HUTT maternity
Hutt Valley Maternity Care

HUTT VALLEY DHB

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Care of the Deceased – Intrauterine and Neonatal Death Policy

(To be read in conjunction with the Hutt Valley DHB management of intrauterine death flow chart Appendix 1)

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Period of gestation is calculated from the first day of the last menstrual period or dating ultrasound to the day of birth and is expressed in completed weeks. For example, a period of gestation of 27 weeks and 6 days is recorded as 27 weeks.

It is noted that the period of gestation ends when the baby is born and not when the baby ceases to live. For example, intrauterine death at 24 weeks gestation induced when the mother presented at 31 weeks would be certified as an intrauterine death at 31 weeks.

Intrauterine death

Fetal death is death that occurs before 'the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy'.

Stillbirth - a baby that does not breathe or show any other evidence of life, such as heartbeat, pulsation of the umbilical cord, or definite movement of voluntary muscles.

Neonatal Death - indicated by evidence of life (as described above) no matter what gestation the baby is birthed.

Care during Labour / Birth

- An induction of labour is offered to the woman and her family/whānau
- Take bloods See Appendix 1
- During labour the woman may eat or drink.
- Any sign of Chorioamnionitis, commence antibiotics
- Place the baby in an appropriate receptacle – woven baskets are available.
- The on-call SMO / RMO is to be notified.
- SANDS birth packs are located in the small cupboard on the postnatal ward
- Active management of third stage
- Vital signs, fundal level and PV bleeding of the woman are checked after the birth of the placenta.

Retained placenta

- The on-call RMO is notified within 30 minutes post birth of the baby if the placenta has not birthed following active management of third stage sooner if clinically indicated.
- Maintain woman on NBM
- Inject 20 international units of syntocinon in 20 mls normal saline through the umbilical vein, proximal cord clamping then attempt controlled cord traction (NICE, 2007).
- Ensure the woman has adequate analgesia on board and prepare for manual removal of placenta in theatre (NICE, 2007).
- Consider use of nitrolingual spray (1mg) followed 5 minutes later by controlled cord traction (Bullarbo et al, 2012).
- Maintain IV access. X2 Cannulae
- Monitor vital signs and urine output, although uncommon, renal impairment is a side effect of prostaglandin treatment.

Legislation

In New Zealand there is a legal requirement for the medical practitioner or midwife in attendance at the confinement to complete a certificate for every infant born dead after 20 completed weeks of gestation.

According to the Births, Deaths and Marriages Registration Act 1995, a 'still-born child' means a dead fetus that:

(a) Weighed 400 g or more when it was issued from its mother, or
(b) Issued from its mother after the 20th week of pregnancy.

Fetal deaths (stillbirths) must be registered according to the legal requirements of this Act.

Perinatal and maternal mortality review committee (PMMRC) require registration of all babies after 20 weeks gestation.

Certification status

The Certifier should indicate which category applies by ticking the box for either **Stillbirth,** or a **Neonatal death** - a liveborn infant dying within 28 days of birth.

Note: Fetal deaths are defined in terms of the time the fetus was in utero, not in terms of the time the fetus was alive in utero.

What Constitutes a Coroner's Case?

Under section 13(1) (c) and (d) of the Coroners Act 2006, the following deaths that occurred in hospital must **always** be reported to the coroner for investigation:

14 Deaths that must be reported under section 13(2)

(2) The kinds of deaths referred to in subsection (1) are…
(d) the death of a woman that occurred while the woman was giving birth, or that appears to have been a result of the woman being pregnant or giving birth:

www.justice.govt.nz/courts/coroners-court

- The Doctor/Midwife will not sign the death certificate
- Death was the result of an accident or foul play

- Death was related to an operative procedure
- Procedural concerns of either the Doctor or Midwife.

However stillbirths are beyond jurisdiction of the Coroner as they have never 'lived' thus haven't 'died'.

The National Initial Investigation Office will coordinate all aspects relating to new reports of coronial deaths, up to and including organising the release of the body. Regional coroners' offices will only handle coronial case enquiries after the release of the body.

