©Milton Keynes University Hospital NHS Foundation Trust

Stillbirth, Termination of Pregnancy, and Neonatal Death after 24/40 Gestation (Care for):

Classification:	Guideline
Authors Name:	Tracy Rea, Ghaly Hanna
Authors Job Title:	Bereavement midwife, Consultant Obstetrician
Authors Division:	Women and Children's
Departments/Group this Document applies to:	Maternity

Approval Group:	**Date of Approval:**	Mar 2021
	Last Review:	Mar 2021
	Review Date:	Mar 2024

Unique Identifier: MIDW/GL/55	**Status:** Approved	**Version No:** 15.5

Guideline to be followed by (target staff): Doctors, midwives and maternity care assistance and nursery nurses

To be read in conjunction with the following documents:
None

Are there any eCARE implications? No

CQC Fundamental standards:
Regulation 9 – person centred care
Regulation 10 – dignity and respect
Regulation 11 – Need for consent
Regulation 12 – Safe care and treatment
Regulation 13 – Safeguarding service users from abuse and improper treatment
Regulation 14 – Meeting nutritional and hydration needs
Regulation 15 – Premises and equipment
Regulation 16 – Receiving and acting on complaints
Regulation 17 – Good governance
Regulation 18 – Staffing
Regulation 19 – Fit and proper

©Milton Keynes University Hospital NHS Foundation Trust

Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

Index

©Milton Keynes University Hospital NHS Foundation Trust

This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.
©Milton Keynes University Hospital NHS Foundation Trust

Guideline Statement

To enable staff to care for women and babies in cases where there has been a miscarriage, termination of pregnancy or a neonatal death over 24/40 gestation.

This document provides information for healthcare professionals caring for women who have had a Stillbirth, Termination of Pregnancy (TOP) or Neonatal Death (NND) after 24 weeks gestation. The aim is to improve the experience of care for women and their families and to ensure that all aspects of care are carried out.

- Roles and responsibilities of health care professionals
- How to ensure a consistent approach in caring for the patients following a Stillbirth/TOP/NND after 24/40 weeks gestation
- An individual care plan will be formulated following discussion between the woman and Senior Doctor. This will be recorded within the case notes. Commence Checklist (see Appendix 2).
- If an admission to labour ward is required, arrangement of a date and time should be made following agreement with the patient
- Guidance on: - If a TOP is being carried out and it is considered that there is a risk of the baby being born alive, then the Obstetrician must agree with the Paediatrician in advance what interventions will be offered to the baby. This must be documented in the notes. The use of Feticide should be considered
- Guidance on: - If TOP, you need to check prior to the procedure, that two Doctors have completed HSA4-form part 1. TOP is performed at the patients request where there is substantial risk that if the child was born it would suffer from such physical or mental abnormalities as to be seriously handicapped (Abortion Act 1967, section 1(d)
- After TOP, the doctor carrying out the procedure must complete HSA4-form part 2

Executive Summary

- All stillbirths, Termination of Pregnancy and Neonatal deaths over 24 weeks gestation **MUST** all be referred to the coroner (See checklist - Appendix 3)
- The document applies to all clinical areas that manage women who have a loss over 24 weeks gestation

Definitions
Key messages

- **Please check EDD.** If diagnosed before 24 weeks but delivered after 24 weeks, **this is not a stillbirth. It is a miscarriage.**
- Please put the woman's name in the ward clerk's book and ask her to cancel all consultant and ultrasound appointments. **Do not make them an appointment. The bereavement midwife will arrange this.**
- **Ensure** the families are given the bereavement midwife's contact details so that she can offer support the family. Please make sure you document the woman's contact number on the checklist**.**
- Ensure women are admitted if IUD diagnosed with severe PET as they are at risk of Eclampsia and associated morbidity and mortality
- Fetal demise at any gestation: 1500 IU must be administered at diagnosis and repeated following the birth.

1.0 Roles and Responsibilities:

This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.
©Milton Keynes University Hospital NHS Foundation Trust

It is everybody's role and responsibility to ensure that all communication is documented and that any decisions made are with the family's understanding and consent. At all times, parents should be informed of what is happening. If there is any doubt of a language barrier then an interpreter should be involved in their care.

1.1 Obstetricians

- Introduce themselves
- Breaking bad news
- Scan for confirmation of death and/or arrange a departmental scan
- Prescribing medication for induction of labour
- Complete legal forms, for termination of pregnancy, if applicable
- Gain consent for termination of pregnancy, if applicable
- Gain consent for Post Mortem (PM) (See Appendix 4)
- Give moral support
- Ensure that a management plan is organised and written on page 4 in the birth record
- Be available for questions
- Provide input if necessary
- Provide ongoing care as required

1.2 Paediatricians

- Possible attendance at birth – see appendix 1

1.3 Midwives

- Introduce themselves
- Give one to one care
- Obtaining and administrating correct prescribed medication
- Follow the management plan set by Obstetrician
- Follow policy, procedures and guidelines
- Complete the checklist
- Give informed choice
- Continuity of care if possible
- Inform the Chaplain and Bereavement Midwife
- Deliver baby
- Ensure that the checklist is completed in full. This is part of your record keeping
- Discuss and gain consent for post mortem if competent

1.4 Antenatal and Newborn Screening Midwives (if TOP)

- Ensure that careful, sympathetic, supportive and detailed counselling regarding the anomaly has been provided including the prognosis and probability of effective treatment
- If opinion at a tertiary hospital is appropriate, ensure that this has been offered and consent gained if accepted

©Milton Keynes University Hospital NHS Foundation Trust

- Explain possibility of the risk of a live birth and its implications. For all TOP's with a gestational age more than 21 weeks and 6 days, feticide should be explained and encouraged to ensure that the fetus is born dead. This is performed by an appropriately trained practitioner
- Provide ARC (Antenatal Results and Choices) booklet and other relevant support organisations
- Inform the Bereavement Midwife

Feticide

For all terminations at gestational age 20 weeks intracardiac potassium chloride is the recommended method to ensure that the fetus is not born alive and the dose chosen should ensure that fetal asystole has been achieved. An appropriately trained practitioner should undertake this. It should be confirmed by observing the fetal heart by an ultrasound scan for five minutes. Additionally, it is mandatory to confirm asystole by an ultrasound scan 30-60 minutes after the procedure, and definitely before the patient leaves the hospital (RCOG, 2010, p.31).

Equipment required:
- Ultrasound Scan
- Sterile procedure pack
- 15 cm needle
- 3 x 1 ml syringe
- 1 x orange needle
- 2 x green needle
- Temazepam 20mg (pre-medication)
- Strong potassium chloride (15%) for injection 1 x 10ml ampoule
- Heparin 1:1,000 1 ampoule

Admission arrangements for the patient and the designated place for the procedure are made on an individual patient episode.

When no appropriately trained practitioner is available within the unit the Antenatal and Newborn Screening Co-ordinator will arrange for referral to an appropriate Tertiary Referral Centre.

1.5 Bereavement midwife

- Be available to staff for support, help and advice
- Ensure that packs are made up ready for the midwife to take care of women who have lost their baby
- Ensure contact is made with the family as soon as appropriate, this can be before, during or after birth
- Discuss their wishes and offer support, this could be from the induction period to their options regarding funeral arrangements
- Discuss and gain consent for post mortem
- Discuss and give options for funeral arrangements
- Give contact details, landline, mobile and email so that anyone can contact the Bereavement Midwife, whatever their circumstances
- Keep in touch with the family and be available to support their wishes. i.e. go to their home if requested
- Keep their notes and ensure that they are filed correctly, that the most current blood results are included and the post mortem report if indicated. Blank history sheets put in the notes for the Consultant to write on
- Once all results/reports are available the Bereavement Midwife to make a Consultant appointment roughly within 10-14 weeks post birth for the family to come and discuss what happened and for the Consultant to answer any questions posed to them. Future pregnancies are normally discussed.
- Family advised to contact the Bereavement Midwife if they need any further advice or support

©Milton Keynes University Hospital NHS Foundation Trust

- Woman to contact the Bereavement Midwife in future pregnancies to ensure early antenatal/Consultant care

1.6 Chaplaincy and spiritual care

The Chaplain can:

- Offer a 24 hour service of blessing for the baby
- Give emotional and spiritual support to parents and wider family as appropriate regardless of their faith tradition if any
- Give advice on specific religious requirements of major faith traditions
- Help staff contact a faith community leader for the parents' faith tradition if required
- Help with practical ideas about funeral services
- In certain circumstances conduct funeral services
- Offer informal staff support
- Offer formal staff support by facilitating or sharing in a de-briefing process

2.0 Implementation and dissemination of document

This guideline is available on the internet and has followed the guideline review process prior to publication

3.0 Processes and procedures

3.1 Psychological support

There are steps that staff can undertake to help parents during their stay. These include:

- Keeping them fully informed about what is happening or going to happen
- Being aware of the importance of privacy
- When giving parents information to make choices it may be necessary to repeat yourself. Let them know it is all right to take time and that they can change their minds
- Whenever possible talk to parents together

©Milton Keynes University Hospital NHS Foundation Trust

- Check EDD, if it is known that the baby has died before 24 weeks but delivered after 24 weeks, this is not a stillbirth. It is classed as a miscarriage. This evidence must be clearly detailed in the mother's notes. i.e. Scan report (RCOG, 2005)
- Give parents the opportunity to be with their baby
- Speak honestly to parents and do not hurry them
- Listen to what they say and do not say
- Remember non-verbal communication skills as well as verbal
- The birth environment contributes to the woman's perception and ability to cope
- Offer Chaplaincy / spiritual support
- To prevent stress to families a recommended mortuary fridge with a lock (key kept in the CD cupboard) is in the baby room on labour ward which can be used. If the baby is born out of hours or if the parents indicate that they would like to see their baby again, this would prevent the baby having to go back and forth to the mortuary
- Please discuss photographs. If they are reluctant to have any please emphasise that some people do change their minds and it may be useful to keep a copy in their notes for them if their change their mind. This photograph is for them and not for medical records.
- Photographs can be taken by the Bounty Photographers. Please check with the family whether they would like this.
- Photographs are more effective if taken against a blue or green background. A photograph of the baby being held in a pair of hands is also a nice gesture.

3.2 Care on labour ward

Confirmation of fetal death

Diagnosis of intrauterine death in women presenting to Antenatal Day Assessment Unit or Labour Ward should be confirmed by ultra sound scan. Registrars may request a consultant to confirm the diagnosis or may arrange a departmental scan, depending on individual circumstances.

Mifepristone

Mifepristone, an antiprogestogenic steroid, sensitises the myometrium to prostaglandin-induced contractions and ripens the cervix (Joint Formulary Committee, BNF: 2021)

If induction of labour is required, the medication of choice is: -

If the pregnancy is between 24 weeks and 27+6 weeks

- **Mifepristone** 200mg orally 36-48 hours prior to admission (for TOP's – ANNBS to ensure medication correctly prescribed and obtained from pharmacy prior to the woman attending ANNBS). For women who require Mifepristone other than for TOP, Labour Ward has their own supply in the controlled drug cupboard.
- Arrange for admission to 36 – 48 hours following administration of Mifepristone.
- On admission 100mcg **Misoprostol** inserted vaginally – woman to lay flat for 30 minutes
- 6 hourly 100mcg **Misoprostol** (can be given vaginally or orally) , (maximum 5 doses)
- Maternal observations Temperature and Blood Pressure, prior to each dose. This should be clearly documented, a MEWS chart initially and then when you commence the birth record, ideally on the partogram
- If labour does not establish within 24 hours, the Consultant should review the management plan

This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.
©Milton Keynes University Hospital NHS Foundation Trust

If the pregnancy is more than 28 weeks gestation

- **SINGLE Mifepristone** 200mg orally

- **Misoprostol** to commence 24-48 hours from the 1st dose of **Mifepristone** if labour has not commenced. 50 micrograms to be given 4 hourly (first dose vaginally, then following doses can be vaginally or oral). Maximum 5 doses. Vaginal route is associated with shorter time to delivery.

- In the presence of a scarred uterus, a second dose of **Mifepristone** can be given 24 hours after the last dose. The dose of **misoprostol** can be reduced to 25 micrograms, however in women with only one previous caesarean, the risk of rupture is similar to the background rate, therefore a dose of 50 microgram is acceptable.

- Mechanical methods with a balloon are not recommended due to the higher chance of ascending infection, however in the presence of >2 Caesareans, it can be considered.

Expectant management

- "If the woman is physically well, her membranes are intact and there is no evidence of pre-eclampsia, infection or bleeding, the risk of expectant management for 48 hours is low." (RCOG, 2010, p.12)

- "Women should be strongly advised to take immediate steps towards delivery if there is sepsis, preeclampsia, placental abruption or membrane rupture, but a more flexible approach can be discussed if these factors are not present."

- Well women with intact membranes and no laboratory evidence of DIC should be advised that they are unlikely to come to physical harm if they delay labour for a short period, but they may develop severe medical complications and suffer greater anxiety with prolonged intervals. Women who delay labour for periods longer than 48 hours should be advised to have testing for DIC twice weekly (Table 1)." (RCOG, 2010, p.12)

If induction of labour fails

- A second round of misoprostol can be considered after 24 hours "rest period"
- **Gemeprost** 1mg pessary inserted into the posterior fornix 3 hourly for a maximum of 5 doses or until labour establishes
- If a second course is required it may begin 24 hours after start of treatment, usually the following morning
- If two courses are unsuccessful then further treatment must be discussed with the Consultant in charge of the case

NB: In the presence of a uterine scar and in grand multips (Para 4 or above) the dose of Gemeprost 1mg should only be administered every 4 hours.

