Fetal Remains Policy for the Respectful Disposal of Non-Viable Fetuses Under 18 Weeks Gestation
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 (2007)\(^1\), Human Tissue Authority Code of Practice – Post mortem examination (2006)\(^2\), Human Tissue Authority Code of Practice – The removal, storage and disposal of human organs and tissue (2006)\(^3\), ICCM The Sensitive Disposal of Fetal Remains (2011)\(^4\) and SANDS Pregnancy Loss and the Death of a Baby: Guidelines for professionals (2007)\(^5\).
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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 sensitive disposal of their pregnancy loss. They will be made aware of the options for remembrance and other resources for support offered by the hospital Bereavement Midwife and the Chaplaincy team who may offer spiritual and pastoral care to women and their family, regardless of faith background.

3. **DEFINITION OF TERMS USED / ABBREVIATIONS**

**Sensitive Disposal**

North Cumbria University Hospitals Trust will offer sensitive disposal to parents in the form of communal cremation of fetal remains below 18 weeks. Depending on the individual circumstances of loss, from 14-18 weeks, or if post-mortem examination is required, it may be more appropriate to use the Family Services Pregnancy Loss Guidelines.

Parents may arrange their own private burial or cremation for pregnancy loss at any gestational age.

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 and/or histological examination is required, cremation may occur at a Crematorium local to the tertiary centre.
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
- Chaplaincy

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
- 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 Emergency Surgical and Elective Care Business Unit Responsibility

To monitor compliance of this policy and to receive exception reports from respective risk management groups (e.g. Gynaecology, Theatres and Accident & Emergency Department (A&E) via the Business Unit.

5.7 Pastoral and Spiritual Care

It is recognised that in cases of loss there is likely to be emotional, psychological and spiritual pain experienced by some or all family members and appropriate spiritual care should be offered. Such care will usually be offered by all health care professionals but specialists may be asked to attend (see appendix 12)

6. POLICY 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 Surgical Day Unit, 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 completed 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 disposal 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. Until consent is obtained, or four weeks has elapsed, the remains should be kept in Aspen/Surgical Day Unit ward fridge.

6.2 Collection of the Fetus/Fetal Tissue

To help the mother to obtain information on details of disposal of her fetus/fetal remains for up to 50 years in the future\(^4\), all fetal remains should be labelled with the mother’s NHS number. If the mother’s NHS number is not immediately available (e.g. Scottish patient out-of-hours), then label temporarily with hospital number but replace with NHS number as soon as possible.

The fetal remains should also be appropriately labelled if they are at risk of notifiable disease, HIV etc. (see 11.3 below).

6.2.1 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.

6.2.2 Theatre Department

It is good practise to check prior consent for fetal disposal +/- or examination during theatre check-in/time out and document need for this to be taken post-operatively if necessary (e.g. patient collapsed with ruptured ectopic).

To minimise the amount of plastic going for cremation, all fetal remains should be removed from specimen traps before leaving theatres.

When the fetal remains are for sensitive disposal only, the specimen trap is emptied in theatre and its contents are placed in a Bi-tran bag and a white box. Both should be labelled with date and mother’s NHS number (on rare
occasions where no NHS number available, use hospital number, but document need to change this to an NHS number as soon as possible)

If cytogenetics is required then a small tissue sample must be removed from the trap and placed in a sterile universal container and left dry, labelling with addressograph labels and placing in bag attached to completed cytogenetics request form. The rest (majority) of the fetal remains to be sent for local sensitive disposal as above, or – if required – local histology as below...

If Histology is required then the fetal remains must be removed from the specimen trap in theatre, placed in a sterile universal container, formalin added. Use addressograph labels to label specimen and put container in bag attached to labelled histology request form

If both histology and cytogenetics are required then tissue sample for cytogenetics MUST be removed BEFORE adding formalin to remaining tissue for histology.

All fetal remains, whether for examination or disposal alone, should then be taken to Aspen ward (at CIC) for documentation in ward register.

6.2.3 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 white box. The patient and labelled fetal remains will transferred to the gynaecology ward with the patient. The Gynaecology ward staff will then be responsible for completion of the labelling, consenting, documentation and storage process as outlined in this Policy.

Specimen packaging will depend on whether the products of conception / fetal remains are required to have ongoing Investigations.

7. FOR MORTUARY

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

The mother’s NHS number and date of pregnancy loss is written on the white label.

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 NHS 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 group that requires more rapid transfer will be undertaken as soon as possible.

The casket will be collected during normal specimen collection rounds by portering staff and transferred to the mortuary. The fetal remains register must be signed and dated by the portering staff. Laboratory staff will complete the Register and the casket signed out to the mortuary.

