

# Information for you

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## When your baby dies before birth

### About this information

Being told that your baby has died before birth is devastating. The grief experienced by parents, and by close relatives and friends, is also extremely distressing. You and your family will be given considerable support by your midwives and doctors; however, it can be hard to take in all the information given to you at this time and therefore it is often helpful to have it in writing as well.

This leaflet helps to explain the care you will receive during and after the birth of your baby, and care in future pregnancies. It does not cover everything related to the longer-term emotional support you may need. Sands, the stillbirth and neonatal death charity, offers support to anyone affected by the death of a baby before, during or shortly after birth. If at any time you feel uncertain about anything, the healthcare professionals looking after you will be there to help.

### Why does it happen?

The question that every parent wishes to have answered is 'why did my baby die?'. It is not always possible to give an answer but a cause is found more than two-thirds of the time. A baby dying before birth occurs in one in every 200 pregnancies.

The most common reason for a baby dying in the womb is because the baby has not been growing properly. There are other causes, including infection, abnormal development of the baby, diabetes, early separation of the placenta and pre-eclampsia (high blood pressure and protein in your urine – see RCOG patient information: [Pre-eclampsia: What You Need to Know](#)).

You and your partner will be offered tests to try to find out why your baby died (see below).

## How is the death of your baby before labour confirmed?

Death of a baby in the womb is confirmed by an ultrasound scan. The scan is able to show if your baby's heart has stopped beating. If you wish, you can ask for another scan to reconfirm your baby's death.

Sometimes, after it has been confirmed that your baby has died, you may still feel as if your baby is moving. This is caused by the shifting movements of your baby within the fluid in your womb and can be very distressing. Your midwife will be able to talk to you about this.

## What happens next?

Experienced doctors and midwives will talk to you and your partner about the death of your baby. They will explain your choices for birth, and the various tests that may be offered. You and your partner will be given support and plenty of time to make any decisions you need to make.

You will be seen by a doctor to make sure that you are well yourself. This includes, for example, checking for infection and pre-eclampsia.

## What are my choices for birth?

Your doctor will discuss with you and your partner the different options of when and how to have your baby. The advice will depend on your general health, your pregnancy and any previous birth experiences, and also your personal wishes. You will be looked after by an experienced midwife and, where possible, you will be cared for in an individual room that has facilities for your partner or another companion to stay with you.

## Inducing labour (starting labour with medication)

You may choose to have labour induced as soon as possible after confirmation of your baby's death, or you may prefer to go home for a short while before treatment. Some women find it comforting to spend some time at home. There are different ways of inducing labour and your doctor will discuss with you which method would be the most appropriate for you. Often, a tablet is given by mouth 48 hours before admission for induction.

## Letting nature take its course

You may choose to wait at home for labour to start naturally. If your waters have not broken and you are well physically, you are unlikely to come to any harm if you delay labour for a short period of time (up to 48 hours). Most women will go into labour naturally within 3 weeks of their baby dying in the womb.

You need to be aware that delaying the onset of labour will affect the appearance of your baby at birth. In addition, tests that you agree to being carried out on your baby may give less information. If you decide to wait for more than 48 hours, you will be advised to have a check-up at the hospital twice a week as a small number of women will become unwell during this time.

Your midwife or doctor will give you a contact number to ring if you have any queries or concerns while waiting for labour to start. You must ring your maternity unit if you have pain, bleeding or a smelly vaginal discharge, or if you feel unwell in any way.

You may be advised against delaying labour if you have pre-eclampsia or an infection, or if some of the blood tests show that a delay would put your health at risk.

You may decide that it would cause you greater anxiety to delay starting labour than having your labour induced (when labour is started with medication).

## How will I give birth to my baby?

Vaginal birth is usually recommended. Although you may find the thought of a vaginal birth distressing, you may want to consider that:

- there are fewer risks to you
- you will be able to go home more quickly
- your recovery is likely to be quicker and more straightforward
- future pregnancies are less likely to have complications.

Your doctor and midwife will discuss your choices with you and your wishes will be respected. All types of pain relief will usually be available in labour. An epidural may not be possible if you have an infection or problems with blood clotting but all steps will be taken to ensure that you get the pain relief you need.

## What if I have had a caesarean section before?

A consultant obstetrician should discuss your choices with you. If you have had one previous caesarean section, it is usually safe to have labour induced although it is not completely without risk. A vaginal birth not only has the advantages stated above (see *How will I give birth to my baby?*), but having a repeat caesarean section has additional risks and makes a future vaginal delivery less likely.

## What happens when my baby is born?

You will be given additional support by the midwives and doctors looking after you, who know that giving birth is going to be a distressing experience for you and your family. You and your partner (and sometimes other members of your family, with your permission) may wish to see and/or hold your baby immediately after birth. You may like to wait to see your baby until a little later after birth. You may decide not to see your baby at all.

If you wish to see and hold your baby, then you will have the opportunity to spend as much time as you wish with your baby. You will also be able to name your baby if you wish.

Mementoes such as photographs, hand and footprints and locks of hair, if possible, can be taken, and these are often valued by parents. If you do not wish to take these home with you straight away or if you are not sure about whether you would like to keep them, they can usually be kept securely in your hospital records (check with your midwife whether this is possible at your hospital). You can then have them at a later date if you wish. It will be your choice as to what you would like to do.

## What happens after my baby has been born?

A member of staff will talk to you and your partner about the funeral choices for your baby, and about registering the birth if your baby was born at or after 24 completed weeks of pregnancy. Your religious and cultural considerations will be taken into account.

