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[kidsks.org](http://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](mailto: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. Refer to individual counseling as indicated.
  - e. Offer peer support contact by phone.
  - f. Discuss support meeting, both in person and virtual, with family.
  - g. Offer to have memorial placed on KIDS Network of KS, Inc. web site and newsletter (picture, poem, etc.).
  - h. Offer to provide additional information to other family members (siblings, grandparents, aunts/uncles, etc.).
  - i. Family added to mailing list as requested.
  - j. 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.