

Sensitive Disposal of Fetal Remains Under 24 Weeks Guidance	
Summary statement: How does the document support patient care?	By providing guidance for staff in the event of a pregnancy loss under 24 weeks with regard to sensitive disposal of fetal remains
Staff/stakeholders involved in development:	Mortuary staff, Histopathology staff, Crematorium personnel, Gynaecology Matron, Theatre Sister, Midwife, Heads of Nursing
Division:	All
Departments:	All
Responsible Person:	Chief of Service
Author:	Gynaecology Matron, Antenatal Screening Coordinator Midwife & CQC Midwife
For use by:	Midwives, Doctors, A & E staff, Theatre staff, Mortuary Staff, Histopathology staff, Surgical Ward Nursing & Health Care Assistant staff, Early Pregnancy and Gynae Day Unit staff
Purpose:	To provide guidance for staff on the Trust process for sensitive disposal of fetal remains under 24 weeks
This document supports:	SANDS (2005) RCN (2007) ICCM (2011)
Key related documents:	WSHFT Pathology Department Documents: Mortuary Standard Operating Procedure (SOP): <ul style="list-style-type: none"> • Sensitive Disposal of Fetuses under 13 weeks, • Funerals for Babies / Fetuses over 13 weeks WSHFT Maternity guideline: Intrauterine Death including Induction for Fetal Abnormality Guideline. WSHFT Guideline: Recurrent Miscarriage Guideline
Approved by:	W&C Integrated Performance Group
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If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team	
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Sensitive Disposal of Fetal Remains Under 24 Weeks Guidance

1.0 Aim:

To provide evidence based guidance for staff on the sensitive disposal of fetal remains.

In the context of this guidance, fetal remains refers to all fetal tissue obtained following surgical procedures for miscarriage and termination, spontaneous miscarriage, medical treatment of miscarriage or termination and any fetus born dead before 24 weeks gestation. Guidance including documents are available on Staffnet under 'Pregnancy Loss'

This document gives guidance for the two agreed pathways as described below.

- i. The loss of a non-recognisable fetus. This is a loss through Surgical Management of Miscarriage (SMoM), Ectopic pregnancy, surgical termination of pregnancy and spontaneous miscarriage with no recognisable fetus (refer to section 6)
- ii. The loss of a recognisable fetus (of any gestation). This is a loss through medical termination of pregnancy for either fetal abnormality or maternal medical indications, spontaneous miscarriage (with a recognisable fetus) and intra-uterine deaths under 24 weeks (refer to section 7)

2.0 Scope

This guidance applies to:

- Midwives and health care assistants
- Obstetricians & Gynaecologists
- Surgical Ward Nursing & Health Care Assistant staff
- A & E staff
- Gynae Day Unit & Early Pregnancy Unit staff
- Mortuary staff
- Theatre staff
- Hospital chaplains
- Histopathology staff

3.0 Responsibilities

3.1 It is the responsibility of above staff members to:

- To access, read, understand and follow this guidance

3.2 It is the responsibility of the division to:

- To ensure the guideline is reviewed as required in line with Trust and National recommendations
- To ensure the guideline is accessible to all relevant staff

4.0 Introduction

Discussion about sensitive disposal of fetal material began in 1989 with the Polkinghorn report. This acknowledged the special status of the fetus as having the potential to develop into a human being, entitling a fetus to respect, with a status broadly comparable to that of a living person.

This was followed by Department of Health (1991) guidelines on the disposal of all fetuses and fetal material. These guidelines stated that disposal should be sensitive and respectful, irrespective of how the pregnancy was lost. The guidance also makes it clear that staff should consider any personal wishes expressed by the family.

In 1995, the Stillbirth and Neonatal Death Society (SANDS) emphasises the importance of information for parents, about the choices they can make and about arrangements that will be made if they choose not to be involved.

Parents should be given the same choice on the disposal of fetal remains as for a stillborn child. Whilst sometimes parents don't always recognise their loss at the time, we need to be aware that they may return months or even years later to enquire about disposal arrangements. Therefore we need to ensure that sensitive and dignified disposal is carried out whether or not the parents wish to be involved.

Fetus Papyraceous - in cases of multiple pregnancy where one baby dies under 24 weeks; parents should be informed of the available options prior to the birth of the surviving baby (guidance below).

Public awareness of sensitive disposal is increasing which has led to more women wishing to know about or be involved in what happens to the remains of their pregnancy

The Institute of Cemetery and Crematorium Management (ICCM) policy document states that the hospital should obtain consent from the parent, preferably in writing, authorising the means of disposal following pregnancy loss.

