

Sensitive Disposal of Pre-24 Week Fetal Tissue Procedure

V4.0

May 2022

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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. Under the Human Tissue Act 2004, fetal tissue and products of conception are treated no differently from any other tissue taken from a living person. Clearly however, there are particular sensitivities relating to the use and disposal of such tissue.
- 1.2. National guidance is clear that disposal of products of conception and fetuses should be disposed of sensitively and respectfully whatever the gestation. Guidance also emphasises the importance of clear information for parents about the choices they can make and about arrangements that will be made if they choose not to be involved and that their personal wishes should be considered.
- 1.3. The complexity of this issue is identified through the inter-relationships of the services involved. Each service has its own set of professional standards and guidelines and its own distinct internal operational requirements. However, the way in which each service works has an immediate and appreciable impact on the other services. Therefore, the development of this procedure has been a joint effort with representatives of the Bereavement Service, Mortuary, Pathology Department, Maternity and Gynaecology, taking into account various national guidance documents and in liaison with the local crematorium.
- 1.4. National guidance documents used are:
 - Human Tissue Authority (HTA) (2020) Code of Practice A - Guiding Principles & the Fundamental Principle of Consent
 - Human Tissue Authority (HTA) (2015) - Guidance on the Disposal of Pregnancy Remains Following Pregnancy Loss
 - Institute of Cemetery and Crematorium Management (2011) Policy document for the disposal of fetal remains London: ICCM
 - Royal College of Nursing (2007) Sensitive disposal of all fetal remains: guidance for nurses and midwives London: RCN
 - SANDS (2016) Pregnancy loss and the death of a baby: guidelines for professionals London: SANDS
 - NHS Improving quality (2014) A review of support available for loss in early or late pregnancy London: NHS IQ
- 1.5. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

- 2.1. The purpose of this procedure is to:
 - Ensure there are clearly documented and failsafe guidelines to ensure that all pre-24 week fetal tissue is disposed of sensitively and respectfully and in accordance with the mother's (and/or parents') wishes.

- Ensure that mothers (and/or parents) are able and supported to make an informed choice as to the method of disposal.
- Ensure that mothers (and/or parents) are made aware of all the options open to them with regards to the different disposal pathways which includes incineration, collective cremation and burial options. (NEW 2022)
- Provide for collective disposal of all <24 week pregnancy losses by cremation at the local crematorium unless otherwise requested by the mother (and/or parents).
- Ensure that mothers (and/or parents) are fully informed of what will happen to their pregnancy loss when they agree to RCHT disposal on their behalf (NEW 2022)
- Ensure the disposal route provides a clear audit trail to enable identification and tracking of individual products of conception (POCs) for up to 50 years.

3. Scope

- 3.1. This procedure applies to all areas and covers all pathways of pregnancy loss. Whilst it is acknowledged that a woman losing a pregnancy at any gestation is entitled to information and choice regarding disposal, it is also acknowledged that for many of these, consultation about disposal options may be inappropriate. However, the discussion of options available should be offered and where declined, this should be documented in the patient's case notes.
- 3.2. Written consent is obtained from the patient for disposal of pregnancy remains and this is filed in the patient's notes.
- 3.3. Areas of the Trust that might be involved in the care and treatment of mothers with pregnancy loss are:
 - Eden Ward
 - Emergency Gynae Unit
 - Wheal Rose and the Antenatal Day Assessment Unit
 - Early Pregnancy Unit
 - Fetal Medicine
 - Unplanned Pregnancy Service
 - Delivery Suite
 - Birth centres
 - ED
 - Theatres

- GPs
- Histopathology (NEW 2022)
- Mortuary (NEW 2022)

4. Definitions / Glossary

The term 'pregnancy remains' is used by the HTA throughout the relevant codes of practice & guidance. It is recognised that 'pregnancy loss before 24 weeks' covers a large developmental range and many different types of loss including ectopic pregnancy, miscarriages, early intrauterine deaths and termination for abnormality or for social reasons. The term 'products of conception' (POC) is used in some circumstances.

5. Ownership and Responsibilities

5.1. Responsibilities of the midwife/nurse/doctor/GP:

- To ensure that information regarding disposal is offered and explained to the mother/parents unless declined.
- If information on options for disposal is declined, to ensure that the mother/parents understand the pregnancy remains will be disposed of by collective cremation and that written consent for this has been obtained. The midwife/nurse/doctor/GP must explain to the mother/parents the details of the non-denominational service which will be held.
- To ensure that all fetal tissue is clearly labelled.
- To ensure a signed copy of the consent form for funeral arrangements after pregnancy loss is placed in the patient notes.

5.1.1. Under 14 weeks gestation:

If less than 14 weeks gestation, the pregnancy remains should be sent to the Histopathology Department (outside of Pathology working hours, these must be stored in the ward's specimen fridge and delivered to Pathology on the next working day) If stored in formalin then pregnancy remains may be stored at room temperature or in the fridge (NEW 2022).

They must be accompanied by:

- The histology request form or be listed on a 'Products of Conception Proforma' if no histology is required.
- The 'Certificate of Medical Practitioner or Midwife in Respect of Fetal Remains' completed by doctor or midwife where written consent has been obtained for collective cremation or private arrangements.

5.1.2. **14 to 24 weeks gestation:**

- 5.1.2.1. Ensure that the RCHT procedure for “Miscarriage” or “Termination of Pregnancy” is followed (available on the document library).
- 5.1.2.2. Obtain appropriate ring binder (Miscarriage or Termination of Pregnancy) containing required paperwork and follow and complete the required checklist (see appendices for checklists).
- 5.1.2.3. The fetal remains should be sent to the Mortuary. They must be accompanied by:
 - The ‘Deceased Baby Care Record’
 - A unique Typenex ‘Mortuary Identification Band’ completed with 3 points of identification using indelible ink marker pen. Not needed if surgical procedure (NEW 2022).
 - The ‘Certificate of Medical Practitioner or Midwife in Respect of Fetal Remains’ completed by doctor or midwife where written consent has been obtained for collective cremation or private arrangements.

5.2. Responsibilities of the Pathology Staff:

- 5.2.1. On receipt of the POCs, to ensure that each POC matches an entry on the form ‘Products of Conception Proforma’ or has its own histology request form ensuring that both specimen pot and request form adhere to the Pathology Specimen Acceptance Policy, and is accompanied with a ‘Certificate of Medical Practitioner or Midwife in Respect of Fetal Remains’.
 - To ensure that the specimen pot, under 14 week’s gestation and/or surgical management, and request form adhere to the Pathology Specimen Acceptance Policy. (NEW 2022)
- 5.2.2. If any of the above forms are not completed or insufficiently completed, to telephone the requesting department immediately for them to come to the laboratory to complete the forms.
- 5.2.3. To ensure that all paperwork correctly corresponds to all the POCs.
- 5.2.4. To issue each POC with its own unique Histopathology Case Number (HCN)
- 5.2.5. To ensure this HCN is inserted onto the top of the accompanying ‘Certificate of Medical Practitioner or Midwife in Respect of Fetal Remains’.
- 5.2.6. To maintain an electronic register of all POCs received.

- 5.2.7. To ensure the correct handling procedures are carried out in a sensitive and confidential manner as per RCHT and HTA guidelines throughout the Cellular Pathology department.

5.3. Responsibilities of the Mortuary Staff:

- 5.3.1. On receipt of the fetal tissue, to ensure it is accompanied by the correctly completed forms:
- The 'Deceased Baby Care Record'
 - 'Certificate of Medical Practitioner or Midwife in Respect of Fetal Remains' where consent is given for collective cremation or private arrangements.
 - To ensure that cardboard casket (14-24 weeks gestation) and request form adhere to the Pathology Specimen Acceptance Policy unless a surgical procedure.
 - If any of the above forms are not completed or insufficiently completed, to telephone the requesting department immediately for them to come to the mortuary to complete the forms.
 - To ensure that all paperwork relates to the fetal tissue in question.
 - To ensure that all POCs of fetal tissue received directly from Maternity have a unique Typenex 'Mortuary Identification Band' with a unique number corresponding to the 'Deceased Baby Care Record'.
 - To issue each POC with its own unique Mortuary Case Number (MCN), unless received via Pathology.
 - To maintain an electronic record of all POCs received.
 - Specimens from Pathology will be collected by Mortuary staff once any appropriate specialist testing has been completed.
 - Once the electronic record is updated, to give all paperwork and forms to the Bereavement Office to arrange disposal. All fetal tissue remains will be disposed of at the next scheduled communal cremation.
 - To store the fetal tissue appropriately according to Department of Health guidelines 'Care & Respect in Death' (2006) and 'When a Patient Dies' (2005)

5.4. Responsibilities of the Bereavement Support Officers:

- To received and file appropriately the form 'Certificate of Medical

Practitioner or Midwife in Respect of Fetal Remains’.

