

Reference Number: UHB370 Version Number: 4	Date of Next Review: 01 st December 2025 Previous Trust/LHB Reference Number: UHB 218
<p align="center">Fetal Remains, Stillbirth and Neonatal Death Procedure</p>	
<p>Introduction and Aim</p> <p>This procedure is supporting the Fetal Remains, Stillbirth and Neonatal Death Policy UHB 218</p> <p>This procedure 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. This procedure will ensure consistency in practice and that all Health Board service users have information to support the gaining 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 2004 Human Tissue Act (2006). The Health Board accepts that women / couples should have choices, regardless of pregnancy gestation and it acknowledges that all pregnancy loss at any gestation can be a significant event.</p>	
<p>Objectives</p> <ul style="list-style-type: none"> • To ensure that the Health Board has appropriate, lawful provision to ensure the dignified and sensitive management and final disposal of all pregnancy remains and fetal material. • To provide concise guidance to the multi-disciplinary team on how to manage other gestational loss including, stillbirth and babies following neonatal death. • To ensure women or couples are made aware that information on disposal options is available, and are consulted with, and given the opportunity to make an informed decision and to express any personal wishes. 	
<p>Scope</p> <p>This procedure applies to all of our staff in all locations including those with honorary contracts</p> <p>Whilst the policy and procedure 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.</p>	
<p>Equality Health Impact Assessment</p>	<p>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 supporting procedure.</p>

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Documents to read alongside this Procedure	UHB 218 Fetal Remains, Stillbirth And Neonatal Death Policy Version 4 Guidance for Transferring a Deceased Baby or Child
Approved by	Board 28 th September 2017

Accountable Executive or Clinical Board Director	Medical Director
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<p style="text-align: center;"><u>Disclaimer</u></p> <p style="text-align: center;">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.</p>	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
UHB 218 1	Board January 2014		New Policy & Procedure
UHB 370 Version 1	September 2017		New Procedure in so much that it has been separated from the Policy. Inclusion of current HTA guidance. Removal of Health Board funded funerals for stillbirth.
UHB 370 Version 2	August 2018		Inclusion of the consent form for sensitive disposal of pregnancy remains (gestational age less than 17 weeks)
UHB 370 Version 3	December 2018	31/05/2019	Removal of the consent form for sensitive disposal of pregnancy remains (gestational age less than 17 weeks) re draft of the current consent for the sensitive disposal of

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			pregnancy remains added.
UHB Version 4	12 Dec 2022	19 Dec 2022	<p>The term 'incineration' changed to 'sensitive incineration'.</p> <p>Include cultural and religious support in responsibilities alongside bereavement support.</p> <p>Change in definition of miscarriage.</p> <p>Hospital Management changed to Communal Cremation.</p> <p>Change to information relating to Memorial service in Thornhill Crematorium.</p> <p>Stillbirth data removed.</p> <p>Information regarding cremation forms changed after removal of cremation form 5.</p>

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1.0 Introduction

This procedure will provide information on the management for all pregnancy remains and fetal material. There are choices available to the woman and she is able to independently arrange a private burial or cremation.

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The HTA guidance of 2015 (HTA 2015) clearly sets out the minimum standard expected for the disposal of pregnancy remains and fetal material following pregnancy loss or termination, which is: cremation, burial or in certain circumstances, incineration.

Providing that the woman has been given the information, the Health Board should recognise and respect the wishes of those who choose not to engage in the matter of disposal. Sensitive incineration should only occur where the woman makes this choice, does not want to be involved in the decision, or does not express an opinion within an expected timescale of not more than 12 weeks, and the hospital considers this the most appropriate method of disposal.

Whatever decision is made, including whether she has declined the offer of information and chooses not to be involved in the decision, this should be recorded in the medical notes

2.0 Roles and Responsibilities

The employees detailed below are responsible for ensuring that pregnancy remains and fetal material and other gestational loss are handled appropriately. Where necessary, those responsibilities are detailed.

2.1 UHB Chief Executive

- The Chief Executive has overall responsibility for ensuring that all measures, outlined in this procedure, are implemented safely and respectfully and that the woman's wishes are considered which is paramount to the overall process.

2.2 UHB Chief Operating Officer is responsible for ensuring:

- the implementation of this procedure.
- that all staff involved in the management of pregnancy loss are aware of, and are competent in respect to procedures within the procedure.
- adequate arrangements are implemented for the safe and respectful disposal, of non-viable pregnancy remains and

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fetal material, and for arrangements for stillbirths and neonates.

- incidents relating to inappropriate disposal are correctly and promptly reported and investigated.
- adequate resources are available to operate the procedure.
- systems are in place for staff training.

2.3 Clinical Board Directors of Medicine, Surgery, Children and Women, and Specialist Services are responsible for ensuring:

- that all relevant medical staff are aware of and adhere to the procedure.
- that appropriate documented evidence of patient consent is obtained as required within the procedure.
- that all documentation is accurately completed and compliant with the Local Authority requirements.

2.4 Director of Nursing for Medicine, Surgery, Children & Women, Specialist Services are responsible for ensuring:

- that women are provided with adequate information in order to empower them through the entire decision making process.
- that communication requirements are adhered to e.g. interpretation services, including British Sign Language.
- support and privacy is provided to the woman.
- they refer and communicate with other departments as appropriate.
- provision of information regarding bereavement support, including support for cultural and religious preferences.
- they accurately complete all appropriate documentation ensuring compliance with the Local Authority requirements.
- that the unique identifier number is ascertained using the laboratory information management system (LIMS) and the woman's details logged accurately onto the database.

