

Perinatal Loss Communication Checklist

	Additional Information	Date and Initial when done
Bereavement Package	Package can be given to parents at any time during admission.	
Maternal Blood work	As ordered by primary care provider- See standard orders	
Infant Blood work	As ordered by primary care provider - See standard orders	
Swabs	See standard orders	
Autopsy	<p>As ordered by primary care provider</p> <ol style="list-style-type: none"> 1. Consent for Autopsy must be signed, and copy sent with body. 2. Loss of your baby Release form signed by the parent(s) and copy sent with body. 3. Necropsy form completed and sent with body and copy on chart 4. Pathology Services Placental Exam form completed and sent with body and copy on chart <p><u>*If by parent request and no primary care provider order, this may have a transportation cost from the funeral home – make sure parents are aware</u></p>	
Tissue samples	See Standard Orders	
Registration of Birth? Registration of Death? Stillborn Registration?	<p>If infant born alive then dies: Registration of Live Birth and Death certificates <u>both need to be completed</u></p> <p>Stillbirth –Only Stillbirth Registration needs to be completed</p> <p style="text-align: center;">❖ Make Photocopy for chart</p>	
Loss of Your Baby Form	This form must be signed prior to discharge so infant can be released to care of Funeral Home	
Funeral Home	<ul style="list-style-type: none"> ➤ Parent or staff can contact funeral home of parent’s choice. ➤ Decision needs to be made prior to patient’s discharge. ➤ Notification of Death form is completed and signed by the individual that the body is released to. ➤ Burial permit is required if the patient desires to take the remains home. This can be obtained through a funeral home or authorized parties. 	
Public Health Notification	Information to be forwarded to Regional Public Health distribution site to facilitate follow-up. In the case of a stillbirth a Postpartum Referral Form is to be completed. Ensure that public health is aware of the stillbirth.	

Perinatal Loss Communication Checklist Forms to be Filled Out

STILLBIRTH		NEONATAL DEATH	
Maternal	Fetal	Maternal	Fetal
<input type="checkbox"/> Lab Work <input type="checkbox"/> Hematology	<input type="checkbox"/> Registration of Stillbirth (Vital Statistics FORM 3 MG-12194)	<input type="checkbox"/> Lab Work <input type="checkbox"/> Hematology	<input type="checkbox"/> Registration of Birth (Vital Statistics FORM 4 MG-8031)
	<input type="checkbox"/> Stillborn Assessment (CLI.5810.FORM.007)		<input type="checkbox"/> Registration of Death (Vital Statistics FORM 5 MG-8033)
<input type="checkbox"/> Loss of your Baby Release Form	<input type="checkbox"/> Notification of Death	<input type="checkbox"/> Loss of your Baby Release Form	<input type="checkbox"/> Notification of Death (CLI.4110.PL.014 FORM.01)
<input type="checkbox"/> Perinatal Loss Care Map	<input type="checkbox"/> Blood/Tissue Req's <input type="checkbox"/> N/A <input type="checkbox"/> Cytogenetic Req <input type="checkbox"/> Hematology Req	<input type="checkbox"/> Perinatal Loss Care Map	<input type="checkbox"/> Blood/Tissue Req's <input type="checkbox"/> N/A <input type="checkbox"/> Cytogenetic Req <input type="checkbox"/> Hematology Req
<input type="checkbox"/> Public Health Referral Form (MHPP114F)	<input type="checkbox"/> Autopsy <input type="checkbox"/> N/A <input type="checkbox"/> Consent for autopsy (CLI.4110.PL.014.FORM.02) <input type="checkbox"/> Shared Health Necropsy Clinical Data (CLI.4110.PL.014.FORM.03) <input type="checkbox"/> Authorization for Release Pathology Specimens (CLI.4110.PL.014.FORM.05) (F170-10-12) IF parents wish the remains to be returned to them	<input type="checkbox"/> Public Health Referral Form (MHPP114F)	<input type="checkbox"/> Autopsy <input type="checkbox"/> N/A <input type="checkbox"/> Consent for Autopsy - Bilingual (CLI.4110.PL.014FORM.02) <input type="checkbox"/> Shared Health Necropsy Clinical Data <input type="checkbox"/> Authorization for Release Pathology Specimens (F170-10-12) IF parents wish the remains to be returned to them
	<input type="checkbox"/> Placental Examination <input type="checkbox"/> N/A <input type="checkbox"/> Request for Placental Examination (Shared Health)		<input type="checkbox"/> Placental Examination <input type="checkbox"/> N/A <input type="checkbox"/> Request for Placental Examination (Shared Health)
	Burial permit obtained by: <input type="checkbox"/> Funeral Home <input type="checkbox"/> Parents/Authorized Person		Burial permit obtained by: <input type="checkbox"/> Funeral Home <input type="checkbox"/> Parents/Authorized Person