nhs.uk SBU.CommunitychildhealthSwanseaNPT@wales.nhs.uk			
Were the Paediatric Palliative Care Team Involved in the care of Baby			
Email Bereavement Midwife to inform of Bereavement using referral form.			

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Determination of signs of life following spontaneous birth before 24+0 weeks of gestational age where, following discussion with the parents, active survival-focused care is not appropriate

MBRRACE-UK | Royal College of Midwives | Royal College of Obstetricians & Gynaecologists | British Association of Perinatal Medicine | College of Paramedics | Sands | ARC

NOTE: This guidance is only for births where following discussion with the parents, *active survival-focused care is not appropriate*. For decision-making relating to perinatal care and preterm delivery see British Association of Perinatal Medicine Framework for Practice for Perinatal Management at less than 27+0 weeks of gestation https://www.bapm.org/resources/80-perinatal-management-of-extreme-preterm-birth-before-27-weeks-of-gestation-2019.

Births INCLUDED in this guidance

In-hospital spontaneous births **<22+0 weeks**

In-hospital spontaneous births **at 22+0 to 23+6 weeks** where, following discussion and agreement with parents, active survival-focused care is not appropriate

The same principles also apply to pre-hospital spontaneous births <22+0 weeks - see BAPM framework for practice on pre-hospital management of the baby born at extreme preterm gestation https://www.bapm.org/resources/pre-hospital-management-of-the-baby-born-at-extreme-preterm-gestation

Births EXCLUDED from this guidance

Medical terminations of pregnancy
Spontaneous births of uncertain gestation
Spontaneous births at 22+0 to 23+6 weeks of gestation where initiation of active survival-focused neonatal care is planned or uncertain

Communication with parents

Effective communication can reduce the impact of trauma on parents. Sensitively counsel parents that:

- Babies born before 24 weeks are small and immature and often do not survive birth.
- Babies who die just before birth may show brief reflex movements but these are not 'signs of life'.
- Babies who survive birth may show signs of life for a few minutes or occasionally for a few hours. A doctor will be asked to attend to confirm signs of life and appropriate comfort care will be provided for their baby.

Actively listen and take the lead from the woman and her partner regarding preferred language. Many prefer to be described as 'parents' experiencing the 'loss' or 'death of their baby'. However each situation is unique and there are those who would prefer to be addressed as individuals rather than parents and for the birth to be referred to as 'the end of the pregnancy' or as a 'miscarriage'.

Observing signs of life

- Observe for visible persistent signs respectfully while holding baby
- Use of a stethoscope is not necessary
- Parents' observations of signs of life should be included in discussions if they wish to share them

Live birth is determined by 1 or more persistent visible sign of life:

easily visible heartbeat	**definite movement of arms and legs**	**breathing, crying or sustained gasps**	**visible cord pulsation**

Fleeting reflex activity including transient gasps, brief visible pulsation of the chest wall or brief twitches or involuntary muscle movement observed only in the 1st minute after birth does not warrant classification as signs of life.

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Following live birth

England, Wales & Northern Ireland:	A doctor should be called (usually the attending obstetrician) to confirm and document live birth. This avoids potential distress when the doctor cannot complete a death certificate because they have not seen the baby alive and there is then a requirement to contact the coroner.
Scotland:	A doctor can rely on an attending midwife's history to confirm live birth and is not required to attend
UK-wide:	Provide appropriate comfort care following a perinatal palliative care pathway. Care should meet baby's physical needs and parents' physical and emotional needs. See "Together for Short Lives" (https://www.togetherforshortlives.org.uk/).

Bereavement care: ALL BIRTHS

- Ensure a parent-led bereavement care plan is in place. Follow the National Bereavement Care Pathway in England (http://www.nbcpathway.org.uk/) and Scotland (https://www.nbcpscotland.org.uk/) and locally developed bereavement pathways in Wales and Northern Ireland.
- Be aware of what choices your hospital can offer.
- Allow time for parents to decide what is right for them.
- Be sensitive to the individual needs of parents.
- Provide choices and support including time and privacy with baby, opportunities to make memories and discuss available options for burial, cremation or sensitive disposal of their baby's body.
- Inform parents about available support services and refer as appropriate.
- Refer parents as appropriate to community postnatal care, GP and mental health teams following local protocols.

