

	Policies and Procedures Title: <b>STILLBIRTH: GUIDELINES OF CARE</b> Number: <b>1165</b>
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## DEFINITIONS:

**STILLBIRTH:** Birth of a fetus showing no signs of life at a gestation of pregnancy of 20 completed weeks or more **OR** a weight of 500 grams or more

**Note:** For birth of a fetus showing no signs of life, at a gestation of pregnancy less than 20 completed weeks **and** the weight less than 500 grams, refer to regional nursing policy: Miscarriage: Guidelines of care #1050.

**Note:** For birth of a fetus showing any signs of life (breathing, heartbeat or voluntary muscle movement), refer to regional nursing policy: Live Birth-Neonatal Death: Guidelines of care #1025.

## 1. POLICY

- 1.1 Healthcare personnel will utilize the guidelines below to assist families experiencing a stillbirth.
- 1.2 Classification of birth (either miscarriage, stillbirth, or live birth-neonatal death) will be made by the MRP attending the birth.
- 1.3 Registration of Stillbirth form required by eHealth Saskatchewan (Vital Statistics) must be completed within 24 hours of birth by the physician attending the birth. Residents can not complete these forms.
- 1.4 Several burial options will be offered to the family.
- 1.5 Every effort must be made for the family to bond and create memories with the baby during the short time they have together. This facilitates the grieving process and provides comfort in the difficult months to come.

## 2. PURPOSE

- 2.1 To ensure all deceased babies are cared for with dignity.
- 2.2 To provide guidelines for the physical care of the mother, and emotional care to the entire family experiencing a stillbirth.
- 2.3 To assist the family in making decisions and arrangements for disposition of their baby.
- 2.4 To complete all necessary documentation as required by eHealth Saskatchewan (Vital Statistics).
- 2.5 To ensure the family's requests, based on social, cultural and religious beliefs are respected.

## 3. PROCEDURE: CARE BEFORE DELIVERY

- 3.1 Provide appropriate emotional/physical support to the mother and her family.
  - Provide a private room if possible.
  - Keep the experience quiet and controlled, minimizing the number of personnel involved with the birth.
  - Have a separate room available for support persons and family to gather.
  - Encourage any and all support persons to visit and stay with the mother round the clock, per her wishes.
  - Social work may be consulted at any time as appropriate for assistance and follow-up.
  - At RUH, SCH and SPH, Pastoral Care may be consulted at any time as requested by family. A variety of religious and spiritual/cultural options are available through switchboard 24 hours a day.

**Note:** Rural sites contact Pastoral Care per specific site protocol.

- 3.2 Prepare the mother/family for the delivery experience as much as possible beforehand, including
  - Who will be present;
  - Size and condition of baby;
  - Possibility the baby may be born deceased or alive;
  - What to expect physically of labour and delivery.
- 3.3 Discuss the mother/family's wishes as much as possible before delivery occurs. Offer the parents the following options and allow them time alone to discuss and decide on:
  - Seeing, holding and naming baby;
  - Knowing baby's gender;
  - Funeral/blessing/ceremony for baby;
  - Bathing/dressing baby (supplying their own outfit);
  - Having family/siblings to spend time with the baby;
  - Family pictures/pictures of baby;
  - Genetic studies (if applicable);
  - Autopsy (discussed with and consent obtained by Physician);
  - Burial and service options .(Appendix B and C)
- 3.4 Analgesia: Ensure saline lock is in place before labour begins
  - Obtain analgesia orders (IV Fentanyl or PCA).
  - Many labours can be rapid and births precipitous, leaving no time to obtain orders or analgesia to be effectual.

### 3.5 Bloodwork

- Ensure maternal blood group is obtained and documented on the chart.
- Rh Immune Globulin (WinRho) will be given to all eligible Rh-negative mothers in specific antenatal circumstances and within 72 hours postpartum, as per SHR nursing policy # 1141, Blood, Blood Components and Plasma Protein Products-Administration of and SHR Regional Policy 7311-50-004 Informed Consent for Blood, Blood Components and Fractionation Products for Transfusion.
- The MRP/designate may also order investigations for Intrauterine Fetal Demise (IUFD): TORCH screen.

### 3.6 Locate all the appropriate paperwork

- Review all forms. Fill out as much information as possible prior to the birth so more time can be spent with the mother/family following birth.

## 4. PROCEDURE: CARE DURING/AFTER DELIVERY

### 4.1 Ensure white measuring "hat" is in the toilet for all use prior to delivery

- Provide teaching to the mother that an urge to have a bowel movement may be an indication that birth is imminent, and do not get up to the bathroom. Rather, call for a nurse.

### 4.2 For the fetus to be classified as a stillbirth, it must weigh > 500 grams or be of a gestation of more than 20 completed weeks. At the time of delivery, the fetus must not have any signs of life (breathing, heartbeat, involuntary movements). The APGARS must be 0 + 0.

### 4.3 Provide immediate emotional support for mother and family, acknowledging their loss.

- Identify the sex of the baby at the time of delivery.
- Let the family as much time as they desire with the baby.

