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PREGNANCY REMAINS FOLLOWING PREGNANCY LOSS, TERMINATION OF PREGNANCY AND STILLBIRTH POLICY

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Brief Summary of Document:	This policy sets out the governance processes for the sensitive disposal of pregnancy remains.
Scope:	This policy applies to all healthcare professionals employed by HDUHB who are responsible for the care of patients experiencing pregnancy loss. This policy is intended to support all employees within Hywel Dda University Health Board involved in communicating with patients and their families who have experienced pregnancy loss. It is, therefore of relevance to the Pathology Department, Chaplaincy and to all clinical services within the Health Board.

To be read in conjunction with:	243 - Consent to Hospital Post-Mortem Examination 008 - Consent to examination or treatment 374 - Mental Capacity Act 2005 Policy 295 - The Protection of Vulnerable Adults from Abuse All Wales Policy and Procedures. 404 – Making & Using Illustrative Clinical Photography Policy
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Owning Committee	Womens and Children’s Directorate Quality, Safety and Patient Experience
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Reviews and updates		
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1	New Policy	4/7/2019
2	Minor revisions - 404 – Making & Using Illustrative Clinical Photography Policy	18.7.2019
3	Amendment to flowchart 1	6.10.2021

Glossary of terms

Term	Definition
HTA	Human Tissue Authority

Keywords	Pregnancy loss, miscarriage, termination of pregnancy, ectopic, stillbirth.
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1. INTRODUCTION

Changes in public expectations arising from the organ retention issues highlighted at Alder Hey, Bristol Royal Infirmary and the Birmingham Children's Hospital and the emotive issues surrounding pregnancy remains, require clear and well communicated protocols and information for parent(s).

This document presents the Hywel Dda University Health Board's (Health Board) policy in relation to sensitive disposal of pregnancy remains. It reflects the requirements of the Human Tissue Act 2004 and ensures that relevant Human Tissue Authority (HTA) Codes of Practice are implemented.

2. POLICY STATEMENT

The Health Board is committed to ensuring that parent(s) have a choice over what happens to their baby, regardless of the gestation period of their loss, or how the loss occurred. Parental choice acknowledges the potential benefits for parent(s) of knowing that their baby was cremated or buried respectfully, also having a choice of sensitive incineration, especially when the parent(s) have decided not to arrange a private funeral.

3. SCOPE

This policy applies to all healthcare professionals employed by Health Board who are responsible for the care of patients experiencing pregnancy loss. This policy is intended to support all staff within the Health Board involved in communicating with patients and their families who have experienced pregnancy loss. It is, therefore of relevance to the Pathology Department, Chaplaincy, Bereavement Services and to Maternity and Gynaecology services within the Health Board. The gynaecology staff will provide support to the emergency departments as required.

4. AIM

The aim of this policy is to:

- To promote high quality care to patients within the Health Board who experience pregnancy loss.
- To meet the needs of all individuals respecting culture, diversity, and sexuality
- To ensure compliance with the Human Tissue Authority Standards

5. OBJECTIVES

The aim of this policy will be achieved by the following objectives:

- To provide guidance and support to healthcare professionals involved in the care of patients experiencing pregnancy loss
- Ensuring that bereaved families are treated with respect, receive all the relevant information to make decisions and that their views are taken into consideration
- Describing the process for sensitive disposal of pregnancy remains
- Delineating responsibilities of staff groups working with the policy.

It is the intention of the Health Board that parent(s) and where relevant family or friends should be treated with respect and dignity, should feel in control, and should be supported in making their own decisions about what happens to them and their baby. In order to achieve this, all communication should be clear, sensitive, honest and care should be responsive to their individual feelings and needs. All staff should recognise that parent(s) need information about what is happening and need to be given time to come to decisions based on that information. Parent(s) loss should be recognised and acknowledged. Their experience and feelings should be validated and their cultural and religious beliefs respected.

Staff will provide non-judgemental care to parent(s) and others in implementing the policy, demonstrating Health Board values at all times. Hywel Dda University Health Board is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and that we will not discriminate, harass or victimise individuals or groups unfairly on the basis of sex, pregnancy and maternity, gender assignment, disability, race, age, sexual orientation, religion or belief, family circumstances including marriage and civil partnership.

In order for staff to provide this care, it is essential that they are well informed about the arrangements that need to be made following the loss of a pregnancy or a baby's death. This policy encompasses the correct procedures that must be adhered to following the loss of a baby, including:

- Pregnancy remains (<24 weeks)
- Stillbirth (>24 weeks)

6. CONSENT

Who can give consent

For consent to be valid it must be given voluntarily by an appropriately informed person who has the capacity to agree to a post mortem examination (see Health Board Policy 008- Consent to Examination or Treatment and the Mental Capacity Act Implementation Policy). If a person is unable to sign the consent form due to physical or sensory impairment then a witness may sign on their behalf noting that the patient fully understands the consent.

The Human Tissue Authority Guidance states that the Human Tissue Act 2004 makes no distinction between the disposal of pregnancy remains and the disposal of other tissue from a living person; pregnancy remains are regarded as the tissue of the woman. Although under the HT Act, consent is not required for the disposal of pregnancy remains, the particularly sensitive nature of this tissue means that the wishes of the woman, and her understanding of the disposal options open to her, are of paramount importance and should be respected and acted upon. (HTA 2015)

Normally when someone lacks capacity to consent to examination or treatment, a decision is made in their best interests, following consultation with those close to the patient. In this case however, the decision to be made isn't about the patient, but rather what happens to the pregnancy remains. In these circumstances, the usual Health Board policies and procedures when dealing with persons who lack

capacity to consent should be applied, taking into account the wishes expressed by the woman in question and any other family members.

The HTA guidance sets out that the woman's medical notes should record whether information was provided and what the woman's decision was, and that a record should be kept of the date and location of the disposal. This is to ensure an audit trail for the disposed of remains, should the woman make enquiries at a later date. As the cremation or burial of pregnancy remains fall outside the scope of legislation in this area, there are no legal requirements in relation to consent and therefore the guidance does not specify that a consent form for the disposal is required. What is important is that sensitive discussion takes place, that a record of this happening is made, and that the date and location of the disposal are recorded, so that a record exists should a woman wish to trace the disposal of her pregnancy remains in the future.

Therefore, in these circumstances, the most important thing is to make a full and accurate record of what is explained to the woman before any decision is made, and what options are offered to her in terms of the disposal. If it appears that the woman lacks capacity to consent, then the Health Board should make a decision on how it should dispose of the foetal remains based on any wishes expressed by the mother and/or any other family members.

If there is concern that the patient is an adult at risk or there are safeguarding concerns then consideration should be given to referral to the Protection of Vulnerable Adults team.

7. PREGNANCY REMAINS (UP TO 24 WEEKS)

This section explains the procedures to follow in the case of early pregnancy remains, including miscarriage up to 24 weeks, termination of pregnancy (including that for foetal abnormality), and ectopic pregnancy. Consideration should be given to the care and support of the patient and where relevant, her family or friends, at all times, in the completion of the requirements outlined below.

The flow charts, checklist and forms presented in Appendix 1 and 2 should be viewed in conjunction with the text below. The checklist is available in ward areas and should be completed and filed in the patients' notes

Routine histopathology investigation for miscarriage and social termination of pregnancy is of limited clinical value therefore should not be requested. The decision regarding the indications for referral of a placenta for histopathology should be determined by the Consultant Gynaecologist responsible for the care of the patient following the 2011 Royal College of Pathologists Tissue pathway for histopathological examination of the placenta which contains a suggested list of indications for referral in Appendix 1. Procedures if histology is or is not requested will be discussed in the following sections.

8. CONSENT FOR HISTOLOGICAL EXAMINATION

Consent for disposal is not required following any histological examination of the remains. Blocks and slides made from products of conception for histopathological examination can be considered part of the woman's diagnostic record and do not

need to be disposed of in line with the recent HTA guidance on the disposal of pregnancy remains.

The form '*Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)*' must be used to record the patient's consent in relation to both disposal and histological investigation. The forms must be dated and signed by the patient, in the presence of a registered nurse. No one else may sign these forms on behalf of the patient. One copy of the form, *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)*, must be filed in the patient's notes and another copy must accompany the specimen along with *Certificate of Medical Practitioner to Histology*. The responsible registered nurse should offer the patient a copy of the form as well as any guidance and support that she requires during this difficult process.

