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

Medical Management of Miscarriage and Termination of Pregnancy from 12 to 17+6 Weeks

Classification :	Guidelines
Authors Name:	**Vanessa Braithwaite, Tracy Rea and Ghaly Hanna**
Authors Job Title:	**Early Pregnancy Loss Nurse Specialist, Bereavement Midwife, Obstetric Consultant**
Authors Division:	**Maternity and Early Pregnancy**
Departments/Group this Document applies to:	Gynaecology, Ward 21B, EPAU, DSU, ED, Theatres, ANNBS, Chaplain, Bereavement Midwife, Pathology Staff

Approval Group: Maternity Guideline Review Group, Women's Health CIG	**Date of Approval:**	August 2023
	Last Review:	August 2023
	Review Date:	April 2026

Unique Identifier: MIDW/GL/300	**Status:** Final	**Version No:** 1.0

Scope: The document applies to all clinical areas that manage women with early pregnancy problems: Ward 21, Emergency Department (ED), Early Pregnancy Unit (EPAU), Day Surgery Unit (DSU), Antenatal and Newborn Screening (ANNB) and Theatres. The document also applies to Histopathology who are involved in the process and storage of fetal tissue and to the Chaplaincy and Bereavement Midwife who are involved in the management of the disposal process.	**Document for Public Display:** No

To be read in conjunction with the following documents:
Sensitive disposal for miscarriage, termination of pregnancy up to 17+6 weeks
Following pregnancy loss (up to 13 weeks 6 days by scan)
Statement of wishes following pregnancy loss (14 weeks to 17+6 weeks)
Prophylactic Anti D immunoglobulin guideline

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

Index

©Milton Keynes University Hospital NHS Foundation Trust

Guideline Statement

The purpose of this guideline is to enable staff to give high quality care for women and babies in cases where there has been a miscarriage or termination of pregnancy between 12 and 17+6 weeks

Executive Summary

The document applies to all clinical areas that manage women who have a pregnancy loss between 12 and 17+6 weeks

Abbreviations

ANNB – Antenatal and Newborn Screening
ARC – Antenatal Results and Choices
CMW – Community Midwife
DSU – Day Surgery Unit
GMC – General Medical Council
ED – Emergency Department
EDD – Estimated Date of Delivery
EDM – Electronic Data Management
EPAU – Early Pregnancy Assessment Unit
PCA – Patient Controlled Analgesia
PRN – Pro Re Nata
SOP – Standard Operating Procedure
TOP – Termination of Pregnancy
USS – Ultrasound Scan

Key Messages

• Please cancel any antenatal appointments, including scans and send midwifery letters to the community office, antenatal clinic and operational manager for Women and Children's. Send an email to obs.gynae@mkuh.nhs.uk and obstetricsUltrasound@mkuh.nhs.uk to cancel all future appointments.
• Ensure the families are given a copy of the 'statement' they sign to ensure they have the bereavement midwife's contact details. Please make sure you document the woman's contact number
• If parents wish to take their baby home and it is a miscarriage before 17+6 weeks, they can, but it must go to the mortuary first and signed out from the mortuary, never directly from the ward or ED
• If woman is Rhesus negative – give Anti-D on diagnosis and following miscarriage (Qureshi et al., 2014).

- Women who have a termination of pregnancy from 16 weeks can be cared for on labour ward. 18 weeks if a miscarriage.
- Please refer to the recurrent miscarriage clinic for women who have had 3 recurrent miscarriages
- TOP's to be refer to the fetal medicine midwife who can arrange follow up care
- Women over 14 weeks need a bereavement meeting with Mr Hanna

This document provides information for healthcare professionals caring for women who have had a miscarriage, termination of pregnancy (TOP) between 12 to 17+6 weeks gestation. The aim is to improve

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

the experience of care for women and their families and to ensure that all aspects of care are carried out. This document contains information on the following:

1.0 Roles and Responsibilities:

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

1.1 Gynaecologists in conjunction with EPAU for miscarriages and ANNBS for TOP:

- On diagnosis of miscarriage over 14 weeks with no known cause, please see checklist for list of investigations needed
- If 3 or more consecutive miscarriages – refer to the recurrent miscarriage clinic
- If termination of pregnancy – Refer to the fetal medicine midwife who can arrange follow up care
- Introduce themselves
- Inform parents of situation appropriately
- Arrange for two sonographers to scan to confirm no fetal heartbeat in the case of miscarriages
- Gain consent for termination of pregnancy or to induce miscarriage
- Ensure a management plan is documented within the maternal records
- Prescribing medication for induction of miscarriage or termination of pregnancy
- Prescribe regular and PRN analgesia
- Prescribe antiemetics
- Complete legal forms, for termination of pregnancy if applicable
- Discuss and gain consent for postmortem if competent and baby over 16 weeks by fetal size, not dates (Reason: Baby may have demised prior to diagnosis and therefore not suitable for post mortem (See Appendix 3)
- Give emotional support
- Be available for questions
- Provide input if necessary
- Ensure that the patient has the Bereavement Midwives contact details prior to discharge
- Ensure that the patients telephone number is correct
- Provide ongoing care as required
- Ensure Anti D is prescribed if the woman has a Rh-Negative blood group as per departmental guidance

