

Information for parents experiencing baby loss in mid and late pregnancy on Delivery Suite

All the staff in the Maternity Unit are aware that this will be a very sad and difficult time for you. The purpose of this leaflet is to guide you through the initial arrangements for being admitted to deliver your baby.

Please telephone 0118 322 7303 at any time if you have any questions or concerns

After the doctor has explained the results of scans (and other tests you may have had, such as amniocentesis – a test on the fluid surrounding the baby in the womb to detect certain genetic abnormalities in the developing baby) s/he will book your admission with the senior midwife on the Delivery Suite. This will usually be in two or three days' time, as although the preparations and medications needed to keep your hospital stay as short as possible are begun quickly, the tablets do need 48 hours to work on your hormone levels before labour can be started off.

We recommend that you take one tablet of mifepristone ('mifegyne' or RU486)¹ to help make the process of induction of labour as short as possible. This tablet works by reducing the levels of progesterone (a pregnancy hormone) and so gets your uterus responsive to contracting. This will take 36-48 hours.

While we understand that many couples feel they would like to 'get on' with inducing labour, it is our experience that most women and their partners find that some time to share their grief together, either in private or with other members of their family, is helpful. On a practical level, women with other children will need to make arrangements for them to be taken to stay with family or friends, and may want to have time to tell them what has happened. Equally, both parents may have to make arrangements with their employers for absence from work.

You will be given a Willow card to present on admission to hand in on your arrival at the reception desk, this is to help spare you the distress of having to explain why you are there. You will be given a parking permit if you wish to leave your car at the hospital during your admission. We usually plan for your admission at 9am, into one of our self-contained rooms with a double bed and en-suite facilities. Please be aware however that admission could be any time between 30-48 hours after taking the mifepristone and can

often be around lunchtime. During your hospital stay, you will always have a midwife responsible for your care, but the individual will change with each staff shift changeover. Soon after your arrival, we will give you a second set of tablets - misoprostol, to induce contractions, and one dose of an antibiotic - metronidazole or 'Flagyl ²' – in suppository form, to be inserted into your bottom. You will need between three and five doses of the misoprostol tablets before your baby is born. The tablets are given every three hours, the first dose vaginally and the following doses by mouth. Occasionally another set of misoprostol tablets are required and/or a drip into your arm, containing the hormone oxytocin to help with the contractions. When the contractions become uncomfortable you can have pain relief; usually we offer a 'PCA' which is a patient-controlled-analgesia pump. This puts you in control, but a safety lock prevents accidental over-dosage.

After delivery of your baby, the placenta also has to be delivered. It is often the case, especially between 14 and 26 weeks of pregnancy that the placenta does not come out easily or in one whole piece. If there are any concerns that the placenta is not complete or there is on-going bleeding, you may need a surgical internal examination of the uterus. This is called an ERPC and requires an anaesthetic. Your anaesthetist will discuss options with you at the time, as this may be done under a general anaesthetic (asleep) or a spinal anaesthetic (awake). You will be advised not to drive for 24hrs after the anaesthetic.

You will have lots of questions to ask which are not covered in this leaflet. Whenever you think of them, make a note to ask the doctor or midwife later. We will give you information while you are in hospital about tests that we can arrange to help us understand more about why this has happened to your baby. You will be able to discuss these with an experienced doctor, and can choose to have all, some, or no tests. We also will arrange further appointments to discuss any test results. If you wish, we can ask a hospital chaplain to visit you during your admission. We have a Bereavement Specialist Midwife, who will contact you either while you are in hospital, or soon after you go home. She will give support and guide you through this difficult time and arrange any necessary follow up appointments.

Things that you should bring in with you are:

- Toiletries for you and your partner
- Sanitary towels (maternity towels)
- Comfortable clothing for day wear
- Nightclothes

Things that you may want to bring are:

- A camera
- Any clothing or items that you want to use for baby
- A small amount of cash
- A pen and notebook
- Music, videos or games to help pass the time

Other facilities available for your use are:

- TV/VCR player
- CD/ radio player
- Small fridge
- Kettle

All meals will be provided for you and your partner during your stay. You may arrange to have takeaways delivered, or to buy snacks in the many outlets within the hospital and store them in the fridge.

References

1. RCOG green top guideline number 55 Late Intrauterine Fetal death and Stillbirth, October 2010, p13
2. as above, p16

Further information and useful organisations

SANDS (Stillbirth And Neonatal Death Society) Tel (Helpline): 020 7436 5881	www.uk-sands.org
Child Death Helpline Tel (Helpline): 0800 282986	www.childdeathhelpline.org.uk
Child Bereavement Charity Tel (Helpline): 01494 446648	www.childbereavement.org.uk
The Willows support group e-mail: thewillowroom@hotmail.co.uk	www.thewillowroom.org.uk

More information is available on the Trust website: www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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