



EMR300140

_____ Hospital / Health Service  <b>WACHS Perinatal Loss Care Plan more than 20 weeks gestation</b>	Surname _____		UMRN / MRN _____		
	Given Name _____		DOB _____	Gender _____	
	Address _____			Post Code _____	
				Telephone _____	

Clinical care plans are designed to assist the multi-disciplinary team in providing coordinated continuity of care that is supported by KEMH evidence based Clinical Guidelines. Each woman and her family should be assessed individually with the clinical pathway adjusted to suit individual needs.

This care plan should be used to document all usual care given. Additional care required and / or provided must be documented on the MR55A Progress Notes, MR140B Maternal Observation and Response Chart, MR140C Additional Maternal Observation Chart, MR80 Vaginal Care Plan and MR81 Caesarean Birth Care Plan.

**BEST PRACTICE TIPS**

- RESPECT** - Treat patients and baby with respect and privacy  
**COMPASSION** - Care should be culturally sensitive and compassionate  
**COMMUNICATION** - Provide information, including written. Be patient and repeat often.  
**TIME** - Allow parents time to make decisions and time with their baby  
**CONTINUITY OF CARER** - Promotes and enhances communication and satisfaction

**WARD ORIENTATION ON ADMISSION**

**Date & Time**

**Completed (initial)**

Date / time of admission  Admission doctor / clinic \_\_\_\_\_

Usual carer e.g. GP \_\_\_\_\_  Notified of admission?

Support people \_\_\_\_\_

Name of baby \_\_\_\_\_

Specific cultural needs \_\_\_\_\_

Religious needs \_\_\_\_\_

Interpreter required  No  Yes Language: \_\_\_\_\_

ID confirmed and ID band applied

Other:  Patient call bell  Visiting hours  Consumer feedback

Australian Charter of Health Care Rights

Point of Referral:  GP / GPO  Obstetrician  Antenatal clinic

Self-referral  Other Health Service

Inclusion Criteria:  FDIU  Neonatal death

Other (specify) \_\_\_\_\_

Gestation: \_\_\_\_\_

Investigations:  Tick box on back page

See back page: PSANZ "Recommended Stillbirth Investigations" March 2018

**PRIMARY CARER ACCOUNTABILITY REGISTER**

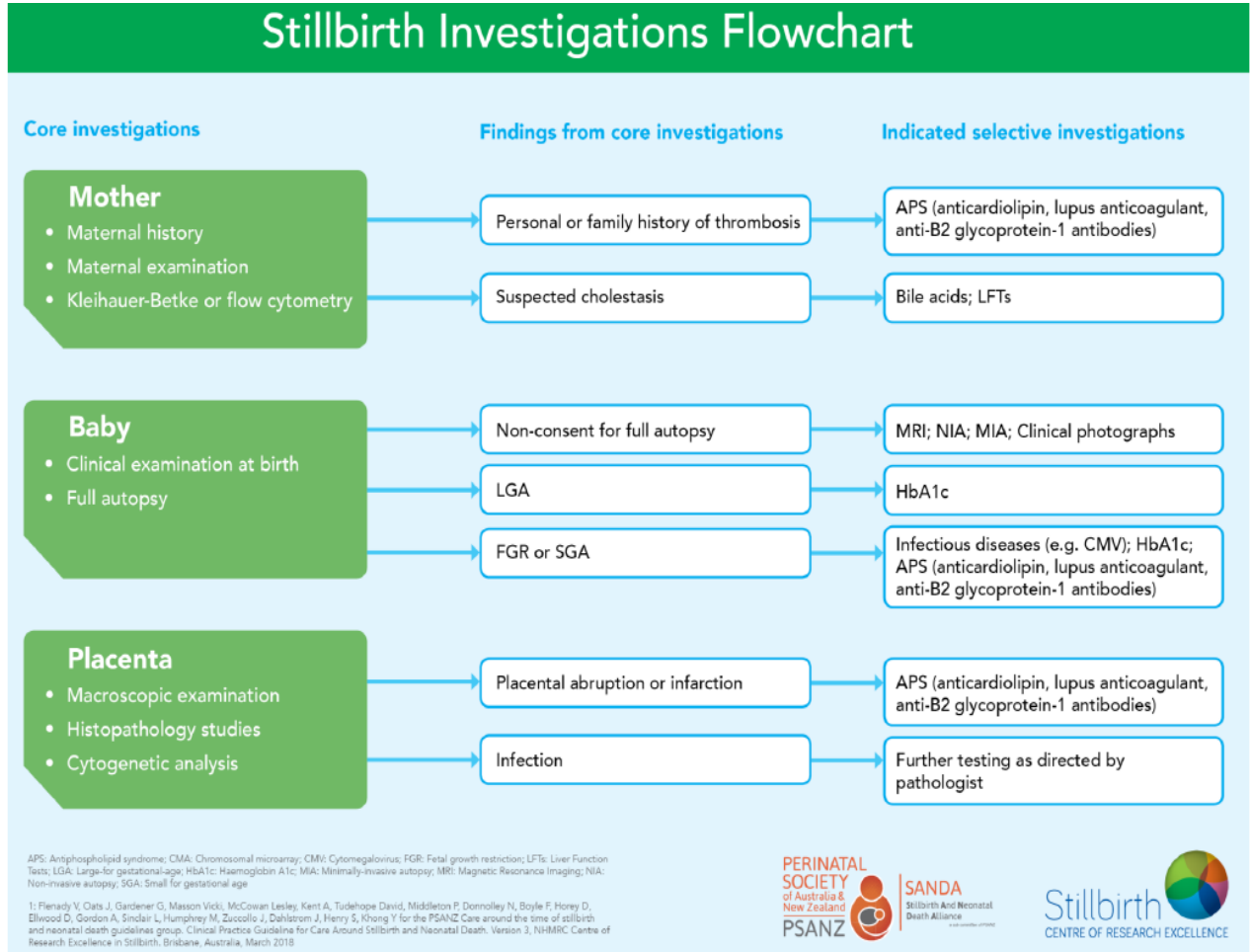
All midwives / nurses accountable for the care of the woman must provide their names and initials **EACH SHIFT** in the following table