2.5 Clinical Board Director for Clinical Diagnostics and Therapies is responsible for ensuring:

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- the appropriate development and ongoing management of the Service Level Agreement with the Local Authority for the change in service provision.

Ultrasonographers and Radiographers:

- provide support, early counselling, information and privacy to the woman during and following ultrasound and accurately complete all appropriate documentation.

Consultant Pathologists:

- provide advice on histopathology related issues as required.
- carry out histology procedures as stated within the documented consent process.
- ensure adequate arrangements are implemented within Histopathology and the Mortuary for the safe handling and respectful disposal of pregnancy remains and fetal material, products of conception, stillbirths and neonates.

Laboratory Staff:

- work within the department standard operating procedures.
- carry out histology procedures as stated within the documented consent process.
- ensure safe handling and respectful disposal of non-viable fetal remains and products of conception as stated within the documented consent process.

Mortuary Staff:

- work within departmental standard operating procedures.
- ensure safe and respectful arrangements for the pregnancy remains and fetal material, stillbirth and neonatal deaths as stated within the documentation.
- treat respectfully the pregnancy remains and fetal material <24 weeks gestation and ensure they are appropriately 'individually prepared' and that details are checked in the register prior to transfer for cremation at Thornhill crematorium.

2.6 Bereavement Lead Nurse:

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- provides advice and guidance regarding choices following pregnancy loss and/or the death of a fetus/ baby for the woman /couple /extended family.
- provides frontline support for the bereaved.
- offers advice and support to colleagues.
- liaising with colleagues and external stakeholders as appropriate.

2.7 Bereavement Midwife:

- provides advice and guidance regarding choices following pregnancy loss and/or the death of a fetus/ baby for the women /couple /extended family.
- provides frontline support for the bereaved.
- offers advice and support to colleagues.
- liaises with colleagues and external stakeholders as appropriate.
- provides a link between Bereavement services and Maternity.

3.0 Gestational loss of less than 24 weeks

A miscarriage is defined as 'the spontaneous loss of a pregnancy before 24 weeks of gestation.'

[Definition](#) | [Background information](#) | [Miscarriage](#) | [CKS](#) | [NICE](#)

Early pregnancy loss may be due to a variety of reasons, including ectopic pregnancy, hydatidiform mole, spontaneous miscarriage and therapeutic termination of pregnancy. Each patient is treated on an individual basis and any intervention, medical, conservative or surgical, is in line with the woman's wishes ensuring informed consent.

It is imperative that the woman/couple are provided with choices for disposal and that they understand they can make their own arrangements if this is what they require. Irrespective of the reason for the cessation of the pregnancy, unless the woman declines to discuss disposal options (HTA 2015) or unless the woman /couple has specifically requested to make private arrangements, fetal remains will be cremated at Thornhill Crematorium, Cardiff.

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If the fetus has died in utero, either naturally or through medical intervention such as selective reduction, it can be said that the pregnancy of that fetus (or fetuses) has ended. In the presence of dating evidence (ultrasound), cases of delayed intrauterine death, vanishing twins, selective multi-fetal pregnancy reduction should all be managed as though the fetus has died before 24 week gestation of pregnancy. A woman presenting with fetus papyraceous, where fetal death must have occurred before the 24 week gestation should also be treated as a miscarriage; see [Green top Guideline; no. 55 \(2017\)](#).

In exceptional circumstances, when a fetus of gestational age of less than 24 weeks gestation show signs of life, this has to be recorded as a live birth and by law the birth and death must be registered. It is imperative that the 'baby' is reviewed by an Obstetrician or Paediatrician whilst they are alive to ensure completion of the necessary paperwork e.g. the medical certificate of cause of death and cremation form 4/5 if cremation is required. If the baby is not reviewed by a medic during this time then it is likely that the death will require Coronal referral.

During management of pregnancy loss some or all of the pregnancy tissue may be retained in the uterus. This may lead to secondary treatment on another occasion and might thus result in multiple containers originating from the same index pregnancy. In such cases, the initial route of disposal should be maintained and the **Consent for Sensitive Disposal of Pregnancy Remains** (gestational age less than 24 weeks) form must be completed Appendix 4 by the health professional who should refer to the previous agreement and route of disposal. Consent from the previously pregnant woman is NOT required a second time in such instances.

3.1 Communal Cremation

If the woman wishes the hospital to take responsibility for disposal of a pregnancy remains or fetal material of less than 24 weeks and having shown no signs of life, then this is by cremation and will be in line with the agreement between Cardiff and Vale UHB and Cardiff Bereavement Services (Local Authority), as detailed in the Service Level Agreement (SLA).

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It is critical to reinforce to the woman that the cremation service offered by the UHB involves –

- a shared cremation, therefore there will be other fetal material cremated at the same time.
- there will be no individual ashes and the ashes following the cremation will be scattered at the ILEX garden within Thornhill Crematorium grounds.
- Memorial services are conducted by a hospital Chaplain regularly throughout the year. The service includes readings, poems and prayers. Please check with Bereavement Lead Nurse / Bereavement Midwife to ensure this is going ahead.
- a register will be held by the Health Board of all pregnancy remains and fetal material providing traceability thereafter.
- a register will be held by the Local Authority using the unique case number held by the crematorium in order to provide traceability thereafter. Patient identifiable information is not held by the Local Authority.

The woman also needs to be informed that -

- written agreement is required using the **Consent for Sensitive Disposal of Pregnancy Remains (gestational age less than 24 weeks)** form (Appendix 4).
- there will possibly be other people attending the monthly service.

