TYGERBERG HOSPITAL
Department of Obstetrics and Gynaecology: General Specialist Services

PROTOCOL FOR THE MANAGEMENT OF A PREVIOUS UNEXPLAINED OR UNEXPLORED INTRA-UTERINE DEATH

A. INTRODUCTION

- While the majority of women with a previous stillbirth have a live birth in the subsequent pregnancy, they are a high-risk group with an increased incidence of adverse maternal and neonatal outcomes
- A previous unexplained intra-uterine fetal death (IUFD) is an indication for evaluation at a specialist maternity unit in the subsequent pregnancy
- There have been no studies that adequately tested fetal benefit from intervention by routine induction of labour with a previous unexplained IUFD
- There is little evidence-based data to guide the treating clinician in the antepartum surveillance of a patient who had a prior unexplained stillbirth.
- Any decision to proceed with early delivery (before 40 weeks) to prevent stillbirth must incorporate an understanding of the increased risks of maternal and neonatal complications compared with the potential benefits
- Deliveries before 39 weeks of gestation are associated with an increased risk of admission to neonatal special care units for respiratory complications and other neonatal morbidities.

B. DEFINITIONS AND ABBREVIATIONS

- **IUFD: INTRA-UTERINE FETAL DEATH**

  'A still birth is a death prior to the complete expulsion or extraction from its mother of a product of conception; the death is indicated by the fact that after such separation the fetus does not breathe or show any evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of the involuntary muscles.'

- For the purpose of this protocol, a gestational age of IUFD after 24 weeks (or 500 grams birth weight if uncertain gestation) is used
- **Unexplained IUFD**: An IUFD where previous notes are available, and despite investigations that may include placental histology, no cause for the IUFD could be found.
- **Unexplored IUFD**: An IUFD where no previous notes are available or no attempt was made to investigate the death.

C. MANAGEMENT: PATIENT WITH PREVIOUS IUFD ≥ 24 WEEKS

- Obtain all the information pertaining to the loss and all other obstetric and medical history. Ensure ALL notes are reviewed, even from other hospitals.
- If a clearly identifiable, non-repeatable cause is found (e.g. syphilis, cord prolapse, chorioamnionitis, shoulder impaction, intra-partum asphyxia etc.) and the current pregnancy is healthy, manage the patient at the correct level of care (MOU or district hospital).
- If a clear diagnosis for the IUFD was made, manage the patient accordingly (e.g. previous documented abruptio, hypoxaemia due to placental dysfunction, severe maternal disease etc.)
- ONLY if no clear cause can be found, and the history is not indicative of abruptio placentae, manage further according to this protocol:

D. MANAGEMENT: INITIAL ASSESSMENT AND WORK-UP OF PREVIOUS UNEXPLORED/UNEXPLAINED IUFD

- Ensure routine care, booking bloods, HIV results, dating scans etc. are checked.
- Re-enforce to the parents that the previous event was not under their control and that they should bear no guilt for that occurrence.
- Emphasise the importance of regular clinic attendance and that no additional antenatal surveillance tests are needed when there is normal placentation in the index pregnancy.
- Give advice that there is no evidence that a scheduled early delivery (before 39 weeks) leads to better outcome, but that there is enough evidence to show harm. Counsel the patient to receive elective induction of labour at 39 weeks.
- Do a routine detail scan at 18-22 weeks. If anomalies found, manage accordingly.
- Do a routine screening for diabetes at booking; and again at 28 weeks.
- Do umbilical artery Doppler at 24 weeks and manage according to the result.
- If the placental function test (Doppler) is normal, and there is good fetal growth, the pregnancy can be managed at general specialist level up to 39 weeks.
- Admit for planned delivery (induction of labour) at 39 weeks gestation (use the TBH Induction of Labour protocol).
- Be aware that there may be a higher incidence of postpartum depression in a mother who has lost a baby before.

This protocol replaces all related preceding protocols

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Signed: GS Gebhardt

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