

Title: Postmortem Care of the Embryonic, Fetal, Neonatal Demise		Procedure			
Patient Age Group:	<input type="checkbox"/> N/A	<input type="checkbox"/> All Ages	<input checked="" type="checkbox"/> Newborns	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult

DESCRIPTION/OVERVIEW

This document outlines the procedure for care of a demised fetus or deceased live born infant delivered at UNM Hospital. This does not pertain to a delivery, of the above, outside UNM Hospital. The purpose of this procedure is to accomplish all legal requirements when a fetus/infant dies and to help families cope with grief.

All remains > 20 weeks gestation or > 350 grams should go to Women's Special Care to be retained in the satellite specimen refrigerator. Remains < 20 weeks or < 350 grams can go to Pathology until the family is ready to make final disposition plans.

REFERENCES

State of New Mexico Health and Safety Statues, Article 14, Vital Statistics, Section 24-14-18, Report of induced abortions, Section 24-14-20, Death Registration, Section 24-14-22, Reports of spontaneous fetal death, and Section 24-14-23, Permits; authorization for final disposition.

Radestad, I., Westerberg, A., Ekholm, A., Davidson-Bremborg, A., Erlandson, K., (2011) *Evaluation of care after stillbirth in Sweden based on mothers' gratitude*. British Journal of Midwifery 19(10) 646-652.

AREAS OF RESPONSIBILITY

All staff and providers of Labor and Delivery (L&D), Women's Special Care (WSC), Mother Baby Unit (MBU).

PROCEDURE

Disposition of remains

Spontaneous abortion (SAB) <20 weeks or < 350 gms

1. Specimen to be labeled with the patient's MRN sticker and entered into the refrigerator logbook.
1. The following options are available to the family
 - 1.1.1. Autopsy. Complete fetal remains tracking form send to OMI with placenta and remains.
 - 1.1.2. Surgical Pathology assessment, **ONLY IF UNDER 20 WEEKS OR UNDER 350 GRAMS** provider to complete paper surgical pathology requisition and send both placenta and remains to the lab. Family can choose to receive remains when exam is complete. Hospital disposition (contract cremation *- no remains to be returned)
 - 1.1.3. Funeral home or self-transport; returning with patient to hometown, pueblo or reservation
 - 1.1.4. Provider must complete appropriate forms (labeled with patient's sticker) for autopsy or pathology external exam and must indicate on the form if the family will be retrieving the

- remains from OMI (Attachment 1) or Pathology. The name and phone number of the family member for OMI or Pathology to contact must also be on the form. The staff must also complete the Private Transport of Human Remains Permit and give this to the family. The staff must give the family a cooler if needed. The family needs to be give pathology's phone number 505-272-2445. They are available Monday-Friday 0800-1700.
2. If a funeral home will be picking up the remains, indicate the name of the funeral home and phone number on the OMI (Attachment1) or Pathology form.
 3. In accordance with NM ST § 24-14-22, reports of spontaneous fetal death, the criteria for reporting a spontaneous fetal death the Vital Statistics.
 4. Birth registration will need to be notified to follow up with OMI for a fetal death report.

Intrauterine Fetal Demise (IUFD)

1. The nurse must label the specimen with the patient's MRN sticker and enter it into the refrigerator logbook.
2. The following options are available to the family
 - 2.1. Autopsy: Complete Fetal Remains Tracking and Removal Form (Attachment 1) and send to OMI with placenta and remains.
 - 2.2. Hospital cremation *- no remains to be returned
 - 2.3. Funeral home or self-transport, return to hometown, pueblo or reservation
3. The providers will need to complete the appropriate forms (labeled with patient's sticker) for autopsy. If the family will be retrieving the remains from OMI, this must be indicated on the form. The name of the family member to contact with their phone number must also be on the form.
4. If a funeral home will be picking up the remains, the nurse must indicate the name of the funeral home and phone number on the form.
5. For self-transport, the staff must also complete the Private Transport of Human Remains Permit and give it to the family and cooler if needed.
6. The provider must complete the Fetal Remains Tracking and Removal Form and nursing must ensure that it accompanies the body to OMI or the funeral home, ensure HIPAA compliance if going to a funeral home. One copy goes with the body, one is scanned into the chart and one goes to the removal of body book (Women's Special Care).
7. Nursing must notify Birth registration to follow up with OMI for a fetal death report.

Neonatal Death

State statues requires the baby's birth to be registered. At time of delivery assign a medical record number and inpatient encounter, and Apgar scores: state statue also requires Apgar scores be assigned to any live birth no matter the gestation or weight. A death packet will need to be completed by the providers. If >36 weeks or 6 pounds/2800 grams, provider must contact NM Donor Services if the family is open to donation. 1-800-843-7672.