Care should be taken to clearly explain the need for written consent and to support the patient during completion of this and all other forms.

It is important to take this consent at an appropriate time for the patient. In the case of miscarriage, this must be prior to discharge. In the case of termination of pregnancy, consent should be obtained at the first treatment visit. For ectopic pregnancies (if possible) consent should be taken at the same time as consent is obtained for the surgical/medical procedure.

If, following a full explanation by nursing staff, the patient refuses to sign the forms, *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)*, the nurse should note this on the form, sign and date it, one copy should be placed in patient's notes and one copy accompany the remains to Histopathology (WGH and BGH) and Mortuary (GGH) . Any such refusal should also be documented in the patient's notes. If *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)* form is not completed and no instructions given, there will be a three month retention period, after which there will be lawful incineration of pregnancy remains.

8.1 Arrangements for Histology (pregnancy remains up to 24 weeks)

8.1.1 When histology is to be undertaken

If the patient has given consent to histological examination of the pregnancy remains on the *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)* form, and Post Mortem is **not** required, then the following steps should be taken:

a) *If pregnancy remains are passed on the ward:*

Ward staff responsibilities:

- ◆ Pregnancy remains are placed in 10% neutral buffered formalin in an appropriately labelled container.
- ◆ Pregnancy remains are stored in dedicated ward fridge out of normal working hours.
- ◆ Pregnancy remains are sent to Histopathology with:
- ◆ *Histology and Non Gynae Cytology* form

- ◆ *Disposal of Pregnancy Remains (<24 weeks) Certificate of Medical Practitioner* form
 - ◆ *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)* form, a copy should be filed in the patients notes.
 - ◆ Counselling Referral Form at patient's request.
- b) *If pregnancy remains are obtained in Theatre. **Ward staff must ensure that: Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)*** form is obtained by the patient prior to theatre where clinically safe to do so or prior to the patients discharge from hospital.

Theatre staff responsibilities:

- ◆ Pregnancy remains are placed in 10% neutral buffered formalin, in an appropriately labelled container. **NB Evacuation bags containing contaminated sample must not be used.**
- ◆ Pregnancy remains are sent to Histopathology with:
- ◆ *Histology and Non Gynae Cytology* Form
- ◆ *Disposal of Pregnancy Remains (<24 weeks) Certificate of Medical Practitioner* form

8.1.2 When no histology is to be undertaken

If no histology required or if the patient does not agree to histology, the pregnancy remains must still be sent to Histopathology (WGH), Mortuary (GGH) and Rhiannon ward (BGH), for safe and appropriate disposal. The following steps should be taken:

- a) If pregnancy remains are passed on the ward,

Ward staff responsibilities:

- ◆ Pregnancy remains are placed in a sealable plastic bag without any contamination of any other blood or fluid inside or outside the plastic bag with addressograph applied to outside of bag, the bag must then be placed in an appropriately labelled container.
- ◆ Pregnancy remains are kept on wards outside of office hours in the dedicated fridges stored for a maximum of five days then transferred to: Histopathology (WGH) Mortuary (GGH) and Rhainnon ward (BGH) with: *Certificate of Medical Practitioner* form and *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)* form (this should clearly indicate that no histology is required), a copy should be filed in the patients notes.
- ◆ Counselling Referral Form at patient's request.

- b) If pregnancy remains are obtained in theatre. **N.B. ward staff must ensure that:** *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)* form is obtained by the patient prior to theatre where clinically safe to do so or prior to the patients discharge from hospital.

Theatre staff responsibilities:

- ◆ Pregnancy remains are placed in a sealable plastic bag without any contamination of any other blood or fluid inside or outside the plastic bag with addressograph applied to outside of bag, **NB Evacuation bags containing contaminated sample must not be used.** the bag must then be placed in an appropriately labelled container.
- ◆ Pregnancy remains are sent to Ward (BGH) Histopathology(WGH) Mortuary(GGH) with:
- ◆ *Disposal of Pregnancy Remains (<24 weeks) Certificate of Medical Practitioner* form

Ward staff responsibilities (BGH):

- ◆ When patient returns from theatre, the trained nursing staff must follow the instructions on the consent for disposal of pregnancy remains.

8.1.3 When Hospital Post-Mortem Investigation is to be undertaken:

Hospital Post-Mortem investigation is undertaken, on behalf of the Health Board, by the Foetal Pathology Unit at University Hospital of Wales (UHW), Cardiff.

Written consent is required from the patient, before a post-mortem, or any other investigations can be carried out. Health professionals involved in obtaining written consent for Hospital Post-Mortem, must have completed mandatory Hospital Post-Mortem consent training. The request for consent should be handled with great sensitivity and should follow the principles laid out in the Human Tissue Authority (2017) Guiding Principles and the Fundamental Principle of Consent

Respectful and sensitive communication, with bereaved families, is essential to help them make important decisions, at a difficult time.

The parent(s) should be given the opportunity to understand the reasons for a Hospital Post-Mortem, the process involved and their rights in the decision making process. They should be informed that organs and tissues are not retained following Hospital Post-Mortem, without their consent. They should be reassured that, following the Hospital Post-Mortem, the pregnancy remains will be returned to the mortuary GGH so that the desired arrangements for cremation or burial can be made. An NHS leaflet *A Guide to the Hospital Post-Mortem Examination of a Fetus, Baby or Child*, is available within the Health Board and should be provided to parent(s) before consent is obtained. If it is felt to be appropriate, for a Hospital Post-Mortem investigation, to be undertaken on the pregnancy remains, then the following steps should be taken:

- ◆ The Health Professionals responsible for the patient's care should discuss the need for Hospital Post-Mortem with the patient.
- ◆ *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)* form must still be completed, dated and signed by the patient and sent to Ward (BGH) Histopathology (WGH) Mortuary (GGH). A copy should be filed in the patient's notes.
- ◆ *Disposal of Pregnancy remains (<24 weeks) Certificate of Medical Practitioner* form must also be completed and sent to Ward (BGH) (Histopathology (WGH) Mortuary (GGH)

- ◆ A *Consent Form for a Post- Mortem Examination of a Foetus, Baby or Child*, must be completed following discussions between patient and health professional, who has completed, mandatory Hospital Post-Mortem, consent training. This must be signed by the patient. The top white copy must accompany the pregnancy remains to UHW, the green copy is to be filed in the patients notes and the pink copy should be offered to the patient.
- ◆ It is important that the patient is informed, at this stage that the report will not be available at this time and investigation may take approximately 10-12 weeks and that there could be further delay before the results are received.
- ◆ A Health Professional must complete the UHW Foetal Pathology Unit form, *Request for Foetal, Perinatal or Infant Post-Mortem Examination Investigation Form*.
- ◆ Pregnancy remains (including the placenta) must be placed in an appropriate, clearly labelled container (N.B. No formalin is to be used). The foetus should be covered in gauze soaked with saline) and must be, stored in a specimen fridge until transportation can be arranged.
- ◆ The Foetal Pathology Unit at UHW should be contacted to inform them to expect the specimen 02920744025
- ◆ Histopathology (WGH) Mortuary (GGH) must also be informed that a specimen is being sent to the Foetal Pathology Unit.
- ◆ Pregnancy remains, *Consent Form for a Post-Mortem Examination of a Foetus, Baby or Child* and *Foetal Pathology Request for Foetal, Perinatal or Infant Post-Mortem Examination Form, Chain of Custody Form* will be collected from the ward by Hospital Contracted Funeral Director (BGH, WGH) from the Mortuary by Health Courier Service (GGH) and transferred directly to the Foetal Pathology Unit, in appropriate transport box (Procedure for Transferring Fetal Material to the Fetal Pathology Unit, U.H.W. 2011)

On completion of the histological examination, the Foetal Pathology Unit forwards the results to the patient's Consultant. They also contact the referring hospital who will make arrangements for collection and return transportation, of the pregnancy remains. The pregnancy remains are then disposed of, as instructed on the consent form.

8.2 Arrangements for safe and respectful disposal (pregnancy remains up to 24 weeks)

By completing and signing two copies of the *Consent for Respectful Disposal of Pregnancy Remains forms*, the patient will give clear instructions regarding the safe and respectful disposal of the pregnancy remains.

Completion of the *Disposal of Pregnancy Remains (<24 weeks) Certificate of Medical Practitioner* form, by the Doctor, Midwife or Nurse, present at the delivery of the pregnancy remains, is mandatory in order to authorise disposal of the pregnancy remains.

