



## Standard Orders Fetal Stillbirth

(Greater than 20 weeks and/or greater than  
500 grams with no signs of life)

Addressograph Label  
Client Label  
DOB mm/dd/yyyy  
PHIN/MHSC#  
HRN

These orders are to be used as a guideline and do not replace sound clinical judgement and professional standards.  
Patient allergy and contraindications must be considered when completing the orders.

■ Indicates Standard orders. If not in agreement with an order, cross out and initial. □ Requires a check  for activation.

INVESTIGATIONS	GENERAL ORDERS
<p>DATE: _____</p> <p><b>Obtain cord or cardiac blood</b></p> <p><input type="checkbox"/> CBC</p> <p><input type="checkbox"/> RH &amp; ABO</p> <p><input type="checkbox"/> Direct Antiglobulin</p> <p><input type="checkbox"/> Blood Cultures</p> <p><input type="checkbox"/> Chromosomal/Genetic Analysis – collect 3-5 cc’s in a heparin (NaHep) vacutainer <i>or</i> 1-centimeter square placental piece in a sterile medium with no formalin (transport immediately to the lab)</p> <p><b>Swabs</b></p> <p><input type="checkbox"/> Swab both nares with one swab for Group B Streptococcus</p> <p><input type="checkbox"/> Swab fetal (smooth) side of placenta for anaerobes and aerobes</p> <p><b>Pathology</b></p> <p><input type="checkbox"/> Autopsy</p> <ul style="list-style-type: none"> <li>■ Obtain Consent for Autopsy</li> <li>■ Complete Necropsy Clinical Data (primary care provider to complete)</li> </ul> <p><input type="checkbox"/> Placental Examination</p> <ul style="list-style-type: none"> <li>■ Complete Pathology Services Request for Placental Examination; attach a copy of the Authorization for Release of Pathology Specimen <b>*if</b> patient is requesting remains</li> </ul>	<p>TIME: _____</p> <ul style="list-style-type: none"> <li>■ Complete Stillborn Assessment</li> <li>■ Registration of Stillbirth</li> <li>■ Loss of Your Baby Release Form</li> <li>■ Obtain Authorization for Release Pathology Specimens <b>*if</b> family is requesting remains</li> <li>■ Obtain keepsakes, if appropriate and with parental wishes</li> <li>■ Public Health Referral</li> </ul>

PHYSICIAN / MIDWIFE      PHYSICIAN / MIDWIFE  
SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

Order Transcribed Date: \_\_\_\_\_ Time: \_\_\_\_\_ Init: \_\_\_\_\_