8. FOR HISTOLOGY EXAMINATION CIC/WCH

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

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

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

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

The specimen will be transferred in the sealed bag to specimen collection point in WCH theatres or Aspen ward. Specimen MUST NOT be refrigerated. The Health Care Professional will then enter the mother’s NHS number into the Fetal Remains Register (appendix 7) provided for this purpose - both copies to be retained on the Ward.

A separate Register will be available in the Histology department for receipt of Fetal Remains and will be signed in by the delivery porter.

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 with recognisable or suspected fetal tissue
- Therapeutic termination of pregnancy
- Miscarriages - spontaneous, medically or surgically managed
- Ectopic pregnancies

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.

Histology will notify the Bereavement Midwife to contact parents who have asked to be contacted when their fetal remains are ready for inclusion in the communal service of cremation.

**Post Mortem at Royal Victoria Infirmary**

For post-mortem please refer to [Pregnancy Loss Guideline](#). However, where appropriate, place fetus in Bi-trans bag, label, and place in Bio Bottle and label, rather than wrapping in a sheet as for later gestations **ALSO** place baby identification wristband within Bi-trans bag with fetus (Mothers Name, NHS Number, & Date of delivery).

A separate sheet of the fetal remains register should be completed. Please refer to [Appendix 6](#).

### 9. CYTOGENETIC SAMPLES

In cases where post-mortem is also required please sent intact fetus to cytogenetics for sampling before going to post-mortem.

If a Post Mortem is not required, then any recognisable fetus should be sampled locally, the sample sent for cytogenetics, and the fetus sensitively disposed of locally according to parents’ wishes. Fetal sampling to be undertaken by medical staff after obtaining signed Consent. ([Appendix 3C](#))

Sample to be placed in sterile saline solution if under **12 weeks** and packaged as above. The sample is to be kept dry if it is between **12-18 weeks** and packaged as above.

There is no longer any requirement for postnatal cytogenetic confirmation of an antenatal diagnosis of a chromosome problem, (e.g. trisomy diagnosed by invasive testing).

Where no recognisable fetus (e.g. early first trimester loss) entire products of conception can be sent to cytogenetics and, after testing, they will dispose of entire sample in a sensitive way there. Signed consent for cytogenetic testing and disposal must be obtained first.
10. **TRANSPORT OF ALL PRODUCTS OF CONCEPTION**

All identifiable fetuses **MUST** be transported in an appropriate and suitable way, in line with agreed Trust arrangements, currently this is with the Trust undertaker.

If only sending Placental tissue or skin/muscle biopsy:

Royal Mail Postage pre-paid Special Delivery Biological Substance Package

OR

TNT can be used. To arrange collection telephone 0800 777222.

11. **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.

11.1 **Fetal remains**

Will be stored in designated refrigerators (Theatres and Surgical day Unit WCH, Aspen ward CIC), with all necessary documentation completed and specimen correctly labelled and registered.

11.2 **At least weekly**

The stored remains, with appropriate consent, 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.

11.3 **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. Any fetus received by the last Monday morning of the month, will be cremated on the last Thursday (if consent has been given).

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.

11.4 **Individual burials or cremation**

Individual burials or cremation will be organised by the parents.
12. RECORD KEEPING

The Registered Practitioner will document in the nursing or medical record any discussion with the woman regarding her preferred option for disposal. Any request for the parents to be notified when the remains are ready to be included in the communal cremation will be clearly noted in the hospital notes and on the consent form.

The registered practitioner involved in the patients care must complete the following forms:

- **Label** completed with **mother’s NHS 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](#))

12.1 Retention of Records

The Institute Of Cemetery & Crematorium Management Policy and Guidance Document *The Sensitive Disposal Of Fetal Remains* (2011) recommends that documentation relating to the disposal of fetal remains 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. To facilitate this, the hospital will label the fetal remains with the mother’s NHS number, which can then be linked to disposal details kept in the crematorium records.

