

1. Introduction and Who Guideline applies to

This guideline is for registered Midwives and Medical Staff employed by UHL who are involved in the completion of the following certificates:

- Medical Cause of Stillbirth
- Medical Certificate of Cause of Death of Live-Born Child Dying Within the First Twenty-Eight Days of Life (“Neonatal Death Certificate”)

Legal Liability (standard UHL statement):

Guidelines issued and approved by the Trust are considered to represent best practice. Staff may only exceptionally depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible health professional' it is fully appropriate and justifiable – such decision to be fully recorded in the patient’s notes.

Related UHL documents:

- [Policy and Procedures for the Urgent Certification and Release of the Deceased outside Normal Hours](#) – Trust ref: B12/2013
- [Last Offices Care of the Deceased Patient Policy](#) – Trust ref: B28/2010
- [Medical Examiners UHL Policy](#) – Trust ref: B49/2017

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What's new:

- Medical examiners UHL policy added in.
- Hyperlinks added.
- The Coronavirus Act March 2020 added in.
- Informing the Coroner's office section removed and replaced with the UHL medical examiner and referrals to the coroner section.
- Coroner's referral form removed from appendices.
- Release of the stillborn baby appendix removed.

2. Guideline Standards and Procedures

Classifications and certificates:

Classification	Detail	Certificate /Form	Responsibility
Non-viable fetus	Fetus below 24 weeks with NO signs of life	UHL Hospital / Private Non-Viable Fetal Burial Form	Midwife or Medical staff
Stillborn baby	Baby of 24 weeks and over with NO signs of life	Medical Cause of Stillbirth Certificate	Midwife or Medical staff
Neonatal death	Baby of ANY gestation with signs of life before death before 28 days of age	Medical Certificate of Cause of Death of Live-Born Child Dying Within the First Twenty-Eight Days of Life (Neonatal Death Certificate)	Medical staff

Access to Certificates:

Both Stillbirth and Neonatal Death Certificates are available on Labour Ward. As Crown documents the access to them is restricted and they are locked away:

- LGH: Locked in the designated cupboard on Labour ward
- LRI: Locked in the designated cupboard on Labour Ward

Who can complete Certificates:

Medical Cause of Death Certificates are completed within the Maternity Unit at the time of the event, rather than the next day via the Bereavement Services office as for all other deaths within UHL, to minimise the distress to the family and facilitate quick release of the deceased baby from the mortuary when requested.

Midwives and doctors are allowed by law to provide a Stillbirth Certificate but only registered doctors are allowed to provide a Neonatal Death Certificate. **The doctor completing the neonatal death certificate must have seen the baby when it was alive.** ([The Coronavirus Act of March 2020](#), if still

in place, provides exceptions to this requirement. Seek the advice of the UHL Medical Examiner if no doctor has seen the baby during its life).

Consequences of incomplete or incorrect Certificates:

Inadequate completion of these forms can be deeply distressing for parents, and significantly delay the registration of the stillbirth / death. Parents may have to return to the hospital if the certificate has to be re-issued and in some cases the Coroner may be consulted by the Registrar of Births and Deaths' team and take responsibility for the case by opening an inquest. The pathway for management of incorrect or incomplete certificates can be found in [Appendix 1](#).

Medical Cause of Stillbirth Certificate:

- The midwife or doctor certifying a stillbirth MUST have seen the baby prior to doing so.

An example of a correctly completed certificate is available in the locked cupboard containing the certificates at both LRI & LGH. Copies can also be found in the Drs office and bereavement room on delivery suite LRI, Drs office and Euroking office on labour ward LGH.

- When completing the certificate all entries must be neat and legible and in print rather than cursive writing. **The counterfoil must also be completed.**
- When considering cause of death it is important to ensure that the mode of death is not simply stated eg intrauterine death. Also there should be no “?” in the causes eg “?congenital heart disease”.
- At the bottom of the form, the signature should be accompanied by the surname in capital letters and the GMC number or NMC pin number. The address should be that of LGHMU or LRIMU and the name of the consultant in charge of the care of the mother should be entered in print at the relevant point.

Medical Certificate of Cause of Death of Live-Born Child Dying Within the First Twenty-Eight Days of Life (“Neonatal Death Certificate”):

- The only Neonatal Deaths being certified by obstetric staff will be early deaths on Labour Ward, usually those which are judged pre-viable but which shows signs of life.
- Current law states that any baby born with signs of life, irrespective of gestation, should be registered as a livebirth. Guidance on what constitutes signs of life has been published and is included in this guideline in [Appendix 2](#).
- The person completing the Neonatal Death certificate MUST have seen the baby alive. It is also good practice to have seen the baby after death. The [Coronavirus Act of March 2020](#), if still in place, permits the death certificate to be completed by a medical practitioner who has not seen the baby alive. You should seek guidance from the UHL Medical Examiner before doing so.
- If the baby is NOT seen by a registered doctor before death, advice must be sought from the Coroner’s Office (via the UHL Medical Examiner on ext 17846 or 17742) to ascertain how death is to be certified.
- Medical staff who have seen the baby alive and are in a position to issue a “Medical Certificate of Cause of death of a Live-Born Child Dying within the First Twenty-eight Days of Life” must contact the UHL Medical Examiner to discuss the death, and complete the certificate.