- To immediately query any discrepancies with the Mortuary or Pathology and to inform line manager.
- To ensure that the appropriate Crematorium Application Form is completed.

5.4.1. Where fetal tissue will be disposed of by collective cremation

- To liaise with the Mortuary, Funeral Director, Crematorium and Hospital Chaplaincy.
- Ensure that records are kept (this must be trackable for 50 years).
- When collective cremation is the selected option, to ensure that mother’s details are removed from the bottom of ‘Certificate of Medical Practitioner in Respect of Fetal Remains’ form prior to transfer of fetal tissue to Funeral Director and Crematorium.
- Arrange Collective Cremation for the last Wednesday in the month.

5.5. Responsibilities of the HTA Designated Individual:

To ensure a monthly audit of all retained pregnancy remains is carried out prior to disposal to ensure compliance with the HTA regulations. The audit should ensure all the relevant paperwork has been completed appropriately, that the paperwork matches the remains being disposed & that the wishes of the family are being followed (NEW 2022).

6. Standards and Practice

6.1. Stepwise description:

- Consent for disposal by means of collective cremation or private arrangements should be obtained by the midwife/nurse/doctor/GP either by separate consent form “What happens to our baby?” or by dedicated section in the consent form. As per the guidance mentioned in paragraph 3.2, there is no need to give further information unless the mother requests it.
- Where no histology is requested, the details of each POC must be entered onto a ‘Products of Conception Proforma’ which details all of the POCs. If any POC needs histological examination, a histology request form is completed for that patient in which case the details do not need to be entered on the proforma.
- The midwife/nurse/doctor/GP ensures that all the POCs are sent to Pathology or Mortuary with the accompanying documents (see paragraph 5.1).

7. Dissemination and Implementation

- 7.1. This document is available to all users via the document library on the RCHT intranet.
- 7.2. Line managers have a responsibility to ensure that all staff understand and comply with this policy.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	This policy will be monitored to ensure that all paperwork is received and compliant in accordance with the Human Tissue Authority Guidelines and the Pathology Specimen Acceptance Policy. Specimens that do not comply will be recorded on the DDMP Quality Management System and returned to the sender immediately for correction.
Lead	Mr Stephen Davison, Head BMS, Department of Diagnostic and Molecular Pathology
Tool	Local audits will be completed to monitor compliance with this policy and ensure that everything is working according to the key elements.
Frequency	Audits of paperwork received will be carried out on a monthly basis and recorded electronically on the DDMP Quality Management System (Q-Pulse).
Reporting arrangements	The report is presented at the next scheduled DDMP Quality Group Meeting. This is then reviewed at the next scheduled Divisional Quality Lead Meeting. The minutes from these meetings are recorded on the DDMP Quality Management System.
Acting on recommendations and Lead(s)	Any findings from this report are recorded on the DDMP Quality Management System and a Corrective/Preventative Action is generated to the section lead responsible for that finding.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within one month. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

9. Updating and Review

- 9.1. The document review process is managed via the document library. This procedure review will be every three years unless best practice dictates otherwise.

9.2. Revision activity will be recorded in the versions control table to ensure robust document control measures are maintained.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Sensitive Disposal of Pre-24 Week Fetal Tissue Procedure V4.0
This document replaces (exact title of previous version):	Sensitive Disposal of Pre-24 Week Fetal Tissue Procedure V3.0
Date Issued/Approved:	May 2022
Date Valid From:	May 2022
Date Valid To:	May 2025
Directorate / Department responsible (author/owner):	Stephen Davison, Head BMS and HTA Designated Individual, Department of Diagnostic and Molecular Pathology
Contact details:	01872 252798
Brief summary of contents:	This procedure documents the responsibilities and steps to be followed to ensure a clearly auditable and a sensitive, respectful disposal of pre-24 week fetal tissue.
Suggested Keywords:	Sensitive disposal; fetal tissue; products of conception (POC); termination of pregnancy (TOP); miscarriage; consent
Target Audience:	RCHT: Yes CFT: No KCCG: No
Executive Director responsible for Policy:	Medical Director
Approval route for consultation and ratification:	Diagnostic and Molecular Pathology Directorate Meeting CSSC Governance Divisional Management Board (30.05.14)
General Manager confirming approval processes:	Caroline Chappell

Information Category	Detailed Information
Name of Governance Lead confirming approval by specialty and care group management meetings:	Caroline Amukusana
Links to key external standards:	Human Tissue Act 2004
Related Documents:	<p>Surgical management of your ectopic pregnancy RCHT No 976</p> <p>Surgical management of your miscarriage under local anaesthetic RCHT No 1249</p> <p>Surgical management of your miscarriage RCHT No 970</p> <p>Abortion: Manual vacuum aspiration of your pregnancy CHA3280V1</p> <p>Abortion: Surgical termination of pregnancy CHA3283V1</p> <p>Appendices 3 onwards of this document.</p>
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet
Document Library Folder/Sub Folder:	Clinical / Midwifery and Obstetrics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
Jan 2008	V1.0	Initial Issue	Kevin Hammett, Mortuary Manager
May 2014	V2.0	<p>Updated to RCHT Policy Template format</p> <p>Addition of associated documents to appendices</p> <p>Revision of consent and cremation forms</p>	Peter Helliwell, Head BMS and HTA Designated Individual
Sep 2014	V2.1	Amendment to Appendices 3, 4, 5, 6 and 10	Peter Helliwell, Head BMS and HTA Designated Individual

Date	Version Number	Summary of Changes	Changes Made by
Nov 2015	V2.2	Amendment to sections 5.2 and 5.3	Peter Helliwell, Head BMS and HTA Designated Individual
March 2019	V3.0	Total review of document. Ward areas updated.	Peter Helliwell, Head BMS and HTA Designated Individual
March 2022	V4.0	Total review of document. Ward areas updated.	Stephen Davison, Head BMS and HTA Designated Individual

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity & Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Sensitive Disposal of Pre-24 Week Fetal Tissue Procedure V4.0
Directorate and service area:	Clinical Support Services and Cancer (CSSC)
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Stephen Davidson, Head BMS and HTA Designated Individual
Contact details:	01872 25 2550

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This policy describes the responsibilities and steps to be followed to ensure a clearly auditable and sensitive, respectful disposal of pre-24 week fetal tissue.
2. Policy Objectives	To define the pathway to be followed and which paperwork is required to ensure a clearly auditable and sensitive, respectful disposal of pre-24 week fetal tissue.
3. Policy Intended Outcomes	To inform service users of the correct procedure regarding pre-24 week fetal tissue.
4. How will you measure each outcome?	By reviewing the number of breaches/incidents reported.
5. Who is intended to benefit from the policy?	Patients and service users.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: RCHT Consultant Gynaecologists Bereavement Specialist Midwife RCHT Consultant Histopathologists Maternity Guidelines Group
6c. What was the outcome of the consultation?	Agreed
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	

Protected Characteristic	(Yes or No)	Rationale
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Stephen Davidson, Head BMS and HTA Designated Individual

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)

Appendix 3. Consent form for funeral arrangements after pregnancy loss (for less than 14 weeks gestation)

• **What happens to our pregnancy tissue?**

As explained in the leaflet you have been given, there are some options available to you. Please indicate which you would prefer

I would like the hospital to arrange cremation

I understand that the hospital will dispose of the tissue of my conception sensitively by means of a monthly collective cremation at Penmount Crematorium together with other tissue of conception only. I understand there will be no ashes and that a non-denominational service is held in the Chapel. I understand that it may not be possible for me to attend the cremation.

I would like to make private arrangements for a funeral

I would like to make my own arrangements for a private funeral and I will instruct a Funeral Director at my own expense.