1.2 Nurses

- Introduce themselves
- Provide care and emotional support
- Ensure patient is admitted to a sideroom
- Discuss with Nurse in charge and confirm if partner can stay with patient in a side room
- Obtaining and administrating correctly prescribed medication and Anti D immunoglobulin if woman's blood group is Rh Negative
- Follow the management plan set by Gynaecologist
- Follow relevant policy, procedures and guidelines
- Refer to the checklist and ensure it is completed in full
- Give informed choice of care of baby following delivery
- Continuity of care if possible
- Inform the CMWs
- Ensure that the patient has the Bereavement Midwives contact details prior to discharge
- Ensure that the patients telephone number is passed onto the Bereavement midwife
- Inform the Chaplain (if requested)
- Support with the birth of the baby

1.3 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 gained if accepted
- Provide ARC (Antenatal Results and Choices) booklet and other relevant support organisations
- Inform bereavement midwife
- Support for the woman and family
- Complete the Prenatal Screening Checklist (See Appendix 1)
- Prescription of relevant medication completed
- Guidance on: if a TOP is being carried out and it is considered that there is a risk of the baby being born alive; an Obstetrician must attend before and after death as they need to sign the paperwork with the GMC number. This must be documented in the maternal notes
- Guidance on:
    - if admission to the ward is required, arrange a date and time following agreement with patient and ward sister if woman is going to ward 21B.
    - If 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 (as amended) s. 1(1); Ground E, The Abortion Regulations 1991 Sch. 1 (Form HSA1), Sch. 2 (Form HSA4))
    - Women who are having a termination of pregnancy from 16 weeks onwards to be cared for on labour ward
- If TOP, you need to check prior to the procedure, that two Doctors have completed HSA4-form, part 1 • HSA1 form must be completed
- After TOP, the doctor carrying out the procedure must complete HSA4-form, part 2

2.0 Implementation and dissemination of document

This document will be used in training healthcare professionals within the Women and Children Division. The document can be accessed electronically via the guidelines and Patient Information System on the Trust's Intranet site

3.0 Processes and procedures

3.1 Psychological support

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

- Check EDD, for accurate gestational age. Please be mindful that there may have been fetal demise weeks earlier.
- 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 alright to take time and that they can change their minds
- Whenever possible talk to parents together
- 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

- Admit patient to a side room

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

- Discuss with Nurse-in-charge if partner can stay with patient overnight if required.
- Offer Chaplaincy / spiritual support
- Once they have left, the baby must go to the mortuary
- 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. Suggest the family take photographs on their phone
- Please discuss photographs - If they are reluctant to have any please emphasis that some people do change their minds
- If parents wish to take their baby home and have miscarried before 17+6 weeks, they can BUT the baby must go to the mortuary and be signed out from the mortuary, using the attached release form, (Appendix 8) Never directly from the area they have lost their baby

3.2 Medication

3.2.1 Missed Miscarriage from 12+0 to 12+6

For the medical management of missed miscarriage offer:
- 200 mg oral mifepristone and
- For admission 48 hours later, and administration of 800 micrograms misoprostol (vaginal, oral or sublingual) unless the gestational sac has already been passed.

3.2.2 Mifepristone from 13+0 weeks

At all gestations, regardless of whether there is a uterine scar, a single dose of 200 milligrams oral mifepristone is given after which the mother should be allowed home wherever possible.

Arrangement should be made for admission to hospital 24 hours to 48 hours later (or sooner) if:
- the woman experiences pain or bleeding or has concerns
- she develops an indication for urgent delivery

There is no evidence against earlier induction of labour following mifepristone – induction can occur anytime from 6 hours to 48 hours after administration.

3.2.3 Misoprostol from 13+0 weeks

The required amount of misoprostol not only decreases with increasing gestational age but has also been found to be lower in women where the fetus has died in utero.

Vaginal assessment should be performed prior to commencing vaginal misoprostol.
The vaginal route is preferred due to the lower incidence of side effects. However can be given orally.

Misoprostol is available as 200 microgram scored tablet.

