

Reference Number: UHB 370 Version Number: 1	Date of Next Review: 28th Sept 2020 Previous Trust/LHB Reference Number: UHB 218
Fetal Remains, Stillbirth and Neonatal Death Procedure	
Introduction and Aim This procedure is supporting the Fetal Remains, Stillbirth and Neonatal Death Policy UHB 218 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.	
Objectives <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. 	
Scope This procedure applies to all of our staff in all locations including those with honorary contracts Whilst the policy and procedure does not specifically relate to the Health Boards contractors, as a UHB wide policy, elements of it may be used as good practice guidance in Primary Care.	
Equality 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 supporting procedure.

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Documents to read alongside this Procedure	UHB 218 Fetal Remains, Stillbirth And Neonatal Death Policy Version 2 Guidance for Transferring a Deceased Baby or Child
Approved by	Board 28 th September 2017

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<u>Disclaimer</u> 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 of Review Approved	Date Published	Summary of Amendments
1	28/09/2017	01/11/2017	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.

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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.

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. 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.

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- 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 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.
- 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 Senior Nurse Bereavement Services:

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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 'spontaneous premature expulsion of a fetus from the womb' (<https://www.tommys.org/pregnancy-information/pregnancy-complications/miscarriage>).

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.

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

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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 if required. If the baby is not reviewed by a medic during this time then it is likely that the death will require Coronial 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** 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 Hospital Management

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).

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.

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- there will be no individual ashes and the ashes following the cremation will be scattered at the ILEX garden within Thornhill Crematorium grounds.
- a service is conducted by a hospital Chaplain each month. The service includes readings, poems and prayers and the woman /couples /family are welcome to attend if they wish.
- 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** form (Appendix 4). This must be completed by the woman.
- 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** 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, so the woman must be informed of this. Advice can be sought from the Bereavement Midwife or Senior Nurse Bereavement Services.

Paperwork required:

- **Certificate of Medical Practitioner in Respect of Fetal Remains** (see appendix 1 or 2).

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- **Consent for Sensitive Disposal of Pregnancy Remains** form should be completed (see appendix 4)

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

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 20544820.
- Senior Nurse Bereavement Services Tel: 029 20744949.
- The Mortuary Staff Tel: 029 20744269.
- [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** form should be completed (see appendix 4).

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

3.4 Undecided Option

- 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 Senior Nurse Bereavement Services and is clearly documented on the **Consent for Sensitive Disposal of Pregnancy Remains** form (see appendix 4).

After 6 weeks, the Senior Nurse Bereavement Services or nominated colleague will phone the woman to ascertain a

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decision. It is imperative that all actions are documented in the maternity notes and a decision made by 12 weeks. At 12 weeks the pregnancy remains and fetal material will be disposed of by 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** form should be completed (see appendix 4)

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

3.5 INCINERATION

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. 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 not more than 12 weeks, and the hospital considers this the most appropriate method.

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

Paperwork required:

- **Consent for Sensitive Disposal of Pregnancy Remains** form should be completed (see appendix 4)

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4.0 STILLBIRTH

The Perinatal Mortality Surveillance Report (MBRRACE 2017) define stillbirth as a baby delivered with no signs of life known to have died after 24 weeks of pregnancy, Intrauterine fetal death refers to babies with no signs of life in utero.

Stillbirth is common, 1 in 200 births ends in Stillbirth, with 1 in 3 Stillbirths occurring after 37 weeks gestation (MBRRACE 2017).

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 have approached a consortium of Funeral Directors in the locality to identify the basic funeral needs required by parents and obtained an agreement for free provision of baby funerals with optional extras if required.

This will reduce the inequalities between stillbirths and neonatal deaths, but also give clarity to parents of what can be provided and the cost.

A number of Funeral Directors have been contacted in the Cardiff and Vale area and they are happy to support our changes.

The general consensus from a cohort of Funeral Directors 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

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- 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.

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 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 20544820.
- Bereavement Midwife Tel: 029 20742187.
- Senior Nurse Bereavement Services Tel: 029 20744949.
- The Mortuary Staff Tel: 029 20744269.
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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.

5.0 NEONATAL DEATH

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 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 4/5** (see appendix 9) – must be completed by a doctor involved in the care of the baby. The doctor is also required to examine the baby following death; this can be facilitated at the mortuary if the baby has left the Neonatal Unit. For further guidance and advice contact the Bereavement Office Tel: 029 20742789 or the Mortuary Staff Tel 029 20744269.