- Gemeprost takes approximately 30 minutes to defrost
- Once prescribed by an Obstetrician a Midwife may insert the first and subsequent doses
- If syntocinon is required refer to Induction of Labour (IOL) guidelines

Care in labour

- Women will be cared for on Labour Ward following the diagnosis

©Milton Keynes University Hospital NHS Foundation Trust

- A light diet may be taken until the onset of regular contractions then fluids only. **Ranitidine** 150mg orally should be given 6 hourly. A choice of analgesia should be discussed, this may include opiate analgesia, Intramuscular or via a PCA (Patient Control Analgesia) or an epidural

- A birth record should be generated for any woman over 24 weeks gestation once in established labour

- The same standard of care should be provided to all women, regardless of the outcome

Post birth

- Ensure parents have privacy and opportunity to bathe, dress and cuddle their baby if they wish. Family visiting should be as per parent's wishes

- Arrangements should be made to see the Bereavement Midwife to offer support and discuss any questions they may have.

MEDICAL PRESENCE *when a live birth*

If it is expected that the baby could be born alive, a Paediatrician must attend the birth.

If a termination of pregnancy or a known abnormality where the baby is not compatible with life, a paediatrician or ideally an obstetrician MUST attend as the baby needs to be seen alive and dead to be able to issue a certificate (form 4). They have to have a GMC number (Births ands Deaths Registration Act 1953, Section 11).

The paediatrician team will not resuscitate if it is a TOP

Include:

- Send placenta in a dry pot to the laboratory, ensuring that labels are on the pot, not the lid with the blue histology card
- PM booklet must be completed if baby is having a postmortem. Ensure that the booklet goes with the baby to the mortuary and that two copies are taken out. One to be given to the parents and the other copy is kept in the maternal note
- If abnormities are indicated prior to birth, send all relevant paperwork with baby to the Mortuary i.e. scan report attached the post-mortem consent form. This will help Oxford when a post mortem is being performed

©Milton Keynes University Hospital NHS Foundation Trust

- Post-mortem declaration (consent) signed (See Appendix 4) · White disposal form (always sent)
- Any baby with congenital abnormality or dysmorphic features must have a biopsy taken from placental cord insertion, send in pink transport medium (kept in freezer on ward nine) with a white Churchill Hospital cytogenetics request form (Kept in the filing cabinet in the baby room) and send to Histopatholgy

4.0 Viewing the baby

- Ideally if parents indicate that they will want to see their baby before leaving labour ward, keep the baby in the fridge, in the baby room on labour ward.

- Should the parents wish to see their baby once he/she has gone to the mortuary, ideally they should arrange this through their chosen Funeral Directors who can collect him/her as soon as the family wish and they will give them support whilst they see their baby before the funeral.
- However: If parents wish to see their baby after it has been taken to the mortuary an appointment must be arranged for parents to view their baby in the viewing room. Mortuary staff can be contacted on ext: 85828 or contact the Bereavement Midwife on ext 87157 or bleep 1981.

  If parents have gone home and wish to return at the weekend or evening then the support team and midwife can go to the mortuary and either bring the baby up to labour ward or use the viewing room, attached to the mortuary. The support team have access to the mortuary. If mortuary team members are needed then they can be contacted through switchboard, 08.00 till 20.00 at weekends. Out of hours, week days is till 20.00

4.1 Taking their baby home

Check the coroner has agreed with the cause of death before asking the parents if they wish to take their baby home as they can object and request a post mortem on the baby

Also, if mental health issues-sought advice from mental health professionals to ensure they get support in the community and if it is suitable for them to take the baby home

Ask parents' if they want to take their baby home for the day/overnight. If they say yes, please let them take the cuddle cot (blue box). Ensure a 1 litre bottle of sterile water is included (we can get this from theatres) and ensure the guidance leaflet is enclosed (Appendix 6)

If they want to take the baby home: Tell the parents' the purpose of using the cuddle cot is to keep the baby cool, which will help to keep their baby from deteriorating

The baby must **always** leave through the mortuary. Never elsewhere. The mortuary staff will give them a release form and guidance on transporting the baby from the hospital to their home and back to either the hospital or funeral directors of their choice.

IF they are taking the baby home, Appendix 7, MUST be completed and given to the parents. The parents then take the form to the mortuary. The directions for the mortuary: Go past ED (emergency department) and carry on past Oak House, around the bend and when they see a sign for 'MAIN STORES' to take that left turn and drive to the end. The mortuary is there and they need to press the door bell. The mortuary staff will ask them for the form and give them their baby.

5.0 Statement of evidence/references

Abortion Act 1967 (c.87). [Online]. Available from: https://www.legislation.gov.uk/ukpga/1967/87/contents [Accessed 3 February 2021]

©Milton Keynes University Hospital NHS Foundation Trust

Antenatal Results and Choices (2019) *Ending a pregnancy after prenatal diagnosis*. [Online]. Available from: https://www.arc-uk.org/for-professionals/publications/ending-a-pregnancy-after-prenatal-diagnosis-2 [Accessed 3 February 2021]

Births and Deaths Registration Act 1953 (c.20). [Online]. Available from: https://www.legislation.gov.uk/ukpga/Eliz2/1-2/20 [Accessed 8 February 2021]

Chapman, V. and Charles, C. (eds) *The midwife's labour and birth handbook*. 4th ed. Chichester: Wiley-Blackwell, 2018.
Available in MKUH Library at WQ 140 CHA

Enkin, M., et al. *A guide to effective care in pregnancy and childbirth*. 3rd ed. Oxford: Oxford University Press, 2000.
Available in MKUH Library at WQ 200 ENK

Human Tissue Authority (2017) *Code of practice and standards. B: Post-mortem examination*. [Online]. Available from: https://www.hta.gov.uk/hta-codes-practice-and-standards-0 [Accessed 3 February 2021]

Hunter, A. (ed) *Pregnancy loss and the death of a baby: guidelines for professionals*. 4th ed. Coventry: Tantamount, 2016.

Johnson, R. and Taylor, W. *Skills for midwifery practice*. 4th ed. Edinburgh: Elsevier, 2016. *Available in MKUH Library at WQ 140 JOH*

Joint Formulary Committee (2021) *British National Formulary (BNF).* [Online]. London: BMJ Group and Pharmaceutical Press. Last updated 11 January 2021. Available from: https://bnf.nice.org.uk/ [Accessed 3 February 2021]

Medforth, J., et al. (eds) *Oxford handbook of midwifery*. 3rd ed. Oxford: Oxford University Press, 2017.
Available in MKUH Library at WQ 140 MED

National Institute for Health and Care Excellence (2019) *Abortion care*. NICE guideline [NG140]. [Online]. Available from: https://www.nice.org.uk/guidance/ng140 [Accessed 3 February 2021]

Royal College of Obstetricians & Gynaecologists (2010) *Late intrauterine fetal death and stillbirth*. (Green-top Guideline No. 55). [Online]. Available from: https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg55/ [Accessed 3 February 2021]
Note that a second edition of this guideline is currently in development.

NHS
Milton Keynes University Hospital
NHS Foundation Trust

Royal College of Obstetricians & Gynaecologists (2005) *Registration of stillbirths and certification for pregnancy loss before 24 weeks of gestation*. (Good Practice No. 4). [Online]. Available from: https://www.rcog.org.uk/en/guidelines-research-services/guidelines/good-practice-4/ [Accessed 3 February 2021]

Royal College of Obstetricians & Gynaecologists (2010) *Termination of pregnancy for fetal abnormality in England, Scotland and Wales*. Report of a Working Party. May 2010. [Online]. Available from: https://www.rcog.org.uk/en/guidelines-research-services/guidelines/termination-of-pregnancy-for-fetal-abnormality-in-england-scotland-and-wales/ [Accessed 3 February 2021]

Sands (2019) The Sands perinatal post mortem consent package. Last updated 14 August 2019. *Human Tissue Authority* [Online]. https://www.hta.gov.uk/policies/sands-

©Milton Keynes University Hospital NHS Foundation Trust

perinatal-post-mortem-consent-package [Accessed 5 February 2021]

Thames Valley & Wessex Neonatal Operational Delivery Network (2021) *Guideline for management at the extremes of prematurity*. Version 2, January 2021. [Online]. Available from: https://southodns.nhs.uk/wp-content/uploads/2021/01/Extremes-of-prematurity-Final-Guideline-Jan-2021.pdf [Accessed 3 February 2021]

Wyllie, J., Ainsworth, S. and Tinnion R., on behalf of the Resuscitation Council UK (2015) *Guidelines: Resuscitation and support of transition of babies at birth*. [Online]. Available from: https://www.resus.org.uk/library/2015-resuscitation-guidelines/resuscitation-and-support-transition-babies-birth [Accessed 3 February 2021]

This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.
©Milton Keynes University Hospital NHS Foundation Trust

6.0 Governance

6.1 Document review history

Version number	Review date	Reviewed by	Changes made
14	08/2017		Reviewed and updated
14.1	04/2020		Addition of Appendix 5. Already used, but not attached to the Guideline
15	03/2021	Tracy Rea	Complete review
15.1	09/2021	Tracy Rea	Minor amendments made in line with national recommendations.
15.2	16/11/2021	Anja Johansen-Bibby	Pg 8. Dosages for IOL changed in line with RCOG, NICE guidance, and FIGO from 2017.
15.3	12/2021	Tracy Rea	Addition of appendix 7: Release form
15.4	Oct 2022	Tracy Rea	Additions to checklist
15.5	Sep 2023	Tracy Rea	Addidtions to checklist and appendix

6.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Matrons,Midwives and Obstetric Staff, Consultants		17.8.17		Yes	Yes
Maternity guideline group	Women and children	02/2021		Yes	Yes
Maternity CIG	Women and children	03/2021		No	
Jayne Plant	Library references	02/2021		Yes	Yes
Maternity Guideline group	Women and Children	09/2023		No	Yes

6.3 Audit and monitoring

©Milton Keynes University Hospital NHS Foundation Trust

How will compliance of this Guideline be evidenced?.

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
	Checklist datix	Bereavement Midwife	Case by Case	Labour Ward Forum

This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.
©Milton Keynes University Hospital NHS Foundation Trust

6.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division	Women and Children	**Department**	Maternity
Person completingthe EqIA	Tracy Rea	**Contact No.**	Ex. 87157
Others involved:		**Date of assessment:**	03/02/21
Existing policy/service	Yes	**New policy/service**	No

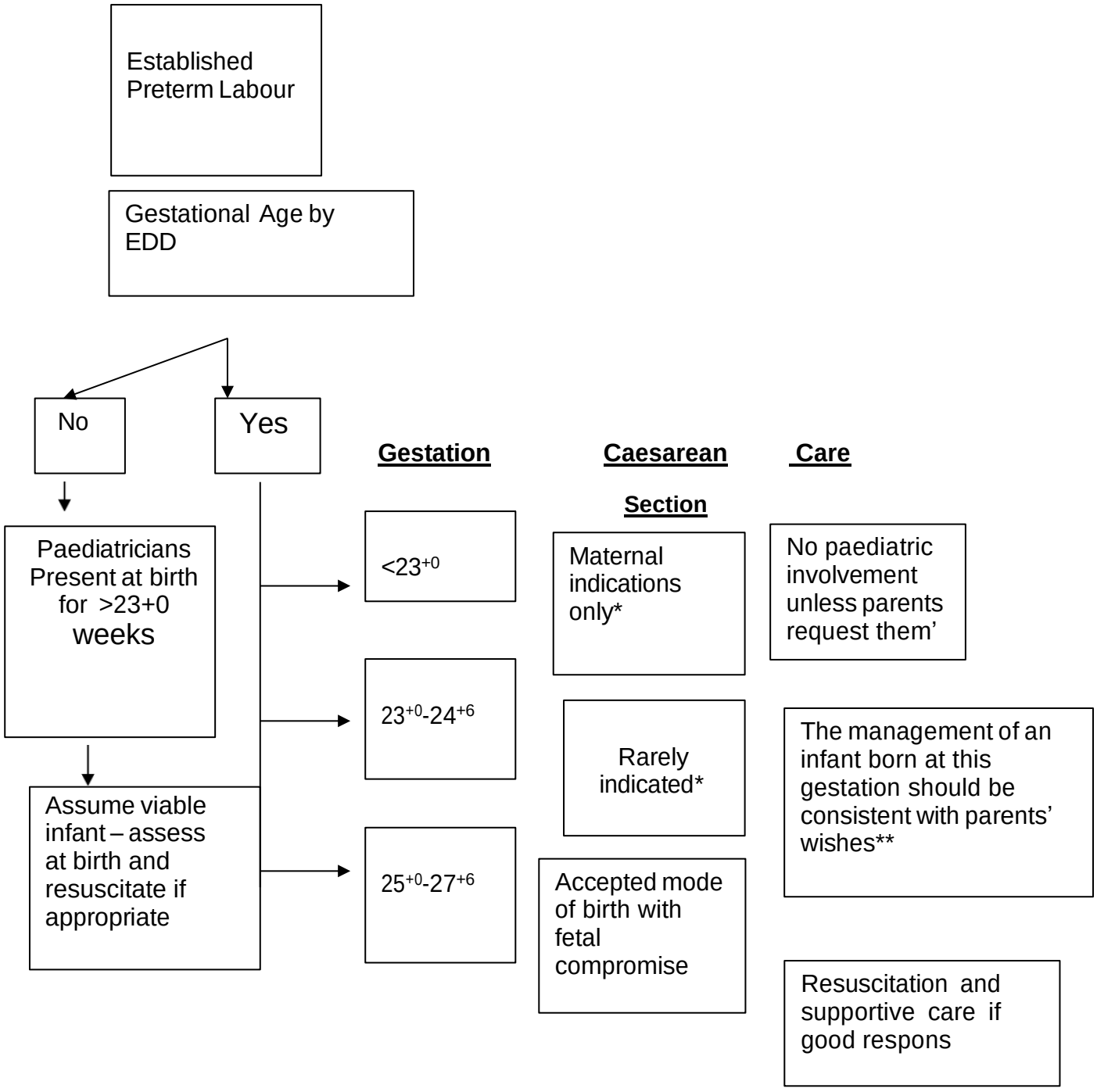
Will patients, carers, the public or staff be affected by the policy/service?	Yes
If staff, how many/which groups will be effected?	Midwives