Misoprostol should be given 24 hours to 48 hours after mifepristone or earlier when there is an urgent need to deliver.

Scarred uterus:

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

The risk of uterine rupture with misoprostol, although small, is increased in women with a second trimester fetal loss and one or more previous Caesarean sections or other uterine scars. This should be discussed with the parents. The misoprostol doses above should be used with caution.

All staff should be vigilant to clinical features that may suggest uterine scar dehiscence or rupture.

- maternal tachycardia, atypical pain, vaginal bleeding, haematuria and maternal collapse

	Fetal Loss 12+0 - 23+6 Weeks	**Termination of Pregnancy** 12+0 - 23+6 Weeks	
	Unscarred + Scarred uterus	**Unscarred Uterus**	**Scarred Uterus**
Preinduction	Mifepristone 200mg once only		
Normal interval between mifepristone and misoprostol in 24-48hr, this can be shortened if clinically needed			
Induction	Misoprostol 200mcg 6hrly, for 4 doses	Misoprostol 400mcg 3hrly, for 5 doses	Consider halving dose of Misoprostol: 200mcg 3hrly, for 5 doses
Vaginal route preferable due to lower incidence of side effects. (Avoid vaginal route if bleeding or signs of infection)			
If delivery not achieved after the recommended doses above, discuss with Consultant. A second course of misoprostol can be given after a 12 hour interval.			

Pain relief:
Adequate analgesia should be offered. All usual modalities should be made available. If opiate analgesia is chosen, then consider Morphine PCA (discuss with Anaesthetist).

Diet:
A light diet. Give omeprazole 20mg twice a day.

Care on ED / W21

- Please send the white disposal form (always send)
- Send placenta in a dry pot to the laboratory, ensuring that labels are on the pot, not the lid.
- If a baby has a congenital abnormality or dysmorphic features, discuss with the obstetric consultant and if not having a postmortem, send cytogenetics.
- Take a biopsy from the placental cord insertion, place in pink tissue medium (kept in the IV freezer on labour ward) with a Churchill Hospital cytogenetics request form and send with the baby to the mortuary. Forms kept in the plastic filing box in the baby room on labour ward and on ward 21B
- Fill out the congenital abnormalities form and send to ANNB screening (kept in the baby room in the plastic filing box)
- If abnormities are indicated prior to birth, and parents are requesting a postmortem send all relevant paperwork with baby to the mortuary i.e. scan reports. This will help Oxford when a postmortem is being performed.

3.3 Signs of Life

Delivery at gestations from 16 weeks onwards may result in the baby being born with signs of life. Signs of life include spontaneous breathing, spontaneous heartbeat, pulsation of the umbilical cord or definite movement of voluntary muscles.

Babies born with signs of life should be seen by a doctor at the earliest opportunity, so that in the event of subsequent death, a neonatal death certificate may be issued to the mother. after discussion with the coroner

The baby should be treated with dignity, respect and love and comfort care should be provided. Wrap the baby to keep the baby warm and provide the option of family holding the baby. If the family do not wish to see or hold the baby place the baby in an appropriate size moses basket.

3.4 Viewing the baby

If parents indicate they wish to see their baby, it would be ideal if this could be facilitated before they leave the ward.

3.5 Taking their baby home

If the parents wish to take their baby home and not return the baby, they can if the baby is under 17+6 weeks gestation and not showed signs of life. The baby MUST leave through the mortuary and the release form must be completed, (Appendix 8) It would be their responsibility to make their own arrangements. If they wish to bury their baby in the garden, for instance, if a rented home, they need to get authorisation from their landlord before doing so and deeds may need to be changed. Maybe suggest putting the baby into a planter, so if they move, they can take the baby with them.

4.0 Statement of evidence/references

Abortion Act 1967. (c. 87). [Online]. Available from: https://www.legislation.gov.uk/ukpga/1967/87/contents [Accessed 16 November 2022]

Al-Dughaishi T, et al (2019) Trends of Patients' Preferences in the Management of First and Early Second Trimester Pregnancy Loss Towards the Choice of Medical or Surgical Termination of Pregnancy in a Tertiary Care Center in Oman, *Journal of Reproduction & Infertility*, Vol. 20, Iss. 1, (Jan/Mar 2019): 52-56 [Online]. Available from: https://www.proquest.com/docview/2610404977 [Accessed 16 November 2022]

Coomarasamy A, et al (2021) Sporadic miscarriage: evidence to provide effective care, *The Lancet*, 2021-05-01, Volume 397, Issue 10285, Pages 1668-1674 [Online]. Available from: https://www.clinicalkey.com/#!/content/journal/1-s2.0-S0140673621006838 [Accessed 16 November 2022]

