



# Perinatal Manual of Southwestern Ontario

Southwestern Ontario Maternal, Newborn, Child & Youth Network  
(MNCYN)

Perinatal Outreach Program

## Chapter 30

### PERINATAL LOSS

#### Types of Perinatal Losses

1. Abortion (Spontaneous or Therapeutic)
2. Stillbirth
3. Intrauterine Death
4. Neonatal Death
5. Sudden Infant Death Syndrome
6. Loss of a Multiple(s) with or without survivor(s)

#### Other Perinatal Issues Involving Loss

1. Infertility
2. Relinquishing a Baby for Adoption
3. Infants with Anomalies
4. Premature Birth

#### Parents' Task in Mourning the Loss

1. Accepting the reality of the loss.
2. Experiencing the pain of the loss.
3. Adjusting to life without baby.
4. Re-investing in new relationships.

During hospitalization staff typically begins to intervene with the first three tasks.

#### Manifestations of Normal Grief

**FEELINGS:** Sadness, anger, guilt/self-reproach, anxiety, loneliness, fatigue, helplessness, yearning, emancipation, relief and numbness.

**PHYSICAL SENSATIONS:** hollowness in the stomach, tightness in the chest/throat, oversensitivity to noise, sense of depersonalization, shortness of breath, weakness of the muscles, lack of energy and dry mouth.

**COGNITION:** disbelief, confusion, preoccupation, and a sense of presence.

**BEHAVIOURS:** sleep and appetite disturbances, absent-minded behaviour, social withdrawal, dreams of the deceased, avoiding reminders of the deceased or visiting places/carrying objects that remind survivor of the deceased, searching, sighing, restless over activity and crying.

### **Strategies to Deal with the Loss**

The following strategies are always respectful of the family's own wishes and take into account their religious and cultural norms.

1. Provide family with a private room so they can have privacy to grieve, time alone with their baby and to spare their potential room-mates the awkwardness of having a newborn in the same room at this difficult time. Devise a system to be able to flag the door so anyone entering the room knows that the family is bereaved. We use a crocheted butterfly attached to the door, which signifies bereavement to all staff.
2. Devise and complete a perinatal loss checklist, (an example is shown on pg 3) to be put on the front of the mother's chart and completed by the multidisciplinary team. The checklist insures consistent and complete care in these emotion-laden cases.
3. Encourage, with appropriate explanations, the family to view, hold, dress, and name the infant. Allow them as much time with the baby as they need.
4. Help the family to create memories of the baby by gathering mementos of the birth that they can take home with them. These might include an ID band, crib card, lock of hair, foot/hand prints, photographs, clothing etc.
5. Give the family written bereavement material and review it with them before they go home. A bereavement package might include: A letter from the hospital acknowledging the loss, a description of the feelings/emotions they may be or might experience, information on explaining death to children of different age groups, pamphlets supplied from the PAIL network, Bereaved Families of Ontario and or other local bereavement supports, EI information indicating their eligibility for maternity leave if they delivered at 20 weeks gestation or greater and meet the usual EI criteria for eligibility.

6. If available, refer to Social Work and Pastoral Care-in hospital or family's own, to assist in supporting the family.

**Discussions Which Need to Occur.**

- Autopsy
- Performance of religious rites, i.e.: Baptism, Christening, Blessing/Naming ceremony, etc., if family desire.
- Necessity for and options around funeral/cremation.
- Determine who will provide follow-up with timeframes for
- Mother's postpartum check-up
- Genetic counseling if indicated
- Explanation of autopsy results
- Bereavement follow-up



**London Health  
 Sciences Centre**

**Obstetric Care Unit (OBCU)  
 CHECKLIST FOR PERINATAL LOSS  
 AND NEONATAL DEATH IN OBCU**

(check  when completed)