I would like to arrange a home burial

I would like to take the tissue of my conception for burial at home.

I understand I am required to contact my County Council for advice.

I have not yet made a decision regarding these arrangements

Myself and my partner have up to one month to make a decision and I will make contact with

.....

.....

Options explained and consent from parent obtained by

.....

Midwife/Nurse

(please delete)

.....

.....

Appendix 4. Consent form for funeral arrangements after pregnancy loss (for 14-24 weeks gestation)

• **What happens to our baby?**

As explained in the leaflet you have been given, there are some options available to you. Please indicate which you would prefer

I would like the hospital to arrange cremation

I understand that the hospital will dispose of my baby sensitively by means of a monthly collective cremation at Penmount Crematorium together with other tissue of conception only. I understand there will be no ashes and that a non-religious funeral service is held in the Chapel. I understand that it will not be possible for me to attend the cremation.

I would like to make private arrangements for a funeral

I would like to make my own arrangements for a private funeral and I will instruct a Funeral Director at my own expense.

I would like to arrange a home burial

I would like to take my baby for burial at home.

I understand I am required to contact my County Council for advice.

I have not yet made a decision regarding these arrangements

I understand I have up to one month to make a decision and I will make contact with the Hospital Bereavement Office in that time.

Options explained and consent from parent obtained by

.....
Midwife/Nurse
(please delete)

Appendix 5. Certificate of Medical Practitioner or Midwife in Respect of Fetal Remains

<i>Histology Case Number</i>
<i>Crematorium Number</i>



<i>Collective Number</i>

Cornwall Council
 PENMOUNT CREMATORIUM, TRURO
 Tel 01872 272871

CERTIFICATE OF MEDICAL PRACTITIONER OR MIDWIFE IN RESPECT OF FETAL REMAINS

(The products of conception expelled from the uterus before 24 weeks gestation which showed no visible signs of life)

I hereby certify that I have examined the fetal remains whose details are shown below:

Delivered on.....(Date) at.....am/pm ofweek gestation and which at no time showed any visible signs of life. Place of delivery

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

Tick one box

I confirm that informed written consent for collective cremation has been obtained.
 (Complete sections **A & B**)

I confirm that informed written consent for a private funeral has been obtained.
The mother/parents understand that they may contact the Hospital Bereavement Office to discuss the options available and/or any financial concerns they may have.

(Complete sections **A & C**)

A) Doctor/Midwife details

Print Name..... Signature.....

Registered qualifications..... Date.....

Workplace Tel.....

(Mother's details to be removed by bereavement office if remains are for collective cremation)

Funeral Arrangements

As explained there are the options available to you, please indicate your preference below:

B) The mother/parents would like the hospital to arrange collective cremation by means of a monthly collective cremation together with other tissue of conception only.

C) The mother/parents would like to make private funeral arrangements. They will instruct a funeral director and advise the bereavement office accordingly within one month.

<i>Affix Patient Label</i>

Appendix 6. Application for the Communal Cremation of Fetal Remains

• CORNWALL COUNCIL

PENMOUNT CREMATORIUM, NEWQUAY ROAD, TRURO, CORNWALL, TR4 9AA

CONFIDENTIAL

APPLICATION FOR THE COMMUNAL CREMATION OF FETAL REMAINS

This application must be signed by the person authorised by the Authority responsible for the hospital/clinic to make Application for Cremation. The fetal remains may be identified by the hospital pathology case number subject to confidentiality under the Abortion Act 1967.

A Certificate of Medical Practitioner, Midwife or Nurse involved in the delivery *must* be provided for each fetus identified in this form.

I (name of Applicant)
Of (name and address of hospital)
Position

AS THE AUTHORISED AND DESIGNATED PERSON APPLY TO PENMOUNT CREMATORIUM TO UNDERTAKE THE COMMUNAL CREMATION OF THE FOLLOWING FETAL REMAINS:

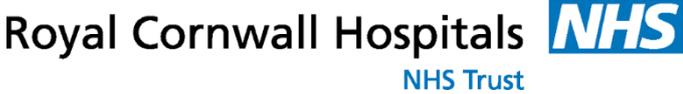
CASE NUMBERS

As requested and agreed, the crematorium shall record case numbers only to identify the fetal remains, to comply with the need for confidentiality.

I DECLARE that the above have been identified as fetal remains of less than 24 weeks gestation that have at no time shown any signs of life. All the information given in the application is correct, no material has been omitted and parental consent to the cremation, as part of a communal (multiple) cremation, has been obtained.

Signature Date

Appendix 7. Products of Conception Proforma where Histology is not required



Products of Conception Proforma where Histology is not required

This proforma should be completed for any products of conception being transferred from Tolgus Ward or Theatre to pathology where consent for collective cremation has already been gained **and where histology is not required**. Where histology is required, a standard histology request form should be completed instead of this proforma.

Identification label: Name, address and CR number	Date, signature, printed name and designation of nurse	NHS number (for lab. use only)

This proforma must accompany the specimens identified above to the pathology department along with a 'Certificate of Medical Practitioner or Midwife in Respect of Fetal Remains' for each specimen.

Appendix 8. Miscarriage and Termination for Fetal Abnormality Before 14 weeks Gestation: Midwife Checklist

One + all | we care

Royal Cornwall Hospitals 

NHS Trust

Patient Identity Label

Miscarriage or Termination for Fetal Abnormality Before 14 weeks Gestation: Midwife Checklist

Consultation Prior to Admission	
	Date, time, signature
IUD / TOP discussed including: - Induction of labour process (including possibility of pain & bleeding before planned admission.) - When to come in (planned appointment & if pain or bleeding before) - Advise woman to bring partner / other companion on admission - Analgesia (at home & in hospital) - Choices - Funeral / sensitive disposal of baby options, - Support available for parents	
Leaflets given to parents: RCHT - <i>Following the Loss of Your Baby</i> Local support group – <i>Splash Project</i> Miscarriage Association – <i>We are sorry that you have had a miscarriage</i> Other:	
Consent form signed	
Contact numbers given for ward & Bereavement Midwife	
Inform : Team consultant (by e-mail using CR number on mobile phone) Community midwife (message on answer phone) Any other health professional who has direct contact with woman eg : - Specialist Midwife - Inpatient Adults Specialist Midwife • Fetal Medicine Dept / Antenatal Screening Co-ordinator if woman has had CVS or amniocentesis	
Change to consultant care midwife led	
TOP only Certificate A form completed (Signed by two doctors) Not on with notification of Abortion signed Consent form signed	
Induction of labour medication and analgesia prescribed	
Inform community team (Patient consent required)	
On admission for induction of labour	
Admit to ward on PAS and E3	
Induction of labour process explained including that bleeding may start fairly soon.	
Consent for funeral arrangements form discussed and signed.	
Blood taken for FBC, Group & antibodies, Kleihauer	

	Date, time & signature
Following miscarriage	
Placenta & fetus placed in formalin in labelled histology pot. (Take skin samples first if cytogenetic testing required) The placenta & fetus must be sent to histology NOT the mortuary	
If any there are any concerns that the placenta may not be complete a scan should be performed in the Emergency Gynaecology Unit (EGU). At weekends the patient may go home if she is not bleeding and an appointment for the next available scan in EGU (Ext. 2686) given. EGU Appointment:.....	

