

**Appendix D – Care Pathway for a Spontaneous Miscarriage**

**INTEGRATED CARE PATHWAY  
 FOR A SPONTANEOUS MISCARRIAGE**

Patient Details

PATIENT ID STICKER

Name:	Post:	Signature:	Initials:

Consultant Obstetrician: .....

Gestation of Pregnancy: .....

If > 22 weeks DATIX NUMBER: .....

Name:

Unit Number:

**PERSONAL DETAILS**

- Contact Phone Number: .....
- Name of Partner/Husband: .....

**GP DETAILS**

- GP's Name: .....
- Surgery Address: .....  
.....  
.....
- Telephone Number: .....
- Has the GP been informed?  
Yes  No

**COMMUNITY MIDWIFE**

- Name: .....
- Contact Number: .....
- Has the Community Midwife been informed?  
Yes  No

Signed:

Date:

Name:

Unit Number:

**MATERNAL INVESTIGATIONS**

<b><u>Department:</u></b>	<b><u>Investigation:</u></b>	<b><u>Taken:</u></b>	<b><u>Results:</u></b>
<b>Haematology:</b>	FBC		
	Group & Save		
	(X match)		
	Clotting		
	Kleihauer (Hand written bottle and blood transfusion request card)		
	Lupus		
<b>Biochemistry:</b>	LFT's		
	HbA1c		
	Bile Salts		
	U&E		
	Random blood glucose		
	TFT's		
	CRP		
<b>Virology:</b>	Parvovirus		
	Toxoplasmosis		
	CMV		
	Rubella		
	Other		
<b>Immunology:</b>	Anticardiolipin Antibody		
<b>If a concealed or unbooked pregnancy, in addition, take booking bloods i.e. Rubella, Hepatitis B, VDRL, HIV (informed consent)</b>			

**In cases of unexplained fetal loss please obtain ALL blood tests listed and document results.**

Signed:

Date:

Name:

Unit Number:

**DELIVERY DETAILS**

- Gestation: .....
- Date of Delivery: .....
- Time of Delivery: .....
- Mode of Delivery: .....
- Colour of liquor: .....
- Delivery of 3<sup>rd</sup> Stage: .....
- Examination of Placenta  
Placenta: .....
- Membranes: .....
- Cord: .....
- Examination of Perineum:  
.....
- EBL.....

**BIRTH ATTENDANTS**

- Delivered by: .....
- Also Present: .....
- .....
- .....

**RHESUS NEGATIVE:**

YES  NO

***If Yes, repeat kleihauer taken at least 1 hour post-delivery*** YES

**CREATING MEMORIES**

- See Appendix A

Signed:

Date:

Name:

Unit Number:

**BABY EXAMINATION**

Name: .....

Sex:

Male

Female

Indeterminate

***Do not state sex if below 20 weeks gestation to avoid incorrect information.***

○ Weight: .....

○ Head Circumference: .....

○ Any known/visible abnormalities?

○

Yes

No

(Consider Cytogenetic testing if No PM)

○ Was the baby born showing any signs of life?

Yes

No

If applicable -

○ Baby's NHS number: .....

○ Baby's hospital number: .....

**If a baby is born showing signs of life please ensure a Doctor confirms the signs of life in order to facilitate the same Doctor confirming the baby as deceased.**

**The Coroner has to be informed prior to any death certificate being issued.**

Signed:

Date:

Name:

Unit Number:

**APPEARANCE OF INFANT**

	Anomaly	Description
General Appearance	Intact <input type="checkbox"/>	
	Bruised <input type="checkbox"/>	
	Macerated <input type="checkbox"/>	
	Infected <input type="checkbox"/>	
Head	Normal <input type="checkbox"/>	
	Abnormal <input type="checkbox"/>	
Face	Normal <input type="checkbox"/>	
	Abnormal <input type="checkbox"/>	
Neural Tube	Normal <input type="checkbox"/>	
	Abnormal <input type="checkbox"/>	
Anterior Abdominal Wall	Normal <input type="checkbox"/>	
	Abnormal <input type="checkbox"/>	
Limbs	Normal <input type="checkbox"/>	
	Abnormal <input type="checkbox"/>	
Genitalia	Normal <input type="checkbox"/>	
	Abnormal <input type="checkbox"/>	
Umbilical Cord & Placenta	Normal <input type="checkbox"/>	
	Abnormal <input type="checkbox"/>	

Signed: .....