Protected characteristic	Any impact?	Comments
Age	NO	Positive Impact as the policy aims to recognise diversity, promote, inclusion and fair treatment for patients and staff
Disability	NO	
Gender reassignment	NO	
Marriage and civil partnership	NO	
Pregnancy and maternity	NO	
Race	NO	
Religion or belief	NO	
Sex	NO	
Sexual orientation	NO	

What consultation method(s) have you carried out?	Emails
How are the changes/amendments to the policies/services communicated?	email
Review date of EqIA	03/02/2024

©Milton Keynes University Hospital NHS Foundation Trust

Appendix 1: Management of Threatened Birth at Extremely Low Gestational Age



- "Caesarean section is not considered appropriate before 24 weeks gestation except for maternal indications e.g. bleeding placenta praevia, severe pre-eclampsia. In rare cases a Caesarean section may be performed at 24 weeks following full discussion with the parents regarding prognosis. It should be emphasised to the parents that although intrapartum death may be avoided by CS, there is an increased risk of survival with major morbidity. An objective and balanced discussion of the risks and benefits must be made with the parents. At 25 weeks, following discussion with the parents regarding their wishes for active intervention, continuous monitoring is usually offered in labour aiming for vaginal delivery, but resorting to emergency Caesarean section for an abnormal CTG if time allows." (Thames Valley & Wessex Neonatal Operational Delivery Network, 2021, p.12)

©Milton Keynes University Hospital NHS Foundation Trust

Appendix 2: Checklist for Termination of Pregnancy, Stillbirth and Neonatal death after 24 weeks gestation

Patients telephone number please *Addressograph* *	*Patient*

First Section (Admission until birth)		Signature	Date
1.	**Persons to be informed**		
	Labour Ward lead consultant Obstetrician Name:		
	Own consultant (include name) informed as soon as appropriate. Name:		
	Car parking: Please validate the service users carparking ticket kept in the Sister's office.		
2.	**Inform the following as soon as possible. Put N/A if it does not apply**		
	Community Midwife Name: (can leave a message)		
	Bereavement midwife ext. 87157(between 8.00am – 3.30pm, Mon-Friday) or mobile 07833 482243		
	Clinical risk Midwife ext 87155		
	Ideally give these when meeting the family for the first time: Give the patient guidance and information packs that are provided and inform them that there is information in the pack discussing postmortem and funeral advice Please make sure you give the appropriate patient information leaflet i.e. If a neonatal death, give that leaflet Give them the SANDs booklet, ensuring the 'book mark' is included Please give the lactation choices after bereavement leaflet, so they can make an informed choice about expressing milk or not Please give the physio leaflet		

©Milton Keynes University Hospital NHS Foundation Trust

	If there is a language barrier, contact the Trust interpreting services and they will arrange an interpreter- face to face, video call or telephone **(By law, we should use an interpreter)**		

3.	• Check EDD, if baby has died before 24 weeks but delivered after 24 weeks, this is not a stillbirth • If a termination, check the **'termination of pregnancy'Consent Form** hasbeencompleted by the doctor who has done the procedure – midwife needs to ensure this is completed		
	If different to date of birth (i.e by scan or feticide and gestation at this time): Date of death: Gestation at time of death:		
	Date of Birth:		
	Gestation of Birth: /40		
	Maternal bloods should be taken. Please order 'bereavement bundle' on ecare – For an eCare how to guide on how to order bereavement bundle, please see appendix 3.		
	If the woman is Rhesus negative - give Anti D on diagnosis and also following the birth. Please put in batch number on diagnosis: Please put batch number following birth:		
	Please explain the appearance the baby may look. i.e the skin maybe peeling		

©Milton Keynes University Hospital NHS Foundation Trust

	Second Section (Birth)	Signature	Date
4.	Placental swabs. Maternal and fetal side for microbiology culture and sensitivity – Use ecare and send to our lab		
	If a neonatal death, please complete section 4 and 5. Just section 4 if not a neonatal death. Then follow checklist		
	Give parents the opportunity to hold their baby if they wish		
	Weigh and examine baby and record here and in maternal records **kg** **Centile**		
	Was the cold cot or cold mat used. Please circle		
	Was the butterfly room used? Yes or No (please circle) If not, what room number and why?…….		
	If over 24 weeks – please inform the woman and refer to the physio department – regardless of any perineal trauma Attach labels to the baby's ankles if appropriate (If not put a label through the cord clamp) Label MUST say: Mothers name(the label can say baby of….) Mothers NHS number Date of birth of baby		
	Offer spiritual support, which may include a blessing of the baby. If parents would like this, they should be given the option of calling their own minister. Alternatively, call the Chaplain on 86061 or Bleep 1389/1245 (9am to 4pm, Mon-Fri). Chaplaincy is a24/7-hour service so contact via switchboard out of hours		
	Give parents the opportunity to wash and dress their baby Dress the baby if parents don't want to appropriately		
	A cot card and labels to be given to the parents		
	Take photographs using the digital camera (unless parents decline). Kept in the baby room Use a new memory card for each family so that they can take away. The memory card is in the memory box. Spare memory cards are in the baby room drawers if parents decline a memory box Take foot and hand prints using the ink wipe in memory box Offer foot casts and ask members of staff who have had training to do them. Lay the baby on an inco pad, (once dressed to prevent leakage) – ensure baby is correctly labelled		
	Ensure all births for babies included TOPs are completed in eCARE		
	If a stillbirth, TOP or livebirth – Do usual eCARE as a NHS number is required for the baby		
	Complete eCARE: Ensure pregnancy episode is closed andthe woman isdischarged to generate a GP letter		
	Lay the baby on an inco pad, once dressed to prevent leakage and label with mother's label (unless the baby has a number)		
	Encourage them to take photos on their mobile phones		

©Milton Keynes University Hospital NHS Foundation Trust

	Call Remember my baby (RMB) first to check availability: Freephone: 0808 189 2345 If baby is over 20 weeks and in good condition, offer 'RMB' Photography. A photographer will come and take the photographs and send to the family directly If stillbirth or termination of pregnancy, complete the certificate (blue book for stillbirth or TOP), please scan to yourself (both sides)and email to the registry office. Keep the original copy in the notes. registrars@milton-keynes.gov.uk tracy.rea@mkuh.nhs.uk Please add the name of the parents and baby and a contact number so the registrars can contact the family direct and register the baby.		
	Complete one **Cremation Form (Certificate of Stillbirth, Cremation Form 9).** This must go with the baby to the mortuary		
	If a neonatal death; it must be certified by a Paediatrician or Obstetrician and a CAUSE of DEATH certificate completed. (Yellow medical certificate, kept with the stillbirth certificates). please scan to yourself (both sides) and email to the registry office. Keep the original copy in the notes. registrars@milton-keynes.gov.uk tracy.rea@mkuh.nhs.uk Please add the name of the parents and baby and a contact number so the registrars can contact the family direct and register the baby. **The grey Medical Certificate book (Cremation form 4) must always be filled out as well by the Paed or Obstetrician. A draft is with the yellow book or on NNU. Parent's to be informed that they must register the death within 5 working days** **If a neonatal death, the child health department must be informed whatever gestation. Email them on cms.chis@nhs.net (You can also contact them on 01707 396888)** **Please complete this online form as a requirement from the child death overview panel on: https://www.ecdop.co.uk/BLMK/Live/public**		
	Contact Hearing Screening if a neonatal death on Ext 87329		
	Contact neonatesif aneonatal death onbleep 1631. They ideally need to see the baby born alive and after death		

Postmortem		**Signature**	**Date**
6.	**If a postmortem is required or requested:**		

©Milton Keynes University Hospital NHS Foundation Trust

	Ensure placenta and baby remain together when sent to the mortuary. Place placenta in a dry pot, **never in formalin**. Label pot, not the lid		
	A) **ALWAYS:** please complete appendix 4, 'Postmortem/placenta request form for histology' (last 2 pages only) for all placentas and send with placenta. This is a mandatory requirement to complete these two pages when sending all placentas B) White disposal form (Always) C) Completed one Cremation Form 9 (white form) for stillbirth (Always). D) If abnormalities noted or a consultant has requested, take placental tissue from the cord base, about 3cm if possible, of membranes and placenta See appendix 10 on where to take sample from. Take membranes and lobes.Place in pink tissue medium (kept in freezer at the workstation on LW) and send with baby to themortuary. Make sure mothers label is on specimen pot and cytogenetic form. e) Complete cytogenetics form (In plastic filing box in the baby room under abnormalities) (Examples and forms from appendix 11 or in plastic filing box in the baby room under abnormalities). Please ask the birthing person to sign the consent form for cytogenetics and file in her notes. Also document on ecare. If running low on pink tissue medium, ring 01865 226001 and ask for more to be sent to the labour ward		
MUST	Inform Milton Keynes University Hospital Foundation Trust (MKUHFT) Mortuary ext: 85828 that the baby will require a PM		
	The person gaining consent must contact the Consultant Paediatric Pathologist at the John Radcliffe Hospital (JRH) (Oxford) Tel:- 01865 221246 to notify and discuss requirements prior to transfer of the baby. Oxford mortuary 01865 220495		
	Postmortem consent (Appendix 4) Send original copy with the baby and placenta and photocopy twice. One for the parents and one for the woman's notes		

©Milton Keynes University Hospital NHS Foundation Trust

	Ensure the last two pages are completed, as this is information for the pathologist – This is a mandatory requirement to complete these two pages (parents do not need a copy of this) Photocopies of any relevant: - a) Scan reports (Always) b) Copy of the notes if relevant		
	Please scan and email a copy of the post mortem, including histology form to: caz.costar@nhs.net tina.cowburn@ouh.nhs.uk tracy.rea@mkuh.nhs.uk It is easier to send to yourself and then forward on, if you have not got the email addresses on you.		
	The Coroner must be informed of any TOP, stillbirth or live birth (whatever the gestation) then death. Complete the form 'Coroners' kept in TEAMS, under Maternity Safety Huddle and under bereavement. Select the coroners form. Complete and save and also save as a download. Email direct to the coroner's office (email address on the form) and bereavement midwife. If having difficulties, you can write the information on appendix 3 and scan to yourself on the 'tap and go' printer and send to yourself and then email coroners and bereavement midwife.		
7.	Ensure that the baby is correctly and clearly labelled before leaving the delivery suite		
8.	Offer the parents the blanket that their baby has been given		
	Ensure the baby is wrapped and the face is covered when going down to the mortuary		
	Use CapMan to request the 'Angel Box'. (pathology & mortuary)		
9.	Register of congenital abnormalities if necessary (NCARDRS): (send to our Antenatal and Newborn Screening Co-ordinator). Forms in the baby room filing box, on top of fridge		
10.	Cancel all future Consultant, dopplers and Ultrasound appointments (Labour Ward Clerk can do this, so put an address label with all relevant information in her black book).		
	Radar Form must be completed	Radar Number:	
11	**Please give Cabergoline 1mg (one dose only, for milk suppression) unless a contra-indication i.e blood pressure, before discharge,** Unless parents have		

©Milton Keynes University Hospital NHS Foundation Trust

	decided to express and donate their milk (make sure they have read the lactation leaflet)		
12	support in the community and if it is suitable for them to take the baby home Ask parents' if they want to take their baby home for the day/overnight. If they say yes, please let them take the cuddle cot (blue box). Ensure a 1 litre bottle of sterile water is included (we can get this from theatres) and ensure the guidance leaflet is enclosed (Appendix 6) If they want to take the baby home: Tell the parents' the purpose of using the cuddle cot is to keep the baby cool, which will help to keep their baby from deteriorating The baby must always leave through the mortuary. Never elsewhere. The mortuary staff will give them a release form and guidance on transporting the baby from the hospital to their home and back to either the hospital or funeral directors of their choice. IF they are taking the baby home, Appendix 7, **MUST** be completed and given to the parents. The parents then take the form to the mortuary back doors to collect their baby. They will not be given their baby unless they have the release form. PLEASE see 3.4 in the guideline for guidance		
13	When the parents are leaving or before if appropriate – inform them their baby will go to the mortuary		

©Milton Keynes University Hospital NHS Foundation Trust

Third Section (Discharge)		Signature	Date
14.	If the woman is on the CONI programme, please email cnw-tr.0-19adminhub.mk@nhs.net or the health visiting admin hub 01908 725100		
	Ensure that on the discharge sheet, it is clearly documented that the woman has lost her baby Ensure that the woman has been offered/given pain relief to take home and any other relevant TTO's		
	PHONE Community Midwife on discharge (You can leave a message). Also write in the discharge book so CMW is aware the woman has delivered and gone home. Include orange discharge sheet Ensure a copy of the orange discharge sheet is completed and left for the bereavement midwife, with the notes Postnatal bereavement notes have been given to the woman		
	All notes to be returned to the Bereavement Midwife. Please leave in designated place in the sister's office		

©Milton Keynes University Hospital NHS Foundation Trust

Any other relevant information

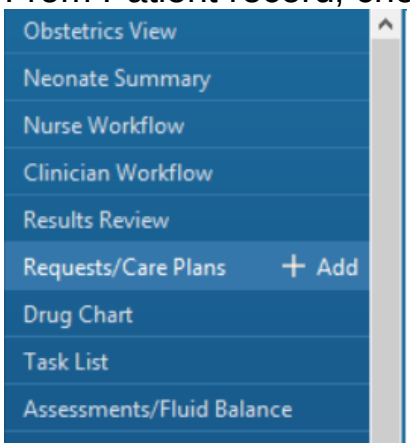
- **Sex of baby**
- **EBL**
- **SVD or C/S**
- **Please cross out which is not relevant**
  - **Perineum Intact**
  - **1st degree**
  - **2nd degree**
  - **3rd degree**
  - **Baby observations – Fresh macerated or very macerated (please circle)**
  - **Weight**
  - **Centile**
  - **Is this a TOP, a miscarriage or a neonatal death (cross out which is not relevant)**

If having difficulty sending the coroners referral from the worktop computer, hand write the attached form and scan an email to yourself and then forward to coroners.office@milton-keynes.gov.uk. Please copy tracy.rea@mkuh.nhs.uk so we get a response straight away.