5.0 Options Available

5.1 Cremation arranged by hospital

In cases where the fetus is non –recognisable, and the family choose not to be involved, this will be a communal cremation. Parents should be made aware that there will be a number pregnancy losses cremated in one service, therefore individual ashes will not be available. Any ashes will be scattered in the children's garden at the crematorium. However if this option is not acceptable there are other options are available.

If the family choose to attend, this would be an individual cremation. Parents should be given contact details of the Chaplaincy Office for help with arrangements.

The Chaplaincy Office will liaise with the parents and the contracted funeral directors with regards to the arrangements.

There is no cost implication for parents as WSHFT will assume this responsibility.

5.2 Private burial or cremation

The parents should be informed they can make arrangements themselves with funeral directors other than the directors contracted by WSHFT.

There are usually no charges; however parents may incur costs if they opt for a burial, as there is a charge for burial plots.

5.3 Burial outside a cemetery / Home burial

Sands (1995) state that there is no legal prohibition to parents taking fetal remains home to bury themselves, provided the following requirements are met:

- Must not cause danger to others
- Must not interfere with any rights other people may have on the land
- There must be no dangers to water supplies or watercourses
- No chance of bodily fluids leaking in/on to adjoining land
- Must be buried at a depth of at least 18 inches (45 cm)
- Obtain permission from landowner
- If burying in a garden consider what might happen with a house move or land used for different purposes in the future

For women choosing to take the remains home with them, please ensure they are given the 'Letter to take Baby Home' (Appendix 1). This is to cover them in the event of being stopped by the police etc.

6.0 Loss of a Non – Recognisable Fetus

6.1 Information giving

Cremation is the Trusts chosen method of sensitive disposal for an unrecognisable fetus. However the options in section 5 should be explained to the parents prior to written consent being taken. The patient information leaflet 'Sensitive Disposal of Your Pregnancy explained' (Appendix 2) should be given at the earliest opportunity.

The hospital chaplaincy department are available to ensure that any religious needs can be met. Parents should be given the option of meeting the hospital chaplain if they wish, or they can involve their own religious leaders if they prefer.

Where a communal hospital cremation is chosen, the service will include awareness of differing spiritual and cultural aspects, so that it is acceptable to all faith communities.

In the case of a miscarriage at home, women can be advised to bring any tissue passed to the hospital (to EPAC, GDU or Labour Ward) to facilitate sensitive disposal.

6.2 Consent for sensitive disposal

For all women experiencing the loss of an non-recognisable fetus including: surgical management of miscarriage, ectopic pregnancy, spontaneous miscarriage and surgical termination of a pregnancy, complete Form C (Appendix 3). This consent form can be completed by a doctor, midwife or nurse. If the patient is going to theatre, consent **must** be obtained prior to leaving the ward and accompany the patients notes.

Cremation is the Trusts chosen method of sensitive disposal. However if this option is not acceptable, complete section 2 on Form C, provide the leaflet: "Sensitive disposal of your Pregnancy Explained" (Appendix 2) and inform the woman that she will need to contact the Chaplaincy to make alternative arrangements.

Note: All cases must have Section 3 signed and either 1 or 2 depending on patient choice regarding disposal.

The Chaplaincy will then complete Form B with the woman to arrange burial or making private arrangements. (Appendix 4)

Consent Form C must accompany the remains in a specimen bag attached to the outside of the box (see 6.3). A copy is placed within the hospital notes. This will ensure that the crematoria / burial grounds are informed that the pregnancy ended 'naturally' or 'legally'. This is a legal requirement.

In the event where Consent Form C (Appendix 3) does not accompany the specimen the laboratory / mortuary must contact the appropriate clinical area immediately to request it. Failure for the department will result in the completion of Form D (Appendix 11). Form D will be completed to provide authorisation for cremation by the Designated Individual for the Human Tissue Authority.

6.3 Process to follow when sending fetal remains to the mortuary.

- Following any surgical procedure, fetal remains are collected in an individual sealed container and then placed in a transport box. This is sent to Histopathology at Worthing Hospital (WH) and the Mortuary at St Richards Hospital (SRH).
- In theatre, a closed suction system with individual tissue traps is used to ensure that the products are handled sensitively. These tissue traps must meet Federation of British Cremation Authorities (FBCA) regulations on materials that can be safely cremated.
- Following a spontaneous loss fetal remains are placed in a dry specimen pot and then placed in a transport box. This is sent to Histopathology at Worthing Hospital (WH) and the Mortuary at St Richards Hospital (SRH).
- Each container will have a maternal addressograph label clearly visible and be accompanied by Form C. This ensures the histopathology/mortuary staff will communicate with the Chaplaincy re sensitive disposal.
- When attaching the addressograph label to the outer box, use a third of the sticky part of the label with the name on and fold the remaining label back on itself. This allows easy removal of the label before the box goes for cremation to maintain confidentiality.
- If histology is requested (in cases of possible molar pregnancy or to confirm an ectopic pregnancy) the tissue is sent to the Histopathology department (in formalin) with a request form and Form C before being sent to the Mortuary at SRH. When cytogenetic testing is required specimens must be kept dry (see 8.0).
- WH - fetal remains are sent to histopathology, then on to the Mortuary at SRH with Form C.
- SRH - fetal remains are sent directly to the Mortuary at SRH with Form C.
- SRH Mortuary creates an anonymised unique number for any future audit trail (Appendix 5). This will be stored on the Mortuary database for 50 years.
- The pregnancy tissue will be transported from the Mortuary at SRH by the contracted Funeral Directors to the Crematorium at Worthing with the 'Application for the Sensitive Disposal of Fetal Remains' (Appendix 6).

