

Sensitive Disposal of Miscarriages and Termination of Pregnancies up to 18 weeks Gestation

Classification:	Guideline		
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Departments/Group this Document applies to:	Gynaecology, Ward 21, EPAU, DSU, ED, Theatres, ANNB, Chaplain, Bereavement Midwife, Pathology Staff		
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Guideline to be followed by (target staff): Ward 21b, Emergency Department (ED), Early Pregnancy Unit (EPAU), Day Surgery Unit (DSU), Antenatal and Newborn Screening (ANNB) and Theatres.			
To be read in conjunction with the following documents:			
Are there any eCARE implications? No			
CQC Fundamental standards: Regulation 9 – person centered 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			

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.

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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.

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Guideline Statement

The aim of this guideline is to ensure that informed consent has been obtained for the disposal of identifiable fetal tissue following early pregnancy loss.

- Histopathology deals with approximately 35-45 “early miscarriages” a month.
- These generally come from: Emergency Department (ED), Early Pregnancy Assessment Unit (EPAU), ward 21b and Theatres.

Executive Summary

To ensure that all identifiable fetal tissue is disposed of appropriately in a sensitive and dignified manner.

To ensure standardisation, the protocol should be the same in all areas.

1.0 Roles and Responsibilities:

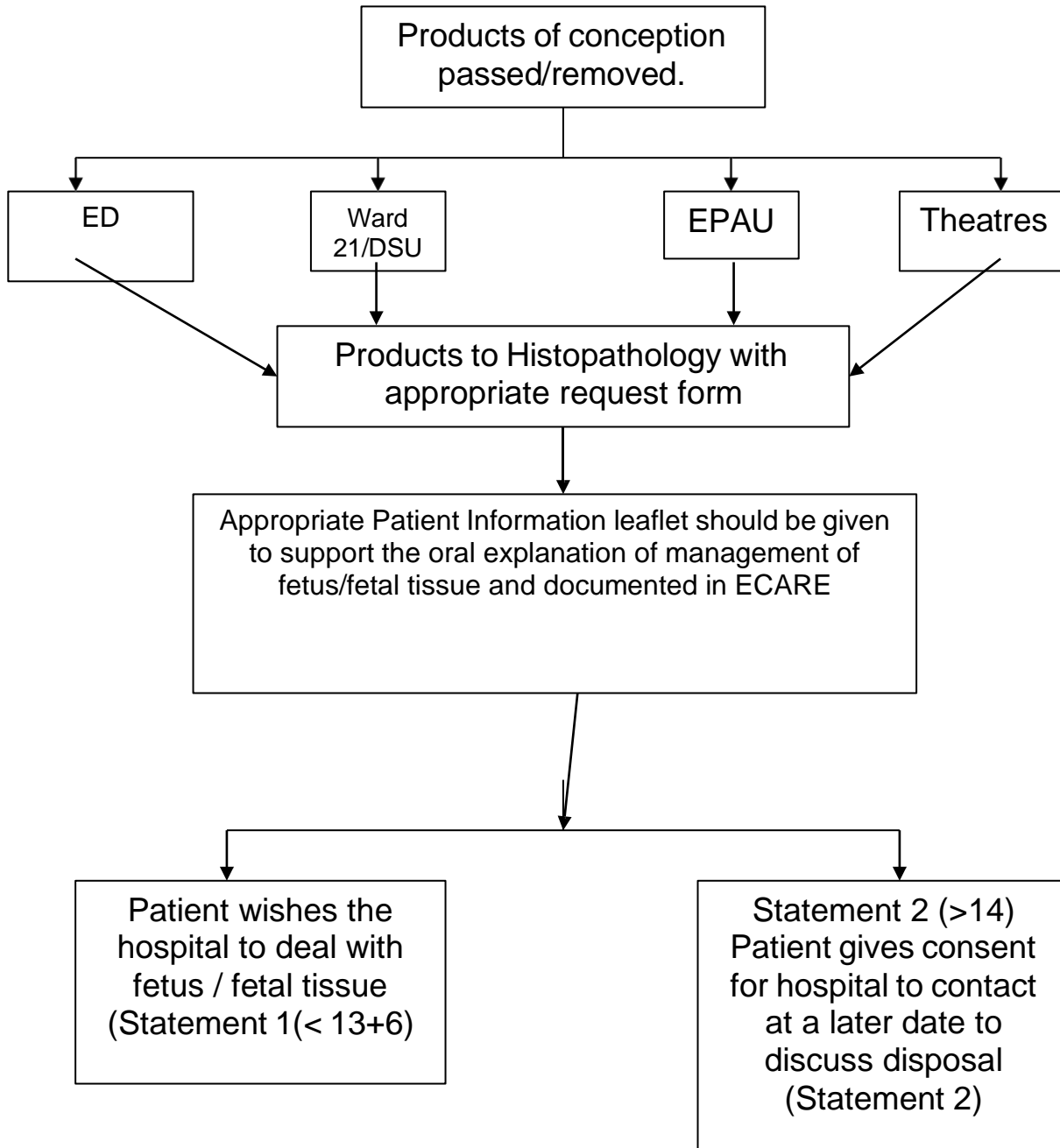
- Medical and nursing staff in the particular clinical areas – to be aware of the process, to instigate discussions at the appropriate time and to complete the relevant paperwork.
- If cytogenetics is requested, please take a sample from the placenta. If you are unsure, please seek senior advice. Do not send any fetal parts unless requested by senior doctor.
- Staff within Histopathology – to ensure an NVF form is completed when fetal tissue is identified.
- EPAU staff – to contact parents to ascertain wishes if no statement has been signed when 14 to 18 weeks pregnant.
- Chaplain– to ensure that parental wishes are fulfilled regarding statement one (Following Pregnancy Loss up to 13+6/40) and statement two (Following a Pregnancy Loss over 14 to 18 weeks by ultrasound scan).
- Chaplain – to contact the parents where appropriate and facilitate the sensitive disposal.
- Bereavement Midwife- To contact families if clinical questions need addressing.
- Matron Gynaecology– to oversee the process and become involved wherever deemed appropriate.

