

# Stillborn Examination and Investigation Record

## Part 1 - Prenatal History

Gravida	Term	Preterm	No. of abortions (by type)			Living	Stillbirths	Infant Deaths
			Spontaneous	Induced	Ectopic			
Cytogenetics: <input type="checkbox"/> No <input type="checkbox"/> Yes, results:			Ultrasound: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, specify					

Affix maternal client label here

## Part 2 - Physical Examination

Gestational Age (wks)								Name of baby			
At Diagnosis of Fetal Death		At Birth	Weight (gms)	Birth Weight %ile	Circumference (cms)			Length (cms)			
					Head	Chest	Abdomen	Crown-heel	Crown-rump	Foot	

	Normal	Abnormal (describe)	
1. General Appearance	<input type="checkbox"/>	<input type="checkbox"/> Fresh stillbirth	<input type="checkbox"/> Macerated <input type="checkbox"/> Edema
			+    ++    +++ <input type="checkbox"/> Hydrops
2. Skin	<input type="checkbox"/>	<input type="checkbox"/> Meconium stained <input type="checkbox"/> Petechiae	<input type="checkbox"/> Jaundice <input type="checkbox"/> Peeling
3. Head	<input type="checkbox"/>	<input type="checkbox"/> Hydrocephalic <input type="checkbox"/> Neural tube defect ( <i>specify</i> ) _____	<input type="checkbox"/> Collapsed
4. Scalp	<input type="checkbox"/>	<input type="checkbox"/> Defects	
5. Eyes	<input type="checkbox"/>	<input type="checkbox"/> Spacing <input type="checkbox"/> Slanting	<input type="checkbox"/> Narrow <input type="checkbox"/> Opaque <input type="checkbox"/> Sunken <input type="checkbox"/> Up <input type="checkbox"/> Down <input type="checkbox"/> Wide <input type="checkbox"/> Cataracts <input type="checkbox"/> Prominent <input type="checkbox"/> Eyelids fused
6. Nose	<input type="checkbox"/>	<input type="checkbox"/> Flat bridge	<input type="checkbox"/> Asymmetric
7. Nostrils	<input type="checkbox"/>	<input type="checkbox"/> Obstructed	<input type="checkbox"/> Single nostril
8. Ears	<input type="checkbox"/>	<input type="checkbox"/> Low set <input type="checkbox"/> Abn form	<input type="checkbox"/> Periauricular tags/pits <input type="checkbox"/> Posterior rotation
9. Mouth	<input type="checkbox"/>	<input type="checkbox"/> Small <input type="checkbox"/> Cleft lip	<input type="checkbox"/> Large <input type="checkbox"/> Cleft palate
10. Mandible	<input type="checkbox"/>	<input type="checkbox"/> Micrognathia	<input type="checkbox"/> Asymmetric
11. Neck	<input type="checkbox"/>	<input type="checkbox"/> Short	<input type="checkbox"/> Excess skin <input type="checkbox"/> Cystic mass
12. Chest	<input type="checkbox"/>	<input type="checkbox"/> Asymmetric <input type="checkbox"/> Barrelled	<input type="checkbox"/> Small <input type="checkbox"/> Constricted <input type="checkbox"/> Nipples wide spread <input type="checkbox"/> Sternal defects
13. Abdomen	<input type="checkbox"/>	<input type="checkbox"/> Flattened	<input type="checkbox"/> Distended <input type="checkbox"/> Wall defect <input type="checkbox"/> Omphalocele <input type="checkbox"/> Gastroschisis
14. Cord	<input type="checkbox"/>	<input type="checkbox"/> 2 vessels	<input type="checkbox"/> Cord constriction <input type="checkbox"/> True knot
15. Back	<input type="checkbox"/>	<input type="checkbox"/> Sacral dimple <input type="checkbox"/> Scoliosis	<input type="checkbox"/> Neural tube defect _____ <input type="checkbox"/> Kyphosis
16. Arms	<input type="checkbox"/>	<input type="checkbox"/> Short <input type="checkbox"/> Long	<input type="checkbox"/> Abnormal muscle development <input type="checkbox"/> Abnormal positioning <input type="checkbox"/> Contractures <input type="checkbox"/> Absent
17. Hands	<input type="checkbox"/>	<input type="checkbox"/> Abnormal creases <input type="checkbox"/> Missing digits <input type="checkbox"/> Abnormal positioning	<input type="checkbox"/> Webbed fingers <input type="checkbox"/> Extra digits _____ <input type="checkbox"/> Abnormal nails
18. Legs	<input type="checkbox"/>	<input type="checkbox"/> Short <input type="checkbox"/> Long	<input type="checkbox"/> Abnormal muscle development <input type="checkbox"/> Abnormal positioning <input type="checkbox"/> Contractures <input type="checkbox"/> Absent
19. Feet	<input type="checkbox"/>	<input type="checkbox"/> Club foot _____ <input type="checkbox"/> Extra toes _____ <input type="checkbox"/> Webbed toes _____	<input type="checkbox"/> Missing toes _____ <input type="checkbox"/> Abnormal nails <input type="checkbox"/> Abnormal positioning
20. Genital - Rectal	<input type="checkbox"/>	<input type="checkbox"/> Hypospadias <input type="checkbox"/> Ambiguous	<input type="checkbox"/> Undescended testes <input type="checkbox"/> Imperforate anus
21. Other	<input type="checkbox"/>		

