

Policy for the sensitive disposal of pregnancy remains (PATH 02)

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Target Audience:

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| People who need to know about this document in detail | Clinical staff in mortuaries, maternity, gynaecology, early pregnancy units, community clinics, emergency departments, theatres, facilities, hospital chaplains |
| People who need to have a broad understanding of this document | Clinical managers |
| People who need to know that this document exists | All staff involved in the development of Health Board Policies. |

Integrated Impact Assessment:

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| Equality Impact Assessment Date & Outcome | Date: 12/1/11 Outcome: approved |
| Welsh Language Standard | No |
| Date of approval by Equality Team: | |
| Aligns to the following Wellbeing of Future Generation Act Objective | Provide high quality, evidence based, and accessible care |



Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

COMPONENTS:

A policy must contain the following components and must also be written to include the values and behaviours of the organisation wherever relevant:

It is accepted that for Clinical Policies and or other Written Control Documents (Procedures, Guidance etc.) the policy components below may not all be relevant.

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Or visit the Policy Author Page on SharePoint:



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INTRODUCTION

1. POLICY STATEMENT

A policy is a high level overall guide, which sets the boundaries within which action will take place, and should reflect the philosophy of the organisation or department.

It provides a prescribed plan for staff to follow, which should not be deviated from. This Policy presents the overarching principles and standards for the development of localised Standard Operating Policies (SOPs).

Cwm Taf Morgannwg University Health Board ensures that all pregnancy remains of less than 24 weeks gestation resulting from all circumstances of loss of pregnancy, are disposed of in a sensitive, dignified and timely manner.

2. SCOPE OF POLICY

This policy applies to all areas of the Health Board in which an early loss of pregnancy may occur. It applies specifically to:

- Maternity, Labour and Gynaecology
- Theatres
- Bodywise clinics within the RCT & MC area
- Early Pregnancy Units
- Emergency Departments
- Pathology
- Mortuary
- Spiritual care team

Each area should develop their own Standard Operational Procedures or Care Pathways to support the implementation of this policy.

3. AIMS AND OBJECTIVES

The emphasis throughout this policy is on the woman's wishes as it relates to tissue from her body and her confidential health information. The Part A Consent form must be signed by the woman and the same healthcare professional who signed Part B. Part B certification must be completed by the midwife/nurse practitioner or medical practitioner looking after the woman (see section 6.5). These forms must accompany pregnancy remains on transfer to the Mortuary Department and Mortuary staff will check the following;

- a. The person signing the form has indicated that they have had the opportunity ask questions and thus given enough information to enable them to understand what their options are through signing the relevant section
- b. To ensure they have the right to give instruction e.g. a signature from a partner with a different surname will not be accepted. This has been stipulated by the crematoria as part of the workable agreement.

All references to 'partner' are general in its interpretation and would include same-sex/civil partner and surrogate partner.

Adherence to the principles of equality, dignity and human rights will be of paramount importance.

Information should be given in such a way that does not make assumptions about people's previous experience.

Every effort will be made to communicate in a manner appropriate to the woman, both verbally and in writing in order to meet specific communication needs (e.g. if they have a sensory loss) and language needs (e.g. if they wish to communicate in Welsh or any other language). The All Wales Standards for Accessible Communication for People with Sensory Loss and the Health Board Policy on Accessing an Interpreter would be particularly relevant.

4. RESPONSIBILITIES

This policy is applicable to all clinical staff within the scope set out in Section 2. Clinical staff have a personal responsibility for ensuring the policy is adhered to and where there are concerns these are escalated immediately to line managers for advice, both in and out of hours.

5. DEFINITIONS

The policy upholds the guidelines set out by The Royal College of Nursing, the Still birth and Neonatal Death Society (SANDS), The Human Tissue Authority (HTA) and the Institute of Cemetery & Crematorium Management (ICCM). It also complies with the Equality Act 2010.

This policy should be read in conjunction with the Cultural Toolkit which can be found on the Equality and Diversity site on Sharepoint.

6. IMPLEMENTATION/POLICY COMPLIANCE

6.1 Introduction

The limit of viability for fetal survival outside the womb is currently set at 24+0 weeks gestation (House of Commons 2007). Fetal demise within the uterus, prior to 24+0 weeks gestation, is referred to as an early loss of pregnancy and are not registered as a still birth (Still birth Act 1992).

NHS England (2014) definition of loss;

- Early loss (first trimester) – loss of pregnancy up to 13 weeks gestation
- Late loss (second trimester) – loss of pregnancy between 13 and 24 weeks gestation
- Stillbirth (third trimester) – loss at 24 weeks gestation and above

On the basis of its potential to develop into a human being, the fetus/baby is entitled to respect, according it a status broadly comparable to a living person.

Early loss of pregnancy may result in tissue relating to the loss of pregnancy that may not actually contain discernible fetal tissue. The HTA does not recognise that the tissue is any different to any other body tissue and states that no consent is required for disposal but recommends that such tissue is disposed of sensitively in accordance with the woman's wishes anyway, due to the woman's loss rather than the nature of the tissue.

Subsequently, fetal remains of less than 24 weeks gestation are referred to on the whole as 'pregnancy remains' and cannot be disposed of as clinical waste. Cwm Taf Morgannwg University Health Board has an obligation to dispose of pregnancy remains in a sensitive, dignified and ethical manner.

The policy refers solely to the care, rights and privileges of the woman. It is not intended to be disrespectful to the duty of care to the father, same sex partner or other partner if different to the father, or other family members, whether there be mutual agreement or dissent in regard to any action relating to the loss of pregnancy or subsequent arrangements. Information relating or provided to the woman may only be given to her partner with her permission.

A loss of pregnancy at any stage can affect parents and partners profoundly and sensitive and supportive care is required. It is important to recognise that the needs of individuals and the circumstances surrounding loss of pregnancy can vary widely and therefore flexibility in the application of this policy may be required (e.g. specific cultural requirements) within the parameters defined by legislation and professional guidelines.

Women should be given the same choices for disposal of pregnancy remains as for a still born child as far as possible and the options should be explained to them in a clear and sensitive manner taking account of their communication needs and any language barriers, both verbally and in writing by appropriately trained health professionals. It is acknowledged that women sometimes do not wish to be involved in the arrangements for disposal and it is important to respect their wishes. Some however return to enquire about their loss months or years later so it is important to ensure that records are kept with regards to disposal.