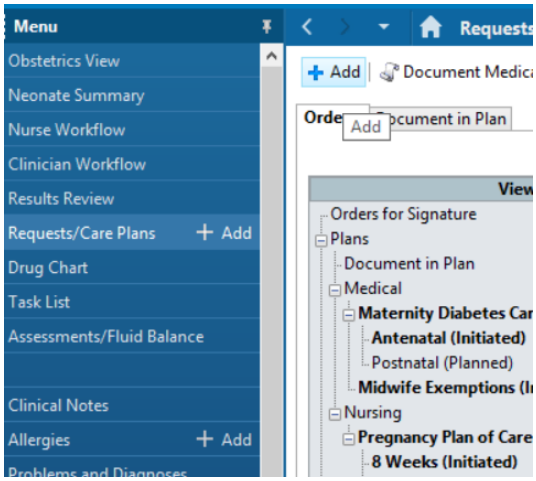
©Milton Keynes University Hospital NHS Foundation Trust

Appendix 3: Ordering Bereavement bundle bloods

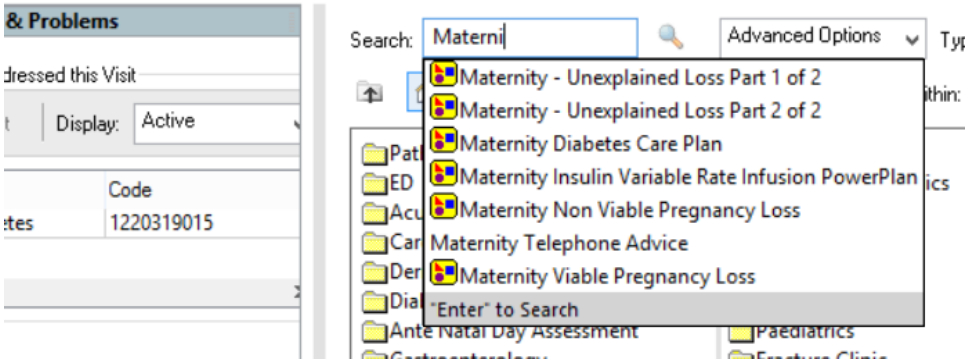
From Patient record, choose Requests/Care plans



Click on Add

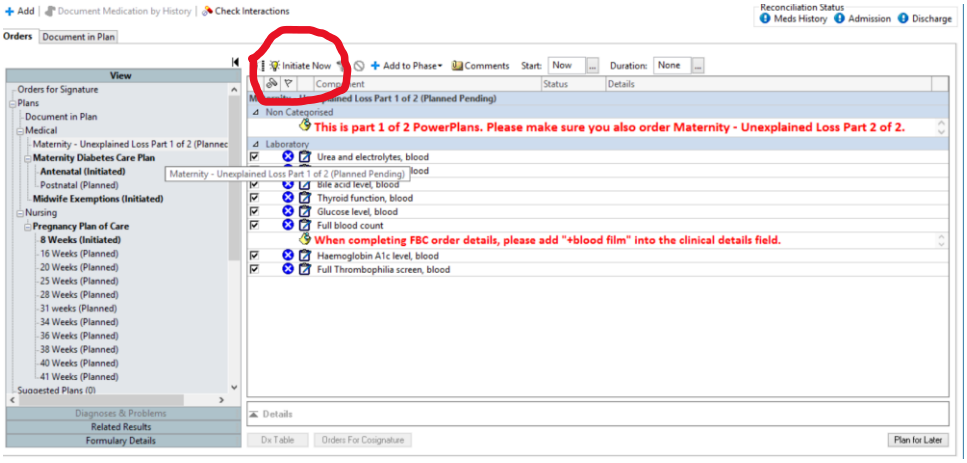


Start typing Materni and choose unexplained loss part 1 of 2

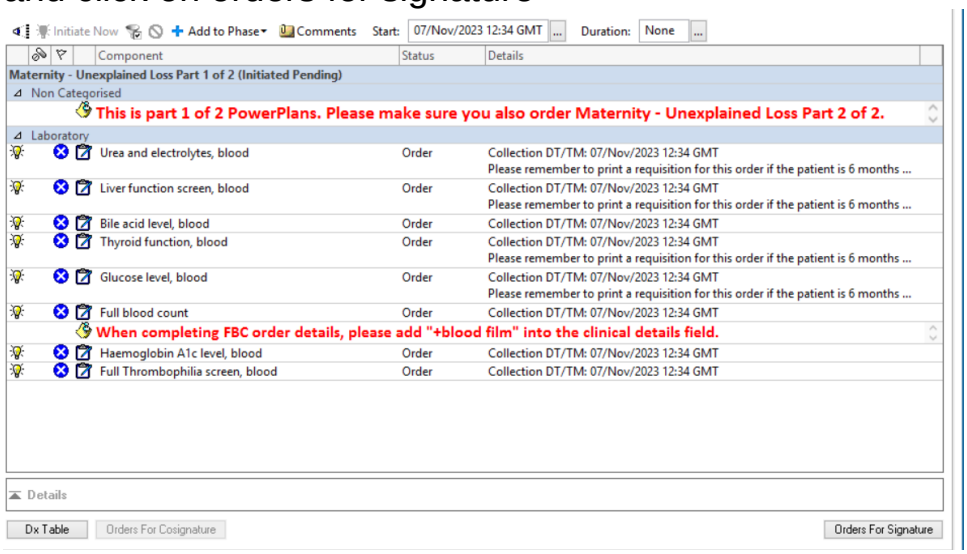


Click Initiate now

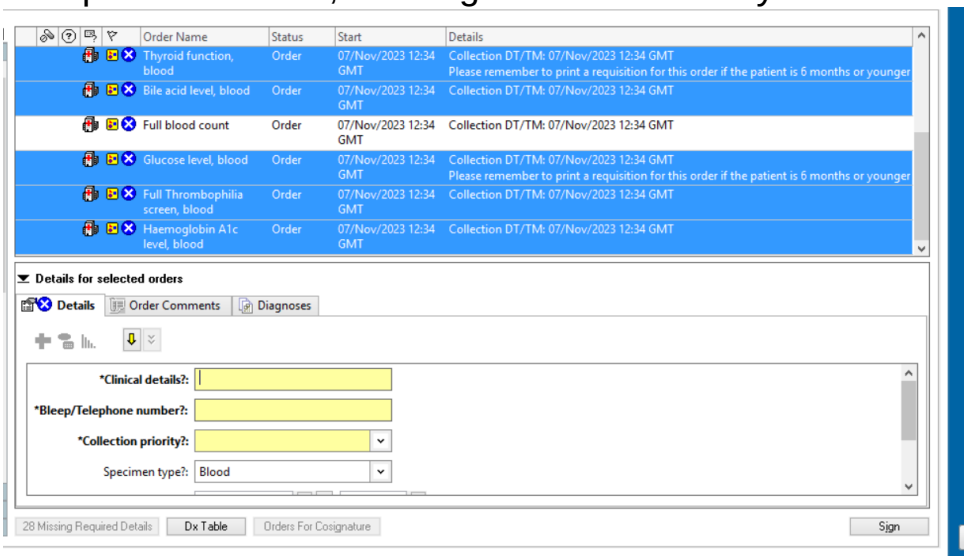
©Milton Keynes University Hospital NHS Foundation Trust



Holding Ctrl down, click on each blood test except FBC to complete universal details for all and click on orders for signature

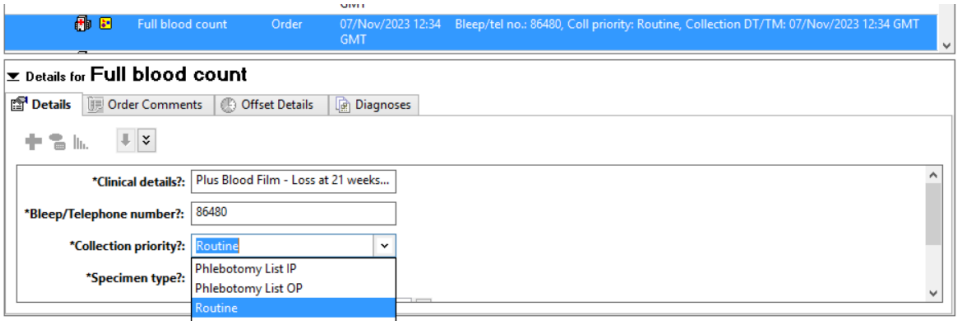


Complete all details, click sign and it will take you to next details required

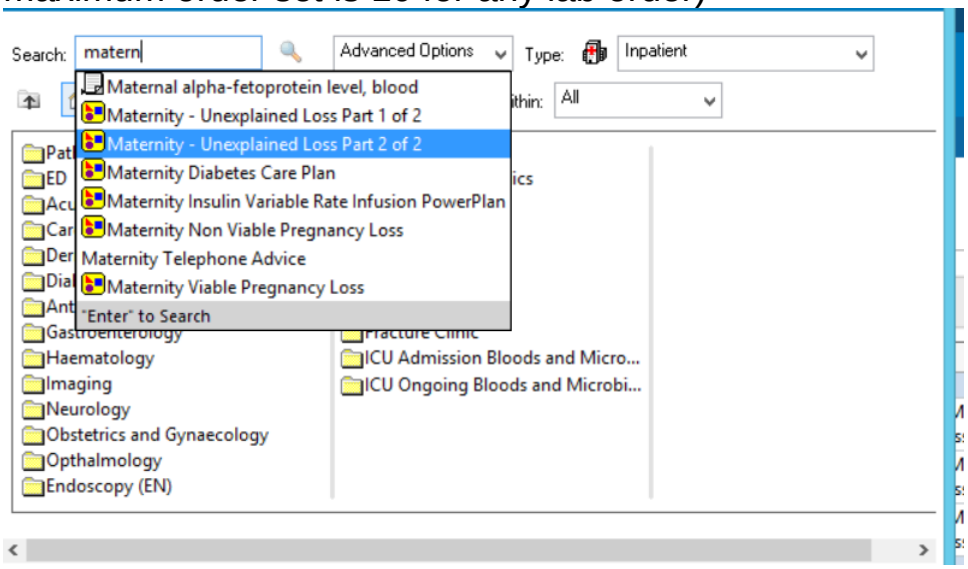


When FBC comes up add Plus blood film to clinical details and continue to complete and sign

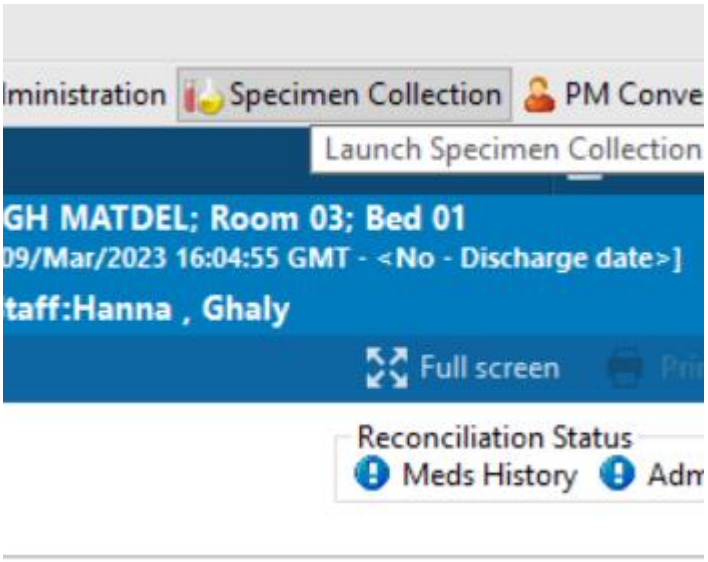
This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.
©Milton Keynes University Hospital NHS Foundation Trust



