Policy for the Respectful Disposal of Non-Viable Fetuses Under 24 weeks Gestation
Statement of changes made

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SUMMARY

To ensure that practice in the Hospital meets the principles for recommendations for best practice from the RCN’s guidance on *Sensitive disposal of all fetal remains (2001)*\(^1\), Department of Health’s *Families and post mortems – A code of practice (2003)*\(^2\), Department of Health Guidelines on bereavement ‘When a patient Dies’ (2005)\(^3\) and SANDS ‘Pregnancy loss and the death of a baby’ Guidelines for professionals (1995)\(^4\).
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1. **INTRODUCTION**

The loss of a baby, at any stage in pregnancy, represents a unique form of bereavement. It can affect women and their family profoundly and they will require sensitive and supportive care. It is important to recognise that the needs of individuals and the circumstances of pregnancy loss will differ.

2. **PURPOSE OF THE DOCUMENT**

The clear principle driving this policy is to ensure that North Cumbria University Hospitals NHS Trust (NCUH) disposes of fetal remains in a respectful and sensitive manner.

The primary objective of this policy is to inform women and their family of the options available for the burial or cremation of their pregnancy loss. They will be made aware of the options for remembrance and the other resources for support offered by the hospital Bereavement Counsellor, and the Chaplaincy team who offer spiritual, pastoral and advisory aspects of care to women and their family of all faiths and of none.

*A Guide to Cultural Awareness in Death and Dying*, prepared by the Bereavement Counsellor at the Cumberland Infirmary, has been included as a reference in Appendix 12.

3. **DEFINITION OF TERMS USED**

**Sensitive Disposal**
North Cumbria University Hospitals Trust will offer **sensitive disposal** to parents in the form of cremation or burial of fetal remains below 24 weeks.

It is important that patients and their family are given clear information on the choice / options available to them for disposal. The choice of fetal disposal should be given to the women and their family in an appropriate and sensitive manner. Please refer to Appendix 1 for specific options available.

The Health Care Professional will explain that if the woman or her family has not expressed their personal wishes regarding disposal, after four-weeks has elapsed the fetuses will be communally cremated at Carlisle Crematorium for Cumberland Infirmary patients or Distington Hall Crematorium for West Cumberland Hospital patients. If cytogenetic /histological examination is required, cremation may occur at a Crematorium local to the tertiary centre.

**Early Pregnancy Loss** - ‘early Pregnancy Loss’ in the context of this policy relates to fetuses/fetal tissue from a pregnancy of up to 24 weeks’ gestation.

**Fetus/Fetal Tissue** - any fetus/fetal tissue or products of conception which are identifiable either visually or by histological examination.

**Family** - any relatives or friends that the women and their family may wish to involve in her loss.

**Termination of Pregnancy** - the induced loss of a fetus or baby for any reason.
4. SCOPE

This policy applies in all cases of early pregnancy loss, including spontaneous miscarriage, all terminations of pregnancy and ectopic pregnancies. Accordingly the following areas will be required to implement this policy:

- Maternity ward areas
- Gynaecology ward areas
- Accident and Emergency
- Theatres (including day surgery and main inpatient theatres)
- Histology / Mortuary
- Women’s’ Outpatients
- Community Midwives

5. DUTIES (ROLES & RESPONSIBILITIES)

5.1 CEO / Board Responsibilities

The Chief Executive of the Trust has overall responsibility for ensuring that non-viable fetal remains are disposed of in a respectful and appropriate manner.

5.2 Director of Nursing and Medical Director Responsibilities

The Director of Nursing and Medical Director are the delegated nominated Executive Directors of NCUH who will have responsibility for bereavement care included in their portfolios.

5.3 General Manager and Clinical Director Responsibilities

General Managers and Clinical Directors will ensure that staff comply with this policy.

5.4 Line Managers Responsibility

It is the responsibility of the specific ward/unit and line managers:
- to ensure that nursing, midwifery, medical, theatre and laboratory staff are familiar with the contents and application of this policy.
- to ensure staff receive training and support in the implementation of this policy by suitably experienced trainers (ward managers, Risk nurses/midwives, Bereavement midwife/counselor), and that
- all new staff on appointment to a clinical area where they may have involvement in the care of women suffering early pregnancy loss should receive appropriate training in the implementation of this policy

5.5 Staff Responsibility

It is the responsibility of all staff involved in the care of women suffering early pregnancy loss to ensure that they comply with the procedures relating to this policy.
5.6 **Family Services Division Responsibility**

To monitor compliance of this policy and to receive exception reports from respective risk management groups, via the Divisional Governance Facilitator.

6. **PROCEDURE FOR COLLECTION OF THE FETUS OR FETAL TISSUE**

For purposes of this document, the admitting wards at CIC will be Aspen and at WCH will be Overwater (emergency) at WCH.

6.1 **Consent**

The hospital will obtain a signed consent form from the woman authorising the means of disposal at the clinic visit or department they arrive at. The Health Care Professional responsible for admitting the patient must ensure that this form has been filled in and that the patient has received and understood the information relating to the sensitive disposal of their fetus/fetal remains.

6.1.1 **Failure to obtain consent**

On the rare occasions where consent for has failed to be obtained, the woman should be contacted by the consultant on-call to discuss the options. If the woman and her family decide to collect the remains, they should be given four-weeks in which to do this, otherwise the Trust will dispose of the remains. A record of the conversation must be made in the hospital notes.

6.2 **Collection of the Fetus / Fetal Tissue – Ward Areas**

- A bedpan placed in the toilet will retain the fetal remains passed by the majority of women who are inpatients. Where the remains are passed in a bed or on a trolley, the sheet holding the remains should be carefully removed to a safe place and the procedure detailed will be followed.

- Specimen packaging will depend on whether the products of conception/fetal remains are required to have histological examination.

6.2.1 **For Histology Examination**

- the products of conception/fetal remains should be placed in a specimen pot and sent directly to Histology with appropriate documentation

**Addressograph labels** must be used for any specimens that require specialist investigations

6.2.2 **Local Histology**

Refer to Appendix 4

6.2.3 **Tertiary Histology Service (RVI)**

Refer to Appendix 6
6.2.4 Not for Histology

The products of conception / fetal remains will be transferred to a Bi-Tran bag and sealed.

The mother's hospital case number and date of pregnancy loss is written on the appropriately coloured label:

A **WHITE** label for fetal remains that should be stored as outlined in 7 below, for onward transfer to the Mortuary and do not require any further investigations.

The remains are then placed into a cardboard casket, which must be sealed with another label as above. The Bi-Tran bags, labels and various sized caskets are stored on the Gynaecology ward and ward staff will be responsible for ensuring adequate stocks of storage containers are available at all times.

The casket will then be transferred to a designated refrigerator on the relevant ward. The Health Care Professional will then enter the mother’s case number into the Fetal Remains register provided for this purpose. The casket will then be placed in the refrigerator and stored until transferred to the mortuary at least weekly. Arrangements for any specific faith or belief that requires more rapid transfer will be undertaken as soon as possible.

