Please note this document is an extract from the pathway to be used to record your self assessment. Please use the [Stillbirth Pathway](https://www.nbcpscotland.org.uk/stillbirth/) for all other purposes. NBCP Scotland’s self assessment tools are designed to help boards, units and services to get ready to join our early adopters who are piloting the 5 bereavement care pathways or to prepare for the national rollout. The tool can be completed individually or by a group of staff. For each item, please say if you are able to do this by putting Y for yes, N for no, P for partly. If something is not relevant to your role, unit or service, you can put NA.

|  |  |
| --- | --- |
| **Job roles(s)** |  |
| **Unit(s) or service** |  |
| **Completed by** |  |

## A. If a baby may die before birth

|  | Y/N/P | *Resources or support needed?* |
| --- | --- | --- |
| 1. Remember to keep within the scope of your practice when providing information, explaining procedures or answering questions. Be prepared to consult with or refer to suitably trained colleagues whenever necessary. |  |  |
| 1. The reasons why and when a baby may die are variable, therefore it may take days or weeks to give definite answers. Share the known facts as they emerge with parents even though an underlying diagnosis or outcome has not been confirmed. |  |  |
| 1. Explain to the woman and family that confirming why and when their baby may die before birth may take days or weeks. |  |  |
| 1. During this period, make sure the family knows what will happen next and ensure: |  |  |
| * 1. continuity of obstetric and midwifery care |  |  |
| * 1. a key contact is identified who will support and coordinate care, including bereavement care, for the woman and couple right through their journey – this may be the primary midwife |  |  |
| * 1. the key contact also provides continuity during the Perinatal Mortality Review. |  |  |
| 1. Record the care plan on the mother’s maternity record including planned continuity of care and key contact. |  |  |
| 1. Explain how support organisations would be able to help and offer their contact details. |  |  |

## When a fetal heartbeat is not heard

|  | Y/N/P | *Resources or support needed?* |
| --- | --- | --- |
| 1. Remember to keep within the scope of your practice when providing information, explaining procedures or answering questions. Be prepared to consult with or refer to suitably trained colleagues whenever necessary. |  |  |
| 1. When you suspect there is no heartbeat explain this straightaway to the family and describe what will happen next. |  |  |
| 1. During this challenging time keep language and body language clear, calm and face to face. |  |  |
| 1. If the family are not already in a quiet and private place, move to an appropriate room. |  |  |
| 1. Ask parents if they would like someone else to be with them. |  |  |
| 1. Make sure the family knows what will happen next, give written information about ongoing care and ensure |  |  |
| * 1. continuity of obstetric and midwifery care |  |  |
| * 1. a key contact is identified who will support and coordinate care, including bereavement care, for the woman and couple right through their journey whether they are going home or remaining in hospital –this may be the primary midwife |  |  |
| * 1. the key contact also provides continuity during the Perinatal Mortality Review. |  |  |
| 1. Record the care plan on the mother’s maternity record including planned continuity of care and key contact. |  |  |
| 1. Ensure your guidelines on the management of an absent fetal heartbeat include information on how to confirm a diagnosis as soon as possible and by whom. |  |  |
| 1. Check that the woman and partner can get home or to the next appointment safely and, if not, help them to think about other options. |  |  |
| 1. Explain how support organisations would be able to help and offer contact details. |  |  |
| 1. If there is an intrauterine death in a multiple pregnancy, parents face the challenge of simultaneously experiencing ongoing pregnancy and a baby who has died. Support the family by focusing equally on all the babies. |  |  |

## C. Before induction or onset of labour and delivery

|  | Y/N/P | *Resources or support needed?* |
| --- | --- | --- |
| 1. Make sure all health professionals who have a role with the family know what has happened as soon as possible. Aim to contact the GP, midwife and local obstetric consultant within 24 hours. |  |  |
| 1. Prepare parents for what to expect during induction, labour and birth. Describe the place of birth, likely appearance of the baby, and common emotional reactions. |  |  |
| 1. Provide written information. |  |  |
| 1. If a woman wishes to wait for her labour to start naturally, a consultant will need to explain the risks to her health, the possible deterioration in the baby’s appearance and reduced ability to identify the cause of death. |  |  |
| 1. Update the birth plan to reflect what is important to the woman and so she is in control as much as possible. |  |  |
| 1. Begin or continue the conversation about planning for memory making, and the option to take the baby home or out of the hospital environment (see Section G Before discharge). |  |  |
| 1. Where possible, offer a choice of place of care depending on mother’s medical condition and wishes. |  |  |
| 1. Make sure the family know | | |
| * 1. who their key contact is if they have not already been identified |  |  |
| * 1. when and how they can communicate with their key contact if they have any questions or change their mind |  |  |
| * 1. how continuity of obstetric and maternity care is being provided. |  |  |

