



# **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)

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Approved by: Maternity Services Quality and Safety Meeting September 2022

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

Updated Information March 2026

Page 13 - 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 18 - Death Certification Process in Swansea Bay University Health Board

Page 20 – Release of Deceased

Amendment – May 2026

Page 15 – Notifying Obstetric Doctor to Witness Signs of Life

June 2026

Page 16 – Referral to Medical Examiner





**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.			
<b>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.</b>  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			





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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

Contact numbers provided and documented on parent information leaflet			
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<p><b>Medication Chart to be completed in line with stated regime to include;</b></p> <ul style="list-style-type: none"> <li><b>Mifepristone 200mg (1-2 days before misoprostol or readmission)</b></li> </ul> <p>If Congenital Anomaly suspected please refer to CARIS at <a href="mailto:Caris@SafehavenMailbox@wales.nhs.uk">Caris@SafehavenMailbox@wales.nhs.uk</a> and include mothers name, mother's date of birth, mother's NHS number and the suspected diagnosis.</p>			
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### Mifepristone & Misoprostol Dosing Chart Recommended Regimens (based on FIGO and RCOG guidelines)

≤ 12 <sup>+6</sup> weeks	13 – 17 <sup>+6</sup> weeks	18 – 24 <sup>+6</sup> weeks	25 – 27 <sup>+6</sup> weeks	≥28 weeks	Postnatal use
<p><b>Induced Medical Termination of pregnancy (MTOPI)</b> 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)</p>	<p><b>Induced MTOPI</b> Mifepristone 200mg PO Wait 1-2days then, Misoprostol 400µg every 3 hours BU/SL/PV until expulsion (5)</p>	<p><b>Induced MTOPI</b> Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 400µg every 3 hours BU/SL/PV until expulsion (5)</p>	<p><b>Induced MTOPI</b> Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 200µg every 4 hours until expulsion BU/SL/PV (5,9)</p>	<p><b>Induced MTOPI</b> 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)</p>	<p><b>Prophylaxis of Postpartum haemorrhage (PPH)</b> Misoprostol 600µg SL x 1</p>
<p><b>Silent miscarriage/ Anembryonic Pregnancy</b> 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)</p>	<p><b>Silent Miscarriage</b> Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 400µg every 3 hours BU/SL/PV until expulsion (5)</p>	<p><b>Fetal Demise</b> Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 400µg every 3 hours BU/SL/PV until expulsion</p>	<p><b>Fetal Demise</b> Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 200µg every 4 hours BU/SL/PV until expulsion (5)</p>	<p><b>Fetal Demise</b> Mifepristone 200mg PO Wait 1-2 days then, Misoprostol 25-50µg every 4 hours PV OR Misoprostol 50-100µg every 2 hours PO (6)</p>	<p><b>Treatment of Postpartum haemorrhage (PPH)</b> Misoprostol 800µg SL x 1</p>
<p><b>Incomplete miscarriage</b> 400µg misoprostol SLx1 600µg misoprostol PO x1 800µg misoprostol BU x 1 dose (5)</p>	<p><b>Incomplete Miscarriage</b> Misoprostol 400µg every 3 hours BU/SL until expulsion</p>	<p><b>Incomplete miscarriage</b> Misoprostol 400µg every 3 hours BU/SL until expulsion</p>	<p><b>Induction of Labor</b> Misoprostol 25-50µg every 4 hours PV7,8 OR Misoprostol 25-50µg every 2 hours PO (6,7,8)</p>	<p><b>Induction of Labor</b> Misoprostol 25-50µg every 4 hours PV7 OR Misoprostol 25-50µg every 2 hours PO (6,7)</p>	
<p><b>Cervical Preparation Before Aspiration</b> Not required routinely Consider using 400µg misoprostol 1-2 hours before procedure in patients ≤ 17 years of age (2)</p>	<p><b>Cervical Preparation Before Aspiration</b> Misoprostol 400µg 1-3hrs BU/SL/PV before the procedure (3)</p>	<p><b>Cervical Preparation Before D&amp;E (Use of multiple modalities is recommended)</b> Mifepristone 200mg PO &amp; Osmotic Dilators 1-2 days before (4)</p>	<p><b>LEGEND: Buccal (BU) Sublingual (SL) Per Vagina (PV) Per Oral (PO)</b></p>		
<p>1.&lt;12 weeks induced MTOPI &amp; 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&amp;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</p>			<p><b>NOTES:</b></p> <ul style="list-style-type: none"> <li>•SL/PO route is associated with more side effects.</li> <li>•Avoid vaginal route if there is vaginal bleeding.</li> <li>•Misoprostol is SAFE below 28 weeks EVEN with history of Caesarean birth.</li> <li>•Misoprostol is not recommended in women ≥28 weeks gestational age with a prior Caesarean birth.</li> <li>•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</li> <li>•Misoprostol is not contraindicated in grand multipara.</li> </ul>		





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.

