

# **PATHWAY FOR CARE OF WOMEN EXPERIENCING STILLBIRTH**

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

**January 2023**

## 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, and respond to, the parents' bereavement care needs.

The purpose of this pathway is to guide healthcare professionals working in Maternity Units/Hospitals providing care to parents who experience stillbirth. 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 clinical guidelines, professional codes of practice, relevant legislation and the [National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death](#) (HSE, 2021).

Please visit the Pregnancy Loss Ireland Knowledge Centre for useful resources, including clinical guidelines and care pathways:  
<https://pregnancyandinfantloss.ie/knowledge-centre/>.

## DIAGNOSIS OF INTRA-UTERINE FETAL DEATH

Fetal Demise Confirmed by Ultrasound		
1 <sup>st</sup> Practitioner Name:	Signature:	Date & Time:
2 <sup>nd</sup> Practitioner Name:	Signature:	Date & Time:
Inform Bereavement Specialist (CMS/CNS)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Signed by:
Offer direct admission card with contact numbers for Hospital and Bereavement team	Given: <input type="checkbox"/> Declined: <input type="checkbox"/>	Signed by:
Give Woman/Parents advocacy group support information	Given: <input type="checkbox"/> Declined: <input type="checkbox"/>	Signed by:
Enter IUFD Diagnosis in Patient Chart	Yes <input type="checkbox"/>	Signed by:

### 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>			

### Additional relevant clinical information:

Parity:	Gestation:
Obstetric or Medical Issues:	
Past Obstetric History:	
Is this Fetal death to be notified to Coroner? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional Information that may be relevant to cause of death:	

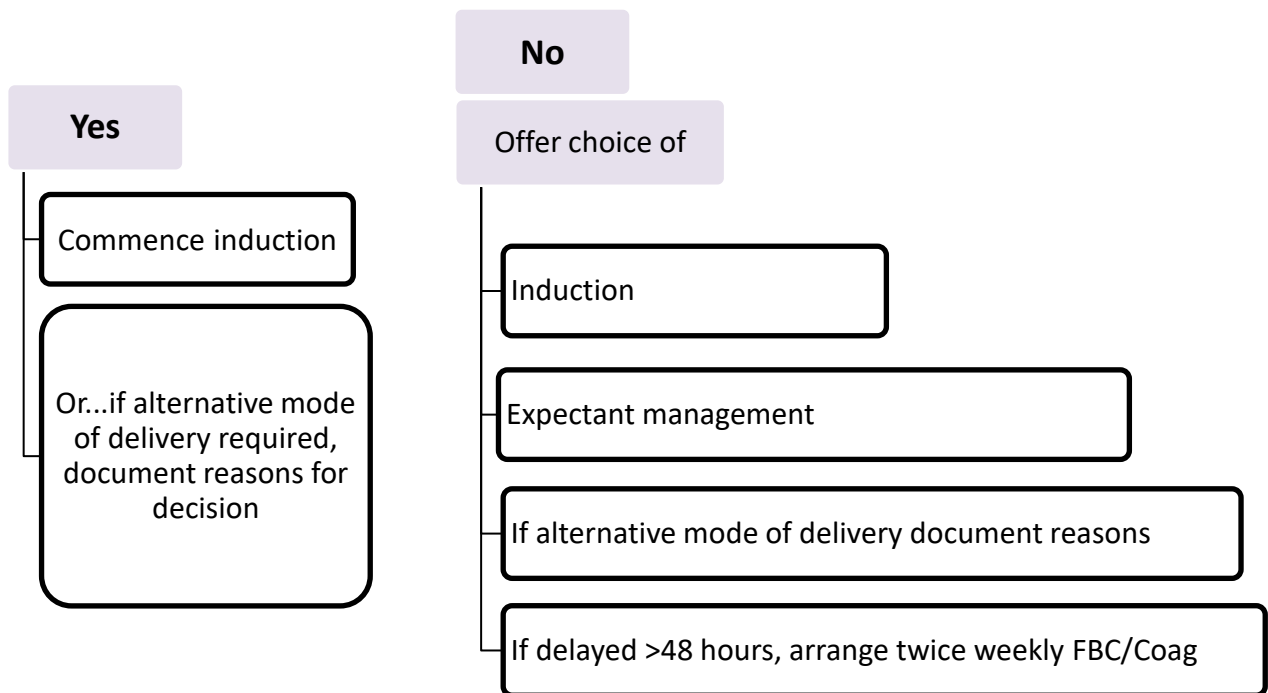
<b>Signature:</b>	<b>Date &amp; Time:</b>
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**TREATMENT PLAN:** clearly document in chart in consultation with the Woman/Parents.

