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Patient Experience Group: Jun 2010, V3 Nov 2013

Division of Women, Children & Sexual Health Services

How can I help to reduce healthcare associated infections?

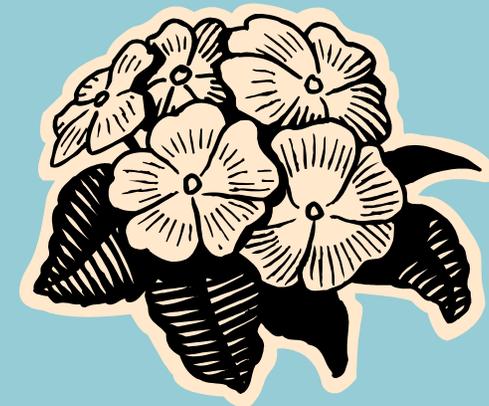
Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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Following the loss of your baby....



Patient information leaflet for parents following the stillbirth of your baby during pregnancy

If you require a translation of this leaflet please call the Bereavement Midwife (see page 9)

Safe & compassionate care,

every time

We wish to extend our sympathy to you following the loss of your baby.

We hope the information in this booklet will offer you help and guidance in your time of need.

If you need any help, please do not hesitate to ask any member of staff involved in your care.

Your Consultant is:

Consultant's secretary:

You will be admitted to Labour Ward

On:

At:

Feelings

Losing a baby is an experience that many will share, but we all react differently, there is no right or wrong way. For some, expressions of grief will be overwhelming and public. For others they may be very private, but no less deeply felt. Partners, family and friends may all find it difficult to show their emotions. Many of us need to share our emotions in order to be able to cope with them. These feelings are real and painful, but they are also acceptable and understandable.

Grief may produce physical symptoms, for example disturbed sleep, lack of appetite, nausea or palpitations. These are all normal reactions and may be eased by sharing your feelings and experiences with professionals, family and friends.

USEFUL ORGANISATIONS

Child Bereavement UK

Claire Charity Centre
Wycombe Road
Saunderton
Bucks
HP14 4BF
01494 568900

www.childbereavement.org.uk

Stillbirth and Neonatal Death Society (SANDS)

020 7436 5881 (helpline)
support@uk-sands.org
www.uk-sands.org

West Herts and Bucks SANDS

07922 119111
www.westhertsbuckssands.org.uk

Twins and Multiple Births Association Bereavement Support Group (TAMBA BSG)

0800 138 0509 (helpline)
10.00-13.00 hours and 19.00-22.00 hours daily.
www.tamba.org.uk/bsg

USEFUL TELEPHONE NUMBERS

Bereavement Support Midwife

077 1712 7740.

Please leave a message and your call will be returned.

Bereavement Office

Stoke Mandeville Hospital **01296 316646**
Wycombe Hospital **01494 425233**

Chaplaincy Department

Stoke Mandeville Hospital **01296 316675**
Wycombe Hospital **01494 425072**

Consultants' Secretaries

Stoke Mandeville Hospital **01296 315000** and ask for the
Obstetric & Gynaecology Secretaries

Wycombe Hospital **01494 526161** and ask for the Obstetric &
Gynaecology Secretaries

Registrar's Office

Aylesbury **01296 383005**
Beaconsfield **01494 475200**

Grief throws our lives out of balance and there are bound to be good days and bad days. Try not to panic—all this is normal. Take time to think through any decisions, as major changes at this time could be unsettling.

What to bring into Hospital

Your stay may be a few days, so bring enough clothing, nightwear and toiletries for this time. There may be a television and music system; you are welcome to bring CDs/ DVDs. You may like to bring something for your baby to wear, or you may like to choose from the outfits and blankets we have available

When you arrive at the hospital

When you speak to staff, say you are for admission to Primrose Room; even if this room is in use, this will inform people that you are facing a bereavement.

Induction and delivery of your baby

If your labour has not already started, we will offer medication to induce it. We know it is a very difficult time and throughout the procedure your husband, partner, friend or family member can be with you at all times. You will receive a lot of support from the midwives and doctors and plenty of pain relief if and when required.

Two days prior to the induction, you will be given a tablet called Mifepristone, which is an anti-progesterone tablet. This allows the uterus to become more sensitive to the later medications we use. After being given the tablet you will go home but will be asked to return if you are unwell. You will be admitted for the induction process two days later. Occasionally the tablet may cause some bleeding or even contraction pains (similar to strong period pains) and if this occurs you should ring Labour Ward at Stoke Mandeville Hospital on 01296 316103/4 and we may admit you sooner.

More commonly you may experience some milder pain and in this case you could stay at home and use Paracetamol for pain relief. It is advised that you do not use Aspirin or the Ibuprofen-type of tablets as they may interfere with the medication.

When you return to the Labour Ward, the neck of your womb (cervix) will be assessed and, if it is favourable, we will be able to induce your labour by breaking your waters and administering medication via a drip to start your uterus contracting. If your cervix is not favourable, we will need to induce your labour by using Prostaglandin tablets. These will be given vaginally until the contractions become more regular.

The time interval until delivery can be very variable but usually delivery takes place within 24 hours.

Your partner or supporter may stay with you at all times.

If required you will be given plenty of pain relief, usually by injection, although some may require an epidural anaesthetic.

At the time of delivery the placenta (afterbirth) may come away on its own but occasionally it may be necessary to take you to theatre to have this removed, usually under a local anaesthetic. The amount of blood loss at the time of delivery is variable and on occasions may be quite heavy necessitating a blood transfusion.

