



**Aneurin Bevan University Health Board**

# **ABUHB Integrated Care Pathway For Termination of Pregnancy for Fetal Abnormality**

*N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out-of-date printed versions of the document. The Intranet should be referred to for the current version of the document.*

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Status: Issue 2

Approved by: Maternity Clinical Effectiveness Forum  
Owner: Maternity Services

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Review by date: 12<sup>th</sup> January 2026  
Policy Number: ABUHB/Maternity/0790

**Contents:**

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Maternity Services

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Addressograph

## **Integrated Care Pathway**

### **ABUHB Pathway for Termination of Pregnancy for Fetal abnormality.**

#### **ICP Definition**

This ICP is intended as a guide in providing care for the service user and their family. It is a multidisciplinary document.

#### **When to use this ICP**

This ICP is intended for the management of women following diagnosis of fetal abnormality.

**NB** Misoprostol unlicensed. Guidelines of the RCOG (Sept 2004) include the regimen for inducing medical abortion. See ABHB Medicines Management Policy 0010

#### **Guidelines for use of this ICP**

The pathway provides the documentation for both medical and nursing records, it is not a rigid document and clinicians are free to use their own professional judgement as appropriate, recording as a variance any alterations to the practice outlined, or any deviation from the expected plan. The Medical practitioner remains responsible for patient care throughout treatment.

All sections should be **fully** completed.

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Documentation of the patient's history and clinical assessment should be completed in the pathway document. Please note that IV fluids and Drugs should be prescribed on the generic In-Patient Medication Administration Record.

It is **essential** that all staff using the pathway complete the signature key box (pg 5) , this ensures that those using the pathway can be identified. You can then use your initials in the pathway instead of full signature and printed name.

Please ensure all entries are initialled, dated and timed.

Please only use abbreviations in the pathway if they are on the list of approved abbreviations on page 6 of the document.

Individuals should ensure that they identify the professional competencies, additional knowledge and skills they will need, and that they access appropriate education, training, competency assessment and continuing support and supervision. Once competency achieved nurses/ midwife should be able to practise within agreed protocols and guidance, NMC standards.

**NB** reference to the "designated person" in this document relates to the person involved in liaising with parents re internment etc

### **The pathway should be filed in the medical notes**

#### **Evidence**

Royal College of Obstetricians and Gynaecologists (2010)  
Late Intrauterine Fetal Death and Stillbirth Green Top Guidelines No 55

SANDS Stillbirth and Neonatal Death Charity (2007)  
Pregnancy Loss and Death of a baby Guidelines for professionals

Care of women requesting induced abortion. Evidence based clinical guideline Number 7. Royal College of Obstetricians and Gynaecologists.2011. RCOG Press.

<http://misoprostol.org.uk/>

#### **Objective of the ICP**

To provide standard evidence based care and guidance for patients following diagnosis of a fetal abnormality

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To ensure appropriate bereavement care is delivered.

**Criteria for use – Eligibility criteria**

All women following diagnosis of fetal abnormality.

**Instructions for use**

When using this document please ensure that you date, time and initial against each activity where indicated. If an activity in the ICP has not, for whatever reason been completed, then this must be documented in the case notes.

**Signature Key Box**

Name	Signature	Designation	Initials

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### **Abbreviations**

**TOP – Termination of pregnancy MTOP – Medical termination of pregnancy Medivac – Medical termination**

### **Demographics**

Patient Addressograph	Consultant
	Allergies
	Reason for admission / Source of referral
	Medical History
	First Language Spoken

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	Interpreter or signer required Y N <i>(Contact Switchboard)</i>
	Faith
Tel Number	<i>Contact Community</i> Midwife (if applicable) Y N
Mobile Number	GP
Next of Kin	GP Address
Name	
Address	
Post code	GP Tel Number
Tel Number	

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**CHECKLIST TO BE COMPLETED IN FMC**

Indication for termination/Fetal abnormality			
Gestational Age			
	<b>Yes/No</b>	<b>Date&amp; Time</b>	<b>Signature</b>
HSA1 Blue (Termination Form)			
Consent Form			
Family / support contacted			
Obtain Bloods			
FBC/HBA1C	<b>Purple/EDTA x1</b>		
Group and Save	<b>Pink x 1</b>		
Kleihauer for Rhesus negative mothers	<b>Pink x1</b>		
Drugs Prescribed in line with plan of care  (See Appendix 1)			
Discuss post-mortem examination, provide leaflets			
Provide appropriate contact numbers of ward AND support s information leaflet.			
Fill CARIS form			
Additional Information See attached continuation sheets)			



