



**STANDARD ORDERS**  
**Spontaneous Abortion**  
 (Under 20 weeks and less than 500 grams with no signs of life)

NB: These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards.

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

DATE:	TIME:		
<ul style="list-style-type: none"> <li>■ CBC</li> <li>■ Type and Screen</li> <li>□ <b>If patient Rh Negative:</b> Rh(D) Immune Globulin (human) 300 micrograms intravenous x 1 as per Rh Lab request OR if Rh Lab results not available at time of discharge (<b>ensure consent is on chart</b>)</li> <li>■ B-hCG</li> </ul> <p>Sexually transmitted and bloodborne infections</p> <ul style="list-style-type: none"> <li>□ HIV</li> <li>□ Chlamydia (urine)</li> <li>□ Gonorrhoea (urine)</li> <li>□ Hepatitis B</li> <li>□ Hepatitis C</li> <li>□ Syphilis</li> <li>□ Toxoplasmosis</li> <li>□ Varicella</li> <li>□ Rubella</li> <li>□ Cytomegalovirus</li> </ul> <p>□ Transvaginal Ultrasound</p>	<p>Management of products of conception</p> <ul style="list-style-type: none"> <li>□ Not sent to pathology – see reverse side</li> <li>□ Send to Pathology – see reverse side</li> </ul> <ul style="list-style-type: none"> <li>■ Respect the parent(s) feelings and wishes</li> <li>■ Provide the patient with a bereavement package</li> <li>■ Request permission from parents to (if possible)               <ul style="list-style-type: none"> <li>□ Take photos</li> <li>□ Take hand and footprints/castings (wash ink off)</li> </ul> </li> <li>■ Use the word ‘miscarriage’ when speaking instead of ‘spontaneous abortion’</li> <li>■ Provide private room/area if possible</li> <li>■ Place perinatal loss identifier on door</li> <li>■ Offer Spiritual Care and Social Work if available</li> <li>■ Public Health referral as required</li> </ul> <ul style="list-style-type: none"> <li>■ Complete <b>The Loss of Your Baby Release Form</b></li> </ul> <ul style="list-style-type: none"> <li>□ Complete <b>Authorization for Release of Pathology Specimens</b> if family requests remains</li> <li>□ Complete <b>Pathology Services Laboratory Requisition</b> if family requests pathology</li> </ul>	PHYSICIAN / MIDWIFE	PHYSICIAN / MIDWIFE
SIGNATURE _____		PRINTED NAME _____	
ORDER TRANSCRIBED DATE: _____ TIME: _____ INITIAL: _____			

### **Not sent to pathology**

- Parents taking remains home – provide a leak proof receptacle
- Send to Health Science Centre for cremation
- Dispose of as per facility biohazard standard procedure

### **Send to Pathology**

- Confirm with parents **if** they wish the remains be returned to them
- Use mother's addressograph to stamp labels; add date, time, type of specimen and initial
- Label as "**products of conception 1 of 2**" and "**2 of 2**" **if the** remains and the placenta are separate. ***Please note:** the label on the remains must state exactly what type of specimen it is as stated on the **Pathology Services Laboratory Requisition.***
- Attach labels to the appropriate receptacle containing 10% formalin, completely submersing the specimens
- Complete the **Pathology Services Laboratory Requisition** – must be signed by the primary care provider
- Photocopy **Loss of Your Baby Release** form and the **Authorization for Release Pathology Specimens** and place on the mother's chart. Attach the original to the **Pathology Services Laboratory Requisition**
- Send remains to lab and transport to the pathology department as soon as possible. Ensure all remains are sent together