13. IMPLEMENTATION AND TRAINING REQUIREMENTS

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.
14 PROCESS FOR MONITORING COMPLIANCE WITH POLICY

The effectiveness of this policy will be monitored via the following arrangements:

<table>
<thead>
<tr>
<th>Monitoring/audit arrangements</th>
<th>Methodology</th>
<th>Source</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case note audit</td>
<td>Audit of patients that have had a pregnancy loss under 18 weeks in hospital</td>
<td>Clinical Director</td>
<td>Business Unit Board</td>
<td>Annual</td>
</tr>
<tr>
<td>Incident Forms</td>
<td>Review any incident involving pregnancy loss under 18 weeks</td>
<td>Clinical Director/Governance Facilitator</td>
<td>Business Unit Board</td>
<td>Monthly (reported as occur)</td>
</tr>
</tbody>
</table>

Wherever the above monitoring has identified deficiencies, the following must be in place:
- Action plan
- Progress of action plan monitored by the Business Unit Board (minutes)
- Risks will be considered for inclusion in the appropriate risk registers

15. REFERENCES

1. Guidance on Sensitive Disposal of All Fetal Remains Royal College of Nursing (February 2007).
2. Code of Practice - Post mortem Examination Human Tissue Authority (Code 3 July 2006).
4. The Sensitive Disposal of Fetal Remains Institute of Cemetery & Crematorium Management (August 2011)
APPENDIX 1 FLOW CHART – PROCEDURE FOR COLLECTION AND STORAGE OF FETUSES BELOW 18 WEEKS

Sensitive disposal arrangements should be discussed with parent(s) and consent form completed.

Fetus/Fetal remains should be placed in a Bi-Tran bag, in a casket and correct label completed with mother’s NHS number.

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 sensitive disposal.

Arrangements for cremation at either Copeland crematorium or Carlisle crematorium or local to Tertiary Centre, or a private arrangement as agreed with parents.
APPENDIX 2

Termination of Pregnancy service
Pre-assessed and consented by Nurse in OP Clinic

Early Pregnancy Assessment Unit
Consented by Clinic Registered Practitioner
Need for cytogenetic and/or histological examination? (E.g. possible fetal abnormality, history of recurrent miscarriage, possible ectopic or Hydatidiform Mole)

Y
Cytogenetic, Histology and/or PM Consent and appropriate request forms
Own disposal arrangement

N
Respectful Disposal Consent (App 3a)
Hospital arrangement
Own disposal arrangement
Hospital arrangement

EMERGENCY
Consented by Medical Staff

NOTE: All Histology to local laboratory UNLESS require post mortem
APPENDIX 3A CONSENT FOR TISSUE DISPOSAL

Patient’s Name .............................................. Date of Birth
.............................................
Patient Label

NHS No. ..............................................

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
☐ I will arrange for respectful disposal of the tissues

Member of staff obtaining consent:

Name ......................................................... Position
.........................................................
Name ......................................................... Signature
.........................................................Date ..............................................

Patient

Signature: ............................................. Date ..............................................
## APPENDIX 3B CONSENT FOR LOCAL HISTOLOGICAL EXAMINATION AND DISPOSAL OF SPECIMEN(S)

<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>Date of Birth</th>
<th>NHS No.</th>
</tr>
</thead>
</table>

### 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 one of the following:

- [ ] I consent for Histological Examination
- [ ] I DO NOT consent for Histological Examination

### 2. 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 wish to be informed when the cremation will take place so that I may attend.
  - Contact Number: .................................................................
- [ ] I will arrange for respectful disposal of the tissues.
- [ ] Inform me when this is possible
  - Contact No.: .................................................................

### Staff obtaining consent:

- Print Name: .................................................................
- Position: .................................................................
- Signature: .................................................................
- Date: .................................................................

### Patient

- Signature: .................................................................
- Date: .................................................................

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

Consent for Cytogenetic Analysis after pregnancy loss or termination
North Cumbria University Hospital
Northern Genetics Service

Consent for Cytogenetic Analysis after pregnancy loss or termination

Mother’s name .......................................... Date of birth ___ / ___ / ___  NHS No………………
Father’s name .......................................... Date of birth ___ / ___ / ___

Consent for cytogenetic analysis:
Please tick the following:
I/We give consent for cytogenetic analysis of:
Fetal blood yes □ no □
Skin and muscle yes □ no □
Placenta yes □ no □

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 lawful 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

Member of staff obtaining consent:
I confirm that I have discussed the contents of the information sheet containing more detailed Information about cytogenetic analysis with the parent(s).
Print name .......................................... Position ..................................................
Signature .......................................... Date ___ / ___ / ___

Parent(s):
I/We confirm that I/we have read and discussed the contents of the information sheet containing more detailed information about cytogenetic analysis with a member of staff.
Signature(s): Mother ........................................ Father .................................

A Cytogenetics request form must accompany this consent form.
APPENDIX 4 NORTHERN GENETICS SERVICE CYTOGENETIC ANALYSIS

Northern Genetics Service
Cytogenetic Analysis – information for parents who have lost a pregnancy or baby

What is cytogenetic analysis?

