

**Transcript of Breaking the News of Intrauterine Death Video Script**

For most, pregnancy is a time of excitement, expectation and joy. However, around 1 in 200 women will experience stillbirth, usually diagnosed in utero.

Breaking the news of an intrauterine death is one of the saddest, most challenging parts of the job. It can affect not only the patient but also the doctor. Like anything breaking bad news becomes better with experience - but it is never easy.

It's incredibly important for parents that you have prepared for this moment. Of course, you can't change the outcome. However, there are steps you can take to ensure that this traumatic event is handled without causing confusion or unnecessary distress.

1. Prepare yourself
2. Prepare the patient
3. Perform the scan
4. Give the news
5. Plan for next steps
6. Review and reflect

Take a moment to prepare yourself. Focus your mind. Clear your agenda. Leave your bleep with someone. This is now about these parents and their baby.

If you can, bring another member of the team to support you, and have a plan of who to call to confirm the scan findings. If possible, ensure that the woman has someone there to support her too.

Look through the patient's notes and take in any significant admissions so far. Look at her risk factors. Make sure you remember her name and her partner's name. Little things like this matter a lot.

The patient will already have been examined by a midwife. She will know that something is wrong and will be very anxious. Take a brief history now. You probably won't be able to get clear information after the scan, so use this opportunity to build trust, and establish that the woman is not acutely unwell.

Now, clearly and simply, state to the woman why you are doing the scan. 'The reason for scanning you is to see if the baby's heart is beating as the midwife has not been able to hear it. I may be quiet during the scan but please bear with me as I am concentrating. This may take several minutes and can feel like a long time. I will tell you what I have found after the scan but I may ask for a second person to confirm any diagnosis'. You are preparing them for the news that is probably coming.

Take your time, it can be difficult to locate the fetal heart if the patient is obese or there is scar tissue. Colour doppler can make the view clearer. Keep scanning for as long as you need to be sure.

This can feel like a very long time.

Give the news. Be direct, and clear. 'I'm so sorry your baby has died.' Allow time for this to register before you say anything else.

Her worst fears have come true. Express sympathy but avoid false statements such as implying you know how she is feeling. Do not rush into long explanations at this stage. Rather deal with questions or statements from her as they emerge. Counter any feelings of blame with reassurance that she is not at fault. Seek the second scan confirmation swiftly, if needed.

Give the parents the option of some time on their own. Tell them that you plan to come back in 5 minutes, to explain all the options. Some women do not wish to be left alone and would prefer you to stay as support. Let her decide.

Explain the choices available to the woman and let her know that you will be working in partnership and that she will not be alone.

Many women will initially say they can't face labour. For most a vaginal delivery is safe and recommended and many will choose this after you have taken the time to reassure her and go through the processes in detail including pain relief options. Your role is to give the woman the knowledge that she needs to make the choice that's right for her, to enable her to feel like she has gained some control over decisions regarding her birth plan. Explain the pros and cons of each option bearing her safety and wellbeing in mind. If she is clinically well, no decision has to be made immediately.

Create a plan based on her wishes. Give contact numbers, dates for next steps and details of the Stillbirth and Neonatal Death charity. Again, emphasise that her baby's death isn't her fault. Tell her that investigations will be offered to help understand more of what happened and that if she wishes, these could include a post mortem.

After the consultation you might find it difficult to carry on with what could be a busy shift. You may immediately face parents experiencing the joy of a new born baby.

Often there is little time to debrief but ask the colleague who was with you how they thought the interaction went. It is normal to think about the case for a long time after.

Doctors are sometimes poor at debriefing together and offering support. It is important to talk to others who have been through a similar experience and not go home feeling isolated and alone. A simple cup of tea or a 5 minute chat at the end of a shift can often help. Look after your patients. Look after yourself. Look after each other.

The film was produced in March 2016 and can be found at [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk) or <https://vimeo.com/194018241>

For more information visit [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk) or contact [supportarounddeath@nes.scot.nhs.uk](mailto:supportarounddeath@nes.scot.nhs.uk)