6.2 Principles of care

This policy is applied in all cases of early pregnancy loss including ectopic pregnancies, miscarriages, early intrauterine fetal death, molar pregnancies, pregnancy remains obtained during surgical procedures for miscarriage or termination, termination for fetal abnormality and the termination of pregnancy requested solely by the woman

Staff will be aware of this policy and the practice of sensitive disposal in Cwm Taf Morgannwg UHB and will be prepared to discuss the issues with women or couples requesting such information

Staff will be able to provide technical, procedural, emotional, cultural and spiritual support on a 24 hour basis. Nursing, Midwifery and spiritual support are available on request to any woman, partner or relative as well as professional and emotional support for any staff member involved with the care of a woman experiencing pregnancy loss.

The woman will be informed of the options available for funeral arrangements as well as the options for support offered by the spiritual care team and the options for sensitive disposal offered by Cwm Taf Morgannwg UHB.

Where possible, the woman will be fully informed about their own condition and the cause of the pregnancy loss will be explained to them taking account of communication and language needs and cultural issues.

Emotional, psychological and spiritual support (on a multicultural basis) will be made available in order to assist the grieving process of the woman or partner and immediate family.

The use of language will be sensitive to all involved and where appropriate, the term 'baby' or 'pregnancy remains' rather than 'fetus' will be used in verbal or written communication with the family unless instructed otherwise by the family.

Sensitivity should be shown towards the woman's cultural or religious background in that consideration will be given to her traditions, customs for hygiene, diet, ritual cleansing and preparation of the pregnancy remains in preparation for burial or cremation.

All pregnancy remains will be handled with respect and buried or cremated with dignity. If clinical incineration is chosen as the method of disposal this will be conducted as sensitively as possible.

Confidentiality will be respected at all times.

The needs of Cwm Taf Morgannwg University Health Board staff will be recognised through;

- Induction, training and competence
- Opportunities for counselling / debriefing
- Consultation on the review of the process defined in this policy.

6.3 Terminology

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| HTA | Human Tissue Authority – an organisation that supports public confidence by ensuring that human tissue is stored and disposed of in a dignified and legal manner. |
| HTARI | Human Tissue Authority Reportable Incident |
| DI | Designated Individual named on the HTA licence. They are the person under whose supervision the licenced activity is authorised to be carried out. |
| PD | Person Designated named on the HTA licence, supplementary to the DI in the governance framework. This person will often act at a local level to support the DI. |
| Early pregnancy loss | <p>In the context of this policy relates to pregnancy remains from a pregnancy up to 24 weeks gestation.</p> <p>NHS England (2014) definition of loss;</p> <ul style="list-style-type: none">• Early loss (first trimester) – loss of pregnancy up to 13 weeks gestation• Late loss (second trimester) – loss of pregnancy between 13 and 24 weeks gestation• Stillbirth (third trimester) – loss at 24 weeks gestation and above |
| Stillbirth | An infant of greater than 24 weeks gestation dying before or during delivery. |

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| Neonatal death | An infant dying within 28 days of delivery or when the fetus / baby had a recordable heartbeat at the time of delivery (regardless of gestational age), requiring separate entries in the medical notes of the time of delivery and the time that the heart beat ceased. |
| Fetus / fetal remains | Any fetus or fetal remains which are identifiable either visually or by histological examination. |
| Pregnancy remains | All remains and tissue resulting from an early loss of pregnancy up to 24 weeks gestation. |
| Family | Any relatives or friends that the woman may wish to involve in her loss. |
| Client | A person who experiences pregnancy loss who may not wish to be referred to as the woman who gave birth. |
| Termination of pregnancy | The induced loss of a fetus or baby for any reason. |
| Green burial | Burial of remains outside of a cemetery. |
| RGH | Royal Glamorgan Hospital |
| PCH | Prince Charles Hospital |
| POW | Princess of Wales Hospital |

6.4 Summary of procedures

All women will be kept fully informed about their pregnancy loss and the present and future consequences for their own health and for intended pregnancies. Appropriate advice and health education will be given both in discussions with the woman and in writing before leaving the hospital.

Sadness and distress is frequently experienced during early pregnancy loss and will require emotional support. Staff specifically trained and experienced to provide this must be available in the event of any discussion with the woman in regard to her emotional care and the practical options for sensitive disposal of her baby / fetus. The Spiritual Care Service offers open and non-judgemental support to all, regardless of their personal faith or belief system.

Depending on the circumstances surrounding the pregnancy loss and the gestational age, the woman may be offered the opportunity of spending time with the baby as outlined in the appropriate care pathway.

Women should be informed that sight of their baby after they leave hospital is not recommended as a consequence of post mortem changes in appearance.

It is important to note that all baby/fetus remains must be transferred to the Mortuary in the first instance even where there has been an indication from the women that they wish to make private arrangements. This ensures traceability and governance.

In cases of an emergency or elective pregnancy loss (<24wks) it is important that patients are provided with the relevant information booklet depending on their gestation. The booklets are:

a. "Practical arrangements following pregnancy loss under 16 weeks"

b. "Practical arrangements following pregnancy loss 16 – 24 weeks"

This booklet should be provided to read before any approach from clinicians to explain and seek consent using the Part A form **"Consent for respectful disposal of pregnancy loss remains under 24 weeks gestation"**. This will provide the patient with time to digest the information before informed consent is taken using the Part A form and ask questions if needed. Under NO circumstances should consent be gained before the patient is fully able to provide an informed choice. If a patient has taken medication which may mean that their judgement is impaired, consent MUST be taken once the medication effects have worn off and they can make an informed choice NOT before.

A note in the clinical record that the booklet has been provided to the patient is also important. In the uncommon event where the patient does not wish to receive the booklet or perhaps not engage with consent, that should also be noted in the clinical record.

6.4.1 Photography

Photographs may be taken for family use or for medical purposes in line with the appropriate care pathway and Health Board Policy. Photographs for family use must be taken whilst the baby is on the ward: photographs taken days after the death are not suitable for family reference.

6.4.2 Post mortem examination

When a post mortem examination is determined to be clinically desirable by the Consultant Obstetrician, the woman will be informed of the process for post mortem examination and the requirement for informed consent. Every opportunity will be provided for the woman to express her views, feelings or concerns without undue pressure to conform to the post mortem request. Cultural issues will be taken into account wherever possible.

Information relating to the post mortem process will be conveyed to the woman by trained and experienced health professionals, ideally the consultant in charge of the woman's care, senior nursing or midwifery staff. Only those staff who have attended the relevant training provided by Cardiff and Vale University Health Board can obtain consent for post mortem examination. The signatures of these individuals are held on a central database by Cardiff & Vale University Health Board for cross checking to ensure validity of consent. The process of gaining written maternal consent will be documented in the appropriate care pathway.

Post mortem examinations are carried out at the University Hospital of Wales (UHW) and pregnancy remains must be transferred to the Fetal Pathology Department at UHW with appropriate paperwork as soon as possible after delivery.