Prior to the 24th week of gestation, neither burial or cremation is legally required, however, as a minimum, the Health Board will arrange for cremation, burial or sensitive incineration of pregnancy remains over 6 weeks. The parent(s) may arrange an alternative method of disposal and different forms are to be completed,

depending on the method of disposal, specified by the patient on the form *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)*. The following sections specify the requirements in each circumstance. In the case of cremation, the patient should be made aware, at the time of making arrangements, that it may not be possible to recover any remains (ashes) following the cremation.

8.2.1 When the Health Board is asked to arrange an individual cremation and the parent(s) want to attend or to be kept informed

Ward staff responsibilities

If a cremation is to be arranged ward staff must ask the patient to complete and sign the following forms.

- ◆ *Disposal of Pregnancy Remains (<24 weeks) Certificate of Medical Practitioner*
- ◆ *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)*
- ◆ *Application for Cremation of Individual Foetal Remains at Parc Gwyn Crematorium* form for Bereavement Officer (WGH) Mortuary (GGH). Forms for (BGH) *Particulars For A Cremation At Amlogsgfa Aberystwyth Crematorium* form, taken directly to Crematorium.
- ◆ *Cremation of Individual Foetal Remains Certificate of Medical Practitioner* for Bereavement Officer (WGH) Mortuary (GGH).Forms for (BGH) *Certificate of Medical Attendant of Midwife who was Present at Birth* taken directly to Crematorium
- ◆ *Requests for shared cremation of pregnancy remains will be arranged at Parc Gwyn Crematorium for all sites and will be arranged by Histopatholgy (WGH), Rhainnon Ward staff (BGH) and Mortuary (GGH)*
- ◆ *Counselling Referral Form* at patients request

One copy of the form, *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)*, must be filed in the patient's notes and the other copy must accompany the specimen along with *Disposal of Foetal Remains (<24weeks) Certificate of Medical Practitioner*.

The Bereavement Officer (WGH) Mortuary (GGH) Amlogsgfa Aberystwyth Crematorium (BGH) will liaise with the parent(s) and the crematorium, to co-ordinate arrangements for the cremation.

8.2.2. When the Health Board is asked to arrange a burial and the parent(s) want to attend or to be kept informed.

Parent(s) will need to liaise with Hospital Funeral Director (BGH), Bereavement Officer (WGH) Mortuary (GGH).

Ward staff responsibilities:

If a burial is to be arranged, ward staff must ask the patient to complete and sign the following forms

- ◆ *Disposal of Pregnancy Remains (<24weeks) Certificate of Medical Practitioner*
- ◆ *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)*

- ◆ *Burial for Foetal Remains in a Grave Certificate of Medical Practitioner for hospital Funeral Director (GGH, WGH) Certificate of Medical Attendant of Midwife who was Present at Birth (BGH)*
- ◆ Counselling Referral Form at patients request

One copy of the form, *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)*, must be filed in the patient's notes and the other copy must accompany the specimen along with *Disposal of Foetal Remains (<24weeks) Certificate of Medical Practitioner*.

The Hospital Funeral Director (BGH) Bereavement Officer (WGH) Mortuary (GGH) will liaise with the parent(s) to co-ordinate arrangements for the burial.

8.2.3 When the Health Board is asked to dispose of pregnancy remains and the families want no further contact.

In this situation, Histopathology Department (WGH) Mortuary (GGH) Ward (BGH) will be responsible for the safe and respectful disposal of pregnancy remains.

Ward staff responsibilities:

Ward staff must ask the patient to complete and sign the following forms

- ◆ *Disposal of Pregnancy Remains (<24 weeks) Certificate of Medical Practitioner*
- ◆ *Consent for Respectful Disposal of Pregnancy Remains* forms
- ◆ Counselling Referral form at patients request

One copy of *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)* form is filed in the patient's notes and one copy is sent to Histopathology Department (WGH) Mortuary (GGH) Ward (BGH) with *Disposal of Pregnancy Remains (<24weeks) Certificate of Medical Practitioner* form with pregnancy remains.

8.2.4 When the patient has declined to sign the *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)* the Health Board will dispose of pregnancy remains by sensitive incineration.

In this situation, Histopathology Department (BGH, WGH) Mortuary (GGH) will be responsible for the safe and respectful disposal of pregnancy remains.

Ward staff responsibilities:

Ward staff must complete and sign the following forms

- ◆ *Disposal of Pregnancy Remains (<24 weeks) Certificate of Medical Practitioner*
- ◆ *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)*

One copy of these forms should accompany the pregnancy remains and one copy to be filed in patient notes.

- ◆ Counselling Referral form at patients request

8.2.5 When the parent(s) wish to take their baby home themselves and make arrangements for disposal of Pregnancy Remains. If Cremation/Burial is requested relevant forms must be completed.

In this situation, the ward staff must ensure that information regarding proposed method of disposal is included on the form, *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)*.

Ward staff responsibilities:

- ◆ *Disposal of Pregnancy Remains (<24 weeks) Certificate of Medical Practitioner*
- ◆ *Consent for Respectful Disposal of Pregnancy Remains forms*
- ◆ *Health Board Triplicate Form for Pregnancy Remains*
- ◆ *Counselling Referral Form* at patients request

One copy of *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)* form is filed in the patient's notes and one copy is sent to Histopathology Department (WGH) Mortuary (GGH) Ward (BGH) with *Disposal of Pregnancy Remains (<24weeks) Certificate of Medical Practitioner* form with pregnancy remains.

The *Health Board triplicate form Pregnancy Remains* is to confirm that the patient will be taking the pregnancy remains from the Health Board. The pink copy of this form is offered to the patient. This advises the patient of obligations regarding the safe and respectful disposal of the pregnancy remains. The white copy of the form must be sent to the Bereavement Officer (WGH) Mortuary (BGH,GGH) and the yellow copy of the form must be filed in the patient's notes.

If the parent(s) are in agreement, it is preferable for an undertaker to be involved in the collection of the pregnancy remains. The undertaker will then be responsible for subsequent arrangements.

If the parent(s) wish to take the pregnancy remains away themselves, the pregnancy remains may be collected from ward (BGH), Bereavement Office or from the ward (WGH) Mortuary (GGH). In either case:

- ◆ The pregnancy remains should be in a sealable plastic bag without any contamination of any other blood or fluid inside or outside the plastic bag with addressograph applied to outside of bag, the bag must then be placed in an appropriately labelled container.
- ◆ If the pregnancy remains are being held by the Histopathology Department, the responsible ward nurse (BGH, WGH) or the Bereavement Officer (WGH) Mortuary (GGH) will make appropriate arrangements for collection of pregnancy remains.

Theatre staff responsibilities

- ◆ If the patient is attending theatre for the removal of the pregnancy remains, the pregnancy remains must be sent back to the ward and should not be sent for histology, or put in formalin solution. Ward staff must specify this requirement on the theatre check list and highlight it, at hand over, in theatre. Theatre staff should ensure the pregnancy remains are placed in a sealable plastic bag without any contamination of any other blood or fluid inside or outside the plastic bag with addressograph applied to outside of bag, the bag must then be placed in an appropriately labelled container and is transported back to the ward.

9. STILLBIRTHS

In the event of a woman attending the Midwifery-led unit where an intrauterine death is suspected, arrangements should be made to transfer her to the Consultant-Led Unit, by initiating the emergency transfer policy (All Wales Midwife led care guidelines 2014).

Stillbirth

In the event of an unexplained stillbirth in a midwifery-led unit or at home unless there are obvious signs of maceration, the midwife will initiate the resuscitation policy and summon emergency ambulance response (999), to transfer the baby to the consultant-led unit. It is important to liaise with senior labour ward staff prior to transfer, ensuring urgency of situation is clear.

The flow charts and checklist presented in Appendix 2 should be viewed in conjunction with the text below. The checklist is available in ward areas and should be completed and filed in the patients notes.

The patient should be advised of the option to request bereavement photographs from Medical Photography. Refer to the Health Board 404 – Making & Using Illustrative Clinical Photography Policy and related consent form 7.

9.1 Support for the patient and where relevant family and friends.

The loss of a baby is a very emotional and difficult experience for all concerned. The patient should be informed of the baby's death as soon as possible. To help with the grieving process, parent(s) should be encouraged to give the baby a name and those caring for the parent(s), should ensure they use the baby's name.(SANDS 2015)

The parent(s) and where relevant family or friends should be supported in the time they wish to spend with their baby. If the patient wishes to see the baby, after it has been returned to the Mortuary, a midwife will make these arrangements.