### 4.4 After delivery of the baby, perform BP, P, fundus and flow assessments q 15 min. Notify physician of moderate or large volume of clots/flow, or hemodynamic instability.

### 4.5 Upon delivery of the placenta, perform BP, P, fundus and flow assessments again q 15 min X 4 or until stable.

- Note the condition of the placenta upon delivery, noting completeness or any trailing membranes. \*\*\*Note: Mothers experiencing a stillbirth are at high risk of postpartum hemorrhage due to retained products of conception.
- If the placenta has not delivered within 90 minutes, a new plan needs to be discussed with the MRP.

### 4.6 The MRP attending the delivery will:

- Complete the Registration of Stillbirth form as required by Vital Statistics within 24 hours of the birth.
- Order gross examination or autopsy of the body when appropriate. Obtain autopsy consent if necessary.
- Order WinRho and obtain blood consent for Rh negative mothers
- Decide whether genetic studies are required (if anomalies are identified). Complete genetics consultation request form as needed.

## 5. PROCEDURE: CARE OF THE BABY

### 5.1 Weigh and measure (length) the baby. Document both in mother's chart.

- 5.2 Wash off any vernix or blood from the baby.
- 5.3 Dress the baby (using hospital supply or parents own clothes) and wrap in a blanket.
- 5.4 Suggest the family take pictures of the baby (using their own camera or smart phone), and/or offer to take pictures of the family with the baby.
- 5.5 Give the family as much time as they desire with the baby.
- 5.6 Transporting baby to the morgue (FOR RUH, SPH and SCH only)
  - Ensure family is finished spending time with the baby
  - Take 4 of mother's patient labels. Cross off mother's first name, write "baby" on all 4.
  - Wrap baby in saline dampened blue pad and then a blanket. Place first sticker on blanket.
  - Place baby in small cardboard box. Place second sticker on top of box.
  - Complete a surgical pathology requisition and attach a third sticker. If the MRP or the family has requested a gross exam, indicate on the form.
  - Put the fourth sticker on morgue log book and fill in all areas of this sheet.
  - Place the body inside the cold room on the shelf marked "For Babies and Fetuses".
  - Leave the surgical pathology requisition the basket on the desk in the morgue.
- 5.7 If the healthcare facility does not have a morgue (rural sites):
  - Fill plastic bags with ice, tie securely to avoid leakage, and pack around the baby in a cardboard box.
  - Store in a secure location with identification paperwork to await pick-up by the funeral home.

## 6. DOCUMENTATION

- 6.1 Form #101152: "Miscarriage, Stillbirth or Neonatal Death Checklist"
  - Serves as a guideline of care for the mother and baby
  - Is a permanent record of the nurse's observations and interventions.
- 6.2 Form #103347: "Notice of Miscarriage or Stillbirth":
  - Complete the first portion upon delivery, and fax to site specific ER Registration as soon as possible after the birth.
  - Complete the remainder of the form once burial arrangements have been decided and fax a second time to site specific ER Registration.
- 6.3 Form #101504: "Release For a Miscarried Fetus, Stillbirth or Deceased Newborn" needs to be signed for all burial options except Option 5: When the family is transporting the fetus themselves.
- 6.4 Form #102459: "Cremation and Interment Authorization" is to be filled out for burial options 1, 2 and 3.
- 6.5 Registration of Stillbirth (eHealth Saskatchewan) is to be filled out by the parents and the MRP who attended the birth. Residents cannot complete these forms.
- 6.6 Surgical Pathology Requisition (no form number) needs to accompany the baby to the morgue if the family has requested a gross exam of the baby by genetics/pathologist.

- 6.7 Surgical Pathology Requisition (no form number) needs to accompany the placenta to the department of pathology if the physician attending the birth chooses to have the placenta examined.
- 6.8 Form #101573: "Consent for Autopsy" is to be filled out by the family and physician if the family desires an autopsy. The form will accompany the baby to the morgue (where applicable).
- 6.9 Form #103869TRIAL: "Self Care Information for Mothers II" may be given to the family as a discharge care plan. This document can be printed off the SHR Infonet by typing in the form number "Search" box of the Infonet home page.
- 6.10 Complete the following documentation in the mother's chart:
- Delivery note in nursing progress notes with birth time classification and weight;
  - Time of delivery of placenta;
  - Condition of placenta ;
  - Routine postpartum checks (BP, P, fundus, flow);
  - Response to loss.
- 6.11 Send all completed forms to site specific ER Patient Registration/Admitting. The body can then be released.