Chu JJ, et al (2020) Mifepristone and misoprostol versus misoprostol alone for the management of missed miscarriage (MifeMiso): a randomised, double-blind, placebo-controlled trial, *The Lancet*, Volume 396, Issue 10253, Pages 770-778 [Online]. Available from: https://www.clinicalkey.com/#!/content/journal/1-s2.0-S0140673620317888 [Accessed 16 November 2022]

Das A, et al (2021) Comparison of expression of chemokine receptor 4 in maternal decidua and chorionic villi in women with spontaneous miscarriages and women opting for termination of viable pregnancies, *Journal of Human Reproductive Sciences*, Vol. 14, Iss. 1, (Jan 2021): 68-72. [Online]. Available from: https://www.proquest.com/medline/docview/2532697246/51D3EAD21FA84BA1PQ/132 [Accessed 16 November 2022]

Dugas C, Slane VH (2022) Miscarriage, StatPearls. [Online]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK532992/ [Accessed 16 November 2022]

Elsevier Point of Care (2022) Miscarriage and Recurrent Pregnancy Loss, Clinical Overview. [Online]. Available from: https://www.clinicalkey.com/#!/content/clinical_overview/67-s2.0-8f91ecbf-e9f2-4579-97fa-54b72988d7cb# [Accessed 16 November 2022]

Lemmers M, et al (2019) Medical treatment for early fetal death (less than 24 weeks) Cochrane Database of Systematic Reviews. [Online]. Available from: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002253.pub4/full [Accessed 16 November 2022]

National Institute for Health and Care Excellence (2019) *Abortion care. NICE guideline [NG140].* [Online]. Available from: https://www.nice.org.uk/guidance/ng140 [Accessed 16 November 2022]

National Institute for Health and Care Excellence (2021) *Abortion care. Quality standard [QS199]* [Online]. Available from: https://www.nice.org.uk/guidance/qs199 [Accessed 16 November 2022]

National Institute for Health and Care Excellence (NICE) *Ectopic pregnancy and miscarriage: diagnosis and initial management* (2023) available online at Ectopic pregnancy and miscarriage: diagnosis and initial

management (nice.org.uk) [Accessed 4th September 2023]

Pykett R, Smith SC (2017) Termination of pregnancy, Obstetrics, Gynaecology and Reproductive Medicine, Volume 27, Issue 7, Pages 218-224 [Online]. Available from: https://www.clinicalkey.com/#!/content/journal/1-s2.0-S175172141730091X [Accessed 16 November 2022]

Qureshi H, et al (2014) BCSH guideline for the use of anti-D immunoglobulin for the prevention of haemolytic disease of the fetus and newborn, *Transfusion Medicine*, Volume 24, Issue 1, February 2014, Pages 8-20 [Online]. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/tme.12091 [Accessed 16 November 2022]

Woo L, et al (2020) Effects of an Early Pregnancy Assessment Clinic (EPAC) on the Management of Spontaneous Abortions, *Journal of Obstetrics and Gynaecology Canada (JOGC)*, Volume 42, Issue 9, Pages 1086-1092 [Online]. Available from: https://www.clinicalkey.com/#!/content/journal/1-s2.0-S1701216320302644 [Accessed 16 November 2022]

5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made
1.0	**August 2023**	Jan Liddle Louise Allnatt Katie Selby Tracy Rea Georgina Leroux	**N/A**

5.2 Consultation History

Include staff in consultation who will be required to ensure the SOP is embedded. This table should be completed in full even if no comments are received

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Sanyal Patel	Obstetric Consultant	10/10/2022	10/10/2022	Anti D link Medication dosages	Yes
Jayne Plant	Librarian	18/11/2022	18/11/2022	References	Yes
Kathryn O'gorman	Fetal medicine midwife	07/11/2022	07/12/2022	TOP checklist	Yes
Maternity Guideline Review Group	Women's Health	06/09/2023		Updated to reflect changes in NICE management of missed miscarriage.	Yes

©Milton Keynes University Hospital NHS Foundation Trust

				Added to checklist cytogenetics appendix	

©Milton Keynes University Hospital NHS Foundation Trust

Appendix 1: Checklist for medical Termination of pregnancy

Patient ID Sticker	Date and Signature
Patient telephone number	
Indication for termination of pregnancy	
Consent form signed by patient	
HSA1 form signed by two registered doctors. Preferable the 1st signature by the diagnosing fetal medicine consultant but where not available, one signature to be obtained from a consultant	
Pre-Mifepristone BP HR Temp RR Sats Post-Mifepristone BP HR RR Sats	
Blood group…… Anti D immunoglobulin 1500 iu to be given intramuscularly on commencement of TOP if blood group is Rh Negative.	