• Routine aspiration after medication abortion is not required or recommended.

**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**

**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

If appropriate discuss further investigations and options of Post Mortem			
.Provide Post Mortem Information Booklet.			
Provide Patient Information Leaflet and SANDS Parents Support Book			
Please email Named Community Midwife and Community Team to advise of situation and cancel any planned antenatal appointments			





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

**12-23+6 Weeks Gestation**

<b>Pathway to be used before Birth</b>	<b>Yes/NO</b>	<b>Signature</b>	<b>Date</b>
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			
<b><u>Discussion and consent for post mortem must be undertaken by a trained member of staff</u></b>  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 <b>Do not give time scale for decision for Post Mortem – parents can change their mind at any time.</b>			
Discussion regarding funeral/hospital sensitive disposal arrangements/private arrangements. <b>If signs of life are shown parents will be required to a make own funeral arrangements and will be required to register as a Neonatal Death.</b>			





**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. <b>Placenta to be taken to the mortuary within 8 hours of delivery.</b>			
<p><b>If Post Mortem accepted:</b>  <b>Documentation Can be found on Z Drive: Maternity: Service Wide Information; Bereavement.</b>            All Wales PM consent form completed and signed: <b>Please use the New All Wales Fetal Post Mortem Consent Form that can be found on the ward.</b></p> <ul style="list-style-type: none"> <li>- Original Copy parents have written on to go with baby to mortuary with all other documentation</li> <li>- One copy to be given to parents</li> <li>- One copy filed in maternal medical records</li> <li>- Examine placenta, take swabs for C&amp;S. <b>Transport to the mortuary within 8 hours of delivery.</b></li> <li>- Baby can follow if parents are memory making</li> <li>- Fetal Examination Form completed</li> <li>- 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: <b>Paediatric PM referral form. Completed form to go with Baby to mortuary</b></li> </ul>			






	Yes/No	Signature	Date
<p><b>Offer family the opportunity to create memories:</b></p> <ul style="list-style-type: none"> <li>-Use items within memory box</li> <li>-If appropriate obtain hand and foot prints.</li> <li>-Offer parents opportunity to take photographs if appropriate <b>Please Use the Camera on CDS &amp; 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.</b></li> <li>-Weigh baby if appropriate</li> <li>-Complete certificate of acknowledgement with baby's name if parents wish as no official birth certificate will be issued</li> <li>-Offer Chaplaincy Service</li> <li>-Offer parents opportunity to dress their baby and provide options of clothing available i.e angel pockets, angel gowns, small clothes available if appropriate</li> <li>-Offer details to be completed in Babies Book of Remembrance (paperwork within pathway)</li> </ul>			
<p>Discussion regarding funeral/hospital cremation arrangements/private arrangements.</p> <p><b>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.</b></p> <p><u>Ward 4</u></p> <p><b>Hospital Cremation</b> –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><b>Own Arrangements</b> – 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><b>Undecided</b> – Place fetal remains in the fridge on ward - if for histology please send and advise to be returned to the ward following histology. <b>Products transferred to Freezer after 1 week by Senior Member of Staff.</b> Ward staff / Bereavement Midwife to contact family at 6 and 10 weeks as per protocol. If</p>			





no decision after 12 weeks for Hospital Cremation as per guidelines.			
	<b>Yes/No</b>	<b>Signature</b>	<b>Date</b>
Discuss with Consultant if Postnatal Bloods that are required (investigation blood chart within pathway)			
<b>-Consent Form for Arrangements for the Disposal of Fetal Remains (MIS 1)</b> <b>- Certificate of Medical Practitioner, Nurse or Midwife in respect of Disposal of Fetal Remains (MIS 3)</b> <b>Original Documentation to go to mortuary with baby.</b> (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 <a href="mailto:bereavements@bounty.com">bereavements@bounty.com</a> to cancel contact			
Email Bereavement Midwife to inform of Bereavement using referral form if over 16 weeks gestation			

