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kidsks.org



INFANT DEATH REFERRAL

The KIDS Network provides statewide grief services for those who have experienced perinatal or infant death. When an **Infant Death Referral form** is received, a KIDS Network professional counselor responds with: grief materials, grief support and community resource information. Please complete the form with as much information as possible. The KIDS Network will protect the confidentiality of client information. **There is no charge for services provided by the KIDS Network.**

PLEASE Fax to 316.682.1274 or E-mail to support@kidsks.org

Infant's Name: _____ Sex: Female Male Unknown

Race: African American American Indian Asian Caucasian Hispanic Other: _____

Gestation: _____ Birth Weight: _____ Birth Date: _____ Death Date: _____ Multiple Birth

Cause of Death (if known):
 Probable _____ Final _____ Explained Unexplained

County of Death: _____ Funeral Home (if known): _____

Place of Death: Home Hospital Child Care Relative Unknown Other: _____

Infant Position at Time of Death: Back Stomach Side Unknown Other: _____

Where Infant was Found: Crib Couch Adult Bed Car Seat Unknown Other: _____

Bed sharing: Yes No Room Sharing: Yes No Smoking Environment: Yes No Breast Fed: Yes No

Blanket-free Sleep Environment: Yes No Cool/Well Ventilated Sleep Location: Yes No

Mother's Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alt Phone: _____ E-mail: _____

Father's Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alt Phone: _____ E-mail: _____

Marital Status: Single Married Partnered Widowed Separated Divorced

Other Children: Yes No Ages: _____ Previous Losses: Yes No

Recent History: _____

Name & address of child care provider (if death in childcare): _____

Referral Source (Name & Agency/Unit): _____

Date: _____ Phone: _____

Bereavement Protocol

- I. Day of referral—
 - a. Referral received and documented.
 - b. Contact with family within 24-48 hours to provide support and briefly explain services.
 - c. Provide family with 24-hour toll free phone number, website, Facebook, text.
 - d. Grief packet mailed or delivered to home based on proximity.
 - i. Sibling information included, if appropriate.
 - ii. Grandparent information provided.
 - iii. Teen parent information included, as appropriate.
 - iv. *Infant Death Survival Guide* included.
 - v. Network contact information provided.
 - vi. Spanish and individualized grief packets available, as appropriate.
 - e. Attend funeral, as appropriate.
- II. 1-3 weeks after the death—
 - a. Follow up phone call to assess needs and provide support.
 - b. Provide grief support and information.
 - c. Discuss grief packet and any questions that may arise.
 - d. Invite family to participate in FIMR maternal interview, if applicable.
 - e. Refer to individual counseling as indicated.
 - f. Offer peer support contact by phone.
 - g. Discuss support meeting, both in person and virtual, with family.
 - h. Offer to have memorial placed on KIDS Network of KS, Inc. web site and newsletter (picture, poem, etc.).
 - i. Offer to provide additional information to other family members (siblings, grandparents, aunts/uncles, etc.)
 - j. Family added to mailing list as requested.
 - k. Develop plan for continued contact.
- III. 3 weeks-3 months after the death—
 - a. Follow up phone call as indicated by family.
 - b. Provide and procure resources as requested.
 - c. Refer to county coroner or Medical Advisor for the State of Kansas as appropriate for medical questions.
 - d. Report from peer contact, if appropriate.
- IV. 3-6 months after death—
 - a. Child's name and picture placed in memorial section of quarterly newsletter.
 - b. Contact with family as indicated by family.
- V. 6-12 months after death—
 - a. Contact with family as requested by family.
 - b. Special day cards sent on date of birth and date of death.
 - c. Contact made prior to memorial candle lighting and memorial balloon release to encourage attendance.
 - d. Family maintained on mailing list for newsletter and special events.
 - e. Invite family to volunteer in Network events, as appropriate.
 - f. Support regarding subsequent pregnancies, as indicated.
- VI. Future contact as requested by family. KIDS Network services are available to families through the duration of their grief journey.