

Reference Number: UHB 218
Version Number: 3

Date of Next Review: 01st December 2025
Previous Trust/LHB Reference Number:
N/A

MANAGEMENT OF FETAL REMAINS, STILLBIRTH AND NEONATAL DEATH POLICY

Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will ensure that all staff within Cardiff and Vale University Health Board provide consistent advice and support to women, couples, their families or carers following the loss of their fetus, baby, pregnancy remains, fetal material as well as stillbirth and neonatal death.

The UHB's respect for sexuality, culture and belief is fundamental and people are treated individually with their wishes respected where possible, ensuring true person centred care.

The Human Tissue Act, enforced by the Human Tissue Authority (HTA) provides a legal framework for the storage and use of tissue from the living and for the removal, storage and use of tissue and organs from the dead. HTA best practice indicates that the woman's wishes are the most important driver when deciding on disposal methods. In particular, the HTA acknowledges that many women feel distressed by questions on disposal options and prefer NOT to be involved in the process. HTA also advises that, if the woman wishes this, the same principles should be applied to pregnancy remains and fetal material (less than 24 weeks gestation that shows no signs of life), as those applied to tissue retained at post-mortem i.e. examination and disposal require specific consent for fetus / babies of all gestational loss as well as stillbirth and neonatal death.

Policy Commitment

We will ensure consistency in practice and take account of changing public expectations. We will also ensure that all Health Board service users have information to support the giving of informed consent surrounding the choices for disposal of fetal remains, which will be managed and disposed of in a sensitive and dignified manner, in line with, the Royal College of Nursing Guidance (201), the 2004 Human Tissue Act. The Human Tissue Authority guidance on disposal of pregnancy remains (March 2015), sets out the minimum standard, which is: cremation, burial or incineration.

The Health Board accepts that women should have choices, regardless of pregnancy gestation and it acknowledges that all pregnancy loss at any gestation can be a significant event. Such loss in the first or second trimester of pregnancy may resemble a stillbirth or neonatal death and thus be similar to other bereavement. In addition to this practical support, staff will ensure that care meets personal, cultural, spiritual, religious and holistic individual requirements (MBRRACE 2017).

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Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and that we do not discriminate, harass or victimise individuals or groups unfairly on the basis of sex, pregnancy and maternity, gender identity, disability, race, age, sexual orientation, disfigurement, religion and belief, family circumstances including marriage and civil partnership. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service delivery standards and our Strategic Equality Plan and Equality Objectives.

To achieve this, staff training is made available throughout the UHB.

Supporting Procedures and Written Control Documents

This Policy and the supporting procedures describe the management of fetal remains, still births and neonatal deaths.

Other supporting documents are:

Fetal Remains, Still Birth and Neonatal Death Procedures
[Guidance for Transferring a Deceased Baby or Child](#)

Scope

This Policy and supporting procedure applies to all of our staff in all locations including those with honorary contracts.

Whilst the policy does not specifically relate to the Health Board's contractors, as a UHB-wide policy, elements of it may be used as good practice guidance in Primary Care.

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and thus found there to be an overall positive impact. Key actions have been identified and these can be found incorporated within this procedure /supporting policy.
Policy Approved by	Board
Group with authority to approve procedures written to explain how this policy will be implemented	Bereavement Strategy Group
Accountable Executive or Clinical Board Director	Medical Director

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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	21/01/14	16/04/14	New Policy
2	28/09/17	01/11/17	Revised Document in so much that it has been separated from the Procedure. Inclusion of current HTA guidance. Removal of Health Board Funded funerals for stillbirth.
3	05/12/22	19/12/22	Inclusion of bereavement support payment from Welsh Government

Equality & Health Impact Assessment for
MANAGEMENT OF FETAL REMAINS,
STILLBIRTH AND NEONATAL DEATH POLICY AND PROCEDURE

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Management Of Fetal Remains, Stillbirth And Neonatal Death Policy And Procedure
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Women and Children Clinical Board, Consultant Midwife 02920746293, Bereavement Midwife 02920743341 Clinical Diagnostics and Therapeutics Clinical Board Cellular Pathology Services Manager 02920744277, Senior Nurse Bereavement Service 02920744949
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To provide local guidance for all health care professionals of varying disciplines to ensure consistent care for fetal remains stillbirth and neonatal deaths at Cardiff and Vale University Health Board. To provide consistent advice, practice and support to women / couples, their families or carers following the loss of their fetus / baby.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines 	Under the Well-being of Future Generations (Wales) Act 2015MBRRACE, Welsh Initiative Stillbirth Reduction, Each Baby Counts WG ONS, National still birth working group, Stillbirth and Neonatal Death charity Royal College of Obstetricians and Gynaecologists Gender reassignment discrimination, ACAS, http://www.acas.org.uk/index.aspx?articleid=2064 Equality Act 2010

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	<ul style="list-style-type: none"> • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need².</p>	<p>Trans Mental Health Study, (McNeil, Bailey, Ellis et al, 2012).</p> <p>Links</p> <p>http://www.acas.org.uk/media/pdf/0/m/Managing-bereavement-in-the-workplace-a-good-practice-guide.pdf</p> <p>https://www.gov.uk/government/publications/abortion-notification-forms-for-england-and-wales</p> <p>http://www.arc-uk.org/</p> <p>https://www.hta.gov.uk/</p> <p>http://www.nafd.org.uk/</p> <p>https://www.rcog.org.uk/</p> <p>http://www.publichealthwales.wales.nhs.uk/</p>
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	Women / couples, intended parents, their families or carers following the loss of their fetus / baby.

