Management of Intrauterine Death

**STEP 1**

**Breaking the bad news**
- Maintain dialogue with family members
- Offer counseling support

**Basic investigations**
- Urine full report
- Urine culture and anti-bacterial sensitivity test (ABST)
- Full blood count
- Random blood sugar levels
- High vaginal swab and endocervical canal swab for culture and anti-bacterial sensitivity test (ABST)
- Coagulation screen
  - Clotting time
  - Serum fibrinogen levels
  - Serum fibrinogen degradation products
  - Prothrombin time
  - Activated partial thromboplastin time
- Ultrasound scan
  - Fetal presentation and lie
  - Placental localization
  - Detection of placental abruption and the volume of the haematomas

To detect uterine pathology (Detection of fibroids and their location, to detect uterine abnormalities, to detect any other pelvic/abdominal pathology)

**Special investigations**
- Diabetes mellitus detection
  - Fasting blood sugar
  - Post-prandial blood sugar
  - Glucose tolerance test
  - Haemoglobin A1c levels
  - Fructosamine
- Syphilis screening
  - Veneral disease research laboratory test (VDRL)
  - Treponema pallidum haemagglutination test (TPHA)
- Thyroid function test
  - Thyroid stimulating hormone (TSH)
  - Free thyroxine levels (FT4, FT3)
- Urine toxicology screening
  - Blood culture and anti-bacterial sensitivity test (ABST) (in cases of maternal pyrexia or presence of signs of septicemia)

**STEP 2**

**Absolute C/I for vaginal delivery**
- Known placenta previa of a major degree
- Severe cephalo-pelvic disproportion
- Previous classical Caesarian Section
- Incipient uterine rupture - most commonly in neglected labour
- In the presence of uterine rupture
- Hand prolapse

**Relative C/I for vaginal delivery**
- Previous LSCS
- Transverse lie or shoulder presentation near term

**No C/I for vaginal delivery**

**Delivery**

**STEP 3**

- LSCS

**STEP 4**

- Careful inspection of the fetus and placenta.
- Placental cultures for suspected listeria infection (To obtain placental cultures, separate the amnion and the chorion and submit a culture specimen using Stuart medium.)
- Radiographs, if indicated
- MRI, if no autopsy
- Chromosomal analysis of the fetus and placenta.
- Counseling of parents and relations
  - Explanation of probable or definite causes or events that led to the death in utero
  - Arranging mementoes if parents wish (Photographs of fetus etc.)
  - Therapy with tranquilizers, hypnotics
  - Psychological support by medical and ward staff.
  - Referral to a Psychologists/Psychiatrists when indicated.
- Suppression of lactation – Firm breast support
  - Mild analgesics for breast tenderness and pain.
  - Bromocriptine therapy.

- Contraception as appropriate