<p><b><u>Research Study</u></b></p> <p>MiNESS study: If pregnancy loss occurs between 20-28wks, singleton pregnancy and no evident serious congenital abnormality the woman may be eligible.</p> <p>Please seek mother's permission for her contact details to be provided to the research midwife who will then contact her to discuss taking part in MiNESS 20-28 study. Taking part in the study is entirely voluntary and involves a detailed questionnaire being completed by the research midwife.</p> <p>If mother is agreeable to be contacted by the research midwife please complete the embedded MiNESS study contact form and place it in the band 7 diary on CDS.</p> <p> MiNESS 20-28 Consent to contact (</p> <p>The MiNESS 20-28 study will look at medical factors associated with early stillbirth but also environmental, lifestyle and healthcare factors that can affect pregnancy and the wellbeing of the baby.</p> <p>Mon-Fri 8-4.30 the research midwife can be contacted by CDS midwife with a request to visit the mother - this will enable the research team to introduce the study and determine willingness to take part.</p> <p>Research midwife contact numbers ext 38321</p>			
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Sharon Jones 07773243257 or Joelle Morgan 07967 790406  
email: [SBU.researchmidwives@wales.nhs.uk](mailto:SBU.researchmidwives@wales.nhs.uk)

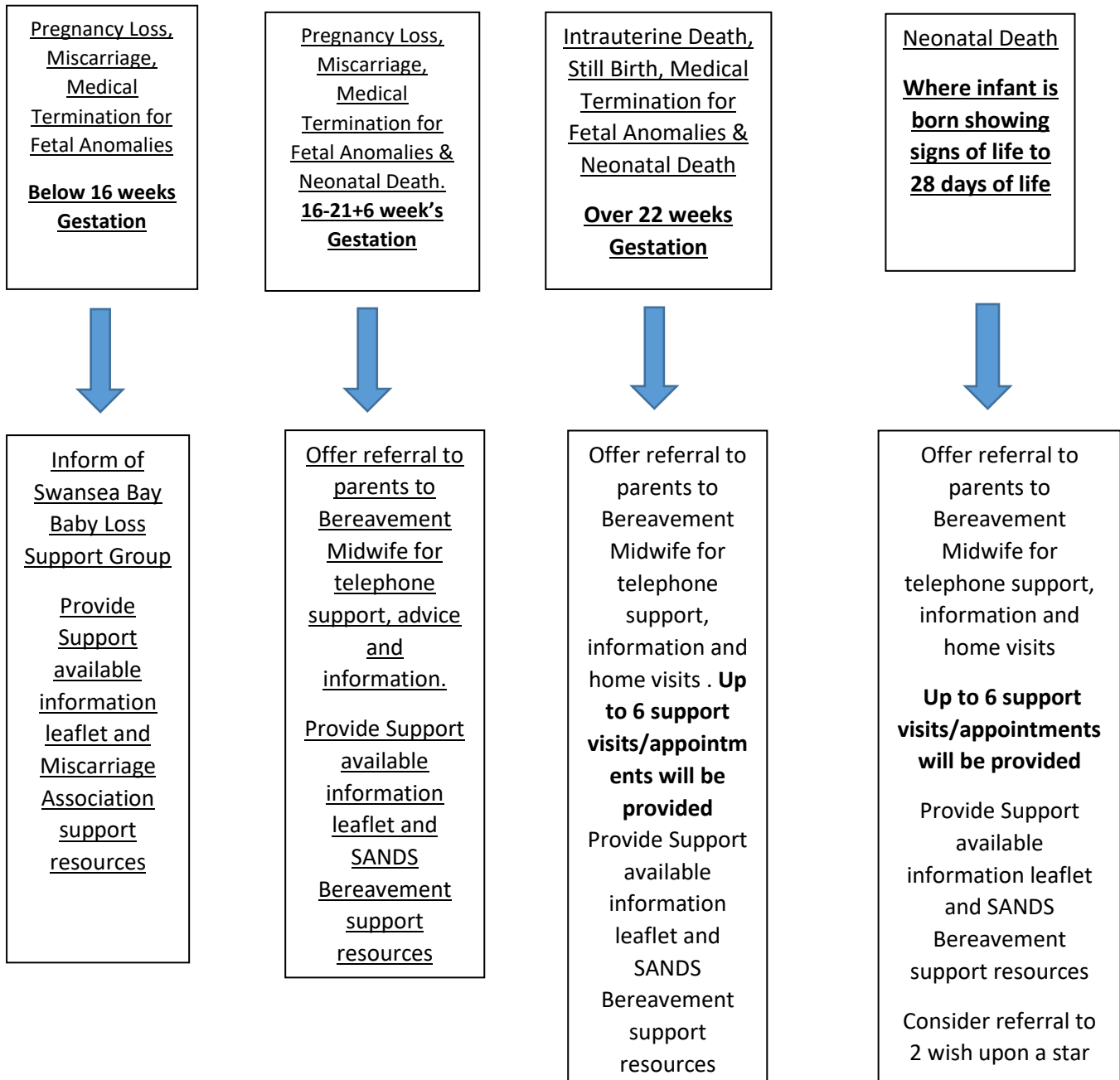
**Examination of Baby and Placenta if Appropriate**