If Cytogenetic Sampling Requested: (May be offered if third or more successive miscarriage or abnormality detected at Nuchal scan)	
Blood sample taken from both parents (Green tube & Bristol Genetics request form) Consent form for tissue samples signed (<i>approved midwife / doctor – list in Bereavement Nursery</i>) Tissue samples taken by approved midwife / doctor. (<i>Do NOT refreeze</i>) Tissue Sampling Record Book completed -. <i>If out of hours leave message for Wheal Rose ward clerk.</i>	
Mandatory Forms	
<ul style="list-style-type: none"> • Cornwall Joint Crematorium Committee: Certificate of Medical Practitioner in Respect of Foetal Remains. (Form must include consent for disposal of foetal remains) <ul style="list-style-type: none"> • Dept. of Health Notification of Abortion (TOF only) <ul style="list-style-type: none"> • Form posted to Dept. of Health 	
Chaplaincy Service	
Parents offered to see Hospital Chaplain Yes / No Seen by Chaplain / Declined Blessing Service: Offered / Performed / Declined	
Bereavement Care	
Bereavement Midwife information christy.bereavementmidwives@nhs.net or Telephone 01872 25287 Bereavement Office telephone number given. (01872 252713) Cornwall Joint Crematorium Committee Form taken to Bereavement Office	
Offered to Parents	
Hospital Chapel Baby Memorial Book and Baby Remembrance Service, and Baby Garden information given. Form returned to Chaplaincy office: YES / DECLINED Parents offered < 14 week gestation Memory Box Parents offered to have leaf placed on Baby Memory Tree Request for leaf via ellasmemoryleaves@hotmail.com	
Pre-24 week Birth Acknowledgement Certificate Offered <input type="checkbox"/> Accepted / Declined	

Post natal Care	
Anti-D required Yes / No Anti-D given: Contraceptive advice given YES / NO Postnatal VTE assessment completed YES / NO	
Inform community team of discharge CMW..... GP..... E3 Discharge letter sent to GP	
Complete pregnancy details and close case on E3	
Sands Teardrop sticker on Maternity & Medical notes	

	Date, time & signature
Antenatal clinic appointments cancelled	
All sections of checklist checked and complete	
All documentation including checklist filed securely in notes	
Offer referral to Bereavement Midwives Rcht.bereavementmidwives@nhs.net	
Notes to Consultant secretary once signed as complete (Consultant is responsible for all follow up appointments if required)	

Midwives are responsible for complete documentation and filing as with any other delivery notes. No documentation should be placed in the postnatal bereavement pack folder and maternity notes must be amalgamated with medical notes.

Please send notes to and inform Bereavement Midwives Tel: Ext 2879 / 07825964133
Rcht-bereavementmidwives@nhs.net

Appendix 9. Miscarriage (14 - 24 weeks Gestation) Checklist

Patient identity label

Miscarriage (< 24 weeks): Care Checklist

On Diagnosis of Intrauterine Death (IUD)

	Date & Time	Name & Signature
Intrauterine death discussed including: <input type="checkbox"/> Induction of labour process <input type="checkbox"/> Option of awaiting spont. labour <input type="checkbox"/> Pain relief in labour <input type="checkbox"/> Choices <input type="checkbox"/> Seeing/ holding the baby <input type="checkbox"/> Making memories <input type="checkbox"/> Funeral <input type="checkbox"/> Support available for parents		
Leaflets given to parents: <i>Following the Loss of Your Baby</i> (RCHT) <input type="checkbox"/> Sands Bereavement Support pack <input type="checkbox"/> Local Support Groups – The Splash Project / Cornwall Sands <input type="checkbox"/>		
Post-mortem examinations discussed (1) Sands post-mortem information leaflet given <input type="checkbox"/> Cytogenetic test information for parents sheet <input type="checkbox"/>		
Maternal investigations (see separate checklist performed) <i>Maternal blood tests should be taken as soon as possible after diagnosis of IUD to get the most information from the results.</i>		
Maternal observations recorded <i>To exclude pre-eclampsia, maternal infection etc.</i>		
Maternity Notes Returned to woman <input type="checkbox"/> (Remind her to bring notes with her when readmitted) <i>If woman declines to take notes, please inform CMW</i>		
Inform: <input type="checkbox"/> Community Midwife <input type="checkbox"/> Team Consultant GF <input type="checkbox"/> <input type="checkbox"/> Bereavement Midwives rcht.bereavementmidwives@nhs.net If appropriate: <input type="checkbox"/> Antenatal Specialist Midwives <input type="checkbox"/> Screening Co-coordinator www.rch-tr.screening@nhs.net <input type="checkbox"/> Safeguarding Midwife www.rcht.safeguarding@nhs.net <input type="checkbox"/> Healthy Pregnancy Team lucy.walsh2@nhs.net / Katie.hall4@nhs.net		
Change to Consultant care		
Daisy Suite Parents shown / Given directions to Daisy Suite entrance		
Cancel outstanding clinic and / or scan appointments <i>(e-mail the ward clerk to cancel appointments and request a confirmation e-mail)</i> Cancellation Request made to Cancellation confirmed <input type="checkbox"/>		
Sands Teardrop Sticker. Put stickers on the inside cover of medical notes and front page of current pregnancy notes. <i>("Alert see inside" sticker only on front cover)</i>		

Patient identity label

On Admission

Pre-viability Spontaneous labour without fetal demise		
Parents warned baby may be born with signs of life <input type="checkbox"/>		
Induction of Labour (IUD)	Date & Time	Name & Signature
Record admission on E3 and PAS		
Check blood results: FBC <input type="checkbox"/> Group & save <input type="checkbox"/>		
Parents wishes for labour and delivery discussed <input type="checkbox"/>		
Parents wish to see baby: Mother: <input type="checkbox"/> YES <input type="checkbox"/> NO Father: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Baby	Date & time	Name & signature
Parents told baby sex: YES <input type="checkbox"/> NO <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unable to ascertain <input type="checkbox"/> <i>Two staff to examine baby to determine gender if baby macerated / hydrops</i>		
Use of Cooling Mattress Parents advised of benefits in using cooling mattress within 2-3 hours of birth Commenced <input type="checkbox"/> Time commenced:..... Declined <input type="checkbox"/> Please record temperature of cooling mattress hourly when in use		
Label baby with Mortuary Identification Bracelet. Baby's Name: Record the baby's name, date and time of birth before removing paper and closing clamp. <input type="checkbox"/> - Do not add any of mother's details <i>See Guideline appendix 4 for identification guidance</i> - Two staff members to check label and sign Deceased Baby Care Record		1. 2.
Baby Examination Form completed <input type="checkbox"/> Baby Weighed <input type="checkbox"/>g Enter onto GROW (late fetal loss > 2000g) GROW Centile		
Baby bathed / wrapped Offer to assist parents to bath baby Baby bathed by: parent <input type="checkbox"/> ward staff <input type="checkbox"/> Too early gestation <input type="checkbox"/>		
Parents offer to take baby home Taken home by parents <input type="checkbox"/> Explanatory letter given to parents <input type="checkbox"/>		
Items transferred: Transferred by		
<input type="checkbox"/> Deceased Baby Care Record <input type="checkbox"/> PM Consent <input type="checkbox"/> PM Request including scan reports <input type="checkbox"/> Cremation form <input type="checkbox"/> Sensitive disposal form		
Patient identity label <input type="checkbox"/>		

Investigations

Cytogenetic tests	Date & time	Name & signature
Do NOT refreeze containers. Keep in the fridge until able to post. Please ask Ward Clerks / Bereavement Midwife to order more medium if supplies are low.		
Consent form signed <input type="checkbox"/>		
Samples taken by Dr / Midwife signed as competent to do so (List of staff in Bereavement Nursery) before placenta is placed in Formalin <input type="checkbox"/>		
Tissue Sampling Record Book completed (HTA requirement) <input type="checkbox"/>		
Ward clerk requested to post / Message left in diary <input type="checkbox"/>		
Post mortem (>16 weeks unless special circumstances)		
Second discussion re: benefits of PM examination with parents by senior Doctor / Midwife trained in PM consent <input type="checkbox"/>		
Parents are aware baby will be transferred to Bristol for PM <input type="checkbox"/>		
If parents decline, document reasons they choose not to have PM		
National consent form completed by Doctor / Midwife trained in consent <input type="checkbox"/>		
National PM Request form completed & scan reports attached <input type="checkbox"/>		
Bereavement Office informed of PM request. (E 2713) <input type="checkbox"/>		
If PM requested please photocopy consent x 2 & request x 1 copies. <ul style="list-style-type: none"> 1. Copy of consent given to parents <input type="checkbox"/> 2. Original copies of E-statement to pathologist – sent with baby <input type="checkbox"/> 3. File in medical notes <input type="checkbox"/> 		
Placenta		
Placenta weighed _____ grams		
Coty for culture microbiology for MC&S in universal pot- silver top <input type="checkbox"/>		
Placenta placed in Formalin in labelled histology pot <input type="checkbox"/> (Do not put in fridge once in Formalin)		
Placenta sent mortuary with baby in red specimen transport box accompanied by a histology form printed from Maxims stating: No PM / PM requested / PM decision awaited (circle which) <input type="checkbox"/>		
Maternal Investigations		
Check all maternal investigations have been taken. (All women require Kleihauer)		