2.0 Implementation and dissemination of document

Document will be available within, EPAU, Ward 21b, DSU, ED and Theatres and available on the intranet.

3.0 Processes and procedures

Flow Chart of Process



3.1 Products / Clots passed and ectopic

These should be sent to Histopathology along with the appropriate request form on ECARE.

If an identifiable fetus is present a Laboratory Procedures Form (**see Appendix 3**) and a Non-Viable Fetus (NVF) form (**see Appendix 4**) must also be completed by a Doctor. The histology form on ECARE should be completed (Quick orders: histology and add in products of conception either before or after 14 weeks).

1. **'The Following pregnancy loss (up to 13 weeks 6 days by scan)'** (**Appendix 1**) leaflet should be given to all women who go to theatre, as soon as is appropriate. This may be before or after theatre but should be before discharge. This should be given with explanation by the person looking after the patient.
2. The 'Statement of wishes following pregnancy loss from 14 to 18 weeks (**Appendix 2**)' leaflet should be given to all mothers / parents who experience a miscarriage/termination of pregnancy as soon as is appropriate. This should be given with explanation by the person looking after the patient.

Any decision regarding disposal made by the mother/parents should be clearly documented in ECARE and the appropriate part of the leaflet is signed by the mother.

3. **Two** copies must be made of the disposal leaflet (see appendix 1 or 2) once it has been completed:
 - **1 copy for the Chaplaincy department**
 - **1 copy for the Patient.**
 - **Original statement to go to EDM**

3.2 If Patient goes to Theatre for evacuation of products of conception (Up to 13+6)

Products of conception should be sent to Histopathology along with the appropriate histology request form on ECARE.