<b>Weight</b>	
<b>Head Circumference</b>	
<b>Maceration present</b>	
<b>Hands and Fingers</b> Normal/Abnormal Anything of significance to note	
<b>Feet</b> Normal/Abnormal Anything of significance to note	
<b>Genitalia</b> Female/Male Anus- Normal/Imperforate/Other Anything of any significance to note in relation to genitalia	
<b>Placenta</b> 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			
Sensitively discuss Contraception and offer if appropriate prior to discharge home			
Has Bounty suppression been emailed <a href="mailto:bereavements@bounty.com">bereavements@bounty.com</a>			
Inform General Practitioner			
Antenatal Clinic informed and all Antenatal Appointments Cancelled via email <a href="mailto:SBU.AntenatalClinicSingleton@wales.nhs.uk">SBU.AntenatalClinicSingleton@wales.nhs.uk</a> and <a href="mailto:SBU.AntenatalNPT@wales.nhs.uk">SBU.AntenatalNPT@wales.nhs.uk</a>			
Community Midwifery Team and Named Midwife informed of Baby's Death and first visit arranged.			
Health Visiting Team Informed via email <a href="mailto:SBU.HealthVisitingService@wales.nhs.uk">SBU.HealthVisitingService@wales.nhs.uk</a>			
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. <b>Caution should be taken if patient has history of pre eclampsia</b>			
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.. <b>Please send notes to Consultant Secretary.</b>			
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			





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## **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**





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



Royal College of Midwives



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<sup>+0</sup> 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<sup>+0</sup> weeks

In-hospital spontaneous births at 22<sup>+0</sup> to 23<sup>+6</sup> 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<sup>+0</sup> to 23<sup>+6</sup> 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.





### Following live birth

<b>England, Wales &amp; Northern Ireland:</b>	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.
<b>Scotland:</b>	A doctor can rely on an attending midwife's history to confirm live birth and is not required to attend
<b>UK-wide:</b>	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" ( <a href="https://www.togetherforshortlives.org.uk/">https://www.togetherforshortlives.org.uk/</a> ).

### 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<sup>+0</sup> 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/mbrace-uk/signs-of-life](http://www.npeu.ox.ac.uk/mbrace-uk/signs-of-life)





