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Swansea Bay University
Health Board

Clinical Care Pathway for the
Pregnancy Loss
and
Medical Termination of
Pregnancy
12-23+6 Weeks Gestation

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



Ratified By Maternity Services Quality And Safety Meeting September 2022



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

Addressograph

Gravida _____ Parity _____

Gestation _____

Antenatal Care Pathway	Yes/No	Signature	Date
Name of Clinician providing Consultation			
Print Name.....			
Signature.....			
If Intra Uterine Death must be confirmed by 2 members of clinical staff who are qualified to perform Ultrasound Scan to confirm no fetal heart rate. Name of First Person..... Name of Second Person			
Plan of care discussed with parents and plan of care clearly documented in maternity notes.			
If Medical Termination of Pregnancy for Fetal Abnormalities parents to be informed that there is a possibility that signs of life may be shown at Birth if over 16/40 weeks gestation. The following should be discussed with parents: - Signs of life can be shown at any gestation following Medical Termination of Pregnancy. - If signs of life shown support will be provided by staff and parents' wishes followed. - Referral will be made to the Coroner as medical intervention has taken place to induce labour for medical management of termination of pregnancy for fetal abnormality. - Parents will be required to register the birth and death of their baby regardless of their gestation if signs of life are shown and will be classed as a Neonatal Death - Mother is entitled to maternity allowance and funeral will be subsidised by the WAG and a £500 grant offered upon registering the baby's death - Parents will have to make their own funeral arrangements as the hospital cannot be responsible for funeral arrangements if signs of life are shown. The Specialist Bereavement Midwife will be able to provide support in relation to funeral arrangements			
Contact numbers provided and documented on parent information leaflet			
Medication Chart to be completed in line with stated regime to include; <ul style="list-style-type: none">• Mifepristone 200mg (36-48hours hours before misoprostol or readmission)			





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.			
<u>Misoprostol Regime- 9-12+6 weeks gestation</u> Hospital Management 800mcg Misoprostol. Can consider repeat course of Misoprostol following speculum examination if not complete			
<u>Misoprostol Regime- 13-17+6 weeks gestation</u> Prescribe 200mg Misoprostol every 6 hours for 4 doses. Max dose 1600mcg in 24hours. Can be Administered Orally or Vaginally.			
<u>Misoprostol Regime- 18-26+6 weeks gestation</u> Prescribe 100mcg Misoprostol every 6 hours for 4 doses. Max Dose in 24hours 800mcg. Can Administered Orally or Vaginally.			
Provide information For women with previous caesarean section: <ul style="list-style-type: none"> • 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 			
If appropriate discuss further investigations and options of Post Mortem			
.Provide Post Mortem Information Booklet.			
Provide Patient Information Leaflet and SANDS Parents Support Book			





Care Pathway for the Management of Pregnancy Loss and Medical Termination of Pregnancy

12-23+6 Weeks Gestation

Pathway to be used before Birth	Yes/NO	Signature	Date
Staff Nurse or Midwife Orientates woman and family to the surroundings and ward. Accompanies parents to allocated room and shows where call bell is situated.			
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 if being cared for on CDS			
Commence appropriate Care Bundles eg Waterlow, MEWS, PVC insertion, VTE score.			
If the suspected cause of fetal demise is possibly caused by a placental abruption please consider a ROTEM test prior to delivery.			
Admission Bloods as discussed with Obstetric and Anaesthetic Team including FBC, Coagulation, Group and Save. (Please review the Blood Investigation Pathway)			
Staff to support parents in their decisions in relation to memory making: Advise parents can change their mind in relation to any decisions made at any given time. Discuss if parents wish to see or hold baby. (Advise that parents can change their mind at any time) Discuss how the baby may appear. Discuss use of cuddle cot and parents spending time with baby Discuss family members visiting Discuss Memory Making and options available – Camera available on CDS. Discuss Memory Box and provide if parents wish			
<u>Discussion and consent for post mortem must be undertaken by a trained member of staff</u> Name of Person discussing Post Mortem (Database of staff who are able to obtain post mortem consent available on Z Drive: Maternity: Service Wide Communication: Bereavement) If no Post Mortem requested, please discuss placental histology with parents and obtain verbal consent for histology Do not give time scale for decision for Post Mortem – parents can change their mind at any time.			
Discussion regarding funeral/hospital sensitive disposal arrangements/private arrangements. If signs of life are shown parents will be required to make own funeral arrangements and will be required to register as a Neonatal Death.			





