# Standard Operational Procedure for the Management of Stillbirth, Late Intrauterine Fetal Death

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| Prepared by: | Amy Blake |
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| Status: | Ratified |
| Effective from: | Dec 2019 |
| Review: | Dec 2022 |

## Diagnosis

Unable to auscultate fetal heart - , if in the community women should be referred in to the maternity unit

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Arrange ultrasound scan (USS) to assess fetal heart activity. Optimal method is via two-dimensional USS by trained sonographers. Out of hours a practitioner with appropriate training may use portable USS

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If intrauterine fetal death (IUFD) is suspected – MUST be confirmed by 2 appropriately trained practitioners. Parents must be given time to absorb the news. A clear, sensitive & honest explanation should be given.

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Offer 'When your baby dies before birth' leaflet and commence 'Stillbirth' pack if >24/40 or 'miscarriage' pack if <24/40 which can be located in the bereavement draw in the community midwives office

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The mother should be offered a choice of Induction of labour (IOL) or, if appropriate, expectant management. The possibility of passive movements should be discussed and maternity unit contact numbers given

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**Community co-ordinator**
-Community midwife (CMW) informed
-Future Appointments cancelled
-Future scans cancelled
- Arrange on going support

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**On Admission to Maternity Ward**

Orientate family to the SANDS room

Discuss with the parents regarding their wishes
-Have they thought about Post Mortem?
-Do they want to see their baby?
-Would they like photographs and hand/foot prints?
-Do they have any religious preferences?

-Undertake requested bloods as per Stillbirth booklet
-Complete VTE risk assessment
-Undertake baseline observations and commence MEOWS.
-Take MSU, HVS and Chlamydia swabs

**On going care**:
-Commence misoprostol regime or induction by Artificial Rupture of Membranes (ARM) as appropriate
-Provide pain relief as required
-Undertake 4hrly observations unless otherwise indicated
-If any risk factors identified then woman should be transferred to labour ward
- A size 16 (grey) intravenous cannula is sited once contractions commence and blood taken for full blood count, clotting screen and group and save if not already available
-Active management of third stage

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**Investigations post delivery**

**In all cases**

**Swabs – All to be sent with a blue form**
Fetal umbilicus – Blue top swab
Fetal ear – Blue top swab
Placenta (maternal side) – Blue top and green top swab

**Where appropriate**

**Karyotype – Tissue samples of karyotype should be offered in the following circumstances:**
**-**All IUFD >24 weeks
-Any fetal loss <24 weeks gestation **when this is the 3rd subsequent miscarriage**
-Any fetal loss <24 weeks gestation with an **obvious phenotypic abnormality**

**Admission to mortuary and accepting/declining post mortem**

- 2 x ID labels applied to baby (x1 round abdomen for small gestations)
- Place baby in a size appropriate body bag and then place in the clear transportation box provided by the mortuary.
DO NOT transport baby in moses basket
-'Mortuary Form' completed and sent to mortuary with baby (can be found in the blue or yellow booklet)
- if <24/40 complete 'non viability' form and send a copy to the mortuary with baby
- Offer the parents the opportunity to walk baby to the Chapel of Rest in a pram if appropriate

Parents requesting a post mortem

**Yes**

- Post Mortem Consent information leaflet given to parents
- Post Mortem Consent form completed by the registrar or a member of staff who has attended the appropriate training.
- Parents should be made aware that they can change their mind

Photocopy:
-the fully completed post mortem consent form
-woman's handheld notes
Complete;
'Relevant information for post mortem' form (Can be found in yellow booklet)
-Ensure all go to the mortuary with the baby

-Placenta placed in a dry pot.
-Label with MOTHERS details
-Send to the mortuary with the baby

-Yellow post mortem sticker completed stating 'Consent for Post Mortem'
-Place in clear transportation box

**No/ Undecided**

- Placenta and cord to be sent to histopathology in formalin if a PM has been declined.
- If the parents remain undecided the placenta should be placed in a dry pot
- Labels with MOTHERS details

-Yellow post mortem sticker completed stating declined/or undecided.
-Place in clear transportation box
- If undecided the Midwife will need to contact the parents the following day.
- The parents should be informed that they can change their mind

Place baby in the red transportation bag
Call porter to collect baby

## 1. Purpose/Background:

The purpose of this SOP is to provide guidance in providing optimal care including bereavement support for families who are having a stillbirth or a miscarriage.