	Yes/No	Signature	Date
<p><b>Where signs of life are shown please call a Senior Obstetrician (Registrar or Consultant) Doctor to witness and document signs of life.</b></p> <p><b>Name of Doctor</b> .....</p> <p><b>Contact Details</b> .....</p> <p>.....</p>			
<p>Referral to Medical Examiner must be completed by Senior Doctor.</p> <p>Referral please include Care After Death Centre Team <a href="mailto:SBU.CADC@wales.nhs.uk">SBU.CADC@wales.nhs.uk</a> and Bereavement Midwife <a href="mailto:Christie-Ann.Lang@wales.nhs.uk">Christie-Ann.Lang@wales.nhs.uk</a></p>			
<p>All Neonatal deaths should be referred to the Medical Examiner Services prior to Death certificate being issued:</p> <p>Please email referral to <a href="mailto:midandwestwales.medicalexaminersoffice@wales.nhs.uk">midandwestwales.medicalexaminersoffice@wales.nhs.uk</a> and include Care after Death Team <a href="mailto:SBU.CADR@Wales.nhs.uk">SBU.CADR@Wales.nhs.uk</a> and Bereavement Midwife <a href="mailto:Christie-Ann.Lang@Wales.nhs.uk">Christie-Ann.Lang@Wales.nhs.uk</a>.</p> <p>For support from Medical Examiners please ring 01554 781049</p>			
<p>Parents offered the opportunity to see/hold their baby if they wish and appropriate</p>			
<p>Place identity bands on infant with own NHS/Hospital Humber</p>			
<p>Use of Cuddle Cot/Cooling Plates if appropriate</p>			
<p>Examine placenta and obtain swabs.</p> <p>Gain consent for placental histology to be carried out.</p> <p>If CDS Ensure Placenta is placed in white pot and labelled with mother's details on the outside of pot with Histology form completed.</p> <p><b>Placenta to be taken to the mortuary within 8 hours of delivery or placed in fridge to be taken to mortuary</b></p>			
<p><b>Offer family the opportunity to create memories:</b></p> <p>-Use items within memory box</p> <p>-If appropriate obtain hand and foot prints.</p> <p>-Offer parents opportunity to take photographs.</p> <p><b>Please Use the Ward Camera &amp; 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.</b></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"> <li>- Ibrahim's Gift</li> <li>- Heart in my Hand</li> </ul>			





<ul style="list-style-type: none"> <li>- Towel</li> <li>- Lock of hair if possible</li> <li>- Offer Chaplaincy Blessing</li> <li>- Weight/Length of Baby (offer tape measure to keep.)</li> <li>- Bathing the Baby</li> <li>- Dressing the Baby</li> <li>- Offer a set of name bands to keep</li> <li>-</li> </ul>			
Offer to take baby home if appropriate please consider if CFC and liaise with safeguarding team. Please inform Morturay Team and complete appropriate forms within pathway			
-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. <b>Do not give time scale for decision for PM – parents can change their mind at any time.</b> <b>Name of staff who has discussion:</b>			
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.			

Religious and cultural beliefs discussed and respected. Please use Switch for on-call Chaplin or contact families own Chaplin if preferred			
<b>Complete WPAS as Neonatal Death.</b> <b>When WPAS complete register as a Death.</b> 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			
Notify Both New Born Screening Wales and Child Health of Death via email: <a href="mailto:NBHSWSwanseaScreeners@wales.nhs.uk">NBHSWSwanseaScreeners@wales.nhs.uk</a> <a href="mailto:SBU.CommunitychildhealthSwanseaNPT@wales.nhs.uk">SBU.CommunitychildhealthSwanseaNPT@wales.nhs.uk</a>			





<p>Examine the Placenta and obtain placental swabs if available in time frame of delivery.</p> <p>Ensure Placenta is placed in white pot and labelled with mother's details on the outside of pot with Histology form. <b>Placenta to be taken to the mortuary within 8 hours of delivery or placed in the allocated fridge for placental storage</b></p>			
<p>Complete:</p> <ul style="list-style-type: none"> <li>- Identity Bands</li> <li>- Birth Register</li> <li>- WPAS</li> <li>- DATIX complete and Incident Number</li> <li>- CARIS card if needed and anomaly identified</li> </ul>			
<p><b>Post Mortem accepted:</b></p> <p>All Wales PM consent form completed and signed: - <b>Please use the New All Wales Fetal Post Mortem Consent Form that can be found on wards</b></p> <ul style="list-style-type: none"> <li>- <b>Original Copy parents have written on to go with baby to mortuary with all other documentation</b></li> <li>-</li> <li>- One photocopied copy to be given to parents</li> <li>- One photocopied copy filed in maternal medical records</li> <li>- Examine placenta, take swabs for C&amp;S. <b>Transport to the mortuary within 8 hours of delivery.</b> Baby can follow if parent's memory making</li> <li>- Fetal Examination Form completed</li> <li>- Photocopy obstetric/neonatal notes and scans to go with baby in envelope to the mortuary</li> <li>- <b>Complete request form for examination of fetus from Dpt of Pathology (UHW)</b> which can be found on the Z drive: Maternity: service wide communications: Bereavement: Paediatric PM referral form.</li> </ul>			
<p>Name of Person Obtaining Post Mortem Consent and is appropriately trained.</p>			
<p>Discussion regarding funeral and registration of Birth and Death. Parents will need to make own arrangements for funeral due to classification of neonatal death. Guidance will be provided by Bereavement Midwife and Care After Death Team.</p> <p>Burial/Cremation, Baby Gardens available. Funding available for funeral for WGA and will be offered £500 grant when registering baby</p>			





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)			
Discuss with Consultant Maternal Bloods that maybe required (investigation blood chart within pathway)			
<b>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.</b>			
Sensitively Discuss Contraception and offer if appropriate			
Email Bounty at <a href="mailto:bereavements@bounty.com">bereavements@bounty.com</a> 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.			





