

Fetal Tissue / Products of Conception / Early Pregnancy - Full Clinical Guideline

Reference: Gynae/03:19/F4

Contents

Section		Page
1	Introduction	1
2	Clinical consultation	1
3	Chaplaincy Team Responsibility	3
4	Bereavement Services Responsibility	3
5	Mortuary Staff Responsibility	3
6	Histopathology Responsibility	3
7	Monitoring Compliance and Effectiveness	3
8	References	3
Appendix A	Consent for laboratory examination & sensitive cremation of early pregnancy tissue (up to 12 weeks)	4
Appendix B	Pregnancy Advisory Clinic - Consent for disposal of pregnancy remains.	5
	Documentation Control	6

1. Introduction

This guideline is intended to provide clear guidance for all health care professionals to have in place sound systems and processes to ensure the safe and appropriate disposal of pregnancy remains, where the pregnancy has ended before the 24th week of gestation. This includes following an ectopic pregnancy, early intrauterine fetal death, miscarriage, or a medically or surgically induced termination of pregnancy.

This is to ensure all staff are aware of the need to look after fetal tissue with respect and dignity and all patients have been given all of the relevant information to make an informed decision regarding the sensitive disposal of their pregnancy tissue.

This should at minimum meet the standards set out by the Human Tissue Authority in England & Wales (published in March 2015, with FAQs published in January 2017). The Royal College of Nursing has also published guidance for those working in England, Wales and Northern Ireland.

2. Clinic consultation

To ensure that the woman's choice regarding options for disposal are sought. In cases of patients under 18, staff to ensure the wishes of the patient are sought rather than those of the parents/guardians of the patient.

To ensure full understanding in cases of TOP of the bearing that method of TOP may impact method of disposal.

That disposal of the pregnancy remains takes place as soon as is practicable after the woman has communicated her decision. Communicate clearly to the woman the timeframes

in which a decision has to be made, after which the provider will dispose of the pregnancy remains by a specified method.

Pregnancy remains may be buried. It is important to establish local links to ensure arrangements are clearly understood, especially as burial may be in a communal grave.

When discussing the option of cremation, women should also be made aware that there is a risk that ashes may not be recovered, depending on the gestation of the pregnancy loss.

Where a woman does not wish the remains to be afforded any special status; expressly prefers this option; or does not wish to be involved in the decision, preferring to leave it to the care provider to make the necessary arrangements. It should be acknowledged that this option can be viewed as challenging for some people; however, the woman's choice must always be the priority in this decision-making.

Incineration may be the routine method of disposal utilised in situations where the woman does not express any decision about disposal within the maximum 12 weeks recommended by the HTA guidance.

In order for a woman to make an informed decision, it is important that she understands that although incineration and cremation both involve the pregnancy remains being burned, these procedures are not the same and take place in very different environments.

Disposal by incineration - prior to disposal the remains should be packaged and stored separately from other clinical waste, in suitable containers, before subsequently being incinerated separately from other clinical waste. Please refer to 'Respectful Cremation of pregnancy tissue SOP'

If a woman prefers not to make a decision about disposal, she should be informed what method of disposal will be used.

Where a woman does not want to engage in any discussion about disposal, her position should be respected but she should be made aware that information is available to access should she so wish.

If the woman requests that the remains be returned to her, these should be stored in an appropriate container (opaque, watertight and biodegradable) in a safe place and made available for collection by her or her representative.

If the woman requests that the remains be returned to her - The decision, and the date of collection, should be recorded in the woman's notes and she should be given written confirmation that she is entitled to take the remains to make her own arrangements.

Some women will want to create memories of their baby or pregnancy, and nurses and midwives should be prepared to advise and support women in doing this.

The memorial process may also involve a religious leader, where appropriate, and a service of remembrance; however, this will be very individual and options need to be clearly understood beforehand.

Professionals need to be prepared to answer questions, as women may ask about the donation of fetal tissue for research.

Whatever the woman's choice, details should be clearly recorded using either the woman's name or a unique identifiable reference number (if confidentiality is an issue) and consent obtained. Please see appendix's B and C.

3. Chaplaincy Team Responsibility

- On referral from ward / department staff, will provide support for parents and discuss funeral options.
- Will liaise with Bereavement Support Services on all individual funeral arrangements.
- Will provide a short act of committal for all batch cremations.

4. Bereavement Services Responsibility

- Will liaise with the Chaplaincy Team, family, mortuary / pathology and the funeral directors to facilitate individual funeral arrangements.

5. Histopathology Responsibilities

- If no consent is received, these will be processed as standard and await consent for sensitive disposal.
- If no consent received within a specific timeframe, these will proceed to batch cremation for <12 weeks and individual cremation >12 weeks.
- No need to provide histology on STOP specimens (straight for batch cremation).
- Single cross-site consent process (as histology provided on one site)
- Clear instructions for each mortuary on who will be managing the sensitive disposal.
- Patient information leaflet explaining histology, disposal options and what will happen if there is no consent given (including timeframes).

6. Mortuary Staff Responsibility

- Will receive ash boxes for individual and batch cremation, completing section on cremation form indicating arrival in and departure from the mortuary.
- Will check contents on arrival of fetuses requiring individual funeral and commence fetus / placenta disposal form.
- Will liaise with Bereavement Support Services, pathology and the funeral directors to facilitate individual funeral arrangements.
- Will store fetal remains for batch cremation for six weeks.
- Will liaise with the funeral directors regarding collection of individual requests and batches for cremation.