After Birth please refer to the correct Pathway Section

Section A – Where no signs of Life are Shown

Section B – Where Signs of Life are Shown

SECTION A

Care Pathway for the Management of Pregnancy Loss and Medical Termination of Pregnancy .12 - 23+6
Weeks Gestation Where there are No Signs of Life Shown

	Yes/No	Signature	Date
Parents offered the opportunity to see/hold their baby if they wish and appropriate			
Cuddle Cot/Cooling Plates Used if appropriate			
Place identity bands with Mothers details on baby if appropriate			
Placenta Examined and placental swabs obtained			
If CDS Ensure Placenta is placed in white pot and labelled with mother's details on the outside of pot with Histology form completed. Placenta to be taken to the mortuary within 8 hours of delivery.			
If Post Mortem accepted: Documentation Can be found on Z Drive: Maternity: Service Wide Information; Bereavement. All Wales PM consent form completed and signed: Please use the New All Wales Fetal Post Mortem Consent Form that can be found on the ward. <ul style="list-style-type: none"> - 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 parents are memory making - Fetal Examination Form completed - 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. Completed form to go with Baby to mortuary 			





	Yes/No	Signature	Date
<p>Offer family the opportunity to create memories:</p> <ul style="list-style-type: none"> -Use items within memory box -If appropriate obtain hand and foot prints. -Offer parents opportunity to take photographs if appropriate <p>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.</p> <ul style="list-style-type: none"> -Weigh baby if appropriate -Complete certificate of acknowledgement with baby's name if parents wish as no official birth certificate will be issued -Offer Chaplaincy Service -Offer parents opportunity to dress their baby and provide options of clothing available i.e angel pockets, angel gowns, small clothes available if appropriate -Offer details to be completed in Babies Book of Remembrance (paperwork within pathway) 			
<p>Discussion regarding funeral/hospital cremation arrangements/private arrangements.</p> <p>Care on CDS: Midwife is responsible for transfer to mortuary and documenting in mortuary register. If undecided, please inform Bereavement Midwife to contact family to discuss.</p> <p><u>Ward 1</u></p> <p>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</p> <p>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.</p> <p>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 / Bereavement Midwife to contact family at 6 and 10 weeks as per protocol. If no decision after 12 weeks for Hospital Cremation as per guidelines.</p>			





	Yes/No	Signature	Date
Discuss with Consultant if Postnatal Bloods that are required (investigation blood chart within pathway)			
-Consent Form for Arrangements for the Disposal of Fetal Remains (MIS 1) - Certificate of Medical Practitioner, Nurse or Midwife in respect of Disposal of Fetal Remains (MIS 3) Original Documentation to go to mortuary with baby. (Photocopy above documentation and place in maternal notes)			
Administer Cabergoline 1mg for Lactation suppression as discussed if required if over 16 weeks gestation			
Close pregnancy on WPAS			
Document in back of Birth Register if delivered on CDS			
Email Bounty at bereavements@bounty.com to cancel contact			
Email Bereavement Midwife to inform of Bereavement using referral form if over 16 weeks gestation			