Date	Shift	Name	Signature	Initials	Designation	✓ if care at home
	AM					
	PM					
	ND					
	AM					
	PM					
	ND					
	AM					
	PM					
	ND					
	AM					
	PM					
	ND					

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<b>EDUCATION AND SUPPORT</b>	<b>Discussion, choices &amp; care provided</b>		<b>Date &amp;Time</b>	<b>Initials</b>
Orientation to staff and Maternity unit				
Choices available for support people				
Family, siblings and friends				
Anticipated expectations for labour and birth	<input type="checkbox"/> Suggested timeframe if IOL <input type="checkbox"/> Pain management options <input type="checkbox"/> Birth process <input type="checkbox"/> 3 <sup>rd</sup> stage management			
Anticipated appearance of baby	<input type="checkbox"/> Timeframe for contact with baby <input type="checkbox"/> Size and weight / cooling / colour of skin/ skin <input type="checkbox"/> Changes			
Contact with baby: If extended time spent with baby consider cuddle cot	<input type="checkbox"/> Seeing <input type="checkbox"/> Holding <input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Family / siblings <input type="checkbox"/> Remain with Mother (consider cuddle cot) <input type="checkbox"/> Naming / blessing ceremony			
Discuss post mortem examination benefits <input type="checkbox"/> Detect abnormality <input type="checkbox"/> Importance for future pregnancy <input type="checkbox"/> Find treatable cause/s <input type="checkbox"/> 70% identify significant info toward cause <input type="checkbox"/> Performed by specialist pathologist <input type="checkbox"/> Plain English report provided to GP  <b>Note: Placenta to accompany baby to KEMH Perinatal Pathology</b>	<input type="checkbox"/> Brochure PathWest Post Mortem - Information for Parents given Post Mortem examination options discussed: <input type="checkbox"/> Full post mortem <input type="checkbox"/> Limited post mortem - external exam and selected areas only (based on specific problem) <input type="checkbox"/> Stepwise – limited with permission to proceed if problems found <input type="checkbox"/> External exam only – includes x-ray, placenta and photos <input type="checkbox"/> Placenta only <input type="checkbox"/> Consent for Post Mortem (KEMH MR236)			
Creation of baby mementos  (if declined please place prints / photos in mothers medical record and advise this can be retrieved at a later date)	<input type="checkbox"/> Photos taken on ward camera <input type="checkbox"/> Given to parent/s <input type="checkbox"/> Kept in file <input type="checkbox"/> Parents taken own photos <input type="checkbox"/> Medical photos taken <input type="checkbox"/> Kept in file <input type="checkbox"/> Sent to Perinatal Pathology <input type="checkbox"/> Professional Photographer - Heartfelt <input type="checkbox"/> Date arranged <input type="checkbox"/> Brochure <input type="checkbox"/> Hand and Foot prints <input type="checkbox"/> Given to parent/s <input type="checkbox"/> Kept on file <input type="checkbox"/> Name bands <input type="checkbox"/> Memory storage box <input type="checkbox"/> Teddy Bear <input type="checkbox"/> Quilt			
Baby clothing (consider two sets)	<input type="checkbox"/> One set for parents to take home <input type="checkbox"/> One set to remain on baby			
<b>Funeral Options:</b> 1. All <b>stillborn</b> babies $\geq 20 - 28$ weeks can be interred at KEMH (whether Post Mortem examination or not) 2. All <b>stillborn</b> babies $\geq 28$ weeks must have a private funeral 3. All <b>live-born</b> babies must have a private funeral				
<b>1. KEMH Interment / Cremation</b> <input type="checkbox"/> KEMH to return baby ashes to relevant WACHS Hospital / Site Midwifery Manager <input type="checkbox"/> Ashes to be scattered at KEMH memorial rose garden <b>2. Private Funeral</b> <input type="checkbox"/> Local funeral director options given to parent/s <input type="checkbox"/> Parent to contact chosen funeral director <input type="checkbox"/> If KEMH post mortem, midwife to advise KEMH Perinatal Pathology of parent/s chosen funeral director <input type="checkbox"/> Taking baby home prior to funeral requires: <ul style="list-style-type: none"> <li>• Signed permission to transport Deceased baby (KEMH MR295.95)</li> <li>• Form 7</li> <li>• BDM 201 Medical Certificate</li> </ul> <b>3. KEMH Perinatal Pathology (6458 2730)</b> <input type="checkbox"/> Contacted? <input type="checkbox"/> Date / Time				
Other:				