The remains must be taken to the mortuary at each site with all appropriate paperwork before transfer to UHW and must not be sent direct by any other department. The mortuary staff prepare the remains for transport and arrange transfer to UHW via a contracted funeral director in accordance with standard operating procedures.

6.4.3 Private funeral arrangements

Statutory and local regulations for burial and cremation are complex. Women wishing to conduct their own funeral arrangements will be referred to an appropriate and suitably qualified individual for assistance and information relating to the funeral arrangements and the policy for the Health boards care of the pregnancy remains, prior to their release to a contracted funeral director.

The pregnancy remains must be transported to the mortuary as per this policy with correct and complete certification. The remains will be placed in formal saline (embalmed) and then packaged in a sturdy container that is suitable to present to the funeral director. The process takes approximately three days and the mortuary staff will contact the funeral director (supplied by the woman's care team) when the remains are ready for collection.

Exceptions to the above may occur if the woman specifically requests that the remains are not to be embalmed. The remains must be transported to the mortuary as per this policy with correct and complete certification. The remains will be packaged in a sturdy container that is suitable to present to the funeral director. The process takes approximately an hour, depending on staff availability and the mortuary staff will contact the funeral director (supplied by the woman's care team) when the remains are ready for collection. In this situation, the woman and funeral director must be made aware that the remains will deteriorate rapidly and must be dealt with at the soonest opportunity.

The CTMUHB mortuary service assumes managerial responsibility for the respectful storage and preparation of pregnancy remains prior to collection by a contracted funeral director.

The mortuary service will discuss the storage and collection process with suitably trained health care professionals on the woman care team and contracted funeral directors. Under no circumstances should the woman or her family be put in direct contact with the mortuary services.

6.4.4 Women wishing to take pregnancy remains home

It is the policy of this Health Board that staff will not make an unsolicited offer to parents to take pregnancy remains home.

Women sometimes request to take pregnancy remains home to transfer to a funeral director at a later date or perform 'green burial'. 'Green burial' is used to describe the process of the woman dealing with the remains privately without the assistance of a funeral director.

If such a request is made, the consultant in charge of the woman care must record their assent for such action in the woman's medical notes.

The pregnancy remains must be transported to the mortuary as per this policy with correct and complete certification. The remains will be placed in formal saline (embalmed) and then packaged in a sturdy container that is suitable to present to the woman. The process takes approximately three days and the mortuary staff will inform the woman's care team when the remains are ready for collection by a suitably qualified health professional.

Exceptions to the above may occur if the woman specifically requests that the remains are not to be embalmed. The remains must be transported to the mortuary as per this policy with correct and complete certification. The remains will be packaged in a sturdy container that is suitable to present to the woman. The process takes approximately an hour, depending on staff availability and the mortuary staff will inform the woman's care team when the remains are ready for collection by a suitably qualified health professional. In this situation, the woman must be made aware that the remains will deteriorate rapidly and must be dealt with at the soonest opportunity.

Under no circumstances should the woman be referred to the mortuary services to collect the remains and nor should any transfer of remains to the woman take place within the pathology directorate or mortuary premises.

The remains should be collected from the mortuary by a suitably qualified health professional who will sign an appropriate chain of custody documentation (Appendix C) to be stored in the mortuary. The remains will be transferred to the woman in a suitable environment as arranged by their care team. Appropriate chain of custody documentation must be signed upon release to the woman and kept in their medical notes. Pregnancy remains must never be released to anybody other than the woman.

The chain of custody documentation must contain a disclaimer to state that the recipient has an obligation to dispose of the pregnancy remains in a lawful manner. SANDS, a bereavement support charity (<https://www.sands.org.uk/>), provide a range of suitable and sensitive templates which may be used.

6.4.5 Health Board communal cremation of pregnancy remains

Written and informed consent must be obtained from the woman to proceed with a Health Board communal cremation of their pregnancy remains. Recorded verbal consent will not be accepted. The crematoria require written consent and expect that the Health Board has obtained it. All other methods of disposal are the under the direction of the Designated Individual but communal cremation is carried out under crematorium regulations.

The mortuary service assumes managerial responsibility for the respectful communal cremation of pregnancy remains at local crematoria to each hospital site. Cremations are communal and no individual ashes are recoverable to the woman. Cremations are carried out on a two monthly schedule at each crematorium; see Appendix A.

Pregnancy remains received by the department up to approximately ten days before the next scheduled cremation date will be cremated on that date. Pregnancy remains received within ten days of the next scheduled cremation date may not be ready for that cremation date and may be prepared for the following cremation date. The Health Board aims to cremate pregnancy remains within 3 months of the date of delivery.

The mortuary staff will discuss the cremation process with suitably trained health care professionals within the woman's care team. Under no circumstances should the woman or her family be put in direct contact with pathology or mortuary services.

Women undergoing a termination of pregnancy for non-medical reasons will be informed of the Health Boards policy for the disposal options available to them for their pregnancy loss and invited to discuss any questions or concerns they may have. They will be asked to provide consent for their choice of disposal, with their care team, prior to their admission for the termination.

Women undergoing a home termination of pregnancy will be informed of the Health Boards policy for the disposal options available to them for their pregnancy loss & invited to discuss any questions or concerns they may have. They will be asked to provide consent for their choice of disposal, with their care team, at the point where they provide consent for their procedure / medication. In the case of home termination, the woman is given the option of returning their pregnancy remains to the hospital to proceed with their chosen disposal option through the Health Board or disposing of them responsibly at home.

The site of cremation will be chosen by the woman. If no choice is made, the cremation will be made at Glyntaff Crematorium for remains arriving at RGH mortuary and at Llwydcoed Crematorium for remains arriving at PCH mortuary and at Coychurch Crematorium for remains arriving at POW mortuary, as a default.

The following scenarios will have full oversight by the Designated Individual or Persons Designated for Mortuary Services. Mortuary staff will bring to the attention all such cases before actions are taken for disposal;

- a. Where a women has declined to discuss options and/or receive information for informed consent,** this will be respected and the Health Board will proceed with the clinical incineration of the pregnancy loss remains after 60 days of the date of delivery. Providing there is evidence that the women;
- Has been told that the information is available and there is a record of such in the clinical notes
 - There is a clear indication in the clinical notes that the women has declined to discuss options

No letter is required by the Designated Individual.

- b. Where the woman has indicated 'undecided'** and indicated they have received the booklet (*Practical Arrangements following a pregnancy loss under 16 or 24 weeks*) and has not responded within 60 days then the Health Board will proceed to clinical incineration

No letter is required by the Designated Individual.

