

Stillbirth care

Communication

- Ensure privacy
- Involve both parents where appropriate
- Use empathetic but unambiguous language
- Respect religious/cultural beliefs
- Provide written information
- Allow time for questions
- Allow time for decision making
- Use active listening
- Check parent's understanding
- Repeat information
- Promote continuity of care and carer
- Involve experienced staff
- Inform relevant care providers (e.g. GP, PPM)
- Coordinate referrals
- Complete documentation

Antenatal

Diagnosis of fetal death

- Diagnose with USS

Investigations of fetal death

- Refer to Flowchart: Investigations
- Discuss with parents

Labour and birth

Consider birthing options

- Discuss timing and options for birth with parents—provide written information
- Vaginal birth is generally preferable
- Consider method of induction relevant to gestation and clinical circumstances (especially obstetric surgical history)
- Ensure adequate analgesia
- Consider active third stage management

Post birth

Investigations following birth

- History focused
- Refer to Flowchart: Investigations

Autopsy considerations

- Involve experienced staff
- Discuss reasons/location for autopsy
- Offer to all parents
- Obtain consent
- If autopsy declined: limited autopsy may be an option

Postnatal care

- Consider the setting for care
- Facilitate the creation of memories
- Provide advice on lactation suppression/milk donation
- Discuss contraception
- Provide information on funeral planning
- Arrange follow-up and referral

Subsequent pregnancy care

- Consider preconception advice/genetic counselling
- Offer continuity of care and carer
- Detailed history (obstetric, medical, previous stillbirth, family tree)
- Lifestyle advice (e.g. smoking, alcohol, drugs, weight loss)
- USS—dating and anomaly screening
- Individualise management based on investigations and findings
- Consider facility level for anomaly screening
- Consider serial growth monitoring (USS) from 28 weeks or earlier if evidence of FGR
- Antepartum fetal surveillance from 32 weeks including CTG
- Discuss awareness of fetal movement
- Consider timing of birth

Queensland Clinical Guidelines: Stillbirth care. Flowchart version: F18.24-1-V6-R23

Abbreviations: **CTG** Cardiotocograph; **FGR** fetal growth restriction; **GP** General Practitioner; **PPM** Private Practice Midwife; **PSANZ** Perinatal Society of Australia and New Zealand; **USS** Ultrasound scan

