FETAL DEATH IN UTERO, >20 WEEKS GESTATION: MANAGEMENT OF A WOMAN WHO PRESENTS ANTENATALLY

Key Words: FDIU, fetal death in utero, perinatal loss

AIM

To guide health professionals on management of a woman presenting with Fetal Death in Utero > 20 weeks gestation

KEY POINTS

1. Women may present:
   - To a booked ANC visit - no fetal heart detected – may be sent to MFAU USS Dept.
   - to MFAU - with decreased fetal movements, bleeding, contracting – no fetal heart
   - to USS for routine scan – no fetal heart

2. Inform co-ordinator of no being able to detect fetal heart – if junior staff, senior staff may attempt to auscultate.

3. Inform Senior Registrar. They are to confirm FDIU on USS – performed by credentialed Registrar.

4. The Registrar shall inform the parents – take to a private area if not already in one.

5. Obstetric team to arrange formal ultrasound – include examination for fetal abnormalities, fetal biometry and assessment of AFI.

6. Obstetric team to discuss with Consultant and arrange amniocentesis for cytogenetic and infective investigation.

7. Take a comprehensive maternal history and social history.

8. Perform bloods tests for FDIU at time of diagnosis

9. Refer to Perinatal Loss Service - complete referral form MR

10. Discuss delivery – book the woman in for an induction considering present situation, staffing and patient’s wishes.
PSANZ STILLBIRTH INVESTIGATION ALGORITHM

CORE INVESTIGATIONS OF ALL STILLBIRTHS

AT DIAGNOSIS OF FETAL DEATH

Maternal History
- Take full maternal history

Ultrasound Scan
- Fetal abnormalities
- Amniotic Fluid Volume

Amniocentesis
- Microbiological cultures
- Chromosomal analysis

Low vaginal/peri-anal culture

Maternal Blood Tests
- Full Blood Examination and smear for nucleated red cell count
- Group & Antibody Screen
- Kleihauer
- Renal Function Tests including Urate
- Liver Function Tests including Bile Acid
- Thyroid Function Tests
- Hba1c
- Cytomegalovirus, Toxoplasma and Parvovirus B19 Serology
- Rubella & Syphilis Serology if not already done antenatally
- Thrombophilia Tests
  *Anticardiolipin Antibodies
  *Lupus Anticoagulant
  *APC Resistance

See further investigations following birth

FOLLOWING BIRTH

Baby
- External examination
- Photographs
- Surface swabs
- Post-mortem examination

Cord / Cardiac Blood Samples
- Full Blood Examination
- Chromosomal Analysis
- Routine Guthrie Test

Placenta and Cord
- Macroscopic examination of placenta and cord
- Microbiological Cultures
- Biopsy for Chromosomal Analysis
- Placental Histopathology

FURTHER INVESTIGATIONS BASED ON SPECIFIC CONDITIONS

*Positive Thrombophilia Tests
- Fetal Growth Restriction
- Pre-eclampsia
- Placental vasculoapatathy/thrombosis
- Maternal/family thrombosis history
- Unexplained fetal death

Thrombophilia Studies 8-12 weeks postpartum

- Anticardiolipin antibodies
- Lupus anticoagulant
- APC resistance
- Fasting Homocysteine
- Protein C & S deficiency
- Prothrombin Gene Mutation 20210A
- Antithrombin III

If positive at birth
- Repeat
If positive at birth
- Repeat
If positive at birth
- Factor V Leiden Mutation
If positive
- MTHFR3 Gene Mutation

NB: Additional thrombophilia tests may be performed at birth where the above specific conditions e.g. fetal growth restriction are known. MTHFR mutation testing should be performed when the following fetal anomalies are identified – cleft lip/palate, neural tube defects or congenital cardiac defects.

All guidelines should be read in conjunction with the Disclaimer at the beginning of this section
REFERENCES (STANDARDS)


**National Standards – 1- Care provided by the clinical workforce is guided by current best practice**

**Legislation - Nil**

**Related Policies – WNHS Policy**

**Other related documents – Nil**

**RESPONSIBILITY**

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