Completing the certificate

- ALL areas of the certificate must be completed fully.
- You MUST enter that you saw the baby alive.
- All entries must be in print and be neat and legible.
- Causes and contributions to death should have no “?” e.g. Cause “extreme prematurity”, contributory cause “infection”.
- You should ensure that you are clear whether a PM is being performed and enter that information in the relevant section. This will be looked at by the Registrar team.
- The declaration at the bottom should be signed and surname printed beside it and GMC number. Registered medical qualifications should be entered accurately and legibly.
- An example of a correctly completed certificate is available at the beginning of the book of certificates.

The UHL Medical Examiner and referrals to the Coroner

All deaths at UHL should be discussed with the Medical Examiner (this does not apply to stillbirths). They can be contacted on **17846** or **17742** in working hours. After discussion with the Medical Examiner, if agreed, the Neonatal Death Certificate can be completed. Contact with the Medical Examiner should normally be made during working hours, and can be done at the end of a night shift if required.

If a certificate is required out of hours (e.g. for urgent release of a body during a weekend) then the duty Medical Examiner can be contacted by the on call manager.

The Medical Examiner may advise referral to the coroner. The general principles of indications for coroner’s referral are outlined in [Appendix 3](#). On delivery suite, the commonest indication for coroner’s referral would be if a baby has never been seen alive by a doctor, if a termination of pregnancy results in a live birth and neonatal death, if there is doubt about whether a baby was alive at birth or not (after consultation of the ‘Signs of Life Guidance’ in [Appendix 2](#)), and if a cause of death is not able to be proposed. Coroner’s referrals are made using an online ‘portal’ and the Medical Examiner’s office can advise on how to make this referral.

Note that if the death of the baby is referred to the coroner, the baby needs to be transferred to the mortuary at the earliest opportunity. There is further guidance in [Appendix 4](#), and the mortuary should be consulted if any delay in the transfer is anticipated or requested.

Advice and support

If at any time a staff member is unclear about any part of certificate completion they should seek advice from a Consultant, Core Midwife, Bereavement Midwife or Medical Examiner (ext 17846 or 17742). This may ensure the certificate is accepted without any problem and allow parents to register their child without difficulty.

3. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements

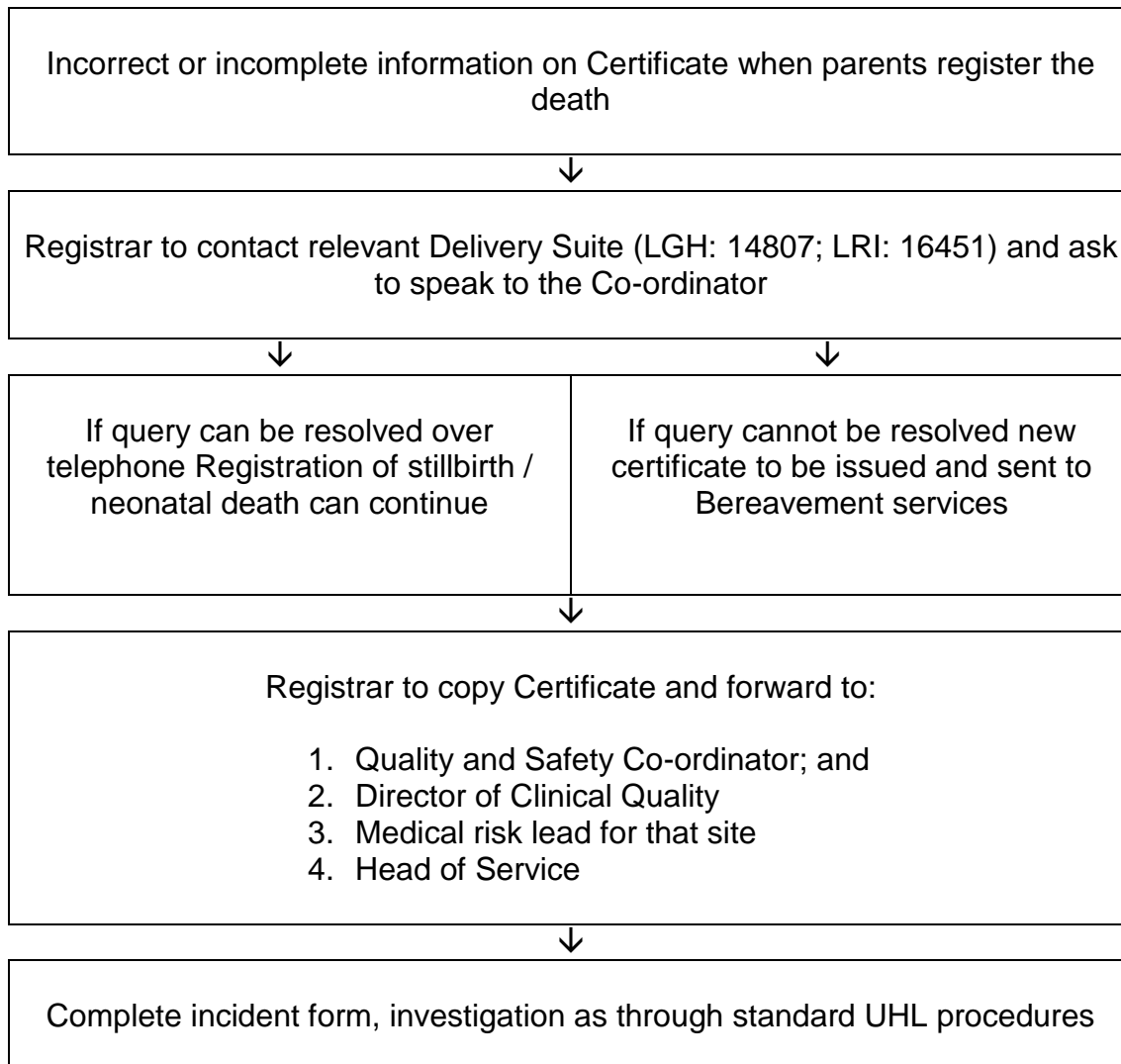
5. Key Words

Stillbirth, Neonatal Death, Coroner, Maternity, certificate, medical examiner

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
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Approved by:	Guidelines Group and Maternity Service Governance Group		Date Approved: 11.03.14 1.06.15 and 15.06.15 19.07.17
REVIEW RECORD			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
March 2014	V2	P McParland	General Update and insertion of Coroners form
June 2015		P McParland and J Dickens	New Coroners form inserted
October 2016	V2	L Taylor	Process for release of the stillborn baby added as it has now been removed from the UHL Policy.
August 2017	V2	P McParland and J Dickens	New guidance from Coroner on notification of deaths under 18 years of age. Insertion of list of notifiable cases
October 2017	V2	P McParland and J Dickens	New information on Neonatal deaths reported to Coroner
May 2021	V3	P McParland	Medical examiners UHL policy added in. Hyperlinks added. The Coronavirus Act March 2020 added in. Informing the Coroner's office section removed and replaced with the UHL medical examiner and referrals to the coroner section. Coroner's referral form removed from appendices. Release of the stillborn baby appendix removed.
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12.03.14	All Midwives and Obstetricians	Maternity	
7.15	All Midwives and Obstetricians	Maternity	
October 2016	All Midwives and Obstetricians	Maternity	
August 2017	All Midwives and Obstetricians	Maternity	
October 2017	All Midwives, Obstetricians and Neonatologists	Maternity	

Appendix 1 - Pathway for Management of Incorrect or Incomplete Certificates:



Appendix 2

<https://timms.le.ac.uk/signs-of-life/resources/signs-of-life-guidance-v1.0.pdf>

<https://timms.le.ac.uk/signs-of-life/guidance-visual-summary.html>

<https://timms.le.ac.uk/signs-of-life/resources/signs-of-life-guidance-plain-english-summary-v1.0.pdf>

Appendix 3 - Reporting Deaths to H M Coroner

A Doctor who has reason to suspect that a notifiable death has occurred must notify the relevant Senior Coroner orally or in writing as soon as practicable.

Notifiable deaths are:

- Identification of deceased unknown or Cause of Death not known
- Death due to trauma, violence, suspicious circumstances
- Not attended by a Doctor within the last 14 days or during the last illness
- The deceased was in custody (*state detention/ detained under the mental health act DOLS order in place*)
- Poisoning (*this includes alcohol poisoning*)
- Controlled Drugs (*taken either in addiction suicide or accidentally*)
- Medicinal products (*including medication taken in therapy, addiction suicide or accidentally*)
- Medical treatment or procedure (*whether invasive or not with in the last 12 months. This does not include central lines*)
- Self Harm
- Neglect
- Employment (*industrial injury, occupation related disease*)
- Notifiable diseases

Appendix 4 - Neonatal deaths referred to the Coroner

- You do not need to complete a post-mortem consent form for Coroner's post mortem. If the Coroner wishes a post mortem to occur, then she will arrange it. The family are not able to withhold consent. (She does not arrange post mortem for all Coroners' cases. If the baby is pre-viable and we are certain of the cause of death she has in the past used her discretion to issue the death certificate without PM).
- To increase the viability of diagnostic samples that may be taken as part of the examination, the baby should go to the mortuary within a reasonable timescale. The baby should be transferred to the mortuary within 12 hours of death where possible. Parents who wish to spend more time with their baby prior to transfer to the mortuary will require sensitive and informative counselling regarding the reasons why the baby must be in the mortuary by 24 hours after death at the very latest.
- Whilst on delivery suite the baby should remain on the cold CuddleCot™, and it should be sensitively explained to parents why the baby should not be removed from the cold CuddleCot™ for more than a few minutes at a time.
- Parents can be reassured that they will be able to spend time with baby after post mortem examination. Once the baby has gone to the mortuary the Coroners permission must be sought before parents to spend time with baby.
- Ask Mortuary staff to contact the Coroner if the family requests to spend time with baby. The Mortuary can contact the Coroner in normal office hours.