Maternity Staff responsibilities

- ◆ Arrangements for the patient, to meet with the consultant, to discuss the loss of the baby.
- ◆ Cancellation of antenatal clinics.

- ◆ The GP, Community Midwife and Referral for Counselling should be informed.

9.2 Hospital Post- Mortem

Written consent is required from the patient, before a Post-Mortem or any other investigations can be carried out. Health professionals involved in obtaining written consent, for Post-Mortem, must have completed, mandatory Hospital Post-Mortem consent training. The request for consent should be handled with great sensitivity and should follow the principles laid out in the Department of Health guidance *Families and Post Mortems: a code of practice (Department of Health 2003)*. Respectful and sensitive communication with bereaved families is essential to help them make important decisions at a difficult time.

The parent(s) should be given the opportunity to understand the reasons for a Hospital Post-Mortem, the process involved and their rights in the decision making process. They should be informed, that organs and tissues, are not retained following Hospital Post-Mortem, without their consent. They should be reassured that, following the Hospital Post- Mortem, the baby will be returned to the referring hospital as per local guidelines so that the desired arrangements for cremation or burial can be arranged. An NHS leaflet *A Guide to the Hospital Post- Mortem Examination of a Fetus, Baby or Child* is available within the Health Board and should be provided to parent(s) before consent is obtained.

9.3 If the patient does not agree to a Hospital Post-Mortem

If the patient does not wish a Hospital Post-Mortem examination to be carried out on her baby, a paediatrician is still required to undertake a detailed inspection of the baby.

Following the examination, arrangements should be made by Maternity staff to transfer the baby to the Mortuary. It is essential that two identification bracelets are in place (one on an arm and one on the opposite leg) before the baby leaves the Maternity Unit. Also, complete Pro-P610 form (BGH,GGH) to accompany the baby to the mortuary.

9.4 If the patient agrees to a Hospital Post- Mortem

If the patient agrees to a Hospital Post- Mortem the following steps should be taken:

- ◆ The doctor responsible for the patients care should discuss the need for Hospital Post-Mortem with the patient.
- ◆ *A Guide to the Hospital Post-Mortem Examination of a Fetus, Baby or Child* booklet, should be provided before consent is obtained.
- ◆ *A Consent Form for a Post- Mortem Examination of a Foetus, Baby or Child* must be completed following discussions between patient and doctor. This must be signed by the patient. The top white copy must accompany the baby to UHW, the green copy is to be filed in the patients notes and the pink copy should be offered to the patient.
- ◆ It is important that the patient is informed, that the report will not be available at this time, and the Hospital Post-Mortem may take approximately 14 days.

- ◆ A health professional must complete the UHW Foetal Pathology Unit form *Request for Foetal, Perinatal or Infant Post- Mortem Examination Investigation Form*.
- ◆ Arrangements should be made by Maternity staff to transfer the baby to the Mortuary. It is essential that two identification bracelets are in place (one on an arm and one on the opposite leg). The placenta (if stillbirth) should be placed in a sealed container of saline and correctly labelled with patients addressograph, before the baby leaves the Maternity Unit.
- ◆ Midwifery staff (BGH, GGH) will liaise with the hospital Funeral Director and UHW regarding transportation.
- ◆ When the baby returns to the referring hospital as per local guidelines, the Mortuary (BGH, GGH) will liaise with the parent(s), regarding parent(s) wishes.

On completion of Hospital Post-Mortem, UHW will send the results to the patient's Consultant who will liaise with the patient.

10. ARRANGEMENTS FOR REGISTRATION OF THE BABY

A death requires registration after 24 weeks gestation, or if under 24 weeks gestation but having shown signs of life. In addition, in twin pregnancies, where one baby has died in-utero (at whatever gestation), but is not delivered until the delivery of the live twin, this must be registered as a twin birth, with one stillbirth and one live birth. This does not apply if delivery is prior to 24 weeks.

The parent(s) must be informed of the need to register the birth and death of the baby. They should be given an appointment with the relevant registry office.

Registration arrangements for stillbirth

The following documentation must be completed before the patient leaves the hospital.

- ◆ *Medical Certificate of Stillbirth*
This must be completed by the midwife or doctor attending delivery. The maternity ward (BGH, GGH) will liaise with the parent(s) regarding collection of *Medical Certificate of Stillbirth* and appointment for the Registrar Office.

11. PROCEDURES WHEN ARRANGEMENTS FOR CREMATION OR BURIAL ARE BEING MADE BY THE HEALTH BOARD /FUNERAL DIRECTOR (STILLBIRTH)

In the case of a stillbirth, where the Health Board/Funeral Director is arranging the cremation or burial, the following documentation must be completed before the patient leaves the hospital:

a) *Procedures for Cremation:*

- ◆ *Certificate of Stillbirth*
This form must be completed by a doctor or midwife attending delivery and must be sent to the Mortuary (BGH,GGH).
- ◆ *Medical Certificate of Stillbirth*

This must be completed by a Doctor or midwife attending delivery. The maternity ward (BGH, GGH) will liaise with the parent(s) regarding collection of *Medical Certificate of Stillbirth* and appointment for the Registrar Office.

b) Procedures for Burial:

◆ *Medical Certificate of Stillbirth*

This must be completed by a Doctor or Midwife attending delivery. The maternity ward (BGH, GGH) will liaise with the parent(s) regarding collection of *Medical Certificate of Stillbirth* and appointment for the Registrar Office.

11.1 Procedures when arrangements for cremation or burial are being made by the parent(s) (stillbirth) and they wish to take their baby home themselves. Ensure the Cremation/Burial forms are completed prior to release of the baby and birth/death must be registered.

In the case of a stillbirth, where the parent(s) is arranging the cremation, the following documentation must be completed before the patient leaves the hospital.

a) Procedures for Cremation:

◆ *Certificate of Stillbirth*

This form must be completed by a doctor or midwife attending delivery and must be sent to the Mortuary (BGH,GGH).

◆ *Medical Certificate of Stillbirth*

This must be completed by a Doctor or midwife attending delivery. The maternity ward (BGH, GGH) will liaise with the parent(s) regarding collection of *Medical Certificate of Stillbirth* and appointment for the Registrar Office.

◆ *Health Board Triplicate form for stillbirth*

The triplicate form *stillbirth* is to confirm that the patient will be taking the baby from the Health Board. The pink copy of this form is offered to the patient. The white copy of the form must be sent to the Mortuary (BGH, GGH) and the yellow copy of the form must be filed in the patient's notes.

b) Procedures for Burial

◆ *Medical Certificate of Stillbirth*

This must be completed by a Doctor or midwife attending delivery. The Mortuary (BGH, GGH) will liaise with the parent(s) regarding collection of *Medical Certificate of Stillbirth* and appointment for the Registrar Office.

◆ *Health Board Triplicate form for stillbirth*

The triplicate form *stillbirth* is to confirm that the patient will be taking the baby from the Health Board. The pink copy of this form is offered to the patient. The white copy of the form must be sent to the Mortuary (BGH, GGH) and the yellow copy of the form must be filed in the patient's notes.

11.2. Burial outside a Cemetery

If the parent(s) wish to bury the baby themselves, outside a Cemetery (e.g. in their garden or in the countryside), there is no legal reason why this should not be done. There is no legal prohibition on where a baby's body is buried, provided that no danger is caused to others and there is no interference with any rights, other

people may have over the land. In addition, there must be no danger to water supplies or water courses or chance of bodily fluids leaking into or onto adjoining land. The body must be buried correctly, at an appropriate depth. If the parent(s) wish to bury their baby on land that they do not own, they must obtain the permission of the landowner. This would apply to a garden of a rented house. Parent(s) should be strongly advised to seek further guidance from the Stillbirth and Neonatal Death Society (SANDS) or the local Environmental Health Department, if they are uncertain as to whether their intended form of burial or cremation, is lawfully permitted.

Before removing the baby from the Health Board the parent(s) must complete and sign either the *Health Board Triplicate Form Stillbirth/Neonatal* which will acknowledge that they will be making their own arrangements for burial or cremation of the baby. This form also provides the parent(s) with essential information regarding the burial or cremation of the baby. The white copy of this form must be sent to the Mortuary (GGH, BGH). The pink copy is offered to the parent(s) and the yellow copy must be placed in the patient's notes.