Documenting the birth and death

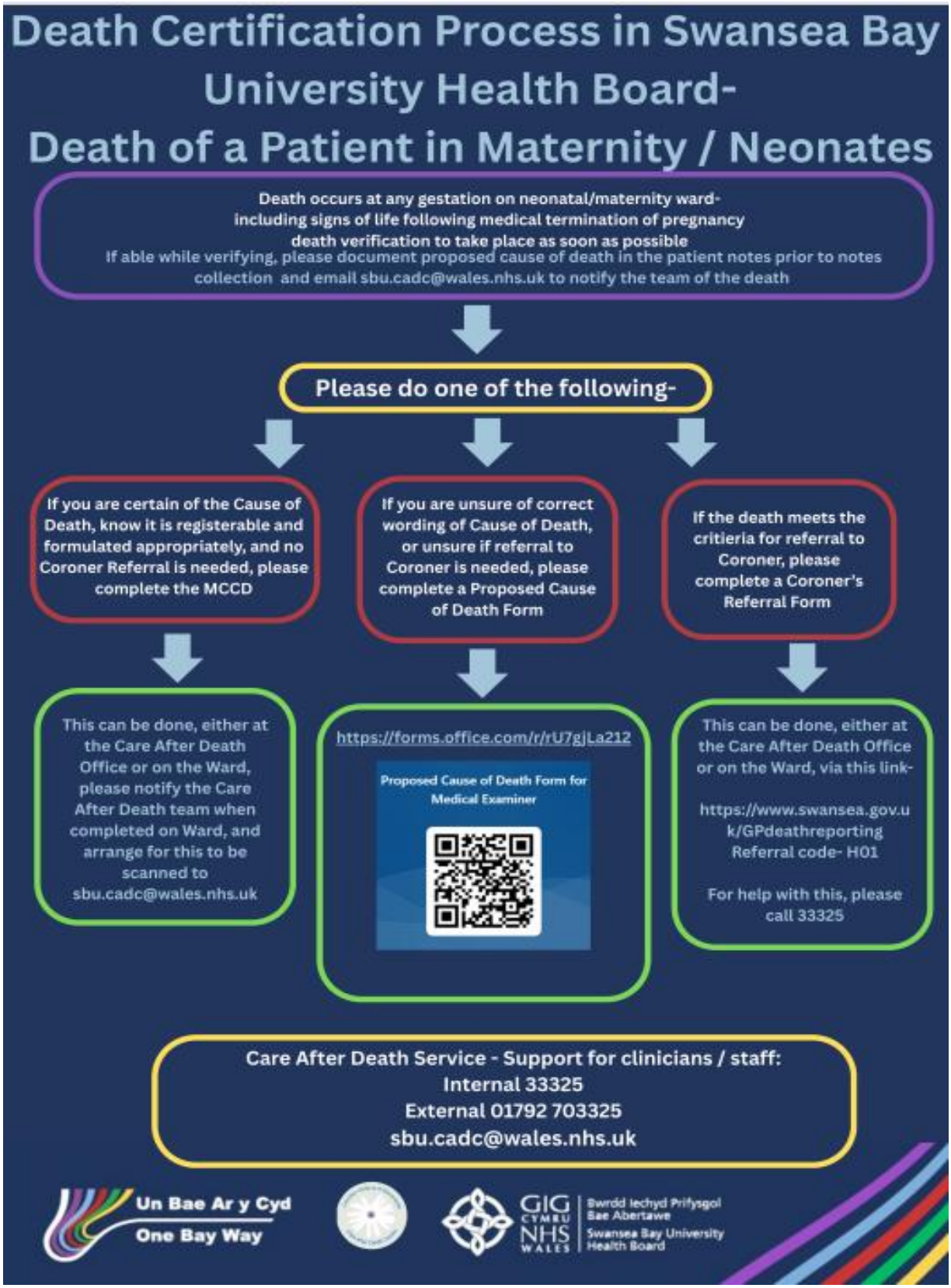
MISCARRIAGE

UK-wide:	Document the miscarriage. There is no legal requirement to register births before 24^{+0} weeks but sensitively offer parents informal 'certificate of loss' or 'certificate of birth'.

LIVE BIRTH

England, Wales & Northern Ireland:	After the baby dies, a neonatal death certificate must be issued by a doctor who witnessed the signs of life. If signs of life have not been witnessed by a doctor, the doctor & midwife should confirm and document the live birth and the doctor must inform the coroner to issue a neonatal death certificate.
Scotland:	The doctor and midwife should confirm and document the live birth. The doctor must complete a neonatal death certificate after the baby dies.
UK-wide	Complete birth notification. Parents must register the birth and death.

