**Checklist for post partum clinic visit for a woman after fetal loss**

* Review discharge summary before visit in case she has any questions about what happened in the hospital. Likely she will.
* Check in with patient
  + How are they doing?How was their experience in the hospital?
  + Are there any questions they felt were not answered?
  + Did they get connected with grief counseling/perinatal bereavement team?
    - CCRMC is in the process of creating a perinatal bereavement team
    - Contra Costa Counseling 1-800-837-1818
    - Fetal Infant Mortality Review: can provide follow up call. Make sure form was faxed in the hospital (usually done by RN)
    - http://nationalshare.org
  + Ask if they’d like to share any mementos such as photos (if you have time)
* **Most parents WANT to be asked about their loss, discomfort in asking is often our own. You can say “is it ok if we talk about how you are doing after the loss of (name of baby)”**
* Make sure to refer to the baby that died by their name unless a patient expresses otherwise. Remember, this was the loss of a person
* Remember what parents want (according to data)
  + Be able to say goodbye
  + Understand why and how their child died
  + Feel supported by professionals
* Discuss lactation
  + If breasts are firmly supported and milk is not expressed more than needed for comfort, milk supply will gradually decrease
  + Wear a firm bra
  + Use breast pads to soak up leaking milk
  + If breasts feel too full, express a little milk but only enough to provide comfort
  + Ibuprofen can help with pain and swelling/cold compresses
* Birth Control: did they get in the hospital? If not, discuss options
* Why did this happen?
  + Around 80% of all cases of pregnancy loss occur within the first trimester, 10% of all pregnancies. 50% 1st trimester loss chromosomal abnormalities
  + A significant portion of stillbirths remains unexplained
  + Some risk factors: nulliparity, advanced maternal age, obesity, HTN, DM
  + Women with diabetes prior to pregnancy have a two- to five-fold increased risk of stillbirth
  + **Its ok to say that we just don’t know, acknowledge how hard that may be**
* If she wants to know if this will happen again?
  + In low-risk women with unexplained stillbirth, risk of recurrence after 20 wks is 7.8 to 10.5/1,000 births with most risk < 37 wks (so around 1%)
  + After 37 weeks, the risk of recurrence drops to 1.8 per 1,000 (so < 0.2%)
  + Optimize their health prior to pregnancy – control BS, folic acid, control BP
  + When the cause of the prior stillbirth is unknown, there is no evidence that intensive monitoring in future pregnancies will make a significant difference in preventing stillbirth
* When can she get pregnant again?
  + Small observational studies show no benefit to delayed conception after early pregnancy loss
  + There is no convincing evidence on the optimum interpregnancy interval after a stillbirth
  + It is reasonable to advise women to delay conception until they feel they have achieved psychological closure of the previous pregnancy loss, which typically takes at least 6 to 12 months

Remember:

* **This is a unique loss, not only of a baby but also of a person’s identity as a parent**
* **Their experience in the hospital or clinic can make the difference in their grief/mourning**