CHECKLIST	SECTION COMPLETED	
	N/A	Name Initials
1. Notify attending/on-call physician or Physician on call for Genetic Termination pathway if early induction for prenatal diagnosis.		
2. Name of Social Worker involved: _____ Notify Social Worker (place a referral in computer and leave voicemail (52155) if after hours/weekends)		
3. Explain purpose of butterfly and place on door of room Woman/family would like to: <ul style="list-style-type: none"> <li>- See baby(ies) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided</li> <li>- Dress baby(ies) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided</li> <li>- Hold baby(ies) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided</li> <li>- Bathe baby(ies) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided</li> <li>- Other: _____</li> </ul> Name of baby(ies): _____		
4. Explore cultural/religious practices with woman/family Wishes baptism/blessing: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Performed Call Spiritual Care (Pager #18622 or weekends/nights #14698) or specific clergy support Additional request made by mother/family: _____ Other: _____		
5. Woman/family wishes to have remembrance photography: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, consider Visual Services at x 52994 or pager #17788 (M-F days), Now I Lay Me Down to Sleep or Hospital Photography Champions (see binder) <input type="checkbox"/> Notified		
6. Classify Registration of birth: <input type="checkbox"/> Abortus <input type="checkbox"/> Stillbirth <input type="checkbox"/> Live birth / Neonatal death		
7. Register infant(s) (live birth or stillbirth) using Request a Bed form		
8. Complete and document physical assessment of infant (including stillbirths) including weight, length, head and abdominal circumference		
9. Neonatal consultation indicated <input type="checkbox"/> Yes If yes <input type="checkbox"/> Notified Genetics consultation indicated <input type="checkbox"/> Yes If yes <input type="checkbox"/> Notified Genetic testing ordered <input type="checkbox"/> Yes If yes <input type="checkbox"/> Requisition(s) obtained		
10. Maternal stillbirth/loss investigations (including genetic testing) ordered and obtained Fetal/infant investigations ordered and obtained		
11. Notify coroner and pathologist on-call via witchboard if meets reporting criteria Indication: _____		
12. Enter placenta(s) into corer for pathology and send to pathology in formalin (as ordered). Include gestational age and weight (kg/lb)		
13. Initiate Memory box with keepsake items as per mother/family wishes. <input type="checkbox"/> crib card <input type="checkbox"/> lock of hair <input type="checkbox"/> clothing/hat <input type="checkbox"/> footprints/loaf <input type="checkbox"/> ID band <input type="checkbox"/> moulds <input type="checkbox"/> butterfly <input type="checkbox"/> sympathy card <input type="checkbox"/> pictures <input type="checkbox"/> other: _____ Provide box at time of discharge when complete		
14. Complete the following documents for stillbirth (fetus greater than 20 weeks gestation at time of expulsion or greater than 500 g with no signs of life) - Authorization for Autopsy (NS0074) optional - Post Mortem Consultation (NS8401-0038) optional - Form 1: Notice of Live Birth/Stillbirth (NS4605) - Form 7: Statement of Stillbirth (NS4817) - Form 8: Medical Certificate of Stillbirth (NS4767) - Ontario Health Coverage - Summary of Birth (NS0274) - Notification of Death (including morgue and holding room admission and discharge) (NS1580) - Acknowledgment of Interest in Receiving Memorial Service Invitation (NS6902)		

