

**OLIVE VIEW-UCLA MEDICAL CENTER
DEPARTMENT OF EMERGENCY MEDICINE
POLICY & PROCEDURE**

**NUMBER: 3290
VERSION: 2**

SUBJECT/TITLE: BEREAVEMENT PERINATAL DEATH

POLICY: The Emergency Department staff will assess the special needs of a woman, family member(s), caregiver(s) before, during and/or after the death of an infant or child in the Emergency Department, in order to respond and meet the needs of that/those person(s). All deaths will be handled with dignity and with sensitivity to cultural and religious beliefs.

PURPOSE: To recognize and provide psychological, social, emotional and spiritual support to the grieving family and/or caregiver(s) after the death of an infant or child. This includes a woman whom has experienced a miscarriage.

DEPARTMENTS: DEPARTMENT OF EMERGENCY MEDICINE (DEM), DEPARTMENT OF EMERGENCY MEDICINE NURSING

DEFINITIONS: **Antepartum Fetal Demise**
Defined as a cessation of fetal life prior to complete expulsion or extraction from the mother; irrespective of the duration of pregnancy.

- Stillbirth
 - Defined as birth of a baby without signs of life at the time of delivery.
 - Determined by gestational pregnancy at 20 weeks or greater; diagnosed by last menstrual period or ultrasound examination.
 - Infant weight of 400 grams or greater
- Spontaneous Abortion/Miscarriage
 - Defined as any pregnancy loss prior to 20 weeks gestation or,
 - Infant weight <400 grams.

Live Birth

As defined by the California Civil Code Section 1798.9 “Live Birth” means complete expulsion or extraction of a product of conception (irrespective of the duration of pregnancy) which, after such separation, breathes or shows any other evidence of life such as a beating of the heart, 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.

When a fetus is a live birth, the pediatricians must be contacted to evaluate the

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infant's viability.

PROCEDURE: In the event of a sudden death of all infants one year or younger and if the death was unexpected and the cause of death is not obvious the Coroner requests that all Hospitals contact their reporting desk after the Form 18 is completed.

Sudden Infant Death (S.I.D.S) presents a particularly difficult crisis for Families and/or caregivers, there is no warning or preparation, the baby is healthy one minute, the next minute is dead.

The Coroner investigates all Sudden Infant Deaths. An autopsy is required by California Law.

Staff Considerations:

- Be supportive and non-judgmental.
- Grief responses vary widely: culture, gender and family background can influence responses.
- Responses range from being stoic, being hysterical to denial.
- Disbelief – The family and/or caregiver(s) may not believe that the infant or child is dead.
- Maintain open lines of communication.
- Allow family and/or caregiver(s) sufficient time and privacy with their infant or child.
- Be empathetic.
- Be an active listener.
- Offer non-verbal support (body gestures, facial expressions and human touch).
- Ascertain cultural or religious needs.

STEP(S)	ACTION(S)
<u>Provider</u>	<ul style="list-style-type: none">● Be prepared to speak with family member(s) and/or care givers.
<u>Charge Nurse</u>	<ul style="list-style-type: none">● Coordinate and facilitate patient care, family or caregiver support.● Coordinate contact calls:<ul style="list-style-type: none">- Family or caregiver support contacts- Social Services- Los Angeles County Sherriff (when indicated)- DCFS (when indicated)- Coroner- Obtain RTS Perinatal Bereavement Manual.- Review Medical Record for completeness

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<p><u>Clerical Staff</u> <i>At the direction of the charge nurse, primary nurse or physician</i></p>	<ul style="list-style-type: none">● Contact Social Services.● Be prepared to meet and guide family members, caregivers to location identified by charge nurse.● Offer and contact spiritual support services for family member(s), caregiver(s).● Obtain and prepare required documents e.g., “Death packet”
<p><u>Primary Nurse</u></p>	<ul style="list-style-type: none">● After assessing patient needs obtain the RTS Bereavement Manual.● Complete Checklist.● Provide family member(s), caregiver(s) with educational/support information.● Obtain camera for photographs and memories; offer to family

References:	
Approved by: Greg Moran (Interim Chair), Georgia Foote-Sam (Clinical Nursing Director)	Date: 03/21/2017
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