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**ALL medication prescribed on generic in-patient medication chart NB Misoprostol [unlicensed] Guidelines of the RCOG (Sept 2004) include the regimen for inducing medical abortion. See ABUHB Medicines Management Policy 0010**

**INDUCTION AND INTRAPARTUM CARE** (To be filled by the nurse on admission to ward)

	<b>Date</b>	<b>Time</b>	<b>Signature</b>
<b>Induction regime (Appendix 2)</b>			
<b>Explain Plan of Care/facilitate questions</b>			
<b>Commence NEWS/MEOWS chart and observations</b>			
<b>Confirm patient's wishes regarding analgesia, delivery</b>			
<b>Confirm patient's wishes regarding seeing baby following delivery if appropriate Yes/ No (delete appropriately)</b>			
<b>Discuss post-mortem examination, provide leaflets see flow chart (appendix 3)</b>			
<b><del>Discuss funeral arrangements give information leaflet</del> Discuss management of fetal remains options over 12 weeks a) Cremation 12-19+6 weeks ABUHB b) <del>Patient will organise funeral</del> c) Over 20 weeks families to liaise with Funeral Director</b>			
<b>Anaesthetist informed of admission</b>			
<b>Cannula and commence PVC Bundle in labour (ABUHB/Clinical 0603 Peripheral Intravenous Cannulation Policy)</b>			
<b>Review by doctor, make a plan and document in the notes</b>			

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<b>Analgesia as required. Monitor PV loss</b>			
<b>Additional information (See continuation sheet)</b>			

### MANAGEMENT POST TERMINATION

	Date	Time	Signature
<b>Continue with NEWS/MEOWS</b>			
<b>Take Kleihauer if Rh Neg</b>			
<b>Administer Anti D if necessary</b>			
<b>Fetus Baby to be reviewed by doctor if required</b>			
<b>Inform Obstetric Medical records and radiology where appropriate to ensure further appointments are not sent</b>			
<b>Give discharge advice regarding pain, bleeding infection and lactation suppression (ward telephone numbers)</b>			
<b>Give information regarding support organisations - refer to Healthier Together website: <a href="https://abbhealthiertogether.cymru.nhs.uk/pregnant-women/coping-loss">https://abbhealthiertogether.cymru.nhs.uk/pregnant-women/coping-loss</a></b>			
<b>Complete e discharge (Doctors) Notes to be sent to consultant's secretary (Gynae under 20 weeks) or bereavement midwives over 20 weeks</b>			

Gain consent for mementos to be taken (Ensure compliance with Recordings of patients use and storage of audio recordings and images policy) **ABUHB/IM&T/0405. Expiry July 2017**

	Yes	No
Photographs taken on memory card	<input type="checkbox"/>	<input type="checkbox"/>
Memory card given to mother	<input type="checkbox"/>	<input type="checkbox"/>
<b>Memory card stored with medical photography</b>	<input type="checkbox"/>	<input type="checkbox"/>
Hand and Footprints offered if over 12 weeks and able	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chaplaincy leaflet</b>	<input type="checkbox"/>	<input type="checkbox"/>
Memory Box <b>Including Sands bereavement support resource book</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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Inform of local SANDS groups over 12 weeks [Details on healthier together page](#)

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**POST termination DOCUMENTATION**

	Date	Time	Signature
<b>Funeral arrangement Co-ordinator to be informed Natasha Llewellyn EPAU B7 Kelly Williams Ward 2/4 Or bereavement midwife/co-ordinator</b>			
<b>Checklist for funerals (Appendix 1)</b>			
<b>Post-mortem / Cytogenetics see (Appendix 3 &amp; 4) Request for post-mortem (Appendix 9) Send an additional Cytogenetics form if urgent fetal karyotype required from fetal skin biopsy</b>			
<b>Flow chart for Cremation see (Appendix 5)</b>			
<b>Complete Cremation/ Burial forms (Appendix 6 / 8)</b>			
<b>If Hospital arrangement</b> <b>Funeral Directors</b> <b>T.J. Davies (01633 0267402)</b>  <b>Cremation</b> <b>Gwent Crematorium - Cwmbran</b>  <b>If private arrangements</b> <b>(offer support to initiate contact with</b> <b>Funeral Director of choice details in</b> <b>leaflet)</b>  _____ _____ _____ _____			
<b>PHOTOCOPY ALL DOCUMENTATION – ORIGINALS WITH BABY, COPY IN THE NOTES</b>			

