1. **Aim/Purpose of this Guideline**
   1.1. This guideline is to support midwives who may care for a woman who has a stillbirth or non-viable fetus within the community setting. The incidence is very rare.

2. **The Guidance**

   2.1. **Definitions**
   - Stillbirth: “A child which has issued forth from it’s mother after the 24th week of pregnancy and which, did not at any time, after being completely expelled from it’s mother, breathe or show any signs of life” Department of Health (1992).
   
   - Miscarriage: A fetus born before the 24th week of pregnancy that does not show any signs of life or a fetus expelled after the 24th week of pregnancy provided it was no longer alive by the 24th week (this fact being known or provable from the stage of development by the dead fetus) (RCOG 2005).
   
   - Non-viable fetus (NVF): A fetus born before 24th week of pregnancy.

   2.2. **Diagnosis of Intrauterine Death**
   If a midwife caring for a woman in labour in the community setting is unable to auscultate a fetal heart beat she should arrange urgent transfer to the obstetric unit by ambulance so that assessment of the fetal condition can be made by a clinician experienced in the use of ultrasound to detect fetal heart activity. A clear and honest explanation should be given to the parents as to why transfer is necessary.

   2.3. **Unexpected Stillbirth within the Community Setting**
   If a baby is born not showing signs of life when the midwife had previously auscultated a fetal heart beat during the labour, resuscitation should be commenced and a paramedic ambulance called via ‘999’. Transfer to the consultant unit should be made with ongoing resuscitation until paediatric assessment is made and a medical decision to discontinue resuscitation is taken.

   If a midwife is called to attend a woman who has already given birth to a baby who has never shown any signs of life and the birth occurred over ten minutes before their arrival, it is reasonable not to attempt resuscitation. (Resuscitation Council UK 2010).

   2.4. **Un-expected non-viable fetus (NVF) born in the community setting**
   Before the 24th week of pregnancy babies below 500g are highly unlikely to survive (Resuscitation Council 2014) and it professionally acceptable not to attempt resuscitation below the threshold of viability with no signs of life (Resuscitation Council 2014).

   If a NVF below 23+6 weeks shows signs of life, resuscitation should not be attempted.
2.5. Expected Pregnancy Loss / Early Neonatal Death in the community setting
If an intrauterine death has been confirmed by ultrasound scan or diagnosis of a lethal condition and the woman chooses to give birth at home or in the community setting this can be supported, provided a full discussion about the risks, benefits and alternatives has taken place. A plan of care should be put in place to support her, her family and the midwifery team.

Support from the Supervisor of Midwives or the RCHT Specialist Bereavement Midwife can be sought.

The appropriate folder containing all the mandatory and additional forms, checklists, contact numbers and support literature should be obtained from Wheal Rose.

2.6. Legal Requirements

2.6.1. NVF with no signs of life
The midwife must complete a Cornwall Council Certificate of ‘Medical Practitioner or Midwife In Respect of Fetal Remains’ form.

There is no statutory requirement for a NVF to have a formal funeral although parents may arrange cremation or burial with a local funeral director if they wish.

2.6.2. NVF with signs of life present / Neonatal Death (NND)
A baby showing signs of life at any gestation is legally classified as a live birth and therefore will require registration of both birth and death. Notify the woman’s GP. If the GP does not see the baby before death then they will need to inform the Coroner before they can issue a NND certificate.

If signs of life were present and NND certificate issued, cremation forms must be completed by the GP (not the midwife) regardless of gestation.

2.6.3. Stillbirth
The attending community midwife who was present at the birth and is able to confirm that no signs of life were shown must issue a stillbirth certificate (collected from Wheal Rose) to the parents.

The attending midwife should also complete the ‘Penmount Crematorium Committee Certificate of Stillbirth’ which should accompany the baby to RCHT mortuary or the funeral director engaged by the parents.

If there are grounds for suspicion surrounding the baby’s death, the Coroner and police should be informed. If the death appears natural but the cause appears uncertain, the case should be discussed with the Coroner by either the midwife or GP. The Coroner can be contacted via RCHT switchboard. The on call Supervisor of Midwives should also be informed.

