York Teaching Hospital NHS
NHS Foundation Trust

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

MATERNITY SERVICES GUIDELINE

Care of women and families experiencing the death of an unborn baby

(Not for use for those women having a termination for abnormality)

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Introduction & Scope

Caring for a family who has a stillbirth, delivering their baby, can be the hardest part of a midwife or obstetricians job. We expect to be present at the joyful start of a life and assist families beginning the exciting journey as parents. When a baby has died we become involved in the end of life and the beginning of a journey into grief. However, it is in these sad circumstances that staff may be able to contribute most. The care given at this time will influence the family's ability to cope with the grief process.

It is very important that parent' wishes are adhered to as closely as possible, that mementoes are offered and given with care, and that families receive correct information enabling them to deal with immediate issues and establish a support network for the future.

The death of a baby is a distressing time for those involved in the families care and some of the processes required may be unpleasant. However, it helps to remember that these will benefit the parents. It is also important to remember that whilst it is healthy to show the parents that we are upset, it is our job to support them in their grief. If you have any issues that you would like to discuss about a stillbirth you have been involved with, there are a number of agencies that may be of help:

a) The hospital chaplain, phone number 725579
b) The staff counselling and support network, phone number 725092
c) Colleagues who may have more experience in this area than you
d) A supervisor of midwives

You can also contact anyone who has been involved in formulating this protocol.

Rationale

To ensure women and their families can access the appropriate service as soon as it is suspected that there is a foetal demise. To ensure they are given accurate information in order to enable them to make informed decisions regarding their maternity care. All decisions should be respected and families should be given time to make these decisions.

The guideline should provide midwives and doctors with clear guidance on the service that should be offered, and the appropriate paperwork and actions that are required to be undertaken, thus providing equitable care for all women using the maternity service.

Aim

To provide effective care with appropriate emotional, psychological and social support for women and their families who have suffered the death of a baby.

Management

Diagnosis and Referral Process

A midwife will be the main caregiver and contact with non-essential staff kept to a minimum enabling the parents to develop a rapport with their midwife.

Routes of Admission

1. **Women who are referred with reduced foetal movement.** If it is suspected that the baby has died, or the foetal heart cannot be auscultated, the women should be moved into the SANDS room.
2. **Referrals from community midwives when the foetal heart cannot be auscultated** should be admitted straight into the SANDS room.
3. **Women admitted in early labour with no audible foetal heart** should be moved into the SANDS room if medically safe.
4. **Foetal demise diagnosed on scan in ANC.** Care will be commenced in ANC and parents admitted to SAND's room for induction or if in early labour.

Use Room 14

1. When in good labour
2. If there are any complications
3. If SAND's room is occupied

Diagnostic Scan

The only accurate means of diagnosis is ultrasound. The scan should be performed in the SAND's room, the pregnancy loss thus being confirmed in an appropriate environment.
The obstetric registrar on-call should first perform the ultrasound. If the registrar is unable to detect a foetal heartbeat the parents should be informed that a second scan by the consultant or ultrasonographer maybe required to confirm the findings. (RCOG recommendations)
Between 9am and 5pm the ultrasonographer in antenatal clinic should be asked to come to the SAND's room or room 14 to perform the second scan. Until 10pm the on-call ultrasonographer may be able to perform the second scan on Labour Ward, or a sonographer may be willing to come in during the night. There is no on call system between 10pm and 9am. A consultant obstetrician may be able to perform the second scan if available If none of these options is available and a second scan cannot be performed during the night this must be explained to the parents who are given the option of staying overnight in the SANDS room or going home and returning for 9am, when the scan can be performed.
It is appropriate that the midwife supporting the parents is present throughout and is prepared to break the bad news. It is not the responsibility of the ultrasonographer to inform the parents that their baby has died.

In the event of a viable pregnancy, the parents can be reassured and transferred back to the appropriate maternity care with increased monitoring of foetal well being if needed.

<u>Following confirmed foetal death on</u> Labour Ward or in ANC

1) Begin stillbirth documentation pack
2) Inform: -

Parents in an appropriate manner
Obstetric consultant and registrar
Labour ward coordinator
Bereavement Advisors - out of hours leave a message on answer machine – Tel 5392 – inform parents of this.
If requested inform hospital chaplain. Tel: 5579, bleep 720, out of hours radio pager via switchboard. (appendix 5)

3) Commence Antenatal Checklist (appendix 6)
4) GIVE PARENTS FOLLOWING INFORMATION WITH AN EXPLAINATION
    - "Supporting You When Your Baby Dies" leaflet (appendix 3)
    - "Your Plan of Care" (appendix 4) which parents can complete.
    - Envelope with information about SANDs, which should be opened.
    - "A Guide to the Post mortem Examination Procedure for a Baby " (Appendix 5)

Options for Care if Not in Labour

When the parents feel able to continue take and record maternal observations. Take all maternal admission bloods and send bloods immediately (see appendix 1). Care option will depend on these results and need to be discussed with the registrar. Following this discussion, the medically appropriate option for care can be discussed with the parents. Prior to induction of labour and delivery it is useful for parents to go home and begin to come to terms with their situation.

1. Choosing to Await Natural Onset of Labour or Undecided

Only suitable if no pre-existing maternal complications.
Potential complications, such as D.I.C., increase daily after the first 48 hours. Potential complications must be explained to the parents prior to discharge.
The parents should be given contact telephone numbers for Labour Ward and the community midwife in case they decide they would prefer induction, wish for further discussion or reassurance or are in labour. An appointment is made for the parents to return to see the consultant on call for Labour Ward, in the SAND's room, within 48 hours.

2. Choose Induction of Labour

Method of induction is at the consultant's discretion and as medically safe. Induction should be at the safest time for mother. If there are no maternal complications ALL parents should ALWAYS be encouraged to go home and return next day for induction.
<u>Mifepristone</u> may be prescribed and taken prior to discharge. Mifepristone: 600mg (3 x 200mg tablets) may need to be prescribed on a specific numbered prescription chart kept in ANC in the bottom left cupboard in the blood taking room and "camera draw" in the Labour Ward Manager's office. The prescription chart and the specific Mifepristone chart must be taken to pharmacy by a named person. The mother must be observed swallowing the tablet and should stay under observation for an hour following administration to ensure no side effects. The temperature, pulse and blood pressure should then be repeated.

Side effects of Mifepristone are:

- Nausea, vomiting, diarrhoea
- Headache, dizziness
- Muscle weakness
- Flushing, chills
- Chest pain, difficulty in breathing, palpitations
- Fall in blood pressure
- Raised temperature

When pharmacy is shut parents may stay in the SAND's room or go home and return when pharmacy is open. Mifepristone can only be obtained during pharmacy hours. Following administration the mother is discharged home with contact telephone numbers for Labour Ward and the Community Midwife.

MIDWIVES ROLE FOLLOWING ANTENATAL DISCHARGE WHEN AN IUD HAS BEEN DIAGNOSED,

The midwife must contact the Community Midwife and the GP and inform them of the foetal demise and that the mother is currently at home. (Sign "Antenatal checklist following stillbirth or late miscarriage" appendix 6)

Ensure that all preparation is made for future admission and paperwork is complete.