7.0 Loss of a recognisable fetus

7.1 Information Giving

The Trust leaflet 'Funeral Arrangements Following the Loss of your Baby' explains funeral options available and contains useful sources of support (Appendix 7). This must be given at the earliest opportunity.

Provide the appropriate information from the Miscarriage Association:

- 'Your miscarriage' provided at any gestation.
- 'Late miscarriage' from 13 – 24 weeks.

If the pregnancy loss occurs on labour ward, follow the Bereavement Care Checklist for under 24 weeks.

For all other areas, the hospital chaplaincy should be involved to discuss funeral arrangements during working hours. Support and advice can be obtained by liaising with the Labour Ward Coordinator to commence the Bereavement Care Checklist for under 24 weeks.

7.2 Consent for funeral arrangements.

To gain consent with regard to funeral arrangements, complete the 'Funeral Arrangements' Form (Appendix 8). 2 copies of this form must go with the baby to the mortuary, 2 copies sent to the chaplaincy and 1 copy placed in hospital notes.

The Certificate of non-viable Fetus (Appendix 9) also needs completing. This should go with the baby to the mortuary for hospital funerals, or given to the parents if they are using their own funeral director.

Both these forms can be completed by the midwife / nurse

7.3 Process to follow when sending baby to the mortuary

- When the baby is ready to be transferred to the mortuary, the body is placed on the plastic side of a waterproof pad (inco), wrapped and placed in a zipped Slik-Pak or waterproof EVO box (available from labour ward). This can then be placed in an appropriately sized container to transfer to the mortuary.
- Appendix 8 must accompany all babies and Appendix 9 if hospital funeral (see 7.2)
- On arrival to the mortuary, the baby is booked onto an electronic register using the maternal surname and given a unique mortuary serial number as described in the Mortuary Standard Operating Procedure (SOP).

7.4 Post Mortem (PM) Consent

7.4.1 For pregnancy losses on labour ward, the Obstetric Consultant (or appropriately trained clinician) must explain the PM options and sign the SANDS PM consent form with the parent(s). The PM request form and Consultant request for PM letter must be signed by the Consultant (see 7.4.3).

7.4.2 For areas other than labour ward, if PM is required, contact the Labour Ward Co-ordinator as PM consent must be completed by the obstetric Consultant (or appropriately trained clinician) and the Perinatal PM (PPM) request form and authorising letter must be completed by a Consultant Obstetrician.

7.4.3 Key points for correct completion for PM forms:

- SANDS PM Consent form must be signed by Consultant (or Trained Registrar) and Parent(s)
- Both the PPM and Consultant request for PM letter must be completed by the Consultant Obstetrician
- Midwife / Nurse to complete the release of body form (refer to links above)
- Original forms must be sent with the baby and placenta to the mortuary and copies of each placed in the medical records.

8.0 Recurrent Miscarriage Fetal Remains sent for cytogenetic investigations (karyotyping)

8.1 All tissue for cytogenetic investigations is sent to Guy's and St Thomas' NHS Foundation Trust accompanied by the Genetics Specimen Form (found at www.viopath.co.uk/departments-and-laboratories/genetics)

- Following a surgical procedure send remains in **dry** sealed container from theatre.
- Following spontaneous miscarriage of a non-recognisable fetus send remains in a dry sealed container.
- The container must be firmly sealed and placed in a specimen bag with the accompanying paper work in a separate specimen bag, both bags are then placed a box for transfer.
- The criteria and referral pathway for cytogenetic testing at Guys & St Thomas' can be found in Appendix 12. This includes the details of the Trusts contracted courier service.

8.2 With regard to sensitive disposal Guy's and St Thomas' NHS Foundation Trust's policy following completion of investigation comprises of a recorded witnessed sensitive incineration. If parents agree complete Form C and send with remains.

If parents request return of the remains, this must be clearly indicated on the Genetics Specimen Form and Form C with Section 2 completed (Appendix 3). This will need to accompany this tissue to Guy's and St Thomas' NHS Foundation Trust. The Genetics department will then contact the referring department to make them aware that the tissue is ready for collection. The referring department will then need to arrange for collection of the tissue by courier for sensitive disposal to be arranged following WSHFT policy.