Patient identity label

Making Memories & Emotional Support

Photographs	Date & time	Name & signature
Parental consent required for all photographs		
Offered x1 Offered x2 Accepted Declined Given		
Digital photographs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Prints given to parents: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Camera memory card (new cards in drawer in nursery): <input type="checkbox"/> - Given to parents <input type="checkbox"/> Filed in medical notes		
Camera images deleted <input type="checkbox"/> Camera log book completed <input type="checkbox"/>		
Clinical photographs – filed in notes <input type="checkbox"/>		
Hand and Footprints		
Offered x1 Offered x2 Accepted Declined Given		
Paper prints <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Clay prints <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Memory Box		
Offered x1 Offered x2 Accepted Declined Given		
Photos in SANDS folder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Clothes / blanket/ toy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Cot card <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name band <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Acknowledgement certificate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Chaplaincy Service		
Offered x1 Offered x2 Accepted Declined Actioned		
Hospital Chaplain <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Own minister <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Blessing Service: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Baby Remembrance		
Offered x1 Offered x2 Accepted Declined Actioned		
Baby Memorial Book <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Baby Remembrance Service <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Memorial Tree Leaf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Leaf requested via www.Ellasmemoryleaves@hotmail.com		
Communication		
Sands Teardrop Sticker -Maternity notes (Page 1 -not green cover) <input type="checkbox"/>		
-Medical notes (inside cover) + Alert sticker on cover <input type="checkbox"/>		
Support Groups		
Check information / leaflets on national & local groups given		
Bereavement Care Coordinator		
Parents given Bereavement Office contact details - (01872 25 2713) <input type="checkbox"/>		
Parents aware that they need to fund & make funeral arrangements if an individual service is wanted <input type="checkbox"/>		
	Patient identity label	
Mandatory Forms	Date & Time	Name & Signature
E3 pregnancy, labour & birth details completed <input type="checkbox"/>		
- Do NOT cancel pregnancy		

Penmount Crematorium Committee Form	<input type="checkbox"/>		
Deceased Baby Care Record	<input type="checkbox"/>		
Funeral arrangements after pregnancy loss < 24 weeks Consent form – options discussed and parents given a copy	<input type="checkbox"/>		

Post natal Care

Lactation suppression - Analgesia and support discussed	<input type="checkbox"/>		
Cabergoline: <input type="checkbox"/> Offered <input type="checkbox"/> Given <input type="checkbox"/> Declined			
Contraceptive / next pregnancy advice given	<input type="checkbox"/>		
Anti -D required: YES / NO Anti -D given:	<input type="checkbox"/>		
VTE assessment completed:	<input type="checkbox"/>		
Postnatal examination & discharge recorded in notes	<input type="checkbox"/>		

Case Review & Audit

MBRRACE-UK forms completed (>22 weeks only) <input type="checkbox"/> A <input type="checkbox"/>			
Parents informed (Duty of candour)			
Data uploaded- MBRRACE Number			
Perinatal Mortality Review (MRT) Parents aware of MDT Case Review and that their views will be included in the review of form parents that a Bereavement M/W will ring them <input type="checkbox"/>			

Patient Feedback

Parents informed they will receive Maternity Bereavement Experience Measure (MBEM) questionnaire in 4-6 months	<input type="checkbox"/>		
Parent preferred format for survey: Post <input type="checkbox"/> e-mail <input type="checkbox"/>			
Parent email address:.....			

Discharge

Parents given: Emergency contact numbers <input type="checkbox"/>			
Memory box <input type="checkbox"/>			
Discharge letter printed and sent to GP <input type="checkbox"/>			
Complete EDF, inform community midwives and file EDF in notes <input type="checkbox"/>			
All paper work filed in medical notes.			
Notes sent to Bereavement Midwife. (Remember to tracer notes)			

Patient identity label

Follow up after discharge (Bereavement Midwife)

Perinatal Statistics book completed <input type="checkbox"/>		
Condolence card signed by Head of Midwifery sent <input type="checkbox"/>		
MBRRACE-UK Log No:.....		
Commenced <input type="checkbox"/>		
Completed <input type="checkbox"/>		
E3 closed at 10 days <input type="checkbox"/>		
Results available and filed in notes:		
Blood tests <input type="checkbox"/>		
Cytogenetics <input type="checkbox"/>		
PM <input type="checkbox"/>		
Case review at Perinatal Mortality Meeting <input type="checkbox"/>		
Date:.....		
PNMRT Review		
Commenced: <input type="checkbox"/>		
Parents invited to contribute to case review <input type="checkbox"/>		
Completed and reported <input type="checkbox"/>		
Follow up		
Consultant follow up requested <input type="checkbox"/>		

Investigations for 2nd Trimester Miscarriage, Stillbirth and Neonatal Death

Pre- delivery investigations - All Cases

(Maxims Order Set – Stillbirth)

Test	Explained	Accepted	Date	Signature	Result	Date	Signature
Full blood count							
Kleihauer (All women)							
Group & antibodies							
Coagulation screen							
CMV							
Toxoplasmosis							
Syphilis							
Parvovirus							
Lupus anticoagulant							
Anticardiolipin antibodies							
Thyroid Function							
HbA1c							
U &E, LFT, Urate							
Thrombophilia screen							
Fibrinogen							

Post birth Investigations

Examination of baby							
Cytogenetic - skin							
Cytogenetic - placental							
Placenta - histology							
Placental biopsy							
Baby swabs							
HVS							
MSU							

Additional investigations indicated

Blood cultures Listeria (fever, meningitis, V, an, meconium)							
CRP							
Herpes infection (Australia or foreign travel)							
Chlamydia (fever, malaise, sore throat)							
Lactic Acid / LFT (Puritis)							
Antiplatelet antibodies (Intracranial haemorrhage)							
Anti-Ro/La antibodies (hydrops; endomyocardial fibroelastosis)							

Appendix 10. Termination of Pregnancy for Fetal Abnormality: Midwife Checklist

Patient identity label

Termination of Pregnancy for Fetal Abnormality (TOPFA) Checklist

On Diagnosis		Date & Time	Name & Signature
TOPFA discussed including: <input type="checkbox"/> Induction of labour process <input type="checkbox"/> Option of awaiting spont. labour <input type="checkbox"/> Pain relief in labour <input type="checkbox"/> Choices <input type="checkbox"/> Seeing/ holding the baby <input type="checkbox"/> Making memories <input type="checkbox"/> Funeral <input type="checkbox"/> Support available for parents			
Leaflets discussed and given to parents: <i>Following the Loss of Your Baby</i> (RCHT) <input type="checkbox"/> Sands Bereavement Support pack <input type="checkbox"/> Local Support Groups – The Splash Project / Cornwall Sands <input type="checkbox"/>			
Certificate A form signed by two doctors <input type="checkbox"/> Consent form signed (Dr) <input type="checkbox"/> DoH Abortion Notification form signed by Dr authorising TOPFA <input type="checkbox"/>			
Post-mortem examinations discussed (1) Sands post-mortem information leaflet given <input type="checkbox"/> Cytogenetic test information for parents <input type="checkbox"/>			
Are investigations advised to confirm diagnosis? Cytogenetics <input type="checkbox"/> PM <input type="checkbox"/> Other <input type="checkbox"/>			
Inform: <input type="checkbox"/> Community Midwife <input type="checkbox"/> Team Consultant <input type="checkbox"/> GP <input type="checkbox"/> Bereavement Midwives www.rcm.bereavementmidwives.nhs.net <input type="checkbox"/> If applicable: Diabetes & Endocrinology Midwife <input type="checkbox"/> Safeguarding Midwife www.rchmaternitysafeguarding@nhs.net <input type="checkbox"/> Health & Pregnancy Team lucy.walsh2@nhs.net or Katie.hall4@nhs.net			
Change to neonatal care			
Daisy Suite Patient shown / Given directions to Daisy Suite entrance			
Point & TOPFA Database Updated by Screening Midwife <input type="checkbox"/> Add Patient Note to E3 record <input type="checkbox"/>			
Cancel outstanding clinic and / or scan appointments <i>(e-mail the ward clerk to cancel appointments and request a confirmation e-mail)</i> Cancellation Request made to Cancellation confirmed <input type="checkbox"/>			
Sands Teardrop Sticker. Put on the inside cover of medical notes and front page of current pregnancy notes. ("Alert see inside" sticker only on front cover)			
Maternity Notes Returned to woman <input type="checkbox"/> (Remind to bring notes with her when readmitted) <i>If woman declines to take her notes please inform CMW</i>			

