

<b>Department:</b>	Obstetrics and Gynecology (Ward)		
<b>Document:</b>	Departmental Policy and Procedure		
<b>Title:</b>	Management of Intra Uterine Fetal Death (IUFD)		
<b>Applies To:</b>	All Obstetrics and Gynecology Staff		
<b>Preparation Date:</b>	January 08, 2025	<b>Index No:</b>	L&D-DPP-048
<b>Approval Date:</b>	January 22, 2025	<b>Version :</b>	2
<b>Effective Date:</b>	February 22, 2025	<b>Replacement No.:</b>	L&D-DPP-048(1)
<b>Review Date:</b>	February 22, 2028	<b>No. of Pages:</b>	8

## 1. PURPOSE:

- 1.1 To provide guidelines for management and care of patients with intra uterine fetal death (IUFD).

## 2. DEFINITIONS:

- 2.1 **Still Birth** – Death prior to completed expulsions or extraction from its mother of a product of conception, which has completed or passes the 22<sup>nd</sup> week of gestation.

## 3. POLICY:

- 3.1 Patient suspected of having IUFD on the basis of absent fetal movement and absent Fetal Heart Rate should have diagnosis confirmed by real time ultrasonography.
- 3.2 Some grieving mothers will want to wait spontaneous; onset of labor; baseline coagulation parameters (PT, PTT, platelet count, fibrinogen), blood group HbA1C, blood sugar should be drawn, and the patient should be seen weekly in the clinic for a maximum of 3 weeks.
- 3.3 Most women harbouring an IUFD will generally wish to have the pregnancy evacuated expeditiously because of the overwhelming psychological burden. These women prior to admission should be consented for induction, making them cognizant of the possible risks of bleeding, infection, uterine rupture, and failed induction.
- 3.4 Consultant will decide upon mode of induction/delivery accordingly.
- 3.5 Other student studies which may be appropriately drawn, prior to induction if possible, include a Kleihauer-Betke, studies for the lupus anticoagulant, acute and convalescent titers for CMV, toxo, parvovirus B19; Hb electrophoresis and syphilis serology. Rhesus immune globulin should not be overlooked if the patient is Rh negative.

## 4. PROCEDURE:

- 4.1 Review patient's history
  - 4.1.1 Past obstetric, particularly previous embryonic and fetal loss and family history.
  - 4.1.2 History of present pregnancy; bleeding, BP, medication and maternal perception of fetal movement.
- 4.2 Review antenatal investigations:
  - 4.2.1 Ultrasound.
  - 4.2.2 Laboratory investigations.
  - 4.2.3 Fetal assessment.
- 4.3 Check vital signs.
- 4.4 Obtain intravenous access and baseline labs as above as well as type and screen and HVS.
- 4.5 Do confirmatory ultrasound if not done.
- 4.6 Palpate patient's abdomen.
- 4.7 In Labor.



- 4.7.1 Avoid ARM till eminent delivery is anticipated.
- 4.7.2 Adequate analgesia should be provided.
- 4.7.3 Avoid using sedation to help patient to cope.
- 4.7.4 Manage as any other laboring patient with active management of the third stage of labor.
- 4.7.5 Allow parents to see efforts given by the care givers to revive their newborn.
- 4.7.6 The placenta should be examined and sent to histopathological examination. (weight, presence of thrombosis or infarction, hematoma, calcification, vascular and structural abnormality).
- 4.7.7 If fresh stillbirth, draw cord blood for:
  - 4.7.7.1 CBC, blood group, directs antibody test and cytogenetics if there is evidence of congenital anomalies seen either by ultrasound or by examination.

The following delivery, it will be the patient's choice whether she wishes to see the baby or not. She may prefer to wait later until the next day.

Stillborn fetus should be examined by both the Obstetrician and the Neonatologist and the observation should be entered into the notes – patient file.

  - 4.7.7.2 General Examination
    - 4.7.7.2.1 State of preservation: fresh or macerated (degree of maceration), intact delivery or intervention.
    - 4.7.7.2.2 Weight and gestational age.
    - 4.7.7.2.3 Measurement: head circumference, chest and abdomen, length of limb.
    - 4.7.7.2.4 Colour, Vernix. White or meconium stained any skin lesion.
  - 4.7.7.3 Examine for any other anomalies:
    - 4.7.7.3.1 Craniofacial, neck, trunk and extremities.
- 4.7.8 An X-ray of the skeleton should be arranged if there is an obvious cause (congenital abnormality), a post-mortem of the stillborn baby is arranged if the parents give their consent.
- 4.8 After the event:
  - 4.8.1 Appropriate facilitation of the grief process is of course always in order for these patients and should not be neglected.
  - 4.8.2 Allow woman/ family to continue to spend time with the newborn.
  - 4.8.3 Encourage woman/ family to call the newborn by the name they have chosen.
  - 4.8.4 Every consideration should be given to the information given to the parents.
  - 4.8.5 Patient lactation should be suppressed.
  - 4.8.6 GTT and Chromosomal analysis should be carried out.
  - 4.8.7 If the cause of the IUFD is found to be due to congenital Malformation in a consanguinous marriage, the couple should be interviewed by the Neonatologist and/or the Clinical Geneticist. Advice regarding risks should only be given by experts in this particular field.
  - 4.8.8 Contraceptive counselling is indicated.