¹ <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

² <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

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6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	There is a potential positive impact as the aim of the policy is to ensure consistent care for fetal remains, stillbirth and neonatal deaths at Cardiff and Vale University Health Board to all . To provide consistent advice, practice and support to women / couples, their families or carers following the loss of their fetus / baby regardless of age.		
6.2 Persons with a disability as defined in	There is the potential for there to be a negative impact on people	All efforts will be made to recognise people with disabilities and all steps	

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<p>the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>with learning difficulties & people with a compromised level of understanding for example.</p>	<p>taken to minimise any negative impact on the individual and their family. The UHB recognises the importance of providing skilled and sensitive communication, including the communication needs of relatives and carers as well as the cultural and spiritual elements of care and giving relevant information at the right time and in the right way, such as with the use of communication aids as noted in the guidance. example</p>	

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<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p>There was no specific information or mention in search as to gender issues related to this type of guidance though we know that for some cultures it is important that people are cared for by people of the same gender and we would meet this where we could.</p> <p>There does not appear to be any impact on people with this protected characteristic in respect for adults.</p> <p>There is no specific data is available to assess whether the content of this policy will have an equality impact relating to gender reassignment. It is not anticipated that that gender reassignment status of any parent/family member or carer will adversely impact on the relationships built</p>		

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	with UHB staff. However, It is known that trans people face considerable ignorance, prejudice and discrimination in their daily lives, which impacts on their general health and wellbeing. Informed and appropriate healthcare can make significant improvement to their health outcomes (Trans Mental Health Study, (McNeil, Bailey, Ellis et al, 2012). Research shows that trans people can experience many barriers and issues in relation to their trans related and/or their general healthcare and/or there use of NHS services.		
6.4 People who are married or who have a civil partner.	There does not appear to be any impact on people with this protected characteristic.	The guidance aims to ensure that all couples are treated with the same	

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		dignity and respect whether they are in a same sex or heterosexual relationship and thus implicit, whether they are married or in a civil partnership.	
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	We would be respectful of patients with this protected characteristic in meeting their wishes and the wishes of their carer/families.		

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<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p>	<p>No It was noted that there might be a positive impact in the following information in accommodating differing cultural needs</p> <p>However, it should be noted that there is a higher incidence of baby loss amongst the black, ethnic minority community</p>	<p>If required Cardiff and Vale UHB can provide interpreters through face to face contact and also via the telephone.</p>	
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	<p>There is the potential for the impact to be positive as the UHB has a number of ways of ensuring that cultural needs are met.</p>	<p>There is access to Chaplains of varying faiths to provide spiritual support to patients, carers and staff who have a faith and those of no faith. This service is available 24 hours a day</p>	

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		<p>via an on call service out of hours.</p> <p>There are also Multi Faith Customs Charts and a Ward Guide for the Religious Care for Patients accessible to Health Board staff.</p> <p>There are certain cultures that require an expedited burial often within twenty four hours; this can include deceased from both Muslim and Jewish Communities. Guidance is provided to assist this process but there are certain situations where this might not be possible, an example being if it is necessary to</p>	

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		involve HM Coroner. If for instance, a death has occurred within twenty four hours of admission to hospital, regulation and law could prevent a short notice burial occurring as referral the HM Coroner would be necessary. Unfortunately, this situation is outside the remit of the Health Board.	
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	Yes.	There does not appear to be any impact on people with this protected characteristic. The guidance aims to ensure that all couples are treated with the same dignity and respect	

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		<p>whether they are in a same sex or heterosexual relationship. There is no specific data is available to assess whether the content of this policy will have an equality impact relating to sexual orientation issues. It is not anticipated that that the sexual orientation of any parent/family member or carer will adversely impact on the relationships built with UHB staff. However, It is known that if an individual is a lesbian, gay or bisexual (LGB) they may face considerable ignorance, prejudice and</p>	

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		<p>discrimination in their daily lives, which impacts on their general health and wellbeing. Informed and appropriate healthcare can make significant improvement to their health outcomes (Trans Mental Health Study, (McNeil, Bailey, Ellis et al, 2012). Research shows that the LGB community can experience many barriers and issues in relation to their sexual orientation and/or their general healthcare and/or their use of NHS services.</p>	

