Please note this document is an extract from the pathway to be used to record your self assessment of bereavement care in next pregnancies after miscarriage, ectopic and molar pregnancies, termination for fetal anomaly, stillbirth, neonatal death and sudden unexpected death in infancy. Please use the [NBCP Scotland Pathways](http://www.nbcpscotland.org.uk/)  for all other purposes.

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| --- | --- |
| Job roles(s) |  |
| Unit(s) or service |  |
| Completed by |  |

## At all stages

|  |  |  |
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|  | Y/N/P | *Resources or support needed?* |
| 1. Remember to keep within the scope of your practice when providing information, explaining procedures or answering questions. Be prepared to consult with or refer to suitably trained colleagues whenever necessary. |  |  |
| 1. Prioritise continuity of care and carer wherever possible. |  |  |
| 1. If the woman and partner are not already aware of them, explain how support organisations can help and give the woman and her partner the contact details. |  |  |
| 1. Offer support to partners (including those who did not experience the previous loss or losses themselves) and any birth supporters who are with the woman. |  |  |
| 1. Be aware of the need some women and partners have for additional support in pregnancy after loss and consider offering referral to appropriate mental health services. |  |  |

## Preconception

|  | Y/N/P | *Resources or support needed?* |
| --- | --- | --- |
| 1. Review the maternity record or, if there was a previous pre 12 week or SUDI loss, the case notes. Answer questions the woman and her partner now have, as well as providing advice. |  |  |
| 1. Be clear about the specialist support for any future pregnancies and opportunities for additional antenatal appointments and scans. |  |  |
| 1. Support the woman and partner to make informed choices around if/when to try for another baby. |  |  |
| 1. Listen to and acknowledge the woman and partner’s fears and concerns. |  |  |
| 1. If a previous pregnancy loss or stillbirth or neonatal loss form has not been added to the woman’s notes, explain this can be done if she wishes - a template is available from [www.nbcpscotland.org.uk/templates](http://www.nbcpscotland.org.uk/templates) |  |  |
| 1. If the woman and partner are not already fully aware of support organisations, explain how they can help and give contact details. |  |  |
| **In addition, for previous miscarriage, ectopic, molar pregnancy and TOPFA loss** | | |
| 1. If appropriate, discuss what, if anything, the woman and partner can do to reduce the risk of another loss. |  |  |
| **In addition, for previous TOPFA loss** | | |
| 1. If the baby had a condition which gives an increased risk for future pregnancies ensure that women and partners fully understand this risk and refer for appropriate counselling if necessary. |  |  |
| 1. If the option of early prenatal screening/ diagnosis is available and women and partners wish to consider this, ensure that they know how to access this in future pregnancies. |  |  |
| **In addition, for previous SUDI loss** | | |
| 1. If the baby who died had a condition which could be an increased risk for future babies, and genetic counselling would be appropriate, make a referral. |  |  |
| 1. Make the family aware of the reassurance and support available through the Next Infant Support Programme [www.scottishcotdeathtrust.org/nisp](http://www.scottishcotdeathtrust.org/nisp) |  |  |