Each cell in a person's body contains 46 chromosomes, with 23 inherited from each parent. These chromosomes carry the genetic information that makes people who they are. Cytogenetic analysis looks for changes in the chromosomes. Various sorts of changes can be found. Sometimes, small pieces of chromosomes are missing or extra, but the change most people have heard of is Down Syndrome, where there are 47 chromosomes instead of 46, because of an extra chromosome number 21.

There are different ways to carry out cytogenetic analysis.

For miscarriages in the first three months of pregnancy, small pieces of tissue are used to grow cells in the laboratory and the chromosomes are looked at through a microscope.

For a pregnancy that is lost later in pregnancy, a different method, called QFPCR is used. This looks at small pieces of DNA from some of the chromosomes. These chromosomes are looked at because they are the ones which show a change most often. If you have decided to end your pregnancy because of a condition that has been seen on an ultrasound scan, a different method, called array CGH is used. This is a more detailed test that QFPCR and looks at small pieces of DNA from all of the chromosomes.

Who might be offered cytogenetic analysis?

Most miscarriages occur in the first three months of pregnancy. Up to half of these may be caused by a chromosome change. Usually, the chance of the same thing happening again is very low. However, when a couple has had several early miscarriages, one of the parents may have a chromosome change. This happens in about one in 500 people and although it does not usually affect the person who has it, they may produce pregnancies that end in a miscarriage. Cytogenetic analysis of the pregnancy is often carried out after three or more early miscarriages.

Miscarriage of a baby in later pregnancy is much less common but may also be caused by a chromosome change.

If you have decided to end your pregnancy because of a condition that has been seen on an ultrasound scan, cytogenetic analysis of the baby may help to find the cause of the problem.

Why is cytogenetic analysis important?

Couples often ask why a miscarriage or a problem with their baby has happened, and whether the same thing will happen again. Cytogenetic analysis may help to provide an answer to these questions. If a chromosome change is found in the baby or one of the parents, advice can be given about the chance of it happening again in future pregnancies. It is always possible to go on to have a successful pregnancy.
Why does cytogenetic analysis need to be done?

If you have had a miscarriage or decided to end your pregnancy, it may be a difficult time to even think about cytogenetic analysis, but samples must be taken as soon as possible because fresh tissues give the best result. If the tissues are not fresh it may not be possible to get a result.

What is used for cytogenetic analysis?

For early miscarriages, the clinical scientist in the laboratory takes a small piece of the placenta (about a 5mm cube).

For later miscarriages, stillbirths and terminations of pregnancy, small samples of skin and muscle (about 5mm cube) are taken from the baby, either by a doctor at the hospital or a clinical scientist in a special area of the laboratory. They are acquired from somewhere less visible, like the back of the leg. Sometimes blood is also taken. Small samples of the placenta are also removed for testing.

Is anything kept?

If your baby has a condition that has been seen on ultrasound scan and it would help to make a diagnosis, then small pieces of the tissue, cells grown, or DNA obtained from them may be kept in the laboratory. These would not be used for any other purpose.

Photography

To help find out why your pregnancy or baby was lost, photographs may be taken and kept as part of the medical record.

How long does cytogenetic analysis take?

It may be up to four weeks before a result can be obtained. Your consultant will arrange for you to receive details of the analysis.
APPENDIX 5 CYTOGENETICS (CENTRE FOR LIFE)

In ALL cases obtain necessary Consent for Sampling/disposal first

(ABOVE 16 WEEKS or when Post Mortem required REFER TO PREGNANCY LOSS GUIDELINE)

**Up 12 weeks gestation**

- Fetus/tissue sample and placenta to be placed in sterile saline solution.

**Over 12 weeks and for postmortem**

- Fetus/tissue sample 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 POST MORTEM AT RVI

ABOVE 16 WEEKS REFER TO PREGNANCY LOSS GUIDELINE

Between 12 & 16 weeks gestation

Fetus and placenta to be kept dry

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

① PLEASE PHONE to notify the samples are going to be sent (0191 282 0907)
② DO NOT send over the weekend as the Centre is closed.
③ SAMPLES MUST arrive MON-FRI BEFORE to 1630hrs as the Centre closes at 1700hrs.

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

Ensure the following documentation is completed:

Post Mortem Consent Form and Perinatal Postmortem Request Form – please refer to Pregnancy Loss Guideline.