9.0 Access to forms and information leaflets

Patient information leaflets should be ordered from the print centre – **do not** print from the guideline. If no supply available Appendices 1, 3 & 9 can be printed from staffnet. Form C is a 2 page carbonated form which is available in your clinical area. Further supplies are available from EPAC at SRH & WH.

10.0 Audit

Monitoring of this guidance will be undertaken annually by auditing 10 medical records from each site. Patients will be identified using the mortuary register. Monitoring will encompass ensuring there is evidence of the patient information being given and the correct completion of Form C. The Early Pregnancy Clinical Nurse Leads at SRH & WH will be responsible for ensuring this is performed and presented annually at the W&C Clinical Governance Review Q4.

References

Department of Health (1991a) Disposal of fetal tissue. London, NHSME, HSG 91 (19)

Department of Health (1991b) Sensitive Disposal of the dead fetus and fetal tissue. London, NHSME, EL 91 (144)

Institute of Cemetery and Crematorium Management (2011) The sensitive disposal of fetal remains. Policy and guidance for burial and cremation authorities and companies. London, ICCM.

Polkinghorne J (1989) Review of the guidance on the research use of fetuses and fetal material. London, HMSO

Royal College of Nursing (2007) Sensitive disposal of all fetal remains. Guidance for nurses and midwives. London, RCN

Stillbirth and Neonatal Death Society (1995) Pregnancy loss and the death of a baby. Guidelines for professionals. Revised edition. London, SANDS

Appendix 1

Chaplaincy Department
Western Sussex Hospitals NHS Foundation Trust
St Richards Hospital Worthing Hospital
Spitalfield Lane Lyndhurst Road
Chichester Worthing
West Sussex West Sussex
PO19 6SE BN11 2DH

Tel: 07826891305

Date:

Letter of Authority – to Whom It May Concern.

This is to confirm that (patients name) and
.....(partners name) have in their charge the
body of their baby who died at the Western Sussex Hospitals NHS FoundationTrust
on(Date).

Documentation has been completed in order to authorise the release of this baby to
them.

For confirmation please contact the Chaplaincy Team on:

07826891305

We trust that you will be able to afford this family every consideration at this
distressing time.

Thank you

Authorised by:

Signature:_____

Name:_____

Position Held:_____

Ward: _____

Telephone: _____

Further Information and Useful Contacts:

Miscarriage Association
17 Wentworth Terrace
Wakefield
WF1 3QW
Helpline: 01924 200799
Website: www.miscarriageassociation.org.uk
Email: info@miscarriageassociation.org.uk

The Ectopic Pregnancy Trust
PO Box 70187
London
WC1A 9JD
Helpline: 020 7733 2653
Website: www.ectopic.org.uk
Email: ept@ectopic.org.uk

Sands
Stillbirth and Neonatal Death Society
28 Portland Place
London
W1B 1LY
Website: www.uk-sands.org

Institute of Cemetery and Crematorium
Management.
ICCM National Office
City of London Cemetery
Aldersbrook Road
Manor Park
London E12 5DQ
020 8989 4661

Human Tissue Authority
www.hta.gov.uk/

How to comment on my treatment?

We aim to provide the best possible service and staff will be happy to answer your questions. However, if you have any concerns you can also contact the Patient Advice & Liaison Service:

WH: Tel: 01903 285032
Email: PALSWorking@wsht.nhs.uk

SRH: Tel: 01243 831822
Email: PALSChichester@wsht.nhs.uk

The Trust is also keen to know if this leaflet gives the information that you need in a way that is easy to understand. Please tell us if you think we can improve it by calling 01903 205111 ext 84038 or by emailing communications@wsht.nhs.uk.

We are committed to making our publications as accessible as possible. If you need this document in an alternative format, for example, large print, Braille or a language other than English, please contact the Communications Office by:
email: Communications@wsht.nhs.uk
Or by calling 01903 205 111 ext 4038.

www.westernsussexhospitals.nhs.uk

Department: Gynaecology
Women and Child Health Division.

Issue date: October 2014
Review date: October 2017

Western Sussex Hospitals **NHS**
NHS Foundation Trust

Sensitive Disposal of Your Pregnancy Explained

The Chaplaincy Team

St Richards Hospital Spitalfield Lane Chichester West Sussex PO19 6SE	Worthing Hospital Lyndhurst Road Worthing West Sussex BN11 2DH
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Telephone:
07826891305

Sensitive disposal is the cremation of pregnancy tissue. This takes place in a dignified manner with a member of the chaplaincy present, conducting a spiritual service at the crematorium.

