

# DEATH AND EXTREMELY ILL BABIES

***If relatives disagree profoundly with the clinical assessment made by medical and nursing staff, involve consultant at early stage***

## GUIDANCE

### ***Preparation***

- If a baby (especially a very pre-term neonate) appears likely to die, discuss with on-call consultant
- On-call consultant will assess the situation clinically and write in notes, especially with regard to prognosis

### ***Discussion with parents***

- Discuss clinical situation, and baby's best interests, with parents
- ensure nurse present and document discussion in notes
- Most parents will accept situation but will be upset, and may display denial, guilt or anger
- Ask parents whether they wish a religious or spiritual person to be involved

### ***Second opinion***

- In difficult clinical situations, where parents are unable to accept consultant's assessment, seek second opinion from consultant on Neonatal Unit

### ***Further support***

- If parents do not accept second clinical assessment:
- discuss with medical director or deputy
- discuss with parents the option of a further opinion from consultant neonatologist from another unit in neonatal network
- inform communications manager regarding possible press coverage
- Seek advice from your Trust's legal advisers via medico-legal department or on-call manager
- Timescale for events may vary with individual babies from under 24 hr to over 1-2 weeks

***Good documentation is essential***

## DEATH

When a baby dies there are formalities to be completed, but these should be handled as sensitively as possible to minimise the emotional trauma to parents, whose wishes (within reason) should be respected and who should be guided carefully through the necessary procedures

***Ensure baby's correct registered name on all documentation***

### ***Formal arrangements***

- Hospital general office/bereavement office will offer advice about registration and funeral arrangements and issue death certificate
- Check whether death must be reported to the coroner (see local policy)
- if uncertain, check with local coroner
- If the death need not be reported to coroner, complete appropriate death certificate (according to baby's age) so that it can accompany the baby or can be given to parents (according to local policy)
- Parents will make appointment with Registrar of Births and Deaths to deliver death certificate
- Registrar of Births and Deaths will issue certificate of authority for burial or cremation, which should be given to:
  - hospital general office, if hospital is burying baby
  - funeral director handling burial, if parents are making their own arrangements

***Saying goodbye***

- Parents may request a blessing or naming ceremony by a religious representative
- Ensure all the family are allowed time and privacy with the baby
- Provide a keep-sake box, which may include photos, hand and foot prints, lock of hair, cot card, etc
- if parental ethnicity and religious beliefs allow, offer parents opportunity to wash, dress and prepare baby
- A small toy or other memento may accompany baby to mortuary

***Baby transfer***

- Special arrangements will be made to transport baby to mortuary according to local hospital policy (baby must be refrigerated within 5 hr of death if autopsy required)
- allow parents to accompany baby if they wish
- some may prefer to see their baby on the neonatal unit or chapel of rest
- Parents may take baby's body directly from the neonatal unit, once appropriate documentation has been completed. Where babies are taken will depend upon religious belief of parents or to designated funeral director. In all cases strict adherence of local hospital policy must apply

***Parent support***

- Offer bereavement support information (e.g. Stillbirth and Neonatal Death Society; SANDS) or counsellor
- Offer parents follow-up by consultant or trained nurse
- Consultant in charge will see baby's parents the day after death or as soon as possible and may discuss consent for post-mortem examination (see [www.hta.gov.uk](http://www.hta.gov.uk) for guidance)

***Communication***

- Inform obstetrician, referring hospital (if appropriate), GP and health visitor that death has occurred