6.3 Collection of the Fetus / Fetal Tissue – Theatre Department

When women attend theatre, the specimen trap with its contents are placed in Bi-tran bag and labelled as above. The labels are supplied by the ward and should contain the information as 6.2 above.

6.3.1 For Histology Examination

The specimen will be transferred in the sealed bag to specimen collection point in WCH theatres or Aspen ward. Specimen **SHOULD NOT be refrigerated**. The Health Care Professional will then enter the mother’s case number into the YELLOW Fetal Remains Register provided for this purpose. (Appendix 7)

6.3.2 Local Histology

Refer to Appendix 4

6.3.3 Tertiary Histology Service (RVI)

Refer to Appendix 6

6.3.4 Not for Histology Examination

Treat specimen as usual and transfer to designated fridge. The WHITE duplicate Fetal Remains Register should be completed.
The casket will be collected during normal specimen collection rounds by portering staff and transferred to the mortuary. Laboratory staff will complete the Register and the casket signed out to the mortuary. A separate Register will be available in the Histology department for receipt of Fetal Remains and will be signed in by the delivery porter. This copy will remain with the specimen until final disposal method is determined.

6.4 Collection of Fetus / Fetal Tissue – Accident & Emergency Departments (A&E)

In the extremely unusual event of an early miscarriage occurring in the Emergency Department, A/E staff will obtain from the Gynaecology ward area a bi-tran bag and casket. The patient and fetal remains will transferred to the gynaecology-admitting ward with the patient. The Gynae ward staff will then be responsible for completion of the labelling, consenting, documentation and storage process as outlined in this Policy.

7. HISTOLOGY

Material sent for histological examination needs appropriate consent and cremation documents completed and enclosed with the tissue. The documents above must be sent with any of the following specimens:

- All Products of Conception (PoC) with recognisable or suspected fetal tissue
- Therapeutic termination of pregnancy (TOP)
- Miscarriages
- Ectopic pregnancies
- Evacuated retained products of conception (ERPC)

The Histopathology Department cannot accept the above specimens without a fully completed consent form, histology request form and a photocopy of Appendix 9.

Specimens sent for histological examination may be retained for more than four weeks. Patients should be made aware of this at the time of request. Once the material has been examined and a histological report issued, histology staff will package the fetal remains, complete the Register of Fetal Remains and transfer the fetal remains and a copy of the Register to the mortuary to await disposal, except in certain circumstances when a second opinion is required, for example, Trophoblastic disease.

Please refer to Appendices for specific information:

- Appendix 3B Consent for Histological and/or Chromosomal Analysis & Disposal of specimens
- Appendix 4 Histology at CIC/WCH
- Appendix 5 Cytogenetics Specimen for Centre of Life
- Appendix 6 Histology at RVI, Newcastle
- Appendix 9 Certificate of Registered Practitioner for individual burial or Cremation of fetal remains
- Appendix 14 Consent for post mortem examination of baby
- Appendix 15 Request for perinatal post mortem examination
8. STORAGE OF FETUS / FETAL TISSUE

In cases where histological examination is NOT required, if the parents have not expressed their personal wishes regarding disposal after four-weeks has elapsed; the fetuses will be communally cremated at Carlisle Crematorium or Distington Hall Crematorium. Otherwise their personal wishes will be followed.

8.1 Fetal remains

Will be stored in designated refrigerators located in Theatres WCH, Melbreak ward WCH, and Aspen ward CIC, with all necessary documentation completed (labelled, registered etc).

8.2 At least weekly

The stored remains will be transported to the Mortuary in a designated transport container. A copy of the register of fetal remains will accompany the container. This copy will remain in the Mortuary.

8.3 At an agreed time

On a monthly basis, fetal remains for communal disposal will be collected by the designated Funeral Director and transported to the Crematorium.

8.4 Individual burials or cremation

Will be organised by Trust staff

9. RECORD KEEPING

The Registered Practitioner will document in the nursing or medical record any discussion with the woman regarding her preferred option for disposal. The registered practitioner involved in the patients care must complete the following forms:

- Label completed with mother’s case number and date of pregnancy loss to enter the fetus / fetal remains into the fridge in the designated room
- Patient consent form (Appendix 3A, B or C)
- Register for Fetal Disposal (Appendix 7)
- Certificate of Registered Practitioner (Appendix 9)

9.1 Retention of Records

The Institute Of Cemetery & Crematorium Management Policy Document For The Disposal Of Fetal Remains - January 2004, section 3.5 states that a Register for the Disposal of Fetal Remains should be kept. This and all other documentation relating to the disposal of fetal remains shall be kept for a minimum of 50 (fifty) years in order that parents wishing to trace the disposal of their fetus may do so in the future

10. IMPLEMENTATION AND TRAINING REQUIREMENTS

This policy impacts on a number of clinical departments whose contact with the care of women suffering early pregnancy loss, or the remains associated, may differ.
On employment to the Trust in any area that may involve the requirement to respectfully dispose of non-viable fetal remains, all staff will be provided with appropriate training, delivered by their respective line manager or designated responsible person. This training will form part of the unit induction for all medical, nursing, theatre and laboratory staff involved in their respective clinical areas.

Refresher training will be provided as required. Key elements of the training will include:

- Understanding the process
- Familiarisation of the documentation and completion of the Fetal Remains Register.
- Awareness of dealing appropriately and sensitively with the patient and relative(s)
- Fully understanding the different requirements for labelling and storage of the remains especially those requiring histological or cytogenetic testing.

11. PROCESS FOR MONITORING COMPLIANCE WITH POLICY / PROCEDURE

11.1 Roles and responsibilities are defined in section 5 of this policy.

11.2 Failure in compliance with this policy must result in the completion of a Trust Untoward Incident report form (Lilac Form). Following recording in the Risk Management System, in accordance with the Trust Risk Management Policy, the report would be discussed at the appropriate local risk management group (e.g. monthly Obstetric or Gynaecology Risk Meeting). Any action required would be documented. This then feeds into the Divisional Governance arrangements via the reporting process by the Divisional Governance Facilitator. The Divisional Board may require a detailed investigation of a particular incident to understand the specific details and to prevent reoccurrence.

11.3 Ward managers are responsible for maintaining records of all staff who have received training relating to this policy.

11.4 Annual audit of documentation compliance should be completed as determined by the Divisional Governance Facilitator and reported to the respective local risk management groups and Divisional Board via the Divisional Governance Facilitator.

12. ASSOCIATED DOCUMENTATION

Trust Creation and Retention Policy

13. REFERENCES

1 Guidance on Sensitive Disposal of All Fetal Remains - Royal College of Nursing (2001)


5 Institute of Cemetery & Crematorium Management Policy Document For The Disposal Of Fetal Remain - January 2004

Code of Practice – Removal, Storage, Disposal of Human Organs & Tissue - Human Tissue Authority (July 2006)
APPENDIX 1: FLOW CHART – PROCEDURE FOR COLLECTION AND STORAGE OF FETUSES BELOW 24 WEEKS

Sensitive disposal arrangements should be discussed with patients / parents and consent form completed.

