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# ROYAL HOSPITAL FOR WOMEN

LOCAL OPERATING PROCEDURE

## CLINICAL POLICIES, PROCEDURES & GUIDELINES

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Approved by Quality & Patient Safety Committee  
19 December 2013

### STILLBIRTHS, FETAL, NEONATAL AND INFANT DEATHS – POST DELIVERY CARE AND CREATION OF MEMORABILIA

*This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.*

#### 1. OPTIMAL OUTCOMES

- Sympathetic and appropriate care of the mother and baby / fetus
- Creation of memorabilia
- Support of parent/s in their choices regarding viewing and care of their baby / fetus

#### 2. PATIENT

- Woman who has had a fetal death, a stillbirth or a neonatal or infant death

#### 3. STAFF

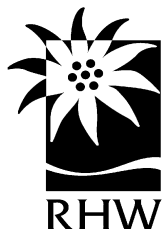
- Registered Midwives
- Student Midwives
- Registered Nurses
- Medical staff
- Social Workers

#### 4. EQUIPMENT

- Digital camera
- Identity bands
- Brown identification label
- Baby wraps
- Specimen bucket and bag for placenta
- Ink pad for foot and handprints
- Memory booklet
- Clay for footprints
- Hand made quilt
- Baby gown

#### 5. CLINICAL PRACTICE

- Involve Social Work Department as early as possible to provide support, counseling and resources for the family during hospitalisation and after discharge
  - Extension 26670 in business hours
  - Weekends and public holidays on-call roster operates between 08:00 – 20:00 Hrs, page through switchboard pager 44059
- Offer parents opportunity to see and hold their baby. When parents express concern about the appearance of their baby, it is always possible to:
  - describe the appearance (including any abnormality)
  - take a photograph and show it to the parents as a first step
  - slowly unwrap the baby to reveal the abnormality
- Respect parent's choice to not see/hold their baby, telling them that they may change their mind
- Wear gloves at all times when handling babies

**STILLBIRTHS, FETAL, NEONATAL AND INFANT DEATHS – POST DELIVERY CARE  
AND CREATION OF MEMORABILIA cont'd**

- Clean the baby either by wiping down or by bathing baby, with or without parents present, at their request
- Ensure the cord clamp is in position and identity bands or baby name tags are completed and placed around both ankles
- Record weight, length and where possible head circumference, name, sex, date and time of birth on identification label, brown identification label and cot card
- Wrap baby in cuddly blanket and take photographs (for parents). If parents do not want the photographs, label and place them in medical record for collection by Social Work
- Take foot and hand prints and clay imprints as appropriate
- Take lock of hair where appropriate and place in memorabilia booklet
- Dress baby in gown after discussion with parents and wrap in handmade quilt
- Discuss with the family what other opportunities they would wish for creation of memories, e.g. blessing ceremony, bathing/dressing baby in viewing room, etc. It is important to offer such opportunities sensitively and at the family's own pace
- Wrap the whole body of the baby loosely in a cot sheet (not a towel) or in a blue incontinence sheet with the blue plastic against the skin, after the parents have seen and held baby. Re-wrap the baby in a second cot sheet and pin the brown identification label and place sticker on the outside of this second sheet. If baby is appropriate size, wrap again in bunny-rug

**6. DOCUMENTATION**

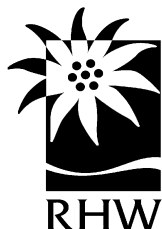
- Integrated notes

**7. EDUCATIONAL NOTES**

- Hand sewn quilts donated to RHW are available in Viewing Room, Delivery Suite and Newborn Care
- The fetus can be kept in Histopathology for up to one month
- Cultural practices may indicate different models of post-natal care
- Due to the lack of high-quality randomised trials conducted in this area, the true benefits of currently existing interventions aimed at providing support for mothers, fathers and families experiencing perinatal death is unclear. Further, the currently available evidence around the potential detrimental effects of some interventions (e.g. seeing and holding a deceased baby) remains inconclusive at this point in time. However, some well-designed descriptive studies have shown that, under the right circumstances and guided by compassionate, sensitive, experienced staff, parents' experiences of seeing and holding their deceased baby is often very positive.

**8. RELATED POLICIES/ PROCEDURES/CLINICAL PRACTICE GUIDELINES**

- Stillbirths and Fetal Deaths -Diagnosis, Delivery, Documentation and Transport
- Identification of babies
- Taking placenta home



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### STILLBIRTHS, FETAL, NEONATAL AND INFANT DEATHS – POST DELIVERY CARE AND CREATION OF MEMORABILIA cont'd

#### 9. REFERENCES

- NSW Department of Health Guideline PD2007\_025, Stillbirth – Management and Investigation
- Koopmans L, Wilson T, Cacciatore J, Flenady V. Flenady V, Wilson T. Support for mothers, fathers and families after perinatal death. Cochrane Database Syst Rev. 2013 Jun 19;6:CD000452.
- The Silent Child - mothers' experiences before, during, and after stillbirth: Trulsson O & Radestad I; 2004. Issues in perinatal care 31(3), 189-95
- Assessment of guidelines for good practice in psychosocial care of mothers after stillbirth: a cohort study: Hughes P et al. 2002 The Lancet,360: 114-18
- Perinatal Society of Australasia and New Zealand Perinatal Mortality Audit Guideline 2009

#### REVISION & APPROVAL HISTORY

Reviewed and endorsed Obstetrics LOPs 3/12/13

Approved Patient Care Committee 8/5/08

Reviewed and endorsed Obstetrics Clinical Guidelines Group March 2008

Previously titled 'Protocol to be followed after Stillbirths, Neonatal Deaths and Fetal Deaths'

Approved Quality Council 21/2/05

Endorsed Maternity Services Clinical Committee and Neonatal Clinical Committee 8/7/03

FOR REVIEW : DECEMBER 2018