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

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

Author: Christie-Ann Lang

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.

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

Addressograph

Gravida _____ Parity _____

Gestation _____

Part 1

Actions	Yes/No	Signature	Date
Name of Consultant/Registrar providing Consultation Print Name..... Signature.....			
Discuss plan of care with parents and plan of care clearly documented in notes.			
Complete Consent for Medical Management/Surgical Management			
Rhesus Status -			
If Congenital Anomaly please refer to CARIS at Caris@SafehavenMailbox@wales.nhs.uk and include mothers name, mother's date of birth, mother's NHS number and the suspected diagnosis.			
Provide parents with patient information leaflet: Information Leaflet for Parents Experiencing Pregnancy Loss below 24 weeks			
Provide relevant contact numbers for the ward and EPAU including 24hour telephone number for Gynaecology			
If appropriate Please email Named Community Midwife and Community Team to advise of situation and cancel any planned antenatal appointments			
Inform Parents of Time and Place to return following administration of Mifepristone.			
Medication Chart to be completed in line with stated regime to include;			
<ul style="list-style-type: none"> • Mifepristone 200mg (1-2 days before misoprostol or readmission) • Misoprostol as regime • Analgesia • Anti-emetics 			
Provide Patient Information Leaflet, Miscarriage Association Information and CRADLE Information			

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Mifepristone & Misoprostol Dosing Chart Recommended Regimens (based on FIGO and RCOG guidelines)

≤ 12 ⁺⁶ weeks	13 – 17 ⁺⁶ weeks	18 – 24 ⁺⁶ weeks	25 – 27 ⁺⁶ weeks	≥28 weeks	Postnatal use
Induced Medical Termination of pregnancy (MTOPI) Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 800µg BU/SL/PV x1 ≥10 weeks give misoprostol 800µg BU/SL/PV every 3 hours until expulsion (1)	Induced MTOPI Mifepristone 200mg PO Wait 1-2days then, Misoprostol 400µg every 3 hours BU/SL/PV until expulsion (5)	Induced MTOPI Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 400µg every 3 hours BU/SL/PV until expulsion (5)	Induced MTOPI Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 200µg every 4 hours until expulsion BU/SL/PV (5,9)	Induced MTOPI Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 50-100µg every 4 hours PV OR Misoprostol 50-100µg every 2 hours PO (6,9)	Prophylaxis of Postpartum haemorrhage (PPH) Misoprostol 600µg SL x 1
Silent miscarriage/ Anembryonic Pregnancy Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 800µg BU/SL/PV x1 ≥10 weeks give misoprostol 800µg BU/SL/PV every 3 hours until expulsion (1)	Silent Miscarriage Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 400µg every 3 hours BU/SL/PV until expulsion (5)	Fetal Demise Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 400µg every 3 hours BU/SL/PV until expulsion	Fetal Demise Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 200µg every 4 hours BU/SL/PV until expulsion (5)	Fetal Demise Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 25-50µg every 4 hours PV OR Misoprostol 50-100µg every 2 hours PO (6)	Treatment of Postpartum haemorrhage (PPH) Misoprostol 800µg SL x 1
Incomplete miscarriage 400µg misoprostol SLx1 600µg misoprostol PO x1 800µg misoprostol BU x 1 dose (5)	Incomplete Miscarriage Misoprostol 400µg every 3 hours BU/SL until expulsion	Incomplete miscarriage Misoprostol 400µg every 3 hours BU/SL until expulsion	Induction of Labor Misoprostol 25-50µg every 4 hours PV7,8 OR Misoprostol 25-50µg every 2 hours PO (6,7,8)	Induction of Labor Misoprostol 25-50µg every 4 hours PV7 OR Misoprostol 25-50µg every 2 hours PO (6,7)	
Cervical Preparation Before Aspiration Not required routinely Consider using 400µg misoprostol 1-2 hours before procedure in patients ≤ 17 years of age (2)	Cervical Preparation Before Aspiration Misoprostol 400µg 1- 3hrs BU/SL/PV before the procedure (3)	Cervical Preparation Before D&E (Use of multiple modalities is recommended) Mifepristone 200mg PO & Osmotic Dilators 1-2 days before (4)	LEGEND: Buccal (BU) Sublingual (SL) Per Vagina (PV) Per Oral (PO)		
<p>1.<12 weeks induced MTOPI & missed miscarriage can be self-managed at home. 2.Consider using 400µg misoprostol 1-2 hours before procedure in patients ≤ 17 years of age. 3.Consider using Osmotic Dilators in patients ≤17 years old or in patients with a stenotic cervix. 4.Can use Misoprostol 400µg 1-2 hours before D&E if mifepristone is not available. 5.Dosing based on Society of Family Planning Guidelines (2011, 2013) A comprehensive systematic review and Meta-Analysis published 2020 6.Dosing based on Cochrane Database Syst Rev. (CD014484) published 2021 7.Buccal and Sublingual Misoprostol is not recommended for induction of labour with viable pregnancies, it is associated with more tachysystole and fetal distress. 8.There is a lack of strong evidence for misoprostol dosing for this indication at this gestational age. 9.Induced fetal cardioplegia should be considered for induced abortion after fetal viability.</p>			<p>NOTES:</p> <ul style="list-style-type: none"> •SL/PO route is associated with more side effects. •Avoid vaginal route if there is vaginal bleeding. •Misoprostol is SAFE below 28 weeks EVEN with history of Caesarean birth. •Misoprostol is not recommended in women ≥28 weeks gestational age with a prior Caesarean birth. •There is NO Maximum dose of misoprostol. If an abortion is not complete after 5 doses, you may continue additional doses or rest for 12 hours and start again •Misoprostol is not contraindicated in grand multipara. •Routine aspiration after medication abortion is not required or recommended. <p>Vaginal birth is recommended for most women, but caesarean birth will need to be considered for some. A detailed informed discussion should be undertaken with parents of both physical and psychological aspects of a vaginal birth versus a caesarean birth</p>		