**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.



**PLANNED TYPE OF DELIVERY**

Delivery type	Comments	Signature	Date

**MEDICAL INDUCTION REGIMEN**

<b>MEDICAL CARE</b>				
	<b>YES</b>	<b>COMMENTS</b>	<b>DATE</b>	<b>INITIALS</b>
Document treatment plan				
Prescribe Induction Medication as per Clinical Guideline				
Inform GP				
Inform Consultant				

## OUTPATIENT CARE PATHWAY AFTER DIAGNOSIS

MIDWIFERY CARE				
	YES	COMMENTS	DATE	INITIALS
Book admission				
Give Woman direct admission card with explanation				
Provide Woman/Parents with emergency telephone numbers				
Inform Bereavement Specialist CMS/CNS				
Provide Woman/Parents with details of the Bereavement Specialist CMS/CNS				
Inform members of MDT teams involved in care				
Provide the Woman/Parents with a complimentary car parking pass if required				
Give Woman/Parents information leaflets relevant to clinical care and Bereavement support				
Give Woman/Parents age appropriate information for siblings who are aware of pregnancy				
Activate Bereavement Symbol/Alert in Woman's Records				
Cancel antenatal clinics and ultrasound appointments				
Cancel antenatal classes				
Complete an incident form – ALL Stillbirths to be reported to CIS				

## CARE AT ADMISSION TO HOSPITAL

	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/or delivery				
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				
Send FBC, Group & Hold sample and Coagulation Screen to laboratory				
Check IUFD Diagnosis is entered in Patient Chart				

## CARE IN LABOUR

	YES	COMMENTS	DATE	INITIALS
Accommodate Woman/Parents in a room on their own				
Explain the specific symbol for Pregnancy Loss to Woman/Parents				
Explain and display Hospital Pregnancy Loss symbol on door of room and on delivery suite whiteboard				
Allocate an individual named Midwife to the Family - this Midwife will provide Intrapartum care				
Discuss and agree Birth plan – facilitate Woman’s wishes				
Prepare Woman/Parents for appearance of Baby after birth				
Discuss and agree Woman/Parents preferences around seeing and holding the Baby after birth				
Check that a FBC, Group and hold and Coagulation Screen has been done in the last 24 hours (anaesthetic request)				
Provide routine care of the Woman in labour as per local Hospital policy/guideline				
Use the Partogram during labour				



## CARE OF THE STILLBORN BABY IN THE DELIVERY SUITE

<b>BABY'S NAME</b>	
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	YES	COMMENTS	DATE	INITIALS
Identify Baby / Apply name bands as per local policy				
Generate Medical Record Number (MRN) for Baby				
Document Baby as Deceased on patient management system /MN-CMS				
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/Ritual				
Dress Baby- Offer Woman/Parents opportunity to do same				
Assist Woman/Parents in taking photographs of Baby				
Give Woman/Parents time to see and hold Baby				
Support first visit of siblings (where applicable) to visit Mother and Baby				
Place Baby in basket for transfer to postnatal ward				

## MANAGEMENT OF PLACENTA

### Placenta and Umbilical Cord Examination

#### PROCESS AS PER LOCAL LABORATORY POLICY

**If Placenta to be placed in Formalin do not place in formalin until** samples for cytogenetics & 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	
Sample of Placenta and/or cord for Cytogenetic testing as per local protocol	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	Yes <input type="checkbox"/>
Placenta sent to Histology with appropriate request forms	Yes <input type="checkbox"/>
Other comments:	
<b>Signature:</b>	<b>Date:</b>

## POSTNATAL CARE OF MOTHER

	YES	COMMENTS	DATE	INITIALS
Use Hospital postnatal care pathway for Maternal care				
Inform Bereavement CMS/CNS of Mother's admission on ward				
Offer all bereavement support services to Parents and siblings where applicable (e.g. pastoral care, MSW)				
Check Maternal blood group				
Follow guidelines for Anti-D prophylaxis if Mother RhD Negative				
Discuss suppression of lactation				
Consult Lactation Consultant (as needed)				
Arrange Maternal Blood tests for investigation of stillbirth as per National Clinical Guideline (McDonnell et al., 2023)				
Give Memory box to Parents				
Complete Memories booklet give/hold for Parents				
Complete discharge summary and check all information regarding the death is correct				
Inform GP by faxing a copy of the discharge summary and posting the original to the GP practice				
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				
	YES	COMMENTS	DATE	INITIALS
Ensure the Woman's medical notes are updated and correct				
Refer for postnatal review appointment (as per Hospital policy) with Consultant Obstetrician				

## CARE OF THE STILLBORN BABY ON THE POSTNATAL WARD

<b>BABY'S NAME</b>				
	<b>YES</b>	<b>COMMENTS</b>	<b>DATE</b>	<b>INITIALS</b>
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				
Offer Parents opportunity to bathe Baby				
Facilitate open visiting with Family members				
Use cold cot on postnatal ward if Parents wish to have Baby with them				
Take / offer mementoes	Yes <input type="checkbox"/> <ul style="list-style-type: none"> <li>Hand &amp; foot prints</li> <li>Lock of hair</li> <li>Name band</li> <li>Cord clamp</li> <li>Memory box</li> <li>Photographs – NILMDTS</li> </ul>			
	<b>Signature:</b>		<b>Date:</b>	
If this is a multiple pregnancy with a surviving Baby/Babies give Parents the memento making opportunities with all Babies				
Prepare Baby for post mortem examination i.e. paperwork/transport				
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.

