

SIGNS OF LIFE AT BIRTH UNDER 24 WEEKS' GESTATION - Clinical Guideline

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1. Introduction

There is potential for inconsistencies in the reporting of live births and deaths of babies under 24 weeks of pregnancy, and little guidance on identifying signs of life in extremely premature babies.

The Coroner's Jurisdiction Guidance NO.45 point 5 states

" A child who is born showing signs of life, whether prior to 24th week of pregnancy. Has had an independent life and that child's death must be investigated if section 1 Coroners and Justice Act 2009 is engaged. This is even so where the mother's pregnancy was intentionally terminated."

2. Purpose and Outcomes

The purpose of this guideline is to provide clear guidance to all staff about what constitutes signs of life, who are responsible for identifying them and the necessary actions. The guidance will support health care professionals in the assessment and documentation when an extremely premature baby is born showing signs of life. The guideline is an adaptation of the MBRRACE-UK National Guidance (MBRRACE, 2020) to make it trust specific.

3. Scope

This guideline is for use by Health Care Professional within the hospital, including Obstetricians, Gynecologists, Pediatricians, Midwives, Nurses and health care professionals working within Accident and Emergency

It is to be used for the assessment of babies who show signs of life prior to 24 weeks gestation and includes:

- Babies born spontaneously before 22+0 weeks.
- Babies born spontaneously at 22+0-23+6 where parents have agreed that active resuscitation is not appropriate. (BAPM 2020)
- Following a medical termination of pregnancy without fetocide.

The scope **does not** include:

- Spontaneous births of unknown gestation
- Spontaneous births 22+0-23+6 where active resuscitation is planned or there hasn't been time for counseling of the parents.
- Termination of pregnancy where fetocide has been recommended but declined.

4. Abbreviations

- BAPM - British Association of Perinatal Medicine
- PM - Post Mortem

5. Key Responsibilities and Duties.

If a baby is born showing signs of life within Maternity.

- It is the Midwife's responsibility to inform the Obstetrician immediately.
- A doctor must attend, (usually the attending obstetrician but can be neonatal team if more appropriate) to observe and document the signs of life.
- The doctor must assess the baby after death and is then responsible for contacting the Coroner to discuss the case and confirm a death certificate being issued for extreme prematurity. (Often this is just a formality but documentation in the notes is required to confirm the Coroner's agreement)
- The doctor who witnessed the signs of life must complete the Death Certificate at the earliest opportunity (must be within 3 working days)

If a baby is born showing signs of life on the Gynaecology Ward.

- It is the Nurses responsibility to inform the gynaecology doctor of the birth immediately.
- The gynaecology doctor must attend the ward immediately, observe and document signs of life.
- The gynaecology doctor must assess the baby after death and is responsible for contacting the Coroner to discuss the case and confirm a death certificate can be issued for extreme prematurity.
- The gynaecology doctor who witnessed the signs of life must complete the Death Certificate at the earliest opportunity (must be within 3 working days)
- Death certificates will be kept on Labour Ward

If a baby is born anywhere else in the hospital or born at home and brought into hospital alive

- It is the responsibility of a Paediatrician to attend to make an assessment and confirm gestation, they should be called urgently when baby arrives in A&E
- The Paediatrician must confirm the gestation and initiate treatment if indicated. If the baby is identified to be less than 22 weeks' gestation resuscitation will not be continued if already initiated.
- The attending Paediatrician is responsible for documenting the signs of life.
- The attending Paediatrician is responsible for coordinating the transfer of the baby to the labour ward.
- If the Paediatrician is not present at the time of the baby passing, an Obstetrician must assess the baby when the Midwife believes that the baby has passed away.
- The Midwife is responsible for contacting the Paediatrician to inform them of the baby's death.
- The Paediatrician is then responsible for contacting the coroner to discuss the case to confirm they agree that 'extreme prematurity' is the cause of death and coroner's input is not required.
- It is the legal responsibility of the Doctor who witnessed the signs of life to complete the Death Certificate.
- The death Certificate must be completed within three working days.