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| Completed by |  |

## Antenatal care

|  | Y/N/P | *Resources or support needed?* |
| --- | --- | --- |
| 1. Recognise that high levels of anxiety are common in pregnancy after any kind of loss. If the loss was in pregnancy, these feelings may continue even beyond the gestation at which the previous loss occurred. |  |  |
| 1. At booking, discuss the woman and partner’s wishes in relation to their previous loss or losses – what they would want staff to know and what staff should say or not say, for example using words like loss, baby or the baby’s name. |  |  |
| 1. If possible, refer women and partners to another unit or another consultant if requested and/or offer a different scan room from the one where a previous concern was identified or confirmed or an anomaly was diagnosed. |  |  |
| 1. Offer regular contact with staff wherever possible. Plan care around the woman physical needs and both her own and her partner’s emotional and mental health needs with the frequency of the visits reflecting individual care needs and wishes as far as possible. |  |  |
| 1. Outline any additional antenatal support offered, including additional scans or appointments and why these have been offered. Remember not all women and partners will want this support. Allocate extra time for these appointments and remind women and partners they can bring a support person to attend these appointments. |  |  |
| 1. Discuss and acknowledge with women and partners, where appropriate, certain stages, events or significant dates during the pregnancy that may be particularly difficult for them (for example, scan appointments). Discuss ways they might be reassured, for example meeting staff or a ward tour. |  |  |
| 1. Prioritise continuity of obstetric and midwifery care and ensure that the birth plan reflects this. Note that those who experienced first trimester loss may have concerns during second or third trimester. |  |  |
| 1. Consider using a clinical alert or any other marker that is available locally in the woman’s notes to alert staff to her previous loss and history before admission. If the woman wishes, a previous pregnancy loss or stillbirth or neonatal loss form can be added to her notes - a template is available from [www.nbcpscotland.org.uk/templates](http://www.nbcpscotland.org.uk/templates) |  |  |
| **In addition for previous miscarriage, ectopic and molar loss** |  |  |
| 1. Ensure the previous history is disclosed on the ultrasound request, with consent, to avoid miscommunication. |  |  |
| 1. If possible, offer the option of an additional ultrasound scan or scans, appropriate to the timing of the previous loss. |  |  |
| 1. Staff should explain reasons for additional tests with their benefits and any risks in declining. This is important for early scans where women have previously experienced an ectopic pregnancy. |  |  |
| 1. It may be appropriate to offer additional reassurance at the 12-week scan if all is well and the previous loss was in the first trimester but recognise that anxiety may continue long after that time. |  |  |
| **In addition for previous TOPFA loss** |  |  |
| 1. Ensure the previous history is disclosed on the ultrasound request, with consent, to avoid miscommunication. |  |  |
| 1. Discuss options and women and partners’ preferences for care providers and place of birth and accommodate as far as possible. Where their wishes cannot be accommodated, explain why not. Record their preferences in the birth plan. |  |  |
| **In addition, for previous stillbirth or neonatal loss** | | |
| 1. Discuss options and women and partners’ preferences for care providers and place of birth and accommodate as far as possible. Where their wishes cannot be accommodated, explain why not. Record their preferences in the birth plan. |  |  |
| 1. Make an early appointment with the obstetric team whenever appropriate. |  |  |
| **In addition, for previous SUDI loss** | | |
| 1. Check maternity record and/or clinical system for any flagged actions. |  |  |
| 1. Please be aware there may be families that do not wish to discuss the death at all and that the family may still not know why their baby died or may have a been given a cause which could have a bearing on this pregnancy. |  |  |
| 1. At an appropriate stage, sensitively discuss safe sleep for babies. |  |  |
| 1. If parents have chosen to have an apnoea monitor, check this has been received before 36 weeks. |  |  |
| 1. Make the family aware of the reassurance and support available through the Next Infant Support Programme [www.scottishcotdeathtrust.org/nisp](http://www.scottishcotdeathtrust.org/nisp) |  |  |

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| Completed by |  |

## Labour and birth

|  | Y/N/P | *Resources or support needed?* |
| --- | --- | --- |
| 1. Be aware of the additional care and emotional support that may be needed during labour and after the baby is born and be prepared to offer this. |  |  |
| 1. Be sensitive to the feelings the woman and partner may have after the birth. They may be thinking of the baby or babies lost in previous pregnancies or earlier in this pregnancy or after birth - previous multiple pregnancies may involve loss(es) and a surviving baby or babies. Let the woman and partner know mixed feelings are common and be ready to talk about the previous pregnancy loss/es or the baby or babies who died. Show understanding, compassion and empathy. |  |  |
| 1. Be particularly sensitive to any specific family issues or circumstances such as additional needs, cultural or language considerations, and/or care arrangements to be followed after the birth. |  |  |
| 1. Offer the woman and her partner contact with the spiritual care/chaplaincy team. |  |  |
| **In addition, for previous SUDI loss** | | |
| 1. Make sure the family feel confident using an apnoea monitor if they have one before they leave hospital. |  |  |

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## Postnatal care in the community

|  | Y/N/P | *Resources or support needed?* |
| --- | --- | --- |
| 1. Be aware of the pregnancy history before postnatal visits or appointments. |  |  |
| 1. Be sensitive to the mixed feelings the woman and partner may have after the birth, which may last for some time. They may be thinking of the baby or babies lost in previous pregnancies or earlier in this pregnancy or after birth. Show understanding, compassion and empathy. |  |  |
| 1. Be particularly sensitive to any specific family issues or circumstances such as additional needs, cultural or language considerations, and/or care arrangements to be followed after the birth. |  |  |
| 1. Allow enough time to offer emotional support as well as to check the mother’s physical health. |  |  |
| 1. Discuss how or if to talk about the pregnancy loss or losses or the baby/babies who died and the new baby with existing and subsequent siblings. |  |  |
| 1. Ensure ongoing care is available if needed. Offer to refer women and partners for additional care when necessary. |  |  |
| 1. Give the woman and her partner the contact details of a healthcare professional they can contact for information and support - a template contact card is available from [www.nbcpscotland.org.uk/templates](http://www.nbcpscotland.org.uk/templates) |  |  |
| **In addition, for previous SUDI loss** | | |
| 1. Aim to offer a referral to paediatric services for reassurance appointments. |  |  |