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# Death Certification Process in Swansea Bay University Health Board- Death of a Patient in Maternity / Neonates

Death occurs at any gestation on neonatal/maternity ward-  
including signs of life following medical termination of pregnancy  
death verification to take place as soon as possible  
If able while verifying, please document proposed cause of death in the patient notes prior to notes collection and email [sbu.cadc@wales.nhs.uk](mailto:sbu.cadc@wales.nhs.uk) to notify the team of the death

Please do one of the following-

If you are certain of the Cause of Death, know it is registerable and formulated appropriately, and no Coroner Referral is needed, please complete the MCCD

If you are unsure of correct wording of Cause of Death, or unsure if referral to Coroner is needed, please complete a Proposed Cause of Death Form

If the death meets the criteria for referral to Coroner, please complete a Coroner's Referral Form

This can be done, either at the Care After Death Office or on the Ward, please notify the Care After Death team when completed on Ward, and arrange for this to be scanned to [sbu.cadc@wales.nhs.uk](mailto:sbu.cadc@wales.nhs.uk)

<https://forms.office.com/r/rU7gJLa212>

Proposed Cause of Death Form for  
Medical Examiner



This can be done, either at the Care After Death Office or on the Ward, via this link-

<https://www.swansea.gov.uk/GPdeathreporting>  
Referral code- H01

For help with this, please call 33325

Care After Death Service - Support for clinicians / staff:

Internal 33325

External 01792 703325

[sbu.cadc@wales.nhs.uk](mailto:sbu.cadc@wales.nhs.uk)



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Health Board





# 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](mailto: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](mailto: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





# Release of deceased- Death of a Patient in Maternity / Neonates

If the family wish to take the baby home, or if transfer to Ty Hafan after death is requested, it is important that the correct process and procedure is followed, in line with SBUHB Mortuary policy.

Doctor/Midwife/Ward Team to inform the Care After Death Team as soon as possible that there is a request for baby to go home/transfer to Ty Hafan after death

## In Hours

Transfer cannot take place in any circumstance until confirmation has been received from the consultant that there is no Coronial involvement

If the deceased is leaving with the parents, the Mortuary MUST be informed so that the death can be accurately recorded and ensure that the patient is correctly identified and booked in and out as per Health Board requirements.

If the deceased is leaving via a Funeral Director, the patient must be transferred via Mortuary to ensure that the patient is correctly identified and booked in and out as per Health Board requirements

NB- this does not mean the deceased has to remain at the mortuary for any length of time if the family do not wish it, only that correct protocol is followed.

## Out of Hours (until 8.00pm)

Transfer cannot take place in any circumstance until confirmation has been received from the consultant that there is no Coronial involvement

Doctor/Midwife/Ward to call switchboard and request contact for Care After Death Service via their out of hours number

If the deceased is leaving with the parents, the Mortuary MUST be informed so that the death can be accurately recorded and ensure that the patient is correctly identified and booked in and out as per Health Board requirements.

If the deceased is leaving via a Funeral Director, the patient must be transferred via Mortuary to ensure that the patient is correctly identified and booked in and out as per Health Board requirements

NB- this does not mean the deceased has to remain at the mortuary for any length of time if the family do not wish it, only that correct protocol is followed.