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Fetal Abnormality  
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## **Clinical Notes**

Status: Issue 1

Issue date: 9 March 2016

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Approved by: Maternity Clinical Effectiveness Forum

Expiry date: 9 March 2019

Fetal Abnormality  
Owner: Maternity Services

## **Clinical Notes**

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Issue date: 9 March 2016

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Expiry date: 9 March 2019

Fetal Abnormality  
Owner: Maternity Services

## **Clinical Notes**

Status: Issue 1

Issue date: 9 March 2016

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Approved by: Maternity Clinical Effectiveness Forum

Expiry date: 9 March 2019



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### Appendix 1 Check List for documentation for ABUHB funeral

MOTHERS NAME AND ADDRESS AND CONTACT NUMBERS ADDRESSOGRAPH	
FATHERS NAME	
ABHB TO ARRANGE CREMATION (12-19+6 weeks) Write all details in diary  FAMILIES TO CONTACT OWN FUNERAL DIRECTORS OVER 20 WEEKS. INFORM BEREAVEMENT MIDWIFE	YES            NO ARRANGE OWN
PAPERWORK COMPLETED CORRECTLY FOR CREMATION Yellow form under 24 weeks Green form after 24 weeks  BURIAL FORM FOR FAMILIES WISHING BURIAL (burial not available through hospital Funeral Directors)  Cremation form signed by Doctors for babies born with signs of life	YES
PHONE PARENTS TO MAKE SURE ALL DECISIONS ARE CORRECT ON FORMS (Gynae)  BEREAVEMENT MIDWIFE TO CONTACT FAMILIES FOLLOWING DISCHARGE	YES  N/A
ORACLE RAISED FOR FUNERAL (gynae only) <b>reference number in diary</b>	YES
FORMS <b>EMAILED TO M.G RYAN</b> (Gynae) Sent with baby to mortuary over 20 weeks	YES
<del>BABY TAKEN TO MORTUARY WITH ALL PAPERWORK over 2</del>	<del>YES</del>
DATE FROM <b>M.G RYAN</b> <b>This is not required before sending to mortuary</b>	Date

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CHAPLAINCY INVOLVED with funeral? <b>This is not required before sending to mortuary</b>	YES NO
PROCEDURE FOR TRANSPORTING FETAL TISSUE TO FETAL PATHOLOGY UNIT, UHW IS FOLLOWED	YES N/A
POST MORTEM, DATE SENT TO UHW AND DATE RETURN,	SENT RETURN
TRANSPORT FROM UHW ARRANGED	YES

Hospital arranged cremation:

Contact **M.G RYAN – 01633854522 / 02920626101** – provide all details who will call back with a date for service.

Send details to Hospital Chaplain via e-mail.

When **M.G RYAN** provides a date, inform parents, note in diary and take relevant form to mortuary

Over 20 weeks/private arrangements:

Complete cremation form and put in folder in mortuary for the funeral directors to take.

If fetus is sent for PM inform parents that baby has gone to UHW ~~and to outline funeral options to them.~~ When baby is ready to return call contact centre on 55656 or email [abb\\_switchboard\\_transport@wales.nhs.uk](mailto:abb_switchboard_transport@wales.nhs.uk) to arrange transport for return from Fetal Pathology UHW Record reference number in diary and inform parents that baby has returned.

## **Appendix 2 Induction regime**

### **9 and 13 weeks**

Mifepristone 200 mg orally followed 36–48 hours later by Misoprostol 800 micro grams vaginally. A maximum of four further doses of Misoprostol 400 micrograms may be administered at 3-hourly intervals, vaginally or sublingually.

### **13–24 weeks of gestation**

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Mifepristone 200 **mcg** orally, followed 36–48 hours followed by Misoprostol 400 micrograms vaginally or sublingually 3-hourly, to a maximum of five further doses.

If previous Caesarean section or uterine scar then dose of Misoprostol can be halved.