©Milton Keynes University Hospital NHS Foundation Trust

Anti D 1500 units prescribed and given via deltoid muscle Dose 1 Date/time…… Batch no……	
MRSA swab sent. Date……..Result……. COVID Swab sent . (If applicalble-Diabetic or Immunocompromised.) Date ……..Result……..	
Bloods sent. FBC G&S U&Es LFTS Clotting	
TCI date discussed with ward 21B nurse in charge and the bed manager informed- bleep 1975 TCI date……..	
Date of admission…….. Time……..	
IV cannula insitu prior to medication Anti emetics and analgesia prescribed Omeprazole 20mg BD Date and Time…….	
Prepare room before starting medication and make sure cord clamps x2 available	
Misoprostol prescribed on admission Misoprostol given(Regime in guideline) Date…… Time…… Drs on call aware	

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

Thereafter: Misoprostol 200micrograms to be prescribed stat for 4 doses at 6 hourly intervals (4 does in 24 hours) can be given vaginally until bleeding starts then to be given orally, sublingually, buccally as patient prefers. Dose 1 Time and date…… Dose 2 Time and date…… Dose 3Time and date……	
Discuss Cytogenetics/Post-mortem (PM if over 16 weeks in size). Check appendix 9 onwards for guidance on how to take and complete the forms– (copies also in folder on wd 21B)	
ARC leaflet given	
Obstetric Scans copied to EDM	
1) Sensitive disposal/patient wishes under 13+6/40 leaflet explained and given Or 2) Sensitive disposal/patient wishes 14-17+6/40 leaflet explained and given. (Delete as appropriate.) Copy given to patient Copy sent to EDM Copy sent to chaplain	
NVF signed by Drs and copy to EDM and copy sent with remains Ecare request also needed and requisition sent with remains	

Offer: Fetus should be placed in a gown or/and little crib when parents spend time with their baby When going to histology, place fetus (in crib) in empty white histology pot (label on pot, not lid). Ensure placenta is with the fetus (if available)	
Memory box offered (ARC leaflet should have already been given)	
Support from chaplaincy offered or other minister of religion as appropriate	
Parents given time to spend with baby if desired, Prompt parents to take photo of baby with their phone	
Bereavement midwife informed if (Specify) Cytogenetics or Post-mortem has been requested to allow follow up with Mr Hanna tracy.rea@mkuh.nhs.uk	
All women who have a TOP to have a follow up appointment made with fetal medicine Consultant. fetalmedicine.preterm@mkuh.nhs.uk Date requested……..	
Community Midwife letter/email sent	
Cancel USS appointments ObstectricUltrasound@mkuh.nhs.uk	
Cancel Antenatal appointments Obs.Gynae@mkuh.nhs.uk	
Discharge advice given	

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 2: Medical management of miscarriage

checklist for 12/40 to 17+6/40
Advice can be sort from EPAU on x86434

Patient sticker:	Date and Signature
Patient telephone number	
Miscarriage confirmed by 2 sonographers. Provide names:	
Consent by registrar or specialist SHO obtained for: Medical management of miscarriage and Surgical management of miscarriage	
Pre-Mifepristone BP HR Temp RR Sats Post-Mifepristone BP HR RR Sats	
Blood group…… Anti D immunoglobulin 1500 iu to be given intramuscularly on diagnosis if blood group is Rh Negative. Anti D 1500 units prescribed and given via the deltoid muscle	

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

Dose 1 Date/time…….. Batch no	
MRSA swab sent. Date……..Result……. COVID Swab sent. If applicable-Diabetic or immunocompromised. Date ……..Result……..	
Bloods to be sent for over 14 weeks: FBC G&S U&Es LFTS Clotting Doctors also request **the Antiphospholipid screen** (Lupus anticoagulant, Anti Beta2 glycoprotein 1, Anticardiolipin antibody**)+ limited thrombophilia screen**, (factor v leiden genotype prothrombin 20210 gene mutation) **NB: Samples to arrive between 9am and 11am and then 1pm to 4pm Mon to Friday only. This will then avoid lunchtime when there aren't many staff around to deal with them.** **The samples need to be taken and brought to the laboratory within 1hr and the reception staff made aware of what they are.** **If unable to obtain these bloods, in these times, please request on ecare the required bloods and ask the woman to attend phlebotomy within a week of discharge with the times she can attend (this is to ensure screening is still completed prior to bereavement meeting).**	
TCI date discussed with ward 21B nurse in charge and bed manager informed. TCI date……	
Date of admission…….. Time……..	

