

# **PATHWAY FOR CARE OF WOMEN EXPERIENCING SECOND TRIMESTER PREGNANCY LOSS**

**National Implementation Group,  
HSE Standards for Bereavement Care  
following Pregnancy Loss and Perinatal  
Death**

**March 2019**

## FOREWORD TO PATHWAY

**This pathway has been developed for use by Healthcare Professionals so the need for medical terminology is necessary.**

Dealing with the loss of a baby or pregnancy can be a difficult and devastating time for parents and families. Parents and families may need a range of immediate and longer term supports to help them with their bereavement. There are a range of health and other support services that can play a positive and helpful role for parents during this time.

Bereavement care needs to be integrated with the hospitals' overall medical and clinical response to parents. Parents and families who experience the loss of a baby or pregnancy need appropriate care delivered in a sensitive and supportive manner. It needs to be delivered by trained staff that can assess the parents' bereavement care needs.

The purpose of this pathway is to guide health care professionals working in the Maternity Hospitals providing the care to parents who have experienced Second Trimester Pregnancy Loss. It is to be used to guide the healthcare professionals **what** to do for the parents- it is not intended to instruct them **how** to provide care. It is to be used to ensure that the care provided to bereaved parents is standardised throughout the country. This pathway is intended for use in conjunction with the relevant current clinical guidelines, professional codes of practice, relevant legislation and the National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death.

## DIAGNOSIS AND IMMEDIATE CARE

Fetal Demise Confirmed by Ultrasound (where appropriate)		
1st practitioner name:	Signature:	Date & Time:
2nd practitioner name:	Signature:	Date & Time:
Inform Bereavement specialist (CMS/CNS)	Signature:	Date & Time:
Offer direct admission card with contact numbers for Hospital and Bereavement team	Given: <input type="checkbox"/> Declined: <input type="checkbox"/>	Signed by:
Give Patient advocacy group support information	Given: <input type="checkbox"/> Declined: <input type="checkbox"/>	Signed by:
Enter Second Trimester Miscarriage Diagnosis in Patient Chart	Yes <input type="checkbox"/>	Signed by:

Spontaneous onset of labour at pre-viable preterm gestation				
Gestation at onset of labour::		Onset of labour:	Date:	Time:
<b>SEE TABLE ONE</b>				

Pre-term Premature Rupture of Membranes (PPROM) at a Pre-Viable Gestation*			
PPROM confirmed:	Signature:	Date & Time:	
Gestation at diagnosis/confirmation of PPROM		Signature:	Date & Time:
Gestation at onset of labour/IOL			

**\*REFER TO CLINICAL GUIDELINE FOR PRETERM PRELABOUR RUPTURE OF THE MEMBRANES (PPROM)**

**Immediate Care: Investigations at Diagnosis**

	Yes	No	Results
FBC:			
Kleihauer: (even if RHD positive)			
Other blood tests as clinically indicated			
<b>Observations: to be done as per IMEWS</b>			