### Care After Death Service Office Hours

Monday – Friday 7.00am – 6.00pm, Saturday 8.00am – 12.00pm

Please call 33325 (01792 703325)

Internal line for staff only

Outside of these hours, please call via Switchboard (until 8.00pm only)

sbu.cadc@wales.nhs.uk

### Mortuary- Office Hours

Monday – Friday  
8.00am – 4.00pm

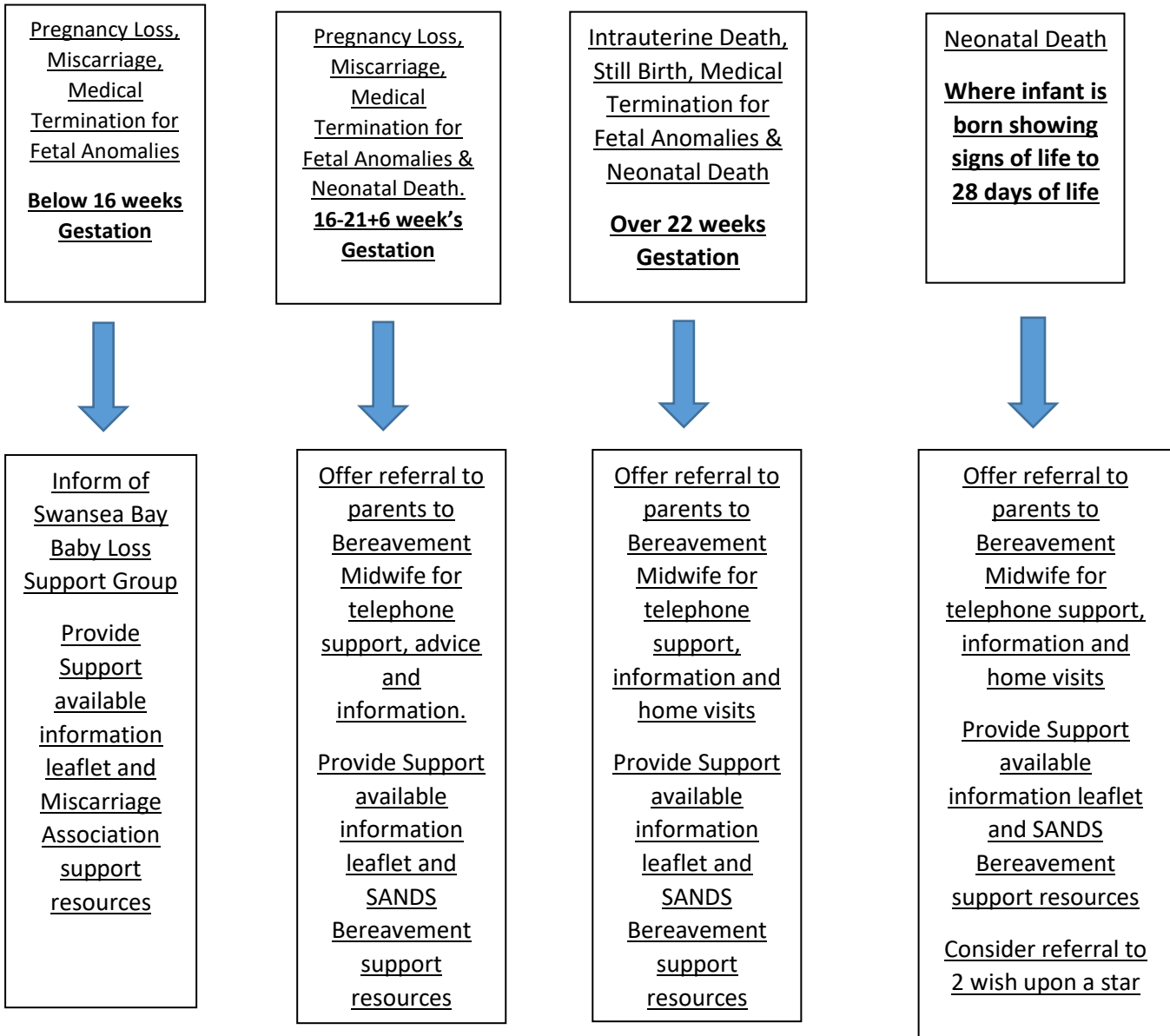
### Bereavement Midwife

07766466896  
Monday – Thursday 8.00am – 4.00pm





## 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**

<b>ACTIONS</b>	<b>Yes/No</b>	<b>Signature</b>	<b>Date</b>
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 <a href="mailto:SBU.AntenatalClinicSingleton@wales.nhs.uk">SBU.AntenatalClinicSingleton@wales.nhs.uk</a> and <a href="mailto:SBU.AntenatalNPT@wales.nhs.uk">SBU.AntenatalNPT@wales.nhs.uk</a>			
General Practitioner informed via email			
Named Consultant Informed via email			
Health Visitor informed via email <a href="mailto:SBU.HealthVisitingService@wales.nhs.uk">SBU.HealthVisitingService@wales.nhs.uk</a>			
Bounty Suppression form completed and emailed. <a href="mailto:Bereavements@bounty.com">Bereavements@bounty.com</a>			
Bereavement Specialist midwife emailed using referral form.			
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. <b>Please complete the Release Forms within the Pathway *</b>			
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. <b>Please send notes to Obstetricians Secretary.</b>			
Provide Specific Discharge Paperwork for Bereaved Parents for Community Midwife and contact numbers			





