

Ref; 37846

Circular HPSS(PPRD1) 4/93



# **Management Executive**

## **Purchasing and Performance Review Directorate 1**

The General Manager or Chief Executive  
of each Health and Social Services Board  
The Chief Executive of each HSS Trust

31 August 1993

Dear Colleague

### **SENSITIVE DISPOSAL OF DEAD FETUSES AND FETAL TISSUE AND BURIAL/CREMATION OF STILLBORN BABIES**

#### **INTRODUCTION**

1. Following the issue of guidance by the NHS Management Executive in England and Scotland, the Department of Health and Social Services set up a Working Party in 1992 to consider the need for guidance on the sensitive disposal of dead fetuses and fetal tissue and the burial/cremation of stillborn babies and to make recommendations. The membership of the Working Party is shown in Annex 1.
2. This circular summarises the recommendations and provides guidance for Health and Social Services Boards and Health and Social Services Trusts, which should now draw up their own procedures and codes of practice based on the principles set out in this circular.
3. In this circular, "stillborn babies" mean babies born dead after 24 weeks gestation. The term "fetuses" means babies of less than 24 weeks gestation where there is an identifiable body, while "fetal tissue" is used to describe the products of conception in the absence of an identifiable body.
4. In drawing up guidance and codes of practice it is important to bear in mind the respect due to the bodies of all dead babies of whatever gestation, based on their lost potential for developing into fully formed human beings.

#### **5. RECOMMENDATIONS**

- a. Parents who wish to see, hold or spend time with their dead baby should be afforded the opportunity to do so. Photographs suitable for retention by the

Health and Personal Social Services Northern Ireland  
Dundonald House, Upper Newtownards Road, Belfast BT4 3SF. Tel: 520500

parents should be taken by hospital staff in all cases where there is an identifiable fetus. A camera should be provided as standard equipment in all Obstetric and Gynaecology Units.

- b. Prior to post-mortem examination of an identifiable fetus, parents should receive written information<sup>1</sup> and should be enabled to talk with someone about the purpose of a post-mortem examination and how this will be carried out. Where parents agree to a post-mortem, written consent should be obtained in all cases, (see Annex 2 for a sample combined post-mortem and burial/cremation consent form). Such consent is already required in the case of stillbirths and early neonatal deaths. In certain circumstances, a coroner may require a post-mortem to be carried out.
- c. The practice of using formalin for the storage of fetuses should, as soon as practicable, cease and be replaced by the use of refrigeration methods.
- d. Where movement of a dead fetus or a stillborn baby between hospitals is necessary for post-mortem or other purposes transport should be in a dignified manner.
- e. Non-identifiable products of conception should be disposed of by the hospital as soon as possible and by dedicated incineration.
- f. There is no legal requirement for a death or stillbirth certificate to be issued for a baby born dead before 24 weeks gestation. However, hospitals should offer parents a commemorative certificate to retain should they wish to do so (see Annex 3 for sample certificate). A separate certificate should be issued to the parents in those cases where there is an identifiable fetus for use in making arrangements with the clergy/undertaker for a burial/cremation (see Annex 4 for sample certificate). Neither of these documents will have any legal standing.

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<sup>1</sup>For example, the "Guide to the Post-Mortem Examination: Brief Notes for Parents and Families Who Have Lost A Baby in Pregnancy or Early Infancy" produced by the Department of Health in consultation with the National Advisory Body for Confidential Enquiry into Stillbirths and Deaths in Infancy, the Foundation for the Study of Infant Deaths and SANDS. Copies of this leaflet may be obtained from Dr M Scott, Room 917, Dundonald House, Upper Newtownards Road, Belfast BT4 3SF. It is due to be reprinted at the end of 1993 and copies of the amended leaflet will be available from the Department of Health, Health Publications Unit, No 2 Site, Manchester Road, Heywood, Lancashire OL10 2PZ.

