

## Sensitive disposal of Fetal Tissue / Products of Conception / Early Pregnancy - Standard Operating Procedure

Reference no.: SOP-MAT/1286/23

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### **1. Introduction**

This SOP 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. Abbreviations**

MTOP - Medical termination of pregnancy

STOP - Surgical termination of pregnancy

TOP - Termination of pregnancy

POC - Products of conception

### **3. Early pregnancy loss/ miscarriage/ MTOP**

#### **Batch Cremation**

Once the fetus is delivered, place in a minigrip specimen bag and label with the women's ID sticker.

Place a sticker in the ward specimen book, with the details of the patient's hospital number, products included, gestation, whether MTOP or spontaneous miscarriage, date and time of entry. Ensure signature is present at time of entry.

Once a large ash box is full ensure the cremation form (Appendix A) is completed by the lead consultant (or deputy) and a second checker (nurse), documenting all hospital numbers and maternal names. The bottom copy of the cremation form is to be kept locally and the top two put in an envelope attached to the box for transfer to the mortuary when completed.

Ensure the yellow copy of the consent for disposal of pregnancy (Appendix A) remains goes with the POC to the mortuary.

These boxes will be kept in the fridge and then transported to the mortuary by a porter, when full. It is the nurse's responsibility to contact the porter for transportation to the mortuary.

The specimens will be collected by the funeral directors and transferred to the Crematorium, where sensitive cremation will take place following a short act of committal.

### **4. Individual Cremation for First Trimester pregnancy loss/ miscarriage/ MTOP**

Once the fetus is delivered, placed in a minigrip specimen bag and label with the mothers ID sticker. Place within larger ash box and seal.

Place a sticker in the ward specimen book, with the details of the woman's hospital number, products included, gestation, whether MTOP or spontaneous miscarriage, date and time of entry. Ensure signature is present at time of entry.

Complete the individual cremation / burial form (Appendix A) for individual request, ensuring signature from lead consultant and second nurse checker.

Ensure the yellow copy of the consent for disposal of pregnancy remains (Appendix B) goes with the POC to the mortuary.

Inform Bereavement Support Services AND Chaplaincy Team of request for individual arrangements.

Complete the funeral arrangement form. A doctor must complete a certificate for fetal loss under 24 weeks AND a disposal form in order that the request is processed. Bereavement Support Services will collect this following transfer to the mortuary.

On mother's discharge, the POC will be transported by a porter to the mortuary with the completed cremation form and consent.

Funeral arrangements are co-ordinated through Bereavement Support Services.

### **5. Products of Conception (POC) for Histopathology**

Only specific requests for histopathology will be processed via the lab.

Place in formalin pots and complete the histopathology form. Document on histopathology form whether for batch or individual cremation.

Ensure that the details are logged into the book on the ward and stored correctly in the fridge provided on the ward.

Ensure the yellow copy of the consent for disposal of pregnancy remains (Appendix B) goes with the POC.

These will then be transported from the ward to histopathology by the reception staff or ward staff.

Specimens are sent to the crematorium via histopathology after investigation.

## **6. First Trimester - Evacuations, Ectopic and STOP**

Check with the woman that she understands the procedure for sensitive disposal. Ensure consent for disposal of pregnancy remains (Appendix B) is completed by the Dr and signed by the Dr and the patient. If individual arrangements are requested contact the Chaplaincy Team and Bereavement Support Services who will advise whether to continue with batch or individual cremation. Document clearly in patient record.

Attach the tissue traps to the bottle of the suction machine (do not throw away the two end caps which come with the trap). Ensure the trap and the suction tubing is securely connected, to prevent disconnection.

After the procedure is complete, remove the trap from the suction bottle and put the end caps on, top and bottom. Ensure the traps are labelled with the woman's ID label. Please enter date, specimen and ward.

## **7. For non suction termination and for local anaesthetic TOP follow MTOP / Early Pregnancy Loss guideline (M1).**

Batch Cremation- Evacuations, ectopic and STOP.

The details to be entered into the log book in the gynae theatre fridge to include the date and time of entry, hospital number, ID sticker and signature of person entering specimens.

Four traps will fit into each of the larger ash boxes. Ensure the cremation form (Appendix A) is completed by the surgeon carrying out the list.

Where a box is NOT full from a theatre list the operating surgeon is required to sign for each individual patient in the 'practitioner checked in box' against patient details. The consultant or operating surgeon completing the form and a second checker (ODP / Nurse) will sign for the remaining patients and sign off the form.

The bottom copy of the cremation form is to be kept locally and the top two put in an envelope attached to the box for transfer to the mortuary.

Ensure all the yellow copies of the consent for disposal of pregnancy remains (Appendix B) goes with the POC to the mortuary.

These boxes will be sealed and kept in the fridge and then transported to the mortuary by a porter, weekly. It is theatre staff's responsibility to contact the porter for transportation to the mortuary.

The specimens will be collected from the mortuary by the funeral directors and transferred to the Crematorium, where sensitive cremation will take place following a short act of committal.