There will be a number pregnancy losses cremated in one service, therefore individual ashes will not be available. Any ashes will be scattered in the children's garden at the crematorium. However if this option is not acceptable to you other options are available.

You may wish to make your own arrangements for a private burial or Cremation, this may incur charges.

You may wish to consider taking your pregnancy remains home to bury yourself. This option needs careful consideration and advice is available from the Institute of Cemetery and Crematorium Management (ICCM) - see back page for details.

If you would like to discuss any of the above further please contact the Chaplaincy Team
Monday - Friday 8am - 4 pm
on 07826 891305

What happens if I change my mind?

If you change your mind please contact the Chaplaincy Team on:
07826891305

If you have chosen to make your own private arrangement and you do not contact us within 30 days, the hospital will arrange sensitive disposal by cremation.

Support:

If you wish to speak to a member of the Chaplaincy Team for further support or if you have any queries please contact them on:
07826891305

The Miscarriage Association is a national charity, which provides support and information on pregnancy loss. It co-ordinates a network of volunteer telephone contacts and support groups. Contact details are on the back page.

Histopathology / Cytogenetics explained:

Very occasionally a specialist will need to look closely at your pregnancy tissue.

The tissue sample is made into wax blocks and slides for examination under the microscope. These will be kept as part of your medical record. This has to be kept for up to 30 years.

Following this examination if there is any remaining pregnancy tissue it will be respectfully cremated.

In the event of cytogenetic testing, this tissue will be disposed of in accordance with the receiving hospitals sensitive disposal policy which comprises of a recorded witnessed sensitive incineration.

ADDRESSOGRAPH LABEL

Appendix 3

Western Sussex Hospitals **NHS**
NHS Foundation Trust

Specimen Number: _____

CONSENT FOR CREMATION

Section 1:

I hereby CONSENT to the cremation of my pregnancy tissue. I understand that there will be a number of pregnancy losses cremated in one service. This will take place in a dignified manner with a member of the chaplaincy present, conducting a spiritual service. I am aware that there will be no ashes available.

In rare circumstances where histology is requested I understand that small samples of the tissue from my pregnancy may be made into blocks and slides for examination under a microscope. These will be kept as part of my medical record. If there is any remaining tissue this will be respectfully cremated.

In the event of cytogenetic testing, this tissue will be disposed of in accordance with the receiving hospitals sensitive disposal policy which comprises of a recorded witnessed sensitive incineration.

Signed _____ Date _____ Hospital Number _____

Print Name _____

Section 2: Alternative arrangements

I wish to make my own arrangements for a private burial or cremation and realise this may incur charges for which I am responsible. I will contact the Hospital Chaplaincy discuss these arrangements. If I have not contacted the Chaplaincy within 30 days I understand my pregnancy tissue will be cremated as above.

Signed _____ Print Name _____ Date _____

Section 3: Application to Worthing Crematorium for Cremation of tissue remains.

TO BE SIGNED BY AUTHORISED PRACTITIONER

I, the Authorised Practitioner signing below, DECLARE that tissue remains have been obtained from the above hospital numbered patient AND all the information given in this application is correct AND consent from the patient to the cremation has been obtained AND a record of that consent is retained in the Patient's Medical Record.

I have no reason to suspect that the duration of the pregnancy was shortened by violence, poison or any other unlawful act.

The following leaflet has been provided:

Sensitive disposal of your pregnancy explained. ☐

Signed _____ Date _____

Print Name _____ Ward _____

For completion and action by staff:

- Copy 1: WH- attach securely to the container and send to Histology
SRH-attach securely to container and send to mortuary
Copy 2: Place in Patient notes

Form C

January 2015
JB

Addressograph

Western Sussex Hospitals **NHS**
NHS Foundation Trust

Appendix 4

Section A

CONSENT FOR BURIAL and making Private Arrangements.

If for personal or religious reasons you are unable to consent to any tissue remains arising from your pregnancy being cremated, we can offer a simple burial. This will take place at Cemetery with a Hospital Chaplain/nominated Faith Leader present as soon as this can be arranged with the Cemetery. There may be a charge for this service. Please contact the Chaplaincy to discuss details of any cost and an explanation of this charge.

For Muslim patients - Burial will take place in a non-consecrated area of the above named Cemetery which is set aside for the burial of Muslim babies.

In all other cases - Burial will take place in the consecrated area of in the above named Cemetery in an area set aside for the burial of babies.

I CONSENT to the burial of the pregnancy tissue remains.

Signed: _____ Date: _____

If you prefer to make your own funeral arrangements we can arrange for you to collect the pregnancy tissue remains from who will be able to offer any assistance.

Section B

I UNDERTAKE TO collect any pregnancy tissue remains from _____ (date of loss).

I will make all necessary funeral arrangements for burial.