Paperwork required:

- **Certificate of Medical Practitioner in Respect of Fetal Remains** (see appendix 1 or 2).
- **Draft Multiple Certificate / Application for Cremation of Fetal Remains** (see appendix 3).
- **Consent for Sensitive Disposal of Pregnancy Remains (gestational age less than 24 weeks)** form should be completed (see appendix 4).

3.2 Own Funeral Arrangements Using a Funeral Director

If the woman / couple decide to organise their own funeral, this can be arranged with the help of a Funeral Director. Most Funeral Directors do not charge for their services but some do,

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so the woman must be informed of this. Advice can be sought from the Bereavement Midwife or Bereavement Lead Nurse.

Paperwork required:

- **Certificate of Medical Practitioner in Respect of Fetal Remains** (see appendix 1 or 2).
- **Consent for Sensitive Disposal of Pregnancy Remains (gestational age less than 24 weeks)** form should be completed (see appendix 4)

The **Death Notification Proforma** must be completed prior to transfer to the mortuary. If post-mortem is required transfer to Fetal Pathology.

3.3 Own Funeral Arrangements Without Using a Funeral Director

The woman /couple are also able to arrange a funeral without using a Funeral Director. If they decide on this option there are some practicalities that need to be considered. Further advice and guidance can be sought from;

- The Natural Death Centre <http://www.naturaldeath.org.uk/>
Tel: 01962 712 690.
- Cardiff Bereavement Services Tel: 029 2054 4820.
- Bereavement Lead Nurse Tel: 029 2184 4949.
- The Mortuary Staff Tel: 029 2184 4269.
- [Guidance for Transferring a Deceased Baby or Child](#)

Paperwork required:

- **Certificate of Medical Practitioner in Respect of Fetal Remains** (see appendix 1 or 2).
- **Consent for Sensitive Disposal of Pregnancy Remains (gestational age less than 24 weeks)** form should be completed (see appendix 4).

The **Death Notification Proforma** must be completed prior to transfer to the mortuary. If post-mortem is required transfer to Fetal Pathology.

3.4 Undecided Option

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- Some women/couples may need time to make a decision regarding the disposal of pregnancy remains and fetal material. The decision can be temporarily deferred for six weeks, at which point a member of the Health Board team will contact the woman. If this option is decided upon it is essential that this information is communicated to the Bereavement Lead Nurse and is clearly documented on the **Consent for Sensitive Disposal of Pregnancy Remains** form (see appendix 4).

After 6 weeks, the Bereavement Lead Nurse or nominated colleague will phone the woman to ascertain a decision. It is imperative that all actions are documented in the clinical notes and a decision made by 12 weeks. At 12 weeks the pregnancy remains and fetal material will be disposed of by sensitive incineration.

During this period the pregnancy remains and fetal material will be at the mortuary until a decision has been made.

Paperwork required:

- Certificate of Medical Practitioner in Respect of Fetal Remains** (see appendix 1 or 2).
- Consent for Sensitive Disposal of Pregnancy Remains (gestational age less than 24 weeks)** form should be completed (see appendix 4)

The **Death Notification Proforma** must be completed prior to transfer to the mortuary. If post-mortem is required transfer to Fetal Pathology.

3.5 SENSITIVE INCINERATION

Sensitive incineration takes place at commercial waste disposal premises. The procedure is the same as post mortem tissue remains. Material is incinerated in an empty incinerator with no other clinical waste added until incineration is completed, there are no individual ashes collected on completion, material remaining is disposed of through land fill. Sensitive Incineration should only occur where the woman makes this choice, does not

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want to be involved in the decision, or does not express an opinion within an expected timescale not more than 12 weeks, and the hospital considers this the most appropriate method.

Written consent from the woman is NOT required for sensitive incineration of pregnancy remains. Sensitive incineration will be facilitated through the mortuary UHW. **Consent for Sensitive Disposal of Fetal Remains** form should be completed by the attending health professional.

Paperwork required:

- **Consent for Sensitive Disposal of Pregnancy Remains (gestational age less than 24 weeks)** form should be completed (see appendix 4)

4.0 STILLBIRTH

The Perinatal Mortality Surveillance Report (MBRRACE 2021) define stillbirth as a baby delivered at or after 24+0 weeks gestational life showing no signs of life, irrespective of when the death occurred. Intrauterine fetal death refers to babies with no signs of life in utero.

4.1 Own Funeral Arrangements Using a Funeral Director

If the woman / couple decide to organise their own funeral, this can be arranged with the help of a Funeral Director. Most Funeral Directors do not charge for their services but some do so the woman / couple must be made aware of this. Please see guidance for transferring a deceased baby or child.

[Guidance for Transferring a Deceased Baby or Child](#)

The UHB will no longer offer funeral provision under hospital contract unless in exceptional circumstances to be agreed with the Head of Midwifery. Maternity and a consortium of Funeral Directors in the locality have identified the basic funeral needs required by parents and obtained an agreement for free provision of baby funerals with optional extras if required.

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The general consensus from a cohort of Funeral Directors within Cardiff and Vale that a basic package will include:

- Free services of the Funeral Director
- Support in completing legal paperwork for a funeral
- Small Casket
- Small Car
- Collection of baby from the hospital/home/mortuary setting
- Chapel visit/viewing opportunity at the Funeral Home
- Support in arranging a cremation or Burial dependant on parental preference

Parents will need to be aware that:

- There are no costs for cremation or burial.
- Any flowers, additional cars etc will incur costs.