## **8. Individual Cremation post ectopic/ miscarriage/ STOP**

Place the trap into a large ash box, ensuring the trap is labelled with the woman's hospital number, date of delivery and gestation. Ensure the ash box is sealed.

Place a sticker in the theatre specimen book, with the details of the women's hospital number and document the date and time of entry. Ensure signature is present at time of entry.

Complete the individual cremation / burial form (Appendix A) for individual request, ensuring signature from operating surgeon and second nurse checker. It is the responsibility of the theatre staff to ensure the POC are transported to the mortuary, ensuring this is signed for by the porter prior to transportation.

Ensure the yellow copy of the consent for disposal of pregnancy remains (Appendix B) goes to the mortuary with the POC.

The ward staff needs to inform Bereavement Support Services AND Chaplaincy Team of request for individual arrangements. If the woman notifies the theatre staff this MUST be communicated to the ward.

The ward staff will complete the funeral arrangement form. A doctor must complete a certificate for fetal loss less than 24 weeks AND a disposal form in order that the request is processed. Bereavement Support Services will collect this following the patient's discharge home.

Funeral arrangements are co-ordinated through Bereavement Support Services.

## **9. Products of Conception (POC) for Histopathology post Ectopic / STOP/miscarriage**

Only specific requests for histopathology will be processed via the lab.

Place in formalin pots and complete the histopathology form. Document on histopathology form whether for batch or individual cremation.

Ensure that the details are logged into theatre specimen book.

Ensure the yellow copy of the consent for disposal of pregnancy remains (Appendix B) go with the POC.

These will then be transported from gynae theatres to histopathology.

Specimens are sent to the crematorium via histopathology after investigation.

Any specimens requiring cytogenetics are to be sent as before. – see guideline - Cytogenetic testing of solid tissue specimens from pregnancy losses (F5).

## **10. Second Trimester- Medical Termination for Abnormality & Late Spontaneous miscarriage**

Ensure funeral arrangements have been discussed with parents and the Chaplaincy Team and Bereavement Support Services contacted for funeral arrangements.

Ensure consent for disposal of pregnancy remains (Appendix C) is completed and consent is signed by the clinician and the patient in clinic.

Once the fetus is delivered place in a crib/ knitted sleeping bag and label correctly with the woman's hospital number, ID sticker and sticker identifying the contents, i.e. red for fetus, blue for placenta, red and blue for both fetus and placenta, date, Consultant initials and ward. The placental tissue is to be suitable for printing to guide individual patient management but not for storage. Review Due: Dec 2026

be placed in an opaque bucket once again clearly labelled as above with the patient's details clearly visible.

Both fetus and placenta are kept in the fridge/ cuddle cot.

All specimens are to be signed into the log book when first placed into the fridge.

Please ensure the relevant paperwork is completed by the doctor as per flowchart for fetal loss.

On patient's discharge the fetus and placental tissue are transported by a porter to the mortuary. Fetus in crib is placed in the body bag provided and labelled with hospital number, ID sticker, date of delivery, gestation and if post mortem (PM) required. Placental tissue to be transferred to the mortuary with the fetus unless required for further examination.

Ensure the yellow copy of the consent for disposal of pregnancy remains (Appendix C) goes with the POC to the mortuary.

## **11. Products of Conception (POC) for Histopathology**

See checklist for fetal loss of where to send samples for further investigations if requested by the consultant.

Any specimens requiring cytogenetics are to be sent as before. – see guideline - Cytogenetic testing of solid tissue specimens from pregnancy losses (F5).

## **12. Second Trimester - 17+6 weeks - Late Medical Termination of Pregnancy**

Check with the woman that she understands the procedure for sensitive disposal. Ensure consent for disposal of pregnancy remains (Appendix B) has been completed by the Dr and signed by the clinician and the patient in clinic. If individual arrangements are requested, contact the Chaplaincy Team and Bereavement Support Services who will advise whether to continue with batch or individual cremation. Document clearly in patient record.

Once the fetus is delivered place in a crib/ knitted sleeping bag into an ash box and label correctly with wristband with the woman's hospital number, ID sticker and sticker identifying the contents, i.e. red for fetus, blue for placenta, red and blue for both fetus and placenta, date, Consultant initials and ward.

The placental tissue is to be placed in a clear bag, once again clearly labelled as above and placed into the ash box with the fetus, with the patient's details clearly visible.

Ensure the yellow copy of the consent for disposal of pregnancy remains (Appendix B) goes with the POC to the mortuary.

Complete the individual cremation / burial form (Appendix A) for individual request, ensuring signature from Consultant and second nurse checker. It is the responsibility of the nursing staff to ensure the POC are transported to the mortuary, ensuring this is signed for by the porter prior to transportation.

On patient's discharge the fetus and placental tissue are transported by a porter to the mortuary.

## **13. Monitoring Compliance and Effectiveness**

As per agreed business unit audit forward program

#### 14. References

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

DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST

**Application By Royal Derby Hospital for Communal Cremation of Fetal Remains at Markeaton Crematorium, Derby.**

(Applicant\*).....