I UNDERSTAND THAT if I fail to collect the tissue remains within 30 days of signing this form the hospital will carry out communal cremation as soon as arrangements can be made.

Signed _____ Date _____

Section C Application to the above named Cemetery for Burial of pregnancy tissue remains.

TO BE SIGNED BY THE AUTHORISED PRACTITIONER

I, the Authorised Practitioner signing below, DECLARE that all the information given in the application is correct AND consent from the patient to the burial has been obtained AND a record of that consent is retained in the Patient's Medical Record.

I have no reason to suspect that the duration of the pregnancy was shortened by violence, poison or any other unlawful act.

Signed _____ Dated _____

Print Name _____ Telephone number: _____

For completion and action by Chaplaincy

Copy 1: Chaplaincy

Copy 2: Place in Patient Notes

Copy 3: Copy for patient.

Form B

Appendix 5

Western Sussex Hospitals Foundation Trust
Mortuary Dept 01903 285018

SENSITIVE DISPOSAL OF FETAL REMAINS REGISTER

Date	Mortuary Serial No	Name	Source

Date released	
Funeral Director Company	
Funeral Operative name	
Funeral Director signature	
Releasing Mortuary staff name	
Releasing Mortuary staff signature	

Appendix 6

Western Sussex Hospitals Foundation Trust
Mortuary Dept 01903 285018

APPLICATION FOR THE SENSITIVE DISPOSAL OF FETAL REMAINS
From miscarriage or termination of Pregnancy
(In accordance with the Abortion Act 1967)

This application must be filled out by a Designated Officer of the WSH foundation Trust, who, having taken responsibility for the recording and numbering of each individual item of fetal tissue will hereby make an application for cremation at a local Crematorium.

The fetal remains will be identified by a Mortuary generated serial number. Each item will have a parental consent form signed by the parent, and a medical certificate signed by a doctor responsible for the patients care. In order to comply with the Abortion Act 1967 confidentiality concerns, these forms will be held by the Designated Officer who will maintain an audit trail of all items of fetal tissue sensitively disposed of ensuring that identity of the patient remains within the Trust.

Date	Mortuary serial number

DECLARATION TO BE SIGNED BY A DESIGNATED OFFICER OF WESTERN SUSSEX HOSPITALS FOUNDATION TRUST.

As a Designated Officer of WSH FOUNDATION TRUST, I declare that the fetal remains identified above were delivered as a result of natural miscarriage or by termination of pregnancy in accordance with the Abortion Act 1967, and I hereby apply to the Crematorium to cremate these remains. I confirm that I hold the relevant parental consent and medical certificate for each and every item.

Signed..... Date...../...../.....

Name.....Position.....

Further Information and Useful Contacts:

www.uk-sands.org

Stillbirth and Neonatal Death Society offers support to bereaved parents whose baby is stillborn or dies soon after birth.

Tel: 020 7436 5881

Email: helpline@uk-sands.org

www.childbereavement.org.uk

Help and support for bereaved families
Tel: 0800 02 888 40

www.miscarriageassociation.org.uk

Support and information for those affected by pregnancy loss.

Tel: 01924 200 799

Email: info@miscarriageassociation.org.uk

www.tamba-bsg.org.uk

For families who have lost one or more children from a multiple birth, whether during pregnancy, post birth or at any age subsequently.

www.arc-uk.org

Information and support for parents throughout antenatal testing and when a significant abnormality is found in the unborn baby.

Tel: 0845 077 2290

Email: info@arc-uk.org

Funeral Director

Chichester

Julie Stanfield
Dillistone & Wraights
Tel: 01243 839777

Worthing

Martin King
Dillistones Funeral Service
01903 200835

Human Tissue Authority

www.hta.gov.uk/

How to comment on my treatment?

We aim to provide the best possible service and staff will be happy to answer your questions. However, if you have any concerns you can also contact the Patient Advice & Liaison Service:

WH: Tel: 01903 285032

Email: PALSWorthing@wsht.nhs.uk

SRH: Tel: 01243 831822

Email: PALSchichester@wsht.nhs.uk

The Trust is also keen to know if this leaflet gives the information that you need in a way that is easy to understand.

Please tell us if you think we can improve it by calling 01903 205111 ext 84038 or by emailing communications@wsht.nhs.uk.

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Or by calling 01903 205 111 ext 4038.**

www.westernsussexhospitals.nhs.uk

Department: Maternity Department
Women and Child Health Division.

Issue date: October 2014

Review date: October 2017

Western Sussex Hospitals **NHS**
NHS Foundation Trust

Funeral Arrangements following the Loss of Your Baby



The Chaplaincy Team

St Richards Hospital
Spitalfield Lane
Chichester
West Sussex
PO19 6SE

Worthing Hospital
Lyndhurst Road
Worthing
West Sussex
BN11 2DH

Telephone:
07826891305

We are sorry for the loss of your baby. This leaflet explains the funeral options that are available to you at this difficult time.