12. RESPONSIBILITIES

12.1 Chief Executive

The Chief Executive has a responsibility for ensuring the Health Board employs a comprehensive strategy to support the management of risk, including clinical risks associated with patient care.

12.2 Director of Nursing, Quality & Patient Experience

The Director of Nursing & Quality has a responsibility to ensure that systems are in place for healthcare professionals to achieve the standards outlined in this document.

12.3 Senior Nurse Manager

The Senior Nurse Manager has a responsibility to ensure that resources are available to adhere to the objectives of the policy.

12.4 Senior Sister/Team leader

The Senior Sister/Team Leader has responsibility to ensure that standards of care as recommended by this policy are met. They have a responsibility to identify and address staff training needs in relation to this area of care, hence they must also ensure staff are provided the opportunity to attend pregnancy loss training.

12.5 Registered healthcare professionals are:

- ◆ Are responsible and accountable for their own practice when delivering pregnancy loss care (NMC, 2015)
- ◆ Are responsible for accessing and attending training sessions provided by the gynaecology team in order to maintain their knowledge and skills
- ◆ Must be aware of the Human Tissue Authority Standards relating to pregnancy loss care and familiarise themselves with these requirements
- ◆ Healthcare support workers will work under the supervision of a Registered Nurse in the application of this policy and are responsible for communicating actions and observations to the Registered Nurse.

13. REFERENCE LIST

All Wales Midwifery Led Care Guidelines (2014)

http://www.wisdom.wales.nhs.uk/sitesplus/documents/1183/Midwife%20Led%20Guideline%2C%20all%20Wales%285%29_ABMU%20Maternity%20Guidelines%202017.pdf

Cellular Pathology Services (2011) Procedure for transferring fetal material to the Fetal Pathology Unit, University Hospital of Wales.

<http://www.cardiffandvaleuhb.wales.nhs.uk/cellular-pathology>

Human Tissue Authority (2017) Guiding Principles and the Fundamental Principle of Consent

<https://www.hta.gov.uk/sites/default/files/files/HTA%20Code%20A.pdf>

Human Tissue Authority (2015) *Guidance on the Disposal of Pregnancy Remains following Pregnancy Loss or Termination*

https://www.hta.gov.uk/sites/default/files/Guidance_on_the_disposal_of_pregnancy_remains.pdf

Institute of Cemetery and Crematorium Management (2011)
The Sensitive Disposal of Fetal Remains.

<http://www.iccm-uk.com/iccm/index.php?pagename=foetalremains>

Sands (2016) *Pregnancy Loss and the Death of a Baby. Guidelines for Professionals.* 2^{4th} edition London

<https://www.sands.org.uk/about-sands/media-centre/news/2016/09/new-edition-sands-flagship-publication-pregnancy-loss-and-0>

14. APPENDIX 1 - CHECKLIST UP TO 24 WEEKS.DOCX

Histopathology

[Checklist Flowchart and Forms for Pregnancy Loss up to 24weeks](#)

FLOW CHART 1:

**HISTOLOGY FOR EARLY PREGNANCY REMAINS (UP TO 24 WEEKS)
OR FOETAL ABNORMALITY**

FLOW CHART 2:

HISTOLOGY FOR ECTOPIC PREGNANCY

FLOWCHART HISTOPATHOLOGY FOR ECTOPIC PREGNANCY.DOCX

FLOW CHART 3:

DISPOSAL OF PREGNANCY REMAINS (UP TO 24 WEEKS)

**Consent for respectful disposal of pregnancy remains under 24 weeks
gestation (Form A)**

**Consent for respectful disposal of pregnancy remains under 24 weeks
gestation (Form B)**

**DISPOSAL OF PREGNANCY REMAINS (<24 WEEKS)
CERTIFICATE OF MEDICAL PRACTITIONER**

Health Board Triplicate Form

15. CHECKLISTS, FLOW CHARTS AND FORMS FOR PREGNANCY LOSS UP TO 24 WEEKS



Steps to be completed by Ward Nurses with regard to histology and disposal of pregnancy remains as a result of early pregnancy loss (up to 24 weeks), termination of pregnancy (including that due to foetal abnormality), or ectopic pregnancy:

<p>This check list (A) should be used in conjunction with the attached flowchart. To be completed by ward staff before the patient leaves hospital. All those concerned with the patient's care are responsible for ensuring that all items are attended to. This sheet should be placed in the nursing documentation until completed and then filed in the consent section of the patient's notes.</p>	<p>ADDRESSOGRAPH</p>	
<p>A:In all cases</p>	<p>Date</p>	<p>Name and signature</p>
<p><i>Consent for Respectful Disposal Pregnancy Remains.</i> Two completed forms must be dated and signed by the patient. One copy should be filed in patients notes and one copy to Histopathology with specimen</p>		
<p><i>Disposal of Foetal Remains (<24 weeks) Certificate of Medical Practitioner</i> completed and signed by responsible practitioner.</p>		
<p><i>Histology and Non Gynae Cytology form</i> (for histology only)</p>		
<p><i>Counselling Referral Form</i> at patients request</p>		
<p>Arrangements for disposal of pregnancy remains</p>		
<p>The following sections (i-iv) relate to the documentation and processes required in relation to the disposal of pregnancy remains. Different forms are to be completed, depending on the method of disposal specified by the patient in the form <i>Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)</i> (see above). Complete one section only (i or ii or iii or iv).</p>		
<p>i) Trust to arrange for cremation of pregnancy remains, with parent(s) involvement:</p>		
<p><i>Cremation of Individual Foetal Remains Certificate of Medical Practitioner at Parc Gwyn Crematorium (GGH/WGH)</i> completed and signed by Medical Practitioner. <i>Certificate of Medical Attendant of Midwife who was Present at Birth (BGH)</i></p>		

<p><i>Application for Cremation of Individual Foetal Remains at Parc Gwyn Crematorium (GGH/WGH) Particulars for a Cremation at Amlogfa Aberystwyth Crematorium (BGH) completed and signed by patient.</i></p>		
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ii) Trust to arrange for burial of pregnancy remains, with parent(s) involvement:

<p><i>Burial of Foetal Remains in a Grave Certificate of Medical Practitioner (GGH/WGH) completed and signed by doctor. Certificate of Medical Attendant of Midwife who was Present at Birth (BGH) completed.</i></p>		
---	--	--

iii) Trust to arrange for cremation of pregnancy remains with NO parent(s) involvement:

Make sure all forms completed as in check list (A)

iv) Parent(s) to dispose of pregnancy remains(Taking pregnancy remains home)

Make sure all forms completed as in check list (A)

<p><i>Triplicate Health Board Pregnancy Remains form to be completed by patient. Pink copy offered to patient, white copy to Mortuary(GGH) Ward (BGH) Bereavement Officer (WGH) and yellow copy to be filed in patients notes</i></p>		
---	--	--

v) Trust is asked to dispose of pregnancy remains by sensitive incineration:

Make sure all forms completed as in check list (A)

16. CHECKLIST HISTOPATHOLOGY FOR UP TO 24 WEEKS



When the patient completes *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)*. The will specify the instructions for histology to be undertaken on the pregnancy remains.

The following sections outline the documentation and other requirements which must be completed in relation to histology.

Complete one section (**B** or **C**) only.

Complete **Section B** if Hospital Post-Mortem investigation is to be undertaken at the Foetal Pathology Unit, University Hospital of Wales (UHW), Cardiff.

Complete **Section C** if histology to be undertaken

Complete **Section C** if no histology to be undertaken.

