

# After death care

## No further signs of life present in baby

### Guiding principles

- Care that is:
  - Flexible and responsive
  - Holistic in approach
  - Integrated and supportive—end-of-life care tailored to individual family needs
- Support continuity, comfort, dignity, memory-making, and bereavement
- Focus on compassion and family-centred care throughout the journey

### Care of the baby

- Handle the baby's body gently and respectfully
- Disconnect all monitoring leads
- Remove lines, cannulas, tubes, tapes
  - Discuss with coroner if uncertain about removal—in cases of reportable deaths
- Refer to local policy for cooling requirements

### Family involvement:

- Support parents in ADC
  - Hospice care is an option for ADC at parents request
- Consider location
- Quiet/ private spaces where possible
- Support memory creation
- Lead by parent wishes and pace
- Reassure parents there is no time limit

### Administration

- Complete documentation including:
  - Cause of Death Certificate (form 9)
  - Perinatal supplement (form 9A)—if baby less than 28 days of age
  - Form 1A—if coronial investigation required
  - Check local policy for procedure of transfer of deceased to the mortuary
- Notify GP and other relevant HCP
  - Including referring obstetric, paediatric and midwifery teams if baby was retrieved as well as retrieval services

### From hospital

- Follow local protocol
- Support transport to preferred location if required
  - Life Extinct Form complete—to stay with baby at all times
  - Complete required paperwork—refer to Administration above
- If not leaving hospital
  - Follow local protocols for after-death care
- Notify relevant healthcare providers of death

### From home

- Provide relevant paperwork
- Advise parents on next steps
  - Who to contact
  - When to contact funeral home
  - Who is responsible for final handover

### Care of the baby

### Investigation considerations

### Administration considerations

### Support considerations

### Discharging baby

### Follow-up and future pregnancies

### Investigations

- Identify postmortem investigation requirements in care plan and/or health record
  - Including NBS—if initial screen not taken
- Explain purpose, process, timeframes

### Autopsy

- Discuss with parents
- Consent completed

### Coroners case

- If death requires coronial investigation—contact coroner
  - If unsure, phone coroner for advice
- Lines, tubes, cannulas may be removed—unless directly related to cause of death
- Coronial investigation does not preclude parents from spending time with baby—discuss with coroner if uncertain

### Bereavement support

- Recognise grief is a normal human response and differs for each individual and family
  - May fluctuate over time
  - Grieving is individual and respected
- Affirm parents' identities and parental role

### Cultural, spiritual &/or religious

- Honour cultural, spiritual, religious preferences
- May include:
  - Taking baby home
  - Rituals, traditions
- Involve IHLO, interpreters, chaplaincy services as needed

### Follow-up and support

- Offer grief and bereavement support and referrals according to parent wishes
- Facilitate follow-up
  - Including postpartum appointments where required
- Discuss:
  - Clinical course of baby
  - Postmortem investigations if required

### Subsequent pregnancies

- Provide information and referral for future pregnancy planning
- Acknowledge a different model of care may be required

ADC: After death care; GP: General Practitioner; HCP: Healthcare providers/professionals; IHLO: Indigenous Health Liaison Officer; MO: Medical Officer; NBS: Newborn bloodspot screening

Queensland Clinical Guideline. *Palliative and end-of-life care for babies*. Flowchart: F26.82-3-V1-R31