Fetus/Fetal remains should be placed in a Bi-Tran bag, in a box and correct label completed.

Fetus should then be stored in the designated specimen fridge and entered into Register of Fetal Remains.

Fetus should be stored in designated specimen fridge for 1 week maximum and then transferred to mortuary for a period of 4 weeks.

Arrangements for burial or cremation at either Copeland crematorium or Carlisle crematorium or local to Tertiary Centre.
Need for cytogenetic and/or histological examination? (e.g. possible fetal abnormality, history of recurrent miscarriage, possible ectopic, Hydatidiform mole etc)

Y

Cytogenetic Histology Consent, PM Consent and appropriate request forms

Own disposal arrangements

Hospital arrangements

N

Ordinary Disposal Consent (App 3a)

Own disposal arrangements

Hospital arrangements

NOTE: ectopics / Hydatidiform mole history go to local lab for histology not Newcastle
APPENDIX 3A – CONSENT FOR TISSUE DISPOSAL

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**Agreement regarding tissue disposal**

You can choose either to let the hospital organise disposal of the tissues in a respectful way, or we can return them to you so you can make your own arrangements.

**Please complete the following:**

- [ ] I request that the hospital makes the arrangements to dispose of the tissues:
  - [ ] West Cumberland Hospital
  - [ ] Cumberland Infirmary
  - [ ] Tertiary Centre (Newcastle) following specialist investigations

- [ ] I wish the tissue to be returned to me and I will arrange for respectful disposal of the tissues

**Member of staff obtaining consent:**

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**Patient**

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Appendix 3B - CONSENT FOR LOCAL HISTOLOGICAL EXAMINATION AND DISPOSAL OF SPECIMEN(S)

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<th>Patient's Name</th>
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1. Agreement to Histological Examination
   Tissue samples are needed for histological examination. The tissue may be kept indefinitely in the laboratory. Photographs may also be taken. Please tick the following:
   - [ ] I consent for Histological Examination
   - [ ] I DO NOT consent for Histological Examination

2. Agreement to use of photography
   If you agree, photographs taken as part of the medical record may be shown for medical education. Any identifying information would be removed. Please tick one of the following:
   - [ ] I consent to photographs being shown for medical education
   - [ ] No photographs can be shown for medical education

3. Agreement to donation of tissue samples for medical research
   If you agree, tissue samples already taken for analysis may also be used later in ethically approved medical research. This may help other patients in the future. Please tick one of the following:
   - [ ] I consent to tissue taken for analysis being used for medical research
   - [ ] No tissue taken for analysis can be used for medical research

4. Agreement regarding tissue disposal
   If there are any tissues that have not been used for analysis, you can choose either to let the hospital organise disposal of the tissues in a respectful way, or we can return them to you so you can make your own arrangements. Please tick one of the following:
   - [ ] I request that the hospital makes the arrangements to dispose of the tissues
   - [ ] I will arrange for respectful disposal of the tissues

Staff obtaining consent:

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Patient

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A pathology request form must accompany this consent form
# APPENDIX 3C – NORTHERN GENETICS SERVICE

(Consent for Chromosome (Cytogenetic) Analysis (after pregnancy loss or termination) & disposal of specimen(s))

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<th>Date of Birth</th>
<th>Hosp No.</th>
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## 1. Agreement to Chromosome Analysis
Small tissue samples of skin, muscle and/or placenta are needed for chromosome analysis. The tissue or cells may be kept indefinitely in the laboratory. Photographs may also be taken. Please tick the following:

- I consent for Chromosome analysis
- I DO NOT consent for Chromosome analysis

## 2. Agreement to use of photography
If you agree, photographs taken as part of the medical record may be shown for medical education. Any identifying information would be removed. Please tick one of the following:

- I consent to photographs being shown for medical education
- NO photographs can be shown for medical education

## 3. Agreement to donation of tissue samples for medical research
If you agree, tissue samples already taken for analysis may also be used later in ethically approved medical research. This may help other patients in the future. Please tick one of the following:

- I consent to tissue taken for chromosome analysis being used for medical research
- No tissue taken for chromosome analysis can be used for medical research

## 4. Agreement regarding tissue disposal
If there are any tissues that have not been used for chromosome analysis, you can choose either to let the hospital organise disposal of the tissues in a respectful way, or we can return them to you so you can make your own arrangements. Please tick one of the following:

- I request that the hospital makes the arrangements to dispose of the tissues
- I will arrange for respectful disposal of the tissues

### Staff obtaining consent:

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Position</th>
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<td>Date</td>
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### Patient

| Signature: | Date     |

A Cytogenetics referral form must accompany this consent form
APPENDIX 4 – LOCAL HISTOLOGICAL PROCESS

Histology

Samples for Histology at CIC are to be sent in specimen pot containing 10% neutral buffered FORMALIN SOLUTION.

ADDRESSOGRAPH LABEL with PATIENT CASE No. as detailed in section 6.1.1

Ensure the following documentation is completed:

- Consent for Histological Examination Appendix 3B (1 copy with specimen, 1 copy with notes)
- Histology Request form
- Appendix 9 – Certificate of Registered Practitioner for Individual Burial or Cremation of Fetal Remains

Send Consent for Histology and Histology Request Form to the lab with the specimen.
APPENDIX 5 CYTOGENETICS (CENTRE FOR LIFE)

Correct samples for chromosome analysis
(Regional Cytogenetics Service).

Use ADDRESSOGRAPH LABEL as detailed in 6.1.1

Up 12 weeks gestation
Between 12 & 16 weeks gestation

ABOVE 16 WEEKS REFER TO LABOUR WARD POLICY

Fetus and placenta to be placed in sterile saline solution.
Fetus and placenta to be kept dry.

PLEASE KEEP ALL SPECIMENS IN FRIDGE (NOT FREEZER) UNTIL COLLECTED FOR TRANSPORT

➢ PLEASE PHONE to notify the samples are going to be sent.
➢ DO NOT send over the weekend as the Centre is closed.
➢ SAMPLES MUST arrive MON-FRI BEFORE to 1630 hrs as the Centre closes at 1700hrs.

Samples to be sent to:
FAO Dr Carol English
Institute of Human Genetics
International Centre for Life
Central Parkway
Newcastle-Upon-Tyne
NE1 3BZ

Tel: 0191 241 8796
(Direct Line)

Ensure the following documentation is completed:

- Appendix 3C Chromosome Consent Form (Regional Cytogenetics)
- Cytogenetics Request / Referral Form
- Appendix 9 – Certificate of Registered Practitioner for Individual Burial or Cremation of Fetal Remains (to remain in patient notes).