Prepare room before starting medication and make sure cord clamps x2 available Ask women to use bed pan when going to toilet and use them from now on after first dose of Misoprostol	
IV cannula insitu prior to medication Anti emetics and analgesia prescribed Omeprazole 20mg BD Date and Time…….	
Misoprostol prescribed Misoprostol given Date…… Time…….. Drs on call aware	
There after: Misoprostol 200micrograms to be prescribed stat for 4 doses at 6 hourly intervals (4 does in 24 hours) can be given vaginally until bleeding starts then to be given orally, sublingually, buccally as patient prefers Dose 1 Time and date…… Dose 2 Time and date……. Dose 3 Time and date……	
Support from chaplaincy offered or other minister of religion as appropriate	
Parents given time to spend with baby if desired. Prompt parents to take photo of baby with their phone	
Sensitive disposal/patient wishes under 13+6/40 leaflet explained and given Or	

Sensitive disposal/patient wishes 14-18/40 leaflet explained and given. Statement I /Statement 2 (Delete as appropriate.) Copy given to patient Copy sent to EDM Copy sent to chaplain	
Non Viable Fetus (NVF) form signed by Drs and copy to EDM and copy sent with remains Ecare request also needed and requisition sent with remains Offer-Fetus should be placed in a gown or/and little crib when parents spend time with their baby When going to histology, place fetus (in crib) in empty white histology pot (label on pot, not lid). Ensure placenta is with the fetus if available	
Laboratory form signed Discuss Cytogenetics/Post-mortem (PM if over 16 weeks in size) by suitable qualified member of staff who has had additional training in taking post mortem consent. Photocopy twice. Check appendix 9 onwards for guidance on how to take and complete the forms– (copies also in folder on wd 21B)	
If Rhesus negative Anti D 1500 units to be prescribed given intramuscularly into deltoid muscle after miscarriage Date/time of Dose 2 …….. Batch no.	
Community Midwife letter/email sent	
Cancel USS appointments ObstectricUltrasound@mkuh.nhs.uk	
Cancel Antenatal appointments Obs.Gynae@mkuh.nhs.uk	

©Milton Keynes University Hospital NHS Foundation Trust

Bereavement midwife informed of all losses over 14 weeks and if (Specify) Cytogenetics or Post-mortem has been requested to allow bereavement meeting follow up tracy.rea@mkuh.nhs.uk	
Memory box offered, including miscarriage leaflet	
Discharge advice given	

©Milton Keynes University Hospital NHS Foundation Trust

Appendix 3: Postmortem consent form

Postmortem consent form

Your wishes about the postmortem examination of your baby

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

Your wishes about the postmortem examination of your baby

Mother	**Baby**
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.

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 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

©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.

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 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)

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 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** ……

©Milton Keynes University Hospital NHS Foundation Trust

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

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 .....
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	**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):

	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	
NAME *(if given)*	**HOSPITAL NO** *(if applicable)* .....
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/ 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	**DATE** .....
SIGNATURE	**STATUS** .....
TELEPHONE NO	**BLEEP** .....

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 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).

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: NVF Form

FORM NVF

FOR BURIAL OR CREMATION
CERTIFICATE OF MEDICAL PRACTITIONER OR MIDWIFE
IN RESPECT OF NON-VIABLE FOETUS

I HEREBY CERTIFY that I have examined the non-viable foetus.

Of _____

Address _____

Delivered on _____

Gestation _____

Which was less than twenty four weeks gestation.
NAME (IN BLOCK CAPITALS)

_____

(signature)

_____

Address _____

_____

Date _____Registered qualifications _____

FORM F

AUTHORITY TO CREMATE
(to be completed by the Crematorium team only)

Whereas application has been made for the Cremation of the remains of the above-described non-viable fetus.

And whereas I have satisfied myself that all the requirements of the Cremation Acts, 1902 and 1952 and of the Regulations made in pursuance of those Acts, have been complied with, and that there exists no reason for any further enquiry or examination.

I hereby authorize the Superintendent of the Crownhill Crematorium to cremate the said

Date: Signature:

Medical Referee to the Crownhill Crematorium

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: Following pregnancy loss (up to 13 weeks 6 days by scan)

Following pregnancy loss (up to 13 weeks 6 days by scan)

This information page is used on Ward 21b, EPAU, ED, Theatres, DSU and ANNB.

We are very sorry for your loss. We are aware that this is a distressing time for you. You may be wondering what will happen to your baby now. This leaflet has been compiled to give you information about what happens at a time when a pregnancy loss has occurred**.** We hope the following information will be helpful.

What happens next?