Thornhill Crematorium offers a slightly different package, where there will be a cost for a casket and they are unable to provide a car. They can support in being able to collect the baby from the hospital/home/mortuary setting.

Hospital Chaplains have kindly offered to support, advise and occasionally where there has been contact with a family, to officiate at a service. We will not routinely offer their services if they have not had prior contact with the family.

Paperwork Required

- **Certificate of Stillbirth** (Cremation 9) (see appendix 5).
- **Medical Certificate of Stillbirth** (see appendix 6).

The **Death Notification Proforma** must be completed prior to transfer to the mortuary. If post-mortem is required transfer to Fetal Pathology.

4.2 Own Funeral Arrangements Without Using a Funeral Director

The woman /couple are also able to arrange a funeral without using a Funeral Director. If the women / couple decide on this option they need to consider the practicalities, i.e. transferring

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the baby etc. Please see guidance for transferring a deceased baby or child.

[Guidance for Transferring a Deceased Baby or Child](#)

Advice and guidance can be sought from;

- The Natural Death Centre <http://www.naturaldeath.org.uk/>
Tel: 01962 712 690.
- Cardiff Bereavement Services Tel: 029 2054 4820.
- Bereavement Midwife Tel: 029 2184 2187.
- Bereavement Lead Nurse Tel: 029 2184 4949.
- The Mortuary Staff Tel: 029 2184 4269.

Paperwork Required

- **Certificate of Stillbirth** (Cremation 9) (see appendix 5).
- **Medical Certificate of Stillbirth** (see appendix 6).

The **Death Notification Proforma** must be completed prior to transfer to the mortuary. If post-mortem is required transfer to Fetal Pathology.

5.0 NEONATAL DEATH

The Perinatal Mortality Surveillance Report (MMBRACE 2021) define neonatal death as 'a live born baby...who died before 28 completed days after birth'.

5.1 Own Funeral Arrangements Using a Funeral Director

If the woman / couple decide to organise their own funeral, this can be arranged with the help of a Funeral Director. Most Funeral Directors do not charge for their services but some do so the woman / couple must be made aware of this. Please see guidance for transferring a deceased baby or child.

[Guidance for Transferring a Deceased Baby or Child](#)

Paperwork Required

- **Medicate Certificate of Cause of Death**– to be completed by a doctor involved in the care of the baby. Two certificates

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available; one for a baby of less than 28 days of age (appendix 7) and another for a baby of more than 28 days of age (appendix 8).

- **Cremation form 4** (see appendix 9) – must be completed by a doctor involved in the care of the baby. For further guidance and advice contact the Bereavement Office Tel: 029 2184 2789 or the Mortuary Staff Tel 029 2184 4269.

The **Death Notification Proforma** must be completed prior to transfer to the mortuary.

5.2 Own Funeral Arrangements Without Using a Funeral Director

The woman /couple are also able to arrange a funeral without using a Funeral Director. If the women / couple decide on this option they need to consider the practicalities, i.e. transferring the baby etc. Please see guidance for transferring a deceased baby or child.

[Guidance for Transferring a Deceased Baby or Child](#)

Advice and guidance can also be sought from:

- The Natural Death Centre <http://www.naturaldeath.org.uk/>
Tel: 01962 712 690.
- Cardiff Bereavement Services Tel: 029 2054 4820.
- Bereavement Midwife Tel: 029 2184 2187.
- Bereavement Lead Nurse Tel: 029 2184 4949.
- The Mortuary Staff Tel: 029 2184 4269.

Paperwork Required

- **Medicate Certificate of Cause of Death**– to be completed by a doctor involved in the care of the baby. Two certificates available; one for a baby of less than 28 days of age (appendix 7) and another for a baby of more than 28 days of age (appendix 8).
- **Cremation form 4** (see appendix 9) – must be completed by a doctor involved in the care of the baby. For further guidance and advice contact the Bereavement Office Tel: 029 2184 2789 or the Mortuary Staff Tel: 029 2184 4269.

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The **Death Notification Proforma** must be completed prior to transfer to the mortuary.

6.0 A HOSPITAL POST-MORTEM EXAMINATION FOR A FETUS OF LESS THAN 24 WEEKS GESTATION

6.1 Communication

- Inform the staff at the Fetal Pathology Unit of the potential post-mortem examination: Tel 029 2184 4025.
- If there are any specific queries they should be addressed with the staff at the Fetal Pathology Unit or one of the Paediatric Pathologists. Tel 029 2184 2706. Paediatric Pathology Secretary 029 2184 8421.

6.2 Hospital Post-Mortem Examination at the Fetal Pathology Unit

A sensitive discussion is required with the woman/couple following the death of the fetus regarding the potential of a hospital post-mortem examination. This can be a limited, external or a full examination, but obviously potential findings could be limited dependent upon the extent of the examination. The woman /couple should be provided with impartial, objective information delivered in a sensitive and empathetic way ensuring their beliefs and values are adhered to (Heazell et al 2012).

Guidance should be sought from the woman/couple regarding appropriate timings e.g. if the pregnancy is to end due to fetal anomalies they may wish to have a conversation prior to the delivery.

There is a **hospital guide to the post-mortem examination of a fetus, baby or child** that should be offered to the woman prior to taking consent and any questions asked, appropriately answered. Please enquire with the Bereavement Midwife on 029 2184 2187 for a current version of this guide or contact the Bereavement Office on 029 2184 2789.