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

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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 20544820.
- Bereavement Midwife Tel: 029 20742187.
- Senior Nurse Bereavement Services Tel: 029 20744949.
- The Mortuary Staff Tel: 029 20744269.

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 4/5** (see appendix 9) – must be completed by a doctor involved in the care of the baby. The doctor is also required to examine the baby following death; this can be facilitated at the mortuary if the baby has left the Neonatal Unit. For further guidance and advice contact the Bereavement Office Tel: 029 20742789 or the Mortuary Staff Tel: 029 20744269.

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 20744025.
- 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 20742706. Paediatric Pathology Secretary 029 20748421.

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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.

Hyperlink for a guide to the hospital post-mortem examination of a fetus, baby or child

<https://www.uksands.org/sites/default/files/Deciding%20about%20a%20post%20mortem%20LINKED.pdf>

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 20744277.

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 HOSPITALPOST MORTEM EXAMINATION FOLLOWING A STILLBIRTH OR NEONATAL DEATH

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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.
- 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.

There is a guide to the post-mortem examination of a fetus, baby or child that should be offered to the woman / couple prior to taking consent and any questions asked appropriately answered.

Hyperlink for a guide to the hospital post-mortem examination of a fetus, baby or child.

<https://www.uksands.org/sites/default/files/Deciding%20about%20a%20post%20mortem%20LINKED.pdf>

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 20744277.

7.3 Paperwork Required

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- **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).
- 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 20744269 and also Media Resources (see appendix 14).

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.

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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 20744269.

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*.
- 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 death and place of burial within 96 hours (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.

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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
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Appendix 5	Certificate of Stillbirth (Cremation 9)
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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 Sensitive Disposal of Fetal Remains

Consent for Sensitive Disposal of Pregnancy Remains and Fetal Material (Under 24 weeks)

Addressograph	Hospital:	This form enables you to consent for respectful disposal of pregnancy remains and fetal material delivered before the 24th week of gestation of the person named below. For each section please INITIAL the relevant box(s).
	Ward:	
	Date	
I can be contacted on the following number <input style="width: 100%;" type="text"/>		
Part 1 – Your wishes on disposal (Please INITIAL one box from PART 1 or PART 2)		
I wish to take the pregnancy remains home		<input type="checkbox"/>
Part 2 – Continued disposal consent		
I would like to make my own private funeral arrangements		<input type="checkbox"/>
I consent to communal cremation		<input type="checkbox"/>
I consent to incineration		<input type="checkbox"/>
I am undecided about arrangements; I understand that if I have not decided within 6 weeks then a member of the Health Board will contact me. (If by 12 weeks we have not been able to contact you, the Health Board will dispose by incineration).		<input type="checkbox"/>
I do not wish to discuss the disposal of pregnancy remains		<input type="checkbox"/>
I have had the details of the above consent explained to me and understand accordingly		
PRINT NAME:	SIGNED:	
This Section to be completed by Health Professional		
NAME:	SIGNATURE:	
POSITION:	DATE:	
Patient has declined to discuss information about this form and/or sign to consent for disposal and has been informed that the hospital will make the arrangements for incineration	Clinicians Signature:	
	Position:	
	Date:	
Where further investigation are clinically indicated. Consent can be found on this form		
Further investigation requested	YES	NO

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**Consent for Sensitive Disposal of Pregnancy Remains
(Under 24 weeks)**

This form enables you to consent for further investigation of pregnancy remains and fetal material delivered before the 24th week of gestation of the person named above.

During the process of completing this form the Health Professional assisting you will explain the different investigations available to you and any merit they may possess. You must understand fully the process involved before signing for any tests. This is called informed consent. A clinician may ask for further investigations but these can only be carried out with your permission.

Further Investigation (please INITIAL appropriate boxes)

Histological Investigation

I give consent for the pregnancy remains to undergo histological investigation. I understand that the slides and blocks taken as part of this process will be kept by the histology department. (if this investigation detects any conditions which could affect future pregnancies you will be notified)

Cytogenic Investigation

NOTE: Consent form must be completed for Cytogenetics by the mother

Post Mortem Examination NOTE: The consent for a Post-Mortem Examination of a fetus, Baby or Child form must be completed with the family.