Send COPY of Chromosome Consent (Appendix 3C) and Cytogenetics Request / Referral Form with Sample.
APPENDIX 6 - HISTOLOGY AT RVI

Use ADDRESSOGRAPH LABELS as detailed in 6.1.1

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<th>Up 12 weeks gestation</th>
<th>Between 12 &amp; 16 weeks gestation</th>
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<td>Foetus and placenta to be placed in sterile saline solution.</td>
<td>Foetus and placenta to be kept dry.</td>
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ABOVE 16 WEEKS REFER TO LABOUR WARD POLICY

PLEASE KEEP ALL SPECIMENS IN FRIDGE (NOT FREEZER) UNTIL COLLECTED FOR TRANSPORT

- **PLEASE PHONE** to notify the samples are going to be sent. (0191 282 0907)
- **DO NOT** send over the weekend as the Centre is closed.
- **SAMPLES MUST** arrive MON-FRI BEFORE to 1630 hrs as the Centre closes at 1700hrs.

Samples for Histology @ RVI to be sent to:
FAO Dr Chris Wright
Pathology Department
RVI
Queen Victoria Road
Newcastle upon Tyne
NE1 4 LP

Ensure the following documentation is completed:

- **Appendix 14** - Post Mortem Consent Form
- **Appendix 15** – Perinatal Post Mortem Request form
- **Appendix 3A** - Disposal Consent Form
- **Appendix 9** - Certificate of Registered Practitioner for Individual Burial or Cremation of Fetal Remains (to remain in patient notes).

Send **COPY** of Chromosome Consent and Cytogenetics Request / Referral Form with Sample.
Transport of All Products Of Conception.

All Products Of Conception MUST be transported by the Undertaker OR Inter-hospital transfer facility:

Cumberland Infirmary Carlisle:

Walkers of Carlisle
80 Wigton Road
Carlisle
CA2 7AY

Tel: 01228 515650

West Cumberland Hospital:

Arrangements are made via Miss E Kegg, Reception Services Manager or Bernadette Bowness, Bereavement Midwife

If only sending Placental tissue

TNT can be used.
To arrange collection telephone 0800 777222 and ask for collection (next day service)

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<th>Placed in storage fridge by (signed):</th>
<th>Destination / transfer details</th>
<th>Method of Disposal</th>
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No of caskets taken | Signed | Date
No of caskets received by Mortuary Staff | Signed | Date
APPENDIX 8A: APPLICATION FOR CREMATION OF FETAL REMAINS

This application must be signed by registered practitioner, the fetal remains identified, and also by the person authorised by the authority responsible for the hospital to make an application for cremation. The fetal remains must be identified by the Mother’s case number.

I (name of applicant)

(Address)  CUMBERLAND INFIRMARY, CARLISLE, CA2 7HY

(Position)

AS THE AUTHOURISED AND DESIGNATED PERSON APPLY TO CARLISLE CREMATORIUM, CARLISLE TO CREMATE THE FOLLOWING FETAL REMAINS.

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I DECLARE that the above have been identified by a registered practitioner as fetal remains of less than 24 weeks gestation that have at no time shown any sign of life AND that all the information given in the application is correct AND THAT no material particular has been omitted and parental consent to the cremation has been obtained.

Signature of the Applicant _______________________________  Date ________________

Capacity of Signatory ______________________________________________________

Address ___________________________________________________________________

Signature of the Funeral Director __________________________   Date _______________
Appendix 8B – APPLICATION FOR CREMATION OF FETAL REMAINS

This application must be signed by registered practitioner, the fetal remains identified, and also by the person authorised by the authority responsible for the hospital to make an application for cremation. The fetal remains must be identified by the Mother’s case number.

I (name of applicant)

(Address)  WEST CUMBERLAND HOSPITAL, WHITEHAVEN, CA28 8JG

(Position)

AS THE AUTHORISED AND DESIGNATED PERSON APPLY TO DISTINGTON HALL CREMATORIUM, TO CREMATE THE FOLLOWING FETAL REMAINS.

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I DECLARE that the above have been identified by a registered practitioner as fetal remains of less than 24 weeks gestation that have at no time shown any sign of life AND that all the information given in the application is correct AND THAT no material particular has been omitted and parental consent to the cremation has been obtained.

Signature of the Applicant _______________________________  Date ________________

Capacity of Signatory ________________________________________________________

Address ___________________________________________________________________

Signature of the Funeral Director __________________________   Date _______________
APPENDIX 9 - CERTIFICATE OF REGISTERED PRACTITIONER FOR INDIVIDUAL BURIAL OR CREMATION OF FETAL REMAINS

North Cumbria University Hospitals NHS Trust

CERTIFICATE OF REGISTERED PRACTITIONER

IN RESPECT TO NON-VIABLE FETAL REMAINS UNDER 24 WEEKS GESTATION

I hereby certify that I have examined the remains of:

Mother’s Case Note Number: ________________________________

Delivered on (date)________________ which was less than twenty four weeks gestation.

Registered Practitioner’s Name: ________________________________
(Please insert full name in block capitals)

Signature: ____________________________________________________

Registered Qualifications: ________________________________________

Tel No: ________________________________

Date: ________________________________

Address: North Cumbria University Hospitals NHS Trust
Cumberland Infirmary
Carlisle
CA2 7HY

West Cumberland Hospital
Whitehaven
CA28 8JG
APPENDIX 10 AGREEMENT FOR THE PROVISION OF A CREMATION SERVICE FOR COMMUNAL FETAL REMAINS

NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST (CUMBERLAND INFIRMARY, CARLISLE) - CARLISLE CITY COUNCIL

AGREEMENT FOR THE PROVISION OF A CREMATION SERVICE FOR COMMUNAL FETAL REMAINS

1.0 INTRODUCTION

1.1 It is accepted that fetal remains are usually accorded the status of “clinical waste” and are outside any existing legislation for cremation. Notes from the ICCM (Institute of Cemetery and Crematorium Management) give meaningful guidance and this agreement shall treat fetal remains as human remains and accord them the highest level of care and respect.

1.2 The arrangements set out below are formulated in anticipation of no specific direction or involvement of the parent. In view of this, the arrangements are devised to ensure the confidentiality of the parent, whilst ensuring that should they subsequently desire to obtain the location of the cremated remains, they can do so. In this regard, they will be treated equitably, and can visit the crematorium, visit the cremated remains location, purchase a memorial, and mourn in parallel with any person experiencing bereavement.

2.0 GENERAL CONDITIONS

2.1 Carlisle City Council (the City Council) agrees to cremate fetal remains (born dead under 24 week’s gestation) provided the requirements of this agreement are attained. The service is provided for fetal remains where the parent does not desire any involvement in the funeral, providing they may attend the service of committal at the crematorium. North Cumbria University Hospitals NHS Trust (NCUH), can withdraw from this agreement at any stage and are not required to comply with any onerous conditions. Any withdrawal from the agreement should be made in writing to Bereavement Services.