Once the fetus has been delivered wait minimum of 4 hours after last dose of Misoprostol before surgical removal of placenta is considered (unless bleeding or infection)

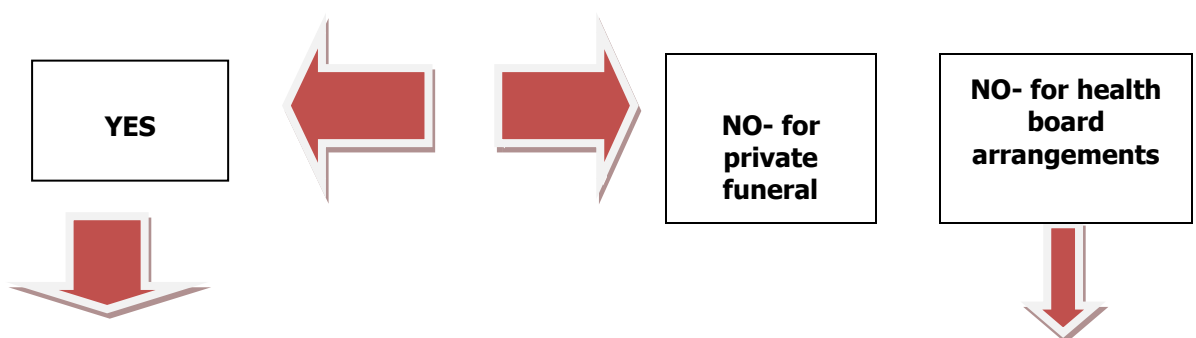
If the fetus and placenta fail to pass despite a full course of treatment contact the Consultant Gynaecologist/obstetrician for advice.

**Patient to remain in the clinical area 30-60 mins after Mifepristone in case of vomiting.**

If > 20 weeks and previous one Caesarean section or uterine scar then dose of Misoprostol can be halved or consider mifepristone 600mg day 1 and day 2 and Misoprostol 50 micrograms vaginally 4hourly maximum for 24 hr

### Appendix 3 Post-mortem

#### Process for Post-mortem



**Parents to read  
'A guide to hospital**

	See Check
<b>Post-mortem examination</b>	
	list
<b>of a fetus baby or child'</b>	

### **Forms required**

**1) Request for Fetal Perinatal or infant post-mortem examination**

**2) Fetal Pathology Unit Tissue Transfer Chain of Custody form**

**3) Pink consent for PM.** (Scan forms and send to [Sharon.jenkins@wales.nhs.uk](mailto:Sharon.jenkins@wales.nhs.uk) to be checked **before** arranging transport for baby).

**4) Any copies of scans, Fetal Medicine reports or blood reports if high risk**

**5) If baby for PM put placenta in a dry bucket or a small amount of saline and send to UHW with the baby.**

**6) Arrange transport for baby to be transported to Cardiff and transport form to be completed and document reference number** (tel: 55656 or email [abb\\_switchboard\\_transport@wales.nhs.uk](mailto:abb_switchboard_transport@wales.nhs.uk))

**7) Telephone call received from UHW confirming fetus is ready to be brought back to the mortuary.**

**8) Arrange transport for the return of the fetus. Contact mortuary to inform them of the return.**

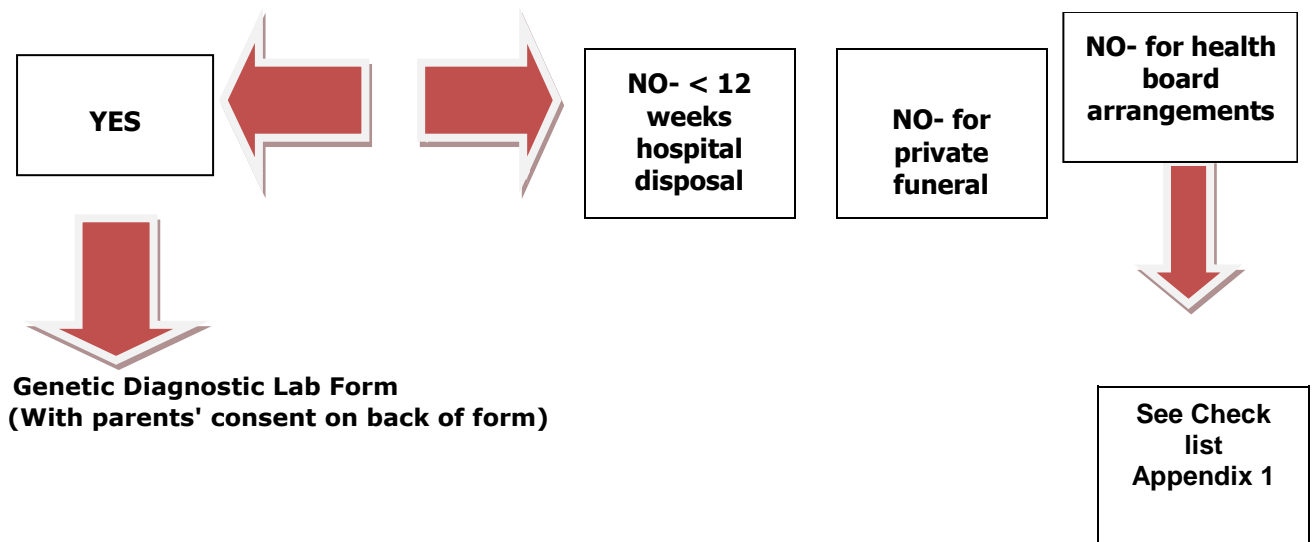
**9) Contact parents to inform them their baby has returned to the hospital**

