

**Checklist for:**

**Pregnancy Loss Under 20 Weeks and < 500 grams**

Defined as the spontaneous expulsion of the products of conception at less than 20 weeks gestation and weighing less than 500 grams

* Initiate Bereavement Checklist for Nurses (competed form to go into bereavement binder)
* Ask if fetus is to blessed
* If fetus is blessed by clergy, record date, time, and clergy member’s name in mothers chart.
* Call on-call spiritual care/chaplain
* Provide patient/family with PAIL resources and momentos ie. Footprints, small blanket and hat
* If patient has self identified as Indigenous contact Indigenous Navigator, reach through Switchboard

**Complete steps identified below and send specimen to Pathology**

* Place in appropriate sized specimen container (1:20- 20 x more formalin than specimen), with 10% buffered formalin. Wear PPE when handling (goggles, mask, gown, gloves).
* Label **container** (never the lid) with specimen label, must have (mother’s name, date, MRN#, and specimen type/tissue) with a completed pathology/histology requisition entered into Cerner

 **Do the parents wish to bury/cremate the fetus?**

* **YES:**
* Parents to choose funeral home of choice. Family to contact funeral home of choice. Note- Funeral Home Doolittle Carson will provide services at very low cost to families.
* Funeral home to be used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* MRP to sign **‘Letter of Compassion’**. Send **original** with pathology requisition and place **copy** in mothers chart.
* A “Request for release of Pathology Specimens” form must be signed and authorized by the pathology department and the family. These forms are found in Appendix One of the Release of Pathology Specimens Policy, Procedure and Form
* **NO:**
* See steps outlined at top of page

**Checklist for:**

**Stillbirth >20 weeks > 500 grams**

Defined as the complete expulsion or extraction from its mother, a product of conception after the 20th week of gestation or after the product of conception has attained a weight of 500 grams. After such expulsion or extraction there is no breathing, beating of the heart, pulsation of the umbilical cord or movement of voluntary muscle.

* Initiate Bereavement Checklist for Nurses (competed form to go into bereavement binder)
* Speak with parents regarding wishes for birth
* Ask if babe is to blessed
* If babe is blessed by clergy, record date, time, and clergy member’s name in mothers chart.
* Call on-call spiritual care/chaplain
* Provide patient/family with PAIL resources
* Provide patient/family with Momentos ie. Footprints, knitted blanket and hat, Teddy Bear, bereavement crib card
* Weigh and measure
* Offer pictures
* Cuddle Cot
* If patient has self identified as Indigenous contact Indigenous Navigator, reach through Switchboard

**Administration:**

* Register Stillbirth with Central Registration- Must get a BABY #
* Form #1\*\* “Notice of Live Birth or Stillbirth” fill out by nurse, MRP to sign. Leave on chart
* Form #7\*\* “Statement of Stillbirth” filled out by parents, nursing can assist. Leave on chart
* Form #8\*\* “Medical Certificate of Stillbirth” Completed by MRP or Coroner if required
* Healthcard/OHIP Form- will be assigned to all stillbirths >20 weeks by the Ward Clerk

\*\*Make copies of Forms. Ward Clerk ensures forms go to admitting desk

**Coroner’s Case:**

Coroners Act does not apply to a stillbirth because a stillbirth is not a deceased person, as it was not born alive. The Vital Statistics Act (VSA) guides practice regarding Coroner and Stillbirth. A Stillbirth may be considered a coroner’s case if either of the following apply:

* Reason to believe that the stillbirth occurred as a result of negligence, malpractice, misconduct or other circumstances that require investigation
* Stillbirth that is not attended by a legally qualified medical practitioner eg. home birth with/without midwife, roadside vehicular birth with/without first responders or an unobserved birth in hospital. For purposes of VSA a legally qualified medical practitioner is a physician licensed by the CPSO. When a stillbirth occurs outside of a healthcare facility, discussion with a coroner is recommended. In the event of challenging decision making, a Regional Supervising Coroner is available 24/7/365 through Coroner’s Dispatch 1-866-517-0571.
* The Coroners Act makes it an offence to move or alter a body of a deceased person. However the Coroners Act does not apply to Stillborns as stated above. The VSA is silent regarding Coroner and Stillbirth. Once it is determined that a Stillbirth may be a Coroner’s case, it is recommended against moving or altering the body until the case is discussed with a coroner. Generally Coroners are also practicing clinicians and understand the importance of freeing up care spaces (ex. OR, Resus Bay etc) will likely be agreeable to moving the Stillborn to an adjacent space while awaiting the coroner’s arrival.

**Reference: Dr. J Kirsh BASc, MSc, MD, MHM, FRCP (C) Regional Supervising Coroner- Central East Region Chair, Pediatric Death Review Committee**

Parents **must** bury/cremate Stillborn > 20 weeks or > 500 grams

* Parents to choose funeral home of choice. Family to contact funeral home of choice. Note- Funeral Home Doolittle Carson will provide services at very low cost to families.
* Funeral home to be used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Autopsy**

Stillbirth fetuses may require either medical legal or hospital autopsy. This would be requested either by the coroner (with documentation including a warrant), or the family physician (with signed consent for hospitals autopsy).