Consent must be sought by a member of staff who is appropriately trained and whose details are held on the

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database. This information is accessible via Cellular Pathology
Tel: 029 2184 4277.

6.3 Paperwork required

- **A post-mortem examination consent form** (see appendix 10).
- **Request for fetal, perinatal or infant post-mortem examination form** (see appendix 11).
- **Chain of custody form** (see appendix 12).

7.0 A HOSPITAL POST MORTEM EXAMINATION FOLLOWING A STILLBIRTH OR NEONATAL DEATH

If a baby is more than 24 weeks gestation, their examination will take place in the mortuary.

7.1 Communication

- Inform the Paediatric Pathologist's Secretary of the pending post-mortem examination. Tel: 029 2184 8421 .
- If there are any specific queries they should be addressed with one of the Paediatric Pathologists.

7.2 Hospital Post-Mortem Examination at the Mortuary

A sensitive discussion is required with the woman following the death of her baby regarding the potential of a hospital post-mortem examination. This can be a limited, external or a full examination, but obviously potential finding could be limited dependent upon the extent of the examination. The woman should be provided with impartial, objective information delivered in a sensitive and empathetic way ensuring their beliefs and values are adhered to (Heazell et al 2012).

Guidance should be sought from the woman / couple regarding appropriate timings e.g. if the pregnancy is to end due to fetal anomalies they may wish to have a conversation prior to the delivery.

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There is a **hospital guide to the post-mortem examination of a fetus, baby or child** that should be offered to the woman prior to taking consent and any questions asked, appropriately answered. Please enquire with the Bereavement Midwife on 02921 842187 for a current version of this guide or contact the Bereavement Office on 029 2184 2789.

Consent must be sought by a member of staff who is appropriately trained and whose details are held on the database. This information is accessible via Cellular Pathology Tel: 029 2184 4277.

7.3 Paperwork Required

- **A post-mortem examination consent form** (see appendix 10).
- **Request for fetal, perinatal or infant post-mortem examination form** (see appendix 11).

8.0 Management of Mementoes

It is essential that the woman / couple are allowed time and privacy with their fetus / baby if they wish, and they should be supported through their decisions.

The staff caring for the woman/ couple should ensure that:

- accurate identification bands are applied to the fetus /baby, including both the mother /father's/partner's names if they are not married and the sex of the fetus /baby if known.
- the fetus / baby's weight and length is recorded.
- where possible, a lock of hair can be taken with verbal consent. This should be clearly documented in the notes.
- they offer a memory box and blanket and provide SANDS information leaflets – if required.
- they offer to contact a relevant Minister, if required. The hospital Chaplaincy team are contactable 24/7 as they provide an on call service. This can be for spiritual as well as religious support.
- an inscription can be completed in the memorial book in the Sanctuary on B5 if the woman /couple wish (see appendix 13).

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- they offer printed hand and foot prints.
- the woman /couple are aware that photos can be taken by themselves if this is their wish.
- if possible, the opportunity to have photographs taken by Media Resources is offered. If required, a request for clinical photography / video form must be completed. Photographs can be taken on the unit and also at the mortuary. If photographs are to be taken at the mortuary you will need to liaise with colleagues at the mortuary Tel: 029 2074 4269 and also Media Resources (see appendix 14).
- A referral to 2 Wish is completed, if applicable, and family give consent.

The **Death Notification Proforma** must be completed prior to transfer to the Mortuary.

When the woman / couple are ready, the baby should be transferred to the Mortuary by the porter, accompanied by a staff member.

Once transferred to the Mortuary the baby must not be transferred back to the unit /ward unless in exceptional circumstances. This must be discussed and agreed with the Mortuary staff Tel: 029 2184 4269.

9.0 Burial on Private Land

There is no legal prohibition affecting the burial on private land, provided that:

- the owner of the land gives permission, for example in the case of rented property.
- there is no interference with any rights that others may have over the land. If the property is mortgaged, it may be prudent to inform the mortgage company before the burial takes place as it may affect the resale of the property. It may also be prudent to consult the appropriate authority if the property is in a conservation area.
- that no danger is caused to others, for example, through pollution of ground water, surface water or water courses, or by body fluids leaking into or onto adjoining land.
- the body is buried at an appropriate depth.
- the fetus / baby must be buried in a bio degradable 'container'. Please refer to Environment Agency's document *Funeral practices, spreading ashes and caring for the environment*.

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- In the case of a neonatal death, parents who wish to bury their baby themselves must notify the Registrar of Births, Deaths and Marriages of the date and place of burial within 96 hours of the burial taking place (Schott et al 2007).

If the woman / couple decide on this option, it is imperative that discussions take place, particularly around any potential future house moves, to ensure they make an informed decision. Contact the Bereavement Lead Nurse for support and advice regarding this on 029 2184 4949.

