

HISTORY OF SPONTANEOUS ABORTION, FETAL OR NEONATAL LOSS (321)

PARTICIPANT TYPE.....PREGNANT, BREASTFEEDING, DELIVERED WOMEN
HIGH RISK.....No

RISK DESCRIPTION:

Pregnant Women: Any history of fetal or neonatal death OR ≥ 2 spontaneous abortions

Breastfeeding Women: Most recent pregnancy was a multifetal gestation with ≥ 1 spontaneous abortion, fetal or neonatal death and ≥ 1 infants are still living.

Delivered Women: Most recent pregnancy ended with a spontaneous abortion, a fetal loss or a neonatal death

- A spontaneous abortion is the spontaneous termination of a gestation at < 20 weeks gestation or < 500 grams.
- A fetal death is the spontaneous termination of a gestation at ≥ 20 weeks.
- A neonatal death is the death of an infant within 0- 28 days of life.

Presence of spontaneous abortion, fetal or neonatal loss diagnosed by a physician as self-reported by applicant, participant, or caregiver; or as reported or documented by a physician, or someone working under physician's orders.

ASK ABOUT:

- Pregnant Women:
 - Smoking status and other substance use patterns
 - Parity
 - History of preterm delivery and low birth weight
 - Obesity-related pregnancy disorders
- Breastfeeding and Delivered Women:
 - Support services related to the grieving process
 - Complications related to multifetal gestation (if multifetal gestation)
 - Her need for and access to a quality breast pump (if breastfeeding)

NUTRITION COUNSELING/EDUCATION TOPICS:

- Previous fetal and neonatal deaths are strongly associated with preterm low birth weight and small for gestational age and the risk increases as the number of previous poor fetal outcomes goes up.
- Pregnant Women:
 - Encourage her to stop smoking, drinking and/or using other drugs.
 - Review the basics of a healthy pregnancy diet based on MyPyramid.
 - Remind her of the importance of keeping all of her prenatal appointments.
- Breastfeeding and Delivered Women:
 - If she is capable of becoming pregnant again, encourage her to consume 400 mcg of folic acid every day from a dietary supplement or a fortified breakfast cereal.
 - Advise her to delay the next pregnancy for at least 16 months until her nutrient stores have been replenished.
 - Emphasize the importance of taking care of herself, including healthy food choices, so that she can be strong and healthy to help her get through the current situation.

POSSIBLE REFERRALS:

- All Women:
 - If she is not receiving prenatal care or routine postpartum care or is not keeping her appointments, refer her to primary care providers in the community, the Optimal Pregnancy Outcome Program (OPOP) (<http://www.ndhealth.gov/opop/>), or the local public health department.
 - If she could benefit from a support group or other services for grieving families, refer to an appropriate group or program in the community.
 - If she is ready to stop using substances (tobacco, alcohol and/or other drugs), refer her to the appropriate community-based cessation program.
 - North Dakota Tobacco Quitline (<http://www.ndhealth.gov/tobacco/quitline.htm>) at 1-800-QUIT-NOW or 1-800-784-8669 (1-866-257-2971 for the hearing impaired)
 - North Dakota QuitNet at <http://www.ndhealth.gov/tobacco/quitnet.htm>.
- Breastfeeding Women:
 - If she could benefit from peer support, refer her to the peer counseling program or other community-based breastfeeding support program.
 - If she needs a breast pump, provide access to an electric pump based on WIC policies.