



Pregnancy loss and debrief

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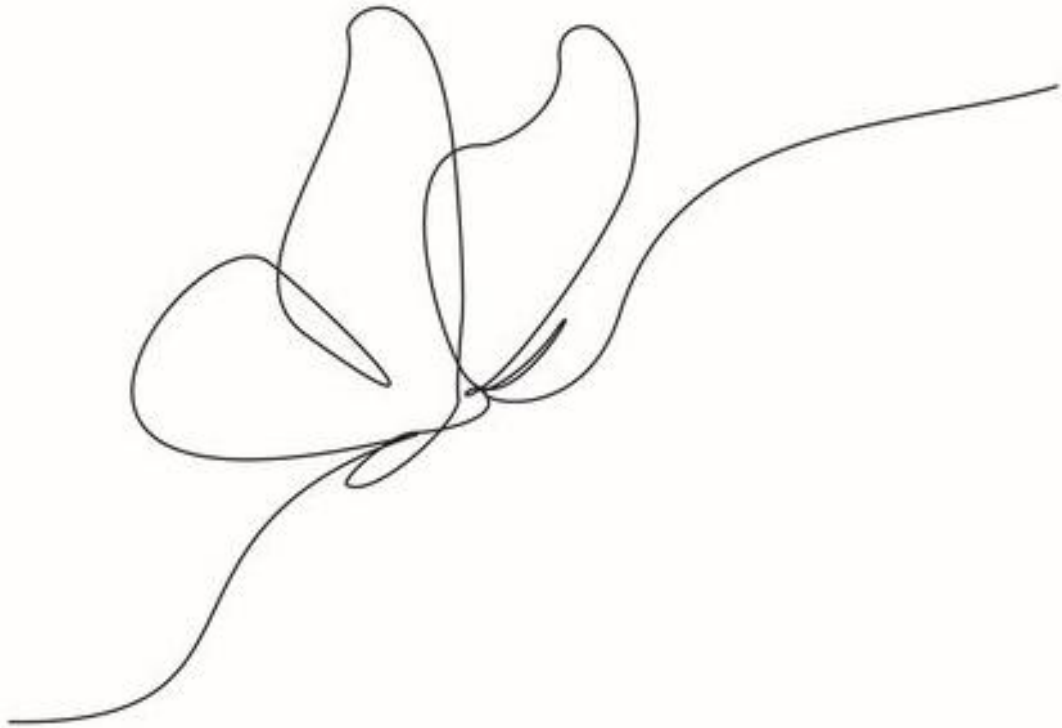
BBNSc MBBS FRANZCOG CMFM DDU GradCert Biostat



Debrief clinic



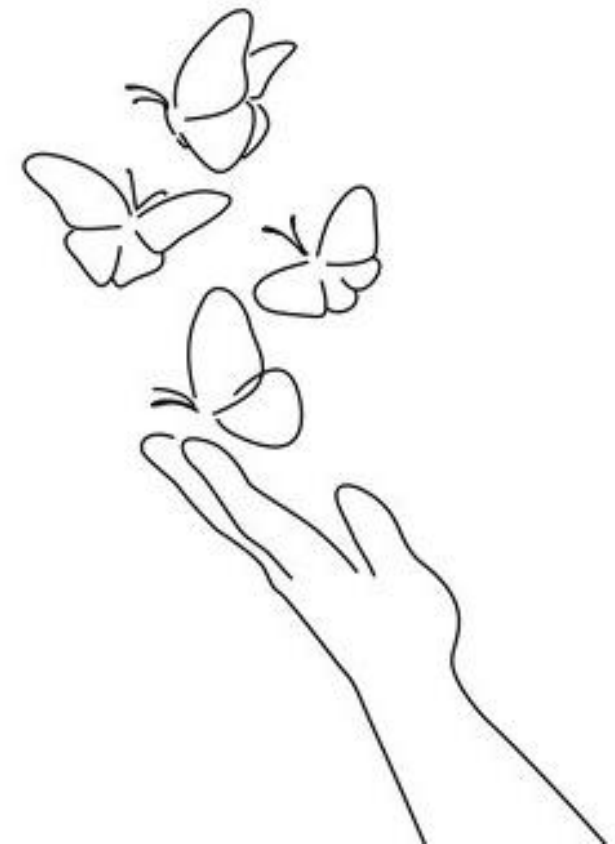
- Difficult birth experience, extreme preterm birth or other complexity needing follow up and discussion about future pregnancy, or something else needing formal debrief.
- Referral:
 - Directly from postnatal ward
 - After discharge, midwife/community health/GP can refer directly to Sue.Downward@health.nsw.gov.au (MRN, brief history, permission to contact the woman to make the appointment)