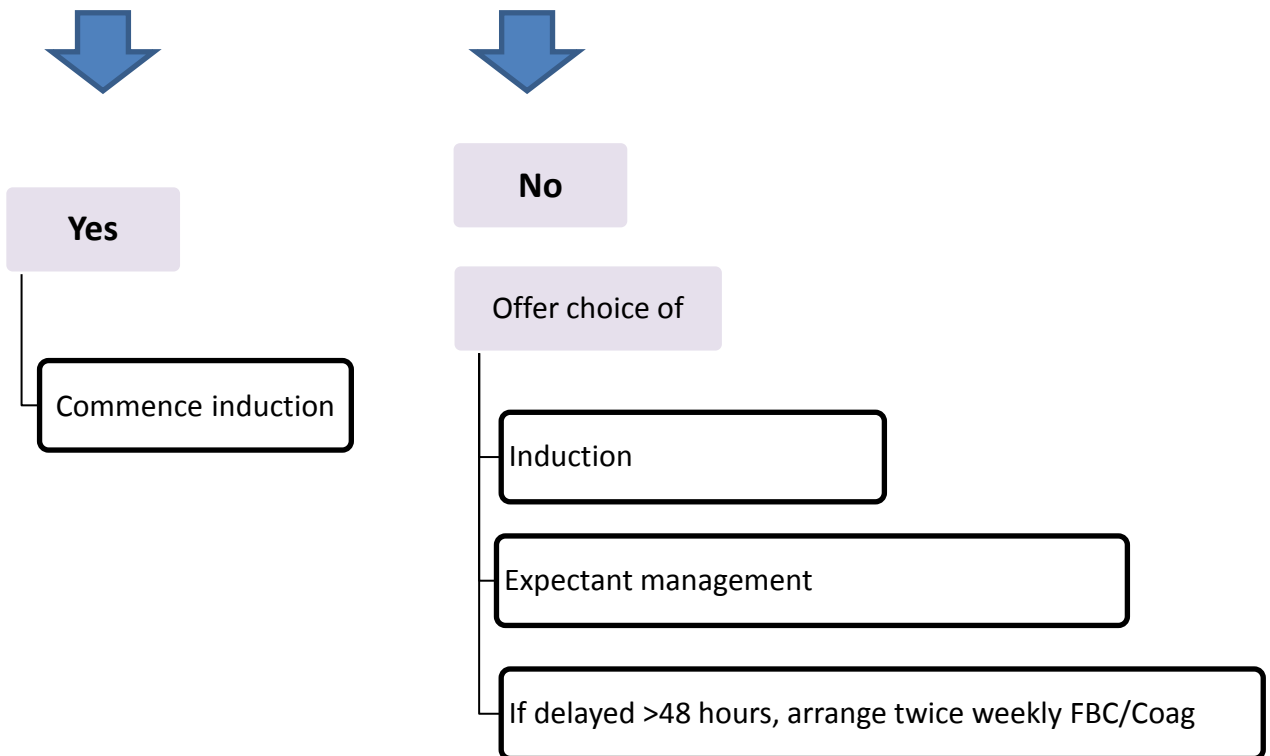
<b>Additional relevant clinical information:</b>			
Parity:		Gestation by dates:	Gestation by fetal size:
EDD:			
Obstetric or Medical Issues:			
Past Obstetric History:			
No: of previous miscarriages: 1 <sup>st</sup> Trimester:      2 <sup>nd</sup> Trimester:			
Presenting part:		Signature:	
Membranes:	Intact:	Ruptured:	Unsure: <b>IF UNSURE DO SPECULUM EXAMINATION</b>
Speculum examination findings:			
Vaginal Bleeding:			
Cervical cerclage in situ:		Cervical cerclage removed:	
Additional Information that may be relevant			
Is this pregnancy being managed under the PLDP Act 2013		YES/NO	Signature:
<b>Signature:</b>		<b>Date &amp; Time:</b>	

**TREATMENT PLAN:** clearly document in chart in consultation with the Parents  
**Include** their wishes with regard meeting members of the multidisciplinary team.

Management may be expectant or involve medical induction of labour.

Urgent delivery is needed in cases of Abruption/APH, Pre-eclampsia/Eclampsia, Sepsis/PROM

**URGENT DELIVERY NEEDED**



**MEDICAL INDUCTION REGIMEN**

**REFER TO: NATIONAL CLINICAL GUIDELINE FOR THE MANAGEMENT OF SECOND TRIMESTER MISCARRIAGE**

**CARE PATHWAY AFTER DIAGNOSIS OF FETAL DEMISE/IMMINENT DELIVERY OF PRETERM PREVIALBLE FETUS**

<b>MEDICAL CARE</b>				
	<b>YES</b>	<b>COMMENTS</b>	<b>DATE</b>	<b>INITIALS</b>
Document treatment plan (use template)				
Explain induction process and labour to Parents, where applicable				
Explain to parents that (where applicable) where there is a Fetal heartbeat present that the baby may be born with signs of life				
Medical Management, where applicable				
Prescribe Induction Medication in case of Medical Management, where applicable				
Inform GP				
Inform Consultant Obstetrician				

**CARE PATHWAY AFTER DIAGNOSIS OF FETAL DEMISE/IMMINENT DELIVERY OF PRETERM PREVIALBLE FETUS**

<b>MIDWIFERY CARE</b>				
	<b>YES</b>	<b>COMMENTS</b>	<b>DATE</b>	<b>INITIALS</b>
Book admission, where applicable				
Give Mother direct admission card with explanation, where applicable				
Provide Parents with emergency telephone numbers , where applicable				
Inform Bereavement specialist CMS/CNS				
Provide Parents with details of the bereavement specialist CMS/CNS				
Inform members of MDT teams involved in care				
Provide the Parents with a complimentary car parking pass if required				
Give Parents the relevant information and leaflets				
In the case of fetal demise activate Bereavement Symbol/Alert in Patient Records				
Cancel antenatal clinics and ultrasound appointments				
Cancel antenatal classes				