Once all been signed for refresh and go back to add to repeat and add part 2 of 2 (Don't add both at the same time as it will not let you progress after entering all the details as maximum order set is 10 for any lab order)

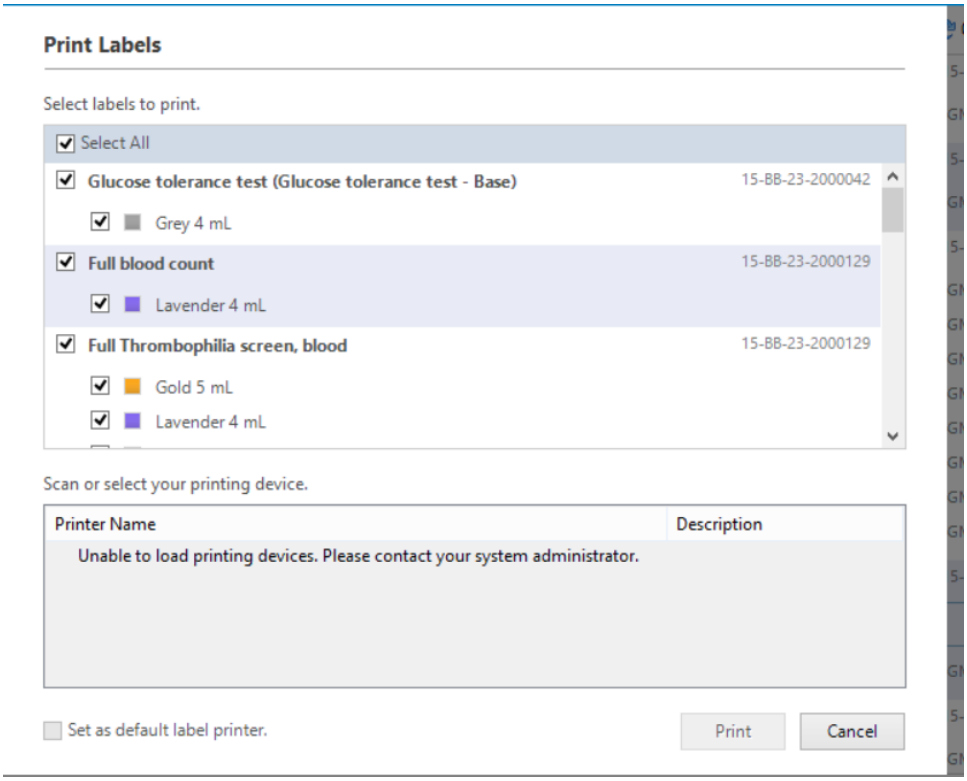


Repeat CTRL and selection, complete all details and sign as before then go to Specimen collection



Print all labels together to collect correct number of bottles, please not some tests must be in the lab within an hour of ordering or they will be rejected

©Milton Keynes University Hospital NHS Foundation Trust



This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.
©Milton Keynes University Hospital NHS Foundation Trust

Appendix 4: Stillbirth / Neonatal Death Referral to Coroner

Stillbirth/Neonatal Death Referral to Coroner

Please complete and email to coroners.office@milton-keynes.gov.uk
For Stillbirth and TOP's complete sections 1, 3 and 4
For Neonatal Death complete sections 2, 3 and 4

Name of person referring stillbirth, TOP (Termination of Pregnancy) or neonatal death (please include contact number)	
Date and time referred	

Section 1:
Please complete for all Stillbirths or Termination of Pregnancies – After 24 weeks gestation

Mother's name and date of birth		Sex (delete as appropriate)	Male Female
Father's name and date of birth		Gestation	
Contact number for parents		Name of baby (if you are not aware of the parents chosen name, please leave blank)	
Date of stillbirth		Fresh or macerated stillbirth	
Time of birth		Contact details for certifying clinician (Please include details of bleep no and when on duty)	
Hospital no.			
Place of stillbirth (ward)			
Parents home Address			

This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.
©Milton Keynes University Hospital NHS Foundation Trust

Section 2:
Please complete for Neonatal Death – At any stage in pregnancy

Mother's name and date of birth		Sex (delete as appropriate)	Male Female
Father's name and date of birth		Contact number for parents	
Date and time of birth		Name of baby (if you are not aware of the parents chosen name, please leave blank)	
Date and time of death			
APGAR Scores		Contact details for certifying clinician (Please include details of bleep no and when on duty)	
Hospital no.			
Place of death (ward)			
Parents home Address			

Section 3:
Please complete for Stillbirth, Termination of Pregnancy and Neonatal Death

Pregnancy History Low/High Risk – any underlying condition? 1st pregnancy? Any trauma suffered during pregnancy Any concerns during pregnancy Any previous admission for reduced fetal movements Any fetal abnormalities/concerns noted during pregnancy	

©Milton Keynes University Hospital NHS Foundation Trust

Circumstances Date admitted Reason for admission/attendance Details of how stillbirth confirmed prior to delivery if applicable Labour induced/natural Time of delivery Condition of baby/placenta including appearance, weight, any obvious abnormalities **IF** neonatal death Apgar scores etc	

Section 4:
Please complete for Stillbirth, Termination of Pregnancy and Neonatal Death

Details of clinician filling out stillbirth/death certificate	Name of Clinician
(Cause) 1a	
1b	
1c	
2	

Once complete, please email to coroners.office@milton-keynes.gov.uk and tracy.rea@mkuh.nhs.uk

Once we have discussed with the Coroner we will contact you to let you know that the stillbirth/neonatal death can be registered.

Thank you

This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.
©Milton Keynes University Hospital NHS Foundation Trust

Appendix 5: Postmortem consent form

Postmortem consent form

Your wishes about the postmortem examination of your baby

Your wishes about the postmortem examination of your baby

Mother	Baby

©Milton Keynes University Hospital NHS Foundation Trust

Last name	**Last name**
First name(s)	**First name(s)**
Address	**Date of birth**
	Date of death (if liveborn)
Hospital no.	**Hospital no.**
NHS no.	**NHS no.**
Date of birth	**Gender** (if known)
Consultant	**Consultant**
Father/Partner with parental responsibility	**Address** (if different from the mother's)
Last name	
First name(s)	

Preferred parent to contact, tel. no.:

Other, eg, religion, language, interpreter ……..……..…...

……...

How to fill in this form:

- Please show what you agree to by writing **YES** in the relevant boxes. Write **NO** where you do not agree.
- Record any variations, exceptions and special concerns in the Notes to the relevant section or in Section 5.
- Sign and date the form. The person taking consent will also sign and date it.

Changing your mind

After you sign this form, there is a short time in which you can change your mind about anything you have agreed to.
If you want to change your mind, you must contact:
[Name, department] …… [tel.] ……..…….

Before [time] ……... on [day] [date] ……

Please be assured that your baby will always be treated with care and respect.

©Milton Keynes University Hospital NHS Foundation Trust

Section 1: Your decisions about a postmortem examination *select **one** of these 3 options.*

A complete postmortem This gives you the most information. It includes an external examination, examining the internal organs, examining small samples of tissue under a microscope, and taking x-rays and medical photographs. Tests may also be done for infection and other problems and the placenta may also be examined.

If you think you may have another baby in the future and are worried that the problem might occur again, a complete postmortem is the best way to try to find out.

☐ **I/We agree to a complete postmortem examination.**

OR

A limited postmortem This is likely to give less information than a complete post mortem.

A limited postmortem includes an external examination, examining the internal organs in the area(s) of the body that you agree to, examining small samples of tissue under a microscope, and taking x-rays and medical photographs. Tests may also be done for infection and other problems and the placenta may also be examined.

☐ **I/We agree to a limited postmortem examination.**

Please indicate what can be examined:

☐ **abdomen** ☐ **chest and neck** ☐ **head** **other .....……**

OR

An external postmortem This may not give any new information.

An external postmortem includes a careful examination of the outside of the baby's body, x-rays and medical photographs. The placenta may also be examined.

☐ **I/We agree to an external postmortem examination.**

Section 2: Tissue samples *Only if you consent to a complete or limited postmortem*

With your agreement, the tissue samples taken for examination under a microscope will be kept as part of the medical record (in small wax blocks and on glass slides). This is so that they can be re-examined to try to find out more if new tests or new information become available. This could be especially useful if you think you may have another baby in the future.

☐ **I/We agree to the tissue samples being kept as part of the medical record for possible re-examination.** *If consent is **not** given, you must note below what should be done with the tissue samples. See Section 8 Item 6 for more information.*

Notes to Sections 1 and 2 if required ……

……

©Milton Keynes University Hospital NHS Foundation Trust

Section 3: Genetic testing

To examine the baby's chromosomes or DNA for a possible genetic disorder or condition, the pathologist takes small samples of skin, other tissue and/or samples from the placenta (afterbirth). With your agreement, this material will be kept as part of the medical record so that it can be re-examined to try to find out more if new tests or new information become available. This could be especially useful if you think you may have another baby in the future.

☐ **I/We agree to genetic testing of samples of skin, other tissue and/or the placenta.** *If samples should not be taken from any of these, please note this below.*

☐ **I/We agree to the genetic material being kept as part of the medical record for possible re-examination.** *See Section 8 Item 6 for more information.*

Notes to Section 3 if required ……

……

Section 4: Keeping tissue samples for training professionals and for research

Section 4 covers additional separate consent that you may decide to give. It will not affect what you have already agreed to above, what is done during the postmortem, or the information you get about your baby's condition, but it may be helpful for others in the future.

With your agreement, the tissue samples may also be examined for quality assurance and audit of pathology services to ensure that high standards are maintained.

☐ **I/We agree to the tissue samples being kept and used for quality assurance and audit.**

Tissue samples, medical images and other information from the postmortem can be important for training health professionals. Identifying details are always removed when items are used for training.

☐ **I/We agree to anonymised tissue samples, images and other relevant information from the postmortem being kept and used for professional training.**

Tissue samples, medical images and other relevant information from the postmortem can also be useful in research into different conditions and to try to prevent more deaths in the future. All research must be approved by a Research Ethics Committee.

☐ **I/We agree to tissue samples, images and other relevant information from the post mortem being kept and used for ethically approved medical research.**

You can withdraw consent for any of the above at any time in the future. To do so, please contact the hospital and ask for the histopathology department.

©Milton Keynes University Hospital NHS Foundation Trust

Section 5: Keeping one or more organs for diagnostic purposes

In most cases, all the organs will be returned to your baby's body after the post mortem examination. But occasionally the doctors may recommend keeping one or more organs for longer, to carry out further detailed examination to try to find out more about why your baby died. This might take some weeks and so could affect the timing of your baby's funeral. The person who discusses the post mortem with you will tell you if it is likely.

☐ **I/We agree to further detailed examination of the organ(s) specified below:**

- ☐ **Any organ**
- ☐ **The following organ(s)** ……

If you agree to further detailed examination, you also need to decide what should be done with the organ(s) after the examination:

☐ **I/We want the hospital to dispose of the organ(s) respectfully as required by law.**

☐ **I/We want the organ(s) returned to the funeral director we appoint for separate cremation or burial.**

☐ **I/We want to delay the funeral until the organ(s) have been returned to my/our baby's body.**

Alternatively, after the further detailed examination, you may decide to donate the organ(s) for one of the following purposes:

☐ **I/We agree to donate the organ(s) to be used to train health professionals.**

☐ **I/We agree to donate the organ(s) to be used for ethically approved medical research.**

If you agree to donate one or more organ(s), they will be respectfully cremated as required by the Human Tissue Authority when they are no longer needed.

If you change your mind about this donation at any time in the future, and want to withdraw your consent, please contact the hospital and ask for the histopathology department.

Notes to Section 5 if required ……

……

Any other requests or concerns

……

……

Do you consent for disposal of the placenta after post-mortem? Yes or NO (Please circle)

If no, would you like it to remain with the baby Yes or No (Please circle)

©Milton Keynes University Hospital NHS Foundation Trust

Section 6: Parental consent

☐ I/We have been offered written information about postmortems.

☐ I/We understand the possible benefits of a postmortem.

☐ My/Our questions about postmortems have been answered.

Mother's name …….. **Signature** ……

Father's/Partner's name …….. **Signature** ……

Date ……**Time** ……..

Section 7: Consent taker's statements *To be completed and signed in front of the parents.*

☐ I have read the written information offered to the parents.

☐ I believe that the parent(s) has/have sufficient understanding of a postmortem and (if applicable) the options for what should be done with tissue and organs to give valid consent.

☐ I have recorded any variations, exceptions and special concerns.

☐ I have checked the form and made sure that there is no missing or conflicting information.

☐ I have explained the time period within which parents can withdraw or change consent and have entered the necessary information at the beginning of this form.

Name ……... **Position/Grade** ……

Department …… **Contact details (Ext/Bleep)** ……

Signature …… **Date** ……..**Time** ……..……..

Interpreter's statement (if relevant)

☐ I have interpreted the information about the postmortem for the parent(s) to the best of my ability and I believe that they understand it.