- A plan of care should be documented in the maternity notes by the consultant or senior medical staff, including plan for induction.
- Drugs for induction (Prostin, Gemprost etc), antenatal, labour and postnatal analgesia and 1mg Cabergoline, which is given following delivery for suppression of lactation, to be prescribed.
- All the mother's details and planned date for readmission are written on the Labour Ward office communication board.
- Notes to be kept in back of notes trolley on delivery ward
- Compute (admit, enter ante-natal details and discharge)

ADMISSION OF WOMEN REQUIRING INDUCTION OF LABOUR

Prior to admission/transfer to Labour Ward prepare the appropriate room. See guide for preparing SAND's room and room 14. (Appendix 2)

On admission admit the parents to the appropriate room: -

- For induction into SAND's room
- Early labour admit to SAND's room
- Advanced labour room 14 labour ward
- Maternal complications room 14 labour ward

Admission Process

- Maternal observation of temperature, pulse, urinalysis and blood pressure.
- Site cannula; take maternal blood if not already taken (See Appendix 1). **NB:** If over 24 hours since last blood test check FBC and clotting, ensure grouped and saved.
- Discuss plan of care. Explain use of cold cot (appendix 4)
- Discuss pain relief. Refer to PCAS guidelines (appendix 7). PCAS followed by epidural if needed is advised.
- Complete antenatal check list (appendix 6)
- If not already discussed, options regarding post-mortem should be initiated by senior midwife.

INDUCTION

Commence induction when appropriate. Vaginal Gemeprost or Prostaglandin may be prescribed,.

Administration of Gemeprost

- Each pessary contains 1mg of Gemeprost a prostaglandin that causes uterine contractions and brings about abortion. The side effects include vaginal bleeding, diarrhoea, headache, muscle weakness, dizziness, flushing and backache. The pessaries may cause shortness of breath and chest pain and raised maternal temperature.
- The pessaries need to be stored at minus 10°C and at room temperature prior to administration; and therefore are removed from the refrigerator half an hour prior to administration. One pessary is inserted into the posterior vaginal fornix at 3 hourly intervals
- Gemeprost should continue to be administered until the baby has been delivered or the course of 5 pessaries has been completed. A second course can commence 24 hours from the commencement of the previous course.

Administration of Prostaglandins

- As per Maternity Unit Guideline Induction of Labour January 2009.
- No CTG is required

Other methods of induction

Special consideration needs to be given to women who have had previous caesarean sections, and have maternal complications. Care will be dependant on individual consultants' discretion. A plan of care will be clearly indicated in the obstetric notes

ARM is not necessarily required to augment labour as it may be preferable for the fetus to be born in its membranes but ARM followed by Syntocinon is suitable for augmentation of labour if needed. Augmentation of women less than 36 weeks gestation should be discussed with the consultant.

Admission of Women Already in Labour

Following the diagnosis of IUD

- Inform patients of foetal demise in appropriate manner
- Inform Labour Ward Coordinator
- Begin stillbirth documentation pack
- Inform Obstetric Consultants
- Inform Bereavement Services. Inform parents that you have done so and give contact card
- Commence and complete "Antenatal Care Checklist (appendix 6)
- Give parents "Supporting you when your baby dies" leaflet (appendix3)
- Give parents SAND's information envelope
- Take maternal bloods (appendix 1)

LABOUR & PAIN RELIEF

Follow labour ward guidelines for "Care of Women in Labour", and parental preferences but no foetal monitoring is required. Do not use a monitor for contractions.

Once in established labour transfer to Room 14. There may be occasions when low risk mothers may deliver in the SAND's room following discussion with the Labour Ward Co-ordinator and registrar or consultant.

If possible introduce a support midwife at an appropriate time during labour, your support midwife can be present at the delivery and will be able to assist you with administration.

Pain Relief

Mothers' preferences will already have been discussed and may be documented on the "Plan on Care" (appendix 4)
It is appropriate to offer baths, hot water bottles, T.E.N.S, and oral analgesia as needed

P.C.A.S is strongly recommended as it will allow women to control their own pain and increase mobility. This can be administered by the anaesthetist in the SAND's room if needed, irrespective of the stage of labour. Please refer to PCAS guidelines (appendix 7). Entonox and/or epidural can also be given when in labour.

DELIVERY

The management of second and third stage are similar to those for all deliveries. The main aim is to achieve a safe vaginal birth.
The second stage may take longer due to the softer presenting part and a greater reluctance to push. Allow two hours for descent of the presenting part and then ask the parents if they are willing to commence active second stage. If they are not further time can be allowed following discussion with senior obstetric staff. A second stage of less

than 4 hours remains preferable, but instrumental deliveries and caesarean sections should be avoided if at all possible and staff should use their discretion to provide the best care. The mother's health remains paramount and the importance of bladder care, prevention of infection and long-term pelvic floor problems must be remembered.

A midwife may deliver all presentations vaginally. Manoeuvres to expedite delivery for foetal well-being are unnecessary.

Call for a support midwife when you feel it is necessary.

Administration of Syntometrine and an active third stage is strongly recommended, as there is an increased risk of PPH.

Adhere to parent's wishes at delivery as they may alter their preferences as labour progresses. The baby may be given to mother or placed in the Moses basket as requested.

Assess perineum and repair if required.

Perform maternal observations.

FOLLOWING THE BIRTH

MATERNAL CARE

- Observations of temperature, pulse and blood pressure as needed
- Take blood for Kliehauer if needed.
- Assist with personal hygiene
- Offer a drink and toast
- Review "Plan of Care" (appendix 4) with parents and confirm decision concerning post mortem
- Transfer to the Sands Room when appropriate

BABY CARE

- **For all care of baby following delivery follow appropriate column on "Care of baby after delivery" flow chart (appendix 8)**
- Label baby– Place nametag through cord clamp with name, D number, sex where known date and time of birth. Separate nametag for keepsakes.
- Examination of baby checklist to be completed (appendix 9)
- **When there are any problems identifying the sex of the baby, e.g. late miscarriages and very early stillbirths, it is essential that this is explained to the parents and that no gender is given. If amniocentesis was not requested in the antenatal period the gender may be identified by genetic testing on the cord sample sent to Leeds** (appendix 14)
- When the baby is not being held by the family it should be in the cold cot resting on a quilt chosen by the parents, and covered by a sheet or blanket. The cold cot lid is not used at this time.
- Dress baby – Clothes maybe provided by parents or chosen from cupboards in room 14. Please ensure cotton hospital clothes are washed and returned to the cupboard; knitted ones may be kept by parents. When a post-mortem is requested babies can not go to the mortuary dressed in clothes needed for the funeral