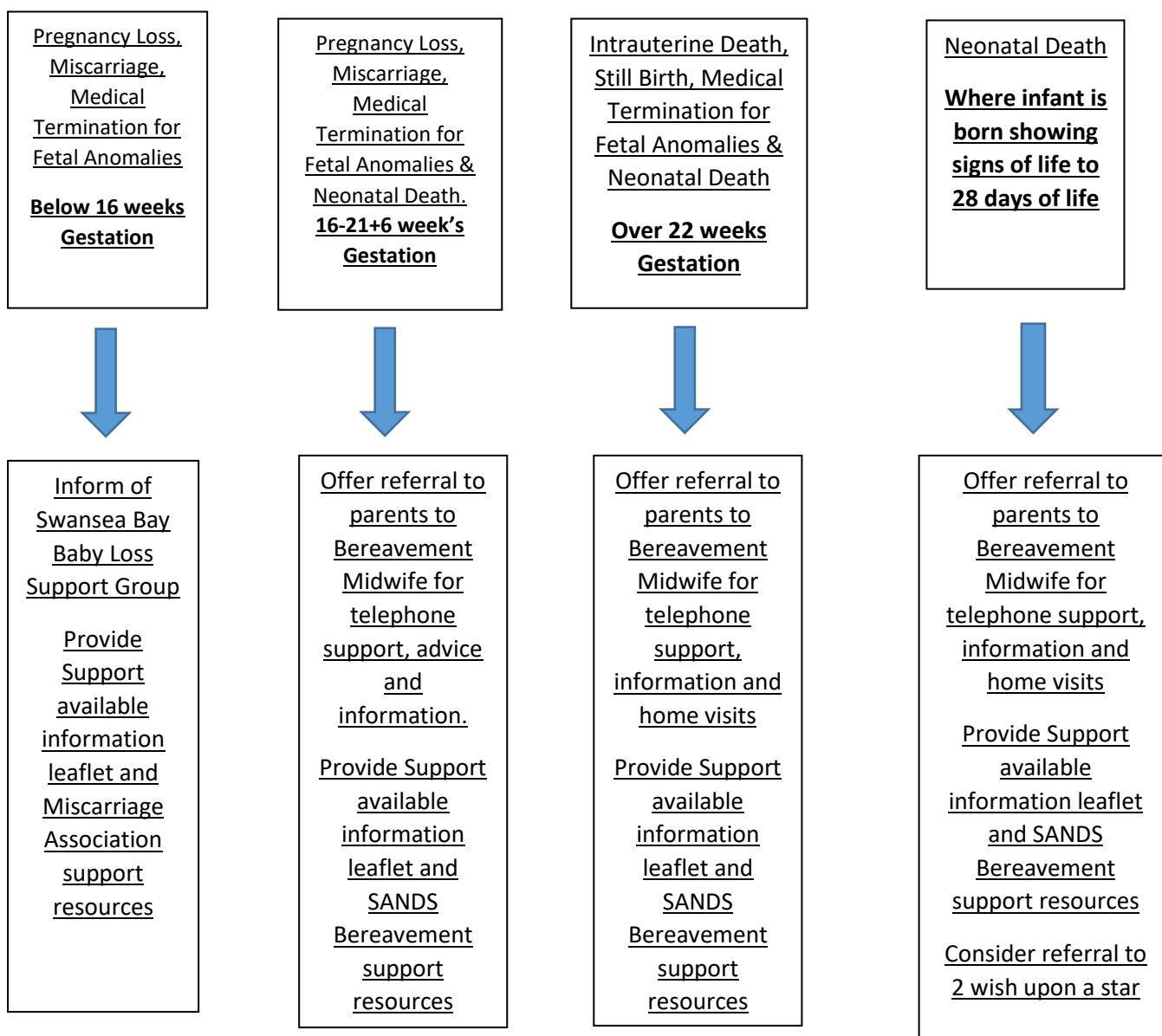
Examination of Baby and Placenta if Appropriate

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	





Referral Criteria to Specialist Bereavement Midwife



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

Section A Continued
To Be Completed Prior to Discharge

Ensure all memory making items and belongings have been given to the family			
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Sensitively discuss Contraception and offer if appropriate prior to discharge home			
Ensure all Antenatal and Scan appointments are cancelled.			
Has Bounty suppression been emailed bereavements@bounty.com			
Has GP, Antenatal clinic and Named Midwife been informed			
Complete Community Discharge Paperwork Provided for take home with parents if appropriate			
Offer parents the option to take baby home if appropriate – consider CFC or safeguarding issues			
Advise that parents can return baby to Singleton Mortuary and discuss with mortuary staff arrangements or contact chosen funeral director if arranging own funeral.			
Has Cabergoline 1mg for Lactation suppression been given if required. Caution should be taken if patient has history of pre eclampsia			
Provide Bereavement Midwives telephone number and card if over 16 weeks			
Offer Post Natal Midwife visit if appropriate – if declined ask for Community Midwife to provide telephone call 24hrs after discharge.			
Advise of available support: Community midwife, bereavement midwife, charities			
Take home medication provided if needed			
Contact number of Ward and EPAU if cared for on Gynaecology. If care on CDS contact Community Midwifery Team if needed after discharge.			
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 Consultant Secretary.			
If 2 recurrent miscarriages, please discuss referral to Recurrent Miscarriage Clinic. Referral sent to Dr Younas for appointment and advise for future pregnancies can be referred to Reassurance Clinic via EPAU			





Section B

Care Pathway for the Management of Pregnancy Loss and Medical Termination of Pregnancy.