1. **If an identifiable fetus is present** a Laboratory Procedures Form (**see Appendix 3**) and a Non-Viable Fetus (NVF) form (**see Appendix 4**) must also be completed by a Doctor.
2. **'The Following pregnancy loss (up to 13 weeks 6 days by scan)'** (**Appendix 1**) leaflet should be given to all women who go to theatre, as soon as is appropriate. This may be before or after theatre but should be before discharge. This should be given with explanation by the person looking after the patient. If the woman wishes to be involved in a farewell service, please contact the chaplain following consent from the woman
3. The 'Statement of wishes following pregnancy loss (from 14 to 18 weeks)' (**Appendix 2**) leaflet should be given to all mothers / parents who experience a miscarriage as soon as is appropriate. This should be given with explanation by the person looking after the patient.

Any decision regarding disposal made by the mother/parents should be clearly documented and the appropriate part of the leaflet is signed by the mother.

- Two** copies must be made of the disposal leaflet (see appendix 1 or 2) once it has been completed
- **1 copy for the Chaplaincy department**
 - **1 copy for the Patient.**
 - **Original statement should be sent to EDM**

The following will be dealt with by Histopathology/Chaplaincy

- On receipt of the sample, the details of the mother, hospital number etc. will be recorded in the Laboratory. An identified person will record the information on an appropriate database and inform the Chaplain that the wishes need to establish if pregnancy is over 14 weeks gestation.
- The Chaplain will be responsible for contacting the parents who have indicated that they would like to discuss the matter further As per statement 2 (Appendix 2)

If there is no evidence of documentation in respect of a woman's request regarding disposal, the Hospital Chaplain/Bereavement Midwife would then have to refer to the original area involved in the care via EPAU.

- The remains of early miscarriages will be cremated, or rare circumstances buried at Crownhill Crematorium with parental involvement if required.

4.0 Statement of evidence/references

Please contact MKUH library service for the latest guidance to help steer this documents contact Extn: 85065

References:

Good Practice in Consent Implementation Guide: Consent to Examination or Treatment.
Department of Health November 2001.

Clinical Risk Management Standards: Standard 3 – Advice and Consent. NHS Litigation Authority,
London December 2004.

Milton Keynes University Hospital NHS Foundation Trust. Following pregnancy loss (up to 13 weeks 6 days by scan). GYNAE/P1/29. Version 2, 2018.

Milton Keynes University Hospital NHS Foundation Trust. Policy and guidelines for consent to examination or treatment. DOC82. Version 10, 2016.

Milton Keynes University Hospital NHS Foundation Trust. Statement of Wishes following a loss (14 weeks to 18 weeks). GYNAE/P1/07. Version 6, 2018.

NHS. A review of support available for loss in early and late pregnancy. NHS improving quality. 2014

Royal College of Nursing (2018) *Managing the Disposal of Pregnancy Remains*, available from: <https://www.rcn.org.uk/professional-development/publications/pub-007321> (accessed 06 February 2019)

5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made
5	03/2018		
6	11/2018		Yes
7	05/05/2022		Yes

5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
	Midwifery	29/11/2018		Comments received	Yes
	EPAU	29/11/2018	30/11/2018	Comments received	Yes
	Surgery	29/11/2018	03/12/2018	Comments received	Yes
	Chaplain	29/11/2018	03/12/2018	Comments received	Yes
	Clinical Governance Medicine	29/11/2018	29/11/2018	Comments received	Yes
	Prenatal screening	29/11/2018	02/12/2018	Comments received	Yes
	Midwife	29/11/2018	03/12/2018	Comments received	Yes
	Midwife	29/11/2018	03/12/2018	Approve – no comments	
	Midwife	29/11/2018	03/12/2018	Comments received	Yes
	Bereavement midwife	05/05/2022		Added 'Sensitive to disposal' Taken checklist out as another guideline has incorporated it	Yes