Transport the fetus to the morgue (labelled with surname, gender and date) transport babe wrapped in blankets in crib and send paper work to the pathology department. The placenta should be placed in a separate formalin filled container (unless told otherwise instructed by a coroner), labelled with mother’s name , date, MRN# and specimen type and sent to the pathology department with PowerOrder for testing.

If no autopsy testing of the fetus is required, transport the fetus to the morgue. The family will then be responsible for burial/cremation arrangements.

* Consent for Autopsy form to be completed and signed by parents

If after histological (pathology) testing and the family request the fetus for burial, a “request for release of pathology specimens” form must be signed and authorized by the pathology department and the family. These forms are found in Appendix One of the Release of Pathology Specimens Policy, Procedure and Form

**Cytogenetics** Testing at Mt. Sinai

* Mt. Sinai requisition form available in the Bereavement Cupboard. **Specimens going to Mt. Sinai must be “unfixed” meaning they must NOT be placed in formalin**

1.Fill out the Mt. Sinai

2. Under BABY MRN: In CERNER order “Chromosome Studies (Karyotype)- Tissue” enter as must detail about the specimen as possible (ie. Umbilical cord, cartilage etc) put the specimen in a sterile (urine) container with saline added and label the specimen with Baby Label. Do NOT use formalin

3. Under Maternal MRN: In CERNER order “Cytogenetic- Blood” then page the lab to come draw the specimen (1 EDTA lavender/pink tube, minimum 3.0 mL)

4. Send all labelled specimens ot the lab ASAP as they must be kept in the fridge until courier pick up to Mt. Sinai.

**Checklist for:**

**Neonatal Death Infant > 20 weeks or > 500 grams- death within first 28 days of life**

The definition as put forth by the Public Hospitals Act – Regulation 518: “The death of a child before the end of the six hundred and seventy-second hour after the birth of a child.”(28 days)

* Initiate Bereavement Checklist for Nurses (competed form to go into bereavement binder)
* Ask if babe is to blessed
* If babe is blessed by clergy, record date, time, and clergy member’s name in mothers chart.
* Call on-call spiritual care/chaplain
* Provide patient/family with PAIL resources
* Provide patient/family with Momentos ie. Footprints, knitted blanket and hat, Teddy Bear, bereavement crib card
* Weigh and measure
* Offer pictures
* Cuddle Cot
* If patient has self identified as Indigenous contact Indigenous Navigator, reach through Switchboard

**Administration**

* Register Infant with Central Registration- obtain baby #, provide time of birth, gender and MRP
* Contact **Trillium Gift of Life** they will speak with the patient regarding donation, they ask nursing to give them the background history prior to speaking with the family. Forms for TGLN are in the Bereavement Cupboard to guide you with the call.
* Form #1\*\* “Notice of Live Birth or Stillbirth” fill out by nurse, MRP to sign. Leave on chart
* Form # 16 Medical Certificate of Death- Filled out by physician or attending coroner if deemed coroner’s case. Original sent to switchboard for pick up by the funeral home
* Healthcard/OHIP Form- will be assigned by the ward clerk

\*\*Make copies of Forms. Ward Clerk ensures forms go to admitting desk

Parents **must** bury/cremate deceased Neonate

* Parents to choose funeral home of choice. Family to contact funeral home of choice. Note- Funeral Home Doolittle Carson will provide services at very low cost to families.
* Funeral home to be used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Autopsy**

Neonatal deaths may commonly require either medical legal or hospital autopsy. This would be requested either by the coroner (with documentation including a warrant), or the family physician (with signed consent for hospitals autopsy).

Transport the fetus to the morgue (labelled with surname, gender and date) transport babe wrapped in blankets in crib and send paper work to the pathology department. The placenta should be placed in a separate formalin filled container (unless told otherwise instructed by a coroner), labelled with mother’s name, date, MRN# and specimen type and sent to the pathology department with PowerOrder for testing.

If no autopsy testing of the fetus is required, transport the fetus to the morgue. The family will then be responsible for burial/cremation arrangements.

* Consent for Autopsy form to be completed and signed by parents

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3. Under Maternal MRN: In CERNER order “Cytogenetic- Blood” then page the lab to come draw the specimen (1 EDTA lavender/pink tube, minimum 3.0 mL)

4. Send all labelled specimens to the lab ASAP as they must be kept in the fridge until courier pick up to Mt. Sinai.

**Coroner’s Case**

Neonatal Death most commonly will be a Coroner’s case, it is recommended against moving or altering the body until the case is discussed with a coroner. Generally Coroners are also practicing clinicians and understand the importance of freeing up care spaces (ex. OR, Resus Bay etc) will likely be agreeable to moving the babe to an adjacent space while awaiting the coroner’s arrival. But must gain permission from Coroner before doing so.