- c. In the event of non-collection for private arrangements,** the Designated Individual will write to the woman 30 days after the date of delivery; to request the person act upon their original wishes and also inform them that the Health Board will continue with clinical incineration should they not take action regarding private arrangements within 30 days of receipt of the letter.

6.4.6 Health Board clinical incineration of pregnancy remains

Clinical incineration may be used where the woman makes this choice or does not want to be involved in the decision. Where the woman has chosen clinical incineration, it is important that the woman fully understands the clinical incineration process and how this differs from cremation. The pregnancy loss will be dealt with in a sensitive manner as much as practically possible.

Recorded verbal consent will not be accepted and only in exceptional circumstances and with full involvement of the relevant Persons Designated and the Designated Individual.

Clinical incineration can take place at any time and the Health Board aims to perform this method of disposal within 60 days of the date of delivery. The remains are respectfully prepared and placed in a designated, sealed anatomical waste container, separated from other clinical materials within the Mortuary Department. They are then sent for clinical incineration with the Health Boards contracted supplier and ashes are not retrievable.

6.4.7 Spiritual care services

Spiritual care is available to clinical staff and families upon request.

The spiritual care team offer an open and non-judgemental 24/7 support service for pregnancy loss to all concerned, regardless of their personal faith or belief system. The team are available in the event that families would like their baby blessed and /or named before they leave the hospital.

6.4.8 Confidentiality and storage of records

All staff will uphold patient confidentiality in accordance with Cwm Taf Morgannwg UHB policy. All crematorium, local authority and hospital records are governed by rules of strict confidentiality.

'Pregnancy Loss Register' books will be maintained to record and track all pregnancy losses in Maternity, Gynaecology and Obstetrics, Emergency Departments, Theatres, Early Pregnancy Units and the mortuaries at POW, PCH and RGH.

A unique identification number allocated by the mortuary to each pregnancy remains and associated paperwork, including the 'Certificate of Medical Practitioner in Respect of Disposal of Pregnancy Remains', will be retained within the Health Board for 50 years. This practice not only protects the identities of parents whose cases are subject to confidentiality under The Abortion Act 1967 but ensures equality in the treatment of the remains in accordance with ICCM (2011) The sensitive disposal of fetal remains: If only aborted pregnancy remains are anonymised, it distinguishes them from the non-aborted pregnancy remains and may result in them being viewed / treated differently.

The mortuary service will maintain an electronic spreadsheet for the tracking and disposal of pregnancy remains at each site and the unique identification number may be used to trace the method of disposal with accuracy.

6.4.9 Certification of pregnancy remains

The delivery of pregnancy remains to the cellular pathology or mortuary services will be certified by a fully completed **'Certificate of Midwife/Nurse Practitioner or Medical Practitioner in Respect of Disposal of Pregnancy Remains' PART B FORM** (Appendix B). The Part B Form must be completed by a medical practitioner or a suitably qualified midwife or nurse practitioner.

The application and consent for sensitive disposal section and list of property **'Consent for respectful disposal of pregnancy loss remains under 24 weeks gestation' PART A FORM must be completed** by the woman or on their behalf by the same person who completed the 'Certificate of Medical Practitioner in Respect of Disposal of Pregnancy Remains' Part B Form. The signature of the women will indicate that informed consent has been achieved unless the box 'Undecided' is chosen.

Certification for pregnancy remains arising from a termination of pregnancy must be completed by a suitably qualified practitioner and is usually carried out in advance of the procedure. The expected date of termination may be entered into the date of delivery section along with the estimated gestational age at the point of termination.

The Health Board accepts full responsibility for the certification process and the mortuary service must be satisfied that the pregnancy remains can be released for cremation or disposal without further enquiry.

Failure to complete this form will result in the pregnancy remains being reported to the Head of Midwifery, Gynaecology and Sexual Health services, as private funeral or Health Board cremation / incineration arrangements cannot proceed lawfully without this document.

Where the presence of a heartbeat or respiratory effort at the time of delivery is recorded in the medical notes, the subsequent death of the baby must be recorded as a neonatal death, regardless of gestational age or development. Neonatal death is not covered in this policy.

6.4.10 Transfer of pregnancy remains to the mortuary services.

All containers and forms should be labelled with the Woman's identifiers in accordance with the Pathology Directorate Request form and sample labelling policy (QMS020). Collection pots must be labelled on the body of the pot, not on the lids which carry risk of being crossed over.

Any blankets, clothes teddies etc. must be placed in a sealed plastic bag, labelled with the woman's identifiers and sent with the container and paperwork. They will be reunited with the remains after the embalming process when preparing for sensitive disposal.

Appropriate documentation must accompany the pregnancy remains and transportation must take place in a dignified manner. No pregnancy remains will be disposed of as clinical waste. Cellular pathology request forms must not be sent with pregnancy remains for sensitive disposal only.

All pregnancy remains must be entered into the 'Pregnancy Loss Register' books, available in Maternity, Gynaecology and Obstetrics, Emergency Departments, Theatres, Early Pregnancy Units by the person completing the certification, before transfer to the mortuary.

The pregnancy remains will be transported by suitably trained and competent health professionals to the mortuary at each site immediately after delivery. The mortuary can be accessed 24 hours per day via the delegated Porter. Switchboard must be contacted to request a porter who is trained and competent for mortuary access to accompany the transfer. The pregnancy loss register must be taken to the mortuary with the remains and appropriate paperwork and the details transcribed into the pregnancy loss register held in the mortuary with the name and date of the person performing the transfer. The remains will be placed on the appropriate shelf inside a designated and temperature monitored fridge for pregnancy remains.

The mortuary team will check the mortuary pregnancy loss register daily and cross check with the remains in the fridge. The remains and paperwork will be checked and any omissions or errors will be reported as an incident via DATIX and directly to the Head of Midwifery, Gynaecology and Sexual Health Services. Such issues will be dealt with immediately to enable progression of the sensitive disposal / investigative pathways.

Pregnancy remains requiring post mortem: The remains must be placed in an opaque container with a sealed water tight lid. No formalin, saline or fluid of any kind should be added to the container as this may interfere with post mortem investigations if required. If a discernible fetus and placenta is present (for post mortem investigation), the placenta should be placed in a sealed specimen bag and placed in the same container with the fetus. If the fetus is in a bassinet, the placenta should be placed in a sealed container with the bassinet.

Appropriate documentation must accompany the pregnancy remains and transportation must take place in a dignified manner.

6.4.11 Cellular pathology department / mortuaries

The Cellular Pathology department and mortuaries at each site are licenced by the HTA to store autopsy tissue which includes pregnancy remains.

The mortuary services will assume responsibility for the reception, storage and sensitive disposal of all pregnancy remains with appropriate and correct paperwork.

