# IDENTIFICATION OF POSSIBLE INTRAUTERINE FETAL DEMISE

## DEFINITION
Fetal death at ≥ 20 weeks of gestation occurs in 1 in 160 of US pregnancies. The management of women diagnosed with IUFD is beyond the scope of this protocol, but making the diagnosis, and counseling the patient (and her partner) about options is covered in this protocol. Some authorities have called for fetal demise to be diagnosed as early as 16 weeks gestation. Stillbirths are estimated to occur in 3 to 4 million births worldwide each year. In the US the number of stillbirths is equivalent to the number of infant death and its rate is higher than many other developed countries. There are significant racial disparities in the US, with Caucasian women having a 1/200 chance, but African American have a 1/87 chance of stillbirth.

## SUBJECTIVE
Must include gestational age ≥ 20 weeks or EFW 350 g

May include:
1. Loss of fetal movement (obtain date of last movement)
2. Risk factors:
   a. Prior IUFD, preterm delivery, C-section or SGA delivery.
   b. African American race.
   c. Maternal disease: obesity, diabetes, untreated thyroid disease, hypertension, SLE, connective tissue disease antiphospholipid antibodies, alloimmunization (antibody positive).
   d. Advanced maternal age.
   e. Maternal congenital abnormalities of reproductive tract (eg uterine septum).
   f. Infection with parvovirus B19, syphilis, listeria, streptococcus, CMV, or other TORCH infections.
   g. Maternal tobacco addiction, alcohol or recreational drug use.
   h. Pregnancy complications: IUGR, postterm pregnancy, multiple gestation.
   i. Placental or umbilical cord abnormalities.
   j. Amniotic fluid abnormalities (polyhydramnios, oligohydramnios).
   k. Trauma.
3. Rupture of membranes.
4. Uterine contractions.
5. Complaint of fevers, chills, foul smelling discharge.
6. Vaginal bleeding.

## OBJECTIVE
Must include:
1. Absence of fetal heart tones at appropriate gestational age.
2. No fetal movement palpated.

## LABORATORY
No cardiac motion seen on ultrasound, if available.

## ASSESSMENT
Suspected/diagnosed intrauterine fetal demise.

## PLAN
1. If there is ultrasound confirmation of fetal demise:
   a. Refer patient to MD in facility which can induce labor.
   b. If possible, estimate date of demise by ultrasound or date loss of fetal movement. If third trimester loss, maternal coagulopathy may develop 4-6 weeks after demise. Draw baseline PT/PTT.
2. If signs of labor, rupture of membranes, infection or maternal complications, refer to ER promptly.
3. If there is any question of fetal viability, refer for ultrasound evaluation as soon as possible.
4. Provide copies of prenatal records for patient to take with her to next provider.
5. Provide compassionate counseling. Note any suicidal ideation and arrange appropriate care immediately.
**PATIENT EDUCATION**

1. Advise patient (and partner) of cause of demise only if clearly known. Assure them that more information may be available after delivery, but in about one in third of cases no cause is identified.

2. If woman is otherwise healthy and there are no other complications, counsel her that there is no rush to deliver her fetus. She can take some time to rally support from her family and friends. However, if she is going to have tests done to learn more about the cause of the fetal death, those tests should be done fairly soon.

3. Ask the woman if she has picked a name for her baby. Urge her to make plans after delivery for any religious or burial services she might want to have conducted. Have her share preferences/plans with her obstetrician. Let her know that it is likely that a death certificate will be issued for her baby after delivery.

4. If she asks about the risks in future pregnancies, tell her it depends upon her risk factors and the cause of death for this fetus, but in general the risk is low in low-risk women. Additional measures may be implemented in any subsequent pregnancies to try to reduce the chance of a recurrent loss.

**REFER to MD/ER**

Any patient requesting additional information.

All women with IUFD for delivery.

**REFERENCES**


