

**CLINICAL PATHWAY  
PERINATAL BEREAVEMENT  
THIRD TRIMESTER 26 WEEKS -DELIVERY**

- Inclusion criteria:**
- Stillbirth
  - Birth of a baby with prenatal diagnosis associated with special needs, high risk status or limited viability
  - Unexpected complications or diagnosis at birth
  - Secondary infertility or condition that results in an inability to have future Children (hysterectomy)
- Exclusion Criteria:** - Patient refusal

Gravida \_\_\_\_\_ Term \_\_\_\_\_ Preterm \_\_\_\_\_ Abortions \_\_\_\_\_ Living \_\_\_\_\_

**Clinical Pathways are not considered a substitute for professional judgement.**

<b>Phase:</b>	<b>Diagnosis and Treatment</b>	<b>Discharge Phase</b>																																																																																															
<b>Date:</b>	/ / hrs	/ / hrs																																																																																															
<b>Patient Outcomes</b>	<b>Name Chosen for Baby</b> _____	Demonstrates self care Vital signs within normal limits Hgb within normal range Pain management identified Follow-up resources arranged Special Considerations _____ _____ _____ <b>Immunization Required:</b> Yes [ ] No [ ] <b>Immunization Completed:</b> Yes [ ] No [ ]																																																																																															
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<b>Check Hepatitis B, HIV, VDRL Rubella, Varicella and Maternal GBS status on antenatal records:</b> All results documented: _____ Follow-up required (specify): _____																																																																																																	
<b>Teaching</b>	<b>Support Person Present</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name of Support Person</b> _____ - Assess knowledge base - Provide education - Provide support - Assess expectations  <b>Topics Discussed with Parents</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;"></th> <th style="width:20%;">Initials</th> </tr> <tr><td>Progress of labour &amp; delivery</td><td></td></tr> <tr><td>Analgesia/anaesthesia options</td><td></td></tr> <tr><td>Seeing/touching/holding the baby</td><td></td></tr> <tr><td>Option of bringing in clothes, toys, blankets etc. for baby</td><td></td></tr> <tr><td>Naming the baby</td><td></td></tr> <tr><td>Burial/funeral options</td><td></td></tr> <tr><td>Options for follow-up</td><td></td></tr> <tr><td>Sibling Issues</td><td></td></tr> <tr><td>Spiritual Care Support</td><td></td></tr> </table>		Initials	Progress of labour & delivery		Analgesia/anaesthesia options		Seeing/touching/holding the baby		Option of bringing in clothes, toys, blankets etc. for baby		Naming the baby		Burial/funeral options		Options for follow-up		Sibling Issues		Spiritual Care Support		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;"></th> <th style="width:10%;">Yes</th> <th style="width:10%;">No</th> <th style="width:10%;">Initials</th> </tr> <tr><td>Discussed with patient by physician?</td><td></td><td style="text-align:center;">X</td><td></td></tr> <tr><td>Autopsy chosen?</td><td></td><td style="text-align:center;">X</td><td></td></tr> <tr><td>Consent signed?</td><td></td><td style="text-align:center;">X</td><td></td></tr> <tr> <th style="text-align:left;"><b>Burial Arrangements:</b></th> <th>Yes</th> <th>No</th> <th>Initials</th> </tr> <tr><td>Parents given information sheet on funeral arrangements</td><td></td><td style="text-align:center;">X</td><td></td></tr> <tr><td>Parents need assistance with arrangements?</td><td></td><td></td><td></td></tr> <tr><td>If so complete progress note</td><td></td><td></td><td></td></tr> <tr><td>Funeral home chosen?</td><td></td><td></td><td></td></tr> <tr><td>Name: _____</td><td></td><td></td><td></td></tr> </table> <p><b>Mementos:</b> Bereavement package complete? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;"></th> <th style="width:10%;">Obtained</th> <th style="width:10%;">Given to Parents</th> <th style="width:10%;">Kept with N.M.</th> <th style="width:10%;">Initials</th> </tr> <tr><td>Pictures</td><td></td><td></td><td></td><td></td></tr> <tr><td>Baby bands</td><td></td><td></td><td></td><td></td></tr> <tr><td>Lock of Hair</td><td></td><td></td><td></td><td></td></tr> <tr><td>Crib Card</td><td></td><td></td><td></td><td></td></tr> <tr><td>Tape</td><td></td><td></td><td></td><td></td></tr> <tr><td>Foot Prints</td><td></td><td></td><td></td><td></td></tr> </table>		Yes	No	Initials	Discussed with patient by physician?		X		Autopsy chosen?		X		Consent signed?		X		<b>Burial Arrangements:</b>	Yes	No	Initials	Parents given information sheet on funeral arrangements		X		Parents need assistance with arrangements?				If so complete progress note				Funeral home chosen?				Name: _____					Obtained	Given to Parents	Kept with N.M.	Initials	Pictures					Baby bands					Lock of Hair					Crib Card					Tape					Foot Prints				
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<b>Discharge Planning Criteria</b>	<b>Discharge:</b> Discharge as per postpartum clinical pathways Routine postpartum hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No Preference of unit: <b>3C</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Off Service</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Notification:</b> CCC notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Coroner notified? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Signature:</b> _____	<b>Clinical Indicator # 1</b> <b>Patient has been informed to make an appointment with their primary care provider for follow-up assessment within 6 weeks</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, reason: _____  <b>Signature:</b> _____																																																																																															
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Phase:	Diagnosis and Treatment	Discharge Phase
Date: / /	hrs	/ / hrs

INTERVENTIONS:																																													
<b>Assessments</b>	As per P&P "Care of patient during induction of labour and post delivery fetal anomaly/fetal demise" Assess cultural needs. Multifaith Information package in meditech mox library cabinet																																												
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<b>Medications/Pain Management</b>	Pain management strategies as per OBS Clinical Pathway and Physician's Orders																																												
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