Any pregnancy remains not accompanied by appropriate and correct paperwork will be reported as per section 6.5.

The mortuary will ensure that the pregnancy remains are dealt with appropriately according to standard operational procedures.

Pregnancy remains for sensitive disposal are treated with formal saline (embalmed) for three days to slow the rate of decomposition whilst awaiting cremation / collection by a funeral director. During this time they are stored separately in a designated fridge for pregnancy remains and are checked daily.

Pregnancy remains for post mortem investigation will be transferred as per section 6.5.2.

Pregnancy remains accompanied with cellular pathology request form for investigation will be transferred to the cellular pathology department at RGH, see section 6.6.

All movements of pregnancy remains after receipt into the mortuary are recorded in the electronic pregnancy remains records for each site.

6.4.12 Transfer of pregnancy remains to the crematorium

Pregnancy remains will be placed in communal containers specified for cremation prior to transportation to the relevant crematorium. All transfers to the crematoria are documented and tracked.

6.4.13 Cremation process

The crematorium takes responsibility for the remains once they are delivered. Health Board arranged communal cremation is carried out on the same day as receipt. All ashes recovered are scattered in a recorded location – see appendix A. Individual ashes are not available to return to the woman following a health board cremation. This process will be audited by Senior Mortuary staff on a scheduled basis.

6.4.14 Service agreement

The Health Board and crematoria hold an annually reviewable contract for the sensitive disposal of pregnancy remains. This is stored with the records of consent and cremations within the Health Board.

6.5 Cellular pathology investigations

The histology laboratory is only to be sent gestational material for cellular pathology investigation under two circumstances:

- **ERPC or tubal ectopics where the purpose is to confirm the presence of gestational material.**
- **Gestational material where there is a genuine suspicion of molar pregnancy or trophoblastic disease.**

Where material is attached to a placenta then both material/placenta are sent together for examination.

Cellular pathology request forms accompanying such specimens should include the specimen type, the examination required and the supporting clinical details. **Patient consent for their surgical procedure and / or any resultant histological examination request is the responsibility of the clinical team and is separate and distinct from the certification and consent required for sensitive disposal.**

Specimens for cellular pathology investigation will be transferred to the cellular pathology department at RGH from the mortuaries at the three sites. Cellular pathology investigation may be outsourced where required. The PART A & PART B

forms (Appendix B) and will be retained in the mortuary potentially performing the disposal of any after the investigation.

Fetal tissue identified at a macroscopical stage of a histology investigation will not be sampled and will be stored for sensitive disposal. The remainder of the sample may be sampled for histological investigation.

If fetal tissue is identified at a microscopical stage, all wet tissue, blocks and slides will be retrieved and prepared and stored for sensitive disposal.

Pregnancy remains cover the 'grey area' where the woman has had an early loss of pregnancy and tissue relating to the loss of pregnancy is sent to histology but no discernible fetal tissue is found. The HTA does not recognise that the tissue is any different to any other body tissue and states that no consent is lawfully required for disposal but recommends that they are disposed sensitively in accordance with the Woman wishes anyway, due to the Woman loss rather than the nature of the tissue.

In order to uphold these guidelines the Health Board has to ensure that all pregnancy remains are sensitively disposed as per the consent paperwork (as if there were fetal tissue present). This includes the Woman choice to have a private arrangement including green burial (tissue returned to her).

There are however differences in the disposal of 'pregnancy remains' and 'fetal tissue' following a cellular pathology investigation, which the woman should be made aware of:

- If fetal tissue is detected in a histology sample, **all** preparations (blocks and slides) which may contain the remains are retrieved and sent for sensitive disposal.
- The HTA states that preparations for pregnancy remains where no discernible fetal tissue is identified, are considered as part of the woman's diagnostic record and should remain as such. Therefore, only 'left over' wet tissue which is not used for the diagnostic process will be sensitively disposed. If there is no tissue left over, there will be no tissue to sensitively dispose of. This difference is important and the care team should inform the woman of this so she has realistic expectations, particularly where she has opted for return of tissue to herself.
- All histology wet tissues have to be retained for 4 weeks post authorisation so pregnancy remains undergoing histology investigation will not enter the sensitive disposal until much later than pregnancy remains for sensitive disposal only. This may result in the next scheduled cremation being missed. The woman may need to be aware of this if planning to attend memorial services etc. and it will be the responsibility of the care team to discuss it with her.

6.6 Training Implications

The following personnel are responsible for ensuring compliance with this policy and should develop their own training policy and records to support this:

- Persons Designated
- Ward management
- Clinical department management
- Laboratory management
- Mortuary management

It is also the responsibility of each individual employee to ensure that they comply with the standard operating procedures or care path ways relating to this policy.

6.7 Review, Monitoring and Audit Arrangements

This policy requires review and update on a 3 yearly basis.

Regular audits are made by the wards and departments to monitor compliance with policy and related SOPs.

Regular audits are made to ensure completion of the pregnancy loss registers and correlation of the ward / departmental registers to the mortuary pregnancy loss register.

There are persons designated (PDs) appointed by the DI in all areas where pregnancy loss is managed within the health board. PDs will be responsible for reporting HTARIs as they occur in their areas and will meet on a regular basis with the DI.

6.8 Managerial Responsibilities

The following personnel are responsible for ensuring compliance with this policy and should develop their own SOPs, training policy and records to support this:

- Designated Individual
- Persons Designated
- Ward management,
- Clinical department management
- Laboratory management
- Mortuary management

They must also ensure that their staff are informed of any updates and changes to the policy.

It is the responsibility of each individual employee to ensure that they comply with the standard operating procedures or care path ways relating to this policy.

6.9 Retention or Archiving

The mortuary service will maintain an electronic register for the disposal of pregnancy remains and the unique identifier may be used to trace sensitive disposal with accuracy. This and all documentation related to the sensitive disposal process will be stored for a minimum of 50 years.

6.9.1 Non Conformance

Non conformance with this policy may cause delays and distress to stakeholders and may result in disciplinary action for staff.

Non conformities will be incident reported on the DATIX reporting site and as a HTARI on the HTA web portal where appropriate.

6.9.2 Equality Impact Assessment Statement

Once the Policy has been assessed each document should have one of the following statements:

Either

This Policy has been subject to a full equality assessment and no impact has been identified.

Or

This Policy has been subject to a full equality assessment and some issues have been identified and highlighted to ensure that due regard and weight is given to them in carrying out this policy (see Equality Impact Assessment Action Plan).

7. EQUALITY IMPACT ASSESSMENT STATEMENT

This policy originated in 2011 and has been refined to reflect that CTMUHB now includes the Princess of Wales Hospital and there has been clarifications made in terms of consent.