To report or get advice from a coroner about a death, you should contact the National Initial Investigation Office on a 24/7 basis
Tel: 0800 266 800
Email: NIIO@justice.govt.nz
Fax number: 09 9696569.

Documentation

- Notice of Birth (BDM9)
- Record of Death Form A8, is to be completed by the Clinician attendant at the infant death.
- If infant is **< 28 days** old, the midwife/doctor completes –HP4721 *Medical Certificate of Causes of Fetal and Neonatal Death*. The completed HP4721 goes to Maternity Enquires. The top copy is given to the funeral director or person removing the body. The carbon copy is inserted in the baby's notes.
- If infant is **> 28 days** old, the doctor completes HP4720*, Medical Certificate of Causes of Death* - the book of forms is kept in Orderlies Station. The completed HP4720 remains at the Orderlies Station who forwards the form to Medical Records for Coding.
- If the infant is to be cremated the *Cremation Form B certificate of medical practitioner* is available at the Orderlies Station.
- If a post mortem is required parents **must** sign special triplicate form (Appendix 2), **Notes to Attending Physicians.** The Doctor is responsible for obtaining signatures. The Medical staff or Midwife should also complete the HVH form **Information desired for PM on Newborn Infants.** If the baby is newborn the Pathologist prefers to have the placenta kept together with the baby for post mortem. Consider giving the parents *Panui for post-mortem examination.*
- If a post mortem is declined by the parents, doctors must still obtain informed consent for any specimen / sample that they want taken for analysis. Consider skin samples, placenta (fresh or in saline), medical photographs and x-rays. Please ensure parents read the *what happens to my/ us placenta* pamphlet and support to make the decision especially regarding return or disposal. The *Body part chain of custody form* must accompany histology specimens e.g. placenta.
- Midwife/nurse to complete notes as per discharge summary.
- Midwife/nurse to complete the *HVDHB Perinatal Death Summary*.
- If baby is over 20 weeks gestation (or over 400g if gestation unknown)
Midwife to complete Perinatal and Maternal Mortality Review Committee data

collection at https://secure-www.otago.ac.nz/cymr/PMMRC/ or inform representative

Refer to birthing unit staff for further guidance.

Notes are not to leave Maternity unless specifically requested via Medical Records. All notes must be tracked and if removed, notes are to be clearly marked for return to Maternity unit.

When a baby dies the lead clinician or delegate notifies

- Lead Maternity Carer
- Parents, Postnatal ward (if mother is an in-patient)
- Doctor on call, Consultant Obstetrician/Paediatrician, GP. National Immunisation Registration (NIR)
- After Hours Manager, Mortuary Orderly (if appropriate), Maternity Enquiries

Care of Infant after Death

Parents are involved in all aspects of care that they feel comfortable with. This is an opportunity for them to parent their baby.

- Remove all lines and equipment, unless the infant requires a post mortem for a Coroners investigation, in which case all lines and equipment are to be left in situ. For a standard post mortem requested by the consultant, everything is removed.
- Apply small pieces of sleek to IV sites.
- Allow parents time for cuddling baby and to take photographs.
- Weigh infant.
- Weigh placenta (if newborn)
- Perform a full top to toe assessment (as you would a live born baby) including head circumference and length of infant.
- Midwife/ Nurse should offer the family the choice of having a hand and/or foot prints and curl of hair as mementos.
- Sponge baby - ask parents if they wish to be involved in sponging and dressing baby
- Dress in disposable nappy and baby's own clothes, or if none available use hospital garments.
- ID bracelet placed on ankle - ask if parents want the original for a memento.
- Take photographs of baby dressed. Load on to memory stick: either supplied by the parents or provided by maternity (in DD cupboard). .
- Tell the parents that photographs have been taken - if they don't want them, tell them they are in the baby's notes should they change their minds
- Offer the parents to the services of Now I lay me down to sleep (NILMDTS) professional photographers who will take professional and tasteful pictures of the baby and family free of charge.
- Wrap the baby in a nappy, shawl or flannelette cuddly, if going to the mortuary.
- Ensure that the baby's face is able to be identified in wrapping.
- Ensure baby is labelled correctly.