I have had the details of the above consent explained to me and understand accordingly.

PRINT NAME:	SIGNED:
-------------	---------

This Section to be completed by Health Professional seeking consent:

NAME:	SIGNATURE:
POSITION:	DATE:

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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

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'r rhai yn unig ynghyd â phleisys a ddech o'i fam ar ôl iidd fod yn feichlog am fwy na pedwar wythnos ar hugain ac na fu iddo unrhyw amser ar ôl iddo gael ei fwrw allan yn llwyr o'i fam, anadlu neu ddatgws unrhyw arwyddion eraill o fywyd.

Registered at
Entry No.

*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..... in }
 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 ardsticodig y farwolaeth.
 2. Information from post-mortem may be available later.
 Dichos y bydd gwybodaeth a galwyd o'r post-mortem ar gael yn ddiweddarach.
 3. Post-mortem not being held.
 Ni chynhellir post-mortem.

Weight of fetus grams
 Pwysau'r ffetws 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*
 cyn yr esgor* yn ystod yr esgor* 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 ffetws	
b. Other diseases or conditions in fetus Clefydau eraill neu gyflyrau a berthynai i'r ffetws	
c. Main maternal diseases or conditions affecting fetus Prif glefydau mamol neu gyflyrau a effeithiai ar y ffetws	
d. Other maternal diseases or conditions affecting fetus Clefydau mamol eraill neu gyflyrau a effeithiai ar y ffetws	
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 â tynegir uchod.

Signature } Date
 Llofnod } Dyddiad

Qualifications as registered by General Medical Council or Registered Number as Registered Midwife.
 Cymwysterau fel y cofrestrwyd hwy gan y Cyngor Meddygol Cytffredinol 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: Rhwng 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 GORFFLŴSGH (GWELER TROSODD)

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Appendix 9 – Cremation form 4/5

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

Contact for discussion or further information

Name..... Name.....
 Signature..... Signature.....
 Hospital / tel no. / bleep no..... Hospital / tel no. / bleep no.....

Mother details

Fetus / infant details

Addressograph
 Name..... Surname.....
 Address..... First name.....
 Postcode..... Date/time of birth.....
 Hospital No..... Date of Birth..... Date/time of death.....
 Date of delivery..... Hospital number.....
 Consultant.....
 Consultant; referring hospital & ward.....

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.

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Appendix 13 – Memorial Sheet



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

<p style="text-align: center;">MEDIA RESOURCES CENTRE</p> <p style="text-align: center;">REQUEST FOR CLINICAL PHOTOGRAPHY/VIDEO Re-order this form by phoning x3305 at UHW</p>	<p style="text-align: center;">Patient consent to be obtained by clinician</p> <p style="text-align: center;"><small>© All clinical photographs/videos are the copyright of the Cardiff & Vale NHS Trust</small></p>
<p>Patient details (ADDRESSOGRAPH)</p> <p>Hospital number: _____ D.O.B.: _____</p> <p>Surname: _____ Sex: _____</p> <p>First names: _____</p> <p><input type="checkbox"/> Walking <input type="checkbox"/> Chair <input type="checkbox"/> Bed <input type="checkbox"/> Theatre</p> <p>Consultant (NAME IN FULL): _____</p> <p>Ward/Dept: _____ Tel: _____</p> <p>Requirements</p> <p><input type="checkbox"/> Digital files for teaching</p> <p><input type="checkbox"/> Prints for case-notes <input type="checkbox"/> Video</p> <p>Diagnosis: _____</p> <p>Areas to be photographed and/or instructions (PLEASE PRINT)</p>	<p>I consent to photograph(s)/video recording(s) being taken for my personal medical case-notes only.</p> <p>Patient's signature _____ Date _____</p> <p>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.</p> <p><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></p> <p>Patient's signature _____ Date _____</p> <p>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.</p> <p><i>Although the patient has the right to withdraw consent it is not possible to withdraw published material.</i></p> <p>Patient's signature _____ Date _____</p> <p>Full name and signature of medical practitioner requesting illustrations and obtaining consent.</p> <p>Name (PLEASE PRINT) _____</p> <p>Position (IF OTHER THAN CONSULTANT) _____</p> <p>Signature _____ Date _____</p>