B: When Hospital Post-Mortem investigation is to be undertaken	Date	Name and signature
<i>Consent form for a Post- Mortem Examination of a Foetus, Baby or Child</i> completed following discussions between patient and health professional.		
UHW <i>Foetal Pathology Unit form Request for Foetal, Perinatal or Infant Post-Mortem Examination Investigation</i> to be completed by responsible health professional.		
<i>Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)</i> . Two completed forms must be dated and signed by the patient. One copy should be filed in the patients notes and one copy to Histopathology (WGH) Mortuary (GGH)Ward (BGH) with specimen.		
Disposal of Pregnancy Remains (<24 weeks) Certificate of Medical Practitioner completed and signed by responsible practitioner.		
Complete and fax <i>Chain of Custody Form</i> to U.H.W.		
Pregnancy remains including placenta placed in an appropriate, clearly labelled container (N.B. No formalin to be used).If necessary, stored in specimen fridge.		
Foetal Pathology Unit at UHW contacted to inform them to expect the specimen 02920744025.		
Arrange transport via Funeral Director/H.C.S. transfer to U.H.W. in appropriate transport box.		
To liaise with Bereavement Officer (WGH) Mortuary (GGH) Ward(BGH).		
Inform Histopathology		
Inform Parent(s) :		
Baby will be sent to U.H.W. for Hospital Post-Mortem and can take 10-14 weeks before coming back to referring hospital.		
<i>Counselling Referral Form</i> at patients request		

Histology / No Histology send to Histopathology (GGH, WGH). Histology reception (BGH) No Histology (ward BGH) with: <i>Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)</i> form. <i>Disposal of Pregnancy Remains (<24 weeks) Certificate of Medical Practitioner</i> Form.		
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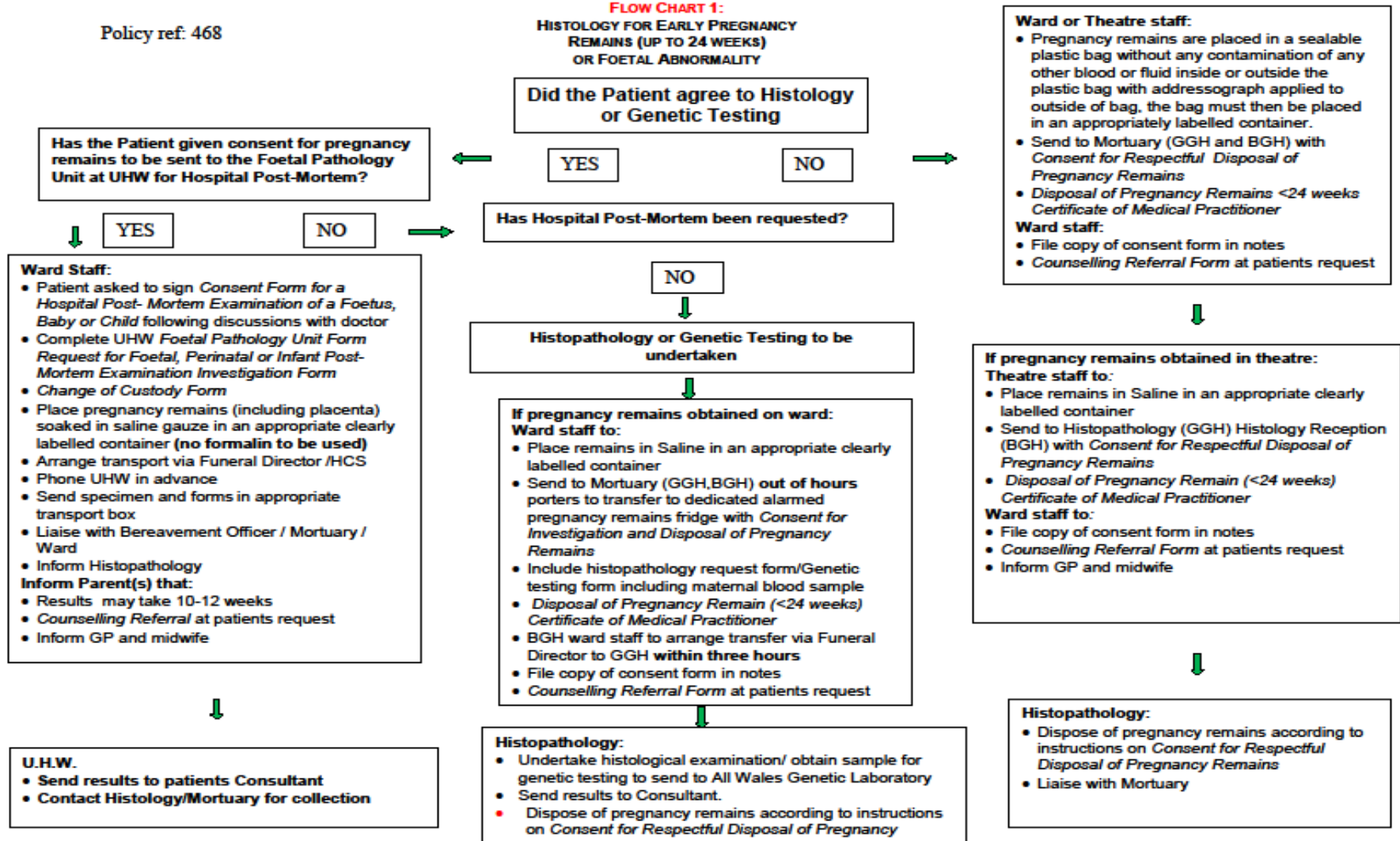
C: When histology to be undertaken or when no histology is to be undertaken	Date	Name and signature
<i>i) If pregnancy remains passed on the ward when histology is required::</i>		
Pregnancy remains placed in 10% Neutralised Buffered Formalin in an appropriately labelled container.		
Send to Histopathology with: <i>Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)</i> form. <i>Disposal of Pregnancy Remains (<24 weeks) Certificate of Medical Practitioner Form.</i>		
File copy <i>Consent Form</i> in notes.		
<i>Counselling Referral Form</i> at patients request.		
Inform GP and midwife		
<i>ii) If pregnancy remains passed on the ward when no histology is required::</i>		
Pregnancy remains are placed in a sealable plastic bag without any contamination of any other blood or fluid inside or outside the plastic bag with addressograph applied to outside of bag, the bag must then be placed in an appropriately labelled container.		
Send to Histology (WGH)/ Mortuary (GGH and BGH) with: <i>Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)</i> form. <i>Disposal of Pregnancy Remains (<24 weeks) Certificate of Medical Practitioner Form.</i>		
File copy <i>Consent Form</i> in notes.		
<i>Counselling Referral Form</i> at patients request.		
Inform GP and midwife		
<i>ii) If pregnancy remains obtained in Theatre for histology</i>		
Pregnancy remains placed in 10% Neutralised Buffered Formalin in an appropriately labelled container.		
Send to Histopathology with: <i>Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)</i> form. <i>Disposal of Pregnancy Remains (<24 weeks) Certificate of Medical Practitioner Form.</i>		
<i>iii) If pregnancy remains obtained in Theatre not for histology</i>		
Pregnancy remains are placed in a sealable plastic bag without any contamination of any other blood or fluid inside or outside the plastic bag with addressograph applied to outside of bag, the bag must then be placed in an appropriately labelled container.		
Send to Histology (WGH)/ Mortuary (GGH and BGH) with: <i>Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)</i> form. <i>Disposal of Pregnancy Remains (<24 weeks) Certificate of Medical Practitioner Form.</i>		
Ward Staff:		
File copy <i>Consent Form</i> in notes.		
<i>Counselling Referral Form</i> at patients request.		
Inform GP and midwife		

N.B. If the patient refuses to sign any of the forms, the nurse should note this on the *Consent for Respectful Disposal of Pregnancy Remains (under 24 weeks)* form, sign and date it, and return it to Histopathology (GGH,WGH) Histology Reception (BGH) with the specimen. Any such refusal should also be documented in the patient notes. Once completed this sheet must be filed in the consent section of the patient's notes

17.FLOWCHART1 HISTOLOGY FOR EARLY PREGNANCY REMAINS UP TO 24 WEEKS OR FOETAL ABNORMALITY

Policy ref: 468

**FLOW CHART 1:
HISTOLOGY FOR EARLY PREGNANCY
REMAINS (UP TO 24 WEEKS)
OR FOETAL ABNORMALITY**



18.FLOWCHART2 HISTOPATHOLOGY FOR ECTOPIC PREGNANCY

**FLOW CHART 2:
HISTOLOGY FOR ECTOPIC
PREGNANCY**

Ward Staff:
Ask the Patient to complete and sign
*Consent for Respectful Disposal of
Pregnancy Remains.*



Theatre staff:

- Place in 10% Neutralised Buffered Formalin in an appropriate clearly labelled container
- Send to Histopathology with consent form, *Disposal of Pregnancy Remains (<24 weeks) Medical Practitioner Certificate form*
- *Consent for Respectful Disposal of Pregnancy Remains with consent for histology*
- *Histology and Non Gyneae Cytology form*
- File copy of consent form in notes

Ward staff:

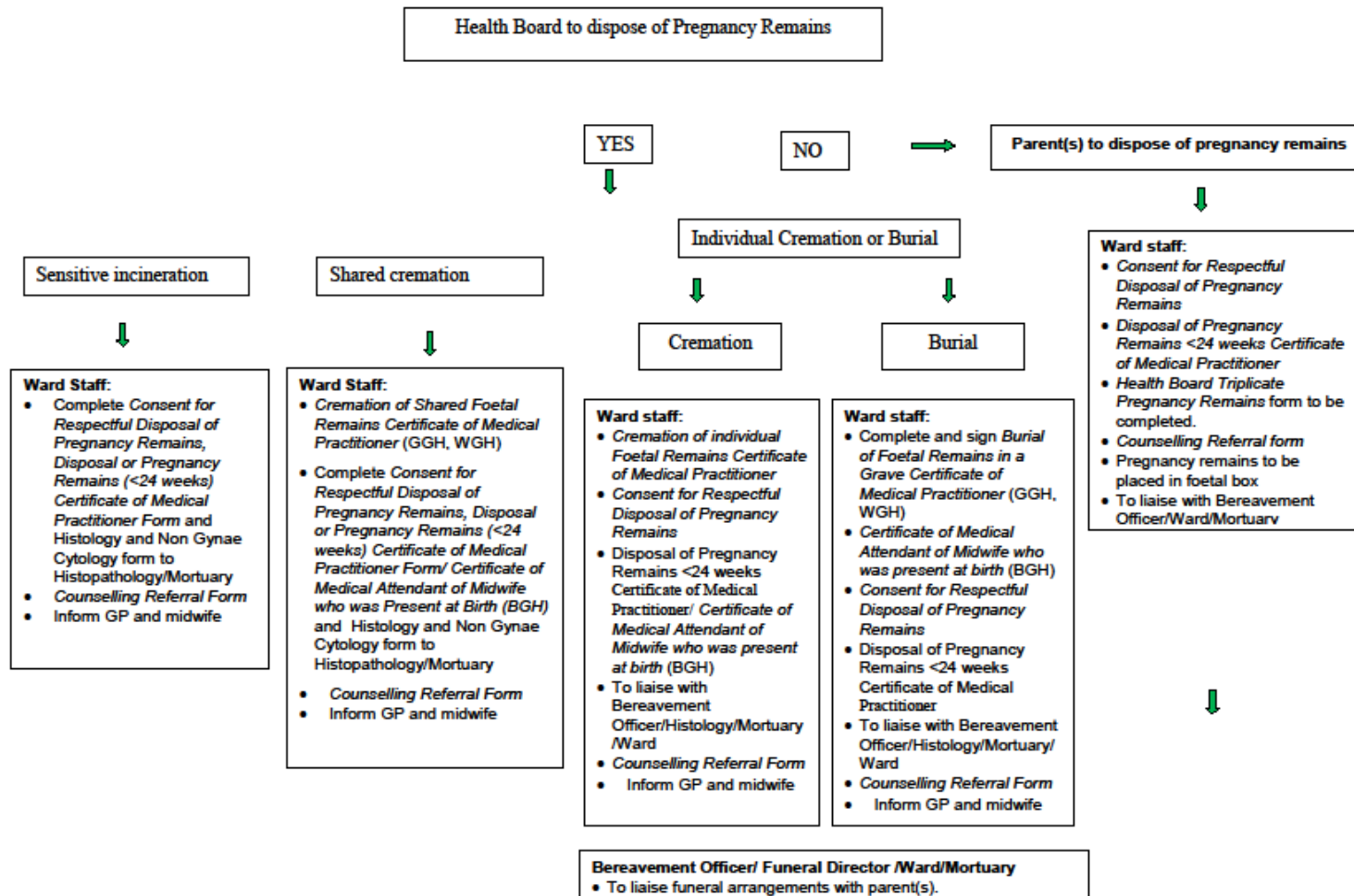
- Complete *Consent for Respectful Disposal of Pregnancy Remains form*
- *Counselling Referral Form* at patients request
- Inform GP and midwife



Histopathology

- Undertake histological examination
- Send results to Consultant
- Dispose of Pregnancy Remains according to instructions

19. FLOWCHART 3 – DISPOSAL OF PREGNANCY REMAINS (UP TO 24 WEEKS)



**Consent for Further Investigation of Pregnancy Remains
(under 24 weeks)**

This form enables you to consent for further investigation of pregnancy remains and foetal material delivered before the 24th week of gestation.

During the process of completing this form the health professional assisting you will explain the different investigations available to you and any merit they may possess. You must understand fully the process involved before signing for any tests. This is called informed consent. A clinician may ask for further investigations but these can only be carried out with your permission.

For each section please **INITIAL** the relevant box(s).

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

Further Investigation (please INITIAL appropriate boxes)

Histological Investigation

I give consent for the pregnancy remains to undergo histological investigation. I understand that the slides and blocks taken as part of this process will be kept by the histology department. **(If this investigation detects any conditions which could affect future pregnancies you will be notified).**

Cytogenetic Investigation- *NOTE: Consent form must be completed for Cytogenetics by the mother.*

Post Mortem Examination – *NOTE: The Consent for a Post-Mortem Examination of a Fetus, Baby or Child form must be completed with the family*

I have had the details of the above consent explained to me and understand accordingly

PRINT NAME:

SIGNED:

This Section to be completed by Health Professional seeking consent.

NAME:

SIGNATURE:

POSITION:

DATE:

21. CONSENT FOR RESPECTFUL DISPOSAL OF PREGNANCY REMAINS UNDER 24 WEEKS GESTATION (FORM B) BV4 (APRIL18)

**Consent for Respectful Disposal of Pregnancy Remains
(under 24 weeks) Form B**



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

HOSPITAL:
WARD:
DATE:

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

PART 1- Your wishes on disposal (Please INITIAL one box from part 1 or part 2)		Initial
I wish to take the pregnancy remains home		

PART 2 – Continued disposal consent.			
I would like to make my own private funeral arrangements	Cremation	Burial	
I consent to hospital individual cremation			
I consent to hospital individual burial			

PART 3 and please initial Your choice of the following:	
I do not wish to be informed of the funeral arrangements	
I wish to be informed of the funeral arrangements and may wish to attend an individual disposal.	
I only wish to be informed of the date of the cremation/burial	
I understand that if I cannot be contacted within eight weeks after the initial call then the hospital can continue to carry out my wishes in my absence and any remains as a result of cremation will be scattered in the garden at the crematorium.	
I can be contacted on the following number:	
Additional Information _____	

I have had the details of the above consent explained to me and understand accordingly	
PRINT NAME:	SIGNED:

This Section to be completed by Health professional.	
I have explained the details of the above consent and that other options are available.	
NAME:	SIGNATURE:
POSITION:	DATE:

Where further investigation are clinically indicated. Consent can be found on the rear of this form

Further investigation requested

YES

NO

**Consent for Further Investigation of Pregnancy Remains
(under 24 weeks)**

This form enables you to consent for further investigation of pregnancy remains and foetal material delivered before the 24th week of gestation.

During the process of completing this form the health professional assisting you will explain the different investigations available to you and any merit they may possess. You must understand fully the process involved before signing for any tests. This is called informed consent. A clinician may ask for further investigations but these can only be carried out with your permission.

For each section please **INITIAL** the relevant box(s).

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

Further Investigation (please INITIAL appropriate boxes)

Histological Investigation

I give consent for the pregnancy remains to undergo histological investigation. I understand that the slides and blocks taken as part of this process will be kept by the histology department. **(If this investigation detects any conditions which could affect future pregnancies you will be notified).**

Cytogenetic Investigation- *NOTE: Consent form must be completed for Cytogenetics by the mother.*

Post Mortem Examination – *NOTE: The Consent for a Post-Mortem Examination of a Fetus, Baby or Child form must be completed with the family*

I have had the details of the above consent explained to me and understand accordingly

PRINT NAME:

SIGNED:

This Section to be completed by Health Professional seeking consent.

NAME:

SIGNATURE:

POSITION:

DATE:

22. DISPOSAL OF PREGNANCY REMAINS (UP TO 24 WEEKS) CERTIFICATE OF MEDICAL PRACTITIONER



**DISPOSAL OF PREGNANCY REMAINS (<24 WEEKS)
CERTIFICATE OF MEDICAL PRACTITIONER**

This form must be completed in relation to any pregnancy remains under 24 weeks gestation. If Histology is requested it must be sent to Histopathology along with the foetal remains, the histology request card and the *Consent for Investigation and Disposal of Pregnancy Remains <24 weeks gestation* form.