- Cardigan, hat, snuggle blankets, quilts and “Sweet Dreams” memory boxes are kept in the cupboards in room 14. Parents can choose what they would like to keep or send with their baby. Please do not give the complete memory box- remove all items and ask them what parts they would like
- Take photographs – For instructions see appendix 11
- Allow parents to spend time with baby, but baby needs to be in the cold cot most of the time if a post-mortem requested.
- Obtain keepsakes, hand & foot prints, lock of hair if requested (see appendix 12)
- “Certificate of Stillbirth” to be completed if appropriate by a midwife who has seen the baby, sign and write name carefully. Kept in Stillbirth Additional Information folder.
- For babies’ gestation 23+6 and below complete a yellow hospital Commemorative Certificate. Kept in Stillbirth Additional Information folder.
- Arrange baptism/blessing/naming if requested. To contact chaplain see appendix 5.
- Transfer to mortuary (see appendix 13)

ADDITIONAL CARE

- Commence “Postnatal Care Checklist” (appendix 14)
- Check placenta: obtain swabs if requested
- Cord blood for TORCH screen and for Coombes test if needed– if not possible record this on the postnatal checklist
- Obtain cord sample for cytogenetics and inform parents of this (see appendix 15). Tissue sample from baby only be required if cord sample is inadequate and written consent will then be required from parents.
- Send placenta and request form to histology. Label clearly and follow appendix 16 carefully
- Complete appropriate forms for post-mortem if requested. See below
- Complete all parts of the postnatal checklist and sign each task only when task completed
- Enter all relevant details into computer

POST-MORTEM INFORMATION

PLEASE READ THIS VERY CAREFULLY

1) Where a post-mortem has been requested by the parents they must both complete the “Consent to a hospital post-mortem examination on a baby or child” York hospitals NHS Trust document. This can be obtained via the hospital intranet and must be printed on cream paper (appendix 17). Where possible both parents should sign.
2) ALL pages must be signed. Twins need two forms.
3) Consent may be obtained by midwives or medical staff who have received the appropriate training. The pathology department will maintain a record of their names
4) The form should be witnessed and signed by another member of staff.
5) When signed the consent form should be photocopied twice on white paper. One copy is for the parents and one for the notes.
6) Parents must be given a copy., it contains information about what to do if they change their minds
7) The original cream copy must go to the mortuary.
8) Complete and sign X-ray request form for skeletal survey if post-mortem requested.
9) When consent has been obtained complete the “Request for a post-mortem” form (appendix 18) which contains additional information required by the pathologist
10) If the baby has not yet been taken to the mortuary the original cream consent form, the X-ray and the request form MUST accompany baby in the brown clinical details envelope provided.
11) If the baby is already in the mortuary the original cream consent form, X-ray form and the request form MUST be delivered by hand to the mortuary in a plain brown envelope with a hand written explanation of the contents
12) **These forms must not be left in the patients’ notes when she is discharged or the post-mortem the parents have requested will not take place.**

CERTIFICATION OF STILLBIRTH INFORMATION

PLEASE READ THIS VERY CAREFULLY

1) All babies born without signs of life after 24 weeks gestation require a “Certificate of Stillbirth”
2) This must be completed by a midwife who has seen the baby.
3) A book of certificates is kept in the back of the stillbirth information file on Labour Ward. Certificates are numbered and must be used in the correct order.
4) The midwife completing the certificate will need her NMC number and must write her name next to her signature.
5) An envelope with information about the office of the registrar for births, deaths and marriages is provided for the certificate. The completed certificate should be given to the parents by the midwife. The Bereavement Services will give them more information concerning registration of the baby
6) The Bereavement Services may ask the midwife to complete a cremation certificate at a later date
7) The Bereavement Services will give all information about the funeral and all queries should be directed to them.

DISCHARGE

The midwife needs to ensure that the parents have the following documents when they leave the hospital:

- Care Plan and discharge letter in envelope with emergency numbers
- T.T.O.'s if prescribed – e.g. iron tablets, analgesia
- Memory box. When parents chose not to take this they should be informed that the box can be kept for them for 6 months. It should then be clearly labelled and stored in the SAND's cupboard
- Any other mementos
- Stillbirth certificate or Commemorative certificate
- Photographs and/ or CD
- Postnatal exercise sheet
- Blood request form for lupus to be taken at this PN appointment. Write lupus anticoagulant on red haematology form under immunology other.
- Postnatal appointment to see the consultant will be sent for a time when all relevant results have been received. This will be a minimum of 8 weeks
- Bereavement Services contact card
- Emergency phone number for on-call midwives
- Useful numbers card

The midwife should also:

- Contact the:
    - Community Midwife
    - GP
    - Health Visitor
- Clerical staff should only contact professionals who are already aware of the foetal demise. A midwife or doctor should always give initial information to other professionals
- Ensure all relevant information is entered onto the computer
- Complete postnatal checklist carefully and sign that everything has been completed.
- **CHECK THAT ALL SPECIMENS AND REQUEST FORMS HAVE BEEN COMPLETED AND SENT CORRECTLY**
- Clerical staff will make appointments and inform other agencies if requested to or if a message is left in the labour ward workbook.
- Leave the empty pack in the SAND's information draw in Labour Ward office to be refilled

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Appendices

Appendix 1 - Antenatal and screening blood tests

Appendix 2 - Preparation of Rooms

Appendix 3 - "Supporting you when your baby dies" (patient information leaflet)

Appendix 4 - Plan of Care

Appendix 5 - " A Guide to the Post Mortem examination procedure for a Baby" (patient information leaflet)

Appendix 6 - Contacting Hospital Chaplain

Appendix 7 - "Antenatal Care" Checklist

Appendix 8 - PCAS Guidelines

Appendix 9 - "Care of baby after delivery" flow chart

Appendix 10 - "Examination of baby following a still birth" checklist

Appendix 11 - Photographs

Appendix 12 - Hand and Foot Prints

Appendix 13 - Transfer to Mortuary

Appendix 14 - Postnatal checklist

Appendix 15 - Tissue samples for cytogenetics

Appendix 16 - Transporting Placenta to Histology

Appendix 17 - Consent for post mortem examination on a baby or child

Appendix 18 - Request for a post-mortem to be carried out on a stillborn baby, late miscarriage (16 weeks or over) or TOP for foetal abnormality

ANTENATAL & SCREENING BLOOD TESTS

The following blood samples should be taken with maternal consent

Sample		Bottle	Form
a) b)	Full blood count HbA_1C	One red top bottle	Red biochemistry / haematology request form. Tick FBC (red) and HbA_1C (green)
c) d) e)	Group and save serum Maternal antibodies Kleihauer (on all women)	One blue top bottle One red top bottle	Yellow transfusion form
f) g)	Coagulation screen Full thrombophilia screen	Three green top bottles & one brown	Red biochemistry / haematology request form. Tick coagulation screen (red) and write on request for thrombophilia
h)	TORCH screen	Brown top	Blue microbiology request form and write on request.
i) j) k) l)	Auto-immune screen (including maternal cardiolipins) Thyroid function tests Urea & electrolysis Liver function tests	Two brown top bottles.	Red biochemistry / haematology request form. Tick - U&E, LFTs, Urate, TFT(TSH& fT4), TPO Antibodies (green) - Anti-Cardiolipin (orange)

If all above tests are completed three green, four brown, two red and one blue blood bottles are needed.