**10) Contact funeral director if hospital arranged cremation or inform parents to contact their chosen funeral director**

### **Appendix 4**

**Tissue sampling for Cytogenetics  
Tel – 02920 744023**

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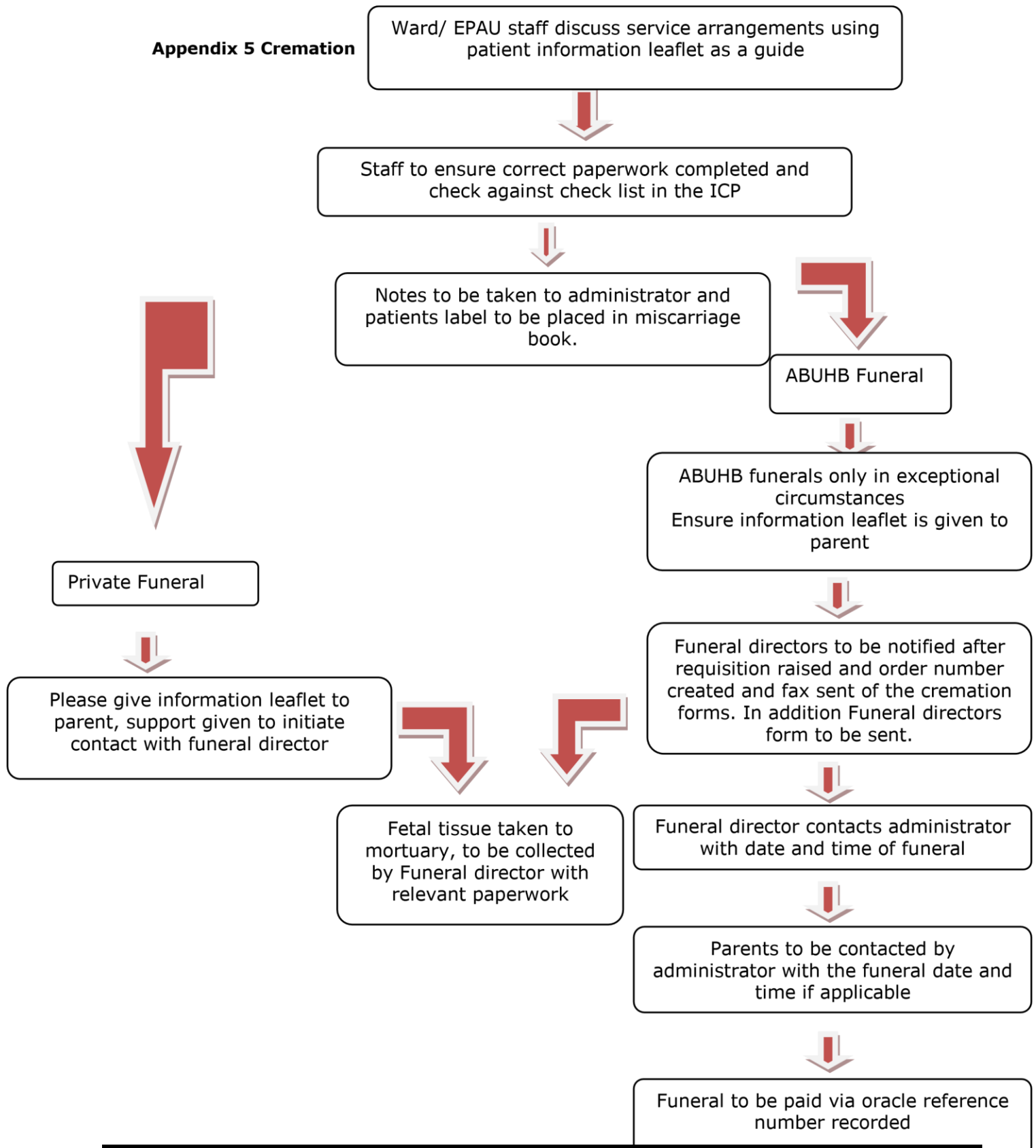