NS6902 (Rev. 2014/06/11) 3/36-1

See One →

CHECKLIST FOR PERINATAL LOSS AND NEONATAL DEATH IN OBCU <i>Continued</i>		Patient Name / PIN: _____			
CHECKLIST	SECTION COMPLETED				
	NA	✓	In/Out		
<p><b>15. Complete documents if fetus(es) is any gestational age or weight and neonatal death (heart rate or breathing at time of birth):</b></p> <ul style="list-style-type: none"> <li>• Authorization for Autopsy (NS0074) - optional</li> <li>• Post Mortem Consultation (NS8401-0988) - optional</li> <li>• Form 1: Notice of Live Birth/Stillbirth (NS4805)</li> <li>• Form 2: Statement of Live Birth (NS4806) - family to complete</li> <li>• Family may choose name for infant as per form 2. If they do, form 15 &amp; 16 must match but do not change name in hospital system.</li> <li>• Form 15: Statement of Death (NS4832)</li> <li>• Form 16: Medical Certificate of Death (8460-2140)</li> <li>• Notification of Death (including morgue and holding room admission and discharge) (NS1580)</li> <li>• Ontario Health Coverage</li> <li>• Summary of Birth (NS0274)</li> <li>• Acknowledgment of Interest in Receiving Memorial Service Invitation (NS6902)</li> <li>• Newborn chart records (used until demise)</li> </ul>					
<p><b>16. Complete the following when an abortion:</b></p> <ul style="list-style-type: none"> <li>• Summary of Birth (NS0274)</li> <li>• Acknowledgment of Interest in Receiving Memorial Service Invitation (NS6902)</li> </ul>					
<p><b>17. Viewing/holding of baby completed</b>                  Baby to: <input type="checkbox"/> Quiet Room <input type="checkbox"/> Holding Room: Date (mm/dd/yyyy): _____ Time: _____</p>					
<p><b>18. Once viewing completed: for stillbirths or deceased neonates, take to Holding Room</b>  <b>No Autopsy:</b></p> <ul style="list-style-type: none"> <li>• Transport body in carrier located in quiet room</li> <li>• Go to Health Records C1-700, leave chart and sign out swipe card to Holding Room A1-416, return swipe card to Health Records</li> <li>• Leave Notification of Death (NS1580) white and yellow copies with body in the Holding Room</li> <li>• Return carrier to OBCU quiet room</li> </ul> <p><b>Autopsy Requested/Required:</b></p> <ul style="list-style-type: none"> <li>• Consent for Autopsy signed (patient and physician)</li> <li>• Notify switchboard to contact Pathologist on call re: autopsy</li> <li>• Complete steps as above to transport body to Holding Room</li> </ul> <p>For abortions enter in center and send to pathology for examination.</p>					
<p><b>19. Workload measurement system: No steps needed for abortion. Acuity plus for baby born alive.</b>                  Notify Patient Care Informatics if stillbirth (ext. 52522) with:</p> <ul style="list-style-type: none"> <li>• the mother/infant's PIN numbers</li> <li>• date and time of birth</li> <li>• enter infant born alive directly into acuity plus</li> <li>• for all losses classify mother as per stage of labour/birth including intensive therapeutic support</li> </ul>					
<p><b>20. Healthy Babies Healthy Children screening completed and faxed</b></p>					
<p><b>DISCHARGE SECTION:</b></p> <table border="0"> <tr> <td> <p><b>Teaching topics</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Book: follow up appointment with provider (6 weeks)</li> <li><input type="checkbox"/> Self Care Discharge Instructions (self care pamphlet) (NS578)</li> <li><input type="checkbox"/> Postoperative instructions if applicable</li> <li><input type="checkbox"/> How to decrease milk supply (handout)</li> <li><input type="checkbox"/> Warning signs of problems</li> <li><input type="checkbox"/> Bereavement follow up</li> <li><input type="checkbox"/> Registration of newborn if born alive</li> <li><input type="checkbox"/> Healthy Baby Healthy Children program</li> </ul> </td> <td> <p><b>Provide the following handouts</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> When Your Baby Dies (NS2909)</li> <li><input type="checkbox"/> Bereaved Families of Ontario</li> <li><input type="checkbox"/> PAIL network</li> <li><input type="checkbox"/> Other _____</li> </ul> </td> </tr> </table>				<p><b>Teaching topics</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Book: follow up appointment with provider (6 weeks)</li> <li><input type="checkbox"/> Self Care Discharge Instructions (self care pamphlet) (NS578)</li> <li><input type="checkbox"/> Postoperative instructions if applicable</li> <li><input type="checkbox"/> How to decrease milk supply (handout)</li> <li><input type="checkbox"/> Warning signs of problems</li> <li><input type="checkbox"/> Bereavement follow up</li> <li><input type="checkbox"/> Registration of newborn if born alive</li> <li><input type="checkbox"/> Healthy Baby Healthy Children program</li> </ul>	<p><b>Provide the following handouts</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> When Your Baby Dies (NS2909)</li> <li><input type="checkbox"/> Bereaved Families of Ontario</li> <li><input type="checkbox"/> PAIL network</li> <li><input type="checkbox"/> Other _____</li> </ul>
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<p><b>AFTER HOURS:</b> Place chart at triage registration for Social Worker</p>					
<p><b>STAFF SUPPORT:</b> For immediate individual or group support contact pager #18182, 24 hours a day 7 days a week</p>					
<p><b>NURSE REVIEW:</b> _____ Date Completed (mm/dd/yyyy): _____</p>					

NS006 (Rev. 2014/06/17) - Side 2

**Reference**

1. James William Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 2<sup>nd</sup> ed., Springer Pub. Co., New York, 1991.
2. The PAIL network, Sunnybrook Hospital <https://pailnetwork.sunnybrook.ca/>