You may go home once you are feeling well and the timing of this will depend on your physical condition. The staff will keep you informed at all times.

If your blood group is Rhesus negative an injection of Anti-D will be given to you following delivery.

Seeing and Holding your Baby

You may be anxious about seeing your baby, but most parents are pleased to have this precious memory. You will be offered the opportunity to see and hold your baby if you would like to

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

Head of Midwifery
Division of Women, Children & Sexual Health Services
Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL

You will probably start to produce milk about 3 days after delivery. This can obviously be very distressing for you and medication is available to stop this process occurring, if you wish. You may also want to take a mild painkiller such as Paracetamol. You will be more comfortable if you wear a well fitting bra until the process is finished. You can also buy breast pads to soak up any leaking milk.

You may have already been introduced to the Bereavement Support Midwife, who will be available for guidance and support after your discharge from Hospital.

Financial help

You may be entitled to maternity leave or benefits; please see moneyadvice.service.org.uk. Returning to work is an individual choice depending on your emotional and physical wellbeing; be guided by professionals, family and friends.

Having sex and trying for another baby

You should avoid having sex until all of your symptoms have gone. Your periods should return within six to eight weeks, although it may take several months to settle into a regular cycle.

If you don't want to get pregnant you should use contraception immediately. If you do want to get pregnant again, you may want to discuss it with your GP or hospital care team. Make sure you are feeling physically and emotionally well before trying for another pregnancy.

This leaflet explains some of the most common side-effects that some women may experience. However, it is not comprehensive. If you experience other side-effects and want to ask anything else related to your treatment please speak to the Bereavement Midwives

do so. It is possible to take your baby home, so if you would like to do this please ask the midwife caring for you.

Photographs and Mementoes

We take photographs of your baby for you. These photographs are taken with a digital camera and will be available to you immediately. The photographs will be scanned into your electronic notes and can be made available to you at a later date. If at this time you do not wish to take the photographs they are then kept in your notes for up to 25 years. You can also take your own photographs.

Your Midwife will offer you a choice of mementoes. Footprints and handprints will be offered, along with a lock of baby's hair (where possible). You may also like to keep your baby's identity bands—please ask.

Blessing your Baby

You may have your baby named and blessed by the Hospital Chaplain or a Minister of your own choice. This blessing can occur either with or without you being present. A blessing card will then be given to you.

Book of Remembrance and Remembrance Service

You may like to enter your baby's name in the hospital chapel 'Baby Book of Remembrance' which is situated in the Prayer Room. You may wish to write your own thoughts or a special poem in this book. Please speak to a Chaplain or a Bereavement Officer about what you would like to enter.

An annual Baby Remembrance Service is held, normally in October. You will receive an invitation for this.

Blood Tests

You will be offered a variety of blood tests which may help to determine why your baby has died. These will usually be carried out before the baby is delivered; please ask your Doctor or Midwife for more information regarding these tests.

The Post Mortem (PM) Examination

This may give you and the doctors reasons why your baby died; over half of PMs give some useful information. They may also then be able to tell you whether the same problem is likely to affect any pregnancy you may have in the future. If no cause is found this usually means future pregnancies have a good chance of success.

If you choose to have this examination, it would be performed by a specialist Paediatric Pathologist at the John Radcliffe Hospital, Oxford and you will be given the results at your follow-up appointment .

Registration

If your baby dies after 24 weeks, the law requires you to register the stillbirth within 6 weeks. If your baby died after the birth at any gestation the law requires you to register the birth and the death within 5 days.

A stillbirth or neonatal death certificate will be issued by the Midwife or Doctor and given to you and you will need to make an appointment to register your baby's death with the Registrar. If you and your partner are married either of you can register baby's death; if you are not married, you both have to attend.

Arrangements for your Baby's Funeral

There are a number of options available to you for your baby's funeral, which the Bereavement Officer, Chaplain, Midwives or Nurses will be happy to discuss with you. The Bereavement Officer can also help you find a Funeral Director in your area.

If you have met one of the Chaplains during your stay, they may be able to carry out your funeral for you. We can also help you to find a funeral celebrant if you prefer. The Bereavement Support Midwife will also give you ideas to help you plan this important day.

Follow-up care

The hospital staff will answer any immediate questions you may have, but it is difficult to think of everything at this time.

We always inform your GP and Community Midwife about the death of your baby, so if you want to talk things over with them, they will understand what has happened.

A Community Midwife will ring you the day after discharge to arrange a visit.

An appointment will be made for you to see your Consultant 8-10 weeks later. It is important that you ask any questions that you like; it may help to make a note of them beforehand so that you do not forget anything. At this appointment you will be able to discuss the results of any investigations that have been carried out and any implications it may have for future pregnancies. This appointment may or may not include a physical examination.

After care

You will need to contact your GP to arrange a physical examination, usually at around 6 weeks after delivery, to ensure that you have recovered fully. Bleeding may continue for 2-4 weeks and sometimes may be quite heavy, although some women continue with a light loss until their next period. You are advised to wear sanitary towels, not tampons, to assess blood loss and prevent infection. You are advised not to resume sexual intercourse until the bleeding has stopped. It is important that you contact your GP if you experience any of the following:

- Prolonged heavy bleeding with clots
- Vaginal discharge that looks or smells offensive
- Rise in temperature
- Pain when passing urine.