12-23+6 Weeks Gestation Where Signs of Life Shown

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 & appropriately supported by staff.			
Consultant Obstetrician/Gynaecologist 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			
Coroner informed by Registrar/Consultant if necessary* and reason for contacting Coroner explained to parents. When sending Coroner Referral please include Care After Death Centre Team SBU.CADC@wales.nhs.uk and Bereavement Midwife Christie-Ann.Lang@wales.nhs.uk *only refer to Coroner if there has been medical intervention and signs of life are shown. If MTOP has been carried out and signs of life are shown referral to Coroner must take place as medical intervention has taken place. If spontaneous pre term delivery and neo natal death due to severe prematurity and paediatricians have been involved in decision making. Please refer to Policy for the Management of Fetal loss, Stillbirth and Neonatal Death which can be found on WISDOM.			
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. 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.			
Sensitively discuss Contraception and offer if appropriate prior to discharge home			





	Yes/No	Signature	Date
<p>Offer family the opportunity to create memories:</p> <p>-Use items within memory box</p> <p>-If appropriate obtain hand and foot prints.</p> <p>-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.</p> <p>-Weigh baby</p> <p>-Offer parents opportunity to dress their baby and provide options of clothing available i.e angel pockets, angel gowns, small clothes available</p> <p>-Hand and Footprints</p> <ul style="list-style-type: none"> - 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. Please inform Mortuary Team and complete appropriate forms within pathway			
-Offer details to be completed in Babies Book of Remembrance (paperwork within pathway)			
<p>Discussion of post mortem by appropriately trained staff. If no Post Mortem please discuss placental histology.</p> <p>Do not give time scale for decision for PM – parents can change their mind at any time.</p> <p>Name of staff who has discussion:</p>			
<p>Discussion regarding funeral arrangements and advise that they will be responsible for arranging funeral and will have to register their Baby's death.</p> <p>Guidance can be provided by Bereavement Midwife upon discharge if required.</p> <p>Use Cuddle Cot/Cooling Plate</p>			





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			
Doctor to complete Neonatal Death Certificate as appropriate. If discussion with Coroner to take place Death Certificate cannot be complete until decision made from Coroner's office. Death Certificate - Death 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.			
Notify Both New Born Screening Wales and Child Health of Death via email: NBHSWSwanseaScreeners@wales.nhs.uk SBU.CommunitychildhealthSwanseaNPT@wales.nhs.uk			
Examine the Placenta and obtain placental swabs if 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 - CARIS card if needed and anomaly identified			
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 wards - Original Copy parents have written on to go with baby to mortuary with all other documentation -			