2.2 This service shall operate alongside the existing services available to the women and their family of a fetus. This includes where the parent desires a funeral arranged by the hospital, burial in the Babies Memorial Garden at Carlisle cemetery (fetal remains 16 - 24 weeks) as well as the universal right to make private arrangements for burial or cremation.

2.3 The City Council accepts that it cannot investigate the details surrounding the fetal death, or the details of the parent, in similar manner to a conventional cremation. In this regard, NCUH must be satisfied that the fetus can be released for cremation and that no further enquiry is required.

2.4 NCUH will ensure that the parent has agreed or otherwise accepts cremation, and that the parent does not wish to be involved in a funeral.

2.5 NCUH will be responsible for ensuring that the fetal remains of the Hebrew faith, Muslim faith or any other faith opposed to cremation are not cremated.
2.6 NCUH shall notify Bereavement Services staff of any case where the fetal remains are attended by notifiable disease, HIV or any other potential threat to health. Such warning will include the use of potentially dangerous chemicals such as formalin.

3.0 CONTAINERS

3.1 Each fetus shall be separately wrapped or contained, and separately identified, and shall be placed together in a single container within a re-useable outer cover provided by NCUH at their cost.

3.2 Each container shall contain no more than 60 fetuses and shall be delivered with the case numbers clearly identified, together with a completed application form setting out the identical case numbers.

3.3 The wrappings and container shall comprise of materials suitable for cremation, preferably cardboard or wood, or plastics suitable for cremation i.e. Cremfilm, and as required by the Environmental Protection Act 1990, no PVC, Melamine, zinc or lead shall be used.

3.4 The container shall not contain any other human remains, sharps, aerosols or other material that might cause emissions or otherwise pose a danger to staff involved in the cremation process.

4.0 PROCEDURE FOR APPLICATION

4.1 The fetal remains shall be accepted together with an agreed application form containing all the required information. This shall include the date of cremation, the individual case number of each fetus enclosed for cremation on that date and the signature of a Consultant, doctor, midwife or other nominated person to represent NCUH.

4.2 The application form for the cremation will be submitted for the approval of the Medical Referee before any cremation shall take place.

5.0 CREMATION ARRANGEMENTS

5.1 The day and time of the cremation shall be recorded on the crematorium computer diary (via Bereavement Services Tel: 625310). This will be as agreed between NCUH and Bereavement Services, currently held on the last Thursday of each month at 9-00am (not including Bank Holidays where a suitable alternative will be found). This ensures that the fetal remains are received in a similar manner to a conventional funeral at the crematorium, for which they will be allocated a 40-minute reception period. This ensures confidentiality and avoids arrival whilst another funeral is in progress.

5.2 On the day and time agreed, the fetal remains shall be delivered to the crematorium entrance, and shall be carried through the chapel and shall be placed on the catafalque, by staff of NCUH. Bereavement Services staff shall be responsible from that point and will convey the fetal remains to the crematory, and shall complete the cremation on the day upon which they are received.

5.3 As the parents have chosen not to hold a funeral, and may not have indicated their religious beliefs, no religious service is anticipated. If a service is desired, perhaps taken by the hospital chaplain, it should be of an ecumenical format, in recognition of the various faiths involved with the fetal remains. Ideally, if a service is preferred routinely, the option for the parent to opt out of any ceremony should be given. The service can take place in the crematorium chapel, with recorded music only. Any fee required for a minister will be additional and paid by the hospital.

5.4 It is important to note that a woman and her family may wish to witness or otherwise attend whilst the fetal remains are present in the crematorium chapel. This presents no problem, nor are any additional costs involved. It may be preferred that the fetal remains are delivered earlier, with the
woman and her family arriving later. The hospital will be responsible for any such arrangements.

5.5 Should the parents require a specific service or ritual, this should take place over their fetus only, and arrangements for a single container and for the service or ritual would be required.

6.0 PLACING THE CREMATED REMAINS

6.1 A very small amount of cremated remains will arise where a number of fetal remains have been placed together in a single container. The majority of the cremated remains will be the residue of the packing and container materials. These remains will be conveyed to Wood no.6 in the crematorium grounds, and will be strewn over the surface of the grass adjacent to the Babies Memorial Garden. No marker will be placed on this location, and it will be known only to Bereavement Services and NCUH staff, and to women and their family who use their case number to discover the location of the cremated remains.

7.0 MAINTAINING RECORDS

7.1 NCUH shall maintain a record of all such cremations for at least 25 years, and shall, upon request, give the woman and her family details of the case number and the place of cremation.

7.2 Bereavement Services shall maintain a record of the application forms for cremation for at least 25 years. Upon any request by a parent or any person in possession of the case number, the person shall be given details of the location of the cremated remains.

8.0 MEMORIALISATION

8.1 Where any person is given details of the location of the cremated remains, they shall also be informed that they can place an inscription in the Baby Book of Remembrance, or the conventional Book of Remembrance, or otherwise place any memorial they wish to their baby.

9.0 PAYMENT FOR CREMATION

9.1 As with individual NVF’s, stillborns and babies up to one month old there will be no charge for the cremation of communal NVF’s.

Signed on behalf of Carlisle City Council

Date

Signed on behalf of North Cumbria University Hospitals NHS Trust

Date
APPENDIX 11 YOUR CHOICE OF FUNERAL – PATIENT INFORMATION LEAFLET

Whether you decide to arrange the funeral yourselves or whether you decide to ask the hospital to arrange it for you, you will have to decide whether to have your baby cremated or buried.

Who will make the arrangements?
This is entirely your choice, and it is a personal decision. You are under no obligation to hold a funeral service. A professional specifically designated to care for and support bereaved parents is available to discuss the options outlined below if you require more information before choosing the option that is right for you.

Private funeral
If you choose to arrange a burial or cremation and funeral yourself, we hope you will be able to find a way to say goodbye that will be some comfort in the weeks, months and years ahead. Most funeral directors will charge only a nominal fee. Parents will have to pay the crematorium or cemetery authorities’ charges (if applicable), together with any other costs, such as fees for a religious service. Any further details can be obtained from your local Funeral Director.

Hospital Funeral
If you choose to have the hospital make the arrangements, we offer both burial and cremation to allow for cultural and religious differences. The Hospital Trust will meet the cost of burial or cremation and a simple non-denominational funeral service. All cremations organised by the Trust will take place either at Carlisle Crematorium or Distington Hall. A non-denominational service will be held at 9am on the last Thursday of each month at Carlisle Crematorium and 9.45am on the last Thursday of each month at Distington Hall Crematorium. The Cremations will be communal. Individual burials organised by the Trust will take place at Carlisle Cemetery, Dalston Road or Maryport Cemetery. The local council owns these plots and rules and regulations apply. Alternative arrangements for burial may be discussed on an individual basis.

No involvement
Do not worry if you feel unable to be involved with the final arrangements, this is perfectly understandable. The Hospital Trust will meet the cost of a simple non-denominational funeral service, burial or cremation, as outlined above. The Funeral Director will transport the baby in a casket to the cemetery.