## D. Labour and Birth

|  | Y/N/P | *Resources or support needed?* |
| --- | --- | --- |
| 1. Ensure a room suitable for the woman, her family and their bereavement care is available and ready for them when the mother’s medical condition permits. |  |  |
| 1. Maternity services should aim to provide a dedicated bereavement/family room, away from the labour ward, and consult local support organisations on design and facilities. |  |  |
| 1. Ensure continuity of carer through to delivery where possible and if a change in staff is necessary, introduce them sensitively. |  |  |
| 1. Ensure all staff seeing parents during labour and birth are aware of the baby’s death and communicate sensitively. |  |  |
| 1. If she wishes, enable the woman to have a partner or support person with her at all times. Check the woman is happy for you to keep her partner or support person informed. Provide the partner or support person with emotional support. |  |  |
| 1. Begin or continue the conversation about and planning for memory making. |  |  |
| 1. If there is a stillbirth in a multiple pregnancy, parents face the challenge of simultaneously experiencing a live born baby and a baby who has died. Support the family by focusing equally on the baby who has died and the surviving sibling or siblings. |  |  |

## E. Memory making

|  | Y/N/P | *Resources or support needed?* |
| --- | --- | --- |
| 1. Offer parents the opportunity to see and hold their baby. Offer to describe the baby’s appearance. |  |  |
| 1. Give parents time to reflect and decide what they want and let parents know they can change their mind. |  |  |
| 1. Complete the informed choice form to ensure parents are provided with options but do not feel pressured. ‘Creating memories – offering choices’, a template form, is available from [www.nbcpscotland.org.uk/templates](http://www.nbcpscotland.org.uk/templates) |  |  |
| 1. Consider the condition of the baby when offering memory making options. |  |  |
| 1. Discuss with parents  * washing and dressing the baby * photographs * hand and foot prints * memory box * other mementos and memories. |  |  |