For further detail see www.npeu.ox.ac.uk/mbrrace-uk/signs-of-life



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Death Certification Process in Swansea Bay University Health Board- Further Information for Maternity / Neonates

Prepare the Notes

As soon as possible after the death, please photocopy all patient notes (including any nursing notes, test results etc) and put in an envelope ready for collection by Medical Records.

If the notes are a small set, you may prefer to scan them instead of copying, and email as an attachment to sbu.cadc@wales.nhs.uk Please scan the documents as one bundle, not individually.

You may need to also send the Maternal notes as well- if this is the case, please get permission from the mum/birthing person

The notes must be collected or scanned within 24 hours of death without exception

It is also best practice to -

Send an email to sbu.cadc@wales.nhs.uk to notify them of the death. Include -

- Patient full name
- Patient hospital number
- Date of death & Date of birth
- Next of kin full name
- Next of kin contact number
- Their relationship to the deceased
- Name, email & number for the Doctor completing the certificate and their availability
- The doctor may also provide a brief summary and a proposed cause of death

Ensure the Medical Examiner Service are invited to the Perinatal Review, if there is one

Bereavement Support

If the infant is over 16 weeks gestation and under 28 days of life, and the family live in the SBU area, the Bereavement Midwife will provide all bereavement support to the family, but support with death certification will still be provided by the Care After Death Service. Please ensure both parties are notified.

Any death outside of this criteria will be supported by the Care After Death Service in entirety

When the Bereavement Midwife is off/on leave- Please notify the Care After Death Service of all deaths, including stillbirths, as initial contact and offer of bereavement support will be made to the family by Care After Death. If any families make contact with clinical enquiries, please refer the family to their community midwife, and not Care After Death as the Care After Death Service does NOT have any clinical training or knowledge. The Care After Death Service will provide the Bereavement Midwife with any handover details upon return to work

Doctors-

Please ensure the correct MCCD (Medical Certificate of Cause of Death) is completed. These are Form 66 (for any death whereby the person is over 28 days of life) and Form 65 (used only to record any death of an infant up to 28 days of life)

If immediate release of the infant to the Funeral Director or the family themselves is required, please refer to the flowchart relating to release of deceased

Un Bae Ar y Cyd
One Bay Way

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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 **Up to 6 support visits/appointments will be provided** Provide Support available information leaflet and SANDS Bereavement support resources	Offer referral to parents to Bereavement Midwife for telephone support, information and home visits. **Up to 6 support visits/appointments will be provided** 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

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Investigations

All cases	Unexplained IUD	Specific to cause
FBC, G&S; **Coagulation** screen including fibrinogen; **Kleihauer;** **Fetal post-mortem** (full / limited); Cytogenetic analysis in relevant cases; **Placental Histology – Sent to UHW** **Person who delivers the baby should document:** • 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; **Fetal anomaly** 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 ***	**Placental abruption** – Placental histology, thrombophilia screen. **Chorioamnionitis** Infection screen including blood cultures, placental swab, swabs from baby. **If IUGR suspected** Lupus-anticoagulant; Anticardiolipin antibodies; Factor V Leiden Prothrombin gene mutation; *Repeat thrombophilia and APLA screen 6 weeks post delivery; Placental Histology; **If h/o itching or jaundice** LFT and bile acid. **Parental karyotyping** Indicated if: - 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.

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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
Thromboplhillia 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

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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

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.

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

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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Part 3: Prior to Discharge Home

ACTIONS	Yes/No	Signature	Date
Community Midwifery Team and Named Midwife informed of Baby's Death and first visit arranged.			
Antenatal Clinic informed and all Antenatal Appointments Cancelled via email SBU.AntenatalClinicSingleton@wales.nhs.uk and SBU.AntenatalNPT@wales.nhs.uk			
General Practitioner informed via email			
Named Consultant informed via email			
Health Visiting Team Informed via email SBU.HealthVisitingService@wales.nhs.uk			
Bounty Suppression form completed and emailed. **Bereavements@bounty.com**			
Bereavement Specialist midwife emailed using referral			
Death Certificate -Original 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 provided to the parents			
Offer parents the option to take baby home if appropriate – consider CFC, social issues. Liaise with Safeguarding Team if needed. **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 contact chosen funeral director if arranging own funeral. **Please complete the Release Forms within the Pathway ***			
Contact details for the Bereavement Specialist midwife given to parents and referral completed and 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 provided to parents to discuss PM and/or placenta histology explain maybe delay in results but aim for 12 weeks. **Please send notes to Obstetricians Secretary**			
If NICU involvement 6-8 week appointment to be arranged with Consultant Secretary			
Provide Specific Discharge Paperwork for Bereaved Parents for Community Midwife and contact numbers			

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 is 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 Moses basket or a car seat if parents wish.