Book of Remembrance
Both Crematoriums and Cemeteries have their own Books of Remembrance. There are also books in both Cumberland Infirmary and West Cumberland Hospital Chapels. An annual Service of Remembrance is held at the Carlisle Crematorium in September and in the West Cumberland Hospital Chapel in November. Further details can be obtained from the Bereavement Support Team.
APPENDIX 12 A GUIDE TO CULTURAL AWARENESS IN DEATH AND DYING

AFRICAN/CARIBBEAN

Death and Dying

At death, religious differences are likely to be minimal, and cultural identity is of paramount importance. Burial is preferred; funeral and mourning customs vary depending on culture or religious belief. It is customary among some African/Caribbean cultures to express emotions freely when a relative dies; privacy should be given whenever possible.

Post Mortem

Older members of the community may believe the body must be intact for the afterlife and will be deeply offended by its disfigurement. They are unlikely to give consent for post-mortems except for coroner’s cases.

ASIAN

Death

People from some Asian cultures may express their emotions freely when a relative dies. Wherever possible, they should be given privacy to do so without unsettling other patients.

CHINESE

Death

Funeral and mourning customs vary widely depending on cultural or religious belief. Some people are buried; others are cremated.

Special Considerations

Traditional remedies are sometimes used for certain diseases. It is important to consult the individual. The most important festival is the New Year or Spring Festival, celebrated in February; the dates will vary as they are based on the lunar calendar.

TRAVELLERS

Death and Dying

When death is imminent, a Romany traveller must not be left alone. The immediate family will usually summon the extended family and many friends to the bedside. It may be necessary to explain sensitively to the family that visitor numbers need to be restricted for the wellbeing of nearby patients. Strictly, the dying patient should be taken outdoors and a candle lit under the bed to light the way to the after-life. It may be possible to offer a substitute – for example, the chaplaincy can supply an electric flicker candle. There may be a strong wish to take a dying patient home. Death will usually be followed by burial rather than cremation.

Post Mortem

A strong belief in the afterlife dictates that the body must be kept whole. For this reason, post-mortem examinations will generally be strongly resisted. If a post-mortem is necessary, reassurance that all body parts have been returned will be necessary.
Special Considerations

Illiteracy is more widespread among Romanies than in the community at large. It may be necessary to offer help and guidance in matters such as the completion of consent forms and the self-administration of medication.

For specific religious requirements please refer to Chaplaincy Services who can give multi-faith advice or refer to an appropriate Minister of Religion.
APPENDIX 13 - A GUIDE TO THE POST MORTEM EXAMINATION
(Notes for Parents and Families who have lost a baby)

Notes for Parents And Families Who Have Lost A Baby

This document was produced by the Department of Pathology, Royal Victoria Infirmary, Newcastle upon Tyne, and is based on guidance from the Department of Health.

We understand that this is a difficult time for you to consider such an issue as a post mortem examination and you may find it hard to ask questions. Parents may find it helpful to know as much as possible about why their baby died and it is your right to have the information a full post mortem examination can give. A post mortem can only be done with your permission (unless ordered by the coroner). So it is important for you to know as much as possible about what happens at a post mortem, the results you can expect and the choices you have. This booklet has been written with the help of other parents to give you clear information about the post mortem and its potential value. Please take the time to read it, and discuss it with your family if you wish, before you complete the consent form, and ask us if any thing is unclear or you have any questions.

What is a post mortem examination?
A post mortem is an examination of a body after death. It is also called an autopsy. Post mortems are carried out by pathologists - doctors who specialise in the diagnosis of disease and the identification of the cause of death.

Why do a post mortem examination?
A post mortem examination can provide information about your baby’s illness that would not be discovered any other way, although it is worth pointing out that even a post mortem examination cannot always provide a full explanation of what happened.

The information from the post mortem examination is used to:
- Identify a cause of death or miscarriage.
- Confirm the nature and extent of any illness.
- Identify conditions that may not have been previously diagnosed.
- Help to plan future pregnancies and care in pregnancy.
- Assess the effects of treatment and drugs and identify any complications or side effects.
- Diagnose and treat conditions in other children in the family.

It is also possible that the information gained may benefit other families who suffer from similar problems.

Who decides whether a post mortem should taken place?
A hospital can request that a post mortem examination is carried out, but this can only be done with your consent. Or you can ask for a post mortem to be done.
If the hospital requests a post mortem and you do not want to agree to a full post mortem examination you are under no obligation to agree to one. You might however consider a limited examination. The doctor or other health professional who discusses the post mortem with you will be able to explain what the options are. Usually it means that only certain parts of your baby’s body are examined. However, as the term suggests this is likely to provide only limited information about the cause of your baby’s death or illness. Because of this the doctor may advise you that a limited examination would not be of enough benefit to be worth doing.

**When and where is the post mortem done?**
Post mortems are usually carried out within 2-3 working days because the earlier the examination is held the more likely it is to give useful information. If because of your religion you must have a funeral within 24 hours please let the hospital know and a pathologist will try to do the post mortem within this time limit.

Post mortems take place in a mortuary. In our region most post mortem examinations of babies are undertaken in Newcastle by specialist Paediatric Pathologists. If you are in a hospital outside Newcastle, staff should tell you if your child is to be transferred.

The pathologist is helped by other staff, usually at least one mortuary technician. Sometimes medical students, doctors and other health care professionals may attend the post mortem examination for training purposes or to act as a quality check on standards of care.

**What happens in a post mortem examination?**
The examination is undertaken to standards set by the Royal College of Pathologists. The pathologist will usually make two openings, one down the front of the body and another across the back of the head. This allows the pathologist to remove and examine all the major internal organs (or those agreed beforehand with you), and to take samples of tissue and fluid (such as blood) for later examination in detail. The organs are then returned to the body, although they cannot be returned to their original position within the body except for the brain. **No organs will be retained.**

**What happens to tissue samples removed for more detailed examination?**
Some of the tissue and fluid samples may be used to test for infections. Others are examined under the microscope: although some information can be obtained from looking directly at organs in the post mortem examination, often the only way to understand properly what has happened is to look at part of an organ with a microscope. Small pieces of organ tissue are removed and placed in small, usually plastic, cassettes. These samples vary in size but for larger babies are usually up to about 1cm in size (about the size of a 1p piece) and up to 5mm thick. Samples from the brain may be larger (up to about 2cm²). For smaller babies the samples are generally much smaller. The tissue is chemically treated to remove water which is replaced with wax. These tissue blocks become hard so that very thin sections - 10 times thinner than human hair - can be cut off. They are placed on glass slides so that they can be examined under a microscope. More than one section can be cut from one block. These techniques are the same as those used to examine tissue from living patients. Tissue samples may also be used for genetic tests. If it is felt that this may be useful you will be asked to complete a separate consent form.

