

Section: Division of Nursing

* PROCEDURE *

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Approval: _____

Issue Date: April 23, 1990
Reviewed Date: February 2010

HACKETTSTOWN REGIONAL MEDICAL CENTER

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MATERNAL SERVICES/4-SOUTH/SAME DAY SURGERY

(Scope)

TITLE: FETAL DEATH UNDER 20 WEEKS GESTATION

PURPOSE: To outline procedure to care for fetus under 20 weeks gestation or under 1 lb. (454 gm) weight. To outline methods to provide support for parents and other family members.

SUPPORTIVE DATA: A fetal death occurring at 20 weeks gestation or under or weighing under 1 lb. at delivery is classified as a specimen. The hospital will dispose of the fetus. However, in the event the mother wishes to have it buried in a place of her choice, she will notify the hospital. If the fetus exhibits any signs of life, such as heart beat, pulsation of the umbilical cord, or definite movement of voluntary muscles (whether or not the umbilical cord has been cut or the placenta is attached), it is classified as a live birth irrespective of the duration of pregnancy. When there is a live birth and subsequent fetal death, a birth certificate and a death certificate must be completed. (State Definitions and Reporting Requirements, US Dept. of Health and Human Services)

EQUIPMENT:

1. Provider's L&D record
2. Apgar Sheet
3. Plastic container and lid
4. Formaldehyde/Formalin, obtain from Laboratory
5. Forms:
 - a. Disposition of remains fetal death work sheet
 - b. Autopsy consent, 6160.022a

<p>CONTENT:</p>	<p>PROCEDURE STEPS:</p> <ol style="list-style-type: none">1. If parents desire administer conditional baptism to fetus. Notify clergy if parents wish.2. Place fetus and placenta in plastic container, add formaldehyde to cover, and place lid on securely. Label container with mother's name, etc., addressograph and send to Pathology Department with pathology requisition. Order Surgical Pathology item in Cerner to generate requisition and labels.3. If there is an autopsy consent signed, fax a copy to the Laboratory so they are alerted to this. (Sometimes after tests by pathology, there are no remains to save.)4. Provide mementos "<u>tiny</u>" footprints crib card, baptismal certificate, small hat. Photographs can be done this early at nurse's discretion. Give RTS materials and "After your Loss" miscarriage	<p>KEY POINTS:</p> <p>Depending on parent's religious beliefs. See baptism procedure.</p> <p>If there is a chance genetic studies may be done. Do not place in formalin!!! Refrigerate.</p>
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pamphlets. Memento box if nurse feels
appropriate (note sizes.)

REFERENCES: Resolve Thru Sharing Manual.

HACKETTSTOWN COMMUNITY HOSPITAL

CONSENT FOR DISPOSITION OF REMAINS OF STILLBIRTH OF UNDER TWENTY (20) WEEKS GESTATION

PATIENT _____

DATE _____ TIME _____ (a.m.) (p.m.)

The patient hereby acknowledges having been informed by the Hackettstown Community Hospital of her right to determine the disposition of the remains of a stillbirth of under twenty (20) weeks.

The patient hereby directs the hospital to release the remains to:

(Patient: insert name of funeral home)

In the event the patient has not directed the disposition of the remains aforesaid or does not notify the hospital of the patient's directions for disposition, in writing, within ten (10) days of the date set forth above, the patient hereby waives her right to determine the disposition of the remains and hereby consents to the disposal of the remains by the hospital by whatever means the hospital deems appropriate including, but not limited to, internment, incineration or laboratory disposal. Further, the patient hereby releases the hospital and its personnel from any responsibility and/or liability related to said disposal.

(Witness)

(Patient's Signature)