



**POLICY:** Perinatal Loss

**Program Area:** Obstetrics

**Section:** General

**Reference Number:** CLI.5810.PL.011

**Approved by:** Regional Lead - Acute Care & Chief Nursing Officer

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**PURPOSE:**

To assist staff in providing consistent, supportive care to parents experiencing perinatal loss.

**BOARD POLICY REFERENCE:**

Executive Limitation (EL-02) – Treatment of Clients

Executive Limitation (EL-01) – Global Executive Restraint and Risk Management

**POLICY:**

Patients, and their families, experiencing a perinatal loss have a wide range of emotions and their grieving can be complicated. It is important that their feelings and wishes are respected. It is also an emotional time for staff. Perinatal loss involves complicated care for both the patient and the products of conception or remains of the infant.

**DEFINITIONS:**

**Stillbirth** - when the complete expulsion or extraction from its mother of a product of conception, in which after the expulsion or extraction there is no breathing, beating of the heart, pulsation of the umbilical cord or unmistakable movement of voluntary muscle where:

- the expulsion or extraction occurs after a pregnancy of at least 20 weeks; or
- the product weighs 500 grams or more, in accordance with *The Vital Statistics Act C.C.S.M.c.V60*.

**Neonatal Death** - the birth of a live fetus, regardless of size or gestational age, born with signs of life - heartbeat, breath or twitch.

**Spontaneous Abortion** - the birth of a fetus less than 20 weeks' gestation and less than or equal to 500 grams with no signs of life.

**IMPORTANT POINTS TO CONSIDER:**

- If at all possible a private room is facilitated.
- For a spontaneous abortion, use the word "miscarriage" when speaking to parents instead of "spontaneous abortion".
- If parents desire they may have visitors for spiritual and/or family support regardless of visitation

- hour.
- Do not do anything to the infant without parent permission; including photos, footprints, hair, etc.
  - Parents experiencing perinatal loss are encouraged (not forced) to look at, touch, hold, and cuddle the infant.
  - Allow parents to have access to infant as desired.
  - Consider using ice packs to cool the infant if not being held by family to help delay decomposition.
  - Wrap infant in warm blankets when returning the infant to the family.
  - Some parents will room in with the infant until discharge.
  - The body will be released to the funeral home or to authorized parties when appropriate burial permit is obtained.
  - If the parents have named the infant, refer to the infant by name.
  - Discuss availability of Social Work and/or Clergy and access at parents' request.
  - Ensure all forms are copied, as either a copy or the original accompanies the remains.

#### **PROCEDURE:**

1. Place a perinatal loss identifier to the patient's door.
2. Complete Maternal Nursing History and appropriate Standard Orders.
3. Gather equipment and supplies.
4. Have maternal blood work drawn prior to delivery, if at all possible.
5. Provide supportive care and pain control in labor.
6. Electronic fetal monitoring is not required.
7. Tocodynamometer monitoring is required for patients proceeding with a trial of labour after caesarean section or when being induced/augmented as per Induction of Labour guidelines - for gestational age 20 weeks or above.
8. At delivery, be supportive of parent's wishes. Encourage parents to hold infant, take pictures and name the infant.
9. Provide routine postpartum care and chart on the appropriate perinatal loss care map.
10. Provide patient with the bereavement package.
11. When parents are receptive to releasing the infant to your care, complete Nursing Assessment of infant including newborn ID bands.
12. Obtain keepsakes (only with parental permission) - hand or footprints, castings, photos etc. for the memory box.
13. A Primary Care Provider (PCP) or nurse to obtain blood and tissue samples as per standard orders and as discussed with the parents.
14. Assist with bath and dressing of the infant as per parents' wishes (if infant condition will tolerate).
15. When parents are ready to release the infant for final preparations, wrap the infant, place in an appropriate receptacle and label with infant's information.

