

**CLINICAL PATHWAY  
PERINATAL BEREAVEMENT  
SECOND TRIMESTER 13-26 WEEKS GESTATION**

- Inclusion criteria: - Miscarriage - death of the fetus including: Incomplete Abortion  
Complete Abortion  
Missed Abortion
- Termination of pregnancy for fetal anomaly  
- Stillbirth less than 24 weeks gestation
- Exclusion Criteria: - Patient Refusal

Gravida \_\_\_\_\_ Term \_\_\_\_\_ Preterm \_\_\_\_\_ Abortions \_\_\_\_\_ Living \_\_\_\_\_

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	Diagnosis and Treatment	Discharge Phase																																																																
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<b>Date:</b>	/ / hrs	/ / hrs																																																																
<b>Patient Outcomes</b>	<b>Family's Preferred Term</b> <input type="checkbox"/> Baby <input type="checkbox"/> Fetus <b>Name Chosen for Baby</b> _____  <b>Seeing and Holding:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Yes</th> <th>No</th> <th>Undecided</th> <th>Initials</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> Mother/Father plans to see baby? _____  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Date/Time</th> <th>Initials</th> </tr> <tr> <td> </td> <td> </td> </tr> </table> Delivery of Fetus/Baby _____ Delivery of Placenta _____ Physician Notified _____  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> <th> </th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> Mother/Father saw/held baby? _____ Initials _____ <b>Check Hepatitis B, HIV, VDRL Rubella, Varicella and Maternal GBS status on antenatal records:</b> All results documented: _____ Follow-up required (specify): _____	Yes	No	Undecided	Initials					Date/Time	Initials			Yes	No	N/A						Demonstrates self care Vital signs within normal limits Hgb within normal range Pain management identified Follow-up resources arranged Special Considerations _____  _____ _____ _____  <b>Immunization Required:</b> Yes [ ] No [ ] <b>Immunization Complete:</b> Yes [ ] No [ ]																																												
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<b>Teaching</b>	<b>Support Person Present</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name of Support Person</b> _____ - Assess knowledge base - Provide education - Provide support - Assess expectations  <b>Topics Discussed with Patients</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th> </th> <th>Initials</th> </tr> <tr> <td>Progress of labour &amp; delivery</td> <td> </td> </tr> <tr> <td>Analgesia</td> <td> </td> </tr> <tr> <td>Seeing/touching/holding the baby</td> <td> </td> </tr> <tr> <td>Naming the baby</td> <td> </td> </tr> <tr> <td>Burial/funeral options</td> <td> </td> </tr> <tr> <td>Options for follow-up</td> <td> </td> </tr> <tr> <td>Sibling Issues</td> <td> </td> </tr> <tr> <td>Spiritual Care Support</td> <td> </td> </tr> </table>		Initials	Progress of labour & delivery		Analgesia		Seeing/touching/holding the baby		Naming the baby		Burial/funeral options		Options for follow-up		Sibling Issues		Spiritual Care Support		Normal phases of grief and mourning <b>Autopsy:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th> </th> <th>Yes</th> <th>No</th> <th>Initials</th> </tr> <tr> <td>Discussed with patient by physician?</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Autopsy chosen?</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Skin biopsy?</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Consent signed?</td> <td> </td> <td> </td> <td> </td> </tr> </table> <b>Burial Arrangements:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th> </th> <th>Yes</th> <th>No</th> <th>Initials</th> </tr> <tr> <td>Parents given information sheet on funeral arrangements</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Parents need assistance with arrangements? If so complete progress note</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Funeral home chosen?</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Name: _____</td> <td> </td> <td> </td> <td> </td> </tr> </table> <b>Mementos:</b> Bereavement package complete? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Given to Parents</th> <th>Kept with N.M.</th> <th>Initials</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		Yes	No	Initials	Discussed with patient by physician?				Autopsy chosen?				Skin biopsy?				Consent signed?					Yes	No	Initials	Parents given information sheet on funeral arrangements				Parents need assistance with arrangements? If so complete progress note				Funeral home chosen?				Name: _____				Given to Parents	Kept with N.M.	Initials			
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<b>Discharge Planning Criteria</b>	<b>Discharge:</b> Discharge as per discharge criteria  <b>Signature:</b> _____	<b>Clinical Indicator # 1</b> <b>Patient has been informed to make an appointment with their primary care provider for follow-up assessment within 6 weeks</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, reason: _____ <b>Signature:</b> _____																																																																
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Phase:	Diagnosis and Treatment	Discharge Phase
Date: / /	hrs	/ / hrs

INTERVENTIONS:						
<b>Assessments</b>	As per P&P "Care of patient during induction of labour and post delivery fetal anomaly/fetal demise" Assess cultural needs. Multifaith Information package in meditech mox library					
<b>Consults</b>	Call OB if: membranes rupture and no labour ensues excessive bleeding greater than 2 hours between delivery of fetus and placenta			<b>Criteria for Coroner Notification:</b> - All stillbirths greater than or equal to 20 weeks or 500 grams which deliver outside of hospital setting		
	<b>Counseling and Follow-up:</b>	Yes	No		N/A	Initials
	Psychology Consult?					
	Contacted by staff?					
	If yes, spoke with family?					
	Social Work consult?					
	Contacted by staff?					
	If yes, spoke with family?					
	<b>Spiritual Care:</b>	Yes	No	Initials		
	Family wishes to speak to Spiritual Care? If so, date/time notified:					
	Family wishes to have baby blessed? If so, date time of blessing:					
<b>Tests</b>	OBMOM CBC Electrolytes +/- Amnio Less than <b>20 weeks gestation and less than 500 grams send to LAB:</b> - Fetus, cord and placenta - Autopsy consent - Cytogenetics requisition - Pathology requisition Greater than or equal to <b>20 weeks gestation or greater than 500 grams send to Morgue:</b> - Fetus, cord and placenta Fetal weight _____ Initials _____ - Autopsy consent - Form 1 to Labour and Delivery - Form 8 to Morgue - Cytogenetics requisition - Pathology requisition			<b>RH Status:</b> Rh(D) Immune Globulin as required for Rh negative women		
<b>Treatments</b>	IV normal saline					
<b>Medications/Pain Management</b>	Pain management and sedation as per Physician's Orders Oxytocin after delivery of fetus					
<b>Nutrition</b>	DAT - Clear fluids when in active labour and NPO when aborts until delivery of placenta or as instructed by Physician's Orders					
<b>Activity/Safety</b>	AAT					
<b>Elimination</b>	BRP					
<b>Signatures</b>		Initials		Initials		
	_____	_____	_____	_____		
	_____	_____	_____	_____		