Name …… **Contact details** ……

Signature ……**Date** ……..**Time** ……..……

©Milton Keynes University Hospital NHS Foundation Trust

POSTMORTEM / PLACENTA REQUEST FORM FOR HISTOLOGY

PAEDIATRIC PATHOLOGY CONTACT INFORMATION	
DR D FOWLER	(01865) 220504
DR CM BOWKER	(01865) 222022
SECRETARY	(01865) 221246
MORTUARY OFFICER	(01865) 220495
LABORATORY	(01865) 220492

AUTOPSY REFERRALS – *BEFORE* SENDING THE CASE ALWAYS CONTACT THE DEPARTMENT TO FOREWARN US AND RELAY ANY IMPORTANT INFORMATION.

FOR LABORATORY USE

LABORATORY NUMBER:

DATE RECEIVED:
PATHOLOGIST:
NOTES:

PLEASE REMEMBER TO INCLUDE THE PLACENTA!

MOTHER'S DETAILS

HOSPITAL NO .....
NAME .....
PREV SURNAME .....
D.O.B .....
LMP .....
EDD .....

ADDRESS .....
.....
CONSULTANT .....
WARD .....
HOSPITAL .....

SPECIMEN / REQUEST

IS THE REQUEST FOR EXAMINATION OF:

☐ A STILLBORN / FOETAL DEATH?
☐ A NEONATAL / INFANT DEATH?
☐ THE PLACENTA ONLY?
☐ OTHER: .....

DATE: .....

RELEVANT CLINICAL DETAILS AND HISTORY

PAST OBSTETRIC HISTORY

YEAR	PLACE	SEX	WEIGHT	GESTATION	DELIVERY	COMPLICATIONS	OUTCOME

HAVE YOU SENT A SAMPLE TO CYTOGENETICS

☐ YES
☐ NO

COMPLICATIONS IN PRESENT PREGNANCY

THREATENED ABORTION Y / N
HYPERTENSION Y / N
POLYHYDRAMNIOS Y / N
OLIGOHYDRAMNIOS Y / N
APH Y / N

GROWTH RESTRICTION Y / N
OTHER (DETAILS BELOW) Y / N
.....
.....

SUMMARY OF PRESENT DELIVERY

(SUMMARY OF COMPLICATIONS, DELIVERY ETC):

	DATE	TIME
FETICIDE *(if applicable)*	.....	.....
MEMBRANE RUPTURE	.....	.....
1ST STAGE	.....	.....
2ND STAGE	.....	.....
DELIVERY	.....	.....

This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.
©Milton Keynes University Hospital NHS Foundation Trust

BABY / FOETUS	
If having a post mortem, give the baby's name: (Same as written on front page). Complete as much as possible	**HOSPITAL NO** *(if applicable)* .....
NAME *(if given)*	
GENDER *(if known)*	**PAEDIATRICIAN** *(if applicable)* .....
DOB	**ESTIMATED DATE OF DEATH** .....
WEIGHT AT DELIVERY	**ESTIMATED TIME OF DEATH** .....
GESTATION AND/OR AGE	**FATHER'S NAME** *(if different)* .....

APPEARANCE
BABY / FOETUS / PLACENTA
☐ FRESH
☐ MACERATED
☐ VERY MACERATED

PROVISIONAL DIAGNOSES

QUESTIONS FOR THE PATHOLOGIST

PLEASE INCLUDE:	
COPIES OF THE ULTRASOUND SCAN REPORTS	
COPIES OF ALL GENETICS RESULTS	
THE PLACENTA	
POST MORTEM CONSENT FORM	

ABNORMALITIES / ANOMALIES
PLEASE GIVE DETAILS OF ANY ABNORMALITIES (and/or attach copies of the prenatal diagnosis scan / genetics reports)

FOR NEONATAL DEATHS ONLY	
NEONATAL COURSE: Brief summary of the neonatal course	DEATH CERTIFICATE (clinical cause of death)

Do the parents agree to disposal of the placental tissue as per Oxford University Hospital protocol? Yes/ N0 (please circle)
For IUD / S/BIRTH, Neonatal deaths & TOP's

CONTACT DETAILS OF MEMBER OF STAFF COMPLETING THIS FORM	
NAME	**DATE** .....
SIGNATURE	**STATUS** .....
TELEPHONE NO	**BLEEP** .....

©Milton Keynes University Hospital NHS Foundation Trust

Section 8: Notes for the consent taker

1. "Anyone seeking consent for hospital PM examinations should have relevant experience and a good understanding of the procedure. They should have been trained in dealing with bereavement and in the purpose and procedures of PM examinations and they should have witnessed a PM examination" (Human Tissue Authority, Code of Practice 3, 2009).
2. Written information about postmortems should be offered to all parents before you discuss the form with them.
3. If the parents have a specific request that you are not sure about, contact the pathologist **before the form is completed.**
4. Make sure that an appropriate time and date are entered in the *Changing your mind* section at the beginning of the form, and the parent(s) understand what to do if they change their minds. The postmortem should not begin unless this section is completed. **It is your responsibility to ensure that, if the parent(s) change their minds, they will be able to contact the person or department entered on this form.** If the parents do not want a copy of the form, they should still be given written information about changing their minds.
5. Write the mother's or the baby's hospital number in the box at the foot of each page of the form. For a baby who was born dead at any gestation use the mother's hospital number; for a baby who was born alive use the baby's hospital number.
6. **Sections 2 and 3: Tissue samples and genetic material** If the parents do not want tissue samples or genetic material kept as part of the medical record, explain the different options for disposal (below) and note their decisions in the relevant section.

   If disposal is requested, it will usually take place only after the full postmortem report has been completed. The options are disposal by a specialist hospital contractor; release to a funeral director of the parents' choice for burial; or release to the parents themselves. For health and safety reasons, blocks and slides cannot be cremated. Genetic material is normally incinerated.
7. Send the completed form to the relevant pathology department, offer a copy to the parent(s), and put a copy into the mother's (for a stillbirth or miscarriage) or the baby's (for a neonatal death) medical record.
8. Record in the clinical notes that a discussion about the postmortem examination has taken place, the outcome, and any additional important information.
9. **Possible further examination of one or more organs** Very rarely, it may be recommended that an organ is kept for more detailed examination after the baby is released from the mortuary. In this case, the form *Consent to further examination of organs for diagnostic purposes* should be completed, as well as this form.

   - **If you already know that this is recommended,** discuss it with the parents and also explain how it might affect funeral arrangements. If they consent, complete the form *Consent to further examination of organs for diagnostic purposes* now, and staple the two forms together. Record the consent in the *Notes to Sections 1 and 2* on this form.
   - **If the pathologist recommends further examination after the postmortem has begun,** they will contact you or the unit. The parents should then be contacted as soon as possible to discuss their wishes and to explain how keeping the organ might affect funeral arrangements. If they consent, the form *Consent to further examination of organs for diagnostic purposes* should be completed and copies distributed as above. A note should be added to the medical record that consent was given, including how it was given (face-to-face, email, fax etc).

©Milton Keynes University Hospital NHS Foundation Trust

Appendix 6: Maternity Bereavement discharge form

Maternity Bereavement discharge form

Please ensure all information is complete before discharge to community midwife.

To be completed by delivering midwife:

Sticker and confirm address:	Telephone numbers: **Partners name:**

Medical centre:
Community Midwife:

Bereavement Care
Postmortem Y or N

Important information:

Date and time of birth	
Parity	
Type of birth	
EBL	
Anti D given	Y or N
Name of baby	
Sex	
Weight	
Gestation	
~~Centile~~	

To be completed by hospital discharge midwife:

Date and time of discharge:
No days on discharge:
Discharged by:

To be completed by community midwife:

Date for visit:	No days	Initials	Comments/Reason for visit

Date visit:	No days	Initials	Comments/Reason for visit

To be completed by community midwife:

Date discharged from community Midwife:		Discharged By:	

Appendix 7: Cuddle cot guide

Cuddle Cot Guide Set Up

1. Place **silver insulation mat under** cooling pad (shiny side up) in moses basket/cot (Ensure the mat hoses are not twisted and fit through the holes in the basket if it has them) **cover with thin sheet**.
2. Plug unit in and place on a **stable surface** allowing space around unit during colling. 3.

Connect Hose to unit and mat.

4. Open **Filler Cap** (blue cap) on top of the unit and put **2x drops** of the biocide into the unit.
5. Fill the unit with **sterile water** for irrigation, **slowly and carefully** fill to near the top of viewing window on side of unit. **Replace Filler Cap**.
6. Switch on unit by pressing on/off button on the top of the unit. The mat will fill. 7.

Watch viewing window and **keep over half full throughout use**.

8. **Press 'c/f'** button on the top of unit to set temperature **(8'C/46'F)** press up/down arrow buttons to do this. Then press **Enter button** to confirm temperature set.

The unit can take up to 45 minutes to reach the temperature set!

1. Switch off unit (press on/off button) **DO NOT** unplug until the fan stops. 2.

Disconnect mat from the hose by pressing **release clips**.

3. Clean mat with **sterile wipes**
4. Disconnect hose from unit by pressing button **under unit** and **gently** pulling hose.

Drain both hose and unit using drainage key. (insert key and press valves to empty water over sink.)

Ensure all equipment i.e unit with filler cap, both cooling mats, foils, Biocide, and drainage key are returned to the box prior to storage.

Flexmort

Appendix 8: Release Form

Form for parents who wish to take their baby home

This is to confirm that (name(s) of parent(s))

_____

of (address),_____

_____

DOB of baby_____

Mothers MRN number_____

Have chosen to take their baby's body from Milton Keynes University Hospital

I/We, the parent(s), hereby take full responsibility for our baby whilst they are in our care. We will (tick as appropriate):

☐ return our baby to the hospital on (date)_____

our own funeral arrangements.

Parent(s) Name(s) (please print):

Signature_____Signature_____

Date _____

In case of need or concern please contact the mortuary telephone: 01908 995258

©Milton Keynes University Hospital NHS Foundation Trust

Mortuary only

Number location: _____

Name of staff member (please print):_____

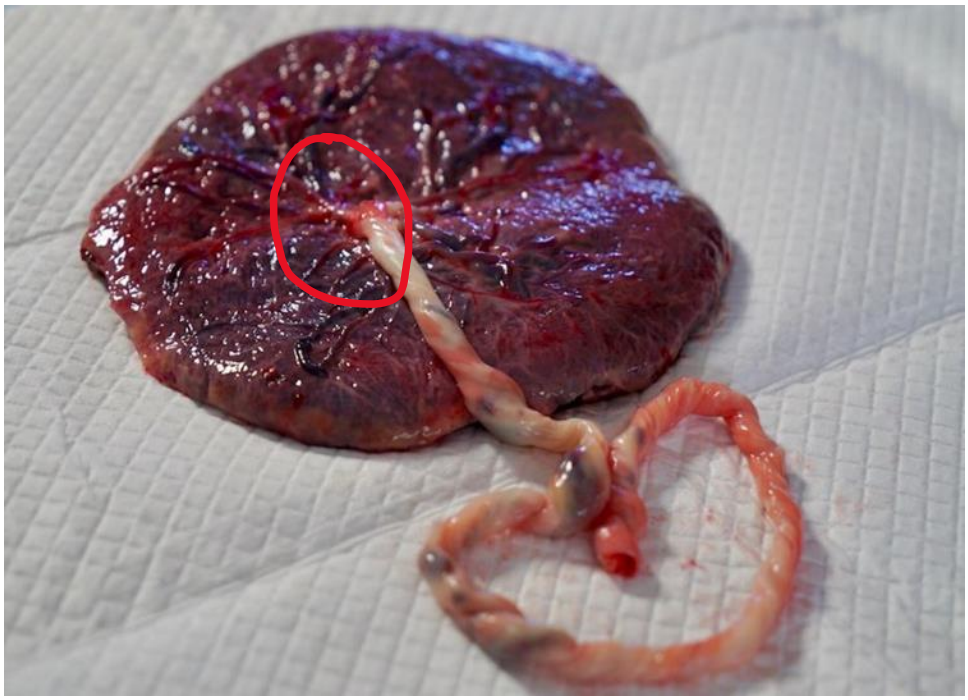
Signature _____ Date _____

Name of person collecting baby (please print): ----------

Signature_____ Date _____

©Milton Keynes University Hospital NHS Foundation Trust

Appendix 9: How to take cytogenetics



- Cut into the placenta as near to the cord as possible. Take a piece, including maternal (lobes) and fetal (membranes). Take as big a piece as possible to fit into the pink tissue medium.

- Pink tissue medium is kept in the freezer on labour ward at the midwives workstation. Let it thaw for ½ hour.

- Stick maternal label on it and complete the 'Oxford regional genetic laboratories test requests' form (Kept in the filing box on ward 21B- (check the quick-look guide) and send to the pathology department. Put sample and form into a plastic bag (blood sample bag). Make sure the address of Churchills is visible in the bag.

- Send ideally before midday as a courier goes to Oxford daily.

©Milton Keynes University Hospital NHS Foundation Trust

Appendix 10: Cytogenetics form EXAMPLE

UKAS MEDICAL 8694

OXFORD REGIONAL GENETICS LABORATORIES TEST REQUEST

Please PRINT clearly in black ball point pen as this form will be scanned
N.B. Incomplete or illegible request forms, or inadequately labelled containers, may delay processing
Laboratory contact, consent, and sample dispatch details on reverse of form
v3.5 April 2019

PATIENT DETAILS *(Printed label if available)*

Family name: Womans Stricker
First name(s):
Date of birth:
Gender: M ☐ F ☑ U ☐
NHS number:
Hospital number:
Address:
Ethnic Origin: MUST PUT
Case / Family number:
Postcode:
NHS ☑ Private ☐ Please supply the name and address for invoicing

REFERRER DETAILS

Consultant / Clinician: NAME
Job Title:
Hospital address: Milton Keynes University Hospital Standing Way, Eaglestone MK6 5LD
Email: mkscreening@mkuh.nhs.uk
Tel No: 01908-660033
(PTO for more information)
Contact Name: (if different)
Additional copies to:

CLINICAL DETAILS AND FAMILY HISTORY
For pedigrees please mark ↗ against person sampled with this request card. Where appropriate identify other family members that may be known to the lab with their full name and date of birth.