Following an early pregnancy loss, we want to ensure that any products of your pregnancy are handled in a respectful and dignified manner and in accordance with national requirements.

Normal Practice

If you have miscarried before 13 weeks and 6 days of pregnancy, the products of your pregnancy which are passed or removed from your womb will be taken to the laboratory. Later the pregnancy remains will be taken to the Crematorium at Crownhill where a hospital chaplain conducts a short, dignified committal before the pregnancy remains are cremated. The ashes are later scattered in the Children's Garden of Remembrance at Crownhill.

Memorial service

All families who have lost a baby through miscarriage, termination of pregnancy, still birth or a neonatal death are welcome to attend the hospital's annual Act of Remembrance.

The Act of Remembrance is open to everyone, whatever your background or beliefs. You may wish to use the service as an opportunity to reflect, remember and acknowledge the loss of your baby.

The Act of Remembrance is held on the 'Wave of Light' week in October at 3pm. Please get in touch with our Chaplaincy or the Bereavement Midwife on the numbers at the end of this leaflet if you would like to know more. The venue may change on a yearly basis, so please call from June onwards to find out where the service will be held.

Support

Following pregnancy loss, some people are surprised by the strength of their feelings and are not sure how to cope with them.

You may find that you and your partner react differently. These emotions are all valid but can be very confusing. If you would like to talk to someone while you are in hospital, then please ask a nurse to contact the Chaplaincy.

Some numbers which may be useful following discharge are given below.

Useful telephone numbers

Early Pregnancy Nurses 01908 996434

Hospital Chaplaincy 01908 996062	01908 996061
Bereavement Midwife	01908 997157
Antenatal and newborn screening ANNB	01908 995236 07790935490
National Miscarriage Association info@miscarriageassociation.org.uk	01924 200799

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 6: Statement of wishes following pregnancy loss (14 weeks to 18 weeks)

Statement of wishes following pregnancy loss (14 weeks to 18 weeks)

This form is used on Ward 21, EPAU, ED, Theatres, DSU and ANNB.

We are very sorry for your loss. We are aware that this is a distressing time for you. This leaflet has been compiled to give you information about what happens at a time when a pregnancy loss has occurred**.** You may want to discuss what will happen to your baby now, what options you have, and what decisions you may have to make. We hope the following information will be helpful.

What happens next?

Following an early pregnancy loss, we want to ensure that any products of your pregnancy are handled in a respectful and dignified manner and in accordance with national requirements.

Normal Practice from 14 to 18 weeks

If you lose your baby after 14 weeks the hospital's normal practice is for a group of up to ten babies to be taken together to Crownhill Crematorium where a hospital chaplain conducts a short, dignified committal service before the babies are cremated together. The ashes are later scattered in the Children's Garden of Remembrance at Crownhill.

If you would like your baby to be taken to Crownhill with other babies in this way, then please sign against **Statement 1** on the consent form.

Individual Farewell

Some people prefer to attend a service of farewell for their baby. If you would like to do this then a hospital chaplain can contact, you to discuss your needs. Usually, the service would be at Crownhill Crematorium and conducted by one of the hospital chaplains.

However, if for religious reasons cremation is not appropriate, or if you would like your own minister or faith leader to conduct the service, these needs can usually be accommodated.
If you would like to arrange an individual service of farewell for your baby, or if you would like to discuss the options further, then please sign against **Statement 2** on the consent form.

Someone from the Hospital Chaplaincy will contact you to discuss the options with you. Please note that the call will usually show as number withheld. If after three attempts we have been unable to make contact with you, we will write to you. If we have not heard from you in one month from the date of the letter, we will follow our normal practice.

©Milton Keynes University Hospital NHS Foundation Trust

Memorial service

All families who have lost a baby through miscarriage, termination of pregnancy, still birth or a neonatal death are welcome to attend the hospital's annual Act of Remembrance.

The Act of Remembrance is open to everyone, whatever your background or beliefs. You may wish to use the service as an opportunity to reflect, remember and acknowledge the loss of your baby.

The Act of Remembrance is held on the 'Wave of Light' week in October at 3pm. Please get in touch with our Chaplaincy or the Bereavement Midwife on the numbers at the end of this leaflet if you would like to know more. The venue may change on a yearly basis, so please call from June onwards to find out where the service will be held.

Support

Following pregnancy loss, some people are surprised by the strength of their feelings and are not sure how to cope with them.

You may find that you and your partner react differently. These emotions are all valid but can be very confusing. If you would like to talk to someone while you are in hospital then please ask a nurse to contact the Chaplaincy.