Transfer of Infant to Mortuary

- Ensure that the ID bracelet is on baby's ankle.
- Advise other hospital staff to take precautions if the baby has an infectious condition.
- Orderly to take the baby to mortuary in appropriate receptacle with:
  - the *Record of Death* (A8) form
  - the triplicate *Post Mortem consent* - pathologist copy
  - the HVDHB form *Information desired for post-mortem on new born Infants*
- Orderly to ensure baby's name is entered in the mortuary book

Note: standard precautions should be observed when laying out any deceased person. If it is a known infectious baby, please contact infection control for advice.

Viewing

Usually a newborn baby stays with the parents until discharge of the mother from the unit however, the parents may wish for the baby to stay in the mortuary overnight or before collection by the funeral director.

The Hospital Chaplains are available to assist with viewings or advice on non-denominational funeral arrangements. The Mortuary Orderly liaises with the staff and Chaplains to prepare the infant for viewing.

Funeral Arrangements

Consultation with the family concerning burial or cremation of the infant should be undertaken by Nurse/Midwife soon after infant death in order to complete the death certification.

In conformation with the Funeral Director's Association of NZ. Code of Ethics Hutt Valley DHB shall not recommend a particular Funeral Director. Parent/s may be advised to consult the Yellow Pages for the names and phone numbers of any of the Funeral Directors in the region.

When the death certification has been completed, a Funeral Director may uplift the baby from the mortuary or birthing unit or the family may remove the baby in an appropriate container. Baskets may be available from the maternity unit. Caskets are available from Funeral Directors.

Parents can apply for a grant through WINZ (see hospital social worker)

Transfer of Infant Home with Parents

Please refer to the SANDS pamphlet *transporting your baby - guidelines for parents, family and whānau.*

The infant may be released directly to the family. All medical death certification must be completed. A *Transfer of Charge of Body* form, BDM39 is then prepared and a parent must sign the BDM39 before removing the infant from the hospital. Take a photocopy of the BDM39 to give to the parents. Leave ID bracelet on baby.

- It is a legal requirement that the baby must be transported in an appropriate container - Families may lend the woven baskets donated by SANDS, however, if they wish to keep it they need to make a donation to SANDS of at least $80.

- If the family is organising the burial themselves, without a Funeral Director they should seek information about the procedures from the Mortuary Orderly.
- Parents who are organising the burial without a Funeral Director must take either the *Medical Certificate of Causes of Fetal and Neonatal Death* HP4721 **or,** the *Medical Certificate of Causes of Death* HP4720 with them. Take three photocopies (1 x Maternity Enquiries records; 1 x clinical notes; 1 x stays with baby for Funeral directors/pathologist/police).
- Parents must sign the *Transfer of Charge of Body*, form BDM39
- If the cost of the funeral is a problem for the parents - Social Welfare can help them with a 'Child Funeral Benefit', eligibility for this benefit is means tested.
- If the baby has had an infectious disease, medical advice may need to be sought regarding the risks of contact with the deceased.

Air - the deceased infant must be declared to airline staff and travel in the cargo hold in a sealed casket (ask funeral director or airline). If travelling to another country the baby must be embalmed.

When considering histology for the placenta please make the parents aware that it will be set in formalin and if they choose to have it returned they will have to bury it encased in a watertight covering.

Documentation for when baby is younger than 20 Weeks gestation

No documentation is required except *Chain of custody* (includes *authority for hospital disposal*) form.

If the baby is taken for histology, it must be taken to the laboratory in a covered container.

Women may choose to take their baby from the Hospital and bury them. Their plans should be discussed with them ensuring they understand the need to bury the baby.

If a post-mortem is required the procedure outlined in the previous section is followed.

Burial or Cremation: *Stillborn Form* (available at Orderlies Station) completed by Consultant or Midwife. The purpose of this form is to confirm proof of existence for the Local Body administrators i.e. Cemetery Sexton or Crematorium attendants.