A full blood count, group and save serum and Kleihauer (irrespective of maternal blood group) should be taken as soon as possible following the diagnosis of I.U.D. and prior to A.N. discharge. Other tests can be taken when canulated for labour.

Ensure all forms and specimens are correctly labelled.

Explain to the parents that most results will not be available until the postnatal appointment.

Sign “Antenatal Care Checklist” (appendix 6) in appropriate box. When not all bloods have been taken indicate which were omitted and why on this checklist.

PREPARATION OF ROOM 14

- Remove resuscitaire, extra drip stands, CTG monitors, spare trolleys etc
- Generally tidy room and make it welcoming
- Unlock cupboards under sink. In these are stored kettle, cups etc for parents to use and memento boxes, clothes etc from which they can choose items for the baby after delivery
- Exchange cot for cold cot plugged in
- Ensure there is a reclining chair and provide pillow and blankets for partner
- Provide fresh water
- Provide gown if needed

THE MOSES BASKET OR COLD COT

- The cold cot should be used in preference to the Moses basket
- It must be plugged in for 30 minutes prior to use
- The top should be removed when the baby is in the cot
- Place a quilt or folded cot sheet between the baby and the cold surface
- The Moses baskets are stored in the SANDS cupboard
- Please redress the basket immediately with clean linen prior to returning the basket and stand to cupboard

PREPARATION OF SANDS ROOM

Ensure the following are available:

- Tea, coffee, milk and sugar
- Kettle
- Telephone
- Bedside lamp
- Cups, saucers and teaspoons
- SANDS camera and films

REPLENISHING SANDS ROOM AFTER USE

- Strip bed linen,.
- Wash crockery and cutlery
- Ask G3 ward cleaner to vacuum room
- Remake bed with clean linen. Use a draw sheet and plastic over bottom sheet

SUPPORTING YOU WHEN YOUR BABY DIES

When a baby has died, parents often feel overwhelmed by their sadness. We extend our sympathy to you and appreciate that the days and weeks following the death of your baby can be bewildering and difficult.

It is especially hard that there are important decisions that have to be made, at a time when you probably feel quite unable to think calmly or clearly about anything.

There is no right or wrong way to do things. Take your time; you do not necessarily need to make any decisions immediately. Try to take things one-step at a time.

This leaflet deals with your immediate care and the birth of your baby.

Throughout your stay the facilities provided by SANDS will be available to you, your partner and family. You will be able to stay in this room until you are in strong labour and return to it following delivery.

One midwife on each shift will be allocated to care for you.

Emotional Support

Reactions to grief are very different. You and your partner may experience differing emotions/feelings at the same time. The SANDS booklet "Saying Goodbye to your Baby" list some possible effects of grief. Please contact your midwife or GP at any time if you need to talk to them. We recognise that different people need different amounts of support. If you feel that it would be helpful to speak to someone who has suffered a similar loss the telephone number for the Stillbirth and Neonatal Death Society is provided. Your midwife will make this call if you find it difficult. She, or your GP, can also arrange a professional counselling for either of you.

We all recognise that nothing we offer can alleviate your grief; but we hope that this information explains what will be happening to you, and the services we are able to offer help as you begin to cope with your loss.

Pain Relief
Induction and labour can sometimes be a long, painful process. Pain relief is always available.
In early labour you may like to consider coping options such as warm baths, pain relieving tablets or TENS machine.
Stronger methods of pain relief are available whenever you need them. We will answer any questions you may have about this.

Pain Relief Options
1. Injections of Pethidine or Meptid.
2. PCAS – a morphine pump which enables you to control your own pain relief.
3. Epidurals are available when you are in labour.

Birth of your Baby
Once you are in strong labour you and your support persons will usually be transferred to a room on the Delivery Ward. Your midwife will be with you throughout your labour and delivery. She will explain everything that is happening and involve you in all aspects of your care.
Towards the end of your labour you may feel pressure in your bottom and an urge to push. Your midwife may need to examine you to see if your baby's birth is imminent. When she is sure you are ready she may then encourage you to push to give birth to your baby. With your permission she will give you an injection to help delivery the placenta. This will usually be delivered soon after the baby. Then the midwife will discuss with you if you need any stitches and perform this procedure when you have enough pain relief.
Once your baby is born we will carry out your wishes according to your plan of care. You may change your mind about anything at any time.

Following your baby's birth
You and your partner are welcome to stay as long as you need. Throughout your stay you are welcome to invite family, friends and children to be of support to help you though this difficult time. If you have decided that a post-mortem would be helpful your midwife may suggest that you spend some of your time with your baby in the sitting room near to the mortuary. If not the baby can stay in your room for as long as you like.

Decisions about your baby
The leaflet provided by SANDS "What has to be done" provides detailed information.
A post-mortem (autopsy)
The midwife and doctor will discuss the reasons that a post-mortem examination may be useful with you and your partner. It may help to find out why your baby died or help you to make decisions about future pregnancies. There will be plenty of time for you to find out about this procedure and think about it. Both of you would be asked to sign a consent form if you wish to.
Blessing/Baptism
Your midwife will contact the hospital chaplain if you would like her to, or you may ask your own minister to come to the hospital. The Book of Remembrance is in the hospital chapel.
Photographs
Your midwife will take photographs of your baby, which can include family photographs. If you don't wish to take these home immediately they will be kept incase you decide to collect them in the future. You can of course take your own photographs, but please discuss the development of these with your midwife.
Mementos
A small box will be provided in which you may keep any mementos, such as wristbands, blankets etc. A memory book will be completed on your behalf. You may choose whether or not to take these home.
Registration
Your midwife will give you a medical certificate of stillbirth that has to be taken to the registrar's office in Bootham. You will need to phone to make an appointment with the registrar. They will give you the certificate that is needed for a funeral to take place.
Funeral – Burial/Cremation
The hospital Patient Affairs Manager can visit you in hospital after the birth of your baby. She is able to explain all the options available and, if you wish, assist you with the organisation.

Your Health

You will start to produce breast milk following baby's birth. Your midwife will offer you two cabergoline tablets that will prevent this, though you may experience some side effects, such as dizziness, headache or nausea.

You can expect a moderate amount of vaginal bleeding, which reduces slowly and some period type stomach pains that are after pains and may be relieved by paracetamol. Even if you do not need stitches your perineum may be bruised and painful. A daily bath and careful hygiene is advised for this and paracetamol will help this discomfort.

You may need iron tablets, which you will be given to take home or receive from your community midwife.

If you have any other problems or complications your midwife or doctor will explain these to you as needed and answer all your questions. Please do not hesitate to ask your GP or community midwife if you are worried about anything.

Community Visits

When you leave hospital your GP, community midwife and health visitor will be informed of your loss and transfer home. Your community midwife will visit you the following day and the GP within the next few days. Your partner will need some time off work too. Please ask someone to inform his GP if you are not registered at the same practice.