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## Appendix 5 Cremation



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## Appendix 6 APPLICATION FOR THE CREMATION OF FETAL REMAINS

**Gwent Crematorium, Treherbert Road, Croesyceiliog, Cwmbran, Torfaen. NP44 2BZ Telephone and Fax: 01633 482784**

Application for the cremation of fetal remains to be made to the Superintendent and Registrar, Gwent Crematorium, Croesyceiliog, Cwmbran. Such application to be accompanied by the Registered Medical Practitioner's Certificate in respect of fetal remains.

I, (Name).....			
.....			
Of (Address).....			
.....			
.....			
.....			
being the parent / not being the parent ( <b>delete as applicable</b> ) make application for the cremation of the remains of:-			
(name).....		Male/Female.....	
.....		.....	
delivered	on	(date)	
.....			
at	(address	or	name of
hospital).....			
I hereby certify that I have no reason to suspect that the duration of the pregnancy was shortened by any unlawful act and that I know of no reason why any further enquiry or examination should be made.			

I acknowledge that it may not be possible to recover any remains following the cremation and that if this application is made on behalf of the parent(s) that this possibility has been made known to them. If remains can be recovered, I wish them to be disposed of in the following manner:-

<i>Buried in the Garden of Remembrance at the crematorium</i>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<i>Made available for collection by the funeral director</i>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Signature of applicant

.....

Dated

.....



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**The Medical Practitioner's Certificate in respect of fetal remains is attached herewith.**

## Appendix 7

### CERTIFICATE OF MEDICAL PRACTITIONER IN RESPECT OF FETAL REMAINS

**Gwent Crematorium, Treherbert Road, Croesyceiliog, Cwmbran, Torfaen. NP44 2BZ  
Telephone and Fax: 01633 482784**

I, hereby certify that I have examined the fetal remains of:-

(Mother's  
Name) ..... of  
(Address)  
.....  
.....

Delivered on (date) ..... At .....am/pm  
Of ..... weeks gestation and that at no time was there any sign of life.

I have no reason to suspect that the duration of the pregnancy was shortened by violence, poison or any other unlawful act and I know of no reason why any further examination or enquiry should be made.

Medical Practitioner's  
signature.....

Print Name  
.....

Address  
.....  
.....

Telephone number (office hours)  
.....

Registered Qualifications .....

Dated .....

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**AUTHORITY TO CREMATE**

Whereas application has been made for the cremation of the remains of the above described stillborn child and, whereas I have satisfied myself that all the requirements of the Cremation Acts 1902 and 1952 and of the Regulations made in pursuance of these Acts have been complied with, that the child was stillborn and there exists no reason for further enquiry or examination.

I hereby authorise the Superintendent and Registrar of the Gwent Crematorium to cremate the said remains.

Signed .....Dated.....

**Appendix 8**

**APPLICATION FOR THE BURIAL OF A BABY WITH NO SIGNS OF LIFE**

**Parent/Representative**

*I*

*of*

*\* being the parent/\* not being the parent (\* delete as applicable) make application for the burial of the fetal remains of*

*Signature of applicant*

**Clinician**

*I hereby certify that I have no reason to suspect that the duration of the pregnancy was shortened by any unlawful act, and that I know of no reason why any further enquiry or examination should be made.*

*Fetus of*

---

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*Delivered on*

---

*At*

---

**Signature of clinician**

---

*Date*

---

## **Appendix 9 Request for Fetal Pathology Investigations**

Owner: Maternity Services

Cardiff and Vale NHS Trust	Revision: 3.0	Filename: LF-HIS-4RoutReq
Histopathology Services	Author: B. Jenkins	Authorized by: B Jenkins
	Date of issue: 20/09/2007	Page 1 of 1