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<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>Yes</p> <p>Welsh Language (Wales) Measure 2011</p> <p>http://www.legislation.gov.uk/mwa/_20110001_en.pdf</p> <p>Accessed at 09.04 14.02.17</p>	<p>This procedure covers many aspects of caring for women / couples, their families or carers following the loss of their fetus / baby and the care of the bereaved that follows the death. Information providing help and advice following the death is provided bilingually.</p> <p>Cardiff and Vale University Health Board Welsh Language Scheme suggests that: The UHB will ensure that members of the public who wish to have dealings with us are able and welcome to do so in Welsh or English.</p>	

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		<p>Also, if requested the Registrar of Births, Deaths and Marriages are able to provide a service in Welsh for the bereaved that require it. Following the death, if families wish to discuss information through the medium of Welsh then a relevant member of staff or an interpreter could be arranged. Religious and cultural needs will also be considered: many patients, the deceased and their relatives may have specific Welsh language religious needs.</p>	

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<p>6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>There does not appear to be any impact on people with this protected characteristic. The guidance aims to ensure that all couples are treated with the same dignity and respect whether they are on a low income.</p>	<p>The removal of the hospital funded cremation for still births may have impacted low income etc. The organisational bereavement team will support bereaved individuals in obtaining 'low cost/free services'</p>	
<p>6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p>	<p>There does not appear to be any impact on people living in areas that exhibit poor economic/health indicators. There is a higher incidence of fetal/baby loss in this group of people. The guidance aims to ensure that all couples are treated with the same dignity and respect</p>	<p>The removal of the hospital funded cremation for still births may have impacted low income etc. The organisational bereavement team will support bereaved individuals in obtaining 'low cost/free services'</p>	

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		Families in Wales that register the death of a child under the age of 18 will be entitled to receive £500 as a contribution towards funeral and other related costs.	
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	Not applicable		

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>All people are given access to care , there are no restrictions to those living in area of deprivation or health inequalities</p>		
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention).</p>	<p>All people are encouraged to improve/maintain healthy lifestyles. There are support services within CAV UHB for smoking cessation, drug and alcohol dependence, weight management. Safer Pregnancy Launch March 2017</p>		

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<p>Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>All people are cared for irrespective of income and employment status</p>		
<p>7.4 People in terms of their use of the physical</p>	<p>All people are cared for in terms of the physical</p>		

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<p>environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<p>environment.</p>		

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<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>There is a potential positive impact as the aim of the policy is to ensure consistent care for fetal remains, stillbirth and neonatal deaths at Cardiff and Vale University Health Board to all . To provide consistent advice, practice and support to women / couples, their families or carers following the loss of their fetus / baby regardless of who they are, their culture or what they believe. The policy is there to support all. There is no discrimination in respect of social/community influences.</p>		

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<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>		<p>There is no discrimination in respect of macro-economic, environmental and sustainability factors. We undertake disposal of fetal remains appropriate to meet the requests of the family, respecting biodiversity and ethical principles.</p>	

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Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>Positive impact is that parents have a choice following fetal/baby loss, without discrimination. Staff have clear guidance regarding options available to parents, and are trained in giving this information to ensure the person is fully informed when making decisions relating to care.</p>
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Time scale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	<p>Interpreters will be provided for every family that English is not their first language; to facilitate effective communication.</p> <p>Incineration is to be introduced as an option for families who wish, this is a change to the current policy, in line with the Human Tissue Authority guidance.</p> <p>Hospital contracted funerals for stillbirths will no longer be offered to parents. Parents will be supported by the bereavement team to arrange funerals.</p>			

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<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	<p>No, a more comprehensive Equalities Health Impact Assessment has not been undertaken as the impact is not deemed necessary for a more formal consultation.</p>			

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<p>8.4 What are the next steps?</p> <p>Some suggestions:- Decide whether the strategy policy, plan, procedure and/ service proposal:</p> <ul style="list-style-type: none"> -continues unchanged as there are no significant negative impacts -adjusts to account for the negative impacts -continues despite potential for adverse or missed opportunities to advance equality (set out the justifications for doing so) stops. -Have your strategy, policy, plan, procedure and/or service proposal approved 	<p>Yes, with update of policy adhering to HTA guidance</p> <p>Yes, all views taken into account, we have to adhere to HTA guidance.</p> <p>Yes, the Executive Board will decide approval of the policy</p> <p>On reviewing this policy minor positive changes have been made. The EHIA has been consulted upon. It has been approved by the Bereavement Strategy Group, and will continue to be reviewed every 6 months as part of the groups Terms of Reference. When this policy is reviewed, this EHIA will form part of that consultation exercise. This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required.</p> <p>The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement) consultation via the Intranet.</p>			

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	Action	Lead	Time scale	Action taken by Clinical Board/ Corporate Directorate
	-Publish your report of this impact assessment -Monitor and review			