Postnatal Appointment

You and your partner will be sent an appointment to see your consultant after 6 weeks. We understand that it may be difficult to return to the hospital but it will be in the gynaecology clinic and it will give you the opportunity to discuss what has happened. The results of any test taken should be available then and you will have plenty of time to ask questions. Do keep a list of things you would like to ask.

What happens next?

You may go home to prepare for the delivery of your baby and consider the choices available, providing that it is safe for you to do so.

It is safer for you to go through labour to deliver your baby. Whenever possible w will adhere to your plans for your labour. We will explain all options and procedures to you as often and as thoroughly as you wish.

The onset of labour

1. You may await the onset of natural labour as long as it is safe for you to do so.
2. You may begin the process of induction as soon as possible, awaiting labour either in hospital or, if appropriate, at home.
3. You may contact us when you feel ready to arrange for induction.

Please contact the Sister in charge of Delivery Ward any time day or night on 01904 726004.

The method of induction

This usually depends on how many weeks pregnant you are;

1. Mifepristone is an oral tablet that helps to soften the cervix and can make induction of labour easier. If this is appropriate for you, you will be given a tablet to take before you go home and return when you are in labour or after 48 hours for further induction.
2. Cervagem and prostin are vaginal pessaries that aid induction.
3. As part of the induction process, or to speed up your labour, you may need a "drip" siting in your arm. This will contain a hormone called syntocinon that speeds up contractions.

The doctor and midwife will explain which of these options would be most suitable for you.

It may take sometime to induce your labour. Please be prepared for this. You and your partner are welcome to invite family and friends to support you.

Your Plan of Care

Mother's identification label

PLAN OF CARE

YOU		**YOUR BABY**	
SUPPORT PERSON'S		**NAMING AND BLESSING**	
PAIN RELIEF OPTIONS		**CLOTHING**	
CONTACT WITH BABY		**POST MORTEM**	
PHOTOGRAPHS		**FAMILY INVOLVEMENT**	
SPIRITUAL SUPPORT		**TOYS AND MEMENTOS**	

(*You are always free to change your mind about anything you may have Included or not included within this plan of care)*

Appendix 5 “A Guide to the Post Mortem examination procedure for a baby Information for Parents”

Appendix 6

How to contact a chaplain

Advice for all Wards and Departments, York Hospitals NHS Trust

If you need a Chaplain for a Church of England or Free Church patient…

During normal office hours Monday/Friday use the details on the Who's Who page. At other times ask Switchboard to radio-page the on-call Chaplain. This is a 24-hour service.

If you need a Chaplain for a Roman Catholic patient…

As our Chaplain is part-time in the hospital ask the Switchboard to radio-page the on-call Chaplain. This is a 24-hour service.

Other World Faiths… Consult 'Religions and Cultures' A Guide to Beliefs and Customs for Health Staff and Social Care Services. An invaluable resource designed for you. A copy has been placed in each Ward and department.

We do have a list of voluntary contacts – ask Switchboard to telephone/bleep the appropriate Adviser. This is not a 24-hour service.

N. B.

- If a patient is dying or has recently died, ALWAYS ask the family if they would like to see a Chaplain.
- In the event of a seriously ill baby / child or a baby / child death, please ask the parents or carers if they would like to see a chaplain

To ask does not offend; not to ask may deprive a patient or family of religious ministry that they may have valued

- Non-urgent messages may be left on the Chaplaincy voice-mail 5579 for any of the Chaplains.

Urgent messages should never be left on voicemail; always 'phone Switchboard, and ask them to radio-page the appropriate on-call Chaplain.

YORK HOSPITALS NHS TRUST
ANTENATAL CARE CHECKLIST FOLLOWING STILLBIRTH OR LATE MISCARRIAGE

This checklist is to be used in conjunction with the guidelines for care and the “Care of Baby Following Delivery” flow chart. Please date and sign each item AFTER completion. Thank you.

Mothers identification label

Partners Name

	Name / Signature	Date
Date and time check list started		
Mother informed of death		
Father informed of death		
Senior midwife on duty informed of death		
Consultant on-call informed of death		
Mother’s consultant informed of death		
GP informed of death		
Community midwife informed of death		
Supervisor of Midwives informed of death		
Bereavement Services informed of death. Phone no: 5392/1138/ bleep 709 8.30-.16.00.Message may be left on answer machine. Inform parents of this.		
Parents given card with Bereavement Services phone number		
Parents given hospital information booklet “Supporting you when your baby dies”.		
Parents given care plan, which they can complete		
Parents given information about post-mortem verbally and York NHS Trust booklet, “A guide to the post-mortem examination procedure for a baby ” to take home.		
Parents given SANDS information pack		
Hospital Chaplain (bleep 720, phone 5579, radio page via switchboard out of hours appendix 5) or own religious advisor offered and informed, if requested		
Maternal antenatal bloods taken – FBC, coagulation, group and save serum (see appendix 1)		
U&E and LFT (see appendix 1)		
Thyroid functions (see appendix 1)		

Thrombophilia screen. (see appendix 1)		
Maternal TORCH screen (see appendix 1)		
Auto-immune screen (including maternal cardiolipins) (see appendix 1)		
HbA1C (see appendix 1)		
Maternal antibodies (see appendix 1)		
Additional information. Reasons for omissions **must** be included.		
Antenatal Care Checklist completed.		

PCAS on Labour Ward

There are three main circumstances when patient controlled analgesia (PCAS) may be used on labour ward:

- Post operative analgesia
- Analgesia in labour where an epidural is contraindicated and pethidine is inadequate
- Still births or therapeutic terminations

PCAS

PCAS is inherently safe because the woman controls the amount of drug that they receive. This means that if they start to give themselves too much they become drowsy and will stop pressing the button until they are more awake. It is almost impossible to overdose yourself on PCAS. To be safe it is obviously vital that only the “patient” presses the button (not midwife, partner or relative). Under these circumstances it is safer than intramuscular injections of opiates!

We use different drugs in our PCAS depending on circumstances.
For women who have*, therapeutic terminations* or *still births* a long acting drug, **morphine** is used.

How to set one up

The PCAS machines and the Y connector (Abbot anti-syphon device) that must also be used are kept in main theatre recovery. The Y connector and anti-syphon device must be used. When using Morphine the syringes are also kept upstairs. Morphine syringes are kept in the anaesthetic room All that is necessary is to connect the syringe to a cannula.

Morphine PCAS

Morphine 50mg in 50mls (1mg/ml)
1mg bolus 5 minute lockout
prefilled syringes are available

A standard morphine PCAS can be prescribed on an ordinary drug chart and *any* doctor can prescribe it.