- g. Parents are responsible for the burial/cremation of babies who die shortly after birth. They should also be encouraged to make their own arrangements for the burial/cremation of an identifiable fetus/stillborn baby and should be urged to involve the clergy and/or undertaker. Parents should be afforded the opportunity to talk to a member of staff about burial/cremation procedures. If for any reason the parents do not wish to make their own arrangements, the hospital should do so after obtaining written consent from the parents (see Annex 2 for sample consent form). In all cases parents should be allowed adequate time to reach a decision. Where the hospitals makes the arrangements for burial, this should be in a cemetery plot set aside for such purposes. The hospital should be satisfied that a suitable plot is available to it and where this is not so, it should enter into negotiation with the local council/church. Where the hospital is responsible for making the arrangement for cremation, this should be done in consultation with the Belfast Crematorium. Parents should be given information about the arrangements to be made by the hospital and afforded the opportunity to attend the burial/cremation. Burial/cremation must always be carried out in a dignified manner and should normally take place within a period of 4 weeks.
- h. In cases where the hospital makes the arrangements for burial/cremation parents should be asked to contribute to the costs. Claim forms for funeral grants from the Social Fund should be easily available in all hospitals with an Obstetric or Gynaecology Unit. Where parents are unable or unwilling to contribute towards the costs, the hospital should meet these.
- i. Appropriate arrangements should be in place in Trusts and Directly Managed Units to ensure that women who have suffered a pregnancy loss are not sent further antenatal appointments and do not receive routine visits from community midwives or health visitors. They along with the patient's general practitioner should be informed of the loss as soon as possible.
- j. Counselling arrangements for bereaved parents are at present patchy throughout the Province. Hospitals and Community Units should therefore examine existing procedures to ensure in particular that suitable collaborative arrangements exist. Appropriate training should be available to all those involved in providing this service.
- k. All Obstetric and Gynaecology Units should have on hand a supply of up to date literature from voluntary organisations such as the Stillbirth and Neonatal Death Society (SANDS) and the Miscarriage Association. This should be supplemented by advice leaflets drawn up locally and made available to all parents who have suffered a loss. They should cover subjects such as fetal loss, stillbirth and death of a baby.

#### **FURTHER ACTION**

- 6. It is essential that relevant staff are made aware of guidance and receive training in how to care for and support families who have suffered the loss of their baby.

7. The Management Executive considers that implementation of the recommendations contained in this circular will result in a more responsive and better quality service. It therefore expects Boards to ensure that providers with whom they are contracting have suitable arrangements in place to meet these standards and intends to monitor the situation.

#### INFORMATION AND ADVICE

8. Further information on this subject and the leaflets referred to in 5 k above can be obtained from the following voluntary organisations:

##### NATIONAL BODIES

The Stillbirth and  
Neonatal Death Society (SANDS)  
28 Portland Place  
London WC1N 4DE  
Telephone: [REDACTED]

The Miscarriage Association (MA)  
c/o Clayton Hospital  
North Gate  
Wakefield  
West Yorkshire WF1 3JS  
Telephone: [REDACTED]

##### LOCAL BRANCHES

The Stillbirth and  
Neonatal Death Society  
[REDACTED]

The Miscarriage Association  
[REDACTED]

9. Please address any enquiries about this circular to:

Miss Eileen MacBrinn  
HPSS Management Executive  
Purchasing and Performance Review Directorate (1)  
Dundonald House  
Upper Newtownards Road  
BELFAST BT4 3SF

Yours sincerely



E MACBRINN (MISS)

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Health and Personal Social Services Northern Ireland  
Dundonald House, Upper Newtownards Road, Belfast BT4 3SF. Tel: 520600

ANNEX 1

MEMBERSHIP OF THE WORKING PARTY

Dr C Hall, DHSS (Chairman)  
Dr A Mairs DHSS  
Miss E Johnston DHSS  
Miss M Orr DHSS  
Mr M Downey DHSS  
Mr G Dorrian DHSS

Professor W Thompson RMH  
Dr D Martin, Altnagelvin Hospital  
Dr D O'Hara, RVH  
Dr C Thornton, RVH  
Dr A M Telford, NHSSB  
Miss E Foster, BCH  
Mrs E Millar, Tyrone County Hospital  
Miss M McConville, CAH  
Rev S Callaghan  
Fr M Cosgrove  
Mr D Waring, Belfast City Council

ANNEX 2

**POST-MORTEM AND BURIAL/CREMATION FORM**

I, .....the mother/father  
of .....(details of baby) who was delivered  
on ..... (date)

(Please cross out the sentences below which do not apply and sign the form. It should be given or returned to the address shown below).