2.7. Care of the deceased baby
2.7.1. NVF
From the parents perspective a miscarriage can be as significant and devastating as a stillbirth. Therefore when speaking to parents, the term “baby” rather than fetus or fetal remains should be used. A NVF must be treated with sensitivity and dignity in accordance to the Human Tissue Authority Code of Practice).

If the midwife is asked to remove a NVF between 14 – 24 weeks gestation she should wrap NVF in a small blanket and place in suitable receptacle (small caskets are available on Wheal Rose) and take to the licensed satellite mortuary on Wheal Rose. NVF below 14 weeks gestation should be sent to the Pathology Department in a dry histology pot (without formalin) accompanied by a histology request form.

If the parents wish bury a NVF at home or other private land they should contact Cornwall Council for advice.

Please refer to the RCHT Sensitive Disposal of Pre-24 week Fetal Tissue - Clinical Guideline.

2.7.2. Stillbirth / Neonatal Death
If not resuscitated the baby may be transported to Wheal Rose satellite mortuary if requested by parents for hospital arranged cremation or if cytogenetic testing is required. The baby must have an identification label attached prior to transfer.

The baby may be kept at home or await collection by funeral directors if that is the parent’s wish.

Please refer to Clinical Guideline for Pregnancy Loss and Early Neonatal Death (RCHT 2013)

2.8. Support for Health Professionals
For personal support midwives caring for a woman suffering pregnancy loss may contact:
- Supervisor of Midwives via RCHT main switch board 01872-250000
- RCHT Pastoral Care Service – 01872-252883
- Sands (Stillbirth and neonatal death charity ) helpline – 020-7436-5881
- Antenatal Results and Choices (ARC) – 0207 631 0285
- Bereavement Care Network for Practitioners – www.bereavement-network.rcm.org.uk
3. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>• Was the appropriate folder containing all the mandatory and additional forms, checklists, contact numbers and support literature obtained from Wheal Rose.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Specialist Bereavement Midwife</td>
</tr>
<tr>
<td>Tool</td>
<td>The notes are reviewed after each stillbirth, neonatal death and late miscarriage.</td>
</tr>
<tr>
<td>Frequency</td>
<td>After each event.</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>The results will be reviewed at the time of clinical incident review meeting.</td>
</tr>
</tbody>
</table>
| Acting on recommendations and Lead(s) | • Any deficiencies identified will be discussed at the maternity risk management and clinical audit forum and an action plan developed.  
  • An action plan lead will be identified and a time frame for the action.  
  • The action plan will be monitored by the Maternity Risk Management Forum and Clinical Audit Forum. |
| Change in practice and lessons to be shared | • Required changes to practice will be identified and actioned within a time frame agreed on the action plan.  
  • A lead member of the forum will be identified to take each change forward where appropriate.  
  • The results will be distributed to all staff through the Risk Management Newsletter/Clinical Audit Forum as per the action plan. |

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

4.2. Equality Impact Assessment
The Initial Equality Impact Assessment Screening Form is at Appendix 2.
Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>STILLBORN OR NON-VIABLE FETUS IN THE COMMUNITY SETTING - CLINICAL GUIDELINE FOR MANAGEMENT</th>
</tr>
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<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>21st May 2015</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>31st August 2015</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>31st August 2018</td>
</tr>
</tbody>
</table>
| Directorate / Department responsible (author/owner): | Karen Stoyles  
Specialist Bereavement Midwife  
Obs & Gynae Directorate |
| Contact details: | 01872-252149 |
| Brief summary of contents | This guideline is to support midwives who may care for a woman who has a stillbirth or late miscarriage within the community setting. |
| Suggested Keywords: | Born, viable, non, community, stillbirth, IUD, death, intrauterine, stillborn |
| Target Audience | RCHT  
PCH  
CFT  
KCCG |
| Executive Director responsible for Policy: | Medical Director |
| Date revised: | 21st May 2015 |
| This document replaces (exact title of previous version): | CLINICAL GUIDELINE FOR THE MANAGEMENT OF A STILLBIRTH OR NON VIABLE FETAL DELIVERY IN THE COMMUNITY SETTING |
| Approval route (names of committees)/consultation: | Maternity Guideline Group  
Obs & Gynae Directorate  
Divisional Board for noting |
| Divisional Manager confirming approval processes | Head of Midwifery |
| Name and Post Title of additional signatories | Not Required |
| Signature of Executive Director giving approval | {Original Copy Signed} |
| Publication Location (refer to Policy on Policies – Approvals and Ratification): | Internet & Intranet  
✓ Intranet Only |
<p>| Document Library Folder/Sub Folder | Clinical/Midwifery and Obstetrics |</p>
<table>
<thead>
<tr>
<th>Links to key external standards</th>
<th>None</th>
</tr>
</thead>
</table>
|                                 | - Resuscitation Council (2014)  
|                                 | - RCOG (2005) Registration of stillbirth and certification for pregnancy loss below 24 weeks gestation. Good Practice No.4  
|                                 | - Institute of Cemetery and cremation management (2011) The sensitive disposal of fetal remains |
| Training Need Identified?      | No   |

### Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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<tbody>
<tr>
<td>May 2012</td>
<td>1.0</td>
<td>Initial Issue</td>
<td>Theresa Williams Supervisor of Midwives Obs and Gynae Directorate</td>
</tr>
<tr>
<td>21st May 2015</td>
<td>1.2</td>
<td>Updated according to the latest advice from the Resuscitation Council and Human Tissue Authority</td>
<td>Karen Stoyles Specialist Bereavement Midwife Obs and Gynae Directorate</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy)</th>
<th>Stillborn or Non-Viable Fetus in the Community Setting - Clinical Guideline for Management</th>
</tr>
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<tbody>
<tr>
<td>Directorate and service area:</td>
<td>Obs &amp; Gynae Directorate</td>
</tr>
<tr>
<td>Is this a new or existing Policy?</td>
<td>Existing</td>
</tr>
<tr>
<td>Name of individual completing assessment:</td>
<td>Elizabeth Anderson</td>
</tr>
<tr>
<td>Telephone:</td>
<td>01872 252879</td>
</tr>
</tbody>
</table>

1. Policy Aim*  
Who is the strategy / policy / proposal / service function aimed at?  
This guideline is to support midwives who may care for a woman who has a stillbirth or late miscarriage within the community setting.

2. Policy Objectives*  
To ensure appropriate advice and care is given in the circumstances of a stillbirth/non-viable fetus in the community setting.

3. Policy – intended Outcomes*  
Appropriate and timely care for parents who have experienced a stillbirth or non-viable fetus in the community setting.

4. *How will you measure the outcome?  
Compliance Monitoring Tool.

5. Who is intended to benefit from the policy?  
All pregnant mothers, their families and midwives providing their care.

6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?  
No

6b) If yes, have these *groups been consulted?  
N/A

6c) Please list any groups who have been consulted about this procedure.  
N/A

7. The Impact  
Please complete the following table.

Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>X</td>
<td></td>
<td>Any parents experiencing the delivery of a stillbirth/non-viable fetus in the community setting</td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td>X</td>
<td>Any parents experiencing the delivery of a stillbirth/non-viable fetus in the community setting</td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>X</td>
<td>Any parents experiencing the delivery of a stillbirth/non-viable fetus in the community setting</td>
<td></td>
</tr>
<tr>
<td>Disability - learning disability, physical disability, sensory impairment and mental health problems</td>
<td>X</td>
<td>Any parents experiencing the delivery of a stillbirth/non-viable fetus in the community setting</td>
<td></td>
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<tr>
<td>Religion / other beliefs</td>
<td>X</td>
<td>Any parents experiencing the delivery of a stillbirth/non-viable fetus in the community setting</td>
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<tr>
<td>Marriage and civil partnership</td>
<td>X</td>
<td>Any parents experiencing the delivery of a stillbirth/non-viable fetus in the community setting</td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>X</td>
<td>Any parents experiencing the delivery of a stillbirth/non-viable fetus in the community setting</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>X</td>
<td>Any parents experiencing the delivery of a stillbirth/non-viable fetus in the community setting</td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. | Yes | No |
8. Please indicate if a full equality analysis is recommended. | Yes | No |
9. If you are not recommending a Full Impact assessment please explain why. | N/A |

Signature of policy developer / lead manager / director
Karen Stoyles
Specialist Bereavement Midwife
Date of completion and submission
31st August 2015

Names and signatures of members carrying out the Screening Assessment
1. Elizabeth Anderson
2. Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.
Signed: Elizabeth Anderson
Date: 31st August 2015