If you have any questions about the use of PCAS then please ask an anaesthetist or one of the pain nurses

A. Vipond

Appendix 9

CARE OF BABY AFTER DELIVERY

Follow appropriate column DOWN based on the parents' decision regarding post-mortem. Ignore other irrelevant columns

Always use cold cot

DECLINED POST-MORTEM	UNDECIDED ABOUT POST-MORTEM	AGREED TO POST-MORTEM
Check baby carefully. Complete 'Examination of baby sheet' (appendix 10), cot card and name tags	Check baby carefully. Complete 'Examination of baby sheet' (appendix 10), cot card and name tags	Check baby carefully. Complete 'Examination of baby sheet' (appendix 10) cot card and name tags
Baby may be bathed	Baby may be bathed in cool water	Baby may be bathed in cool water
Baby can be dressed in own or hospital clothes	Baby can be dressed in own or hospital clothes	Baby can be dressed in own or hospital clothes
No time limits. Use cold cot.	Needs to stay cool prior to P.M. Baby to be in cold cot when not held by parents	Needs to stay cool prior to P.M. Baby to be in cold cot when not held by parents
Take photographs as per guidelines (appendix 11)	Take photographs as per guidelines (appendix 11)	Take photographs as per guidelines (appendix 11)
Take hand and foot prints, lock of hair and complete memory booklet (appendix 12)	Take hand and foot prints, lock of hair and complete memory booklet (appendix 12)	Take hand and foot prints, lock of hair and complete memory booklet (appendix 12)
Certificate of Stillbirth completed by midwife who has seen baby. Commemorative certificate under 24weeks.	Certificate of Stillbirth completed by midwife who has seen baby. Commemorative certificate under 24weeks	Certificate of Stillbirth completed by midwife who has seen baby. Commemorative certificate under 24weeks
Keep baby with parents as long as requested	Keep baby in cold cot with parents as long as requested	Keep baby in cold cot with parents as long as requested
No delay with funeral	May be delay for funeral	Delay for funeral
Toys, blankets etc sent to mortuary with baby in clear plastic bag tied with completed "luggage tag" label	Toys, blankets etc sent to mortuary with baby in clear plastic bag tied with completed "luggage tag" label	Toys, blankets etc sent to mortuary with baby in clear plastic bag tied with completed "luggage tag" label
Cord sample taken with parental consent. Take skin sample ONLY if placental sample not taken (appendix 15).	Cord sample taken with parental consent. Take skin sample ONLY if placental sample not taken (appendix 15).	Cord sample taken with parental consent. Take skin sample ONLY if placental sample not taken (appendix 15).
Baby remains in own clothes.	Change baby clothes if needed for funeral and send to mortuary in clear bag with toys etc	Change baby clothes if needed for funeral and send to mortuary in clear bag with toys etc
Ensure 'DECLINED POSTMORTEM' indicated on both mortuary cards and brown clinical details envelope	Ensure 'UNDECIDED POSTMORTEM' indicated on both mortuary cards and brown clinical details envelope	Ensure 'AGREED POSTMORTEM ' indicated on both mortuary cards and brown clinical details envelope
No pathology form needed	IF CONSENT FOR PM OBTAINED. REQUEST, X-RAY & CREAM CONSENT FORM MUST BE HAND DELIVERED TO MORTUARY	CREAM CONSENT, X-RAY & REQUEST FOR PM FORMS TOGETHER WITH BABY OR HAND DELIVERED WHEN CONSENT OBTAINED
Complete transfer details on clinical details envelope which is empty	Complete transfer details on envelope which is empty	Complete transfer details on envelope. IF PM consent and request forms signed send in envelope with baby.
Transfer baby to mortuary (appendix 13)	Transfer baby to mortuary (appendix 13)	Transfer baby to mortuary (appendix 13)

EXAMINATION OF BABY FOLLOWING A STILLBIRTH OR LATE MISCARRIAGE

*GENDER **MUST** BE GIVEN AS INDETERMINATE PRIOR TO 24 WEEKS*

Name of Mother:
Hospital Number:
Name of Baby:
Date & Time of Birth:
Gestation:
Birth Weight
Overall Length: **Crown/Rump Length:**
Head Circumference:

	Appears normal Y/N	Details of Abnormality
Head — Shape		
Size		
Eyes		
Ears		
Mouth		
Chin		
Trunk — Shape		
Cord insertion		
Spine		
Genitalia (if possible)	Male Female	
Anus		
Limbs — Proportion of limb length		
Appearance		
Posture		
Digits – number webbing		

Other abnormalities or additional information
If abnormality detected refer to obstetric consultant for further examination Name of consultant Referred by Date & Time

Midwife ____________________________ **Date** ________________

Appendix 11

PHOTOGRAPHS
USEFUL HINTS

The digital camera and printer and kept in the bottom draw in the labour ward managers office.

- Take photographs of the baby alone and with the family as requested
- Leave camera or parents to use if would like to
- Use a pale coloured background, not white. Yellow or pale green is best
- When there is a choice of clothes, select ones that are not too pale, darker colours are clearer
- Be aware of what can be seen around the edge of the room (e.g. bins, wheels from trolleys etc)
- Use the zoom button to obtain good close-ups
- If there is no consent for post-mortem a photograph of baby without clothes on should be taken
- A good photograph can be obtained by tipping the Moses basket up on a cot stand or propping it up on pillows on the bed

INSTRUCTIONS FOR DIGITAL CAMERA

TO TAKE PHOTOGRAPH
TAKE PHOTOGRAPH OF JUST "D" NUMBER WRITTEN ON A PIECE OF PAPER (NO BABY) TO IDENTIFY PHOTOGRAPHS FOLLOWING THIS
Press power button to turn camera on

- Compose picture
- Use zoom button (top back) to bring image closer if needed
- Press shutter (top right of camera) down slowly, if image is in focus green light appears on screen, fully depress button to take photograph.
- If no green light appears on screen press "preview" button (top left of camera) then fully depress shutter button to take photograph

PLEASE DO NOT USE ANY OTHER BUTTONS ON THE CAMERA IT IS AUTO- FOCUS AND AUTOMATIC FLASH IN ALL LIGHT CONDITIONS

REVIEWING PICTURES

- Press > playback button, the image appears on the screen
- Use buttons either side on "OK" button to view images
- To take further pictures, press the shutter button half way

DELETING IMAGES

- Turn on and enter review (see above)
- To delete picture press green rubbish bin button
- Press button above "OK" button, select delete, press Ok, image is deleted
- Repeat to delete more than on image

REMEMBER TO DELETE ALL IMAGES WHEN PHOTOS PRINTED AND DOWNLOADED TO CD. NO IMAGES SHOULD BE LEFT ON THE CAMERA

AFTER USE

- Check the battery symbol on the camera screen is green
- If yellow or red it MUST be recharged and ready for use before returning to box.
- See camera instruction booklet page 17 for instructions

INSTRUCTIONS FOR PRINTER

- Plug printer into mains with adapter supplied
- Lift printer lid and turn on
- Lift viewing screen
- Instructions for use will now appear on viewing screen
- Place paper in gap behind screen with glossy side showing
- Use identified cable to attach camera to printer
- Camera end - lift tab on side under strap, fit small end of cable into lower terminal
- Printer end – fit large end of cable into terminal far right at back of printer
- When connected turn on camera, pictures will be automatically uploaded to printer. (If no images found turn off printer and turn on again)
- To print all pictures: - press MENU, choose SELECT ALL, press OK, select PRINT PREVIEW, press PRINT
- To select individual photos use < and > buttons. It is easier to select and print individual photos if you do not want them all
- Once chosen photo located press "OK"
- Use ^up and down arrow to select one copy
- Select PRINT PREVIEW, press PRINT