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11.0 APPENDICES

Appendix 1	Certificate of Medical Practitioner (Spontaneous loss)
Appendix 2	Certificate of Medical Practitioner (Therapeutic abortion)
Appendix 3	Draft Multiple Certificate / Application for Cremation of Fetal Remains
Appendix 4	Consent for Sensitive Disposal of Pregnancy Remains (gestational age less than 24 weeks).
Appendix 5	Certificate of Stillbirth (Cremation 9)
Appendix 6	Medical Certificate of Stillbirth
Appendix 7	Medical Certificate of Cause of Death for Less than 28 days of Life
Appendix 8	Medical Certificate of Cause of Death for More than 28 days of Life
Appendix 9	Cremation form 4
Appendix 10	Consent for a Post -Mortem Examination of a Fetus, Baby or Child
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Appendix 1 – Certificate of Medical Practitioner – Spontaneous pregnancy loss

CERTIFICATE OF MEDICAL PRACTITIONER IN RESPECT OF FOETAL REMAINS (OBS ANS GYNAE)



CARDIFF COUNCIL
BEREAVEMENT SERVICES DIVISION
THORNHILL ROAD, LLANISHEN,
CARDIFF. CF14 9UA
TEL 029 2062 3294 FAX 029 20692904

CYNGOR CAERDYDD
ADRAN GWASANAETHAU PROFEDIGAETH
THORNHILL ROAD, LLANISIEN,
CAERDYDD. CF14 9UA
FFON 029 2062 3294 FFACS 029 20692904

Certificate of Medical Practitioner in Respect of Foetal Remains

I hereby certify that I have examined the foetal remains of (mother's name)

.....

of (address)

.....

.....

.....

delivered on (date) at a.m./p.m.

of weeks gestation, and that at no time was there any sign of life.

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

Signature

PRINT name

Date

Address.....

.....

Telephone Number (office hours)

Registered Qualifications

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Appendix 2 – Certificate of Medical Practitioner – Therapeutic abortion

CERTIFICATE OF MEDICAL PRACTITIONER IN RESPECT OF FOETAL REMAINS SOCIAL TOP



CARDIFF COUNCIL
BEREAVEMENT SERVICES DIVISION
THORNHILL ROAD, LLANISHEN,
CARDIFF. CF14 9UA
TEL 029 2062 3294 FAX 029 20692904

CYNGOR CAERDYDD
ADRAN GWASANAETHAU PROFEDIGAETH
THORNHILL ROAD, LLANISIEN,
CAERDYDD. CF14 9UA
FFON 029 2062 3294 FFACS 029 20692904

Certificate of Medical Practitioner in Respect of Foetal Remains

I hereby certify that I have examined the foetal remains of (Unique identifier)

.....

Expelled / removed / delivered on (date) at a.m./p.m.

of weeks gestation. and that at no time was there any sign of life.

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

Signature Date

PRINT name

Address.....

.....

Telephone Number (office hours)

Registered Qualifications

✂ -----

Detach this section before disclosure to the local authority

Addressograph

Unique Identifier

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Appendix 4: Consent for the sensitive disposal of pregnancy remains (gestational age under 24 weeks)

Consent for the Sensitive Disposal of Pregnancy Remains (gestational age less than 24 weeks)

Addressograph	<p><i>This form enables the patient to consent for the respectful disposal of pregnancy remains and fetal material delivered before the 24th week of gestation.</i></p> <p><i>Completion of this document is the responsibility of the Healthcare professional looking after the patient</i></p>
---------------	---

This document relates to the pregnancy diagnosed by *(please circle method of diagnosing pregnancy & date)*
USS / urine pregnancy test / serum beta-HCG on

Healthcare Professional: please record outcome of discussion on disposal here:

Either

☐ The above patient has requested & received verbal and written information about pregnancy remains disposal and has completed the relevant consent below.

Or

☐ The above patient declines involvement in the disposal process.
Cardiff & Vale UHB will take responsibility for this by incineration.

Name..... GMC/NMC-PIN.....

Signature..... Date.....

Patient: please record your wishes on disposal of pregnancy remains here

- ☐ I consent to communal cremation arranged by the hospital
- ☐ I consent to incineration arranged by the hospital
- ☐ I wish to make my own private funeral arrangements
- ☐ I wish to take the pregnancy remains home
- ☐ I am undecided about disposal of my pregnancy remains and will contact the hospital within 12 weeks about my decision. I understand that the hospital will arrange disposal by sensitive incineration if no contact has been made during this time. I understand that the hospital will get in touch after six weeks to help me reach a decision.

Print name.....

Signature..... Date.....

If further investigations are indicated, please use the relevant genetics and post-mortem request / consent forms.

*Consent for further investigations is **not required** for histology examination. For samples of patient who had requested cremation or other involvement, no extra form is required for the histology samples.
Copies of this document **must** accompany samples for histological examination to ensure disposal is in line with the patient's wishes.*

Cardiff & Vale UHB, Department of O&G

Final Version 2.0; 4th December 2018

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Appendix 5 – Certificate of Stillbirth

Certificate of stillbirth

Cremation 9
introduced in 2009

01.06

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 The stillborn child

Full name of child or description

Sex

☐ Male ☐ Female

Date of stillbirth

 / /

Part 2 Certificate of stillbirth

I am a registered

☐ medical practitioner

☐ midwife

I certify that I have examined the body of the stillborn child and can certify that the child was stillborn.

I certify that the information I have given above is true and accurate to the best of my knowledge and belief.

I am aware that it is an offence to wilfully make a false statement with a view to procuring a cremation.

Your full name

Address

Registered qualifications

GMC reference number / Nursing and Midwifery Council Personal Identification number (PIN)

Signed

Dated

 / /

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Appendix 6 – Medical Certificate of Stillbirth

MEDICAL CERTIFICATE OF STILL-BIRTH
TYSTYSGRIF FEDDYGOL UN MARW-ANEDIG
(Births and Deaths Registration Act 1953, Section 11, as amended by the Population (Statistics) Act 1960)
(Form prescribed by the Registration of Births and Deaths (Welsh Language) Regulations 1987)
NOTE:—This form must be completed in English or in English and Welsh but NOT in Welsh alone.