AS much information as you can give.
Example - TOP for what reason
example - missed miscarriage at 20/40, Size of 16/40

Is the patient or their partner pregnant? If YES: gestation at sampling by scan? Patient wishes to know fetal sex? ☐

For infertility referrals please give partner's name and DOB: Please state if parents want to know sex of their baby
If this case has been discussed with the Clinical Genetics department, please give name of contact in Genetics:

HIGH RISK SAMPLES: If a specimen is known to present an infection hazard it must be clearly labelled 'DANGER OF INFECTION' and the infection hazard stated.

Sample requirements – further details available from our web-site: www.ouh.nhs.uk/geneticslab

For Chromosome analysis, Fluorescence in situ hybridization (FISH): **Blood in LITHIUM HEPARIN (1-5ml)** ☐ (Tick box if requested)

For Gene sequencing, specific mutation tests, dosage, array CGH: **Blood in EDTA (1-5ml)** ☐ (Tick box if requested)
N.B. For FRAX testing please send blood in both EDTA and lithium heparin

Prenatal sample (please circle) **Amniotic fluid / CVS / Fetal blood** ☐ Volume (if appropriate) ml
N.B. If molecular testing is requested, a maternal blood sample in EDTA should also be sent.

Has this patient had a recent blood transfusion or ever had a bone marrow transplant? Yes / No – if yes give details below

Other (Please state) Placenta
Date sample taken: 01/01/2021
Name of person taking sample: YOUR NAME

TEST(S) REQUESTED – please read consent information overleaf

Cytogenetics

If asked to take a fetal sample please ensure parents are aware and documented on ecare/consent form

For Lab Use

Date of receipt: Condition/Volume: FISH/QFPCR:
Duty Scientist: Related Nos: Referral Code: Lab ID:
Array CGH Referral code: DNA location: Source material: Activation Date:

©Milton Keynes University Hospital NHS Foundation Trust

CONSENT:
In submitting this sample the clinician confirms that informed consent has been obtained for (a) storage and testing (current and future testing as this becomes available) (b) the use of this sample and the information generated from it to be shared with members of the donor's family and their health professionals (if appropriate).
If specific consent to any of the above is not given please provide details below.
The patient should be advised that the sample may be used anonymously for quality assurance, training and research purposes.

Further Information:
In complying with the Human Tissue Act 2004 all surplus tissue samples are discarded once DNA/RNA has been extracted.
Please be aware that anonymised genomic and clinical data may be shared within and beyond the NHS for diagnostic and research purposes.

Electronic Reporting via Email:

The Oxford Genetics Laboratories are now offering the option to receive reports by Email. If you would like to receive future reports via this method please provide your email address in the referrer details section (NHS.net email preferred). To set this up, the laboratory will contact you with further information.

Laboratory contact details:

General Enquiries Tel: +44 (0)1865 226001

Duty scientist e-mail: orh-tr.dutyscientist.oxfordgen@nhs.net

Opening hours: 9.00am – 5.00pm Monday – Friday (excluding bank holidays)

Put maternal sticker on 'pink tissue medium' bottle
Ckept in freezer on labour wards work station -
Place in a 'blood bottle bag' and stick onto this form

Sample dispatch:

Send samples at room temperature by 1st class post or courier to:
(For other samples please enquire or consult web-site)

Oxford Regional Genetics Laboratories
Churchill Hospital
Old Road
Headington
Oxford
OX3 7LE
UK

make sure this address is in view for the courier

N.B. Samples for chromosome analysis should be sent to arrive at the laboratory within 24 hours.

Take to pathology - samples go by courier week days until 1pm

For further information about sample requirements and tests available see:
www.ouh.nhs.uk/geneticslab

v3.5 April2019

©Milton Keynes University Hospital NHS Foundation Trust

Appendix 11: Blank Cytogenetics form (oxford regional genetics laboratories test request)

Oxford Regional Genetics Laboratories
Oxford University Hospitals NHS Foundation Trust
The Churchill Hospital
Oxford OX3 7LE
Admin office: 01865 226001
Email: orh-tr.dutyscientist.oxfordgen@nhs.net

NHS Central & South Genomic Laboratory Hub
Oxford Genetics Laboratories

PATIENT DETAILS (Printed label if available)

Family name:

First name(s):

Date of birth:

Sex: M ☐ F ☐ U ☐

NHS number:

Hospital number:

Address:

Ethnic Origin:

Case / Family number:

Postcode:

NHS ☐ Private ☐ Please supply the name and address for invoicing

REFERRER DETAILS

Consultant / Clinician: Job Title:

Hospital address:

Email: (PTO for more information) Tel No:

Contact Name: (if different)

Additional copies to:

CLINICAL DETAILS AND FAMILY HISTORY

For pedigrees please mark ☐against person sampled with this request card. Where appropriate identify other family members that may be known to the lab with their full name and date of birth.

Is the patient or their partner pregnant? If YES: gestation at sampling by scan?

For infertility referrals please give partner's name and DOB:

If this case has been discussed with the Clinical Genetics department, please give name of contact in Genetics:

HIGH RISK SAMPLES: If a specimen is known to present an infection hazard it must be clearly labelled 'DANGER OF INFECTION' and the infection hazard stated.

Sample requirements – further details available from our web-site: www.ouh.nhs.uk/geneticslab

For Chromosome analysis, Fluorescence In Situ Hybridization (FISH): **Blood in LITHIUM HEPARIN (1-5ml)** ☐ **(Tick box if requested)**

For gene sequencing, specific mutation tests, dosage, SNP array: **Blood in EDTA (1-5ml)** ☐ **(Tick box if requested)**
N.B. For FRAX testing please send blood in both EDTA and lithium heparin

Has this patient had a recent blood transfusion or ever had a bone marrow transplant? if yes give details below

Other (Please state) **Date sample taken: Name of person taking sample:**

TEST(S) REQUESTED – please read consent information overleaf

NHSE Genomic Medicine Service R/M Code:

For Lab Use

Date of receipt: Initials: Sample Condition/Volume: Comments:

©Milton Keynes University Hospital NHS Foundation Trust

CONSENT:
In submitting this sample the clinician confirms that informed consent has been obtained for (a) storage and testing (current and future testing as this becomes available) (b) the use of this sample and the information generated from it to be shared with members of the donor's family and their health professionals (if appropriate).
If specific consent to any of the above is not given please provide details below.
The patient should be advised that the sample may be used anonymously for quality assurance, training and research purposes.

Further Information:
In complying with the Human Tissue Act 2004 all surplus tissue samples are discarded once DNA/RNA has been extracted.
Please be aware that anonymised genomic and clinical data may be shared within and beyond the NHS for diagnostic and research purposes.

Electronic Reporting via Email:

The Oxford Genetics Laboratories are now offering the option to receive reports by Email. If you would like to receive future reports via this method please provide your email address in the referrer details section (NHS.net email preferred). To set this up, the laboratory will contact you with further information.

Laboratory contact details:

General Enquiries Tel: +44 (0)1865 226001

Duty scientist e-mail: **orh-tr.dutyscientist.oxfordgen@nhs.net**

Opening hours: 9.00am – 5.00pm Monday – Friday (excluding bank holidays)

The following link can be used to access the latest version of this form:
Oxford Genetics Laboratories joint referral form (ouh.nhs.uk)

This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.
©Milton Keynes University Hospital NHS Foundation Trust

Appendix 12: Cytogenetics / karyotyping consent form EXAMPLE

Cytogenetics

Oxford University Hospitals NHS
NHS Trust

OXFORD CENTRE FOR GENOMIC MEDICINE
ACE building,
Nuffield Orthopaedic Centre
Oxford OX3 7HE

CONSENT FORM FOR GENETIC TESTING AND STORAGE OF GENETIC MATERIAL

I consent to my/~~my child's~~ sample being tested for:
(*Please delete as appropriate)

Karyotyping *(test to be undertaken)*

I understand that the results of a genetic test may have implications both for the person being tested and for other members of that person's family.

I give consent for my results/sample to be used, if appropriate, to benefit other members of my family.

I understand that I can withdraw from the testing procedure at any time without it having any effect on my health care.

I understand that normal laboratory practice is to store the DNA extracted from a blood sample even after the current testing is complete. This is because in the future (months or years) further tests may become available.

☐ I would like to be contacted **before** further diagnostic tests are done on the stored sample if new tests become available.

OR ☐ I am happy for further diagnostic tests on the stored sample to be undertaken without being contacted. *(discuss time interval)*

I understand that occasionally leftover samples may be useful in setting up laboratory techniques and my sample might be used as a 'quality control' for other testing.

I understand a copy of my results will usually be sent to my GP.

Other specific issues discussed as part of this consent. *(document where appropriate)*

Affix sticky label or fill in details

Patient Name:

Patient Address:

Date of Birth: Case number:

Patient/Parent Signature X

Name of Parent X

Consent taken by (clinician's name) X

Signature X Date X / / /

Oxford genetic testing consent form 15/9/2010

This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.
©Milton Keynes University Hospital NHS Foundation Trust

Appendix 13: Blank Cytogenetics / karyotyping consent form

Oxford University Hospitals NHS
NHS Trust

OXFORD CENTRE FOR GENOMIC MEDICINE
ACE building,
Nuffield Orthopaedic Centre
Oxford OX3 7HE

CONSENT FORM FOR GENETIC TESTING AND STORAGE OF GENETIC MATERIAL

I consent to my/my child's sample being tested for:
(*Please delete as appropriate)

_____ (*test to be undertaken*)

I understand that the results of a genetic test may have implications both for the person being tested and for other members of that person's family.

I give consent for my results/sample to be used, if appropriate, to benefit other members of my family.

I understand that I can withdraw from the testing procedure at any time without it having any effect on my health care.

I understand that normal laboratory practice is to store the DNA extracted from a blood sample even after the current testing is complete. This is because in the future (months or years) further tests may become available.

☐ I would like to be contacted **before** further diagnostic tests are done on the stored sample if new tests become available.

OR ☐ I am happy for further diagnostic tests on the stored sample to be undertaken without being contacted. (*discuss time interval*)

I understand that occasionally leftover samples may be useful in setting up laboratory techniques and my sample might be used as a 'quality control' for other testing.

I understand a copy of my results will usually be sent to my GP.

Other specific issues discussed as part of this consent. (*document where appropriate*)

Affix sticky label or fill in details

Patient Name:

Patient Address:

Date of Birth: Case number:

Patient/Parent Signature_____

Name of Parent_____

Consent taken by (clinician's name) _____

Signature _____Date_____/_____/_____

Oxford genetic testing consent form 15/9/2010

©Milton Keynes University Hospital NHS Foundation Trust

Appendix 14: Consent to take photographs form

REMEMBRANCE PHOTOGRAPHY

For more information about how we process personal data please see our Privacy Policy at http://www.remembermybaby.org.uk/remember-my-baby-privacy-policy/

CONSENT TO TAKE PHOTOGRAPHS

I/we, as parent(s), have requested Remember My Baby (RMB), a registered charity, to provide me/us with a photographic keepsake of my/our child.

I/we understand this is a gift, and will accept it as such. I/we agree to the Volunteer Photographer named below taking photographs.

I/we understand that the hospital is not affiliated with either the Volunteer Photographer or with RMB.

I/we understand the Volunteer Photographer grants permission for personal usage of the digital images. (Personal usage means any use that is personal and not for profit.)

SESSION DATE: _____ HOSPITAL/HOSPICE/OTHER STAFF MEMBER: _____

HOSPITAL/HOSPICE FULL NAME: _____

BABY'S NAME(S): _____ DOB: _____

PARENT NAME:1) Birth Mother: _____ DOB: _____

PARENT NAME:2) Partner/Spouse: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SIGNATURES INDICATING CONSENT	1) _____ Date: _____
	2) _____ Date: _____

ADDITIONAL CONSENT FOR USE OF IMAGES

I/we permit the images of my/our child to be used by RMB for raising awareness of RMB's service, education and training of other RMB photographers and health care professionals only. No other use is permitted.

LIMITED IMAGE USE CONSENT: please sign here _____

I/we permit the images of my/our child to be used by RMB to promote RMB's service online (eg website, Facebook, twitter, etc.), on displays (eg photo trade shows and NHS study days/conferences), and on other printed materials.

FULL IMAGE USE CONSENT: please sign here _____

I/we do NOT permit the images of my/our child to be used by RMB.

NO CONSENT FOR IMAGE USE: please sign here _____

Your RMB Photographer's Details

NAME: .....

PHONE: .....

EMAIL: .....

SIGNATURE: .....

FREEPHONE 0808 189 2345 email: info@remembermybaby.org.uk Website: www.remembermybaby.org.uk

Registered Office: Remember My Baby, 16 Quarn Drive, Derby DE22 2NQ
Registered Charity No. 1159657 (England & Wales) SC045442 (Scotland)
© Remember My Baby 2019

RMB_09_CONSENT_FORM 2019

This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.
©Milton Keynes University Hospital NHS Foundation Trust

Appendix 15: Example PM consent form

TheMKWay
Milton Keynes University Hospital NHS Foundation Trust
©Milton Keynes University Hospital NHS Foundation Trust
This document is uncontrolled once printed. Please check on the Trust's intranet site for the most up to date version.