**Does the hospital keep tissue samples removed during the post mortem?**
Yes, if they have been made into blocks and slides (see above) for examination under a microscope. This can be very useful because ways of examining tissues improve year on year. Also, in cases of genetic disorders, looking back to the tissue of deceased family members may help make a diagnosis in living members of the family so that they receive the correct treatment. Blocks and slides are kept in special secure cabinets.

Tissue blocks and slides may be used in training doctors and other health professionals. They are also helpful for quality assurance and audit purposes. For example, tissue samples may be needed to check on standards in a hospital pathology service.

**Will tissue samples be used for general medical research?**
Only if you give your permission. If you consent, tissue blocks and slides can be used in research which may benefit other people in the future. When a new disease or health problem emerges, examination of tissue on a wide scale may provide clues about how and why the disease emerged – and how to respond. This happened with variant CJD following BSE. The majority of research adds just a little understanding to the building of knowledge – occasionally it is ground breaking. But all research is important even if it does not merit a newspaper headline. We ask for your help to continue improving our knowledge and our ability to help other patients.

**Can I choose to donate tissue just to certain areas of research?**
Yes. If there is any particular type of research you are worried about you should discuss this with a member of hospital staff. You do not have to give overall consent but can exclude certain types of medical research.

**Are photographs taken during the post mortem?**
Often the pathologist will take X-rays, photographs or other images during the examination to help with the diagnosis, and these are often studied again later. These images are usually kept indefinitely as part of your baby’s medical records.

They may also be used for medical research, education or audit in which case any information which would allow your child to be identified will be removed. If you object to images being used in this way you must say so.

**Can I see my baby’s body after the post mortem?**
Yes. After the post mortem the mortuary staff will prepare your baby's body for you to see and hold again if you wish, but you should be prepared for there to be changes to your baby's body after death and you might want to discuss beforehand with the mortuary staff, bereavement officer or funeral director what to expect.

**Can I find out the results of the post mortem?**
The post mortem report will usually be sent to the Consultant Obstetrician and/or Consultant Paediatrician involved in your care. You should be offered an appointment about 6 weeks after the examination to review the findings, and you can ask for a copy of the report. You may wish to ask for such an appointment if it is not offered.

**Is the consent form binding?**
Doctors need your consent before they can carry out the post mortem examination. The consent form acts as a written record of your decision, making it clear to everyone what you have and have not agreed to. If you change your mind before the post mortem has taken place you can modify or withdraw your consent – even after signing.

**What if I get confused about what I am agreeing to?**
The hospital staff should make sure you know enough about the post mortem examination to allow you to decide if you wish to give your consent. They will discuss the alternatives with you. Although they may recommend a particular option it is important that you come to your own decision. They will ask you to say whether you have understood the information you have been given. If you are not sure don’t hesitate to say so.

**Will I be able to ask questions?**
You can ask as many questions as you like. You may also want to discuss the decision about a post mortem examination with other family members.

People vary as to how much information they want about what will happen during a post mortem examination. If you would rather not know about certain aspects, please say so. If on the other hand
you would like more detail or would like to discuss the matter further with a health professional, please ask.

This document was produced by the Department of Pathology, Royal Victoria Infirmary, Newcastle upon Tyne, and is based on guidance from the Department of Health.
APPENDIX 14 CONSENT TO THE POST MORTEM EXAMINATION OF A BABY

Mother's name

Date of birth

Hospital number

Baby's name (if given)

Date of delivery

This form is an official record of what you have agreed to about the post mortem examination of your baby. Before completing the form please read the accompanying Information Leaflet very carefully: the Information Leaflet will help you to understand what is involved in the post mortem examination. A member of the hospital staff will explain the content of this form and the leaflet, and try to answer any questions you may have.

The form is divided into several sections. You should read each one carefully and discuss it with the hospital staff before completing it. If you are satisfied with the information recorded, please sign section 5.

You can make changes to what you have recorded on the form, or withdraw your consent, at any time before the examination.

1. Agreement to post mortem examination

I am / we are the parent(s) of ................................................................. (baby’s name), and I / we agree to a post mortem examination being carried out on my/our baby

Note:
• as the Information Leaflet explains, major internal organs are removed for detailed examination during the post mortem but are then returned to the body before the body is released for burial or cremation. Therefore, no organs will be retained.

• samples of your baby’s body fluids and tissues may be removed during the examination for laboratory examination. Some samples may be sent for tests such as microbiology. Other tissue samples are made into blocks and slides for examination with a microscope. These blocks and slides are kept indefinitely as part of the medical record or in case they are needed in the future for further tests relating to your baby’s cause of death or illness. They may also be used for medical education and audit. Samples will only be sent for genetic tests if you have signed a separate Cytogenetics Consent Form.

• photographs, X-rays or other images may be taken during the examination. They are usually kept indefinitely as part of the medical record. They may also be used for medical education, audit or research, in which case information that might allow your baby to be identified would be removed.
2. Limiting the post mortem examination

If you prefer, you may agree to a limited post mortem examination (with retention of tissue samples as described in section 1). This will limit the information available about the cause of your baby’s death or illness, and you should discuss this with the hospital staff.

Do you wish to limit the examination?  YES  NO

If yes, please say what you DO NOT want to be examined:

I have discussed this with (member of hospital staff):

3. Agreement to donation of tissue and fluid samples for use in medical research

If you agree, the tissue and/or fluid samples taken as part of the post mortem examination may also be used later in ethically-approved medical research. This may help other patients in the future.

Please choose one of the following options:

| I agree to tissue or fluid samples taken as part of my baby’s post mortem examination being used for medical research |
| I agree to tissue or fluid samples taken as part of my baby’s post mortem examination being used for medical research, EXCEPT for certain types of research as described here: |
| I object to any tissue or fluid already taken as part of the post mortem examination being used for medical research. |

NB: No tissue may be taken primarily for use in research without completion of a specific, separate consent form for that purpose.