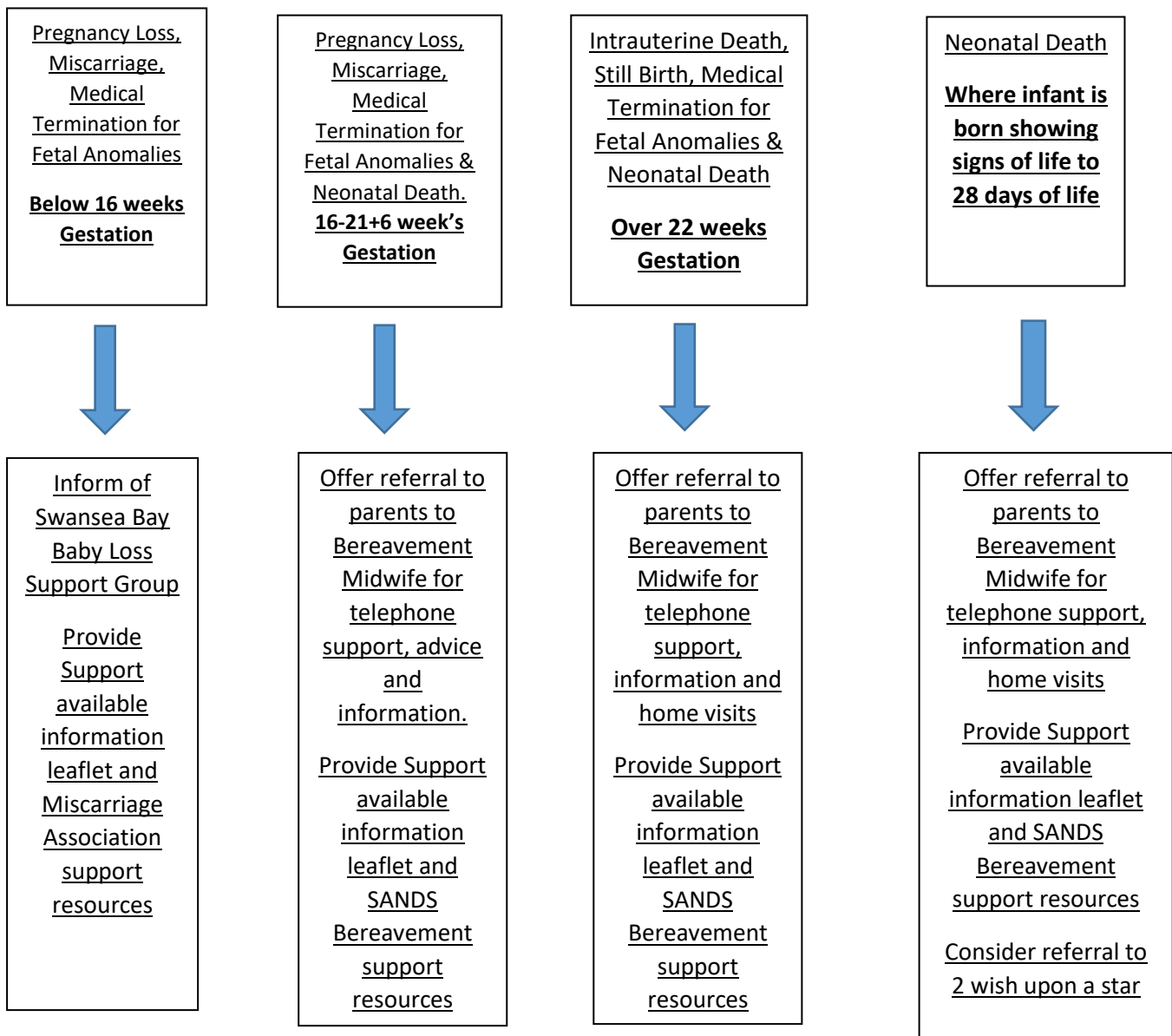


<ul style="list-style-type: none"> - One photocopied copy to be given to parents - One photocopied copy filed in maternal medical records - Examine placenta, take swabs for C&S. Transport to the mortuary within 8 hours of delivery. Baby can follow if parent's memory making - Fetal Examination Form completed - Photocopy obstetric/neonatal notes and scans to go with baby in envelope to the mortuary - 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 is appropriately trained.			
Discussion regarding funeral options. Burial/Cremation, Baby Gardens available. Funding available for funeral for WGA and will be offered £500 grant when registering baby			
Discuss with Consultant Maternal Bloods that maybe 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.			
Sensitively Discuss Contraception and offer if appropriate			
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.			
Were the Paediatric Palliative Care Team Involved in the care of Baby			
Email Bereavement Midwife to inform of Bereavement using referral form.			





Referral Criteria to Specialist Bereavement Midwife



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





Section B: Prior to Discharge Home

Care Pathway for the Management of Pregnancy Loss and Medical Termination of Pregnancy .16- 23+6 Weeks Gestation Where Signs of Life Shown

ACTIONS	Yes/No	Signature	Date
Community Midwifery Team and Named Midwife informed of Baby's Death and first visit arranged.			
Notify Ante Natal Clinic to cancel an appointments			
General Practitioner informed			
Health Visitor informed			
Has Bounty Suppression form completed and emailed. Bereavements@bounty.com			
Bereavement Specialist midwife emailed using referral form.			
Death Certificate - During COVID 19 Original Certificate scanned and emailed to Deathregistrations@swansea.gov.uk . Do not give certificate to parents. Original certificate sent to Registry Office by recorded delivery			
All belongings given to parents prior to discharge			
All Memory Making items given to parents prior to discharge			
Offer parents the option to take baby home if appropriate – consider CFC, social issues. Liaise with Safeguarding Team if needed. 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. If NICU involvement 6-8 week appointment to be arranged with Consultant Secretary. Please send notes to Obstetricians Secretary.			
Provide Specific Discharge Paperwork for Bereaved Parents for Community Midwife and contact numbers			





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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





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 and Gender of Baby	
Gestation at Delivery	
Post Mortem	Accepted <input type="checkbox"/> Declined <input type="checkbox"/>
Is there a 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/SBU.MaternityBereavementServices@wales.nhs.uk

Telephone 0776646896.