**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](mailto: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 .....





**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: .....at .....am/pm of .....weeks 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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NHS  
WALES

Bwrdd Iechyd Prifysgol  
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 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





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
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 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





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





### **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 10<sup>th</sup> 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**

Thrombophillia 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 Morrision 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 Morrision 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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## 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 supress Lactation Y/N. Carbagoline Administered Y/N

Date of Birth.....

Time Birth.....

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

Perineum: Intact/1<sup>st</sup> Degree/2<sup>nd</sup> Degree/3<sup>rd</sup> 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:

.....  
.....









## 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. Morrision: 01792 703114 Singleton: 01792 285818 or email the team on [SBU.CADC@wales.nhs.uk](mailto: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](http://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](mailto:support@achingarms.co.uk)

**Ellie's Gift – Baby Loss Support App** - our flagship service is our Ellie's Gift app, a lovingly crafted resource dedicated to supporting families through baby loss and beyond. Developed in memory of Lucy's daughter, Ellie, this app is designed to provide the same hypnobirthing-based techniques and birth education that helped Lucy stay calm and relaxed during Ellie's birth. [www.relaxwithlucy.co.uk/ellies-gift-app](http://www.relaxwithlucy.co.uk/ellies-gift-app).





**Birth Trauma Association** - Our main role is to support parents who have been psychologically distressed by traumatic birth.

About 4-5% of women who give birth go on to develop post-traumatic stress disorder (PTSD) – that's about 30,000 women a year in the UK. But many thousands more develop some symptoms of distress, such as flashbacks or anxiety, but not enough to qualify for a PTSD diagnosis. We support them too. When a woman has trauma symptoms, those around her can be affected too, including her family and her partner. Living with someone who is deeply anxious, unhappy and on edge is not easy, and we recognise partners need support too. Some partners (about 1% according to research) even develop PTSD as a result of witnessing a traumatic birth. [www.birthtraumaassociation.org](http://www.birthtraumaassociation.org)

**MIND:** Promoting and Supporting people with mental health problems.

Freephone: 0161 272 8205 [www.mind.org.uk](http://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](mailto:bentnotbrokenproject@gmail.com) [www.bentnotbrokenproject.co.uk](http://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](http://www.bliss.org.uk)

**Samaritans:** Confidential, emotional support in times of despair.

Telephone: 116 123 [www.samaritans.org](http://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](http://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](http://www.childdeathhelpline.org.uk)





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

Telephone: 0808 808 1677 [www.cruse.org.uk/bereavement-services](http://www.cruse.org.uk/bereavement-services)

**Contact a Family:** Support and information about specific conditions.

Telephone: 0808 808 355 [www.cafamiy.org.uk](http://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](http://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](http://www.daddyswithangels.org)

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

Telephone: 01252 332344 [www.twinstrust.org](http://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](mailto: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](http://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](mailto: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](mailto:Support@lullabytrust.org.uk). [www.lullabytrust.org.uk](http://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](http://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.releaseandrebuilt.co.uk](http://www.releaseandrebuilt.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. [swansearchc.org.uk/counselling/](http://swansearchc.org.uk/counselling/). Telephone 01792 650 777 [info@Swansearchc.org.uk](mailto:info@Swansearchc.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](http://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](http://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](http://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.





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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](http://www.griefchat.co.uk) . Email - [info@griefchat.co.uk](mailto: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](http://www.sayinggoodbye.org) Telephone 0300 323 1350. Email: [info@sayinggoodbye.org](mailto: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](http://www.thegoodgrieftrust.org) Email [hello@thegoodgrieftrust.org](mailto: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 Lead Pharmacist – Holly Breeze Jones
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

Ratified By Maternity Services Quality And Safety Meeting September 2022