-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 death certificate is completed by a senior medical staff member and given to the parents before they leave with their baby, if possible. (During COIVD 19 Pandemic the 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.

-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 wish to contact. Consider referral to charity support services such as Ty Hafan (before death) and “2wishuponastar” with family consent.

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 advcie or concern please contact:

Staff member's name _____

Job Title_____

Department direct line _____ Signature_____

24-hour phone contact for support_____

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 ☐ Declined ☐
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.

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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

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	

GIG CYMRU NHS WALES
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Swansea Bay University Health Board

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

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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

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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 supress 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:

……
……
……
……

Further relevant information:

……
……
……
……

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Date	Comments	Name/Signature

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Swansea Bay University Health Board

Support Available

Swansea Bay Baby Loss Support Group: 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.

Swansea Bay Care After Death Centre: 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

ARC (Antenatal Results & Choices: Support for parents whose baby is diagnosed with a fetal abnormality in pregnancy.

Helpline: 0845 077 2290 or 02077237486 www.arc-uk.org

Aching Arms - Aching Arms is here to help and support you when you've experienced the heartbreak of losing your baby, during pregnancy, at birth or soon after.

We offer a beautiful comfort bear to fill your arms and a community to support you as you grieve. Each Aching Arms bear is given as a gift from one bereaved family to another, to let you know that you are not alone.

When you need us, our Supporting Arms service is here for you. The service is run by bereaved parents and gives you the opportunity to talk to someone who has an understanding of what you're going through. If you would like to talk about your feelings, share your experience or want some advice, we can help. Please contact Supporting Arms on 07464 508994 or email support@achingarms.co.uk

MIND: Promoting and Supporting people with mental health problems.

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

The Bent not Broken Traumas Counselling Project: 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

Bliss- for babies born sick or premature: Family support helpline offering guidance and support for premature and sick babies.

Helpline: 0808 802 0322 www.bliss.org.uk

Samaritans: Confidential, emotional support in times of despair.

Telephone: 116 123 www.samaritans.org

SANDS – Stillbirth and Neonatal Death Charity: Support for families affected by the death of a baby before, during or shortly after birth.

Telephone: 0207 436 5881 www.uk-sands.org

Child Death Helpline: For all those affected by the death of a child.

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

Cruse Bereavement Care: For adults and children who are grieving.

Telephone: 0808 808 1677 www.cruse.org.uk/bereavement-services

Contact a Family: Support and information about specific conditions.

Telephone: 0808 808 355 www.cafamiy.org.uk

4 Louis: 4Louis is a UK charity that works across the country to support anyone affected by miscarriage, stillbirth and the death of a baby or child. www.4louis.co.uk

Daddies with Angels: Advice and support to male family members following the loss of a child/children.

Telephone: 07513 655134 www.daddyswithangels.org

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

Telephone: 01252 332344 www.twinstrust.org

2 Wish Upon a Star: A local charity who aims to support all those affected by a sudden and traumatic death of a child or young adult under the age of 25 throughout Wales. Ensuring they receive the important support they deserve.

Telephone: 01443 863125 Email: info@2wishuponastar.org

Tommys: 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 www.tommys.org.uk

The Key Hope Centre: Local Support for pre/post termination of pregnancy, miscarriage and stillbirth.

Telephone: 01792 773800 Email: Info.Keyhope@btconnect.com

The Lullaby Trust: Raises awareness of sudden infant death syndrome (SIDS), provides expert advice on safer sleep for babies and offers emotional support for bereaved families.

Bereavement Support: 0808 802 6868.

Email. Support@lullabytrust.org.uk. www.lullabytrust.org.uk

Winston's Wish: Supporting children and young people after the death of a parent or sibling.