SB 343954

Sample copy

To be given only in respect of a child which has issued forth from its mother after the 24th week of pregnancy and which did not at any time after being completely expelled from its mother breathe or show any other signs of life.
I'm rhoi yn unig yaglyn â phlentyn a ddaeth o'i fam ar ôl iddi fod yn feichiog am fwy na podwys wythnos ar hugain ac na fu lldo unthw amser ar ôl iddo gael ei ferw allan yn llwyr o'i fam, anafio neu ddiogon unthw arwyddon eraill o fywyd.

I was present at the still-birth of a ^{male} child born ^{female}

Yr oeddwn yn bresennol yn ystod marw-enedigaeth plentyn ^{gwryw} a anwyd ^{benyw}

I have examined the body of a ^{male} child which I am informed and believe was born ^{female}

Yr wyf wedi archwilio corff plentyn ^{gwryw} y dywedir wrthyf ac y credaf iddo gael ei eni ^{benyw}

on day of 19..... to
ar dydd o fis i (Name of mother) (Enw'r fam)

at (Place of birth)

yn (Lle y ganwyd)

1. The certified cause of death has been confirmed by post-mortem.
Cadarnhawyd â post-mortem achos ardstiedig y farwolaeth.
2. Information from post-mortem may be available later.
Dichon y byddi gwybodaeth a gafwyd o'r post-mortem ar gael yn ddiweddarach.
3. Post-mortem not being held.
Ni chynhelir post-mortem.

Weight of fetus grams
Pwysau'r ffetus gram
Estimated duration of pregnancy
Amcangyfrif o barhad y beichiogiad
State (a) the number of weeks at delivery
Nodwch (a) nifer yr wythnosau adeg y marw-eni
(b) when the child died
pryd y bu'r plentyn farw
(i) before labour* (ii) during labour* (iii) not known*
oyn yr egor* yn ystod yr egor* nid yw'n hysbys*

CAUSE OF DEATH
ACHOS Y FARWOLAETH

a. Main diseases or conditions in fetus
Prif glefydau neu gyflyrau a berthynai i'r ffetus

b. Other diseases or conditions in fetus
Clefydau eraill neu gyflyrau a berthynai i'r ffetus

c. Main maternal diseases or conditions affecting fetus
Prif glefydau mamol neu gyflyrau a effeithiai ar y ffetus

d. Other maternal diseases or conditions affecting fetus
Clefydau mamol eraill neu gyflyrau a effeithiai ar y ffetus

e. Other relevant causes
Achosion perthnasol eraill

I hereby certify that (i) the child was not born alive, and
(ii) to the best of my knowledge and belief the cause of death and the estimated duration of pregnancy of the mother were as stated above.

Tystiaf drwy hyn (i) na anwyd y plentyn yn fyw, a
(ii) hyd y gwn ac y credaf i fod achos y farwolaeth ac amcangyfrif o barhad beichiogiad y fam fel a fynegir uchod.

Signature } Date
Llofnod } Dyddiad

Qualifications as registered by General Medical Council or
Registered Number as Registered Midwife.
Cynwysierau fel y cofrestrwyd hwy gan y Cyngor Meddygol Cyffredinol
neu Rhif Cofrestru fel Bydwraig Gofrestredig. }

Address
Cyfeiriad

For still-births in hospital: Please give the name of the consultant responsible for the care of the mother
Yn achos marw-eni mewn ysbyty: Rhodwch enw'r ymgynghorydd oedd yn gyfrifol am edrych ar ôl y fam

THIS IS NOT AN AUTHORITY FOR BURIAL OR CREMATION (SEE OVER) NID YW HON YN AWDURDODI CLADDU NEU GORFFLOSHI (GWELER TROSODD)

Appendix 8 – Medical Certificate of Cause of Death for More than 28 days of Life

[illegible]

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Appendix 9 – Cremation form 4

Statutory medical forms **4 & 5** to be used in place of forms **B & C** for cremations from 1st January 2009.

Any questions regarding the completion of these forms should be addressed to:

The Medical Referee
Cardiff Crematorium
Thornhill Road
Llanishen
Cardiff
CF14 9UA

Tel: 029 2062 3294
Fax: 029 2069 2904
Email: thornhillreception@cardiff.gov.uk
www.cardiff.gov.uk

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Appendix 10 – Consent for a Post -Mortem Examination of a Fetus, Baby or Child



Consent Form for a Post-Mortem Examination of a Fetus, Baby or Child

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Appendix 11 – Request for Fetal, Perinatal or Infant Post Mortem Examination

EF-MOR-PMRequest

Revision 1.0

4.12.13

Paediatric Pathology Service for Wales

Department of Pathology, University Hospital of Wales, Heath Park, Cardiff CF14 4XW

Professor Gordan Vujanic, Professor of Paediatric Pathology, 029 2074 4649, vujanic@cf.ac.uk

Dr Ed Lazda, Senior Lecturer in Paediatric Pathology, 029 20 742703, lazdaej@cf.ac.uk

Paediatric Pathology Secretary

Tel 029 2074 2706

Fax 029 2074 8490

Fetal Pathology Unit

Tel 029 20 744025

Fax 029 20 744074

Request for fetal, perinatal or infant post mortem examination

Please complete all relevant sections of this form to ensure appropriate examination and avoid delay

Form completed by

Name.....

Signature.....

Hospital / tel no. / bleep no.....

Contact for discussion or further information

Name.....

Signature.....

Hospital / tel no. / bleep no.....

Mother details

Addressograph

Name.....

Address.....

Postcode.....

Hospital No..... Date of Birth.....

Date of delivery.....