**CORONIAL POST MORTEM EXAMINATION**

	YES	NO	Signature	Date
Case discussed with Coroner				
If YES- Coroners Direction				
If YES- Case Pathologist Informed				
Give Coroners post mortem examination information to Woman/Parents				
If NO – Offer a CONSENTED post mortem examination to Woman/Parents				

**CONSENTED/HOSPITAL/NON CORONIAL POST MORTEM EXAMINATION**

	YES	COMMENTS	DATE	INITIALS
Offer post mortem examination to all Parents				
Give CONSENTED post mortem examination information				
<b>IF PARENTS AGREE TO POST MORTEM EXAMINATION - CARE AS BELOW</b>				
<b>Consent:</b>	Consent form complete			
	Signed by Woman/Parents			
	Signed by Witness			
	Woman's/Parents' requests explicitly indicated on form			

<b>FOR ALL POST MORTEM EXAMINATIONS</b>				
	<b>YES</b>	<b>COMMENTS</b>	<b>DATE</b>	<b>INITIALS</b>
Liaise with Pathology Department re post mortem examination scheduling				
Book post mortem examination				
Date and time of post mortem examination	<b>Date/Time:</b>			
Place of post mortem examination	<b>Location:</b>			
If post mortem examination off site: name and contact number of responsible person in Pathology Department	<b>Details:</b>			
Arrange Transport				
Transport – type				
Book Skeletal X-rays				
Skeletal X-rays completed				
Ensure cytogenetics have been taken from placenta				
Parents informed of post mortem examination arrangements				
Ensure the original consent and clinical request form are complete				
Ensure the original consent form and clinical request form accompany Baby				
Mother’s notes to accompany Baby				
Addressograph labels for Mother				
Addressograph labels for Baby				
Placenta to laboratory as per local policy				

<b>FOR ALL POST MORTEM EXAMINATIONS</b>			
Accompanying person to post mortem examination laboratory	<b>Name:</b>		
<b>Location of Baby:</b> Time Baby left ward for post mortem examination	<b>Time:</b>		
<b>Location of Baby:</b> Time Baby returned to ward following post mortem examination	<b>Time:</b>		
<p>If organ retained at PME this should be stated in returning paperwork with baby.</p> <p>The pathologist performing PME to communicate the retention of an organ to the Coroner and Consultant Obstetrician in Coronial PME and to the Consultant Obstetrician in Consented PME.</p>			
	<b>YES</b>	<b>NO</b>	<b>Signature</b>
Was an Organ retained			
If YES – Have parents been informed			
<b>IF PARENTS DECLINE POST MORTEM EXAMINATION - CARE AS BELOW</b>			
	<b>YES</b>	<b>COMMENTS</b>	<b>DATE</b>
	<b>INITIALS</b>		
If post mortem examination declined: Offer full examination by Neonatologist/Paediatrician/Pathologist			
Obtain consent for external examination (as per consent pathway outlined above)			
Obtain consent for clinical photographs (using same post mortem form)			

## 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 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>Date:</b></p> <p><b>Time:</b></p> <p><b>Place of service:</b></p> <p><b>Place of burial:</b></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>				
Explain the registration and certification process (as per local guidelines)				



## STILLBIRTH CERTIFICATION AND REGISTRATION

Complete Birth (Stillbirth) notification as per the Registration of Births Act, 1996

Complete Medical Certificate of Stillbirth when all results of investigations are available

	YES	COMMENTS	DATE	INITIALS
Inform Parents that legally their Baby's stillbirth must be registered				
Hospital notify the Registration Office of the birth (Stillbirth)				
In case of multiple births, with surviving infant, ensure Registration Office is aware of situation				
Complete Medical certificate of Stillbirth once cause of death agreed at PM-MDT Meeting and/or at postnatal review meeting				
Inform Parents, once medical certificate is completed, that they can attend their local Registration Office to register their Baby's stillbirth				
Give Parents contact details of local registration office (Stillbirth can be registered by parents up to one year after the death of their baby)				
Bereavement CMS/CNS responsible for above arrangements		<b>Signature</b>		

## BIBLIOGRAPHY

Health Service Executive (2021) *National Standards for Bereavement Care following Pregnancy loss and Perinatal Death; Version 2*. Available at <https://www.hse.ie/eng/services/list/3/maternity/bereavement-care/bereavement%20care%20following%20pregnancy%20loss%20and%20perinatal%20death.pdf> [Accessed: 06 January 2023].

McDonnell A, Butler M, White J, Escañuela Sánchez T, Cullen S, Cotter R, Murphy M and O'Donoghue K (2023) *National Clinical Practice Guideline: Investigation and Management of Late Intrauterine Death and Stillbirth; January 2023*. Dublin: National Women and Infants Health Programme and The Institute of Obstetricians and Gynaecologists. Available at <https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/> and <https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/> [Accessed: 06 January 2023].

## **ACKNOWLEDGEMENT**

### **REVIEWERS**

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