Note that in the event of a cremation the ashes of the infant may not be available since there is insufficient calcination of bone structure; however ashes from the casket may be obtained.

Consideration & Care of Parents & Staff

Special Care Baby Unit (SCBU) / Maternity Unit, General Surgical and Gynaecology ward (GSG) have a checklist for assisting parents experiencing neonatal or stillbirths. The *Checklist for Assisting Parents Experiencing Neonatal or Stillbirth* is to be placed in the case notes.

Care of Parents prior to expected intrauterine death

Hospital staff or Lead Maternity Carer to co-ordinate support services for parents. Before an expected death it may assist parents a great deal to help them to consider the following:

- Have the parents contacted their own minister?

- Would parents like to see a spiritual support person?
- Would the parents like appropriate cultural support?
- Do the parents wish to have their infant baptised/christened/blessed?
- Do the parents wish to call to other family or friends?
- Would the parents like to have any photos taken?
- Do the parents have sufficient privacy?
- Do the parents have food and drink if they want it?

Care of Parents

Hospital staff or Lead Maternity Carer to co-ordinate support services for parents.

- Organise a HVDHB Social Worker if appropriate.
- Ask parents if they would like to talk with a Grief Support Person from Hospital Chaplaincy Services - available 24 hours via hospital pager.
- Ask parents if they would like cultural support from the hospital Maori development or Pacific health team.
- Ask parents if they want a copy of the SANDS support pack, available from the Maternity unit/GSG.
- Arrange a six week appointment made with a consultant to discuss test results, PM and advice on future pregnancies.
- If Post Mortem performed ask consultant how parents will receive post mortem results. Advise parents that there will be a preliminary verbal result of the PM, pending a later full report
- Ensure anti-D status is known and follow clinical policy if mother is Rh neg
- Consider suppression of lactation
- Consider discussing contraception with parents

Care of Staff after Death of Infant

- Other staff should relieve the involved midwife/nurse of other workload, leaving her to concentrate on the deceased baby and the family.
- It is important to provide ongoing support for all colleagues who have been involved where a death occurred - consider a debriefing for the staff involved.
- Consider holding a case review in line with quality pathway requirements.

Informed Consent

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).

Appendix 1

Still births

Under 20 weeks: **i.e. under 20 weeks or less than 400grams. Showed No signs of life**

- Assessment and discussion at MAU (Maternity Assessment Unit)
- Management Plan to be put in place
- Bloods – see below

Documentation:

- Authority for Hospital Disposal required
- Complete Transfer of Body Form
- No burial required, only if parents wish

Baby to Histology

- To Laboratory in covered receptacle

Still Births: **Over 20 weeks or more than 400grmas. Showed no signs of life, is to be registered**

Documentation:

- Notice of Birth
  BDM9
- Record of Death
  FORM A 8
- Medical Certificate of Causes of Death
  BDM 167
- Perinatal Death Summary
- Refer to HVDHB management of intrauterine death flow chart
- Check List *(2 pages)* to assist staff/parents
- Notification of Birth for Registration
  BDM 27
- HVH Admission Form
- Body chain of custody (placenta)
- Charge of body form
- PMMRC

If Post Mortem:

- Information for Post Mortem (Panui for Post Mortem Examination: PMMRC form)
- Consent for Post Mortem Examination (1 copy for parents, 1 copy in notes and 1 copy for pathologist)

Blood Tests: Adult

Yellow Top x2	Pink Top x1	Mauve Top x2	Green Top (x 2)	Blue Top (x 3)
Renal function, Liver function, CMV, Toxoplasmosis, Parvovirus, Rubella, Syphilis serology, Anticardiolipin antibodies	Kleihauer, Antibody screen	HbA1c, Full blood count,	Chromosome studies	Lupus Anticoagulant

Baby:

- 2 x Green Top – 2 Tubes with 1 ml in each if possible (chromosome studies)
- 1 x pink top (group and coombes)
- 2 x yellow top (CMV, parvovirus, rubella, toxoplasmosis)

SWABS: HVS, Placental, Chlamydia

Burial: Contact Funeral Director with Parent Consent

- Family Burial
  a. Baby leaves the Birthing Unit or Mortuary in a suitable sealed casket
  b. Parent to sign *Transfer of Charge of Body* Form
  c. Parent to take *Sexton Form*. Details for Internment. *(Midwife to complete this Form)*

NEONATAL DEATHS

A Baby which breathes or shows signs of life irrespective of gestational age and subsequently dies within 28 days is a neonatal death.