## F. After the death

|  | Y/N/P | *Resources or support needed?* |
| --- | --- | --- |
| 1. Introduce and explain the need for the following as far as possible with the same obstetrician and midwife providing continuity of care  * registration processes * post mortem * funeral arrangements * clinical follow up * Perinatal Mortality Review. |  |  |
| 1. Ensure local guidelines set out clearly who should lead these discussions and how staff in these roles should achieve continuity. |  |  |
| 1. Plan at least an hour for this discussion and ensure it takes place in a quiet, private place. |  |  |
| 1. This is complex and challenging information for families. After you have explained, check families have understood what is involved by, for example, using the Teach Back method. See NES Knowledge Network [www.healthliteracyplace.org.uk/toolkit/techniques/teach-back/](http://www.healthliteracyplace.org.uk/toolkit/techniques/teach-back/) Remember you may need to revisit the conversation. |  |  |
| 1. Document the discussion in the mother’s maternity record. |  |  |
| 1. Try to summarise in written information the processes and forms the family will need to engage with. |  |  |
| 1. Begin to discuss arrangements for discharge and find out the family’s wishes. |  |  |
| 1. Explain a previous stillbirth form could be added to the woman’s record, if she wishes - a template is available from [www.nbcpscotland.org.uk/templates](http://www.nbcpscotland.org.uk/templates) |  |  |
| *Registration and certification* | | |
| 1. Provide parents with the medical certificate certifying stillbirth having carefully checked that the information is accurate. |  |  |
| 1. In addition to providing written information, sensitively explain the national registration process, including where and how to register. |  |  |
| 1. Ensure parents have any other information the registrar will need. |  |  |
| *Post mortem examination* | | |
| 1. Remember to keep within the scope of your practice when providing information, explaining procedures or answering questions. Be prepared to consult with or refer to suitably trained colleagues whenever necessary. |  |  |
| 1. Sensitively explain why a post mortem is needed. You may find the NES video for professionals useful preparation [Discussing Authorised (Hospital) Post Mortem Examination after Stillbirth or Neonatal Death](http://www.sad.scot.nhs.uk/bereavement/pregnancy-loss-stillbirth-and-neonatal-death/). |  |  |
| 1. Tell the parent if the post mortem examination will take place at a different hospital and explain where and why. |  |  |
| 1. Explain that all transport arrangements and handling of the baby will be respectful and caring and who will be responsible for this. |  |  |
| 1. During the authorisation process, inform parents of the likely timescales for the return of the baby’s body and the results. |  |  |
| 1. Identify a named contact within pathology and maternity who will be responsible for following up on results. |  |  |
| 1. Ensure any small objects or keepsakes such as a hat or cuddly toy that parents sent with the baby are returned following the investigation. |  |  |
| 1. Ensure that you are aware of relevant statutory death review processes and that these link with your Board’s internal processes – e.g. morbidity and mortality [M&M] meeting, Adverse Event Review, Perinatal Mortality Review – and inform parents as appropriate. |  |  |
| *Funerals* | | |
| 1. Provide parents with information around the legal requirements and options. |  |  |
| 1. Discuss what is available through the Board and other local options. Allow the parents time to make their decision. They may wish to consider options at home. |  |  |
| 1. Verbal and written information should include | | |
| * 1. choices they have if they want the hospital to make arrangements and the costs, if any |  |  |
| * 1. financial support payment available to families on low income via Social Security Scotland |  |  |
| * 1. choices they have if they want to manage the arrangements, including information on local funeral directors if available |  |  |
| * 1. time frame for making and communicating that decision |  |  |
| * 1. hospital process if they do not make or communicate that decision within that time frame. |  |  |
| 1. Bear in mind – and facilitate where possible – different personal, religious and cultural needs. Do not make assumptions. |  |  |
| 1. Discuss the options for urgent burial and cremation with parents where appropriate. |  |  |
| 1. Offer to refer parents to the spiritual care/chaplaincy team. |  |  |
| 1. Record all decisions made by the woman in her record, including where information is declined or no decision is made. |  |  |
| *Clinical follow up* | | |
| 1. Explain the purpose and timing of clinical follow up, both what parents can expect, what the follow up does not cover, and who can attend. Ensure enough time has been allowed for this appointment. Maintain continuity of obstetric and midwifery care at this appointment. |  |  |
| *Perinatal Mortality Review* |  |  |
| Inform parents about the process of perinatal review and invite them to become involved in the review process and refer to parent engagement - see [www.npeu.ox.ac.uk/pmrt/parent-engagement-materials](http://www.npeu.ox.ac.uk/pmrt/parent-engagement-materials) |  |  |
| Explain that the key contact will remain in touch with them during the review process. Give them information on the review process. |  |  |