Designation (SPR2 or Cons).....

Date.....

Name:

Unit number:

## **DOCUMENTATION**

### **LIVE BIRTH**

If the baby is born showing signs of life, it must be registered as a live birth regardless of gestation of pregnancy.

- The live baby should be examined by a medical practitioner (obstetric registrar or consultant).
- The same doctor should confirm the death of the baby.

*This is not always easy due to activity on the Delivery Suite.*

*If the delivery of a live baby occurs close to shift handover of medical staff, a doctor coming on duty MUST go and see the live baby and then confirm the death when appropriate.*

*The parents should be gently warned and prepared for this scenario.*

**Any baby born alive and then dying must be reported to the Coroner, regardless of gestation.**

**This can be reported at any time via the Coroners Online Portal.**

**The Neonatal death certificate cannot be issued without the permission of the Coroner and must then be completed by the doctor who saw the baby alive & confirmed the death.**

***The Coroner may order an inquest or a coroner's post-mortem under these circumstances.***

***Parents should be aware of this.***

Name:

Unit Number:

**LIVEBIRTH**

Name of Doctor confirming signs of life: .....			PLEASE INITIAL
Name of Doctor confirming baby RIP: .....			
Date and time of birth: .....			
Date and time death: .....			
Length of life: .....			
Has the consultant on Delivery Suite been informed? Name of Consultant: .....	YES	NO	
Has the Coroner been informed via on-line portal? Name of Dr informing Coroner: .....	YES	NO	
<b>The on-line portal is used to notify the Coroner's office. The death certificate IS NOT issued until the Coroner's office informs us of the decision. It's the Doctor's responsibility who has seen the baby alive/deceased to complete the on-line portal.</b>			
Has the coroner cleared the death and allowed a death certificate to be issued? If Yes, Name of Dr issuing death certificate: ..... If No, is an inquest or Coroners PM to be held?	YES	NO	
	INQUEST	CORONERS PM	
Has the original certificate been scanned and emailed to Bereavement midwives? (Original certificate is then placed in an envelope for the Bereavement office. The family do not receive a copy)	YES	UNABLE TO ISSUE	
Photocopy of death certificate to: Bereavement Office Medical Notes Accompany baby	YES	UNABLE TO ISSUE	
If death certificate issued by hospital, doctor must complete Crem 4 form (Will be completed by Coroner if Coroners case)	YES	N/A	
Has the Form B1 been emailed to the Bereavement Office? <i>Bereavement.uhnm@nhs.net</i> <i>Victoria.poole@uhnm.nhs.uk</i> <i>Rachael.ayre@uhnm.nhs.uk</i>	YES	NO	
Has the Child Health Department, Stafford been phoned and form scanned and emailed to Bereavement Midwives? <i>Sarahann.lake@uhnm.nhs.uk</i> <i>Caroline.birchall@uhnm.nhs.uk</i> <i>Leave message if out of hours.</i> <i>Tel. no. 01785 221151 (Option 1)</i>	YES	NO	
Complete MBRRACE form with as much information as possible and leave in FMN Office for Bereavement Midwives	YES	NO	

Signed:

Date:



Name:

Unit Number:

## **BABY BORN SHOWING NO SIGNS OF LIFE BEFORE 23+6 WEEKS GESTATION**

Was the baby born dead (or known to have died) before 23+6 weeks gestation?	YES	NA	PLEASE INITIAL
Has the non-viable fetus form (Form B3) been appropriately completed, signed and printed by a medical practitioner or midwife?	YES	NO	
Name of medical practitioner / midwife: .....	-	-	-
Has the original (white) copy of Form B3 been sent to the Bereavement office? <i>Please use the Bereavement office box in FMN office</i>	YES	NO	
Has the pink copy of the non-viable fetus form (Form B3) been sent to the mortuary with the baby and yellow copy retained in the medical notes?	YES	NO	
Has the Bereavement Office been emailed with the Notification Form B1? <i>Bereavement.uhns@nhs.net</i> <i>Victoria.poole@uhnm.nhs.uk</i> <i>Rachael.ayre@uhnm.nhs.uk</i>	YES	NO	
Has the communication book been completed? <i>(Does somebody need to ring GP/CMW/Bereavement Office next day)</i>	YES	NO	
Has the Child Health Department, Stafford been phoned and form scanned and emailed to Bereavement Midwives? <i>Sarahann.lake@uhnm.nhs.uk</i> <i>Caroline.birchall@uhnm.nhs.uk</i>  <i>Leave message if out of hours.</i> <i>Tel. no. 01785 221151 (Option 1)</i>	YES	NO	
MBRRACE form completed	YES	NO	
<b>If a fetus is known to have died in utero before the 24<sup>th</sup> week of pregnancy but delivered at a later date after the 24<sup>th</sup> week of pregnancy then it does not need to be registered as a stillbirth. In these cases evidence of the timing of the death would need to be clearly documented in the mother's notes. (RCOG, 2009)</b>			

Signed:

Date:

Name:

Unit Number:

**BABY FOR**  
**POSTMORTEM EXAMINATION**

Written consent **MUST** be obtained for post-mortem examination.

Investigation:	Discussed:	Accepted/Declined	Signed:
Post Mortem		Accepted/ Declined *Delete as appropriate	

Name of clinician obtaining written consent:

.....

Signed:

Date:

Name:

Unit number:

## FORGET ME NOT SUITE CHECKLIST

### BABY FOR POST-MORTEM EXAMINATION:

*Documentation to accompany baby:*

	YES	NO	PLEASE INITIAL
Ensure two ID bands are attached to baby			
Signed post-mortem consent form. <i>Please Photocopy and send to Bereavement Office</i>	YES	NO	
Clinical information for fetal/perinatal post-mortem or non-consent placental examination' form completed. Please complete with as much information as possible. <i>Gives pathologist relevant information to support the examination.</i>	YES	NO	
Photocopies of antenatal records required only if Coroners PM. If hospital PM please photocopy any relevant scans/neonatal resuscitation documentation/any other relevant information. To accompany Clinical information for fetal/perinatal post-mortem or non-consent placental examination' form	YES	NO	
Completed pink copy of non-viable fetus form B3 <input type="checkbox"/> OR If live birth and death - Awaiting Coroners decision / Coroner's Inquest or PM therefore no certificate issued <input type="checkbox"/> Photocopy of death certificate if coroner has allowed hospital issue <input type="checkbox"/>	YES	NO	
Placenta – double bagged, dry in white pot. <i>Placental histology is routinely performed as part of the Post-mortem Examination.</i>  <i>Label placenta and white pot / lid with maternal demographics</i>	YES	NO	
Completed Mortuary slip. <i>Document on mortuary slip that placenta is accompanying baby. Also note if any personal belongings are sent with baby.</i>	YES	NO	
<b>All the above accompany the baby on transfer to the Mortuary. Documentation in envelope. To arrange transport of baby to the Mortuary please ring Sodexo.</b>			

Signed:

Date:

Name:

Unit Number:

**IF POSTMORTEM EXAMINATION NOT BEING PERFORMED**

**ALL investigations require informed parental consent.**

<u>Department</u>	<u>Investigation</u>	<u>Discussed if indicated</u> <u>Signature:</u>	<u>Consented/Declined</u> <u>Signature:</u>
<b>Haematology:</b> <b>CORD BLOOD</b>	<b>FBC</b> (purple bottle) <b>Blood Group</b> (pink bottle) <b>Virology</b> (red bottle)		
If <b>not</b> possible to obtain cord blood samples, consider cardiac blood.			
<b>Cytogenetics:</b> If structural anomaly evident / suspected. Or IUGR  <b>Specimens to Birmingham Women's Hospital</b>	<b>Karyotype</b> - blood specimen. (green bottle)  <b>Placenta</b> -1cm <sup>3</sup> from base of cord, placed in sterile <b>normal saline.</b>		
<b>Histology:</b>  <b>Specimens to Birmingham Women's Hospital</b>	Placenta for histology Dry, bagged in white specimen pot clearly labelled.		
<b>Microbiology:</b>	Placental swab Swab from baby		
<b>Imaging:</b>	Clinical Photography (written consent on request card needed)		