- 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. If Cytogenetics not required send directly to Pathology at RVI.
## APPENDIX 7 REGISTER FOR FETAL REMAINS

<table>
<thead>
<tr>
<th>Mother’s NHS No:</th>
<th>Source</th>
<th>Placed in storage fridge by (signed)/Date:</th>
<th>Destination/transfer details</th>
<th>Method of Disposal</th>
<th>Verified by Mortuary Staff (signed and dated)</th>
<th>Removed from by Funeral Director (signed and dated)</th>
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<td>Burial B</td>
<td>Cremation C</td>
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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 AUTHORISED AND DESIGNATED PERSON APPLY TO CARLISLE CREMATORIUM, CARLISLE TO CREMATE THE FOLLOWING FETAL REMAINS.

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<th>Fetal remains of: Mother’s NHS number</th>
<th>Date of Delivery</th>
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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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<th>Fetal remains of: Mother’s NHS number</th>
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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

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 NHS 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

North Cumbria University Hospitals NHS Trust
CARLISLE CITY COUNCIL
Copeland
www.carlisle.gov.uk
APPENDIX 10 – TO BE ADDED WHEN UPDATE RECEIVED

To be added once available – copies of updated contract with Carlisle crematorium and new contract with Distington Hall Crematorium
APPENDIX 11 INFORMATION ABOUT SERVICES

Communal Service

The North Cumbria University Hospitals NHS Trust offer a monthly communal Service that is held at the local crematorium on the Last Thursday of the month apart from the service in December when different arrangements are made due to the Christmas holiday period.

At Carlisle Crematorium the Service is held at 09.00 hours.
At Distington Hall Crematorium the Service is held at 09.45 hours.

Parents and their families are welcome to attend the service which is held by a hospital Chaplain.

The cremated remains at Carlisle crematorium are placed in Wood No. 6, and at Distington Crematorium are buried by the bird bath in the baby memorial garden.

Private Service by Parents

To enable a private service to be arranged at a local cemetery or crematorium you will need the appropriate paperwork completed by a member of staff involved in your care to give to your funeral director. Most funeral directors will charge only a nominal fee and will assist you in your arrangements.

Cultural and Religious Beliefs

The North Cumbria Hospitals NHS Trust can assist you in providing a service that is appropriate to parent’s cultural beliefs.

Book Of Remembrance

Both crematoriums have their own Books of Remembrance. There are also books in both the Cumberland Infirmary at Carlisle and the west Cumberland Hospital Whitehaven chapels where an entry can be made.

An annual service of remembrance is held at the Carlisle Cemetery Chapel, Richardson Street in September and in November at the West Cumberland Hospital.

Further details can be obtained from the bereavement midwives:

Bernadette Bowness – West Cumberland Hospital – 07768702962
Andrea Ewing – Cumberland Infirmary Carlisle – 07917517260/07787902451
APPENDIX 12 PASTORAL AND SPIRITUAL CARE:

- All patients and their close relatives/friends will have spiritual needs at a time of loss. Questions concerning meaning, purpose, worth etc. will be around and listening to these spiritual concerns will often be a role taken on by the midwife or nurse. Empathetic, non-judgemental reflective listening can help the parents and other Supporters process what is taking place. It is a vital part of the care offered.
- Parents should be informed that Bereavement Midwives and Chaplains are available if they would like someone additional to talk to.
- Some parents may request a Chaplain or their own Priest, Minister, Rabbi or Imam to perform a religious ceremony. Private space should be created for this and a midwife/nurse stay in attendance to support the parents, unless they request to be left alone.
- Religious belief will necessarily impact on how a parent reacts to the loss of a child, on the practicalities of funeral arrangements, on permissions for post mortems and donations. Within any one faith group there will be a diversity of views and so it is always best to talk with the parents rather than making any assumptions. Asking the family for guidance as to what would best help them is the safest way of respecting their religious views.

Chaplaincy: Making Contact:

If a Minister is requested by parents, initially ask if they have a local minister that they know and would like to attend. Switchboard will look up numbers.

Chaplains at the Cumberland Infirmary and at the West Cumberland can be contacted via switchboard and are on-call 24 hours a day, 7 days a week. If they are unavailable they will have organised for duty Chaplains to be on-call. The Ecumenical Chaplains are happy to attend for patients of any Christian denomination and for those with no faith background. Roman Catholic patients may request a Roman Catholic priest to attend and the switchboard will have this rota. Please give full name of patient and brief details when requesting a visit. Patients who are part of other faith groups may wish for a faith leader to be called. Specific contact details will probably be provided by the family, or the Chaplains will have local contact details for all major world faiths.

Nursing and Spiritual Care:

- The practice of spiritual care is about meeting people at the point of deepest need.
- It is about not just ‘doing to’ but ‘being with’ them.
- It is about our attitudes, behaviours and our personal qualities i.e. how we are with people.
- It is about treating spiritual needs with the same level of attention as physical needs.