## 2. Scope:

This Standard Operating Procedure (SOP) provides a pathway for obstetric and midwifery staff to follow when caring for families who are experiencing a stillbirth or miscarriage.

It applies to:

- Registered Midwives
- Obstetric Staff
- Labour Ward technicians
- Maternity Support Workers

Working within the:

- Antenatal clinic
- Maternity Ward
- Labour ward
- Community

## 3. Responsibilities

It is the responsibility of all midwifery nursing and medical staff to:

- Access read understand and apply this guidance
- Attend any mandatory training pertaining to the guidance

It is the responsibility of the department to:

- Ensure the guideline is reviewed as required in line with trust and national recommendations

Ensure the guideline is accessible to all relevant staff

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## 4. Procedure:

### 4.1 Definition

**Stillbirth:** The legal definition of a stillbirth is 'Any child expelled or issued forth from its mother after the 24th week of pregnancy that did not breathe or show any signs of life' (The Stillbirth Definition Act 1992)

Terminations for abnormalities after 24 weeks are also classified as stillbirths.

**Miscarriage:** A miscarriage is the spontaneous loss of a pregnancy before 24 weeks of gestation. It can be described as:

- Early miscarriage, if it occurs before 13 weeks of gestation.
- Late miscarriage, if it occurs between 13 and 24 weeks of gestation

### 4.2 Drug Management

#### 4.2.1 Drug Management for the IOL of Miscarriage <24/40 (Unscarred Uterus)

- **36 - 48 hours prior to admission**
  - Mifepristone 200mg PO

- **On admission to maternity ward**
  - Misoprostol 800 mcg PV
  - 3 hours following initial dose of misoprostol, administer 400mcg misoprostol PV or PO 3hrly up to 4 doses
  - If delivery has not occurred after 5 doses of misoprostol (1x800mcg dose and 4x 400mcg dose) administer mifepristone 200mg PO and recommence misoprostol regime 12hr later

#### 4.2.2 Drug Management for the IOL for Stillbirth <27/40 (Unscarred Uterus).

- **36 - 48 hours prior to admission**
  - Mifepristone 200mg PO
- **On admission to maternity ward**
  - Misoprostol 100 mcg PV 6hrly for 24 hours

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### 4.2.4 Drug Management for the IOL for Stillbirth >27/40 (Unscarred Uterus)

If the maternal cervix is favourable consider induction by forewater amniotomy followed by oxytocin.

- **36 - 48 hours prior to admission**
    - Mifepristone 200mg PO
- **Admission to maternity ward**
    - Misoprostol 50mcg PV 4hrly for 24 hours

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### 4.2.5 Drug management for the IOL for stillbirth any gestation with a scarred uterus

- **Day 1**
    - Mifepristone 200mg PO
- **Day 2**
    - Mifepristone 200mg PO
- **Admission to maternity ward**

  There is no literature available that advises on misoprostol regimen for women who have had previous lower segment caesarean sections. This decision is taken by the individual obstetric consultant.

### 4.3 Analgesia

- Ibuprofen 400mg TDS
- Paracetamol 1g QDS
- Oramorph as prescribed
- PCA: If a woman is requiring a PCA the anaesthetist should be called to assess and prescribe
- Epidural: Regional anaesthesia should be offered if the above regime fails to control the woman's pain. In this instance the woman will have to be transferred to the labour ward

**Sedation**

- Temazepam 10-20mgs PRN

**Antiemetic**

- Ondasetron 4-8mgs IV/PO

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## 4.4 Investigations post delivery

**See flow charts for guidance on swabs and histology**

**Karyotyping**

All karyotype samples should be placed in separate, dry universal containers and a yellow histology form and solid tissue form (pink banner on the top) should be completed and sent to lab in Salisbury, inform Labour ward technician that a requisition number needs to be raised for samples prior to sending to Salisbury. Samples are to be stored at 4℃ if any delay in transportation. The following samples are required:

- A placental tissue sample approximately 1 cm square should be taken from near the insertion of the cord
- Amnion sample approximately 2 cm close to origin of cord
- Cord sample at least 2cm
- Skin sample 5mm from thigh or buttock **(only necessary if above samples not taken)**

## 4.5 Care following delivery

- Routine postnatal care and observations should be followed and care should continue in the bereavement room where possible
- If PCA is in process, this should be discontinued following delivery
- A memory box should be offered and commenced
- Parents should be given the opportunity to hold their baby and offered time alone
- The use of the cold cot and cuddle cot should be offered if parents wish to spend a long period of time with their baby following delivery, parents should be given the opportunity to take baby home.
- Parents should be offered the opportunity to bath their baby
- With the parents' consent, hand, footprints and photographs should be taken of the baby and offered to parents. Please offer to take a picture of the family together.
- Administer Anti – D if RH negative

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### 4.6 Discharge procedure

- Routine postnatal discharge should be completed on Euroking.
- Health visitor to be informed of the stillbirth
- Yellow discharge sheet to be left in discharge box for CMW and bereavement midwife
- Email bereavement midwife to inform of loss
- Notify antenatal clinic and ultrasound department so they can cancel all pre-arranged appointments
- Notes to be placed in the bereavement draw
- Offer bereavement literature (SANDS leaflets available in the bereavement box) SANDS Stillbirth and Neonatal death Society Website: www.uk-sands.orgSANDS national helpline: 020 7436 5881
- Community midwife to offer postnatal visits as per routine postnatal care
- Health visitor to be informed and requested contacted to be made with the women
- Bereavement midwife will follow up on next working shift and provide ongoing support and arrange ongoing appointments
- PMRT, MBRRACE/Each Baby Counts to be completed by the bereavement midwife

## 5. Implementation/training/awareness

- This is a review of a current document and it formalises current practice.
- Once ratified it will be available in all clinical areas within the Maternity Unit and on the intranet.
- All new, reviewed and ratified documents are notified to staff via the monthly maternity newsletter

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## 6. Auditable Standards

| What aspects of compliance with the document will be monitored | What will be reviewed to evidence this | How and how often will this be done | Detail sample size (if applicable) | Who will coordinate findings | Which group or report will receive findings |
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| Post mortem process correctly followed and completed in full | Maternal Notes | Yearly | 20 sets | Audit Midwife | MCEG/Audit Meeting |
| PMRT completed | PMRT | yearly | 20 sets | Audit Midwife | MCEG/Audit Meeting |
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## 7. Related Documents:

**Guidelines:**
**SOP –Referral to FMU**

## 8. References:

Royal College of Obstetricians and Gynaecologists. (2010, October). *Late intrauterine death and stillbirth, Green-top guideline no55.* Retrieved March 14, 2019, from https://www.rcog.org.uk/globalassets/documents/guidelines/gtg_55.pdf

## 9. DISCLAIMER

It is the responsibility of staff to check the Trust intranet to ensure that the most recent version/issue of this document is being referenced.

| DOCUMENT HISTORY | | | | | |
|---|---|---|---|---|---|
| **Date of Issue** | **Version No.** | **Next Review Date** | **Date Approved** | **Director Responsible for Change** | **Nature of Change** |
| October 04 | 1 | Oct 2007 | October 04 | | New document |
| February 10 | 2 | February 2012 | February 10 | | Maternity CSG |
| April 2012 | 3 | 23rd April 2015 | 23rd April 2012 | | Amendments made to monitoring box to reflect CNST recommendations. |

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| | | | | | Approved at Maternity CSG |
| January 2014 | 3 | 23rd April 2015 | 23rd April 2012 | | Minor amendments made in relation to incident form WF28471. |
| August 2017 | 4 | 15th August 2020 | 15th August 2017 | Clinical Director of SWC | Reviewed and updated |
| Dec 2019 | SOP v1 | Dec 2022 | 20th Dec 2019 | MCEG | Reviewed, converted to SOP |

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