## 5. MATERIAL AND EQUIPMENT:

N/A

## 6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurses
- 6.3 Midwives

## 7. APPENDICES:

- 7.1 Antenatal Sheet
- 7.2 Admission form

## 8. REFERENCES:

- 8.1 Guidelines for Obstetrics and Gynecology/ Ministry of Health, General Directorate of Health Centers- Riyadh, 2013

## 9. APPROVALS:

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Reviewed by:	Dr. Thamer Naguib	Medical Director		January 14, 2025
Reviewed by:	Mr. Abdullellah Ayed Al - Mutairi	QM&PS Director		January 15, 2025
Approved by:	Mr. Fahad Hazam Al - Shammari	Hospital Director		January 22, 2025



KINGDOM OF SAUDI ARABIA

وزارة الصحة  
Ministry of Health

Hospital: \_\_\_\_\_ مستشفى: \_\_\_\_\_  
Region: \_\_\_\_\_ المنطقة/المحافظة: \_\_\_\_\_  
Dept./Unit: \_\_\_\_\_ القسم/الوحدة: \_\_\_\_\_

MRN: \_\_\_\_\_ رقم الملف الطبي: \_\_\_\_\_  
Name: \_\_\_\_\_ الاسم: \_\_\_\_\_  
Nationality: \_\_\_\_\_ الجنسية: \_\_\_\_\_  
Age: \_\_\_\_\_ سنة \_\_\_\_\_ شهر \_\_\_\_\_ يوم \_\_\_\_\_ العمر: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / 14 H \_\_\_\_\_ / \_\_\_\_\_ / 20 تاريخ الميلاد: \_\_\_\_\_  
Gender: ☐ Male ☐ Female الجنس: \_\_\_\_\_

### ANTENATAL CARE CLINIC VISITS FORM

#### Risk factors & Special instructions:

Physician Signature & ID No.			
Comment / Return Visit			
Hgb.			
Present engagement			
Maturity Assessment	AOG:  USS:  Fht.	AOG:  USS:  Fht.	AOG:  USS:  Fht.
Edema			
Urine	Acetone		
	Sugar		
	Protein		
BP			
Wt			
Date			

AOG = AGE OF GESTATION

USS = ULTRASOUND BY SCAN

Fht = FUNDAL HEIGHT

GDOH-OUP-ACCV-035

ISSUED DATE: 09/02/2013

1 OF 2

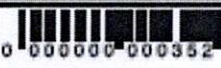


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Name: _____ الاسم: _____		MRN:                     رقم الملف الطبي: _____	
Physician Signature & ID No.			
Comment / Return Visit			
Hgb.			
Present engagement			
Maturity Assessment	AOG:  USS:  Fht.	AOG:  USS:  Fht.	AOG:  USS:  Fht.
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Urine	Acetone		
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BP			
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ISSUED DATE: 09/02/2013
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MATERNITY PHYSICIAN ADMISSION ASSESSMENT SHEET																									
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<p>History of presenting complaint : <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span></p>																									
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Name: _____ الاسم: _____	MRN: _____ رقم الملف الطبي: _____
DrugHistory: _____	
History Of Blood Transfusion: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Psychosocial History: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated	
Occupation: _____	
Smoking: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many cigarettes each day? _____	
Educational Level: _____	
Language Spoken: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> Others _____	
<b>System Review:</b>	
Neurological: _____	
Psychiatric: _____	
Cardiovascular: _____	
Respiratory: _____	
Gastrointestinal: _____	
Genitourinary: _____	
Endocrine: _____	
Others: _____	
<b><u>PHYSICAL EXAMINATION</u></b>	
General Appearance: _____	
Head and Neck Examination: _____	
Breast Examination: _____	
Chest Examination: _____	
Cardiovascular Examination: _____	
Abdomen Examination: _____	
Neurological Examination: _____	
Musculoskeletal Examination: _____	
<b><u>Pelvic Examination:</u></b>	
1.) External Genitalia: _____	