If a baby is born alive at home and passes away before arriving at the hospital

- If brought in by Paramedics, clear written documentation of the signs of life must be obtained, with dates and timings.
- If brought in by the Parents, a Nurse, Midwife or Doctor must obtain a clear and as much as possible concise account of the delivery and the events surrounding it. They must also gain a concise description of the signs of life.
- If the baby is brought into A&E the baby must be assessed for gestation by a Paediatrician.
- If the baby is brought into the Labour Ward, the baby must be assessed by an Obstetrician, and the gestation confirmed by reviewing the notes. If the gestation is unknown a second opinion must be sought by a neonatologist.
- The baby's death will then need an official referral to the coroner.

If a baby is born alive in the hospital and passes away prior to a Doctor witnessing the signs of life

- It is the responsibility of the Nurse or Midwife to document all signs of life witnessed. The documentation must include the length of time the signs were witnessed for.
- The Nurse/Midwife must inform the Gynaecologist/Obstetrician/Neonatologist on the shift that signs of life were witnessed
- Following the baby's death, the Nurse/Midwife and attending Doctor should sensitively discuss the signs of life witnessed and using the guide below the Doctor and Nurse/Midwife must decide if signs of life were present
- The discussion should include the parents if they wish to be involved
- Careful consideration should be paid to parents thoughts and feelings as decisions will affect the family
- If after discussion the Nurse/Midwife, parents and Doctor agree that the baby was born alive, the Doctor is then responsible for contacting the coroner to discuss the case.
- Parents should be made aware that the Coroner may want to review the case further and there may be a delay with issuing a death certificate.
- When contacting the Coroner's office, give details of the gestation of the baby, the issues that led to the pre-term delivery, the signs of life witnessed by the Midwife and the parents wishes.
- In the majority of cases, the Coroner will authorise the hospital to issue the death certificate under the case of 'extreme prematurity'
- It is the responsibility of the Doctor who made the referral to the Coroner to complete the death certification if authorised by the Coroner.
- The death certificate must be completed within three working days
- If the Midwife/Nurse and Doctor are unable to come to an agreement, refer the case to the Coroner.

6. Signs of Life

Evident signs of life would include one or more of the following, sustained for longer than a minute after birth:

- Easily visible heartbeat seen through the chest wall
- Visible pulsation of the cord after it has been clamped
- Breathing, crying or sustained gasps
- Definite movement of the arms and legs

It is not necessary to listen for a heartbeat with a stethoscope or palpate the umbilical cord.

Some babies who have died a few minutes before birth may show some brief reflex movements after birth. The fleeting reflex activities include transient gasps; brief visible pulsation of the chest wall or brief twitches or involuntary muscle movement.

If these reflex movements are witnessed only within the first minute of birth these do not constitute signs of life. In such a case the birth and death are not registered.

If the reflex movements last for over a minute treat as above and escalate to the Obstetrician/Gynecologist/Neonatologist to make an assessment for signs of life.

7. **Discussion**

Spontaneous preterm birth is a distressing time for parents; they are likely to be upset, anxious and confused.

When time allows before birth, a Midwife or Obstetrician should counsel parents clearly about potential signs of life and have a conversation about the intended plan of care. The parents' wishes for end-of-life care must be considered, and discussions documented. Paying careful consideration to the parent's initial wishes to whether they wish to see and hold their baby straight away at birth.