The original EIA can be perused in Appendix E.

8. REFERENCES

Royal College of Nursing (2015) managing the disposal of pregnancy remains: Guidance for Nursing and Midwifery Practice. Publication code 005347

ICCM: Institute of Cemetery & Crematorium Management (2015) The sensitive disposal of fetal remains.

The Abortion Act 1967

Stillbirth and neonatal death society (SANDS) (2016): Pregnancy loss and the death of a baby. Guidelines for professionals 4th edition. www.uk-sands.org

Human Tissue Authority (2015) Guidance on the disposal of pregnancy remains following pregnancy loss or termination.

Human Tissue Authority (2016) Code B Post Mortem Examination Standards and Guidance.

GETTING HELP

Any questions in relation to this Policy please refer to the Designated Individual for the HTA within CTMUHB.

9. RELATED POLICIES

A number of localised Standard Operating Procedures reflecting the standards of this document are located in the following departments;

- Maternity
- Gynaecology / EPU
- Theatres
- Emergency Departments

10. INFORMATION, INSTRUCTION AND TRAINING

It is important that clinical managers ensure all staff are trained and competent in this Policy. Support for such training can be sought from the Mortuary Department, Bereavement Midwives and Designated Individual for the HTA.

11. MAIN RELEVANT LEGISLATION

The policy upholds the guidelines set out by The Royal College of Nursing, the Still birth and Neonatal Death Society (SANDS), The Human Tissue Authority (HTA) and the Institute of Cemetery & Crematorium Management (ICCM). It also complies with the Equality Act 2010.

APPENDIX A - Schedule of cremation and support services

| Site | PCH | RGH | POW |
|---|--|--|---|
| Crematorium | Llwydcoed | Glyntaff | Coychurch |
| Scheduled cremation date | 3 rd Thursday of; February April June August October December | 2 nd Thursday of; February April June August October December | 2 nd Wednesday of ; February April June August October December |
| Paper work check | Crematorium staff are emailed the PLR numbers for HBCC the week before cremation date by the mortuary team. Paperwork is checked between DL Evans & son and mortuary on morning of the cremation service. PLR paperwork is checked between DL Evans & Son and crematorium on morning of cremation prior to service commencing. | Crematorium staff are emailed the PLR numbers for HBCC the week before cremation date by the mortuary team. Paperwork is checked between DL Evans & son and mortuary on morning of the cremation service. PLR paperwork is checked between DL Evans & Son and crematorium on morning of cremation prior to service commencing. | Crematorium staff are emailed the PLR numbers for HBCC the week before cremation date by the mortuary team. Paperwork is checked between DL Evans & son and mortuary on morning of the cremation service and casket is sealed. PLR paperwork passed from DL Evans & Son to the crematorium on the morning of cremation prior to service commencing. |
| Transport | DL Evans and Son funeral services collect the remains early morning of cremation date from mortuary PCH | DL Evans and son funeral services collect the remains early morning of cremation date from cellular pathology department RGH | DL Evans and son funeral services collect the remains early morning of cremation date from cellular pathology department POW |
| Ashes – woman's / families must be informed that communal ashes recovered from a cremation are scattered at: | Llwydcoed crematorium infants section (Aberdare) on the same day as cremation | Cefn Y Parc cemetery infants section (Llantrisant) on the same day as cremation | Ashes are scattered privately (within 2 weeks of the service) on the memorial rose garden in the crematorium opposite the offices. There is a designated memorial tablet for the babies. |

APPENDIX B - PART A AND PART B FORMS

PART A: Consent for respectful disposal of pregnancy loss remains under 24 weeks gestation



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NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

WOMANS INFORMATION

| | |
|----------------|---------|
| Hospital No. | D.O.B |
| Surname: | |
| First name(s): | |
| Address: | |
| | |
| | |
| Post Code: | NHS No. |

This form enables you to consent for the respectful disposal of pregnancy remains delivered before the 24th week of gestation of the person named below. For each section please **INITIAL** the relevant box(s).

Hospital

Ward

Date

- I confirm that I have had the opportunity to read **'Practical arrangements following a pregnancy loss under 16 / 24 weeks'** booklet
- I have had an opportunity to ask questions about the disposal options.
- Any questions I have asked have been answered to my satisfaction.

Initial

Consent for disposal: Please **Initial ONE option only**

A. Communal Cremation at;

☐ Glyntaff Crematorium ☐ Llwydcoed Crematorium ☐ Coychurch Crematorium

Initial

B. Private Arrangements ☐ Cremation ☐ Burial ☐ Green Burial Appointed Funeral Director _____

Initial

C. Undecided ☐ Contact Tel Number of the woman _____

Please be aware that if you are unable to make a choice before you go home, you will be required to return to the hospital where you delivered your baby to provide us with consent within 30 days. Unfortunately it is not possible to gain consent over the phone.

Initial

Please note: If you do not wish to have either Communal Cremation or make your own Private Arrangements then an option of **Clinical Incineration** is available as explained in the booklets; **'Practical arrangements following a pregnancy loss under 16 / 24 weeks'**

If this is your choice please indicate you wish to consent to Clinical Incineration by your initial.

Initial

Details of person giving consent

I have discussed the options above with my care team and hereby make an application for the option I have chosen, in respect of my pregnancy remains. I thus indicate my consent by signing this application. I acknowledge that it is not possible to recover any individual ashes following communal cremation or clinical incineration.
I understand that if I remain undecided or not organised Private Arrangements for cremation/burial and have not informed the hospital of my decision within 30 days, then the Health Board will proceed with a clinical incineration within 60 days of the date of delivery.

PRINT NAME:

SIGNATURE:

DATE:

Details of Registered Health Care professional obtaining consent

PRINT NAME:

SIGNATURE

POSITION:

DATE:

GMC/NMC Number:

CONTACT NUMBER:

PART B: Certificate of Midwife/Nurse Practitioner or Medical Practitioner in Respect of Pregnancy Remains



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University Health Board

TO BE COMPLETED BY A REGISTERED MIDWIFE, NURSE OR MEDICAL PRACTITIONER

This is to certify that I have examined the pregnancy remains of;

Woman's name

On at the pregnancy was of a gestation up to and

no more than of weeks and that the foetal remain showed no signs of life

Declaration of Health care professional

| | |
|-----------------|-----------------|
| NAME: | SIGNATURE |
| GRADE/POSITION: | DATE: |
| GMC/NMC number: | Contact Number: |

The above signatory must be either the medical practitioner, registered nurse or registered midwife who primarily cared for the women. In some cases a Declaration can be made by the Head of the Clinical Unit.