Appendix 4: Postmortem consent form

Sands and the Human Tissue Authority (2013) Post mortem consent form: your wishes about the post mortem examination of your baby incorporating Sands and the Human Tissue Authority (2013) Optional section on retaining organs for the Sands Post mortem consent form.

Postmortem consent form

Your wishes about the postmortem examination of your baby

©Milton Keynes University Hospital NHS Foundation Trust
This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.

Milton Keynes University Hospital NHS Foundation Trust

complete every box

Your wishes about the postmortem examination of your baby

Mother	Baby
Last name	Last name X
First name(s) STICKER	First name(s) X
Address	Date of birth X
	Date of death (if liveborn)
Hospital no.	Hospital no.
NHS no.	NHS no.
Date of birth	Gender (if known)
Consultant	Consultant
Father/Partner with parental responsibility	Address (if different from the mother's)
Last name	
First name(s)	
Preferred parent to contact, tel. no.: Please get a current phone number	
Other, eg, religion, language, interpreter ..... fill out	
.....	

How to fill in this form:

- Please show what you agree to by writing **YES** in the relevant boxes. Write **NO** where you do not agree.
- Record any variations, exceptions and special concerns in the Notes to the relevant section or in Section 5.
- Sign and date the form. The person taking consent will also sign and date it.

Changing your mind

After you sign this form, there is a short time in which you can change your mind about anything you have agreed to.

If you want to change your mind, you must contact:

[Name, department] ..MATERNITY..... [tel.] 01908996478|80

Before [time] ...08:00..... on [day] ..following [date] .....01/01/61...

If they deliver late, they should have at least 24 hrs to change their mind

Please be assured that your baby will always be treated with care and respect.

©Milton Keynes University Hospital NHS Foundation Trust
This document is uncontrolled once printed. Please check on the Trust's intranet site for the most up to date version.

Section 1: Your decisions about a postmortem examination *select one of these 3 options.*

A complete postmortem This gives you the most information. It includes an external examination, examining the internal organs, examining small samples of tissue under a microscope, and taking x-rays and medical photographs. Tests may also be done for infection and other problems and the placenta may also be examined.

If you think you may have another baby in the future and are worried that the problem might occur again, a complete postmortem is the best way to try to find out.

YES **I/We agree to a complete postmortem examination.**

OR

A limited postmortem This is likely to give less information than a complete post mortem.

A limited postmortem includes an external examination, examining the internal organs in the area(s) of the body ...at you agree to, examining small samples of tissue under a microscope, and taking x-rays and medical photographs. Tests may also be done for infection and other problems and the placenta may also be examined.

I/We agree to a limited postmortem examination.

NO

Please indicate what can be examined:

NO **abdomen** ☐ **chest and neck** ☐ **head** **other** .....

OR

An external postmortem This may not give any new information.

An external postmortem includes a careful examination of the outside of the baby's body, x-rays and medical photographs. The placenta may also be examined.

NO **I/We agree to an external postmortem examination.**

Section 2: Tissue samples *Only if you consent to a complete or limited postmortem*

With your agreement, the tissue samples taken for examination under a microscope will be kept as part of the medical record (in small wax blocks and on glass slides). This is so that they can be re-examined to try to find out more if new tests or new information become available. This could be especially useful if you think you may have another baby in the future.

YES **I/We agree to the tissue samples being kept as part of the medical record for possible re-examination.** *If consent is **not** given, you must note below what should be done with the tissue samples. See Section 8 Item 6 for more information.*

Notes to Sections 1 and 2 if required ...If they say no in section 2, do they want the blocks and slides to stay in Oxford or returned with their baby or disposed of

©Milton Keynes University Hospital NHS Foundation Trust
This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.

Section 3: Genetic testing

To examine the baby's chromosomes or DNA for a possible genetic disorder or condition, the pathologist takes small samples of skin, other tissue and/or samples from the placenta (afterbirth). With your agreement, this material will be kept as part of the medical record so that it can be re-examined to try to find out more if new tests or new information become available. This could be especially useful if you think you may have another baby in the future.

Yes **I/We agree to genetic testing of samples of skin, other tissue and/or the placenta.** *If samples should not be taken from any of these, please note this below.*

Yes **I/We agree to the genetic material being kept as part of the medical record for possible re-examination.** *See Section 8 Item 6 for more information.*

Notes to Section 3 if required .....

.....

Section 4: Keeping tissue samples for training professionals and for research

Section 4 covers additional separate consent that you may decide to give. It will not affect what you have already agreed to above, what is done during the postmortem, or the information you get about your baby's condition, but it may be helpful for others in the future.

With your agreement, the tissue samples may also be examined for quality assurance and audit of pathology services to ensure that high standards are maintained.

Yes **I/We agree to the tissue samples being kept and used for quality assurance and audit.**

Tissue samples, medical images and other information from the postmortem can be important for training health professionals. Identifying details are always removed when items are used for training.

Yes **I/We agree to anonymised tissue samples, images and other relevant information from the postmortem being kept and used for professional training.**

Tissue samples, medical images and other relevant information from the postmortem can also be useful in research into different conditions and to try to prevent more deaths in the future. All research must be approved by a Research Ethics Committee.

Yes **I/We agree to tissue samples, images and other relevant information from the post mortem being kept and used for ethically approved medical research.**

You can withdraw consent for any of the above at any time in the future. To do so, please contact the hospital and ask for the histopathology department.

They can say no

©Milton Keynes University Hospital NHS Foundation Trust
This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.

Section 5: Keeping one or more organs for diagnostic purposes

In most cases, all the organs will be returned to your baby's body after the post mortem examination. But occasionally the doctors may recommend keeping one or more organs for longer, to carry out further detailed examination to try to find out more about why your baby died. This might take some weeks and so could affect the timing of your baby's funeral. The person who discusses the post mortem with you will tell you if it is likely.

Yes **I/We agree to further detailed examination of the organ(s) specified below:**

Yes **Any organ**

☐ **The following organ(s)** Unless we know the most likely cause we should encourage any organ

If you agree to further detailed examination, you also need to decide what should be done with the organ(s) after the examination:

No **I/We want the hospital to dispose of the organ(s) respectfully as required by law.**

NC **I/We want the organ(s) returned to the funeral director we appoint for separate cremation or burial.**

Yes **I/We want to delay the funeral until the organ(s) have been returned to my/our baby's body.**

Alternatively, after the further detailed examination, you may decide to donate the organ(s) for one of the following purposes:

No **I/We agree to donate the organ(s) to be used to train health professionals.**

NC **I/We agree to donate the organ(s) to be used for ethically approved medical research.**

If you agree to donate one or more organ(s), they will be respectfully cremated as required by the Human Tissue Authority when they are no longer needed.

If you change your mind about this donation at any time in the future, and want to withdraw your consent, please contact the hospital and ask for the histopathology department.

Notes to Section 5 if required .....

.....

Any other requests or concerns

.....

.....

Do you consent for disposal of the placenta after post-mortem? (Yes) or NO (Please circle)

If no, would you like it to remain with the baby Yes or No (Please circle)

©Milton Keynes University Hospital NHS Foundation Trust
This document is uncontrolled once printed. Please check on the Trust's intranet site for the most up to date version.

Section 6: Parental consent

Yes I/We have been offered written information about postmortems. → Parents should be offered this prior to discussion.

Yes I/We understand the possible benefits of a postmortem.

Yes My/Our questions about postmortems have been answered. → Don't always find a cause 50/50.

Mother's name ..... **Signature** .....

Father's/Partner's name ..... **Signature** .....

Date ..... **Time** .....

If the partner isn't available, you can take consent from the mother

Section 7: Consent taker's statements *To be completed and signed in front of the parents.*

Yes I have read the written information offered to the parents.

Yes I believe that the parent(s) has/have sufficient understanding of a postmortem and (if applicable) the options for what should be done with tissue and organs to give valid consent.

Yes I have recorded any variations, exceptions and special concerns.

Yes I have checked the form and made sure that there is no missing or conflicting information.

Yes I have explained the time period within which parents can withdraw or change consent and have entered the necessary information at the beginning of this form.

Name ..... **Position/Grade** .....

Department Maternity **Contact details (Ext/Bleep)** .....

Signature ..... **Date** .....**Time** .....

Interpreter's statement (if relevant)

☐ I have interpreted the information about the postmortem for the parent(s) to the best of my ability and I believe that they understand it.

If using an interpreter

Name ..... **Contact details** .....

Signature ..... **Date** .....**Time** .....

This form has to be completed

©Milton Keynes University Hospital NHS Foundation Trust
This document is uncontrolled once printed. Please check on the Trust's intranet site for the most up to date version.

Milton Keynes University Hospital NHS Foundation Trust

POSTMORTEM / PLACENTA REQUEST FORM FOR HISTOLOGY

PAEDIATRIC PATHOLOGY CONTACT INFORMATION	
DR D FOWLER	(01865) 220504
DR CM BOWKER	(01865) 222022
SECRETARY	(01865) 221246
MORTUARY OFFICER	(01865) 220495
LABORATORY	(01865) 220492

AUTOPSY REFERRALS – *BEFORE* SENDING THE CASE ALWAYS CONTACT THE DEPARTMENT TO FOREWARN US AND RELAY ANY IMPORTANT INFORMATION.

FOR LABORATORY USE
LABORATORY NUMBER:
DATE RECEIVED:
PATHOLOGIST:
NOTES:

PLEASE REMEMBER TO INCLUDE THE PLACENTA!

MOTHER'S DETAILS

HOSPITAL NO
NAME
PREV SURNAME Sticker
D.O.B
* LMP Important
EDD Important.

ADDRESS Part of sticker.
CONSULTANT
WARD maternity
HOSPITAL Milton Keynes.

SPECIMEN / REQUEST

IS THE REQUEST FOR EXAMINATION OF:
- [x] A STILLBORN / FOETAL DEATH?
- [ ] A NEONATAL / INFANT DEATH?
- [ ] THE PLACENTA ONLY?
- [ ] OTHER: .....

DATE: .....

RELEVANT CLINICAL DETAILS AND HISTORY

Anything to note.
i.e Abruption etc.

PAST OBSTETRIC HISTORY

YEAR	PLACE	SEX	WEIGHT	GESTATION	DELIVERY	COMPLICATIONS	OUTCOME

Must do

HAVE YOU SENT A SAMPLE TO CYTOGENETICS

*
- [ ] YES
- [ ] NO

COMPLICATIONS IN PRESENT PREGNANCY

THREATENED ABORTION	Y / N	GROWTH RESTRICTION	(Y) N
HYPERTENSION	Y / N	OTHER (DETAILS BELOW)	Y / N
POLYHYDRAMNIOS	Y / N		
OLIGOHYDRAMNIOS	Y / N		
APH	Y / N		

SUMMARY OF PRESENT DELIVERY

(SUMMARY OF COMPLICATIONS, DELIVERY ETC):

fill in as much as possible

	DATE	TIME
FETICIDE *(if applicable)*		
MEMBRANE RUPTURE		
1ST STAGE		
2ND STAGE		
DELIVERY		

TheMKWay
CARE. COMMUNICATE. COLLABORATE. CONTRIBUTE.
This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.
©Milton Keynes University Hospital NHS Foundation Trust

NHS
Milton Keynes University Hospital
NHS Foundation Trust

©Milton Keynes University Hospital NHS Foundation Trust
This document is uncontrolled once printed. Please check on the Trust's Intranet site for the most up to date version.

BABY / FOETUS

NAME *(if given)* ~~A~~ must put
GENDER *(if known)* If known
DOB Important
WEIGHT AT DELIVERY Important
GESTATION AND/OR AGE Important

HOSPITAL NO *(if applicable)*
PAEDIATRICIAN *(if applicable)*
ESTIMATED DATE OF DEATH
ESTIMATED TIME OF DEATH
FATHER'S NAME *(if different)*

APPEARANCE

BABY / FOETUS / PLACENTA

- ☐ FRESH
- ☑ MACERATED
- ☐ VERY MACERATED

PROVISIONAL DIAGNOSES

What is written on the scan report?

QUESTIONS FOR THE PATHOLOGIST

PLEASE INCLUDE:

must include

- COPIES OF THE ULTRASOUND SCAN REPORTS ✓
- COPIES OF ALL GENETICS RESULTS
- THE PLACENTA ✓
- POST MORTEM CONSENT FORM ✓

ABNORMALITIES / ANOMALIES

PLEASE GIVE DETAILS OF ANY ABNORMALITIES (and/or attach copies of the prenatal diagnosis scan / genetics reports)

If you note an abnormality - check with an obstetrician or paediatrican and then document

FOR NEONATAL DEATHS ONLY

NEONATAL COURSE: Brief summary of the neonatal course

DEATH CERTIFICATE (clinical cause of death)

Do the parents agree to disposal of the placental tissue as per Oxford University Hospital protocol? Yes No For IUD / S/BIRTH & TOP's NOT FOR ABNORMALITY NOT Placentas from live born babies).

CONTACT DETAILS OF MEMBER OF STAFF COMPLETING THIS FORM

NAME This all needs filling in
SIGNATURE
TELEPHONE NO

DATE
STATUS
BLEEP