Care of women with previous caesarean birth

- Misoprostol is safe below 28 weeks – follow the above dosing chart
- There is insufficient evidence available to recommend a specific regimen of misoprostol for use at more than 28+0 weeks of gestation in women who have had a previous caesarean birth or transmural uterine scar – management plan requires senior obstetric input.
- Women with more than two lower segment caesarean births or atypical scars should be advised that the safety of induction of labour is unknown.
- Options to consider:
 - Mifepristone 200mg TDS day 1, can be repeated day 2 or 600mg as a single dose
 - Propess can be considered if above fails
OR
 - Misoprostol 25mcg every 6 hrs, maximum 5 doses
 - Offer caesarean birth if no response to Propess or if any signs of sepsis / ongoing coagulopathy during induction

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Part 2 – Upon Admission

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

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and Ward Manager/Sister aware to send letters at 6 and 10 weeks			
If undecided please place in communication diary for follow up by Ward Manager/Sister as appropriate			
Check Rhesus Status- Is Anti D required if been to theatre for EVAC. Anti D not required if Rhesus Positive			
Antenatal Clinic informed and all Antenatal Appointments Cancelled via email SBU.AntenatalClinicSingleton@wales.nhs.uk and SBU.AntenatalNPT@wales.nhs.uk			
Complete and send Bounty suppression form. Email Bounty: Bereavements@bounty.com			
Inform GP, Community Midwife and arrange community midwife if suitable.			
Please offer acknowledgement birth certificate (in place of still birth certificate) as no official document offered if no signs of life shown.			
Sensitively discuss Contraception and offer prior to discharge			
If 2 recurrent miscarriages, please discuss referral to Recurrent Miscarriage Clinic. Referral sent to Dr Younas for appointment			
Upon discharge discuss risks and when to seek medical attention. PPH, Pyrexia, Abdominal pain, Offensive PV Loss			
Advise to take a Pregnancy Test 3 weeks after discharge to ensure miscarriage is complete. Advise to contact EPAU if pregnancy test is positive.			
Upon discharge provide patient with copy of Support Available			
Provide any prescribed medication to take home prior to discharge			

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Flowchart for the management of pregnancy loss under 23+6 where there are no signs of life shown

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

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

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

Own Arrangements

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

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

Hospital Arrangement

By communal cremation at Morryston 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 Morryston Children Garden of Remembrance.

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

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



Flowchart for Pregnancy Loss Storage and Sensitive Disposal

Undecided on Arrangements

Undecided

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

If histology required send to histology as soon as possible.

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

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

If for Hospital Cremation complete paperwork and transfer to Mortuary

If for Parents Own Arrangements Make arrangements for collection as per parents' wishes

Own Arrangements

Own Arrangements

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

Discuss with parents' wishes and provided relevant information

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

Hospital

Hospital Arrangements

Placed in fridge with all documentation completed in folder

Transferred to Mortuary within appropriate time frame





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

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

Addressograph

Hospital Responsibility

I/We wish SBU Health Board to accept responsibility for the sensitive disposal of products of conception. 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)

MORRISTON CREMATORIUM / SWANSEA BURIAL ONLY

Cremation No (if applicable):

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

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

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

Sensitive Disposal of Products of Conception

Undecided Regarding Sensitive Disposal of Products of Conception

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

Addressograph

Date products passed

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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:

.....

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 Ratified By Maternity Services Quality And Safety Meeting September 2022





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will take place at Morryston Crematorium where the ashes will be scattered in the Babies Garden of Remembrance along with other parents who have experienced a pregnancy loss. It is with much regret that I have to make contact with yourself in regards to a very difficult decision of how to proceed.

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

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

Yours Sincerely

Ward Manager – 1 & 2

01792 205666 ext 35205

Monday – Friday 08.00 until 16.00

Date:

Dear _____

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

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loss and will take place at Morrision 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

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	

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Name of Any Siblings	
Message or Verse of your Choice to be included	

Please return to:

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

Notification to General Practitioner/Health Visitor

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

Affix Addressograph of Patient or insert details: Hospital Number Name Address Date of Birth GP Surgery Address	Ratified By Maternity Services Quality And Safety Meeting September 2022
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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

GP

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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	

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.

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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

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

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.

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Telephone – 01252 332344. www.twintrust.org

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

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

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

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

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
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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 Holly Breeze-Jones Lead Pharmacist
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

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