#### **Complete Appropriate Vital Statistics Manitoba Forms:**

- If infant is born alive then dies, complete:
  - Registration of Birth: Vital Statistics Manitoba Form Vital Statistics Agency Manitoba (REV May 2018);

- Registration of Death: Vital Statistics Manitoba FORM, MG 8033 (REV 06).
- Stillbirth:
  - Registration of Stillbirth: Vital Statistics Manitoba FORM 3, MG-12194 (REV 02);

#### **Referral to Public Health**

- The Public Health Referral form is used for stillbirth or a neonatal death.

#### **REMAINS OF SPONTANEOUS ABORTION**

When products of conception (spontaneous abortion) are not being sent to pathology and the **parents do not** wish to take them home, the products of conception are disposed of as per facility biohazard standard procedure.

If the parents desire to take the remains home, they are entitled to do so. Between 16 and 20 weeks consult with a funeral home or other authorized parties to see if a burial permit is needed. This is required once the fetal bones begin to ossify. Document the call to the funeral home.

The facility supplies the parents with a leak proof receptacle.

- Forms to complete:
  - The Loss of Your Baby Release Form (CLI.5810.FORM.082)
  - Authorization for Release Pathology Specimens (F170-10-12)

When remains of a spontaneous abortion are sent for pathology, complete the identification as follows:

1. Use the mother's addressograph to stamp the labels. Date, time, type of specimen and initials are included on the label.
2. When identifying the type of specimen, label as 'products of conception 1 of 1'. If the placenta is separate from the fetal remains then the specimens are labeled 1 of 2 and of 2. **Please note:** the label on the remains must state exactly what type of specimen it is, as stated on CLI.4110.PL.014.FORM.07 **Pathology Services Laboratory Requisition** and **must be signed by the PCP.**
3. Attach labels to the appropriate receptacle containing 10% Formalin. **Please note:** the specimen must be completely submersed in the formalin solution.
4. Complete CLI.4110.PL.014.FORM.07 Pathology Services Laboratory Requisition indicating the contents of the receptacle(s).
5. Complete CLI.5810.FORM.082 Loss of your Baby Release Form and the Authorization for Release Pathology Specimens (F170-10-12) with the parents.
6. Photocopy the original and place copy on the mother's medical chart.
7. Attach the original copy to CLI.4110.PL.014.FORM.07 Pathology Services Laboratory Requisition.
8. Send the remains to the lab for transport to the Pathology Department as soon as possible. When initiating transportation of the remains the nurse ensures that all remains are transported together.

#### **REMAINS OF STILLBIRTH OR NEONATAL DEATH**

- If no investigations:
  - If the parents desire to take the remains home, they are entitled to do so once the funeral home or other authorized parties has been contacted and a burial permit has been obtained.

- Forms to complete:
  - CLI.5810.FORM.082 Loss of Your Baby Release Form.

When remains of a Stillbirth or Neonatal Death are sent to the morgue, complete the identification as follows:

1. The fetal remains and/or placenta are placed in a leak proof receptacle. **Do not add formalin or saline. Please note:** this process may be done by the funeral home or other authorized parties.
2. Three (3) morgue tags/adhesive addressograph labels, or infant bands, and 1 label are addressograph with the mother's information (for a stillbirth) or the infant's information (for a neonatal death).
3. The remains are labeled as "fetal (or infant) remains 1 of 2" and "Placenta 2 of 2". When fetal remains are unable to be separated from the placenta then the remains are labeled as "fetal remains and placenta 1 of 1".
4. Attach the morgue tags/adhesive addressograph labels as follows:
  - The first tag to the limb of the fetus (infant) or to the torso if the attachment to the limb is not possible.
  - The second tag to the wrap.
  - The third tag to the receptacle containing the fetal (infant) remains.
  - Affix the label to the receptacle containing the placenta. **Note:** the placenta should be fresh with no formalin or saline.
5. Complete CLI.5810.FORM.082 Loss of Your Baby Release Form with the parents. Photocopy the originals and place copies on the mother's medical chart (stillbirth) or infant's chart (neonatal death).
6. If the PCP has requested an examination of the placenta:
  - The PCP completes CLI.4110.PL.014.FORM.06 Pathology Services Request for Placental Examination Requisition.
  - Also include a **copy** of CLI.5810.FORM.082 Loss of Your Baby Form. If the family requests to have the placenta returned to them also include a copy of CLI.4110.PL.014.FORM.05 Authorization for Release Pathology Specimens.
  - Send the placenta along with the above requisitions to the morgue/funeral home with the fetal/ infant remains.
7. Prior to the release of remains, the following forms are completed and a **copy** will be placed into the patient's chart and the **originals** will accompany the specimens:
  - For Stillbirth and Neonatal Death**
    - Loss of your Baby Release Form.
    - Authorization for Release Pathology Specimen.
    - Pathology Services Request for Placental Examination Requisition, if requested.
  - For Stillbirth**
    - Registration of Stillbirth
  - For Neonatal Death**
    - Registration of Birth
    - Registration of Death
    - Notification of Death

8. If an autopsy has been requested, the PCP completes the following forms to accompany the remains:

**For Stillbirth**

- The **original** Consent for Autopsy and a **copy** of CLI.4110.PL.014.FORM.03 Necropsy Clinical Data form is placed on the mother's chart.
- The **copy** of CLI.4110.PL.014.FORM.02 Consent for Autopsy – Bilingual will accompany the remains.
- The **original** CLI.4110.PL.014.FORM.03 Necropsy Clinical Data form will accompany the remains.

**For Neonatal Death**

- The **original** CLI.4110.PL.014.FORM.01 Consent for Autopsy and the **original** Notification of Death and a **copy** of CLI.4110.PL.014.FORM.03 Necropsy Clinical Data form is placed on the infant's chart.
- The **copy** of CLI.4110.PL.014.FORM.02 Consent for Autopsy – Bilingual will accompany the remains.
- A **copy** of the Notification of Death will accompany the remains.

9. Transportation of the remains is done by the funeral home unless the parents are taking the remains home. The funeral home of choice is determined by the parents prior to discharge.

**TRANSPORT OF REMAINS:**

- Under the *Vital Statistics Act*:
  - Parents of a stillborn infant are able to take the remains for burial following completion of the Registration of Stillbirth form. A burial permit is issued following the receipt of this document to Vital Statistics.
  - The above is organized by the funeral home or other authorized parties.
  - Burial permits are acquired from any "funeral director", meaning any person who owns, controls, operates, or manages a funeral home or chapel, or a "lay" funeral director, defined as any person who takes charge of a dead body for the purpose of burial, cremation or other disposition.
  - Where the body of any person is to be removed by a common carrier to the place of burial or other disposition, the removal shall not take place unless the copies of the burial permit have been affixed to the outside of the casket.
- Adherence to the *Dead Bodies Regulation of The Public Health Act C.C.S.M.c.C80* is required as below:
  - Enclosure in a sound coffin or leak-proof body bag.
  - Possession of a burial permit.
  - Completion of transportation to final destination within 72 hours after the time of death.
- Specimens sent to a laboratory are only released to a funeral home through an intermediary (hospital). The remains may be sent back to the originating site. The originating site then contacts the funeral home or designate to arrange pickup.

