5 INTRAPARTUM CARE

B.5.13.1 INTRAPARTUM MANAGEMENT OF A WOMAN WITH FETAL DEATH IN UTERO (FDIU) (>20WEEKS)

Key Words: FDIU, Perinatal loss, intrapartum management of FDIU, fetal death in utero

AIM

To outline the management of a woman in labour with FDIU >20 weeks gestation

PROCEDURE

• Clinical Care for all women in labour with a known Fetal death in Utero > 20 weeks gestations shall be as per clinical guideline B 5.8 Care of a Woman During the First Stage of Labour, B 5.9.1 Management of the Second Stage of Labour, B 5.10.1 Active Management of the Third Stage of Labour and B 6.1 Immediate Care of Mother in Labour and Birth Suite Following Birth.
• In these circumstances auscultation of the fetal heart is not required as stated in the above guidelines
• All patients shall to be commenced on a partogram.
• Collect blood for investigations as detailed in the algorithm on page 2 and obtain blood for Group and Hold (if not current) prior to inserting an Intravenous Cannula.
• Consent is to be obtained for Induction of Labour +/- Manual Removal of Placenta if required.
• Commence the Perinatal Loss Pathway.
• Commence referrals as detailed in pathway.
PSANZ STILLBIRTH INVESTIGATION ALGORITHM

**CORE INVESTIGATIONS OF ALL STILLBORNS**

**AT DIAGNOSIS OF FETAL DEATH**

- **Maternal History**
  - Take full maternal history

- **Ultrasound Scan**
  - Fetal abnormalities
  - Amniotic Fluid Volume

- **Amniocentesis**
  - Microbiological cultures
  - Chromosomal analysis

- **Low vaginal/peri-anal culture**

- **Maternal Blood Tests**
  - Full Blood Examination and smear for nucleated red cell count
  - Group & Antibody Screen
  - Kleihauer
  - Renal Function Tests including Urate
  - Liver Function Tests including Bile Acid
  - Thyroid Function Tests
  - HbA1c
  - Cytomegalovirus, Toxoplasma and Parvovirus B19 Serology
  - Rubella & Syphilis Serology if not already done antenatally
  - **Thrombophilia Tests**
    - *Anticardiolipin Antibodies*
    - *Lupus Anticoagulant*
    - *APC Resistance*

  See further investigations following birth

**FOLLOWING BIRTH**

- **Baby**
  - External examination
  - Photographs
  - Surface swabs
  - Post-mortem examination

- **Cord / Cardiac Blood Samples**
  - Full Blood Examination
  - Chromosomal Analysis
  - Routine Guthrie Test

- **Placenta and Cord**
  - Macroscopic examination of placenta and cord
  - Microbiological Cultures
  - Biopsy for Chromosomal Analysis
  - Placental Histopathology

**FURTHER INVESTIGATIONS BASED ON SPECIFIC CONDITIONS**

- **Thrombophilia Studies 8-12 weeks postpartum**
  - Anticardiolipin antibodies
  - Lupus anticoagulant
  - APC resistance
  - Fasting Homocysteine
  - Protein C & S deficiency
  - Prothrombin Gene Mutation 20210A
  - Antithrombin III

  If positive at birth: Repeat
  If positive at birth: Repeat
  If positive: Factor V Leiden Mutation
  If positive: MTHFR3 Gene Mutation

**NB:** Additional thrombophilia tests may be performed at birth where the above specific conditions e.g. fetal growth restriction are known. MTHFR mutation testing should be performed when the following fetal anomalies are identified – cleft lip/palate, neural tube defects or congenital cardiac defects.

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Title: 5.13.1 Intrapartum management of a woman with FDIU >20 weeks gestation
Clinical Guidelines -Section B
King Edward Memorial Hospital for Women
Perth, Western Australia

2014 All guidelines should be read in conjunction with the Disclaimer at the beginning of this section
REFERENCES (STANDARDS)


National Standards – 1- Care provided by the clinical workforce is guided by current best practice
Legislation - Nil
Related Policies - Nil
Other related documents – Clinical guidelines Section 5 Intrapartum care

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Access the current version from the WNHS website.