**MEDICAL GENETICS SERVICE FOR WALES  
FETAL PATHOLOGY UNIT**

**REQUEST FOR INVESTIGATION OF FETUS**  
(Less than 24 weeks gestation with no evidence of life at delivery)  
Please **always** send the placenta

Mother's surname \_\_\_\_\_ First name \_\_\_\_\_

DOB \_\_\_\_\_ Address \_\_\_\_\_

Hospital \_\_\_\_\_ Ward \_\_\_\_\_

Consultant \_\_\_\_\_ Hospital number \_\_\_\_\_

Date of delivery \_\_\_\_\_ Date of receipt \_\_\_\_\_

Nature of specimen(s) \_\_\_\_\_

**PREGNANCY INFORMATION**

LMP \_\_\_\_/\_\_\_\_/\_\_\_\_ EDD \_\_\_\_/\_\_\_\_/\_\_\_\_ Gestation at delivery \_\_\_\_ weeks

Maternal serum AFP \_\_\_\_ kU/l Amniotic fluid AFP \_\_\_\_ kU/ml

Liquor amnii: Normal/Oligo/Poly Abortion: Spontaneous/Induced

If induced, mode of termination \_\_\_\_\_

Reason for termination \_\_\_\_\_

Known exposures (e.g. drugs, infections, etc.) \_\_\_\_\_

Maternal illness \_\_\_\_\_

Investigation(s) performed and findings (please include USS report) \_\_\_\_\_

Relevant family history \_\_\_\_\_

**PREVIOUS PREGNANCIES**

No	Date	Labour	Sex	Outcome
1				
2				
3				

**DISPOSAL PROCEDURE**

The fetus to be returned to the Referring Hospital **Yes / No**

Hospital Disposal at UHW (Thornhill Crematorium) **Yes / No**

Signature of parent \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of witness \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

For Thornhill, a **Certificate of Medical Practitioner in Respect of Foetal Remains** must be completed.

Drs G M Vujanic / E J Lazda, Fetal Pathology Unit, Institute for Medical Genetics, University Hospital of Wales, Heath Park, Cardiff (Tel: 029 2074 4025)

**LABORATORY FORM**

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## **Appendix 10**

Procedure for transporting Fetal material to the Fetal Pathology Unit, University Hospital of Wales

The opening hours for the Fetal Pathology Unit are **Monday to Friday 9.00am – 16.30pm (excluding bank holidays)**.

**Please call 02920 744025** in advance of sending the **Fetus** and a contact telephone number can be taken. 24 hours notice is recommended. This call is then logged and if nothing has arrived at the expected time / date the referrer will be called to inform them of the situation.

### **Fetus and placenta**

Please secure unfixed Fetal material in a tightly sealed clear plastic bag. Use a second bag for the placenta. Bags must be labelled with the mother's addressograph.

**On Maternity wrap baby securely in gamgee. Please use dry bucket to send placenta. Ensure this is labelled correctly.**

The plastic bag(s) should be sealed in a tissue sample container with a tightly fitted lid. This container must also be labelled with an addressograph.

### **Documents Required**

1. *'Request for investigation of Fetus' form*
2. *'Consent to a Hospital Post Mortem Examination on a Baby or Child'*
3. *'Certificate of Medical Practitioner in Respect of Fetal Remains'*
4. *'Fetal Pathology Unit Tissue Transfer Chain of Custody' form*

All forms must be fully completed and signatures obtained where indicated. The documentation should be placed in a plastic wallet labelled and attached to the outside of the specimen container.

**On maternity place in large envelope and send to mortuary with baby.**

Ensure any personal items (clothing, soft toys, and jewellery) to accompany the fetus have been placed within a plastic bag clearly labelled with mother's addressograph. **On maternity wrap all personal items with the baby.**

The lab must be informed when a high risk specimen is being sent and the potential hazard to staff should be identified.

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- **Identify the risk at source and inform the lab before transfer of specimen.**
  - **Attach the appropriate yellow hazard labels to the specimen container and clearly label the documentation.**
- Please ensure M.G RYAN (funeral directors) are informed to transfer any fetal material/baby on 01633 854522 or 02920626101