Patient identity label

On Admission

Induction of Labour	Date & Time	Name & Signature
Record admission on E3 and PAS		
Take blood for: - FBC <input type="checkbox"/> - Group & save <input type="checkbox"/>		
Parents wishes for labour and delivery discussed <input type="checkbox"/>		
Parents wish to see baby: Mother YES <input type="checkbox"/> NO <input type="checkbox"/> Father YES <input type="checkbox"/> NO <input type="checkbox"/>		
Baby		
Parents told baby sex: YES <input type="checkbox"/> NO <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unable to ascertain <input type="checkbox"/> <i>Two staff to examine baby to determine gender if baby macerated / hydrops</i>	Date	Name & signature
Use of Cooling Mattress Parents advised of benefits in using cooling mattress within 2-3 hours of birth. Commenced <input type="checkbox"/> Time commenced: <input type="checkbox"/>		
Label baby with Mortuary Identification Bracelet using Baby's Name: Record the baby's name, date and time of birth before <input type="checkbox"/> removing paper and closing clamp. - Do not add any of mother's details <i>See Guideline appendix 4 for identification guidance</i> - Two staff members to check label and enter on Deceased Baby Care Record		1. 2.
Weightg Record on GROW (Weight for gestation) <input type="checkbox"/> GROW Centile (if > 150g) :.....		
Baby examination For example <input type="checkbox"/> Baby weighed <input type="checkbox"/>g		
Baby bathed / washed <input type="checkbox"/> Too early a gestation <input type="checkbox"/>		
Parents offered to take baby home Taken home by parents <input type="checkbox"/> Explanatory letter given <input type="checkbox"/>		
Baby transferred: To mortuary by With : Deceased Baby Care Record <input type="checkbox"/> PM Consent <input type="checkbox"/> PM Request including scan reports <input type="checkbox"/> Cremation form <input type="checkbox"/> Sensitive disposal form <input type="checkbox"/> Home with parents <input type="checkbox"/> Direct to Funeral Director <input type="checkbox"/> Name:		

Patient identity label

Investigations

Post mortem	Date & time	Name & signature
Second discussion re: benefits of PM examination with parents by senior Doctor / Midwife trained in PM consent. <input type="checkbox"/>		
Parents are aware baby will be transferred to Bristol for PM <input type="checkbox"/>		
Are investigations advised to confirm diagnosis? Cytogenetics <input type="checkbox"/> PM <input type="checkbox"/> Other <input type="checkbox"/>		
If parents decline, document reasons they choose not to have PM		
National consent form completed by Doctor <input type="checkbox"/>		
National PM Request form completed & scan reports attached <input type="checkbox"/>		
Bereavement Office informed of PM request. (Ext..2713) <input type="checkbox"/>		
If PM requested please photocopy consent x 2 & request x 1 copies.		
1. Copy of consent given to parents <input type="checkbox"/>		
2. Original copies for Bristol Pathologist – sent with baby <input type="checkbox"/>		
3. File in medical notes <input type="checkbox"/>		
Cytogenetic tests- not required if antenatal results available		
<i>To comply with Human Tissue Act samples should only be taken in the satellite mortuary/nursery on Wheal Rose. Do NOT refreeze containers. Keep in the fridge until about to post. Please ask Ward Clerks / Bereavement Midwife to order more media if supplies are low.</i>		
Consent form signed <input type="checkbox"/>		
Samples taken by Dr / Midwife signed & competent to do so (List of staff in Bereavement Nursery) before placenta is placed in Formalin <input type="checkbox"/>		
Tissue Sampling Record Book completed (TA requirement) <input type="checkbox"/>		
Ward clerk requested blood / Message left in diary <input type="checkbox"/>		
Placenta		
Placenta checked & weighed _____ grams		
Placenta placed in Formalin in labelled histology pot <input type="checkbox"/> (Do not put in fridge once in Formalin)		
Placenta sent mortuary with baby in red specimen transport box accompanied by a histology form printed from Maxims stating: No PM / PM requested / PM decision awaited (circle which) <input type="checkbox"/>		
Maternal Investigations		
Kliehauer for Rhesus negative women		

Patient identity label

Making Memories & Emotional Support

Photographs	Date & time	Name & signature
Offer 1 Offer 2 Accepted Declined Given Digital photographs for parents <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Printed & given to parents: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>(file in medical notes if declined)</i> Camera memory card (new cards in drawer in nursery): Given to parents <input type="checkbox"/> Filed in medical notes <input type="checkbox"/> Deleted <input type="checkbox"/> Camera log book completed <input type="checkbox"/> Clinical photographs (with parental consent)- filed in notes <input type="checkbox"/>		
Hand and Footprints		
Offer 1 Offer 2 Accepted Declined Given Paper prints <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clay prints <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Memory Box (Small 4Louis box)		
Offer 1 Offer 2 Accepted Declined Given Photos in SANDS folder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clothes / blanket/ toy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cot card <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Name band <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Acknowledgement certificate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Candle & holder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Chaplaincy Service		
Offered Accepted Declined Actioned Hospital Chaplin / Own minister <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Blessing/ Naming Service <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Baby Remembrance		
Offer 1 Offer 2 Accepted Declined Actioned Baby Memorial Book <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Remembrance Service <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Memorial Tree Leaf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Leaf requested via www.Ellasmemoryleaves@hotmail.com <input type="checkbox"/>		
Communication		
Sands Teardrop Sticker -Maternity notes (Page 1 -not green cover) <input type="checkbox"/> -Medical notes (inside cover) + Alert sticker on cover <input type="checkbox"/>		
Support Groups		
Check information / leaflets on national & local groups given		

Bereavement Care Coordinator	Date & Time	Name & Signature
Parents given Bereavement Office contact details - (01872 25 2713) <input type="checkbox"/>		
Parents aware that they need to fund and make funeral arrangements if an individual service is wanted <input type="checkbox"/>		
Mandatory Forms		
Penmount Crematorium Committee Form <input type="checkbox"/>		
Deceased Baby Care Record <input type="checkbox"/>		
Funeral arrangements after pregnancy loss < 24 weeks Consent form – options discussed and parents given a copy <input type="checkbox"/>		
Department of Health Abortion Notification Completed <input type="checkbox"/> Posted <input type="checkbox"/>		
Complete E3 including non-registered birth details <input type="checkbox"/>		
Post natal Care		
Lactation suppression - Analgesia and support discussed <input type="checkbox"/>		
Cabergoline: Offered <input type="checkbox"/> Given <input type="checkbox"/> Declined <input type="checkbox"/>		
Contraceptive / next pregnancy advice given <input type="checkbox"/>		
Anti -D required: YES / NO <input type="checkbox"/> Anti -D given: <input type="checkbox"/>		
VTE assessment completed <input type="checkbox"/>		
Postnatal examination on discharge recorded in notes <input type="checkbox"/>		
Audit		
MBRRA (E-I) if >22 weeks. Inform parents (Duty of candour)		
Parents aware that they will receive Maternity Bereavement Experience Survey (MBEM) questionnaire in 6 months (any gestation) <input type="checkbox"/>		
Parents preferred format for survey Post <input type="checkbox"/> e-mail <input type="checkbox"/>		
Patient email address:.....		
Community Team Communication		
CMW informed of discharge / message left <input type="checkbox"/>		
GP informed of mother's discharge <input type="checkbox"/>		
Discharge letter printed & send to GP (Do not leave in notes) <input type="checkbox"/>		
Complete EDF & file in notes <input type="checkbox"/>		
Discharge		
Parents given: Emergency contact numbers <input type="checkbox"/>		
Memory box <input type="checkbox"/>		
All paper work filed in medical notes.		
Follow up after discharge (Bereavement Midwife)		
Perinatal Statistics book completed <input type="checkbox"/>		
MBRRACE-UK (>22 weeks only) No: <input type="checkbox"/>		
Condolence card posted <input type="checkbox"/>		
All results available and filed in notes <input type="checkbox"/> N/A		
Consultant follow up requested <input type="checkbox"/>		