### CARE AT ADMISSION TO HOSPITAL (FETAL DEMISE)

	YES	COMMENTS	DATE	INITIALS
Welcome to ward and expedite admission process				
Explain and display Hospital Pregnancy Loss symbol on door of room				
Orientate to room, call bell, facilities				
Introduce allocated Midwife to the Family				
Explain facilities (quiet room, prayer room)				
Discuss open visiting times (for Family etc.)				
Explain process around medical induction and delivery				
If this is a multiple pregnancy with a surviving Baby/Babies give Parents memento making opportunities with all Babies				
Prepare Parents for appearance of Baby				
Inform Bereavement specialist CMS/CNS				
Offer all bereavement support services (e.g. pastoral care, MSW)				
Offer voluntary support services (NILMDTS etc.)				
Check treatment plan is documented				
Ensure induction medications are prescribed				
<b>Check Second Trimester Miscarriage Diagnosis is entered in Patient Chart</b>	<b>Signed by:</b>			



## CARE IN LABOUR (MEDICAL MANAGEMENT)

	YES	COMMENTS	DATE	INITIALS
Accommodate Parents in a room on their own (follow local policy on place of delivery)				
Allocate an individual named Midwife to the Family				
Discuss care during labour and delivery processes				
Explain to parents that Baby may be born with signs of life				
Prepare Parents for appearance of Baby				
Staff must make parents aware that the gender of the Baby may not be easily identified at birth				
Inform Bereavement specialist CMS/CNS				
Offer all bereavement support services (e.g. pastoral care, MSW)				
Offer voluntary support services (NILMDTS etc.)				
Check treatment plan is documented				
Ensure induction medications are prescribed				
Discuss need for active management of third stage of labour				
Discuss and agree Parents preferences around seeing and holding the Baby after birth				

Provide individualised care to Mother in line with hospital guidelines				
Provide adequate analgesia as required by the Mother				

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**CARE OF BABY BORN WITH SIGNS OF LIFE NOT FOR RESUSCITATION**

<b>BABY BORN ALIVE</b>	<b>TIME OF BIRTH</b>	<b>TIME OF DEATH</b>	<b>DATE</b>	<b>INITIALS</b>

	<b>YES</b>	<b>COMMENTS</b>	<b>DATE</b>	<b>INITIALS</b>
Wrap the Baby to keep the Baby warm				
Offer the Parents the opportunity to see and hold their Baby				
Provide comfort care for the Baby				
If the Parents do not wish to hold their Baby place the Baby in an appropriate size basket				

**IMMEDIATE CARE OF THE BABY FOLLOWING BORN WITH NO SIGNS OF LIFE**

<b>BABY'S NAME</b>	
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	YES	COMMENTS	DATE	INITIALS
<b>IN CASES OF UNCERTAINTY, THE FETAL GENDER SHOULD NOT BE ASSIGNED</b>				
Identify Baby / Apply name bands as per local policy				
Assign a Medical Record Number to the Baby				
Document Baby as Deceased on patient notes and on Inpatient management system				
Get verbal consent for initial examination				
Weigh and measure length of Baby and document same in Mother and Baby notes				
Offer Pastoral care for Blessing/naming				
Dress Baby- Offer Parents opportunity to do same				
Give Parents time to see and hold Baby				
Place Baby in an appropriate sized basket				
Assist parents with memento making				
If this is a multiple pregnancy with a surviving Baby/Babies give Parents the memento making opportunities with all Babies				

## MANAGEMENT OF PLACENTA

### Placenta and Umbilical Cord Examination

**Do not place in formalin until** cord sample for karyotyping & swabs for microbiology obtained. In monochorionic multiple pregnancy send Placenta to laboratory as per local laboratory guidelines.

Findings	
Send cord blood if Rh Negative	Yes <input type="checkbox"/>
Number of vessels	
Knots in Cord	
Looped round Baby	Yes <input type="checkbox"/>
	Where
	Number of times
	Tight or Loose
Cord Insertion position	
Segment of Cord for Cytogenetic testing	Yes <input type="checkbox"/>
Segment of Placenta for Cytogenetic testing	Yes <input type="checkbox"/>
Segment of Cord to Histology	Yes <input type="checkbox"/>
General appearance of placenta, cord and membranes	
Manual removal of Placenta	
Placental weight (g)	
Placental swabs obtained from fetal and maternal surfaces	
Placenta sent to Histology with appropriate request forms	Yes <input type="checkbox"/>
Other comments:	
<b>Signature:</b>	<b>Date:</b>

