Alberta Health and Wellness

Perinatal Grief Management

Parent's Name(s): **Phone Number:**

Address:

Baby's Name: ❑ **Male** ❑ **Female** **Weight**

Date & Time of Birth: **Gestational age:** **Age (days, hrs, min)**

Date & Time of Death: **Other Children (Name, age)**

Type of loss: ❑ **Fetal loss <20 weeks** ❑ **SB antepartum** ❑ **SB intrapartum** ❑ **Neonatal Death**

History of previous losses: _____

DATE	CHECK TO INDICATE COMPLETION	INITIAL
	Baby seen: ❑ mother ❑ father ❑ grandparents ❑ other (specify) _____ ❑ declined Baby touched: ❑ mother ❑ father ❑ grandparents ❑ other (specify) _____ ❑ declined Baby held: ❑ mother ❑ father ❑ grandparents ❑ other (specify) _____ ❑ declined Comments: _____	
	Notification of Death Physician(s) Specify: _____ ❑ Admitting ❑ Medical	
	Support Services Social worker: ❑ Notified ❑ Visited: name _____ Clergy: ❑ Notified ❑ Visited: name _____ ❑ Naming ceremony ❑ Baptism Parent support group: ❑ Notified ❑ Visited: name _____ Genetics Counsellor: ❑ Notified ❑ Visited: name _____ ❑ Genetic testing requested and explained to parents. Other: (specify) _____	
	Memory and Keepsakes ❑ Photographs, pictures taken by _____ ❑ given to parents ❑ on file ❑ Identification bracelet ❑ given to parents ❑ on file ❑ Foot and handprints (both hands and feet) ❑ given to parents ❑ on file ❑ Lock of hair ❑ given to parents ❑ on file ❑ Crib Card ❑ given to parents ❑ on file ❑ Tape Measure ❑ given to parents ❑ on file ❑ Clothes ❑ Blanket/Quilt ❑ given to parents ❑ on file ❑ Other _____ ❑ Indicate location of file: _____	
	Funeral and Burial Arrangements ❑ Options given to parents ❑ Funeral Home contacted: Date_____ Time____ ❑ Service arranged in hospital Name of Funeral Home _____ ❑ Service out of hospital ❑ Hospital Burial ❑ Mother able to attend ❑ Other: (specify)	
	Forms (as applicable for stillbirth or neonatal death) ❑ Notice of Birth or Stillbirth ❑ Autopsy Consent ❑ Registration of Stillbirth REG 3218 ❑ Clinical Photography request ❑ Registration of Birth REG3216 ❑ Burial Permit REG 3247 ❑ Medical Certificate of Stillbirth REG 3219/Death REG 3122 ❑ Alberta Study of Perinatal and Neonatal Deaths ❑ Registration of Death REG 3260 ❑ Other: (specify)	
	Follow-up ❑ Physician Appointment: _____ ❑ Social Worker - Name _____ ❑ Support Group ❑ Public Health notified - Name _____ ❑ Other _____ ❑ Discharge Information provided	
	Special requests by parents:	

INITIAL	SIGNATURE	INITIAL	SIGNATURE

DESIGNATIONS:

Part 1: Maternal Chart
Part 2: Physician/Midwife
Part 3: Social Services/Pastoral Care
Part 4: Community Health (Local Health Unit)