Notification of further investigation

| | |
|---|----------------------|
| A. Histology | <input type="text"/> |
| B. Cytogenetic Investigation- NOTE: All Wales Medical Genetics Service general request form http://www.wales.nhs.uk/sites3/Documents/525/Cytogenetics%20From%20UKAS%20LOGO.pdf | <input type="text"/> |
| C. Post Mortem Examination – NOTE: The Consent for a Post-Mortem Examination of a Fetus & Baby form must be completed with the family And; Request for fetal and perinatal post mortem examination form | <input type="text"/> |

Property: Please list all property sent with the pregnancy remains:

| |
|--|
| |
|--|

Mortuary use only

| | | |
|----------------------|----------------------|----------------------|
| Unique Identifier | Initial | Date & Time |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Appendix C – Transfer of pregnancy remains: Chain of custody form.



Mortuary Services
Cwm Taf Morgannwg University Health Board

Chain of custody form for pregnancy remains

The pregnancy remains relating to specimen number / unique ID
..... have been transferred:

From[department/ward] at[site]

To

on[date] at[time].

For the following reasons:

.....

...

Signatures

Staff releasing remains:

Print name.....Signature:.....

Collected by:

Print name:.....Signature:.....

Under the Human Tissue Act (2004), the recipient has an obligation to dispose of human remains in a lawful and responsible manner. The Health Board takes no responsibility for the remains once they have left the hospital premises.

This form must be retained within the department releasing the remains or within the patient notes.

Appendix D



Your ref:/eich cyf:

Our Ref:ein cyf:

Date/dyddiad:

Tel/ffon: 01685 728593

Fax/ffacs: 01443 443335

Email/eboost: CTM_PMSERVICE@wales.nhs.uk

Dept/adran: CTMUHB Mortuary and Bereavement services

CTMUHB Mortuary and bereavement services

Address

Dear (name of woman / client)

Re: (identifier or name of baby, if applicable)

Following your pregnancy loss dated (insert date) we would like to re-iterate our condolences to you and your family.

According to our records you signed a certificate indicating your wishes for private arrangements with respect to your pregnancy loss. Although this option was chosen at this time, there has been no further action or correspondence from you with regards to the plans you wish to have carried out.

Under the Human Tissue Act (2004) we cannot continue to store your pregnancy loss in the department without consent, therefore we are making contact with you today to clarify if you still wish to make your own private arrangements. If this is still the option that you would like, I would encourage you contact us to see how we are able to assist you with this. I have to make you aware that unless we have further instructions from you regarding the sensitive disposal of your pregnancy loss, we will have no alternative but to proceed with clinical incineration after (insert date).

Dr Paul D Davies

Designated Individual for the Human Tissue Authority (HTA), Cwm Taf Morgannwg University Health Board

Appendix E - Equality Impact Assessment

Approved 12th January 2011 as part of the Policy for the Management, Identification and Authorisation of Policies and Procedures – Operational 1 January 2011

All Public Sector bodies have a legal duty to undertake an equality impact assessment (EqIA) as a requirement of the equality legislation.

EqIA's provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

The process itself ensures that individual staff, managers and teams think carefully about, and record, the likely impact of their work on staff, patients and other members of the community.

The need for collection of evidence to support decisions and for consultation mean the most effective and efficient EqIA is conducted as an integral part of policy development, with the EqIA commenced at the outset.

The documentation consider the effects that decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, age, Welsh Language and human rights. Assessing impact across a broad range of equality dimensions (not just those required by law), helps organisations to embed equality and human rights and assist them in the delivery of their services.

Policies will not be approved by the Board/Sub Committee of the Board without a completed EqIA Report.

For further information or advice, contact the Diversity, Equality & Standards Manager on 01443 744800.

Form 1: Preparation

Part A must be completed at the beginning of a Policy/function/strategy development or review, and for every such occurrence. (Refer to the Step-by-Step Guide for additional information).

| Step 1 – Preparation | | |
|----------------------|---|--|
| 1. | Title of Policy - what are you equality impact assessing? | Policy for the sensitive disposal of pregnancy remains |
| 2. | Policy Aims and Brief Description - what are its aims? Give a brief description of the Policy (The What, Why and How?) | The policy provides guidelines to ensure that Cwm Taf Morgannwg UHB performs the handling and disposal of pregnancy remains with respect, dignity and sensitivity. |
| 3. | Who Owns/Defines the Policy? - who is responsible for the Policy/work? | Pathology Directorate |
| 4. | Who is Involved in undertaking this EqIA? - who are the key contributors and what are their roles in the process? | Equality Manager, Directorate Manager, Cellular Pathology and Mortuary Service Manager (author). |
| 5. | Other Policies - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities that could be included in this EqIA? | Welsh Language policies, Accessing an Interpreter, All Wales Guidelines on Accessible Information and Communication for People with Sensory Loss, Equality Policy. |

Step 1 – Preparation

| | | |
|----|--|--|
| | | |
| 6. | Stakeholders - Who is involved with or affected by, this Policy? | Patients, families, clinicians, medical staff, nurses, midwives, clinical support staff, technical and professional staff. |
| 7. | What might help/hinder the success of the policy? These could be internal or external factors. | <p>Inadequate training and communication.</p> <p>Difficulty with yearly update.</p> <p>Staff need to be aware of Equality issues and take them into account.</p> |

Form Two – Information Gathering

| Is the policy relevant to the public duties relating to each equality strand. Tick as appropriate. | | | | | | | |
|---|------|------------|--------|--------------------|-----|-----------------|----------------|
| | Race | Disability | Gender | Sexual Orientation | Age | Religion Belief | Welsh Language |
| Is the policy relevant to “eliminating discrimination and eliminating harassment?” | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Is the policy relevant to “promoting equality of opportunity?” | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Is the policy relevant to “promoting good relationships and positive attitudes?” | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Is the policy relevant to “encouragement of participation in public life?” | | | | | | | |
| In relation to disability, is the policy relevant to “take account of difference, even if it involves treating some individuals more favourably?” | | ✓ | | | | | |

The Human Rights Act contains 15 rights, all of which NHS organisation have a duty to act compatibly with and to respect, protect and fulfil. The 7 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to Appendix A: The Legislative Framework.

Consider the relevance of your Policy to these Human Rights and list any available information to suggest the Policy may interfere with, or restrict the enjoyment of these rights.

The right to life

Unborn children are not covered by the Human Rights Act, however the questions below have been applied to the mother's situation.

The right not be tortured or treated in an inhuman or degrading way

The emphasis on treating the fetus or baby with dignity and sensitivity.

The right to liberty

The right to a fair trial

The right to respect for private and family life, home and correspondence

Reference is made to the Woman family and their needs particularly in relation to emotional support.