Pregnancy loss

Types of perinatal loss

- Miscarriage (<20 weeks and no signs of life)
- Stillbirth (>20 weeks or >400g)
- Neonatal death (signs of life then death <28 days)
- Spontaneous loss
- Termination of pregnancy



Case study: Tina

20 years old, G1P0, pregnant at 20 weeks gestation. Comes for a routine antenatal check and to arrange a morphology scan. No fetal heart sounds on doppler.

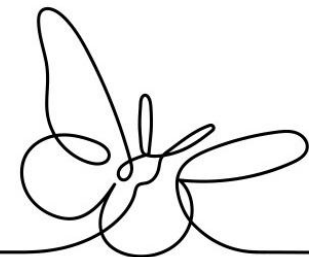
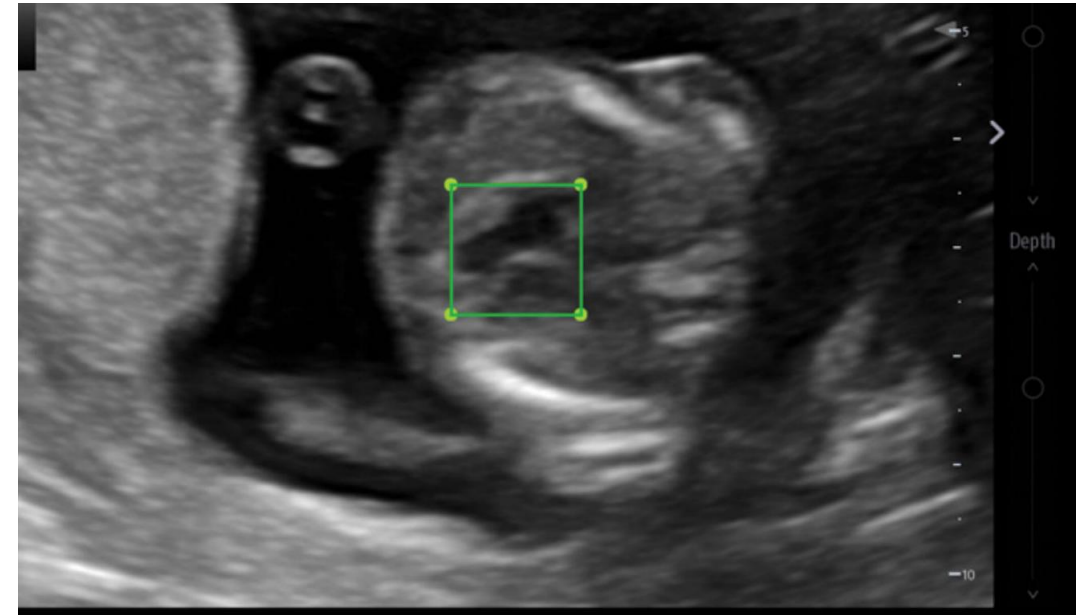
Table discussion:

What actions do you need to take, and what should Tina expect will come next?



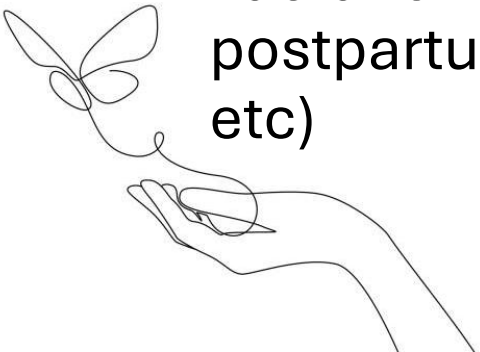
Managing an unexpected fetal demise

- Making the diagnosis
- Finding a cause
- How to deliver the baby
- Burial/cremation of baby or management of fetal remains
- Lactation suppression and other usual postpartum care (anti-D, contraception, etc)



Termination of pregnancy

- Pregnancy options clinic
- The law
- Mode of TOP
- Whether to stop the fetal heart prior to birth
- Burial/cremation or other management of fetal remains
- Lactation suppression and other usual postpartum care (anti-D, contraception, etc)



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Notification of termination of pregnancy

To comply with the Abortion Law Reform Act 2019, this form must be submitted to the NSW Ministry of Health within 28 days of a termination of pregnancy.