*This application must be signed by the person authorised by the Medical Director of the Derby Teaching Hospitals NHS Foundation Trust to make an application for cremation.*

(Address): Obstetrics and Gynaecology, Royal Derby Hospital, Uttoxeter Road, Derby, DE22 3NE

(Position).....

As the authorised and designated person, I declare that I hold paperwork relating to each of the fetal remains listed, signed by the medical practitioner/registered nurse/whose name is shown, and that the paperwork includes a declaration that the fetal remains were:

- a) Of a gestation up to and including 17 weeks and 6 days
- b) Showed no signs of life

AND

- c) The parent(s) have been made aware that a Communal Cremation is to be carried out and that any cremated remains recovered following the process will be scattered together around the Children's Memorial Garden in the Gardens of Remembrance at Markeaton Crematorium.

Accordingly, I hereby apply to Markeaton Crematorium to cremate the fetal remains detailed below:

| Hospital No: | Date | Name of medical practitioner / registered nurse |
|--------------|------|---|
|              |      |   |
|              |      |   |
|              |      |   |
|              |      |   |
|              |      |   |
|              |      |   |
|              |      |   |
|              |      |   |

I DECLARE that all the information given in this application is correct, that no material particular has been omitted and that authorisation/consent for the communal cremation has been obtained.

Signature of Applicant..... Date.....

**Mortuary use only**

**Transfer of Batch to Mortuary**  
 Received by.....  
 Date.....

**Recording of Batch in Mortuary**  
 Batch no .....  
 No. in batch.....  
 ..... of .....  
 Recorded by.....

**Released from Mortuary to Funeral Directors**  
 Released by.....  
 Taken by.....  
 Date.....

## 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: .....



**REQUEST FOR PLACENTAL EXAMINATION**

|   |  |
|---|--|
| Mother's name: .....<br>DOB: .....<br>NHS No: .....<br>Hospital No: .....<br>Address: .....<br><br><i>Alternatively, attach patient label</i> | SCH Lab No: .....  |
|   | Obstetrician: .....<br>Hospital: .....<br>Ward/Unit: .....<br>Name of person completing the form and contact number: ..... |

**CLINICAL INFORMATION:**

GESTATIONAL AGE: ..... weeks. Birth weight: ..... g.

Date of delivery: ..... Mode of delivery:  SVD  Instrumental  CS.

Outcome:  Livebirth  TOP. Indication: .....

Spontaneous miscarriage (pregnancy loss <24w)

Missed miscarriage (pregnancy loss <24 weeks, clinically silent)

Stillbirth (pregnancy loss >24w)

If a pregnancy loss has occurred has a PM been requested:  Yes  No  Undecided

Sex:  Male  Female  Indeterminate  Not assessed.

**INDICATION FOR PLACENTAL EXAMINATION (please tick and give details when necessary):**

- Multiple pregnancy. Indicate chorionicity / identification of umbilical cords / and indicate if specific pathology is suspected: .....
- Pregnancy loss. Specify: .....
- Fetal abnormalities. Specify: .....
- Fetal distress. Specify: Apgar score: ..... at 1<sup>st</sup> min; ..... at 5<sup>th</sup> min. Admission to NNU:  Yes  No
- Intrauterine growth restriction (IUGR).
- Maternal pyrexia  Clinical chorioamnionitis  PROM  Prematurity
- Oligohydramnios  Polyhydramnios  Meconium stained liquor
- Antepartum haemorrhage (APH)  Abruption  Morbidly adherent placenta
- Pre-eclampsia  Gestational Diabetes  Maternal Hypertension  Diabetes Mellitus
- Any other indications (please, give details): .....

**Please tick this box if the patient/parents/guardian has objected to non-research use of any left over samples**

## Documentation Control

|   |   |                         |  |
|---|---|-------------------------|--|
| <b>Reference Number:</b><br>SOP-MAT/1286/23 | <b>Version:</b><br>UHDB Version 1   | <b>Status:</b><br>FINAL |  |
| Version<br>1                                | Claire Wardle - Specialist Nurse  | Review and update       |  |
| <b>Intended Recipients:</b>                 |   |                         |  |
| <b>Training and Dissemination:</b>          |   |                         |  |
| <b>To be read in conjunction with:</b>      |   |                         |  |
| <b>Keywords:</b>                            |   |                         |  |
| Consultation with:                          |   |                         |  |
| Business Unit sign off:                     | 21/12/2023: Gynaecology Guidelines Group:- Miss B. Purwar<br>21/12/2023: Gynaecology Development & Governance Committee:<br>- Mr V. Asher |                         |  |
| Divisional sign off:                        | 21/12/2023 - G Hatton   |                         |  |
| Implementation date:                        | 28/12/2023  |                         |  |
| Review Date:                                | December 2026   |                         |  |
| Key Contact:                                | Joanna Harrison-Engwell   |                         |  |