The right to freedom of thought, conscience and religion

The Woman wishes are respected in relation to disposal of the pregnancy remains, cremation or funeral arrangements. Specific religious or cultural issues would be taken into account and accommodated wherever possible.

The right not be discriminated against in relation to any of the rights contained in the Human Rights Act

| Equality Strand | Evidence Gathered |
|-------------------|--|
| Race | Cultural issues would be taken into account in relation to death. Language needs would be accommodated. |
| Disability | Communication and information needs would be taken into account. |
| Gender | The emphasis of the document is on the mother / client but the needs of the partner and family would also be considered. |

| | |
|---------------------------|---|
| Sexual Orientation | Recognition of same sex relationships is taken into account. |
| Age | The document would particularly relate to women of childbearing age. Could specific sensitivity be shown to very young mothers and equally older mothers who would both have particular issues? |
| Religion or Belief | Particular religious beliefs or rituals would be respected and accommodated wherever possible |
| Welsh Language | If a service user wished to communicate in welsh, this would be accommodated wherever possible |

Form 3: Assessment of Relevance and Priority

| Equality Strand | Evidence: Existing evidence to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A) | Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B) | Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C) |
|---------------------------|---|--|---|
| Race | 2 | 2 | 4 |
| Disability | 2 | 2 | 4 |
| Gender | 2 | 2 | 4 |
| Sexual Orientation | 2 | 2 | 4 |
| Age | 2 | 2 | 4 |
| Religion or Belief | 2 | 2 | 4 |

| | | | |
|----------------|---|---|---|
| Welsh Language | 2 | 2 | 4 |
| Human Rights | 2 | 2 | 4 |

Scoring Chart A: Evidence Available

| | |
|---|-------------------------------|
| 3 | Existing data/research |
| 2 | Anecdotal/awareness data only |
| 1 | No evidence or suggestion |
| | |
| | |
| | |
| | |

Scoring Chart B: Potential Impact

| | |
|----|-----------------|
| -3 | High negative |
| -2 | Medium negative |
| -1 | Low negative |
| 0 | No impact |
| +1 | Low positive |
| +2 | Medium positive |
| +3 | High positive |

Scoring Chart C: Impact Decision

| | |
|----------|---------------------|
| -6 to -9 | High Impact (H) |
| -3 to -5 | Medium Impact (M) |
| -1 to -2 | Low Impact (L) |
| 0 | No Impact (N) |
| 1 to 9 | Positive Impact (P) |
| | |
| | |

FORM 4: (Part A) Outcome Report

| | |
|--|---|
| Policy Title: | Policy for the sensitive disposal of pregnancy remains of less than 24 weeks of gestation |
| Organisation: | Cwm Taf Morgannwg UHB |
| Name: Title: Department: | Equality Manager Workforce & OD |
| Summary of Assessment: | There are a significant number of Equality issues relevant to this policy and these have been noted through the assessment of this policy and the policy amended accordingly. The policy must be read in conjunction with the other documents listed in Section 5 and the cultural toolkit will be of particular relevance. |
| Decision to Proceed to Part B Equality Impact Assessment: | No Please record reason(s) for decision The policy now meets the requirements of the Equality Act 2010. |

Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of Part A or Part B of the EqIA Toolkit. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual adverse impact, as well as any arrangements to collect data or undertake further research.

| | Action(s) proposed or taken | Reasons for action(s) | Who will benefit? | Who is responsible for this action(s)? | Timescale |
|---|--|---|--|---|--|
| What changes have been made as a result of the EqIA? | <p>Amendments to the policy draft:</p> <p>1. Section 3: Clarity on why this policy has emphasis on the mothers wishes.</p> <p>2. Sections 3, 6.2: Clarity on definition of 'partner'</p> <p>3. Sections 3, 6.2, 6.3 : Further detail on specific communication needs such as language and sensory loss.</p> <p>4. Section 5: Compliance with Equality act 2010 included.</p> | <p>To ensure that all Cwm Taf Morgannwg University Health Board patients are treated with equality, respect and sensitivity.</p> <p>To ensure that the policy is clear and justified to all that may read / use it.</p> | Cwm Taf Morgannwg University Health Board patients, families, staff, clients and stakeholders. | Cwm Taf Morgannwg University Health Board Staff | Changes applied to policy with immediate effect. |

| | | | | | |
|---|--|-----|-----|-----|-----|
| | <p>5.Sections 6.2, 6.3, 6.5, 6.5.2 : inclusion of cultural requirements and considerations</p> <p>6.Section 6.5.7: Clarification of why all pregnancy remains are anonymised for crematoria record keeping.</p> <p>7. Section 3: Inclusion of sensitivity, communication and consideration with regards to the of age of the mother, learning disabilities and mental health issues.</p> | | | | |
| Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts? | N/A | N/A | N/A | N/A | N/A |

| | | | | | |
|--|-----|-----|-----|-----|-----|
| Justification: For when a policy may have adverse impact on certain groups, but there is good reason not to mitigate. | N/A | N/A | N/A | N/A | N/A |
| Describe any mitigating actions taken? | N/A | N/A | N/A | N/A | N/A |
| Provide details of any actions planned or taken to promote equality . | N/A | N/A | N/A | N/A | N/A |

| | |
|----------------------------------|---|
| Date: | 17/7/14 |
| Monitoring Arrangements: | Three yearly review with continued renewal of service agreement with crematoria |
| Review Date: | May 2021 |
| Signature of all Parties: | Equality manager, W+OD Service manager Cellular Pathology |

Appendix F - Training Impact Assessment

If training requirements are identified a policy training impact assessment is to be completed and forwarded to the Workforce and Organisational Development Directorate

1. Will training be required as a result of the policy?

| | |
|-----|---|
| Yes | Proceed to question 2 |
| No | If no, please state how this policy will be communicated within the UHB |

2. Please complete the following information relating to training

| | |
|--|---|
| Course/ policy title | Ad-hoc talks and courses arranged in each relevant department |
| Course type | Unknown |
| Reference to KSF/NMC Dimensions | Unknown |
| Target Audience (refers to scope of policy) | Clinicians, medical staff, nurses, midwives, clinical support staff, technical and professional staff |
| Course / policy training objectives | Training must ensure that all staff dealing with pregnancy remains are aware of the circumstances, requirements and procedures to arrange sensitive disposal. |
| Course / policy training content | Training must include awareness of this policy and access to documentation to ensure sensitive disposal can take place. Content will vary according to local standard operating procedures. |
| Duration of course / programme | Variable |
| Name of trainer (or policy lead) | Variable |
| Approximate cost of providing training | Unknown |
| Please embed lesson plan, link to e-learning, presentation or other relevant learning material | TBA |

