Purpose
To provide guidelines for proper care and responsibility for the newly deceased.

Policy Statement
In line with Covenant Health’s Mission, Vision and Values, we will provide to each family individualized physical and psychosocial care in a compassionate environment in the event of a neonatal death.

Applicability
All Covenant Health Neonatal staff and physicians.

Principles
Family Considerations
- **Terminal Compassionate Care:** When death is anticipated, it is desirable for the parents and the multi-disciplinary team to determine parents’ wishes for terminal care. It is usually important for the parents to hold their infant. This is arranged by the bedside nurse after consultation with the charge nurse and Neonatologist/Designate and the parents.

- **Religious Rites:** When possible and where applicable, parents of critically ill infants should be asked about their preference regarding baptism, naming rites, sacrament of the sick, etc. It is the charge nurse’s responsibility to ensure that the appropriate Chaplain or Religious Authority is notified, unless the parents choose otherwise. Should the Chaplain or Religious Authority be delayed and death is imminent, the nurse or physician may assume responsibility for baptism of the infant, if the family is Christian.

Procedure
Documentation (refer to algorithm below for Legal Forms)
Nurse:
- Note time cessation of respirations and heartbeat were observed
- Note time and name of Neonatologist/Designate notified
- Note time and by whom death is pronounced
- Note time of notification of significant others and by whom
- Note presence of family, including family responses to loss and health team interventions
- Note time of notification of Admitting Office
- Disposition of valuables and clothing
- Note time and by whom body was transported to the morgue
Procedure

Attending Physician:
- Complete Notice of Death within 8 hours of the infant’s death. Sign the Medical Death Certificate within 48 hours.
- Complete report of death and the Alberta Study of Perinatal and Neonatal Death (patient <28 days).
- Complete Section III of the Notice of a Live Birth or a Still Birth and Newborn Record if not already completed and forwarded.

Notification:
- Parents – It is the physician’s responsibility to notify the parents if death is impending. The physician is responsible for notifying the parents of their infant’s death. Any other person(s) making inquiries should be directed to the parents for notification.
- Medical Examiner – The medical examiner is notified if the infant dies within 10 days of an operative procedure, dies unexpectedly or at the attending neonatologist’s discretion.
- Referring Physicians – The physician is responsible for notifying the mother’s obstetrician and the infant’s doctor, if applicable, of the infant’s death.
- Admitting – The charge nurse is responsible to notify Admitting Office of the infant’s death. This may be delegated to the Unit Clerk.
- Social Work - Assist with family i.e. bereavement, funeral arrangements

Autopsy:
- The physician will request an autopsy as necessary. Written consent must be obtained from the parents by the physician. (in package)
- Consent for autopsy is not required when the death is to be investigated by the Medical Examiner.

Preparation of the Body
- Remove all non-sutured equipment and tubes when a Medical Examiner autopsy is not to be done. All tubing should be left in situ pending notification and further instructions by the Medical Examiner when a death will be investigated by that office.
- Close eyes.
- The body should be washed and weighed.
- The infant may be dressed and swaddled in bereavement clothing.
- The body should have an identification band on. (First identification)

Procedure

After all family members have left the NICU:
- Obtain bereavement package from L&D (Memory Boxes) i.e. For hand and footprints, molds of hands and feet with verbal consent.
- Complete two body tags and attach one to the infant’s identification band using an elastic band.
- Wrap the clothed infant’s body in a blanket. Place identification tag on blanket (Second identification).
- Any special requests regarding care of the deceased should be noted on an additional body identification tag and attached to the blanket surrounding infant.
Transfer to the Morgue:
MCH
- For transport to the morgue, the wrapped body is placed in a coffin (Located in L&D) with an identification tag placed on outside of coffin. (Third identification)
- Obtain key to morgue from Security.
- Place the coffin on a stretcher in the morgue locker.
- The nurse is required to make an entry into the mortuary log book. An identification label provides needed information.
- Return morgue key to security.

GNH
- For transport to the morgue, the wrapped body is placed in a body bag (located in L&D) with an identification tag placed on outside of bag. (Third identification)
- Contact security or porter to accompany nurse to morgue.
- Place the body bag on a stretcher in the morgue locker.
- The nurse is required to make an entry into the mortuary log book. An identification label provides needed information.

Chart Responsibility:
- Ensure that all documentation is complete.
- Hand deliver the chart to Admitting within 8 hours of the time of death.
- Authorization forms regarding autopsy or disposal of the body may be completed at a later date.

Disposal of the Body:
- With the written consent of the parents, the body of any infant dying at less than 28 days of age may be cremated and/or buried in a communal plot.
- Should an infant’s death take place after 28 days of age, funeral home arrangements must be made by the parents.
- If unable to obtain written consent from the parents, it is necessary to have the consent of the Minister of Human Resources to have the body released from the morgue for communal burial.
- Parents may transfer the body with an appropriate containment device and paperwork. Contact Admitting for information and release papers.

Bereavement:
- Complete intake forms for follow-up bereavement care.
- See Navy Blue folder.
- Create bereavement keepsake package including hand and footprints, photographs, hair locks, foot and hand mold and crib cards, etc.

Related Documents
DEATH, Edmonton Acute Care Patient Care Policy and Procedure Manual, VII-B-410, August 7, 2015

References

Revisions
July 2005
October 2015
LEGAL FORMS for NEONATAL DEATH

Notify Medical Records – 52799 (MCH) 57265 (GNH)
All forms must be completed in black ink

NEONATAL DEATH

Baby is born alive:  Admit baby, start a chart

Baby dies:  Notify Medical Records

Registration of Live Birth
completed by parents only

Registration of Death
completed by parents only

Autopsy Authorization

Notice of Live Birth (PNOB)
completed by nursing staff

Medical Certificate of Death
completed by physician only

Notice of Death (PNB)
completed by physician only

Alberta Study of Perinatal & Neonatal Deaths
completed by physician only

Chart along with forms are taken to Medical Records, who will issue Burial Permit and release the body to the funeral home.
If the death occurs on the weekend, and for personal reasons the baby has to be buried the next day, contact Medical Records and they will come in to complete the paperwork.
DO NOT PUT PATIENT LABEL ON REGISTRATION FORM & MEDICAL CERTIFICATE.
Signing

Original Signed

GAIL CAMERON
SENIOR DIRECTOR OPERATIONS
MATERNAL, NEONATAL & CHILD HEALTH PROGRAMS
COVENANT HEALTH
GREY NUNS & MISERCORDIA HOSPITALS

Original Signed

DR. PAUL BYRNE
MEDICAL DIRECTOR
NEONATAL PROGRAM
COVENANT HEALTH
GREY NUNS HOSPITAL

Original Signed

DR. SHARIF SHAIK
MEDICAL DIRECTOR
NEONATAL PROGRAM
COVENANT HEALTH
MISERCORDIA HOSPITAL