Appendix 11. Bristol Perinatal Pathology Network Perinatal Post-mortem Request Form

UNIVERSITY HOSPITALS BRISTOL PERINATAL PATHOLOGY NETWORK			
PERINATAL POST MORTEM REQUEST FORM			
This form <u>must</u> be sent with the baby and placenta accompanied by the mother's signed consent form			
PLEASE:			
<ul style="list-style-type: none"> - DO NOT leave blank spaces: write N/A (Not Applicable) or N/K (Not Known) when necessary - DO NOT fill spaces as "see attached documents" - this will be considered as an incomplete form. Provide a summary when necessary. 			
Referring Hospital:		Ward	
Referring Consultant (s):			
Attending Midwife (+ extension)			
Attending Doctor (+ extension)			
Mother's Name:		DOB:	
Mother's Hospital N°:		Mother's NHS N°:	
Mother's Address:			
Mother's Ethnicity:			
Father's Name:			
Father's Age:		Father's Ethnicity:	

GESTATIONAL AGE AT DELIVERY:	weeks
DEATH CLASSIFIED AS: (Please tick box the appropriate shaded box)		
<input type="checkbox"/>	Spontaneous miscarriage	(Pregnancy loss <24 weeks gestation)
<input type="checkbox"/>	Missed miscarriage	(Incidental finding of pregnancy loss <24 weeks gestation)
<input type="checkbox"/>	Stillbirth	(Pregnancy loss >24 weeks gestation)
<input type="checkbox"/>	TOP	Indication:
<input type="checkbox"/>	Neonatal death	Time lived: minutes / hours / days

Appendix 12. Post Mortem Consent Form

Post mortem consent form

Your wishes about the post mortem examination of your baby

Your wishes about the post mortem examination of your baby

Mother	Baby
Last name	Last name
First name(s)	First name(s)
Address	Date of birth
	Date of death (if liveborn)
Hospital no.	Hospital no.
NHS no.	NHS no.
Date of birth	Gender (if known)
Consultant	Consultant
Father/Partner with parental responsibility	Address (if different from the mother's)
Last name	
First name(s)	
Preferred parent to contact, tel. no.:	
Other, e.g., religion, language, interpreter	
.....	

How to fill in this form:

- Please show what you agree to by marking YES in the relevant boxes. Write NO where you do not agree.
- Record any variations, exceptions and special concerns in the Notes to the relevant sections or in Section 5.
- Sign and date the form. The person taking consent will also sign and date it.

Changing your mind

After you sign this form, there is a short time in which you can change your mind about anything you have agreed to.

If you want to change your mind, you must contact:

[Name, department] [tel.]

before [time] on [day] [date]

Please be assured that your baby will always be treated with care and respect.

Section 1: Your decisions about a post mortem examination *Select one of these 3 options.*

A complete post mortem This gives you the most information. It includes an external examination, examining the internal organs, examining small samples of tissue under a microscope, and taking x-rays and medical photographs. Tests may also be done for infection and other problems and the placenta may also be examined.

If you think you may have another baby in the future and are worried that the problem might occur again, a complete post mortem is the best way to try to find out.

I/We agree to a complete post mortem examination.

OR

A limited post mortem This is likely to give less information than a complete post mortem.

A limited post mortem includes an external examination, examining the internal organs in the area(s) of the body that you agree to, examining small samples of tissue under a microscope, and taking x-rays and medical photographs. Tests may also be done for infection and other problems and the placenta may also be examined.

I/We agree to a limited post mortem examination.

Please indicate what can be examined:

Abdomen Chest and neck Head Other:

OR

An external post mortem This may not give any new information.

An external post mortem includes a careful examination of the outside of the baby's body, x-rays and medical photographs. The placenta may also be examined.

I/We agree to an external post mortem examination.

Section 2: Tissue samples *Only if you consent to a complete or limited post mortem*

With your agreement, the tissue samples taken for examination under a microscope will be kept as part of the medical record (on small wax blocks and on glass slides). This is so that they can be re-examined to try to find out more if new tests or new information become available. This could be especially useful if you think you may have another baby in the future.

I/We give to the tissue samples being kept as part of the medical record for possible re-examination. *If consent is not given, you must note below what should be done with the tissue samples. See Section 8 Item 6 for more information.*

Note to Sections 1 and 2 if required

.....
.....

Section 3: Genetic testing

To examine the baby's chromosomes or DNA for a possible genetic disorder or condition, the pathologist takes small samples of skin, other tissue and/or samples from the placenta (afterbirth). With your agreement, this material will be kept as part of the medical record so that it can be re-examined to try to find out more if new tests or new information become available. This could be especially useful if you think you may have another baby in the future.

- I/We agree to genetic testing of samples of skin, other tissue and/or the placenta.** *If samples should not be taken from any of these, please note this below.*
- I/We agree to the genetic material being kept as part of the medical record for possible re-examination.** *See Section 8 Item 6 for more information.*

Notes to Section 3 if required

Section 4: Keeping tissue samples for training professionals and for research

Section 4 covers additional separate consent that you may decide to give. It will not affect what you have already agreed to above, what is done at the post mortem, or the information you get about your baby's condition, but it may be helpful for others in the future.

With your agreement, the tissue samples may also be examined for quality assurance and audit of pathology services to ensure that high standards are maintained.

- I/We agree to the tissue samples being kept and used for quality assurance and audit.**

Tissue samples, medical images and other information from the post mortem can be important for training health professionals. Identifying details are always removed when items are used for training.

- I/We agree to anonymised tissue samples, images and other relevant information from the post mortem being kept and used for professional training.**

Tissue samples, medical images and other relevant information from the post mortem can also be useful in research into different conditions and to try to prevent more deaths in the future. All research must be approved by a Research Ethics Committee.

- I/We agree to tissue samples, images and other relevant information from the post mortem being kept and used for ethically approved medical research.**

You can withdraw consent for any of the above at any time in the future. To do so, please contact the hospital and ask for the histopathology department.

Section 5: Any other requests or concerns

.....

Section 6: Parental consent

I/We have been offered written information about post mortems.

I/We understand the possible benefits of a post mortem.

My/Our questions about post mortems have been answered.

Mother's name **Signature**

Father's/Partner's name **Signature**

Date **Time**

Section 7: Consent taker's statements *To be completed and signed in front of the parents.*

I have read the written information offered to the parents.

I believe that the parent(s) has/have sufficient understanding of a post mortem and (if applicable) the options for what should be done with tissue and organs to give valid consent.

I have recorded any variations, exceptions and special concerns.

I have checked the form and made sure that there is no missing or conflicting information.

I have explained the time period within which parents can withdraw or change consent, and have ensured the necessary information at the beginning of this form.

Name **Position/Grade**

Department **Contact details (Ext/Bleep)**

Signature **Date** **Time**

Interpreter's statement (if relevant)

I have interpreted the information about the post mortem for the parent(s) to the best of my ability and I believe that they understand it.

Name **Contact details**

Signature **Date** **Time**

Section 8: Notes for the consent taker

1. Only members of staff who are appropriately trained in taking consent for post-mortem examinations should undertake this procedure & in accordance with the HTA Code of Practice A - Guiding Principles & the Fundamental Principle of Consent (2020).
2. Written information about post mortems should be offered to all parents before you discuss the form with them.
3. If the parents have a specific request that you are not sure about, contact the pathologist **before the form is completed**.
4. Make sure that an appropriate time and date are entered in the *Changing your mind* section at the beginning of the form, and the parent(s) understand what to do if they change their minds. The post mortem should not begin unless this section is completed. **It is your responsibility to ensure that, if the parent(s) change their minds, they will be able to contact the person or department entered on this form.** If the parents do not want a copy of the form they should still be given written information about changing their minds.
5. Write the mother's or the baby's hospital number in the box at the foot of each page of the form. For a baby who was born dead at any gestation use the mother's hospital number for a baby who was born alive use the baby's hospital number.
6. **Sections 2 and 3: Tissue samples and genetic material** If the parents do not want tissue samples or genetic material kept as part of the medical record, explain the different options for disposal (below) and note their decisions in the relevant section.

