

What is the appropriate work-up for a fetal loss?

After a stillbirth or neonatal death, proper management should include a careful perinatal and family history. A physical examination of the stillbirth should be done promptly noting any anomalies, dysmorphic features and obtaining body measurements (weight, HC and length) to rule out fetal growth restriction. A full autopsy should be offered. If declined then consider an MRI, sonogram, biopsy or X-rays for selected cases. The placenta should be sent for microscopic evaluation. Chromosomal analysis can be done on amniotic fluid, cord blood, umbilical cord proximal to the placenta or fetal tissue (skin is not recommended). Suggested laboratory studies to be done as soon as possible are a K-B (to rule out a fetal to maternal bleed) and toxicology screen (in cases of abruption or if drug use is suspected). Other blood work can include a CBC, Syphilis test, ACLA, Lupus anticoagulant, Parvo studies, TSH, glucose testing (if LGA), indirect Coombs, and a Thrombophilia work-up for selected cases.