Standard operating procedure (SOP) · GYN-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 12.14

At a glance

- Each woman is cared for in private, with clinical care that is safe and clearly explained.
- Emotional support is offered, and the offer is recorded (GYN-FRM-003).
- Family, including the partner if the woman wishes, is included.
- Follow-up is booked before she leaves.
- Stop and get help straight away if: a woman who has lost a pregnancy is cared for without privacy or without the support offer recorded.

1. Purpose

To give safe, private and supportive care after a loss (12.14).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Miscarriage and pregnancy loss are common and can be traumatic. Care that is clinically safe, private and emotionally supportive protects the woman and her family.

5. Responsibilities

Role	Responsibility	Competence
Lead obstetrician	Owns the care pathway	Clinician
Nurse or counsellor	Gives the support and records the offer	Nurse

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Care.

- Provide clinical care in private, explaining each step.

Key point: Private and clear.

Step 2. Support.

- Offer emotional support and family involvement, and record the offer (HSP-FRM-003).

Key point: Offered and recorded.

Step 3. Follow up.

- Book the follow-up before she leaves.

Key point: Booked before leaving.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Losses with the support offer recorded	100%	Monthly	Lead obstetrician	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
GYN-FRM-003	Pregnancy loss care record	Record
HSP-FRM-003	Family support and bereavement follow-up record (existing, reused)	Record

17. Evidence

Reference	Note
E-009	Based on the WHO Managing complications in pregnancy and childbirth (2017) and ASF Expert Committee consensus.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Patient Identification, Informed Consent and Patient Rights** (T-07)
- Healthcare Ethics for ASF Accreditation (A-07)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

Download this document as PDF

Download this document as an editable Word file