**EQUIPMENT/SUPPLIES:**

**Bereavement package for Miscarriage and Stillbirth/Neonatal Death Keepsakes:**

- Photographs – Different facilities have access to different methods

- Hand and footprint page (when possible) – Use ink pad to make ink impressions of infants’ hands and feet as keepsake
- Crib card – fill out with all information possible
- Name bands – Complete name bands as you would for any delivery. Use 2 of original set for identification of remains. May use 1 small and 1 large for infant identification and one small and one large for keepsake box
- Measuring tape (greater than 20 weeks) – Measure infant and make measurements on tape indicating Head and Length
- Lock of hair – obtain a lock of hair if possible
- Outfit, Blanket, Angel Dress – Provide parents with keepsakes as available. These can be used for pictures, funeral or remembrance as they choose
- Memory book – For parents to fill out as they wish
- Memory box – Place crib card, measuring tape, lock of hair card etc. in memory box. Parents often store printed pictures in these upon return home
- Casting supplies
  - Instructions, dental molding material (Kromopan impression powder), cast forms, plaster of Paris, water, tongue depressors, paper plates, small paring knife
  - See CD tutorial

**SUPPORTING DOCUMENTS:**

<a href="#">CLI.5810.FORM.004</a>	Cesarean Section Perinatal Loss Care Map
<a href="#">CLI.5810.FORM.007</a>	Stillborn Assessment
<a href="#">CLI.5810.FORM.011</a>	Postpartum Perinatal Loss Care Map Greater Than or Equal to 20 Weeks
<a href="#">CLI.5810.FORM.069</a>	Standard Orders Maternal Stillbirth
<a href="#">CLI.5810.FORM.072</a>	Standard Orders Fetal Stillbirth
<a href="#">CLI.5810.FORM.075</a>	Standard Orders Maternal Neonatal Death
<a href="#">CLI.5810.FORM.078</a>	Standard Orders Fetal Neonatal Death
<a href="#">CLI.5810.FORM.081</a>	Cesarean Section Perinatal Loss Record of Postpartum Patient Learning
<a href="#">CLI.5810.FORM.082</a>	Loss of Your Baby Release Form – Bilingual
<a href="#">CLI.4510.PR.002.FORM.01</a>	Integrated Progress Notes
<a href="#">CLI.6201.SG.010.SD.01</a>	Manitoba Public Health Nurse Prenatal Referral
<a href="#">CLI.4110.PL.014</a>	Death in Facility
<a href="#">CLI.4110.PL.014.FORM.01</a>	Notification of Death
<a href="#">CLI.4110.PL.014.FORM.02</a>	Consent for Autopsy - Bilingual
<a href="#">CLI.4110.PL.014.FORM.03</a>	Shared Health Necropsy Clinical Data
<a href="#">CLI.4110.PL.014.FORM.05</a>	Shared Health Authorization for Release of Pathology Specimens (#F170-10-12)
<a href="#">CLI.4110.PL.014.FORM.06</a>	Shared Health, Pathology Services, Request for Placental Examination (R250-10-38-V02)

[CLI.4110.PL.014.FORM.07](#)

St. Boniface Pathology Services Laboratory Requisition  
R250-10-40 V01 (BRHC, HSAH)

[CLI.4110.PL.014.FORM.08](#)

Westman Lab Pathology Services Laboratory Requisition  
R250-10-50 V01 (All other sites)

**REFERENCES:**

Registration of Stillbirth: Vital Statistics Manitoba FORM 3, MG-12194 (REV 02)

Registration of Birth: Vital Statistics Agency Manitoba (REV May 2018)

Registration of Death (Vital Statistics Manitoba FORM 5 MG-8033 (REV 06)

Dead Bodies Regulation of The Public Health Act C.C.S.M.c.C80. Manitoba Health, Seniors and Active Living (MHSAL)

Salus Global Corporation (2018, April 17). *Death and Perinatal Grieving*. moreOB.

[Library Chapter Details \(salusglobal.com\)](http://salusglobal.com)

The Vital Statistics Act C.C.S.M. c. V60. Manitoba Health, Seniors and Active Living (MHSAL)

WRHA Practice Guideline Women's Health (Feb 2008 rev Feb 2012). Perinatal Loss: Identification and transportation of the remains (including placenta) (80.276.900)

WRHA Practice Guideline Women's Health (Sept 2010 rev Feb 2012). Perinatal Loss: Pregnancy Loss (80.275.901)