## 7. REFERENCES

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Leon, I. G. (2008). Helping families cope with perinatal loss. Global Library of Women's Medicine. Retrieved online November 4, 2015 from [http://www.glowm.com/section\\_view/heading/Helping%20Families%20Cope%20with%20Perinatal%20Loss/item/417](http://www.glowm.com/section_view/heading/Helping%20Families%20Cope%20with%20Perinatal%20Loss/item/417)

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**APPENDIX B****BURIAL OPTIONS AND RELEASE OF THE BODY****Option 1: Hospital Directed: Cremation and shared garden (For RUH, SPH and SCH only)**

- A local funeral home will pick up baby, cremate the body and inter the ashes in a shared garden at Woodlawn Cemetery
- There is no cost to the family.
- Family does not have the option to attend the interment of the ashes.
- There is an option to have a memorial monument inscribed with baby's name; this is at the family's expense.
- There is a memorial service provided by a local funeral home for these babies once a year in June. There is no charge; service is widely advertised for all to attend.
- Parents complete Form # 102459 "Cremation and Interment Authorization.
- Parents sign Form # 101504 "Release for A Miscarried Fetus, Stillbirth or Deceased Newborn" form, and a staff person will fax to Emergency Registration.
- Emergency Registration will notify the local funeral home when baby is released from the Department of Pathology (Morgue).

**Option 2: Hospital Directed: Cremation and family pick up remains (For RUH, SPH and SCH only)**

- The local funeral home coordinates the pick-up of the baby and the cremation. There is no cost to the family.
- Emergency Registration will notify the local funeral home when baby is released from the Morgue.
- Cremated remains will be held for the family to pick up.
- The local funeral home will contact the family to make arrangements for pick up.
- The family makes all their own other arrangements (e.g. memorial service, disposition of ashes.) .
- Parents sign Form # 101504 "Release For A Miscarried Fetus, Stillbirth or Deceased Newborn" and a staff person will fax to Emergency Registration.
- Parents complete Form # 102459: "Cremation and Interment Authorization".

**Option 3: Hospital Assisted: Burial/cremation and individual plot (For RUH, SPH and SCH only)**

- The family chooses either burial of the body or cremation and. burial of the ashes in an individual plot at Woodlawn Cemetery
- A local funeral home coordinates the entire process.
- The only cost to the family is a one-time charge for opening/closing the gravesite and ongoing care of the site.
- The family may choose to be present at burial. The funeral home will contact the family to make arrangements.
- The family may choose to have a private memorial service. The funeral home will contact the family to make arrangements.
- Parents sign Form # 101504 "Release For A Miscarried Fetus, Stillbirth or Deceased Newborn" and a staff person will fax to Emergency Registration.
- Parents complete Form # 102459 "Cremation and Interment Authorization".
- Emergency Registration will notify the local funeral home to come pick up the baby when baby is released from the Morgue.

**Option 4: Family Directed: Funeral home of the family's choice**

- The family contacts a funeral home of their choice (See Appendix C). All arrangements are made through this funeral home. All costs are the responsibility of the family.
- Emergency Registration will notify chosen funeral home when baby is released from the morgue.
- Baby will be released by Emergency Registration from the morgue to chosen funeral home; family will work with chosen funeral home for all other arrangements (e.g. memorial service)
- Parents sign Form # 101504 "Release For A Miscarried Fetus, Stillbirth or Deceased Newborn" and a staff person will fax to Emergency Registration.

**Option 5: Family Directed: Family transports baby**

- The family may choose to transport the fetus/products of conception to their home community for burial there.
- Miscarriages are not registered with Vital Statistics and therefore do not need a birth registration or burial permit.
- Social worker can be paged to bring Morgue log book up to unit for parents to sign out baby.
- Family takes remains with them upon discharge.

**Appendix C**

**List of Local Funeral Homes**

Acadia McKague's Funeral Centre  
915 Acadia Dr, Saskatoon, SK S7H  
5N4  
306-955-1600

Cherished Memories Funeral  
Service & Crematory Inc.  
591 Centennial Dr N, Martensville,  
SK S0K 2T0  
306-242-7888

Dalmeny Funeral Home  
139 3<sup>rd</sup> St. Dalmeny, SK S0K 1E0  
306-254-2022

Funk's Funeral Home  
1010 7<sup>th</sup> Street, Rosthern, SK  
306-232-5245

Hillcrest Memorial Gardens &  
Funeral Home  
8 St East, 1st right past Briargate Rd,  
Saskatoon, SK S7K 3J8  
306- 477-4400

Kushneryk Funeral Service  
201 1<sup>st</sup> St N, Wakaw, SK  
306-233-4403

Martens Warman Funeral Home  
Inc.

402 Central St W, Warman, SK  
306-934-4888

Martensville Funeral Services  
306-651-0588

Mourning Glory Funeral Services  
1201 8 St E, Saskatoon, SK S7H 0S5  
306-978-5200

Park Funeral Chapel  
311 3<sup>rd</sup> Avenue N, Saskatoon, SK  
S7K 2H9  
306-664-0768

Prairie View Chapel &  
Crematorium  
210A 33<sup>rd</sup> St. E, Saskatoon, SK S7K  
0S3  
1-855-274-0314

Saskatoon Funeral Home  
338 4<sup>th</sup> Ave N, Saskatoon, SK S7K  
2L7  
306-244-5577

Westwood Funeral & Cremation  
Services  
1402 20<sup>th</sup> St. W, Saskatoon, SK S7M  
0Z4  
306-653-3434