Freephone: 08088 020 021. Online chat available via website Tuesdays 1-5pm and Fridays 9.30-1pm. www.winstonswish.org

Release and Rebuild: A little about me then, my journey to where I am now started with my psychology undergraduate and postgraduate degrees. It was during my postgraduate degree that I felt the calling to midwifery. I completed my training and became a midwife in 2013 and have been practicing ever since. I have a passion for all things midwifery, especially being a part of the transition to parenthood, it's a privilege and some days I can't believe how lucky I am to do this for my job.
After experiencing birth trauma first hand, I reached out to a birth trauma resolutions practitioner and underwent the rewind therapy process. And it completely changed my life. Two years later I knew I had to do the course myself and here I am! My vision, is to create a space for you to feel safe and seen, so that you can go within, to grow and continue on your life's journey. **www.**releaseandrebuild**.co.uk**Email: ReleaseandRebuild@outlook.com

Swansea Rainbow Counselling Centre: We offer an inexpensive route to counselling. For those that qualify it is free of charge and £15 per session for others that can afford to pay. All our counsellors are qualified and members of the BACP (British Association for Counselling and Psychotherapy) working in accordance with the BACP ethical framework. swansearcc.org.uk/counselling/. Telephone 01792 650 777 info@Swansearc.org.uk

TFMR Mamas: Termination for Medical Reasons Mamas offers support Groups and resources to help parents feel supported and not alone. www.trmrmamas.com

The Compassionate Friend - The Compassionate Friends (TCF) is a charitable organisation of bereaved parents, siblings and grandparents dedicated to the support and care of other similarly bereaved family members who have suffered the death of a child or children from a month old and from any cause. www.tcf.org.uk Telephone **0345 123 2304**

Care for the Family - are for the Family provides a wide range of support in three key areas of family life – marriage, parenting and bereavement. This includes marriage and parenting courses, bereavement support, family breaks and faith in the family, as well as a wide range of resources in support of each of these core areas. We have over 80 staff, supported by many volunteers across the UK. **www.careforthefamily.org.uk Telephone 0290 810800**

Grief Chat - Free, professional support through grief with a qualified bereavement counsellor.

At GriefChat, we believe professional bereavement support should always be accessible to those in need.

We support organisations in helping those dealing with grief by providing them with a safe space for bereaved people to be able to share their story, explore their feelings and be supported by a qualified bereavement counsellor. In addition to this, GriefChat can help bereaved people to consider if they need additional support and where to get this from.

Bereavement will impact everyone differently, though often deeply. The wait that many are forced to face for professional support can have detrimental effects on an individual's personal life, work life and own self-care. GriefChat gives any bereaved person the opportunity to speak with a qualified, professional bereavement counsellor via online instant chat service, Monday to Friday 09:00 – 21:00 (GMT), no matter where they are in the world at no cost to them.

We can also provide one to one counselling and information on support services in their location, as well as provide resources and information on how to better support bereaved people and provide an understanding on different types of grief.
www.griefchat.co.uk . Email - info@griefchat.co.uk Telephone 01524 889823

Saying Goodbye - Saying Goodbye provides comprehensive information, advice, support and much more to anyone who has suffered the loss of a baby, at any stage of pregnancy, at birth or in infancy. www.sayinggoodbye.org Telephone 0300 323 1350. Email: info@sayinggoodbye.org

The Good Grief Trust – The Good Grief Trust exists to help all those affected by grief in the UK. Our vision is to help those bereaved from day one, acknowledge their grief and provide reassurance, a virtual hand of friendship and ongoing support. We bring bereavement services together, to ensure that everyone received the tailored support they need to move forward with their lives.

www.thegoodgrieftrust.org Email hello@thegoodgrieftrust.org

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval by Maternity Quality & Safety Group

Title of Guideline:	Care Pathway for the Management Of Neonatal Death on CDS
Name(s) of Author:	Christie-Ann Lang
Chair of Group or Committee supporting submission:	Antenatal and Labour ward Forum
Issue / Version No:	2
Date approved by Clinical Guideline Group	September 2022
Next Review / Guideline Expiry:	2025
Details of persons included in consultation process:	Antenatal and labour forum Labour Ward Forum
Brief outline giving reasons for document being submitted for ratification	Guideline review
Name of Pharmacist (mandatory if drugs involved):	NA
Please list any policies/guidelines this document will supercede:	
Keywords	Maternity Bereavement Care
File Name: Used to locate where file is stores on hard drive	ABM Group (Z:)\Maternity\policies and guidelines\Obs\2020 onwards