## G. Before discharge

|  | Y/N/P | *Resources or support needed?* |
| --- | --- | --- |
| 1. Give the family time to ask questions about who is caring for baby, place of care of baby and who to contact when they leave the hospital. |  |  |
| 1. If appropriate psychological support is available, immediately and longer term, offer the opportunity to take the baby home or out of the hospital environment - a template form is available from [www.nbcpscotland.org.uk/templates](http://www.nbcpscotland.org.uk/templates). Refer to local guidelines on taking a baby home e.g. informing Police Scotland. |  |  |
| 1. Recognise the added complexity when discussing the woman’s postnatal care and physical changes to her body. Sensitively discuss the options for donating or suppressing milk. |  |  |
| 1. Discuss the emotions parents may experience and let them know these are common. |  |  |
| 1. Offer to cancel the Baby Box delivery if it has already been requested, and the woman, partner or a family member wishes. The box can be cancelled by calling 0800 030 8003. The call can be made either by the parent, a family member or a nominated health professional. However there is no need to cancel if they prefer to have the box. |  |  |
| 1. Ensure the family understand and have written information on their key contact, ongoing plan of care, and follow up appointment. |  |  |
| 1. Communicate these arrangements to the primary midwife. |  |  |
| 1. Update the primary health care team so they are aware when the woman is returning home. The GP, midwife and local obstetric consultant should be informed within 24 hours. |  |  |
| 1. Offer parents contact with the spiritual care/chaplaincy team if this had not already happened. |  |  |
| 1. Provide parents with details of the emotional support available from your Board and primary care team. Explain how support organisations can help and give contact details. |  |  |
| 1. Consider NICE guidance QS115 on antenatal/postnatal mental health [www.nice.org.uk/guidance/qs115](http://www.nice.org.uk/guidance/qs115) and SIGN guidance on perinatal mood disorders [www.sign.ac.uk/our-guidelines/management-of-perinatal-mood-disorders/](http://www.sign.ac.uk/our-guidelines/management-of-perinatal-mood-disorders/) |  |  |
| *Feedback* | | |
| 1. Discuss with parents the channels available for giving feedback about the bereavement care they receive. Ensure any verbal feedback is recorded. |  |  |
| 1. Let them know that they will be asked for feedback on the care they have received at their follow up appointments and by their key contact. |  |  |
| 1. Consider using the Maternity Bereavement Experience Measure (MBEM) to capture parent feedback <http://www.sands.org.uk/maternity-bereavement-experience-measure-mbem> |  |  |
| 1. Be clear with parents that feedback they give for this purpose is not part of a review of the baby’s death nor a complaints process. |  |  |

## H. Support in the community

|  | Y/N/P | *Resources or support needed?* |
| --- | --- | --- |
| 1. On hearing of the stillbirth, the GP (or duty doctor/practice manager) should send a letter expressing sorrow and offer an appointment. |  |  |
| 1. The loss should be coded in the GP notes and references to an ongoing pregnancy cancelled. |  |  |
| 1. Carefully share information between the community midwife, GP and health visitor (if involved) with the family’s key contact acting as coordinator. |  |  |
| 1. Ensure primary care staff are aware of the timing of and outcomes from clinical follow up and the Perinatal Mortality Review. |  |  |
| 1. Arrange a clear final handover from the obstetric and community midwifery teams to primary care teams and make sure the family know who to contact from this point onwards. |  |  |
| 1. Ensure you and your colleagues are aware of the types of bereavement support available from local organisations and provide details as appropriate. |  |  |
| 1. At the GP follow up | | |
| * 1. pay attention to the mother’s physical and emotional wellbeing as well as providing routine follow up for the mother |  |  |
| * 1. arrange follow up care for her partner. |  |  |
| 1. At the obstetric follow up | | |
| * 1. discuss care for potential future pregnancies and what, if anything, can be done to reduce risk |  |  |
| * 1. make sure families know who to contact for a preconception discussion. |  |  |
| 1. Offer referral for specialist psychological support if there are signs that might indicate PTSD or clinical depression, and, if appropriate, for mental health assessment for parents and/or siblings. |  |  |
| 1. Consider NICE guidance QS115 on antenatal/postnatal mental health [www.nice.org.uk/guidance/qs115](http://www.nice.org.uk/guidance/qs115) and SIGN guidance on perinatal mood disorders [www.sign.ac.uk/our-guidelines/management-of-perinatal-mood-disorders/](http://www.sign.ac.uk/our-guidelines/management-of-perinatal-mood-disorders/) |  |  |
| *Clinical follow up* | | |
| Check that the family have received an appointment for clinical follow up. Help them consider questions they want to ask before their follow up appointment. Remind parents what the follow up does and does not cover, and who can attend. |  |  |
| *Perinatal Mortality Review* | | |
| 1. Key contact should confirm parents’ wishes about having their questions answered in the review. Prompt parents to think about their questions and comments beforehand. A form to help parents do this is available from the Parent engagement materials on the Perinatal Mortality Review Tool (PMRT) website [www.npeu.ox.ac.uk/pmrt/parent-engagement-materials](http://www.npeu.ox.ac.uk/pmrt/parent-engagement-materials) |  |  |
| Check whether and how they want to be informed of the outcomes of the review of their baby’s death. |  |  |
| Ensure the review looks at parents’ clinical and emotional care, and covers the whole pathway of care, both antenatal and postnatal, with input from community healthcare professionals. |  |  |

### 