If disposal is requested, it will usually take place only after the post-mortem report has been completed. The options are: disposal by a specialist hospital; or release to a funeral director of the parents' choice for burial; or release to the parents themselves. For health and safety reasons, blocks and slides cannot be created. Genetic material is normally incinerated.
7. Send the completed form to the relevant pathology department, offer a copy to the parent(s), and put a copy into the mother's (for a stillbirth or miscarriage) or the baby's (for a neonatal death) medical record.
8. Record in the clinical notes that a discussion about the post mortem examination has taken place, the outcome, and any additional important information.
9. **Possible further examination of one or more organs** Very rarely, it may be recommended that an organ is kept for more detailed examination after the baby is released from the mortuary. In this case, the form *Consent to further examination of organs for diagnostic purposes* should be completed as well as this form.
 - **If you already know that this is recommended**, discuss it with the parents and also explain how it might affect funeral arrangements. If they consent, complete the form *Consent to further examination of organs for diagnostic purposes* now, and staple the two forms together. Record the consent in the *Notes to Sections 1 and 2* on this form.
 - **If the pathologist recommends further examination after the post mortem has begun**, they will contact you or the unit. The parents should then be contacted as soon as possible to discuss their wishes and to explain how keeping the organ might affect funeral arrangements. If they consent, the form *Consent to further examination of organs for diagnostic purposes* should be completed and copies distributed as above. A note should be added to the medical record that consent was given, including how it was given (face-to-face, email, fax etc).

Appendix 13. Consent Form: Patient Agreement

CONSENT FORM 1
For use in Cornwall
PATIENT AGREEMENT

Name of proposed procedure or treatment
(including brief explanation if medical term not clear)

Statement of Health Professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits _____

Significant, unavoidable or frequently occurring risks _____

Any extra procedures which may become necessary during the procedure

- blood transfusion _____
- other procedure _____ (please specify)

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following consent type has been provided _____

This procedure will involve

- general and/or regional anaesthesia
- local anaesthesia
- sedation

Signed _____ Date _____

Name (PRINT) _____ job title _____

Contact Details (if patient wishes to discuss options later) _____

Statement of Interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed _____ Date _____

Name (PRINT) _____

WZK1216 CSP Ltd. 04/10 CHA2333

YELLOW TOP COPY - HEALTH RECORDS
White copy accepted by patient: yes or no (please ring)
NB: See Guidance to Health Professionals on inside cover

Appendix 14. Deceased Baby Care Record

Deceased Baby Care Record

Pathology Directorate

PERSONAL DETAILS OF THE DECEASED TO BE COMPLETED

PLEASE PRINT IN BLOCK CAPITALS

Mother's Details Only

Mother's Surname:

Mother's Forenames:

Please affix one number from ID bracelet

Transferred
from ward

Received
in Mortuary

Released
from Mortuary

Released to
Funeral
Director

Home Address:

Postcode:

Date of Birth:

Mother's CR No:

Baby's Details Only

Baby's Surname:

Baby's Forenames:

Date of Birth:

Sex: male/female/undetermined

Baby's CR No:

Date of Death:

Time of Death:

Gestation:

Ward:

Location of Mortuary ID Bracelets: Left Arm Right Arm Left Ankle Right Ankle Other:

High risk:
Yes/No/Unknown

PROPERTY DETAILS

Property on deceased: Yes/No
Item 1:
Item 2:
Item 3:
Item 4:
Item 5:

By signing this declaration you are confirming the deceased identity and property details are correct

1st Midwife signature:	Print name:	Date:	Time:
2nd signature:	Print name:	Date:	Time:

Names of Porters transporting deceased to Mortuary:

FOR MORTUARY STAFF USE ONLY

Mortuary Carriage no.:

Location of Mortuary ID Bracelets: Left Arm Right Arm Left Ankle Right Ankle Other:

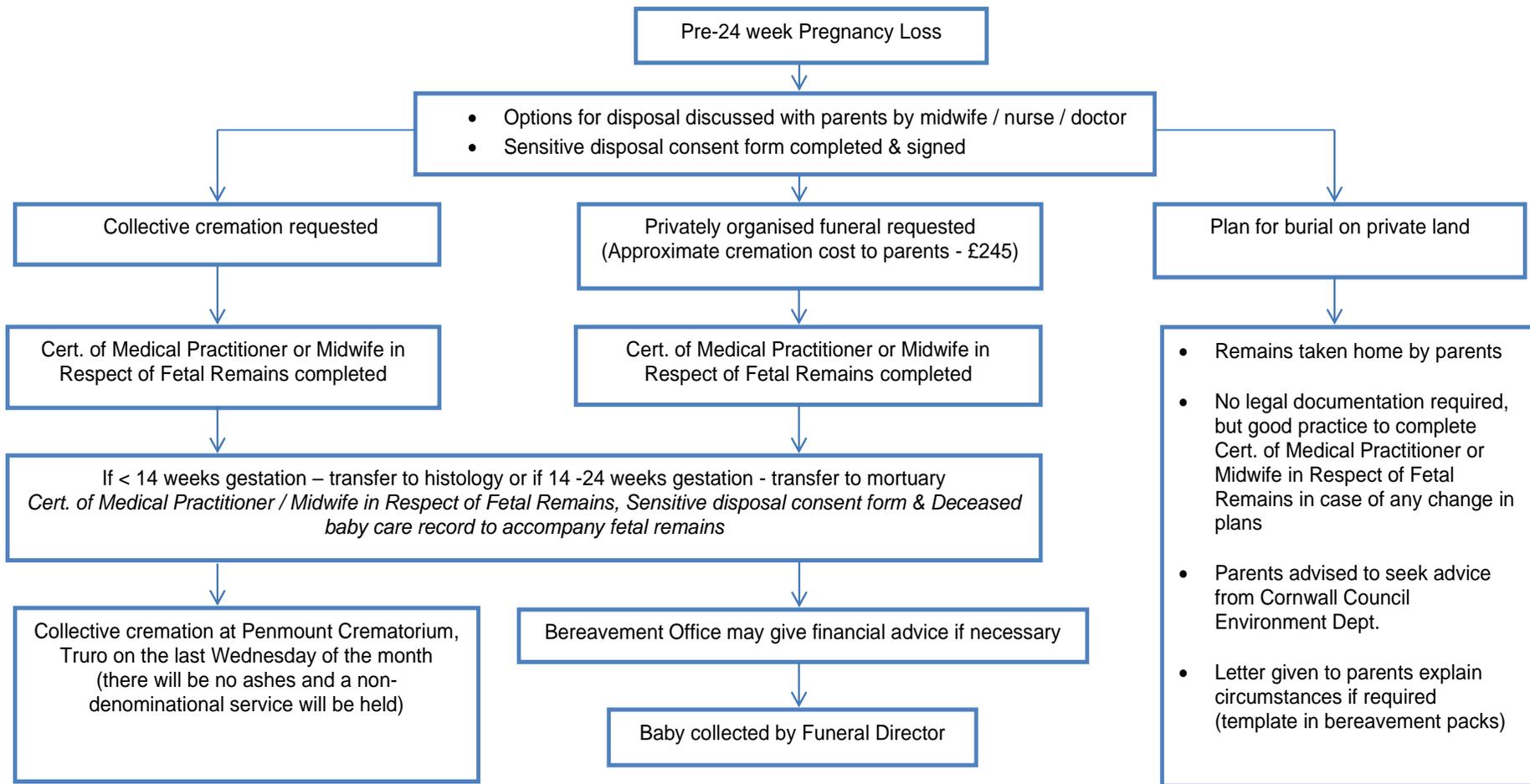
If identification of property NOT correct, contact line manager. If unavailable, Head BMS on ext. 2550
Describe action taken:

Property on the body checked in the mortuary by:

APT signature:	Print name:	Date:	Time:
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Transport of baby from the Mortuary:			
<u>Date out</u>	<u>Sign</u>	<u>Date returned</u>	<u>Sign</u>

Appendix 15. Pathway for Sensitive Disposal Following a Pre-24 week Gestation pregnancy Loss



For pregnancy loss > 24 week gestation please refer to the Miscarriage or Termination of Pregnancy Clinical Guidelines (RCHT 2019)