Even where there is little time for in depth discussion prior to birth, a sensitive and compassionate brief explanation of the key points below may help to avoid added stress and misunderstanding:

- Babies born before 24 weeks before gestation are small, their lungs and other organs are not developed enough for them to live after they are born.
- Often, they do not survive the birth process. If they do, their overall survival chances are low.
 - 22/40 3:10 babies survive, 1:3 has severe disability
 - 23/40 4:10 babies survive, 1:4 has severe disability
 - 24/40 6:10 babies survive, 1:7 has a severe disability
(British Association of Perinatal Medicine, 2019)
- Some babies may survive birth and show signs of life such as an easily visible heartbeat, breathing or sustained gasps, or definite movement of their limbs. The length of time a baby will show these signs is hard to predict and may be only a few minutes but can occasionally be up to a few hours.
- If the baby is born showing signs of life a doctor will be asked to attend to confirm these signs. It is important that if this happens, the parents are aware the doctor is only attending to confirm life. They will be unable to provide any resuscitation support. Unless discussed prior to birth as discussed in the Extreme Preterm Birth guidance as per the BAPM framework
- Encourage parents to provide comfort care if they feel able to.
- Following birth, it is also important to include parents' observations in discussions about the presence of signs of life.

In cases where a baby is unexpectedly born alive this needs to be handled with sensitivity and compassion. Regardless of gestation, if a baby is born showing signs of life it is a legal requirement for the death to be registered.

Consideration needs to be paid to the words that we use. Be led by the language that the parents use. The terms 'Fetus' and 'Miscarriage' can cause great distress, especially in cases where a baby has been born alive. Changing those words to 'baby' and 'delivered' or 'birthed' may be more appropriate.

8. **Documentation**

- Once the Doctor has witnessed the signs of life, they must clearly document these signs in the notes. This documentation must include the date, time and a legible name and signature.
- The parent's views on their baby's condition at birth must be considered and can be documented by the midwife / nurse whilst support and care is being provided.
- The midwife / nurse must sensitively and unobtrusively periodically observe the baby. When the visual signs have ceased, they must document this and ask a doctor to attend and confirm the time of death.

- This also needs to be carried out in a compassionate, non-intrusive manner. When communicating with the parents, it is acceptable to use the words 'I'm sorry' and to also use the baby's name if the parents have chosen one.
- Document the date and time of death with a clear legible name and signature in the notes.

Following confirmation of the death

- Discuss with or complete an official referral to the Coroner's Office- For normal office hours call 01629 535051 (Derbyshire) 01785 276128 (Staffordshire)
- The Coroner's officer will provide advice re referral. The death may need to be officially referred to the Coroner
- For official referrals on online referral will need to be made, the Bereavement Office will be able to assist with accessing the portal
- The Coroner usually review the case within 24 hours and replies to the referrer. They will issue a form 100A if the hospital can issue the Medical Certificate of Cause of Death (MCCD)
- If the Coroner requests a Post Mortem (PM), the baby will need to be transferred to the mortuary as soon as possible. However, if the baby is with the parent's on Labour Ward discuss with Coroner's office as they may be able to delay collection of baby to allow the parent's some time. This is dependent on the circumstances so discussion will be needed.
- Ensure memory making opportunities are offered and supported
- Provide the parents with all relevant paperwork as per Neonatal Death Checklist
- If the Coroner does not request official referral the Death Certificate should be completed by the Doctor confirming signs of life at the earliest opportunity, must be within three working days
- If the parents wish for their baby to be cremated a Cremation Form 4 will need to be completed by the Doctor
- On some occasions parents may require a quick burial for religious reasons. This means the death certificate is required on the same day as the death in order to facilitate early registration. In these instances, the same process of contacting the coroner's office is still required. Parents should be made aware of this requirement in a sensitive manner

Support and Communication with Parents

- *"Effective communication can reduce the impact of trauma on parents, both in the short and longer term. Parents are likely to need small pieces of information repeated more than once before, during and after birth"* (MBRRACE-UK, 2019).
- Parents may struggle to retain all the information that has been discussed with them so it is important they are given the opportunity to ask questions and receive a debrief of events prior to leaving the hospital.