1. Nursing must label the baby with L&D baby bands and enter into the specimen refrigerator logbook.
2. The following options are available to the family
 - 2.1. Autopsy. Complete transport of body form and send to OMI with placenta and remains.
 - 2.2. Funeral home, self-transport, return to hometown, pueblo or reservation
3. The providers will need to complete the appropriate forms (labeled with mother's sticker) for autopsy. If the family will be retrieving the remains form OMI, this must be indicated on the form. The name of the person to contact with their phone number must also be on the form. If a funeral home will be picking up the remains, indicate the name of the home and phone number on the form.

4. For self-transport, the staff must also complete the Private Transport of Human Remains Permit and give it to the family and cooler if needed. If a funeral home will be picking up the remains, indicate the name of the home and phone number on the form.
5. If the funeral home will be removing the baby from the hospital a Fetal Remains Tracking and Removal form will need to be completed, ensure the form is HIPAA compliant. One copy goes with the body, one stays with the chart and one to the removal of body book.
6. Neonates born with signs of life require a birth certificate. The process is the same as any live born neonate. Discharging unit to provide birth certificate work sheet to patient for completion. At delivery Apgar scores must be assigned as these are required by the department of Vital Statistics. A death certificate will be completed by OMI and sent to the family.

Body Preparation

The family chooses any or all options.

1. **Nursing:** Using universal precautions, bathe and dress the baby. Molds of hands, feet and or face, should be offered to the family. Allow the baby to remain at mom's bedside if she chooses. If an autopsy is desired, use the cooling bed to keep the body cool. Document the amount of time out of the refrigerator and use of the cooling bed. Time out of the refrigerator should be limited to support autopsy accuracy.
2. **Special Circumstances:** Not all IUFDs/neonates are delivered in L&D, some may deliver in the emergency department or an adult ICU. Nursing must label the baby with the mother's sticker and should take the baby to WSC, information placed in the logbook and placed in the refrigerator, as described above. Nursing should notify the birth registrar, and complete body preparations and work with the patient's home unit for family visitations. Refer to above for disposition requirements.
3. **Specimen Refrigerator Maintenance:** Nursing: The door to the grief room is to always remain locked and have a biohazardous sticker in place. The refrigerator door will have a biohazardous sticker, will be kept at a temperature of 38-40° F and cleaned monthly with 10% bleach solution. The unit will maintain a log to track compliance with these measures. To ensure accurate information about our patients and disposition, a separate log will be kept by the unit. All remains will be listed into the logbook addressing each columns required information. The person placing the remains in the refrigerator is responsible for initiating the log.

Provider Crosswalk available at

[unmobgyn.pbworks.co/w/page/138165240/Embryonic Fetal Neonatal Demis?mode=embedded](http://unmobgyn.pbworks.co/w/page/138165240/Embryonic+Fetal+Neonatal+Demis?mode=embedded)

DEFINITIONS

Miscarriage/ Embryonic Loss/ Spontaneous Abortion- Absence of fetal cardiac activity <20 weeks, unknown gestational age and products of conception <350 grams without the placenta.

Intrauterine Fetal Demise- Absence of fetal cardiac activity > 20 weeks, unknown gestational age and products of conception >350 grams without placenta.

Neonatal Death- Product of human conception which, irrespective of the duration of pregnancy, shows any evidence of life (breathing, beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles) which then ceases to be present after any duration of time.

Hospital Cremation- Available for non-live born products of conception. Provider is responsible for explaining to patient and completing appropriate documents.

Title: Postmortem care of the embryonic, fetal, neonatal demise
 Owner: Director, Women's Special Care Unit, UNM Hospital
 Effective Date: 12/03/2021

SUMMARY OF CHANGES

Statues updated

Disposition options and requirements updated and clarified

Replaces procedure with same name, 3/2014

RESOURCES/TRAINING

Resource/Dept	Contact Information
Women's Special Care	505-272-2518
Labor and Delivery	505-272-2603

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Director, Women's Special Care Unit, UNM Hospital		
Consultant(s)	Department of Family Planning, OMI medical director, Pathology medical director,		
Committee(s)	Women's Area Inpatient multidisciplinary leadership, UNM Hospital PP&G Committee		Y
Nursing Officer	Chief Nursing Officer, UNM Hospital		Y
Medical Director/Officer	Associate Chief Medical Officer, Children's Hospital, UNM Hospital		Y
Official Approver	Chief Nursing Officer, UNM Hospital		Y
Official Signature	On Policy Manager	Date: 12/03/2021	
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ATTACHMENTS

[Fetal Remains Tracking and Removal Form](#)

[Private Transport of Human Remains](#)

Document Metadata

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Director, Women's Special Care
Manager: Wafer, Michelle
Executive Director, Women's Services
Reviewer(s): Guffey, Mike
Other
Approver(s): Kelley, Patti
Chief Nursing Officer, UNM Hospitals
Duran, Anna
Associate Chief Medical Officer, UNM Children's Hospital
Publisher: Guffey, Mike
Other

Digital Signatures:

Currently Signed

Approver:
Kelley, Patti
Chief Nursing Officer, UNM
Hospitals



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