4. Other requests or concerns

Do you have any particular requests or concerns? If so, please note them here. (Hospital staff should also document here any special consents taken for this case.)
5. Signature of parent(s)

<table>
<thead>
<tr>
<th>Name (s)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Signature(s)</td>
<td></td>
</tr>
<tr>
<td>Address(es)</td>
<td></td>
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</tbody>
</table>

in the presence of:

<table>
<thead>
<tr>
<th>Name of witness*</th>
<th></th>
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<tbody>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Address</td>
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</table>

*Witness may be anyone who is not a member of your family, e.g. friend, neighbour, or member of hospital staff

6. Signature of member of staff seeking consent

I confirm that:

- I have explained to the parent(s) completing this form the procedures involved and the reasons for the investigation requested.
- I have explained what tissue samples, blocks and slides are.
- I have discussed any special requirements, as listed in section 4.
- I have checked that all parts of the form have been completed.
- I have provided the information leaflet 'A guide to the post mortem examination procedure involving a baby'

Signature of doctor / nurse / other member of staff taking consent

<table>
<thead>
<tr>
<th>Signature</th>
<th></th>
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</thead>
</table>
| Name  
*PLEASE PRINT* |  |
| Job title / position |  |
| Telephone contact number / bleep |  |
APPENDIX 15 REQUEST FOR PERINATAL POST MORTEM EXAMINATION

Request for a Perinatal Post Mortem Examination at the Department of Pathology, Royal Victoria Infirmary, Newcastle upon Tyne
[Tel 222 7169; Fax 222 3416]

Please read these notes before completing the form:

- use this form when requesting a post mortem examination of an embryo, fetus or infant of ANY gestation. It is NOT for use with early miscarriages where there is no recognisable fetus, or for requesting the examination only of a placenta.
- please give as much detail as possible when completing the form. Providing the hospital notes (or a copy of the relevant parts) is very helpful, particularly for stillbirths and neonatal deaths: these will be returned as soon as possible after the examination.
- please ensure the placenta is sent with the baby.
- PLEASE READ THE IMPORTANT INFORMATION AT THE END OF THE REQUEST FORM REGARDING CONSENT.
- if you need advice about this form, consent issues or other matters relating to the post mortem, please contact Dr Chris Wright or Dr Fraser Charlton at the RVI.

GENERAL INFORMATION

Name of hospital making request

Type of case (please indicate):
- miscarriage
- termination
- stillbirth
- infant death

MOTHER

Name
Hospital number

Date of birth
Obstetrician

Relevant Medical or Family History

Para +

Details of previous pregnancies:

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>Gestation</th>
<th>Sex</th>
<th>Outcome / other information</th>
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</thead>
<tbody>
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<td>4</td>
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</table>
C. BABY

**Name (if given)**

| Hospital number |

**Birthweight**

**Paediatrician (if liveborn)**

**Date & time of delivery**

| / | / | : | h |

**Date & time of death (if liveborn)**

| / | / | : | h |

**THIS PREGNANCY**

**LMP**

**Working EDD**

| / | / |

**Gestation at delivery**

| wks |

*(based on scan?: yes/no)*

**Sequence of events leading to birth:** please give all relevant details of pregnancy, labour and delivery; include abnormal antenatal scan findings (please provide copies of any relevant scan and amnio/CVB reports or correspondence with RVI Fetal Medicine)

**Presentation /presenting part:**

- ☐ vertex
- ☐ breech
- ☐ other (specify)

**Onset of labour:**

- ☐ spontaneous
- ☐ induced

**Delivery:**

- ☐ normal vaginal
- ☐ breech
- ☐ instrumental
- ☐ caesarean

**NEONATAL / POSTNEONATAL DEATHS**

**Condition at birth** *(including cord blood pH, Apgars etc):*

**Sequence of events following delivery** including resuscitation and neonatal intensive care (or include copy of discharge letter):
CLINICAL DIAGNOSES

SPECIFIC PROBLEMS TO BE ADDRESSED AT POST MORTEM

DETAILS OF STAFF MEMBER COMPLETING FORM

name (print)  position / grade

date  contact details

Staff wishing to attend post mortem (contact details)

ARRANGEMENTS FOR RETURN TO HOME UNIT

When the home unit is outside Newcastle we normally contact your hospital as soon as the examination is complete so arrangements can be made for return transport. If there are different requirements for this case (eg cremation in Newcastle) please give them here:

Important information about the post mortem consent form

- the post mortem examination can only be performed when the accompanying consent form has been properly completed, signed by the family, and sent with this request form
- a copy of the completed consent form should also be offered to the parents and a copy kept in the patient medical record
- please remember that when consent for full post mortem is not given, parents may agree to examination of one relevant area or organ. External examination and x-ray may be helpful on their own. (See section 2 of the consent form)
- if any procedures or uses of material are envisaged which are not pre-printed on the consent form, separate consent MUST be obtained for these and recorded in section 4. Similarly, if the pre-printed options do not match the reasonable wishes of the family, please record any further, preferred options in section 4.
- parents can alter the details of the consent or withdraw consent altogether at any stage before the intended time of the procedure. In these circumstances a member of staff must contact the mortuary and pathologist as soon as possible at the RVI, and make, sign and date relevant changes to the parents’ copy of the consent form. They should also make a note of the action they have taken in informing pathology staff (the date and time, and the name of pathology staff informed).
- separate consent is required for cytogenetic investigations.
APPENDIX 16  EIA SUMMARY REPORT

Name of policy

Policy for the respectful disposal of non-viable fetuses under 24 weeks gestation

Aim of policy

The primary objective of this policy is to inform women and their family of the options available for the burial or cremation of their pregnancy loss.

This policy is:

Existing  
Proposed  ✓

This policy is aimed at:

Staff  ✓
Public/Patients  ✓

Details of the individuals (include name, job title, dept and base) carrying out the EIA (ensure the lead person is clearly identified)

Lead Impact Assessor:  Chris Howard
Impact Panel Members:  Denise Lightfoot, Joan Joyce, Claire Huddart

Which groups of people were considered during the assessment that may be affected by the policy?

Patients and relatives in all categories

What impacts did you identify?

<table>
<thead>
<tr>
<th>Positive Impacts</th>
<th>Negative Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good reference to cultural and religious awareness;</td>
<td>None</td>
</tr>
<tr>
<td>Comprehensive to staff;</td>
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<tr>
<td>Fetus belongs to the mother but other family members are considered</td>
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</table>
What information / data / research / evidence was used? Is any additional information required?

Information / data / research / evidence used:
- Guidance on Sensitive Disposal of All Fetal Remains - *Royal College of Nursing* (2001)
- Institute of Cemetery & Crematorium Management Policy Document For The Disposal Of Fetal Remain - January 2004

Additional information required:

Which Groups / Organisations / Committees / Directorates involved in the policy development?

Obstetrics & Gynaecology working party; Pathology Services; Centre of Life (Newcastle) and Pathology Services Royal Victoria Infirmary Newcastle; Bereavement Services, Carlisle City Council and Copeland Borough Council; PCPI Facilitator; Clinical Effectiveness Facilitator

Recommendations for Action Plan (see page 6)

Contacting specialist Women’s services unit for good practice

Lead EIA Signature Date

Review date for assessment

Two years from Policy publication (2012)

The Lead Impact Assessor is responsible for forwarding a signed hard copy of the summary report and screening checklist, along with an electronic version, to the Head of Clinical Planning / Equality and Diversity, WCH, for publication on the Website.

**Approved for publication onto Website**

**Jan Wharton**
Head of Clinical Planning/Equality & Diversity
## EIA Checklist

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### Document groups considered / how affected

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<td>Services (Access and Quality)</td>
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<td>Any other personal characteristic</td>
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## Action Plan

<table>
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<th>Recommendation</th>
<th>Action By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contact specialist Women's Services unit for evidence of good practice</td>
<td>Chris Howard</td>
</tr>
<tr>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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