Signed:

Date:

Name:

Unit number:

**POST-MORTEM NOT BEING PERFORMED:**

*Documentation to accompany baby:*

Ensure two ID bands are attached to baby	YES		PLEASE INITIAL
Completed pink copy of non-viable fetus form B3 <input type="checkbox"/>  OR If live birth and death - Awaiting Coroners decision / Coroner's Inquest or PM therefore no certificate issued <input type="checkbox"/>  Photocopy of death certificate if coroner has allowed hospital issue <input type="checkbox"/>	YES	NO	
Completed mortuary slip. <i>Also note if any personal belongings sent with baby.</i>	YES	NO	
<p style="text-align: center;"><b>All the above accompany baby on transfer to the Mortuary.                      Documentation in envelope.                      To arrange transport of baby to the Mortuary please ring Sodexo                      (Ext 72000).</b></p>			

Signed:

Date:

Name:

Unit number:

**PLACENTA FOR HISTOLOGY:**

*(If a post-mortem is **not** being performed)*

Please refer to SOP for Transporting placentas for histology to Birmingham Women's Hospital following a miscarriage, stillbirth or neonatal death

Placenta should be dry, bagged in white pot clearly labelled	YES	DECLINED	PLEASE INITIAL
Clinical information for placental examination following pregnancy loss' form completed. <i>(This is for information purposes so please complete with as much information as possible)</i>	YES	NO	
Consent for Histology  <i>Verbal consent only required for placental histology. Please document verbal consent given in maternal notes.</i>  <i>If fetal tissue suspected, written consent required. This may occur with early gestation</i>	VERBAL	WRITTEN	
Recorded in red specimen book Please use address labels in red book on the outside of the specimen pot. <i>Located on main Delivery Suite reception desk</i>	YES	NO	
Ensure a sender label is attached to the specimen and the traceability form is completed. These are available in the Forget-Me-Not Office and the red specimen book.	YES	NO	
Documented in communication book that transport is required? <i>Please ensure this is on the next working day</i>	YES	NO	

Signed:

Date:

Name:

Unit number:

## PLACENTA FOR CYTOGENETICS

*(If a post-mortem is **not** being performed and there is evidence of a visible/known structural abnormality or severe IUGR)*

Sample of placental tissue approx. 1cm <sup>3</sup> from the base of the cord placed in small white topped specimen container and covered in Normal Saline.	YES	DECLINED/ NOT INDICATED	PLEASE INITIAL
Ensure specimen is labelled with maternal demographics	YES	NO	
Completed cytogenetics request card and photocopy any relevant scan reports <i>Signed by the person obtaining verbal consent</i>	YES	NO	
Consent for cytogenetics  <i>Verbal consent only required for placental cytogenetics. Please document verbal consent given in maternal notes.</i>  <i>If fetal tissue suspected, written consent required. This may occur with early gestation.</i>	VERBAL	WRITTEN	
Place the specimen container, request card and scans into one of the addressed cardboard boxes located in the FMN Office	YES	NO	
Ensure a sender label is attached to the specimen and the traceability form is completed. These are available in the Forget-Me-Not Office and the red specimen book.	YES	NO	
Record in red specimen book <i>Located on main Delivery Suite reception desk</i>	YES	NO	
Documented in communication book that transport is required? <i>Please ensure this is on the next working day</i>	YES	NO	

Signed:

Date:

Name:  
Unit number:

**POSTNATAL CARE**

Observations documented and stable (MEWS chart.)  <i>Consider more frequent observations if indicated.</i>  <i>Consider HDU chart if applicable.</i>	YES	NO	PLEASE INITIAL
Is Fragmin indicated? <i>Complete VTE section on Athena</i>  Risk category score .....	YES	NO	
Cabergoline 1mg given orally <i>Consider &gt;16 wks gestation providing no hypertension.</i>  Date & time given:  .....	YES	NO	
Is Anti D required? Date & time given:  .....  Batch Number: .....  <b>Ensure post-delivery kleihauer is taken and where possible result obtained prior to discharge.</b>	YES	NO	

Signed:  
Date:



Name:

Unit number:

## TRANSFER OF CARE TO THE COMMUNITY

Medical Review indicated Name of doctor discharging home:  .....	YES	NO	PLEASE INITIAL
TTOs provided	YES	N/A	
Book of Remembrance form completed?	YES	DECLINED/GIVEN TO FAMILY TO COMPLETE AT HOME	
Discharge sheet completed? <i>(For CMW)</i> <i>Must be completed with clinical information for all FMN families.</i> <i>If no CMW visit requested then please write on the discharge sheet that this is for information only.</i> <i>This is the midwives responsibility to take to the Community Office out of hours.</i>	YES	NO	
Please ask the family if they wish the Bereavement Midwives to contact them after discharge?	YES PLEASE CONTACT	NO FAMILY WILL MAKE CONTACT IF REQUIRED	
Registry Office Number given if applicable?	YES	NO	
Support leaflets and contact phone numbers provided?	YES	NO	
All existing antenatal appointments cancelled by sending slip to ANC	YES	NO	
Have the hearing screening team been notified of delivery? <i>There are notification slips available in the FMN Office</i>	YES	NO	
GP informed by phone?	YES	NO	
CMW informed by phone?	YES	NO	
GP letter:  Athena <i>If patient is from out of area print a copy of the discharge letter and post to GP</i>	YES	NO	

<p>PMRT discussed if over 22 weeks gestation?</p> <p>This is an internal review into the care provided during pregnancy, delivery and postnatal period. A letter detailing the review process, timeframes and how as parents they can become involved will be sent by bereavement midwives after discharge</p>	<p>YES</p>	<p>NO</p>	
<p>Please ensure that FMN room slip is completed with the name of the Consultant responsible for the woman's care and is visible on the front of the notes to enable <b>return of the notes to the secretary</b></p>	<p>YES</p>	<p>NO</p>	
<p>Communication book completed. (If anything outstanding requires completion)</p>	<p>YES</p>	<p>NOT REQ</p>	

Discharged By: \_\_\_\_\_

Signature: \_\_\_\_\_

Status: \_\_\_\_\_

Name:  
Unit number:

**POSTNATAL FOLLOW UP**

**Baby's Name:** \_\_\_\_\_

**Partners Name:** \_\_\_\_\_

**Diagnosis** \_\_\_\_\_

**Recurrence Risk:** \_\_\_\_\_

**Results of Investigations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referral to other Specialists** \_\_\_\_\_

**Counselling and Plan for future Pregnancies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed:  
Date:

Name:

Unit number:

## APPENDIX A CREATING MEMORIES Offering Choices

	First Offer Made	Accepted	Declined	Postponed	Second Offer (if required)	Accepted	Declined
<i>See the baby</i>							
<i>Hold the baby</i>							
<i>Memory Box</i>							
<i>Lock of hair if applicable)</i>							
<i>Hand &amp; foot prints</i>							
<i>Religious/Spiritual needs</i>							
<i>Book of Remembrance</i>							
<i>Photographs</i>							
<i>Clay hand &amp; foot prints (if applicable)</i>							
<i>Hand &amp; foot moulds (If applicable)</i>							
<i>Were parents given the option to take baby home? (Folder in FMN Office)</i>							
<i>Do parents know where their baby is going from FMN rooms? (Baby will be transfer to the mortuary where they will stay until transferred to BWH (if PM) or collected by funeral director).</i>							

*Please date, time & initial each box to avoid repetition and undue distress to families*

**Record of cold cot temperature**

Please use a cold cot for all babies

To be recorded at a minimum of 4 hourly

Date & Time	Temperature	Initials

*Further sheets available in FMN office if required*