PRINTING MORE THAN ONE PICTURE ON PAGE

- When picture uploaded press MENU, scroll down to PRINT SETTINGS, press "OK" Select number of pictures on page using arrows
- When correct number highlighted press "OK"
- Choose the two or more picture to be printed and select them. Press PRINT PREVIEW to check then press PRINT

PRINTING SEPIA OR BLACK AND WHITE PHOTOGRAPHS

- Select the picture to print
- Press MENU
- Scroll to EDIT press "OK"
- Scroll to COLOUR EFFECTS
- Scroll down to choose colour (None is normal colour). Press OK
- Press PRINT PREVIEW to check all is correct
- If problems try again or follow on screen instructions
- If correct press PRINT

SAVING PHOTOS TO DISC

- Plug in printer and turn on
- Attach printer to camera (see above)
- Photos will automatically be uploaded
- Select photos to download if not all
- Press SAVE TO CD

- Select all photos or selected photos, press “OK”
- On screen confirm the number of photos to be saved, press "OK”
- It will then ask if an index of photos id required. Select DO NOT PRINT, press “OK”
- Follow on screen instructions to save photos
- When completed disc is automatically ejected
- Repeat the process as two CD’s are required
- Check that photos have loaded. Disconnect camera reinsert CD and photos will be uploaded

DOCUMENTATION AND SECURING IN NOTES

- Label both CD’s with mothers name and D number, date and time of birth and confidential photos
- Photos to go into notes go into a soft plastic pocket which is securely sealed, hole punched and fastened into the notes
- Photos for parents go into a hard cover with mothers id label attached for identification whilst in hospital
- Parents should be informed that if taking the CD to a shop for processing they MUST inform the shop that photos are of a sensitive nature and obtain permission from them.

HAND AND FOOT PRINTS

- Ensure the infant's hands and feet are clean and dry
- Open the foil sealed wipe and wipe the hand or foot. NB the wipe feels dry – this is normal
- Gently, but firmly, press the infant's hand or foot onto the Babysafe sensitised certificate or label
- Be careful that your own finger prints are not transferred to the label
- The foot/hand print will appear slowly only if the Babysafe sensitised label is used
- Repeat process for other feet/hands
- Fix into "Memento Book". The label backing will peel off and it then is sticky
- The wipe can be re-used for several prints

CLAY HAND AND FOOT PRINTS

- **These are the available in the " Sweet Dreams" memory box**
- **If parents would like these a rolling pin is available in the cupboard in Room 14**
- **The frame can be closed and the clay left to dry**

Locks of Hair

- The baby's hair must not be cut without parental consent
- If a lock of hair is taken this should be placed in the little plastic bag provided and fastened into the "Memento Book" or placed in little box provided in " Sweet Dreams" memory box

TRANSFER TO MORTUARY

- Baby clearly labelled and identified by appropriately coloured mortuary cards, which must indicate of post-mortem agreed/declined/undecided.
- Brown accompanying envelope to be completed and stamped with appropriate post-mortem decision.
- If undecided or declined the post-mortem the envelope is empty.
- When consent for post-mortem has been signed and the request for post mortem form (appendix 18) completed prior to the transfer of baby to the mortuary both the completed original cream consent form, the request form completed and X-ray request form for skeletal survey and will be placed in the brown transfer to mortuary envelope and sent with baby.
- If a post-mortem is required but the forms are not completed prior to transfer the transfer envelope is empty when sent with baby.
- Record on Maternity Labour Ward Sheet time of transfer of baby to mortuary
- The completed original cream consent form and request forms **by hand** to the mortuary in a sealed clearly labelled plain envelope.

DURING MORTUARY OFFICE HOURS

8am – 4.30pm (Mon – Thurs)
8am – 4pm (Fri)

- Ring mortuary (phone number 6803) and inform them that you will be bringing a baby and parents
- Baby to be taken to mortuary in pram, which is kept in staff changing room near pool room
- Parents may accompany baby
- Fasten a mortuary card on babies clothing
- Take brown envelope with you. See above
- Take toy and own clothes as appropriate. These must have a luggage tag style label attached detailing mother's and baby's names and D number and are transported in a clear plastic bag.

ALL OTHER TIMES

- Ring porter and ask for mortuary trolley
- Swaddle baby in sheet
- Fasten a mortuary card on babies clothing and a second mortuary card on outside of sheet
- Place baby in trolley
- Put toy and own clothes, if appropriate, correctly tagged and in a clear plastic bag in the trolley
- Complete brown envelope and give to porter

YORK HOSPITALS NHS TRUST
POSTNATAL CHECKLIST FOLLOWING STILLBIRTH OR LATE MISCARRIAGE

This checklist is to be used in conjunction with the guidelines for care and the "Care of Baby Following Delivery" flow chart. Please date and sign each item AFTER completion. Thank you.

Patients identification label Partners Name

	Name / Signature	Date
"Examination of baby" check sheet completed		
Hospital Chaplain (bleep 720, phone 5579, radio page via switchboard out of hours appendix 5) or own religious advisor offered and informed, if requested		
Bereavement services informed of delivery (5392/1138/bleep 709) 8.30-16.00. Message may be left on answer machine. Inform parents of this.		
Cord blood taken from placenta for group and Hb (blue top, red top / haematology form, yellow transfusion form).		
Cord blood taken from placenta for TORCH screen. (7mls in brown blood bottle. Blue microbiology request form and write on request.) Document if not possible		
Placental swab sent for culture and sensitivity		
Placenta sent for histology (appendix 16)		
Tissue samples TAKEN from (appendix 15) Cord OR } Delete as Skin biopsy } appropriate		
When lab is closed please document in ward diary that samples are in specimen fridge and need sending. (appendix 15) Cord } Delete as OR Skin biopsy } appropriate TRANSPORTED to St James' Hospital, Leeds via path lab		
Photographs of baby taken and given to parents with CD (appendix 11)		
Memento booklet completed and given to parents		
Memento box completed and given to parents		
Consent for post-mortem discussed and signed by both parents if obtained. Cream form. Read guidelines carefully. (appendix 17)		