Documentation:

- As for Still Birth

Orderlies collect BDM 167 *(Medical Certificate of Fetal and Neonatal Death)*

1. Original - The Registrar – Births, Deaths and Marriages or Funeral Director
2. Copy – Mother's Notes
3. Photocopy – Maternity Enquiries

Contact Mortuary Orderly re: Documentation of Body

Harbour City Funeral Home
Funeral Directors
665 High Street
Lower Hutt

Ph: 570 0111

- Have a contract with the Hutt Hospital to transport body to and from Wellington Hospital for post mortem
- Do not charge for professional services

Or Mother / Families choice

- If baby to be cremated the Funeral Director may request "Certificate of Medical Practitioner" Form B 'The cremation Regulations, 1973'

Appendix 2

Consent for Post Mortem Examination of your baby

The midwives, doctors, nurses and support staff on our maternity unit extend to you our deepest sympathy for the loss of your baby. We understand this is a sad and difficult time for you and your family and we appreciate the difficulty when asking you to consent to a post mortem examination.

A post mortem is a surgical examination that may help to provide some answers as to why your baby died and may provide important information for any future pregnancies. A pathologist will examine your baby's body to look for signs of infection, disease or something unusual that may explain the cause of death. This may involve either an external or internal examination of baby's body. An external examination may include taking measurements, photographs, x-rays, blood tests and swabs. An internal examination may include taking tissue samples of baby's major organs for examination under microscope and then returned to baby's body. The placenta will be examined as it may provide additional information. A more detailed description of what is involved with a full or limited post mortem is given in the handout 'Panui for Post Mortem Examination'.

If you have any special requests concerning the procedures to be followed, particularly for cultural or religious reasons, please discuss these with the midwife or doctor asking for your consent.