Consultant; referring hospital & ward.....

Surname.....

First name.....

Date/time of birth.....

Date/time of death.....

Hospital number.....

Consultant.....

Infection risk

This is required information. See "Safe working and the prevention of infection in the mortuary and post-mortem room", HSE, 2003.

Is there any danger of infection (HIV, viral hepatitis, TB, etc) from the baby or placenta? **Y / N**

Specify:.....

Any special points of interest?

Mother's medical history

Blood group.....

Past obstetric history

Date; gestation; weight; details of pregnancy, labour and delivery

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Details of current pregnancy

Gestational age LMP..... EDD..... Gest (by dates)..... Gest (by scan).....

Non-viable fetus ☐ Stillbirth ☐ Neonatal death ☐

Spontaneous miscarriage ☐ Antepartum ☐ Premature ☐

Intrauterine death ☐ Intrapartum ☐ Term ☐

Termination ☐ Reason for termination.....

Fetal anomaly? Y / N
Please give *full* details & US findings (attach copy of report)

Amniocentesis? Y / N Poly / oligohydramnios? Y / N Maternal pyrexia? Y / N

Threatened miscarriage? Y / N Hypertension or PET? Y / N Glycosuria / diabetes? Y / N

Antepartum haemorrhage? Y / N IUGR? Y / N Other problems? Y / N

Details

Labour & delivery

Last evidence of fetal life Date & time.....Duration of: First stage..... Second stage.....

Rupture of membranes Date & time.....Liquor: **Normal / Meconium / Blood / Poly / Oligo**

Labour: **Spontaneous / induced** Why?..... Presentation: **Vertex / breech / other**

Delivery: **Spontaneous / forceps / ventouse / EICS / EmCS** Indication for operative delivery.....

Fetal distress Y / N Details:

Other complications:

Fetus / infant details

Birth wt..... Sex..... Gest..... Apgar 1 min.....

Resuscitation? 2 min.....

Other.....

Congenital anomalies

Neonatal course

Brief summary of major problems, investigations and treatment

Suspected cause(s) of death

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Appendix 12 – Fetal Pathology Unit Transfer Chain of Custody Form

Cardiff and Vale UHB	Revision: 1.0	Filename: MF-HIS-FPUPorters
Cellular Pathology Services	Author: B Jenkins	Authorized by: S Gable
	Date of issue: 11/06/2012	Page 1 of 1

Cardiff and Vale University Health Board Fetal Pathology Unit Tissue Transfer Chain of Custody Form

Box 1 Name of Mother (Addressograph)

Surname.....

Forename.....

Hospital Number.....

Address.....

.....

.....

Date of Birth.....

Box 2

Date of transfer.....

Specimen type.....

Referring Hospital / Ward.....

Fax Number.....

PART A.

Signature of consigner (Cardiff and Vale UHB).....

Print name.....

Date..... Time.....

PART B.

Signature of transport driver / porter.....

Print name.....

Date..... Time.....

PART C.

Signature of consignee (FPU, UHW)

Print name.....

Date..... Time.....

The completed form will be faxed to the number included in Box 2.

MANAGEMENT FORM

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Appendix 13 – Memorial Sheet



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Pritysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Form for the addition of a name or a baby for inclusion in the University Hospital Memorial Book

Name of Child:

Sex M/F:

Date of birth:

Date of death:

Additional inscription:

.....

.....

.....

.....

.....

.....

.....

.....

Your name and address:

.....

..... **Tel No:**

**Please return this form to: Chaplaincy Department, University Hospital of
Wales, Heath Park, Cardiff, CF14 4XW.**

(There is no charge)

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Appendix 14– Media Resources Consent Form

MEDIA RESOURCES CENTRE	
REQUEST FOR CLINICAL PHOTOGRAPHY/VIDEO Re-order this form by phoning x3305 at UHW	
Patient details (ADDRESSOGRAPH) Hospital number: _____ D.O.B.: _____ Surname: _____ Sex: _____ First names: _____ <div> <input type="checkbox"/> Walking <input type="checkbox"/> Chair <input type="checkbox"/> Bed <input type="checkbox"/> Theatre </div> Consultant (NAME IN FULL): _____ Ward/Dept: _____ Tel: _____ <div> Requirements <input type="checkbox"/> Digital files for teaching <input type="checkbox"/> Prints for case-notes <input type="checkbox"/> Video </div> Diagnosis: _____ Areas to be photographed and/or instructions (PLEASE PRINT) _____ _____ _____ _____	Patient consent to be obtained by clinician <small>© All clinical photographs/videos are the copyright of the Cardiff & Vale NHS Trust</small> I consent to photograph(s)/video recording(s) being taken for my personal medical case-notes only. Patient's signature _____ Date _____ I consent to photograph(s)/video recording(s) being taken for my personal medical case-notes and being used for teaching of medical, dental, nursing and healthcare staff and students in the UK and abroad. <i>The patient has the right to withdraw their consent at any time by contacting the Media Resources Centre at University Hospital of Wales.</i> Patient's signature _____ Date _____ I consent to my photograph(s)/video recording(s) being published in an open access journal, textbook or other form of medical publication (which may include the internet), and therefore may be seen by the general public as well as medical professionals. <i>Although the patient has the right to withdraw consent it is not possible to withdraw published material.</i> Patient's signature _____ Date _____ Full name and signature of medical practitioner requesting illustrations and obtaining consent. Name (PLEASE PRINT) _____ Position (IF OTHER THAN CONSULTANT) _____ Signature _____ Date _____