7. Monitoring Compliance and Effectiveness

As per agreed audit forward programme

8. Reference

Royal College of Nursing (Revised 2018) Managing the Disposal of Pregnancy Remains- RCN guidance for nursing and midwifery practice.

University Hospitals of Derby and Burton NHS Foundation Trust – Royal Derby Hospital

CONSENT FOR LABORATORY EXAMINATION & SENSITIVE CREMATION OF EARLY PREGNANCY TISSUE (UP TO 12 WEEKS)

ID Label / Name:

Address:

.....

Date of Birth:Hospital No:

NHS Number

Patient contact details:

Name:

Telephone no:

The law requires documentation of your wishes relating to the examination and sensitive cremation of all pregnancy tissue (including ectopic pregnancy). Please read the accompanying leaflet before completing this form.

Please complete all three boxes

1) It is important, but not compulsory, for pregnancy tissue to be examined. The clinician will do this visually but may on some occasions advise to also have a microscopic examination carried out in order to exclude problems related to the placenta. To be able to do that, tissue samples are made into blocks and slides for examination under the microscope. This will not happen without your agreement.

Tick one of the boxes below:

- Clinician has advised no examination necessary
- I consent to the examination of the pregnancy tissue
- I do not consent to the examination of the pregnancy tissue

2) I have been offered information relating to the cremation of pregnancy tissue (Patient information leaflet: "Consent for laboratory examination & sensitive cremation of early pregnancy tissue (up to 12weeks)").

Tick one of the boxes below:

- I do not wish to know about the cremation of pregnancy tissue. I consent for the hospital to follow their routine protocol for the sensitive cremation of this tissue
- I consent for the hospital to undertake a communal cremation of the pregnancy tissue
- I choose to make my own arrangements for burial or cremation and I understand I will be able to take the tissue home with me on discharge unless microscopic examination is required. I understand that if further examination is required, the Trust will notify me when the tissue is ready for collection and that I will need to collect within 6 weeks of being notified. I understand that if I chose not to do so, the Trust will follow their routine protocol for sensitive cremation. I am aware that a release form will need to be signed on collection of the pregnancy tissue from the Mortuary

3) Following an examination blocks and slides are routinely kept as part of your medical record allowing them to be reviewed at a later date should there be a clinical need.

Tick one of the boxes below:

- Not applicable - no examination required
- I consent to the laboratory to retain the tissue blocks and slides as part of my medical record as per standard laboratory procedure
- I do not consent to the retention of tissue blocks and slides and wish these to be reunited with the pregnancy tissue. (Unfortunately this option is only available if you are choosing to make your own arrangements for burial or cremation)

Confirmation of Patient's wishes

Patient name: _____ Signature: _____ Date: _____

Medical staff name: _____ Signature: _____ Date: _____

Interpreter name: _____ Signature: _____ Date: _____

Distribution: White - Pathology; Yellow - Patient Records; Pink - Patient's copy

For mortuary use only: MT number: _____ Date of collection: _____

Collected by: _____ Signature: _____

Collected by: _____ Signature: _____

UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST

PREGNANCY ADVISORY CLINIC – CONSENT FOR DISPOSAL OF PREGNANCY REMAINS

ID Label or	Hospital Number
Name:
Address:
.....
Date of Birth:
NHS Number

What happens to the pregnancy remains?

In the UK the disposal of pregnancy remains is regulated by the Department of Health with guidance from the Human Tissue Authority. Under these regulations we are required to discuss disposal of pregnancy remains with you; we certainly do not wish to cause you any distress.

The pregnancy tissue removed at operation or expelled following a medical termination of pregnancy can be dealt with respectfully by the hospital. Royal Derby Hospital will arrange a shared cremation at Markeaton Crematorium. Many women prefer the hospital to handle this sensitive matter - and you simply confirm this with us.

Alternatively, you may wish to be involved in a decision about other options for the pregnancy remains, in which case please ask about this. It is best to ask before the termination takes place but the pregnancy remains are held for 14 days after the termination so you do have some time to make a decision or change your wishes.

Your choice for disposal of the pregnancy remains; Please choose one of the following options:

1. I have read the above information and I do not wish to be involved in the decision and request that Royal Derby Hospital handles the matter. I have been made aware that further information is available on the disposal options and do not wish to have this.

Signature of the Patient Date Signed

Signature of the Consultant Date Signed

Signature of Interpreter Date Signed

or

2. I have read the above information and I have had the opportunity to discuss alternative arrangements for my pregnancy remains. Following this I would prefer to make my own arrangements. Please be aware you will need to meet any costs of this yourself. If the remains are not taken home on discharge for some reason, the Trust will notify you when they are ready for collection. I am aware that I will need to collect within 6 weeks of being notified and that if I choose not to do so, the Trust will respectfully deal with them and arrange a shared cremation.

Signature of the Patient Date Signed

Signature of the Consultant Date Signed

Signature of Interpreter Date Signed

Distribution: White – Patient records; Yellow – Mortuary; Pink – Patients copy

For mortuary use only: MT number: Date of collection:

Collected by: Signature:

Released by: Signature:

Documentation Control

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