## POST NATAL CARE OF MOTHER

	YES	COMMENTS	DATE	INITIALS
Use Hospital post-natal care pathway				
Inform Bereavement CMS/CNS of delivery				
Offer all bereavement support services (e.g. pastoral care, MSW)				
Check Maternal blood group				
Arrange Maternal Blood tests for investigation of second trimester miscarriage as per National Clinical Guideline (hyperlink to same)				
Follow guidelines for Anti-D prophylaxis if Mother RhD Negative				
Discuss suppression of lactation (if appropriate)				
Give Memory box to Parents				
Complete Memories booklet give/hold for Parents				
Complete discharge summary				
Ensure the Mothers medical notes are updated and correct				
Inform GP by faxing a copy of the discharge summary and posting the original to the surgery				
Inform Public Health Nurse				
Ensure that the Parents have all the relevant contact details for the bereavement team on discharge				

Provide information for patient advocacy support groups				
Offer the Parents the opportunity to take their Baby home with them				
Refer for postnatal review appointment (as per Hospital policy) with Consultant Obstetrician	<b>Signature</b>		<b>Date</b>	

## CARE OF THE BABY ON THE WARD

BABY'S NAME				
	YES	COMMENTS	DATE	INITIALS
Offer Pastoral care for Blessing/Naming/Ritual				
Blessing/Naming/Ritual performed				
Name of person who performed Blessing/Naming/Ritual:				
Give Parents time to see and hold Baby				
Facilitate open visiting with Family members				
Use cold cot on ward if Parents wish to have Baby with them				
Take / offer mementoes: Success of some memory making will be dependent on fetal size	Yes <input type="checkbox"/>			
	Hand & foot prints			
	Lock of hair			
	Name Band			
	Cord Clamp			
	Memory box			
	Photographs - NILMDTS			
	Signature		Date	
Prepare Baby for post mortem examination i.e. paperwork/transport, if applicable				
Offer Parents opportunity to include their Baby in the Hospital Book of Remembrance				



## POST MORTEM EXAMINATION

**If a post mortem examination is directed by Law at the request of the Coroner, no consent is required but written information is provided to the Parents and explained sensitively.**

Case discussed with Coroner	YES	NO	Signature
If YES- Coroners Direction			
If YES- Case Pathologist Informed			

		YES	COMMENTS	DATE	INITIALS
Offer post mortem examination to all Parents					
Give post mortem examination information					
<b>IF PARENTS AGREE TO POST MORTEM EXAMINATION - CARE AS BELOW</b>					
<b>Consent:</b>	Consent form complete				
	Signed by Parents				
	Signed by witness				
	Parents requests explicitly indicated on form				
Liaise with pathology department re post mortem examination scheduling					
Book post mortem examination					
Date and time of post mortem examination		Date/Time			
Place of post mortem examination		Location			
If post mortem examination off site: name and contact number of responsible person in pathology department in receiving hospital		Details			

## POST MORTEM EXAMINATION (Cont'd)

	YES	COMMENTS	DATE	INITIALS
Arrange Transport				
Transport – type		Transport contact name:	Transport contact number:	
Book Skeletal X-rays				
Skeletal X-rays completed				
Send paperwork to go to pathology department with Baby				
Ensure Original clinical request form completed and sent				
Mother's notes				
Addressograph labels for Mother				
Addressograph labels for Baby				
Specimen labels for Placenta				
Mementoes sent with Baby to pathology department		List		
Accompanying person to post mortem examination laboratory		Name		
<b>Location of Baby:</b> Time Baby left ward for post mortem examination		Time		
<b>Location of Baby:</b> Time Baby returned to ward following post mortem examination		Time		
<b>If Gender is identified at Post Mortem Examination inform parents</b>		Gender:	Signature:	
<b>IF PARENTS DECLINE POST MORTEM EXAMINATION - CARE AS BELOW</b>				
If post mortem examination declined:				
Offer full examination by neonatologist/paediatrician/pathologist				
Obtain consent for clinical photographs				

## FUNERAL ARRANGEMENTS

	YES	COMMENTS	DATE	INITIALS
Discuss the options available for burial or cremation				
Document the arrangements decided upon				
Provide the coffin by the undertaker on contract with the Hospital				
<p><b>If the Family choose to have Hospital burial</b></p> <p>Organise as per local policy</p>				
<p><b>If the Family choose Hospital burial</b></p> <p>Inform them of the date and time of burial and offer them the option to attend</p>				
<p><b>If the Family are arranging their own burial</b></p> <p>Give advice re same</p>				
<p><b>If the Baby is to be cremated</b></p> <p>Complete and sign local documentation</p>				

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## **ACKNOWLEDGEMENT**

### **REVIEWERS**

National Implementation Group for the Bereavement Care Standards following Pregnancy Loss and Perinatal Death

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