- (1) give consent for a post-mortem to be performed on my baby;
- (2) do not wish a post-mortem to be performed on my baby;
- (3) wish to take the body of my baby and I will arrange burial/cremation;
- (4) wish the hospital to arrange the cremation of my baby;
- (5) wish the hospital to arrange burial of my baby.

Signed .....date .....

Address .....

Witnessed by .....date .....

**SIGNATURE**

.....status .....

**NAME**

This form should be given or returned to:

Name of hospital and  
hospital department

***CERTIFICATE***

for a baby born dead before the legal age of viability

This is to certify that

.....

was born on

.....

(DATE)

at

.....

(TIME)

in

.....

(PLACE)

Signature

.....

This is for commemorative purposes only

ANNEX 4

**CERTIFICATE OF MEDICAL PRACTITIONER OR MIDWIFE IN RESPECT OF  
A BABY BORN DEAD BEFORE 24 WEEKS GESTATION**

Dear Sir/Madam

I hereby certify that:

\_\_\_\_\_ of  
(Mother's name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_ was delivered of a baby on \_\_\_\_\_  
of \_\_\_\_\_ weeks gestation.

The place of delivery was \_\_\_\_\_

I know of no other reason why any further examination or enquiry should be made.

NAME (PLEASE PRINT) \_\_\_\_\_

SIGNATURE OF DOCTOR OR MIDWIFE \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

REGISTERED QUALIFICATIONS \_\_\_\_\_

THIS FORM SHOULD BE HANDED TO YOUR RELIGIOUS ADVISOR AND/OR  
UNDERTAKER. IT IS ISSUED FOR THE PURPOSE OF ARRANGING BURIAL OR  
CREMATION.



## **HUMAN ORGANS INQUIRY**

### **Terms of Reference**

To review past and current post-mortem policy and practice, with a particular focus on organ removal, retention, and disposal, and to examine the application of these policies and practices.

To consider the appropriateness of past and current practice in obtaining consent to post mortems and organ removal, retention, storage and disposal.

To take account of the views and expectations of the public, with particular reference to the parents and relatives of deceased children.

To take account of the reports relating to the Alder Hey Inquiry in England, the parallel inquiry in Scotland and the inquiry currently taking place in the South.

To examine and report on:

- i. hospitals' policies and practices in obtaining consent for post-mortems, organ removal, retention and disposal, and the extent to which the Human Tissue Act (NI) 1962 has been complied with;
- ii. professional practices, and hospitals' management systems and procedures, relating to the removal, retention and disposal of organs: including the reasons for retention, the management of the retention and storage of organs, and of any other arrangements relating to such organs;
- iii. practices adopted for ultimately handling retained organs, including any arrangements for their disposal and, if applicable, the nature of any arrangements with commercial interests such as pharmaceutical companies;
- iv. hospitals' overall response to the parents and relatives of children, seeking information regarding post-mortems and the retention or disposal of organs; and
- v. any specific cases, related to post-mortems or organ retention, that it deems appropriate.

To examine, at its discretion, any other relevant matters that arise in relation to post-mortem policy and practice and the associated legislation.

To make recommendations to the Minister on any changes it considers necessary on foot of its findings.

To report to the Minister for Health, Social Services and Public Safety within twelve months, unless otherwise determined by the Minister.

*Notes:*

*The Inquiry is established under Article 54 of the Health and Social Services (Northern Ireland) Order 1972. It will have the power to summon witnesses and require the presentation of information, should this prove necessary.*

*The term 'post-mortem' refers to any post-mortem examination including, where appropriate, any post-mortems directed by the Coroner. The terms of reference exclude tissues and organs removed with consent for transplanting purposes.*