Consent for post-mortem photocopied on white paper x2 and copy to parents. Read guidelines carefully. (appendix 17)		
Post- mortem request form completed if consent for post-mortem obtained, read guidelines carefully. (appendix 18)		
Complete and sign X-ray request form for skeletal survey if post-mortem requested.		
Stillbirth certificate completed 24+ weeks by midwife who has seen baby.		
Where applicable stillbirth certificate given to parents in information envelope provided		
Where applicable information about registering stillbirth given to parents		
23+ 6 weeks and below. York City Council cremation certificate (appendix 19) signed and filed in notes		
23+6 weeks and below yellow commemorative certificate completed and given to parents		
Suppression of lactation offered and given		
Tear drop sticker fixed to front of notes with parental consent		
Bounty database card completed and sent		
Postnatal appointment with own consultant arranged; organised through their secretary		
Secretary informed for perinatal mortality meeting		
Health Visitor informed		
Any other consultants involved in care informed		
Community midwife informed of discharge		
GP informed of discharge		
Blood form for lupus given to Mother to take to PN appointment		
All appropriate discharge papers completed and given to Mother		
Additional information. Reasons for any omissions **MUST** be included		
Postnatal Care Checklist completed		

YORK HOSPITALS NHS TRUST GUIDELINES FOR TAKING TISSUE SAMPLES FOR CYTOGENETICS

Parents who do not wish to have a post-mortem may consent to a cord sample for cytogenetic study. Obtain verbal consent for this and record in notes. A skin sample is only required if the cord sample is inadequate. Written consent for skin samples must be obtained from both parents using the relevant sections of the "Post Mortem Examination on a Baby or Child" consent form.

THE SAMPLES:-

Either Cord

- **3cm length of cord cut 2cm above the placenta**
- **NO placenta is required**

Place the sample in a container with pink transport medium, which is kept in the anaesthetic room fridge and obtained from St James Hospital

Or Skin

- **Whenever possible skin should be taken from the axilla**
- **Use a scalpel blade, not scissors (this ensures a neat edge making repair by the mortuary technicians easier)**
- **Samples must be full thickness, down to the muscle**
- **Approximately 1cm cube is required**

Place the sample in a container with pink transport medium, which is kept in the anaesthetic room fridge and obtained from St James Hospital.

Transportation to Laboratory at St James Hospital

- **Place sample in container with pink transport medium provided by St James Hospital. Check use by date.**
- **Complete "Request for chromosome studies" request card, which is kept with containers**
- **During office hours and on Saturday morning phone YH path lab (phone no: 6802 / 6542) and inform them that there is a sample to be sent to Regional Cytogenetic Unit, Ashley Wing, St James Hospital, Leeds. They will arrange transport to Leeds**
- **At all other times leave specimen in Delivery Ward specimen fridge. Leave a clear message in the ward diary for Delivery Ward Clerk or Labour Ward Co-ordinator to send specimen to lab as soon as possible, following above procedure.**
- **Details of the sample left in the specimen fridge should be recorded in notebook in the fridge door when it is entered and removed.**
- **When the specimen has left the ward the appropriate box on the "Postnatal Care Checklist" must be signed by the member of staff who contacted YH path lab.**

Appendix 16

TRANSPORTING PLACENTA TO HISTOLOGY

Use the clear plastic swab bags

- The placenta must be placed in one bag and the top of the bag knotted
- Put patient identity stickers on the outside of this bag
- Complete the histology request form and place both the bagged placenta and the request form in another clear plastic bag and knot it.
- Put patient identity stickers on the outside of this bag
- Place this in the white plastic bucket provided in the specimen fridge and cover with lid
- Put patient identity stickers on the outside of this bucket
- Outside office hours place the sample in the specimen fridge and leave clear instructions for it to be sent to the lab as soon as possible.
- In laboratory working hours the porter takes the placenta to the lab

A supply of the buckets and bags are kept in the placenta sluice

If you need more bags they can be obtained from main theatre and sample buckets from histology.

Appendix 17

Available on Horizon

“Post-mortem Policy Document”

Master copy to be signed by parents is on cream paper. Photocopies after signing on white

Please do not complete this form until the parents have signed consent for the post-mortem

REQUEST FOR A POST-MORTEM TO BE CARRIED OUT ON A STILLBORN BABY, LATE MISCARRIAGE (16 WEEKS OR OVER) OR TOP FOR FOETAL ABNORMALITY

Mother's name

Mother's Hospital Number

Mother's date of birth

Name of foetus/baby (if available)

Baby's date of birth

Hospital

Ward

Obstetrician

GP

This pregnancy

Gestation by LMP

Gestation by scan

Abnormalities seen by scan: yes/no, please describe ………………………………………...

Amniocentesis: yes/no, results: ……………………………………………………………….

CVS: yes/no, results: ………………………………………………………………………...

Any other foetal screening procedures? Please identify ………………………………………

Any known maternal illness during pregnancy? ……………………………………………….

Any maternal infection? ………………………………………………………………………..

Any known maternal illness/drugs? …………………………………………………………..

Alcohol through pregnancy: yes/no Amount: …………………………………………………

Smoking through pregnancy: yes/no

Any other relevant history: ……………………………………………………………………..

Antenatal admissions? Please give details: …………………………………………………….

Labour

Induction: yes/no, method of induction: ……………………………………………………
Drugs in labour (including epidural):…………………………………………………………

Method of delivery: ………………………………………………………………………..

Examination of baby/foetus

Growth retardation: ………………………………………………………………………..

Clinical diagnosis (any syndrome etc noted): ………………………………………………..

Any specific information sort at post-mortem: ………………………………………………

Any other information: ……………………………………………………………………….

Placenta

Any placental abnormalities noted: ………………………………………………………...

If placental abruption – approx blood loss noted clinically: …………………………………...

Previous pregnancies

Number and outcome: ……………………………………………………………………….

Any other relevant facts: …………………………………………………………………….

Previous medical history

Any previous surgery or significant illness: …………………………………………………..

Blood group: Antibodies: Transfusion/treatment:

Name of Doctor/Midwife

Signature

Date

Bleep/Tel No

Owners: Dr P Maheswaran and Sue Ayres
Date: January 2005

YORK CITY COUNCIL CREMATORIUM

YORK HOSPITAL'S NHS FOUNDATION TRUST

YORK HOSPITAL

Form for the cremation of *foetal remains/products of conception

I certify that the *foetal remains/products of conception accompanying this form were delivered from:

………………………………………………………………… on ………………………
(Name of Mother) (Date)

and are estimated to be of ……………………………. (number of weeks) gestation

…………………………………………………………………. ......……………………
(Signature of Doctor or Midwife) (Date)

…………………………………………………………
(Name in Block Capitals)

…………………………………………………………
(Qualifications)

………………………………………………………….
(Post Held)

………………………………………………………….

………………………………………………………….

………………………………………………………….
(Address/Stamp)

This form is to be used for a foetus delivered at no more than 23 weeks and 6 days and who has shown no signs of life.

*** delete as applicable**

Training needs
As per training needs analysis

Links with
Termination of Pregnancy for Abnormality
Taking a Baby, Child or Young Person from Hospital to Home after Death
Labour- Care of women in labour

References
Pregnancy Loss and Death of a Baby: Guidelines for professionals: Judith Schott, Alix Henley & Nancy Kohner (SANDS) 2007
When a Patient Dies, Advice on Developing Bereavement Services in the NHS. Dept of Health. 2005
Late Intrauterine Foetal Death and Stillbirth. RCOG Green-top Guideline No 55. 2010