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<b>REFERRALS / RESOURCES</b>	<b>Actions / Outcomes</b>		<b>Date &amp;Time</b>	<b>Initial</b>	
Pastoral Care Referral if requested	Name: _____ Contact: _____				
Social Work Department Referral if requested	<input type="checkbox"/> Referral completed Date: _____ Time: _____				
Red Nose SANDS	<input type="checkbox"/> Brochure discussed <input type="checkbox"/> Consent and referral obtained				
Consider specialty units i.e. Diabetes service, Genetic counselling AMS, Medical Physician, Obstetrician, Maternal Fetal Medicine Specialist, Mental Health referral	<input type="checkbox"/> Follow up required <input type="checkbox"/> List: _____ _____ _____				
<b>Follow-up required</b>					
<b>GP / Obstetrician follow-up</b>					
<input type="checkbox"/> Advise woman for follow-up appointment at 2 and 6 weeks (earlier if required)					
<input type="checkbox"/> Copy of Stork discharge summary printed					
<input type="checkbox"/> <b>Visiting Midwifery Service</b> (if applicable) <input type="checkbox"/> Stork VMS referral printed					
<input type="checkbox"/> <b>Shared Care Clinic</b> (if applicable)					
<b>Child Health Nurse (CHN) notified</b>					
<input type="checkbox"/> Stork "Special CHN Referral" to notify of FDIU					
<input type="checkbox"/> Stork summary given to mother if neonatal death					
<input type="checkbox"/> Checked and signed by mother					
<b>Maternal Discharge Information</b>					
<input type="checkbox"/> Birth experience debrief with midwife / doctor					
<input type="checkbox"/> Breast care (Cabergoline 1mg on first post natal day if required)					
<input type="checkbox"/> Lochia / involution					
<input type="checkbox"/> Signs and symptoms of infection <input type="checkbox"/> Signs and symptoms of DVT					
<input type="checkbox"/> Contraception <input type="checkbox"/> Postnatal / pelvic floor exercises					
<input type="checkbox"/> Community / grief resources (GP, SIDS and Kids)					
<input type="checkbox"/> Postnatal discharge summary checked and signed by mother					
<b>DOCUMENTATION / FORMS</b>	<b>By</b>	<b>To</b>	<b>Date &amp;Time</b>	<b>Initial/s</b>	
MR30A Consent for Treatment	Doctor	File in Medical Record			
Laboratory Request for placental examination (if no Consent for Pathology Examination)	Doctor	Original to pathology provider			
PathWest Consent for Pathology Examination	Doctor	Copy in file Original with baby			
PathWest Consent for Post Mortem	Doctor Midwife	Copy in file Original with baby			
PathWest Consent for Cremation	Doctor Midwife	Copy in file Original with baby			
Medical Certification of Stillbirth or Neonatal Death (BDM 201)	Doctor	Copy in file Original to DoH			
Certificate Medical Attendance Cremation Act Form7	Doctor	To Perinatal Pathology			
MR37A Death in Hospital Form	Doctor	Original in file			
Notification of Death (region specific MR#)	Midwife	Original in File / to Mortuary			
Notify DoH Medical Advisor Office <a href="mailto:edphwa@health.wa.gov.au">edphwa@health.wa.gov.au</a>	Doctor or Midwife	Email copy of medical certificate			
Birth Registration Form	Midwife				
Bereavement Payment Claim Form	Midwife				
(KEMH MR 295.95) Copy of Permission to Transport Deceased	Doctor & Midwife				
MR30i Authorisation and Release of Human Tissue and Explanted device	Doctor Parent/s	Copy in File Original with parent/s			
Perinatal Mortality Review Data Collection Form (region specific form)	Midwife	Clinical Nurse Manager			

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Flowchart used with permission

Acknowledgment - Flenady V, Oats J, Gardener G, Masson V, McCowan L, et al. for the PSANZ Care around the time of stillbirth and neonatal death guideline group. Clinical Practice Guideline for Care around Stillbirth and Neonatal Death. V3. NHMRC Centre of Research Excellence in Stillbirth. Brisbane, Australia, March 2018.