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Sample  
Policy

# SAMPLE

## PATIENT SERVICES STANDARD MATERNAL/CHILD POLICY/PROCEDURE

**SUBJECT:** CARE OF THE PATIENT EXPERIENCING A MISCARRIAGE

**EFFECTIVE DATE:** 02/18

**REVISION DATES:**

**REVIEW DATE:** 02/18

**APPROVED DATES:**

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**POLICY:** \_\_\_\_\_ will provide emotional support and information for the patients and families experiencing a miscarriage.

### **DEFINITIONS:**

Miscarriage is any loss of a fetus of less than 350 grams or less than 20 completed weeks when weight is unknown.

Live Birth is defined in WV State Code § 16-5-1 (13) as: "...the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached."

### **PROCEDURE:**

- A. Nurse may proceed with physical care of miscarried fetus as in policy "Care of the Stillborn Infant" if fetus is intact and of gestation suitable (usually 16 weeks gestation and older) for pictures, foot castings, etc.
- B. For younger gestational ages, allow parents to see fetus or tissue, if desired, if passed prior to surgery.
- C. Unless otherwise directed by the mother, all miscarried babies will be sent to pathology in specimen container after family completes visitation.
- D. Provide emotional support for parent(s).
- E. Provide information to parent(s) regarding web-based support information. Give bereavement resources with provided parent information to parent(s).

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### **PROCEDURE:**

- F. Place memorial card on the patient's door to alert staff of loss.
- G. Complete Stillbirth/Miscarriage Checklist.
- H. Obtain nourishment cart from food service.

### **DOCUMENTATION:**

- A. "Authorization for Final Disposition"
- B. Note grieving process of family.
- C. If a live birth occurs (see definition of "Live Birth" above) a certificate of birth and the Physician/Medical Examiner's Certificate of Death must be completed by the Unit Secretary.
- D. If a live birth occurs, time of birth will be sent to admissions and baby will maintain a separate medical record. Nurse will chart condition of baby at delivery and care given to baby and parent(s).
- E. If live birth occurs, nurse will check on status of baby every 30 minutes noting heart rate, respiratory rate and grieving process of family. The fetus will be pronounced by a physician such as the Resident on call.
- F. Time of death will be noted in computer and baby will be charted out of the system as expired.
- G. All other miscarriages will have all interventions charted on mother's chart only (no separate chart required).

# SAMPLE

## PATIENT SERVICES STANDARD MATERNAL/CHILD POLICY/PROCEDURE

**SUBJECT:** CARE OF THE STILLBORN INFANT

**EFFECTIVE DATE:** 02/18

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**POLICY:** \_\_\_\_\_ will take appropriate measures to assure proper care is given to the stillborn infant while providing emotional support to the patient and family.

### **DEFINITIONS:**

Stillborn is a loss of a fetus of greater than 350 grams or greater than 20 completed weeks when weight is unknown.

### **PURPOSE:**

To assure proper care of the stillborn infant and to provide emotional support to the family. A stillborn infant is any fetus of 350 grams or 20 completed weeks when weight is unknown, that death occurred prior to the complete expulsion or extraction from its mother. A “neonatal death” occurs after the extraction/expulsion from the mother. This infant is born with life signs and then dies within 28 days of birth. The procedure for a neonatal death is the same as the stillborn infant.

### **PREPARATION OF EQUIPMENT:**

- A. Assemble equipment

### **PROCEDURE:**

- A. When parents are ready, take the body of the stillborn infant, wrapped in baby oil soaked blankets, to nursery.
- B. Complete “Newborn Identification Sheet” form.
- C. Identify the baby with an armband on the wrist or ankle. The mother’s matching bracelet is placed on the mother’s chart and offered to the mother at discharge.

**SUBJECT:** CARE OF THE STILLBORN INFANT

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### **PROCEDURE:**

- D. The baby's ID form is completed in the nursery. Forward the slip to \_\_\_\_\_ to be used for preparation of the Death Certificate and the Report of Fetal Death forms. The Registered Nurse will use this form to assist with entering the information in the Delivery Room Book.
- E. Cleaning Infant. Take care to clean infant as well as possible using baby oil and/or soap with water and soft obstetric sponges. Offer to allow parents to assist with bathing. If possible, wash hair and head then comb or brush hair. If infant has long hair, you may cut a small piece for the parent(s) to keep.
- F. Dressing Infant. Use outfits or clothing from family when possible. The special "Demise Gown" has drawstrings at the neck and sleeves to adjust for a better fit. If family prefers, cut outfit from home up the back to ease dressing. If skin is peeling with drainage, you can cover the body with a shirt, OB sponges or a portion of blue disposable pad with baby oil side next to the skin before dressing so gown stays clean for picture and visit with family. May use a hat to cover head.
- G. Taking pictures: After infant is cleaned and dressed, use blankets to help position infant for pictures. Take time to position for best pictures. Try positioning for more than one view to get best possible picture for the parent(s). Complete a photo permission form. Parents need to sign this form. A Bereavement Committee representative will contact the parent(s) to come in to pick up pictures. At this time the Bereavement Committee representative will have the opportunity to assess how the parent(s) are coping with their loss. Contact professional photographer (NILMDTS.org) to check with availability for free professional photo session to be done at hospital. If photographer is available, offer service to parent(s).