* Required

1. Date of termination of pregnancy (or when medication prescribed): *

Please input date (dd/MM/yyyy)



2. Local Health District (LHD) in which the woman resides:

Termination of pregnancy



<9 weeks



< about 15 weeks



Case study: Tina

Tina asks about how we will find a cause of the stillbirth.

Table discussion:

What core investigations are considered for every stillbirth/NND?



Core investigations

- History and examination
- Ultrasound if none in the last 6 weeks
- FMHQ
- Examination of placenta, swab, and histopathology
- Cytogenetics (cord microarray)
- Examination of baby and clinical photos
- Autopsy

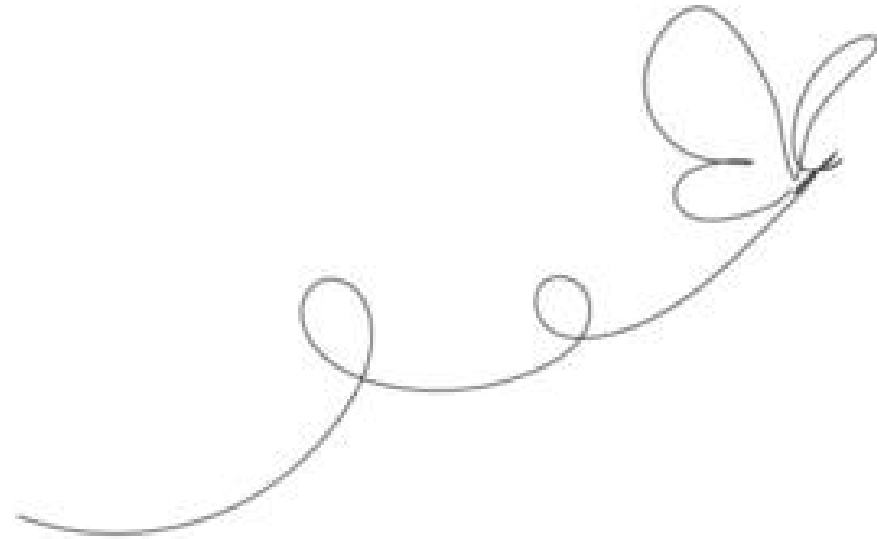
2024 EDITION

Care Around Stillbirth and Neonatal Death Clinical Practice Guideline

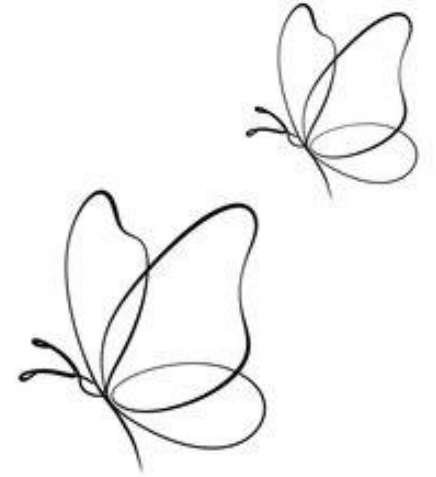
The Council of Australian Governments
in partnership with the Australian
Perinatal Society of Australia and
New Zealand (APSANZ)



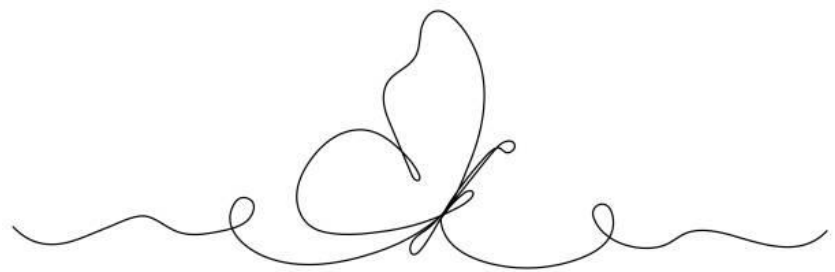
After discharge



Perinatal mortality audit



- Review history and investigations
- MDT - perinatal pathologists, MFM, NICU, genetics, midwifery
- Decide the reported cause of death and suboptimal factors
- Present the case to O&G for modification of practice



Grief support


guiding light

Welcome to Red Nose Grief and Loss.