Grief for you, your partner and family following the death of a baby can be severe and last a long time. Options for support and bereavement counselling should be offered to you and your partner. Your GP will be informed and you and your partner will be given information on Sands and local support groups where available.

You can usually go home when you wish, although if you have been unwell you may be advised to stay in the maternity unit for a little longer. Some women and partners want to go home as soon as possible, whereas others prefer to stay for a while. You can talk to your midwife about the best time for you to go home.

After the birth of your baby you may experience the sensation of breast milk coming into your breasts, making them feel full and uncomfortable. Ice packs, breast support and pain relief may help but, despite this, one in three women may still experience excessive discomfort. In this instance, there are tablets available that will stop your body producing milk and relieve your symptoms at this distressing time. The hospital doctor or your GP can prescribe these tablets if you need them.

As with any birth, you will have bleeding and pain for a few days. This should settle down within a week and you will be checked over by your midwife at home. Problems are uncommon after birth but you should contact your GP or hospital if:

- your bleeding gets heavier
- you have pain in your abdomen that doesn't settle
- you have a smelly vaginal discharge
- you feel unwell or shivery
- you have pain, swelling or soreness in your legs
- you have shortness of breath or chest pain, or cough up blood.

## What tests/investigations will I be offered?

You will be offered tests for you and your baby that may help to find out why your baby has died. A cause is found in two-thirds of all stillbirths and this can help with planning care in a future pregnancy. Unfortunately, despite tests, sometimes deaths cannot be explained.

You and your partner will be given time to think about which tests you would like to have done and you will be supported in any choices you make. You will need to sign a consent form for some of the tests. You will be offered an appointment at a later date to discuss the results of any tests that you have consented to being done.

Tests you and your partner will be offered include:

- Tests to look for conditions in your pregnancy, for example pre-eclampsia, infection or any problems with your liver or kidneys.
- Blood tests to see if there is an underlying medical cause, for example diabetes or thyroid problems.
- Blood tests to see if there is an underlying condition that makes your blood more likely to clot (thrombophilia or antiphospholipid syndrome). Pregnancy can sometimes affect the results of the tests and therefore they may need to be done again 6 weeks later.
- Swabs taken from your vagina, cervix and placenta, and from your baby, to look for any source of infection.
- A test of your baby's chromosomes that will involve taking a blood sample or skin/muscle sample from your baby. This test is important because approximately 6% (one in 17) of stillborn babies have abnormal chromosomes. If this is the case then you and your partner may also be tested. You will be given further detailed written information about this test and you will need to give your consent and sign a form before it can be done.
- A postmortem examination for your baby and placenta, which can be as limited or detailed as you wish. A postmortem examination can provide very important information on why your baby has died. You will be given further detailed written information about this and a chance to discuss your choices with a doctor; it will be your decision for your baby to have a postmortem examination and you will need to give your consent and sign a form before this test can be done. Your individual rights and cultural and religious beliefs will always be respected.
- A detailed examination of your placenta even without a postmortem examination may also provide valuable information.

## What follow-up will I have?

A follow-up appointment with your obstetrician will be arranged to discuss the results of the tests. The date of your appointment will be arranged once all test results are available. This may take up to 12 weeks if your baby has had a postmortem. You may find it helpful to write down, beforehand, any questions that you wish to discuss at your follow-up appointment. Your doctor will discuss with you and your partner the care that you will be offered if you decide to have another baby.

## What extra care will I get if I become pregnant again?

If you decide to have another baby, you will usually be under consultant care and will be seen early in your pregnancy. You will usually have extra antenatal visits as you will understandably be anxious. You will be given additional support by the doctors and midwives looking after you throughout your pregnancy, who will be aware of your previous loss. The precise pattern of your care will be influenced by the results of any tests and whether a cause has been found for the death of your baby.

## Further information and support

Sands is a stillbirth and neonatal death charity that offers emotional support and practical help to anyone affected by the death of a baby before, during or shortly after birth. As well as supporting mothers and partners, Sands can help other members of the family, especially grandparents and other children, as well as friends. Information and support can be found at:

Helpline: 020 7436 5881

Website: [www.uk-sands.org](http://www.uk-sands.org)

Address: Sands, 3rd Floor, 28 Portland Place, London W1B 1LY

## Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the RCOG guideline *Late Intrauterine Fetal Death and Stillbirth* (November 2010). The guideline contains a full list of the sources of evidence we have used. You can find it online at: [www.rcog.org.uk/womens-health/clinical-guidance/late-intrauterine-fetal-death-and-stillbirth-green-top-55](http://www.rcog.org.uk/womens-health/clinical-guidance/late-intrauterine-fetal-death-and-stillbirth-green-top-55).

The RCOG produces guidelines as an educational aid to good clinical practice. They present recognised methods and techniques of clinical practice, based on published evidence, for consideration by obstetricians and gynaecologists and other relevant health professionals. This means that RCOG guidelines are unlike protocols or guidelines issued by employers, as they are not intended to be prescriptive directions defining a single course of management.

This information has been reviewed before publication by women attending clinics in Bristol and Taunton.

A glossary of all medical terms is available on the RCOG website at:

[www.rcog.org.uk/womens-health/patient-information/medical-terms-explained](http://www.rcog.org.uk/womens-health/patient-information/medical-terms-explained).

### A final note

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of the clinical data presented and the diagnostic and treatment options available. Departure from the local prescriptive protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken.

All RCOG guidelines are subject to review and both minor and major amendments on an ongoing basis. Please always visit [www.rcog.org.uk](http://www.rcog.org.uk) for the most up-to-date version of this guideline.