## Part 3 - Stillbirth Investigation at Birth

Check all that apply.

### A. Placenta and Cord

- Collect placenta tissue (unfixed) for:
- Cytogenetics (in sterile saline)
  - Cultures (fresh or in sterile saline)
  - Placenta and cord to pathology (fresh if possible)

### B. Autopsy

- Full consent
- Limited consent (*specify*)
  - X-rays
  - Clinical photographs
  - Other: (*specify*) \_\_\_\_\_

- Declined
- Not requested

### C. Maternal Investigations

- At time of diagnosis or after birth
- CBC, platelet count
  - PT/PTT
  - Blood group & Rh type, antibody screen
  - Kleihauer-Betke
  - HBAIC
  - Syphilis serology, parvovirus, CMV, rubella & toxoplasmosis
  - Blood culture
  - Other, determined by history:
    - Thyroid studies
    - Hb electrophoresis
    - HIV
    - TB
    - Anticardiolipin antibodies, lupus anticoagulant, APC resistance
    - other: (*specify*) \_\_\_\_\_

### D. Documentation to pathologist

- Prenatal Record
- Labour and Delivery Record
- Laboratory and ultrasound reports

### E. Follow-up arrangements

- Thrombophilia work-up (*see back*)
- Results reviewed and discussed with parent by: (*name and title*) \_\_\_\_\_

Completed by (please PRINT)	Signature/Status	Date (yyyy/mm/dd) Time
-----------------------------	------------------	------------------------

Appointment date (yyyy/mm/dd)
-------------------------------

## Information for Health Care Providers

### Obtaining Consent for Autopsy

The loss of a baby at any time during pregnancy or after birth is devastating to parents, families and health care providers. Parents and health care providers want to know **“Why did this happen?”** Important information in determining the cause of their baby’s death can be obtained from a thorough evaluation, which includes clinical history, clinical examination, placenta pathology and autopsy. **Consent for autopsy should be requested from parents for all stillbirths and information on investigations must be provided.** It is important to inform parents that their baby is treated with respect and dignity at all times. Agreeing to an autopsy does not prevent a family from spending time with their baby or choosing to have a funeral or memorial service. If parents have questions about autopsy, consultation with a pathologist may be helpful.

The health region is responsible for the **cost of autopsy and transport** of the baby’s body if autopsy cannot be performed within the health region.

A clinical examination of the baby should be performed by a health practitioner skilled in newborn examinations.

### The Alberta Stillbirth Investigation Protocol

The Alberta Stillbirth protocol has been updated by the Alberta Health program and is consistent with national and international standards. Collective evaluation of stillbirth deaths adds to the body of knowledge in identifying reasons for fetal death with an aim towards prevention and decreasing the number of stillbirths for which a cause has not been determined.

Contacts for case consultation:

Laurie Russell, MD, FRCPC  
Anatomic Pathologist  
U of A/Stollery Children’s Hospital  
Edmonton, AB  
Phone: 780-407-8995  
Pager: 780-445-6781

Cynthia Trevenen, MD FRCPC  
Pediatric Pathologist  
Alberta Children’s Hospital  
Calgary, AB  
Phone: 403-955-7387

#### Provincial Laboratory

Contact Virologist on call:  
Edmonton: 780-407-7121  
Calgary: 403-944-1200

### Follow-up with parents

It is important to arrange an appointment with parents to discuss results of the stillbirth investigation. Parents should be provided with counseling regarding future pregnancies which may include preventative measures, preconception planning, medical intervention or adjustments to medications.

### Thrombophilia Work Up

A thrombophilia work up should be undertaken 8 -12 weeks after birth if fetal death is associated with:

- fetal growth restriction
- hypertension disorders in pregnancy
- maternal thrombosis and /or maternal family history of thrombosis
- an unexplained stillbirth after investigation
- test for anticardiolipin antibodies, lupus anticoagulant or APC resistance is positive at the time of birth or not undertaken

## **DESIGNATIONS:**

**Part 1: Maternal Chart**

**Part 2: Physician/Midwife**

**Part 3: Pathology**

**Part 4: Reproductive Care Committee**