Consent Form for Arrangements for the Disposal of Fetal Remains (< 23+6 weeks no signs of life) (MIS 1)

Addressograph

Hospital Responsibility

I/We wish SBU Health Board to accept responsibility for the sensitive disposal of fetal remains. I/We understand that this will be communal cremation (with 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 Date
Qualified Doctor / Nurse / Midwife

Print name

Own arrangements

I/We accept responsibility for making arrangements to dispose of fetal remains. This will be by:

* Cremation / Burial (*please delete as appropriate)

**Time frame to collect the fetal remains when parents are making own arrangements is 2 weeks.
In the event that foetal remains will 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

I/We are undecided about the arrangements and agree to contact the Ward as soon as we have made a decision. The ward staff will contact you around 6 weeks and again around 10 weeks if no decision has been given.

I/We understand the Health Board will ensure sensitive disposal arrangements are made following 12 weeks of your pregnancy loss unless you advise us otherwise

Signed Date





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**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:atam/pm ofweeks gestation and
that at no time was there any sign of life.

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





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 decision 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:
.....

The Health Board will arrange sensitive disposal following 12 weeks of the pregnancy loss if no decision has been made.

Date Mortuary contacted by Gynaecology Staff to inform of decision or to proceed if no decision made by parents

Mortuary Staff Member

Contacted.....

Date Paperwork taken to mortuary to accompany products of conception to allow sensitive disposal to take place:





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Bae Abertawe
Swansea Bay University
Health Board

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





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Bae Abertawe
Swansea Bay University
Health Board

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





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





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

GP

Surgery Address

General Practitioner ☐

Health Visitor ☐

The above patient has experienced:

A 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

GP

The above patient has experienced:

A 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	



Investigations

All cases	<u>Unexplained</u> IUD	Specific to cause
<p><u>FBC, G&S:</u></p> <p><u>Coagulation</u> screen including fibrinogen;</p> <p><u>Kleihauer:</u></p> <p>Fetal post-mortem (full / limited);</p> <p>Cytogenetic analysis in relevant cases;</p> <p>Placental Histology – Sent to UHW</p> <p>Person who delivers the baby should document:</p> <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; <p><u>Fetal anomaly</u></p> <p>CARIS form to be completed.</p>	<p>CRP;</p> <p>TORCH, Parvo virus, Rubella, Syphilis (particularly in presence of polyhydramnios and/or fetal hydrops);</p> <p>Thyroid Function Tests;</p> <p>Placental swab for microbiology;</p> <p>Placental Histology – Sent to UHW ;</p> <p>HbA1c;</p> <p>MSSU, HVS or LVS.</p> <p>* Blood for anti-platelet antibodies only required if autoimmune thrombocytopenia suspected *</p>	<p><u>Placental abruption</u> –</p> <p>Placental histology, thrombophilia screen.</p> <p><u>Chorioamnionitis</u></p> <p>Infection screen including blood cultures, placental swab, swabs from baby.</p> <p><u>If IUGR suspected</u></p> <p>Lupus-anticoagulant;</p> <p>Anticardiolipin antibodies;</p> <p>Factor V Leiden Prothrombin gene mutation;</p> <p>*Repeat thrombophilia and APLA screen 6 weeks post delivery;</p> <p>Placental Histology;</p> <p><u>If h/o itching or jaundice</u></p> <p>LFT and bile acid.</p> <p><u>Parental karyotyping</u></p> <p>Indicated if:</p> <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).





All Cases

FBC – Purple bottle

Coagulation and Fibrinogen – Blue Bottle

Group and Save – Pink Bottle

Kleihauer – 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





**Flowchart for the management of pregnancy loss below 23+6 where
no signs of life are 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 approx. 3-4 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. **Placenta to go to Mortuary within 8 hours of delivery.**

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.

All relevant paperwork to go to mortuary with Fetus

Undecided

If parents undecided fetus to be sent to mortuary and inform Specialist Bereavement Midwife who will follow up upon discharge

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.





Please ensure all Documentation is Complete on transfer to the mortuary in the Register that is available. – Please see flowchart for transferring placenta/fetus to mortuary

**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 Investigations**

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 must be present and antenatal notes photocopied and kept with infant at all times upon transfer.

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 HISTOLOGY INVESTIGATION. MUST BE TAKEN TO MORTUARY AND SIGNED INTO THE ALLOCATED AREA BY MIDWIFE





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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Post Natal community Record



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 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

Name of Baby

Discharge Medication:

Further relevant information:

.....
.....





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Bae Abertawe
Swansea Bay University
Health Board

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