



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

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

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





**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			
<b>Rhesus Status</b>			
If Congenital Anomaly 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.			
Provide parents with patient information leaflet: <b>Information Leaflet for Parents Experiencing Pregnancy Loss below 24 weeks</b>			
Provide relevant contact numbers for the ward and EPAU including 24hour telephone number for Gynaecology			
Inform Parents of Time and Place to return following administration of Mifepristone.			
<b>Medication Chart to be completed in line with stated regime to include;</b> <ul style="list-style-type: none"> <li>• Mifepristone 200mg (36-48hours hours before misoprostol or readmission)</li> <li>• Misoprostol as regime</li> <li>• Analgesia</li> <li>• Anti-emetics</li> </ul>			
<b><u>Misoprostol Regime- &lt;9 weeks gestation Home or Hospital Management</u></b>			
Prescribe 800mg Misoprostol			





<p><b><u>Misoprostol Regime- 9-12+6 weeks gestation</u></b> Hospital Management</p> <p>800mcg Misoprostol.</p> <p>Can consider repeat course of Misoprostol following speculum examination if not complete</p>			
<p><b><u>Misoprostol Regime 13-17+6 weeks</u></b> Hospital Management</p> <p>200mcg Misoprostol 6 hourly for 4 doses. Double dose if not effective. Maximum Dose 1600mcg in 24 hours.</p> <p>Speculum examination after 3 doses. If incomplete give 4<sup>th</sup> dose</p>			
<p>For women with previous caesarean section:</p> <ul style="list-style-type: none"><li>• Misoprostol can be used for induction of labour in women with a single previous LSCS after discussion with Consultant Obstetrician</li><li>• A discussion of the safety and benefits of induction of labour should be undertaken by Consultant Obstetrician</li><li>• Mifepristone can be used alone to increase the chance of labour significantly within 72 hours (avoiding the use of prostaglandin) - 600mg daily for 2 consecutive days (BNF)</li><li>• Consider Propess Pessary for second part of induction of labour</li><li>• Avoid doubling of dose of misoprostol</li></ul>			
<p>Provide Patient Information Leaflet, Miscarriage Association Information and CRADLE Information</p>			





## 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: <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 <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. <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 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 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			





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

Check Rhesus Status- Is Anti D required if been to theatre for EVAC. Anti D not required if Rhesus Positive			
Ensure all Antenatal and Scan appointments are cancelled.			
Complete and send Bounty suppression form. Email Bounty: Bereavements@bounty.com			
Inform GP, antenatal clinic, 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			





**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.**







## Flowchart for Pregnancy Loss Storage and Sensitive Disposal

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

### 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

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 Arrangements

Placed in fridge with all documentation completed in folder

Transferred to Mortuary within appropriate time frame





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

## 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 ABMU 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 .....







**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

**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**

<p><b>Certificate of Medical Practitioner, Nurse or Midwife in respect of Disposal of Fetal Remains (MIS 3)</b></p>
---

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 .....

**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)





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

### 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:

.....





GIG  
CYMRU  
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 Morryston 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





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

### **Babies Book of Remembrance**

**I wish to enter my child's name into the Babies Book of Remembrance at Singleton Hospital:**

Name of Baby	
Date of Birth	
Date of Death	
Names of Parents	
Name of Any Siblings	
Message or Verse of your Choice to be included	

Please return to:

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





## 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 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

The above patient has experienced:

A Late Miscarriage	
Medical Termination for Fetal Abnormality	
Intrauterine Death	
Stillbirth	
Neonatal Death	

The above occurred at ..... weeks gestation

Named Consultant	
Date of Admission	
Date of Discharge	
Ward where care provided	
Relevant Medical Clinical History	
Name of Discharging Midwife/Nurse/Doctor	
Signature	
Date	





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

### Support Available

**Swansea Bay Baby Loss Support Group** - A local support group for anyone who has experienced a pregnancy loss, death of a child or requires support during subsequent pregnancies. A safe and confidential space to meet other parents and support one another the closed group on Facebook: Swansea Bay Baby Loss Support Group.

**Swansea Bay Care After Death Centre** – The care after death centre team can offer support and guidance following a bereavement. Morriston 01792 703114 Singleton 01792 285818 or email the team on [SBU.CADC@wales.nhs.uk](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)

**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)

**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)





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

**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.twintrust.org](http://www.twintrust.org)

**The Miscarriage Association** – Support for parents who have experienced miscarriage.  
Telephone 01924 200 799. [www.miscarriageassociation.org.uk](http://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](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)

**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)