With over 40 years' experience supporting grieving individuals and families, we understand what you're going through and we're here to help.

Explore our [Support Library](#) or call our 24/7 Support Line 1300 308 307 to speak to someone now.


↓




Intake referral form
for health professionals

Talk in person, 24 hours a day, call
1300 308 307

Need an interpreter?
Find the **closest** Professional Support in your area




Live Chat
Chat to a peer supporter



Pregnancy & Infant Loss Support


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Seek support Resources for you Lasting memories Health sector Ways to give




We've been there. Let us stand with you.

Our grief counsellors are here to listen with compassion and understanding. They know this pain and are ready for you to share yours. Free of charge.

 **1300 11 HOPE**

Email us Make an appointment



SOPHIE RESOURCE Green Bag	XAVIER RESOURCE Orange Bag	HOPE RESOURCE Grey Bag
For any family that will deliver their baby & have the opportunity to see & hold their baby from later miscarriage through to stillbirth.	For neonatal loss	Only for Early Miscarriage
(Pre-packed in boxes of 10)	(Pre-packed in boxes of 10)	(Pre-packed in boxes of 12)



Loss clinic

- Results
- Recovery
- Preconception optimisation
- Future pregnancy recurrence
- Future pregnancy individualised plan



Planning Another Pregnancy

Pregnancy should be an exciting time in the life of expectant parents, but when a previous pregnancy has resulted in the death of your baby, a new pregnancy can bring many intense and varied emotions.



"I wanted to try straight away, but my partner wasn't ready yet. It put our relationship under a lot of stress." **Danielle**

You may feel excited at the thought of conceiving again but at the same time feel grief for the baby who died, and anxiety about the likelihood of a successful pregnancy. This is normal.

Perhaps you also hope that becoming pregnant again will help you get over your baby who died. Many parents feel desperate to get on with having another baby quickly to fill the void of their loss. In reality, another pregnancy rarely takes away the pain of grief.

Is it time to try again?

The time it takes to adjust to a baby's death varies from person to person; there is no 'standard' time frame. For mothers, giving yourself enough time to recover physically and emotionally can help you build more strength and confidence to manage the next pregnancy. For some, getting pregnant again straight after the death of a baby may lead to difficulties coping emotionally. This is because the grieving process can sometimes be put 'on hold' as your thoughts focus on the new pregnancy. If this grief is not processed appropriately, a resurgence of grief can accompany the birth of another child. Waiting until both parents have healed emotionally can smooth the transition and assist in the formation of healthy bonding with their new baby. It's worthwhile to discuss your situation with a health professional.

Things to consider

If you are having medical or genetic investigations related to the loss of your baby, you may want to be advised to wait a little while before trying to conceive.

If you are older parents or you have experienced fertility issues, you may be concerned about leaving another pregnancy too long. If you have other children, it is also important to consider their emotional needs. They may also need time to recover from the loss of their sibling.

If you do decide to try again, be aware that a new pregnancy will often generate discussion about your previous pregnancy loss. Prepare yourself to have those conversations with your child.

Remember to care for yourselves and each other as partners. It may take some time to conceive again and may intensify your emotions of failure and disappointment. Recognise that each of you will respond to these intense emotions differently. Try to be accepting, understanding and supportive.

"Our son's birth didn't make everything better, but he is helping us to heal in a beautiful, life-affirming way." **Ignatius**

"Everybody said that we should wait at least a few months, because otherwise it was like we were trying to replace Bianca. I resented people for telling us what to do. They had no idea what it was like." **Bradley**



Resources

<https://learn.stillbirthcre.org.au/>



IMPROVE

IMproving Perinatal Mortality Review
and Outcomes Via Education

Safer Baby Bundle eLearning module

The Safer Baby Bundle module provides evidence based information for maternity health care providers on the 5 elements of the bundle: Smoking Cessation, Fetal Growth Restriction (FGR), Decreased Fetal Movements (DFM), Side Sleeping and Timing of Birth.

START MODULE

IMPROVE eLearning module

IMPROVE - This is a training package of six courses and is designed to support maternity healthcare professionals in responding to women who have experienced stillbirth, and gain crucial learnings. Each course takes approximately 20 minutes to complete and provides essential training for obstetricians, midwives, nurses, general practitioners and antenatal staff.

START MODULE