The hospital can arrange the funeral for you. In this case the hospital Funeral Director will ring you to discuss the funeral arrangements.

You may wish to make your own funeral arrangements using your own Funeral Director. This may incur a cost to you.

If you are unable to decide at present the hospital Chaplaincy will contact you to discuss the funeral arrangements. However, if the Chaplaincy is unable to make contact with you after 30 days, the hospital will arrange a cremation with a spiritual service.

If you have chosen a cremation there may be ashes available. You will be asked whether you would like to collect these from the Funeral Director, or prefer for them to be scattered at the crematorium without being present.

You may wish to consider taking your baby home to bury yourself. This option needs careful consideration and advice is available from the Institute of Cemetery and Crematorium Management (ICCM).

If you would like to discuss any of the above further please contact the Chaplaincy Team
Monday - Friday 8am - 4 pm
on 07826 891305

What happens if I change my mind?

If you change your mind please contact the Chaplaincy Team on:
07826891305

If you have chosen to make your own private arrangement and you do not contact us within 30 days, the hospital will arrange for a spiritual cremation service.

Support:

If you wish to speak to a member of the Chaplaincy Team for further support or if you have any queries please contact them on:
07826891305

The Stillbirth and Neonatal Death Society

- Sands is a national charity, which provides support and information on pregnancy loss. It co-ordinates a network of support groups. Contact details are on the back page.

Post Mortem:

You may be offered a post mortem examination of your baby.

To help you reach this decision you will be given the Sands leaflet 'Deciding about a post mortem examination - Information for parents'

Baby post mortems are not available at this hospital and therefore your baby will be transferred to a Specialist Centre.

Following the post mortem your baby will be returned to the hospital mortuary. The Funeral Director will be contacted to proceed with the funeral arrangements.

You will be sent an appointment to discuss all the results with the Obstetric Consultant. This appointment will be 10-12 weeks after the birth. This is to ensure all the results are available at this appointment.

Appendix 8

FUNERAL ARRANGEMENTS FORM

PARENT'S DETAILS

Mother's Addressograph

Telephone No: Mobile
Fathers name Mobile

BABY'S DETAILS

Name: Male/Female/Unknown
Date of Birth: Gestation: Birthweight:
Cause of death / Reason for MTOP:
LIVEBIRTH / STILLBIRTH DATE & TIME OF DEATH (if livebirth).....
Any other information:
.....
Post Mortem Yes / No Wait & return post mortem Yes / No

FUNERAL ARRANGEMENTS

*Parents to choose: A B C
Parents' signatures: Mother Father
Midwife / Nurse Name: Signature
Consultant's Name:

*FUNERAL ARRANGEMENT OPTIONS

- A I would like to make my own arrangements using my own funeral director
- B I would like the hospital funeral directors to ring me to discuss arrangements
- C I am unable to decide at present and would like to be contacted by the hospital to discuss further.

PLEASE INDICATE INSTRUCTIONS FOR ASHES – if applicable

- A I would like to collect ashes from the funeral directors
- B Ashes to be scattered at crematorium without parent(s) present
- C Undecided

5 copies: Patient's Notes x1 ☐ Mortuary x 2 ☐ Chaplaincy x2 ☐

Appendix 9

_____ Ward
_____ Hospital
Telephone _____
Date _____

CERTIFICATE OF NON VIABLE FETUS

**Authorising the cremation or burial of a non-viable fetus
of less than 24 weeks' gestation**

I hereby certify that I have examined the fetus of:

ADDRESSOGRAPH LABEL

Delivery Date:

Time:

Gestation:

The fetus is less than the legal age of viability and at no time after birth showed any visible signs of life. There were no suspicious circumstances.
I know of no reason why any further enquiry or examination should be made. The parents may proceed with funeral arrangements.

Signature:

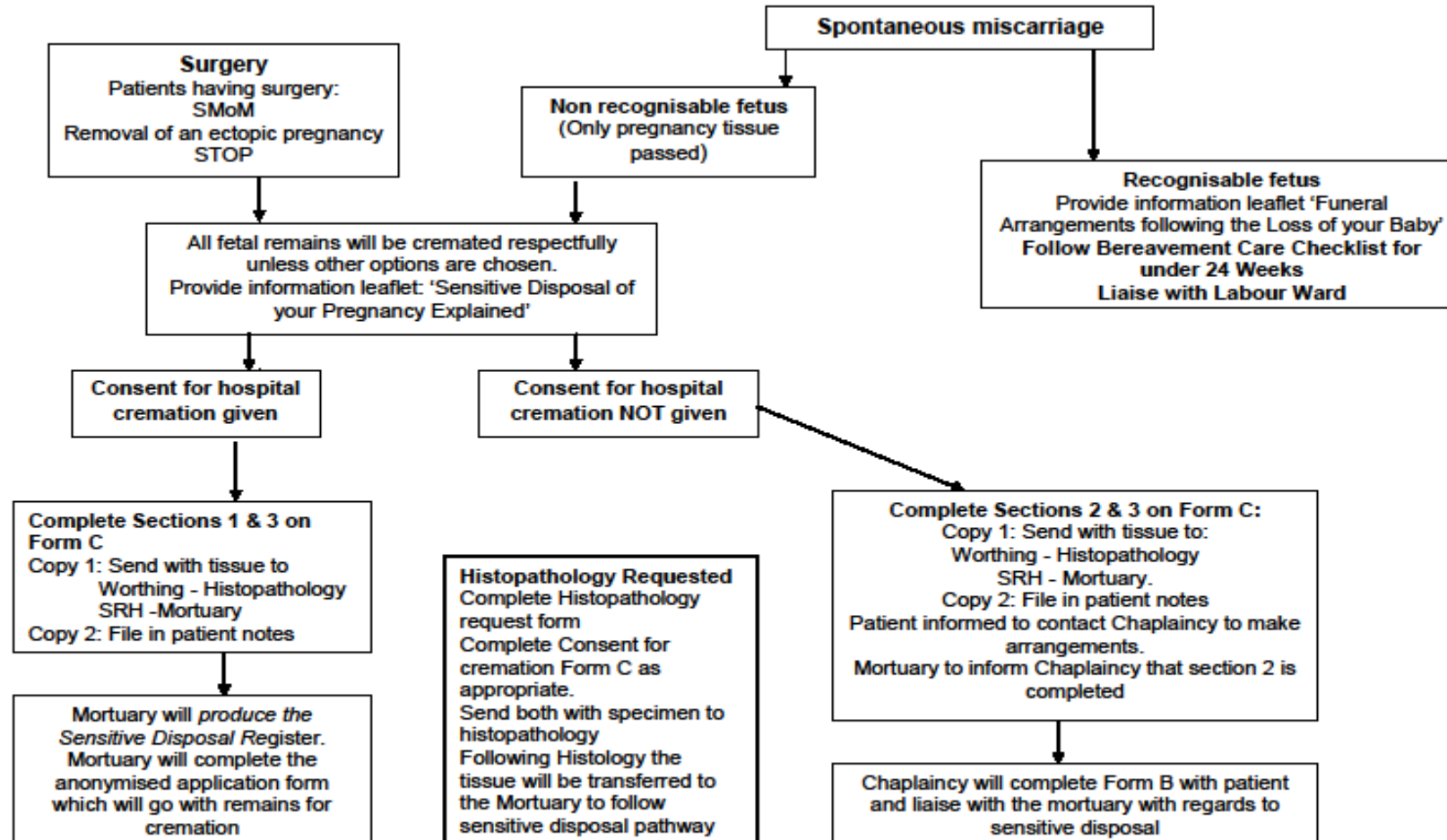
Print:

Registered Qualifications:

Doctor / Registered Midwife / Registered Nurse (delete as appropriate)

Date:

Appendix 10 Pathway for Sensitive Disposal of Fetal Remains from A&E, Theatres & Wards



Appendix 11

Failure to complete Form C (Sensitive Disposal of Fetal Remains)

To:.....

Designation: Lead Nurse for Surgery, Emergency and Women & Children's
Division (delete as applicable)

No Form C was received to provide consent for the sensitive disposal of the
tissue for the following patient:

Name.....

Date of Birth..... Hospital number.....

Histopathology/Mortuary number.....

Date received.....

Date for sensitive disposal.....

We have contactedon 2 occasions
requesting paperwork with no response.

Therefore in line with Trust Policy for the Sensitive Disposal of fetal remains
the tissue will be retained in the Mortuary for 1 month from the date of receipt.
After this time it will be sensitively disposed of by cremation under the
authorisation of the Designated Individual for the Human Tissue Authority.

It is Trust policy that neither a fetus nor any fetal related specimen is used for
medical research or education, but is carefully stored until disposed of
sensitively.

Signed: Date:
Designated Individual (Human Tissue Authority)

Copy 1: Lead Nurse

Copy 2: Mortuary

Designated Individual for the Human Tissue Authority SDFR.

Form D
July 2014

Appendix 12

Specimens for Cytogenetic Testing for Investigation of Miscarriage

Recurrent miscarriage (RM) is defined as the loss of three or more consecutive pregnancies occurring before 24 weeks gestation.

Cytogenetic analysis should be performed on the products of conception from the third and if there are subsequent consecutive miscarriages