Some useful numbers following discharge:

Early Pregnancy Nurses	01908 996434
Hospital Chaplaincy	01908 996061 01908 996062
Bereavement Midwife	01908 997157
Antenatal and newborn screening ANNB	01908 995236 07790935490
National Miscarriage Association info@miscarriageassociation.org.uk	01924 200799

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

Statement of wishes following pregnancy loss (from 14 to 18 weeks)

Consent form

Name	
Address	
Hospital record number	
Contact number	

Please sign against one of the options below:

Statement 1
I give my consent for the hospital to proceed with a respectful and dignified committal at the crematorium. I do not require any further involvement in this process. *(If you would like the cremation to take place without any committal ceremony please also write; 'no committal'.)*

Signed	
Date	

Statement 2
I give my consent for the Hospital Chaplaincy to contact me to discuss arrangements further.
(Please note that hospital procedures mean it may be up to three weeks before you are phoned, and that the call may show as number withheld. Please also note from page 2 what will happen if we cannot contact you.)

Signed	
Date	

Please sign and return this to the nurse who is looking after you. They will make copies for the Chaplaincy and for your notes and return the original to 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 7: Laboratory Procedures Form

LABORATORY PROCEDURES FOR NVFs

Department of Cellular Pathology

Hos. No…….. **Mother's Surname**……

NVF Surname if different……

Any NVF sent to the laboratory will be returned if this form is not completed correctly.
Please tick one option in the box below

In **ALL** cases, a Non-Viable Fetus (NVF) form must be sent direct to the Chaplaincy department and a histology request on ECARE for products of conception either before or after 14 weeks

- **INVESTIGATIONS REQUIRED (please tick one)**

CYTOGENETICS…… ϒ
White, Churchill Hospital, 'Chromosome Analysis' card must be attached to Tissue Transport Medium. (Kept on maternity and prenatal screening)
POST MORTEM Only offer after 16 weeks) ϒ
White, 'PM Declaration Form' must be attached.
(The John Radcliffe Hospital will not carry out a PM without this signed form)
Orange, 'Post Mortem Request' form must be attached.
NONE …… ϒ
(The consent form can be found on the Trust documentation: Miscarriage before and after 24 weeks

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 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

M number

Location

Name of staff member (please print): ----------

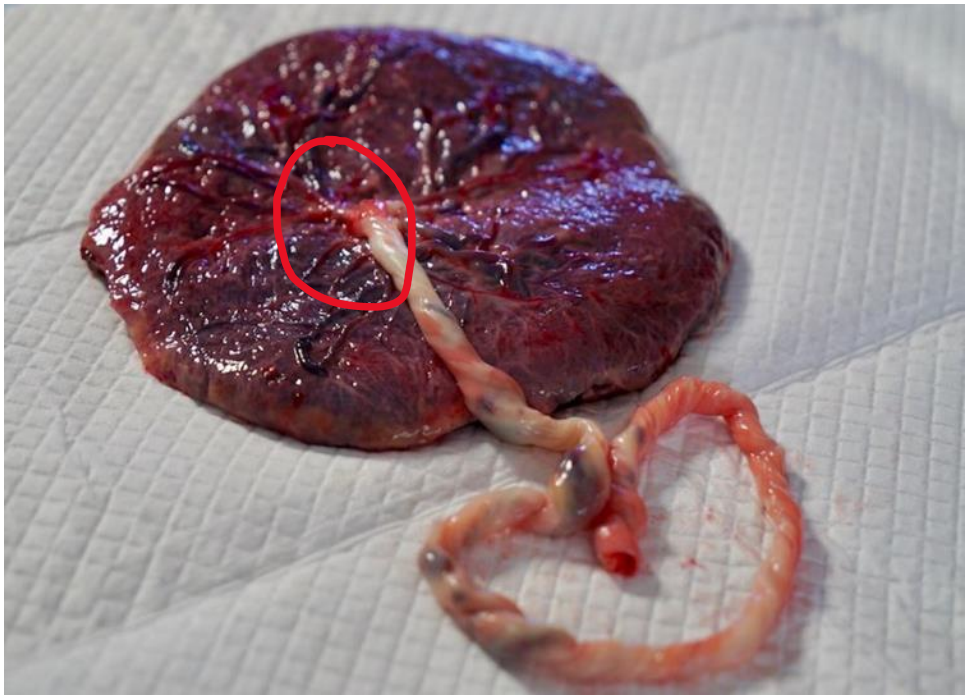
Signature: ---------- Date: ----------

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.

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 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 pw
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, Eastleigh MK6 5LD
Email: mkscreening@mkuh.nhs.uk (PTO for more information)
Tel No: 01908-660033
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:

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

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
Keep 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

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 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