When NO histology is requested it must be sent to the mortuary in GGH, the histology department in WGH and in BGH be stored on the ward until disposal.

ADDRESSOGRAPH

This is to certify that:

- The pregnancy remains were delivered at less than 24 weeks gestation.
- That the pregnancy remains showed no sign of life at any time.
- That I have no reason to suspect that any unlawful act shortened the duration of the pregnancy

Gestation period

Date delivered

SIGNATURE

(of Doctor, Midwife or Senior Nurse)

NAME	
JOB TITLE	
REGISTERED QUALIFICATION	
DATE FORM COMPLETED	

23. HEALTH BOARD TRIPLICATE FORM

HEALTH BOARD TRIPLICATE FORM

HOSPITAL

LOCATION

DATE

PREGNANCY REMAINS

This form should only to be used in those circumstances before 24 weeks gestation when the parent(s) wish to make their own arrangements (not required if an Undertaker has been appointed or if the hospital is undertaking the arrangements).

I should like _____ to be returned to

(first name(s) of infant and/or surname)

_____ to arrange a funeral or

(please insert name of parent)

cremation (or other lawful disposal). I understand that in accepting such release, I

will be responsible for making lawful arrangements in accordance with the

undermentioned guidance.

Signed: _____ Relationship: _____

Address: _____

Date: _____

INFORMATION FOR PARENT(S)

Prior to the 24th week of gestation, statute law does not require any form of registration. In that situation, neither burial nor cremation is legally required, although many parent(s) will of course wish to have the child's body buried or cremated. Where the child is born before 24 weeks gestation, there is no legal requirement as to where the body is buried, provided that no danger is caused to others and there is no interference with any rights other people may have over the land concerned. However, you are strongly advised to seek further guidance from either Stillbirth and Neonatal Death Society (SANDS), your local Environmental Health Department or a Funeral Director if you are uncertain as to whether your intended form of burial or cremation is lawfully permitted.

Signed: _____ Date: _____
(CLINICIAN / PRACTITIONER / NURSE TAKEN CONSENT)

On completion of form:

White copy : to be sent to Bereavement Officer (WGH) Mortuary (WWGH) / (BGH).

Pink copy : to be handed to the Parent(s) for their retention

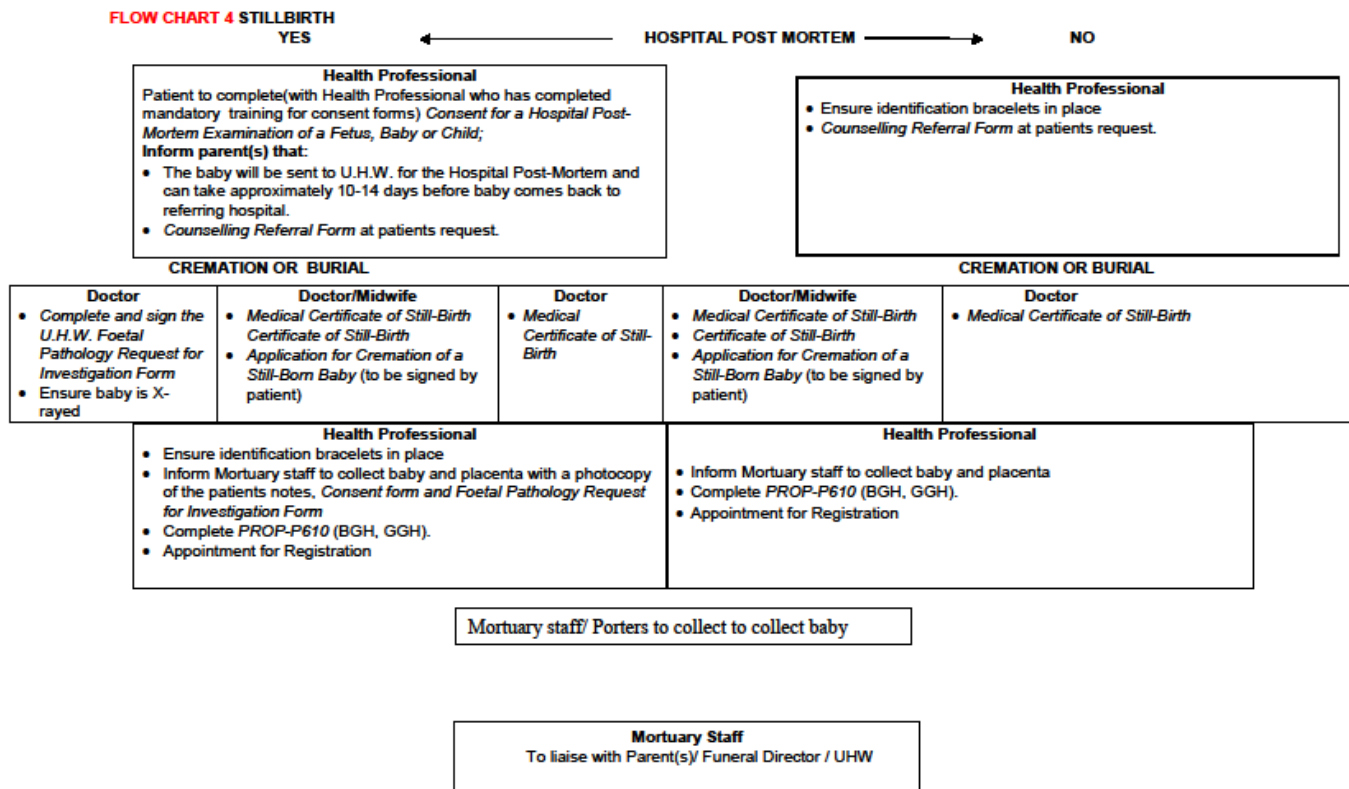
Yellow copy: to be placed in the Medical Notes

<input type="checkbox"/> Appointment made to register birth/death.		
<input type="checkbox"/> Parent(s) given details of appointment		
<input type="checkbox"/> Cremation or burial arrangements discussed.(circle)		
<input type="checkbox"/> Forms completed.		
<input type="checkbox"/> <i>Counselling Referral Form</i> at patients request.		
Discharge arrangements		
<input type="checkbox"/> Religious leader informed at patients request		
<input type="checkbox"/> Patient admitted /discharged on Myrddin (computer) and given N.H.S number		

Checklist for Stillbirth

RESTRICTED UNTIL APPROVED

25. Appendix 2B - Flowchart for Stillbirth



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26. APPENDIX 3: CHAPLAINCY SERVICES

All staff can contact the chaplaincy services for patient and staff support 24/7 across all sites. Patient information leaflets are available explaining the services and giving contact information for patients to contact the services themselves.

Hwyel Dda University Health Board recognise that we live in a multi-faith society, that people of all faiths have pastoral, spiritual and religious needs and none and we try to meet these needs in healthcare, chaplains can be used to facilitate this on your behalf.

Pastoral care is available to all, and we can offer naming ceremonies, blessing ceremonies when required.

Naming your Baby allows you to offer an identity that can continue. It is not possible to identify the sex of your baby at the time of the birth, it is always possible to choose a name that is suitable for either a boy or a girl.

Blessing/Commending your Baby Your baby can be named and blessed by the Hospital Chaplain This blessing can occur either with or without you being present and often done before you leave the ward.. A blessing card will then be given to you.

Book of Remembrance and Remembrance Service You may like to enter your baby's name in the hospital 'Baby Book of Remembrance' which is situated in the Quiet Room/Chapel. We can arrange to make this available or you may wish to return the attached card to us later. Please speak to a Chaplain about what you would like to enter.

An annual Baby Remembrance Service is held. No invitations are issued but information is available from hospital and community midwives, the Hwyel Dda web site, Twitter and Face-book and all members of the family are invited. The service is held in Carmarthenshire on the Saturday before Easter and in Pembrokeshire on the second Tuesday of September.

Please do not be afraid to ask other people to help you and to explain certain procedures. Ask for what you want as not all parents are comforted by the same things. It is good to talk and it is our privilege to come alongside and share with you. No one should and is expected to do this alone!

To make contact please ask a member of the team:
Via switchboard for WGH and GGH

For BGH contact switchboard and request GGH Chaplaincy Services.

Or, Senior Chaplain on (01267) 227563. or euryl.howells2@wales.nhs.uk