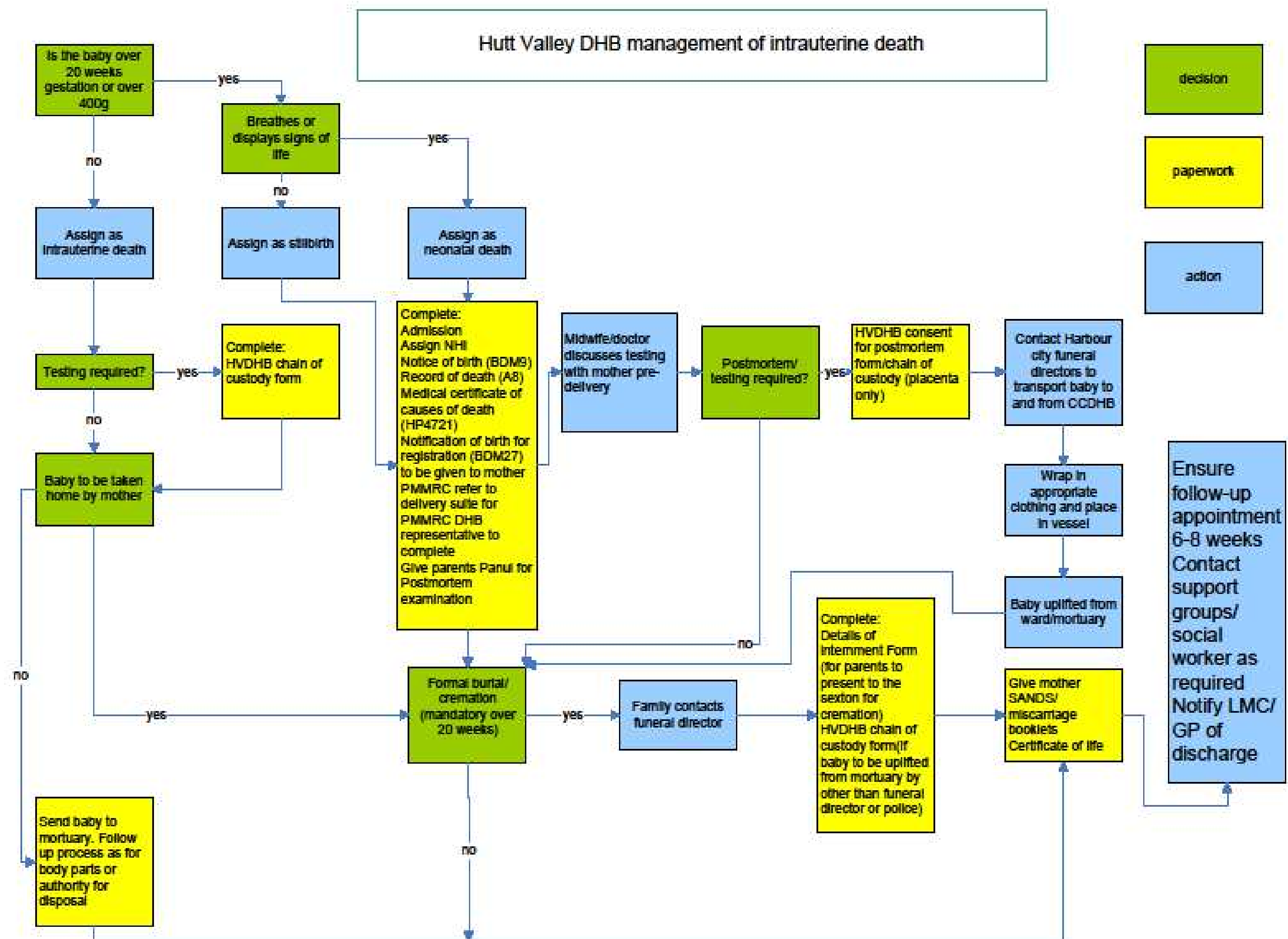
A follow up appointment will be arranged for you with an obstetrician in the secondary care unit. The results from the post mortem examination (if you have consented to one) would be discussed at this time.

Consent:

I / We therefore, being parents/guardians give consent for a full / limited post-mortem examination on the body of my / our baby.

Signature:
____Date:_________

Witness Name: ____________________________Signature: ___________________


Hutt Valley DHB management of intrauterine death
decision
paperwork
action
Is the baby over 20 weeks gestation or over 400g
yes
no
Breathes or displays signs of life
yes
no
Assign as intrauterine death
Assign as stillbirth
Assign as neonatal death
Testing required?
yes
no
Complete: HVDHB chain of custody form
Baby to be taken home by mother
Complete: Admission Assign NHI Notice of birth (BDM9) Record of death (A8) Medical certificate of causes of death (HP4721) Notification of birth for registration (BDM27) to be given to mother PMMRC refer to delivery suite for PMMRC DHB representative to complete Give parents Panui for Postmortem examination
Midwife/doctor discusses testing with mother pre-delivery
Postmortem/ testing required?
yes
no
HVDHB consent for postmortem form/chain of custody (placenta only)
Contact Harbour city funeral directors to transport baby to and from CCDHB
Wrap in appropriate clothing and place in vessel
Baby uplifted from ward/mortuary
Ensure follow-up appointment 6-8 weeks Contact support groups/ social worker as required Notify LMC/ GP of discharge
no
yes
Formal burial/ cremation (mandatory over 20 weeks)
yes
Family contacts funeral director
Complete: Details of Internment Form (for parents to present to the sexton for cremation) HVDHB chain of custody form(if baby to be uplifted from mortuary by other than funeral director or police)
Give mother SANDS/ miscarriage booklets Certificate of life
no
Send baby to mortuary. Follow up process as for body parts or authority for disposal