5.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
a) The process of communication b) The number of incidences where the wishes are not known c) Staff knowledge and awareness.	a) Verbal feedback/complaints – formal written complaints b) Auditing the incidences where wishes are not documented.	Matron Gynaecology, Chaplaincy	Minimum of annually unless there is an indication to do otherwise (increased number of incidences)	Divisional CIG

5.4 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's Health	Department	Maternity
Person completing the EqIA		Contact No.	
Others involved:		Date of assessment:	
Existing policy/service	Yes	New policy/service	
Will patients, carers, the public or staff be affected by the policy/service?			
		Yes	
If staff, how many/which groups will be affected?			
		Gynae and maternity staff	
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?			
Library, O&G medical staff, EPAU, chaplains, Bereavement office, Midwives via email and at the Guideline Review Group meeting.			
How are the changes/amendments to the policies/services communicated?			
Monthly guideline memo, minutes of CIG meeting and it will be available			
What future actions need to be taken to overcome any barriers or discrimination?			
What?	Who will lead this?	Date of completion	Resources needed
Review date of EqIA			

Appendix 1: 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 21, EPAU, ACU, 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 beginnings of a baby are handled in a respectful and dignified manner and in accordance with national requirements.

Normal Practice

If you have miscarried before 13 weeks 6 days, the tissue or embryo expelled or removed from your womb will be taken to the laboratory. Later it will be taken to the Crematorium at Crownhill where a hospital chaplain conducts a short, dignified committal before the tissue or embryo is 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 996061 01908 996062

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Bereavement Midwife 01908 997157

Antenatal and newborn screening ANNB 01908 995236
07790935490

National Miscarriage Association 01924 200799
info@miscarriageassociation.org.uk

Appendix 2: 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, ACU, 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 beginnings of a baby (sometimes referred to as a fetus) 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 beginnings of a baby are identifiable. 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.

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

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

Consent form

Name	<input type="text"/>
Address	<input type="text"/>
Hospital record number	<input type="text"/>
Contact number	<input type="text"/>

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	<input type="text"/>
Date	<input type="text"/>

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	<input type="text"/>
Date	<input type="text"/>

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.

Appendix 3: 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.....

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.....

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.....

(The consent form can be found on the Trust documentation: Miscarriage before and after 24 weeks

Appendix 4: NVF Form

FORM NVF

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

I HEREBY CERTIFY that I have examined the non-viable fetus

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 authorise the Superintendent of the Crownhill Crematorium to cremate the said remains.

Date: _____ Signature: _____
Medical Referee to the Crownhill Crematorium

Appendix 5: Following a miscarriage advice leaflet

Advice given after leaving hospital following a miscarriage

We are sorry you have had a miscarriage and we would like to give you the following advice leaving hospital:

- It is advisable to rest for 2-3 days after leaving hospital and then return to your normal activities
- The amount of bleeding which occurs after a miscarriage varies from person to person. It often continues for 2-3 weeks but it is lighter than a period after the first 1-2 days. Some women experience spotting until their first period
- Your next period will probably occur 4-7 weeks after your loss. You are at risk of becoming pregnant again 1-2 weeks following your miscarriage so you are advised to use contraceptive precautions if you have intercourse before your next period
- Some women experience leakage of milk from their breasts a couple of days following the miscarriage. If this happens, wear a well supportive bra and reduce your intake of fluids for 24 hours. If the breast become painful, mild analgesia can be taken

To reduce the risk of infection

- ✚ Use sanitary towels, NOT tampons as the neck of your womb is still open
- ✚ Do not have intercourse until 2 weeks after the bleeding has stopped
- ✚ Complete a course of antibiotics if they have been prescribed to you

Contact your GP, Ward 21B (01908 997286) or EPAU (01908 996434) if you have:

Prolonged heavy bleeding
Severe abdominal pain
Offensive vaginal discharge
A fever