9. Monitoring Compliance and Effectiveness

As per agreed business unit audit forward programme

10. References

British Association of Perinatal Medicine, (2019), Perinatal Management of Extreme Preterm Birth before 27 weeks of gestation, A framework for Practice. Available from: [https://hubble-live-assets.s3.amazonaws.com/bapm/file_asset/file/30/Extreme Preterm 28-11-19 FINAL.pdf](https://hubble-live-assets.s3.amazonaws.com/bapm/file_asset/file/30/Extreme_Preterm_28-11-19_FINAL.pdf)

MBRRACE-UK, (2019), National clinical guidance for the determination of signs of life following spontaneous birth before 24+0 weeks of gestation where, following discussion with the parents, active survival-focused care is not appropriate. Available from: <https://timms.le.ac.uk/signs-of-life/resources/signs-of-life-guidance-v1.0.pdf>

Gynaecology Ward- Key Responsibilities

1. Nurse caring for patient to inform the Gynaecology Doctor of the birth immediately if signs of life present.
2. Gynaecologist must attend the ward immediately, observe and document signs of life.
3. Gynaecologist must assess baby after death and is responsible for contacting the Coroner to discuss the case and confirm whether a death certificate can be issued for extreme prematurity.
4. The doctor who witnessed the signs of life must complete the Death Certificate at the earliest opportunity (must be within 3 working days)
5. Death Certificates will be kept on Labour Ward

When Baby is alive on arrival to hospital

6. Paediatrician to attend to make assessment and confirm gestation. They should be called urgently on arrival to the Emergency Department.
7. Gestation must be confirmed by the Paediatrician. If the baby is identified to be less than 22 weeks' gestation resuscitation will not be continued.
8. The attending Paediatrician is responsible for documenting signs of life
9. Paediatrician is responsible for coordinating the transfer of baby to Labour Ward
10. If the Paediatrician is not present at the time of the baby passing, an Obstetrician must assess the baby when the Midwife believes the baby has passed away.
11. The Midwife is responsible for contacting the Paediatrician to inform them of the baby's death.
12. The Paediatrician is the responsible for contacting the Coroner to discuss the case to confirm they agree that 'extreme prematurity' is the cause of death and the coroner's input is not required
13. It is the legal responsibility of the doctor who witnessed the signs of the life to complete the Death Certificate (within 3 working days)

When baby is born alive but passes away before arrival to hospital

1. If baby brought to hospital by Paramedics, clear written documentation of signs of life need to be obtained with dates and times.
2. If baby brought in by parents, a Nurse, Midwife or Doctor must obtain a clear and concise account of the delivery and events surrounding. They must obtain a concise description of signs of life.
3. If baby is brought to the Emergency Department they must be assessed by a Paediatrician to confirm gestation.
4. If the baby is brought to Labour Ward, the baby must be assessed by an Obstetrician and the gestation confirmed by reviewing notes. If the gestation is unknown a second opinion must be sought by a neonatologist.
5. The baby's death will need an official referral to the coroner.

Baby born alive and passes before a Doctor witnesses signs of life

1. Nurse or Midwife to document any signs of life witnessed. The documentation must include the length of time the signs were witnessed for.
2. Gynaecologist/Obstetrician/Neonatologist on the shift must be informed of the signs of life witnessed.
3. Following the baby's death the team should sensitively discuss the signs of life using this guideline and determine if the signs of life were present.
4. The discussion should include the parents if they wish to be involved with careful consideration of their thoughts and feelings as decisions will affect the family
5. If after discussion the team agree baby was born with signs of life it is the doctor's responsibility to discuss with the Coroner.
6. Parents should be made aware that the Coroner may want to review the case further and there may be a delay with issuing a death certificate.
7. When contacting the Coroner's office, give details of the gestation of the baby, the issues that led to the pre-term delivery, the signs of life witnessed by the Midwife and the parents wishes.
8. In the majority of cases, the Coroner will authorise the hospital to issue the death certificate under the case of 'extreme prematurity'
9. It is the responsibility of the Doctor who made the referral to the Coroner to complete the death certification if authorised by the Coroner (within three working days)
10. If the Midwife/Nurse and Doctor are unable to come to an agreement, refer the case to the Coroner.

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Training and Dissemination: Cascaded electronically through lead sisters/midwives/doctors via NHS.net, Published on Intranet, Article in Business unit newsletter;				
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