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### **PROCEDURE:**

- H. Patient and family should be offered the opportunity to see and hold the infant. Infant should not be taken to the morgue until all the family has had the opportunity to see and hold the infant. Parents must sign "Authorization for Final Disposition" form before infant is released to morgue or funeral home or for home burial.
- I. Report of Fetal Death Form, and Authorization for Final Disposition Form all must go with infant to morgue or funeral home.
- J. The doctor is to talk to the parent(s) to determine whether an autopsy is desired. An autopsy consent needs to be signed if parent(s) wish to have autopsy performed. Autopsy consent will be sent to the morgue with the body. Place a copy of the autopsy consent on the mother's chart.
- K. Discuss with physician if genetic studies or viral studies are needed.
- L. Ask the parents if they wish for Chaplaincy to be notified and if so, contact Chaplaincy on call.
- M. Provide emotional support to the parent(s) and document parent's response to grieving process.
- N. Provide information to parent(s) regarding web-based support information and hospice pamphlet. Give bereavement resources to parent(s).
- O. Place memorial card on the patient's door to alert staff of the loss.
- P. The funeral home of parent(s) choice needs to be notified of the death by parent or family member representative.

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### **PROCEDURE:**

- Q. The funeral home will be notified by the Registered Nurse when the body is ready to be released. The funeral home will not come to pick up the body until the Registered Nurse or her designee has notified the funeral home.
- R. If an autopsy is to be performed, the RN will notify the Pathologist that an autopsy is to be performed.
- S. The infant is to be taken to the morgue by OB staff. Place all papers on top and document in the Morgue Log Book. If the infant is picked up by the funeral home from the Maternity unit, the "Morgue Log" form must be completed on the unit and sent to pathology in interdepartmental envelope.
- T. All patients delivering a stillborn fetus will be given information on burial options. The laws of West Virginia mandate the burial or cremation of any fetus 350 grams or greater than 20 weeks gestation if weight is unknown. The hospital can not dispose of a fetus greater than 350 grams.
- U. Whenever a fetal death occurs in the Center for Organ Recovery and Education CORE/KODA must be notified.
  - a. The RN will notify the Clinical Coordinator after completing the "Post Mortem Care Checklist".
  - b. The Clinical Coordinator will notify CORE/KODA and will complete the "CORE/KODA Certificate of Referral/Request For Anatomical Donations" form.

### **DOCUMENTATION:**

- A. The "Death Certificate" is to be completed by the \_\_\_\_\_ as soon as possible. It is then signed by the physician and goes to the morgue with the infant. A copy of Death Certificate is placed on mother's chart.

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### **DOCUMENTATION:**

- B. The "Report of Fetal Death" is completed by the \_\_\_\_\_ and is sent to Vital Registration in Charleston, WV.
- C. "Newborn Identification Sheet" is to be completed on all infants over 350 grams or 20 completed weeks of gestation if weight is unknown (or any live birth).
- D. "Authorization of Final Disposition"
- E. "Post Mortem Checklist" (optio form)
- F. "Autopsy consent" if autopsy is requested. (optio form)
- G. "Consent-Removal of Fetus" (optio form)
- H. "Stillbirth/Miscarriage Checklist"
- I. "Morgue Log" form
- J. Grieving process of family.

### **AFTERCARE OF EQUIPMENT:**

- A. Discard equipment in proper receptacles.



# SAMPLE

## PATIENT SERVICES POLICY/PROCEDURE MATERNAL/CHILD POLICY/PROCEDURE

**SUBJECT:** BAPTIZING AN INFANT

**EFFECTIVE DATE:** 02/18

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**POLICY:** Any person may baptize an infant in an emergency situation if requested by the family. It must be noted that this procedure was done and the Chaplaincy services shall be notified.

**PURPOSE:** To provide spiritual comfort and support to the family after the death of an infant.

**PROCEDURE:**

- A. While pouring water on the head of the person say: "I Baptize you in the name of the Father and of the Son and of the Holy Spirit".

**SUBJECT:** CONSENT FOR HOME BURIAL

**EFFECTIVE DATE:** 02/18

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### **POLICY:**

It is the policy of the Maternal/Child department of \_\_\_\_\_ that the “Consent– Removal of Fetus” will be completed and witnessed when the fetus/newborn is buried by the parent(s). The “Authorization for Final Disposition” will be the responsibility of the parent(s) to complete and file with the Vital Registration Office in Charleston, West Virginia. Unless the circumstances surrounding the fetal death requires investigation by a medical examiner or their appointed representative, then the “Authorization for Final Disposition” should be signed by the medical examiner or one of their representatives.

### **PURPOSE:**

To obtain consent and documentation from the parent(s) upon their request to bury the fetus/newborn themselves. To inform the parent(s) of their responsibility to complete proper paperwork.

### **PROCEDURE:**

- A. The original copy of the “Consent- Removal of Fetus” is to be placed on the Mother’s chart.
- B. The “Authorization for Final Disposition” will be given to the parent(s) for them to complete and file with Vital Registration.
- C. Document in the Mother’s chart that “Authorization for Final Disposition” was given to the parent(s) and that they were advised to file this form with Vital Registration.